

TRUST BOARD

Title:	Integrated Governance Report
Action:	For DISCUSSION and to AGREE Assurance levels
Meeting:	16 March 2022

Purpose:

The Trust continues to operate under the national level 4 Covid-19 pandemic and pressures continue on our services both from increased demand but particularly from low staff morale and absence due to sickness and vacancies.

Following the surge in vaccinations in December due to the national push to ensure a maximum uptake of booster doses there was a subsequent drop in bookings during January. The focus was then on vaccinating the clinically extremely vulnerable 5-11 year old cohort and planning for all 5-11 year olds during the upcoming easter holiday period.

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 December 2021 and January 2022 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 – December 2021 and January 2022

The Integrated Governance Report (IGR) provides a detailed summary of Trust performance against each objective during December 2021 and January 2022 and this assurance is summarised in the table below.

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

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

Recommendation:

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

Supporting Information:

Appendix 1: Patient Safety Framework

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"/>

CONTENTS

Page No.

Executive Summary

Assurance Summary and Performance for December 2021 and January 2022

Outstanding Care	1
Excellent Employer	24
Collaborate with others	35
Sustainable Organisation	47

Supporting Information

Appendix 1 – Patient Safety Framework

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

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 December 2021 and January 2022 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 – December 2021 and January 2022

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

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

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

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

1. Children's Clinical Operations Board

The staff story at the Children's COB related to the Bedfordshire and Luton Nursing Skill mix within community paediatrics and specifically the benefits challenges and positive impact of the development of the clinical nurse specialist role.

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. The change in government position relating to mandating vaccine status of all NHS staff had further impacted negatively on staff morale, however, a review on this was welcomed and it was anticipated that this legislation would be revoked. It was acknowledged however that the Trust would continue to encourage all staff to be vaccinated.
- Annual service planning for 22/23 was presented and this was signed off by the COB.
- 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 operate their business continuity arrangements as agreed with commissioners.
- Demand also remains high for our pan Bedfordshire OT service and this continues as a targeted service.
- Recruitment difficulties continue for some posts notably Health Visiting; Community Paediatrics and the Nutrition and Dietetics Service across Bedfordshire. A detailed action plan has been developed for 0-19 services and these actions were shared with the Board.
- Demand and capacity pressures continue across our Community Paediatric services, however, it was confirmed that clinical prioritisation and criteria in place with Medical Director oversight in place.
- 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. However, it was noted that recurrent demographic funds have been secured which has improved our position.
- Services continue to deliver using a blend of telephone, virtual and face-to-face visits/contacts dependent on clinical need.
- Updates on the various local authority Ofsted and SEND inspections was given.
- Norfolk Health Child Programme continues to experience significant service pressures, due to a number of staffing challenges. Recruitment and Retention premia has been agreed for some roles.
- Performance rates for initial health assessments are improving and some targeted work has taken place with Local Authority colleagues which has helped with this.
- All staff continue to be encouraged to undertake twice weekly lateral flow testing.
- Work to improve the telephony system in Norfolk continues and a lessons learnt event took place in January 2022.
- Norfolk Speech and Language Therapy – commissioners have been challenged in relation to activity that they commissioned from our team. Options being considered to increase activity to enable the continuation of the current waiting list reduction work and meeting EHCP statutory needs.

Matters for escalation and outcome required:

- Staff recruitment and vacancies within 0-19 services remain high and recruitment and retention plan being implemented.
- Staff absence due to sickness or self-isolation remain above Trust target.
- Healthy Child Programme services continue to deliver services in line with their business continuity plans.
- Bedfordshire and Luton Community Paediatrics – average RTT wait in Bedfordshire is 39 weeks with longest wait at 64 weeks; average RTT in Luton is 42 weeks with longest wait at 64 weeks. Average wait in Cambridgeshire Community Paediatrics is 10 weeks with the longest wait at 35 weeks. Quality

Impact Assessments currently being completed and will be completed by end March 2022 and presented at a future Ethics Committee.

- Norfolk Healthy Child Programmen - service continues to experience significant service pressures and a draft recovery plan has been submitted to Norfolk Commissioners in relation to meeting mandated contacts within 0-19 services. This plan details short and long term actions.
- Cambridgeshire Health Child Programme – universal ante natal assessments are currently paused in agreement with commissioners.
- Serious Incident declared in January 2022 and is currently being investigated.
- Bedfordshire and Luton Occupational Therapy and Speech and Language Therapy Services continue to see an increase in EHCP requests and referrals to tribunals. Services are currently experiencing reduced capacity.
- A number of performance KPIs remain red, however, all changes to service delivery models have been agreed with commissioners where needed.
- Responding to the covid pandemic has affected compliance for some teams in some mandatory training subjects. Compliance will be improved as staffing pressures reduce.

Risks of 15 or above and emerging risks:

- 1 risk continues to be in place at 16 – Emotional impact on workforce when exposed to high risk safeguarding incidents. (3250).

Outstanding practice and innovation for the Board to note:

- Luton Health Child Programme have recommenced child development reviews in clinic settings with COVID safe measures in place.
- Digitalisation of the process of A&E notifications from Norfolk Hospitals to Healthy Child Programme went live at end February 2022. In addition, following on from the very successful 'We are Still Here' campaign earlier in the pandemic an updated postcard is being sent directly to 10,000 households promoting 'Just One Norfolk'.
- Cambridgeshire Healthy Child Programme – good progress is being made with the planned launch of the 'Getting Ready for Change' transition health questionnaire in the 5-19 pathway . On track to go live for Year reception in March 2022, Year 6 May 2022 and year 9 June 2022.
- Bedfordshire and Luton Looked after Children teams have now been brought together.
- Bedfordshire and Luton Community Paediatric Services – electronic prescribing has been implemented; co-production work continues; joint recruitment taking place with East London Foundation Trust.
- The Bedfordshire Audiology Service is extending its offer to include ear wax removal. This will reduce referrals into secondary care.
- Community Eye service has defined a proposal to expand eye care services in special schools.
- Newborn Hearing Screening Service continue to achieve Public Health England KPIs despite Covid challenges. 99.4% of babies have a successful screen before they are 4 weeks old.
- Dr Tamsin Browns glue ear app has been adopted by the National Deaf Children's Society.
- Our Mental Health Support Teams have been selected for a site visit from the National team in March, as a 'well performing' service in the eastern region.

2. Adult Clinical Operations Board

The Adult COB received the following:

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

2.1 Luton Adults

- **Mandatory training** – Overall mandatory training has stabilised to a position of 95%.
- **Appraisal rates** – have continued to fall with Luton adults now sitting at 80% (Beds Neuro and ABI remain in a strong position at 97%) with the drop in numbers reflective of staffing challenges with patient activity having to be prioritised.
- **Sickness rates** – Total sickness rates across Luton and Bedfordshire Adult services have continued to rise since August 2021. The overall figure for January is 10.6% inclusive of Covid related absence and 8.28% with this removed.
- **Staffing capacity** – Staffing capacity remains a challenge for the whole of the Luton system and as reflected within adult services risk 3337. This challenge continues to be managed through a combination of ongoing recruitment activity coupled with a risk management approach to patient prioritisation when demand exceeds our available capacity. A cross service risk rating of all patients has been completed to ensure that resource is moved to the most appropriate place in times of crisis, not just within services but across all adult services as a whole
- **International recruitment** – As part of the ongoing efforts to close our recruitment gap we have committed to taking forward the option of international recruitment. Our strategic partnership with ELFT has allowed us to gain access to the Capital Nurse Consortium. This is a London Consortium which acts as Lead Recruiter for London NHS Trusts. ELFT qualify to be part of the consortium by virtue of their London based contracts. We have committed to taking 10 internationally recruited nurses into the Luton contract over the next 12 months.
- **Risks of 15 or above and emerging risks:**
 - Risk ID: 3337** (rated 20) – clinical staffing capacity
 - Risk: 3437** (rated 16) – SPA Luton; reduced staffing capacity

Areas of outstanding practice

- **BLMK perfect week** – Along with the rest of the East of England region the BLMK ICS was tasked with identifying improvements in the discharge process and reduce the overall number of patients in hospital who do not meet the criteria to reside (no CTR) in a hospital bed (in other words they are ready for discharge). This work to date has uncovered a number of blockages within the system and an action plan has been developed as a result.

- **Support of the vaccination programme** – Luton Adult services continue to support the mass vaccination programme with staff seconded to Herts Community Trust through to July. In addition, we provided significant mutual aid through December and early January to create the capacity for third dose vaccinations in response to the Omicron variant.
- **Remote monitoring** – The CCS Matron and Diabetes pathways are now developed. This will add to the existing pathways for Respiratory and Heart Failure - An additional 10 new patients were added within January.

2.2 *Ambulatory Care*

- Pressures exist across all the services in Ambulatory Care with demand vs our capacity. Services are in continual business continuity mode problem solving, often on the day, trying to meet the patient demands in the face of unplanned sickness absence.
- Despite the challenges the Suffolk Special Care dental service has made great progress assessing the historical patient cohort with 850 patients left to assess from the original total of over 2200.
- We have secured four additional sessions from NHSE/I dental recovery funding for our service. report.
- Services are reporting issues with responses to digital desk calls following migration. However, if the issue is escalated to the AD of Digital then resolution is swift in most cases.
- Telephony work in iCaSH and Dental is underway. Progress is being made giving the services access to understanding where the challenges are within the services and in iCaSH actions have started to be taken to improve the call handling in advance of a new telephony system.
- There have been two Covid 19 outbreaks within the division in this reporting period.
- Waiting lists for routine Long-Acting Reversible Contraception (LARC) and PrEP provision continue across the majority of iCaSH localities.
- The current iCaSH wide waiting list was reported @ 2240 (18th February 2022, previously 2299 at last COB submission)
- **PrEP(pre-exposure prophylaxis):** The current iCaSH wide waiting list was reported @ 411 (18th February 2022)
 - Mitigations in place:
 - Triage/red flag assessments, emergency appointments
 - GP federation support, bank staff, excess hours
 - Use of underspend and any commissioner awarded emergency funding
 - Expanding issue of PrEP under Patient Group Directive (PGD) with supported nurse training and supervision package
 - Project to scope PrEP funding, using demand and capacity modelling
- There are significant pressures within the physiotherapy service with deployment, vacancies, delayed recruitment, unavailability of agency staff and sickness. We continue to have capacity issues within the service. System pressure in diagnostics and the continued increase in referrals from primary care with the increase in complexity will continue to affect our waiting times and our 18-week RTT for a significant period.

Risks of 15 or above and emerging risks:

Risk ID: 3324 – LARC (see above) risk increased from a 9 to 15 on 21 February 2022 (after the reporting period).

Areas of outstanding practice

- Dental services Friends and Family feedback is 100% across the service.
- The dental service have been awarded additional funding by NHSE for 4 sessions per week to reduce the special care backlog. This funding will run until March 2022
- The Dynamic health service are actively involved in the System Shared Care Record project with a system aim to go live with the shared care record phase 1 in May 2022. This is very exciting as the first Integrated Care System project which chimes with our digital and integration agenda. Project ownership and coordination is being discussed within CCS.
- Dynamic health's involvement as a referral feed to the "Worthwhile Waiting" project run by Meridian Primary Care Network has been very exciting. This project aims to support patients referred to hospitals for surgery and assist them in many ways whilst they are waiting. Following this successful project which has been talked about nationally for the last 6 months we have just heard a similar national model is being rolled out:
<https://www.england.nhs.uk/2022/02/pre-op-care-to-support-nhs-patients-ahead-of-surgery/>
The service received thanks from the PCN for the help and support in developing the project with them.
- The Dynamic health service celebrate the dedication and support of staff to redeploy again this time at short notice to Cambridgeshire & Peterborough Foundation Trust (CPFT) working flexibly different hours, different skill set and different locations. CPFT have reported their "can do" attitude, their willingness to "jump straight in" and their "solution focussed approach" to problems.
- The ICaSH service were successful in a bid for Digital Funding award to support some costs associated with the EPR single instance project.

3. Mass Vaccination Clinical Operations Board

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

- The majority of patients in all cohorts had been vaccinated and the service had been experiencing a quieter period.
- National guidance had been received setting out the medium to long term plans for covid vaccinations. The service was preparing for spring boosters for cohorts aged 75 and over, the clinically vulnerable and health care workers. Running alongside this would be the delivery of vaccinations for 5-11 year olds.

Vaccinating all age groups would bring a number of challenges including workforce and suitability of clinical settings.

- Seasonal boosters were planned for Cohorts aged 50 and over in the autumn. These may be co-administered with flu vaccinations.
- Levels of complaints remained consistent; key themes were the same and focussed around customer service issues and refusal to vaccinate owing to ineligibility.
- Incident themes were discussed.
- Many bank staff had been moved to fixed term contracts. This had caused some morale issues amongst those bank staff choosing not to move to a fixed term contract owing to a reduction in availability of bank shifts.
- Positive feedback had been received from parents/carers in providing a suitable environment for children.
- There had been a significant drop in FFT responses which was currently under review.
- A new medicines management risk had been raised in relation to the lack of availability of the paediatric vaccine; this was a regional issue.

Risks of 15 or above and emerging risks:

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

Matters for escalation and outcome required:

None.

Celebrations for the Board to note:

- The tremendous efforts by the Recruitment team in relation to retention and the transfer of bank to fixed term contracts.
- The work and effort undertaken in the adaptation of settings for the 5-9 cohorts.
- The service had been praised for being the most cost effective in the region and providing best value for money.
- Plans were underway to transition the service from temporary to permanent provision.



