Title:	Integrated Governance Report			
Report to:	Trust Board			
Meeting:	25 January 2023		Agenda item:	5
Purpose of the report:	For Noting: ☐	For Decision: ☐	For Assurance: ☒	

Executive Summary:

This Integrated Governance Report (IGR) has been produced following the clinical operational board meetings that took place on 10th January (Children's) and 11th January (Adults). The IGR brings together the quality, performance, workforce and finance information for October and November along with key risks, to provide the Board with assurance of delivery against the agreed strategic objectives and indicators.

For each objective, this report provides:

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

Assurance is measured against the agreed assurance metrics in Appendix 2 and is summarised at the beginning of each section of the IGR and overall, in the table below:

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

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

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

<u>**Supporting Information:**</u>

Appendix 1: Quality Dashboard
Appendix 2: Assurance Framework
Appendix 3: SPC Chart

Report authors & Executive Sponsors	Kate Howard		Chief Nurse	
	Anita Pisani		Deputy Chief Executive	
	Mark Robbins		Director of Finance & Resources	
	David Vickers		Medical Director	
	Rachel Hawkins		Director of Governance & Service Redesign	
Assurance level:	**Substantial** ☐	Reasonable ☒	**Partial** ☐	**No assurance** ☐

How the report supports achievement of the Trust objectives

Trust Objective	
Provide outstanding care	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Collaborate with others	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be an excellent employer	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be a sustainable organisation	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Equality and Diversity Objective	
To fully implement the actions identified following our review of the No More Tick Boxes review of potential bias in Recruitment practices	Assurance on delivery included in the People Strategy Update

The Trust Board will role model behaviours that support the Trust ambition to be an anti-racist organisation including actively implementing the trust and their personal anti racism pledges, to instil a sense of belonging for all our staff.	The Board have made their public pledges, to be measured by personal objectives and feedback from staff.
To commence collection of demographic data for people who give feedback.	Action plan is in place - Q1 & Q2 actions have been achieved
To work with the data team and clinical services to target the collection of demographic data.	Action plan is in place - Q1 & Q2 actions have been achieved

Links to BAF risks / Trust risk register

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

Legal and Regulatory requirements:

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

Previous Papers (last meeting only):

Title:	Date Presented:
IGR Report	23rd November 2022

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Be an Excellent Employer	*Reasonable*	-	*Reasonable*	-	*Substantial*
Collaborate with others	-	-	*Substantial*	-	*Substantial*
Be a Sustainable Organisation	-	-	-	-	*Substantial*

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

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

1. **Children & Young People's Services:**

   - **Patient/Staff Story:** there was not a patient/staff story on this occasion due to proximity to the holiday period. Patient/staff story will continue as usual at the next meeting.

   - **Integrated Governance Report** – the Clinical Operational Board (COB) received a detailed Integrated Governance Report updating the following:

     ➢ Across Children and Young Peoples (CYP) Services, 72 RCN registered staff took strike action on 15/12/22 and 69 registered staff on 20/12/2022. The pan-

Bedfordshire Rapid Response service closed for the day (15/12/2022), but other CYP services continued with minimal disruption except for some planned appointments being re-arranged. A Trust-wide risk is in place (Datix ID: 3502). Business continuity plans mitigate for any future industrial action.

➢ Recruitment challenges continue across the Trust: for Health Visiting (Bedfordshire, Cambridgeshire, and Norfolk), School Nursing (Cambridgeshire), Community Paediatrics, Speech and Language Therapy (pan-Bedfordshire) and the Nutrition and Dietetics service (pan-Bedfordshire).

➢ For Luton and Bedfordshire CYP services there continues be a financial risk both in year and recurrently (Risk ID 3388). Escalations to the ICS finance executive are in progress in relation to the Community Paediatric service to agree a recurrent position for 2023/24.

➢ Demand and capacity pressures continue Trust-wide within Community Paediatrics (Risk ID 3120 and 3425) and Therapy services (Bedfordshire & Luton). This impacts on our ability to deliver services around the SEND agenda. The additional NHSE/I requirement to have no children waiting over 78 weeks from 1/4/23 will create additional challenges. There are currently 88 Children waiting over 78 weeks in Bedfordshire & Luton.

➢ During the last period, all services are working with finance to identify cost improvement opportunities. A comprehensive Quality Impact Assessment process will underpin this.

➢ Across the Trust, our public health commissioners are increasingly focussed on achieving mandated contacts within national timescales, putting pressure on teams to balance this priority with statutory safeguarding responsibilities.

➢ There are currently 9 non-Covid19 risks scoring 12 and above.

➢ A Trust wide 2023-26 service plan is on track to be presented to Trust Board in March 2023. Teams have locally developed their placed based plans to inform this.

➢ CYP services continue to offer a 'waiting well' approach. This includes a 'waiting well' leaflet sent out with Speech & Language Therapy referral acceptance letters and a web-based resource for families referred to Community Paediatrics.

- **Matters for escalation and outcome required:**

➢ Bedfordshire & Luton and Norfolk & Waveney have open risks in relation to staffing of Healthy Child Programmes (Risk 3317, 3393, 3499, all rated at 12). Mitigations are in place with an escalation framework. There is a Trust-wide group looking at compliance with timescales for mandated contacts through a Care Quality Commission lens. Initial review shows that some contacts breach only be a few days.

➢ Affordable establishments for Healthy Child Programme are being reviewed, accounting for the fact that these Public Health contracts do not include the Agenda for Change pay uplift. Estimates suggest this will result in the elimination of currently vacant posts, meaning that contract outcomes will need to be achieved within current staffing levels.

➢ Exit interviews in Cambridgeshire Healthy Child Programme have raised questions about staff retention and service focus of 5-19 pathway. Work is underway to review school nursing work plans and objectives.

➢ Monthly sickness levels in Cambridgeshire & Peterborough and Norfolk & Waveney Healthy Child Programme have increased in October 2022 to around 9%. This is mainly linked to colds, coughs, flu, followed by anxiety, stress and depression and other winter illnesses that seem to be affecting staff to a greater degree this year. Anecdotally, anxiety, stress and depression are often associated with broader life stressors with work acting as a protective factor. Although managers continue to

support staff wellbeing, the question was raised as to whether the Trust has enough in place to support with Cost of Living challenges impacting on staff.

➢ A rise in the number of Unaccompanied Asylum-Seeking Children in Peterborough has put pressure on Peterborough LAC service. To support, CCS is completing IHA's (Internal Health Assessments) for children placed in Peterborough. This has been escalated to ICB (Integrated Care Board) and a systemwide meeting is organised for early 2023.

➢ There are three risks relating to demand & capacity, funding and estates (all rated as 12) for Bedfordshire & Luton Community Paediatrics. There has been a steady increase in demand for Cambridgeshire Community Paediatrics with twenty children and young people now waiting more than a year. A Trust-wide group has been established to agree further internal measures to address these challenges. System conversations are ongoing in both areas.

➢ The current forecast for overspend in Bedfordshire & Luton is £1.8 million, £400k above the level previously approved by the Board. There may yet be some remediation realised in January. Decision regarding recurrent funding for Bedfordshire & Luton Community Paediatrics, a significant contributor to overspend, has been requested for the end of January.

Risks of 15 or above and emerging risks:

- None to report

Outstanding practice and innovation for the Board to note:

- The Children's Epilepsy team along with Bedfordshire Hospitals NHS Foundation Trust Epilepsy Team won their category at the HSJ (Health Service Journal) Digital Innovation awards. The 'digitising care for children with complex epilepsy' pilot was recognised for making a positive difference for children, with a digital platform improving data sharing and enhancing patient care.
- Gary Meager, from the Bedfordshire & Luton Community Nursing service, was awarded the title of Queen's Nurse and attended the award evening on 28th November 2022. Nurses are awarded the title in recognition of their commitment to high standards of patient care, learning and leadership as well as their contribution to improving care for patients, their families, and carers.
- Several members of the Community Nursing Team took part in the Bedfordshire Health and Care Academy learning event. Members of staff were filmed to give students in the academy insight into the role of children's community nursing to inspire the future workforce.
- The Bedfordshire & Luton Community Paediatric Service has received excellent feedback from children and parents accessing specialist nurse support. Parental reflections are informing areas for improvement. One such video can be seen here https://player.vimeo.com/video/774723907?h=b82e862d9b&app_id=122963
- The Cambridgeshire & Peterborough Integrated Care Board approved a pilot project for a community based rapid response respiratory service for children and young people with long-term neuro disability to prevent hospital admissions. Funding for posts is with the acute hospital initially, but the role is likely to be based in community services in future.
- Lucy Parsons and the wider Norfolk safeguarding system were nominated for the Child Protection Collaboration Award by the University of Kent, illustrating outstanding multi-agency working in recognition of the work undertaken to develop Joint Agency Group Supervision (JAGS).
- As part of the Norfolk Safeguarding Partnership 'Protecting Babies' work and feedback from local parents, a new video was developed and launched as part of the safer

- sleeping campaign, identifying safer co-sleeping as part of the wider series of videos. Safer sleeping training has also been delivered across the multi-agency safeguarding system with positive feedback.
- Just One Norfolk has provided a system digital platform for the Norfolk & Waveney Integrated Care System Keeping Families Warm and Well winter campaign and been integral to the system response to the outbreak of scarlet fever and strep A, developing content that has been shared across regional partners and platforms.
- Consultant Paediatrician, Dr Karina Hart, won a Pride in Fenland award. She was nominated by a patient's family for going above and beyond to help them.
- A Cambridgeshire MHST (Mental Health Support Team) recently presented on a piece of co-production work at a national MHST celebration day.
- Four new Mental Health Support Teams in schools (MHSTs) launched in January 2023 in Ely and St Neots in Cambridgeshire and in Great Yarmouth and Broadlands in Norfolk & Waveney. Engagement sessions have taken place with local schools.

2. Adult Clinical Operations Board (COB)

The COB received the following:

- Overall finance position for 22/23 for all services covered by the Clinical Operational Board. Year to date position for both Ambulatory and Bedfordshire and Luton Adult Services is forecasting an overall surplus at year end. iCaSH (Integrated Contraception and Sexual Health) Services however are forecasting an overall overspend at year end, mainly due to the significant increase in demand being seen across all services.
- Updated position on cost improvement plans for all services for 22/23 and 23/24 was presented. Discussions took place in relation to non-recurrent and re-current savings and assurances received in relation to all significant savings plans being underpinned by a Quality Impact Assessment and Equality Impact Assessment, which are reviewed and signed off by Medical Director, Chief Nurse and Finance Director.
- Staff morale – remains challenging across all services due to continued pressures, however, assurance was given that a lot of focus continues to take place on staff health and wellbeing to improve the current situation.
- Update from all relevant services on the two RCN (Royal College of Nursing) strike days – 15 and 20 December 2022. All essential/urgent services were delivered on the two days.

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

Bedfordshire and Luton Adult Services

- Staffing capacity continues to be the main risk and area of focus within Adult Services, however, a 7% reduction in vacancy rate had been achieved in Community Nursing since May 2022. Detailed discussions took place in relation to how services were coping/hitting their KPIs (Key Performance Indicators), despite these staffing pressures. It was acknowledged that staff are having to be more task orientated in their approach to delivery of care at the current time and that the pressures will be impacting on sickness levels.
- Mandatory training performance remains above Trust target of 90%. Bedfordshire appraisal rates above target.
- 9 newly appointed international nurses have now passed their OSCE (Objective Structured Clinical Examination) and the service is expecting at least a further 5

- international nurses to join them in March 2023. In addition, the service has been successful in recruiting locally to some posts too.
- Service continues to meet all of its key performance indicators.
- Co-production lead led the establishment of a working together group for the services and they had their first meeting in November 2022.
- Innovation continues to enhance the Service – from tactical initiatives such as multiple visit efficacy to strategic initiatives such as virtual wards and urgent care.
- Services continue to support extreme urgent emergency care system pressures and are actively finding solutions to improve flow across the system. Services fully embedded in escalation conversations and delivery, where needed, our agreed winter plan.

Ambulatory Care

- Dental, Dynamic Health and iCaSH are all experiencing high patient demand, which is impacting on staff morale and sickness levels. The Board discussed in detail actions being taken to reduce waiting lists and to manage demand within each service area.
- Large Scale Vaccination Services - confirmation received that the majority of sites closed by the end December 2022. Roving models remain in both Norfolk and Waveney and Cambridgeshire and Peterborough and a small workforce has been retained for this.
- Overall division compliant with mandatory training with 96% compliance which is a great achievement.
- No quality concerns or serious incidents reported within this period within any of the services.
- Dental Services – significant reduction in the Cambridgeshire and Peterborough Special Care Dentistry waiting list following discussions with commissioners. Complaint with appraisals. Challenges in recruiting and retaining Dental Nurses was discussed and confirmation that an action plan had been developed with the services to address this. Team will revisit international recruitment options, recognising that this would be a longer term solution.
- Dynamic Health – Friends and Family feedback increased to 94.57% in November 2022.   Service wide conference date agreed for May 2023. [
- iCaSH – confirmation that action plan in relation to a previous serious incident is being delivered. Waiting lists for Long-Acting Reversible Contraception (LARC) and PrEP (Pre-exposure Prophylaxis) provision were discussed and a reduction in both waiting lists had been achieved since last reporting period.   Service wide conference date set for later on in the year.
- Large Scale Vaccination Services – Autumn Booster programme continuing to be delivered during this reporting period and service has downsized as planned by end December 2022.   A huge team effort which was delivered in a caring and compassionate way and a number of the workforce have been retained either in the Trust or across our wider systems. A significant number of workers on the bank have chosen to remain on the Trust bank.
- Discussion took place in relation to the challenges and complexity for our managers in supporting our staff with increased mental health/stress/anxiety issues. Workforce team would look to develop/commission bespoke training in this area.

Matters for escalation and outcome required: No action required from the Board on any of the escalation points:

- Luton Adults appraisal rates 91% against a target of 94%. Sickness levels continue to be challenge at around 9%. Covid and flu continuing to have a significant impact. One team reporting a Quality Early Warning Trigger Score above 15.

- Dental Services – mandatory training non-compliance UV light and level 3 safeguarding due to availability of training sessions, however, these are planned for first quarter 2023.   Sickness levels remain high, however, a new staff health and wellbeing programme 'Feel Good and Work Well' being launched in January 2023.
- Dynamic Health – mandatory training non-compliance – level 3 safeguarding training for both adults and children.   Capacity is improving and increasing numbers of rehab instructors and physiotherapists, however, vacancies remain a key focus for the service.   The service has been successful in attracting some international recruits.
- iCaSH – sickness levels remain above Trust target 6.22% against Trust target of 4.5%. Year end overspend forecasted due to significant increase in demand for services. Discussions will be taking place with commissioners in relation to this.   % of women accessing Long-Acting Reversible Contraception within 10 working days within iCaSH Cambridgeshire. Target 90% - achieving 35% in November 2022.
- Large Scale Vaccination Services – mandatory training non-compliance safeguarding level 2 for both adults and children. Compliance anticipated by end of January 2023.

