NHS
Cambridgeshire Community Services
NHS Trust

Title:	Integrated Governance Report			
Report to:	Trust Board			
Meeting:	28 September 2022		Agenda item:	
Purpose of the report:	For Noting: ☐		For Decision: ☐	For Assurance: ☒

Executive Summary:

This Integrated Governance Report (IGR) has been produced following the clinical operational board meetings that took place on 13th September (Children's), 14th September Adults (including mass vaccination). The IGR brings together the quality, performance, workforce and finance information for June and July along with key risks, to provide the Board with assurance of delivery against the agreed strategic objectives and indicators.

For each objective, this report provides:

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

Assurance is measured against the agreed assurance metrics in Appendix 4 and is summarised at the beginning of each section of the IGR and overall, in the table below:

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

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

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

Supporting Information:

Appendix 1: CCS Statement of Purpose
Appendix 2: Quality Dashboard
Appendix 3 Strategic Risks and Operational Risks 15 and above
Appendix 4: Assurance Framework
Appendix 5: Statistical Process Control Chart Key

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	Anita Pisani	Deputy Chief Executive		
	Mark Robbins	Director of Finance & Resources		
	David Vickers	Medical Director		
	Rachel Hawkins	Director of Governance & Service Redesign		
Assurance level:	**Substantial** ☐	**Reasonable** ☒	**Partial** ☐	**No assurance** ☐

How the report supports achievement of the Trust objectives

Trust Objective	
Provide outstanding care	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Collaborate with others	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be an excellent employer	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be a sustainable organisation	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Equality and Diversity Objective	
To fully implement the actions identified following our review of the No More Tick Boxes review of potential bias in Recruitment practices	Action plan in place and being delivered upon and embedded in the revised recruitment and retention policy.

The Trust Board will role model behaviours that support the Trust ambition to be an anti-racist organisation including actively implementing the trust and their personal anti racism pledges, to instil a sense of belonging for all our staff.	The Board have made their public pledges, to be measured by personal objectives and feedback from staff.
To commence collection of demographic data for people who give feedback.	Action plan is in place - Q1 actions has been achieved
To work with the data team and clinical services to target the collection of demographic data.	Action plan is in place - Q1 actions has been achieved

Links to BAF risks / Trust risk register

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

Legal and Regulatory requirements:

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

Previous Papers (last meeting only):

Title:	Date Presented:
IGR Report	20th July 2022

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

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

In addition, the key matters, risks and areas of outstanding practice arising from the individual Clinical Operations Board reports in September are summarised below:

Ambulatory Care

- Recruitment and retention is challenging in Dental, iCaSH and Dynamic Health. Services are exploring how to attract and retain staff into our services. This is currently a national challenge in the wider NHS.
- Capacity and demand in all the services continues to with the greatest focus and receives a high level of both internal and external scrutiny. All services are working hard to find different ways to tackle the specific issues.
- Overall , the division is compliant for Mandatory training.
- The work created to manage the National Monkeypox infection is ongoing and has settled to a more manageable and controlled level which is thanks to the leadership

team in iCaSH who have been relentless in their development of safe processes and ongoing staff training
- Large Scale Vaccination (LSV) service was welcomed into the Division from the 1 August.
- A staff story from the LSV service was presented via a pre-recorded film within the meeting.

Luton Adults

- Appraisal rates improvement reported in the last COB report has continued, with compliance in July sitting above the 95% Trust target at 95.69% (Beds Neuro and ABI remain in a strong position at 97.37%). This improvement has been achieved through reinforcing the importance of staff appraisal in supporting staff wellbeing, even more so at times where staffing capacity is challenging.
- Mandatory training compliance within both Luton and Bedfordshire Adult services was above the Trust target for July. Within Bedfordshire services there is one area that does not exceed the Trust target. This is children safeguarding level 2 which has a compliance rate of 87% compared to the target of 90%.
- Stability rates continued to remain above the Trust target, currently sitting at 89.96%
- Total sickness rates across Luton and Bedfordshire Adult services remain high. The short term sickness rate for July was 4.89% which is an increase of approximately 2.4% since May. Long term sickness did fall back in June compared to May but has subsequently increased within July to 6.44%.
- Staffing capacity staffing remains a challenge for the whole of the Luton system and as reflected within adult services risk 3337 (see section 2.2). There has been a slight increase of staff employed within Luton Adult Services from 265 in May up to 269 within July.

Matters for escalation and outcome required:

Monkey Pox Virus response has had considerable impact on clinical capacity, senior clinician time and workload and leadership team.

Items to note:

- LSV capacity required from the Trust in planned at much lower levels to last year
- LARC / PREP waiting list increases
- The scope of innovation and best practice being embraced with Ambulatory
- The recent success from the International Recruitment program
- Increase impact on staff from absence and increase workload in Luton Adults could result in further cases of sickness and adversely affect staff retention.

Children's services

- Recruitment challenges continue across Children's services Trust-wide, including Health Visiting (Bedfordshire, Cambridgeshire, and Norfolk), Community Paediatrics, Speech and Language Therapy (pan-Bedfordshire) and the Nutrition and Dietetics service (pan- Bedfordshire).
- For Luton and Bedfordshire CYP services, there continues to be a financial risk both in-year and recurrently. A schedule to agree recurrent funding from 2023/24 is to be agreed with commissioners.
- There continues to be demand and capacity pressures across Children's services Trust-wide, notably within Community Paediatric services and Therapy services

(Bedfordshire and Luton). This impacts on our ability to deliver services around the SEND agenda.

- During this reporting period, the Trust has been awarded two new contracts by the NHS Norfolk and Waveney Integrated Care Board: firstly, the contract for the provision of the Integrated Front Door (IFD) for Children and Young People Mental Health and Wellbeing Services; and secondly, the contract for the provision of Mental Health Support Teams in Schools (MHST's) in Norfolk and Waveney.
- The IFD is a 2-year initial contract, commencing from 1st October 2022 to 30th September 2024, with an option to extend for up a further 2 years, based on quality and performance. The MHST award commences on 1st September 2022 for a period of 3 years with an option to extend for up to a further 2-years based on quality and performance.
- Formal agreement has been reached between the Trust and East London Foundation NHS Trust to not renew the sub-contracting arrangement for Bedfordshire Children's Services. This will allow for a direct contractual relationship with both the BLMK ICS and Public Health. Commissioners have been informed.

Matters for escalation and outcome required:

- Year to date, the pan-Bedfordshire overspend is £576,000 (£501,000 on medical agency expenditure) due to three long term medical vacancies. Additional non-recurring funding of £500,000 and an additional £87,000 has been received. This is consistent with anticipated overspend previously discussed by Trust Board.
- Norfolk Public health team are currently completing a 0-19 strategic review. The review will consist of 80% review of the Healthy Child Programme and 20% of the Norfolk wider system that offer services to children and young people 0-19. This review will underpin future commissioning decisions.
- Healthy Child Programme across all areas are not yet making all mandated contacts within timescales. This is due to staffing challenges. There is evidence that staff are prioritising safe practice, but the services are not achieving the targets set for timescales.

Risks of 15 or above and emerging risks:

- Risk 3482 – **Ambulatory** - There is a risk that the current outbreak of Monkeypox virus will impact on iCaSH service delivery (risk score 15)
- Risk 3419 – **Ambulatory** - There is a risk that some of the iCaSH service developments may be delayed because staff have limited capacity to complete their role and undertake service development work. (risk score 15)
- ***Risk ID 3324** – **Ambulatory** - There is a risk of significantly extended waiting times for access to LARC as a result of routine LARC appointments being reduced across specific iCaSH localities. (Risk Rating 15)*

- Risk 3337 – **Luton Adult services** - There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet it commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being. (risk score 20)
- Risk 3317: **Children's 0-19 Staffing Bedfordshire**: Health Visitor vacancies have increased with additional long term absence. Additionally, there are School Nurse vacancies and registered Nurse vacancies. An escalation framework is in place with daily meetings to adjust the service offer according to staff capacity. (risk score has increased from to 16)
- Risk 3250 – **Trustwide Safeguarding** - There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma, which may have negative impact on their psychological well being. (risk score 16)

Outstanding practice and innovation for the Board to note:
These are detailed in the Integrated Governance Report Outstanding Care Chapter, section 11 - areas

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Assurance Summary and Performance for

June and July 2022

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Appendix 3 Strategic Risks and Operational Risks 15 and above

Appendix 4: Assurance Framework

Appendix 5: Statistical Process Control Chart Key

Provide outstanding care

A: Assurance Summary

Safe	95% of incidents were categorised as no or low harm in July (**S1**) There were 0 never events reported in June/July (**S2**) Over 90% of all SI action plans are on target for completion, and there are escalation plans in place (**S3**) There were 6 nosocomial Covid19 staff outbreaks in June and July, with no impact on service provision (**S5**) All service changes as part of the Programme Management Office Verto process have a QIA/EIA in place (where appropriate) (**S7**) IPaC (Infection Prevention and Control) assurance framework was reviewed at May's board, 3 gaps remain which are being monitored via the IPaC Committee **(S8)**	**Reasonable**
Caring	21 of 24 services (87.5%) got over 90% positive FFT. Two services did not receive any FFT responses. If these are excluded 21 of 22 services (95.5%) got over 90% positive FFT. **(C1)** 9 out of the 11 formal complaints were acknowledged within 3 working days and responded to within the timeframes agreed by the complainant (**C2**) 87.5% of all **relevant** complainants are offered local resolution within 4 working days (**C3**) Over 75% of all services receive complimentary feedback from the public (**C4**). 100% of all Directorates received positive feedback and 91.7% (22/24) of individual services.	**Reasonable**
Effective	The 2 patient EDS objectives are on track for delivery (**E6**)	**Substantial**
Responsive	RTT challenges are noted (see section 7), recovery plans are in place across the services, plans are fluid to meet fluctuation of staff sickness (**R1**) 81.8 % of all formal complaints are acknowledged within 3 working days (**R2**) 2 complaints were acknowledged outside this period in June and July	**Reasonable**

1 This report summarises the key elements of quality and safety that have been our focus since the beginning of the pandemic in March 2020.

2 In addition to the overview and analysis of performance for June and July 2022, the Board can take assurance from the following sources

- During the Covid19 pandemic period and, more recently whilst operating at an NHS level 3, several processes underpin comprehensive management of the risks and issues associated with delivery of clinical services. These include our Incident Control Centre (ICC), Incident Management Team (IMT), situation reports from all services which include information on staffing levels, lateral

flow, PPE, risks and incidents. These processes continue whilst we operate under the NHS Major Incident Framework.

- Our overall Care Quality Commission (CQC) inspection rating 'Outstanding' remains in place from August 2019 with 'Outstanding' within the caring and well-led domains.
- Assurance can be taken from the initial completion of the NHSE /Infection, Prevention & Control Board Assurance Framework first presented to the Board in September 2020. A further update will be presented at November's Board.
- There have been six reported staff outbreaks of Covid19 infection within this reporting period, which have all been managed within the parameters of the national guidance.

B: Measures for Achieving Objective – 2022 / 2023

No.	Measure:	2022 / 2023 Target:	Data source:	Reporting frequency:	Current position as of May 2022:
1a	Maintain overall Care Quality Commission rating of Outstanding	Improved ratings for individual Key Lines of Enquiry	Formal assessment	Annual	CQC rating: Outstanding
1b (1)	Patients / carers are satisfied with care delivered by our staff	90%	FFT	Monthly	97.59%
1b (2)	FFT feedback questions to be available in the six languages most frequently requested for translation and other languages / formats available on request	Pass/Fail	PPC	Apr 23	On-going
1c	Our staff recommend the Trust as a place to receive treatment	Maintain or improve upon 2021 Annual Staff Survey response score	NHS Annual Staff Survey & Quarterly Pulse Survey	Quarterly	Recent figures not released
1d	Deliver the locally agreed patient related annual Equality Delivery System objectives: **Patient/Service User Objective 3:** To commence collection of demographic data for people who give feedback. **Patient/Service user Objective 4:** To work with the data team and	Pass/Fail	Equality Delivery System	Quarterly	Action plan is in place for Objective 1 and 2 – Q1 actions have been achieved.

	clinical services to target the collection of demographic data.				Pass – Q1
1e	Safety – our staff feel able to speak up about patient safety issues	Maintain or improve 2021/22 score	Staff Survey	Annual	On-going
1f	Achieve overall mandatory training levels at 90% or greater	90% (was 94%) - change to be briefed to June Board)	ESR	Monthly	Mandatory training – 93% for July 2022
1g	Increase the number of services supported by volunteers	To baseline by end Q2 and set target for Q3 & Q4	People Participation Committee	6 Monthly	On-going
1h	Achieve our target to recruit patients/service users to research studies	Pass/Fail	Research Team	Quarterly	Pass
1i	Agree a new quality improvement framework and a plan for building improvement capability within the Trust	Pass/Fail	Quality and Service Re-Design Teams	Review end Q2	On-going

C: Risks to Achieving Objectives

Strategic Risks:

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

2. ***Risk ID 3166*** *- There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. (Risk Rating 16)*

3. ***Risk 3486*** *– There is a risk that the performance stability and functionality variability in performance with elements of the ICT infrastructure (provided by SBS/Sopra Steria) during the early adoption and transition phase, impacts our staff's ability to deliver high quality services. (Risk Rating 12)*

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

5. ***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)

Related Operational Risks 15 and Above

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

2. ***Risk ID 3324*** *– There is a risk of significantly extended waiting times for access to LARC as a result of routine LARC appointments being reduced across specific iCaSH localities. (Risk Rating 15)*

3. ***Risk ID 3482*** *- There is a risk that the current outbreak of Monkeypox virus will impact on iCaSH service delivery. (Risk Rating 15)*

4. ***Risk ID 3317*** *- There is a risk that safeguarding concerns are not identified early during the antenatal period within the Bedfordshire 0-19 service, potentially leading to safeguarding concerns not being identified. (Risk Rating 16)*

5. ***Risk ID 3419*** *- There is a risk that some of the service developments may be delayed because staff have limited capacity to complete their role and undertake service development work. If developments are delayed then the service user experience won't improve and we will be unable to reduce some of the pressure points. Also the commissioners will question lack of progress and change, potentially impacting on the re-tendering process. (Risk Rating 15)*

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

1 Quality Impact Assessment (QIA)

1.1 The Quality and Equality Impact Assessment process is now live within the Verto system, once completed sign off is undertaken by both the Medical Director and Chief Nurse. Any discrepancies or issues relating to the Quality or Equality assessment are fed back to the document author. There is also an opportunity to discuss the impact assessments at the internal Ethics Meeting (which is convened as and when required). The Quality and Equality Impact Assessment sign off is monitored via Verto and is reviewed at the Executive Programme Board.

2. Patient Safety

2.1 Update National Patient Safety Strategy implementation – publication of Patient Safety Incident Response framework

2.1.1 Previously the Board was informed of the implementation of the National Patient Safety strategy published in 2019 NHS England » The NHS Patient Safety Strategy.

2.1.2   The final element of this has now been published: the Patient Safety Framework (PSIRF). NHS England » Patient Safety Incident Response Framework and supporting guidance.

2.1.3   The PSIRF will replace the Serious Incident Framework (SIF). Its use and implementation will be monitored within the NHS Contract and is due to go live in Autumn 2023. It is a significant programme of work and the governance of it will be monitored via the Trust's Project Management Office which will report to the Executive Programme Board.

2.1.4   The Patient Safety Strategy will be a significant change in the way that safety is managed and improved in the NHS, this will require everyone to understand their roles and responsibilities within the framework. The intention is a culture shift that moves to understanding safety events and proactively improving clinical processes; understanding of human factors and ensuring we work with patients and families. The focus is on improvement rather than investigation. The NHS People Plan and the strategy are interlinked.

2.1.5   The Trust is required to have Board leadership for the PSIRF, the Chief Nurse and Medical Director will share the responsibility, as defined within their portfolios.

2.1.5   As a Trust, we have been working on the various strands of this for some time and are making good progress by:

- appointing a Patient Safety Specialist and participating actively in systemwide work on the strategy;
- appointing and inducting three patient safety partners to support the patient/service user involvement strand;
- working with Datix to implement the Learn From Patient Safety Events (LFPSE) service;
- integrating Just Culture in human resource process as well as clinical;
- understanding the requirements of mandatory training for the 'safety culture' requirement;
- participating in improvement programmes and looking at reviewing research programmes to improve safety.

2.1.6   Further updates will be provided to QISCom via the Quality and Clinical Strategy agenda and to Board as appropriate.

2.2   No Serious Incidents (SIs) were declared in June 2022. One Serious Incident was declared in July 2022 which related to Luton Adults, the incident (following panel discussion) was considered to be a significant near miss.

