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 – 23 April 2026
Chair:	Sarah Boulton, Non-Executive Director
Lead Executive (as appropriate):	Catherine Morgan, Chief Nurse, and Angela Tillett, Chief Medical Officer

Agenda Item	Details of Issue	Action*
Board Assurance Framework	The committee received an update on the Board Assurance Framework (BAF), noting no change to the two strategic risks aligned to the committee. BAF4 (quality and safety) remains unchanged, with a detailed deep dive scheduled for June, while BAF8 (Epic implementation) has been updated to reflect minor control changes, including refreshed digital strategy plans, revised governance post–go live, and the forthcoming NHS England Gateway 5 review. The Corporate Risk Register (CRR) was noted, including the addition of a new risk relating to Human Tissue Authority compliance, supported by an accompanying SBAR. Wider discussion highlighted the need ensure the BAF reflects progress, mitigation timelines, and ongoing risk management activity.	Assurance Alert
Chief Nurse/Chief Medical Officer Urgent Issues	There are several areas of concern regarding the mortuary services predominantly at Ipswich site. These include reduction in clinical service and staffing gaps at leadership, MEO and APT level. There are multiple improvement actions required by HTA and cultural concerns raised through FTSU guardians. The Medical Examiner service has also been challenged by changes in leadership. Actions focused on safety and HTA compliance remain a priority, with escalation to the Executive Team for support as required. Regular updates are provided to the coroner's team to ensure timely postmortem service.	Alert
Assurance reports	**Integrated Patient Safety and Experience Report:**	Assurance

	Key quality and patient environment issues were highlighted, particularly around corridor care, infection prevention, and estates standards. Corridor care remains a concern, with assurance processes still largely manual; while patient numbers in corridors have increased, length of stay has reduced. Exit strategies are in development, but there was strong emphasis on the need to shift focus from assuring quality in corridors to addressing root causes, especially patient flow and ward-based processes. Improved data from Epic now offers better visibility and supports the case for clearer Board-level oversight. Updates from the patient environment workstream reported progress across several priorities, including cleaning standards, IPC compliance, mattress replacement, and improvements to corridor and ward environments. Full compliance with national cleaning standards is expected within three months, COSHH challenges remain under review, and mattress replacement programmes are advancing across sites. Early work is also underway on ward environment improvements and digital wayfinding. In addition, IPC performance is improving overall, sepsis documentation showed a temporary dip under review, and safeguarding within the ACE programme continues to strengthen through targeted interventions. **Quality Improvement and Clinical Outcome Reporting** The annual report highlighted the successful alignment of the Quality Improvement (QI) and Clinical Outcomes teams to support end-to-end improvement, from audit through to improved patient outcomes. Despite slightly reduced training delivery due to Epic rollout pressures, engagement remains strong, with over half of trained staff registering QI projects and nearly half completing them, most delivering benefits to patient experience . Audit activity has increased, with improved divisional sign-off and staff engagement, and a clear shift towards audits that inform Trust priorities. Looking ahead, the focus is on strengthening impact measures, embedding continuous improvement culture, expanding engagement beyond clinical staff, and closer integration with the service improvement team to support major Trust programmes. **Health Inequalities Strategy** The refreshed Health Inequalities Strategy was presented, updating a programme established four years ago and aligned to the NHS CORE20PLUS5 framework. The strategy continues to focus on prevention, data-driven identification of inequality, and reinforcing that addressing equity is everyone's responsibility, with strong links to quality improvement. Progress includes strong tobacco cessation outcomes, significant benefits from Epic in identifying need, and targeted community outreach in areas of deprivation. The strategy also recognises the added complexity ESNEFT faces as one of a small number of trusts operating across more than one ICB, requiring coordinated system-level working to reduce inequalities. **Fundamentals of Care Board Assurance Report** Discussion across the five core workstreams emphasised maintaining focus on agreed priorities and delivering them in a structured way. Essential care remains a key priority, supported by further education to improve consistency and	Escalation Escalation

	standards. In complex health, safeguarding and restrictive practice, Ipswich data shows a sustained reduction in restrictive practices, with early implementation of the Bures Ward model delivering strongly positive outcomes. The patient journey workstream has entered a reset phase to better align with existing discharge and patient flow programmes, while strengthening focus on respect, advocacy and communication as core elements of the patient experience. **Nursing & Midwifery Skill Mix/Acuity Review** The Skill Mix Review, aligned with national guidance and using the updated Safer Nursing Care Tool, identified a gap between funded nursing establishments and patient acuity, particularly for enhanced therapeutic observation. The agreed approach combines targeted investment in funded establishments with flexible peripatetic team support to manage variable needs. The review confirmed the need for increased investment in Colchester Medical and Older People's Services wards and the emergency department, with in-year changes already implemented, including 24/7 Band 6 cover. For 2026–27, around 100 WTE changes are planned (including skill mix adjustments), supported by phased recruitment, centralised establishment control, and close collaboration with finance to reduce agency reliance and improve workforce oversight within the agreed £4m envelope. **Learning from Deaths Report** The MBRRACE UK perinatal mortality report, based on 2024 birth data, identified mortality rates that were more than 5% higher than the average for similar Trusts & Health Boards, in five of the six reported categories. A detailed assessment by the service confirmed that all cases had been reviewed and that 'ESNEFT's perinatal mortality position reflects population risk and case complexity rather than systemic failure, with no consistent themes identified to suggest underlying safety concerns' key data includes: • A significant proportion of deaths occurred in very high-risk groups, particularly extreme preterm infants (<27 weeks gestation), which accounted for over half of preterm-related deaths • 64% of deaths were in preterm babies, consistent with known national risk patterns • 27% were related to congenital anomalies, lower than the previous year, indicating a shift in case mix rather than an increase driven by anomalies • A number of cases involved complex or unavoidable clinical scenarios, including placental abruption, extreme prematurity, and rapidly progressing labour where full optimisation was not possible • Some deaths occurred following transfer to tertiary centres. Case review indicated that transfers were generally appropriate and reflected clinical complexity. In a small number of cases, care factors relating to optimisation and timing of transfer were identified, which have informed actions.	Escalation

