

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

**Name of Committee:** Quality Committee

**Chair:** Njoki Yaxley

**Meeting Date:** Thursday, 05 February 2026

### Key matters:

The following reports were received:

### Cambridgeshire Community Service (CCS) NHS Trust

#### 1) ***Patient Reported Outcome Measures Report (PROM):***

The report provided an overview of why the PROM is important and the benefits it brings to the patient/ carer, it also highlights that PROM is in the 10 year NHS plan and that it will need to be implemented across the Trust by 2029. The PROM position across CCS, was described via a maturity matrix, with only 17 services in the early/ substantial or established phases. The Communities of Practice approach to implementation will remain in place, the plan will be reviewed and will become a Trust wide approach (post-merger). It was agreed that future reporting would be within the Service Assurance Committees, with an overview to the Quality Committee.

**Assurance level: Partial**

#### 2) ***Harm Review Quarter 1 and 2:***

The Harm Review paper identifies any services that have triggered a 'Harm Review' for those that have been on a waiting list for a pre-defined period. It was noted that there were 65 incidents where a Harm Review was instigated, all of these at the point of review were identified as low or no harm. The Committee noted that:

- The waiting time trigger points need to be reviewed to ensure they are still appropriate.
- That we need to review harm from an inequality lens as well as the 'harm' lens.
- The Trust needs to have a process (via the Federated Data Platform) to identify who are on multiple CCS waiting lists and identify harm from these waits.
- The next paper should have a highlight on those waiting on the Neurodiversity waiting lists.

**Assurance level: Reasonable**

#### 3) ***Patient Experience and Participation Quarter 1 and 2:***

The report stated that all areas receive over 90% of positive friends and family responses, except for the Mental Health teams in Norfolk (a plan is in place to improve this position). There has been an overall reduction in enquiries into the Trust and a small increase in informal complaints. The top themes for complaints into the organisation remain the same as the last reporting period, but there are no emergent themes. The Trust has had no referrals accepted by the PHSO (Parliamentary Health Service Ombudsman).

**Assurance level: Reasonable**

## Norfolk Community Health and Care NHS Trust (NCH&C)

### 4) ***Safer Staffing and Allied Health Professional (AHP) Report:***

The Committee noted that there was some new information in the report, which will align it to the national guidance, alongside a gap analysis, which highlights the areas of development the Trust has in relation to the Safer Staffing process (as defined by NHS England). Staffing generally is stable with some areas of need in North Norfolk, in relation to sickness and morale. The AHP report is still to be developed, however the leads are starting to look at roster rationalisation, and the quota of AHP colleagues working within the rehabilitation wards, so that patients receive an equitable service.

The national Community Nursing Tool has been piloted in the North teams, however it has been identified that as it's a paper based tool, the time taking to complete the work is higher than the capacity available from within the team. The accuracy of the outcome of the pilot, is also being challenged.

**Assurance level: Reasonable**

### 5) ***Establishment Review:***

This report was seen at Committee for noting only, as the paper has already been presented at Board.

## Papers in Common:

### 6) ***Quality Assurance Group Assurance***

The Committee noted that this is a new meeting, a consolidation of both quality subgroups from the two organisations, the purpose of the meeting was explained and that there is an escalation and assurance process that will feed into the Quality Committee. From the topics covered in the meeting, several positive practices and outcomes were noted, however there are no formal escalations.

The assurance level is to be decided for this meeting as the two organisations have a different way of recording this.

### 7) ***Care Quality Commission (CQC):***

The report was presented for noting only, as it had already been seen at Executive Group and the relevant Service Assurance Committees.

### 8) ***CQC Statement of Purpose:***

The updated Statement of Purpose was presented to the Committee, the changes made were highlighted. It was noted that this document had been approved by the Board in January.

### 9) ***Learning from Deaths Report Quarter 3:***

The Committee noted that all in-patient deaths and HIV related deaths are reviewed, alongside 10% of all deaths that occur in the Luton Community nursing space. It was highlighted that the Group have had 2 workshops where aspects of Learning from

Deaths have been reviewed, this has included external stakeholders and speakers. The Committee requested the following:

- That the deaths in the community in Norfolk start to be reviewed, with initial reporting coming into Quarter 4.
- That colleagues who are working alongside young people who are end of life, are provided with the psychological support needed for them to provide the appropriate care.
- The psychological support is added into the Trust's future Health and Wellbeing plans.
- That joint working/ benchmarking continues with other organisations. It was noted that the organisation is involved in all the relevant Integrated Care Board (ICB) learning from Death conversations.

