

**3As Highlight Report**

Meeting Name: Quality and Safety Committee

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

 Meeting Date: 18<sup>th</sup> December 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		Sam Leak	The Committee was advised that the Community Nursing improvement work was not ready to be reported to this meeting as planned. The work remained ongoing and an assurance report updating on the programme including recommendations for ongoing reporting will be presented at the February 2025 meeting.	01 06 08		
<b>ADVISE: Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance</b>						
Seclusion Audit	Item 9	Kate Dyer	The Committee received the 360 Assurance Seclusion report. The audit rating received was "moderate assurance," with a total of six actions identified, 3 medium risk and 3 low risks. It was also noted that issues relating to seclusion were raised in the Mental Health Act assurance group Triple A highlight report. In addition, concerns had been raised relating to seclusion rooms are being used for admissions. It was acknowledged that a process is underway to formally monitor progress at the Audit Committee but given that seclusion was a theme across several areas, the Committee requested a deep dive assurance report on Seclusion at the Quality and Safety Committee in February 2025.	11		
Quality Forum highlight reports - October and November 2024.	Item 10	James Mullins	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. Key areas to note from the October 2024 meeting were: A proposal to provide a solution to the out of hours prescribing challenges is being finalised.	11		

			<p>The Least Restrictive Practice group raised an alert around rapid tranquilisation data. A significant improvement has since been seen and reported at Executive Management Board.</p> <p>Key areas from the November Quality Forum were as follows:  A Mental Health Act inspection at Beacon unit was positive and there was praise for CCTV amendments for privacy.</p> <p>There were several alerts from the Hydration and Nutrition group, Naso Gastric Tube training and Level 2 Food and Hygiene Training. A robust piece of work is underway around training and competencies for Naso Gastric tube feeding.</p> <p>In order to ensure adequate focus on both Quality and safety issues the Committee noted the intention to separate quality and safety into two separate forums. It is anticipated these forums will report separately from February 2025 onwards.</p>			
Safeguarding report Q2 2024-25	Item 11	James Mullins	<p>The Committee was pleased to hear that the Safeguarding team had been phenomenal in dealing with the workforce disruption and has continued to provide robust safeguarding leadership and knowledge locally in the Trust and also across the wider system, this has been recognised by both the ICB and Safeguarding board Chairs. The Quality Improvement plan from the 2019 independent safeguarding review has been refreshed as a number of actions have been superseded by national guidance, The Safeguarding Committee continues to monitor progress. The revised Quality Improvement plan is expected to be received by the Committee in February 2025.</p>	06 11		
Accountability Framework Meeting	Item 14	Jean Knight	<p>The Committee noted a key area of concern in relation to an increase in category four pressure ulcer incidents. Verbal assurance was given that some improvement has been reported since the report was written. Discussion have taken place at Executive Management Board and a focussed piece of work with clear actions is underway. It was agreed to receive a progress update at the February 2025 Quality and Safety Committee, prior to a decision about further escalation being made.</p> <p>Non-compliance against mandatory training, supervision and appraisals continues to be an issue and is being closely monitored. Work is underway to focus on teams that are consistently non-compliant.</p> <p>It was noted that increases in incidents relating to violence and aggression is being considered by the Least Restrictive Practice group.</p>	06 11		

Medical Director Escalation report	Item 17	Bhanu Chadalavada	It was noted that there has been concern about the availability of placements for medical students, particularly in the community as capacity for face-to-face placements has not fully resumed following COVID. A Rapid Improvement programme has been developed for medical education and some immediate changes implemented to address. Meetings with the University are underway to progress this.			
LLR LeDer Quarterly update Q2 2024-25	Item 28	Bhanu Chadalavada	The Committee received the report which contained benchmarking data for the LLR area against Midlands and England. Of the 90 learning actions identified during the quarter, 39 were related to positive practice. Key areas of improvement were around Mental Capacity Act, reasonable adjustments and safeguarding. Pneumonia was noted as one of the most common causes of deaths and a proposal is being worked up with Coventry and wider providers to explore some improvement work. There has also been an increased focus on cancer screening. The Committee acknowledged the information contained in this report but further to discussion at previous Committees it had expected to receive a report providing a focus on deaths and learning for the Trust, assurance around the Trusts performance was not achieved by this report as it stands. It was noted that the Trust has a responsibility for oversight of LeDer as part of the collaborative piece and is the lead provider. However, whilst we do need this oversight as lead provider, the Quality and Safety Committee, on behalf of the Trust Board requires an understanding of the learning for the Trust in terms of our service users. The Committee requested a focus on LeDer, and the learning for our organisation from a specific caseload perspective within the next quarterly Learning from Deaths report .	11		
<b>ASSURE: Inform the Board where positive assurance has been received</b>						
Policies approved/ extensions granted:			Nil			
Freedom to Speak Up (Quarters 1 and 2 2024-25)	Item 5	Pauline Lewitt	The Freedom to Speak Up Guardian joined the meeting to present the quarterly update report. It was noted that roughly 75% of the concerns raised relate to people matters, the committee felt it is vital the Trust understands what element of the Health and Wellbeing offer is not connecting to our staff. The Committee was assured by the content of the report. In addition, the following improvements were agreed going forward: <ul style="list-style-type: none"> <li>Adding the demographic breakdown of those using FTSU route.</li> </ul>	06		

