

Key Issues Report - Issues for referral

Originating Committee/Group and meeting date:		Quality and Patient Safety Committee – 18 December 2025
Chair:		Hussein Khatib, Non-Executive Director
Lead Executive (as appropriate):		Catherine Morgan, Chief Nurse, and Angela Tillett, Chief Medical Officer
Agenda Item	Details of Issue	Approval Escalation Alert Assurance Information
Board Assurance Framework	<p>The BAF report provided an update on the two strategic risks aligned to the committee (BAF4, quality assurance mechanisms regarding the quality and safety of patient services and BAF8 regarding the implementation and benefits realisation related to the Epic Electronic Patient Record) alongside the risks on the corporate risk register aligned to the committee. Amendments to the BAF related to controls / assurances and actions. No amendments to ratings were proposed. In relation to BAF8, the committee requested that consideration be given to digital literacy amongst patients.</p> <p>In terms of corporate risks, a new risk regarding meeting Human Tissue Authority requirements had been added to the register. This had been presented to the Risk Oversight Committee (ROC) in November 2025, including details of immediate actions. The risk will be presented in full to the January 2026 ROC.</p>	Assurance
Assurance reports	<p>The Chief Nurse highlighted: NHSE have published updated guidance for providing care for patients in corridors. References to ‘treatment escalation space’ (TES) should no longer be used: it is now referred to as ‘corridor care’ to accurately reflect where people are being cared for.</p> <p>The principles are being reviewed against our current SOPs and practices to identify any gaps. The organisation recognises it is an unacceptable practice but an ongoing challenge, specifically on the Colchester Hospital site.</p> <p>The new guidance includes recommended exclusion criteria, which will be reviewed against current practice. Handover45 process has been reviewed and updated; there have been some external communication concerns now resolved. Appropriate triage/initial assessment is essential.</p> <p>Protocols have been communicated to ambulance teams.</p>	Assurance

	<p>The Chief Medical Officer highlighted: Five days of industrial action (amongst resident doctors) had commenced. Ongoing monitoring of industrial action continues; at this time the teams are coping well. Elective pathways: focused Triage referral work is underway for non-cancer patients, with significant backlogs in some areas, with delays of up to 33 days in non-cancer services. The Epic team is supporting clinical teams with processes and training.</p> <p>Integrated Patient Safety and Experience Report: A key focus this month was infection prevention and control (IPC). Audit data and other quality reviews highlight the need to reinforce core IPC principles while addressing operational challenges related to patient numbers and complexity. There is a focus on empowering clinical staff to apply IPC principles flexibly. A pilot at Colchester, expanding to Ipswich, focuses on the top 15 audit interventions such as hand hygiene, equipment cleaning, decluttering, and isolation practices. Measures include redesigned isolation posters, quick teaching sessions, and prioritisation of single-room isolation in line with NHS England standards. A baseline audit revealed knowledge gaps, and ESNEFT remains an outlier in regional surveillance. Four key work-streams have been identified: C. difficile: Thematic reviews highlight delays in isolation and sample collection; CPE: Cases have risen but are stabilising with monthly IMTs and UKHSA support; IV-line management: Collaboration with procurement for quality equipment and online ANTT guidance; Surgical site infections: Deep-dives at Ipswich Hospital show no major concerns or themes. Additional actions include deep environmental refurbishments at Ipswich to reduce drainage-related risks, rapid POCT in ED for Flu, RSV, and Covid, and monitoring flu trends (peak at Ipswich now declining, but another surge expected per NHS England/UKHSA forecasts). The committee discussed learning in relation to case studies presented, in particular in relation to the use of gloves, and how there can be a misconception that these offer full protection. There had been a significant increase in PALS and complaints during October/November, however improvement is now being seen. Similar organisations have seen the same trend around the implementation of an EPR. There have also been a number of incidents raised, although none have led to harm. Continued improvement is being seen in pressure ulcers and falls overall with a reduction in restrictive practice and chemical restraint. The committee raised a query regarding a rise in still births; assurance was provided that a small cluster of cases had been observed but this had not continued into this month. Work to ensure data accuracy was referenced, as at least five of the fourteen cases reported in the IPSE report were late miscarriages incorrectly recorded. All stillbirth cases have been reviewed, and no common themes identified. Data now validated and updated.</p> <p>CNST submission The committee had established a CNST group to review the detailed data regarding compliance with each safety action. Evidence had been reviewed by the group, which included both the Chief Nurse and Chief Medical Officer as members. Following review, the group concluded that full compliance had been achieved, and a summary report was provided to the committee detailing this. The quality of the evidence presented was praised and the Committee recommended the CNST submission to the Board for approval.</p>	<p>Escalation</p>
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Fundamentals of Care Board Assurance Report: The CKI report from the most recent FoCB was presented, and it was noted that the Board was due to meet again later that afternoon. The committee noted that improvements are beginning to be evidenced, but documentary evidence regarding compliance with the Mental Capacity Act (MCA) throughout care and treatment is challenging. Changes within Epic are supporting this, and the Bures Ward model is working effectively however there is significant unmet need and the next phase for the model needs to be considered for scale up. Epic has supported improvements with NEWS compliance. It was noted that a detailed update was provided to the CQC on 2 December detailing progress against actions in relation to the Improvement notice for Ipswich Hospital, and that a final update was due on 2 January 2026. The formal reports following the CQC Ipswich clinical inspections and the CQC Trust wide well-led review had not yet been received. Progress following the improvement notices (arising from the clinical inspections) was queried, and it was noted that there remains a risk against two key areas – improvements in the use of MCA and Deprivation of Liberty Standards have not yet translated into consistently strong practice – despite better awareness and escalation – and at Colchester Hospital there continue to be challenges maintaining appropriate nursing fill rates across 24/7 coverage, particularly when additional capacity is opened.

