

<b>Title:</b>	<b>Integrated Governance Report</b>	
<b>Report to:</b>	<b>Trust Board</b>	
<b>Meeting:</b>	<b>22<sup>nd</sup> November 2023</b>	<b>Agenda item: 6</b>
<b>Purpose of the report:</b>	For Noting <input type="checkbox"/>	For Decision <input checked="" type="checkbox"/>

## Executive Summary

- 1.1 This Integrated Governance Report (IGR) has been produced following the clinical operational board meetings that took place on 7<sup>th</sup> November (Children & Young People's) and 8<sup>th</sup> November (Adults). The key issues report from these meetings are attached as supporting information, documents 1 and 2.
- 1.2 The report brings together the quality, performance, workforce and finance information for August and September 2023 along with key risks and issues, to provide the Board with assurance of delivery against the agreed strategic objectives and indicators.
- 1.3 Any exceptions are reported against three of the four strategic objectives included within the body of the report.

## Recommendation

The Board is asked to:

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

## Appendices:

- Appendix 1: Assurance framework
- Appendix 2: Quality dashboard
- Appendix 3: Statistical Process Control chart

## Supporting Information:

- Document 1 - Key issues report from the Children & Young Peoples Clinical Operational Board
- Document 2 - Key issues report from Adults Clinical Operational Board

<b>Report authors &amp; Executive sponsors:</b>	Kate Howard Anita Pisani Mark Robbins David Vickers Rachel Hawkins Steve Bush	Chief Nurse Deputy Chief Executive Director of Finance & Resources Medical Director Director of Corporate Affairs Director for Children & Young People's Services		
<b>Assurance level:</b>	Substantial <input type="checkbox"/>	Reasonable <input checked="" type="checkbox"/>	Partial <input type="checkbox"/>	No assurance <input type="checkbox"/>
<b>Rationale for Assurance rating</b>	<ul style="list-style-type: none"> <li>- Key evidence contained in this report and triangulation of this information with all Committee reports, particularly the clinical operations boards.</li> <li>- The recommendation of assurance from the executive team which is outlined in the assurance framework that have been approved by the Trust Board and as detailed in this report.</li> <li>- Any action necessary from the rating and outcome required</li> </ul>			
<b>Assurance action</b>	<ul style="list-style-type: none"> <li>- The Board is asked to discuss and agree the assurance rating and the actions agreed in line with the agreed escalation framework.</li> </ul>			

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

<b>Provide outstanding care</b>	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
<b>Be collaborative</b>	This report does not include progress against this objective
<b>Be an excellent employer</b>	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
<b>Be Sustainable</b>	The report assesses quality, performance, workforce and finance against each of the Trust's objectives

### Equality and Diversity Objective

Progress towards delivery of the agreed equality and diversity objectives domain 1 (see pages 14-15) and domains 2 and 3 (see pages 31-32) are included with this report.

### Links to Board Assurance Framework 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 Care Quality Commission Key Lines of Enquiry and fundamental standards of care are addressed in this report.

### Previous Papers (last meeting only)

<b>Title:</b>	Integrated Governance Report
<b>Date:</b>	27 <sup>th</sup> September 2023

## Executive Summary:

- 1.0 This Integrated Governance Report (IGR) has been produced following the clinical operational board meetings that took place on 7<sup>th</sup> November (Children & Young People's) and 8<sup>th</sup> November (Adults). The key issues report from these meetings are attached at documents 1 and 2 to this report.
- 1.1 The Children & Young People's report provided **substantial** assurance and the Adults and Ambulatory reports both provided **reasonable** assurance as confirmed at the clinical operational board meetings.
- 1.2 The reporting period covers the quality, performance, workforce and finance information for August and September 2023 and includes the key risks and issues, to provide the Board with assurance of delivery against the agreed strategic objectives and indicators.
- 1.3 The assurance framework (Appendix 1) that is used in this report reflect the five Care Quality Commission (CQC) key lines of enquiry, as agreed by the Board at the beginning of the financial year.
- 1.4 For three of the Trust's four objective (progress against the Be Collaborative objective is now reported separately to the Board), this report provides:
  - a description of the direction of travel for achieving the Trust's objectives.
  - the strength of assurance the report provides in relation to the Trust's strategic risks and high scoring operational risks.
  - the level of assurance that each section of the report provides for the relevant CQC domains of safe, caring, effective of safe, caring, effective, responsive and well led.
  - any exceptions are reported against the strategic objectives within the body of the report.

## Assurance:

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

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

## 2.0 Key Matters

- 2.1 Substantial assurance ratings for safe and caring are provided for the outstanding care chapter and reasonable assurance rating for effective as information governance mandatory training is marginally lower than target, and a partial rating for responsive due to waiting lists, responses to formal complaints and Freedom of Information (Fols) inquiries. Waiting list performances were discussed at length at both clinical operational boards where the plans are scrutinised in more detail and the updates on formal complaints and Fols are provided in this report.
- 2.2 In the excellent employer chapter, the assurance ratings for safe and effective are confirmed as reasonable and for well led, substantial. As reported in the clinical operations boards, staffing pressures continue for some services, health visitors and in speech and language therapies for example, although there are plans in place to respond to these pressures. These are also recorded on the Issues Register. Since the last report in September, appraisal rates have increased from 88.2% to 89.5% but are still below target of 92% and monthly sickness rates are higher, from 4.99% (July) to 5.65% (September). Stability remains above target level for the period.
- 2.3 The high impact actions for the equality, diversity and improvement plan from NHSE are included in the excellent employer chapter and further information is provided in the People Strategy update on the public trust board agenda.
- 2.4 The sustainability chapter highlights the increasing risks to services, due to increasing demand and rising inflation and sets out the current position of the identification and delivery of in-year efficiency plans. The assurance rating for this reporting period is reasonable.

## 3.0 Key Risk Register:

- 3.1 At the end of the reporting period there were no risks scoring 15 and above.
- 3.2 All risks scoring 12 and above are received and reviewed by Board Committees including the clinical operational boards. The Committee key issues reports identify any new and emerging risks in the reporting period.
- 3.3 The strategic risks on the board assurance framework that relate to three of the four strategic objectives are summarised at the beginning of each of the chapters in this report. One new strategic risk was added since the last IGR report, risk 3586 which is included in the outstanding care chapter.

## 4.0 Key Issues Register:

- 4.1 There remain nine issues scoring 4 Major on the issue register, although one relating to dental nurse recruitment was reduced to 3 as a result of successful recruitment in Wisbech and Ely; some vacancies remain in Cambridge. A new recruitment issue scoring 4 was added relating to Speech & Language therapists in Bedfordshire.
- 4.2 **Waiting times** – there are several issues relating to waiting times particularly relating to community paediatrics in Bedfordshire, Education Health and Care Plans in Bedfordshire & Luton, and school age autism spectrum disorder in Cambridgeshire and Peterborough.
- 4.3 **Staffing** – there are a number of issues relating to staffing including trust wide recruitment for health visitors, school nurses and speech & language therapists as well as the

psychological impacts of safeguarding on our staff within the trust and an increased level of violence and aggression towards our staff.

4.4 The issue relating to RAAC was discussed at the Infrastructure Committee and the plans and agreed funding is outlined in the Infrastructure Committee key issues report.

4.5 **Finance** – Whilst the Trust’s financial performance for the period to date is in line with budget, mitigating actions continue to be progressed to address the increased risks to delivering the Trust’s overall financial target for 2023/24. These include ongoing discussions with commissioners and continued development of efficiency plans.

## 5.0 Outstanding practice for noting

5.1 The outstanding care chapter highlights the outstanding practice that is taking place across the Trust. The clinical operational board key issues report (documents 1 and 2 to this report) and the joint children’s partnership board key issues report also highlight the key areas of outstanding practice discussed at the meetings including:

- Phase one of the translation of Early Support Workshops to improve access and reduce health inequalities. Early Support Workshop dubbed in Bengali: <https://vimeo.com/864441249/b4cd9107ca> and original version with Bengali subtitles: <https://vimeo.com/834720559/f22836f3b3>
- The Speech and Language team in Norfolk and Waveney have introduced a school aged waiting list initiative with 628 school aged children, texted with an offer of an Early Advice Session video consultation with a Speech & Language Therapist, supported by links to Just One Norfolk for information for parents.
- Six members of the Health Child Programme across Cambridgeshire & Peterborough have received the Queens Nurse Institute award for services to community nursing and are due to attend a presentation ceremony in London during December 2023.
- Following the internal peer review, the Dynamic Health service received fabulous feedback and demonstrated outstanding delivery across all domains.
- The emergency dental service for the homeless in Peterborough working collaboratively with the Light Project and other CCS services such as Dynamic Health and iCaSH, starting in November.
- iCaSH service participation in local and national audits, evaluation and learning shared across the service to improve patient outcomes.
- Great examples of co-production by the Luton Adult service across its diverse population and the introduction of the Admiral Nurse.
- The Bedfordshire Adults – Singing for Lung Health – joint weekly group at the Luton Treatment Centre.

## 6.0 Forward view

6.1 The last report identified the following matters that were agreed to be, and have been included in this report:

- Inclusion in the assurance reporting of the performance of the FoI requests (Outstanding care chapter).
- Performance improvements in waiting times particularly for community paediatrics and children's services (Outstanding care chapter).
- The progress of conversations with commissioners on contractual pressures including demand increases and further information on the actions to deliver the efficiency plan for the year (Sustainability chapter).

6.2 In the coming months the following matters will be taken forward and the progress will feature in the next IGR report and future committee agendas and discussions:

- The continued focus on operational performance and plans to reduce waiting times;
- The planning and prioritisation of the transformation work and projects for delivery in 2024/25, and
- The continued work on the recurrent efficiency plans for this year and 2024/25.

## CONTENTS

## Page No

### Assurance Summary and Performance for August and September 2023

Provide Outstanding Care .....	1
Be an Excellent Employer .....	25
Be Sustainable .....	31

#### **Appendices:**

Appendix 1: Assurance framework

Appendix 2: Quality dashboard

Appendix 3: Statistical Process Control (SPC) chart

#### **Supporting Information:**

Document 1 – Key issues report from the Children & Young Peoples Clinical Operational Board

Document 2 – Key issues report from Adults Clinical Operational Board

# Provide Outstanding Care

## A: Assurance Summary

<p><b>Safe</b></p>	<ul style="list-style-type: none"> <li>95% of incidents were categorised as no or low harm in September 2023 <b>(S1)</b>.</li> <li>100% of all relevant patient safety incidents statutory duty of candour have been completed <b>(S2)</b></li> <li>There were no 'never events' reported in August/ September <b>(S3)</b>.</li> <li>&gt;75% of open actions relating to a SI (Serious Incident) are on target for completion <b>(S4)</b>.</li> <li>The staff flu vaccination – commenced in mid-September, with reporting starting in October, (current rate at the time of writing is 53.53%). <b>(S5)</b>.</li> <li>The IPaC (Infection Prevention and Control) Board Assurance Framework is being monitored and highlighted to Board every 6 months. Where there are gaps in practice an action plan is in place to address them <b>(S6)</b>.</li> </ul>	<p><b>Substantial</b></p>
<p><b>Caring</b></p>	<ul style="list-style-type: none"> <li>100% of services received over 90% positive feedback from the FFT (Friends and Family Test). 100% of Directorates scored over 90% <b>(C1)</b>.</li> <li>5 out of 12 complaints were responded to within 35 days, however 12 out of 12 standard complaints were responded to within the timeframes agreed by the complainant <b>(C2)</b>.</li> <li>100% of all Directorates and 100% of individual services received complimentary feedback <b>(C3)</b>.</li> </ul>	<p><b>Substantial</b></p>
<p><b>Effective</b></p>	<ul style="list-style-type: none"> <li>The Equality and Diversity Objectives are on track for delivery. <b>(E6)</b>.</li> <li>Overall Information Governance mandatory training levels are at 94% (target level 95%) <b>(E2)</b>.</li> </ul>	<p><b>Reasonable</b></p>
<p><b>Responsive</b></p>	<ul style="list-style-type: none"> <li>60% of our service areas with waiting lists have an improvement plan that is agreed and being delivered <b>(R1)</b>.</li> <li>14 out of 15 formal complaints are acknowledged within 3 working days <b>(R2)</b>.</li> <li>79% and 72% (August and September) of valid requests for information are provided to applicants within 20 working days of their receipt into the Trust <b>(R3)</b></li> </ul>	<p><b>Partial</b></p>

## B: Risks to Achieving Objectives

### Strategic Risks:

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

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

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



# Provide Outstanding Care

3. **Risk ID 3530** – There is a risk that if the Trust cannot meet the requirements of the CQC's (Care Quality Commission) fundamental standards of care, patients may not receive high quality care and the impact of this would be a poorer experience for the patient and the potential that the Trust would not maintain its outstanding rating. (Risk Rating 12)
4. **Risk ID 3586** – There is a risk that heading into winter 23/24 there is an increased likelihood of winter virus's affecting our people's health, increasing sickness absence or carers leave. Increased staff absence due to sickness will affect our ability to deliver care to our patients. It will increase pressure on those who are at work potentially affecting morale. (Risk Rating 12)

