

Title:	Integrated Governance Report		
Report to:	Trust Board		
Meeting:	23 November 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 8th November (Children's) and 9th November (Adults). The IGR brings together the quality, performance, workforce and finance information for August and September 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 5 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	Reasonable	Substantial	Reasonable	-
Be an Excellent Employer	Reasonable	-	Reasonable	-	Reasonable
Collaborate with others	-	-	Substantial	-	Substantial
Be a Sustainable Organisation	-	-	-	-	Reasonable

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: Quality Dashboard

Appendix 2: CQC Infection Prevention and Control Board Assurance Framework

Appendix 3: CQC Infection Prevention and Control Board Assurance Framework Action Plan

Appendix 4: Flu Checklist

Appendix 5: Assurance Framework

Report authors & Executive Sponsors	Kate Howard Anita Pisani Mark Robbins David Vickers Rachel Hawkins	Chief Nurse Deputy Chief Executive Director of Finance & Resources Medical Director 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	Assurance on delivery included in the People Strategy Update

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 & Q2 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 & Q2 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	28 th September 2022

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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

- **Patient Story:** The COB heard from parent Hannah about the support she had from her Teenage Parent Practitioner. Hannah described how important it was to have an empathic and professional worker who could help her and her family to anticipate what to expect through her pregnancy, birth and caring for her child; support her with putting ideas into practice and managing personal and parenting challenges along the way. The Teenage Parenting Pathway (TPP) is available to all new parents aged nineteen or younger in Norfolk, providing intensive support from pregnancy through to the child reaching two years old. There is a similar service available in Cambridgeshire.

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

- Recruitment challenges continue across the Trust: for Health Visiting (Bedfordshire, Cambridgeshire, and Norfolk), School Nursing (Cambridgeshire), Community Paediatrics, Speech and Language Therapy (pan-Bedfordshire) and the Nutrition and Dietetics service (pan- Bedfordshire).
- For Luton and Bedfordshire CYP services there continues to be a financial risk both in year and recurrently (Risk ID 3388). A schedule to agree recurrent funding from 2023/24 is to be agreed with commissioners.
- There continues to be demand and capacity pressures across trust-wide Children's services, notably within Community Paediatric services (Risk ID 3120 and 3425) and therapy services (Bedfordshire and Luton). This impacts on our ability to deliver services around the SEND agenda.
- New funding for Family Hubs has been allocated to Bedford Borough, Luton, Peterborough and Norfolk localities. There are opportunities to enhance local service offers for perinatal mental health, infant feeding, parenting support and early language and the home learning environment (HLE). There is also a requirement to create and publish 'a Start for Life Offer' as well as establishing parent/carer panels.
- The Milton Keynes continuing care service has now transferred to CCS. BLMK continuing care provision under one BLMK contract allows resources to be shared and an equity of high-quality provision across all three geographies.
- During the last period, all CYP services are working with finance to identify cost improvement opportunities. A comprehensive Quality Impact process will underpin this.
- Risk of industrial action. We are cognisant of the current national ballots around industrial action. A Trust wide risk has been raised (Datix ID: 3502). Business continuity plans are in place to mitigate impact should the need arise.
- There are currently 10 non-Covid 19 risks scoring 12 and above.

Matters for escalation for the Board to note:

- For Luton and Bedfordshire CYP services there continues to be a financial risk both in year and recurrently (Risk ID 3388). A schedule to agree recurrent funding from 2023/24 is to be agreed with commissioners.
- CYP Cost Improvement Savings are anticipated to be challenging for already stretched services and may impact on staff morale, sickness and survey results.
- Risk of industrial action. We are cognisant of the current national ballots around industrial action. A Trust wide risk has been raised (Datix ID: 3502). Business continuity plans are in place to mitigate impact should the need arise.

2. Adult Clinical Operations Board

The COB received the following:

- Review of overall finance position for all services and explanation in relation to cost improvement plans for second half of 22/23 and 23/24. More detail in relation to cost improvement plans/delivery to be provided in the January 2023 COB meeting.
- A patient story from Luton Adult services which demonstrated how their Community Matron service supported an individual, with genuine empathy and quality care. Fabulous example of multi-disciplinary team working. The story demonstrated opportunity for early intervention as well as variance of care being provided. Permission is being sought from the patient to share the story more widely as part of the continued development of integrated neighbourhood teams across Bedfordshire, Luton and Milton Keynes and it was agreed to feedback progress at a future COB meeting.
- Half-year update for all services in relation to safeguarding. Reasonable assurance was provided by these reports from the Trust's Strategic Head of Safeguarding.
- Clinical Audit summary was provided to the Board for information.

Ambulatory Care

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

Bedfordshire and Luton Adult Services

- Continued challenge of responding to the volume and complexity of patient demand within the context of the available staffing capacity. However, additional staff have commenced employment within both district nursing and the single point of contact. In addition, all incidents over the past 6 months had been reviewed to identify any potential impact of decreased staffing numbers. The findings were that there did not seem to be any increase in total incidents or the mix of incident type as a consequence of this. The service will keep this under review.
- 6 international nurses arrived in September and currently undergoing their OSCE training. 2 have passed to date. 4 further nurses arrived recently and just starting their OSCE training.
- Service continues to maintain delivery of the key performance indicators, however, does continue to have an accumulative affect on staff morale and wellbeing.
- Overall mandatory training remains above the Trust target of 90%. Significant increase in Luton Adults on Adult Safeguarding Level 3 which has achieved 94% in September.
- No formal complaints received.
- Updates were shared on remote health monitoring (Doccla); Luton Breast Cancer support group; Rapid response leaflet; urgent community response and virtual wards.
- The Board received assurance on the actions that had been taken in relation to a previous Serious Incident and that no harm had come to the patients involved.
- The Board received assurance that the services were fully involved in developing mitigation plans for winter across the local system.

Ambulatory Care

- Overall the Services within Ambulatory Care have been stable in terms of quality and performance in this reporting period
- The main operational challenges in Dental, Dynamic Health and iCaSH remains the patient demand vs the service capacity.
- The Monkey pox testing has reduced considerably however, the Smallpox vaccination programme is ongoing and challenging in terms of capacity
- The Large Scale Vaccination Service has achieved a threefold increase in the planned activity in the first 5 weeks of the Autumn Booster campaign.
- Regional discussion continues regarding any future Vaccination offer beyond December
- The financial position for Ambulatory Care has deteriorated in September. This is largely due to the NHS staff pay award which is unfunded within Local Authority commissioned services.
- The Winter preparedness plan has been completed in each service with the 'Brumel' scenario exercises completed during October.

Matters for escalation for the Board to note:

- Mandatory Training: Luton Adults – Level 2 Children's Safeguarding (86%); Moving and Handling (84%);
- Appraisal rates in Luton Adults – 91.36% in September (target 94%)
- Sickness levels 8.47% across Bedfordshire and Luton Adult Services (target 4%). Long term sickness cases the higher percentage, however, are forecasted to reduce in the next reporting period. All being managed/supported in line with Trust policies.
- Dental sickness remains high across services. The sickness absence is both long and short term which cannot be attributed to any specific theme. Absences continue to be

managed in line with policy and appropriate engagement with our HR colleagues. In September 112 appointments were cancelled due to non-Covid absence; 0 appointments cancelled due to Covid.

Risks of 15 or above and emerging risks:

- Luton Adults – Risk 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 required that support both high quality services and positive staff well-being. (score 20)

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Appendix 5: Assurance Framework



Provide outstanding care

A: Assurance Summary

<p>Safe</p>	<p>94% of incidents were categorised as no or low harm in September (S1) There were 0 never events reported in August/September (S2) Over 90% of all SI action plans are on target for completion, and there are escalation plans in place (S3) There were 3 nosocomial Covid19 staff outbreaks in August and September, 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) board assurance framework was last reviewed at May's board, the updated framework will be coming to board in November, any gaps are being monitored via the IPaC Committee (S8)</p>	<p>Reasonable</p>
<p>Caring</p>	<p>87.5% of services got over 90% positive FFT. 100% of Directorates scored over 90%. (C1) All formal complaints were acknowledged within 3 working days and responded to within the timeframes agreed by the complainant (C2) 90.91% of informal complainants are offered local resolution within 4 working days (C3). 100% of all Directorates received complimentary feedback and 93.75% (22/24) of individual services (C4)</p>	<p>Reasonable</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) 100% of all formal complaints are acknowledged within 3 working days (R2)</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.
- 2 In addition to the overview and analysis of performance for August and September 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 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.



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- 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 /Infection, Prevention & Control Board Assurance Framework last presented to the Board in May 2022. A further update will be presented at November's Board.
- There have been three reported staff outbreaks of Covid19 infection within this reporting period, which have all been managed within the parameters of the national guidance.

B: Measures for Achieving Objective – 2022 / 2023

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	97.22%
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	PPC	Apr 23	In September the FFT survey became live with full translations into the most frequently translated languages: Lithuanian, Russian, Polish, Bengali, Urdu, Romanian and Portuguese. All languages can be accessed from the same survey link via a dropdown option at the top of the survey.
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:	Pass/Fail	Equality Delivery System	Quarterly	



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	<p>Patient/Service User Objective 3: To commence collection of demographic data for people who give feedback.</p> <p>Patient/Service user Objective 4: To work with the data team and clinical services to target the collection of demographic data.</p>				<p>Action plan is in place for Objective 1 and 2 – Q2 actions have been achieved.</p> <p>Pass – Q2</p>
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 June Board)	ESR	Monthly	Mandatory training – 94% for September 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	<p>Baseline set.</p> <p>Directorates have been divided into 8 service lines – 50% of these service lines have volunteers working within them. The target is to increase this to 75%.</p>
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	<p>On-going</p> <p>Updates have been provided to the Executive and Senior Leaders Team – training modules have been developed.</p>

*For **1h**, the team were notified on 7th November 2022 that the allocation of 221, for the Jitsuvax portfolio study, has been withdrawn on the ODP system due to potential web-based fraud unrelated to the Trust. The Clinical Research Network are currently investigating, we will provide an update when available. This has the potential to impact on our Research Capability Funding.



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C: Risks to Achieving Objectives

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 16)
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. (Risk Rating 12)
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 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)
5. **Risk ID 3502** - There is a risk that if industrial action is taken within the Trust that affected areas will be unable to deliver their services, which will lead to patients/service users not receiving the care that they need and potentially negatively impacting staff morale. (Risk Rating 12)

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)

D: Overview and analysis (including information from the Quality Dashboard – Appendix 1)

1 Quality Impact Assessment (QIA)

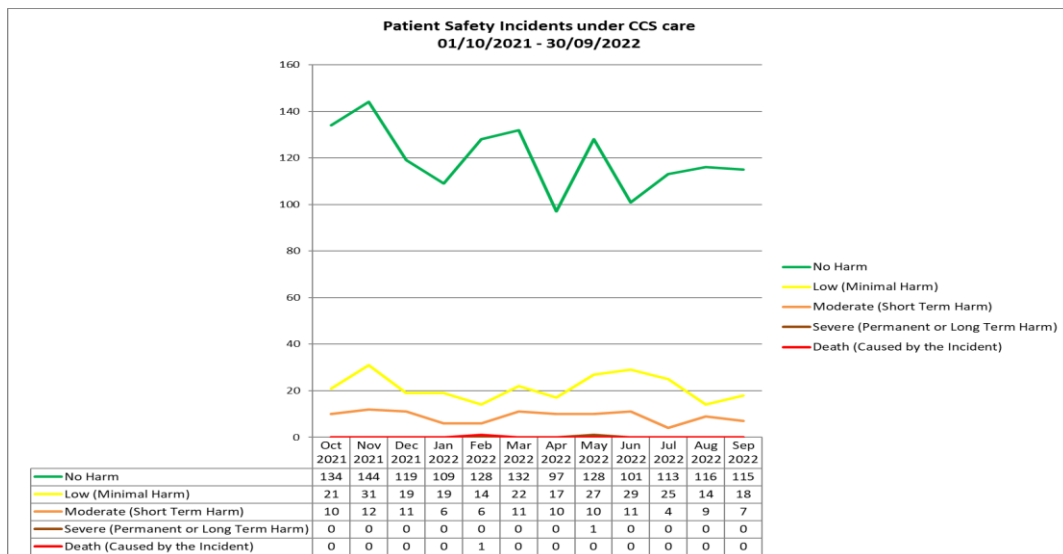
- 1.1 The Quality and Equality Impact Assessment process is live within the Verto system, facilitating project governance and oversight. The Medical Director and Chief Nurse review and approve the projects and any risks or queries relating to the Quality or Equality assessment are discussed with the project owner. There is opportunity to discuss the impact assessments at the internal Ethics Meeting (which is convened as and when required). Both the Quality and Equality Impact Assessments are also reported at the Executive Programme Board.



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2. Patient Safety

- 2.1 No Serious Incidents (SIs) were declared in either August or September 2022.
- 2.2 No incidents were submitted to the Commissioners for closure during the period. Action plans on previously submitted Serious Incidents continue to be monitored for closure. (At the time of writing, there were 17 actions assigned to Serious Incidents with only one being overdue which has been escalated to the Chief Nurse. Six actions were closed in the period.)
- 2.3 Following an initial triage by the Patient Safety Team, relevant incidents were reviewed via panel discussions which were attended by service leads and specialists to agree next steps and/or close and approve submitted investigation reports.
- 2.4 A total of 12 panel meetings were held in August and 10 in September 2022. The panels were a combination of reviewing final reports, discussion on next steps and action plan reviews. Any identified initial actions were added to Datix for monitoring and completion.
- 2.5 One incident reported in August has subsequently been declared as a Serious Incident following a detailed initial review. This was a complex case involving a whole family in Luton. All actions to safeguard the family have been taken and discussions are ongoing with the partner agencies who are also involved.
- 2.6 The chart below highlights those patient safety incidents that occurred under our care and includes the two-month period of August and September 2022. These incidents totalled 279 which was a decrease of eight incidents on the previous two-month period.



