

Title:	Integrated Governance Report		
Report to:	Trust Board		
Meeting:	20th July 2022	Agenda item:	6
Purpose of the report:	For Noting: <input type="checkbox"/>	For Decision: <input type="checkbox"/>	For Assurance: <input checked="" type="checkbox"/>

Executive Summary:

This Integrated Governance Report (IGR) has been produced following the clinical operational board meetings that took place on 5th July (Children's), 6th July (Adults) and 7th July (Mass vaccination). The IGR brings together the quality, performance, workforce and finance information for April and May along with key risks, to provide the Board with assurance of delivery against the agreed strategic objectives and indicators.

For each objective, this report provides:

- a description of the direction of travel for achieving the Trust's objectives;
- the strength of assurance the report provides in relation to the Trust's strategic risks and high scoring operational risks;
- the level of assurance that each section of the report provides for the relevant domains of safe, caring, effective of safe, caring, effective, responsive and well led.

Assurance is measured against the agreed assurance metrics in Appendix 4 and is summarised at the beginning of each section of the IGR and overall, in the table below:

	Safe	Caring	Effective	Responsive	Well Led
Strategic Objective:					
Provide Outstanding Care	Reasonable	Substantial	Substantial	Reasonable	-
Be an Excellent Employer	Reasonable	-	Reasonable	-	Substantial
Collaborate with others	-	-	Substantial	-	Substantial
Be a Sustainable Organisation	-	-	-	-	Substantial

Exceptions are reported against each of the four strategic objectives within the body of the report.

Recommendation:

The Board is asked to discuss the report and review the assessment of assurance summarised above and in the assurance summary for each objective as outlined in the report. The Board is asked to confirm that the information contained in the Report supports this summary and the overall assurance rating of **REASONABLE** assurance.

Supporting Information:

Appendix 1: CCS Statement of Purpose

Appendix 2: Quality Dashboard

Appendix 3 Strategic Risks and Operational Risks 15 and above

Appendix 4: Assurance Framework

Appendix 5: Statistical Process Control Chart Key

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	Anita Pisani		Deputy Chief Executive	
	Mark Robbins		Director of Finance & Resources	
	David Vickers		Medical Director	
	Rachel Hawkins		Director of Governance & Service Redesign	
Assurance level:	Substantial <input type="checkbox"/>	Reasonable <input checked="" type="checkbox"/>	Partial <input type="checkbox"/>	No assurance <input type="checkbox"/>

How the report supports achievement of the Trust objectives

Trust Objective	
Provide outstanding care	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Collaborate with others	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be an excellent employer	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be a sustainable organisation	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Equality and Diversity Objective	
To fully implement the actions identified following our review of the No More Tick Boxes review of potential bias in Recruitment practices	Action plan in place and being delivered upon and embedded in the revised recruitment and retention policy in July

The Trust Board will role model behaviours that support the Trust ambition to be an anti-racist organisation including actively implementing the trust and their personal anti racism pledges, to instil a sense of belonging for all our staff.	The Board have made their public pledges, to be measured by personal objectives and feedback from staff.
To commence collection of demographic data for people who give feedback.	Action plan is in place - Q1 actions has been achieved
To work with the data team and clinical services to target the collection of demographic data.	Action plan is in place - Q1 actions has been achieved

Links to BAF risks / Trust risk register

The report assesses the strength of assurance provided in relation to the Trust's strategic risks on the Board Assurance Framework and the operational risks scoring 15 and above which are listed against the strategic objectives in the report.

Legal and Regulatory requirements:

All CQC Key Lines of Enquiry and fundamental standards of care are addressed in this report.

Previous Papers (last meeting only):

Title:	Date Presented:
IGR Report	18 th May 2022

Executive Summary:

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Collaborate with others	-	-	Substantial	-	Substantial
Be a Sustainable Organisation	-	-	-	-	Substantial

Exceptions are reported against each of the four strategic objectives within the body of the report.

In addition, the key matters, risks and areas of outstanding practice arising from the individual Clinical Operations Boards reports this month are summarised below:

1. Children & Young People's Services

- **Integrated Governance Report** – the COB received a detailed Integrated Governance Report updating the following:
- Activity continues to be high within the Universal plus and Universal Partnership Plus pathways, impacting staff capacity to deliver universal elements of the Healthy Child Programme (HCP).
- Recruitment challenges continue with some posts, notably in Health Visiting (Bedfordshire, Cambridgeshire, and Norfolk), Community Paediatrics, Speech and Language Therapy (pan-Bedfordshire) and the Nutrition and Dietetics service (pan-Bedfordshire).

- There continues to be demand and capacity pressures in the Pan-Bedfordshire Community Paediatrics service (Risk ID 3120) and the Community Paediatric service in Cambridgeshire (Risk ID 3425).
- For Luton and Bedfordshire CYP services there is a re-current financial risk for 2022/23. Some non-recurrent funding has been secured. Services are currently agreeing 22/23 position and options are being prepared for discussion with commissioners.
- The Bedfordshire and Luton HCP's and the pan Bedfordshire Occupational Therapy service continue as targeted services.
- The pan Bedfordshire Children's Rapid Response service is experiencing capacity challenges due to vacancies (Risk 3366), an escalation framework has been agreed with commissioners.
- A Consultation has been released by the Luton Local Authority proposing a change of purpose for Luton Child Development centre (Edwin Lobo centre). There is a risk health services within the building will need to source alternative accommodation at short notice.
- There are currently 9 non-Covid19 risks scoring 12 and above.
- The longevity of working and delivering clinical services during the pandemic continues to impact on staff morale and this continues to be a focus for the leads across all services and additional support is being put in place as and when needed.
- A CQC and Ofsted SEND inspection (re-visit) has been announced for Central Bedfordshire Council. The inspection will be conducted between Monday 4th July 2022 and Wednesday 6th July 2022. Position statements for Community Paediatrics and Speech and Language services have been shared. Colleagues will be attending respective focus groups.
- A SEND re-inspection and full ILAC assessment in Luton are imminent. Regular partnership meetings have been established to share data and improvement progress.
- The Peterborough SEND services were re-inspected in January 2022. Transition to adult services (18-25) will continue to be an area of improvement.
- Staff survey action plans are being finalised across CYP services, focus includes the quality of appraisals and supporting staff health and wellbeing.
- The COB received the patient experience annual report. The statistics themselves were encouraging in that they remain stable and have not increased even though services are under such pressure through demand and/staffing challenges. COB members discussed some of the process changes that have taken place over the last year and agreed to add in compliments data next time to show overall picture of patient experience and feedback to the service.

Matters for escalation for the Board to note:

- Staff recruitment and vacancies within 0-19 services remain high and recruitment and retention plan being implemented.
- Staff absence due to sickness and increase in covid positive self-isolation remain above Trust target.
- Healthy Child Programme services continue to deliver services in line with their business continuity plans.
- Bedfordshire and Luton Community Paediatrics – RTT times remain above 18 weeks. High service demand not matching service capacity (Risk 3120) and recurrent funding risk (Risk 3388).
- Cambridgeshire Community Paediatric Services - Waiting lists for ASD assessments more than the 18-week RTT target. (Risk 3425) and upcoming new special schools and expansion of existing special schools without additional resourcing will be untenable within existing resources. Child Protection Medicals for Peterborough children.

Risks of 15 or above and emerging risks:

- 1 risk scoring 16+ – Emotional impact on workforce when exposed to high risk safeguarding incidents. (Risk 3250)
- Risk ID 3472 - There is a risk that if CCS agrees to the changes in the delivery model in the Speech and Language Therapy Service in Norfolk and deliver of 100% EHCP's then the Trust will be unable to deliver the commissioned service model. This could lead to an inability for the service to improve outcomes for children with speech and language needs who do not have an EHCP in place. (Risk Rating 16)

Outstanding practice and innovation for the Board to note:

- The Luton service continues to provide Healthy Child Programme mandated contacts to children and families who remain housed in the bridging hotel as part of the Luton Afghan Refugee system response.
- The Luton HCP are now fully staffed within Health Visitor roles, a notable achievement. Recruitment to Staff Nurse roles is a challenge with recruitment efforts continuing.
- Our partnership in Bedfordshire with One YMCA to jointly facilitate Children centres is progressing well. The initiative is enabling an integrated service in Bedford Borough, including integrated specialist pathways, an expansion of data sharing, development of a single workforce approach and a joint communication strategy.
- In Cambridge, Level 3 UNICEF baby friendly award has been retained. CPFT Level 3 assessment has been completed. Awaiting formal report but largely the feedback was very positive.
- In Cambridgeshire 0-19, the development of the transition digital health questionnaires 'Getting Ready for Change' progressing well. Year 9 questionnaires launched as planned in June 2022.
- The formal evaluation of the Best Start in Life place-based pilots was positive. Next steps will be to agree embedding as business as usual and scoping out the opportunities of creating place-based teams which in turn supports the Family hub model.
- The Best Start in Life 2.5-year universal development review pathway has now transitioned into a face-to-face delivery model and launched in May 2022 in Peterborough and Cambridge.
- The Children's Rapid Response Service in Luton has been shortlisted for the HSJ Improving Care for Children and Young People initiative of the Year award. An excellent joint submission with HUC, the award ceremony is scheduled for September 2022.
- Bedfordshire - **Occupational Therapy** Service continues to co-produce the develop of its universal and targeted levels of support. This month they have finalised an online training video for parents and schools to demonstrate how to use planning wheels. This was the priority area identified by parents. They are piloting a training package in schools, with an initial pilot of four mainstream nurseries and schools across the county. The content of the training has been based on SENDCo reported priorities and will include:
 - Use of web site and universal resources from CCS site and other good resources from other Trusts.
 - Training on dressing – including techniques to use with a child with hemiplegia and backward chaining for children with a learning disability.
- Norfolk and Waveney Just One Number – Integrated Front Door - Working with system partners across Norfolk and Waveney, we have been working with young people to co-design a young person's web platform. This has included to date over 200 young people from schools and youth groups such as SEND youth forum, Youth in Mind, Youth Advisory Boards and young people social groups such as St John's Ambulance.

2. Adult Clinical Operations Board

Integrated Governance Report – the COB received a detailed Integrated Governance Report updating the following:

Ambulatory Care

- The Trust's to the Monkeypox virus and all the associated work across iCaSH has absorbed a large proportion of the leadership capacity for the last 6 weeks. The service is not operating as business as usual, and this is having an impact on our current ability to meet demand for the various elements of the service.
- The investigation into the iCaSH serious incident which was reported in March is concluding and feedback and learning will be shared in the appropriate forums.
- The financial position for the Division at month 2 was discussed along with the work that is underway to identify recurrent CIP for the current year.
- The Dental Access Contracts across Cambridge and Peterborough have been renewed for a further 2 years until June 2025.
- Suffolk Commissioners have offered the opportunity to bid for monies to increase special care dentistry capacity and provide increased domiciliary care in Suffolk. A similar opportunity in C&P has been sought but unfortunately there is no funding available.
- The general response to IT issues has improved with better communications and Q&A forums for staff to escalate issues for resolution. Having the stability within our Clinical systems helps to ensure the clinical services can function as efficiently as possible.
- The divisional overall mandatory training compliance is above target and there has also been a small improvement with appraisal compliance.
- Overall, the divisional friends and family feedback is 95.95% positive with 1500 patients surveyed in the reporting period.

Luton Adults

- Appraisal rates have improved. In terms of the quality of appraisals, appraisers are ensuring that career progression is covered in the appraisal discussion
- Mandatory training compliance has decreased significantly, the main reason being difficulty freeing staff up to attend training due to the staffing challenges faced by the service.
- Staff Survey response rate from BAME staff was disproportionately low when compared to the overall response rate. The service will work with BAME staff to understand why the response rate was low with a view to improving response for future surveys, focusing on five key areas for improvement were identified; feeling valued, staff shortages, joined up working, bullying and harassment and career development.
- The service is under immense pressure due to staff shortages, however the International Recruitment program has progressed 14 people to various stages of recruitment. The first cohort are due to arrive in August/September however the benefits in terms of an impact on staffing numbers will not be seen until early next year. In addition, a recruitment open day is to be held on 15 July,.
- Bullying and Harassment; first step is to reiterate/promote the Trusts approach of zero tolerance. Workshops to be arranged for managers on how to manage difficult conversations.
- Diabetes education for Urdu and Bengali patients; how to reach out to the community. A review of invite letters found they were sent out in English only; these have now been translated to include Urdu and Bengali. Processes in the way

patients are contacted has also been reviewed enabling patients to be contacted in a timelier manner. However, it is recognised there are some cultural reasons why patients may not attend, and the service is looking to recruit an Urdu and Bengali speaking volunteer as a means of reaching out to the community.

- A BLMK ICS bid for the virtual ward national programme has been submitted to create up to 120 virtual beds in the BLMK patch by April 2023. If the bid is successful Luton Adults will take the lead on this.

Matters for escalation for the Board to note:

- The Monkey Pox Virus response has had considerable impact on clinical capacity, senior clinician time and workload and leadership team. On call OOHs service running in interim to support MPV testing and results process as well as mandated welfare checks required for MPV positive patients.
- Routine LARC provision running across all services, large waiting lists held in majority of localities.
- Staff morale remains reduced across the service. Tiredness and stress related absences noted. Support mechanisms in place across all areas, but the service highlights increased pressures on an extremely tired workforce.
- Reduced staffing issues within all iCaSH counties and pharmacy reported, reducing service capacity. Recruitment campaigns continue and staff development programmes have commenced where required.
- Increase in COVID related sickness
- Workforce challenges due to vacancies and the international recruitment programme to mitigate

Risks of 15 or above and emerging risks:

- Risk 3482 Impact of MPV on iCaSH services (rating of 15)
- Risk 3419 There is a risk with slippage for delivering some of the iCaSH Service Developments
- Risk 3324 Increased LARC wait times (rating of 15)
- Risk 3337 Staffing capacity in Luton Adults (rating of 20)
- Risk ID 3478 – iCaSH: Impact on patient and staff services due to ongoing disruption to ICTS provision. (Risk Rating 16)

Outstanding practice and innovation for the Board to note:

- Speed of MPV response and operational changes within iCash, including establishing a testing pathway, establishing a consultant on call to act on results and clinical patient wellbeing checks. Pathways and guidance in place for staff teams, high paced development supported by leadership team, sometimes in absence of/with conflicting national guidance. Regular staff Q&A sessions instigated, and daily MPV ops calls in place.
- Dynamic Health have submitted an entry for the Chief Allied Health professionals officer (CAHPO) awards in the AHP digital practice award 2022 category for the digital ways of working we have introduced. The awards evening will be held on 13 October 2022.
- Health and Wellbeing - The Bedfordshire & Luton Staff Health & Wellbeing and Engagement Forum continue to take place monthly, and the Poynt renovations are well underway and are due to be completed at the end of June. We are very excited to be able to offer the new staff room and gym to staff, they are spaces where staff can take time out for themselves.

- Remote working - Following the success of the Diabetes pilot, the remainder of the team have been trained and are ready to start using the remote monitoring pathway. The Rapid Response team have recently refreshed their pathways and the whole team retrained in order that they will start to provide remote monitoring for their patients.

3. Mass Vaccination Clinical Operations Board

Integrated Governance Report – the COB received a detailed Integrated Governance Report and noted the following:

- The Trust is currently reviewing the service model for Mass Vaccinations that will be used for the winter booster programme.
- Plans are currently being developed; however, it is anticipated the number of sites will remain largely the same.
- There are financial pressures to the programme which also need to be worked through as part of the autumn/winter planning. Further updates will be shared as the plans mature.
- The MV programme will be embedded into the Ambulatory Care Trust Division as business as usual from the 1st August 2022.
- Early indication shows that autumn booster activity based on cohorts 1-6 currently recommended by JCVI is likely to be 380,000 patients across Cambridgeshire & Peterborough. Should the JCVI recommend that cohort 7,8 & 9 are also vaccinated, this will increase the overall administration ask to 486,000 people across C&P.
- We are awaiting the data from Norfolk & Waveney to understand the potential activity that will pass through Norfolk and Waveney sites.
- The CCS Mass Vaccination centres have been reported as the best value for money in the region, having delivered vaccines at up to a third of the cost of other systems.
- Vaccine allocation has been extremely challenging throughout this period. Daily scrutiny has been required to ensure vaccine supply is sufficient. There has been regular transfer of vaccine between sites and from Community Pharmacies, Primary Care Networks and Acutes sites. This continues to be escalated regionally.
- The service has received no formal complaints and 1 informal complaint in the preceding two months. This is a reduction on the previous reported months against informal complaints. The informal complaints are all resolved; and the theme was related to refusal to vaccinate due to ineligibility.
- Fixed term contract holders have now received extensions to contract until 31/03/2023 following agreement of the autumn/winter booster programme between September and December with an evergreen offer through until March 2023.
- Mandatory training has seen a marked improvement following a focus on improving this and now reports 93% overall compliance.
- The service has current shift fill rate of 99% which remains the highest within the Region and has risen from the previous report by 12%.
- The service has proactively been working with sites around the retention programme, discussing with staff members their future ambitions and how this may align to future opportunities in the Trust and wider system.
- This has been received positively so far with many sites already engaged, with additional webinars during April and May. There have been 590 staff retained in the health system following exit from the Large-Scale Vaccination programme.
- Cambridgeshire & Peterborough teams have also recently supported the CCG with care home vaccinations, so care home resident population is vaccinated before the national deadline of 30 June.
- Furthermore, Cambridgeshire & Peterborough teams are also supporting CPFT with vaccinating housebound staff across the county.

Matters for escalation for the Board to note:

- It is anticipated that there will be financial pressures to the programme as the model changes from a reimbursement model to a fixed cost per vaccine model. This change introduces a financial risk to the programme. Work continues to understand these changes and how best to mitigate the risks.

