NHS

**Cambridgeshire
Community Services**

NHS Trust

Quality Account
2021-22

Contents

If you require this document in another language or format, please contact us by email:
ccs.communications@nhs.net

Cambridgeshire Community Services NHS Trust: providing services across Bedfordshire, Cambridgeshire, Luton, Milton Keynes, Norfolk, Peterborough & Suffolk

Map of Trust Geographical Area – 2022

Summary of our services

- Children and Young People's Community Health Services (Cambridgeshire and Norfolk)
- iCaSH: Integrated Contraception and Sexual Health Services (Bedfordshire, Cambridgeshire, Milton Keynes, Norfolk, Peterborough and Suffolk
- Dental Services in Cambridgeshire and Peterborough, Specialist Dental Care Services in Suffolk, Minor Oral Surgery in Suffolk and Norfolk, Oral Health Promotion in Bedfordshire
- Musculo-Skeletal (MSK) Services and Uro-Gynaecological Physiotherapy Services (Cambridgeshire and Peterborough)
- The Oliver Zangwill Centre for Neuropsychological Rehabilitation
- Children and Adults' Community Health Services for the residents of Luton
- Children and Adults' Community Health Services for the residents of Bedfordshire in partnership with East London NHS Foundation Trust (ELFT).

Part 1: Information about the Quality Account

Statement on Quality from the Chief Executive

Welcome to the 2021-22 Quality Account for Cambridgeshire Community Services NHS Trust.

2021/22 has been a year of significant achievements and immense challenges.

Whilst the Covid-19 pandemic continued to have a considerable impact on the way we delivered services, it is remarkable that our exceptional staff still excelled in providing compassionate, person-centred care to our local residents.

This commitment was reflected in the positive feedback we received from service users throughout the year, as well as in the results from the 2021 staff survey. We achieved the highest scores compared to all NHS provider Trusts across the East of England in eight of the nine NHS People Promise survey areas and were rated highest in two of these areas compared to all community trusts across the country.

Nevertheless, there is no doubt that the pandemic and other external pressures on the NHS have been relentless. The health and wellbeing of our workforce is a top priority as without them we are unable to provide outstanding care. In the last year, we have introduced a range of initiatives and support to our diverse staff groups and introduced ways to help mitigate the cost of living pressures facing us all.

Embracing and celebrating the rich diversity of our workforce is an important part of our inclusive culture and there is no doubt that this culture helps deliver better outcomes for those who use our services. We are grateful to our vibrant staff-led Cultural Diversity, Long Term Conditions and Disability, and LGBTQIA+ Networks for their invaluable contribution and support across the organisation. The networks help us to deliver our diversity and inclusion ambitions and reflect our shared commitment to ensuring our staff, and those who use our services, feel safe, supported and valued.

As the roll out of the national Covid-19 vaccination programme continued to save lives across the UK, we were proud to make a significant contribution to this historic endeavour. From our large scale vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney we have delivered 1,357,075 doses of the vaccine since the centres opened. The inspirational staff and volunteers within our centres have played a unique role in the biggest vaccination programme in NHS history and our heartfelt thanks go to them, along with the many other clinical and support staff who were redeployed to support the programme throughout the East of England.

We worked hard during 2021/22 to re-introduce services paused earlier in the pandemic, whilst maintaining the safety of both staff and service users as the levels of community transmission of Covid-19 ebbed and flowed. Implementation of service recovery plans will continue into 2022-23 as we address the increased demand and subsequent waiting lists for people needing our care and support.

Our important role in the development of integrated care systems was maintained during 2021-22 and we look forward to the undeniable benefits that collaborative working will deliver, improving outcomes for all. Many service users and local people have worked with us to co-produce initiatives over the last 12 months and we thank them for sharing their experiences and insights so willingly. Ensuring the on-going involvement of service users in co-producing innovative services, that are accessible to all and meet the needs of our diverse communities, will remain critical to the Trust. Throughout this report you will read many examples of co-

production with staff, service users and partners, without which the progress we have made would not have been possible.

A key foundation underpinning our achievements in the past 12 months has been the roll out of multiple digital innovations that are improving the accessibility and responsiveness of our services. Our three-year Digital Transformation Strategy sets out our ongoing aspirations in the digital arena and this will have a profound impact on our culture and our ability to deliver excellent patient care in the future.

We are so very proud of the achievements set out in this report. Our sincere thanks go to our wonderful staff and volunteers, and everyone who has worked with us. Their resilience and commitment during 2021-22 has been truly outstanding and epitomises the very best of public service found within the NHS.

I can confirm on behalf of the Trust's Board that to our best knowledge and belief the information contained in this Quality Account is accurate and represents our performance in 2021-22 and reflects our priorities for continuously improving quality in 2022-23.

Matthew Winn
Chief Executive

Statement from the Chief Nurse and Medical Director

We are immensely proud of all the achievements outlined in this year's Quality Account. Our colleagues have once again worked tirelessly throughout another difficult year to provide support, intervention and positive outcomes to our patients, service users, carers, and families.

During 2021-2022 Covid-19 continued to present challenges to our services and staff. However, what you will read from our report is the determination of our teams to carry on providing quality care across our varied geography, whilst ensuring that our Trust values and principles are upheld. Teams have, despite being pressured, continued to go above and beyond, to make a difference each and every day; they have innovated and had to think differently about our population's health needs.

In 2021-2022 the organisation continued to embrace technology, it has ensured solutions are in place for our communities where there is digital poverty, and it has looked, as part of its reset planning, to make sure the voice of our patients and their families have been heard when planning next steps. Work in relation to patient experience and co-production has carried on at pace during the past year and, whilst the way in which we have engaged with our patients and families may have changed, our passion to work with our communities has not diminished.

As you will read, our teams have undertaken some truly transformative co-production projects; our work with the children and young people of Luton and Bedford has been inspiring. In addition, our focussed approach to developing a better model for referral and communication with our iCaSH teams continues to be extremely rewarding.

The key focus of the Trust's Quality Team this year has been contributing to our Covid-19 response and the continued successful delivery of the mass vaccination programme across the region. Despite these demands, we have continued to learn from feedback and disseminate new knowledge across the organisation. We have responded to the needs of those we serve by continuing to put quality and safety at the forefront of our thinking and by listening to our staff we have been able to implement practices based on patient outcomes, experience and research.

This Quality Account outlines a wealth of quality-related activity and achievements and highlights performance against our ambitious targets. We will continue to focus on our current quality priorities in 2022-23 and look forward to sharing progress with you next year.

David Vickers
Medical Director

Kate Howard
Chief Nurse

About the Quality Account

What is a Quality Account?
Quality Accounts are annual reports prepared by providers of NHS healthcare to inform the public about the quality of the services they deliver. The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all the healthcare services they offer. It allows leaders, clinicians and staff to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public.

Our Quality Account is divided into the following sections:

Part 1	▪ Statements about our Quality from the Chief Executive, Chief Nurse and Medical Director.
Part 2	▪ Priorities for the Trust to improve the quality of our care during 2022-23. ▪ Statements about the quality of services provided by the Trust which also allow readers to compare us against similar organisations.
Part 3	▪ A review of quality performance. This demonstrates how the Trust has performed throughout 2021-22.

Our Quality & Clinical Strategy
Our three-year Quality & Clinical Strategy 2020-23 outlines our approach to Quality Improvement and identifies three detailed priorities:

Priority 1: Safety
Goal: A mature Patient Safety culture is evidenced throughout our services.

Priority 2: People Participation
Goal: We will continue to embed our culture of People Participation where the people using our services, their carers, stakeholders, local communities and our staff are involved in the heart of everything we do.

Priority 3: Continuous Improvement
Goal: A culture of improvement is normal practice with our clinicians who continually seek feedback in order to improve and learn from the experiences of patients, service users and staff.

Part 2: Priorities for Improvement and Statement of Assurance from the Board

Quality Improvement Priorities for 2022-23

Five key characteristics of high quality services are identified by the Care Quality Commission (CQC) which ask:

- Are services safe?
- Are services effective?
- Are they caring?
- Are they responsive to people's needs?
- Is the organisation well led?

Our Quality Priorities for 2022-23 are taken from the Trust's revised Quality & Clinical Strategy 2020-23 and reflect these characteristics. The coming year will require us to continue to work with ongoing challenges related to the Covid-19 pandemic. However, quality of care and patient experience will remain at the heart of our work. Following changes made at the height of the pandemic, we will continue to seek out opportunities to enhance and innovate care delivery, e.g. digital care options; partnerships to improve care and working across the new integrated care systems.

Key priorities are outlined below:

Priority 1: Safety

Goal:	**A mature Patient Safety culture is evidenced throughout our services with an improvement focus involving our patients, service users and communities within which we work**.

Activity:	**1.** Implement the Patient Safety Framework in line with national timeframes.
	
	1.1 Develop a project plan to introduce the three layers of the Patient Safety Strategy:
	    • Insight
	    • Involvement
	    • Improvement
	
	1.2 Introduce and support leaders in the Trust to learn the new framework and build competence through accessing the e-learning modules on e-Learning for Health.
	
	1.3 Using data from an audit of incidents in the last three years, prepare a Patient Safety Incident Response Plan. Agree sign off with the Board and Wider Executive.
	
	2. Recruit Patient Safety Partners, identifying appropriate induction processes so that the individuals can support relevant committees, e.g. the Quality Improvement & Safety Committee (QISCom) and the Medicines Safety & Governance Group (MSGG).
	
	3. Within Safeguarding, build on our Quality Assurance Framework mechanisms for collection, collation and analysis of data and develop a clear audit plan to support ongoing development.
	
	3.1 Develop high quality training which meets Intercollegiate guidance and embeds a Think Family approach across all services.

	3.2 Quality assurance processes such as peer review, audit and focus groups will be used to monitor the newly implemented safeguarding supervision model on a yearly basis.
	4. Ensure the Infection, Prevention and Control (IPAC) Board Assurance Framework (BAF) is updated in line with national requirements with any identified gaps being mitigated and monitored.
	4.1 Grow our Link IPAC Champion roles and support this community of practice with additional training and innovative communication material.

Priority 2: People Participation

Goal:	**We will continue to embed our culture of People Participation where our service users, their carers, stakeholders, local communities and our staff are involved at the heart of everything we do. We will continue to build community networks that are representative of our diverse communities and ensure that our service projects evidence that co-production is a core element. We encourage volunteers from all sections of our communities and aim to ensure that everyone has a positive experience of volunteering.**
Activity:	1. Continue to build community networks that are representative of our diverse demography.
	2. Scope how our service projects and any re-designs can evidence that co-production is a core element (using the co-production ladder as a reference point).
	3. Ensure training on co-production is included on the Trust's induction programme.
	4. Create Local Working Together Groups in all service areas, ensuring consistency of approach and diversity of participation.
	5. Embed co-production within our recruitment process.
	6. Scope and develop opportunities of involving service users/carers in our Trust wide learning/training events.
	7. Undertake the NHS Improvement Patient Experience Framework self-assessment tool and feedback the learning/outcomes to the People Participation Committee.
	8. Ensure the Friends and Family Test (FFT) feedback questions are available in the six languages most frequently requested for translation and other languages/formats available on request.
	9. Collect selected demographic information from service users providing feedback through surveys, complaints and the Patient Advice and Liaison Service (PALS).
	10. Review and redesign the complaints management process (previously with an external provider) to align with a local resolution focus.
	11. Ensure that volunteers have a positive experience of volunteering and feel supported and valued by their teams and the wider Trust.
	12. Ensure that the Trust welcomes and encourages volunteers from all sections of our communities.
	13. Recruit into an Equality, Diversity and Inclusion Lead. Following appointment, undertake actions highlighted by the 2021/22 EDS2 (Equality Delivery System).

Priority 3: Continuous Improvement

Goal:	A culture of improvement is normal practice with our clinicians who continually seek feedback in order to improve and learn from the experiences of patients, service users and staff.

Activity:	1. Continue to identify and support the development of a range of Communities of Practice across our services and Clinical Professions. Use these as an enabler to share best practice and learn from innovation and successes as well as standardise practice across the Trust.
	
	2. Develop a Digital Clinical Reference Group to support the Digital transformation programme.
	
	3. Review and relaunch our Quality Way programme to become Our Quality Improvement Way together with Service Redesign team and supported by the Communication team ('Think QI'). Review peer reviews and self-assessment in line with the Care Quality Commission's (CQC) revised framework of "I statements".
	
	4. All members of the Quality and Safety Team become Quality Improvement (QI) advocates and receive training to underpin this.
	
	5. Implement the 2022-23 priorities from our Research approach:
	
	   5.1 Feedback from patients from their involvement in studies: continue to participate in the National Institute for Health Research (NIHR) 'Participant Research Experience Survey' (PRES) for eligible research.
	
	   5.2 Increase patient accessibility to research studies by exploring potential solutions to reduce the barriers for those patients with poor comprehension of study information.
	
	   5.3 Increase learning and research opportunities for clinical staff by participating in the 'Research Ready Workforce' work stream., including staff training and applications to NIHR Fellowships.
	
	   5.4 Further embed and develop the Trust's Research Culture: support a major project to explore 'Barriers and Enablers to Clinical Research'.

How the Trust's quality priorities are monitored, measured and reported
The three priorities outlined in this section are underpinned by annual implementation plans. These outline measurable outcomes for each priority for the year and progress is reported to and monitored by our Quality Improvement & Safety Committee and summarised to our Board.

Statement of Assurance from the Board

2.1   Review of services

During 2021-22 Cambridgeshire Community Services NHS Trust has been privileged to provide and/or sub-contract a wide range of community based NHS services to people in their own homes or from clinics across Bedfordshire, Cambridgeshire, Luton, Milton Keynes, Norfolk, Peterborough and Suffolk as summarised in the table at the back of this report (see Appendix 1).

Cambridgeshire Community Services NHS Trust has reviewed all the data available to them on the quality of care in 100% of the NHS services we deliver. The income generated by these services represents 100% of the total income generated from the provision of NHS services by the Trust during this 12-month period.

2.2   Learning from Deaths (LfD)

During 2022-21, the Learning from Deaths Group met in line with Trust policy and National Quality Board Guidance (2017). It reviewed data and reports received from our Luton Adults Services, Integrated Contraception and Sexual Health Services (deaths of those with HIV) and Children's Services. The discussion and learning has continued to mature during this year and the meeting's frequency was maintained.

The Group receives and reviews reports relating to learning from deaths including adults, those with HIV and child deaths. These reports are predominantly expected deaths, but where the deaths are unexpected the Group reviews serious incident reports; coroners' recommendations; and the Child Death Overview Panel reports. The Trust board receives a quarterly report from this.

In addition, national reports were reviewed for learning including:

- Child Death Report
- Suicide in Children and Young People Child Death Report and Thematic Review Report https://www.ncmd.info/wp-content/uploads/2021/10/NCMD-Suicide-in-Children-and-Young-People-Report.pdf
- LeDeR update Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) Policy 2021.

Local reports

- Child Death Overview Panel guidance regarding safety of window blinds was reviewed and circulated across the whole Trust.
- Antibiotic Learning from Cambridgeshire and Peterborough CCG was reviewed and shared Trust wide covering the need to ensure that plans are in place for the rare occurrence of an antibiotic reaction.
- Child Safeguarding Practice Review – Oliwer. The review highlighted a number of actions which included identifying and recording in a patient record if a person has a learning disability; communication across trust services and mandating growth monitoring training.

Luton Adults
A retrospective review of records carried out throughout the year noted that all deaths were expected. Records were reviewed to check:

- That care was delivered as planned.

- Were there any gaps or omissions/concerns raised by staff or family members?
- Were there lessons to be learned?
- Was further action required, e.g. Root Cause Analysis?

Luton Adults 2021-22	Patients who died with CCS end of life care	Advance care plan in place	Died in preferred place
April to June	85	58	52 (89%)
July-September	84	61	59 (96%)
October to December			
January to March			

<comment>Commented [WL1]: Awaiting data</comment>

Where an advance care plan is in place on average ***% die in their preferred place. This is *** compared with 2020-21.

<comment>Commented [RH(CSNT2]: Awaiting data</comment>
<comment>Commented [RH(CSNT3]: Awaiting data</comment>

A review of palliative and end of life care processes and education has been completed following two complaints in the year. The Service is implementing all the recommendations which include additional resource into the Community Palliative Care Team and mandatory education and training for all staff.

The Trust's Adult teams continue to work with contributors to the system-wide work that was undertaken during this year in response to Covid-19. This work led to the development of the following:

<comment>Commented [RH(CSNT4]: Awaiting text</comment>

Deaths of people with HIV (Integrated Contraception and Sexual Health Services – iCaSH)
The service reported and reviewed 20 deaths in the year relating to long term care patients living with HIV, but deaths unrelated to HIV care and treatment. However, four of these patient deaths were young people with some common themes: alcohol and liver co-morbidities.

HIV patient deaths continue to be discussed and reviewed at the local Multi-Disciplinary Team (MDT) HIV Network meetings and overviewed by the quarterly iCaSH Clinical Advisory Group and with the iCaSH consultant body.

One death unrelated to HIV was reported: a case of neonatal syphilis diagnosed sadly at post-mortem. A serious incident was declared and an investigation is underway. Learning from this case will be shared in due course.

The Service highlighted in the year the impact on staff when a patient dies and the need to ensure that support and counselling is readily available and utilised by staff who do not deal with this on a regular basis.

Child Deaths
Review by the Children's Community Nursing teams from Cambridgeshire and Peterborough, Bedfordshire and Luton: there were 24 expected child deaths in the year of children and families cared for by these teams. All deaths were reviewed.

The learning included:
- Competency and education for care of the dying child and how this is kept current.
- Availability and preparation of just in case medication when a child with long term conditions suddenly deteriorates.

Next steps
- Review and provide high quality education and training for end of life care.
- Monitor the impact of the Covid pandemic on numbers and types of deaths that we support.
- Seek to build links with the Mortality Reviews in trusts where they do certify death to learn and support steps to improve these cases.

- Continue to encourage a focus on learning and the positive stories around care of the dying, while continuing to strive for the best care for our children and adults.
- Continue to take account of the evolving guidance being shared by NHS England/ Improvement (NHSE/I) and other routes as well as playing an active role as a community trust regionally.

2.3 Participation in Clinical Audits and National Confidential Enquiries

Between April 2021 and March 2022, there were three national clinical audits and no national confidential enquiries which covered NHS services that the Trust provides.

During that period, the Trust participated in 100% (n=3) of the eligible national clinical audits.

The national clinical audits that the Trust was eligible for and those it participated in between April 2021 and March 2022 were as follows:

Audit	Participation	No. of patients
UNICEF Baby Friendly Initiative UK	Yes	Bedfordshire Children's Services was accredited with the Gold award in 2020-21 which was revalidated in 2021-22.
National Audit: Sentinel Stroke National Audit Programme (SSNAP) Stroke Audit	Yes	Bedfordshire Neuro services: 66 patients
National Pulmonary Rehab Audit	No	
British Association for Sexual Health and HIV (BASHH) 2020 National Audit: management of gonorrhoea	Yes	iCaSH services: 40 patients Data collected centrally by BASHH via an online portal.
BASHH 2021 SAS Group National clinical audit: "Impact of Covid-19 on Syphilis".	Yes	iCaSH services: 30 adult patients Data collected centrally by BASHH via an online portal.

During 2021-22 the Trust undertook an extensive programme of clinical audits which were determined from sources including National audits, the National Institute for Health and Care Excellence (NICE), CQC outcomes, service improvement, incidents, and complaints. The outcomes from all audits are reported through the Trust's governance structures to offer assurance to the Board.

The reports of three national clinical audits were reviewed by the provider in 2021-22 and the Trust intends to take the following actions to improve the quality of healthcare provided.

Audit		Actions
BASHH 2020 National Audit: management of gonorrhoea	Action (n=2)	Findings presented at the Regional Anglia Group Audit Meeting, September 2020. Dissemination of audit findings and recommendations in treatment and testing.
BASHH 2021 SAS Group National clinical audit: "Impact of Covid-19 on Syphilis".	Action (n=0)	No recorded actions.
HQIP National Audit: SSNAP Stroke Audit. (Jan-June-21)	Action (n=3)	Band 5 discharge coordinator role. Funding/business case for psychology support. Changes to SystmOne template.

National Confidential Inquiries

There are currently three National Confidential Enquiries and Inquiries:

- The National Confidential Enquiry into Patient Outcome & Death (NCEPOD).
- The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH).
- The Confidential Enquiry into Maternal Death and Morbidity.

The Trust has not participated in these during 2021-22 as they are not relevant to the services we provide.

Summary of all clinical audit activity for 2021-2022 (n=52)

Clinical audit is a quality improvement process that seeks to support improved patient care. Clinical audits are undertaken to ensure compliance with national guidance, patient records, serious incidents and clinical standards.

Eighty-five clinical audits were planned and registered in 2021-22, with 61 completed by year end, reflecting a full audit programme following a reduced programme in 2020-21 in response to the Covid-19 pandemic. All completed audit reports were published on the Trust's intranet to share learning and completed actions indicated as such.