Provide outstanding care

A: Assurance Summary

<p>Safe</p>	<ul style="list-style-type: none"> 94% of incidents are low or no harm (Trust target is 90%). (S1) No Serious Incidents were reported in December 2021 and one in January 2022. No Never Events were reported in this timeframe. (S2) There was no healthcare acquired infections. There were five nosocomial Covid19 staff outbreaks in December and January. (S5) The staff flu campaign for 2021 has started, the current uptake is 74.08% as of the 14th of February 2022 against a trajectory of 89% and there is an action plan in place. (S6) There has been a surge in safeguarding enquiries across our geography. IPAC (Infection Prevention and Control) assurance framework has been reviewed and will be presented to Board in May 2022. (S8) All staff have access to appropriate PPE (Personal Protective Equipment). (S9) 	<p>Reasonable</p>
<p>Caring</p>	<ul style="list-style-type: none"> FFT (Family & Friends Test) outcome is 96.27% (target 90%). (C1) The number of informal and formal complaints has slightly increased but were within expected variance (total of 18 formal complaints received in December and January). (C2) 	<p>Substantial</p>
<p>Effective</p>	<ul style="list-style-type: none"> Mandatory training was recorded at 90% in January 2022. Safeguarding supervision was 89.85 in December and 85.89% in January 2022 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 (55% compliance in January 2022) with full compliance expected by March 2023. 	<p>Reasonable</p>
<p>Responsive</p>	<ul style="list-style-type: none"> RTT challenges are noted (see section 7). (R1) Seven complaints were resolved in December and January. (R2) 60 issues were investigated and closed via the informal complaints process during the reporting period. Covid19 incident response meets all national requirements. (R3) 	<p>Reasonable</p>

1. This report summarises the key elements of quality and safety that have been our focus since the beginning of the pandemic in March 2020. We have reprioritised our services in line with national guidance and are currently reviewing our service in line with the current level 4 incident response.
2. In addition to the overview and analysis of performance for December and January 2022, 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.
 - Our overall Care Quality Commission (CQC) inspection rating 'Outstanding' remains in place from August 2019 with 'Outstanding' within the caring and well-led domains.



Provide outstanding care

- 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 will be presented to board in May 2022.
- There have been five reported staff outbreaks of Covid19 infection within this reporting period.
- The Covid-19 booster programme was implemented in December 2021, 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.

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>January's result 96.27%</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	January 2021: 15,989 responses
1d	Deliver the locally agreed patient related annual Equality Delivery System objectives	Pass / Fail	Equality Delivery System	Annual	Update on metrics provided within the paper.
1h	Increase the number of services supported by volunteers	TBC	People Participation Committee	6 monthly	This metric is currently paused however, will be reinstated in 2022/23.
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



Provide outstanding care

					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	All incidents reported this financial year have been linked to safeguarding. No opportunity to involve families/ service users and patients in the process.
1g	Sustain the level of overall mandatory training	94%	ESR	Monthly	Total: 90% January 2022

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)
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 November- 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



Provide outstanding care

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 and adult safeguarding enquiries during the pandemic. This may result in a failure to support multiagency decision making to assess actual or likely risk of significant harm and provide timely intervention to promote the wellbeing and protect children/young people and adults at risk of harm. (Risk Rating 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)*
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 and 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 December 2021 and January 2022.



Provide outstanding care

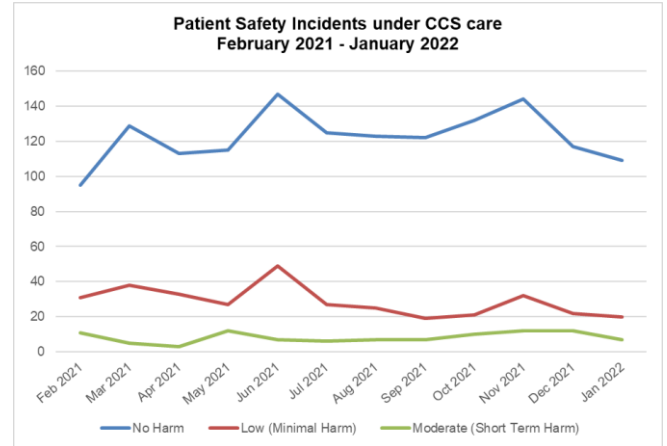
2. Patient Safety

- 2.1 In October 2021 the Trust received a letter from the national team requesting that the board was fully sighted on the Patient Safety Framework within six months of the date on the correspondence. A presentation was due at the Board Development Day in February 2022 however due to Covid-19 continuity planning this item was deferred. In order to meet the six-month deadline a full update on the framework is provided in Appendix 1, with a high-level action plan detailing the work the teams have commenced.
- 2.2 No Serious Incidents (SIs) were declared in December 2021, one SI was declared in January 2022, and no Never Events were declared during this period.
 - 2.2.1 Whilst no new SIs were declared in December however a further incident was added to an existing SI investigation. This was agreed at a panel meeting as the second incident occurred in the same service. The revised deadline is 3 May 2022. An interim action plan has been submitted to the Commissioners to provide them with assurance that initial mitigations have been put in place.
 - 2.2.2 The January incident is linked to a safeguarding theme. The external submission date is 20 April 2022. As part of the investigation process a SMART action plan will be written with the involvement of the Service Manager.
- 2.3 Two incidents were submitted to the Commissioners for closure – one in December 2021 and one in January 2022.
 - 2.3.1 One Serious Incidents was submitted for closure in December. This incident related to the School Immunisation Service and occurred on the 20 July 2021 prior to their transfer out of the Trust. The investigation was taken forward by the new provider (Hertfordshire Community NHS Trust) who submitted the final report to the Commissioners prior to sharing with the Trust. On receipt of the final report, there were some inconsistencies which are being explored further.
 - 2.3.2 One Serious Incident was submitted for closure to the Commissioners in January. This was linked to the HCP pathway and the findings from the investigation included a requirement to embed the think family approach within assessment processes and interactions. A SMART action plan has been developed and is scheduled for review in April 2022.
- 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 to agree next steps and/or close and approve submitted investigation reports.
- 2.5 A total of 13 panel meetings were held in December 2021 and ten in January 2022. The panels were a combination of reviewing final reports, discussion on next steps and action plan reviews.



Provide outstanding care

2.6 The chart highlights those patient safety incidents that occurred under our care and includes the two-month period of December 2021 and January 2022. These incidents totalled 287 which was a decrease of 68 incidents on the previous two-month period.



2.7 During this period there was a loss of access to Datix for Bedfordshire and Luton Services because of the migration of the IT system / server problems. The Safety Team reported incidents which were notified to them via paper forms during this timeframe, however it is not known as to whether all incidents were communicated to the team.

2.8 Of the 287 incidents, 79% were no harm incidents, 15% low harm and 6% moderate harm which was the same as the previous two-month period (October and November 2021)

2.9 Nineteen moderate harm incidents (whilst under CCS care) were reported, which was a decrease of three incidents on the previous two-month period.

2.10 Of these 19 incidents, 14 were reported for Luton Adult Services of which 13 related to acquired pressure ulcers and the remaining incident related to medication (review of medication dosage). Four incidents occurred in the Large-Scale Vaccination (LSV) Service. The remaining incident was reported by the Dental Service.

Incident Themes

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

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

December 2021	January 2022
Clinical, assessment and treatment: 83 Access, admin, transfer, discharge: 66 Medication: 56	Clinical assessment and treatment: 98 Medication: 53 Access, admin, transfer, discharge: 44

2.12 Incident themes are quite specific to different service directorates due to the diversity of work undertaken. A Trust wide view of themes showed that within each of the categories above the following was noted in December 2021 and January 2022:

2.12.1 **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 (72%) due to the type of work and volume of visits they undertake.



Provide outstanding care

- 2.12.2 Also included in this category are incidents relating to scans / x-ray / specimens / test results - iCaSH Service reported 8% of the overall figure. These incidents were linked to the external provider and included issues such as results being delayed.
- 2.12.3 **Medication:** Medication incidents related predominately to Luton Adult Services (46), Large Scale Vaccination Service (37) and iCaSH Services (17). It should be noted that over 90% of these incidents are no (89%) or low (4.5%) harm. The remainder were graded as moderate harm, however, only four related to CCS care delivery and are referenced above for LSV. 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.
- 2.12.4 **Access, administration, transfer and discharge:** This theme is predominantly a lack of referral into the Trust from another trust or an individual requiring community-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, and a meeting has been had with the national team around next steps.
- 2.12.5 Where themes were linked to external providers, issues are picked up during liaison with the services or via the service leads.

2.13 National Patient Safety Alerts

- 2.13.1 There is a robust process in place for managing and acting on alerts through the Safety team which is overseen by the Deputy Chief Nurse. The Chief Nurse and Medical Director are alerted to all relevant alerts via Datix and participate as needed in task and finish groups to address the issues. Details of all safety alerts are shared via the Trust's intranet site.
- 2.13.2 In December 2021 and January 2022, 31 alerts were received; none of which was a national patient safety alert. All Central Alerting System (CAS) alerts were actioned and closed within the required time frame.
- 2.13.3 A report on the received alerts is shared via the intranet monthly.

3. Medicines Management

3.1 Medicines Risks

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

3.2 Mass Vaccination

- 3.2.1 Following a surge of vaccinations in December 2021 due to the national push to ensure maximum uptake of booster doses, there was a significant drop in bookings in January 2022. This trend occurred on a nationwide basis. The incident across another organisation mentioned in the previous report, resulted in the Trust accepting 33 trays of 1170 doses of Pfizer vaccine. The



Provide outstanding care

vaccination centres used up much of this before its expiry date. The MHRA agreed a 14 day extension for certain batches, which enabled the sites to use up some more of the excess stock. That date has now expired and all remaining stock from that intake has been disposed of. Some of the local hospital hubs also accepted vaccine into their ultra-low temperature (ULT) freezers at that time and the Trust has been drawing from that resource. This was because the Immform ordering platform was closed until it had all been used up.

3.2.2 In addition, the sudden drop in footfall, combined with the excess Pfizer vaccine in the system combined to result in an excess of Moderna in the fridges. Moderna vaccine has a shelf-life of 30 days once it leaves the freezer. The MHRA recently agreed to extend that which has enabled our centres to use some more of it. However, footfall remains low, and a some will need to be destroyed due to expiry. This is a nationwide issue.

3.2.3 The Service was asked to also administer the children's vaccine to the Clinically Extremely Vulnerable 5- to 11-year-old cohort. This has posed several challenges to the service, including:

- The challenge of vaccinating children: training has been conducted and many innovations have been made to make the sites more child-friendly.
- The vaccine's handling requirements are very similar to that of the adult Pfizer vaccine, but with some very important differences, including a different shelf life once thawed, a different shelf life before and after dilution, a different volume of diluent to be used and a different dosage volume. SOPs and training have been conducted, risk reduction methods and materials are in place.
- The supply route is different: Instead of being received frozen, it is being thawed and packed down centrally into packs of 100 doses and sent by direct delivery once a week. The sites are used to being able to order on a daily basis as they need supplies. However, there have been problems with the redistribution of vaccine at a National and Regional level, resulting in very low quantities being received.
- The booking system is different: Cambridgeshire and Peterborough have the Accubook system (all other bookings are via NBS - the National Booking System), and the sites are making appointments available according to the supply they receive. Norfolk and Waveney do not yet have a booking system. Walk-in appointments have been advertised in Norwich and the supply to Norwich has been based on estimates of likely uptake.

3.2.4 The above-mentioned issues have resulted in even greater demands on vaccination centre staff to not only provide another, different vaccine to a different cohort of patients, but also to assist with the redistribution of vaccine around our service and across the Systems, to minimise wastage and improve capability to vaccinate the children.

3.3 Medicines Audits

3.3.1 The annual medicines audit programme continues, with the assistance of the Clinical Audit team. The Storage and Handling audit results have been reported to service leads. Many of the highlighted actions have been completed already and the remainder will be followed up using the Datix



Provide outstanding care

system.

3.4 Pharmacy Workplan

3.4.1 Our priorities, during this period of limited capacity, have been:

- To support the services on a day-to-day basis, including the LSV which requires continuous and concentrated attention, and maintain the legal necessities such as Patient Group Directions.
- To ensure that the safe use and good governance around the use of medicines is maintained, through the Medication Safety and Governance Group and other measures, such as specific audits.
- To feed back to services on the Storage and Handling Audit which was carried out last year.
- To review and update the Trust's Medicines Policy, which has been in force since 2017. Much has changed since then, including the loss of inpatient units and the adaptations made during the pandemic, which require enshrining in policy. The 2022 update will be presented to the MSGG for approval in March.

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 December 2021 to maintain oversight of the contingencies in place. The Trust continues to work proactively with partners to carry out its statutory safeguarding duties regarding the children and adults who access our services.

4.2 Partnership work has continued throughout 2021 as Safeguarding partners took stock of the emerging safeguarding themes during the Covid-19 pandemic period. The Department for Education wrote to all Local Safeguarding Children Boards in early January seeking assurance on the management of safeguarding. We have worked with our Local Safeguarding Children Partnerships across localities in providing the assurance.

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. During this reporting period, this risk was 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 increase in sickness and retention rates, which have been identified to be increasing



Provide outstanding care

across the whole system. Discussions around need for a more formal approach to embedding trauma informed practice across the Trust took place in 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 Risks are reviewed by the Incident Management Team and Safeguarding Huddle (Medical Director, Chief Nurse, Heads of Safeguarding and Deputy Chief Nurse) where Trust wide actions are identified and implemented, with oversight by the Strategic Safeguarding Group.
- 4.6 Previous reports had noted the rise in the number of non-accidental injuries (NAI) to children resulting in serious head trauma in some of the localities and nationally. There continues to be a number of incidences across the Trust; internally all appropriate incidents are reviewed via the panel meeting process, which includes a review of the child / family's chronology of care. The ICON programme (**I** – infant crying is normal / **C** – comforting methods can sometimes soothe the baby \ **O** – it's okay to walk away \ **N** – never, ever shake a baby) was introduced in 2021 and has been rolled out across the Trust and with partners as a preventative response.
- 4.7 An evaluation of the new safeguarding supervision model has been completed and the report was shared with the Operational Safeguarding Groups in February this has fed into some revisions of the model. Further scrutiny of this safeguarding approach will be undertaken yearly to ensure that the model is fit for purpose and embeds best practice.
- 4.8 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, and an implementation plan has been developed.
- 4.9 In January Trust representatives attended a safeguarding development day for the Luton system, this was to primarily agree on safeguarding priorities for the system - a 2nd event is being held in late March. A further safeguarding event has also been held in the Norfolk system, which is looking at Safeguarding in the context of the new ICS's - the Trust has been represented at this event by the Head of Safeguarding.
- 4.10 Norfolk MASH have worked with the system partners and iCaSH to support appropriate information sharing for sexual exploitation assessments. Alongside this the Adult Safeguarding leads are now attending Multi-Disciplinary Team meeting's in iCaSH, this has been helpful in raising awareness of safeguarding around reporting and joined up working. Plans are in place to support moving this process to the other iCaSH services.
- 4.11 The Trust contributed to 3 Child Safeguarding Practice Review's which were published in December 2021.

