

Key Matters and Escalation Report to the Trust Board

Name of Committee: Quality

Chair: Anna Gill, Non-Executive Director

Meeting Date: 13 August 2026

Key matters

National Quality Strategy

An overview of the strategy was provided to the Committee this included:

- This is a new strategy published in July 2026, with the purpose of ensuring all patients that use NHS funded services receive consistent high-quality care.
- The strategy has 3 core domains; safety, effectiveness and experience (patient, staff and learner).
- There are no new sets of requirements or initiatives within the strategy, it focusses on delivery of the 10-year plan, service frameworks and other national initiatives e.g., implementing the NHS patient safety model.
- The document identifies core responsibilities that providers must put in place to deliver the strategy (alongside 10 enablers) these are; effective quality governance, compliance with regulatory frameworks, a focus on leadership, culture and engagement.

A gap analysis against the strategy is being undertaken, which will be reported back to the Committee in November.

Current Quality Position

- **Pressure Ulcer Management:** a number of initiatives were highlighted inclusive of the new PURPOSE T model which has been rolled out, datix reporting is now aligned to national best practice (and evidence of wound categorisation changes are starting to be seen), a new wound care dashboard is in place which is updated weekly and will be sent to Places for internal review and discussion, a new model for the Tissue Viability Team and Leg Ulcer clinic service has been undertaken and agreed.

A different way of monitoring deferrals is being considered alongside the outcomes of a 4-week test and learn project for patient experience. It was noted that compliance to national best practice for reporting wounds, may increase the number of category 3 wounds that are being put on datix. The initial 3-month sprint work is ending; however, the teams have a solid foundation to start building a new approach to wound care.

- **Violence and Aggression Prevention:** the Trust action plan has now been agreed; this was co-produced with colleagues and our staff networks. Staff side have also been involved in the sign off process. The plan covers everything from checking panic alarms work to training and development requirements. Additionally, as part of the national 'ask' a strategy will be developed via a task and finish group.

Quality Assurance Group (Q1)

The Quality Assurance Group's progress was reviewed, noting reasonable and substantial assurance from its reports, while discussing risks such as legacy process variation especially around document control, merging policies (time and resource) and safety governance. There has been a clear focus on safety processes in Quarter

1, this has culminated in the joining of the 2 legacy organisations safety groups (this is now a twice weekly meeting) and a new coroners process.

Reasonable assurance was noted in the Audit and Effectiveness report, whilst the teams continue to merge approaches and partial assurance was highlighted in the Infection, Prevention and Control and Safety Group reports (see above) due to elements of partial compliance in the Board Assurance Framework, commode audit outcomes and the embedding of the Anti-Microbial plan.

The Deprivation of Liberty audit showed a low compliance rate, this is an issue however a plan is in place to improve the Trusts position.

Assurance level: Reasonable

Safer Staffing Report - Nursing (Q1)

The safer staffing for nursing report focussed on implementing sustainable pathways into Community Nursing for learners and those already with a qualification/interest, Clinical Support Worker (CSW) recruitment and retention and the increased dependencies of patients. The increased headroom plan was discussed; however, this has only funded one additional CSW on a small number of units. It was noted that recruitment processes need to be reviewed, as a recent advert attracted 400 applicants, some of whom did not potentially meet the criteria. In community teams, it was highlighted that our colleagues undertake extra hours to support patients, and that there are pockets of high sickness rates which is adding pressure into services.

Assurance level: Reasonable

Safer Staffing Report (Norfolk Adults) – Allied Health Professionals (Q1)

The Allied Health Professional's (AHP) workforce is stable, there has been a decrease in unavailability and sickness and a decrease in bank usage, vacancy rates have slightly increased. In Quarter 2 the report will include data from Luton, Bedfordshire, Cambridgeshire and Peterborough, alongside this the new national guidance for AHP safer staffing may have been published, which will support the development of the document and the Trusts internal reporting process.