Patient Experience, Equality, Diversity & Inclusion

The report noted that EDI issues are infrequently raised in complaints and PALS data, with only around 0.5% of concerns relating to protected characteristics. A key area of progress has been the development of staff guidance to support sensitive conversations, delivered in close partnership with The Outhouse in Colchester, which is now being strengthened through regular on-site engagement.

Wider EDI activity includes collaborative work on dementia with Alzheimer's UK, targeted engagement with refugee and asylum-seeking communities, and ongoing support for carers through dedicated events. This work aligns closely with the Trust's frailty agenda and reflects a continued focus on inclusive engagement with diverse patient group

End of Life Care Strategy 2026-2029

The End of Life Care Strategy was approved; it sets out the Trust's intentions and values, aligned to national principles, while national data highlights the need to improve timely recognition of dying, communication and shared decision making. The strategy emphasises meaningful use of the ReSPECT tool, earlier and ongoing conversations, and shared responsibility across all staff groups, with strong alignment to advance care planning, community collaboration and the Trust's frailty workstream

Quality Programme and Priorities

The proposed quality priorities for the year were agreed, building on the ongoing core quality improvement programme that underpins all activity, including harm-free care and essential care. In addition, a focused set of specific priorities has been identified.

Key priorities include reducing healthcare associated infections through strengthened infection prevention and clinical effectiveness measures; progressing frailty by embedding routine completion of the Clinical Frailty Scale in the emergency department with timely action, making frailty a shared responsibility across teams; and improving patient experience with a strong focus on corridor care.

The Trust aims to reduce the time patients spend in corridors by addressing system causes such as flow, while assuring the best possible care when corridor care cannot be avoided, including monitoring downstream impacts on length of stay and discharge.

The committee agreed the priorities, noting that the ambition should explicitly state the eradication of corridor care, recognising it as unacceptable even if full eradication may not be achievable within the year. The agreed priorities will be reflected in the Trust's Quality Account due in early June.

Executive Group reports	Reports from the Infection Control Committee, Patient Experience, Co-production and Carers' Council and Patient Safety, Medical Devices Management Group and Clinical Effectiveness Group were noted. **Maternity and Neonatal Improvement Board** The Committee noted CKI alerts relating to neonatal workforce capacity against new BAPM standards and a blood gas analyser issue, both actively managed with safe mitigations in place. Maternity workforce pressures were acknowledged, with actions including staff communication, over-recruitment to midwifery, and close monitoring of sickness levels. **Safeguarding Families & Complex Health Committee** safeguarding report and highlighted that activity levels remain high across adult, children, unborn baby and maternity safeguarding. There continues to be a high volume of safeguarding referrals raised by ESNEFT staff, alongside a sustained number of Section 42 enquiries raised against the Trust. Figures appear higher for Colchester, which reflects system process differences, as Essex does not operate a multi-agency safeguarding hub in the same way as Suffolk, where referrals are filtered through MASH. In terms of themes, concerns remain consistent and include risks arising from discharge processes, pressure damage, and communication gaps between agencies. Work has been undertaken to strengthen practice around the Mental Capacity Act (MCA), particularly understanding and application of Deprivation of Liberty Safeguard (DoLS) and best-interest decision-making in line with legislation. This was identified by the CQC as an area requiring further assurance. A formalised improvement plan has been taken through the Fundamentals of Care Board, supported by the identification and training of safeguarding champions across all divisions. These champions are intended to help disseminate MCA and DoLS knowledge in practice, and work is planned with divisions to evaluate the effectiveness of this approach	Assurance
Governance	**Horizon Scanning** The report focused on translating national guidance into clear, practical prioritised implications for ESNEFT, recognising the challenge posed by the volume of guidance. Key areas within the Trust's line of sight were highlighted, including care in the first 72 hours of admission and improving consistency of transition pathways across specialties. Martha's Rule is now fully implemented for both adults and children across both sites, strengthening the Trust's response to deteriorating patients **Committee effectiveness review** Regular governance reviews are a requirement under the NHS provider code of governance and good practice. The process has been slightly refreshed this year and includes a short survey for members and	Assurance Assurance

	regular attendees, with an improved response rate compared to last year. The review provides an important opportunity to reflect on committee performance and identify areas for further improvement. **Committee Work Programme** The draft work programme for 2026/27 was presented for consideration. **Provider Licence Self Certification** The committee considered the annual NHS licence self-certification report, setting out how the Trust evidences compliance with licence conditions. The Audit and Risk Committee has recommended the report to the Board for approval, subject to final updates from this committee and any additional internal audit reports and confirmation of the Trust's position within the National Oversight Framework. The report largely reflects last year's submission, updated to include key developments such as recent CQC reports (noting that the formal outcome of the well-led inspection is still pending), the Trust's provider capability assessment, and assurance from internal audits completed during the year.	Escalation

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