

Title:	Integrated Governance Report		
Report to:	Trust Board		
Meeting:	19th July 2023	Agenda item:	10
Purpose of the report:	For Noting: <input type="checkbox"/>	For Decision: <input type="checkbox"/>	For Assurance: <input checked="" type="checkbox"/>

Executive Summary:

- 1.1 This Integrated Governance Report (IGR) has been produced following the clinical operational board meetings that took place on 4th July (Children’s) and 5th July (Adults). The key issues report from these meetings is attached.
- 1.2 The IGR brings together the quality, performance, workforce and finance information for April and May 2023 along with key risks and issues, to provide the Board with assurance of delivery against the agreed strategic objectives and indicators.
- 1.3 Any 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 and the assurance summary for each objective as outlined in the report;
- approve the Patient Safety Incident Response Policy and the Patient Safety Incident Response Policy,
- confirm that the information contained in the Report, along with the key issues reports from the clinical operational board committee meetings, support the overall assurance rating of **SUBSTANTIAL** assurance.

Appendices:

- Appendix 1: Assurance measures
- Appendix 2: Quality dashboard
- Appendix 3: Patient Safety Incident Response Plan
- Appendix 4: Patient Safety Incident Response Policy
- Appendix 5: Statistical Process Control chart

Supporting Information:

- Document 1 - Key issues report from the Children & Young Peoples Clinical Operational Board
 - Document 2 - Key issues report from Adults Clinical Operational Board
 - Document 3 - Infection Prevention and Control Board Assurance Framework
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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 Corporate Affairs		
Assurance level:	Substantial <input checked="" type="checkbox"/>	Reasonable <input type="checkbox"/>	Partial <input type="checkbox"/>	No assurance <input type="checkbox"/>
Rationale for Assurance rating:	<ul style="list-style-type: none"> - Key evidence contained in this report and triangulation of this information with all Committee reports, particularly the clinical operations boards. - The recommendation of assurance from the executive team which is outlined in the assurance measures that have been approved by the Trust Board and as detailed in this report. - Any action necessary from the rating and outcome required 			
Assurance action:	<ul style="list-style-type: none"> - The Board is asked to discuss and agree the assurance rating and the actions agreed in line with the escalation framework approved by the Board in April 2023. 			

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
Be Collaborative	This report does not include progress against this objective
Be an excellent employer	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be Sustainable	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Equality and Diversity Objective: Describe how this report / papers addresses Health Inequalities	
<p>Progress towards delivery of the agreed equality and diversity objectives domains 1 (see page 12) 2 and 3 (see page 28) are included with this report.</p> <p>In addition, examples of work within the services to address health inequalities were discussed at the clinical operations boards and are summarised within the key issues reports and include:</p>	

- In adult services using respiratory and diabetes funding, the successful recruitment of a co-production coordinator role will enable engagement with local communities to help design the delivery of services for the hard to reach communities
- In dentistry the Peterborough team are developing oral health advice sheets and toothbrushing packs working in conjunction with local retailer Yours Clothing and Barnardo's. There are 3608 children participating in supervised toothbrushing programmes along with 547 adults who have received Oral Health training
- The Bedford oral health team are also providing advice to hard to reach groups, specifically the traveller community.
- Dynamic health services are working with the Homeless Health Hub project manager as part of the a pilot of sessional clinics on a health bus. This is a collaborative piece of work with dental and iCaSH services alongside other health and social care organisations

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	17 th May 2023

Executive Summary:

- 1.1 This Integrated Governance Report (IGR) has been produced following the clinical operational board meetings (COBs) that took place on 4th July (Children's) and 5th July (Adults). The key issues reports from these meetings are attached at Supporting information documents 1 and 2.
- 1.2 The reporting period covers the quality, performance, workforce and finance information for April and May 2023 and includes the key risks and now also the key issues, to provide the Board with assurance of delivery against the agreed strategic objectives and indicators.
- 1.3 The assurance measures (Appendix 1) used in this report were reviewed, updated and agreed by the executive team at the beginning of the financial year.
- 1.4 For three of the four Trust's four objective (progress against the Be Collaborative objective is now reported separately to the Board), 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.
 - any exceptions are reported against the strategic objectives within the body of the report.

Assurance:

- 1.5 Assurance of the IGR chapters is summarised at the beginning of each section of the IGR and overall, in the table below:

Strategic Objective:	Safe	Caring	Effective	Responsive	Well Led
Provide Outstanding Care	<i>Substantial</i>	<i>Substantial</i>	<i>Reasonable</i>	<i>Reasonable</i>	-
Be an Excellent Employer	<i>Reasonable</i>	-	<i>Substantial</i>	-	-
Be Sustainable	-	-	-	-	<i>Substantial</i>

Provide Outstanding Care

- 1.6 The report demonstrates substantial assurance in the safe and caring domains and the reasonable assurance ratings for effective and responsive relate to information governance mandatory training a new addition to the assurance measures this year, waiting list improvement plans and acknowledgement of formal complaints. Plans are in place or being developed to address the improvements in these measures.
- 1.7 The COB key issues reports highlight that there were four areas in the Children's and Young People's Services reporting a scores of higher than 16 in the Quality Early Warning Trigger Tool (QEWTT) with the overriding theme relating to staffing challenges. In

Ambulatory services, there was one QWETT score above 16 in the iCaSH service and this was due to recruitment and telephony pressures.

Be an Excellent Employer

- 1.8 The reasonable assurance relating to safe due to the staffing pressures are described within the section and were also reflected key issues reports for the COBs. The main workforce challenges are in Children and Young People relating to health visitors and in Ambulatory Care relating to dental nurses (Issue 3565). The Chief Nurse is leading a safer staffing group and progress on the actions being implemented will be reported to future COB meetings.
- 1.9 Overall sickness is higher than plan however the stability rate is above target, and the appraisal rate has increased.
- 1.10 The Adults COB received reports of the notable improvements in mandatory training, appraisal and sickness in the Luton & Bedfordshire Adults services all underpinning the improving staffing position in this area.

Be Collaborative

- 1.11 This section of the IGR has been removed and progress in this area will be reported to the Trust Board at agreed intervals either through existing Committee and Board reporting or agreed intervals.

Be Sustainable

- 1.12 The Trust's financial performance for the period to date is in line with budget, overall delivery of efficiency is in line with plan and service-based reporting will commence in the next reporting period, and overall, the Trust's capital programme is forecast to remain within plan.
- 1.13 The financial pressures relating to iCaSH services was discussed at the COB meeting are being take forward by the Executive. Further updates will be reported to the Adult COB at future meetings.
- 1.14 A key issue has been raised relating to progress of estates works at North Cambs hospital and the actions being taken will be discussed further at the next Infrastructure Committee.

Key Risks and Issues:

- 1.15 Each Committee meeting receives reports of the key risks and issues that are assigned. These are all risks that score 12 and above and all issues that score 4 and above, in line with the Trust's agreed policy. There are five risks scoring 15 and above and six issues that scored a consequence of 4 (Major) and above.
- 1.16 Two risks scoring 15 and above are assigned to and were discussed at the Children & Young People's COB and relate to school age ASD waiting times (Risk 3425) and the increase in referrals to the Cambridgeshire & Peterborough multi agency safeguarding hub (Risk 3519). One relates to the impact of safeguarding staff vacancies (Risk 3562) and is reported on the Board Assurance Framework. The remaining two are emerging risks relating to infrastructure and supply, although the supply risk has been subsequently

reduced to 8 as alternatively suppliers have been found. The executives are working with the leads to clarify the mitigations and actions required.

1.17 In relation to the six issues reported this month:

- three relate to Children and Young People's services and were discussed at the COB; the increasing demand in community paediatrics (Issue 3554), the increase in Bedfordshire EHCP requests (Issue 3555), the health visitor and school nurse recruitment challenges (Issue 3564);
- one relates to dental nurse recruitment (Issue 3565) and was discussed at the Adults COB;
- one relates to an increase in trust wide safeguarding cases and is reported in the IGR and to Quality, Improvement and Safety Committee, and
- one relates to the rising levels of violence and aggression against our staff (Issue 3566). In response to this issue, a task and finish group has been established and has met and discussed the actions that will be implemented trust wide.

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- Appendix 3: Patient Safety Incident Response Plan
- Appendix 4: Patient Safety Incident Response Policy
- Appendix 5: SPC chart

Supporting Information:

- Document 1 – Key issues report from the Children & Young Peoples Clinical Operational Board
- Document 2 - Key issues report from Adults Clinical Operational Board
- Document 3 – Infection Prevention and Control Board Assurance Framework

Provide Outstanding Care

A: Assurance Summary

<p>Safe</p>	<ul style="list-style-type: none"> • 95% of incidents were categorised as no or low harm in May 2023 (S1) • There were no 'never events' reported in April/May (S2) • 100% of SI (Serious Incident) action plans are on target for completion. (S3). • Staff flu Vaccination –reporting period has now closed (S5). • A new IPaC (Infection Prevention and Control) Board Assurance Framework has been published and is reported here for the first time and included in the supporting papers. Where there are gaps in practice and action plan is in place to address them (S6). 	<p>Substantial</p>
<p>Caring</p>	<ul style="list-style-type: none"> • 77% of services received over 90% positive feedback from the FFT (Friends and Family Test). 100% of Directorates scored over 90% (C1). • 12 out of 12 standard complaints were responded to within the timeframes agreed by the complainant (C2). • 100% of all Directorates and 88% of individual services received complimentary feedback (C3). 	<p>Substantial</p>
<p>Effective</p>	<ul style="list-style-type: none"> • The Equality Diversity Objectives are on track for delivery (E6) • Overall Information Governance mandatory training levels at 90% (E2) 	<p>Reasonable</p>
<p>Responsive</p>	<ul style="list-style-type: none"> • 60% of our service areas with waiting lists have an improvement plan that is agreed and being delivered (R1). • 93.3% of all formal complaints are acknowledged within 3 working days (R2) 	<p>Reasonable</p>

B: Risks to Achieving Objectives

Strategic Risks:

1. **Risk ID 3530** - *There is a risk that patients may not receive high quality care, if the Trust cannot meet the requirements of the CQC's fundamental standards. The impact of this would be a poorer experience for the patient and the potential that the Trust would not maintain its outstanding rating. (Risk Rating 12).*
2. **Risk ID 3562** - *There is a risk services that safeguarding work across all localities is unable to be managed within the staffing capacity available and this may result in children, young people and adults being left without adequate safeguarding measures. (Risk Rating 16). There is a potential for the reduced staff capacity impacting negatively on emotional wellbeing and so this risk is also linked to issue 3531.*
3. **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*

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patients/service users not receiving the care that they need and potentially negatively impacting staff morale. (Risk Rating 8).

Related Operational Risks 15 and Above

1. **Risk ID 3425** - There is a risk that children and families experience continued delay for community paediatric assessment in Cambridgeshire impacting identification and management of childhood developmental concerns. This includes the potential impact to a child's educational and health progress. (Risk Rating 15)
2. **Risk ID 3519** - There is a risk that the change in process within the Local Authority management of MASH enquiries in Cambridgeshire and Peterborough will have a significant impact on the demand of MASH health provision. Leading to a reduction in the number of enquiries being provided with the relevant health information upon which to base their decision about actions needed to respond to risk to a child/ren. (Risk Rating 20)
3. **Risk ID 3543** – There is a risk that we are unable to fulfil the required supply of suction catheters if the national shortage continues and partners are also unable to fulfil supply then patients will be unable to adequately suction leading to serious respiratory consequences. This risk has subsequently been reduced to 8 following the resolution of supplier but will continue to be closely monitored.

