Title:	Integrated Governance Report			
Report to:	Trust Board			
Meeting:	17 May 2023		Agenda item:	6
Purpose of the report:	For Noting: ☐	For Decision: ☐	For Assurance: ☒	

Executive Summary:

This Integrated Governance Report (IGR) has been produced following the clinical operational board meetings that took place on 2nd May (Children's) and 3rd May (Adults). The IGR brings together the quality, performance, workforce and finance information for February and March 2023 along with key risks, to provide the Board with assurance of delivery against the agreed strategic objectives and indicators.

For each objective, this report provides:

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

Assurance is measured against the agreed assurance metrics in Appendix 3 and is summarised at the beginning of each section of the IGR and overall, in the table below:

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

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

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

Supporting Information:

Appendix 1: Quality Dashboard
Appendix 2: CCS CQC Statement of Purpose v.35
Appendix 3: Assurance Framework
Appendix 4: SPC Chart

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

How the report supports achievement of the Trust objectives

Trust Objective	
Provide outstanding care	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Collaborate with others	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be an excellent employer	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be a sustainable organisation	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Equality and Diversity Objective	
To fully implement the actions identified following our review of the No More Tick Boxes review of potential bias in Recruitment practices	Assurance on delivery is included in section 6.1 of the Excellent Employer chapter

The Trust Board will role model behaviours that support the Trust ambition to be an anti-racist organisation including actively implementing the trust and their personal anti racism pledges, to instil a sense of belonging for all our staff.	The Board have made their public pledges, to be measured by personal objectives and feedback from staff.
To commence collection of demographic data for people who give feedback.	See update included on page 2 of Outstanding Care Chapter
To work with the data team and clinical services to target the collection of demographic data.	See update included on page 2 of Outstanding Care Chapter

Links to BAF risks / Trust risk register

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

Legal and Regulatory requirements:

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

Previous Papers (last meeting only):

Title:	Date Presented:
IGR Report	22nd March 2023

Executive Summary:

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Collaborate with others	*-*	*-*	*Substantial*	*-*	*Substantial*
Be a Sustainable Organisation	*-*	*-*	*-*	*-*	*Substantial*

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

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

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

   Patient/Staff Story: We heard from Bobi about her daughter, Amy, who is a young person who is very creative and talented. When Amy stopped attending school**,** we heard about how Bobi didn't know where to turn for help. However, when she met with Georgi, the SEND Advisory Teacher, things changed. Bobi was supported to understand how to help her daughter. What made a big difference was that Georgi saw Amy face-to-face at home, which helped her to get to know Amy well and understand her needs. Amy offered bespoke advice to help Amy with managing some of the sensory aspects of being at school, and she helped Bobi to find resources online to keep learning about how she could support Amy. Amy went on to have an appointment with the Paediatrics service,

and she was diagnosed with autism and Bobi was offered more help through there. Getting help at an early stage and being aware of the needs of young people who are not attending school were critical aspects of the positive experience described.

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

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

- Additional recurrent funds of £874,000 have been agreed in the last period for the Luton and Bedfordshire Community Paediatric services. This funding secures all posts appointed at risk. Service challenges remain in relation to the management of new referrals received (high volumes) as well as the accumulated backlog.

- Demand and capacity pressures continue trust-wide within Community Paediatrics (Risk ID 3120 and 3425) and therapy services (Bedfordshire and Luton). This impacts on our ability to deliver services around the SEND agenda. We continue to strive to offer all children waiting over 78 weeks have been offered an appointment, complying with NHSE requirements.

- Service waits continue to increase within the Bedfordshire and Luton Speech and Language Therapy Services.

- The level of additional investment required to meet statutory and mainstream needs has been shared with each Local Authority and the ICS. There also continues to be waiting list pressures within the Norfolk and Waveney Speech and Language Therapy Service.

- All services are working with finance to identify cost improvement opportunities forming a plan for 2023/24. A comprehensive Quality Impact process will underpin this.

- Across the Trust, our public health commissioners continue to focus on mandated contact performance. A Safer Staffing group has been established to baseline performance across our geographies with an options paper in draft to increase compliance and ensure greater consistency.

- Changes made by the Local Authority in Cambridgeshire and Peterborough in Multi-Agency Safeguarding Hub (MASH) processes has increased activity for the health practitioners.

Matters for Escalation for the Trust Board to note:

- In addition to those points set out above, the following are also for noting:

  - Appraisal rates – are lower than target (94%) in Beds in a number of areas with the exception of Nutrition & Dietetics, S&LT, Eye Service and LAC; in C&P & N&W all areas services are below target with N&W particularly challenged.

- Sickness rates – are higher than taret (4.5%) in Beds 0-19 (7.19%), Specialist (4.69%), CCNT (5.27%), Community Paeds (4.67%), Nutrition & Dietetics (8.83%) S&LT (6.12%); in C&P Universal (7.31%) and in all N&W services with SaLT the highest (11.65%).
  - Of note, overall mandatory training is above target across all services and geographies.

Risks of 15 or above and emerging risks:

- 3425: There is a risk that children and families experience continued delay for Community Paediatric assessment in Cambridgeshire impacting identification and management of childhood development concerns. This includes potential impact to a child's educational and health progress.

- 3120: There is a risk that assessment and treatment delays in the Bedfordshire community Paediatric service continue, impacting Childhood development.

Outstanding practice and innovation for the Board to note:

- A communications project commenced as part of the Bedford Borough Children's centre collaboration to create a bank of 'walkthrough videos' detailing service offers available. Links have been shared on appointment letters via QR codes and on relevant websites across the system.

- In house training package 'The lived experience' has launched in Bedfordshire & Luton Healthy Child Programme, detailing first-hand accounts from people who use our services. The package has been well received with positive feedback.
-
  PROVIDE Community Interest Company and CCS have been shortlisted for the HSJ Awards 2023 in the category of *Improving Back-Office Efficiencies through Digital* for the work undertaken in Norfolk to improve the use of children's A&E data and associated relevant flows from Acute Hospitals through to our HCP service. The project is being replicated in Cambridgeshire and Peterborough and PROVIDE are rolling out across other LAs where they are the child health providers.

- Three of our Apprentice Assistant Practitioners in Cambridgeshire Healthy Child Programme received academic awards from ARU for highest academic achievemment, dedication to learning and best contributions in class.

- The Family Nurse Partnership team developed a case presentation template, which has been recognised nationally and adopted for use within the national unit.

- The Cambridgeshire Healthy Child Programme co-produced a video to promote the Getting Ready for Change transition health questionnaires https://vimeo.com/811243750/e8e4305382

- A training package has been redesigned and launched by the Bedfordshire & Luton Children In Care Nurses for 0-19 service colleagues with a focus on what makes a comprehensive review health assessment for children in care.

- Feedback received from the councillors attending the Corporate Parenting Sub Committee in Cambridgeshire; the team were highly commended on the exceptional achievement of 93% Routine Health Assessments undertaken within expected time scales given that 'this cohort includes many teenagers with whom it is difficult to engage, so an excellent standard.'

- A bid to increase children's community epilepsy provision in Bedfordshire & Luton was successful. Funding has been allocated for a two-year period with ICS support.

- A purpose-built wound care / pressure area care assessment tool was discussed and shared at a Trust wide Community of Practice meeting. The tool will now be used across trust-wide CYP services.

- Cheryl Collins (Luton Special Needs School Nurse) is currently completing the SCPHN (School Nursing) programme, including the V100 prescribing course at University of Hertfordshire which will positively impact patient experience.

- Becky Bedford (Children's Continuing Care Team Lead) and Gary Meager (Clinical Development Manager) successfully completed a 10 week 'Creating a Coaching Culture course' provided by Health Education England. New knowledge and skills which will be shared across BLMK Community and Specialist Nursing teams.

- The ARC Fellowship project of Dr Ajmal, Community Paediatrician, has been accepted for Royal College of Paediatrics and Child Health Conference, May 2023, as poster presentation, "Health plans for children in care: Redesign through exploration and coproduction to render them more meaningful and useful RCPCH Conference.

- Over three months and £625,000 of non-recurrent funding, the Bedfordshire & Luton Community Paediatrics team completed 702 medical appointments and 384 assessments on the Brief Observation of Symptoms of Autism (BOSA), resulting in 310 children receiving an ASD diagnosis, 116 children receiving an ADHD diagnosis and 274 children receiving another diagnosis or support package.

- The Community Eye Service in Bedfordshire & Luton has introduced a new staffing model for its clinics for children referred in from the school screening programme, allowing new referrals to be seen more promptly.

- Work in partnership with pharmacy lead and across Trust Children's Community Nursing has led to a draft PGD (Patient Group Direction) for saline flushes and heparin.

- Asthma pilot posts in Cambridgeshire are progressing well with the introduction of GP clinics in Wisbech, and a tier 3 training day planned for junior doctors.

- The EiA (Early identification of Autism) project in collaboration with SEND in Cambridgeshire and Peterborough has been successfully completed and further evaluation is awaited.

- Dr Maria Giakoumi has been awarded a mental health ARC fellowship.

- The Clinical and Service lead for Cambridgeshire CYP Physiotherapy is involved in re-writing the content for Cerebral Palsy Integrated Pathway 2.0, which will be a national patient management system across England, Scotland, Wales and Northern Ireland. This has been funded by NHS England for lower limb surveillance for children and young people with Cerebral Palsy. This may then go on to form the basis for a national registry for Cerebral Palsy allowing us to better understand the needs of this population. Regionally, there are now several Trusts signed up for the system hosted by CCS, including CPFT and NWAFT.

- Schools in Norfolk and Waveney have provided positive feedback on the implement of the link therapist programme, identifying themes such as improvement in schools' staff knowledge and confidence in assessment of need, supporting individual children and creating more communication friendly environments: *'I cannot put into words how brilliant and supportive the project has been. Harriet has become part of the team which has meant all staff were able to approach her with any concerns or questions they had regarding the children they work with. I would highly recommend any setting to get actively involved in this project'*

- Six trainee Educational Mental Health Practitioners and three trainee Children's Wellbeing Practitioners have successfully qualified and have now taken on substantive posts within the service.

- The four new Mental Health Support Teams have engaged with all of the schools invited in Ely and St Neots and have started building relationships by visiting all of the schools.

2. Adult Clinical Operations Board (COB)

The COB received the following:

- Update on the end of year financial position for all services covered by this Clinical Operational Board (COB). All services ended the financial year with a surplus apart from iCaSH services which closed with a £191,000 overspend. Position improved in year due to the service receiving a non-recurrent Mpox fund.
- Bedfordshire and Luton Adults delivered majority of its cost improvement plan for 22/23 recurrently, however, ambulatory services did not with over 67% being through non-recurrent delivery.
- Two staff stories received from our international recruits working in our Dynamic Health Services and Luton Adult Services. Importance of pastoral care was noted by the Board and services now focused on retaining their new recruits. It is clear to see the positive impact international recruitment has had on services ability to deliver services – which was great to hear.
- Information Governance Annual Report for 2022 – 2023, an annual thematic analysis of risks and annual update on quality and equality impact assessments.

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

Bedfordshire and Luton Adult Services

- Mandatory training remains above the Trust target of 90% for all service areas.
- Combined appraisal compliance rates above target at 94.7%, however, Luton adults remains below at just under 92%. Focus now on improving the quality of the appraisal following feedback in last year's staff survey (75% felt that it didn't help them do their job better)
- Overall staffing position in Luton adults is now the best it has been for over 2 years following the successful international recruitment. Seeing an overall decrease in sickness absence and turnover rates. Risk linked to capacity remains at 12, however, expected to decrease to 8 following the next cohort of international recruits passing their exams.
- Services continue to meet all its key performance indicators and there were no serious incidents in this reporting period.
- Adults' diabetes team have filmed a video to inform the wider public of their services and to raise awareness. Video featured service users from Bangladeshi and Pakistani communities.
- Transformation updates on urgent community response (UCR); TEC pendant alarm; access to the 999 stack and virtual wards, including the services partnership working with East London NHS Foundation Trust to create a one team approach across the Bedfordshire Care Alliance footprint for UCR and virtual wards.
- Palliative and end of life transformation plan closure report. Significant progress on this has been achieved with all improvement actions having been completed or in progress to be completed.
- Initial staff survey improvement plans, however, more details will be shared at the next meeting.
- Luton Adult services considering what more could be put in place to gather feedback from patients who receive their care at home.
- Prevention work being focused on within the falls pathway.

Ambulatory Care

- Large scale vaccination services transferred to Hertfordshire Community Services at the end of March 2023. The Board thanked all involved in this transfer and for the service achieving over 1.7million vaccinations since January 2021.
- All services across the division are focused on waiting list management.
- Emerging challenge within iCaSH services is the increase in both the number and complexity of safeguarding cases. Chief Nurse has commissioned a deep dive to understand the challenges more fully.
- Division currently working on staff survey improvement plan and focused on lowest scoring areas which are violence and aggression; shared learning; having a voice and discrimination. Mike Passfield, Assistant Director for Ambulatory Care, is the divisional lead on the trust-wide violence and aggression task and finish group. All services are experiencing an increase in violence and aggression incidents and are receiving additional support from Chief Executive and Chief Nurse in relation to this.
- Overall divisional mandatory training compliance is at 97% vs the 90% target.
- No clinical serious incidents in this reporting period.
- Dentistry – noted improvement in dental nurse recruitment for the service; compliant with appraisals; detailed discussion on waiting lists and actions being taken to reduce these; excess demand still being seen in urgent care service, national delays to potential international recruitment being escalated to Trust Chair.

- Dynamic Health – 95.76% and 95.95% positive friends and family feedback; compliant with mandatory training and appraisals; low sickness rates; updates on service redesign projects; reduction in waiting lists seen for overall service and numbers waiting for an appointment for more than 18 weeks. A number of actions in place to reduce waiting lists over the coming months.
- Dynamic Health – seeking additional clinical space in the Peteborough area to run more face to face sessions. Estates sourcing additional space, however, options limited due to limited capital funding being available.   SystmOne 'time savers' to be shared with other teams.
- iCaSH – continues to absorb increased activity due to the increasing demands and complexity for most elements of their service. Mandatory training is compliant at 98% overall; appraisals slightly below at 92.75%.   Discussed service redesign updates; Long Acting Reversible Contraception (LARC) and PrEP provision waiting list both improved from previous reporting period and variety of actions in place to reduce further. Location inconsistencies identified in UV Light compliance are being worked on.
- iCaSH Bedfordshire, Norfolk and Suffolk contracts all due for retender in 23/24.

Matters for Escalation for the Trust Board to note:

- Ambulatory Services non-recurrent delivery of their cost improvement plan for 22-23. 67% non-recurrent (£416,000).
- Luton Adults appraisal rates 92% against a target of 94%. Sickness levels continue to be challenging but there has been a reduction in both long and short term monthly sickness absence rates. March 2023 monthly sickness rate decreased to 5.05%, which is the lowest it has been all year.
- Bedfordshire and Luton Adult services – mandatory training under performance in the following areas – safeguarding children level 2 training 85% and 89%; safeguarding adults' level 3 – 82% and 69%; Luton Adults – Mental Capacity Act 84% and WRAP 75%; Moving and Handling – 89% and 82%; Luton Adults – CPR 89%.   Services focused on getting these rates improved.
- Dental Services –Sickness levels remain high both long term and short term. Absence trigger points continue to be managed in line with policy.
- Dynamic Health – mandatory training non-compliance overall compliance at 96%, however, level 3 safeguarding training and UV light remain below target.   Waiting times remain a challenge but action plan has been developed and small improvements are starting to have an impact.
- iCaSH – sickness levels decreased in March 2023, however, remain above Trust target at 6.87%. Appraisal compliance slightly below Trust target at 92.75% (target 94%).
- iCaSH performance KPIs – 3 LARC access within 10 days underachieved due to backlog. Terence Higgins Trust continue to report challenge in meeting the Chlamydia Screening Programme annual target numbers due to reductions in outreach work because of different ways of working wince the pandemic.

Risks of 15 or above and emerging risks:

- None

Outstanding practice and innovation for the Board to note:

- Luton adults - tackling of high cost items. Use of air tags to track equipment.
- Tackling inequalities – diabetes education and engagement programme of work. Improvement activity driven by data which has shown under representation from the Asian population.
- Nero rehab and SquIRe project – improving the quality of community-based stroke care as evidenced by improving clinical outcomes and patient experience.
- Dentistry – Oral health improvement team have achieved 2100% satisfaction from preschool and year 1 settings undertaking the 'my smile' programme.
- Dynamic Health – Ashley Sumbhoolaul, Senior Physiotherapist in the Huntingdon/Doddington team has taken on the role of Chair of the Cultural Diversity Network. 3 First Contact Physiotherapists appeared in the Ely Integrated Neighbourhood Annual report for 22/23.
- iCaSH – Friends and Family feedback 96.93% in March 2023.
- Large Scale Vaccination Services – achieving 1.7m vaccinations between January 2021 – March 2023.

