

TRUST BOARD

Title:	Integrated Governance Report
Action:	For DISCUSSION and to AGREE Assurance levels
Meeting:	26th January 2022

Purpose:

The global Covid-19 pandemic continues to dominate work within the Trust particularly the Omicron surge and that the impact that this is having on staff absence. The Trust has prioritised essential services in line with the national guidance and redeployed staff where appropriate to support the mass vaccination booster programme. All of these pressures as well as increased sickness and vacancies have an impact on staff morale.

The delivery of the mass vaccination programme continues into phase 3 across Cambridgeshire & Peterborough and Norfolk & Waveney and in conjunction with our health and care system partners. In late November, the Trust celebrated delivering the one millionth dose, including the launch of a short film with thank you messages for staff from people who had been vaccinated at our centres.

Executive Summary:

This Integrated Governance Report and the Clinical Operational Boards integrated reports operate in line with the new way of working during Covid-19 and this report provides an overview of quality, performance, workforce and finance for October and November 2021 assessed in relation to the Trust’s strategic objectives and associated risks of achieving these objectives. This report incorporates the strategic indicators for 2021/22.

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.

Integrated Governance Report – October and November 2021

The Integrated Governance Report (IGR) provides a detailed summary of Trust performance against each objective during October and November 2021 and this assurance is summarised in the table below.

	Safe	Caring	Effective	Responsive	Well Led
Strategic Objective:					
Provide Outstanding Care	<i>Reasonable</i>	<i>Substantial</i>	<i>Reasonable</i>	<i>Reasonable</i>	-
Be an Excellent Employer	<i>Reasonable</i>	-	<i>Reasonable</i>	-	<i>Substantial</i>
Collaborate with others	-	-	<i>Restricted due to C-19</i>	-	<i>Substantial</i>
Be a Sustainable Organisation	-	-	-	-	<i>Substantial</i>

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

The CQC Statement of Purpose has recently been reviewed and re-submitted to the CQC. The document is included at **appendix 1 for approval at Board.**

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 and satisfy itself that the information contained in the Report supports this summary.

The Board is asked to acknowledge and **approve** the latest CQC Statement of Purpose.

Supporting Information:

Appendix 1: CQC SOP

Appendix 2: Quality Performance Dashboard

Appendix 3: Strategic Risks and Operational Risks 15 and above

Appendix 4: Assurance Framework

Appendix 5: Statistical Process Control Chart Key

	Name	Title
Author and Executive sponsor	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

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
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

Trust risk register

The report assesses the strength of assurance provided in relation to the Trust's strategic risks and high scoring operational risks.

Legal and Regulatory requirements:

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

Diversity and Inclusion implications:

Objective	How the report supports achievement of objectives:							
To support the development of a Trust wide Anti-Racism Strategy and Organisational Development Plan.	Implicit in our approach to support BAME members of staff during the COVID19 pandemic.							
To finalise the roll out of reverse mentoring as part of all in house development programmes.	This work is covered by the Workforce Diversity and Inclusion Group.							
We will measure the impact of our virtual clinical platforms, ensuring that they are fully accessible to the diverse communities we serve.	This work is covered by the People Participation Committee and is reported in a separate part of the Board meeting.							
We will ensure that the recruitment of our volunteers are from the diverse communities they serve.	This work is covered by the People Participation Committee and is reported in a separate part of the Board meeting.							
Are any of the following protected characteristics impacted by items covered in the paper:								
Age <input type="checkbox"/>	Disability <input type="checkbox"/>	Gender Reassignment <input type="checkbox"/>	Marriage and Civil Partnership <input type="checkbox"/>	Pregnancy and Maternity <input type="checkbox"/>	Race <input type="checkbox"/>	Religion and Belief <input type="checkbox"/>	Sex <input type="checkbox"/>	Sexual Orientation <input type="checkbox"/>

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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:

Staff stories from Cambridgeshire & Peterborough community nursing team were received at the Children's COB and dental services and cancer specialist services at Adults COBs this month.

1. Children's Clinical Operations Board

The COB received the following:

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

- The longevity of working and delivering clinical services during the pandemic continues to impact on staff morale and sickness rates remain high and rising in some areas due to COVID factors. In particular services are experiencing short

term staffing challenges due to more staff testing positive COVID 19 tests and isolation requirements.

- Activity continues to be high within the Universal Plus and Universal Partnership Plus pathways which is impacting of staff capacity to deliver universal elements of the Healthy Child Programme. Services in these areas continue to operative their business continuity arrangements as agreed with commissioners.
- A serious incident was declared in Norfolk Healthy Child Programme in relation to their telephony system in Just One Number not being operational for 5 days.
- Recruitment difficulties continue for some posts notably Health Visiting; Community Paediatrics and the Nutrition and Dietetics Service across Bedfordshire.
- Demand and capacity pressures continue across our Community Paediatric services.
- Risk of securing recurrent funding for 22/23 and beyond for Bedfordshire and Luton Community Paediatric services, Bedfordshire Rapid Response and the 7 day CCN services remains. Discussions continuing with East London Foundation Trust and Commissioners in relation to this.
- It was confirmed that very few individuals were redeployed from Children and Young People's Services to support the vaccination programme due to the potential impact on safeguarding and SEND.
- Services continue to deliver services using a blend of telephone, virtual and face-to-face visits/contacts dependent on clinical need
- Updates on the various local authority Ofsted and CQC visits across all systems.
- Further work continues to develop and implement recruitment and retention action plan for Health Visitors. It was reported that applicants for SCPHN training this year was lower than anticipated and it has been agreed to use some SCHPN funding to recruit into development posts.
- Two further Mental Health Supports teams to launch in January 2022 across Cambridgeshire and Peterborough.

Matters for escalation and outcome required:

- Staff recruitment and vacancies within 0-19 services remain high and recruitment and retention plan being implemented.
- Rising sickness absence levels across services and additional work agreed to understand whether there is anything else the Trust can be doing to reduce these levels.
- Sustainability and effectiveness of telephone system for Just One Norfolk identified as an area of concern. It was confirmed that Director of Finance aware of this and had 3obilized a Trust-wide project to identify what telephony platform is required for services going forward. Work in relation to this is planned for January 2022.
- Healthy Child Programme services continue to deliver services in line with their business continuity plans.
- Initial Health Assessments for Looked After Children remain challenged across the different localities – work continuing with Local Authorities to improve timeliness of referral to our teams. Consent continues to be the biggest area of challenge.
- Bedfordshire and Luton Community Paediatrics – average RTT wait in Bedfordshire is 39 weeks with longest wait at 52 weeks; average RTT in Luton is 41 weeks with longest wait at 55 weeks. Waits within Cambridgeshire Community Paediatrics are increasing and have started to breach 18 weeks. A new consultant was appointed in December 2021 for Bedfordshire services and 2 additional specialist nurses also recruited.

- Occupational therapy and speech and language therapy service in Bedfordshire continue to see an increase in ECHP request and referrals to tribunals.
- Cambridgeshire Physiotherapy service remains on the risk register due to high proportion of staff on maternity leave.
- The risk of the mandated covid vaccinations was discussed and the impact is currently being assessed Trust-wide.
 - 1 risk continues to be in place at 16 – Impact on service delivery across Children and Young People’s Services due to surge in safeguarding enquiries (risk 3254).

Outstanding practice and innovation for the Board to note:

- Luton retained Baby Friendly accreditation in November 2021.
- Bedfordshire and Luton children teams took part in a celebration event in October 2021. Really well attended and great opportunity for staff to celebrate their successes over the past 18 months.
- Bedfordshire 0-19 service has co-produced and co-delivered a training package on gender identify.
- Just One Norfolk leadership team working with Job Centre Plus and Sector based work academy to improve recruitment of non-clinical workforce.
- Norfolk teams working across the system promoting resources and support to families. A number of promotional resources developed and shared widely to help parent and carers.
- New 5 year apprenticeship pathway in Cambridgeshire 0-19 services progressing well. 4 staff members appointed onto this pathway.
- Bedfordshire and Luton Children’s Epilepsy services being piloted for the transition project.
- Non-Executive Directors, John Peberdy and Sian Larrington met with Norfolk Commissioners in December and received extremely positive feedback on our services and the system focus of the overall team.

2. Adult Clinical Operations Board

The Adult COB received the following:

Integrated Governance Reports – the COB received a detailed Integrated Governance Reports from Ambulatory Care and Adults Care, noting that in all areas that the period covered have been challenging, both in terms of covid, staffing levels and increased demand for service:

Luton Adults

- Overall Mandatory Training levels improved slightly to 95% compliance
- Appraisal rates had dropped below target with teams with low rates agreeing plans to improve compliance.
- Continued challenges in sickness levels
- Staffing capacity remains a challenge across the whole of the Luton system and is reflected within adult services risk 3337
- Friends and Family Test volumes continue to maintain high performance

Ambulatory

- Sickness rates hit highest rate all year in November

- Low staff morale
- Mandatory Training compliance remains high at 96%.
- 70 staff within the Division have agreed to be redeployed into the Large Scale Vaccination service in C&P and Norfolk answering
- The internally monitored 18 week breaches in Dynamic Health have doubled in this reporting period to over 2000. There will be a further increase in the next reporting period due to the staff redeployments into the LSV service.
- The new iCaSH STI online testing provider successfully mobilised on 1 November. This is available 24/7 with no caps on demand currently. Early indications show that there has been an improvement in patient experience with this new service.
- The telephony activity for every service in the Division continues to be a challenge. In November the iCaSH 0300 number received 33,000 calls however only 50% of those calls were answered. The service with our Service Redesign team are working hard to trial different projects to improve the patient access into the service however the current telephony systems functionality is limiting the scope for improvement.

Use of data and information presentation

- The latest outputs from the development of the balanced scorecards was presented to the COB, focusing on being more engaging and making the source data accessible in an easy to interpret format for all. The demonstration to the COB of the early prototype showed the potential to move away from a static Excel based tool to an interactive web based product.
- In Ambulatory Care the work with the clinical teams is focused on interrogating the telephony data to establish patterns in demand and response times.
- This work is ongoing and the plan is to develop further for Trust wide implementation where appropriate.

Outstanding practice and innovation for the Board to note:

- **TB find and treat event** – On Tuesday 7th of December 2021, the Luton Tuberculosis (TB) team took part in the Find and Treat event in Luton. This event aims to offer biannual TB screening to the people who are vulnerable and at higher risk of contracting TB due to their current social circumstances.
- **Support of the vaccination programme** – Ambulatory and Luton Adult services have responded quickly in the ask to provide further support to the HCT vaccination centres. We have redeployed a number of support service staff (data analysts, co-production, transformation) as of reporting during this period but steps have been put in place to maintain essential elements.

3. Mass Vaccination Clinical Operations Board

Integrated Governance Report – the COB received a detailed Integrated Governance Report and identified the following key issues for the Board to note:

- The COB **noted** that the Phase 3 Booster drive in mid-December was a significant challenge for the service.
- Capacity levels across both systems had almost doubled since early December from just over 40,000 to almost 78,000.
- COB **noted** that there had been a large scale redeployment exercise across both systems to help to staff the increase in delivery.
- A new staffing model (called Srafield) had been introduced across all existing sites which had increased capacity in sites by a third – staff had put in a significant amount of effort to enable this to happen.
- 83% of boosters had been delivered across the Cambridgeshire and Peterborough system for those eligible and 85% across Norfolk & Waveney.
- The COB **noted** that a new site had opened in Norwich City Hall to replace the centre at Castle Quarter, Norwich.
- A roving model will be re-introduced across the C&P system from 24th January.
- Working groups had been set up across both systems to develop a delivery model for 5-11 year olds. This cohort is looking at approximately 80,000 children across both systems. A specific paediatric vaccine had been developed for the cohort which is a smaller dose.
- The Trust had celebrated delivering its one millionth dose in November. A number of communications events had taken place to celebrate including a video and press release by the Trust Chair. Cake and balloons for staff were also delivered to each vaccination site.

Risks of 15 or above and emerging risks:

- Risk 3163 had been increased to 20, due to the impact of Omicron and staff morale.
- Risk 3284 had been increased to 16 due to the significant national ask of ramping up the booster campaign and the need for additional workforce. It was subsequently reduced on 11 January 2022 to an 8 following a reduction in demand.

Matters for escalation and outcome required:

- **Opening of new site in Norwich** - the new City Hall site in Norwich opened on 10th January 2022.
- **1 millionth vaccination** - Celebration events had taken place in November for the delivery of the 1 millionth vaccination and had included a visit by the Trust Chair to the Queensgate vaccination site in Peterborough.
- **Staff retention and long term strategy**- Workforce challenges remained, particularly around anxiety and insecurity. Plans were being put in place for the service to operate until the end of July. A long-term strategy is being developed at a regional level; it was anticipated that this will address/include implementation and delivery at ICS level.



Provide outstanding care

A: Assurance Summary:

Safe	<ul style="list-style-type: none"> 94% of incidents are low or no harm (Trust target is 90%). (S1) One Serious Incident was reported in October and one in November. No Never Events were reported in this timeframe. (S2) There was no healthcare acquired infections. There was one Covid19 staff outbreak in November. (S5) The staff flu campaign for 2021 has started, the current uptake is 69.14% as of the 7th of January 2022 against a trajectory of 89%. (S6) There has been a surge in safeguarding enquiries emerging from Covid19 lockdown measures. IPAC (Infection Prevention and Control) assurance framework has been reviewed and will be presented to Board when an updated version is published. (S8) All staff have access to appropriate PPE (Personal Protective Equipment). (S9) 	Reasonable
Caring	<ul style="list-style-type: none"> FFT (Family & Friends Test) outcome is 95.56% (target 90%). (C1) The number of informal and formal complaints has slightly decreased but were within expected variance (total of 14 formal complaints received in October and November). (C2) 	Substantial
Effective	<ul style="list-style-type: none"> Mandatory training was recorded at 87% for October and 88% for November. Safeguarding supervision was 93% in October and 91.7% in November against a target of 95%. Level 3 Adult Safeguarding and the Safeguarding induction package has been added to ESR and the mandatory training matrix; the overall target compliance for this is set at 60% by March 2022 with full compliance expected by March 2023. 	Reasonable
Responsive	<ul style="list-style-type: none"> RTT challenges are noted (see section 7). (R1) Of the 16 complaints resolved in October and November, 11 were sent within the Trust timescales. (R2) 61 issues were investigated and closed via the informal complaints process during the reporting period. Covid19 incident response meets all national requirements. (R3) 	Reasonable

- This report summarises the key elements of quality and safety that have been our focus since the beginning of the pandemic in March 2020. We have reprioritised our services in line with national guidance and are currently reviewing our service in line with the current level 4 incident response.
- In addition to the overview and analysis of performance for October and November 2021, the Board can take assurance from the following sources:
 - During the Covid19 pandemic period and, more recently whilst operating at an NHS level 4, a number of 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.
 - The staffing section continues to be reported in the 'Excellent Employer' objective.