Risks of 15 or above and emerging risks:
- Luton Adults – Risk 3337 – There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training required that support both high quality services and positive staff well-being. (score 20)

Outstanding practice and innovation for the Board to note:
- Progress in transformational areas continue for Bedfordshire and Luton Adult Services. Particular focus remains on the development of Urgent Community Response (UCR) to take patients directly form the ambulance stack. This has been in place now since 16 November 2022. UCR team also achieved over 90% of visiting patients within 2 hours of referral, against a national target of 70%.
- Continued development of the virtual ward model of care for respiratory and frailty patients within Luton Adults.
- Luton adults – expansion of respiratory service and TB (Tuberculosis) find and treat event. Continued focus on staff health and wellbeing.
- Dentistry services – Suffolk, Cambridgeshire and Peterborough services achieved 100% satisfaction in their Friends and Family feedback in November.   Specialist Oral Surgeon and Clinical Lead was runner up in the Clinical Audit poster prize at the recent British Association of Oral Surgeons Conference.
- Dynamic Health – videos demonstrating management of pelvic girdle have been creased and loaded onto website and are receiving regional and national interest.
- iCaSH – Friends and Family feedback 97.28% in November 2022. Service wide audit plan maintained and updated. Services participation in local and national audits, evaluation and learning shared across the service to improve patient outcomes.
- Large Scale Vaccination Service – delivery of circa 1.7million vaccinations since January 2021.

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Assurance Summary and Performance for

October and November 2022

Supporting Information

Appendix 1: Quality Dashboard
Appendix 2: Assurance Framework
Appendix 3: SPC Key

Provide outstanding care

A: Assurance Summary

Safe	97% of incidents were categorised as no or low harm in November (**S1**) There were no never events reported in October/November (**S2**) Over 90% of all SI (Serious Incidents) action plans are on target for completion, and there are escalation plans in place (**S3**) There were 3 nosocomial Covid19 staff outbreaks in October and November, with no impact on service provision (**S5**) All service changes as part of the Programme Management Office Verto process have a QIA/EIA (Quality Impact Assessment/Equality Impact Assessment) in place (where appropriate) (**S7**) IPaC (Infection Prevention and Control) board assurance framework was last reviewed at November's board, any gaps are being monitored via the IPaC Committee **(S8)** The internal Trust staff flu vaccination rate is: 56.5%	**Reasonable**
Caring	78% of services got over 90% positive FFT. 100% of Directorates scored over 90%**. (C1)** 13 out of 14 formal complaints were acknowledged within 3 working days and responded to within the timeframes agreed by the complainant (**C2**) 91.18% of informal complainants are offered local resolution within 4 working days (**C3**). 100% of all Directorates and 93.75% of individual services received complimentary feedback **(C4)**	**Reasonable**
Effective	The 2 patient Equality Delivery System (EDS) objectives are on track for delivery (**E6**)	**Substantial**
Responsive	RTT (Referral to Treatment) challenges are noted (see section 7), recovery plans are in place across the services, plans are fluid to meet fluctuation of staff sickness (**R1**) 13 out of 14 of all formal complaints are acknowledged within 3 working days (**R2**)	**Reasonable**

1   This report summarises the key elements of quality and safety that have been our focus since March 2020.

2   In addition to the overview and analysis of performance for October and November 2022, the Board can take assurance from the following sources:

- o Our overall Care Quality Commission (CQC) inspection rating 'Outstanding' remains in place from August 2019 with 'Outstanding' within the caring and well-led domains.
- o Assurance can be taken from the initial completion of the NHSE /Infection, Prevention & Control Board Assurance Framework last presented to the Board in November 2022.
- o There have been three reported staff outbreaks of Covid19 infection within this reporting period, which have all been managed within the parameters of the national guidance.

B: Measures for Achieving Objective – 2022 / 2023

No.	Measure:	2022 / 2023 Target:	Data source:	Reporting frequency:	Current position as of May 2022:
1a	Maintain overall Care Quality Commission rating of Outstanding	Improved ratings for individual Key Lines of Enquiry	Formal assessment	Annual	CQC rating: Outstanding
1b (1)	Patients / carers are satisfied with care delivered by our staff	90%	FFT	Monthly	97.03%
1b (2)	FFT (Friends & Family Test) feedback questions to be available in the six languages most frequently requested for translation and other languages / formats available on request	Pass	PPC (People Participation Committee)	Apr 23	In September the FFT survey became live with full translations into the most frequently translated languages: Lithuanian, Russian, Polish, Bengali, Urdu, Romanian and Portuguese. All languages can be accessed from the same survey link via a dropdown option at the top of the survey.
1c	Our staff recommend the Trust as a place to receive treatment	Maintain or improve upon 2021 Annual Staff	NHS Annual Staff Survey & Quarterly Pulse Survey	Quarterly	Recent figures not released

		Survey response score			
1d	Deliver the locally agreed patient related annual Equality Delivery System objectives: **Patient/Service User Objective 1:** To commence collection of demographic data for people who give feedback. **Patient/Service user Objective 2:** To work with the data team and clinical services to target the collection of demographic data.	Pass/Fail	Equality Delivery System	Quarterly	Demographic data has started to be collected from our complaints process and will soon believe on our FFT returns. Plan: on track The data team have been able to identify some baseline data sets. The EDI (lead will now be taking a lead with this objective to target which data sets will be suitable for the demographic focus. Plan: on track
1e	Safety – our staff feel able to speak up about patient safety issues	Maintain or improve 2021/22 score	Staff Survey	Annual	On-going
1f	Achieve overall mandatory training levels at 90% or greater	90%	ESR (Electronic Staff Record)	Monthly	Mandatory training – 94% for November 2022
1g	Increase the number of services supported by volunteers – at Q2, half of the 8 clinical groupings were supported by volunteers[1] and the intent is to introduce volunteers to	To have 75% of clinical groupings supported by volunteers	People Participation Committee	6 Monthly	Baseline set. Directorates have been divided into 8 service lines – 50% of these service lines have volunteers working within them. The target

	the Dental Service and CYP Services in C&P				is to increase this to 75%.
1h	Achieve our target to recruit patients/service users to research studies	Pass/Fail	Research Team	Quarterly	Pass*
1i	Agree a new quality improvement framework and a plan for building improvement capability within the Trust	Pass/Fail	Quality and Service Re-Design Teams	Reviewed end Q2	On-going Updates have been provided to the Executive and Senior Leaders Team – training modules have been developed.

[1] The 4 Directorates have been split into 8 clinical groupings for the purpose of this indicator. Large scale vaccination centres have not been included in our data due to the national position.

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

C: **Risks to Achieving Objectives**

Strategic Risks:

1. ***Risk ID 3164** - There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 16)*

2. ***Risk ID 3166** - There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. (Risk Rating 16)*

3. ***Risk 3486** – There is a risk that the performance stability and functionality variability in performance with elements of the ICT infrastructure (provided by Shared Business Services / Sopra Steria) during the early adoption and transition phase, impacts our staff's ability to deliver high quality services. (Risk Rating 12)*

4. ***Risk ID 3227** - There is a risk services will not have the capacity to provide timely and effective response to children and adult safeguarding enquiries during*

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

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

Related Operational Risks 15 and Above

1. **Risk ID 3337** - *There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being. (Risk Rating 20)*

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

1.   Quality Impact Assessment (QIA)

1.1   The Quality and Equality Impact Assessments are reported at the Executive Programme Board, with any escalations being reviewed via the appropriate governance route. In relation to (S7) within the assurance summary the quality and equality impact assessments are now managed via the verto system and reported at the Executive Programme board. The assessments are used to understand the impact of changes to service delivery which relate to quality and/or equality, with any escalations being made through the appropriate governance route.
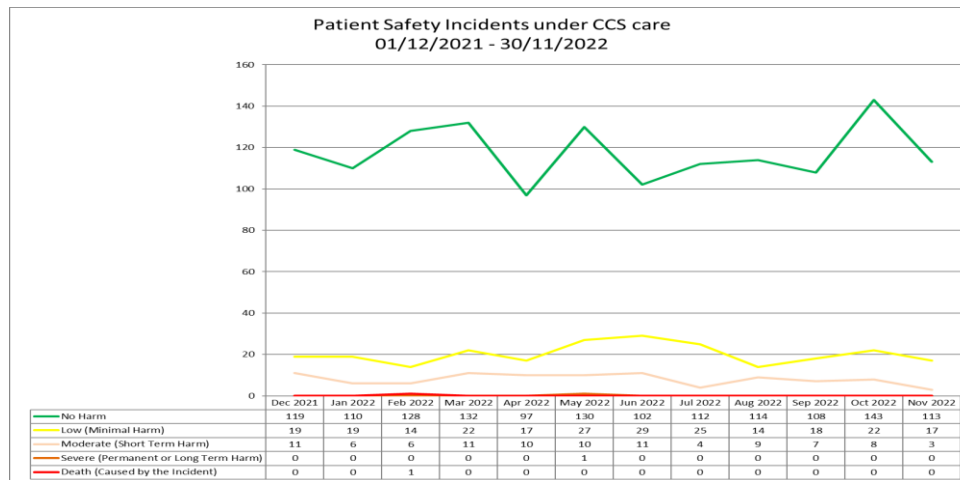
2.   Patient Safety

2.1   One Serious Incident (SI) was declared in October, and none were declared in November. The declared incident occurred within Luton Adults Service, but it does also have some overlap with the Luton School Nursing Service.

2.2   One Serious Incident was submitted for closure during the period. The incident occurred in the Luton Adult Service and related to a medication error, this was a no harm incident (to the patient), but clear opportunities for learning were identified. One of the outcomes of this investigation was the development of a standard operating procedure that supports Trust staff to identify patients within a care or nursing home setting.

2.3   Action plans on previously submitted Serious Incidents continue to be monitored for closure. At the time of writing, there were 14 actions assigned to Serious Incidents with three being overdue; this has been escalated to the Chief Nurse who follows up all actions with the leads to ensure timely submission. Fifteen actions were closed in the period.

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 12 panel meetings were held in October and 18 in November 2022. The panels were a combination of reviewing final reports, discussion on next steps and action plan reviews. Any identified initial actions were added to Datix for monitoring and completion.

2.6 The chart below highlights those patient safety incidents that occurred under our care and includes the two-month period of October and November 2022. These incidents totalled 306 which is an increase of 27 incidents on the previous two-month period.

Patient Safety Incidents under CCS care
01/12/2021 - 30/11/2022

	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022
No Harm	119	110	128	132	97	130	102	112	114	108	143	113
Low (Minimal Harm)	19	19	14	22	17	27	29	25	14	18	22	17
Moderate (Short Term Harm)	11	6	6	11	10	10	11	4	9	7	8	3
Severe (Permanent or Long Term Harm)	0	0	0	0	0	1	0	0	0	0	0	0
Death (Caused by the Incident)	0	0	1	0	0	0	0	0	0	0	0	0

2.7 Of the 306 incidents (October and November 2022), 84% were no harm incidents, 13% low harm and 3% moderate harm.

2.8 Eleven moderate harm incidents (whilst under the Trust's care) were reported, which is a decrease of five incidents on the previous two-month period.

2.9 All 11 incidents were reported for Luton Adult Services: 10 related to wound care and one to medication.

2.10 **Incident Themes**

2.10.1 Datix (the Trust's Incident & Risk Management System) 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

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October	November
Clinical assessment and treatment: 113	Clinical assessment & treatment: 73
Access, admin, transfer, discharge: 77	Patient information: 48
Medication: 42	Access, admin, transfer, discharge: 46

2.10.2 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:

- **Clinical Assessment and Treatment:** All pressure ulcers and moisture-associated skin damage (MASD) were reported under this category, both for those acquired on and off caseload. They represented 43% of all incidents reported under this category with 73 being reported under Luton Adults and two under Beds Children's Community Nursing (CCN) Service. Of these 75 incidents, 29 were deemed to have occurred whilst on caseload (28 Luton Adults and one Beds CCN). Whilst the wound care project with Tower Hamlets has been put on hold due to capacity, the Community Nursing Team have also been working towards the 2022/23 CQUIN (The Commissioning for Quality and Innovation Framework) which is linked to pressure ulcer/ wound care. This has ensured the services has a reviewed systm1 clinical template in place and that staff can and are able to receive appropriate training in interventions such as doppler.

- **Access, administration, transfer, and discharge:** Of the 122 incidents reported under this category, 62 related to failure to refer with 30 related to delay/lack of antenatal referrals; 17 reported from October and 13 for November. This was a decrease of over 50% from the previous reporting period (August and September) when 63 incidents for this category/sub-category were reported. This was recognised as an ongoing national issue. Other sub-categories included discharge failure from acute services and missed visits by Trust services. Each missed visit has been reviewed by the appropriate team and was due to issues with human error and the scheduling systems. Whilst the number of missed visits has been low, lessons have been identified and feedback to the individuals involved.

- **Medication:** 85 medication incidents were reported in the period. Medication incidents related predominately to Luton Adult Services (54), iCaSH Services (11) and the Large Scale Vaccination Service (8). For all medication incidents the degree of harm is split as follows: 93% no harm, 6% low harm and the final 1% moderate harm (1 incident). These incidents are reviewed/ overseen at the Medication Safety and Governance Group (MSGG).

2.11 **National Patient Safety Alerts**

2.11.1   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.

2.11.2   In October and November 2022, 31 alerts were received (15 in October and 16 in November). There were two National Patient Safety alerts issued which were not directly relevant to the Trust but were shared with relevant Services for information and awareness. All Central Alerting System (CAS) alerts were actioned and closed within the required time frame.

2.11.3   The National Patient Safety Alerts were as follows:

- Prenoxad 1mg/ml Solution for Injection in a pre-filled syringe, Macarthys Laboratories, (Aurum Pharmaceuticals Ltd), caution due to potential missing needles in sealed kits.
- Recall of Targocid 200mg powder for solution for injection/infusion or oral solution, Aventis Pharma Limited t/a Sanofi, due to the presence of bacterial endotoxins

3.   **Medicines Management**

3.1   **Medicines Incidents**

3.1.1   A high number of incident reports is a potential measure of a good reporting culture, which provides opportunities to learn from near misses before harm is caused. However, if there was a high proportion of incidents in which harm is caused, this would be a cause for concern. This is monitored in the quality dashboard.

3.1.2   The table below shows that the number of medicines incidents attributable to the Trust dropped noticeably in the summer of 2022. This reflects the total number of incidents reported during those months. The level of under-reporting is unknown.

Month	Number of incidents attributable to CCS	Percentage No Harm incidents
January 2022	31	87%
February 2022	20	95%
March 2022	23	87%
April 2022	24	96%
May 2022	23	91%
June 2022	11	91%
July 2022	14	79%
August 2022	17	94%
September 2022	13	100%
October 2022	23	91%
November 2022	18	89%

3.1.3 **Key Points:**

- The Luton Adult service continues to report a larger number of incidents than other services, which is a reflection of the large number of doses (particularly insulin) which are administered in that service.

- Incidents involving insulin appear to be settling after an unsettled period while the service was particularly short staffed.

- The Large Scale Vaccination service is the second most prolific reporter of medicines incidents. However, the proportion of incidents in relation to the number of doses administered has been in the order of 0.01% to 0.03%, and these included those that were not patient safety incidents, such as fridge problems and bung coring. These figures compare favourably with those reported by another community trusts providing large scale vaccination services whose data has been shared with the organisation.

- Ambulatory Care reports the third highest number of incidents, most of these in iCaSH. The predominant theme related to delivery and postage problems. Postage of medicines was introduced in iCaSH for Covid and has been maintained for operational reasons since then.

- Preliminary conversations are taking place with colleagues in other community health trusts, exploring areas where mutual benchmarking might take place.