2.3   Two incidents were submitted to the Commissioners for closure during the period. An action plan was developed for both incidents which will be monitored for completion including evidence. Learning slides have been produced which will be shared locally and included on the intranet.

2.4   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.

2.5   A total of 6 panel meetings were held in June and 12 in July 2022. The panels were a combination of reviewing final reports, discussion on next steps and action plan reviews.

2.6   The chart highlights those patient safety incidents that occurred under our care and includes the two-month period of June and July 2022. These incidents totalled 287 which was a decrease of 6 incidents on the previous two-month period.
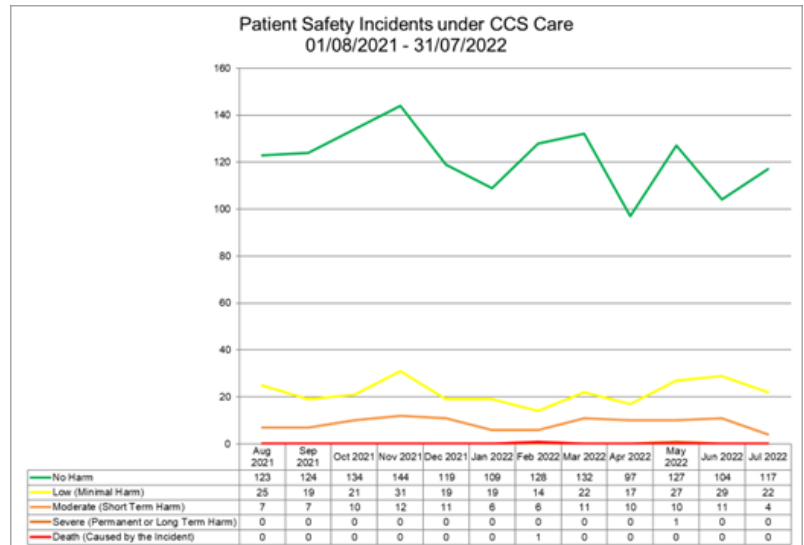
2.7   Of the 287 incidents (June and July 2022), 77% were no harm incidents, 18% low harm and 5% moderate harm.

Patient Safety Incidents under CCS Care 01/08/2021 - 31/07/2022

	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022
No Harm	123	124	134	144	119	109	128	132	97	127	104	117
Low (Minimal Harm)	25	19	21	31	19	19	14	22	17	27	29	22
Moderate (Short Term Harm)	7	7	10	12	11	6	6	11	10	10	11	4
Severe (Permanent or Long Term Harm)	0	0	0	0	0	0	0	0	0	1	0	0
Death (Caused by the Incident)	0	0	0	0	0	1	0	0	0	0	0	0

2.8   Fifteen moderate harm incidents (whilst under CCS care) were reported, which was a decrease of 6 incidents on the previous two-month period. All were reported by Luton Adult Services and all related to acquired pressure ulcers.

2.9   **Incident Themes**

2.9.1   Datix reports in generic categories and the categories we see reflected in the top three reported (for each month) were as follows (note that these remained unchanged from the previous two-month period):

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

June 2022	July 2022
Clinical, assessment and treatment: 101 Access, admin, transfer, discharge: 71 Medication: 32	Clinical assessment and treatment: 94 Access, admin, transfer, discharge: 73 Medication: 39

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

2.9.3   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. Therefore, Luton Adult Services was the main reporter of these types of incidents (82.5%) due to the type of work and volume of visits they undertook. An update on the pressure ulcer prevention workstream was provided at July's board, this will be updated again in November 2022.

2.9.4   Also included in this category were incidents relating to scans / X-ray / specimens / test results; iCaSH Service reported 6% of the overall figure. These incidents were linked to the external provider and included issues such as results being delayed.

2.9.5   Access, administration, transfer and discharge: This theme is predominantly a lack of referral into the Trust from another Trust or an individual requiring community-based care, e.g., GP / acute hospital. Most incidents were reported by the 0-19 services across the Trust which all reported a theme around missing / late antenatal service communication. This is recognised as an ongoing national issue; local system wide discussions are being undertaken with some teams now having solutions in place. To note that currently, incidents are graded on actual physical harm, however, as part of the new Learning From Patient Safety Events (LFPSE[1]), there will be an additional requirement to include psychological harm which will enable a better understanding of the impact of these types of incidents.

2.9.6   Medication: All medication incidents (including patient safety) related predominately to Luton Adult Services (61), Large-Scale Vaccination Service (20) and iCaSH Services (14). It should be noted that over 95% of these incidents were no (90%) or low (5%) harm. The remaining 5% were moderate harm incidents; none were on caseload. Where appropriate, medication incidents are reviewed in the Medication Safety and Governance Group so that lessons can be identified, and feedback provided to other health providers. An example of this was a medication regime the children's services were involved with, which led to a young person not getting enough of a required dose of medication. This issue was raised with through the Medication Safety Officer network, and in turn with the National Paediatric Pharmacists Group (NPPG). That Group had published a position statement in 2016, but it did not take account of the issues faced in the community. The NPPG are currently updating their position statement, a draft has recently been circulated for comments, and the Trust expect the final version to be published soon. This is a system-wide issue, and the Trust will be proactive in discussing this in various forums attended by secondary care colleagues to work towards a consistent approach.

2.10 **National Patient Safety Alerts**

[1] The new national NHS Learn from patient safety events (LFPSE) service, a centralised system for the recording and analysis of patient safety events in health and care, was launched by NHS England and NHS Improvement in July 2021. This service will replace the current National Reporting and Learning System (NRLS) and, in time, the Strategic Executive Information System (StEIS), offering better support for staff from all health and care sectors to record safety events, and providing greater insight and analysis to aid national and local safety improvement. The NRLS and StEIS systems are to be decommissioned by April 2023 requiring healthcare organisations to cease uploading their patient safety incidents to the NRLS and commence transitioning to the new national system LFPSE as soon as possible ahead of the decommission date.

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

2.10.2   In June and July 2022, 20 alerts were received; one of which was a National Patient Safety alert. All Central Alerting System (CAS) alerts were actioned and closed within the required time frame.

2.10.3   The National Patient Safety Alert received in this period was:

- Contamination of hygiene products with Pseudomonas aeruginosa: the alert was reviewed by the Matron, Infection Prevention and Control, and was confirmed as not relevant to the Trust.

2.10.4   A report on all received alerts is shared monthly via the intranet.

3.   Medicines Management

3.1   The Medication Safety and Governance Group (MSGG) met in July. Included in the approved documents was a suite of Patient Group Directions (PGDs) for dental therapists for the administration of local anaesthetic. This is a new legal mechanism for the Dental Service, and once the therapists have fulfilled all the training and governance requirements, it will support the more efficient working of the service.

3.2   An updated PGD Competency and Governance Policy was approved. This had been updated to include measures taken during the pandemic which subsequently become routine (such as posting medicines to patients following a remote consultation). Audit standards were updated to ensure greater consistency across the Trust.

3.3   The Group considered, and agreed to, a request to amend the Terms of Reference to include acting as the Trust's Medical Gas Committee. This will be submitted to the Quality Improvement and Safety Committee (QISCom) for approval.

3.4   The MSGG approved updated Dental antibiotic guidelines. These were updated to conform to General Dental Council guidelines and have the approval of the Consultant Medical Microbiologist who advises the Trust.

3.5   Antibiotic audits continue to be conducted every six months due to consistently good results. The MSGG was presented with results for Q4 2021-22, which were also shared with the Infection Prevention and Control Committee (IPaCC).

3.6   As noted in previous reports, a high number of incident reports, with a high percentage of no-harm incidents, is indicative of a good reporting culture. Below is a table showing the percentage of medication incidents reported since November 2021 which were categorised as no harm.

Month	Number of incidents attributable to CCS	Percentage No Harm incidents
November 2021	31	90%
December 2021	33	88%

Provide outstanding care

Month	Number of incidents attributable to CCS	Percentage No Harm incidents
January 2022	31	87%
February 2022	20	95%
March 2022	23	87%
April 2022	24	96%
May 2022	23	91%
June 2022	11	91%
July 2022	14	79%

3.7 July showed a noticeable reduction in no harm incidents; 3 of the 14 medicines incidents were classed as low harm, these 3 incidents have been evaluated, with one being reviewed under the Serious Incident process.

3.8 The Trust held its first Non-Medical Prescribing Conference on the 13 July. It was well attended (virtually) and well received. We were fortunate to have the support of the Deputy Chief Nurse who gave the keynote speech and set the tone for the day, along with the Medical Director who kindly conducted two sessions for us. In addition, eight other speakers ran sessions including consultants from CCS's iCaSH services and the Luton and Dunstable Hospital. Initial feedback suggested that it was generally considered a worthwhile event and should be repeated next year.

4. Safeguarding

4.1 A safeguarding function business continuity plan was invoked at the beginning of the pandemic in March 2020 and is being used to support the delivery of the safeguarding service across the Trust. This was updated in August 2022 to maintain oversight of the contingencies in place. The Trust continues to work proactively with partners to carry out its statutory safeguarding duties regarding the children and adults who access our services.

4.2 A court report standard operating procedure has been developed over a number of months which includes guidance for staff on all legal reports, statements and requests made. This has been supported by oversight from the Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) legal team. A flowchart will direct staff to submit a Datix for each request and for all documents (legal orders and statements) to then be attached to the Datix as a central store for the information. This will enable future retrieval of the information and takes into consideration the legal view that such information should not be attached to health records.

4.3 The Liberty Protection Safeguard (LPS) consultation process for the draft guidance was completed in July 2022; with final guidance planned for publication in late autumn 2022 and the LPS being enacted in 2023. The Trust has contributed to the consultation. The focus for the wider system and the Trust is on the Mental Capacity Act training for staff. A Mental Capacity Act (MCA) internal audit has been completed and the report has identified a baseline for learning, training needs analysis and work to support improvement in clinical practice. The impact of LPS introduction to CCS services is expected to include adolescent pathways for transition to adult services, an increased expectation for clinicians to undertake Mental Capacity Act (MCA) assessments and to support best interest decision making for all discreet interventions, as required.

4.4   An adolescent transition strategy has been developed by the Trust wide Head of Safeguarding and the Lead Transition Nurse in Cambridgeshire and Peterborough. The production of a standard operating procedure is in process, and this will inform pathway development across the Trust. The work has been widened to include Luton and Bedfordshire and will report into the LPS Implementation Group bi-monthly.

4.5   The level of mandated supervision (for those staff who report on this as a KPI) continues to be variable across the Trust but is improving and there is a clear plan of oversight and management in each area where compliance is lower than the agreed 90%. The Safeguarding Business Support Manager has supported a standardised approach to the collection and collation of supervision data across the Trust and this will enable quarterly reporting which is in line with reporting for KPIs to Commissioners.

4.6   A consultation day to support the Trust with developing an inclusive strategy for learning disability was undertaken on 21 July 2022. There was attendance by some of the Service Directors and from Kings College. Further work is planned to identify how to progress the strategy and work across the Trust.

4.7   Service redesign of the Multi-Agency Safeguarding Hub (MASH) in Cambridgeshire and Peterborough is completed and roll out of the staffing model has been progressed with the secondments into the MASH from the Healthy Child Programme. Norfolk MASH redesign has commenced with system wide work to update the information sharing agreement, partnership board agreement of the review process and involvement with the wider health partners, to ensure full agreement on role expectation for health.

4.8   Adult Safeguarding team capacity has now increased by 2.5 whole time equivalent (WTE) substantive posts, effective from 1 August 2022.

4.9   Attendance at Channel panels is now supported by the newly developed standard operating procedures across each locality. The information sharing agreement (ISA) for Norfolk Channel panel has been updated and now includes CCS as a signatory. Bedfordshire Channel ISA is in development and awaiting a final draft. Cambridgeshire and Peterborough have been approached to provide an ISA for CCS review and sign off.

4.10   At September's QISCom assurance was provided that CCS met all the requirements against the NHS Safeguarding Accountability and Assurance Framework.
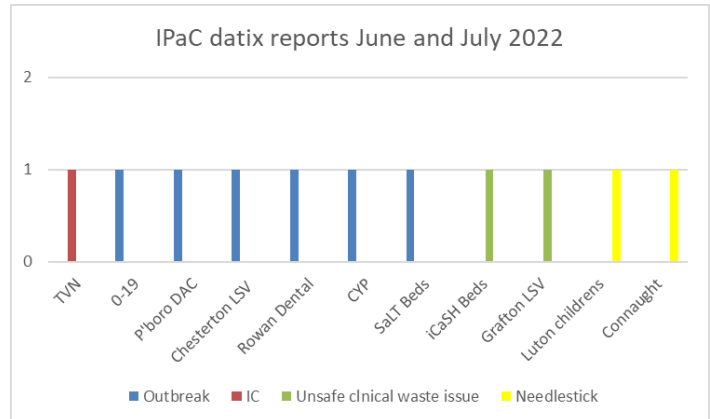
5.   Infection Prevention and Control (IPaC)

5.1   Assurance is provided to the Board that all the national IPaC documents have been reviewed and incorporated into Trust policies and Operating Procedures; IPaC issues (Covid-19 related) continue to be discussed at the weekly IPaC huddle and reported to the Incident Management Team (IMT).

5.2   The risk relating to supply and availability to our services of PPE continues to be monitored weekly.

5.3 The IPaC team continues to work with staff to ensure they can work in a safe environment which involves regular review and update of building risk assessments including ventilation, cleaning and access to required PPE.

5.4 There were 11 IPaC related incidents reports during June and July 2022. The graph shows the distribution of incidents across 11 sites; no themes were identified. Both needlestick injuries were "clean" and, therefore, did not require Occupational Health follow up, however duty of candour was implemented.

IPaC datix reports June and July 2022

Legend: ■ Outbreak ■ IC ■ Unsafe clinical waste issue ■ Needlestick

Sites (x-axis): TVN, 0-19, P'boro DAC, Chesterton LSV, Rowan Dental, CYP, SaLT Beds, iCaSH Beds, Grafton LSV, Luton childrens, Connaught

5.4.1 There were 6 Covid-19 outbreaks amongst staff in this period, which mirrors the increase in cases nationally. Outbreak meetings with team leads, Director of Infection Prevention and Control (DIPC) and the IPaC team were convened during the first week of each outbreak. Outbreak meetings were held as per Trust policy and reported to the national reporting system.

5.4.2 The re-introduction of mask wearing in clinical areas and when travelling, appears to have helped to reduce the number of positive cases we have identified since this data was collected.

5.4.3 There were two unsafe clinical waste issues reported. The first related to clinical waste not being emptied which was reported to the service manager and rectified at the time. The second was the discovery of drug paraphernalia in the waste compound at Grafton Large Scale Vaccination (LSV) site. The equipment was safely quarantined, and the police informed.

5.5 The IPaC Team continued to support the Monkey Pox programme of work. At the end of this period, the IPaC nursing team implemented a programme of fit testing clinical staff to FFP3 respirators as per the High Consequence Infectious Disease Management national requirements. Over 90% of staff identified as needing to wear an FFP3 have been successfully fit tested to at least one mask or an alternative solution has been found, e.g., face hood. Compliance data is discussed at the Monkeypox Incident Management Team and operational meetings.

5.6 In relation to Covid-19 at the end of July, the total number of Trust staff was 4009. 2938 staff were registered with the Trust to report their Lateral Flow test results; 598 completed the tests (15% of all staff). National guidelines in relation to lateral flow testing have since been updated and as of 1st September 2022, this is no longer a twice weekly requirement for staff.

% of staff testing compared to staff in post
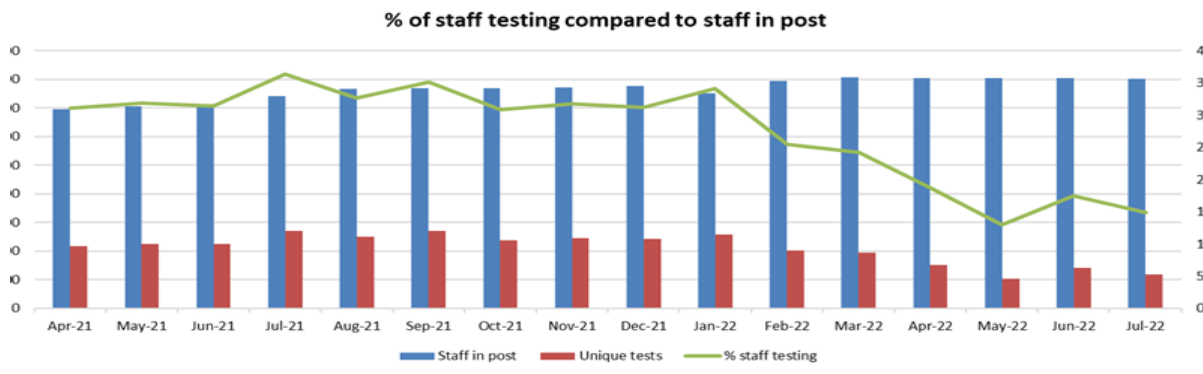
5.7   A total of 284 members of staff reported having a positive Lateral Flow Test (LFT) result during this period (103 in June and 181 in July). The graph below captures the increased trend. All 284 staff reported a positive LFT test for Covid-19 and have been supported by the organisation. The increase was consistent with the national upward trend which prompted the Trust to revert to wearing masks in non-clinical settings as a precautionary action. This action was reported to NHS England which agreed with our approach.