Provide outstanding care

- Our overall Care Quality Commission (CQC) inspection rating ‘Outstanding’ remains in place from August 2019 with ‘Outstanding’ within the caring and well-led domains.
- Assurance can be taken from the initial completion of the NHSE / I Infection, Prevention & Control Board Assurance Framework presented to the Board in September 2020. A further update was presented at Board in September 2021.
- There has been one reported staff outbreak of Covid19 infection within this reporting period.
- The Covid-19 booster programme was implemented in line with the Prime Minister’s ‘Call to Action’; the Trust responded quickly to the national ask and was able to meet its requirements in terms of capacity and staffing.
- The Trust is compliant with the national mandate that requires (from the 11th of November 2021) all staff visiting CQC registered care homes to have received both the 1st and 2nd vaccine doses. The Trust is working towards the 2nd national requirement that all patient facing staff will have received vaccine 1 and 2 by the 31st March 2022 – this piece of work is being led by the HR team.

B: Measures for Achieving Objective – 2021 / 2022 Measures

No.	Measure:	2021 / 2022 Target:	Data source:	Reporting frequency:	Current position as of November 2021:
1a	Care Quality Commission standards	Improved ratings for individual KLOEs	Formal assessment	Annual	No date for formal review received
1b (1)	Patients / carers are satisfied with care delivered by our staff NB the associated metric re increasing numbers of people who give feedback is suspended due to the pandemic	90%	FFT	Monthly	Formal reporting of FFT is nationally suspended during pandemic. <i>November's result 95.93%</i>
1b (2)	Increase the number of patients/service users who give us feedback on the care received.	In 2020-2021 the baseline feedback figure (using FFT) across the Trust was 14,717	FFT	Monthly	



Provide outstanding care

1d	Deliver the locally agreed patient related annual Equality Delivery System objectives	Pass / Fail	Equality Delivery System	Annual	2020 / 2021 metrics were met. 2021 / 2022 metrics to be reviewed at People Participation Committee in July 2022
1h	Increase the number of services supported by volunteers	TBC	People Participation Committee	6 monthly	This metric is currently paused due to the pandemic
1c	Our staff recommend the Trust as a place to receive treatment	Above national average	NHS Annual Staff Survey	Quarterly	September data shows that 80% of staff recommended the Trust as a place to work and 93% as a place to receive treatment
1e	Safety – staff feel able to speak up about patient safety issues	Maintain 2020 / 2021 score	Staff survey	Annual	In July 2021 the Trust came first in the national Freedom to Speak Up Index for the third year running.
1f	Ensure that for all non-safeguarding Serious Incidents families / carers / patients / service users are offered the opportunity to be part of the process.	Pass / Fail	Datix	Quarterly	There was 1 SI in August and September – this was a safeguarding incident.
1g	Sustain the level of overall mandatory training	94%	ESR	Monthly	Total: 87% October 88% November

C: Risks to Achieving Objective

Strategic Risks:

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



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2. **Risk ID 3164** – There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 20)
3. **Risk ID 3165** – There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients' expectations, due to the complexity of system working. (Risk Rating 8)
4. **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 8)
5. **Risk ID 3300** – Delivery of the mass vaccination programme for our staff and to the communities across Norfolk & Waveney, Cambridgeshire & Peterborough may be impeded by a range of factors including workforce supply and vaccine which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination.
There is also a reputational risk to the organisation in relation to delivering the 'hub' model within the required national timeframes. (Risk Rating 8)
6. **Risk ID 3323** – Risk to organisational reputation of delivery of the Lead Provider Contract for the roll-out of the Mass Vaccination Programme for Cambridgeshire & Peterborough and Norfolk & Waveney given the significant pace, complexity, and political profile of the programme. (Risk Rating 12)
7. **Risk ID 3426** - If there is a surge in Service demands over the months Nov-March (winter period), the Trust may not have sufficient resources leading to sub-optimal Service delivery. (Risk Rating 12)
8. **Risk ID 3436** - There is a risk that if a number (or %) of patient facing staff do not wish to have the Covid-19 vaccination then they may leave the organisation leading to; a reduction in service offering/patient contact and a reduction in skilled workforce. (Risk Rating 12)

Related Operational Risks 15 and Above

1. **Risk ID 3227** - There is a risk services will not have the capacity to provide timely and effective response to children & 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 20)
2. **Risk ID 3254** – There is a risk that the Children and Young People's Services delivery will be significantly impacted by the pandemic leading to potential detrimental impacts on the health and wellbeing of children and young people. (Risk Rating 16)
3. **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)
4. **Risk ID 3437** - There is a risk that if the trust does not have sufficient staffing capacity within SPOC then the service will not be able to meet its commissioned requirements in providing a focal point of contact for patients and professionals. This would result in potentially poor outcomes for patients through reduce response times and could lead to increased pressure on acute services where a potential community intervention could have been applied. (Risk Rating 16)



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5. **Risk ID 3250** - *There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma, which may have a negative impact on their psychological well being. This could result in increase in sickness & retention rates. (Risk Rating 16)*

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

1. Quality Impact Assessment (QIA)

- 1.1 Individual QIAs are being updated as required by teams and directorates, no new QIAs have been signed off during October and November.

2. Patient Safety

- 2.1 The Patient Safety Team, in conjunction with other services, has been reviewing the most recent updates to the NHS Patient Strategy; this includes the framework for involving patients in patient safety which was published in June 2021. A training framework has now been released, which the team are reviewing.

- 2.2 One Serious Incident (SI) was declared in October and one in November. No Never Events were declared during this period (October and November 2021).

2.2.1 The October incident related to a missed opportunity to identify and escalate safeguarding concerns. The omissions were identified following a review prompted by the unexpected death of a young baby. The incident occurred within Norfolk Healthy Child Programme (HCP) and is due for external submission by the 13th January 2022. As part of the investigation process a SMART action plan will be written with the involvement of the Service Manager.

2.2.2 The SI declared in November related to the lack of record keeping for a significant number of records and dates to early 2021. A review of all affected records has been completed which has identified and, where appropriate, actioned any outstanding requirements. The final report is due externally by 21st February 2022. As part of the investigation process a SMART action plan will be written with the involvement of the Service Manager.

- 2.3 No Serious Incidents were submitted for closure to the Commissioners in October and November. Action plans from Serious Incidents are reviewed via panel meetings three months following submission in order to monitor progress and assess evidence/assurance.

- 2.4 Following an initial triage by the Patient Safety Team relevant incidents are reviewed via panel discussions which are attended by service leads and specialists in order to agree next steps and/or close and approve submitted investigations reports.

- 2.5 A total of six panel meetings were held in October resulting in a Serious Incident being declared (missed opportunity to identify and escalate safeguarding concerns), one Learning Review and two internal investigations being taken forward.

2.5.1 Learning Review: (missed opportunity to escalate and identify safeguarding concerns) occurred in Norfolk HCP – East. A report was created from the learning review which included learning and recommendations. The learning



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was as follows:

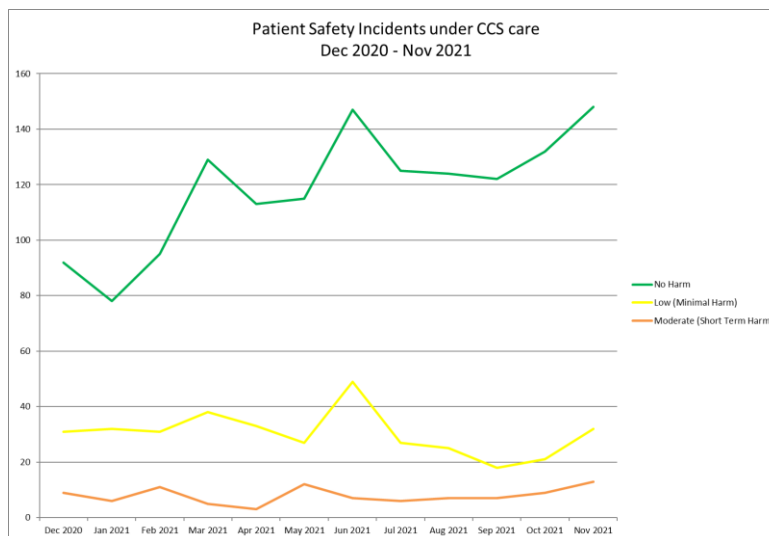
- A robust record review was key to understanding and identifying risk factors that impact on parenting abilities.
- Communication with external partners will help to provide holistic oversight of the family and lived experience of the child.
- Reviews for 'vulnerabilities' should not be purely based on whether formal safeguarding processes were in place.

2.5.2 Luton Adults: two incidents were reported for separate patients which related to a failure to follow aseptic techniques whilst undertaking catheter care by the visiting nurse. Due to the similarities it was agreed that one investigation would be taken forward.

2.5.3 iCaSH Peterborough and Peterborough Children & Young People's Service (C&YPS) (Joint venture): missed opportunity to identify and escalate safeguarding concerns. The panel meeting was attended by the Integrated Contraception and Sexual Health Service (iCaSH), CCS and Cambridgeshire & Peterborough NHS Foundation Trust (CPFT). This was a complex case which had multi-agency involvement. The investigation is ongoing with a final report due for review in early 2022.

2.6 A total of seven panel meetings were held in November resulting in one Serious Incidents (lack of documentation) being declared. Three of the panel meetings related to reviews of SI action plans.

2.7 The chart below highlights those patient safety incidents that occurred under our care and includes the two-month period of October and November. These incidents totalled 355 which was an increase of 51 incidents on the previous two-month period; 79% were no harm incidents, 15% low harm and 6% moderate harm. The previous two months (August and September) was a low 2-month period at 304, June and July reported 361. Some of the increase therefore may be attributed to Luton Adults where 37 skin integrity issues were identified (across the harm fields) in November, the average is 26 per month. This could be attributed to an increase in demand for services across the system and a higher level of patient acuity.



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



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2.9 Of these 22 incidents, 21 were reported for Luton Adult Services and related to acquired pressure ulcers. The remaining incident was reported by iCaSH and related to a service user experiencing an anaphylactic reaction following a procedure.

Incident Themes

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

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

October	November
Clinical, assessment and treatment: 120 Medication: 68 Access, admin, transfer, discharge: 47	Clinical assessment and treatment: 120 Access, admin, transfer, discharge: 72 Medication: 57

2.11 Incident themes are quite specific to different service directorates due to the diversity of work undertaken. A Trustwide view of themes showed that within each of the categories above the following was noted in October and November:

2.11.1 **Clinical Assessment and Treatment:** All pressure ulcers and moisture-associated skin damage (MASD) were reported under this category therefore Luton Adult Services was the main reporter of these types of incidents (81%) due to the type of work and volume of visits they undertake. Our Musculo-skeletal services (MSK) were the next highest reporters at 3%. Luton Adult Service continues to work with Tower Hamlets in relation to pressure ulcer care and are collating further data prior to their next discussion in February.

2.11.2 **Medication:** Medication incidents related predominately to Luton Adult Services (55), Large Scale Vaccination Programme (29) and iCaSH Services (22). It should be noted that the majority of these incidents are 'no or low harm,' with many being attributed to external organisations, the concerns are also reviewed in the Medicine Safety Group so that lessons can be identified and feedback provided to other health providers as needed.

2.11.3 **Access, administration, transfer and discharge:** This theme is predominantly a lack of referral into the Trust from another trust or an individual requiring community-based care, e.g. GP/acute hospital. Most incidents were reported by the 0-19 Services across the Trust, which all reported a theme around missing/late antenatal service communication; this was recognised as an ongoing national issue, local system wide discussions are being undertaken.

2.11.4 Where themes were linked to external providers, issues are 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



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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 October and November 2021, 28 alerts were received; one of which was a national patient safety alert (see below). All Central Alerting System (CAS) alerts were actioned and closed within the required time frame.

	NatPSA description and reference	Trust action
1.	The safe use of ultrasound gel to reduce infection risk	This alert was relevant to the Trust and a Task & Finish Group was implemented to address the actions referenced in the alert – cease using large containers of ultrasound gel intended for decanting. The closure date for the alert is 31 January 2022

3. Medicines Management

3.1 Medicines risks

- 3.1.1 Mass Vaccination medication risks are kept under review by the Mass Vaccination Programme Board and all other medication risks through the MSGG (Medicines Safety & Governance Group).

3.2 Mass Vaccination

- 3.2.1 The recent national push to ensure the eligible population has their booster doses of vaccine this year has placed extra workload on the entire vaccination team, including the Pharmacy team.
- 3.2.2 The national deliveries for primary care have been unable to keep up with demands, so the vaccination centres have been asked to support them by drawing down from Immform and allowing vaccines to be transported by 'mutual aid' to various primary care sites.
- 3.2.3 We have received advice from the Regional Chief Pharmacist that this does not constitute wholesaler dealing: there is currently a national emergency which requires extraordinary measures; the transactions are not commercial; and the vaccine is the property of Public Health England until it is administered.
- 3.2.4 Therefore the teams are endeavouring to support the primary care sites, as well as administering larger numbers of vaccinations than before.
- 3.2.5 Another provider in the East of England ordered an excessive amount of Pfizer vaccine in error. The local Clinical Commissioning Groups (CCGs) needed to find space to safely store and use these excessive orders, and to support this the Trust accepted 33 trays of 1170 doses of Pfizer vaccine (38610 doses in total) to four sites with the aim of redistributing some to Primary Care and using the remainder in the Trusts centres. This has caused operational issues as it was received in a thawed state in our centres meaning it had a limited shelf life of one month.



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3.3 Medicines Audits

- 3.3.1 The annual medicines audit programme continues. The results from the Storage and Handling audit have been received and are currently being reviewed. The preliminary results do not indicate any cause for concern.

3.4 Pharmacy Workplan

- 3.4.1 A certain amount of the Pharmacy team's workplan has had to be re-scheduled due to the continuing demands of the mass vaccination programme, not only on the Pharmacy team's capacity to support the work (which should be greatly improved when the new pharmacy technicians join the team), but also on the clinical services' capacity to participate when this is required, for example commenting on the drafts of the Medicines Policy update.

