

Title:	Trust Ambitions 2023-26
Report to the:	Trust Board
Meeting date:	20 March 2024
Agenda item:	5
Report author:	Bruce Luter, Assistant Director of Business Development and Strategy
Executive sponsor:	Anita Pisani, Deputy Chief Executive

Assurance level:	Substantial <input checked="" type="checkbox"/> Reasonable <input type="checkbox"/> Partial <input type="checkbox"/> Minimal <input type="checkbox"/>
Rationale:	Expert knowledge, Trust Board and Wider Executive Team feedback gathered in February 2024.
Assurance action:	Not relevant to this report.

1.0 Executive Summary

- 1.1 This report summarises progress with the Trust's 12 strategic ambitions during the first year of implementation.
- 1.2 As agreed at the previous progress review in September 2023, this report includes a recommendation that the Board is asked to agree to an estimate of progress together with a projection concerning the likelihood of realising our ambitions by the end of 2025-26.

2.0 Background

2.1 The Trust's Strategic Framework 2023-26 sets out 4 strategic objectives and a trio of ambitions linked to each objective; these are in Table One below:

Strategic objectives	It is our ambition that by 2026:
Provide outstanding care	<ol style="list-style-type: none"> 1. Our services are inclusive and easy to access 2. Our services are innovative and drive improvements in outcomes for people 3. Our services support good health and help prevent ill health
Be collaborative	<ol style="list-style-type: none"> 4. All our services are tied into formal partnerships that improve outcomes for local people 5. We always involve people from our local communities to help us improve our services 6. We are leading care collaboratives in each of the systems we work within
Be an excellent employer	<ol style="list-style-type: none"> 7. Our people feel valued and can realise their full potential 8. Our people embrace diversity and promote an inclusive culture that challenges all forms of discrimination 9. In meeting the needs of our services, our people can balance their work and personal commitments and are trusted to work flexibly
Be sustainable	<ol style="list-style-type: none"> 10. We are financially resilient and support our people in developing and improving our services 11. Our main sites have a community value and usage plan in place 12. We take positive action to reduce the environmental impact of our services

Table One – Trust Ambitions 2023-26

2.2 It was agreed that the Board would be provided with updates on implementing the strategy in September and March each year; this Paper provides the second such update.

2.3 In March 2023 the Trust agreed a new suite of supporting strategies and service plans and, whilst these report to other Board fora, this Paper includes a reference to the latest reporting round. Year 2 (2024-25) implementation plans for supporting strategies and service plans have been submitted for Board approval as part of the proposed Trust Operational Plan 2024-25.

2.4 The Board agreed the following supporting strategies in March 2023:

- Communications.
- Quality.
- People.
- Digital Transformation.
- Estates.

- 2.5 In terms of recent updates on implementing the supporting strategies:
- 2.5.1 The Executive Team received an update on the Communications Strategy.
 - 2.5.2 QISCOM received an update on the Quality and People Strategies (elements were reported through the People Participation Committee).
 - 2.5.3 Infrastructure received an update on the Digital Transformation Strategy and on the Estates Strategy.
 - 2.5.4 The Executive Programme Board received an update on Trust-wide programme and project delivery.
- 2.6 None of the fora listed in paragraph 2.5 above escalated issues to the Trust Board for intervention.
- 2.7 The strategic objective to 'Be Collaborative' is not directly linked to a particular supporting strategy and is 'held' at Board level.
- 2.8 The Trust agreed the following service plans in March 2023:
- Adults'.
 - Children and Young People's.
 - Dental.
 - Integrated Contraception and Sexual Health.
 - Dynamic Health.
- 2.9 Progress with implementing service plans is reported bi-monthly to Clinical Operational Board with the most recent reports in March 2024 where progress was reported to be broadly on track and there were no escalations to the Board.
- 2.10 In February 2024 the Board and the Wider Executive Team discussed progress and this has informed this report. The Board considered the wording of Ambition number 4 which reads: '*All our services are tied into formal partnerships that improve outcomes for local people*'. There was concern over whether it was realistic for "all" of our services to be tied into partnerships and at the appropriateness of the term "formal" in this ambition. The vast majority of our services are already tied into partnerships: all of our services in Cambridgeshire and Peterborough are tied into either the Children and Maternity Accountable Business Unit (led by the Trust) or the North and South Partnerships; our children's and young people services in Norfolk and Waveney are tied into the Children's and Young People's Strategic Alliance; our adults' and children's and young people's community services in Belford, Luton and Milton Keynes and tied into the Bedfordshire Care Alliance. This leaves just sexual health services in Norfolk and BLMK and some dental services in Suffolk outside formal alliances. In terms of the **formality** of our collaborations, NHS Providers¹ have published a view of formality which is at Figure One below:

¹ PROVIDER COLLABORATION: A PRACTICAL GUIDE TO LAWFUL, WELL-GOVERNED COLLABORATIVES ([Provider Collaboration: A practical guide to lawful, well-governed collaboratives \(nhsproviders.org\)](https://www.nhsproviders.org/provider-collaboration))

