

**TRUST BOARD**

|          |                                                     |
|----------|-----------------------------------------------------|
| Title:   | <b>Integrated Governance Report</b>                 |
| Action:  | <b>For DISCUSSION and to AGREE Assurance levels</b> |
| Meeting: | <b>18 May 2022</b>                                  |

**Purpose:**

The Trust continues to operate under the national level 4 Covid-19 pandemic and pressures continue from increased demand and particularly from low staff morale.

**Executive Summary:**

This integrated governance report and the Clinical Operational Boards integrated reports operate in line with the new way of working during Covid-19 and this report provides an overview of quality, performance, workforce and finance for February and March 2022 assessed in relation to the Trust's strategic objectives and associated risks of achieving these objectives. This report incorporates the strategic indicators for 2021/22.

For each objective, this report provides:

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

**Integrated Governance Report – February and March 2022**

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

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

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

**Recommendation:**

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

**Supporting Information:**

Appendix 1: IPaC Board Assurance Framework

Appendix 2: Quality Account 2022/23

Appendix 3: Quality Performance Dashboard

Appendix 4: Strategic Risks and Operational Risks 15 and above

Appendix 5: Assurance Framework

Appendix 6: Statistical Process Control Chart Key

|                              | Name                                                                           | Title                                                                                                                                     |
|------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Author and Executive sponsor | Kate Howard<br>Anita Pisani<br>Mark Robbins<br>David Vickers<br>Rachel Hawkins | Chief Nurse<br>Deputy Chief Executive<br>Director of Finance & Resources<br>Medical Director<br>Director of Governance & Service Redesign |



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## Executive Summary

## Assurance Summary and Performance for February and March 2022

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## Supporting Information

**Appendix 1 – IPaC Board Assurance Framework**

**Appendix 2 – Quality Account 2022/23**

**Appendix 3 – Quality Performance Dashboard**

**Appendix 4 - Strategic Risks and Operational Risks 15 and above**

**Appendix 5 - Assurance Framework**

**Appendix 6 - Statistical Process Control Chart Key**

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## Executive Summary:

This integrated governance report and the Clinical Operational Boards integrated reports provides an overview of quality, performance, workforce and finance for February and March 2022 assessed in relation to the Trust's strategic objectives and associated risks of achieving these objectives. This report incorporates the strategic indicators for 2021/22.

For each objective, this report provides:

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## Integrated Governance Report – February and March 2022

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

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

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

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

### 1. Children's Clinical Operations Board

The COB received the following:

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

- The longevity of working and delivering clinical services during the pandemic continues to impact on staff morale.
- Activity continues to be high within the Universal Plus and Universal Partnership Plus pathways which is impacting of staff capacity to deliver universal elements of the Healthy Child Programme. Services in these areas continue to operate

their business continuity arrangements as agreed with commissioners. In addition, Bedfordshire OT services continue as a targeted service.

- Recruitment difficulties continue for some posts notably Health Visiting; Community Paediatrics and the Nutrition and Dietetics Service across Bedfordshire. Action plans being implemented. Social media initiatives continue, along with promotional videos. Luton Healthy Child Programme however are now fully staffed within their Health Visiting roles.
- Demand and capacity pressures continue across our Community Paediatric services. Clinical prioritisation remains in place with Medical Director oversight.
- Risk of securing recurrent funding for 22/23 (£1.08m) and beyond for Bedfordshire and Luton Community Paediatric services, Bedfordshire Rapid Response and the 7 day CCN services remains. However, it was noted that recurrent demographic funds have been secured which has improved our position plus £500k non-recurrently for 22/23. Bedfordshire Outcomes Framework continues to be paused in line with National Covid19 contractual guidance and full funding is being received.
- Joint Venture Partnership Meeting took place between CPFT and CCS on 26 April 2022.
- Across all systems the impact on services from Ukrainians arriving in the UK is being monitored, at present impact is minimal.
- Staff continue to use a blend of telephone, virtual and face to face contacts in their work, dependent on clinical need.
- Biggest reported issue currently impacting on clinical services is difficulties with IT. Escalation meetings taking place and Director of Finance is directly involved in resolutions.
- A re-inspection of the Luton SEND system is imminent.
- Norfolk and Waveney Speech and Language therapy services. Local Authority has requested that team prioritise EHCP delivery rather than delivery of commissioned model. This request follows previously reported legal challenge to Norfolk County Council.
- Updates received on all CYP services across the Trust's footprint.

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

- Staff recruitment and vacancies within 0-19 services remain high and recruitment and retention plan being implemented.
- Staff absence due to sickness or self-isolation remain above Trust target.
- Healthy Child Programme services continue to deliver services in line with their business continuity plans.
- Bedfordshire and Luton Community Paediatrics – average RTT wait in Bedfordshire is 41 weeks with longest wait at 59 weeks; average RTT in Luton is 46 weeks with longest wait at 63 weeks. Average wait in Cambridgeshire Community Paediatrics is 17 weeks with the longest wait at 32 weeks.
- Norfolk Healthy Child Programme has an agreed COVID recovery plan in place with commissioners which is being monitored. The service continues to experience significant service pressures due to sickness and complexity.
- Delays continue within Cambridgeshire LAC services particularly around obtaining consent and referral information for initial and review health assessments. A range of joint working meetings in place to address this.

#### **Risks of 15 or above and emerging risks:**

- 2 risks scoring 15 or above – Emotional impact on workforce when exposed to high risk safeguarding incidents. (Risk 3250) and Change to commissioned

Speech and Language Therapy delivery model in Norfolk (Risk 3472 which was added to the risk register on 20<sup>th</sup> April 2022).

**Outstanding practice and innovation for the Board to note:**

- Luton service continues to provide Healthy Child Programme mandated contacts to children and families who remain housed in the bridging hotel as part of the Luton Afghan Refugee system response.
- Bedfordshire Healthy Child Programme has retained the gold award by maintaining high Baby Friendly Standards.
- Just One Norfolk digital platform has refreshed its look and is now offering a range of new and updated features to enable families access to safe, accessible and up-to-date information, advice and self-care support.
- Norfolk County Council are co-ordinating a multi-agency support system for Ukrainian families arriving in Norfolk. The Trust is supporting the community offer workstream.
- Significant improvement in performance for Luton initial health assessments (84% in this reporting period). Demonstrating over 50% improvement.
- NHS England has chosen our Luton Epilepsy services as a case study, alongside Bedfordshire Hospitals for their 'Beneficial Changes Network'.
- Bedfordshire and Luton Community Paediatric services have worked with young people to co-produce an 'ADHD treatment response form' written by young people, for young people.
- Dame Rachel De Souza, Children's Commissioner visit to Luton community paediatric team in May.
- In March 2022 our Huntingdon Mental Health Support Team was visited by the national team, following its selection as an example of a well-functioning team.

**2. Adult Clinical Operations Board**

The COB received the following:

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

**Ambulatory Care**

- Pressures continue across all the services in Ambulatory Care with demand vs our capacity. Services are regularly in business continuity mode problem solving, often on the day, trying to meet the patient demands in the face of unplanned sickness absence.
- iCaSH has reported a serious incident in March. An RCA investigation is underway and expected to conclude early June.
- Despite the challenges the Suffolk Special Care dental service has continued to make great progress assessing the historical patient cohort with only 327 patients left to assess from the original total of over 2200.
- Mandatory training compliance overall for the division is 97% which is a great achievement considering the pressures teams have faced.
- Services have reporting many and varied IT issues in February and March related to the migration to the new ICT service, that had caused cancelled patients and increased staff frustrations. In some cases the issues are escalated to the AD of Digital the resolution is often swift. An ICT service improvement

plan is in progress and this will hopefully mitigate any remaining concerns staff may have.

- iCaSH clinical software project to merge the 6 clinical systems to one single instance has been implemented. It was a complicated project involving all iCaSH staff and multiple stakeholders. This is impact in a delay in reporting KPI's in that month.
- Telephony work in iCaSH and Dental is underway and in iCaSH Cambridgeshire and Peterborough they plan to trial increasing staff capacity for answering the phones until 10am each day in May, and decrease the face-to-face appointments prior to 10am to divert staff to call handling. This will be reviewed to understand the impact this has on the service and patient experience.
- There were 2 incidents reported of patents threatening to take their own life and unfortunately one sadly did happen. This obviously affected staff greatly and the team are investigating to identify any lessons we can learn from and share.

### **Luton Adults**

- Mandatory training – Overall mandatory training (excluding safeguarding level 3 as per previous report) has stabilised to a position of 95%. As of March, WRAP training and children safeguarding remain those that are most significantly under target.
- Appraisal rates – The decline in appraisal rates has now levelled off and in the last month shows a slight upturn. Luton adults now sits at 82.11% (Beds Neuro and ABI remain in a strong position at 100%). Discussions are ongoing with services where the appraisal rates are low with support offered to complete these in as timely a way as possible.
- Stability rate – Has continued to remain above the Trust target, currently sitting at 90.64
- Sickness rates – Total sickness rates across Luton and Bedfordshire Adult services remain high, although have dropped from the significant peak we saw in January. The overall figure for March is 7.7% inclusive of Covid related absence. The rolling year to date figure of 7.58% is still significantly above the trust average of 6.0%.
- Stress and anxiety related absence remains high but has fallen back considerably since the peak in January and now accounts for just over 10% of absence. We continue to work on staff wellbeing initiatives as outlined in section 2.2.1. Seasonal illnesses also remain an issue with cold and flu accounting for a further 34% of all absences. The graph below illustrates the ongoing challenge we have relating to sickness.
- Staffing capacity – Staffing capacity remains a challenge for the whole of the Luton system and as reflected within adult services risk 3337. This is reflected in our reducing available WTE numbers month on month.

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

- Complexity of the ICT migration has had an impact on service delivery and staff morale.
- Dental Services remain under pressure with a combination of sickness and increased demand
- In Dynamic Health, significant pressures remain within the physiotherapy service with vacancies, recruitment, maternity leaves and covid and non-covid sickness.



Despite actively working on wait strategies it is predicted we will continue to have capacity issues within the service for the foreseeable future. There is no change in the pressure within the system related to the backlogs in diagnostics which is mainly MRI and Xray and there is an increased challenge of increasing delays in reporting in the north of our system of 6-8 weeks.

- iCaSH Cambs has reported one serious incident in March. An RCA investigation is underway and expected to conclude early June
- Routine LARC provision running across all services, large waiting lists held in majority of localities. Increased activity reported in many areas, following LARC catch up projects.
- Services are reporting issues with digital desk tickets and recruitment process related to digital desk logs. New processes have introduced single point of failure and delays in process now approvals are allocated to individuals.
- Staff morale remains reduced across the service. Tiredness and stress related absences noted. Support mechanisms in place across all areas, but the service highlights increased pressures on an extremely tired workforce.
- Reduced staffing issues within all iCaSH counties and pharmacy reported, reducing service capacity. Some reductions to routine service delivery have been realised as per BASHH capacity guidance. Recruitment campaigns continue and staff development programmes have commenced where required.

#### **Risks of 15 or above and emerging risks**

- Risk 3337 scored at 20 – Highlights the risk around ongoing staffing capacity challenges. The service continues to manage the manage the capacity challenges via daily SITREP and the crisis risk management criteria as previously reported.
- Risk 3437 scored at 16 (but was reduced to a rating of 12 on 18<sup>th</sup> March 2022) – Highlights the risk around the Single Point of Contact (SPOC) not maintaining a level of sufficient staffing capacity as the first responder and focal point of contact for patients and professionals. This would result in potentially poor outcomes for patients through reduced response times and could lead to increased pressure on acute services where a potential community intervention could have been applied.
- Risk 3324 scored at 15 – There is a risk of significantly extended waiting times for access to LARC as a result of routine LARC appointments being reduced across specific iCaSH localities.

#### **Outstanding practice and innovation for the Board to note**

- Luton Adults - Health and wellbeing forum – The Bedfordshire & Luton Staff Health & Wellbeing and Engagement Forum continue to take place monthly. A planning meeting has been scheduled for the end of April to look at how the forum can support work on influencing change following the 2020/21 Staff Opinion Survey results.
- Gym (The Poynt) Following a bid, we were awarded some charitable funds which has allowed us to purchase gym equipment (bikes, treadmill, cross trainer, weights, ropes, mats and benches). Equipment will be serviced via existing contracts, and we will work with corporate services to pull together a waiver form, cleaning plans and guidelines.

### **3. Mass Vaccination Clinical Operations Board**

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

- The spring booster campaign continues to vaccinate over 75s and immunosuppressed. There was a period where CCS was finding it difficult to get vaccine in late March/early April, however there is now more vaccine in the system.
- 5-11 vaccinations also continue. Cambridgeshire & Peterborough (C&P) has one of the best 5-11 uptakes in the country with 9000 vaccinations (though it is only at 10.2% total showing the non-urgent nature of the 5-11 vaccination programme).
- All sites are now open to walk ins for all cohorts.
- The Trust has been asked by C&P as lead employer to assist with vaccinations with housebound and care homes and is currently working through how to operationalise this.
- Letter has been received from NHSE/I asking providers to consider whether mass vaccination sites should pause between the spring booster programme and the autumn. The Trust's initial view is to continue with all sites, however to reduce the number of days in some of the quieter sites in July and August before the start of the autumn booster campaign in September.
- The Trust continues to explore alternative sites for those sites which need to move in the short to medium term, particularly those where this an urgency. These include Oaktree (because it is needed for other services); closing Dereham and moving to Kelling or an alternative; and opening up in Kirkley Mill in Lowestoft.
- National and regional discussions are taking place to consider an Integrated Vaccination Service. These include discussions about co-administration of flu with COVID, which is the obvious first step.
- The levels of complaints have reduced from previous months; key themes were the same and focussed around customer service issues and refusal to vaccinate owing to ineligibility.
- Incidents have also reduced from previous months and the themes include: i) COVID outbreaks in mass vaccination sites and ii) needlestick injuries
- Letters have been sent to staff on fixed term contracts to extend contracts from to the end of March 2023 which has been well-received.
- There has been proactive working with sites around the retention programme, discussing with staff members their future ambitions and how this may align to future opportunities in the Trust and wider systems.
- Recent media worked has focussed on promotion of the spring booster campaign and the 5-11 year old vaccination programme. This has included coverage of 'Julian the Jabbing Lion', illustrations donated by Sir Quentin Blake and an animation created for 5-11 year olds to help them understand what to expect when they visit the vaccination centres. All these initiatives have been well-received.

**Matters for escalation and outcome required:**

- There were no matter for escalation

**Risks of 15 or above and emerging risks:**

- Risk ID: 3163 – which is included on the board assurance framework scoring 20 reflects the current workforce and delivery challenges. Plans are underway to

develop a service plan for 2022/23 (following national guidance) which would help to mitigate this risk.

**Key points / Celebrations:**

- The excellent effort by the Recruitment team in relation to staff retention and staff conversion to other NHS roles.
- To note that fixed term contract (FTC) staff have been offered contracts to the end of March 2023.
- Dereham mass vaccination centre is due to close on 31<sup>st</sup> July 2022.
- Cambridgeshire and Peterborough is in the top decile for uptake of vaccinations for 5-11 year olds.
- Success of the media campaign for 5-11 year olds.



# Provide outstanding care

## A: Assurance Summary

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>Safe</b>       | <p>94.5% of incidents are low or no harm (Trust target is 90%). <b>(S1)</b><br/>           No Serious Incidents were reported in February and two in March 2022.<br/>           No Never Events were reported in this timeframe. <b>(S2)</b><br/>           There was no healthcare acquired infections.<br/>           There were five nosocomial Covid19 staff outbreaks in February and March. <b>(S5)</b><br/>           The staff flu campaign for 2021 has now ended, the current uptake is 74.1% as of the 28<sup>th</sup> February 2022 against a trajectory of 89% and there is an action plan in place for the 2022-2023 season. <b>(S6)</b><br/>           There has been an increase in safeguarding across our geography. IPAC (Infection Prevention and Control) assurance framework has been reviewed and attached at appendix 1 <b>(S8)</b><br/>           All staff have access to appropriate PPE (Personal Protective Equipment). <b>(S9)</b></p> | <b>Reasonable</b>  |
| <b>Caring</b>     | <p>FFT (Family &amp; Friends Test) outcome is 96.61% (target 90%). <b>(C1)</b><br/>           The number of informal and formal complaints has slightly increased but were within expected variance (total of 17 formal complaints received in February and March). <b>(C2)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Substantial</b> |
| <b>Effective</b>  | <p>Mandatory training was recorded at 90% in February and 91% in March 2022.<br/>           Safeguarding supervision was 91.38% in February and 88.85% in March 2022 against a target of 95%.<br/>           Level 3 Adult Safeguarding and the Safeguarding induction package has been added to ESR and the mandatory training matrix; the overall target compliance for this is set at 60% by March 2022 which was achieved (63% by the end of March 2022).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Reasonable</b>  |
| <b>Responsive</b> | <p>RTT challenges are noted (see section 7). <b>(R1)</b><br/>           13 complaints were resolved in February and March. <b>(R2)</b><br/>           48 issues were investigated and closed via the informal complaints process during the reporting period.<br/>           Covid19 incident response meets all national requirements. <b>(R3)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Reasonable</b>  |

- 1 This report summarises the key elements of quality and safety that have been our focus since the beginning of the pandemic in March 2020. We have reprioritised our services in line with national guidance and continue to review our service in line with the current level 4 incident response.
- 2 In addition to the overview and analysis of performance for February and March 2022, the Board can take assurance from the following sources:
  - During the Covid19 pandemic period and, more recently whilst operating at an NHS level 4, several processes underpin comprehensive management of the risks and issues associated with delivery of clinical services. These include our Incident Control Centre (ICC), Incident Management Team (IMT), situation reports from all services which include information on staffing levels, lateral flow, PPE, risks and incidents. These processes continue whilst we operate under the NHS Major Incident framework.