4. Safeguarding

- 4.1 A safeguarding function business continuity plan was invoked at the beginning of the pandemic and is being used to support the delivery of the safeguarding service across the Trust; this was updated in September 2021 to maintain oversight of the contingencies in place. There is continued engagement with all processes put in place by Local Safeguarding Partnership Boards and with local safeguarding networks. Externally to the organisation, there continues to be an increased level in both volume and complexity of safeguarding concerns reported for children and adults across the system. Therefore, the Trust is working proactively with partners to carry out our statutory safeguarding duties regarding children and adults who access our services.
- 4.2 Partnership work has continued throughout 2021 as Safeguarding partners took stock of the emerging safeguarding themes during the Covid-19 pandemic period and the learning that can be extracted from the need to adapt to new ways of working to support families and professionals. This will be reflected in key business priorities for the safeguarding partnership boards for the next financial year. National and local focus will include on-line exploitation and abuse, mental health, domestic abuse, neglect with the explicit impact from poverty and social isolation on these and trauma-informed practice.
- 4.3 The current Safeguarding risks are:
- 4.3.1 **Risk ID 3227:** The risk that our staff will not have the capacity to provide an effective safeguarding response to the increased number of complex cases. The increased complexity in cases needs to be managed across whole systems and cannot be addressed by the Trust alone. Increased secondment capacity in the Adult Safeguarding team is supporting additional pressures across the Trust's footprint and includes ongoing need to address training of staff to level 3 and increased training around mental capacity act and liberty protection safeguards (currently Deprivation of Liberty). There are plans to look to secure funding for posts to substantive roles. Discussions around trauma informed practice are beginning to take place in all areas of the Trust externally and internally to consider the impact on staff from working with complex cases. This risk is currently rated at 20 and controls remain in place.
- 4.3.2 **Risk ID 3250:** There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma, which may have a negative impact on their psychological wellbeing. This may result in an



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increase in sickness and retention rates, which have been identified to be increasing across the whole system. Discussions around need for a more formal approach to embedding trauma informed practice across the Trust is planned for January 2022. This risk is currently rated at 16 and controls remain in place.

- 4.4 It should be acknowledged that these risks are interrelated, where vulnerable children and adults have limited access to professional support across the system, any safeguarding issues are likely to be identified later and therefore the opportunity for early assessment and intervention could be missed.
- 4.5 The Cambridgeshire Safeguarding Team is managing a risk (Risk ID: 3279) related to the MASH (Multi-Agency Safeguarding Hub) and an increase in the number of enquiries sent because of a change in process in the Local Authority. There is a strategic partnership agreement about the actions required to mitigate the impact and a monthly joint meeting is held between the Local Authority Head of Service, CCS Head of Safeguarding and Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) Head of Safeguarding. The Local Authority, CCG and Chief Nurse are sighted on this. The MASH teams are now aligned to a joint inbox for both CPFT and CCS and are developing joint working practices and oversight. There is a proposed staffing model which will be presented to the Joint Venture Board in January 2022 for their review and approval which will enable closer working together with the HCP, allow for secondments into developmental roles and offer resilience within the service. Costing for this has been completed and forms part of the proposed model for consideration. The risk is currently rated at 8.
- 4.6 Risks are reviewed by the Incident Management Team and Safeguarding Huddle (Medical Director, Chief Nurse, Heads of Safeguarding and Deputy Chief Nurse) where Trustwide actions are identified and implemented, with oversight by the Strategic Safeguarding Group.
- 4.7 There has been a rise in the number of non-accidental injuries (NAI) to children resulting in serious head trauma in some of the localities and nationally. Internally all appropriate incidents are reviewed via the panel meeting process, which includes a review of the child / family's chronology of care.
- 4.8 A peer review standard operating procedure produced to support ongoing quality assurance of the supervision model delivery will be taken to all Operational Safeguarding Group meetings to facilitate roll out of this element of the model in January 2022. Further scrutiny of this safeguarding approach will be undertaken yearly to ensure that the model is fit for purpose and embeds best practice.
- 4.9 The Liberty Protection Safeguard (LPS) was due to be implemented in April 2022, however in December 2021 the Trust received notification that this was to be delayed, with no new date currently known. Whilst the draft guidance has not yet been published, we have established an LPS project board to develop a clear implementation plan. The first meeting of this took place in November 2021.
- 4.10 The Safeguarding teams have been reviewing their training programmes and are integrating a 'Think Family' approach to promote understanding and professional curiosity about adult and child vulnerability irrespective of role. This involves the development of two current refresher packages of level 3 training which is co-produced and delivered by both adult and child safeguarding teams. Oversight of the training development is now undertaken by the newly formed Training & Development Group chaired by the Named Professional Safeguarding Children,



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Cambs. Terms of Reference for the group are agreed and the need to further develop a safeguarding training strategy is under consideration.

- 4.11 As part of the Norfolk Safeguarding Children Partnership Protecting Babies strategy, namely the work stream promoting the importance of safer sleeping, the Norfolk and Waveney Named Nurse worked with wider safeguarding partners, the Just One Norfolk team and parents whose babies had tragically been lost, to highlight the risks and potential consequence in a series of short films linked to digital resources and information on Just One Norfolk. Signed off by the Safeguarding Partnership, these films were promoted across the Christmas and New Year period during which time the resources had the highest number of views on the platform.
- 4.12 The Safeguarding Team continue to attend a number of initiatives across the geography including two half away days in Norfolk and Waveney looking at the context of Safeguarding within the ICS, and a morning in the Bedford and Luton system developing the Safeguarding strategy for 2022-2024.
- 4.13 The PREVENT leadership and workplan moved to the Safeguarding team as of 6th November 2021. The Prevent lead job description has been reviewed and updated as part of the Named Professional for Adult Safeguarding role. PREVENT and WRAP training has been maintained at above the target level across the Trust and is at 96% and 97% for October and November respectively. A process for information sharing between the Children and Adult Safeguarding teams is continuing to be developed to ensure information about children is shared appropriately.
- 4.14 The PREVENT policy has been reviewed and was signed off at the Strategic Safeguarding Board in November. A standard operating procedure (SOP) will be produced by the PREVENT Lead to complement the policy and ensure clinical application of the process is clearly identified for staff.

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 risk relating to supply and availability to our services of PPE is monitored weekly through the Incident Management Team (IMT) and underpinned by daily sit rep information from all services.
- 5.3 The IPaC team continues to work with staff to ensure they are able to work in a safe environment which involves regular review and update of building risk assessments including ventilation, cleaning and access to required PPE.
- 5.4 The Trust reported one outbreak in November in the Adult Rapid Response team in Luton. Two non-clinical members of staff were positive and there were an additional four staff contact cases (all members of the same team). None of the four staff tested positive and there were no reports of patients affected. The outbreak was likely to have occurred due to a symptomatic index case, who experienced symptoms whilst at work, but as the Lateral Flow Device (LFD) test was negative, continued to work. Outbreak meetings with team leads, DIPC and the IPaC team were convened during the first week of the outbreak. No further cases were reported. Details of the outbreak were discussed in the Trust's IPaC Committee on the 4th of November 2021.



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- 5.5 A total of 12 IPaC related incidents were reported during this period (five in October and seven in November). Four incidents were reported as needlestick (three were reported by our Large-Scale Vaccination Sites, which is a reduction on previous reports). Other incidents related to clinical waste not collected and clinical practice within and external to the Trust.
- 5.6 Working with the Trust's Estates and Facilities Manager (Operational), the IPaC team continued to review completed Covid-19 building risk assessments submitted by services. Following on from the recently revised national guidelines (HTM 03-01), a review of the Trust's ventilation systems is being carried out by the Trust's Estates team, with the support of the IPaC team, to ensure compliance to new and current buildings regulations. With IPaC support, the Trust's Estates and Facilities team has introduced new technology to Dental Service to improve the decontamination of clinical rooms where required.
- 5.7 A total of 39 members of staff reported having a positive Lateral Flow Test (LFT) result during this period (28 in October and 11 in November); all 39 reported a positive PCR test for Covid-19 and have been supported by the organisation.
- 5.8 Other infections: there were no confirmed bacteraemia cases of MRSA (Meticillin-resistant Staphylococcus Aureus), Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during October and November, and we have not been notified of any positive cases of C.difficile during this period.
- 5.9 As of the 7th January 2022, the number of patient facing staff who have had their flu vaccination was 69.14%. Formal flu clinics have now stopped; however, staff can still receive their vaccine through a few routes which have been communicated to teams.
- 5.10 In this period, the Trust's IPaC team completed the annual environmental audits for East Anglian Children's Hospice (EACH), in line with our contractual requirements.

6. Patient Experience

6.1 The Patient Story

6.1.1 The story presented at Board will be from an iCaSH patient.

6.2 Friends and Family Test (FFT)

6.2.1 We continue to seek FFT feedback across all our services in line with FFT national guidance around Covid-19.

6.2.2 The aim for FFT feedback is to increase the opportunity for service users, parents and carers to provide feedback with a range of methods available that are accessible and meet service users' needs. Work on providing the national FFT questions in the most frequently translated languages is currently paused.

6.2.3 We received 1800 responses in October and 1958 in November. This is an increase of 417 on the previous two-month period. Below is a summary since June 2021 with and without Large Scale Vaccinations.

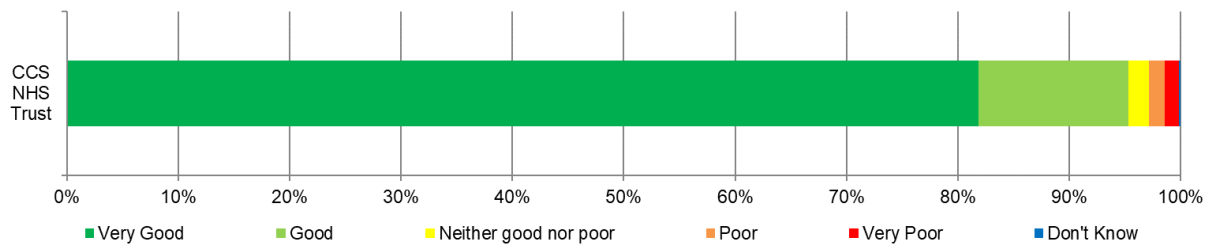


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2021	June	July	August	September	October	November	Total
Large Scale Vaccinations	1386	896	414	83	355	183	3317
Trust excluding LSV	1768	1592	1281	1563	1445	1775	9422
Trust Total	3154	2488	1695	1646	1800	1958	12739

6.2.4 The overall Trust FFT positive feedback was 95.56%, with a 2.77% negative feedback percentage. We remained above the Trust target of 90%.

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



6.2.6 In October and November, the services we provided received over 2862 positive comments on surveys and feedback forms used across the Trust.

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

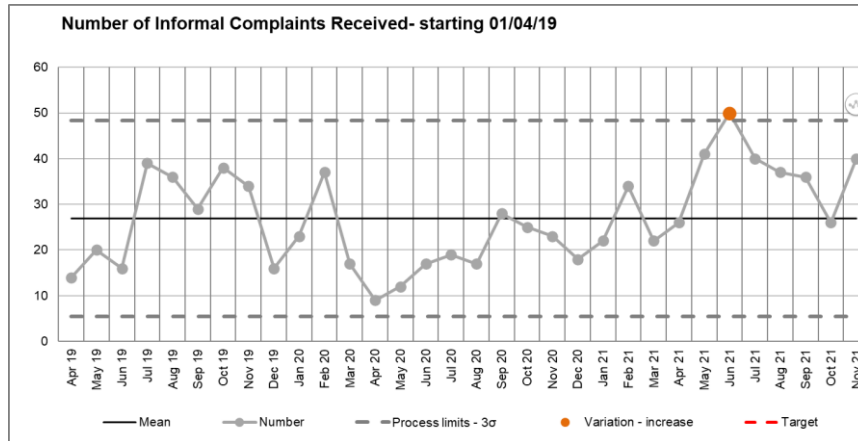
6.3.1 Work on the NHS Complaints Standards is currently paused.

6.4 Informal complaints received

6.4.1 The total number of informal complaints received and logged was 66 in this data period. As shown in the graph below, the 26 received in October was below average and the 40 received in November was above average; both were within expected variation. Fourteen informal complaints were related to Covid-19, nine specifically about Large Scale Vaccination centres including five about declined vaccinations. All were reviewed and three have associated incidents: one related to an incorrect vaccination being provided; one about being turned away for a vaccination due to an error in the national booking system; and one about crowded areas in vaccination centre presenting an infection control risk.



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6.5 Themes and learning from informal complaints closed in October and November 2021

6.5.1 Sixty-one informal complaints were resolved and closed in October and November, with 71 issues identified. The top three themes of the informal complaints closed within this period were Communication and Information (20 subjects in 18 complaints), Administration (11 in 11 complaints) and Clinical Care (11 in 11 complaints).

6.5.2 Four of the 18 informal complaints with issues about Communication and Information were related to Bedfordshire Community Paediatrics, four were Norfolk & Waveney Children and Young People's Services and three were Luton Children's Specialist Services. Actions have been agreed for all the concerns raised, there were no themes identified across the services.

6.5.3 The informal complaints about administration were reviewed. Seven of the 11 informal complaints were about iCaSH services, the remaining four were Large Scale Vaccinations (2), Dental (1) and MSK (1). Those relating to iCaSH were about the telephone and appointment booking systems. Service Redesign are working with iCaSH services to make improvements in the telephone system.

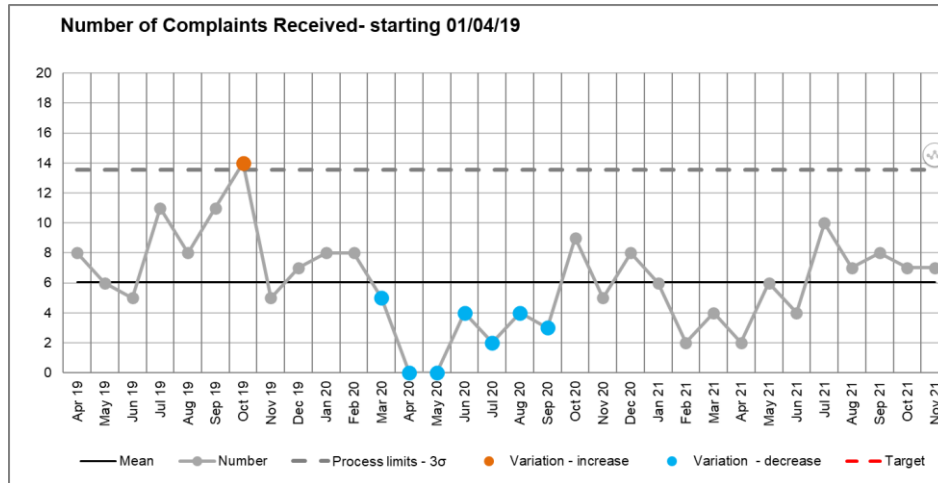
6.5.4 Review of the informal complaints about Clinical Care showed that three issues were raised in three informal complaints relating to Norfolk & Waveney Children and Young People's Services, specifically that inadequate or insufficient care was provided. Individual service lessons have been identified in relation to each of the issues raised. The remaining eight informal complaints were spread across eight services and no themes were identified.

6.6 Formal complaints

6.6.1 The Trust received 14 formal complaints in this data period: seven were received in October and seven in November. As shown in the graph below this was above average but within the expected range.