Spectrum of collaboration

Informal arrangements		Formal agreements		Group model		
Informal collaboration	Strategic collaboration	Committees	Joint ventures	Lead provider	Shared or joint leadership	Single provider/ merger
<ul style="list-style-type: none"> • May have advisory group • May have non-binding memorandum of understanding • High level shared principles for working together / collaboration • No shared decision-making - advisory / recommendations only • May make use of existing authority of individuals to make decisions for their organisation • Can be a stepping stone towards strategic collaboration 	<ul style="list-style-type: none"> • Advisory group or leadership board • Memorandum of understanding / partnering agreement • Terms of reference for leadership board • Advisory group only or decisions through individual exercise of delegated authority • Shared information to discuss relevant matters • Joint decisions by consensus • Aligned decision making but not shared decision making 	<ul style="list-style-type: none"> • May be statutory committees in common or statutory joint committee • Memorandum of understanding / collaboration agreement • Terms of reference for committee(s) • Collective exercise of delegated functions • Shared information to discuss relevant matters • Committees in common aligned or virtual joint decision-making • Joint committee shared decision-making by unanimous or majority voting 	<ul style="list-style-type: none"> • Contractual or corporate • Management board • Contractual joint venture agreement or company documents • Services agreement • Principally a mechanism for service delivery • Can permit joint decision making on management board for contracted out services • Note restricted NHS trust powers for companies 	<ul style="list-style-type: none"> • Contractual joint venture • Main contract held by lead NHS provider • Alliance / consortium agreement • Sub-contracts between lead provider and other NHS / non-NHS providers • Principally a mechanism for service delivery • Can permit joint decision making on alliance / consortium management 	<ul style="list-style-type: none"> • Same person or people lead each provider involved • Boards of NHS Trusts or FTs appoint same person to multiple posts • Enables aligned or virtual joint decision making • May enable actual joint decision-making if combined with a joint committee 	<ul style="list-style-type: none"> • Governance and legal advice required to determine feasibility • Must comply with NHS England transactions guidance e.g. full business case and due diligence requirements • Internal and external approvals process • Statutory transfer document and legal agreements • Results in single board for organisation

Browne Jacobson

1

Figure One – NHS Providers: Spectrum of collaboration

The Partnerships with which the Trust is engaged probably fit under the columns headed ‘Strategic Collaboration’ or ‘Committees’ and are on the cusp of being considered formal agreements. Given this view, it does not seem to be necessary to remove the word “formal” from our ambition which, in any case, may send a signal that we are easing off the strength of our ambition in this arena.

3.0 Progress

3.1 As part of the Strategic Framework 2023-26, the Board agreed the conditions necessary to achieve each ambition alongside a ‘success statement’. There are a range of high-level actions underway, or planned, to meet the conditions by the end of 2025-26 and our progress in implementing these actions as at the end of 2023-24, a forecast to the end of quarter 2 2024-25 and a projection concerning the likelihood of realising our ambitions by the end of 2025-26 is at Table 2 below. The orange assessment in respect of ambition 4 reflects that some of our services are not yet tied into formal partnerships and there is not yet a clear route identified to achieve this.

Strategic objectives	It is our ambition that by 2026:	Confidence in realising ambition by end 2025/26	Progress with high-level actions as at 2023-24 Q4	Confidence in delivering high-level actions during 2024-25 Q1 & Q2	Supporting strategies
(a)	(b)	(c)	(d)	(e)	(f)
Provide outstanding care	1. Our services are inclusive and easy to access		90%	100%	People, Quality, Digital, Estates, Communications
	2. Our services are innovative and drive improvements in outcomes for people		80%	80%	People, Quality, Digital
	3. Our services support good health and help prevent ill health		66% (1 of the 3 actions will be started in 2024-25)	100%	People, Quality, Estates, Green Communications
Be collaborative	4. All our services are tied into formal partnerships that improve outcomes for local people		95%	95%	Trust Strategic Framework, People, Quality, Communications
	5. We always involve people from our local communities to help us improve our services		80%	100%	Trust Strategic Framework, People, Quality, Digital, Communications
	6. We are leading care collaboratives in each of the systems we work within		100%	100%	Trust Strategic Framework, People, Quality, Communications
Be an excellent employer	7. Our people feel valued and can realise their full potential		100%	100%	People, Quality, Digital, Estates, Communications
	8. Our people embrace diversity and promote an inclusive culture that challenges all forms of discrimination		90%	100%	Trust Strategic Framework, People, Quality, Digital, Communications

Our Trust Mission: Improve the health and wellbeing of people across the diverse communities we serve.

	9. In meeting the needs of our services, our people can balance their work and personal commitments and are trusted to work flexibly		100%	100%	Trust Strategic Framework, People, Quality, Digital
Be sustainable	10. We are financially resilient and support our people in developing and improving our services		70%	70%	Trust Strategic Framework, People, Quality, Digital, Finance, Green
	11. Our main sites have a community value and usage plan in place		50%	60%	Estates, Green
	12. We take positive action to reduce the environmental impact of our services		100%	100%	Estates, Communications, Green

Table 2 – Progress with Ambitions

- 3.2 Detailed progress updates in respect of high-level actions are at Annex A to D.
- 3.3 At this stage, progress is mostly on track and there are no escalations to the Board.

4.0 Recommendations

- 4.1 The members are asked to receive this report for **decision-making** and are asked to:
 - 4.1.1 Agree that Ambition number 4 does not need to be re-worked (paragraph 2.10 refers).
 - 4.1.2 Agree that Table 2 is a reasonable assessment of both progress to date and a forecast of likely success (paragraph 3.1 refers).

5.0 How the report supports achievement of the Strategic Objectives:

Provide outstanding care:	In its Strategic Framework 2023-26, the Trust adopted 3 ambitions for each of the 4 strategic objectives. This Paper summarises progress in achieving the Trust's 12 ambitions during the first year of the strategy.
Be collaborative:	
Be an excellent employer:	
Be sustainable:	

6.0 How the report supports tackling Health Inequalities

- 6.1 The report does not tackle Health Inequalities.

7.0 Links to Board Assurance Framework / Trust Risk Register

- 7.1

8.0 Legal and Regulatory requirements

- Care Quality Commission Fundamental Standards of Care
- NHS England well-led Framework
- NHS Constitution for England Principles and Values
- NHS People Promise

9.0 Previous report

- 9.1 September 2023.

Annexes:

- A. Progress Update – Provide Outstanding Care.
- B. Progress Update – Be Collaborative.
- C. Progress Update – Be an Excellent Employer.
- D. Progress Update – Be Sustainable.