To meet legal and statutory requirements relating to health records, the Trust is required to audit its health records. In 2021-22 all service areas took part in the Trust's annual record-keeping audit, retaining the 10 Trust agreed core standards for documentation. All actions from the 2020-21 record-keeping audit were completed.

The reports of 61 local clinical audits were reviewed by the Trust; see Appendix 3 for a full list of summaries and actions that the Trust intends to take to improve the quality of healthcare provided.

2.4   Participation in Clinical Research

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2021-22 that were recruited during that period to participate in research approved by a research ethics committee was 770.

In 2021-22 a total of 26 research studies were running within the Trust. Of these, 24 studies were National Institute for Health Research (NIHR) portfolio studies (Table 1) and two were non-portfolio studies, both of which were PhD projects from external students (Table 2). Neither PhD projects were actively recruiting. A total of 770 participants were recruited into NIHR portfolio research studies within this period.

**Table 1: Clinical research summary table for
National Institute for Health Research (NIHR) Portfolio Studies**

Study Name	Participants
Integrating smoking cessation treatment into Improving Access to Psychological Therapies (IAPT) care	104
The role of different diets in children who are gastrostomy fed	0
VenUS-6	7
This Mum Moves	9

Study Name	Participants
Babybreathe	22
Balance phase 2a RCT	5
BEAMS-ID	5
AHP Perceptions	11
Psychological Impact of Covid-19	591
Palin STSC	9
SPIRIT survey	3
iCALM	4
Virus Watch V1 (phase 2) *(recruitment not allocated)*	-
PEARL *(recruitment not allocated)*	-
Safer Online Lives *(recruitment not allocated)*	-
Post-authorisation active Surveillance of the safety AstraZeneca Covid Vaccine *(recruitment not allocated for this stage of study)*	-
Spectrum10K *(academic team suspended research for re-design)*	-
SPIRIT Phase 2 *(yet to recruit)*	0
SEARCH *(yet to recruit)*	0
GSK3858279 *(yet to recruit)*	0
REVEAL-CP *(recruitment not allocated)*	-
Jitsuvax *(just opened)*	0
Positive Voices *(just opened)*	0
Glasses in Classes *(just opened)*	0
Totals	
24 studies	**770**

Of the total 770 participants, 92.7% were recruited from Trust wide studies, 3.4% from Norfolk Children's and Young People's Services, 2.3% from Cambridgeshire and Peterborough Children's and Young People's Services, 0.6% from Bedford Children's and Young People Services' and 1% from Luton Adult Services.

All NIHR portfolio and non-portfolio studies obtained Health Research Approvals (HRA) and local Research & Development approvals prior to research activities commencing.

**Table 2: Non-portfolio research studies which obtained
Health Research Authority Permissions (HRA)**

Non-Portfolio studies	Clinical area	Status	Highlights	Collaboration
Have received full HRA ethical approval			**Description**	
Musculoskeletal outpatient physiotherapy delegation (MOPed) Study HEE/NIHR Integrated Clinical Academic (ICA) Programme Clinical Doctoral Research Fellowship (funds PhD)	Ambulatory MSK Adults	HRA permission gained February 2022. Applied to be adopted onto the NIHR Portfolio.	External PhD on delegation of tasks within a MSK setting.	External clinician – physiotherapist from Midlands Partnership NHS Foundation Trust. HEE/NIHR. Zero recruitment, delays to start due to impact of C-19 on clinical teams
Mood, activity participation and leisure engagement satisfaction (MAPLES)	Ambulatory Care OZC	Closed	External PhD candidate – University of Cambridge and the Medical Research Council.	Acquired Brain Injury for Low Mood RCT. Zero recruitment, now in PhD write up.

In this period the National Institute for Health Research (NIHR) Networks supported all the NIHR studies through local research networks. All new studies were approved via the Health Research Authority (HRA) followed by Trust confirmation of capacity and capability to host the research. During 2021-22, the Trust issued seven letters of access and four honorary research contracts.

Publications
In the last year, 9 peer-reviewed publications have resulted from studies carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications covered musculoskeletal issues; tendon pain and relieving pain from cancer and non-cancer by a caregiver, the impact of neuro-surgical treatment clinics; co-working with parents of children with ADHD, wireless kit as treatment for glue ear and early-stage innovation in glue ear. There were two papers on mental health, one on parental anxiety whose children had food allergies and managing mental health issues in patients with chronic skin conditions. There was also a paper from a previous NIHR Portfolio Study, 'Dipper', on pain management in children in an end-of-life setting and one from a collaboration with the University of Nottingham on the frontal neural metabolite changes in schizophrenia.

Four posters were presented at the Royal College of Paediatrics and Child Heath (RCPCH) Virtual Conference in May 2021. These topics were around ADHD services, post diagnosis information for neuro developmental delay (NDD), medical assessments for looked after children and one on the national cerebral palsy pathway (CPIPS).

Fellowships, internships and awards
The Trust actively encourages staff to apply for funded research programmes that combine personal development opportunities with a clinically based project (Figure 1).

This year we had continued success in gaining external funding for staff development of research skills (Table 3). There were 2 Applied Research Collaborative (ARC) Fellows (one from Luton and one from Norfolk Children and Young People's Services) who completed their Fellowships, which had been extended to a period of 24 months. Both clinicians are working within geographical areas, which met the needs of diverse populations.

In February 2022, a Paediatrician from Bedfordshire successfully gained a place in this year's NIHR Applied Research Collaboration (ARC) Implementation Fellowship scheme. Another paediatrician, from Cambridgeshire, was successful in being offered an NHS Innovation Accelerator (NIA) award. The NIA supports innovation/technology to be adopted into NHS care pathways. This is a collaborative programme with NHS England, NHS Innovation, Academic Health Science Networks (AHSNs) and Academic Health Science Partnership (UCL Partners).

Figure 1: Fellowships across clinical areas

Children's & Young People's Services

2 clinicians completed their ARC Fellowships.
1 clinician was awarded ARC Fellowships for 2022.
1 clinician awarded NHS Innovation Accelerator (NIA)

Children's & Young People's Services

Paediatric Occupational Therapist completed a NIHR/HEE Internship.
Speech & Language Therapy (SaLT):
MRes + Masters to PhD Fellowship completed.

DynamicHealth (MSK)

NIHR PhD Fellowship Award, Dynamic Health. External physiotherapist.

NIHR Masters to PhD award submitted March (outcome September 2022). Trust physiotherapist.

Research culture
We encourage staff who are involved in research within the Trust to undertake appropriate training such as Good Clinical Practice (GCP) and Principal Investigator (PI) Training which is provided by the Clinical Research Network (CRN). Two clinicians have applied for the CRN Green Shoots opportunity which supports Principal Investigators new to their PI roles.

Research, development and innovation are recognised as being extremely important to the Trust and being part of the greater research network allows the Trust to contribute to improvements in care for patients. Year on year, more clinical staff are interested in research, being involved in the NIHR portfolio, non-portfolio studies and Fellowship opportunities. The Trust's Research Team was able to support all aspects of research.

2.5   Use of the Commissioning for Quality and Innovation (CQUIN) Framework

The Trust's income in 2021-22 was not conditional on achieving quality improvement and income innovation goals through the Commissioning for Quality and innovation payment framework as, due to the Covid-19 pandemic, there was a national directive to suspend CQUINs in 2021-22. Block payments to providers are deemed to include CQUIN.

2.6   Statements from the Care Quality Commission (CQC)

Cambridgeshire Community Services NHS Trust is required to register with the Care Quality Commission.

The Trust were delighted when our services were rated as 'Outstanding' in 2019, following an inspection by the CQC in Spring 2019. This is testament to the passion and commitment of our amazing staff who worked tirelessly to develop high quality, innovative and accessible services for our local communities.

The Care Quality Commission has not taken enforcement action against Cambridgeshire Community Services NHS Trust during 2021-22.

Cambridgeshire Community Services NHS Trust has not participated in any system reviews or investigations by the CQC during the reporting period.

The Luton Local Authority (LA) received a follow up Ofsted inspection during 2021-22 relating to Children's Services across all Council areas. Luton Safeguarding Staff contributed to the inspection. Positive improvement has been noted across system partners.

Local Area Special Educational Needs and Disabilities (SEND) inspections
The Peterborough SEND services were re-inspected in January 2022. Whilst the formal response has not yet been published, it is expected that transition to adult services (18-25) will continue to be an area of improvement.
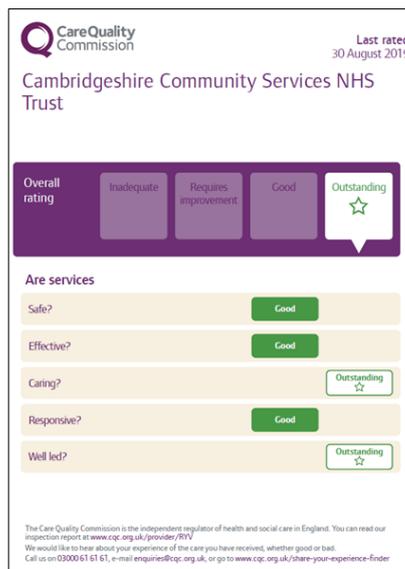
2.7 Data Quality

Cambridgeshire Community NHS Trust will be taking the following actions to improve data quality.

The enhancement of the Trusts' data warehouse in order to:

- Continue to deliver datasets to local commissioners.
- Further enable patient level data captured in source systems to be standardised and consistently validated to ensure it is complete and correctly mapped for the relevant data fields.
- Develop further diverse data quality reports highlighting recoding errors at source resulting in transactions being accepted but with data fields incomplete.
- Distribute said reports throughout the Trust to ensure appropriate corrective action is taken to resolve any data quality issues.
- Add new layers of insight and business intelligence within the warehouse by developing the amount of data from services using other Electronic Patient Recording systems and potentially incorporating Finance and Human Resource data.

Our data quality impacts on all monthly performance reporting to management and commissioners alike. Low volumes of errors equate to more comprehensive and accurate reporting of historic events. At present, the Trust is not subject to payment by results for activity delivered but does share reporting across services with all relevant parties against agreed delivery plans and thresholds.

The Trust did not submit records during 2021-22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

2.8 Data Security & Protection Toolkit (DSPT)

The 2021-22 Data Security & Protection Toolkit is designed to test compliance with the National Data Guardian's 10 data security standards. There are 38 Assertions to be met and 110 pieces of mandatory evidence to provide.

The Trust published the 2020-21 data security and protection toolkit on the 30 June 2021 having completed all mandatory evidenced items, the organisation is on schedule to publish against the 2021-22 toolkit by the 30 June 2022.

The Trust's compliance with mandatory Information Governance Training was 93% in March 2022 (this compliance figure excludes staff working in our Large Scale Vaccination sites).

2.9 Clinical Coding Error Rate

The Trust was not subject to the Payment by Results clinical coding audit during 2021-22 by the Audit Commission.

Part 3: Review of Quality Performance 2021-22

This section demonstrates the Trust's achievements throughout 2021-22 for the priorities outlined for this period in our Quality strategy.

3.1 Quality Improvement Priorities 2021-22

A wide range of activities identified in the Quality & Clinical Strategy 2020-23 have been reported through our internal governance processes and summarised in Public Board papers throughout 2021-22. In our ongoing response to the pandemic over the past year, we have continued to focus on maintaining safety and quality. Areas of focus in 2021-22 included the following:

Priority 1: Safety
Goal: A mature Patient Safety culture is evidenced throughout our services.
We maintained oversight and scrutiny of patient safety throughout this period, with daily sitreps and weekly reports of incidents to the Incident Management Team.
We scrutinised any patient safety/infection prevention & control (IPaC) incidents that were linked to Covid-19 and fed outcomes back to clinical services via our governance processes.
We used the national IPaC Board Assurance Framework (BAF) to drive excellence and challenge our thinking throughout the Trust.
Over the last 12 months, we have grown our IPaC Link Champion roles to work as a Community of Practice (CoP).
We actively supported and participated in system wide approaches to care including rapidly changing support to care homes and a Bedfordshire, Luton and Milton Keynes (BLMK) wide End of Life (EoL) group focused on quality of care.
We have maintained the Ethics Committee, held on an ad hoc basis, to ensure that staff could raise and discuss ethical dilemmas which arose during this period.
Our staff reported via the national staff survey that they felt safe to speak up when things went wrong. Across the Country, the Trust achieved the highest result in the National Guardian for the NHS' Freedom To Speak Up (FTSU) Index Report in October 2021, replicating our achievement in 2020 and 2019.
We continued to support our Freedom to Speak Up guardian and champions to encourage staff to speak up about any patient safety issues they were concerned about.
We continued to implement a locality based model of safeguarding experts who support our clinical teams.
The planning and training for the implementation of the National Patient Safety Strategy (NPSS) has resumed, led by our Patient Safety Specialist, a role fulfilled by our Deputy Chief Nurse.
We are using data from an audit of incidents from the last three years to prepare a Patient Safety Incident Response Plan.
We have commenced recruitment for Patient Safety Partners (PSP). This is a new and evolving role developed by NHS England and NHS Improvement (NHSE/I) to help improve patient safety across healthcare in the UK.

Priority 2: People Participation
Goal: We will continue to embed our culture of People Participation where our service users, their carers, stakeholders, local communities and our staff are involved in the heart of everything we do.
Co-production has made good progress with becoming embedded within the Trust and examples of this are within our service redesign and service delivery. There have been a number of exciting co-production projects contributing to better outcomes in community services, one of which is the Diagnosis Resource pack developed by the Bedfordshire and Luton Children's service which has received national recognition (see section 3.8).
We continue to monitor our learning from feedback to ensure that the voice of people who use our services is embedded in our service changes.

Volunteers have started to return to face-to-face volunteering after being stood down at the start of the pandemic. New volunteers have been recruited to Bedfordshire Breastfeeding Buddy roles and Reception Welcomer volunteers at the Princess of Wales Hospital in Ely. We have also collaborated with Switch Now, who support young adults with additional needs, to recruit into our PPE Volunteer role. We have Trust Volunteers supporting our Large Scale Vaccination (LSV) sites in both clinical and administrative roles and our successful partnership with the Royal Voluntary Service (RVS) to provide volunteer stewards continues. St John Ambulance Volunteers also provide support to the Large Scale Vaccination programme.

We have been successful in our bid to NHS England's Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Fund 2021-22 and have recruited a Volunteer Co-ordinator for a nine-month secondment to support our Volunteer Lead.

We continue to locally resolve concerns as often and as quickly as possible in order to ensure that we are meeting the needs of those who use our services in a person-centred way.

Priority 3:	**Continuous Improvement**
Goal:	**A culture of improvement is normal practice with our clinicians who continually seek feedback in order to improve and learn from the experiences of patients, service users and staff.**

NICE guidance and all other applicable national guidance during the Covid-19 response was received via the Incident Management Team and reviewed and cascaded to services.

Our Chief Nurse and Medical Director hosted regular Microsoft Teams based Question & Answer sessions with key Trust experts, such as the IPaC Matron and Deputy Chief Nurse, to support staff and translate the plethora of national clinical guidance being provided.

Our Clinical Audit programme was resumed at pace over the last year, exceeding our initial expectation during a year of recovery. This included the completion of our Trust wide audit programme, service-led audits, audits carried over from 2020-2021 and audits derived as an action from incidents.

We have continued to grow our network of clinical leaders throughout the pandemic response and shared broad clinical issues, innovative practice and learning.

We continued to develop our research networks and expertise and have participated in multiple research studies.

We have increased patient accessibility to research studies by exploring potential solutions to reduce the barriers for those patients who have difficulties with communication.

We have increased learning and research opportunities for clinical staff and have worked to further embed and develop the Trust research culture, by participating in workstreams and major projects.

We have commenced the roll out of our electronic prescribing and rostering systems.

We have appointed an Assistant Director of Allied Health Professionals (AHP) to underpin the development of our allied health professionals.

We are working with a local NHS Trust to benchmark pressure ulcers across our two patient populations.

3.2   Our Quality Improvement Way

In 2021, work commenced on rebranding of the Quality Improvement Way. Due to be launched in 2022, the 'Think QI' branding includes a simple to use and scalable improvement model which can be used for clinical improvements addressing incidents, complaints, etc., and with larger scale changes. This branding will replace the previous Quality and Improvement Way. From research, we recognise the importance of using a consistent and simple methodology to the adoption and embedding of Quality Improvement across the organisation.
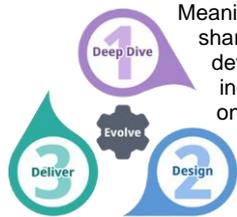
Meaningful and sustainable quality improvements happen when all colleagues share a desire to make processes and services better every day. By developing a culture that instills this practice, improvement becomes an ingrained behaviour. The progress and commitment the Trust has made on nurturing a compassionate culture is seen in staff surveys, freedom to speak up performance but also in the visionary leadership style of the organisation. Collaborative working between Service Redesign, Quality and the Organisational Development departments has continued throughout 2021-2022. New roles have been created which support the Trust's commitment to quality improvement and a facilitated discussion is planned with senior colleagues to generate broader, innovative thinking about how our processes, systems, ways of working could support an improvement culture would make a significant difference to achieving our vision of 'providing high quality care to the diverse communities we serve to make their lives better.'

Our ambition for 2022-23 is to launch our Think QI Framework alongside a programme of training and support to build our improvement capabilities. Throughout 2021 the Service Redesign Team has been encouraging services to approach changes using the Agile Methodology of Sprints/Improvement Cycles. Greater focus on smaller scale changes enables teams to test changes, build confidence, skills and knowledge and encourage continuous improvement.

In the meantime, our Quality Improvement Way approach which is linked to the Care Quality Commission's (CQC) five Key Lines of Enquiry (KLOEs), has remained visible throughout 2021-22 and is used by services to ensure that quality is at the heart of everything we do.

We continue to introduce all staff to our culture of quality improvement and our leadership way at our virtually delivered Trust wide induction. We have an embedded awareness programme around what the five key lines of enquires are and the fundamentals of care. This leads on to an annual service self-assessment and a peer review programme (mock inspections), which has been paused as part of the Trust's response to the pandemic. In 2022, services will have the opportunity to refresh their self-assessments and the Trust is looking forward to re-launching a programme of peer reviews, which has proved highly successful in the past.

Our Quality Improvement Way reflects the Care Quality Commission's (CQC) five Key Lines of Enquiry (KLOEs):

- **Are services safe?** Are people protected from abuse and avoidable harm?
- **Are services effective?** Do people receive care, treatment and support that achieves good outcomes, promotes a good quality of life and is based on best available evidence?
- **Are services caring?** Are people involved in their care, is their care tailored to their needs and are patients treated with compassion, kindness, dignity and respect?
- **Are services responsive?** Do people get the treatment or care at the right time, without excessive delay and are they involved and listened to?

- **Are services well led?** Is there effective leadership, management and governance at all levels that assures the delivery of high quality, person-centred care, supports learning and innovation and promotes an open and fair culture?
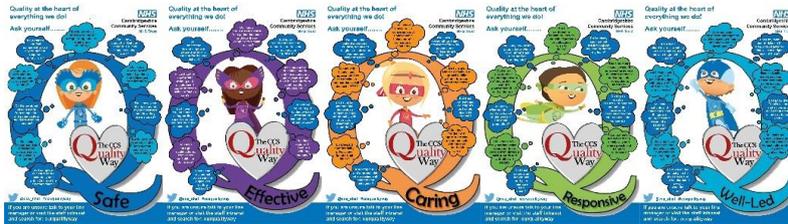
3.3 Patient Safety Activity

Infection Prevention and Control (IPaC)

During 2021-22 IPaC continued to receive national attention in preventing and controlling the Coronavirus which has been managed through our Major Incident process; all Trust services have been given additional support during the pandemic regarding the implementation of relevant national guidelines. In addition, overarching support was provided by the Trust's IPaC Team and Quality Team to ensure that all teams had sufficient stock of the right Personal Protective Equipment (PPE) at all times as well as managing the staff Lateral Flow reporting programme. This also included reviewing any positive cases reported by staff and any subsequent outbreaks that had been identified.
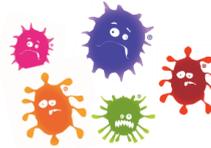
Enhanced support and training were also provided to staff working in services undertaking aerosol generating procedures (AGPs), e.g. dental, adult community nursing and children's continuing care teams. As all staff undertaking AGPs are legally required to be 'fit tested' for each type of FFP3/respirator (a type of mask) available to them, a 'train the trainer' programme was implemented to ensure staff were assessed and 'fit tested' without unnecessary delay ensuring the safety of both staff and patients.
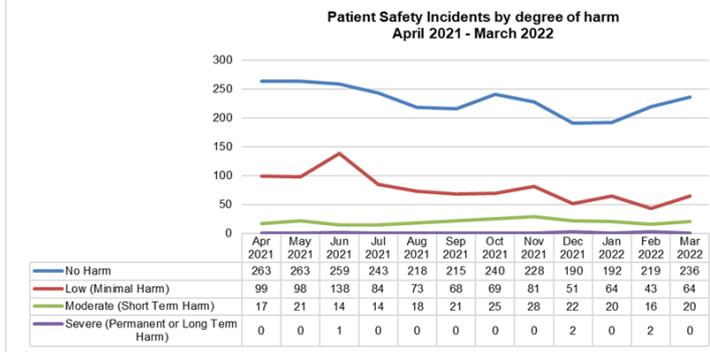
IPaC advice and guidance was also provided to our Estate's department and site leads in reviewing building risk assessments to ensure our staff continued to work in a safe environment as per national guidelines.

