

Key Issues Report
Issues for referral

Originating Committee/Group and meeting date:	Quality and Patient Safety Committee, 20 December 2023
Chair:	Hussein Khatib, Non-Executive Director
Lead Executive (as appropriate):	Darren Darby, Chief Nurse; Dr Angela Tillett, Chief Medical Officer/Deputy Chief Executive

Subject	Details of Issue	Action*
Clinical Negligence Scheme for Trusts (CNST) Group Terms of Reference	The Committee received the draft Terms of Reference for the newly established CNST Group, and approved those with an amendment to confirm that the Chief Nurse would act as the Chair of the Group.	Assurance
Trust Response to the Thirlwall Inquiry	The Chair stated that, alongside the Medical Director, he had had sight of the final draft of the organisational response to the Thirlwall Inquiry. The final draft reflected comments previously submitted and had therefore been signed off through Chair's action for submission to the Inquiry by the Director of Governance.	Assurance
Maternity transformation/CNST	<p>A short, extraordinary meeting took place to consider CNST safety action 9 reporting and evidence prior to submission to the Board. A sub group of the Committee had scrutinised the evidence required to meet each standard. This group would meet annually with additional meetings on an ad hoc basis as required.</p> <p>The Director of Midwifery provided an overview of the governance arrangements in place to ensure that both the Quality and Patient Safety (QPS) Committee and the Board received the appropriate level of CNST information in line with national guidance on this issue. The Chief Nurse, Committee Chair and Director of Governance agreed to review these arrangements jointly.</p> <p>The Director of Midwifery presented the evidence for CNST safety action 9. Sub-section a of this standard related to reporting to the Board and visibility of evidence at the appropriate level. The perinatal quality surveillance model required evidence that a Board level champion was appointed, that there was regular reporting to the Board, and that the regional Chief Midwife had had an opportunity to review the evidence. Ms Price-Davey confirmed that all of the aforementioned steps had been taken, that the Chair of the Committee was the appointed Board level champion, and that regional approval had been provided by the Chief Midwife.</p>	Alert

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	<p>In relation to standard 9b which was about safety intelligence, there was a requirement to evidence that the Trust had recorded this appropriately through Board minutes and discussions with LMNS (Local Maternity and Neonatal System). The totality of reports going to LMNS and other strategic groups were presented as evidence, as well as Board reports and the NHS Resolution claims scorecard which was now presented by the legal team for review and discussion at Divisional meetings. Standard c related to evidencing that the Trust was engaging with the champions, NHS futures platform. Several Executives including the Medical Director and Chief Nurse had joined the platform and evidence was presented to demonstrate this was met.</p> <p>The Committee Chair raised a point about making specific contact details available on the relevant poster.</p> <p>The Committee confirmed that it was content to recommend the totality of the CNST evidence to the Board for sign off as it had been satisfied that significant evidence of compliance with all standards had been provided.</p>	
ATAIN (Avoiding Term Admissions into Neonatal units) Quarterly Report	<p>The Director of Midwifery presented this report aimed at reducing separation between mothers and babies, as well as reducing overall admissions. The national target was at 6% of live births, and ESNEFT was only marginally above this target. The Trust was currently reviewing all relevant admissions, monitoring progress, and evaluating relevant action plans. Differences between the Colchester and Ipswich sites were highlighted, but cross-site meetings were due to take place from January 2024 onwards to seek to embed an ESNEFT wide approach and align plans. Obstetric input into these reviews was also required and consultants on call had offered to support this work. The deep dives into admissions focused on ensuring the warm care bundle was implemented in full and that the first feed requirement was met.</p> <p>In response to a query from the Medical Director about providing a full picture that reflected both the mother and baby's needs and care, the Director of Midwifery outlined the arrangements in place to monitor maternal care needs and took an action to revisit the relevant reviews carried out. The Committee approved this for consideration by the Board, alerting that performance was likely to remain at current levels for Quarter 3.</p>	Alert
Any Other Business	None was noted.	

*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