Strategic Objective	Provide Outstanding Care		
It is our ambition that by 2026:	Our services are inclusive and easy to access	Our services are innovative and drive improvements in outcomes for people	Our services support good health and help prevent ill health
The ambitions will be achieved when these conditions are met:	<ul style="list-style-type: none"> a. All of our services collect appropriate demographic details, which can be used to ensure an inclusive service for our service users. b. All services use a digital platform to provide patient information and signposting. c. Patient feedback from those with a Learning Disability, sensory impairment or additional needs is routinely gathered and acted upon. d. Patient and carer involvement is reflective of service user diversity. <p>We will be successful when we can evidence in our patients and carers feedback that our services are inclusive and accessible.</p>	<ul style="list-style-type: none"> a. Our Care Quality Commission inspection rating remains outstanding. b. Internal self-assessment outcomes and action plans show evidence of improvement. c. Staff are trained in Quality Improvement (QI) and are using it routinely. d. There is an increase year-on-year of research studies being supported. <p>We will be successful when our peer reviews/ external inspections identify the organisation as outstanding, and when QI has been implemented and is being used to routinely improve outcomes.</p>	<ul style="list-style-type: none"> a. The ‘Think Whole Family’ approach is embedded, and auditable outcomes shown. b. A reduction in hospital admissions attributed to our partnership approach to urgent care (2-hour response and Virtual Wards). c. There is auditable evidence of routine health promotion activity in clinical contacts. <p>We will be successful when there is auditable evidence of routine health promotion activity in clinical contacts, and when the organisation has Advanced Clinical Practice roles embedded within relevant teams.</p>

Successes:

[DN: Describe successful high-level actions in hand to achieve the conditions above]

Demographic data

The Demographic Data template has been completed, piloted, and rolled out to all SystmOne users. The demographic questions template aligns with NHS SNOMED Read Codes which means data is pulled through and recorded on the patients' electronic healthcare records. Training for staff has been developed to build their confidence in asking necessary questions. In addition to the demographic question template, the team have translated the questions into plain English and created an equality question for Comms annex, this has enabled staff to send the questionnaire directly to service users via email or SMS text, saving clinical time.

Digital Platform

A New Cambridgeshire and Peterborough (C&P) platform launched late 2023, initial data indicates a 50% traffic increase from the old site compared to last year.

The Bedfordshire and Luton platform test site has been created and content from the C&P site has been shared. Design groups are currently creating content for service

CQC

The internal Peer Review Programme continues, alongside implementing the new CQC framework (including the pilot of the new SA (Self-Assessment) Tool. Services are supported to make an objective assessment of ratings through the application of a new ratings matrix. Outcomes are reported through internal governance processes and actions are identified where services have identified gaps.

Self-Assessment

The CQC SA has changed recently therefore comparisons are difficult to make against previous improvement measures. Where actions have been identified these are monitored through Datix, with evidence of completion being provided (as needed).

Quality Improvement (QI)

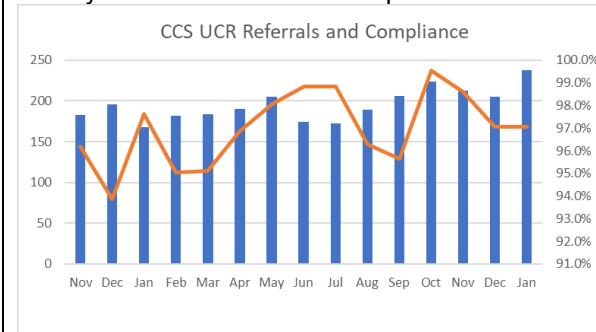
Over 230 people have attended the QI Academy training, virtual or in person sessions. A QI Community has been established and has 260 members. The first QI Showcase was held in January and was attended by over 110 people. Connections have been made with other QI colleagues across the system, with Trust

Think whole family

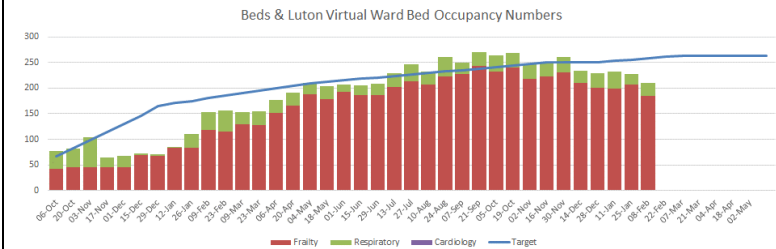
Audit of the safeguarding node is now a planned annual audit being undertaken. Work is underway to include the safeguarding node in the new adult safeguarding SystmOne template and this too will then be audited to inform improvements in clinical practice. Groups and relationship recording is embedded into the generic annual record keeping audit.

Hospital admissions

Our Urgent Care Response activity continues to grow and 95% of referrals are seen within the national 2 hour timeframe. This activity is above the national expectation.



Our Virtual Ward is just below trajectory for the expected number of virtual beds in operation as illustrated in the charts below, mainly due to staffing/capacity issues and ongoing impact of industrial action:



pages and other personalised sections for the area.

A Business Case for additional funding was shared with the Executive team and pending further information, a broad agreement on options has been reached.

Patient feedback

The organisation now has several ways in which it collects data from patients and carers. This includes demographic data collection from the Friends and Family responses. This information is being broken down into the 9 protected characteristic profiles – however next steps will be to look at how we isolate feedback from those with a Learning Disability, sensory needs or additional needs.

Involvement

Service users that provide feedback are offered the opportunity to become involved by submitting their contact details which are included in a monthly report to the co-production leads.

We offer all 'Involvement Partners' the opportunity to provide their demographic data. This information is reported on

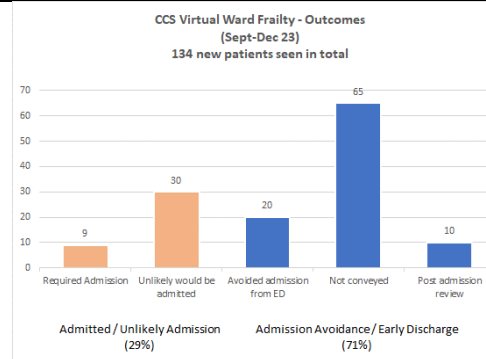
representatives attending a number of different forums.

Research

The team have developed the Research Champion Programme through collaboration and have expanded the student placement offer. They were successful with an application for additional short term 8 weeks CRN (Clinical Research Network) funding and were also awarded 2 posts to support research projects in iCaSH for 12 months. The main objective of the funding is to maximise recruitment to portfolio studies, in addition to embedding the research culture further.