Risks of 15 or above and emerging risks:

- There was one risk rated 15 or over: Risk ID: 3163 - this was included on the Trust's BAF and had recently been increased to 20 to reflect the current workforce and delivery challenges. Plans were underway to develop a service plan for 2022/23 (following national guidance) which would help to mitigate these issues.

Outstanding practice and innovation for the Board to note:

- Cambridgeshire and Peterborough is the third best system in the country for uptake of vaccinations for 5-11 year olds.
- Success of the media campaign for 5-11 year olds which has contributed to the high rates of vaccination.
- Though there is an increasing financial risk to the programme, the CCS model was recently identified as the most efficient Large Scale Mass Vaccination model in the region.
- The service has been working proactively with staff who are leaving the Mass Vaccination programme and have retained nearly 600 staff into the wider health system.

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Appendix 2: Quality Dashboard

Appendix 3 Strategic Risks and Operational Risks 15 and above

Appendix 4: Assurance Framework

Appendix 5: Statistical Process Control Chart Key



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A: Assurance Summary

<p>Safe</p>	<p>93% of incidents were categorised as no or low harm in May (S1) There were no never events reported in April & May (S2) Over 75% of all SI action plans are on target for completion, and there are escalation plans in place (S3) There were 2 nosocomial Covid19 staff outbreaks in April and May, with no impact on service provision. (S5) All service changes as part of the Programme Management Office Verto process have a QIA/EIA in place (where appropriate) (S7) IPAC (Infection Prevention and Control) assurance framework was reviewed at May's board, 3 gaps remain which are being monitored via the IPaC Committee (S8)</p>	<p>Reasonable</p>
<p>Caring</p>	<p>FFT (Family & Friends Test) outcome for the Trust is 96.46% (target 90%), FFT are at 90% or above for 90% of our services (C1) Formal complaints are acknowledged within 3 working days and responded to within the timeframes agreed by the complainant (C2) 95% of all complainants are offered local resolution within 4 working days (C3) Over 75% of all services receive complimentary feedback from the public (C4). 100% of all Directorates receive positive feedback and 91% of individual teams.</p>	<p>Substantial</p>
<p>Effective</p>	<p>The 2 patient EDS objectives are on track for delivery (E6)</p>	<p>Substantial</p>
<p>Responsive</p>	<p>RTT challenges are noted (see section 7), recovery plans are in place across the services, plans are fluid to meet fluctuation of staff sickness (R1) 90% of all formal complaints are acknowledged within 3 working days (R2) 1 complaint was missed out of 24 which has brought the figures down to 90% due to communication difficulties with the service</p>	<p>Reasonable</p>

- 1 This report summarises the key elements of quality and safety that have been our focus since the beginning of the pandemic in March 2020. We have reprioritised our services in line with national guidance and continue to review our service in line with the current level 3 incident response.
- 2 In addition to the overview and analysis of performance for April and May 2022, the Board can take assurance from the following sources
 - During the Covid19 pandemic period and, more recently whilst operating at an NHS level 3, several processes underpin comprehensive management of the risks and issues associated with delivery of clinical services. These include our



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Incident Control Centre (ICC), Incident Management Team (IMT), situation reports from all services which include information on staffing levels, lateral flow, PPE, risks and incidents. These processes continue whilst we operate under the NHS Major Incident framework.

- Our overall Care Quality Commission (CQC) inspection rating 'Outstanding' remains in place from August 2019 with 'Outstanding' within the caring and well-led domains.
- Assurance can be taken from the initial completion of the NHSE / I Infection, Prevention & Control Board Assurance Framework presented to the Board in September 2020. A further update was presented at May's board.
- There have been two reported staff outbreaks of Covid19 infection within this reporting period, which have all been managed within the parameters of the national guidance.
- The Trust's Large Scale Vaccination (LSV) programme is in the top 10% in the country for delivering vaccinations to the 5-11 year old cohorts. The teams have worked hard to make the sites as child friendly as possible with a range of initiatives and social media campaigns.

B: Measures for Achieving Objective – 2022 / 2023 Measures

No.	Measure:	2022 / 2023 Target:	Data source:	Reporting frequency:	Current position as of May 2022:
1a	Maintain overall Care Quality Commission rating of Outstanding	Improved ratings for individual Key Lines of Enquiry	Formal assessment	Annual	CQC rating: Outstanding
1b (1)	Patients/carers are satisfied with care delivered by our staff	90%	FFT	Monthly	96.46%
1b (2)	FFT feedback questions to be available in the six languages most frequently requested for translation and other languages / formats available on request	Pass/Fail	PPC	Apr 23	On-going
1c	Our staff recommend the Trust as a place to receive treatment	Maintain or improve upon 2021 Annual Staff Survey response score	NHS Annual Staff survey & Quarterly Pulse Survey	Quarterly	Recent figures not released
1d	Deliver the locally agreed patient related annual Equality Delivery System objectives: Patient/Service User Objective 3: To	Pass/Fail	Equality Delivery System	Quarterly	



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	commence collection of demographic data for people who give feedback. Patient/Service user Objective 4: To work with the data team and clinical services to target the collection of demographic data.				Action plan is in place for Objective 1 and 2 – Q1 actions have been achieved. Pass – Q1
1e	Safety – our staff feel able to speak up about patient safety issues	Maintain or improve 2021/22 score	Staff survey	Annual	On-going
1f	Achieve overall mandatory training levels at 90% or greater	90% (was 94% - change to be briefed to Jun Board)	ESR	Monthly	Mandatory training – 92% for May 2022
1g	Increase the number of services supported by volunteers	To baseline by end Q2 and set target for Q3 & Q4	People Participation Committee	6 monthly	On-going
1h	Achieve our target to recruit patients/service users to research studies	Pass/Fail	Research Team	Quarterly	Pass
1i	Agree a new quality improvement framework and a plan for building improvement capability within the Trust	Pass/Fail	Quality and Service Re-Design Teams	Review end Q2	On-going

C: Risks to Achieving Objective

Strategic Risks:

1. **Risk ID 3164** - There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 20)
2. **Risk ID 3166** - There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. (Risk Rating 16)
3. **Risk 3486** – There is a risk that the performance stability and functionality variability in performance with elements of the ICT infrastructure (provided by SBS/Sopra Steria) during the early adoption and transition phase, impacts our staff's ability to deliver high quality services.
4. **Risk ID 3227** - There is a risk services will not have the capacity to provide timely and effective response to children and adult safeguarding enquiries during



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the pandemic. This may result in a failure to support multiagency decision making to assess actual or likely risk of significant harm and provide timely intervention to promote the wellbeing and protect children/young people and adults at risk of harm. (Risk Rating 16)

Related Operational Risks 15 and Above

1. **Risk ID 3337** - *There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being. (Risk Rating 20)*
2. **Risk ID 3324** – *There is a risk of significantly extended waiting times for access to LARC as a result of routine LARC appointments being reduced across specific iCaSH localities. (Risk Rating 15)*
3. **Risk ID 3472** - *There is a risk that if CCS agrees to the changes in the delivery model in the Speech and Language Therapy Service in Norfolk and deliver of 100% EHCP's then the Trust will be unable to deliver the commissioned service model. This could lead to an inability for the service to improve outcomes for children with speech and language needs who do not have an EHCP in place. (Risk Rating 16)*
4. **Risk ID 3478** – *iCaSH: Impact on patient and staff services due to ongoing disruption to ICTS provision. (Risk Rating 16)*

D: Overview and analysis (including information from the Quality Dashboard – Appendix 2)

1 Quality Impact Assessment (QIA)

- 1.1 The quality and equality impact assessment process are now live within the verto system, once completed sign off is undertaken by both the Medical Director and Chief Nurse. Any discrepancies or issues relating to the Quality or Equality assessment are fed back to the document author. There is also an opportunity to discuss the impact assessments at the internal Ethics Meeting (which is convened as and when required). The quality and equality impact assessment sign off is monitored via verto and is discussed at the Executive Programme Board

2 Patient Safety

- 2.1 No Serious Incidents (SIs) were declared in April and May 2022.
- 2.2 Two incidents were submitted to the Commissioners for closure during the period. An action plan has been developed for both incidents which will be monitored for completion, this will include the uploading and review of evidence. Learning slides have been produced which will be shared locally and which are available on the Trust's intranet.



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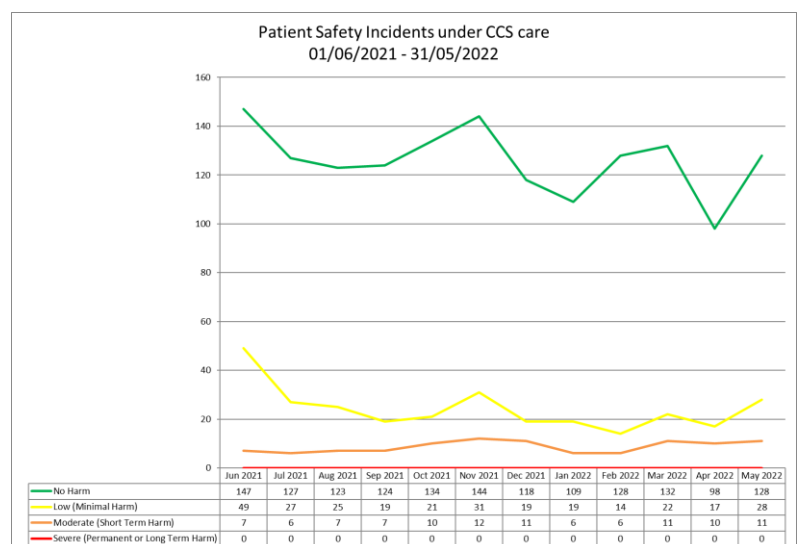
- 2.3 One incident related to record keeping which occurred in the Norfolk Healthy Child Programme (HCP). The investigation identified the following learning points:
- There was a need to explore the impact on practice when staff reported feeling overwhelmed / stressed or were managing long term conditions that could impact their resilience. The focus needed to remain on the children and young people that the practitioner was working with.
 - A more effective way to oversee staff record keeping was required, to include robust and regular caseload reviews and ability to highlight records that were not written up.
- 2.4 The second incident related to Assessment and Escalation and occurred in the Integrated Contraception and Sexual Health (iCaSH)/Joint Venture Services. The investigation identified the following learning points:
- A review of the Under 13's protocol was required.
 - That school Nurses (SN) may see children in settings other than school.
 - That Child Sexual Exploitation (CSE) training was required within the setting.
- 2.5 Following an initial triage by the Patient Safety Team, relevant incidents are reviewed via panel discussions which are attended by service leads and specialists to agree next steps and / or close and approve submitted investigation reports.
- 2.6 Seven panel meetings were held in April and 11 in May 2022. The panels were a combination of reviewing final reports, discussion on next steps and action plan reviews.
- 2.7 The chart below highlights those patient safety incidents that occurred under our care and includes the two-month period of April and May 2022. These incidents totalled 293 which was a decrease of 15 incidents on the previous two-month period.

2.8 Of the 293 incidents, 78% were no harm incidents, 15% low harm and 7% moderate harm.

2.9 Twenty-one moderate harm incidents (whilst under CCS care) were reported, which was an increase on the previous two-month period.

2.10 Twenty-two moderate harm incidents were reported in April and May. However, following review, one incident was deemed to have occurred off caseload and has therefore been removed from the dataset.

Of the remaining 21 incidents, 19 were reported for Luton Adult Services of which 18 related to acquired pressure ulcers and the remaining incident related to medication. One falls incident occurred in our Musculoskeletal (MSK) services. The remaining incident was reported by Bedfordshire 0-19 Service and related to a missed





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opportunity to provide correct advice – this is still under investigation and may be downgraded on completion.

Incident Themes

2.11 Datix reports in generic categories and the categories we see reflected in the top three reported (for each month) are as follows (note that these remain unchanged from the previous two-month period):

- Clinical assessment and treatment
- Access, administration, transfer and discharge
- Medication

April 2022	May 2022
Clinical, assessment and treatment: 112 Access, admin, transfer, discharge: 63 Medication: 51	Clinical assessment and treatment: 110 Access, admin, transfer, discharge: 77 Medication: 48

2.12 Incident themes are quite specific to different service directorates due to the diversity of work undertaken. A Trust wide view of themes showed that within each of the categories above the following was noted:

2.12.1 **Clinical Assessment and Treatment:** All pressure ulcers and moisture-associated skin damage (MASD) were reported under this category, both for those acquired on and off caseload. Therefore, Luton Adult Services was the main reporter of these types of incidents (75%) due to the nature of their work and volume of visits they undertake. The Tissue Viability Nursing (TVN) Team have reviewed the National Wound Care Programme on-line training modules, these have now been placed on ESR (from April 2022) and as of July 6th, 2022, 51% of relevant staff have completed their training – it is envisaged that there will be yearly updates around this topic. Additionally, the puffin group (a collaboration between the TVN team and care homes in Luton) will be re-instated in the Autumn – this model provides a 3 day learning event for care home staff on pressure ulcer prevention, foot care and dietary intake. The Tower Hamlets work is on-going with the final data sets due to be completed by October 2022.

2.12.2 Also included in this category are incidents relating to scans / x-ray / specimens / test results. iCaSH Service reported 8% of the overall figure for such incidents which were linked to an external provider and included issues such as delayed results.

2.12.3 **Medication:** Medication incidents related predominately to Luton Adult Services (61), Large-Scale Vaccination Service (20) and iCaSH Services (14). It should be noted that over 95% of these incidents were no (90%) or low (5%) harm. The remaining 5% related to moderate harm incidents, however only one of the incidents occurred whilst on caseload and is currently still under investigation. Concerns are also reviewed by the Medication Safety & Governance Group so that lessons can be identified, and feedback provided to other health providers as needed.

2.12.4 **Access, administration, transfer and discharge:** This theme is predominantly a lack of referral into the Trust from another trust or an individual requiring community-



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based care, e.g., GP / acute hospital. Most incidents were reported by the 0-19 Services across the Trust, which all reported a theme around missing / late antenatal service communication. This was recognised as an ongoing national issue; local system wide discussions are being undertaken, with some resolution found within the Norfolk system, a meeting has been held with the national team to look at next steps.

2.12.5 Where themes were linked to external providers, issues are picked up during liaison with the services or commissioners.

National Patient Safety Alerts

2.13 There is a robust process in place for managing and acting on alerts through the Safety Team which is overseen by the Deputy Chief Nurse. The Chief Nurse and Medical Director are alerted to all relevant alerts via Datix and participate as needed in task and finish groups to address the issues. Details of all safety alerts are shared via the Trust's intranet site.

2.14 In April and May 2022, 28 alerts were received, two of which were national patient safety alerts. All Central Alerting System (CAS) alerts were actioned and closed within the required time frame.

2.15 The two National patient Safety Alerts were as follows:

- NovoRapid PumpCart in the Roche Accu-Chek Insight insulin pump: risk of insulin leakage causing hyperglycaemia and diabetic ketoacidosis.
- Inadvertent oral administration of potassium permanganate – not relevant to the Trust.

A report on the received alerts is shared via the intranet monthly.

Enduring standards

2.16 NHSi has introduced an initiative to address previous alerts which have been identified as an ongoing 'enduring standard'. An audit of these standards is underway with relevant clinical leads. The majority relate to medicines management, and recommended actions remain in place within the Trust. The audit outcomes will be reported via Medicine Safety and Governance Group and Quality Improvement and Safety Committee.

"Patient safety alerts are issued to providers of NHS care to support them to take specific actions to keep patients safe. Although some content of past alerts is outdated, some of the actions from previously issued alerts continue to be relevant and remain valid beyond the timescales of the original alert.

"Over 140 alerts issued up to November 2019 (including 'notices' or 'rapid response reports') were recently clinically reviewed to identify which actions within those alerts remain valid and should be considered as 'enduring standards'.

"The review covered alerts issued by the NHS England and NHS Improvement National Patient Safety Team and its predecessor organisation, the National Patient Safety Agency (NPSA). The review also summarised other content from the alerts



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identified as general principles that can be applied more widely to inform wider ongoing safety improvement.”

3. Medicines Management

3.1 Medicines Governance

3.1.1 The Medication Safety and Governance Group has not met since the previous Integrated Governance Report.

3.2 Medicines Incidents

3.2.1 Incident reporting has returned to pre-pandemic levels from a reduced number of reports during 2020 and early 2021. During Summer 2021 the number of incident reports increased, particularly in the Luton Adult service. This is reflective of the return of face to face activity, especially by the domiciliary pharmacy technicians, who are generally high reporters. The majority of reports relate to incidents attributable to other organisations. Subsequently, reporting has settled to levels seen in 2019-2020.

3.2.2 The Mass Vaccination service has emerged as the second highest generator of medicines-related incident reports, second to Luton Adult Services. For both services, this reflects the activity within the service where large numbers of doses of medicines are administered.

3.2.3 A high number of incident reports is indicative of a good reporting culture and provides opportunities to learn from near misses before harm is caused. These figures are monitored in the monthly Quality Dashboard. Please note, there is some subjectivity involved in the judgement of harm vs no harm.

Month	Number of incidents attributable to CCS	Percentage No Harm incidents
November 2021	31	90%
December 2021	33	88%
January 2022	31	87%
February 2022	20	95%
March 2022	23	87%
April 2022	24	96%

3.2.4 Unfortunately, there is no national benchmarking data available for the purposes of comparison of this parameter.

3.2.5 The national benchmarking data which is submitted on a monthly basis compares medication error rates per 1000 WTE budgeted staff in a community setting. The Trust consistently reports above the national mean and the national median, and this can be interpreted as having a good reporting culture.



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3.3 Mass Vaccination Service

- 3.3.1 The supply of covid vaccines continues to be tightly controlled by the National and Regional teams this however does make it difficult to plan ahead and it does force large numbers of journeys to transport handfuls of vials between vaccination centres. This issue has been escalated.

