

Title:	Integrated Governance Report
Report to the:	Trust Board
Meeting date:	20 th March 2024
Agenda item:	9
Report authors & Executive sponsors:	<ul style="list-style-type: none"> ▪ Steve Bush, Director for Children & Young People's Services ▪ Rachel Hawkins, Director of Corporate Affairs ▪ Kate Howard, Chief Nurse ▪ Anita Pisani, Deputy Chief Executive ▪ Mark Robbins, Director of Finance & Resources ▪ David Vickers, Medical Director

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

1.0 Executive Summary

- 1.1 This Integrated Governance Report (IGR) has been produced following the Clinical Operational Board meetings that took place on 5th March (Children & Young People's) and 6th March (Adults). The key matters and escalations reports from these meetings are attached as supporting information (documents 1 and 2) alongside the appendices.
- 1.2 The report brings together the quality, performance, workforce and finance information for December 2023 and January 2024 along with key risks and issues, to provide the Trust Board with assurance of delivery against the agreed strategic objectives and indicators.
- 1.3 Any exceptions are reported against three of the four strategic objectives included within the body of the report.

2.0 Recommendation

2.1 The members are asked to:

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

3.0 How the report supports achievement of the Strategic Objectives:

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

4.0 How the report supports tackling Health Inequalities

4.1 Progress towards delivery of the agreed equality and diversity objectives domain 1 (see page 16) and domains 2 and 3 (see page 32) are included with this report.

5.0 Links to Board Assurance Framework / Trust Risk Register

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

6.0 Legal and Regulatory requirements

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

7.0 Previous report

7.1 Integrated Governance Report, 24th January 2024.

8.0 Key Highlights [executive summary]

8.1 This Integrated Governance Report (IGR) has been produced following the Clinical Operational Board (COB) meetings that took place on 5th March (Children & Young People's) and 6th March (Adults). The key matters and escalations report from these meetings are attached at documents 1 and 2 to this report.

- 8.2 The Children & Young People’s report provided **reasonable** assurance and the Adults and Ambulatory reports provided **substantial** assurance for Luton & Bedfordshire Adult services and Dynamic Health and reasonable assurance for iCaSH and Dentistry as confirmed at the Clinical Operational Board meetings.
- 8.3 The reporting period covers the quality, performance, workforce and finance information for December 2023 and January 2024 and includes the key risks and issues, to provide the Board with assurance of delivery against the agreed strategic objectives and indicators.
- 8.4 The Assurance Framework (Appendix 1) that is used in this report reflect the five Care Quality Commission (CQC) key lines of enquiry, as agreed by the Trust Board at the beginning of the financial year.
- 8.5 For three of the Trust’s four objective (progress against the Be Collaborative objective is now reported separately to the Board), this report provides:
- a description of the direction of travel for achieving the Trust’s objectives.
 - the strength of assurance the report provides in relation to the Trust’s strategic risks and high scoring operational risks.
 - the level of assurance that each section of the report provides for the relevant CQC domains of safe, caring, effective of safe, caring, effective, responsive, and well led.
 - any exceptions are reported against the strategic objectives within the body of the report.

Assurance:

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

Strategic Objective	Safe	Caring	Effective	Responsive	Well Led
Provide Outstanding Care	Substantial	Reasonable ↓	Reasonable ↓	Substantial	-
Be an Excellent Employer	Reasonable	-	Reasonable	-	Substantial
Be Sustainable	-	-	-	-	Reasonable

9.0 Key Matters

- 9.1 Substantial assurance ratings for Safe and Responsive are provided for the outstanding care chapter. The rating for Caring reduced to reasonable for the period due to a reduction in the number of services receiving positive feedback and the number of complaints responded to within 35 or 40 days. The Effective rating also reduced to reasonable due to the information governance mandatory training dipping to 94%, below target of 95%. The assurance for Responsive remained as Substantial in this report.

Waiting list performances were discussed at length at both Clinical Operational Boards where the plans are scrutinised in more detail.

- 9.2 In the excellent employer chapter, the assurance ratings for safe and effective are confirmed as reasonable and for well led, substantial. As reported in the Clinical Operational Boards, staffing pressures continue for some services including health visitors and school nurses trust wide, Audiologists in Luton and speech & language therapies in Bedfordshire & Luton, although there are plans in place to respond to these pressures. Positively, since the last report, appraisal rates are comparable to the last reporting period at 90.61% (90.69% in the last report) and are still below target of 92%. Monthly sickness rates have also increased in the period to 6.4% (6.1% in the last report and 6.3% in January 2023). Stability continues to remain above target level for the period.
- 9.3 The sustainability chapter highlights income and expenditure are both higher than plan with similar levels of outturn performance as reported last time. Work continues to review and analyse the main cost drivers and cost improvement plans and the assurance rating for this reporting period is Reasonable.

10.0 Key Risk Register:

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

11.0 Key Issues Register:

- 11.1 There remain nine issues scoring 4 Major on the issue register, two new issues were added to the issue register for this reporting period. One issue is assigned to the Board and relates to the increasing levels of violence and aggression towards staff. This was highlighted at the Adults clinical operational board meeting for dentistry and iCaSH (integrated contraception and sexual health) services. There is an action plan in place to support staff.
- 11.2 For the remaining eight issues;
- five relate to children & young people services and were discussed in the clinical operational board and are highlighted in Document 1 attached to this report
 - one relates to the financial pressures in iCaSH the service and was discussed in the Adults clinical operational board and is highlighted in Document 2 attached to this report;
 - one relates to the psychological impacts from safeguarding issues on staff and is reported through the QIS Committee reports, and
 - one relates to the plans for eliminating the reinforced autoclaved aerated concrete at the North Cambridgeshire hospital and is reported in the Infrastructure Committee reports.

12.0 Key Escalations

- 12.1 No matters were escalated to the Trust Board for action by the Clinical Operational Boards; however, the following were noted:

- Safeguarding level 3 Adult training is below 90% for Bedfordshire and Luton Adult Services. Plan in place with safeguarding team in place to improve compliance and additional sessions have been put on to help with ease of access. iCaSH below compliance in this area and have plans in place to improve.
- Financial sustainability of iCaSH services, however, it is recognised that a programme of work has been commissioned internally to address this.
- Increase in violence and aggression incidents towards members of staff is being seen, in particular within dentistry and iCaSH services. Committee were updated with actions in place to support but wanted all Trust Board members to be aware of this increase and the impact that this has on our people.

13.0 Outstanding practice for noting

- **Luton Adult Services** – introducing a transport offer in line with core20plus5 for patients attending pulmonary rehabilitation course.
- **Dynamic Health** – visiting mosques and local groups in Peterborough to increase the knowledge of the services available to the local communities. Virtual multi-disciplinary team sessions between Cambridge University Hospitals Consultants and the service.
- **Dentistry** – staff culture events in Suffolk, Cambridge and Wisbech and introducing leadership Q&A sessions in Suffolk. Service achieved the Bronze award for sustainability in dentistry – one of only a few providers to hold this.
- **iCaSH** – service wide engagement in clinical audit and research.
- **Children & Young People's Services** - in a staff story by Linda, the Children & Young Peoples clinical operational board heard about her experience as a neurodiverse person developing her career with CCS and training as a nursing associate and subsequently registered nurse. Linda spoke about how CCS has supported her in developing different ways of working, which allow her to bring her talents to her role. She spoke about the opportunities for supporting others to make a career in healthcare through an access / apprenticeship route. She also spoke about how she has been able to draw on her personal experience as a parent of a neurodiverse child to inform how she supports people who access our services.

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Appendices:

Appendix 1: Integrated Governance Report Assurance Framework

Appendix 2: Quality Dashboard

Appendix 3: Statistical Process Control Chart

Supporting Information:

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

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

Provide Outstanding Care

A: Assurance Summary

<p>Safe</p>	<ul style="list-style-type: none"> 95% of incidents were categorised as no or low harm in December 2023 / January 2024 (S1) (Substantial). 100% of all relevant patient safety incidents statutory duty of candour have been completed (S2) (Substantial) There were no 'never events' reported in December 2023 / January 2024 (S3) (Substantial) 100% of open actions relating to a SI (Serious Incident) are on target for completion (S4) (Substantial) The staff flu vaccination – commenced in mid-September 2023, with reporting starting in October, (current rate at the time of writing is 62.30% according to NHSE data) (S5) (Reasonable) The IPaC (Infection Prevention and Control) Board Assurance Framework is being monitored and highlighted to Board every 6 months. Where there are gaps in practice an action plan is in place to address them (S6) (Reasonable). 	<p>Substantial</p>
<p>Caring</p>	<ul style="list-style-type: none"> 86% of services received over 90% positive feedback from the FFT(Friends and Family Test). 100% of Directorates scored over 90% (C1) (Reasonable). 10 out of 15 complaints were responded to within 35 or 40 days (C2) (Reasonable) 100% of all Directorates and 100% of individual services received complimentary feedback (C3) (Substantial). 	<p>Reasonable</p>
<p>Effective</p>	<ul style="list-style-type: none"> The Equality and Diversity Objectives are on track for delivery (E6) (Substantial). Overall Information Governance mandatory training levels are at 94% (target level 95%) (E2) (Reasonable). 	<p>Reasonable</p>
<p>Responsive</p>	<ul style="list-style-type: none"> All of our service areas with waiting lists have an improvement plan that is agreed and being delivered (R1) (Substantial) 14 out of 15 formal complaints are acknowledged within 3 working days (R2) (Reasonable). 100% and 100% (December and January) of valid requests for information are provided to applicants within 20 working days of their receipt into the Trust (R3) (Substantial). 	<p>Substantial</p>

B: Risks to Achieving Objectives

Strategic Risks:

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

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

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

Related Operational Risks 15 and Above

1. None.

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

SECTION ONE – SAFE DOMAIN

Safe	<ul style="list-style-type: none"> • 95% of incidents were categorised as no or low harm in December 2023 / January 2024 (S1) (Substantial). • 100% of all relevant patient safety incidents statutory duty of candour have been completed (S2) (Substantial). • There were no 'never events' reported in December 2023 / January 2024 (S3) (Substantial). • 100% of open actions relating to a SI (Serious Incident) are on target for completion (S4) (Substantial). • The staff flu vaccination – commenced in mid-September 2023, with reporting starting in October, (current rate at the time of writing is 62.30% according to NHSE data) (S5) (Reasonable). • The IPaC (Infection Prevention and Control) Board Assurance Framework is being monitored and highlighted to Board every 6 months. Where there are gaps in practice an action plan is in place to address them (S6) (Reasonable). 	Substantial
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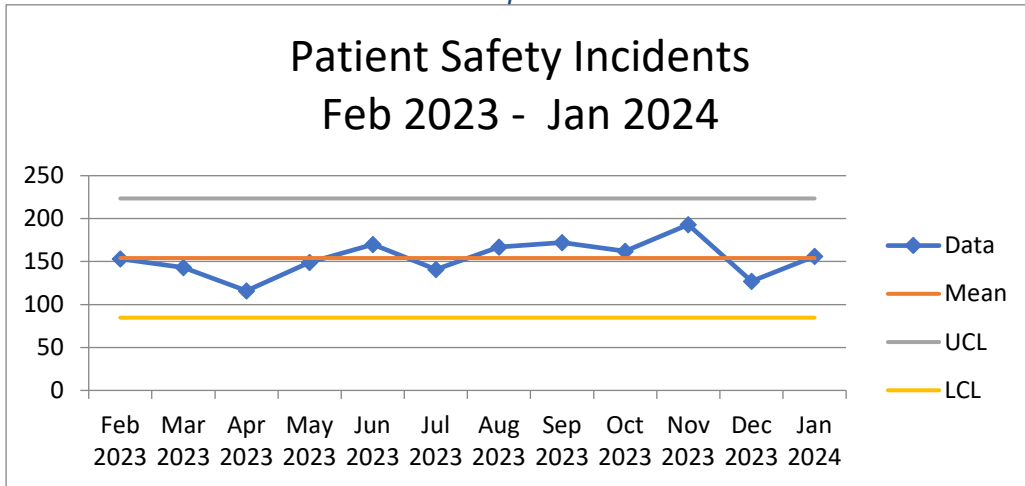
Provide Outstanding Care

