



3As Highlight Report				
Meeting Name: Quality and Safety Committee				
Date: 20 <sup>th</sup> August 2024				
Quorate: Yes				
Policies & expiry date: None noted				
Agenda Item:	Reference:	Lead:	Description:	BAF Reference:
<b>ALERT:</b> 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				
25	Audiology Services Update	Paul Williams	<p>The committee noted the current position and positive progress of the Audiology Service in response to the findings from the Midlands Regional Peer Review. The committee noted that waiting times trajectories had been agreed and, whilst they currently were on track for delivery, they remain very ambitious targets. The committee also noted that the capital works required to bring LPT estate up to the required standard have been included in the revised Trust Capital Programme for 24/25 and was awaiting final sign off at Trust Board.</p> <p>The committee supported in principle the implementation of accreditation process over a 4-year cycle in the context of ensuring that the service can operate to the required quality standards going forward. However, it noted this was subject to a business case being approved. A further report will be received by the committee at its October meeting.</p>	01
<b>ADVISE:</b> Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance				
4	Action Log	Dr Bhanu Chadalavada	The timeline for reduction in scope mortality reviews was not available. However, assurance was given that the newly appointed staff were making inroads into the backlog and a full update including the reduction trajectory will be available at the October meeting.	
6	Quality Forum June 2024 and July 2024	James Mullins	The group advised of an emerging issue regarding Community Hospital Transcribing with handovers. This has been raised to UHL and the ICB. A detailed piece of work on solutions is underway and the issue is being closely monitored.	

7	Safeguarding Committee - July 2024	James Mullins	Safeguarding Quality Improvement Plan - Outcomes Work Programme Evaluation: The committee reviewed the improvement plan and agreed to close off the majority of actions and the transfer of some to a new plan for 2024/25. A further meeting with the ICB Safeguarding Leads is arranged to review in August 2024. The Quality and Safety Committee will receive both plans at its next meeting.	
8	Mental Health Act Delivery Group	Dr Bhanu Chadalavada	The Agnes unit seclusion room does not meet the best practice CQC standards or meet good practice environmental standards for seclusion rooms. The area of non-compliance is lack of ensuite facilities directly off the seclusion rooms. This presents a risk to patient safety, privacy, and dignity. The unit is currently utilising a non-designated seclusion area just step away from the pod, to prevent any risks of aggression rather than taking somebody to the seclusion room. There are ongoing discussion regarding whether the Agnes Unit requires a seclusion room.	04
9	Health and Safety Committee	Jean Knight	The committee was advised that there is a delay in addressing historical actions. Further scrutiny to be undertaken by all with a view to being in a position where the only actions outstanding are those that require capital funding. List of actions to be an agenda item at the September Health and Safety Committee so as a full review can be undertaken of each outstanding action	04
10	Accountability Framework	Jean Knight	Patients waiting for 52 weeks remain a concern for many services. There is an ongoing particular concern for ADHD services. Safe whilst waiting paper provided some assurance and the workshop with FPC also scheduled for the 20 <sup>th</sup> August 2024 will review and identify any further actions. It was noted that the Trust had been awarded £677K from the Neurodevelopmental business case (pre-commitment case). However, it was a relatively small sum that would enable the recruitment of staff to address the ADHD medication waiting list only as well as support the service to target completion of autism assessments already underway but was not sufficient to reduce the overall number of CYP waiting to start an assessment.	01
11	Director of Nursing AHP & Quality Verbal Report	James Mullins	As part of his verbal update the DON briefed the implementation of the Regulation 28 Prevention of Future Deaths Reports (PFD) actions. The Committee felt that the process for receiving assurance around PFD's was not clear and requested that the process be presented to the Committee when it next meets in October.	
13 & 14	CQC action plan and Crisis update  CQC mapping update	James Mullins	Both updates were essentially plans on a page which described the process the Trust had been undertaking. The committee noted that the Crisis team had undertaken a mock assessment on the 10th and 11th July 2024 and that two quality summits had taken place which will continue on a monthly basis. However, no assurance on the outcomes from these events was available to the committee. The committee requested a fuller report at its next meeting, including improvement trajectories agreed, exceptions against actions and evidence to support assurance.	