- Statistical Process Control (SPC) Chart will be included in next Medication Safety Officer Incident Report, due March 2023.

4. Safeguarding

4.1 A safeguarding function business continuity plan was invoked at the beginning of the pandemic in March 2020 and is being used to support the delivery of the safeguarding service across the Trust. This was updated in December 2022 to maintain oversight of the contingencies in place and to support planning for strike action being taken by Royal College of Nursing (RCN) members. 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 Workshop style training has been developed for Mental Capacity Act (MCA) assessment to support readiness for implementation of the Liberty Protection Safeguards (LPS) in 2024. The impact of LPS introduction to Trust services is expected to include adolescent pathways for transition to adult services, an increased expectation for clinicians to undertake MCA assessments and to support best interest decision making for all discreet interventions, as required. Operational clinicians are supporting the roll out of the training within their services.

4.3 BLMK (Bedfordshire, Luton and Milton Keynes) Integrated Care Board (ICB) is leading on a strategic approach to transition from child to adult services. They are calling this 'Preparing for Adulthood / Transition' and have representation from operational services, including safeguarding, from across all the localities. There will be an

overarching strategic view which will then cascade down to operational providers to map their own service delivery to. The Trust wide Head of Safeguarding and Cambridgeshire & Peterborough Transition Lead have been developing an internal strategy and policy which will support this within the Trust.

4.4   The level of mandated supervision (for those staff who report on this as a key performance indicator (KPI) continues to be variable across the Trust but is continuing to improve and there is a clear plan of oversight and management in each area where compliance is lower than the agreed 90%. There is an extension of the provision across Cambridgeshire and Peterborough to the Allied Health Professional (AHP) teams as a new offer from November 2022 from a retired Safeguarding Lead.

4.5   The overall Trust position for Safeguarding Training remains above the 90% target, with the exception of adult's level 3 training – where the trajectory for compliance for 22-23 was set at 80% (November's compliance figure was 80%), and level 4 Safeguarding. Level 4 training is provided by external organisations, opportunities to attend are infrequent – this issue has been raised with the Chief Nurse of Cambridgeshire and Peterborough ICB, and within the Bedfordshire, Luton and Milton Keynes Safeguarding forums. A plan is in place to source training for the system, splitting the cost to ensure all relevant staff can attend. In the meantime, level 4 practitioners are being supported with supervision and care study/ portfolio development.

4.6   Norfolk Multi-Agency Safeguarding Hub (MASH) Information Sharing Agreement has been reviewed by the partner agencies with agreement on amendments and for development of a handbook to support service delivery. A staffing proposal for Bedfordshire and Luton MASH and safeguarding teams has been discussed with senior leaders in the locality and agreed in principle. This will afford a joining up of the MASH and safeguarding provisions across Luton and Bedfordshire and enable to risk based approach to be taken to the work. A workstream is in progress to support the development of a county wide Information Sharing Agreement.

4.7   A Standard Operating Procedure (SOP) is in second draft form to support management of adult safeguarding referrals and Section 42 enquiries; with comments and amendments being sought from operational and safeguarding teams. There is an audit planned for January 2023 that will inform the understanding of gaps in the pathway and enable wider system work to develop a clearer pathway across Luton in the first instance and then across the Trust.

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 continue to be discussed at the weekly IPaC huddle and are then reported as appropriate to the Resilience Operational Huddle.

5.2   There were 22 IPaC related incidents reports during October and November 2022. The number of reported incidents has doubled since the August and September period, out of the 22 incidents, seven related to needlesticks (five dirty and two clean).

5.3   Three of the five needlestick injuries occurred in the Large Scale Vaccination Services (LSV) post vaccination. Members of staff who received a 'dirty' needlestick injury,

were referred to Occupational Health. Patients who received a 'dirty' needlestick injury were seen in either the local Emergency department or a local iCaSH.

5.4   There were 15 other IPaC related Datix reports, 3 of these were linked to Covid-19 outbreaks and 3 linked to service IPaC spot checks, where gaps in practice had been identified. These areas have an action plan in place, which is being overseen by the individual Directorate Governance Meetings – a further audit will be conducted in 3-4 months' time.

5.5. In October and November there were three Covid19 outbreaks amongst staff. Outbreak meetings were held as per Trust policy and then escalated to the national system. Car sharing was identified as the cause in one outbreak; however, it was difficult to ascertain the cause of the other two outbreaks.

5.6   The flu vaccination uptake has been much slower than previous years and is in line with a low national uptake. Current figures (11.01.23) show uptake of 56.5%, at the last review the Trust were 3rd in the region for staff flu vaccination levels.

5.7   The number of MPox cases identified in the UK has been decreasing since August 2022 and there have been no cases identified in the East of England since the week of 17 October 2022.

5.8   Nationally, the number of Covid-19 positive cases decreased through October and November 2022. The number of staff reporting symptoms and positive samples were in single figures each week. Subvariants of Omnicron (Ba.4 and Ba.5) were the dominant strains in the country, with Ba.5 continuing to be the most transmissible. However, symptoms appear to be less severe than at the beginning of the pandemic.

5.9   Since 1 September 2022, asymptomatic lateral flow device testing has ceased. Despite this, the number of positive Trust staff continues to be higher than during the previous year, as can be seen in the graph below. Please note this does not include positive staff who have been out of the workplace for more than seven days. The graph compares the number of positive cases amongst Trust staff in 2021 with 2022.

CCS Covid positive risk assessments comparing 2021-22 with 2022-23
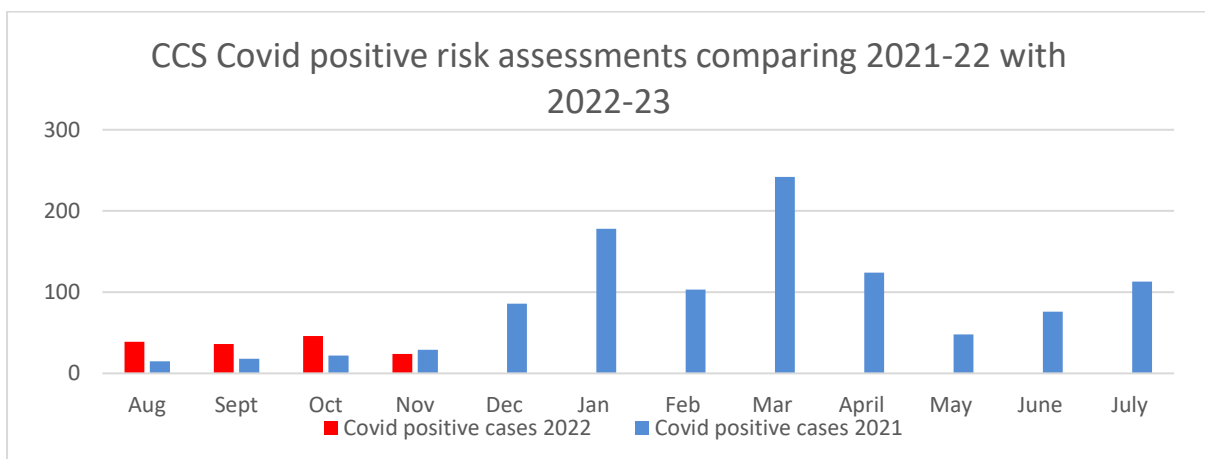
5.10 **Other infections**

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

6.   Patient Experience

6.1 **Friends and Family Test (FFT)**

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

6.1.2   We received 2610 responses in October and 2322 in November. This is an increase on the previous two-month period. Below is a summary since April 2022.

	April	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Total**
Trust Overall	1379	2804	2552	2640	2440	2345	2610	2322	19091

6.1.3   The overall Trust FFT positive feedback was 97.03%, with a 1.3% negative feedback percentage. Overall, we remain above the Trust target of 90% however some services have not met the target in this period. Feedback information is provided to services each month along with comments from service users for each service to consider any actions required to improve service user experience.

6.1.4   Recently Norfolk Children and Young People's Health Services have been supported to review feedback mechanisms and processes with the aim of ensuring that there are accessible ways for service users to provide feedback. Recommendations included that the feedback link should be more visible on the Just One Norfolk website, promote use of the SystmOne link to staff and a review of the teams to simplify providing feedback for service users. It is hoped that this targeted service support will increase the number of feedback responses and provide assurance that feedback mechanisms are accessible and promoted by staff.

6.1.5   The team have now started to review Cambridgeshire 0-19 service feedback mechanisms to ensure that all service users are able to provide feedback by means that suits them.

6.1.6   In October and November the services we provide received 7203 positive comments on service user surveys and feedback forms across the Trust. This means we receive over 89 positive comments for every complaint (formal and informal).

6.2 **Informal complaints received**

6.2.1   Sixty-eight informal complaints were received and logged in this data period: 34 in October and 34 in November. Both months were within the expected variation based on 36 months of data
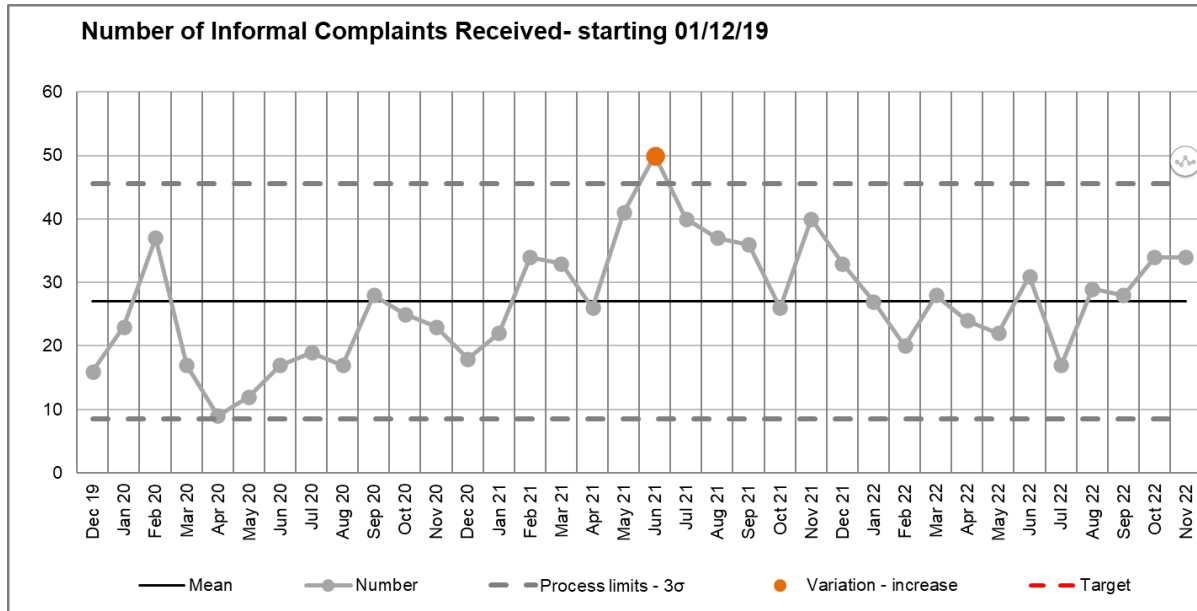
6.2.2   We received 68 informal complaints, of which 62 (91.18%) were contacted by Patient Advice and Liaison Service (PALS) or the service within 4 working days. This is normally a telephone call or email to arrange a call.

6.3 **Themes and learning from informal complaints closed in October and November 2022**

6.3.1   Sixty-three informal complaints were resolved and closed in October and November, with 79 themes / issues identified.

6.3.2   The top three themes of the informal complaints closed within this period were Systems Failure (19), Delays (15) and Communication and Information (13).

6.3.3   Five of the informal complaints about systems failures, related to the Large Scale Vaccination services. Of these five, four were about vaccinations not being given to service users with booked appointments, in three of these cases, the service users were not eligible, one was not given because the service could not confirm previous vaccinations on the system. It was identified that some service users were incorrectly called for vaccination due to GP coding. This issue was raised locally and nationally.

6.3.4   Three of the informal complaints about delays were related to Bedfordshire Speech and Language Therapy, they were all about not receiving for therapy or review appointments. The feedback has been provided to the service who are experiencing issues with capacity and recruitment of staff. The service is
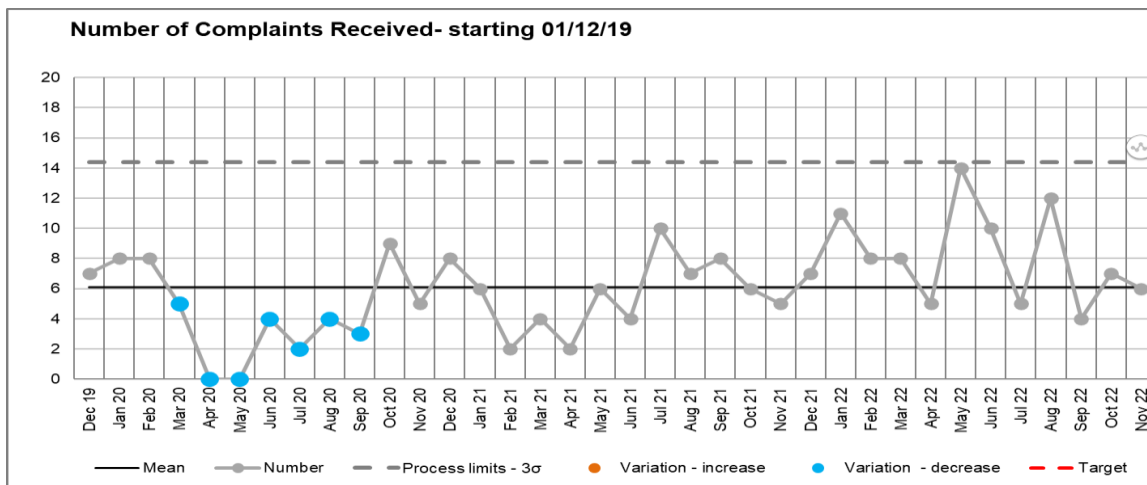
mitigating any risks by having information on waiting times and support available on their website for parents and carers.

6.3.5   The informal complaints about communication and information were spread across 11 services and no themes were identified.

6.4   Formal Complaints

6.4.1   The Trust received 13 formal complaints in this data period. Seven were received in October and six in November. As shown in the graph below, this is within the expected range which means it is not significantly different on previous months, based on data the number of complaints received since December 2019.

Number of Complaints Received- starting 01/12/19

Legend: —— Mean   —●— Number   — — Process limits - 3σ   ● Variation - increase   ● Variation - decrease   — — Target

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

6.5   Themes and learning from formal complaints closed in October and November 2022

6.5.1   Within this data period we responded to and closed 16 formal complaints. In these there were 25 subjects/themes identified.

6.5.2   Clinical care and communication and information were the most frequently occurring subjects.

6.5.3   The services involved in complaints about clinical care were Dental, Luton Adults – one for each District Nursing and one Rapid Response, Bedfordshire Children's Specialist Nursing, Cambridgeshire 0-19 and Norfolk and Waveney Speech and Language Therapy. Inadequate or insufficient care was the issue with Clinical Care in five complaints. The details of these have been reviewed and there were no themes, only one of the elements about clinical care was upheld following investigation.

6.5.4   Communication and Information was the subject of complaints for Bedfordshire Speech and Language Therapy, Bedfordshire Children's Continuing Care, Norfolk and Waveney Speech and Language Therapy and

Cambridgeshire Community Paediatrics. There are no themes in the specific details of these complaints.

