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, 14 December 2023
Chair:	Hussein Khatib, Non-Executive Director
Lead Executive (as appropriate):	Darren Darby, Chief Nurse; Angela Tillett, Chief Medical Officer/Deputy Chief Executive

Subject	Details of Issue	Action*
Executive Group Reports	**Clinical Effectiveness Group:** Received for information. Quality improvement work is feeding through, the Learning from Deaths policy was approved, and the work of the Nutrition Steering Group and pictorial menus was highlighted. The Chair had visited the catering team as part of 15 steps and recognised this work. **Infection Control Committee:** Received for information. A new approach is being taken to incident reporting using the PSIRF framework (Patient Safety Incident Response), working across the Integrated Care System. This is being trialled and therefore is subject to change. The Chair welcomed the potential to review trends and lessons learned. An update was also welcomed on the decontamination issue including use of external expertise to guide the Trust on the best approach, a report to the Care Quality Commission (CQC), ongoing meetings of the incident management team and review of national guidance to ensure that all elements are covered. Some operations have been cancelled with patient safety at the heart of decision making. The Chair highlighted the transparency in dealing with this incident affecting one site only. Once the findings were available the Committee would review them. **Medical Device Management Group:** Received for information. Good work is underway regarding training and triangulation of data which has led to a reduction in risk. In future this will sit with the Faculty of Education. The importance of involving ionising radiation in the capital equipment replacement plan was highlighted. **Patient Experience Group:** Received for information including divisional learning reports, improvements to patient safety and learning from complaints. The Chief Nurse had reviewed the area where mixed sex accommodation breaches had been experienced and advised that the team was making every effort to maintain patient dignity. Committee members were delighted to see the fractured neck of femur quality improvement results and the positive impact on patient independence, and questioned whether Duty of Candour was undertaken for the mixed sex breaches. The Chair was offered a visit to enable a review of the issues recognising that some buildings do not lend themselves to modern healthcare requirements.	Assurance Alert

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	Patient Safety Group: Received for information. There was positive news in relation to sepsis screening in Ipswich, the new e-system in place and a similar system to be implemented in the Colchester Emergency Department. Community nursing demand and capacity in North East Essex was highlighted and confidence was expressed in the wider piece of work underway that will resolve those staffing challenges. Members asked whether there was a case for moving resource in the short term, questioned equity of provision for patients, and assurance regarding the safety of patients who are waiting longer. An action was agreed to provide more information on equity of provision. A brief update was also provided on medicines management, which reports to the Patient Safety Group, including an alert on safe and secure medication.	
Chief Nurse/Chief Medical Officer Urgent Issues	Several initiatives are being implemented on both sites to improve patient experience and quality in the Emergency Department (ED) and a focus on fundamentals of care for those waiting for longer than we would like. Corridor care and the work in both EDs would be included in the report to the next meeting to enable oversight. Members were advised of further work in relation to the maternity block lift and the business case to change room usage was agreed this week. A strategic case for a longer-term solution is being drafted pending external funding becoming available. The industrial action recently announced was discussed, teams are working together and emergency, cancer and urgent care for patients will be prioritised. The potential impact of the timing and length of this action should not be under-estimated. **LL case update:** A report was presented to the People and Organisational Development Committee following the round table event considering the themes of analysing data and encouraging staff to speak up. A further report would be provided when available. **Thirlwall Inquiry Submission:** The draft was presented, together with supporting evidence, following review by the Executive Team. The Chair had provided his observations and those amendments were being made. Two Directors are required to sign off a joint response, with an extension secured to 8 January. The Committee noted the Terms of Reference and **confirmed** that the Chair would review the revised questionnaire prior to submission, as delegated from the Board on 7 December.	Alert
Integrated Patient Safety and Experience Report	More deep dive information was included demonstrating positive work across continence, falls, pressure ulcers and tissue viability. Following Board referral to Committee a review of complaints post patient discharge was considered. These coincided with activity and related particularly to communication and the lack of choice of placement on discharge. Due to long term sickness, there has been a delay in completing investigations which should be resolved in the new year. Members welcomed the positive reporting and particularly highlighted reductions in self-harm attenders, falls and medicines management incidents, the new format and additional narrative. Questions were raised on the level of complaints at Colchester and low Duty of Candour compliance.	Assurance
Learning from Deaths Quarterly Report	A stand-alone report ensures sufficient review of data and trends for the total number of inpatient deaths including perinatal and the further work planned. Ethnicity had been reviewed to see if there were any trends from the global majority, with data demonstrating very small numbers making this difficult to assess. SHMI is as expected but is increasing. There were no new concerns, whilst data is being closely monitored including the impact of multiple bed moves. Deaths related to alcohol dependence have increased and this links with the health inequalities work. Members recognised the improvements and close consideration of data, questioned	Assurance

