

# Quality Account 2025-2026





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## Map of Trust Geographical Area and Summary of Services

### Bedfordshire and Luton Services

- District Nursing / Community Matrons
- Neuro-Rehabilitation
- Specialist Nurses / Long Term Conditions
- Special Care Dentistry Service (Oral Health Promotion only)
- Sexual Health and Contraception Services
- HIV Services
- Health Visiting
- School Nursing
- Therapies
- Community Nursing
- Audiology
- Community Paediatricians
- Children's Rapid Response
- Continuing Care

### Cambridgeshire and Peterborough Services

- Special Care Dentistry Service, Dental Access Centre and Minor Oral Surgery
- Musculoskeletal Services
- Sexual Health and Contraception Services
- HIV Services
- Health Visiting
- School Nursing
- Therapies
- Community Nursing
- Audiology
- Community Paediatricians
- Family Nurse Partnership
- Emotional Health and Wellbeing Services



### Norfolk Services

- Special Care Dentistry Service (Minor Oral Surgery only)
- Sexual Health and Contraception Services
- HIV Services
- Health Visiting
- School Nursing
- Speech and Language Therapy
- Family Nurse Partnership
- Emotional Health and Wellbeing Service

### Essex Services

- Supervised tooth brushing in early years only

### Milton Keynes Services

- Sexual Health and Contraception Services
- Continuing care

### Suffolk Services

- Special Care Dentistry Service (excluding Dental Access Centre), Minor Oral Surgery

Please note that Cambridgeshire Community Services does not deliver NHS dentistry for the general population

## Part 1: Information about the Quality Account

### Statement on quality from the Chief Executive

#### **Welcome to the 2025/26 Quality Account for Cambridgeshire Community Services NHS Trust.**

This Quality Account marks a significant moment in our history, as it will be the final report we publish as Cambridgeshire Community Services NHS Trust (CCS). From 1 April 2026, our people and services will come together with Norfolk Community Health and Care NHS Trust (NCH&C) to form a new organisation: the East of England Community Health and Care Trust (EEC).

As we look back, we do so with genuine pride. Across the last year, and throughout our wider history, CCS has maintained an unwavering focus on delivering compassionate, high-quality care. This same commitment will shape the work we take forward into the new Trust in the years ahead.

One of the defining strengths of CCS has been the power of the patient voice. Our co-production approach ensures that people with lived experience help design, influence, and improve the services they use. Over the past year this has flourished: from the impactful work of our dental services and their working group to the introduction of new lived experience experts, to the new youth participation group in Bedfordshire and Luton. We have even co-produced our co-production strategy itself—an approach that embodies our values in action.

Our Quality Improvement (QI) methodology continues to empower teams to understand how services work and how they can be better. QI projects across the Trust have led to smoother patient journeys, reduced waiting times and innovative solutions that support high-quality care. Learning from these projects is shared widely—through our monthly online QI Showcase sessions and our highly attended, interactive QI Fest, which brought together hundreds of colleagues. The enthusiasm and creativity our staff show in striving for improvement is inspiring, and it underpins the progress we are making.

Ultimately, the most important measure of quality is the experience of the people we serve. It is therefore extremely encouraging that once again our service users have provided highly positive feedback, with 95.09% telling us that our service was good or very good.

There are many other indicators that show we are on the right path: strong patient outcomes, a workforce who feel confident to raise concerns, and leaders who actively seek assurance by spending time in services and listening to staff and patients. We also recognise that we do not always get things right, and that continuous learning is essential. Our commitment to improvement—honest, reflective, and evidence-driven—remains central to our approach.

As we transition into the new Trust, this dedication to delivering outstanding, compassionate, and continually improving care will remain at the heart of everything we do. We look forward to working closely with our patients, partners and communities as we embrace the opportunities ahead and strive to make an even greater difference for the people we serve.

I can confirm on behalf of the Trust's Board that to our best knowledge and belief, the information contained in this Quality Account is accurate and represents our performance in 2025/26 and reflects our priorities for continuously improving quality in 2026/27.



A handwritten signature in black ink, appearing to read 'M. Winn', written in a cursive style.

Matthew Winn  
**Chief Executive**

## Statement from the Chief Nurse and Chief Medical Officer

We are delighted that this year's quality account demonstrates the achievements we have made together, and the impact of these changes on our colleagues, patients and carers. We know that our teams have been dedicated in their approach to provide high standards of care and treatment for those we serve and have worked tirelessly within our services and geographies to achieve this.

The Trust has been focussed on several areas this year in its efforts to ensure the quality of care we provide is evidence based, safe and holistic. We have further developed and embedded our Quality Improvement (QI) ethos and our 'Think QI' approach continues to engage our staff who have great ideas for transformational change. Changes to practice, particularly those that are transformational, are underpinned by a commitment to engage and co-produce.

In the past year we have expanded our co-production work and have connected with our communities to develop our new Clinical and Care Strategy, as well as ensuring the voice of our children and young people are captured and integrated into our thinking. We have ensured that the Patient Safety Incident Response Framework is our standard practice for responding to incidents, providing us with assurance that we are taking learning from issues and sharing best practice across our organisation. We have reviewed how we learn and how we disseminate learning and have aligned our processes with best practice.

As a Trust we continue to have the wellbeing of our people at the forefront of what we do, we were delighted that the staff survey results showed that our teams see the organisation as a great place to work, and whilst we recognise there is always more we can do, we were proud of our progress and the steps to improve our 'people's experience' which have been undertaken in the past year. This Quality Account demonstrates how much we have achieved in the last twelve months and how we have exceeded our plans and targets through hard work, passion and determination. We recognise there is more to do to ensure those who are waiting for assessment or treatment are supported and are seen as soon as possible, this will be a key focus for us in 2026/27.

Moving forward, we are excited to be merging with Norfolk Community Health and Care Trust on 1 April 2026 to form a new organisation, the East of England Community Health and Care Trust. As a joint Trust we will have many more opportunities to improve patient care and make a difference to our communities. Finally, we would like to thank everyone who has contributed and commented on this report and thank our teams for everything they give to our organisation and, for their enthusiasm and innovation to make a difference each day.



  
Dr Caroline Kavanagh  
**Chief Medical Officer**



  
Kate Howard  
**Chief Nursing and AHP  
Officer**

# About the Quality Account

A Quality Account is a report that NHS healthcare providers publish every year. It explains how well we are doing at providing safe, effective, and high-quality care. The purpose of the report is to help our organisation look closely at the quality of all the services we provide and to share this openly with the public.

Quality Accounts give our leaders, clinicians, and staff a chance to show how we improve our services, what progress we've made, and where we are focusing our efforts next.

Our Quality Account is split into three parts:

## Part 1

Statements about our quality from the Chief Executive, Chief Nursing and AHP Officer and Chief Medical Officer.

## Part 2

Priorities for the Trust to improve the quality of our care during 2026/27.  
Statements about the quality of services provided by the Trust which also allow readers to compare us against similar organisations.

## Part 3

A review of quality performance. This demonstrates how the Trust has performed throughout 2025/26.

## Part 2: Priorities for Improvement and Statements of Assurance

### Quality Improvement Priorities for 2026/27

As we move into 2026/27, we look forward to beginning this next chapter as the East of England Community and Care NHS Trust. A new Clinical and Care Strategy will guide how we deliver high-quality, community-focused care to the diverse populations we serve across the East of England. This strategy aligns with the principles of the NHS *Fit for the Future* 10-year plan, supporting three major shifts:

- From hospital to community: expanding access to care in people's homes and neighbourhoods.
- From analogue to digital: using technology to reduce administrative burden and enable people to manage their care as easily as they manage other aspects of their daily lives.
- From sickness to prevention: identifying needs earlier and making healthier choices easier for all.

### Our Mission

To deliver great health and care services in our local communities.

### Our Values

- Integrity
- Compassion
- Inclusion
- Ambition

### Our Vision

Transforming lives and building healthier communities together.

To achieve this vision, our improvement priorities will focus on four core areas:

1. Best Start in Life – giving every child the foundations for lifelong health.
2. Support for Children and Young People with Complex Needs – ensuring coordinated, high-quality care across health, education and social care.
3. Neighbourhood Care – strengthening place-based, integrated care models delivered closer to home.
4. Unscheduled Care – improving responsiveness, safety and experience for people needing urgent community-based support.

Each priority has a comprehensive plan linked to it, which provides clarity in relation to specific timescales, actions, and outcomes.

Delivery of the strategy is underpinned by four Trust wide priorities:

- Putting people in control of their care
- Valuing our colleagues
- Working in partnership
- Innovating and transforming our organisation

Progress against the strategy is monitored through the Trust's governance arrangements and reviewed by the Trust Board.

### Delivering the Strategy in 2026/27

For 2026/27, the first year of the Clinical and Care Strategy will be achieved through:

- Annual service plans, which set out service level quality, performance and improvement commitments.
- Support service plans, aligned to the Trust's annual plan headings of People, Quality and Digital, which ensure that the foundations for safe, effective and sustainable care are in place.
- A compassionate, inclusive and skilled workforce supported through leadership development, wellbeing initiatives, harmonised policies and clear career pathways.
- Strong clinical governance, safeguarding, harm prevention and assurance processes across the organisation.
- Digital and data capabilities that improve access, safety, coordination and productivity, including patient portals, virtual care, automation and AI-enabled solutions.

Together, these plans inform the Trust's Quality Improvement Priorities, set out below.

### **Priority Area 1: People**

To have a compassionate, inclusive and skilled workforce that is supported to deliver high-quality, neighbourhood-based care and new models of service delivery. We know that safe staffing, improved staff experience and strong leadership are critical to maintaining quality and safety while implementing the Clinical and Care Strategy.

#### **Key Priorities for Improvement**

- Ensure staff are skilled, supported and engaged during a period of organisational change and service transformation.
- Building workforce capacity and capability to deliver community based, preventative and integrated care.
- Improve staff experience, wellbeing and retention.

#### **We will achieve this by:**

1. Embedding Trust values and behaviours across all services and people related processes following the merger.
2. Delivering inclusive leadership, supervision and competency frameworks that support developing new models of neighbourhood care, for a range of our services?
3. Supporting services to deliver workforce redesign within their annual plans, including reducing reliance on temporary staffing and developing advanced and extended clinical practice roles.
4. Investing in learning and development, including apprenticeships, advanced clinical practice, and development of digital skills to support transformed models of care.
5. Strengthening staff wellbeing, health and safety arrangements, including support for staff experiencing increased workload pressures linked to service recovery and transformation.
6. Strengthening delivery of the Violence Prevention and Reduction Standards to prevent and reduce the experience of violence and aggression across all staff groups.

### **Priority Area 2: Quality**

To deliver safe, effective and equitable care that improves outcomes, reduces unwarranted variation and responds to the needs and experiences of local communities. We know that quality and safety are central to all service plans and are monitored through robust governance and assurance structures, providing oversight to the Trust Board and commissioners.

#### **Key Priorities for Improvement**

- Address waiting times and access challenges across community and specialist services.
- Strengthen safeguarding, harm prevention and clinical governance across the new organisation.

- Improve consistency of outcomes and experience across all geographies.

**We will achieve this by:**

1. Supporting services to deliver their annual quality and recovery commitments, including reducing long waits and improving access to care.
2. Strengthening “waiting well” and harm review processes to ensure that risks for people waiting for care are identified, mitigated and monitored.
3. Aligning safeguarding policies, procedures and training across the Trust, with sustainable arrangements for specialist advice and on call support.
4. Expanding the use of patient reported outcome measures and patient feedback across services to monitor and improve patient outcomes.
5. Delivering a Trust wide Anti-Microbial Resistance plan in line with national requirements.
6. Developing and implementing a strategy to further meet the needs of patients and carers with dementia or experiencing mental ill-health.
7. Embedding quality impact assessments to ensure that productivity and efficiency schemes do not adversely affect patient safety or experience.
8. Strengthening learning from incidents, complaints and audits, ensuring that learning is shared across services and leads to measurable improvement.

**Priority Area 3: Digital**

To use digital technology and data to improve access, safety, productivity and patient involvement, while supporting staff to work more efficiently.

**Key Priorities for Improvement**

- Improve access to services through digital channels while ensuring equity for people who are digitally excluded.
- Strengthen the use of data to support proactive, population-based care and service improvement.
- Reduce administrative burden for clinicians.

**We will achieve this by:**

1. Expanding patient access through digital platforms, including patient portals, online booking, self-referral processes and improved information across services for children and young people, musculoskeletal services, dental services, contraception and sexual health services, and adult community services.
2. Supporting services to deliver digital commitments within their annual plans, including virtual wards, mobile working solutions, digital triage and remote monitoring.
3. Improving data quality, reporting and insight through national data platforms and service level dashboards to support decision making.
4. Implementing enabling technologies such as ambient voice technology, automation and advanced digital tools to release clinical time and improve productivity.
5. Ensuring that digital developments support neighbourhood working, integrated care and coordinated delivery across partner organisations.

Each priority is supported by detailed delivery plans with clear actions, timescales and outcome measures, and progress is monitored through the Trust’s governance and assurance framework.

## Statements of assurance

### 2.1 Review of services

During 2025/26, Cambridgeshire Community Services NHS Trust has been privileged to provide and / or sub-contract a wide range of community-based NHS services to people in their own homes or from clinics across Bedfordshire, Cambridgeshire, Luton, Milton Keynes, Norfolk, Peterborough and Suffolk as summarised on page 3.

Cambridgeshire Community Services NHS Trust has reviewed all the data available to them on the quality of care in 100% of the NHS services we deliver. The income generated by these services represents 100% of the total income generated from the provision of NHS services by the Trust during this 12-month period.

### 2.2 Learning from Deaths (LfD)

The first joint Learning from Deaths Group between NCHC and CCS met on 17 July 2025 under a revised terms of reference designed to support shared review of expected and unexpected deaths, quality of care and organisational learning, in line with National Quality Board (2017) guidance.

The group continues to review data and reports from Bedfordshire and Luton Adults Services, Integrated Contraception and Sexual Health Services, and Children's Services.

These reports are predominantly expected deaths, but where the deaths are unexpected the group reviews patient safety incident reports; coroners' recommendations; Child Death Overview Panel (CDOP) reports; learning from lives and deaths – people with a learning disability and autistic people (LeDeR) and relevant safeguarding reviews.

The group also reviewed:

- How our Learning from Deaths reviews spotlight on good practice and where it needs to improve.
- Learning from the medical examiner feedback.
- Review of national analysis of Safeguarding Adult Reviews (SAR)
- Learning from lives and deaths-people with a learning disability and autistic people (LeDER)

#### 2.2.1 Luton Adults (including Bedfordshire Brain Injury service)

CCS Luton Community adults

The number of expected deaths in the Luton Adults Service remains stable.

- Quarter 1- 83
- Quarter 2 -74
- Quarter 3 -68
- Quarter 4-70

Data that is captured from the Electronic Palliative Care Coordinating Systems (EPaCCS) system continues to show a discrepancy between people dying in their preferred place of care when compared with what is stated in their full clinical records. A previous review of these records across two quarters found that where this was discussed and recorded most patients had died in their preferred place of care or one suitable for their care needs at the time.

Work is continuing to support staff through training and by reflecting on real cases during handover huddles which are short meetings that take place when staff change shifts. During

these conversations, staff talk about a person's wishes and their preferred place of care. Staff are also supported to understand how to record this information clearly and correctly.

Age and ethnicity is reviewed in the data analysis. While most people cared for are predominantly over 70, there are number of younger people that presents different challenges for staff and additional support needed for both the patient family. Ensuring that there is a consideration of children's needs in these cases is vital.

A coproduction project that is working with Asian Pakistani communities about their awareness of support and care at home has finished. Key conclusions identified the need for better communication of what is available and how to access it. This work will link with the new Bedfordshire and Luton Palliative Co-ordination service, which provides a single point of access for all end-of-life care needs.

Each quarter 10% of records are sampled of those who died. These reviews highlighted examples of:

- Good collaborative working across community services, GPs, Ambulance service to support people at home.
- The challenges of conflicting individual patient preference about place of care and death and those of the family.
- Good practice with use of translation services to underpin care and planning.
- On going challenge of keeping records up to date about people's care wishes and suitable reporting.
- Specialist services require further education about recording of advance care plans and starting these.

There were two unexpected deaths in Luton community services, internal review found no concerns with care delivered.

There were two unexpected deaths of people cared for the brain injury service. Both were unrelated to care delivery and internal reviews noted good care and practice.

## **2.2.2 Integrated Contraception and Sexual Health Services**

### **Deaths of people with Human Immunodeficiency Virus (HIV)**

Deaths of people with HIV are reported nationally via the National HIV Mortality Review (NHMR). To support this, these deaths are reviewed by the service through a Structured Judgment Review and discussed at the HIV multidisciplinary team reviews.

There were 17 deaths of people living with HIV in this year. All cases were reviewed using a Structured Judgment Review and discussed at the HIV multidisciplinary team reviews. One of these related to HIV care and treatment provided by the Trust and is being reviewed internally, with a referral made for consideration as a Safeguarding Adult Review (SAR). The patient had complex health and social care needs alongside their HIV diagnosis.

### **2.2.3 Child deaths**

There were 22 expected deaths within the CCS Children's Community Nursing teams. These cases had advance care plans in place and evidence of collaborative working with the local children's hospices. The use of the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) advance care planning document had supported end of life care planning in most cases. Where this was not present, this was linked to the place of care (hospital) or the family's readiness to make these plans.

## 2.3 Participation in clinical audits and National Confidential Enquiries

During 2025-2026, the Trust undertook an extensive programme of clinical audits which were determined from sources including national audits, the National Institute for Health and Care Excellence (NICE), Care Quality Commission (CQC) outcomes, service improvement, incidents and complaints. The outcomes from all audits are reported through the Trust's governance structures to offer assurance to the Board and to ensure Trust wide learning is shared.

Between April 2025 and March 2026, there were four national clinical audits and no national confidential enquiries which covered NHS services provided by Cambridgeshire Community Services (CCS) NHS Trust.

During that period, the Trust participated in 100% of national clinical audits. None of the national confidential enquiries were applicable to the Trust, therefore not eligible to participate.

The national clinical audits that the Trust was eligible for and those it participated in between April 2025 and March 2026 are shown in the table below. In addition to this, Bedfordshire and Luton Children's Services retained their gold accreditation for UNICEF (United Nations Children's Fund) Baby Friendly Initiative.

Audit	Participation	No. of patients
SSNAP (Sentinel Stroke National Audit Programme) Stroke Audit	Yes	Beds Neuro Services: 122 adult Patients.
National Pulmonary Rehab Audit	Yes	108 Adult Patients.
Intrauterine Contraception UK National Benchmarking Audit	Yes	ICaSH Services:100 adult patients.
UNICEF Health Visiting Baby Friendly combined audit	Yes	153 Families and 140 Practitioners

The reports of three national clinical audits were reviewed by the provider in 2025-2026 and the Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audit	Actions
HQIP National Audit: SSNAP Stroke Audit	<ul style="list-style-type: none"> <li>Implement improvement plan for 6-monthly reviews and locked into discharge on SSNAP.</li> </ul>
National Pulmonary Rehab Audit	<ul style="list-style-type: none"> <li>Increase participant numbers in group from 10-12, introduce afternoon sessions to give patient choice. Submission in support of accreditation.</li> </ul>
Intrauterine Contraception UK National Benchmarking Audit	<ul style="list-style-type: none"> <li>Reviewing and recording health risks with patients continuing the method. High standards achieved for obtaining an up-to-date medical history. This is key to safe prescribing.</li> </ul>
UNICEF Health Visiting Baby Friendly combined audit	<ul style="list-style-type: none"> <li>Update the 6–8-week training delivered to Community Nurse Nurses to ensure discussions for introducing solids, remains a priority.</li> <li>Relaunch Free to feed on digital platforms for businesses.</li> <li>Breast feeding and returning to work training and venue packs. Safe sleep training for staff.</li> </ul>

### National Confidential Inquiries

There is currently one National Confidential Enquiry:

- The National Confidential Enquiry into Patient Outcome & Death (NCEPOD).