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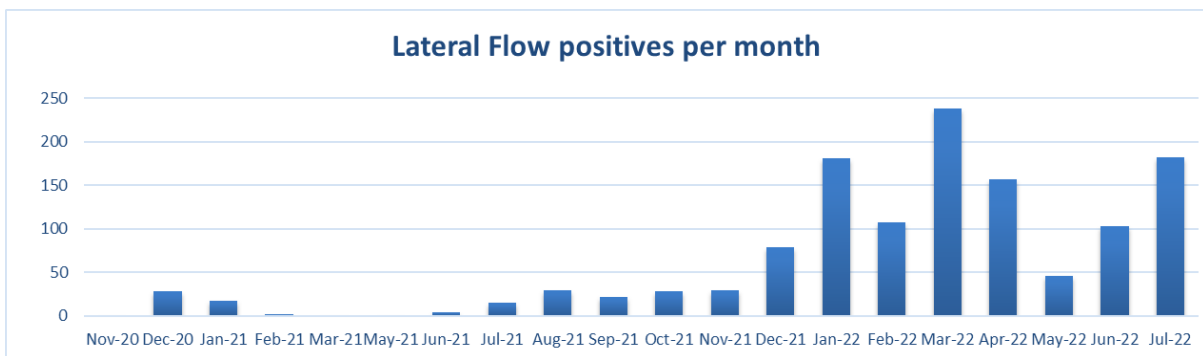
5.8   There were no confirmed bacteraemia cases of MRSA (Meticillin-resistant Staphylococcus Aureus), Extended Spectrum Beta – Lactamase (ESBL), or any positive cases of C. difficile during this period.

5.9   The internal Flu Programme is set to commence on 13th October 2022, an implementation plan is in place and appointments are now available to all staff to book. Staff can use other external providers e.g., pharmacies as required, however they will need to report compliance internally so that accurate data can be collected.

5.10 **IPaC Link Champions**

5.10.1 The IPaC Link Champions met virtually on 23 June 2022, covering a wide range of subjects which included:

- IPaC training modules: two link champions have completed the Bangor University IPaC training module, a further two will be starting their Florence Nightingale Foundation (IPaC Link Champion Course) in September and an additional two will be starting in November.
- Environmental audits: an update on the new IPaC audit tool.

- Link Champion Competencies: these had previously been circulated to the group. Currently one member has completed the documents and is compliant to the standards. Other Champions are in the process of completing their competencies with the support from the IPaC team.
- Feedback from regional IPaC conferences: three link champions attended and fed back to the group. Two link champions have agreed to attend the national three day Infection Prevention Society (IPS) conference with Chris Sharp, Matron IPaC, in October 2022.
- National and Trust IPaC updates: 2022-23 staff flu vaccination programme, Polio, Monkeypox and outbreaks.

5.10.2 The next IPaC Link Champions meeting is scheduled for 29 September 2022.

6. Patient Experience

6.1 Staff story

6.1.1 Two staff from iCaSH Norfolk and Adult Safeguarding explained how the services' working relationships have improved following an incident. New initiatives were developed including access to clinical systems to make the relationship and processes more robust.

6.2 Friends and Family Test (FFT)

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

6.2.2 We received 2552 responses in June and 2640 in July. This is an increase of 1009 on the previous two month period. Below is a summary since February 2022.

	Feb	March	April	May	June	July	TOTAL
Trust Overall	1815	1685	1379	2804	2552	2640	12875

6.2.3 The overall Trust FFT positive feedback was 97.59%, with a 1.19% negative feedback percentage. We remain above the Trust target of 90%.

6.2.4 Below is the percentage of responses to each category of the FFT question for the overall Trust.
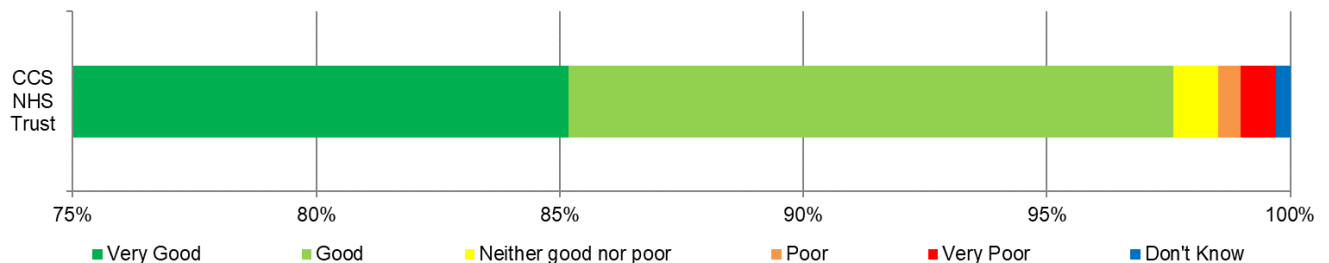
6.2.5 In June and July the services we provide, received over 6256 positive comments on service user surveys and feedback forms across the Trust.

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

6.3.1 The Complaints, Concerns and Compliments Patient Experience policy is being updated to include the work that the team has embedded to reflect the NHS Complaints Standards and to include a new section on vexatious and unreasonably persistent complainants.

6.4   Actions and learning from formal and informal complaints

6.4.1 Following each formal and informal complaint investigation, the investigator is supported by the PALS team to recommend actions. These are based on the learning concluded from the investigation. Actions are agreed by the service manager and are recorded on Datix for timely completion by named staff. We share learning from complaints more widely through the Trust wide Communications Cascade and at Senior Managers' meetings.

6.5   Informal complaints received

6.5.1 The total number of informal complaints received and logged was 48 in this data period, 31 in June and 17 in July. Both months were within the expected variation based on 36 months of data.

Number of Informal Complaints Received- starting 01/08/19
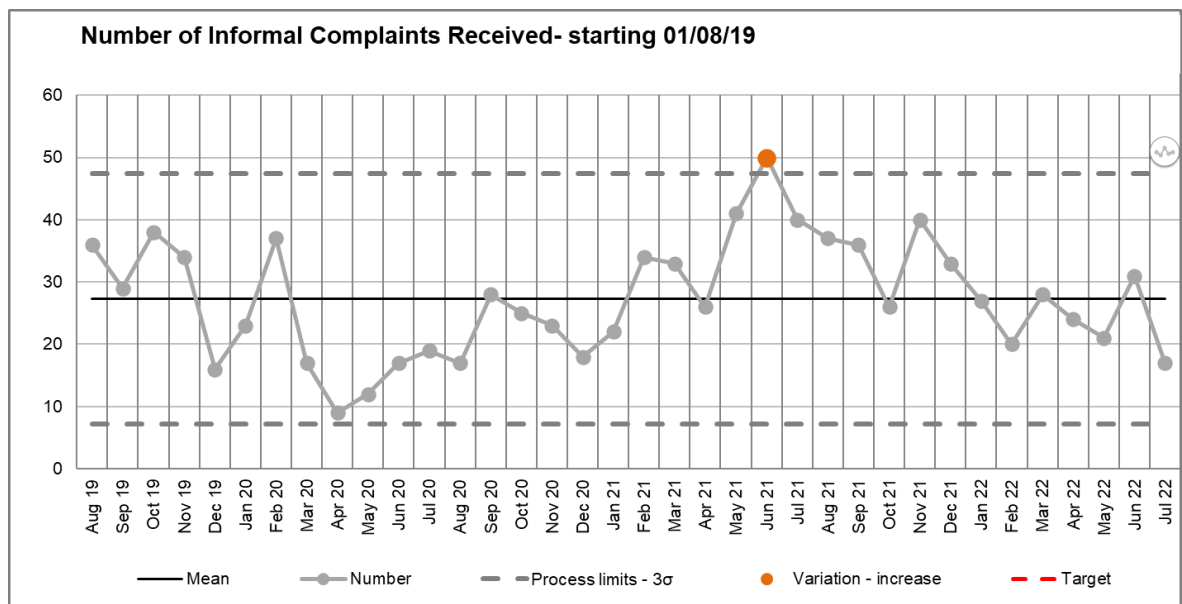
6.6   Themes and learning from informal complaints closed in June and July 2022

6.6.1   Fifty-one informal complaints were resolved and closed in June and July, with 62 themes / issues identified. The top 3 themes of the informal complaints closed within this period were Delay in Diagnosis, Treatment or Referral (12 subjects in 12 informal complaints), Staff Attitude (12 subjects in 12 informal complaints) and Communication and Information (10 subjects in 9 informal complaints). The details about the informal complaints with the top themes relating to delays, staff attitude and communication / information are detailed below.

6.6.2   Three of the informal complaints about delays related to MSK and 3 to Speech and Language Therapy in Bedfordshire. The 3 relating to MSK were about waiting times for services in Cambridge and Ely. The service spoke with each complainant to discuss their experience and explain current waiting times and service processes. In one case, the service user was offered a virtual appointment but declined preferring to wait for a face to face appointment.

6.6.3   The 3 concerning Speech and Language Therapy were about the number and frequency of therapy sessions provided. This was also a theme in informal complaints in the last reporting period. The service is currently experiencing issues with capacity and recruitment of staff. The service has infographics on the website for parents and carers to inform them of the waiting times, what is causing the delay and provide support whilst waiting. The PALS team also direct parents to this information.

6.6.4   Three of the informal complaints about staff attitude were about Health Visiting in Cambridgeshire. The other 9 informal complaints were spread across 7 other services.

6.6.5   Two of the 3 about health visiting were about how the staff approached potentially difficult conversations. In both cases, the member of staff has reflected on the appointments and how they communicated with the parents.

6.6.6   The informal complaints about communication and information were spread across 8 services. Two related to Large Scale Vaccination Service. In both cases the service user was refused a vaccination because they had been called by the national system to have a booster in error so were not eligible. In one case the service user was not happy about how this was explained to them by reception staff. The error was raised with external agencies.

6.7   **Formal complaints**

6.7.1   The Trust received 15 formal complaints in this data period. Ten were received in June and 5 in July. As shown in the graph below, this is within the expected range which means it is not significantly different on previous months, based on data the number of complaints received since August 2019.

Number of Complaints Received- starting 01/08/19
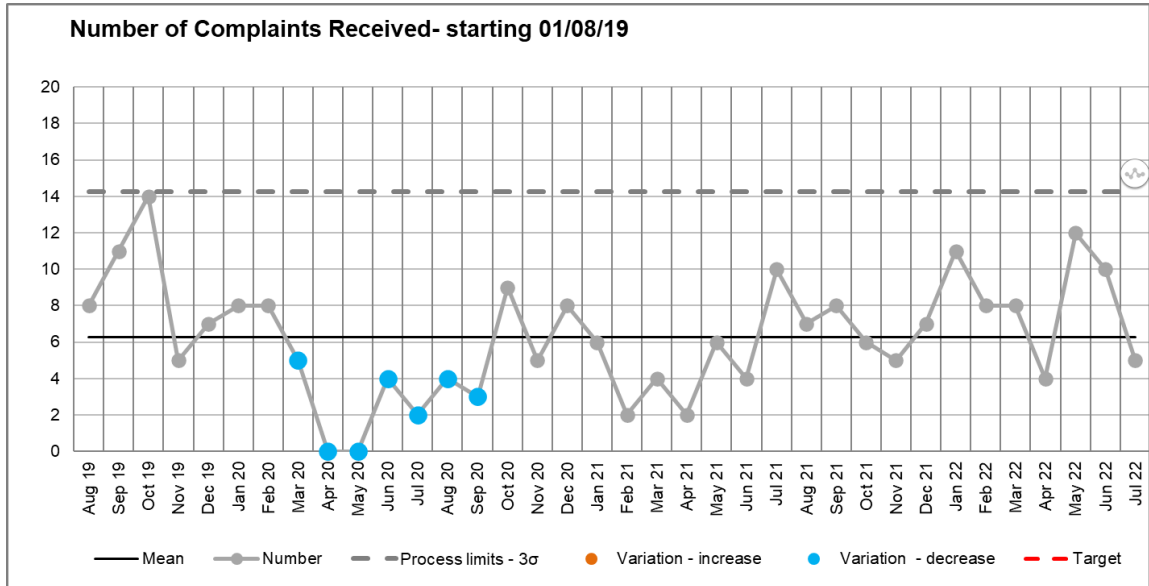
NB It is impossible to have fewer than 0 complaints in a month, so the lower process limit is not shown on the graph above.

6.8 Themes and learning from formal complaints closed in June and July 2022

6.8.1 Within this data period we responded to and closed 10 formal complaints. In these 10 complaints there were 20 subjects / themes identified. Communication and Information was the most frequently occurring subject with 7 in 6 complaints. Staff attitude was the second most frequently occurring with 6 in 5 complaints.

6.8.2 There were two complaints about how the provision of services in Norfolk and Waveney Speech and Language Therapy was communicated to parents. No other themes were identified in the services involved. Staff were updated on the service provision to ensure that they could provide accurate information to parents.

6.8.3 There were no themes in the services involved in complaints about staff attitude.

6.8.4 **Examples of learning:** the following sections highlight some specific examples of learning identified from formal complaints.

6.8.5 Complaint about an address being shared with another party in error and why this was not reported to the Information Commissioners Office (ICO).

6.8.6 The investigation found the alert on the clinical system was missed by the member of staff and an appointment letter was provided which contained the address. The incident was correctly reported, and steps were taken to retrieve the letter at the earliest opportunity. There was a missed opportunity to discuss the potential risk of sharing this information with the Safeguarding team and the reason for not reporting to the ICO was not documented.

6.8.7 Learning and actions included the importance of checking all alerts on the clinical systems, and staff awareness of what can and cannot be shared with

another party. Staff have been reminded to check all alerts on a service user's record and an article with advice on what can and cannot be shared has been circulated in the Trust wide Communication Cascade. The service is migrating to a new clinical system in October which has an improved alert system.

6.8.8 Parental complaint regarding lack of action to arrange an appointment as agreed and misleading information provided about a cancellation list.

6.8.9 The investigation found that the process to ensure that a follow up appointment was booked was not followed. This was due to human error in not initially allocating a task and subsequently, when a task was allocated, marking it as complete before an appointment was made. Actions have been taken to agree the rebooking process, for review appointments, to ensure appointments are booked according to clinicians' plans. Booking clerks have been reminded to report to the manager/clinical lead if clinicians are not clearly documenting the plan.

6.9 **Formal complaint response times**

6.9.1 In this data period we responded to 10 formal complaints (5 in June and 5 in July). The average number of working days to respond to complaints in June was 57 and in July it was 40.

6.9.2 There are a minimum of 2 touch points with complainants during the process. The first is acknowledgment, the second is after the investigation has been completed.

6.9.3 Nine of the 11 complaints were acknowledged by PALS within 3 working days, 2 were not. One of the 2 complainants made their complaint by telephone to the service and they received an email from the service lead summarising their telephone conversation and issues of complaint on the same day. An apology was given to the complainant for the delay in PALS making contact. The delay was due to receiving several very similar complaints which resulted in assumption that this complaint had been logged and acknowledged. The second was acknowledged one day late. This was due to the route it came into PALS.

6.9.4 The second touch point was completed for 6 of the 10 complaints responded to in June and July. One complaint was led by Cambridge University Hospital, so they were the point of contact for the complainant. Three were not done, the reason for this is not documented but, in some cases, complainants requested no further contact before the response letter. Following a review, going forward if there is a reason by the second touchpoint is not completed this will be recorded on Datix.

6.10 **Equality Delivery System Priorities update**

6.10.1 **Objective 1: To commence collection of demographic data for people who give feedback.**

- We currently collect gender, age and educational need/disability information on the basic survey asking the Friends and Family Test Questions.
- An online data collection form that includes all nine protected characteristics has been set up and will start to be used in August 2022 for all complainants and service users raising complaints.

