East of England
Community Health and Care
NHS Trust

Key Matters and Escalation Report to the Trust Board

Name of Committee: Quality
Chair: Anna Gill, Non-Executive Director
Meeting Date: 28 May 2026

Key matters

The Committee received the following reports:

1. Current Quality Position

Verbal report

Quality Assurance and risk visibility was discussed, alongside the organisation's quality assurance processes, the importance of multi-level governance, transparency, and a culture of incident reporting was identified, with reflections on risk visibility, understanding how we ensure we are sighted on the unknown, and assurance levels being noted. The following were also highlighted:

Pressure Ulcer Management: work to improve wound categorisation, incident management, and national best practice adoption was discussed, which will link into the community nursing and therapies transformation planning.

Infection Prevention and Antimicrobial Stewardship: efforts in commode cleaning audits, equipment maintenance, and antimicrobial resistance objectives, including training, appropriate prescribing, and virtual ward practices were noted.

2. Quality Strategy and People Strategy Closure and Future Priorities

Assurance level: Substantial.

The closure of the legacy CCS three-year strategy for both quality and people were presented, all the objectives within the quality domain had been achieved, or were now business as usual, except for the integration of the medical examiner's role within the learning from deaths processes. This was noted as an on-going piece of work.

Most of the actions within the people strategy had been achieved, with some being closed due to changing national plans and priorities, any outstanding objectives have been moved into the current year's implementation plan. It was noted that the first draft of the inclusion plan will be taken to the People Participation and Equality Committee in July.

3. Quality Assurance Group (Q4)

Assurance level: Reasonable

The Quality Assurance Group's progress was reviewed, noting reasonable and substantial assurance from its reports, while discussing risks such as legacy process variation, wound care, and transfer of care issues, with actions underway to address communication and palliative care medicines access. Partial assurance was highlighted in the Infection, Prevention and Control and Safety Group reports due to mitigation actions not being fully embedded. Ongoing work around violence and aggression was noted especially around letters of expectation, staff support and training.

4. Safer Staffing Report (Q4)

Assurance level: Reasonable

The safer staffing for nursing and allied health professionals report focussed on headroom increases, Clinical Support Worker (CSW) recruitment and retention,

enhanced care needs, and system-wide workforce planning, with Establishment Review recommendations already reviewed and approved by the board.
Report for noting only as had been to Board in May 2026.

5. Learning from Deaths (Q4)

Assurance level: Substantial

The learning from deaths report, highlighted:

- Learning from Deaths Process: there has been a review of all unexpected deaths and structured judgment reviews, with plans in place to shift focus from individual cases to broader learning.
- Health Inequalities and Community Engagement: A co-production led study in Luton highlighted the need for better communication about palliative care in Asian Pakistani populations, prompting further work on health inequalities and demographic analysis.
- There are plans to expand death reviews to Norfolk adult community settings within 12 months, benchmarking with other regions, and ensuring unexpected and expected deaths are reviewed via learning huddles.

6. Medication Management (Q4)

Assurance level: Reasonable

The medication management paper highlighted improved pharmacy coverage, electronic prescription service pilots, controlled drug incidents and the mitigation plan to reduce risk e.g. rolling out CCTV, and the need for patient support in home medication management following ICB service changes.

7. Data Quality Group (Q4)

Assurance level: Reasonable

It was noted that this is a new and updated forum which is co-chaired by the Chief Nursing and Allied Healthcare Officer and the Chief Information Officer, it will be focusing on ensuring high-quality data for patient care and on having the correct data for internal/external reporting, with initial meeting discussions identifying training needs, system documentation challenges, and lessons learned from national operating framework errors.

8. Safeguarding Group (Q4)

Assurance level: Substantial

Several areas were highlighted from the report:

- Revised training approaches and embedded audit procedures have improved staff competence, with communications campaigns addressing spikes in non-accidental injuries and learning from Safeguarding Adult Reviews incorporated into practice.
- There are tentative conversations underway to align future safeguarding roles and responsibilities with new ICB structures and neighbourhood models.
- In relation to recurring child harm themes, it was noted that there is a need for proactive, cyclical quality improvement in growth monitoring and child harm prevention alongside embedding regular audits and training to address recurring issues.

9. Palliative and End of Life Medication Management

Assurance level: partial

The report referenced the challenges in palliative care medicines access, with actions underway to expand community death reviews. The ongoing issues with out- of-hours

access to palliative care medicines were defined, alongside the potential for the development for a hub to support this issue.

10. **Infection Prevention and Control (IPaC) (Q4)**
    Assurance Rating: Partial
    The following issues were discussed: A persistent non-compliance in commode cleaning and hand hygiene audits was noted, with multifaceted causes. Targeted support is now being put in place, including champion roles and accommodation changes to improve equipment separation. Outbreak Management of legionella detection at Ogden Court was highlighted, including bed closures, faucet replacements, and increased testing, with proactive risk management and collaboration across estates and IPAC teams.

