

Key Matters and Escalation Report to the Group Trust Board

Name of Committee: Quality Committee

Chair: Graham Nice

Meeting Date: 7th August 2025

Key matters

Cambridgeshire Community Services NHS Trust (CCS)

Quality and People Strategy (Year 3, Quarter 1)

- All actions for the Quality Strategy are on target for completion, with one further action around the Anti-Microbial Workplan development having been closed recently.
- All the People Strategy actions are on track to be delivered by the end of 2025/ 2026. The NHS staff app was going to be rolled out across the Trust, but this is no longer being supported by NHS England, therefore this action is closed.

Quality Improvement Group (QIG)

- QIG reported that all reports had substantial assurance, except for the Medicine Safety Group, which provided reasonable assurance due to the staffing gaps. There are plans and mitigations in place to improve staffing levels and the Group are recruiting a new Chief Pharmacist. The impact on patients was identified as minimal.
- The CCS 2024/ 2025 Data Security and Protection Toolkit Report has been published; CCS are meeting the required standards. Concern has come to light with regards to the sharing of information between third parties which may not be data security compliant.
- In relation to Ultraviolet (UV) hand hygiene audits, these are at 87% compliance which is 3% less than the Trust's target of 90%. To mitigate this more equipment is being purchased and hand hygiene is now being added to other mandatory training courses such as Basic Life Support. Additionally, the Committee heard that needlestick injuries are being reported/ reviewed, but there does not appear to be any themes.

Safeguarding

- The focus in Quarter 1 has been on increasing Level 3 Safeguarding training compliance. Blended learning has been introduced, combining classroom and work-based learning. This approach will be rolled out across both organisations once the pilot has been completed.
- A one-off audit of the Multi-Agency Safeguarding Hub (MASH)/ Multi Agency Risk Assessment Conference (MARAC) interface was completed in June of Quarter 1. The aim is to ensure appropriate cases are escalated from MASH to MARAC, outcomes will be reported when the data review is complete.
- The Committee noted that there are several distressing safeguarding cases across all geographies which is having an impact on staff. Extra support and supervisions are being offered to clinicians.
- Nottingham Rehab Limited (NRS) ceased trading on the 1 of August 2025. NRS provided equipment to adults and children within Cambridgeshire and Peterborough. For the adults the impact will be less as there is a well-stocked store of equipment and equipment tends to be more generic. The risk to children is greater, as there will be an impact on schooling and an impact on wellbeing for high-risk children. The Trust has set up an incident meeting to mitigate and manage the issue.

Norfolk Community Health and Care Trust (NCH and C)

Integrated Quality Report:

The following items were highlighted:

- The Health and Safety Report updated on the publication of the safe systems of work guidance for community teams to consistently approach the issues of pets in properties and to reduce the risk to staff teams.
- The Lived Experience Team have highlighted the ongoing delay in the commencement of the Friends and Family Test (FFT) provider. Mitigations have been put in place to ensure FFT feedback continues to be available for patients, and the Trust meets its national requirement in relation to the compliance and submission of data.
- The Regulation 28 Action Plan demonstrates continued progress against all areas identified previously as having delayed actions. The PSII (Patient Safety Incident Investigation) has been reallocated and commenced with clear Terms of Reference underpinning its remit and outcomes. The PSII is due for completion by 30 September 2025. Most of the actions linked to the Regulation 28 have now been completed.

Safer Staffing Report

- It was reported that staffing is in a positive place, except for 2 teams. This improvement is down to the closure of the surge beds and a reduction in the use of agency staff. The teams of concern are: (1) Priscilla Bacon Lodge (PBL) and (2) North Norfolk 2 (NN2), both services are being covered with agency and bank staff to ensure patient safety.
- On PBL recruitment has taken place for staff from Band 3 – Band 6. This has involved some temporary workers becoming substantive, the Golden Ticket approach and the recruitment of a Clinical Lead to work alongside the Ward Manager to upskill the staff. An Establishment Review will also be undertaken to ensure the staff have the correct skill mix.
- The Enhanced Support Team is making an impact providing high quality care where needed. The teams funding arrangements were highlighted, and it was noted that the team is currently not funded.
- The Effective Staffing Allied Health Professional (AHP) Report has identified that there are low staffing numbers on a Friday. This could be impacting discharges and admission avoidance. There will be an Establishment Review of AHP staffing on the Rehabilitation wards.

Committees in Common

Learning from Deaths

It was reported that:

- The first Learning From Deaths joint meeting occurred in July.
- In NCHC there were 13 Learning from Deaths incident reports.
- In CCS teenage suicides had been reported, and staff have been supported.
- Work will be continued to ensure recording on the CCS CDOP (Child Death Overview Panel) SystemOne template is complete.
- Work will continue to support staff attending Coroner's hearings.

Professional Education Annual Report 2024/ 2025

- The report highlighted the strong education and development opportunities for staff in both organisations. This is evidenced in the Preceptorship Interim Quality kite mark.

- One of the educational challenges is in placement capacity, there are unused placements with the focus being the last-minute cancellation of placements by universities. Digital platforms are being used to track and monitor when learners are cancelling placements. The aim is to mitigate this by moving provision across universities. In terms of successes CCS has installed a dashboard to capture local feedback from learners in a range of services.

EPRR (Emergency Preparedness, Resilience and Response) Core Standards

- The national requirements for the EPRR annual assurance process 2025/ 2026, including the EPRR core standards assessment submission, were published to the Integrated Care Board (ICB) Accountable Emergency Officers (AEOs) on 3 July 2025. NHS England have decided not to undertake a deep dive during this round of assurance and to not have any regional focus areas.
- The existing EPRR core standards for both Trusts have therefore been reviewed in full by the AEO and EPRR teams and assessments updated to reflect the implementation of workplans to date. The outcome of these updated assessments and workplans are scheduled to be received for approval at the Resilience Steering Group (CCS) and the EPRR Tactical Group (NCHC) during September and then discussed at the appropriate Local Health Resilience Partnership (LHRP) Peer Review sessions.
- Following this the assessments will be updated and finalised in advance of the submission to the local ICBs for the Check and Challenge meetings (yet to be scheduled), submitted to the Quality Committee for approval on 2 October 2025 and received for noting at the Group Board Public meeting on 19 November 2025.
- Within NCHC, Business Continuity Plans have been updated, and it was noted that staff need training to enact those plans.

Risks and Issues

An overview of the Risk and Issues Registers was provided.

It was emphasised that the risks must be aligned with the information being presented to the Quality Committee. If data and reports are highlighting issues that are not on the Risk Register, then the two are not aligned.

Key escalations

There were no escalations to the Group Trust Board.

Key matters to note:

- NRS equipment position.
- EPRR timelines and dates.
- Prevention of Future Deaths/ Regulation 28.
- Priscilla Bacon Lodge staffing and mitigations.
- The new AHP staffing report.
- Safeguarding Level 3 training.