

Key Issues Report
Issues for referral

Originating Committee/Group and meeting date:	Quality and Patient Safety Committee, 26 October 2023
Chair:	Hussein Khatib, Non-Executive Director
Lead Executive (as appropriate):	Emma Sweeney, Acting Chief Nurse; Darren Darby, Chief Nurse; Angela Tillett, Chief Medical Officer/Deputy Chief Executive

Subject	Details of Issue	Action*
Action log	One action reopened regarding Board referral on quality, appropriateness of discharges and elective care waits, which was not presented, and would be considered at the December Committee.	Assurance
Executive Group Reports	<p>Clinical Effectiveness Group: Updates for assurance received. ENT and General Surgery's excellent work on their GIRFT report and introduction of the Upper GI bleed rota were welcomed.</p> <p>Health and Safety Committee: Two items for alert regarding ligature points and the appropriate action to be taken. Members questioned the clinical response and contribution and were advised that clinical teams have been working collectively with health and safety to ensure clinical oversight, with a rapid conclusion required. Assurance was provided on the process in place for new builds to meet design standards. The Committee confirmed the urgency and a timeline for resolution would be provided following the meeting. Violence and aggression and the Health and Safety Executive visit outcome was detailed, with the required evidence provided. Equipment in corridors and the corresponding fire risk remains a concern. Members highlighted the increasing rates of violence and aggression and questioned how assurance is maintained. The second alert related to the work to respond to a national alert of risk of death from entrapment associated with medical beds and trolleys. The Committee questioned if patients are currently safe and assurance was provided, with no incidents to date. An update would be provided outside the meeting and a report to the December Committee.</p> <p>Infection Control Committee: a different approach is being taken and this would be shared in December to include the new incident reporting methodology. A query was raised regarding the number of HCAI pseudomonas blood stream infections.</p>	<p>Assurance</p> <p>Alert</p>

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	<p>Medical Device Management Group reports from three meetings and revised Terms of Reference. The decision-making authority would be considered with the Chief Medical Officer.</p> <p>The Medication Policy for Healthcare Professionals had been approved by the Executive Management Committee and was provided for assurance. The significant review was to ensure robust processes across sites and one organisational approach. Work has begun to section this policy into more discrete documents to enable ease of use. Members questioned whether this links into the work on medical devices and supported the aim to convene a cross-cutting group to further improve patient safety.</p> <p>Patient Experience Group: Recognition of month-on-month lack of improvement in the patient property audit was discussed at length and divisional representatives will present their responses to the next meeting. This is a theme in patient complaints. A QI project has been confirmed and outcomes will be shared in future. Assurance would be welcomed with the aim of getting this right and a request to include the Estates and Facilities/security team was made. The positive report was welcomed and the national award for one of our bowel cancer nurse specialists was recognised. The Chair would write to her and consider inviting her to a future meeting.</p> <p>Patient Safety Group: An improving position in maternity regarding sepsis recognition. Alliance working in Ipswich and East Suffolk on medicines management demonstrates the complexity of care in the community. The Committee highlighted that paediatric sepsis is not so positive, the good work was recognised and the contribution from all teams was welcomed and supported with thanks to be extended to all groups.</p>	
Chief Nurse/Chief Medical Officer Urgent Issues	<p>COVID-19: The number of current cases was detailed and an increase in staff sickness. The new winter testing strategy has been approved to align processes to national guidance with a risk-based approach to test symptomatic patients only. The uptake of the vaccination programme was questioned, recognising that immunity may be reducing.</p> <p>Inquests: The conclusion of a recent inquest was discussed. A Prevention of Future Deaths (PFD) order was not issued to the Trust as the Coroner was satisfied with the work undertaken by the Trust in response to the tragic death of a young person. A PFD was issued to the Secretary of State regarding the transfer of patients to a tier 4 bed facility. The significant work undertaken by staff was recognised by the Coroner and deep dives on the risk assessment process will continue, working closely with partners. It is important that staff feel the difference to ensure that the system wide work is having an impact.</p>	Assurance
Integrated Patient Safety and Experience Report	<p>Challenges regarding the Learn from Patient Safety Events (LFPSE) service transition for the recording and analysis of patient safety events were described, replicated in other NHS organisations. Business continuity plans have been implemented due to the downtime, with teams encouraged to use paper forms for uploading. This is likely to result in a reduced number of incidents being reported. A subsequent Never Event was reported. There are several corporate overdue incidents, with some immediate action taken. The Committee recognised the reduction in falls and pressure ulcers, questioned cross-site learning, discussed community prevalence of pressure ulcers in North East Essex, confirmed the need to close corporate incidents, and sought clarification on recording of duty of candour post incident data. Assurance was required that all actions are on target regarding a child's death, and this would be provided on completion. The work</p>	Assurance