1.0 Patient Safety

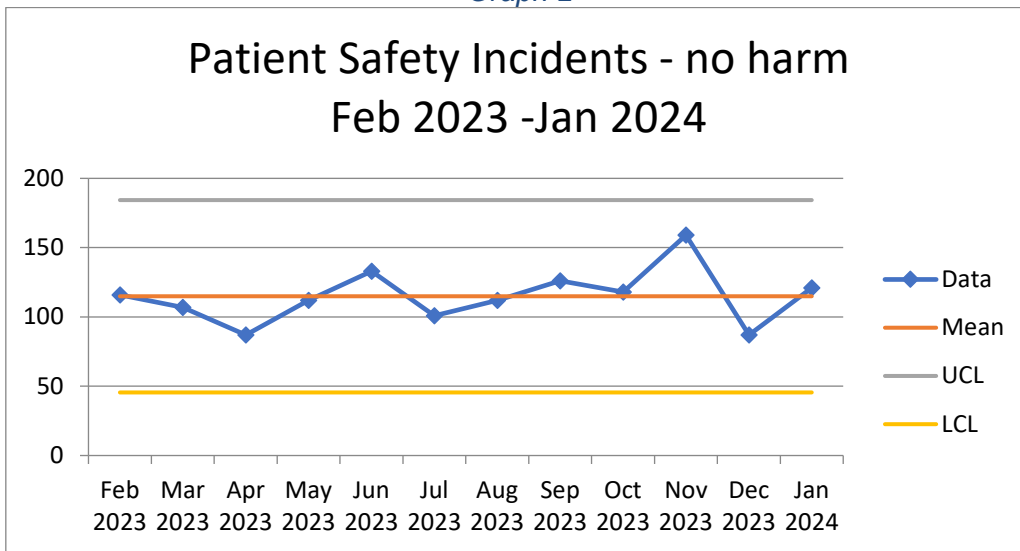
- 1.1 One Patient Safety Incident Investigation (PSII) was declared in December 2023 which related to an escalation of safeguarding concerns within the Bedfordshire Community Service. No Patient Safety Incident Investigations (PSII) were declared in January 2024.
- 1.2 No Never Events were declared in December 2023 or January 2024.
- 1.3 One Serious Incident (SI) was submitted for closure to the local Integrated Care Boards (ICB's) during the period. This related to the diagnosis and treatment of constipation in young people with complex needs. The actions from the case are being developed into a Quality Improvement project across our children's services. This includes co-produced resources and enhanced education and training.
- 1.4 Action plans on previously submitted Serious Incidents continue to be reviewed and support to make improvements identified from actions is provided. As at the time of writing, there are no outstanding actions.
- 1.5 The Trust continues its journey of transition to the Patient Safety Framework (PSIRF) this transformation is being undertaken within the expected national timeframes. Progress has been made in changing the investigation processes to local reviews, the outcomes of which should have a focus on service or clinical improvement.
- 1.6 The weekly Safety Huddle manages and considers incidents in line with PSIRF, their role is to agree next steps against the Patient Safety Framework and / or close and approve submitted investigation reports whilst considering whether the theme of the incident links to existing improvement plans or the agendas within Communities of Practice.
- 1.7 A total of five presentations of local reviews were made in December 2023 with three of them including a safeguarding element. Nine presentations were held in January 2024 with four having a safeguarding element.
- 1.8 The graphs below highlight those patient safety incidents that occurred under our care and includes the two-month period of December 2023 and January 2024. These incidents totalled 283, which is a decrease of 80 incidents on the previous two-month period.

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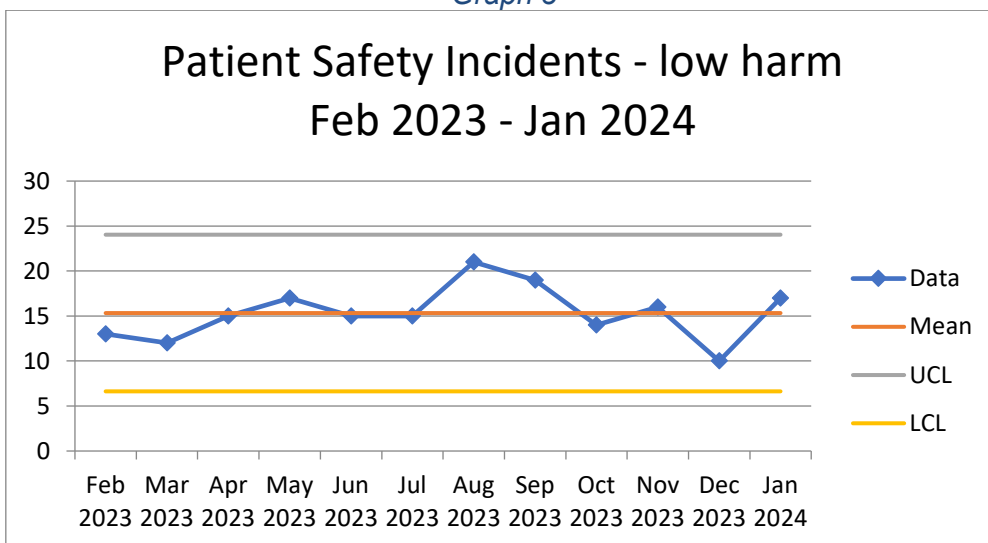
Graph 1



Graph 2

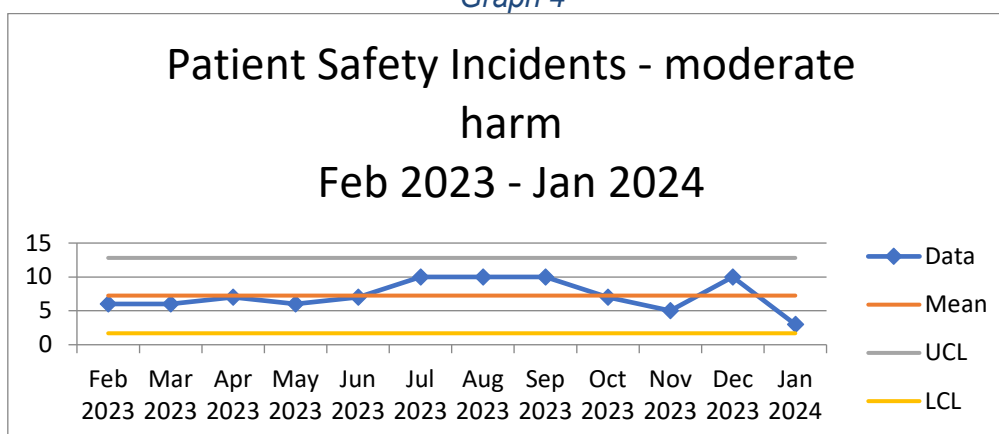


Graph 3



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Graph 4



1.9 As referenced above, there has been a decrease in the number of incidents reported over the 2-month period however, as this includes Christmas this was to be expected due to a reduced service offer and a higher number of bank holidays.

1.10 Of the 283 incidents (December 2023 and January 2024), 85% were no harm incidents, 10% low harm and 5% moderate harm (October and November 2023 were 88%, 9% and 3% respectively).

1.11 Thirteen moderate harm incidents (whilst under the Trust’s care) were reported, which is an increase of two incidents on the previous two-month period. All 13 incidents were reported by the Luton Adult Service and relate to preventable wounds (pressure ulcers and skin tears).

1.12 Moderate / high harm incidents, whilst the person is under the care of CCS (Cambridgeshire Community Services NHS Trust), require the application of the statutory Duty of Candour. For the 2-month period of December 2023 and January 2024 the Statutory Duty of Candour was completed (or there is documented rationale for why it was not appropriate to complete) for all the thirteen incidents.

1.13 Incident Themes (all incidents)

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

December 2023	January 2024
<ul style="list-style-type: none"> Access, admin, transfer & discharge 76 Clinical assessment & treatment 74 Service User Issues 44 	<ul style="list-style-type: none"> Clinical assessment & treatment 87 Access, admin, transfer & discharge 70 Service User Issues 51

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

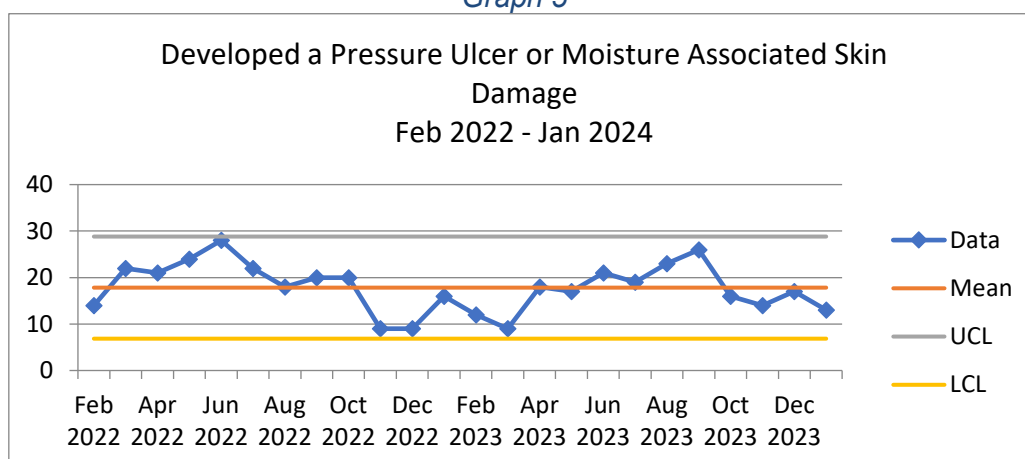
- Clinical Assessment and Treatment: all pressure ulcers and moisture-associated skin damage (MASD) were reported under this category, both for those acquired on and off caseload. Of the reported 161 incidents, 78 related to ‘developed pressure ulcer or moisture associated skin damage with 75 being under the Luton Adults Service. A further 18 incidents related to patients who ‘acquired a skin tear’

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which are deemed to be off caseload and are 'happened upon' incidents.

- Of the Luton Adults 75 incidents, 29 were deemed to have occurred whilst the patient was on active caseload with the remainder split as follows: Another Organisation 27, Domiciliary Care Agency 6, No Professional Health/ Social Care input 13. The Pressure Ulcer Prevention Programme remains in place and is being reviewed via the service's internal governance processes. The graph below shows the reporting rate over a two-year period with the rate being within acceptable levels.

Graph 5



1.14 **Access, administration, transfer, and discharge:** of the 146 incidents reported under this category, 89 were whilst under CCS care, 53 another organisation and four no professional health / social care input. Of the 89 under CCS care, 18 related to a failure to make a referral with the remainder being reported under the generalised category of unspecified. Twenty-four incidents related to a failure to provide antenatal information to the Trust's Healthy Child Programme (HCP). This is a slight decrease of two incidents from the previous 2-month reporting period (October and November 2023), previous reporting rates were 91 and 48 respectively. This is due in the main to an improvement piece of work with Maternity Services, all cases are discussed by the clinical leads at the Maternity / HCP Liaison Meetings.

