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 – 22 October 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
Board Assurance Framework	The Committee reviewed the Board Assurance Framework and noted that the current risk scores for both strategic risks within its remit remain unchanged. Members received an update on work to strengthen controls, assurance and action plans relating to patient flow, discharge processes, quality improvement and digital transformation. The Committee noted progress against a number of planned milestones within BAF8, including the appointment of a Benefits Realisation Manager and approval of the AI Governance Framework, while recognising that the forthcoming Digital Strategy may lead to further refinement of controls, actions and timescales. Members also discussed the importance of strengthening quality improvement capability and embedding learning arising from regulatory reviews. The Committee received an overview of a number of significant operational risks above risk appetite, including risks relating to oncology, immunology, cancer services, diagnostics and renal capacity. Members noted the importance of horizon scanning and future consideration of emerging developments in areas such as immunotherapy and cancer services.	Assurance
Chief Nurse/Chief Medical Officer Urgent Issues	**Chief Nurse/Chief Medical Officer Urgent Issues** The Committee received an update on a number of emerging quality and patient safety issues. Members discussed concerns raised by staff regarding the reliability of lifts and the condition of the maternity tower block at Ipswich Hospital, noting the mitigating actions in place and the need to strengthen staff engagement, reassurance and wider stakeholder communications.	Alert

	The Committee also received updates on delays experienced by mental health patients awaiting appropriate placements and system-level discussions to address these pressures. Members noted wider discussions arising from recent national reviews of elective care, urgent and emergency care and cancer services, together with the importance of maintaining clear guidance for staff on the appropriate use of patient records and information governance requirements. The Committee recognised the challenge of balancing patient safety, operational pressures and service improvement priorities, particularly as the organisation approaches the winter period.	
Assurance reports	**Integrated Patient Safety and Experience Report:** The Committee reviewed the Integrated Patient Safety and Experience Report and noted continued improvements across a number of quality indicators, including safeguarding, consent processes and Accreditation and Clinical Excellence (ACE) assessments, with increasing numbers of services achieving higher accreditation standards through focused quality improvement activity. Members received an update on infection prevention and control (IPC), recognising that while significant challenges remain, early signs of improvement are emerging in some infection control indicators and management of CPE outbreaks. The Committee noted the findings of an external review by the UK Health Security Agency, which broadly aligned with the Trust's own assessment and reinforced the priorities within the IPC Strategic Improvement Plan. Environmental cleanliness and the delivery of sustained improvements through partnership with Sodexo remain key areas of focus. The Committee also discussed rising pressures within the complaints process, increasing use of AI-generated correspondence, and work underway to review the wider patient experience approach. Members welcomed improvements in areas including stillbirth and neonatal mortality rates, patient falls, sepsis and acute kidney injury monitoring, whilst noting continued challenges relating to tissue viability services and community-based care. The Committee received assurance regarding the ongoing quality improvement activity being undertaken across the organisation. **Fundamentals of Care Board Assurance Report** The Committee received an update on progress against the Trust's improvement plan and ongoing engagement with regulators. Members noted that evidence was being collated in preparation for a forthcoming CQC Rapid Quality Review follow-up meeting, which will assess progress against the improvement notice and provide further external assurance. The Committee also noted that the ICB is reviewing the Trust's improvement trajectory and considering whether enhanced quality surveillance arrangements can be reduced in favour of routine oversight. Members recognised the progress made since the original inspections and the importance of demonstrating sustained improvement while awaiting further regulatory review.	Assurance