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Assurance Summary and Performance for

February and March 2023

Supporting Information

    Appendix 1: Quality Dashboard
    Appendix 2: CCS CQC Statement of Purpose v.35
    Appendix 3: Assurance Framework
    Appendix 4: SPC Key

Provide outstanding care

A: Assurance Summary

Safe	• 96% of incidents were categorised as no or low harm in March 2023 (**S1**). • There were no 'never events' reported in February/March (**S2**). • 88% SI (Serious Incident) action plans are on target for completion, (2 actions are overdue) and there are escalation plans in place (**S3**). • There were 6 nosocomial Covid-19 staff outbreaks in February and March, with no impact on service provision (**S5**). • All service changes as part of the Programme Management Office Verto process have a QIA/EIA (Quality Impact Assessment/Equality Impact Assessment) in place (where appropriate) (**S7**). • The IPaC (Infection Prevention and Control) Board Assurance Framework was last reviewed at November's Board – all actions except for one have been closed, this action has been moved to the 23-24 plan **(S8).** • The internal Trust staff flu vaccination rate is: 60.22%.	**Reasonable**
Caring	• 93% of services received over 90% positive feedback from the FFT (Friends and Family Test). 100% of Directorates scored over 90% **(C1).** • 10 out of 10 standard complaints were responded to within the timeframes agreed by the complainant (**C2**). • 98% of informal complainants were offered local resolution within 4 working days (**C3**). • 100% of all Directorates and 93% of individual services received complimentary feedback **(C4).**	**Substantial**
Effective	• Both patient Equality Delivery System (EDS) objectives are on track for delivery, with further work being planned for objective 2 (**E6**).	**Substantial**
Responsive	• RTT (Referral to Treatment) challenges are noted (see section 7), recovery plans are in place across the services, plans are fluid to meet fluctuation of staff sickness (**R1**). • 93% of all formal complaints are acknowledged within 3 working days (**R2**).	**Reasonable**

B: Measures for Achieving Objective – 2022 / 2023

No.	Measure:	2022 / 2023 Target:	Data source:	Reporting frequency:	Current position as of March 2023:
1a	Maintain overall Care Quality Commission rating of Outstanding.	Improved ratings for individual Key Lines of Enquiry.	Formal assessment.	Annual.	CQC rating: Outstanding.
1b (1)	Patients / carers are satisfied with care delivered by our staff.	90%.	FFT.	Monthly.	97.17%.

Provide outstanding care

1b (2)	FFT (Friends & Family Test) feedback questions to be available in the six languages most frequently requested for translation and other languages / formats available on request.	Pass.	PPC (People Participation Committee).	April 23.	In September the FFT survey became live with full translations into the most frequently translated languages: Lithuanian, Russian, Polish, Bengali, Urdu, Romanian and Portuguese. All languages can be accessed from the same survey link via a dropdown option at the top of the survey.
1c	Our staff recommend the Trust as a place to receive treatment.	Maintain or improve upon 2021 Annual Staff Survey response score.	NHS Annual Staff Survey & Quarterly Pulse Survey.	Quarterly.	Staff survey results stated: 81.5 to 79.2 (Q4 pulse results showed 85%).
1d	Deliver the locally agreed patient related annual Equality Delivery System objectives: **Patient/Service User Objective 1:** To commence collection of demographic data for people who give feedback. **Patient / Service User Objective 2:** To work with the data team and clinical services to target the collection of demographic data.	Pass / Fail.	Equality Delivery System (EDS).	Quarterly.	Objective 1: Demographic questions are on all surveys with the Friends and Family Test (FFT) questions. Completion is optional with initial analysis indicating that over half of service users are choosing to answer them. Response rates have been monitored and appear not to have been impacted by these additional questions. No feedback has been received about the additional demographic questions. Objective 2: The first draft of the clinical systems demographic template has been produced and will be shared with service leads for feedback. Training is in development by the Equality, Diversity and

					Inclusion Lead who will offer to support the roll out of this project. This work is on-going and will remain a priority for 22-23.
1e	Safety – our staff feel able to speak up about patient safety issues.	Maintain or improve 2021/22 score.	Staff Survey.	Annual.	Annual survey shows: 2021 result 75.3% 2022 result 76.8%
1f	Achieve overall mandatory training levels at 90% or greater.	90%.	ESR (Electronic Staff Record).	Monthly.	Mandatory training – 93% for March 2023.
1g	Increase the number of services supported by volunteers – at Q2, half of the 8 clinical groupings were supported by volunteers[1] and the intent is to introduce volunteers to the Dental Service and CYP Services in C&P.	To have 75% of clinical groupings supported by volunteers.	People Participation Committee.	6 Monthly.	Baseline set. Directorates have been divided into 8 service lines – 75% of services now have volunteers in situ. Pass.
1h	Achieve our target to recruit patients / service users to research studies.	Pass / Fail.	Research Team.	Quarterly.	Pass.
1i	Agree a new quality improvement framework and a plan for building improvement capability within the Trust.	Pass / Fail.	Quality and Service Re-Design Teams.	Reviewed end Q2.	Plan in place and training has commenced.

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

C: Risks to Achieving Objectives

Strategic Risks:

1. *Risk ID 3164 - There is a risk that the Trust is unable to maintain high quality care due to the number of services / teams facing workforce challenges. (Risk Rating 12).*

2. *Risk ID 3163 - There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. (Risk Rating 12).*

3. *Risk ID 3166 - There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC (Care Quality Commission) Fundamentals of Care standards. (Risk Rating 12).*

4. *Risk 3486 – There is a risk that the performance stability and functionality variability in performance with elements of the ICT infrastructure (provided by Shared Business Services / Sopra Steria) during the early adoption and*

transition phase, impacts our staff's ability to deliver high quality services. (Risk Rating 8).

5. **Risk ID 3227** - *There is a risk services will not have the capacity to provide a timely and effective response to children and adult safeguarding enquiries during the pandemic. This may result in a failure to support multi-agency decision making to assess actual or likely risk of significant harm and provide timely intervention to promote the wellbeing and protect children / young people and adults at risk of harm. (Risk Rating 16).*

6. **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 8).*

Related Operational Risks 15 and Above

1. **Risk ID 3120** – *There is a risk that assessment and treatment delays in the Bedfordshire community Paediatric service continue, impacting Childhood development. (Risk Rating 15)*

2. **Risk ID 3425** - *There is a risk that children and families experience continued delay for Community Paediatric assessment in Cambridgeshire impacting identification and management of childhood development concerns. This includes potential impact to a child's educational and health progress. (Risk Rating 15)*

3. **Risk ID 3514** -*There is a risk that Increased pressure on NHS capacity including IT systems, threat actors becoming increasingly more sophisticated and potential targeting on Public Sector infrastructure as a result of the Russia/Ukraine conflict, then if the trust fails effectively to mitigate the impact of a cyber-attack upon the trust where the likelihood of such an attack is increasing it will lead to Potential loss or disablement of services impacting on organisation to maintain effective provision of services. (Risk Rating 15)*

EXTRACT

D: Overview and Analysis (Including Information from the Quality Dashboard–Appendix 1)

1.0 Quality and Equality Impact Assessment

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

1.2 The Quality and Equality Impact Assessments which are linked to individual team Cost Improvement Plans are completed via a different process, which is managed by the finance team. However, all are reviewed and where appropriate approved by the Medical Director and Chief Nurse.
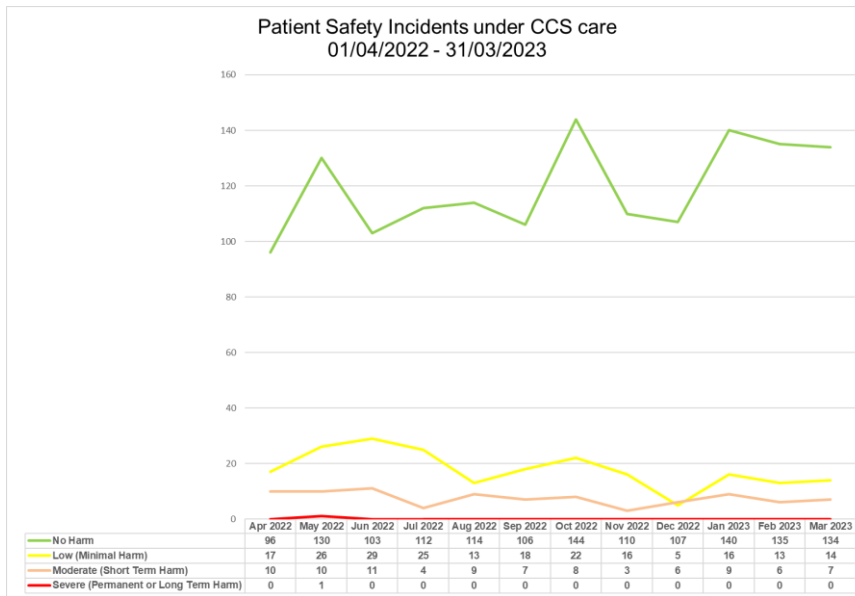
2.0 Patient Safety

2.1 No Serious Incidents (SIs) were declared in February or March 2023.

2.2 No Serious Incidents were submitted for closure during the period. Action plans on previously submitted Serious Incidents continue to be monitored for closure. As at the time of writing, there were 17 actions assigned to Serious Incidents with two (12%) being overdue, these have been escalated as per the process.

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

2.4 A total of 12 panel meetings were held in February 2023 and 15 in March 2023. The panels were a combination of reviewing final reports, discussion on next steps and action plan reviews. Any identified initial actions were added to Datix for monitoring and completion.

2.5 The chart below highlights those patient safety incidents that occurred under our care and includes the two-month period of February and March 2023. These incidents totalled 309 which was an increase of 17 incidents on the previous two-month period.

Patient Safety Incidents under CCS care
01/04/2022 - 31/03/2023

|	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
No Harm	96	130	103	112	114	106	144	110	107	140	135	134
Low (Minimal Harm)	17	26	29	25	13	18	22	16	5	16	13	14
Moderate (Short Term Harm)	10	10	11	4	9	7	8	3	6	9	6	7
Severe (Permanent or Long Term Harm)	0	1	0	0	0	0	0	0	0	0	0	0

2.6 Of the 309 incidents (February and March 2023), 87% were no harm incidents, 9% low harm and 4% moderate harm.

2.7 Thirteen moderate harm incidents (whilst under CCS care) were reported, which was a decrease of three incidents on the previous two-month period. Moderate harm incident remains near to the 'mean' number as shown in the SPC below.
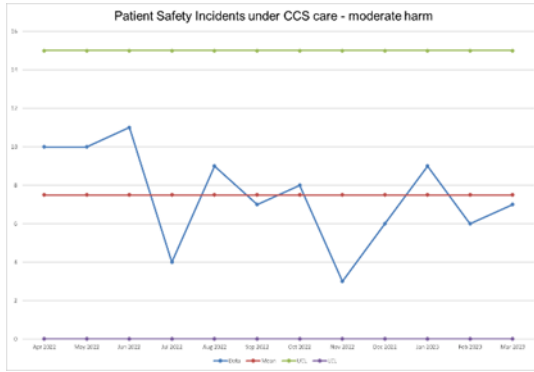
2.8   Twelve incidents were reported for Luton Adult Services, all of which related to pressure ulcers. The remaining incident related to clinical assessment and a delay in providing assessment. It occurred within iCaSH Peterborough and was in the process of being reviewed and considered for downgrading to low harm.

2.9   **Incident Themes (all incidents)**

2.9.1 Datix reports in generic categories. The categories we saw reflected in the top three reported (for each month) were as follows:

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

February	March
Access, admin, transfer & discharge: **91**	Clinical assessment & treatment: **92**
Clinical assessment & treatment: **65**	Access, admin, transfer & discharge: **68**
Medication: **45**	Patient information: **37**

2.9.2 Incident themes are quite specific to different service directorates due to the diversity of work undertaken. A Trust wide view of themes showed that within each of the categories above the following was noted:

- **Clinical Assessment and Treatment:** All pressure ulcers and moisture-associated skin damage (MASD) were reported under this category, both for those acquired on and off caseload. They represented 42% of all incidents reported under this category, with all incidents (77) being reported under Luton Adults. Of these 77 incidents, 21 were deemed to have occurred whilst on caseload with the remainder split as follows: another Organisation: 23, Domiciliary Care Agency: 15, No Professional Health/ Social care input: 18.

- **Access, administration, transfer and discharge:** Of the 133 incidents reported under this category, 66 related to failure to refer which was a reduction on the previous two-month period of 15. Fourteen incidents were reported relating to discharge planning failure (from local acute Trusts) and, where possible, these incidents were shared with acute trusts for their awareness.

- **Medication:** There was a total of 81 incidents reported in the period with 95% being graded as no harm – see table below.

	No Harm	Low Harm	Total
Administration (Meds)	49	2	51
Dispensing (by pharmacy)	2	0	2
Medication Security	4	0	4
Prescribing	6	0	6
Unspecified Other Medication Issue	16	2	18
Total	**77**	**4**	**81**

- Where themes were linked to external providers, issues were picked up during liaison with the services or via the service leads. In relation to pressure ulcers the community nursing team would feedback to the family or care home, providing guidance on how to manage the wound and any associated symptoms.

2.10 **National Patient Safety Alerts**

2.10.1 There is a robust process in place for managing and acting on alerts through the Safety team which is overseen by the Deputy Chief Nurse. The Chief Nurse and Medical Director are alerted to all relevant alerts via Datix and participate as needed in task and finish groups to address the issues. Details of all safety alerts are shared via the Trust's intranet site.

2.10.2 In February and March 2023, 22 alerts were received (10 in February and 12 in March. There was one National Patient Safety alert issued which was not directly relevant to the Trust but was shared with relevant services for information and awareness. All Central Alerting System (CAS) alerts were actioned and closed within the required timeframe.

2.10.3 The National Patient Safety Alert was as follows:

- NIDEK EyeCee One preloaded and EyeCee One Crystal preloaded Intraocular Lenses (IOLs): risk of increased intraocular pressure (NatPSA/2023/003/MHRA).

2.11 **Patient Safety Incident Response Framework (PSIRF)**

2.11.1 Following updates to the wider Executive several actions have been undertaken in line with the framework implementation plan:

- Mandatory Training requirements have been communicated across the Trust and modules for all colleagues are open on ESR.
- The four-day training for PSIRF reviewers and others closely involved has been commissioned and starts in May.

- Work with DATIX to implement the Learning from Patient Safety Events system (LFPSE) continues.
- Patient safety incident response plan has been shared with Executive and QiSCom (Quality improvement and Safety Committee), with further consultation planned.
- Workshop completed to explore 'involvement element', within the PSIRF, which signifies a significant change to process.

2.11.2 Final sign off, of the required plan and policy will go to QiSCom in June and then to Trust Board in July.

3.0   Medicines Management

3.1   **Medicines Incidents**

3.1.1 The Statistical Process Control (SPC) chart below shows the number of medication incidents reported quarterly, regardless of whether responsibility rested with the Trust or with other organisations.
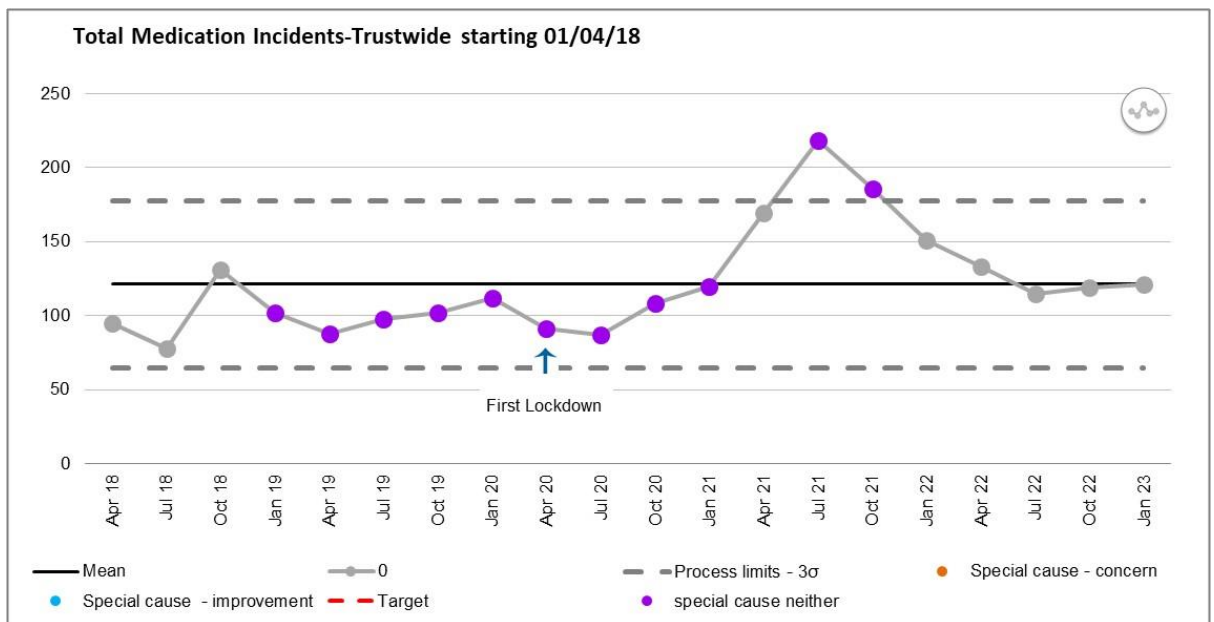
3.1.2 It is worth noting that the dates shown represent the first month of each quarter and the data is the total number of incidents reported during that quarter.