Our staff influenza campaign ended in February 2022 with all staff being offered a flu vaccination. By the end of the campaign, 74.1% of patient-facing staff reported receiving the vaccination.

All staff have been offered the Covid-19 vaccinations and, as of 27 January 2022, 95.8% of all staff reported having a minimum of two Covid vaccinations. We continue to communicate to our staff the importance of protecting themselves, their families, and their patients.

Patient safety incidents

In 2021-22, 3,940 patient safety incidents and near miss incidents were reported via our web-based incident reporting system Datix. This is an increase over the previous 12 month period of 114 which reflects the Trust's open and transparent reporting culture. This level of reporting equates to approximately 0.4% of the contacts our staff have with service users each year which is the same as in the previous 12 month period. Importantly, 94% of these incidents resulted in 'no' or 'low' harm with 5.5% resulting in 'moderate' harm. The remaining 0.5% (one incident) is yet to be defined in relation to a 'category' as the incident investigation is currently underway.

Patient Safety Incidents by degree of harm
April 2021 - March 2022

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
No Harm	263	263	259	243	218	215	240	228	190	192	219	236
Low (Minimal Harm)	99	98	138	84	73	68	69	81	51	64	43	64
Moderate (Short Term Harm)	17	21	14	14	18	21	25	28	22	20	16	20
Severe (Permanent or Long Term Harm)	0	0	1	0	0	0	0	0	2	0	2	0

Staff are encouraged to record patient safety incidents:

▪ which occur as a direct result of CCS care;
▪ which originated whilst the patient was cared for by another organisation (i.e. an acute trust or domiciliary care agency), referred to as 'happened upon incidents'; and
▪ where there has been no professional health/social care input.

Incident reports are shared with relevant external organisations where possible and any feedback received is communicated to the reporter and local team. All incidents, regardless of where they originate, are discussed at team meetings. This demonstrates an open reporting culture where staff are keen to learn from all incidents.

All patient safety incidents that occur as a direct result of care delivered by the Trust are submitted to the National Reporting Learning System (NRLS).

Serious Incidents (SIs)

The Trust undertakes full Root Cause Analyses (RCA) of all serious incidents to identify and share learning and reduce the risk of similar incidents occurring again. There were seven serious incidents in 2021-22.

There were no common themes across the seven incidents which related to:

▪ A medication incident within the Trust's children's services.
▪ Clinical assessment and treatment of an individual within our icash service.
▪ Two incidents in different services linked to record keeping.
▪ Three incidents linked to safeguarding practice within two children's services and one adult service.

Actions in response to these incidents were implemented and learning shared across our services and with other stakeholders where appropriate.

Implementation of the Duty of Candour

The Trust continues to ensure that the requirements of the Duty of Candour are followed and embedded into practice.

External learning
Learning from the Healthcare Safety Investigation Branch's (HSIB), A thematic analysis of HSIB's first 22 national investigations (September 2021), has been published on the Trust's staff intranet pages and is available via the following link: (https://hsib-kqcco125-media.s3.amazonaws.com/assets/documents/HSIB_A_thematic_analysis_of_HSIBs_first_22_national_investigations_Report_V10.pdf).

3.4 Patient Experience and People Participation

One of our highest priorities is to ensure that people who use our services are involved in shared decision-making and co-production. This section sets out how patients and carers are making a real difference in improving the services we deliver, as well as how we are acting on their feedback to continuously improve the things that matter most to those we serve.
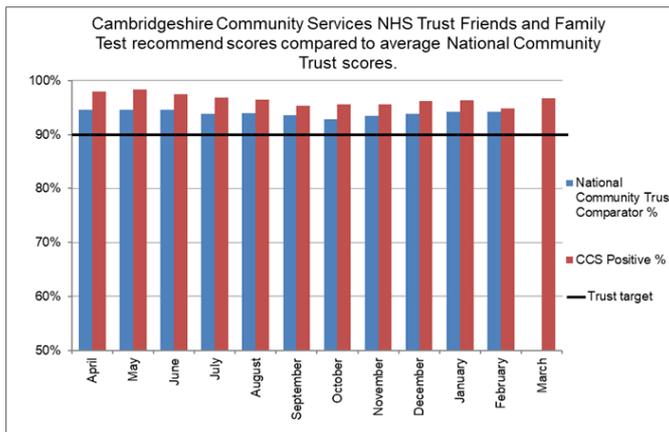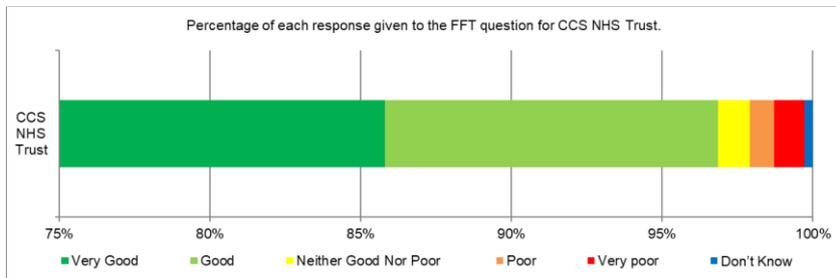
Patient surveys
Service users'/carers' feedback in 2021-22 was very positive with 96.96% of the 28,298 people who answered the Friends & Family Test (FFT) question saying the service provided was very good or good.

The chart below shows how the Trust compared to the average score for Community Trusts across the country (data available as of 12 April 2022).

Cambridgeshire Community Services NHS Trust Friends and Family Test recommend scores compared to average National Community Trust scores.

The table below shows a breakdown of the responses received by response:

Percentage of each response given to the FFT question for CCS NHS Trust.

Compliments

28,622 positive comments and compliments were received by services during the year. Some of the words used in the feedback are illustrated in the word cloud.

Improving services using patient feedback: You Said, We Did

We use patient feedback to improve the services we provide and below are a few examples of the service improvements we have made from the feedback we have received.

Parent didn't know how to use the scales at a self-weigh clinic.
Cambs 0-19 service

Instructions are now available at all baby weighing stations.

Service user commented he didn't know what to expect at the first Audiology appointment.
Cambs Children's Audiology

A video has been created explaining what will happen at the appointment to help parents and children prepare. The video is available on our website and a link to the video is in the appointment letter.

A parent commented that they found it difficult to use the Single Point of Access (SPA) phone number and menus when contacting us because she is hard of hearing.
Cambs Children's SPA

Contact was made with the parent and their needs and difficulties were discussed. Email addresses of each team they required were provided, enabling them to email the service asking them to call rather than using the SPA telephone system.

Request from a school for the Trust to seek parental permission to share results from children's vision and hearing screening with the school.
Norfolk 0-19 service

The Service sought feedback from several schools. The consent form was changed and is now in use so that parents' permission to share results is recorded. This supports schools in identifying any barriers to a child's learning.

Norfolk Youth Advisory Board commissioners asked the Trust to support "mystery shopping" on our ChatHealth texting service. One young person fed back that some staff did not seem confident in supporting LGBTQ+ matters.
Norfolk 0-19 service

Training need was scoped with staff. Some staff felt they did not fully have the knowledge and understanding to support with LGBTQ+ matters. Local Norfolk LGBTQ+ charity was approached and training was arranged.

A video of gender identity training co-produced and delivered to School Nursing teams in Bedfordshire Community Health Services was shared in the Norfolk staff messages for all staff to access.

When I have my treatment the chemotherapy books do not seem to be used by staff. **Luton Adults Cancer Care**

We have reminded staff to use and write in service users chemotherapy books. Patients are also asked to bring their chemotherapy books along to appointments.

Sound on the video was of very poor quality **Luton Respiratory Service**

We make sure that service users accessing our videos are aware of the transcript facility. This enables our patients to follow the programme instructors' comments.

Families reported that they wished to access advice on their child's speech and language in a timely way that was accessible for them. **Bedfordshire & Luton Speech and Language Therapy**

We set up some speech and language 'early advice sessions', a short 15-minute video or phone call (parental choice) which parents can access by filling in their details on our webpage. After filling in their details, Single Point of Access (SPA) call parents/carers to book an appointment, typically within 2 weeks of their request.

Parents have fed back that they have to wait for appointments to weigh their baby. **Luton 0-19 Service**

In collaboration with Flying Start, we have added in an extra two self-weigh clinics a week, where no appointment is needed.

Young people with Special Educational Needs and Disability (SEND) have told us they want to play more of an active role in their healthcare and they also want to help professionals to know how best to communicate with them. **Bedfordshire and Luton 0-19 service**

We worked with young people with SEND to co-produce a package of training resources for health care professionals. This is in the form of a written document and video called 'Top Tips for professionals.' The resources have been shared across the service and will continue to be rolled out as a training tool in team meetings.

Feedback shows that not everyone wants to return to face-to-face appointments, some prefer the convenience of video consultations. **Beds Nutrition and Dietetic Service**

As we restore services from the changes the pandemic brought, we are gradually increasing the number of face-to-face clinics we run, whilst maintaining a virtual offer, providing a blended approach to suit service user preference within the parameters of a safe and effective clinical practice.

Patient stories
Our Board meetings start with a patient story. Every story provides insight into how patients experience our services, identifying excellence and areas where we can make improvements. This feedback is extremely powerful and recommendations are identified by the Board to further improve the overall patient experience.

Patient Stories this year included:

- A parent from Norfolk discussed their experience of having a baby diagnosed with a heart condition during the pandemic when virtual support was provided to reduce the Covid-19 transmission risk to staff and patients. The service undertook to explore whether there were other options that could be considered to ensure patient centred care during any future crisis.

- A parent accessing Luton Community Paediatrics service shared their experience of their youngest son receiving a Brief Observation of the Symptoms of Autism (BOSA) assessment. Feedback and learning from this family's experiences were shared with the service.
- A Bedfordshire parent told us about their experience of receiving a range of services during the pandemic for their child who has complex needs and the benefits that could be achieved through more integrated working. A multi-agency Special Educational Needs and Disabilities (SEND) working group, including parent/carer representatives, has since co-produced a SEND champions role description and a SEND champion is now in post in each of the Trust's eight 0-19 locality teams across Bedfordshire and Luton. These champions will work with parent/carer representatives to implement actions agreed by the working group including training, pathways, communication and resources.
- A young person who is having speech and language therapy from our Cambridgeshire Children's service talked about how having speech therapy, delivered virtually, supported their communication. An inspiring example of how using patient centred, solution focused techniques can help make functional, real-life change.
- An iCaSH service user told us about iCaSH being inaccessible for deaf people as telephone was the only way to contact the service and there were no options to email or text. This service user – and others – joined three online focus groups where a range of recommendations were made to improve accessibility. The service can now be contacted via email (as well as via telephone and direct messages to our social media accounts) and we are exploring options to introduce video consultations for lip readers, as well as online booking options. Our websites now provide links to the Deaf Health Charity SignHealth and its extensive British Sign Language (BSL) health video library and we will explore further opportunities to develop BSL videos to explain key points of information. We also offer face-to-face appointments and can facilitate BSL interpreters for these.

People Participation (Patient and Public Engagement)
Our teams supported by our local co-production leads regularly seek involvement and participation from those who use our services and from people in our local communities to improve service delivery. Below is a summary of some of these activities undertaken in 2021-22:

Cambridgeshire Children and Young People's Services
0-19 Service: We have worked with the people from Wisbech to co-produce the information we provide around Best Start in Life. The Best Start in Life vision is for every child aged 0-5 to be given the best start in life supported by families, communities, and high-quality integrated services. The ambition is for children to live healthy lives, be safe from harm and be confident, resilient with an aptitude and enthusiasm for learning. It is a partnership of local services and support including councils, Child and Family Centres, the NHS and others. We worked closely with community groups to gather feedback on visuals, wording and layout of our information. Parents can access information in leaflets explaining our services. The literature has phone numbers, QR codes and website links to use for support. Distribution will be via health professionals, children's centres and displayed in the community.
0-19 Service: The Getting Ready for Change digital platform has been co-produced with young people, parents and schools. Getting Ready for Change is designed to support children and young people aged 5-19, around key transition points with health advice and information. The goal is to promote the ongoing health of children and offer supportive early intervention, resources and appropriate signposting for those who may have difficulty with transition or identified health needs. Young people were involved in the co-production of the self-care health questions as part of the Year 11 pilot and provided feedback on the features and use of the digital platform. Feedback was forwarded to the software designers for improvements to be made. For the Year 6 project an electronic, interactive questionnaire was used to gather feedback from parents and carers at important stages in their child's development which correlate to educational milestones.

Bedfordshire and Luton Children's Services

Community Paediatrics: Following feedback from families on the need for more information and support following a neurodiversity diagnosis, the service has worked with parent/carers and stakeholders to co-produce an all-encompassing post diagnosis resource pack, available online and covering 14 different chapters including communication, sleep, medication, mental health and the positives of neurodiversity. The website can be translated into a number of different languages and easy to read formats and is available to download and print. Furthermore, information on support and resources including the Diagnosis Resource Pack has been added to all our paperwork including appointment letters.

Feedback received on the project from a local school:

"This is fantastic, thank you very much, this is very important to see the positive approach and detailed information. I have shared with parents and staff, and have had many great responses from parents, as well as staff, who have children with ASD. So please pass our thanks on."

0-19 Service: Following feedback from families which highlighted an inconsistent experience for families of children with special educational needs and disabilities (SEND) and a need for earlier identification of SEND needs, the service initiated a SEND & 0-19 Working group. The group meets monthly and is co-produced with membership of the group including parent/carer representatives. The group has recruited and introduced SEND champions in every 0-19 team and is working on a training programme and package of resources for the 0-19 teams, to enable them to better support families.

0-19 Service: The Bedfordshire 0-19 service has co-produced and co-delivered a training package on Gender Identity to school nursing teams across the Trust, in partnership with a Bedfordshire young transgender person aged 18. The training session was a very powerful use of lived experience to further educate school nursing professionals. The outcome of which is that school nursing teams are now better equipped and confident in supporting young people and their school communities with gender identity issues.

The training has been recorded with permission for wider use. Feedback from the practitioners who attended this training was extremely meaningful and highlighted the impact of utilising lived experience in professional development. Some excerpts are included below:

'I found Jay amazing and brave, it made for a very powerful training to hear him share his experience.'

'Jay's account was fantastic and thought provoking. A truly brave individual.'

'It was very good training which for me had a voice in the form of Jay, who presented himself very well indeed. He provided the real, human perspective which other, 'drier' training with plenty of facts and theory but don't have the lived experience, miss. Today's training has given me the awareness to treat trans children (and any child really) as an individual to be respected, and to find out how they want to be addressed. We know this in the abstract, but meeting Jay makes it 'real'.'

Specialist Services: SEND Health Focus Week: Bedfordshire Children's Services partnered with SNAP Parent Carer Forum and Child and Adolescent Mental Health Services (CAMHS) to collaboratively co-produce a week of events for parents and carers of children and young people with SEND.

The aim of this week was to provide a full schedule of SEND specific activity in the form of virtual workshops and webinars hosted online to share knowledge, inform, educate, support and engage with the community.

Across nine sessions, 326 participants attended. The outcome of SEND Health Focus week is that parents and professionals were able to learn, engage with others, ask questions to services and seek support and guidance, and in turn better support their children and young people with SEND. Where appropriate, the majority of the sessions, were recorded and will be accessible to watch via our website. Some feedback from participants includes:

'The Doctor's presentation was great and referred to lots of useful resources we can start to look into to see whether our five-year-old with ASD also has ADHD. Thank you!'

'Clear and well commentated. Presented a fair balanced discussion around neurodiversity. Opened up people's minds to another perspective and all rounded outlook.'

Bedfordshire and Luton Children's Services

Specialist Services: SENDCO Working Together Group: Feedback from families received often highlights the needs for health professionals to be working collaboratively with partners in education. Parents and carers report receiving conflicting information on services or interventions, which reinforces the need to strengthen partnership working and a joined-up approach between the stakeholders.

In response to this, Bedfordshire Children's Services hosted an initial co-production workshop with education colleagues (SENDCOs) and a parent carer forum representative to scope how to develop and strengthen partnership working.

The outcome of the workshop was an agreement that the group would form an ongoing working group meeting regularly (every half term), to work on an action plan created with a number of focus areas including: the referral process into health services, implementing needs led process in schools, and sharing of knowledge and best practice to enable schools to implement interventions whilst a child is awaiting a diagnosis.

The ongoing working together group (parent, health, and school representatives) will strengthen communication and partnership working, thus better supporting families and young people. Additionally, it will also reduce pressure in the system for health services and schools; where knowledge is shared, practitioners across the system will have a greater understanding of evidence-based practices, referral processes and interventions.

Norfolk Children and Young People's Health Services

0– 19 Service: Our Just One Norfolk digital platform supports the service in meeting the needs of families. This has been particularly important during the recent period that has been challenging and seen an increased need for digital service offer. Families, young people and stakeholders in Norfolk were consulted on the design and content of the Just One Norfolk digital platform.

The information, content and layout of the infant feeding pages have been fully reviewed and co-produced. This project included collaborative work with partner organisations including midwifery, infant feeding specialists and focus groups with parents. Day and evening sessions were offered to enable working parents, first time parents, teenage parents, fathers and partners to be involved.

Ambulatory Care

Co-production work focused on engagement with service users in iCaSH during June and August 2021. This work supported the iCaSH Bookings and Access Service Redesign Project, to identify ways in which access to the service can be improved:

- Nine online focus groups ran during June and July which 15 people attended.
- An online survey ran during August to capture input from a further 39 people.
- Recommendations were made based on the discussions from these groups, the survey data, Friends and Family Test responses and complaints' data.
- Some of these recommendations included: online booking, online account access, online chat functions.
- A summary of the recommendations was sent to the people who took part in the focus groups.
- These people were also invited to be a part of developing and implementing the changes at a time in the future.

Bedfordshire and Luton Adult Services

Remote Health Monitoring: This project involves patients using wearable technologies and devices to routinely monitor their vital signs. The data is subsequently tracked remotely for analysis by clinical staff. This reduces the need for clinical face-to-face encounters at a time when staffing resources have been stretched. The project is run in partnership with Doccla who provide the devices.

> Speech therapists gave me a lot of very useful and helpful advice. Their encouragement gave me confidence with my speech and swallowing. I am very appreciative of their help.
> *At Home First*

> I cannot fault this service. The Community Matron was very supportive and gave me a lot of courage after my husband's death.
> *Community Matrons*

Co-production has featured frequently in the evolution of the project. A focus group with service users was conducted to identify what had worked well and what problems service users experienced with remote health monitoring. Despite praising the functionality of the technologies, patients revealed that they sometimes lacked enthusiasm for staying on top of their health. Patients were invited to an online project group meeting where they were actively involved in decision making. User contributions continued at a workshop in which service users considered whether motivational messages, sent through the Doccla devices, could fix apathy. Service users are currently advising project partners on the content of the messages and other characteristics such as timing and frequency.

Patient Advice & Liaison Service (PALS) and formal and informal complaints

The table below summarises the total number of complaints (informal and formal) and PALS enquiries received in 2021-22 compared to previous years:

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Formal complaints	136	112	82	100	96	49	83
Informal complaints	135	131	190	397	319	245	408
PALS Enquiries and Signposting	459	573	660	602	645	969	1274*

*Our PALS team provided an important signposting and information service about the Covid-19 vaccination programme and vaccine passports for local residents. This, together with an increased role in responding to service enquiries where service staff were unable to do so having been redeployed to support large scale vaccination centres, explains the increase in overall PALS contacts during 2021-22.

Patient Advice and Liaison Service (PALS)
PALS received and satisfactorily resolved 1274 contacts and enquiries during the year. There was an increase in enquiries to our service, mostly this appears to be due to contacts regarding covid vaccinations and the Large Scale Vaccination Service.

Informal complaints
Informal complaints are concerns resolved quickly through local resolution processes, either within the clinical setting or by our Patient Advice and Liaison Service (PALS), often by a telephone call or a meeting with a clinician or service manager. Our services resolved 408 informal complaints this year through successful local resolution.

Formal complaints
The Trust received 83 formal complaints this year. Patients and/or their representatives who raise a formal complaint receive formal feedback from the Trust on the investigation which includes areas of learning and actions taken by the Trust. In certain circumstances, Trust representatives arrange to meet with the complainant or their representatives face-to-face.

Due to the Covid-19 pandemic and redeployment of staff to Large Scale Vaccinations Services, we were working in business continuity so normal complaint responses timescales were extended in February 2021. Response times were suspended in December 2021 so that our corporate clinical staff could support our response to the Prime Minister's Call to Action to increase vaccination compliance. All complainants were informed of these changes and letters of response were sent as soon as possible without impacting negatively on the provision of front line services. All complaints were reviewed for safety incidents, safeguarding concerns and risks.

Number of complaints compared to national comparator
The Trust received fewer formal complaints in Quarter 1 than the average received by comparable NHS community trusts (see graph below). At the time of writing this report, Quarter 3 and Quarter 4 national data was not available.