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- Our overall Care Quality Commission (CQC) inspection rating 'Outstanding' remains in place from August 2019 with 'Outstanding' within the caring and well-led domains.
- Assurance can be taken from the initial completion of the NHSE / I Infection, Prevention & Control Board Assurance Framework presented to the Board in September 2020. A further update is being presented at May's 2022 board.
- There have been six reported staff outbreaks of Covid19 infection within this reporting period, which have all been managed within the parameters of the national guidance.
- The Trust's Large Scale Vaccination (LSV) programme is in the top 10% in the country for delivering vaccinations to the 5-11 year old cohorts. The teams have worked hard to make the sites as child friendly as possible with a range of initiatives and social media campaigns.

### B: Measures for Achieving Objective – 2021 / 2022 Measures

| No.    | Measure:                                                                                                                                                                        | 2021 / 2022 Target:                                                               | Data source:                   | Reporting frequency: | Current position as of November 2021:                                                         |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------|----------------------|-----------------------------------------------------------------------------------------------|
| 1a     | Care Quality Commission standards                                                                                                                                               | Improved ratings for individual KLOEs                                             | Formal assessment              | Annual               | No date for formal review received                                                            |
| 1b (1) | Patients / carers are satisfied with care delivered by our staff<br>NB the associated metric re increasing numbers of people who give feedback is suspended due to the pandemic | 90%                                                                               | FFT                            | Monthly              | Formal reporting of FFT is nationally suspended during pandemic. <i>March's result 96.61%</i> |
| 1b (2) | Increase the number of patients/service users who give us feedback on the care received.                                                                                        | In 2020-2021 the baseline feedback figure (using FFT) across the Trust was 14,717 | FFT                            | Monthly              | March 2022: 19443 responses – achieved                                                        |
| 1d     | Deliver the locally agreed patient related annual Equality Delivery System objectives                                                                                           | Pass / Fail                                                                       | Equality Delivery System       | Annual               | Update on metrics provided within the paper.                                                  |
| 1h     | Increase the number of services supported by volunteers                                                                                                                         | TBC                                                                               | People Participation Committee | 6 monthly            | This metric is currently paused.                                                              |



## Provide outstanding care

|    |                                                                                                                                                            |                            |                         |           |                                                                                                                                                             |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1c | Our staff recommend the Trust as a place to receive treatment                                                                                              | Above national average     | NHS Annual Staff Survey | Quarterly | September data shows that 80% of staff recommended the Trust as a place to work and 93% as a place to receive treatment.                                    |
| 1e | Safety – staff feel able to speak up about patient safety issues                                                                                           | Maintain 2020 / 2021 score | Staff survey            | Annual    | In July 2021 the Trust came first in the national Freedom to Speak Up Index for the third year running.                                                     |
| 1f | Ensure that for all non-safeguarding Serious Incidents families / carers / patients / service users are offered the opportunity to be part of the process. | Pass / Fail                | Datix                   | Quarterly | All incidents reported this financial year have been linked to safeguarding. No opportunity to involve families/ service users and patients in the process. |
| 1g | Sustain the level of overall mandatory training                                                                                                            | 94%                        | ESR                     | Monthly   | Total: 90% February 2022, 91% March 2022                                                                                                                    |

### C: Risks to Achieving Objective

#### Strategic Risks:

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

**Risk ID 3164** - There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 20)

**Risk ID 3165** - There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients' expectations, due to the complexity of system working. (Risk Rating 8)

**Risk ID 3166** - There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. (Risk Rating 8)

**Risk ID 3300** - Delivery of the mass vaccination programme for our staff and to the communities across Norfolk & Waveney, Cambridgeshire & Peterborough may be impeded by a range of factors including workforce supply and vaccine which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination.

There is also a reputational risk to the organisation in relation to delivering the 'hub' model within the required national timeframes. (Risk Rating 8)

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



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## Related Operational Risks 15 and Above

- **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)
- **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)
- **Risk ID 3250** - There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma, which may have a negative impact on their psychological well-being. This could result in increase in sickness and retention rates. (Risk Rating 16)
- **Risk ID 3324** – There is a risk of significantly extended waiting times for access to LARC as a result of routine LARC appointments being reduced across specific iCaSH localities. (Risk Rating 15)

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

### 1. Quality Impact Assessment (QIA)

1.1 No new QIA's were presented for approval in February or March 2022.

### 2. Patient Safety

2.1 No Serious Incidents (SIs) were declared in February 2022; two SIs were declared in March 2022 and no Never Events were declared during this period.

2.1.1 One SI was declared following a record keeping review. The Terms of Reference have been agreed, and the investigation has commenced.

2.1.2 The second incident occurred in the iCaSH Service. The Terms of Reference have been agreed, and the investigation has commenced.

2.2 No incidents were submitted to the Commissioners for closure during the period.

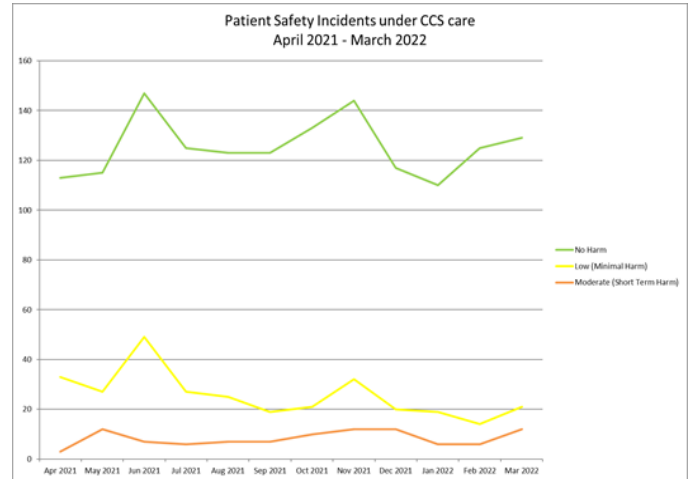
2.3 Following an initial triage by the Patient Safety Team, relevant incidents are reviewed via panel discussions which are attended by service leads and specialists to agree next steps and/or close and approve submitted investigation reports.

2.4 A total of 12 panel meetings were held in February and 14 in March 2022. The panels were a combination of reviewing final reports, discussion on next steps and action plan reviews.



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- 2.5 The chart highlights those patient safety incidents that occurred under our care and includes the two-month period of February and March 2022. These incidents totalled 308 which was an increase of 21 incidents on the previous two-month period.
- 2.6 Of the 308 incidents, 82.5% were no harm incidents, 11% low harm and 6% moderate harm. The remaining 0.5% related to one incident has yet to be determined, this will be updated following the completion of the serious incident (2.2.2 above).



- 2.7 Eighteen moderate harm incidents (whilst under CCS care) were reported, which was a decrease of one incident on the previous two-month period.
- 2.8 Of these 18 incidents, 15 were reported by Luton Adult Services of which 14 related to acquired pressure ulcers and the remaining incident related to medication (patient missed dose). Two incidents occurred in the Dental Service. The remaining incident was reported by Cambridgeshire Children’s Service.

## Incident Themes

- 2.9 Datix reports in generic categories and the categories we see reflected in the top three reported (for each month) are as follows (note that these remain unchanged from the previous two-month period):
  - Clinical assessment and treatment
  - Access, administration, transfer, and discharge
  - Medication

| February 2022                          | March 2022                             |
|----------------------------------------|----------------------------------------|
| Clinical, assessment and treatment: 82 | Clinical assessment and treatment: 114 |
| Access, admin, transfer, discharge: 57 | Access, admin, transfer, discharge: 79 |
| Medication: 38                         | Medication: 58                         |

- 2.10 Incident themes are quite specific to different service directorates due to the diversity of work undertaken. A Trust wide view of themes showed that within each of the categories above the following was noted in February and March 2022:
  - 2.10.1 **Clinical Assessment and Treatment:** All pressure ulcers and moisture-associated skin damage (MASD) were reported under this category. Therefore, Luton Adult Services was the main reporter of these types of incidents (76%) due to the type of work and volume of visits they undertake.
  - 2.10.2 Also included in this category are incidents relating to scans / x-ray / specimens / test results – iCaSH Service reported 9% of the overall figure.





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These incidents were linked to the external provider and included issues such as results being delayed.

- 2.10.3 **Medication:** Medication incidents related predominately to Luton Adult Services (49), iCaSH Services (16) and the Large-Scale Vaccination Service (15). It should be noted that 99% of these incidents are no (94%) or low (5%) harm. The remainder (one incident) was graded as moderate harm. The concerns are also reviewed in the Medicines Safety & Governance Group so that lessons can be identified, and feedback provided to other health providers as needed.
- 2.10.4 **Access, administration, transfer, and discharge:** This theme is predominantly a lack of referral into the Trust from another trust or an individual requiring community-based care, e.g., GP / acute hospital. Most incidents were reported by the 0-19 services across the Trust, which all reported a theme around missing / late antenatal service communication. This was recognised as an ongoing national issue; local system wide discussions have taken place and several options are now being pursued. A meeting with the national digital lead for maternity has also been facilitated, where this issue was raised. Nationally a solution for notifications will not be in place for some time.
- 2.10.5 Where themes were linked to external providers, issues are picked up during liaison with the services/ commissioners or via the service leads.

### National Patient Safety Alerts

- 2.11 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.
- 2.12 In February and March 2022, 31 alerts were received; none of which were national patient safety alerts.
- 2.13 A report on the received alerts is shared via the intranet monthly.

## 3. Medicines Management

### 3.1 Mass Vaccination

- 3.1.1 The ordering system for vaccinations has been changed by the national team and sites are allocated a weekly delivery (previously they were able to obtain daily). The vaccines are now being received in the thawed state, which means their shelf-life on arrival at the centres is sometimes quite short. Therefore, careful planning is required to ensure that just the correct amount of stock is in place at each site, without it expiring. This is further complicated by multiple requests from the PCNs to use up their short-dated stock. There is 'Mutual Aid',



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i.e., transfers of stock both from external providers, such as GP surgeries, and between our Trust sites. This is costly in terms of staff time, but the national teams focus is on the risk of not wasting stock due to it expiring.

3.1.2 Daily stock-take information, together with expiry date information being posted on Teams by the staff in the vaccination centres, is vital to enable the pharmacy and operational teams to work out the correct balance of stock required. It is very time consuming, due to the fact that all sites are open to walk-ins for all vaccines, so the footfall is unpredictable. The situation has been alleviated to some extent by the fact that the Trust's team members now have useful access to the Foundry system, and can now access accurate activity data, albeit retrospective.

### 3.2 Medicines Governance

3.2.1 The Medication Safety and Governance Group (MSGG) continues to conduct its functions, both in regular meetings and by virtual approval of urgent matters and documents.

3.2.2 The Medical Devices Safety Officer raised the matter that, although the Trust did not use any piped gases, the Trust should have a Compressed Gases Safety Group, and suggested that this function should sit with MSGG. The matter remains to be finalised, but it is likely that this will be agreed at the next meeting.

3.2.3 MSGG continues to monitor medicines-related risks, incidents, and audits as standing agenda items.

## 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. The plan was updated in April 2022 to maintain oversight of the contingencies in place, with a focus on the increased numbers of staff who have contracted Covid-19 in 2022. 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 The current Safeguarding risks are:

4.2.1 **Risk ID 3227:** The risk that our staff will not have the capacity to provide an effective safeguarding response to the increased number of complex cases. The increased complexity in cases needs to be managed across whole systems and cannot be addressed by the Trust alone. Increased secondment capacity in the Adult Safeguarding team has supported training of staff to level 3 and provided an opportunity to ensure roll out of the Prevent work across the Trust. Funding has been agreed for substantive recruitment into the Adult Safeguarding team and posts will be advertised in April/May. During this reporting period, this risk has been rated at 16 and controls remain in place.

4.2.2 **Risk ID 3250:** There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma which may have a negative impact on their psychological wellbeing. This may result in an increase



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in sickness and retention rates which have been identified to be increasing across the whole system. Discussions around trauma informed practice have been progressed internally; a draft proposal for policy development is being reviewed by one of the service leads and will be added to guidance for policy development. Trauma informed practice self-assessment is being planned across the Trust. This risk is currently rated at 16 and controls remain in place.

- 4.3 There continues to be several incidences of non-accidental injuries to children across the Trust which is experienced both locally and nationally. The reasons for this spike in numbers are multi-faceted but are negatively impacted by the Covid-19 pandemic; internally all appropriate incidents are reviewed via the panel meeting process, which includes a review of the child / family's chronology of care. The Trust adopted the ICON programme (**I** – infant crying is normal / **C** – comforting methods can sometimes soothe the baby \ **O** – it's okay to walk away \ **N** – never, ever shake a baby) in 2021 and it has been embedded in the healthy child programme practice in Beds, Luton, Cambridgeshire & Peterborough with support from partners across the system. Norfolk has a system wide locally developed resource called All Babies Cry. The Communications Team in CCS is leading the system partners with development of resources that can be utilised by parents and professionals.
- 4.4 The revised supervision policy has been relaunched on the intranet and includes slight modifications in response to the survey and focus groups. The Peer Review Standard Operating Procedure was developed by the Cambridgeshire Named Professional to sit alongside the new model and provide quality assurance mechanisms. This is now rolling out across the Trust and the Head of Safeguarding in Cambridgeshire, Norfolk and Suffolk has begun to support this within those teams as a means of ensuring operational oversight from the strategic perspective.
- 4.5 The Liberty Protection Safeguard (LPS) is now in a 16-week consultation process for the draft guidance, which is due to complete in July 2022, with final guidance planned for publication in autumn 2022 and the LPS being enacted in spring 2023. The Trust will be contributing to the consultation. The LPS board is set up and will meet in May to consider workforce and training strategy requirement, LPS action plan review and minimum data set requirements. The focus for the wider system and the Trust is on the mental capacity act training for staff. An audit has been registered and is being piloted in the Trust around mental capacity act assessments.
- 4.6 The Trust contributed to two Child Safeguarding Practice Reviews that were published in March and April 2022: one in Norfolk and one in Cambridgeshire. Both cases have been high profile with media interest. Trust owned actions have been uploaded to datix and progress is being reviewed regularly by the Head of Safeguarding and via the panel process.
- 4.7 Exception reporting: all areas have been impacted by sickness levels in February / March 2022 due to increased reports of Covid-19 across the Trust. The level of mandated supervision (for those staff who report on this as a KPI) continues to be below the target 95% across most areas but is improving and there is a clear plan of oversight and management in each area. All Safeguarding teams have in place robust plans to both monitor and support compliance levels which is supported by locality team managers and service directors.

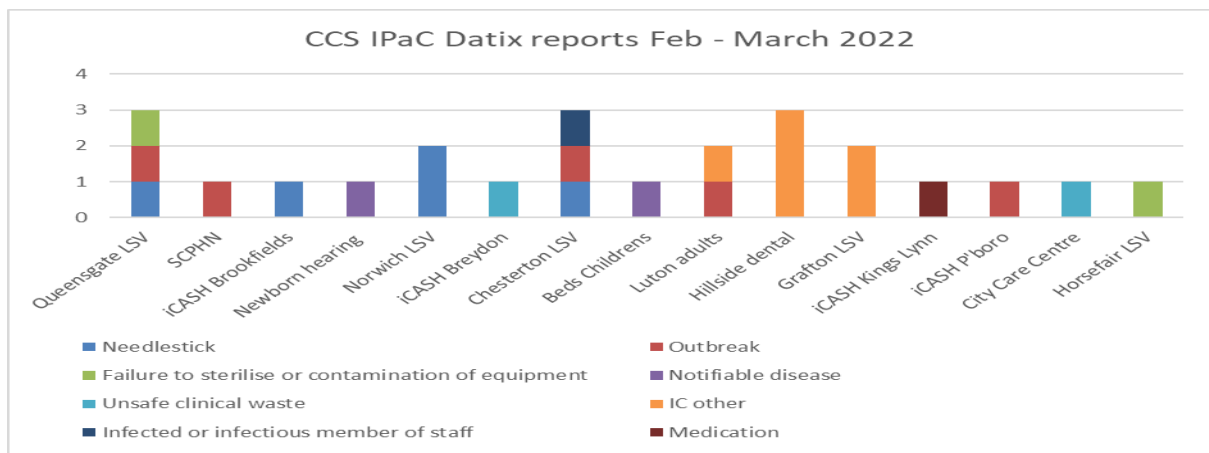


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- 4.8 NHSE/I have requested that the Head of Safeguarding for CCS and CPFT present the reviewed Cambridgeshire and Peterborough MASH model as a 'gold standard service' to them at an event in May.
- 4.9 The Trust now has more than 52 Safeguarding Champions who meet on a regular basis for clinical updates and training.