The Non-Medical Prescribing Network

- 3.3.2 The Non-Medical Prescribing Network continues to meet on a quarterly basis and has decided to hold a Non-Medical Prescribing Conference on 13 July 2022. The general preference was for it to be a virtual conference. The NMP Steering Group is currently planning for this.

4. Safeguarding

- 4.1 A safeguarding function business continuity plan was invoked at the beginning of the pandemic in March 2020 and is being used to support the delivery of the safeguarding service across the Trust. This was updated in April 2022 to maintain oversight of the contingencies in place. The Trust continues to work proactively with partners to carry out its statutory safeguarding duties regarding the children and adults who access our services.

- 4.2 The current Safeguarding risks are:

4.2.1 **Risk ID 3227:** There is a risk that our staff will not have the capacity to provide an effective safeguarding response to the increased number of complex cases. The increased complexity in cases needs to be managed across whole systems and cannot be addressed by the Trust alone. Adult safeguarding leads were recruited to substantive posts in June 2022. During this reporting period, this risk has been rated at 16 and controls remain in place.

4.2.2 **Risk ID 3250:** There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma, which may have a negative impact on their psychological wellbeing. This may result in an increase in sickness and retention rates, which have been identified to be increasing across the whole system. Discussions around trauma informed practice have been progressed internally, with a draft proposal for policy development which will be added to guidance for policy development once ratified. Trauma informed practice self-assessment is being planned across the Trust for August 2022. This risk is currently rated at 16 and controls remain in place.

- 4.3 The safeguarding supervision policy has included a peer review standard operating procedure which was developed by the Cambridgeshire Named Professional to sit alongside the new model and provide quality assurance mechanisms. This has commenced roll out across the Trust.

- 4.4 The Liberty Protection Safeguard (LPS) is now in a 16-week consultation process for the draft guidance which is due to be completed in July 2022; with final guidance planned for publication in late autumn 2022 and the LPS being enacted in spring 2023



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(although this date is still not clear). The Trust has contributed to the consultation. The LPS board has been set up and will meet regularly to consider workforce and training strategy requirements, LPS action plan review and minimum data set requirements. The focus for the wider system and the Trust is on the mental capacity act training for staff. A Mental Capacity Act (MCA) audit has been completed and the report from this is expected by July 2022.

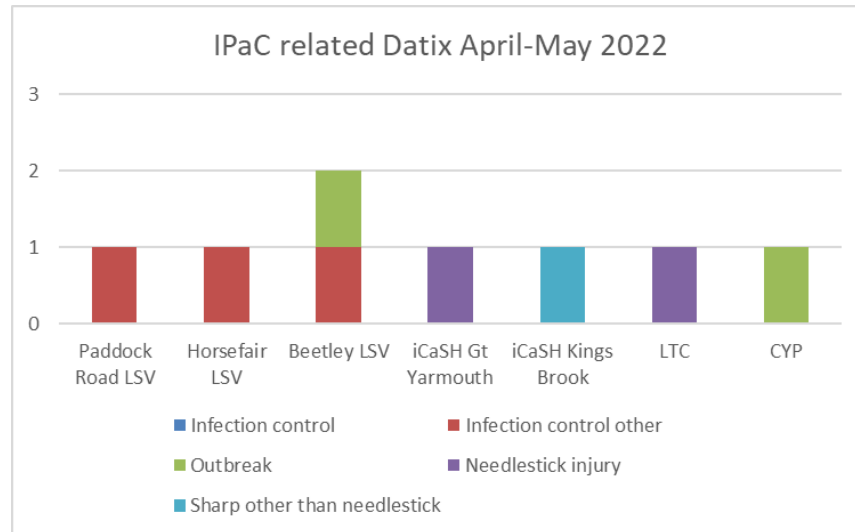
- 4.5 An adolescent transition strategy has been developed by the Trust wide Head of Safeguarding and the Lead Transition Nurse in Cambridgeshire & Peterborough. The policy is being updated and a standard operating procedure is being drafted by the Lead Transition Nurse with a view to cascading this to each service as a working template. This work will include mental capacity act assessments and consideration of liberty protection safeguards within care pathways, transition to adult services and compassionate discussions.
- 4.6 The level of mandated supervision (for those staff who report on this as a KPI) continues to be below the target 95% across most areas but is improving and there is a clear plan of oversight and management in each area. All safeguarding teams have in place robust plans to both monitor and support compliance levels, which are supported by locality team managers and service directors. The Safeguarding Business Support Manager is undertaking a small project to review the reporting mechanism for supervision across the Trust with a view to standardising the collection and collation of this data and offering greater assurance of the compliance rates.
- 4.7 A consultation day to support the Trust with developing an inclusive strategy for learning disability is planned for 21 July 2022, to be led by the Development Manager – Safeguarding Young People, from the Ann Craft Trust. This event will be attended by Service Directors, Heads of Safeguarding and Executive Leads from across the Trust. Participation in a research project that is being led by Kings College is being explored to complement this piece of work.

5. Infection Prevention and Control (IPaC)

- 5.1 Assurance is provided to the Board that all the national IPaC documents have been reviewed and incorporated into Trust policies and operating procedures and that IPaC issues (Covid-19 related) continue to be discussed at the weekly IPaC huddle and subsequently reported to the Trust's Incident Management Team (IMT).
- 5.2 The risk relating to supply and availability to our services of PPE is monitored by the team.
- 5.3 The IPaC team continues to work with staff to ensure they can work in a safe environment which involves regular review and update of building risk assessments including ventilation, cleaning and access to required PPE.
- 5.4 The Trust reported eight IPaC related incidents in this period (a reduction of 12 from February and March). A breakdown is summarised below.



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- 5.5 Outbreak meetings with team leads, Director of Infection Prevention & Control (DIPC) and the IPaC team were convened during the first 2 days of each outbreak. Two outbreaks were reported in April and May, these were reported in line with national guidance.
- 5.6 At the end of May, the total number of Trust staff was 4028, 2846 of whom were registered with the Trust to report their Lateral Flow test results. Only 523 completed the tests and recorded the result (13% of all staff). Since further discussions with staff groups and managers, and a new communication campaign this figure has started to rise.
- 5.7 A total of 195 members of staff reported having a positive Lateral Flow Test (LFT) result during this period (154 in April and 41 in May), this was a decrease of 150 compared to the previous two months; all 154 reported a positive PCR test for Covid-19 and have been supported by the organisation. The decrease is consistent with the national downward trend. However, we are expecting the number to increase in June following the removal of masks in most areas and various national celebrations.
- 5.8 Other infections: there were no confirmed bacteraemia cases of MRSA (Meticillin-resistant Staphylococcus Aureus), Extended Spectrum Beta – Lactamase (ESBL), or any positive cases of C. difficile during this period.

Monkeypox Virus

- 5.9 Monkeypox is a viral zoonotic disease that occurs primarily in Central and West Africa. Within the UK it was classified as a high consequence infectious disease (HCID) for NHS management, particularly to enable early identification and prevention of spread within the healthcare environment. At the end of this reporting period, the IPAC nursing team began supporting the Trust's iCaSH staff to implement the national guidance/ pathways.
- 5.10 Work commenced on fit testing staff who would most likely be in close physical contact with a potential Monkeypox patient, the team also reviewed the deep clean processes to ensure the teams were fully prepared to support the testing and treatment of patients.



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6. Patient Experience

6.1 The Patient Story

6.1.1 The Board will hear from a patient from Bedfordshire Acquired Brain Injury service about his experience of the service following an attempt to take his own life.

6.2 Friends and Family Test (FFT)

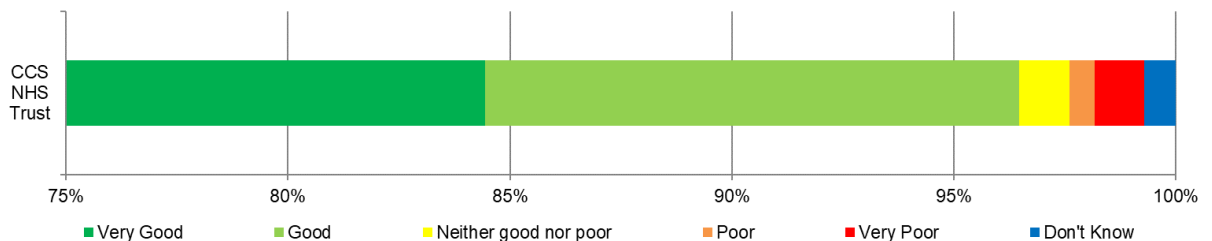
6.2.1 The aim for FFT feedback is to ensure that there is an opportunity for service users, parents and carers to provide feedback with a range of methods available that are accessible and meet service users' needs.

6.2.2 We received 1280 responses in April and 2221 in May. This is an increase of 47 on the previous two month period. Below is a summary since December 2021.

	Dec 2021	Jan 2022	Feb 2022	March 2022	April 2022	May 2022	Total
Trust overall	1297	1975	1772	1682	1280	2221	10227

6.2.3 The overall Trust FFT positive feedback was 96.46%, with a 1.69% negative feedback percentage. We remain above the Trust target of 90%.

6.2.4 Below is the percentage of responses to each category of the FFT question for the overall Trust.



6.2.5 In April and May the services we provide received over 5979 positive comments on service user surveys and feedback forms across the Trust.

6.3 NHS Complaint Standards. Embedding the Standards: organisational assessment matrix May 2021

6.3.1 The Patient Experience Policy is under review and being re-written to include the work that the team has embedded for the NHS Complaints Standards and to include a new section on vexatious and unreasonably persistent complainants.



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Recommendation	How we meet it	Areas for Development
Change in practice arising from a serious incident investigation must be seen within 6 months after the incident occurred.	SI actions sit with Safety Team	The teams to consider whether actions from complaints linked to SIs are to be completed within 6 months.
All trusts must ensure that complaints that meet the serious incident threshold must be investigated as such.	Complaints are reviewed by Resolution and Complaints Manager and service manager for potential incidents. These are flagged to Safety Team for potential Serious Incident (SI). SI investigation sits with Safety Team. Patient Experience team currently attend panel meetings when appropriate. Complaint Investigation is dealt with independently to SI investigation.	
All maternity services must involve service users (ideally via their Maternity Voices Partnership) in developing complaints response processes that are caring and transparent.	Currently no Maternity Voices equivalent for CCS. Our complaints process involves a person-centred approach that aims to be caring and transparent.	Fits with our plans to have user involvement in feedback on our complaint responses for our services. Annual audit of quality of response.
Complaint's themes and trends must be monitored by the governance team	Trust wide data is reviewed by the PE team and provided monthly for Quality Team review. Services receive monthly data for review. Bimonthly data goes to Board Biannual data to QISCOM	Documentation of decisions and actions resulting from monitoring and review.

6.3.2 The Patient Experience Team, have also reviewed the relevant recommendations from the Ockendon Report (2022), a high level overview of our position and next steps is tabled below

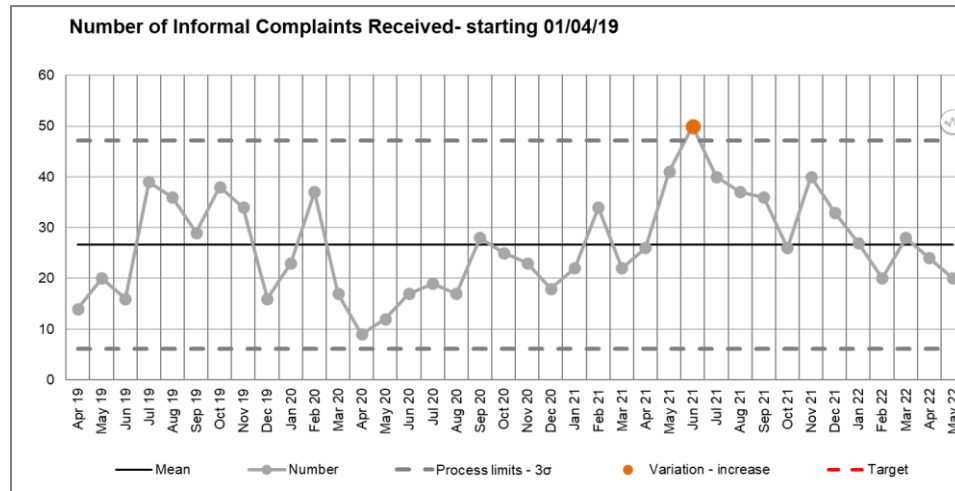
6.4 Actions and learning from formal and informal complaints

6.4.1 Following each complaint investigation for informal and formal complaints, the investigator is supported by the Patient Advice and Liaison Service (PALS) to agree any actions/learning that have been identified from the investigation. These agreed actions are recorded on Datix for timely completion by named staff in the service and includes sharing the learning with their wider team. Opportunities to share learning from complaints wider throughout the Trust have been through Comms Cascade and at Senior Managers meetings.



6.5 Informal complaints received

6.5.1 The total number of informal complaints received and logged was 45 in this data period, 24 in April and 21 in May. Both months were below average and within the expected variation.



6.6 Themes and learning from informal complaints closed in April and May 2022

6.6.1 Forty-nine informal complaints were resolved and closed in April and May, with 71 themes / issues identified. The top three themes of the informal complaints closed within this period were Delay in Diagnosis, Treatment or Referral (18 subjects in 18 informal complaints), Communication and Information (14 subjects in 12 informal complaints) and Staff Attitude (14 subjects in 14 informal complaints). The details about the informal complaints with the top themes relating to delays, staff attitude and communication / information are detailed below.

6.6.2 Four of the informal complaint themes about delays related to iCaSH Peterborough, three to Bedfordshire Community Paediatrics and three to Bedfordshire Speech and Language Therapy. Two informal complaints about iCaSH Peterborough were related to not being able to get through to the service on the telephone, one was about an appointment being by telephone and not face to face, and one was about not receiving results. The three relating to Bedfordshire Paediatrics were about delays in referral being accepted, for assessment to take place and in receiving a phone call from a doctor. The three about Bedfordshire Speech and Language Team related to delays in providing the service.

6.6.3 As an outcome Bedfordshire Paediatrics and the Speech and Language Team have developed infographics for parents and carers to inform them of the waiting times, the reasons for the delay and to provide support whilst waiting. The infographic is available on the website and parent and carers are directed to it and other sources of support when they contact the Patient Advice and Liaison Service (PALS). Via the infographic there is signposting to the Attention Deficit Hyperactivity Disorder (ADHD) patient resource pack



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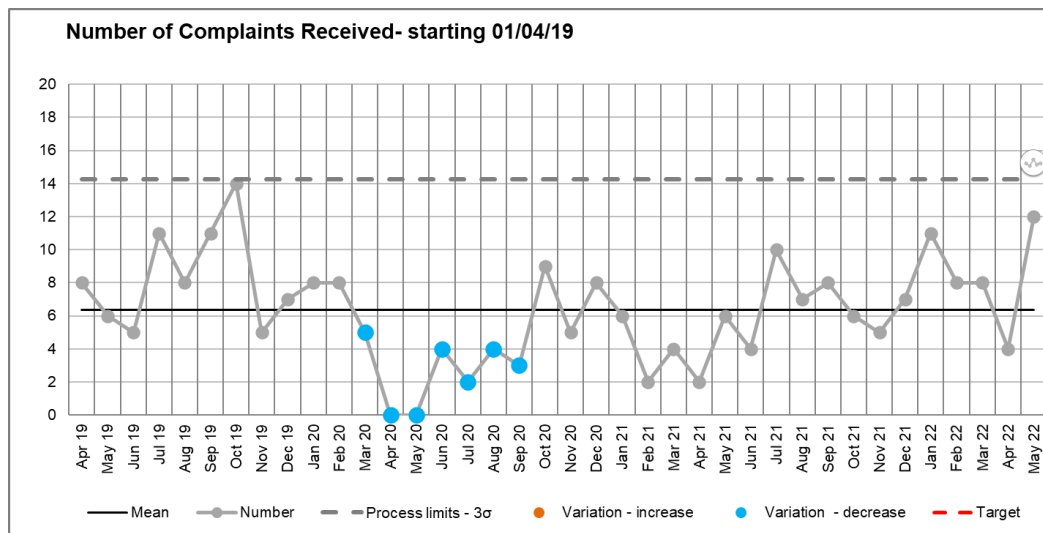
and the Neurodiversity Diagnosis Support Pack, along with BOSA (Brief Observation of Symptoms of Autism) resources.

6.6.4 Bedfordshire Speech and Language Therapy was the focus of three issues linked to communication and information; the others were spread across a range of services. Those relating to Speech and Language were about lack of communication from the service and lack of information sharing with a school.

6.6.5 The services involved in the informal complaints with issues about staff attitude have been reviewed. Four were about the Large Scale Vaccination Service: details include service user feeling coerced into receiving a specific vaccine, staff talking inappropriately about a service user, not being offered their vaccine of choice, and being refused entry as unable to wear a mask.

6.7 Formal Complaints

6.7.1 The Trust received 16 formal complaints in this data period: four in April and 12 in May. As shown in the graph below this is within the expected range.



NB It is impossible to have fewer than 0 complaints in a month so this is not shown on the graph above.

6.8 Themes and learning from formal complaints closed in April and May 2022

6.8.1 Within this data period we responded to and closed 22 formal complaints. In these 22 complaints there were 41 subjects / themes identified. Communication and Information was the most frequently occurring subject with 11 in nine complaints. Clinical Care was the second most frequently occurring with nine in nine complaints and Delay in Diagnosis, Treatment or Referral third with six in six complaints. The services involved are detailed below.

6.8.2 Three of the complaints were about Bedfordshire Community Paediatric Service and two about each of Cambridgeshire Community Paediatric Service, Dental Services and iCaSH Suffolk. Those about Bedfordshire Community Paediatric Service were about a range of issues, with no themes.



