

CHAIR'S KEY ISSUES

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

PART A:

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:		Quality and Patient Safety Committee	DATE OF MEETING ISSUE RAISED:	26 th April 2022	
CHAIR:		Hussein Khatib – Non-executive Director	LEAD EXECUTIVE DIRECTOR:	Giles Thorpe – Chief nurse	
Agenda Item No.	DETAILS OF ISSUE:		FOR APPROVAL / ESCALATION / ALERT / ASSURANCE / INFORMATION?	RISK REGISTER / BAF REFERENCE	PAPER ATTACHED √
2.1	<p>Patient Safety Group CKI</p> <p>The committee noted the work to implement 2222 for Massive Obstetric Haemorrhage across both hospital sites.</p> <p>The committee also received the TARN update report, which evidenced areas of good practice, although further work was noted to be undertaken on both sites</p>		Information	N/A	
2.2	<p>Medicines Governance Group CKI/Omitted medicines audit</p> <p>It was noted by committee that both acute sites had achieved 97% compliance of prescribing critical medicines within two hours. However, ongoing work was noted to improve compliance with administration of antimicrobials and anticoagulants.</p>		Information	N/A	
3.1	<p>Patient Safety and Experience Report</p> <p>The committee had a long discussion regarding the fundamentals of care noting that falls had increased across the Trust over the past reporting period. Whilst this was attributed in part to lower staffing levels it was recognised that a close monitoring approach was required to ensure performance in harm free care improved in the next reporting period.</p>		Information	BAF Risk 11	

3.2/3.5	<p>Safeguarding Q4 report/Mental Health regulations</p> <p>The committee received the Q4 report, evidence improvements in safeguarding compliance, and it was noted a trajectory for improving L3 safeguarding was in development.</p> <p>The Trust's response to mental health regulations was discussed. 5 issues were raised which are being addressed by the Safeguarding team to ensure that appropriate least restrictive practices are being adopted in all circumstances in the Trust.</p>	Information	BAF Risk 11	
3.1	<p>Maternity Update</p> <p>In line with CNST requirements the committee received and approved a report outlining assurance of compliance with Standard 1 of Year 4 CNST requirements.</p>	Information	BAF Risk 13	
3.6	<p>Medical Examiner Update</p> <p>The committee were updated regarding the ME system extending to include all deaths in 2022, which will include changes to legislation for death certification.</p>	Information	BAF Risk 11	
4.1	<p>Cancer Care/Harm Reviews</p> <p>The committee received an update following CRG's discussion on cancer care and harm reviews. QPS formally supports the clinical view of the management of the current patients and not spending time on reviewing the long waiters. It was noted as being a challenging issue, requiring a whole system approach. The committee were assured that an audit of specific patient groups (including patients with learning disabilities) will be priorities for harm reviews.</p>	Escalation	BAF Risk 11	