6.10.2 **Objective 2: To work with the data team and clinical services to target the collection of demographic data.**

- The CCS Informatics team has provided information on what is currently recorded by different services. We are currently mapping gaps and agreeing the characteristics to focus on for 2022-23. Demographic data collection was raised at the Cultural Diversity and LGBTQIA+ networks for consideration.

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

7.1 **Bedfordshire and Luton Community Paediatric Services**

7.1.1 Service delivery continues based on clinical priority through standardised criteria. For Children seen during the last period, the shortest wait was 2 weeks in Bedfordshire and 3 weeks in Luton. The median wait was 26 weeks in Bedfordshire and 28 weeks in Luton. Longest waits were 64 weeks in Bedfordshire and 67 weeks in Luton. Service performance updates are shared with system partners and stakeholders every 2 months.

7.1.2 Pan-Bedfordshire the primary reasons for the current service waits are:
- Increasing demand with high complexity of need
- Accumulated COVID-19 backlog combined with new referrals
- Increased demand for SEND provision, including EHCP assessments
- Medical recruitment challenges
- Balancing capacity for new and follow up appointments

7.1.3 To increase service capacity outsourcing options are being considered. Feasibility meetings are being convened with Healios a provider offering online diagnostic assessments. Due diligence on quality and suitability is progressing.

7.1.4 Fifty-four Children and families have been contacted (longest waiters) during the last period to ensure CYP and their families are accessing support and "Waiting well". Positive feedback received and calls appreciated. This work will continue with early intervention colleagues.

7.2 **Bedfordshire and Luton Allied Health Professional (AHP) Services**

7.2.1 Audiology Service: The identification of hearing impairments for children could be delayed, impacting their speech, language, and academic development. The risk is caused by a lack of Paediatric Audiologists. To mitigate, referrals are triaged with clinical prioritisation, along with the offering of weekend clinics.

7.2.2   The Occupational Therapy and Speech and Language Therapy Services continue to see an increase in ECHP requests and referrals for input to tribunals, especially from Central Bedfordshire Council. The services currently have reduced capacity to provide assessment and support for children without an EHCP. Additional investment into the services has been agreed with Bedford Borough Local Authority to support the demand and capacity gap. Discussions are progressing with Central Bedfordshire Council in relation to their intent to invest in the services.

7.3   **Cambridgeshire Community Paediatrics**

7.3.1   Demand continues to be high, and the team continue to review all new referrals. Priority 1 children, which includes: all preschool referrals; children in year 6, prior to transition to secondary school; safeguarding referrals; and LAC are seen within 18 weeks. The longest average wait is currently 29 weeks.

7.4   **Dental Services**

7.4.1   The Minor Oral Surgery service has 209 patients waiting with an average waiting time of 5 weeks. These patients are prioritised according to urgency. The service is in the process of recruiting two surgeons to fill vacancies.

7.4.2   The Peterborough Long Case General Anaesthetic list (adults and children with complex needs) has cleared the backlog of urgent cases and is now working through those waiting for routine procedures. The service's other GA lists have no patients waiting to be booked with an average waiting time of 17 weeks.

7.4.3   The Special Care Dentistry service in Cambridge and Peterborough has 828 patients waiting to be booked plus 73 patients waiting for a domiciliary visit with an average waiting time across the service of 17 weeks. These patients are prioritised according to urgency. The Suffolk service has a waiting time of 9 weeks and no backlog.

7.5   **Dynamic Health**

7.5.1   Physiotherapy waiting times and radiology waiting times continue to impact on RTT breaches across the unit.

7.5.2   Pilot of communicating with the longest waiters in our system to understand their condition, provide self-management and advice whilst they wait for assessment and treatment: quantitative and qualitative evaluation is underway following this and the result will influence the next steps of our waiting list management actions.

7.5.3   The recent recruit of a pathway administrator for the unit enables closer working with acute providers and active "pull" of patients through the system and escalating delays directly. This post is new to the unit and already this is proving beneficial in terms of pathway length, communication, following up patients and keeping our website up to date with current wait times.

7.5.4   The implementation of the communication annex which is administrated unit wide sends out 3 types of SMS to patients on the physiotherapy waiting list to regularly re-validate these lists and sends out MSK-HQ's (patient reported outcome measure) to low/medium risk patients before the team remove from waiting list to score that they have improved following the advice sent previously.

7.6   iCaSH

7.6.1   There have been considerable reductions in Long-Acting Reversible Contraception (LARC) and PrEP waits in some localities e.g. Kings Lynn, Great Yarmouth, Milton Keynes and Lowestoft.

7.6.2   Waiting lists for routine LARC and PrEP provision continue in some iCaSH localities, actions are in place to mitigate any risks which include the prioritisation of high risk / red flag cases.

8.   Mandatory Training

8.1   The compliance levels in the Large Scale Vaccination Service (LSV) have increased to 94% in July from 92% in May. The team continue to include in this total those LSV staff who have worked within the vaccination centres within the last 3 months (i.e., active staff).

8.2   The Mandatory Training Team continues to support service leads in raising compliance levels, inform those staff who are non-compliant and supports them to update their training. The mandatory training compliance for July 2022 was 93% (above the Trust target of 90%).
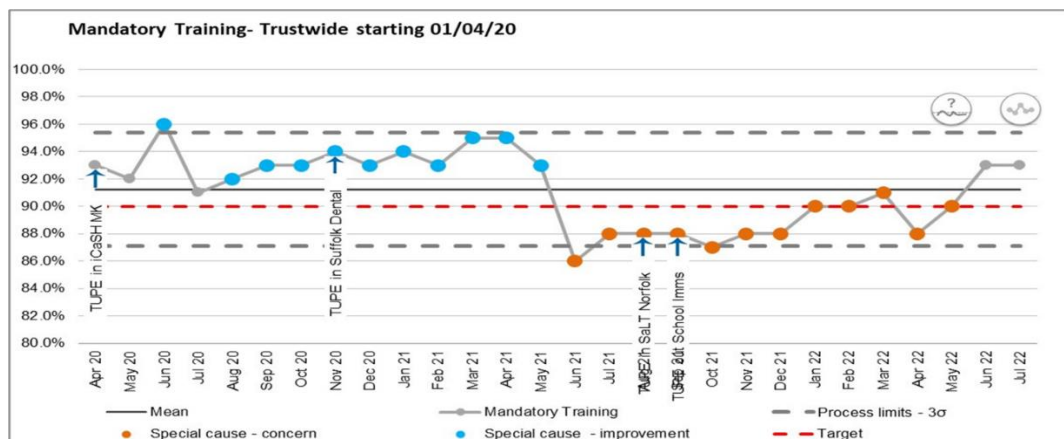
9.   Information Governance

9.1   The 2021-22 Toolkit was published for NHS Digital on 30 June 2022.

9.2   Mandatory Information Governance and Data Security Awareness training compliance: as of July 2022, was 95% which is the national agreed target. Service Directors are approached on a monthly basis with details of non-compliant staff with a request to encourage the completion of the mandatory training.

9.3 Between June and July 2022, 29 incidents were reported under the Confidentiality Breach incident category which is an increase from the 25 incidents reported in the previous period. Most incidents related to human error or administrative issues. The Information Governance Manager assesses all Information Governance incidents and provides advice to staff to prevent errors from re-occurring.

10. CQC

10.1 The CQC Statement of Purpose was updated in August with the addition of a new LSV site located in Lescalles Ward, Kelling Hospital, Holt, Norfolk which became operational on 5 August 2022. The LSV site based in Beetley Ward, Dereham Hospital, closed on 31 July 2022.

10.2 The latest CQC Statement of Purpose (version 28) is included in Appendix 6.1 for approval by the Board.

11. Areas of Outstanding Practice

11.1.1 **Luton Adults and Bedfordshire Neuro and ABI Service**

11.1.2 A New Dimension - Staff Gym: With the children's clinical stock room moved into the void, this gave the teams at The Poynt a gym space. The service was able to purchase equipment via a charitable funds bid. Equipment that was purchased ranged from weights and a weight bench to cardio machines such as treadmills and a cross trainer. Posters were also purchased to give exercise ideas. The gym was open to staff in July with a strong uptake.

11.1.3 The new common room at The Poynt has a variety of seating arrangements, plants, pictures, and a TV. As agreed by staff the idea is that this room is for non-work-related talk, a get out space where they can truly wind down during lunch breaks.

11.1.4 **Map of the World:** With the new international recruits coming soon, the team wanted to do something to show that we are muti-diverse workforce and that together we are one team. They created a map of the world and invited staff to come along and place a marker on the wall as the team thought it would be a fun way of seeing how far across the globe our workforce reach. This has had a lot of praise from staff who feel this is great idea. The picture shows some staff placing their markers.

11.1.5   The Poynt of View TV wall: In the main office area at The Poynt the team have created a media wall which they have called 'The Poynt of View'. The idea of the screens is to provide a quick oversight of service pressure in 2 key areas, district nursing and rapid response, as well as providing general performance data across all services.

- **Screen 1:** This provides a forward view of capacity within the district nursing team. The charts show how many clinical hours the team have over or under the required amount of time to complete all the required activity.
- **Screen 2:** This provides a live update on progress against the days District Nursing visits. The general principle is that if things are red then they are behind schedule and indicate we may be challenged to get everything completed, if green then we are ahead of schedule. This screen updates every 5 minutes so is pretty much live.
- **Screen 3:** Scrolls through a selection of data across all our services, this includes things like appraisal rate, mandatory training as well as service specific outcome measures. At present this will be updated on a monthly basis.
- **Screen 4:** Provides a live update on the number of patients waiting on the 2-hour Urgent Community Response pathway. It also shows how many (if any) of those waits

have breached the 2-hour response time, and if so by how long.

11.2   Dental Healthcare Services

11.2.2   The Ipswich service has relocated into its newly refurbed hub in the centre of Ipswich. Initial staff and patient feedback has been great. The Commissioners' Dental Practice Inspector was very impressed with the quality of the premises that has been developed.

11.3   Dynamic Health

11.3.1   Jayne Davies has been successful in completing her training to be a Tier 3 Clinical Educator and a Health Education England Accredited Supervisor.

11.3.2   The Team focus on "growing our own admin" from Apprentice into Band 3 has paid dividends with the successful appointment of our pathway administrator James Marsh.

11.4   Integrated Contraception & Sexual Health Service (iCaSH).

11.4.1   Pathways and guidance in place for staff teams, high paced development supported by leadership team, sometimes in absence of/with conflicting national guidance. Regular staff Q&A sessions instigated, twice weekly Monkeypox IMTs and daily operational calls in place.

11.4.2   Considerable reductions in LARC and PrEP waits in some localities.

11.5   Bedfordshire and Luton Healthy Child Programmes (HCP)

11.5.1   The Thompson Screening Programme is due to be implemented in September 2022 (Bedfordshire and Luton). The programme introduces a software platform which manages and automates the recording of health screening requirements for the school-aged population including health needs assessments, immunisations, health screening including vision, hearing, and BMI data collection (known as the National Child Measurement Programme, NCMP) and associated data management. Functionality includes an online Parent Portal for communication and consent, fully automated administration, stakeholder reports and audit capabilities.

11.5.2   The Luton 0-19 service will be introducing a wide range of self-weigh clinics in September 22, (including libraries and leisure centres) based on family feedback. A scoping exercise to seek further self-weigh clinic venues in Bedfordshire is progressing.

11.6   Beds and Luton Community Paediatric Services

11.6.1   Continued growth in workforce skill mix. Two Highly Specialist Speech & Language Therapists and, as well as 2 Specialist Nurses have been recruited.

11.7   Bedfordshire and Luton Allied Health Professional (AHP) Services

11.7.1   Luton Hearing Screening Service will transfer to the Audiology Service (from 0-19 services) in September 2022. The Audiology service will then lead on hearing screening pan-Bedfordshire. This will improve the consistency and quality, as well as reducing referrals into the Audiology service.

11.7.2   The Occupational Therapy service continues to co-produce its universal and targeted levels of support. This period they have finalised an online training video for parents and schools to demonstrate how to use planning wheels. This was the priority area identified by parents. They are piloting a training package in schools, with an initial pilot of four mainstream nurseries and schools across the county.

11.8   Bedfordshire and Luton Looked After Children

11.8.1   Nicola Bescoby (Service Manager) and team have successfully integrated both teams, improving performance and relationships with Local Authority Looked After Children teams.

11.9   Bedfordshire and Luton Children's Community Nursing Services

11.9.1   Luton Epilepsy service has been nominated for two awards relating to the Patient Knows Best Childhood Epilepsy Project: the Health Service Journal (HSJ) Award - Using Data to Connect Services; and the Patient Experience Network Awards 2022 (2 categories) Innovative Use of Technology, Social and Digital Media, along with integration and Continuity of Care.

11.9.2 Gary Meager, Clinical Development Manager, presented at the Trust Wide Non-Medical Prescribing Conference in July 22. Excellent feedback on his session (Prescribing Governance and his role as a member of the Paediatric Formulary Committee).

11.9.3 Two staff members will be completing their Specialist Practice Qualification (Community Nursing) in the next few months, a positive impact on the team anticipated.

11.10 Cambridgeshire Healthy Child Programme (HCP)

11.10.1 Uptake of the new re-launched Best Start in Life 2.5-year face-to-face development assessments is progressing well with an early evaluation due in September 2022 for consideration to extending to wider geographical areas.

11.10.2 Re-engagement with midwifery partners to improve the ante natal notification data has been progressing well.

11.10.3 Getting Ready for Change digital health questionnaires for all 4 transition stages are now fully launched and operational

11.10.4 A pilot has been agreed jointly with the Integrated Care System to improve the uptake of annual health reviews by primary care for young people aged 14-19 years with a known learning disability.

11.12 Cambridgeshire Children's Community Nursing Services

11.12.1 Team now offering regular bloods in the home (in Cambridgeshire) for children and young people with Inflammatory Bowel Disease. This is joint work with Cambridge University Hospitals NHS Foundation Trust.

- Jaundice pathway currently being discussed with NWAFT (Hinchingbrooke) in conjunction with maternity services.
- Innovation work on the use of the blue box for Paediatric Early Warning Scores (PEWS) starting September 2022.

11.13 Emotional Health and Wellbeing Service

11.13.1 The new online booking system for the Emotional Health and Wellbeing Practitioner team has been rolled out, which has increased the efficiency in the duty system. The system has been well-received by staff and users alike.

11.13.2 We are in the process of recruiting to a co-production post for the service aimed at addressing identified projects such as health inequalities, amongst others.

11.13.3 In line with plans for our 2021/22 underspend, all qualified clinicians will be invited to undertake online CBT training from November to February 2023 on identified topics.

11.14 **Large Scale Vaccination (LSV)**

11.14.1 The service has delivered a number of Deaf Awareness & Introduction to BSL sessions to staff across C&P. The workshop incorporated the basics of British Sign Language (BSL), how best to support deaf service users and insight into the lived experience of the deaf community. Further sessions are being co-ordinated in the hope to roll out to our Norfolk team.

11.14.2 The service is now revisiting accessibility for patients that are visually impaired or blind, to ensure that sites remain welcoming and accessible as we move towards to autumn booster campaign

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A: Assurance Summary

Safe	• Staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures (**S4**)	Reasonable
Effective	• Mandatory training compliance has increased to 93% (**E1**) • Appraisal rates between 85% - 92% (**E2**) • Rolling sickness rates as at end of July was 6.31% compared to latest NHS England rate for community Trusts of 6.3% for March 2022 (**E3**) • Stability reduced to 82.85% for July which is below target of 85% (**E4**) • Equality Delivery System objectives agreed and being delivered upon. (**E6**).	Reasonable
Well Led	• Agency spend below annual target (excludes Large Scale Vaccination service). (**WL5**)* • Strong evidence of collaborating across the systems in which we operate. (**WL6**)	Substantial

to be reported in Q2

1. In addition to the overview and analysis of performance for June and July 2022 the Board can take assurance from the following sources:

- NHS National Staff Survey 2021 results where the Trust achieved a 53% response rate. Headline results were:
- Best performing NHS Trust nationally in East of England in 8 of the 9 People Promise themes, including staff engagement.
- Care Quality Commission (CQC) inspection report published in August 2019. CQC rated the Trust as Outstanding overall and Outstanding within the caring and well-led domains. The inspection report highlights a number of areas that support the delivery of this objective.
- Successful delivery of people strategy implementation plan as evidence at recent Quality, Improvement and Safety Committee on 7th September 2022. Four out of the five programmes of work all support the delivery of this objective.
- The Freedom to Speak Up index published in June 2021. The Trust was again identified as the best performing Trust nationally for the third year running.
- Workforce review presented to the Trust Board in May 2022.
- Daily staffing sitreps and monthly Incident Management Team meetings to manage staffing pressures during the current Covid-19 pandemic. Risks 3163 and 3164 cover these pressures and are reviewed regularly.
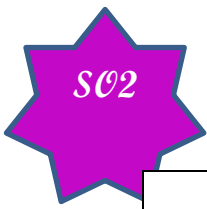
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- Discussions within the two Clinical Operational Boards that took place in September 2022.
- Diversity and Inclusion Annual Report – presented to the Trust Board in May 2022.
- Freedom to Speak Up Annual Report – presented to the Trust Board in May 2022.