Number of complaints in each quarter compared to National average

Quarter	Cambridgeshire Community Services NHS Trust	Average Number of Complaints in Community Trusts
Q1	12	28
Q2	25	25
Q3	18	
Q4	28	
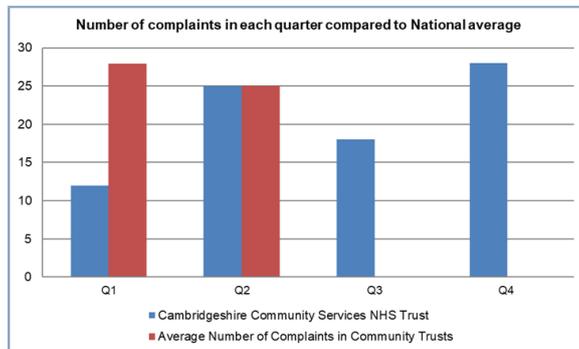
Learning from complaints
Below are some examples of the improvements made as a result of complaints made.

Bedfordshire Community Paediatrics
Concerns: Delays, lack of follow-up and cancellation of appointments.
Improvements included:
- Introducing extra posts to grow the team and support families, including recruitment to a permanent consultant paediatrician, a specialist speech and language therapist, three new clinical nurse specialists and a CAMHS link worker. We are also in the process of recruiting a further two consultant community paediatricians, a speciality doctor, a specialist nurse for ADHD medication management and a clinical psychologist.
- We have added information to our letters about current average waiting times and community resources for families to access whilst waiting for their appointment.
- We have co-produced an infographic with parent/carer forums to inform families of service updates including: how long the waiting times are; the cause of the delay; what is being done to reduce waiting times; and where can families go for help in the meantime.

Luton Adults Integrated District Nursing Service
Concerns: Communication breakdown, damaged equipment.
Improvements included:
- Roles and responsibilities of case holders were reviewed to ensure there is one person responsible for keeping service users and families up to date.
- Staff were reminded to document the plan for follow up and include communication with service users and families in records.
- Single Point of Contact telephone number is shared with families to make contacting the service easier.

iCaSH Milton Keynes
Concerns: Confusion and poor communication regarding systems and processes for intrauterine device fitting.
Improvements included:
- All intrauterine contraceptive fitters to review the safety standards and in particular pregnancy testing.
- Clinicians will explain to service users that the telephone consultation is part of the pre-fit assessment.
- When consultations take place over the telephone, we will ensure supplementary written information is provided by post or text message to ensure that all information is provided.
- Ensuring the offer of additional written information by post, email or text is carried out consistently across all iCaSH services.

Parliamentary and Health Services Ombudsman (PHSO)
There have been no referrals accepted by the PHSO or recommendations received in 2021-22.

Volunteering
The Trust acknowledges the value of volunteering – it brings many benefits, not only to the Trust, but also to individual volunteers, to people that use our services, and to our communities. The Trust has appointed a Volunteer Lead with the aim of overseeing and developing our volunteer programme. Our focus over the past year has been to work with our services to adapt volunteer roles where possible and to prepare for the safe return of volunteers. We have introduced clinical vaccination and administration volunteer roles into our Large Scale Vaccination programme, and the Royal Voluntary Service has provided volunteer stewards at our vaccination sites.

Over the coming year, we plan to establish the use of volunteer management software, enabling us to streamline our recruitment processes, as well as increase our volunteer numbers and offer more volunteering opportunities.

3.5   Safeguarding Achievements

Covid-19 has presented many challenges and has led to an increase not just in terms of the number of cases causing concern, but the complexity of the presentations. These challenges have been managed and supported through:

- The implementation of a new safeguarding supervision model (Trust wide) to those staff who have mandated safeguarding children supervision. This has been reviewed and provided assurance of the model.
- Work across localities to move to a consistent set of guidance/practice. One focus has been the Multi Agency Safeguarding Hubs (MASH) Service Re-design Project. This has been completed in the Cambridgeshire & Peterborough teams with Cambridgeshire being identified as a MASH health pioneer as a result of the service re-design. Another has been training with the establishment of a training and development group.
- The provision of adult safeguarding to all staff with the target for Level 3 training being exceeded despite the challenges that Covid-19 presented.
- The increased staffing capacity within the Adult Safeguarding Team has also allowed for an increased focus on embedding Mental Capacity Act Assessment training and clinical practice and planning for the Liberty Protection Safeguards due to come into force in 2023.
- The Prevent Agenda is now embedded within the Safeguarding Teams and led by the Named Professional Safeguarding Adults. A Prevent template has been developed to support clinical frontline workers to appropriately record and refer when concerns are highlighted.
- We have supported the Covid-19 Mass Vaccination programme with induction training and signposting information to staff involved in the delivery of the service. Its value has been shown in the identification and safeguarding referrals made in relation to modern day slavery.

- A culture of positive challenge and conversations with external safeguarding providers has enabled the increased demands and complexity to be managed.

3.6 Workforce Factors

Strategic Objective 2 – Be an excellent employer

We continued to recognise our staff's strengths and build on best practice to develop a workforce with a shared vision and values aligned to our strategic objectives.

NHS

We are compassionate and inclusive
We are recognised and rewarded
We each have a voice that counts
We are safe and healthy
We are always learning
We work flexibly
We are a team

2020 National Staff Survey
Results from the 2020 staff survey were very positive and an action plan was implemented to address the few areas highlighted by staff as requiring further focus.

The table below shows the actions taken:

2020 National Staff Survey	
Area for improvement from 2020 survey	**Actions taken**

To address the feedback on staff satisfaction with the quality of care they give, which fell slightly from the 2019 survey.	• Short survey of clinical staff undertaken and feedback shared with staff.
	• Two key responses from staff on their reasons for feeling this were:
	  - Not having enough staff to do the work.
	  - Impact of changing from face-to-face to digital consultation.
	• The Quality Team will continue to work with services on actions.

To address the feedback of staff experiencing work related stress.	• Review of any suitable e-learning packages available for managers. • Living our values to be built into the Trust's Civility and Respect Organisational Development Plan. • Communications Plan to remind staff of the support available to them and promotion of the My Employment Passport. • On-going manager development and case studies to be included in Amazing Managers. • Ongoing review of policy and toolkit to ensure it is proactive and user friendly.
To address the feedback on staff experiencing MSK problems.	• Re-publicising the MSK Rapid Access Service to support staff. • Review and update of Remote Working Policy and guidance, with advice/input from the MSK service. • To work with the staff network for ideas on support. • Article in Autumn 2021 Live Life Well newsletter on back care. • Funding allocated for additional staffing in the Rapid Access Service available to staff.
Other	• Review of Zero Tolerance to Violence aggression abuse posters for public facing sites, thanking people for treating staff with civility and respect. • Widening of the scope of the My Employment Passport to incorporate all events that have an impact on staff, not just those with long term conditions. • Staff-led Cultural Diversity, Long Term Condition and Disability and LGBTQ+ Networks help to create a safe and inclusive working environment.

2021 National Staff Survey

In October and November 2021, we undertook the national survey again, for the second time during the pandemic, and the survey was changed nationally to align it to the seven elements of the national people promise, namely:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

Plus two additional themes:
- Staff engagement
- Morale

Feedback was again largely very positive with the Trust rated as top Community Trust in:
- We each have a voice that counts
- We work flexibly

And rated as no more than 0.1 below the top scoring community trust in:
- We are compassionate and inclusive
- We are recognised and rewarded
- We are safe and healthy
- We are a team
- Staff engagement
- Morale

And scores in line with the average score for:
- We are always learning

Questionnaires were sent to 2,653 eligible staff, including those working in Large Scale Vaccination services, with 1,417 questionnaires returned giving this year's response rate of 53.4%.

This is a very positive summary and indicates the Trust is performing well and builds on the excellent results achieved over several consecutive years. In addition, we have in place an action plan to action key areas for improvement, including support to our BAME and disabled staff, support with how appraisal and personal development planning conversations have a positive impact on how staff feel in their role and a continued focus on eliminating any form of aggression, bullying or harassment be it from the public or colleagues.

This is particularly significant this year given the cumulative impact of the Coronavirus Pandemic over the last two years.

This graph summarises how the Trust's staff rated CCS compared to their other community trust colleagues.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.7	7.3	6.4	6.2	7.0	7.3	7.4	6.3
Your org	7.8	6.6	7.3	6.3	5.8	7.0	7.2	7.3	6.2
Average	7.6	6.4	7.2	6.2	5.8	6.6	7.0	7.2	6.1
Worst	7.1	5.8	6.7	5.9	4.9	6.6	6.6	6.7	5.6
Responses	1,416	1,410	1,410	1,413	1,377	1,405	1,411	1,417	1,417

Page 33

Next steps

A Staff Survey Improvement Group will develop an action plan in partnership with the Trust's staff side, and with Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) actions also identified by the Trust's Cultural Diversity and Long Term Conditions and Disability Networks. Services will also be asked to develop action plans with staff, having reviewed their directorate breakdown of results.

Freedom to Speak Up

The Trust has implemented the 'standard integrated policy' in line with the recommendations of the review into whistleblowing undertaken by Sir Robert Francis. The policy includes information on why staff should feel safe to raise concerns.

The Trust's Whistleblowing/Speaking Up Policy sets out our commitment to an open and honest culture in which staff feel safe and supported to raise concerns and gives guidance and advice on raising a concern. The Freedom to Speak Up Guardian, who is also a member of the Executive Team, actively engages with local, regional and national forums to share best practice and learning. The Deputy Chief Executive is the nominated Executive Lead for Speaking Up. The Chair of the Audit Committee is the nominated Non-Executive Lead for Speaking Up.

In addition, the Trust currently has 19 Freedom to Speak Up Champions; all were appointed through an open invitation for expressions of interest from staff. All staff who expressed an interest in becoming champions were appointed and all received standard training delivered by the Assistant Director of Corporate Governance and Assistant Director of Workforce.

The Freedom to Speak Up Guardian works collaboratively with the Staff Side Chair, the Guardian of Safe Working Hours and Local Counter Fraud Specialist.

Awareness regarding the various Freedom to Speak Up functions and the importance of raising concerns is raised through the Trust induction for new staff, on the intranet, senior management team meetings and in other communications cascaded across the Trust. Service Directors regularly engage with our Freedom to Speak Up Champions and discuss any areas of concern in their respective services.

Staff can raise concerns through:	
Their line manager	Staff Side Chair
Other leaders within their service or division	Freedom to Speak Up Guardian
Any member of the Senior Leadership Team	Executive Lead for Speaking Up
Freedom to Speak Up Champions	Non-Executive Lead for Speaking Up

All concerns raised are logged by the Freedom to Speak up Guardian who monitors the investigation, ensures agreed actions are implemented and feedback is provided to the person who raised the concern.

The Trust reports Freedom to Speak Up data quarterly to the National Guardian's Office. The Freedom to Speak Up Guardian reports to the Board on a six-monthly basis. The annual report presented to the Board includes an improvement plan to further strengthen speaking up arrangements in the Trust.

The National Guardian's Office has brought together four questions from the NHS Staff Survey into 'Freedom to Speak Up Index'. Our Trust has achieved the highest index result for three consecutive years: 2019, 2020 and 2021 compared to all organisations in the NHS.

Supporting staff and staff engagement

In 2021-22 staff faced again unparalleled challenges as a result of the Covid-19 pandemic and the Trust supported them in a range of ways, we

- provided a wide range of support for staff including: access and signposting to physical and emotional well-being advice, information and resources; risk assessments for all staff; supported staff who were shielding to work remotely where possible and to be able to stay away from work where remote working was not possible;
- continued to offer mindfulness and personal resilience training programmes to enhance the already successful training for personal welfare, which supports our Live Life Well and Covid-19 stepped offer programmes;
- trained and launched a network of Wellbeing Guardians;
- continued to support a network of Freedom to Speak Up Champions;
- continued to introduce innovative recruitment initiatives in hard to recruit areas;
- successfully transferred staff into the Trust as a result of procurements won and continued to use tailored inductions to meet the needs of new staff;
- supported services and staff transferring out of the Trust, with a transition programme that ensured they left the Trust in the best state of readiness to positively move forward;
- provided bespoke team development, support and skills training for teams impacted by the pandemic;
- provided coaching and mentoring support to leaders, managers and team leaders, and continued to implement action plans based on staff feedback;
- reviewed Trust wide training and education needs to plan, procure and implement programmes of development, to support staff to deliver high quality services whilst face-to-face training was not possible, through innovative use of MS Teams and virtual training platforms;
- promoted the benefits of effective appraisals during difficult time;
- continued to provide an appraisal career and personal development planning process;
- offered flexible working and family friendly arrangements and a Carer's and Special Leave Policy;
- continued to support the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to discuss our response to the pandemic, exchange information, harmonise human resources policies and processes following the transfer in of staff, and to consult and negotiate on employment matters;
- continued to offer a confidential line for informal support to staff experiencing bullying or harassment and a zero tolerance approach to violence in the workplace;
- supported staff to take breaks and have a flexible approach to allow annual leave to be carried over where staff could not take leave in exceptional circumstances;
- continued monthly online Question & Answer sessions for staff to join executive and non-executive directors to discuss any issues that they wanted to raise directly with Board members.

Mandatory training

The Trust continued to:

- Improve access to e-learning for mandatory training subjects including via a staff telephone/teams call helpdesk.
- Review and amend our Trust induction based on staff feedback and Trust requirements and completed the roll out of unconscious bias training as part of e-learning to all staff.
- Ran virtual Trust induction programmes during the pandemic.
- Maintained a high level of training compliance during the pandemic, replacing face-to-face with virtual training/written information, only re-introducing face-to-face where essential and in a Covid-19 safe environment.
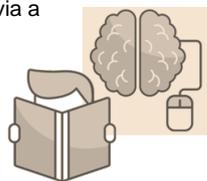
Improvements made to the electronic staff training record (OLM) included:

- Fully embedding the employee self-service function across the Trust and enabling staff to access e-learning for many mandatory and role specific training packages.
- The roll out of the supervisor's self-service functionality has been completed and being used by managers to track their teams training compliance.
- Starting and continuing with the roll out of OLM to record all training including 'essential to role' training.
- Linking our unconscious bias training programme to the Electronic Staff Record (ESR) allowing staff training records to be updated automatically (previously updated manually).
- Using OLM as one tool to support the Large Scale Vaccination centre workforce with their training.

Attracting and retaining a Quality Workforce: looking forward to 2022-23
We will:

- Undertake a full Training Needs Analysis (TNA) of all skills development needs, including clinical and non-clinical skills.
- Develop the skills of our clinical staff in quality, service improvement and redesign tools and techniques, providing bespoke programmes of leadership development, for services undergoing significant service redesign.
- Continue to work with partners across Integrated Care Systems (ICS) to work collaboratively on all workforce retention matters including implement the nursing associate role, reservist models, workforce planning and recruitment and retention.
- Continue to expand the opportunities for apprenticeships across our workforce, following implementation of the Apprenticeship Levy and further higher apprenticeships becoming available for our clinical and non-clinical workforce; linking with the Health Education East of England (HEE) Grow Your Own initiative.
- Continue to roll out the preceptorship training to all our Preceptors.
- Continue to offer our successful Chrysalis and Stepping Up leadership and management development programmes and bespoke programmes to support team development.
- Continue to offer places on the local Mary Seacole Leadership Development Programme and to support expansion of this across all our ICSs.
- Continue to embed a coaching and mentoring culture across the Trust, investing in further health coaching training for our clinical workforce and mentor development.
- Continue to implement our 2020-23 People Strategy, focussing on:
  - a highly engaged workforce
  - an appropriately trained workforce
  - a healthy and well workforce
  - diversity and inclusion for all
  - an organisational culture of continuous improvement

Health and Wellbeing and Sickness Absence Reduction

Health and Wellbeing (Live Life Well)
The Trust's comprehensive local health and wellbeing programme, named "Live Life Well", has continued to support staff to achieve a healthy work-life balance, including through:

- Personalised approaches to managing all staff matters, creating a 'People first' culture.
- Continued promotion of support available to staff including during the coronavirus (Covid-19) pandemic, as well as the rapid access to MSK service, union representatives, occupational health and our confidential counselling services.
- Supporting staff with their financial wellbeing through a partnership with Neyber, a financial service provider, and to trade union members via their unions.

- Promotion of the wellbeing value of good team working, two-way communication and taking a break.
- Incorporate input from experts into our mental wellbeing, reliance and mindfulness support and undertaking research into the wider use of mental wellbeing interventions.
- Supporting the mental wellbeing of staff including with a Stepped Offer signposting staff to support and advice during the pandemic.
- Promotion of the wellbeing effects of volunteering.
- Promotion of NHS staff discounts.
- Encouragement to participate in the 'flu vaccination programme.
- Promotion of key national wellbeing related days/weeks throughout the year.
- Working with public health wellbeing providers to offer staff a range of health checks and advice and information within their local area, building on the success of this in Luton.
- Resilience training.
- Newsletters, intranet pages and communication cascade weekly updates.
- Review of our domestic violence policy / support using the expertise in our Safeguarding Team experts.
- Reminder to staff about access to free eye tests if they use a computer as part of their role.

The following table provides information on the Trust's sickness absence rates.

Data category	2016-17	2017-18	2018-19	2019-20	2020-21
Average WTE*	1762.79	1713.34	1970.27	2016.86	2066.44
Average monthly sickness rate	4.67%	4.45%	5.21%	4.96%	4.33%
WTE days lost	30110.73	20794.69	37430	36538.96	32746.13
WTE days available	645,165.81	466,911.36	719,565.55	736,041.20	756,331.74
Cumulative sickness rate - based on yearly totals	4.67%	4.59%	5.20%	4.51%	4.34%

Notes:

- **WTE refers to Whole Time Equivalent (e.g. a full time post equivalent to 37.5 hours per week).*
- *Figures in the table above have been rounded up/down to the nearest decimal point.*
- *The above table reflects data from our internal monitoring process based on a full calendar year, e.g. 365 days. As such, the sickness rates included within the Trust's annual accounts, which are based on Department of Health estimated figures over 225 days per year (i.e. excluding weekends and bank holidays) will not correlate with the above.*

Staff policies

The Trust aims to ensure that no employee or job applicant receives less favourable treatment because of their race, colour, and nationality, ethnic or national origin or on the grounds of gender, marital status, disability, age, sexual orientation or religion; or is disadvantaged by conditions or requirements which are not justified by the job.

The Trust's Workforce Diversity and Inclusion work is supported and underpinned by our Workforce Diversity and Inclusion, Recruitment and Selection, Civility and Respect / Anti-Bullying Policy and our Training, Education and Development Policy, to name a few. A new policy supporting the involvement of service users in recruitment and selection was agreed in March 2022.

During 2021-22, the Trust continued to receive accreditation to use the Disability Confident Symbol for employers who meet a range of commitments towards disabled people and as a Mindful Employer, which increases awareness of mental health in the workplace.

3.7   Diversity and Inclusion

The Trust Board has agreed four Equality Delivery System (EDS) annual objectives, two Workforce Focused and two Patient Focused, as detailed below:

Workforce EDS Objectives:

- To support the development of a Trust-wide Anti Racism Strategy and OD plan
- To finalise the roll out of reverse mentoring as part of all in house development programmes

Patient EDS Objectives:

Workforce
To support the two Workforce EDS objectives outlined earlier and to meet our aspirations in line with the Workforce Race Equality Standards, we have:

- Explained our Staff Diversity Networks with three staff-led networks operational: one for staff from ethnic minorities, one for staff with a disability or long term condition and one for our LGBTQ+ community. In addition, we have established a menopause virtual café.
- Held a Board development session, including the Cultural Diversity Network chair, to discuss and start to form the Anti-Racism Strategy.
- Engaged our Assistant Director of Organisational Development to work with our Assistant Director of Corporate Governance and Diversity and Inclusion, plus others, on developing the Anti-Racism Organisation Development Plan.
- Engaged with system-wide and national Diversity and Inclusion Networks on anti-racism plans.
- Supported BAME staff during the pandemic with specific tailored information on vaccines, disproportioned effects of Covid-19 and risk assessment/adjustments.
- Continued with our Cultural Ambassadors (CA) programme of senior staff from ethnic minorities, acting as critical friends including in disciplinary and grievances involving staff from ethnic minorities and recruited three new Cultural Ambassadors.
- With feedback from staff, we have continually reviewed how we support the representation of staff from an ethnic minority background on selection panels where an applicant from ethnic minorities is shortlisted, to help address disparity between these applicants being shortlisted and appointed, including updating our anti-discrimination practice recruitment training.
- Published our fourth gender pay gap report and identified action to help address a higher number of male staff in senior roles compared to the Trust wide gender split of 93% female and 7% male.
- Continued with our diversity mentoring, including reverse mentoring.
- Continued with opportunities for ethnic minority mentors for Board members.
- Put in place plans for reverse mentoring to become part of in-house leadership development programmes now these have resumed post-pandemic.