C: Overview and Analysis (Including Information from the Quality Dashboard–Appendix 2)

SECTION ONE – SAFE DOMAIN

Safe	<ul style="list-style-type: none"> • 95% of incidents were categorised as no or low harm in May 2023 (S1). • There were no 'never events' reported in April/May (S2). • 100% of SI (Serious Incident) action plans are on target for completion. (S3). • Staff flu Vaccination –reporting period has now closed (S5). • A new IPaC (Infection Prevention and Control) Board Assurance Framework has been published and is reported here for the first time. Where there are gaps in practice and action plan is in place to address them (S6). 	Substantial
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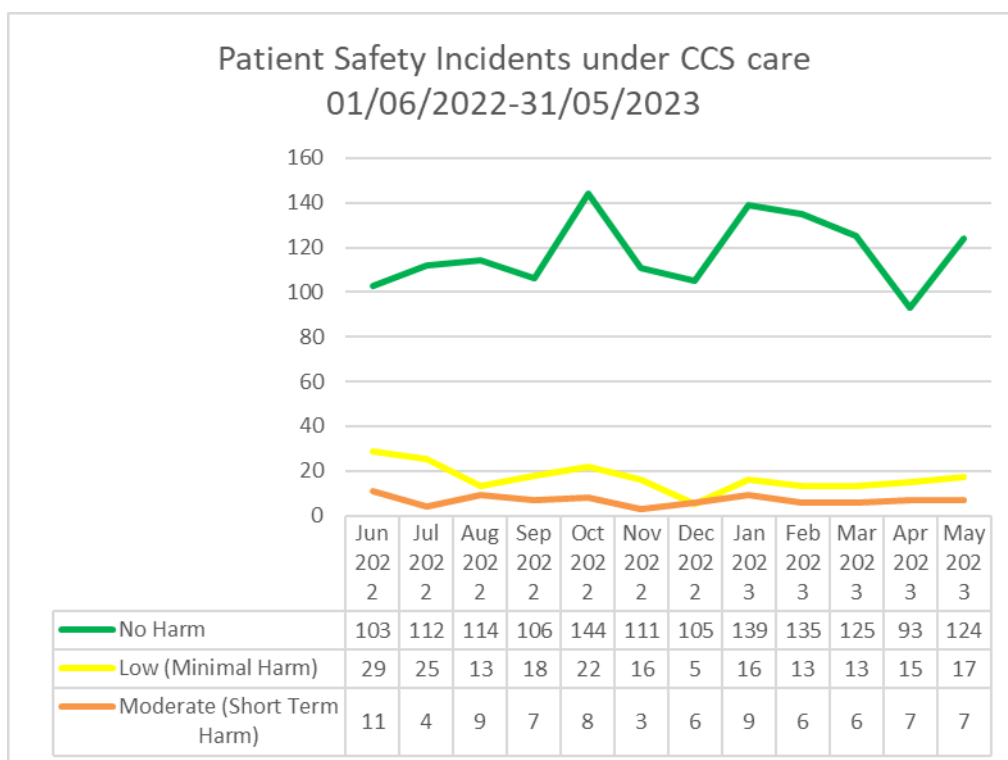
1.0 Patient Safety

1.1 No Serious Incidents (SIs) were declared in April or May 2023.

1.2 No Serious Incidents were submitted for closure during the period. Action plans on previously submitted Serious Incidents continue to be monitored for closure. As at the time of writing, there are 11 outstanding actions assigned to Serious Incidents, none of which are overdue.

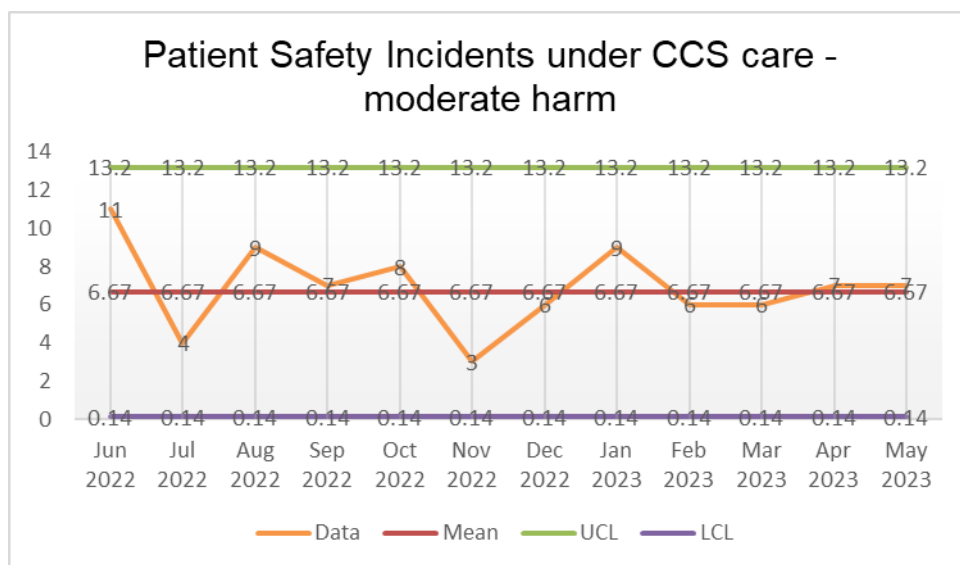
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- 1.3 Following an initial triage by the Patient Safety Team, relevant incidents are reviewed via panel discussions which are attended by service leads and specialists to agree next steps and / or close and approve submitted investigation reports.
- 1.4 A total of seven panel meetings were held in April 2023, four of which included a safeguarding element. Only two panel meetings were held in May 2023, with one having a safeguarding element. The panels were a combination of reviewing final reports, discussion on next steps and action plan reviews. Any identified initial ongoing actions are added to Datix for monitoring and completion.
- 1.5 The chart below highlights those patient safety incidents that occurred under our care and includes the two-month period of April and May 2023. These incidents totalled 263 which is a decrease of 35 incidents on the previous two-month period.



- 1.6 Of the 263 incidents (April and May 2023), 83% were no harm incidents, 12% low harm and 5% moderate harm.
- 1.7 Fourteen moderate harm incidents (whilst under CCS care) were reported, which is an increase of two incidents on the previous two-month period. The reporting of moderate harm incidents remain near to the ‘mean’ number (6.7) as shown in the SPC below.

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1.8 Twelve of the moderate harm incidents related to Luton Adult Service and wound management/pressure ulcers. The remaining two incidents related to NHCP – one of which is still under review and will be discussed at a panel meeting to establish next steps. The final incident was a failure to refer a service user in a timely manner to another more appropriate provider.

1.9 Incident Themes (all incidents)

1.9.1 Datix reports in generic categories. The categories we saw reflected in the top three reported (for each month) were as follows:

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

April	May
Access, admin, transfer & discharge: 52	Clinical assessment & treatment: 90
Clinical assessment & treatment: 83	Access, admin, transfer & discharge: 43
Medication: 45	Patient information: 39

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

- **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. They represent 42% of all incidents reported under this category with all incidents (83) being reported under Luton Adults. Of these 83 incidents only 35 were deemed to have occurred whilst on caseload with the remainder split as follows: Another Organisation 22, Domiciliary Care Agency 7, No Professional Health/Social care input 9.

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An update on the Trust's pressure ulcer prevention work was provided in May's Board, this programme remains in place and is being reviewed via the service's internal governance processes.

- **Access, administration, transfer and discharge:** Of the 133 incidents reported under this category, 35 related to failure to refer which is a reduction on the previous two-month period of 31. Fourteen incidents were reported relating to discharge planning failure (from local acute Trusts) and where possible, these incidents are shared with acute Trusts for their awareness.
- **Medication:** There was a total of 84 incidents reported in the period with 92% being graded as no harm. There were two moderate harm incidents reported both of which occurred off caseload (2 x patients had mis-placed / lost medication in their own home). These 2 cases were discussed at the Quality Improvement and Safety Committee (QISCom).

	No Harm	Low	Moderate	Total
Administration (Meds)	38	0	1	39
Dispensing (by Pharmacy)	6	1	1	8
Medication Security	3	0	0	3
Monitoring & Advice (Meds)	3	0	0	3
Prescribing	11	1	0	12
Unspecified Other Medication Issue	16	3	0	19
Total	77	5	2	84

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

1.10 National Patient Safety Alerts

1.10.1 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.

1.10.2 In April and May 2023, 22 alerts were received; (April 9, May 13). There were three National Patient Safety alerts issued which were not directly relevant to the Trust but were shared with relevant Services for information and awareness. All Central Alerting System (CAS) alerts were actioned and closed within the required time frame.

1.10.3 The National Patient Safety Alert was as follows:

- NatPSA/2023/006/DHSC Shortage of pyridostigmine 60mg tablets.
- NatPSA/2023/005/MHRA Removal of Philips Health SystemsV60 and V60 Plus ventilators from service – potential unexpected shutdown leading to complete loss of ventilation.

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- NatPSA/2023/004/MHRA Recall of Emerade 500 micrograms and Emerade 300 micrograms auto-injectors, due to the potential for device failure.

1.11 Patient Safety Strategy Implementation Programme

1.11.1 The programme and related projects to implement the National Patient Safety Strategy and Patient Safety Incident Response Framework (PSIRF) are progressing according to timescale. The Board are asked to **approve** the Patient Safety Incident Response Plan (appendix 3) and the Patient Safety Incident Response Policy (appendix 4) which has been discussed and approved at QISCom. A brief update of the Trust's current position against the plan is highlighted below:

- Twenty senior staff have undertaken the Level 3-6 training.
- Implementation of the Learning from Patients' Safety Events (LFPSE) which will replace the NRLS is pending national updates to Datix.
- Internal changes to DATIX and training documents have been undertaken.
- We continue to participate actively in the Communities of Practice in the Integrated Care Boards of Cambridgeshire & Peterborough, Bedfordshire, Luton, and Milton Keynes.
- Mandatory training compliance is noted below:

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS MAND Patient Safety - Level 1 - 3 Years	2866	2866	2232	77.88%
NHS MAND Patient Safety - Level 2 - 3 Years	2081	2081	1422	68.33%

2.0 Medicines Management

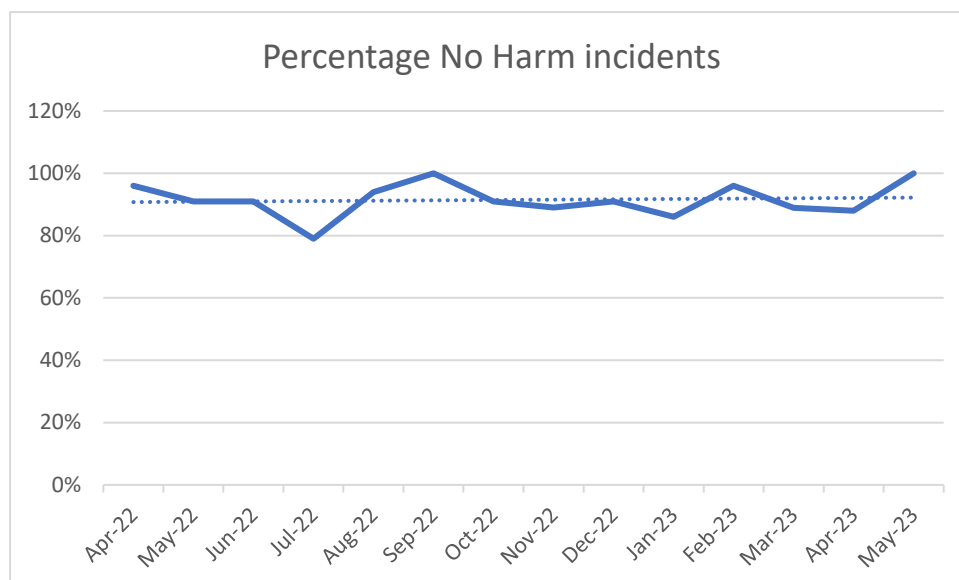
2.1 Medicines Incidents

2.1.1 The Statistical Process Control chart presented in the previous report will be updated for the next report, when the second quarter's data will be available.

