

## Key Issues Report

### Issues for referral to reporting Committee/Group

<b>Originating Committee/Group and meeting date:</b>	Quality and Patient Safety Committee, 25 April 2024
<b>Chair:</b>	Hussein Khatib, Non-Executive Director
<b>Lead Executive Director (as appropriate):</b>	Anne Rutland, Interim Chief Nurse

Subject	Details of Issue	Action*
Executive Group Reports	<p>Clinical Effectiveness Group for information. Medication storage was discussed, with two areas causing more concern and a risk assessment has been drafted. Blood cultures and the volume of blood sent will benefit from a QI (quality improvement) approach to learn where this is done very well. The potential impact of recruitment to the Essex and Suffolk Orthopaedic Centre and the positive glaucoma trial research were highlighted. The CAS alert on bed rails remains an issue in the community and the team was working with the integrated care system on how this can be supported. Members confirmed the importance of the Chief Pharmacist attending this Committee.</p> <p>Health and Safety Committee for information. The Health and Safety Executive letter had just been received and a short verbal summary was provided on its contents. This would be discussed further with colleagues to confirm the action that was required. Members questioned the position on fit testing and the ongoing need for staff to be tested.</p> <p>Infection Control Committee for information. Feedback had been received from the peer review of surgical services, it was confirmed that these issues are prevalent elsewhere, and now looking to stand down the Incident Management Team. The review of governance was referenced. The report and a review of the management of this incident would be presented to the next Committee. 61.4% of staff (66% of clinical staff) have been swabbed due to the Group A Strep outbreak in Suffolk. Members questioned whether the number of cases was still increasing and whether this was localised. Assurance was provided that Ipswich and East Suffolk Community Services had done a huge amount of work and had successfully engaged with their staff.</p> <p>Medical Devices Management Group. One alert regarding lack of divisional attendance at both the March and April meetings and not meeting quorum, an ongoing issue despite repeated requests for representation. The Chief Medical Officer suggested that a different approach was taken in future, potentially as part of a QI programme. A report was to be presented to the Executive Management Committee regarding training. The</p>	<p>Assurance</p> <p>Alert</p>



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	<p>impact on the patient experience. A continence referral system has been introduced and the assessment had been reviewed, leading to it being more concise, which has been welcomed by staff. Audit results continue to increase in response to the introduction of awareness and training. A final CQUIN (commissioning for quality and innovation framework) update for 2023/24 summarised performance on the 15 elements. These are not mandated for 2024/25 and the proposal was that the resource required could be better utilised. The Chair was supportive of this approach and questioned the number of overdue incidents and management of pressure ulcers in North East Essex Community Services (NEECS), the key recommendations and learning from incidents and next steps and noted the QI projects presented. A NEECS/ Medicine awayday had been held and some of the discussion focussed on how learning could be shared. Joint Divisional Management Teams would review the quality and effectiveness agenda.</p>	
<p>Patient Safety Incident Response Framework (PSIRF) Update 2023/24</p>	<p>The framework was approved in January 2023 and provided guidance on how to respond to patient safety incidents whilst recognising that learning can only be achieved if supportive systems and processes are in place. Monthly system meetings are helpful in sharing learning and since that time there had been 24 patient safety incident investigations (PSII), many relating to national criteria and therefore the local priorities are largely awaiting index cases or thematic reviews. There had been 46 patient safety reviews. There is also discussion on management of medication errors. The new incident reporting system will enable a better understanding of adverse events and development of strategies to enhance care delivery. All incidents are reviewed daily, the training being provided and reporting and assurance processes were described. The Patient Safety Incident Response Plan was due for review during 2024/25 and was likely to be reconsidered later in the year. The Chair reflected on the importance of thematic learning/assurance and questioned how feedback was received from the ICB Quality Committee. Human factors and communication were highlighted as the two main factors where staff could be supported more effectively.</p>	<p>Assurance</p>
<p>Patient Experience Equality Diversity &amp; Inclusion (ED&amp;I)</p>	<p>The service improvements implemented by the patient experience team to support patients were detailed and changes had been made to the incident reporting system to ensure accurate reporting on protected characteristics as well as trend analysis. A poster using the top four locally used languages aimed to enable patients to feel safe to talk and provide feedback and work was underway with the learning disabilities team to review documents and ensure they were in easy read format. This will be presented to the Board. The next steps included a proposal for a second, funded, Patient Safety Partner; launch of an accessible Patients and Carers Centre with a bid being considered, aiming for late 2024/early 2025; a review of the environment; ensuring that the patient experience principles are included in Divisional Accountability Meetings and liaising with the maternity and neonatal services to support their work. Members congratulated the Head of Patient Experience and her team, referred to the co-production strategy and patient involvement in this easy read version, and highlighted the importance of accessibility for those with a disability. For new builds this is taken into consideration. The importance of combining this with the EDI Strategy Group work was emphasised and the report would be updated for presentation to the July meeting of that Group.</p>	<p>Assurance</p>