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



Provide outstanding care

(Covid-19 related) continue to be discussed at the weekly IPaC huddle and are then reported to the Incident Management Team (IMT).

- 5.2 The risk relating to supply and availability to our services of PPE is monitored weekly through the 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 seven IPaC related incidents in December and eight in January. A breakdown is summarised below:

December:

Service	Incident type
Dental Access Centre, Cambridgeshire	Notification of a C19 outbreak – 4 staff
Large Scale Vaccination Service, Chesterton	Needlestick injury
Phlebotomy Team, Luton	Needlestick injury
Large Scale Vaccination Service, Attleborough	Needlestick injury
Special Care Dentistry - Suffolk	Patients infectious state not disclosed
Special Care Dentistry - Suffolk	Patients infectious state not disclosed
Large Scale Vaccination Service, Huntingdon	Needlestick injury

January:

Service	Incident type
Large Scale Vaccination Service, Peterborough	Notification of a C19 outbreak – 3 staff
Bedfordshire Children's Service (0-19 team)	Notification of a C19 outbreak – 3 staff
iCaSH Bedfordshire	Notification of a C19 outbreak – 3 staff
Rapid Response Team, Luton	Notification of a C19 outbreak – 2 staff
iCaSH Norwich	Waste issue
Large Scale Vaccination Service, Harleston	Waste issue
Large Scale Vaccination Service, Cambridge	Needlestick injury
iCaSH Peterborough	Needlestick injury

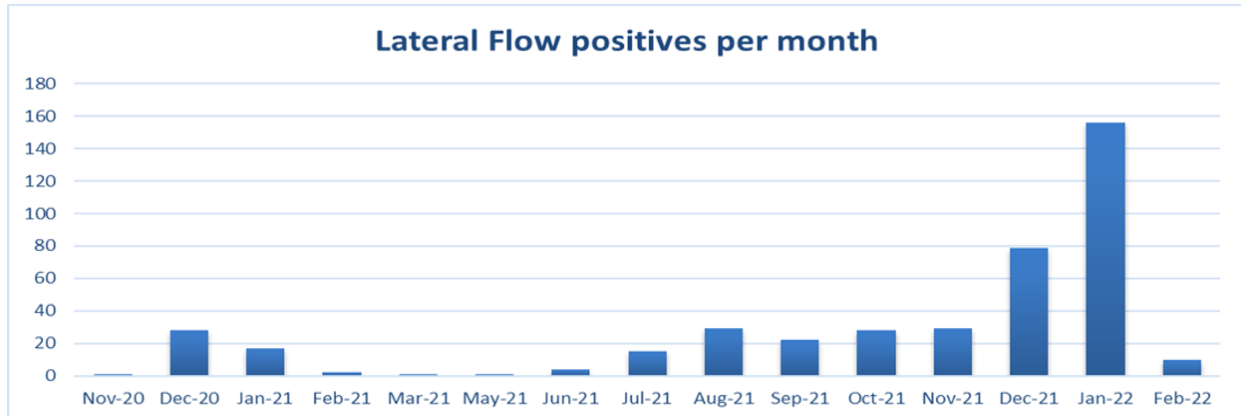
- 5.5 Outbreak meetings with team leads, Director for IPaC and the IPaC team were convened during the first week of each outbreak. Outbreak meetings were held as per Trust policy, with outcomes being reported to the national system. Any lessons identified were fed back to staff via comms cascade and via the monthly question and answer sessions held with each Directorate.
- 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



Provide outstanding care

introduced new technology to the Dental Service to improve the decontamination of clinical rooms where required.

- 5.7 A total of 259 members of staff reported having a positive Lateral Flow Test (LFT) result during this period (79 in December and 180 in January); all 259 reported a positive PCR test for Covid-19 and have been supported by the organisation. This has been the highest reported number of cases reported to the Trust since the pandemic started. See table below.



- 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 December and January, and we have not been notified of any positive cases of C.difficile during this period.
- 5.9 As of 14 February 2022, the number of patient-facing staff who have had their flu vaccination was 74.08%. Formal flu clinics have now stopped; however, staff can still receive their vaccine through several alternative routes which have been communicated to teams. A debrief of the Trust’s campaign has been undertaken and a plan for the 2022/23 season has been started.
- 5.10 In this period, the Trust’s IPaC team completed the annual environmental audits for two of the East Anglian Children’s Hospices (EACH), delivered one virtual IPaC mandatory training session and provided additional guidance around safer working environments in line with our contractual requirements.
- 5.11 Twelve IPaC link champions attended the last meeting on 9 December 2021. The Link Champions group continues to grow, but attending numbers were affected by the upsurge in Covid cases during December 2021. Subjects covered at this meeting were:
- Microbiology and Infection Prevention
 - Outbreaks which resulted in a wide discussion around the group
 - How we determine what is or is not an outbreak
 - What constitutes an outbreak
 - Common symptoms reported
 - Testing
 - Lessons learned
 - New IPaC Anglia Ruskin University courses for all staff
 - Feedback from the Links on their hand hygiene audits

6. Patient Experience



Provide outstanding care

6.1 Friends and Family Test (FFT)

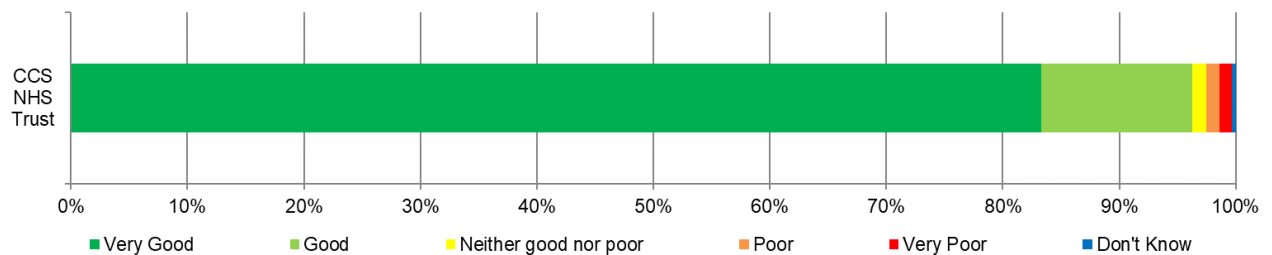
6.2.1 We continue to seek FFT feedback across all our services in line with FFT national guidance around Covid-19. The aim for FFT feedback is to increase the opportunity for service users, parents, and carers to provide feedback with a range of methods available that are accessible and meet service users' needs.

6.2.2 We received 1,404 responses in December 2021 and 2134 in January 2022. Although, this is a decrease of 220 on the previous two-month period it is comparable to the same period in 2020-2021. Below is a summary since June 2021 with and without the Large-Scale Vaccination Service.

2021-22	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Total
Large Scale Vaccinations	1386	896	414	83	355	183	106	476	3899
Trust excluding LSV	1768	1592	1281	1563	1445	1775	1172	1494	12,090
Trust Total	3154	2488	1695	1646	1800	1958	1278	1970	15,989

6.2.3 The overall Trust FFT positive feedback over this data period was 96.27%, with a 2.19% negative feedback percentage. We remain above the Trust's target of 90%.

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



6.2.5 In December and January the services we provide received over 3110 positive comments on service user surveys and feedback forms used across the Trust.

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

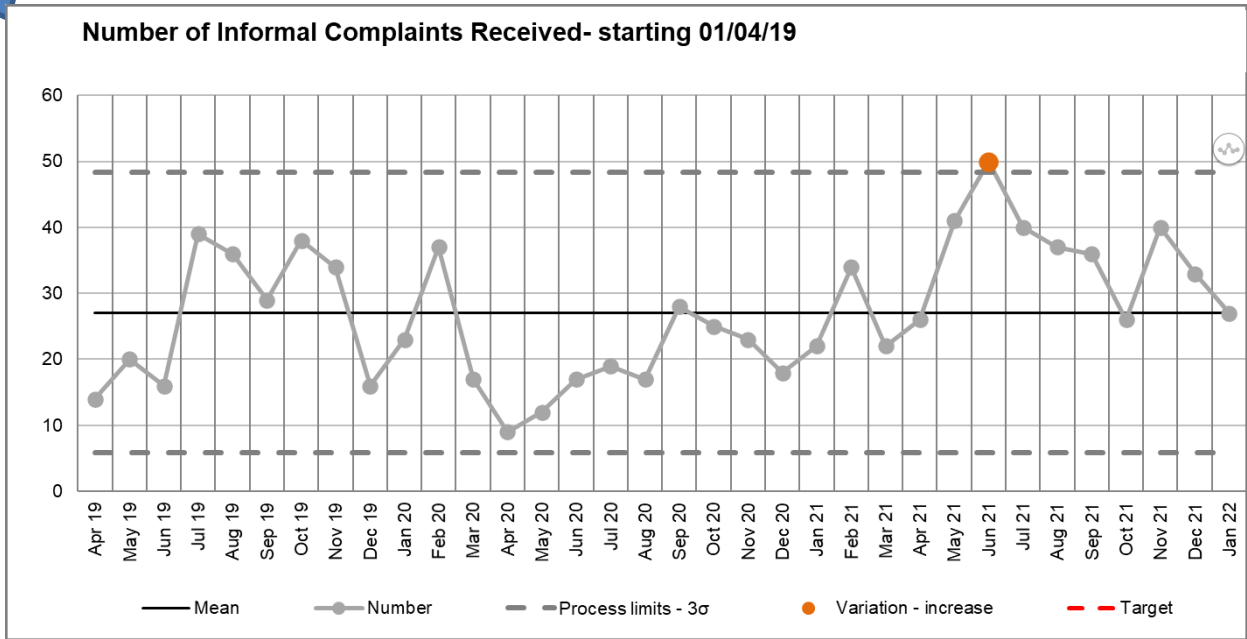
6.3.1 Work on the NHS Complaints Standards is still paused.

6.4 Informal complaints received

6.4.1 The total number of informal complaints received and logged was 60 in this data period: 33 in December and 27 in January. December was above average, both months within the expected variation. Twenty-one informal complaints were related to Covid-19, ten specifically about Large Scale Vaccination centres, and covered a range of issues. All were reviewed on receipt, and one had an associated incident where the service user fainted following vaccination in an outside waiting area. Service actions were taken to change the waiting area post vaccination and this area is no longer being used.



Provide outstanding care



6.5 Themes and learning from informal complaints closed in December 2021 and January 2022

6.5.1 Sixty-four informal complaints were resolved and closed in December and January, with 73 themes / issues identified. The top three themes of the informal complaints closed within this period were Staff Attitude (15 in 15), Communication and Information (14 subjects in 14 complaints) and Clinical Care (12 in 12 complaints). Staff Attitude was not in the top three themes in the previous two-month period; Administration was but is not in this period. The details of those about Staff Attitude are below.

6.5.2 Five of the complaints about Staff Attitude related to Large Scale Vaccination Centres in Norfolk and Waveney and three to the Norfolk Healthy Child Programme. Staff identified in the informal complaints regarding Large Scale Vaccinations Centres have reflected on the feedback given. The training provided has been developed to include more detail on treating anxious young people and those with additional needs. Staff were reminded how important tone of voice is for anxious children and parents. Children’s vaccinations in Norfolk and Waveney have been moved to a different area in the centre. Quiet areas and quieter times of day have been identified to provide a more suitable environment, and the teams have been working hard to make the environments more child friendly.

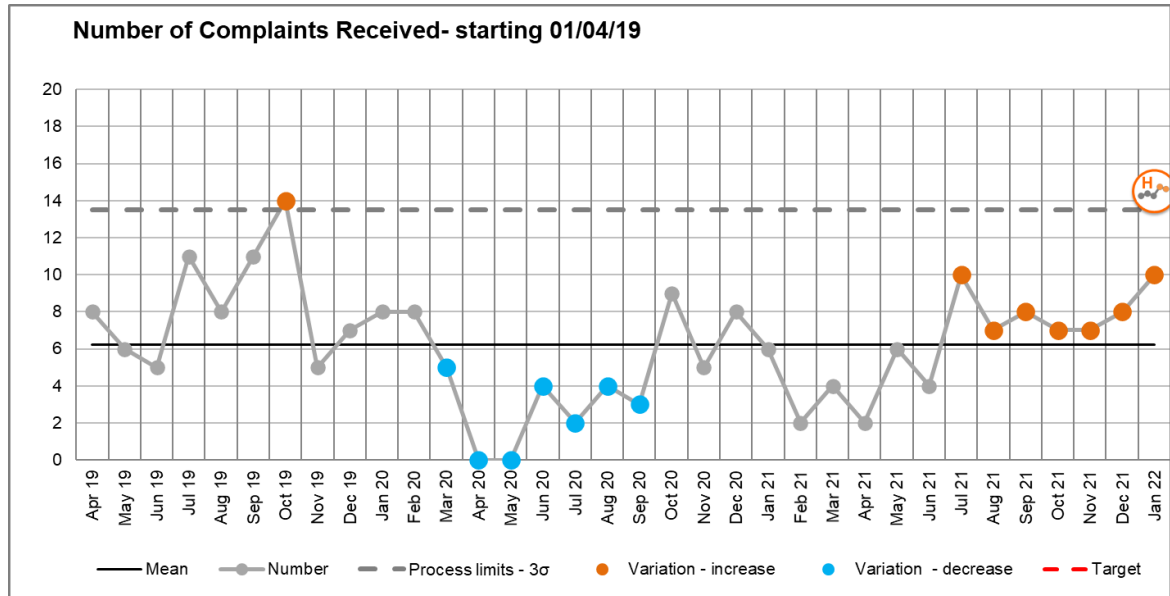
6.5.3 The services involved in the complaints about Communication and Information and Clinical Care have been reviewed and no themes found.