3.1.3 Since the points of significance in quarters commencing July and October 2021 (Q2 and Q3 2021/22), that were commented on in the previous report, the number of incidents has settled back to a more standard figure.

3.1.4 Approximately half of the incidents reported in Q4 were attributable to CCS (67) and approximately half of these (32) involved insulin. This was reflective of the volume of insulin doses administered by CCS community nursing teams.

3.1.5 **Insulin**

- The chart below shows the number of insulin incidents each month. There is no significant variation from month to month.
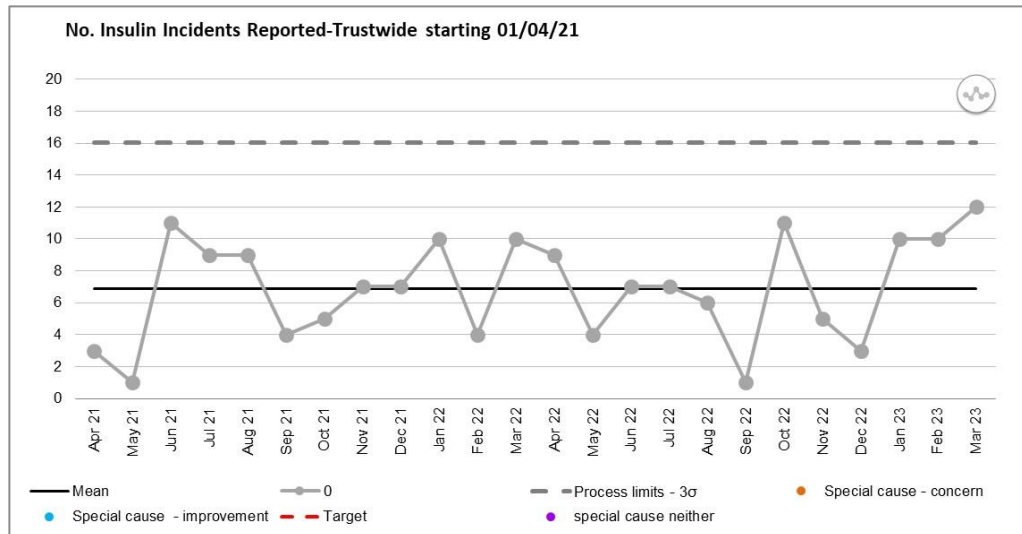
- The Medication Safety Officer is engaging with colleagues in neighbouring Community Health Trusts to explore the possibility of benchmarking against each other.

- Insulin administration by community nursing teams is an area of commonality, and we are currently investigating whether it might be possible to compare number of insulin incidents per 1000 visits to administer it. This will require comparable and searchable recording of insulin visits by all organisations, as well as ways of recording insulin incidents.

### 3.1.6 Large Scale Vaccination Service

- The Large Scale Vaccination (LSV) service has been our second highest reporter of medication incidents, due to the large number of vaccinations they administered. From their opening in January 2021 until the closure of the service on 31 March 2023, the LSV service reported a total of 273 incidents.

- This was in the context of 1,764,201 vaccination doses administered and equated to 0.15 incidents per 1000 vaccines given. This compared favourably with the incident rate reported by a fellow provider, which recorded an average of 0.25 incidents per 1000 visits over the nine month period: October 2021 to June 2022.

- Included in the total number were incidents not related to patient safety but concerning fridge failures and coring of bungs.

3.1.7 **Level of Harm**

- The chart below shows the percentage of no-harm medication incidents each month over the last year. If the trend was showing a decline that could be interpreted as giving some cause for concern, but the trend was quite level, averaging 91% over this period.

Percentage No Harm incidents
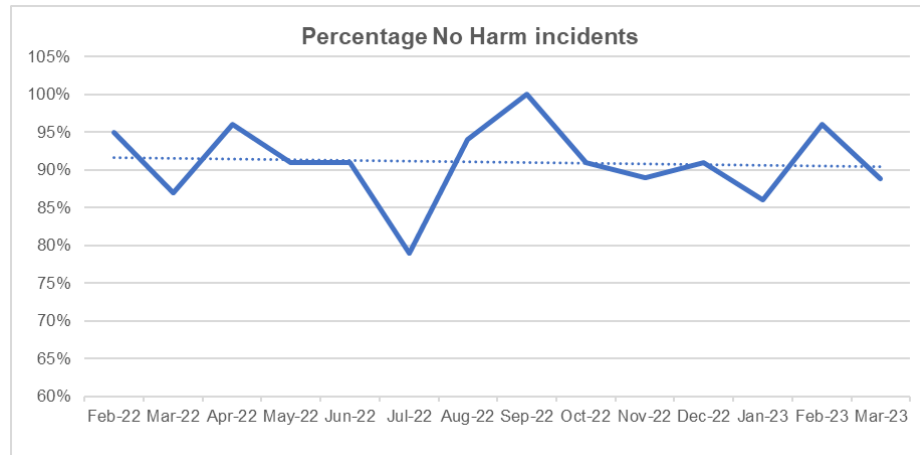
- During this 12 month period there were two incidents rated moderate harm (1.1%) and 15 rated low harm (8.2%)

3.1.8 **Summary**

Quarterly incidents
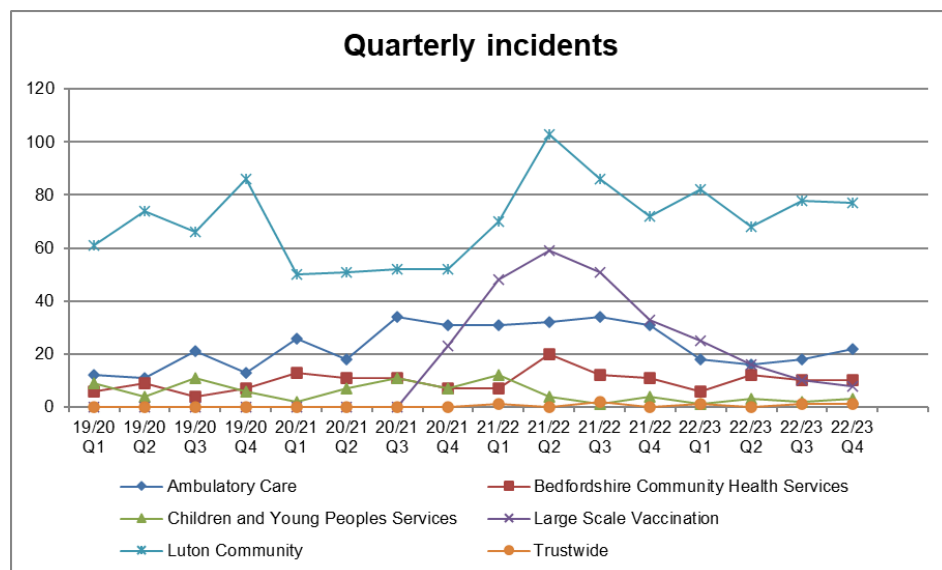
- Following a period of turbulence during the pandemic, incident reporting has settled to pre-pandemic levels by all services. The total number of reports was increased by the LSV service, but the number of reports made by that service steadily reduced over recent months and the service is now closed.

- The percentage level of harm is recorded because reporting of near misses and low harm incidents is to be encouraged to ensure learning can be achieved before harm is caused. The higher the proportion of no-harm

incidents, the greater the opportunities for learning and for preventing harm from occurring. The percentage of no-harm incidents has remained stable for the last 12 months.

3.2 **Non-Medical Prescribing (NMP)**

3.2.1 The Trust conducted an amnesty of FP10 prescription forms (which are controlled stationary) for the community nurse practitioner prescribers (otherwise known as v100 prescribers) from early January until the end of February. A second tranche is being conducted through April and early May to finish the process. Prescription pads were collected, recorded and destroyed and the nurses have been de-registered from the Trust's NMP register. The information has been cross-checked with workforce data and leavers not previously notified to the team have been removed from the register.

3.2.2 As a result of this exercise, the Trust can now have greater confidence in the accuracy of its NMP register than was previously the case. Furthermore, those remaining on the register can exercise their prescribing rights and so maintain their competence.

3.2.3 The Trust provides a comprehensive package of support for NMPs including; update training, recorded on the Electronic Staff Record (ESR) as 'essential to role', participation in the network through their local champions and an annual conference.

3.2.4 In recognition of the knowledge and expertise of those nurses who have been de-registered as prescribers, the NMP Steering Group has devised a framework to support them in providing medicines advice. This will be piloted in the Healthy Child Programme teams in the first instance.

4.0 Safer Staffing

4.1 Following the scoping exercise of safer staffing processes, a project plan has been developed using Think Quality Improvement (QI) methodology to track the project's progress. The assurance framework is mapped against National Quality Board, NHS England and Care Quality Commission (CQC) standards. Governance will be via the Executive meeting and the Clinical Operational Boards. National tools/models, where suitable, will be explored and deployed.

4.2 The project's aim is to ensure that every service has a Staffing Safeguards Procedure which includes how safer staffing levels are:

- Identified.
- Managed operationally.
- Escalated internally (at service, Trust, and Board levels) and externally via SitRep (situation report) or Opel status.

4.3 Priority will initially be focused on the Trust's unplanned care services including Luton Adults and Children's Community Nursing as well as the 0-19 services.

5.0 Safeguarding

5.1 The Trust continues to work proactively with partners to carry out its statutory safeguarding duties regarding the children and adults who access our services.

5.2 Safeguarding continues to be challenged across the Trust in terms of work volume and complexity, a new data set will be included in the quality dashboard from July onwards (incorporating data from April and May); this data development is in its infancy but will provide a more rounded view of workload and risk management.

5.3 Introduction of the implementation of Liberty Protection Safeguards (LPS) has now been delayed beyond the term of this government. As such, all LPS implementation board meetings have been indefinitely cancelled. However, plans to upskill the workforce by offering Mental Capacity Act (MCA) assessment training in case-based workshop style will be continued.

5.4 The level of mandated supervision (for those staff who report on this as a key performance indicator) continues to be variable across the Trust but it is improving and there is a clear plan of oversight and management in each area where compliance is lower than the agreed 90%.

5.5 The overall Trust position for Safeguarding Training remains above the 90% target, except for Safeguarding Adult's Level 3 training where the trajectory for compliance for 2022-23 was set at 80%. The recently updated induction plan will be added to the Electronic Staff record (ESR) and monitoring of compliance within six weeks of commencing in post will be back dated by a period of three months only.

5.6 The Norfolk Multi-Agency Safeguarding Hub (MASH) Information Sharing Agreement has been signed off by the Trust and all other partners. A handbook for MASH has been drafted by health and returned for further comments and amendments by police and local authority.

5.7 Bedford Borough and Central Bedfordshire MASH Information Sharing Agreement has been signed off by the Trust, police, and local authorities. The service redesign project to combine the MASH functions across Bedfordshire and Luton within health is continuing to move forward. The MASH staffing model is now in the recruitment phase with successful recruitment of one whole time equivalent (WTE) Band 4 and interviews planned for one WTE Band 6. Development of the Band 4 competencies has almost been completed, and this approach has been piloted with good feedback given in Cambridgeshire & Peterborough MASH in February 2023.

5.8 A Standard Operating Procedure (SOP) has been drafted to support management of adult safeguarding referrals and Section 42 enquiries. Work is underway to support this SOP with appropriate record keeping on SystmOne, with the development of a robust safeguarding template. A joined-up approach will be used to ensure that pathways for safeguarding and care and support needs are clearly identifiable in this. Transformational work is underway with the Adult Safeguarding team, and this is being led by the Assistant Director of Safeguarding, Safeguarding Project Manager and Deputy Chief Nurse.

5.9 Section 11 reports have commenced for Suffolk and Cambridgeshire & Peterborough alongside service leads and are due to be submitted by late April/May.

5.10   New Trust wide policies have been ratified: Safeguarding People: A Think Whole Family and Contextual Approach and Domestic Abuse – A Think Whole Family Approach. These follow on from our commitment to roll out a 'Think whole family' approach to Safeguarding for all clinical teams.

5.11   A Standard Operating Procedure (SOP) has been drafted to support the management of allegations made against staff that indicate that a child, young person, or adult at risk is believed to have suffered, or is likely to suffer significant harm. This is an extension of the newly ratified Safeguarding People policy which has replaced both Children and Adult Safeguarding policies.

6.0   Infection Prevention and Control (IPaC)

6.1   Assurance is provided to the Trust 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 or The IPaC Committee.

6.2   There were 17 IPaC related incidents reported during February and March 2023. The number of reported incidents has nearly doubled compared to the previous two months.

6.3   Three of the incidents were needlestick injuries, which occurred across different teams – all were dealt with in line with Trust policy. Six of the incidents were linked to Covid-19 outbreaks.

6.4   The other 8 incidents had a variety of themes, which ranged from cleaning issues to staff caring for patients with infectious disease.

6.5.   There were six Covid-19 outbreaks amongst staff in this period. Outbreak meetings were held as per Trust policy and then escalated to the national system. The number of positive cases in each outbreak tended to be small and were quickly confined. Two to three members of staff were identified in each of the outbreaks. Car sharing and communal areas continued to be implicated in the transmission of the virus.

6.6   All Trust staff (patient and non-patient facing) were offered a free flu vaccination By the end of the campaign 60.22% of staff reported receiving their flu vaccination either in a Trust-run flu clinic or via their GP, pharmacist, etc Although this is a reduction from previous years, the national average for flu vaccination uptake was 49.9%, with the East of England region performing at an average of 54.5%. This meant that the organisation was rated as one of the highest achievers regionally. Flu reporting has now ended for 2022-23, a review of the Trusts programme is underway with a new campaign being commenced in Quarter 3 for 2023-24.

6.7   The number of mpox (previously known as Monkeypox) cases identified in the UK continues to decrease. In 2023 (up to 27 February 2023) there were a further six cases of mpox reported in the UK. Due to the decline in cases, the UK Health Security Agency (HSA) confirmed that the vaccination programme against mpox will stop at the end of July 2023 (with a ability to restart as needed).

6.8 Nationally, the number of Covid-19 positive cases decreased during this period. The number of positive tests reported by staff increased from 36 in February to 54 in March. These figures are no longer reported to the Trust's Incident Management Team but weekly submissions via NHS Digital Strategic Data Collection Service (SDCS) continue. With the increased number Trust staff were asked to continue wearing masks in clinical areas until the number of positive tests began to fall.

6.9 The number of staff reporting absence due to Covid-19 through the sickness reporting process was 37 in February and 50 in March, a total of 87 All positive Covid cases, are required to have a risk assessment completed by the line manager and submitted to IPAC for analysis. These include risk assessments for staff members who have reported directly to their line manager and not through the CCS Lateral Flow Test (LFT) reporting system.

6.10 As reported at the last board IPaC training will (from May 2023) be required yearly (from 3 yearly), this will mean an initial drop in compliance rates while staff catch up with their training requirements. Additionally, the organisations hand hygiene audit/ training has remained at between 80-85% for some time, therefore the IPaC team are working with services to develop individual plans and packages of support to increase compliance. The team will also be reviewing (with ESR) reporting mechanisms for UV training – ensuring that we are not counting people on maternity leave/ long term sickness in our rates. The plan and process will be reported through the following Quality Improvement and Safety Committee.

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

7.0   Patient Experience

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

7.1.1 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.

7.1.2 We received 1690 responses in February and 2699 in March. This was an increase on the previous two-month period. Below is a summary since August 2022.

	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
Trust overall	2440	2345	2610	2322	1591	2373	1690	2699	18070

7.1.3 The overall Trust FFT positive feedback was 97.17%, with a 1.37% negative feedback percentage. Overall, we remained above the Trust target of 90%. FFT information is provided to services each month along with comments from service users to consider any actions required to improve service user experience.