- 2.7 Of the 279 incidents (August and September 2022), 83% were no harm incidents, 11% low harm and 6% moderate harm.
- 2.8 Sixteen moderate harm incidents (whilst under CCS care) were reported, which is an increase of one incident on the previous two-month period.



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2.9 Of these 16 incidents, 15 were reported for Luton Adult Services and the final incident was reported by iCaSH Norwich which related to a procedural recognised complication.

Incident Themes

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

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

August 2022	September 2022
Clinical, assessment and treatment: 95 Access, admin, transfer, discharge: 85 Medication: 43	Clinical assessment and treatment: 95 Access, admin, transfer, discharge: 75 Patient information (records/ documents): 37

2.11 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:

2.11.1 **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 (48%) due to the type of work and volume of visits they undertake. In total, 92 incidents were reported relating to pressure ulcers / MASD of which only 38 were acquired on caseload.

2.11.2 The Tissue Viability Team benchmarking audit for pressure ulcer prevention with our colleagues in Tower Hamlet (ELFT) has been delayed in both Luton and Tower Hamlet; the new proposed completion is for Q3. The audit explores the pre and first year of the pandemic to establish if there was any impact from the pandemic. We will be looking at the demographics, equipment provision, categories of pressure ulcers, life expectancy and their health, and comparing / sharing our good practice from both clinical areas. We are also benchmarking against the NICE guidance for pressure ulcers.

2.11.3 Also included in this category is 'acquired skin tear' at 20% of all incidents reported. Fifteen were reported as having occurred in residential/nursing homes and will be shared by the Safeguarding team with the local authority for awareness.

2.11.4 **Access, administration, transfer, and discharge:** Of the 160 incidents reported under this category, 93 related to failure to refer with 63 related to delay/lack of antenatal referrals. This is recognised as an ongoing national issue, however in both Norfolk and Cambridgeshire our 0-19 leads have worked with the senior midwives in the acute trusts to implement solutions to



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reduce these. Other sub-categories included discharge failure from acute services and missed visits by CCS services.

2.11.5 **Medication:** Medication incidents related predominately to Luton Adult Services (43), iCaSH Services (12) and Large-Scale Vaccination Service (10). It should be noted that over 98% of these incidents are no (95%) or low (3%) harm. The remaining 2% related to one moderate harm incident which occurred off caseload and reports that a buprenorphine patch (fast acting painkiller) could not be located in a patient's property.

2.11.6 Where themes were linked to external providers, issues were picked up during liaison with the services or via the service leads.

2.12 National Patient Safety Alerts

2.12.1 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.

2.12.2 In August and September 2022, 24 alerts were received, 2 of which was a National Patient Safety alert. All Central Alerting System (CAS) alerts were actioned and closed within the required timeframe.

2.12.3 The National Patient Safety Alerts were as follows:

- Recall of Mexiletine hydrochloride 50mg, 100mg and 200 mg Hard Capsules, Clinigen Healthcare Ltd due to a potential for underdosing and/or overdosing.
- Shortage of alteplase and tenecteplase injections.

Both alerts were reviewed by the Chief Pharmacist and confirmation received that they were not relevant to the Trust.

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

3. Medicines Management

3.1 The Medication Safety and Governance Group (MSGG) met in September.

3.2 A major piece of work was discussed which involved a complete review of the Standard Operating Procedures (SOP) for non-medical prescribing (NMP) and the management of FP10 prescription forms, which had previously been covered in a single SOP.

3.3 Processes for ensuring the accuracy of the NMP register were reviewed. A complete suite of new SOPs was approved, covering registration of NMPs with the Trust; management of FP10 prescription forms by NMPs; and, within clinics; a procedure for the non-medical prescribing administrators for registering NMPs with the NHS Business Services Authority and ordering prescriptions from Xerox; and a single SOP for workforce reconciliation, replacing three different SOPs which had previously



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applied to Luton, Bedfordshire and the rest of the Trust respectively. All the associated forms were reviewed and updated.

- 3.5 The Group had approved 13 SOPs remotely in June, August and September, for the monkeypox and covid vaccination programmes. The Group has been highly responsive to requests for urgent approval of documents in such circumstances.
- 3.6 The Written Instruction for the flu vaccine was signed off by the Medical Director in readiness for the staff flu vaccination programme.

Medicines Incidents

- 3.7 As previously noted, a high number of incident reports, with a high percentage of no-harm incidents is indicative of a good reporting culture.

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%
May 2022	23	91%
June 2022	11	91%
July 2022	14	79%
August 2022	17	94%
September 2022	13	100%

- 3.8 Following a dip in no harm incidents in July, the results for August and September were much more encouraging, although the number of incidents reported was quite low.
- 3.9 The August figure related to a single incident in which the district nurse identified that a patient had been prescribed a medicine by the hospital to which they had a documented allergy. The member of staff therefore averted a potential adverse event.

Non-Medical Prescribing

- 3.10 The V100 qualification is no longer a requirement for the SCPHN (Specialist Community Public Health Nursing) course, and therefore is being phased out of the university courses. V100 prescribers are restricted to the Nurse Prescriber's Formulary, which is very limited and lists mostly products which can be purchased over the counter. The national position has for some time been to reduce the number of prescriptions written for items which patients can purchase for themselves, therefore the number of v100 prescribers who use their prescription pads is now very few. Discussions are currently underway regarding the action to be taken in relation to this change to SCPHN training.

4. Safeguarding



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- 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 August 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 As part of the preparation for the implementation of Liberty Protection Safeguard (LPS) a Mental Capacity Act (MCA), an internal audit has been completed and the report has identified a baseline for learning, training needs analysis and work to support improvement in clinical practice. Work is underway on developing workshops alongside reviewing the templates used in SystmOne and Lillie record keeping systems. The impact of LPS introduction to CCS services is expected to include adolescent pathways for transition to adult services, an increased expectation for clinicians to undertake Mental Capacity Act (MCA) assessments and to support best interest decision making for all discreet interventions, as required.
- 4.3 An adolescent transition strategy has been developed by the Trust wide Head of Safeguarding and the Lead Transition Nurse in Cambridgeshire and Peterborough with a view to including the Bedfordshire / Luton Transition Nurse once in post. The production of a standard operating procedure is in process which will inform pathway development across the Trust. The Lead Transition Nurse in Cambridgeshire and Peterborough has agreed to support the roll out of the MCA workshops to Children's Community Nursing (CCN) teams in the early part of 2023.
- 4.4 The level of mandated supervision (for those staff who report on this as a key performance indicator [KPI]) continues to be variable across the Trust but is improving and there is a clear plan of oversight and management in each area where compliance is lower than the agreed 90%. Staff compliance across the Trust for those who are provided with safeguarding supervision but are not mandated to receive this, is now reflected on the Quality Dashboards from this September. There is an extension of the provision across Cambridgeshire and Peterborough to the Allied Health Professional (AHP) teams as a new offer from November 2022 from a retired Safeguarding Lead.
- 4.5 Norfolk MASH redesign has commenced with system wide work to update the information sharing agreement, partnership board agreement of the review process and involvement with the wider health partners has been secured, to ensure full agreement on role expectation for health. A paper for the Bedfordshire and Luton Multi-Agency Safeguarding Hub (MASH) has been provided in draft format to the Service Director and further consideration of developing the model to reflect a joined-up approach is underway.
- 4.6 A new escalation SOP has been developed which is being embedded across services, this is to specifically support our practitioners in escalation conversations with colleagues from other organisations. It also specifies the record keeping requirements for this process.
- 4.7 In terms of the adult safeguarding service the team are developing a new system for reviewing and actioning section 42 referrals, this will reduce the likelihood of case drift and will ensure that clinical practitioners are aware of the section 42 outcomes and any next steps they need to take.



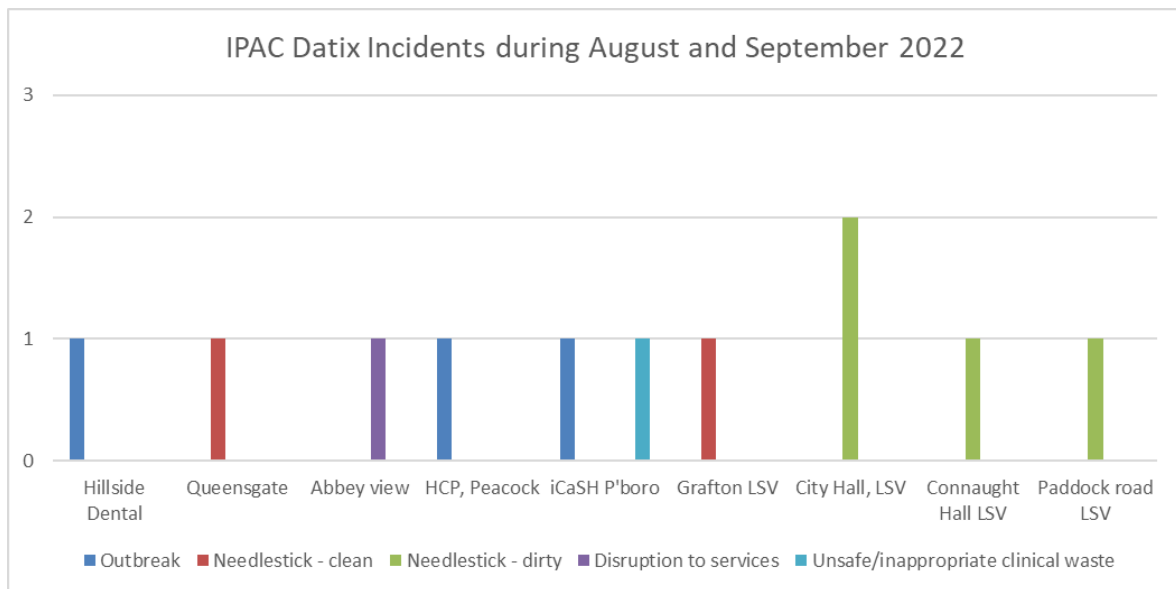
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5. Infection Prevention and Control (IPaC)

- 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, IPaC issues (Covid-19 related) continue to be discussed at the weekly IPaC huddle and are then reported to IMT.
- 5.2 The National IPaC Board Assurance Framework has been revised. The Trust’s action plan was updated and presented to the Trust’s IPaC Committee on 27 October 2022. The Committee will oversee performance against the plan, which is also reviewed during the weekly IPaC huddles, as needed. (Appendix 2 and 3).
- 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.

Datix

- 5.4 There were 11 IPaC related incidents reported during August and September 2022. The graph below shows the distribution of incidents across 10 sites. Of the 11 incidents, six related to needlesticks (four dirty and two clean) and three related to staff outbreaks.



Outbreaks

- 5.5 There were three Covid-19 outbreaks amongst staff in this period, which mirrors the increase in cases nationally. Outbreak meetings with team leads, the Director of Infection Prevention and Control (DIPC) and the IPaC team were convened during the first week of each outbreak. Outbreak meetings were held as per Trust policy and reported to the national reporting system.
- 5.6 The Trust reviewed the IPaC mask wearing guidelines during this period in light of the significant reduction of Covid-19 being reported both nationally and regionally. With the reduction of positive lateral flow tests being reported, the Trust agreed for staff not



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to wear a mask in non-clinical areas. No changes were made to existing guidance for staff in clinical areas. Covid measures are discussed in the weekly huddle, and any changes are communicated via the Trust's normal routes.

Needlestick injuries

- 5.7 Seven 'sharps' incidents were reported during this period. Two needlestick incidences were identified as 'clean' and five were reported as 'dirty'. The dirty sharps incidents were reported to Occupational Health, and appropriate actions were taken to support staff and where needed the patient.

MonkeyPox Virus

- 5.8 Monkeypox is a viral zoonotic disease that occurs primarily in Central and West Africa. Within the UK it is 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 period, the IPAC nursing team continued fit testing staff to FFP3 respirators to most clinical staff as per the HCID management national requirements. Below is a fit testing summary report for each iCaSH clinic.