B: Measures for Achieving Objective – 2022/23 Measures

No.	Measure	2022/23 Target	Data source	Reporting frequency	Current position as at end July 2022
3a	Our staff recommend the Trust as a good place to work	Maintain or improve upon 2021 Annual Staff Survey response score	NHS Annual Staff Survey & Quarterly Pulse Survey	Quarterly	
3b (1)	Achieve a good staff engagement rating – all staff	Maintain or improve upon 2021 Annual Staff Survey response score	NHS Annual Staff Survey	Annual	
3b (2)	Improve experience for Black, Asian, Minority, Ethnic (BAME) staff	To ensure that all BAME staff leaving the Trust are offered an exit interview – Pass/Fail from Q3	HR	Quarterly from Q3	Not due yet
3b (3)	Improve experience for disabled staff	Increase % of staff with long-lasting health conditions or illness saying the Trust has made adequate adjustments to enable them to carry out their work (2021 baseline 79.5%)	NHS Annual Staff Survey	Annual	Not due yet
3c	Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly	91.08% ↑
3d	Deliver the locally agreed staff related annual Equality Delivery System objectives: **Workforce Objective 1:** To fully implement the	Pass/Fail	Equality Delivery System	Quarterly	On track for delivery

	actions identified following our review of the 'No More Tick Boxes' review of potential bias in recruitment practices **Workforce Objective 2:** The Trust Board will role-model behaviours that support the Trust's ambition to be an anti-racist organisation including actively implement the Trust's and their personal anti-racism pledges to instil a sense of belonging for all of our staff.				
3e	Monthly sickness absence below 4.5%	4.5%	ESR	Monthly	6.23% ↑
3f	Reduce Annual Staff Turnover (excluding those leaving for reasons beyond the Trust's control)	Return to pre-pandemic level (March 2020 baseline TBA)	ESR	Annual	Not due yet
3g	Maintain Mindful Employer Status	Pass/Fail	HR Team	Annual	

Strategic risks

1. ***Risk ID 3163 -*** *There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. (Risk Rating 20 for June and July). Risk now rated 12.*

Related Operational Risks 15 and above

1. ***Risk ID 3250 –*** *There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma, which may have negative impact on their psychological wellbeing. This could result in increase in sickness & retention rates. (Risk Rating 16)*

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

3. ***Risk ID 3482*** *– There is a risk that the current outbreak of Monkeypox virus will impact on iCaSH service delivery. (Risk Rating 15)*

4. ***Risk ID 3419*** *– There is a risk that some of the service developments may be delayed because staff have limited capacity to complete their role and undertake service development work. If developments are delayed, then the service user experience won't improve and we will be unable to reduce some of the pressure points. Also, the commissioners will question lack of progress and change, potentially impacting on the re-tendering process. (Risk Rating 15)*

D: Overview and analysis

1. Sickness

1.1. The 12-month cumulative rolling rate (June 2022 – 6.22%, July 2022 – 6.31%) remains above the Trust rolling target of 4.5%.

1.2. Monthly Trust wide rate for June 2022 was 5.63% (including Covid-19 sickness), 4.81% (excluding Covid-19 sickness), and for July 2022 was 6.32% (including Covid-19 sickness) and 5.06% (excluding Covid-19 sickness)

1.3. The Trust wide sickness rate has increased and remains significantly above the Trust's target of 4.5% for 2022/23. Of the 6.32%, 3.06% was attributed to long term sickness and 3.26% short term sickness absence. Beds & Luton Adults Service had the highest sickness rate (10.41%) and Corporate Services the lowest (3.76%). The top reason remains Cold, Cough, Flu - Influenza; work continues to reduce those absences attributed to unknown/other reasons as much as possible.

1.4. The Trust monthly sickness rate is in line with the March 2022 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 6.3%.

Monthly Sickness including Covid-19- Trustwide starting 01/04/20
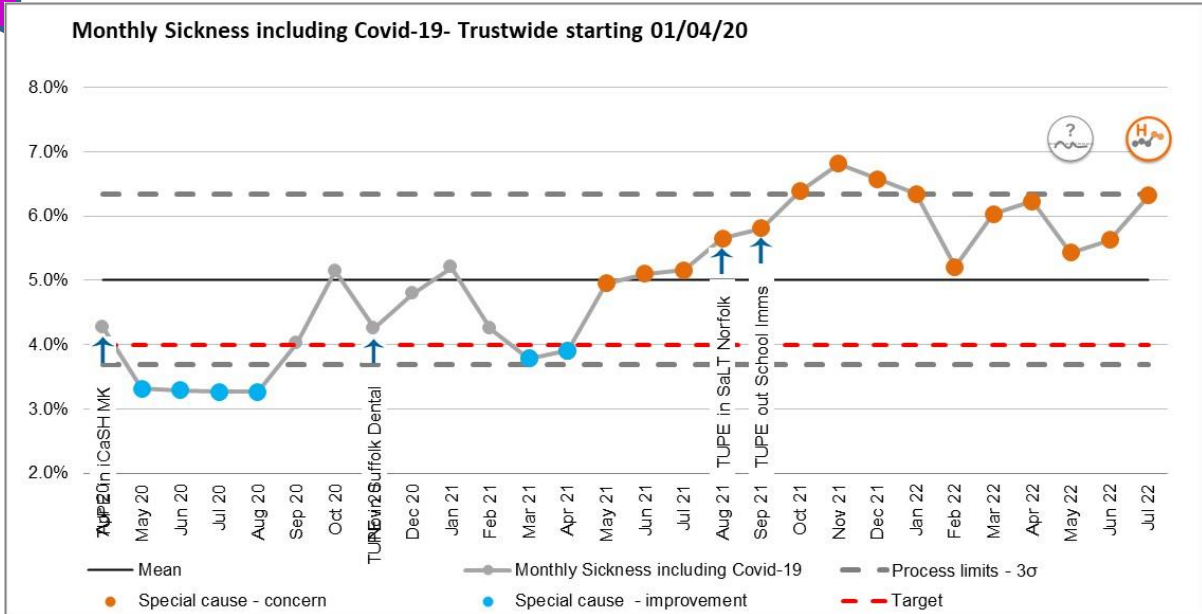
2. Stability

2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – June 2022 86.84%; July 2022 82.85%; against the Trust target of 85%. This is in line with the stability rate of 82.9% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Apr 22).

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

Stability - Trustwide starting 01/04/20
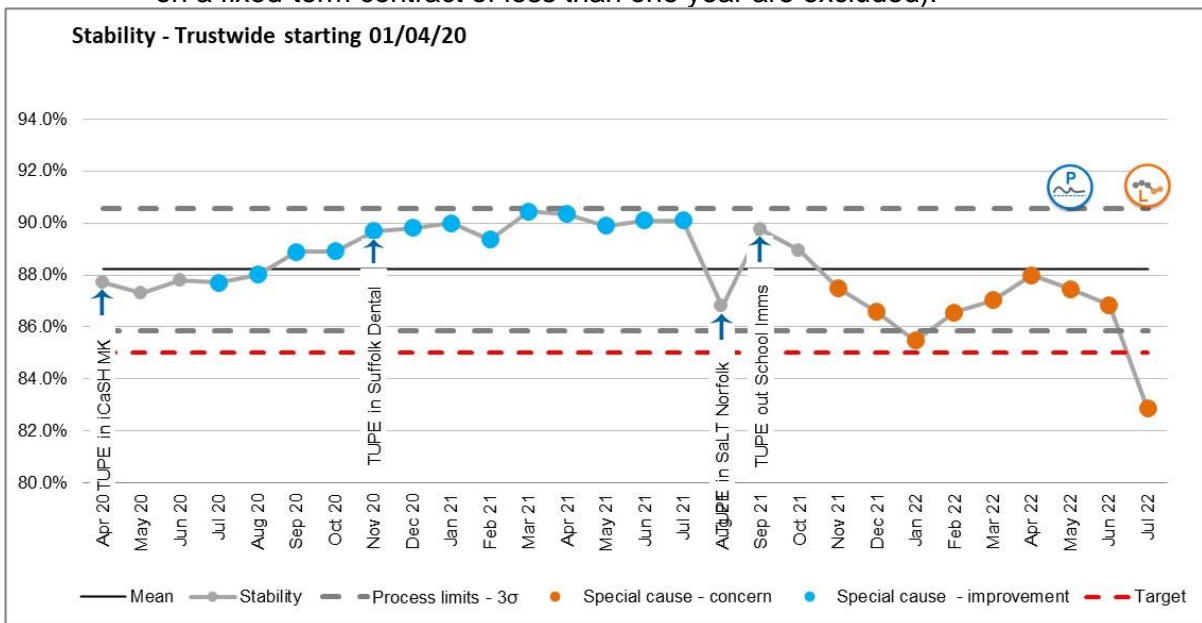
3. Appraisals

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

commencement.

3.2. The Trust wide Appraisal rate increased slightly – June 2022 90.72%, July 2022 91.8%, and remains below the target of 94% for 2022/23.

3.3. Large Scale Vaccination Service has the lowest rate (85.42%), Beds & Luton Adults Service has the highest rate (95.95%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.
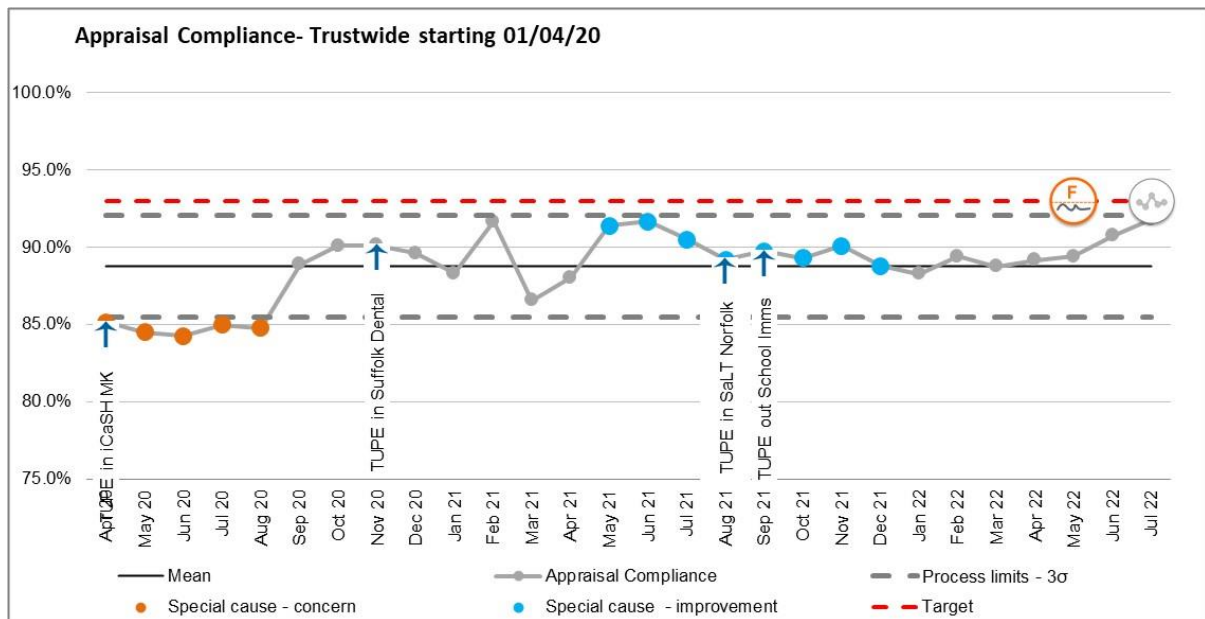

4. Turnover

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

4.2. The Trust's Rolling Year Turnover Rate is currently 15.1% (June 2022 15.24%, July 2022 15.1%) compared to an annual average Leaver rate for Community Provider Trusts of 16.8% (Source: NHS Digital Workforce Statistics – Apr 22, based on "all Leavers" and "total Workforce").

4.3. Ambulatory Care currently has the highest Rolling Year turnover rate at 17.7%, with Luton Children Services having the lowest at 9.11%.

4.4. In line with our People Strategy implementation plan for 22/23, a learning from leavers survey has been sent out to over 240 Trust leavers who left our employment since April 2021. We have given them until end September to respond. A summary of the feedback received will be included in our bi-annual workforce update to the Board in November 2022, and the feedback will be taken into account in the refresh of our People Strategy 2023-26.

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Monthly Turnover -Trustwide starting 01/04/20
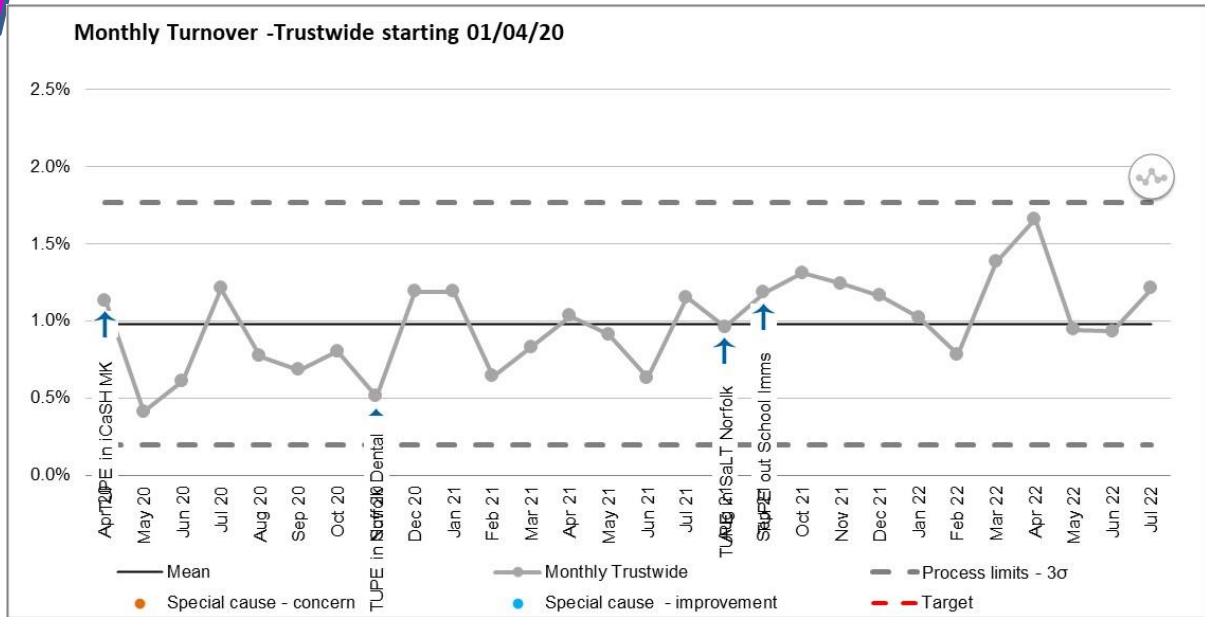
5   Current workforce challenges

5.1   At our Clinical Operational Boards during the first week of September 2022 all current workforce challenges were discussed. Where these are impacting on our delivery of care, further details can be found in the outstanding care section of this report. In addition, details of workforce hot spots etc will be included in the bi-annual workforce review update in November 2022. It can be confirmed however that the Trust does have a number of local recruitment and retention premia in place for certain staff groups and these have recently been reviewed and extended.

5.2   Our staff are still experiencing the impact of the longevity of the pandemic. We have a continued focus on health and wellbeing and resilience and staff morale is regularly discussed and reviewed as part of our monthly incident management team, and executive team meetings. We continue to commission additional psychological support to some teams as required and are working with a system-wide lead on support to staff in the event of a child death and bespoke team support from our Occupational Health provider. Risks 3163 and 3164 were recently reviewed at our September incident management team meeting and it was agreed to reduce their scoring to 12, based on current experiences and review of our quality data. It was acknowledged though that some teams were still experiencing additional pressures but these were covered by service level risks.

6.   Staff Health and Wellbeing (Programme 3 - People Strategy)

6.1 The Trust continues to support the physical, mental and financial health and wellbeing of our staff at this very challenging time. Our network of Health and Wellbeing champions, covering all staff groups and geographical localities, is well established and meets regularly for peer support and upskilling .