### 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 and that IPaC issues (Covid-19 related) continue to be discussed at the weekly IPaC huddle and are then reported to the Incident Management Team (IMT).
- 5.2 The risk relating to supply and availability to our services of Personal Protection Equipment (PPE) is monitored weekly through the IMT and underpinned by daily sit rep information from all services.
- 5.3 The IPaC team continues to work with staff to ensure they are able to work in a safe environment which involves regular review and update of building risk assessments including ventilation, cleaning and access to required PPE.
- 5.4 The Trust reported 24 incidents relating to IPaC during this period. 19 non-needlestick and five needlestick incidents (see chart below). All incidents were reviewed by the IPaC Matron and advice provided where appropriate.



5.5 A summary of the incidents reported is as follows:

- The five needlestick incidents occurred in five separate locations across the Trust
  - 4 in LSVs
  - 1 in iCash
- 2 failures to sterilise or contamination of equipment.
  - Following review these incidents were found not to be an infection prevention and control issue. They relate to the presence of a black



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particle in a vial of Pfizer (2 reports for the same incident) from one of our LSV centre.

- 2 unsafe/inappropriate clinical waste.
  - iCash (waste bags not collected) and Dynamic Health (this was a sharps bin overflowing; however, this was a shared clinical area and was a full bin from the Out of Hours Service and not Dynamic Health).
- 6 infection control other.
  - 1 x Luton and Beds, Covid issue relating to staff, 3 x Hillside Dental, Covid issue relating to patients, 1 x Grafton LSV, relating to a member of staff who became suddenly unwell (however following a review of the incident, not an infection prevention and control reason) and 1 x Grafton LSV, staff non-compliant with bare below elbows.
- 1 medication
  - iCash, relating to issue with stock in flu vaccines (following a review of the incident was deemed not to be an infection prevention and control issue).
- 6 outbreaks
  - 1 x Queensgate LSV, 1 x Luton Adults, 1 x iCash 1 x Peterborough LSV and 1 x Chesterton LSV 1 x ARU student intake.
- 2 Notifiable diseases
  - Linked to the Lassa Fever regional incident, 1 x reported as an incident linked to a service user.
- 1 infected or infectious member of staff
  - 1 x Covid related incident.

- 5.6 Compared to previous months the number of sharp's incidents appear to be falling. Additional support had been provided to clinical staff to help review their practice
- 5.7 Outbreak meetings with team leads, Director of Infection Prevention & Control (DIPC) and the IPaC team were convened during the first week of each of the 6 outbreaks. Outbreak meetings were held as per Trust policy and reported to the national reporting system. Though the number of outbreaks had increased, the number of staff affected remained low with minimal disruption to services.
- 5.8 Following reports of positive cases of Covid-19, it was agreed to review the ventilation system at the Peterborough LSV site. Although there is some ventilation within the building, it was decided to purchase a couple of 'air scrubbers' for the kitchen/staff area to increase the room circulation and subsequently reduce air contaminations. The scrubbers have been ordered.
- 5.9 All Trust staff are encouraged to undertake twice weekly lateral flow device tests and submit their results to the national and Trust portals. The Trust has seen a gradual decline in the number of staff who have reported their results directly to the Trust portal, despite a robust communication campaign, reminders through the Q and A sessions and discussions in team meetings. Submission data is regularly discussed at the weekly IPaC huddle and Incident Management Team meetings.
- 5.10 A total of 345 members of staff reported having a positive Lateral Flow Test (LFT) result during this period (107 in February and 238 in March) which was an increase of 86 compared to the previous two month period; all 345 reported a positive PCR test for



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Covid-19 and were supported by the Trust. This was the highest number of reported cases received by the Trust, since the pandemic started (see table below).

- 5.11 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.
- 5.12 At the end of the 2021-22 national flu campaign (28 February 2022), 74.1% of patient facing staff had reported receiving a flu vaccination. Although this was a reduction of 7.7% compared to the previous year, the Trust achieved the highest uptake of Community NHS Trusts in the East of England region.
- 5.13 The Link Champions group continues to grow with meetings held quarterly. Subjects covered include:
  - Ventilation and Covid-19.
  - Introduction to Gama Healthcare Ltd including air scrubbers.
  - New environmental audit tool (ICAT).
  - IPaC educational opportunities / conferences.
  - Updates on national and regional IPaC guidelines.
  - International hand hygiene awareness campaign.
  - Lessons learned.
- 5.14 The IPaC team continue to respond to all relevant national guidelines, and are currently reviewing the new national IPaC guidance which was published in April 2022.

### **IPaC Board Assurance Framework (BAF)**

- 5.15 The national IPaC BAF (appendix 1) was revised in late December 2021. It reflects on the current knowledge of SAR-CoV-2 and now includes other respiratory viruses. The framework has been developed following updates in national guidance to help providers assess themselves as a source of internal assurance that quality standards are being maintained. It also helps identify any areas of risk and shows the corrective actions taken in response.
- 5.16 Additional key lines of enquiry were added to the BAF. The outstanding items awaiting feedback relate to antimicrobial resistance which are detailed below.
- 5.17 Systems and processes are in place to ensure that:
  - Previous antimicrobial history is considered.
  - Mandatory reporting requirements are adhered to and boards continue to maintain oversight.
  - Risk assessments and mitigations are in place to avoid unintended consequences from other pathogens.
- 5.18 The IPaC BAF is reviewed and updated in the IPaC huddle, following this it is approved/ monitored at the IPaC Committee, prior to being sighted at Board.

## **6. Patient Experience**

### **6.1 The Patient Story**



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6.1.1 The story presented at Board will be in a new digital format and will be centred around one of our service users that utilises our Brian Injury Services.

### 6.2 Friends and Family Test (FFT)

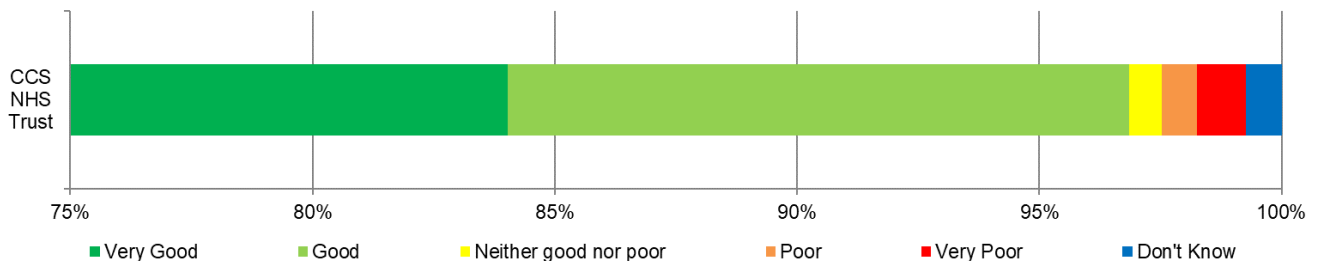
6.2.1 The aim for FFT feedback is to ensure that there is an opportunity for service users, parents and carers to provide feedback with a range of methods available that are accessible and meet service users' needs.

6.2.2 We received 1772 responses in February and 1682 in March. This is an increase of 182 on the previous two month period. Below is a summary since October 2021 with and without Large Scale Vaccinations (LSV). Large Scale Vaccination responses have decreased which is thought to be due to a combination of fewer volunteers dedicated to collecting feedback, service users not having to wait following vaccination and fewer vaccinations being administered. LSV feedback will from the next board report be integrated into an overall Trust position.

|                          | Oct 21      | Nov 21      | Dec 21      | Jan 22      | Feb 22      | Mar 22      | Total        |
|--------------------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| Large Scale Vaccinations | 355         | 183         | 106         | 476         | 6           | 39          | 1165         |
| Trust excluding LSV      | 1445        | 1772        | 1191        | 1499        | 1766        | 1643        | 9319         |
| <b>Trust Total</b>       | <b>1800</b> | <b>1955</b> | <b>1297</b> | <b>1975</b> | <b>1772</b> | <b>1682</b> | <b>10481</b> |

6.2.3 The overall Trust FFT positive feedback was 96.61%, with a 1.85% negative feedback percentage. We remain above the Trust target of 90%.

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



6.2.5 In February and March the services we provide received over 5457 positive comments on service user surveys and feedback forms across the Trust.

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

6.3.1 Work has commenced on the implementation of the NHS Complaints Standards including a new complaints timeline proposal, staff training, MP information for staff, and a review of the policy.

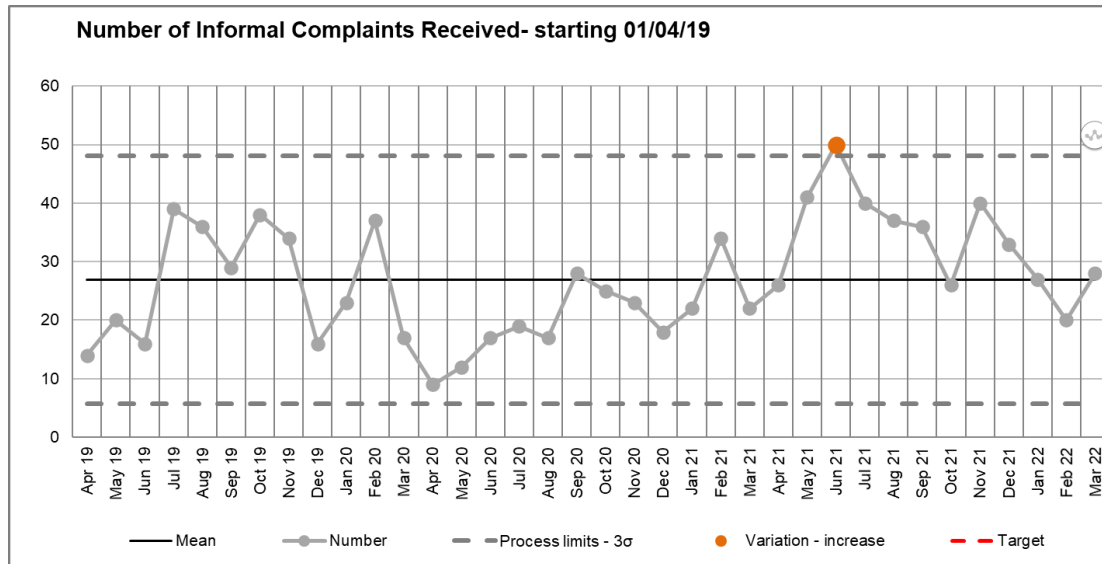
### 6.4 Informal complaints received

6.4.1 The total number of informal complaints received and logged was 48 in this data period: 20 in February and 28 in March. February was above average and



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March slightly above, however both months were within the expected variation. Seventeen informal complaints were related to Covid-19, six specifically about Large Scale Vaccination centres covering a range of issues. All informal complaints were reviewed on receipt, and one had an associated incident where changes and staff sickness due to Covid-19 resulted in human error and test results were incorrectly given as negative. This was identified and the service user was contacted for further testing and treatment.



### 6.5 Themes and learning from informal complaints closed in February and March 2022

6.5.1 Forty-eight informal complaints were resolved and closed in February and March, with 56 themes / issues identified. The top three themes of the informal complaints closed within this period were Administration (13 subjects in 13 informal complaints), Delay in Diagnosis, Treatment or Referral (13 subjects in 13 informal complaints) and Communication and Information (8 subjects in 8 informal complaints). The details about those relating to Administration and delays are below.

6.5.2 Four of the complaints about Administration related to iCaSH Peterborough, two for iCaSH Cambridgeshire and two for Norfolk and Waveney Children's Services. All four iCaSH Peterborough issues were related to not being able to get through to the service on the telephone. The two Norfolk and Waveney Children's informal complaints were about letters being received with no postage resulting in families having to pay fees to collect letters. The Trust offered to reimburse postage in both cases. There were no themes in those relating to iCaSH Cambridgeshire.

6.5.3 The services involved in the complaints about Delays have been reviewed and four were linked to iCaSH Peterborough and four about Bedfordshire Community Paediatrics. Those involving iCaSH Peterborough were issues relating to difficulty in contacting the service by telephone causing a delay in getting treatment. Those about Bedfordshire Paediatrics focused on delays in getting a diagnosis and treatment caused by problems with referral processes and administration errors.



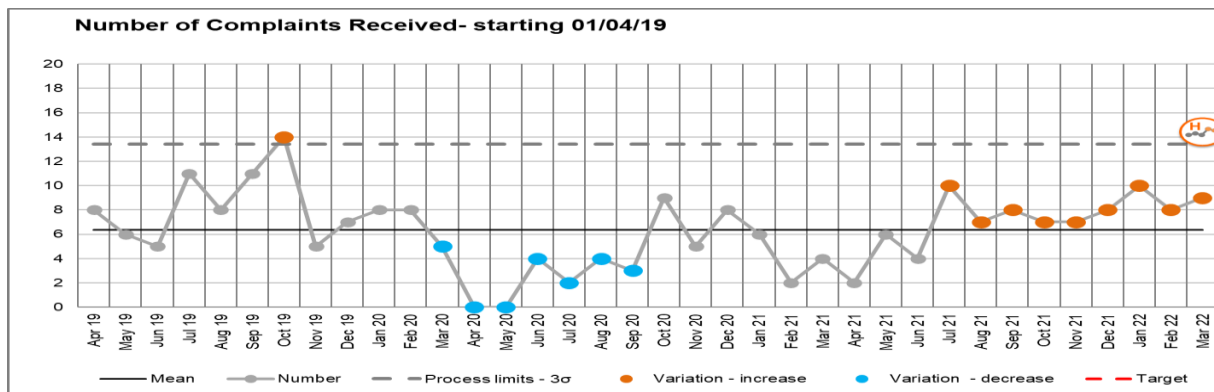


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6.5.4 The issues pertaining to iCaSH and accessing the service via the telephone lines has been raised at the Adult Clinical Operations Board and is part of the telephony platform functionality work that IT/ clinical systems are leading on. The services in the meantime are trying to increase call capacity by ensuring during the morning 'rush' of calls there are more staff available to answer queries.

### 6.6 Formal complaints

6.6.1 The Trust received 17 formal complaints in this data period. Eight were received in February and nine in March. As shown in the graph below, this is above average and had been for nine consecutive months but is within the expected range.



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

6.6.2 Two of the complaints received in this period were initially highlighted as being related to Covid-19. They have been reviewed and there were no associated incidents.

### 6.7 Themes and learning from formal complaints closed in February and March 2022

6.7.1 Within this data period we responded to and closed 13 formal complaints; 25 subjects/themes were identified. Delay in diagnosis, treatment or referral was the most frequently occurring subject: six subjects in six complaints. The second was Staff Attitude with five subjects in five complaints. Administration, Clinical Care and Systems Failure each had three. Delays and Staff Attitude are reviewed in more detail below.

6.7.2 Two of the complaints about delays were related to Dynamic Health Services; following investigation neither were upheld.

6.7.3 Staff attitude was identified in two complaints about Bedfordshire Community Paediatrics. Both complaints were about the clinician being dismissive of the parent's view and both involved parent's dissatisfaction with the outcome of assessment; one a diagnosis and one a lack of diagnosis. Learning included the importance of staff using non-judgemental language.

6.7.4 Examples of Learning:



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- Complaint from parent about experience of their child's Brief Observation of Symptoms of Autism (BOSA) assessment. The investigation found that the BOSA and Autistic Spectrum Disorder assessment were completed in line with Trust Policy and good practice. There was a missed opportunity to discuss the child at the Complex Case Discussion and some language used in letters to parents were not in keeping with Trust expectations. Actions to be undertaken are remind clinicians to bring complex cases to the Complex Case Discussion Meeting and to review the language used in clinic letters ensure that parental concerns are reflected.
- Complaint from parent that child's dental operation was cancelled after arriving for the procedure. The investigation found that the child was initially assessed by a clinician that did not realise the required procedure was out of scope for Cambridgeshire Community Services NHS Trust (CCS). Therefore, the intervention was unfortunately cancelled on the day. Some of the actions and learning are:
  - Clarify for all staff carrying out general anaesthesia assessments the procedures that are within our commissioned services of the Day Surgery unit.
  - Review and update the standard operating procedures to clarify what specific types of procedures are within our commissioning.
  - Remind staff of the importance of accurate documentation.
  - Remind staff of the importance of communication between professionals when there is any complex or unusual treatment that has been agreed for a particular patient.

### 6.8 Complaint response times

6.8.1 In this data period we responded to 14 formal complaints (nine in February and five in March). The Trust was working according to business continuity, so complaint timelines were suspended. All complainants were informed that responses would be outside of our normal timeframes but that responses would be sent as soon as possible.

6.8.2 Two weeks after the letter of response is sent the complainant is invited to provide feedback on the complaints process via a link to an online survey on IQVIA. In this period, eight feedback invitations were sent, and one response received. Feedback received is reviewed and will be reported on every six months in the Quality Improvement and Safety Committee (QISCom) report.

### 6.9 Equality Delivery System Priorities Update

#### 6.9.1 Objective 3:

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

- Feedback mechanisms are available to all services. These include links sent to mobile phones via SystmOne, QR codes on appointment letters and Attend Anywhere appointments ending on a feedback page.



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- Formal and informal complaints, enquiries and feedback are monitored for concerns about accessing services; within this data period none have been identified.
- Clinically teams are delivering more face to face appointments with patients, however some teams, for example, have been supporting patients to access group work through an equipment lending scheme. Additionally, support is available to our patients and carers via our translation service whether that is for virtual or face to face consultation.