## Related Operational Risks 15 and Above

1. None.

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

### SECTION ONE – SAFE DOMAIN

<b>Safe</b>	<ul style="list-style-type: none"> <li>• 95% of incidents were categorised as no or low harm in September 2023 <b>(S1)</b>.</li> <li>• 100% of all relevant patient safety incidents statutory duty of candour have been completed <b>(S2)</b></li> <li>• There were no 'never events' reported in August/ September <b>(S3)</b>.</li> <li>• &gt;75% of open actions relating to a SI (Serious Incident) are on target for completion <b>(S4)</b>.</li> <li>• The staff flu vaccination – commenced in mid-September, with reporting starting in October, (current rate at the time of writing is 53.53%). <b>(S5)</b>.</li> <li>• The IPaC (Infection Prevention and Control) Board Assurance Framework is being monitored and highlighted to Board every 6 months. Where there are gaps in practice an action plan is in place to address them <b>(S6)</b>.</li> </ul>	<b>Substantial</b>
-------------	--	--------------------

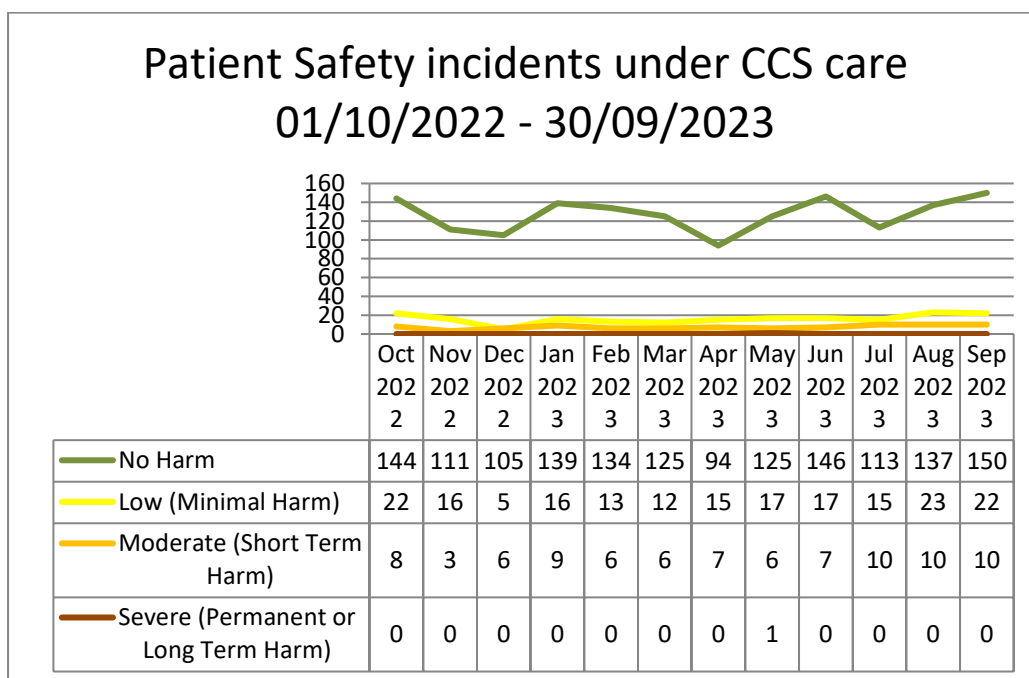
### 1.0 Patient Safety

- 1.1 As a Trust we started our transition to the Patient Safety Framework (PSIRF) on 1 September 2023. This marks the switch from using the language and methodology of the previous Serious Incident Framework, to that of involvement and improvement using a quality improvement approach.
- 1.2 No Serious Incidents (SIs) or Never Events were declared in August or September 2023. An incident reported in June 2023 has been declared as an SI in October after our internal review.
- 1.3 No SIs were submitted for closure by local Integrated Care Boards (ICB's) during the period. Action plans on previously submitted Serious Incidents continue to be reviewed and support to make improvements identified from actions is provided. As at the time

# Provide Outstanding Care

of writing, there is one outstanding action assigned to SIs, which is now being escalated for resolution.

- 1.4 Following an initial triage by the Patient Safety Team, relevant incidents are reviewed via panel discussions which are attended by Service Leads and specialists to agree next steps and/ or close and approve submitted investigation reports.
- 1.5 A total of 12 panel meetings were held in August 2023; all but two of them, included a safeguarding element. Six panel meetings were held in September 2023, with five having a safeguarding element.
- 1.6 The chart below highlights those patient safety incidents that occurred under our care and includes the two-month period of August and September 2023. These incidents totalled 352 which is an increase of 39 incidents on the previous two-month period. As shown in the chart there is a regular swing in incident reporting for many factors and this two-month increase is in line with usual reporting trends. As services develop and grow it is expected to see increased reporting as part of a healthy, open culture.



- 1.7 As referenced above, there has been an increase in the number of incidents reported over the 2 month period. Several categories of incidents have seen an increase in reporting as follows:
- 1.8 Of the 352 incidents (August and September), 82% were no harm incidents, 13% low harm and 5% moderate harm (June and July were 84%, 11% and 5% respectively).
- 1.9 Twenty moderate harm incidents (whilst under the Trust’s care) were reported, which is an increase of four incidents on the previous two-month period. However, it should be noted that overall incident reporting increased in the 2-month period and that the twenty moderate harm incidents represent 5% of all incidents reported and remains the same as the previous 2-month period.

# Provide Outstanding Care

- 1.10 Eighteen of these incidents were reported by the Luton Adult Service and relate to preventable wounds.
- 1.11 The remaining two incidents related to service user falls at North Cambs Hospital. These falls occurred in the car park/ walkways and therefore come under the jurisdiction of the Trust. A full review of the falls was undertaken alongside colleagues from Estate Services, where assurance was provided that the health and safety of the public on site was of highest priority. There have been no further falls following the evaluation.
- 1.12 Moderate/high harm incidents, whilst the person is under the care of CCS (Cambridgeshire Community Services), require the application of the statutory Duty of Candour. For the 2-month period of August and September the Statutory Duty of Candour was completed (or there is documented rationale for why it was not appropriate to complete) for all of the 20 incidents.

## 1.13 Incident Themes (all incidents)

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

August	September
Access, admin, transfer & discharge <b>91</b> Clinical assessment & treatment <b>85</b> Medication <b>35</b>	Clinical assessment & treatment <b>105</b> Access, admin, transfer & discharge <b>100</b> Medication <b>37</b>

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

1.13.3 Clinical Assessment and Treatment: All pressure ulcers and moisture-associated skin damage (MASD) were reported under this category, both for those acquired on and off caseload.

1.13.4 Of the Luton Adults 89 incidents, only 50 were deemed to have occurred whilst on caseload with the remainder split as follows: Another Organisation 21, Domiciliary Care Agency 11, No Professional Health/ Social Care input 7. The pressure ulcer prevention programme remains in place and is being reviewed via the service's internal governance processes.

1.14 Access, administration, transfer, and discharge: Of the 191 incidents reported under this category, 91 related to failure to refer (into Trust services); with 48 incidents relating to a failure to provide antenatal information to the Trust's Healthy Child Programme (HCP). As referenced in previous reports, Norfolk is the biggest reporter of these, but now this issue is part of an improvement piece of work with Maternity Services, improvements are starting to be seen. Many of these issues are caused by families moving into the county late in pregnancy so are unavoidable. All cases are discussed by the clinical leads at the Maternity/ HCP Liaison Meetings. Where possible incidents are shared with acute Trusts for their awareness. Eighteen incidents were categorised as 'missed visits', all of which were no harm.

# Provide Outstanding Care

1.15 **Medication:** There was a total of 72 incidents reported in the period with 43% (31) being whilst under the care of the Trust – all of which were graded as no harm or low harm. A breakdown of the subcategory and degree of harm is given below, this information is highlighted/ discussed within the Medication Safety Governance Group (MSGG).

	No Harm	Low Harm	Total
Administration (Meds)	40	1	41
Dispensing (by pharmacy)	4	0	4
Medication Security	5	0	5
Monitoring & Advice (Meds)	1	0	1
Prescribing	7	1	8
Unspecified Other Medication Issue	13	0	13
Total	70	2	72

## 1.16 National Patient Safety Alerts

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

1.16.2 In August and September 28 alerts were received: (August 11, September 17). There were three National Patient Safety alerts issued with two being relevant to the Trust. See below for details of actions taken.

1.16.3 The National Patient Safety Alerts (NatPSA) were as follows:

- NatPSA/2023/012/DHSC Shortage of verteporfin 15mg powder for solution for injection – not relevant to the Trust.
- NatPSA/2023/011/DHSC Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets.
  - Affected patients identified and have been contacted.
  - Pharmacy support group set up to manage any queries.
  - Clinicians aware not to initiate new patients on the affected products (alternatives are in place).
  - Trust contact details included in ICB (Integrated Care Board) bulletins.
- NatPSA/2023/010/MHRA Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls. A Task and Finish Group has been established, and an action plan agreed to include:
  - Establish the number of patients affected.
  - Work with system partners and equipment providers on actions.
  - Agree risk assessment.
  - Training provision to be reviewed.
  - Link to BLMK (Bedfordshire, Luton and Milton Keynes)/ Central Equipment Services.

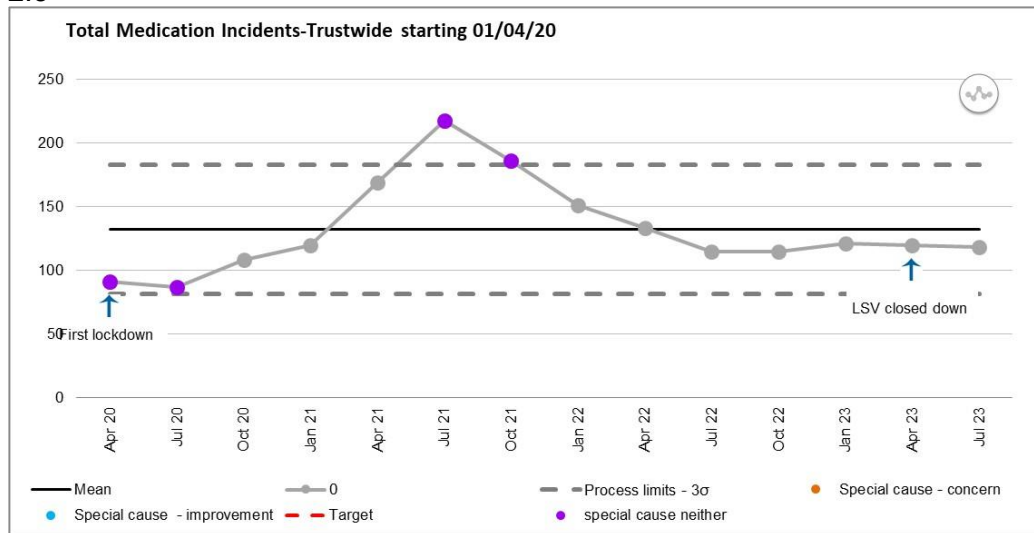
# Provide Outstanding Care

## 2.0 Medicines Management

### 2.1 Medicines Incidents

2.2 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.

2.3



2.4 Please note that the dates shown represent the first month of each quarter, and the data is the total number of medication incidents reported during that quarter.

2.5 Of the 118 incidents reported in the latest quarter, just under half were attributable to the Trust (54) and 7 were not attributable to professional input.

2.6 The percentage of no or low harm medication incidents remains stable at 93%. All incidents are reviewed at MSGG, where themes are identified, and actions undertaken to reduce risk.

## 3.0 Safer Staffing

3.1 The Quality team have started work with the Community Nursing team in Luton on 3 streams - pilot of budget on Health Roster and SafeCare, joining the national pilot to support establishment modelling, and using the additional functionality of Civica (Malinko).

3.2 Luton Adults team continue to report their staffing position daily – there were no incidents of the team moving into Business Continuity Planning (BCP) in August or September.

3.3 Children’s community and specialist service, trust-wide have started to agree the children’s OPEL (Operational Pressures Escalation Levels) scoring in tandem with the staffing safeguards standard operating procedure.

## 4.0 Safeguarding

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

# Provide Outstanding Care

- 4.2 New data sets have been added to the Quality Dashboards to reflect safeguarding work across the Trust. This will continue to be developed alongside collection and collation of Multi Agency Safeguarding Hub (MASH) function data sets across each locality. In addition to this, SPC charts are in final stages of development by the data scientist and plan to be available for next report.
- 4.3 **Adult Safeguarding update August - September 2023:**
- 4.4 A Standard Operating Procedure (SOP) has been ratified and now published on the intranet to support management of adult safeguarding referrals and Section 42 enquiries.
- 4.5 Work has commenced looking at the safeguarding workload/ caseload management within iCaSH services – data collection has started and is focussed on activity linked to safeguarding practices and escalations. It is hoped that a series of supportive actions will be identified once the data has been interrogated.
- 4.6 **Multi Agency Safeguarding Hub (MASH)**
- 4.7 MASH functions across the country are under increasing levels of scrutiny due to the impact of the National Review of the Murders of Arthur Labinjo-Hughes and Star Hobson in 2022, which focused on social care front door functions and the MASH. Cambridgeshire & Peterborough MASH and Bedfordshire & Luton MASHs have significant pressures within the systems due to rising level of work through the front doors, reduced staffing capacity due to planned and unplanned leave and vacancies which have been challenging to recruit to. However, there has been support given through agency and bank workers and utilising the business continuity plans (BCP) to support backfill into the MASH functions.
- 4.7.1 Discussions are underway with Local Authority and Integrated Care Board (ICB) colleagues to identify risks/ issues and source systemwide solutions both to the rising levels of workload and the staffing issues.
- 4.8 SPC charts are almost finalised which will enable a clearer and more effective understanding of the MASH provision and functions across the Trust. The initial data collected and collated will be built upon to inform demand and capacity and map processes. Whilst this project is being finalised, data is still be presented to the Trust's Strategic Safeguarding Group for scrutiny.
- 4.9 **Section 11**
- Section 11 of the Children Act 2004 places a statutory duty on key persons and bodies to make arrangements to ensure that in discharging its functions, they have regard to the need to safeguard and promote the welfare of children. The Trust therefore takes part in a series of section 11 audits each year (lead by the Local Authorities) to ensure it is undertaking its responsibilities and is supporting the wider system safeguarding approach. Section 11 audit challenge events have commenced in Cambridgeshire following submission of the audit. Norfolk challenge events are planned for later in the quarter.
- 4.10 **Staffing**
- The staffing capacity issues related to several safeguarding teams across the Trust has improved in August and September with successful recruitments and support from

# Provide Outstanding Care

bank and agency staff. The BCP has been updated to include mitigations for all capacity issues, this has been shared with all relevant parties.