1.15 National Patient Safety Alerts (NatPSA)

1.15.1 In December 2023 and January 2024 - 26 alerts were received: (December = 14, January = 12). There were five National Patient Safety alerts with only one being relevant to the Trust, this related to the shortage of GLP-1 receptor agonist for diabetes, this alert has now been closed based on information from the Pharmacy Team and work completed across Integrated Care Boards in both Bedfordshire and Cambridgeshire.

1.15.2 Following a Task & Finish Group, the following alert was closed in the 2-month period. NatPSA/2023/010/MHRA Medical Beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls. Actions completed as follows:

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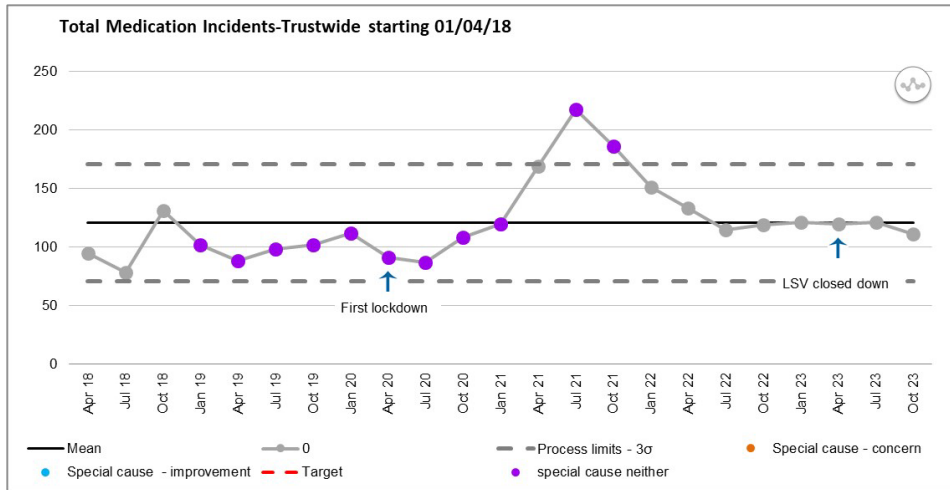
Action	Comment
Update your organisation's policies and procedures on procurement, provision, prescribing, servicing and maintenance of these devices in line with the MHRA's updated guidance on the management and safe use of bed rails.	Policy has been updated and is currently going through approval process.
Develop a plan for all applicable staff to have training relevant to their role within the next 12 months with regular updates. All training should be recorded.	Additional education to be added to the Manual Handling training relating to this alert.
Review the medical device management system (inventory/database) for your organisation or third-party provider for devices within your organisation, including those which have been provided to a community setting (for example, the patient's own home). Keep this system up to date.	Inventories of the equipment have been reviewed. We are working with both the Bedfordshire and Cambridgeshire ICB to ensure this continues.
Implement maintenance and servicing schedules for the devices in the inventory/database, in line with the manufacturer's instructions for use and/or service manual. Prioritise devices which have not had regular maintenance and servicing. If this is outsourced, compliance with the schedule should be monitored.	Confirmation received from equipment providers that this already takes place.
Review patients who are children or adults with atypical anatomy as a priority. Ensure the equipment they have been provided with is compliant with BS EN 50637:2017 unless there is a reason for using a non-compliant bed. Record this on the risk assessment and put in place measures to reduce entrapment risks as far as possible.	Patients have been reviewed. Ongoing work within Cambridgeshire to ensure that equipment is compliant with standard.
Review all patients who are currently provided with bed rails or bed grab handles to ensure there is a documented up-to-date risk assessment. Complete risk assessments for patients where this has not already been done and for each patient who is provided with bed rails or bed grab handles.	Risks assessments were carried out when the equipment was prescribed but have now been reviewed and added to systmone. Grab handles will be reviewed going forward.
Implement systems to update risk assessments where the equipment or the patient's clinical condition has changed (for example, reduction/improvement in weight or mobility), and also at regular intervals.	Template has been uploaded to Systmone and include a prompt to review when patients condition changes. BLMK produce a leaflet for patients which is attached to Systmone template too.

2.0 Medicines Management

2.1 Medicines Incidents

The Statistical Process Control chart below shows the number of medication incidents reported quarterly, regardless of whether responsibility rested with the Trust or with other organisations.

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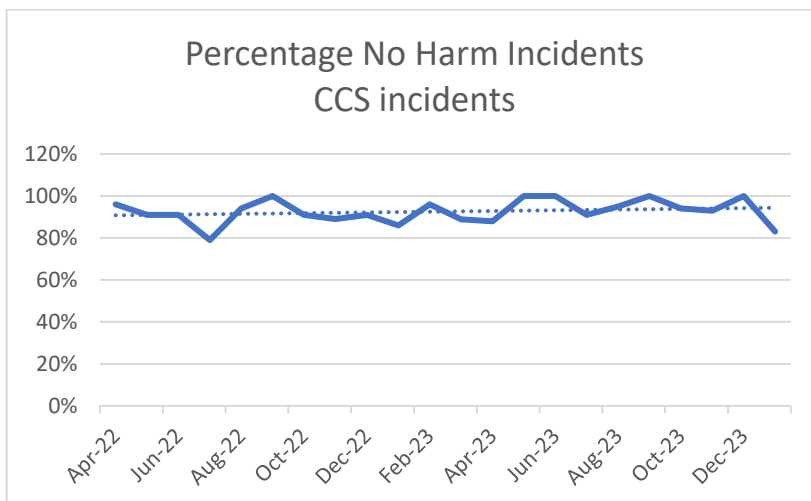
2.2 Please note that the dates shown represent the first month of each quarter, and the data is the total number of medication incidents reported during that quarter.

2.3 For the last 15 months (five quarters) the number of incidents reported has remained remarkably stable, and slightly higher than in pre-Covid19 times. This is indicative of a good reporting culture.

2.4 The total number of incidents reported in the latest quarter (October to December 2023) was 111, ten of which were not patient safety incidents. Of the 101 patient safety incidents reported in 39 were attributable to CCS teams, 51 to other organisations and 11 had no professional or social care input. The Medicine Safety Governance Group has the responsibility for reviewing medication incidents and identifying themes. Incidents that meet the threshold to be reviewed under the PSIRF are discussed at the safety huddle (as described in section 1).

2.5 Level of Harm

The chart below shows the percentage of no-harm medication incidents attributable to the Trust each month since April 2022, the trendline remains steady at around 93%.



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3.0 Safer Staffing

3.1 Luton Adults

- 3.1.1 The Community Nursing team in Luton commenced using Civica’s (Malinko) acuity tool on 18 December 2023. This supports daily clinical assessment, acuity assessment and prioritisation of scheduling. Roll-out followed a robust communication and training plan and resolution of some early software issues.
- 3.1.2 Luton Adults team now report their staffing and capacity position each day via the automated daily sitrep. The average Operational Pressures Escalation Levels (OPEL) remains at 2, demonstrating an improved staffing position overall.
- 3.1.3 Training for the Community Nursing Safer Staffing Tool is still awaited from the national team, which is expected early in 2024. The service is aware that all clinicians using the tool must be trained, and a project group will be established to manage the adoption of the new model.
- 3.1.4 Health Roster Utilisation meetings are scheduled to commence in February 2024 which will aim to optimise use of the roster and consolidate staffing to reflect staff in post with the budgeted establishment. SafeCare, the digital process on HealthRoster which provides visibility of staffing levels across each service, will be introduced. Services will be supported to develop a Standard Operating Procedure (SOP) which describes the operational management of staffing decisions, documents escalation procedures, and identifies thresholds and red flags for each service. Meetings are being scheduled for February in the order that the roster reviews are ensuing.

3.2 Children and Young People’s Services - 0-19 Services

Recruitment and retention of Public Health Nurses continues to be challenging. The revised skill mix staffing model is being developed and project managed and is anticipated to commence in early 2024.

3.3 Ambulatory Care – Dynamic Health

Health Roster Utilisation meetings are scheduled to commence in March 2024 which will aim to optimise use of the roster and consolidate staffing to reflect staff in post with the budgeted establishment. SafeCare, the digital process on HealthRoster which provides visibility of staffing levels across each service, will be introduced. Services will be supported to develop a SOP which describes the operational management of staffing decisions, documents escalation procedures, and identifies thresholds and red flags for each service.

3.4 Business Continuity Planning (BCP) triggers owing to staffing

Directorate	Service	Locality	Dec 2023	Jan 2024	Workforce issues	Mitigations
Ambulatory	iCaSH	Beds		1	Sickness, vacancies	None required
Children and Young People’s Services - Cambridgeshire &	Cambridgeshire & Peterborough	South	2	2	Vacancies, sickness, long term, mat leave, secondments	Universal antenatal contacts receive ‘BCP letter’

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Peterborough, Norfolk & Waveney	Norfolk	Breckland	1	1	Absence in leadership team, staff investigation and PS11	Extra hours or overtime offered, regular bank staff, regular caseload reviews
		East	2	2	Long term staffing vacancies	Extra hours or overtime offered, regular bank staff, regular caseload reviews
		Norwich	2	2	Long term staffing issues	Extra hours or overtime offered, regular bank staff, regular caseload reviews
		Just One Number / Just One Norfolk	2	2	Vacancies in Healthy Child Programme (HCP) and Mental Health (MH) and sickness in Speech and Language Therapy (SaLT)	'Service disruption message': answerphone message with option to leave voicemail
Children and Young People's Services – Bedfordshire & Luton	Bedfordshire	Children's Community Nursing (CCN)	2		A/L, sickness, Covid19, safeguarding issue added to workload of Named Nurse	Delayed accepting 1 x Intravenous antibiotic by one day, one member of staff worked extra over weekend, visits prioritised and some postponed.
	Bedfordshire	Children in Care (CIC)	1	1	Sickness, leaver, mat leave	Appointments rescheduled, non-urgent and non-mandatory activities restricted, though no effect on clinical care or compliance, just timescales

4.0 Safeguarding

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

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Children's MASH Functions

- 4.2 There continues to be some pressures within all systems front door functions. There are expected focused inspections for those geographical areas that have not yet been reviewed.

4.3 Cambridgeshire & Peterborough (Joint Venture) MASH

Data continues to be collected manually within Cambridgeshire and Peterborough MASH (Multi-Agency Safeguarding Hub) health team to support wider discussions and enable closer scrutiny of the trends of workload across the system. There is now a process for weekly Safeguarding reporting to the Integrated Care Board inclusive of all MASH activity. An agency nurse has commenced in post from 6th February for a period of 3 months which will be funded by the ICB, this role has been introduced to support the increasing demand in the service, whilst a long-term solution is developed.

4.4 Staffing

Staffing capacity has improved across the Safeguarding teams, there continues to be agency staff in Cambridgeshire and Peterborough MASH and some additional bank staff support in administrative and clinical roles across the Trust for both adult and child safeguarding teams. The business continuity plan has been reviewed as has the Trustwide Safeguarding staffing risk (3562), which has been reduced from a risk score of 12 to 8.

4.5 Supervision

The level of mandated safeguarding children supervision has been impacted upon by the staffing capacity in the teams and the Business Continuity Plan but is now beginning to improve.

- 4.6 The safeguarding supervision audit and survey is now out to staff for completion. Policy and procedures will be aligned to learning from incidents, staff survey and audit outcomes.