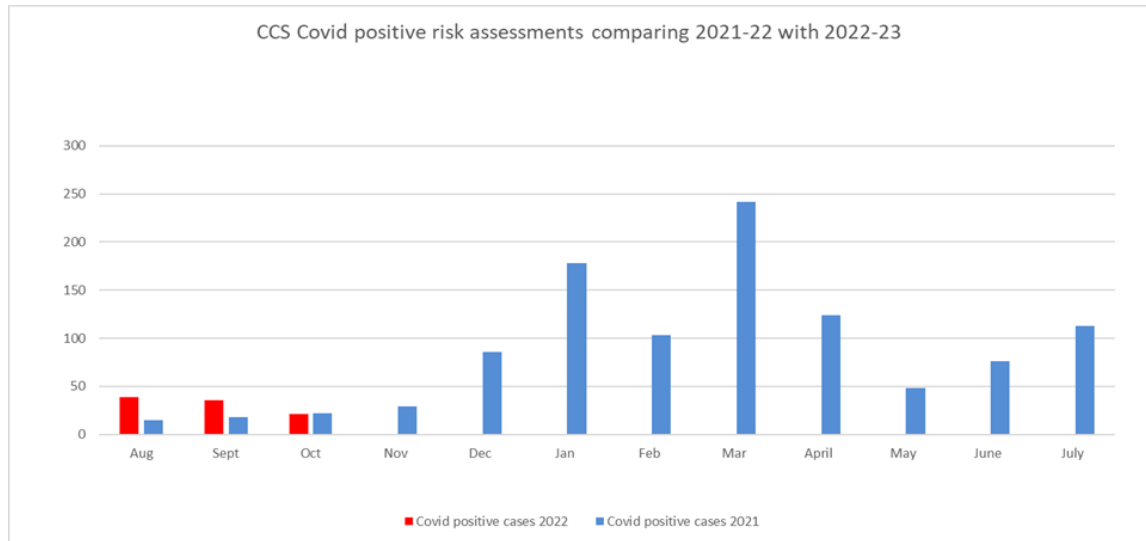
Location	No. of staff identified	No. of staff fitted to at least 1 FFP3 (including hoods)	% Successfully tested
Bedford	11	9	82%
Bury	10	7	70%
Cambridge	16	10	63%
Dunstable	2	2	100%
Gt Yarmouth	7	4	57%
Huntingdon	4	3	100%
Ipswich	13	12	92%
King's Lynn	11	8	73%
Lowestoft	7	7	100%
Milton Keynes	12	12	100%
Norwich	26	22	85%
Peterborough	11	9	82%
Wisbech	4	4	100%
Overall	134	109	81%

Covid-19

- 5.9 Nationally, there was an increase in Covid-19 during Quarter 2. This was evident in the number of staff reporting positive lateral flow device tests and the increase in outbreaks in the CCS Teams. Whilst there was a mini-wave of Covid-19 positive cases during July, there was a reprieve during August and September.
- 5.10 Since 1 September 2022, asymptomatic lateral flow device testing has ceased. Despite this, the number of positive CCS staff continued to be higher than during the previous year, as can be seen in the graph below. Please note that this does not include positive staff who have been out of the workplace for more than seven days.



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Other infections

- 5.11 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.

Seasonal Influenza Staff Vaccination Programme

- 5.12 The Trust's staff vaccination programme started on 10 October 2022. Similar to previous years, staff are required to book into a designated clinic. The national checklist for all Trusts to use as a campaign template was presented to the IPaC Committee on 27 October 2022 (Appendix 4), it is presented to board for information. By the end of October, the Trust reported 43% of frontline staff had received their flu jab, which was 3rd highest in the East of England (data from the 4th of November 2022) Service Directors receive a weekly update to enable local discussions.

IPaC Link Champions

- 5.13 Currently the Trust has 39 IPaC Link Champions.
- 5.14 IPaC Link Champion competencies are a national initiative, and all Link Champions have a copy of the document. To date, one Link Champion has completed the competencies and a second is about to complete. Both Champions work within the Dental service.
- 5.15 External IPaC courses help to enrich the knowledge and skills and the Link Champions to fulfil their IPaC role. The following IPaC training courses are free and available to our Link Champions:
- Bangor University, MOOC – IPaC module (two members of the Dental Team have completed the course).
 - The Florence Nightingale Foundation Academy, IPaC Leadership course (two members of the Dental Team have completed the course). Two members of the Dental Team have been accepted for the next cohort.



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- The Florence Nightingale Foundation Academy in conjunction with NHSE, IPaC Fundamentals in Infection Prevention and Control. The course begins in November and an additional two members of the Dental Team and one member of the iCaSH Team have applied.

6. Patient Experience

Patient feedback, from complaints, surveys stories and comments, is used as insight to learn and take action to maintain and improve the quality of clinical care that we provide.

6.1 Patient Story

- 6.1.1 The board will hear from the parent of a child with complex care needs who is supported by our Cambridgeshire Community Paediatric Service.

6.2 Friends and Family Test (FFT)

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

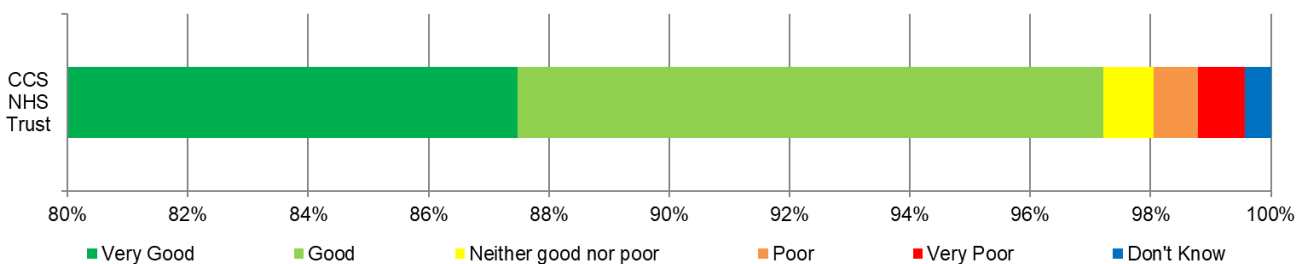
In September the FFT survey became live with full translations into the most frequently translated languages: Lithuanian, Russian, Polish, Bengali, Urdu, Romanian and Portuguese. All languages can be accessed from the same survey link via a dropdown option at the top of the survey.

- 6.2.2 We received 2440 responses in August and 2234 in September. This is a decrease on the previous two-month period. Response rates for the previous 12 months have been reviewed and the decrease relates to fluctuation in Large Scale Vaccination responses. Below is a summary since April 2022.

	April	May	June	July	Aug	Sept	Total
Trust Overall	1379	2804	2552	2640	2440	2345	14160

- 6.2.3 The overall Trust FFT positive feedback was 97.22%, with a 1.5% 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.



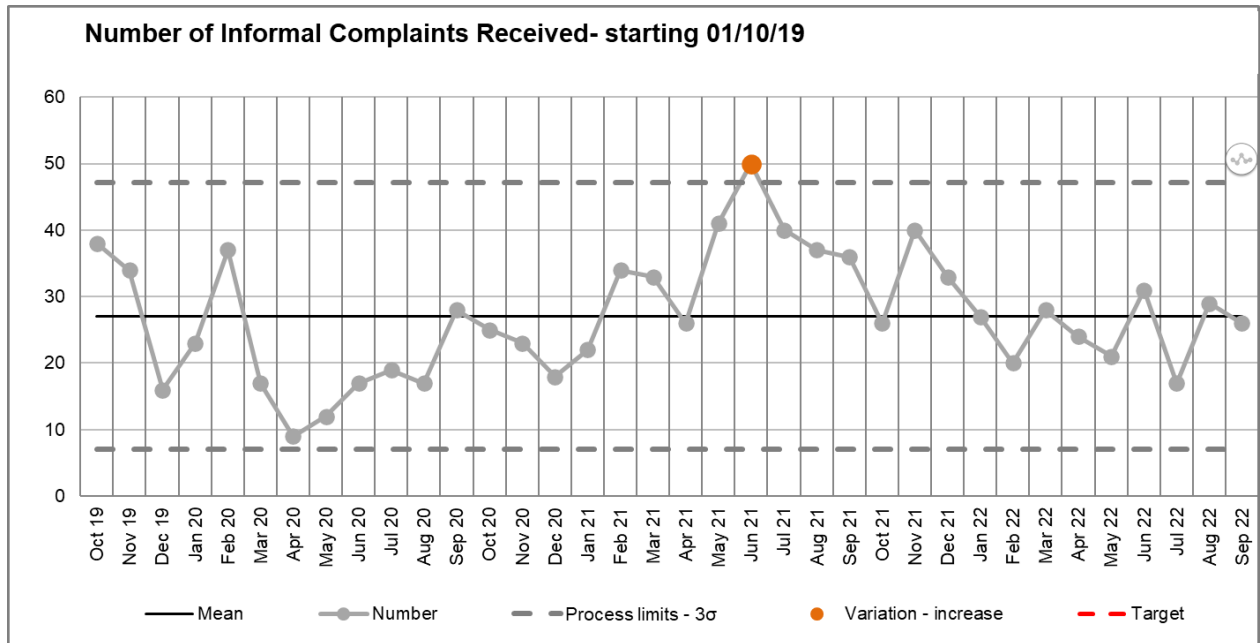


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6.2.5 In August and September the services we provide, received 6763 positive comments on service user surveys and feedback forms across the Trust. This means we receive over 93 positive comments for every complaint (formal and informal).

6.3 Informal complaints received

6.3.1 The total number of informal complaints received and logged was 55 in this data period, 29 in August and 26 in September. Both months were within the expected variation based on 36 months of data



6.4 Themes and learning from informal complaints closed in August and September 2022

6.4.1 Forty six informal complaints were resolved and closed in August and September, with 58 themes / issues identified. The top 2 services were Cambridgeshire Universal Services with seven and Bedfordshire Community Paediatrics with six. These figures demonstrate that informal complaints are spread across services. The top three themes of the informal complaints closed within this period were Communication and Information 12, Staff Attitude 11, and Administration 11.

6.4.2 Four of the informal complaints about Communication and Information relate to Cambridgeshire Children's Universal Services and three Bedfordshire Community Paediatrics.

There are no themes in the more specific detail of the informal complaints about Cambridgeshire Children's Universal Services, in all cases the concerns were resolved by the services speaking with the service user. In one case an action was agreed to review the wording in the 'Did not attend' letters to ensure that



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they are fit for purpose and worded sensitively. One complaint was linked to the Best Start in Life pilot project and processes have already been changed.

There are no themes in the specific detail of the informal complaints about Bedfordshire Community Paediatrics. In all three cases the service contacted the service user, apologised and resolved the issues. One complaint was due to human error following a process change for referrals. Staff have been reminded of the correct process to follow. There were no actions taken forward as a result of these informal complaints.

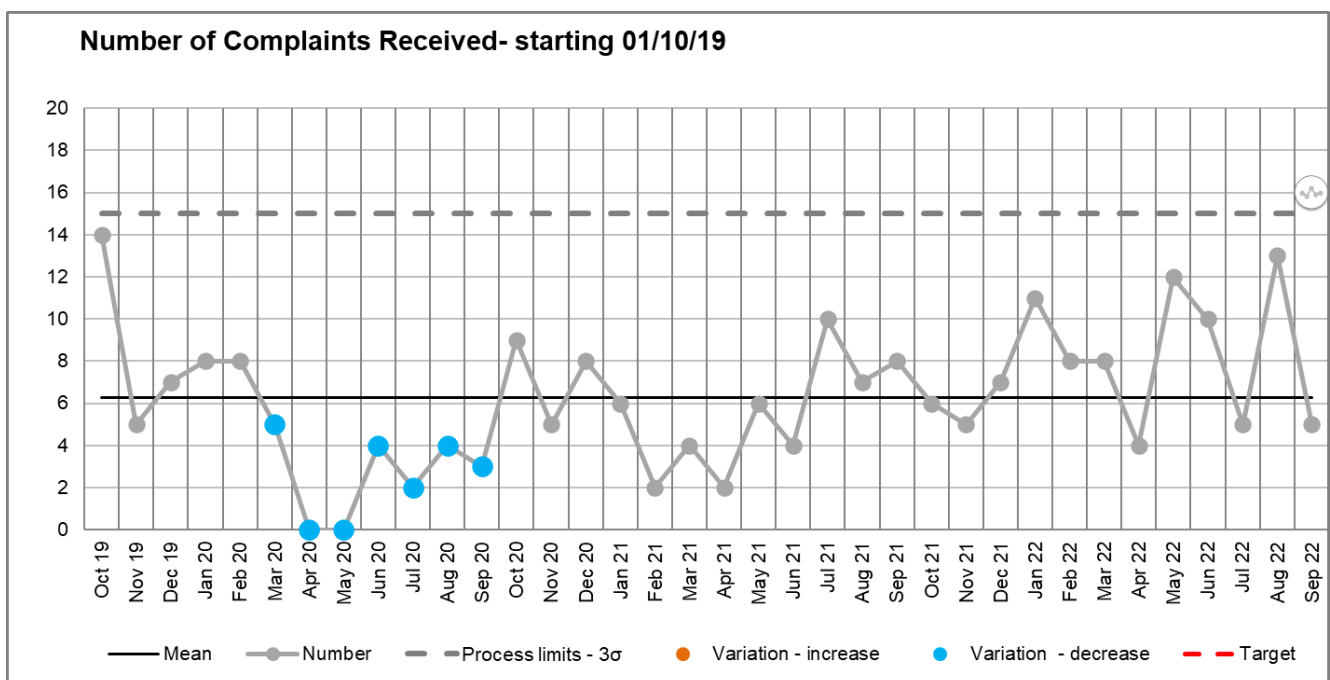
6.4.3 There were no themes in the services involved in the informal complaints about staff attitude.

6.4.4 Three of the informal complaints about administration were about iCaSH Milton Keynes. Two were related to difficulty in contacting the service by telephone. This is an ongoing theme across iCaSH services and there is a service redesign project underway to review the telephony system.

6.4.5 In addition to the themes identified above Bedfordshire Community Paediatrics also received three informal complaints about delays and waiting times for appointments. The service have infographics on the website for parents and carers to inform them of the waiting times, what is causing the delay and provide support whilst waiting. The PALS team also direct parents to this information.

6.5 Formal Complaints

6.5.1 The Trust received 18 formal complaints in this data period. Thirteen were received in August and five in September. As shown in the graph below, this is within the expected range which means it is not significantly different on previous months, based on data the number of complaints received since October 2019.