## 4.11 Supervision

The level of mandated supervision has been impacted upon by the staffing capacity in the teams and the BCP addressed this during the shortfall. The increase to capacity has meant that there is now ability to reduce the group sizes to 6 in most localities. Ad hoc 1:1 supervision has continued to be offered and provided to staff seeking additional support with cases.

## 5.0 Infection Prevention and Control (IPaC)

- 5.1 Assurance is provided to the Board that all the national IPaC documents have been reviewed and incorporated into Trust policies and operating procedures, IPaC issues continue to be discussed at the weekly IPaC huddle and are then reported as appropriate to the Resilience Operational Huddle.
- 5.2 There were six IPaC related incidents reported during August and September 2023. The Trust had a single Covid-19 outbreak which was associated with a team awayday. The outbreak was managed through an outbreak huddle and report via the national outbreak reporting system, all staff have since recovered. All other incidents were reviewed by the IPaC team, no themes were identified, and correct actions had been taken in all cases to prevent similar incidents.
- 5.3 From April, the government updated guidance for lateral flow device testing. Only staff working with patients who are at high-risk e.g., severely immune-compromised need to carry out an LFT (Lateral Flow Test) test if they have Covid-19 symptoms. With the new restrictions staff are currently testing using their own stock to aide their risk diagnosis and not necessarily reporting to the Trust's Covid portal. As a result, few staff are currently reporting positive Covid tests.
- 5.4 The percentage of staff trained in IPaC continued to increase in August and in September, the Trust achieved the target of 90% (following an increase of training requirement from every 3 years down to once a year).
- 5.5 All clinical staff are required to be assessed on the hand hygiene facilities available to staff, on their hand decontamination techniques and against the Trust's Infection Prevention and Control Policy. As there is no national requirement to complete the UV (ultraviolet) assessment, the Trust had previously strived to achieve 100% compliance. It was agreed to reduce the Trust's staff compliance from 100% to 90% by the Trust Board. Though monthly compliance has remained consistent at between 82-84%, the IPaC team have been training more staff to undertake UV assessment including office-based staff who can schedule appointments with minimal disruption to services.
- 5.6 The IPaC team have refreshed the UV hand hygiene staff assessment tool and this was implemented on 1 August 2023. The previous version has been archived to prevent confusion. The new tool is in a more user-friendly format and can be submitted from a variety of Trust IT equipment including smart phones and laptops, which will allow staff compliance to be uploaded onto ESR (Electronic Staff Record) quicker. The IPaC team have been updating staff assessors (existing and new) on the new tool. Progress will be monitored and discussed at the IPaC huddle and the IPaC Committee.

## 5.7 Other infections

# Provide Outstanding Care

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

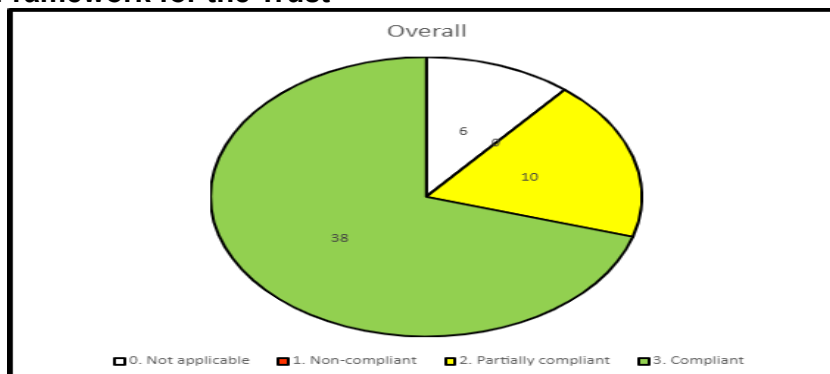
## 5.8 Board Assurance Framework (BAF) for IPaC

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

5.8.2 The Trust has developed a revised post Covid-19 IPaC Board Assurance Framework (previously seen at Board in July 2023) which incorporates the criterion and links to the Care Quality Commission regulations.

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

### 5.8.4 Chart 1 Shows the overall level of compliance for the Board Assurance Framework for the Trust



## SECTION TWO – CARING

<p><b>Caring</b></p>	<ul style="list-style-type: none"> <li>• 100% of services received over 90% positive feedback from the FFT (Friends and Family Test). 100% of Directorates scored over 90% <b>(C1)</b>.</li> <li>• 5 out of 12 complaints were responded to within 35 days, however 12 out of 12 standard complaints were responded to within the timeframes agreed by the complainant <b>(C2)</b>.</li> <li>▪ 100% of all Directorates and 100% of individual services received complimentary feedback <b>(C3)</b>.</li> </ul>	<p><b>Substantial</b></p>
----------------------	---	---------------------------

## 6.0 Patient Experience



# Provide Outstanding Care

## 6.1 Friends and Family Test (FFT)

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

6.1.2 We received 2330 responses in August and 2712 in September. This is 114 fewer than the previous two-month period. Lower response numbers are expected in August due to the school summer holidays. Below is a summary since February 2023:

	Feb	March	April	May	June	July	Aug	Sept	Total
<b>Trust Overall</b>	1693	2704	1859	2412	2417	2739	2330	2712	18866

6.1.3 The overall Trust FFT positive feedback was 97.12%, with a 1.23% negative feedback percentage. Overall, we remain above the Trust target of 90% and every service was also above the 90% target.

6.1.4 Response numbers for Norfolk and Waveney Children's Services and Cambridgeshire Children's Services continue to be monitored. Norfolk and Waveney received more responses in this period than in the previous two reporting periods. Cambridgeshire received fewer responses in this period than in June and July but more than in April and May.

6.1.5 The Patient Experience & Participation Manager met with the Head of Service in Norfolk and Waveney to discuss progress to date and the next steps will be to support Service Leads and managers in their approach to service user feedback. The Head of Service is currently working with Service Leads to agree how best this can be done. Further discussion in relation to this was undertaken in November's Clinical Operational Board (COB).

## 6.2 Demographics of Service Users providing FFT feedback.

6.2.1 The FFT scores have been reviewed for each protected characteristic, these have been considered at the Trust Wide Working Together Group. Less than 90% of responders identifying as mixed ethnicity and those not wishing to disclose their ethnicity rated Trust services as Very Good or Good. The comments from the individual responses have been evaluated and they are not related to the protected characteristics.

## 6.3 Comments

6.3.1 In August and September, the services we provide received 6754 positive comments on service user surveys and feedback forms across the Trust. This means we receive over 100 positive comments for every complaint (formal and informal). This is consistent with the last two reporting periods.

## 7.0 Information Governance

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

7.2 Mandatory Information Governance and Data Security Awareness training compliance as of September was higher at 94% compared to the previous month against the 95%

# Provide Outstanding Care

national target. Service Directors are approached monthly with details of non-compliant staff with a request to encourage the completion of the mandatory training. In addition, individual staff members receive training reminders from the Trust's internal system, and the issue has been highlighted at Wider Executive Forum.

7.3 Between August 2023 and September 2023, 27 incidents (11 in August and 16 in September) were reported under the Confidentiality Breach incident category which was a decrease on the 32 incidents reported in the previous period. Most incidents related to human error or administrative issues, and none met the threshold for reporting to the ICO (Information Commissioner's Office). The Information Governance Manager assesses all information governance incidents and provides advice to staff to prevent errors from re-occurring.

## 8.0 Areas of Outstanding Practice

### 8.1 Luton and Bedfordshire Adult Services

#### 8.1.1 Luton Adult Learning (LAL) Health Information Session:

- Staff from Luton Adults delivered an information session to members of the public. The purpose of the event was to educate people on the symptoms of lung conditions and diabetes, the complications and available treatment options. The content of the information was agreed between members of the clinical team, the Co-Production Co-ordinator and representation from LAL.
- At the event, there were over 60 learners from a number of different countries/ backgrounds: Morocco, Pakistan, Bangladesh, Afghanistan, Africa, Poland, and Eastern Europe.

#### 8.1.2 Women's Aid in Luton (WAIL) Health Information Session:

- During the past several weeks, our clinical teams and Women's Aid in Luton have been co-designing a health information session which brings the Trust's services closer to women in refuge and fleeing domestic violence. Almost all the women in the refuge are from outside of Luton. This meant that they and their children no longer had any access to the GP (General Practice) surgeries they had originally registered with. The team agreed to deliver education to this group and the refuge staff. Once again, the focus was on lung conditions, diabetes and diet. Approximately 20 people attended the session at the Women's Aid in Luton premises this October.

8.1.3 The Luton Falls Team have participated in several events and activities to promote the team and the self-referral option that went live earlier this year. The activities have included: attending the luncheon club at the Guru Nanak Gurdwara Sikh temple with approximately Seventy attendees, the team did a talk after prayers around the purpose of the falls team and also held a stall with information on the service and the self-referral option.

#### 8.1.4 Development of Admiral Nurse:

- Historically Luton Adults have had a Matron with a specialist interest in Dementia, more recently we have been working with Dementia UK to look

# Provide Outstanding Care

at the opportunity of having Admiral Nurses within the Luton Adult Teams and subsequently agreed that we would work towards this.

- The Admiral nurse/ service is intended to provide support within the community to develop and deliver community dementia care which is in harmony with the NHSE (NHS England) Transformation Framework the Well Pathway for Dementia (2016).

## 8.2 Bedfordshire and Luton Healthy Child Programme

8.2.1 The Children in Care service have embedded the Visual Aid Model with PECS (Picture Exchange Communication System) for all our clinical staff completing review health assessments. These can be updated for each contact and tailored to the specific needs of the child/ young person in preparation for clinical contact.

## 8.3 Norfolk and Waveney Healthy Child Programme

8.3.1 The Baby Breathe research trial (supporting women to remain smokefree for the 12 months after baby is born) has recruited 880 participants across, Norfolk, London, Northeast & Scotland. Initial results demonstrate 46% women receiving the intervention are smoke free after 12 months. The trial has recently been published in the British Medical Journal.

## 8.4 Cambridgeshire and Peterborough Healthy Child Programme

8.4.1 Six individuals have received with the Queens Nurse Institute award, this will be presented at a ceremony in London in December 2023.

## 8.5 Bedfordshire and Luton Community Paediatrics

8.5.1 Phase one of the Translation of Early Support Workshops by the Early Intervention Team to improve access and reduce health inequalities has now been completed, funded by Charitable Funds. See links below:

- **Early Support Workshop [dubbed in Bengali]**  
<https://vimeo.com/864441249/b4cd9107ca>
- **Early Support Workshop (original version subtitled in Bengali)**  
<https://vimeo.com/834720559/f22836f3b3>

8.5.2 Specialist Nurses are producing a video for parents/ carers considering starting attention deficit hyperactivity disorder (ADHD) medication for their child/ young person. Nurses are also scoping availability in most common languages in Bedfordshire & Luton - Bengali, Urdu, Romanian, Bulgarian & Polish.

## 8.6 Dynamic Health Services.

8.6.1 Homelessness Project:

- Following some shadowing with a GP and Nurse we have now successfully carried out our first session on the "Health Bus". Homeless Link have been commissioned to independently evaluate the work of the project so we will feed our data into their report.

# Provide Outstanding Care

## 8.7 Dental Health Services

8.7.1 Plans are now in place to provide an emergency dental service for the homeless in Peterborough working collaboratively with the Light Project and other CCS services such as Dynamic Health and iCaSH which will be starting in November.

## 8.8 Integrated Contraception and Sexual Health (iCaSH)

8.8.1 iCaSH Cambs and Norfolk completed a service evaluation project in Q1 2023, with Hospital Services Labs and The Royal Free Hospital comparing Gonorrhoea culture v NAATS yields. Results evaluation demonstrate increased pick-up rate for Gonorrhoea in cultures. Scoping is underway for feasibility of heat incubators in all GUM (Genitourinary Medicine) level 3 services.