7.1.4 We continue to work with the Co-Production Leads for Cambridgeshire Children's Services and Norfolk & Waveney Children's Services, to support staff to ensure that there are accessible ways for service users to provide feedback.

These include survey links for each individual team, pre-set text messages on clinical systems and quick response (QR) codes for staff to share with service users in correspondence and at appointments.

7.1.5 Within our Norfolk & Waveney Children's Services, North Norfolk and Broadland's FFT score was just below the 90% target (88.89%) for 'very good'/'good', with a low response rate of nine responses. From the 1st April the feedback survey has been simplified to enable service users to provide feedback easier.

7.1.6 In both the previous and this reporting period, Luton Adults Single Point of Contact (SPOC) and Domiciliary Pharmacy Technicians did not receive any feedback. The Luton Co-Production Lead is continuing to work with the Leads in these services to agree a plan to implement FFT.

7.2 Comments

7.2.1 In February and March the services we provide received 6385 positive comments on service user surveys and feedback forms across the Trust. This means that we received over 99 positive comments for every complaint (formal and informal).

7.3 Informal complaints received

7.3.1 Forty-six informal complaints were received and logged in this data period: 31 in February and 15 in March. Both months were within the expected variation based on 36 months of data.

Number of Informal Complaints Received- starting 01/04/20
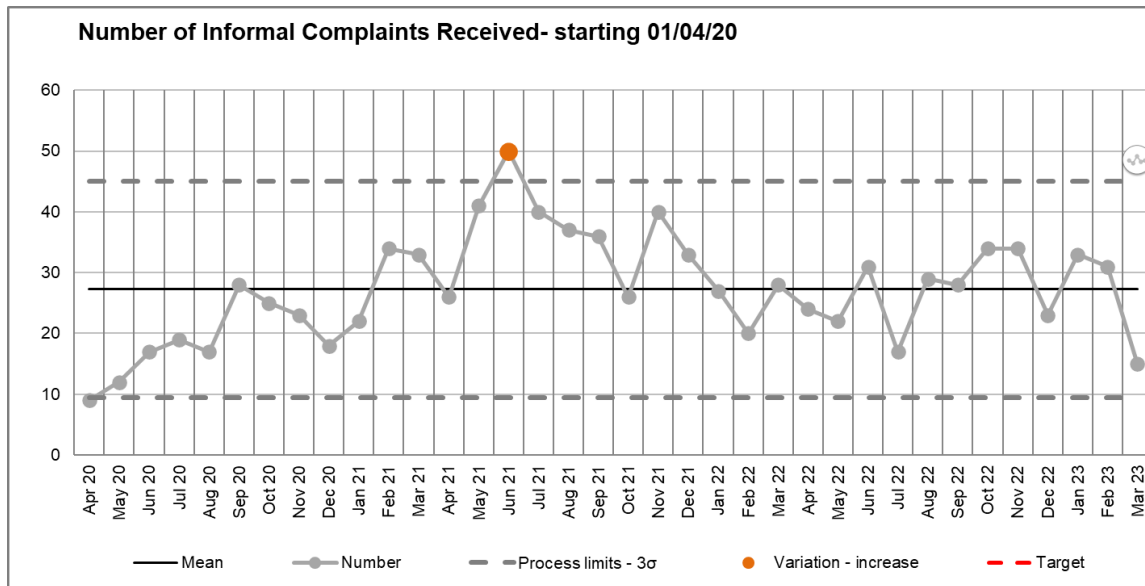
7.3.2 In 45 of the 46 (98%) informal complaints the complainant was contacted by the Patient Advice & Liaison Service (PALS) or the relevant service within four working days. In relation to the 2% discrepancy the team were unable to make contact with the person, but several attempts were made.
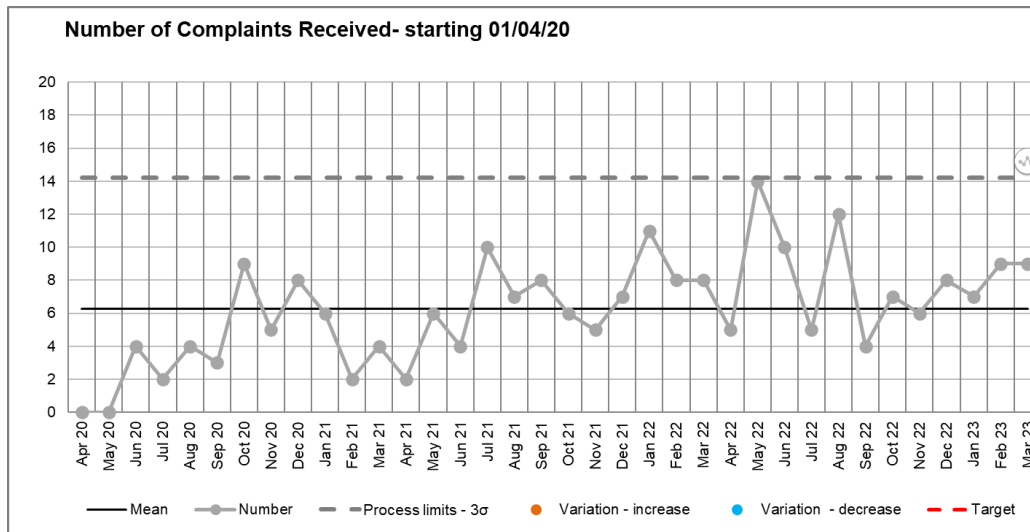
7.4 Themes and learning from informal complaints closed in February/March 2023

7.4.1 Fifty-six informal complaints were resolved and closed in February and March, with 67 themes/issues identified.

7.4.2 The top three themes of the informal complaints closed within this period were Communication and Information (15), Delays (11) and Clinical Care (11 in 10 complaints).

7.4.3 There were no themes identified in the services in the informal complaints about Communication and Information or Clinical Care.

7.4.4 Four of the informal complaints about Delays related to Dental Services. Two were about cancelled appointments and two about waiting times. In all cases the complainant was contacted. Pain and ongoing management were discussed and where appropriate appointments were expedited. All were resolved to the complainants' satisfaction.

7.5 Formal complaints

7.5.1 The Trust received 18 formal complaints in this data period: 9 were received in February and 9 in March. As shown in the graph below, this is within the expected range which means it is not significantly different to previous months based on data for the number of complaints received since April 2020.

Number of Complaints Received- starting 01/04/20

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.

7.6 Themes and learning from formal complaints closed in February/March 2023

7.6.1 Within this data period we responded to and closed 15 formal complaints in which 29 subjects/themes were identified.

7.6.2 Clinical Care was the most frequently occurring subject with 9 complaints. Communication and Information had 6 and Administration 4. Communication and Information and Clinical Care were also the most frequently occurring themes in the previous two reporting periods.

7.6.3 Three complaints about clinical care were about DynamicHealth Musculoskeletal (MSK) Services and 2 about Bedfordshire Children's Occupational Therapy. The complaints to MSK related to exercises making issues worse, incorrect treatment and misdiagnosis. Following investigation none of the complaints were upheld. The complaints about Occupational Therapy were both about treatment, interventions and support not being provided; neither complaint was upheld.

7.6.4 Two of the complaints about Communication and Information related to DynamicHealth MSK Services. One was about receiving confusing 'virtual appointment' letters generated by GPs when a referral was uploaded to the clinical system, the other was about not providing information about parking at the clinic. Both complaints were upheld. GPs have been reminded not to send the 'virtual appointment' letters to service users and administration staff have been asked to inform service users about parking when they book an appointment.

7.7 **Formal Complaint Response Times**

7.7.1 In this data period we responded to 15 formal complaints (6 in February and 9 in March). A summary of the response times is shown below with a breakdown provided in Appendix 5.

	February	**March**
Number of standard complaint responses sent within 35 day timeframe	4/5	3/5
Percentage of standard complaint responses sent within the 35 day timeframe	80%	60%
Number of complex complaint responses sent within 40 day timeframe	0/1	2/4
Percentage of complex complaint responses sent within 40 day timeframe	0%	50%
Average number of working days to respond to standard complaints	29.2	58.8
Average number of working days to respond to complex complaints	205	41.0

7.7.2 The average number of days to respond to standard complaints in March was skewed by one taking 139 days. This complaint was managed outside of the normal processes due to the needs and at the request of the complainant. Where the team cannot respond to the complainant within the stated timeframes, the complainant is contacted to provide an update and to re-negotiate timescales.

8.0 Access to Our Services Including Referral To Treatment (RTT)

8.1 **Clinical Operational Board (COB)**

8.1.1 Referral to Treatment/ Waiting list data has been fully reviewed at the May COB's. Each waiting list has a risk assessment and identification process aligned to it, and a variety of waiting well initiatives have been employed. Of note is the new data presentation within the ambulatory care directorate, the core outcomes are highlighted in the section below.

8.2 **Dynamic Health:**

8.2.1 The Physiotherapy service had 7606 waiters at the end of March, a reduction from the last reporting period. The longest waiter was at 58 weeks, which is a reduction from 65 weeks at the end of February 2023. The average waiting time is 16.9 weeks.

8.2.2 The longest 18 week pathways in Specialist Service are predominantly due to diagnostics especially Ultrasound. Some patient pathways involve double diagnostics, e.g., ultrasound and MRI, which lengthens the pathway further.

8.2.2 The slight increase in waiters and the average wait was due to annual leave and a vacancy within the service which we have successfully interviewed for but with a notice period of three months.

8.3 **Dentistry**

8.3.1 The end of March position shows the Special Care Dentistry overall has 1557 open waits, 822 of these are above 18 weeks and 123 are over 52 weeks (the 123 waits are all in Cambridgeshire). However, 922 of those waiting have a booked appointment and the average wait time across the service is 22 weeks.

8.3.2 In Minor Oral Surgery there are 743 open waits, 95 of these are over 18 weeks, and none are above 52 weeks. The average wait for this service is 8 weeks.

8.3.3 In March Special Care Dentistry received 253 new referrals a slight increase from the previous reporting period, patients in Cambridge are being offered appointments in East Suffolk to reduce waiting times and following an amendment to the services acceptance criteria (in conjunction with NHS England) the service has discharged several patients. However, it should be noted that the external NHS provision has decreased which has meant increasing demand for the Trust services.

8.4 **Integrated Contraception and Sexual Health (iCaSH)**

8.4.1 Waiting lists for Long Acting Reversible Contraception (LARC) and PrEP (Pre-exposure Prophylaxis) provision continue in some iCaSH localities, however, there has been an improvement by 452 for LARC and 111 for PReP waiters from the last reporting period. Nine clinics (out of 11) currently have no wait times for PrEP and whilst pre-assessment timeframes vary for LARC across the geography, the average wait from pre-assess to procedure is an average of 2 weeks.

8.5 Bedfordshire and Luton Allied Health Professional (AHP) Services

8.5.1 There is a national key performance indicator of 6 weeks from referral to treatment, for Audiology services. The average wait for an appointment has reduced during this reporting period and is now 9 weeks (previously 11 weeks). There has been an increase in the number of first appointments offered, due to additional non-recurrent Integrated Care Board (ICB) investment.

8.5.2 The longest wait for a first appointment in the Dietetic Service (22 weeks) has increased during this reporting period. However, the service has been successful in recruiting to long standing vacancies with new starters joining the service in February 2023. This additional capacity will positively impact wait times.

8.5.3 The average (18 weeks) and longest waits (88 weeks) for a first appointment in the Speech and Language Therapy Service (SLT) continue to increase. Funding shortfalls from each Local Authority and the ICB are primary reasons for longer wait times. The funding requirements for mainstream and statutory SLT services in Central Bedfordshire and Luton have been detailed in place-based business cases for the ICB and respective Local Authorities.

8.6 Bedfordshire and Luton Community Paediatrics

8.6.1 A backlog of Children waiting for a medical appointment remains. Capacity to address this has not been agreed or sourced via the Integrated Care Board to date. Non recurrent funds throughout 2023/24 may however be available. Children seen during the last period in Luton experienced a median wait of 33 weeks and longest wait of 67 weeks. In Bedfordshire the median wait was 24 weeks with the longest wait of 68 weeks.

8.6.2 NHSE (NHS England) mandated that from 1st April 2023 service waits cannot exceed 78 weeks, this reduces to 65 weeks on 1st April 2024. Significant progress has been made from January 2023, where 227 children across the service were seen to reach ensure 78 week compliance. In addition non-recurrent funds received (£625,000) in January 2023 to improve service waits enabled over a 1000 additional appointments during a 3 month period (see table below for details).

Medical appointments	BOSA assessments	Measurable clinical outcomes
702	384	310 children given an ASD diagnosis.
		32 children where ASD was excluded.
		42 inconclusive (further monitoring required)
		116 children given an ADHD diagnosis.
		201 children other diagnosis

8.7 Cambridgeshire Community Paediatric Services

8.7.1 Demands for assessment continue to be high on the Neurodiversity Disorder pathway. Priority 2 children continue to breach 18-weeks with several priority 1 children now also breaching. Current longest wait time is over 70 weeks. However, the EiA project (Early identification of Autism) assessed a number of

children on the waiting list during this reporting period, which has impacted positively.

9.0 Mandatory Training

9.1 As per the agreed changes, the following changes to mandatory training were implemented in April 2023:

9.1.1 Fire Safety training has now been changed to a two year competency and all records have been updated.

9.1.2 Moving and Handling of Patients Level 2 training has been changed to a two year competency and all records updated.

9.1.3 Patient Safety Level 1 has been added for all staff's training matrix and Level 2 for all clinical roles within the Trust.

9.1.4 Learning Disability and Autism Level 1 has been added to all staff's training matrix, and Level 2 will be implemented later in the year once systems are in place.

9.2 Ongoing changes:

9.2.1 Infection Control. We are currently working on changing the compliance from three years to one year for clinical staff only; this will be completed May 2023.

9.2.2 Suicide Training will be promoted once we align the training link within the Electronic Staff Record (ESR) and develop a 'how to' guide so that this is recorded within the individual's matrix once completed.

9.2.3 Palliative Care modules are still in progress and we will be aligning these to the required staff once agreed.

9.3 **Current mandatory training compliance stands at 93% (March 2023).**
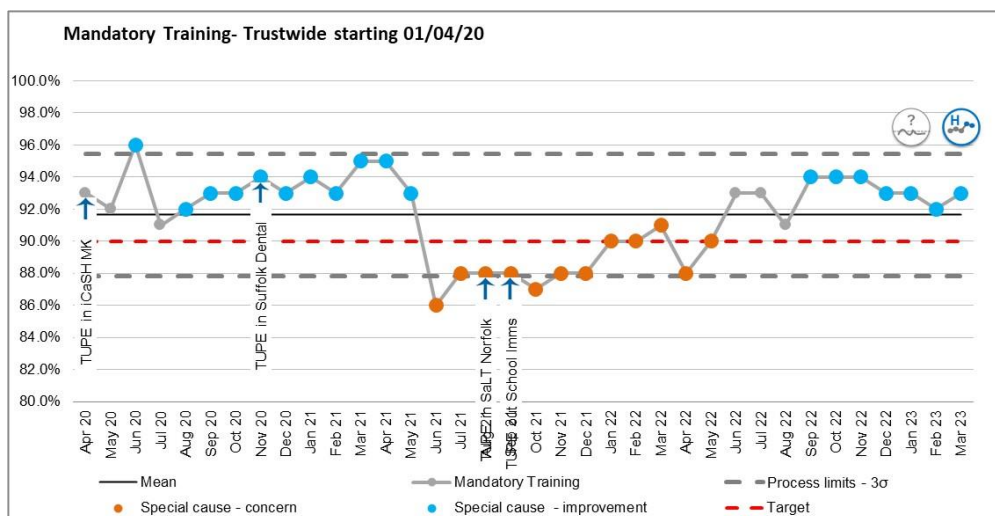
10.0 Information Governance

10.1 Work on the 2022-2023 Toolkit is progressing well ahead of the June 2023 publication date.

10.2 Mandatory information governance and data security awareness training compliance as of March was 90% with is down from the previous month 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.

10.3 Between February 2023 and March 2023, 33 incidents (17 in February and 16 in March) were reported under the Confidentiality Breach incident category which was a decrease on the 50 incidents reported in the previous period. Most incidents related to human error or administrative issues The Information Governance Manager assesses all information governance incidents and provides advice to staff to prevent errors from re-occurring.

11.0 Care Quality Commission (CQC)

11.1 The updated CQC Statement of Purpose is attached (Appendix 2) for the Trust Board's information. The changes reflect the closure, or transfer to another Trust, of the Large Scale Vaccination sites.

11.2 The CQC self-assessment tool was refined and redistributed to all services for review in December 2022. The response breakdown by service or team was reviewed by the Chief Nurse and Service Directors and reported to the Clinical Operations Boards and Quality Improvement and Safety Committee.

