

|                                      |  |
|--------------------------------------|--|
| Title:                               | Integrated Governance Report   |
| Report to the:                       | Trust Board  |
| Meeting date:                        | 24 <sup>th</sup> January 2024  |
| Agenda item:                         | 6  |
| Report authors & Executive sponsors: | <ul style="list-style-type: none"> <li>▪ Steve Bush, Director for Children &amp; Young People's Services</li> <li>▪ Rachel Hawkins, Director of Corporate Affairs</li> <li>▪ Kate Howard, Chief Nurse</li> <li>▪ Anita Pisani, Deputy Chief Executive</li> <li>▪ Mark Robbins, Director of Finance &amp; Resources</li> <li>▪ David Vickers, Medical Director</li> </ul> |

|                   |   |
|-------------------|---|
| Assurance level:  | <p><b>Substantial</b> <input checked="" type="checkbox"/></p> <p>Reasonable <input type="checkbox"/></p> <p>Partial <input type="checkbox"/></p> <p>Minimal <input type="checkbox"/></p>  |
| Rationale:        | <ul style="list-style-type: none"> <li>- Key evidence contained in this report and triangulation of this information with all Committee reports, particularly the Clinical Operational Boards.</li> <li>- The recommendation of assurance from the executive team which is outlined in the assurance framework that has been approved by the Trust Board and as detailed in this report.</li> <li>- Any action necessary from the rating and outcome required.</li> </ul> |
| Assurance action: | <ul style="list-style-type: none"> <li>- The Trust Board is asked to discuss and agree the assurance rating and the actions agreed in line with the agreed escalation framework.</li> </ul>   |

## 1.0 Executive Summary

- 1.1 This Integrated Governance Report (IGR) has been produced following the Clinical Operational Board meetings that took place on 9<sup>th</sup> January (Children & Young People's) and 10<sup>th</sup> January (Adults). The key matters and escalations reports from these meetings are attached as supporting information (documents 1 and 2) alongside the appendices.
- 1.2 The report brings together the quality, performance, workforce and finance information for October and November 2023 along with key risks and issues, to provide the Trust Board with assurance of delivery against the agreed strategic objectives and indicators.
- 1.3 Any exceptions are reported against three of the four strategic objectives included within the body of the report.

## 2.0 Recommendation

2.1 The members are asked to:

- **discuss** the report and review the assurance summary for each objective as outlined in the report.
- **confirm** that the information contained in the Report, along with the key issues reports from the clinical operational board committee meetings, support the recommended overall assurance rating of **SUBSTANTIAL** assurance.

## 3.0 How the report supports achievement of the Strategic Objectives:

|                           |  |
|---------------------------|--|
| Provide outstanding care: | The report assesses quality, performance, workforce and finance against each of the Trust's objectives |
| Be collaborative:         | This report does not include progress against this objective   |
| Be an excellent employer: | The report assesses quality, performance, workforce and finance against each of the Trust's objectives |
| Be sustainable:           | The report assesses quality, performance, workforce and finance against each of the Trust's objectives |

## 4.0 How the report supports tackling Health Inequalities

4.1 Progress towards delivery of the agreed equality and diversity objectives domain 1 (see page 15) and domains 2 and 3 (see page 33) are included with this report.

## 5.0 Links to Board Assurance Framework / Trust Risk Register

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

## 6.0 Legal and Regulatory requirements

6.1 All Care Quality Commission Key Lines of Enquiry and fundamental standards of care are addressed in this report.

## 7.0 Previous report

7.1 Integrated Governance Report, 22<sup>nd</sup> November 2023.

## 8.0 Key Highlights [executive summary]

8.1 This Integrated Governance Report (IGR) has been produced following the Clinical Operational Board meetings that took place on 9<sup>th</sup> January (Children & Young People's) and 10<sup>th</sup> January (Adults). The key matters and escalations report from these meetings are attached at documents 1 and 2 to this report.

- 8.2 The Children & Young People’s report provided **reasonable** assurance and the Adults and Ambulatory reports both provided **substantial** assurance as confirmed at the Clinical Operational Board meetings.
- 8.3 The reporting period covers the quality, performance, workforce and finance information for October and November 2023 and includes the key risks and issues, to provide the Board with assurance of delivery against the agreed strategic objectives and indicators.
- 8.4 The Assurance Framework (Appendix 1) that is used in this report reflect the five Care Quality Commission (CQC) key lines of enquiry, as agreed by the Trust Board at the beginning of the financial year.
- 8.5 For three of the Trust’s four objective (progress against the Be Collaborative objective is now reported separately to the Board), 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 CQC domains of safe, caring, effective of safe, caring, effective, responsive, and well led.
  - any exceptions are reported against the strategic objectives within the body of the report.

**Assurance:**

- 8.6 The executive recommends an overall rating of **substantial** assurance to the Trust Board as set out in the following chapters and summarised at the beginning of each section and in the table below:

| Strategic Objective      | Safe               | Caring             | Effective            | Responsive           | Well Led           |
|--------------------------|--------------------|--------------------|----------------------|----------------------|--------------------|
| Provide Outstanding Care | <b>Substantial</b> | <b>Substantial</b> | <b>Substantial</b> ↑ | <b>Substantial</b> ↑ | -                  |
| Be an Excellent Employer | <b>Reasonable</b>  | -                  | <b>Reasonable</b>    | -                    | <b>Substantial</b> |
| Be Sustainable           | -                  | -                  | -                    | -                    | <b>Reasonable</b>  |

**9.0 Key Matters**

- 9.1 Substantial assurance ratings for safe, caring, effective and responsive are provided for the outstanding care chapter. The effective rating increased from reasonable to substantial, because of the improvement in information governance mandatory training since the last report. In addition, assurance for responsive improved to substantial in this report because of improved performance to formal complaints, Freedom of Information (Fols) inquiries and 100% of services having agreed waiting list improvement plans in place. Waiting list performances were discussed at length at both Clinical Operational Boards where the plans are scrutinised in more detail.

- 9.2 In the excellent employer chapter, the assurance ratings for safe and effective are confirmed as reasonable and for well led, substantial. As reported in the Clinical Operational Boards, staffing pressures continue for some services including health visitors and school nurses trust wide, Audiologists in Luton and speech & language therapies in Bedfordshire & Luton, although there are plans in place to respond to these pressures. Positively, since the last report, appraisal rates have further increased to 90.69% but are still below target of 92%. Monthly sickness rates have also increased in the period to 6.1%. Stability remains above target level for the period.
- 9.3 The sustainability chapter highlights the increasing risks to services, due to increasing demand, increased pay and non-pay inflation and funding increases which are not mitigating these pressures. As a result, non-recurrent underspends support the delivery of the year-to-date position. Work on efficiency plans continue and the assurance rating for this reporting period is reasonable.

## 10.0 Key Risk Register:

- 10.1 At the end of the reporting period there were no risks scoring 15 and above.
- 10.2 All risks scoring 12 and above are received and reviewed by Trust Board Committees including the Clinical Operational Boards. The Committee key issues reports identify any new and emerging risks in the reporting period.
- 10.3 The strategic risks on the Board Assurance Framework that relate to three of the four strategic objectives are summarised at the beginning of each of the chapters in this report.

## 11.0 Key Issues Register:

- 11.1 There remain nine issues scoring 4 Major on the issue register, no new issues were added to the issue register for this reporting period.

## 12.0 Key Escalations

- 12.1 No matters were escalated by the Clinical Operational Boards; however, the following were noted:
- Safeguarding level 3 training below compliance levels for teams. Services are focused on improvement in this area, however, the Board noted that this is an area where achieving/maintaining compliance is a challenge. Further discussions to take place with Chief Nurse and Assistant Director of Safeguarding to identify if any other options available to help improve compliance levels.
  - Forecast overspend across iCaSH services. This has reduced since the last meeting and work continues to reduce this further.

## 13.0 Outstanding practice for noting

- **Luton Adults** – Luton Tuberculosis team taking part in the find and treat event in Luton in December 2023.
- **Bedfordshire Adults** – achieving 100% friends and family feedback in both October and November 2023.
- **Dynamic Health** – service has been commended by safeguarding colleagues in how MSK teams are identifying and managing domestic violence cases.

- **Dental Services** - providing an emergency dental service for the homeless in Peterborough working collaboratively with the Light Project and other CCS services such as Dynamic Health and iCaSH. This started in November.
- **iCaSH** – service wide engagement in research activities – very active in this area with a number of different examples of research taking place.
- **Children & Young People’s Services** have made positive progress with their Cost Improvement Programmes, with BLMK CYP services achieving 72% of its targets in a short period of time.

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### **Appendices:**

Appendix 1: Integrated Governance Report Assurance Framework

Appendix 2: Quality Dashboard

Appendix 3: Infection Prevention and Control Board Assurance Framework

Appendix 4: Statistical Process Control Chart

### **Supporting Information:**

Document 1 – Key matters and escalations report from the Children & Young Peoples Clinical Operational Board

Document 2 – Key matters and escalations report from the Adults Clinical Operational Board

# Provide Outstanding Care

## A: Assurance Summary

|                          |   |                           |
|--------------------------|---|---------------------------|
| <p><b>Safe</b></p>       | <ul style="list-style-type: none"> <li>• 97% of incidents were categorised as no or low harm in October/November <b>(S1) (Substantial)</b>.</li> <li>• 100% of all relevant patient safety incidents statutory duty of candour have been completed <b>(S2) (Substantial)</b></li> <li>• There were no 'never events' reported in October/November <b>(S3) (Substantial)</b></li> <li>• &gt;75% of open actions relating to a SI (Serious Incident) are on target for completion <b>(S4) (Substantial)</b></li> <li>• The staff flu vaccination – commenced in mid-September, with reporting starting in October, (current rate at the time of writing is 55%) <b>(S5) (Substantial)</b></li> <li>• The IPaC (Infection Prevention and Control) Board Assurance Framework is being monitored and highlighted to Board every 6 months. Where there are gaps in practice an action plan is in place to address them <b>(S6) (Reasonable)</b>.</li> </ul> | <p><b>Substantial</b></p> |
| <p><b>Caring</b></p>     | <ul style="list-style-type: none"> <li>• 90% of services received over 90% positive feedback from the FFT(Friends and Family Test). 100% of Directorates scored over 90% <b>(C1) (Substantial)</b>.</li> <li>• 8 out of 11 complaints were responded to within 35 or 40 days, however 9 out of 9 standard complaints were responded to within the timeframes agreed by the complainant <b>(C2) (Substantial)</b></li> <li>• 100% of all Directorates and 100% of individual services received complimentary feedback <b>(C3) (Substantial)</b>.</li> </ul>  | <p><b>Substantial</b></p> |
| <p><b>Effective</b></p>  | <ul style="list-style-type: none"> <li>• The Equality and Diversity Objectives are on track for delivery <b>(E6) (Substantial)</b>.</li> <li>• Overall Information Governance mandatory training levels are at 95% (target level 95%) <b>(E2) (Substantial)</b>.</li> </ul>   | <p><b>Substantial</b></p> |
| <p><b>Responsive</b></p> | <ul style="list-style-type: none"> <li>• All of our service areas with waiting lists have an improvement plan that is agreed and being delivered <b>(R1) (Substantial)</b></li> <li>• 11 out of 11 formal complaints are acknowledged within 3 working days <b>(R2) (Substantial)</b>.</li> <li>• 98% and 100% (October and November) of valid requests for information are provided to applicants within 20 working days of their receipt into the Trust <b>(R3) (Reasonable)</b>.</li> </ul>  | <p><b>Substantial</b></p> |

## B: Risks to Achieving Objectives

### Strategic Risks:

1. **Risk ID 3562** - *There is a risk service's safeguarding work across all localities is unable to be managed within the staffing capacity available and that this may result in children, young people and adults being left without adequate safeguarding measures (Risk Rating 12).*

# Provide Outstanding Care

*There is a potential for reduced staff capacity impacting negatively on emotional wellbeing and so this risk is also linked to issue 3531.*

2. **Risk ID 3502** - *There is a risk that if industrial action is taken within the Trust that affected areas will be unable to deliver their services, which will lead to patients/ service users not receiving the care that they need and potentially negatively impacting staff morale (Risk Rating 12).*
3. **Risk ID 3530** – *There is a risk that if the Trust cannot meet the requirements of the CQC's (Care Quality Commission) fundamental standards of care, patients may not receive high quality care and the impact of this would be a poorer experience for the patient and the potential that the Trust would not maintain its outstanding rating (Risk Rating 12)*
4. **Risk ID 3586** – *There is a risk that heading into winter 2023 - 2024 there is an increased likelihood of winter virus's affecting our people's health, increasing sickness absence or carers leave. Increased staff absence due to sickness will affect our ability to deliver care to our patients. It will increase pressure on those who are at work, potentially affecting morale (Risk Rating 12)*

## Related Operational Risks 15 and Above

1. *None.*

## C: Overview and Analysis (Including Information from the Quality Dashboard – Appendix 2)

### **SECTION ONE – SAFE DOMAIN**

|             |   |                    |
|-------------|---|--------------------|
| <b>Safe</b> | <ul style="list-style-type: none"> <li>• 97% of incidents were categorised as no or low harm in October/ November <b>(S1) (Substantial)</b>.</li> <li>• 100% of all relevant patient safety incidents statutory duty of candour have been completed <b>(S2) (Substantial)</b>.</li> <li>• There were no 'never events' reported in October/ November <b>(S3) (Substantial)</b>.</li> <li>• &gt;75% of open actions relating to a SI (Serious Incident) are on target for completion <b>(S4) (Substantial)</b>.</li> <li>• The staff flu vaccination – commenced in mid-September, with reporting starting in October, (current rate at the time of writing is 55%) <b>(S5) (Substantial)</b>.</li> <li>• The IPaC (Infection Prevention and Control) Board Assurance Framework is being monitored and highlighted to Board every 6 months. Where there are gaps in practice an action plan is in place to address them <b>(S6) (Reasonable)</b>.</li> </ul> | <b>Substantial</b> |
|-------------|---|--------------------|



