

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, 15 February 2023
CHAIR:	Hussein Khatib, Non-Executive Director
LEAD EXECUTIVE DIRECTOR:	Giles Thorpe, Chief Nurse; Angela Tillett, Chief Medical Officer

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
Executive Group Reports	<p>Health and Safety Committee – no alerts or escalations. 48 wards received unannounced COSHH inspections (Control of Substances Hazardous to Health 2002 Regulations). Further training is being offered as required. Compliance with workplace self-inspections is to be monitored on a weekly basis at the Operational Delivery Group. The Committee questioned the low percentage rate and whether this should have been an alert and was provided with further reassurance.</p> <p>Infection Control Committee – one escalation risk regarding a potential lack of funding in relation to ongoing discharge cleaning to meet the National Standards of Cleanliness. The Committee questioned costs, priority and the plans in place. It was explained that the national standards have been amended and the detail was provided, including the significant costs and how this could be allocated as part of business planning to continue to meet the standards. The Committee supported the Chief Nurse and Director of Estates and Facilities that meeting the national standards was a priority.</p> <p>Vascular Improvement Board – an update covered the breadth of vascular services, challenges and risks, clinical outcomes, and the introduction of the Vascular Improvement Programme. Theatre capacity and meeting population requirements were highlighted and over the next 12 months work streams will review pathways and processes to optimise services and meet national and local requirements. The Committee questioned how the service compared with other units. This is the GIRFT (Getting It Right First Time) specialty of focus within the Time Matters Board. The Elective Programme Board oversees capacity across all specialties, whilst there are emergency surgery requirements and vascular care takes place in the community. Capacity and development of</p>	<p>Assurance</p> <p>Alert</p> <p>Alert</p>

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	a whole service risk were discussed. Mitigation is in place to manage patient care with more urgent cases being seen. There will be impact on other services. An update would be provided in four months' time.	
Chief Nurse/Chief Medical Officer Urgent Issues	The quality impact of industrial action. A 48-hour strike takes place between 1-3 March which will have a significant impact on delivery of services and will result in patient delays. The outcome of the ballot for junior doctors' strikes is also awaited. Updates were provided on maternity services and a rapid quality review meeting is taking place in March 2022 with system partners to understand actions being taken. An MHRA (Medicines and Healthcare products Regulatory Agency) alert has been raised nationally following concerns regarding an ocular implant.	Alert
Integrated Patient Safety and Experience Report	The Nutrition Steering Group has re-launched and improvements will make it easier for staff to undertake assessments. A review of falls with harm on the Ipswich site was highlighted with latest figures returning to normal range. Learning from Deaths information was provided covering the level of detail included in reviews, the tools used and trends across sites. Deaths in the Emergency Department (ED) and the impact of operational pressures provided some assurance that this is reviewed to understand the learning, impact on patients and staff. The Mortality annual report was presented and would be considered in future years. The Committee questioned Duty of Candour in the community and when improvements are likely to be seen, overdue patient safety reviews, mortality trend data and learning from complaints.	Assurance
7 Day Services Assurance Framework	This programme is designed to ensure patients who are admitted as an emergency receive high quality consistent care, whatever day they enter hospital. Many services work across seven days already, whilst it is helpful to review if quality of service remains the same. Updated national guidance was detailed. Focussed reviews/audits will be launched and a further update will be provided in two months with a more detailed report in four months' time. The Committee questioned the position at other Trusts; this isn't a focus nationally, but it is the right thing to do and links to GIRFT. Therapies and how the service is provided was also discussed, with acuity modelling being considered to aid understanding of levels of need.	Assurance
Maternity Services update	The Every Birth Every Day Programme continues with a clear focus on outcomes and metrics. A governance review is being undertaken led by the Trust's Maternity Improvement Advisors, interviews for the Director of Midwifery take place this week and the future focus is on a multi-disciplinary approach to leadership. The Chief Nurse updated on staff challenges, listening to their experiences, and the support being provided. The national maternity safety plan is awaited and a visit from the Care Quality Commission is expected by the end of April.	Assurance
External Visits update	An update was provided on previous and planned regulatory/accreditation visits, how improvement plans and current compliance are monitored through the Clinical Effectiveness Group, reporting to Committee. The comprehensive report was welcomed, providing assurance on how visits are managed. Questions were raised regarding additional concerns, inclusion of GIRFT, how compliance was rated and where themes were discussed. Executive led operational groups review any cross-cutting themes to confirm where further attention	Assurance