The Trust did not participate in the above during 2025/26 as it is not relevant to the services we provide.

### **Summary of all clinical audit activity for 2025/26**

Clinical audit is a quality improvement process that seeks to support improved care to the people who use our services. Audits ensure compliance with national guidance, patient records, serious incidents, and clinical standards. All services have participated in clinical audits in 2025/26.

The reports of 97 local clinical audits were reviewed by the Trust; see Appendix 3 for a full list of completed audits and a summary of actions that the Trust intends to take to improve the quality of healthcare provided.

## **2.4 Participation in clinical research**

The number of patients receiving NHS services provided or sub-contracted by Cambridgeshire Community Services NHS Trust in 2025/26 that were recruited during that period to participate in research approved by a research ethics committee, was 376 (portfolio) 407 (non-portfolio). The National Institute for Health Research (NIHR) studies were conducted within the Children's & Young Peoples Services, in Dynamic Health (Musculoskeletal Service), iCaSH (Integrated Contraception and Sexual Health) and Neurorehabilitation.

### **Participant in Research Experience Survey (PRES)**

This year people who took part in our research studies shared their views through the National Institute for Health Research (NIHR) Participant in Research Experience Survey. Feedback received from the survey was very positive.

### **Public and Patient Involvement and Engagement (PPIE)**

We continue to strengthen how patients, families, and communities shape our research. The Youth Health and Research Group has commenced as a collaboration between the Research and Co-production teams, supported by RRDN funding. The group provides young people with a voice in research and service delivery, ensuring the issues that matter most to them are heard.

### **Developing a Research Culture within the Trust**

Our commitment to building a strong and inclusive research culture remains central to our work. Staff across the Trust are being supported and trained to develop their own research ideas and local projects, ensuring that research is embedded in everyday clinical practice.

### **Research Opportunities for Staff**

Opportunities continue for research skills and to contribute to the growing range of research we offer. Their involvement strengthens the development of the research culture.

### **Trust Research Champions Programme (RCP)**

An evaluation of the Research Champions Programme highlighted its positive impact across the Trust. Findings showed:

- A greater emphasis on community-focused research
- Highlighted more research opportunities for staff
- Improved job satisfaction and retention
- Growth in evidence-based practice
- Development of valuable skills such as teaching and mentoring

The programme continues to nurture staff confidence and capability in research.

### **Knowledge Mobilisation**

Sharing learning from research is vital. This year, clinicians have presented their work at national and international conferences including paediatrics, sexual health, and an international orthoptic congress.

They have also published papers on a wide range of topics, such as:

- Sexual health, HIV and contraception
- Children's health, including ADHD and Otitis Media
- The NIHR "Baby Breathe" study
- Reflections on the NHS England Clinical Entrepreneur Programme

This work helps ensure that new knowledge benefits, not only our patients, but the wider NHS.

## **2.5 Use of the Commissioning for Quality and Innovation (CQUIN) framework**

The Trust's income in 2025/26 was not conditional on achieving quality improvement and income innovation goals through the Commissioning for Quality and Innovation payment framework. We have been reporting on national indicators from the CQUIN framework, but these have not been incentivised. Reporting has included staff flu vaccinations, children and young people's mental health access and diagnosis and treatment of lower leg wounds.

## **2.6 Statements from the Care Quality Commission (CQC)**

Cambridgeshire Community Services NHS Trust is required to register with the Care Quality Commission.

The CQC rated our services as 'Outstanding' in August 2019, following their inspection in Spring 2019. We continue to focus on maintaining this rating through biannual self-assessments and peer reviews.

The Care Quality Commission has not taken enforcement action against Cambridgeshire Community Services NHS Trust during 2025/26.

Cambridgeshire Community Services NHS Trust has participated in these system reviews:

- Ofsted inspection of Peterborough Children's Services in April 2025 and Central Beds Children's Services in March 2025.
- Inspecting Local Authority Children's Services (ILAC) inspection in Luton in January 2026.

## **2.7 Data quality**

Cambridgeshire Community NHS Trust will be taking the following actions to improve data quality.

- Specific work streams to improve the quality and completeness of national data sets reported by the Trust.
- Increased usage of national data sets and currencies to support management and commissioner reporting.
- Regular reports to the Trust's governance groups for consideration and escalation of required actions.
- Presentation of data quality metrics in service business intelligence dashboards.
- Regular clinical system configuration review across all clinical corporate services to ensure data captured meets national standards and reporting requirements.
- Formal validation and documentation of Trust data assets in our modern data platform.

The Trust did not submit records during 2025/26 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

## **2.8 Data security and protection toolkit (DSPT)**

The 2025/26 data security and protection toolkit is essentially a repeat of the previous year's toolkit to ensure NHS Trusts are embedding the National Cyber Security Centre's Cyber Assessment Framework as its basis for cyber security and information governance assurance.

Our initial assessment was sent to NHS Digital on 18 December 2025 and provided indication of the expected level of achievement in each of the outcome measures across all five objectives. Work on developing the organisations input to the toolkit is progressing. The 2025/26 toolkit will be combined with the Norfolk Community Health and Care submission. An external audit of the toolkit will be conducted by internal auditor, RSM on 5 May 2026. The final deadline for publication including supporting statements for all 47 outcome measures is 30 June 2026.

The Trust compliance with mandatory information governance training was at 95% in January 2026.

## **2.9 Clinical coding error rate**

The Trust was not subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission.

## Part 3: Review of quality performance 2025/26

This section demonstrates the Trust's achievements throughout 2025/26 for the priorities outlined for this period in our Quality Strategy.

### 3.1 Quality improvement priorities 2025/26

A wide range of activities identified in the Quality Strategy 2023-2026 have been reported through our internal governance processes and summarised in Public Board papers throughout 2025/26. The Group model approach with Norfolk Community Health and Care NHS Trust has created significant opportunities for joint development and learning that will be carried forward into the new Trust. Our focus has remained on our patient care and experience.

**Our year three plans against the Quality Strategy for 2025/26 were as follows:**

#### Priority 1: Safety

##### **Goal 1: Strengthen and embed our 'Think Whole Family' approach to safeguarding.**

A new training strategy has been piloted and scheduled for rollout across all services over the next 12 months. Level 3 safeguarding training has been revised to reinforce the model, ensuring staff consider all family members. Safeguarding teams were aligned to localities, improving consistency and collaboration. A Mental Capacity Act audit identified areas of increased staff confidence, leading to targeted training and a repeat audit to measure improvement.

##### **Goal 2: Deliver the NHS Patient Safety Incident Response Framework**

Patient safety continues to be central to our work, with the national patient safety framework now fully embedded into routine incident management and learning processes. Two additional senior staff are currently completing the nationally recognised Patient Safety Specialist qualification, further strengthening organisational expertise. All incident reviews now incorporate human factors principles to better understand contributory influences and guide meaningful change. This approach has already supported improvements, such as identifying risks associated with look-alike medication packaging; this was escalated to national teams, while locally a system of highlighted stickers was introduced to support staff in distinguishing similar products and reducing error.

##### **Goal 3: Ensure our workforce can meet current and future care needs**

We have continued to strengthen our advanced clinical practice pathways and 'grow your own' workforce plans, with an Advanced Clinical Practitioner post established within Luton and Bedfordshire Community Adults Rapid Response Team and three internal trainees progressing from respiratory nursing, podiatry and physiotherapy backgrounds.

Safer staffing tools have been further embedded across community nursing services, with all teams, including Children's Community Nursing, submitting monthly returns that provide retrospective data on staffing capacity, service acuity and business continuity.

Alongside this, we are developing the digital skills and confidence of our workforce as part of our wider digital transformation programme, supported by an induction video from the Chief Information Officer outlining organisational digital ambitions, a digital skills questionnaire for new starters, soon to be rolled out to all staff, and access to a digital skills tool and training library to enhance capability across teams.

## Priority 2: Quality

### Goal 1: Embed a Trust-wide Quality Improvement (QI) Framework

The Quality Improvement Framework continues to be embedded across the Trust with this methodology routinely used in service redesign and learning processes. The QI Academy provides bitesize training, a monthly QI Showcase, and an annual QI Festival.

### Goal 2: Optimise use of data to support health inequalities, quality and safety work plans

Our Trust uses co-production with local communities to better understand health inequalities and shape targeted improvements. We engage young people, parents, and community groups to identify barriers to access and inform service design. Work with communities such as the Asian Pakistani population in Luton and patients using musculoskeletal pathways has directly guided changes to make services more inclusive and effective.

We are supporting services across the Trust to embed Patient Reported Outcome Measures (PROMs) into routine care, aligned with national expectations for universal use by 2029. A PROMs Community of Practice is enabling shared learning and helping teams overcome implementation challenges. All services have now been assessed using a PROMs Maturity Matrix to establish a Trust-wide baseline. We are now moving into full implementation, aiming for all services to routinely use, record, and report PROMs by March 2028.

We continue to strengthen our Communities of Practice (CoP) across the Trust. We have communities of practice with focus on; Healthy Child Service, Preventable Wounds in Luton Adults, Speech and Language Therapy, Children's Occupational Therapy, Children's Dietetics, and Patient Reported Outcome Measures. Trust wide work also continues on consistent growth-monitoring practice and the implementation of a unified line-flushing protocol.

We continue to strengthen our improvement processes to ensure lessons are learned and good practice is shared across the Trust. A review of our current position provided strong assurance that learning is consistently used to drive improvement. Insight from patients, carers and families is actively valued, and they are included in learning responses where appropriate to maximise the quality and impact of learning.

We have reviewed our 'waiting well' initiatives to ensure people on waiting lists are supported with self-care, clear advice, and risk management. The Harm Review process outlines how each service provides self-help guidance and information on what to do if symptoms worsen. Ongoing data collection gives assurance that service users are being actively supported and appropriately signposted while they wait to access our services.

### Goal 3: Maintain excellence in clinical practice supporting our outstanding CQC rating

A new digitalised CQC self-assessment tool was rolled out in quarter one, including improvement action tracking to support services monitor quality of care and meeting standards. This self-assessment against the CQC Single Assessment Framework indicates best practice and any gaps with mitigation this is then overseen within our governance processes.

## Priority 3: Learning and Continuous Improvement

### Goal 1: Increase research capability and capacity

We are strengthening our readiness to support commercial trials and expanding research that engages underserved populations. Staff research capability is being enhanced through increased training and mentorship, including Royal College of Physicians programmes. We continue to increase recruitment across portfolio and non-portfolio studies. The Youth Health

and Research Group is also growing, ensuring young people play a stronger role in shaping and participating in research.

### **Goal 2: Strengthen the lessons learned pathway ensuring this informs our improvement plans**

We have reviewed and strengthened our Trust-wide processes for learning lessons by completing a gap analysis and aligning our approach with recognised local and national good practice. This work has improved consistency in how learning is captured, acted upon and shared. We have also enhanced the involvement of patients, carers and families in learning responses, ensuring their insights help shape meaningful improvements.

## **Priority 4: People Participation**

### **Goal 1: Ensure services and digital platforms are accessible for all**

A benchmarking project was completed to assess staff awareness of the Accessible Information Standard with future work now led by the Communications team. An audit of hearing loops was also completed to assess accessibility across sites. The co-production team supported this by distributing equipment and providing user guides to improve consistent use. These actions strengthen our approach to accessible communication for all service users.

The SystmOne safeguarding children template has been fully reviewed and updated, now embedding the 'voice of the child' throughout. Operational teams carry out regular audits to ensure this is consistently recorded in practice. Audit results show improved compliance and clearer documentation of children's views, strengthening the quality and safety of safeguarding assessments.

### **Goal 2: Have built and nurtured relationships with our patients, carers, and communities through developing new networks**

Our co-production team continues to expand engagement in community settings, including clinics, places of worship, and local community groups, ensuring voices are heard where care is delivered. Co-production is now embedded in initiatives such as community appointment days, strengthening patient and community influence on service design. Mental Health Support Teams also continue to involve young people through their Working Together Group.

### **Goal 3: Have increased the numbers of patient involvement partners and volunteers, ensuring those that do participate are reflective of our local communities.**

We have seen continued growth in our volunteer workforce this year, with volunteers contributing over 500 additional hours compared with the previous year. Their support is increasingly enhancing patient experience and service delivery across the Trust. This reflects the success of our ongoing work to strengthen volunteer engagement and opportunities.

A new cohort of Lived Experience Partners have been recruited; these are service users from across our geography. We welcome volunteers from all walks of life, who represent the diversity of our communities and bring with them a wide range of skills and experience.

## 3.2 Quality improvement

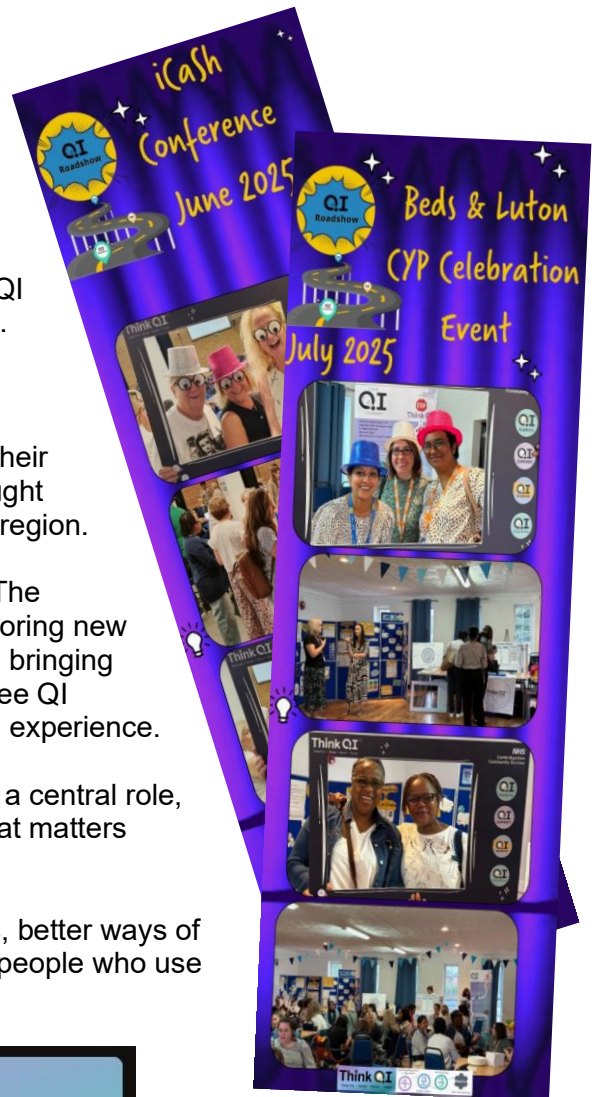
This year we continued to grow a strong and supportive improvement community. Our QI Academy welcomed 373 attendances, and our QI Community passed 1,200 members, giving staff more opportunities to learn, share ideas and solve problems together. We also launched our QI Coaching Network and introduced two advanced QI masterclasses to help build deeper skills across services.

We created more spaces for teams to connect and learn from each other. This included the second year of our bimonthly virtual QI Showcases, where services shared their improvement stories, and our QI Roadshows, which brought practical tools and coaching directly to teams across the region.

We also worked to widen participation in improvement. The Continuous Improvement Accelerator Project began exploring new ways to involve staff who may not usually take part in QI, bringing fresh ideas from a wide range of roles and services. Three QI coach secondees joined us too, adding valuable frontline experience.

Patients, carers and people with lived experience played a central role, sharing honest feedback and helping teams focus on what matters most.

Together, these efforts have led to more confident teams, better ways of working, and improvements shaped by the voices of the people who use our services.



## 3.3 Patient safety activity

### 3.3.1 Infection prevention and control (IPaC)

During 2025/26, the Infection prevention and control team supported staff to manage infection risks, respond to national and local alerts, and raise awareness of infections such as measles and whooping cough. The team also provided guidance to help services safely update their pre-assessment pathways.

Infection prevention and control performance is reviewed monthly using the National Infection Prevention and Control Board Assurance Framework. Compliance improved over the year, with 48 measures now fully met and one partially compliant.

The IPaC team also supported Pharmacy with the safe use of antibiotics workstream, in line with the national Antimicrobial Resistance strategy. The organisation continues to undertake relevant audits and provide assurance around anti-microbial prescribing, with a plan in development for 2026/27, which will be presented for approval at Board in April 2026.

There were no laboratory-confirmed cases of MRSA, MSSA, *Clostridioides difficile*, or *E. coli* bloodstream infections during the year.

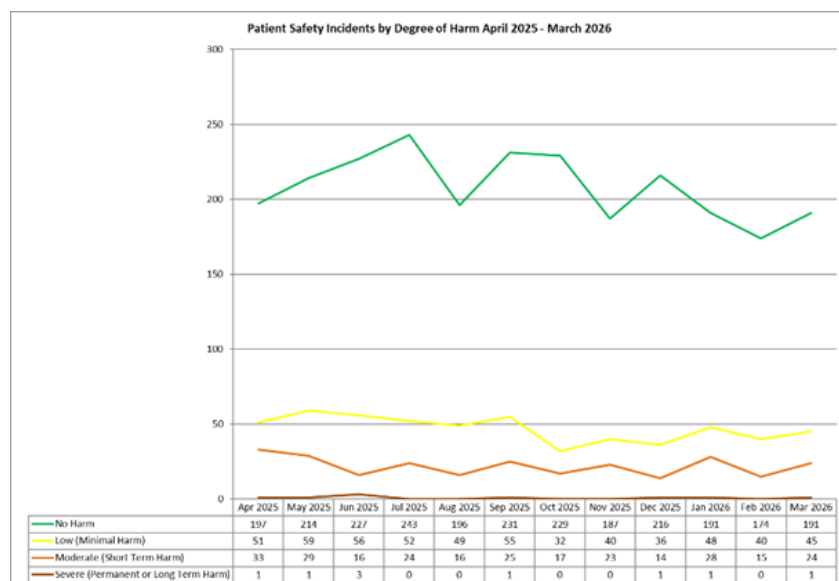
The staff flu vaccination programme ran from 1 October 2025 to 31 March 2026 and supports patient safety, staff wellbeing, and service resilience during the winter period. Among clinical-facing staff, we achieved a flu vaccination uptake of 61.5%. While overall uptake was strong, CCS narrowly missed the NHS England requirement for a 5% year-on-year improvement. Work is ongoing to build on this progress and further increase uptake during the 2026/27 vaccination programme.

### 3.3.2 Patient safety incidents

Over the year, Patient Safety Improvement Framework (PSIRF), was fully established as business as usual, shifting review processes, towards a stronger emphasis on improvement and learning.