6.6 Formal Complaints

6.6.1 The Trust received 18 formal complaints in this data period. Eight were received in December and ten in January. As shown in the graph below this is above average and had been for seven consecutive months, but within the expected range.



Provide outstanding care



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 were initially tagged as being related to Covid-19. They have been reviewed and there are no associated incidents.

6.7 Themes and learning from formal complaints closed in December 2021 and January 2022

6.7.1 Within this data period we responded to and closed 10 formal complaints; there were 22 subjects / themes identified. Staff attitude was the most frequently occurring theme with five issues in four complaints, Clinical Care was second with four in four complaints and there were three issues about Quality of Care in three complaints, and three about Communication and Information were identified in two complaints.

6.7.2 Staff attitude was not a top theme in the previous two-month period; in this period though staff attitude was the most common theme in informal and formal complaints. The specific details of these have been reviewed and no themes were identified. Learning from two complaints with issues about staff attitude is detailed below.

6.7.3 Complaint about Dental services and attitudes towards service user with additional needs. Assurance was provided that our clinicians and supporting staff in the service are committed to the care that they offer to young people with additional needs and tailor the care to the individual. The Dentist apologised that the approach upset the service user and explained that they were working towards building a rapport and a good relationship. The experience was shared with staff anonymously to understand the impact that this has had upon the service users and their family.

6.7.4 Bedfordshire Children's Service's complaint about a clinician's manner and behaviour during appointments and that when this was raised with a receptionist nothing was done. In response to this, training and reminders have been given to staff about active listening, offering information about our Patient Advise & Liaison Service (PALS), escalation of concerns and the importance of raising



Provide outstanding care

issues as part of the organisation's open culture of learning so that we can take appropriate action as quickly as possible.

6.8 Complaint response times

6.8.1 In this data period we responded to seven formal complaints (five in December and two in January). As the Trust was working according to business continuity, complaint timelines were suspended. All complainants were informed that responses would be outside of our normal timeframes but that responses would be sent as soon as possible.

6.9 Equality Delivery System Priorities Update

6.9.1 **Objective 3: We will measure the impact of our virtual clinical platforms (VCP), ensuring that they are fully accessible to the diverse communities we serve.**

- Feedback mechanisms are available to all services. These include links sent to mobile phones via SystmOne, QR codes on appointment letters and Attend Anywhere appointments ending on a feedback page.
- Formal and informal complaints, enquiries and feedback are monitored for concerns about accessing services and within this data period none have been identified.
- Clinically teams are delivering more face-to-face appointments with patients, however some teams for example have been supporting patients access group work through an equipment lending scheme. Additionally, support is available to our patients and carers via our translation service whether that's for virtual or face to face consultation.

6.9.2 **Objective 4: We will ensure that the recruitment of our volunteers is from the diverse communities they serve**

- Trust volunteers are recruited in line with NHS Employment Check Standards. The Trust welcomes applications from all sections of the community and this is clearly stated on our website. Volunteer opportunities are publicised on our website and our social media platforms and teams also encourage potential volunteers to apply - often these volunteers are people who use or have used our services.
- The Trust collects equality monitoring data during the application process. It is made clear to the applicant that this information is not used as part of the selection process.
- Funding for a nine-month secondment for a Volunteer Co-ordinator has been possible via a successful bid to the NHS England / NHS Improvement Voluntary Services Fund. This was advertised internally during January 2022. The focus of this secondment will be to establish the use of volunteer management software which will enable focused reporting on Equality Diversity and Inclusion objectives.
- In December 2021, the Trust was pleased to welcome two young adults with additional needs as Personal Protective Equipment (PPE) Volunteers, who are assisted in their volunteering placement by a support worker from Switch Now, the external organisation they are part of (who support young adults with for young adults with learning difficulties / disabilities, to develop employability skills).



Provide outstanding care

Patient Experience Metrics:

The Patient Experience team have been developing as part of their 2022/23 workplan a series of new metrics/ actions to increase the amount of feedback received into the organisation, these are; the Friends and Family Test feedback questions become available in the six languages most frequently requested for translation and that other languages / formats are available on request, that selected demographic information will be collected from service users providing feedback through surveys, complaints and PALS. In addition to these the Patient Experience Team will also be offering targeted support to services who have low responses numbers to feedback surveys and finally they will scope other feedback mechanisms used by our service users and develop systems to ensure that this is recorded and reported on. These are draft proposals which if approved will be integrated within the updated Quality and Clinical Strategy (indicator 2), the teams workplan and via the proposed Trust indicators.

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

7.1 Dynamic Health

7.1.1 System pressure in diagnostics and the continued increase in referrals from primary care with the increase in complexity will continue to affect waiting times and the 18-week RTT for a significant period.

7.1.2 Breaches continue to rise within the service, these are mainly within the Physiotherapy services with lengthy waits for first appointment due to deployment, vacancies, delayed recruitment, and the national shortage of physiotherapists in addition to increasing waits for diagnostics/investigations on the specialist MSK pathway. It is predicted that there will be a slow recovery due to the number of vacancies within the physiotherapy service and the current state of secondary care diagnostics.

7.1.3 The waiting list management strategies being deployed which include operating concentrated 'new patient weeks' will in part assist in reducing the numbers waiting for first appointment. The team are intensively working on risk stratification of patient referrals, empowering those patients who are low risk to manage themselves leaving capacity for those who need face to face and clinical input. The service is also now sending out self-management information to all referred patients on the waiting list to support self-management whilst waiting for a face to face physiotherapy appointment.

7.2 Integrated Contraception & Sexual Health (iCaSH)

7.2.1 Waiting lists for routine Long-Acting Reversible Contraception (LARC) and PrEP provision continue across the majority of iCaSH localities.

The Mitigations in place to manage the waiting times include:

- Triage/red flag assessments, emergency appointments
- GP federation support, using bank staff and putting in extra hours/ clinics (weekend LARC clinics)
- Use of underspend and any commissioner awarded emergency funding
- Expanding issue of PrEP under a Patient Group Directive with supported nurse training and supervision package
- Project to scope PrEP funding, using demand and capacity modelling



Provide outstanding care

7.3 Dental

- 7.3.1 In Suffolk the team have made great progress triaging and assessing the historical patient cohort and now have 850 patients left from the original 2200. The service has a plan to ensure that the children within this cohort who have not been seen for 12 months are prioritised as per Chief Dental Officer guidance.
- 7.3.2 The Minor Oral Surgery service has 305 patients waiting with an average waiting time of 8 weeks. These patients are clinically prioritised according to urgency.
- 7.3.3 The Peterborough Long Case General Anaesthetic (GA) list (adults and children with complex needs) has 184 patients waiting to be given a date for surgery. These patients have also been prioritised according to urgency. The service's other GA lists have no patients waiting to be booked with an average waiting time of 12 weeks. The discrepancy between lists is due to individual acute Trust systems for patient bookings. The service has reviewed every patient on the long case list to see if they could be treated with sedation or on another GA list.
- 7.3.4 The Cambridgeshire and Peterborough Special Care Dentistry service has 663 patients waiting to be booked with an average waiting time across the service of 13 weeks. These patients are being reviewed and prioritised according to urgency.

7.4 Bedfordshire and Luton Community Paediatric Services

- 7.4.1 The average RTT wait in Bedfordshire is 39 weeks with the longest wait at 64 weeks (12 week increase from January 2022 report). The average RTT wait in Luton is 42 weeks (1 week increase from previous report) with the longest wait 64 weeks (11 week increase from January 2022 report). Capacity has been impacted by locum availability, adjustments to medical job plans to support staff wellbeing and changes to the management of expedited referrals.
- 7.4.2 Pan-Bedfordshire the process to expedite appointments when requested has been standardised to ensure equity of access and consistency of approach. It is anticipated the new process will slightly increase the average RTT, however in the long-term appointment allocations will be fair and equitable. Clinical improvements within the Bedford Team are progressing, supported by a clinical away day. A new pan-Bedfordshire administrative leadership structure is now in place.
- 7.4.3 A BLMK post (funded by the BLMK CCG) will be advertised to review the Neuro-disability pathway. Both Community Paediatric services have become system bottlenecks due to increasing demand and a diagnostic requirement from the local system. This post will map 'as is' and 'to be' pathways for improvement areas to be identified and prioritised.
- 7.4.4 There continues to be increasing requests for EHCP advice from Local Authorities. Discussions have taken place with Central Bedfordshire to agree health input aligned to the SEND Code of Practice. The service will be progressing changes to the current clinic report template to reflect core health information required. This should reduce clinical and admin workload.



Provide outstanding care

7.5 Cambridgeshire Community Paediatrics (excluding audiology)

7.5.1 The average RTT wait in Cambridgeshire is 10 weeks with the longest wait at 35 weeks. The greatest impact is breeches in the Autism Spectrum Disorder (ASD) pathway for primary school aged children.

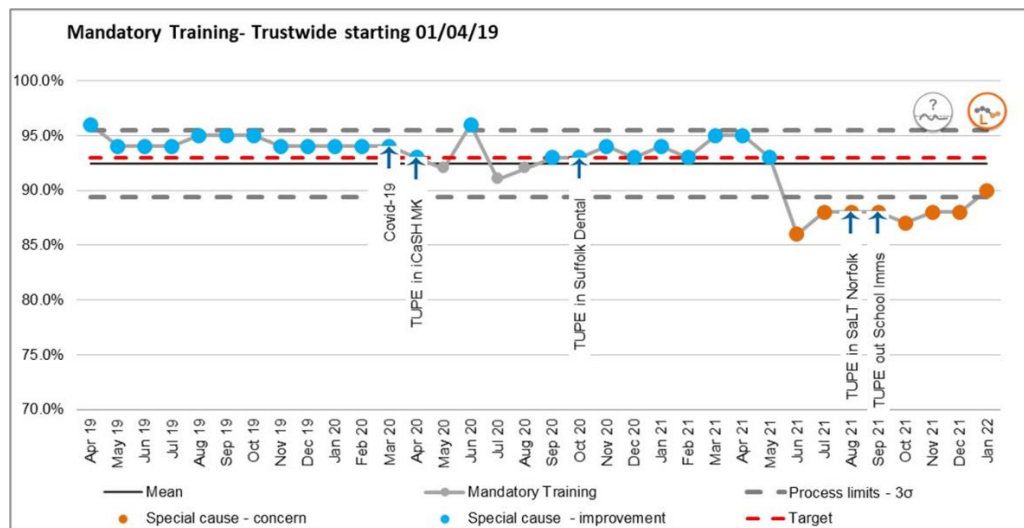
7.5.2 Referrals continue to rise for ASD support, current waits are circa 17 weeks for preschool and 35 weeks in school age. The Clinical Commissioning Group are aware, and it is recorded as a risk on Datix (ID: 3425). To mitigate risk, referrals are prioritised as follows:

- preschool children;
- 5-years old children who have missed Early Support;
- Year 5-6 pupils before transition to secondary; and
- Excluded pupils

7.5.3 There is currently a gap in Psychology capacity while recruitment takes place, referrals are being clinically reviewed and prioritised.

8. Mandatory Training

8.1 The Overall figure for training is 90% as at January 2022, 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 shortly.



8.2 The Electronic Staff Records / Oracle Learning Management (ESR/OLM) Training team is still running blended learning which shortens the face-to-face sessions and, in response to critical situations, have been replaced with e-learning. These have been risk assessed to ensure that they have the Core Skills Training Framework (CSTF) or Trust outcomes.

8.3 The ESR/OLM Training team is continually monitoring the outstanding training with compliance information being shared with services, as well as monitoring additional modules which are not mandatory but essential to job role specific within the Large-Scale Vaccination (LSV) 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 have now recruited an administrator on a short, fixed term contract to work on the backlog of data inputting for the outstanding training within LSV and to support staff with any additional needs.

9. Information Governance



Provide outstanding care

- 9.1 The 2021-2022 Toolkit is currently being assessed taking onboard subject matter experts updated material. The deadline for submission is 30 June 2022.
- 9.2 Mandatory Information Governance and Data Security Awareness training compliance, as of January 2022, was 93% (88% 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, have been suspended.
- 9.3 Between December 2021 and January 2022, 29 incidents were reported under the Confidentiality Breach incident category which is marginally higher than in 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 An update in relation to the action plan for the 0-19 pathway can be seen within the excellent employer section.

11. Celebrations, Innovations and Areas of Outstanding Practice

11.1 Luton Adults Service

- 11.1.1 **Bedfordshire Luton and Milton Keynes (BLMK) perfect week** – Along with the rest of the East of England region, the BLMK Integrated Care System (ICS) was tasked with identifying improvements in the discharge process and reduce the overall number of patients in hospital who do not meet the criteria to reside (no CTR) in a hospital bed (in other words they are ready for discharge). The BLMK ICS was tasked with improving against a benchmark position set in mid-December 2021 and to enable this were tasked with creating a 'perfect week' consisting of multiple multi-agency discharge events (MADEs).
- 11.1.2 **Remote monitoring** – The CCS Matron and Diabetes pathways are now developed, and the first patients will be going on in the next week. This will add to the existing pathways for Respiratory and Heart Failure - An additional ten new patients were added within January.

11.2 Dental Healthcare Services

- 11.2.1 The service has been awarded additional funding by NHSE for four sessions per week to reduce the special care backlog across the geography. This funding will run until March 2022.