### 6.9.2 *Objective 4:*

*We will ensure that the recruitment of our volunteers is from the diverse communities they serve.*

- Trust volunteers are recruited in line with NHS Employment Check Standards. The Trust welcomes applications from all sections of the community and this is clearly stated on our website. Volunteer opportunities are publicised on our website and our social media platforms, and teams also encourage potential volunteers to apply – often these volunteers are people who use or have used our services.
- The Trust collects equality monitoring data during the application process. It is made clear to the applicant that this information is not used as part of the selection process.
- Funding for a nine-month secondment for a Volunteer Co-ordinator has been possible via a successful bid to the NHSEI Voluntary Services Fund. The new co-ordinator started in post on 1 April 2022 as an internal secondment, the focus of which will be to establish the use of volunteer management software, which will enable focused reporting on Equality Diversity and Inclusion objectives.

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

### 7.1 Dynamic Health

7.1.1 Significant pressures remain within the Physiotherapy service with vacancies, recruitment, maternity leaves and Covid and non-Covid sickness. Despite actively working on wait strategies and prioritisation it is predicted that capacity issues will continue within the service for the foreseeable future.

7.1.2 There is no change in the pressure within the system related to the backlogs in diagnostics which is mainly MRI and Xray. Furthermore, there is an increased challenge of increasing delays in reporting in the north of our system of 6-8 weeks.

7.1.3 Our median waits for first appointment in the physiotherapy and specialist service as of 11th April 2022 are 17 weeks and 6 weeks, respectively.

7.1.4 As part of the worthwhile waiting project workstream the team have linked with NHS England/Improvement (NHSE/I) who is leading the "deconditioning" work regionally within the East of England (EoE). Five reconditioning videos by Mr Motivator on rehabilitation, frailty, strengthening and conditioning have been commissioned nationally. The service will be jointly working with a local PCN and NHSE/I to ensure



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the work commissioned is simple and easy to understand and accessible, and the team will look to place them on the website as links when they are launched.

7.1.5 The service is proactively working on waiting list management and have implemented several strategies over the last 8 weeks involving SMS text, signposting to website as well as increasing flow of new patients with "blitz" weeks where all staff have a higher-than-normal level of new patients to assess. All staff have risen to this challenge. A balance between assessing and managing the patients is necessary so the service has taken the decision to pause the 'blitz' weeks in May as the team have successfully recruited several clinicians and employed 2 locums to assist in the management of the routine lists.

### 7.2 Dental

7.2.1 The service has 327 of 2200 patients who transferred from the former Community Dental Service in Suffolk left to assess. This is a positive outcome especially with the current pressures in the service due to covid sickness absence.

7.2.2 The Minor Oral Surgery service has an average waiting time of 6 weeks. These patients are prioritised according to urgency. Due to two surgeons leaving and challenges in recruitment, Peterborough patients are being offered alternative locations for treatment. The service is currently not receiving new referrals for Peterborough patients, this has been agreed with the commissioner.

7.2.3 The Peterborough Long Case General Anaesthetic list (adults and children with complex needs) has 353 patients waiting to be given a date for surgery. These patients have been prioritised according to urgency. The service's other GA lists have no patients waiting to be booked with an average waiting time of 12 weeks. The discrepancy between lists is due to the long case list being booked by the Acute Trust who only book a month ahead and the historic back log caused by Covid. T

7.2.4 The Special Care Dentistry service has an average waiting time across the service of 13 weeks. These patients are prioritised according to urgency.

### 7.3 Sexual Health

7.3.1 There continues to be waiting lists across LARC and PReP provisions, the mitigations that are in place include:

- Triage/red flag assessments
- Emergency appointments are being provided
- GP federation support
- Staff working extra hours
- Expanding issue of PrEP under PGD with supported nurse training and supervision package
- Active risk register entries to record risk of waiting times and increased demand

### 7.2 Bedfordshire and Luton Community Paediatric Services

7.2.1 The average Referral To Treatment (RTT) wait in Bedfordshire is 41 weeks (two week increase from last period) with the longest wait at 59 weeks (five week improvement from last period). The average RTT wait in Luton is 46 weeks (four



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week increase from last period) with the longest wait of 63 weeks (one week improvement from last period).

7.2.2 Agency locum availability, Covid-19 related absence, staff sickness (non-Covid-19 related) and an increasing number of Education, Health, and Care plan (EHCP) requests for advice are impacting RTT appointment availability.

7.2.3 To support the approach to RTT an appointment expedition process has been signed off internally to support recruitment, agency is being used to cover the medical gaps in service, a recruitment plan with increased social media exposure is in place and new role is being advertised to review the neuro-diversity pathway (funded by the BLMK CCG) to look to reduce the bottlenecks in the system.

### 7.3 **Cambridgeshire Community Paediatrics (excluding audiology)**

7.3.1 The average Referral to Treatment (RTT) wait is 17 weeks (seven week increase from last period) with the longest wait at 32 weeks (three week improvement from last period).

7.3.2 The service has re-prioritised its waiting list for children on the ASD pathways, with pre-school and children in year 5/6 being prioritised. The service has engaged with pinpoint to look at approaches to support parents during this time.

### 7.4 **Cambridgeshire Allied Health Professional Services**

7.4.1 Speech and Language Therapy: recruitment to fill vacancies continues. Internal success at a Band 6 resulted in another vacancy. Recruitment remains challenging and impacts on staff morale. However there are few patients breaching the 18 weeks RTT and most families are seen within 8-10 weeks.

7.4.2 Children's Physiotherapy: continues to be impacted by simultaneous staff on maternity leave. This is impacting on staff morale and service delivery with increased 'hidden' waits of children and young people already in the service for follow-up. The service is planning to 'over establish' on staffing until the end of the 2022 to help manage maternity leave. The service took the decision to 'pause' allocating from the waiting list (except for urgent referrals) for a month to allow staff to consolidate their existing caseloads and 'catch up' on provision with existing clients. The month has now passed - new patients for routine assessments will not be allocated an appointment until after 12 weeks of waiting and only two new patients per therapist each month, as a general rule (except for urgent referrals). The team will continue to assess the impact on the waiting list. No children have breached 18 weeks RTT with this approach.

## 8. **Mandatory Training**

8.1 The overall compliance for February was 90% and March 91%. This is still below the expected target of 94%, but the Trust has seen a steady increase month on month.

8.2 The Mandatory Training Team have been targeting all staff on non-compliance and have also started to data cleanse the non-active bank staff to remove individuals from



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the system this review should reflect in the figures for the coming months and increase the compliance once completed.

- 8.3 Face to Face Resus and Moving and Handling of Patients training has been successfully reintroduced, and the team are now discussing the potential to increase the class sizes using a risk assessed approach to capture more staff and increase the compliance in a timelier manner.

### 9. Information Governance

- 9.1 The 2021-2022 Toolkit baseline was published for NHS Digital consideration in February 2022 and an internal audit took place in April 2022. The deadline for submission is 30 June 2022.
- 9.2 Mandatory Information Governance and Data Security Awareness training compliance, as of March 2022, was 93% (88% if Large Scale Vaccination staff are included) against a target of 95%. Due to the Level 4 pandemic Trust response, the monthly updates to Service Directors providing details of staff non-compliance, have been suspended but will begin in April 2022.
- 9.3 Between February 2022 and March 2022, 43 incidents were reported under the Confidentiality Breach incident category which is marginally higher than in the previous month. Most incidents related to human error or administrative issues. The Information Governance Manager assesses all Information Governance incidents and provides advice to staff to prevent errors from re-occurring.

### 10. CQC

- 10.1 The 2019 CQC action plan has been fully reviewed, with evidence of completion being gathered, 3 of the should do actions are being re-visited, they were closed as complete during the initial period following the CQC visit but as practice has been updated and changed in these areas, the quality team are ensuring that the new practice is embedded, and that associated training has been developed.
- 10.2 The CQC self-assessment tool has been updated and will be piloted with a small number of services for feedback in May – once completed this will then be sent out to all services in quarter 2 so that a post covid baseline can be established. Alongside this, a plan to recommence peer reviews is also being finalised.
- 10.3 A separate piece of work being undertaken with the Heads of Safeguarding and Named Nurses is evaluating the current CQC safeguarding lines of enquiry against our processes, whilst undertaking this piece of work the teams are also looking at an analysis to understand any good practice or gaps in compliance against the Joint targeted area inspection of the multi-agency response to identification of initial need and risk. The outcome of both reviews will be fed back into the Safeguarding Strategic Group.
- 10.4 In relation to the Trusts' 'Must do' action: *Healthy Child Programme (HCP): the service must continue to monitor and actively recruit to ensure that there is an adequate number of nursing staff with the appropriate skill mix to care for children and young people in line with national guidance and to ensure that service provision can be*



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*maintained.* The evidence has been reviewed, and it is believed that in the context of this action it can now be closed,

- 10.5 During and post pandemic, a vast amount of work has been undertaken in relation to recruitment and retention of staff across the HCP's – a number of initiatives (previously described at board) have been implemented and following a piece of work with our HCP staff and the workforce team a new workplan for recruitment is in place – some initial positive outcomes are being seen in some parts of our service.
- 10.6 Within Children and Young People's Services, workforce modelling and operational staffing tools (Benson) are in place to monitor and improve the staffing levels in the 0-5 elements of our overall 0-19 services across the Trust.
- 10.7 Across the four services, there are variations on the same approach to the use of operational staffing tools. Norfolk, Cambridgeshire, and Peterborough use a Staffing Prediction Tool and Bedfordshire and Luton use an Escalation Framework. These tools use real time workforce data. In Cambridgeshire, Peterborough, Bedfordshire, and Luton, these are used to support escalation to business continuity. In Norfolk, this is an internally focussed process.
- 10.8 In 2019, after the CQC inspection, the Trust agreed to seek to refine our descriptions of 'active' caseloads. The majority of children/families in a population do not require input aside from the mandated 5 preschool contacts Healthy Child Programme universal visits and checks from the antenatal stage to starting school at the age of five. This means that our population of children & parents (antenatal) that are from the age of 0-5 do not have active care needs that would contribute to a Health Visitor or Registered nurse's 'active caseload' number.
- 10.9 Our services operate as skill mixed teams of Nursery Nurses; Assistant Practitioners; Registered Nurses and Specialist Practitioners (HV/SN) who support our active caseloads.

Since 2019 the following has changed for all 0-19 services:

- Universal families are held on a corporate caseload for mandated contacts
  - Universal Plus and Universal Partnership plus are held on named HV/SN caseloads and service managers can see individual caseloads of these families.
- 10.10 Recruitment and workforce gaps continue to be monitored (via staff prediction and escalation tools). Monthly meetings review current staffing challenges and steps taken to address issues. The minutes of these meetings are discussed with commissioners and are also escalated as needed to Service Directors and monitored through reports to Clinical Operations Board. Additional meetings are conducted when required to address staffing challenges, which may be up to daily.

## 11. Quality Account

- 11.1 The quality account following an extensive consultation process has now been sent to our external partners for review and comment. A draft copy of the account is attached (appendix 2) for any final comments from Board members. The final version which will



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include assurance statements from our key partners will then be submitted in line with the national guidance.

### 12. Celebrations, Innovations and Areas of Outstanding Practice

#### 12.1 Luton Adults and Bedfordshire Neuro and ABI Service

12.1.2 The two new employee recognition campaigns #ThankYou and You're a Star! that was launched in November have started well. To date, there has been 119 nominations across the two schemes, with one person going on to win the Trust Shine a Light award.

12.1.3 The Poynt is undergoing a slight renovation and part of this is to create a staff common room and reopen the gym space. This has been worked through the staff forum as well as surveys being sent to staff to generate their ideas on how best we can use the two new spaces. Staff Room - staff feedback told us that people wanted a space where they can go and fully relax, switch off from work whilst on their break and use to reconnect with colleagues. Whilst during the day it will be utilised for breaks and act as a kitchen overflow, we are thinking about what wellbeing initiatives we can use the space for after work hours, i.e., book clubs, knit and natter or art clubs (just a few of the suggestions). For the gym following a bid, we were awarded some charitable funds which has allowed us to purchase gym equipment. Equipment will be serviced via existing contracts, and we will work with Corporate services to pull together a waiver form, cleaning plans and guidelines.

#### 12.2 Dental Healthcare Services

12.2.2 The leadership team is working with HR and the Assistant Director of Systems and Organisational Development to design a staff development programme using recent feedback from staff including the NHS Staff Survey results. The programme will give all staff the opportunity to shape how they contribute to the development of the service.

#### 12.3 Dynamic Health

12.3.1 Following a delay in holding a training event for our rehab instructors and physiotherapists due to Covid we held our 2 day "Motivational interviewing" course run by Rob Shannon. This course highlights a guiding style to engage patients, evoke their own motivations for change and promote autonomy in decision making.

12.3.2 The Dynamic Health Website popularity goes from strength to strength. We have worked hard to place more information, infographics, and links on this over the last 12 months. We had 74,179 new users last year and access by a mobile device increased by 55%. There was also a 28% increase in unique page views with the self-referral page and the advice pages on how to help your back and shoulder the two highest body part areas accessed.

12.3.3 Our First Contact Physiotherapist (FCP) provision is very successful. Positive feedback from the Clinical Directors in Primary Care Networks includes comments about two way communication, keeping them informed about any changes, the quality and skill set of the staff we are providing and the





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regularity of the activity reports we deliver to them. We have been approached by 4 more Primary Care Networks - Thistlemoor, South Fenland, South Peterborough, and Octagon to discuss provision of FCP with them. Three of the four PCN's are currently contracted with another provider for their physiotherapists.

### 12.4 Integrated Contraception & Sexual Health Service (iCaSH).

- 12.4.1 Planning underway with 12-14 Pharmacy for the transition to the new model for pharmacy service provision in 2022, including introduction of servicewide home delivery and formal pharmacy advice line. Also working closely with 12-14 to secure 2 year contract extension from April 2023.
- 12.4.2 Service Development projects underway: Video Consultations; 0300 pathway work; online access for contraception; single instance Lillie EPR upgrade, OrderComms and Lillie hub/online booking; HIV routine home delivery; Pharmacy support model; Robot dispenser; HIV app.
- 12.4.3 Portia Jackson, the iCaSH Lead Pharmacist, has been offered and accepted a position on the national FSRH Clinical Standards Committee as Speciality Pharmacist to represent pharmacy.
- 12.4.4 An iCaSH submission from Dr Graham McKinnon to the BASHH annual conference has been accepted. Graham has been invited to present on work he and the service have been doing in collaboration with the local GP's and Drugs service to combat the spread of syphilis.

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

- 12.5.1 The Luton service continues to provide Healthy Child Programme mandated contacts to children and families who remain housed in the bridging hotel as part of the Luton Afghan Refugee system response.
- 12.5.2 The Bedfordshire HCP service has retained the gold award by maintaining Baby Friendly Standards. A significant achievement given challenges of the past year. Our Baby Friendly team were commended for continuing to support Children, families and staff through excellent training and supervision.
- 12.5.3 The Luton HCP are now fully staffed within Health Visitor roles, a notable achievement. Recruitment to Staff Nurse roles is a challenge with recruitment efforts continuing.

### 12.6 Bedfordshire and Luton Looked After Children

- 12.6.1 The Bedfordshire and Luton service has successfully appointed into the new position of Children in Care Service Manager to lead the new pan-Bedfordshire service.

### 12.7 Bedfordshire and Luton Community Paediatric Services



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- 12.7.1 Band 6 ASD Specialist Advisory Teacher now in post to support early intervention work funded by BLMK to improve support to children and families whilst waiting for ASD assessment.
- 12.7.2 The service has worked with young people and a Consultant Paediatrician to co-produce an 'ADHD treatment response form' written by young people, for young people. The ADHD treatment response form has been introduced to the service as a clinical tool to monitor ADHD medication and interventions.
- 12.7.3 Article published by Dr Yemula in British Association for Community Child Health newsletter "ADHD in girls" for professionals. A parent friendly version is planned.
- 12.7.4 Dr Ajmal commenced National Institute for Health Research (NIHR) Applied Research Collaboration (ARC) Fellowship this month focussing on improving resources available to Children and Young people as part of Children in Care Initial Health Assessments.
- 12.7.5 Dame Rachel De Souza, Children's Commissioner will be visiting the Luton team this month. An opportunity to meet with parents and colleagues, a fantastic opportunity to share successes and challenges.

### 12.8 Bedfordshire and Luton Allied Health Professional (AHP) Services

- 12.8.1 The Speech and Language Therapy service has commenced a project in Bedford Borough to review all children on the caseload in mainstream schools. The aim of the project is to ensure that children's needs are being met at the most appropriate level of the graduated response. Bedford Borough have agreed to invest in an additional 2 posts to accelerate the progress of the project.

### 12.9 Bedfordshire and Luton Children's Community Nursing Services

- 12.9.1 Positive feedback from parents received regarding the Bedfordshire 7-day CCN service. "Reduced time out from school and work absence for families". Before the option of 7-day community care, some children, young people and their families had to present at specialist centres, up to 30miles each way.
- 12.9.2 Liz Stevens joined the Inspire FM Radio show on 21 April 2022, along with colleagues from Bedfordshire Hospitals to talk about Children's Epilepsy. The two teams are currently working on a pilot called 'Patient Knows Best' (PKB) for under 18s in Luton, which is an online platform and digital handheld record designed to improve care and reduce the likelihood of being admitted to hospital for a seizure. The project has also been selected by NHS England as a case study for their 'Beneficial Changes Network'.

