

Key Issues Report
Issues for referral

Originating Committee/Group and meeting date:	Quality and Patient Safety Committee – Clinical Effectiveness deep dive 19 March 2026	
Chair:	Dr Mike Gogarty, Non-Executive Director	
Lead Executive (as appropriate):	Catherine Morgan, Chief Nurse, and Angela Tillett, Chief Medical Officer	
		Approval Escalation Alert Assurance Information
<p>The committee received an overview of the Trust’s approach to clinical effectiveness.</p> <p>The Committee noted that while clinical outcomes have historically been a strong focus, the broader concept of clinical effectiveness, alongside safety and patient experience, remains less well understood. Current work spans multiple strands, with an emphasis on prioritising a small number of core outcomes within each service to enable sustainable improvement and clearer clinical ownership. A key challenge is embedding the view that clinical effectiveness is a shared responsibility for all clinicians and frontline staff, rather than a standalone Trust-wide process. Existing governance structures and divisional processes are supporting identification of local priorities.</p> <p>Updates were provided on GIRFT activity, with continued coordination of reviews and support to clinical teams in implementing recommendations where locally appropriate. Examples highlighted how teams assess relevance and adapt recommendations, including alternative models of care where national approaches are not suitable. Progress can be constrained by workforce instability and the volume and complexity of national data. To address this, a new clinical effectiveness dashboard has been developed with BI, using statistical risk scoring to focus attention on areas of improvement or deterioration and to support more targeted engagement with services.</p> <p>The Committee discussed litigation trends, noting limitations in national datasets but recognising the value of the long-term CNST scorecard in identifying recurring themes. The importance of early communication, Duty of Candour and the emotional impact on patients and families was emphasised as part of avoiding preventable escalation.</p>		Assurance

An update on **seven-day services** highlighted work to standardise consultant reviews and board rounds, with shared decision-making now embedded within ward accreditation and patient experience processes. While assessment at scale remains challenging, there is potential for future support from digital systems. The use of the **National Consultant Information Programme (NCIP)** portal was noted as most effective at service-level rather than Trust-wide.

Progress on the **clinical outcomes programme** was discussed, aiming to align clinical effectiveness work by asking services to identify one to three outcomes that matter most to patients. Engagement has been variable across divisions but is restarting following EPR system implementation, with longer-term ambitions to make outcomes visible to patients in an accessible way.

Updates were also noted on **medicines optimisation**, including antimicrobial stewardship and medicines reconciliation, and on the **primary–secondary care interface**, where the Trust has been recognised nationally for a mature model supported by interface facilitators. This work aligns well with the emerging **neighbourhood health framework** and system priorities, particularly collaboration across primary and acute care, and is expected to support delivery of modern service models across key clinical pathways in collaboration with the ICB.

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