All these actions are improving access to research support and opportunities. Additionally, the Trust has met all the required recruitment targets and is developing readiness for adopting commercial studies.

An outcome on whether the Trust increased the number of research studies undertaken in 2023-24 (from the previous year) will be available at the end of the financial year.



Health promotion

This requirement will be part of the 2024-25 audit plan. Scoping has commenced in relation to the audit's Terms Of Reference.

	<p>via the Trust Wide Working Together Group.</p> <p>All services have Involvement Partners trained in recruitment and we report on the number of recruitments that involve service users through the Trust wide Working Together Group. The Co-Production Leads work closely with local community groups – these groups have representation from the local schools/ community settings which ensure there is a representation of views and experiences.</p>		
<p>Challenges & learning: [DN: Describe where actions are stalled or delayed]</p>	<p>Demographic data It is noted that the collection of data is only available on SystmOne presently, alongside this not all practitioners are routinely completing the demographic forms.</p> <p>Digital Platform The design of content was more time consuming than expected, approximately 80 workshop sessions have been held with staff and patient representatives. However, this content will be used across other Children & Young People sites and was co-produced with a range of staff, stakeholders and service users.</p> <p>Patient feedback</p>	<p>CQC The application of the new framework may result in different ratings,</p> <p>Self-Assessment A Project Plan for implementation is in place, this includes a Communication Plan. The Peer Review visit booked for March will pilot the new tool.</p> <p>QI There were lower numbers than expected at some QI Academy sessions. Different marketing and communication approaches are being taken to help increase impact. Leadership at all levels need to focus on how QI can be</p>	<p>Think Whole Family There is a regular 7 minute briefing sent out by the Communications team to support 'Think Whole Family.'</p> <p>Hospital admissions Urgent Care Response paramedic availability is a Restriction within the model, and staffing/ industrial action is impacting on virtual ward activity. Measuring impact on hospital admissions – this is complex without a counterfactual, and we will look again in 2024/25 at how we measure the impact of our services on hospital admissions.</p> <p>Health promotion As above.</p>

	<p>We are working on the analysis of data, to see if we can specifically monitor the responses of the patient groups identified above.</p> <p>Involvement No specific challenges or learning at this time.</p>	<p>used as part of day-to-day work rather than as an add on.</p> <p>Sustained connections across business transformation and the clinical quality agendas needs a continued focus to increase capacity and maximise impact.</p> <p>Research The capacity of clinical teams continues to impact on their ability to accept research in their area.</p>	
Financial risks and issues:	<p>Demographic data None</p> <p>Digital Platform Additional funding is required to progress with the digital platforms both for development phase and ongoing maintenance requirements.</p> <p>Patient feedback None.</p> <p>Involvement Financial costs are understood, included in budgets, and reported on to the Trust Wide Working Together Group. It is recognised that co-production is a cost pressure against the corporate Nursing budget. No additional financial risks or issues have been identified.</p>	<p>CQC None.</p> <p>Self-Assessment None.</p> <p>QI None.</p> <p>Research None.</p>	<p>Think Whole Family None</p> <p>Health promotion None</p>
New issues or opportunities:	<p>Demographic data Once this is Business As Usual, the Trust will be able to</p>	<p>CQC An opportunity to assess services in line with the new framework,</p>	<p>Think whole family Working to embed the new publication of Working Together to Safeguard Children (2023). There is a focus in this edition of the</p>

<p>[DN: What has emerged that will affect our direction of travel]</p>	<p>better understand who and how services are accessed/ used and work to address any challenges and barriers.</p> <p>Digital Platform On agreement of funding, additional software development resource will be required, this could be challenging and may require further outsourced support until the team is fully resourced.</p> <p>Patient feedback Once this is business as usual, the Trust will be able to better understand who and how services are accessed/ used and work to address any challenges and barriers.</p> <p>Involvement Co-production can often focus too much on involvement and in some areas the balance needs to shift to focus more on quality improvement.</p> <p>We need to strengthen the voice of service users in strategic decision making.</p>	<p>and to embed the CQC's thinking around service user collaboration and engagement.</p> <p>Self-Assessment As above.</p> <p>QI Business Intelligence (BI) and improvements identified from patient, quality and internal feedback if triangulated into QI methodology has huge potential to improve clinical care.</p> <p>Research The team are developing readiness for adopting commercial studies.</p>	<p>guidance that reflects the need to Think Whole Family which supports the Trust's strategic direction.</p> <p>Health promotion None</p>
<p>Focus to September 2024: [DN: Describe key actions planned up to September 2024]]</p>	<p>Demographic data The next step is to agree a monitoring plan to understand staff experience of using the template and address any issues. It is noted that although we have a process for</p>	<p>CQC The new Self-Assessment Framework will be rolled out as per the Implementation Plan from March 2024.</p> <p>Self-Assessment</p>	<p>Think Whole Family Further development and re-launch of the Safeguarding Champion Role will be undertaken. Further work on the website will be completed to reflect 'Think Whole Family.'</p>