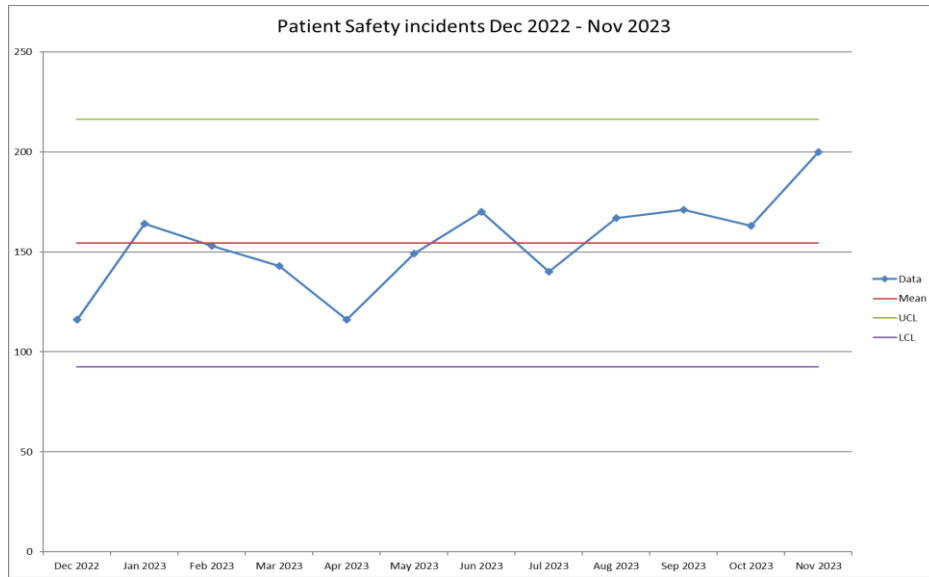
# Provide Outstanding Care

## 1.0 Patient Safety

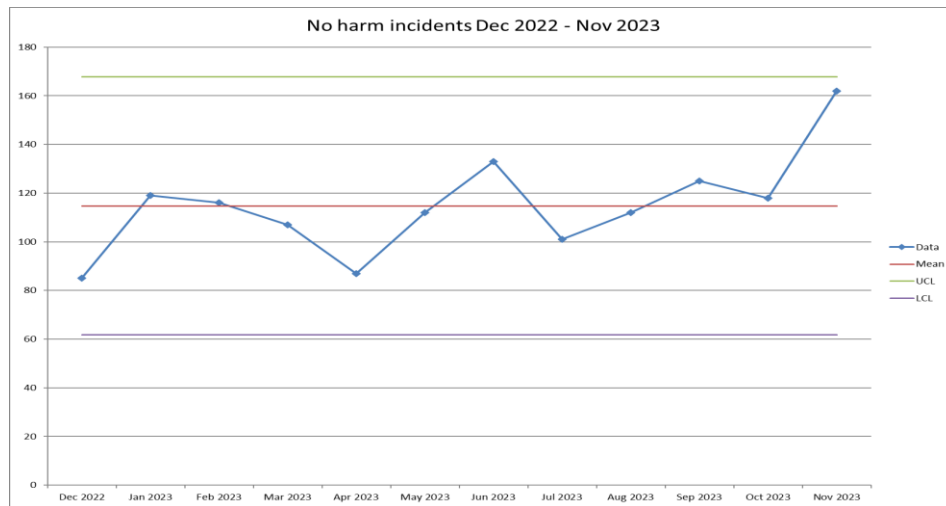
- 1.1 As a Trust we continue our journey to transition to the Patient Safety Framework (PSIRF). We have ceased the previous model of 'panel meetings' and have moved to 'Safety Huddles' from November 2023 which take an involvement and quality improvement approach.
- 1.2 One Serious Incident was declared in October 2023 which related to the management of constipation in a young person with complex needs and occurred within the Bedfordshire Community Service. The external submission date for this incident is the 5<sup>th</sup> of January 2024. Initial learning has been identified and actions to address this undertaken.
- 1.3 No Serious Incidents or Patient Safety Incident Investigations (PSII) were declared in November 2023. No Never Events were declared in October or November 2023.
- 1.4 No SI's were submitted for closure by local Integrated Care Boards (ICB's) during the period. Action plans on previously submitted Serious Incidents continue to be reviewed and support to make improvements identified from actions is provided. As at the time of writing, there is one outstanding action assigned to SI's, which relates to a Standard Operating Procedure for the supervision of insulin administration. The delay in development is linked to ensuring it reflects systemwide practice.
- 1.5 As mentioned above, as from 22 November 2023, we moved away from individual incident panel meetings to a Safety Huddle. however, the identification of the need for further review remains unchanged with an initial triage by the Patient Safety Team or local service/ teams being the catalyst to prompt a review. The Safety Huddle is attended by Quality Team members including the Safety Team and Safeguarding Team together with Patient Safety Partners and service representatives. The Safety Huddle agree next steps against the Patient Safety Framework and/
  - 1.6 or closure and approve submitted investigation reports whilst considering whether the theme of the incident links to existing improvement plans or the agendas within Communities of Practice.
  - 1.7 A total of 10 panel meetings were held in October 2023 with seven of them including a safeguarding element. Six panel meetings were held in November with four having a safeguarding element. Four Safety Huddle discussions were held in November with three having a safeguarding element.
  - 1.8 The graphs below highlight those patient safety incidents that occurred under our care and includes the two-month period of October and November 2023. These incidents totalled 363, which is an increase of 25 incidents on the previous two-month period. As services develop and grow it is expected to see increased reporting as part of a healthy, open culture.

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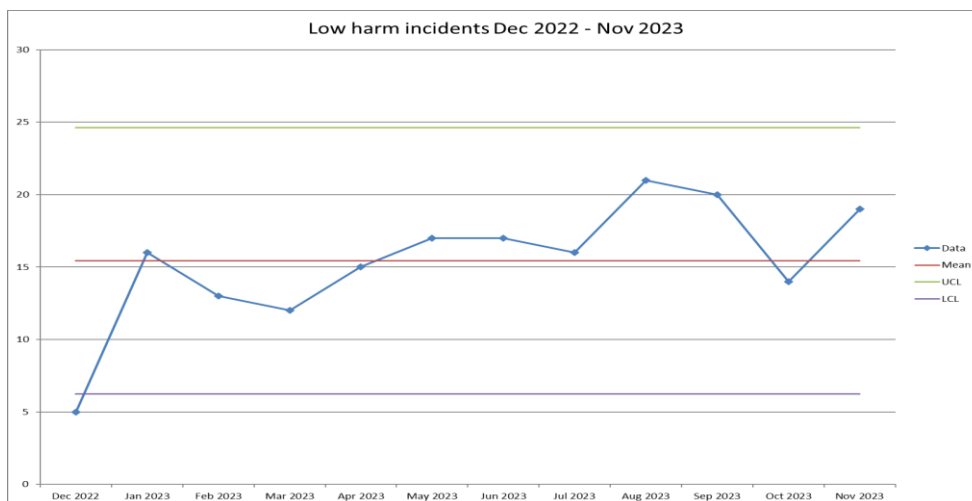
Graph 1



Graph 2

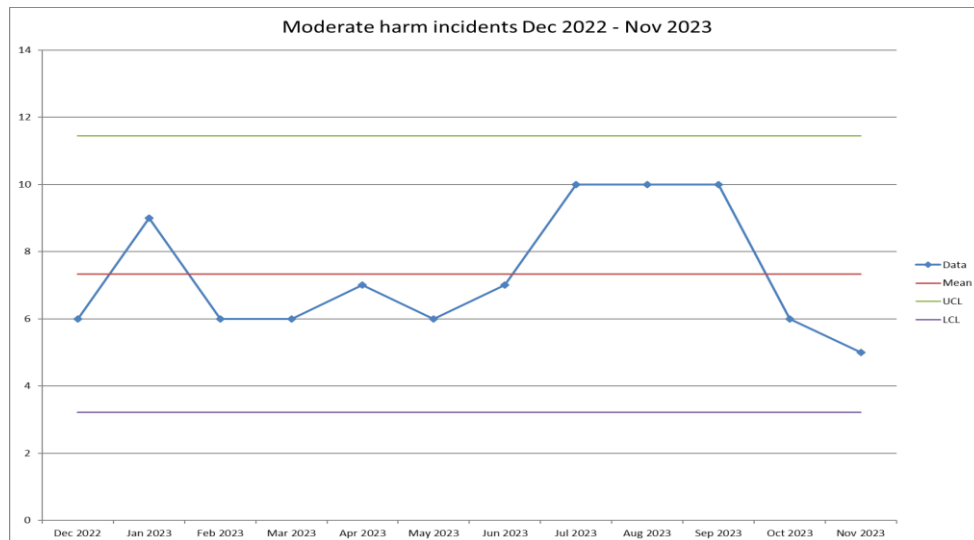


Graph 3



# Provide Outstanding Care

Graph 4



1.9 As referenced above, there has been an increase in the number of incidents reported over the 2-month period. As this is the first time utilising SPC (Statistical Process Charts) for this data, Mapping 11 months' worth of incident reporting numbers has shown that the latest figures although showing an increase, are within the expected range for the Trust.

1.10 Of the 363 incidents (October and November), 88% were no harm incidents, 9% low harm and 3% moderate harm (August and September were 82%, 13% and 5% respectively).

1.11 Eleven moderate harm incidents (whilst under the Trust's care) were reported, which is a decrease of nine incidents on the previous two-month period. Nine of these incidents were reported by the Luton Adult Service and relate to preventable wounds.

1.12 The remaining two incidents related to a retrospective report of an incident within the Large-Scale Vaccination (LSV) service when the vaccine was administered into the incorrect part of the arm and a preventable wound in the Luton Children's Community Nursing service.

1.13 Moderate/ high harm incidents, whilst the person is under the care of CCS (Cambridgeshire Community Services), require the application of the statutory Duty of Candour. For the 2-month period of October and November 2023 the Statutory Duty of Candour was completed (or there is documented rationale for why it was not appropriate to complete) for all the eleven incidents.

## 1.14 Incident Themes (all incidents)

1.14.1 Datix reports in generic categories and the categories we see reflected in the top three reported (for each month) are as follows:

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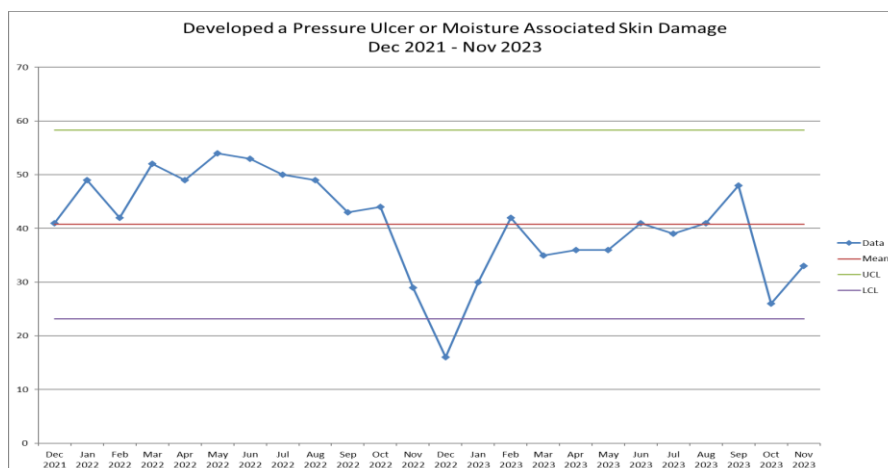
| October  | November  |
|--|---|
| <ul style="list-style-type: none"> <li>• Clinical assessment &amp; treatment <b>75</b></li> <li>• Access, admin, transfer &amp; discharge <b>64</b></li> <li>Medication <b>43</b></li> </ul> | <ul style="list-style-type: none"> <li>• Clinical assessment &amp; treatment <b>85</b></li> <li>• Access, admin, transfer &amp; discharge <b>80</b></li> <li>Patient information <b>56</b></li> </ul> |

1.14.2 A Trust wide view of themes within each of the categories above noted the following:

1.14.3 Clinical Assessment and Treatment: All pressure ulcers and moisture-associated skin damage (MASD) were reported under this category, both for those acquired on and off caseload. Of the reported 180 incidents, 63 related to 'developed pressure ulcer or moisture associated skin damage with 59 being under the Luton Adults Service. A further 15 incidents related to patients who 'acquired a skin tear' which are deemed to be off caseload and are 'happened upon incidents'.

1.14.4 Of the Luton Adults 59 incidents, only 31 were deemed to have occurred whilst the patient was on active caseload with the remainder split as follows: Another Organisation 16, Domiciliary Care Agency 6, No Professional Health/Social Care input 6. The Pressure Ulcer Prevention Programme remains in place and is being reviewed via the service's internal governance processes. The SPC Graph below shows a decrease in the number of reported incidents over the last two years.

Graph 5



1.15 Access, administration, transfer, and discharge: Of the 144 incidents reported under this category, 53 related to failure to refer (into Trust services); with 26 incidents relating to a failure to provide antenatal information to the Trust's Healthy Child Programme (HCP). This is a significant decrease from the previous 2-month reporting period (August and September 2023) when the figures were 91 and 48 respectively. This is due in the main to an improvement piece of work with Maternity Services, all cases are discussed by the clinical leads at the Maternity/ HCP Liaison Meetings.

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- 1.16 **Patient Information:** there was a total of 99 incidents reported in the 2-month period (October 43 November 56), 28 of which were categorised as documentation misfiled, 25 as healthcare record – missing/ inadequate/ illegible and 18 as healthcare record – mislabelled. 97 incidents were graded as no harm and the remaining two as low harm; only one of which was whilst under CCS care and relates to psychological harm because of an antenatal letter being sent to a patient who was no longer pregnant.
- 1.17 **Medication:** There was a total of 82 incidents reported in the period with 37% (30) being whilst under the care of the Trust – all of which were graded as no harm or low harm. A breakdown of the subcategory and degree of harm is given below, this information is highlighted/ discussed within the Medication Safety Governance Group (MSGG).

Table 1

|                                    | No Harm   | Low (Minimal Harm) | Total     |
|------------------------------------|-----------|--------------------|-----------|
| Administration (Meds)              | 28        | 2                  | 30        |
| Dispensing (by Pharmacy)           | 7         | 0                  | 7         |
| Medication Security                | 5         | 0                  | 5         |
| Monitoring & Advice (Meds)         | 5         | 0                  | 5         |
| Prescribing                        | 16        | 0                  | 16        |
| Unspecified Other Medication Issue | 16        | 3                  | 19        |
| <b>Total</b>                       | <b>77</b> | <b>5</b>           | <b>82</b> |

## 1.18 National Patient Safety Alerts

- 1.18.1 There is a robust process in place for managing and acting on alerts through the Safety Team which is overseen by the Deputy Chief Nurse. The Chief Nurse and Medical Director are alerted to all relevant alerts via Datix and participate as needed in Task and Finish Groups to address the issues. Details of all safety alerts are shared via the Trust's Intranet site.
- 1.18.2 In October and November 19 alerts were received: (October 8, November 11). There was one National Patient Safety alerts issued which has been addressed by the Trust.
- 1.18.3 The National Patient Safety Alerts (NatPSA) was as follows:

NatPSA/2023/013/MHRA – Valproate: organisations to prepare for new regulatory measure for oversight of prescribing to new patients and existing female patients.

Actions taken:

- Standing agenda item at the MSGG.
- Systemwide approach and working groups set up in BLMK, Cambs & Peterborough and Norfolk, Waveney & Suffolk.
- Pharmacists are members of the local working groups.

# Provide Outstanding Care

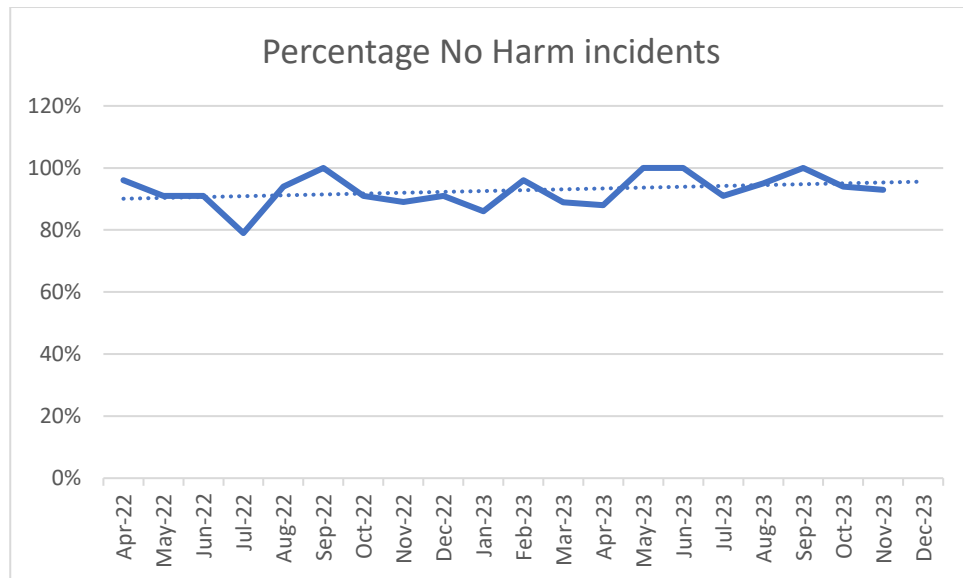
## 2.0 Medicines Management

### 2.1 Medicines Incidents

The Statistical Process Control chart presented in the November report will be updated for the next Integrated Governance Report when Quarter 3 data will be available.