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

6.6 Themes and learning from formal complaints closed in August and September 2022

6.6.1 Within this data period we responded to and closed 25 formal complaints. In these, ten complaints there were 37 subjects/themes identified.

Staff attitude was the most frequently occurring subject with 11 in 11 complaints. Communication and Information was the second most frequently occurring with eight in eight complaints. Complaints about delays occurred seven times in seven complaints and Clinical Care featured seven times in six complaints. The services involved are detailed below.

6.6.2 There were no themes in the services involved in formal complaints about staff attitude. Services involved in the informal complaints have been looked at alongside formal and one item to note is that MSK services were involved in four formal and informal complaints. Two concerned the attitude of reception staff and two clinicians, the specific details were different but the actions for both of the formal complaints was for the staff to reflect on their communication and adjust how they communicate to meet service user needs.

6.6.3 Communication and Information was the subject of four complaints about Cambridgeshire Children's Specialist Services. Two about Community Paediatrics, one Speech and Language and one Occupational Therapy. There are no themes in the specific details of these four complaints or in the services involved in the other four.

6.6.4 There were no themes in the services involved in complaints about Clinical Care or Delays.

6.6.5 Examples of Learning

The following section highlights some specific examples of learning identified from formal complaints.

6.6.6 Complaint about a referral to the Bedfordshire Paediatric Continence Service being declined due to the child's age and they are therefore not receiving support or continence supplies.

The investigation found that the referral was not declined due to age but because assessment by a health visitor or GP had not been completed however this was not made clear on the non-acceptance letter. Continence supplies would not necessarily have been provided but had investigation and assessment been undertaken support would have been provided by the appropriate service.

Learning and actions include the need to amend the referral form to advise referrers that assessment must be completed before referral can be accepted, the service will develop a standard operating procedure to define acceptance criteria, roles and responsibilities of universal and continence services.

6.6.7 Complaint regarding care provided by the Luton Tissue Viability Service.



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The investigation found that following referral advice and support were provided by the Tissue Viability Service to the GP Practice Nurse. However, the roles, responsibilities and processes were not explained to the service user and family so they were not aware that the Tissue Viability Service was involved in this care.

There were some delays caused by communication breakdown and human error in the referral process. Comprehensive wound assessment and treatment was provided however pain management was not discussed and documented at every contact.

The following actions were agreed:

- The Tissues Viability Nursing Team will write guidance for the referral process.
- Administrator roles will be updated - the administrative process for the TVN service will be reviewed and associated SOP completed.
- The pain assessment tool will be clinically reviewed so that all relevant information is gathered.
- Staff will be reminded about the importance of documenting all assessments, pain scores and pain management discussions.
- Information about the service provision will be updated to include remote assessments and reviews which were put in place during covid.
- Remind staff of best practice to complete a Malnutrition Universal Screening Tool (MUST) at the earliest appointment.
- Review the process of putting an "out of office" on all generic emails and inform staff about the process.

6.7 Formal Complaint Response Times

6.7.1 In this data period we responded to 25 formal complaints (13 in August and 12 in September). The average number of working days to respond to complaints in August was 45 and in September it was 58.

The increase in time taken to respond to complaints has been noted and all services have been notified that complaints received from 1 October 2022 will be managed within the exceptional circumstance's element of our timeline of 35 or 40 working days. The Patient Experience Team are supporting services to resume working to the Trust policy. Investigators are supported to understand timeframe expectations and reminded when deadlines are approaching. The PALS team escalates to service directors when timeframe deadlines are not met, for example when allocation of investigator is delayed. Response times frames are reviewed each month and service managers receive response times on the Monthly Quality Dashboard.

6.7.2 There are a minimum of two touch points with complainants during the process. The first is acknowledgment, the second is after the investigation has been completed. These aim to keep complainants informed about the progress of their complaint.

All complaints were acknowledged within three working days. The second touch point was completed in all cases to provide an update to the complainant on the progress of their complaint.



6.8 Equality Delivery System Priorities Update

Objective 1:

To commence collection of demographic data for people who give feedback.

We currently collect gender, age and educational need/disability information on the basic survey asking the Friends and Family Test Questions. This accounts for 94% of feedback responses.

IQVIA, our feedback system, has the functionality to collate and report on demographic data against FFT responses.

Since August 2022 all formal complainants have been asked to provide demographic information via an anonymous online form. To date no responses have been provided.

Objective 2:

To work with the data team and clinical services to target the collection of demographic data

The CCS Informatics team have provided information on what is currently recorded by different services. We are currently mapping gaps and agreeing the characteristics to focus on for 2022-23.

KO41 reporting update

As part of the bi-annual publication of Data on Written Complaints, NHS Digital described plans to review the frequency of both the KO41a collection and subsequent publication. This has been completed and NHS Digital will now be collecting data annually. Data for 2022-23 will be collected after the end of the 2022-23 year.

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

Cambridgeshire Community Paediatrics

Currently there are 371 children on the waiting list with an average median wait of 13 weeks and the longest wait of circa 31 weeks. Following learning from several formal complaints, co-production work is underway to review the information available to families on the website regarding waiting times. Learning has also been taken from the Bedfordshire service.

There has been an issue regarding the availability of Speech and Language Therapy (SLT) colleagues in joint assessment clinics with an impact of longer clinic times for doctors. Discussions are taking place with SLT colleagues regarding the best model moving forward. Some non-recurrent funding will be used to fund additional SLT capacity to focus on joint assessments.



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Bedfordshire and Luton Community Paediatrics

Service delivery continues to be based on clinical priority with standardised criteria. For Children seen during the last period the shortest wait was 2 weeks in Bedfordshire and 3 weeks in Luton. The median wait was 31 weeks in Bedfordshire and 32 weeks in Luton. Longest waits were 71 weeks in Bedfordshire and Luton. Service performance updates are shared with system partners and stakeholders every two months through a co-produced infographic detailing the performance position.

Increasing levels of expedited referral requests and complaints (pan- Bedfordshire) due to service waits are being received. A monthly meeting with parent carer forums is in place to understand local concerns and update on actions being taken.

Children and families have been contacted (longest waiters) during the last period to ensure CYP and their families are accessing support and “Waiting well”. Positive feedback received and calls received have been appreciated. Our Waiting well programme has been shared during the recent Luton SEND re-inspection, inspectors praised the pro-active measures in place.

Medical staffing colleagues are supporting the procurement of suitable agency candidates to increase medical capacity in Luton to cover vacancies. International recruitment options are also being explored.

The feasibility of outsourcing some initial appointments is being progressed with Healios and KPI: Health to increase service capacity. The service is also working closely with QBtech to improve ADHD diagnostic pathways thus reducing demand for appointments.

A BLMK workshop is planned for early December 22 to explore options a new Community Paediatric pathway focused on need. Pilots will commence thereafter to manage demand sustainably.

Dental Services

The Special Care Dentistry service in Cambridge and Peterborough has 868 patients waiting to be booked plus 85 people waiting for a domiciliary visit, with an average waiting time of 20 weeks. This increase is due to a current Dentist vacancy which will be filled from January 2023, patients are being prioritised due to urgency.

Dynamic Health

Waiting times in the service are 19 weeks for Physiotherapy and 5 weeks in Specialist Physiotherapy. There has been a positive upturn in recruitment and there have been more applicants now applying for roles in the service following a review of how social media is being used to attract people. Additionally, the service provides self-management information for those who are waiting, they are using text/ reply processes to ensure full capacity utilisation and triaging patients on the receipt of referral so that those that meet the stratification criteria can commence self-management programmes.



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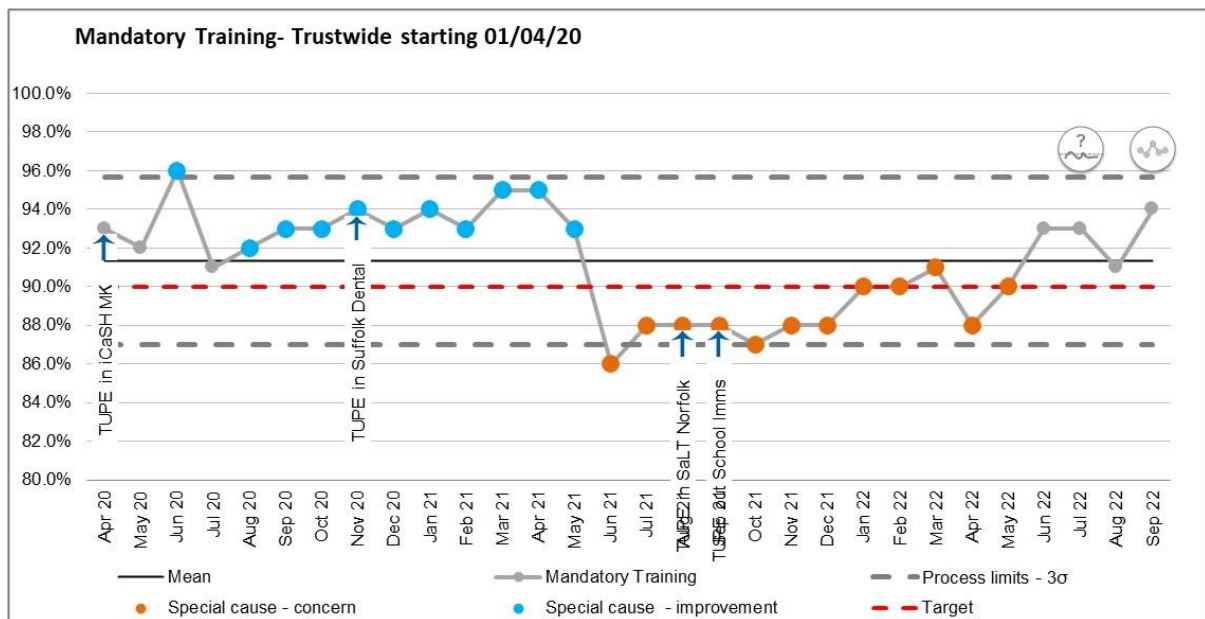
iCaSH

Waiting lists for routine Long Acting Reversible Contraception (LARC) and PrEP provision continue in some services. Demand continues into the teams, with some attributable to increased numbers of patients being diverted from Primary Care, where many GPs are no longer prioritising LARC or are holding waiting lists themselves. Across the 10 iCaSH sites only 2 have patients waiting for PrEP, and 8 sites have a waiting list of 7 weeks or less (with 3 of these localities having a 1 - 2 week wait). Mitigations and prioritisation processes are in place.

8. Mandatory Training

8.1 The compliance level of the Large Scale Vaccination Service (LSV) has continued to increase and was 97% in September 2022 from 94% in July 2022. We continue to include only the LSV staff who are classed as active (worked in the vaccination centres within the last 3 months).

8.2 The Mandatory Training Team continues to report compliance levels to service leads to raise compliance for those staff who are non-compliant, or will be within the next three months, giving full support via the ESR helpdesk. The mandatory training compliance has increased from 93% in August 2022 to 94% in September 2022 (above the Trust target of 90%).



9. Information Governance

9.1 The 2021-2022 Toolkit was published for NHS Digital on 30 June 2022. Work on the 2022-2023 Toolkit has started ahead of the June 2023 publication date.

9.2 Mandatory Information Governance and Data Security Awareness Training compliance: as of September 2022, was 94% which is just below the 95% national agreed target. Service Directors are approached monthly with details of non-compliant staff with a request to encourage the completion of the mandatory training.



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9.3 Between August and September 2022, 22 incidents were reported under the Confidentiality Breach incident category which is a decrease from the 29 incidents reported in the previous period. 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 2019 action plan has been fully reviewed over the past 12 months. Previous evidence gathered has been reviewed for completion and to ensure that practice remains embedded.

10.2 The 'Should Do's' were revisited and reviewed following their initial closure during the period following the CQC visit. The evidence now fully supports their closure, with a recognition that the Trust wide work around the Patient Outcome Monitoring is planned to resume in January 2023.

10.3 Further evidence has been reviewed and shows a sustained focus on the Trust's 'Must Do' action: Healthy Child Programme (HCP): the service must continue to monitor and actively recruit to ensure that there is an adequate number of nursing staff with the appropriate skill mix to care for children and young people in line with national guidance and to ensure that service provision can be maintained. Evidence has been gathered and reviewed including recruitment campaigns and safer staffing monitoring and escalation processes (in place for workforce gaps and the resulting impact on capacity).

10.4 A Standard Operating Procedure for Caseload Management and Safer Staffing has been developed and will be finalised in October/ November through the 0-19 Clinical Leads Meeting. This document formalises the processes in place for escalation of workforce gaps and capacity (internally and externally) and recognises the variations on the same approach across the Trust via staff prediction and escalation frameworks. It also defines the use of active caseloads across the Trust and demonstrates how these are reported by practitioner or pathway.

10.5 A refreshed and updated Trust wide CQC Self-Assessment Tool was distributed to all services for completion in July 2022. The results of the self-assessments form a baseline post Covid-19, which will be verified via a 2nd round of self-assessment reporting.

10.6 The resulting actions determined by the clinical teams have designated owners and a defined timeframe for completion. Key themes from actions have been identified as: optimising staffing levels, team working and morale, cascading learning from incidents at service level, optimising the use of SystmOne templates, training, recording and delivery of clinical supervision. The Quality Team will support all services to define clear objectives or actions for progression towards Outstanding. Monthly meetings between the Chief Nurse, Deputy Chief Nurse, Clinical Quality Manager and Deputy Clinical Quality Manager will ensure continued oversight.