6.2 A focussed discussion took place at our Leadership Forum on 8th September in relation to what more we could be doing to support all our people during these challenging times. At this session Lara Challinor our Head of Human Resources reminded us of the different offers currently available, a summary is below for Board members information:

SO2

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6.3 Physical Health and Wellbeing

- Occupational Health – pre-employment checks, management referrals, needle stick injuries, health surveillance
- Employee Assistance Programme (CCS offer) – counselling services, wide range healthy living guides and support tools, Health Assured App
- MSK Rapid Access to Physiotherapy
- Staff Support Hubs (system offer) – including Sickness call back, 'Working Well and 'Remaining in Work' Support'
- Free eye tests for VDU and money towards new glasses/lenses
- Cycle to work scheme
- Health and Wellbeing Champions
- My CCS Employment (Adjustments) Passport
- Long Term Conditions and Disability Staff Network & Menopause Café

6.4 Mental Health and Wellbeing

- Employee Assistance Programme (CCS Offer)– independent confidential formal counselling services, comprehensive telephone helplines (*for Health Assured - partners and dependents living in same household can access), Critical incident support, online video CBT where appropriate
- Staff Support Hubs (system offer) – Self-refer to support service for psychological assessment, First Response Service (24 access 7 days a week – out of hours call 111 option 2), independent counselling service
- Staff support Hub & EAP – access to relationship counselling, bereavement support, online support forums, online support webinars, financial support sign posting

6.5 Financial Health and Wellbeing

- Financial Support Package – launched April 2022
- Removed 3,500 mileage cap until at least 31 December 2022
- EAP & Staff Support Hubs – Money advice and support and signposting.
- Food banks – local and national i.e. The Trussell Trust
- Turn to us – helping those in financial need
- Citizens Advice Bureau – debt advice and sign posting
- NHS Employee Benefits – Blue Light Card, Health Service Discounts etc
- Union support

7. Staff Engagement Update (Programme 1 – People Strategy)

7.1 National Staff Opinion Survey 2022

The national 2022 staff opinion survey will be launching on 19th September 2022 with the closing date being at 5pm on 25th November 2022. As usual we will be surveying all of our permanent and fixed-term members of staff who were on our payroll on 1st September. For every completed staff survey, we will be making a donation to the Trussell Trust a charity who are working to end UK poverty and hunger. Results will be available around March 2023 as normal.

This year we will also be running in parallel our own staff survey for our Bank only workers. This will run for the same timeframe as the national staff survey but will be via IQVIA. Bank staff will be able to access this survey via a QR code or link sent via email.

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7.2 Refresh of Trust's 3 Year Strategy – Let's talk conversations

As the Board is aware we are currently in the process of developing our next Trust strategy, which will cover the period 2023 – 2026. A key part of this is involving as many of our staff in this refresh as possible. Between 27 September and 20 October we are running a number of short, virtual conversations, which will help shape our ambitions in relation to being the very best place to work; providing great outcomes for local people, whilst also reviewing our vision, values and behaviours.   Feedback from these sessions will then inform our Trust Board conversations on the development of our new strategy.

8. Workforce Diversity and Inclusion (Programme 4 - People Strategy)

8.1 Since our last report, we have submitted our Workforce Race Equality Data and our Workforce Disability Equality data nationally in line with the deadlines. These were presented to the People Participation Committee on 17th August 2022. We also presented our Gender Pay Gap report at this meeting. All information will be shared with the full board as part of our bi-annual workforce report in November.

8.2 Work is underway with our Diversity and Inclusion Steering Group to identify improvement targets in relation to tackling disparities and recommended targets will be presented to the People Participation Committee in November.

8,3 We continue to focus on the delivery of our two local workforce equality delivery system objectives, which are:

- **Objective 1:** To fully implement the actions identified following our review of the No More tick boxes review of potential bias in recruitment practices

- **Objective 2:** The Trust Board will role model behaviours that support the Trust ambition to be an anti-racist organisation, including actively implementing the Trust's and their personal anti-racism pledges, to instil a sense of belonging for all our staff.

8.4 The changes in practice outlined in the No More tick boxes review are based on five key principles which are detailed below:

- Creating an Inclusive Work Climate
- What Counts & Taking Accountability
- Explaining the Narrative and Exposing the Evidence
- De-biasing Systems and Processes
- Individuals

8.5 A summary of the improvements that we are going to be focused on during 2022/23 in line with these recommendations are as follows:

- **Job Description & Person Specification**

  To build in time to review these ahead of each recruitment campaign to ensure that they are up to date, criteria is relevant and the documents are free from discriminatory language.

- **Shortlisting - all panel members to shortlist**

  Make the shortlisting/interview panel a diverse 3 member panel where possible also to be reflective of the demographics of the work location

  Ensuring shortlisting is completed independently initially, to prevent panel members being influenced by others and with plenty of time to complete this process thoroughly.

- **Interview Process**

  Make the panel diverse as a matter of course (see earlier points under shortlisting).

  Consider the option to do telephone interview screening (non-visual process) in the first instance

  Use knowledge, understanding and commitment to diversity and inclusion as a selection criteria

  Formulate what constitutes a 'good' answer, before the interview. This makes scoring fact based and helps make note taking easier.

- **Decision making process**

  All panel members have equal decision making rights.

  Ensuring that panels score first then discuss, to reduce bias and being influenced by other panel members.

  Make decisions based on:
  - The selection criteria
  - Answers to pre agreed questions and

- **Induction & Onboarding**

  Appoint a local 'BUDDY' in the team/service.

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Set up meetings with groups who they have expressed an interest in e.g. staff networks. Regular check in during the first six months of employment.

- **Leaving CCS**

  Exit interviews to be carried out by a neutral person

8.6   Delivery of these improvements/actions will be via our workforce team in conjunction with service managers and overseen by our Diversity and Inclusion Steering Group.

8.7   In relation to objective 2, it is recommended that Trust Board members are featured in future Cultural Diversity Network newsletters discussing the actions that they are personally taking to meet our Trust wide anti-racism pledge and their personal pledge. Our Deputy Chief Executive was featured in the first edition of the newsletter that has recently been published.

9   Agency/bank spend
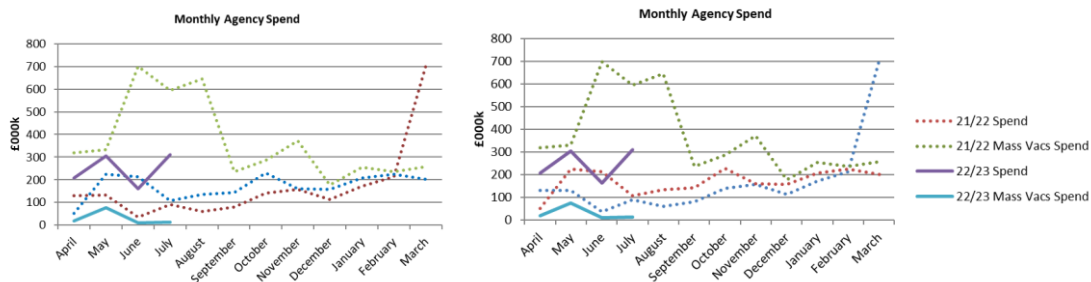
9.1   The Trust has not yet been set an agency ceiling for 2022/23, this is still being formalised, with formal communications due to be sent to the Trust in early Q2.

9.2   The Trust's cumulative agency spend at month 4 was £986k. The delivery of the mass vaccination service has increased agency usage over the period with spend to deliver this service totalling £116k at month 4 (which is included in the total spend cumulative figure).

9.3   High areas of spend at month 4 are Community Paediatrics in Bedford and Luton, with £289k and £212k respectively.
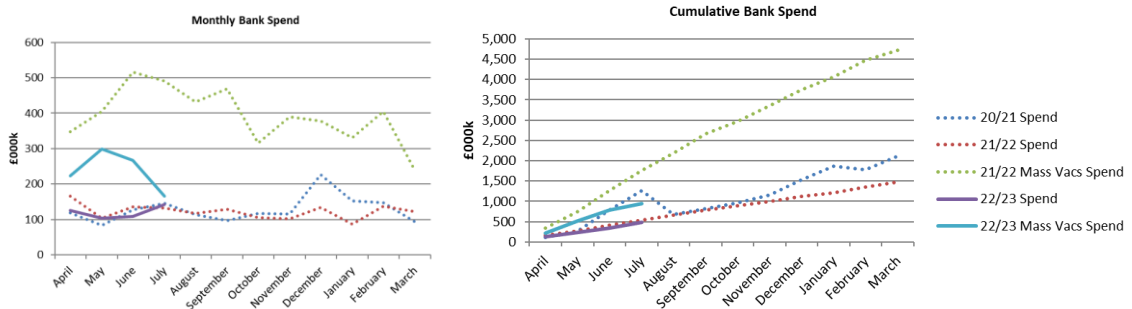
9.4   To reduce the usage of agency, the services have the availability of bank staff to fill short term staffing pressures.

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The Trust's cumulative bank spend at month 4 was £1,430k. The delivery of the mass vaccination service has increased bank usage and spend at month 4 was £952k (this is included in the total spend cumulative figure). Substantive staff who are working additional hours to support the mass vaccination service are being paid through the bank.

A: Assurance Summary

Well Led	• Strong collaboration taking place across our systems as evidenced in this report (**WL7**)	**Substantial**
Effective	• Research – 95% of all CRN portfolio studies are scoped for viability against Trust services (**E5**)	**Substantial**

1. The Board can take assurance of the Trust's approach to collaborating with others from the following sources, for the period June and July 2022.

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

B: Measures for Achieving Objective – 2022/23 Measures

No	Measure	2022/23 Target	Source	Frequency	RAG Position as
2a	The Princess of Wales Hospital site development plan milestones are achieved	Pass/Fail	Exec Team	Quarterly	
2b	C&P Children and Maternity Collaborative – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition	Pass/Fail	Exec Team	Annual	
2c	Bedfordshire Care Alliance – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition	Pass/Fail	Exec Team	Annual	
2d	The Norfolk CYP Services 'Integrated Front Door'1 programme is completed to schedule	Pass/Fail	Exec Team	Annual	
2e	Health Inequalities – a better understanding of whether we are reaching certain (ethnic or disabled) groups By Q2 – baseline our data suite to understand the quality of our data, the demography of population we see versus population in our catchment area and the demography of our waiting lists	Pass/Fail	Data Team	Quarterly	

C: Risks to achieving objective

Strategic risks

1. ***Risk ID 3467*** *– There is a risk that we fail to agree a cross organisational transformational approach for children and Young people services which will result in the inability of the Integrated Care Board to support the establishment of the Accountable Business unit.(Risk Rating 8)*
2. ***Risk ID 3468*** *– There is a risk that if during 2022-23 the Bedfordshire Care Alliance Committee of the Integrated Care Board does not successfully achieve planned changes then they will be unable to deliver improvements leading to sub-optimal care and outcomes for service users. (Risk Rating 8)*
3. ***Risk ID 3475 -*** *There is a risk that the C&P ICS and Trust fails to secure national funding for the redevelopment of Princess of Wales, Ely which would result in the facilities and infrastructure not being upgraded and as a result impact on the quality to patient care to service users. (Risk Rating 12)*

D: Overview and analysis

Introduction

National guidance has been, or will be, published for systems to create their: Integrated Care Strategy; 5-year Joint Forward Plan and 2-year operational plan. This is summarised ion Figure One below:

Strategy and planning in 22/23 -overview

	Focus	Guidance	Completion
Integrated Care Strategy Sets strategic direction for improving wellbeing and reducing health inequalities. Focus on integration, prevention and person centred care throughout life course. Describes how the assessed needs (from JSNAs) will be met by ICB, LAs and NHSE.	Wellbeing, prevention and integration Shared outcomes	Published 29/7/22	December 2022
5 year Joint Forward Plan Describes plan for meeting health needs, in accordance with the integrated care strategy priorities and NHS commitments. Delivery focused. Sets out how the system will organise itself and develop to support implementation.	Health needs and system development Delivery plans	September 2022	March 2023
2 year Operational Plan Sets out the detail to support the delivery plans, with specific milestones and trajectories.	Performance, activity, finance and workforce trajectories	September 2022	March 2023 (TBC)

Figure One – National Guidance for Strategy and Plan Production

Princess of Wales Hospital, Ely

Collaborate with others

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

Outline Planning Permission (21/00160/OUM) for the erection of new hospital buildings and new multi storey car parking was granted on 02/06/2021. A reserved matters planning application is now being prepared to seek detailed planning consent for the first phase of development which includes the multi storey car park.

The construction of a multi storey car park will accommodate the increased number of patients visiting the site now and in the future and subject to funding from Department of Health. The Trust is still waiting to hear further news on funding following the submission of the business case.

Cambridgeshire & Peterborough Integrated Care System

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

A structure has been established to handle creation of the Integrated Care System/Health and Wellbeing combined strategy, the Joint Forward Plan, and the Operating Plan. The Trust will be represented as needed. The structure is shown in Figure 2 below:

Governance of ICS strategy, JFP and operating plan

Exec Leads: Jyoti Atri & Kit Connick

SROs: Val Thomas / Nicky Ward

Project Leads: Julie Drummond Vic Stacey

Exec Lead: Jyoti Atri

SRO: Emmeline Watson

Exec Lead: Kit Connick

SRO: Nicky Ward

Snr Planning Lead: Katerina Lagoudaki

SRO: Stacie Coburn

Project Lead:

Integrated Care Strategy/ H&WB strategy Dec 2022
- Integrated Care Partnership/ Health & Wellbeing Board
- IC Strategy Oversight Group
- ICS Strategy Delivery Group

Joint Forward Plan March 2023
- Integrated Care Board
- SSPG: JFP Oversight Group
- Joint Forward Plan Delivery Group

- Comms and Engagement Project Group
- Staff and Community Focus Groups
- Health Analytics Community

Joint Strategic Needs Assessment (covid impact assessment- WIP)
- Health & Wellbeing Board
- Officers Group

Operational Plan March 2023
- Management Executive
- Op Plan Oversight Group
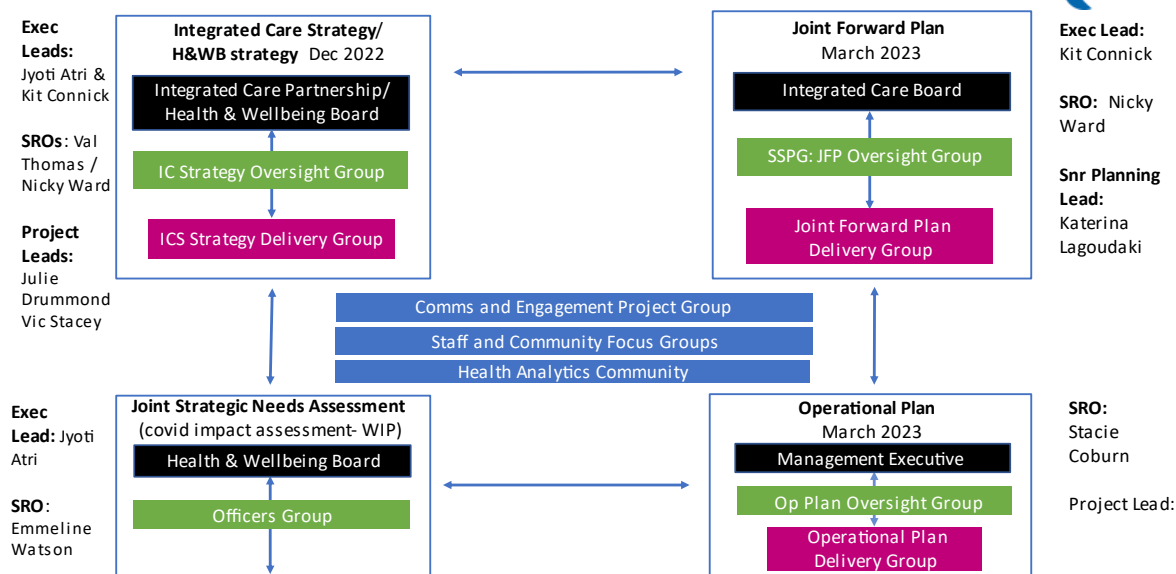- Operational Plan Delivery Group

Figure 2: C&P Strategy Governance Structure

Work is underway to align services to the Accountable Business Units for the purposes of leading service transformation. This does not correlate directly to any future contract and financial delegation but will inevitably have a bearing. Emerging detail on service alignment was shared with the Trust's ICS Collaborative Governance Group in early September 2022.

The Partnership is gearing up for the Most Capable Provider Process Gateway One submission due in Q4 although details of the requirement remain scant.