4.7 Audit Plan for Safeguarding

- 4.7.1 Safeguarding supervision survey has commenced and will be reported by April 2024.
- 4.7.2 Re-audit of escalations (resolution of professional disagreements) – April 2024.
- 4.7.3 Mental Capacity Act Assessment audit – April 2024.
- 4.7.4 Quality of referrals to social care – dip sampling has commenced.

5.0 Infection Prevention and Control (IPaC)

- 5.1 Assurance is provided to the Board that all the national documents have been reviewed and the National Infection Prevention and Control Manual has been adopted trust wide. The weekly huddle continues to review any emerging issues/risks which are then reported as appropriate to the Resilience Operational Huddle.
- 5.2 Measles was declared as a national incident by the UKHSA (United Kingdom Health Security Agency) in January 2024, this was due to increasing numbers of cases and a lower rate of vaccination in children and young people. A trust wide Measles working group has been instigated to implement the latest 'Guidance for Risk Assessment and Infection Prevention and Control Measures for Measles in Healthcare Settings.'

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5.2.1 Actions required to ensure trusts preparedness.

1. Triage processes to be in place for contacts and positive cases needing healthcare,
2. Personal Protective equipment to be available.
3. Communications around measles/ vaccination options to parents, carers, and visitors to trust sites.
4. Occupational health review of staff vaccine status.
5. Staff risk assessment to be completed for those in high risk groups.

These priorities have all been acted on and regular communication with staff continues.

5.3 The percentage of staff completing infection control mandatory training continues to increase. With the target set at 90%, staff reported a compliance of 94% in December 2023 and 94% in January 2024.

5.4 Hand hygiene assessment has a compliance goal of 90%. Despite making recording of the assessments easier and training more staff across the Trust to carry out the assessments at local team bases, the compliance remains in the low to mid 80%. The compliance for December 2023 was 85%, which was a small increase from the score achieved in November, but in January 2024 the compliance was 83%. Further work is underway with the Infection Control Link Champions who are based in the services and well placed to promote this assessment. Progress will continue be monitored at both directorate quality governance meetings and the IPaC Committee.

5.5 NHS England (NHSE) national flu data shows that 62.30% of staff received their flu vaccination and that CCS are currently sixth in the national table for this programme of work.

5.6 Other infections

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

SECTION TWO – CARING

Caring	<ul style="list-style-type: none"> • 86% of services received over 90% positive feedback from the FFT(Friends and Family Test). 100% of Directorates scored over 90% (C1) (Reasonable). • 10 out of 15 complaints were responded to within 35 or 40 days (C2) (Reasonable) 100% of all Directorates and 100% of individual services received complimentary feedback (C3) (Substantial). 	Reasonable
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6.0 Patient Experience

6.1 Friends and Family Test (FFT)

6.1.1 The Friends and Family Test (FFT) provides the opportunity for service users, parents and carers to provide feedback on their experience of care. A range

Provide Outstanding Care

of methods are available to ensure that providing feedback is accessible and meets service users' needs.

6.1.2 Since April 2023 we have collected demographic data from service users providing feedback using the FFT questions. These are optional to answer, in the year to date approximately 35% of service users have provided at least one piece of demographic information.

6.1.3 We received 1953 responses in December 2023 and 2628 in January 2024. This is over 1700 fewer than the previous two-month period but an increase in the same period last year. November 2023 saw an unusually high response number due to iCaSH events that generated more feedback so a decrease in this period was anticipated and is more in line with average response numbers. Below is a summary since June 2023.

	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Total
Trust Overall	2417	2739	2330	2712	2560	3761	1953	2628	21129

6.1.4 The Trust FFT positive feedback was 96.59%, with a 1.59% negative feedback percentage. Overall, we remain above the Trust target of 90% however, three services were below the target; Norfolk Speech and Language Therapy only received three responses and iCaSH Peterborough and iCaSH Cambridgeshire were also below target and both had a number of very poor and poor scores. The comments related to the poor and very poor scores are reviewed and followed up with the services each month by the Co-production Lead.

6.1.5 Norfolk Leadership team have agreed an action plan focusing on increasing response numbers which will be overseen by one of the Heads of Locality.

6.2 Demographics of Service Users providing FFT feedback.

The next steps in using this data will include considering which group of service users are not providing feedback. The Patient Experience Team and Co-production Leads will work together to consider response rates compared to population data.

7.0 Information Governance

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

7.2 Mandatory Information Governance and Data Security Awareness training compliance as of December 2023 was 94% against the 95% national target. Service Directors are approached monthly with details of non-compliant staff with a request to encourage the completion of the mandatory training. In addition, individual staff members receive training reminders from the Trust's internal system, and the issue has been highlighted at the Wider Executive Forum.

7.3 Between December 2023 and January 2024, 52 incidents (31 in December and 21 in January) were reported under the Confidentiality Breach incident category which was an increase on the 50 incidents reported in the previous period. Most incidents related to human error or administrative issues, and none met the threshold for reporting to the Information Commissioner's Office (ICO). The Information Governance Manager assesses all information governance incidents, themes issues as appropriate, and provides advice to staff to prevent errors from reoccurring.

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8.0 Areas of Outstanding Practice

8.1 Healthy Child Programme (HCP)

8.1.1 Across Cambridgeshire & Peterborough CP within the Teenage Parent Pathway the teams have collaboratively worked with Child and Family Centres and voluntary sector services to hold a stakeholder group benchmarking the standards for young parent support. A mapping exercise has now commenced following on from this meeting to identify any gaps in service.

8.2 Specialist Services

8.2.1 Andrew Selous, MP for Southwest Bedfordshire joined Luton team for a site visit, shadowing a clinic appointment, which he found very informative in understanding patient needs and Community Paediatrics successes and challenges.

8.3 Dynamic Health

8.3.1 The service continues to offer clinics for the homeless in collaboration with the Peterborough Light Project with good service user satisfaction.

8.3.2 The online appointment booking project continues to reap benefits for both patients and staff alike. The team are rolling this out throughout the locality and aim to be offering online appointment booking to physiotherapy and pelvic health new patient appointments by the end of April 2024.

8.3.3 The switch to the new BT platform has been transformative in being able to record calls, support staff better in managing calls, have a faster pick up rate and have the ability to move calls around the unit to where staff may be less pressured. Staff are reporting they can get to calls quicker and service users report that they always get through on the phone now leading to high satisfaction for both.

8.3.4 Following discussion with CUHFT (Cambridgeshire University Hospital Foundation Trust) the team have now got virtual MDT (Multi-Disciplinary Team) sessions between the CUHFT Consultants and Trust staff to discuss patients that previously would have been directly referred into acutes.

8.4 Dental Services

8.4.1 The entire service has achieved bronze award for sustainability in dentistry. This is a national award, with the service being one of the first dental providers to achieve this accolade. The division has reviewed its sustainability including encouraging recycling, reducing single use plastics and purchasing a bike for our Cambridge clinic for staff. The service will now work towards achieving the silver award.

8.4.2 The service has agreed the 'This Is Me' process via joint working with our Working Together Patient Group and the team are taking this one step further by engaging with Pinpoint who work with parents and carers of children and young people with special and additional needs in Cambridgeshire.

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8.5 Integrated Contraception and Sexual Health (iCaSH) Services

- 8.5.1 Expression of interest has been accepted for the NIHR (National Institute for Health Research) funded trial: 'SEQUENCE Digital RCT, Can an eSexual Health Clinic improve health outcomes for people with chlamydia and their partners?' for implementation in Q1 2024/25 for 4 months in the Bedford, Milton Keynes and Norwich clinics.

SECTION THREE – EFFECTIVE

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

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

Objective	Update																											
<p>To ensure access to iCaSH (Integrated Contraceptive and Sexual Health) services is fully inclusive, by improving the telephony platform and providing an online booking facility, following service-user involvement.</p>	<ul style="list-style-type: none"> A new centralised telephone service has been developed for iCaSH, who have worked with service-users to make adjustments to meet their needs with the aim of making accessing services easier and quicker. The team monitor telephone usage data in real-time, daily, to assess demand, capacity and call answering rates and the quality of service, to dynamically adapt the number of call takers, to improve call answer rates and to enhance patient experience of using our telephone service. <p>The chart below shows the numbers of informal complaints relating to accessing iCaSH services via telephone, compared with the same period (Apr-Nov) in 2022:</p> <div data-bbox="695 893 1434 1341" data-label="Figure"> <table border="1"> <caption>Informal complaints relating to accessing iCaSH services via telephone in 2022 & 2023</caption> <thead> <tr> <th>Month</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>11</td> <td>2</td> </tr> <tr> <td>May</td> <td>10</td> <td>1</td> </tr> <tr> <td>Jun</td> <td>7</td> <td>1</td> </tr> <tr> <td>Jul</td> <td>5</td> <td>0</td> </tr> <tr> <td>Aug</td> <td>9</td> <td>2</td> </tr> <tr> <td>Sep</td> <td>8</td> <td>0</td> </tr> <tr> <td>Oct</td> <td>8</td> <td>0</td> </tr> <tr> <td>Nov</td> <td>3</td> <td>0</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> The team have enabled an online booking facility, so service-users are able to make their iCaSH appointments independently and are increasing the range of this online initiative to other teams/ services. The service is reshaping their social media accounts to single service platforms for Instagram, Facebook, Twitter/X, all of which have direct messaging functions for service-users to message into the clinic. 	Month	2022	2023	April	11	2	May	10	1	Jun	7	1	Jul	5	0	Aug	9	2	Sep	8	0	Oct	8	0	Nov	3	0
Month	2022	2023																										
April	11	2																										
May	10	1																										
Jun	7	1																										
Jul	5	0																										
Aug	9	2																										
Sep	8	0																										
Oct	8	0																										
Nov	3	0																										

