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 February 2026
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	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. The committee noted the significant level of detail provided against BAF4 provided assurance that gaps were well known and action was being taken to address them, it was agreed that it would be helpful in the next review to be clear which actions aligned to the gaps in assurance. In terms of corporate risks, no new risks had been added to the register. Additional assurance regarding corporate risks relating to actions arising from the Human Tissue Authority (HTA) inspection of the mortuaries, and separately the neurology workforce, were requested.	Assurance Alert
Assurance reports	**Integrated Patient Safety and Experience Report:** A key concern remains infection prevention and control (IPC), currently highlighted as one of the most challenging issues. There is a large programme of work supporting improvements including invasive devices, cleaning and estates. ESNEFT remains among the highest in the region for in-year cumulative rates of mandatory surveillance infections; numbers will not re-set until April 2026 – although it is recognised that IPC challenges, particularly C. diff and E. coli, are reflected nationally. A senior nurse has been appointed to a clinical leadership role within the estates team to support improvement in cleaning standards and oversight. Seasonal flu and norovirus levels remain within expected limits. Metrics relating to sepsis, deteriorating patients and AKI, marginally decline in performance due to the recent critical incident (relating to capacity).	Alert

	Good performance in terms of patient experience, there have been improvements in complaint response times, with overall complaint volumes remaining stable. Mandatory training – focus on improving compliance following Epic. ACE (Accrediting Care at ESNEFT) programme was presented – we are currently entering year two of the programme which follows national methodology. It is usual to find that on first assessment the rating is 'working towards bronze', or bronze. The areas where we achieved 'working towards', a rapid revisit follows, and these have now all progressed to bronze. There is a variation between sites, with silver awards achieved at Ipswich and greater challenges identified at Colchester, which aligns with CQC findings. Improved ways to track and report progress are being considered. **Cancer** Current harm reviews indicate "no harm," but the process is not yet robust enough to provide full assurance. Improvements are underway, and issues with the data required for RCAs are being addressed by exploring the integration of the previously used Somerset RCA template into Epic. Local meetings are being re-established, and the strengthened process will be overseen by a new Cancer Leadership Accountability Group, chaired by the Chief Operating Officer for Elective and Cancer Care. The group's purpose is to test and improve the process. The national cancer patient experience survey shows overall improvement, building on strong results from previous years. Further improvement is planned, including better information provision - particularly for patients who cannot access information digitally. Scores have improved for information on complex treatment. Waiting times for diagnostics have levelled off, and work continues to drive improvement. Overall, patients report a very good experience. Communication and keeping patients informed remain key. MyChart uptake is strong, though it is recognised that it is not accessible for everyone. ESNEFT's response to the new National Cancer Plan is being developed; a detailed response focused on quality and health inequalities will be presented to a future committee meeting. Patient engagement, involvement and collaboration have significantly improved over the last three years. The importance of involving patients from the very start—before options are defined—was emphasised. **End of Life Care** New system structures across the ICBs were posing challenges, particularly for palliative and End of Life services that work extensively in community settings. There are differences in practice emerging between Suffolk and Essex and outlined potential difficulties associated with differing EPaCCS systems, although My Care Choices remains beneficial across North East Essex and Suffolk. There has been positive progress regarding RESPECT documentation, including the development of a	