6.6 **Formal Complaint Response Times**

6.6.1 In this data period we responded to 14 formal complaints (9 in October and 5 in November). Thirteen of the fourteen complaints responded to in this period were received before the 1 October 2022 when timeframe had been suspended due to Covid-19. Since 1 October complaints have been managed within the timelines of 35 or 40 working days. The one complaint received after 1 October was complex and responded to within the 40 day target timeframe.

	October	November
Average number of working days to respond to standard complaints	47	75
Average number of working days to respond to complex complaints	45.50	71.75

6.6.2 In order to improve the response times PALS team members have changed working practice to included protected time for drafting response letters following investigation findings meeting. We now have a Patient Experience Co-ordinator in post to support this new process.

6.6.3 It is expected that in the next period the times taken to complete formal complaints will have reduced as any new complaints received since 1 October will have been managed according to the 35 or 40 day timelines as per policy.

7.0 Access to our services including Referral To Treatment (RTT)

7.1 **Community Paediatrics Services**

7.1.1 The Medical Director and Executive Director for Children's Services have pulled together a Trust-wide group of clinical and operational leads to help develop a proposal for a shared prioritisation approach to address the demand and capacity issue in Community Paediatrics across Bedfordshire, Luton and Cambridgeshire.

7.2 **Cambridgeshire Community Paediatrics Services**

7.2.1 Priority 2 children (children aged between 5-17) continue to breach 18-weeks. Waiting times are steadily increasing for this cohort of children, with 11 children now waiting longer than 1 year, as of December 2022. Waiting list information is now included on the website page with additional resources to support the 'waiting well' initiative. There is an increased likelihood that children will exceed the 78-week threshold.

7.2.2 We have increased the Speech and Language Therapy capacity with extra hours for joint Autism Spectrum Disorder clinics (2.5 days a week) funded from waiting list money for a fixed term.

7.2.3   Further work with the Integrated Care Board (ICB) around the specification is underway, however demand is ever increasing.

7.3   Cambridgeshire Allied Health Professional Services

7.3.1   Dietetics: The additional dietetic role is now in post, and this is positively impacting, however, waiting lists and large caseloads continue to be an issue.

7.4   Cambridgeshire Looked After Children (LAC)

7.4.1   For in-county Looked After Children Initial Health Assessments (IHA) undertaken within 20 working days of becoming looked after were 14%. 71% had delayed consent/referrals, which meant the team could not undertake the review. The Trust continues to undertake IHA's for children placed in Peterborough due their capacity issues, which is having an impact on our capacity. This has been escalated to the ICB and a systemwide meeting is organised for early 2023.

7.4.2   For those children and young people placed out-of-county, there were no IHA's undertaken within 20 working days of becoming looked after. 89% had delayed consent/referrals.

7.5   Bedfordshire and Luton Community Paediatrics Services

7.5.1   Demand and capacity pressures continue trust-wide within Community Paediatrics and therapy services (Bedfordshire and Luton). This impacts on the team's ability to deliver services around the Special Educational Needs and Disability (SEND) agenda.

7.5.2   Service delivery continues as per agreed clinical priority criteria. The service continues to receive a significant volume of referrals far exceeding the commissioned capacity.

7.5.3   A BLMK systemwide workshop took place on 5 December 2022 to consider how Community Paediatric demand for a diagnosis can be sustainably managed in the community. A focus on clinical need at the right time and wider system support was explored. A post workshop session to agree initial change ideas for managing referrals has been scheduled. Pilots will commence in Luton.

7.5.4   System-wide workshops for Community Paediatrics and Speech and Language have been held (Bedfordshire and Luton) during the last period. Ways to improve waiting times and sustainable ways to fund services were explored. Place based business cases for investment are being drafted.

7.5.5   Early Intervention Practitioners have been recruited to support children and families waiting.

7.5.6   NHS England have announced a weekly national submission for all consultant led services with waits above 78 weeks. The expectation is for zero waiters of 78+ weeks by the end of March 2023. 88 Children across Bedfordshire and

Luton are currently waiting above 78 weeks, 53 Children have an appointment booked. A plan is in place for the remaining 35 Children to be booked for an appointment in January 2023.

7.6 **Dynamic Health**

7.6.1 Routine waiting times in the service (up to the end of 12/12/22) are 18 weeks in Physiotherapy and 4 weeks in Specialist -all urgent referrals are booked within a maximum of 2 weeks.

7.6.2 Referrals into the Specialist and Physiotherapy Service for 2022 – in 7 of the last 11 months there has been in excess of 1800 refs/month into Specialist and in excess of 3100 refs/month into Physiotherapy which exceeds previous years.

7.6.3 Numbers waiting in the service have continued to rise over the 11 months of the year indicating that there is still a challenge of demand/capacity despite the service actions.

7.6.4 Analysis of our long waiters for appointment demonstrates; DNA (Did Not Attend) of appointments, patients not available for follow up, multiple diagnostics requested due to clinical complexities and delays in making the patient follow up appointment in the service. Actions are in place to address any findings within the service's control.

7.6.5 Analysis of the diagnostic long waiters has shown long waits for CT scanning, MRI reporting and requests not being received by acutes.

7.6.6 System1 shows that the team fully utilise any unable to attend slots by contacting patients who we have identified can come in at short notice which assists in our throughput.

7.6.7 The service continue to work on its website content, adding further self-help leaflets, and hope to reintroduce GP/Primary Care training in early 2023 in the drive for optimum patient management across the pathway.

7.7 **Dental Services**

The following table shows the waiting list information for both the Special Care dental service (SCD) and the Minor Oral surgery service.

Service Name	Waiting time for patients on waiting list as of December 2022	Actions to mitigate waits
Minor Oral Surgery	Service received 505 referrals in November. Average waiting time of 6 weeks.	These patients are prioritised according to urgency. We continue to work within waiting time for treatment KPI.
C&P SCD	868 patients are waiting to be booked plus there are 85 patients waiting for a domiciliary visit with	*Recruitment of a new dentist starting in 1/23. This will reduce the waiting times across Peterborough and Huntingdon.

Service Name	Waiting time for patients on waiting list as of December 2022	Actions to mitigate waits
	an average waiting time across the service of 20 weeks.	*Cambridgeshire patients are being offered appointments in East Suffolk to reduce their waiting time. *NHSE have agreed to a 'strengthening' of our acceptance criteria meaning a reduction in referrals accepted from certain cohorts. In addition, we have agreed to discharge a cohort of patients who no longer meet the amended acceptance criteria.
Suffolk SCD	8 weeks which is an increase of one week with no backlog and within service KPI.	
General Anaesthetic (GA) waits for Cambridgeshire patients	21 weeks	Alternatives to GA are always considered however the capacity for GAs within the county is limited by the Acute Trusts ability to provide Theatre space and resource.
Suffolk GA service	7 weeks	

7.8 **Integrated Contraception and Sexual Health Services (iCaSH)**

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

iCaSH Site	Number of patients on LARC waiting list as of 2 Dec 2022	Average wait times from initial call to LARC pre-assess	Average wait times from LARC pre-assess to procedure	Number of patients on PrEP waiting list as of 2 Dec 2022	Actions to mitigate waits
Bedfordshire	141	3 - 6 weeks	Within 3 weeks imps, 4 weeks coils	0	• Triage/red flag assessments, emergency appointments
Cambridgeshire	194	6 weeks	Within 3 weeks	119 15 weeks	• GP federation support, bank staff, excess hours in some localities
Norwich	170	5 weeks	Within 10 days	0 2 working day GUM access	• Use of underspend and any commissioner awarded emergency funding
King's Lynn	0	2 weeks	Within 5 weeks	0 2 working day GUM access	• Expanding the supply/issue of PrEP under PGD with supported nurse training and supervision package
Great Yarmouth	0	1 week	Within 2 weeks	0 2 working day GUM access	• Active risk register entry to record risk of waiting times and increased demand
Milton Keynes	108	6 - 7 weeks	Up to 4 weeks	0 2 working day GUM access	• Dedicated PrEP clinics commenced in July 2022 in C&P.
Peterborough	350	10 weeks coil 6 weeks imps	Within 2 weeks	113 7 months	• Increased reporting of demand and capacity data in each locality, including waiting times to help with service planning.
Ipswich	483	22 weeks	Within 2 weeks	0	
Bury St Edmunds	264	15 weeks	Within 2 weeks	0	
Lowestoft	14	4 weeks	2 weeks (Implant), 4 weeks (coils)	0	• Some targeted 'LARCathaons' planned in localities.
Totals	1724 LARC			232 PrEP	

LARC: Previously reported @ 1958 at last COB submission
PrEP: Previously reported @ 375 at last COB submission

8.   Mandatory Training

8.1   The Trust continues to aim to achieve a high percentage of mandatory training compliance across all areas of the Trust. Regular reports and compliance levels are shared with service leads and full support is offered via the Electronic Staff Record (ESR) Helpdesk to staff completing their training requirements. Mandatory training compliance has been maintained an above target percentage: October 2022 – 94% and November 2022 - 94%.

8.2   The compliance levels of the Large-Scale Vaccination Service (LSV) continued to increase in October 2022 (98%) whilst November 2022 saw a slight drop to 92% but

still above the Trust Target of 90%. Only staff who are classed as Active (Worked within the last 3 months) within LSV are included in the compliance figures.
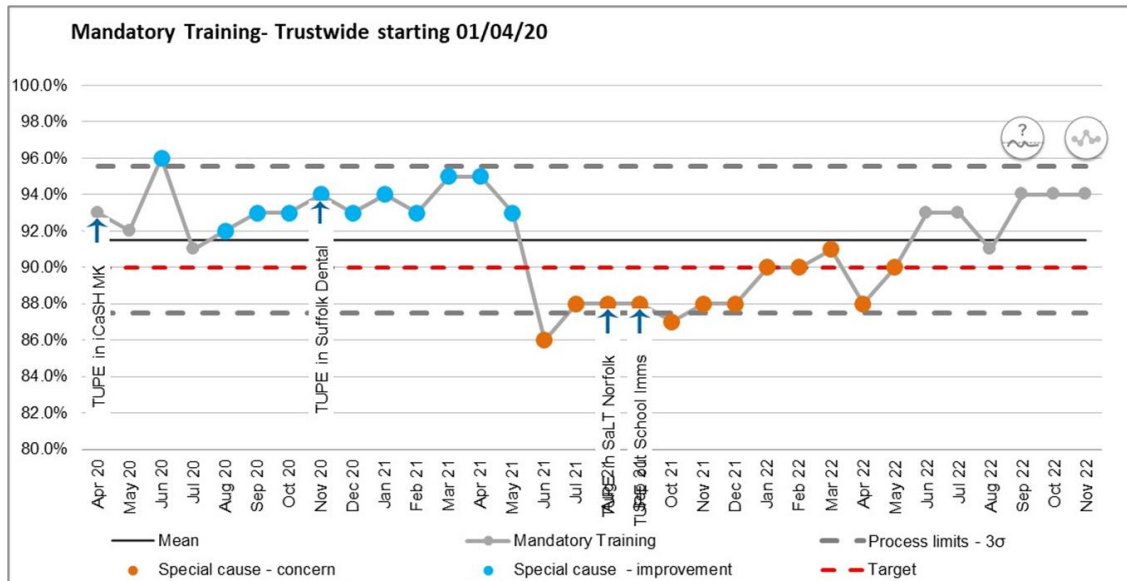
9. Information Governance

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

9.2 Mandatory information governance and data security awareness training compliance as of November 2022, was 94% which is just below the 95% national agreed target. Service Directors are approached monthly with details of non-compliant staff with a request to encourage the completion of the mandatory training.

9.3 Between October and November 2022, 50 incidents were reported under the Confidentiality Breach incident category which was an increase on the 22 incidents reported in the previous period. Most incidents related to human error or administrative issues. The Information Governance Manager assesses all Information governance incidents and provides advice to staff to prevent errors from re-occurring.

10. Care Quality Commission (CQC)

10.1 The CQC Statement of Purpose was updated in December to reflect the closure of eight of our LSV sites along with notification of the re-opening of the LSV site in Castle Quarter, Norwich, in January 2023. The updated Statement of Purpose will be presented to the next Board meeting in March 2023.

11. Safer Staffing

11.1 In quarter 2 the quality team undertook a review of the safer staffing processes used within our services, as expected different methods were used across the varying teams.

11.2 Some excellent practices were identified which included; team situation reporting, escalation processes (to commissioners and internal leads), use of the escalation

levels status (opel) in Luton Adult team and a full review of the safer staffing model in 0-19 with a new bespoke system being built by the Data Scientists. Some teams reviewed their staffing levels daily, based on planned and potential unplanned need and some reviewed requirements on a weekly basis (linked to the number of clinic slots available for that time period).

11.3 Following this review an internal task and finish safer staffing group is being set up, it's initial focus will be on our services that work outside of the 9-5 model e.g. Children's Community Nursing and District Nursing. Some of its focus will be to ensure services are meeting any external staffing needs and that national models where suitable are deployed.

12. Areas of Outstanding Practice

12.1 Dental Healthcare Services

12.1.1 One of the Specialist Oral Surgeon and a Clinical Lead was runner up in the Clinical Audit poster prize at the recent British Association of Oral Surgeons Conference.

12.2 Dynamic Health

12.2.1 Videos demonstrating helpful management of Pelvic Girdle Pain have been created, loaded on the website and are receiving regional and national praise as the first ever created for this subject.

12.3 Integrated Contraception & Sexual Health Service (iCaSH).

12.3.1 MPox response has stabilised for testing and care, capacity moved to supporting vaccination programme for patients and staff. 2nd doses commenced and clinics booked through to March 2023, with support from LSV teams.

12.4 Beds & Luton Adults Services

12.4.1 Pulmonary Rehab Developments

The expansion of our respiratory service to include a specialist respiratory physiotherapist has allowed the team to make a range of developments to our service offer, including advertising and sourcing a new technical instructor – who will be running on line exercise programmes for the remotely monitored patients.

12.4.2 Tuberculosis (TB) Find & Treat Event 2022

- The TB service in collaboration with Luton and Dunstable Hospital - Respiratory Consultants, The University College London Hospitals (UCLH) 'Find and Treat', UKHSA (UK Health Security Agency previously known as Public Health England), LBC (Luton Borough Council), NOAH Enterprise Welfare Centre, Resolutions (Drug and Alcohol services), Sexual Health Team, fibrous scanning team, BBV screening (blood borne virus screening) Team, COVID & Health MOT + Vaccines, carry out a Find &

Treat event twice a year.

- The biannual TB screening is carried out for people who are vulnerable and at high risk of contracting TB due to their social circumstance. This is a one stop screening event with other health and social services including transportation provided by the local authority which provides health screening for the socially vulnerable group of Luton.

- Our first event was held on Tuesday 5th July 2022, a total of 86 people were screened, this was an increase from the last Find & Treat event held in 2021. The second event took place on Tuesday 6th December 2022, a total of 97 people were screened. This approach remains essential to screening socially vulnerable population of Luton.

- The team continue to support staff who may be experiencing financial difficulties and due to the influx of information, guidance a support coming through we have worked to streamline this by pulling together an informative noticeboard with QR codes so that people can scan and go.

- On the evening of Thursday 15th December, the team held our local and Long Service awards ceremony. The evening itself was centred around the great work that we have achieved over the last year.

