

CHAIR'S KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:		Quality & Patient Safety Committee	DATE OF MEETING ISSUE RAISED:	21 st January 2020	
CHAIR:		Hussain Khatib, 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 √
7&13 /20	<u>Pharmacy</u> The Committee noted cumulative issues within the Pharmacy department which were impacting on performance. The committee asked that a full review of all of the issues and risks, including potential patient safety issues would be provided at a future meeting with oversight of performance provided by the Executive Management Committee (EMC) and any resource issues to be picked up by the People and Organisational Development (POD) Committee.		Assurance	Risk 621 on CRR	No
12/20	<u>Medical Devices Management</u> The Committee received a quarterly update report on Medical Devices Management noting challenges with regard to funding for replacement of old and obsolete equipment on the Ipswich site. The Committee sought further assurance around safety and potential impact on patients and requested risk assessments to be carried out. The committee also requested that future reports bring together comprehensive assurance of medical devices management including training compliance. The Committee acknowledged this may take some time to complete and the funding element would		Assurance	N/A	No

	need to be considered by divisions within their business planning process, thus a revised report would be brought back to the Committee in April.			
05/20	<p><u>104+ Days for Cancer Treatment - Harm Reviews</u></p> <p>The Committee received an update following the recent harms review of 104+ days for cancer treatment breaches, noting of the 80 cases reviewed no harm had been identified in 82.5% of the cases and unlikely harm or low harm identified in the remaining 17.5% cases.</p> <p>Although the Trust is not an outlier for 104+ days to treatment breaches, common themes for the delays were noted as:</p> <ul style="list-style-type: none"> • Transfer from one tumour site pathway to another following the results of initial investigations; • The requirement for specialist input from SMDTs / other hospitals e.g. for difficult biopsies/ procedures / Histology review; • Clinical reasons – optimising of patients clinical status pre surgery; • Patient choice e.g. the period of time for decision making re treatment options, DNA; • Slippage of small numbers of days throughout the pathways <p>Further work is underway to stratify MDTs and enable more decision making within these groups to prevent further delays.</p> <p>If the reviews identify any potential harm to a patient the case will be presented at the Trust Serious Incident panel in line with the Trust Serious Incident process.</p>	Assurance	N/A	No

<p>13/20</p>	<p><u>High Level Risks</u> Committee received and reviewed all high level risks within the Committee’s portfolio noting Risk 179 (Insufficient Number of ARCU Beds) and the associated action for the Executive Management Committee (EMC) to receive outputs of a review of ARCU bed capacity across both acute sites. This item would also be scheduled on the QPS Committee planner.</p> <p>The Committee also discussed the recommendation for Non-Executive Directors to consider these risks when planning clinical walk rounds and the feedback process therein.</p>	<p>Assurance</p>	<p>Risk 179 on CRR</p>	<p>No</p>
<p>05/20</p>	<p><u>Deconditioning of Patients</u> The Committee received a report on deconditioning of patients noting that approximately 60% of older people experience functional decline when admitted to hospital and one week of bedrest equating to 10% loss in muscle strength. This also affects the patient’s mobility, mental status, continence etc. and is associated with an increase in falls, hospital acquired infections and delayed recovery.</p> <p>The Committee supported the strategic approach and awareness required for a sustainable deconditioning prevention programme noting the requirement of a champion, concise measuring tool and the resource required to implement this.</p>	<p>Assurance</p>	<p>N/A</p>	<p>No</p>
<p>07/20</p>	<p><u>Regulation 14: Nutrition & Hydration – Deep Dive</u> The Committee was presented with the findings of a deep dive into Regulation 14: Nutrition and Hydration of patients which includes prescription of parenteral nutrition and dietary supplements, must meet reasonable requirements of preference and religious belief of patients, and supporting them to eat and drink.</p> <p>The Committee was assured that the organisation was compliant with the regulation given that hospital around 82% of in patients were assessed using the Malnutrition Universal Screening Tool (MUST) within 24hrs, menus are analysed and approved by</p>	<p>Assurance</p>	<p>N/A</p>	<p>No</p>

	<p>dietitians and are coded in accordance with the British Dietetic Association, and assistance with meals and red tray mealtime protection is in place.</p> <p>Further assurance was sought around psychological care for paediatric patients and dietetic support challenges on the Colchester site.</p>			
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