

**Key Issues Report**  
**Issues for referral**

<b>Originating Committee/Group and meeting date:</b>	Quality and Patient Safety Committee, 22 February 2023
<b>Chair:</b>	Hussein Khatib, Non-Executive Director
<b>Lead Executive (as appropriate):</b>	Darren Darby, Chief Nurse; Angela Tillett, Chief Medical Officer/Deputy Chief Executive

Subject	Details of Issue	Action*
Executive Group Reports	<p><b>Health and Safety Committee:</b> One alert relating to the continuing increase in violence and aggression incidents and a wider security review. Further detail was sought on the timeline for this review and the mitigations being put in place to assure staff. The different use and level of security across the two main sites is evident and it is important that this work was holistic and wide ranging to enable agreement on an appropriate way forward, linking to the support provided to those patients with complex health needs. Members questioned lone working devices and whether all incidents were being reported, and further assurance was provided on the work underway. There was reference to the quality priority on dementia for next year and weekly meetings in relation to complex care to ensure provision of the most appropriate supervision, and continued investment in the mental health team. The Committee highlighted the seriousness of this issue and the scope for this review would be presented to the next meeting.</p> <p><b>Infection Control Committee:</b> Received for assurance, the Infection Control Board Assurance Framework (BAF). The BAF reports against the updated key lines of enquiry and had been revised following incidents and identified risks in the preceding two months. There were six areas of partial compliance. The work being undertaken to mitigate risks was detailed, a thematic review was being progressed following an increase in bacteraemia infections, there was a high prevalence of winter viruses and increased operational pressures, and the laboratory team had gained full accreditation. Members questioned the reliance on existing staff to cover microbiologist vacancies, the potential of collaborative working and the importance of work on the ventilation system to meet standards. A verbal update was provided on the decontamination incident including a further external review, which was positive regarding the action being taken, other than additional training being required. Assurance was sought on the timescale for reporting from the three streams of work, how 24/7 cover was being managed currently, next steps regarding recruitment to vacancies, and management of those areas that were not compliant within the audits presented.</p>	Assurance

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	<p><b>Patient Experience Group:</b> Received for information and assurance, highlighting complaints management, the annual report on the 15 steps programme, and work with a team to gain their lived experience. A more detailed report would be considered at the next Committee, there would be a seminar session for the Board, and this would be considered at the Council of Governors.</p> <p><b>Clinical Effectiveness Group:</b> Received for assurance. Concerns remain regarding a lack of dedicated consultant input into the nutrition team at Colchester. In relation to the Patient Safety Alert for bedrails there were no concerns for inpatients. Further clarity is being sought within the community regarding historical equipment. The Chair questioned whether entrapment was included within the alert, which was confirmed.</p> <p><b>Patient Safety Group:</b> Received for information and assurance, confirming the approach to introduction of Martha's rule. The Chair sought further information on the pilot in 100 hospitals. The Trust is already well placed with the Call for Concern service seeing c14-20 patients pa and the paediatric ODN is awaiting more information from the national director for Children and Young People regarding paediatric roll out. Further clarity on how this would work was requested and it was confirmed that the focus is on deteriorating patients and a senior nurse from the outreach team will provide an opinion in adults. The Ambulatory Care Unit is open at Colchester Hospital.</p> <p><b>Medical Devices Management Group:</b> One item for escalation regarding missing equipment with support requested for next steps. A risk register entry will be prepared. Members questioned the financial impact, the asset register, the implications if it was not possible to undertake regular maintenance and what proportion of the Trust's equipment this related to. It was clarified that the matter relates to equipment in the Trust which is not logged on the system. The Chair asked about equipment loaned to clinicians for trial and research purposes. Further triangulation was required.</p>	Alert
Chief Nurse/Chief Medical Officer Urgent Issues	Work is underway on the governance process regarding infection control and the lifts on the Ipswich site. The impact on patient safety and potential harm because of industrial action was emphasised, the additional operational pressures that result in boarding and corridor care for patients will not be recognised as the norm. The Chair echoed the comments on corridor care and referred to external commentary and the link to mortality from long waits in the Emergency Department (ED).	Assurance
Learning from Deaths	The data on mortality trends was presented. Every death is considered, mortality reviews are being arranged to cover four key diagnosis groups – secondary malignancies, sepsis, cellulitis and AMI (Acute Myocardial Infarction) – and a deep dive on the SHMI (Summary Hospital-level Mortality Indicator). Increasingly complex and frail patients are being seen in ED and this may be reflected in the higher ED mortality rate. There was positive news on perinatal mortality and data on the overall trends nationally is awaited. The stillbirth rate was much better, linked to improvements in maternity care and implementation of the saving babies lives care bundle. The Chair referred to specific reviews, the death by age, and also questioned whether some deaths were avoidable given the description of the cases in the report. Findings were discussed further with more to do on how learning is shared Trust-wide. The case studies detailing the discussion of individual cases and the actions taken to improve were welcomed.	Assurance

