

3As Highlight Report

Meeting Name: Quality and Safety Committee

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

 Meeting Date: 15th April 2025

Quorate: Yes

Agenda Item Title:	Minute Reference	Lead:	Description:	BAF Ref:	CRR Ref:	Directorate Risk Ref:
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						
None						
ADVISE: Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance						
Medical Director update	Item 5	Bhanu Chadalavada	New "staying safe from suicide" guidance has been published by NHS England. There is a focus on ensuring that all patients with suicidal thoughts have personalised safety plans and a move away from risk assessments to determine care. Work aligned to the guidance has been underway for some time and LPT will continue to review its self-harm and STORM training. An assurance report against the guidance requirements will be received in June.	3.3		
Quality and Safety Dashboard	Item 8	James Mullins	The Committee received of the background and current position regarding the development of the Quality and Safety dashboard, which is being developed using Qlikview. An initial prototype has been built with a small data set to test out and confirm with a number of product users from the directorates. It is expected that as part of the codesign phase there will be a viable product by the end of May 2025. It is anticipated that the Committee will be presented with live data in June 2025.	3.3		
Level 2 Quality Forum AAA reports and Terms of Reference	Item 10	James Mullins	An emerging issue has been raised in FYPCLDA due to a deteriorating waiting time for initial appointments for paediatrics. There is an increasing number of children waiting over 18 weeks for an initial appointment, however the KPI is for adults and children combined so the problem is masked. An action plan and risk has been devised and this is going through the Directorate Quality and Safety meeting.	3.2		

			<p>There has been an increase in complaints, largely due to increasing complexity, new complaint investigators and delays in the sign off process. A discrepancy in reporting between the monthly figures in the performance report and the quarterly report was noted. This has since been resolved. As the next quarterly patient experience report is not due until August 2025, the Committee will receive an update to the June 2025 Quality and Safety Committee.</p> <p>The Committee received and approved the Quality Forum Terms of Reference.</p>	3.3		
Level 2 Safety Forum AAA Reports and Terms of Reference	Item 15	Bhanu Chadalavada	<p>There is an ongoing issue around management of Nasogastric Tubes, relating to a national patient safety alert. There have been no incidents relating to this patient safety alert, however the audit undertaken identified an issue around training. Some emergency training via UHL has been done and consideration to rolling this out Trust wide.</p> <p>The Trust's Interim Suicide Prevention Lead has identified a gap in self-harm training. A training package has been acquired from Nottingham and there are plans to make this available to staff on ULearn. In addition, there are plans for the seven practice development nurses who have accessed the training to roll this out, with a focus initially on high-risk service areas.</p> <p>The Learning from Deaths group highlighted an issue around the robustness of current data for protected characteristics, which is not sufficient currently to identify areas of learning and health inequalities. LPT is working with the Medical Examiner Office to obtain information to enable this to be reported.</p> <p>The Committee received and approved the terms of Reference for the Safety Forum.</p>	3.3		
Level 2 Safeguarding Group AAA Report –	Item 14	James Mullins	<p>The Safeguarding Improvement Plan implemented following the 2019 review has been reviewed and a new improvement plan developed for the Trust approved at the Safeguarding Committee in January 2025. The action plan review was presented to the Safeguarding Committee in July 24, due to the length of time the action plan has been open and the changes in some national guidance it was agreed the plan would be updated with directorates involvement at an extraordinary Safeguarding Committee in October 24. The</p>	3.3		

			actions expected to have been completed by March 2025 have been extended as they require additional work.			
Safety Assurance Report	Item 15	James Mullins	The issue around historic homicides and link with substance misuse was highlighted. Having been notified by the National Confidential Inquiry into Suicide and Safety in Mental Health, an extraordinary IRLM meeting was arranged to do a deep dive into ten cases to see if there was any correlation. It was identified that there was no clear linkage. A Quality Summit is planned in May 2025 with Turning Point who provide substance misuse to identify what improvements can be made with LPT. It is anticipated that the summit will help to further develop the relationship and effective working with Turning Point which is very positive. An update from the Quality Summit will be presented at the June 2025 Committee. .	3.3		
Independent Mental Health Homicide Review-Nottingham	Item 22	James Mullins	The Committee received an update report on the work in LPT in response to the Section 48 review of homicides in Nottinghamshire Healthcare Foundation Trust. A task and finish group is in place to oversee delivery of the improvement actions from the self-assessment which was undertaken via audit, workshops and a series of mock inspections, which are ongoing. There is alignment with the CQC inspection preparation work and ongoing mock inspections. It was noted that many actions were already underway as part of the wider transformation work. There is a system wide group as part of the mandated work to have self-assessment on intensive community treatment. There is a requirement to report progress through the ICB Quality and Safety Committee and the System Executive Board by 30 th June 2025. An update will go to LPT Trust Board in May 2025.	3.3		
ASSURE: Inform the Board where positive assurance has been received						
Policies approved/ extensions granted:			Nil			
Accountability Framework Meeting AAA report	Item 6	Jean Knight	In October 2024 the Committee received a paper outlining the outcomes and recommendations from a deep dive which had been commissioned by the Executive Management Board in response to concerns around ongoing sustained pressure in the Community Nursing service. Initial assurance on progress was received in February. Work continues to progress well with the completion of phases 1 and 2 of the Community Nursing action plan.	3.3 4.1		
Policy compliance report	Item 9	Kate Dyer	The Committee received the policy compliance report, which identifies that Quality and Safety Committee has within its remit 137 policies, 109 of which			

			are in date and not due for review in the next three months and 28 are currently in the review period due in the next three months. There are no requests for extensions and no overdue policies. The Committee received good assurance from the report			
Quality Improvement Report	Item 14	James Mullins	The Committee received the first iteration of a report on progress against delivery of the Trust's Quality Improvement programme, WelImproveQ. Quality improvement as a Group priority continues into 2025/26 and the focus will be on embedding continuous improvement as part of the new THRIVE strategy. There are currently 81 active projects on Life QI and evidence of real progress in those areas. There is a focus on training and 1300 staff have now received training of some sort in relation to Quality Improvement.	3.1		
CELEBRATING OUTSTANDING: Share any practice, innovation or action that the Committee considers to be outstanding						
Accountability Framework Meeting AAA report	Item 6	Jean Knight	The Committee were delighted to note the following: <ul style="list-style-type: none"> Community Health Services inpatient hospitals have reported zero Category 4 pressure ulcers in the whole of 2024-25 which is a huge achievement. There were some positive messages about LPT Families, Young People and Childrens services in the UHL Annual report and reference to the collaborative work between CAMHS and local authority. Also highlighted was the Urgent Care Chat Health which commenced on 13/01/2025 with 24/7 provision. The Midlands NHS 111 Forum have recognised this achievement. 			