11.3 Dynamic Health

- 11.3.1 The team are actively involved in the System Shared Care Record project with Roselle Kane Digital Entrepreneur and Joanne Leung Project Manager with a system aim to go live with the shared care record phase 1 in May 2022. This is very exciting as the first Integrated Care System project which chimes with our digital and integration agenda. Project ownership and coordination is being discussed within the Trust.



Provide outstanding care

11.3.2 The team involvement as a referral feed to the “Worthwhile Waiting” project run by Meridian Primary Care Network (PCN) has been very exciting. This project aims to support patients referred to hospitals for surgery and assist them in many ways whilst they are waiting.

11.4 Integrated Contraception & Sexual Health Service (iCaSH)

11.4.1 Single instance of IDOX Lillie clinical system programme is underway with a provisional go live date of April 2022.

11.4.2 Planning is underway with 12-14 Pharmacy for the transition to the new model for pharmacy service provision in 2022, including introduction of servicewide home delivery and formal pharmacy advice line. We are also working closely with 12/14 to secure a two year contract extension from April 2023.

11.4.3 Service development projects underway: Video Consultations; 0300 pathway work; online access for contraception; single instance Electronic Patient Record; Robot dispenser; HIV app.

11.5 Bedfordshire and Luton Healthy Child Programmes (HCP)

11.5.1 The Luton HCP service has retained their Baby Friendly Accreditation following inspection in November 2021.

11.5.2 Difficulties in recruiting health visitors and school nurses to existing vacancies has led to a refresh of service offers. Public Health Commissioners have agreed to back an ambitious proposal to significantly increase skill mix across the service, including developmental positions. A five-year training programme will commence to develop health visitors and school nurses of the future.

11.6 Bedfordshire and Luton Looked After Children

11.6.1 The programme of work to bring together Bedfordshire and Luton Looked after Children Nursing teams is now complete.

11.7 Bedfordshire and Luton Community Paediatric Services

11.7.1 A new Consultant Paediatrician has started in the Bedfordshire service.

11.7.2 Electronic prescribing has been implemented in both teams. Positive feedback has been received from parents / carers and prescriptions are issued and dispensed to pharmacies of choice.

11.8 Norfolk Health Child Programme (HCP)

11.8.1 Digitalisation of the process of A&E notifications from Norfolk acutes to HCP went live on 28/02/2022. It has been a long time and hard work getting here and has involved extensive testing by the HCP clinical team and the Clinical Systems Team. This has been a great example of system work and digital innovation that will bring efficiencies to the wider health system and can easily be replicated across geographies.



Provide outstanding care

11.8.2 Following on from the very successful 'We Are Still Here' campaign earlier in the pandemic an updated postcard is being sent directly to 10,000 households around the County as well as being available and promoted in digital formats through schools, GPs, etc. The campaign directs people back to Just One Norfolk with a bespoke landing page providing resources linked to data for locally identified need and concerns.

11.9 Bedfordshire and Luton Allied Health Professional (AHP) Services

11.9.1 The Audiology Service is extending its offer to include ear wax removal. This will reduce referrals into secondary care, provide more timely audiological care for children and reduce wasted appointments in community audiology. A suitable training programme has been identified and support staff have expressed an interest in being trained.

11.9.2 The Community Eye Service has defined a proposal to expand eye care services for children and young people in specials schools. This will include dedicated orthoptist, optometrist and optician care. We are awaiting confirmation from NHS England that the funding will be available in the new financial year.

11.10 Cambridgeshire Healthy Child Programme

11.10.1 Good engagement and participation were seen at the 5-19 workshop delivered during January which explored the roles and responsibilities of the skill mix staffing model to enable clarity for team members across the Joint Venture with CPFT.

11.10.2 Good progress is being made with the planned launch of the 'Getting Ready for Change' transition health questionnaires in the 5-19 pathway and are on track to go live for Year Reception in March 2022, Year 6 in May 2022 and Year 9 in June 2022.

11.11 Cambridgeshire Community Paediatric Services

11.11.1 Dr Tamsin Brown's app has been adopted by the National Deaf Children's Society.

11.11.2 The Team continues to support, despite increasing referrals, education and research to:

- Regular cohorts of medical students teaching.
- Increasing numbers of medical students applying for projects and the recent trainees were awarded the Royal College of Paediatrics and Child Health (RCPCH) trainee prize.
- Children's Community Nurses with the prescribing course.

11.12 Emotional Health and Wellbeing Service

11.12.1 The Children's Wellbeing Practitioner (CWP) team has successfully recruited two fully qualified CWPs and three Trainee CWPs which will increase the service capacity.



Provide outstanding care

- 11.12.2 Mental Health Support Teams (MHST) – wave 3 was launched in January 2022 with a further nine Trainee Education Mental Health Practitioners, two Senior Clinicians and two Senior Wellbeing Practitioners joining the service.
- 11.12.3 Our MHSTs have been selected for a site visit from the National MHST team in March, as a ‘well performing’ example of MHSTs in the eastern region.



Be an excellent employer

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 increased to 90%, but remains below target (E1) Appraisal rates at or above target levels across 79% of the Trust and 3 or more services are more than 10% below target (E2) Rolling sickness rates as at end of January was 5.53% compared to latest NHS England rate for community Trusts of 5.2% (as at July 2021) (E3) Stability continues to be above target at 85.5%. (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 available to all. 	<p>Substantial</p>

- In addition to the overview and analysis of performance for December and January 2022 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-led domains. The inspection report highlights a number of areas that support the delivery of this objective.



Be an excellent employer

- 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. 2021 results will be published at the end March 2022.

B: Measures for Achieving Objective

Measure	21/22 Target	Data source	Reporting frequency	Current position as at end January 2022
Staff recommend the Trust as a good place to work	Above national average	NHS Annual Staff Survey	Annual - to be published end March 2022	
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 – as above	
Staff engagement rating	Above national average	NHS Annual Staff Survey	Annual – as above	



SC2

Be an excellent employer

Sustain the level of overall mandatory training	94%	ESR	Monthly	90% (increase of 2% from previous 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 – to be published end March 2022	March 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 – as above	March 2022
Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly	88.24% (90.09% 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	6.34% (6.81% last reporting period)
Reduce Annual Staff Turnover	1% improvement from 2020/21 outturn (outturn was 10.59%)	ESR	Monthly	13.38% (13.67% last reporting period)



Be an excellent employer

				reporting period)
Maintain Mindful Employer Status	Pass/Fail	HR Team	Annual	

Strategic risks

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

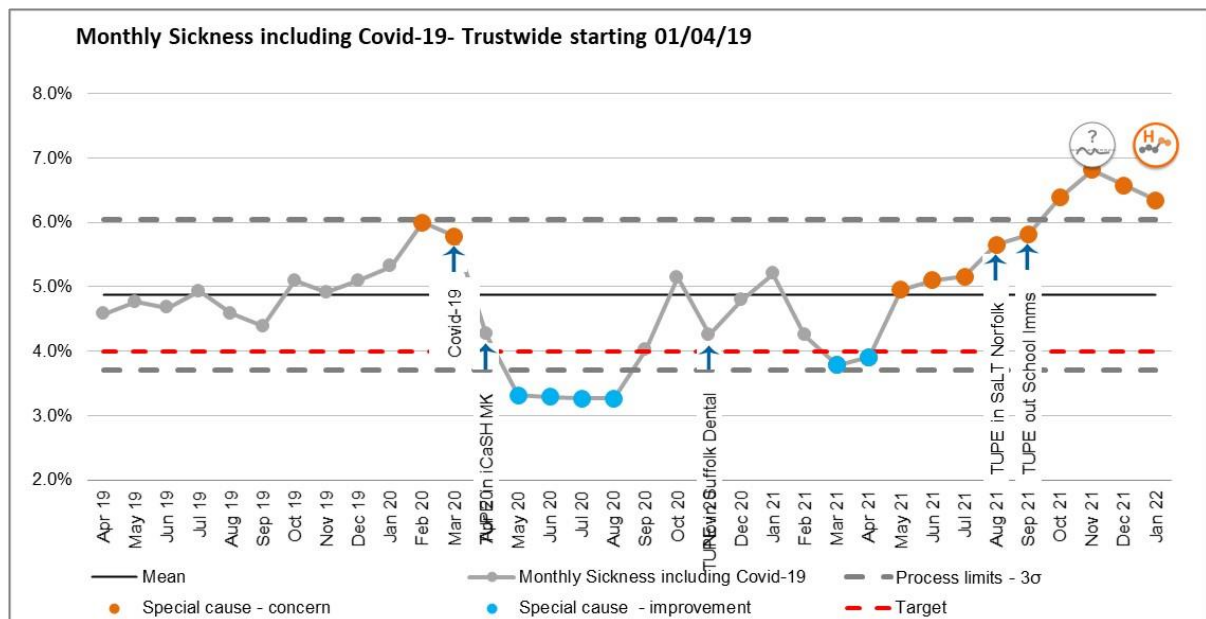


Be an excellent employer

D: Overview and analysis

1. Sickness

- 1.1. The 12-month cumulative rolling rate (December 2021 – 5.42%, January – 5.53%) remains above the Trust rolling target of 4%.
- 1.2. Monthly Trust wide rate for December 2021 was 6.57% (including Covid-19 sickness), 6.0% (excluding Covid-19 sickness), and for January 6.34% (including Covid-19 sickness) and 5.0% (excluding Covid-19 sickness)
- 1.3. The Trust wide sickness rate has fallen slightly however remains significantly above the Trust’s target of 4.0% for 2021/22. Of the 6.34%, 3.02% was attributed to long term sickness and 3.32% short term sickness absence. Beds & Luton Adults Service had the highest sickness rate (10.63%) and Corporate Services the lowest (2.62%). The top reason remains Cold, Cough, Flu - Influenza; work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- 1.4. The Trust monthly sickness rate is similar to the the October 2021 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 6.08%.
- 1.5. Detailed review of sickness reasons within services is currently taking place to ensure that all actions/mitigations are in place and being acted upon.

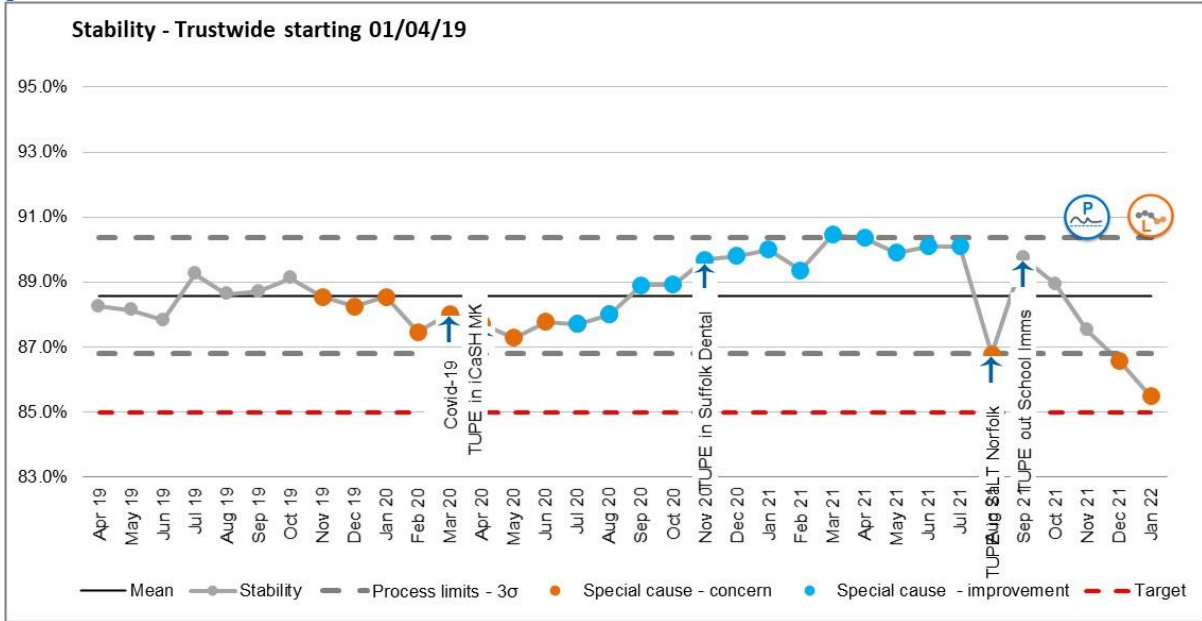


2. Stability

- 2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – December 2021 86.6%; January 2022 85.5%; against the Trust target of 85%. This compares favourably to a stability rate of 86.4% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Oct 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).

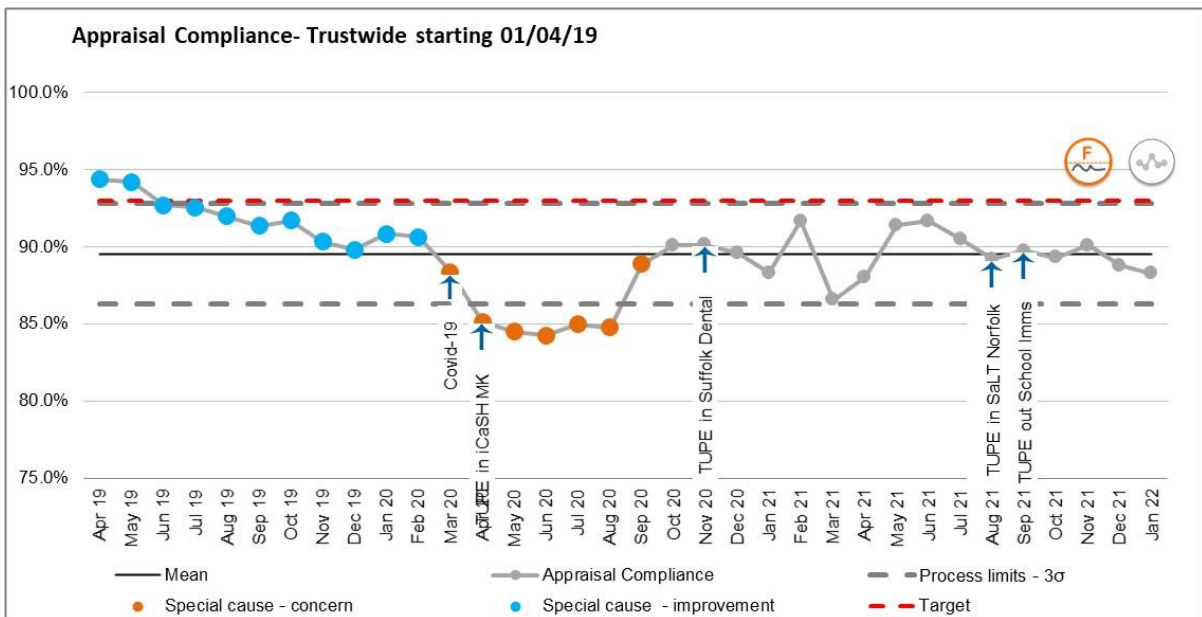


Be an excellent employer



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 fallen slightly – December 2021 88.8%, January 2022 88.2%, and remains below the target of 94% for 2021/22.
- 3.3. Corporate Services has the lowest rate (78.65%), Luton Children’s & Young People Service has the highest rate (96.85%). 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.