10.7 Services will be requested to update their tool for submission in December 2022. The tool will be updated prior to distribution to support a greater emphasis on staffing and waiting lists. Like for like or similar teams across the Trust will also be offered the



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opportunity to review each other's tools prior to submission, with a view to reducing disparity in the assessments.

- 10.8 The "Our Quality Way" Peer Review programme recommenced on a bimonthly basis in October, having been paused in 2020 due to the pandemic. The data captured from the CQC self-assessments, alongside our quality data, including Serious Incidents, patient safety incidents and patient experience data, informs priority services for review. In October 2022, a team of reviewers visited Norfolk East Locality Healthy Child Programme using the peer review tool, which is based on appreciative enquiry, mirroring the CQC's current assessment methods, and has been updated on what we know so far about the CQC's future methods of assessment.
- 10.9 CQC Statement of Purpose: This document has been updated to include a statement relating to the Trust's commissioning role of Any Qualified Providers (AQPs) to deliver Children's Continuing Care Services in Milton Keynes which took effect from 1 October 2022. The updated CQC Statement of Purpose can be found on the Trust's website.

11. Areas of Outstanding Practice

11.1 Dental Healthcare Services

- 11.1.2 The service held an annual study day in October. The delegate feedback showed a high level of satisfaction with the organisation of the day, content and speakers.
- 11.1.3 The services are rolling out, as a pilot, a wellbeing Programme for the team in the Peterborough locality entitled "Feel Good, Work Well". The programme motivates staff and enables them to be more resilient, productive, and creative, improving their problem solving and communication skills and has benefits both in and outside of the workplace. The CCS Training and Development team have been engaged with a view to possibly rolling this out beyond Dental.

11.2 Dynamic Health

- 11.2.1 Worthwhile waiting: Sarah Saul Business Manager continues to work with the system on the Worthwhile Waiting Project, the Joy App and how the system can support communication to focussed patients as they wait for health care.
- 11.2.2 Outcome Measures: Jenny Van Maurik Clinical Lead is leading an expression of interest to be part of Keele Universities' National MSK Audit project which will assist in standardising outcome measures nationally. There is funding from Pfizer for Phase 1 (setup) and additionally the British Society of Rheumatology for Phase 2 (data collection). This is an exciting opportunity to standardise the data the teams collect and to collect data at scale across MSK and FCP, the service will also use this data to validate the new MSK PREM. Services who already collect PROMs and PREMs will be able to submit data direct to Keele as part of this study or those without electronic platforms will be offered free use of BSR's E-PROM platform which the service will setup to collect a standardised dataset and it will allow the clinician to collect, view and report their own data.



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- 11.2.3 The service is involved in regional data collection to support understanding of the beginning of the MSK pathway. The EOE MSK team, led by Scott Baker, Regional MSK Clinical Lead, has met to discuss collecting monthly metrics to explore demand and capacity of MSK services in the community.
- 11.2.4 International Recruits: Our international recruit cohort has now increased to 4 - they are settling in well and feedback that the support and help they are given is excellent- due to differences in training there has been a need to induct the individuals to the culture of the NHS and enhance their knowledge and skills needed to work within Dynamic Health.
- 11.2.5 Primary Care Network Contracts: The team continue to win First Contact Physiotherapy (FCP) contracts and also have had Primary Care Networks (PCN's) approach us already re increasing our FCP cohort in April 2023.

11.3 Integrated Contraception & Sexual Health Service (iCaSH).

- 11.3.1 Service wide audit plan is maintained and updated through the iCaSH governance framework. Participation in local and national audits, and all are evaluated and learning shared across the service to improve patient outcomes. Research scoping and participation is supported by the CCS Research & Development team, with a current business case development to support iCaSH representation in the East of England NIHR CRN. The service is currently participating in national studies: HIS.UK intervention study, the Platinum MPX treatment trial and the POPs study. iCaSH is about to commence a service evaluation project with HSL and The Royal Free Hospital to compare Gonorrhoea culture v NAATS yields.

11.4 Bedfordshire and Luton Healthy Child Programmes (HCP)

- 11.4.1 The Luton HCP service were successfully accredited as Baby Friendly upon UNICEF reassessment in September 2022. The feedback was very positive from service users including 97% of respondents being happy with the care they received and 100% of respondents saying that all practitioners were kind and thoughtful.
- 11.4.2 In October 2022 the Luton HCP introduced self-weigh clinics for children under 2 years old on calibrated scales in libraries and children's centre locations. Self-weigh clinics reduce the pressure on growth monitoring clinics.

11.5 Beds and Luton Community Paediatric Services

- 11.5.1 100% of patient experience feedback received during the period was good or very good following clinical appointments.

11.6 Bedfordshire and Luton Allied Health Professional (AHP) Services

- 11.6.1 The Speech and Language Therapy Service have designed a "Waiting Well" leaflet which is now sent out with all referral acceptance letters. The leaflet describes where families can access support whilst they wait for specialist support from the service.



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- 11.6.2 The Quality Report for the Newborn Hearing Screening service in September 2022 demonstrated strong performance against protocol standards. Two new starters are currently undertaking their screening diploma and are performing well against targets.
- 11.6.3 Rachel Grove, Occupational Therapist, recently featured on a CBBC show called Operation Ouch. She was filmed with a child who accesses our OT service for support with his hypermobility.

11.7 Bedfordshire and Luton Looked After Children

- 11.7.1 Pan- Bedfordshire LAC team have redeveloped their Foster Carer training package and will commence delivery of this in the New Year.
- 11.7.2 Paediatricians have been working with co-production leads, young people and Social Care colleagues to improve the information that children and young people receive prior to an Initial Health Assessment

11.8 Bedfordshire and Luton Children's Community Nursing Services

- 11.8.1 The pilot project to improve the lives of children with epilepsy, using the Patients Know Best software has been shortlisted for four national awards:
- Health Tech Awards 2022 in the 'most promising pilot' category
 - HSJ Awards 2022 in the 'using data to connect services' category
 - Patient Experience Network Awards 2022 in the 'innovative use of technology, social and digital media' and 'integration and continuity of care categories
 - Innovate awards in the 'innovative health system of the year'
- 11.8.2 The children's rapid response team has been shortlisted for their pathway with NHS 111 in:
- Innovate Awards in the 'enabling safer systems of care through innovation' category
 - HSJ Patient Safety Award in the 'improving care for children and young people initiative of the year' category.

11.9 Cambridgeshire Healthy Child Programme (HCP)

- 11.9.1 Uptake of the new re- launched Best Start in Life 2.5-year face to face development assessments is progressing well with an early evaluation due in October 2022. Conversations are taking place to widen the pathway into St Neots and Sawtry areas.
- 11.9.2 A pilot has been agreed jointly with the Integrated Care System to improve the uptake of annual health reviews by primary care for young people aged 14-19 years with a known Learning Disability. The practitioner commenced in role in September for the next 12 months.

11.10 Cambridgeshire Children's Community Nursing Services

- 11.10.1 Jaundice pathway with NWAFT (Hinchingsbrooke) in conjunction with maternity services being finalised.



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11.11 Cambridgeshire Community Paediatric Services

- 11.11.1 Making Miles Matter – reducing the carbon footprint and improving integrated care in Down Syndrome – Dr R Bower RCPCH poster
- 11.11.2 Blood Borne Virus audit in LAC children- Dr R Bower
- 11.11.3 Developmental epileptic encephalopathies in special schools - British Paediatric Neurology Association (BPNA) poster.
- 11.11.4 Improving the Management of Spina Bifida – Dr A Sansome British Association for Community Child Health (BACH) presentation

11.12 Cambridgeshire Speech and Language Therapy

- 11.12.1 Speech & Language Therapy Student Placement project has been written up for conference poster and journal publication, and Chief Allied Health Professions Officer Award nominated.

11.13 Norfolk and Waveney Speech and Language Therapy.

- 11.13.1 Claire Taylor, Service Lead has recently been successful in an application to join the Royal College of Speech and Language therapists Professional Practice and Policy Committee. The Professional Practice and Policy Committee (PPPC) is accountable for the consideration of matters of professional practice and policy. It is a governance committee and reports into the Royal College Speech & Language Therapies Board of Trustees in the governance structure. Her term runs for 3 years.

11.14 Norfolk HCP

- 11.14.1 Despite the staffing challenges performance, even though out of the prescribed timescales, is positive with antenatal contact at 70% and total new births and 6-8 weeks of babies seen both at over 90%. All Antenatal and new birth contacts prioritised for face-to-face contacts
- 11.14.2 Increase in staff numbers in Just One Number has positively impacted on wait times and the number of calls going directly to the right clinician to be responded to, or minimal call back time. This 'call though' model demonstrates most efficiency as well ensuring the service user received the information they need at the right time. This has been reinforced by feedback from service users.



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<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 94% (E1) Appraisal rates between 85% - 92% (E2) Rolling sickness rates as at end of September was 6.16% compared to latest NHS England rate for community Trusts of 6.3% for March 2022 (E3) Stability reduced to 82.56% for September which is below target of 85% (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>Reasonable</p>

* to be reported in Q2

- In addition to the overview and analysis of performance for August and September 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 as evidence at recent Quality, Improvement and Safety Committee on 7th September 2022. 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 Trust Board in May 2022.
 - Daily staffing sitreps and monthly 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.
 - Discussions within the two Clinical Operational Boards that took place in November 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.

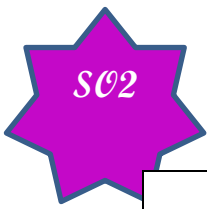


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- Bi-annual update on delivery of the People Strategy – November 2022.

B: Measures for Achieving Objective – 2022/23 Measures

No.	Measure	2022/23 Target	Data source	Reporting frequency	Current position as at end July 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	88.91%
3d	Deliver the locally agreed staff related annual Equality Delivery System objectives: Workforce Objective 1: To fully implement the actions identified following our review of the 'No	Pass/Fail	Equality Delivery System	Quarterly	On track for delivery



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	<p>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	4.99%
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 16).*

Related Operational Risks 15 and above

1. **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 well-being. (Risk Rating 20)*

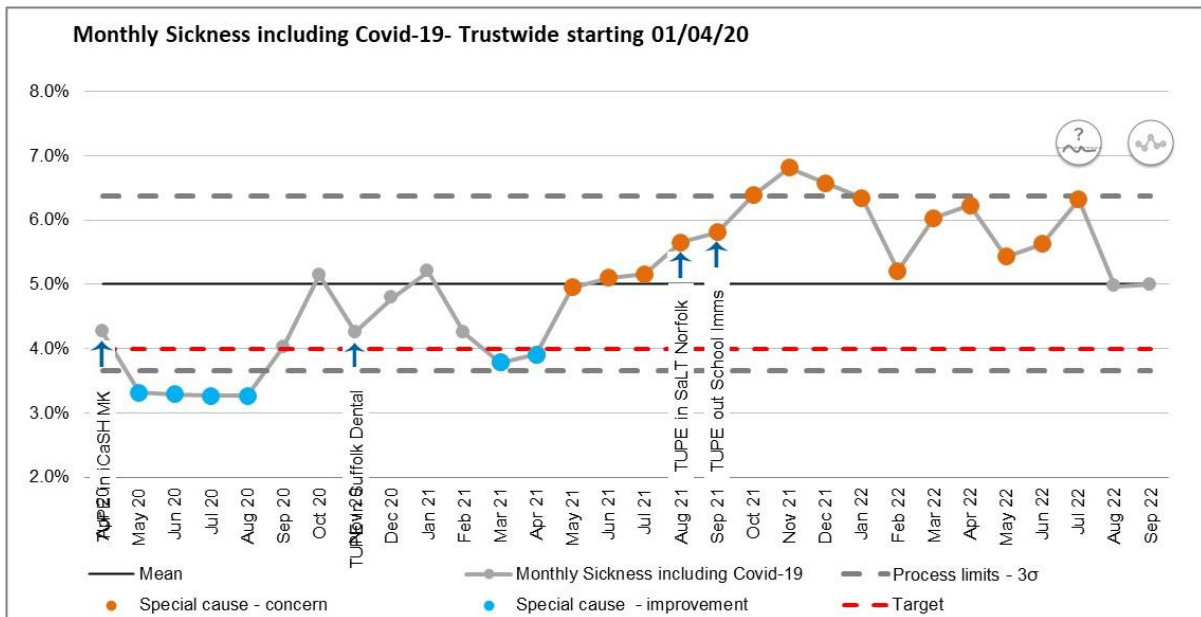


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D: Overview and analysis

1. Sickness

- 1.1. The 12-month cumulative rolling rate (August 2022 – 6.24%, September 2022 – 6.16%) remains above the Trust rolling target of 4.5%.
- 1.2. Monthly Trust wide rate for August 2022 was 4.97% (including Covid-19 sickness), 4.33% (excluding Covid-19 sickness), and for September 2022 was 4.99% (including Covid-19 sickness) and 4.55% (excluding Covid-19 sickness)
- 1.3. The Trust wide sickness rate has increased and remains significantly above the Trust’s target of 4.5% for 2022/23. Of the 4.99%, 2.52% was attributed to long term sickness and 2.47% short term sickness absence. Beds & Luton Adults Service had the highest sickness rate (8.47%) and Corporate Services the lowest (2.82%). The top reason remains Cold, Cough, Flu - Influenza; work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- 1.4. The Trust monthly sickness rate is above the May 2022 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 5.2%.