	<p>SystemOne we still need to develop a process for Dentally and Lillie.</p> <p>Digital Platform Pathway to Parenting Programme development to be completed. iCaSH platform developments to continue - initial meetings held to scope content requirements and changes to existing site, including style. Outline of the MSK patient portal requirements to support the MSK bid development will be undertaken. Launch of the Beds and Luton CYP Platform.</p> <p>Patient feedback To review whether the Trust can extrapolate data from our returns linked to the 3 patient groups identified above.</p> <p>Involvement Scoping activity to investigate possibility of a Patient Leadership Program to improve both capacity and capability of involvement partners from under-represented demographic groups in strategic decision making.</p> <p>Continue to support our leaders to develop opportunities for</p>	<p>As above.</p> <p>QI QI Roadshows will be held at different Trust sites to promote QI and support available for staff. Two further QI showcases will be held with open invitation to all the Trust to attend. Within the QI Academy advanced masterclasses has been developed to support early adopters to advance their knowledge with</p> <p>training development for senior leaders.</p> <p>Research Continue to develop the Research Champion Programme.</p> <p>To strengthen the internal research governance, whilst developing readiness for adopting commercial studies.</p>	<p>For the Safeguarding Leads to ensure the job descriptions for the Named Professionals are reflective of a 'Think Whole Family' approach. Joined up reflective safeguarding sessions are working across iCaSH with further steps being taken to mirror this approach in Luton Adult teams.</p> <p>Hospital admissions Urgent Community Response - Develop 'call before convey': Due to difficulties in accessing the required data, progress on modelling the required staffing resource has been impeded. To maintain momentum, we have put in a placeholder bid for the available £125k funding as follows:</p> <ul style="list-style-type: none"> ○ Telephony – to link disparate systems (£25k to £35k). ○ Staffing (c£90k). <p>Virtual Ward -Bedfordshire Care Alliance project to create a Virtual Ward in Bedfordshire.</p> <p>Health promotion For the audit process to commence within the 2024-25 Audit Cycle.</p>
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	<p>patient voice in directorate level decision making.</p> <p>Continue to monitor and analyse demographic information provided by our involvement partners.</p>		
<p>Escalations: [DN: Describe any escalations - the Trust's Escalation Framework]</p>	None	None	None

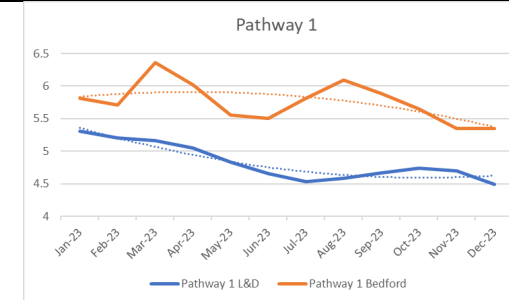
Strategic Objective	Be Collaborative		
It is our ambition that by 2026:	All our services are tied into formal partnerships that improve outcomes for local people.	We always involve people from our local communities to help us improve our services.	We are leading care collaboratives in each of the systems we work within
The ambitions will be achieved when these conditions are met:	<p>a. Formal partnership agreements or arrangements. b. Agreed outcomes and ambitions.</p> <p>We will be successful when we can evidence that all the partnerships are in place and meeting the expected outcomes the joint arrangements have been designed to impact upon</p>	<p>a. All services have aligned involvement partners. b. Meaningful co-production in respect of all service transformation.</p> <p>We will be successful when we can show that all our service development and improvement work meaningfully involve people from our local communities.</p> <p>(This ambition will be achieved through delivery of our Quality Strategy)</p>	<p>a. Programmes of work successfully delivered.</p> <p>We will be successful when the Cambridgeshire and Peterborough Children’s and Maternity Partnership, the Norfolk and Waveney CYP Partnership and the BLMK Bedfordshire Care Alliance’s initiatives are being well led and delivering their objectives.</p>
<p>Successes: [DN: Describe successful high-level actions in hand to achieve the conditions above]</p>	<p>Partnership Agreements The vast majority of our services are tied into partnerships: all of our services in Cambridgeshire and Peterborough are tied into either the Children and Maternity Accountable Business Unit (led by the Trust) or the North and South Partnerships; our children’s and young people services in Norfolk and Waveney are tied into the Children’s Strategic Alliance and System Collaborative; our adults’ and children’s and young people’s community services in Belford, Luton and Milton Keynes</p>	<p>Co-Production There are numerous examples of co-production across improvement and transformation projects. This includes patients co-designing classes, health promotion/information resources, designing digital platforms, support recruitment for new posts for new pathways and services. Involvement Partners Our recruitment for additional involvement partners has been very successful in terms of numbers of applicants. Recruitment s in train.</p>	<p>Bedfordshire Care Alliance</p> <ul style="list-style-type: none"> <u>Winter plan for discharge</u>. This project focussed on reducing hospital ‘length of stay’ by improving flow for pathway one (going home with care) and pathway 2 (going into an intermediate bed). Success has been most pronounced in respect of pathway one as shown in the chart below:

are tied into the Bedfordshire Care Alliance.

Agreed Outcomes and Ambitions

Our systems have clear medium-term outcomes set out in their respective Joint Forward Plans and these have driven operational priorities.

- Bedfordshire Luton and Milton Keynes 2024-25 system priorities:
 - Clinical input prior to conveyance to hospital to identify the most appropriate pathway for frail patients (call before convey).
 - Implementation of Faster Diagnosis standards across all specialties, with Advice and Guidance and Straight To Test strengthened to reduce unnecessary first outpatient appointments.
 - Improvements to community paediatrics waiting times, particularly with regard to diagnostics (e.g. ADHD/autism assessments, audiology).
 - Complex care, including Continuing Health Care, Childrens Continuing



- Urgent and Emergency Care and Virtual Ward. Growth in activity reported in the 'provide Outstanding Care' domain of this report.
- Programme Director. Our Luton Adults' Services Director has taken on the joint Programme Director role in support of the Alliance.

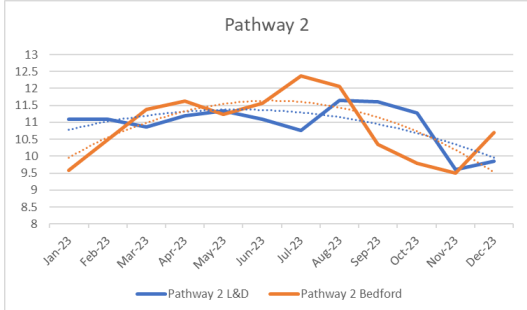
Cambridgeshire & Peterborough Children & Maternity Partnership

- Governance has been agreed, with progress against milestones and impacts for all programmes being reported monthly at the Programme Executive (a committee of the Integrated Care Board).
- All eight partner organisations continue to show executive level engagement with the Partnership.
- Bottom-up and top-down processes are contributing to the prioritisation of programmes.
- A system outcomes framework is in development.

Norfolk CYP System Collaborative

- A system workshop has developed a focused plan for two inter-related programmes of work.
- All four partner organisations have identified executive leads who are engaged with the Collaborative.
- A second tier of operational leads is in place with strong working relationships.