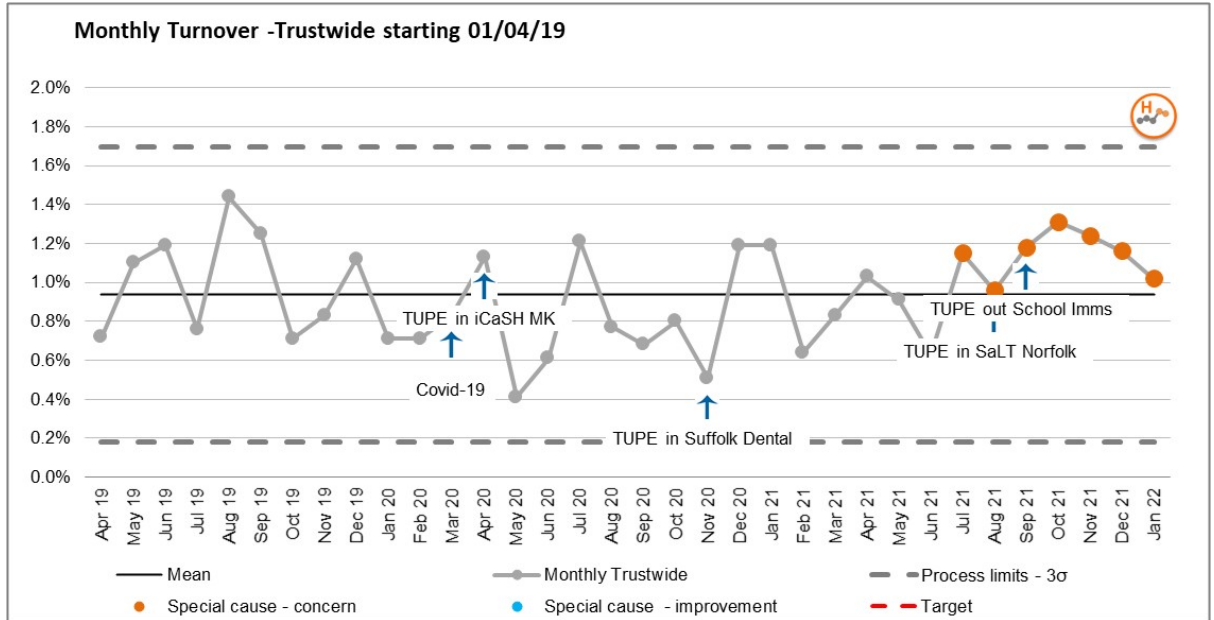




Be an excellent employer

4. Turnover

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



4.2. The Trust’s Rolling Year Turnover Rate is currently 13.4% (Dec 21; 13.9%, Nov 21; 13.7%) compared to an annual average Leaver rate for Community Provider Trusts of 12.9% (Source: NHS Digital Workforce Statistics – Oct 21, based on “all Leavers” and “total Workforce”).

4.3. Ambulatory Care currently has the highest Rolling Year turnover rate at 14.9%, with Luton Children Services having the lowest at 6.68%.

4.4. A detailed review of turnover rates and reasons by services is currently taking place to ensure that any themes and actions identified accordingly.

5. Current workforce challenges

5.1 At our Clinical Operational Boards during the first week of March 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:

- Most services continue to experience the impact of the longevity of the pandemic on the health and wellbeing and morale of our staff. Focus on staff health and wellbeing and resilience remains and is regularly discussed and reviewed as part of our weekly incident management team and executive team meetings.
- In addition, 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 remained scored at 20. The health



Be an excellent employer

and wellbeing of our workforce remains a key focus Trust-wide and we continue to promote access to a suite of resources through our weekly communication messages.

- 0-19 Healthy 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. Recruitment and retention plan is in place and is being implemented, the specific actions being taken are:
 - Live adverts for Health Visitors and School Nurses (HV/SN) went live in all areas w/c 21st Feb across a 2-week period.
 - Adverts re-written to make more engaging to prospective candidates so increasing views and applications, plus once closed will be re-advertised asap.
 - Priority roles (3 for each geographical area) will be sent to Comms every Monday for further social media coverage to be sent out. This will include HV's and SN's, but also other priority roles. These can also be used for 'pay-per-click' Facebook campaigns.
 - A generic HV/SN vacancy for each area will be created, with no closing date, to run in background on TRAC for use for ongoing campaigns.
 - Existing and new videos, testimonials and other material being used in campaigns going forward on various social media platforms is being compiled.
 - Institute of Health Visiting ads being negotiated to run at same time as above.
 - Initial actions and plan being regularly reviewed and further campaigns will continue to maintain and increase traction.
 - Initial discussions around a recruitment fair have been held and will likely take place mid-year. In the meantime, the team are planning virtual smaller event at shorter notice.
 - Retention bonuses agreed for some roles in hard to recruit too localities and other ideas such as 'golden handshakes' etc. are being explored as options.
- Community Paediatrics – demand and capacity pressures continue in Bedfordshire and Luton Community Paediatric team and the Cambridgeshire Community Paediatric team. A new Consultant appointed to the Bedfordshire team pre-Christmas and two additional specialist nurses also recruited. Consultant recruitment continues for the Luton team.
- The Bedfordshire and Luton Occupational Therapy Service is continuing to experience three primary challenges restricting pre-Covid19 performance levels:



Be an excellent employer

- 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. A recruitment task and finish group has been established and actions being progressed.
 - Luton District Nursing Services (risk 3337 – currently scored 20). Capacity pressures within this team remain a significant challenge. Recruitment and Retention options being explored. These continue to be managed through a combination of ongoing recruitment activity; proactive patient case management; agency and bank staff. International recruitment in place for 22/23. Although not a short-term solution, if successful, this will significantly improve capacity and resilience across the team. The service is working in partnership with other providers across Bedfordshire.
 - Dynamic Health. Specialist team are now fully recruited too, however, physiotherapy vacancies remain high across the unit in all localities at 14%. We are proactively advertising for posts, promoting the unit as an excellent place to work, creating videos, and placing posts on social media.
 - 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.
 - Dental Services. Sickness levels remain high, however, all sickness absence is managed by line manager with support of human resources where appropriate.
 - Large Scale Vaccination Services. Reduced activity and shift allocations is having a negative impact on staff morale. In particular, some of our bank staff have seen a number of their planned shifts cancelled during January 2022. This is due to a significant decrease in demand. Mitigations now in place to reduce these and a letter is being sent out to all bank workers to explain the change in demand and anticipated future requirements.

6. Mandating Covid Vaccinations from April 2022

- 6.1 Following the Government's announcement in late January 2022 to revoke the legislation in relation to health care staff being fully vaccinated by April 2022, the Trust stopped its focus on this.
- 6.2 The Government has now confirmed that the requirement for care home staff and professional visitors from 15th March 2022 no longer need to be double vaccinated. In addition, the legislation from April 2022 for health and social care workers will not be implemented. Therefore the Trust will not be insisting on this for current and future workforce, however, we will continue to encourage all healthcare workers to be



Be an excellent employer

vaccinated. Our Chief Nurse and Medical Director continue to offer to have individual and team conversations with any staff in relation to this. We continue to expect all staff attending work to undertake twice weekly lateral flow testing.

7. Equality Delivery System Workforce Priorities – Update on actions being taken

Objective 1: To support the development of a Trust-wide Anti-Racism Strategy and OD plan

Objective 2: To finalise the roll out of reverse mentoring as part of all in house development programmes

7.1 To support the two workforce Equality Delivery System (EDS) objectives outlined above and to meet our aspirations in line with the Workforce Race Equality Standards, we have:

- Expanded our staff diversity networks with three staff led networks operational; one for staff from ethnic minorities, one for staff with a disability or long term condition and one for our LGBTQi+ community. In addition we have established a menopause virtual café.
- Held a board development session, including the Cultural Diversity network chair, to discuss and start to form our anti racism strategy
- Engaged our Assistant Director of Organisational Development to work with our AD of Corporate Governance and Diversity and Inclusion and others on developing the anti racism OD plan.
- Engaged with system wide and national Diversity and Inclusion networks on anti racism plans.
- Supported BAME staff during the pandemic with specific tailored information on vaccines, disproportioned effects of covid and risk assessment/ adjustments.
- Continued with our Cultural Ambassadors programme of senior staff from ethnic minorities, acting as critical friends including in disciplinary and grievances involving staff from ethnic minorities and recruited three new Cultural Ambassadors.
- With feedback from staff we have continually reviewed how we support the representation of staff from an ethnic minority background on selection panels where an applicant from ethnic minorities is shortlisted, to help address disparity between these applicants being shortlisted and appointed, including updating our anti discrimination practice recruitment training.
- Published our fourth gender pay gap report and identified action to help address a higher number of male staff in senior roles compared to the Trust wide gender split of 93% female and 7% male. Agreed targeted actions to improve this.
- Continued with our diversity mentoring, including reverse mentoring.
- Continued with opportunities for ethnic minority mentors for Board members
- Put in place plans for reverse mentoring to become part of in house leadership development programmes now these have resumed.



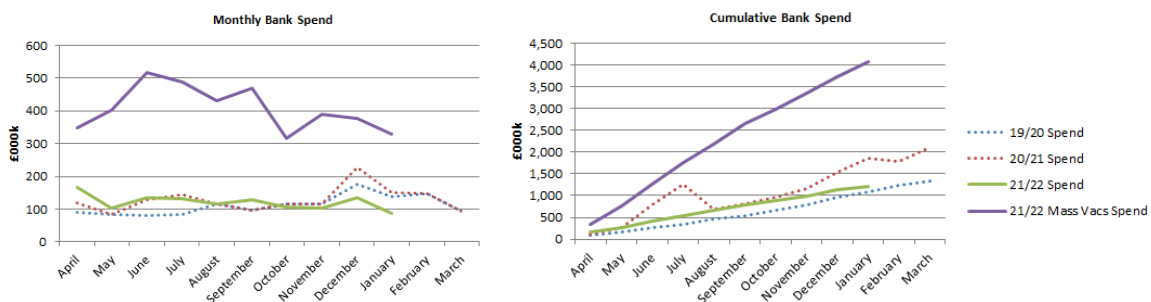
Be an excellent employer

8. Agency/bank spend



8.1. The Trust’s agency spend ceiling for 2021/22 totals £2,240k, which is the same as in 2020/21.

8.2. The Trust’s cumulative agency spend at month 10 was £5,649k against the spend ceiling of £1,865k. The delivery of the mass vaccination service has increase agency usage over the period with spend to delivery this service totalling £3,920k at month 10 (which is included in the total spend cumulative figure). The agency ceiling has not been adjusted for the expected mass vaccination service spend.



8.3. 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 10 was £5,281k. The delivery of the mass vaccination service has increased bank usage and spend at month 10 was £4,069k (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

- 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 (and more frequently during the recent booster surge effort).
 - 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
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

Bedfordshire, Luton and Milton Keynes Integrated Care System

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

The system remains focused on establishment of the Integrated Care Board and associated architecture to achieve the national deadline of 1 July 2022 and we anticipate that the Bedfordshire Care Alliance committee will be established as a committee of the Integrated Care Board on, or soon after, 1 July 2022.

A useful overview of the Bedfordshire Care Alliance is at Figure One below:



Collaborate with others

The Bedfordshire Care Alliance

Our Vision: To deliver improved outcomes for residents across Bedfordshire and reduce the health inequalities in the diverse communities within Bedford Borough, Central Bedfordshire and Luton. This will be achieved through providing integrated health and care services that are easy to access and tailored to the needs of our local residents

Background

The BCA was formed in 2019 as a loose collaboration of partners in Bedfordshire to provide a forum for transformation and coordination of health and care where success could not be achieved by any single organisation or area alone. Bedfordshire was identified as the right footprint to work together at scale; our residents are bound together in a single county with historical links, relationships and synergy among partners. During the pandemic we worked together as partners in an unprecedented way to deal with challenges and mutually support each other. We want to build on this legacy as we continue to deal with significant pressures and recovery together.

In order to go further in improving health services and outcomes for local residents, the Bedfordshire Care Alliance (BCA) plans a step change in how we operate as a partnership. Under the auspices of the BLMK Integrated Care Board, this involves NHS providers working together with partners including local authorities and primary care representation to take collective responsibility for planning and delivering health care in Bedfordshire, aligned to social care. Through this we want to improve outcomes for local people, address inequalities and better use resources.

The BCA will work as a partnership on a Bedfordshire basis where it makes sense to do so. We will also work at place/borough level, as well as contributing to the work of BLMKICS. Working at all these levels is key to levelling up outcomes and reducing variation and inequalities to make the biggest difference to our residents.

Our Objectives

The particular focus of the BCA is to work at scale across places in Bedfordshire to create a coherent healthcare offer and deal with the most significant challenges that we face.

