

CHAIR'S KEY ISSUES

ISSUES FOR REFERRING / ESCALATING TO BOARD / COMMITTEE / TASK & FINISH GROUP

PART A:

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:		Quality & Patient Safety Committee	DATE OF MEETING ISSUE RAISED:	23 rd April 2019	
CHAIR:		Helen Taylor, Non-Executive Director	LEAD EXECUTIVE DIRECTOR:	Catherine Morgan, Chief Nurse and Angela Tillett, Interim Chief Medical Officer	
Agenda Item No.	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?		RISK REGISTER / BAF REFERENCE	PAPER ATTACHED √
62/19	<p>NEESPS – The committee received an update from Mr Neill Moloney, Managing Director, on the progress of the transformation programme for NEESPS. He noted that there had been a number of work streams established which included a high level of executive involvement, where historically executive visibility had not been consistent. He noted a review of the recruitment and retention of substantive staff had been undertaken and a robust plan had been put in place. He explained that all sites were now using the same quality management system and there was a plan for Ipswich site to start using the same Laboratory management system.</p> <p>Accreditation – Mr Moloney gave an update relating to the progress on the NEESPS regulatory compliance and accreditation plan noting that Ipswich site had had their haematology accreditation suspended however, a re-assessment was expected in August 2019 where he was confident that the laboratory would be compliant.</p> <p>Strategy - Mr Moloney informed the committee that the NEESPS draft strategy had been</p>	Assurance			

	completed and shared with the committee after the meeting. He noted that it had been decided to follow the carter model, hub and spoke, along with a number of strategic aims, which include investment in technology, building a vibrant substantive workforce on each site, bringing some services back “in-house” and training and development across all sites. He was pleased to note the high level of engagement he had had from staff in developing the strategy. He hoped that the strategy along with an increase in executive visibility would provide assurance to West Suffolk Board.			
60/19	Health and Safety Committee – Ms Denver Greenhalgh, Director of Governance, informed the committee that the Health and Safety Committee had had its first meeting and included the TOR for the committee’s information. She explained that the information being provided by the report had been reviewed and was hoped that next quarters meeting would provide more in-depth information. She noted that a health and safety risk assessment had been undertaken for all clinical areas across both sites and 150 had already been completed. She explained that the committee would be reviewing processes and procedures to adhere to national guidance. She was pleased to note that 18 staff members had completed level 3 health and safety training.	Information		
64/19	Integrated Patient Safety and Experience Report The quarterly reports for falls and pressure ulcer trend analysis and prevention plans were received; it was noted that Ipswich site performance remained the key focus and that resource and support was being centred in medicine and older peoples in patient wards. Ms Anne Rutland, Associate Director of Clinical Governance, informed the committee that ESNEFT would be reporting as an outlier to National Reporting and Learning System (NRLS) due to reporting issues for Q2 for incidents (Datix coding). Ms Rutland gave assurance that the coding and upload issues have been resolved and the Trust now has a realigned single Dtaix reporting system. Q3 NRLS reporting would show resolution of this issue.	Information		
70/19	Mental Health Ms Rebecca Pulford (Associate Director of Nursing for Integrated Pathways) shared an update regarding the psychiatric liaison service in both Ipswich and Colchester Hospitals and emergency department performance. Whilst it was noted that this was informative it lacked content regarding clinical outcomes and how this related to key objectives of the MH QI	Information		

	programme. A further update of the QI programme was requested.			
69/19	<p>Premises Assurance Update Mr James Milner, Estates and Facilities Compliance Manager, gave an update on the Premise Assurance Model. He confirmed that the ESNEFT PAM had been completed for both sites; Ipswich (2017-2018) and Colchester (2018-2019). He explained that the PAM outcomes had been put into an action plan, and that although the overall combined score was “requires minimal improvement” there were areas of inadequate, which had been the first points of focus. He assured the committee that there had been some progress already on the “inadequate” areas, however there was a need to assess the cost of the actions whether that be monetary or staff time.</p>	Assurance		
DATE COMPLETED AND FORWARDED TO SEC OF RECEIVING BOARD / COMMITTEE / TASK & FINISH GROUP:				

PART B:

RECEIVING BOARD / COMMITTEE / TASK & FINISH GROUP:			DATE OF MEETING ISSUE CONSIDERED:	
CHAIR:			LEAD EXECUTIVE DIRECTOR:	
Agenda Item No.	RECORD OF CONSIDERATION GIVEN / APPROVAL / RESPONSE / ACTION:			
DATE COMPLETED AND FORWARDED TO CLERK OF ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:				