2.2 Level of Harm

2.2.1 The chart below shows the percentage of no-harm medication incidents (attributable to CCS) each month over the last year. The trendline remains level at 91%, however in May the level reached 100%.

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2.3 Medication Safety

2.3.2 There is now a national Paediatric Medication Safety Officer (MSO) network, which meets regularly, this is an important vehicle for the Trust. With the large children's service across most of the Trust's geography, and in particular the three Children's Community Nursing Teams, it has proven itself to be an invaluable forum in which to raise areas of concern. Examples include the concerns around the use of enteral syringes to administer medicines potentially leading to incorrect dosing (risk 3445), and the disparity between acute Trusts in the use of Heparin and Saline for flushing IV lines in paediatrics. Both items have been raised by the Trust's MSO and have instigated action by the network. In the meantime, however, the Trust has approved Patient Group Directions (PGDs) for Saline and Heparin flushes for use in children with Intravenous (IV) lines in place.

2.4 Antimicrobial Stewardship

2.4.1 The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance was updated in December 2022.

2.4.2 As part of a review of the Trust's Antimicrobial Stewardship Programme to demonstrate compliance with the guidance it was noted that the Trust should have a stand-alone Antimicrobial Stewardship (AMS) Policy, and that responsibility for that policy and the Trust's Antimicrobial Stewardship Programme should be identified. Following consultation with the Infection Prevention and Control Committee, the policy was approved at the Medication Safety and Governance Group (MSGG) and at QISCom.

2.4.3 The Chief Nurse is identified as the Antimicrobial lead for the Trust.

3.0 Safer Staffing

3.1 The Safer Staffing project has been added to Verto for prioritisation and allocation of Transformation Team resources.

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- 3.2 The projects assurance framework is mapped against National Quality Board, NHS England, and Care Quality Commission (CQC) standards. Governance will be via the Executive meeting and the Clinical Operational Boards.
- 3.3 The project's aim is to ensure that every service has a Staffing Safeguards Procedure which includes how safer staffing levels are:
- Identified.
 - Managed operationally.
 - Escalated internally (at service, Trust, and Board levels) and externally via agreed processes.
- 3.4 Safer Staffing conversations and plans have commenced with Dynamic Health Services, Dental Health Services, Children's & Specialist Services and Luton Adults Services. Luton Adults have also put themselves forward for the new national safer staffing pilot which focuses on Community Nursing Teams.

4.0 Safeguarding

- 4.1 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 Safeguarding continues to be challenged across the Trust in terms of work volume and complexity, a new data set has been added to the Trust Board Quality dashboard which when fully populated will give a more rounded picture of activity. This dataset is work in progress at this time, but its development is central to the Safeguarding Teams workplan.
- 4.3 Staffing capacity issues relating to several safeguarding teams across the Trust has arisen in the last 2 months, in particular Cambridge & Peterborough Multi Agency Safeguarding Hub (MASH) and the Luton Children's Team. Recruitment processes are underway for all the teams, but challenges remain in identifying suitable candidates with safeguarding knowledge and skills. The Business Continuity Plan has been updated to include mitigations for all capacity issues and has been shared with and developed alongside the teams, Chief Nurse and the Emergency Planning Resilience and Response team.
- 4.4 The level of mandated supervision (for those staff who report on this as a key performance indicator) continues to be variable across the Trust and the impact of staffing may further impact on the levels of compliance. However, to mitigate this supervision has moved temporarily to a larger group model in some of the Trust. This will still enable all staff to access supervision and enable safeguarding leads to maintain their own wellbeing during the recruitment of staff into roles.
- 4.5 The overall Trust position for Safeguarding Training remains above the 90% target, for Safeguarding Adult and children Level 3 training (March 2023).
- 4.6 MASH health in Peterborough has participated in a focused Ofsted Inspection of the Integrated Front Door and MASH. An action plan has been developed by the Local Authority and challenge and discussions were held to formulate agreement for this within the health system. The agreed action plan has now been submitted to Ofsted by

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the Local Authority in Peterborough. The Local Authorities are separating their businesses in Cambridgeshire & Peterborough with expectations that the MASH will continue as one for health at this time. Part of the MASH Ofsted action plan response was a full review of MASH and its processes; this evaluation and any actions will be pivotal in understanding a new safer staffing model for the provision. In the meantime, the team are working with its partners to prioritise cases and workload and they are bringing in temporary experienced safeguarding staff to support MASH.

- 4.7 Bedford Borough, Central Bedfordshire and Luton MASH service redesign has continued at pace and recruitment into the MASH roles has been progressed, although not all vacancies have been filled at this time. Development of the Band 4 competencies has been completed, and this will be supported by the Safeguarding Business Support Manager. The 2 safeguarding teams across Bedfordshire and Luton have begun to merge and are working towards a combined, sustainable offer for the clinical teams. The Deputy Named Professional in Bedfordshire has taken on the Acting Named Professional role for at least 4 months to support this transition.

5.0 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 continue to be discussed at the weekly IPaC Huddle and are then reported as appropriate to the Resilience Operational Huddle
- 5.2 There were six IPaC related incidents reports during April – May 2023, a reduction of 12 compared to the previous 2 months. Two needlestick injuries were reported which were dealt with in line with policy.
- 5.3 The Trust reported no Covid-19 outbreaks during this period.
- 5.4 From April 2023, the government updated guidance for lateral flow device testing. Only staff working with patients who are at high-risk e.g., severely immune-compromised need to carry out an LFT test if they have Covid19 symptoms. The number of positive tests reported by staff decreased to 22 (10 in April and 12 in May). The Trust offered and have distributed remaining stock to services.

5.5 Other infections

- 5.5.1 There were no confirmed bacteraemia cases of MRSA (Methicillin-resistant Staphylococcus Aureus), Extended Spectrum Beta – Lactamase (ESBL), or any positive cases of C. difficile during this period.

5.6 Board Assurance Framework for IPaC (supporting information document 3)

- 5.6.1 The Government added an addendum to the Health and Social Care Act 2008: code of practice on the prevention and control of infections in December 2022. This indicates a move to a national infection prevention and control manual and application of standards in a consistent way. The new Board Assurance Framework has been mapped against the Trust's systems and processes. Following the review, some gaps have been identified (please see the Trust Board reading room for the working document) – it should be noted that some areas of partial non-compliance are not linked to issues in practice, but that

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more evidence is needed to support their closure. A full risk review of the outstanding indicators has been undertaken, with no risk to patients or carers identified.

SECTION TWO – CARING

Caring	<ul style="list-style-type: none"> • 77% of services received over 90% positive feedback from the FFT (Friends and Family Test). 100% of Directorates scored over 90% (C1). • 12 out of 12 standard complaints were responded to within the timeframes agreed by the complainant (C2). • 100% of all Directorates and 88% of individual services received complimentary feedback (C3). 	Substantial
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6.0 Patient feedback - Friends and Family Test (FFT)

6.1 1859 FFT responses were received in April and 2412 in May. This is a slight decrease on the previous two-month period. Below is a summary since October 2022.

	Oct	Nov	Dec	Jan	Feb	March	April	May	Total
Trust Overall	2610	2322	1591	2373	1693	2704	1859	2412	17564

6.2 The overall Trust FFT positive feedback was 96.16%, with a 1.99% negative feedback percentage. Overall, we remain above the Trust target of 90%. This information is provided to services each month along with comments from service users so that teams can consider if any actions are required to improve service user experience. A small number of teams continue to receive no or low numbers of responses – these areas are being supported to understand the reasons behind this, alongside steps that can be taken to improve.

6.3 The work with Co-Production Leads for Cambridgeshire Children’s Services and Norfolk and Waveney Children’s Services has continued and an increase in FFT response numbers has been seen. Cambridgeshire Children’s Services had more responses in May than in any month in the previous year.

6.4 Demographic questions are now on all surveys with the FFT question. They are optional to answer. The FFT scores have been reviewed for each protected characteristic, this initial review has indicated people who identify as non-binary, gender different to that at birth or, do not wish to disclose are less satisfied with the service they received than the other groups and are below Trust target. For future reporting we will scope the use of statical processing software which will mean we can identify if these differences are due to chance or are statistically significant based on response numbers. We will also look in more details at the services involved and the comments made alongside the FFT score and support the services to work with the new data.

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6.5 In April and May, the services we provide received 6210 positive comments on service user surveys and feedback forms across the Trust. This means that over 105 positive comments are received for every complaint (formal and informal).

7.0 Information Governance

7.1 Work on the 2022 - 2023 Toolkit is progressing well ahead of the June 2023 publication date.

7.2 Mandatory Information Governance and Data Security Awareness training compliance as of April was 90%, the same from the previous month against the 95% national target. Service Directors are approached monthly with details of non-compliant staff with a request to encourage the completion of the mandatory training. In addition, individual staff members receive training reminders from the Trust's internal system.

7.3 Between April 2023 and May 2023, 28 incidents (14 in April and 14 in May) were reported under the Confidentiality Breach incident category which was a decrease on the 33 incidents reported in the previous period. Most incidents were 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.

8.0 Areas of Outstanding Practice

8.1 Bedfordshire and Luton Healthy Child Programme (HCP)

8.1.1 **Bedfordshire HCP:** UNICEF Baby Friendly Gold Standard reaccreditation (Bedfordshire) is on target to be achieved in June. Assessment for Gold status to be awarded in Luton is also on target to be achieved in June.

8.1.2 **Bedfordshire HCP:** The Breastfeeding Buddies are regional winners in the volunteer category of the NHS 75 Parliamentary awards. The Buddies are volunteers with lived experiences of breastfeeding/chest feeding who provide support at Baby Brasseries (infant feeding support groups) based in Children's Centres.

8.2 Cambridgeshire Healthy Child Programme (HCP)

8.2.1 **Cambridgeshire HCP:** There has been a launch of an initiative called 'Little Library of Big Emotions'. This is a series of books that have been provided in venues encouraging parents and carers to read books with their children whilst and raising awareness on how to support a child with their emotions.

8.3 Dynamic Health

8.3.1 Patient feedback has been enhanced with the embedding of volunteers in the service and the work the co-production lead is undertaking. The lead is working with our volunteers, visiting sites, creating a patient focus group, working with the team on "you said/we did", creating a page on the website on co-production and also involving herself in our pelvic health provision obtaining feedback on our leaflets and videos.

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8.3.2 The team are creating a programme of recorded bite sized SystemOne training to support our staff with their learning from incidents. This training will support learning, development, and confidence in using the clinical systems. Utilising Datix and data reports the team now have a strong cycle of learning to support our staff and reduce human errors.

8.4 Dental Services

8.4.1 The Bedford Oral Health (OH) team are providing OH advice to hard to reach groups in the area; specifically with the traveller community with the support of liaison officers and in Family Hubs. In addition, this has included targeted work with Special Educational Needs and Disabilities (SEND) Practitioners and families both online and face to face.

8.4.2 In Peterborough the team are developing OH advice sheets and toothbrushing packs working in conjunction with local retailer Yours Clothing and Barnardo's.