### 2.2 Level of Harm

The chart below shows the percentage of no-harm medication incidents attributable to CCS each month since April 2022, the trendline has increased from 92% to around 95%.



### 2.3 Medicines Risks

#### 2.3.1 Risk of inaccurate dosing of medicines with enteral syringes

Following publication of the Neonatal and Paediatric Pharmacists Group's updated position statement on this matter (prompted by an incident within the Trust), the Trust's Medication Safety Officer is working in collaboration with colleagues in neighbouring Trusts, the Integrated Care Board's and community pharmacies. This is a complex issue, which requires a proportionate and appropriate response, work remains ongoing.

### 2.4 National Shortage of medicines for ADHD

A new risk has been added to the Risk Register relating to the national shortage of medicines used to treat ADHD (Attention Deficit Hyperactivity Disorder).

2.4.1 This has been the subject of local / national news reports which have increased public / patient anxiety. The Pharmacy Team has worked hard to glean intelligence regarding local availability of the relevant medicines and to work with clinicians in resolving issues. The situation is gradually recovering but it does not appear that the situation will be resolved very quickly.

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## 3.0 Safer Staffing

### 3.1 Luton Adults

The Community Nursing team in Luton commenced using Civica's (Malinko) acuity tool on 18 December 2023. This will aid daily clinical assessment, acuity assessment and prioritisation of scheduling. It requires a robust communication and training plan to ensure effective roll-out.

3.1.1 Luton Adults Team continue to report their staffing position each day via the daily Sitrep, reporting is completed manually via an Excel spreadsheet; however, work is being undertaken to establish an automated Sitrep to support the daily reporting of staffing and capacity. Since January 2023, the average OPEL (Operational Pressures Escalation Levels) has averaged 2, demonstrating an improved staffing position, and the more stable total headcount in Luton & Bedfordshire Adult's services throughout 2023 also evidences this improved picture despite a high average vacancy rate between 1 June and 30 November 2023.

3.1.2 In October and November 2023, the service did not enter Business Continuity Planning.

3.1.3 A planned meeting with the Health Roster Team was scheduled for mid-November. This was postponed due to needing additional time to revise the shifts template.

### 3.2 Children's Specialist and Community Nursing (CCN)

A meeting in December for Children's & Specialist Community Services agreed the following trust-wide actions: the team will continue working on the Children's Community Operational Pressures Escalation Levels (CCOPEL) guidance chart and service flowchart. CCN guidance will be developed, which will be service wide, and a SOP (Standard Operating Procedure) will be finalised at the time of schedule roster utilisation as per the Trust-Wide plan, which is likely to be during quarter 2 of 2024-25.

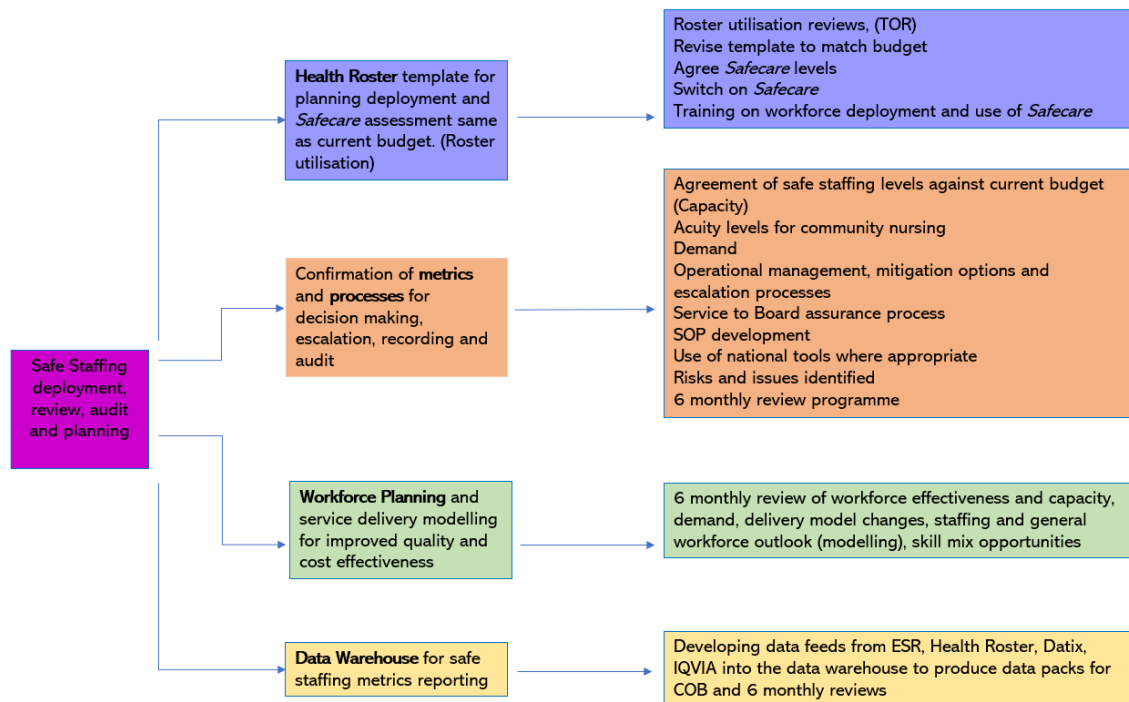
### 3.3 0-19 Services

The Safer Staffing Project will form part of the Trust's 0-19 transformation work; it has been added to the Transformation Project Plan but will also coordinate with Roster Utilisation Reviews discussed below, anticipated to be Q2 of 2024.

### 3.4 Trust-Wide Plan

3.4.1 The diagram below illustrates the 4 workstreams of the project and inter-dependencies with Workforce, Finance and IT support services:

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3.4.2 Roster utilisation reviews are scheduled for the new year to enable matching budgeted establishment with Health Roster. The roll out of the Safer Staffing Project Plan will follow in line with the roster reviews, after which SafeCare will be switched on in Health Roster.

3.4.3 The Safer Staffing team will work closely with the Health Roster team to identify thresholds and red flags with each service, from which Staffing Safeguards SOPs will be developed. Luton and Bedfordshire Adult Services will be reviewed first with the planned roll-out spanning all of 2024.

3.4.4 Baseline staffing numbers for all services will be embedded in Health Roster as the budget will match the roster and will inform SafeCare for operationalising safer staffing on a daily/ weekly basis.

3.4.5 Establishment reviews will be scheduled bi-annually, June and December, when staffing metrics will be analysed via a digital dashboard. The reviews will be attended by colleagues from across the Trust and will use established metrics.

## 4.0 Safeguarding

4.1 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 Children's MASH (Multi-Agency safeguarding Review) Functions

There continues to be some pressures within all systems related to the health contribution to MASH with Cambridgeshire & Peterborough having the highest level of workload, executive level discussions related to staffing capacity to meet demand and respond to the Peterborough Ofsted action plan agreed across the partnership in 2023 are on-going.



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- There has been a change of recording in units on S1 within the BLMK (Bedford, Luton & Milton Keynes) universal teams and as such there is now work to be undertaken on ensuring the data taken from SystmOne is accurately reflecting the work being completed for MASH.
- The Bedfordshire & Luton MASH is now being supported by the operational teams in the 0-19 service with additional support with strategy discussions from the newly developed Pan-Beds Safeguarding Children Team.

## 4.3 Staffing

The staffing capacity issues related to a number of Safeguarding Teams across the Trust has improved over the last quarter with successful recruitments and support from Bank and Agency Staff. The Business Continuity Plan has been updated to include mitigations for all capacity issues and has been shared with and developed alongside the teams and Chief Nurse. Work is on-going to fill the remaining vacancies.

## 4.4 Supervision

4.4.1 The level of mandated safeguarding children supervision has been impacted upon by the staffing capacity in the teams however this is being managed by the Business Continuity Plan that has been implemented.

4.4.2 There has been an improvement in the safeguarding compliance data across each of the localities, and where there has been low compliance there are plans in place to support practitioners alongside their line managers to address any barriers to this.

## 4.5 Audit Plan

Audit activity has been previously impacted by team capacity. However, the data from the new safeguarding dashboards is already being interrogated and audits are planned in relation to how practitioners escalate concerns (following a professional disagreement). In addition, there is a intent to review referral to social care data for children with a view to ensuring the learning from record keeping and clinical care is embedded into practice, with a further annual audit in place to support quality assurance.

## 5.0 Infection Prevention and Control (IPaC)

5.1 Assurance is provided to the Board that all the national IPaC documents have been reviewed and incorporated into Trust policies and Operating Procedures, IPaC issues continue to be discussed at the weekly IPaC huddle and are then reported as appropriate to the Resilience Operational Huddle.

5.2 From April 2023, the government updated guidance for lateral flow device testing. Only staff working with patients who are at high-risk e.g., severely immune-compromised, need to carry out an LFT test if they have Covid-19 symptoms. With the new restrictions staff are currently testing using their own stock to aide their diagnosis and not necessarily reporting to the Trust's Covid-19 portal. Because of this, few staff are currently reporting positive Covid-19 tests.

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5.3 The percentage of staff trained in IPaC continued to increase following the previous period. With the target set at 90%, staff reported a compliance of 92% in October and 93% in November 2023.

5.4 All clinical staff are required to be assessed on the hand hygiene facilities available to staff, on their hand decontamination techniques and against the Trust's Infection Prevention and Control Policy. As there is no national requirement to complete the UV assessment, however the monthly compliance is demonstrating an increase in staff compliance from low 80% to 85% in October and 84% in November 2023. The IPaC Team have continued to train additional staff to undertake UV assessment including office-based staff who can schedule appointments with minimal disruption to services. Progress will be monitored and discussed at the IPaC huddle and the IPaC Committee.

5.5 The formal staff flu vaccine programme has now finished; however, staff can still access vaccines if needed via ad hoc clinics. At the time of writing the flu vaccine uptake for clinical facing staff was 55.06%. This is against a backdrop of the East of England vaccine uptake data of 36.6%.

## 5.6 Other infections

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

## 5.7 Board Assurance Framework (BAF) for IPaC

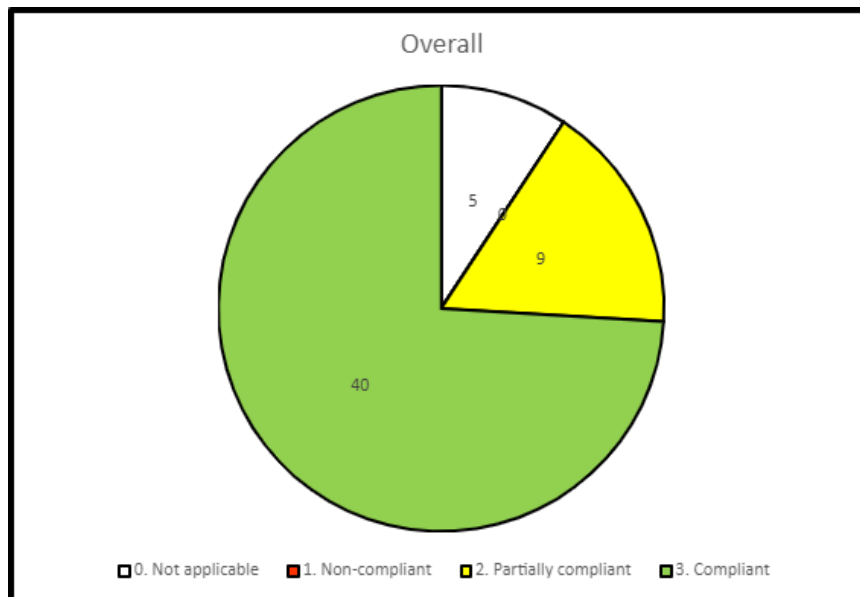
5.7.1 The purpose of the framework is to provide an assurance structure for the Board against which the system can effectively self-assess compliance with the measures set out in the National Infection Prevention and Control Manual and other related disease-specific infection prevention and control guidance issued by the UK Health Security Agency (UKHSA). The aim of this document is to identify risks associated with infectious agents and outline a corresponding systematic framework of mitigation measures.

5.7.2 The Trust has developed a revised post Covid-19 IPaC Board Assurance Framework (Appendix 3) which incorporates the criterion and links to the Care Quality Commission regulations.

5.7.3 Trust compliance is reviewed monthly at the IPaC huddle and presented at the IPaC Committee. The framework demonstrates that the Trust's current compliance continues to improve against the IPaC BAF actions.

5.7.4 Chart 1 below, shows the overall level of compliance for the Board Assurance Framework for the Trust by the end of November.

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- The BAF is reviewed monthly by the IPaC huddle. No major concerns have been identified and progress to full compliance continues. Risks are reviewed and any strategies to mitigate have been identified.
- With the review of the Antimicrobial Strategy and Policy, the Trust was able to change 2 requirements from partial to full compliance, within the reporting period.
- The Trust will be moving towards using the national IPaC manual in Quarter 3 where compliance to criterions 1 and 9 will be achieved.
- There are some criterions where we have limited influence on due to external processes e.g., Laboratory accreditation. These are discussed at every IPaC Committee to monitor progress. Progress has been made in receiving additional cleaning reports from outside the Trust’s main contractor.

## **SECTION TWO – CARING**

|               |   |                    |
|---------------|---|--------------------|
| <b>Caring</b> | <ul style="list-style-type: none"> <li>• 90% of services received over 90% positive feedback from the FFT(Friends and Family Test). 100% of Directorates scored over 90% <b>(C1) (Substantial)</b>.</li> <li>• 8 out of 11 complaints were responded to within 35 or 40 days. However, 9 out of 9 standard complaints were responded to within the timeframes agreed by the complainant <b>(C2) (Substantial)</b>.</li> <li>• 100% of all Directorates and 100% of individual services received complimentary feedback <b>(C3) (Substantial)</b></li> </ul> | <b>Substantial</b> |
|---------------|---|--------------------|

# Provide Outstanding Care

## 6.0 Patient Experience

### 6.1 Friends and Family Test (FFT)

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

6.1.2 We received 2560 responses in October and 3761 in November, this is over 1200 more than the previous two-month period, an increase was expected due to the reduction seen in August (holiday season). The number of responses in October was the highest since May 2021 when response rates increased due to feedback being received from service users accessing the Large Scale Vaccination Centres. The rates have been reviewed and this increase was largely due to iCaSH Norfolk receiving over 1000 more responses in November than in October. Below is a summary since April 2023.

|                      | Apr  | May  | June | July | Aug  | Sept | Oct  | Nov  | Total        |
|----------------------|------|------|------|------|------|------|------|------|--------------|
| <b>Trust Overall</b> | 1859 | 2412 | 2417 | 2739 | 2330 | 2712 | 2560 | 3761 | <b>20794</b> |

6.1.3 The overall Trust FFT positive feedback was 97.55%, with a 1.17% negative feedback percentage. We remain above the Trust target of 90% however two services were below the target.

6.1.4 Response numbers for Norfolk and Waveney Children's Services and Cambridgeshire Children's Services continue to be monitored. Norfolk and Waveney received fewer responses in October but there was an increase in November. Cambridgeshire received more responses in this period than the previous period.