11.3 The actions determined by the clinical teams have been uploaded to the Datix system to support clear oversight, follow up and evidence collation to support closure, as well as mitigation where a risk is identified.

11.4 Services will be requested to update their self- assessments in June 2023, on a 6 monthly rolling programme. Prior to submission, like for like or similar teams across the Trust will be offered the opportunity to attend group workshops with the Quality team, with a view to reducing disparity in the assessments and to support services to define clear objectives or actions for progression towards Outstanding. Now that the self-assessment process is progressing well, services are being supported to use a Quality Improvement approach where there is an action required.

11.5 Work continues to progress the Trust's Must do action: 'Healthy Child Programme (HCP): the service must continue to monitor and actively recruit to ensure that there is an adequate number of nursing staff with the appropriate skill mix to care for children and young people in line with national guidance and to ensure that service provision can be maintained'.

11.6 The Standard Operating Procedure for Caseload Management and Safer Staffing has been finalised through the 0-19 Clinical Leads Meeting. This document formalises the

processes in place for escalation of workforce gaps and capacity (internally and externally) and recognises the variations on the same approach across the Trust via staff prediction and escalation frameworks. It also defines the use of active caseloads across the Trust and demonstrates how these are reported by practitioner or pathway.

12.0 Areas of Outstanding Practice

12.1 Bedfordshire & Luton Adults Services

- Luton Adults utilise several high cost items such as syringe drivers and bladder scanners. The syringe drivers with their plastic locked case are £1,200 each and a Bladder scanner costs approximately £9,000 per scanner. Prior to covid we misplaced around 27 syringe drivers in a five year period which equated to over £32,000. In 2020, we were gifted 35 new syringe drivers and purchased a new bladder scanner in 2022. Due to the high cost nature of these items and previous losses we have explored the possibility of using an Airtag tracking device so that we could prevent the loss of further equipment.

  - To allow tracking of the devices we have an iPad which displays the current location of the Airtags, so we can ensure they can be returned to the team for cleaning and re-using. Following guidance from the Information Governance Team labels will be applied to the items to let our patients know that the Airtag is used for equipment monitoring and will have no impact on their privacy.

- The service has worked with the data analyst to create a dashboard that allows us to monitor access to our services against deprivation, age, sex and ethnicity and in time other protected characteristics will be added. By pulling data through from our records and from primary care, the team are able to compare the makeup of those patients accessing our service against the overall makeup of the local population.

- Work has previously been shared at the Clinical Operational Board as to how the team are trying to communicate with our diabetes population to improve engagement with the current education programmes. This is particularly important due to the higher prevalence of diabetes amongst the South East Asian population. To date the team have reviewed letters sent to patients to ensure they fully explain what group education looks like, why they should attend an education session and shared feedback from others who have attended the course. The letters are not only written in English but have also been translated in Bengali and Urdu. Additionally, we have successfully recruited three volunteers (who can speak Bengali and/ or Urdu) whose role is to support the follow-up of invitees to confirm whether they shall attend an education class.

12.1.1 Neuro rehab update and Stroke Quality Improvement for Rehabilitation (SQuIRe) project:

- The SQuIRe project aims to improve the quality of community-based stroke care as evidenced by improving clinical outcomes and patient experience. This is a plan as an integrated care system to take current services to the next steps in implementing the Integrated Community Stroke Service (ICSS) model within Bedfordshire, Luton & Milton Keynes (BLMK). The project has been

completed and submitted to the East of England SQuIRe manager and Integrated Care Board (ICB) at the end of March 2023.

12.2 **Dental Services – Suffolk**

12.2.1 Nash House, Ipswich, is collaborating with Ipswich Football Club to provide changing facilities for people with additional needs via the Changing Places scheme.

12.2.2 The Oral Health Improvement team has achieved 100% satisfaction from preschool and Year 1 settings undertaking the My Smile programme. The programme was delivered to 40 settings in Cambridgeshire, 28 in Peterborough, 48 in Suffolk and 44 in Bedfordshire. The team also provided 45 online training sessions across the geography to preschool staff, health visitors and 0-19 nurses.

12.3 **DynamicHealth**

12.3.1 Ashley Sumbhoolaul, Senior Physiotherapist in the Huntingdon/Doddington locality, has been   successful in taking up the role of Chair for the Trust's Culture and Diversity Network. Ashley previously worked in Papworth and wishes to continue roles in Health and Wellbeing within DynamicHealth and Equality, Diversity and Inclusion within the Trust.

12.3.2 Three First Contact Physiotherapists appeared in the Ely Integrated Neighbourhood Annual Report
2023 published this month.

12.4 **iCaSH Services**

- Research scoping and participation is supported by the Trust's Research team, with a current business case development to support iCaSH representation in the East of England (EoE) National Institute for Health Research (NIHR) Clinical Research Network (CRN). One of the iCaSH consultants has been awarded funding from CRN and nominated as research lead for iCaSH, starting in April 2023 for 6-12 months.

12.5 **Large Scale Vaccination (LSV)**

12.5.1 It should be noted that the LSV service has redistributed much of the consumables such as desks, chairs, fridges, filing cabinets and disposables to other NHS organisations, primary care and third sector organisations supporting the Trust's collaboration and sustainability objectives whilst enhancing social value within the local community.

12.5.2 A final thank you to the LSV staff that continued to deliver the autumn booster through until March 2023 and who remained committed and loyal to the programme and organisation, whilst supporting other programmes of work such as the vaccination delivery of mpox (previously known as Monkeypox) in collaboration with iCaSH.

12.6 **Bedfordshire and Luton Healthy Child Programme (HCP)**

12.6.1 A communications project commenced as part of the Bedford Borough Children's Centre collaboration to create a bank of 'walk through videos' detailing service offers available. Links have been shared on appointment letters via quick response (QR) codes and on relevant websites across the system.

12.6.2 In-house training package 'The lived experience' has launched detailing first-hand accounts from people who use our services. The package has been well received with positive feedback.

12.7 **Norfolk Healthy Child Programme (HCP)**

12.7.1 PROVIDE Community Interest Company (CIC) and the Trust have been shortlisted for the Health Services Journal (HSJ) Awards 2023 in the category of *Improving Back-Office Efficiencies through Digital* for the work undertaken in Norfolk to improve the use of children's Accident & Emergency (A&E) data and associated relevant flows from acute trusts through to our HCP service. The project is being replicated in Cambridgeshire and Peterborough, and PROVIDE is rolling out across other Local Authorities where they are the child health providers.

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

12.8.1 The Family Nurse Partnership (FNP) team developed a case presentation template which has been recognised nationally and adopted for use within the national unit.

12.8.2 Development of a co-produced video to promote the Getting Ready for Change transition health questionnaires https://vimeo.com/811243750/e8e4305382

12.9 **Bedfordshire and Luton Children's Community Nursing Services and Milton Keynes Continuing Care Services**

12.9.1 A bid to increase children's community epilepsy provision was successful. Funding has been allocated for a two year period with support from the Integrated Care Service (ICS). Information gathering is currently underway to look at service provision within the funding financial envelope. Recruitment will then commence.

12.9.2 A purpose built wound care/pressure area care assessment tool has been discussed and shared at a Trust wide Community of Practice meeting. The tool will now be used across trust wide Children & Young People's services.

12.10 **Cambridgeshire Allied Health Professional Services**

12.10.1 The Clinical and Service lead for Children's and Young People's (CYP) Physiotherapy continues to co-chair the national Cerebral Palsy Integrated Pathway (CPIP) committee and is involved in rewriting the content for CPIP

2.0, which will be a truly national (England, Scotland, Wales and Northern Ireland) patient management system.

12.11 **Norfolk and Waveney Speech and Language Services**

12.11.1 Schools have provided positive feedback on the implementation of the link therapist programme, identifying themes such as improvement in schools' staff knowledge and confidence in assessment of need, supporting individual children and creating more communication friendly environments.

SO2

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A: Assurance Summary

Safe	• Staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures (**S4**)	**Reasonable**
Effective	• Mandatory training compliance is 93% - above target of 90% (**E1**) • Appraisal rates between 85% - 93% (**E2**) • Rolling sickness rates as at end of March 2023 was 6.06% compared to latest NHS England rate for community Trusts of 5.66% for November 2022 (**E3**) • Stability increased to 85.38% which is now above target of 85% (**E4**) • Equality Delivery System (EDS) objectives agreed and being delivered upon. (**E6**).	**Reasonable**
Well Led	• Agency spend below annual target (excludes Large Scale Vaccination service). (**WL5**) • Strong evidence of collaborating across the systems in which we operate. (**WL6**)	**Substantial**

1.   In addition to the overview and analysis of performance for February and March 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 a number of areas that support the delivery of this objective.
- Workforce Assurance presentation at Board Development Session on 19th October 2022.
- The positive staff feedback the Trust has received via staff survey results in relation to speaking up.
- Regular Resilience Huddle where staffing pressures/challenges are regular discussed. Risks 3163 and 3164 cover these pressures and are reviewed regularly.
- Discussions within the two Clinical Operational Boards that took place in May 2023.
- Update on the delivery of our People Strategy presented to the Board – May 2023.
- Annual Freedom to Speak Up report being presented to the Board – May 2023.

B: Measures for Achieving Objective – 2022/23 Measures

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No.	Measure	2022/23 Target	Data source	Reporting frequency	Current position as at end March 2023
3a	Our staff recommend the Trust as a good place to work	Maintain or improve upon 2021 Annual Staff Survey response score	NHS Annual Staff Survey & Quarterly Pulse Survey	Quarterly	
3b (1)	Achieve a good staff engagement rating – all staff	Maintain or improve upon 2021 Annual Staff Survey response score	NHS Annual Staff Survey	Annual	
3b (2)	Improve experience for Black, Asian, Minority, Ethnic (BAME) staff	To ensure that all BAME staff leaving the Trust are offered an exit interview – Pass/Fail from Q3	HR (Human Resources)	Quarterly from Q3	
3b (3)	Improve experience for disabled staff	Increase % of staff with long-lasting health conditions or illness saying the Trust has made adequate adjustments to enable them to carry out their work (2021 baseline 79.5%)	NHS Annual Staff Survey	Annual	Achieved – 88.2%
3c	Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly	90.05 ↑
3d	Deliver the locally agreed staff related annual Equality Delivery System objectives: **Workforce Objective 1:** To fully implement the actions identified following our review of the 'No More Tick Boxes'	Pass/Fail	Equality Delivery System	Quarterly	

	review of potential bias in recruitment practices **Workforce Objective 2:** The Trust Board will role-model behaviours that support the Trust's ambition to be an anti-racist organisation including actively implement the Trust's and their personal anti-racism pledges to instil a sense of belonging for all of our staff.				
3e	Monthly sickness absence below 4.5%	4.5%	ESR (Electronic Staff Record)	Monthly	5.80 ↓
3f	Reduce Annual Staff Turnover (excluding those leaving for reasons beyond the Trust's control)	Return to pre-pandemic level (March 2020 baseline 10.5%)	ESR	Annual	11%
3g	Maintain Mindful Employer Status	Pass/Fail	HR Team	Annual	

C: Risks to Achieving Objectives

Strategic Risks

1. ***Risk ID 3163 -*** *There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. (Risk Rating 12)*

2. ***Risk ID 3164 –*** *There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk rating 12).*

3. ***Risk ID 3166 -*** *There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. The risks described are only related to certain KLOE's and elements within the KLOE's. During the pandemic services prioritised risk based on clinical need and national guidance. (Risk rating 12)*

4. ***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 8)*

Related Operational Risks 15 and above

1. ***Risk ID 3514 -*** *There is a risk that Increased pressure on NHS capacity including IT systems, threat actors becoming increasingly more sophisticated and potential targeting on Public Sector infrastructure as a result of the Russia/Ukraine conflict, then if the trust fails effectively to mitigate the impact of a cyber-attack upon the trust where the likelihood of such an attack is increasing it will lead to Potential loss or disablement of services impacting on organisation to maintain effective provision of services. (Risk Rating 15)*

D: Overview and analysis

1. Sickness

1.1. The 12-month cumulative rolling rate (February 2023 – 6.32%, March 2023 – 6.04%) remains above the Trust rolling target of 4.5%.

1.2. Monthly Trustwide rate for February 2023 was 5.82% (including Covid-19 sickness), 5.49% (excluding Covid-19 sickness), and for March 2023 was 5.80% (including Covid-19 sickness) and 5.39% (excluding Covid-19 sickness)

1.3. The Trustwide sickness rate has decreased, however still remains above the Trust's target of 4.5% for 2022/23. Of the 5.80%, 3.11% was attributed to long term sickness and 2.68% short term sickness absence. Cambs & Norfolk Childrens Service had the highest sickness rate (6.74%) and Corporate Service the lowest (2.43%). The top reason remains Cold, Cough, Flu - Influenza; work continues to reduce those absences attributed to unknown/other reasons as much as possible.

1.4. The Trust monthly sickness rate is above the November 2022 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 5.66%.
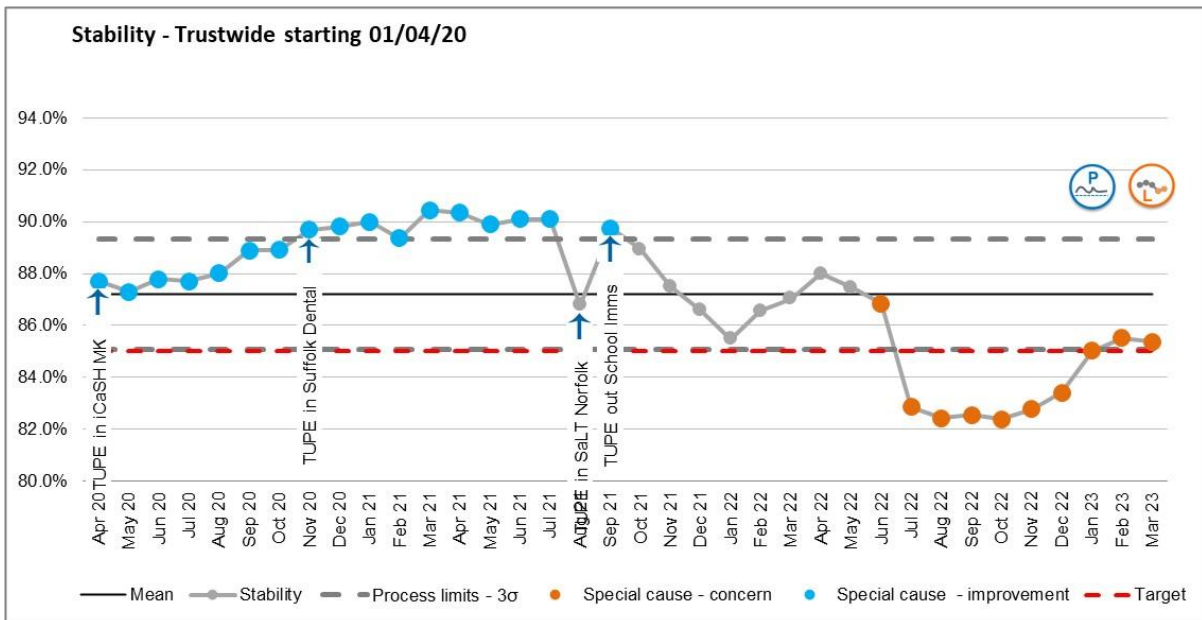
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Monthly Sickness including Covid-19- Trustwide starting 01/04/20
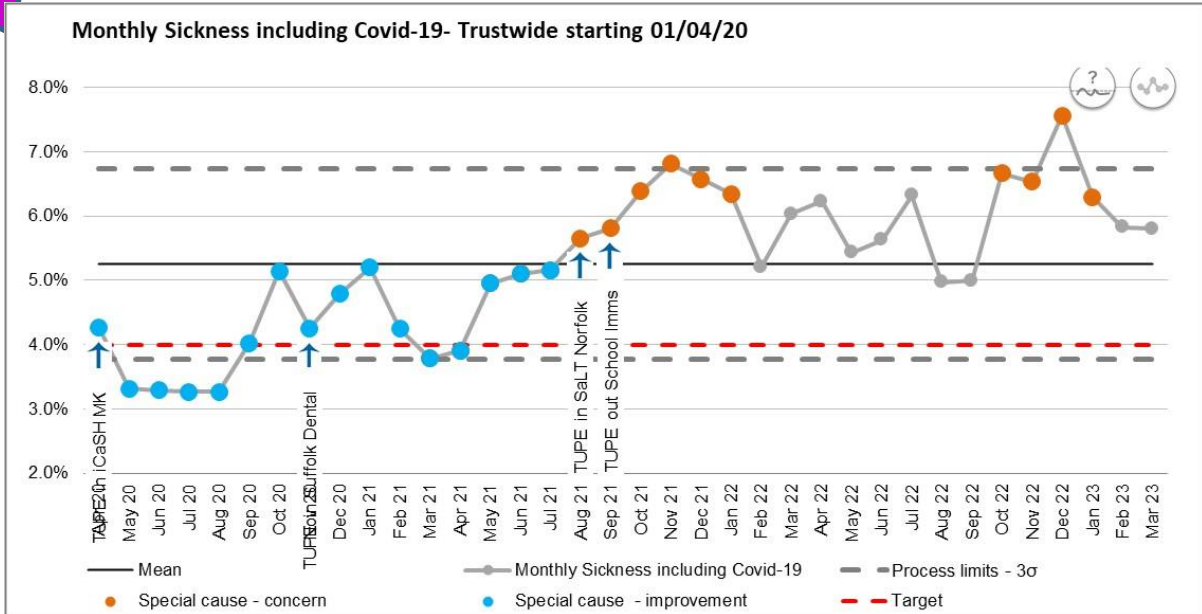
2. Stability

2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – February 2023 85.52%, March 2023 85.38%, against the Trust target of 85%. This compares favourably to a stability rate of 83.2% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Dec 22).