Quality Improvement and Clinical Outcome Report: The committee received a presentation on clinical audit and quality improvement (QI) initiatives, detailing the activity from April to September 2025. The committee noted that completed audits had improved from 55 to 78% and recognised the many strong examples of QI initiatives. The committee heard that QI methodology is becoming more widely understood, with many projects being undertaken across multidisciplinary teams.

Inequalities Programme Update

The programme's impact on the communities the Trust serve remains significant, aligning with priorities set out in the NHS Long Term Plan. The strategy is approaching its scheduled review, with a key focus on exploring options for sustainable funding in the context of changes being made at ICB level. Key achievements presented, included the tobacco treatment services (reporting a 54% quit rate), and the impact of Epic on improving the referral rate. Other achievements highlighted included the asthma outreach project, and the Health Literacy project supporting people with lower reading ages. The unique opportunity the Trust has to offer personal support to patients when they need it most and continue that support beyond admission is a key element to driving success.

Internal Professional Standards: The report provided an update on 7 day hospital services clinical standards. The standard set reasonable expectations around 'timeliness of response and turnaround times' for expected interventions with ED, assessment units and wards. Task forces are using clinical standards as a foundation for improvement. Improvements in the accuracy of the Expected Discharge Date (EDD) and Clinical ready to proceed data following implementation of Epic were emphasised.

Learning from Death Quarterly Report: Presented for consideration prior to presentation to the Board, the report highlighted that deaths within same day emergency care (SDEC) are now included within ED reporting, rather than being included within admitted patient data. This change was made following implementation of Epic and reflects

	<p>national reporting requirements. The report highlighted that lower death numbers than the seasonal average are still being seen, both locally and nationally; rolling 12-month extended perinatal mortality rates suggest that the Trust may be an outlier in MBRRACE data for 2025 in the metric where congenital abnormalities are included in the algorithm; the latest national hip fracture report indicates that both sites now have crude and risk-adjusted mortality below the national average; new Structured Judgement Review (SJR) categories have been introduced to support shared learning at all points in the patient pathway – the reviewer is asked to identify specific learning and the team with which it should be shared.</p> <p>Patient Safety Partners Report: The Patient Safety Partners Annual report was presented, summarising activity undertaken during the year and highlighting challenges. Future priorities include balancing attendance at governance meetings with patient-facing activities, and ensuring the Patient Safety Partner role is clarified. The committee noted that this was currently being reviewed by the Deputy Chief Nurse, and that additional sources of patient voice – such as carer engagement and partnerships – will be integrated.</p> <p>Research Six-Monthly verbal update: The 2026/27 plan on a page for the Research department, within the Faculty of Education, was shared with the committee. Key highlights of the plan include opening a Clinical Trials Unity at Colchester, delivering commissioned and NIHR-funded studies, advancing strategic research priorities such as neurodiversity, dementia, maternity, and orthopaedics, and building in-house capability through dedicated research groups and academic partnerships. The aim is to increase interventional studies that benefit patients, identify and support staff with research expertise, meet RDN funding requirements, and maintain robust governance through regular Board-level review</p> <p>Seasonal Variation Plan (Urgent and Emergency Care): Following approval of the SVP in September, a series of meetings have been held to monitor interventions, chaired by the Director of People and Organisational Development. Due to recent flu surge, there have been increased attendances and admissions with earlier than usual pressures. Pressures are slowly decreasing, but a second peak is expected. The Trust has continued to remain above 100% bed occupancy. The SVP contains a number of schemes, including increasing capacity at both Colchester and Ipswich Hospitals, revised Hospital at Home model and discharge support from pharmacy. The committee noted it was important to evaluate the impact of each scheme to inform future planning.</p>	
Annual Reports	<p>Patient Services Roadmap The EDI Roadmap was presented, outlining the Trust’s strategic approach to an inclusive culture where fairness and diversity is valued. It includes the long-term objectives and short-term actions to improve equality, diversity and inclusion, and will provide the framework for a set of clear goals, actions and accountability measures. Committee members were invited to provide feedback directly to the author.</p>	Assurance
Executive Group reports	<p>Reports were received from: The EPR Programme Board The Infection Control Committee The Patient Safety and Clinical Effectiveness Group</p>	Assurance

	<p>The Maternity and Neonatal Improvement Board Medical Devices Management Group. The Health and Safety Committee. The Safeguarding Families and Complex Health Committee.</p>	
Governance	<p>Horizon Scanning The committee noted that the CQC is in the process of reviewing the implementation of the single assessment framework and has established advisory groups which the Trust provides input to.</p> <p>ICB Quality and Safety Update A verbal update regarding the staff consultation launched by the ICB was provided. Significant changes to quality and safety teams have been indicated, with both the IPC and Safeguarding teams within the ICB expected to function considerably differently. The Trust is working closely with the ICB Chief Nurse to understand the impact on providers and mitigations that may be required.</p> <p>Legal An overview of recent learning from claims and inquests was presented. The national increase in the number of Regulation 28 Prevention of Future Death (PFD) reports being issued by coroners was noted, alongside the duty of the coroner to highlight concerns (where appropriate), and an organisation's right to respond.</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