

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:		29 October 2019
CHAIR:		Hussain Khatib, Non-Executive Director	LEAD EXECUTIVE DIRECTOR:		Angela Tillett, Interim Chief Medical Officer
Agenda Item No.	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?		RISK REGISTER / BAF REFERENCE	PAPER ATTACHED √
2.2 / 3.1 / 3.2	<p><u>Quality & Patient Safety Dashboard:</u> The Committee received and reviewed the quality and patient safety dashboard. The board will receive this information as part of the Integrated Performance Report. Following on from the QPS CKI last month the committee undertook a deep dive into the management of serious incidents and falls prevention work.</p> <p>With regards to serious incidents work to improve timely completion of investigations was discussed alongside the findings of the national of SI's which has shown a focus on process which does not always support learning. ESNEFT will be a pilot site (within the ICS) for the new national framework for SI's.</p> <p>The action plan for reducing falls particularly on the Ipswich site was discussed in detail with some of the barriers and future plans. The Committee will monitor progress against the improvement plan presented.</p>	Assurance		Quality Account links.	Integrated performance report
2.3	<u>Health & Safety Executive and Care Quality Commission unannounced inspection of Nuclear Medicine:</u>	Escalation		NA	NA

	<p>On 24 September 2019 the HSE and CQC undertook an unannounced IRM(E)R inspection at the Colchester Hospital site. IRM(E)R is the Ionising Radiation Medical Exposure Regulations (2000) which deals with the safe and effective use of ionising radiation and the health & safety of those working with ionising radiation. The review recognised good aspects of the services, and also noted where some improvements could be made. Some improvements include the requirement to formally appoint the new Radiation Protection Supervisor following the departure of the previous post holder; ensure that all the employee procedures have been through the radiation safety committee and ensure reflective of current practice in the service; and to strengthen the risk assessment for accidental or in unintended exposure. Actions to address these areas were underway with a trajectory of mid-November for completion.</p>			
2.4	<p><u>Chelmsford & Colchester Breast Screening Programme (Hosted by ESNEFT)</u> A routine and planned external quality assurance (EQA) visit was undertaken by the National Screening Programme Quality Assurance Team, along with Public Health England (PHE). The EQA did not raise any immediate concerns about the service. However, the following areas were noted for action/improvement at the time of the visit:</p> <ul style="list-style-type: none"> a. Inequity of service provision between Colchester & Chelmsford associated with the availability of advanced mammogram at Colchester site and not Chelmsford. <i>Women are offered the choice of site to attend.</i> b. Lack of a robust governance structure & reporting framework to ensure that all staff and both Trusts are sighted on all governance / performance issues associated with the ability to report incidents and view incidents on each Trust's systems. <i>This has been resolved.</i> c. Old equipment at Broomfield Hospital. <i>This has been escalated by PHE to NHS England. Replacement equipment is the responsibility of Mid Essex Hospital Trust.</i> 	Escalation	NA	NA
2.3	<p><u>Quality Report (Mid-year) Update</u> The Committee received an update on progress against our Quality Priorities, as set out in the Quality Account and mandated quality information for the Quality Report and areas of risk. The Committee will keep this under review as the year progresses.</p>	Information	NA	NA

2.5	<p><u>7 Day Services Assurance Framework</u> The Committee reviewed the Autumn/Winter submission for the 7 day services assurance framework (noting that some data from Colchester was pending). The Committee discussed that there was significant risk of not being compliant with the standards by April 2020 and that the risk register should be reviewed accordingly. The assurance framework is to be reported to NHSI by end November 2019 and was recommended to the Board for approval.</p>	Escalation	Risk Register Risk	7 Day Services Assurance Framework
<p>DATE COMPLETED AND FORWARDED TO SEC OF RECEIVING BOARD / COMMITTEE / TASK & FINISH GROUP:</p>				

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:				