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<p>Continued service-user-led improvement within Trust wide iCaSH services, giving consideration to creative ways of obtaining patient feedback.</p>	<ul style="list-style-type: none"> The service offer multiple ways of providing feedback such as online, SMS text and via medicine labels, and are proud of the high response rate to the Friends and Family Test (FFT): <div data-bbox="695 320 1460 831" data-label="Figure"> <table border="1"> <caption>Numbers of Friends & Family Test responses from iCaSH service-users from Apr 2022 - Dec 2023</caption> <thead> <tr> <th>Month</th> <th>Total Responses</th> <th>Trendline</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>400</td><td>500</td></tr> <tr><td>May-22</td><td>700</td><td>600</td></tr> <tr><td>Jun-22</td><td>600</td><td>700</td></tr> <tr><td>Jul-22</td><td>800</td><td>800</td></tr> <tr><td>Aug-22</td><td>600</td><td>900</td></tr> <tr><td>Sep-22</td><td>700</td><td>1000</td></tr> <tr><td>Oct-22</td><td>800</td><td>1100</td></tr> <tr><td>Nov-22</td><td>1000</td><td>1200</td></tr> <tr><td>Dec-22</td><td>500</td><td>1300</td></tr> <tr><td>Jan-23</td><td>1100</td><td>1400</td></tr> <tr><td>Feb-23</td><td>600</td><td>1500</td></tr> <tr><td>Mar-23</td><td>1100</td><td>1600</td></tr> <tr><td>Apr-23</td><td>600</td><td>1700</td></tr> <tr><td>May-23</td><td>1000</td><td>1800</td></tr> <tr><td>Jun-23</td><td>800</td><td>1900</td></tr> <tr><td>Jul-23</td><td>1100</td><td>2000</td></tr> <tr><td>Aug-23</td><td>800</td><td>2100</td></tr> <tr><td>Sep-23</td><td>1300</td><td>2200</td></tr> <tr><td>Oct-23</td><td>1000</td><td>2300</td></tr> <tr><td>Nov-23</td><td>2300</td><td>2400</td></tr> <tr><td>Dec-23</td><td>800</td><td>2500</td></tr> </tbody> </table> </div> <ul style="list-style-type: none"> Service-users completing the FFT can choose whether to include identifying information and can also indicate if they are happy for their comments to be used to evidence themes. iCaSH are still keen to explore more creative means of obtaining feedback, but this continues to be a challenge due to the sensitive nature of some of the services. 	Month	Total Responses	Trendline	Apr-22	400	500	May-22	700	600	Jun-22	600	700	Jul-22	800	800	Aug-22	600	900	Sep-22	700	1000	Oct-22	800	1100	Nov-22	1000	1200	Dec-22	500	1300	Jan-23	1100	1400	Feb-23	600	1500	Mar-23	1100	1600	Apr-23	600	1700	May-23	1000	1800	Jun-23	800	1900	Jul-23	1100	2000	Aug-23	800	2100	Sep-23	1300	2200	Oct-23	1000	2300	Nov-23	2300	2400	Dec-23	800	2500
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<p>Ensure the external approaches to iCaSH and Luton Adult Chronic Respiratory Service clinics are well-lit and well-maintained, to enhance a sense of safety.</p>	<ul style="list-style-type: none"> The areas around iCaSH and Luton Adult Respiratory Service clinics are well-lit and maintained by our Estates and Facilities team, to optimise the safety for people accessing our services. All sites are 'AccessAble' surveyed and registered; service-users can virtually 'walk' the route into the building to the waiting area prior to their visit, so they know what to expect and feel more confident. 																																																																		
<p>Have access to the new Co-Production Co-ordinator for Luton Adults, to help engage with service users who may be vulnerable or unconfident, and co-produce service improvement for Luton Adult Chronic Respiratory Service.</p>	<ul style="list-style-type: none"> The new Co-Production Co-ordinator role has been introduced in Luton Adults Services to look at health inequalities and improving access to services, specifically for Diabetes and Pulmonary Rehabilitation. Since the Co-ordinator's arrival, the Co-Production Lead and Senior Clinical Services Manager have prepared a work plan which includes among the objectives further analysis and understanding of those currently accessing services and conversely those who are not; to determine and agree with local community leaders the best access routes for the client groups they represent. 																																																																		

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Trust wide: expand the scope of demographic data capture on our main Trust wide system (System One), with discussions about expanding data capture in Lillie (iCaSH) and Dentily (Dentistry)

- The Trust have created a demographic questions template initially for the main electronic patient records system 'SystemOne'. A pilot study to capture staff experience has been undertaken by staff from 10 different services in the Trust. Training has been developed for using the template. The demographic questions template was rolled-out to all our SystemOne users in December 2023

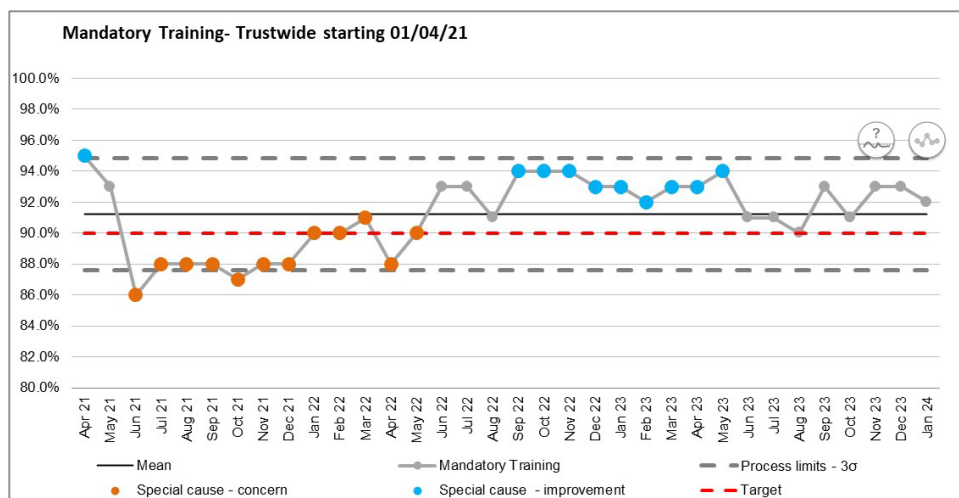
Discussions have taken place with our other clinical systems' leads to consider the feasibility of developing similar templates for their services (Dental services and iCaSH) However, due to their specialist and closed design, we have concluded that it is not possible to incorporate a demographic questions template in Lillie (iCaSH) or Dentily. We are currently exploring the option of using the survey tool IQVIA, which we use for the Friends and Family Test, to ask demographic questions of our service-users who use iCaSH or Dental services.

10.0 Mandatory Training

10.1 Compliance in the 2023 additions to the mandatory training requirement on ESR (Electronic Staff Record) has continued to grow, with all training now above the Trust target of 90%. The ESR /Oliver McGowan leads will be supporting staff who are yet to complete the training for Oliver McGowan ahead of the introduction of the next phase of training.

Compliance Name	Compliance %
NHS MAND Patient Safety – Level 1 – 3 years	95%
NHS MAND Patient Safety – Level 2 – 3 years	92%
NHS MAND The Oliver McGowan Mandatory Training on Learning Disability and Autism Part 1 E learning	92%

10.2 Overall trust compliance for mandatory training in January 2024 was 92%.



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11.0 Care Quality Commission (CQC)

11.1 The 6 monthly CQC self-assessments were undertaken in November/December 2023, the outcomes of this process were reviewed at the Clinical Operational Boards (COBs) and at the Quality, Improvement & Safety committee (QIScom) in March. In this round of assessment, there was an increase in services identifying themselves as outstanding in the 'caring' domain, where gaps were recognised, these are linked to areas where improvements are already underway such as waiting lists management (please refer to section 12 of this report) and mandated training accessibility. Services which have any domains of 'Requires Improvement' will be monitored via the COB's, with updates against timeframes being provided as needed.

New Framework

11.2 The CQC have now started using their new single assessment approach across all regions in England. In the new framework, Key Lines of Enquiry (KLOE) have been replaced by Quality Statements, which have been derived from I statements. I Statements reflect what people (patients/ carers) have said matters to them, which ensures a much greater emphasis on the people who use our services.

11.3 In preparation, the Quality Team are applying the new CQC single assessment framework to the internal self-assessment process. For the next cycle of CQC self-assessments (June 2024), the new framework will be applied, using a digitalised tool, which will capture more of the narrative and the impact for the people who use our services. Services will be supported by the Quality Team throughout this process with workshops, Q&A (Question and Answer) sessions and Trust wide evidence will be prepopulated. In advance of the next cycle, the new framework will be trialled at upcoming peer reviews. In addition, the Well Led Action Plan will be reviewed in April 2024 to align with the new framework.

SECTION FOUR – RESPONSIVE

Responsive	<ul style="list-style-type: none">All of our service areas with waiting lists have an improvement plan that is agreed and being delivered (R1) (Substantial)14 out of 15 formal complaints are acknowledged within 3 working days (R2) (Reasonable).100% and 100% (December and January) of valid requests for information are provided to applicants within 20 working days of their receipt into the Trust (R3) (Substantial).	Substantial
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12.0 Access to Our Services Including Referral to Treatment (RTT)/ Waiting Times

12.1 Dynamic Health Services

12.1.1 The internal continuous improvement action plan which we have shared with the ICB and the regional team is helping improve the service efficiency, streamline our administration processes and is assisting the downward trajectory in our waits in both physiotherapy and administration systems.

12.1.2 The service position shows a decrease in the total number of open clocks from 9202 in November to 8831 in January. The waiting times are showing an increase of 1 week in each part of the service with current average wait in

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Physiotherapy at 6 weeks (as of Jan 24) and waits in the Specialist service at 10 weeks (as of Jan 24).

- 12.1.3 The total open clocks for the Specialist service have shown a gradual increase since April 2023. In addition to this, the total open clocks over 18 weeks have also shown a small increase, this is related to a growth in referrals, winter pressures, sickness and cancellations by both service and patients (this impacts the open clock as this remains 'ticking' despite the patient cancelling). There is service improvement work underway to identify actions to improve this current situation and regular collaboration with acute colleagues continues.

12.2 Dental Services

- 12.2.1 Cambridge and Peterborough (C&P) Special Care Dentistry (SCD)
Average waits in C&P remain high but has reduced by one week to 23 weeks this period. The service is actively managing all cases over 51 weeks to ensure that all patients in this timeframe have a booked appointment.
- 12.2.2 The calculated trajectory of performance indicates that despite efforts to maximise the utilisation of existing capacity, SCD waitlists are at risk of further increase as referrals rates continue to exceed discharge rates. The service are requesting a financial contribution from the ICB to manage a cohort of legacy patients within the C&P service that we are retaining due to their extensive health needs that do not meet our SCD criteria that would otherwise not be able to access care via a General Dentist due to the lack of NHS dentistry in the County.
- 12.2.3 Part of the mitigating actions to manage the SCD waits is to express an interest in recruiting a Joint Dental Foundation Core Training post rather than a routine Foundation Dentist. This would mean that our cohort of special care patients are treated rather than routine patients. The team are presently waiting an outcome to this proposal.
- 12.2.4 In addition, the service have been advised that they have been able to secure an Integrated Care Programme dentist in the September Programme which will give us additional clinical capacity to treat special care patients via a post that is mixed practice and community based.
- 12.2.5 The service improvement work in conjunction with the ICB and local referring dentists has resulted in a slight and constant decrease in referrals coming from practices who have the highest referral rates.
- 12.2.6 Suffolk Special Care Dentistry
Average waits in Suffolk have increased from 10 to 14 weeks due to appointments being concluded in Newmarket due to a dentist leaving and long-term sick leave. This will be rectified when the new dentist commences, and the long term sickness ends.
- 12.2.7 Minor Oral Surgery
The service has an average waiting time of 6 weeks which is a decrease of 1 week since the last report and still within service level. All patients over 18 weeks have booked appointments, however, are still in the system due to them cancelling on multiple occasions. The service are looking to offer some of the oldest waiter's earlier appointments to move them through the system.

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12.2.8 The General Anaesthetic (GA) lists for Peterborough, Huntingdon and Wisbech have all patients pre booked with average waiting times of 23 weeks however urgent slots are available each week for those with very urgent needs. The wait has increased by two weeks due to forthcoming Monday Bank Holidays. The Acute provider does not have spare theatre capacity on an alternative day and therefore this impacts on the waits each time there is a bank holiday.

12.2.9 Cambridge patients requiring a GA are listed for GA at West Suffolk Hospital (WSH). Patients are being assessed to determine need with urgent cases being booked from 10 weeks. The remaining patients will be seen within 50 weeks. This represents a decline due to two lists being cancelled by WSH.

12.3 Integrated Contraception and Sexual Health (iCaSH) Services

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

12.3.2 Additional funding has been secured in Bedfordshire from the commissioner to run a LARC-athon in Quarter 4.

12.3.3 At the end of January 2024 LARC had 897 on the waiting list, this was previously reported at 1007, therefore there has been a decrease of 110 since the last Board report.