### 12.10 Cambridgeshire Allied Health Professional Services

- 12.10.1 AHP Workforce programme- the AHP and AHP Support worker workforce data now cleansed and recoded and guidelines/coding tool provided to ESR, finance and recruitment team on future coding of AHP and AHP support worker posts. A gap analysis of vacancies is now underway.



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### 12.11 Norfolk Health Child Programme (HCP)

- 12.11.1 The Just One Norfolk digital platform has refreshed its look and is now offering a range of new and updated features to enable families access to safe, accessible and up-to-date information, advice and self-care support through their parenthood journey. The features allow families to create an account and save pages or documents of interest, track their child's progress through quizzes aimed at supporting different areas of development as well as updated content targeting, improved search functionality and much more!
- 12.11.2 Norfolk County Council are co-ordinating a multi-agency support system for Ukrainian families arriving in Norfolk. CCS are supporting the community offer workstream and sessions have been set up in libraries across Norfolk for families to attend to discuss concerns and raise any issues.
- 12.11.3 Deputy Clinical Lead approached by Child and Adolescent Health Services in Perth Australia to share how Norfolk successfully implemented a tiered self-weight offer. Proposal and clinical information and processes shared along with link to Just One Norfolk for parental advice and guidance. All adapted resources to be acknowledged with Norfolk HCP as original resource

### 12.12 Emotional Health and Wellbeing Service

- 12.12.1 In March 2022 our Huntingdon MHST team was visited by the national MHST team, following its selection as an example of a well-functioning MHST. The team spent the afternoon discussing their practice and innovations with the national team.
- 12.12.2 We have had two successful whole service 'away days' in which the internal introductory training to systemic practice was launched, as well training from the Kite Trust around working with young people identifying as LGBTQ+. Both days were well-received by the team.



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### A: Assurance Summary

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <p><b>Safe</b></p>      | <ul style="list-style-type: none"> <li>Staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures</li> <li>Staffing pressures kept under constant review as part of regular sitrep reports and weekly incident management team meetings. <b>(S4)</b></li> </ul>                                                                                                                                                                                                                                          | <p><b>Reasonable</b></p>  |
| <p><b>Effective</b></p> | <ul style="list-style-type: none"> <li>Mandatory training compliance has increased to 91%, but remains below target <b>(E1)</b></li> <li>Appraisal rates at or above target levels across 79% of the Trust and 3 or more services are more than 10% below target <b>(E2)</b></li> <li>Rolling sickness rates as at end of March was 5.69% compared to latest NHS England rate for community Trusts of 5.2% (as at July 2021) <b>(E3)</b></li> <li>Stability continues to be above target at 85.5%. <b>(E4)</b></li> <li>Equality Delivery System objectives agreed and being delivered upon. <b>(E6)</b>.</li> </ul> | <p><b>Reasonable</b></p>  |
| <p><b>Well Led</b></p>  | <ul style="list-style-type: none"> <li>Agency spend below annual target (excludes Large Scale Vaccination service). <b>(WL6)</b></li> <li>All BAME staff have been offered risks assessments and mitigation is in place as required <b>(WL8)</b></li> <li>All staff with high risk factors to COVID-19 are offered staff risk assessments and mitigation is in place as required. These are being regularly reviewed. <b>(WL9)</b></li> <li>All staff have been offered Covid-19 vaccination and targeted work in this area continues to take place. Booster programme available to all.</li> </ul>                  | <p><b>Substantial</b></p> |

- In addition to the overview and analysis of performance for February and March 2022 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.



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

### B: Measures for Achieving Objective

| Measure                                                     | 21/22 Target           | Data source             | Reporting frequency | Final Position as at End March 2022. |
|-------------------------------------------------------------|------------------------|-------------------------|---------------------|--------------------------------------|
| Staff recommend the Trust as a good place to work           | Above national average | NHS Annual Staff Survey | Annual              | Achieved                             |
| Our staff feel able to speak up about patient safety issues | Maintain 2020/21 score | Annual Staff Survey     | Annual              | Achieved                             |
| Staff engagement rating                                     | Above national average | NHS Annual Staff Survey | Annual              | Achieved                             |
| Sustain the level of overall mandatory training             | 94%                    | ESR                     | Monthly             | Not achieved - 91%                   |



SC2

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|                                                                                     |                                                                                                                                                                                |                          |         |                                                              |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------|--------------------------------------------------------------|
| Improve experience for Black, Asian, Minority, Ethnic (BAME) staff                  | Decrease the numbers of BAME staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months. (2020 baseline – 11.9%)             | NHS Annual Staff Survey  | Annual  | Not achieved - improvement actions for 22/23 identified.     |
| Improve experience for disabled staff                                               | Increase % of staff with long-lasting health conditions or illness saying the Trust has made adequate adjustments to enable them to carry out their work (2020 baseline 84.6%) | NHS Annual Staff Survey  | Annual  | Not achieved – improvement actions for 22/23 identified      |
| Available staff have had an appraisal in the last 12 months                         | =>94%                                                                                                                                                                          | ESR                      | Monthly | Not achieved - 88.73%                                        |
| Deliver the locally agreed staff related annual Equality Delivery System objectives | Pass/Fail                                                                                                                                                                      | Equality Delivery System | Annual  | Achieved                                                     |
| Monthly sickness absence remains below 4%                                           | 4%                                                                                                                                                                             | ESR                      | Monthly | Not achieved - 6.03% - 4.46% excluding Covid related absence |
| Reduce Annual Staff Turnover                                                        | 1% improvement from 2020/21 outturn (outturn was 10.59%)                                                                                                                       | ESR                      | Monthly | Not achieved - 14.04%                                        |
| Maintain Mindful Employer Status                                                    | Pass/Fail                                                                                                                                                                      | HR Team                  | Annual  | Achieved                                                     |

### Strategic risks

1. **Risk ID 3163** - There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. (Risk Rating 20)
2. **Risk ID 3164** – There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 20)



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3. **Risk ID 3166** - *There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. (Risk Rating 8)*
4. **Risk ID 3426** - *If there is a surge in Service demands over the months Nov- March (winter period), the Trust may not have sufficient resources leading to sub-optimal Service delivery. (Risk Rating 12)*

### Related Operational Risks 15 and above

1. **Risk ID 3250** – *There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma, which may have negative impact on their psychological well being. This could result in increase in sickness & retention rates. (Risk Rating 16)*
2. **Risk ID 3337** – *Adults Services (Luton): There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being. (Risk Rating 20)*

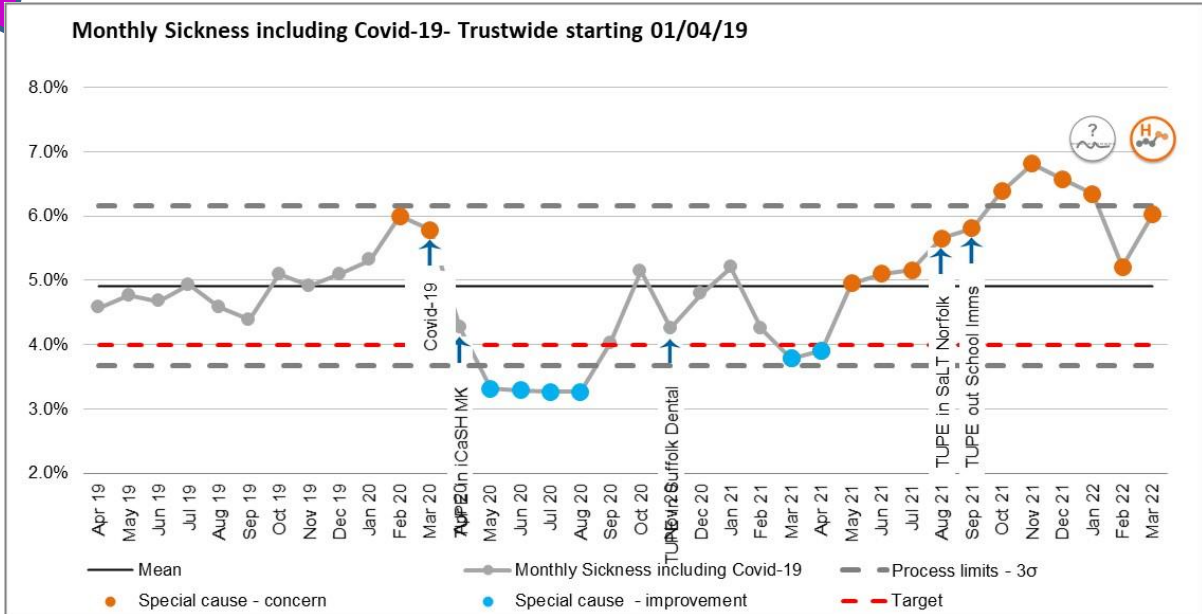
## D: Overview and analysis

### 1. Sickness

- 1.1. The 12-month cumulative rolling rate (February 2022 – 5.61%, March 2022 – 5.69%) remains above the Trust rolling target of 4%.
- 1.2. Monthly Trust wide rate for February 2022 was 5.21% (including Covid-19 sickness), 4.31% (excluding Covid-19 sickness), and for March 2022 was 6.03% (including Covid-19 sickness) and 4.46% (excluding Covid-19 sickness)
- 1.3. The Trust wide sickness rate has fallen slightly however remains significantly above the Trust's target of 4.0% for 2021/22. Of the 6.03%, 2.49% was attributed to long term sickness and 3.54% short term sickness absence. Beds & Luton Adults Service had the highest sickness rate (7.06%) and Corporate Services the lowest (2%). 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 above the November 2021 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 6.1%.



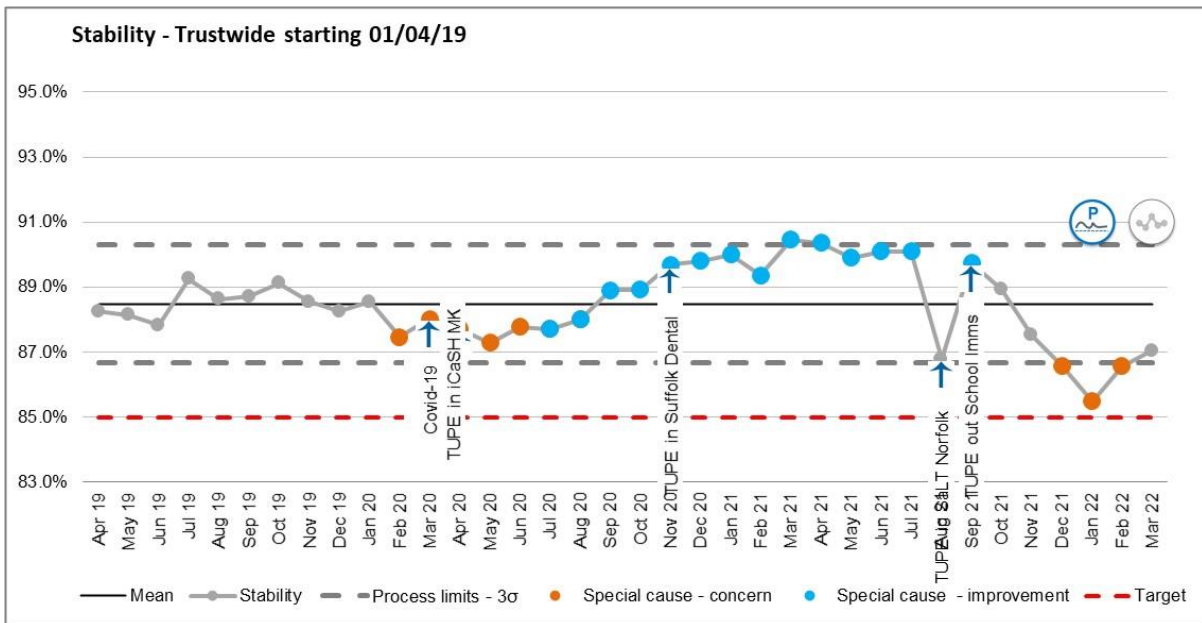
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## 2. Stability

2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – February 2022 86.56%; March 2022 87.03%; against the Trust target of 85%. This compares favourably to a stability rate of 85.4% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Dec 2021).

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



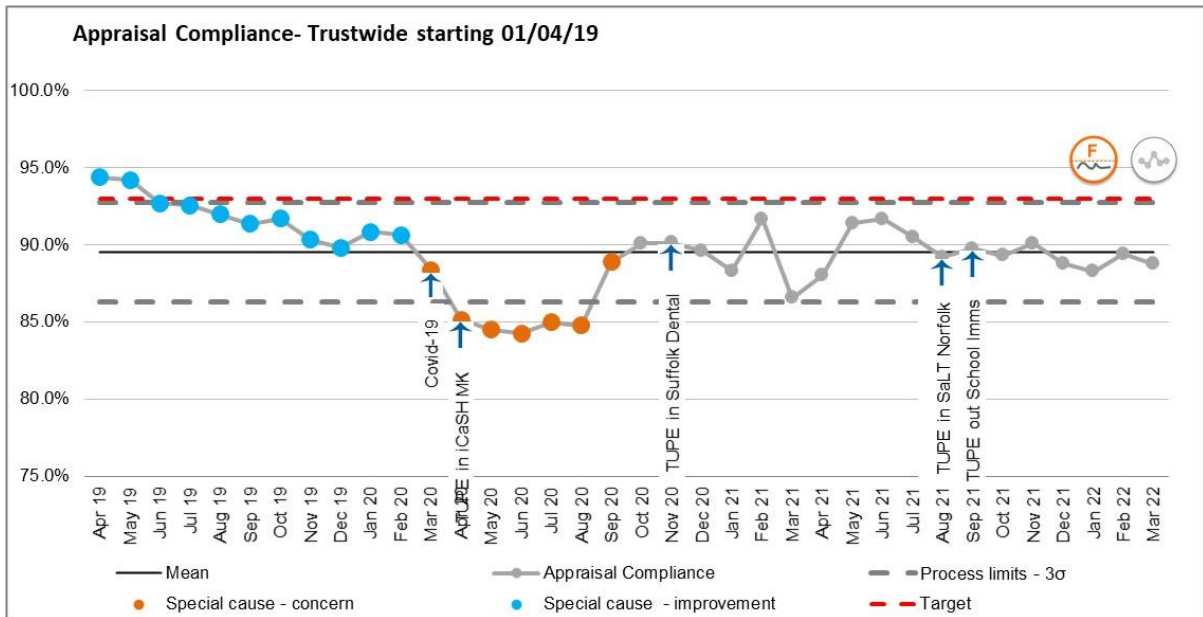
## 3. Appraisals





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- 3.1. The following chart shows the percentage of available employees with a current (i.e. within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters are given an appraisal date 12 months from date of commencement.
- 3.2. The Trust wide Appraisal rate has fallen slightly – February 2022 89.4%, March 2022 88.73%, and remains below the target of 94% for 2021/22.
- 3.3. Beds & Luton Adults has the lowest rate (81.38%), Luton Children’s & Young People Service has the highest rate (97.38%). 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.

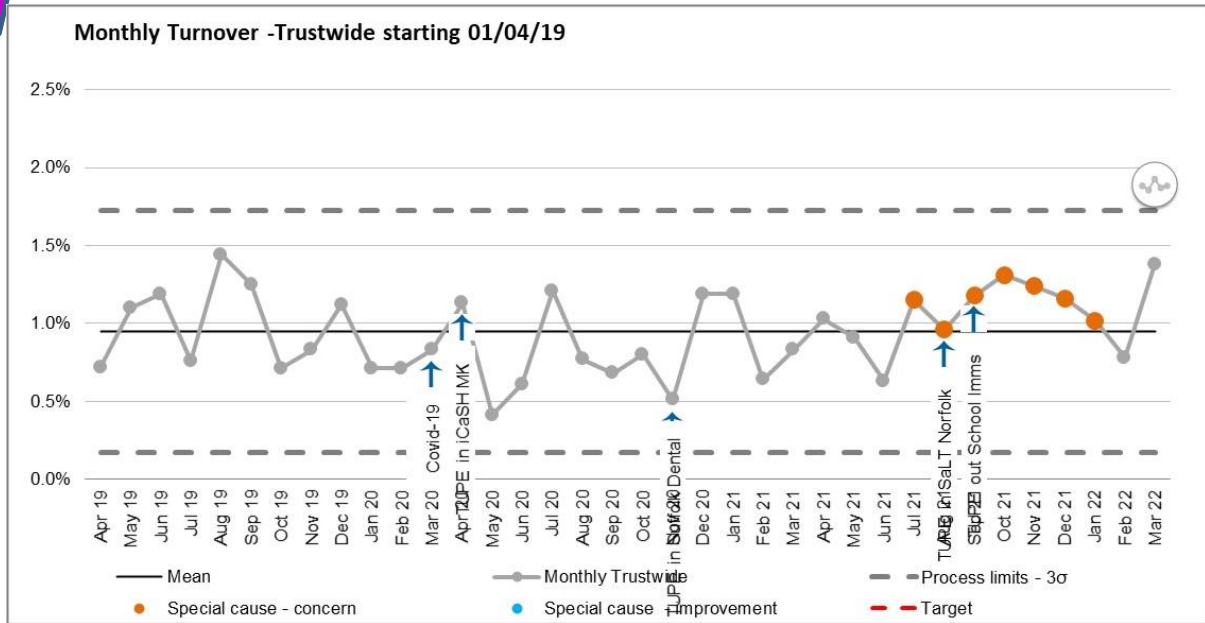


## 4. Turnover

- 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, MARs and Employee Transfers.
- 4.2. The Trust’s Rolling Year Turnover Rate is currently 14.04% (Feb 22 13.36%, Mar 22 14.4%) compared to an annual average Leaver rate for Community Provider Trusts of 13.8% (Source: NHS Digital Workforce Statistics – Dec 21, based on “all Leavers” and “total Workforce”).
- 4.3. Ambulatory Care currently has the highest Rolling Year turnover rate at 14.8%, with Luton Children Services having the lowest at 7.81%.