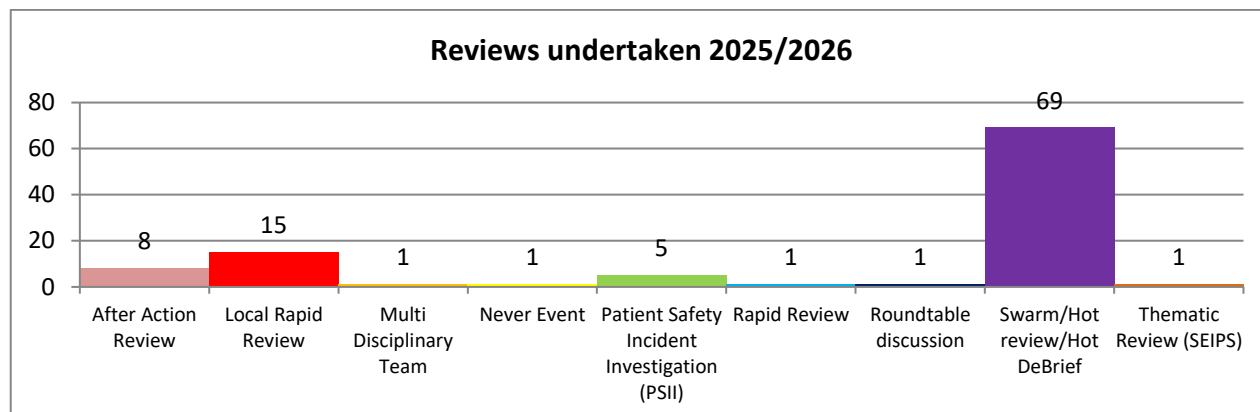
Embedding the patient safety framework into everyday practice strengthens a just and learning culture by shifting the focus from blame to understanding system factors, enabling more meaningful and proportionate incidents responses. As a result, staff feel more psychologically safe to report concerns, improvement actions are more targeted and effective, and organisational resources are used more efficiently. Over time, this will lead to higher-quality insights, clearer communication with patients and families, and more sustainable improvements in patient safety.

In 2025/26, a total of 3,332 patient safety incidents and near miss events were reported, a slight decrease from 3,399 the previous year. Of these, 92% resulted in no or low harm, 7.75% resulted in moderate harm, and 0.25% (nine incidents) resulted in severe harm. Eight of these occurred off caseload - incidents identified by our staff during clinical visits that were unrelated to Trust-provided care – and one occurred on caseload, relating to a missed opportunity to provide growth monitoring for a child which was reviewed as a patient safety incident (PSII).



## Local reviews

The services continue to undertake local reviews which receive oversight via the weekly Safety Huddle and monthly Safety Improvement Group. Where appropriate, the reviews are linked to the ongoing trust wide improvement plans in line with Patient Safety Incident Response Framework. During 2025/26 the Trust commissioned 102 reviews – see below for the breakdown.



## Patient Safety Improvement Plans

The Trust reviews its risk profile annually and currently has five Improvement Plans in place which have been agreed by the Board. Each of these improvement plans have progressed during the year.

Improvement plan	Progress
Improving patient care through optimal treatment and improved knowledge of preventable wounds	Repeat audit of preventable wounds has found improved healing rates. A wound care app that uses AI to take enhanced photographs is enhancing wound care and outcomes.
Medication errors (including the prescribing and administration of oxygen) where CCS staff member was the administrator leading to a patient safety incident	Insulin improvement plan has refined documentation, skills and communication with a reduction in incidents.
Safeguarding incidents that identify escalation of care needs has not occurred or there is professional disagreement about what is required.	This project is on-going. Annual audit of cases is in place and staff safeguarding training and supervision include this element of practice.
Supporting care of complex large sibling groups.	This project is complex and an ongoing one. Additional group supervision has been added to safeguarding practice. The implementation of case load monitoring of cases is also in place
Quality improvement plan for the management of constipation.	All staff working children and young people now are required to undertake training on the management of constipation. Clear routes of escalation when concerns about a child's condition is required are in place.

## Patient Safety Incident Investigations (PSII)

The Trust reported three Patient Safety Incident Investigations during the financial year and one Never Event. Learning and improvements are described in the diagram below.

### **Implementation of the Duty of Candour**

The Trust fulfilled 100% of its Duty of Candour obligations in line with national guidelines and timeframes and continues to ensure that the requirements of the Duty of Candour are followed and embedded into practice.

## Learning from Incidents

A growing theme of incidents relating to faltering growth, growth monitoring, healthy weight management was identified in the Healthy Child Services

There was a delay for an audiology assessment for a young person and a missed opportunity for earlier referral

A device was fitted for a patient by the iCaSH service which was different from the one that was planned

A theme of incidents relating to non-accidental injuries and preventable injuries in babies was identified

Learning from incidents relating to pressure ulcers at the Preventable Wounds Community of Practice meetings

The Growth Monitoring Policy was updated and a new Health Weight protocol produced, with development of a practical training package to supplement existing online training providing clinicians with the required skills and knowledge to accurately weigh, measure, record and escalate concerns. A Trust wide Growth Monitoring audit was also developed.

The Audiology service implemented a new prioritisation system which priorities children where there is a professional concern alongside no newborn hearing screen, conditions/syndromes associated with hearing loss and / or have failed a school entry screen. Learning was shared that approximately 38% of children globally do not have a newborn hearing screen and being aware of increased risks where there is a complex social history.

The service made changes to their processes which included selection of the device as part of patient counselling process and showing it to the patient in its packaging prior to the procedure This supports both staff to select the correct device, and the patient to verify the device in question is correct.

The Trust developed a Trust wide social media campaign in response to this to raise awareness, and this was shared with the local authority and our partner agencies. In addition, there was a further social media campaign relating to protecting babies and preventing injuries in children.

The Community of Practice has revised how it undertakes thematic reviews of pressure ulcers, and new documentation helps to identify gaps in practice and provides wider learning opportunities. An annual review of "category 4" pressure ulcers and exposed tendons is completed annually.

### 3.3.3 Delays in accessing services and waiting lists

The Trust continues to use a waiting safely approach and effective waiting list management, including clinical prioritisation, risk assessment and harm reviews (“patient wait review” within electronic records). A harm review process is used so that clinicians can identify any harm while waiting, which leads to a clinical review of the case.

#### Service Overview

Area	Position	What’s working	Ongoing risk
<b>Ambulatory services (Physiotherapy, Sexual Health Services and Dental)</b>	The time people are waiting for appointments has reduced, which has led to an overall reduction in waiting times.	Increased clinical capacity, digital booking and AI-supported physiotherapy care.	Sustained high demand may impact improvements.
<b>Neurodevelopmental services</b>	Demand remains very high, though longest waits have reduced.	Recovery plans, pathway redesign and increased capacity are improving assessment waits.	Many children still wait above national standards; further investment and workforce growth are required.
<b>Nutrition and Dietetics</b>	Urgent cases are prioritised.	New digital milk allergy pathway will provide earlier support.	Rising demand is increasing waits for non-urgent referrals.
<b>Audiology</b>	Overall waits, including over 52 weeks, have reduced.	Increased capacity, digital booking, prioritisation and system oversight.	Ongoing capacity pressures and delayed follow-ups remain a risk.

#### Ambulatory Services

Waiting times across Ambulatory Services, including Sexual Health, Physiotherapy and Dental Services, continue to improve. Innovations such as FLOK Health, an AI-enabled physiotherapy solution, are providing patients with immediate access to an alternative to traditional clinical treatment. Dental Services have reduced waits for general anaesthetic procedures utilising waiting list funding, and Physiotherapy and Dental Services continue to expand online appointment booking

#### Neurodiversity and Specialist Paediatric Services

Neurodevelopmental and specialist paediatric services continue to experience high demand. Work is underway to agree a sustainable staffing and service model to support delivery of the 18-week standard within the current Parliamentary cycle.

Progress includes a reduction in the number of children waiting over 52 weeks and improved assessment waiting times across Bedfordshire, Luton and Cambridgeshire. However, many children continue to wait longer than national standards for an initial assessment, and reducing waits remains a Trust priority.

The Trust, working with Integrated Care Board’s, NHS England and the Trust Board, has developed a recovery plan which is working towards reducing waits to the 18-week standard over the next 2 years as well as having a sustainable clinical model to prevent future backlogs.

Actions include pathway redesign with increased staff skill-mix, targeted use of insourcing and, continued system-wide collaboration to maintain progress.

### Cambridgeshire Nutrition and Dietetics

Clinical prioritisation continues; however, increasing demand is leading to longer waits for non-urgent referrals. A new digital milk allergy pathway is due to commence, offering earlier support for families.

### Bedfordshire and Luton Audiology

Waiting times for initial appointments, including waits over 52 weeks, have reduced over the past year through increased capacity, digital booking and robust clinical prioritisation, with all children risk assessed.

System-wide capacity risks remain, and the Trust continues to provide mutual aid for hearing-aided children. A small number of moderate harm incidents related to delayed follow-ups have occurred, with no identified long-term impact on outcomes.

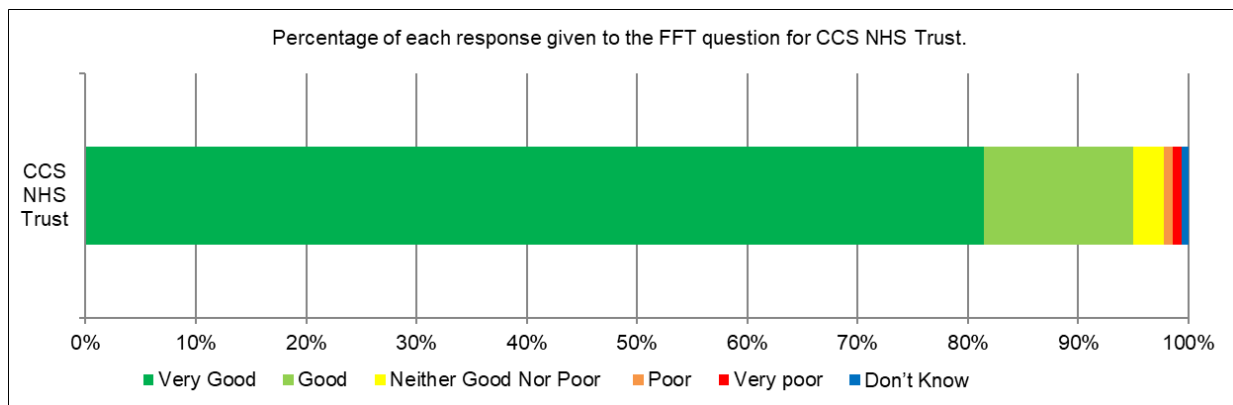
Actions to mitigate risk include strengthened prioritisation, capacity review, pathway redesign with national expert input, and oversight through the BLMK Paediatric Audiology Oversight Group and routine safety huddles.

## 3.4 Patient Experience and People Participation

The involvement of service users and their carers supports the Trust to improve the services we deliver. One of our highest priorities is to ensure that the people who use our services are involved in shared decision making and co-production.

### 3.4.1 Patient Advice and Liaison Service (PALS), Patient feedback, Complaints, Patient surveys and Patient stories

Service user feedback was incredibly positive in 2025/26 with 95.09% of the 28,902 people who answered the Family and Friends Test (FFT) question saying, the service provided was very good or good.



40,948 positive comments and compliments were received by services during the year. We received over 88 positive comments for every formal and informal complaint received.

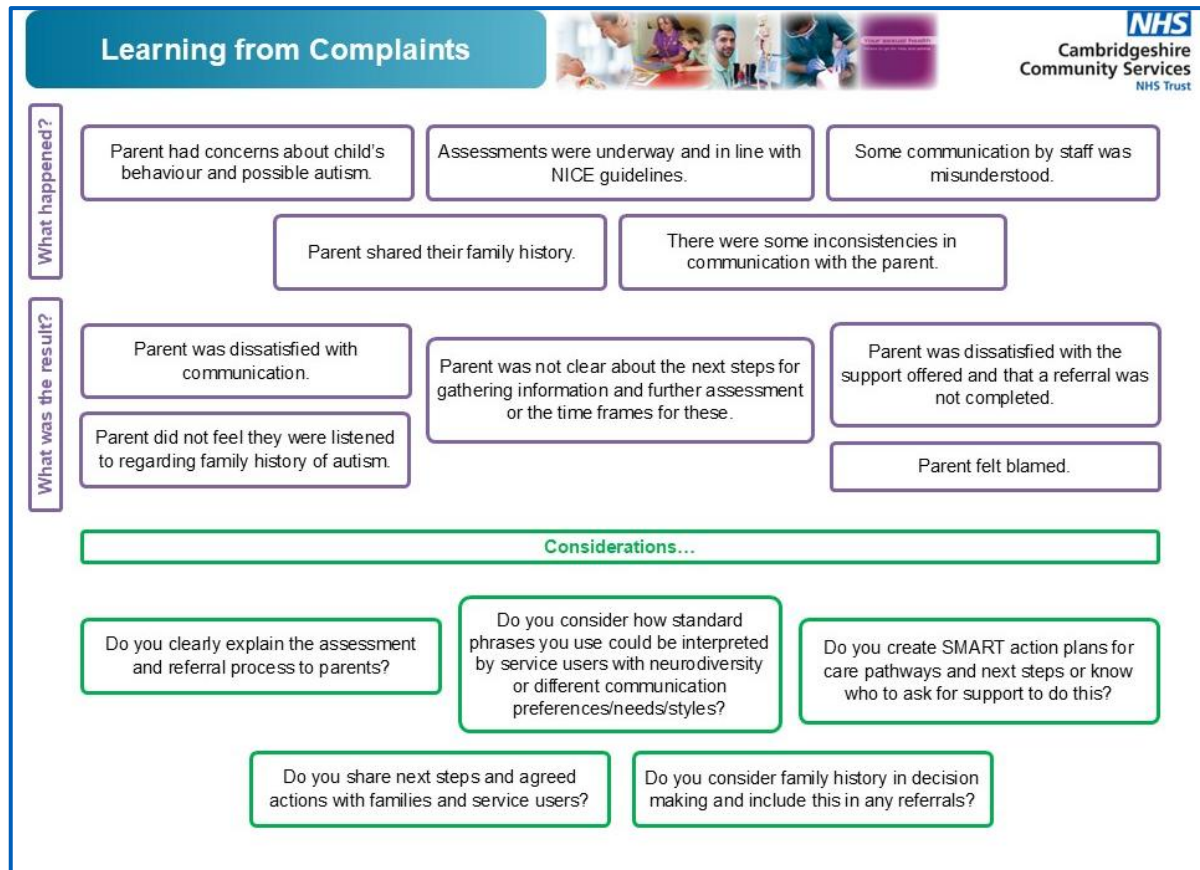
In 2024/25 the Patient Advice and Liaison Service (PALS) received and satisfactorily resolved 1417 contacts, 96 formal complaints, 368 informal complaints and 953 enquiries. Complaints are managed informally if they can be resolved quickly through local resolution processes. This is either within the clinical setting or by our PALS. Local resolution is achieved through discussion by telephone and sometimes a letter from the service manager. All formal complaints are investigated, and the complainant receives a formal letter of response signed by the Chief

Executive Officer. The letter details the outcome of the investigation, areas of learning and actions taken. Where appropriate Trust representatives meet with the complainant or their representatives.

There were no referrals to the Parliamentary and Health Service Ombudsman (PHSO) and no recommendations received in 2025/26.

### Sharing Learning from Complaints

Children's Services



## Learning from Complaints



What happened?

The service user was not referred for investigations.

The service user requested a callback and this was not completed.

The service did not refer the service user for an MRI or CT scan and did not explain the reason.

There was no explanation about next steps.

What was the result?

The service user continued to be in pain.

The service user felt frustrated as they could not get answers to their questions.

The service user felt that this endangered their safety.

The service user did not know they could escalate any continuing symptoms, and they felt they were not being cared for.

### Considerations...

Do you check that service user requests, such as callbacks, are accurately recorded and communicated to the appropriate team members?

Do you explain to service users about the next steps in their care, including any options for re-referral?

Do you explain to service users the reasons why they have not been referred for any scan?

Do you know your services process for making a referrals?

Is there a process that checks if any referrals have been missed?

## **Patient Stories**

Patient stories provide insight to the Trust Board into how service users experience our services, identifying excellence and most importantly areas where we can make improvements. This feedback is incredibly powerful, and recommendations are identified by the Board to further improve the overall service user experience.

Patient Stories this year included:

A service user who was supported by the Pulmonary Rehabilitation team before and after a lung transplant shared their story. The Team provided breathing techniques and tools to support the service user to ensure that a transplant was possible. The service user and family still use the tools and techniques and believe they ensured a successful outcome.

A service user of the Dynamic Health service in Wisbech shared his story of seeking help and how his treatment meant he could get back to doing the things he loved.

The Dental Working Together Group, made up of service users, their family and carers across Cambridgeshire, Peterborough and Suffolk, shared their story of creating a film about their work. The aim of the film was to let the wider Dental Healthcare service know about the work they have been doing and encourage more staff to bring any ideas for service improvement to the group. This film was created for the Dental Healthcare symposium and resulted in two staff members coming forward with new ideas.

### **3.4.2 People Participation (Patient and Public Engagement)**

Our Co-production Leads help services involve people who use our services and local communities to improve how we work. Below is a summary of key activities from the past year.

#### **Bedfordshire and Luton Children's Services**

The Health Inclusion Team, Co-production Team and Gypsy, Roma and Traveller (GRT) community have worked with NHS England Immunisations Team to produce audio-based educational materials and an animated film on immunisations, addressing cultural and literacy challenges have been developed. These are accessed via the service website.

Materials and resources for the Early language support for every child (ELSEC) programme have been co-produced with a parent who acts as a bridge between the programme and the wider community. An online focus group was held to engage with parents and carers of pre-school children. The group discussed future parent groups to encourage more families to get involved in the ELSEC offer.

The Bedfordshire and Luton Youth Participation Group met in December and March bringing together six young people aged between 14 and 18. The establishment of the group was a joint initiative led by the research and co-production teams following the successful award of a grant from the National Institute for Health and Care Research East of England Regional Research Delivery Network. The aim of the group is to create meaningful opportunities for young people to contribute to health research activity and co-production across the service.

#### **Cambridgeshire and Peterborough Children's Services**

We gathered feedback from families attending two-year development reviews to inform the broader service review. In some areas of Cambridgeshire and Peterborough, these reviews take place in group sessions at Child and Family Centres, jointly led by Nursery Nurses and Centre staff. Across eight sessions, 31 families contributed. They highlighted friendly staff, welcoming spaces, engaging play activities, and opportunities for children to socialise as key strengths.

While the group sessions were generally seen as positive and child-friendly, families highlighted areas for improvement, including privacy, waiting times, and clearer communication about the group format. Better information, smoother session organisation, and options for those needing more privacy or flexibility would strengthen the offer. The leadership team will also review reasons for non-attendance to better understand family experience.

The Healthy Child Programme's "Getting Ready for Change" project held an in-person engagement event with young people at Ely College in October 2025 to gather feedback on the newly updated questionnaire following previous engagement. The project team use this information to make changes to the questionnaire and information.

The Peterborough Mental Health Support Team have continued with their co-production focused Working Together Group. The group completed production of a video to help secondary school teachers understand the challenges young people face when seeking support for their emotional wellbeing and mental health. They presented the film at the Mental Health Support Team Project Governance Group, chaired by the Integrated Care System and attended by partner organisations.

### **Norfolk Children and Young People's Health Services**

Norfolk Healthy Child Services Parent and Carers Working Together Group was set up bringing together parents, and service leads to create a shared forum for exchanging experiences and shaping service improvements. Key topics included group expectations, terms of reference, service overviews, and the value of partnership working. The group agreed to meet regularly and ensure flexible, inclusive participation.

Parents shared personal experiences of the service and highlighted support received as new parents and as their children grow, SEND services and additional needs support and the reassurance provided by the Just One Norfolk website. The group have discussed the Clinical and Care strategy and were introduced to the Trust wide review of the complaints procedure as NCHC and CCS become one Trust.

As part of the 5–19 service development, a sexual health and relationships focus group was held at a secondary school. Thirteen young people aged 13–14 were asked about their understanding of the school nurse role and where they would seek advice on sexual health and relationships. They also shared what support they feel should be offered and how the service can better promote and improve access in the future.

The young people's responses and key findings from the group will be used to support the development of Norfolk Healthy Child Service offer and resources and work continues with the co-design and co-production of the 5-19 service and the development of resources and materials.

### **Ambulatory Care**

iCaSH services have co-produced 'Know before you go' films with a young person for all sites and these are now available on the Trust website. The purpose of these videos is to provide a service user's perspective of visiting a clinic. They are designed to show how to access the clinic, what the environment looks like and what to expect during the appointment. This is to help reduce the anxiety that a service user might feel before coming to their appointment. This project received the Staff Award for co-production.