### 6.2 Demographics of Service Users providing FFT feedback.

The FFT scores have been reviewed for each protected characteristic. The comments from the individuals who responded with poor and very poor have been reviewed and there were some comments related to protected characteristics or health inequalities. Comments are being monitored to consider any actions that may be needed.

## 7.0 Information Governance

7.1 The 2023/ 2024 Data Security Protection Toolkit is now available and will be completed by June 2024.

7.2 Mandatory Information Governance and Data Security Awareness training compliance as of October and November was 95% against the 95% national target. Service Directors are approached monthly with details of non-compliant staff with a request to encourage the completion of the mandatory training. In addition, individual staff members receive training reminders from the Trust's internal system, and the issue has been highlighted at the Wider Executive Forum.

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7.3 Between October 2023 and November 2023, 50 incidents (25 in October and 25 in November) were reported under the Confidentiality Breach incident category which was an increase on the 27 incidents reported in the previous period. Most incidents related to human error or administrative issues, and none met the threshold for reporting to the ICO (Information Commissioner’s Office). The Information Governance Manager assesses all information governance incidents and provides advice based on each individual issue.

## **SECTION THREE – EFFECTIVE**

|                  |  |                    |
|------------------|--|--------------------|
| <b>Effective</b> | <ul style="list-style-type: none"> <li>• The Equality and Diversity Objectives are on track for delivery <b>(E6) (Substantial)</b>.</li> <li>▪ Overall Information Governance mandatory training levels are at 95%(target level 95%) <b>(E2) (Substantial)</b>.</li> </ul> | <b>Substantial</b> |
|------------------|--|--------------------|

## **8.0 Equality Diversity Objectives**

8.1 An update on Domain 1 – Commissioned or provided services is detailed in the table below:

| <b>Objective</b>   | <b>Update</b>   |
|--|---|
| To ensure access to iCaSH (Integrated Contraceptive and Sexual Health) services is fully inclusive by improving the telephony platform and providing an online booking facility, following service-user involvement. | <ul style="list-style-type: none"> <li>• iCaSH along with the rest of the Trust will be moving/ has been moved to the British Telecom platform (in line with project timeframes) which will allow improved functionality for managing phone calls.</li> <li>• A number of other projects are running across iCaSH services to support improved telephony access, such as:               <ul style="list-style-type: none"> <li>• Central call taking in Norfolk, improving call response waits and sustainability.</li> <li>• 1st hour of day focusses on targeted capacity (in terms of taking calls) across all geographies, except Norfolk and Waveney.</li> <li>• An online booking platform pilot was launched in Bedfordshire in May with further rolls out planned during 2023.</li> <li>• Bedfordshire also launched a pilot of online ordering for repeat progestogen only pill (POP) in June, this will be rolled out across iCaSH sites as appropriate.</li> </ul> </li> </ul> |
| Continued service-user-led improvement within Trust wide iCaSH services, giving consideration to creative ways of obtaining patient feedback.  | <ul style="list-style-type: none"> <li>• The Ambulatory Care Co-production Lead has been in post for 6 months now and is working on various projects within iCaSH.</li> <li>• iCaSH have been the first service to use an ‘Involvement Partner’ to both shortlist and recruit to the service.</li> <li>• The Co-production Lead is currently investigating new ways to gather feedback on missed HIV (Human Immunodeficiency Virus) appointments.</li> </ul>  |

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|  |  |
|--|--|
| <p>Ensure the external approaches to iCaSH and Luton Adult Chronic Respiratory Service clinics are well- lit and well-maintained, to enhance asense of safety.</p>   | <ul style="list-style-type: none"> <li>• The Estates team have confirmed that the external approaches are well-lit, have CCTV (Closed Circuit Television) and are well-maintained.</li> <li>• iCaSH clinics are in town or city centres, with good public transport links.</li> <li>• Some estates are within shared health sites, such as Dunstable, Great Yarmouth, Cambridge, and Huntingdon.</li> <li>• Our clinics are AccessAble registered and compliant.</li> </ul>  |
| <p>Have access to the new Co-Production Co-ordinator for Luton Adults, to help engage with service users who may be vulnerable or unconfident, and co-produce service improvement for Luton Adult Chronic Respiratory Service.</p> | <ul style="list-style-type: none"> <li>• The Co- Production Co-ordinator joined the team in July. Her role is part funded by the ICB with a particular focus on health inequalities particularly in respiratory and diabetes to try to increase access for our seldom heard patient groups.</li> <li>• The initial plan is that the co-ordinator will set up a working together group for the community respiratory service. This group includes those with lived experience and aims to support the service to increase engagement in pulmonary rehab services. It is the aim to have it in place in in quarter 3/4.</li> </ul>   |
| <p>Trust wide: expand the scope of demographic data capture on our main Trust wide system (System One), with discussions about expanding data capture in Lillie (iCaSH) and Dentily (Dentistry)</p>                                | <ul style="list-style-type: none"> <li>• The Trust's Equality Diversity and Inclusion Lead and Workforce Lead (Data) are leading the discussions at the Data Quality Group and are working with clinical systems to expand our demographic scope.</li> <li>• A small pilot group from each area to test the templates commenced in September.</li> <li>• Bench marking exercise highlighted that the Trust is the only organisation we are aware of doing this work in such a robust way, therefore not able to access peer support with this project.</li> <li>• Training for staff (to support staff to ask the questions) has been developed with Co-Production Leads.</li> </ul> |

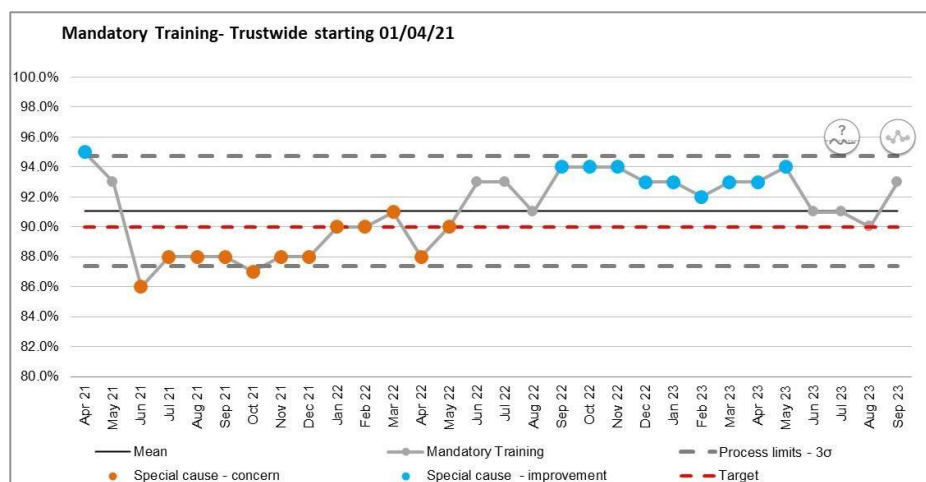
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## 9.0 Mandatory Training

9.1 Compliance in the recent additions to mandatory requirement on ESR (Electronic Staff Record) has continued to grow, 90% compliance across the new additions is to be reached by March 2024, with all now above target.

| Compliance Name  | Compliance % |
|--|--------------|
| NHS MAND Patient Safety – Level 1 – 3 years  | 95%          |
| NHS MAND Patient Safety – Level 2 – 3 years  | 91%          |
| NHS MAND The Oliver McGowan Mandatory Training on Learning Disability and Autism Part 1 E learning | 91%          |

9.2 Overall trust compliance for mandatory training in November was 93%.



## 10.0 Care Quality Commission (CQC)

### 10.1 New framework:

10.1.1 The CQC have been working with early adopters with planned assessments to trial their new single assessment framework. They have now started using the framework from the south of the country upwards and from January 2024, this new approach will apply to the Trust.

10.1.2 In the new framework, the 5 key questions remain (safe, effective, caring, responsive and well-led). The Key Lines of Enquiry have been replaced by 34 Quality Statements which have been derived from I Statements. Quality Statements, which are mapped to the regulations, are expressed as 'we' statements. The I Statements reflect what people have said matters to them, so there is a much greater emphasis on the people who use our services. There are 6 possible evidence categories which are mapped to each of the Quality Statements.

10.1.3 The new framework and approach to assessment will mean an ongoing assessment of quality and risk using data from multiple sources. Evidence the CQC collect or information they receive at any time can trigger an assessment and onsite inspections will be more targeted.



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They'll make judgments about quality more regularly, instead of only after an inspection, as they do currently. This will give the CQC flexibility to update ratings for the key questions and overall ratings when things change, based on more frequent assessment of evidence.

10.1.4 Scores, on a scale of 1-4, will be assigned to each evidence category for each Quality Statement assessed and aggregated to produce ratings for each of the key questions and a rating at service or Trust level.

10.1.5 Work is underway to align our internal self-assessment framework with the CQC's new single assessment framework, using a digital tool, with a plan for this to be rolled out in June as part of the self-assessment cycle of business.

## 10.2 Must do Action

Work continues to progress the Trust's Must-Do action:

"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 maintained."

- Following Executive approval, and in conjunction with Commissioners, a Transformation Programme Plan using Quality Improvement methodology has commenced within Trust wide Healthy Child Programme.
- This programme will deliver a stepped approach to meet the levels of vulnerabilities for each articulated circumstance. It involves the development of new roles, responsibilities and competency frameworks, and supervision will be reviewed and strengthened to encourage retention of staff, both existing and new. Partnership working with Family Hubs and system partners will be further strengthened. The programme is progressing to plan and is reported via the Transformation Board. The final version of the Workforce Structure Paper has been signed off, marking a significant milestone in the 0-5 workforce project development.
- Cambridgeshire, Peterborough and Norfolk have established Task and Finish Groups and in Bedford and Luton, workstream leads have been identified and the Implementation Plan finalised. Discussions have been initiated regarding 5-19 pathway with Local Authorities and ICBs, including around safeguarding protocols and revisions to activities.
- Additionally, vacancies are still being actively advertised and recruited into, with difficult to recruit to roles being subject to recruitment enhancements (where appropriate). There is also a number of 'training' roles that have been recruited into – which will provide staff with the opportunity to undertake the Specialist Community Practitioner qualification.
- Retention of our people is also being prioritised and several workstreams are being implemented, alongside appraisal conversations, supervision, and training/ development opportunities.



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## **SECTION FOUR – RESPONSIVE**

|                   |   |                    |
|-------------------|---|--------------------|
| <b>Responsive</b> | <ul style="list-style-type: none"> <li>All of our service areas with waiting lists have an improvement plan that is agreed and being delivered <b>(R1) (Substantial)</b></li> <li>11 out of 11 formal complaints are acknowledged within 3 workingdays <b>(R2) (Substantial)</b>.</li> <li>98% and 100% (October and November) of valid requests for information are provided to applicants within 20 working days of their receipt into the Trust <b>(R3) (Reasonable)</b>.</li> </ul> | <b>Substantial</b> |
|-------------------|---|--------------------|

### **11.0 Access to Our Services Including Referral to Treatment (RTT)/ Waiting Times**

#### **11.1 Children and Young People’s Services – Bedfordshire, Cambridgeshire and Peterborough**

11.1.1 The Bedfordshire and Luton Community Paediatric service has expanded the early intervention element of the service; this is reflected through the reduction of children waiting. However, there are a higher number of children waiting for an assessment with a Paediatrician.

11.1.2 Bedfordshire Community Paediatric service waits are at 54 weeks (12-week improvement last reporting period). The longest wait is in the Luton Community Paediatric service is at 52 weeks (a 13-week improvement from the last reporting period).

11.1.3 Table below shows the longest waits across specialist services:

| <b>Service Area</b>                                | <b>Longest wait (in weeks)</b> | <b>Previous reporting period</b> |
|--|--------------------------------|----------------------------------|
| Bedfordshire Community Paediatrics                 | 54↓                            | 66                               |
| Luton Community Paediatrics                        | 52↓                            | 65                               |
| Bedfordshire and Luton Speech and Language Therapy | 91↓                            | 94                               |
| Norfolk and Waveney Speech and Language Therapy    | TBC                            | TBC                              |
| Cambridgeshire Nutrition and Dietetics             | 63                             | 63                               |

11.1.4 To note the Norfolk Speech and Language Therapy Service is in the process of moving across to SystemOne’s 18wks RTT functionality.

#### **11.2 Bedfordshire and Luton Community Paediatric Services**

11.2.1 During the last period change ideas have been explored with clinicians to consider the best use of scarce clinical resource to improve current wait times. Actions in relation to the triage process, current wait list and children waiting a review have been suggested. In January 2024 these change ideas will be refined and implemented.

11.2.2 External waiting time communication has been co-produced with our Parent Carer Forums in the last period.

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11.2.3 Good progress is being made with the multi-agency Neuro-Developmental (ND) pilot. Each place-based pilot re-designs the way in which presenting needs are supported. The pilot in Bedford borough is due to launch in February 2024.

## 11.3 Bedfordshire and Luton Speech and Language Therapy

The service continues to experience high demand, particularly in relation to requests for advice for EHCPs. As reported previously, all 3 Local Authorities have agreed to invest non-recurrently in the service, to manage this demand. Recruitment has commenced for these posts.

## 11.4 Cambridgeshire Community Paediatrics

11.4.1 Clinical capacity continues to be a concern and both health input to special schools is reduced and demand for school aged autism assessments is increasing. There is also uncertainty around the provision of the Early Identification in Autism project beyond April 2024, which will further impact on our waiting times. The service has accepted more than 250 additional referrals in 2023 when compared with 2022.

11.4.2 The systemwide Neurodevelopmental Disorder (NDD) Stakeholder Steering Group continues with a focus on communication and pathway mapping, and waiting well workstream planning continues.

11.4.3 The Child Protection Medicals review/ system discussion will be overseen by the Children and Maternity Partnership and a first meeting is scheduled for January 2024. The following mitigations have been implemented: there is a Paediatrician on-call everyday Monday - Friday to triage referrals and provide consultation to professionals if needed and the service agrees to see Children and Young People on non-clinic days if clinical need indicates this.

## 11.5 Cambridgeshire Children's Dietetic Team

Demand and capacity challenges continue to impact on waiting times for non-urgent referrals with numbers of children waiting more than 65 weeks steadily increasing. Mitigations are in place to manage risks.

## 11.6 Norfolk and Waveney Speech and Language Therapy

11.6.1 The team have agreed with commissioners and Trust data analysts to move to Referral To Treatment (RTT) reporting from January 2024 rather than SystmOne waiting list data. This will increase longer term consistency and robustness in reporting although in the short term this will show some inconsistency between current and past data.

11.6.2 All 400 primary schools in Norfolk and Waveney now have an offered link planning meeting with their link therapist, with a circa 95% take up rate.

11.6.3 The team have rolled out Early Advice Sessions (EAS) to 399 pre-school children on the waiting list following the successful implementation of school age EAS initiative in October 2023.

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## 11.7 Dynamic Health

11.7.1 The service has been experiencing significant backlogs with processing electronic patient referrals from general practice and self-referrals. The service has had a focused approach in processing the referrals and noting the following improvements:

- 89 referrals for specialist service at time of writing this report (reducing from circa 280 in November).
- 25 referrals for physio services at time of writing this report (reducing from circa 190 in November).
- 11 self-referrals at time of writing this report (reducing from circa 200 in November).

11.7.2 Referrals are now being processed within 3 working days, an improvement from 3 weeks.

11.7.3 The service position on waits is showing stability following recent improvements. Current average wait in Physiotherapy is 5 weeks (as of November 2023). Current average wait in Specialist is 9 weeks (as of November 2023)

## 11.8 Dental Services

### 11.8.1 **Cambridgeshire and Peterborough Special Care Dentistry**

Average waits in Cambridgeshire & Peterborough remain high at 24 weeks. The service can actively manage (review and monitor) all cases over 51 weeks as the data is now available to the service.

