

**3As Highlight Report**

Meeting Name: Quality and Safety Committee

Meeting Chair &amp; Report Author: Josie Spencer Non-Executive Director

 Meeting Date: 29<sup>th</sup> October 2024

Quorate: Yes

Agenda Item Title:	Minute Reference	Lead:	Description:	BAF Ref:	CRR Ref:	Directorate Risk Ref:
<b>ALERT: Alert to matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the Trust's strategy</b>						
Community Nursing	Item 20	Sam Leak	<p>QSC received a report outlining the outcomes and recommendations from a deep dive commissioned by the Executive Management Board into Community Nursing. This has arisen due to concerns about the ongoing sustained pressure in the service. Feedback from staff across all hubs was requested and information was obtained from senior nursing and operational leads.</p> <p>A delivery programme has been developed to address the recommendations and Executive sponsors have been nominated for each workstream, with Matrons in place to support. The Executive Management Board will oversee the programme. It was noted that QSC was not fully sighted on the concerns prior to the deep dive, other than it being flagged up through pressure ulcer data reporting and noting high vacancy and sickness levels. The Committee acknowledged that this work is in the early stages and requested an assurance report updating on the programme including recommendations for ongoing reporting at the December 2024 Committee.</p>	01 06 08		
<b>ADVISE: Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance</b>						
Quality Forum highlight reports: August and September 2024.	Item 6	Emma Wallis	<p>The committee noted an increase in the numbers of alerts in recent months but acknowledged that there is clear narrative of the actions underway and flow through the Triple A reports. It was suggested that relevant BAF / CRR and Directorate risk numbers are referenced in the Triple A reports to aid greater understanding of the Committee members.</p> <p>Annual same sex accommodation and privacy and dignity audits have been completed across all inpatient areas. Concern that themes emerging are similar</p>	11		

			to those from previous CQC assessments: toilet and washing facilities and shower curtains in some areas. Action plans in place for Stewart House, Beacon, Welford and short breaks. CHS has a robust action plan. Oversight of action plans will be within the Directorate DMTs with 6 monthly updates to Quality Forum and through to QSC if required .			
Safeguarding Committee – September 2024	Item 7	Emma Wallis	<p>The Safeguarding Team workforce Disruption/ staffing risk has now been mitigated with additional expertise coming into the team from November 2024. Internal recruitment for the Adult Lead has commenced. Priorities at present: MARAC, advice line, DASH, court reports and strategy meeting attendance.</p> <p>The Sexual Safety Sub-Group is awaiting publication of the National Policy, training, leaflets, and guidance prior to producing the LPT policy. QSC is expecting to receive the Annual Report in December</p>	06 11		
Accountability Framework Meeting	Item 10	Kate Dyer	<p>An alert was around appraisal, supervision, and mandatory training compliance. The People and Culture Committee, had not been sighted on this issue. It was agreed to take forward for discussion at the next meeting on 30<sup>th</sup> October 2024.</p> <p>Concern was raised about the volume of overdue Serious Incidents in DMH and FYPCLDA directorates. It was confirmed that DMH have implemented changes to their internal sign off process in the last few weeks and there is robust oversight locally of the trajectory to address the backlog. Weekly reporting process in FYPCLDA has been strengthened and clear timelines identified for overdue reports to bring them to a close. The Rapid Improvement Programme is aligned to this, a weekly tracker meeting is chaired by the Director of Nursing and all directorates feed into this, whilst maintaining robust oversight of individual local cases. It is anticipated that an improving position will be reported via the Accountability Framework Triple A report in December 2024.</p>	06 11		
Director of Nursing, AHPs & Quality Escalation report	Item 11	Emma Wallis	<p>The first deep dive system quality review on Safeguarding has taken place. This was well received, and a six month follow up meeting is being planned. Going forward QSC will receive regular assurance reports on both these issues.</p> <p>Review of intensive and assertive community mental health treatment (Nottingham Healthcare CQC review) - LPT's self-assessment has been shared</p>	11		