The Dental Working Together Group co-produced a 'Know before you go' film for the Wisbech Clinic it shows young service users what an inhalation sedation appointment might look like. It was filmed by a Lived Experience Partner with a young service user and their parent. The Working Together Group reviewed the footage and collaborated on the editing. The film is

available on the service website and is sent to young people and their families before their appointment. The video can be viewed [here](#).

During this year Dynamic Health have held Community Appointment Days that bring together health professionals, specialties, community groups and health organisations under one roof in non-medical environments in the community as an alternative to the normal physiotherapy pathway. A focus group with service users from both the Community Appointment Day and the standard physiotherapy pathway was held to identify improvements. Based on their feedback, the patient passport was redesigned to include baseline health data, additional information about the Community Appointment Days was added to the website, and future events now provide extra seating and bottled water.

### **Bedfordshire and Luton Adult Services**

Involvement Partners in the Bedfordshire and Luton Adult Services Working Together Group discussed the Integrated Care Board's (ICB) Case for Change priorities, which outline proposals to improve community and mental health services and reduce variation across Bedfordshire, Luton and Milton Keynes. The ICB has been gathering residents' views on what works well and what needs improvement. Key themes raised by the group included access to GPs and the importance of being empowered while still receiving support to navigate the system. These insights were used by the ICB to refine their priorities.

The Group welcomed the idea of developing teams in neighbourhoods to help improve health outcomes and the experience of care and felt that this ought to be a priority for the ICB.

The Working Together Group reviewed the Tissue Viability Nursing Service's patient information resources on preventing pressure ulcers and skin tears to ensure they are appropriate for the local population.

The group evaluated whether the language used was jargon free, the layout and structure of the content and whether the content positively influenced behaviour change and was effective in supporting patients to prevent pressure ulcers and skin tears.

The Group suggested that leaflets explicitly describe risk groups and include images to support people to identify if the leaflet is relevant to them. It was also identified that the skin tear leaflet was not mobile phone device friendly. It was also suggested that complicated content should be rewritten to be shorter, with supplementary information kept on subsidiary pages.

The Working Together Group continue to contribute by support the Communications Team and the Service to develop its online presence by selecting which content from existing resources should feature on a digital platform. This content can be requested by service users or printed from the digital platform.

### **3.4.3 Volunteering**

The Trust recognises that volunteering benefits the people who access our services, our volunteers, our staff and the wider community. Our volunteer service has grown significantly this year, with over 100 volunteers contributing more than 4500 hours of volunteering to the Trust, an increase of over 1000 hours compared to last year. This is the largest our volunteer team has ever been - thank you to all our volunteers who give us the gift of their time and make such a difference.

We welcome volunteers from all sections of the community, promoting opportunities both locally and nationally via the NHS Volunteering platform.

This year, our Breastfeeding Buddies in Bedfordshire have continued to provide early breastfeeding support on the maternity wards in Luton and Dunstable Hospital and Bedford Hospital, thanks to partnership working between the Trust and Bedfordshire Hospitals NHS Foundation Trust. The Buddies help parents get feeding off to a great start and also provide support in our community Breastfeeding Support and Social Groups once they have been discharged from hospital.

We have been delighted to welcome volunteers to new roles to support services across the Trust. In Bedfordshire and Luton, this has included Children's Community Eye Service Volunteers, a role created as a response to feedback about how patient experience could be enhanced, Newborn Hearing Screening Volunteers and a Complementary Therapy Volunteer who provides gentle massage to patients being cared for by the Heart Failure Service. In Cambridgeshire, we welcomed a volunteer to support our Down Syndrome Clinic as part of our Community Paediatrics Service, and in Norfolk, our Infant Feeding Peer Support Volunteers commenced their roles within the local community.

### **Valuing our volunteers**

The Trust's quarterly Valuing our Volunteers Award, where volunteers are be nominated by staff, other volunteers, people who access our services and members of the public, was won this year by Bev Evans, a Volunteer Gardener, Lenuta Papadopol, Rosie Phillips and Laura Thew, all Breastfeeding Buddies, they were all nominated by members of staff who value and appreciate the contribution that volunteers make.

Two volunteers were shortlisted in our Annual Trust Awards for their dedication, commitment and the difference they make. The winner was Carol Warden, a Speech and Language Therapy Volunteer in Bedfordshire, and the runner-up was Linda Collison, a Reception/Welcomer Volunteer in Cambridgeshire.



*Carol pictured with her award, alongside Karen Fell, Volunteer Lead for the Trust, and Rachel Hadfield, Speech and Language Therapist - Carol's volunteer line manager.*

In June, we celebrated National Volunteers' Week with handwritten thank-you cards, a social media campaign showcasing our volunteers' contributions, and tea-and-cake events across our regions.



*Volunteers at the Princess of Wales Hospital in Ely alongside Jo Oakey and Tracy Tillett from the estates team, who support them in their role, and Karen Fell, volunteer lead.*

Our Annual Volunteer Survey gave us overwhelmingly positive feedback. This word cloud reflects the three words each volunteer chose to describe their experience with us.

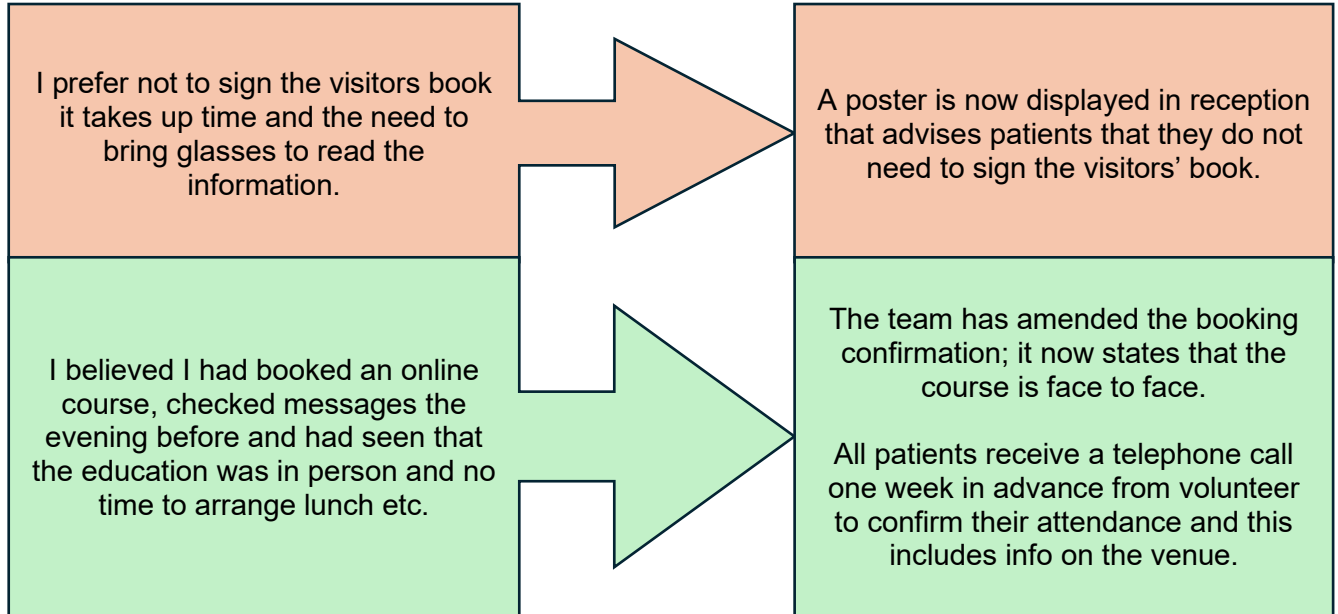


This has been an excellent year for the volunteering service. Over the coming year, we will continue to promote and expand volunteering opportunities across our services, enhancing patient experience and ensuring volunteers have a positive and rewarding time with the Trust

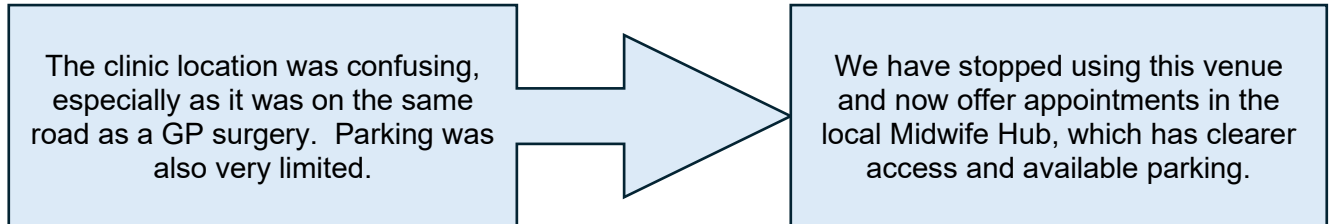
### 3.4.4 Improving services using service user feedback – you said, we did

We use service user feedback to improve the services we provide and below are a few examples of improvements we have made across a range of services in response to feedback:

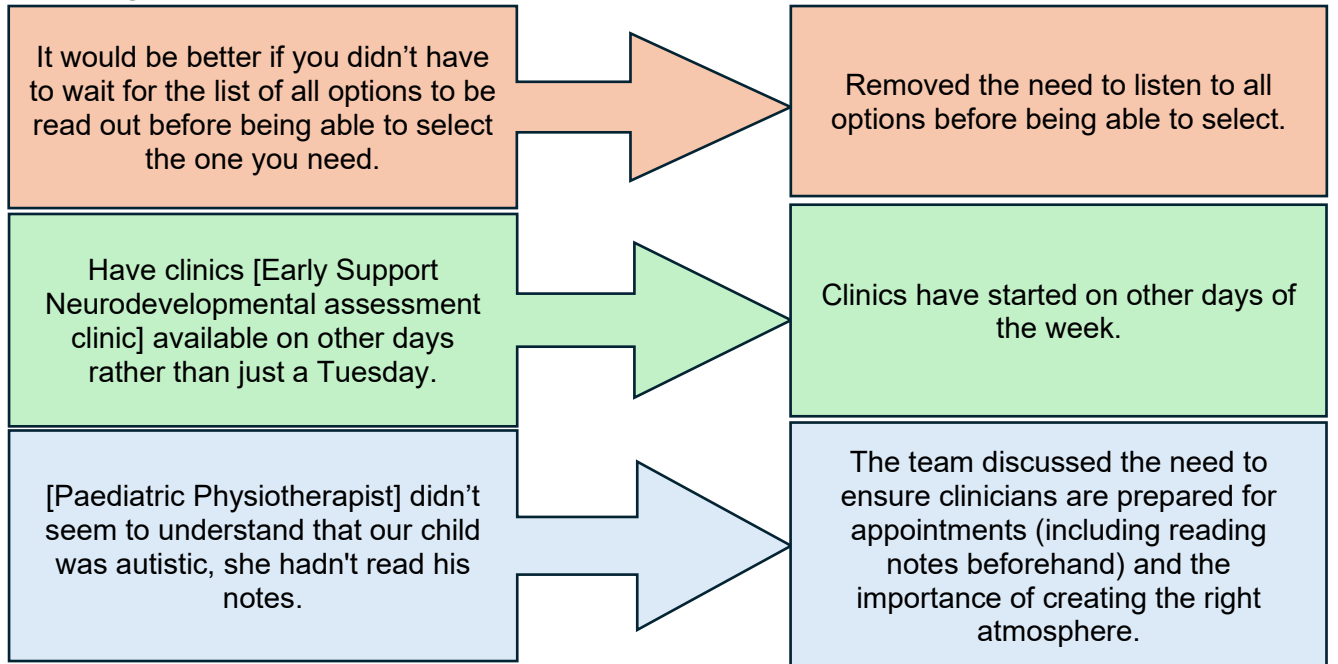
#### Beds and Luton Adults



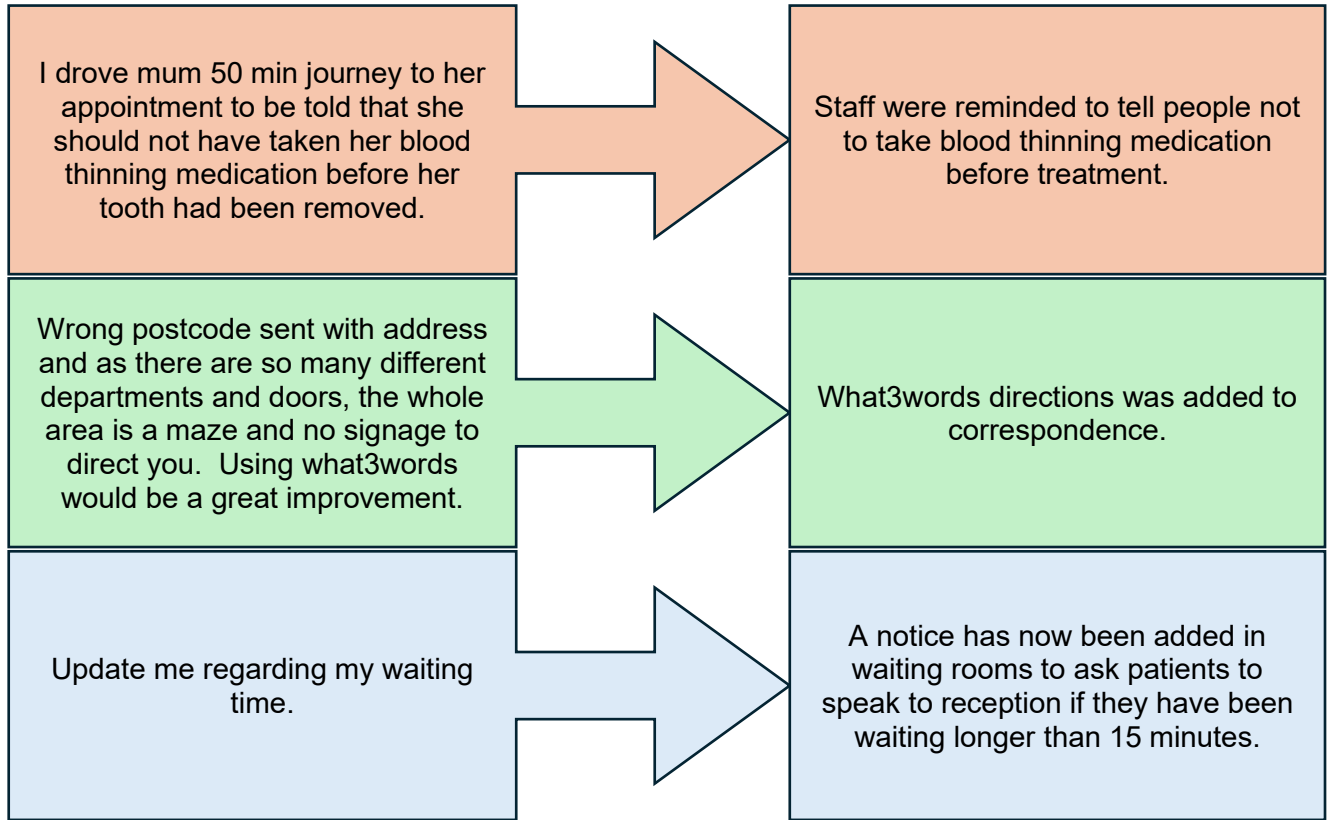
#### Beds and Luton Children's



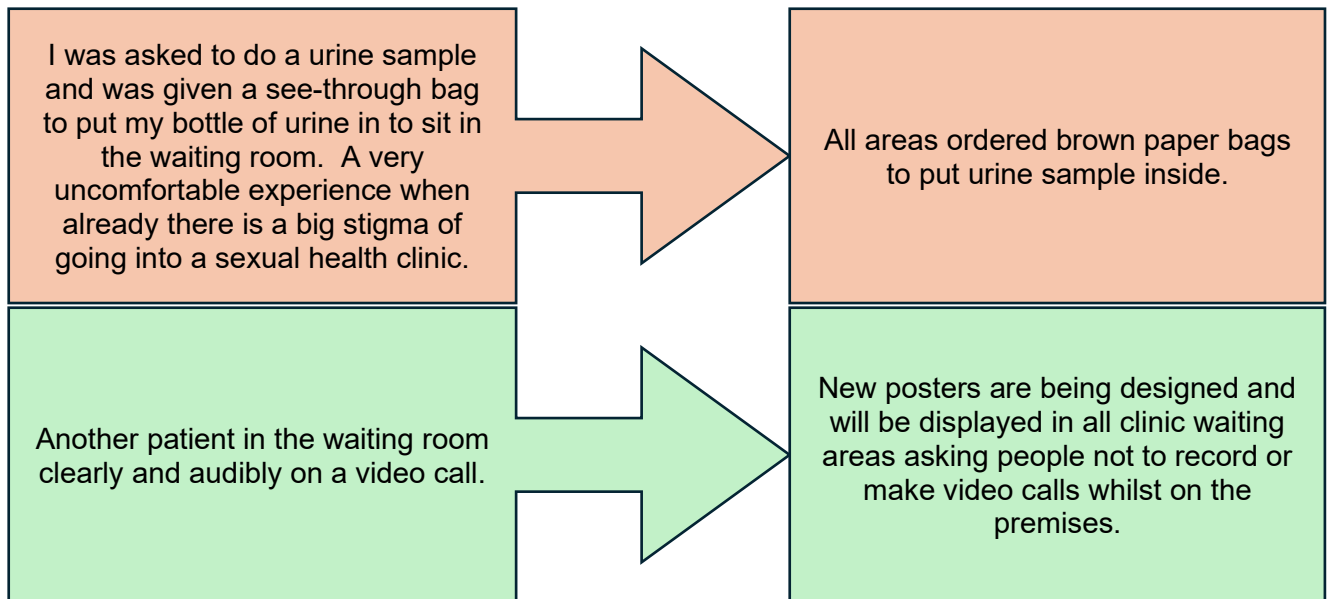
#### Cambridgeshire Children's



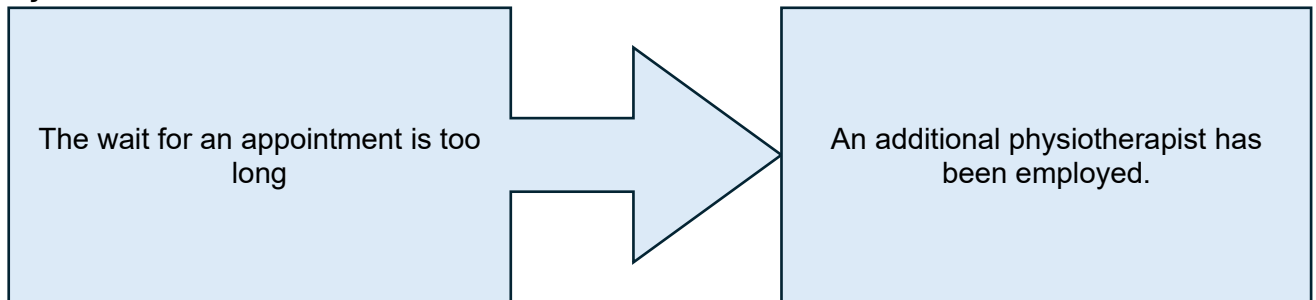
**Dental**



**iCaSH**



**Dynamic Health**



## Norfolk and Waveney Children's Services

There is a real issue with parking and parking in the school car park. This causes tension with other partner agency colleagues and families are finding themselves getting blocked in the car park.

Created a pre-set message on SystemOne records to be sent to families attending Diss development checks to highlight the limited parking.

### 3.5 Patient Reported Outcome Measures (PROMS)

This year has marked significant progress in our Trust-wide programme, aligned with the NHS *Fit for Future: 10 Year Health Plan for England*, which sets the expectation that patient reported outcome measures will be used universally and published publicly by 2029.