	Ockenden Review and Baroness Amos Report The Committee received an update on the implications of the Ockenden Review, the Baroness Amos Report and emerging national maternity requirements. Members received reasonable assurance that appropriate governance, oversight and improvement arrangements are in place, supported by the Maternity and Neonatal Improvement Board and ongoing monitoring against national requirements. The Committee noted a number of strengths within maternity and neonatal services, including multidisciplinary governance arrangements, strengthened engagement with women and families, and progress in key areas of service improvement. Members also discussed ongoing challenges relating to workforce sustainability, maternity triage requirements, data quality, infrastructure and capacity pressures, recognising that these issues require continued focus and long-term planning. The Committee welcomed the openness of the assessment and received assurance that the Trust is proactively responding to national recommendations whilst continuing to strengthen the safety and quality of maternity and neonatal services.	Alert
	Thirlwall Inquiry – Reflections and Actions The Committee received an update on the Trust's response to the Thirlwall Inquiry and noted that, whilst national implementation requirements are still evolving, work is already underway in a number of key areas. This includes strengthening arrangements relating to neonatal medicines management, safeguarding, Freedom to Speak Up, patient safety and consideration of recommendations relating to surveillance and monitoring arrangements. Members discussed the importance of taking a measured, evidence-based approach to implementing inquiry recommendations and ensuring that learning is embedded through existing improvement programmes and governance arrangements. The Committee also highlighted the need for effective Board oversight of actions arising from national inquiries and reviews, to ensure recommendations translate into sustained organisational improvement.	Alert
	Cancer Outcomes and Patient Experience, including Harm Review Data The Committee reviewed the latest National Cancer Patient Experience Survey results, noting that overall patient experience remains positive, with high levels of satisfaction regarding dignity, respect and access to Clinical Nurse Specialists. Members also noted areas requiring improvement, including communication, care coordination, end-of-treatment support and accessibility of services for some patient groups, particularly younger patients and those with multiple long-term conditions. The Committee discussed ongoing work to address health inequalities, improve patient information and strengthen personalised support across the cancer pathway. The Committee also received an update on cancer harm review processes. Members noted that implementation of Epic has created challenges in completing harm reviews and identifying pathway-wide learning, resulting in increased reliance on manual processes. Whilst assurance was received that patient safety risks continue to be managed through existing oversight arrangements, the Committee highlighted the importance of restoring timely harm review	Assurance

	processes, reducing outstanding backlogs and identifying sustainable solutions to support organisational learning and compliance with national requirements. **Patient Safety Partners Report** The Committee received an update on the role of the Trust's Patient Safety Partner (PSP) and the contribution being made to strengthening patient involvement in safety improvement and governance. Members noted the PSP's role in providing independent patient insight, supporting safety culture development, contributing to patient safety governance and ensuring that patient and family perspectives inform decision-making. The Committee welcomed the positive impact of the role to date, including engagement with patients, families and staff, and the development of arrangements to incorporate patient feedback into the Patient Safety Incident Response Framework (PSIRF) process. Members discussed opportunities to further align the role with wider organisational priorities around culture, organisational learning and patient-centred improvement, whilst maintaining a clear focus on patient safety. **Seasonal Variation Plan** The Committee reviewed the Seasonal Variation Plan and noted the close relationship between urgent and emergency care performance, patient flow and quality and safety outcomes. Members received assurance that a wide range of initiatives are in place to improve flow, reduce length of stay, increase use of alternatives to admission and support patients to receive care in the most appropriate setting. The Committee noted encouraging progress in areas including bed occupancy, discharge performance and community alternatives to hospital care. However, significant challenges remain, including corridor care, discharge delays, infection prevention and control constraints, and ambulance handover delays. Members discussed the risks associated with the proposed introduction of a two-hour maximum ambulance handover threshold and recognised the importance of continued collaboration with system partners, delivery of improvement programmes and maintaining staff engagement as the Trust approaches winter. **Invasive Procedures and Never Events** The Committee received an update on the Trust's approach to invasive procedure safety and learning from Never Events. Members reviewed the requirements of the National Safety Standards for Invasive Procedures (NatSSIPs) and noted that, despite established safety processes, a number of recent Never Events had highlighted the need to strengthen assurance, standardisation and oversight across procedural services. The Committee considered findings from a thematic review of Never Events, which identified common contributory factors and a series of improvement actions. Discussion focused on the need to improve compliance monitoring, strengthen audit arrangements, increase standardisation of Local Safety Standards for Invasive Procedures (LocSSIPs), enhance use of Epic to support assurance, and embed learning and human factors training across clinical teams. Whilst members welcomed the quality of the analysis and the actions identified, they requested a future update demonstrating progress against improvement actions, compliance monitoring, implementation of recommendations and completion of outstanding patient safety investigations.	Alert

Governance	**Legal Report** The Committee received an update on the work of the Legal Services Team and noted a significant increase in the number of Court of Protection cases requiring Trust involvement, creating additional workload and resource pressures. Members also discussed the potential implications of recent legal developments, including the forthcoming Hillsborough Law, which may increase future activity within coronial processes and place further demands on Trust resources. The Committee was advised that the Trust is currently involved in two Care Quality Commission (CQC) investigations, reflecting a wider increase in regulatory enforcement activity. Members noted the importance of monitoring these emerging pressures and their impact on legal capacity and future workforce planning**.** **CQC Statement of Purpose** The Committee reviewed and approved four amendments to the Trust's Provider Licence documentation. The proposed changes update the named Accounting Officer, refresh organisational information, align the document with the objectives set out in the Clinical Strategy 2026–2031, and include an explicit reference to the Urgent Treatment Centre at Clacton Hospital.	

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