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	on PALS and complaints was acknowledged.	
Learning from Deaths and Annual Mortality Report	<p>Learning points were noted from the reviews and death at home and death from cirrhosis were top of the excess mortality table. Members questioned whether the increase in HSMR/SHMI (Hospital Standardised Mortality Ratios/Summary Hospital-level Mortality Indicator) had been anticipated. The team providing the Abdominal Aortic Aneurysm screening was commended for a fantastic service, with performance one of the best in the country. A detailed response was provided on all queries raised. This is multi factorial and is being driven by acute and chronic conditions. Palliative coding and the availability of hospice beds was discussed, the future funding required, and involvement of the hospice in the community at the front door model, supporting patients in their own environment.</p> <p>The annual report for 2022/23 was reviewed prior to presentation to the Board. The difference in the mortality rates was described, crude mortality including all patient activity including day case, and ordinary admissions, demonstrating the importance of reviewing both metrics. ESNEFT was not an outlier whilst elevated numbers are being seen and more patients with cirrhosis and other issues, with themes and trends reviewed. Alcohol is a contributing factor in 5-10% of deaths.</p>	Assurance
Maternity transformation	<p>Detailed papers were considered prior to presentation to the Board to ensure appropriate oversight to meet the safety standards for the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST), supporting submission on 1 February 2024. Current plans to achieve full compliance across the 10 safety actions were set out. Further clarification was being sought from the Local Maternity and Neonatal System regarding the detail included and re-presentation of the ATAIN report may be required to the next meeting. An acuity review had been completed including all specialist posts within midwifery and the skill mix across the multi-disciplinary team and costings reviewed to establish if any further investment is required. The Committee was taken through current evidence and challenges, with the expectation of compliance. Some elements require compliance or an action plan demonstrating improvement from the previous year. Collaboration with the Integrated Care Board is critical to achieving compliance, and the evidence will be considered with them early next week. The Committee welcomed the improvements to process from the previous year. Neonatal basic life support training was questioned and the confidence of meeting this requirement.</p> <p>Monthly MDTs review all admissions to the neonatal unit, with the detailed data provided in the ATAIN report. This considers those that were avoidable, and the work undertaken regarding transitional care was detailed. The priority is to ensure the information is captured. Members made observations regarding some of the clinical diagnoses and sought assurance that the issues raised are considered within the service. It was confirmed that a full review is undertaken through the maternity incident review group.</p> <p>A detailed presentation on the medical workforce demonstrated the current compliance for all elements of safety action 4 and the challenges were set out in relation to the obstetric workforce, requirements for locums, compensatory rest, consultant attendance and rotas, the anaesthetic and medical workforce. With regard to the neonatal nursing workforce, a 2.56 WTE deficit would be presented in the December workforce paper.</p>	Alert

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	<p>The Committee welcomed the assurance provided and the work being implemented to meet compliance. Questions were raised on compliance for compensatory rest, cancellation of activity and the impact for women, and the BAPM medical standards. More detail was provided on the complexity of this issue.</p> <p>The maternity dashboard was considered and several red indicators. The excellent work on smoking during pregnancy had been discussed at the previous meeting. Pre-term birth is seeing a national rise and a deep dive is being undertaken to review any additional learning, a focus of the LMNS safety forum. The impact of the work on smoking cessation is not likely to be seen for c9 months.</p> <p>Action planning following Care Quality Commission inspections was described. For the recent inspection of Clacton services, these were judged as Good for well-led and safe and progress on completing the four should do actions was provided. The Chair had visited this service and concurred with the CQC views and on behalf of the Committee thanked the Director of Midwifery and her team for their great work.</p>	
Regulation 15: Audits – Environment and Equipment	Deferred to December.	
Quality Improvement (QI) Faculty deep dive	<p>The QI team has been established since 2018. The clinical outcome team is new, bringing together the clinical and national audit teams under the umbrella of clinical outcomes and QI to enable much closer working to close the loop for continuous improvement. Roles are being established with a new working model mapped to strategic objectives as part of the Making Time Matter programme. The philosophy and approach using the Model for Improvement PDSA method and the work with other change teams was described, and the development of consistent language, methods and tools to engage with staff to make improvements. The support provided was described for the 94 pre-registration projects, two levels of training are on offer and tools are tailored to individual projects. Once data and SMART aims are available projects progress. There are 70 live, with some cross site/divisional projects, and 36 completed so far in 2023. Examples were provided.</p> <p>The Committee welcomed the re-energising of QI schemes and the conversion rate and delivery. Assurance was requested regarding the NSFT project, how QI projects are driven from an executive perspective and the position regarding previous projects that may not have completed. The importance of multi-disciplinary and joint working is being built in with implementation of the new team and development of gold training is being considered to provide more in-depth support on QI tools. The Chief Medical Officer and Chief Nurse are the key drivers of projects, and it is important to ensure that everyone is on the same page on the approach being taken and that QI is everyone’s business. A Board Seminar is due to take place in late 2023 or early 2024. Members advised that promotion of an integrated programme would be beneficial to see a joined-up approach across all services. There was also recognition that sometimes small projects can have transferable impact and the importance of building staff confidence. The Committee was supportive of the work and the presentation was welcomed.</p>	Alert

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Governance	<p>Horizon scanning patient safety bulletin for September and the Board Assurance Framework (BAF) relevant to the Committee's remit were received. The fundamentals of care as it linked to BAF8 was included within care accreditation and the Committee would be updated as this develops. This framework is a good way to ensure that wards and clinical areas own their pathways of success through a self-assessed care bundle, resulting in either a bronze, silver or gold award. The Committee confirmed that appropriate discussion had taken place today whilst questions were raised regarding health inequalities and cross cutting assurance mechanisms that capture a dashboard and potential risks regarding lack of resourcing/leadership. It was confirmed that this is a workstream reporting six monthly, next due in December. Once developed further, ensuring patient experience and safety in community services may form part of BAF4.</p> <p>The Committee work programme received a six-monthly review, with amendments highlighted. This included reference to the written report to be presented in December on legal services following publication of the NHS Resolution scorecard. Additional reporting was confirmed.</p>	Alert
Any Other Business	<p>A referral from the Performance and Finance Committee on 25 October to consider the clinical risk in relation to BMA rate card discussions would be reviewed at the December meeting.</p> <p>The meeting discussed the potential to return to monthly meetings with a business meeting bi-monthly and a deep dive/learning meeting in-between. This will be discussed further with the Chief Nurse, Chief Medical Officer and Trust Secretary.</p>	Alert

*Key:		Approval	Positive action required regarding an item of business or support for a decision
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