

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, 21 June 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	Updates for assurance from the Health and Safety Committee, Patient Experience Group and Patient Safety Group. There was one alert from the Clinical Effectiveness Group regarding interventional safety checks and the timeframe for completion and the process for continued monitoring was discussed. The Committee was briefed on the detail of two Never Events and the investigations underway. A further point of escalation was raised from the Infection Control Committee regarding cleaning standards with assurance received on the action being taken to resolve the issue.	Assurance
Chief Nurse/Chief Medical Officer Urgent Issues	An update was provided on current issues being dealt with by the legal team and the support provided to staff. The Committee would consider later this year a report on the annual scorecard once it is published in August. The Committee was advised of the short, medium and long term plans being considered to resolve the lift failure at Ipswich Hospital and future reporting was confirmed.	Alert
Integrated Patient Safety and Experience Report	The number of overdue action plans represent the amazing work of the patient safety team, with confidence that the remaining actions can be closed shortly. A patient panel is being set up to maximise the opportunities to learn from experience across all protected characteristics. Quality improvement projects were positive and would be included more regularly to highlight the impact for patients. Committee members reflected on the positive progress report and questioned the numbers of pressure ulcers in community services, falls and the	Assurance

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	overdue incidents in the corporate division. An update was also received on learning from deaths and members questioned stillbirths data, with no themes, and trends to be monitored.	
Seven Day Services Assurance Framework	A more detailed report was presented as planned, including audit data, demonstrating good performance in relation to standard 2, review by a consultant within 14 hours of admission. Standard 8, daily review, is less positive and the nature of the national tool was described and how this impacts on the results. Divisional feedback was being sought to confirm the areas of focus. Shared decision making will be included in the audit. There was discussion on seven day working in other services and this would require further review.	Assurance
Inequalities programme	The six monthly report highlighted the success of a number of programmes including the tobacco treatment service; healthy eating for adults pilot and roll out of pictorial menus on inpatient wards; the funding received for a children and young people Nourish 20 week programme starting in September; making every contact count; focus on the transport pilot with funding sought to deal with the challenges that patients are facing; frailty support in Clacton and other areas has been agreed. Concern was expressed once again about the temporary nature of the pilots and ongoing funding and the support required to promote this work at the Board. Discussions are underway with the ESNEFT and Integrated Care Board Directors of Finance with the aim of demonstrating the benefit of investment in managing health inequalities effectively	Alert
Patient Experience, carers and Co-Production Strategy	Patients are at the heart of Trust discussions and this is the first time that the strategy has been designed with patients, carers and relatives, and the Head of Patient Experience was thanked for her work on this. The five-year strategy sets out our plans, linking closely with the care accreditation framework from the patient experience perspective, with the quality strategy and nursing and AHP strategy providing the framework for delivery. Equality, diversity and inclusion is a thread throughout the document. Reporting will be through the integrated performance report. The strategy was approved with two minor amendments to reflect a link to the Maternity Voices Partnership and Patient Safety Partners.	Alert
Maternity transformation	The Director of Midwifery attended her first Committee meeting and presented the detail of the maternity incentive scheme (CNST). For year 4 the final position was compliance against eight rather than seven standards as discussed at the Board, following external oversight of Standards 1 and 2 and confirmation of compliance. Across the region only five trusts were fully compliant, a marked change, which demonstrates the challenges and complexity of the process. For year 5, the 10 safety actions were presented with programme management support being sought. Committee members questioned the predicted level of compliance and the key lessons learned from year 4 were discussed. As is also required, the first six monthly midwifery workforce review was presented, which is to be considered at the Board. Further work will be undertaken to review the workforce needs. The Committee confirmed that assurance had been received on	Alert

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	the findings and the approach to CNST year 5, there was a clear vision of the work required and plans in place.	
Renal and vascular services updates	Planned updates received on both services and the transparency of issues was welcomed. Members questioned the timetable for demand and capacity analysis within vascular services and sought more clarity regarding the diabetic workforce. The Committee supported the approach being taken.	Assurance
Quality Account 2022/23	This was presented and recommended to the Board for approval prior to publication by 30 June.	Assurance
Annual Reports	Received for health and safety and organ donation and Human Tissue Act, for presentation to the Board. The safeguarding quarterly and annual report was also received. The complaints report was considered prior to presentation to the Board and the number of complaints regarding values and behaviours was discussed, including the process for providing feedback and how issues are escalated as appropriate.	Assurance
Deep dive: mental health	<p>The Senior Lead for Safeguarding and Complex Health gave a detailed presentation of the challenges in the past three years in supporting those patients with acute, complex and sustained presentations. Extensive work has been done in partnership, whilst recognising that this is not a perfect solution, but we are doing the best that we can to support patients. This included the background, education and information, use of evidence-based tools to predict violence and aggression, an improvement in compliance with the Mental Health Act and how legislation is reflected in Trust policies and processes and refined to ensure robust guidance is in place for staff. The data, challenges and risks were described. A complex health strategy will be formulated later in the year, with continual delivery of training to support reduction of restrictive interventions and formulation of a business case for adult mental health posts.</p> <p>Committee members raised a number of questions and comments covering the progress being made on ensuring that patients are seen by mental health teams, where the Trust's responsibilities start and end, how training compliance can be enhanced when this is not mandatory, recognition of the challenges with a lack of psychiatry staff and that physical health consultants do not have the experience in their scope of practise, the use of 111 by patients, availability of patient participation groups, whether the seven day clinical standard should be used as a tool to assist and the link with primary care responsibilities.</p> <p>In summary, it was recognised that a lot of work is happening in mental health providers and presentation and complexity is increasing dramatically. ICBs are moving this forward as an area of focus and clarity is required on how resource in the community and primary sector can manage support in the community rather than the acute setting. Changes in how the police service approaches the management of certain circumstances will impact. The business case will seek to secure adult mental health practitioners and</p>	Alert

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	support workers to enable provision of therapeutic interventions to benefit patient care and deal with the moral distress of our workforce, who are having to manage these patients, doing the best that they can.	
Governance	<p>Updates were considered on national publications and guidance and the Board Assurance Framework digital risk 8 as it relates to the responsibilities of this Committee. The Premises Assurance Model Assessment was deferred to the next meeting. This would require Board approval prior to submission.</p> <p>The Chief Nurse was thanked for his contributions to the Committee, his leadership and of the midwifery transformation programme, with good wishes for his new role in the ICB.</p>	Assurance