Measuring Outcomes
Every year, we work with our staff, patients, families, carers and the public to assess our performance in diversity and inclusion and against our four EDS objectives. The staff objectives self-rating took place on 10 March 2022 and will be presented to our Board in the Diversity and Inclusion Annual Report including progress against the previous year's objectives. An improvement plan for the following year is agreed.

Our progress reports and action plans on diversity and inclusion initiatives can be accessed through our website.

Workforce Race Equality Standards (WRES) Results
The results from this year's staff survey linked to the WRES dipped slightly overall, although the Trust is still above the benchmarked sector average for positive responses. The issues remain that staff from ethnic minority backgrounds report that they have suffered from bullying and harassment from staff, discrimination from a Team Lead/Manager and abuse from members of the public. These areas need enquiry and careful planning to improve the experience of our staff from an ethnic minority background.

There has again been a positive increase in staff from an ethnic minority background reporting that they feel the Trust gives equal opportunities on promotion/career progression.

The Trust will work with our Cultural Diversity Network to agree one key measurable objective to seek to address concerns raised by staff.

Workforce Disability Equality Standards (WDES) results
There has been a reduction in the overall feedback from staff with a long term condition (LTC) about their experiences and the Trust will work with our Long Term Conditions and Disability Staff Network to agree one key measurable objective to seek to address concerns raised by staff.

Staff Networks
The Trust supported the establishment of three staff networks during 2021 and 2022, which have given a platform for our culturally diverse workforce, living with a long term condition or disability and being part of the LGBTQ+ community to have a voice and peer support, and for the Trust to act on their feedback and these networks remain key sources of feedback along with the staff survey feedback.

Gender Pay Gap
In 2021, the Trust published its third annual gender pay gap report for 2020. At the time of writing this report, the 2021 gender pay gap report has not been published. These reports show the percentage of male and female workers in each pay band and those in receipt of bonus payments (which in the Trust is consultants in receipt of a Clinical Excellence Award).

The overall mean gender pay gap in 2020 was 26.68% (compared to 27.07% in 2019) and is mainly attributed to executive level (Band 9 roles) and medical consultants who are the highest paid staff in the Trust. In these roles, there are disproportionately more men than women compared to our overall male to female ratio. This disproportionality explains the gender pay gap.

When published, the Trust will take action to address any issues raised in the 2021 gender pay gap report.

The Trust's Diversity and Inclusion Steering group oversees the agreed Trust wide actions to seek to have a representative gender mix in all pay bands within the Trust, which in 2021 included:

- Promoting flexible working in senior roles to attract female applicants, including job share as standard in all job adverts.
- Commissioning and promoting the Springboard development programmes for female staff (and if agreed the male version).
- Reviewing shortlisting data for senior roles (bands 7 and above).
- Widening the diversity of selection panels.
- Reviewing options to attract male applicants to lower band roles including into apprenticeships.
- Offering mentoring and coaching opportunities with female coaches and mentors.
- Reviewing how we attract more male applicants into the NHS in their early career.

3.8 Our Award-Winning Staff and National Recognition

- A team of clinicians and service leads met virtually with Matthew Gould, Chief Executive of NHSX (part of the NHS Transformation Directorate at NHS England) to share the digital innovation we have introduced and support understanding of the challenges facing community providers and how NHSX can support our work.
- Our Luton children and young people's Rapid Response Team, which enables NHS 111 to book children directly into the service, was highlighted by NHS England/Improvement as an example of best practice in a series of case studies for its success in reducing the pressure on hospital emergency departments while strengthening urgent care in the community.
- There have been a number of exciting co-production projects contributing to better outcomes in community services, one of which is the Diagnosis Resource pack developed by the Bedfordshire and Luton Children's service which has received national recognition. As well as sharing this resource with colleagues in Cambridgeshire Children's services, the service has also been approached by NHS England/NHS Improvement (NHSEI) to discuss sharing the resources and best practice nationally. An abstract submitted to The Royal College of Paediatrics and Child Health (RCPCH) has been published by the British Medical Journal (BMJ) and can be read here (article 1800) https://adc.bmj.com/content/archdischild/106/Suppl_1/A493.2.full.pdf.
- Julia Hallam-Seagrave, Head of Dental Service attended the National Service of Thanksgiving at St Paul's Cathedral for leading the introduction of new urgent dental centres across Cambridgeshire and Peterborough at the outset of the pandemic ensuring vulnerable patients could continue to access urgent care.

> Staff friendly and knowledgeable. Hillary the nurse was upbeat and put me at ease, Melanie the surgeon was very calming and talked me through everything that was happening. The treatment centre itself was clean and checking in was easy.
> *Dental Service, Huntingdon*

- Austin Chinakidzwa, Chair of our Diversity Network and Specialist Heart Failure Practitioner received two tickets for Wimbledon for the inspirational leadership he has shown as the Trust's first Diversity Network chair.
- Our Dental services and DynamicHealth services showcased innovative ways of working which had been introduced throughout the pandemic at an NHS England/Improvement community learning event.
- Dr Sarah Edwards, iCaSH, submitted a poster presentation for the British HIV Association and the British Association for Sexual Health and HIV conference on 'Outcome of Genitourinary (GU) referrals following Covid guidance'.
- Gail Stephens, DynamicHealth service, created a poster about 'recovery from chronic cough or Covid-19' which was disseminated through NHS England to GP surgeries, featured in the Pelvic Obstetrics and Gynaecology Physiotherapy (POGP) Journal and was part of the poster presentations at the POGP Conference in October 2021.
- Our DynamicHealth Team won the Outstanding Achievement Award at the national BAME Health and Care Awards for the rehabilitation group they introduced for South Asian women, with an article published in Frontline Magazine (the professional body journal) showcasing the initiative.
- The Luton and Bedfordshire Children's Rapid Response Nursing Team was the regional finalist in the Parliamentary Awards urgent and emergency care category and joined all the regional finalists at the NHS Parliamentary Awards national celebration event.
- The Trust's Communication Team was shortlisted in the NHS Communicate Awards in the Health and Wellbeing category, which recognises the contribution that communication makes to the successful implementation and delivery of health and wellbeing initiatives for staff.
- A number of Trust nurses were awarded Queen's Nursing status by the Queen's Nursing Institute, recognising their contribution to good practice within the sector.

- Case studies of vaccination centre volunteers who have gone on to secure paid roles within the NHS were used by NHS England for promotional purposes.
- Prime Minister Boris Johnson visited our Queensgate Vaccination Centre in Peterborough in early 2022 to thank staff and volunteers for the fantastic work they are doing.
- Two case studies of staff in large scale vaccination centres taking up permanent roles within the NHS were used in the national "We Are the NHS" recruitment campaign, to be broadcast on national and regional radio. One case study has also been published in Closer magazine.
- The Trust's videographer, Terry Whyman, worked with colleagues from the Trust, Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) and acute hospital colleagues to film modules for the Cambridgeshire and Peterborough Long Covid-19 Programme, the content of which is to be used as the basis for a national programme.

3.9 Transformation and Improvement Projects

2021 was a challenging year which required delicate balancing of transformation efforts alongside sustaining the effective delivery of clinical services in an ever-changing environment. Transformation and improvement priorities adapted to the evolving needs of our communities and working collaboratively with other health providers became even more important. Below are some of the key areas of focus and the highlights which illustrate the commitment colleagues, services and the Trust have to improving the quality of services we provide.

Key areas of focus:

Collaborative working with system partners on transformations to co-ordinate and improve the health services and support we provide to our local communities, some highlights include:

- Successfully obtained additional funding to support stroke survivors in Bedfordshire receive psychological support, a six-month post-stroke assessment and increased the community provision to enable patients to go home where they can recover with those they love.
- Led on the gap analysis for out of hospital discharge arrangements across Bedfordshire and Luton system, identifying pinch points, opportunities for collaboration and the need for greater community investment.
- Facilitated a number of collaborative system and Trust wide discussions regarding the development of our Bedfordshire Children's and Young People's Occupational Therapy service to ensure it meets the future needs of local children.
- Continued to co-lead the Best Start programme across Cambridgeshire, to improve the life chance of children (pre-birth to five years old) by addressing inequalities, narrowing the gap in attainment and improving outcomes for all children. Throughout 2021-22 this included supporting the implementation of place-based pilots all tailored to support urgent local issues, i.e. smoking during pregnancy, early communication difficulties, low levels of childhood immunisation rates, etc.

> The ladies I spoke to were very helpful and provided me with the information and appointments I needed for my child.
> *Cambridgeshire Specialist Children Single Point of Access*

- Established a system wide transformation programme for implementing a balanced system clinical model for children and young people accessing speech and language services in Norfolk.
- Continued efforts to improve the transition into adulthood for young people in Bedfordshire and Luton, leading system discussions and linking in with national/regional leads on how we can ensure this transition is seamless and well supported.

Continued exploring the use of technology to help co-ordinate support, enable people to manage their care and access support easily when needed, some highlights include:

- Implemented a remote monitoring system for people living with heart failure and respiratory to remain well and out of hospital. Successfully secured funding awards from NHSX to widen the reach of this across the whole Bedfordshire, Luton and Milton Keynes (BLMK) area.

- Managed the implementation of a virtual community ward app across Bedfordshire to support the timely discharge and care for patients from hospital.

> *"A few months ago I called the ambulance when I had issues with my breathing. When they came, I was able to retrieve the phone which had readings for blood pressure and heart beats over the past few months. The ambulance could see that current readings differed from the historic ones. Those readings supported their assumptions and gave them reassurance. Most of the time ambulance staff do not know what your blood pressure is typically like so the historic readings enabled them to see"*
> **Shakeel - Heart failure patient**

- Designed an online referral portal for community paediatrics service in Bedfordshire, with the aim for this to become the central referral point for all Children and Young People services in the next few years.

- Created online health needs questionnaire for Cambridgeshire's children and young people in getting ready for change, at key stages - reception, year 6, year 9, and 16+. This information will also help us adapt and provide targeted support that best meets the needs of our local families.

- Continued to develop the digital support available to people accessing our sexual health services with the creation of self-referral/management pathways due to be launched in Spring 2022.

- Launched a project increasing the use of digital tools to connect with patients, enhanced communication between clinicians and patients and increased choice on how patients access/book appointments.

Advanced our use of data in improving and transforming services, some highlights include:

- Creation of a live dashboard to monitor completion of district nursing calls and continued to look at ways to improve the efficiency in scheduling these visits to ensure that we provide responsive care and support.

- Developed an interactive demand and capacity tool. Due to be launched in April 2022, the tool will support the efficient and effective management of our clinical services.

- Developed a range of predictive and scenario models that help solve problems and assist in the efficient running of services. Particular focus in 2021 was given to our telephony performance – identifying ways to improve response times and ease of access.

Improving access into our services remains a priority for many clinical services, some highlights from 2021 include:

- Improving the referral management processes and system in our Luton Adults Community service identifying ways to remove duplication and confusion and supporting the service to manage requests for support more efficiently.

- Launched the Bedfordshire & Luton Children's Health Hub combining 0-19 Healthy Child Programme services across the area, sharing resources, ensuring a consistent and reliable response to queries, and supporting families to access our services efficiently.

- Commenced a project to improve the access into Cambridgeshire & Peterborough 0-19 Healthy Child Programme services, working with colleagues on identifying improvements which help local families but also our staff.

- Developed an Urgent Care Response service to help ensure patients that need urgent support receive it within a two-hour window. This included building a simulation model to support future developments.

3.10 Successful Partnership Initiatives

Collaboration has been a central theme throughout much of the Trust's activities during 2021-22, including full participation in integrated care system developments across Cambridgeshire and Peterborough and Bedfordshire, Luton and Milton Keynes (BLMK), as well as being represented on Norfolk's Children Board and Norfolk Alliance.

Examples of collaborative initiatives that our services played a key role in and which are improving outcomes for local people include the following.

Bedfordshire, Luton and Milton Keynes (BLMK)

- A multi-agency discharge events (MADE's) initiative identified and improved hospital discharge processes and, through effective community-based alternatives, achieved significant reductions in the numbers of people who were in hospital but did not clinically need to be there.
- The introduction of remote monitoring for respiratory and heart failure, and more recently diabetic, patients is supporting people remain independent in their own homes and avoid hospital admission.
- Additional funding (from April 2022) will enable our Bedfordshire Acquired Brain Injury service for stroke patients in the community to expand, providing additional early supported discharge pathways.

> The understanding and support was just what was needed. John felt very comfortable with all who came to visit and help.
> *Bedfordshire Adults Acquired Brain Injury Unit*

- Partnership work with the East of England Ambulance Services NHS Trust and Luton & Dunstable Hospital emergency department to strengthen urgent community response (UCR) pathways has included the introduction of a dedicated phone line, enabling referrers to speak directly with a UCR clinician about the most appropriate pathway for the patient. Future plans include developing UCR pathways with care homes, social care and 111.
- Community Paediatric Teams continued to work with parents and professionals from health, social care and education to create and deliver a neurodevelopment disorder pathway for early intervention and support for those children who might have developmental problems.
- Our Children's Rapid Response Team continued to receive direct referrals from NHS 111 and other health and care professionals for children under five to reduce hospital emergency attendance seven days a week.
- Luton 0-19 services, with partners, supported the system-wide response to the arrival of Luton Afghan Refugees. The service facilitated health screening for 95 family units including 326 children in the quarantine and bridging hotels.
- A new collaboration with One YMCA and the Bedfordshire 0-19 services is supporting the development of an integrated service offer in the community for children and young people and their families. This includes new ways of utilising children services and expanding our joint universal service offers.

Norfolk and Waveney

- Detailed work is underway with partners to design a system-wide 'integrated front door' to physical and emotional/early mental health support utilising the existing 'Just One Norfolk' (JON) gateway.
- Our Healthy Child Programme worked with PROVIDE (Child Health Provider) and the three local acute hospitals to implement a digital transfer process for A&E notifications for children and young people with all attendances (and follow up where required) now automatically uploaded onto children's records via the Just One Norfolk digital platform.
- Our Just One Norfolk Team working with commissioners, GPs and acute hospitals to plan a series of webinars aimed at providing access to advice and information for families in regard to self-management of children's minor illnesses over winter, aiming to relieve pressures on Just One Norfolk, A&Es and GPs.

- As part of the Norfolk Local Safeguarding Children's Partnership 'Protecting Babies' strategy, partners worked together to promote safer sleeping to highlight the risks and potential consequence in a series of short films linked to digital resources and information on Just One Norfolk.
- A system-wide campaign 'Safe and Loved' helped parents and carers to understand the things that help children feel safe and loved including new resources and an animation co-produced with children, families and professionals.

Cambridgeshire and Peterborough
- Our DynamicHealth physiotherapy services participated in the Shared Care Record project, the aim of which is to enable providers to have access to each other's patient records to enable delivery of high quality, holistic care for service users. The service also engaged with the Department for Work and Pensions, Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) to gain service user views on barriers to employment whilst living with Musculo-skeletal challenges.
- We remain key partners in the Best Start in Life five-year strategy to improve life chances of children (pre-birth to five years). Our contractual Joint Venture with Cambridgeshire and Peterborough NHS Foundation Trust is a key enabler in this programme. The Best Start Programme has developed a range of local pilot schemes which bring together partners from both the statutory and non-statutory sectors to agree and implement locally agreed priorities.

> My health visitor is a very warm, friendly, knowledgeable and supporting health visitor
> *Health Visiting, Huntingdonshire*

- Together with Cambridgeshire and Peterborough NHS Foundation Trust, Centre 33 and Ormiston Families, the Trust delivered a Partnership Agreement that brings together mental and emotional health services for children and young people in Cambridgeshire and Peterborough. The Trust continues to develop Mental Health Support Teams in Schools, and in total now has six teams operating across Cambridgeshire and Peterborough and we will continue to increase the number of these teams.
- The redevelopment programme at the North Cambridgeshire Hospital site was re-launched following a temporary pause during the pandemic, supporting care delivered by all healthcare partners on site.
- A planning application on behalf of 11 local NHS and social care partners to modernise services and facilities on the Princess of Wales Hospital site in Ely was successful and the Trust now awaits a response from the Department of Health to the subsequent Expression of Interest funding submission for capital funding.

Suffolk
- Our dental services in Suffolk are working with partners to develop processes that enable Looked After Children (LAC) to have direct access into the service.

iCaSH Services
- We continue to work in partnership with the Terrence Higgins Trust (THT) – the UK's leading HIV and sexual health charity – to support people living with HIV and help people using our services across Bedfordshire, Norfolk, Suffolk and Milton Keynes to achieve good sexual health.

System-wide response to the Covid-19 Pandemic

> The whole experience was very well organised. Lots of people on hand to guide. Very friendly and helpful.
> *Large Scale Vaccination, Connaught Hall, Attleborough*

- We continue to successfully deliver large scale vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney and played a key role in the delivery of the largest vaccination programme in NHS history. By the end of March 2022, our vaccination centres had delivered 1,357,075 doses of the vaccine giving people hope for a brighter future.

- Staff were redeployed, internally and to partner organisations, to support system-wide responses to the pandemic including mutual aid to the vaccination programme being delivered by large scale vaccination centres in Bedfordshire, Luton and Milton Keynes. DynamicHealth staff were redeployed in the Cambridgeshire and Peterborough system to support discharge pathways from acute hospitals.

3.11 Core Quality Account Indicators

Annex 1: Core Quality Account Indicator 19
The percentage of patients aged (i) 0 to 15 and (ii) 16 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

0-15 years category
The Trust does not operate any hospital inpatient services admitting patients under 16 years.

16+ years category
The Trust does not operate any hospital inpatient services admitting patients over 16 years.

Annex 1: Core Quality Account Indicator 25
The data made available to the National Health Service trust or NHS Foundation Trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Summary of data accessed from https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-5---treating-and-caring-for-people-in-a-safe-environment-and-protecting-them-from-avoidable-harm-nof/5.6-patient-safety-incidents-reported-formerly-indicators-5a-5b-and-5.4 on 18 March 2022.

Note: highest, lowest and average national measures taken from comparable community trust provider results only.

Results period	Trust figure		National average		National highest		National lowest	
	Oct 2019 - Mar 2020	Apr 2020 - Mar 2021	Oct 2019 - Mar 2020	Apr 2020 - Mar 2021	Oct 2019 - Mar 2020	Apr 2020 - Mar 2021	Oct 2019 - Mar 2020	Apr 2020 - Mar 2021
No. of patient safety incidents	742	1319	1885	3654	4137	8090	742	813
Rate per 1,000 bed days	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
No. of incidents that resulted in severe harm or death	0	0	10	23	52	133	0	0
% of incidents that resulted in severe harm or death	0%	0%	0.53%	0.56%	1.26%	2.50%	0%	0%

The Trust considers that this data is as described because it originates from the National Reporting and Learning Service which is fed directly from our incident reporting system – Datix. The National Patient Safety Agency recognises that a high level of patient safety incidents reported can be a useful indicator of an open and transparent organisation.

Part 4:   Statements relating to quality of NHS services provided

The Trust's Quality Account 2021-22 was circulated for comment and feedback to our commissioners and stakeholders (see list below) and responses received are included in the following pages.

Bedford Borough Council Health Overview & Scrutiny Committee
Bedfordshire, Luton & Milton Keynes (BLMK) Clinical Commissioning Group
Cambridgeshire & Peterborough Clinical Commissioning Group
Cambridgeshire & Peterborough Joint Health & Wellbeing Board
Cambridgeshire County Council Adults & Health Committee
Cambridgeshire County Council Health Committee
Cambridgeshire Health & Wellbeing Board
Central Bedfordshire Council
East London Foundation Trust
Healthwatch Bedford Borough
Healthwatch Cambridgeshire & Peterborough
Healthwatch Central Bedfordshire
Healthwatch Luton
Healthwatch Norfolk
Healthwatch Suffolk
Luton Borough Council Health & Wellbeing Board
NHS England
Norfolk & Waveney Clinical Commissioning Group
Norfolk County Council Health & Wellbeing Board
Norfolk County Council Health Overview & Scrutiny Committee
Peterborough City Council Health & Wellbeing Board
Suffolk County Council Health & Wellbeing Board
Suffolk County Council Health Scrutiny Committee

Appendix 1: List of Trust Services – 2021-22

	Bedfordshire	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk	Milton Keynes
Adult services							
District Nursing / Community Matrons			X				
Specialist Nurses / Long Term Conditions			X				
Neuro-Rehabilitation	X	X (Oliver Zangwill Centre)					
Specialist services							
Community Dental Services, Dental Access Centres, and Minor Oral Surgery (MOS)	X Oral health promotion only	X		X Minor Oral Surgery only	X	X	
Musculoskeletal Services		X			X		
Sexual Health & Contraception Services	X	X		X	X	X	X
HIV Services	X	X (Huntingdonshire)		X	X	X	
Covid-19 vaccination centres		X		X	X		
Children's services							
Health Visiting	X	X	X	X	X (*see note below)		
School Nursing	X	X	X	X			
Therapies	X	X		Speech and Language Therapy			
Community Nursing	X	X	X				
Audiology		X	X				
Community Paediatricians	X	X	X				
Family Nursing Partnership	X	X		X			
National Child Measurement Programme				X			
Emotional Health and Wellbeing service		X			X (*see note below)		

Note: These services in Peterborough are provided in partnership with Cambridgeshire and Peterborough NHS Foundation Trust.