8.5 Bedfordshire & Luton Adults Services

8.5.1 In addition to the gym at The Poynt, the team continue to promote the benefits of physical wellbeing and have developed an instructor led fitness program. This is a 10-week course, led by a qualified personal trainer and it can be accessed in person or virtually. These sessions will be available from July.

SECTION THREE – EFFECTIVE

Effective	<ul style="list-style-type: none"> The Equality Diversity Objectives are on track for delivery (E6) Overall Information Governance mandatory training levels at 90% (E2) 	Reasonable
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9.0 Equality Diversity Objectives

An update on Domain 1 – Commissioned or provided services is detailed in the table below:

Objective	Update
To ensure access to iCaSH services is fully inclusive by improving the telephony platform and providing an online booking facility, following service-user involvement	<p>iCaSH along with the rest of the Trust will be moving to the British Telecom platform (in line with project timeframes) which will allow improved functionality for managing phone calls.</p> <p>A number of other projects are running across iCaSH services to support improved telephony access, such as:</p> <ul style="list-style-type: none"> Central call taking in Norfolk, improving call response waits and sustainability. 1st hour of day focusses on targeted capacity (in terms of taking call) across all geographies except Norfolk and Waveney.

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	<ul style="list-style-type: none"> • An online booking platform pilot was launched in Bedfordshire in May with further rolls out planned during 2023. • Bedfordshire also launched a pilot of online ordering for repeat progestogen only pill (POP) in June, with roll out in Norfolk and Suffolk planned this summer.
Continued service-user-led improvement within Trustwide iCaSH services, giving consideration to creative ways of obtaining patient feedback	<p>The Ambulatory Care co-production lead has been in post for 6 months now and is working on various projects within iCaSH.</p> <p>iCaSH have been the first service to use an 'involvement partner' to both shortlist and recruit to the service.</p> <p>The co-production lead is currently investigating new ways to gather feedback on missed HIV appointments.</p>
Ensure the external approaches to iCaSH and Luton Adult Chronic Respiratory Service clinics are well-lit and well-maintained, to enhance a sense of safety.	<p>Estates team have confirmed that the external approaches are well-lit have CCTV and well-maintained.</p> <p>Our iCaSH clinics are in town or city centres, with good public transport links.</p> <p>Some estates are within shared health sites, such as Dunstable, Great Yarmouth, Cambridge, and Huntingdon.</p> <p>Our clinics are AccessAble registered and compliant.</p>
Have access to the new Co-Production Co-ordinator for Luton Adults, to help engage with service users who may be vulnerable or unconfident, and co-produce service improvement for Luton Adult Chronic Respiratory service.	<p>The Co production coordinator has been in post since June 2023.</p>
Trustwide: expand the scope of demographic data capture on our main Trustwide system (System One), with discussions about expanding data capture in Lillie (iCaSH) and Dentily (Dentistry)	<p>The Trusts Equality Diversity and Inclusion Lead and Workforce Lead (Data) are leading the discussions at the data quality group and are working with clinical systems to expand our demographic scope.</p> <p>The Trust are currently recruiting small pilot groups from each area to test the templates, initially on SystmOne aiming for pilot to commence in September 2023.</p> <p>Bench marking exercise highlighted that the Trust are the only organisation we are aware of doing this work in such a robust way, therefore not able to access peer support with this project.</p> <p>Training for staff (to support staff to ask the questions) has been developed with coproduction leads.</p>

10.0 Mandatory Training

10.1 As per the agreed changes to mandatory training, the following were implemented in April 2023:

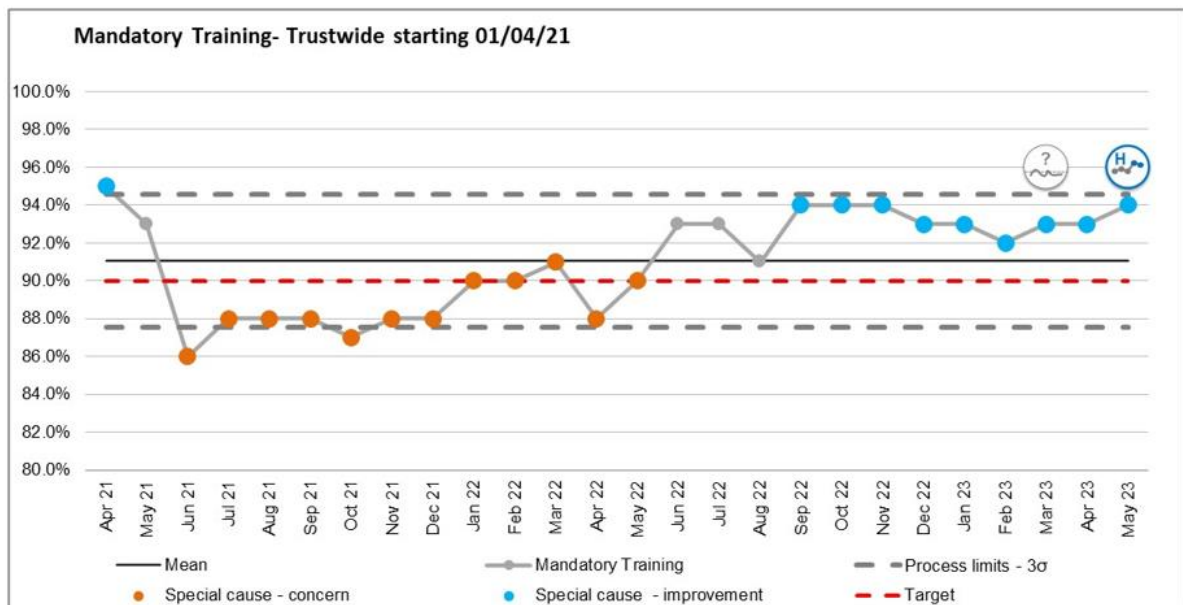
- Fire Safety training has now been changed to a two-year competency and all records have been updated.
- Moving and Handling of Patients Level 2 training has been changed to a two-year competency and all records updated.

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- Patient Safety Level 1 has been added for all staff's training matrix and Level 2 for all clinical roles within the Trust.
- Learning Disability and Autism Level 1 has been added to all staff's training matrix, and Level 2 will be implemented later in the year once systems are in place.

10.2 Ongoing changes:

- Infection Control. We are currently working on changing the compliance from three years to one year for clinical staff only.
- Suicide Training will be promoted once we align the training link within the Electronic Staff Record (ESR) and develop a 'how to' guide so that this is recorded within the individual's matrix once completed.
- Palliative Care modules are still in progress, and we will be aligning these to the required staff once agreed.



10.2.1 Current mandatory training compliance stands at 94% (May 2023).

11.0 Care Quality Commission (CQC)

11.1 The 6 monthly CQC internal review process has just ended, the outcomes will be reported via the Executive Committee, Clinical Operational Boards and QISCom in due course.

SECTION FOUR – RESPONSIVE

Responsive	<ul style="list-style-type: none"> • 60% of our service areas with waiting lists have an improvement plan that is agreed and being delivered (R1). • 93.3% of all formal complaints are acknowledged within 3 working days (R2) 	Reasonable
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12.0 Access to Our Services Including Referral To Treatment (RTT)/Waiting Times

12.1 Children and Young People – Specialist Services

12.1.1 A key indicator of tracking the experience of people using our specialist services is the time that they spend waiting for their appointment. The services have therefore put a number of processes in place to support people who are waiting, these include triage of any risk factors, check-in phone calls and increased digital offers.

12.1.2 Across all CYP (Children and Young People) geographies we are engaged in improvement work with system partners to improve service waits and experience. One of the core issues in managing waits is the volume of referrals received, notably within the Neuro Diversity pathways.

12.1.3 As of May 2023, services with the highest number of children above 800 waiting for their appointment are; Luton Audiology (1200), Bedfordshire Community Pediatrics (1549), Luton Community Paediatrics (1096), Norfolk Speech and Language Therapy (SaLT) (898) and Bedfordshire SaLT (939). The size of these waiting lists is attributable to the following factors; demand is greater than service capacity, increased complexity of need and the need to triage new patients as well as manage waiting lists.

12.1.4 Actions being taken to improve waits in Bedfordshire and Luton Community Paediatrics are as follows.

- A new triage pilot commences in July 2023 with a focus on early intervention and a 'needs led' approach as opposed to diagnostic.
- The service is expanding the Early Intervention team.
- Non recurrent funding requirements have been shared with the Bedfordshire, Luton and Milton Keynes (BLMK) ICS to address the waiting list.
- The service is actively involved in the BLMK ICS transformation work to review the system wide offer for children with neuro-disability needs.
- A working group has been established with the Milton Keynes Community Paediatric service to share ideas for change and to take a BLMK systematic approach to the demand challenges.

12.1.5 Paediatricians in Bedfordshire and Luton are increasing the number of new appointments within their clinical slots in an effort to meet the national mandate of children waiting less than 65 weeks by March 2024. This will impact on the availability of review appointment slots. This new approach has been risk assessed, indicating low risk.

12.1.6 In Bedfordshire and Luton SaLT, Speech and Language Therapists remain difficult to recruit into posts as previously reported, which impacts on service waits. Funding shortfalls from each Local Authority and the ICB contribute to longer wait times. The funding requirements for mainstream and statutory SaLT services in Central Bedfordshire and Luton have been detailed in place-based business cases for the ICB and respective Local Authorities. During this reporting period, Local Authority non-recurrent funding has been agreed from both Luton and Central Bedford Council, with conversations progressing with the ICB.

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12.1.7 The number of Children waiting for Audiology in Luton has now returned to pre-Covid-19 levels. Two vacant Audiologist posts continue to restrict service capacity with locum cover in short supply. Furthermore, the Audiology service has seen a significant increase in requests for advice for Early Help Care Plans absorbing capacity for new appointments. Existing staff continue to work additional bank shifts and weekends to increase capacity.

12.1.8 Areas that have shown reductions in waiting times are notably Bedfordshire and Luton Community Paediatrics, who have benefitted from additional recurrent investment and increased levels of skill mix. The service are also piloting a new triage system with early intervention support. Norfolk SaLT continue to improve wait times by further embedding the new service model. This will improve further in the Autumn term 2023 when link therapists are fully established in Schools.

12.2 Dynamic Health

12.2.1 The service position on waits within the Physiotherapy element of the service is improving. The service has less vacancies compared to 3 months ago, all international recruits are working up to full productivity and the team is working hard to analyse processes and ways of working with the service improvement team.

12.2.2 We are looking at our urgent criteria and also working across the 3 areas of our service, Physiotherapy, Specialist and Pelvic Health to analyse processes in clinical systems to remove inefficiencies and achieve smooth transfer of care between our areas and across to other providers.

Waiting Times:

- The total numbers waiting within the whole service has slightly increased over the last 2 months from 10,754 in March 2023 to 11,298 in May 2023.
- The numbers waiting for an appointment for more than 18 weeks within the service are decreasing steadily.
- Our 52 week RTT(Referral To Treatment) breaches continue to show a downward trend from 29 in April 23 to 7 in May and now 2 to date. The analysis of the 2 remaining show a wait for a first appointment, a 7 month wait for an Ultrasound scan and then a wait for MRI scan in a Specialist pathway.

12.2.3 Actions to improve waiting times in Physiotherapy include:

- The service has relocated staff into the Peterborough site to drive the wait for first appointments down further in this locality now we have more clinical space to utilise.
- The service are running early evening and Saturday clinics to assist.
- All of the long waiters have been offered an appointment at other sites and have been offered virtual and telephone consultations and have chosen to wait for a face to face appointment at City Care Centre.
- The team are maintaining urgent Physiotherapy waits to within 2/3 weeks.