12.3.4 There are no waiting lists for HIV PrEP.

iCaSH Site	Number of patients on LARC waiting list at time of COB reporting	Average wait times from initial call to LARC pre-assess	Average wait times from LARC pre-assess to procedure	Number of patients on PrEP waiting list at time of COB reporting	Actions to mitigate waits
Bedford	250	17 weeks	Within 4 weeks	0	<ul style="list-style-type: none"> • Triage/red flag/fast track assessments, emergency appointments • GP federation support, bank staff, excess hours in some localities • Use of any commissioner awarded emergency funding
Dunstable	41	14 weeks	Within 2 weeks	0	
Cambridgeshire	0	13 weeks	No wait for imps 8 weeks for coils	0	
Norwich	471	13 weeks	Within 3 weeks	0	
King's Lynn	20	2 weeks	Within 7 weeks	0	
Great Yarmouth	24	3 weeks	Within 3 weeks	0	
Milton Keynes	80	6 weeks	Within 3 weeks	0	

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P'Boro	0	4 weeks	No wait for imps Within 4 weeks for coils	0	<ul style="list-style-type: none"> Expanded the supply/issue of PrEP under PGD with supported nurse training and supervision package Dedicated PrEP clinics commenced in C&P. Increased reporting of demand and capacity data in each locality, including waiting times to help with service planning. 'LARC-athons' mobilised where additional funding received from commissioners LARC training for clinical staff (iCaSH and Primary care)
Ipswich	3	Within 6 weeks	Within 4 weeks imps Within 6 weeks coils	0	
Bury St Eds	0	Within 6 weeks	Within 2 weeks (implants) Within 8 weeks (coils)	0	
Lowestoft	0	Within 1 week	1 week for implants 4 weeks for coils	0	
Totals	LARC	897 at end Jan 2024	PrEP	0	

12.4 Children and Young People's Services – Specialist Services

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

Service Area	Number waiting	Previous reporting period
Bedfordshire Community Paediatrics	1221 ↑	1201
Luton Community Paediatrics	1061 ↑	987
Bedfordshire and Luton Audiology	1744 ↑	1470
Bedfordshire and Luton Speech and Language Therapy	972 ↑	962
Norfolk and Waveney Speech and Language Therapy *	1269 ↑	573

12.4.2 The increase in the Luton figure can be contributed to the backlog of referrals triaged. Across the service appointment capacity to see a paediatrician for a first appointment is approx. 56 per month.

12.4.3 Bedfordshire Community Paediatric team longest waits are at 56 weeks (2 week decline from the last reporting period). The longest wait in the Luton

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Community Paediatric team is 55 weeks (3 week decline from the last reporting period).

12.4.4 The table below shows the longest waits across specialist services:

Service Area	Longest wait (in weeks)	Previous reporting period
Bedfordshire Community Paediatrics	56 ↑	54
Luton Community Paediatrics	55 ↑	52
Bedfordshire and Luton Speech and Language Therapy	90 ↓	91
Norfolk and Waveney Speech and Language Therapy	51	20

12.4.5 Bedfordshire and Luton Community Paediatric Services

A weekly meeting is in place to monitor progress against an improvement plan. The focus is to make best use of the clinical resource to improve current waiting times and increase service capacity. Actions include reducing the length of appointments where appropriate, piloting new triage processes, trialling an alternative offer for young people aged 16+ referred for ADHD (Attention Deficit Hyperactivity Disorder) and progressing consultant supported assessment pathways for ASD (Autism Spectrum Disorder) & ADHD.

12.4.6 External waiting time communication continues to be reviewed and co-produced with parent care forums.

12.4.7 Good progress continues to be made with the multi-agency Neuro-Developmental (ND) pilot. Regular steering groups meetings are in place for Bedfordshire and Luton Local Authorities; with a pilot launch date for early March 2024. All staff have received training on use of the ND Tool and promotional material for settings has been agreed. Planning for a pilot in Central Bedfordshire is progressing.

12.4.8 Cambridgeshire Community Paediatrics

Clinical capacity continues to be a concern with both health input to special schools being reduced and demand for school aged autism assessments increasing. There is also uncertainty around the provision of the Early Identification in Autism project beyond April 2024, which will further impact on our waiting times. A waiting time update letter for partners has been sent in collaboration with system partners.

12.4.9 The systemwide NDD (Neuro-Developmental Disorder) stakeholder steering group continues with a focus on communication and pathway mapping. The waiting well workstream planning continues including ASD networking sessions.

12.4.10 Norfolk and Waveney Speech and Language Therapy

The service moved to RTT reporting from January 2024 rather than SystmOne waiting list data. This will increase longer term consistency and robustness in reporting although in short term shows some inconsistency between current and past data and challenges for staff to adopt new method of recording.

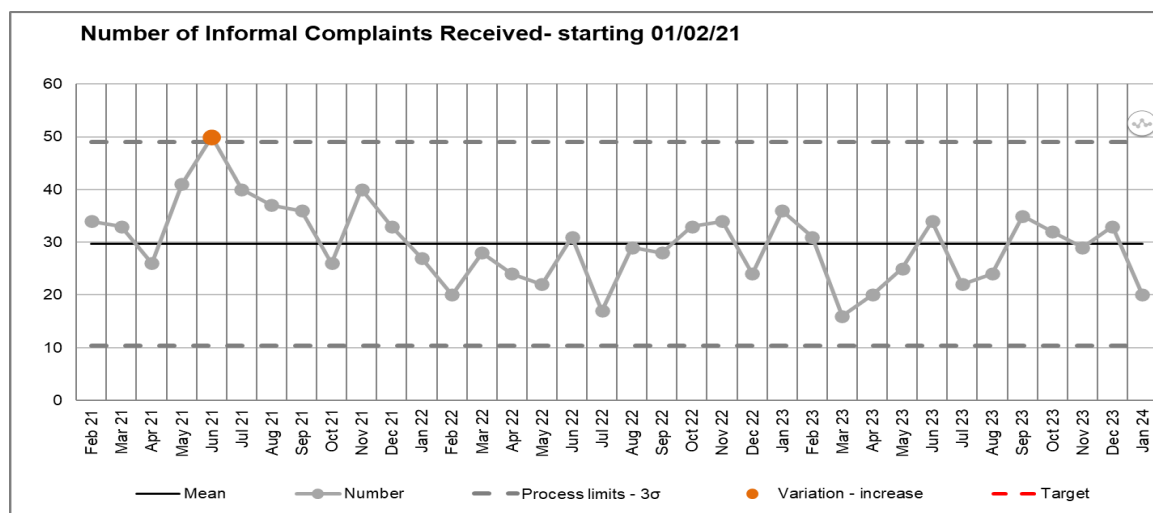
Provide Outstanding Care

13.0 Complaints

13.1 In December 2023 and January 2024, the services we provide, received 6329 positive comments on service user surveys and feedback forms across the Trust. This means we received over 98 positive comments for every complaint (formal and informal). This is consistent with the last two reporting periods.

13.2 Informal complaints received.

13.2.1 Fifty-three informal complaints were received and logged in this data period: 33 in December 2023 and 20 in January 2024. Both months were within the expected variation based on 36 months of data.



13.2.2 Fifty-two of 53 complainants were contacted within four working days to discuss resolution of their concerns (see appendix 2). In the one case where contact was not made within four working days, the Patient Advice and Liaison Service (PALS) tried to contact the complainant by telephone on two occasions both of which were within four working days, but the calls were not answered.

13.3 Themes and learning from informal complaints closed in December 2023 and January 2024

13.3.1 Sixty-two informal complaints were resolved and closed in December 2023 and January 2024, with 86 themes / issues identified.

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

- Delays (29)
- Communication and Information (26)
- Clinical Care (13)

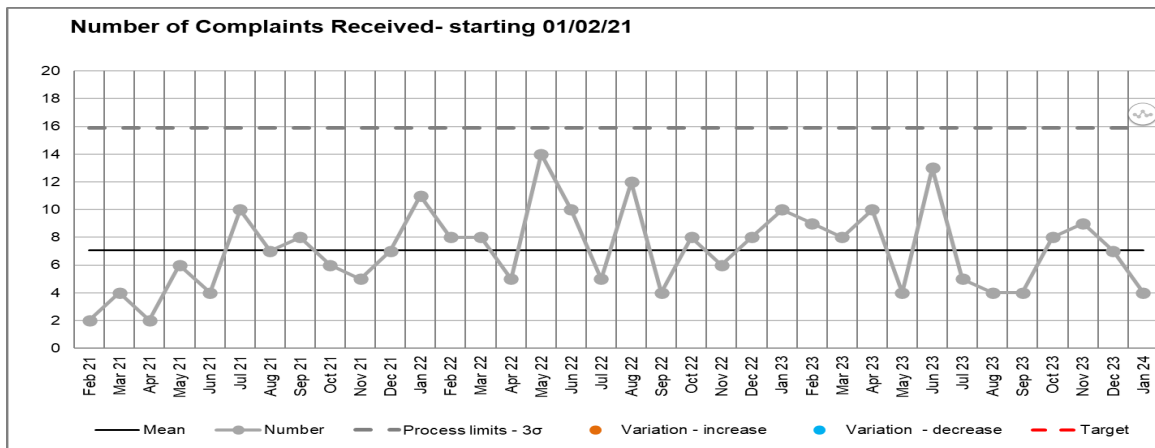
13.3.3 Seven issues about Delays and five about Communication and Information were raised about Luton Community Paediatrics. Musculoskeletal Physiotherapy and Dental Services each had four issues about delays. Musculoskeletal Physiotherapy also had four issues about Communication and Information, Dental had three and Bedfordshire Community Paediatrics had three.

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13.3.4 There were no themes in the services identified in the 13 complaint issues raised relating to clinical care, they were spread across services.

13.4 Formal Complaints

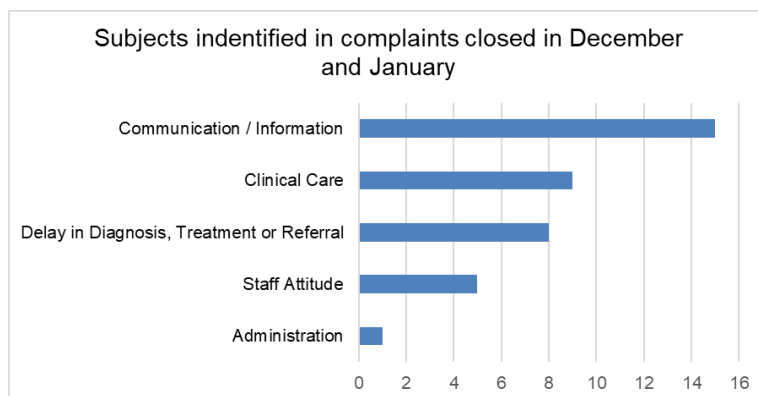
The Trust received 11 formal complaints in this data period, seven in December and four in January. As shown in the graph below, this is within the expected range which means it is not significantly different to previous months, based on data for the number of complaints received since December 2020.



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

13.5 Themes and learning from formal complaints closed in December 2023 and January 2024

13.5.1 Within this data period we responded to and closed 15 formal complaints. In these there were 38 subjects/themes identified.



13.5.2 Communication and Information was the most frequently occurring subject with 15 issues in ten different complaints, Clinical Care was identified nine times in eight complaints and Delays eight times in eight complaints.

13.5.3 Three complaints about Clinical Care relate to Bedfordshire Community Paediatrics. The complaints about Communication and Information and delays were spread across several services.

13.6 Formal Complaint Response Times

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13.6.1 In this data period we responded to 14 formal complaints (six in December 2023 and eight in January 2024). A summary of the response times is shown below.