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	child deaths and trends, nosocomial infections, and SHMI was discussed further. A thematic review of child deaths over the last three years is being undertaken and will be reported to Committee once completed.	
Care Quality Commission (CQC)	Following an initial report on the new single assessment framework earlier in 2023, an update described the approach that will apply to providers, local authorities and integrated care systems. This is being rolled-out by area/region, with an early adopter programme involving a small group of providers. It is expected to apply to any assessment or inspection undertaken from 9 January 2024. The intention is to focus on what matters to people who use health and social care services and their families, providing an up-to-date view on quality. The process for responding to CQC requests is changing with enhanced use of the provider portal. The Chair reflected on his attendance at a webinar and the likelihood that information previously requested will be much reduced in future. Trusts should be visit-ready all year rather than requiring significant time for preparation.	Assurance
Cancer care and service user experience	Discussion focussed on the national cancer patient experience survey 2022 and the 60% patient response, higher than the national average, with an average rating of care of 8.9/10. Concerns were being seen in relation to waits for diagnostic tests, there had been a drop in experience in relation to hospital care and an action plan is being developed. Improvements included information provided to patients and good contact with their nurse specialist. The Cancer Patient Panel has taken forward work on communications including the sensitivity of giving a diagnosis and the impact of clumsy communication with patients. Patient centred follow up is progressing, the pre-habilitation and rehabilitation service were described, ensuring that patients have all the information that they need to enable them to feel in control of their health and wellbeing. This had been a Macmillan Excellence award winner for integration and HSJ finalist 2023 for a digital solution. There is a tendency to group patients together within cancer care, but this must be shared decision making and personalised care rather than standardised. Members congratulated the team and recognised this innovative work. Assurance was sought that pain management was part of action planning.	Assurance
Quality impacts of industrial action	A referral from the Performance and Finance Committee requested consideration of the impact of the BMA rate card on quality/cancer care. The position had been re-assessed in relation to the action that took place between August and October. The number of incidents was low, additional daily updates were described to ensure patient safety was maintained and staff were alert to immediate harm. If any clinician sees a patient who has come to psychological or physical harm from long waiting, this will be reported. The additional remuneration required for medical and other clinical staff to maintain patient safety was described. Clinical harm has been low, however, the longer-term impact and harm due to long waiting times are yet to be fully quantified. Patients being seen by more senior clinicians at an earlier stage had been positive, learning which had been replicated in service models being put in place. Regarding cancer patients, a performance report was considered earlier this year focussing on the new cancer standards. There have been no incidents of harm reported from patients waiting although it may be difficult to ascertain long term outcomes. A 3-5 day delay is likely to be low impact, whilst the psychological impact cannot be under-estimated. Through the clinical panels, where delays could make a difference, patients are highlighted and would be seen more quickly. The Committee thanked the team for the impressive way in which the Trust was dealing with industrial action.	Alert