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4.4 The reasons for staff leaving over the past 3 years have been pulled together. Information is available at Trust-wide and Service Level. Human Resources Business Partners will be discussing the service level data directly with our service leads to identify any themes/improvement actions. Trust wide headlines are that more people have chosen to retire in the past year and less people are leaving due to work life balance issues.

## 5. Current workforce challenges

5.1 At our Clinical Operational Boards during the first week of May 2022 all current workforce challenges were discussed. Details of these are detailed in the outstanding care section of this report and also as part of the bi-annual workforce review being presented to the Board today.

5.2 Our staff are still experiencing the impact of the longevity of the pandemic. Therefore, we have a continued focus on health and wellbeing and resilience and staff morale is regularly discussed and reviewed as part of our weekly incident management team and executive team meetings. Additional support/actions are put in place as required and our support packages for staff are detailed in the bi-annual workforce review paper. Due to overall impact and decrease in staff morale and increase in workforce challenges risks 3163 and 3164 remained scored at 20. We have and continue to commission additional psychological support to some teams as required.

5.3 To improve our strategic workforce planning capacity and capability, we have agreed to invest in a new role which we are currently recruiting to. This role will be responsible for working with all of our clinical services to pull together their 3-5 year strategic workforce plans, with the aim of ensuring that we have the right people, in the right roles at the right time. Interviews are planned for late May 2022.

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



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

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

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

- Expanded our staff diversity networks with three staff led networks operational; one for staff from ethnic minorities, one for staff with a disability or long term condition and one for our LGBTQI+ community. In addition we have established a menopause virtual café.
- Held a board development session, including the Cultural Diversity network chair, to discuss and start to form our anti racism strategy.
- In April 2022, Board members identified their own personal pledge in supporting our anti-racism focus. Trust Board Anti-Racism Pledge being signed off by the Board today as part of our Diversity and Inclusion Annual Report.
- In partnership with our Cultural Diversity Network agreed to sign UNISON anti-racism charter – date of signing set for 30 May 2022.
- Developing our anti-racism OD plan in partnership with our Cultural Diversity Network.
- Engaged with system wide and national Diversity and Inclusion networks on anti racism plans.
- Supported BAME staff during the pandemic with specific tailored information on vaccines, disproportioned effects of covid and risk assessment/ adjustments.
- Continued with our Cultural Ambassadors programme of senior staff from ethnic minorities, acting as critical friends including in disciplinary and grievances involving staff from ethnic minorities and recruited three new Cultural Ambassadors.
- With feedback from staff we have continually reviewed how we support the representation of staff from an ethnic minority background on selection panels where an applicant from ethnic minorities is shortlisted, to help address disparity between these applicants being shortlisted and appointed, including updating our anti discrimination practice recruitment training.
- Continued with our diversity mentoring, including reverse mentoring.
- Continued with opportunities for diversity mentors for Board members
- Put in place plans for reverse mentoring to become part of in house leadership development programmes now these have resumed.

### 7. Apprenticeships

In March 22 we ran an application round for internal clinical apprenticeships. We received 17 applications from across the Trust for Assistant Practitioner, Nursing Associate, Registered Nurse and Speech and Language Therapy. We are just starting to use apprenticeships for Allied Health Professions within the Trust with 2 staff members successful in gaining place on Occupational Therapy apprenticeship to start in September 22 and enquiries from physiotherapy services.

In April we ran our first virtual Apprenticeship Celebration Event for those that had completed an apprenticeship in the last 2 years. Delegates were sent a goodie bag



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which was well received. In future we plan to hold a celebration event each year during National Apprenticeship Week in February.

We are one of 6 employers in Bedfordshire and Luton taking part in an apprenticeship scheme targeting at those with a learning disability, learning difficulty or autism. Bedfordshire and Luton Children's services will employ 4 apprentices in administrative roles who will study a Level 2 Customer Service Practitioner Apprenticeship with Mencap as the training provider. We have also confirmed we will take part in a rotational Healthcare Support Worker apprenticeship pilot scheme in Bedfordshire and Luton. As yet, we are the only employer to commit to the scheme, so we are unsure whether it will go ahead.

### 8. Kickstart

We have employed 7 young people through the Government's 'Kickstart' scheme. This scheme is for young people aged 16-24 who are at risk of long term unemployment, the DWP funds the salary costs for newly created roles at 25 hours a week for 6 months. The roles are as follows: 2 Sterile Services Assistants in Dental services, 1 Administration Assistant in Dynamic Health, 3 Team Administrators in Bedfordshire and Luton Children's Services and 1 Creative Team Support in Service Redesign. We have partnered with Cambridge Regional College to offer an employability course and access to a training platform. The young people will be supported to apply for suitable roles within CCS and/or the NHS to move into at the end of their Kickstart role.

### 9. Agency/bank spend

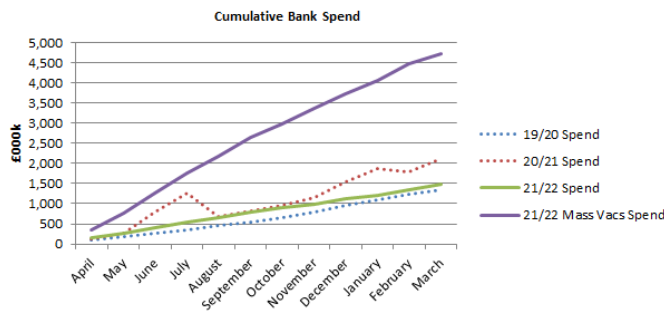
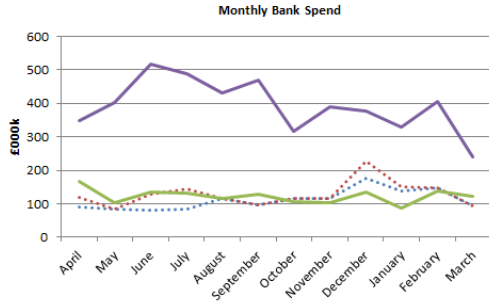


9.1. The Trust's agency spend ceiling for 2021/22 totals £2,240k, which is the same as in 2020/21.



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9.2. The Trust's cumulative agency spend for 2021/22 was £6,474k against the spend ceiling of £2,240k. The delivery of the mass vaccination service has increase agency usage over the period with spend to delivery this service totalling £4,414k in 2021/22 (which is included in the total spend cumulative figure). The agency ceiling has not been adjusted for the expected mass vaccination service spend.



9.3. To assist the Trust to remain within the agency spend ceiling, the services have the availability of bank staff to fill short term staffing pressures. The Trust's cumulative bank spend for 2021/22 was £6,184k. The delivery of the mass vaccination service has increased bank usage and spend in 2021/22 was £4,713k (this is included in the total spend cumulative figure). Substantive staff who are working additional hours to support the mass vaccination service are being paid through the bank.



# Collaborate with others

## A: Assurance Summary

|                  |                                                                                                                                                    |                              |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Well Led</b>  | <ul style="list-style-type: none"> <li>Strong collaboration taking place across our systems as evidenced in this report (WL7)</li> </ul>           | <b>Substantial</b>           |
| <b>Effective</b> | <ul style="list-style-type: none"> <li>Research – 95% of all CRN portfolio studies are scoped for viability against Trust services (E5)</li> </ul> | <b>Restricted due to C19</b> |

- The Board can take assurance of the Trust’s approach to collaborating with others from the following sources, for the period February and March 2022:
  - The Trust has in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), East London NHS Foundation Trust (ELFT) and across the provider landscape in Luton.
  - The Trust fully participates in ICS activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes (BLMK) and is represented on Norfolk’s Children Board and Norfolk Alliance.
  - Chair and Chief Executive participate in Cambridgeshire and Peterborough ICS Board and BLMK ICS Partnership Board.
  - Chief Executive is a member of the Cambridgeshire and Peterborough System Leaders group, BLMK CEO group and Bedfordshire Care Alliance CEO group.
  - Chair, Chief Executive and Deputy Chief Executive actively involved with other NHS Partners across Bedfordshire and Luton in the development of the Bedfordshire Care Alliance and its core principles.
  - Chair attends Leaders and Chairs group across BLMK ICS.
  - Chief Executive and Assistant Director of Business Development and Strategy are members of the C&P Children and Maternity Collaborative Board.
  - Deputy Chief Executive jointly chairs the Bedfordshire Health and Social Care Cell with Deputy Chief Executive from ELFT and Director of Adult Social Services from Bedford Borough Council.
  - Deputy Chief Executive is a member of BLMK Performance and Delivery and Health Cell, which meets fortnightly (and more frequently recently).
  - Deputy Chief Executive chairs the BLMK Local People Board and is an active member of the Cambridgeshire and Peterborough Local People Board and the East of England Regional People Board. She is the chair of both the BLMK and Cambridgeshire and Peterborough Leadership and Organisational Development sub-group.
  - Executive Leads attend Local Authority System level Health and Wellbeing Boards
  - Director of Adults’ services Luton attends the Luton ‘At Place’ Board.
  - Director of CYP Services Bedfordshire is a member of the BLMK Children & Young People’s Transformation Programme Board.
  - Assistant Director of Business Development and Strategy is a member of the C&P North Integrated Care Partnership Board and the C&P South Integrated Care Partnership Board.
  - Collaboration is at the core of the Trust’s research activities.
  - Research Bi-annual Report received at Quality Improvement and Safety Committee which provided substantial assurance.

**B: Measures for Achieving Objective – February/March 2022**

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

**C: Risks to achieving objective****Strategic risks**

1. **Risk ID 3167** – As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 8)
2. **Risk ID 3165** – There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working. (Risk Rating 8)
3. **Risk ID 3164** - there is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 20)
4. **Risk ID 3300** - Delivery of the mass vaccination programme for our staff and to the communities across Norfolk & Waveney, Cambridgeshire & Peterborough may be impeded by a range of factors including workforce supply and vaccine which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination. (Risk Rating 8)

## Collaborate with others

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

### Related Operational Risks 15 and above

1. **Risk ID 3227** - *There is a risk services will not have the capacity to provide timely and effective response to children & adult safeguarding enquiries during the pandemic. This may result in a failure to support multiagency decision making to assess actual or likely risk of significant harm and provide timely intervention to promote the wellbeing and protect children/young people and adults at risk of harm. (Risk Rating 20)*

### D: Overview and analysis

#### Bedfordshire, Luton and Milton Keynes Integrated Care System

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

The system remains focused on establishment of the Integrated Care Board and associated architecture such as committee structure, to achieve the national deadline of 1 July 2022 and we anticipate that the Bedfordshire Care Alliance committee will be established as a committee of the Integrated Care Board on, or soon after, 1 July 2022; the NHSE regional team has assessed the system to be in a “strong position”.

Councillor Tracey Stock has been appointed as the Integrated Care Partnership Chair.

Recent progress with the Bedfordshire Care Alliance:

- We signed off our work plan 2022/23 which sets out those areas on which we want to make progress this year. Includes objectives on frailty/complex care, digital, mental health, planned care and children and young people.
- We continue to establish our structures to oversee delivery including the BCA Committee of the BLMK ICB from July 2022 focussing on our four key functions:
  - **Addressing unwarranted variation** in quality, access and outcomes of what people receive in different parts of Bedfordshire.
  - **Designing, planning and organising health services integrated with social care provision** in Bedfordshire – making sure resources are in the right place for the best outcomes.
  - Focussing on the **things we need to do once** across Bedfordshire – standardise where we can and it makes sense to do so.
  - **Supporting place priorities** with coherent engagement from providers covering larger footprint and tailoring where particular place population need requires it.



## Collaborate with others

The Bedfordshire Care Alliance is also assessing options for future form and developing its transition plan.

### **Cambridgeshire & Peterborough Integrated Care System**

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

The system remains focused on establishing the Integrated Care Board and associated architecture to deliver the expected requirements of the Health and Care Bill and the national deadline of 1 July 2022.

The Children and Maternity Collaborative held a workshop on 26 April 2022 and:

- Reviewed extant strategies in the light of emerging priorities; the output will inform priorities for the Collaborative.
- Considered the components of an outcomes framework with the intent to agree a framework with the Integrated Care Board by autumn 2022.

Detail around the Most Capable Provider Framework (the mechanism through which collaboratives will assure the Integrated Care Board that they have the necessary capability and capacity) is firming up and it is likely that the Gateway One submission will be made in 2022/23 Quarter One.

The Integrated Care System team are likely to want to agree a MoU with each collaborative covering the period 2022/23. This is expected to flow from system Operating Plan 2022/23 and set out expectations for this year.

The South Integrated Care Partnership has launched work to create a Partnership Agreement. The Trust has been invited to contribute and it is anticipated the Agreement will offer a basic template for a Partnership Agreement for the Children and Maternity Collaborative.

### **Princess of Wales Hospital, Ely**

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

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

### **Norfolk Integrated Care System**

## Collaborate with others

The Children and Young People's Strategic Alliance held a 'FLOURISHING in Norfolk' event on 11 May 2022 to launch the ambition. Member institutions will debate about what it means to them, ideas for engaging staff and wider community and so on

The Integrated Front Door stage one development is underway and recruitment in hand for key leadership, clinical and administrative roles.

**We want Norfolk to be a county where every child can flourish:**

- f** **amily and friends**  
Children and young people are safe, connected and supported through positive relationships and networks
- l** **earning**  
Children and young people are achieving their full potential and developing skills which prepare them for life
- o** **ppportunity**  
Children and young people develop as well-rounded individuals through access to a wide range of opportunities which nurture their interests and talents
- u** **nderstood**  
Children and young people feel listened to, understood and part of decision-making processes
- r** **esilience**  
Children and young people have the confidence and skills to make their own decisions and take on life's challenges
- i** **ndividual**  
Children and young people are respected as individuals, confident in their own identity and appreciate and value their own and others' uniqueness
- s** **afe and secure**  
Children and young people are supported to understand risk and make safe decisions by the actions that adults and children and young people themselves take to keep them safe and secure
- h** **ealthy**  
Children and young people have the support, knowledge and opportunity to lead their happiest and healthiest lives

**New Indicators agreed for 22/23**

As part of signing off our operational plan for 22/23, the Board has agreed a new set of indicators for this strategic objective from April 2022. The report going forward will update in relation to these. As a reminder the new indicators are as follows:

|   |                                                    |    |                                                                                                                                                                                                                 |           |
|---|----------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 2 | <b>Collaboration -<br/>Collaborate with others</b> | 2a | The Princess of Wales Hospital site development plan milestones are achieved                                                                                                                                    | Pass/Fail |
|   |                                                    | 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 |
|   |                                                    | 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 |
|   |                                                    | 2d | The Norfolk CYP Services ‘Integrated Front Door’ <sup>1</sup> programme is completed to schedule                                                                                                                | Pass/Fail |

**2. RESEARCH REPORTING PERIOD FEBRUARY – MARCH 2022****2.1 Clinical Research Overview**

2.1.1 The NIHR Research Portfolio within the Trust continues to expand. The Research Team continues to scope around 175+ studies per month, to explore those which appear to be suitable for Trust adoption.

2.1.2 In this reporting period there were a total of 13 National Institute for Health Research (NIHR) Portfolio research studies running within the Trust, seven have completed and four are currently in set-up, including a commercial study. In this reporting period the recruitment numbers accurately reflect our activity, as downloaded from the Open Data Platform (ODP).

<sup>1</sup> The programme will expand the Just One Norfolk route into health services by adding emotional/early mental health support.







## Collaborate with others







- 2.1.3 A survey for healthcare professionals (HCPs) about vaccination attitudes and beliefs (JITSUVAX WP1) recruited 220 in one day (total just for CCS recruitment, tbc on OPD in April, therefore not showing in Table 1).
- 2.1.4 The newly created Clinical Research Network (CRN) funded substantive B6 Research Facilitator commenced in post in March 2022.
- 2.1.5 Two paediatricians obtained external financial support for their projects. One was awarded the Applied Research Collaboration (ARC) Research Translation Fellowship and the other the NHS Innovation Accelerator Fellowship.
- 2.1.6 The Digital Innovations Project, START: **Scoping the use of digital translation tools to assist with research engagement and delivery in under-served communities** a CRN funded project. This piece of work explored the use of the web based 'Recite Me' tool, which translates text, but also has a 'screen reader option'. From the stats, the 'screen reader' option, 90% wanted the page read in English.
- 2.1.7 'Research Ready' is the Research team supporting clinical and non-clinical staff to contribute to ad-hoc NIHR Portfolio studies which will be within their own and external to their clinical speciality. This is another discreet project, funded by the CRN. To date, we have two clinicians who are participating, one is a health visitor in Norfolk and the other is a clinical psychologist. The clinical psychologist, working as part of the 'Research Ready' workstream, successfully applied and was awarded the Clinical Research Network (CRN) Green Shoots opportunity. The Green Shoots award supports new Principal Investigators (PI).
- 2.1.8 A Freedom of Information request (Fol) has been received by all 30 NHS Trusts involved in the Spectrum 10k study which was halted by the Academic Team in response to negative publicity. The request related to email correspondence from the Trust to the academic team and involved several hundred emails which had to be submitted in the certain format with personal details redacted and then loaded onto a web-base tool. As an update, the response was submitted on time. Research team time taken to complete this task equated to over three weeks.