Assurance level: Reasonable

Learning from Deaths (Q1)

The learning from deaths report, highlighted:

- The recent review of incidents in end of life and palliative care, which was triangulated with any complaints received.
- A focus and case study on a complex care patient, which highlighted some good practices and compassionate care.
- The changes made to the coronial process, and the current focus on improving the submitted witness statements.
- Assurance that learning from inquests and reviews is shared across the Trust.
- A new Learning from Deaths policy is being developed.
- Current focus in Luton Adults is around having early conversations with patients with long term or palliative conditions about longer term decision making.

Assurance level: Substantial

Medication Management (Q1)

The medication management paper highlighted the new process for disseminating learning following the medication management meeting, that policy review is on-going and there is a renewed focus on Anti-Microbial Stewardship, with a spotlight paper going to Board in September. Control Drug (CD) reporting will be discussed at Board in January 2027. There has been increased scrutiny in relation to CD's following some incidents in Norwich in-patients, this has included new reporting and checking arrangements.

Assurance level: Reasonable**Data Quality Group (Q1)**

It was noted that this is still an evolving group, however it is starting to review and learn from a number of 'hot topics' including the National Oversight Framework reporting requirements (and the need for reliable, accurate data) and the incomplete RESPECT (Recommended Summary Plan for Emergency Care and Treatment) paperwork, that patients are bringing with them, that have been completed by other organisations.

Assurance level: Reasonable**Harm Review Report**

Several services are now undertaking harm reviews within Systm1, further work has been completed on the template with national indicators now added. Work is underway to identify the services in Norfolk Adults and Children's where this requirement would be needed. Most incidents that trigger a harm review are logged as no or low harm, with any that are moderate and above being assessed through the patient safety incident process. An emerging theme is starting to appear around falls, when patients are waiting for therapy intervention.

Assurance level: Reasonable**Waiting Well Report**

This is the first report for waiting well. In Quarter 1 the Quality team audited services to understand what teams are doing to ensure people are waiting well. During the audit the new NHS minimum standards were released, so work is underway to map the internal results against the standards. Following this a new policy and process will be developed.

Assurance level: Reasonable**Safeguarding Group (Q1)**

Several areas were highlighted from the report:

- That the Safeguarding team is now established and is working well across the Trust.
- The audit plan is on track.
- The new safeguarding advice line has been well received and is being well utilised.

Assurance level: Substantial**Infection Prevention and Control (IPaC) (Q1)**

The following issues were discussed: over the past quarter there have been concerns raised with the water supply in Ogden Court and whilst this is in hand, it is still work in progress, the igas (Invasive group A streptococcal) infection is now being overseen by the Integrated Care Board, where the Trust attends weekly oversight meetings. All requested actions from these discussions have been implemented except for a car audit (this is in development). The IPaC Board Assurance Framework has been reviewed, and a small number of areas remain partially compliant, with one of these being linked to another organisation (which is out of the Trusts control). The Committee also discussed the recent commode audit outcomes which had declined, it was noted that clinical colleagues are feeling overwhelmed with the demand on the wards (acuity/ capacity/ complexity of patients) and are prioritising patient care/ call bells rather than the equipment. The leadership team for

Norfolk Adults are going to review the current approach and see what other options there are.

The on-going work linked to Anti-Microbials was noted, with a focus on fully embedding training.

The TB (Tuberculous) team have been commissioned to provide an updated specification across Norfolk, alongside East Coast Community Trust, the development work for this new way of working is due to start in August. It was noted that the risks around TB medication supply and team capacity are highlighted on the risk register, with mitigations in place.

Assurance Rating: Partial

Service Visit Update

This report was noted, and the Committee were asked to forward teams that would like a visit to the Communications Team

Key escalation

There are no formal escalations to the Board.

Key risks and issues

There are no risks at 15 or higher.

Good practice or innovation

The Committee was briefed on the new national Quality Strategy, the Fuller Report and the Ockendon Nottingham Maternity report, with the actions from these being tabled on the November meeting agenda.