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	is required. GIRFT should remain within the quality programme. The detail regarding the Care Quality Commission report following an inspection of Medicine and Older People's Services was discussed.	
Quality Programme and Priorities	This programme includes all quality priority projects and quality improvement. An update on quarter 3 progress and achievements, and the proposed milestones for each project for Quarter 4, was considered. The first GIRFT Board had taken place. A summary of litigation enables triangulation with complaints to provide assurance on learning. Quality improvement needs to be reframed to include innovation and transformation and ensure sharing of good practice and embedded learning. Compliance regarding sepsis management was also detailed. Despite significant operational challenges, the work in relation to continence was impressive with a significant impact on patients. Other developments were highlighted. Mental health continues to be a challenge with patients coming into ED, whilst the transformation and partnership working is identifying early risks and enabling escalation. The Committee questioned medication safety and confidence in achieving key milestones. The teams are doing all they can whilst recognising the significant challenges and the focus on providing pharmacy services to inpatient areas.	Assurance
Quality Account 2022/23	The proposed priorities for 2023/24 were presented in the Patient Safety, Patient Experience and Clinical Effectiveness categories. A stakeholder survey launched this week to gain views.	Assurance
Health Inequalities	A progress update on delivery of the Trust's Inequalities Strategy was welcomed. DNA (Did Not Attend) rates in Ophthalmology were queried, the temporary nature of some roles which does not reflect their importance, and clarity on the meaning of Make Every Contact Count to reflect its scope. There was particular concern regarding access to significant system funding that had been identified to secure future sustainability,	Alert
Safeguarding quarterly update	Updates were provided on safeguarding adults and children, services to support those with dementia, learning disabilities (LD) and mental health needs. ESENFT is one of first to move forward with LD training advanced trainee nurse practitioners. Committee sought assurance regarding midwives engaged in safeguarding responsibilities and level 2/3 training compliance. The training relates to updates and assurance was provided that staff are trained, and compliance is monitored through Divisional Accountability Meetings. Greater granularity on domestic abuse was requested, which would be considered outside the meeting.	Assurance
Medical Devices Management	This item had been referred from the Audit and Risk Committee to confirm a timetable to achieve full compliance in line with the Medical Device Training policy, as monitored by the Medical Devices Management Group. This related to tracking equipment and ensuring that all staff have the appropriate training. It is complex and has historically been extremely difficult to achieve. A risk-based approach is appropriate and once the Electronic Patient Record is in place it will become easier to interrogate the detail. An internal audit was undertaken during 2021/22 and a further audit starts this month. A Task and Finish Group has been established for medical device training for nursing staff and medical teams and for standardisation of medical devices to streamline processes.	Alert

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	Options are being reviewed for medical staff, learning from best practice elsewhere. A full list of medical devices has been identified and the aim is to complete the introduction of self-declaration forms by 31 January 2024.	
Violence and Aggression Reduction deep dive	<p>The national standards required for reduction of incidents were launched in January 2021. An assessment was presented on the Trust position with significant work required to develop all necessary actions to mitigate the risk of harm to staff. This is led by the Chief Nurse who chairs the monthly Violence and Aggression Reduction Group. Work streams on development of the strategy, communications towards our staff, wellbeing/post incident response, clinical assessment and documentation and reporting and learning from incidents are in place. Monitoring will be through the Executive Management Committee and assurance will be provided to this Committee. More understanding is required on the data to enable targeted work, ensuring that this reduces the number of incidents and acuity of violence and aggression in the Trust.</p> <p>The Committee asked for more information on the plans to support staff to act, escalation processes, membership of the group and how the People and Organisational Development Committee is updated on the impact on staff wellbeing. A system for patient exclusion from services other than in an emergency is already in place. ESNEFT operates a zero-tolerance policy and will not tolerate violence, aggression or inappropriate language, and communications to the wider organisation will be enhanced.</p>	Assurance