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

6.6.2 Four of the complaints received in this period related to Covid-19. Two were about service users being declined entry due to not wearing a face covering: one in Large Scale Vaccinations and one in iCaSH. Another was about being offered water following a vaccination and this being an infection control risk, one about lack of face-to-face contact due to Covid-19 and lack of follow up resulting in missed diagnosis.

6.7 Themes and learning from formal complaints closed in October and November 2021

6.7.1 Within this data period, we responded to and closed 17 formal complaints; 39 subjects/themes were identified. Communication and Information was the most frequently occurring issue with 15 subjects in 11 complaints, followed by Clinical Care second with 11 in seven complaints.

6.7.2 Three communication and information issues were identified in one complaint about Luton Adults Palliative Care. This complaint was investigated and responded to. The following learning and actions were identified:

- A full review of our Palliative Care Service has been initiated.
- Palliative Care staff have been trained to order equipment directly.
- Administrators are to ensure that any issues relating to palliative patients are immediately brought to the attention of a nurse.
- Myths around stat. doses and medication have been addressed via literature such as end of life FAQ posters, newsletters and supported via conversations within team meetings and at handovers.

6.7.3 One complaint about communication and information also raised an issue about clinical care; the complaint was investigated and upheld. The following learning and actions were identified:

- All Intrauterine Contraceptive fitters will review the safety standards, in particular pregnancy testing.
- The systems and processing for merging of notes will be reviewed.
- Supplementary written information will be provided by post, email or text message when consultations take place over the telephone.



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6.7.4 Five issues about clinical care related to two complaints about MSK Services. Both were investigated and responded to but not upheld.

6.8 Complaint response times

6.8.1 In this data period we responded to 16 formal complaints (nine in October and seven in November). Eleven responses were sent within our target timeframes and five outside of these.

6.8.2 Two of the late responses were complex complaints that involved other NHS and external services. Three were delayed due to difficulties in allocating an appropriate investigator. In all cases, the complainant was kept up to date with the process and any new timeframes.

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

7.1 Dynamic Health

7.1.1 The median waits for first appointment to date across the unit continue to be higher than previously reported. They are tabulated below – the service will continue to maintain the urgent and emergency patient pathways during large scale vaccination deployment, but it is predicted our routine waits will remain high and increase.

	Hunts/Doddington	Peterborough/Wisbech	Cambs/Ely
Physio	9W	14W	12W
Specialist	4W	8W	4W

7.1.2 Demand across the MSK system remains high and shows no sign of decreasing. There are increasing waits for operations and investigations which will move more patients to seek conservative management within primary and community care services.

7.1.3 The change in capacity for initial appointments, our pausing of classes due to staff redeployment and national guidance, the service vacancies and sickness, factors out of our control such as the length of time it is taking for patients to move through diagnostic pathways, is leading to an increase in our internally monitored 18-week RTT KPI (Key Performance Indicator).

7.1.4 To counteract in part the long waits the service are experiencing and will continue to experience, the team are reviewing a process which will enable them to further risk stratifying patients who are within the low-risk category to enable us to triage and offer management plans for their condition without them having to be seen. This is in line with the national driver for patients to self-manage. MSK has also revalidated our waiting lists to see if patients still require their appointments and will continue with this validation throughout the coming 6-8 weeks.

7.1.5 The impact of First Contact Physiotherapists within the primary care networks in Cambridgeshire and Peterborough continues to assist in the maintenance of lower waits in the Specialist aspect of our service.



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7.2

Bedfordshire and Luton Community Paediatric Services

- 7.2.1 The average RTT in Bedfordshire is 39 weeks with the longest wait at 52 weeks. The average RTT wait in Luton is 41 weeks with the longest wait 55 weeks.
- 7.2.2 In December 2021 the Bedfordshire service successfully recruited to a Consultant Paediatric post. Interviews are taking place soon for a vacant Speciality Doctor post and two vacant Consultant posts in Luton have been re-advertised.
- 7.2.3 In Pan Bedfordshire two additional Specialist Nurses have been recruited. Two Specialist Nurses have now completed and passed their Independent Prescribing course. Service capacity will continue to improve as new specialist nurses complete their Independent Prescribing Training and with the increased medical capacity noted above.
- 7.2.4 The service is currently recruiting staff in line with demand and capacity requirements aligned to the new service model. Non recurrent funding to resolve COVID related backlogs will be negotiated with commissioners in January 2022.
- 7.2.5 Both services are currently meeting EHCP assessment timeframes; however, this is a challenge with increasing demand. Discussions have taken place with Central Bedfordshire to agree health input aligned to the SEND Code of Practice.

7.3 Cambridgeshire Community Paediatrics (excluding audiology)

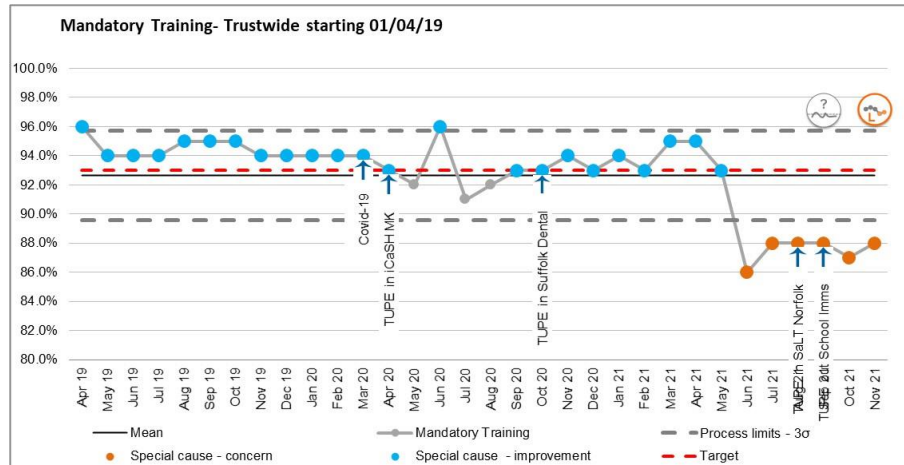
- 7.3.1 The average waiting time so far is 12 weeks, with the longest wait at 34 weeks. All referrals are clinically overseen and prioritised accordingly.

8. Mandatory Training

- 8.1 The overall figure for training is 88% (November 2021) which includes all the Large Scale Vaccination (LSV) and bank staff. The data cleansing is still ongoing as there have been delays with the external provider, but we should see this actioned early in the new year.
- 8.2 The team are still running blended learning which shortens the face-to-face sessions, and in response to critical situations have replaced with e-learning, which have been risk assessed and have the same outcomes.
- 8.3 The team are continually monitoring the outstanding training, with compliance information being shared with services, but have additional modules which are not mandatory but essential to job role specific within the Large-Scale Vaccination service. This has been a priority for the ESR/OLM training team to ensure that the staff within the LSV pods have the necessary competence to deliver the required level of service to our patients. We are sourcing additional support for the team to ensure that we have sight of all outstanding training, and to support staff accordingly with any additional needs.



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9. Information Governance

- 9.1 The 2021-22 Toolkit is currently being assessed. Subject matter experts have been commissioned to provide their updates with supporting material. The deadline for submission is 30th June 2022.
- 9.2 Mandatory Information Governance and Data Security Awareness training compliance, as of November 2021, was 93% (87% if LSV is included) against a target of 95%. Due to the Level 4 pandemic Trust response, the monthly updates to Service Directors providing details of staff non-compliance, has been suspended.
- 9.3 Between October and November, 23 incidents were reported under the Confidentiality Breach incident category which is marginally higher than the previous two months. 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 Further work has been undertaken to develop an action plan to support the recruitment and retention of Health Visiting across the Trust. Specific actions identified include:
 - Paid social media campaigns for hard to fill roles
 - Trustwide campaign to get staff to follow and share all social media
 - TRAC Implementation including new job boards
 - Advert writing training
 - Recruitment Fair attendance
 - University relationships
 - Communication campaigns
 - Create library of testimonial, DILO's, videos and items of interest

This is now starting to be progressed with colleagues from workforce and leaders from the 0-19 service.

- 10.2 The CQC statement of Purpose has been reviewed and re-submitted to the CQC, the document is included at **appendix 1** for approval at Board.



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11. Celebrations, Innovations and Areas of Outstanding Practice

11.1 Luton Adults Service

11.1.1 Tuberculosis (TB) find and treat event: on Tuesday, 7th December 2021, the Luton Tuberculosis (TB) team took part in the Find and Treat event in Luton. This event aims to offer biannual TB screening to the people who are vulnerable and at higher risk of contracting TB due to their current social circumstances. This includes people who are homeless or without a fixed abode, sex workers and those who misuse drugs and/or alcohol. They are screened with a chest x-ray, in the mobile x-ray unit, which is immediately reviewed by one of the Luton & Dunstable Hospital respiratory consultants, and a face-to-face assessment with a TB nurse. Same day appointment with a respiratory consultant at the Luton & Dunstable Hospital is provided for all people with an abnormal chest x-ray and/or symptoms of active Tuberculosis.

11.1.2 Support of the vaccination programme: Luton Adult services have responded quickly to the ask to provide further support to the Hertfordshire Community NHS Trust (HCT) vaccination centres across BLMK. The service have redeployed a number of support service staff during this reporting period with steps in place to maintain essential elements.

11.2 Dental Healthcare Services

11.2.1 Julia Hallam-Seagrave has been elected on to the British Dental Association Special Care Dentistry National Committee.

11.3 Dynamic Health

11.3.1 The service continues to increase their First Contact Physiotherapist (FCP) contracts within the Cambridgeshire and Peterborough system of Primary Care Networks (PCN). The team now has 18 FCPs in 11 PCNs. CCS's footprint across the system is growing and we are pleased to report extremely high satisfaction from the Clinical Directors within the PCNs

11.3.2 We continue to deliver support to the Long Covid Pathway with the eight-week virtual management course and face to face appointments for those affected. The services input into this has been funded and will continue to be so. Staff have received great praise from Cambridgeshire & Peterborough NHS

11.4 Integrated Contraception & Sexual Health Service (iCaSH)

11.4.1 Lillie upgrade programme was completed in December, with all six databases upgraded and compliant with GUMCAD3 reporting. Single instance of IDOX Lillie clinical system has been scoped and planned for April 2022.

11.4.2 Planning is underway with 12-14 Pharmacy for the transition to the new model for pharmacy service provision early in 2022, including introduction of service wide home delivery and formal pharmacy advice line.

11.4.3 Service Development projects have progressed: Video Consultations; 0300 pathway work; online access for contraception. However, all but the telephony project are currently paused due to Service Redesign and iCaSH staff being re deployed to the Large Scale Vaccination service.



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11.5 Oliver Zangwill Centre (OZC)

11.5.1 The Maples study which was conducted by Andrea Kusec and supported by CCS has now been completed. The study investigated two different courses (activity planning v activity engagement) designed to increase activity levels and mood in adults with a brain injury in a randomised controlled trial. Both types of activity course were positively rated by participants and well-attended, indicating that both groups were feasible and acceptable. Taken together, both types of groups seemed to have benefitted, in improving mood in adults with a brain injury, though pathways to improvement were different.

11.6 Bedfordshire and Luton Healthy Child Programmes (HCP)

11.6.1 Luton HCP retained their Baby Friendly accreditation (Nov 21). Feedback was very positive, “staff showed sound knowledge and skills and were described as lovely, kind, compassionate, wonderful and mother centred.”

11.6.2 New Youth Offending Service pan Beds and Luton nurse post has been created and was advertised in December 2021.

11.6.3 Work has begun on a new Health Inclusion post that will target hard to reach families, pan Luton and Beds.

11.6.4 The Bedfordshire 0-19 service has co-produced and co-delivered a training package on Gender Identity to school nursing teams across the Trust, in partnership with a Bedfordshire young transgender person aged 18. The training session was an incredibly powerful use of lived experience to further educate school nursing professionals. School nursing teams are now better equipped and confident in supporting young people and their school communities with gender identity issues. The training has been recorded with permission to store for wider use. Feedback from the practitioners who attended this training was incredibly meaningful and highlighted the impact of utilising lived experience in professional development.

11.6.5 A project has commenced to support breastfeeding mothers over the phone. The mothers, all of whom live in Bedfordshire where low numbers of babies receive breastmilk at ten days of age, were called by a Buddy. After three months the impact of these calls is encouraging. The number of babies receiving breastmilk at week eight has increased consistently by 4%. The project is being extended to other areas of Bedfordshire.

11.7 Bedfordshire and Luton Children’s Community Nursing Services

11.7.1 The Children’s Epilepsy service is being piloted for the Transition Project. The service is working in conjunction with the Clinical Commissioning Group (CCG) to pilot Patient Knows Best.

11.7.2 Two new nurse development roles in the Rapid Response team have commenced in post on a pathway to become a Nurse Practitioner.

11.8 Bedfordshire and Luton Community Paediatric Services

11.8.1 Bedfordshire team has implemented a new referral triage process, including a new referral pack. The Bedfordshire team has also implemented electronic



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prescribing. The Luton service is planning to implement electronic prescribing in February 2022.

- 11.8.2 Joint recruitment with East London NHS Foundation Trust (ELFT) for a Clinical Psychologist post is in progress. Interview dates confirmed to recruit posts for children and families whilst waiting for an Autism Diagnostic Pathway.

11.9 Norfolk Health Child Programme (HCP)

- 11.9.1 To support a more proactive approach to workforce planning for the single point of clinical access Just One Norfolk (JON), the JON leadership team is working with Job Centre Plus and Sector Based Work Academy to review our approach to recruitment of non-clinical staff.
- 11.9.2 We also hope to have an open evening/Saturday within JON in the New Year (COVID depending) and have made a short promotion video of the JON team and environment. We are also planning to work with JC+ to attend job fairs and will look at advertising on internet sites such as 'Find a Job' as this is the website Job Centre Plus recommends.
- 11.9.3 Norfolk launched a new system campaign called 'Safe and Loved' in December 2021 helping parents and carers to understand the things that help children feel safe and loved. New resources and a great animation were co-produced with children, families and professionals which were launched on Just One Norfolk to help direct parents and carers to support when times were tough. <https://www.jostonorfolk.nhs.uk/supporting-children-to-feel-safe>

11.10 Norfolk and Waveney Speech and Language Therapy (SaLT)

- 11.10.1 SaLT Friends and Family Test (FFT) online form has been adapted to enable professionals to provide feedback in same format.

11.11 Cambridgeshire Healthy Child Programme

- 11.11.1 The new 5-year apprentice pathway is progressing well. Four staff members commenced in September 2021 and progress is as expected from a practice and academic perspective.