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12.2.4 This proactive work has resulted in a significant reduction for the average wait In Physiotherapy across the unit to 10 weeks.

12.3 Dental Services

12.3.1 The Minor Oral Surgery service has an average waiting time of 9 weeks with 808 open waits. The average 9 week wait is distorted by Wisbech and Kings Lynn cases being managed by one Oral Surgeon due to the known challenges with recruiting in this area. Whilst 9% of the total is over 18 weeks this is due to appointments being cancelled and rebooked by patients; there are no old cases that are not booked in. The team actively offer patients appointments at nearby sites with shorter waiting lists. Year to date activity is on track against plan.

12.3.2 The General Anaesthetic (GA) lists for Peterborough, Huntingdon and Wisbech have all patients pre booked with an average waiting time of 22 weeks which has increased from 18 during the period. This is because the Monday GA lists which fell on a Bank Holiday were cancelled and not re-instated by the acute Trust. Requests have been made to utilise any spare theatre space in order to reinstate this lost capacity. Suffolk patients requiring a GA are being seen at 5 weeks, a four week reduction on the last report. Suffolk GA lists are not affected by the increased Bank holidays due to the day of the week they are planned.

12.3.3 Cambridge patients requiring a GA are listed for GA at West Suffolk Hospital (WSH). Patients are being assessed to determine urgency with urgent cases being booked from 8 weeks. The remaining patients will be seen within 43 weeks. Junior doctor strikes and staffing shortages at WSH have led to an 8 week deterioration of the waiting times. The referral numbers into the service are increasing and therefore the current theatre capacity no longer meets the demand.

12.3.4 The following mitigating actions are being taken to reduce waiting times:

- Exploring options to provide additional lists at West Suffolk Hospital.
- Cancelled lists are being rescheduled in addition to existing lists.
- Working towards redistribution of lists between Cambridgeshire and Suffolk so there is less geographical difference in waiting times.
- Benchmarking session with Special Care Dentists to ensure consistent GA pathway management.
- Oral health information provided for those with long waits to manage ongoing dental health.

12.3.5 Within the Special Care Service (SCD) the shortest waits are within Suffolk which are an average of 7 weeks from referral. The service expect to see an improvement in Suffolk with the start of a new Dentist in November. In Peterborough the average wait is 9 weeks and Cambridgeshire is 19 weeks. The Cambridgeshire challenge has been long term staff sickness which has been partially mitigated by securing a bank Dentist and asking Cambridgeshire patients to be treated in Newmarket if they are willing to travel.

12.3.6 In April and May 424 SCD Cambridgeshire referrals were received, of which 23% were rejected at source as not meeting the acceptance criteria. In contrast

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Suffolk received 216 referrals; 50% of which were rejected. Despite amending the referral criteria in Q4 2022/23 there has been no drop in referrals.

12.3.7 A detailed data cleansing exercise was undertaken and currently there are 1435 Cambridgeshire waiters of which 58% are over 18 weeks and 11% over 52 weeks. The 200 longest waiters have received welfare telephone calls; most of these patients have requested that they wish to remain on the waiting list.

12.4 Integrated Contraception and Sexual Health (iCaSH)

12.4.1 Waiting lists for routine Long-Acting Reversible Contraception (LARC) and PrEP (Pre-Exposure Prophylaxis) provision continue in some iCaSH localities:

- LARC: previously reported as 1272 waiting at the last Clinical Operational Board (COB) submission, a reduction of 421 since the last COB report.
- PrEP: previously reported as 121 at the last COB submission, a reduction of 99 since the last COB report.

12.4.2 Increased/targeted capacity in Peterborough has seen a reduction in their LARC waiting list from 216 (March 2023) to 55 (June 2023).

12.4.3 Additional funding secured in Norfolk for delivery of extra LARC procedures at weekends in May and June in the Norwich service, this saw a reduction in waiters from 404 (March 2023) to 194 (June 2023).

iCaSH Site	Number of patients on LARC waiting list as of March 23	Average wait times from initial call to LARC pre-assess	Average wait times from LARC pre-assess to procedure	Number of patients on PrEP waiting list as of March 23	Actions to mitigate waits
Bedfordshire	214	12-13 weeks	Within 3 weeks	0	<ul style="list-style-type: none"> • Triage/red flag assessments, emergency appointments. • GP federation support, bank staff, excess hours in some localities. • Use of underspend and any commissioner awarded emergency funding. • Expanding the supply/issue of PrEP under PGD with supported nurse training and
Dunstable	90	9 weeks	Within 4 weeks	0	
Cambridgeshire	136	10 weeks	Within 3 weeks	3 2 weeks	
Norwich	194	6 weeks	Within 2 weeks	0 2 working day GUM access	
King's Lynn	12	2 weeks	Within 4 weeks	0 2 working day GUM access	
Great Yarmouth	26	2 - 3 weeks	Within 2 weeks	0 2 working day GUM access	
Milton Keynes	121	8 weeks	Within 2 weeks	0	

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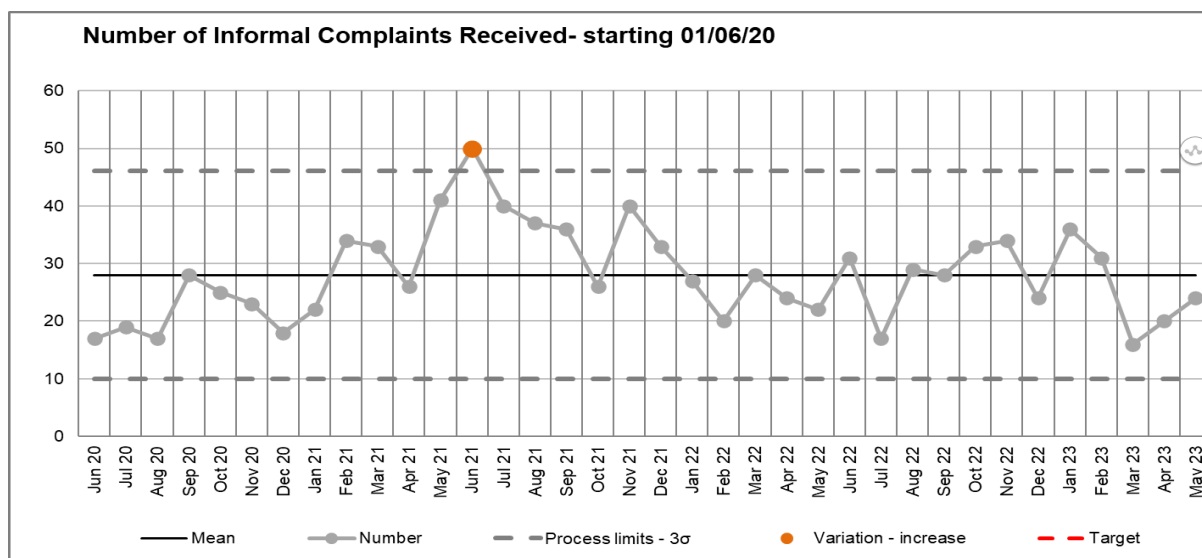
				2 working day GUM access	<ul style="list-style-type: none"> supervision package. Active risk register entry to record risk of waiting times and increased demand. Dedicated PrEP clinics commenced in Cambridge & Peterborough (C&P). Increased reporting of demand and capacity data in each locality, including waiting times to help with service planning. Some targeted 'LARC-athons' planned in localities. C&P reporting of LARC Key Performance Indicators changing for Cambridge to align to Peterborough.
Peterborough	55	6 weeks	Within 2 weeks	17	
Ipswich	0	5 - 6 weeks	Within 4 weeks	0	
Bury St Eds	3	7 - 8 weeks	Within 3 days (implants) Within 4 weeks (coils)	0	
Lowestoft	0	Within 1 week	2 weeks (Implant), 4 weeks (coils)	2	
Totals	LARC	851	PrEP	22	

13.0 Patient Experience

13.1 Informal Complaints received.

13.1.1 Forty-four informal complaints were received and logged in this data period: 20 in April and 24 in May. Both months were within the expected variation based on 36 months of data.

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13.1.2 In 39 (89%) of the 44 informal complaints the complainant was contacted by the Patient Advice and Liaison Service (PALS) or the service within 4 working days. This is normally a telephone call or email to arrange a call.

13.2 Themes and learning from informal complaints closed in April and May 2023

13.2.1 Thirty-seven informal complaints were resolved and closed in April and May, with 48 themes / issues identified. The top three themes of the informal complaints closed within this period were:

- Administration (13).
- Delays (9).
- Communication and Information (9).

13.2.2 Three of the informal complaints about Administration related to Community Paediatrics in Bedfordshire, there were no themes in the details of these. Three related to the iCaSH telephone service, specifically difficulty in making contact by telephone. Online booking is being piloted and introduced across iCaSH services over the coming months.

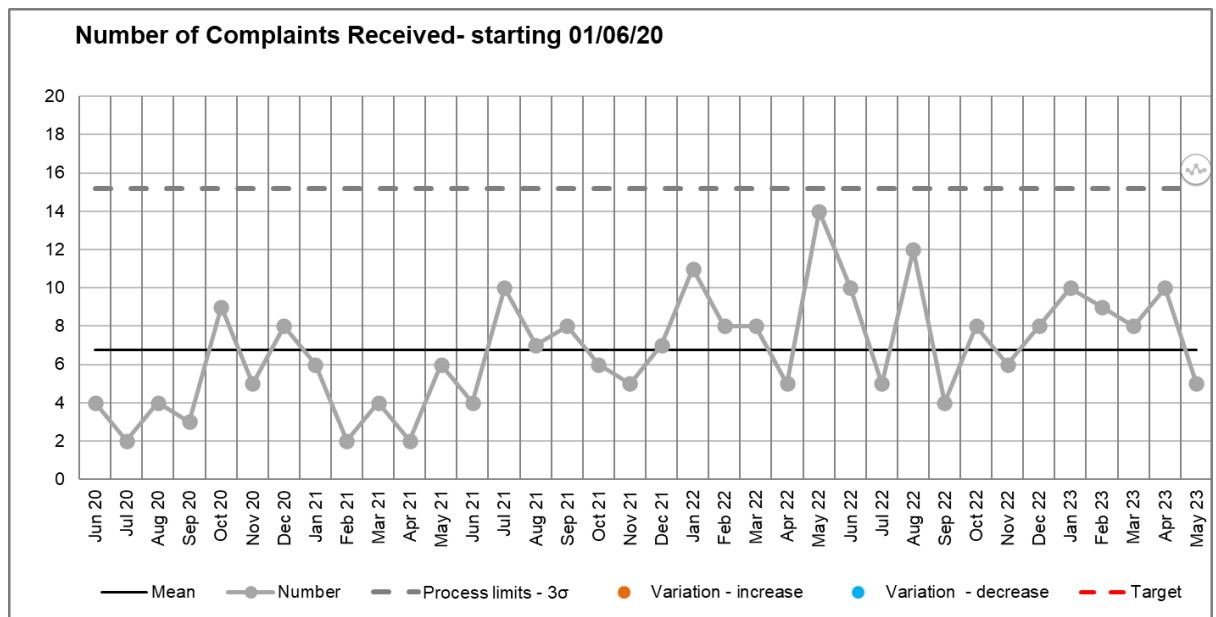
13.2.3 There were no themes in the services named in informal complaints about delays.

13.2.4 Three of the informal complaints about communication and information related to Community Paediatrics in Bedfordshire. All were resolved following discussion between the parent and service who provided further information.

13.3 Formal Complaints

13.3.1 The Trust received 15 formal complaints in this data period. Ten were received in April and five in May. As shown in the graph below, this is within the expected range which means it is not significantly different to previous months, based on data for the number of complaints received since June 2020.