12.5 **Bedfordshire and Luton Healthy Child Programmes (HCP)**

12.5.1 Bedfordshire and Luton 0-19 and children's nursing teams held a celebration event in November 2022. This event was in recognition and celebration of the amazing work our teams do. Excellent feedback was received, an opportunity to reconnect and boost staff morale.

12.6 **Bedfordshire and Luton Children's Community Nursing Services**

12.6.1 The Children's Epilepsy team along with Bedfordshire Hospitals NHS Foundation Trust Epilepsy Team won their category at the HSJ (Health Service Journal) Digital Innovation awards. The 'digitising care for children with complex epilepsy' pilot was recognised for making a positive difference for Children with a digital platform improving data sharing and enhancing patient care.

12.6.2 Several members of the Community Nursing Team across Luton and Bedfordshire took part in the Bedfordshire Health and Care Academy learning event. Members of staff were filmed to give students in the academy insight into the role of children's community nursing to inspire the future workforce.

12.7 **Bedfordshire and Luton Community Paediatric Services**

12.7.1 The service has received excellent feedback from Children and parents accessing Specialist Nurse support. Parental reflections are informing our areas for improvement. One such video can be seen here https://player.vimeo.com/video/774723907?h=b82e862d9b&app_id=122963

12.8 **Cambridgeshire Healthy Child Programme (HCP)**

12.8.1 A systemwide leaders Best Start in Life event to celebrate the collaborative work took place in November 2022 and was very well attended across the partnership. This work will now be picked-up under the Family Hubs/Start for Life programme.

12.9 **Cambridgeshire Community Paediatric Services**

12.9.1 Consultant Paediatrician, Dr Karina Hart, won a Pride in Fenland award. She was nominated by a patient's family for going above and beyond to help them.

12.10 **Emotional Health and Wellbeing Service**

12.10.1 One of our Mental Health Support Teams (MHST) recently presented on a piece of co-production work at a national MHST celebration day.

12.11 **Norfolk HCP**

12.11.1 The Norfolk safeguarding system were nominated for the Child Protection Collaboration Award by the University of Kent, illustrating outstanding multi agency working in recognition of the work undertaken to develop a joint agency supervision group (JAGS).

12.11.2 As part of the Norfolk Safeguarding Partnership 'Protecting Babies' work, and feedback from local parents a new video was developed and launched as part of the safer sleeping campaign identifying safer co-sleeping as part of the wider series of videos. Safer sleeping training has also been delivered across the multi-agency safeguarding system with positive feedback.

12.12 **IPaC**

12.12.1 Currently the Trust has 39 IPaC Link Champions. IPaC Link Champion competencies are a national initiative and all Link Champions have a copy of the document. To date, two Link Champions have completed the competencies. Both Champions work within the Dental service.

12.12.2 Two members of the Link Champion group attended the Infection Prevention Society national conference in October 2022. Both Link Champions will be providing feedback to the group in December 2022.

Be an excellent employer

Safe	• Staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures (**S4**)	**Reasonable**
Effective	• Mandatory training compliance remains at 94% (**E1**) • Appraisal rates between 85% - 92% (**E2**) • Rolling sickness rates as at end of November was 6.19% compared to latest NHS England rate for community Trusts of 6.1% for July 2022 (**E3**) • Stability increased to 82.78% for November but remains below target of 85% (**E4**) • Equality Delivery System (EDS) objectives agreed and being delivered upon. (**E6**).	**Reasonable**
Well Led	• Agency spend below annual target (excludes Large Scale Vaccination service). (**WL5**) • Strong evidence of collaborating across the systems in which we operate. (**WL6**)	**Substantial**

1. In addition to the overview and analysis of performance for October and November the Board can take assurance from the following sources:

   • NHS National Staff Survey 2021 results where the Trust achieved a 53% response rate. Headline results were:
   • Best performing NHS Trust nationally in East of England in 8 of the 9 People Promise themes, including staff engagement.
   • Care Quality Commission (CQC) inspection report published in August 2019. CQC rated the Trust as Outstanding overall and Outstanding within the caring and well-led domains. The inspection report highlights a number of areas that support the delivery of this objective.
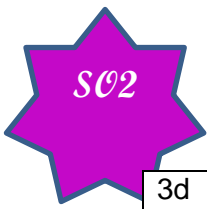
Be an excellent employer

- Workforce Assurance presentation at Board Development Session on 19th October 2022.
- The positive staff feedback the Trust has received via staff survey results in relation to speaking up.
- Update on delivery of the Trust's People Strategy presented to the Trust Board in November 2022.
- Weekly Resilience Huddle where staffing pressures/challenges are regular discussed. Risks 3163 and 3164 cover these pressures and are reviewed regularly.
- Discussions within the two Clinical Operational Boards that took place in January 2023.

B: Measures for Achieving Objective – 2022/23 Measures

No.	Measure	2022/23 Target	Data source	Reporting frequency	Current position as at end Nov 2022
3a	Our staff recommend the Trust as a good place to work	Maintain or improve upon 2021 Annual Staff Survey response score	NHS Annual Staff Survey & Quarterly Pulse Survey	Quarterly	
3b (1)	Achieve a good staff engagement rating – all staff	Maintain or improve upon 2021 Annual Staff Survey response score	NHS Annual Staff Survey	Annual	
3b (2)	Improve experience for Black, Asian, Minority, Ethnic (BAME) staff	To ensure that all BAME staff leaving the Trust are offered an exit interview – Pass/Fail from Q3	HR (Human Resources)	Quarterly from Q3	New process introduced – on track
3b (3)	Improve experience for disabled staff	Increase % of staff with long-lasting health conditions or illness saying the Trust has made adequate adjustments to enable them to carry out their work (2021 baseline 79.5%)	NHS Annual Staff Survey	Annual	Not due yet
3c	Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly	87.27%↓

SO2 Be an excellent employer

| 3d | Deliver the locally agreed staff related annual Equality Delivery System objectives:

Workforce Objective 1: To fully implement the actions identified following our review of the 'No More Tick Boxes' review of potential bias in recruitment practices

Workforce Objective 2: The Trust Board will role-model behaviours that support the Trust's ambition to be an anti-racist organisation including actively implement the Trust's and their personal anti-racism pledges to instil a sense of belonging for all of our staff. | Pass/Fail | Equality Delivery System | Quarterly | On track for delivery |
|---|---|---|---|---|---|
| 3e | Monthly sickness absence below 4.5% | 4.5% | ESR (Electronic Staff Record) | Monthly | 6.53% ↑ |
| 3f | Reduce Annual Staff Turnover (excluding those leaving for reasons beyond the Trust's control) | Return to pre-pandemic level (March 2020 baseline 10.5%) | ESR | Annual | Not due yet |
| 3g | Maintain Mindful Employer Status | Pass/Fail | HR Team | Annual | |

Strategic risks

1. ***Risk ID 3163 -*** *There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. (Risk Rating 16).*

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 16).*

Related Operational Risks 15 and above

1. ***Risk ID 3337 –*** *Adults Services (Luton): There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being. (Risk Rating 20)*

D: Overview and analysis

1. Sickness

1.1. The 12-month cumulative rolling rate (October 2022 – 6.2%, November 2022 – 6.19%) remains above the Trust rolling target of 4.5%.

1.2. Monthly Trust wide rate for October 2022 was 6.66% (including Covid-19 sickness), 6.02% (excluding Covid-19 sickness), and for November 2022 was 6.53% (including Covid-19 sickness) and 6.16% (excluding Covid-19 sickness)

1.3. The Trust wide sickness rate has increased and remains significantly above the Trust's target of 4.5% for 2022/23. Of the 6.53%, 3.31% was attributed to long term sickness and 3.22% short term sickness absence. Bedfordshire & Luton Adults Service had the highest sickness rate (8.95%) and Corporate Services the lowest (3.04%). 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 slightly above the July 2022 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 6.1%.

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Monthly Sickness including Covid-19- Trustwide starting 01/04/20
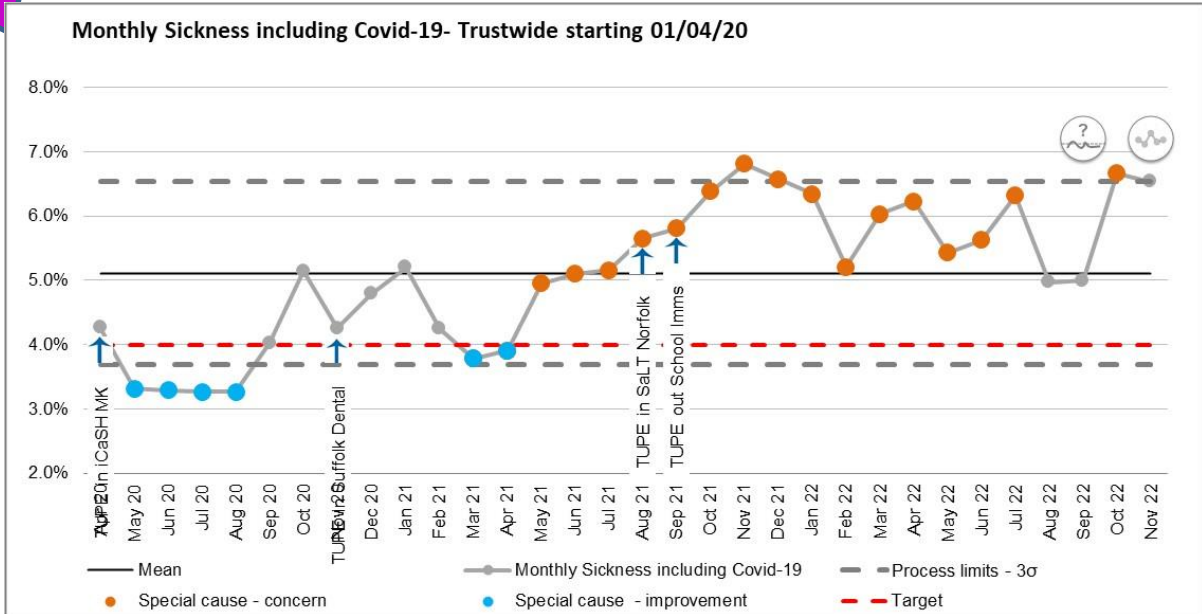
2. Stability

2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – October 2022 82.38%; November 2022 82.78%; against the Trust target of 85%. This compares favourably to a stability rate of 82.8% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Aug 22).

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

Stability - Trustwide starting 01/04/20
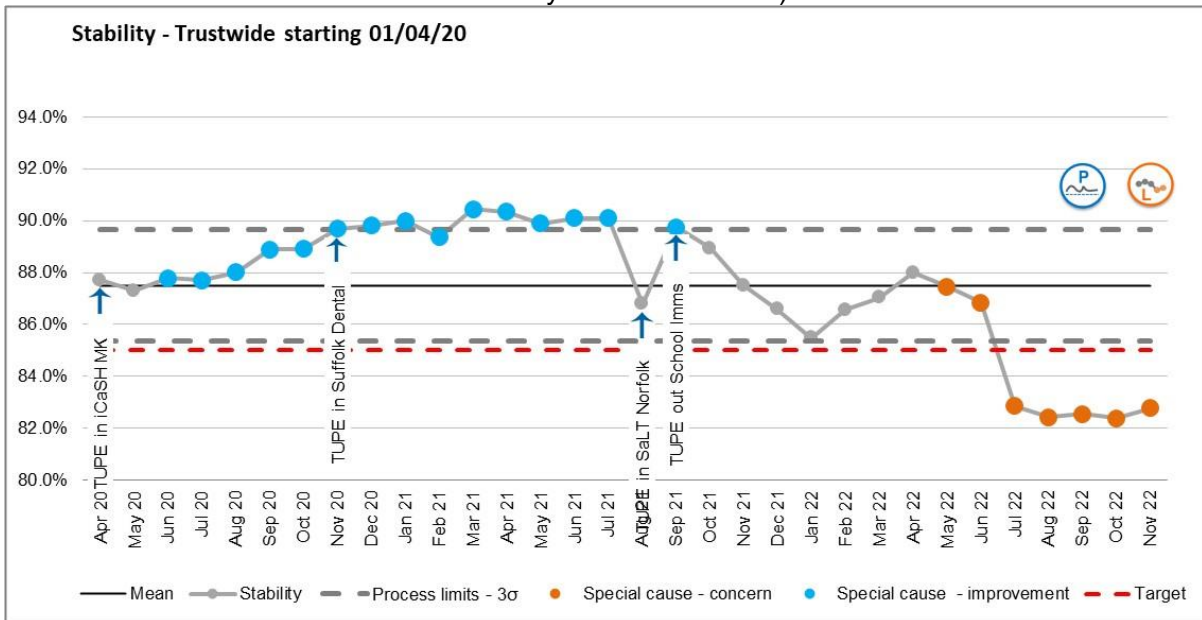
3. Appraisals

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

3.2. The Trust wide Appraisal rate increased slightly – October 2022 88.85%, November 2022 87.27%, and remains below the target of 94% for 2022/23.

3.3. Cambridgeshire & Norfolk Children's & Young People Service has the lowest rate (79.44%), Ambulatory Care has the highest rate (95.91%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.
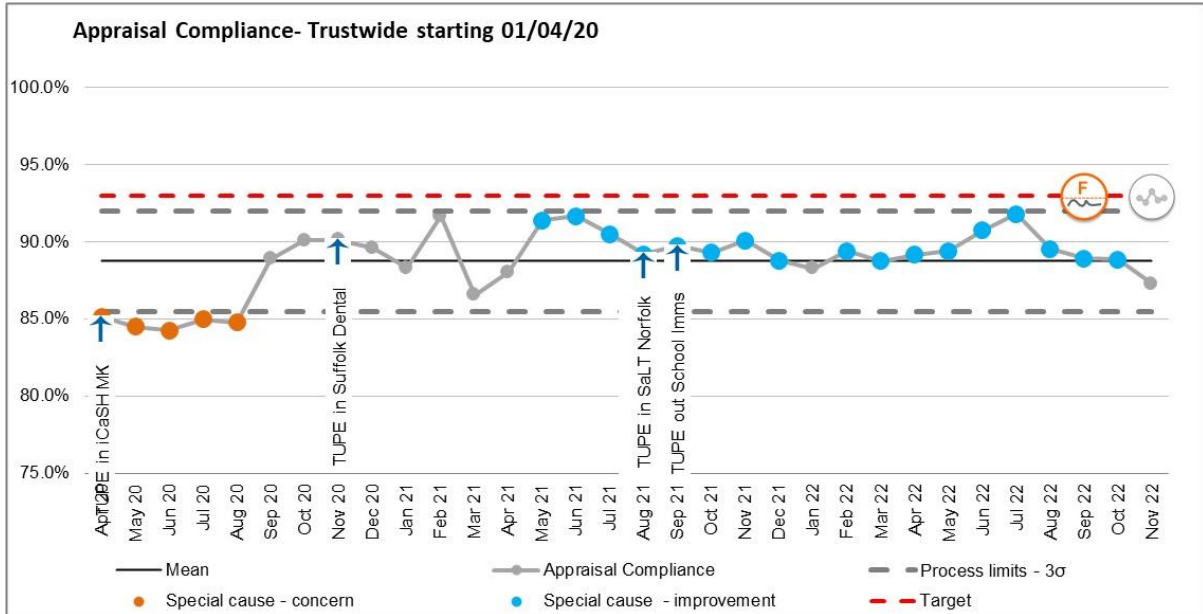

4. Turnover

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

4.2. The Trust's Rolling Year Turnover Rate is currently 14.37% (October 2022 14.56%, November 2022 14.37%) compared to an annual average Leaver rate for Community Provider Trusts of 17.2% (Source: NHS Digital Workforce Statistics – Aug 22, based on "all Leavers" and "total Workforce").