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- 6.8.3 Two of the complaints with issues about communication were linked to service users disagreeing with the outcome and content of reports. The investigation found that overall the content was correct, but there was learning which was the importance of not using subjective language.
- 6.8.4 There were no themes in the services involved in complaints about Clinical Care or Delays.
- 6.8.5 **Examples of Learning:** the following sections highlight some specific examples of learning identified from formal complaints.
- 6.8.6 A complaint about the cancellation of dental appointments and the impact this had on the service user's mental health. The service user had been assured the appointment would take place but it was cancelled by text message on the morning of the appointment. A pop up alert was on the service user's notes to flag that the appointment should not be cancelled.
- The investigation found that this alert was not seen when staff accessed the record to cancel the appointment. Contributory factors were recent changes within the Dental Access Centre so there was no reception service which resulted in dental nurses covering the administration roles relating to patient paperwork, booking and cancelling appointments alongside their clinical responsibilities. This resulted in increased pressure and reduced time to complete tasks.
 - A second factor was staff shortages. There had been redeployment of management staff to Large Scale Vaccination Centres and on the day of the cancellation several senior members of staff were on annual leave or covering for staff shortages at another dental site.
 - Learning and actions included: services should not guarantee that an appointment will not be cancelled, as this may not always be attainable. Staff have been reminded to check all pop up alerts on service users' records. In addition, an action has been agreed to review the current clinical system including the alert function to scope if there is a better way of ensuring that alerts are seen.
- 6.8.7 A joint complaint about care provided by a midwife and health visitor, specifically regarding a baby's weight and resulting hospital admission. The investigation found that the Trust did not follow our standard procedures and incorrectly signposted the parent to the GP for weighing. The Health Visitor was new to the Trust and had not been made aware of the Growth Policy.
- The actions agreed included review of the staff induction process to ensure that new staff are familiar with Trust processes and procedures and those of partner organisations such as GP practices. The complaint outcomes have been shared with North West Anglia NHS Foundation Trust (NWAFT) in order to support review of the handover process from the NWAFT Midwifery team to the CCS Health Visitor Team.

6.9 Formal Complaint Response Times



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- 6.9.1 In this data period we responded to 22 formal complaints (11 in April and 11 in May). The average number of working days to respond to complaints in April was 46, in May it was 42. All complainants were kept updated in relation to their concern and expected completion date.
- 6.9.2 There are a minimum of two touch points with complainants during the process: the first is acknowledgment. All complaints were acknowledged within three working days. The second is after the investigation has been completed, when the PALS team begin recording the date of this contact for complaints received after 1 April, so assurance that this is completed will be available in the next report.

6.10 Equality Delivery System Priorities Update

6.10.1 **Objective 3: To commence collection of demographic data for people who give feedback**

On surveys that include the Friends and Family Test question we collect gender, age and special educational need or disability status. Responding to these questions is voluntary. The aim is to expand on this approach to ensure that we are collecting feedback from all service users within our patient population. An implementation action plan has been developed to support this priority.

6.10.2 **Objective 4: To work with the data team and clinical services to target the collection of demographic data**

Scoping of the different clinical systems has commenced to provide a baseline of the data services currently collect on the nine protected characteristics.

6.11 Changes to PALS management processes

- 6.11.1 During 2021-22 the Patient Advice and Liaison Service (PALS) and Complaints functions were merged so that all contacts from service users are managed from one email inbox. The outcome has been that the team is fully integrated to offer support to service users and staff in all aspects of PALS and complaints. Standard Operating Procedures (SOPS) were written, and the complaints staff trained (to strengthen resilience) as any team member can now pick up an email, see which stage it presents in the process and implement the next course of action. The complaints inbox was closed in January 2022 with all messages being forwarded on to the central email address.
- 6.11.2 All literature, the intranet and website were updated, a screensaver created for staff computers and a Communications Cascade article published to share this information. Director level staff were updated directly. Since December, all enquiries have been logged on Datix rather than an Excel sheet. Datix has since been redesigned to standardise logging processes, optimise efficient use of time and support reporting needs. This went live on 1 April 2022. The PALS team have a daily 9am workload call to allocate and prioritise the inbox which has been restructured to categorise tasks and ensure GDPR regulations are followed. PALS calls are managed through the Bria phone



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system application, allowing staff to sign into the phone system and receive calls in real time.

7. Access to our services including Referral To Treatment (RTT)

7.1 Bedfordshire and Luton Community Paediatric Services

7.1.1 The average Referral to Treatment (RTT) wait in Bedfordshire is 32 weeks (9week improvement from last period) with the longest wait at 67 weeks. The average RTT wait in Luton is 53 weeks (a 6-week reduction from the last period) with the longest wait at 64 weeks.

7.1.2 Pan-Bedfordshire there are five primary reasons for the current service waits, namely:

- Increasing demand with high complexity of need (notably in Luton)
- Accumulated COVID-19 activity.
- Capacity challenges, notably medical posts.
- Increased demand for EHCP (Luton) and Children in Care (CIC) health assessments.
- Balancing capacity between conflicting demands i.e., new appointments and follow up appointments.

7.1.3 A business case for investment required to fund the core model has been shared. A level of financial risk aligned to the 20/21 outturn has been agreed for 22/23 within the Trust.

7.1.4 An options appraisal detailing the non-recurrent investment required during 22/23 to improve the waiting list will be presented to commissioners in July 22. The milestones to agree a recurrent funding plan will also be proposed to commissioners. A monthly meeting with parent carer forums is in place, an infographic (please see section 6) is shared widely stating average waits and pre-diagnostic support offers available. Additionally, a system wide workshop is being scheduled (co-delivered by the Service Director and commissioners) to explore ways in which the Community Paediatric pathway can become sustainable.

Bedfordshire and Luton Allied Health Professional (AHP) Services

7.1.5 The Occupational Therapy Service and Speech and Language Therapy Service – Both services continue to see an increase in EHCP requests and referrals for input to tribunals, especially from Central Bedfordshire Council. The services currently have reduced capacity to provide assessment and support for children without an EHCP. Additional investment into the services has been agreed with Bedford Borough Local Authority to support the gap in demand and capacity.

7.1.6 Recruitment of Dieticians remains a local and national challenge. The service has been successful in identifying 2 locums to work remotely within the service. A recruitment task and finish group has been established and actions are being progressed.



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Cambridgeshire Community Paediatrics

- 7.1.7 The average Referral to Treatment (RTT) wait in Cambridgeshire is currently 9 weeks (an 8-week decrease from the last report) with the longest wait is at 30 weeks (similar to the last report).
- 7.1.8 The ASD pathway continues to be under pressure and the team have a clinical prioritisation process in place to oversee referrals and manage the waiting list. The demand and capacity work is close to conclusion; whilst the data needs further validation, it appears there has been significant increases in demand over time and that the service is short of clinicians to meet this increase. Increases in Special School provision and the Child Protection Medical issue add further complexity.
- 7.1.9 Doctor capacity being currently reviewed, and some additional time has been sourced – 2 sessions per week. The skill mix and staff structure are also being evaluated alongside vacancies. The admin team have their new management in place, there are currently clinic letter typing delays, which are being managed daily and workload prioritised as required.

Dental Services

- 7.1.10 The Minor Oral Surgery service has 391 patients waiting, with an average wait of 5 weeks, these patients are prioritised due to urgency, and the service is in the process of recruiting 2 surgeons to fill vacancies.
- 7.1.11 The Peterborough Long Case General Anaesthetic (GA) list (adults and children) has 321 patients waiting to be given a date for surgery by NWAFT, these patients have been prioritised by urgency. The services other GA list which is managed directly by CCS have no patients waiting to be booked with an average waiting time of 16 weeks. The service has reviewed all the patients on the Peterborough list to see if they could be treated via a different route e.g., sedation.

Dynamic Health

- 7.1.12 In Physiotherapy 62% of patients are being seen within 18 weeks, this increases to 94% in the Specialist pathway. Staff have been recruited into Physiotherapy and Rehabilitation Instructor roles, however there is a lag between the post being offered and the individuals start date. Waiting list management is a core focus of the team, and locums are providing extra capacity to support patient care.

iCaSH

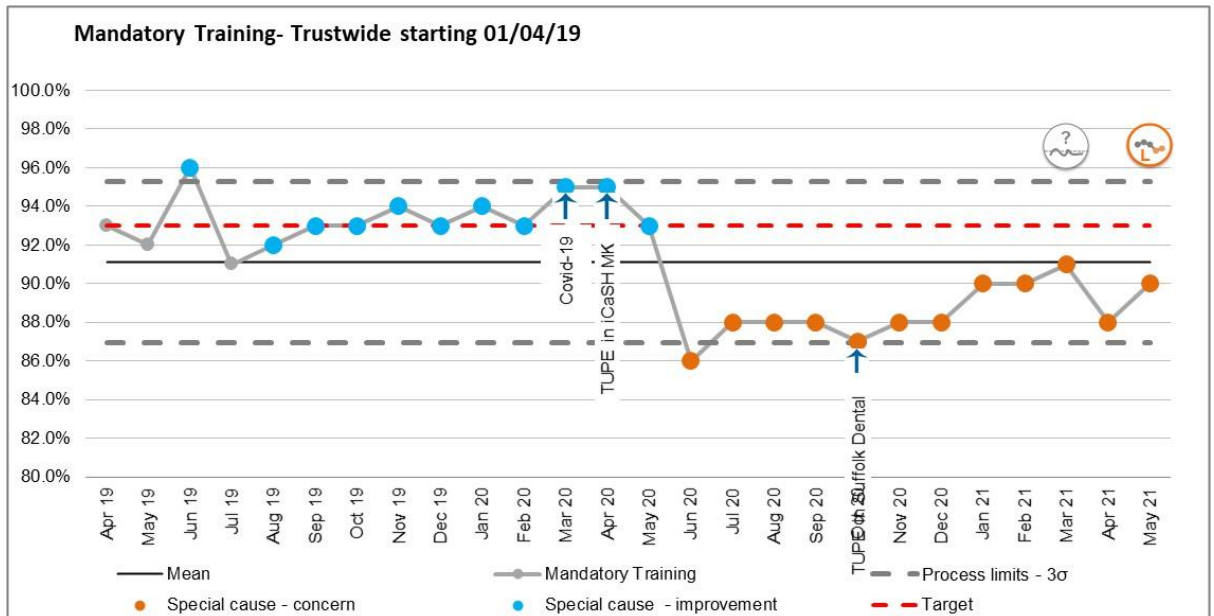
- 7.1.13 Waiting lists for routine Long Acting Reversible Contraception (LARC) and PrEP provision continue across iCaSH localities. However, Bedfordshire, Norwich, King's Lynn, Milton Keynes and Bury St Edmonds had no patients waiting for PrEP as of the 17th June, and King's Lynn and Great Yarmouth had no patients waiting for LARC as of the 17th June. A number of mitigations are being put in place to ensure waiting list safety these include; triaging referrals and providing emergency appointments for urgent cases, the expansion of the use of the PGD in PrEP prescribing and dedicated PrEP clinics being opened in Cambridgeshire and Peterborough.

8. Mandatory Training



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- 8.1 There has been a significant increase in the Large Scale Vaccination Service (LSV) compliance due to only reporting on staff who have worked within the vaccination centres within the last 3 months (active staff), from 74% in April to 93% in May.
- 8.2 Due to the increase in LSV compliance, the overall compliance for the Trust has increased to 92% for May from 88% in April.
- 8.3 The Mandatory Training Team has been targeting all staff on non-compliance across the Trust.



9. Information Governance

- 9.1 The 2021-22 Toolkit baseline was published for NHS Digital's consideration in February 2022 and an internal audit took place in April 2022. The deadline for submission is 30 June 2022.
- 9.2 Mandatory Information Governance and Data Security Awareness training compliance, as of May 2022, was 95% which is the national agreed target. April 2022 saw the re-introduction of monthly updates to Service Directors providing them with details of non-compliant staff with a request to encourage the completion of the mandatory training.
- 9.3 Between April 2022 and May 2022, 25 incidents were reported under the Confidentiality Breach incident category which is marginally higher than in the previous month. Most incidents related to human error or administrative issues. The Information Governance Manager assesses all Information Governance incidents and provides advice to staff to prevent errors from re-occurring

10. CQC

- 10.1 The latest CQC Statement of Purpose (version 27) has recently been updated to reflect the Trust's involvement in the delivery of more than one vaccination at their Large-Scale Vaccination sites; after receiving advise from our CQC Inspector, these



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sites are now listed under the heading 'Vaccination Programme'. In addition, the list of vaccination sites has been reviewed and updated to show only those sites currently in operation. Due to its closure at the end of June 2022, the Oliver Zangwill Centre has been removed from the Princess of Wales Hospital location. Minor updates to formatting and consistency have also been included in the latest version.

11. Quality Account

11.1 The Trust's Quality Account has now been published in line with national guidance.

12. Celebrations, Innovations and Areas of Outstanding Practice

12.1 Luton Adults and Bedfordshire Neuro and ABI Service

12.1.2 The Poynt renovations are well underway and are due to be completed at the end of June. There will be a new staff room and gym, they are spaces where staff can take time out for themselves, take control of their health and wellbeing, and reconnect with colleagues. The service is also looking to plan wellbeing activities/groups via the staff forum with some suggestions on how the space can be used already coming through.

12.1.3 Following the success of the Diabetes pilot, the remainder of the team have been trained and are ready to start using the remote monitoring pathway. The Rapid Response team have recently refreshed their pathways and the whole team retrained in order that they will start to provide remote monitoring for their patients. Doccla plan on sending in a couple of their clinicians to shadow the services so that they can see first-hand the types of calls and visit requests

12.1.4 Through ongoing work with the team post covid it was noted that the route for education for those patients who speak either Urdu or Bengali was not as equitable as for those patients who would attend our other Diabetes education sessions delivered in English. The above prompted a review of how the team communicate and engage with this cohort of patients and has resulted in a change in service delivery and a review of the letters sent to patients and the feedback process.

12.2 Dental Healthcare Services

12.2.1 The Suffolk service has assessed all the legacy patients, there were over 2000 patients inherited when the service transferred on 1st November 2020. The team have agreement from NHSE that due to the lack of dental provision they can retain patients who no longer meet our criteria until a resolution is found.

12.3 Dynamic Health

12.3.1 The service is part of a research study being led by Panos Sarigiouannis MSK Clinical Specialist Physiotherapist and NIHR/HEE Clinical Doctoral Research Fellow from Midlands Partnership NHS Foundation Trust. The study is called the MOPeD (Musculoskeletal Outpatient Physiotherapy Delegation) study and it seeks to better define and classify the duties and tasks of staff working in



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assistance to physiotherapy departments. As part of this process the service will be having staff member's practice observed, with time spent with the rehab instructors.

- 12.3.2 The Clinical Lead in Peterborough/Wisbech has been invited to speak to the Orthopaedic Team in NWAFT about Cauda Equinae Syndrome and the safety netting cards that have been produced. With the amount of complexity of cases presenting, backlogs in the system etc and the need to ensure patients with conditions that could deteriorate are provided with safety netting advice we are working to ensure all providers are aware of these cards. We have worked to have this translated into 31 languages with Bulgarian the latest request.
- 12.3.3 The service have redesigned the MSK portal which is operated via the CCS website -this includes revamping the self-referral form and also allows the team to start to collect Musculoskeletal Health Questionnaire (MSK-HQ) -this is a standardised outcome measure for patients.
<https://www.versusarthritis.org/policy/resources-for-policy-makers-for-healthcare-practitioners-and-commissioners/versus-arthritis-musculoskeletal-health-questionnaire/>
- 12.3.4 The service has submitted an entry for the Chief Allied Health professionals officer (CAHPO) awards in the AHP digital practice award 2022 category for the digital ways of working that have been introduced. The awards evening will be held on 13 October 2022.

12.4 Integrated Contraception & Sexual Health Service (iCaSH).

- 12.4.1 Created two posters and adapted three for the BASHH national sexual health and HIV conference.
- 12.4.2 Speed of MPV response and operational changes, including establishing a testing pathway, establishing a consultant on call to act on results and clinical patient wellbeing checks. Pathways and guidance in place for staff teams, high paced development supported by leadership team, sometimes in absence of/with conflicting national guidance. Regular staff Q&A sessions instigated, and daily MPV ops calls in place.

Service Development projects currently underway include: Video Consultations; 0300 pathway work; online access for contraception; single instance Lillie EPR upgrade, OrderComms and Lillie hub/online booking; Pharmacy medicines related innovations in scoping stages.

- 12.4.3 We are extremely proud that Dr Lynne Gilbert, has been awarded an Honorary Fellowship of the FSRH. This was originally awarded in 2021, with the official FSRH statement released in May 2022. Her video acceptance speech can be viewed via [Dr Claudia Krause with Dr Lynne Gilbert](#)

12.5 Bedfordshire and Luton Healthy Child Programmes (HCP)



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- 12.5.1 Following successful recruitment of Community Nursery Nurses in Bedfordshire the well-baby 'Pop in' offer is being re-introduced (in partnership with Children's Centre's) in September 22.
- 12.5.2 The Luton service continues to provide Healthy Child Programme mandated contacts to children and families who remain housed in the bridging hotel as part of the Luton Afghan Refugee system response.
- 12.5.3 The Luton HCP are now fully staffed within Health Visitor roles, a notable achievement. Recruitment to Staff Nurse roles is a challenge with recruitment efforts continuing.

12.6 Bedfordshire and Luton Children's Community Nursing Services

- 12.6.1 The Children's Rapid Response Service in Luton has been shortlisted for the HSJ Improving Care for Children and Young People initiative of the Year award. An excellent joint submission with HUC, the award ceremony is scheduled for September 2022.
- 12.6.2 Sarah Sharpe, Children's Community Nurse was invited to present at the Tissue Viability Society National Conference in Glasgow on 18th May. Sarah also won the best presentation award at the event and a free educational grant.