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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.

13.4 Themes and learning from formal complaints closed in April and May 2023

13.4.1 Within this data period we responded to and closed 15 formal complaints. Within these there were 32 subjects/themes identified.

13.4.2 Communication and Information was the most frequently occurring subject with nine in eight complaints, staff attitude had eight in eight complaints and Clinical Care had seven in seven complaints. Communication and information and clinical care were also the most frequently occurring themes in the previous three reporting periods. The team are carrying out a deep dive to look into the complaints relating to Communication and information. This will be reported to the next People Participation Committee.

13.4.3 Four of the issues about Communication and information related to three complaints about Norfolk and Waveney 0-19 Children’s Services. The detail of three was lack of information for parents and failure to communicate, including parents not being updated on actions taken. In one the parent raised concerns about incorrect storage and sharing of information, investigation found no evidence of this. None of the elements of complaint about communication were upheld.

13.4.4 There were four complaints about Cambridgeshire Children’s Specialist services: one Community Paediatrics, one Speech and Language Therapy, one Community Nursing and one Occupational Therapy. The details of the complaints were failure to communicate, and incorrect information being provided. Specifically, the service not replying to contacts from parents and incorrect information being provided in reports and referrals. The two complaints about incorrect information were not upheld, the two about failure to

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communicate were upheld. In three of these complaints the parents also had concerns about staff attitude, one was upheld.

13.4.5 There were no themes in the services involved in complaints about clinical care.

13.5 Formal Complaint Response Times

13.5.1 In this data period we responded to 15 formal complaints (six in April and nine in May).

	February	March	April	May
Number of standard complaint responses sent within 35 day timeframe	4/5	3/5	3/5	6/7
Percentage of standard complaint responses sent within the 35 day timeframe	80%	60%	60%	85.71%
Number of complex complaint responses sent within 40 day timeframe	0/1	2/4	0/1	0/2
Percentage of complex complaint responses sent within 40 day timeframe	0%	50%	0%	0%
Average number of working days to respond to standard complaints	29.2	58.8	36.17	34
Average number of working days to respond to complex complaints	205	41.0	45	49.5

13.5.2 The average number of days to respond to complaints is above the 35 and 40 working day timeframes. The number of days to respond to complex complaints has increased since March, it is noted that this relates to only three complaints. Two were due to staff annual leave and we continue to work with services to identify investigators without planned leave. There has been improvement in response times for standard complaints.

14.0 Self-Assessment of Datix Records

14.1 In May the Complaints team completed a self-assessment audit against Parliamentary Health Service Ombudsman (PHSO) Complaint Standards 2021 related to record keeping. All NHS Trusts are expected to meet the PHSO standards from April 2023.

14.2 Fifteen auditable standards were agreed, based on the PHSO standards, twenty formal complaints received in 2022-2023 were selected at random and the Datix records audited.

14.3 Fourteen standards achieved 100% compliance. Showing that accurate and complete records were completed to support the effective management of the complaints process.

14.4 In relation to standard six, 100% of investigation findings are reviewed by Service Managers, findings scored 92%. In one complaint the Service Manager was the investigator, and so had not completed the Service Manager review box on the investigation findings document. However, the investigation findings were sent to the Service Director for their information and actions were agreed by the Service Manager and the Service Director.

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14.5 A small number of actions were agreed post audit, with a re-audit due in May 2024.

15.0 Paediatric Hearing Services.

- 15.1 In October 22, the National Paediatric Audiology Oversight Group was established as a time limited task and finish group to oversee external peer reviews of paediatric hearing services (exclusive of newborn screening), five of these reviews have occurred nationally, with two being in the East of England region (Hinchingbrooke and North West Hertfordshire). The outcome of these evaluations showed a number of systemic failings across services, including poor quality practice, inadequate staff training and education and variations in individual patient management. Due to the nature of these concerns the outcomes will now be responded to via a national strategic response.
- 15.2 It should be noted that the Trust does not provide paediatric hearing services and that the newborn hearing screening that is provided by the organisation is not covered within this review process. The Trust has been asked to look at whether any mutual aid can be provided to support the existing backlog, however due to the training standards required to undertake paediatric hearing screening and that none of our staff have that particular competency, the teams have been unable to support. The Integrated Care Boards have been tasked with overseeing this work in their geographical area.

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A: Assurance Summary

Safe	<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) 	Reasonable
Effective	<ul style="list-style-type: none"> Mandatory training compliance is 94% - above target of 90% (E1) Appraisal rates 89.44% - target level 92% (E3) Monthly sickness rates in April 4.17% and in May 4.9% compared to latest NHS England rate for community Trusts of 5.6% for January 2023 (E4) Stability increased to 86.4% in May is above target of 85% (E5) Equality Delivery System (EDS) objectives agreed and being delivered upon. (E6). 	Substantial
Well Led	<ul style="list-style-type: none"> Agency spend (WL4) – waiting on the agreement of the agency cap 	-

In addition to the overview and analysis of performance for April and May 2023 the Board can take assurance from the following sources:

- NHS National Staff Survey 2022 results where the Trust achieved a 47% response rate. Headline results were:
- Best performing or joint best performing NHS Trust in East of England in all 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.
- Workforce Assurance presentation at Board Development Session on 19th October 2022.
- The positive staff feedback the Trust has received via staff survey results in relation to speaking up.
- Risks 3533 and 3540 cover these pressures and are reviewed regularly.
- Discussions within the two Clinical Operational Boards that took place in July 2023.
- Update on the delivery of our People Strategy presented to the Board – May 2023.
- Annual Freedom to Speak Up report being presented to the Board – May 2023.

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B: Risks to Achieving Objectives

Strategic Risks

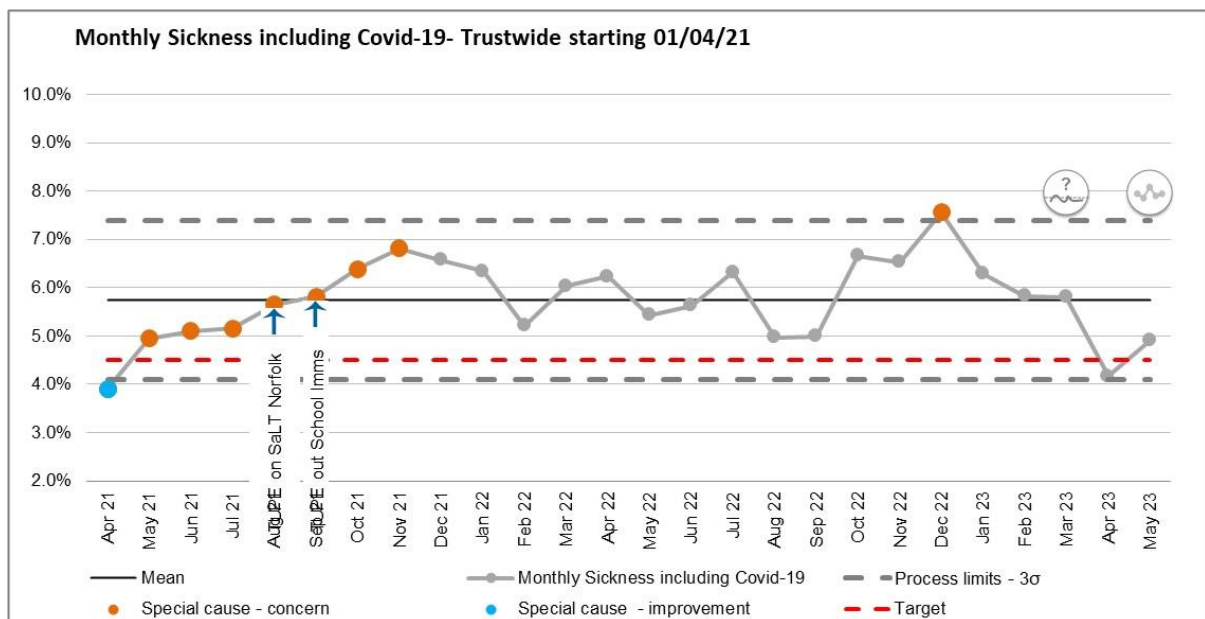
1. **Risk ID 3533** - There is a risk that the delivery of high quality care will be adversely affected if staff morale falls and/or services experience significant workforce challenges. (Risk rating 12)
2. **Risk ID 3540** – There is a risk that we do not have sufficient leadership capacity to deliver our overall trust strategy, strategic objectives, and operational service plans. (Risk rating 12)

Related Operational Risks 15 and above – none for this reporting period.

C: Overview and analysis

1. Sickness

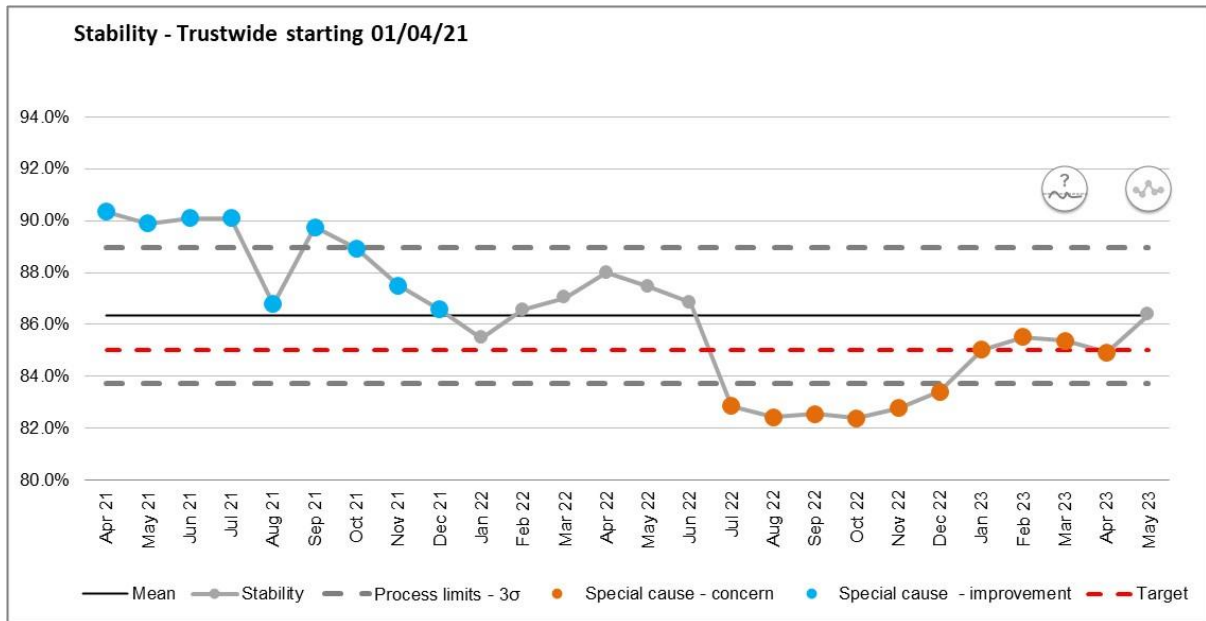
- 1.1. The 12-month cumulative rolling rate (April 2023 – 5.84%, May 2023 – 5.8%) remains above the Trust rolling target of 4.5%.
- 1.2. Monthly Trust-wide rate for April 2023 was 4.17% and for May 2023 was 4.9%.
- 1.3. The Trust-wide sickness rate has increased and still remains above the Trust’s target of 4.5% for 2023/24. Of the 4.90%, 2.56% was attributed to long term sickness and 2.34% short term sickness absence. Beds and Luton Adult Service had the highest sickness rate (6.77%) and Support Services the lowest (3.06%). 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 below the January 2023 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 5.62%.



