East Suffolk and North Essex NHS Foundation Trust

Key Issues Report - Issues for referral

Originating Committee/Group and meeting date:	Quality and Patient Safety Committee – 26 June 2025
Chair:	Hussein Khatib, Non-Executive Director
Lead Executive (as appropriate):	Catherine Morgan, Chief Nurse, and Tim Leary, Chief Medical Officer

Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
Board Assurance Framework	There were no amendments proposed to the risk ratings for the strategic risks aligned to this Committee. The Chair had discussed clinical benefits realisation with the Epic team with further work likely to be presented to the next meeting. An extract of the Corporate Risk Register presented a list of risks aligned to the Committee and the disparity in the number of risks in the two medical divisions was being investigated.	Assurance
Assurance reports	The Chief Nurse advised that a Never Event had been confirmed, and the early detail was provided. Further information will be shared as the investigation progresses. **Integrated Patient Safety and Experience Report:** The focus this month was on infection prevention and control and the Assistant Director of Infection Prevention and Control attended and described the four priority workstreams, vascular access, surgical site infections, C difficile and CPE (both of which are a regional and national focus). For CPE (a gram-negative organism) there has been an increase in cases and community prevalence is also increasing. Clear messages will be circulated to staff including describing the risk factors. The testing regime is being reconsidered, the work to review the environment was described and antibiotic prescribing is being reviewed as part of this long-term programme of work. Members questioned the risks to delivery and reflected on the phenomenal amount of work concurrently. The highest reported incidents are falls and pressure ulcers, all of which are reviewed by specialist teams. It is noted that the numbers of falls and pressure ulcers have reduced. Duty of candour has improved, 20 ACE visits have been undertaken and there is further work to do regarding nutrition. The patient experience section and effective management of complaints and PALS was highlighted and assurance was sought in relation to the reduction in performance for adult inpatients relating to acute kidney injury. This would be reviewed further and	Assurance Alert

	included in the next report. The attitude of staff (as featured in some complaints) was questioned and the work to improve this and to communicate with care was described.	
	Care Quality Commission: The Chief Nurse presented the headline improvement plan, describing ESNEFT's response following recent CQC unannounced inspections at Colchester Hospital. A rapid review meeting with external stakeholders takes place on Friday when progress will be shared, and any risks to delivery timelines will be highlighted. In relation to the Emergency Department, processes and procedures are being more clearly articulated and safety of premises and care in the corridor will be discussed at the meeting as this could have a wider system impact. Reducing the use of corridor care is fundamental as part of the wider plan for improving capacity and flow. There were no current concerns regarding delivery of the milestones which will be supported by evidence and assurance. There was also confidence that the majority of staff in the ED will receive training in relation to mental health during July. The current risk to delivery is focused on older people's services, and the detail was described including the actions being taken. The Committee welcomed the openness and transparency, questioned how the evidence of change will be monitored, and whether Patient Safety Partners or service user representation could be included in the membership of the Fundamentals of Care Board. Consistency and maintenance of leadership was also questioned.	Alert
	Mental health and vulnerable people: A deep dive has been commissioned to consider several issues including the increase in the number of people detained under the Mental Health Act and the support to patients with eating disorders. Relevant collaborative work will also be included.	
	Quality Improvement and Clinical Outcome Reporting: The breadth and depth of the work highlighted a much more harmonised process, training rates have increased, a review of productivity and return on investment/ tangible outcomes is now being considered for completion in September. This is the second year of the new working model, and the aim is to increase the number of QI projects, and to review completion of audits. Members welcomed the uptake of training, questioned whether QI projects are relevant to the Trust and focus on clinical outcomes, and the referral from the Audit and Risk Committee was highlighted in relation to the clinical audit plan and effective oversight at this Committee. It was confirmed that all QI projects are mapped, mostly against the patient experience element. The focus is multi-disciplinary, and any project must be relevant. How we embed and spread good practice requires further work to ensure benefits for patient care.	Alert
	An additional report was received on the role of the clinical audit team, ensuring effective monitoring and clarity of processes with an update of the Standard Operating Procedure being undertaken. There remain some divisions where more work is required in relation to the number of audits agreed and the importance of completing what is planned. The Audit and Risk Committee had referred the issue to this Committee and the additional reports would be provided to that Committee at its next meeting in September.	
	Quality Programme and Priorities: A detailed report demonstrated the extent of the work underway. A clear steer had been provided to teams to be realistic on what could be achieved alongside the implementation of Epic. For each of the programmes, there are regular short meetings with teams to enable updates on progress and for support to be provided. The way that the achievements and challenges were identified and presented was welcomed as was the enthusiasm of staff to deliver. The risks and challenges were questioned.	