8.8.2 The Smallpox targeted vaccination programme (Mpox prophylaxis) for high-risk patients and staff continued into July, with second doses administered up to and including, 31 July 2023. The vaccination programme has now closed following UKHSA (United Kingdom Health Security Agency) guidance, with vaccines only available in London sexual health clinics. iCaSH utilised remaining vaccine stock opportunistically with vaccinations completed in September 2023. iCaSH delivered a total of 1632 doses over the programme duration (1002 first and 630 second doses).

## SECTION THREE – EFFECTIVE

<b>Effective</b>	<ul style="list-style-type: none"> <li>• The Equality and Diversity Objectives are on track for delivery. <b>(E6)</b>.</li> <li>▪ Overall Information Governance mandatory training levels are at 94% (target level 95%) <b>(E2)</b>.</li> </ul>	<b>Reasonable</b>
------------------	--	-------------------

## 9.0 Equality Diversity Objectives

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

<b>Objective</b>	<b>Update</b>
<p>To ensure access to iCaSH services is fully inclusive by improving the telephony platform and providing an online booking facility, following service-user involvement.</p>	<ul style="list-style-type: none"> <li>• iCaSH along with the rest of the Trust will be moving to the British Telecom platform (in line with project timeframes) which will allow improved functionality for managing phone calls.</li> <li>• A number of other projects are running across iCaSH services to support improved telephony access, such as:               <ul style="list-style-type: none"> <li>• Central call taking in Norfolk, improving call response waits and sustainability.</li> <li>• 1st hour of day focusses on targeted capacity (in terms of taking calls) across all geographies except Norfolk and Waveney.</li> <li>• An online booking platform pilot was launched in Bedfordshire in May with further rolls out planned during 2023.</li> <li>• Bedfordshire also launched a pilot of online ordering for repeat progestogen only pill (POP) in June, with roll out in Norfolk and Suffolk planned this summer.</li> </ul> </li> </ul>

# Provide Outstanding Care

Continued service-user-led improvement within Trust wide iCaSH services, giving consideration to creative ways of obtaining patient feedback.	<ul style="list-style-type: none"> <li>• The Ambulatory Care co-production lead has been in post for 6 months now and is working on various projects within iCaSH.</li> <li>• iCaSH have been the first service to use an 'Involvement Partner' to both shortlist and recruit to the service.</li> <li>• The co-production lead is currently investigating new ways to gather feedback on missed HIV (Human Immunodeficiency Virus) appointments.</li> </ul>
Ensure the external approaches to iCaSH and Luton Adult Chronic Respiratory Service clinics are well-lit and well-maintained, to enhance a sense of safety.	<ul style="list-style-type: none"> <li>• The Estates team have confirmed that the external approaches are well-lit, have CCTV (Closed Circuit Television) and are well-maintained.</li> <li>• Our iCaSH clinics are in town or city centres, with good public transport links.</li> <li>• Some estates are within shared health sites, such as Dunstable, Great Yarmouth, Cambridge, and Huntingdon.</li> <li>• Our clinics are AccessAble registered and compliant.</li> </ul>
Have access to the new Co-Production Co-ordinator for Luton Adults, to help engage with service users who may be vulnerable or unconfident, and co-produce service improvement for Luton Adult Chronic Respiratory service.	<ul style="list-style-type: none"> <li>• The Co production coordinator has been in post since June 2023.</li> </ul>
Trust wide: expand the scope of demographic data capture on our main Trust wide system (System One), with discussions about expanding data capture in Lillie (iCaSH) and Dentily (Dentistry)	<ul style="list-style-type: none"> <li>• The Trust's Equality Diversity and Inclusion Lead and Workforce Lead (Data) are leading the discussions at the Data Quality Group and are working with clinical systems to expand our demographic scope.</li> <li>• A small pilot group from each area to test the templates commenced in September.</li> <li>• Bench marking exercise highlighted that the Trust is the only organisation we are aware of doing this work in such a robust way, therefore not able to access peer support with this project.</li> <li>• Training for staff (to support staff to ask the questions) has been developed with coproduction leads.</li> </ul>

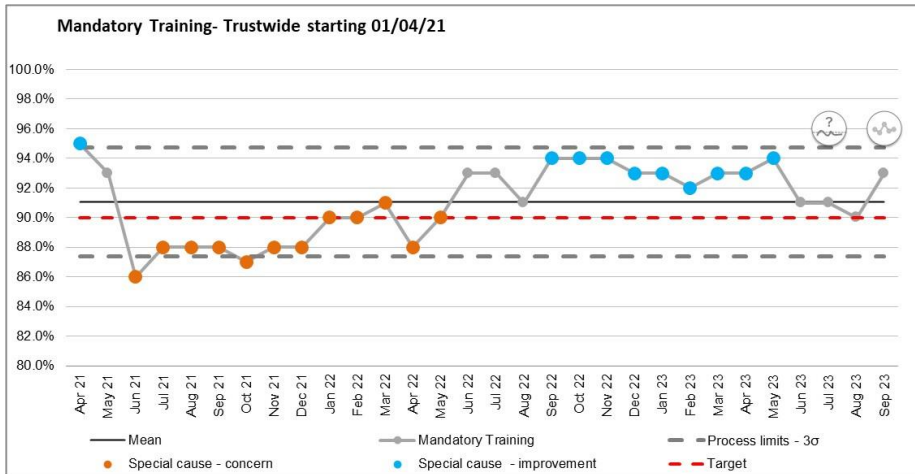
## 10.0 Mandatory Training

10.1 Compliance in the recent additions to mandatory requirements on ESR has continued to grow, 90% compliance across the new additions is to be reached by March 2024, with Patient Safety Level 1 already above this target.

Compliance Name	Compliance %
NHS MAND Patient Safety – Level 1 – 3 Years	93%
NHS MAND Patient Safety – Level 2 – 3 Years	88%
NHS MAND The Oliver McGowan Mandatory Training on Learning Disability and Autism Part 1 Elearning	88%

10.2 Overall trust compliance for mandatory training in September was 94%.

# Provide Outstanding Care



### 10.3 Ongoing / Future changes:

10.3.1 Suicide Training is now available to complete on ESR.

10.3.2 Palliative Care modules are still in progress; these will be aligned to the required staff once agreed.

10.3.3 Resus and Moving & Handling Patients (Level 2) face to face training sessions for 2024/ 2025 are to be updated, following feedback from staff attending and the trainer we will be increasing the session by an extra 30 minutes and in some areas the class size will increase to 12 attendees per session.

10.3.4 Learning Disability and Autism training compliance for level 1 is currently at 88%, which is a positive achievement. The next stage of the training is at varying stages of implementation across each of the ICB's the Trust works within. In Bedford, Luton, and Milton Keynes (BLMK) the professional trainers are in place and are booked to do the national training in December 2023. The system has employed a co-ordinator and has spent some of its allocated budget ensuring that the expert by experience trainers have the correct pastoral support in place. In Cambridge and Peterborough, a task and finish group has been set up across the system, who are leading on this work.

### 11.0 Care Quality Commission (CQC)

11.1 A full update will be provided at Board in January 2024.

## SECTION FOUR – RESPONSIVE

<b>Responsive</b>	<ul style="list-style-type: none"> <li>60% of our service areas with waiting lists have an improvement plan that is agreed and being delivered (R1).</li> <li>14 out of 15 formal complaints are acknowledged within 3 working days (R2)</li> <li>79% and 72% (August and September) of valid requests for information are provided to applicants within 20 working days of their receipt into the Information Governance team (R3) - to be reported in November.</li> </ul>	<b>Partial</b>
-------------------	--	----------------

# Provide Outstanding Care

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

### 12.1 Specialist Services – Bedfordshire, Cambridgeshire and Peterborough

12.1.1 The table below shows the total number of children/ young people waiting to start their care pathway in specialist services, and the variance over the last year.

		Period													
Service2	Service	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Continen	Continen	33	49	61	63	61	57	65	54	52	51	57	61	59	
Dietetics	Dietetics	172	167	173	176	184	198	202	206	213	201	205	194	178	
Eye	Eye	299	280	388	398	490	485	510	486	503	603	573	543	557	
OT	OT	144	144	133	124	131	131	126	112	101	105	107	84	77	
Paediatrics	Paediatrics - Consultant led	1259	1276	1340	1368	1313	1209	1294	1302	1406	1472	1556	1594	1442	
	Paediatrics - Nurse led	84	100	111	121	131	133	146	142	143	140	158	148	157	
SaLT	SaLT - ECST only	42	70	41	12	53	48	66	71	56	63	38	21	54	
	SaLT - non ECST	601	610	645	682	740	799	879	901	883	1009	934	908	878	
Audiology	Audiology	82	77	80	79	106	111	151	183	172	203	220	166	142	
Dietetics	Dietetics	559	603	600	626	630	672	741	759	711	755	706	814	730	
OT	OT	123	111	100	88	110	105	95	104	123	100	122	131	120	
Paediatrics	Paediatrics	453	422	432	431	425	422	440	466	472	582	549	574	567	
PT	PT	58	55	45	33	56	50	45	47	61	53	65	67	49	
SaLT	SaLT	284	365	431	416	514	500	464	446	443	346	274	169	311	
Audiology	Audiology	654	720	733	829	907	989	1129	1195	1200	1259	1338	1316	1300	
Paediatrics	Paediatrics	1478	1501	1497	1515	1435	1249	1265	1174	1096	1237	1188	1303	1253	
SaLT	SaLT	1414	1356	1413	1424	1445	1389	1230	1071	898	1255	987	417	436	
		7739	7906	8223	8385	8731	8547	8848	8719	8533	9434	9077	8510	8310	

Total number of children waiting to start their care pathway (by service)

12.1.2 The table below shows the services where there are more than 800 children/ young people waiting to start their care pathway:

Service Area	Number waiting	Previous reporting period
Bedfordshire Community Paediatrics	1442↓	1556
Luton Community Paediatrics	1253↑	1188
Bedfordshire and Luton Audiology	1300↓	1338
Bedfordshire and Luton Speech and Language Therapy	878↓	934

Services with the highest number of children waiting across specialist services, compared to the previous reporting period.

12.1.3 Longest waits to start a care pathway are within the Bedfordshire Community Paediatric service at 78 weeks (3 week improvement from August 23). The second longest wait is in the Luton Community Paediatric service at 77 weeks (1 week improvement from August 2023).

# Provide Outstanding Care

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

12.1.5 It is expected that the Speech and Language Therapy position in Norfolk and Waveney will improve from October 2023 as the team have introduced a school aged waiting list initiative with 628 school age children, texted with an offer of an Early Advice Session video consultation, supported by a link to Just One Norfolk for information for parents. There has been a 67% uptake rate for appointments from families to-date (usually an immediate response to receiving a text). Early indicators show positive feedback from families regarding accessing sessions via video consultations offered and it is planned to extend this to the pre-school waiting list in November.

## 12.2 Bedfordshire and Luton Community Paediatric Services

12.2.1 During the last period a multi-agency triage training programme has been developed. This will support the management of demand entering the service, focusing on support available in the community.

12.2.2 Two new early intervention practitioners have been successfully recruited and are due to join the service in the next two months.

12.2.3 A system wide, multi-agency pilot is in development to manage the volume of Neuro Diversity (ND) demand in the community Paediatric service. A small multi-agency place-based ND team will be developed in Bedford borough and Luton with a focus on supporting the needs of children early. These developments are based on the proof of concept in Portsmouth.

## 12.3 Bedfordshire and Luton Audiology

12.3.1 There is a national key performance indicator of six weeks from referral to treatment. Whilst efforts have, and continue to be made, the service has experienced challenges in meeting this target. This is due to difficulties in recruiting to qualified Audiologist posts, which is recognised nationally. The service currently has 60% vacancy rate for qualified audiologist positions, and locum capacity is not available locally.

12.3.2 The service continues to focus on the dynamic recruitment of Audiologists, including overseas recruitment and incentives. There has been success with initial scoping of external agencies to support with the backlog of routine referrals, this is expected to take effect over the next four weeks.

12.3.3 A National review of Paediatric Audiology is underway by NHSE (National Health Service England) and supported by the ICBs. The service has completed a return, identified gaps and have a robust departmental action plan in place. The service is recruiting a Clinical Lead (qualified clinical scientist) to oversee the action plan and quality improvement programme. BLMK ICB are expected to start a system wide workstream in coming months, following the return.

12.3.4 A Clinical review of the waiting lists has taken place to minimise risks to patients waiting for an Audiology assessment.



# Provide Outstanding Care

## 12.4 Bedfordshire and Luton Speech and Language Therapy

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

12.4.2 A recruitment and retention package has been agreed for Band 6 posts to attract a wider range of applicants to the current vacancies.

## 12.5 Cambridgeshire Community Paediatrics

12.5.1 The team continue to monitor waiting times with only a small number of children waiting over a year for assessment. Extra Psychology and Doctor capacity has supported improvement. It is however the project with Education and SEND (Special Educational Needs) colleagues that has had the greater impact, but this is due to end in March 2024. The 'waiting well' planning work also continues to progress.

## 12.6 Dynamic Health

12.6.1 The internal continuous improvement action plan which we have shared with the ICB and the regional team is helping improve service efficiency, streamline our admin processes and it is also assisting in the downward trajectory in Physiotherapy:

12.6.2 The service position on waits is showing improvements:

- Current average wait in Physiotherapy is 5 weeks (as of 18/10/23).
- Current average wait in Specialist is 9 weeks (as of 18/10/23).