11.8.2 In December the service commenced weekly Patient Tracking reviews with patients over 51 weeks being reviewed and prioritised for urgent appointments into the team. The first weekly review resulted in the following outputs:

- 33 Patients identified for prioritisation as over 51 weeks.
- 22 patients status moved from waiting to booked or closed.
- 7 patients contacted to book urgent appointments.
- 4 patients referred back to the SCD (Special Care Dentistry) dentist for further advice.

11.8.3 The calculated trajectory of performance indicates that despite efforts to maximise the utilisation of existing capacity, SCD waitlists are at risk of further increase as referrals rates continue to exceed discharge rates. The team are preparing data to establish the point at which we will have reached capacity in order to inform our commissioning conversations.

11.8.4 The transformation plans aim to ensure that the service is maximising all capacity are on-going, it is anticipated however that the programme will complete during Quarter 4 after which time improvements will be identifiable and outcomes reviewed. Additionally, our service improvement work in conjunction with the ICB and local referring dentists has resulted in a slight and constant decrease in referrals coming from practices who have the highest referral rates.

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## 11.8.5 Suffolk Special Care Dentistry

Average waits in Suffolk have increased (which the team were expecting) due to the impact of recruiting 2 new dentists in the Ipswich clinic. The service has built in training and induction time which in the short term reduces the clinical capacity of the service, but in the longer term will support an established and well-trained clinical team. Average waits have therefore increased from 8 to 10 weeks.

## 11.9 Minor Oral Surgery

11.9.1 The service has an average waiting time of 7 weeks which is a decrease of 1 week since the last report and still within service level. All patients over 18 weeks have booked appointments, however, are still in the system due to them cancelling on multiple occasions. We are looking to offer some of the oldest waiters' earlier appointments to move them through the system.

11.9.2 The General Anaesthetic (GA) lists for Peterborough, Huntingdon and Wisbech have all patients pre booked with average waiting times of 21 weeks, however urgent slots are available each week for those with very urgent needs. The wait remains static compared to last report. Cambridge patients requiring a GA are listed for GA at West Suffolk Hospital (WSH). Patients are being assessed to determine need with urgent cases being booked from 8 weeks. The remaining patients will be seen within 47 weeks which is a 7 week decline on previous reporting period. To help improve this position the service will be reallocating a proportion of the Suffolk theatre slots to allow equal distribution between Cambridge and Suffolk patients. This is commencing from January 2024 when an improvement to waiting times will be evident.

## 11.10 Integrated Contraception and Sexual Health (iCaSH)

11.10.1 Waiting lists for routine Long-Acting Reversible Contraception (LARC) provision continue in some iCaSH localities. Bedfordshire and Norfolk continue to report considerable waiting lists, and Ipswich has re-started a list in view of reduced capacity due to staff sickness and vacancies unfilled, due to significant financial pressures. There is ongoing demand/ capacity monitoring in place.

11.10.2 Additional funding has been secured in Bedfordshire from the commissioner to run LARC-athon in the New Year and the BPAS (British Pregnancy Advisory Service) mobile clinic should be resumed in January.

11.10.3 In relation to LARC: 1007 on current waiting lists, this was previously reported at 1060, which is a decrease of 53 since the last reporting period.

11.10.4 There are no waiting lists for HIV PrEP.

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| iCaSH Site            | Number of patients on LARC waiting list at time of COB reporting | Average wait times from initial call to LARC pre-assess | Average wait times from LARC pre-assess to procedure         | Number of patients on PrEP waiting list at time of COB reporting | Actions to mitigate waits   |
|-----------------------|--|---|--|--|---|
| <b>Bedford</b>        | 392  | 15 - 16 weeks   | Within 4 weeks   | 0  | <ul style="list-style-type: none"> <li>• Triage/red flag/fast track assessments, emergency appointments.</li> <li>• GP federation support, Bank staff, excess hours in some localities.</li> <li>• Use of any commissioner awarded emergency funding.</li> <li>• Expanded the supply/issue of PrEP under PGD with supported nurse training and supervision package.</li> <li>• Dedicated PrEP clinics commenced in C&amp;P.</li> <li>• Increased reporting of demand and capacity data in each locality, including waiting times to help with service planning.</li> <li>• 'LARC-athons' mobilised where additional funding received from commissioners.</li> <li>• LARC training for clinical staff (iCaSH and Primary care).</li> </ul> |
| <b>Dunstable</b>      | 36   | 8 weeks   | Within 2 weeks   | 0  |   |
| <b>Cambridgeshire</b> | 0  | Within 9 weeks  | No wait for imps post pre-assess<br>Within 6 weeks for coils | 0  |   |
| <b>Norwich</b>        | 369  | 11 weeks  | Within 2 weeks   | 0  |   |
| <b>King's Lynn</b>    | 15   | 1 week  | Within 7 weeks   | 0  |   |
| <b>Great Yarmouth</b> | 23   | 3 weeks   | Within 3 weeks   | 0  |   |
| <b>Milton Keynes</b>  | 97   | 8 weeks   | Within 4 weeks   | 0  |   |
| <b>P'Boro</b>         | 0  | 7 weeks   | No wait for imps post pre-assess<br>Within 4 weeks for coils | 0  |   |
| <b>Ipswich</b>        | 75   | Within 4 weeks  | Within 2 weeks imps<br>Within 4 weeks coils                  | 0  |   |
| <b>Bury St Eds</b>    | 0  | Within 4 weeks  | Within 3 days (implants)<br>Within 4 weeks (coils)           | 0  |   |
| <b>Lowestoft</b>      | 0  | Within 2 week   | 2 weeks  | 0  |   |
| <b>Totals</b>         | <b>LARC</b>  | <b>1007</b>   | <b>PrEP</b>  | <b>0</b>   |   |

## 12.0 Complaints

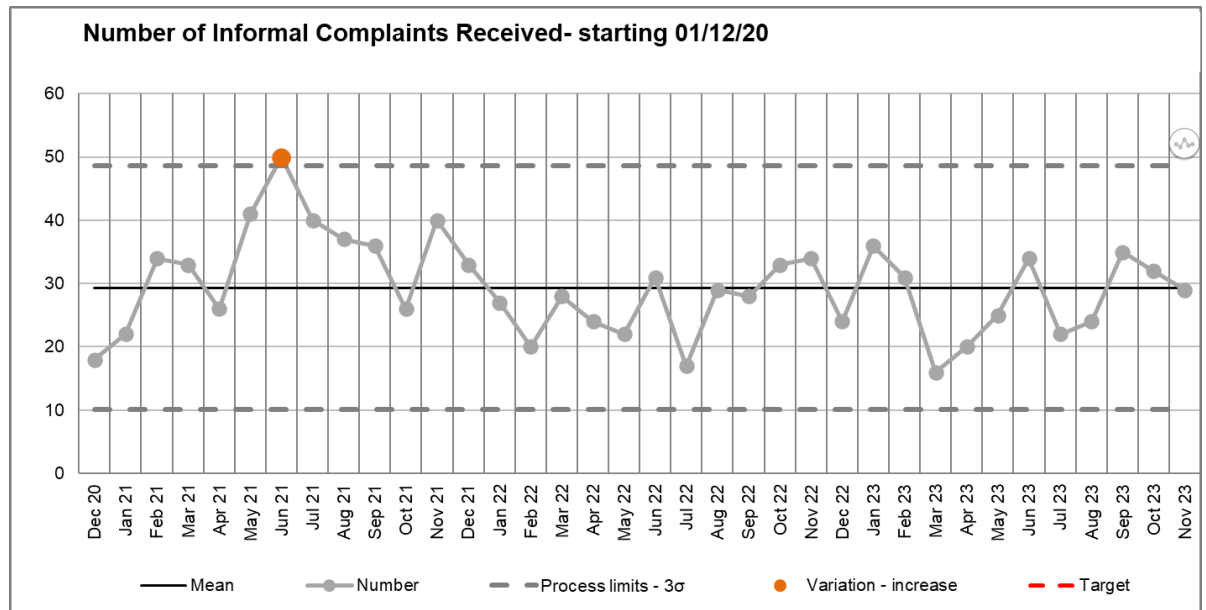
### 12.1 Comments

12.1.1 In October and November, the services we provide received 6991 positive comments on service user surveys and feedback forms across the Trust. This means we received over 89 positive comments for every complaint (formal and informal). This is consistent with the last two reporting periods.

### 12.2 Informal complaints received.

12.2.1 Sixty-one informal complaints were received and logged in this data period: 32 in October and 29 in November. Both months were within the expected variation based on 36 months of data.

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12.2.2 Fifty-nine of 62 complainants were contacted within four working days to discuss resolution of their concerns. In two of the cases where contact was not made within four working days, the service did not log the informal complaint on Datix in a timely manner, therefore the team could not seek resolution within the required timeframe. In one case, PALS and clinical staff availability prevented contact being made.

## 12.3 Themes and learning from informal complaints closed in October and November 2023

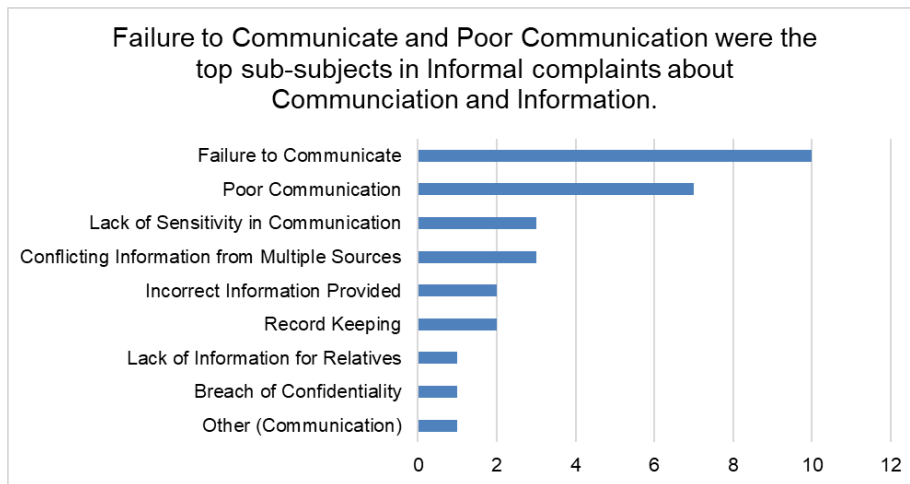
12.3.1 Sixty-four informal complaints were resolved and closed in October and November, with 90 themes/ issues identified.

12.3.2 The top three themes of the informal complaints closed within this period were:

- Communication and Information (30).
- Clinical Care (19).
- Delays (19).

12.3.3 The sub-subjects of the complaints about Communication and Information have been reviewed and Failure to Communicate was identified in ten and Poor Communication in seven. These were also the most frequently occurring in the last reporting period.

# Provide Outstanding Care

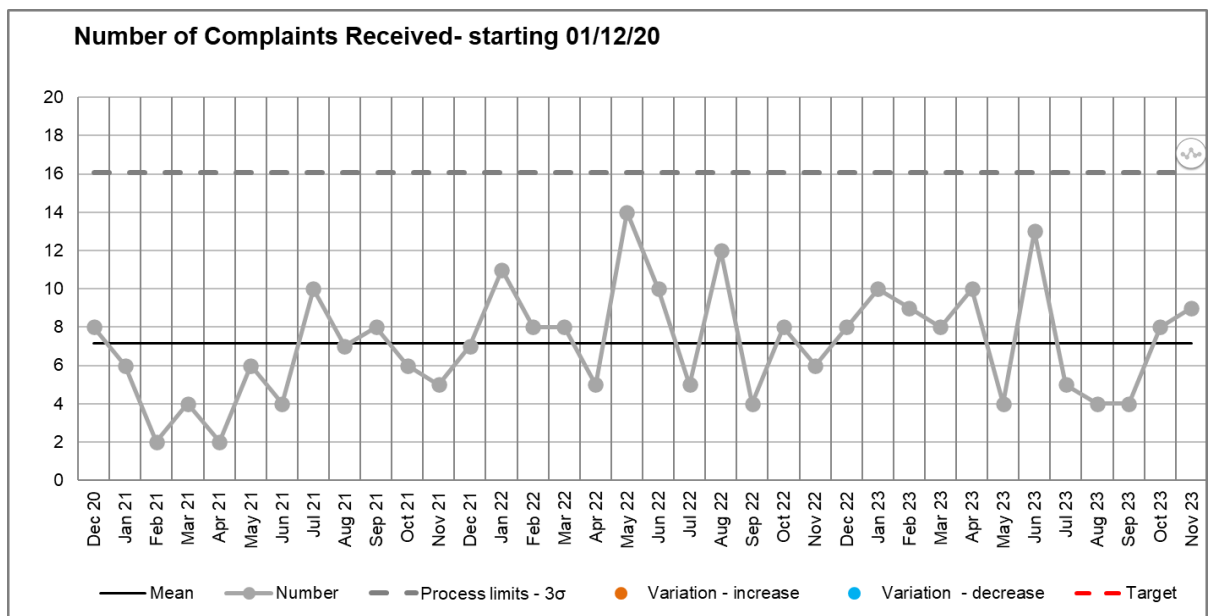


12.3.4 There were no themes in the services identified in the 19 complaint issues raised relating to clinical care, they were spread across services. Eleven were more specifically about the complainant being dissatisfied with treatment and eight that inadequate or insufficient care was provided.

12.3.5 Of the informal complaints about Delays seven were about Bedfordshire Community Paediatrics, three Luton Community Paediatrics, three Dental Services and three Dynamic Health.

## 12.4 Formal Complaints

The Trust received 17 formal complaints in this data period, eight in October and nine in November. As shown in the graph below, this is within the expected range which means there is no significant difference to previous months, based on data for the number of complaints received since December 2020.



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



# Provide Outstanding Care

## 12.5 Themes and learning from formal complaints closed in October and November 2023

12.5.1 Within this data period we responded to and closed 11 formal complaints. In these there were 28 subjects/ themes identified.

12.5.2 Clinical Care was the most frequently occurring subject with ten issues identified in nine different complaints. The complaints about Clinical Care were spread across several services, with no themes identified. Learning from each of the complaints has been documented and is being monitored via Datix and the Patient Experience Team.

## 12.6 Formal Complaint Response Times

12.6.1 In this data period the Trust responded to 11 formal complaints (two in October and nine in November). All 11 complainants were contacted by the Trust within 3 dates of receiving the complaint.

12.6.2 Two complaints were initially incorrectly recorded on Datix as standard responses, after logging they were found to be complex, but Datix was not updated. They were managed according to the 40-day timeline and sent on time, however in monthly reporting they show as late due to being recorded as standard complaints (35 day). Response times and data in this report have been corrected.

|   | Aug   | Sept | Oct  | Nov   |
|---|-------|------|------|-------|
| Number of standard complaint responses sent within 35-day timeframe         | 3/7   | 2/5  | 0/1  | 6/8   |
| Percentage of standard complaint responses sent within the 35-day timeframe | 42.9% | 40%  | 0%   | 75%   |
| Number of complex complaint responses sent within 40-day timeframe          | 1/2   | 0/1  | 1/1  | 1/1   |
| Percentage of complex complaint responses sent within 40-day timeframe      | 50%   | 0%   | 100% | 100%  |
| Average number of working days to respond to standard complaints            | 37.9  | 39.8 | 44   | 34.38 |
| Average number of working days to respond to complex complaints             | 40.5  | 49   | 38   | 38    |

12.6.3 The percentage of standard complaint responses sent within the 35 working day timeframes in November were an improvement on the previous month and the average number of days was also lower. In October just one standard response was sent after 44 working days.