	October	November	December	January
Number of standard complaint responses sent within 35 day timeframe	0/1	6/8	5/6	4/8
Percentage of standard complaint responses sent within the 35-day timeframe	0%	75%	83.3%	50%
Number of complex complaint responses sent within 40-day timeframe	1/1	1/1	1/1	0/0
Percentage of complex complaint responses sent within 40-day timeframe	100%	100%	100%	N/A
Average number of working days to respond to standard complaints	44	34.4	32.2	33
Average number of working days to respond to complex complaints	38	38	40	N/A

13.6.2 The percentage of standard complaint responses sent within the 35 working day timeframes in December was an improvement on the previous two months. This fell in January to 50%.

13.6.3 With regards to the reasons that responses were sent outside of the timeframes, three of the five were delayed due to the time taken to allocate an investigator, two in Bedfordshire Community Paediatrics and one in Luton Community Paediatrics. Both areas have implemented a new process for identifying and allocating investigators, the impact of this will be monitored.

13.6.4 It was identified that Dental Services are receiving complaints about service users being discharged. These are complaints that do not require a standard investigation as the service is meeting the discharge terms of the commissioner. A complaint investigation template for these complaints has been developed to aid swift response whilst still ensuring a full investigation. The templates have been developed with the service and reviewed to ensure they meet PHSO standards.

13.7 Parliamentary Health Service Ombudsman (PHSO)

There were no complaints referred to the PHSO or recommendations received from the PHSO in December and January. The PHSO made a request for medical records to support their initial enquiry into a complaint that was investigated and responded to in June 2023 with a second response sent in August 2023 in relation to the Norfolk Health Visiting Service.

14.0 Equality Diversity and Inclusion Priorities Update

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

Discussions are taking place with the Clinical Systems and Data teams to devise a monitoring plan for implementation of the demographic questions template on SystemOne and the equality questionnaire on Comms Annexe, by the end of March 2024. It is anticipated that the monitoring plan will involve collaboration with the SystemOne Champions, service leads and representation from the Data team, to

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monitor staff usage and staff experience of using the template, and to begin to report on and access the demographic data for health inequalities work and inform service development.

14.2 Equality Deliver System (EDS) 2023 Domain 1: commissioned and provided services.

The EDS report has been compiled and the ratings agreed. New equality objectives arising from the 2023 report have been proposed and are awaiting ratification by the Trust board.

15.0 Freedom of Information (FOI) requests

15.1 FOI responses for December and January 2024 resulted in a 100% completion rate:

FOI's - Directorate	December 2023	Completed on time	Due	January 2024	Completed on time	Due
Total for CCS	32	27	5	43	40	3
Corporate	30	25	5	40	38	2
Ambulatory	1	1	0	1	1	0
Cambs & Norfolk CYPS	0	N/A	N/A	0	N/A	N/A
Bed's - Children's	1	1	0	2	1	1
Luton – Adults and Children's	0	N/A	N/A	0	N/A	N/A

15.2 As of 29th December 2023, the 5 FOIs for Corporate showing as 'DUE' in December 2023 had completion dates in January. The 2 FOI's for Support Services and one for Bedfordshire Children's showing as 'DUE' in January 2024 have completion dates in February 2024.

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A: Assurance Summary

<p>Safe</p>	<ul style="list-style-type: none"> Staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures (S5) (Reasonable) 	<p>Reasonable</p>
<p>Effective</p>	<ul style="list-style-type: none"> Mandatory training compliance is 92% - above target of 90% (E1) (Substantial) Overall Information Governance mandatory training levels at or above target level (95%). Achieved 94%. (E2) (Reasonable) Appraisal rates 90.61% - target level 92% (E3) (Reasonable) Monthly sickness rates in January 2024 6.40% compared to latest NHS England rate for community Trusts of 5.9% for Dec 2023. (E4) (Reasonable) Stability increased to 88.2% and is above target of 85% (E5) (Substantial) Equality Delivery System (EDS) objectives agreed and being delivered upon. (E6) (Substantial). 	<p>Reasonable</p>
<p>Well Led</p>	<ul style="list-style-type: none"> Agency spend within overall agency ceiling (WL4) (Substantial) 	<p>Substantial</p>

In addition to the overview and analysis of performance for December 2023 and January 2024 the Board can take assurance from the following sources:

- NHS National Staff Survey 2023 results where the Trust achieved a 53% response rate. Headline results were:
 - Best performing or joint best performing Community Trust Nationally in 6 of the 9 People Promise themes/areas, including staff engagement and morale.
- Care Quality Commission (CQC) inspection report published in August 2019. CQC rated the Trust as Outstanding overall and Outstanding within the caring and well-led domains. The inspection report highlights several areas that support the delivery of this objective.
- The positive staff feedback the Trust has received via staff survey results in relation to speaking up.
- Risks 3533 and 3540 cover these pressures and are reviewed regularly.
- Discussions within the two Clinical Operational Boards (COBs) that took place in March 2024.
- Update on the delivery of our People Strategy presented to the Board – November 2023.

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- Annual Freedom to Speak Up report being presented to the Board – May 2023.
- Presentation of Staff Survey Results to Public Trust Board meeting – March 2024.
- Presentation of Equality, Diversity and Inclusion Annual Report – March 2024.

B: Risks to Achieving Objectives

Strategic Risks

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

Related Operational Risks 15 and above

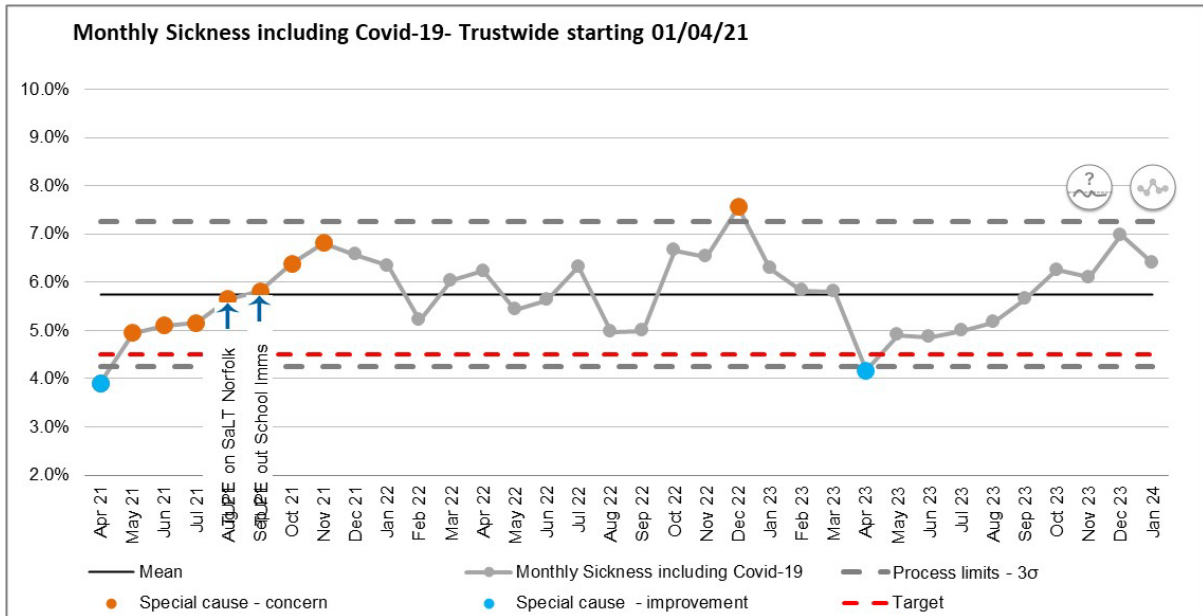
1. *None.*

C: Overview and analysis

1. Sickness

- 1.1. The 12-month cumulative rolling rate (December 2023 – 5.60%, January 2024 – 5.67%) remains above the Trust rolling target of 4.5%.
- 1.2. Monthly Trustwide rate for December 2023 was 6.98% and for January 2024 was 6.40%.
- 1.3. The Trustwide sickness rate has 3.23% attributed to long term sickness and 3.17% short term sickness absence. Beds and Luton Adult Service had the highest sickness rate (10.61%) and Support Services the lowest (3.21%). The top reason Cold, Cough, Flu - Influenza (29.19%); work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- 1.4. The Trust monthly sickness rate is above the December 2023 benchmark reported for NHS Community Trusts (source: HEE e-portal tool) which was 5.9%.

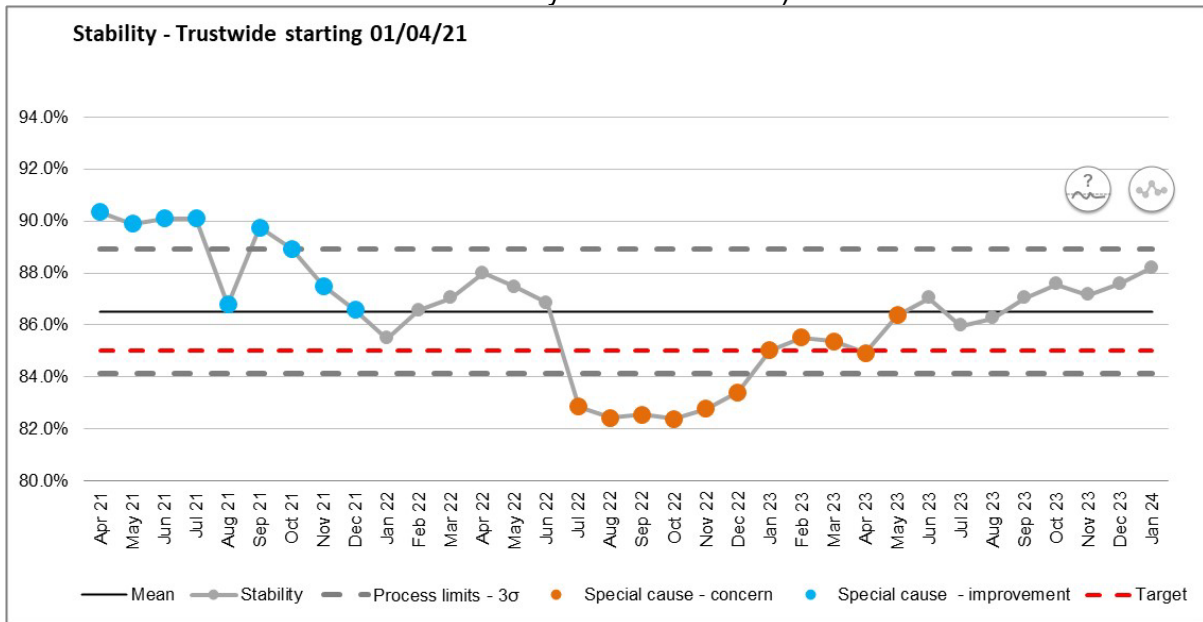
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2. Stability

2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – December 2023 87.59%, January 2024 88.20%, against the Trust target of 85%. This compares favourably to a stability rate of 85.1% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Oct 2023).