	Health Inequalities programme update and Annual Report: This is recognised as important work linked to the national focus on prevention, although the risk relates to the benefits not being realised in the short term. Making Every Contact Count (MECC) and our work as an anchor organisation are important, whilst short-term funding requires the programme to adjust accordingly. The progress made with the tobacco quit rate and support, MECC and community engagement/transport were particularly highlighted and MECC is tailored to clinical team requirements. The healthy weight initiative has benefited both staff and patients, asthma outreach nurses for children have been appointed in deprived areas, we are participating in ICB level projects, running community engagement events to identify the barriers to care, and funding has been secured for another hopper bus to reduce Do Not Attend rates. Questions were raised regarding documentation of MECC conversations and hypertension and any differences related to ethnicity. The importance of the Trust's support for the health inequalities agenda and funding were mentioned. **Patient Safety Partners report:** The first report described the working arrangements and development of the role with no national job description available. The role is to explicitly be the voice of patients and carers and patient facing activity is important, talking to patients and listening to staff. The Committee was advised of the initial impact, what was working well, the benefit of developing the role to suit ESNEFT's requirements, the challenges for development and improvement, and the plans for the next six months to ensure wider learning. Both partners have felt well supported. The Head of Patient Experience and the Deputy Chief Nurse are critical to how this role develops in the future. The fundamental issue is how and what we are communicating to patients and their families and how we create synergy between all feedback received to ensure there aren't conflicting themes, we get this right and draw out the patient voice to steer, influence, guide and advise. **Safeguarding quarterly update and Annual Report:** The Committee was advised of the work underway including a review of the safeguarding referral process post Epic, an increase in domestic abuse referrals for adults, the support to 16-17 year olds, children and young people referrals, use of the child protection information sharing system, Deprivation of Liberty Safeguards and use of the Mental Capacity Act. The Mental Health Act amendments are with the House of Lords currently. Discussions are underway regarding support for those with a mental health need, evaluation of the Oliver McGowan training following the end of the pilot, the work to support patients with dementia is complex and this is a focus for the coming year. It was reported that appropriate access to mental health services was challenging at times. The format of the annual report was welcomed, and an observation was made in relation to the supervision levels. **Medical Devices Management:** An options paper was presented to address the risk of missing medical devices, previously discussed at this Committee. This issue is not confined to ESNEFT, and a decision was required to confirm the duty of care the Trust has to service every device and that equipment is certified as safe. Passive tagging was proposed, offering the greatest resource at minimal cost. Members questioned if this could be used on beds, specifically low-rise and bariatric equipment, and the impact on infection prevention and control. The Committee **supported** this approach and ensuring staff awareness of the tracking process to resolve this long-standing issue.	Escalation – separate items on Board agenda Escalation Alert
Annual Reports	The Complaints Annual Report described a more informal resolution process and use of courtesy calls, working closely with divisions, building relationships with the Ombudsman, triangulation and better recording of data to	Escalation

	ensure the Trust was really listening and learning to make improvements for patients. The impact of Epic was discussed, the response will be much quicker, and it is hoped that a reduction in complaints will be seen. Good progress was being made, and the report was **recommended to the Board.** The Organ Donation and Human Tissue Act Annual Report described the nursing involvement and the increase in the number of donors. All clinical teams have worked hard to make donation possible. Further work to link with BME families was questioned. **Recommended to the Board**	
Executive Group reports	Reports were received regarding Epic implementation, with the areas of challenge highlighted and the risks were being managed. The alert from the Infection Control Committee had been discussed, as had the item for approval from the Patient Experience, Co-production and Carers' Council. Two reports were received from the Patient Safety & Clinical Effectiveness Group. The Maternity and Neonatal Improvement Board was likely to include the outputs of the maternity investigation in future. There were two alerts from the Medical Devices Management Group and a further update would be provided at the next meeting. At the Health and Safety Committee security had been raised in relation to community sites with this issue being resolved today. Quorum of the Sharps Safety Group had been highlighted again, and this relates to a wider piece of work regarding clinical representation and frequency of meetings.	Assurance
Governance	A national briefing (NHSE) had taken place regarding the newly commissioned national maternity investigation which will include 10 Trusts. The headlines of discussions on the briefing were provided which included ensuring the service user voice is central, reference to health inequalities and that black and Asian women are receiving worse outcomes, and there were requests for guidance on how to improve the quality of reporting to Boards. Resident doctors are being balloted for industrial action and there is a proposal to ballot consultants. The work of the legal services team underpins the provision of safe and compassionate care, and a six-monthly report was received. Assurance was provided on the extensive support provided to inquests and the staff involved. The process for managing Prevention of Future Death (PFD) Reports was described, with only three issued by the coroner in the last year. There was a potential risk in relation to the role dedicated to this work. In assessing the national picture, the top three issues were confirmed as record keeping, incident investigation and ineffective communications. How decisions are documented and shared is a critical element. The clarity of the report and the support provided to clinicians was welcomed. More work was required with the coroner and the national Medical Examiner on the structured judgement review, how we ensure that learning is embedded, and whether this should be included in a future Learning Forum. The team was thanked for the excellent support provided to staff and to the Trust.	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