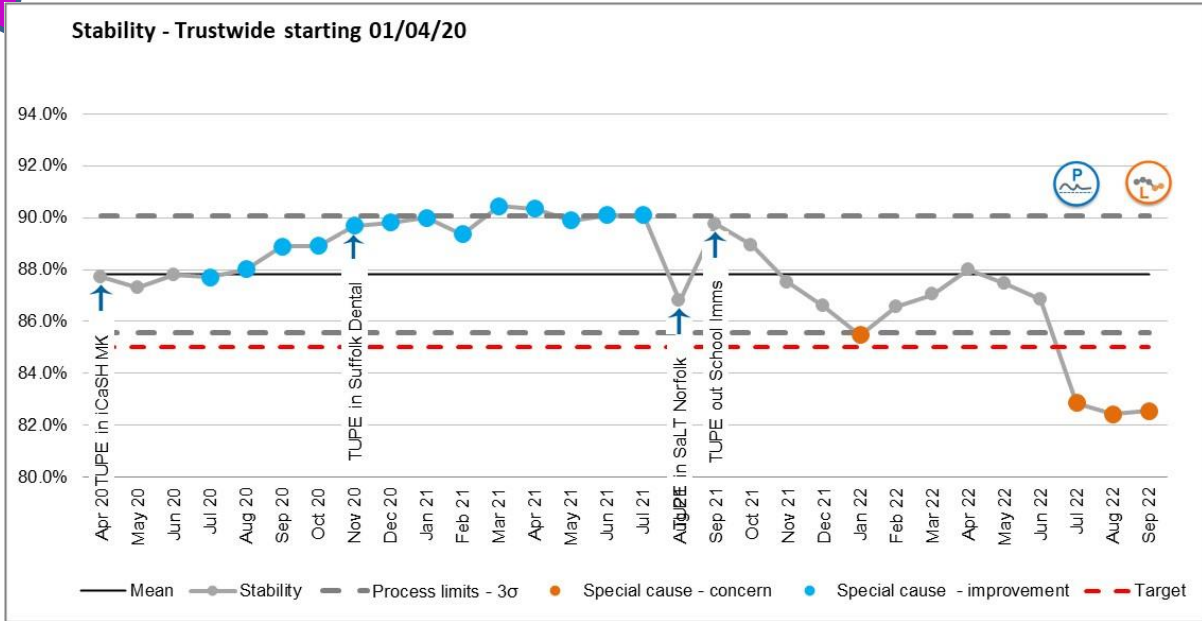


2. Stability

- 2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – August 2022 82.43%; September 2022 82.56%; against the Trust target of 85%. This compares favourably to a stability rate of 82.9% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Jun 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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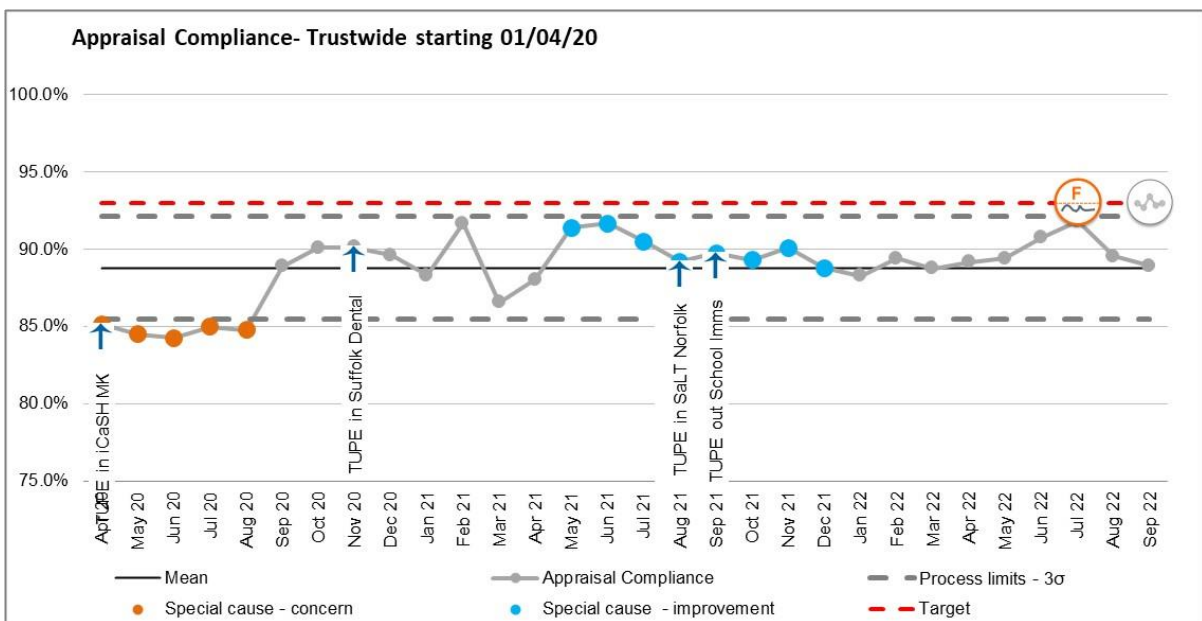


3. Appraisals

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 increased slightly – August 2022 89.52%, September 2022 88.91%, and remains below the target of 94% for 2022/23.

3.3. Cambs & Norfolk Children’s & Young People Service has the lowest rate (81.57%), Luton Children’s & Young People Service has the highest rate (96.43%). 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.

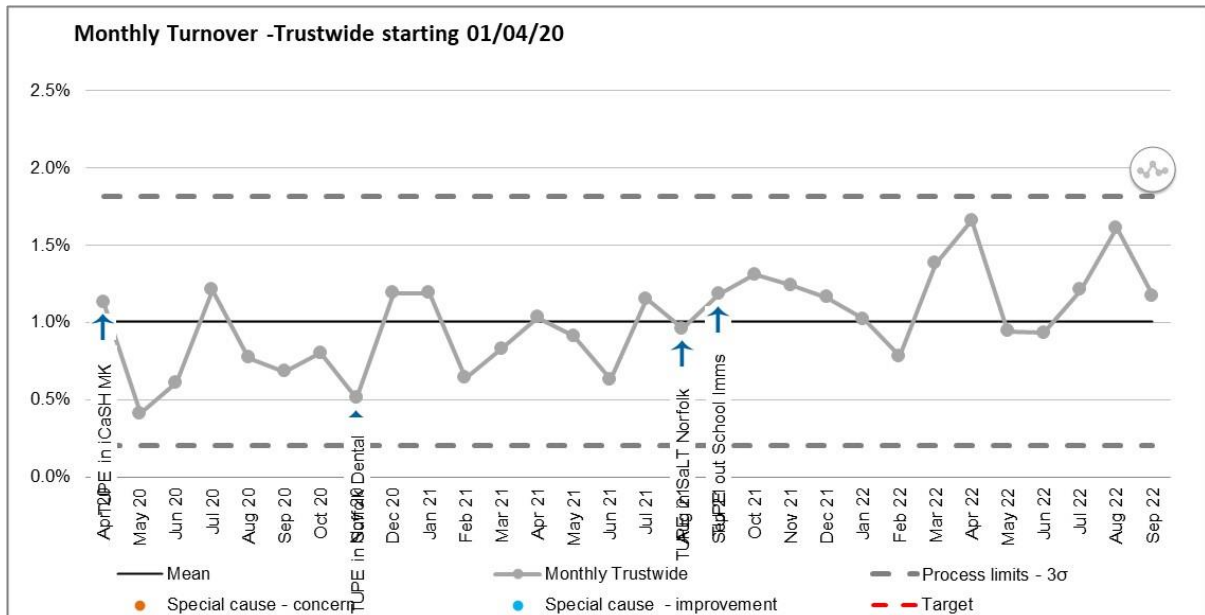




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4. Turnover

- 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% (August 2022 15.18%, September 2022 14.92%) compared to an annual average Leaver rate for Community Provider Trusts of 17.0% (Source: NHS Digital Workforce Statistics – Jun 22, based on “all Leavers” and “total Workforce”).
- 4.3. Large Scale Vaccination Service currently has the highest Rolling Year turnover rate at 17.63%, with Luton Children Services having the lowest at 9.58%.



5 Current workforce challenges

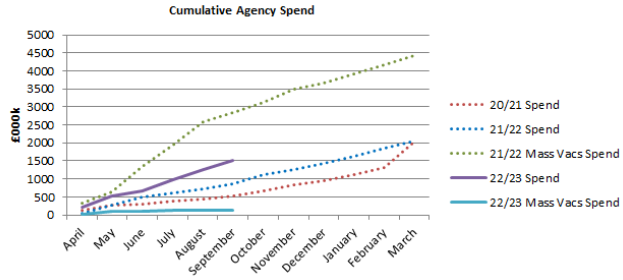
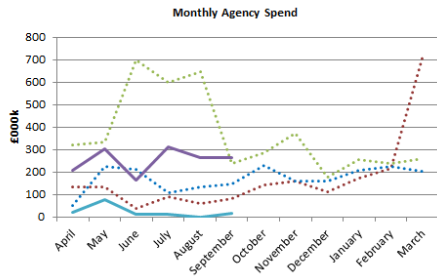
5.1 At our Clinical Operational Boards during the first week of November 2022 current workforce challenges were discussed. Where these are impacting on our delivery of care, further details can be found in the outstanding care section of this report. In addition, details of workforce hot spots etc is included in the update of delivery of our People Strategy being discussed at item 11 at today’s Trust Board meeting.

5.2 Our staff are still experiencing the impact of the longevity of the pandemic. We have a continued focus on health and wellbeing and resilience and staff morale is regularly discussed and reviewed as part of our incident management team and executive team meetings. Risks 3163 and 3164 continue to be scored at 20.

6 Agency/bank spend

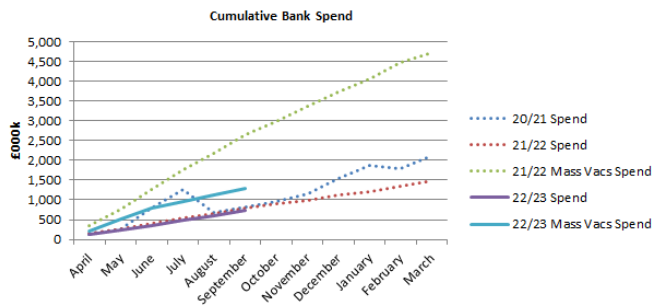
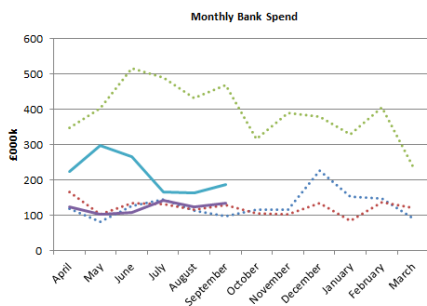


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6.1 The Trust’s cumulative agency spend at month 6 was £1,645k. The delivery of the mass vaccination service has increased agency usage over the period with spend to deliver this service totalling £129k at month 6 (which is included in the total spend cumulative figure)

6.2 Highest areas of spend are in Community Paediatrics in Bedford and Luton.



6.3 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 6 was £2,042k. The delivery of the mass vaccination service has increased bank usage and spend at month 6 was £1,303k (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 August and September 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 Integrated Care System 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 is an active member of the BLMK and Cambridgeshire and Peterborough Local People Boards and the East of England Regional People Board. She is the chair of Cambridgeshire and Peterborough Leadership and Organisational Development sub-group and co-chair of their ICS Organisational Development Programme Board.
 - 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	RAG Position as
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	Pass/Fail	Data Team	Quarterly	

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

1. **Risk ID 3467** – *There is a risk that we fail to agree a cross organisational transformational approach for children and Young people services which will result in the inability of the Integrated Care Board to support the establishment of the Accountable Business unit. (Risk Rating 8)*
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)*

D: Overview and analysis**Princess of Wales Hospital, Ely**

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

Progress Report:

A reserved matters planning application for the Multi Storey Car Park (MSCP) at Princess of Wales has now been submitted and is being considered by East Cambridgeshire District Council (ECDC) under reference number 22/01160/RMM. Consultation has commenced and a decision is expected in January 2023.

The land swap between The Trust and neighboring land owner Palace Green Homes has legally completed meaning the Trust now owns the freehold of the land on which the MSCP will be built.

A second planning application has been submitted to seek consent to alter the road layout in connection with the MSCP and the County Council's Independent Living Service development. That is also being considered by ECDC under Application number 22/01161/FUL

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’]

System-led work is underway to complete Integrated Care System Strategy in December 2022 in accordance with national guidance and we expect to circulate the draft for comment in later November 2022.

The Children and Maternity Collaborative Partnership (Accountable Business Unit):

- Has completed the build-up of its Executive Group with major provider stakeholders represented at senior level.
- Plans some Organisational Development work with the Executive Group.
- Pending national guidance, has started work on its operational plan for 2023-24.

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’]

System-led work is underway to complete Integrated Care System Strategy in December 2022 in accordance with national guidance.

The Bedfordshire Care Alliance is focussed on delivering its work-plan; key points:

- Work continues at pace to establish virtual ward(s).
- Community services have been baselined and this will inform the future model; Matthew Winn is the Senior Responsible Officer (SRO) for development of the new model.
- BLMK has been allocated up to £26m over 3 years for community diagnostic centres. Draw-down of funds is contingent on submission of viable business cases.
- The finance work-stream has kicked off with a meeting to identify opportunities and challenges. The Chief Executive’s group will approve the work priorities for this sub-group.

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 and the Trust was awarded the contract to deliver the IFD Stage 2 requirement. This entails greater collaboration with Norfolk and Suffolk FT.