11.12 Cambridgeshire Children's Community Nursing Services

- 11.12.1 As part of the developing business case for the 16–18-year service gap, the team has included a quote from a young person:

"My name is Dan and in late May 2021 I was diagnosed with Acute Lymphoblastic Leukaemia. For me, this was such a shock because two days before getting diagnosed I had just finished my GCSEs and the day before I was diagnosed, I played the full football match for my local football team, scoring two goals to help us progress to the semi-final of the Cup! Despite this, I was determined to remain focussed on staying 'as normal as possible'. And the Peterborough Community team have been instrumental in helping me to achieve this goal.



Provide outstanding care

Trips to hospital aren't pleasant – long, draining days – and this had led to my morale and mental health being low at times. So, the impact of the Community Team coming to my house to take bloods or give some chemo has been a 'God send', by reducing the visits to Addenbrooke's – which helps to keep my mental health positive. This then has allowed me more time to focus on 'staying as normal as possible' by allowing me more time to catch-up with A levels or allow me to go and watch my football team play or even allow me to meet up with friends.

The Community team has also allowed me to be close to my family and helped us to spend extra time together where possible – as this hasn't been something we have been able to do as much off!"

11.13 Cambridgeshire Allied Health Professional Services

11.13.1 In Physiotherapy, the first external Trust registered on the Cerebral Palsy Integrated Pathway (CPIP) Patient Management System, which is hosted by CCS.

11.14 Emotional Health and Wellbeing Service

11.14.1 The Emotional Health & Wellbeing Practitioner (EHWP) Team is recruiting a teacher to join the service to help implement Mental Health Forums in the 'non-Mental Health Support Team (MHST) schools' with grant finding from the Department for Education's Wellbeing for Education Recovery Funding.

11.15 Mass Vaccination and Pharmacy Team

11.15.1 Feedback was provided to the team from the region that our storage and maintenance of our medicines was gold standard practice.



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A: Assurance Summary

<p>Safe</p>	<ul style="list-style-type: none"> Staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures Staffing pressures kept under constant review as part of regular sitrep reports and weekly incident management team meetings. (S4) 	<p>Reasonable</p>
<p>Effective</p>	<ul style="list-style-type: none"> Mandatory training compliance has remained at 88%, which is below target (E1) Appraisal rates at or above target levels across 80% of services and no more than 2 services are more than 5% below target Overall appraisal rates remain below target at 90.09%. Slight increase from last reporting period. (E2) Rolling sickness rates as at end of November was 5.31% compared to latest NHS England rate for community Trusts of 5.2% (as at July 2021) (E3) Stability continues to be above target at 87.51%. (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). (WL6) All BAME staff have been offered risks assessments and mitigation is in place as required (WL8) All staff with high risk factors to COVID-19 are offered staff risk assessments and mitigation is in place as required. These are being regularly reviewed. (WL9) All staff have been offered Covid-19 vaccination and targeted work in this area continues to take place. Booster programme now available to all eligible staff. 	<p>Substantial</p>

- In addition to the overview and analysis of performance for October and November 2021 the Board can take assurance from the following sources:
 - NHS National Staff Survey 2020 results where the Trust achieved a 58% response rate. Headline results were:
 - Best performing Community Trust nationally in 8 out of the 10 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-



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led domains. The inspection report highlights a number of areas that support the delivery of this objective.

- Successful delivery of people strategy implementation plan. Four out of the five programmes of work all support the delivery of this objective.
- The Freedom to Speak Up index published in June 2021. The Trust was again identified as the best performing Trust nationally for the third year running.
- Workforce review presented to the Board in March 2021 and again in November 2021.
- Daily staffing sitreps and Incident Management Team meetings to manage staffing pressures during the current Covid-19 pandemic. Risks 3163 and 3164 cover these pressures and are reviewed regularly.
- Discussions within the three Clinical Operational Boards that took place in January 2022.
- Diversity and Inclusion Annual Report – presented to the Trust Board – July 2021
- Freedom to Speak Up Annual Report – presented to the Trust Board – July 2021
- 53% response rate to the 2021 National Staff Survey

B: Measures for Achieving Objective

Measure	21/22 Target	Data source	Reporting frequency	Current position as at end November 2021
Staff recommend the Trust as a good place to work	Above national average	NHS Annual Staff Survey	Annual	
Our staff feel able to speak up about patient safety issues	Maintain 2020/21 score	Freedom to Speak Up Index and Annual Staff Survey	Annual	
Staff engagement rating	Above national average	NHS Annual Staff Survey	Annual	



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Sustain the level of overall mandatory training	94%	ESR	Monthly	88% (same as last reporting period)
Improve experience for Black, Asian, Minority, Ethnic (BAME) staff	Decrease the numbers of BAME staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months. (2020 baseline – 11.9%)	NHS Annual Staff Survey	Annual	Results due February 2022
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 (2020 baseline 84.6%)	NHS Annual Staff Survey	Annual	Results due February 2022
Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly	90.09% (89.73% last reporting period)
Deliver the locally agreed staff related annual Equality Delivery System objectives	Pass/Fail	Equality Delivery System	Annual	Review April 2022
Monthly sickness absence remains below 4%	4%	ESR	Monthly	6.81% (5.81% last reporting period)
Reduce Annual Staff Turnover	1% improvement from 2020/21 outturn (outturn was 10.59%)	ESR	Monthly	13.67% (11.66% last reporting period)



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Maintain Mindful Employer Status	Pass/Fail	HR Team	Annual	
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Strategic risks

1. **Risk ID 3163** - There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. (Risk Rating 20)
2. **Risk ID 3164** – There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 20)
3. **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 8)
4. **Risk ID 3426** - If there is a surge in Service demands over the months Nov- March (winter period), the Trust may not have sufficient resources leading to sub-optimal Service delivery. (Risk Rating 12)
5. **Risk ID 3436** - There is a risk that if a number (or %) of patient facing staff do not wish to have the Covid-19 vaccination then they may leave the organisation leading to; a reduction in service offering/patient contact and a reduction in skilled workforce. (Risk Rating 12)

Any operational risks 15 and above

1. **Risk ID 3250** – There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma, which may have negative impact on their psychological well being. This could result in increase in sickness & retention rates. (Risk Rating 16)
2. **Risk ID 3337** – Adults Services (Luton): There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being. (Risk Rating 20)
3. **Risk ID 3437** - There is a risk that if the trust does not have sufficient staffing capacity within SPOC then the service will not be able to meet its commissioned requirements in providing a focal point of contact for patients and professionals. This would result in potentially poor outcomes for patients through reduce response times and could lead to increased pressure on acute services where a potential community intervention could have been applied. (Risk Rating 16)

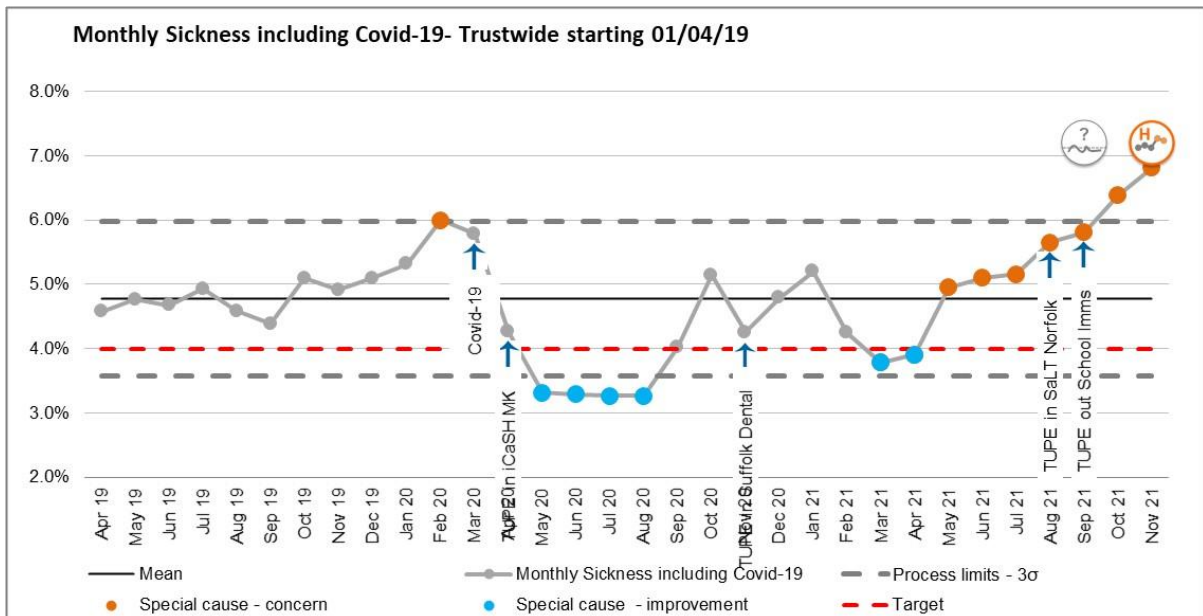


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D: Overview and analysis

1. Sickness

- 1.1. There has been a significant increase in the monthly sickness rate. The 12-month cumulative rolling rate (October 2021 – 5.38%, November 2021 – 5.31%) is now above the Trust rolling target of 4%.
- 1.2. Monthly Trust wide reporting for October 2021 6.38% (including Covid-19 sickness), 6.09% (excluding Covid-19 sickness), and for November 2021 6.81% (including Covid-19 sickness) and 6.56% (excluding Covid-19 sickness)
- 1.3. The Trust wide sickness rate has increased this month and is now significantly above the Trust’s target of 4.0% for 2021/22. Of the 6.81%, 3.97% was attributed to long term sickness and 2.85% short term sickness absence. Beds & Luton Adults Service had the highest sickness rate (8.47%) and LSV having the lowest (2.54%). The top reason is S13 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 March 2021 benchmark report for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 4.0%.

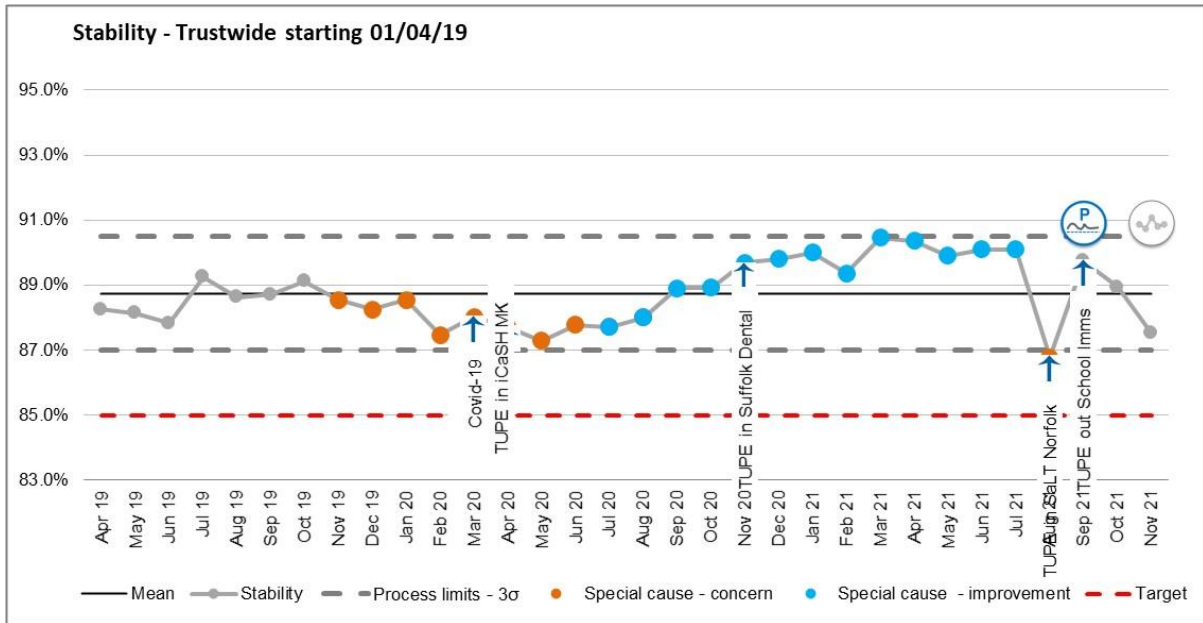


2. Stability

- 2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – October 2021 88.93%; November 2021 87.51%; against the Trust target of 85%. This compares favourably to a stability rate of 87.7% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Aug 2021).
- 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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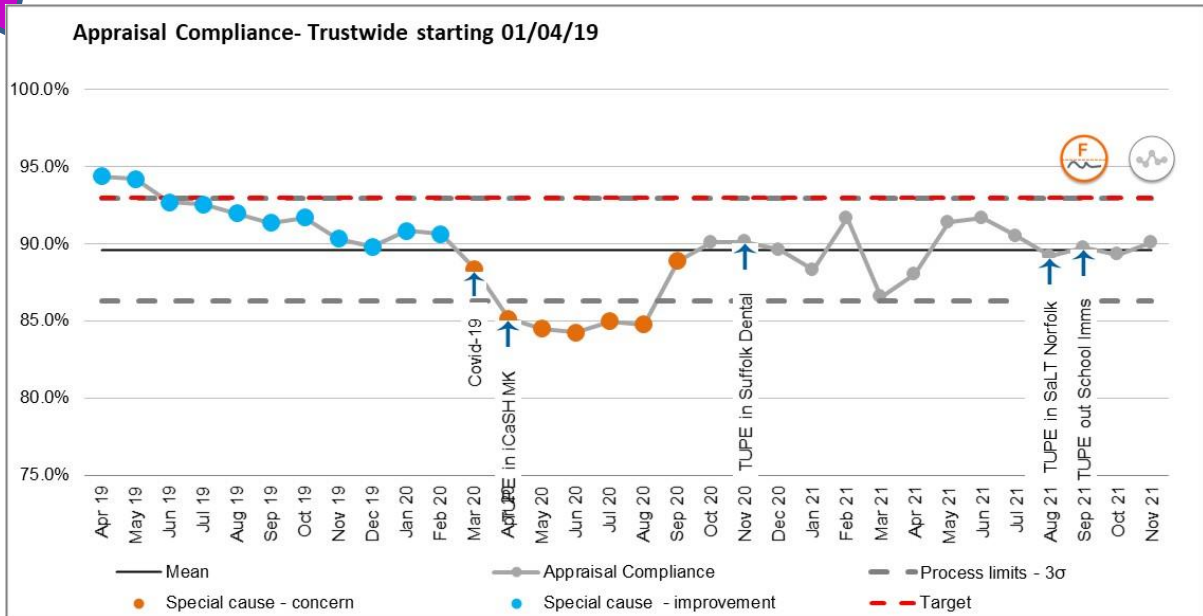


3. Appraisals

- 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 has increased slightly – October 2021 89.3%, November 2021 90.09%, however remains below the target of 94% for 2021/22. This could be in part due to the TUPE in of the Specialist Children’s Service Norfolk, who appraisal data was not available.
- 3.3. Beds & Luton Adults Service has the lowest rate (83.40%), Luton Children’s & Young People Service has the highest rate (96.36%). 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. Current workforce challenges

4.1 At our Clinical Operational Boards during the second week of January 2022 the following workforce challenges were highlighted. No action is required by the Trust Board as a variety of actions and mitigations are in place. A summary is below:

- The impact of the longevity of the pandemic on the health and wellbeing and morale of our staff. In addition, the arrival of the Omicron variant pre-Christmas had a detrimental impact on staff morale and personal resilience levels. Staff absences, due to the new variant causing more positive tests and isolation requirements, are resulting in additional short term staffing challenges across a number of services.
- Morale and workforce pressures are monitored and reviewed regularly by our senior leaders and discussed at our Incident Management Team (IMT). Due to overall impact and decrease in staff morale and increase in workforce challenges risks 3163 and 3164 were increased to 20. The health and wellbeing of our workforce remains a key focus Trust-wide.
- 0-19 Health Child Programme – Trust-wide. Staffing pressures/vacancies continue in a number of our 0-19 services. To mitigate risks our services are working in line with our agreed escalation/business continuity frameworks and our Clinical Leads continue to meet on a regular basis with our Deputy Chief Nurse to share and learn together. Recruitment and retention plan is in place and is being implemented.
- Community Paediatrics – demand and capacity pressures continue in Bedfordshire and Luton Community Paediatric team and the Cambridgeshire Community Paediatric team. A new Consultant has however been appointed to the Bedfordshire team pre-Christmas and two additional specialist nurses also recruited. Consultant recruitment continues for the Luton team.



