

## Key Matters and Escalation Report to the Group Trust Board

**Name of Committee:** Quality Committee

**Chair:** Graham Nice

**Meeting Date:** 2<sup>nd</sup> October 2025

### Key matters

#### 1.0 Cambridgeshire Community Services NHS Trust (CCS)

##### 1.1 Quality Improvement Group (QIG)

1.1.1 It had been noted that several practices had changed either following an investigation or a review of process:

- A new governance report template has been developed for Medicine Management, which will ensure consistency in reporting and highlight issues across services.
- A change of process following an incident with a Subject Access Review request has been implemented.
- The Purple Flag initiative, whereby students on placement can raise concerns safely and openly, is being implemented.

1.2 The following issues were also highlighted:

- Pharmacy staffing - at the time of the meeting the Chief Pharmacy role was still unfilled (this post has now been recruited to).
- Interpretation Services - where there have been concerns raised around the fill rate of appointments needed. Any potential harm related to this contract is being monitored and mitigated, where possible.

**Assurance level: substantial**

#### 2.0 Norfolk Community Health and Care Trust (NCH and C)

##### 2.1 Integrated Quality Report:

2.1.1 Highlights from the report include:

- Inpatient staffing is stable with robust mitigations in place, service pressure does come from 1:1 care needs, especially those with cognitive loss, and those with mental health issues. This is in part managed through the Enhanced Care Team who have had additional training to support these highly vulnerable patients. A business case to review the Enhanced Care model is being developed, as teams have found the provision to be an integral part of an individual's risk management and recovery plan.
- The Safety Group Report indicated that: a Falls Policy review will be undertaken in light of the release of a National Institute for Health and Care Excellence (NICE) update, that the Long Lie Patient Pathway has been agreed and that a Standard Operating Plan (SOP), Care Plan and training have been implemented in the Trust for the use of Tiemann tip urinary catheters in the community setting.
- The Clinical Effectiveness and Quality Improvement Group (CEQIG) Report showed that the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) audit identified a compliance level of 86%. The audit is being shared with the three acute hospitals, so that the teams can work collaboratively and achieve a standardised approach to ReSPECT writing and auditing.

- Insulin provision – the sustainability of the high level of insulin cases in the West Place is being reviewed and a deep dive is being presented to the Norfolk Adults Integrated Governance meeting. An evaluation of caseload management across the Places to ensure consistency of caseload management is underway. It was highlighted that there is work to undertake with acute services, who have expectations around insulin delivery that cannot be met in the community setting e.g., blood glucose checks that are required 4 hourly day and night. Additionally, it was noted that the Integrated Care Board (ICB) for diabetes had stalled, the Trust has requested that the programme is restarted so we can work towards a consistent diabetes programme that meets the growing need of the population of Norfolk. Actions following the discussion have been added to the Committee's workplan.

**Assurance rating: Reasonable**

## 2.2 **Safer Staffing Report**

### 2.2.1 Safer Staffing (Nursing) Report and the AHP (Allied Health Professional) Safer Staffing Report

#### 2.2.2 The Nursing report highlights included:

- That the Trust has stable shift rates for both Registered Nurse (RN) and Care Support Worker (CSW) shifts in the community and inpatient teams, with low vacancy rates in some areas.
- Priscilla Bacon Lodge (PBL) is actively recruiting, whilst employment checks and further recruitment is ongoing the team is being supported with skilled agency workers. It was also noted that the initiatives around 'growing our own staff' and the Trainee Nurse Associate roles had been welcomed.

#### 2.2.3 The AHP report highlights include:

- The AHP's have had their first Safer Staffing meeting (September 2025).
- That currently the AHP workforce does not have safer staffing metrics. These need to be established so it can be deduced where the gaps in staffing are, a national steer on Safer Staffing within this workforce is expected soon.

**Assurance rating: Substantial**

## 3.0 **Committees in Common**

### 3.1 **Learning from Deaths**

#### 3.1.1 It was reported that:

- Both organisations have tools and methods of reviewing and reporting that will be brought together in the coming months to ensure reporting is more holistic. It was noted that one theme the Trusts will be focussing on is spiritual care, and how this is integrated within the advanced care plan for patients. The report highlighted that sharing of learning is taking place within a community of practice model, with NCH and C, aiding CCS, in terms of ReSPECT planning and implementation. A review of the Learning from Lives and Deaths (LeDER) incidents has highlighted a gap in knowledge about how to report and review deaths in the non-nursing / medical teams. Work is now planned with the allied health professionals to provide support and guidance. Further work to understand how we can support relatives whose loved one, is at End of Life is on-going.

**Assurance rating: substantial**

## 3.2 **Safeguarding**

### 3.2.1 The highlights from the report include:

- Both organisations have very stable training and consistent compliance rates. In NCH&C the Level 3 Adult Safeguarding training compliance is just below the required 90% target, however work is underway to improve this position. Additionally, both organisations have met the requirement for the Mental Capacity Act (MCA) training compliance rates. An audit of MCA and its application will be completed in both Trusts in Quarter 3.
- It was noted that there has been an increase in the number of patients who are not concordant with their insulin therapy. This leads to safety and safeguarding risks for diabetic patients. To mitigate this the Safeguarding teams are working with the clinicians to support patients, with individual cases are being escalated to Adult Social care. The Community teams and social care teams are putting in place wrap around care for some of the riskier patients and the ICB will be chairing a joint meeting to ensure system wide support to practitioners, patients and carers.
- A review of the Section 42 referrals, within NCH&C has taken place, it was found that a number of referrals have been made against the organisation, each one of these is reviewed internally to assess any levels of harm and to learn any lessons. Discussions with the Local Authority are ongoing in relation to the Trust receiving formal feedback from the Section 42 process.

**Assurance level: Substantial**

## 3.3 **EPRR (Emergency Preparedness, Resilience and Response) Core Standards**

3.3.1 It was noted that the report was a joint report as the two Trusts are now working as a joint team on the relevant submissions and the sharing of good practice. For CCS the outcome of the core standard assessment is at substantial assurance as CCS and the ICB has agreed with this position following the peer review. This does not mean full compliance, as more work is needed in the areas of training, exercises and Business Continuity Planning. In relation to the NCH&C submission the outcome is currently at partial assurance rating. This will increase to substantial compliance by the time of the ICB peer review meeting as three areas within the warning and informing communications domain will have been agreed and signed off.

**Assurance rating: Substantial**

## 4.0 **Risks**

4.1 An overview of the Risk and Issues Registers was undertaken in line with internal governance requirements. No actions were noted from the review.

## 5.0 **Board escalations**

5.1 There were no escalations to the Group Trust Board.

5.2 Key matters to note:

- The stability in the Safer Staffing Report will be highlighted.
- The learning both Trusts are sharing and learning from, as demonstrated in the Learning from Deaths Report and Safeguarding Report.
- Increased trajectory of Safeguarding training compliance.
- The EPRR Core Standards Assessment outcomes.