12.6.4 Complex responses improved with 100% being sent on time and the average number of working days was also an improvement compared to the previous reporting period. A breakdown of the reasons why responses are sent outside of the timeframes is held by the team, this helps identify themes and provide extra support to services where there are delays in complaint management.



# Provide Outstanding Care

## 12.7 Demographics of complainants

All complainants are asked to complete a form to provide demographic information about themselves and the service user if they are complaining on behalf of someone else. It is voluntary for complainants to provide this information. Of the 17 complainants asked only one chose to give this information.

## 12.8 Parliamentary Health Service Ombudsman (PHSO)

There were no complaints referred to the PHSO or recommendations received from the PHSO in October or November.

## 12.9 Equality Delivery System Priorities Update

Objective 1 - To work with the Data Team and clinical services to target the collection of demographic data:

- The demographic questions template has been rolled out across the Trust to all SystemOne users. Training was recorded on Vimeo and promoted in the Communications Cascade; it is also available via a link on the Intranet home screen.
- In addition to the generic training, a short training piece has been created for Dynamic Health on the use of the 'Equality Questionnaire' in the Comms Annex. The 'Equality Questionnaire' is a Plain English version of the questions which is sent directly to service-users by email or SMS text. This is the favoured option in Dynamic Health as it saves clinical time.
- iCaSH and Dental services use different clinical systems - Lillie and Dentily. Conversations have taken place with the clinical leads about developing a demographic questions template for these systems, due to the inflexibility of both systems it is not possible to take this further. The Equality, Diversity & Inclusion Lead is exploring alternative options.

## 13.0 Freedom of Information requests

13.1 In October 2023, there were 32 Freedom of Information (FOIs) request with an on-time response rate of 98%. In November 2023 there were 24 FOIs requests with a response rate of 100%.

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## A: Assurance Summary

|                  |   |                    |
|------------------|---|--------------------|
| <b>Safe</b>      | <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 <b>(S5) (Reasonable)</b></li> </ul>   | <b>Reasonable</b>  |
| <b>Effective</b> | <ul style="list-style-type: none"> <li>Mandatory training compliance is 93% - above target of 90% <b>(E1) (Substantial)</b></li> <li>Overall Information Governance mandatory training levels at or above target level (95%). Achieved 95%. <b>(E2) (Substantial)</b></li> <li>Appraisal rates 90.69% - improvement from last reporting period - target level 92% <b>(E3) (Reasonable)</b></li> <li>Monthly sickness rates in November 2023 6.10% compared to latest NHS England rate for community Trusts of 4.9% for July 2023. <b>(E4) (Partial)</b></li> <li>Stability increased to 87.15% and is above target of 85% <b>(E5) (Substantial)</b></li> <li>Equality Delivery System (EDS) objectives agreed and being delivered upon. <b>(E6) (Substantial)</b>.</li> </ul> | <b>Reasonable</b>  |
| <b>Well Led</b>  | <ul style="list-style-type: none"> <li>Agency spend within overall agency ceiling <b>(WL4) (Substantial)</b></li> </ul>   | <b>Substantial</b> |

In addition to the overview and analysis of performance for October and November 2023 the Board can take assurance from the following sources:

- NHS National Staff Survey 2022 results where the Trust achieved a 47% response rate. Headline results were:
  - Best performing or joint best performing NHS Trust in East of England in all 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 several areas that support the delivery of this objective.
- Workforce Assurance presentation at Board Development Session on 19<sup>th</sup> October 2022.
- The positive staff feedback the Trust has received via staff survey results in relation to speaking up.
- Risks 3533 and 3540 cover these pressures and are reviewed regularly.
- Discussions within the two Clinical Operational Boards (COBs) that took place in January 2024.
- Update on the delivery of our People Strategy being presented to the Board – November 2023.
- Annual Freedom to Speak Up report being presented to the Board – May 2023.

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## B: Risks to Achieving Objectives

### Strategic Risks

1. **Risk ID 3533** - *There is a risk that the delivery of high-quality care will be adversely affected if staff morale falls and/or services experience significant workforce challenges. (Risk rating 12)*
2. **Risk ID 3540** – *There is a risk that we do not have sufficient leadership capacity to deliver our overall trust strategy, strategic objectives, and operational service plans. (Risk rating 8)*

### Related Operational Risks 15 and above

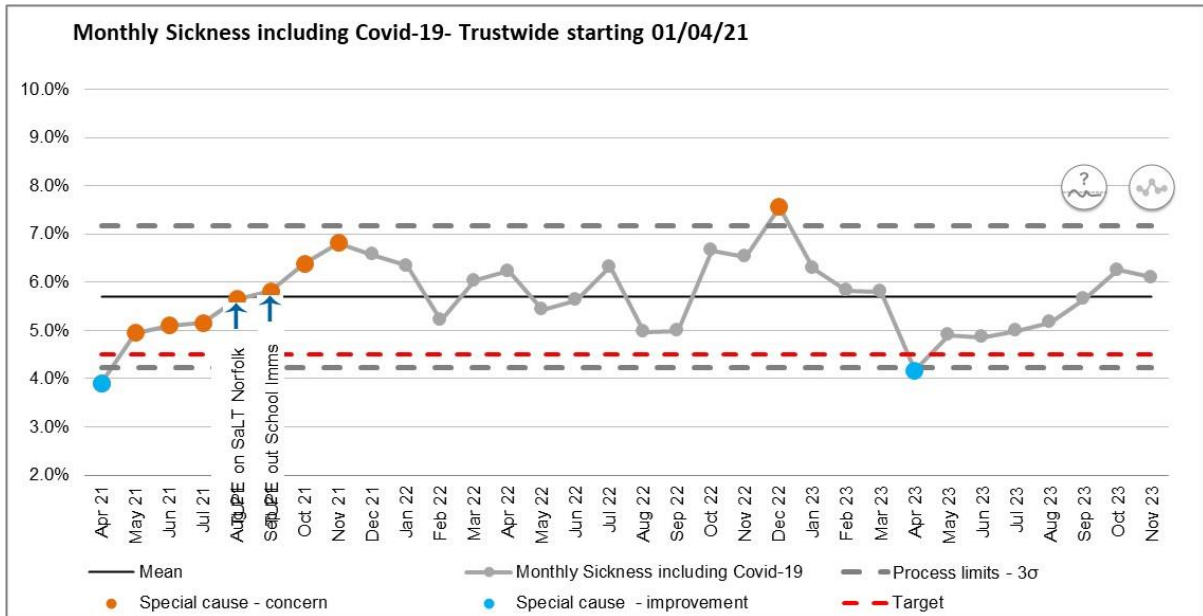
1. *None.*

## C: Overview and analysis

### 1. Sickness

- 1.1. The 12-month cumulative rolling rate (October 2023 – 5.71%, November 2023 – 5.66%) remains above the Trust rolling target of 4.5%.
- 1.2. Monthly Trustwide rate for October 2023 was 6.25% and for November 2023 was 6.10%.
- 1.3. The Trustwide sickness rate has increased and remains above the Trust's target of 4.5% for 2023/24. Of the 6.10%, 2.98% was attributed to long term sickness and 3.12% short term sickness absence. Beds and Luton Adult Service had the highest sickness rate (8.15%) and Support Services the lowest (4.58%). The top reason Cold, Cough, Flu - Influenza (29.62%); 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 July 2023 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 4.9%.

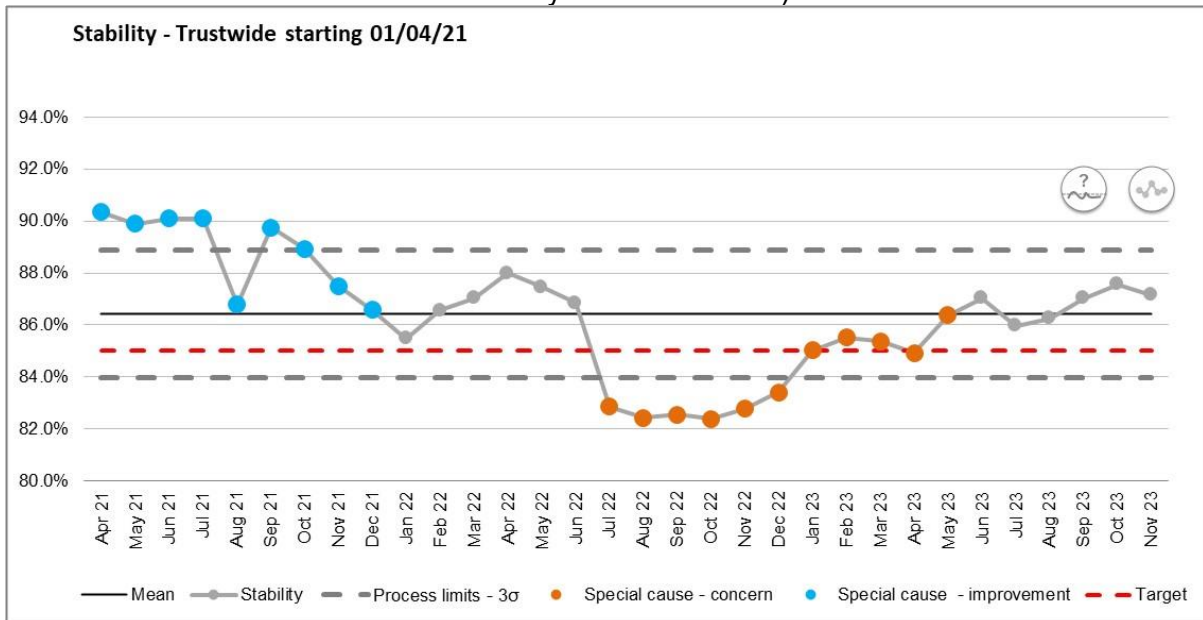
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## 2. Stability

2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – October 2023 87.56%, November 2023 87.15%, against the Trust target of 85%. This compares favourably to a stability rate of 85.2% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Aug 2023).

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).

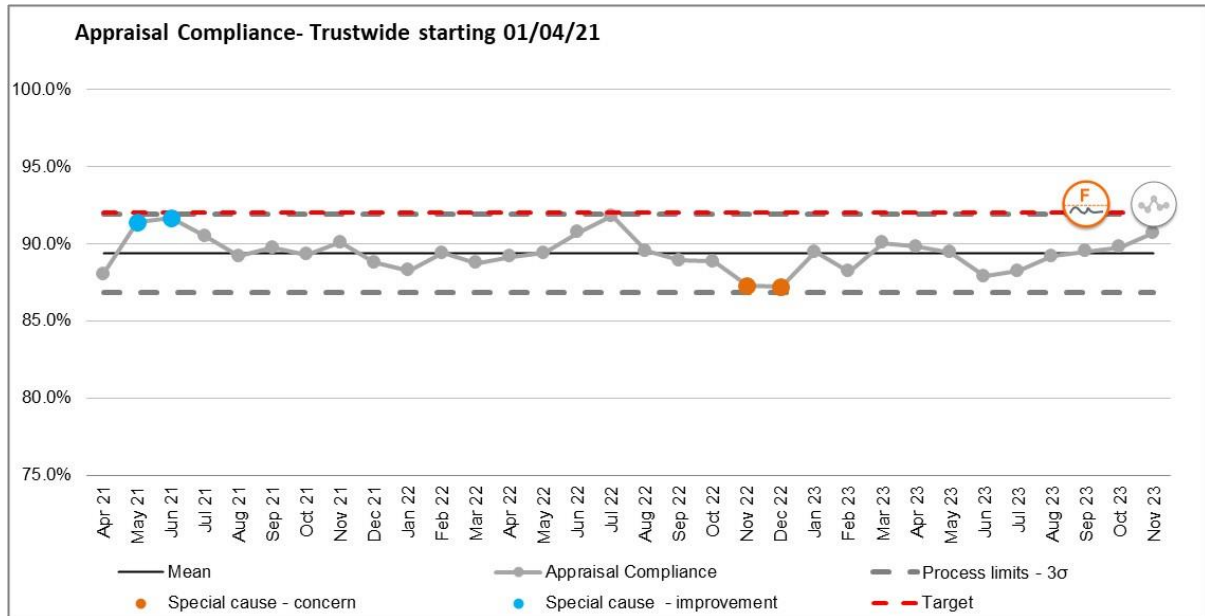


## 3. Appraisals

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.

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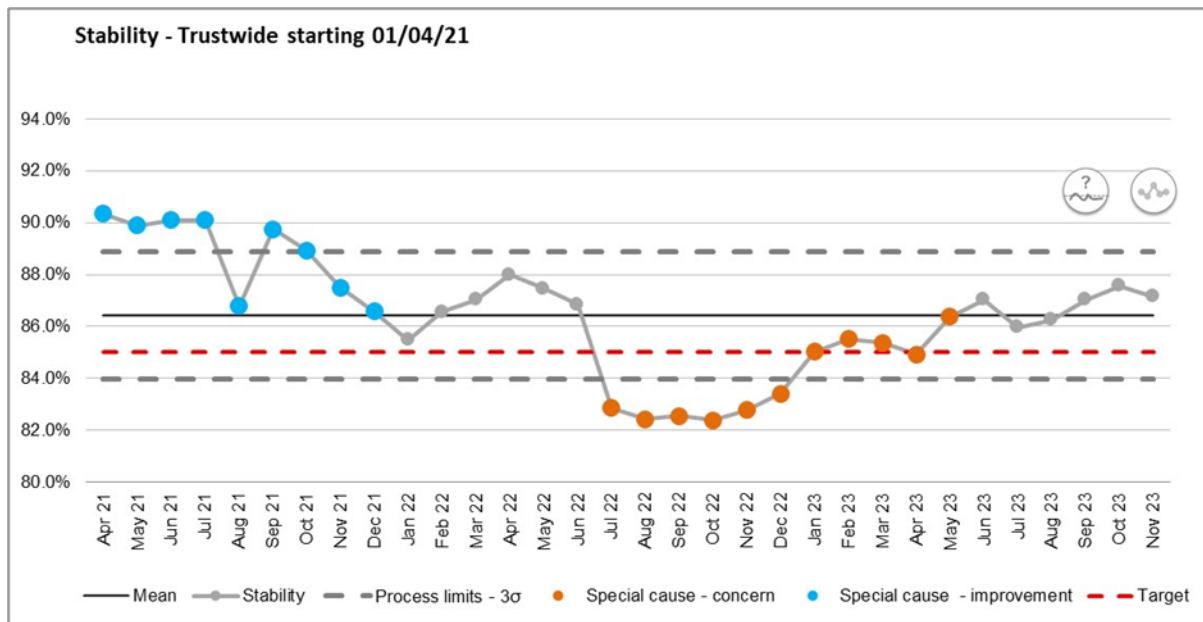
- 3.2. The Trust wide Appraisal rate increased – October 2023 89.78%, November 2023 90.69%, and remains below the target of 92% for 2022/23.
- 3.3. Luton Children’s has the lowest rate (87.5%), Ambulatory Care Service has the highest rate (94.38%). Employees, for whom a non-compliant date is held in ESR (Electronic Staff Record), 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 fixed-term contract and Employee Transfers.
- 4.2. The Trust’s Rolling Year Turnover Rate is currently 11.57% (October 2023 11.73%, November 2023 11.57%) compared to an annual average Leaver rate for Community Provider Trusts of 14.7% (Source: NHS Digital Workforce Statistics – August 2023, based on “all Leavers” and “total Workforce”).
- 4.3. Cambridgeshire and Norfolk Childrens Service currently has the highest Rolling Year turnover rate at 13.29%, with Support Services having the lowest at 8.22%.