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- The Bedfordshire and Luton Occupational Therapy Service is continuing to experience three primary challenges restricting pre-Covid19 performance levels:
 - Demand for EHCP assessments has risen during the Covid19 Pandemic restricting capacity to meet the needs for Children with universal needs.
 - Backlog of Children requiring face to face appointments.
 - Additional time required between face to face appointments to allow safe movement around the site for patients / staff, donning / doffing of PPE and additional cleaning measures.
- Bedfordshire and Luton Nutrition and Dietetics Services recruitment remains a local and national challenge, along with a shortage of locums. The service is currently advertising for a full range of skill mixed roles, for both support roles and qualified staff.
- Luton District Nursing Services (risk 3337 – currently scored 16). Capacity pressures within this team remain a significant challenge, both recruitment and retention, as well as short term sickness absence linked to the new variant. These continue to be managed through a combination of ongoing recruitment activity; proactive patient case management; agency and bank staff. In addition, the Trust submitted a joint international recruitment bid with the London Collaborative and we are planning to recruit 10 community nurses via this route during 2022. Although not a short-term solution, if successful, this will significantly improve capacity and resilience across the team.
- Dynamic Health. Recruitment into specialist positions has improved with all posts now offered, however, physiotherapy vacancies remain high across the unit especially in Peterborough/Wisbech. Recruitment is ongoing and the team is working intensively with the recruitment team to ensure vacancies are advertised, processed and appointed to rapidly.
- iCaSH Services continue to experience unprecedented demand for Long Acting Reversible Contraception (LARC) and this service continues to have a waiting list for this service. Staffing pressures exist across all counties and recruitment campaigns are underway to resolve vacancies and staff development programmes have commenced.
- Large Scale Vaccination Services. Following the Prime Ministers announcement in December of the importance of ramping up the booster campaign, significant additional capacity was required to deliver this ambition. A call to arms was put in place across corporate services and all staff were asked to support our vaccine centres. In addition a number of clinical staff from other services were redeployed into our centres during December and January. Risk 3284 was increased to 16 during this period and reduced to 8 on 11 January 2022 in line with this peak in demand.



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5. Mandating Covid Vaccinations from April 2022

- 5.1 The Trust is currently in the process of implementing the Vaccination as a Condition of Deployment for Healthcare Workers (VCOD) national guidance. This has been issued nationally from NHS England and NHS Improvement during December 2021 and January 2022.
- 5.2 The regulations apply to health and social care workers who are deployed in respect of a CQC regulated activity, who have direct, face-to-face contact with service users. This include individuals working in non-clinical ancillary roles who enter areas which are utilised for the provision of a CQC-regulated activity as part of their role and who may have social contact with patients, but not directly involved in patient care (e.g. receptionists, ward clerks, porters, and cleaners), regardless of contracted hours or working arrangements. All honorary, voluntary, locum, bank and agency workers, independent contractors, students/trainees over 18, and any other temporary workers are also in scope.
- 5.3 The Trust currently has circa 3700 individuals on its payroll, either substantive or bank, and we are currently in the process of identifying which roles are in and out of scope of the new regulations. It should be noted that most roles across the Trust will be in scope and it is confirmed that this will include all Trust Board members.
- 5.4 The regulations do not apply to those who:
- Are under 18
 - Are medically exempt
 - Have participated in a clinical trial for Covid 19 vaccine
 - Are pregnant and have a temporary exemption which will be valid until 16 weeks post birth
 - Are not in scope of the regulations
- 5.5 We are working in partnership with our staff side chair on the implementation of these new regulations and will implement them in a caring and compassionate way. We have also been promoting for many weeks that our Medical Director and Chief Nurse are available for 1:1 conversations with individuals who remain unsure about having the vaccine.
- 5.6 93% of individuals have confirmed that they are double vaccinated. The HR team are checking the vaccination status of all individuals. As at 18 January 2022, the vaccination status of 5% of our workforce remains incomplete/unknown (192). The HR team are contacting these individuals directly to finalise their records. We do however know that the remaining 2% (80) have not had a vaccination as at this date. To be compliant by 1st April 2022 individuals will need to have had their first vaccine by 3rd February 2022. Once we have the final data an equality impact assessment will be undertaken and risk 3426 will be updated.
- 5.7 Prior to 4th February, informal conversations will be held with staff who are non-compliant, or their vaccination status is unknown. Any individuals who remain non-

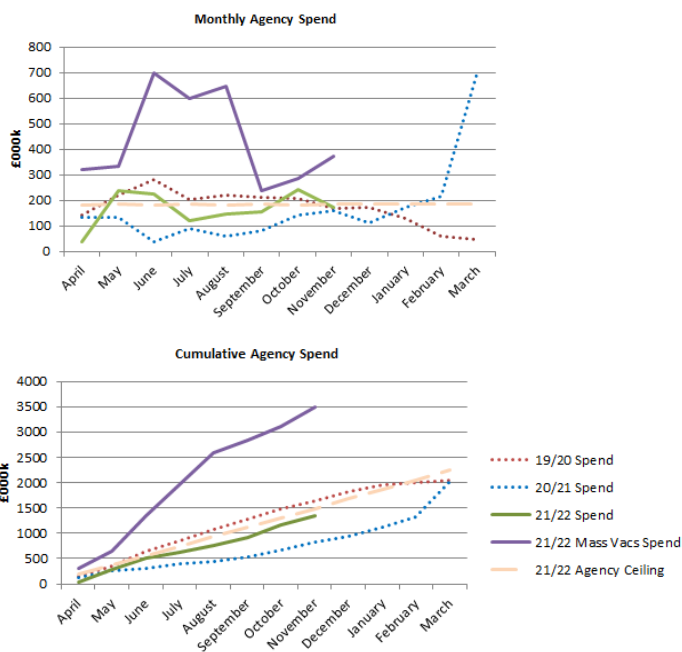


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compliant, but their role is in scope of the new regulations will be invited to a formal meeting after 4th February 2022. Individuals will be informed that the outcome of this meeting could be their dismissal. During the notice period we will continue to work with individuals to identify suitable redeployment for them either within the Trust or across our local systems. We are working in partnership with other NHS organisations across the East of England on the implementation of this guidance.

- 5.8 Patient facing volunteers are covered by the regulations. The Trust is following the same process as above for its own volunteers. In addition, voluntary organisations that are supporting our vaccination centres will be expected to follow this guidance and the national/regional vaccination team from NHS England/NHS Improvement are responsible for ensuring that this is in place as we access this support through national contracts.
- 5.9 Our contracting team are formally writing to all independent contractors/supply chain partners to seek assurance that they will be implementing this guidance as of 1st April 2022, where applicable.

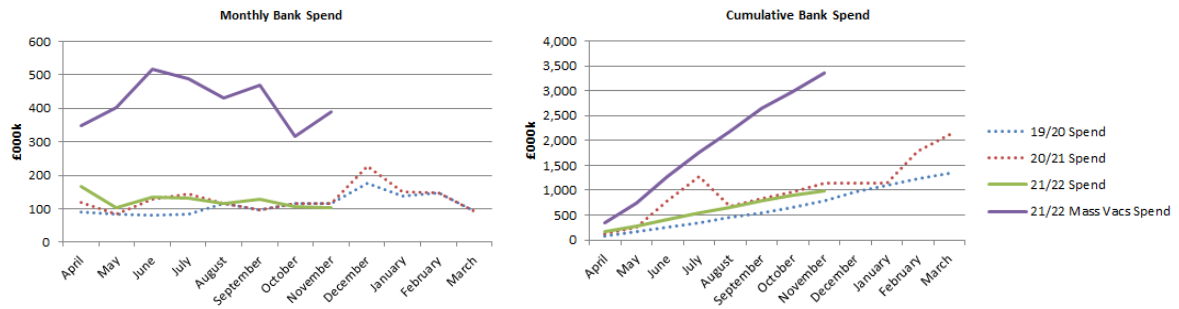
6. Agency/bank spend



- 6.1 The Trust's agency spend ceiling for 2021/22 totals £2,240k, which is the same as in 2020/21.
- 6.2 The Trust's cumulative agency spend at month 8 was £4,826k against the spend ceiling of £1,491k. The delivery of the mass vaccination service has increase agency usage over the period with spend to delivery this service totalling £3,487k at month 8 (which is included in the total spend cumulative figure). The agency ceiling has not been adjusted for the expected mass vaccination service spend.



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6.3 To assist the Trust to remain within the agency spend ceiling, the services have the availability of bank staff to fill short term staffing pressures. The Trust's cumulative bank spend at month 8 was £4,353k. The delivery of the mass vaccination service has increased bank usage and spend at month 8 was £3,361k (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) 	Restricted due to C19

1. The Board can take assurance of the Trust’s approach to collaborating with others from the following sources:

- The Trust has in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), East London NHS Foundation Trust (ELFT) and across the provider landscape in Luton.
- The Trust fully participates in ICS activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes (BLMK) and is represented on Norfolk’s Children Board and Norfolk Alliance.
- Chair and Chief Executive participate in Cambridgeshire and Peterborough ICS Board and BLMK ICS Partnership Board.
- Chief Executive is a member of the Cambridgeshire and Peterborough System Leaders group, BLMK CEO group and Bedfordshire Care Alliance CEO group.
- Chair, Chief Executive and Deputy Chief Executive actively involved with other NHS Partners across Bedfordshire and Luton in the development of the Bedfordshire Care Alliance and its core principles.
- Chair attends Leaders and Chairs group across BLMK ICS.
- Chief Executive and Assistant Director of Business Development and Strategy are members of the C&P Children and Maternity Collaborative Board.
- Deputy Chief Executive jointly chairs the Bedfordshire Health and Social Care Cell with Deputy Chief Executive from ELFT and Director of Adult Social Services from Bedford Borough Council. This forum is managing the Bedfordshire and Luton Out-of-Hospital response to Covid-19.
- Deputy Chief Executive is a member of BLMK Performance and Delivery and Health Cell, which meets fortnightly.
- Deputy Chief Executive chairs the BLMK Local People Board and is an active member of the Cambridgeshire and Peterborough Local People Board and the East of England Regional People Board. She is the chair of both the BLMK and Cambridgeshire and Peterborough Leadership and Organisational Development sub-group.
- Executive Leads attend Local Authority System level Health and Wellbeing Boards
- Director of Adults’ services Luton attends the Luton ‘At Place’ Board.
- Director of CYP Services Bedfordshire is a member of the BLMK Children & Young People’s Transformation Programme Board.
- Assistant Director of Business Development and Strategy is a member of the C&P North Integrated Care Partnership Board and the C&P South Integrated Care Partnership Board.
- Collaboration is at the core of the Trust’s research activities.

Collaborate with others

- Research Bi-annual Report received at Quality Improvement and Safety Committee which provided substantial assurance.

B: Measures for Achieving Objective

No	Measure	2021/22 Target	Source	Frequency	RAG Position as at November 2021
2a	The Princess of Wales Hospital site development plan milestones are achieved	Pass/Fail	Exec Team	Quarterly	
2b	The Cambridgeshire and Peterborough Children's Provider Collaborative MoU is signed	Pass/Fail	Exec Team	Annual	
2c	The Bedfordshire & Luton Provider Collaborative MoU is signed	Pass/Fail	Exec Team	Annual	
2d	Achieve our target to recruit patients/service users to research studies	Pass/Fail	Research Team	Quarterly	

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 3165** – There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working. (Risk Rating 8)
3. **Risk ID 3164** - there is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 20)
4. **Risk ID 3300** - Delivery of the mass vaccination programme for our staff and to the communities across Norfolk & Waveney, Cambridgeshire & Peterborough may be impeded by a range of factors including workforce supply and vaccine which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination. (Risk Rating 8)

Collaborate with others

5. **Risk ID 3323** - Risk to organisational reputation of delivery of the Lead Provider Contract for the roll-out of the Mass Vaccination Programme for Cambridgeshire & Peterborough and Norfolk & Waveney given the significant pace, complexity and political profile of the programme. (Risk Rating 12)
6. **Risk ID 3426** - If there is a surge in Service demands over the months Nov-March (winter period), the Trust may not have sufficient resources leading to sub-optimal Service delivery. (Risk Rating 12)

Operational risks

1. **Risk ID 3227** - There is a risk services will not have the capacity to provide timely and effective response to children & 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 20)
2. **Risk ID 3437** - There is a risk that if the trust does not have sufficient staffing capacity within SPOC then the service will not be able to meet its commissioned requirements in providing a focal point of contact for patients and professionals. This would result in potentially poor outcomes for patients through reduce response times and could lead to increased pressure on acute services where a potential community intervention could have been applied. (Risk Rating 16)

D: Overview and analysis

1. Strategic work-streams with others

To allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 has been agreed for new statutory arrangements to take effect and Integrated Care Boards to be legally and operationally established. This replaces the previous target date of 1 April 2022. The new target date will provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining our momentum towards more effective system working.

A summary of key system collaborations follows:

Bedfordshire, Luton and Milton Keynes Integrated Care System

[Strategic Indicator 2c – ‘The Bedfordshire & Luton Provider Collaborative MoU is signed’]

Felicity Cox¹ has been appointed as the Chief Executive Officer designate for the system NHS Integrated Care Board².

Whilst the system remains focused on establishing the NHS Integrated Care Board and associated system governance to achieve the adjusted national deadline of 1 July 2022,

¹ Felicity Cox has been the Accountable Officer for BLMK CCG since February 2021.