12.6.3 In addition, the service has increased clinical capacity now the summer leave period has ended coupled with recruitment into clinical posts. The international recruits are moving through their competencies and needing less supervision which supports increased clinical capacity, and the teams continue to share staff across the service so we can maintain equitable waiting times.

12.6.4 It is noted that there is a small rising trend in specialist waits but the service is currently analysing processes and ways of working which will enable some efficiencies in their pathways over the coming months. Finally, the clinical leads have commenced a piece of work on looking at pathways for the top 4 conditions seen – back, hip, knee and shoulder. This will set recommended pathways of care utilising Getting It Right First Time (GIRFT), MSK best practice guidance and information obtained through benchmarking with others within the regional MSK group.

## 12.7 Dental Services

### 12.7.1 Cambridge and Peterborough Special Care Dentistry

12.7.2 The trajectory of performance indicates that without capacity being maximised or increased our Special Care Dentistry (SCD) waitlist will continue to increase. The service is monitoring those waiting over 52 weeks in order to ensure that long waiters are not penalised with the arrival of urgent shorter waiters into the

# Provide Outstanding Care

system and is linked to the demand and capacity transformation programme work that is underway.

12.7.3 The transformation plans aim to ensure that the service is maximising all capacity and it is anticipated that the programme will complete during Quarter 4, after which time improvements will be identifiable and outcomes reviewed.

12.7.4 Our service improvement work in conjunction with the ICB and local referring dentists has resulted in a slight and constant decrease in referrals coming from practices who have the highest referral rates.

12.7.5 Following data cleansing and service improvements the service can report an improved position against dental waiting times. Additional work is being carried out as part of the transformation project with an aim to further improve waiting times in the service.

## 12.8 Suffolk Special Care Dentistry

12.8.1 Waiting lists in Suffolk remain consistent, with the availability of appointments remaining at 8 weeks.

## 12.9 Minor Oral Surgery

12.9.1 The service has an average waiting time of 8 weeks which is an increase of 1 week since the last report, however this is still within service level Key Performance Indicator's. All patients over 18 weeks have booked appointments, however, they are still on the waiting list due to them cancelling on multiple occasions. The team are planning to offer some of the oldest waiters' earlier appointments to move them through the system.

12.9.2 The General Anaesthetic (GA) lists for Peterborough, Huntingdon and Wisbech have all patients pre booked with average waiting times of 21 weeks, however urgent slots are available each week for those who need expediting. We have been able to significantly reduce our wait which was 23 weeks at the last report, despite a consultant strike, due to robust treatment planning.

12.9.3 Cambridge patients requiring a GA are listed for a GA at West Suffolk Hospital (WSH). Patients are being assessed to determine needs, with urgent cases being booked from 8 weeks. The remaining patients will be seen within 47 weeks which is a 7 week decline on previous reporting period. To help improve this position we will be reallocating a proportion of the Suffolk theatre slots to allow equal distribution between Cambridge and Suffolk patients. This will be kept under review to monitor performance across both counties to ensure improved equity of waiting times.

## 12.10 Integrated Contraception and Sexual Health (iCaSH)

12.10.1 Waiting lists for routine Long-Acting Reversible Contraception (LARC) and PrEP (Pre-Exposure Prophylaxis) provision continue in some iCaSH localities, with an increased LARC list in Bedfordshire and Norfolk.

12.10.2 **LARC:** 1060 on waiting lists. Previously reported @ 1009 at last COB submission, increase of 51 since last COB report.

12.10.3 **PrEP:** 1 patient on waiting list. Previously reported @ 3 at last COB submission, reduction of 2 since last COB report.

# Provide Outstanding Care

12.10.4

iCaSH Site	Number of patients on LARC waiting list at time of COB reporting	Average wait times from initial call to LARC pre-assess	Average wait times from LARC pre-assess to procedure	Number of patients on PrEP waiting list at time of COB reporting	Actions to mitigate waits
<b>Bedfordshire</b>	390	15 - 16 weeks	Within 4 weeks	0	<ul style="list-style-type: none"> <li>• Triage/ red flag/ fast track assessments, emergency appointments.</li> <li>• GP federation support, bank staff, excess hours in some localities.</li> <li>• Use of any commissioner awarded emergency funding.</li> <li>• Expanded the supply/ issue of PrEP under PGD with supported Nurse training and supervision package.</li> <li>• Dedicated PrEP clinics. commenced in C&amp;P.</li> <li>• Increased reporting of demand and capacity data in each locality, including waiting times to help with service planning.</li> <li>• 'LARC-athons' mobilised where additional funding received from commissioners.</li> <li>• LARC training for clinical staff (iCaSH and Primary care).</li> </ul>
<b>Dunstable</b>	41	8 weeks	Within 2 weeks	0	
<b>Cambridgeshire</b>	0	Within 6 weeks	No wait for imps post pre-assess. Within 6 weeks for coils	0	
<b>Norwich</b>	399	10 weeks	Within 2 weeks	0	
<b>King's Lynn</b>	83	5 weeks	Within 6 weeks	0	
<b>Great Yarmouth</b>	32	3 weeks	Within 3 weeks	0	
<b>Milton Keynes</b>	115	6 weeks	Within 1 week	0	
<b>P'Boro</b>	0	4 weeks	No wait for imps post pre-assess Within 6 weeks for coils	0	
<b>Ipswich</b>	0	Within 6 weeks	Within 2 weeks imps Within 4 weeks coils	0	
<b>Bury St Eds</b>	0	Within 4 weeks	Within 3 days (implants) Within 6 weeks (coils)	0	
<b>Lowestoft</b>	0	Within 1 week	1 week (implants) 3 - 4 weeks (coils)	1 (7 – 14 day wait)	
<b>Totals</b>	<b>LARC</b>	<b>1060</b>	<b>PrEP</b>	<b>1</b>	

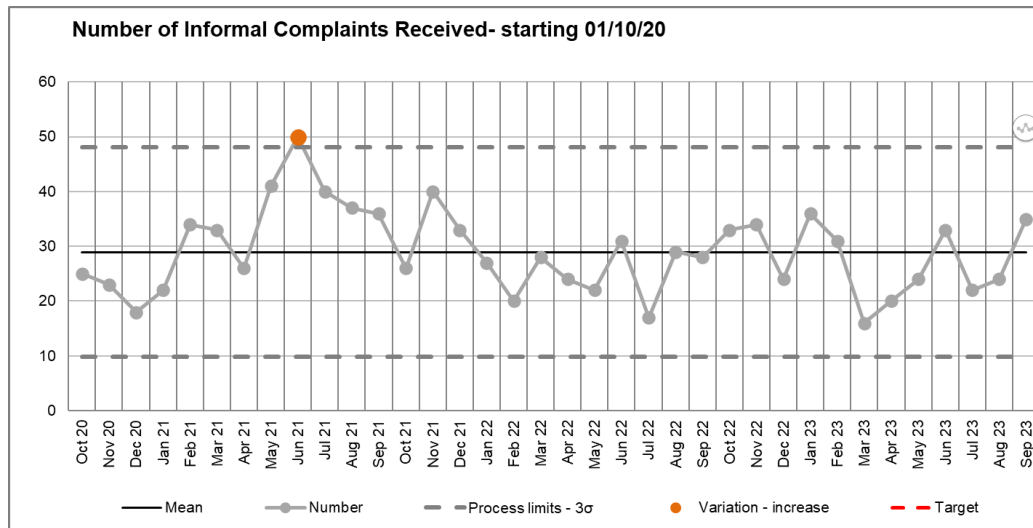
# Provide Outstanding Care

## 13.0 Complaints

### 13.1 Informal complaints received.

13.1.1 Fifty-nine informal complaints were received and logged in this data period; 24 in August and 35 in September. Both months were within the expected variation based on 36 months of data.

#### 13.1.2



13.1.3 Forty-nine of 59 complainants were contacted within four working days to discuss resolution of their concerns. In several cases the service did not log the informal complaint on Datix for several days therefore the Patient Advice and Liaison Service (PALS) could not provide support in making contact with the service user to seek resolution within the required timeframe. It is recognised that services will need reminding of the need to log informal complaints and contact complainants within four working days to discuss resolution.

### 13.2 Themes and learning from informal complaints closed in August and September 2023

13.2.1 Fifty informal complaints were resolved and closed in August and September, with 74 themes/ issues identified.

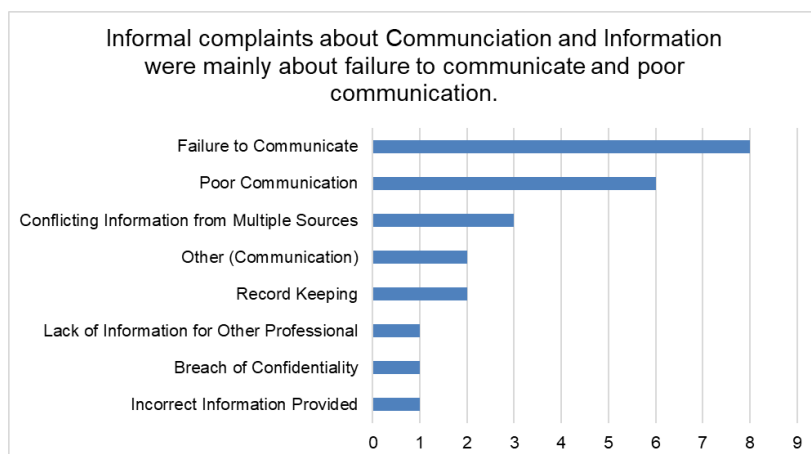
13.2.2 The top three themes of the informal complaints closed within this period were:

- Communication and Information (24).
- Clinical Care (17).
- Staff Attitude (11).

13.2.3 The sub-subjects of the complaints about Communication and Information have been reviewed and Failure to Communicate was identified in eight and Poor Communication in six.

#### 13.2.4

# Provide Outstanding Care



13.2.5 Five issues about communication and Information were raised about Norfolk and Waveney Children's Services, two Just One Number, two Healthy Child Programme and one Speech and Language Therapy.

13.2.6 Two informal complaints related to not being able to contact staff directly. One was about not being able to contact a member of Healthy Child Programme staff directly. The second, relating to Just One Number, was about the service users telephone connectivity and poor reception and the service not providing the mobile telephone number for the member of staff. The correct process was followed regarding individual staff telephone numbers, to help with future contacts a reminder was added to the child's record for a message to be sent with a telephone call time.

13.2.7 The second relating to Just One Number was about lack of clear signposting and information about onward referrals. In response to this internal processes and template letters were reviewed to ensure information is clear.

13.2.8 Six of the informal complaints about clinical care were related to Norfolk and Waveney children's services. Three were about Speech and Language Therapy and a range of concerns about the service provided, in all cases, investigations found that correct care was provided. Two of the three about the Healthy Child Programme were about lack of face-to-face reviews and one was about cancelled appointments.

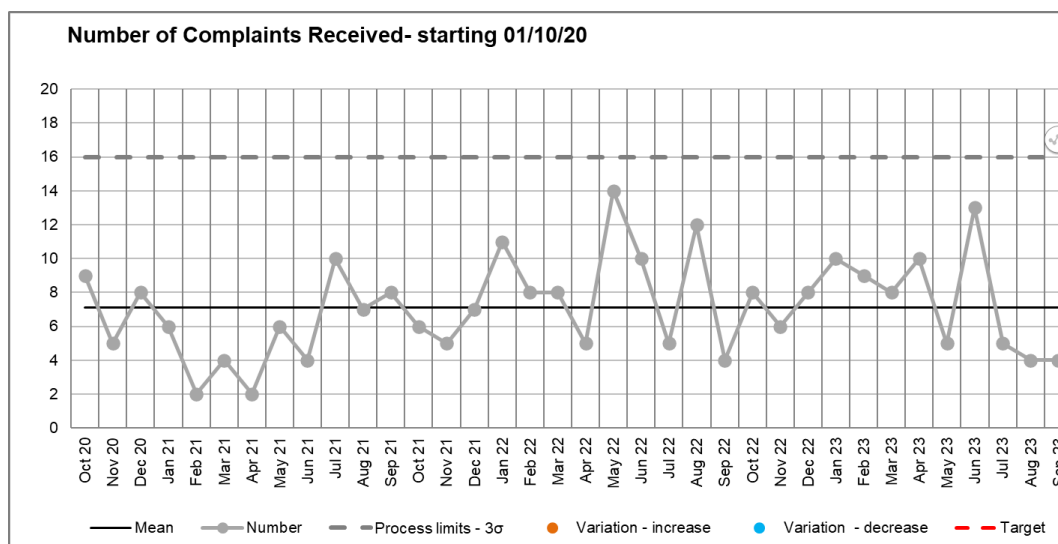
13.2.9 The informal complaints about staff attitude were about a range of services.

## 13.3 Formal Complaints

13.3.1 The Trust received 8 formal complaints in this data period, four in each month. 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 October 2020.

13.3.2

# Provide Outstanding Care



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.

## 13.4 Themes and learning from formal complaints closed in August and September 2023

13.4.1 Within this data period we responded to and closed 16 formal complaints. In these there were 38 subjects/ themes identified.

13.4.2 Communication and information was the most frequently occurring subject during the reporting period.

13.4.3 Two complaints with multiple issues about communication and information skewed the figures relating to themes in this reporting period.