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## 5. Current workforce challenges

- 5.1 At our Clinical Operational Boards in January 2024 current workforce challenges were discussed across our portfolio of services. Where these are impacting on our delivery of care, further details can be found in the outstanding care section of this report.
- 5.2 A further round of international recruitment is currently taking place for our Luton Adult community services with the aim of bringing additional nurses into our services in March 2024.
- 5.3 The Trust has been successful in joining cohort 2 of the NHS England retention people promise exemplar improvement programme. The Trust has received some funding to focus on this area over the next 12 months. This will support delivery of our overall people strategy and the Board will be updated with progress as the programme progresses.

## 6. NHS Staff Survey 2023

- 6.1 This closed at the end of November 2023. The Trust achieved a response rate of 53%, which was a 6% improvement on the 2022 response rate.
- 6.2 Results will be shared with the Board in February/March 2024.

## 7. Diversity and Inclusion for All – Programme 2 People Strategy

### 7.1 Equality Delivery System 2022 (EDS22) – Local Workforce Objectives – 23/24

7.1.1 The Board agreed its EDS 2022, 2023/24 objectives in March 2023. The 3 domains are:

- Domain 1: Commissioned or provided services.
- Domain 2: Workforce health and well-being.
- Domain 3: Inclusive leadership.

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7.1.2 The objectives agreed for domains 2 and 3 are:

## **Domain 2: Workforce health and well-being**

- To work with our Occupational Health (OH) providers to support staff to manage obesity, diabetes, asthma, COPD, and mental health conditions.
- We will take all reasonable steps to prevent abuse of any kind and will always act to support staff when it does occur.

## **Domain 3: Inclusive leadership**

- To continue to work towards achieving the Trust Board's anti-racism pledge.
- Ensure that all Trust Board/Committee papers/reports detail how they are addressing health inequalities.

7.1.3 Under **Domain 2**, we have published information to support staff with these conditions on our Live Life Well pages. We will offer others support once an offer is agreed with our OH provider.

- We have also mapped out all health and wellbeing support which may assist staff who have obesity, diabetes, asthma, COPD (Chronic Obstructive Pulmonary Disease), and mental health conditions whilst not being specifically targeted at people with these conditions.

7.1.4 A task and finish group established and chaired by our Assistant Director for Organisational and System development, has met and identified additional actions to prevent abuse towards our people. A number of improvement actions/activities were identified and are now being actioned both trust-wide and locally within services/teams. In addition, Kate Howard (Chief Nurse) led a discussion on this at Leadership Forum in September, raising the profile of our Zero tolerance commitment and actions being undertaken.

7.1.5 Under **Domain 3** our Trust anti-racism plan for 23-24 is in place alongside our UNISON pledge and Board member personal pledges. New Board members are in the process of agreeing their own personal pledges and these will be shared across the Trust at a later date. Cultural Intelligence training, commissioned by the C&P ICS (Cambridgeshire & Peterborough Integrated Care System) and run initially in 3 cohorts, begins in January 2024. We have 8 senior leaders including culturally diverse leaders and board members attending these cohorts.

7.1.6 The template for all Trust Board and Committee papers has been updated to include how the report addresses health inequalities, if appropriate.

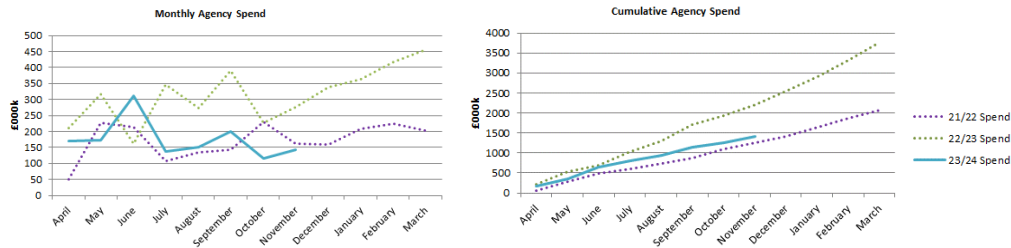
## **8. NHS England Equality, Diversity, and Inclusion Improvement Plan**

8.1 The Board will recall that NHS England published six high impact actions that they expect all Trusts to implement over the next couple of years. A few actions are due for completion by the end March 2024 and an update on progress will be reported to the February People Participation and Equalities Committee.



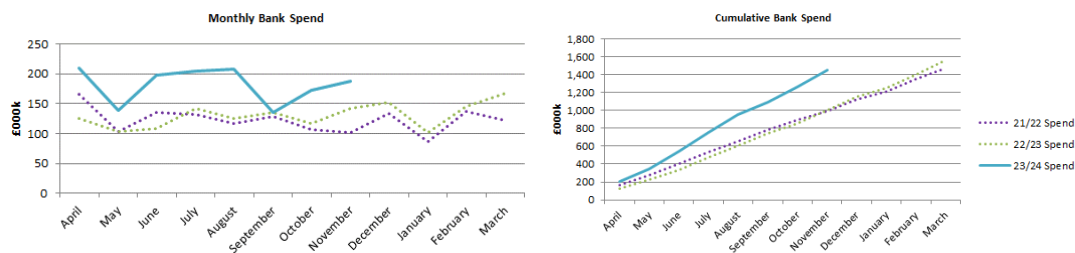
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## 9. Agency / Bank spend



9.1 The Trust's cumulative agency spend at month 8 was £1,405k. The spend in the equivalent period in 2022/23 was £2,202k (excluding mass vaccination service spend).

9.2 The highest areas of spend were in Community Paediatrics in Luton and Bedford, £434k and £181k respectively. Usage in the services has reduced since June and this spend is being partially funded. Another area of high spend has been in the Integrated Front Door service, £206k, which is fully funded.



9.3 To reduce the usage of agency, the services have the availability of bank staff to fill short term staffing pressures. The Trust's cumulative bank spend at month 8 was £1,454k. This is higher than the equivalent period in 2022/23, when spend was £998k (excluding mass vaccination service spend).

9.4 The highest areas of spend were Healthy Child Programme in Cambs, Norfolk and Bedford, with £277k, £253k and £153k respectively, and District Nursing in Luton with £195k.

## 10.0 Update on actions in relation to violence and aggression incidents towards our people

10.1 The following activities have been carried out to support our staff:

- Policy being updated to encompass a violence reduction approach and communication messages shared in line with this.
- Detailed action plan developed and being implemented, being led by Chief Nurse and Director of Finance and Resources.
- Dedicated intranet page being created to enable our people to access additional resources including support, training and assessments.
- Updated risk assessments being completed and will be held centrally by our estates team and reviewed on a regular basis.
- Health and Safety Committee to have a greater focus on reviewing violence and aggression incidents and sharing of learning across teams.
- Providing additional training to individuals and teams where required.



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- All incidents reviewed by Chief Nurse and Director of Workforce and additional support offered where required.
- Posters for clinical areas developed and shared.
- Developing a process to audit violence prevention and reduction performance.

# Be Sustainable

## A: Assurance Summary

|                 |   |            |
|-----------------|---|------------|
| <b>Well led</b> | <b>WL1</b> I&E in line with budget ( <b>Substantial</b> )                             | Reasonable |
|                 | <b>WL2</b> Delivery against efficiency target in line with plan ( <b>Reasonable</b> ) |            |
|                 | <b>WL3</b> Capital spend in line with budget ( <b>Substantial</b> )                   |            |

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 3514 and 3529, 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 2022/23 accounts. Internal Auditor's assessments during 2022/23 provided a conclusion that the Trust has an adequate and effective framework for risk management, governance, and internal control. The Trust's Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.
3. The Trust's financial performance for the period to date is in line with budget, however due to increased pay and non-pay inflation, the demand on our services above existing funding, and funding increases not fully mitigating these pressures, the Trust is therefore also using non-recurrent underspends to support the delivery of a year to date position.
4. The continued financial pressures could result in an increased risk to delivering the Trust's overall financial target for 2023/24. The Trust continues to identify measures to mitigate these pressures so ensure meeting the financial target.
5. The Trust has now concluded its 2023/24 contract negotiations with its Local Authority Commissions. These negotiations resulted in an overall slightly increased contract income value compared to the original plan.
6. Overall, the Trust's position for the reporting period delivered a similar level of outturn performance compared to the previous reporting period and the analysis of the variance by Division is included in Section 1.5 of this report.
7. Section 3 of this report includes the Cashflow statement and movements. The cash balance increased back to planned levels at the beginning of October due to the recovery of Receivables.
8. The Trust's Public Sector Payment Policy performance for reporting period shows an overall improvement and is detailed in Section 4 of this report.
9. Due to the challenges in managing the impact of increasing costs, the Trust's Efficiency programme is behind the original plan, with £3m currently forecast to be delivered in year, and a full year value of £3.3m. A summary of the current forecast is included in Section 6 of this report.

# Be Sustainable

## B: Risks to achieving objective

### Strategic risks

1. **Risk ID 3514** – There is an increased risk of cyber-attack upon the Trust which could result in a potential loss or disablement of services which would directly impact patients, service users and staff. (Risk Rating 12).
2. **Risk ID 3529** – Failure to deliver our financial plan (on a sustainable basis addressing the increasing cost pressures and the challenging efficiency target and our contribution to the wider system) could impact on the development and innovation of our services resulting in reduced quality of care. (Risk rating 12)

### Related Operational Risks 15 and above

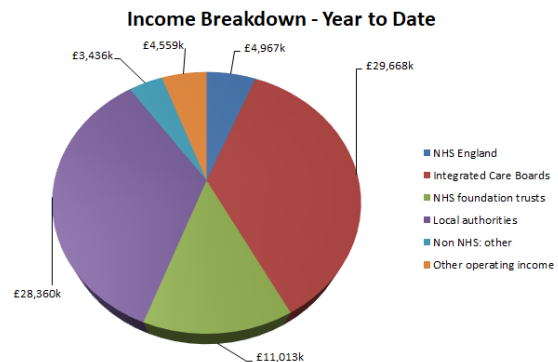
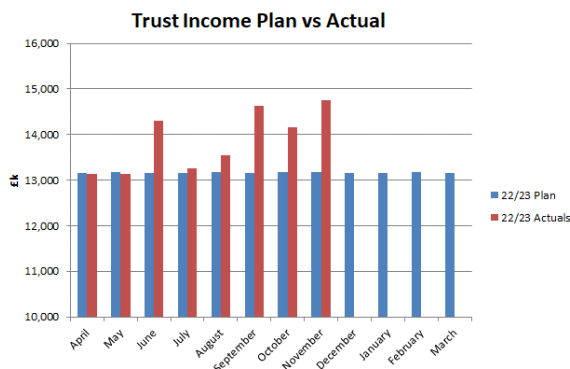
None.

## C: Overview and analysis

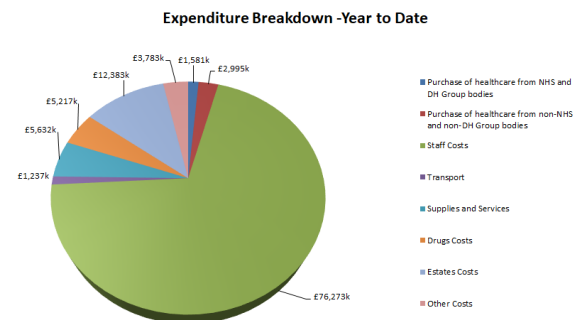
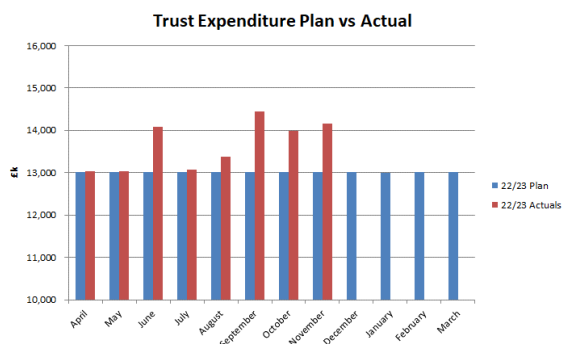
### Finance scorecard

| Finance Dashboard                              | Section in Report | Plan M8    | Actual M8  | Variance M8 |
|--|-------------------|------------|------------|-------------|
| Operating income                               | 1                 | £105,325k  | £110,921k  | £5,596k     |
| Employee expenses                              | 1                 | (£70,802k) | (£76,181k) | (£5,379k)   |
| Operating expenses excluding employee expenses | 1                 | (£34,523k) | (£34,740k) | (£217k)     |
| Trust Surplus/(Deficit)                        | 1                 | £0k        | £0k        | £0k         |
| Closing Cash Balance                           | 2                 |            | £5,138k    |             |
| Capital Programme                              | 5                 | £3,192k    | £9,757k    | (£6,565k)   |
| Agency Spend                                   | EE 7              | £1,144k    | £1,405k    | (£261k)     |
| Bank Spend                                     | EE 7              | £898k      | £1,454k    | (£556k)     |

### 1. Income and expenditure



# Be Sustainable



- 1.1 Block contract income funding arrangements remain in place for Integrated Care Boards, NHS England and Local Authority Public Health Commissioners for 2023/24.
- 1.2 The Trust continues to review and analyse the main cost drivers and cost improvement plans, using these to inform a forecast position which is reported and discussed by the Wider Executive team.
- 1.3 Income and expenditure are both higher than plan due to the Agenda for Change and Medical and Dental pay awards, and NHSE HIV drugs assumptions. These costs are funded by income.
- 1.4 The clinical services direct budget position as at November 2023 for each Service Division is:

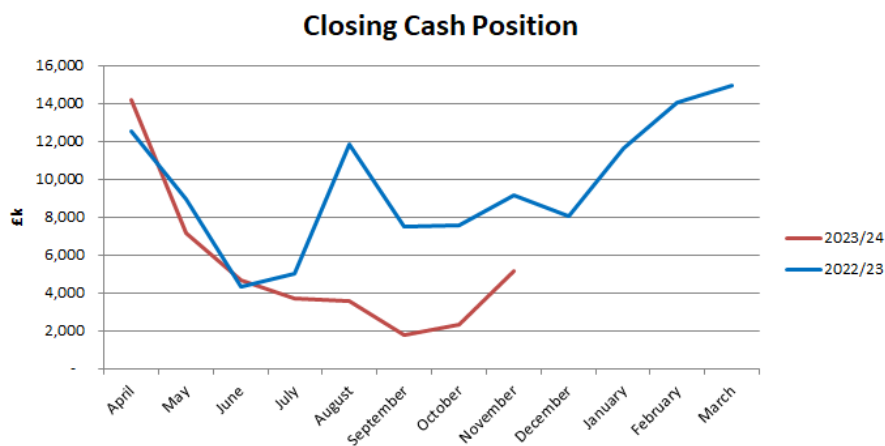
| Division Level                        | Nov-23          |                 |                  |                    |                     |                   |
|---------------------------------------|-----------------|-----------------|------------------|--------------------|---------------------|-------------------|
|                                       | Income<br>£'000 | Pay<br>£'000    | Non-Pay<br>£'000 | Net Total<br>£'000 | Net Budget<br>£'000 | Variance<br>£'000 |
| Ambulatory Care Service               | 1,693           | (15,183)        | (7,846)          | (21,336)           | (20,574)            | (762)             |
| Bedfordshire Community Unit           | 1,430           | (10,947)        | (1,715)          | (11,232)           | (10,859)            | (373)             |
| Childrens & Younger Peoples Services  | 6,970           | (25,727)        | (3,058)          | (21,815)           | (22,661)            | 846               |
| Luton Community Unit                  | 871             | (15,876)        | (4,052)          | (19,057)           | (19,824)            | 767               |
| Contract Income and Reserves          | 91,236          | (240)           | (1,757)          | 89,239             | 89,346              | (107)             |
| Support Services                      | 5,164           | (8,196)         | (10,320)         | (13,352)           | (13,035)            | (317)             |
| Estates                               | 3,557           | (13)            | (5,991)          | (2,447)            | (2,393)             | (54)              |
| <b>CCS Total @ 30th November 2023</b> | <b>110,921</b>  | <b>(76,182)</b> | <b>(34,739)</b>  | <b>-</b>           | <b>-</b>            | <b>-</b>          |

- 1.5 Ambulatory Care Services delivered a cumulative overspend of £762k to month 8. The main reasons for the cumulative overspend are due to establishment funding, budget pressures across the division and non-pay expenditure pressures in the iCaSH services. The main areas of cost pressures are in medical staffing, pathology testing and drugs due to increased activity. The Trust agreed activity capping and testing model changes with its Local Authority commissioners, and as a result there has been a reduction in pathology costs.
- 1.6 Bedfordshire Community Unit delivered a cumulative overspend of £373k to month 8. The main reason for the overspend is due to establishment pressures, however continued vacancies across the service have helped to reduce the overspend.
- 1.7 Children's & Younger Peoples Services delivered a cumulative underspend of £846k to month 8. The main reason for the cumulative underspend is vacancies across the services.