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2. Stability

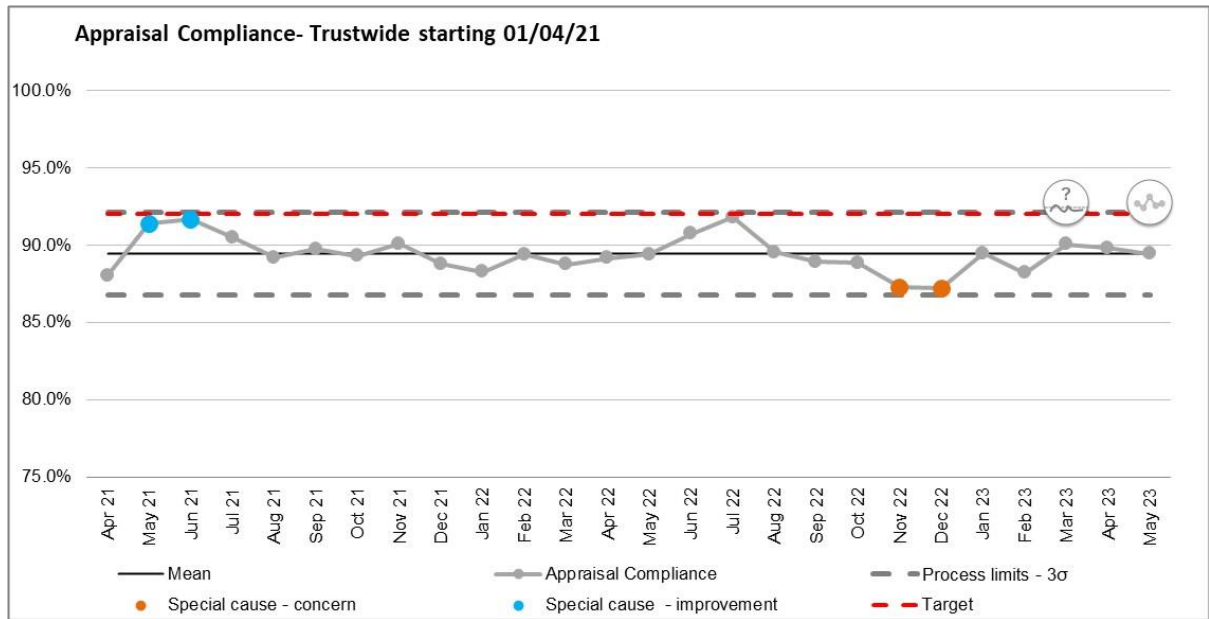
- 2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – April 2023 84.93%, May 2023 86.374%, against the Trust target of 85%. This compares favourably to a stability rate of 83.3% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Feb 2023).
- 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).



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 – April 2023 89.81%, May 2023 89.44%, and remains below the target of 92% for 2022/23.
- 3.3. Cambs & Norfolk Childrens Service has the lowest rate (85.48%), Luton Children’s & Young People Service has the highest rate (95%). 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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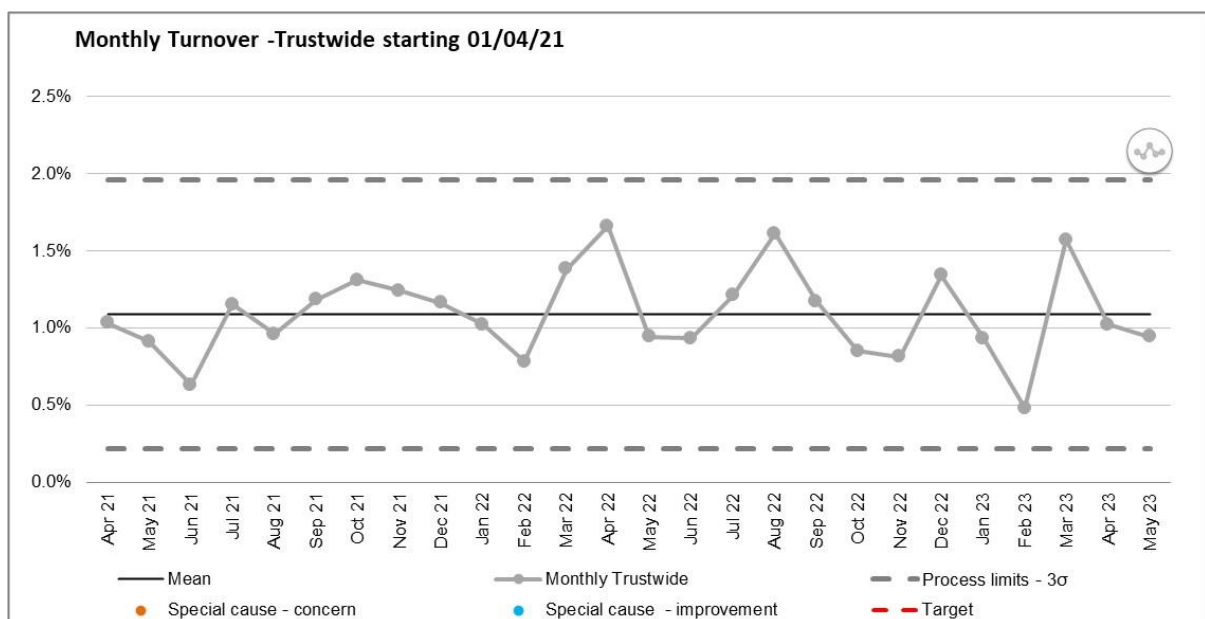


4. Turnover

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 and Employee Transfers.

4.2 The Trust’s Rolling Year Turnover Rate is currently 13.98% (April 2023 14.12%, May 2023 13.98%) compared to an annual average Leaver rate for Community Provider Trusts of 16.7% (Source: NHS Digital Workforce Statistics – Jan 2023, based on “all Leavers” and “total Workforce”).

4.3 Ambulatory Care Service currently has the highest Rolling Year turnover rate at 14.5%, with Corporate Services having the lowest at 9.43%.



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5. Current workforce challenges

- 5.1 At our Clinical Operational Boards in July 2023 current workforce challenges were discussed across our portfolio of services. Where these are impacting on our delivery of care, further details can be found in the outstanding care section of this report.
- 5.2 The Trust continues to focus on delivery of the recruitment and retention plan for our 0-19 Healthy Child Programme services across the Trust. The 0-19 service offer is currently being redesigned to enable a Universal, Targeted and Specialist offer to be delivered. Recruitment challenges continue for Community Paediatricians, Speech and Language Therapy, Dental nurses and Nutrition and Dietetics service.
- 5.3 There is a continued focus on health, wellbeing, resilience and staff morale. Trust wide and local staff survey improvement plans have been developed and presented recently at our Leadership Forum and discussed as part of our Clinical Operational Board discussions.
- 5.4 The Coaching Support Programme that has been recently commissioned has received a lot of interest. We await to evaluate impact and will commission another cohort if deemed effective and needed.

6. Equality Delivery System 2022 (EDS22) – Local Workforce Objectives – 22/23

- 6.1 The Board agreed its EDS 2022, 2023/24 objectives in March 2023. The 3 domains are:

- Domain 1: Commissioned or provided services.
- Domain 2: Workforce health and well-being.
- Domain 3: Inclusive leadership.

- 6.2 The objectives agreed for domains 2 and 3 are:

Domain 2: Workforce health and well-being

- To work with our Occupational Health providers to support staff to manage obesity, diabetes, asthma, COPD, and mental health conditions.
- We will take all reasonable steps to prevent abuse of any kind and will always act to support staff when it does occur.

Domain 3: Inclusive leadership

- To continue to work towards achieving the Trust Board's anti-racism pledge.
- Ensure that all Trust Board/Committee papers/reports detail how they are addressing health inequalities.

- 6.3 Under **Domain 2**, we have begun discussion with our 2 occupational health providers and will publish information on our Live Life Well pages giving advice to staff affected by these conditions and will continue to refer staff for appointments with occupational health practitioners as required as well as working with the providers on additional support they can offer which may include site visits or webinars.
- 6.4 A small group was established, chaired by our Assistant Director for Organisational and System development, to identify additional actions to prevent abuse towards our

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people. A number of improvement actions/activities were identified, and these are now being actioned both trust-wide and locally within services/teams.

6.5 Under **Domain 3** our People Participation Committee received the Trust's proposed anti-racism plan for 23-24. This was agreed and the actions detailed within this plan will support the Trust in meeting its anti-racism pledge.

6.6 The template for all Trust Board and Committee papers has been updated to include how the report addresses health inequalities, if appropriate.

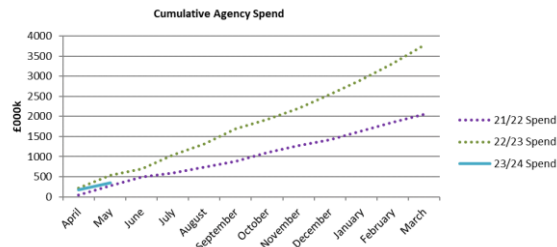
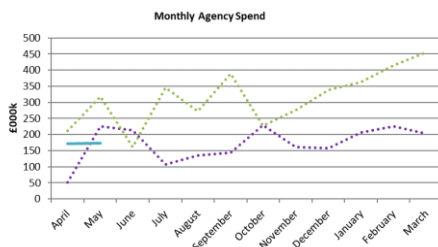
7. Trust Wide Staff Survey Improvement Actions

7.1 We have agreed four objectives and a number of actions to focus on trust-wide following last year's staff survey. These are:

- To strengthen how we support our people to work in a safe environment which includes protecting staff from violence and aggression from patients, service users, parents and carers.
- To create an environment and processes which support our people to be involved in decisions that impact/change their work.
- To reduce acts of discrimination by service users and colleagues, with a focus on our disabled and LGBTQIA+ staff, and take steps to inform, educate and upskill all managers and staff in actively challenging prejudice, being a true ally and in taking steps to ensure our workforce doesn't face discrimination.
- To take positive action to ensure all staff and particularly those from culturally diverse backgrounds have an equal opportunity for career progression or promotion. We'll continue to embed a fair, non-biased recruitment and promotion culture Trust-wide.

7.2 Update on progress with these objectives will be included as part of our bi-annual update on delivery of our Trust-wide People Strategy.

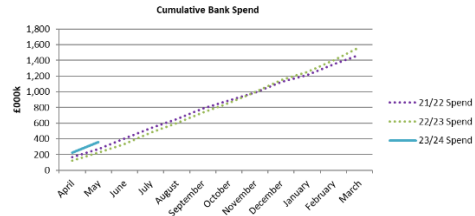
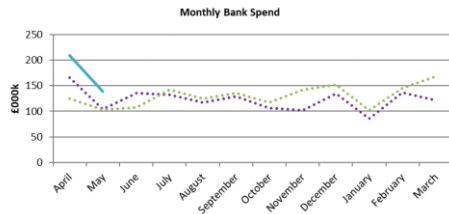
8. Agency/bank spend



8.1 The Trust's cumulative agency spend at month 2 was £345k. The spend in the equivalent period in 2022/23 was £531k (excluding mass vaccination service spend). The Trusts expects to receive its agency cap for the 22023/24 from NHS England by the next reporting period.

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8.2 The highest areas of spend were in Community Paediatrics in Bedford and Luton and in District Nurses in Luton.



8.3 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 2 was £348k. This is higher than the equivalent period in 2022/23, when spend was £228k (excluding mass vaccination service spend).