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Quality Improvement (QI) & Clinical Outcome Reports	<p>The first joint report was received, to be presented three times each year, including a clinical outcome overview for each division. A verbal summary confirmed a risk assessment had been undertaken on those audits that remained outstanding in relation to MSK and all other overdue audits had been assessed as no risk. This process is to be replicated for 2023/24 and 2024/25, reflecting those audits that span more than one year. The summary audit plan for 2024/25 would be presented to the next meeting in June. In relation to NICE guidance divisions are being supported to prioritise this work. Completed QI projects were presented, the aims of the Making Time Matter programme and the importance of service transformation supporting continuous improvement and aligning the focus on outcomes were highlighted. Members welcomed the report and the assignment of FY1 doctors across both acute sites and questioned the number of staff registering for QI training and the audit methodology.</p>	Assurance
Maternity and Neonatal Assurance Report	<p>The Director of Midwifery highlighted:</p> <ul style="list-style-type: none"> <li>• Confirmation of the outcome of the CNST (Clinical Negligence Scheme for Trusts) year 5 and the challenges seen by other Trusts, and commencement of year 6 requirements. Divisional oversight of compliance was the major learning point, ensuring that appropriate governance was in place. The plan for year 6 was now being finalised to ensure Committee/Board scheduling. Maternity and neonatal voices partnership representation was highlighted. The Chair congratulated the Director on the progress made and achieving compliance for year 5, welcomed the learning and questioned the confidence in achieving year 6 requirements. It was suggested that the subgroup was used from the summer to consider evidence.</li> <li>• Concerns raised by staff included an increase in the acuity of women with existing co-morbidities exacerbated by pregnancy on the Colchester site and admissions to the intensive care unit.</li> <li>• An update on incidents and the action being taken, including work on communications and the triage line. The Chair asked if there were any surprises in the complaints data, and it was confirmed that communication remains a theme and clarity was required on how women contact the service.</li> <li>• A maternity staffing update with an increase in red flag reports.</li> <li>• The quarter 4 PMRT (perinatal mortality) report demonstrated full compliance with year 6 to date with learning highlighted. Any paediatrics involvement will now be funded. Questions were raised regarding reporting to the Board and the positive impact of EpicEPR implementation.</li> <li>• The 60 steps visits update, with no immediate areas of concern raised, an update on standalone birthing units following the Panorama programme and the equality, diversity and inclusion projects underway.</li> </ul> <p>The Chair provided assurance on site visits and engagement with and listening to staff, and the financial viability of standalone units was questioned. The Director was thanked for her leadership.</p>	Escalation – separate report on Board agenda
Electronic Patient Record (EPR)	<p>An update was provided on implementation of EpicEPR included the governance arrangements previously agreed and a revised vision. The Chair confirmed that this Committee would focus on the quality impact rather than technical implementation as identified in BAF8. A summary of the clinical safety case was proposed as appropriate, detail of how existing systems are to be decommissioned and an overview of the clinical involvement in the design and build to provide assurance that it was not a technically led programme. The main</p>	Assurance

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	<p>implementation will start following training and Epic orientation in June. The Chair reflected some of the messages he was hearing from staff and questions were raised about how this would support existing areas of work such as clinical audit and maternity reporting on PMRT, the position regarding current systems, the importance of a single version of the truth for patients, and assurance was sought on how this will improve the fundamentals of care. The top two clinical risks were also questioned and were confirmed as building a system that meets staff needs and training them to utilise it. The amendments made to BAF8 were discussed following the Committee's request and this entry would continue to develop based on today's discussion. There was a request for a risk summary to be presented to the Audit and Risk Committee and future reporting processes that had been agreed were confirmed. Assurance was given on the Epic support and reporting that would be provided. A review of governance structures was included within this year's internal audit programme and there were a number of national gateway reviews to enhance that assurance.</p>	
Horizon Scanning	<p>The latest national updates and impact on Trust services covered the Health Services Investigation Branch, Parliamentary and Health Service Ombudsman, Getting it Right First Time and research. Do Not Resuscitate forms will be phased out by this autumn as the right direction of travel, with more work to do on advanced care planning. A system group had been established to prepare for the new Care Quality Commission inspection approach and SNEE and South West London had been chosen as pilot sites. There was a further reference to clarity on the impact of any QI programme.</p>	Assurance
Accountability Framework month 10: Caring and Safe Domains	<p>At the request of the Performance and Finance Committee (PFC), the framework was presented with a focus on the domains relevant to this Committee. The executive summary highlighted the key information, with the majority of metrics included within the integrated report. Rolling data was utilised as a more effective way of monitoring, whilst the AF would present the evidence of performance. The Chair questioned the timeline of the report presented and whether this could be included as background information to underpin the fundamentals of care deep dive next month. Alignment with reporting at PFC would be investigated to ensure that the same report was presented.</p>	Alert
Board Assurance Framework	<p>Both risks aligned to this Committee were presented prior to consideration by the Board in May. A deep dive is planned for completion on BAF4 prior to the next meeting. BAF8 was discussed under the EPR item.</p>	Assurance
Committee Work Programme	<p>A full report was presented with the work programme for 2024/25, identifying the amendments made to further streamline reporting to enable a manageable agenda and ensuring discussion was appropriately focussed to deliver the Committee's Terms of Reference. ICB Committees had already been added as a standing item whilst there was no update provided today. Further revisions would be made to reflect the confirmed programme of bi-monthly deep dives to be presented by divisions, the new Patient Experience, Carers and Co-Production Council replacing the Patient Experience Group, the format of reporting for EPR, and dates were to be confirmed for the six monthly seven-day services and cancer quality of care/patient experience reports. Scheduling of the maternity/CNST requirements remains outstanding. Medicines Management Group reporting through the Patient Safety Group and attendance of the Chief Pharmacist had been raised earlier in the meeting. <b>Approved.</b></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