13.4.4 There were ten complaints about clinical care. These were spread across several services. Three in Bedfordshire Community Paediatric, two in Norfolk and Waveney Healthy Child Programme and one in each of Luton Community Paediatrics (Luton School Nursing, Dental, Cambridgeshire Community Paediatrics and Bedfordshire Speech and Language Therapy).

13.4.5 Two of the three complaints about Bedfordshire Community Paediatrics were upheld following investigation. Lessons have been identified and action are underway to address the complaints outcome.

## 13.5 Formal Complaint Response Times

13.5.1 In this data period we responded to 15 formal complaints (nine in August and six in September). A summary of the response times is shown below

	June	July	August	September
Number of standard complaint responses sent within 35 day timeframe.	4/7	5/9	3/7	2/5
Percentage of standard complaint responses sent within the 35 day timeframe.	57.14%	55.65%	42.9%	40%
Number of complex complaint responses sent within 40 day timeframe.	2/4	0/0	1/2	0/1
Percentage of complex complaint responses sent within 40 day timeframe.	50%	N/A	50%	0%

# Provide Outstanding Care

Average number of working days to respond to standard complaints.	35.4	34	37.9	39.8
Average number of working days to respond to complex complaints.	42.3	N/A	40.5	49

13.5.2 There was a reduction on the previous two months for the percentage of standard complaint responses sent within the 35 working day timeframes. Complex complaints remained the same in August but fell in September.

13.5.3 The average days to respond to standard complaints increased in August and again in September. Timeframes have been reviewed with the Complaints and Resolution Manager and the investigator essentials guidance document has been updated to reinforce the importance of contacting the complainant within two days of the investigation essentials meeting, and that the investigator is responsible for returning any additional information needed for the draft within three days of receiving it. This will also be explained at the investigation essentials meeting.

## 13.6 Equality Delivery System Priorities Update

13.6.1 Objective 1 - To work with the data team and clinical services to target the collection of demographic data.

13.6.2 Training was delivered to 21 pilot study participants Trust wide. The pilot study began on 11 September and ran for three weeks.

13.6.3 The template used in the pilot study was in two formats: a SystemOne template and a printable version which can be uploaded onto the SystemOne template. A third format, Comms Annexe, is almost complete. This will facilitate questions being emailed or sent by text message to service users in advance of their appointment.

13.6.4 Debriefing sessions have taken place with the pilot study participants and adjustments made to the templates.

13.6.5 The template is anticipated to 'go live' in early December so training has been offered to the services in advance of this.

## 13.7 Parliamentary Health Service Ombudsman (PHSO)

13.7.1 There were no complaints referred to the PHSO or recommendations received from the PHSO in August or September.

## 14.0 Freedom of Information requests

14.1 The Trust's response to Freedom of Information (Fol) requests is included in the IGR for the first time. The Trust is required to respond to all applicants within 20 working days of their receipt into the Trust and performance is monitored by the Trust's Information Governance Steering Group and reported to the Quality Improvement and Safety Committee.

14.2 For the reporting period, the Trust's performance was 79% (August) and 72% (September). Improvements to address performance are being put in place and this is demonstrated by the performance in October which was 98%.

# Be an Excellent Employer

<p><b>Safe</b></p>	<ul style="list-style-type: none"> <li>Staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures (<b>S5</b>)</li> </ul>	<p><b>Reasonable</b></p>
<p><b>Effective</b></p>	<ul style="list-style-type: none"> <li>Mandatory training compliance is 93% - above target of 90% (<b>E1</b>)</li> <li>Overall Information Governance mandatory training levels at or above target level (95%). Achieved 94%. (<b>E2</b>)</li> <li>Appraisal rates 89.5% - target level 92% (<b>E3</b>)</li> <li>Monthly sickness rates in September 2023 5.65% compared to latest NHS England rate for community Trusts of 4.77% for May 2023. (<b>E4</b>)</li> <li>Stability increased to 87.04% and is above target of 85% (<b>E5</b>)</li> <li>Equality Delivery System (EDS) objectives agreed and being delivered upon. (<b>E6</b>).</li> </ul>	<p><b>Reasonable</b></p>
<p><b>Well Led</b></p>	<ul style="list-style-type: none"> <li>Agency spend within overall agency ceiling (<b>WL4</b>)</li> </ul>	<p><b>Substantial</b></p>

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

- NHS National Staff Survey 2022 results where the Trust achieved a 47% response rate. Headline results were:
- Best performing or joint best performing NHS Trust in East of England in all 9 People Promise themes, including staff engagement.
- Care Quality Commission (CQC) inspection report published in August 2019. CQC rated the Trust as Outstanding overall and Outstanding within the caring and well-led domains. The inspection report highlights several areas that support the delivery of this objective.
- Workforce Assurance presentation at Board Development Session on 19<sup>th</sup> October 2022.
- The positive staff feedback the Trust has received via staff survey results in relation to speaking up.
- Risks 3533 and 3540 cover these pressures and are reviewed regularly.
- Discussions within the two Clinical Operational Boards (COBs) that took place in July 2023.
- Update on the delivery of our People Strategy being presented to the Board – November 2023.
- Annual Freedom to Speak Up report being presented to the Board – May 2023.



# Be an Excellent Employer

## B: Risks to Achieving Objectives

### Strategic Risks

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

### Related Operational Risks 15 and above

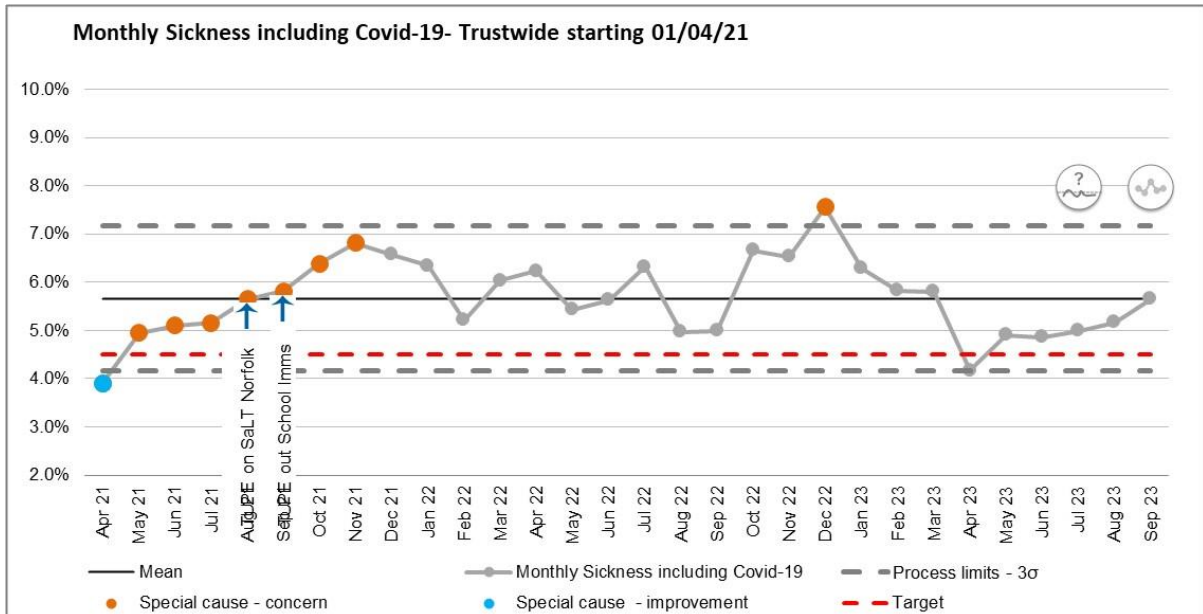
1. *None.*

## C: Overview and analysis

### 1. Sickness

- 1.1. The 12-month cumulative rolling rate (August 2023 – 5.60%, September 2023 – 5.75%) remains above the Trust rolling target of 4.5%.
- 1.2. Monthly Trust wide rate for August 2023 was 5.17% and for September 2023 was 5.65%.
- 1.3. The Trust wide sickness rate has increased and remains above the Trust's target of 4.5% for 2023/24. Of the 5.65%, 2.51% was attributed to long term sickness and 3.14% short term sickness absence. Beds and Luton Adult Service had the highest sickness rate (7.72%) and Support Services the lowest (3.21%). The top reason Cold, Cough, Flu - Influenza (17.49%); work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- 1.4. The Trust monthly sickness rate is below the May 2023 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 4.73%.

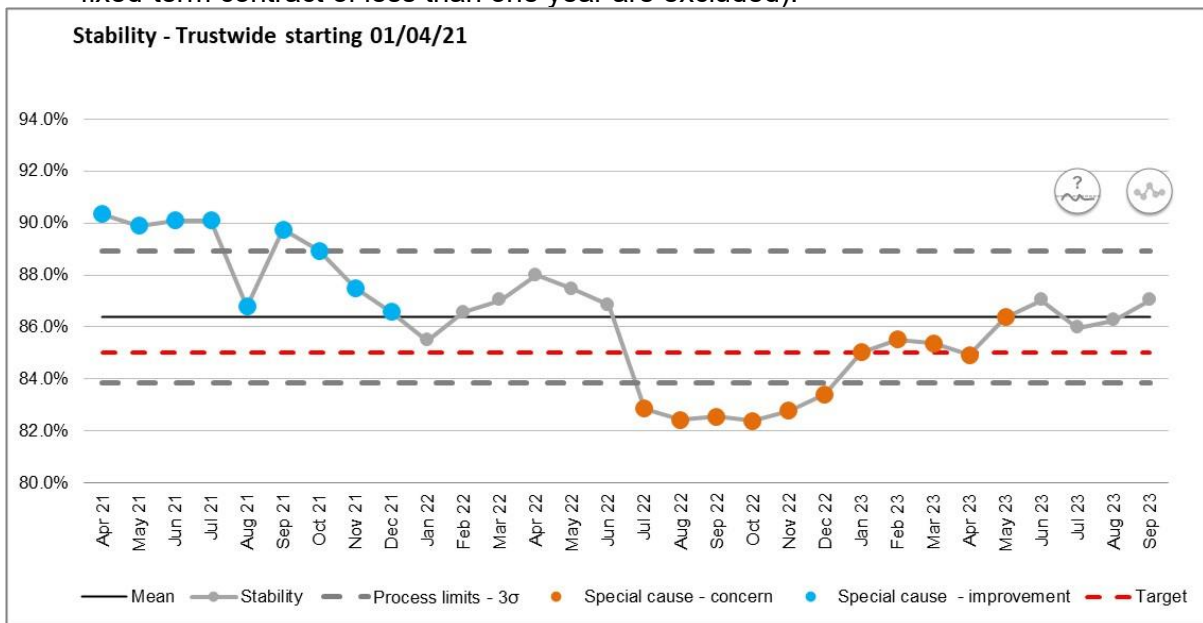
# Be an Excellent Employer



## 2. Stability

2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – August 2023 86.26%, September 2023 87.04%, against the Trust target of 85%. This compares favourably to a stability rate of 84.9% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Jun 2023).