12.7 Cambridgeshire Healthy Child Programme (HCP)

- 12.7.1 CCS Level 3 UNICEF baby friendly award has been retained. CPFT Level 3 assessment has been completed. Awaiting formal report but largely the feedback was very positive.
- 12.7.2 The development of the transition digital health questionnaires 'Getting Ready for Change' progressing well. Year 9 questionnaires launched as planned in June 2022.
- 12.7.3 The formal evaluation of the Best Start in Life place-based pilots was positive. Next steps will be to agree embedding as business as usual and scoping out the opportunities of creating place-based teams which in turn supports the Family hub model.
- 12.7.4 The Best Start in Life 2.5-year universal development review pathway has now transitioned into a face-to-face delivery model and launched in May 2022 in Peterborough and Cambridge.

12.8 Cambridgeshire Children's Community Nursing Services

- 12.8.1 The Trust have been approached by the CCG to host two further asthma posts - band 8a and band 7 to join the existing band 7 post due to start in September 2022.

12.9 Cambridgeshire Community Paediatric Services

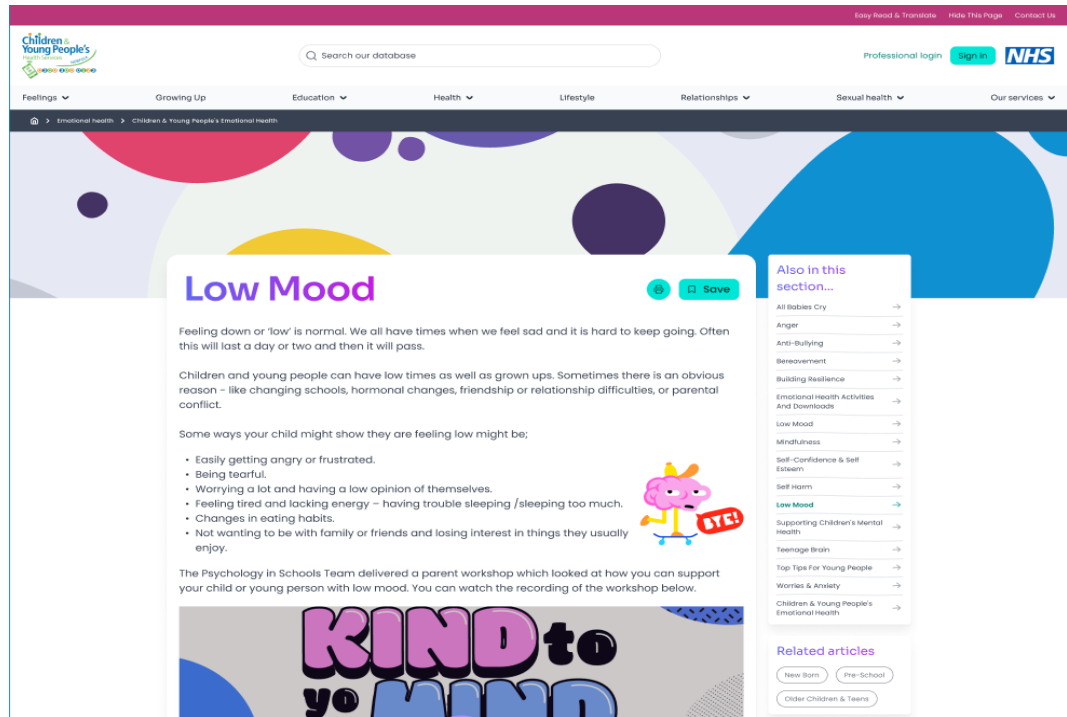


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12.9.1 RCPCH abstract - Making miles material -Dr Bower and Dr Sansome

12.9.2 BACCH conference abstract - Selective eating - Dr Bower

12.10 Norfolk and Waveney Just One Number Integrated Front Door



12.10.1 Working with system partners across Norfolk and Waveney, we have been working with young people to co-design a young person's web platform. This has included to date over 200 young people from schools and youth groups such as SEND youth forum, Youth in Mind, Youth Advisory Boards and young people social groups such as St John's Ambulance.

12.11 Emotional Health and Wellbeing Service

12.11.1 In June 2022 we hosted a workshop for fathers in honour of Father's Day, organised by our Huntingdon MHST clinical lead. Our service director was our invited speaker at what proved to be a hugely successful event.

12.12 Large Scale Vaccination (LSV)

12.12.1 All sites to date have delivered over 1.6 million vaccines with over 440k receiving their booster.

12.12.2 The service continues to deliver a very successful and expanding roving model in Cambridgeshire & Peterborough that works closely with the CCG and Local Authority, looking at outreach destinations that will support vaccine hesitancy or hard to reach groups, such as faith groups, LGBT and foreign workers.



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12.12.3 Cambridgeshire & Peterborough teams have also recently supported the CCG with care home vaccinations, in the attempt to ensure the care home resident population is vaccinated before the national deadline of 30 June 2022. It is anticipated that at time of writing this report this will be completed following an intensive period of planning and delivery by our outreach team.



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A: Assurance Summary

<p>Safe</p>	<ul style="list-style-type: none"> Staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures (S4) 	<p>Reasonable</p>
<p>Effective</p>	<ul style="list-style-type: none"> Mandatory training compliance has increased to 91% (E1) Appraisal rates between 88% - 93% (E2) Rolling sickness rates as at end of May was 6.18% compared to latest NHS England rate for community Trusts of 5.2% (as at July 2021) (E3) Stability continues to be above target at 87.46 (May). (E4) Equality Delivery System objectives agreed and being delivered upon. (E6). 	<p>Reasonable</p>
<p>Well Led</p>	<ul style="list-style-type: none"> Agency spend below annual target (excludes Large Scale Vaccination service). (WL5)* Strong evidence of collaborating across the systems in which we operate. (WL6) 	<p>Substantial</p>

* to be reported in Q2

- In addition to the overview and analysis of performance for April and May 2022 the Board can take assurance from the following sources:
 - NHS National Staff Survey 2021 results where the Trust achieved a 53% response rate. Headline results were:
 - Best performing NHS Trust nationally in East of England in 8 of the 9 People Promise themes, including staff engagement.
 - Care Quality Commission (CQC) inspection report published in August 2019. CQC rated the Trust as Outstanding overall and Outstanding within the caring and well-led domains. The inspection report highlights a number of areas that support the delivery of this objective.
 - Successful delivery of people strategy implementation plan. Four out of the five programmes of work all support the delivery of this objective.
 - The Freedom to Speak Up index published in June 2021. The Trust was again identified as the best performing Trust nationally for the third year running.
 - Workforce review presented to the in November 2021 and again today (May 2022).
 - Daily staffing sitreps and Incident Management Team meetings to manage staffing pressures during the current Covid-19 pandemic. Risks 3163 and 3164 cover these pressures and are reviewed regularly.



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- Discussions within the three Clinical Operational Boards that took place in July 2022.
- Diversity and Inclusion Annual Report – presented to the Trust Board in May 2022.
- Freedom to Speak Up Annual Report – presented to the Trust Board in May 2022.

B: Measures for Achieving Objective – 2022/23 Measures

No.	Measure	2022/23 Target	Data source	Reporting frequency	Current position as at May 2022
3a	Our staff recommend the Trust as a good place to work	Maintain or improve upon 2021 Annual Staff Survey response score	NHS Annual Staff Survey & Quarterly Pulse Survey	Quarterly	
3b (1)	Achieve a good staff engagement rating – all staff	Maintain or improve upon 2021 Annual Staff Survey response score	NHS Annual Staff Survey	Annual	
3b (2)	Improve experience for Black, Asian, Minority, Ethnic (BAME) staff	To ensure that all BAME staff leaving the Trust are offered an exit interview – Pass/Fail from Q3	HR	Quarterly from Q3	Not due yet
3b (3)	Improve experience for disabled staff	Increase % of staff with long-lasting health conditions or illness saying the Trust has made adequate adjustments to enable them to carry out their work (2021 baseline 79.5%)	NHS Annual Staff Survey	Annual	Not due yet
3c	Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly	89.39%
3d	Deliver the locally agreed staff related annual Equality Delivery System objectives: Workforce Objective 1: To fully implement the	Pass/Fail	Equality Delivery System	Quarterly	Not due yet



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	<p>actions identified following our review of the 'No More Tick Boxes' review of potential bias in recruitment practices</p> <p>Workforce Objective 2: The Trust Board will role-model behaviours that support the Trust's ambition to be an anti-racist organisation including actively implement the Trust's and their personal anti-racism pledges to instil a sense of belonging for all of our staff.</p>				
3e	Monthly sickness absence below 4.5%	4.5%	ESR	Monthly	5.43%
3f	Reduce Annual Staff Turnover (excluding those leaving for reasons beyond the Trust's control)	Return to pre-pandemic level (March 2020 baseline TBA)	ESR	Annual	Not due yet
3g	Maintain Mindful Employer Status	Pass/Fail	HR Team	Annual	

Strategic risks

1. **Risk ID 3163** - There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. (Risk Rating 20)

Related Operational Risks 15 and above



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1. **Risk ID 3250** – *There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma, which may have negative impact on their psychological wellbeing. This could result in increase in sickness & retention rates. (Risk Rating 16)*
2. **Risk ID 3337** – *Adults Services (Luton): There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff wellbeing. (Risk Rating 20)*
3. **Risk ID 3472** - *There is a risk that if CCS agrees to the changes in the delivery model in the Speech and Language Therapy Service in Norfolk and deliver of 100% EHCP's then the Trust will be unable to deliver the commissioned service model. This could lead to an inability for the service to improve outcomes for children with speech and language needs who do not have an EHCP in place. (Risk Rating 16)*
4. **Risk ID 3478** – *iCaSH: Impact on patient and staff services due to ongoing disruption to ICTS provision. (Risk Rating 16)*

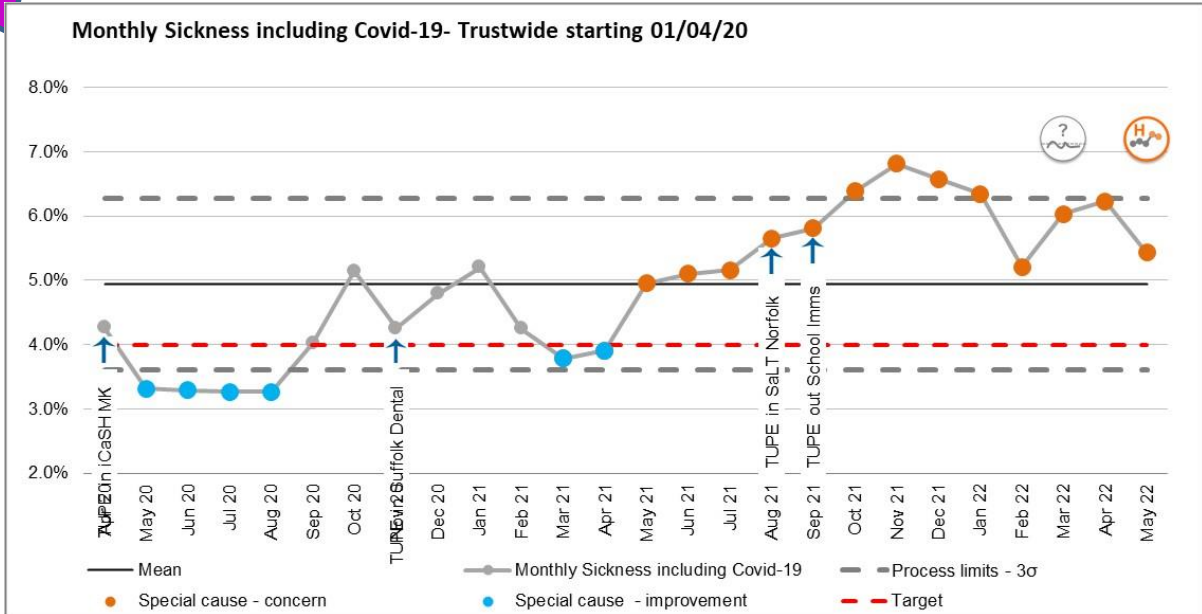
D: Overview and analysis

1. Sickness

- 1.1 The 12-month cumulative rolling rate (April 2022 –5.87%, May 2022 – 6.18%) remains above the Trust rolling target of 4.5%.
- 1.2 The Trust wide sickness rate has fallen however remains significantly above the Trust's target of 4.5% for 2022/23. Of the 5.43%, 3.09% was attributed to long term sickness and 2.35% short term sickness absence. Beds & Luton Adults Service had the highest sickness rate (7.11%) and Corporate Services the lowest (3.39%). The top reason remains Cold, Cough, Flu - Influenza; work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- 1.3 The Trust monthly sickness rate is above the January 2022 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 6.8%.



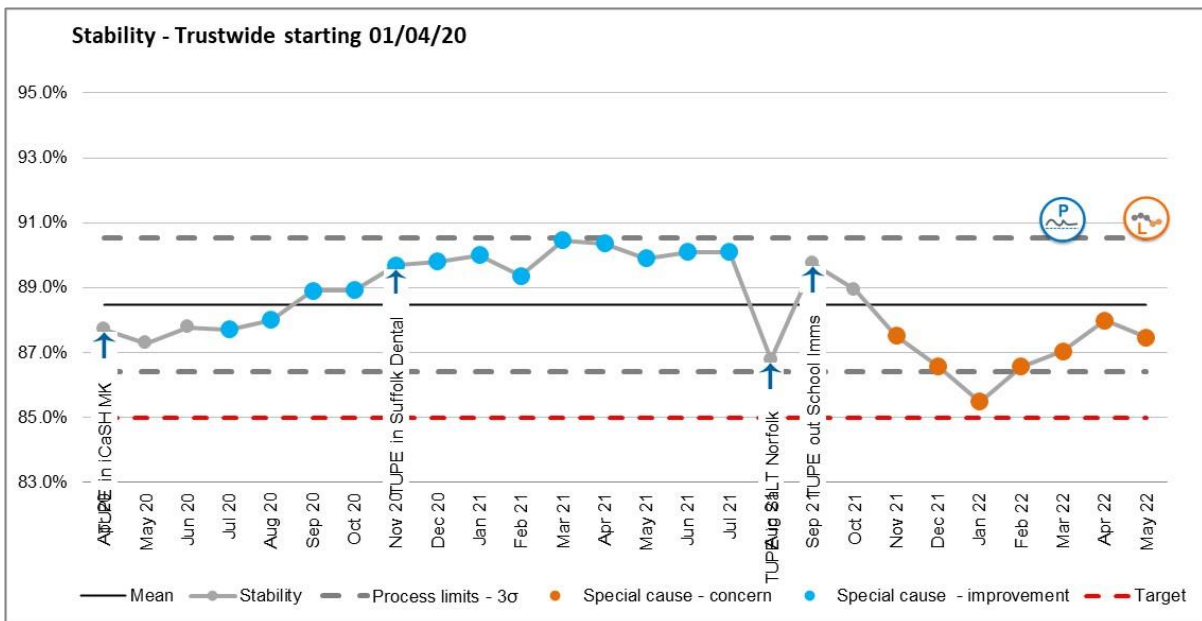
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2. Stability

2.1 The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – April 2022 87.99%; May 2022 87.46%; against the Trust target of 85%. This compares favourably to a stability rate of 84.2% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Feb 22).

2.2 Stability rates for the Trust are based on the permanent workforce (i.e.: those on a fixed-term contract of less than one year are excluded).





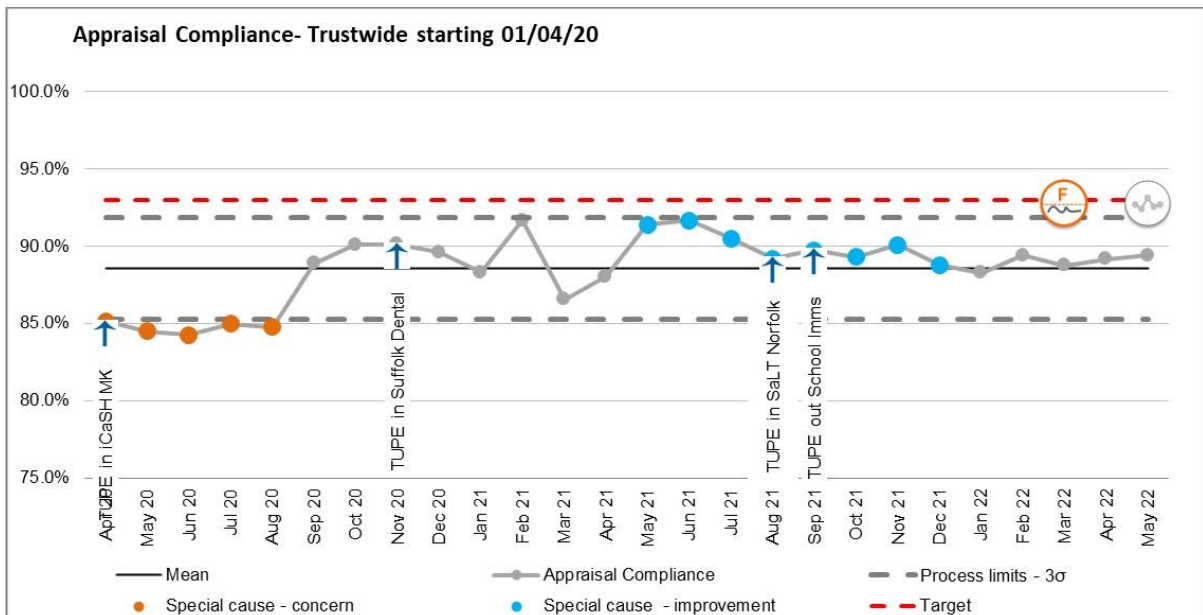
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3 Appraisals

3.1 The following chart shows the percentage of available employees with a current (i.e. within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters are given an appraisal date 12 months from date of commencement.