	<p>Care, Section 117 and Section 3 placements.</p> <ul style="list-style-type: none">• <u>Joint Forward Plan for Babies, Children & Young People in Cambridgeshire & Peterborough</u><ul style="list-style-type: none">○ Perinatal and the Early Years: improved system support for families in relation to infant feeding, home learning environment, parenting and parent-infant relationships.○ Staying Safe and Emotional Wellbeing: a needs-led approach to the provision of risk support and safeguarding for young people and their families and networks.○ Neurodiversity & Special Educational Needs Disabilities: better early and ongoing support at school and at home○ CORE20Plus5: addressing health inequalities• <u>Norfolk CYP System Collaborative</u><ul style="list-style-type: none">○ Strengthening our approach to supporting emotional wellbeing and mental health		
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	<ul style="list-style-type: none"> ○ Building a collaborative approach to supporting neurodiversity 																																									
<p>Challenges & learning: [DN: Describe where actions are stalled or delayed]</p>	<p>Partnership Agreements Sexual health services in Norfolk and Bedford Luton Milton Keynes and some dental services in Suffolk are not yet linked to formal partnerships, however, they are linked to a Trust-wide approach to delivery.</p>	<p>Co-Production Pace of change required can impact on the level of co-production. More room to increase the level of shared responsibility, input, and collaboration with service users.</p>	<p>Bedfordshire Care Alliance It has been challenging to make material improvements to pathway 2 as shown in the chart below and work remains ongoing:</p>  <table border="1"> <caption>Pathway 2 Data (Estimated)</caption> <thead> <tr> <th>Month</th> <th>Pathway 2 L&D</th> <th>Pathway 2 Bedford</th> </tr> </thead> <tbody> <tr><td>Jan-23</td><td>11.0</td><td>9.5</td></tr> <tr><td>Feb-23</td><td>11.0</td><td>10.5</td></tr> <tr><td>Mar-23</td><td>11.0</td><td>11.5</td></tr> <tr><td>Apr-23</td><td>11.0</td><td>11.5</td></tr> <tr><td>May-23</td><td>11.0</td><td>11.0</td></tr> <tr><td>Jun-23</td><td>11.0</td><td>11.5</td></tr> <tr><td>Jul-23</td><td>10.5</td><td>12.0</td></tr> <tr><td>Aug-23</td><td>11.0</td><td>11.5</td></tr> <tr><td>Sep-23</td><td>11.0</td><td>10.5</td></tr> <tr><td>Oct-23</td><td>11.0</td><td>9.5</td></tr> <tr><td>Nov-23</td><td>9.5</td><td>9.5</td></tr> <tr><td>Dec-23</td><td>10.0</td><td>10.5</td></tr> </tbody> </table> <ul style="list-style-type: none"> • <u>BCA Children’s and Young People’s Huddle</u> An informal huddle has been created. Milestones and measurable impacts are still to be agreed, and there is more work to be done to engage frontline teams and clinicians in the work. • <u>In Cambridgeshire & Peterborough</u>, some programmes have been delayed by structural changes to partner organisations and difficulty with identifying people who can be released from other commitments to progress the work. There is still work to do to engage operational leads, frontline teams and clinicians in the work. • <u>The Norfolk System Collaborative</u> has a strong presence within Local Authority governance structures but its relationship to the Integrated Care Board is still to be clarified and confirmed. There is still work to do to engage frontline teams and clinicians in the work. 	Month	Pathway 2 L&D	Pathway 2 Bedford	Jan-23	11.0	9.5	Feb-23	11.0	10.5	Mar-23	11.0	11.5	Apr-23	11.0	11.5	May-23	11.0	11.0	Jun-23	11.0	11.5	Jul-23	10.5	12.0	Aug-23	11.0	11.5	Sep-23	11.0	10.5	Oct-23	11.0	9.5	Nov-23	9.5	9.5	Dec-23	10.0	10.5
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Dec-23	10.0	10.5																																								

Financial risks and issues:			
New issues or opportunities: [DN: What has emerged that will affect our direction of travel]	<p>We have refreshed our Luton pledge which is:</p> <p>“We will work with our partners, residents, and our staff to support the delivery of the Luton 2040 vision by:</p> <ul style="list-style-type: none"> • Offering local flexible employment opportunities, at all levels, across a variety of roles. • Implementing healthy workplace practices that focus on the health and wellbeing of our people. • Continuing to be a disability confident employer. • Providing a range of health and care services to children, young people and their families which will help them thrive from early years through to transition into adulthood. • Maximising the use of our buildings to support our local communities and reduce unnecessary travel for both our staff and for the people who use our services. • Increasing volunteering and apprenticeship opportunities. 	<p>Focus for Transformation and Improvement team to increase degree of co-production in all aspects of their work.</p>	

	<ul style="list-style-type: none"> Supporting implementation of the Denny Review across Luton”. 		
<p>Focus to September 2024: [DN: Describe key actions planned up to September 2024]</p>	<p>Partnership Agreements Review options for those services not tied into formal collaboratives.</p> <p>Cambridgeshire & Peterborough Children & Maternity Partnership and Norfolk CYP System Collaborative Complete outcomes framework for CYP services that we aim to change.</p>	<p>Co-production</p> <ul style="list-style-type: none"> Increase the level of co-production across all projects. Utilise persona tools across all improvements to continue to bring the patient voice into the centre of all improvements. 	<p>Bedfordshire Care Alliance The Bedfordshire Care Alliance has adopted 6 key projects for 2024/25 which flow from the system’s priorities and are listed in the Trust’s Operational Plan 2024/25 and summarised below:</p> <div style="text-align: center;"> <p>BCA Projects</p> </div> <p>Cambridgeshire & Peterborough Children & Maternity Partnership</p> <ul style="list-style-type: none"> The partnership is looking to agree further delegation of accountability in relation to Special Educational Needs & Disabilities. Cambridgeshire & Peterborough: completion of safeguarding programmes and measurable impact for other programmes. <p>Norfolk CYP System Collaborative</p> <ul style="list-style-type: none"> Completion of high-level business case proposals for both programmes of work described above.
<p>Escalations: [DN: Describe any escalations iaw the</p>	None	None	None