    The trust maintained zero MRSA bacteraemia and exceeded national flu vaccination rates, with ongoing collaboration with UK Health Safety Agency and system partners, and active mitigation for clostridium difficile and water safety issues. Additionally, the iGAS position across Norfolk was highlighted, with mitigations and next steps being identified.

11. **Patient Safety Incident Response Framework Plan 2026-2027**
    The report was noted, as this was approved by Board on the 1 April 2026.

12. **Quality Accounts**
    Clinical Audit 25/26 & Effectiveness Annual Report audit plan 26/27 – Cambridgeshire Community Health and Care Trust (CCS).

    NCHC Annual Report for Clinical Audit 25/26 and audit plan 26/27 – Norfolk Community Health and care Trust (NCHC).

    It was highlighted that both Quality Accounts had been circulated for comments prior to the meeting, with comments being included. The reports were approved, with the understanding that the stakeholder comments have not yet been included. These will go to Board in July for noting, as the documents need to be published by the 30 June 2026.

13. **Clinical Audit (CCS and NCHC)**
    Assurance level: Substantial for CCS, Reasonable for NCHC.
    Clinical audit progress in Legacy CCS and Norfolk Adults was reviewed, noting improved audit quality, increased completion rates, and plans for alignment. It was highlighted that education around audit and pre-audit meetings have enhanced audit quality. Plans are in place to align audit processes across the new trust. This will include adding new audits based on risks, integrating Datix tracking, and establishing a trust-wide clinical audit forum to increase engagement and consistency. In the NCHC report it stated that all the national audits had been completed, this was noted as an error with one of the audits not being undertaken.

14. **Patient Experience & PHSO Annual Report 25/26: CCS and NCHC**
    Assurance Rating: Substantial for CCS, Reasonable for NCHC
    Both annual patient experience and complaints report for Legacy CCS and NCHC were reviewed, noting positive feedback, decreased formal complaints, ongoing merger of processes, and targeted actions to reduce complaints related to waiting times and communication. Additionally, the teams were looking to continue collecting and

analysing demographic data on complainants to better understand underrepresented groups and encourage feedback from older populations.

15. **EIA/QIA Annual Report**
    Assurance level: Reasonable
    The annual summary of Equality and Quality Impact Assessments for 2025-26 were presented, detailing the number of projects on the Verto system, the process for sign-off, and plans to improve reporting by including off-system assessments in future reports.

16. **CQC Response Summary**
    Assurance level: Reasonable
    The December 2025 CQC self-assessment results were discussed, the areas requiring improvement were noted, the need for stronger evidence was highlighted, and preparations for a new CQC assessment framework were identified, which will include enhanced peer review and evidence sampling.
    It was reported that all but one former CCS service maintained or improved their ratings, with 79% rated 'good' and 18% 'outstanding', while three services rated themselves as 'requires improvement,' these all have robust improvement plans in place. Challenges identified included staffing and capacity, medicines optimization, care variation, waiting times, and underdeveloped use of patient-reported outcome measures, with a focus on ensuring self-assessment scores accurately reflect current performance.

    A new requirement for stronger evidence to support self-assessment narratives was highlighted, this will be supported by the introduction of twice-weekly staff drop-in sessions, and the extension of peer reviews to additional teams. Norfolk Adults completed this process for the first time, it was noted that as confidence in the tool grew, there would be some changes to these ratings going forward. The confirm and challenge meetings will be co-chaired by the Director of Norfolk Adult services so we can start to see the good practices and gaps in service delivery.

    Additionally, the Quality Team are working on a framework to support the CQC inspection process, this includes a Communication Plan, Standard Operating Procedure, Staff booklets and CQC roadshows.

17. **Key risks and issues including the Annual Review of Quality Risks 25/26**
    Assurance level: Reasonable
    The current risk register and annual review was presented, highlighting seven risks scoring 12 and above, with no risks at 15 or higher, there is ongoing work to consolidate risk data, and a shift in focus towards actions and mitigation timelines, with no risks currently causing significant concern. It was noted that the Emergency Preparedness Resilience and Response (EPRR) risks align with national and regional registers, with seasonal risks such as heatwave and winter weather being added or removed as appropriate.

Key escalation

There are no escalations to the Board.

For noting the Committee approved the Quality Accounts for both legacy organisations on behalf of the Board.

Key risks and issues

There are no risks rated **15 and above** and no issues rated as **catastrophic**.

Good practice or innovation

The Chair and Chief Nurse and AHP Officer emphasized the value of assurance mapping and the benefits of integrated working across the trust, with assurance bubbles and mapping tools being shared to support accountability and oversight.