² <https://www.blmkccg.nhs.uk/felicity-cox-appointed-chief-executive-designate-for-blmk-integrated-care-board/>

Collaborate with others

the combined impact of vaccination booster surge effort, winter pressures and the Christmas break mean there is little update for the Board since the November 2021 report.

Development of the Bedfordshire Care Alliance continues. Work is focussed on agreeing: the prospectus with the ICB leadership (designate); on terms of reference for the Alliance as a committee of the Integrated Care Board; and on developing a transition plan leading to the delegation of system responsibilities to the Alliance.

Cambridgeshire & Peterborough Integrated Care System

[Strategic Indicator 2b – ‘The Cambridgeshire and Peterborough Children’s Provider Collaborative MoU is signed’]

Cambridgeshire and Peterborough Integrated Care System has announced that John O’Brien³ has been appointed as the Independent Chair designate Jan Thomas⁴ has been appointed as the Chief Executive Officer designate for its system NHS Integrated Care Board.

The system remains focused on establishment of the Integrated Care Board and associated architecture to achieve the new national deadline of 1 July 2022.

As a reminder, the Trust has been accepted an invitation to be the ‘Lead Provider’ for the planned Children and Maternity Collaborative. A shadow risk register is being created accordingly with risks covering both creation of the Collaborative and subsequent operation of the Collaborative. There will be an opportunity for the Board to co-produce the risks at a future development session.

The Integrated Care System team has published a description of the Most Capable Provider process that the Integrated Care Board will use to assure safe and effective delegation of functions to Accountable Business Units including the Children and Maternity Collaborative. The inaugural system meeting to determine the practicalities of the Most Capable Provider process was postponed from December 2021 to February 2022 because of the vaccination booster surge effort.

Princess of Wales Hospital, Ely

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

- The Trust is still waiting a response from DoH to the Expression of Interest submission.
- The Trust is due to invoke the land swap with Palace Green Homes by April 2022 and are working with them to achieve this.

³ <https://www.cambridgeshireandpeterboroughhccg.nhs.uk/news-and-events/latest-news/chair-designate-of-the-new-cambridgeshire-and-peterborough-integrated-care-board-announced/>

⁴ Jan Thomas is the Accountable Officer of Cambridgeshire and Peterborough Clinical Commissioning Group

Collaborate with others

- The Trust is continuing conversations with the LA on the land sale for the Care Home and the options for the car park.

Norfolk Integrated Care System

No developments to report.

2. Research Update – October and November 2021

2.1 Clinical Research Overview

2.1.1 The NIHR Research Portfolio within the Trust continues to expand. The Research Team continues to scope around 150+ studies per month, to explore those which appear to be suitable for Trust adoption.

2.1.2 In this reporting period there were a total of 12 National Institute for Health Research (NIHR) Portfolio research studies running within the Trust and four currently in set-up, including a commercial study. In this reporting period the recruitment numbers accurately reflect our activity, as downloaded from the Open Data Platform (ODP).

2.1.3 Before the new financial year, a business case was submitted to the Clinical Research Network (CRN) for additional funding to support the Research Team. As a result, we were awarded funding for a substantive B6 Research Facilitator post and have successfully appointed a candidate from within the Health Visiting Service in Bedfordshire who will commence in post in February 2022.

2.1.4 The CRN put out a call for applications to the Digital Innovations Project fund. We submitted a project around 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. We wanted to explore how this tool could be applied in a novel way, such as for research patient information sheets to see if there was any impact on participants (where English was not their first language) accessing information in their own language regarding the portfolio study they were interested in. We have been awarded this pot of money from the CRN, for spend within this year. We have called this project 'START'.

2.1.5 The CRN also put out a call to access funding to explore how Trusts could have non-research staff available for ad-hoc sessions to support research studies by promoting, identifying participants or giving the research intervention. As this fitted with our Research Champions' current workstream, we submitted a bid for this funding which was successfully awarded. This funding is to use within this financial year, with the potential to access more CRN funding next year if the scheme is found to be successful.







2.2 National Institute for Health Research (NIHR) Portfolio studies




2.2.1 The NIHR Clinical Research Network (CRN) has a Portfolio of high-quality clinical research studies which are eligible for consideration for support from the Clinical Research Network (CRN) in England.







2.2.2 The Research team has continued to scope for studies and consider their feasibility for the Trust. During this period of time the Research team has considered 270 studies for suitability for adoption into the Trust: 16 were potentially fitting with CCS NHS Trust services and 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 below in Table 1. In this reporting period there were a total of 12 Portfolio research studies running within the Trust and five are currently in set-up.

Table 1: Clinical Research for NIHR Portfolio Studies (accurate to 01.12.21 via Open Data Platform (ODP) NIHR portal)

Key to icons:						
Recruitment:	 Increased	 No change	 Completed	 in set up	 Restart	 Allocated funding/prize

NIHR Portfolio studies	Clinical Area	Type Interventional (I) Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
Prevalence of AACD in Patients with Cerebral Palsy of Unknown Cause (Reveal-CP)	CYPS Norfolk	O	PTC Therapeutics, Inc	0	0		Study opened Nov	Screening in patients with cerebral palsy like symptoms (CP)
Compression therapies for the treatment of venous leg ulcers. (VenUS 6)	Luton Adults	I	Manchester University	1	7		Recruiting	Clinical investigation of a medical treatment
Psychological Impact of Covid-19	Trust Wide	O	Southern Health NHS Foundation Trust	397	591	 	Survey now closed	Understanding impact of Covid-19 on our mental health
Integrating smoking cessation treatment as part of usual psychological care for depression and anxiety (ESCAPE Study)	Trust Wide (staff)	Both	University of Bristol	0	104		Survey now closed	Supporting future smoking intervention development
Babybreathe Postpartum smoking intervention.	CYPS Norfolk	I	University of East Anglia	9	9		Open and recruiting	Behavioural intervention to prevent return to smoking postpartum
Behavioural Interventions to treat anxiety in adults with autism and mod to severe intellectual disabilities. (BEAMS-ID)	Trust Wide	O	Coventry and Warwickshire Partnership NHS Trust	0	5	 	Survey now closed	Understanding routinely offered anxiety treatment within community settings
Evaluating Palin Stammering Therapy for children (Palin STSC).	Cambs CYPS SALT	I	Whittington Health NHS Trust	1	4		Study open and recruiting	Feasibility trial, to inform a larger scale RCT
Interpersonal counselling for adolescent low mood (ICALM)	CYPS Norfolk	I	Norfolk and Suffolk NHS Foundation Trust	4	4		Open and recruiting	Feasibility trial, to inform a larger scale RCT
Specific phobias in children with Learning disabilities (SPIRIT)	Trust Wide (staff)	O	Coventry and Warwickshire Partnership NHS Trust	2	2		Study opened in Sept	Understanding routinely offered treatments for phobias for children with LD
AHP Perceptions in Research Survey	Trust Wide (staff)	O	Leeds Community Healthcare NHS Trust	11	11	 	Survey closed	National evaluation of research perceptions among AHPs in the NHS
Scanning Eye training as a rehabilitation choice for hemianopia after stroke (SEARCH)	Bedford Orthoptics		University of Liverpool	0	0		Study Opened July No recruits yet	RCT, evaluating a rehabilitation intervention
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
Binocularly Balanced Viewing Study (Balance)	CYPS Bedford Orthoptics		Moorfields Eye Hospital	0	5		Recruitment closed, in follow up period	Important technology study into treatment for amblyopia
The role of different diets in children who are gastrostomy fed (Yourtube)	CYPS Cambridge	O	University of York	0	0		Recruitment closed, in follow up period	Building research knowledge of diets of children who are gastrostomy fed
Safer Online Lives	Trust Wide	O	University of Kent	0	0		No accrual attribution	Questionnaire investigating the

								online experiences of adults with ID
Spectrum10K	Trust Wide (Beds, Cambs, Norfolk CYPS, Dental)	O	University of Cambridge	Paused by Academic Group (UoCamb) due to adverse social media.	They are undertaking a wider consultation-		Study Opened in August- since has been paused	Large national study into genetic and environmental factors in Autism
Comparing various washout policies in preventing catheter associated complications (CATHETER II)	Luton Adults	I	NHS Grampian	-	-		Study in set up	Comparing interventions in clinical practice
Evaluation of school-based intervention of wearing glasses in young children (Glasses in classes)	CYPS Norfolk		Bradford Teaching Hospitals NHSFT	-	-		Study in set up	Aiming to improve academic achievement, visual acuity and adherence of wearing glasses
Evaluating Home-based Intervention Strategy to reduce chlamydia infection (HIS-UK)	iCaSH		University of Southampton	-	-		Study in set up	Studying a novel intervention in clinical practice
MSK Clinical Trial of an Investigational Medicinal Product (CTIMP)	Dynamic Health	Commercial	GlaxoSmithKline (GSK)	-	-		Study in set up	New drug for knee osteoarthritis (OA) Commercial study (PIC)
Understanding syphilis transmission among heterosexuals (NEXUS)	iCaSH	O	University College London (UCL)	-	-		Study in set up	Understanding risk factors, lifestyles and contexts facilitating syphilis transmission
Total recruitment within this period:				425	**751		RCF count for recruitment started from October 2021 (*2).	**Total for all NIHR Recruitment.

(*1) All figures accurate as of 01/12/21 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases) due to database delay, known figures vary).

(*2) Research Capability Funding (RCF) is allocated to research-active NHS health care providers if they recruited at least 500 individuals to non-commercial studies, conducted through the NIHR Clinical Research Network (CRN), during the previous NIHR CRN reporting period of 1 October – 30 September. This was achieved for the last 2 financial years.

2.2.4 A commercial study sponsored by GlaxoSmithKline (GSK) is being set up in our Dynamic Health MSK service. This is a Clinical Trial of an Investigational Medicinal Product (CTIMP) testing a new experimental drug for knee osteoarthritis (OA) patients. Impact: awaiting confirmation if expression of interest is successful.

2.2.5 Non-portfolio studies are studies that do not meet the criteria for adoption by NIHR and are, therefore, not entitled to Clinical Research Network (CRN) funding or support. However, if studies are defined as research then projects are still required to be submitted to the Health Research Authority (HRA) for approval. This process includes ethics and project approval and sign off by the host NHS site. There were no non-portfolio studies submitted to the HRA in this reporting period.

2.3 Student Studies and Non-Student studies – Local Permissions

2.3.1 During this reporting period, no students (CCS NHS Trust staff) and two non-student evaluations were submitted for local Trust permissions. The latter was given to colleagues at University of East Anglia (UEA) for an additional aspect to the evaluation project on Health Visiting screening for 2-year-olds versus children aged 3-years-old. The academic team now wishes parents to evaluate which Health Visiting screening they felt worked best for their child. There is also an external clinical psychologist who is undertaking an evaluation of the online version of the 'Cygnet Group Programme'.

**Table 2: Summary table for New MSc/Major projects and evaluations.
Update on results within this reporting period:**

Student/ Non-student or Evaluation Projects.	Area	Numbers	Update	Collaborations	Impacts/potential impacts
New in this data period					
Evaluation of HV screening at 2+ versus 3 years of age.	Children's HV services Bedfordshire and Cambs	tbc	Evaluations to parents via survey. Has Google translation button added.	UEA CCS Children's Young People Services	Collaboration and support to University of East Anglia academics from CCS staff.
Evaluation of the online version of the Cygnet Group Programme	Community Paediatrics, Fenlands	tbc	Commenced in November.	UEA Post-doc researcher	Clinically useful information as the in- person cygnet group programme was evaluated previously.

2.4 Fellowships, Internships, PhD Programmes and Grants

2.4.1 The Fellowships and Internships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education England (HEE). There have been two ARC Implementation Fellowship applications during this period, which were from two paediatricians. This year all references, support for time-out of clinical duties and a CV were required to be submitted with the application. The ARC also specified that funding was now capped at £12,500 per year and any shortfall had to be found by the Trust. No staff had commenced a new Fellowship (Table 3).

2.5 Grants

2.5.1 No grants were submitted within this period. However, we are exploring, with the academic lead at Anglia Ruskin University, writing and submitting to a charitable trust (The Peter Sowerby Foundation) a more basic project proposal on music therapy for upper limb problems in people who have had strokes. This grant remains in draft form, submissions can be made anytime throughout the year.

Table 3: Summary table for Fellowships/Internships/PhD Programmes and NIHR grant submission(s) - update on applications and results within this reporting period:

NIHR Fellowships/grant	Area	Numbers	Update	Collaborations	Impacts/potential impacts
New in this Data period					
NIHR/HEE Applied Research Collaboration (ARC) Fellowships 2022	Children & Young People's Service (CYPS) Cambridge & Luton	Two	Submitted 30/11/21	Applied Research Collaboration (ARC)/HEE	One project is around looked after children and the other around glue ear.
Update on on-going Fellowships					
NIHR/HEE Applied Research Collaboration (ARC) Fellowships 2020-2021	Children & Young People's Service (CYPS)	Two	The two Fellowship commenced in January 2020 have both been	Applied Research Collaboration (ARC)/HEE	Working with children in geographical areas of high health needs.

	Norfolk & Luton		extended to December 2021.		
HEE/NIHR Integrated Clinical Academic (ICA) Pre-doctoral Clinical Academic Fellow	CYPS Cambs Speech & Language Therapy (SALT)	One	Commenced September 2019. 2.5 years duration. Progress has continued throughout lockdown.	University of London	Includes a Masters in Applied Research in Human Communication Disorders. Masters has been submitted Nov 2021.

- **National CRN Study prioritisation codes** – these numbers are used to score studies to enable the Trust to prioritise those with a higher score. We have aligned our scoring of the potential studies to adopt, as part of the feasibility process.
- **National High Level Objectives (HLO)** as determined by the Department of Health & Social Care (DHSC) and monitored by the CRN Eastern. These objectives were refreshed and re-activated, as part of the NIHR Restart Programme. We were notified of the updated HLOs, in this reporting period. The majority of HLOs which impact upon our Trust remained unchanged. Those which were added related to the prioritisation of commercial studies; one about promoting research in non-NHS sites was removed although the CRN continue to encourage such collaborations.
- **Health Research Authority (HRA)** national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.
- **NIHR National Performance Metrics** – Performance in Initiating (PII) and Performance in Delivering (PID) have been re-instated and collated by the DHSC. The PII and PID are now on track being published in a timely manner, following each quarter.

2.6 Trust wide projects to build research culture and capacity

2.6.1 Norfolk Research Champions Project Update:

This project pilots a research champion role for all newly qualified health visitors and school nurses in Norfolk during their preceptorship. The project started in September 2019 but was paused last year due to Covid-19. The project is led by a steering group comprising CCS staff and Anglia Ruskin University (ARU) collaborators.