4.3. Large Scale Vaccination Service currently has the highest Rolling Year turnover rate at 20.24%, with Luton Children Services having the lowest at 9.48 %.

Monthly Turnover -Trustwide starting 01/04/20
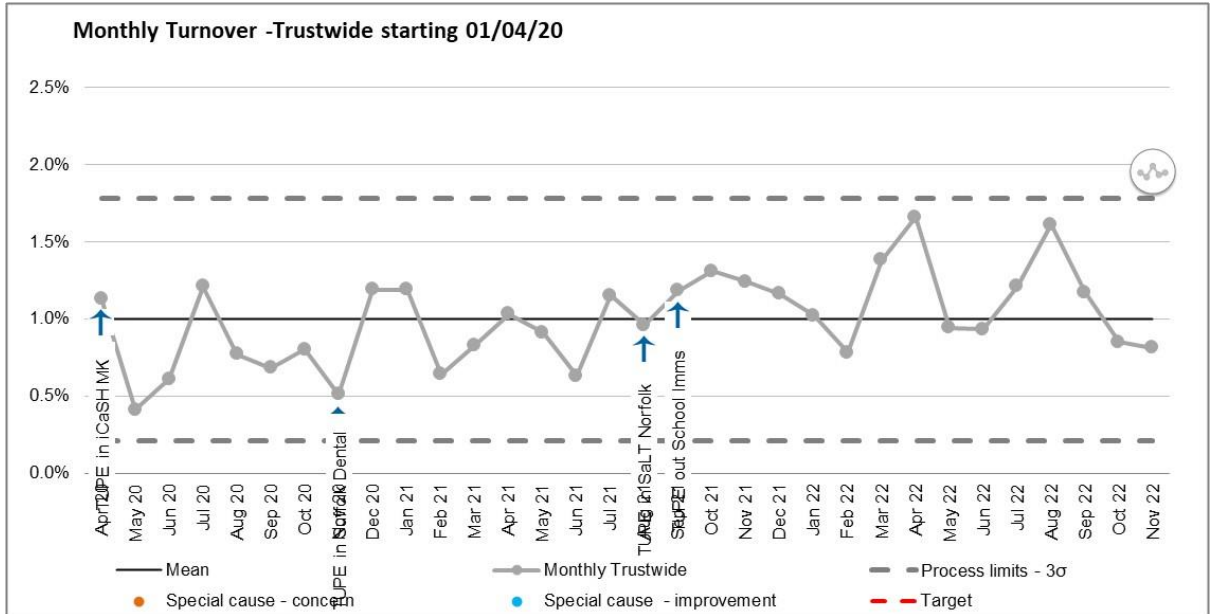
5. Current workforce challenges

5.1 At our Clinical Operational Boards in January 2023 current workforce challenges were discussed across our portfolio of services. Where these are impacting on our delivery of care, further details can be found in the outstanding care section of this report.

5.2 We have recently had a particular focus on recruitment and retention issues for Dental Nurses and a number of actions identified to support the service with this. In addition, we have seen a reduction of 7% in the vacancy rate within our Community Nursing services in Luton since May 2022, however, significant focus continues in this area. We are hopeful that at least an additional 5 international nurses will be joining this service in March 2023 (relates to risk 3337).

5.3 We continue to focus on delivery of our recruitment and retention plan for our 0-19 Healthy Child Programme services across the Trust. We also continue to experience recruitment challenges for Community Paediatricians and Dieticians and Speech and Language Therapists.

5.4 We have a continued focus on health, wellbeing and resilience and staff morale is regularly discussed and reviewed as part of our weekly resilience huddle. The tremendous pressures on NHS services and recovery post the pandemic are taking their toll on our people, however, as a wider leadership team we recognise this and regularly review what else we could be doing to support our people. Risks 3163 and 3164 continue to be scored at 16 in recognition of this.
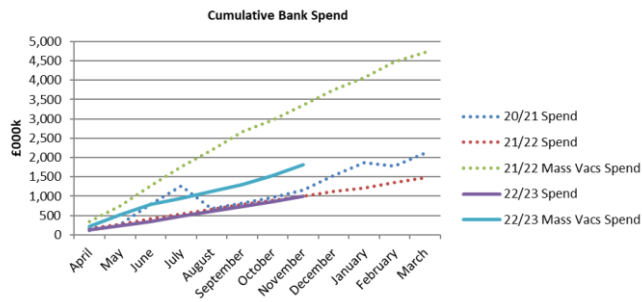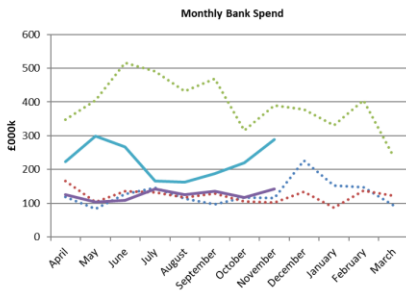
6.   Agency/bank spend
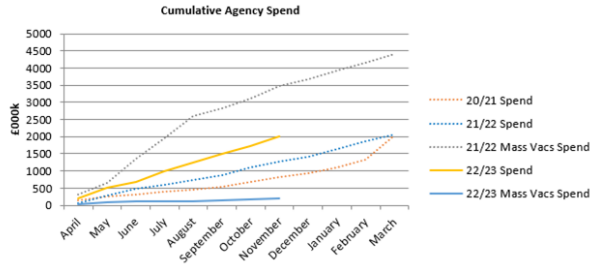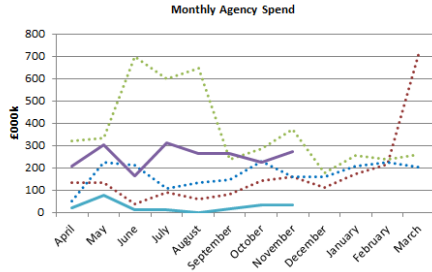
6.1   The Trust's cumulative agency spend at month 8 was £2,211k. The delivery of the mass vaccination service has increased agency usage over the period with spend to deliver this service totalling £200k at month 8 (which is included in the total spend cumulative figure).

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

6.3   To reduce the usage of agency, the services have the availability of bank staff to fill short term staffing pressures. The Trust's cumulative bank spend at month 8 was £2,809k. The delivery of the mass vaccination service has increased bank usage and spend at month 8 was £1,811k (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.

SO3 Collaborate with others

A: Assurance Summary

Well Led	• Strong collaboration taking place across our systems as evidenced in this report (**WL6**)	**Substantial**
Effective	• Research – 95% of all CRN portfolio studies are scoped for viability against Trust services (**E5**)	**Substantial**

1. The Board can take assurance of the Trust's approach to collaborating with others from the following sources, for the period October and November 2022.

   • The Trust has in place collaborations with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), East London NHS Foundation Trust (ELFT) and across the provider landscape in Luton.
   • The Trust fully participates in Integrated Care System (ICS) activities in Cambridgeshire and Peterborough (C&P) 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 Operational Leadership Group with Chief Executive from Bedfordshire Hospitals and Director of Adult Social Services from Bedford Borough Council.
   • Deputy Chief Executive is a member of BLMK Performance and Delivery Group, which meets fortnightly.
   • Deputy Chief Executive is an active member of the BLMK and Cambridgeshire and Peterborough Local People Boards and the East of England Regional People Board and is the chair of Cambridgeshire and Peterborough Leadership and Culture sub-group and co-chair of their ICS Organisational Development Programme Board.
   • Executive Leads attend Local Authority System level Health and Wellbeing Boards
   • Director of Adults' services Luton attends the Luton 'At Place' Board.
   • Director of CYP Services Bedfordshire is a member of the BLMK Children & Young People's Transformation Programme Board.
   • Assistant Director of Business Development and Strategy is a member of the C&P North Integrated Care Partnership Board and the C&P South Integrated Care Partnership Board.
   • Collaboration is at the core of the Trust's research activities.
   • Research Bi-annual Report received at Quality Improvement and Safety Committee which provided substantial assurance.

SO3

Collaborate with others

B: Measures for Achieving Objective – 2022/23 Measures

No	Measure	2022/23 Target	Source	Frequency	RAG Position as
2a	The Princess of Wales Hospital site development plan milestones are achieved	Pass/Fail	Exec Team	Quarterly	
2b	C&P Children and Maternity Collaborative – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition	Pass/Fail	Exec Team	Annual	
2c	Bedfordshire Care Alliance – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition	Pass/Fail	Exec Team	Annual	
2d	The Norfolk CYP Services 'Integrated Front Door' [1] programme is completed to schedule	Pass/Fail	Exec Team	Annual	
2e	Health Inequalities – a better understanding of whether we are reaching certain (ethnic or disabled) groups to improve access	Q3 – A data quality summary was presented at the November Data Quality SG exposing gaps in data capture. The Data Services and	Data Team	Quarterly	

No	Measure	2022/23 Target	Source	Frequency	RAG Position as
	Q2 – Data quality review reveals a patchy position; for example, we have good data on age and deprivation (using post code), room for improvement in respect of religion and military veteran status and poor data in respect of disability, ethnicity and sexual orientation (other than where there this is routinely collected)	Clinical Systems teams have preliminary data capture templates built to collect much of the unavailable data By end if Q4, all templates will be reviewed, revised if necessary, and deployed across services. The Data Services team will agree with service leads timeframes to commence recording and establish a regular review of compliance			

C: Risks to achieving objective

Strategic risks

1. *Risk ID 3467 – There is a risk that we fail to agree a cross organisational transformational approach for children and Young people services which will result in the inability of the Integrated Care Board to support the establishment of the Accountable Business unit.(Risk Rating 6)*
2. *Risk ID 3468 – There is a risk that if during 2022-23 the Bedfordshire Care Alliance Committee of the Integrated Care Board does not successfully achieve planned changes then they will be unable to deliver improvements leading to sub-optimal care and outcomes for service users. (Risk Rating 8)*
3. *Risk ID 3475 - There is a risk that the C&P ICS and Trust fails to secure national funding for the redevelopment of Princess of Wales, Ely which would result in the facilities and infrastructure not being upgraded and as a result impact on the quality to patient care to service users. (Risk Rating 12)*

SO3

Collaborate with others

D: Overview and analysis

1. Princess of Wales Hospital, Ely

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

1.1 **Progress Report:**

Determination of the planning applications for the Multi Story Car Park and associated highways works have been delayed and are now expected in February 2023. This delay is a result of additional queries being raised by the trees, landscape and highways Officers that have all required additional design work to be undertaken. Indications are that acceptable solutions have now been found and determination of the applications is expected shortly.

The Construction tenders have been returned and are being evaluated. The tender prices exceed the capital allocation for the project so an application has been made to DHSC via NHSE/I for additional capital to be allocated to the MSCP, a decision is expected imminently and if sufficient capital allocation is secured a paper will be prepared for the board to consider the appointment of a building contractor for the MSCP.

1.2 **Community Diagnostic Centre (CDC) Programme**

Cambridgeshire and Peterborough Integrated Care System's proposal for Community Diagnostic Centres (CDC) was submitted to NHSE in June 2022. This will provide a CDC Hub at the Princess of Wales (POW) Hospital in Ely.

For the CDC at Princess of Wales, Ely, the Trust is responsible for design, procurement and delivery of the built environment, Cambridge University Hospitals will procure and deliver the diagnostic equipment and will provide the diagnostic service. Teams from both organisations are working in close collaboration to deliver the optimal outcome to expand the range of diagnostic services at the hospital.

2. Cambridgeshire & Peterborough Integrated Care System

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

The Integrated Care System Strategy was approved in December 2022 and is available in the reading room. The Trust Chair was directly involved in agreeing this.

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

- Is considering options for resourcing the Partnership.
- Has identified 6 potential new projects which, in addition to extant projects, will for the core of the Partnership's operational plan for 2023-24:

- o Design and pilot of 'whole system' support for parent/carer, infant and toddler emotional wellbeing and mental health.
- o Scoping a needs-led approach for children and young people showing behaviours that are risky, challenging or misunderstood.
- o Sufficiency review and planning of universal and targeted community health support to special schools.
- o Redesigning the help and support available to families when social communication or neurodevelopmental needs are identified.
- o Community continence service pilot project.
- o Extension of a current pilot to offer medical review appointments within special schools.
- Is creating an Organisational Development plan that will help to create the right culture for successful Partnership working.

3. **Bedfordshire, Luton and Milton Keynes Integrated Care System**

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

The Integrated Care System Strategy was approved in December 2022 and will be added to the reading room.

The Bedfordshire Care Alliance has appointed Peter Horne to serve as Programme Director.

The Bedfordshire Care Alliance is focussed on key challenges as follows:

- Planning for the future service design of community services.
- Creation of a virtual ward of 250 beds by April 2024.
- Urgent Care Response – access to the ambulance Trust 'stack' has gone live and the new pathway is working well.
- Use of the new adult care social discharge fund.

4. **Norfolk Integrated Care System**

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

The Integrated Care System Strategy was approved in December 2022 and will be added to the reading room.

Development of the integrated front door project continues 'Growing Just One Norfolk' to increase the scope of our current service to provide access to Child and Adolescent Mental Health services across Norfolk and Waveney. Infrastructure work is completed and key leadership posts have been recruited to. System requirements to enable successful delivery have been identified and the Integrated Care Board is leading work to support the changes required.

A phased roll-out was due to commence in April 2023. With agreement of the Integrated Care Board, this will now commence in the summer freeing-up capacity in the meantime to enable a temporary solution to manage referrals for Omiston Families

and the Mancroft Advice Project as their single point of access is decommissioned at the end of March 2023.

5. **Health Inequalities**

[*Strategic indicator 2e; Health Inequalities – a better understanding of whether we are reaching certain (ethnic or disabled) groups to improve access. Q2 – Data quality review reveals a patchy position; for example, we have good data on age and deprivation (using post code), room for improvement in respect of religion and military veteran status and poor data in respect of disability, ethnicity and sexual orientation (other than where this is routinely collected)*]

This indicator represents work to underpin improved access to services.

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

During Q3 and Q4 we will:

- Q3 – A data quality summary was presented at the November Data Quality Steering Group exposing gaps in data capture. The Data Services and Clinical Systems teams have preliminary data capture templates built to collect much of the unavailable data

- By end of Q4, all templates will be reviewed, revised if necessary, and deployed across services. The Data Services team will agree with service leads timeframes to commence recording and establish a regular review of compliance

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

6. **Research Reporting Period: October – November 2022**

6.1 **Clinical Research Overview**

6.1.1   The National Institute for Health Research (NIHR) Research Portfolio within the Trust continues to be maintained. The Research Team continues to routinely review the NIHR Portfolio, for studies that are suitable for adoption, into the Trust. This includes horizon scanning, scoping and detailed feasibility assessments. These combined activities totalled 464 studies in this reporting period.

6.1.2   We horizon scanned 100% of studies opened in the last month which were launched onto the NIHR Portfolio.

6.1.3   In October to November 2022, 14 NIHR Portfolio research studies were running within the Trust, three studies were opened and there are currently

three in set-up. In this reporting period, the recruitment numbers accurately reflected our activity, as downloaded from the Open Data Platform (ODP).