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Quality Programme and Priorities	A summary report on progress to deliver the Quality Strategy was noted, with a full update to be provided to the next meeting.	Assurance
Inequalities Programme	The six-monthly update encompassed tobacco treatment, Nourish in IP1, asthma management in children and young people - key as there are avoidable deaths every year - and Making Every Contact Count (MECC). This broad programme is being consolidated as funding remains the biggest challenge in delivery of the strategy and the potential of losing longer-term gains. The Chair highlighted ongoing funding concerns and the support of the Board and the Committee to this important and impressive work, which had been maintained despite other pressures. The focus on inequalities had been discussed this week with West Suffolk Hospital NHS Foundation Trust highlighting the importance of securing continuity. In response to a question, it was confirmed that loneliness and financial issues are included in the MECC work.	Alert
Maternity transformation	The Director of Midwifery presented the draft improvement plan following the CQC visit to Clacton, with good progress being made. Significant work had been undertaken to prepare for the CNST (Clinical Negligence Scheme for Trusts) submission. A subgroup of the Committee has been established and met earlier this week to scrutinise the evidence required to meet each standard and Terms of Reference will be presented to the extraordinary meeting on 20 December. The subgroup provided challenge and assurance for all elements other than safety action (SA)9, which would be reviewed at the extraordinary meeting. The Divisional Director provided a revised clinical workforce review, SA4, following consideration at the previous meeting. This confirmed compliance. Additional questions were raised regarding compensatory rest and the proactive cancellation of activity. The Director of Midwifery summarised the detailed papers presented in relation to SA1-3, 5-8 and SA10 with reference to previous Committees and attendance at the Board, assessed as compliant. The Chair thanked the team for the extensive work undertaken, highlighted those standards that are externally verified and involvement of the LMNS (Local Maternity and Neonatal System) who have endorsed the work we are doing. **It was confirmed** that, subject to consideration of SA9, assurance could be provided to the Board that the evidence confirmed compliance with the 10 standards, with a reputational and financial consequence. Members were offered the opportunity to review the evidence if required. The Chief Nurse advised that the Trust had now moved from enhanced special measures to routine reporting for this service, recognising the improvement work undertaken. The Chief Medical Officer advised that the quality improvement work within this service was second to none and the voice of our patients is pivotal.	Escalation – for Board 11/1/24
Safeguarding	Quarterly update received, with a focus on training, 16-17 year olds within adult services and supporting their needs, the three-year programme of trauma informed care and over 300 staff trained, an external review of the Deprivation of Liberties and Mental Capacity Act work and confirmation of good processes in place. The Chair questioned the dramatic change in hours of supervision by security staff and highlighted that not all concerns are registered from NEECS (North East Essex Community Services), which is being progressed.	Assurance
Vascular/renal services	The Vascular Improvement Board met in November and is continuing with the voices programme, reporting into the Clinical Integration Board. Emergency theatre capacity modelling has now been completed, more access is required, and this is being progressed to help manage emergency and elective waiting times. A Dedicated Post Operative Care Unit is in place which will benefit capacity and there is good visibility of	Assurance

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	reporting through the Clinical Effectiveness Group. The medium to long term plan to bring renal services together from both sites was described as the right way forward. It was confirmed that separate reports to Committee were no longer required.	
Regulation 15: Audits – Environment and Equipment	This focuses on the premises and equipment used in healthcare, assessing and controlling health and safety risks and ensuring safe use. This would now form part of the CQC assessment. Work has begun to look at the risks and controls and the current assurance programmes in place to meet the Regulation were detailed.	Assurance
Governance	**Horizon scanning:** An overview of national quality programmes and links to Trust work was provided including Never Events, children and young people's mental health, a Healthcare Safety Investigation Branch investigation into care of patients with learning disabilities, links drawn between a Healthcare Quality Improvement Partnership report and Trust work on falls in patients in the last days of life, and a GIRFT (Getting It Right First Time) visit planned for virtual wards including Hospital at Home. Martha's Rule, a new policy to amplify the patient voice and improve safety in hospitals, and research on factors determining safety culture in hospitals scoping review were highlighted. Mental health and the work underway were discussed, including a visit to community mental health, concerns about ongoing funding, and the position regarding adolescents and mixed facilities, recognising that transition to adult services is an important time. This would be a focus for the next meeting. **Legal services annual report:** The first report provided an overview of legal claims and inquests in 2022/23 following publication of the NHS Resolution scorecard. Quarterly reports are provided to divisions to discuss at their Divisional Management teams with the aim of ensuring that actions and learning have been taken where relevant. The report was noted, with a further report requested for the next meeting on learning, support, quality and the patient safety impact. **Board Assurance Framework (BAF):** The Committee confirmed that a deep dive on fundamentals of care would be useful. A request was made for BAF8 to be written from a patient safety and patient experience rather than a programme management perspective.	Alert

*Key:			
Escalation	Support/decision required by reporting committee to resolve an issue within its remit	**Approval**	Positive action required regarding an item of business or support for a decision
Assurance	Evidence or information to demonstrate that appropriate action is being taken within a reporting committee's remit	**Alert**	Proactive notification of subject matter/risk that reporting committee is currently dealing with or mitigating which may require future action/decision
		Information	No action required. Reporting to update on discussion within a reporting committee's remit