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

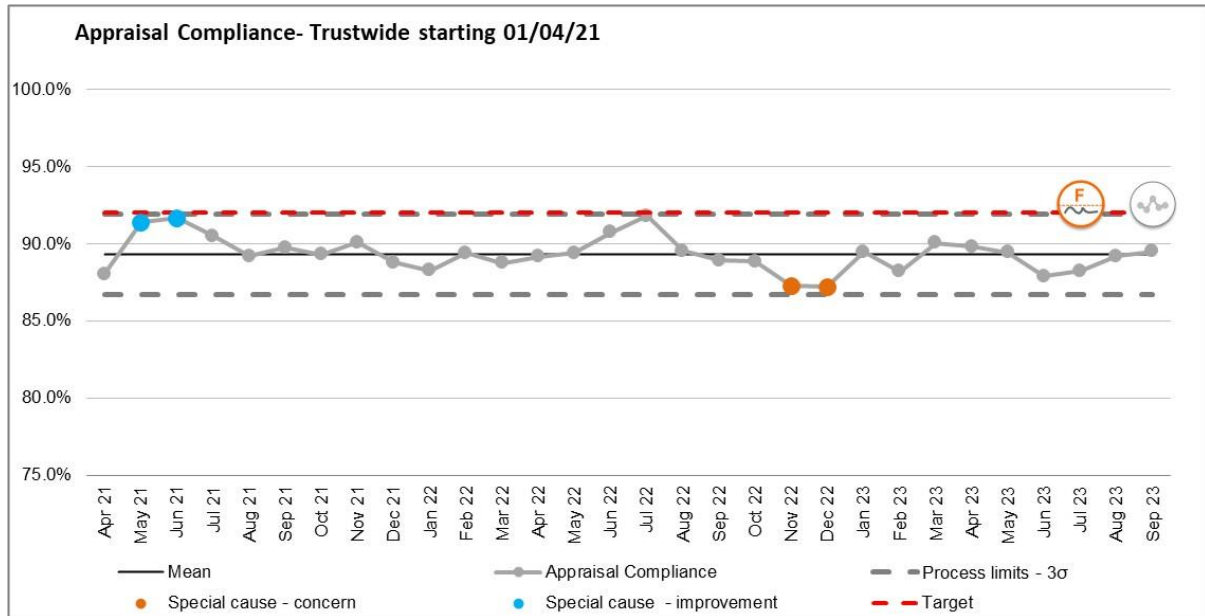


## 3. Appraisals

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

# Be an Excellent Employer

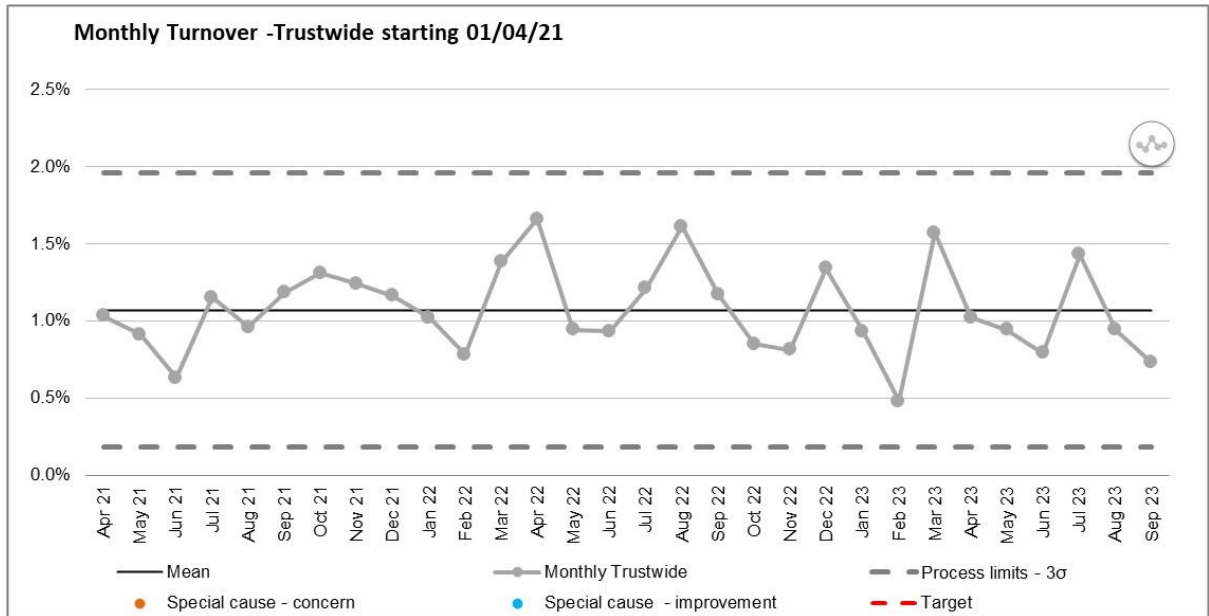
- 3.2. The Trust wide Appraisal rate increased – August 2023 89.17%, September 2023 89.5%, and remains below the target of 92% for 2022/23.
- 3.3. Support Service has the lowest rate (86.98%), Beds & Luton Adults Service has the highest rate (91.86%). Employees, for whom a non-compliant date is held 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 (FTC) of less than one year are excluded). Leavers for the following reasons are also excluded: Voluntary Redundancies, end of a FTC, MARs (Mutually Agreed Resignation) and Employee Transfers.
- 4.2. The Trust’s Rolling Year Turnover Rate is currently 12.17% (August 2023 12.81%, September 2023 12.17%) compared to an annual average Leaver rate for Community Provider Trusts of 14.9% (Source: NHS Digital Workforce Statistics – Jun 2023, based on “all Leavers” and “total Workforce”).
- 4.3. Beds & Luton Adults Service currently has the highest Rolling Year turnover rate at 13.12%, with Support Services having the lowest at 9.28%.

# Be an Excellent Employer



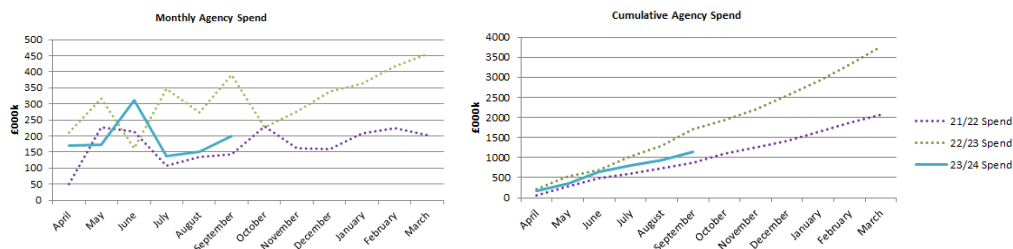
## 5. Current workforce challenges

- 5.1 At our Clinical Operational Boards in November 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 The Trust continues to focus on delivery of the recruitment and retention plan for our 0-19 Healthy Child Programme services across the Trust. A revised staffing model has been developed and is being worked up across all our 0-19 services to enable a Universal, Targeted and Specialist offer to be delivered. In addition, we have seen a positive response to our Specialist Community Public Health Nurse training (SCPHN) opportunities for 2024.

## 6. NHS Staff Survey 2023

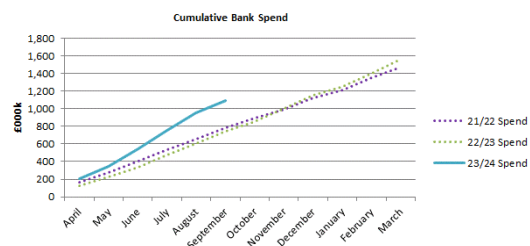
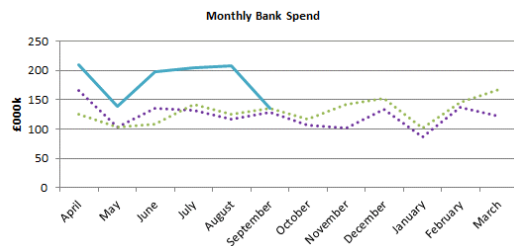
- 6.1 This is currently taking place and closes on 24<sup>th</sup> November 2023. As at 10 November 2023 the Trust has achieved a 50% response rate, which is above our 2022 rate of 47%.
- 6.2 Results will be shared with the Board in February/March 2024.

## 7. Agency/bank spend



# Be an Excellent Employer

- 7.1. The Trust's cumulative agency spend at month 6 was £1,145k. The spend in the equivalent period in 2022/23 was £1,513k (excluding mass vaccination service spend).
- 7.2. The highest areas of spend were in Community Paediatrics in Luton and Bedford, £383k and £192k respectively. Usage in the services has started to reduce since June and this spend has been partially funded. Another area of high spend has been in the Integrated Front Door service, £177k, which is fully funded.



- 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 cumulative bank spend at month 6 was £1,094k. This is higher than the equivalent period in 2022/23, when spend was £739k (excluding mass vaccination service spend).
- 7.4. The highest areas of spend were Healthy Child Programme in Cambridgeshire, Norfolk and Bedford, with £199k, £189k and £119k respectively, and District Nursing in Luton with £163k.

# Be Sustainable

## A: Assurance Summary

Well led	WL1 I&E in line with budget	Reasonable
	WL2 Delivery against efficiency target in line with plan	
	WL3 Capital spend in line with budget	

1. In accordance with the Trust’s Assurance Framework, the Board receives assurance from the reporting of the Trust’s financial sustainability and performance from Strategic Risks 3514 and 3529, and Clinical Operational reporting of financial performance and escalation processes.
2. The Trust Board will also take assurance from External Auditor’s Unqualified opinion and its “Value for Money conclusion” of the Trust’s 2022/23 accounts. Internal Auditor’s assessments during 2022/23 provided a conclusion that the Trust has an adequate and effective framework for risk management, governance, and internal control. The Trust’s Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.
3. The Trust’s financial performance for the period to date is in line with budget, however due to increased pay and non-pay inflation, the demand on our services above existing funding, and funding increases not fully mitigating these pressures, the Trust is therefore also using non-recurrent underspends to support the delivery of a year to date position.
4. The continued financial pressures could result in an increased risk to delivering the Trust’s overall financial target for 2023/24, however continued measure to mitigate are being identified to ensure the Trust does meet its financial target.
5. The Trust has further progressed negotiations with a number of its Local Authority Commissioners and additional funding has been agreed which will in part mitigate these increasing financial challenges. Discussions are also in progress with all key commissioners to identify a range of service interventions that can ensure financial sustainability and safe delivery of services.
6. On 8<sup>th</sup> November, Integrated Care Board’s and Trust Chief Executives and Chief Finance Officers received a joint letter from NHS England to clarify the additional financial support being provided to address the additional costs resulting from Industrial Action this year to date and the increased inflationary cost pressures. The Cambridge and Peterborough system will receive an additional £18.5m non-recurrent funding which is to be distributed across all organisations. A condition of the additional funding is delivery of the original planning assumption of a balanced budget, and this commitment has been provided by each organisation in the system.
7. Over the Trust’s position for the reporting period delivered a £100k improvement in-year financial performance from the clinical services which released the pressure on central non-recurrent budgets. This improvement is explained further in Section 1.5 of this report.

# Be Sustainable

8. Section 3 of this report includes the Cashflow statement and movements. The cash balance did reduce in the reporting period, however the balance increased back to planned levels at the beginning of October.
9. The Trust's Public Sector Payment Policy performance for reporting period for the non-NHS invoices was up to 94%. Performance in NHS invoices was lower at an average of 84% for the reporting period. Further details are included in Section 4 of this report.
10. The Trusts internal capital programme remains on plan and the programmes the Trust is delivering on behalf of the C&P (Cambridgeshire and Peterborough) system are also progressing. The approval by NHSE of funding for 23/24 is still outstanding and discussions continue to progress to come to a resolution.
11. Due to the challenges in managing the impact of increasing costs, the Trust's Efficiency programme which is currently behind the original plan, with £2.8m currently forecast delivered to be delivered in year, with a full year value of £3.7m against the original Trust target of £5.1m. A summary of the current and forecast is included in Section 6 of this report.

## B: Risks to achieving objective

### Strategic risks

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

### Related Operational Risks 15 and above

1. *None.*

## C: Overview and analysis

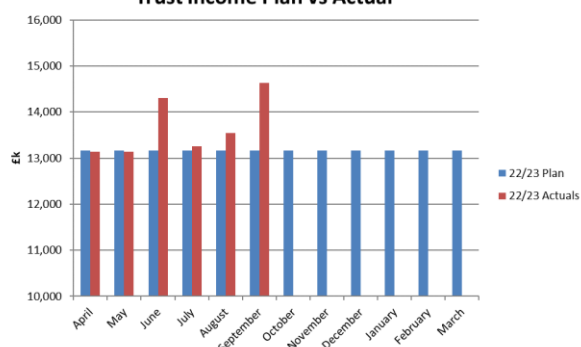
### Finance scorecard

Finance Dashboard	Section in	Plan	Actual	Variance
	Report	M6	M6	M6
Operating income	1	£78,993k	£82,003k	£3,010k
Employee expenses	1	(£53,102k)	(£57,014k)	(£3,912k)
Operating expenses excluding employee expenses	1	(£25,891k)	(£24,989k)	£902k
Trust Surplus/(Deficit)	1	£0k	£0k	£0k
Closing Cash Balance	2		£1,761k	
Capital Programme	4	£2,408k	£2,443k	(£35k)
Agency Spend	SO2 - 4	£858k	£1,145k	(£287k)
Bank Spend	SO2 - 4	£674k	£1,094k	(£420k)

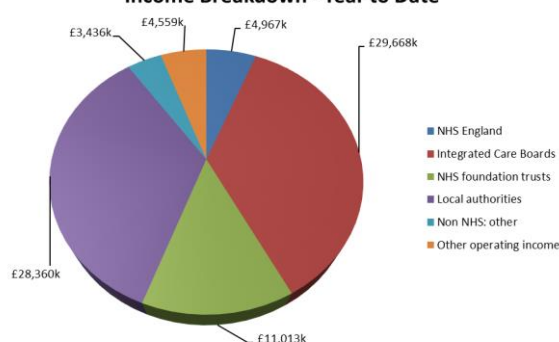
# Be Sustainable

## 1. Income and expenditure

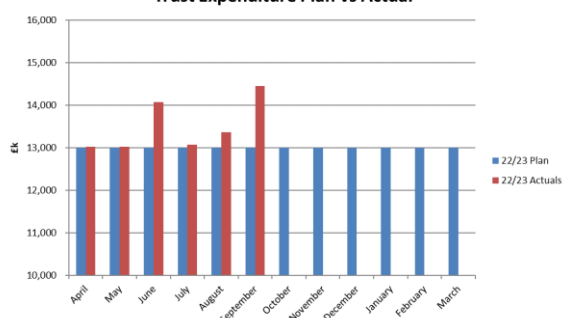
**Trust Income Plan vs Actual**



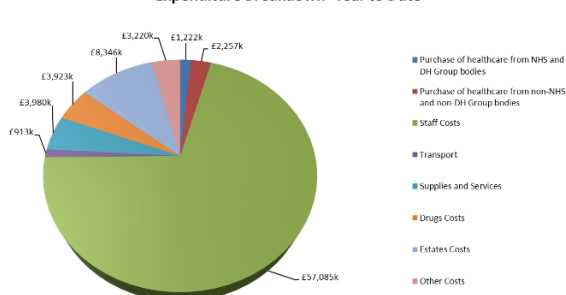
**Income Breakdown - Year to Date**



**Trust Expenditure Plan vs Actual**



**Expenditure Breakdown - Year to Date**



- 1.1 Block contract income funding arrangements remain in place for ICBs, NHSE and Local Authority Public Health Commissioners for 2023/24.
- 1.2 The Trust continues to review and analyse the main cost drivers and cost improvement plans, using these to inform a forecast position which is reported and discussed by the Wider Executive team.
- 1.3 The Agenda for Change pay award for 2022/23 and 2023/24 was processed and paid to employees in June 2023. The Trust received funding to contribute towards this additional cost through an uplift in contracts and a direct allocation. The Medical and Dental pay award for 2023/24 was processed and paid to employees in September 2023, in addition to uplift in contract income.
- 1.4 The Trust reviewed the NHSE HIV drugs and assumptions to date and resulted with costs and income adjusted in September 2023. These costs are fully funded by NHSE.
- 1.5 The clinical services direct budget position as at September 2023 for each Service Division is:

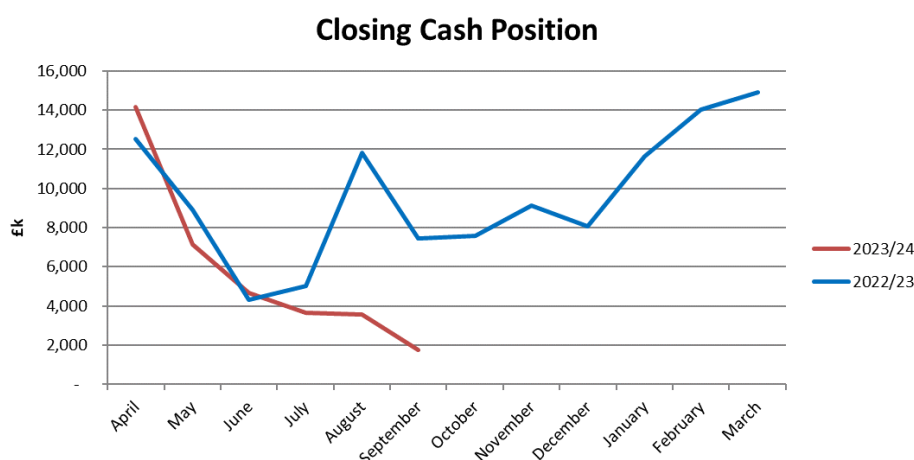
Division Level	Sep-23			Net Total £'000	Net Budget £'000	Variance £'000
	Income £'000	Pay £'000	Non-Pay £'000			
Ambulatory Care Service	1,152	(11,387)	(5,821)	(16,056)	(15,439)	(617)
Bedfordshire Community Unit	987	(8,227)	(1,244)	(8,484)	(8,197)	(287)
Childrens & Younger Peoples Services	5,132	(19,324)	(2,238)	(16,430)	(17,004)	574
Luton Community Unit	609	(11,957)	(3,012)	(14,360)	(14,967)	607
Contract Income and Reserves	67,276	163	(540)	66,899	67,192	(293)
Support Services	3,835	(6,016)	(7,690)	(9,871)	(9,790)	(81)
Estates	2,757	(9)	(4,446)	(1,698)	(1,795)	97
<b>CCS Total @ 30th September 2023</b>	<b>81,748</b>	<b>(56,757)</b>	<b>(24,991)</b>	-	-	-



# Be Sustainable

- 1.6 Ambulatory Care Services delivered a cumulative overspend of £617k to month 6. The main reasons for the cumulative overspend are due to establishment funding, budget pressures across the division and non-pay expenditure pressures in the iCaSH services. The main areas of cost pressures are in medical staffing, pathology testing and drugs due to increased activity. Negotiations continue with iCaSH commissioners with proposals for additional funding to cover increases in activity being agreed or continuing to progress.
- 1.7 Bedfordshire Community Unit delivered a cumulative overspend of £287k to month 6. The main reason for the overspend is due to establishment pressures, however continued vacancies across the service have helped to reduce the overspend.
- 1.8 Children’s & Younger Peoples Services delivered a cumulative underspend of £574k to month 6. The main reason for the cumulative underspend is vacancies across the services.
- 1.9 Luton Community Unit (including Luton Children’s Services) delivered a cumulative underspend of £607k to month 6. The cumulative underspend position is due to establishment savings across Adult services.
- 1.10 The Contract Income and Reserves year to date position includes income for services provided to the Integrated Commissioning Boards and Public Commissioners and Reserves used Trust wide to support service delivery. The overspend variance to date of £293k is mainly to offset the net cost improvement support agreed with services ahead of formal plans being delivered.
- 1.11 Support Services delivered a cumulative overspend of £81k to month 6. The overspend variance is due to a number of contributory factors and discrete service issues.
- 1.12 Estates delivered a cumulative underspend of £97k to month 6. The main reason for the underspend is due to rent and lease reductions.

## 2. Cash position



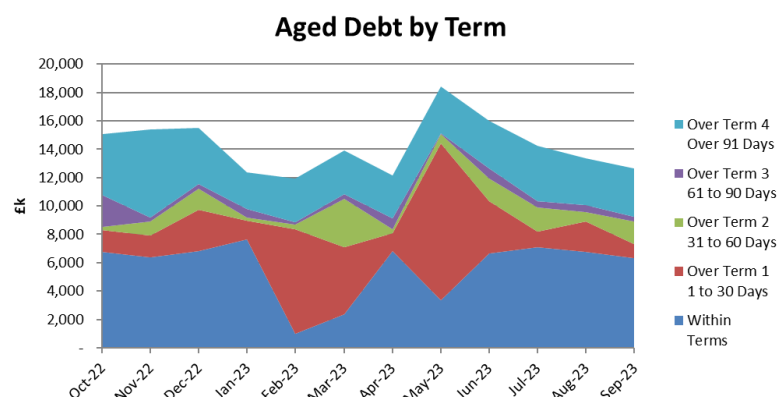
- 2.1 The cash balance of £1.7m at month 6 represents an overall decrease of £1.9m on the previously reported position at month 4. The change in the Trust’s cash position is due payment for outstanding supplier payables.

# Be Sustainable

## 2.2 Statement of Cashflow:

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

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



2.4 Total Trade Receivables decreased by £0.9m in August to £13.3m and then decreased again by £0.7m in September to £12.6m. The breakdown in September is £4.0m (32%) from NHS organisations; £7.2m (57%) from Local Authorities; and £1.4m (11%) from other parties.

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

Cambridgeshire County Council	£2.9m
Norfolk County Council	£2.8m
East London NHSFT	£2.7m
Luton Borough Council	£0.6m

2.6 Aged debt that was over 90 days old was predominantly due from NHS and Local Authority bodies and therefore it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period, Cambridgeshire County Council paid £1.4m, Norfolk County Council paid £2.5m, East

# Be Sustainable

London NHS Foundation Trust paid £2.7m and Luton BC paid £0.1m and to reduce their outstanding balances.

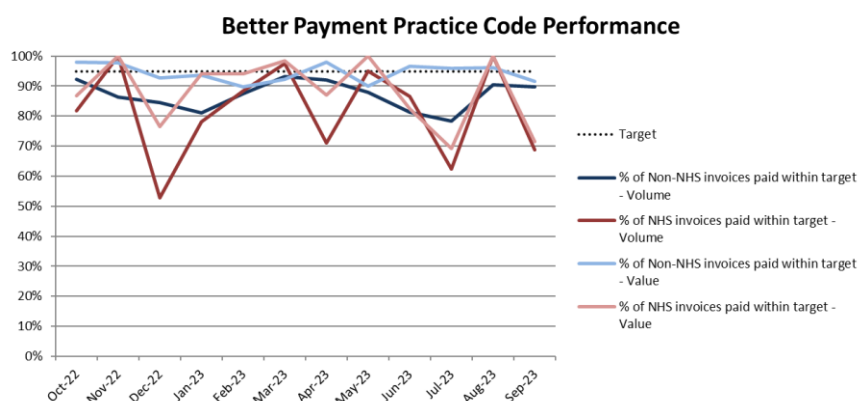
- 2.7 The finance team has implemented a more stringent monitoring process for Local Authority bodies debt to ensure any overdue receivables are paid promptly to support the cash flow position.

## 3. Statement of Financial Position

	September 2023 £'000	July 2023 £'000
<b>Non-Current Assets</b>		
Property, plant and equipment	73,932	61,492
Right of use assets	22,589	23,070
Intangible assets	140	153
<b>Total non-current assets</b>	<b>96,661</b>	<b>84,715</b>
<b>Current assets</b>		
Inventories	56	56
Trade and other receivables	20,290	30,678
Cash and cash equivalents	1,763	3,662
<b>Total current assets</b>	<b>22,109</b>	<b>34,396</b>
<b>Total assets</b>	<b>118,770</b>	<b>119,111</b>
<b>Current liabilities</b>		
Trade and other payables	(17,568)	(17,443)
Borrowings	(2,756)	(2,807)
Provisions	(670)	(670)
<b>Total current liabilities</b>	<b>(20,994)</b>	<b>(20,920)</b>
<b>Net current assets</b>	<b>1,115</b>	<b>13,476</b>
<b>Total assets less current liabilities</b>	<b>97,776</b>	<b>98,191</b>
<b>Non-current liabilities</b>		
Trade and other payables	0	0
Borrowings	(19,973)	(20,388)
Provisions	(847)	(847)
<b>Total non-current liabilities</b>	<b>(20,820)</b>	<b>(21,235)</b>
<b>Total assets employed</b>	<b>76,956</b>	<b>76,956</b>
<b>Financed by taxpayers' equity:</b>		
Public dividend capital	12,683	12,683
Retained earnings	41,925	41,925
Revaluation Reserve	24,001	24,001
Merger Reserve	(1,653)	(1,653)
<b>Total Taxpayers' Equity</b>	<b>76,956</b>	<b>76,956</b>

- 3.1 The main movement in the reporting period was between Property, plant and equipment and Trade and other receivables due to the construction bond payment for capital works being utilised and recorded as assets under construction.

## 4. Public sector prompt payments



# Be Sustainable

- 4.1 The average in month prompt payment results across the four categories was 97% in month 5 and 80% in month 6.
- 4.2 With regards to NHS invoices, performance improved in month 5 and declined in month 6, with the Trust achieving an average of 84% in volume and 86% in value across the two periods. The Trust achieved 100% in both categories in month 5.
- 4.3 For NHS invoices which were paid late, with consideration of the invoices paid within 6 days of the target, the Trust would have achieved over 90% in both categories. The Trust is working hard to consistently improve NHS payment performance and performance is expected to improve consistently going forward.
- 4.4 With regards to Non-NHS invoices, achievement in both categories has remained relatively consistent in the last 12 months – with an average of 91% achievement over this period. Over months 5 and 6, the average achievement in each category is 90% and 94% for Volume and Value respectively, which is an improvement in the Volume category but a slight decline in Value on the previous reporting period.
- 4.5 For Non-NHS invoices which were paid late, a third were for temporary staffing suppliers. To increase the control and efficiency of processing, these are being directed to the temporary staffing team to process, rather than the services.
- 4.6 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.
- 4.7 The figures presented in the previous report have been corrected, the NHS value and Non-NHS volume figures were reported as each other's figures. This did not change the overall performance of the Trust.

## 5. Capital

- 5.1 Capital spend on our core projects was £2.3m against a plan of £2.4m. The main area of spend is the continued development works at North Cambs Hospital in Wisbech. The capital programme is expected to deliver on the plan for the year.
- 5.2 The Trust received Public Dividend Capital in March 2023 to fund works at North Cambs Hospital and Princess of Wales Hospital. The works support the national Community Diagnostic Centres (CDC) scheme which is part of delivering the Diagnostic recovery and renewal programme.
- 5.3 The value of completed works at month 6 for the CDC projects are £3.2m at Ely, £1.5m for North Cambs Hospital and £2.0m for the Multi-storey Car Park at Ely. The final total combined cost for the CDC projects is expected to be £27m, with the works being completed during 2024.
- 5.4 Negotiations are continuing with NHSE to identify the total allocations required to complete these system programmes.

# Be Sustainable

## 6. Efficiency Programme

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

Efficiency Programmes 23/24		GATEWAY	Annual Value	In-year value
			£	£
<b>NON-RECURRENT</b>	<b>INCOME</b>	4	267,250	212,854
	<b>NON-PAY</b>	4	50,000	50,000
	<b>PAY</b>	2	300,000	300,000
		4	31,742	31,742
<b>NON-RECURRENT Total</b>			<b>648,992</b>	<b>594,596</b>
<b>RECURRENT</b>	<b>INCOME</b>	1	221,000	211,000
		2	60,000	18,333
		4	1,262,000	1,262,000
	<b>NON-PAY</b>	1	628,000	59,333
		2	314,661	168,230
		4	230,754	230,754
	<b>PAY</b>	1	90,795	30,875
		2	176,880	120,904
		4	98,378	81,612
		<b>RECURRENT Total</b>		
<b>Grand Total</b>			<b>3,731,460</b>	<b>2,777,637</b>

6.2 There has been progress in identifying new opportunities alongside the pressure of increasing unfunded costs due to inflation and demand.

6.3 Additional funding has been agreed with a number of commissioners which is supporting current delivery and positive negotiations are continuing.

6.4 The year-to-date position is being delivered by efficiencies identified to date and non-recurrent savings and in discretionary budgets. The Finance team will continue to work with and support services in identifying additional efficiencies to support the delivery of planned target.