Objectives of the BREES project are: to map the current research engagement by Specialist Community Public Health Nursing (SCPHNs) across the East of England; to evaluate an exemplar SCPHN research capacity building programme; and to engage with stakeholders to develop locally tailored research capacity building.

The Norfolk evaluation: The steering group continues to scope re-starting final data collection for evaluation of the Norfolk project. Interviews were conducted remotely and the impact of Covid-19 will be taken into account in the evaluation. Honorary contracts have been given to those academic staff involved.

Impact: This project has generated interest from other Trusts local to Norfolk. The HEE funding was originally going to be for the wider BREES project

throughout the East of England, however the HEE is reviewing this decision due to other competing priorities for bids during this time. Virtual dissemination event is in February 2022.

2.6.2 Building the research capacity of the Trust workforce.

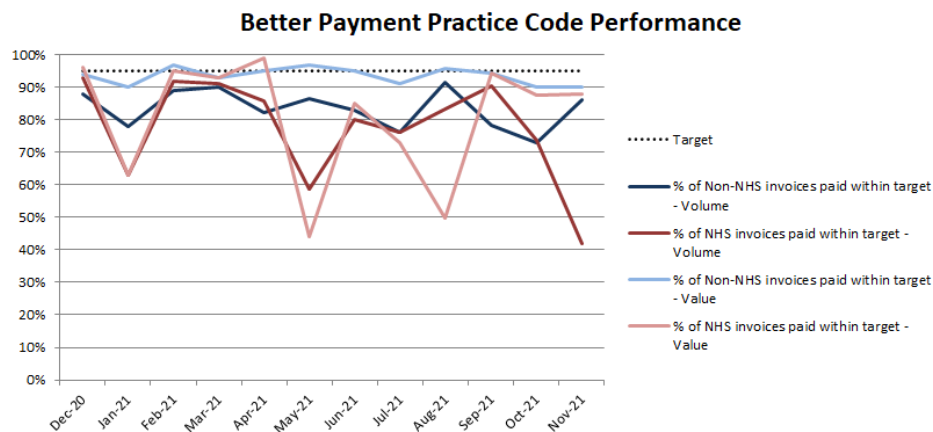
This CRN funded project is to explore how CCS staff outside of the Research Team could contribute to the NIHR Portfolio studies, by providing funded ad-hoc sessions to showcase studies, signpost potential participants or give the research intervention as part of the trial protocol. Staff will be provided with research training and support from the Research team to fulfil these additional sessions. The remit is open regarding the project; if there are positive benefits and outcomes, there is potentially further funding for the next financial year to continue this important research capacity.

2.7 Published papers and posters within this period

2.7.1 No posters, but two papers were published in this period:

- Neurosurgical virtual clinic outcome review – Getting it right first time, J van Maurik - Physiotherapy, 2021 - <https://doi.org/10.1016/j.physio.2021.10.141>
- Early-stage innovation report Bone conduction hearing kit for children with glue ear, Tamsin Mary Holland Brown et al. BMJ Innovation, <http://dx.doi.org/10.1136/bmjinnov-2021-000676>

3. Public sector prompt payments



- 3.1 The average in month prompt payment results across the four categories was 81% in month 7 and 77% in month 8.
- 3.2 With regards to NHS invoices, performance has decreased over months 7 and 8. The Trust is worked hard to consistently improve the NHS performance.
- 3.3 With regards to non-NHS invoices, achievement in both categories has been relatively consistent in the last 12 months – with an average of 88% achievement over this period. Over months 7 and 8, the average achievement in each category is 80% and 90% for Volume and Value respectively, which is a decline on the previous reporting

Collaborate with others

period. The team have worked with suppliers during the period to resolve outstanding invoice issues which has unfortunately impacted on performance

- 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	Substantial
	WL2 Recovery of COVID-19 costs	
	WL3 CIP in line with plan (paused for Covid-19)	
	WL4 Capital spend in line with budget	
	WL10 Reduced travel mileage spend	

1. In accordance with the Trust’s Assurance Framework, the Board receives assurance from the reporting of the Trust’s financial sustainability and performance from Strategic Risks number 3167, and Clinical Operational reporting of financial performance and escalation processes.
2. The Trust Board will also take assurance from External Auditor’s Unqualified opinion and its “Value for Money conclusion” of the Trust’s 2020/21 accounts. Internal Auditor’s assessments during 2020/21 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 COVID-19 pandemic has continued to require sustainable funding measures to be in place for the remainder of the financial year. The Trust’s year to date financial performance is showing deliver of a break even 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

	Measure	21/22 Target	Data source	Reporting frequency
4a	Sustain a ‘Finance and Use of Resources’ rating one ¹	1 ²	NHSI Finance Return	Monthly
4b	Board Level Green Plan in place by end of financial year 2021/22	Pass / Fail	Green Plan	Annual
4c	To increase the number and added value of digital interactions with patients	Baseline / targets and number to be determined 21/22	Business Informatics	Annual



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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 3426** - If there is a surge in Service demands over the months Nov-March (winter period), the Trust may not have sufficient resources leading to sub-optimal Service delivery. (Risk Rating 12)

Related Operational Risks 15 and above

1. **Risk ID 3337** – Adult 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)
2. **Risk ID 3437** - There is a risk that if the trust does not have sufficient staffing capacity within SPOC then the service will not be able to meet its commissioned requirements in providing a focal point of contact for patients and professionals. This would result in potentially poor outcomes for patients through reduce response times and could lead to increased pressure on acute services where a potential community intervention could have been applied. (Risk Rating 16)

D: Overview and analysis

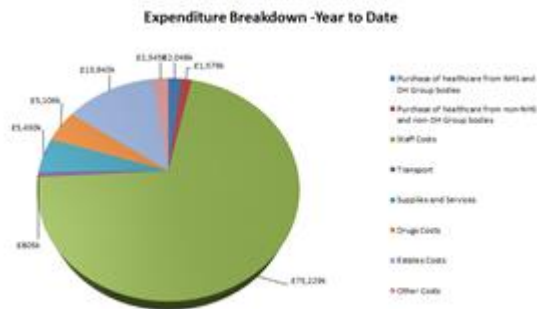
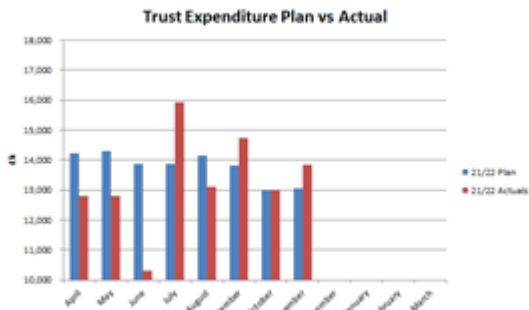
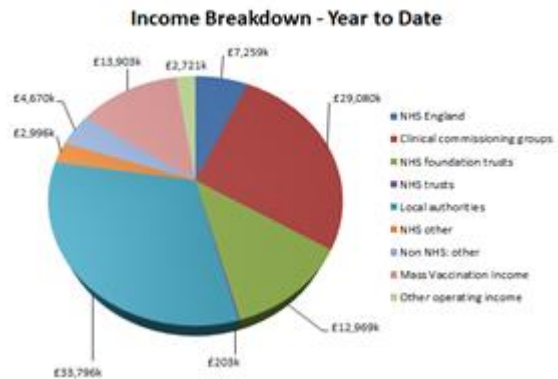
Finance scorecard

Finance Dashboard	Section in Report	Plan M8	Actual M8	Variance M8
Operating income	1	£111,563k	£107,597k	(£3,966k)
Employee expenses	1	(£76,662k)	(£75,155k)	£1,507k
Operating expenses excluding employee expenses	1	(£33,789k)	(£31,330k)	£2,459k
Trust Surplus/(Deficit)	1	£0k	£0k	£0k
Closing Cash Balance	2		£10,541k	
Capital Programme	4	£2,007k	£2,075k	£68k
Agency Spend	SO2 - 4	£5,301k	£4,740k	£561k
Bank Spend	SO2 - 4	£10,038k	£4,610k	£5,428k



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1. Income and expenditure



1.1. Due to the Covid 19 pandemic, interim block funding arrangements are in operation for 2021/22, based on an uplift of 0.5% on 2020/21 contract values. This arrangement will continue until the end of the financial year and the Trust is planning to achieve a breakeven position during this period. Monthly financial monitoring of cash flows continues from 2020/21.

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

Division Level	Income £'000	Pay £'000	Nov-21			Net Budget £'000	Variance £'000
			Non-Pay £'000	Net Total £'000	Net Total £'000		
Ambulatory Care Service	1,235	(14,130)	(6,624)	(19,519)	(20,691)	1,172	
Bedfordshire Community Unit	1,047	(9,734)	(1,643)	(10,330)	(9,916)	(414)	
Childrens & Younger Peoples Services	1,380	(20,743)	(1,933)	(21,296)	(22,222)	926	
Luton Community Unit	793	(13,344)	(2,129)	(14,680)	(15,185)	505	
Mass Vaccination Service	13,903	(10,644)	(3,259)	-	-	-	
Other Services	103,143	(17,205)	(20,113)	65,825	68,014	(2,189)	
CCS Total @ 30th November 2021	121,501	(85,800)	(35,701)	-	-	-	

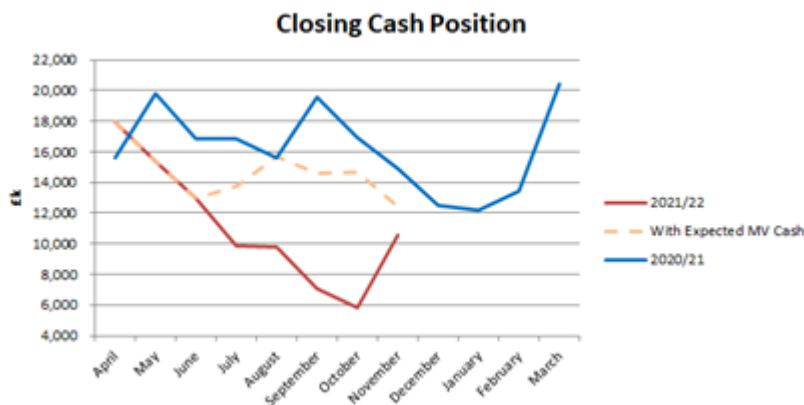
1.2.1. Ambulatory Care Services delivered an underspend of £31k in month 8 to give a cumulative underspend of £1,172k. The main reason for the cumulative underspend, is due to vacancies and redeployments in pay and reduced non-pay expenditure from the reduction in service activity resulting from Covid 19, particularly in pathology costs in the iCaSH services.



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- 1.2.2. Bedfordshire Community Unit delivered an overspend of £25k in month 8 to give a cumulative overspend of £414k. The main reason for the overspend is due to pay locum spend in Community Paediatrics.
- 1.2.3. Children's & Younger Peoples Services delivered an overspend of £17k in month 8 to give a cumulative underspend of £926k. The month 8 position is impacted by one off equipment and estates costs. The main reasons for the cumulative underspend are vacancies in the service and a fall in non-pay expenditure, particularly reduced travel costs because of Covid 19.
- 1.2.4. Luton Community Unit (including Luton Children's Services) delivered an underspend of £120k in month 8 to give a cumulative underspend of £505k. The cumulative underspend position is due to pay establishment savings in Adult services.
- 1.2.5. Mass Vaccination Service is fully funded and any expenditure is offset by income.

2. Cash position



- 2.1. The cash balance of £10.5m at month 8 represents an overall increase of £3.5m on the previously reported position at month 6. The Trust received reimbursement for the expenditure on the mass vaccination service in November. Trade receivables have decreased over the reporting period to improve on the cash position.

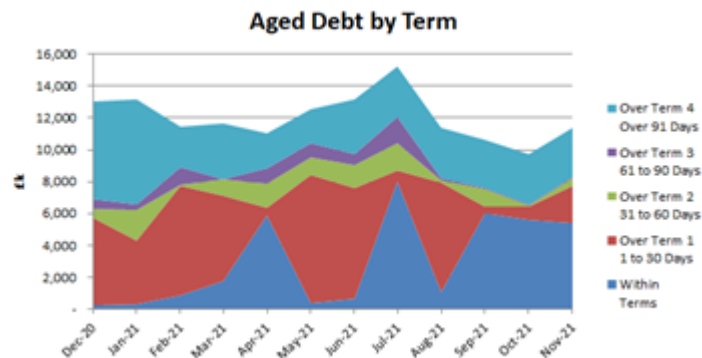


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3. Statement of Financial Position

	November 2021 £'000	September 2021 £'000
Non-Current Assets		
Property, plant and equipment	56,131	55,985
Intangible assets	285	298
Total non-current assets	56,416	56,283
Current assets		
Inventories	342	342
Trade and other receivables	22,062	25,881
Cash and cash equivalents	10,541	7,040
Total current assets	32,945	33,263
Total assets	89,361	89,546
Current liabilities		
Trade and other payables	(22,102)	(22,287)
Provisions	(910)	(910)
Total current liabilities	(23,012)	(23,197)
Net current assets	9,933	10,066
Total assets less current liabilities	66,349	66,349
Non-current liabilities		
Trade and other payables	(1,045)	(1,045)
Provisions	(968)	(968)
Total non-current liabilities	(2,013)	(2,013)
Total assets employed	64,336	64,336
Financed by taxpayers' equity:		
Public dividend capital	2,434	2,434
Retained earnings	44,256	44,256
Revaluation Reserve	19,299	19,299
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	64,336	64,336

3.1. Trade and other receivables decreased over the reporting period by £3.8m and trade and other payables have decreased over the reporting period by £0.2m.



3.2. Total trade receivables decreased by £0.9m in October to £9.7m and then increased by £1.6m in September to £11.3m. The breakdown in November is £3.2m (29%) from NHS organisations; £7.6m (67%) 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:



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Norfolk County Council	£1.7m
Cambridgeshire County Council	£1.1m
NHS Cambs & Pboro CCG	£0.7m

3.4. For the debt over 90 days old, as this is predominantly due from NHS and Local Authority bodies, it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period (month 8) Norfolk County Council and Cambridgeshire County Council have subsequently paid £1.7m and £0.3m respectively to reduce their outstanding balance.

4. Capital spend

4.1. Capital spend to date is £2.1m against a plan of £2.0m. The main areas of spend are IT equipment (£1.3m) with further planned spend on the continued development of North Cambs Hospital and the refurbishment of Nash House, Suffolk.

5. Use of resources

5.1. This metric is currently not being reported on due to Covid 19 and the emergency financial measures in place.

6. Contract performance

6.1. Due to COVID-19 contracted processes performance monitoring have been suspended, and focus is on working with commissioners to prepare for and respond to the emergency and relax local monitoring requirements. The Trust continues to monitor and report contracted KPI's within the Clinical Operational Boards.