- We want to deliver genuinely integrated care and support for local people in Bedfordshire. More joined up care, closer to people's homes has the potential to dramatically improve health outcomes whilst also supporting health services to be more efficient and targeted in the services they offer. We believe that it is essential to coordinate at scale.
- We also want to actively tackle unwarranted variation in service provision and quality. We know that over time services have developed which offer a different experience to local residents according to where they live in Bedfordshire. We want to ensure that all residents of Bedfordshire have the same level and quality of health services
- The BCA will not only benefit the local population but will provide more rewarding roles for health and care staff across the area. It will enable us to make better use of existing voluntary sector and community resources and our buildings and facilities; build an innovative, linked digital infrastructure; and ensure money is invested in the right places. This ambition to work together and integrate the care we provide around the needs of our residents is about investing our resources effectively, using our public money, our people and our other assets to best effect

By focussing on these areas we want to improve outcomes for everyone across the whole life course to ensure the best start in life and a healthy old age. The BCA is focussed on integrating and coordinating care across the NHS; services provided by acute, mental health, community and primary care networks including primary care; physical and mental well-being as well as the wider factors contributing to health and well-being.

Phased Approach to Development

From April 2022, we will establish a Bedfordshire Committee of the BLMK ICB called the Bedfordshire Care Alliance. This Committee will be made up of representatives of key partners: the ICB, Bedfordshire Hospitals FT, ELFT, CCS, local authorities and primary care networks. Reporting to the ICB, it will be responsible for:

- Address unwarranted variation** in quality, access and outcomes that people experience in different parts of Bedfordshire
- Design, plan and organise health services** integrated with social care provision in Bedfordshire – making sure resources are in the right place for the best outcomes
- Focus on **the things we need to do** once across Bedfordshire – standardise where we can and it makes sense to do so
- Support place priorities** with coherent engagement from providers covering larger footprint and tailoring where particular place population need requires it.

From April 2023, building on the BCA as a Committee of the ICB, it is proposed to develop a lead provider arrangement with delegated responsibilities and resources for planning and delivery in Bedfordshire. This will involve the delegation of NHS resources, functions and responsibilities from the BLMK ICB to a collaboration of providers (Bedfordshire Hospitals NHS Trust, Cambridgeshire Community Services NHS Trust and East London NHS Foundation Trust) via a lead provider (Bedfordshire Hospitals FT). Initially this will include the delegation of a capitated budget for health provision for Bedfordshire. The details and benefits of this will be worked through with all partners during 2022/23



BCA Progress and Next Steps, Mar 2022

2

Figure One: BCA Overview

Draft governance arrangements for the Alliance are at Figure 2 below:

Draft in Development – Phase 1 BCA Governance Arrangements¹ (to be established in shadow from April 2022 and as Committee of the ICB from July 2022²)

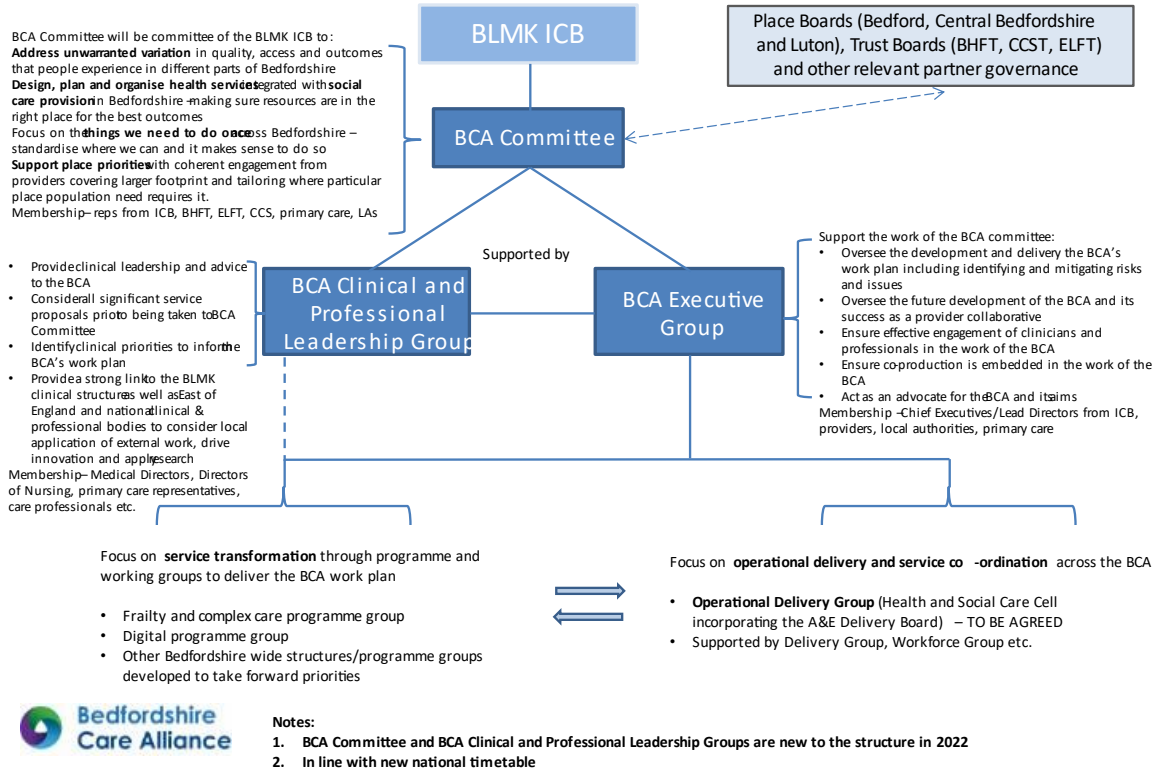


Figure 2: Draft Governance Arrangements for the BCA

Cambridgeshire & Peterborough Integrated Care System

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

The system remains focused on establishing the Integrated Care Board and associated architecture to deliver the expected requirements of the Health and Care Bill and the national deadline of 1 July 2022. We anticipate that the Children and Maternity Collaborative Executive Group will be established as a committee of the Integrated Care Board on, or soon after, 1 July 2022.

It is intended to devote part of the Board development session in April 2022 to the Children and Maternity Collaborative. We anticipate a work-shop style session focussing on scope, implications and risks.

Work is being initiated to identify, develop and demonstrate the competencies and capacity the Children and Maternity Collaborative will need before the Integrated Care Board can delegate new responsibilities. This will be a lengthy process and will demand considerable resource.

Princess of Wales Hospital, Ely

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

The Trust is still awaiting a response from DoH to the Expression of Interest submission.

Norfolk Integrated Care System

Contractual arrangements are being finalised in respect of the 'Integrated Front Door' programme which the Board will recall from the November 2021 Integrated Governance Report. The programme will entail the creation of a system-wide 'integrated front door' to physical and emotional/early mental health support and will be built on the existing 'Just one Norfolk' offer.

2. RESEARCH REPORTING PERIOD DECEMBER 2021 – JANUARY 2022

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 140+ 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 15 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 From ODP, comparing CCS to other community trusts, we are the second highest recruiting community trust, out of a total of 17.
- 2.1.4 The newly created Clinical Research Network (CRN) funded substantive B6 Research Facilitator, has been appointed from within the Trust and they will commence in post in March 2022.
- 2.1.5 The Digital Innovations Project, START: scoping the use of digital translation tools to assist with research engagement and delivery in under-served communities a CRN funded project. This piece of work explores the use of the web based 'Recite Me' tool which translates text into many different languages and is currently being used on the Trust's website.
- 2.1.6 Currently exploring having a 'Research Ready' clinical and non-clinical staff workforce to contribute to ad-hoc NIHR Portfolio studies within their own, and external to, their clinical speciality. This is another discreet project funded by the CRN and, to date, we have had a couple of clinicians who are keen to participate. One is planning on working additional sessions on a portfolio study and the other is updating their research training to be ready to support multiple studies which are happening within their clinical area. There remains ongoing enthusiasm for research from clinical teams, despite very challenging capacity issues across Trust's services.

2.1.7 A Freedom of Information request (Fol) has been sent to all 30 NHS Trusts who were involved in the Spectrum 10k study which was halted by the academic team in response to negative publicity. The request is around email correspondence from the Trust to the academic team. This involves several hundred emails which need to be submitted in the appropriate format with personal details/information redacted.


















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 continue to scope for studies and consider their feasibility for the Trust. During this period of time the Research team considered 260 studies for suitability for adoption into the Trust; 12 were potentially fitting with Trust services and all were considered for adoption and are currently being scoped or implemented within services.

2.2.3 Studies the Trust is currently involved in and that are in set up are detailed below in Table 1. In this reporting period there were a total of 13 Portfolio research studies running within the Trust and three are currently in set-up.

Table 1: Clinical Research for NIHR Portfolio Studies (accurate to 8 February 2022 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
Babybreathe Postpartum smoking intervention.	CYPS Norfolk	I	University of East Anglia	13	22		Open and recruiting	Behavioural intervention to prevent return to smoking postpartum
Evaluating Palin Stammering Therapy for children (Palin STSC).	Cambys CYPS SALT	I	Whittington Health NHS Trust	5	9		Study open and recruiting	Feasibility trial, to inform a larger scale RCT
Compression therapies for the treatment of venous leg ulcers. (VenUS 6)	Luton Adults	I	Manchester University	0	7		Recruiting	Clinical investigation of a medical treatment
Interpersonal counselling for adolescent low mood (ICALM)	CYPS Norfolk	I	Norfolk and Suffolk NHS Foundation Trust	0	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	1	3	 	Survey closed	Understanding routinely offered treatments for phobias for children with LD
Psychological Impact of Covid-19	Trust Wide	O	Southern Health NHS Foundation Trust	0	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
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
AHP Perceptions in Research Survey	Trust Wide (staff)	O	Leeds Community Healthcare NHS Trust	0	11		Survey closed	National evaluation of research perceptions among AHPs in the NHS
Prevalence of AADCd in Patients with Cerebral Palsy of Unknown Cause (Reveal-CP)	CYPS Norfolk	O	PTC Therapeutics, Inc	0	0		Study opened Nov – PIC site	Screening in patients with cerebral palsy like symptoms (CP)

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
Scanning Eye training as a rehabilitation choice for hemianopia after stroke (SEARCH)	Bedford Orthoptics	I	University of Liverpool	0	0		Study Opened July No recruits yet	RCT, evaluating a rehabilitation intervention
Binocularly Balanced Viewing Study (Balance)	CYPS Bedford Orthoptics	I	Moorfields Eye Hospital	0	5		Recruitment closed	Important technology study into treatment for amblyopia
The role of different diets in children who are gastrostomy fed (Youtube)	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 (Univ of Cambridge) 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
Pregnancy and EARLY Life study (PEARL)	CYPS Norfolk	O	Quadram Institute Bioscience	Data exchange only.	Does not attract recruitment. collaborative only	n/a	Ongoing data sharing	Longitudinal basic science study into health during pregnancy
Specific phobias in children with learning disabilities (SPIRIT) Phase 2	CYPS Cambs and Beds	I	University of Warwick	-	-		Study opened Jan	An adaptative and feasibility for an intervention
MSK Clinical Trial of an Investigational Medicinal Product (CTIMP)	Dynamic Health	I Commercial	GlaxoSmithKline (GSK)	-	-		Study opened Jan	New drug for knee osteoarthritis (OA) Commercial study (PIC)
Positive Voices HIV	iCaSH	O	PH, UCL, Imperial College London	-	-		Study in set up	National survey of people living with HIV
MOPeD musculoskeletal Outpatient Delegation Study NIHR PhD Fellowship	MSK Ely/Cambs	O	NIHR, Midlands Partnership NHS Foundation Trust.	Start delayed due to redeployment of staff.	Application to Portfolio status successful. Attracts recruitment		Study in set up.	External PhD. Two site study.
Glasses in classes	CYPS Norfolk	I	Bradford Teaching Hospitals NHSFT	-	-		Study in set up – not yet on portfolio but potentially will be	Cluster RCT to evaluate the effect of two pairs of glasses for school children
Total recruitment within this period:				19	**770	RCF count for recruitment started from October 2021 (*2).		**Total for all NIHR Recruitment.

(*1) All figures accurate as of 08/02/2022 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases) due to database delay, known figures vary).

(*2) Research Capability Funding (RCF) is allocated to research-active NHS health care providers if they recruited at least 500 individuals to non-commercial studies, conducted through the NIHR Clinical Research Network (CRN), during the previous NIHR CRN reporting period of 1 October – 30 September. This was achieved for the last 2 financial years and will be awarded in 2022.

2.2.4 A commercial study sponsored by GlaxoSmithKline (GSK) is being considered within 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 opened in January 2022.

2.3 Non-Portfolio Studies

2.3.1 **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 was one non-portfolio studies submitted to the HRA in this reporting period, which is an external NIHR/HEE Clinical Doctoral Research Fellowship. This study was classified as non-portfolio but the researcher has got the project on the NIHR Portfolio. This means that the numbers recruited will contribute to the Trust's overall recruitment.

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

HRA approved non-portfolio study.	Area	Numbers	Update	Collaborations	Impacts/potential impacts
New in this Data period					
Musculoskeletal Outpatient Physiotherapy Delegation study (MOPeD)	MSK adults (Hinchingbrooke)	Still in set-up. Delayed commencement April / May 2022	A focused ethnographic study. Observational and interview based methodology	Two sites, CCS NHST and Midlands Partnership NHS Foundation Trust. HEE/NIHR	Research which will lead to the development of delegation competences of non-registered assistant staff. This staff group make up 15% of the national MSK workforce.

2.3.2 Student Studies and Non-Student studies – Local Permissions

During this reporting period there were no students (CCS NHS Trust staff) but two non-student evaluations were submitted for local Trust permissions. One project was a service evaluation of an online workshop carried out by paediatricians in Bedford. The other permission was given to the Applied Research Collaboration (ARC) who have accessed funding to evaluate remote monitoring pathways in adult patients in Luton.

