

CHAIR'S KEY ISSUES

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

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:	Quality and Patient Safety Committee, 27 October 2022
CHAIR:	Hussein Khatib, Non-Executive Director
LEAD EXECUTIVE DIRECTOR:	Giles Thorpe, Chief Nurse (Anne Rutland, Deputy Chief Nurse, Quality, in his absence) Angela Tillett, Chief Medical Officer

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
1.4 Matters Arising: Radiation Report	A radiation report was presented to provide further assurance on the areas of focus. The Chief Medical Officer will provide data on current compliance to a future meeting.	Assurance
1.6 Committee Work Programme 2022/23	A revised work programme was presented by the Trust Secretary with additional suggestions to enhance assurance and enable Terms of Reference to be met, for six-monthly review. Further discussion was required on bullying and harassment to ensure that reporting is effective and at the right Committee(s) and mental health was added to enable more regular focus.	Assurance
Section 2 – Executive Group Reports	Reports from the Patient Safety, Clinical Effectiveness and Patient Experience Groups, the Health and Safety and Infection Control Committees were received. There was a discussion on Never Events and system work and the need to better understand the issues for being an outlier on foot/amputations. A new Vascular Improvement Board is in place and a summary will be presented to the next meeting and a deep dive in future if appropriate. Patient stories are now included at the Patient Experience Group which had supported positive change. A deep dive is underway on the heightened incidents of assault on staff. There were four items for escalation regarding infection control, whilst more work was required on what is appropriate to escalate. The MRSA outbreak is being managed appropriately; decontamination of probes is now resolved; a full update was provided on beds and decontamination; the Committee was already aware of the increase in COVID-19 outbreaks.	Assurance

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3.1 Chief Nurse/Chief Medical Officer Urgent Issues	Positive cases of COVID-19 were reducing whilst a return to asymptomatic testing and implementation of a Standard Operating Procedure enables admission to contact bays based on clinical decision. This was necessary due to the risk to patients of being moved during operational pressures.	Assurance
3.2 Integrated Patient Safety and Experience Report and Preventing-Future Deaths (PFD) Report 2021/22	Falls had decreased but remained above the Trust ambition. Pressure ulcers have also reduced per 1000 bed days and thanks were given to the team. An improvement plan has been prepared with a weekly meeting to enable progress to resolve the Care Quality Commission concerns about older people's services at Colchester/Medicine. Much was linked to patient discharge as discussed at Performance Assurance Committee. In response to patient complaints regarding telephone contact, improvements are being made. Assurance was provided on learning from deaths data, regional discussion, clinical coding/HSMR and the Trust remains an outlier in our regional peer group. Nosocomial deaths continue to be tracked over time and maternity MBRACE data has been published and will be reviewed. The Committee questioned the disparity in terms of socio-economic status and ethnicity and this appears to be averaging out. ICNARC mortality data was also questioned and this would be further investigated offline to provide the required assurance. The PFD report would form part of future learning.	Assurance
3.3 Quality Programmes and Priorities	A full update was provided on the quality priority and quality improvement projects and how these are being progressed and monitored. Positive work was demonstrated regarding medication safety whilst challenges remain. Litigation is an area of focus, triangulating with GIRFT data and linking to Use of Resources. Vascular, lung cancer and colorectal and general surgery are areas of focus as agreed at Time Matters Board. All audits and best practice have been co-ordinated to support teams to continue to improve care. The deteriorating patient work was also set out and the focus on maternity sepsis. The Committee sought assurance that actions would be achieved by the deadlines set out and questioned patient moves at night. It would be challenging to meet the ambitions due to clinical commitments and the need to be flexible in the approaches being taken. Reprioritisation may be required, and this was supported by the Committee Chair. There was a high degree of confidence in some areas, such as inequalities.	Assurance
3.4 Maternity Transformation	A senior midwife was not in attendance and additional focus was required at this Committee. There was discussion on the red rated actions and the active QI programmes in place to address these. A member of staff is now focussing on all improvement requirements and the difficulties of recruiting to the Director of Midwifery post are also being seen in other Trusts. The focus of the report was on PMRT (Perinatal Mortality Review Tool) and links to CNST (Clinical Negligence Scheme for Trusts). Assurance was sought on compliance with CNST. Two reporting breaches were presented and the actions taken. The Committee agreed for maternity services to be a priority agenda for the next meeting in December.	Escalation