NHS

**Cambridgeshire
Community Services**

NHS Trust

Appendix 2

List of contributors to the Quality Account 2021-22:

Matthew Winn
Chief Executive

Dr David Vickers
Medical Director

Mark Robbins
Director of Finance & Resources

Kate Howard
Chief Nurse

Liz Webb
Deputy Chief Nurse

Karen Mason
Head of Communications

Angela Hartley
Assistant Director of Workforce

Mercy Kusotera
Assistant Director of Corporate Governance

Amy Edwards
Assistant Director for Service Redesign

Sara Heath
Clinical Quality Manager

Monty Keuneman
Information Governance Manager

Ian Moyes
Informatics Manager

Beth McLean
Senior Contracts and Relationship Manager

Deborah McNeill
Patient Experience Information Analyst

Chris Sharp
Matron Infection Prevention & Control

Dr Paula Waddingham
Senior Research Fellow

Louise Ward
Incident, Risk and Safety Manager

Lisa Wright
Patient Experience Manager

Quality Account co-ordinated by:

Vicki Budd
Quality Co-ordinator

Helen Ruddy
Business Support Manager

Appendix 3 – Clinical Audit Summaries – April 2021 to March 2022

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
Bedford Children's Services				
1237 Audit to measure outcomes within 2 months of having an ADOS. (BAT). 31/4/21	Children's services Luton & Beds	▪ Comparison of two services using ADOS (Autistic Diagnostic Observation schedule). Part of a larger study which informs the observation of change following introduction of BOSA used during pandemic. ▪ All children diagnosed with autistic spectrum disorder were given a plan for management and signposted to other resources. Diagnosis following ADOS was 75%/65% (Luton/Beds).	▪ Compliance (45%) in standard 4 discussion with family on discharge. ▪ Significant difference 65%(Luton)in comparison to Bedford (20%) in compliance of patients offered an appointment within 6 weeks.	▪ Review of process regarding booking of appointment following ADOS appointment in Luton. ▪ To review booking of following an ADOS appointment with 6-8 weeks of completion.
1219 Measuring outcomes that occur within 2 months of a child having a BOSA 31/4/21 Linked to id.1237	Children's Services Luton Beds	▪ Comparison of two services using BOSA (brief observation of the symptoms of autism) during Covid pandemic. ▪ One service achieved higher compliance to standards using BOSA when compared to ADOS while the other service achieved higher compliance in one standard. ▪ There was no decrease in compliance with signposting or giving families a plan in either service following introduction of BOSA.	▪ Significant difference in compliance of services offering an appointment following BOSA 90%/35% (Luton/Beds). ▪ Compliance in discharge discussion 60%/10% (Luton/Beds) following BOSA.	▪ To discuss with the doctors the efficacy of the BOSA in diagnosis of autistic spectrum disorder.
1130 Beds Child: Attend Anywhere (AA) - Video	Children's Services Beds Child	▪ To assess the effectiveness of the Attend Anywhere platform for patients/families during pandemic and if	▪ The audit has highlighted that practitioners are not routinely assessing communication needs.	▪ SY1 communication assessment prompt to record Communication Assessment.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
Consultation (April 21)		• it supports staff for lone working purposes. • 100% compliance a video consultation had taken place; practitioners clearly recorded the intention of the contact, the outcome and the action. • 92% compliance of ongoing referral follow up when required was documented. • Feedback from families was 65% positive.	• Documentation confirming to patients how to access AA not consistent (54%). • 81% compliance with documenting consent. • 44% compliance SMS text sent for feedback.	• Education to teams re: recording consent and SMS text on template using family VC guidance. • VC trouble shooting guide for staff.
1365 Adherence to 'DNA' (did not attend)/'WNB' (was not brought) pathway for non-attended appointments at the Child Development Centre (CDC) in November / December 2020 (09/04/2021)	Children's services (Bedford) Paediatrics	• This is an audit of the DNA pathway in place at the CDC. This followed SI events/safeguarding node entries that were linked to safeguarding concerns. • 10/12 'DNAs were recorded in the Significant Events Template. • Where a safeguarding concern was identified 100% were acted upon and referred. • Genuine reasons for DNA were given by parents in 2/6 records. • 83% compliance of correct recording in significant events on SY1. • Discharge letters were sent to 3/5 parents/carers in the appropriate context. • (1 discounted as not required).	• One standard out of 7 achieved 100% compliance. • For those patients who had not responded within 30 days, only once out of three applicable instances did the booking clerk inform the clinician, although 2 of these 3 patient records were reviewed by the clinician. • Study involved a selection by timeframe rather than number in cohort. • Although compliance of 100% was evidenced that safeguarding pathway was correctly followed this was only 1/1 a longer study may have yielded a different number.	• Findings presented at the next departmental clinical governance meeting and disseminated via email. • Refresher training for CDC staff in communication lines associated with DNA and missed appointments pathway. • Booking clerks to escalate to clinicians when there has been no response.
1343 Record keeping of 1% cyclopentolate minims issued for home-use under current PGD (July21)	Children's Services (Specialist eye services Bedford)	• Audit of adherence by Orthoptists to PGD 124 when supplying eye drops. • Change of practice resulted in improved supply. • Target of 100% compliance in all standards. All randomly selected patients had their eye drops correctly supplied.	• Poor stock control led to reduced supply and expired drops previously being given. • Re-audit (July 21) showed a reduction in compliance with recording of drug allergy status from 100% to 60%.	• Change to template for recording in medicine management. • Policy of discarding expired eye drops. • Audit to be repeated in 3 months.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
		▪ No further incidents of expired drops being administered. 100% compliance with drug allergy status recorded.		
1439 An audit of our ADHD service to review assessments before and after starting ADHD medication and to check compliance with NICE guidelines (June-21)	Beds Paediatricians	▪ Critical time points on the prescription of ADHD medications pathway -audited as per NICE Guidelines (2019). Evidence of escalation through safeguarding if required. ▪ Identified service gap and risk with delayed appointment- Established regular ▪ Nurse led BP clinics and escalation process with doctors. ▪ Only 15% had current or recent safeguarding needs and none of these required any further escalation.	▪ 1st baseline observations recorded (100%) ▪ Recording of repeat weight, height, BP & PR at subsequent visits 20-25% compliance. ▪ 80% compliance with completing re-drug treatment checklist.	▪ Nurse led BP clinic. Impact from Covid pandemic led to Saturday Clinic. ▪ Escalation process implemented.
1483 Newborn Blood spot S1 screening / immunisation template & use of body map tool identifying skin pigmentation on a baby (Nov-21)	Beds Child	▪ Re-Audit of SY1 immunisation /screening template, introduced in 2019 for new birth visit consistency. Evidencing screening standards in HV practice and use of policy guidelines (as per HV handbook practice protocol. ▪ 6/7 standards achieved 100%. ▪ Third audit to show improvement in results. ▪ 94% compliance Improvement on 2019 Audit outcome of 71% & 80% in 2020.	▪ Both the safeguarding children pathway and the Universal Handbook for Practice state that the expectation is that HVs needs to document assessments and actions in records and body-maps on S1. All staff to be reminded of this expectation via locality team meetings/Development Leads.	▪ Share audit findings with: ▪ HV Newborn Blood Spot Screeners. ▪ Bedford Hospital Antenatal Newborn Screening Programme Management Board. ▪ All staff Re- use of body map tool. ▪ Re-audit biannually.
1429 EHCP special needs school nursing report (7/10/2021)	Beds Child	▪ Audit of the standard of EHCP report writing. ▪ Consistent recording of diagnosis and source (100%-94%)	▪ The child/young person's aspirations are regularly not being recorded (6%). ▪ Clinicians are failing to consistently record child/parent input 33%. ▪ Specialist school nurses are not attending or inputting into EHCP review meetings (11%) ▪ Lack of transition to adult services advice given.	▪ Staff training ▪ Obtain/record child's aspirations prior to completing report. ▪ Focus on transition planning and VOC. ▪ Re-audit. ▪ SY1 process for recording use of EHCP.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
1440 Beds 0-19 Service – A&E attendance notification process (21/1/2021)	Beds Child	▪ Audit of the A/E safeguarding notification pathway. ▪ 100% notifications received from hub are being shared with 0-19 practitioners.96% reviewed and template completed. ▪ 5/8 standards achieved >96%.	▪ 8% follow-up not deemed to have not been completed, due a lack of evidence that the Social Worker and parents had been contacted. ▪ 20% of the actions were not completed within the stipulated timeframe. -difficulty contacting parents.	▪ Remind all staff of the Safeguarding A/E Notififcation Pathway and its importance-locality meeting 10.3.22. ▪ Learning forum 26.1.22 Documentation- of the importance of record keeping and the need to document all actions and conversations.
1212 No Intervention Safeguarding Caseload audit	Beds Child	▪ Audit of process and pathway on SY1. 100% compliance with 5-19 staff attending Initial Child Protection Conferences.	▪ Documentation does not clearly reflect if Health Assessment has been declined. ▪ Documentation omissions for LAC. ▪ Parallel issues highlighted in UPP audit with requesting and receiving minutes. ▪ 20%compliance with 6 monthly record review.	▪ Re-training at learning forum ▪ New SOP to accompany service. ▪ Implimenation of caseload cleansing 6 monthly.
1441 Borderline vision screening referrals – Can we change the referral criteria? (Jan-2022)	Specialist eye services.	▪ Audit of referrals that may be Borderline. Review of existing criteria. ▪ 75% referrals discharged first appointment- 12.5% were discharged post refraction appointment.	▪ 12.5% remained under service requiring 2+ contacts.	▪ Re-audit ▪ Consider additional pathway to specific optometrists &/or increase capacity for additional contacts.
1585 Consent for Genetic Investigation in Community Paediatrics (South)	Community paediatrics	▪ Retrospective audit - documentation of consent using external standards against those used – to align standards for discussion form. ▪ 39% of patients did have documentation of discussion of "uncertainty" in test results	▪ Documentation of consent for genetic testing does not follow the standards of the East Genomic Laboratory Hub. ▪ 19.5% documentation "microarray information leaflet" sent to parents, which may have included relevant information for consent, but the content of the leaflet is not contained within the patient record.	▪ Discuss results in team audit meeting. ▪ Share details of regional genetics record of discussion consent form with department.
1584 First-Line Investigations for Intellectual Disability and Developmental Delay in	Community paediatrics	▪ Retrospective audit of investigation requesting compliance. 2014 guidelines. ▪ Genetic microarray requested in workup assessment day 98%.	▪ Variation with regards to arranging other first line tests. ▪ Consensus required about which tests should be performed for development delay.	▪ Discuss results in team audit meeting.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
Community Paediatrics (South).		▪ Proportion of abnormal microarray results is in keeping with previous audit.		
Norfolk Children's Services				
1159 Voice of the Child (04/05/21)	Children's services Norfolk	▪ Re-audit where record keeping was a key finding of poor compliance 2020. ▪ On Re – audit there has been significant improvement in 6/8 standards. Use of the Assessment Framework and Think Family approach is embedded into the new Record Keeping Training programme. ▪ Recording of referral /follow up 2020 27% 2021 90.6%.	▪ Identified ongoing issues with recording professional contacts details. ▪ Risk in the form of clinical identifiers has dropped and in some areas is as low as 50%.	▪ Record Keeping Training has been offered to all staff in Norfolk 0-19 HCP ▪ Voice of the Child recording is central to this training with an emphasis on identified issues from 2020/2021 audit findings ▪ Review training programme to include Genogram training. ▪ Re-Audit 2022. ▪ Continue use of status markers and the significant events template, cascade to staff through their leadership teams.
1511 Voice of the Child. (Feb-2022)	Children's services Norfolk	▪ Third Re-Audit of 1159. Monitoring of Previous improvement. ▪ Consistent compliance for 2 standards. 11% improvement in visual contact with children during appointments including virtual which has been prioritised over telephone calling if FTF not possible. Record Keeping Training has been embedded for all staff -variances reduced and consistency in record keeping standards have been seen. ▪ Consistent 83% in use of 'think family approach', template & framework.	▪ 5/8 standards showed reduced compliance after seeing improvement. ▪ Robust safeguarding requires recording of VOC 63%. Variances in compliance across 6 locality teams. ▪ Significant decline (82% to 61%) in the number of records containing an analysis of the contact, clear planning and any required actions. Use of status marker/significant event 62%. ▪ Follow up to referrals requires attention (77%) reduced use of risk assessment tools (73%).	▪ Review record keeping training. ▪ Guidance for staff: VOC guidance and analysis and planning, Groups and Relationship & status markers/significant events.
1317 The universal offer of an annual contact to children and young people with additional needs and their	Norfolk Audit of Children and Young People's Health Services	▪ Audit of new process implemented 2018. ▪ No difference in the quality on planned and unplanned contacts. When a contact was made during, e.g. a development review, there was often a	▪ Some contacts recorded in which the context of the child's additional needs were not documented (49%). ▪ Missed opportunities for intervention or signposting.	▪ Audit findings to senior leadership. ▪ Consider alternative methods of delivery understanding contractual requirements and performance indicators. ▪ Offer alternative family group support.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
parent/carers. (Dec-2021)		more thorough documentation of discussion, assessment and planning due to change in practice. Evidence of consent to contact (51%). Half of the contacts clearly reflected the voice of the child.	• Internal signposting 61%, external 48%. • Lack of analysis & planning.	
Cambridgeshire Children's Services				
1045 Next Generation Children Project Audit (05/08/2021)	Children's Services (Cambs)	• Audit of genetics diagnosis process. • 33/34 patients had confirmatory NHS testing of the identified variant. • 82% compliance result added to child record.94% referred to genetic clinic & seen in 6m (100%). Of those referred 100% seen within 18 weeks. • Age at referral was less than those already known to CCS services at diagnosis.	• 2/4 parents refused access to their child's notes following the death of the child. • 48% compliance with signposting for parents. • 61% require a CCS referral – early signposting required.	• Offer of initial contact to parents at diagnosis for education & support in line with other genetic disorder pathways.
1376 Bone health monitoring in children with cerebral palsy according to NG62. (10/08/2021)	Community Paediatrics (Cambs)	• Audit measures number of children who have received both annual bone health assessment and appropriate blood tests within last 12 months. • Of 110 children identified 40 were considered high risk.	• Less than half the children with cerebral palsy at higher risk for poor bone health had had bone health bloods 37.5%.	• Standard to be included in bone health pathway. • Presented at community paediatric audit meeting Oct 2021.
1414 Emotional Health & Wellbeing Service (EHWS) Audit (26/08/21)	EHWS Child services	• Record keeping and documentation audit within the EHWS service which offers support to both parents and children. • 6/23 standards achieved >95%. • Recording of GP details achieved 100%. • Quality of professional language and detail in entries achieved 95% and 92% had evidence of a clear plan following sessions. • Improvement seen since last Audit Jan-21	• 6/23 standards achieved <50% • 5 % of records did not have key identifiers such as the correct name and DOB. • 78% compliance in identifying the clinician by name and role. • 39% compliance with recording details of date/time/duration of each intervention. • Evidence of Consent form on SY1 78%.	• Leads to attend Team meetings. • Audit of Team meetings. • Re-Audit and leads to monitor trends/results. • Education on documentation skills document and guide.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
1576 Emotional Health & Wellbeing Service (EHWS) Audit (Feb-2022)	EHWS Child services	▪ Re-Audit (1414) Record keeping and documentation audit within the EHWS service. ▪ Improvement seen in 15/24 standards. (1 additional standard added from previous. 1414)	▪ 9/24 standards showed reduced compliance.	▪ AO to attend EHWP Team Meeting, CWP Team Meeting. MHST Cambs. Hunts & Peterborough Team Meeting.
1541 Guideline concordance for Down syndrome in special schools (01.02.2022)	Cambs child - Community paediatrics	▪ Audit against guidance for investigation and monitoring. ▪ TFTs were checked for the majority of children 88.3% ▪ Weight & height consistently documented by school nurses on SystmOne.	▪ Quality of recorded data ▪ Most data was not coded ▪ C-spine advice was very rarely explicitly documented. ▪ Transition transfer information re-heart sounds poorly documented. ▪ BMI, growth centiles & advice/actions not recorded.	▪ Consider the role of a nurse specialist ▪ Look at use of system one data capture ▪ Standard letter for Down syndrome transition shared ▪ Further evaluation of audiology data
1522 Cambridgeshire 0-19 Healthy Child Programme Voice of the Child Audit (30/01/2022)	Cambs Child 0-19	▪ Audit replicated across child services Cambs. ▪ 2/5 standards achieved 100%	▪ No prompt identified on the infant feeding page. ▪ Written guidance and prompts may not be accessible in all S1 templates ▪ 3/5 <64%- unreliable data	▪ Prompt to be added to the infant feeding page to complete the voice of the child. ▪ To look at the audit questions for the future: question one is not clear and needs rewording. Question 3 may not be suitable as a VOC question. ▪ To check all templates to make sure the written guidance/prompt is there for VOC. ▪ Training for recording needs to be updated in PD and VOC training.
Luton Children's Services				
1413 Video Consultation using AccuRx (31/08/2021)	0-19 Luton	▪ Audit of video consultation practice. ▪ 90% of consultations fitted the criteria to use the AccuRx platform. Records audited indicated a clear action plan had been made (80%) using video consultation. The majority of records audited indicated that the action plan had been completed.	▪ Gaps in documentation of the consultation and process. ▪ Obtaining of consent 80% ▪ Use of suitability assessment/basic guide 20%. ▪ Documentation of rationale for video consult 30% ▪ Evidence of completed actions 60%	▪ Feedback to teams in team meeting with regards to the outcome of the audit

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
1471 The New Birth Contact - Physical examination and identification of birth marks; and screening process (15/11/2021)	0-19 Luton	▪ Audit of standards associated with new birth contact by HV-focussing on screening, physical examination, consistency and use of SystmOne template for documentation. ▪ 100% compliance documented discussion new born blood spot screen, Hep B, and audiology assessment at birth. ▪ 5/10 standards achieved >92% ▪ Positive increase in birth mark recording since SystmOne template was introduced.	▪ 15% records did not record physical examination had taken place – no marks found. ▪ 7.5% records did not evidence discussion of immunisation.	▪ Dissemination of audit findings at locality team meetings with instruction to ensure negative reporting / reporting of marks, birthmarks and congenital dermal melanocytosis ▪ Re- audit to ensure standards are upheld.
1574 Care Plan audit, audit of the process of producing and reviewing care plans. (Feb 2022)	0-19 Luton	▪ Re-audit of care plan process standards (n10). ▪ 5/10 achieved 100% compliance in setting a review date, end date, a clear goal and completion of the care plan.	▪ 40% of records indicate a scheduled task had been set to review the care plan. ▪ 80% personalised reflected needs of the child.	▪ Audit findings to be shared with 0-19 service, including a reminder to set a scheduled task
Luton Adult Services				
583 Review of the change over from Monovette to the Vacuette blood taking system for Staff (13/04/21)	Adult services Luton	▪ Audit effectiveness of training to use vacuette system. ▪ 100% compliance with all standards. Safe & successful transition from monovette to vacuette. Staff met all standards.		▪ Vacuette re-visited to address issue with equipment. ▪ Option of additional training.
1412 Appraisal Review Audit (Oct 2021)	Adult Services Luton	▪ To review the Quality of current appraisal process using Tool to Audit has been developed from the NHS (England) (Appraisal Summary and PDP Audit Tool) ASPAT. ▪ Percentage of compliance from Audit was 90%, similar to monthly reports. ▪ 5/10 standards achieved >90% compliance. Revalidation discussion 100% where appropriate.	▪ Last year's appraisal included in discussion (42%). ▪ Supporting evidence supplied for appraisal (15%). ▪ Training was not always documented/Some staff as not wanting any training.	▪ Discuss findings with SLT and QRAG. ▪ Consider adaptations to current process and discuss with the CCS Quality Team ▪ Feedback findings to Teams via HUB Meetings ▪ Re-audit next year to see if any developments/improvement