Collaborate with others

The Executive Group has adopted new: terms of Reference; a draft strategic intent and an outline Organisational Development programme which will be fleshed out in October 2022.

Bedfordshire, Luton and Milton Keynes Integrated Care System

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

In terms of detailed updates:

- The Bedfordshire Care Alliance (BCA) Committee and new governance structures commenced from 1 July 2022; the BCA Committee and Clinical and Professional Leadership Group have held their first meetings.
- The BCA work-plan 2022/23 is being implemented with initial focus on:
    o Planned Care recovery.
    o Virtual Wards.
    o Workforce development.
- The BCA is embarking on work to create a framework (a future model) for adult and children's community services (Matthew Winn is the SRO).
- Finance Directors are collaborating to identify opportunities for efficiencies.
- Longer term development of the BCA is being considered in the light of anticipated NHSE guidance on provider collaboratives and delegation.

Norfolk Integrated Care System

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

The Integrated Front Door stage one development work remains on track and the Trust has been awarded the contract to develop stage 2.

The Trust has also been awarded the contract to provide Mental Health Support Teams in schools and mobilisation has commenced.

To fully develop and integrate within the system the Integrated Front Door and the Mental Health Support Teams, the Trust will strengthen its partnership working with Norfolk and Suffolk FT.

Health Inequalities

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

This is under development and will be reported following Q2.

Collaborate with others

2.0   RESEARCH REPORTING PERIOD JUNE 2022 – JULY 2022

2.1 **Clinical Research Overview**

2.1.2   The National Institute for Health Research (NIHR) Research Portfolio within the Trust continues to expand. The Research Team continues to scope around 175+ studies per month, to explore those which appear to be suitable for Trust adoption. We scoped a total of 443 studies, due to more targeted specialities scoping.

2.1.3   Board Assurance: 100% of studies on the NIHR portfolio were reviewed for suitability for Trust adoption (E5 standard: 95% of studies scoped).

2.1.4   In June to July 2022, 16 NIHR Portfolio research studies were running within the Trust, 24 studies were opened and two were currently in set-up. In this reporting period the recruitment numbers accurately reflected our activity, as downloaded from the Open Data Platform (ODP).

2.1.5   Recruitment numbers were low compared to the number of open studies (due to delays in national reporting being uploaded). However, NIHR research capability funding (RCF) recruitment numbers are considered from October to September of the next year; this figure currently stands at 427 (501 is the minimum required by the end of September 2022).

2.1.6   We are exploring how we can achieve consistent recruitment across the year (quarterly) as this is a Clinical Research Network (CRN) objective.

2.1.7   Board Assurance: Recruitment is increasing at a slow but steady rate. (1H standard: Achieve our target to recruit patients/service users to research studies.)

2.1.8   Fellowship Success. We have a physiotherapist who was awarded a NIHR/Health Education England (HEE) Masters to PhD Fellowship. This is a very competitive funding stream which is worth £60,882 and will commence next year. The Fellowship is to develop a NIHR PhD application; the subject area will be people with MSK pain. This is the second member of clinical staff to be awarded this Fellowship, in a 3-year period.

2.1.9   The NIHR CRN High Level Objectives have been launched. From the eight main objectives, four are relevant to the Trust. Please see section 2.6.

2.1.10   At the annual CRN celebration event, the Research team was nominated in two categories and won both of them: one was on the work stream of research champions (please see section 2.8.1) and the other looked at increasing inclusion and diversity with research participants (please see section 2.8.3).

2.1.11   The Patient Outcome Measures (POM) workstream will be restarting and we are looking at how clinicians can participate with this work, alongside their clinical pressures and workloads. It is likely that this work will commence initially within services which already have POM measurements as part of their contract.

Collaborate with others

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

2.2.1 The NIHR Clinical Research Network (CRN) has a Portfolio of high-quality clinical research studies which are eligible for consideration for support from the CRN in England.

2.2.2 The Research team continued to scope for studies and consider their feasibility for the Trust. During this period, the Research team considered a total of 443 (June n=161 and July n= 282) studies for suitability for adoption into the Trust; 12 were potentially fitting with Trust services, all were considered for adoption and are currently being scoped or implemented within services.

2.2.3 Studies in which the Trust is currently involved and that are in set up are detailed below in Table 1. In this reporting period there were 15 Portfolio research studies running within the Trust and two in set-up.

Collaborate with others

Table 1: Clinical Research for NIHR Portfolio Studies
(accurate to 03 August 2022 via Open Data Platform (ODP) NIHR portal).

Key to icons:						
Recruitment:	Increased	No change	Completed	in set up	Restart	Allocated funding/prize

NIHR Portfolio studies	Clinical Area	Type Interventional (I)/ Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
Babybreathe Postpartum smoking intervention.	CYPS Norfolk	I	University of East Anglia	**6**	21	⬆	Open and recruiting	Behavioural intervention to prevent return to smoking postpartum
Evaluating Palin Stammering Therapy for children (Palin STSC).	Cambs CYPS SALT	I	Whittington Health NHS Trust	**0**	0	⬌	In follow up	Feasibility trial, to inform a larger scale RCT
Compression therapies for the treatment of venous leg ulcers. (VenUS 6)	Luton Adults	I	Manchester University	**0**	0	⬌	Open	Clinical investigation of a medical treatment
Interpersonal counselling for adolescent low mood (iCALM)	CYPS Norfolk	I	Norfolk and Suffolk NHS Foundation Trust	**0**	6	⬆	In follow up	Feasibility trial, to inform a larger scale RCT
Scanning Eye training as a rehabilitation choice for hemianopia after stroke (SEARCH)	Bedford Orthoptics	I	University of Liverpool	**0**	0	⬌	Opened July No recruits yet	RCT, evaluating a rehabilitation intervention
The role of different diets in children who are	CYPS Cambridge	O	University of York	**0**	0	⬌	In follow up period	Building research knowledge of diets of

NIHR Portfolio studies	Clinical Area	Type Interventional (I)/ Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
gastrostomy fed (Yourtube)								children who are gastrostomy fed
Safer Online Lives	Trust Wide	O	University of Kent	**0**	0		No accrual attribution	Questionnaire investigating the online experiences of adults with ID
Pregnancy and EARly Life study (PEARL)	CYPS Norfolk	O	Quadram Institute Bioscience	Data exchange only.	Does not attract recruitment. collaborative only	n/a	Ongoing data sharing	Longitudinal basic science study into health during pregnancy
Specific phobias in children with learning disabilities (SPIRIT) Phase 2	CYPS Cambs and Beds	I	University of Warwick	**1**	2	⬆	Open and recruiting	An adaptative and feasibility study for specific phobias
JITSUVAX WP1: surveys & interviews of healthcare professionals (HCPs)	Trust Wide	O	University of Bristol	**0**	221	🏆	Closed	Inform training material for vaccination delivering health care professionals
MSK Clinical Trial of an Investigational Medicinal Product (CTIMP)	Dynamic Health	I **Commercial**	GlaxoSmithKline (GSK)	**-**	-		Open PIC	New drug for knee osteoarthritis (OA) Commercial study (PIC)
Positive Voices HIV	iCaSH	O	PH, UCL,	0	Recruits added to	⬆	Opened	National survey of

Collaborate with others

NIHR Portfolio studies	Clinical Area	Type Interventional (I)/ Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
			Imperial College London		ODP at end of study (known number= 48)			people living with HIV
MOPeD musculoskeletal Outpatient Delegation Study NIHR PhD Fellowship	MSK Ely/Cambs	O	NIHR, Midlands Partnership NHS Foundation Trust.	3	68	⬆	Opened	External PhD. Two site study.
Mechanised Orthosis for children with neurological disorders (MOTION)	Trust Wide	O	Canterbury Christ Church University	8	9	⬆	Open and recruiting	Development of training for HCP in the use of Robotic Assistive Technology
Evaluating the Home-based Intervention Strategy (HIS-UK)	iCaSH	I	University of Southampton	2	2	⬆	Open and recruiting	Comparing delivery interventions
Provider survey to inform health service configuration for abortion (SACHA survey)	iCaSH	O	The London School of Hygiene and Tropical Medicine (LSHTM)	-	-	⬆	No accruals	inform health service configuration for abortion provision
JITSUVAX WP2: HCP refutational learning study	Trust Wide	O	University of Bristol	4	4	⬆	Open and recruiting	Inform training material for vaccination delivering health care profession

Collaborate with others

NIHR Portfolio studies	Clinical Area	Type Interventional (I)/ Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
								als
OKKO Space Academy App	Bedford Orthoptics	I	Moorfields Eye Hospital NHS Foundation Trust	-	-	↔	Study in set up	Developing an app as a vision measuring and home-monitoring too
A Phase IIIb randomized open label study of nirsevimab ((HARMONIE)	CYPS	I	Sanofi, Labcorp Clinical Development Limited	-	-	↔	Study in set up	Commercial study, acting as a PIC
Total recruitment within this period:				**24**	****32**	RCF count for recruitment started from October 2021 (*2).		**Total for all NIHR Recruitment.

(*1) All figures accurate as of 03/08/22 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases) due to database delay, known figures vary).

(*2) Research Capability Funding (RCF) is allocated to research-active NHS health care providers if they recruited at least 500 individuals to non-commercial studies, conducted through the NIHR Clinical Research Network (CRN), during the previous NIHR CRN reporting period of 1 October – 30 September. This was achieved for the last two financial years and will be awarded in 2022.

2.3 **Non-portfolio studies** are studies that do not meet the criteria for adoption by the NIHR and are therefore not entitled to Clinical Research Network (CRN) funding or support. This Health Research Authority (HRA) submission also includes ethics and project approval by the host NHS site. There were no non-portfolio studies submitted to the HRA in this reporting period.

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

HRA approved non-portfolio study	Area	Numbers	Update	Collaborations	Impacts/potential impacts
New in this data period					
Zero					

2.4 **Student Studies and Non-Student studies – Local Permissions**

2.4.4 During this reporting period, two student projects were submitted (one from a CCS member of staff and one from a non-CCS member of staff) for permissions and no non-student evaluations were submitted for local Trust permissions.

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

Student/non student or Evaluation Projects.	Area	Numbers	Update	Collaborations	Impacts/potential impacts
New in this data period					
2 in this reporting period.					
Enablers and barriers to undertaking research within a community trust.	Trust wide/ Research Team	n/a in set-up, awaiting university ethics		University of Hertfordshire	MRes project for member of the research team
ABI referrals and onward referrals (looking at the pathway of patients) within the Bedfordshire Neuro-rehab team	Beds Neuro Rehab team.	n/a awaiting honorary contract		Cambridgeshire & Peterborough NHS Foundation Trust	External Clinical Psychology trainee

2.5 **Fellowships, Internships, PhD Programmes and Grants**

2.5.1 The Fellowships and Internships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education England (HEE). No staff applied for a Fellowship during this period, but one was awarded (see Table 4).

2.5.2 No grants were written or submitted during this period.

Collaborate with others

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

NIHR Fellowships/grant	Area	Numbers	Update	Collaborations	Impacts/potential impacts
New in this data period					
NIHR/HEE Masters to PhD Fellowship	Dynamic Health, MSK adults.	1	**Awarded but not commenced until next year.**	NIHR/HEE	Is funded time and support for the clinician to write a NIHR Doctoral submission. Worth £60,882. Co-designed study with PPI for people with chronic MSK pain.
NIHR/HEE Applied Research Collaboration (ARC) Fellowships 2022	Children & Young People's Service (CYPS) Cambridge & Luton	1	Successfully awarded. Commenced May 2022	Applied Research Collaboration (ARC)/HEE	The project is around looked after children & co-production.
NHS Innovation Accelerator Fellowship: 2022 Intake	CYPS Cambridge	1	Successfully awarded. Commenced April 2022	NHS England & NHS Improvement, Academic Health Sciences Networks. Hosted at UCL Partners.	Support for the further development of a commercial product.

2.6 **High Level Objectives (HLO), National Performance Metrics, Adherence to National Ethical Approval and National Research Priorities. Newly launched by NIHR CRN.**

2.6.1 **National High-Level Objectives (HLO)**

2.6.2 HLOs as determined by the Department of Health & Social Care (DHSC) and monitored by the CRN Eastern. These objectives have been refreshed; there are eight in total and five are new. The ones which are relevant to the Trust are:

- **Efficient study delivery**. This includes percentage of commercial and non-commercial studies which have achieved their recruitment target (% to be confirmed by the CRN).
- **Provider participation**. Widen participation in research via a range of health and social care providers. We are within the 95% of Trusts which are participating in research.

- **Participant experience**. This is the number of research participants responding to the NIHR CRN PRES survey. The East of England (EoE) target total is 14,000. CCS contribute to PRES survey total and ask participants for feedback, but only in studies where they can be identified to send a questionnaire to.
- **Expanding our (NIHR CRN) work with the life sciences industry to improve health and economic prosperity**. Sustain or grow commercial contract research. There is a percentage attached to this as an EoE total. It is unlikely that the Trust would be involved in phase II-IV commercial drug studies. However, we are ensuring that the adoption of suitable commercial studies will remain a priority for scoping, within the Trust, and that will be seen in a favourable light by the CRN.

2.6.3   Update: The Research Team is exploring the feasibility of commercial studies within Dynamic Health and Community Dentistry.

2.6.4   **NIHR National Performance Metrics:** Performance in Initiating (PII) and Performance in Delivering (PID) have been re-instated and collated by the DHSC. The PII and PID are now on track and are being published following each quarter. They are now automatically published on a national website, rather than being uploaded by each individual trust.

2.6.5   **National Research Permissions via the Health Research Authority (HRA):** The HRA national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.

2.6.6   **National Priority of promoting and undertaking research in non-NHS sites:** There is an increasing emphasis to have more active research sites and research participants from non-NHS sites, such as prison services, schools and care homes. These studies will not necessarily have been through the HRA research and ethics approval process. The role of NHS Trusts within this process is yet to be set out by the DHSC or CRN. There are national concerns relating to whether non-NHS staff, who are delivering an intervention, would be appropriately trained. These studies in non-NHS sites would not have undergone the national formal permissions (HRA) process.

2.6.7   Discussions continue between the Medical Director and Research and Development (R&D) about how this would work regarding time input from the Research team, legal indemnity for non-Trust patients and recruitment numbers not allocated to the Trust.

2.6.8   Update**:** R&D have resources to fund a part-time staff member, within their team, to explore how this would work within NHS Trusts in the area.

2.7   **Trust alignment to National Research Strategies (Nursing and Allied Health Professions)**

2.7.1   The importance of clinical research is being highlighted nationally and this has been evident from the launch of two national research strategies; one being research in nursing and the other being a strategy to support Allied Health Professions (AHP) to make research part of everyday clinical practice. Also, for those clinicians who wish to have a more formal academic focus, the strategies are proposing that pathways should be developed to make this

possible. It is interesting to note that the natural trajectory of research within this Trust is aligning to the national research strategies.

2.7.2 **The Allied Health Professions' Research and Innovation Strategy for England**

- **Capacity** and engagement of the AHP workforce community, to implement research into practice.
  Trust compliance: links to the post of Assistant Director of Allied Health Professionals, AHP strategy group. We have a physiotherapist who has been awarded a NIHR/HEE Fellowship (see Table 3) and a speech and language therapist who successfully completed the same Fellowship this year. Dynamic Health is looking to increase their research capacity.

- **Capability** for individuals to undertake and achieve excellence in research and innovation activities, roles, careers and leadership.
  Trust compliance: Fellowship opportunities, Dynamic Health (MSK) has an increasing NIHR portfolio of research. We hosted a NIHR/HEE PhD Fellowship, a physiotherapist, who carried out their project with MSK patients. This Fellow was able to talk to other staff regarding applying and undertaking a Fellowship.

- **Context** for AHPs to have equitable access to sustainable support, infrastructures and investment.
  Trust compliance: internal research team support, but staff access to R&D, the research design service (RDS) and CRN for their training programmes.

- **Culture** for AHP perceptions and expectations of professional identities and roles that "research is everybody's business".
  Trust compliance: research is on the agenda at governance meetings. Managers are aware that research should be accommodated with a case load and not seen as a separate activity.