**Assurance level: Substantial**

**10) Safeguarding Report Quarter 3:**

It was highlighted that supervision practice for Children's Safeguarding was over 90% in CCS and at 90% in NCH&C, this is an important supportive mechanism for colleagues who are working with families, children and adults who require safeguarding. An update was provided on the merging of the two safeguarding teams under a single leadership model, as part of the merger. Additionally, the work NCH&C have been undertaking around Domestic Abuse safe enquiry guidance was discussed, this is an ongoing project which is aiming to support clinicians to have difficult conversations.

**Assurance level: Substantial**

**11) Infection Prevention and Control Quarter 3:**

The ongoing issues with commode cleanliness audits were described, alongside the plan which is being overseen by the Deputy Chief Nurse to improve standards in this area. Bi-monthly oversight meetings are in place and extra training on commode cleaning have been provided. There have been no themes or reasons identified as to why the standards have fallen, but learning has been taken in relation to how quickly this issue should have been escalated and wasn't.

The staff flu vaccination rates were noted as CCS: 61.9% and NCH&C 59.2%, these figures are both an improved position on last year. Additionally, the Committee was sighted on the FiT testing plan for NCH&C which had a low uptake, this is starting to improve due to a blended approach to testing, which is being managed by the Infection, Prevention and Control (IPaC) team and overseen by the IPaC Committee. The report also gave an overview of the current iGAS (Invasive Group A Streptococcal) position and the actions being taken, alongside system partners, to support patients and reduce transmission.

The Board Assurance Framework for IPaC was noted by the Committee, prior to it being received at Board.

**Assurance level: Partial** (reduced from reasonable at the meeting – see Key escalations below)

**12) Medication Management Report Quarter 3 (Including the Anti-Microbial Update and Audit Outcomes):**

It was noted that the two medication management meetings will be coming together in the future, so there will be one report for the next Committee. The risk in relation to Pharmacy leadership has now been closed, as the new Chief Pharmacist is now in post, and the risk/ issues in relation to accessing TB (Tuberculosis) and ADHD (Attention Deficit Hyper-activity Disorder) medications have also been resolved. There is still however a need to focus on end of life care prescribing across the system, a deep dive/ spotlight into this topic will be reviewed at the next Committee. Internal work around end of life prescribing has been progressed, but there is more to do with partners around appropriateness and timeliness of this activity.

**Assurance level: Reasonable**

An update was provided in relation to the letter received from NHS England in November 2025 around Anti-Microbial Resistance, 2 key actions have been identified:

1. Training for Board members.
2. The development of 3 objectives that are published and are reported on/ monitored at Quality Committee/ Board.

**13) Antimicrobial Stewardship Report 2024-2025:**

It was noted that NCH&C sustained high levels of compliance with systemic antibiotic prescribing standards, with the overall audit performance rising to 99%. Documentation of indication and the 48 hour reviews (due to Advanced Practice cover, sometimes wards are unable to meet this deadline) continue to improve yearly, and formulary adherence remained positive. It was highlighted in the report that topical antimicrobials were included within the audit process, with an area for improvement identified in relation to medication documentation and review.

**Assurance level: Substantial**

**14) Annual Appraisal and Revalidation Report – CCS and NCH&C**

It was highlighted that following a review of the process, a few amendments needed to be made, which have now been implemented.

**15) Service Visits Bi-Annual Report Quarter 1 and 2:**

Eleven service visits have been co-ordinated by the Communications team, within the 2 Quarters, with feedback being collected and shared across the teams, however many more visits are being conducted whereby feedback is not collated. The Communications team will therefore be talking to all the Directors to see where they would like to visit and base the plan on their requirements.

**Assurance level: Substantial**

### **Key escalations:**

- [No action is required from the Board]  
Infection Prevention and Control - the assurance level for Quarter 3 was reduced to **Partial** due to the commode and hand hygiene results in NCH&C, alongside a lower-than-expected level of compliance with FiT testing across both organisations. Plans are in place to address this and progress will be reported to the committee.

For Board to note the following:

- There will be a spotlight on accessing end of life medication at the next meeting – in line with the continued challenges patients and carers are facing.
- The requirements set out by NHS England in relation to Anti-Microbial Resistance.
- That the Harm Review trigger points in CCS, will be reassessed and realigned where appropriate.

### **Key risks and issues:**

The risks and issues were discussed at the Committee, with no changes being requested.

There are no risks linked to the Committee that are 15 and above, there are 5 risks which sit at 12.

### **Good practice or Innovation:**

- The Committee welcomed the position paper on PROMs and acknowledged that this would be a Trust wide project from April 2026 (CCS).
- The Committee welcomed the new Quality Assurance Group and recognised that there was no formal escalation into the Quality Committee.
- The overall audit outcome for anti-microbials was highlighted at 99% compliance (NCH&C).
- The Safeguarding and 0-19 teams Christmas safety campaign on social media receiving 100,000 views across the geography (CCS).