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 – 10 September 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	Approval Escalation Alert Assurance Information
Deep dive - Patient Safety Incident Response Framework	The Committee received a deep dive on implementation of the Patient Safety Incident Response Framework (PSIRF) and received assurance that the Trust has well-established governance arrangements, proportionate incident review processes and a structured approach to learning from patient safety events. Members noted that patient safety priorities are informed through a wide range of intelligence sources, including incidents, complaints, coroners' findings, Freedom to Speak Up concerns and staff feedback, and are supported by targeted improvement programmes. The Committee discussed the continued shift from a focus on individual blame towards understanding systems, processes and organisational learning, alongside the importance of meaningful engagement with patients, families and staff. Members also considered opportunities to strengthen shared learning, improve escalation arrangements for significant incidents, enhance patient safety culture and further integrate patient safety and quality improvement methodologies to support measurable improvements in outcomes and organisational learning.	Assurance
Provider Capability Assessment	The Committee reviewed the Trust's annual Provider Capability Assessment, noting that the submission reflects evidence and assurance received throughout the year via the Committee and Board governance framework. Members agreed that the assessment accurately reflected the Trust's current position and was supported by appropriate evidence. The Committee considered ratings for both the Quality of Care and relevant aspects of the Access and Delivery of Services domains and agreed that an Amber-Green assessment was appropriate. Whilst recognising the strength of existing governance, quality and patient safety arrangements, members acknowledged that further improvement work remains underway, including actions arising from regulatory reviews and the Trust's wider governance review programme.	Escalation (23 September Board)

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