To establish a clear baseline, all services have now been assessed using a outcomes Maturity Matrix, drawing on data from CQC self-assessment tools. This has enabled us to map current levels of implementation and highlight areas requiring targeted support. We are now entering the implementation phase of the programme, with the aim that all services will routinely use, record, and report these, and incorporate them into service plans by March 2028.

### 3.6 Freedom to speak up

This section explains how the Trust supports all staff to speak up safely, why this matters, and the routes available to raise concerns or suggestions.

The Trust is committed to creating and sustaining a positive culture where all staff feel safe, confident, and supported to speak up. Staff should be assured that their voices will be listened to, their concerns taken seriously, and their suggestions considered as opportunities for learning and improvement. The principles of “*speaking up, listening up and following up*” are a core part of the Trust’s culture.

The Trust provides multiple routes for staff to raise concerns or ideas. In addition to speaking with line managers or Human Resources, staff may choose to raise matters directly with the Freedom to Speak Up Guardian or through the network of trained Freedom to Speak Up Champions, who are volunteers from across different services and teams.

The Trust currently has 29 Freedom to Speak Up Champions. Each has expressed an interest in supporting colleagues and has received training to carry out the role. The Champions are supported by the Freedom to Speak Up Guardian, who is the Company Secretary, and act as visible, approachable advocates for staff who wish to speak up.

The Freedom to Speak Up work is supported at executive level by the Chief People Officer. Independent support may also be provided by the Non-Executive Director, if required. The Freedom to Speak Up Guardian, Champions, and Chief People Officer meet annually to review themes and learning from concerns raised, and to agree actions that will strengthen the speaking up culture over the coming year.

On a quarterly basis, the Trust reports all concerns raised through the Freedom to Speak Up route to the National Guardian’s Office. The Office leads, trains, and supports the national network of Freedom to Speak Up Guardians and undertakes speaking up reviews to identify learning and promote improvement across the healthcare sector.

The Trust also uses the annual NHS Staff Survey as an important way for staff to share feedback and raise issues. A key theme of the NHS People Promise is that “*we each have a voice that counts*”. The Trust consistently performs well in this domain demonstrating strong staff confidence in speaking up.

All staff are required to complete mandatory Speak Up training on joining the Trust. This core training explains what speaking up is, why it matters, how to raise concerns, and what staff can expect once they do so. Ongoing training and awareness activity help reinforce these messages and ensure staff feel supported to speak up at any time.

### **3.7 National staff survey**

1467 people (53%) completed the survey and the results (benchmarked against 13 other community trusts nationally) are aligned to the seven themes within the NHS People Promise, plus two additional themes: staff engagement and staff morale. We scored top nationally out of all community Trusts in our benchmark group for all but two themes; however, for the remaining themes we had close to the top score and were above our benchmark group.

We are the best performing community trust nationally for the following themes:

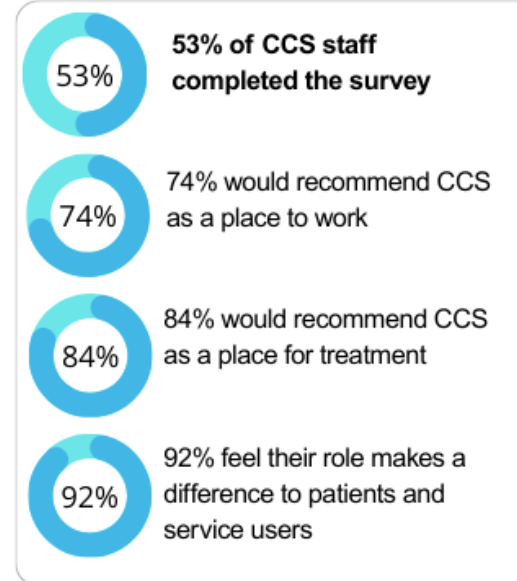
- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We work flexibly
- We are a team
- Morale
- Staff engagement

# 2025 NHS Staff Survey

## Results Summary



**Best performing community Trust nationally**



All of the 10 themes are scored on a 0-10 scale where a higher score is more positive than a lower score. The People promise scores are generated by grouping the results from each question into sub-themes.

### 3.8 Equality Delivery System (EDS)

The Equality Delivery System (EDS) is a national framework that supports NHS organisations to improve the quality and equality of services provided to local communities, and to create fair, inclusive, and supportive working environments for staff. It helps organisations address discrimination and inequality while meeting the requirements of the Equality Act 2010.

Implementation of the EDS supports the Trust in meeting its obligations under the Public Sector Equality Duty (Section 149 of the Equality Act 2010). This duty requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between people who share protected characteristics and those who do not.

The EDS is a practical improvement tool for patients, staff, and leaders. It enables NHS organisations in England to work in partnership with patients, the public, staff, staff networks, community groups, and trade unions. Through meaningful engagement and the use of data, evidence, and insight, the EDS supports organisations to review and strengthen their approach to tackling health inequalities and workforce inequalities across three domains:

- Services
- Workforce
- Leadership

The Trust's most recent EDS implementation, including its grading and narrative assessment, is set out in the [Equality Delivery System Report 2025-2026](#). This report is published on the Trust's website and supports transparency, accountability, and learning.

### 3.9 Transforming services to meet future needs

This year we continued to transform services so children, young people and families can access the right support more quickly, easily and consistently.

Across Children and Young People's Services, we reviewed how support is delivered across different localities to understand variation, share learning and strengthen consistency. A review of the Mental Health Advice, Support and Access Service (OHID) demonstrated strong early impact. Since its full launch in April 2024, MHASA has provided a single, simplified route into support, improving access, experience, early intervention and equity. We also began developing a more flexible decision-making tool to enable needs-led responses rather than binary referral outcomes.

Neurodiversity services remained a key priority. Working with partners and patient representatives, we reviewed demand, waiting times and pathways, supported local pilots, and co-designed future service options. A prioritisation tool was developed to support services to focus resources where they have the greatest impact.

We also began developing a more coordinated children and young people's audiology pathway in Bedfordshire and Luton, aiming to reduce waiting times and improve experience across providers. This work was underpinned by our data science capability, which supported improved understanding of demand, tracking of change and informed decision-making.

Together, these changes are contributing to more coordinated, consistent and sustainable services for children, young people and families.

### 3.10 Successful partnership initiatives

Collaboration has been a core priority for the Trust over the last year. The organisation is a full member in integrated care systems across Bedfordshire, Luton and Milton Keynes (BLMK),

Cambridgeshire and Peterborough, as well as being an active member on Norfolk's Children Board and Norfolk Alliance.

Examples of collaborative initiatives that our services played a key role in include the following:

#### **Trust wide**

- **Partnership campaigns:** the Trust's communications team is engaged with all three integrated care systems in developing campaigns to promote messages to make best use of NHS services and resources, vaccination programmes and public health messaging.
- **Co-production:** we have worked with service users, patients, local communities, staff and partner organisations to shape and improve future service provision, enhancing accessibility and ensuring our services reflect the diverse populations we serve.

#### **Bedfordshire, Luton and Milton Keynes (BLMK)**

- The health inclusion team, co-production team and Gypsy, Roma and Traveller (GRT) community worked with NHS England immunisations team to produce audio-based educational materials and an animated film, addressing cultural and literacy challenges.
- Collaboration between CCS and the wider partnership, including Family Hubs and Children's Centres supports a robust and effective infant feeding service for families. Some examples of this are:
  - Unified early-support pathways, including coordinated early feeding phone calls and aligned postnatal contact schedules.
  - Collaboration with leisure centres, restaurants, universities and employers to promote breastfeeding-friendly environments.
  - Joint development of the Infant Feeding Strategy, bringing together multiple agencies with a shared vision and aligned priorities.
- Collaborated with Family Hubs, Children's Centres and the early years system as part of the focussed work on improving good levels of development for children and the reach of the 2 – 2.5-year mandated review.
- The Early Language Support for Every Child (ELSEC) programme in Luton brings together NHS, education, and local authority services to improve early identification and support for children with speech, language and communication needs. The programme emphasises joined-up, preventative working, strengthening partnerships across services to reduce demand on specialist provision and improve outcomes for children and families.
- Through improved partnership working with Central Beds and Bedford Borough Councils, we have joint commissioning arrangements for Link Speech and Language Therapists in all schools, resulting in a consistent, locality-based model of support that strengthens collaboration between health, education and the local authority.
- We are an active member of the Bedfordshire Care Alliance, which is focused on driving improvements in hospital admissions and discharge rates.
- We have continued to develop the Bedfordshire wide hospital avoidance model, which includes the following three elements:
  - Unscheduled care hub - acting as a co-ordinating hub for unscheduled care across Bedfordshire.
  - Urgent Care Response teams provide urgent assessment, treatment and support (within two-hours) to people (over the age of 18) in their own home who are experiencing a health or social care crisis and who might otherwise be admitted to hospital.
  - Virtual wards - Part of a system-wide project to deliver the virtual ward programme, working in partnership with Bedfordshire Hospitals NHS Foundation Trust and East London NHS Foundation Trust and delivering alongside our remote monitoring partner Doccla. Virtual wards allow patients to get the care they need at the place they call home, safely and conveniently, rather than being in hospital.

## **Cambridgeshire and Peterborough**

- Collaborated across the early years system to launch the 'Baby week' initiative <https://babyweek.co.uk/>
- We have delivered some universal routine 2.5-year development reviews in collaboration with Child & Family Centres and adapted to support the OHID requirements to improve good levels of development and school readiness.
- We have collaborated with the Family Hubs in Peterborough to improve the infant feeding offer to support families to make healthy choices.
- We have worked in collaboration with the Family Hub in Peterborough to test and evaluate a community-based parent infant relationship resource.
- We have collaborated with the children's school age immunisation service to co attend immunisations sessions to have a focus on sexual health promotion, healthy relationships, consent, coercions and prevention of STIs and pregnancy
- The Healthy Child Programme 5-19 team worked with the education inclusion family advisor to develop a series of webinars to support public health messages at times of transition.
- Developed an early concerns pilot, including a community appointment day with partners in the integrated neighbourhood team in East Cambridgeshire to support parents whilst their children are waiting for a neurodevelopmental assessment

## **Norfolk and Waveney**

- Our Norfolk Healthy Child Service works within Family Hubs alongside core partners Early Childhood and Family Service (ECFS) and Norfolk County Council Community & Partnership teams. Together we provide a seamless and timely response to families requesting support. We also participate in the workstream around parenting support, infant feeding, parent and infant relationships and adults with learning needs.
- Working with our partners, we launched the Norfolk and Waveney Advice, Support and Access Children and Young People's Mental Health Services. Providers in Norfolk worked together to create a single access route for 0–25-year-olds, simplifying access and helping people access support and advice more quickly.

## **Dental services**

- In January 2025 we were delighted to start a new partnership with Essex County Council to provide supervised toothbrushing in South Essex early years settings. The programme will help thousands of children aged between 3 and 5 years old to develop positive brushing habits. The national scheme is also in collaboration with Colgate-Palmolive, which is providing free Colgate toothbrushes, toothpaste and educational materials to help families continue good work at home.
- Our teams run the My Smile programme, which is a quality mark awarded to early years settings. To be accredited, nurseries, receptions and pre-schools are supported to run daily toothbrushing sessions to show children how to brush their teeth properly and make it fun, make sure snacks and drinks are tooth friendly and encourage families to visit the dentist regularly. In Cambridgeshire and Peterborough, the scheme has been extended to include family hubs who have been awarded the My Smile Quality Mark.
- We have worked in partnership with Suffolk and North East Essex ICB for people with autism, learning disabilities and dementia to access our services in Suffolk.

## **iCaSH Services**

- iCaSH are working with the acute Trusts and ICBs in Bedfordshire, Peterborough, Huntingdon and Norwich as part of the research grant funded Emergency Department blood-borne virus screening pilot.
- Gypsy, Roma Traveller work in Bedfordshire
- Community appointment days with Dynamic Health (see below)
- HPV big weekend
- We have also started working with McDonalds and Primark in some areas to increase access to chlamydia screening packs.

## Dynamic Health

- Held three successful Community Appointment Days that brought together health professionals, specialties, community groups and health organisations under one roof in non-medical environments in the community, as an alternative to the normal physiotherapy pathway. Service user feedback saw the patient passport redesigned, and additional information added to the website on what to expect from the day.
- Partnership with FLOK Health to pilot an AI-powered physiotherapy clinic. CCS was the first NHS organisation in England to deploy the AI clinic across community healthcare settings, providing same day personalised back pain assessment and treatment through a smartphone app.

### 3.11 Quality highlights

3.11.1 In the following pages we have presented a summary of work in our specific geographies with the aim of providing our readers with the highlights of work happening where they live or are cared for.

- Bedfordshire, Luton, Milton Keynes
- Cambridgeshire and Peterborough
- Norfolk and Waveney

# Quality Highlights - Bedfordshire, Luton and Milton Keynes



## Successful Partnership Initiatives

The organisation remains a full member of the integrated care systems across Bedfordshire, Luton and Milton Keynes.

We are also an Active member of the Bedfordshire Care Alliance, focused on driving improvements in hospital admissions and discharge rates.

We continued to develop the Bedfordshire avoidance model, part of a system-wide project to deliver the virtual ward programme.

Collaboration between CCS and the wider partnership, including Family Hubs and Children's Centres supports a robust and effective infant feeding service for families.

Through improved partnership working with Central Beds and Bedford Borough Councils, we have joint commissioning arrangements for Link Speech and Language Therapists in all schools.

A team around the school approach is in place across Bedfordshire and Luton bringing together education, health, and care professionals to work alongside schools and families, providing advice, practical strategies and early access to specialist advice



## Patient and Public Engagement

Materials for the Early Language Support for Every Child (ELSEC) programme were co-produced with a parent community champion, supported by an online focus group engaging parents and carers of pre-school children to shape future parent groups and increase involvement in the ELSEC offer.

The Working Together Group reviewed the Tissue Viability Nursing Service's patient information on pressure ulcer and skin tear prevention to ensure it is suitable for the local population. The group assessed whether the materials were jargon-free, well-structured and effective in encouraging behaviour change to support patients in preventing pressure ulcers and skin tears.

Volunteer roles introduced in Bedfordshire and Luton including Children's Community Eye Service Volunteers, Newborn Hearing Screening Volunteers and a Complementary Therapy Volunteer who provides gentle massage to patients being cared for by the Heart Failure Service.



## Transformation and Improvement

We began work on a more coordinated children and young people's audiology pathway in Bedfordshire and Luton, aiming to reduce waits and create a smoother experience across providers.

In collaboration with NHSE, we designed and implemented the Community Waiting List Management Tool. Post-implementation benefits include a 54% reduction in longest waits ready to book, faster completion of tasks, improved data quality, and staff reporting that work is easier, clearer, and more reliable.

We have embedded the Inclusion Health Team across Bedfordshire, aimed at reducing health inequalities for targeted groups, including Gypsy, Roma and traveller communities.

Growing Health Families team are now embedded in Luton, to support Early Years settings to demonstrate healthy environments though increase knowledge and confidence of staff and families.

We have developed a streamlined Long Action Reversible Contraception pathway which has eradicated the waiting list resulting in improved access.

# Quality Highlights - Cambridgeshire and Peterborough



## Successful Partnership Initiatives

Collaboration continues to be a core priority for the Trust and the organisation has remained an active member of the Cambridgeshire and Peterborough integrated care system.

Our Peterborough Mental Health Support Team's Working Together Group co-produced a film to help secondary school teachers understand the challenges young people face when asking for emotional wellbeing and mental health support, presenting it to the ICS-led Project Governance Group.

We delivered universal routine 2.5-year development reviews in collaboration with Child and Family Centres.

We collaborated with Family Hubs to improve infant feeding and to test and evaluate a community-based parent infant relationship resource.

We worked with the School Age Immunisation Service to co-attend sessions and deliver sexual health promotion, covering healthy relationships, consent, coercion, and prevention of STIs and pregnancy.



## Patient and Public Engagement

131 families shared feedback on group two-year reviews, praising friendly staff, welcoming spaces, engaging play areas, and the chance for children to socialise.

The "Getting Ready for Change" project held an engagement event with young people at Ely College in October 2025, gathering feedback on the updated questionnaire to guide further improvements.

The Dental Working Together Group co-produced a 'Know Before You Go' film for Wisbech Clinic, helping young people understand inhalation sedation appointments. The collaboratively edited film is shared with families and available on the service website.

The iCaSH Team also developed 'Know Before You Go' videos in collaboration with a young service user and the Co-Production Team. These videos are designed to build confidence and reduce anxiety by helping service users understand what to expect when attending iCaSH clinics.



## Transformation and Improvement

Neurodiversity services remained a priority, with partners helping to review demand and pathways, support pilots, co-design improvements, and create a tool to focus efforts where they matter most.

Development and implementation of self-referral portals for young people in MHST and School Nursing.

Following a successful pilot, our artificial intelligence supported lower back pain pathway has been successfully rolled out across Cambridgeshire and Peterborough offering self referral and instant access to therapy.

# Quality Highlights - Norfolk and Waveney



## Successful Partnership Initiatives

Collaboration has been a core priority for the Trust over the last year. The organisation is an active member on the Norfolk Children Board and Norfolk Alliance.

Norfolk Healthy Child Services established a Parent and Carers Working Together Group, bringing parents and service leads together to share experiences and shape service improvements. The group agreed on clear expectations, partnership working, and regular, flexible, and inclusive meetings



## Patient and Public Engagement

As part of 5–19 service development, a sexual health and relationships focus group was held with 13 young people aged 13–14 at a secondary school. Young people discussed their understanding of the school nurse role, where they would seek advice, and how the service could better support, promote, and improve future access.



## Transformation and Improvement

The Norfolk Healthy Child Service works within Family Hubs alongside Early Childhood and Family Service (ECFS) and Norfolk County Council Community and Partnership teams to provide a seamless, timely response for families. The service also contributes to workstreams focused on parenting support, infant feeding, parent–infant relationships, and support for adults with learning needs.

Working with partners we launched a single 0–25 mental health access route across Norfolk and Waveney, simplifying access and enabling faster support and advice for children and young people.

There has been significant improvement in all Healthy Child Programme mandated contacts including 2.5 year review. This has increased the number of babies and young children that have their needs identified earlier.

### 3.12 Core Quality Account indicators

#### **Core Quality Account indicator 19**

The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.

#### **0-15 years category**

The Trust does not operate any hospital inpatient services admitting patients under 16 years.

#### **16+ years category**

The Trust does not operate any hospital inpatient services admitting patients over 16 years.

## Annex 1: Statements from commissioners, stakeholders, local Healthwatch organisations and Overview and Scrutiny Committees

The Trust's Quality Account 2025/26 will be circulated to our commissioners and stakeholders for comment and feedback (see list below), and responses will be included on the following pages (once received).

Bedford Borough Council Health Overview & Scrutiny Committee \* \*\*  
Central East Integrated Care Board (ICB) \* \*\*  
Cambridgeshire County Council Health Scrutiny Committee \*\*  
Cambridgeshire Health & Wellbeing Board  
Central Bedfordshire Council Health and Housing Overview & Scrutiny Committee \* \*\*  
East London Foundation Trust  
Healthwatch Bedford Borough  
Healthwatch Cambridgeshire & Peterborough  
Healthwatch Central Bedfordshire  
Healthwatch Luton  
Healthwatch Milton Keynes \* \*\*  
Healthwatch Norfolk \*\*  
Healthwatch Suffolk  
Luton Borough Council Scrutiny Health & Social Care Review Group  
Milton Keynes City Council Health & Adult Social Care Scrutiny Committee  
NHS England  
Norfolk & Waveney Integrated Care Board \*\*  
Norfolk County Council Health & Wellbeing Board  
Norfolk County Council Public Health \*\*  
Peterborough City Council Health & Wellbeing Board  
Suffolk County Council Health & Wellbeing Board  
Suffolk County Council Health Scrutiny Committee  
Suffolk County Council Public Health and Communities

\* Acknowledged receipt

\*\* Response received

1 June 2026

**MINUTE EXTRACT**

**AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

held on the 1<sup>st</sup> day of June 2026 at 6.30pm  
in the Council Chamber, Borough Hall, Cauldwell Street, Bedford, MK42 9AP

**PRESENT:** Councillor Akhtar (Chair)  
Councillors Abood, Coombs (Vice-Chair), Gambold, and Thapar

Apologies for absence were received from Councillors Coombes and McMurdo

Officers in attendance: K Walker, Executive Director of Adult Services; J Gray, Senior Officer and Policy Adviser (Health); and L McKenna, Senior Democratic Services Officer.

