

3As Highlight Report					
Meeting Name: Quality and Safety Committee					
Date: 18 th June 2024					
Quorate: Yes					
Policies & expiry date: None noted					
Agenda Item:	Reference:	Lead:	Description:	ORR Reference:	Directorate Risk Register Reference:
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					
9	Health and Safety Committee	Jean Knight	The Committee were advised that due to the reduction in the capital allocation across the ICB a prioritisation exercise had been undertaken. Where bids have been deferred into 2025/26 Directorates have undertaken EQIAs and enter the risk(s) on the risk register for each bid detailing mitigation in place to support oversight of the risks.		
10	Accountability Framework	Jean Knight	Due to significant issues with the estate in Belvoir unit, 4 bedrooms have been closed to enable estates work to be undertaken including the replacement of doors. Capital funds have been re-allocated from previously agreed plan. A letter of concern had been received regarding the Tribunal Room on Belvoir unit. Mitigating plans in place to hold tribunals outside of Belvoir and estates plans being developed; lack of capital will impact on resolution. Following the Board discussion in May regarding Audiology services the Committee noted further work with the CYP Directorate and requested a full update at its August meeting.		
15	Clinical Harm Waits	Anne Scott	Work has been undertaken to review processes for reducing harm while waiting. The Committee agreed to avoid duplication of current workstreams, that the processes for reducing harm whilst awaiting assessment and/or treatment and incorporated into work already underway via the Community Integrated Neighbourhood Mental Health		

			Transformation. Further work is required to scope and review the processes in CHS & FYPC-LD with clinical leads.		
17	Safe Staffing monthly report – February 2024	Anne Scott	The Committee were assured of the ongoing work to mitigate the issues around safe staffing and were pleased to see temporary worker utilisation rate decreased this month by 6.39% reported at 34.87% overall and Trust wide agency usage decreased this month by 4.5% to 11.59% overall. Directorate agency utilisation and reduction plans continue.		
19	Learning from Deaths Q4 report 2023/24	Dr Bhanu Chadalavada	The Committee noted that, there was still a significant backlog of reviews in the Adult and Older Adult Mental Health Directorate that needs addressing. DMH/MHSOP have identified a non-patient facing clinician to work full time for a number of weeks who will be conducting screening to assist with reducing the backlog. The Committee asked for a timeline for the reduction in the backlog to be presented at the meeting in August 2024.		
ASSURE:					
Inform the Board where positive assurance has been received					
8	Mental Health Act Delivery Group to include: <ul style="list-style-type: none"> • MHA Annual Report including Hospital Manager Panel Annual Report 	Dr Bhanu Chadalavada	The Committee were assured by the report but noted the ongoing work regarding blanket restrictions including the need to reviews the Blanket Restriction policy.		
16	Patient and Carer Experience and Involvement (PCEI) Quarterly Report (including Complaints) Quarter 4, 2023/24		The Committee received the report which provided an overview and update of the various aspects of the Patient Experience and Involvement team's work. In the main the reported provided assurance to the Committee on most aspects of its work including several areas of good practice.		
18	Professional Registration and Revalidation Annual Report (2023-2024)	Anne Scott	The report an annual overview and assurance of registration and revalidation with appropriate professional bodies for non-medical registered professionals working at the Trust.		

21	Quality and Safety Committee Annual Effectiveness Review 2023-24	Kate Dyer	The Committee noted the level of assurance over the effectiveness of the QSC during 2023/24, and approved the proposed changes detailed in the revised Terms of Reference for 2024/25.		
22	Freedom to Speak Up Report -Q4 2023-2024	Pauline Lewitt	The Committee were assured that issues of concern are being raised and dealt with in line with the Freedom to Speak Up: Speak Up, Listen Up, Follow Up policy. The Committee noted that Worker Safety or Well-being and Inappropriate Attitudes & Behaviours were the most prevalent issues in Q4 (Comparative data showing themes as reported using NGO guidance)		
23	Research and Development Annual Report 2023/24	Dr Bhanu Chadalavada	The Committee received full assurance.		
CELEBRATING OUTSTANDING: Share any practice, innovation, or action that the Committee considers to be outstanding					
6	Quality Forum	Anne Scott	The Committee received an update on the Insulin administration quality improvement project in CHS. The project was led by one of the DON Nursing Fellows working with a Lived Experience Partner. It includes delegation of insulin training, self-care documentation process, trial of Microdot Safety Pen needles, impact increase in patient self-administration and a reduction in insulin medication error.		
8	Mental Health Act Delivery Group to include: • MHA Annual Report including Hospital Manager Panel Annual Report	Dr Bhanu Chadalavada	The Committee were informed of the CQC visit to Ashby Ward on 15.04.24. Continued compliance with statutory requirements of the Act is at 100% across all community areas for the first time.		

Report Author – Josie Spencer Non-Executive Chair Quality and Safety Committee