

AAAD: Effective Oversight: Escalation and Assurance

Report to:	Public Board	Meeting date:	05/06/2025
Report from:	Quality & Safety Committee	Meeting date:	21/05/2025
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Alyson McGregor MBE (NED/Chair), Bob Champion, Kelly Barker, Sally Napper (NED), Phillipa Hubbard.		
In attendance	Holly Close, Catherine Schofield, Rachel Howitt, Grainne Eloi, Jaspreet Sohal, Christopher Dixon, Thabani Songo, Jillian Tozer, Timed business: Bernad Hughes, Sharon Jackson, Janet , Mark Dawson, Michelle Holgate		
Observers	Cornelle Parker (Well Led Audit Yorkshire), Trevor Ramsay (Governor)		
Apologies	David Sims, Anita Brewin, Rebecca Jowett, Carl Smith, Fran Stead, Rachel Trawally		
Best Quality Services	Theme 1 – Access and Flow		BQS:T1
	Theme 2 – Learning for improvement		BQS:T2
	Theme 3 – Improving the experience of people using our services		BQS:T3
Agenda items	<ul style="list-style-type: none"> • Matters arising - Draft Quality Account • Learning from your experience: Experience of being supported the Integrated Outreach Team • Feedback from Involvement Partners • Strategic Assurance Report.1 Integrated Performance Report and .2 Strategic Narrative • Quarterly CQC update • Quality Assurance Framework/ update CMHT improvement plan including the Independent Mental Health Homicide Review into the tragedies in Nottingham – letter and Regulation 28 – letter • Quarterly Patient Safety, Incidents, and Experience and feedback report -Q4 report (Jan 2025 - March 2025) • Research & Development Annual Report • Controlled Drugs Annual Report • Waiting List: Bi-Annual Update including managing capacity and demand • Alert, Advise, Assure + Decision Reports:1 AAAD report: System Quality Committee/2 AAAD report: Clinical Board/ 3 AAAD Report - Patient Safety and Learning Group • Committee Annual Governance Report and Annual Effectiveness review • Strategic Risk Summary • Confirmation of Escalation Reporting (AAAD) • Draft workplan 2025/26 • Any Other Business • Meeting Evaluation 		

<p>Alert items agreed by Committee</p>	<ul style="list-style-type: none"> • Subscriptions – importance of these for Trust staff with the loss of the national subscriptions. NHSE was managing the contract currently. • Negotiations that were taking place in primary care around shared care had been highlighted as a risk at System Quality Committee. Members noted that decisions would have a huge impact on the service users and Trust. Negotiations should be patient centred.
<p>Advise items agreed by Committee</p>	<ul style="list-style-type: none"> • Assertive Outreach Team and the ratios of staff to service users. • The work underway to review the role and relationship with the involvement partners/service users – the link to the strategy and benchmarking. There was Trust as well as System level activity planned. • Life Support Training compliance (within older persons) had reduced, work was underway to address this. • Quality assurance visits within Adult CMHT were being undertaken. • Freedom to Speak up issues were raised. • There were no red shifts identified, however, challenges had been identified within District Nursing/Community overall. Actions being undertaken were identified to address this, including triangulating information and areas of key focus for 25-26. • Increase in patient safety incidents, complaints and waiting times. A deep dive was planned to investigate this further. This would return to a future Committee. • Research & Development Annual Report; various risks were highlighted including within funding, resources, estates, library service reduction to subscriptions and national work being undertaken. • Speech and language therapy; risk around child dysphasia. • Complaints are highest within neurodevelopmental services (also a system challenge) – work underway to address this.
<p>Assure items agreed by Committee</p>	<ul style="list-style-type: none"> • The vital work undertaken by the Assertive Outreach Team and innovative and integrative approaches adopted by the team, which directly benefited service users. The great example of the support provided with physical alongside mental health. • FFT collection services; a good positive response rate had been received. An area of focus would be where there were no responses. • Clinical Supervision was maintained at 80 plus threshold. Work was ongoing to identify quality of clinical supervision. • Update on bed block contracts which had developed within the Bradford district. • Sustained positive performance within the vast majority of Clinical Services. Targeted support was planned for areas with lower performance. • Care Trust Way; transformation agenda and development within this area; co-pilot; • A CQC update was provided; engagement with the Trust and changes within Bracken Ward. A summary of enquiries; update on safer staffing/ themes/ feedback. • An update was provided on the Quality Assurance Framework - this included the CMHT improvement plan, the Independent Mental Health

	<p>Homicide Review into the tragedies in Nottingham and also included the Regulation 28 – Trust letter. A review had been undertaken and changes in processes had been identified.</p> <ul style="list-style-type: none"> • Quarterly Patient Safety, Incidents, and Experience and feedback report - Q4 report (Jan 2025 - March 2025); The Patient Safety Incident Response Plan was in the process of undergoing its first annual review; how learning was being taken forward; strengthening of the report was being considered; legal training sessions planned. • Research & Development Annual Report was provided to the Committee; diversity and more complex research projects - 2023/24 recruited 185 participants into 19 studies, in the last year recruited 425 participants into 26 studies. Research and Knowledge Service strategy is due for renewal; health literacy training; partnerships and collaborations; service user involvement • Controlled Drugs Annual Report was provided to the Committee; increase in risks was due to the change in reporting and change in categorisation; prescription errors; learning reviews; drugs missing; impact; training; audits; development of new policy - investigation of staff taking controlled drugs; regular CQC process/meeting. • Bi-Annual Update – Access & Waits; all areas were seeing an improvement. This was a direct result of the changes implemented/ different ways of working; Talking Therapies - targeting specific groups and adapting therapies had led to recovery aligned with white service users; referrals were increasing and no further funding available however access and wait was reduced. Changes to process were detailed; data triangulation was a challenge when anonymous; defining waits and data tracking. Speech and language therapy; significant improvement in waiting times; services working differently; quality improvement; additional funding for targeted support in nurseries/early years;
Decisions made by Committee	<p>The following items were approved:</p> <ul style="list-style-type: none"> • Minutes and Actions • Research & Development Annual Report • Strategic Risk Summary <p>In addition the following item was due for approval:</p> <ul style="list-style-type: none"> • Committee Annual Governance Report and Annual Effectiveness review – <i>this would be circulated to members for further comment/approval following the Committee.</i>
New risks identified by Committee	<ul style="list-style-type: none"> • There were no items reported.
Items to be considered by other Committees/Groups	<ul style="list-style-type: none"> • Consideration of how the Bi-Annual Update – Access & Waits could be reported to Board
Feedback following discussion at 'parent' meeting	

Report completed by	Jess Greenwood-Owens Corporate Governance Officer	Date	23/05/2025
On Behalf of Chair	Alyson McGregor		