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3.5 Patient Experience: progress update following Board discussion July 2022	The Emergency Department matron attended to update on the actions put in place, many of which had been completed, whilst there was more to do. This included a workshop and sharing the patient experience with the team. It has all made a real difference to provision of appropriate standards of care to patients, reflecting some of the longer stays in the department. Assurance was provided that those elements regarding medical staff were being taken forward by the Chief Medical Officer. The Committee was very pleased to hear of the follow up actions from the patient story that was presented at the Board and expressed its thanks to the Matron and his staff.	Alert
3.6 Quality Strategy 2022/27	The draft strategy was presented following Executive Management Committee approval. The Committee approved this to enable external stakeholder engagement including a discussion with the Council of Governors. The final strategy will be presented to the Board in January 2023.	Assurance
3.7 Health Inequalities update	The focus has been on risk factor management including tobacco treatment and promoting healthy eating for inpatients. Access for cancer patients and how they are more effectively supported on referral onto pathways is being taken forward, working with community providers on transport arrangements. Funding has been secured for an inequalities lead, project management roles and to progress Making Every Contact Count, working with primary care. The Committee questioned progress on tobacco management and was advised that this was limited to some wards with the hope of rolling it out further later in the financial year and movement to a seven-day service. The constraints were questioned, and further detail was provided with reference to paediatrics, the challenges in the dietetics service and recruitment. The aim was to run further clinics.	Assurance
3.8 Tissue Viability (TV): Pressure Ulcers update	The peer review outcome and next steps was presented and whilst the Trust is not an outlier improvement is required. The Committee appreciated the detail and sought the level of confidence that issues were going to be addressed. An awayday took place the previous week with open discussions and many ideas to improve. The Committee was provided with a summary of how pressure damage is assessed, the expertise of the TV team and the complexity of ensuring that all patients receive the right level of service across acute and community and different counties. The links with the nutrition workstream, the frailty team, deconditioning and preventative TV management was also questioned. The Chief Nurse and Chief Medical Officer are supporting integration of this work. There was confidence that the identified actions would bring the improvements required, with future updates through the quality improvement programme.	Assurance
4.1 Medical Devices Management Report	The approach to tracking equipment and ensuring that all staff have the appropriate training remains work in progress and a complete data set is not yet in place, with minimal assurance provided. For high risk/manual handling/theatres, there are different processes in place providing some assurance. A risk-based approach will be taken with Divisional teams to progress this, and additional resource is being considered.	Alert

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	The Committee suggested that clear messaging was required on the use of equipment without training from a health and safety perspective, recognising the complexity of the requirements and the need for a joint approach. All staff work within professional standards to ensure competence and discussions are underway regarding the potential for the Electronic Staff Record to ensure a single repository for the training in the longer term.	
5.1 End of Life Care	The Trust Lead provided an update and the strategy for 2022-25. Ipswich Hospital is not providing seven-day face to face nursing service currently and it is hoped to resolve this by the end of this year. A five-day Butterfly Volunteer service is in place and expansion is planned. Work across the system is focussed on two major projects, ReSPECT, a treatment escalation plan, with roll out anticipated in early Spring. ROSI (Record Once, Share Insight) enables end of life choices to be recorded and shared and is currently being piloted in West Suffolk. Complaints are reviewed every month and communication from the wards to patients' families remains a concern with an update provided on the actions being taken. The National Care Audit at the End of Life data was provided. The Committee confirmed that the challenge remains consistency of approach across the wards and recognised how difficult it had been during the pandemic.	Alert
6.2 Regulation 15: Environment & Equipment	A member of the team attended who worked nationally on the Premises Assurance Model reporting tool. This has enabled good practice to be implemented at ESNEFT. It had been discussed in detail at the Performance Assurance Committee and was now included within this Committee's work programme. The Committee was advised of the PLACE (Patient-led Assessments of the Care Environment) assessment currently underway, health and safety environmental audits and security arrangements. The Committee questioned whether improvements are being seen since the 2019 PLACE assessment. Many processes implemented during the pandemic have been retained which has enhanced the position, whilst access to some areas has been a challenge. In relation to patient experience improvements, the built environment and the age of some of the estate is difficult.	Assurance
7.2 Date of Next Meeting	A change to the planned date in December would be discussed outside of the meeting.	Information