2.8 **Trust Wide Projects to build Research Culture and Capacity**

2.8.1 **Norfolk Research Champions Project Update**: objectives of the BREES project are to:
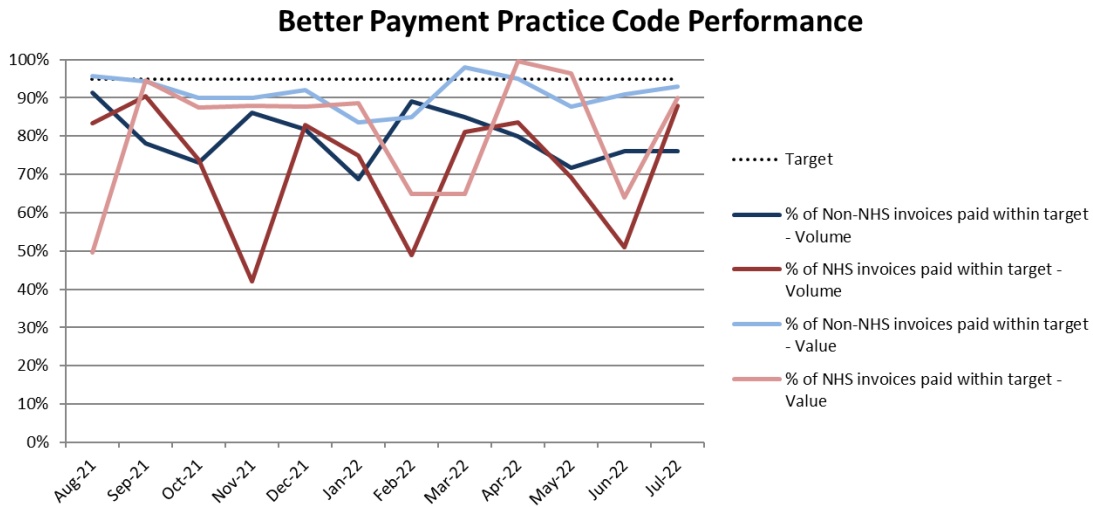
- Map the current research engagement by Specialist Community Public Health Nurses (SCPHNs) across the East of England; to evaluate an exemplar SCPHN research capacity building programme and to engage with stakeholders to develop locally tailored research capacity building.
- **The Norfolk evaluation:** feedback to the academics regarding the tone of the report, from the research team and Health Visiting Service Norfolk, has been taken on board by the academics.
- **Impact:** Exploring how the learning can be incorporated within the health visiting service, but also if it can be applied elsewhere throughout the Trust.
- This project won its category at the recent CRN Celebration event.
- *Compliant with: Chief Nursing Officer for England's Strategic plan for research. Version 2, November 2021: Theme 4 'Developing future nurse leaders of research.*

2.8.2 **CRN Funded Project: Building the Research Capacity of the Trust workforce**. This project is to explore how CCS staff, outside of the Research Team, could contribute to the NIHR Portfolio studies, by providing funded ad-hoc sessions to show case studies, signpost potential participants or give the research intervention as part of the trial protocol. We now have one clinician participating, as the clinical psychologist has left for an academic role. *Compliant with: Chief Nursing Officer for England's Strategic plan for research. Version 2, November 2021: Theme 2 'Releasing nurses' research potential'.*

2.8.3 **The Digital Innovations Project, START: Scoping the use of digital translation tools to assist with research engagement and delivery in under-served communities.** This was a Clinical Research Network (CRN) funded project. This piece of work explored the use of the web based 'Recite Me' tool, which to translates text into many different languages and is currently being used on the Trust website. Funding ended in March 2022, further funding may be available later in the year.
Update: This project also won its category at the CRN showcasing event.
Going forward: Scoping more events to show case this innovative work.
Compliant with: Chief Nursing Officer for England's Strategic plan for research. Version 2, November 2021: Theme 1 'Aligning nurse-led research with public need'.

2.9 **Published papers and posters within this period**

2.9.1 Posters for the college meeting, including: 'Making Miles Better – reducing the carbon footprint and improving integrated care in Down Syndrome. Rachel Bower, Alison Sansome, Joanna Parker, Natasha Ip.

2.9.2 Poster at the 5th International Paediatric Palliative Care Congress, Rome: 'Supporting parents of children with palliative and complex health care needs in a time of crisis: A health and social care system-wide response. Linda Maynard, Carrie Cannon, Jenna Ridout, Kirstie Lynn, Sharon Daniels, Josie Lynn, Siobhan Weaver.

2.9.3 Paper: 'Management of sleep disorders among children and adolescents with neurodevelopmental disorders: A practical guide for clinicians' published by 'World Journal of Clinical Paediatrics' on 9 May 2022. It is an open access journal 'Management of sleep disorders among children and adolescents with neurodevelopmental disorders: A practical guide for clinicians'. 'World Journal of Clinical Paediatrics' 2022 May 9, 11 (3) 215-320. It is an open access journal.

3 Public sector prompt payments

Better Payment Practice Code Performance

Legend:
- Target (dotted)
- % of Non-NHS invoices paid within target - Volume
- % of NHS invoices paid within target - Volume
- % of Non-NHS invoices paid within target - Value
- % of NHS invoices paid within target - Value

3.1 The average in month prompt payment results across the four categories was 71% in month 3 and 87% in month 4

3.2 With regards to NHS invoices, performance has increased overall over months 3 and 4, but the Trust achieved 89% in value and volume in month 4. The Trust is working hard to consistently improve NHS payment performance.

3.3 With regards to Non-NHS invoices, achievement in both categories has been relatively consistent in the last 12 months – with an average of 85% achievement over this period. Over months 3 and 4, the average achievement in each category is 76% and 92% for Volume and Value respectively, which is an increase on the previous reporting period. The team are working with SBS procurement to improve the purchase order process which will improve the invoice payment process once complete.

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

Be a Sustainable Organisation

A: Assurance Summary

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

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

2. The Trust Board will also take assurance from External Auditor's Unqualified opinion and its "Value for Money conclusion" of the Trust's 2020/21 accounts. The opinion for the year 2021/22 has yet to be provided. Internal Auditor's assessments during 2022/22 provided a conclusion the Trust has an adequate and effective framework for risk management, governance and internal control. The Trust's Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.

3. The Trust's financial performance is showing deliver of a marginal surplus position against the original plan, and the reasons for this are explained more fully in the Income and Expenditure section below.

B: Measures for Achieving Objective – 2022/23 Measures

No	Measure	21/22 Target	Data source	Reporting frequency	Current position as of July 2022
4a	Achieve planned budget target	Pass/Fail	Finance Report	Quarterly	**Pass**
4b	Green Plan: 1. Establish Staff network and Net Zero Champions 2. Increased awareness of Cycle to Work scheme 3. All renewable energy contracts for estate in Trust direct control	1. Pass/Fail 2. 5 more schemes agreed Pass/Fail	Green Plan	1. Oct 22 2. Annual 3. Mar 23	Not due

C: Risks to achieving objective

Strategic risks

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

2.   ***Risk ID 3488*** *- There is a risk the Trust will not deliver its planned breakeven financial plan for 2022/23 due to the unprecedented increases in non-pay costs. The increase in fuel and raw material prices due to a number of worldwide demand and supply challenges has impacted UK wide prices with a predicted RPI of circa 10% If unmitigated, the increase in costs could result in the Trust not delivering its balanced financial plan for 2022/23 and restrict the ability in the Trust to invest in service improvements and developments the requirement for further efficiencies. (Risk Rating 12).*
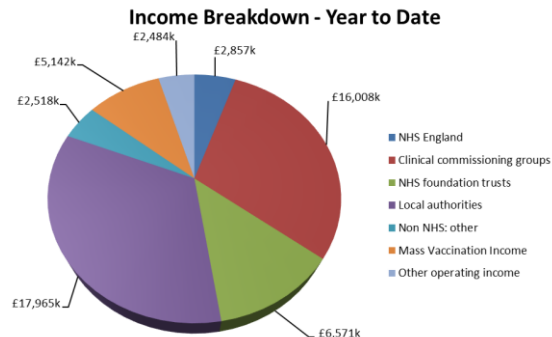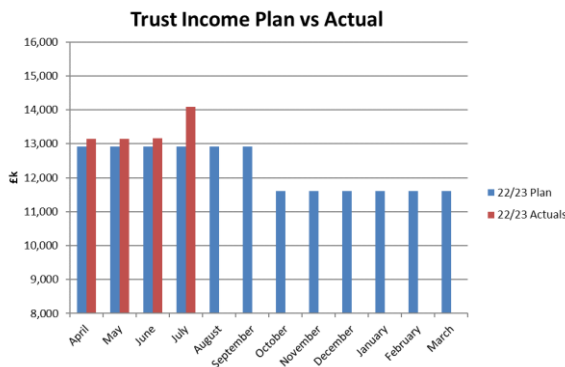
Related Operational Risks 15 and above

1.   ***Risk ID 3482*** *– There is a risk that the current outbreak of Monkeypox virus will impact on iCaSH service delivery (Risk Rating 15)*

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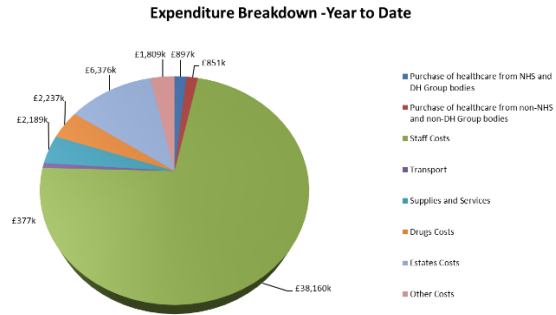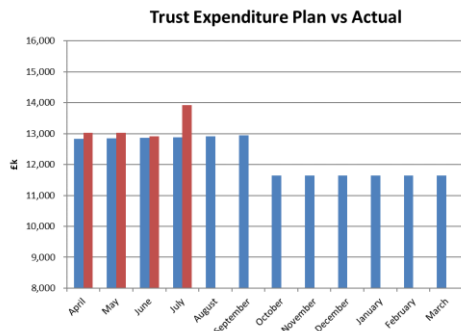
D: Overview and analysis

Finance scorecard

1.   **Income and expenditure**

Be a Sustainable Organisation

Trust Expenditure Plan vs Actual

Expenditure Breakdown -Year to Date

1.1. Block funding arrangements remain in place for CCGs (ICBs from 01/07/2022) and NHSE for 2022/23, and contracted income from Local Authority Public Health Commissioners. The Trust is planning to achieve a breakeven position for 2022/23 with significant risks around funding and increased inflationary costs.

1.2. The direct clinical service budget position in each Service Division is:

| Division Level | Jul-22 | | | | | |
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	639	(6,598)	(3,253)	(9,211)	(9,679)	468
Bedfordshire Community Unit	450	(5,050)	(824)	(5,424)	(5,049)	(375)
Childrens & Younger Peoples Services	1,556	(10,690)	(956)	(10,090)	(10,341)	251
Luton Community Unit	188	(7,203)	(1,371)	(8,386)	(8,571)	185
Mass Vaccination Service	5,142	(3,804)	(1,338)	-	-	-
Other Services	45,276	(4,753)	(7,408)	33,115	33,640	(525)
CCS Total @ 31st July 2022	53,251	(38,098)	(15,150)	4	-	4

1.2.1. Ambulatory Care Services delivered a cumulative underspend of £468k to month 4. The main reasons for the cumulative underspend are due to vacancies across the division and non-pay expenditure savings in Dynamic Health and iCaSH services, particularly in radiology and pathology costs.

1.2.2. Bedfordshire Community Unit delivered a cumulative overspend of £375k to month 4. The main reason for the overspend is due to pay and locum spend in Specialist services.

1.2.3. Children's & Younger Peoples Services delivered a cumulative underspend of £251k to month 4. The main reasons for the cumulative underspend are vacancies across the services and a fall in non-pay expenditure.

1.2.4. Luton Community Unit (including Luton Children's Services) delivered a cumulative underspend of £185k to month 4. The cumulative underspend position is due to pay establishment savings across Adult services.

1.2.5. Total expenditure for the Mass Vaccination Service to month 2 is £5,142k and this is fully funded with any expenditure offset by income.

2. Cash position

Closing Cash Position
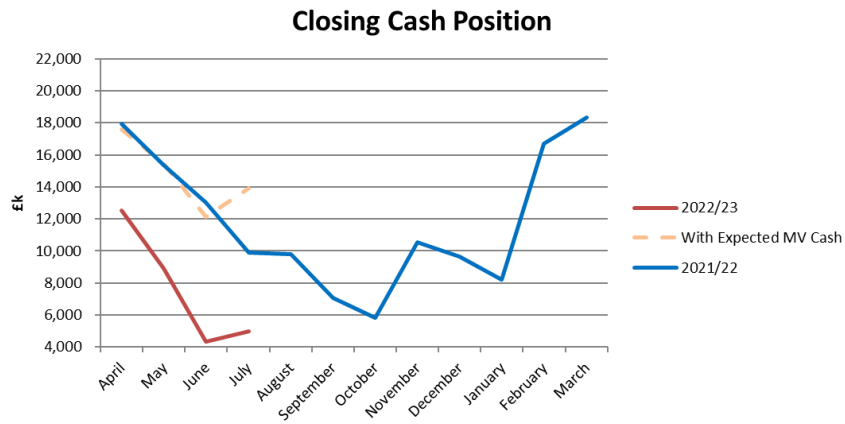
2.1. The cash balance of £5.0m at month 4 represents an overall decrease of £3.9m on the previously reported position at month 2. The Trust has incurred mass vaccination service expenditure of £8.9m, which is due to reimbursement. A payment of £7.7m was received in August. The Trust's receivables position has increased over the period, particularly with local authorities, which has impacted the cash position.

3.   Statement of Financial Position

	July 2022 £'000	May 2022 £'000
Non-Current Assets		
Property, plant and equipment	55,818	56,071
Right of use assets	28,702	26,588
Intangible assets	232	245
Total non-current assets	**84,752**	**82,904**
Current assets		
Inventories	73	73
Trade and other receivables	32,879	27,552
Cash and cash equivalents	5,005	8,928
Total current assets	**37,957**	**36,553**
Total assets	**122,709**	**119,457**
Current liabilities		
Trade and other payables	(25,323)	(24,351)
Borrowings	(3,577)	(3,094)
Provisions	(950)	(950)
Total current liabilities	**(29,850)**	**(28,395)**
Net current assets	**8,107**	**8,158**
Total assets less current liabilities	**92,859**	**91,062**
Non-current liabilities		
Trade and other payables	(1,045)	(1,045)
Borrowings	(25,210)	(23,494)
Provisions	(976)	(976)
Total non-current liabilities	**(27,231)**	**(25,515)**
Total assets employed	**65,628**	**65,547**
Financed by taxpayers' equity:		
Public dividend capital	2,792	2,792
Retained earnings	42,538	44,411
Revaluation Reserve	21,951	19,997
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	**65,628**	**65,547**

3.1. Trade and other receivables have increased over the reporting period by £5.3m and trade and other payables have decreased over the reporting period by £1.0m. Following the implementation of IFRS 16 on 1st April 2022, the value of the Trust's building leases are now shown on the statement of financial position. A right of use asset is created along with a lease liability (shown under Borrowings).

Aged Debt by Term
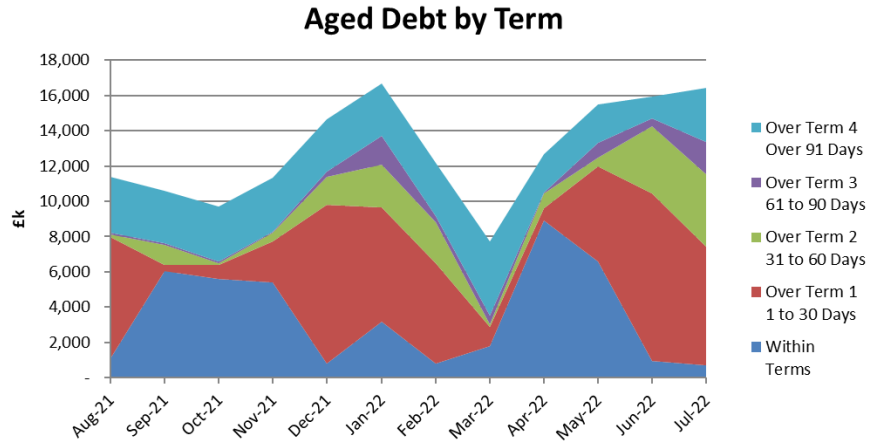
3.2. Total trade receivables increased by £0.5m in June to £16.0m and then increased further by £0.5m in July to £16.5m. The breakdown in July is £2.7m (17%) from NHS organisations; £13.3m (81%) from Local Authorities; and £0.4m (2%) from other parties.

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

Norfolk County Council	£4.1m
Cambridgeshire County Council	£3.8m
Bedford Borough Council	£2.2m
Luton Borough Council	£2.2m

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

4. Capital spend

4.1. Capital spend to date is £0.7m against a plan of £0.5m. The main area of spend is Nash House refurbishment (£0.4m).

5. Use of resources

5.1. This metric is currently paused not being reported on until confirmation of the approach to measurement is received form NHSE / I.