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

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

2.3.3 Fellowships, Internships, PhD Programmes and Grants

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 were two ARC Implementation Fellowship applications during the last reporting period, which were from two paediatricians; they have both been shortlisted for interviews. There has also been one clinician applying for the NHS Innovation Accelerator Fellowship; they have also been shortlisted for interview.

2.3.4 No staff commenced a new Fellowship (Table 3).

2.3.5 Grants

No grants were submitted within this period. However, we continue to explore, with the academic lead at Anglia Ruskin University (ARU), 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, with costings being

completed in January 2022. Submissions can be anytime throughout the year.

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

NIHR Fellowships/grant	Area	Numbers	Update	Collaborations	Impacts/potential impacts
New in this Data period					
NIHR/HEE Applied Research Collaboration (ARC) Fellowships 2022	Children & Young People's Service (CYPS) Cambridge & Luton	Two	Submitted 30/11/21. Both shortlisted for interviews.	Applied Research Collaboration (ARC)/HEE	One project is around looked after children and the other around glue ear.
NHS Innovation Accelerator Fellowship: 2022 Intake	CYPS Cambridge	One	Shortlisted for interview.	NHS England & NHS Improvement, Academic Health Sciences Networks. Hosted at UCL Partners.	Support for the further development of a commercial product.
Update on on-going Fellowships					
NIHR/HEE Applied Research Collaboration (ARC) Fellowships 2020-2021	Children & Young People's Service (CYPS) Norfolk & Luton	Two	The two Fellowship commenced in January 2020 have both been extended to December 2021.	Applied Research Collaboration (ARC)/HEE	Working with children in geographical areas of high health needs.
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. Completes March 2022.	University of London	Includes a Masters in Applied Research in Human Communication Disorders. Masters was 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 and one was removed around promoting research in non-NHS sites but the CRN still wish to encourage those 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.

2.4 Trust Wide Projects to Build Research Culture and Capacity

2.4.1 Norfolk Research Champions Project Update:

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:** Interviews were conducted remotely, within a short time scale and the impact of Covid-19 will be considered in the evaluation. Honorary contracts were provided to those Academic staff involved with the interviews. Analysis is now being undertaken.
- **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 April 2022.

2.4.2 CRN Funded Project: Building the Research Capacity of the Trust workforce.

- This project is to explore how Trust 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. We already have two interested clinicians. One, a clinical psychologist, who will be offering a NIHR Portfolio treatment intervention to children. The other clinician is based within the HV service in Norfolk and will look into supporting many of the NIHR studies being undertaken there.
- If there are positive benefits and outcomes demonstrable within this pilot study, there is the potential of further funding into the next financial year to continue this important research capacity expansion.

2.4.3 The Digital Innovations Project, START: Scoping the use of digital translation tools to assist with research engagement and delivery in under-served communities.

- This is a CRN funded project. This piece of work explores the use of the web based 'Recite Me' tool, which translates text into many different languages and is currently being used on the Trust website. To date we have looked at collecting and analysing data on main spoken languages across the Trust geography and our use of translation services in each area, to identify the main languages that we need to target as part of this project. We have also held meetings with stakeholders within and external to the Trust to discuss plans for the project moving forward. We are currently in the process of setting up simple summaries of research

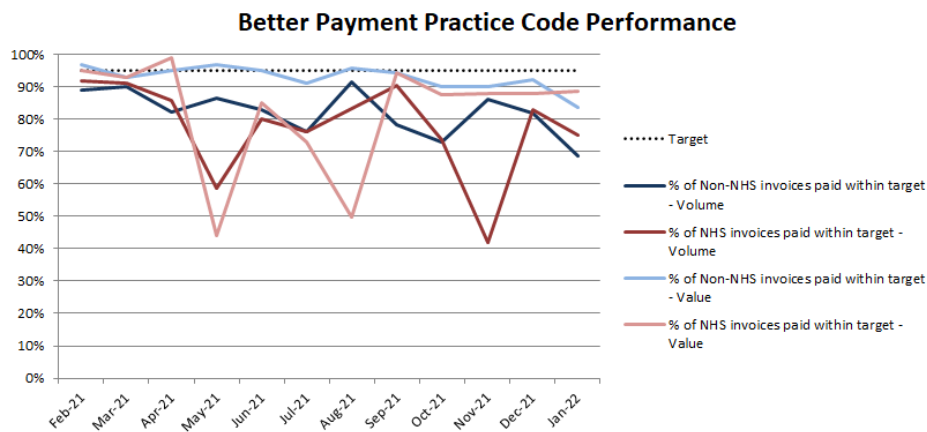
studies adopted by the Trust, to be added to the CCS internet pages, which will form part of this pilot assessment.

2.5 Published Papers & Posters within this period

2.5.1 No posters but there was one paper published in this period:

- Oral Morphine versus Transmucosal Diamorphine for Breakthrough Pain in Children: methods and outcomes: UK (DIPPER study) consensus. *BMJ Supportive & Palliative Care* 2021;0:1–10. doi:10.1136/bmjspcare-2021-00327 Emily Harrop, David Vickers *et al.*

3. Public sector prompt payments



- 3.1 The average in month prompt payment results across the four categories was 86% in month 9 and 79% in month 10.
- 3.2 With regards to NHS invoices, performance has increased over months 9 and 10. 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 87% achievement over this period. Over months 9 and 10, the average achievement in each category is 75% and 88% for Volume and Value respectively, which is a decline on the previous reporting period. The team are working with SBS procurement to improve the purchase order process which will improve the invoice payment process once complete.
- 3.4 The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly. Further processes are being implemented to increase the monitoring of invoices and improve their allocation to services.



Be a Sustainable Organisation

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



Be a Sustainable Organisation

C: Risks to achieving objective

Strategic risks

1. **Risk ID 3167** - As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 8)
2. **Risk ID 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

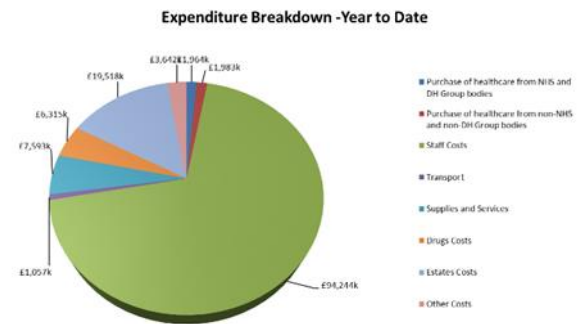
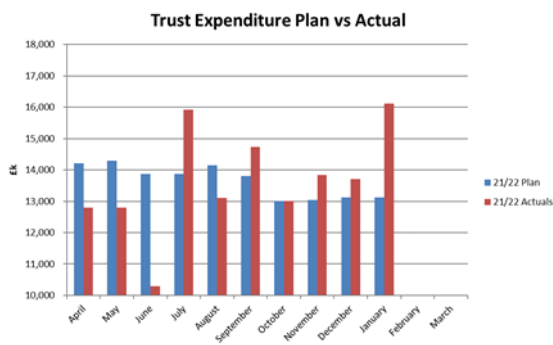
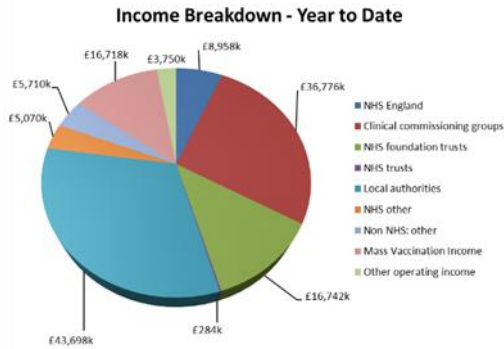
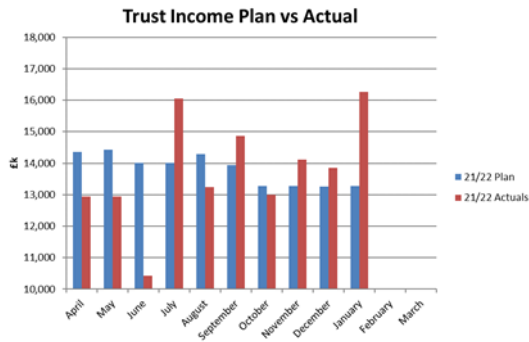
Finance scorecard

Finance Dashboard	Section in Report	Plan M10	Actual M10	Variance M10
Operating income	1	£138,097k	£137,706k	(£391k)
Employee expenses	1	(£95,641k)	(£94,152k)	£1,489k
Operating expenses excluding employee expenses	1	(£41,066k)	(£42,164k)	(£1,098k)
Trust Surplus/(Deficit)	1	£0k	£0k	£0k
Closing Cash Balance	2		£8,213k	
Capital Programme	4	£2,666k	£864k	(£1,802k)
Agency Spend	SO2 - 4	£6,585k	£5,704k	£881k
Bank Spend	SO2 - 4	£11,258k	£5,283k	£5,975k



Be a Sustainable Organisation

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	Jan-22					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	1,552	(17,645)	(7,903)	(23,997)	(25,870)	1,874
Bedfordshire Community Unit	1,406	(12,209)	(2,063)	(12,865)	(12,290)	(575)
Childrens & Younger Peoples Services	1,742	(26,027)	(2,475)	(26,760)	(27,881)	1,121
Luton Community Unit	1,177	(16,611)	(2,901)	(18,335)	(18,930)	595
Mass Vaccination Service	17,146	(13,290)	(3,856)	-	-	-
Other Services	114,682	(8,370)	(24,355)	81,957	84,970	(3,014)
CCS Total @ 31st January 2022	137,706	(94,152)	(43,554)	-	-	-

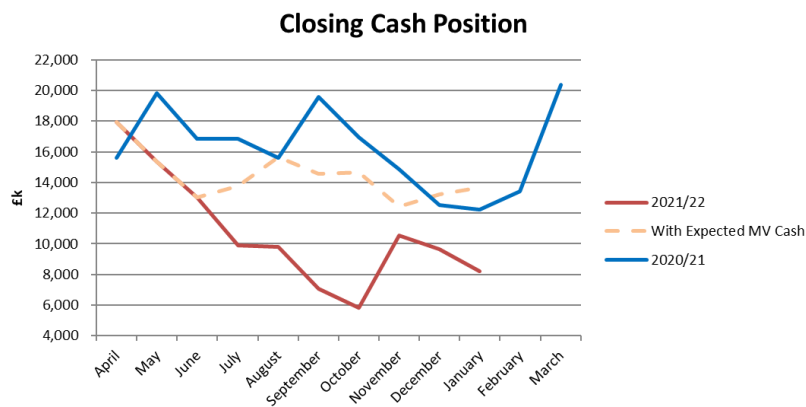
1.2.1. Ambulatory Care Services delivered an underspend of £360k in month 10 to give a cumulative underspend of £1,874k. The main reason for the cumulative underspend, is due to vacancies and redeployments in pay and reduced non-pay expenditure from the reduction in service activity resulting from Covid 19, particularly in pathology costs in the iCaSH services.



Be a Sustainable Organisation

- 1.2.2. Bedfordshire Community Unit delivered an overspend of £97k in month 10 to give a cumulative overspend of £575k. 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 underspend of £135k in month 10 to give a cumulative underspend of £1,121k. 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 £32k in month 10 to give a cumulative underspend of £595k. 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 £8.2m at month 10 represents an overall decrease of £2.3m on the previously reported position at month 8. The Trust has incurred mass vaccination service expenditure of £5.5m, which is due to reimbursement. This would bring the cash position in line with last year.

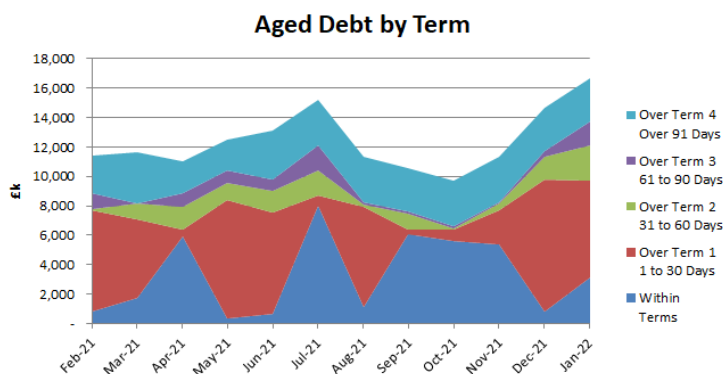


Be a Sustainable Organisation

3. Statement of Financial Position

	January 2022 £'000	November 2021 £'000
Non-Current Assets		
Property, plant and equipment	54,307	56,131
Intangible assets	273	285
Total non-current assets	54,580	56,416
Current assets		
Inventories	342	342
Trade and other receivables	27,252	22,062
Cash and cash equivalents	8,213	10,541
Total current assets	35,807	32,945
Total assets	90,387	89,361
Current liabilities		
Trade and other payables	(23,128)	(22,102)
Provisions	(910)	(910)
Total current liabilities	(24,038)	(23,012)
Net current assets	11,769	9,933
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

3.1. Trade and other receivables have increased over the reporting period by £5.2m, due to the expected mass vaccination service reimbursement and trade and other payables have increased over the reporting period by £1.0m.



3.2. Total trade receivables increased by £3.3m in December to £14.6m and then increased by £2.1m in September to £16.7m. The breakdown in January is £5.8m (35%) from NHS organisations; £10.3m (62%) from Local Authorities; and £0.6m (3%) from other parties.



Be a Sustainable Organisation

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

Norfolk County Council	£1.8m
Cambridgeshire County Council	£2.5m
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 10) Norfolk County Council and Cambridgeshire County Council have subsequently paid £1.8m and £0.7m respectively to reduce their outstanding balance.

4. Capital spend

4.1. Capital spend to date is behind the overall plan, however further planned spend will continue on the refurbishment of Nash House, Suffolk and various redevelopment programmes currently in progress.

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.