Trust's Escalation Framework]			
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Strategic Objective	Be an Excellent Employer		
It is our ambition that by 2026:	Our people feel valued and can realise their full potential	Our people embrace diversity and promote an inclusive culture that challenges all forms of discrimination	In meeting the needs of our services, our people can balance their work and personal commitments and are trusted to work flexibly
The ambitions will be achieved when these conditions are met:	<ul style="list-style-type: none"> a. Providing flexible career opportunities, less linear career progression, opportunities and career breaks, to ensure we retain the skills and dedication of our people. b. Co creating new and extended roles across our different services. c. Ensure that everyone has a personal career plan in place and celebrate with our people the great work that they do. d. Providing an environment that enables our people to have the best experience at work. <p>We will be successful when our people feedback tells us that they feel valued and able to reach their full potential and our retention rate is improving.</p>	<ul style="list-style-type: none"> a. Deliver our anti racism pledge, ensuring that service users and our people report our services are inclusive and easy to access. b. Improving the diversity of our workforce, at all levels, in line with the makeup of our local populations. c. Ensuring that we co-create a culture of mutual respect and understanding which supports individuals to understand diversity and inclusion is everyone's responsibility. <p>We will be successful when our people and service users' feedback that our services and workplaces are inclusive.</p>	<ul style="list-style-type: none"> a. Enabling our leaders to be creative in the way that they support our people to have greater choice in when, where and how they work. We will redefine our approach to flexible working which will improve our peoples' work life balance. b. Ensuring that all our people have supportive conversations with their manager to enable them to achieve a healthy work life balance. c. Continuing to review and enhance our health and wellbeing offer for all. <p>We will be successful when our turnover and unplanned absences reduce and that our people feedback that they are able to balance their work and personal commitments.</p>
Successes:	<p>Flexible Career Opportunities Derived from annual workforce planning priorities, aided by multi professional education plans and annual appraisal.</p> <p>New and extended roles Up to 20% increase year on year and advanced levels of practice.</p>	<p>Anti-racism We continue to deliver our anti-racism pledges, our Cultural Ambassador and Armed Forces Covenant programmes. We have delivered the majority of our anti-racism year one plan.</p> <p>Workforce Diversity</p>	<p>Leadership New line manager programme designed, which includes managing ambiguity; compassionate performance management; vital conversations; agile leadership. Roll out due to commence by end of Q1 in 2024-25.</p> <p>Essential Conversations</p>

	<p>Recruitment and Retention Planning Career pathways designed and delivery underway for Health Child Programme and Dental Nurses and administrative staff.</p> <p>Annual Staff Survey 2023 staff survey results published. The Trust has been rated top by its people in 6 of the 9 domains of the people promise. This includes staff engagement and morale. See Appendix One embedded below.</p> <p>Career Planning Workshops Designed and accessible to all staff. Targeted support for Specialist community Public Health Nurse applications resulted in increased fill rate in training places during 2023-24.</p> <p>Workforce KPIs Turnover: Jan 23: 14.78% Jan 24 11.11%</p> <p>Environmental Updates As an example investment has been seen in staff facilities at The Poynt in Luton including the provision of a gym.</p>	<p>We have diversified the composition of our recruitment panels.</p> <p>We have rolled out Career and Learning conversations to all our culturally diverse staff (378 staff offered sessions, 36 undertaken a session circa 10% uptake) to understand and address the barriers to diversity and inclusion and to support all staff to achieve their potential.</p> <p>Over the last 12months, the diversity of our workforce is increasing at bands 6 (by 0.96%), 7 (by 0.52%) and 8a (by 0.6%).</p> <p>Responsibility for Diversity & Inclusion Cohort of 12 staff have commenced Cultural Competency programme; 4 Board members, 4 Operational leads, 4 Cultural Diverse staff. Aim to roll out across the organisation over the next 18months.</p> <p>Anti-racism pledges Rolled out to wider executive colleagues in addition to Board members.</p> <p>Diversity Mentoring Programme in place and available to all.</p>	<p>We continue to promote the value of essential conversations between leaders and our people and this is part of our line manager development training.</p> <p>Health & Wellbeing Offer This is on-going and we continue to promote the use of our adjustments passport.</p> <p>Staff Networks Caring responsibilities network launched June 2023</p> <p>Staff survey results Confirmed that good relationships in place between line managers and their people. Top rated for compassionate and inclusive leadership.</p>
<p>Challenges & learning:</p>	<p>Ongoing challenges in recruiting enhanced levels of practice in Health Visiting, District Nursing, OT, SLTs. Provision of supervision for enhanced roles.</p>	<p>We continue to learn in relation to diverse recruitment panel members and have recently introduced some new ways of working in this area. Some areas have embraced this more than others.</p>	<p>Main challenge in this area is enabling our managers to fully explore all flexible working options – this does provide an extra layer of complexity for our leaders.</p> <p>Sickness absence levels amongst some teams remain high and are continuously reviewed.</p>
<p>Financial risks and issues:</p>	<p>Organisational funding to support Trust wide expansion of grow your own models to safeguard supply of registered staff.</p>		<p>Increase in sickness absence costs if we fail to enable our people to balance their work and personal commitments.</p>

	Delay in delivery of NHS Long Term Workforce Plan priorities and funding.		
New issues or opportunities:		The challenges is all leaders embracing and taking lead role in culturally diverse panels.	Staff survey results highlighted that the quality of appraisals could be improved. This will be taken forward as part of our year 2 action plan.
Focus to September 2024:	<ul style="list-style-type: none"> • Further expansion of career pathways including entry routes for volunteers and peer support workers. • Increase in clinical training placements. • Increase in bank recruitment and deployment (by 50% (wte)) and reduction in agency deployment (by 30% (wte)). • Further integration of workforce systems (eRostering, ESR, bank staffing etc) • Improved approach to succession planning for critical posts. 	<ul style="list-style-type: none"> • Embedding diverse interview panels and further use of bitesize recruitment training • Launching our People Leaders Masterclasses • Roll-out Cultural Competency training programme Trust wide. • Ongoing promotion of anti-racism pledges • Co-produce our year 2 anti-racism plan • Develop an inclusion plan 	<ul style="list-style-type: none"> • Launching our People Leaders Masterclasses. • Build confidence and competence in our leaders to manage complex sickness cases. • Support our managers to better aid staff with neuro development needs. • Roll-out expert training for managers on managing mental health issues in the workplace. • Improving our managers understanding and expectations of different generational needs in relation to flexible working.
Escalations:	None	None	None