22	Ligature Risk report Q1 2024-25	James Mullins	There are three 3 Adult mental health wards that were not part of the recent refurbishment schemes and as a result have older versions of ligature reduction items which are (but) not to the latest specification. There is a capital bid in progress which will be presented at the Capital Group on the 11 <sup>th</sup> September 2024 for approval.	04
32	Item of urgent additional business – Nottingham Health Care NHS Foundation Trust Care Quality Commission Review	Josie Spencer	<p>The Chair requested that at the next committee meeting the committee receives an update on the Trust response to the Nottingham Health Care NHS Foundation Trust report that was published on the 14<sup>th</sup> August 2024.</p> <p>LPT has received the recently published CQC report regards Notts Healthcare (Part 2) and are taking the following action:</p> <ul style="list-style-type: none"> <li>• Deep dive into the themes and recommendations from the report (SEB) and to build upon previous deep dive into Part 1 of the CQC report which was presented to EMB in July 2024.</li> <li>• Listening event with staff in our community teams in response to the CQC report</li> </ul> <p><b>Post meeting note:</b> In addition, the Trust received a letter on the 29<sup>th</sup> August 2024 requesting details of community teams for MH, FYPCLDA in terms of address and services provided. The Trust is expecting a further letter expected that asks for assurance of service provision. The CEO has asked for a core group to start looking at the data requested. The Trust needs to submit a response by end of September 2024.</p>	
32	Items of urgent additional business – ICB quality assurance and improvement review		<p><b>Post meeting note</b> Since the QSC meeting ICB has outlined plans to undertake an enhanced quality assurance and improvement review, under the guidance of the National Quality Board framework to address a number of quality issues that it seeks further assurance on from the Trust. This review will be done in collaboration with NHS England and will take the form of a series of deep dives across four areas.</p> <ul style="list-style-type: none"> <li>- Overview of quality governance structures and processes</li> <li>- Investigation of and learning from events</li> <li>- Crisis and Home Treatment Services</li> <li>- Safeguarding Arrangements</li> </ul>	

			The purpose of the review process will be to facilitate discussion over quality concerns and issues, and to agree next steps including any improvement plans. An initial meeting has taken place and terms of reference agreed. The Trust Board will receive an update on progress at its September meeting . The output from the review will be reported to the Quality and Safety Committee in October 2024, with a report to Trust Board in November 2024.	
<b>ASSURE:</b>				
<b>Inform the Board where positive assurance has been received</b>				
6	Quality Forum	James Mullins	The joint Nutrition and Hydration Strategy with NHFT has been completed and will be produced into a booklet. A notable improvement in the number and completion of handover sheets between ward and facilities staff.	
8	Mental Health Act Delivery Group	Dr Bhanu Chadalavada	The training figures for medical staff are positive and there has been sustained improvement. The current rate is 93.8% compliant for medical staff, with DMH at 91%, FYPCLDA at 91.9.5% and enabling at 97.5%.	06
16	Sexual Safety Subgroup	James Mullins	The committee agree a trust target of September 2024 for full implementation of the charter based on release of national training and policy resources.	
18	Valuing High Standards Accreditation (VHSA)	James Mullins	VHSA provides a structured approach for teams to self-assess against Trust-wide standards and identify areas for improvement. Aligned with LPT's strategy and leadership behaviours, VHSA fosters a culture of continuous improvement and empowers teams to drive positive change. The committee was assured as early implementation has shown promising results, with most teams completing initial self-assessments and actively seeking full accreditation.	
20	Privacy and Dignity Annual Declaration and Single Sex Accommodation Annual Declaration	James Mullins	The Same Sex Accommodation Annual report included the Trust's annual declaration of compliance. The Committee was assured that internal processes are in place to monitor and report MSA breaches. The committee approved the declaration of commitment to deliver single sex accommodation.	
23	Annual Ligature report	James Mullins	The annual report provided assurance on the identified risks and improvement work that is in progress to support the reduction and management of both fixed and non-fixed ligatures trust wide.	

24	People Council complaints report	James Mullins	The Committee received the report for assurance and thanked the People Council for all their hard work developing the report. The committee also noted the further work planned for the next Board development session on 27 <sup>th</sup> August 2024.	
<b>CELEBRATING OUTSTANDING: Share any practice, innovation, or action that the Committee considers to be outstanding</b>				
10	Accountability Framework	Jean Knight	Langley Ward is now opened; this is significant as there are now no patients in dormitories across DMH.	06
23	Highlight & Performance Report: Research and Development Quarter 1 (Apr-Jun 2024)	Dr Bhanu Chadalavada	The Committee received full assurance from the report and noted the successful Recruitment to the Director of Nursing and AHP Fellowship cohort 4 which will commence in September 2024. There are 12 staff in the cohort (6 nurses and 6 AHPs) from across the 3 directorates..	02