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

Collaborate with others

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 indicator represents work to underpin improved access to services.

A review of data collection during Q1 and 2 has shown that data collection is patchy. For example, we have good data on age and deprivation (using post code), room for improvement in respect of religion and military veteran status and poor data in respect of disability, ethnicity and sexual orientation (other than in iCaSH where this is routinely collected).

During Q3 and 4 we will agree the:

- Services where additional data collection would be useful.
- Mechanics for achieving improved data collection and the means of ensuring good compliance.

This will lead to a clearer picture regarding access and decisions on how improvements may be made.

2.0 RESEARCH REPORTING PERIOD AUGUST 2022 – SEPTEMBER 2022

2.1 Clinical Research Overview

- 2.1.1 The National Institute for Health Research (NIHR) Research Portfolio within the Trust continues to be maintained. The Research Team continues to routinely review the NIHR Portfolio for studies that are suitable for adoption into the Trust. This includes horizon scanning, scoping and detailed feasibility assessments. These combined activities totalled 439 studies in this reporting period.
- 2.1.2 We horizon scanned 100% of studies launched onto the NIHR Portfolio (E5 standard: 95% of studies scoped on the Portfolio - substantial assurance).
- 2.1.3 In August to September 2022, 15 NIHR Portfolio research studies were running within the Trust, one study was opened and there are currently three in set-up. In this reporting period the recruitment numbers accurately reflected our activity, as downloaded from the Open Data Platform (ODP).
- 2.1.4 NIHR research capability funding (RCF) recruitment numbers are considered from October to September of the next year; this figure currently stands at 528, so the RCF threshold has been achieved and, as a result, we will be awarded the funding again next year.
- 2.1.5 Board Assurance: Recruitment continues at a steady rate (1H standard: Achieve our target to recruit patients / service users to research studies).
- 2.1.6 Previously, we have been very successful with Trust wide surveys; these have substantially increased our overall recruitment over the years to achieve the RCF on an annual basis. However, we have been asked by our Human Resources Team to consider carefully which surveys we circulate Trust wide, as staff have fed back that they feel saturated with surveys. This is not just

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related to research surveys, but external professional, non-NIHR surveys and higher priority ones, such as the Trust Annual Feedback survey. We, therefore, need to be considerate to staff capacity when considering future surveys. We will therefore collaborate with Workforce to balance workforce priorities and research opportunities for the Trust.

- 2.1.7 The physiotherapist who was awarded a NIHR/Health Education England (HEE) Masters to PhD Fellowship, worth £60,882, is now able to commence six months early, due to being able to find clinical backfill. This is the second member of clinical staff to be awarded this Fellowship, in a three year period.
- 2.1.8 We have launched a Principal Investigator (PI) working group network with CCS staff for new and existing staff and those considering being a (PI). The remit of the group is to support and encourage staff to consider being a PI for portfolio studies running in the Trust. Feedback received included being recognised for participating in this role, e.g. receiving a certificate and obtaining validated CPD (continuing professional development).
- 2.1.9 The Research Champions workstream. Following on from the pilot study held in Norfolk, this workstream is continuing. A series of steering groups to move the project into the next stage, have commenced within Norfolk.
- 2.1.10 Newly launched 0-19 leads research meeting, with the Research team, has started in this period. There was more in-depth discussion regarding research studies and the leads could outline what potential future studies would be a best fit within their service objectives.
- 2.1.11 Participant feedback via the CRN Patient Research Experience survey (PRES). In Q1 and Q2 combined we received 24 replies from patients or parents.

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 CRN in England.
- 2.2.2 The Research team continued to scope and horizon scan Portfolio studies to shortlist those which could be considered for adoption within the Trust. During this period, the Research team considered a total of 439 (August n=274 and Sept n=165) studies for suitability for adoption into the Trust; 39 were potentially fitting with Trust services, all were considered for adoption and are currently being scoped or implemented within services.
- 2.2.3 Studies in which the Trust is currently involved and that are in set up are detailed in Table 1. In this reporting period, there were 15 Portfolio studies.

2.3 **Non-portfolio studies** are studies that do not meet the criteria for adoption by the 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.

2.4 Student Studies and Non-Student studies – Local Permissions

2.4.1 During this reporting period, no student projects were submitted for permissions and no non-student evaluations were submitted for local Trust permissions.

2.5 Fellowships, Internships, PhD Programmes and Grants

2.5.1 The Fellowships and Internships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education England (HEE). No staff applied for a Fellowship, nor were any awarded, during this period (please see Table 2).

2.5.2 No grants were written or submitted during this period.

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)

2.6.2 HLOs as determined by the Department of Health & Social Care (DHSC) and monitored by the CRN Eastern. These objectives have been refreshed; there are eight in total and five are new. The ones which are relevant to the Trust are:

- **Efficient study delivery.** This includes percentage of commercial and non-commercial studies which have achieved their recruitment target (target % to be confirmed by the CRN).
- **Provider participation.** Widen participation in research via a range of health and social care providers. The Trust is within the 95% of Trusts which are participating in research. However, we are also exploring how we can work in other non-NHS settings and with social care providers.
- **Participant experience.** This is the number of research participants who responded to the NIHR CRN PRES survey. The East of England (EoE) target total for all partner organisations combined is 14,000. The Trust contributes to PRES survey total and asks participants for feedback, but only in studies where they can be identified be sent a questionnaire. Update: April to September, the Trust received 24 replies from parents. These were all from the same study 'Babybreathe'. It is an impressive return as the total number of participants, in the same period, was 29 (which equates to a 90% response rate for this study). In the entire previous year (2021-2022) the Trust achieved only 10 replies. Not all studies are eligible to send out the surveys to participants, but those that are we are ensuring that the participants are sent a survey to complete. We now have an identified lead, within the Research team, to ensure that the PRES surveys are prioritised and this is demonstrated by almost three times the replies, in only two months, compared with the preceding year.
- **Expanding our (NIHR CRN) work with the life sciences industry to improve health and economic prosperity.** Sustain or grow commercial contract research. There is a percentage attached to this as an EoE total. However, we are ensuring that the adoption of suitable commercial studies will remain a priority for scoping, within the Trust, and that will be seen in a favourable light by the CRN.

Update: The Research team is exploring the feasibility of commercial studies within Community Dentistry, iCaSH and the Tissue Viability Service.

- 2.6.3 **NIHR National Performance Metrics:** Performance in Initiating (PII) and Performance in Delivering (PID) are now automatically published on a national website, rather than being uploaded by each individual trust. Update: This process ensures that we have no breaches for delay in publishing the data.
- 2.6.4 **National Research Permissions via the Health Research (HRA):** The HRA national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.
- 2.6.5 **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. 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.
Update: We need to outline a process, in conjunction with the Medical Director and Assistant Director of Allied Health Professionals (AHPs), should a study which falls into this category is requested to be adopted, including how any associated risk will be mitigated.
- 2.7 **Trust alignment to National Research Strategies (Nursing and Allied Health Professions)**
- 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 (AHP) 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. The continuation of the Research Champions workstream is designed for clinicians and staff who would prefer a less formal introduction to research. It is interesting to note that the natural trajectory of research within this Trust is aligned to the national research strategies. Examples to support this are the preceptorship (research champions workstream) and the Advanced Clinical Practice (ACP) agenda for the future development of a leadership placement.
- 2.7.2 **The Allied Health Professions' Research and Innovation Strategy for England**
- **Capacity** and engagement of the AHP workforce community, to implement research into practice.
Trust compliance: links to the post of Assistant Director of Allied Health Professionals and the AHP strategy group. Access of staff to the library services.
 - **Capability** for individuals to undertake and achieve excellence in research and innovation activities, roles, careers and leadership.

Trust compliance: Widely advertising research opportunities such as the ARC research and implementation Fellowships and the HEE/NIHR Internships/Fellowships.

Trust compliance: A physiotherapist has been awarded a NIHR Masters to PhD Fellowship, which provided funded protected time to prepare an application to the NIHR PhD Fellowship programme.

- **Context** for AHPs to have equitable access to sustainable support, infrastructures, and investment.

Trust compliance: Internal research team support, but staff access to R&D, the Research Design Service (RDS) and CRN for their training programmes.

- **Culture** for AHP perceptions and expectations of professional identities and roles that “research is everybody’s business”.

Trust compliance: Research is on the agenda at governance meetings. Managers are aware that research should be accommodated with a caseload and not seen as a separate activity.

Update: We have expanded liaison with teams and have commenced separate meetings with the Norfolk Children’s Services’ leads, plus started a Principal Investigators (PI) support group.

2.8 Trust Wide Projects to build Research Culture and Capacity

2.8.1 **Norfolk Research Champions Project Update:** objectives of the BREES project are to:

- Map the current research engagement by Specialist Community Public Health Nurses (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:** feedback to the academics regarding the tone of the report, from the Research team and Health Visiting Service Norfolk, had been taken on board by the academics.
- **Impact:** Exploring how the learning can be incorporated within the health visiting (HV) service, but also if it can be applied elsewhere throughout the Trust. The scheme should recommence within HV services in Norfolk in January 2023.
- *Compliant with: Chief Nursing Officer for England’s Strategic plan for research. Version 2, November 2021: Theme 4 ‘Developing future nurse leaders of research.’*

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 show case studies, signpost potential participants or give the research intervention as part of the trial protocol. We continue to have one clinician participating, as the clinical psychologist has left for an academic role in August.
Compliant with: Chief Nursing Officer for England’s Strategic plan for research. Version 2, November 2021: Theme 2 ‘Releasing nurses’ research potential’.

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 was a Clinical Research Network (CRN) funded project. This piece of work explored 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.

Going forward: Scoping more events to showcase this innovative work. To submit this project for an ARC Fellowship. There is much interest within the region on this inclusion project, both within the CRN, but also outside of this.

2.8.4 Any research study involving medicines or healthcare products, undertaken within an NHS Trust, needs to adhere to the standards and regulations, outlined by the MHRA. These types of projects are subject to being audited by the MHRA. We currently have no studies running which are within these categories. However, the Research team is preparing a pack with competencies and standards to ensure that we are ready to accommodate the studies quickly if they are adopted within the Trust.

2.9 Published papers and posters within this period

2.9.1 Posters – nil.

2.9.2 Paper:









HIV patient preferences for care: resetting for a new normal

Lin Clark, Lucy Powell, Sarah Edwards.

<http://dx.doi.org/10.1136/sextrans-BASHH-2022.93>

Table 1: Clinical Research for NIHR Portfolio Studies (accurate as of 10 Oct 2022 via Open Data Platform (ODP) NIHR portal)

Recruitment:	 Increased	 No change	 Completed	 in set up	 Allocated funding/prize
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NIHR Portfolio studies	Clinical Area	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	8	29		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		Follow up completed	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	0	6		In follow up	Feasibility trial, to inform 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 (Youtube)	CYPS Cambridge	O	University of York	0	0		In follow up period	Building research knowledge of diets of children who are gastrostomy fed
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	0	2		In Follow up	An adaptative and feasibility study for specific phobias
MSK Clinical Trial of an Investigational Medicinal Product (CTIMP)	Dynamic Health	I Commercial	GlaxoSmithKline (GSK)	-	-		Open PIC	New drug for knee osteoarthritis (OA)

NIHR Portfolio studies	Clinical Area	Interventional (I)/Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
								Commercial study (PIC)
Positive Voices HIV	iCaSH	O	PH, UCL, Imperial College London	59	59	↑	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.	0	68	🏆	Completed	External PhD. Two site study.
Mechanised Orthosis for children with neurological disorders (MOTION)	Trust Wide	O	Canterbury Christ Church University	0	9	↑	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	1	3	↑	Open and recruiting	Comparing delivery interventions
JITSUVAX WP2: HCP refutational learning study	Trust Wide	O	University of Bristol	44	48	↑	Completed	Inform training material for vaccination delivering health care professionals
Developing the Clinical Anxiety screen for people with severe to profound intellectual disabilities (CIASP-ID)	Dental, Beds & Cambs childrens	Both	Aston University	0	0	↔	Opened	Development of an assessment tool
Health care practitioner survey to inform health service configuration for abortion provision (SACHA)	iCaSH	O	The London School of Hygiene and Tropical	-	-	🏆	No accrual attribution	Provider survey to inform health service configuration
OKKO Space Academy App	Bedford Orthoptics	I	Moorfields Eye Hospital NHS Foundation Trust	-	-	↔	Study in set up	Developing an app as a vision measuring and home-monitoring tool
A Phase IIIb randomized open label study of nirsevimab ((HARMONIE)	CYPS	I	Sanofi, Labcorp Clinical Development Limited	-	-	↔	Study in set up	Commercial study, acting as a PIC
Children's Palliative care Outcome Scale Study C-POS Validation Study	CYPS Luton & Cambs	O	Kings College London	-	-	↔	Study in set up	Development of an outcome tool
Total recruitment within this period:				112	452	RCF count for recruitment started from October 2021 to September 2022 is 528 (*2).		**Total for all NIHR Recruitment.