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


Stability - Trustwide starting 01/04/20

3. Appraisals

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

3.2. The Trust wide Appraisal rate increased slightly –February 2023 88.2%, March 2023 90.05%, and remains below the target of 94% for 2022/23.

3.3. Large Scale Vaccination Service has the lowest rate (55.26%), Luton Children's & Young People Service has the highest rate (94.67%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.
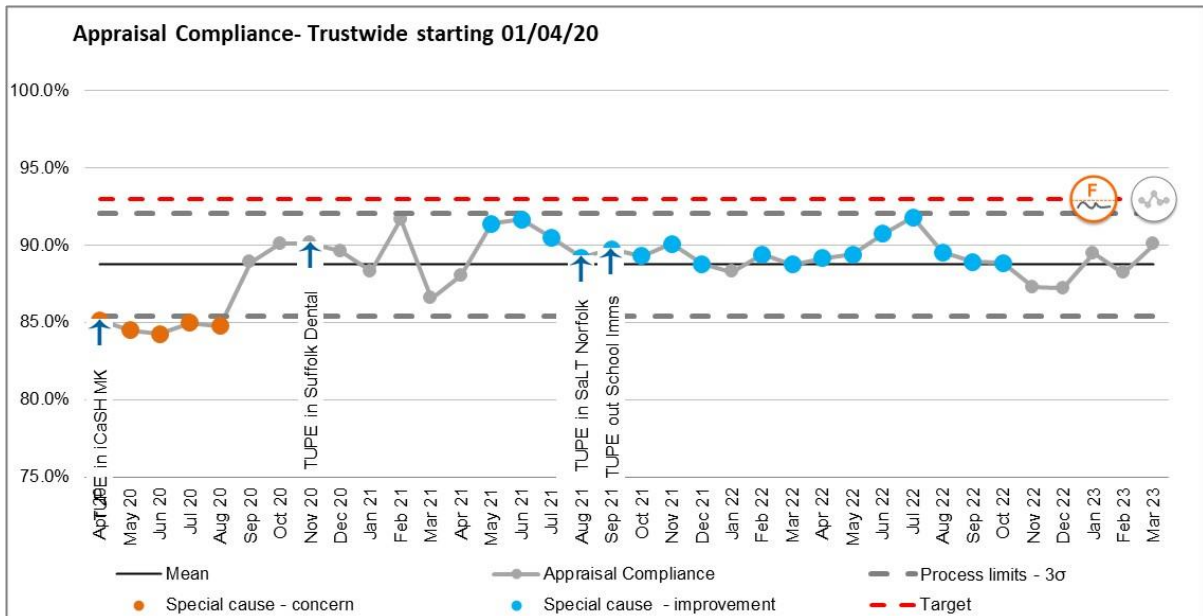
4. Turnover

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

4.2 The Trust's Rolling Year Turnover Rate is currently 14.73% (February 2023 14.40%, March 2023 14.73%) compared to an annual average Leaver rate for Community Provider Trusts of 16.7% (Source: NHS Digital Workforce Statistics – Dec22, based on "all Leavers" and "total Workforce").

4.3 Large Scale Vaccination Service currently has the highest Rolling Year turnover rate at 39.81%, with Corporate Services having the lowest at 11.28 %.

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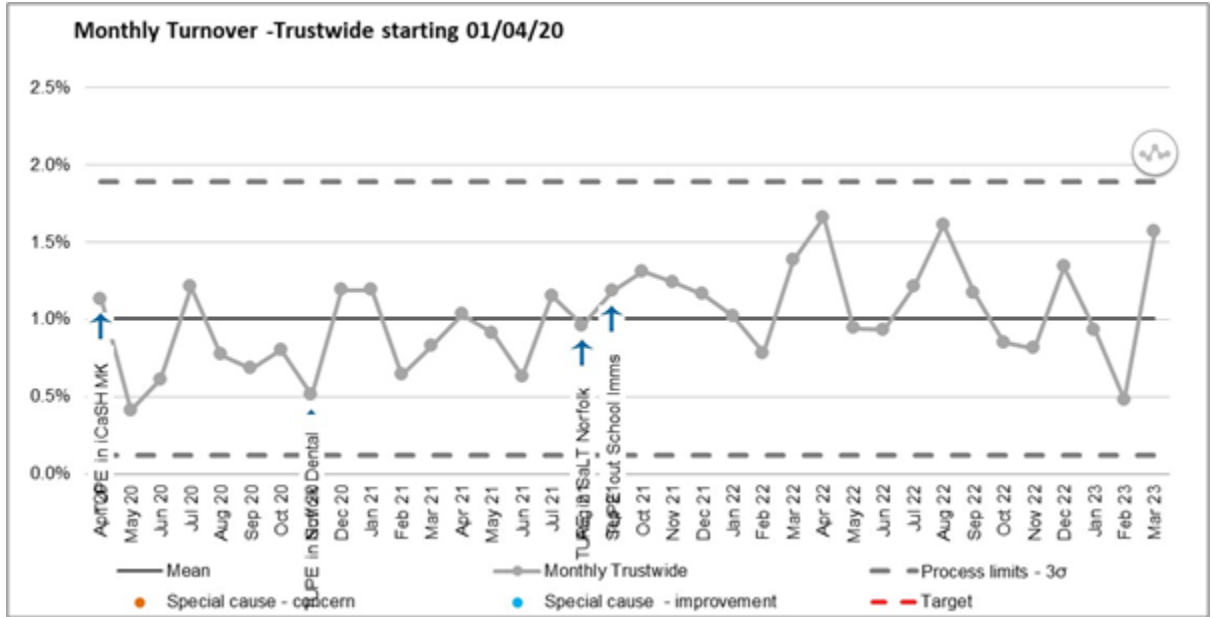
5. Current workforce challenges

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

5.2 There continues to be a particular focus on international recruitment within our Luton Adult services. This has culminated in the reduction of risk 3337 from 20 to 12 as significant number of the vacancies have now been recruited to via this route. It was reported in the May 2023 Clinical Operational Board that the service believes it will reduce this risk to 8 once their current cohort of international nurses pass their exams.

5.3 The Trust continues to focus on delivery of the recruitment and retention plan for our 0-19 Healthy Child Programme services across the Trust. The 0-19 service offer is currently being redesigned to enable a Universal, Targeted and Specialist offer to be delivered. Recruitment challenges continue for Community Paediatricians, Speech and Language Therapy and Nutrition and Dietetics service. Plans are being put in place to help address these gaps.

5.4 There is a continued focus on health, wellbeing and resilience and staff morale is regularly discussed and reviewed as part of the weekly resilience huddle. Trust wide staff improvement plan has been agreed and services are agreeing their local improvements in line with their local results.

5.5 A Coaching Support Programme has been commissioned which will enable up to 32 operational leaders to access two coaching sessions from an external provider. This has seen a really positive uptake and we will look to commission another cohort if needed.

5.6 Risks 3163 and 3164 were rated at 12 for the end of the reporting period.

## 6. Equality Delivery System 2 (EDS2) – Local Workforce Objectives – 22/23

6.1 Under the EDS2 process, the Trust had staff related objectives, alongside 2 patient objectives. The 2022/23 staff objectives were:

- To fully implement the actions identified following our review of the No More Tick Boxes review of potential bias in recruitment practices.

- The Trust Board will role model behaviours that support the Trust ambition to be an anti-racist organisation including actively implementing the Trust's and their personal anti racism pledges, to instil a sense of belonging for all our staff.

6.2 Good progress has been made in implementing these objectives, with the following actions having been completed:

- Trust Board anti-racism pledge agreed.
- Trust Board members personal pledges agreed and being shared in Cultural Diversity Newsletter.
- Members of the Trust Board offered a Diversity Mentor
- Cultural Diversity Network supported by Board Ally and others.
- Action plan for implementing No More Tick Boxes in place and being delivered, some actions will also roll over into first quarter of 23/24.
- Further cultural ambassadors trained.

7. Agency/bank spend
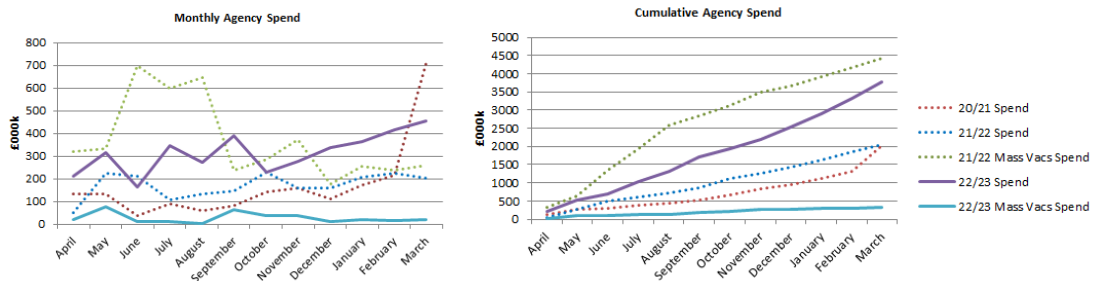
7.1 The Trust's agency spend for 2022/23 was £4,094k. The delivery of the mass vaccination service has increased agency usage over the period with spend to delivery this service totalling £320k in 2022/23 (which is included in the total spend cumulative figure).

7.2 Highest areas of spend were in Community Paediatrics in Bedford and Luton and District Nurses in Luton.

Monthly Bank Spend

Cumulative Bank Spend

- ······ 20/21 Spend
- ······ 21/22 Spend
- ······ 21/22 Mass Vacs Spend
- —— 22/23 Spend
- —— 22/23 Mass Vacs Spend
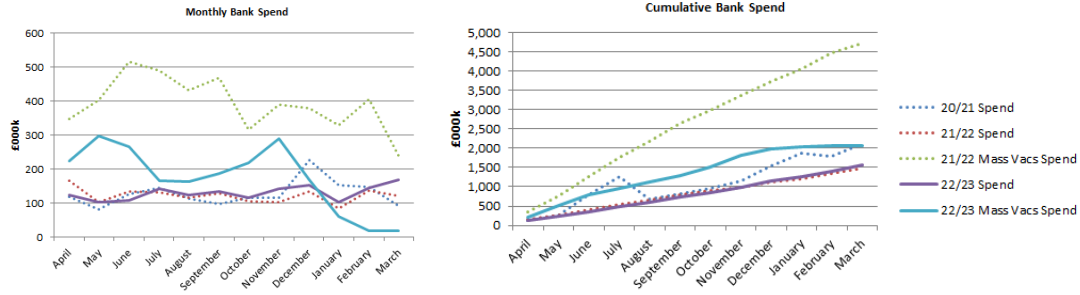
7.3 To reduce the usage of agency, the services have the availability of bank staff to fill short term staffing pressures. The Trust's bank spend for 2022/23 was £3,643k. The delivery of the mass vaccination service has increased bank usage and spend in 2022/23 was £2,078k (this is included in the total spend cumulative figure). Substantive staff who are working additional hours to support the mass vaccination service are being paid through the bank.

A: Assurance Summary

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

1. The Board can take assurance of the Trust's approach to collaborating with others from the following sources, for the period February and March 2023.

   • The Trust has in place collaborations with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), East London NHS Foundation Trust (ELFT) and across the provider landscape in Luton.
   • The Trust fully participates in Integrated Care System (ICS) activities in Cambridgeshire and Peterborough (C&P) and in Bedfordshire, Luton and Milton Keynes (BLMK) and is represented on Norfolk's Children Board and Norfolk Alliance.
   • Chair and Chief Executive participate in Cambridgeshire and Peterborough ICS Board and BLMK ICS Partnership Board.
   • Chief Executive is a member of the Cambridgeshire and Peterborough System Leaders group, BLMK CEO group and Bedfordshire Care Alliance CEO group.
   • Chair, Chief Executive and Deputy Chief Executive actively involved with other NHS Partners across Bedfordshire and Luton in the development of the Bedfordshire Care Alliance and its core principles.
   • Chair attends Leaders and Chairs group across BLMK ICS.
   • Chief Executive and Assistant Director of Business Development and Strategy are members of the C&P Children and Maternity Collaborative Board.
   • Deputy Chief Executive jointly chairs the Bedfordshire Operational Leadership Group with Chief Executive from Bedfordshire Hospitals and Director of Adult Social Services from Bedford Borough Council.
   • Deputy Chief Executive is a member of BLMK Performance and Delivery Group, which meets fortnightly.
   • Deputy Chief Executive is an active member of the BLMK and Cambridgeshire and Peterborough Local People Boards and the East of England Regional People Board and is the chair of Cambridgeshire and Peterborough Leadership and Culture sub-group and co-chair of their ICS Organisational Development Programme Board.
   • Executive Leads attend Local Authority System level Health and Wellbeing Boards
   • Director of Adults' services Luton attends the Luton 'At Place' Board.
   • Director of CYP Services is a member of the BLMK Children & Young People's Transformation Programme Board.
   • Assistant Director of Business Development and Strategy is a member of the C&P North Integrated Care Partnership Board and the C&P South Integrated Care Partnership Board.
   • Collaboration is at the core of the Trust's research activities.

- Research Bi-annual Report received at Quality Improvement and Safety Committee which provided substantial assurance.

B: Measures for Achieving Objective – 2022/23 Measures

No	Measure	2022/23 Target	Source	Frequency	RAG Position as at end of March 2023
2a	The Princess of Wales Hospital site development plan milestones are achieved	Pass/Fail	Exec Team	Quarterly	
2b	C&P Children and Maternity Collaborative – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition	Pass/Fail	Exec Team	Annual	
2c	Bedfordshire Care Alliance – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition	Pass/Fail	Exec Team	Annual	
2d	The Norfolk CYP Services 'Integrated Front Door' [1] programme is completed to schedule	Pass/Fail	Exec Team	Annual	
2e	Health Inequalities – a better understanding of	Q3 – A data quality summary was presented at	Data Team	Quarterly	

No	Measure	2022/23 Target	Source	Frequency	RAG Position as at end of March 2023
	whether we are reaching certain (ethnic or disabled) groups to improve access Q2 – Data quality review reveals a patchy position; for example, we have good data on age and deprivation (using post code), room for improvement in respect of religion and military veteran status and poor data in respect of disability, ethnicity and sexual orientation (other than where there this is routinely collected)	the November Data Quality SG exposing gaps in data capture. The Data Services and Clinical Systems teams have preliminary data capture templates built to collect much of the unavailable data By end if Q4, all templates will be reviewed, revised if necessary, and deployed across services. The Data Services team will agree with service leads timeframes to commence recording and establish a regular review of compliance			

C: Risks to achieving objective

Strategic risks

1. *Risk ID 3467* – *There is a risk that we fail to agree a cross organisational transformational approach for children and Young people services which will result in the inability of the Integrated Care Board to support the establishment of the Accountable Business unit.(Risk Rating 6)*

2. *Risk ID 3468* – *There is a risk that if during 2022-23 the Bedfordshire Care Alliance Committee of the Integrated Care Board does not successfully achieve planned changes then they will be unable to deliver improvements leading to sub-optimal care and outcomes for service users. (Risk Rating 8)*

3. *Risk ID 3475 -* *There is a risk that the C&P ICS and Trust fails to secure national funding for the redevelopment of Princess of Wales, Ely which would result in the*

facilities and infrastructure not being upgraded and as a result impact on the quality to patient care to service users. (Risk Rating 12)

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

5. **Risk ID 3164 –** *There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges (Risk rating 12).*

Related Operational Risks 15 and Above

1. **Risk ID 3514 -** *There is a risk that Increased pressure on NHS capacity including IT systems, threat actors becoming increasingly more sophisticated and potential targeting on Public Sector infrastructure as a result of the Russia/Ukraine conflict, then if the trust fails effectively to mitigate the impact of a cyber-attack upon the trust where the likelihood of such an attack is increasing it will lead to Potential loss or disablement of services impacting on organisation to maintain effective provision of services. (Risk Rating 15)*

D: Overview and analysis

1.   Princess of Wales Hospital, Ely

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

1.1   **Progress Report:**

The Trust was granted planning permission for the new multi storey car park by East Cambridgeshire District Council and have since commenced the demolition of the MOD social club near the entrance of the hospital car park. Octavius have started on site to install the new porters lodge and begun construction of the foundations of the multi storey car park with the steel frame due to follow during the summer.