Strategic Objective	Be Sustainable		
It is our ambition that by 2026:	We are financially resilient and support our people in developing and improving our services	Our main sites have a community value and usage plan in place	We take positive action to reduce the environmental impact of our services
The ambitions will be achieved when these conditions are met:	<p>a. When our people and the organisation can celebrate the positive innovation and the continued improvements these bring to our services.</p> <p>b. When we have a consistent approach in understanding the existing and future full cost of all of services regardless of the contractual circumstances.</p> <p>c. Service users continue to receive services on time and to a good quality.</p> <p>We will be successful when all of our services individually and as a collective, can deliver financial balance and generate funds for future investments</p>	<p>a. When our main sites host various activities 7 days a week and provide increased social value to the localities they support.</p> <p>b. When our local communities adopt these sites as key to supporting social inclusion and development.</p> <p>We will be successful when our main sites contribute positively to support our local communities in a diverse range of activities</p>	<p>a. When our people actively promote and influence, where possible, the positive benefits of environmental awareness</p> <p>b. When a UL and zero emission vehicle is the first choice from our people when choosing a lease car.</p> <p>We will be successful when our staff take ownership and display increased awareness of our environmental impact and initiate improvement opportunities.</p>
Successes: [DN: Describe successful high-level actions in hand to achieve the conditions above]	<p><u>Innovation</u></p> <ul style="list-style-type: none"> Digital opportunities continue to be explored. Use cases for Robotic Process Automation (RPA) have been developed. Initial meetings held with SBS and a supplier. Costs and proposal for proof concept received. Planning underway for initial workshop. 	<ul style="list-style-type: none"> Progressing the development of the Child Development Centre in Ely has enabled the potential for the Local Authority to progress with additional supportive living capacity. The new Princess of Wales Charity will also begin fundraising to support NHS and other services on this site. 	<ul style="list-style-type: none"> Continue to grow the influence and visibility of our Green Champions across our services, developing dedicated communications at Trust and service level and raising awareness of specific initiatives. Increase in zero emission vehicles in our lease car offer to staff. Energy efficient boilers and heaters have been installed at 2 of the

	<ul style="list-style-type: none"> • Contact made with Health Innovation East on artificial intelligence opportunities. • Trust participating in system innovation fora. • Data Services continue to deliver the Modern Data Platform and iHub to start to enable Services to understand their information and use it as a tool/insight into delivering their services. • Continuing to deliver the Integrated Front Door Digital solution for Norfolk & Waveney 0-25 Mental Health pathway. Solutions are now in User Accepted testing and appropriate technical testing is also underway for delivery in April 2024. • Digital Dictation Pilot for Paediatricians integrated to SystemOne to release admin burden. <p><u>Cost of Services</u></p> <ul style="list-style-type: none"> • First full draft of cost to contract mapping has been produced and initial identification of funding versus cost challenges. 		Trust's main sites which have improved carbon impacts.
<p>Challenges & learning: [DN: Describe where actions are stalled or delayed]</p>	<p><u>Innovation</u></p> <ul style="list-style-type: none"> • Different conversations have been held on RPA solutions and best approach. <p><u>Cost of Services</u></p> <ul style="list-style-type: none"> • Differential contractual arrangements will influence pace of mitigation. 	<ul style="list-style-type: none"> • These objectives are reliant on capital funding and benefitting from strategic developments. • Due to space constraints only a handful of sites under Trust direct control have the potential capability to support social inclusion, however, where there are opportunities (Princess of Wales, North Cambs Hospital, Doddington) such will be considered alongside the strategic development plans. 	<ul style="list-style-type: none"> • Access to Net Zero funding is very competitive with significant over subscription and competition. • Recent bids for LED funds were unsuccessful and requires a review to improve the application process.

Financial risks and issues:	<u>Innovations</u> <ul style="list-style-type: none"> Any investment is contingent on prioritisation of plans and identifying appropriate returns. <u>Cost of Services</u> <ul style="list-style-type: none"> Initial analysis indicates a number of service contracts have cost and funding pressures. 	Capital allocations continue to shrink and strategic capital is being prioritised to new hospital programmes and eradication of Reinforced Autoclaved Aerated Concrete.	Access to funding impacts the ability address the ability to hit energy improvement targets.
New issues or opportunities: [DN: What has emerged that will affect our direction of travel]	<u>Innovation</u> <ul style="list-style-type: none"> Remote health monitoring supplier contract is coming to an end in July 2024. Funding is still not confirmed. Discussion on procuring a system solution in BLMK have commenced. <u>Cost of Services</u> <ul style="list-style-type: none"> Further complex deep-dive work is required which will support and inform Patient Level Costing and future reporting arrangements. 		
Focus to September 2024: [DN: Describe key actions planned up to September 2024]	<u>Innovation</u> <ul style="list-style-type: none"> Pilot of RPA on referral management workflow. Participation of system innovation fora. Digital platforms business case for new websites and Patient Account Portal. <u>Cost of Services</u> <ul style="list-style-type: none"> Further analysis of cost and demand structures to inform next stage of sustainability for each contract. 	<ul style="list-style-type: none"> As the current diagnostic and multistorey car park work concludes, the Trust will collaborate with Cambridgeshire County Council and stakeholders to identify existing and emerging opportunities on the Princess of Wales Ely site. The strategic review by system partners of North Cambs Hospital will continue (no clear plans identified to date). The Cambridgeshire & Peterborough system is starting a review of service opportunities at Doddington Hospital to include all stakeholders. 	
Escalations: [DN: Describe any escalations iaw the Trust's Escalation Framework]	None	None	None