# Be Sustainable

- 1.8 Luton Community Unit (including Luton Children’s Services) delivered a cumulative underspend of £767k to month 8. The cumulative underspend position is due to establishment savings across Adult services.
- 1.9 The Contract Income and Reserves year to date position includes income for services provided to the Integrated Commissioning Boards and Public Commissioners and Reserves used Trust wide to support service delivery. The overspend variance to date of £107k is mainly to offset the net cost improvement support agreed with services ahead of formal plans being delivered.
- 1.10 Support Services delivered a cumulative overspend of £317k to month 8. The overspend variance is due to a number of contributory factors and discrete service issues.
- 1.11 Estates delivered a cumulative overspend of £54k to month 8. The main reason for the overspend is due to the impact of backdated costs relating to a new property.

## 2. Cash position

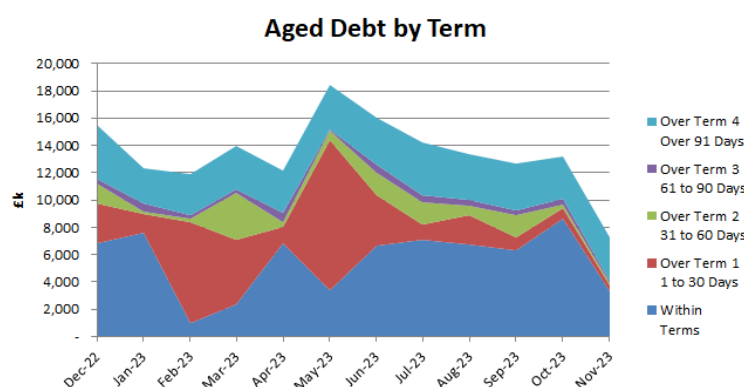


- 2.1 The cash balance of £5.1m at month 8 represents an overall increase of £3.4m on the previously reported position at month 6. The change in the Trust’s cash position is due to the recovery of outstanding Trust receivables.

## 2.2 Statement of Cashflow:

| Cash Flow   | Apr-23 &       |                |              |                |                |                |              |
|---|----------------|----------------|--------------|----------------|----------------|----------------|--------------|
|   | May-23         | Jun-23         | Jul-23       | Aug-23         | Sep-23         | Oct-23         | Nov-23       |
|   | (£'000)        | (£'000)        | (£'000)      | (£'000)        | (£'000)        | (£'000)        | (£'000)      |
| <b>Cash flows from operating activities</b>   |                |                |              |                |                |                |              |
| Operating surplus/(deficit)   | 305            | 224            | 176          | 177            | 175            | 176            | 587          |
| Depreciation and amortisation   | 1,019          | 492            | 441          | 488            | 487            | 489            | 480          |
| (Increase)/decrease in receivables  | (4,875)        | 9,611          | (1,863)      | 5,999          | 4,389          | (205)          | 3,785        |
| (Increase)/decrease in other current assets   | 0              | 0              | 0            | 0              | 0              | 0              | 0            |
| (Increase)/decrease in other assets   | 0              | 0              | 0            | 0              | 0              | 0              | 0            |
| (Increase)/decrease in inventories  | 0              | 0              | 0            | 0              | 0              | 0              | 0            |
| Increase/(decrease) in trade and other payables   | (3,416)        | (11,818)       | 730          | (5,070)        | (6,366)        | 5,933          | (2,760)      |
| Increase/(decrease) in other liabilities  | 496            | 0              | 0            | 0              | 0              | 0              | (496)        |
| Increase/(decrease) in provisions   | 0              | 0              | 0            | 0              | 0              | 0              | 0            |
| <b>Net cash generated from / (used in) operations</b>                                     | <b>(6,471)</b> | <b>(1,491)</b> | <b>(516)</b> | <b>1,594</b>   | <b>(1,315)</b> | <b>6,393</b>   | <b>10</b>    |
| <b>Cash flows from investing activities</b>   |                |                |              |                |                |                |              |
| Purchase of property, plant and equipment and investment property                         | (522)          | (557)          | (64)         | (1,286)        | (14)           | -7187          | (11)         |
| Proceeds from sales of property, plant and equipment and investment property              | 0              | 0              | 0            | 0              | 0              | 0              | 0            |
| Initial direct costs, up-front payments and (lease incentives) in respect of new right of | 0              | 0              | 0            | 0              | 0              | 0              | 0            |
| <b>Net cash generated from/(used in) investing activities</b>                             | <b>(522)</b>   | <b>(557)</b>   | <b>(64)</b>  | <b>(1,286)</b> | <b>(14)</b>    | <b>(7,187)</b> | <b>(11)</b>  |
| <b>Cash flows from financing activities</b>   |                |                |              |                |                |                |              |
| Public dividend capital received  | 0              | 0              | 0            | 0              | 0              | 0              | 3,744        |
| Public dividend capital repaid  | 0              | 0              | 0            | 0              | 0              | 0              | 0            |
| Capital element of lease liability payments   | (494)          | (208)          | (227)        | (232)          | (294)          | (170)          | (226)        |
| Interest element of lease liability payments  | (44)           | (13)           | (18)         | (18)           | (19)           | (18)           | (17)         |
| PDC dividend (paid)/refunded  | (261)          | (211)          | (158)        | (158)          | (157)          | (158)          | (569)        |
| <b>Net cash generated from/(used in) financing activities</b>                             | <b>(799)</b>   | <b>(432)</b>   | <b>(403)</b> | <b>(408)</b>   | <b>(470)</b>   | <b>1,362</b>   | <b>1,224</b> |
| <b>Increase/(decrease) in cash and cash equivalents</b>                                   | <b>(7,792)</b> | <b>(2,480)</b> | <b>(983)</b> | <b>(100)</b>   | <b>(1,799)</b> | <b>578</b>     | <b>2,799</b> |
| <b>Cash and cash equivalents at the beginning of the period</b>                           | <b>14,917</b>  | <b>7,125</b>   | <b>4,645</b> | <b>3,662</b>   | <b>3,562</b>   | <b>1,763</b>   | <b>2,341</b> |
| <b>Cash and cash equivalents at the end of the period</b>                                 | <b>7,125</b>   | <b>4,645</b>   | <b>3,662</b> | <b>3,562</b>   | <b>1,763</b>   | <b>2,341</b>   | <b>5,140</b> |

2.3 Cashflow has reached a stabilised position. It is being monitored closely and managed daily with proactive action taken to balance the position.



2.4 Total Trade Receivables increased by £0.6m in October to £13.2m and then decreased by £5.9m in November to £7.3m. The breakdown in November is £1.0m (14%) from NHS organisations; £5.1m (69%) from Local Authorities; and £1.2m (17%) from other parties.

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

|                               |       |
|-------------------------------|-------|
| Norfolk County Council        | £2.2m |
| Cambridgeshire County Council | £1.6m |
| Luton Borough Council         | £0.7m |

2.6 Aged debt that was over 90 days old was predominantly due from NHS and Local Authority bodies and therefore it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period, Norfolk CC paid £2.2m, Cambridgeshire CC paid £1.2m and Luton BC paid £0.5m to reduce their outstanding balances.

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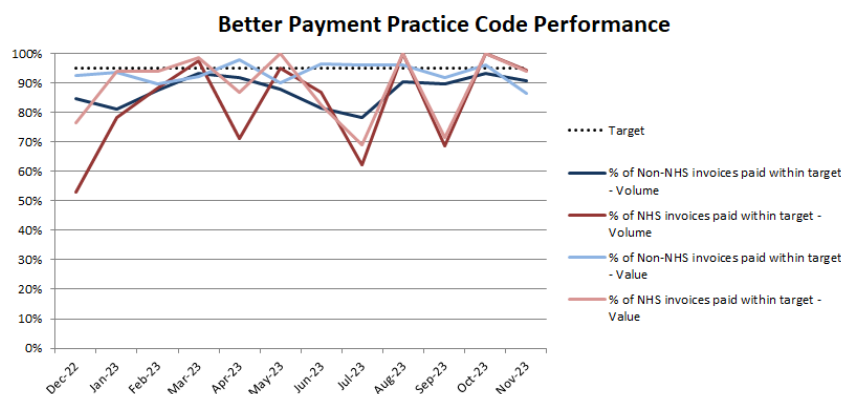
2.7 The finance team has implemented a more stringent monitoring process for Local Authority bodies debt to ensure any overdue receivables are paid promptly to support the cash flow position. The reduced debt position reflects the benefits of this process.

## 3. Statement of Financial Position

|  | November 2023<br>£'000 | September 2023<br>£'000 |
|--|------------------------|-------------------------|
| <b>Non-Current Assets</b>                    |                        |                         |
| Property, plant and equipment                | 79,824                 | 73,932                  |
| Right of use assets                          | 22,125                 | 22,589                  |
| Intangible assets                            | 127                    | 140                     |
| <b>Total non-current assets</b>              | <b>102,076</b>         | <b>96,661</b>           |
| <b>Current assets</b>                        |                        |                         |
| Inventories                                  | 56                     | 56                      |
| Trade and other receivables                  | 16,710                 | 20,290                  |
| Cash and cash equivalents                    | 5,140                  | 1,763                   |
| <b>Total current assets</b>                  | <b>21,906</b>          | <b>22,109</b>           |
| <b>Total assets</b>                          | <b>123,982</b>         | <b>118,770</b>          |
| <b>Current liabilities</b>                   |                        |                         |
| Trade and other payables                     | (19,460)               | (17,568)                |
| Borrowings                                   | (2,713)                | (2,756)                 |
| Provisions                                   | (693)                  | (670)                   |
| <b>Total current liabilities</b>             | <b>(22,866)</b>        | <b>(20,994)</b>         |
| <b>Net current assets</b>                    | <b>(960)</b>           | <b>1,115</b>            |
| <b>Total assets less current liabilities</b> | <b>101,116</b>         | <b>97,776</b>           |
| <b>Non-current liabilities</b>               |                        |                         |
| Trade and other payables                     | 0                      | 0                       |
| Borrowings                                   | (19,569)               | (19,973)                |
| Provisions                                   | (847)                  | (847)                   |
| <b>Total non-current liabilities</b>         | <b>(20,416)</b>        | <b>(20,820)</b>         |
| <b>Total assets employed</b>                 | <b>80,700</b>          | <b>76,956</b>           |
| <b>Financed by taxpayers' equity:</b>        |                        |                         |
| Public dividend capital                      | 16,427                 | 12,683                  |
| Retained earnings                            | 41,925                 | 41,925                  |
| Revaluation Reserve                          | 24,001                 | 24,001                  |
| Merger Reserve                               | (1,653)                | (1,653)                 |
| <b>Total Taxpayers' Equity</b>               | <b>80,700</b>          | <b>76,956</b>           |

3.1 The main movement in the reporting period was Property, plant and equipment due to capital additions, and Trade and other receivables, due to payments of outstanding invoices.

## 4. Public Sector Prompt Payments (PSPP)



4.1 The average in month prompt payment results across the four categories was 97% in month 7 and 91% in month 8.

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- 4.2 With regards to NHS invoices, performance improved in month 7 and remained high in month 8, with the Trust achieving an average of 97% in volume and value across the two periods. The Trust achieved 100% in both categories in month 7.
- 4.3 With regards to Non-NHS invoices, achievement in both categories has remained relatively consistent in the last 12 months – with an average of 90% achievement over this period. Over months 7 and 8, the average achievement in each category is 92% and 91% for volume and value respectively, which is an improvement in the volume category but a slight decline in value on the previous reporting period.
- 4.4 For Non-NHS invoices which were paid late, they are from a variety of suppliers and for a number of different services.
- 4.5 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.

## 5. Capital

- 5.1 Capital spend on core projects was £2.3m against a plan of £3.2m. The main area of spend is the continued development works at North Cambs Hospital in Wisbech. The capital programme is expected to deliver on the plan for the year.
- 5.2 The Trust received Public Dividend Capital in March 2023 to fund works at North Cambs Hospital and Princess of Wales Hospital. The works support the national Community Diagnostic Centres (CDC) scheme which is part of delivering the Diagnostic recovery and renewal programme. Further funding will be received in 2023/24, with an additional amount due to be drawn down in early December.
- 5.3 The value of completed works at month 8 for the CDC projects are £3.2m at Ely, £1.7m for North Cambs Hospital and £2.4m for the Multi-storey car park at Ely. The final total combined cost for the CDC projects is expected to be £27m, with the works being completed during 2024.
- 5.4 Negotiations are continuing with NHSE to identify the total allocations required to complete these system programmes.

## 6. Efficiency Programme

- 6.1 The table below summarise the identified Cost Improvement Plans identified to date and in progress against delivery of the total target of £5.1m



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## Efficiency Programmes 23/24

|                            |                | Gateway | Annual Value     | In-Year Value    |
|----------------------------|----------------|---------|------------------|------------------|
|                            |                |         | £                | £                |
| <b>NON-RECURRENT</b>       | <b>INCOME</b>  | 4       | 296,670          | 242,274          |
|                            | <b>NON-PAY</b> | 4       | 50,000           | 50,000           |
|                            | <b>PAY</b>     | 1       | -                | -                |
|                            |                | 2       | 300,000          | 300,000          |
|                            |                | 4       | 31,742           | 31,742           |
| <b>NON-RECURRENT Total</b> |                |         | <b>678,412</b>   | <b>624,016</b>   |
| <b>RECURRENT</b>           | <b>INCOME</b>  | 1       | 10,000           | -                |
|                            |                | 2       | -                | -                |
|                            |                | 3       | 93,724           | 72,891           |
|                            |                | 4       | 1,394,000        | 1,394,000        |
|                            | <b>NON-PAY</b> | 1       | 188,000          | 28,333           |
|                            |                | 2       | 169,000          | 150,000          |
|                            |                | 4       | 409,571          | 407,524          |
|                            | <b>PAY</b>     | 1       | -                | -                |
|                            |                | 2       | 119,078          | 90,078           |
|                            |                | 4       | 246,530          | 221,639          |
|                            | <b>TBC</b>     | 1       | -                | -                |
| <b>RECURRENT Total</b>     |                |         | <b>2,629,903</b> | <b>2,364,465</b> |
| <b>Grand Total</b>         |                |         | <b>3,308,315</b> | <b>2,988,481</b> |