			<ul style="list-style-type: none"> <li>The inclusion in future reporting of timescales to resolve the concerns being raised. There are plans to implement a new system of recording and data analysis by the start of the new financial year and it is anticipated this will provide additional assurance regarding timescales for resolution.</li> </ul>			
Research and Development Q2 2024-25	Item 8	Bhanu Chadalavada	<p>The report provided a summary of the research activity underway in the Trust. There were some concerns raised in regard to research team staffing capacity and recruitment. The trust has not been successful in recruitment to an Adult Eating Disorder Assessment Accuracy Study, but a significant amount of positive activity is in progress, including securing a Programme Development grant around routine dysphasia screening for older people and a trial around the effectiveness of an online behavioural therapy intervention for children with Tourette's.</p> <p>Overall, the Committee was assured of the work underway in regard to research activity.</p>			
Health and Safety Committee	Item 13	Jean Knight	<p>The Committee received the report for assurance. It was noted that following a further self-assessment, it has been confirmed that the Trust are fully compliant across all 58 standards. Awaiting agreement from LHRP.</p>	05		
Director of Nursing, AHPs & Quality Escalation report	Item 15	James Mullins	<p>The Committee noted the following:  Work around the two incidents of Legionella at the Beacon Unit and on Watermead ward has achieved significant results against national standards, we now have the capability for enhanced testing processes. In response to the Nottinghamshire Healthcare CQC review, following the self-assessment phase, the Trust has identified several improvement programmes both within the Trust and systemwide. A series of quality visits and mock inspections are taking place. The Trust and Northampton Healthcare Foundation Trust have aligned to set up a Programme Board in response to Section 48 findings. There has been significant support from the ICB and NHSE for the Rapid Quality Review process for the Crisis service. Two deep dive sessions have taken place so far and a third is planned for 23<sup>rd</sup> December 2024 with a focus on patient safety learning. The Committee was advised that the Rapid Improvement/Patient Safety Improvement Programme has moved into a second phase to provide strength and resilience to the improvements made and to move towards business as usual. The Trust was chosen by the CQC to be</p>	11		

			part of their provider engagement pilot and early informal feedback from that has been positive.			
Sexual Safety Annual Report	Item 18	James Mullins	<p>The Committee received the Annual Staff Sexual Safety Report for 2023/24 outlining the Trusts progress against the NHS Sexual Safety Charter. The report detailed the work towards compliance with the NHS Sexual Safety Charter with a focus on the development of the trust Sexual Misconduct Policy and provided information on the sexual safety incidents during 2023/24. The Committee was assured regarding progress and noted:</p> <ul style="list-style-type: none"> <li>• An increase in incident reporting and awareness of sexual safety is reported, particularly across community services, although there has been a decrease in activity across inpatient wards overall.</li> <li>• The Trust Sexual Safety Group continues to review the data and establish themes, learning and training needs and there is ongoing management of sexual safety due to mental health related sexual disinhibition, for which some mitigations have been put in place in response.</li> <li>• The development of the Trust Sexual Misconduct Policy</li> </ul>			
Quality Accreditation - Q3 2024-25	Item 20	James Mullins	The Committee received a summary of Q3 2024-25 activity relating to Trusts Valuing High Standards Accreditation. The programme continues to gain momentum and links with other Quality Improvement programmes across the Trust. The first gold Accreditation was awarded to Charnwood Mental Health services for older people. It was suggested that the Trust Board receives a presentation on the Valuing High Standards Accreditation programme at some point in the future.			
Accessibility Standards annual report 2023-24	Item 22	Haseeb Ahmad	The Quality and Safety Committee approved the report on behalf of the Trust Board for the purpose of publication of the report on the Trust's public-facing website by 31st March 2025 and submission to the lead commissioner.			
Learning from Deaths Q2 2024-25	Item 27	Bhanu Chadalavada	The Committee was advised that the role of the Medical examiner will enable us to get cause of death data in a timely manner and this is a positive change. The backlog in cases being reviewed has been addressed successfully with additional capacity provided. There are plans to extract the data from SystemOne to reduce the requirement for additional staff going forward. The Committee noted the improvement in the ability to identify the in-scope deaths and received assurance on	11		

			implementation of the National Quality Board learning from deaths guidance.			
<b>CELEBRATING OUTSTANDING: Share any practice, innovation or action that the Committee considers to be outstanding</b>						
Research and Development Q2 2024-25	Item 8	Bhanu Chadalavada	<p>The Committee were delighted to note that the Director of Nursing &amp; Allied Health Professionals fellowship recruitment to the 4<sup>th</sup> Cohort had been successful, recruiting 12 (6 nurses and 6 AHPs) from across the 3 directorates In addition, two nurses had been nominated and shortlisted for Nursing Times Awards:</p> <ul style="list-style-type: none"> <li>• Natalie Leggatt (Community/District Nurse) was shortlisted for the Nursing in the Community Award for her fellowship QI project titled “Improving the confidence of community nurses in their ability and knowledge to help adults with type 2 diabetes become independent with insulin administration”.</li> <li>• Sarah Rabbitte (Learning Disability Nurse/Clinical Research Nurse) was shortlisted for the Clinical Research Nursing Award for her contribution and role in patient and public involvement of people with learning disability in the NIHR DECODE project</li> </ul>			