6.1.4 NIHR research capability funding (RCF) recruitment numbers are considered from October to September of the next year; this figure was reported in the August/September submission to be a total of 528, which was over the 500 required for RCF to be awarded. This is now unlikely to be the case, please see 2.2.2.

6.1.5 Board Assurance: Recruitment for this period was minimal (n= 27), less than the 80+ to work towards achieving the RCF target of over 500 (1H standard: Achieve our target to recruit patients/service users to research studies). We are exploring studies which are quick wins, such as surveys, however, we have been advised that we need to ensure that clinical staff do not become over saturated with surveys. Several studies are in 'set-up' and are due to commence recruitment shortly.

6.1.6 The Research team had a slot on the Allied Health Professionals (AHP) Celebration Day, on the 14 October 2022, at which there was good attendance. The session included discussions from staff who have completed or just commenced Fellowships, Masters and PhDs who reflected on their experience of clinical research.

6.1.7 In this period, there were two submissions to the Applied Research Collaborative (ARC) Fellowship scheme: one to the implementation programme and the other to the research programme. There was an additional application to the ARC Mental Health Fellowship, eligibility of the candidate regarding employment contract duration, may be a contra-indication to success.

6.1.8 We have had the second Principal Investigator (PI) network working group with Trust staff for new, existing and those staff considering being a PI. The remit of the group is support for current principal investigators and to encourage staff to consider being a PI in the future. There was a discussion regarding the enablers and barriers to undertaking research in the Trust. Feedback from this session included access to paid research opportunities for consultant level staff, challenges undertaking non-portfolio studies and potential to explore the use of Foundation Doctors on placement.

6.1.9 The Research Champions workstream: following on from the pilot study completed within Norfolk, this workstream is continuing and is positively supported by clinical managers. It is planned that the Research Champions programme will commence in January 2023 within the Health Visiting service in Norfolk and is being considered elsewhere.

6.1.10 Research Readiness Workforce survey closed on 26 October; 220 responses were achieved. This is part of a Masters degree research on enablers and barriers to undertaking research within a community trust. The next stage is to analyse the survey responses and invite interested responders to an interview for a deep dive into the themes. Preliminary results from the surveys should be available in the next reporting period.

6.1.11 Participant feedback via the Clinical Research Network (CRN) Patient Research Experience survey (PRES): In Q1 and Q2 combined there were 24

replies from patients or parents. Feedback again mentioned being thanked for participation and having access to the results. Action: Communications team has been helping with creating a 'thank you postcard' to participants of research to thank them for their contribution.

6.2   Escalations of note

6.2.1   Compliance with Board set assurance metrics
E5 standard: 95% of studies scoped on the Portfolio - substantial assurance.

6.2.2   RCF correction for 2023/24 period
May not be achieved for the NHS Trust due to the error of over recruitment numbers due to a web bot submitting erroneous numbers, which was n=198 for the Trust; awaiting the outcome of the CRN investigation. However, currently the Trust has 330 for the qualifying period, short of n=170. This issue was external to the Trust and related to the host academic site's unsecured web questionnaire return site. It affected multiple Trusts.

6.2.3   Clinical capacity to accommodate portfolio studies
There are challenges to undertaking current adopted studies due to staff vacancies and remaining staff capacity. Two areas currently are iCaSH, Norwich and Tissue Viability (TV), Luton. Proposed solution for the HIS-UK study in iCaSH is to explore support to give the intervention via one of the clinicians currently being funded via the research ready workstream. The complex 3-arm randomised controlled trial tissue viability (TV) study is proving more difficult to move forward and has been on hold to new recruits for a few months. There have been two expressions of interest submitted for commercial studies within TV but staff capacity to host could mean that they may not be able to be hosted.

6.3   National Institute for Health Research (NIHR) Portfolio studies

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

6.3.2   The Research team continued to scope and horizon scan Portfolio studies to shortlist those which could be considered for adoption within the Trust. During this period, the Research team considered a total of 464 (October n=254 and November n= 210) studies for suitability for adoption into the Trust; 15 were potentially fitting with Trust services, all were considered for adoption and are currently being scoped or implemented within services.

6.3.3   Studies in which the Trust is currently involved and that are in set up are detailed in Table 1. In this reporting period, there were 15 Portfolio studies.

6.4   Student Studies and Non-Student studies – Local Permissions

6.4.1   During this reporting period, two clinical psychologist trainee student projects were submitted for permissions and no non-student evaluations were submitted for local Trust permissions.

6.5   Fellowships, Internships, PhD Programmes and Grants

6.5.1 The Fellowships and Internships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education England (HEE). One member of staff applied for a Fellowship during this period and one clinician commenced their NIHR Masters to PhD Fellowship (please see Table 2). In addition, two staff submitted Applied Research Collaborations (ARC) Fellowship applications.

6.5.2 No grants were written or submitted during this period.

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

6.6.1 **National High-Level Objectives (HLO)**

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

- **Efficient study delivery**. This includes percentage of commercial and non-commercial studies which have achieved their recruitment target. CCS NHS Trust is exploring potential commercial studies.
- **Provider participation**: Compliant.
- **Participant experience** via the NIHR CRN PRES survey. Compliant with high feedback from BabyBreathe study (90% of participants enrolled in the BabyBreathe research in Norwich).
- **Expanding our (NIHR CRN) work with the life sciences industry to improve health and economic prosperity**. Update: The Research team is exploring the feasibility of commercial studies within Community Dentistry, iCaSH and the Tissue Viability Service.

6.6.3 **NIHR National Performance Metrics:** Performance in Initiating (PII) and Performance in Delivering (PID) are now automatically published on a national website (comparable-data-performance-initiating-delivering-research-2019-20.xlsx) rather than being uploaded by individual trusts. Update: This process ensures that we have no breaches for delay in publishing the data.

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

6.6.5 **National Priority of promoting and undertaking research in non-NHS sites:** There is an increasing emphasis to have more active research sites and research participants from non-NHS sites. Update: The team, in conjunction with the Trust's Medical Director, will assess these studies on a case-by-case basis.

6.7 **Trust Wide Projects to build Research Culture and Capacity**

6.7.1 **Norfolk Research Champions Project Update**:
We are exploring how the learning can be incorporated within the health visiting service, but also if it can be applied elsewhere throughout the Trust.

The scheme is being re-commenced within Health Visiting services in Norfolk in January 2023 with roll out elsewhere. This will be a six-month rolling programme but staff can take 12 months if required. In addition, this programme of work links into Preceptorship and the Advanced Clinical Practitioners (ACP) agenda. We are exploring how the research champions programme can be adapted to fulfil the objectives of a future leadership placement.

6.7.2 **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 show case studies, signpost potential participants or give the research intervention as part of the trial protocol. We continue to have one clinician participating, within the Health Visiting service in Norfolk.

6.7.3 **The Digital Innovations Project, START: Scoping the use of digital translation tools to assist with research engagement and delivery in under-served communities.** This piece of work explored the use of the web based 'Recite Me' tool which translates text into many different languages and is currently being used on the Trust's website.
Going forward: Scoping more events to showcase this innovative work. Submitted to the R&D Forum, for an oral presentation. Also, submitted this project for an Applied Research Collaborative (ARC) Implementation Fellowship. There is much interest within the region on this inclusion project, both within the CRN, but also outside of this.

Table 1:
Clinical Research for NIHR Portfolio Studies (accurate as of 01.12.22 via Open Data Platform (ODP) NIHR portal).

Recruitment:	Increased	No change	Completed	in set up	Allocated funding/prize

NIHR Portfolio studies	Clinical Area	Interventional (I)/Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
Babybreathe Postpartum smoking intervention.	CYPS Norfolk	I	University of East Anglia	**14**	43	⬆	Open and recruiting	Behavioural intervention to prevent return to smoking postpartum
Positive Voices HIV	iCaSH	O	PH, UCL, Imperial College London	7	66	⬆	Opened	National survey of people living with HIV
Evaluating the Home-based Intervention Strategy (HIS-UK)	iCaSH	I	University of Southampton	**4**	7	⬆	Open and recruiting	Comparing delivery interventions
Developing the Clinical Anxiety screen for people with severe to profound intellectual disabilities (CIASP-ID)	Dental, Beds & Cambs childrens	Both	Aston University	**2**	2	⬆	Recruited	Development of an assessment tool
Evaluating Palin Stammering Therapy for children (Palin STSC).	Cambs CYPS SALT	I	Whittington Health NHS Trust	**0**	0	🏆	Follow up completed	Feasibility trial, to inform a larger scale RCT
Compression therapies for the treatment of venous leg ulcers. (VenUS 6)	Luton Adults	I	Manchester University	**0**	0	✖	Open	Clinical investigation of a medical treatment
Interpersonal counselling for adolescent low mood (iCALM)	CYPS Norfolk	I	Norfolk and Suffolk NHS Foundation Trust	**0**	6	✖	In follow up	Feasibility trial, to inform larger scale RCT

S03 Collaborate with others

| NIHR Portfolio studies	Clinical Area	Interventional (I)/Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
Scanning Eye training as a rehabilitation choice for hemianopia after stroke (SEARCH)	Bedford Orthoptics	I	University of Liverpool	**0**	0		Opened July No recruits yet	RCT, evaluating a rehabilitation intervention
The role of different diets in children who are gastrostomy fed (Yourtube)	CYPS Cambridge	O	University of York	**0**	0		In follow up period	Building research knowledge of diets of children who are gastrostomy fed
Pregnancy and EARly Life study (PEARL)	CYPS Norfolk	O	Quadram Institute Bioscience	Data exchange only.	Does not attract recruitment. collaborative only	n/a	Ongoing data sharing	Longitudinal basic science study into health during pregnancy
Specific phobias in children with learning disabilities (SPIRIT) Phase 2	CYPS Cambs and Beds	I	University of Warwick	**0**	3		In Follow up	An adaptative and feasibility study for specific phobias
MSK Clinical Trial of an Investigational Medicinal Product (CTIMP)	Dynamic Health	I Commercial	GlaxoSmithKline (GSK)	-	-		Open PIC	New drug for knee osteoarthritis (OA) Commercial study (PIC)
MOPeD musculoskeletal Outpatient Delegation Study NIHR PhD Fellowship	MSK Ely/Cambs	O	NIHR, Midlands Partnership NHS Foundation Trust.	**0**	68		Completed	External PhD. Two site study.
Mechanised Orthosis for children with neurological disorders (MOTION)	Trust Wide	O	Canterbury Christ Church University	**0**	9		Open	Development of training for HCP in the use of Robotic Assistive Technology
JITSUVAX WP2: HCP refutational learning study	Trust Wide	O	University of Bristol	**0**	48		Completed	Inform training material for vaccination delivering health care professionals
Health care practitioner survey to inform health service configuration for abortion provision (SACHA)	iCaSH	O	The London School of Hygiene and Tropical	-	-		Awaiting accrual attribution	Provider survey to inform health service configuration
Prevalence of Prophylaxis for STIs (POPS)	iCaSH	O	Central and North West London NHS Foundation Trust	-	-		Opened in period	Build understanding into an issue with limited research
I-DIGIT (Investigating Digital Therapy)	Norfolk CYPS	O	Norfolk and Suffolk NHS Foundation Trust	-	-		Opened in period	Contribute to improved access to treatment and patient choice
Mapping the landscape of prenatal alcohol prevention in the UK	Beds CYPS	O	University of Bristol	-	-		Open (awaiting amendment)	Identify priorities for future research and public health activities
OKKO Space Academy App	Bedford Orthoptics	I	Moorfields Eye Hospital NHS Foundation Trust	-	-		Study in set up	Developing an app as a vision measuring and home-monitoring too
A Phase IIIb randomized open label study of nirsevimab ((HARMONIE)	CYPS	I	Sanofi, Labcorp Clinical Development Limited	-	-		Study in set up	Commercial study, acting as a PIC
Children's Palliative care Outcome Scale Study C-POS Validation Study	CYPS Luton & Cambs	O	Kings College London	-	-		Study in set up	Development of an outcome tool
Total recruitment within this period:				**27**	330	RCF count for recruitment started from October 2021 to September 2022 is 528 (*2).		**Total for all NIHR Recruitment.

(*1) All figures accurate as of 01.12.22 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases) due to database delay, known figures vary).

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

Table 2:
Summary Table for Fellowships/Internships/PhD Programmes and NIHR Grant Submission/s - Update on Applications and results within this reporting period:

NIHR Fellowships/grant	Area	Numbers	Update	Collaborations	Impacts/potential impacts
**New in this data period - zero**				
NIHR/HEE Applied Research Collaboration (ARC) Fellowships 2022	1.Trustwide EDI project. 1.CYPS Cambridge	2	**Awaiting if applications have been shortlisted for interview.**	ARC/HEE	Potential to have local and national impact.
NIHR/HEE Masters to PhD Fellowship	Dynamic Health, MSK adults.	1	**Was awarded in July 2022, was to commence March 2023, but will now commence Oct 2022.**	NIHR/HEE	Is funded time and support for the clinician to write a NIHR Doctoral submission. Worth £60,882. Co-designed study with PPI for people with chronic MSK pain.
NIHR/HEE Applied Research Collaboration (ARC) Fellowships 2022	Children & Young People's Service (CYPS) Cambridge & Luton	1	Successfully awarded. Commenced May 2022	Applied Research Collaboration (ARC)/HEE	The project is around looked after children & co-production.
NHS Innovation Accelerator Fellowship: 2022 Intake	CYPS Cambridge	1	Successfully awarded. Commenced April 2022	NHS England & NHS Improvement, Academic Health Sciences Networks. Hosted at UCL Partners.	Support for the further development of a commercial product.

7. Public sector prompt payments

Better Payment Practice Code Performance
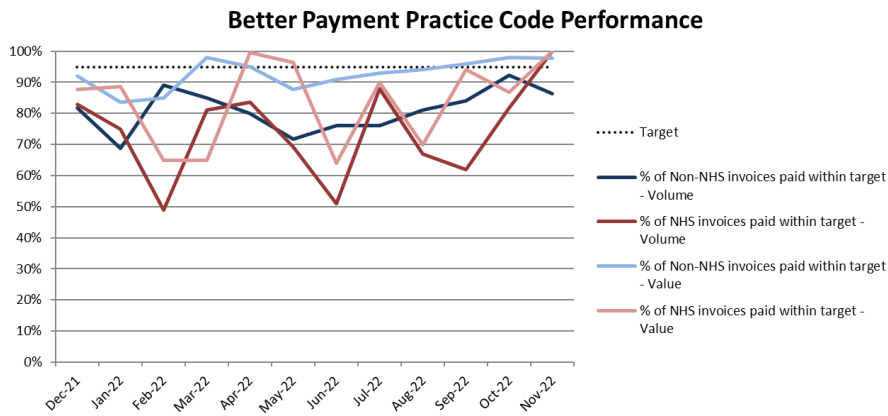
a. The average in month prompt payment results across the four categories was 90% in month 7 and 96% in month 8.

b. With regards to NHS invoices, performance has improved overall over months 7 and 8, with the Trust achieving 100% in volume and value in month 8. The Trust is working hard to consistently improve NHS payment performance.

c. With regards to Non-NHS invoices, achievement in both categories has remained relatively consistent in the last 12 months – with an average of 87% achievement over this period. Over months 7 and 8, the average achievement in each category is 89% and 98% for Volume and Value respectively, which is an increase on the previous reporting period. The team are continuing to work with Shared Business Services procurement to improve the purchase order process, which will improve the invoice payment process once complete.

d. 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** Income & Expenditure (I&E) in line with budget	Substantial
	WL2 Cost Improvement Plan (CIP) in line with plan	
	WL3 Capital spend in line with budget	
	WL4 Use of resources	

1. In accordance with the Trust's Assurance Framework, the Board receives assurance from the reporting of the Trust's financial sustainability and performance from Strategic Risks number 3167, and Clinical Operational reporting of financial performance and escalation processes.