	dashboard and a significant improvement in completion rates. End of life complaints continue to centre primarily on communication within acute hospital settings, with community services receiving very few complaints. Communication skills training is available both through a two day course at Essex University and bespoke sessions delivered by palliative care teams. The launch of the My Care Choices Register (MCCR) in Suffolk had been delayed due to I.T and governance issues but is expected to go-live next week. There are several excellent patient experience initiatives, including compassionate community's accreditation, strong feedback on the Butterfly Service, and ongoing fundraising for a Time Garden at Ipswich to mirror the facility at Colchester. The contribution made by volunteers was recognised. A reduction in end of life beds at Colchester, provided by St Helena Hospice was noted, due to a reduction in funding. This has been raised with the SNEE ICB, and will also be raised with the new Essex ICB, to ensure the issue from a whole system perspective. **NACEL audit** The audit highlighted good symptom management throughout the Trust and use of individual care plans for last days of life. It has been flagged that we are outlier alert status due to inaccurate data from Harwich hospital, this has since been reviewed and does not indicate unsafe care but highlights the need for better audit support. We will also be undertaking peer review to improve consistency in audit reporting. It was confirmed that that improvements in earlier recognition of dying, and earlier involvement of patients in discussions, remain key priorities, and these actions are included in current project plans. **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. Actions within the individual workstreams were progressing well. The full Ipswich CQC report was published last week; this will be reviewed in detail with relevant actions identified and monitored through to completion. The CQC had referenced concerns first raised in 2021, indicating that some longstanding issues had not been fully addressed. The importance of ensuring actions lead to demonstrable and sustained change in practice was emphasised, reflecting that the Trust has previously focused on initiating improvements but not consistently tested whether changes were embedded. **NHS England Home Birth Services Letter response** The actions associated with the NHSE letter / prevention of future death report following a death in Manchester, were summarised. The letter recommended reviewing home birth services to provide assurance. It is recognised that an increasing number of women are choosing a homebirth 'out of guidance' which increases risk. It is recognised that there is no comprehensive national guidance.	Alert Assurance

	A gap analysis has been completed, reviewing incidents, workload and escalation. In ESNEFT homebirths are around 2% of births, which is relatively low, therefore there is an emphasis on maintaining skills. No immediate unmitigated patient safety risks were identified. There have been suspensions of the service where it was unable to be run within the required safety parameters. The Trust will review rotation of staff and have introduced increased senior support and included home birth data separately through Maternity and Neonatal Improvement Board reports. There is a need to balance supporting women's choices with ensuring safety while and supporting the midwives to have informed and supportive conversations about appropriate birth settings. **Medicines Management Report** The report highlighted pharmacy's role in discharge and patient flow, noting that this work is complex, shared across teams, and occurs at the very end of a patient's hospital stay. Epic has introduced a digital workflow, though there are slight differences in how this operates between the two hospitals. Ipswich has expanded its use of TTO (totakeout) packs after recognising that Colchester had more established practice, resulting in a 25% increase in TTO usage. The importance of accurate and consistently understood EDDs (estimated dates of discharge) was emphasised, as these directly influence pharmacy prioritisation. Pharmacy workforce availability also remains an issue. The Epic discharge dashboard is helping to develop KPIs to demonstrate operational activity, with reporting mechanisms now being designed. Work is also underway to improve documentation quality. While there are clinical risks when patients remain in hospital longer than necessary, the greatest impact is on patient experience.	
Executive Group reports	**Patient Safety and Clinical Effectiveness Group** The following alerts were highlighted: • Early referring to safeguarding – how to better involve the safeguarding team at an earlier stage • Better awareness of tumor lysis syndrome – work almost complete • Impacts of corridor care **Maternity and Neonatal Improvement Board** Continued challenges at Ipswich regarding neonatal attainment of a reduction in term admissions were noted; this remains a focus within the ongoing quality improvement programme.	Assurance
Governance	**Statement of Purpose** Approved the amendment of the Chief Executive from Nick Hulme to Adrian Marr as Interim Chief Executive. **Clinical Strategy** The approved Clinical Strategy, was noted.	Assurance

	ICB quality and safety update The ICB consultations have closed and recruitment to new structures has begun. Norfolk and Suffolk, working with Essex, are reviewing future contract-monitoring arrangements given ESNEFT's position across two ICBs. Quality and safety impacts—particularly for safeguarding and IPC—are being assessed, with recognition that work cannot shift to providers without extra resource. The LMNS Board will stand down, though networks and regional oversight continue, with joint oversight with NHSE in place until April. NHSE is developing a quality dashboard that will influence oversight frequency.	

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