

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 October 2018	
CHAIR:		Helen Taylor, Non-Executive Director	LEAD EXECUTIVE DIRECTOR:	Catherine Morgan, Chief Nurse Barbara Buckley, Chief Medical Officer	
Agenda Item No.	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	RISK REGISTER / BAF REFERENCE	PAPER ATTACHED √	
39/18	Transportation of Specimen Handling The Committee received an update from the NEESPS Head of Improvement noting a number of issues identified during a process mapping exercise and actions taken since the last meeting. The future plan of works was also received and noted and a progress report would be brought back to the Committee in December.	Assurance		N	
39/18	Quality Oversight for Sub-Contracted Services The Committee received an overview of the governance by which quality oversight is achieved for clinical services that are subcontracted by ESNEFT to other providers. The Committee noted the following gaps identified: <ul style="list-style-type: none"> No onward reporting of contract review meetings minutes and minutes which should have been sent to this Committee; Quality intelligence derived from contract review meetings does not feature in divisional reporting; 	Assurance		N	

	<ul style="list-style-type: none"> Work would continue to review list of services provided by sub-contractors. 			
41/18	<p>Key Quality or Safety Issues The Committee noted 2 never events which had taken place since the last meeting, these were currently being investigated.</p>	Assurance		N
46/18	<p>Medicines Optimisation Report It was noted that there were some medication shortages due to delays in payment of supplier invoices. This issue would be raised at the next Finance and Performance Committee meeting.</p>	Assurance		N
50/18	<p>CQC Inspection Process Post-Merge The Committee received the proposed CQC inspection process for the merged organisation noting the Trust's strategic ambition, the implementation of a Well-Led Steering Group and a requirement to complete an NHSI Well Led Framework self-assessment.</p>	Assurance		N
52/18	<p>Open Referrals An update report was received by the Committee relating to the number of open referrals which were reported to be 130,000 as at September 2018. It was noted that the majority of the activity related to patients awaiting test results and work is now being captured within the access plan and tracked thus removing them from being an open referral.</p> <p>The Committee noted that an Open Referral Work Plan had been developed to reduce the number of open referrals and a working group had been set up to provide oversight of this work. A review of staff training, including open referral workshops, was underway.</p>	Assurance		N
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:				