			internally and with the ICB. Actions and timescales from that will be reported to LPT's Strategic Executive Board. The Director of Nursing at LLR ICB is leading a task and finish group as there are likely to be commissioning implications. The Quality and Safety Committee requested further assurance around the outputs from the self-assessment. Regular reporting was agreed including progress against plan and ongoing risks to delivery.			
Regulation 28 (Prevention of Future Deaths) update	Item 15	Emma Wallis	QSC received an update report on the review of Regulation 28 (Prevention of Future Deaths). There had been a number of themes identified from the review with some gaps in process assurance and oversight. This led to development of the Rapid Improvement Plan. Phase 2 of the Rapid Improvement Plan had commenced and whilst there is some evidence of the early stages of change, the Committee requires more robust assurance that practice changes had been embedded. Verbal assurance was received that a number of changes implemented in the Crisis service are now showing evidence of being embedded. There is a significant amount of qualitative and quantitative information being captured; sickness and vacancy rates and caseload acuity are tracked, there is a monthly pulse staff survey and feedback from the new MDT processes. This data is presented to the regular Crisis Quality Summits and will inform the planned deep dive with ICB colleagues. It was agreed a summary comes to the February 2025 Quality and Safety Committee.	11		
Legionella update (Melton Mowbray and Beacon)	Item 16	Emma Wallis	Since the papers were issued for Committee, confirmation was received on 24 <sup>th</sup> October 2024 of some positive Legionella results in unoccupied rooms on the Beacon Unit. An incident meeting was held in line with the Trust's Water Safety Plan and the likely contributory factor is due to reduced occupancy. All required actions were taken, and the Committee was assured that there is no current risk to patients. The Committee requested an update with a focus on the assurance, rather than operational aspect to come to the December 2024 Quality and Safety Committee	04 11		
Learning from Deaths Q1 2024-25 – Paper Q	Item 18	Bhanu Chadalavada	Assurance was provided that additional appropriately skilled resource has been utilised to review the backlog of cases and screening for 86% of the backlog cases has now been completed. Although the backlog has been addressed, sustainability of screening going forward remains a challenge in DMH, due to lack of capacity to contact bereaved relatives about concerns and issues around screening for diagnosis not currently being available for reporting, but	11		

			which will be possible once SNOMED coding has been implemented. The Committee noted the significant progress to achieve resolution of the backlog and noted that a sustainable model is required and being worked on in Directorate.			
Freedom to Speak Up (Quarters 1 and 2 2024-25)	Item 24	Pauline Lewitt	The Freedom to Speak Up Guardian joined the meeting to present the quarterly update report). However due to connectivity issues it was not possible to have a meaningful discussion and it was agreed to defer the item to the December 2024 Committee.	06		
<b>ASSURE: Inform the Board where positive assurance has been received</b>						
<b>Policies approved/ extensions granted:</b>			Nil			
Accountability Framework Meeting	Item 10	Kate Dyer	The Committee was assured of progress around the Audiology pathway and commended the recruitment to 50 new community nurses.	06 11		
Safeguarding Report Q4 2023-24 and Q1 2024-25	Item 13	Emma Wallis	The Committee received high assurance around the sustained training compliance for safeguarding.	11		
Patient and Carer Experience and Involvements and complaints report Q1 2024-25	Item 14	Emma Wallis	QSC noted that there is a new section in the report where the People's Council pose a set of comments and questions for the Trust Board/Quality and Safety Committee. This was very helpful, and the Committee requested the next report included a response to the Council comments.	11		
<b>CELEBRATING OUTSTANDING: Share any practice, innovation or action that the Committee considers to be outstanding</b>						
Quality Forum September 2024.	Item 6		The Group Nutrition and Hydration Strategy was submitted for information and commended by the Committee. It was agreed to share across both Trust's Strategic Executive Boards.	11		