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
1470 Pressure Ulcer Management Audit. (Dec-2021)	Tissue Viability	• Re-audit of id 579. • 80% Datix reported on identification. • 80% pressure relief requested on 1st visit. Rechecked (70%). Appropriate levels requested. • 100% Appropriate treatment with goal of debridement.	• Weekly wound measurement (40%). • 60% ulcers incorrectly categorised as less damaged. • Lack of evidence of MUST assessment. • No sepsis screening (0%)	• Retraining & education required. • Staff reminder re-Must template use. • Implementation of the ASSKINg template- review • Define malnutrition- with dietitian.
Pressure Ulcer Prevention Audit (20.12.2021)	Tissue Viability	• Re-Audit of id706 at risk patients. • Documentation of pressure relief 100% • Treatment for moisture lesions supplied 100%.	• Poor compliance with basic assessment documentation and patient information-holistic assessment, MUST, repositioning. • Evidence of Skin inspection (10%) • Only 3/10 pts had the Pressure Ulcer Prevention Care Plan on their notes. • Level of risk Assessment.	• Re-Audit • Re-training and re-education for all staff undertaking visits/clinics. • Review to SMT of frequency of risk assessment for lower risk patients.
1487 Leg ulcer infection: antimicrobial prescribing; are patients receiving care in line with NICE guidance (16.12.2021)	Tissue Viability	• Action from Baseline Assessment Tool (BAT): re- prescribing and treatment pathway. • 2/10 standards achieved 100% - specialist advice sought and monitoring of IVAB. • Referral to care under TVN service led to ABX not being required. • Identification that care is fragmented between GP care and direct DN care.	• Poor compliance within DN & TVN service for patient safety netting information given to patients (27%). • Swab taking at 1st visit & 2nd review (35% & 50%) • 50% evidence of swab results checked- increased risk of need to change treatment. • Variations in ABX prescribing no consistency in protocol. • Unnecessary prescribing of ABX and NICE guidance not followed.	• Development of consistency between GP and PCN approach to ABX prescribing following NG. • Review of safety netting advice documentation. • Process for follow up on swabs. • Wound care template review • Wound care training.
1468 Review of skin tear pathway (13.12.2021)	Tissue Viability	• Audit of new pathway. • Most referrals contained a photo and dressed as recommended 73%. • Shared care plans appear to be well implemented. Wounds reviewed at 1 week or earlier. • Fall referrals completed 70%. • Healing rate <36 days in 14/15 cases. • Effective use by care homes of wound care boxes reducing need for DN visits.	• 40% holistic assessments not fully completed. • 7% skin care prevention advice evidenced. • Poor referral rate for assessment as per protocol 25%.	• Training and education on use of holistic & wound care assessments and templates. • Patient information leaflets • Aide memoire for TVN referrals • E-learning module • Share long term plan & education with care homes.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
Bedfordshire Neurotherapy				
1364 Audit of re-admission to hospital for patients discharged onto the stroke in-patient rehab pathway	Beds Neuro	• Audit of pathway 2 readmission rates and outcomes. • 16 patients (28%) were readmitted. • In response to changes in policy in the referring acute hospitals stroke patients are referred to the in-patient rehab pathway as soon as they are MFFD. Range of rehab provision to include slow stream rehab for patients who are unable to tolerate an intensive rehab programme. • Input of a Stroke Consultant the IPR beds.	• Re-admissions-Outcomes for this group of patients are poor. 6 patients (37%) were re-assessed as not having further rehab potential. • Limited options for rehab pathways for those with higher needs.	• Share the report to BLMK Stroke Action group for discussion and review of pathway • Share the report to L&D hospital therapy lead for dissemination / discussion with ward therapists regarding appropriate selection of patients for this pathway
1351 HQIP **National** Audit: SSNAP Stroke Audit. (Jan-June-21)	Beds Neuro	• SSNAP audit is a national audit, and is a prospective, continuous audit based on ESD discharged patients. • 66 patients were discharged from ESD team between Jan to Jun'21. All the patients had goals agreed in one day, same as national figures. • 93.9% of patients had goals agreed compared to 89.8% nationally • Modified ranking scores at discharge 1(no significant disability, national figures are 2 (Slight disability)	• Lower than national levels in % of days patients received Physiotherapy, Occupational therapy and Speech therapy. • Lack of Psychology input for the clients. • Limited therapy capacity -staffing pressures.	• Band 5 discharge coordinator role. • Funding/ business case for psychology support. • Changes to system 1 template.
iCaSH Services				
816 BASHH 2020 National Audit: management of gonorrhoea (Data collected centrally via an online portal) (23/04/2021) Re-audit.	iCaSH services	• The aim of the audit is to assess adherence to outcomes and standards specified in the BASHH national guideline for the management of infection with Neisseria gonorrhoeae (2019). • 7/8 standards achieved 97% compliance.		• Findings presented at the Regional Anglia Group Audit Meeting September 2020. • Dissemination of audit findings and recommendations in treatment & testing.
1239 Early Syphilis Audit against	iCaSH services	• Compliance against BASHH guidelines for assessment and treatment of syphilis.	• A rise in early syphilis cases across the Anglia region.	• Lustrum Project to be piloted nationally for contact tracing through BASHH.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
BASHH guidelines (July 2021)		• 4/6 standards achieved a compliance of over 80%.	• Accepted compliance not stated in report but auditor reports that compliance against contact tracing was poor.	Results from this are a/w by iCaSH before implementing. • A nationally kept Health Advisors 'list is being compiled.
990 MMSOP065 Prescribing and Documenting Administrations and Supplies of Medicines on Lilie iCaSH (July 21)	iCaSH services Medicines Management	• Across all iCaSH services of medication prescribing documentation against standards set in SOP. • 1 service achieved 100% compliance on all standards. 25/28 Standards achieved a compliance of between 80-100%. • All clinics achieved 100% compliance in four standards: • Reason for supply is recorded • Reason for administration is recorded • Dose and frequency of medicine are prescribed • Name, volume and strength of diluent for injections requiring reconstitution are prescribed • Overall compliance for all standards across the whole of iCaSH was 92%.	• Dose, form & route showed poor compliance in documentation of supplies and administration of medications and documenting name of prescriber. • Considerable regional variation in compliance with some standards.	• Repeat Audit in 18 months. • iCaSH Norfolk: ensure correct template on Lilie is used. Ensure NMP are identified as such on documentation. • All services: Continue to monitor documentation for allergy status and completeness of record.
1353 Nexplanon insertion site audit (July21)	iCaSH services	• Retrospective Audit against standards set in 291_ICASH_CG_Contraception for implant insertion from January 21. • 85% compliance against standard for safe insertion. • 105/123 insertions were correctly sited to FSRH Guidelines.	• Results may have been affected the use of Merck Nurses and the in-house nursing team (32%). • 3 Insertions having no site stated in notes.	• Teaching session for Nexplanon implant fitters at iCaSH Norfolk.
1340 iCaSH Milton Keynes Pre-Exposure Prophylaxis (PrEP) Audit (April-June 2021)	iCaSH/meds management	• Service specific Audit following implementation of additional steps in the prescription of PrEP via a Template. Audit is a result of multiple incidents. • Following the introduction no supplies were made without a prescription.	• Discrepancies in coding correctly and inconsistency completing the template for all episodes correctly and between clinicians. • Inconstant practice with use of drop down and free text boxes.	• Guidance to support the adoption of uniform practice in discussion with CCG • Review the PrEP Template-to ensure fit for practice.
1363 BASHH 2021 SAS Group	iCaSH Suffolk	• Audit of syphilis management against national standards & guidelines	• Reduced use of dark field microscopy	• No recorded actions.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
National clinical audit: "Impact of Covid-19 on Syphilis" (Oct 2021)		(2015/2017) with assessment of covid 19 impact. ▪ Increased use/availability of antibody testing. ▪ Shift to doxycycline for early syphilis. ▪ Re-testing of HIV early syphilis patients was 53.8%. National level management was considered good despite pandemic.	▪ Reductions in follow up screening. ▪ Reduced access to provider for referral for PN ▪ Results difficult to compare due to smaller sample size. ▪ Poor recording compliance with client contact outcomes (82.4%)	
I354 Subdermal Contraceptive Implants 2021 (Nov-21)	iCaSH (all areas)	▪ Retrospective audit of implant replacement or fit standards against Trust Guidelines and updated FSRH guidance 2021. ▪ This audit shows that all fitters in iCaSH are appropriately trained. 97% have concomitant drug use assessed.	▪ 87% of patients being advised about changes to bleeding patterns. ▪ Post fit support and advice about additional contraceptive precautions in 70% of patients quick starting the implant. ▪ 10% of our fits had documented siting at the new recommended site.	▪ Disseminate the findings across iCaSH, ▪ Amend the templates & inform staff used to document implant procedures to reflect the change in site. ▪ encourage implant fitters to follow the guidance document
1486 BHIVA 2021 National Clinical Audit of HIV and Hepatitis C (HCV) co-infection:(18/11/21)	iCaSH (all Areas) National	▪ Case note Audit of HIV patients over 16 years co-infected with Hep C Testing. ▪ Smaller testing cohort during Covid 19 (range 0-21) shows expected successful rollout of HCV treatment. Successful HBV immunisation receiving annual or bi-annual anti-HBs screening: done within three years for 91.2%.	▪ Chronic HCV/HIV with documented counselling regarding HCV transmission and safe sex: 75.3%. ▪ A further key finding was that over half (54.7%) of individuals with untreated HCV co-infection were disengaged from care, although most of these were not described as uncontactable.	▪ Continue to screen for HCV co-infection and re-infection in accordance with guidelines ▪ Facilitate HCV-related health promotion including counselling about risk factors and safer sex, harm reduction support, partner notification, and advice about alcohol ▪ Together with hepatology services, take all available measures to encourage engagement in care and uptake of HCV treatment among co-infected individuals, towards the aim of HCV micro-elimination within the HIV population ▪ Together with hepatology services, encourage fibrosis assessment and management of liver disease in accordance with guidelines

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
				▪ If reporting via the HIV/AIDS Reporting System (HARS), ensure HCV status is correctly updated for individuals who clear this infection.
1566 W63754 MDT clinic **-** Audit of HIV Network meeting (Jan-2022)	iCaSH (Norfolk/Ipswich)	▪ Audit of HIV network MDT meeting standard that this is documented on EPR & safeguarding concerns are escalated and minuted as actioned. Action from incident W63754. ▪ All 3 standards were met and achieved 100% compliance.	▪ Audit of one meeting.	▪ No actions reported.
1510 Compliance with Local Safety Standards for Invasive Procedures: Intrauterine fits and replacements. (Feb-2022).	ICaSH all areas	▪ Annual Retrospective audit in December of all fittings using the clinical template n456. ▪ 5/7 standards achieved >99.5%. ▪ Highlighted that staff were unnecessarily completing template when device was not fitted in a small number of cases.	▪ 7.3% clinical template not completed for procedure for which we have no information upon which to assess compliance. LocSSIP is designed to avoid potential for never events and recording mechanism is vital for auditing compliance.	▪ Take findings to LOGG & regional audit meeting. ▪ Standardise practice for template and changes if required at RH Leads Forum and CSSG.
1425 Mental health wellbeing screening for people living with HIV in iCaSH Norfolk HIV Clinics between 01/01/2018 and 30/06/2021. (31.01/2022)	ICaSH (Norfolk)	▪ Audit of national NHS England (2015) & BHIVA standards (2018): patients should have at least one recorded score for mental health wellbeing. ▪ Standard 1 (4-year data) achieved between 53-83% (Target 90%). ▪ Not all patients accept a referral to psychological services, and some are referred elsewhere.	▪ Drop off in improvement from 2019 however the service context (competing demands because of the covid-19 pandemic) is likely to be relevant. ▪ Not every positive screening on PHQ-4 is linked to an entry by a psychologist. Not all patients seen by a psychologist have had a PHQ-4 screening at their annual review.	▪ Results to be shared at COGG and Governance meetings. ▪ Consider change to lille template. ▪ Standardise screening tool. ▪ Re-audit with seperation of dat from referred on and seen within service.
1539 Regional Audit for Mycoplasma Genitalium (MGen) testing. (31.03.2022)	ICaSH	▪ Regional audit against BASHH 2018 standards. ▪ 88% NGU patients tested for MGen. ▪ 79% PID patients tested for MGen ▪ Over all 80% compliance to guidance standards.	▪ Reduction in target compliance to be lowered due to difficult diagnosis of PID.	▪ Reminder to all clinicians of guidance standards that relate to clinical practice. ▪ Safety advice - reducing unnessary MGen testing due to Treatment toxicity.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
				▪ The testing and diagnosis GUMCAD codes for MGen have been shared and discussed ICASH wide. ▪ Add to agenda for Governance meetings.
MSK Services				
807 NG123 NICE Guidance: Female Urinary Incontinence and Pelvic Organ Prolapse (19/04/21)	MSK services	▪ Retrospective audit of physiotherapy notes following updated NG guidance which achieved full compliance. ▪ 7/10 standards achieved 100% compliance. Safe standards maintained and FTF appointments given where required.	▪ Reduced compliance to 74% in standard 3 reflects change in practice (FTF to Virtual) during pandemic of which staff were unable to achieve 100%.	▪ Alternative method for QOL collection. ▪ Discuss with pelvic health staff re bladder health booklet
1195 Patient Group Direction (PDG057 and PGD058) notes audit in the DynamicHealth MSK specialist service (20/04/21)	MSK Services	▪ Compliance with new PGD requirements (Sept 20). ▪ 13/17 standards achieved 89-100%. ▪ Update to documentation reflecting requirements during Pandemic.	▪ 1 patient injected against guidelines. ▪ Patient information leaflets given not documented (20%).	▪ The results and actions of this audit have been shared with the specialist teams in a joint meeting 22/04/2021, and the process of updating the invasive procedure checklist and post-injection patient information leaflet. ▪ Virtual alternative to paper information leaflets for patients.
1295 Knee OA Audit (Physiotherapy team) (28/04/21)	MSK Services	▪ Audit of compliance in assessment and management against set template using NG177. ▪ Pre-set used 54% (46% 2019). ▪ High compliance with physical exam & treatment (81%/96%) as per NG17736 (56%) out for the 64 patient notes achieved 100% of the 6 clinical standards.	▪ No standard achieved 100% ▪ Documentation compliance 46-67%. ▪ Staff not consistently using pre-set-evidence they may not be aware of it.	▪ Send a reminder email to all Physiotherapists working across dynamic health to ensure they are aware of the OA pre-sets and reiteration to discuss all standards with patients. ▪ Audit results to be fed back to the team at team meetings. ▪ Repeat Knee OA audit in 1 year.
1294 Clinical Supervision Audit (May 21)	MSK Services	▪ Observed clinical supervision in practice. ▪ 90% compliance achieved (75% 2019/20).	▪ Limited data set.	▪ Clinical leads to remind their teams during team meetings that it is the responsibility of each clinician to ensure that they have regular clinical supervision in accordance with the clinical standards for the purposes of delivering safe and effective treatment.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
1248 Notes Audit-physio team only (April 21)	MSK Services	• Retrospective Audit of documentation against locally agreed standards. • 6/13 standards achieved 96% and above.	• Compliance 87% in documentation of consent. • Omissions in documentation of assessment and pre-set not being used correctly. • Communication with the referrer by letter was suboptimal - compliance 79%	• Communication & update on training to use template, pre-set education on: documenting consent in virtual consult, documenting pain medication and barriers to recovery. • Staff to be reminded to have discussion with the patient with regard to their care options and to document this shared decision making. • Staff to be reminded to send a letter to the GP/FCP or a task to the APP • Repeat of Notes audit in 6 months.
1249 Cervical spine MRI consistency Audit (April-21)	MSK Services	• Audit of MRI requesting (retrospectively) following change in practice to routine MRI requesting at 6monthly periods. Mapped against previously developed guideline. • 97% compliance achieved • The guidelines appear to capture all the relevant reasons for requesting Cervical MRIs	• No concerns raised	• To circulate new guideline to Advanced Practice Physiotherapists for feedback before finalising cervical spine MRI guideline. • Specific feedback to the relevant Clinical Lead for the 1 case that did not pass the audit. • Repeat MRI audit – Generic (rather than just cervical)
1155 Specialist Notes Audit 13/05/21	MSK Services	• Audit of documentation produced during an assessment. • 100% compliance in 9/13 standards. • The main area for improvement has been highlighted as improvement in recording pain relief (from 89% to 100%).	• Change in delivery during pandemic has resulted in fall of compliance with standards. • 91% (from 100%) for recording explicit consent. • 82% (from 95%) in communicating with the referrer. • 82% (from 100%) in objective testing-challenging over the telephone- patients are safety netted during this.	• Repeat Audit in 6 months • Results circulated to the clinicians
1319 Rehab Notes Audit (30/6/21)	MSK services	• Audit of new patient notes from Rehab instructors. • 100%compliance achieved in 3 standards including consent, identifiers and changes to medications /symptoms	• Care planning achieved 90% and requires alternative approach. • Low at 45% for exercise modification and even lower at 35% setting of goals. • No improvement in 2 standards.	• Disseminate results across all six sites to all rehabilitation instructors. • Disseminate average results to team with reminder of standards to adhere CG regulations.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
		recorded. Overall improvement in compliance from last audit.		▪ Training to be provided on what good notes look like and liaise with B4 supervisors ▪ Re-audit against 8 standards in 6 months' time.
1377 Triage consistency Audit (Aug 21)	MSK services	▪ Re-Audit to measure consistency of outcomes in triage referral. ▪ 80% agreement with triage decision and 100% agreement in urgency.	▪ 6/30 cases (20%) where both auditors did not agree with the triage decision. ▪ 2/6 rejected for not meeting MSK criteria (under physio).	▪ Scrutinise referral for conservative with physio treatment prior to referral. ▪ Group triage 3/4 x yearly. ▪ Disseminate to clinical leads. ▪ Re audit in 1 year.
1342 MSK Physiotherapy Notes Audit. (Sept-2021)	MSK services	▪ Repeat Audit of Quality of clinical notes compared with 15 physiotherapy service standards across all areas. ▪ 7/15 standards achieved 96-100% compliance.	▪ Documentation of Consent achieved 96% acceptable target is 100%. ▪ Standard 7 96%- risk of a red flag presentation should always be cleared; we would expect this to be at 100% as the risk to the patient is high. ▪ Below 90% compliance- pre-set template not used correctly. 63% - relates to communicating with the referrer.	▪ Audit findings and actions shared to all physiotherapy staff. ▪ Audit findings sent to the team leads so that then can consider further action on standard 2 and 7. ▪ Team leads asked to consider checking standard 5 during future clinical observation sessions. ▪ Team leads asked to review types of communication to the referrer and see if they want to make changes. ▪ Repeat of Notes audit in 6 months.
1477 Physiotherapy management of pelvic girdle pain in pregnancy (Dec 21)	MSK services	▪ 2nd re-audit of patient assessment and provision in management of PG pain. Improvement seen in 2019. ▪ Standards 1-5 were all recorded at 100%.	▪ 74% compliance against standard for documented evidence that pelvic girdle garments were discussed with patients. ▪ Incidental finding: quality of information documented on the body chart was variable. Nature of pain and Visual Analog Scale (VAS) was not always recorded. Areas were not always cleared on the body chart.	▪ Discuss with pregnancy champions at planned training session (March 2022) the clinical reasoning surrounding pelvic support garments and its documentation. ▪ Feedback re body chart quality. ▪ Discuss with pregnancy champions the availability of specific patient information leaflet and also prepared template in Physiotools which will aid patient explanations. ▪ Plan for reaudit in Autumn 2022.
1347 Upper Limb MRI Audit. (Dec 21)	MSK services	▪ Repeat audit of MRI requesting compliance. ▪ 96% compliance.	▪ No concerns raised.	▪ Create guidelines and circulate for UL MRI future requesting. ▪ Re-audit.