### 2.2 National Institute for Health Research (NIHR) Portfolio studies






- 2.2.1 The NIHR Clinical Research Network (CRN) has a Portfolio of high-quality clinical research studies which are eligible for consideration for support from the Clinical Research Network (CRN) in England.
- 2.2.2 The Research Team continued to scope for studies and consider their feasibility for the Trust. During this period the Research team has considered 353 studies for suitability for adoption into the Trust; 11 were potentially fitting with CCS NHS Trust services and all were considered for adoption and are currently being scoped or implemented within services.
- 2.2.3 Studies the Trust is currently involved in and that are in set up are detailed below in Table 1. In this reporting period there were 12 Portfolio research studies running in the Trust and four are currently in set-up.







**Table 1: Clinical Research for NIHR Portfolio Studies (accurate to 31.03.22 via Open Data Platform (ODP) NIHR portal).**

| Key to icons:       |                                                                                             |                                                                                             |                                                                                             |                                                                                             |                                                                                             |                                                                                                             |
|---------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Recruitment:</b> |  Increased |  No change |  Completed |  in set up |  Restart |  Allocated funding/prize |

| NIHR Portfolio studies                                                  | Clinical Area      | Type Interventional (I)/ Observational (O) | Collaboration with University/ NHS Trust        | Numbers this reporting period (*1) | Total for financial year | Trend                                                                                 | Highlights          | Impacts                                                                     |
|-------------------------------------------------------------------------|--------------------|--------------------------------------------|-------------------------------------------------|------------------------------------|--------------------------|---------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------|
| Babybreathe Postpartum smoking intervention.                            | CYPS Norfolk       | I                                          | University of East Anglia                       | 6                                  | 28                       |    | Open and recruiting | Behavioural intervention to prevent return to smoking postpartum            |
| Evaluating Palin Stammering Therapy for children (Palin STSC).          | CambS CYPS SALT    | I                                          | Whittington Health NHS Trust                    | 0                                  | 9                        |  | In follow up        | Feasibility trial, to inform a larger scale RCT                             |
| Compression therapies for the treatment of venous leg ulcers. (VenUS 6) | Luton Adults       | I                                          | Manchester University                           | 0                                  | 7                        |  | Open                | Clinical investigation of a medical treatment                               |
| Interpersonal counselling for adolescent low mood (iCALM)               | CYPS Norfolk       | I                                          | Norfolk and Suffolk NHS Foundation Trust        | 0                                  | 4                        |  | In follow up        | Feasibility trial, to inform a larger scale RCT                             |
| Specific phobias in children with Learning disabilities (SPIRIT)        | Trust Wide (staff) | O                                          | Coventry and Warwickshire Partnership NHS Trust | 0                                  | 3                        |  | Survey closed       | Understanding routinely offered treatments for phobias for children with LD |
| Psychological Impact of Covid-19                                        | Trust Wide         | O                                          | Southern Health NHS Foundation Trust            | 0                                  | 591                      |  | Survey now closed   | Understanding impact of Covid-19 on our mental health                       |

| NIHR Portfolio studies                                                                                                   | Clinical Area      | Type Interventional (I)/ Observational (O) | Collaboration with University/ NHS Trust        | Numbers this reporting period (*1) | Total for financial year | Trend                                                                                 | Highlights                        | Impacts                                                                     |
|--------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------|-------------------------------------------------|------------------------------------|--------------------------|---------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------|
| Integrating smoking cessation treatment as part of usual psychological care for depression and anxiety (ESCAPE Study)    | Trust Wide (staff) | Both                                       | University of Bristol                           | 0                                  | 104                      |    | Survey now closed                 | Supporting future smoking intervention development                          |
| Behavioural Interventions to treat anxiety in adults with autism and mod to severe intellectual disabilities. (BEAMS-ID) | Trust Wide         | O                                          | Coventry and Warwickshire Partnership NHS Trust | 0                                  | 5                        |   | Survey now closed                 | Understanding routinely offered anxiety treatment within community settings |
| AHP Perceptions in Research Survey                                                                                       | Trust Wide (staff) | O                                          | Leeds Community Healthcare NHS Trust            | 0                                  | 11                       |  | Survey closed                     | National evaluation of research perceptions among AHPs in the NHS           |
| Prevalence of AADCd in Patients with Cerebral Palsy of Unknown Cause (Reveal-CP)                                         | CYPS Norfolk       | O                                          | PTC Therapeutics, Inc                           | 0                                  | 0                        |  | Study opened Nov – PIC site       | Screening in patients with cerebral palsy like symptoms (CP)                |
| Scanning Eye training as a rehabilitation choice for hemianopia after stroke (SEARCH)                                    | Bedford Orthoptics |                                            | University of Liverpool                         | 0                                  | 0                        |  | Study Opened July No recruits yet | RCT, evaluating a rehabilitation intervention                               |

| NIHR Portfolio studies                                                    | Clinical Area                                  | Type Interventional (I)/ Observational (O) | Collaboration with University/ NHS Trust | Numbers this reporting period (*1)                                     | Total for financial year                         | Trend                                                                                 | Highlights                                   | Impacts                                                                  |
|---------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------|------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------|
| Binocularly Balanced Viewing Study (Balance)                              | CYPS Bedford Orthoptics                        | I                                          | Moorfields Eye Hospital                  | 0                                                                      | 5                                                |    | Recruitment closed                           | Important technology study into treatment for amblyopia                  |
| The role of different diets in children who are gastrostomy fed (Youtube) | CYPS Cambridge                                 | O                                          | University of York                       | 0                                                                      | 0                                                |    | In follow up period                          | Building research knowledge of diets of children who are gastrostomy fed |
| Safer Online Lives                                                        | Trust Wide                                     | O                                          | University of Kent                       | 0                                                                      | 0                                                |   | No accrual attribution                       | Questionnaire investigating the online experiences of adults with ID     |
| Spectrum10K                                                               | Trust Wide (Beds, Cambs, Norfolk CYPS, Dental) | O                                          | University of Cambridge                  | <b>Paused by Academic Group (UoCam b) due to adverse social media.</b> | They are undertaking a wider consultation-       |  | Study Opened in August-since has been paused | Large national study into genetic and environmental factors in Autism    |
| Pregnancy and EARly Life study (PEARL)                                    | CYPS Norfolk                                   | O                                          | Quadram Institute Bioscience             | <b>Data exchange only.</b>                                             | Does not attract recruitment. collaborative only | n/a                                                                                   | Ongoing data sharing                         | Longitudinal basic science study into health during pregnancy            |
| Specific phobias in children with learning disabilities (SPIRIT) Phase 2  | CYPS Cambs and Beds                            | I                                          | University of Warwick                    | -                                                                      | -                                                |  | Study opened Jan                             | An adaptative and feasibility study for specific phobias                 |

| NIHR Portfolio studies                                                | Clinical Area  | Type Interventional (I)/ Observational (O) | Collaboration with University/ NHS Trust         | Numbers this reporting period (*1)       | Total for financial year                                         | Trend                                                                                 | Highlights                              | Impacts                                                                        |
|-----------------------------------------------------------------------|----------------|--------------------------------------------|--------------------------------------------------|------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------|
| Glasses in classes                                                    | CYPS Norfolk   | I                                          | Bradford Teaching Hospitals NHSFT                | -                                        | -                                                                |    | Study opened                            | Cluster RCT to evaluate the effect of two pairs of glasses for school children |
| JITSUVAX WP1: surveys & interviews of healthcare professionals (HCPs) | Trust Wide     | O                                          | University of Bristol                            | <b>Due to be uploaded</b>                | -                                                                |    | Opened & closed within reporting period | Inform training material for vaccination delivering health care professionals  |
| MSK Clinical Trial of an Investigational Medicinal Product (CTIMP)    | Dynamic Health | I<br><b>Commercial</b>                     | GlaxoSmithKline (GSK)                            | -                                        | -                                                                |   | Study opened Jan PIC                    | New drug for knee osteoarthritis (OA) Commercial study (PIC)                   |
| Positive Voices HIV                                                   | iCaSH          | O                                          | PH, UCL, Imperial College London                 | -                                        | -                                                                |  | Study in set up                         | National survey of people living with HIV                                      |
| MOPeD musculoskeletal Outpatient Delegation Study NIHR PhD Fellowship | MSK Ely/Cambs  | O                                          | NIHR, Midlands Partnership NHS Foundation Trust. | <b>Delayed start commences May 2022.</b> | Application to Portfolio status successful. Attracts recruitment |  | Study in set up.                        | External PhD. Two site study, one being Dynamic Health Ely & Brookfields.      |
| Mechanised Orthosis for children with neurological disorders (MOTION) | Trust Wide     | O                                          | Canterbury Christ Church University              |                                          |                                                                  |  | Study in set up                         | Development of training for HCP in the use of Robotic Assistive Technology     |



| NIHR Portfolio studies                                   | Clinical Area | Type Interventional (I)/ Observational (O) | Collaboration with University/ NHS Trust | Numbers this reporting period (*1) | Total for financial year | Trend                                                     | Highlights                               | Impacts                          |
|----------------------------------------------------------|---------------|--------------------------------------------|------------------------------------------|------------------------------------|--------------------------|-----------------------------------------------------------|------------------------------------------|----------------------------------|
| Evaluating the Home-based Intervention Strategy (HIS-UK) | iCaSH         | I                                          | University of Southampton                |                                    |                          | ↔                                                         | Study in set up                          | Comparing delivery interventions |
| <b>Total recruitment within this period:</b>             |               |                                            |                                          | <b>6</b>                           | <b>**776</b>             | RCF count for recruitment started from October 2021 (*2). | <b>**Total for all NIHR Recruitment.</b> |                                  |

- (\*1) All figures accurate as of 31/03/22 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.

2.2.4 A commercial study sponsored by GlaxoSmithKline (GSK) is being considered within our DynamicHealth MSK service. This is a Clinical Trial of an Investigational Medicinal Product (CTIMP) testing a new experimental drug for knee osteoarthritis (OA) patients opened in January.

## 2.3 Non-portfolio studies

2.3.1 Non-portfolio studies are studies that do not meet the criteria for adoption by NIHR and are therefore not entitled to Clinical Research Network (CRN) funding or support. However, if studies are defined as research, then projects are still required to be submitted to the Health Research Authority (HRA) for approval. This process includes ethics and project approval and sign off by the host NHS site. There were no non-portfolio studies submitted to the HRA in this reporting period. The one which was in the previous reporting period, MOPeD (NIHR PhD Fellowship) has now been successfully adopted onto the NIHR portfolio. This means that the numbers recruited with contribute to the Trust's overall recruitment and we are anticipating that there should be 60+ recruits.

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

| HRA approved non-portfolio study. | Area | Numbers | Update | Collaborations | Impacts/potential impacts |
|-----------------------------------|------|---------|--------|----------------|---------------------------|
| <b>New in this Data period</b>    |      |         |        |                |                           |

|      |  |  |  |  |  |
|------|--|--|--|--|--|
| Zero |  |  |  |  |  |
|------|--|--|--|--|--|

## 2.4 Student studies and non-student studies – local permissions

2.4.1 During this reporting period there were no students (CCS NHS Trust staff) and no non-student evaluations were submitted for local Trust permissions.

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

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

## 2.5 Fellowships, Internships, PhD Programmes and Grants

2.5.1 The Fellowships and Internships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education England (HEE). There were two paediatricians interviewed for the ARC Implementation Fellowship and both were awarded the Fellowship. However, one applicant was also interviewed and was awarded the NHS Innovation Accelerator Fellowship and was unable to hold both. The NHS Innovation Accelerator Fellowship commenced mid-March. The speech and language therapist undertaking the HEE/NIHR Integrated Clinical Academic (ICA) Pre-doctoral Clinical Academic Fellow, successfully completed this programme (Table 3). This programme commenced 2.5 years ago and could potentially lead to a NIHR PhD submission. The PhD submission has been delayed until next year.

## 2.6 Grants

2.6.1 No grants were submitted within this period, however we continue to explore, with an academic lead at ARU who is also a music therapist, writing and submitting a project proposal on music therapy for upper limb problems in people who have had strokes. We now have links to neuro-rehab experts in Barcelona and a software expert, from Zendra Health.

## Collaborate with others

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

| NIHR Fellowships/grant                                                            | Area                                                       | Numbers                                                | Update                                                                                  | Collaborations                                                                            | Impacts/potential impacts                                                                                 |
|-----------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>New in this Data period</b>                                                    |                                                            |                                                        |                                                                                         |                                                                                           |                                                                                                           |
| NIHR/HEE Applied Research Collaboration (ARC) Fellowships 2022                    | Children & Young People's Service (CYPS) Cambridge & Luton | 2<br>(1 took the innovation accelerator award instead) | <b>Both shortlisted for interviews and both awarded. 1 took the accelerator award.</b>  | Applied Research Collaboration (ARC)/HEE                                                  | The project is around looked after children. Starts April.                                                |
| NHS Innovation Accelerator Fellowship: 2022 Intake                                | CYPS Cambridge                                             | 1                                                      | <b>Shortlisted for interview and was awarded the Fellowship.</b>                        | NHS England & NHS Improvement, Academic Health Sciences Networks. Hosted at UCL Partners. | Support for the further development of a product to be commercially available. Started mdi-March.         |
| <b>Update on on-going Fellowships</b>                                             |                                                            |                                                        |                                                                                         |                                                                                           |                                                                                                           |
| HEE/NIHR Integrated Clinical Academic (ICA) Pre-doctoral Clinical Academic Fellow | CYPS Cambs Speech & Language Therapy (SALT)                | One                                                    | Commenced September 2019. 2.5 years duration. <b>Successfully completed March 2022.</b> | University of London                                                                      | Includes a Masters in Applied Research in Human Communication Disorders. Masters project pass with merit. |

- **National CRN Study prioritisation codes** – these numbers are used to score studies, to enable the Trust to prioritise those with a higher score. We have aligned our scoring of the potential studies to adopt as part of the feasibility process.
- **National High Level Objectives (HLO)** as determined by the Department of Health & Social Care (DHSC) and monitored by the CRN Eastern. These objectives were refreshed and re-activated as part of the NIHR Restart Programme. We were notified of the updated HLOs in this reporting period. The majority of HLOs which impact upon our Trust remained unchanged. Those which were added related to the prioritisation of commercial studies and one was removed around promoting research in non-NHS sites, however the CRN still wishes to encourage those collaborations.
  - Update: The Research team is exploring the feasibility of commercial studies within DynamicHealth and Community Dentistry.

## Collaborate with others

- **Health Research Authority (HRA)** national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.
- **NIHR National Performance Metrics** – Performance in Initiating (PII) and Performance in Delivering (PID) have been re-instated and collated by the DHSC. The PII and PID are now on track being published in a timely manner, following each quarter.

### 2.7 Trust Wide Projects to Build Research Culture and Capacity

#### 2.7.1 Norfolk Research Champions Project update

Objectives of the BREES project are:

- To map the current research engagement by Specialist Community Public Health Nursing (SCPHNs) across the East of England; to evaluate an exemplar SCPHN research capacity building programme and to engage with stakeholders to develop locally tailored research capacity building.
- The Norfolk evaluation: Interviews were conducted remotely, within a short timescale and the impact of Covid-19 will be considered in the evaluation. Honorary contracts were provided to those academic staff involved with the interviews. Analysis is now being undertaken.
- Impact: This project has generated interest from other trusts local to Norfolk. The HEE funding was originally going to be for the wider BREES project throughout the East of England. However, the HEE is reviewing this decision due to other competing priorities for bids during this time. A virtual dissemination event is planned for April 2022.

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

This project is to explore how CCS staff, outside of the Research Team, could contribute to the NIHR Portfolio studies, by providing funded ad-hoc sessions to showcase studies, signpost potential participants or give the research intervention as part of the trial protocol. Staff will be provided with research training with support from the Research team to fulfil these additional sessions. We already have two clinicians involved. One, a clinical psychologist, is offering a NIHR Portfolio treatment intervention to children. The other clinician is based within the Health Visiting service in Norfolk and will support many of the NIHR studies being undertaken there, including Baby Breathe. If there are positive benefits and outcomes demonstrable, there is potentially further funding into the next financial year, to continue this important research capacity expansion.

#### 2.7.3 The Digital Innovations Project, START: Scoping the use of digital translation tools to assist with research engagement and delivery in underserved communities.

This is a Clinical Research Network (CRN) funded project. This piece of work explores the use of the web based 'Recite Me' tool, which translates text into many different languages and is currently being used on the Trust website.