Also in attendance: K Howard, Chief Nurse, Cambridgeshire Community Services NHS Trust.

**7. CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST – QUALITY ACCOUNT REPORT FOR 2024/2025**

The Chair welcomed Kate Howard, Chief Nurse, Cambridgeshire Community Services NHS Trust who introduced the Quality Account for Cambridgeshire Community Services NHS Trust. As part of the Quality Account, local authorities' Health Overview and Scrutiny Committees were invited to comment on them during the draft stage of the process prior to their submission to the Department of Health and Social Care. The Chief Nurse advised that this report would be the last Quality Account for Cambridgeshire Community Services NHS Trust as it had merged with Norfolk Community Services, now called East of England Community Health and Care NHS Trust. She specifically referred to Sections 1 - 3 to the report regarding the Quality Account; priorities for improvement and statements of assurance; and review of quality performance 2025-2026.

In response to Members' questions, the Chief Nurse, Cambridgeshire Community Services NHS Trust provided the following answers:

- The Cambridgeshire Community Services (CCS) NHS Trust District Nursing Service was based in Luton whilst the service in Bedford Borough was operated by the East London Foundation Trust (ELFT). Through joint working, a palliative care pathway had been developed, including a single point of access for residents, and access to a local hospice. A single point of access ensured there was one phone number/one point of contact that patients and relatives could use for support; medication; management; visits; or a friendly chat. This was a relatively new service and would be reported on in next year's Quality Account in terms of what lessons had been learnt and any improvements to services.
- Any gaps within palliative care and end of life care were challenging to ensure that the right resources were wrapped around the patient and their families. CCS NHS Trust had tried to use several services to provide wrap around care for patients including district nurses, palliative care specialists; rapid response

(1)

1 June 2026

teams; and ambulance calls for category 3 onwards, to provide some extra support within the community.

- The two-year recovery plan across the new organisation for children with neuro-developmental and paediatric waits, showed that there was approximately 12,000 children and young people waiting for assessments. The recovery plan was to reduce this to an eighteen week wait within the two years by introducing specialists; consultants; and nurses, alongside speech and language therapy specialists to increase the number of appointments available to children, young people and their families. This would be monitored by the Trust Board and Assurance Committees to ensure that services were on track to deliver, whereby services were currently slightly above target. Waiting well initiatives, training, education and touch points with parents were in place; however, it was recognised as a significant challenging position for the affected children, young people and their families.
- Each individual directorate of the new East of England Community Health and Care NHS Trust had its own Assurance Committee whereby individual services were discussed, including performance; quality and safety; metrics; and finance of those services. Therefore, there was a clear line of sight between the seven different counties in the east of England and how they were being supported, developed and grown. Each area had its own Director, including a Director for Luton Adult Services and Bedfordshire Rehabilitation Services and a Director for Children's Services in Bedfordshire, Luton and Milton Keynes, with clear visibility at a senior leadership level. Data was triangulated and sent to the Trust Board and Quality Committee, and sometimes to the Finance and Infrastructure Committee, depending on the need. Therefore, both clinical and performance governance arrangements were in place to ensure visibility for the services that were being provided.
- Within the clinical and care strategy, the new East of England Community Health and Care NHS Trust would be looking at its frailty model and how residents and communities were being supported locally, and how such services could be improved. There were no other planned service changes across Bedfordshire and Luton.
- In terms of accessibility of the new East of England Community Health and Care NHS Trust website, it had Recite Me web tool embedded within it which could convert documentation and translate information into any language, including easy-read material. Videos created by the Trust could also incorporate sign-language and translations into different languages, if required, depending on the needs of the community.
- Bedfordshire staff represented local communities from a range of different backgrounds which brought with it vast experience and expertise. The Co-production Team was currently looking at how local communities accessed palliative care and end of life care within Bedford and Luton, as it had been recognised that there was a lack of individuals coming forward from some of the communities that the new NHS Trust served. How services engaged with local communities was being considered and discussed with community leaders, local populations and GP surgeries asking what they knew or did not know about the East of England Community Health and Care NHS Trust. Some experiences were different; therefore, it was important to ensure that services were accessible to all.

Written responses would also be provided to the Committee regarding the following issues:

(2)

1 June 2026

- Further information regarding Palliative Care and District Nursing including an outline of what this offer looked like in Bedford Borough, specifically how the new Bedfordshire and Luton Palliative Care Co-ordination Single Point of Access would work for Bedford residents; what the out of hours pharmacy and medication pathway were; and whether there was any gaps in services.
- Bedford children with neuro-developmental and paediatric waits being above national standards on a two-year recovery plan – how many Bedford Borough children were currently on those waiting lists; how many had been waiting over 52 weeks; and what was the expected position for Bedford specifically after one year of the recovery plan.

There were no comments from the Committee.

The Chair thanked the Chief Nurse, Cambridgeshire Community Services NHS Trust for the detailed Quality Account, her attendance at the meeting, and for diligently answering the Committee's questions.

RESOLVED:

- i. That the Cambridgeshire Community Services NHS Trust Quality Account for 2025/2026, be noted.
- ii. That the relevant minute of this Committee meeting be submitted as the Council's response to Cambridgeshire Community Services NHS Trust during the draft stage of the process prior to their submission to the Department of Health and Social Care.
- iii. That the written responses from the Chief Nurse, Cambridgeshire Community Services NHS Trust be circulated to Members of the Committee once they have been provided.
- iv. That a final version of the Cambridgeshire Community Services NHS Trust Quality Account 2025-2026 be circulated to the Committee for information once it becomes available.

(3)

**NHS Central East Integrated Care Board response to the Quality Account of Cambridgeshire Community Services NHS Trust for 2025/2026**

Central East Integrated Care Board (CE ICB) welcomes the opportunity to review the Cambridgeshire Community Services NHS Trust (CCS) Quality Account for 2025/26. In preparing this commentary, we noted the overview of services delivered within the Central East footprint, which provides helpful context on the Trust's contribution to our system.

The ICB recognises the significant work undertaken by the Trust during a period of considerable organisational change. We acknowledge the continued commitment of staff to delivering high-quality community services across Bedfordshire, Cambridgeshire, Luton, Milton Keynes, Norfolk, Peterborough and Suffolk. The Quality Account demonstrates a clear focus on patient safety, continuous quality improvement, coproduction and partnership working.

We welcome the Trust's strong emphasis on involving patients, carers and local communities in shaping services. The examples of coproduction, youth participation and community engagement described throughout the report reflect a mature and embedded approach to ensuring services remain responsive to local need and lived experience.

The ICB notes the Trust's positive patient feedback, with over 95% of respondents rating services as good or very good. We also recognise the continued progress in embedding Quality Improvement methodologies, strengthening learning from incidents and developing a culture of safety and openness. The Trust's compliance with Duty of Candour requirements and its ongoing development of patient safety systems under the Patient Safety Incident Response Framework provide further assurance of a robust approach to learning and improvement.

We acknowledge the challenges the Trust continues to face, including increasing demand, workforce pressures and waiting times across several services, particularly within neurodevelopmental and specialist paediatric pathways. We welcome the recovery work underway, including pathway redesign, workforce development, strengthened clinical prioritisation and 'waiting well' processes. Continued improvement in timely access to care, reduction in long waits and addressing health inequalities will remain important priorities for the year ahead.

The ICB also recognises the pressures associated with delivering service transformation during a period of organisational transition ahead of the formation of the East of England Community Health and Care Trust. It is essential that quality, patient safety and staff wellbeing remain central throughout this process. We welcome the Trust's focus on maintaining strong governance arrangements, learning systems and workforce support during this transition.

We note the Trust's ongoing work to strengthen safeguarding arrangements, improve data quality and digital capability, and expand the use of patient-reported outcome measures and patient feedback to support service improvement. We also welcome the continued focus on partnership working across health, social care and voluntary sector organisations to support integrated, neighbourhood-based care.

Overall, CE ICB considers that this Quality Account provides a balanced reflection of the Trust's performance during 2025/26, acknowledging both areas of achievement and the challenges that remain. The report demonstrates a clear commitment to learning, continuous improvement and the delivery of compassionate, high-quality care for local communities.

Central East ICB wishes to acknowledge and commend the staff at CCS for their continued dedication to supporting the NHS and delivering safe, effective and person-centred care. We look forward to continuing to work in partnership with the Trust over the coming year.



**Rowan Procter**  
Deputy Director Quality Assurance  
NHS Central East Integrated Care Board

## Cambridgeshire Community Services NHS Trust

### Quality Account 2025/26

#### Statement by Cambridgeshire County Council Health Scrutiny Committee

The Health Scrutiny Committee received the draft Quality Account 2025/26 for Cambridgeshire Community Services NHS Trust (CCS) on 8<sup>th</sup> May 2026. A Task and Finish Group consisting of committee members was established to consider the draft under the committee's statutory health scrutiny function.

CCS provided services across Cambridgeshire, Bedfordshire, Luton, Milton Keynes, Norfolk, Suffolk and Peterborough, so the Committee has tried to confine its comments to services delivered within Cambridgeshire. In the [NHS Trust Performance League Tables](#) issued on 9 September 2025 CCS was ranked 4<sup>th</sup> out of 61 non-acute trusts in England. This is an excellent performance and the trust's staff and leadership team are to be commended.

Committee members found the Quality Account to be rich in detail about the trust's many successes, including the national staff survey where CCS came first nationally in seven out of nine areas compared to 13 other community health trusts. This included the themes 'we are compassionate and inclusive,' 'we are recognised and rewarded,' 'morale', and 'staff engagement.' However, we found it less comprehensive in describing areas of under-performance or challenge. Specifically, we were disappointed by the lack of detail around the 'never event' which occurred during this period. While respecting the need to preserve the anonymity of those concerned we would expect to see a description of how this occurred, what steps have been taken to find out if anything similar has happened elsewhere in the Trust, and what action has been taken to ensure it cannot happen again. More generally, we would encourage the inclusion of more benchmarking data in future years to provide context and identify trends in performance. For example, the section of the report describing delays in accessing services and waiting lists for neurodiversity and specialist paediatric services provides a narrative description ("many children continue to wait longer than national standards" and "longest waits have reduced") but does not provide the actual waiting time figures or a Cambridgeshire-specific breakdown. For something this serious and fundamental to families' lives and their future health pathways the absence of hard numbers is a significant gap.

Committee members were pleased to see clinical prioritisation was continuing in Cambridgeshire in relation to nutrition and dietetics, but it is concerning that increasing demand is leading to longer waiting times for non-urgent referrals. Tackling obesity and particularly childhood obesity alongside system partners is a key element of the Council's [Public Health Strategic Plan 2025-2030](#). Similarly, while we welcome improved waiting times for physiotherapy, sexual health and specialist dental services we share the Trust's concern that sustained high demand may impact these improvements. The committee has

expressed longstanding concerns about dental provision in Cambridgeshire during its public scrutiny sessions in [March 2024](#) and [December 2025](#).

The Quality Account sets out the Trust's quality improvement priorities for 2026/27. This includes the ambition to strengthen place-based, integrated care models delivered closer to home, aligning with the [Fit for the Future](#) principle of shifting care from hospital to community. However, it seems to us that some hospitals are not fully engaging with the creation of integrated neighbourhoods. Instead, they are devolving some service delivery into the community while retaining a centralised decision-making structure. We encourage the Trust to avoid this in its own planning. We would also look for greater clarity on any proposed changes in service provision at Doddington Community Hospital and how this aligns with devolved service delivery.

The committee welcomes the assertion that 'The principles of speak up, listen up and follow up are a core part of the Trust's culture' and the detail provided about the training and structures in place to support this. However, no data was provided about the number of Freedom to Speak Up (FTSU) reports in 2025/26. This is something we feel should be included, together with comparative data for previous years and benchmarking data.

We welcome the continued strengthening of the Trust's advanced clinical practice pathways, 'grow your own' workforce plans, infection control and prevention (IPaC) measures and Quality Improvement Academy. The reduction in waiting times for audiology services including waits of over 52 weeks is also welcome. However, it is unclear whether any of those waiting over a year for an audiology appointment are children and young people. We would be very concerned if this is the case given the significant impact an untreated hearing impairment can have on children's educational outcomes and social development.

The committee welcomes the trust's commitment to collaborative working with system partners, including in relation to infant health. However, we note the absence of any reference to collaboration with Cambridgeshire County Council's Public Health team. Given the significant overlap and established working arrangements, including but not solely the commissioner provider relationship, between CCS's service portfolio and the council's public health responsibilities this is a meaningful omission. Effective partnership between CCS and Public Health is essential to avoid duplication, align priorities and maximise impact for residents. We would ask the trust to include further detail on the arrangements that are in place, and to ensure that partnership with the County Council's Public Health team is reflected in future Quality Accounts and in the new East of England Trust's engagement arrangements.

We note that the trust undertook an extensive programme of clinical audits during 2025/26. While there is a general explanation about the source of each audit within each category, there is no detail on the specific complaints or incidents that prompted them. Where reactive audits have been commissioned it would be helpful for the public to be able to see why and for what purpose. It would also be helpful to see any emerging themes from these audits.



The committee was interested to learn about the work being done in Luton and Bedfordshire by the Health Inclusion Team, Co-Production Team and Gypsy, Roma and Traveller community to produce audio-based and animated educational materials. We are not aware of anything comparable being offered in Cambridgeshire where we also have harder to reach communities who would benefit from additional support.

This will be the last time that the committee comments on services provided by CCS as it merged with Norfolk Community Health and Care NHS Trust on 1<sup>st</sup> April 2026 to form the new East of England Community Health and Care NHS Trust (EECC). It is vital that there is no loss of focus on the services being provided within Cambridgeshire as a result of that merger. It is also imperative that the allocation of resources is fair and proportionate to the needs of our communities in Cambridgeshire, which include some areas of significant deprivation.

We look forward to a constructive relationship with EECC's leadership team during the coming year and beyond.



## Statement from Central Bedfordshire Council's Social Care Health and Housing Overview and Scrutiny Committee

Central Bedfordshire Council's Social Care Health and Housing Overview and Scrutiny Committee plays an important role in holding decision-makers to account for improving outcomes and services for residents. In this context, we welcome the opportunity to act as a critical friend to Cambridgeshire Community Services NHS Trust by providing feedback on its Quality Account for 2025/2026.

We begin by recognising the Trust's achievements over the past year. In particular, the consistently high Friends and Family Test results, with around 95% of respondents rating services as good or very good, represent a strong foundation. Similarly, the positive outcomes from the NHS staff survey and the Trust's sustained national performance are encouraging and suggest a committed and capable workforce.

We also commend the Trust's engagement with the Darzi report and its continued emphasis on co-production, prevention, and partnership working. Collaboration with Central Bedfordshire Council, including engagement with schools and local communities, is a positive example of how shared priorities can be delivered in practice.

As a critical friend, however, we consider that the Quality Account would benefit from greater consistency and clarity in how performance is presented. The inclusion of standardised indicators across all services would strengthen the report, enabling clearer assessment of progress, comparison between areas, and understanding of trends over time.

While co-production and prevention are clearly identified as priorities, these themes are not consistently evidenced across all sections. There is an opportunity for the Trust to more clearly demonstrate how these approaches are embedded in service delivery and outcomes.

We note variation in how evaluation and performance are reported and suggest that greater standardisation would improve transparency and comparability. In addition, the limited use of quantitative data, particularly in relation to waiting times and service activity makes it difficult to form a comprehensive view of performance.

To strengthen future reports, we would welcome:

- Clear and consistent data on waiting times across all services, including the number of individuals waiting and those exceeding key thresholds, particularly within neurodiversity and children's services.
- Contextual information on the total number of patients accessing each service area.
- Greater clarity around satisfaction measures, including how data is calculated and interpreted.

.....

We remain concerned about the ongoing challenges associated with waiting times in neurodiversity and paediatric services, where many children continue to wait longer than national standards for assessment. Further detail on the actions being taken and the expected trajectory for improvement would be helpful.

More broadly, the absence of comprehensive waiting time data limits the ability to fully assess service performance. Strengthening this aspect of reporting would improve both transparency and accountability.

We would also encourage the Trust to provide more tangible evidence of how prevention is being delivered in practice, particularly within community-based services such as health visiting, school nursing and district nursing, and how these contribute to wider public health outcomes.

Given the Trust's wide geographic footprint, it would also be helpful to better understand how services are accessed by Central Bedfordshire residents and whether there are any disparities in access or outcomes.

In light of the forthcoming organisational changes, including merger arrangements, we would welcome assurance that service quality and access for local residents will be maintained, alongside clarity on how learning from other areas will be applied locally.

Finally, further detail on workforce capacity, wellbeing and retention would strengthen the report, alongside clearer information on the Trust's approach to digitalisation and data sharing.

We recognise the positive examples of partnership working highlighted within the report, particularly with the Integrated Care Board, and encourage continued development of neighbourhood working and improved access to primary care services.

In conclusion, we welcome the opportunity to review and comment on this report. As a critical friend, we look forward to continuing to work constructively with the Trust to support improvement, strengthen accountability, and ensure the best possible outcomes for our residents.

**Clr Emma Holland-Lindsay, Chair, Central Bedfordshire Council, Social Care Health and Housing Overview and Scrutiny Committee.**



**4<sup>th</sup> June 2026**

### **Healthwatch Milton Keynes response to Cambridgeshire Community Services NHS Trust Quality Account 2025–26**

Healthwatch Milton Keynes (HWMK) would like to thank Cambridgeshire Community Services NHS Trust (CCS) for inviting us to comment on the draft Quality Account 2025–26.

As in previous years, Healthwatch Milton Keynes convened a Quality Account Panel, bringing together staff and resident volunteers to review the document. Our inclusion of volunteer perspectives provides valuable insight into how the report is experienced by the general public.

The QA Panel recognised the Quality Account as a well-structured and accessible document. The report provides a clear overview of Trust-wide activity, supported by detailed sections on safety, quality improvement, patient experience and governance. The panel also noted that this Quality Account marks a significant transition year, as CCS prepares to merge into a new organisation from April 2026.

The Panel noted several areas of strength within the report, commending the strong emphasis on co-production and patient participation and the detail of reporting on clinical audit, patient safety and quality improvement activity.

The panel felt, however, that issues raised in our previous Quality Accounts submissions remain areas for improvement. This includes local relevance, patient experience insight and demonstration of impact.

The panel noted evidence of progress in the way patient experience and involvement are presented within the 2025–26 Quality Account. The inclusion of more developed sections on co-production, engagement activity and volunteering reflects an ongoing organisational commitment to involving people in shaping services, with the breadth of activity is clearly described. However, the panel felt there was limited evidence showing how feedback has directly influenced change or what difference this has made to people's experience of care.



**Healthwatch Milton Keynes CIO**  
**Registered Charity Number 1166148**

Similarly, the panel noted a greater use of data in some sections which linked to and describes improvement in general terms but felt there remains an inconsistent approach to demonstrating measurable outcomes over time as well as making links clear between improvement activity and tangible benefits for patients.

