

**CHAIR'S KEY ISSUES**

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

**PART A:**

<b>ORIGINATING BOARD / COMMITTEE / TASK &amp; FINISH GROUP:</b>		Quality and Patient Safety Committee	<b>DATE OF MEETING ISSUE RAISED:</b>		1 September 2022
<b>CHAIR:</b>		Hussein Khatib – Non-Executive Director	<b>LEAD EXECUTIVE DIRECTOR:</b>		Giles Thorpe, Chief Nurse
<b>Agenda Item</b>	<b>DETAILS OF ISSUE:</b>		<b>FOR APPROVAL ESCALATION/ ALERT ASSURANCE INFORMATION</b>	<b>RISK REGISTER/ BAF REFERENCE</b>	<b>PAPER ATTACHED</b> √
<b>2.1-2.6 Executive Group Reports</b>	<p>Written updates were received from six meetings reporting into Committee with detailed debate and examples of the positive impact of service delivery on the experience of patients. An issue with regard to Controlled Drug cabinets was escalated, storage having been raised previously. Feedback would be provided to members after the meeting and at the next Committee to provide assurance that this is being addressed. The World Patient Safety Day will focus on medicines management. There was one Alert about radiology staffing issues in comparison to national recommendations. Mitigation was in place and this was being reviewed through Divisional Accountability (DAM) meetings. Assurance was sought on the effect on patients and it was confirmed that there was no impact. Nationally this is an area of workforce pressure. The pharmacy workforce situation was noted and the new Chief Pharmacist is now in post who will have a focus of addressing the key challenges. Three points of escalation were presented by the Director of Infection Prevention and Control in relation to standards of cleanliness post COVID, the importance of medical contributions to the antimicrobial stewardship audits and the rise in MRSA infections. Assurance was provided on the plans in place to resolve these. Finally, the challenges related to patients presenting with enduring mental health conditions and social care placement issues were discussed at length with an agreement to escalate this concern to the ICB Quality Committee.</p> <p>One referral was made to Performance Assurance Committee regarding the NHS supply chain.</p>		<b>Alert</b>	<b>N/A</b>	<b>No</b>

<b>3.2 Integrated Patient Safety &amp; Experience Report</b>	It was confirmed that Patient Safety Incident Investigations are driving learning as part of PSIRF (the Patient Safety Incident Response Framework). In relation to tissue viability an action plan is to be shared in October as part of a deep dive in response to an increase in hospital acquired pressure ulcers. Falls have seen a deterioration and the trajectory for improvement will be shared in October. Operational pressures and the need for additional escalation areas have impacted on staffing ratios being at the rate expected; however, teams have been observed doing everything they can to minimise the risk of patients falling. Sepsis was also considered and will be brought back to the October Committee.	<b>Information</b>		
<b>3.2/3.4 Maternity Transformation Programme –</b>	The update detailed the work undertaken including patient outcomes, progress on compliance with the Clinical Negligence Scheme for Trusts (CNST), the urgent and immediate actions to meet Ockenden requirements and the actions identified following the quality assurance visits. Current debates are focussed on the impact of the improvements being made and what more can be done to influence outcomes, which are discussed in detail at the Every Birth Every Day meetings. The structure across the system/region and the meetings being held for assurance was described.	<b>Information</b>		
<b>3.5 Safeguarding Families and complex Health</b>	A comprehensive annual report and quarter 1 update were presented with some positive news on recruitment and funding for two training roles to support people with learning disabilities and autism across the system. Referral data and the current position with regard to mandatory training were also presented. The annual report was approved.	<b>Information</b>		
<b>3.6 Infection Control Annual Report</b>	The Committee asked for its thanks to be passed on to the Infection Prevention and Control team for a comprehensive report and the consistency of their work during a difficult period. The annual report was approved.	<b>Information</b>		
<b>3.8 Radiation Safety</b>	The Annual Report was received advising the Committee on the level of compliance with ionising and non-ionising radiation regulations. The Committee requested an additional paper for the next meeting to understand the result of the changes being made and future plans.	<b>Information</b>		
<b>3.9 MHRA inspection and pharmacy response</b>	A detailed set of actions was presented following the inspection at which no critical recommendations were made. Initial timelines will be reviewed and monitoring will take place through existing groups.	<b>Information</b>		
<b>3.7/10 Quality Programme Progress Report Q1</b>	A well-structured report was considered demonstrating progress against the agreed priorities and quality improvement programme, some of which reports through the Time Matters Board. It was accepted that there are areas of duplication within the Integrated Performance Report. For the next report additional time would be set aside to enable sufficient discussion on the areas of focus.	<b>Information</b>		
<b>5.2 Committee Terms of Reference</b>	Agreement confirmed to the revisions as presented, recommended for approval by the Board.			
<b>DATE COMPLETED AND FORWARDED TO SEC OF RECEIVING BOARD / COMMITTEE / TASK &amp; FINISH GROUP:</b>		1 September 2022		

**PART B:**

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