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

Following the approval of the Cambridgeshire & Peterborough Integrated Care Board business case for the community diagnostic centre programme (CDC), RG Carter continue to undertake works in preparation for the CDC hub on the Princess of Wales site by remodelling the vacated former Oliver Zangwill centre and Outpatient Department. Concrete pads that will accommodate 2 x mobile scanners have been installed and are due to be available for use from June.

The delivery of the CT scanner will not be until the end of September which is later than expected. This has a knock-on impact on the completion of the building works as some building works cannot be completed until the scanning equipment is in place.

2.   **Cambridgeshire & Peterborough Integrated Care System**

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

2.1   The developmental focus for the four C&P system partnerships, technically known as Accountable Business Units, has shifted from formal delegation of Integrated Care Board responsibilities to taking the lead in transforming services to meet the priorities of the integrated Health and Wellbeing Strategy. The Partnership has agreed the priority areas for transformation and is establishing the capability to drive these forward. Key areas are:

Transformation Area	Priority Programme	What will be different for CYP and families?
Perinatal & Early Years	Family Hubs	More families will find it easy to access information and support with • early language development • parent-infant relationships • parenting skills • infant feeding
Emotional Wellbeing and Mental Health	Complex Cases	CYP requiring support with high risk or complex behaviours and relationships will have more choice about different approaches to getting help
	Getting Risk Support (Thriving Partners)	More CYP will be able to continue working with the same helping person when risk changes in their lives rather than this ending and being referred on to someone else.
Special Educational Needs & Neurodiversity	Medical reviews offered in special schools	CYP enrolled in special schools across Cambridgeshire and Peterborough will be able to access their medical review appointments at school rather than having to attend hospital
	Needs-led approach to SEN & ND	

		More CYP and families will be able to access early support with managing neurodiversity and SEN
Physical Health	Child asthma programmes	Fewer children and young people will experience respiratory exacerbations which require hospital admission

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

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

3.1   Work to deliver agreed system priorities through a number of key fora:

- Bedfordshire Care Alliance Sub-committee of the Integrated Care Board.   This meeting, chaired by non-executive director of the Integrated Care Board, convened in March 2023 and discussed:

  o An update of the work undertaken by the Bedfordshire Care Alliance Executive Group.
  o Reflections on winter 2022-23.
  o Proposed actions to prepare for winter 2023-24 – these were agreed.
  o The Trust's Deputy Chief Executive Officer is leading on the programme plan to deliver the agreed actions.
  o Update on the Fuller neighbourhood's programme.

- BLMK Performance & Delivery Group.   This is convened fortnightly and attended by Trust's Deputy Chief Executive Officer, Service Director Luton Adults' Services and AD Business Development and Strategy.   The standing agenda includes: Winter Planning/Urgent and Emergency Care; System Performance and (for the time being): Industrial Action; and System Planning Round.

- BCA Complex Care and Frailty Oversight Group.   This group meets bi-monthly and met in February 2023.   The SRO is the Trust's Deputy Chief Executive Officer, medical input is from Tammy Angel, consultant from the Bedfordshire Hospitals NHS FT.   The core transformation programme comprises:

  o Supporting delivery of a consistent falls pathway offer at Place.
  o Delivering integrated support in the community (including urgent community response, virtual ward and At Home First).
  o Delivering interface frailty services (including embedding the frailty same day emergency dare and frailty model at Bedford Hospital).
  o End of life, to ensure best possible experience.

3.2 The Trust's view is that the Bedfordshire Care Alliance is consistently demonstrating robust ability to deliver transformational change to the Integrated Care Board; this will serve the Alliance well in any future discussions around delegation to collaboratives.

4. Norfolk Integrated Care System

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

4.1 We continue the long-term vision and development of growing the Norfolk & Waveney Just One Number service to improve access for children and young people to mental health support. The system development group has prepared a solution for managing referral data flowing between partner agencies. This proposal will be reviewed at the next IFD Clinical Operations Group for improvements and agreement.

5. Health Inequalities

[*Strategic indicator 2e; Health Inequalities – a better understanding of whether we are reaching certain (ethnic or disabled) groups. By Q2 – baseline our data suite to understand the quality of our data, the demography of population we see versus population in our catchment area and the demography of our waiting lists*']

5.1 The Informatics Team have developed a Trust-wide Equality and Diversity template. This includes:

   • details of ethnicity.
   • Language.
   • gender identity.
   • sexual orientation.
   • military status.
   • carer status.
   • communication needs.
   • disability component.

5.2 The disability component will be generic and will not be diagnostic. Once this has been agreed within this initial small working group, a Trust Task and Finish group Trust will be set up to review and progress with plans to roll this out across the Trust by September 2023.

5.3 For 2023 onwards we have agreed a new Equality, Diversity and Inclusion (EDI) for all Board and sub-committee reports:

   Equality and Diversity Objective – Domain 3 Inclusive Leadership
   Describe how this report / paper addresses Health Inequalities

5.4 In addition to this underpinning work, services have begun to use data to better understand the inequalities in their areas. Examples, which have been reported to Clinical Operations Boards, include Diabetes Education (Luton Adults), Dynamic Health (in partnership with Cambridgeshire and Peterborough Integrated Care Board's Health Inequalities team). Cambridgeshire Children's Services have been successful in securing funding to support work with children with asthma targeted at the more deprived areas of the county. Thes examples demonstrate the potential to use data to

better target our services and potentially improve access and outcomes for people from more deprived or hard to reach populations.

6.   Research Reporting Period: February 2023 – March 2023

6.1   **National Institute for Health Research (NIHR) Portfolio studies: Compliance with Board set assurance metrics**

6.1.1   Scoping and feasibility: Reasonable assurance for the NIHR Portfolio studies reviewed and adopted within the Trust continues to be maintained. The Research team continues to routinely review the NIHR Portfolio for studies that are suitable for adoption into the Trust, in line with national drivers and Trust objectives. This includes horizon scanning, scoping and detailed feasibility assessments. In this reporting period, we trialled the East of England Open Data Platform (ODP) web app to review studies specifically marked as suitable for community care settings. One hundred studies were identified using this filter. Of these, five studies have already been adopted by the Trust, nine studies were currently being considered for feasibility for adoption and 10 other studies were previously explored and considered to be not suitable. The remaining studies were either not suitable or required further information to ascertain feasibility. We will continue to pilot this web app and report on its suitability.

6.1.2   Recruitment: In this reporting period, 17 NIHR Portfolio research studies were running within the Trust out of which two were opened during this period (Appendix 1). Across the Trust's geography, staff vacancies and clinical capacity pose a challenge to considering new studies or successfully recruiting to adopted studies. However, two studies have had significant success with recruitment (Appendix 2) and we have recruited 176 participants overall, accurate to ODP, in this reporting period.

6.2   **Update on study issues**

6.2.1   The Research team continues to support existing data queries for the VenUS 6 study and the study closure process.

6.2.2   OKKO study was temporarily paused, following one recruit at the Bedfordshire Eye Service. The pause was initiated from the lead academic team, Moorfields Eye Hospital, due to issues identified by the company making the game, with the saved data quality. The technical issues are currently being worked on and we await notification of re-commencement of the study. The one patient seen is being followed up in a routine clinical appointment.

6.2.3   Research Capability Funding (RCF) will be awarded for October 2022 – September 2023. The outcome of the investigation into the erroneous web bot additions to the recruitment numbers, did not add any further insight to the issue. For the current RCF qualifying period (October 2022 – September 2023), we have a cumulative total of 191 recruits to date. We have just heard that the Department of Health and Social Care (DHSC) will award all Trusts, who have achieved over 100 recruits, RCF. Previously, the figure we needed to achieve was over 500.

6.3   **Fellowships, internships, PhD programmes and grants**

6.3.1   One clinician continues their National Institute for Health Research (NIHR) Masters to PhD Fellowship. Three staff submitted applications to the Applied Research Collaborative (ARC) Fellowship scheme; we recently heard that a paediatrician was awarded the ARC Mental Health Research Fellowship. This is for an 18-month period and the first time that the Trust has had an ARC mental health award. Please see Appendix 3 for further details.

6.3.2   'Widening Access to Research' funding to increase the involvement of under-served patient groups in research was undertaken by a consultant from sexual health. This concluded at the end of March. The same consultant applied to the 2023-24 Greenshoots funding scheme and was successful in obtaining the award. The duration of the funding is for 12 months, in the first instance.

6.3.3   The application for the NIHR Invention for Innovation Funding at the Speed of Translation (i4i FAST) innovator grant was unsuccessful.

6.3.4   During this reporting period, no non-student or student evaluations were submitted for local Trust permissions. However, there are several student projects in the pipeline.

6.4   **Trust Wide projects to build research culture and capacity.**

6.4.1   We held the fourth Trust Principal Investigator (PI) network meeting for CCS PIs and local leads. A talk on the "Widening Access to Research" project was presented by the consultant from iCaSH, who won the award and the presentation was very well received.

6.4.2   Research Champions: Phase 2 of our Research Champions programme commenced in February 2023. Seven Research Champions from our 0-19 services (Norfolk, Bedford, Luton) have joined cohort 1, which runs from February to June. Additional Trust services will be invited to join cohort 2, starting in July. The programme is attracting positive attention from external organisations.

6.4.3   Building the Research Capacity of the Trust workforce: we continue to have three members of staff funded via this CRN scheme, providing ad-hoc support to the Research team. We hope to keep these staff on the research team bank. One of the clinicians is working across speciality, which is seen as gold standard practice, by the CRN. The Research team has been working with the Volunteering team to create a volunteer role, advertised from 1 February 2023, to support research study delivery in the children's eye service.

6.4.4   The Research team continues to support the learning and development of student nurses and other health care students by offering a research placement day. This occurred on 22 February 2023 with student nurses from the University of Bedfordshire and a new starter staff member.

Appendices

Appendix 1:   Research study recruitment strategies

The Research team is exploring studies which are quick wins, such as surveys, and have successfully set up a staff survey during this reporting period after discussions with the Trust's Human Resources team. Several studies are in set-up and due to commence soon; these will contribute to increasing recruitment. The Research team is also piloting a move from a purely facilitation role to providing on-site support to clinical teams with study delivery.

Appendix 2:   National Institute for Health Research (NIHR) Portfolio Studies (accurate as of 4 April 2023 via Open Data Platform [ODP] NIHR portal)

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

NIHR Portfolio studies	Clinical Area	Interventional (I)/Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
Babybreathe Postpartum smoking intervention.	Children & Young People's Service (CYPS) Norfolk	I	University of East Anglia	18	67	(no change)	Open and recruiting	Behavioural intervention to prevent return to smoking postpartum
Evaluating the Home-based Intervention Strategy (HIS-UK)	iCaSH	I	University of Southampton	6	18	(increased)	Open and recruiting	Comparing delivery interventions
MINDfulness And Response In Staff Engagers (NHS) - MINDARISE-V1.3 staff survey	Trust wide	O	University of Sussex	15	17	(increased)	Open and recruiting	Inform policy recommendations
Views of the public about dental teams delivering weight intervention	Dental. Luton/Beds Adult	O	Loughborough University	66	66	(increased)	Study in set up	Improving care about weight interventions
Exploring The Long-Term Outcomes Following a Pregnancy with Gestational Diabetes Mellitus (ELOPE-GDM)	CYPS	O	University College London	0	0	(no change)	Open	Development of clinical guidelines and new services
Developing Core Outcome Sets for Delirium Trials-Stage 2: Delphi surveys	Trust wide	O	West Hertfordshire Teaching Hospitals NHS Trust	0	0	(no change)	Opened in period	Developing core outcome sets for effectiveness trials of interventions
Better Outcomes for Older People with Spinal Trouble (BOOST-IS)	MSK	Both	University of Exeter	0	0	(no change)	Opened in period	Evaluating an implementation
Positive Voices human immunodeficiency virus (HIV)	iCaSH	O	Public Health England (PHE), University College London (UCL), Imperial College London	0	66	(no change)	Open	National survey of people living with HIV
Developing the Clinical Anxiety screen for people with severe to profound intellectual disabilities (CIASP-ID)	Dental, Beds & Cambs Childrens	Both	Aston University	0	2	(completed)	Recruited	Development of an assessment tool
Compression therapies for the treatment of venous leg ulcers. (VenUS 6)	Luton Adults	I	Manchester University	0	0	(no change)	In follow up to close	Clinical investigation of a medical treatment
Interpersonal counselling for adolescent low mood (iCALM)	CYPS Norfolk	I	Norfolk and Suffolk NHS Foundation Trust	0	6	(no change)	In follow up	Feasibility trial to inform larger scale Randomised Control Trial (RCT)
Scanning Eye training as a rehabilitation choice for hemianopia after stroke (SEARCH)	Bedford Orthoptics	I	University of Liverpool	2	2	(increased)	Open recruiting	RCT, evaluating a rehabilitation intervention
The role of different diets in children who are gastrostomy fed (Yourtube)	CYPS Cambridge	O	University of York	0	0	(no change)	In follow up period	Building research knowledge of diets of children who are gastrostomy fed

SO3

Collaborate with others

NIHR Portfolio studies	Clinical Area	Interventional (I)/Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
Pregnancy and EARly Life study (PEARL)	CYPS Norfolk	O	Quadram Institute Bioscience	Data exchange only.	Does not attract recruitment. collaborative only	n/a	Ongoing data sharing	Longitudinal basic science study into health during pregnancy
Prevalence of Prophylaxis for Sexually Transmitted Infections (STIs) (POPS)	iCaSH	O	Central and North West London NHS Foundation Trust	**61**	61		Open	Build understanding into an issue with limited research
I-DIGIT (Investigating Digital Therapy)	Norfolk CYPS	O	Norfolk and Suffolk NHS Foundation Trust	-	-		Open	Contribute to improved access to treatment and patient choice
OKKO Space Academy App	Bedford Orthoptics	I	Moorfields Eye Hospital NHS Foundation Trust	-	-		Study open and paused	Developing an app as a vision measuring and home-monitoring too
The NeuralNET: Research to impact diagnosis, mechanistic understanding and treatment of children's brain and mental health disorders	CYPS	O	Cambridge University Hospitals NHS Foundation Trust	-	-		Open	Genetic findings to help understand and treat Cerebral palsy
The Open Door Project: Health professionals views on perinatal psychological support	CYPS	O	University of Sussex	-	-		Opened end of period	Improving service provision
Provider survey to inform health service configuration for abortion (SACHA)	iCaSH	O	The London School of Hygiene and Tropical Medicine (LSHTM)	**10**	10		Study completed	Inform health service configuration for abortion
Children's Palliative care Outcome Scale Study C-POS Validation Study	CYPS Luton & Cambs	O	Kings College London	-	-		Study in set up	Development of an outcome tool
Total recruitment within this period:				**176**	440	RCF count for recruitment started from October 2022 to September 2023 (*2). Cumulative score is currently 191.		Total for all NIHR Recruitment.

(*1) All figures accurate as of 04/04/23 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases) due to database delay, known figures vary).

(*2) Research Capability Funding (RCF) is allocated to research-active NHS health care providers if they recruited at least 500 individuals to non-commercial studies, conducted through the NIHR Clinical Research Network (CRN), during the previous NIHR CRN reporting period of 1 October – 30 September.