The panel determined that the most significant gap in reporting remains in relation to local relevance for Milton Keynes residents accessing services operated by CCS. There is a helpful services page to support readers to identify what services are delivered in Milton Keynes, but little if any localised information about how those specific services perform and what the experience of local people has been.

The panel recognises that CCS delivers a limited number of services in Milton Keynes, primarily through iCaSH but the report does not provide sufficient detail for a local service user to understand how last year's quality priorities have impacted their care, or what the forward priorities will mean in practice for the services they use. This level of clarity is achievable within multi-area Trusts and is essential for ensuring that Quality Accounts are meaningful to the populations they serve.

The Quality Improvement Priorities for 2026–27 are clearly set out and align well with national direction and the Trust's emerging strategy. The panel noted that the Trust's priorities are clearly aligned to national direction and could be strengthened by clearly linking between identified patient experience challenges and the practical changes that service users can expect to see as a result.

Overall, while the report demonstrates strong engagement activity and a clear commitment to continuous improvement, it would be strengthened by providing clearer evidence of how patient insight leads to service change and improvement, particularly at a local level.

In its conclusion, the QA Panel commended the breadth of work delivered by Cambridgeshire Community Services NHS Trust and its continued commitment to quality improvement, patient safety and engagement. The Quality Account demonstrates Cambridgeshire Community Services' strategic direction and its strong emphasis on co-production and continuous improvement.

However, from the perspective of Milton Keynes residents, the report would benefit from a clearer focus on local relevance and a clearer connection between patient experience, quality priorities and the impact on services. Strengthening this connection will be essential to ensuring that future Quality Accounts provide meaningful assurance to all the communities they serve, whether service provision is large, or small.



To strengthen the report and future Quality Accounts, Healthwatch Milton Keynes Quality Accounts Panel made the following recommendations:

- Improve local relevance through the inclusion of clear, Milton Keynes-specific reporting so that residents can understand the quality and performance of the services they use.
- Strengthen evidence of impact by improving the presentation of measurable outcomes that demonstrate how improvement activity has led to tangible benefits for patients.
- Link patient experience to change by detailing clearly how feedback and engagement activity have influenced decisions and resulted in service improvement.
- Clarify the purpose and impact of quality priorities for the service user by presenting a clearer connection between identified areas of challenge, the priorities selected, and the practical improvements patients can expect to see.

Healthwatch Milton Keynes thanks Cambridgeshire Community Services NHS Trust for presenting their draft Quality Accounts for 2025-26.

Kind regards



Maxine Taffetani  
Chief Executive Officer  
Healthwatch Milton Keynes

**Healthwatch Norfolk Statement of Review of the draft Quality Account of  
NHS Cambridgeshire Community Services NHS Trust 2025 – 2026**

**Introduction** - We are grateful to the Trust for this Quality Account (QA), and thank the CEO, Chief Medical Officer, Chief Nursing and AHP Officer and the Trust for the opportunity to comment. It has been a pleasure on this occasion to review the quality of such a clearly high performing organisation with its patients and staff at its heart. We are commenting on the parts of the service which apply to Norfolk residents. We note that the Trust is amalgamating with Norfolk Community Health & Care Trust (NCHC) at the time of publishing and hope our involvement will get stronger as this new organisation develops.

**Good Practice** – It was so good to see a stand-alone Quality Account, not part of another document or strategy. This demonstrates the importance attached to the matter by the Trust and is very reassuring. In the introduction the geography and scope are clearly described with an excellent explanation of the QA account. There is much evidence of good practice which includes 'Think QI' and alignment with the NHS 10-year plan. It is very pleasing to see the staff contributors listed. This gives an impression of a team effort; staff being valued and everyone signed up to the process. Unusually, formatting has been standardised and is consistent throughout. A lot of good mottos which could be tacky but actually are good aide memoire, e.g. 'know before you go', 'you said we did', 'speak up, listen up, follow up'. To confirm these are not trivial slogans the trust has 29 'Freedom to Speak up' Champions. Identification of end-of-life preferences and conflict in families is excellent practice.

**Staffing** – The positive staff survey is the best we have seen, and this points towards effective patient care. Happy staff provide better care. Staff seem to be regarded as 'human' not just resources. Handover huddles are another example of good practice and leadership recognising the team and need for communication.

**Accessibility** - The report is detailed but is in fact fairly easy to read. Jargon and 'management speak' is kept to a minimum. The contents page is clear, and it is easy to locate the Norfolk sections. Only one typo on P13 was seen. There is a clear executive summary, glossary and indications of other formats. The layout is straight forward although the font is necessarily small because there is a lot of content. It's satisfying to see 'good' not overused. Checking hearing loops is included as well as consulting with places of worship to get the widest inclusivity of population. This shows a collaborative approach. The whole report is user friendly and easy to follow.

**Patient experience/ Patient safety – evidence from patients or users of the service?**  
There is qualitative and quantitative data from triangulated sources. QI coaches show an excellent use of lived experience and acknowledgement of volunteers bringing rich feedback is encouraging, illustrated by the infant feeding peer support.

No notifiable infection cases are outstanding, and this should be lauded. Patient safety as 'business as usual' is reassuring. Safeguarding is apparent with initiatives like 'think whole family' and highlighting stickers for problems.

**Were priorities for last year achieved and how measured? Examples of improvements? If not, are reasons given?** Learning is demonstrated and this account has improved unrecognisably from three years ago. The research culture is embedded, and improvement plans show a dynamic, responsive organisation.

**Priorities for forthcoming year** – the Norfolk Children's Board and Norfolk Alliance needs follow-up next year regarding addressing inequalities. 38% of newborns do not have a hearing screen. This is concerning for future learning and speech development. The vision is ambitious and linked with the plan. An attempt is being made to reduce the postcode lottery of care, but quality of care is realistic with regard to waiting times. There is no promise to 'fix' things then fail but 'waiting well' is being strengthened. Key words are carefully chosen, e.g. supportive, strengthening, aligning, priorities. This is useful and conveys the meaning accurately.

**Clinical effectiveness** – Evidence from high quality benchmarks is given, e.g. the learning from deaths, retaining the UNICEF baby friendly initiative and National Pulmonary Rehab Audit illustrates good use of audit. Using a focus group in a school, engaging with family hubs and Norfolk Healthy Child Parent & Carer working together group shows a willingness to share partnership working. However record keeping remains a challenge.

**Quality management systems – staffing** has a 'grow your own' ambition with staff appraisal and digital support training featuring from the CEO onwards. Helping staff feel safe is mentioned and professional disagreement is valued and discussed. This is extremely rare in our experience). Data security is taken seriously and the reference to clinical coding shows high standards throughout the organisation with attention to detail and an understanding of the significance of these issues, which is unusual. The trust is transparent and open about incidents and has a positive plan to address them. The ratio of compliments to complaints is 88:1 which is impressive when there are 41,000 recorded notifications. Most impressive is the informal approach to complaints, that all are investigated and the CEO is involved. Communication is effective. E.g. parking in Norwich is a problem, but clients were warned about this so they could allow enough time. Not in denial or defensive. Factual and helpful.

**Areas for improvement and future action** – patient stories help bring issues alive; more would be useful. Delays and waiting lists in neurodevelopmental, nutrition, dietetics and audiology services, would indicate increasing demand, are there any known causes for this? The solutions appear pragmatic and practical, but this should be reviewed in 2027. Milk allergy support seems to be a newly developing need perhaps? Are local charities involved to help with the work?

#### **Potential future threats and challenges**

- **Is AI a threat?** This account has reached an excellent level of understanding patient needs and the rationale for a Quality Account. It would be a pity if the humanity disappeared from it.
- **Is industrial action a risk** which might derail the good progress?

- **Is the merger with NCH&C a challenge?**
- **Political changes** at local and national level might affect the direction of travel but this report gives an impression of a strong organisation able to weather the storms which might be thrown at it. We hope this huge progress can be maintained.

**Overall - this** an impressive account. An exemplar of outstanding practice which should be widely shared with policy makes and the media. It redresses so much of the negative media with which the NHS is bedevilled. Thank you for sharing it with us. Congratulations on all you have achieved.

**Alex Stewart**  
**Chief Executive Officer**  
**June 2026**



**Norfolk and Suffolk**  
Integrated Care Board

Our Ref:  
12 June 2026

**PRIVATE & CONFIDENTIAL**

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Dear Kate and Quality Team

**Re: Commissioner Response to Cambridge Community Services NHS Trust Quality Account 2025/2026.**

NHS Norfolk and Suffolk Integrated Care Board (ICB) acknowledges receipt of the Cambridgeshire Community Services NHS Trust (CCS) Quality Account for 2025/2026 and welcomes the opportunity to provide this statement.

Based on the information and data presented within the report, the ICB supports CCS in the publication of its Quality Account for 2025/2026. We are satisfied that the report incorporates the required mandated elements and provides a balanced overview of quality performance, achievements and areas for further improvement. The report reflects key dimensions of quality as defined by the National Quality Board and demonstrates the Trust's continued commitment to quality improvement, patient safety and person-centred care.

The ICB recognises that 2025/2026 has been a significant year for the Trust, both operationally and strategically, as preparations have been made for the formation of the East of England Community Health and Care Trust through the merger of CCS and Norfolk Community Health and Care NHS Trust. We acknowledge the considerable effort undertaken by staff and leaders to maintain high standards of care and service delivery during this period of organisational change.

The ICB acknowledges the significant progress made across several key areas of performance and clinical quality. Notable achievements include the continued embedding of the Patient Safety Incident Response Framework (PSIRF), the expansion of co-production and patient participation initiatives, the development of research capability across the organisation, and the continued implementation of quality improvement methodologies throughout services. The Trust has demonstrated a strong commitment to all age Safeguarding, learning, innovation and continuous improvement.

The ICB particularly welcomes the Trust's focus on involving patients, carers and communities in service design and improvement. The report highlights a range of successful co-production initiatives across children's, adult and ambulatory care services, ensuring that services are shaped by those who use them. The continued emphasis on patient voice and lived experience is a notable strength of the organisation.

We note the Trust's positive patient experience results, with over 95% of respondents rating services as good or very good, alongside a high volume of compliments and positive feedback received throughout the year. The ICB also recognises the Trust's sustained focus on patient safety, infection prevention and safeguarding, including the absence of laboratory-confirmed MRSA, MSSA, Clostridioides difficile and E. coli bloodstream infections during the reporting period.

The ICB welcomes the Trust's continued commitment to maintaining its Outstanding Care Quality Commission rating and notes that no enforcement action was taken by the Care Quality Commission during 2025/2026. This provides assurance regarding the quality and governance arrangements in place across the organisation.

The ICB also recognises the challenges outlined within the Quality Account. In particular, we note the ongoing pressures associated with waiting times and access to neurodevelopmental, specialist paediatric, audiology and community services, driven by increasing demand and workforce constraints. We welcome the actions being taken by the Trust and system partners to reduce waiting times, strengthen harm review processes and improve access to care.

The ICB endorses the Quality Improvement Priorities identified for 2026/2027. These priorities appropriately focus on workforce development, patient safety, quality improvement, reducing waits, safeguarding, digital transformation and improving outcomes for local communities. We particularly welcome the emphasis on neighbourhood-based care, improving access through digital innovation, supporting children and young people with complex needs, and ensuring people remain at the centre of decision-making about their care.

While significant progress has been made, the ICB supports the Trust's identification of areas requiring continued focus, including recovery of waiting times, reducing health inequalities, improving consistency of outcomes across geographies, workforce wellbeing and retention, and ensuring equitable access to services during a period of organisational transition.

The ICB recognises the challenges ahead and values the commitment shown by all staff across CCS. The Quality Account provides an important opportunity to share with patients, carers, communities and staff the extensive work undertaken throughout the year and demonstrates a clear commitment to transparency, learning and continuous improvement.

On behalf of NHS Norfolk and Suffolk ICB, I would like to thank all those involved in developing and producing this Quality Account, and all staff across Cambridgeshire Community Services NHS Trust for their continued dedication to delivering safe, effective and compassionate care. We look forward to continuing our collaborative partnership as the new East of England Community Health and Care Trust develops and to supporting ongoing improvements for patients and communities across the region for 2026/2027.

Kind regards



Karen Watts  
Director of Nursing and Quality  
NHS Norfolk and Suffolk ICB

### **Formal Public Health Commissioner Response to the DRAFT Quality Account 2025-2026**

As Director of Public Health for Norfolk, I welcome the opportunity to review and provide this formal commissioner response to the Cambridgeshire Community Services (CCS) NHS Trust Quality Account for 2025-2026.

Norfolk County Council commissions the Trust to deliver critical public health services that form the bedrock of our prevention agenda, including integrated sexual health and contraception services (iCaSH), HIV-PrEP, and Norfolk's 0-19 Healthy Child Services comprising Health Visiting, School Nursing, the Family Nurse Partnership (FNP), and the infrastructure of wider CYP provisions through our Just One Norfolk and Just One Number provisions.

#### **Excellence in Overall Quality & Organisational Performance**

First and foremost, I wish to congratulate the Trust on an outstanding year of performance and quality delivery. The content of this report reflects an organisation that has remained resolutely focused on clinical safety, positive patient outcomes, and a deeply embedded culture of continuous improvement during a significant period of strategic transition. There are several clear indicators of this systemic excellence across the report:

- **Exceptional Patient Feedback:** It is reassuring to see that 95% of the 28,902 service users who completed the Family and Friends Test rated their care as 'good' or 'very good', supported by more than forty thousand positive comments.
- **National Leadership in Workforce Culture:** The 2025 NHS Staff Survey benchmarks the Trust at the very pinnacle of community healthcare providers nationally. Scoring highest out of all community trusts in key domains—including being compassionate and inclusive, recognising and rewarding staff, flexible working, team culture, morale, and staff engagement—demonstrates an exemplary workplace culture that directly translates into high-quality frontline care.
- **Rigorous Clinical Safety Frameworks:** The successful transition and baseline embedding of the Patient Safety Incident Response Framework (PSIRF) into standard 'business as usual' practice highlights an honest, reflective, system-focused approach to clinical risk, shifting away from individual blame to systemic

learning. This is further reinforced by a flawless 100% compliance rate with statutory Duty of Candour obligations.

### **Achievements in Public Health Commissioned Services**

I am particularly pleased with the localised qualitative and quantitative progress recorded within the specific service pathways commissioned directly by Norfolk Public Health. The Trust's commitment to co-production, accessibility, and proactive harm mitigation has yielded clear successes across both our adult and paediatric portfolios over the past twelve months.

**Integrated Contraception, Sexual Health (iCaSH), and HIV Services:** The iCaSH network has demonstrated impressive clinical leadership and a sophisticated understanding of service-user vulnerabilities. A standout achievement is the co-produced 'Know before you go' film initiative, created alongside a young person to provide a realistic clinical perspective and successfully alleviate patient anxiety, which rightfully received the Trust's Staff Award for Co-production. Furthermore, the service's responsiveness to feedback is generalised by the rapid rollout of brown paper packaging for pathology collection to respect patient privacy and dismantle the persistent stigma surrounding sexual health check-ups. Nationally, the service continues to represent Norfolk with distinction, actively participating in the Intrauterine Contraception National Benchmarking Audit and collaborating with acute trusts on the Emergency Department blood-borne virus screening pilot in Norwich, ensuring excellent screening and compliance within HIV protocols.

**Children and Young People's 0-19 Services:** Our shared commitment to giving every child the 'Best Start in Life' is strongly reflected in the Quality Account. The formal establishment of the Norfolk Healthy Child Services Parents and Carers Working Together Group has created an invaluable mechanism for families to directly shape service design. Crucially, as part of the 5-19 service development, the Trust executed targeted sexual health and relationship focus groups with 13-to-14-year-olds in secondary schools. The insights gathered are actively refining the school nurse model, promoting digital access and visibility where it matters most. Families continue to benefit from the excellent resource infrastructure of the Just One Norfolk digital platform, while frontline staff have seamlessly adapted to the updated Growth Monitoring Policy, rolling out new clinical toolkits and updating SystemOne templates to ensure the 'voice of the child' is robustly documented and escalated within all safeguarding assessments.

### **Strategic Integration and the Year Ahead**

This Quality Account marks a profound historical milestone. As the Trust transitions from Cambridgeshire Community Services to become the East of England Community Health and Care Trust—following the structural merger with Norfolk Community Health and Care NHS Trust—we enter a new era of place-based health integration. Over the coming year, our public health teams and the newly expanded Trust must move past traditional transactional commissioner-provider relationships, driving towards a shared, unified identity centred on the health of our communities.

**Shared Strategic Imperative:** The alignment of public health strategies with the Trust's new Clinical and Care Strategy represents our single greatest opportunity to operationalise the core shifts mandated by the national 10-Year Health Plan: moving from hospital to community, analogue to digital, and crucially, from sickness to prevention.

To successfully deliver on these national mandates, we will focus our joint efforts on two overarching systemic changes in Norfolk:

**Neighbourhood Working:**

The implications of the national 10-year plan require an aggressive focus on place-based, neighbourhood care models. In Norfolk, this means combining our Public Health tracking and population health management tools with the Trust's expanded community footprints. We must ensure that health visiting, school nursing, and sexual health hubs are deeply integrated into local neighbourhood teams, allowing us to catch physical, developmental, and social risks earlier. We will jointly build a model where data flows seamlessly between local authorities and community clinicians, targeting structural health inequalities in our most underserved coastal, rural, and urban environments.

**Navigating Local Government Reorganisation:**

The upcoming year will require us to manage the complex, structural challenges of local government reorganisation across our region. Structural changes can easily risk administrative disruption; however, our joint priority must be to maintain complete clinical continuity on the ground. By aligning the Trust's newly unified regional structures with our shifting local authority boundaries, we can streamline governance, eliminate historical commissioning silos, and create a far more agile, preventative public health ecosystem. I am fully committed to working hand-in-hand with the executive leadership of the East of England Community Health and Care Trust to co-design these governance frameworks, ensuring that public health outcomes remain at the absolute centre of our shared system design.

In conclusion, I want to extend my sincere thanks to the entire workforce for their tireless dedication, compassion, and innovation over the past year. Norfolk County Council looks forward to a year of closer alignment, deep strategic partnership, and renewed ambition as we transform lives and build healthier community networks together.