3.2 The Trust wide Appraisal rate remains stable – April 2022 89.16%, May 2022 89.39%, and remains below the target of 94% for 2022/23.

3.3 Large Scale Vaccination Service has the lowest rate (82.61%), Luton Children’s & Young People Service has the highest rate (96.02%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.



4 Turnover

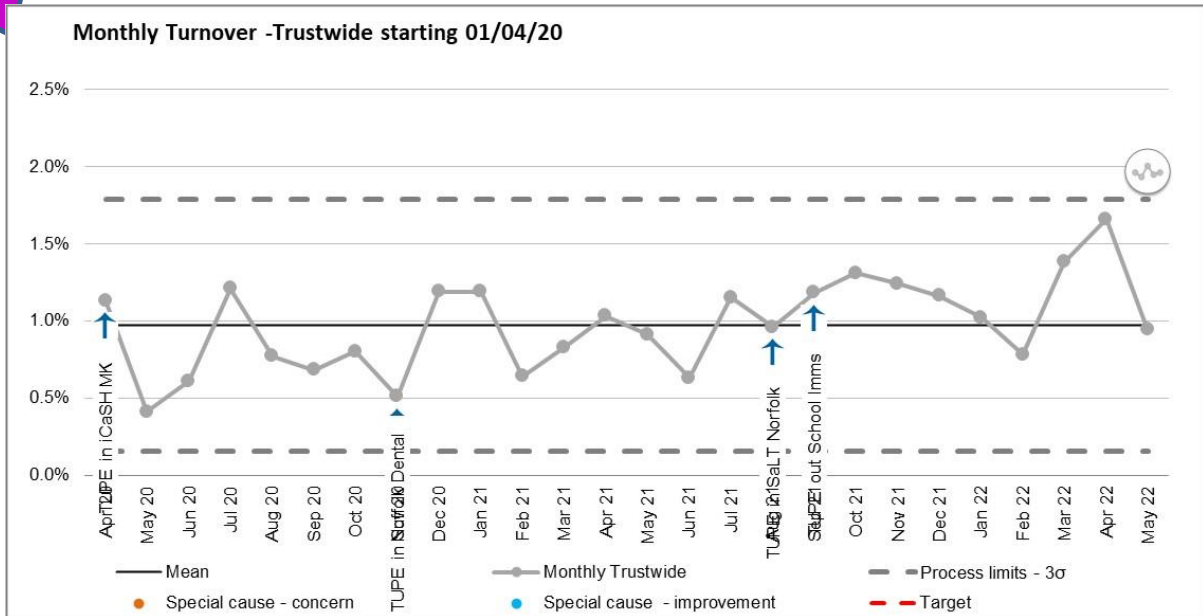
4.1 The following chart shows monthly Turnover rates for the Trust which are based on the “Permanent” workforce (i.e. those employed on a current Fixed Term Contract of less than one year are excluded). Leavers for the following reasons are also excluded: Voluntary Redundancies, end of a FTC, MARs and Employee Transfers.

4.2 The Trust’s Rolling Year Turnover Rate is currently 14.92% (April 22 15.07%, May 22 14.92%) compared to an annual average Leaver rate for Community Provider Trusts of 15.2% (Source: NHS Digital Workforce Statistics – Jan 22, based on “all Leavers” and “total Workforce”).

4.3 Ambulatory Care currently has the highest Rolling Year turnover rate at 16.97%, with Luton Children Services having the lowest at 8.23%.



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5 Current workforce challenges

- 5.1 At our Clinical Operational Boards during the first week of July 2022 all current workforce challenges were discussed. Details of these are detailed in the outstanding care section of this report and also as part of the bi-annual workforce review that was presented to the Board in May 2022.
- 5.2 Our staff are still experiencing the impact of the longevity of the pandemic. Therefore, we have a continued focus on health and wellbeing and resilience and staff morale is regularly discussed and reviewed as part of our weekly incident management team, and executive team meetings. Additional support/actions are put in place as required and our support packages for staff were detailed in the bi-annual workforce review paper to the Board in May 2022. Due to overall impact and decrease in staff morale and increase in workforce challenges risks 3163 and 3164 remained scored at 20. We continue to commission additional psychological support to some teams as required and are working with a system-wide lead on support to staff in the event of a child death and bespoke team support from our Occupational Health provider.
- 5.3 To improve our strategic workforce planning capacity and capability, we have agreed to invest in a new role which we are currently recruiting to. This role will be responsible for working with all of our clinical services to pull together their 3-5 year strategic workforce plans, with the aim of ensuring that we have the right people, in the right roles at the right time. The individual started in role on 1st July 2022 and is now meeting with Service Directors and teams to understand in more detail our workforce challenges. A programme of work to pull together our detailed workforce plans is now in train.

6. Staff Health and Wellbeing

- 6.1 The trust continues to support the health and wellbeing of staff, with a focus on both physical and mental health and wellbeing. Our network of Health and Wellbeing champions, covering all staff groups and geographical localities, is well established and meets regularly for peer support and upskilling. The HR business partners are strategic



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workforce leads within their localities, including leading on staff health and wellbeing support, advice and guidance to managers and staff . The trust wide Live Life Well group, chaired by the Deputy Director of workforce, and made up of staff from across the Trust, continues to oversee a programme of work, under 8 themes:

- Staff Feedback
- Health Promotion
- Strategy, Policy Guidance and Information
- Mental and Phycological Wellbeing
- Health and Wellbeing champions
- General
- Physical wellbeing
- Covid

In addition the group oversees actions highlighted in our self-assessments in the national Health and Wellbeing framework diagnostic tool, last updated in June 2022.

7. Staff Opinion Survey

7.1 The Trust agreed 5 areas of focus to address areas for improvement raised by staff in the 2021 staff opinion survey. A task and finish group of relevant leads for the 5 actions is in place to oversee the actions are implemented.

7.2 2021 Staff Opinion Survey Actions Update

7.2.1 Our 2021 staff survey results reflect the incredible culture we have built together, based on kindness, compassion and putting people first, however we know there is always more we can do to develop and improve our working lives. An update on our progress to date on the five actions we agreed to take to address areas raised in the 2021 survey.

Below are the agreed trust wide actions:

1) To strengthen our response to any act of violence or aggression from service users, including to fully implement the national safety standard 'Prevention of Violence and Aggression' and to provide support and information/ training for managers and staff in handling issues as they arise.

7.2.2 The Trust has appointed Mark Robbins as its Executive lead to oversee the implementation of the 'Prevention of Violence and Aggression Standard, which is a set of actions the Trust will take to support staff experiencing violence and aggression in any form, from members of the public. Many of the standards are already in place and covered by the Tackling Violence and Aggression from members of the public policy (available on the intranet) and we have in place review arrangements to ensure outstanding standards are met, through the Trusts Health and Safety committee, Wider executive team and leadership forums.



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7.2.3 Specific actions have included revised Zero Tolerance posters for public facing site identifying safe spaces where staff members can go to take time out and access support materials, talk to a colleague/manager or ring a counselling service etc. as required after a violent or aggressive interaction with a member of the public. reviewing and updating our Tackling Violence and Aggression from Members of the Public Policy to include this space and let all staff know that time out is available following any incident.
Action is also being taken to upskill managers and staff on how to handle violence/aggression from the public, including raising awareness of the policy and how to use it.

2) Improve the appraisal experience of staff as a supportive conversation, which values their role in their service and allows for discussion so that staff feel they can develop and there are clear progression pathways.

7.2.4 We have reviewed and continue to provide appraisal conversation training for managers and staff. We have revised our appraisal paperwork, taking on board feedback and are in the final testing stages of this . The aim is to ensure that the paperwork acts as a guide and not a tick list/ blocker to what should be a supportive and constructive conversation, where how everyone in the organisation can feel they are contributing to the service/ Trust .

7.2.5 We have reviewed and published how staff can give anonymised and timely feedback on their appraisal experience and anyone who has been appraised is emailed a survey link to complete. Feedback from the surveys will help us to continuously improve this and to support any specific areas where feedback may indicate a need.

3)To learn from the pandemic about flexibility and kindness when working with colleagues with health conditions which impact on their daily lives and make this the norm. Embed true allyship into our culture and take steps to ensure our disabled workforce do not face discrimination in any form from managers, colleagues, or members of the public, including abuse, violence, bully harassment.

7.2.6 We have designed and tested a Living our Values/Civility and Respect, team development session , with a toolkit designed to support managers in leading a session on this in their team meetings. This will be rolled out Trust-wide later this summer.

7.2.7 We have widened our offer of diversity mentoring to foster understanding. A session was recently included in the Chrysalis Leadership programme, with participants asked to take on diversity mentoring as part of their development.

4)To listen to the experiences of our culturally diverse staff and to take steps to inform, educate and upskill all managers and staff in actively challenging prejudice, being a true ally and in taking steps to ensure our culturally diverse workforce do not face discrimination in any form from managers or colleague and any abuse from members of the public is promptly dealt with.



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7.2.8 In May 2022, the Board signed off our Trust wide anti-racism pledge and all board members made their own personal pledges.

All staff have been invited to make their own pledges to support culturally diverse and LGBTQIA+ colleagues through the See Me First and LGBTQIA+ staff networks. All staff who make a pledge are then given a lanyard to enable these members of staff to wear them with pride and it provides visible support and allyship to colleagues.

We have also revised our generic zero tolerance poster to create a separate poster to address racial abuse. Both posters will be circulated shortly to display in all patient waiting areas.

Furthermore, we are looking to develop and deliver diversity and inclusion training for all line managers and staff in allyship.

We are in discussion with a cultural intelligence training provider with the aim of rolling out a programme to support all of us to have greater cultural intelligence.

We have added to our Annual Personal Objective Setting Policy an all-staff objective *“To understand my own prejudices and biases and to challenge any inappropriate behaviour that I witness in the workplace (or to raise it with someone else)”*.

5) To continue to develop new and existing ways of working that encourages and supports clinical and corporate teams to work as one; and to ensure that corporate services are seen as enabling and not impeding our services.

7.2.9 Support and Clinical Service leads are working together to develop an annual cycle of business, which supports delivery of our clinical Service annual plans. We are also working with all support teams to enable them to work as one in providing excellent and timely support to our clinical services teams to enable us to meet our priorities.

7.2.10 For the 2022 annual staff survey, the trust has agreed to a national proposal that Trusts widen the survey to Bank workers. As our large scale vaccination service is mainly staffed with bank workers and many services rely on bank workers as part of their staffing compliment, we will do this this year to ensure that we are hearing from everyone that delivers our services.

8 Workforce Diversity and Inclusion

8.1 Overseen by the People Participation Committee , the workforce Diversity and Inclusion group, leads on activities to support our diverse workforce. This including actions to address areas of disparity highlighted in our Workforce Race and Workforce Disability Standards (WRES AND WDES) as well as in our annual Gender Pay Gap reports.

8.2 As updated in the May 2022 Workforce Review Report and annual Diversity and Inclusion reports, the 2021 WRES and WDES reports are due to be submitted in July/ August 2022, and we are awaiting the reporting formula. Once these are completed and

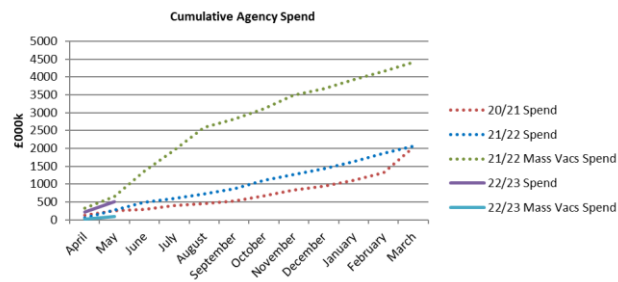
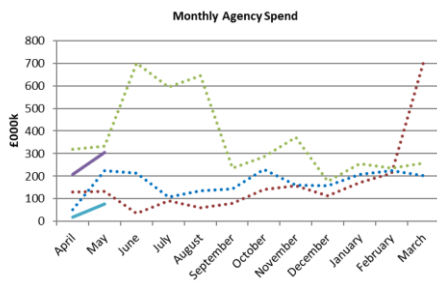


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published, actions to address any disparities highlighted will be agreed. These, alongside the 2 local workforce Equality Delivery System objectives agreed in May, will be overseen by the group with input from our Cultural Diversity and Long Term Conditions and Disability networks.

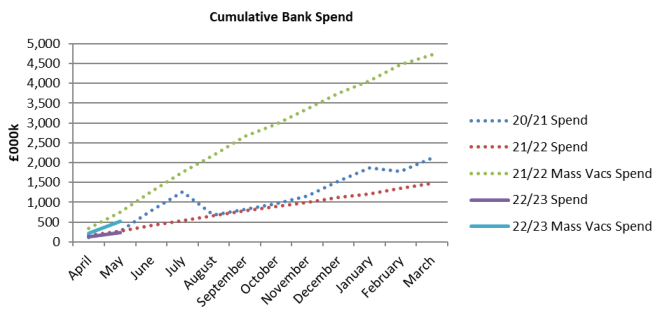
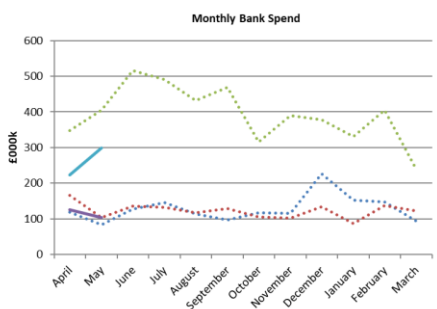
8.3 The group also has valuable feedback from our active LGBTQIA+ network, which hosted several PRIDE events during June, which raised awareness amongst staff about the LGBTQIA+ community. A future focus trust wide will be on upskilling leaders managers and staff in Cultural Intelligence and Neurodiversity in the workforce.

9 Agency/bank spend



9.1 The Trust has not yet been set an agency ceiling for 2022/23, this is still being formalised, with formal communications due to be sent to the Trust in early Q2.

9.2 The Trust's cumulative agency spend at month 2 was £607k. The delivery of the mass vaccination service has increased agency usage over the period with spend to deliver this service totalling £76k at month 2 (which is included in the total spend cumulative figure).



To reduce the usage of agency, the services have the availability of bank staff to fill short term staffing pressures. The Trust's cumulative bank spend at month 2 was £749k. The delivery of the mass vaccination service has increased bank usage and spend at month 2 was £521k (this is included in the total spend cumulative figure). Substantive staff who are working additional hours to support the mass vaccination service are being paid through the bank.



Collaborate with others

A: Assurance Summary

Well Led	<ul style="list-style-type: none"> Strong collaboration taking place across our systems as evidenced in this report (WL7) 	Substantial
Effective	<ul style="list-style-type: none"> Research – 95% of all CRN portfolio studies are scoped for viability against Trust services (E5) 	Substantial

- The Board can take assurance of the Trust’s approach to collaborating with others from the following sources, for the period April and May 2022.
 - The Trust has in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), East London NHS Foundation Trust (ELFT) and across the provider landscape in Luton.
 - The Trust fully participates in ICS activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes (BLMK) and is represented on Norfolk’s Children Board and Norfolk Alliance.
 - Chair and Chief Executive participate in Cambridgeshire and Peterborough ICS Board and BLMK ICS Partnership Board.
 - Chief Executive is a member of the Cambridgeshire and Peterborough System Leaders group, BLMK CEO group and Bedfordshire Care Alliance CEO group.
 - Chair, Chief Executive and Deputy Chief Executive actively involved with other NHS Partners across Bedfordshire and Luton in the development of the Bedfordshire Care Alliance and its core principles.
 - Chair attends Leaders and Chairs group across BLMK ICS.
 - Chief Executive and Assistant Director of Business Development and Strategy are members of the C&P Children and Maternity Collaborative Board.
 - Deputy Chief Executive jointly chairs the Bedfordshire Health and Social Care Cell with Deputy Chief Executive from ELFT and Director of Adult Social Services from Bedford Borough Council.
 - Deputy Chief Executive is a member of BLMK Performance and Delivery and Health Cell, which meets fortnightly (and more frequently recently).
 - Deputy Chief Executive chairs the BLMK Local People Board and is an active member of the Cambridgeshire and Peterborough Local People Board and the East of England Regional People Board. She is the chair of both the BLMK and Cambridgeshire and Peterborough Leadership and Organisational Development sub-group.
 - Executive Leads attend Local Authority System level Health and Wellbeing Boards
 - Director of Adults’ services Luton attends the Luton ‘At Place’ Board.
 - Director of CYP Services Bedfordshire is a member of the BLMK Children & Young People’s Transformation Programme Board.
 - Assistant Director of Business Development and Strategy is a member of the C&P North Integrated Care Partnership Board and the C&P South Integrated Care Partnership Board.
 - Collaboration is at the core of the Trust’s research activities.
 - Research Bi-annual Report received at Quality Improvement and Safety Committee which provided substantial assurance.

B: Measures for Achieving Objective – 2022/23 Measures

No	Measure	2022/23 Target	Source	Frequency	Current position as of May 2022
2a	The Princess of Wales Hospital site development plan milestones are achieved	Pass/Fail	Exec Team	Quarterly	
2b	C&P Children and Maternity Collaborative – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition	Pass/Fail	Exec Team	Annual	
2c	Bedfordshire Care Alliance – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition	Pass/Fail	Exec Team	Annual	
2d	The Norfolk CYP Services 'Integrated Front Door' ¹ programme is completed to schedule	Pass/Fail	Exec Team	Annual	
2e	Health Inequalities – a better understanding of whether we are reaching certain (ethnic or disabled) groups By Q2 – baseline our data suite to understand the quality of our data, the demography of population we see versus population in our catchment area and the demography of our waiting lists	Developmental	Data Team	Review end Q2	

¹ The programme will expand the Just One Norfolk route into health services by adding emotional/early mental health support.

