

Key Issues Report
Issues for referral

Originating Committee/Group and meeting date:		Quality and Patient Safety Committee – 29 August 2024
Chair:		Hussein Khatib, Non-Executive Director
Lead Executive (as appropriate):		Catherine Morgan, Interim Chief Nurse, and Tim Leary, Interim Chief Medical Officer
Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
Matters Arising	<p>A report was received on maintenance of the medical devices asset management system and the governance arrangements in place to provide assurance on planned maintenance and appropriate decommissioning. This followed previous concern raised regarding those devices that may not have been inspected in accordance with requirements. The Chair welcomed confirmation of the operational processes and questioned the separate process in theatres and whether these areas were following the same principles. The Chair also queried whether equipment used in clinical research was subjected to the same approach. A medical equipment management internal audit is due for quarter 3, reporting to the Audit and Risk Committee.</p> <p>The Chair referred to discussion at the Performance and Finance Committee and those elements relevant to this Committee's remit including corridor care, Emergency Department (ED) waits and patient harm with a particular focus in Ipswich, the importance of triangulating productivity with clinical outcomes and the quality quadrant of this year's business plan. The Chief Nurse highlighted the capacity impact and staff moves with an assurance paper being prepared to respond to the NHS England letter relating to urgent and emergency care, for presentation to the next meeting.</p>	Assurance
Assurance reports	<p>Urgent issues – The national inpatient survey results have been published; ensuring appropriate arrangements are in place for high consequence disease management; the national blood shortage.</p> <p>Integrated report – An historical Never Event had been reported, Duty of Candour was undertaken, and this was declared as a patient safety incident investigation (PSII). Following challenges in managing these in a timely manner, from April 2024, all PSII's have been completed within the three-month target. Accrediting Care implementation has received positive feedback from staff, reviewing how the fundamentals of care are woven into</p>	Assurance

this and the format of this report. Improvements to tissue viability services documentation and nomination for a national award were highlighted. The progress being made was welcomed. Pressure ulcers and falls had increased slightly, and members questioned the actions being taken, reliance on the falls practitioner and an update was requested on the property box. Work was underway to confirm the high impact interventions that will reduce harm events. Questions were also raised regarding how positive feedback received from patients was shared and what doctors and AHPs could do to support and be involved in the care accreditation programme.

Learning from deaths – The annual report of mortality figures for 2023/24 included benchmarked data, divisional actions and the governance of mortality monitoring and learning from deaths. We remain in an unusual situation in tracking mortality data post pandemic. The timely access to notes had been escalated to enable clinical coding to be undertaken as delays have skewed the data. Ethnicity is monitored closely, the increased risks were highlighted, ED teams review in detail all deaths that occur and wherever possible we would want to transfer patients to an appropriate ward as soon as is practical. Alcohol dependence and the health inequalities work, deaths of learning disability patients, medical examiners and their key role were also raised. Further information was requested on ED waits, medical examiner engagement with surgical specialties and where the learning highlights were shared was questioned, the length of stay prior to death profile had changed very little, and communication with patients and families at end of life was discussed. Recommended to the Board, for consideration in November.

Maternity and Neonatal assurance – The report covered the work within ESNEFT and across the system. The quarterly review of the National Perinatal Mortality Review Tool and the learning was considered to meet the requirements of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme. The safety surveillance template and themes, positive feedback on the Deben operating facility and an updated dashboard were considered. Saving Babies Lives compliance had seen a decrease, with assurance provided that action plans are in place to recover this position. Out of date policies have been RAG rated and it was confirmed that the urgent policies will have been approved by the end of the year. A workforce update included a red flag report demonstrating demand and over/under staffing capacity and the escalation policy is under review. The development of the Maternity and Neonatal Improvement Board was described to replace EBED. Members referred to the number of policies that remained outstanding, the timetable for completion and the governance of using out of date policies, plans for the operating facility once the lifts were upgraded, whether we have the right skill mix to care for women with complex health needs and if midwives are now doing work that doctors previously did which impacts on Birthrate Plus.

The decontamination incident report detailed the work to date, the actions to be undertaken over the next 12 months and the governance process in place. Members questioned recruitment and what ‘business as usual’ governance arrangements looked like for those smaller services. The Committee confirmed that assurance was provided.

Safeguarding – a detailed quarter 1 report covered adults, children, maternity, dementia, learning disabilities and mental health. A disappointing theme was evident regarding the use of supportive tools for patients with dementia, a learning disability or autism, and this will be incorporated into care accreditation reviews. There was work ongoing on the use of least restrictive practice and preparation for a JTAI this year focusing on domestic abuse. Members

	<p>asked whether there was more required to link the Oliver McGowan training to what that means for the provision of everyday care.</p> <p>External visits – the six-monthly overview of external visits and inspections and the status of actions was received, monitored through the Clinical Effectiveness Group. Whilst action was required from each of the visits, no regulatory or formal improvement action was imposed, and accreditation was retained where that was assessed. A comment was made regarding outstanding policies and the timeline to progress actions and updates. The scope of the security review that has commenced following the Health and Safety Executive inspection set out the immediate steps being taken, and the Committee requested that the outcome was presented to a future meeting. Members questioned the differences between sites, the importance of staff concerns at other Trust sites being taken into account and highlighted the difference that the environment can make to patients and whether this was being woven into future builds.</p>	
Health and Safety Annual Report 2023/24	The report provided assurance to the Committee that processes remain effective. Improvements had been made to the Health and Safety Committee, a significant increase in compliance with self-inspections and increased training was demonstrated. Further improvements were required to improve COSHH (Control of Substances Hazardous to Health) compliance, reduction in the number of sharps injuries, and in relation to RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations) incidents. Good compliance was reported in relation to Personal Protective Equipment at Work regulations whilst that is no longer the position due to Mpx.	Escalation – separate report on agenda
Executive reports	Received for assurance from the Clinical Effectiveness Group and Medical Devices Management Group. There were two alerts from the Health and Safety Committee regarding FFP3 mask discontinuation and over 700 staff to be retested to an alternative, and Staff Side concern in relation to the lack of air conditioning units during periods of hot weather. In relation to storage of medicines in such conditions, pharmacy is working with estates to mitigate the risk. The new quarterly Reflective Learning Forum established to promote reflection and learning received case studies from the North East Essex Community Services and the Cancer and Diagnostics Division. All are welcome to attend and methods to share lessons more widely and encourage further engagement are being explored. Members in attendance were positive about the opportunity to consider issues and enhance the richness of that discussion. Staff felt safe and there was an exchange of ideas to review and change practice.	Assurance
Governance	<p>The horizon scanning report and Board Assurance Framework were received, with a summary of the gaps in control or assurance in relation to the two risks aligned to this Committee. The Chair questioned whether the risks remained static following today’s discussion, with no change proposed.</p> <p>The revised Committee Terms of Reference were recommended to the Board for approval. The CNST group, reporting to the Committee, was established in 2023 to review the evidence underpinning the submission. The changes proposed to the Terms of Reference were confirmed with the required attendance from the maternity team to be more specific, highlighting the importance of attendance whilst recognising demands on clinical time.</p>	Assurance

Escalation	Support/decision required by reporting committee to resolve an issue within its remit	Alert	Proactive notification of subject matter/risk that reporting committee is currently dealing with or mitigating which may require future action/decision
Assurance	Evidence or information to demonstrate that appropriate action is being taken within a reporting committee's remit	Information	No action required. Reporting to update on discussion within a reporting committee's remit