Yours sincerely,



Professor Derek Ward  
Director of Public Health  
Norfolk County Council  
Fellow of the Faculty of Public Health (FFPH)

**Appendix 1: List of contributors to the Quality Account 2025/26:**

<p><b>Matthew Winn</b> Chief Executive</p> <p><b>Dr Caroline Kavanagh</b> Chief Medical Officer</p> <p><b>Kate Howard</b> Chief Nursing and AHP Officer</p> <p><b>Liz Webb</b> Deputy Chief Nurse</p> <p><b>Mark Robbins</b> Director of Finance &amp; Resources</p> <p><b>Steve Bush</b> Director of Children and Young People's Services</p> <p><b>Claire D'Agostino</b> Assistant Director for Allied Health Professionals</p> <p><b>Amy Edwards</b> Assistant Director of Improvement &amp; Transformation</p> <p><b>Sarah Feal</b> Trust Secretary and Freedom to Speak Up Guardian</p> <p><b>Lea Fountain</b> Associate Director of Communications</p> <p><b>Angela Hartley</b> Deputy Director of Workforce</p> <p><b>Lara Challinor</b> Head of HR, Recruitment and Retention</p> <p><b>Shagufta Dalal</b> Clinical Quality Manager</p> <p><b>Chris Sharp</b> Head of Infection Prevention and Control</p> <p><b>Heather Howe</b> Clinical Effectiveness and Audit Manager</p>	<p><b>Monty Keuneman</b> Information Governance Manager and Data Protection Officer</p> <p><b>Dr Rachel Martell</b> Portfolio Research Manager</p> <p><b>Ian Moyes</b> Head of Data Services</p> <p><b>Beth McLean</b> Senior Contracts and Relationship Manager</p> <p><b>Deborah McNeill</b> Quality and Patient Experience Information Analyst</p> <p><b>Debbie Shulver</b> Assistant Director of Safeguarding</p> <p><b>Rachel Everett</b> Communications Officer</p> <p><b>Dr Paula Waddingham</b> Research Manager</p> <p><b>Louise Ward</b> Incident, Risk and Safety Manager</p> <p><b>Lisa Wright</b> Patient Experience and Participation Manager</p> <p><b>Anne Ninham</b> Patient Safety Partner</p> <p><b>Ashley Deakin</b> Patient Safety Partner</p> <p><b>Thais Oztiz</b> Lived Experience Partner</p> <p><b>Heather Rigaut</b> Lived Experience Partner</p> <p><b>Nicky Bloye-Cook</b> Assistant Director of Professional Practice (Nursing)</p>
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**Quality Account co-ordinated by:**

<p><b>Natalie Jones</b> Business Support Manager</p>	<p><b>Vicki Budd</b> Quality Co-ordinator</p>
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## Appendix 2: Clinical Audit summaries

### Children's Services

Children's services primarily conducted audits focussing on the quality of record keeping and documentation standards supporting high quality clinical practice, which include administrative processes. Auditing across all localities in standards for growth monitoring in children's and use of the 'think family approach' were undertaken in 2025/26, following extensive staff training in the previous year. Alongside health visiting services, Speciality practice including audiology and orthoptic practice, audited clinical pathways leading to improvements in screening, monitoring, and support. All audits highlighted the building relationship with partnership organisations such as local authorities, general hospitals, partnership trusts and mental health services which have led to a quality improvement approach to strengthen the communication pathways. When gaps were identified through audit in the Children's 0-19 and paediatric services, new initiatives have commenced to improve practice, to enable early assessment in neurodiversity and to ensure additional safety netting protocols that further strengthen assurance of safety in our services. Further safety related audits included the early recognition and Sepsis screening tool which has been supported by new to 2025/26 bespoke training and in response to incident, assessment for vulnerable children seeking asylum leading to a collaborative working relationship with social care.

### Ambulatory Care Services

The iCaSH (Integrated contraception and sexual health) service continues to participate in and provide valuable data for national clinical audit programmes meeting or exceeding national targets. National recommendations have been implemented throughout the service. This has highlighted the need to include assessment of associated risk factors and poor mental health when attending for clinical intervention. Contraception health promotion, education and training within this service have shown excellent consistent results, leading to a supportive environment for service users. Several national audits focused on sexual health provision, including monitoring, in syphilis, using new platforms, digital change and diverse communication methods which have made a significant impact for service users. Screening and consistent monitoring within HIV protocols showed excellent audit results in 2025/26 with the service supporting service users on the completion of treatment pathways.

Dynamic Health (Musculoskeletal) audits undertaken throughout the service focussed on documentation, quality of assessment and consistency in decision making and a significant improvement in communication pathways between service and referrer. Effective treatment pathways for lower back pain and shoulder pain are benchmarked following the NICE recommendations published in 2023 and 2025 respectfully. The dynamic health service promotes and supports post graduate student audits in areas of practice not previously measured, such as health promotion and mental wellbeing for specific groups which has led to gaps being identified and clearer defined protocols being developed.

Dental audits conducted during 2025/26 reviewed the assessment process, quality of documentation and compliance to decontamination in infection control processes, providing high levels of assurance and achieved consistently high quality for dental imaging.

### Bedfordshire & Luton Adult Services

Specialist services within Luton adult services represent an established audit programme, including adult community nursing and cancer services, with additional Norfolk adult teams

planning audits in the following year. Three speciality services participate in national programmes such as Parkinson's and Tuberculosis which have led to accreditation for the successful pulmonary rehabilitation programme service. These audits show the adoption of a gold standard approach in education and training packages for support workers supported by updated procedures and protocols. Auditing quality assurance on medical photography in wound care fully endorsed the now embedded digital application on mobile devices and has shown a significant improvement in recording standards.

### Safeguarding

The Safeguarding team continues to review the safety systems, processes and mental capacity assessments undertaken by staff following bespoke workshops and additional competency training in the previous year with key auditing priorities being, use of the safeguarding node within clinical systems and monitoring large sibling groups safely.

### Support Services

Medicines management is continually monitored throughout the year, which includes compliance to patient group directives used in practice and supportive auditing for the non-medical prescriber's community, which has led to a change in how they are distributed across the Trust. Confidentiality and governance with staff settings are now included in the auditing programme annually and support services offer pre-registration audit education in fulfilment to competency requirements. The Trust has continued to audit clinical documentation standards across all localities and services showed comparable and consistent results to previous years with an increase in the number and diversity of improvement actions.

### Completed Clinical Audits in 2025-26

Trust ID	Service
	<b>Bedfordshire Children's Services</b>
2829	Neurodevelopmental Disorder Complex Case Discussion Meeting- evidencing outcomes for children
2477	Clinical Pathways and Standard Operating Procedures review
2792	Audit of Child Protection Medical Assessments in Bedfordshire.
2763	Review of the clinical finding from neurodevelopmental assessments in children with suspected autism and/or attention deficit hyperactivity disorder.
2999	Patient Feedback Emails After Initial Assessment
2977	2-2.5-year Development review for children, not meeting threshold in all 5 areas of ASQ3
2755	Use of Sodium Valproate in accordance with the Medicines and Healthcare Regulatory Agency guidelines
2862	Cardiovascular aspects of attention deficit hyperactivity disorder assessment, treatment and monitoring
	<b>Cambridgeshire Children's Services</b>
2726	Antenatal pathway Cambridgeshire and Peterborough
2838	Initial Health Assessments for Unaccompanied Asylum-Seeking Young People
2749	Emotional Health & Wellbeing Service Audit- Mental Health Safeguarding Team Administration Processes
2827	Record Keeping in the Multi-Agency Safeguarding Hub Health Team
2914	PEWS & Sepsis Screening
2913	Unaccompanied Asylum-Seeking Young People's Initial Health Assessment pathway review.
3000	Addressing clinical letters
3013	Autism Reaudit
2942	Extent of prenatal exposure to drugs and alcohol in children in care in Cambridgeshire

2853	Down Syndrome Height and Weight recording on SystemOne
3001	Digital Platform (#textus) audit
2979	Multi Agency Safeguarding Hub enquiry completion
3056	Referral audit (Family referral versus Traditional referral)
<b>Luton Children's Services</b>	
2710	Reaudit: Use of tools during mental health screening at all key contacts during Perinatal Period.
2800	Recognition of risk and screening of Blood Borne Viruses in babies following an Initial Health Assessment across Luton and Bedford
2456	Emergency Medication and Care Plans Audit
2458	Medications and Care Plans Audit
2457	Enteral Feeding Unit
<b>Norfolk Children's Services</b>	
2777	Mental health referrals completed by GPs to the Mental Health Advice, Support and Access (MHASA) team
3067	5-19 Digital Request for Support Process Audit
2866	Locality caseload management reaudit
2943	0-5 years Targeted work Packages
2952	2-2.5-year review Ages and Stages Questionnaire outcomes
2779	Chathealth / Parentline Text intervention audit
<b>Integrated Contraception and Sexual Health Service (iCaSH)</b>	
2705	Regional Human Immunodeficiency Virus (HIV) audit: Assessing, monitoring and treatment practices of women living with HIV seen in iCaSH.
2940	Recording in Lilie system audit
2636	Reaudit of Norfolk/Ipswich Human Immunodeficiency Virus network Patients
2765	Gonorrhoea Test of Cure Follow Up Rate
2793	Issue of Combined Hormonal Contraception
2790	iCaSH Syphilis Recall Process Reaudit
2887	Regional GUM audit: Audit of the care of those diagnosed with syphilis within clinics in the Anglia region
2941	Antiretroviral Interactions
2767	Under 18 Safeguarding Audit
2857	Offering the Cu-Intrauterine Device to patients requiring emergency contraception who are eligible reaudit
<b>Dynamic Health</b>	
2809	Lumbar spine Magnetic Resonance Imaging Consistency Audit
2740	Patient Group Direction (PDG057 and PGD058) notes audit in the Dynamic Health Musculoskeletal specialist service.
2611	Urinary incontinence and pelvic organ prolapse in women: management
2780	The new Cervical pathway
2918/2849	Magnetic Resonance Imaging Audit Foot & Ankle and knee- from Specialist service
2846	Musculoskeletal Specialist Service Triage Consistency Audit
2844/5	Shoulder pathway Physiotherapy and specialist teams
2854	Physiotherapy management of faecal incontinence in adults
2856	Pelvic girdle pain in pregnancy Management local pathway only - delay
2847/8	Compliance with the LBP pathway NICE Guidelines 59 Physio and Specialist teams
2850/1/2	Notes Audit (Documentation) Physiotherapy, Specialist and Rehabilitation
2843	Osteoarthritis Hip/knee Physiotherapy Team Clinical Guidelines 177
<b>Dental</b>	

2722	Efficacy of Dental Instrument Decontamination Audit
2936	Waterline Audit
2721	Dental Radiography Audit: Quality of Radiographs taken in Dental HealthCare
2723	Dental record keeping audit
2797	General Anaesthetic Swab Count Compliance
2916	Radiation protection file contents
	<b>Bedfordshire and Luton Adults Services</b>
2801	Healthcare Quality Improvement Partnership <b>National</b> Audit: Sentinel Stroke National Audit Programme Audit.
2736	Heart Failure optimisation audit
2839	Diabetes Housebound Annual Review Diabetes Audit- retrospective
2830	National (ongoing) Pulmonary rehabilitation audit
2798	Quality of first leg ulcer assessment in clinic audit
2747	Central Venous catheter care in cancer services
2748	Health Needs Assessment in cancer services
3066	Falls Strength and Balance Audit
2978	Self-Neglect adult safeguarding pathway
3028	Documentation of wound care measurements and photographs - Prev 2508
2766	Specialist palliative care audit
2768	Parkinson's Disease Nurse Specialist Bone Protection Health Re- Audit
	<b>Safeguarding</b>
2817	Reaudit Safeguarding Referral to social care Audit
2750	System1 Safeguarding Information Node -Trust wide
2807	Reaudit Resolving professional disagreements and disputes (escalation).
2806	Multi-agency Safeguarding Hub and Multi-agency risk assessment conference Interface
2718	Large Sibling Groups and Children Requiring Transitional Support Plans - Safeguarding Supervision
	<b>Corporate</b>
2876	Antimicrobial audit – Medicines Management
2879	Audit of Stock Controlled Drugs (Dental Services only)
2878	Storage & Handling Medicines Audit
2877	Patient Group Directive practice and management audit-Medicines Management
2782	Annual record keeping -Trust wide
IPAC	Clinical Interventions
IPAC	Environmental Audits
IPAC	UV hand hygiene
2864	Specialist Community Public Health Nurse student audits (7 groups)
2820	Information Governance confidentiality Reaudit Trust wide
2762	Mental Capacity assessment (over 16 years)
2974	Voice of the Child Healthy Child Programme
2966	Growth Monitoring Healthy Child Programme

### Appendix 3: Glossary and explanation of Abbreviations

<b>ADHD</b>	Attention Deficit Hyperactivity Disorder is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse.
<b>AI</b>	Artificial Intelligence (AI) The use of computer systems to perform tasks that typically require human intelligence, such as data analysis, pattern recognition and decision support.
<b>AIS</b>	Accessible Information Standard. From 1 August 2016, all organisations that provide NHS care and / or publicly funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
<b>Ambient Voice Technology</b>	A digital tool that converts spoken clinical conversations into draft clinical notes, helping clinicians focus more on patient care while supporting accurate record-keeping.
<b>Ambulatory Care</b>	Ambulatory care refers to medical services performed on an outpatient basis, without admission to a hospital or other facility.
<b>ASD</b>	Autism Spectrum Disorder is a condition related to brain development that impacts how a person perceives and socializes with others.
<b>Audit Commission</b>	This was a statutory corporation in the United Kingdom. The commission's primary objective was to appoint auditors to a range of local public bodies in England, set the standards for auditors and oversee their work.
<b>BAF</b>	The Board Assurance Framework (BAF) brings together in one place all of the relevant information on the risks to the board's strategic objectives.
<b>BBV Screening Pilot</b>	Blood-borne viruses e.g. HIV, Hepatitis B and Hepatitis C
<b>Clinical Audit</b>	Clinical Audit is defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.
<b>CoP</b>	Communities of Practice (CoPs) are networks of professionals that share common goals or interests. CoPs can be sources of knowledge, learning and support.
<b>COPD</b>	Chronic Obstructive Pulmonary Disease: is a common long disease, causing restricted airflow and breathing problems.
<b>Co-Production</b>	Co-production is simultaneously an activity, an approach and an ethos which involves members of staff, patients and the public working together, sharing power and responsibility across the entirety of a project.
<b>CQC</b>	The Care Quality Commission is the independent regulator of all health and social care services in England. It monitors, inspects and regulates hospitals, care homes, GP surgeries, dental practices and other care services to make sure they meet fundamental standards of quality and safety.
<b>CQUIN</b>	CQUIN stands for commissioning for quality and innovation which was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.
<b>Datix</b>	Web-based incident reporting system used by the Trust.
<b>DOCCLA</b>	Doccla are an organisation that provides equipment/software for efficient monitoring / assessments.
<b>DSPT</b>	The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.
<b>Duty of Candour</b>	The intention of the duty of candour legislation is to ensure that providers are open and transparent with people who use services. It sets out some specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
<b>ECFS</b>	Early Childhood and Family Service supports 0–5-year-olds and their families.

<b>EDS</b>	The Equality Delivery System (EDS) is a framework created by the Department of Health Equality and Diversity Council to help NHS trusts deliver services that are personal, fair and diverse and work towards compliance with the Equality Act 2010.
<b>EIA</b>	Equality Impact Assessment: this involves using an evidence base to predict any potential outcomes of the changes on any of the 9 protected characteristics and then making any necessary adjustments to reduce or eliminate any negative impact.
<b>ELFT</b>	East London NHS Foundation Trust. Providing a wide range of mental health, community health, primary care, wellbeing and inpatient services to young people, working age adults and older adults across the City of London, Hackney, Newham, Tower Hamlets, Bedfordshire and Luton.
<b>EPACCS</b>	Electronic Palliative Care Coordination Systems: is a means to capture and share information electronically from people's discussions about their care.
<b>Ethics Committee</b>	An ethics committee is a body responsible for ensuring that medical experimentation and human subject research are carried out in an ethical manner in accordance with national and international law.
<b>FFT</b>	Friends and Family Test is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
<b>Freedom to Speak Up</b>	Freedom to Speak Up (FTSU) is about encouraging a positive culture where people feel they can speak up and their voices will be heard, and their suggestions acted upon.
<b>Group Model</b>	A group that consists of two providers, CCS and NCHC who are jointly governed by a Group Board that manages both trusts. As part of this Group model, the trusts will remain as two statutory trusts within the new Group.
<b>GP/GPs</b>	General Practitioner(s) (GP/GPs) Medical doctors who provide primary care services and act as the first point of contact for many patients.
<b>Healthy Child Programme</b>	The Healthy Child Programme for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.
<b>HIV</b>	Human Immunodeficiency Virus is a virus that damages the cells in the immune system and weakens the ability to fight everyday infections and disease
<b>iCaSH</b>	Integrated Contraception and Sexual Health (iCaSH) is one of our Trust services and provides all the necessary support, information, treatment and care for all areas of contraception and sexual health in Bedfordshire, Cambridgeshire, Milton Keynes, Norfolk, Peterborough and Suffolk.
<b>ICB</b>	Integrated Care Board (ICB) The NHS statutory organisation responsible for planning and commissioning healthcare services within an Integrated Care System.
<b>ICS</b>	Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
<b>ILAC</b>	Inspections of Local Authority Children's Services is the official framework used by Ofsted.
<b>LeDeR</b>	The learning from deaths of people with a learning disability (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability and reduce health inequalities.
<b>LGBTQIA+</b>	Is the abbreviation to include Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and many other gender and sexual identities.
<b>MRSA</b>	Methicillin-resistant Staphylococcus Aureus is a group of gram-positive bacteria that are genetically distinct from other strains of the Staphylococcus Aureus.
<b>MSSA</b>	Meticillin-sensitive Staphylococcus Aureus is a type of bacteria which lives harmlessly on the skin and in the nose, in approximately 30% of the population.
<b>MSK</b>	Musculoskeletal (MSK) Service supports patients with musculoskeletal conditions, i.e. problems with muscles, bones and joints.
<b>NCHC</b>	Norfolk Community Health and Care Trust, providing community health and care services across Norfolk and parts of Suffolk, Cambridgeshire and Lincolnshire.
<b>NICE</b>	National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.
<b>NIHR</b>	National Institute for Health Research (NIHR) funds health and care research and translates discoveries into practical products, treatments, devices and procedures, involving patients and the public in their work.
<b>OHID</b>	Office for Health Improvement and Disparities (OHID) A government office focused on improving population health and reducing health inequalities.

<b>PALS</b>	The Patient Advice and Liaison Service (PALS) service provided by Cambridgeshire Community Services NHS Trust offers a point of contact within the organisation for patients, their families and carers. We aim to answer questions and resolve concerns as quickly as possible.
<b>Peer Review</b>	This is the evaluation of work by one or more people with similar competencies as the producers of the work. It functions as a form of self-regulation by qualified members of a profession within the relevant field.
<b>People Participation</b>	People Participation is about helping our service users and their carers to have a say in how we run the Trust and how we can work together so that we can offer a better service for all.
<b>PHSO</b>	The Parliamentary and Health Service Ombudsman is responsible for considering complaints by the public that UK Government departments, public authorities and the National Health Service in England have not acted properly or fairly or have provided a poor service.
<b>PROMS</b>	Patient Reported Outcome Measures (POMS) assess the quality of care delivered to NHS patients from the patient perspective.
<b>Patient Safety Partners</b>	Patient Safety Partners (PSPs) are, for example, patients, carers and other lay people who support and contribute to a healthcare organisation's governance and management processes for patient safety.
<b>PSIRF</b>	Patient Safety Incident Response Framework sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
<b>QIA</b>	Quality Impact Assessment: is used to assess and evaluate the impact on quality standards relating to plans and decisions to make changes to programmes or services.
<b>RSM UK</b>	RSM UK - is a leading provider of audit, tax and consulting services to the middle market.
<b>Secondary Uses Service</b>	This a collection of health care data required by hospitals and used for planning health care, supporting payments, commissioning policy development and research.
<b>Section 149</b>	Public Sector Equality Duty: <ul style="list-style-type: none"> <li>▪ advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;</li> <li>▪ foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</li> </ul>
<b>SEND</b>	Special Educational Needs and Disability. A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support.
<b>SI</b>	A Serious Incident (SIs) is a type of patient safety incident identified in NHS-funded care where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified.
<b>SOP</b>	A standard operating procedure (SOP) is a set of step-by-step instructions to help staff carry out routine processes. SOPs aim to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with regulations.
<b>SSNAP</b>	Sentinel Stroke National Audit Programme (SSNAP) is a major national healthcare quality improvement programme which measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales and Northern Ireland.
<b>SystemOne</b>	This is a centrally hosted clinical computer system developed by Horsforth-based The Phoenix Partnership (TPP). It is used by healthcare professionals in the UK predominantly in primary care.
<b>Think Family</b>	The Think Family agenda recognises and promotes the importance of a whole-family approach which is built on the principles of 'Reaching out – think family'.
<b>UCR</b>	Urgent community response (UCR) teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer.
<b>UNICEF</b>	The United Nations Children's Fund (UNICEF) is an agency of the United Nations responsible for providing humanitarian and developmental aid to children worldwide.
<b>Voice of the Child / (VOC)</b>	This is a phrase we use to describe the real involvement of children and young people.