2. The Trust Board will also take assurance from External Auditor's Unqualified opinion and its "Value for Money conclusion" of the Trust's 2021/22 accounts.   Internal Auditor's assessments during 2021/22 provided a conclusion the Trust has an adequate and effective framework for risk management, governance and internal control. The Trust's Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.

3. The Trust's financial performance is showing delivery of a marginal surplus position against the original plan, and the reasons for this are explained more fully in the Income and Expenditure section below.

B: Measures for Achieving Objective – 2022/23 Measures

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

Be a Sustainable Organisation

C: Risks to achieving objective

Strategic risks

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

2. **Risk ID 3488** - *There is a risk the Trust will not deliver its planned breakeven financial plan for 2022/23 due to the unprecedented increases in non-pay costs. The increase in fuel and raw material prices due to a number of world-wide demand and supply challenges has impacted UK wide prices with a predicted Retail Price Index (RPI) of circa 10%. If unmitigated, the increase in costs could result in the Trust not delivering its balanced financial plan for 2022/23 and restrict the ability in the Trust to invest in service improvements and developments the requirement for further efficiencies. (Risk Rating 12).*

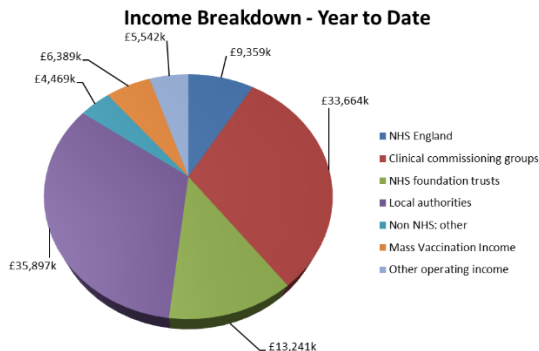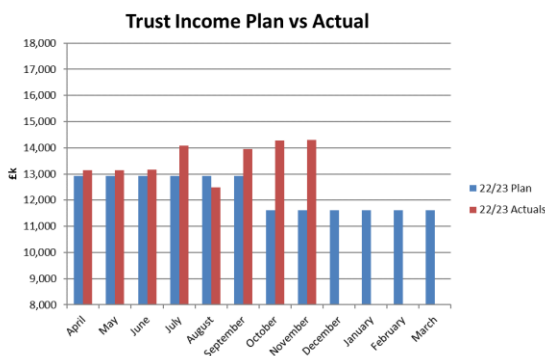### Related Operational Risks 15 and above

None

D: Overview and analysis

Finance scorecard

Finance Dashboard	Section in Report	Plan M8	Actual M8	Variance M8
Operating income	1	£100,142k	£108,561k	£8,419k
Employee expenses	1	(£71,146k)	(£76,268k)	(£5,122k)
Operating expenses excluding employee expenses	1	(£28,996k)	(£32,289k)	(£3,293k)
Trust Surplus/(Deficit)	1	£0k	£4k	£4k
Closing Cash Balance	2		£9,127k	
Capital Programme	4	£2,000k	£1,616k	(£384k)
Agency Spend	SO2 - 4	£1,337k	£2,210k	(£873k)
Bank Spend	SO2 - 4	£2,585k	£2,808k	(£223k)

1. Income and expenditure

Trust Income Plan vs Actual

Income Breakdown - Year to Date

Be a Sustainable Organisation

Trust Expenditure Plan vs Actual

Expenditure Breakdown -Year to Date
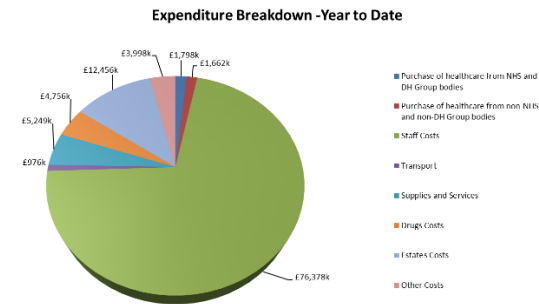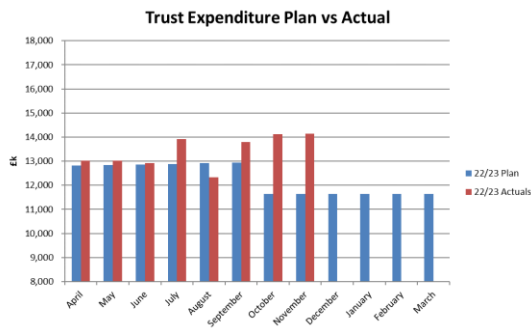
1.1. Block funding arrangements continue to remain in place for ICBs, NHSE and contracted income from Local Authority Public Health Commissioners for 2022/23. The Trust is planning to achieve a breakeven position for 2022/23 with significant risks around funding and increased inflationary costs. The "forward view" section of the report includes more detail.

1.2. The Trust carried out a "deep dive" analysis of the main cost drivers for months 1 to 6 which have been affected by the increased inflationary pressures. This data will used to inform a financial forecast for the year, and the 2023/24 financial planning assumptions.

1.3. Following the backdating increase for the Agenda for Change pay award received in month 6, the recurrent monthly increases are now being reported in the Service finance reports.

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

Division Level	Nov-22					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	1,448	(13,844)	(6,797)	(19,193)	(19,862)	669
Bedfordshire Community Unit	1,020	(10,703)	(1,710)	(11,393)	(10,495)	(898)
Childrens & Younger Peoples Services	3,282	(22,369)	(2,045)	(21,132)	(21,510)	378
Luton Community Unit	450	(15,378)	(2,744)	(17,672)	(18,138)	466
Large Scale Vaccination Service	10,002	(7,213)	(2,789)	-	-	-
Other Services (see breakdown below)	92,360	(7,025)	(15,941)	69,394	70,005	(611)
CCS Total @ 30th November 2022	**108,562**	**(76,532)**	**(32,026)**	**4**	**-**	**4**
Other Services						
Contract Income and Reserves	83,775	84	(314)	83,545	83,504	41
Corporate Services	5,018	(7,097)	(9,399)	(11,478)	(11,262)	(216)
Estates	3,567	(12)	(6,228)	(2,673)	(2,237)	(436)
	92,360	**(7,025)**	**(15,941)**	**69,394**	**70,005**	**(611)**

1.5 Ambulatory Care Services delivered a cumulative underspend of £669k to month 8. The main reasons for the cumulative underspend are due to vacancies across the division and non-pay expenditure savings in Dynamic Health and iCaSH services, particularly in radiology and pathology costs.

1.6   Bedfordshire Community Unit delivered a cumulative overspend of £898k to month 8. The main reason for the overspend is due to pay and locum spend in Specialist services.

1.7   Children's & Younger Peoples Services delivered a cumulative underspend of £378k to month 8. The main reasons for the cumulative underspend are vacancies across the services and a fall in non-pay expenditure.

1.8   Luton Community Unit (including Luton Children's Services) delivered a cumulative underspend of £466k to month 8. The cumulative underspend position is due to pay establishment savings across Adult services.

1.9   Total expenditure for the Mass Vaccination Service to month 8 is £10m and this is fully funded with any expenditure offset by income.

1.10   The Contract Income and Reserves year to date position includes income for services provided to the Integrated Commissioning Boards and Public Commissioners and Reserves used Trust wide to support service delivery. The underspend variance to date of £41k is mainly to offset the net cost improvement support agreed with services ahead of formal plans being delivered for the second half of the financial year.

1.11   The Estates budget includes the cost of leases and utility bills, and the overspend to date we have seen the cost of gas and electricity being greater than the 40% original budget increase.

2. Cash position

Closing Cash Position
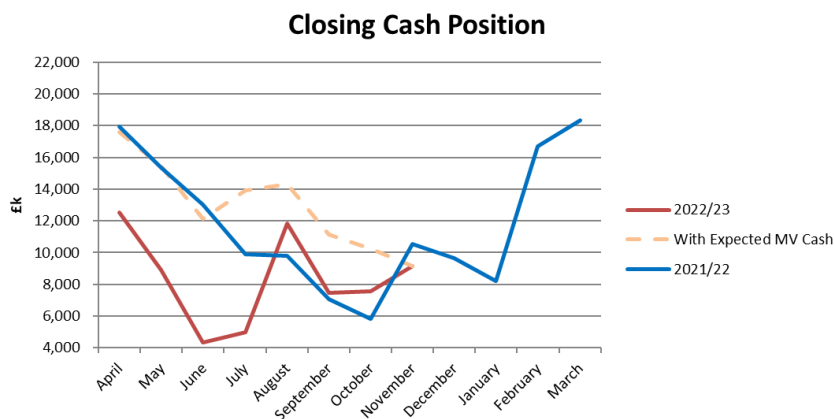
2.1.   The cash balance of £9.1m at month 8 represents an overall increase of £1.7m on the previously reported position at month 6. The Trust income in relation to the Large Scale Vaccination (LSV) service is now received on a monthly basis and has resulted in a stabilising of Trust cashflows.

3. **Statement of Financial Position**

	November 2022 £'000	September 2022 £'000
Non-Current Assets		
Property, plant and equipment	55,507	55,649
Right of use assets	27,370	28,501
Intangible assets	206	219
Total non-current assets	**83,083**	**84,369**
Current assets		
Inventories	73	73
Trade and other receivables	21,617	25,983
Cash and cash equivalents	9,127	7,468
Total current assets	**30,817**	**33,524**
Total assets	**113,900**	**117,893**
Current liabilities		
Trade and other payables	(19,192)	(22,466)
Borrowings	(3,104)	(3,560)
Provisions	(950)	(950)
Total current liabilities	**(23,246)**	**(26,976)**
Net current assets	**7,571**	**6,548**
Total assets less current liabilities	**90,654**	**90,917**
Non-current liabilities		
Trade and other payables	0	0
Borrowings	(24,268)	(24,530)
Provisions	(976)	(976)
Total non-current liabilities	**(25,244)**	**(25,506)**
Total assets employed	**65,410**	**65,411**
Financed by taxpayers' equity:		
Public dividend capital	2,792	2,792
Retained earnings	42,320	42,321
Revaluation Reserve	21,951	21,951
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	**65,410**	**65,411**

3.1. The main movements in the reporting period were related to Trade and other receivables which had decreased over the reporting period by £4.4m and trade and other payables have also decreased over the reporting period by £3.3m.

Aged Debt by Term
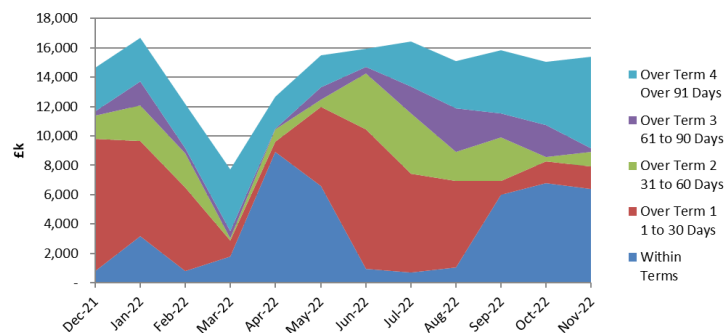
3.2.   Total Trade Receivables decreased by £0.8m in October to £15.1m and then increased by £0.3m in November to £15.4m. The breakdown in November is £2.5m (16%) from NHS organisations; £12.1m (79%) from Local Authorities; and £0.8m (5%) from other parties.

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

Luton Borough Council	£2.9m
Norfolk County Council	£2.1m
Cambridgeshire County Council	£1.6m

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, Luton paid £2.4m and Norfolk paid £1.4m to reduce their outstanding balances.

4.   Capital

4.1.   Capital spend to date is £1.6m against a plan of £2.0m. The main areas of spend are the completion of the refurbishment of the Dental Clinical in Ipswich (Nash House), and the continued development works at North Cambs Hospital in Wisbech.

5.   Use of resources

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

6.   Cost Efficiency Plans 2022/23

6.1.   The cost efficiency plans and delivery position in each Service Division is:

Department	Full Year Plan 22.23 £'000	Nov-22 Plan YTD £'000s	Delivery YTD £'000's
Ambulatory Care Service	614	409	409
Bedfordshire Community Unit	448	299	299
Childrens & Younger Peoples Services	196	112	112
Luton Community Unit	592	395	395
Corporate Services	882	588	441
Grand Total	**2,732**	**1,802**	**1,655**

6.2.   The Trust's service plans have delivered savings of £1.655m to month 8 which is slightly below plan. Further discussions with service leads are ongoing and the forecast is to deliver substantially against the target of £2.732m for the year. These schemes will follow the agreed trust policy for quality and equality impact assessments.

6.3. In addition to the summary of service schemes, the Trust is also delivering through a combination of non-recurrent budget support and further pay cost, contributing to achieving the overall target of £4.8m

7. Forward view 2022/23

7.1. A deep dive analysis was carried out to understand the impact on expenditure budgets from the increased inflationary and other service and funding pressures.

7.2. As reported in paragraph 1.11, the main inflationary increased cost driver has been in utilities where there has been a 40% increase in the tariff prices. The utility tariffs are fixed for the year, so the spend patterns, adjusted for seasonality are expected to continue at the current levels.

7.3. There has been increases for inflationary cost pressures in other areas of non-pay expenditure. A number of the Trusts contracts for services are linked to national price indices which have seen increases in 2022/23 of up to 7%, and in addition the general cost of supply products has seen similar increases ranging from 4–10%.

7.4. From the initial forecasts and the additional funding received from NHSE, alongside the current actual impact of inflation, the Trust is not forecasting an overall adverse impact to achieving the financial target.

7.5. Also included in section 1 of this report are recurrent and non-recurrent service cost pressures. Currently these specific cost pressures are being managed non-recurrently. The impact of these costs pressures is prioritised for discussion and resolution at contracting meetings with commissioners.

8. Financial Planning 2023/24

8.1. On 23rd December 2022, the draft financial framework and ICB allocations was issued to NHS organisations.

8.2. The national financial planning assumptions for inflation are 2.1% for pay and 4.5% for non-pay, and a minimum level of efficiency at 1.1%. This results in an overall net increase of 1.8% to NHS funded services before any adjustments for growth and service changes.

8.3. The uplift only applies to NHS funded services and therefore excludes services funded by the Public Health Grant commissioned by Local Authorities, which will be subject to the Department of Health and Social Care budget allocation processes.

8.4. Capital allocations will be split into 3 categories:

- system level allocation – to cover day-to-day operational investments that have typically been self-financed by organisations in ICS.
- Nationally allocated funds – to cover national strategic projects already announced such as new hospitals

- <u>Other national capital programme investments</u> – includes national programmes such as elective recovery, digital

8.5. Indicative allocations will be made to organisations alongside an agreed approach to prioritisation against local and national programmes.

8.6. Draft financial plans are in progress and will be aggregated to System level for initial submission to NHSE on 23rd February 2023.