8.4 The bank is utilised by a wide range of services across the Trust.

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A: Assurance Summary

Well led	WL1 Income &Expenditure in line with budget	Substantial
	WL2 Delivery against efficiency targert in line with plan	
	WL3 Capital spend in line with budget	

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 3529, 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 2022/23 accounts. Internal Auditor’s assessments during 2022/23 provided a conclusion that 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 for the period to date is in line with budget, overall delivery of efficiency is in line with plan and service based reporting will commence in the next reporting period, and overall the Trust’s capital programme is forecast to remain within plan.

B: Risks to achieving objective

Strategic risks

1. **Risk ID 3514** – *There is an increased risk of cyber-attack upon the Trust which could result in a potential loss or disablement of services which would directly impact patients, service users and staff. (Risk Rating 12).*
2. **Risk ID 3529** – *Failure to deliver our financial plan (on a sustainable basis addressing the increasing cost pressures and the challenging efficiency target and our contribution to the wider system) could impact on the development and innovation of our services resulting in reduced quality of care. (Risk rating 12)*

Related Operational Risks 15 and above - none for this reporting period.

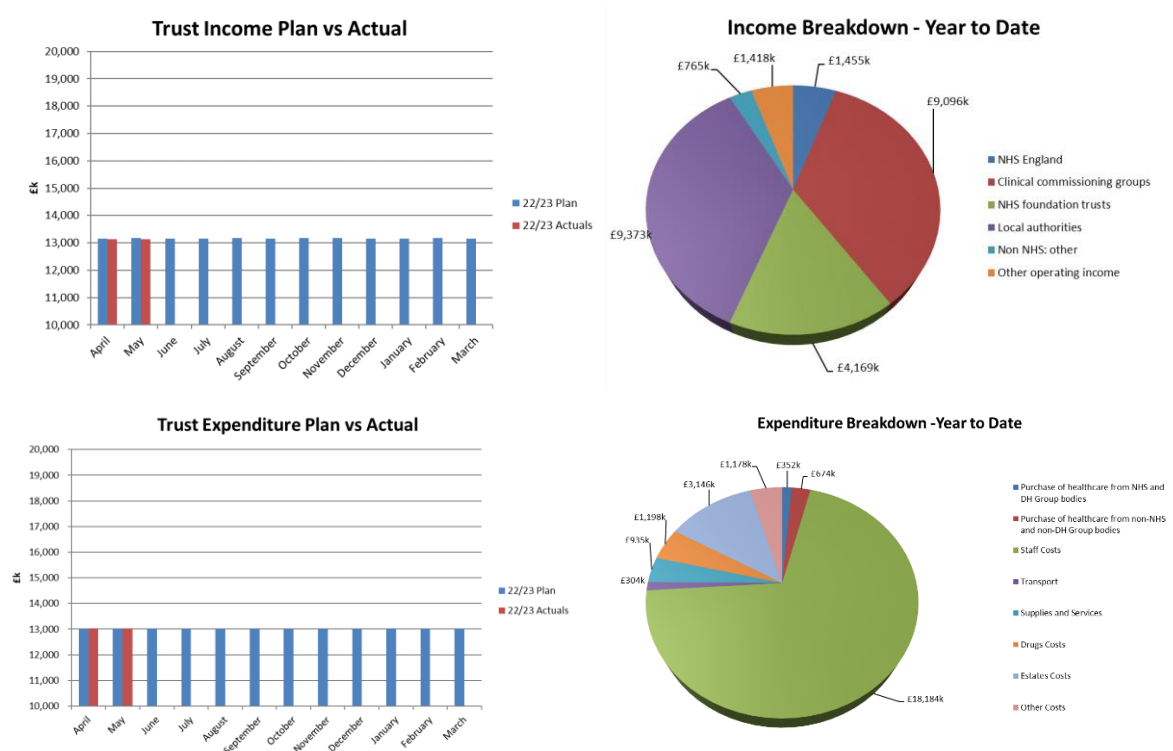
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C: Overview and analysis

Finance scorecard

Finance Dashboard	Section in Report	Plan M2	Actual M2	Variance M2
Operating income	1	£26,332k	£26,276k	(£56k)
Employee expenses	1	(£17,701k)	(£18,161k)	(£460k)
Operating expenses excluding employee expenses	1	(£8,310k)	(£7,810k)	£500k
Trust Surplus/(Deficit)	1	£0k	£0k	£0k
Closing Cash Balance	2		£7,125k	
Capital Programme	4	£736k	£1,079k	£343k
Agency Spend	SO2 - 4	£286k	£345k	(£59k)
Bank Spend	SO2 - 4	£225k	£348k	(£123k)

1. Income and expenditure



- 1.1 Block contract income funding arrangements remain in place for Integrated Care Boards, NHS England (NHSE) and Local Authority Public Health Commissioners for 2023/24.
- 1.2 The Trust will analysing the main cost drivers, which have been affected by the increased inflationary pressures, to inform accurate forecasting during the year, and budgets will be adjusted following the increase in cost and funding for the NHSE pay award.

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1.3 The Agenda for Change pay award for 2022/23 and 2023/24 was processed and paid to employees in June 2023.

1.4 The clinical services direct budget position as at May 2023 for each Service Division is:

Division Level	May-23					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	369	(3,616)	(1,876)	(5,123)	(4,958)	(165)
Bedfordshire Community Unit	288	(2,599)	(375)	(2,686)	(2,671)	(15)
Childrens & Younger Peoples Services	1,624	(6,197)	(717)	(5,290)	(5,397)	107
Luton Community Unit	174	(3,930)	(875)	(4,631)	(4,842)	211
Other Services (see breakdown below)	22,865	(1,819)	(3,316)	17,730	17,868	(138)
CCS Total @ 31st May 2023	25,320	(18,161)	(7,159)	-	-	-
Other Services						
Contract Income and Reserves	21,001	73	1,285	22,359	21,387	972
Corporate Services	959	(1,889)	(2,964)	(3,894)	(2,920)	(974)
Estates	905	(3)	(1,637)	(735)	(599)	(136)
	22,865	(1,819)	(3,316)	17,730	17,868	(138)

1.5 Ambulatory Care Services delivered a cumulative overspend of £165k to month 2. The main reasons for the cumulative overspend are due to establishment funding and budget pressures across the division and non-pay expenditure pressures in the iCaSH services. The main areas of cost pressure are in pathology, testing and drugs due to increased activity. Proactive negotiations continue with iCaSH commissioners with proposals for additional funding to cover the NHS pay awards and increases in activity.

1.6 Bedfordshire Community Unit delivered a cumulative overspend of £15k to month 2. The main reason for the overspend is due to establishment pressures.

1.7 Children's & Younger Peoples Services delivered a cumulative underspend of £107k to month 2. The main reason for the cumulative underspend is vacancies across the services.

1.8 Luton Community Unit (including Luton Children's Services) delivered a cumulative underspend of £211k to month 2. The cumulative underspend position is due to establishment savings across Adult services.

1.9 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 £138k is mainly to offset the net cost improvement support agreed with services ahead of formal plans being delivered.

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2. Cash position



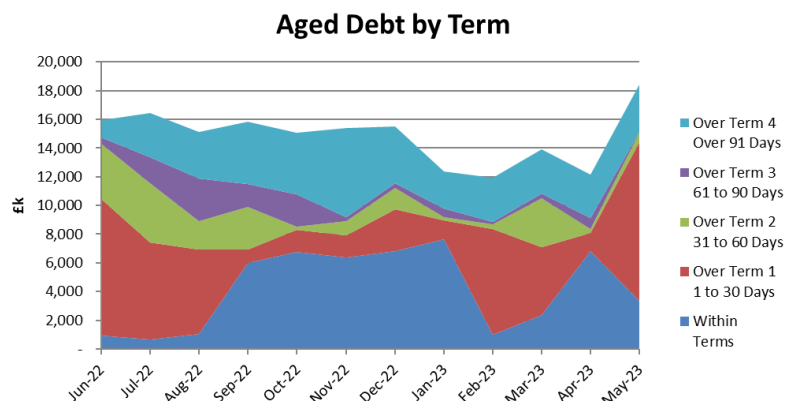
2.1 The cash balance of £7.1m at month 2 represents an overall decrease of £7.8m on the previously reported position at month 12. The change in the Trust's cash position is due to two large bond payments made for capital projects (£7.6m), where the Trust has received cash funding for in March 2023.

3. Statement of Financial Position

	May 2023 £'000	March 2023 £'000
Non-Current Assets		
Property, plant and equipment	63,514	63,757
Right of use assets	27,024	23,856
Intangible assets	179	179
Total non-current assets	90,717	87,792
Current assets		
Inventories	56	56
Trade and other receivables	31,661	33,551
Cash and cash equivalents	7,125	14,917
Total current assets	38,842	48,524
Total assets	129,559	136,316
Current liabilities		
Trade and other payables	(24,256)	(33,893)
Borrowings	(3,267)	(2,762)
Provisions	(670)	(670)
Total current liabilities	(28,193)	(37,325)
Net current assets	10,649	11,199
Total assets less current liabilities	101,366	98,991
Non-current liabilities		
Trade and other payables	0	0
Borrowings	(23,889)	(21,188)
Provisions	(847)	(847)
Total non-current liabilities	(24,736)	(22,035)
Total assets employed	76,630	76,956
Financed by taxpayers' equity:		
Public dividend capital	12,683	12,683
Retained earnings	41,599	41,925
Revaluation Reserve	24,001	24,001
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	76,630	76,956

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- 3.1 The main movements in the reporting period were Trade and other receivables which decreased by £1.9m and Trade and other payables which also decreased over the reporting period by £9.6m.



- 3.2 Total Trade Receivables decreased by £1.8m in April to £12.2m and then increased by £6.2m in May to £18.4m. The breakdown in May is £4.8m (26%) from NHS organisations; £11.8m (64%) from Local Authorities; and £1.8m (10%) from other parties.

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

Norfolk County Council	£4.4m
Cambridgeshire County Council	£4.3m
East London NHSFT	£1.5m
Bedford Borough Council	£1.1m

- 3.4 For the debt over 90 days old, as this is predominantly due from NHS and Local Authority bodies, it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period, Norfolk CC paid £3.0m, Cambridgeshire CC paid £1.8m, East London NHSFT paid £1.4m and Bedford BC paid £0.9m to reduce their outstanding balances.

4. Capital

- 4.1 Capital spend on CCS core projects was £1.1m against a plan of £0.7m. The main area of spend is the continued development works at North Cambs Hospital in Wisbech, and the variance in spend related to the original phasing, but overall the capital programme will deliver on the plan for the year.
- 4.2 The Trust received Public Dividend Capital in March 2023 to fund works at North Cambs Hospital and Princess of Wales Hospital. The works support the national Community Diagnostic Centres (CDC) scheme which is part of delivering the Diagnostic recovery and renewal programme.

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4.3 The value of completed works at month 2 for the CDC projects is £1.7m. The total project works costs are expected to be £15.8m and completed in the final quarter of 2023/24.

5. Cambridge and Peterborough Integrated Care System financial plan 2023/24

5.1 The C&P Integrated Care System has full year plan for the year of breakeven position. This plan includes a year to date phased deficit of £3.4m, and the financial position at the end of M2 was a £9.5m deficit, resulting in a £6m unfavourable variance to plan. The breakeven plan was based on the prescribed guidance to plan assuming there would be no impact of Industrial action on costs or activity. Both Acute trusts in C&P did see an adverse impact on their activity recovery plans and the Commissioning body had an increase in out of area Mental Health placements.

5.2 The forecast remains on place assuming non-Industrial action costs are managed and mitigated through organisation grip and control and development of new efficiency opportunities.