

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 April 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
Committee work programme 2023/24 and effectiveness	The revised work programme for this financial year was approved with inclusion of an additional deep dive in relation to quality improvement and amended reporting on learning from deaths to mirror reporting to the Board. The outcome of the annual review of effectiveness was also considered.	Assurance
Executive Group Reports	Updates were provided from the Clinical Effectiveness Group, Infection Control Committee, Patient Experience Group and Patient Safety Group – no items for escalation. The Committee sought assurance on incident management and lessons learned, GIRFT (Getting It Right First Time) action plan delivery, end of life care and diabetes management. It was confirmed that cleaning standards are being maintained, notwithstanding the ongoing discussions to ensure the Trust is meeting the new national cleaning standards (aligned with funding through business planning).	Assurance
Chief Nurse/Chief Medical Officer Urgent Issues	Industrial action remains a serious concern in ensuring the safety of patients and staff wellbeing. Significant risks have been identified and raised externally and a full update was provided on the action underway. Committee members reflected on the challenges and extensive planning required. The Executive Team was thanked for all the planning being undertaken.	Alert
Integrated Patient Safety and Experience Report	A detailed discussion took place on the report. Patient experience themes remain access to treatment and communication, and a key areas of focus. Patient safety training has started and complaints training starts in May to drive improvement. Whilst fluctuation is seen in mortality rates, trends are considered over a 12-	Assurance

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	<p>month period; learning from deaths and management of individual cases was reviewed. A Committee deep dive is scheduled for June regarding perinatal mortality.</p> <p>Committee members noted the improvements and sought assurance regarding tissue viability, falls management and questioned pressures on the Women and Children's division to complete their overdue Patient Safety Reviews and actions. Support has been offered and the governance deep dive will identify further actions to support ongoing improvements.</p>	
7 Day Services Assurance Framework	<p>This update followed discussion in February and a more detailed report is planned for the June meeting. Progress has been affected by the support required to the industrial action to ensure ongoing patient safety. The Committee questioned the audit plans, how learning was taken account of, the detail for all standards, benchmarking, the link with agreed Commissioning for Quality Improvements (CQUINS) and the impact for patients of senior oversight and length of stay.</p>	Assurance
Care Quality Commission (CQC) inspection	<p>An action plan update was provided on the inspection that took place in adult and older people's services at Colchester Hospital in November 2022. Actions were being progressed at pace and learning had been shared with the Ipswich Hospital team. Committee members sought more assurance on the process for completion of the outstanding actions. The final plan would be circulated to members prior to receipt by the Board. Assurance was provided on the robust Executive oversight in place.</p>	Assurance
Draft Quality Account 2022/23: quality priorities 2023/24	<p>The top three priorities were approved by the Executive Management Committee as end-of-life care, nutrition and hydration and mental health following a survey of staff, governors and local people. Although maternity services was identified as a third priority, it was felt that the service has detailed focus following the publication of the three-year delivery plan. This would be included in the final document to be presented to Committee and the Board to enable publication of the Quality Account by 30 June. Committee members questioned other areas of focus such as communication with patients, shared decision making and quality improvement.</p>	Assurance
Referrals from Board Committees	<p>Two issues had been referred from other Board Committees and a verbal update was provided on the processes in place regarding daily care delivery and rostering. The nursing rota is monitored three times a day to ensure sufficient staffing to workload. Bi-annual nursing and midwifery acuity assessments are also undertaken. There had been no incidents of patient harm due to mandatory refresher training not being completed by the date required. The importance of mandatory training was reiterated. The Committee confirmed that sufficient assurance had been provided and no further action was required; relevant action logs would be updated to enable closure.</p>	Alert

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Maternity transformation	<p>Members of the Divisional Management Team attended to present the recently published three-year delivery plan for maternity and neonatal services. The principles cover all previous national report recommendations. The four themes and objectives were identified, Trust responsibilities, the current position and areas for action. Objective 7 relates to regularly reviewing progress at Board level with the Director of Midwifery to attend Board on a quarterly basis. Implementation will enable consolidation of all previous action plans following a detailed gap analysis, working with the LMNS (Local Maternity and Neonatal System), the Maternity Voices Partnership and service users. Data sets will be published nationally to ensure focus on those elements that are of most importance.</p> <p>Committee members reflected on the significant and impressive amount of work undertaken to get to this position and provided support to the team. The Chair detailed additional assurance regarding the Every Birth Every Day Programme Board (EBED), chaired by the Chief Executive, and including external representation. This report had been discussed at that forum this week. Some of these principles should apply Trust-wide, equality, diversity and inclusion for patients was highlighted and members questioned how this operates across the system to ensure a targeted approach. Oversight of implementation will continue through direct report to the Board from EBED.</p>	Assurance
Governance	<p>Updates on national publications and guidance, approved CQUINS and the Board Assurance Framework (BAF) were considered. A suggestion was made to include the risk of not meeting all requirements of the maternity and neonatal delivery plan as a sub-section of the patient safety BAF risk to provide assurance to the Board. This was approved. The Chief Nurse would develop this prior to the next Committee meeting and it would be proposed to the Board in May. A deep dive would be undertaken on the new CQC framework later in the year to ensure organisational preparation.</p>	Assurance