C: Risks to achieving objective**Strategic risks**

1. **Risk ID 3467** – Cambridge & Peterborough Children and Maternity Collaborative: *There is a risk that if we fail a gateway evaluation (MCPD process) then the "Collaborative" will be unable to provide adequate assurance in time to enable the Integrated Care Board (ICB) to delegate to the "Collaborative". This could lead to the potential harm of the Trust's reputation and the "Collaborative" may be unable to deliver its vision. (Risk Rating 6)*
2. **Risk ID 3468** - *There is a risk that if during 2022-23 the Bedfordshire Care Alliance Committee of the Integrated Care Board does not successfully achieve planned changes then they will be unable to deliver improvements leading to sub-optimal care and outcomes for service users. (Risk Rating 8)*
3. **Risk ID 3475** - *There is a risk that the C&P ICS and Trust fails to secure national funding for the redevelopment of Princess of Wales, Ely which would result in the facilities and infrastructure not being upgraded and as a result impact on the quality to patient care to service users. (Risk Rating 12)*

Related Operational Risks 15 and above**D: Overview and analysis****Bedfordshire, Luton and Milton Keynes Integrated Care System**

[Strategic Indicator 2c – ‘Bedfordshire Care Alliance – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition’]

The Integrated Care Partnership met in shadow form on 26 May 22 with the principal aim of discussing development of the integrated care strategy. Mary Elford, CCS NHS Trust Chair, is a member of the Integrated Care Partnership.

In terms of detailed updates:

- The Bedfordshire Care Alliance (BCA) Committee and new governance structures commenced from 1 July 2022 with first the BCA Committee meeting scheduled in August 2022 and first Clinical and Professional Leadership Group in July 2022.
- The BCA work-plan 2022/23 was signed off in April 2022 with clear priorities to take forward.
- A reporting structure has been created to ensure Executive Group is sighted on progress, key issues and risks.
- A finance workshop was held in June 2022 to bring together finance leads across the health and care community to explore opportunities to work together on key challenges.
- Longer term development of the BCA is being considered in the light of anticipated NHSE guidance on provider collaboratives and delegation.

Collaborate with others

Cambridgeshire & Peterborough Integrated Care System

[Strategic Indicator 2b – ‘C&P Children and Maternity Collaborative – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition’]

The Integrated Care Board (ICB) held an Accountable Business Unit (ABU) development meeting on 6 July 2022 which focussed on the rationale for creating the ABUs and the organisational development needed to make them successful. The Children and Maternity Collaborative ABU has:

- Work underway with all stakeholders to agree an Outcomes Framework (target completion is September 2022).
- Intends to develop its 3-to-5-year strategic intent alongside ICB-led work to develop the Integrated Care Strategy².
- Has created a draft roadmap up to the point where it is expected the ICB will delegate responsibilities and resources to ABUs.
- Is ramping up steps to firmly establish the Collaboratives Executive Group (chaired by CCS NHS Trust CEO) so that it is in shadow form by 2022/23 Q4.

Work to design the Most Capable Provider process Gateway One submission will be undertaken in August 2022. Gateway One is in 2022/23 Q4.

Princess of Wales Hospital, Ely

[Strategic Indicator 2a: The Princess of Wales Hospital site development plan milestones are achieved]

- The C&P ICS submitted an Expression of Interest to DHSC on 9th September 2021 in response to DHSC’s invitation to put forward projects that could be considered for the expansion of the National New Hospitals Programme. POW met all of DHSC’s primary selection criteria as a new community hospital, identified by the wider health system as a priority project and with a locally approved Outline Business Case. As far as we are aware, there has been no formal response from DHSC to more than 125 expressions of interest that were submitted by NHS Trusts and we continue to wait to hear whether POW will be funded as part of the New Hospital Programme.
- C&P ICS committed to funding the development of a new Multi Storey Car Park (MSCP) at POW from a combination of land sale receipts and system capital. In order to facilitate the development of the MSCP, contracts have exchanged with neighbouring landowner, Palace Green Homes and a land swap is due to complete in July 2022.
- As part of the preparation of a detailed planning application for the MSCP, local engagement was undertaken in June inviting comments either by completing a paper form or submitting comments on our website and the feedback is being considered by the planning and design team.

² National deadline for completion of ICS strategy is December 2022.

Collaborate with others

- The Princess of Wales site is also the C&P ICS' choice as the location for the East Cambridgeshire & Fenland Community Diagnostic Centre. The CDC programme should provide funding that will deliver enhanced diagnostic capability within a community setting and will accelerate part of the new hospital development. The POW design team is now working with the CDC clinical lead from Cambridge University Hospital NHS Foundation Trust to begin the design process of the CDC which will be located on the ground floor of the existing theatre block. The design team is also working with other services that need to be relocated in order to allow the CDC to be created, services including MSK therapies, podiatry, speech & language therapy, neuro rehab, Parkinson's & diabetes are all engaged in the design process. The CDC business case submitted on behalf of the ICS is expected to be approved by NHSEI in July 2022, with funding to follow shortly after.

Norfolk Integrated Care System

[Strategic Indicator 2d: 'The Norfolk CYP Services 'Integrated Front Door' programme is completed to schedule']

The Integrated Front Door (IFD) stage one development work remains on track.

The outcome of the Expression of Interest to deliver the IFD stage 2 – which was expected at the end of June 2022 – has been delayed with no new date given for notification of award.

Health Inequalities

[Strategic indicator 2e; Health Inequalities – a better understanding of whether we are reaching certain (ethnic or disabled) groups. By Q2 – baseline our data suite to understand the quality of our data, the demography of population we see versus population in our catchment area and the demography of our waiting lists']

This is under development and will be reported following Q2.

2. RESEARCH REPORTING PERIOD APRIL – MAY 2022

2.1 Clinical Research Overview

- 2.1.1 The National Institute for Health Research (NIHR) Portfolio within the Trust continues to expand. The Research Team continues to scope around 175+ studies per month, to explore those which appear to be suitable for Trust adoption.
- 2.1.2 In this reporting period there were 15 NIHR Portfolio research studies running within the Trust; four studies opened in this reporting period and two are currently in set-up. In this reporting period the recruitment numbers accurately reflect our activity, as downloaded from the Open Data Platform (ODP).
- 2.1.3 Research team support of an external NIHR PhD Fellowship, with a study (MoPed – see Table 1) within Dynamic Health, was very successful. The study was also adopted onto the NIHR portfolio, so the recruitment exceeded the initial target but also contributed to the Trust's recruitment numbers (n=68).
- 2.1.4 Within the Research team, the newly created B5 Clinical Research Assistant, due to commence in post in May 2022, did not take up the post as they decided to stay within their current organisation. We will review the skill mix of the team and explore the feasibility of an administrator role.
- 2.1.5 The Research team is supporting two clinicians who are part of the 'Research Ready' workforce work stream. One is based within Health Visiting, Norfolk and another is a Clinical Psychologist based with the Children's Wellbeing Service. We are scoping for additional funds to support this work stream this financial year.
- 2.1.6 Clinical staff capacity to cover their caseloads, alongside reduced staff numbers, plus being able to participate in studies, has been challenging. This is the case both in Tissue Viability (for VenUS 6) and within orthoptics (ophthalmology) to consider a new study, OKKO. We are exploring how we can help to support the studies using the Research team's skill mix.

2.2 National Institute for Health Research (NIHR) Portfolio studies

- 2.2.1 The NIHR Clinical Research Network (CRN) has a Portfolio of high-quality clinical research studies which are eligible for consideration for support from the Clinical Research Network (CRN) in England.
- 2.2.2 The Research team continues to scope for studies and considers their feasibility for the Trust. During this period, the Research team has considered 353 studies for suitability for adoption into the Trust; 11 were potentially fitting with Trust services and all were considered for adoption and are currently being scoped or implemented within services.
- 2.2.3 Studies the Trust is currently involved in and that are in set up are detailed below in Table 1. In this reporting period there were 15 Portfolio research studies running within the Trust and two are currently in set-up.

Table 1: Clinical Research for NIHR Portfolio Studies (accurate to 26 May 2022 via Open Data Platform NIHR portal)

Key to icons:								
Recruitment:	Increased	No change	Completed	in set up	Restart	Allocated funding/prize		
NIHR Portfolio studies	Clinical Area	Type Interventional (I) Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
Babybreathe Postpartum smoking intervention.	CYPS Norfolk	I	University of East Anglia	15	15		Open and recruiting	Behavioural intervention to prevent return to smoking postpartum
Evaluating Palin Stammering Therapy for children (Palin STSC).	Cambs CYPS SALT	I	Whittington Health NHS Trust	0	0		In follow up	Feasibility trial, to inform a larger scale RCT
Compression therapies for the treatment of venous leg ulcers. (VenUS 6)	Luton Adults	I	Manchester University	0	0		Open	Clinical investigation of a medical treatment
Interpersonal counselling for adolescent low mood (iCALM)	CYPS Norfolk	I	Norfolk and Suffolk NHS Foundation Trust	6	6		In follow up	Feasibility trial, to inform a larger scale RCT
Scanning Eye training as a rehabilitation choice for hemianopia after stroke (SEARCH)	Bedford Orthoptics	I	University of Liverpool	0	0		Opened July No recruits yet	RCT, evaluating a rehabilitation intervention
The role of different diets in children who are gastrostomy fed (Yourtube)	CYPS Cambridge	O	University of York	0	0		In follow up period	Building research knowledge of diets of children who are gastrostomy fed
Safer Online Lives	Trust Wide	O	University of Kent	0	0		No accrual attribution	Questionnaire investigating the online experiences of adults with ID
Pregnancy and EARly Life study (PEARL)	CYPS Norfolk	O	Quadram Institute Bioscience	Data exchange only	Does not attract recruitment. collaborative only	n/a	Ongoing data sharing	Longitudinal basic science study into health during pregnancy
Specific phobias in children with learning disabilities (SPIRIT) Phase 2	CYPS Cambs and Beds	I	University of Warwick	1	1		Open and recruiting	An adaptative and feasibility study for specific phobias
JITSUVAX WPI: surveys & interviews of healthcare professionals (HCPs)	Trust Wide	O	University of Bristol	221	221		Closed	Inform training material for vaccination delivering health care professionals
MSK Clinical Trial of an Investigational Medicinal Product (CTIMP)	Dynamic Health	I Commercial	GlaxoSmithKline (GSK)	-	-		Open PIC	New drug for knee osteoarthritis (OA) Commercial study (PIC)
Positive Voices HIV	iCaSH	O	PH, UCL, Imperial College London	13	Recruits added to ODP at end of study 13*		Opened	National survey of people living with HIV
MOPeD musculoskeletal Outpatient Delegation Study NIHR PhD Fellowship	MSK Ely/Cambs	O	NIHR, Midlands Partnership NHS Foundation Trust.	65	65		Opened	External PhD. Two site study.
Mechanised Orthosis for children with neurological disorders (MOTION)	Trust Wide	O	Canterbury Christ Church University	1	1		Open and recruiting	Development of training for HCP in the use of Robotic Assistive Technology
Evaluating the Home-based Intervention Strategy (HIS-UK)	iCaSH	I	University of Southampton	0	0*		Open and recruiting	Comparing delivery interventions
Provider survey to inform health service configuration for abortion (SACHA survey)	iCaSH	O	The London School of Hygiene and Tropical Medicine (LSHTM)	-	-		Study in set up	inform health service configuration for abortion provision
The impact of Care Easements under the coronavirus Act	Trust Wide	O	University of Manchester	-	-		Study in set up	Inform legislations for older co-resident carers of partners living with dementia
Total recruitment within this period:				322	**322	RCF count for recruitment started from October 2021 (*2).		**Total for all NIHR Recruitment.

(*1) All figures accurate as of 26/05/22 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases) due to database delay, known figures vary).
 (*2) Research Capability Funding (RCF) is allocated to research-active NHS health care providers if they recruited at least 500 individuals to non-commercial studies, conducted through the NIHR Clinical Research Network (CRN), during the previous NIHR CRN reporting period of 1 October – 30 September. This was achieved for the last 2 financial years and will be awarded in 2022.
 CYPS = Children & Young People's Service

- 2.3 **Non-portfolio studies** are studies that do not meet the criteria for adoption by NIHR and are, therefore, not entitled to Clinical Research Network (CRN) funding or support. This Health Research Authority (HRA) submission also includes ethics and project approval by the host NHS site. There were no non-portfolio studies submitted to the HRA in this reporting period.

Table 2: Summary Table for New HRA approved non-portfolio studies. Update on results within this reporting period:

HRA approved non-portfolio study.	Area	Numbers	Update	Collaborations	Impacts/potential impacts
New in this Data period					
Zero					

- 2.3.1 **Student Studies and Non-Student studies – Local Permissions.** During this reporting period there were no students (CCS NHS Trust staff) and no non-student evaluations submitted for local Trust permissions.

Table 3: Summary Table for New MSc/Major projects and evaluations. Update on results within this reporting period:

Student/non student or Evaluation Projects.	Area	Numbers	Update	Collaborations	Impacts/potential impacts
New in this Data period					
Zero in this reporting period.					
<i>Evaluation of remote monitoring of patients.</i>	<i>Luton Adults</i>	<i>tbc</i>	<i>Permission given in December retrospectively.</i>	<i>ARC/AHSN.</i>	<i>Clinically useful information for remote monitoring of patients</i>
<i>Evaluation by parents, carers and teachers of the online sleep workshop</i>	<i>Community Paediatrics, Bedford</i>	<i>tbc</i>	<i>Permission given. Project to start March/April. Steering group established.</i>	<i>CCS Paediatrics</i>	<i>Useful to look at the impact of remote workshops..</i>

2.4 Fellowships, Internships, PhD Programmes and Grants

- 2.4.1 The Fellowships and Internships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education England (HEE). One paediatrician commenced the HEE / ARC Implementation Fellowship in May, another paediatrician turned down the offer of the ARC Fellowship but instead accepted a place on the NHS Innovation Accelerator Fellowship.

- 2.4.2 No staff applied for a Fellowship (Table 3) during this period.

2.5 Grants

- 2.5.1 No grants were submitted within this period however, we continue to explore, with the academic lead at Anglia Ruskin University (ARU), writing and submitting a more basic project proposal on music therapy for upper limb problems in people who have had strokes, to a charitable trust (The Peter Sowerby Foundation). This grant remains in draft form, with costings being completed in January 2022. Submissions can be anytime throughout the year.

Table 3: Summary Table for Fellowships/Internships/PhD Programmes and NIHR Grant Submission/s – Update on applications and results within this reporting period:

NIHR Fellowships/grant	Area	Numbers	Update	Collaborations	Impacts/potential Impacts
New in this Data period					
NIHR/HEE Applied Research Collaboration (ARC) Fellowships 2022	Children & Young People's Service (CYPS) Cambridge & Luton	One	Successfully awarded. Commenced May 2022	Applied Research Collaboration (ARC)/HEE	One project is around looked after children.
NHS Innovation Accelerator Fellowship: 2022 Intake	CYPS Cambridge	One	Successfully awarded. Commenced April 2022	NHS England & NHS Improvement, Academic Health Sciences Networks. Hosted at UCL Partners.	Support for the further development of a commercial product.

2.6 High Level Objectives (HLO), National Performance Metrics, Adherence to National Ethical Approval and National Research Priorities.

2.6.1 National High-Level Objectives (HLO)

- HLOs as determined by the Department of Health & Social Care (DHSC) and monitored by the CRN Eastern. These objectives will be refreshed soon, the predicted DHSC launch is June/July.
- It is anticipated that the adoption of commercial studies will remain a priority and possibly also an objective around inclusivity and diversity of research participants. Although the latter may not be an HLO, but instead linked to enhanced payments from the CRN, if an inclusivity and diversity workstream is demonstrable within the Trust.
- Update: Research team is exploring the feasibility of commercial studies within Dynamic Health and Community Dentistry.

2.6.2 **NIHR National Performance Metrics.** Performance in Initiating (PII) and Performance in Delivering (PID) have been re-instated and collated by the DHSC. The PII and PID are now on track to be published, following each quarter.

2.6.3 **National Research Permissions via the Health Research Authority (HRA).** Health Research Authority (HRA) national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.

2.6.4 **National Priority of promoting and undertaking research in non-NHS sites.** There is an increasing emphasis to have more active research sites and research participants from non-NHS sites, such as prison services, schools and care homes. These studies will not necessarily have been through the HRA research and ethics approval process. The role of NHS Trusts within this process is yet to be set out by the DHSC or CRN. There are CCS concerns regarding whether staff delivering an intervention would be appropriately trained and the absence of national formal permissions (HRA). In addition, if CCS research staff are to be involved, where would any indemnity sit? It is likely that any recruitment assisted by us, would not be attributed to our Trust. We await the development of the feasibility of this national priority.

2.7 Trust alignment to National Research Strategies (Nursing and AHP).

- 2.7.1 The importance of clinical research is being highlighted nationally and this has been evident from the launch of two national research strategies; one being research in nursing and the other being a strategy to support Allied Health Professions to make research part of everyday clinical practice. Also, for those clinicians who wish to have a more formal academic focus, the strategies are proposing that pathways should be developed to make this possible. It is interesting to note that the natural trajectory of research within this Trust is aligning to the national research strategies. The Nursing Strategy was promoted at the International Nurses Day, 12 May 2022.
- 2.7.2 **‘Making Research Matter. Chief Nursing Officer for England’s Strategic plan for research. Version 2, November 2021. There are five themes underpinning the vision:**
1. **Aligning nurse-led research with public need:** – reflects the research priorities of patients, carers, service users, residents, the public and the nursing profession. Actions around this are to ensure that people-centred research is undertaken and identify the key challenges within health and care.

Trust compliance: CCS is at an early stage of this theme. It is essential that all major projects, fellowships and portfolio studies being undertaken within the Trust have patient outcome / care pathways improvements.
 2. **Releasing nurses’ research potential** – create a climate in which nurses are empowered to lead, use, deliver and participate in research as part of their job, and the voice of the profession is valued.