Collaborate with others

Appendix 3: **Summary table for Fellowships/Internships/PhD Programmes and NIHR Grant Submission(s) & update on previous applications within this reporting period**

NIHR Fellowships/grant	Area	Numbers	Trend	Collaborations	Impacts/potential impacts
CRN PPIE Innovation Grant	**CYPS Orthoptic Dept**	One	New award from the CRN following application	CRN	Achieved by Katherine Vale, to support participants of OKKO study.
National Institute for Health Research (NIHR) i4i Fast Application	**Children & Young People's Service (CYPS) Cambridge**	One	First innovation grant of this type	NIHR	UNSUCCESSFUL
NIHR Developmental Grant	**Trust wide**	One	First Developmental Grant which includes CCS NHS Trust staff member.	Collaborative	**More details to follow, upon signing of contracts.**
Application: NIHR/HEE Applied Research Collaboration (ARC) Fellowships	**CYPS Cambridge**	One	ARC Mental Health Fellowship	NIHR/HEE	**SUCCESSFUL**
NIHR/HEE Masters to PhD	**MSK (adult)**	One	1st for MSK.	NIHR/HEE	Award is funded 50% clinical time to write a PhD application and undertake training.
NIHR/CRN Green Shoots	**iCaSH**	One	1st for clinical area	NIHR/CRN	Supporting new Principal Investigators (PI). Mentoring and funding.
NHS Innovation Accelerator (NIA) award.	**CYPS Cambridge**	One	A new award to the Trust. Runs from March 2022 to March 2023. **An application for an additional year has been submitted.**	NHS England, NHS Innovation, Academic Health Science Networks (AHSNs), University College London (UCL) Partners.	Completed 31/03/23.
Current: NIHR/HEE Applied Research Collaboration (ARC) Fellowships	**CYPS Cambridge CYP Beds**	One	Awarded. Commenced April 2022 to March 2023. Progressing well.	NIHR/HEE	Project: Looked after children and inclusion in health requirements. Ends 31/03/23

Appendix 4: **Key themes from Trust Research Ready Workforce survey**

	Have your views on research changed since the Covid-19 pandemic?
Capacity	Staff shortages and increased clinical and service pressures due to Covid-19 pandemic has decreased capacity of teams to engage in research.
Recognition of impact	Increased recognition of the importance of research related specifically to the impact of Covid-19 research and vaccination studies.
Awareness	Increased awareness of research in general, in the public
Logistics - negative	Increased remote working due to Covid-19 had a negative effect on research.
Logistics - positive	Increased remote working has had a positive impact and increased opportunities for research.

7. **Public sector prompt payments**

Better Payment Practice Code Performance

······· Target

—— % of Non-NHS invoices paid within target - Volume

—— % of NHS invoices paid within target - Volume

—— % of Non-NHS invoices paid within target - Value

—— % of NHS invoices paid within target - Value
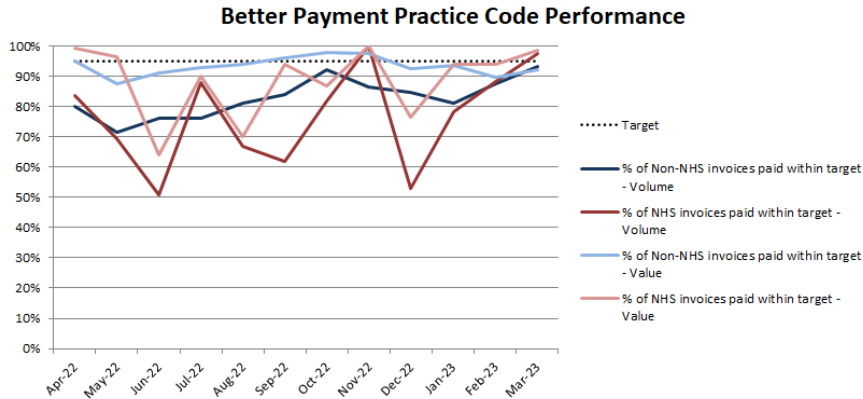
7.1   The average in month prompt payment results across the four categories was 90% in month 11 and 95% in month 12.

7.2   With regards to NHS invoices, performance improved in month 11 and then improved further in month 12, with the Trust achieving 95% in volume and value in month 12. The Trust is working hard to consistently improve NHS payment performance.

7.3   With regards to Non-NHS invoices, achievement in both categories has remained relatively consistent in the last 12 months – with an average of 88% achievement over this period. Over months 11 and 12, the average achievement in each category is 90% and 91% for Volume and Value respectively, which is an improvement on the previous reporting period.

7.4   The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly. Further processes are being implemented to increase the monitoring of invoices and improve their allocation to services.

SO4 Be a Sustainable Organisation

A: Assurance Summary

Well led	**WL1** I&E in line with budget	Sustantial
	WL2 CIP in line with plan	
	WL3 Capital spend in line with budget	
	WL4 Use of resources	

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

2. The Trust Board will also take assurance from External Auditor's Unqualified opinion and its "Value for Money conclusion" of the Trust's 2021/22 accounts.   Internal Auditor's assessments during 2022/23 provide an initial 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 year delivered a marginal surplus of £103k against the original plan, and the reasons for this are explained more fully in the Income and Expenditure section below.

B: Measures for Achieving Objective – 2022/23 Measures

No	Measure	22/23 Target	Data source	Reporting frequency	*Current position as of March 2023*
4a	Achieve planned budget target	Pass/Fail	Finance Report	Quarterly	Pass
4b	Green Plan: 1. Establish Staff network and Net Zero Champions 2. Increased awareness of Cycle to Work scheme 3. All renewable energy contracts for estate in Trust direct control	1. Pass/Fail 2. 5 more schemes agreed 3. Pass/Fail	Green Plan	1. Oct 22 2. Annual 3. Mar 23	Pass Included in staff comms Pass where applicable

C: Risks to achieving objective

Strategic risks

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

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

Related Operational Risks 15 and above

1. ***Risk ID 3120*** *– There is a risk that assessment and treatment delays in the Bedfordshire community Paediatric service continue, impacting Childhood development. (Risk Rating 15).*

2. ***Risk ID 3514*** *-There is a risk that Increased pressure on NHS capacity including IT systems, threat actors becoming increasingly more sophisticated and potential targeting on Public Sector infrastructure as a result of the Russia/Ukraine conflict, then if the trust fails effectively to mitigate the impact of a cyber-attack upon the trust where the likelihood of such an attack is increasing it will lead to Potential loss or disablement of services impacting on organisation to maintain effective provision of services. (Risk Rating 15)*
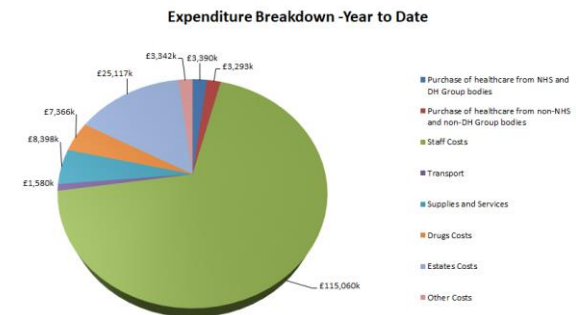
D: Overview and analysis

Finance scorecard

Finance Dashboard	Section in	Plan	Actual	Variance
	Report	M12	M12	M12
Operating income	1	£146,718k	£169,984k	£23,266k
Employee expenses	1	(£104,065k)	(£114,905k)	(£10,840k)
Operating expenses excluding employee expenses	1	(£42,653k)	(£55,039k)	(£12,386k)
Trust Surplus/(Deficit)	1	£0k	£103k	£103k
Closing Cash Balance	2		£14,915k	
Capital Programme	4	£5,500k	£4,155k	(£1,345k)
Agency Spend	SO2 - 4	£1,868k	£4,094k	(£2,226k)
Bank Spend	SO2 - 4	£3,173k	£3,753k	(£580k)

1. Income and expenditure

Trust Income Plan vs Actual

Income Breakdown - Year to Date

- £8,880k
- £6,701k
- £8,270k
- £14,342k
- £54,231k
- £55,590k
- £21,710k

- ■ NHS England
- ■ Clinical commissioning groups
- ■ NHS foundation trusts
- ■ Local authorities
- ■ Non NHS: other
- ■ Mass Vaccination Income
- ■ Other operating income

Trust Expenditure Plan vs Actual

Expenditure Breakdown -Year to Date

- £3,342k £3,390k £3,293k
- £25,117k
- £7,366k
- £8,398k
- £1,580k
- £115,060k

- ■ Purchase of healthcare from NHS and DH Group bodies
- ■ Purchase of healthcare from non-NHS and non-DH Group bodies
- ■ Staff Costs
- ■ Transport
- ■ Supplies and Services
- ■ Drugs Costs
- ■ Estates Costs
- ■ Other Costs

1.1 Block funding arrangements were in place for ICBs (CCGs until 30/06/2022), NHSE and contracted income from Local Authority Public Health Commissioners for 2022/23. The Trust achieved a surplus position for 2022/23 of £103k.

1.2 The Trust continues to analyse the main cost drivers which have been affected by the increased inflationary pressures. This data has been used to inform the 2023/24 financial planning assumptions and will continued to be monitored during the year to inform accurate forecasting.

1.3 Income and expenditure increased at year end due to the requirement to recognise in its financial reporting the additional 6.3% employer's pension contribution, which is paid directly by NHSE, the non-consolidate agenda for change pay award offered for 2022/23 which was fully funded by NHSE in March 2023, and DHSC centrally procured inventories.

1.4   The clinical services direct budget position as at March 2023 for each Service Division is:

| Division Level	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
			Mar-23			
Ambulatory Care Service	2,856	(21,042)	(10,921)	(29,107)	(30,170)	1,063
Bedfordshire Community Unit	2,205	(16,233)	(2,524)	(16,552)	(15,748)	(804)
Childrens & Younger Peoples Services	6,493	(34,310)	(3,463)	(31,280)	(32,319)	1,039
Luton Community Unit	1,938	(23,034)	(4,640)	(25,736)	(27,590)	1,854
Large Scale Vaccination Service	-	(8,542)	(2,673)	(11,215)	-	(11,215)
Other Services (see breakdown below)	166,633	(21,974)	(30,666)	113,993	105,827	8,166
CCS Total @ 31st March 2023	**180,125**	**(125,135)**	**(54,887)**	**103**	-	**103**
Other Services						
Contract Income and Reserves	153,473	(11,285)	(6,002)	136,186	126,746	9,440
Corporate Services	7,357	(10,671)	(15,598)	(18,912)	(17,855)	(1,057)
Estates	5,803	(18)	(9,066)	(3,281)	(3,064)	(217)
	166,633	**(21,974)**	**(30,666)**	**113,993**	**105,827**	**8,166**

1.5   Ambulatory Care Services delivered a final year end surplus position of £1,063k. The main reasons for the underspend are due to vacancies across the division, non-pay expenditure savings in Dynamic Health and iCaSH services, particularly in Radiology and Pathology costs and additional service income received in March to support in-year cost pressures in our iCash services.

1.6   Bedfordshire Community Unit delivered a final year end deficit position of £804k. The main reason for the overspend is due to pay and Locum spend in Specialist services.

1.7   Children's & Younger Peoples Services delivered a final year end surplus position of £1,039k. The main reasons for the underspend was vacancies across the services, a fall in non-pay expenditure and additional service income.

1.8   Luton Community Unit (including Luton Children's Services) delivered a final year end surplus position of £1,854k. The underspend position is due to pay establishment savings across Adult services and additional service income.

1.9   Total expenditure for the Large Scale Vaccination Service for the year was £11,215k and was funded in full by NHSE.

1.10   The Contract Income and Reserves final position includes income for services provided to the Integrated Commissioning Boards and Public Commissioners. It also includes income for the Large Scale Vaccination Service and Reserves used Trust wide to support service delivery. The overspend variance at year end was £1,775k, after removing Large Scale Vaccination Service income, and is mainly to offset the net cost improvement support agreed with services.

1.11 The Estates budget includes the cost of leases and utility bills, and the overspend at year end is due to increased costs of gas and electricity which have been greater than the 40% original budget increase.

2. Cash position

Closing Cash Position
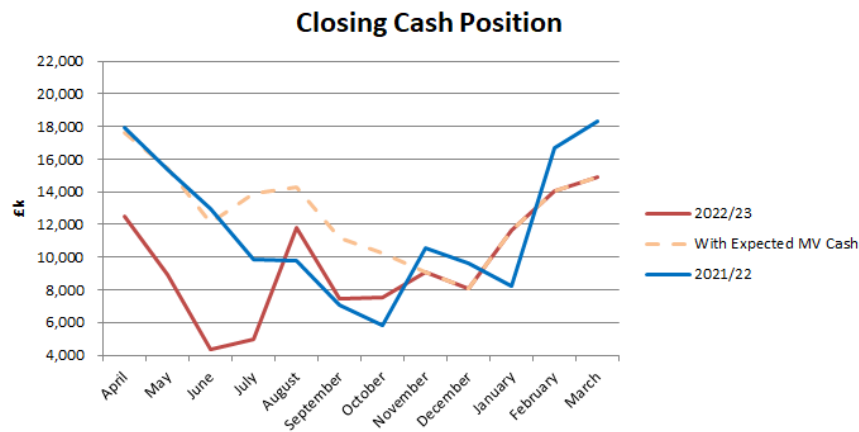
2.1 The cash balance of £14.9m at month 12 represents an overall increase of £3.3m on the previously reported position at month 10. The Trust's cash position has improved over the period due to payments being received from the Trust's debtors and additional system capital funding.

3. Statement of Financial Position

Be a Sustainable Organisation

	March 2023 £'000	January 2023 £'000
Non-Current Assets		
Property, plant and equipment	70,969	58,045
Right of use assets	27,419	27,928
Intangible assets	179	193
Total non-current assets	**98,567**	**86,166**
Current assets		
Inventories	56	73
Trade and other receivables	26,786	17,817
Cash and cash equivalents	14,917	11,654
Total current assets	**41,759**	**29,544**
Total assets	**140,326**	**115,710**
Current liabilities		
Trade and other payables	(34,646)	(21,156)
Borrowings	(3,043)	(3,183)
Provisions	(670)	(950)
Total current liabilities	**(38,359)**	**(25,289)**
Net current assets	**3,400**	**4,255**
Total assets less current liabilities	**101,967**	**90,421**
Non-current liabilities		
Trade and other payables	0	0
Borrowings	(24,490)	(24,144)
Provisions	(847)	(976)
Total non-current liabilities	**(25,337)**	**(25,120)**
Total assets employed	**76,630**	**65,301**
Financed by taxpayers' equity:		
Public dividend capital	12,683	2,792
Retained earnings	41,599	39,558
Revaluation Reserve	24,001	24,604
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	**76,630**	**65,301**

3.1 The main movements in the reporting period were Trade and other receivables which had increased over the reporting period by £9.0m, and Trade and other payables which increased over the reporting period by £13.5m. Both figures increased in March due to the expected agenda for change pay award. Additional Trade payables have arisen over the period due to additional system capital spend, which had also increased Property, plant and equipment.

Aged Debt by Term
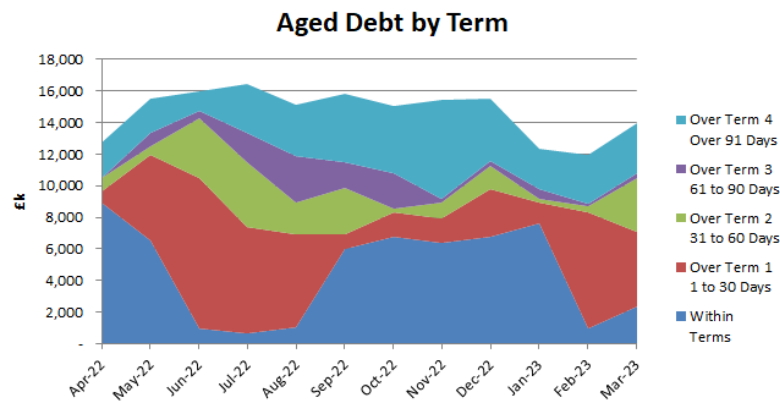
3.2 Total Trade Receivables decreased by £0.4m in February to £12.0m and then increased by £2.0m in March to £14.0m. The breakdown in March is £2.7m (19%) from NHS organisations; £10.1m (72%) from Local Authorities; and £1.2m (9%) from other parties.

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

Cambridgeshire County Council	£3.8m
Norfolk County Council	£3.5m
Bedford Borough Council	£0.8m

3.4 For the debt over 90 days old, as this is predominantly due from NHS and Local Authority bodies, it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period, Cambridgeshire CC paid £2.2m, Norfolk CC paid £3.5m and Bedford CC paid £0.7m to reduce their outstanding balances.

4. **Capital**

4.1 Capital spend on CCS core projects was £4.1m against a plan of £5.5m. The main areas of spend are the completion of the refurbishment of the Dental Clinical in Ipswich (Nash House), and the continued development works at North Cambs Hospital in Wisbech.

5. **Cost Efficiency Plans 2022/23**

5.1 The cost efficiency plans and delivery position in each Service Division was:

	Full Year	
Department	Plan 22.23 £'000	Delivered £'000's
Ambulatory Care Service	614	614
Bedfordshire Community Unit	448	448
Childrens & Younger Peoples Services	196	196
Luton Community Unit	592	592
Corporate Services	882	882
Grand Total	**2,732**	**2,732**

5.2 The Trust's service plans have delivered savings of £2.732m for 2022/23, through a combination of planned and unplanned delivery of recurrent and non-recurrent schemes.