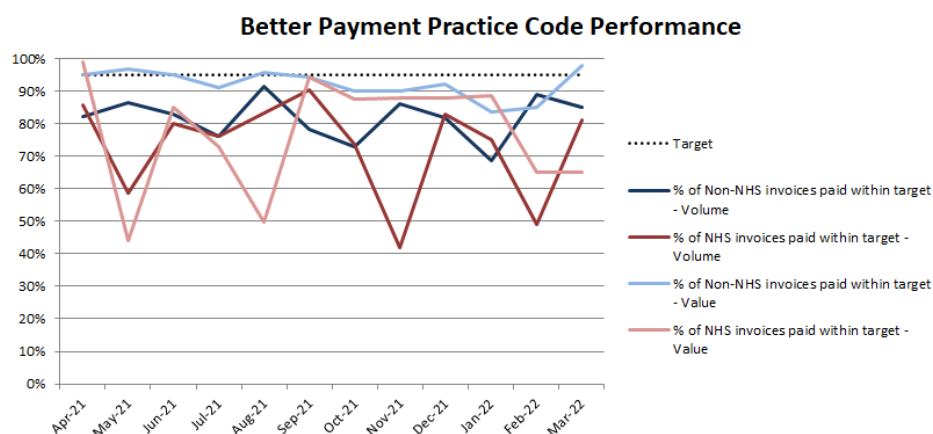
- Update: We are in the process of setting up simple summaries of research studies adopted by the Trust, to be added to the CCS internet pages, which will form part of this pilot assessment. We have permission, from the academic team, for one research study to be put on the internet for parents to use 'Recite Me', if required.
- Findings of languages used throughout the Trust: The top four languages spoken, other than English, are Urdu, Polish, Romanian and Bengali. The top two languages which DA Languages Translation are asked to translate into are Romanian and Lithuanian.
- Use of 'Recite Me': using the translation option the language with the highest percentage, at 26%, was Polish. For the 'screen reader' option 90% wanted the page read in English.
- Going forward: The next steps for this project will be determined after evaluating the responses to the survey, which we aim to launch in the coming months. We also plan to conduct interviews/focus-groups with a small number of respondents to collect additional, qualitative feedback. We will collaborate further with local councils and community engagement platforms to disseminate the survey to diverse groups of people. We will continue to engage with our Trust's translation service provider with the aim to develop a framework to support translation/ interpretation for research.

### 2.8 Published papers & posters within this period.

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

- Chinn Yemula 'ADHD in girls' in the BACCH (British Association for Community Child Health) News letter of March 2022. Invited article.
- Portfolio Study carried within Orthoptics, Ophthalmology, Bedfordshire. Eye (January 22 published): Preliminary clinical validation of a new picture-based visual acuity test in children with amblyopia: a comparison of the The Auckland Optotypes and crowded in LogMAR letters. Emma M McVeigh, et al plus Annegret Dahlmann-Noor.

## 2. Public sector prompt payments



## Collaborate with others

- 2.1 The average in month prompt payment results across the four categories was 72% in month 11 and 82% in month 12.
- 2.2 With regards to NHS invoices, performance has decreased over months 11 and 12. The Trust is worked hard to consistently improve the NHS performance.
- 2.3 With regards to Non-NHS invoices, achievement in both categories has been relatively consistent in the last 12 months – with an average of 87% achievement over this period. Over months 11 and 12, the average achievement in each category is 92% and 87% for Volume and Value respectively, which is an increase on the previous reporting period. The team are working with SBS procurement to improve the purchase order process which will improve the invoice payment process once complete.
- 2.4 The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly. Further processes are being implemented to increase the monitoring of invoices and improve their allocation to services.



# Be a Sustainable Organisation

## A: Assurance Summary

|                 |                                                        |                    |
|-----------------|--------------------------------------------------------|--------------------|
| <b>Well led</b> | <b>WL1</b> I&E in line with budget                     | <b>Substantial</b> |
|                 | <b>WL2</b> Recovery of COVID-19 costs                  |                    |
|                 | <b>WL3</b> CIP in line with plan (paused for Covid-19) |                    |
|                 | <b>WL4</b> Capital spend in line with budget           |                    |
|                 | <b>WL10</b> Reduced travel mileage spend               |                    |

1. In accordance with the Trust’s Assurance Framework, the Board receives assurance from the reporting of the Trust’s financial sustainability and performance from Strategic Risks number 3167, and Clinical Operational reporting of financial performance and escalation processes.
2. The Trust Board will also take assurance from External Auditor’s Unqualified opinion and its “Value for Money conclusion” of the Trust’s 2020/21 accounts. The opinion for the year 2021/22 will be provided in June 2022. Internal Auditor’s assessments during 2020/21 provided a conclusion the Trust has an adequate and effective framework for risk management, governance and internal control. The Trust’s Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.
3. The COVID-19 pandemic has continued to require sustainable funding measures to be in place for the remainder of the financial year. The Trust’s financial performance is showing deliver 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

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



# Be a Sustainable Organisation

## C: Risks to achieving objective

### Strategic risks

1. **Risk ID 3167** - As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 8)
2. **Risk ID 3426** - If there is a surge in Service demands over the months Nov-March (winter period), the Trust may not have sufficient resources leading to sub-optimal Service delivery. (Risk Rating 12)

### Related Operational Risks 15 and above

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

## D: Overview and analysis

### Finance scorecard

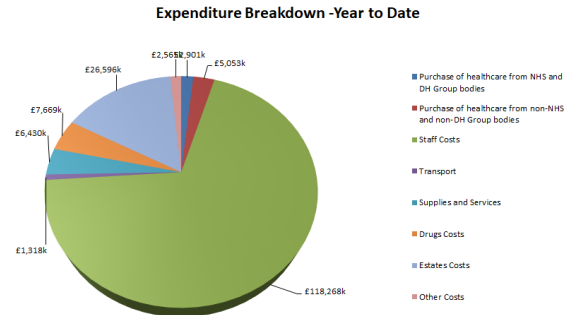
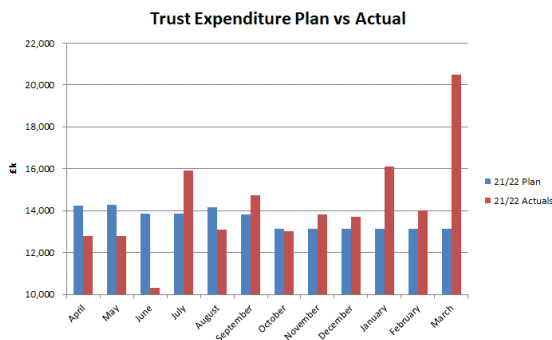
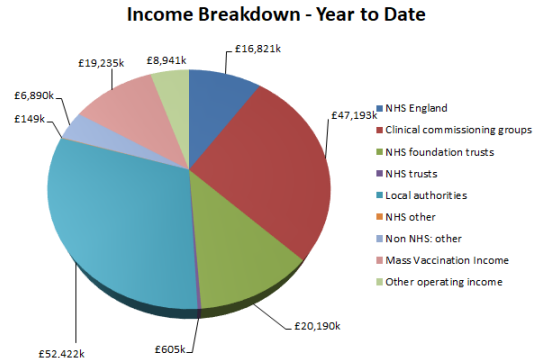
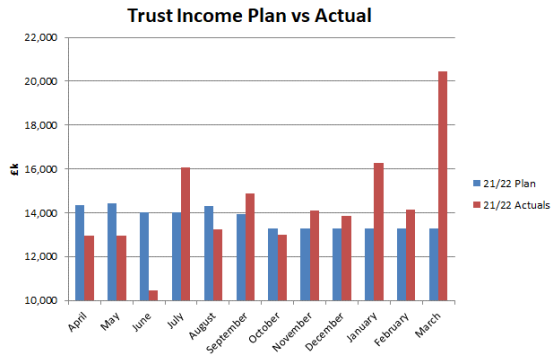
| Finance Dashboard                              | Section in Report | Plan M12    | Actual M12  | Variance M12 |
|------------------------------------------------|-------------------|-------------|-------------|--------------|
| Operating income                               | 1                 | £164,631k   | £172,446k   | £7,815k      |
| Employee expenses                              | 1                 | (£114,620k) | (£118,157k) | (£3,537k)    |
| Operating expenses excluding employee expenses | 1                 | (£48,343k)  | (£52,643k)  | (£4,300k)    |
| Trust Surplus/(Deficit)                        | 1                 | £0k         | £3k         | £3k          |
| Closing Cash Balance                           | 2                 |             | £18,315k    |              |
| Capital Programme                              | 4                 | £3,200k     | £2,974k     | (£226k)      |
| Agency Spend                                   | SO2 - 4           | £7,868k     | £6,474k     | £1,394k      |
| Bank Spend                                     | SO2 - 4           | £12,479k    | £6,186k     | £6,293k      |





# Be a Sustainable Organisation

## 1. Income and expenditure



- 1.1. Due to the Covid 19 pandemic, interim block funding arrangements are in operation for 2021/22, based on an uplift of 0.5% on 2020/21 contract values. This arrangement has continued until the end of the financial year and the Trust achieved a small surplus position.
- 1.2. Income and expenditure increased at year end due to the reporting recognition of the additional 6.3% employer's pension contribution, which is paid directly by NHSE (£4.7m) and DHSC centrally procured inventories.
- 1.3. The direct clinical service budget position in each Service Division is:

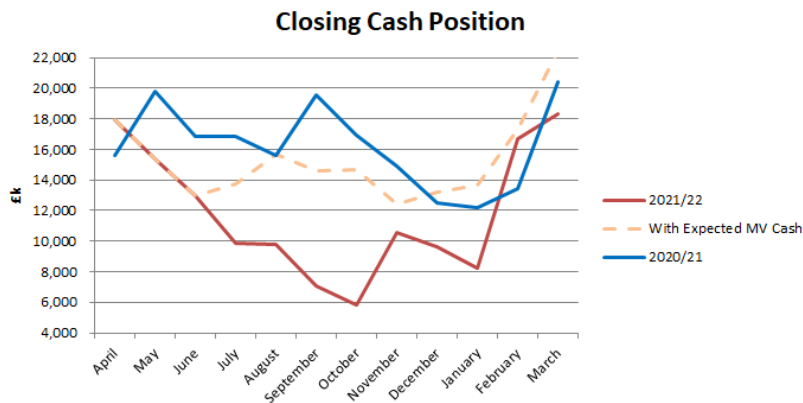
| Division Level                       | Mar-22          |                  |                  |                    |                     |                   |
|--------------------------------------|-----------------|------------------|------------------|--------------------|---------------------|-------------------|
|                                      | Income<br>£'000 | Pay<br>£'000     | Non-Pay<br>£'000 | Net Total<br>£'000 | Net Budget<br>£'000 | Variance<br>£'000 |
| Ambulatory Care Service              | 1,978           | (21,258)         | (9,999)          | (29,279)           | (31,051)            | 1,772             |
| Bedfordshire Community Unit          | 2,133           | (14,916)         | (2,372)          | (15,155)           | (14,667)            | (488)             |
| Childrens & Younger Peoples Services | 2,118           | (31,399)         | (3,020)          | (32,301)           | (33,630)            | 1,329             |
| Luton Community Unit                 | 1,929           | (20,249)         | (3,646)          | (21,966)           | (22,678)            | 712               |
| Mass Vaccination Service             | 19,235          | (14,984)         | (4,251)          | -                  | -                   | -                 |
| Other Services                       | 140,352         | (10,650)         | (30,998)         | 98,704             | 102,026             | (3,322)           |
| <b>CCS Total @ 31st March 2022</b>   | <b>167,745</b>  | <b>(113,456)</b> | <b>(54,286)</b>  | <b>3</b>           | <b>-</b>            | <b>3</b>          |



## Be a Sustainable Organisation

- 1.3.1. Ambulatory Care Services delivered a final year end surplus position of £1,772k. The main reason for the cumulative underspend, is due to vacancies and redeployments in pay and reduced non-pay expenditure from the reduction in service activity resulting from Covid 19, particularly in pathology costs in the iCaSH services..
- 1.3.2. Bedfordshire Community Unit delivered a final year end deficit position of £488k. The main reason for the overspend is due to pay locum spend in Community Paediatrics.
- 1.3.3. Children's & Younger Peoples Services delivered a final year end surplus position of £1,329k. The main reasons for the cumulative underspend are vacancies in the service and a fall in non-pay expenditure, particularly reduced travel costs because of Covid 19.
- 1.3.4. Luton Community Unit (including Luton Children's Services) delivered a final year end surplus position of £712k. The cumulative underspend position is due to pay establishment savings in Adult services.
- 1.3.5. Total expenditure for the Mass Vaccination Service in 2021/22 was £19,235k and this is fully funded with any expenditure is offset by income.

## 2. Cash position



- 2.1. The cash balance of £18.3m at month 12 represents an overall increase of £10.1m on the previously reported position at month 10. The Trust has incurred mass vaccination service expenditure of £4.1m, which is due to reimbursement. The Trust has received payment for a number of outstanding receivables during the period to improve the cash position.

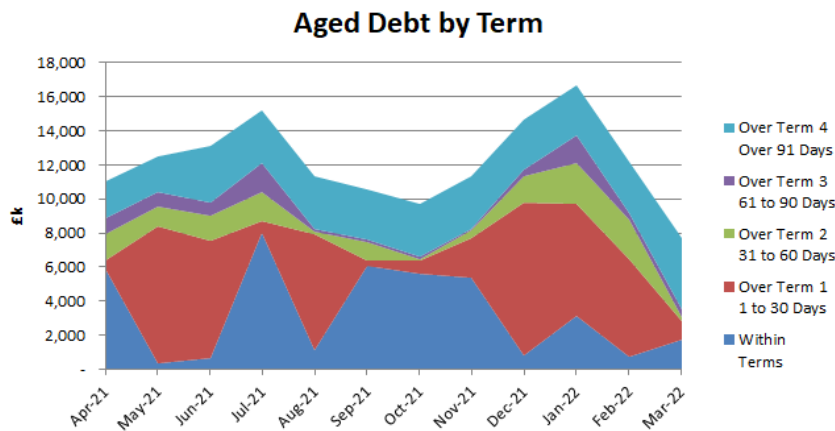


# Be a Sustainable Organisation

## 3. Statement of Financial Position

|                                              | March 2022<br>£'000 | January 2022<br>£'000 |
|----------------------------------------------|---------------------|-----------------------|
| <b>Non-Current Assets</b>                    |                     |                       |
| Property, plant and equipment                | 56,373              | 54,307                |
| Intangible assets                            | 257                 | 273                   |
| <b>Total non-current assets</b>              | <b>56,630</b>       | <b>54,580</b>         |
| <b>Current assets</b>                        |                     |                       |
| Inventories                                  | 73                  | 342                   |
| Trade and other receivables                  | 17,179              | 27,252                |
| Cash and cash equivalents                    | 18,319              | 8,213                 |
| <b>Total current assets</b>                  | <b>35,571</b>       | <b>35,807</b>         |
| <b>Total assets</b>                          | <b>92,201</b>       | <b>90,387</b>         |
| <b>Current liabilities</b>                   |                     |                       |
| Trade and other payables                     | (23,835)            | (23,128)              |
| Provisions                                   | (950)               | (910)                 |
| <b>Total current liabilities</b>             | <b>(24,785)</b>     | <b>(24,038)</b>       |
| <b>Net current assets</b>                    | <b>10,786</b>       | <b>11,769</b>         |
| <b>Total assets less current liabilities</b> | <b>67,416</b>       | <b>66,349</b>         |
| <b>Non-current liabilities</b>               |                     |                       |
| Trade and other payables                     | (1,045)             | (1,045)               |
| Provisions                                   | (976)               | (968)                 |
| <b>Total non-current liabilities</b>         | <b>(2,021)</b>      | <b>(2,013)</b>        |
| <b>Total assets employed</b>                 | <b>65,395</b>       | <b>64,336</b>         |
| <b>Financed by taxpayers' equity:</b>        |                     |                       |
| Public dividend capital                      | 2,792               | 2,434                 |
| Retained earnings                            | 44,259              | 44,256                |
| Revaluation Reserve                          | 19,997              | 19,299                |
| Merger Reserve                               | (1,653)             | (1,653)               |
| <b>Total Taxpayers' Equity</b>               | <b>65,395</b>       | <b>64,336</b>         |

- 3.1. Trade and other receivables have decreased over the reporting period by £10.1m and trade and other payables have increased over the reporting period by £0.7m.



- 3.2. Total trade receivables decreased by £4.5m in February to £12.2m and then decreased further by £4.5m in March to £7.7m. The breakdown in March is £2.1m



## Be a Sustainable Organisation

(27%) from NHS organisations; £5.0m (65%) from Local Authorities; and £0.6m (8%) from other parties.

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

|                               |       |
|-------------------------------|-------|
| NHS Cambs & Pboro CCG         | £0.8m |
| Luton Borough Council         | £0.7m |
| Cambridgeshire County Council | £3.7m |

3.4. For the debt over 90 days old, as this is predominantly due from NHS and Local Authority bodies, it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period (month 12) Cambridgeshire County Council and NHS Cambs & Pboro CCG have subsequently paid £2.4m and £0.6m respectively to reduce their outstanding balance.

### 4. Capital spend

4.1. Capital spend to date is £3.3m against a plan of £3.2m. The main areas of spend are IT equipment (£0.9m), North Cambs Hospital building works (£0.7m), Nash House refurbishment (£0.7m) and Princess of Wales Hospital development (£0.6m). The Trust received additional PDC funding for IT Digitalisation to fund the spend over plan.

### 5. Use of resources

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

### 6. Contract performance

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