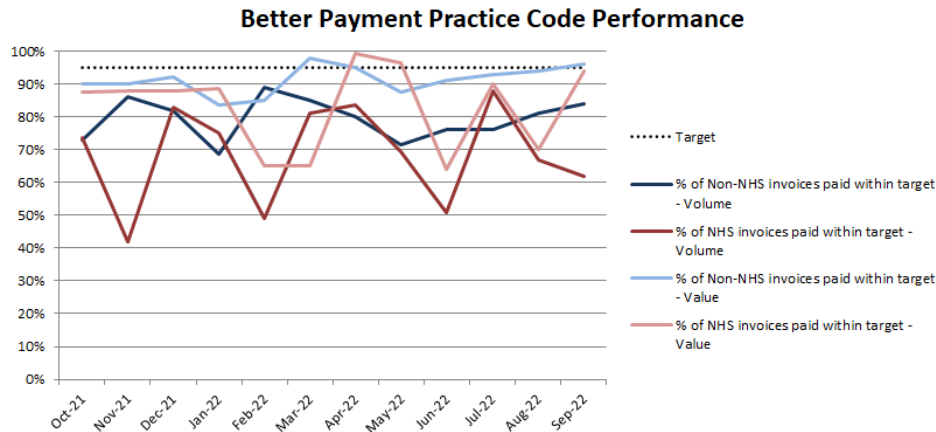
(*1) All figures accurate as of 10/10/22 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases) due to database delay, known figures vary).

(*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 two financial years and will be awarded in 2022.

Table 2: 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 - zero					
NIHR/HEE Masters to PhD Fellowship	Dynamic Health, MSK adults.	1	Was awarded in July 2022, was to commence March 2023, but will now commence Oct 2022.	NIHR/HEE	Is funded time and support for the clinician to write a NIHR Doctoral submission. Worth £60,882. Co-designed study with PPI for people with chronic MSK pain.
NIHR/HEE Applied Research Collaboration (ARC) Fellowships 2022	Children & Young People's Service (CYPS) Cambridge & Luton	1	Successfully awarded. Commenced May 2022	Applied Research Collaboration (ARC)/HEE	The project is around looked after children & co-production.
NHS Innovation Accelerator Fellowship: 2022 Intake	CYPS Cambridge	1	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.

3 Public sector prompt payments



3.1 The average in month prompt payment results across the four categories was 78% in month 5 and 84% in month 6.

3.2 With regards to NHS invoices, performance has improved overall over months 5 and 6, with the Trust achieving 94% in value in month 6. The Trust is working hard to consistently improve NHS payment performance.

3.3 With regards to Non-NHS invoices, achievement in both categories has remained relatively consistent in the last 12 months – with an average of 85% achievement over this period. Over months 5 and 6, the average achievement in each category is 83% and 95% for Volume and Value respectively, which is an increase on the previous reporting period. 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.



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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 2021/22 accounts. Internal Auditor’s assessments during 2021/22 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	22/23 Target	Data source	Reporting frequency	Current position as of September 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



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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 world wide 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

None

D: Overview and analysis

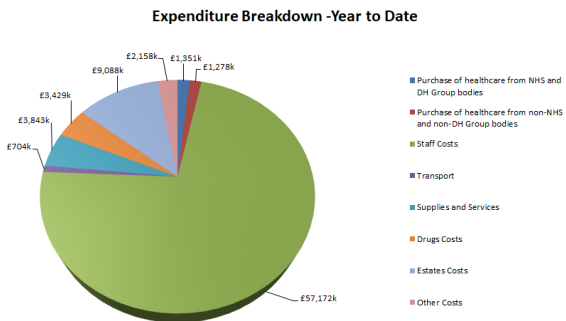
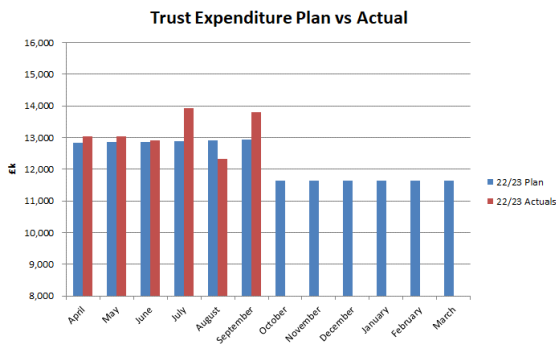
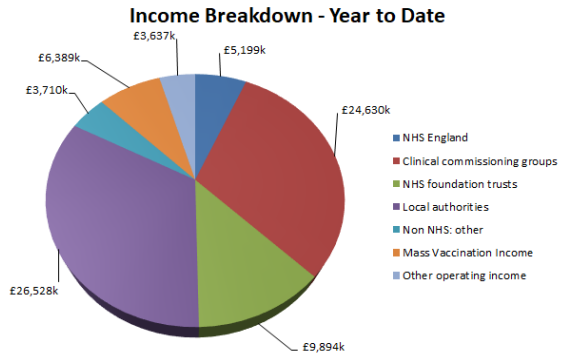
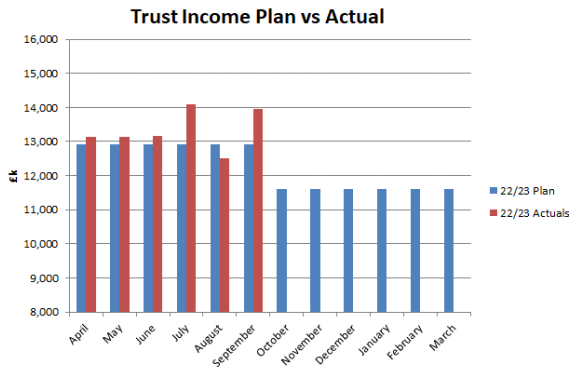
Finance scorecard

Finance Dashboard	Section in Report	Plan M6	Actual M6	Variance M6
Operating income	1	£76,854k	£79,987k	£3,133k
Employee expenses	1	(£54,685k)	(£57,084k)	(£2,399k)
Operating expenses excluding employee expenses	1	(£21,217k)	(£21,939k)	(£722k)
Trust Surplus/(Deficit)	1	£0k	£4k	£4k
Closing Cash Balance	2		£7,464k	
Capital Programme	4	£500k	£1,138k	£638k
Agency Spend	SO2 - 4	£1,069k	£1,645k	(£576k)
Bank Spend	SO2 - 4	£2,292k	£2,042k	£250k



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1. Income and expenditure



- 1.1. Block funding arrangements remain in place for ICBs (CCGs until 30/06/2022), NHSE and contracted income from Local Authority Public Health Commissioners for 2022/23. The Trust is planning to achieve a breakeven position for 2022/23 with significant risks around funding and increased inflationary costs.
- 1.2. The Trust is currently carrying out a “deep dive” analysis of the main cost drivers affected by the increased inflationary pressures, to inform a financial forecast against the addition funding received, and to inform the 2023/24 financial planning assumptions.
- 1.3. Agenda for change staff received the backdated pay award in month 6, which increased the pay expenditure and increased income to fund the award.
- 1.4. The direct clinical service budget position in each Service Division is:



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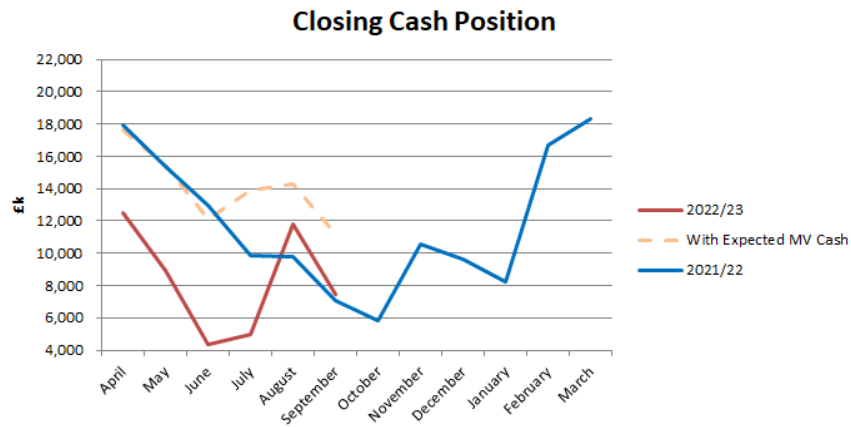
Division Level	Sep-22					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	990	(10,353)	(5,041)	(14,404)	(14,888)	484
Bedfordshire Community Unit	699	(7,900)	(1,262)	(8,463)	(7,862)	(601)
Childrens & Younger Peoples Services	2,385	(16,706)	(1,532)	(15,853)	(16,117)	264
Luton Community Unit	306	(11,319)	(2,003)	(13,016)	(13,321)	305
Mass Vaccination Service	7,409	(5,421)	(1,988)	-	-	-
Other Services (see breakdown below)	68,199	(5,385)	(11,074)	51,740	52,188	(448)
CCS Total @ 30th September 2022	79,988	(57,084)	(22,900)	4	-	4
Other Services						
Contract Income and Reserves	61,802	(21)	179	61,960	62,555	(595)
Corporate Services	3,735	(5,355)	(6,706)	(8,326)	(8,689)	363
Estates	2,662	(9)	(4,547)	(1,894)	(1,678)	(216)
	68,199	(5,385)	(11,074)	51,740	52,188	(448)

- 1.5 Ambulatory Care Services delivered a cumulative underspend of £484k to month 6. The main reasons for the cumulative underspend are due to vacancies across the division and non-pay expenditure savings in Dynamic Health and iCaSH services particularly in radiology and pathology costs.
- 1.6 Bedfordshire Community Unit delivered a cumulative overspend of £601k to month 6. The main reason for the overspend is due to pay and locum spend in Specialist services
- 1.7 Children's & Younger Peoples Services delivered a cumulative underspend of £264k to month 6. The main reasons for the cumulative underspend are vacancies across the services and a fall in non-pay expenditure.
- 1.8 Luton Community Unit (including Luton Children's Services) delivered a cumulative underspend of £305k to month 6. The cumulative underspend position is due to pay establishment savings across Adult services.
- 1.9 Total expenditure for the Mass Vaccination Service to month 6 is £7,409k and this is fully funded with any expenditure offset by income.
- 1.10 The Contract Income and Reserves year to date position includes income for services provided to the Integrated Commissioning Boards and Public Commissioners and Reserves used Trust wide to support service delivery. The overspend variance to date of £0.595m is mainly to offset the net cost improvement support agreed with services ahead of formal plans being delivered for the second half of the financial year
- 1.11 The Estates budget includes the cost leases and utility bills, and the overspend to date we have seen the cost of gas and electricity being greater than the 40% original budget increase.



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2. Cash position



2.1. The cash balance of £7.5m at month 6 represents an overall increase of £2.5m on the previously reported position at month 4. The Trust income in relation not the Large Scale Vaccination (LSV) service is now received on a monthly basis and therefore this will result in a stabilising of cashflows.



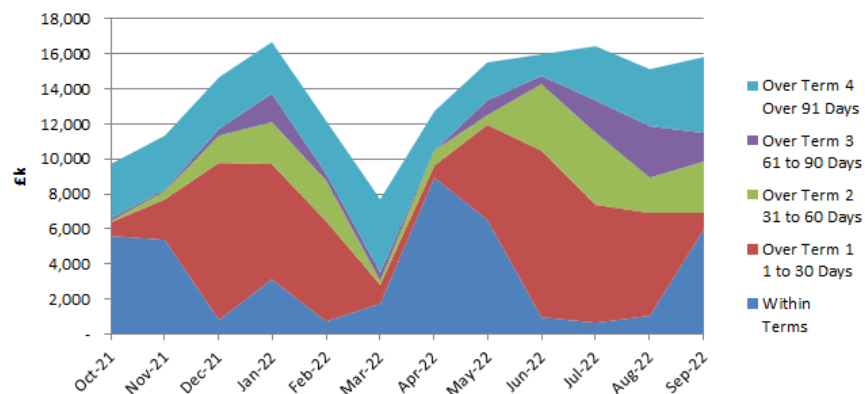
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3. Statement of Financial Position

	September 2022 £'000	July 2022 £'000
Non-Current Assets		
Property, plant and equipment	55,649	55,818
Right of use assets	28,501	28,702
Intangible assets	219	232
Total non-current assets	84,369	84,752
Current assets		
Inventories	73	73
Trade and other receivables	25,983	32,879
Cash and cash equivalents	7,468	5,005
Total current assets	33,524	37,957
Total assets	117,893	122,709
Current liabilities		
Trade and other payables	(22,466)	(25,323)
Borrowings	(3,560)	(3,577)
Provisions	(950)	(950)
Total current liabilities	(26,976)	(29,850)
Net current assets	6,548	8,107
Total assets less current liabilities	90,917	92,859
Non-current liabilities		
Trade and other payables	0	(1,045)
Borrowings	(24,530)	(25,210)
Provisions	(976)	(976)
Total non-current liabilities	(25,506)	(27,231)
Total assets employed	65,411	65,628
Financed by taxpayers' equity:		
Public dividend capital	2,792	2,792
Retained earnings	42,321	42,538
Revaluation Reserve	21,951	21,951
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	65,411	65,628

3.1. The main movements in the reporting period were related to Trade and other receivables which had decreased over the reporting period by £6.9m and trade and other payables have also decreased over the reporting period by £2.9m.

Aged Debt by Term





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3.2. Total Trade Receivables decreased by £1.3m in August to £15.1m and then increased by £0.7m in September to £15.8m. The breakdown in September is £3.1m (19%) from NHS organisations; £12.2m (77%) from Local Authorities; and £0.5m (4%) from other parties.

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

Cambridgeshire County Council	£3.3m
Luton Borough Council	£2.1m
Norfolk County Council	£1.9m

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, Cambridgeshire paid £2.4m and Norfolk paid £0.4m to reduce their outstanding balances.

4. Capital spend

4.1. Capital spend to date is £1.1m against a plan of £0.5m. The main area of spend is Nash House refurbishment (£0.6m).

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.