Action: For all nurses, whatever their role and setting can participate in research. Research should be seen as an essential and rewarding part of effective nursing care.

Trust compliance: All staff, including nurses, can participate in portfolio and non-portfolio research, undertake service evaluations, apply and participate in fellowships.
 3. **Building the best research system** – so that England is the best place for nurses to lead, deliver and get involved in cutting-edge research.

Actions: Tackle variation and inequalities across the Country and accelerate change in nursing practice based on research findings.

Trust compliance: There are opportunities within the Trust to take part in cutting-edge portfolio research, e.g. Baby breath study (Norfolk Health Visiting service) and VenUS 6 study in Tissue Viability. An earlier VenUS study, also undertaken in the Trust, had led to changes to which compression bandages were used.
 4. **Developing future nurse leaders of research** – to offer rewarding opportunities and sustainable careers that support growth in the number and diversity of nurse leaders of research.

Actions: Raise awareness of opportunities for nurses and have a seamless transition through the stages of a research-related career, including opportunities during pre-registration to experience research.

Trust compliance: The nursing workforce within the Trust can incorporate research into their clinical work at differing levels, from helping to promote a Trust survey, to participating in a NIHR Portfolio study which can range from promoting the research to patients to the nurse providing a research intervention. Currently, there is the Trust wide 'research ready' opportunity for staff to be ready to undertake research from the NIHR portfolio and complete relevant training as part of this process, such as Good Clinical Practice (GCP). There are opportunities for nurses to be a Principal Investigator (PI) on a study and receive mentor support from an existing PI and training. The corporate team started to host pre-registration student nurses and one of their placements is within the Research team. There has been very positive feedback on the research day, as students were not aware of local Trust research infra-structure, nor the wider stakeholders promoting and supporting research.

The Norfolk Research Champions Project, for newly qualified health visitors and school nurses, also links to this objective (please see 2.8.1).

5. **Digitally-enabled nurse-led research** – to create a digitally enabled practice environment for nursing that supports research and delivers better outcomes for the public.

Action: Boosting nurses' confidence in using data to support and conduct research and ensure relevant research expertise is visible, embedded and valued across the profession.

Trust compliance: Clinical teams are starting to think about the data they already have and how data is saved and coded within SystemOne. This links to the Patient Outcome Measures (POMS) workstream, currently on hold. Staff undertaking major projects are always encouraged to look at clinical data to use.

2.8 Trust Wide Projects to Build Research Culture and Capacity

- 2.8.1 **Norfolk Research Champions Project update:** objectives of the BRES project are to:
- Map the current research engagement by Specialist Community Public Health Nursing (SCPHNs) across the East of England; to evaluate an exemplar SCPHN research capacity building programme and to engage with stakeholders to develop locally tailored research capacity building.
 - **The Norfolk evaluation:** Analysis from the surveys and interviews were collated into a workshop event and a report.
 - **Impact:** The virtual dissemination event was held in April 2022 and was well attended and received positive feedback. However, the draft report was not reflective of the positivity demonstrated within the workshop. This has been fed back to the academics.
- 2.8.2 **CRN Funded Project: Building the Research Capacity of the Trust workforce.** This project is to explore how CCS staff, outside of the Research

team, could contribute to the NIHR Portfolio studies, by providing funded ad-hoc sessions to showcase studies, signpost potential participants or give the research intervention as part of the trial protocol. We have two clinicians participating: one, a clinical psychologist, who is offering a NIHR Portfolio treatment intervention to children; the other clinician is a Health Visitor in Norfolk and is supporting NIHR studies and developing a research competency tool for clinicians who wish to do ad-hoc research. We are looking to continue this important research capacity expansion, depending upon access to additional external funding.

- 2.8.3 **The Digital Innovations Project, START: Scoping the use of digital translation tools to assist with research engagement and delivery in under-served communities.** This is a Clinical Research Network (CRN) funded project. This piece of work explores the use of the web based 'Recite Me' tool, which translates text into many different languages and is currently being used on the Trust's website. Funding was until the end of March, however we are hoping to access further funds later on in the year to support this work stream.

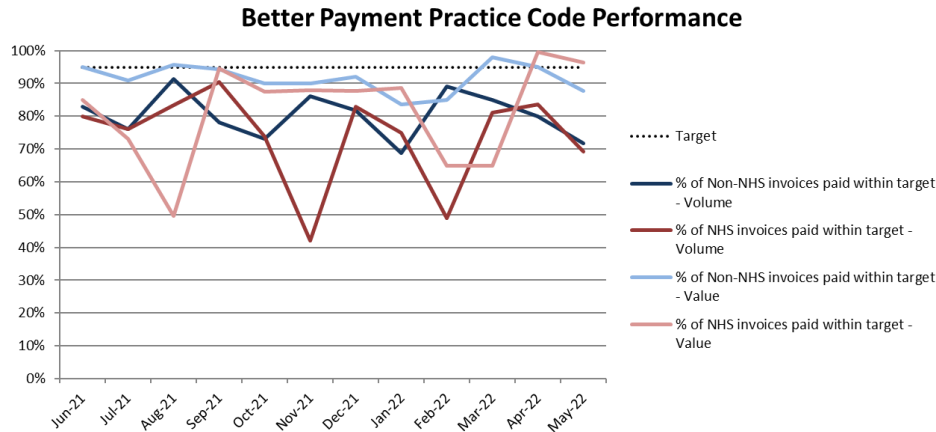
Update: We are in the process of setting up simple summaries of research studies adopted by the Trust, to be added to the Trust's internet pages, which will form part of the pilot assessment. We have permission, from the academic team, for one research study to be put on the internet for parents to use 'Recite Me', if required.

Going forward: Scoping events to show case this innovative work.

2.9 Published papers & posters within this period

- 2.9.1 There was one poster and one paper published in this period:
- 2.9.2 Poster at the 5th International Paediatric Palliative Care Congress, Rome: 'Supporting parents of children with palliative and complex health care needs in a time of crisis: A health and social care system-wide response. Linda Maynard, Carrie Cannon, Jenna Ridout, Kirstie Lynn, Sharon Daniels, Josie Lynn, Siobhan Weaver.
- 2.9.3 Paper: 'Management of sleep disorders among children and adolescents with neurodevelopmental disorders: A practical guide for clinicians'. 'World Journal of Clinical Paediatrics' 2022 May 9, 11 (3) 215-320. It is an open access journal.

3 Public sector prompt payments



- 3.1 The average in month prompt payment results across the four categories was 90% in month 1 and 81% in month 2.
- 3.2 With regards to NHS invoices, performance has decreased overall over months 1 and 2, but the Trust has still achieved the target 95% in value for both months. The Trust is working hard to consistently improve NHS payment performance.
- 3.3 With regards to Non-NHS invoices, achievement in both categories has been relatively consistent in the last 12 months – with an average of 86% achievement over this period. Over months 1 and 2, the average achievement in each category is 76% and 91% for Volume and Value respectively, which is a decrease on the previous reporting period. A one-off issue impacted the payment of a single supplier's invoices, which effected performance this month, a process has been established to ensure it is not repeated. The team are working with SBS procurement to improve the purchase order process which will improve the invoice payment process once complete.
- 3.4 The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly. Further processes are being implemented to increase the monitoring of invoices and improve their allocation to services.



Be a Sustainable Organisation

A: Assurance Summary

Well led	WL1 I&E in line with budget	Reasonable
	WL2 CIP in line with plan	
	WL3 Capital spend in line with budget	
	WL4 Use of resources	

1. In accordance with the Trust’s Assurance Framework, the Board receives assurance from the reporting of the Trust’s financial sustainability and performance from Strategic Risks number 3167, and Clinical Operational reporting of financial performance and escalation processes.
2. The Trust Board will also take assurance from External Auditor’s Unqualified opinion and its “Value for Money conclusion” of the Trust’s 2020/21 accounts. The opinion for the year 2021/22 has yet to be provided. Internal Auditor’s assessments during 2022/22 provided a conclusion the Trust has an adequate and effective framework for risk management, governance and internal control. The Trust’s Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.
3. The Trust’s financial performance is showing deliver of a marginal surplus position against the original plan, and the reasons for this are explained more fully in the Income and Expenditure section below.

B: Measures for Achieving Objective – 2022/23 Measures

No	Measure	21/22 Target	Data source	Reporting frequency	Current position as of May 2022
4a	Achieve planned budget target	Pass/Fail	Finance Report	Quarterly	Pass
4b	Green Plan: 1. Establish Staff network and Net Zero Champions 2. Increased awareness of Cycle to Work scheme 3. All renewable energy contracts for estate in Trust direct control	1. Pass/Fail 2. 5 more schemes agreed Pass/Fail	Green Plan	1. Oct 22 2. Annual 3. Mar 23	Not due



Be a Sustainable Organisation

C: Risks to achieving objective

Strategic risks

1. **Risk ID 3167** - As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 8)
2. **Risk ID 3488** - There is a risk the Trust will not deliver its planned breakeven financial plan for 2022/23 due to the unprecedented increases in non-pay costs. The increase in fuel and raw material prices due to a number of worldwide demand and supply challenges has impacted UK wide prices with a predicted RPI of circa 10% If unmitigated, the increase in costs could result in the Trust not delivering its balanced financial plan for 2022/23 and restrict the ability in the Trust to invest in service improvements and developments the requirement for further efficiencies. (Risk Rating 12).

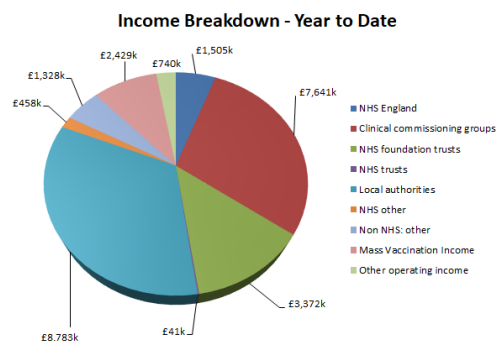
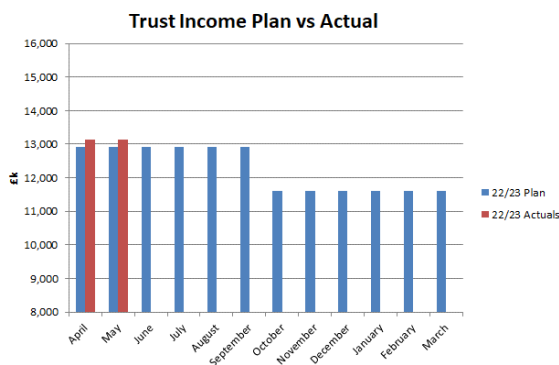
Related Operational Risks 15 and above

1. **Risk ID 3478** – iCaSH: Impact on patient and staff services due to ongoing disruption to ICTS provision. (Risk Rating 16)

D: Overview and analysis

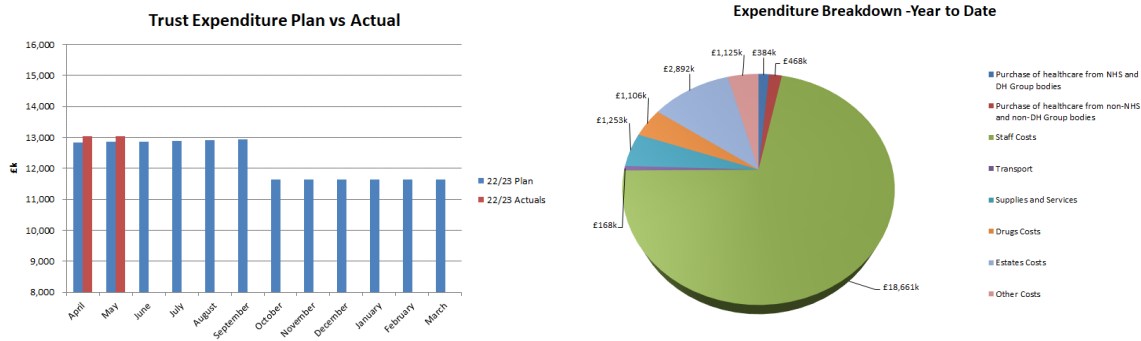
Finance scorecard

1. Income and expenditure





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1.1. Block funding arrangements remain in place for CCGs (ICBs from 01/07/2022) and NHSE for 2022/23, and contracted income from Local Authority Public Health Commissioners. The Trust is planning to achieve a breakeven position for 2022/23 with significant risks around funding and increased inflationary costs.

1.2. The direct clinical service budget position in each Service Division is:

Division Level	May-22					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	317	(3,266)	(1,570)	(4,519)	(4,889)	370
Bedfordshire Community Unit	214	(2,525)	(418)	(2,730)	(2,411)	(319)
Childrens & Younger Peoples Services	799	(5,343)	(449)	(4,992)	(5,158)	166
Luton Community Unit	60	(3,561)	(643)	(4,144)	(4,215)	71
Mass Vaccination Service	2,429	(1,869)	(560)	-	-	-
Other Services	22,478	(2,076)	(4,094)	16,309	16,673	(364)
CCS Total @ 31st May 2022	26,297	(18,640)	(7,734)	(76)	-	(76)

1.2.1. Ambulatory Care Services delivered a cumulative underspend of £370k to month 2. The main reasons for the cumulative underspend are due to vacancies across the division and non-pay expenditure savings in iCaSH services, particularly in pathology costs.

1.2.2. Bedfordshire Community Unit delivered a cumulative overspend of £319k to month 2. The main reason for the overspend is due to pay and locum spend in Specialist services.

1.2.3. Children's & Younger Peoples Services delivered a cumulative underspend of £166k to month 2. The main reasons for the cumulative underspend are vacancies across the services and a fall in non-pay expenditure.

1.2.4. Luton Community Unit (including Luton Children's Services) delivered a cumulative underspend of £71k to month 2. The cumulative underspend position is due to pay establishment savings across Adult services.

1.2.5. Total expenditure for the Mass Vaccination Service to month 2 is £2,429k and this is fully funded with any expenditure offset by income.

2. Cash position



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2.1. The cash balance of £8.9m at month 2 represents an overall decrease of £9.4m on the previously reported position at month 12. The Trust has incurred mass vaccination service expenditure of £6.5m, which is due to reimbursement. The Trust's receivables position has increased over the period, particularly with local authorities, which has impacted the cash position.

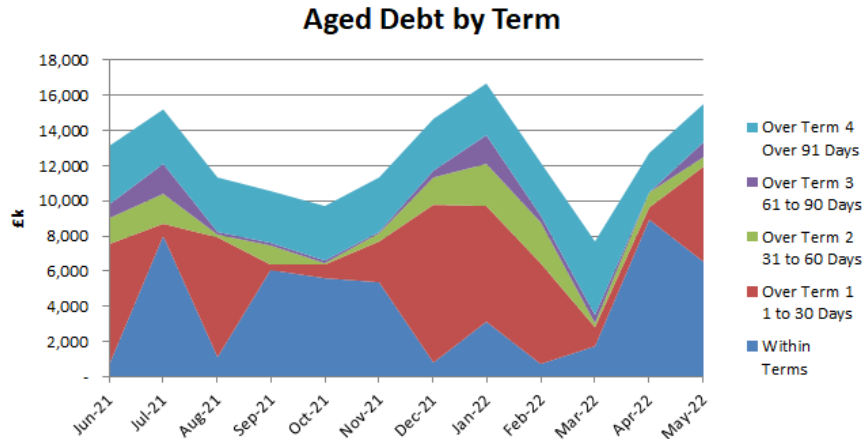
3. Statement of Financial Position

	May 2022 £'000	March 2022 £'000
Non-Current Assets		
Property, plant and equipment	56,071	56,373
Right of use assets	26,588	0
Intangible assets	245	257
Total non-current assets	82,904	56,630
Current assets		
Inventories	73	73
Trade and other receivables	27,552	17,179
Cash and cash equivalents	8,928	18,319
Total current assets	36,553	35,571
Total assets	119,457	92,201
Current liabilities		
Trade and other payables	(24,351)	(23,835)
Borrowings	(3,094)	0
Provisions	(950)	(950)
Total current liabilities	(28,395)	(24,785)
Net current assets	8,158	10,786
Total assets less current liabilities	91,062	67,416
Non-current liabilities		
Trade and other payables	(1,045)	(1,045)
Borrowings	(23,494)	0
Provisions	(976)	(976)
Total non-current liabilities	(25,515)	(2,021)
Total assets employed	65,547	65,395
Financed by taxpayers' equity:		
Public dividend capital	2,792	2,792
Retained earnings	44,411	44,259
Revaluation Reserve	19,997	19,997
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	65,547	65,395



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3.1. Trade and other receivables have increased over the reporting period by £10.4m and trade and other payables have increased over the reporting period by £0.6m. Following the implementation of IFRS 16 on 1st April 2022, the value of the Trust's building leases are now shown on the statement of financial position. A right of use asset is created along with a lease liability (shown under Borrowings).



3.2. Total trade receivables increased by £5.0m in April to £12.7m and then increased further by £2.8m in May to £15.5m. The breakdown in May is £2.9m (18%) from NHS organisations; £11.3m (73%) from Local Authorities; and £1.3m (9%) from other parties.

3.3 Of the receivables over terms, the main organisations contributing to the balances are:

Cambridgeshire County Council	£2.6m
Norfolk County Council	£2.0m
Luton Borough Council	£1.1m

3.4 For the debt over 90 days old, as this is predominantly due from NHS and Local Authority bodies, it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period (month 2) Norfolk County Council have subsequently paid £2.0m to reduce their outstanding balance.

4. Capital spend

4.1. Capital spend to date is £0.3m against a plan of £0.5m. The main area of spend is Nash House refurbishment (£0.3m).

5. Use of resources

5.1. This metric is currently paused not being reported on until confirmation of the approach to measurement is received from NHSE / I.