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Integrated Patient Safety and Experience Report	A full report was received with a focus on the number of complaints and the improvements being sought, the positive response from staff in implementing the Enhanced Boarding Policy to reduce the risk to patients waiting an excessive amount of time for admission and to reduce the time that patients stay in the ED. The commencement of the Care Accreditation programme in April 2024 would enable shared learning and good practice to continuously improve the quality of the care provided. The Accountability Framework will be utilised rather than requesting additional audits, working closely with the EPR team. Wards are enthused and six-monthly updates will be considered in future. Further assurance was provided on request in relation to boarding and the importance of resolving the longer-term bed capacity issue at Colchester Hospital. The Chair emphasised the positive elements of the report, questioned the complaints dealt with outside the prescribed timeline, the findings from the Patient Advice and Liaison Service, the additional work that may be required in North East Essex regarding pressure ulcers and the importance of ensuring that narrative supports the data.	Assurance
Maternity Assurance Report	The Director of Midwifery presented a full, single report to update on all performance and quality standards within maternity and neonatal services. This included escalations from the Maternity and Neonatal Champions who are now reviewing red flag staffing reports. Good improvements have been seen on triage and the aim is an ESNEFT telephone line to resolve the lack of equity across sites. Improvements to transitional care were highlighted, full compliance was submitted for all 10 safety actions for year 5 of the Maternity Incentive Scheme and the final position and revised standards for year 6 were awaited. Work with the Maternity and Neonatal Voices Partnership and co-production requires development with relatively new chairs in place, whilst support from other organisations is enabling engagement with those communities that are more diverse. The Director was thanked for her leadership of the service and the improvements which were being recognised externally. Further work would be done on the format of reporting and the data to be presented.	Assurance
Clinical Outcomes Six Monthly update	Following restructure of the clinical outcome function the new working methodology begins from April 2024. There had been variable completion of audits during 2022/23 although a risk assessment on any incomplete audits identified this as low-risk. The audit plan for 2024/25 is being agreed with divisions to ensure national audits and quality are prioritised and a process is being developed for how audit findings will transfer to quality improvement (QI). Future reporting would align with QI project updates three times each year. This issue had been referred from the Audit and Risk Committee to ensure sufficient robust discussion and oversight at this Committee. The Chair confirmed that this had been achieved in the detailed report and presentation and the plan to report outcomes in a different way. The 2024/25 plan would be presented to the next meeting.	Alert
Quality Programme and Priorities	The Committee confirmed the approach being taken in setting the quality priorities for 2024/25 for inclusion in business planning and the annual Quality Account. A full quarter 3 update was received on the 12 quality projects/priorities and key outcomes – falls, nutrition, dementia, mental health, tissue viability, continence, medication safety, GIRFT, end of life, deteriorating patient, QI Faculty and inequalities.	Assurance
Safeguarding quarterly report	The Quarter 3 report highlighted the themes from Section 42 referrals, the model of supervision for children had changed and is seeing positive results, and the mandatory 'Oliver McGowan' learning disability e-learning is available for all staff and will enhance the use of reasonable adjustments for this group of patients.	Assurance

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Mental health report	The Committee considered the role of the Senior Responsible Officer and the progress being made, including more joined up working with the police on Right Care, Right Person. Those patients admitted with a physical need and a mental health need have higher lengths of stay than total admissions. Members questioned whether this was part of the system-wide Mental Health Collaborative, which was confirmed, and the progress made was recognised	Assurance
End of Life Care	<p>Dr Sam King attended and provided the key messages, learning and improvements:</p> <ul style="list-style-type: none"> <li>• The need for implementation of an electronic co-ordination system in Suffolk to enable data access to support improvement.</li> <li>• The importance of the Butterfly Service for patients and ongoing funding for this and the Time Garden at Ipswich.</li> <li>• The National Care at the End of Life and discharge audit results showing common themes, often related to not early enough recognition of dying. This relates to recognising the risk of dying, and that message is being shared with clinicians.</li> <li>• Overall, there is positive feedback, whilst there are a small number of episodes where there is poor communication and complaints.</li> </ul> <p>The Chair sought further assurance on place of death/preferred place of death. Dr King and his team were thanked for the work that they do.</p>	Assurance
External Visits	20 external visits since the previous six-monthly report. There were no significant must do actions from the visits, which were largely unannounced. The Chair welcomed the revised format of the report.	Assurance
Medical Devices Annual Report	Maintaining training compliance remained a challenge and this is now included within the Faculty of Education. The Chair sought assurance regarding the process for equipment received informally, loaned or trialed.	Assurance
Governance	<p><b>Legal services annual report:</b> A follow up report was received, highlighting learning from inquests and claims, the themes identified, and it was noted that responsibility for change rests with clinical divisions. A training programme will be delivered on the inquest process in response to staff requests for support. The Chair welcomed the report, confirmed ownership of improvements and advised that through the integrated report the Committee would review progress. Ensuring alignment of the key six themes with other work was important, such as Learning from Deaths. A report would be provided every six months and the significant volume of work that the legal team managed, the leadership and transparency of issues was recognised. Members welcomed the opportunity to attend the training.</p> <p><b>Horizon scanning:</b> An overview of national quality programmes and the impact on Trust work was welcomed.</p> <p><b>Board Assurance Framework:</b> The IPC BAF had been added to BAF4 as a source of assurance and discussion is continuing. As requested by the Committee BAF8 had been fully reviewed to describe the impact from a patient safety and patient experience of implementation of the Electronic Patient Record. The Chair welcomed the changes to BAF8 although further work was required on the key controls to include for example, training, ward accreditation, and to enhance the link to clinical issues in the same way as BAF4.</p> <p><b>Committee effectiveness review:</b> A standard process would operate across all Board Committees to launch in early April involving an e- questionnaire to assess members' views.</p>	Assurance

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