Log no./ Title & closed date:	Location:	Key successes:	Key concerns:	Key actions:
		▪ 1/23 cases were independently rejected due to being submitted to early. Alternative pathway selected.		
1575 Rehab notes audit (prev 1319) (Feb-22)	MSK services	▪ Repeat audit of documentation standards of rehab instructors following introduction of new template. ▪ 5/8 100% compliance. 2 standards showed significant improvement-evidence of goal setting 35 to 73% and evidence of exercise modification 45 to 82%.	▪ Variances in recording of goals with two clinicians.	▪ Circulate findings to rehab team refresh on use of template. ▪ Re-audit.
1606 Low Back pain audit. (March - 22)	MSK services	▪ Re-Audit Against 5 standards of NICE NG59(2016) assessment and management. ▪ Data taken while UP Class on hold due to pandemic recommenced. ▪ 100% compliance documented the questioning of specific spinal red flags.	▪ Lumber pre-set not consistently used.	▪ Results to be disseminated at IST and followed up with an email to all clinicians, including a reminder about the use of lumbar pre-set. ▪ Reaudit within 9-12 months of these 5 standards, or full audit against NICE guidelines.
Dental				
1375 Efficacy of Dental Instrument Decontamination (Dec 21)	Dental	▪ Audit linked to HTM01-05 and CQC requirements for dental decontamination. ▪ Overall, decontamination standards in Dental HealthCare are high, with many areas achieving the target of 100%. Average compliance 96-99% parameter of >5% requires training. Only 1 clinic reported corrosion and was actioned as per protocol.	▪ High rates of infective material reported at 1 clinic. ▪ The Huntingdon clinic recorded a level of instruments with debris following decontamination that was higher than the tolerance of this audit.	▪ Training –wiping dental cements from instruments at chairside at dentist/DN peer group meetings. ▪ Further discussion - Address high rates of ineffective decontamination processing at Huntingdon clinic
Total number: 61		▪		

AA	Attend Anywhere
ABI	Acquired Brain Injury
ABX	Antibiotics
AccuRx	This is a British software company working in the health sector
ADHD	Attention Deficit Hyperactivity Disorder
ADOS	Autism Diagnostic Observation Schedule
AGPs	An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route
AHP	Allied Health Professionals (AHPs) work with all age groups and within all specialities. They work in partnership with health and social care colleagues across primary, secondary and social care, as well as in the independent and voluntary sectors.
AHP Perceptions	National evaluation of research capacity and capability among Allied Health Professionals working in the NHS across the UK via a survey
AHSNs	Academic Health Science Networks
Ambulatory Care	Ambulatory care refers to medical services performed on an outpatient basis, without admission to a hospital or other facility
Apprenticeship Levy	This is a UK tax on employers which is used to fund apprenticeship training
ARC	Each NIHR Applied Research Collaboration (ARC) undertakes research on a range of themes - such as dementia, long-term conditions and public health - to improve health and care systems to benefit patients, staff and the public
ASD	Autism Spectrum Disorder
ASPAT	Appraisal Summary and PDP Audit Tool
ASSKIN	Assess Risk, Skin Assessment and Skin Care, Surface, Keep Moving, Incontinence and Moisture, Nutrition and Hydration. A tool used in Pressure Ulcer care
Audit Commission	This was a statutory corporation in the United Kingdom. The commission's primary objective was to appoint auditors to a range of local public bodies in England, set the standards for auditors and oversee their work
BabyBreathe	A trial recruiting Women who have quit smoking during pregnancy or in the 12 months before pregnancy
BAF	Board Assurance Framework
Balance Phase 2a RCT	Binocularly Balanced Viewing Study (Balance). Technology study for treatment for children with amblyopia (Lazy eye) using customized movies on hand held 3D computer-games consoles
BASHH	British Association for Sexual Health and HIV
BAT	Baseline Assessment Tool
BLMK	Bedfordshire, Luton and Milton Keynes
BAME	Black, Asian & Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent
BEAMS-ID	Behavioural interventions to treat anxiety in adults with autism and moderate to severe intellectual disabilities
Best Start in Life	Public Health England Programme to Improve public health outcomes for children, young people and families
Block Payments	This is a payment made to a provider to deliver a specific, usually broadly defined, service
BMI	Body Mass Index
BOSA	Brief Observation of Symptoms of Autism
BP	Blood Pressure

CAMHS	CAMHS is the name for the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties
CC	Children's Centres
CCC	Cambridgeshire County Council
CCG	Clinical Commissioning Group
CCR	Champion Community Research
CCS	Cambridgeshire Community Services NHS Trust
CDC	Child Development Centre
CEA	Clinical Excellence Awards
Centre 33	Free, confidential support for young people up to the age of 25
CG	Clinical Governance
ChatHealth	ChatHealth is a confidential text service for young people that enables children and young people (aged 11-19) to send questions via SMS to their School Nursing Team
CHART	Community Healthcare Alliance of Research Trusts engages with Research & Development leaders and research active staff and provides support from other CHART organisations, a place to share best practice, generate new research and innovation and present a collective voice to national bodies to influence and support future research
Chrysalis	Internal Trust Development Programme for clinical and non-clinical staff
Clinical Audit	Clinical Audit is defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change
Clinical and Professional Leaders Group	Internal CCS NHS Trust meeting
Communication Assessment	This is a holistic analysis of an individual's communication skills
CoP	Communities of Practice (CoPs) are self-organising and self-governing groups of people who share a passion for their field and strive, through collaboration, to become better practitioners. They are not new in the NHS and have an established place in improvement work. The cross-professional and organisational boundary nature of CoP's give them the potential for reducing fragmentation of practice in service into issues that really matter, such as Patient Safety; and that are typically complex and beyond the scope of any individual, profession or organisation.
Co-Production	Co-production means service users, carers and staff working together to develop and shape services, rather than staff making decisions alone. Co-production suggests that to provide truly effective public services, we need equal partnerships between users and providers of a service
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust
CPIPS	Cerebral Palsy Integrated Pathway Scotland
CQC	The Care Quality Commission is the independent regulator of all health and social care services in England. It monitors, inspects and regulates hospitals, care homes, GP surgeries, dental practices and other care services to make sure they meet fundamental standards of quality and safety
CQUIN	CQUIN stands for commissioning for quality and innovation which was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care
CRN	Clinical Research Network makes it possible for patients and health professionals across England to participate in clinical research studies within the NHS. It provides the infrastructure that allows high-quality clinical research funded by charities, research funders and life-sciences industry to be undertaken throughout the NHS
Cultural Ambassador (CA)	CAs are trained to identify and challenge discrimination and cultural bias. They use these skills in their role as a neutral observer within disciplinary processes, formal investigations and grievance hearings involving staff from BAME backgrounds
DAC	Dental Access Centre
Datix	Web-based incident reporting system used by the Trust.
DSP	Diagnosis Support Pack, which has been co-produced by families for families following a diagnosis of a neurodiversity
Dipper Study	Feasibility of a randomised clinical trial of transmucosal diamorphine vs. oral morphine for breakthrough pain in children and young people with life-limiting conditions
DN	District Nurse / Nursing
DNA	Did Not Attend
DOCCLA	Doccla are an organisation that provides equipment for efficient monitoring / assessments.

DoH	Department of Health
DSPT	The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards
Duty of Candour	The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment
EDS	The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.
EDS2	EDS2 is more streamlined and simpler to use compared with the original EDS. It is aligned to NHS England's commitment to an inclusive NHS that is fair and accessible to all.
EHCP	Education and Health Care Plan
ELFT	East London NHS Foundation Trust
EHWB	Emotional Health and Wellbeing Services
EoL	End of Life
ESD	Early Supported Discharge
ESR	The Electronic Staff Record is an Oracle-based human resources and payroll database system commonly used in the NHS in England and Wales to manage the payroll for NHS staff members
Ethics Committee	Internal Trust meeting
FCP	A first contact practitioner (FCP) is an experienced physiotherapist who has the advanced skills necessary to assess, diagnose and recommend appropriate treatment or referral for musculoskeletal (MSK) problems on a patient's first contact with healthcare services
FFP3	Type of face mask
FFT	Friends & Family Test is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience
Flying Start	This is the national development programme for all newly qualified nurses, midwives and allied health professionals, to be undertaken in the first year of practice. It's designed to help support the transition from pre-registered student to qualified, confident and capable health professional
FNP	Family Nurse Partnership
FSRH	Faculty of Sexual and Reproductive Healthcare
FTF	Face-to-face
FTSU	Freedom to Speak Up
GCP	Good Clinical Practice is the international ethical, scientific and practical standard to which all clinical research is conducted
Gender Identity	This is the personal sense of one's own gender
Genogram	This is a picture of a person's family relationships and history
Getting Ready for Change	Information and health advice for young people as they prepare to leave school
Glasses in Classes	Cluster randomised control trial to evaluate the effect of a school based intervention to improve academic achievement, visual acuity and adherence of wearing glasses in young children in a disadvantaged multi ethnic community
GP	General Practitioner
GPGR	Gender Pay Gap Report. The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce. Public authority employers must use a snapshot date of 31 March. They must report and publish their gender pay gap information by 30 March of the following year
GSK3858279	MSK CTIMP (commercial study) testing a new experimental drug for knee Osteoarthritis in patients not responding well to conventional painkillers
Guardian of Safe Working Hours	The GOSWH ensures that issues of compliance with safe working hours are addressed by the Doctor and the employer or host organisation as appropriate. It provides assurance to the Board of the employing organisation that Doctors' working hours are safe
GU(M)	Genito-Urinary / Medicine
HARS	HIV / AIDS Reporting System

HSIB	Healthcare Safety Investigation Branch: the safety recommendations made by the HSIB aim to improve healthcare systems and processes in order to reduce risk and improve safety. HSIB is funded by the Department of Health and Social Care and hosted by NHS England and NHS Improvement
HCP	The Healthy Child Programme for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting
HCV	Hepatitis C Virus
HEE	Health Education England (HEE) exists to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place
HLO	The High Level Objectives (HLOs) are the NIHR Clinical Research Network's (NIHR CRN) national, overarching annual objectives for research delivery in the NHS and other health and social care settings
HIV	Human Immunodeficiency Virus is a virus that damages the cells in the immune system and weakens the ability to fight everyday infections and disease
HES	Hospital Episode Statistics is a data warehouse containing details of all admissions, outpatient appointment and A&E attendances at NHS hospital in England.
HRA	The Health Research Authority is an executive non-departmental public body of the Department of Health in the United Kingdom and exists to provide a unified national system for the governance of health research
HV	Health Visitor / Visiting
IAPT	Improving Access to Psychological Therapies (IAPT) services provide evidence-based psychological therapies to people with anxiety disorders and depression.
iCALM	Interpersonal Counselling for Adolescent with Low Mood (feasibility randomised controlled trial)
iCaSH	Integrated Contraception and Sexual Health is one of our Trust services and provides all the necessary support, information, treatment and care for all areas of contraception and sexual health in Bedfordshire, Cambridgeshire, Norfolk, Peterborough and Suffolk
ICA	Integrated Clinical Academic, a HEE/NIHR programme that provides research training awards for health and social care professionals (excluding doctors and dentists), who wish to develop careers that combine research and research leadership with continued practice and professional development.
ICS	Integrated Care System
IMT	Incident Management Team
Integrating smoking cessation treatment into IAPT care	Integrating smoking cessation treatment as part of usual psychological care for depression and anxiety (ESCAPE Study) survey of Health care professional's views on smoking and smoking cessation in patients with mental health difficulties, to support future intervention development
IUCD	An intrauterine contraceptive device is a small device made from plastic and copper which sits inside the womb (uterus). It is also known as the coil
IPaC	Infection Prevention and Control
IVAB	Intravenous Antibiotics
JCNP	Joint Consultative and Negotiating Partnership
Jitsuvax	Surveys and interviews of healthcare professionals (HCPs) around vaccine hesitancy and vaccination behaviour
JON	Just One Norfolk
Just Culture	The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong
KLOEs	Key Lines of Enquiry are the five questions the CQC asks to help them make sure that they focus on the things that matter to people
LA	Local Authority
L&D	Luton and Dunstable
LAC	A Looked After Child(ren) is a child in the care of the local authority for more than 24 hours
Lilie	Software package used by iCaSH Service
LF / LFT / LFD	Lateral Flow / Lateral Flow Test / Lateral Flow Device
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual
LLW	Live Life Well
LocSSIPs	LocSSIPs are locally derived safety standards which apply to Invasive Procedures

LPS	Liberty Protecting Safeguards (previously Deprivation of Liberty Safeguards)
LSCP	Local Safeguarding Children's Partnership
LSV	Large Scale Vaccination
LTC	Long term condition
Lustrum Project	This is a five-year programme of research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research. It aims to improve the sexual health of heterosexual people and men who have sex with men (MSM). The programme aims to achieve this by preventing transmission of sexually transmitted infections (STIs) and reducing undiagnosed HIV
MAPLES	Mood, Activity Participation and Leisure Engagement Satisfaction. This is a non-portfolio trial.
Mary Seacole Programme	This a highly successful and nationally recognised leadership development programme for first time leaders in health and care
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
Melanocytosis	Congenital dermal melanocytosis (formerly called Mongolian blue spots) are a type of birthmark
Merck Nurses	Merk is a pharmaceutical company, supplying some of the medical devices (specifically contraception). There was an initiative run with them in early 2021 to support some of the Covid-19 backlogs in the iCaSH service, mainly working in Norfolk to provide some LARC (long Acting Reversible Contraception (coils and implants)) clinics
MFFD	Medically Fit for Discharge
MHST	Mental Health Support Teams
Microarray	This is a laboratory tool used to detect the expression of thousands of genes at the same time
Mindful Employer	This is a national initiative supporting employers to take a positive approach towards mental health at work
Monovette	This is an innovative enclosed blood collection system that allows the user to draw blood from the patient using the syringe or vacuum method
Low mood	Musculoskeletal Outpatient Physiotherapy Delegation study (PhD)
MOS	Minor Oral Surgery
MRC	Medical Research Council
MRI	Magnetic resonance imaging is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.
MSK	Musculoskeletal (MSK) Service supports patients with musculoskeletal conditions, i.e. problems with muscles, bones and joints
MUST	Malnutrition Universal Screening Tool
MV	Mass Vaccination
My Employment Passport	This is an internal document for staff to ensure they have a supportive conversation with their line manager to agree adjustments that can be put in place to support them at work. It is for everyone and to include anything: carer responsibilities, a health condition, a disability or anything related to religion or culture
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Inquiry into Suicide and Safety in Mental Health
NCMP	National Child Measurement Programme
NDD	Neuro Developmental Delay
NDG	National Data Guardian
Nexplanon	Birth Control Implant
Neyber	Financial institution in London
NG	Nasogastric
NGO	National Guardian's Office
NIHR	National Institute for Health Research
NHS	National Health Service
NHS Digital	This is the trading name of the Health and Social Care Information Centre, which is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care in England, particularly those involved with the National Health Service of England
NHSE/I	NHS England and NHS Improvement
NHSX	Part of the NHS which aims to drive the digital transformation of the NHS and social care ensuring that staff and patients have the technology they need. NHSX is part of the NHS Transformation Directorate at NHS England.

NIA	The NHS Innovation Accelerator (NIA) accelerates uptake of high-impact innovations for patient, population and NHS staff benefit. It also provides real-time practical insights on spread to inform national strategy. The NIA is an NHS England and NHS Improvement initiative delivered in partnership with all 15 Academic Health Science Networks across England, hosted at UCL Partners.
NICE	National Institute for Health and Care Excellence provides national guidance and advice to improve health and social care
NIHR	National Institute for Health Research funds health and care research and translates discoveries into practical products, treatments, devices and procedures, involving patients and the public in their work
NPSA	National Patient Safety Agency
NPSS	National Patient Safety Strategy
NRLS	National Reporting Learning System is a central database of patient safety incident reports. It analyses all data submitted to identify hazards, risks and opportunities to continuously improve the safety of patient care
OA	Osteoarthritis
OLM	Electronic staff training record
Ormiston Families	Working across the East of England, Ormiston Families support children, young people and their families to see a brighter future
OT	Occupational therapy is the use of assessment and intervention to develop, recover, or maintain the meaningful activities, or occupations, of individuals, groups, or communities
PA	Partnership Agreement
PA	Parliamentary Awards
Palin STSC	Evaluating Palin Stammering Therapy for School Children (STSC 814) versus Treatment as Usual: a feasibility trial
PALS	Patient Advice and Liaison Service. The PALS service provided by Cambridgeshire Community Services NHS Trust offers a point of contact within the organisation for patients, their families and carers. We aim to answer questions and resolve concerns as quickly as possible
Patient Safety Specialist	These are individuals in healthcare organisations (predominantly in NHS providers and CCGs) who have been designated to provide dynamic senior patient safety leadership
PCC	Peterborough City Council
PCN	Primary Care Network
PEARL	Pregnancy and EARly Life study, exploring how the transmission of beneficial microbes from mother to baby during pregnancy affects health
Peer Review	This is the evaluation of work by one or more people with similar competencies as the producers of the work. It functions as a form of self-regulation by qualified members of a profession within the relevant field
People Participation	People Participation is about helping our service users and their carers to have a say in how we run the Trust and how we can work together so that we can offer a better service for all
PGD	Patient Group Directions
Physiotools	This is an exercise software which gives you access to one of the world's most comprehensive exercise libraries
PhD	Doctor of Philosophy
PHSO	The Parliamentary and Health Service Ombudsman is responsible for considering complaints by the public that UK Government departments, public authorities and the National Health Service in England have not acted properly or fairly or have provided a poor service
PI	Principal Investigator is the primary individual responsible for the preparation, conduct, and administration of a research grant
PN	Parenteral Nutrition
POGP	Pelvic Obstetric and Gynaecological Physiotherapy
Positive Voices	This is a national HIV patient survey developed by Public Health England in partnership with University College London and Imperial College London
Post-authorisation active Surveillance of the safety AstraZeneca Covid-19 Vaccine	Survey monitoring the safety of the Oxford/AstraZeneca vaccine

PPE	Personal Protective Equipment is equipment that will protect the user against health or safety risks at work
PR	Pulse Rate
Preceptors	A Teacher or Instructor
PrEP	Pre-exposure Prophylaxis is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day
PREVENT	This relates to the name for a step of a process in preventing radicalisation for young people - the others being Pursue, Prepare and Protect
POMS	Patient Outcome Measures assess the quality of care delivered to NHS patients from the patient perspective
PROVIDE	Child Health Information System Provider in Norfolk
Psychological Impact of Covid-19	Survey of the Psychological impact of Covid-19 pandemic and experience
QI	Quality Improvement
QN / I	Queens Nurse / Institute
QR code	QR codes, first invented in 1994, are a type of square barcode which contain information such as a web address or a person's contact information
QISComm	Quality Improvement and Safety Committee. CCS NHS Trust internal meeting
QOL	Quality of Life
RAG	Regional Anglia Group
RAS	Rapid Access Service
RRT	Rapid Response Team
RCA	Root cause analysis is a method of problem solving used for identifying the root causes of incidents, accidents, faults or problems
RCPCH	Royal College of Paediatrics & Child Health
RCT	Randomised Controlled Trials: any research studies where an experimental treatment or drug is being compared to something else, e.g. placebo or standard care, and where patients are randomly assigned to one group or another.
REVEAL-CP	Trial for Prevalence of Aromatic L-amino Acid Decarboxylase (AADC) Deficiency (AADCd) in Patients with Cerebral Palsy of Unknown Cause
Royal Voluntary Service (RVS)	This is a voluntary organisation concerned with helping people in need throughout England, Scotland, Wales and Northern Ireland
Safer Online Lives	Survey investigating internet use and safety for adults with intellectual disabilities.
SAS Doctor	When it comes to the NHS, SAS stands for 'Staff, Associate Specialist and Specialty' doctors. Which is a diverse group of experienced doctors who work permanently within a particular specialist area.
SCR	Shared Care Record
SEARCH	Scanning Eye training As a Rehabilitation Choice for Hemianopia after stroke (randomised control trial)
Secondary Uses	This a collection of health care data required by hospitals and used for planning health care, supporting payments, commissioning policy development and research
SEND	Special Educational Needs and Disability. A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support
Service Redesign	The team support staff to develop and improve the services they provide for patients by equipping them with the skills and knowledge to enable them to drive through changes and improvements
SI	A Serious Incident is an incident where one or more patients, staff members, visitors or member of the public experience serious or permanent harm, alleged abuse or a service provision is threatened
SaLT	Speech and Language Therapy
SNAP	Special Needs and Parents is a registered Charity that helps Essex Families who have children aged 0-25 years old with special need and disabilities
SOP	Standard Operating Procedure
SPA	Single Point of Access
Spectrum10K	This is a paused study of autistic people intended to be the largest of its kind in the United Kingdom. The name refers to the autism spectrum and the putative number of subjects
SPIRIT Phase 2	Specific phobias in children with learning disabilities: Phase 2 Feasibility interventional study

SPIRIT Survey	Specific phobias in children with learning disabilities (Phase 1 survey)
Springboard Development Programme	This is a training course for women who want to take control, become more assertive, increase their confidence & build themselves a more positive attitude in both their work and home lives
SDN	Staff Diversity Networks
SSNAP	Sentinel Stroke National Audit Programme
Staff Side	This is the interface between the various Unions and sometimes recognised professional bodies, within an organisation
Stepping Up	This is a 5-month leadership development programme for aspiring Black, Asian and minority ethnic (BAME) colleagues who work within healthcare
SystmOne	This is a centrally hosted clinical computer system developed by Horsforth-based The Phoenix Partnership (TPP). It is used by healthcare professionals in the UK predominantly in primary care
The role of different diets in children who are gastronomy fed	Yourtube study. Building research knowledge of different diets of children who are gastrostomy fed, by assessing the symptom profile (reflux, constipation, pain) and quality of life of children who are gastrostomy fed, comparing those who are formula fed and those who are predominantly fed a home-blended diet.
This Mum Moves	This is an exciting National Lottery and Sport England funded project aimed at supporting women to be active during and after pregnancy
THT	Terrence Higgins Trust is the largest voluntary sector provider of HIV and sexual health services in the UK
TNA	Training Needs Analysis
TVN	Tissue Viability Nurse provides expert advice in the prevention and the treatment of wounds and advocates the practice of good skin care and pressure ulcer prevention
UCR	Urgent Care Response
Unicef	In full called the United Nations Children's Fund, this is an agency of the United Nations responsible for providing humanitarian and developmental aid to children worldwide
UPP	Universal Partnership Plus is the most complex health visiting offer. There are 4 levels, with safeguarding as a theme, outlining a continuum of support which children should expect from the school nurse: community, universal, universal plus, universal partnership plus
Vacuette	Blood Collection Tubes made from virtually unbreakable PET plastic
VAS	Visual Analog Scale
VenUS-6	A randomised controlled trial of compression therapies for the treatment of venous leg ulcers. To investigate clinical and cost effectiveness of different compression treatments
Virus Watch V1 (phase 2)	Urgent Public Health study into understanding community incidence, symptom profiles, and transmission of COVID-19, CCS supporting Antibody testing clinics
VC	Video Conferencing / Consultation
Voice of the Child / (VOC)	This is a phrase we use to describe the real involvement of children and young people
WDES	The Workforce Disability Equality Standard (WDES) is a set of ten specific measures which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff
Whistleblowing	This is the term used when a worker passes on information concerning wrongdoing
WNB	Was Not Brought
WRES	Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations and exists to ensure employees from black, Asian and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace
WTE	Whole Time Equivalent
YMCA	Young Men's Christian Association