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

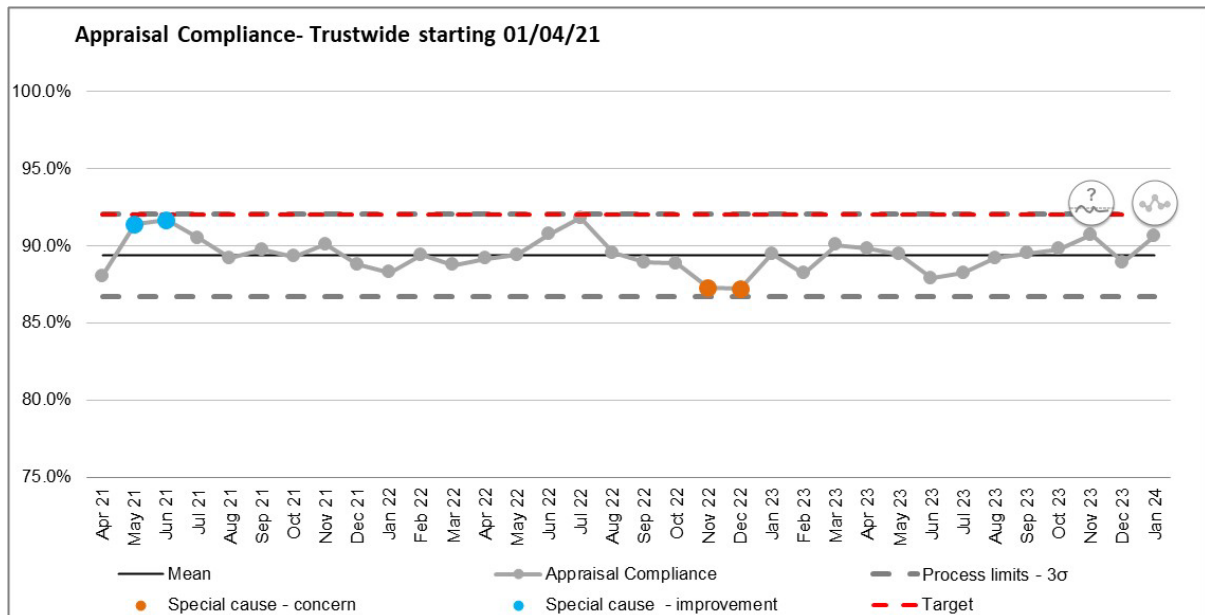


3. Appraisals

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

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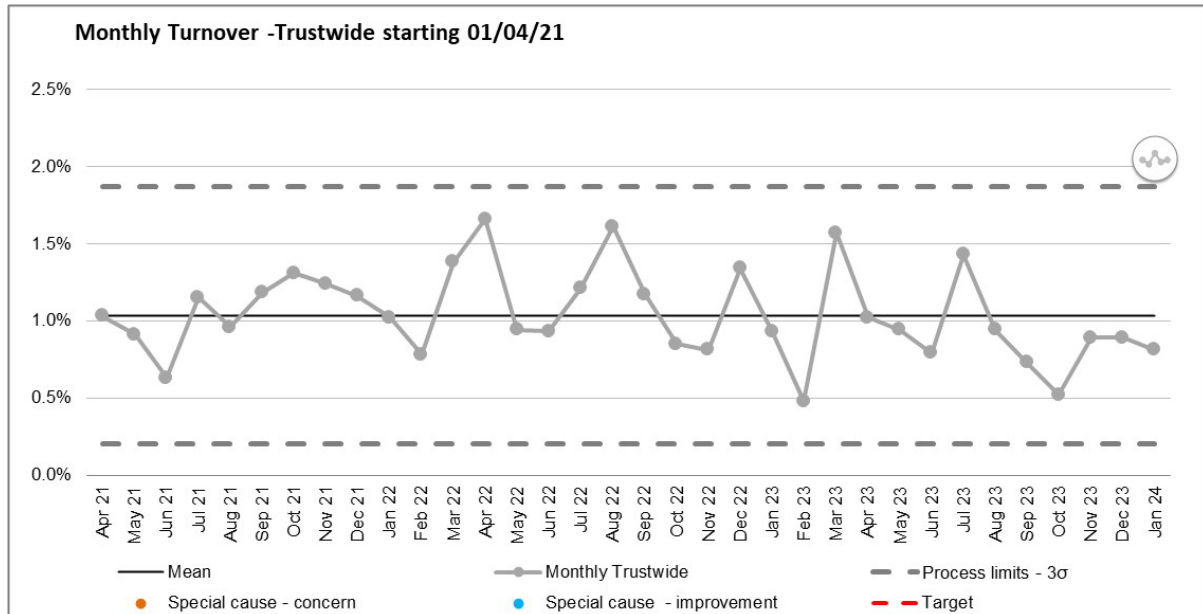
- 3.2. The Trust wide Appraisal rate increased December 2023 88.9%, January 2024 90.61%, and remains below the target of 92% for 2023/24.
- 3.3. Luton Children's has the lowest rate (83.91%), Beds & Luton Adults has the highest rate (95.47%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.



4. Turnover

- 4.1. The following chart shows monthly Turnover rates for the Trust which are based on the “Permanent” workforce (i.e., those employed on a current Fixed Term Contract of less than one year are excluded). Leavers for the following reasons are also excluded: Voluntary Redundancies, end of a FTC, and Employee Transfers.
- 4.2. The Trust’s Rolling Year Turnover Rate is currently 11.11% (December 2023 10.94%, January 2024 11.11%) compared to an annual average Leaver rate for Community Provider Trusts of 14% (Source: NHS Digital Workforce Statistics – Oct 2023, based on “all Leavers” and “total Workforce”).
- 4.3. Cambs & Norfolk Childrens Service currently has the highest Rolling Year turnover rate at 12.97%, with Support Services having the lowest at 7.64%.

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5. Current workforce challenges

- 5.1 At our Clinical Operational Boards in March 2024 current workforce challenges were discussed across our portfolio of services. Where these are impacting on our delivery of care, further details can be found in the outstanding care section of this report.
- 5.2 A further round of international recruitment is currently taking place for our Luton Adult community services and the service has recruited four additional international nurses and expect them to arrive by the end of March 2024.

6. NHS Staff Survey 2023

- 6.1 This closed at the end of November 2023. The Trust achieved a response rate of 53%, which was a 6% improvement on the 2023 response rate.
- 6.2 The results will be presented to the Trust Board under a separate agenda item today.

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

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

- 7.1.1 The Board agreed its EDS 2022, 2023/24 objectives in March 2023. The 3 domains are:
 - Domain 1: Commissioned or provided services.
 - Domain 2: Workforce health and well-being.
 - Domain 3: Inclusive leadership.
- 7.1.2 Our annual report for Equality, Diversity and Inclusion for 2023/24 is being presented under a separate agenda item at today’s meeting. This report will demonstrate the delivery of the objectives agreed in the above domains during 23/24.

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7.1.3 Cambridgeshire and Peterborough Inclusive Leadership Programme has commenced. This is being led by Above Difference and is focused on developing cultural competency. 12 individuals across the Trust are on the programme, split into three cohorts. One cohort is culturally diverse members of staff including our cultural diversity network advocate; another is Board members and the third cohort is operational leaders. Our Board members are Chair, Chief Executive, Deputy Chief Executive and Clinical Non-Executive Director. Learning will be shared with all Board members during our developmental time together. We have undertaken one day of the three-day programme. We are learning and developing with other Board members across health, care and the voluntary sector in this system.

8. NHS England People Promise Retention Exemplar Programme – Cohort 2

8.1 The Trust has been selected to take part in the second cohort of the People Promise Exemplar programme. The People Promise Exemplar Programme's aim is to test the assumption that optimum delivery of all NHS People Promise interventions delivered in one place simultaneously, can improve staff experience and retention outcomes. We have appointed Jenny Williams, Resourcing and Retention Business Partner, as the lead for this programme of work.

8.2 To test the assumption, we have been asked to:

1. Undertake an initial analysis of retention and staff survey data highlighting any key themes.
2. Complete a People Promise self-assessment in collaboration with key organisational stakeholders.
3. Develop retention improvement plans and key actions.
4. Deliver the retention improvement plans across the organisation.
5. Measure impact of retention improvement interventions
6. Embed activity as business as usual.

8.3 We will have two main workstreams:

- **Trust wide** – we will align the people promise activities to our People Strategy in all aspects of the employment cycle. This will include recruitment, Retention, Induction, Education and Training.
- **Service focus** – We will work in collaboration with one of our services to improve the overall staff experience in the service area, increase retention rates, strengthen engagement, improve staff survey results and reduce turnover.

8.4 Expected outputs are likely, but not limited to:

- Data collection and analysis
- Attendance on Managers masterclass
- Career pathway with skills development and staff stories
- Listening events
- Completion of local retention survey
- Local engagement in workforce planning activities
- Local engagement in training needs analysis

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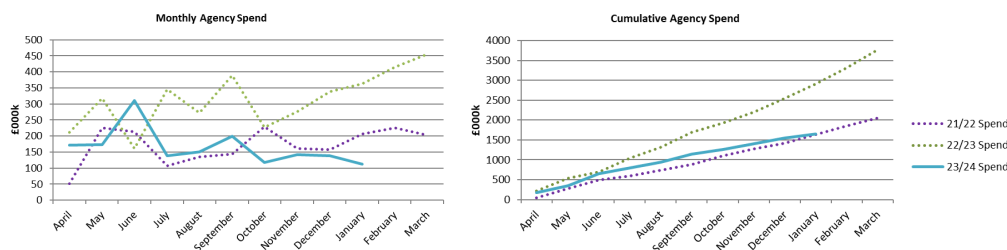
9. National Preceptorship Quality Mark

- 9.1 During 2023 we piloted a new approach to Preceptorship in order to provide a more consistent, inclusive and multiprofessional approach to supporting newly qualified practitioners, internationally trained practitioners, return to practice practitioners and practitioners transitioning into new roles.
- 9.2 After initially piloting the model with a cohort of international recruited nurses in our Luton Adults services we now run three cohorts of preceptees per year- January, June, and October to capture all new starters. All preceptees receive a portfolio to assist goal setting, record supervisions, record self-directed preceptorship time and facilitated sessions with their preceptor. Feedback to date has been positive:

“Today’s session really improved my confidence and validated a lot of how I’d been feeling combining with inspirational perspectives on challenges (both emotional and literal) within the workplace!”

- 9.3 Following the pilot the Trust has been awarded the National Preceptorship Interim Quality Mark for its Preceptorship programme, with the panel commending us on our ‘excellent preceptorship policy and approach’. The kite mark acts as a national quality mark for our programme and is valid for 2years from February 2024 to February 2026.
- 9.4 Next steps include increasing the number of preceptorship champions, completing the online ‘Padlet’ which will hold resources and signposting for preceptees and preceptors, review how we can make our programme more accessible for neurodiverse colleagues and align to national AHP standards.

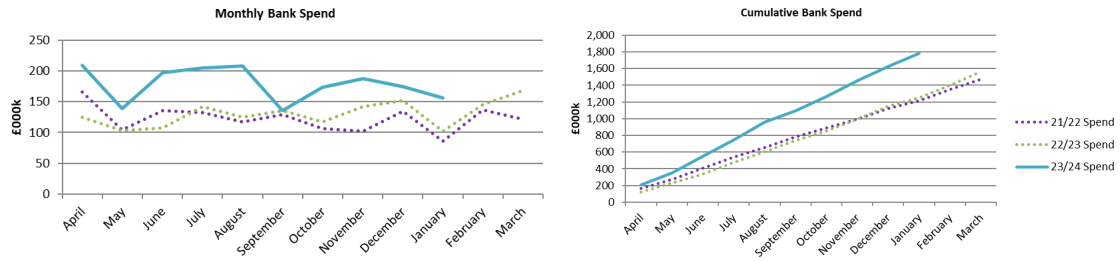
10. Agency / Bank spend



10.1. The Trust’s cumulative agency spend at month 10 was £1,656k. The spend in the equivalent period in 2022/23 was £2,605k (excluding mass vaccination service spend).

10.2. The highest areas of spend were in Community Paediatrics in Luton and Bedford with £457k and £181k respectively. Spend over the period in these two areas was only £23k in Luton and £0k in Bedford, this spend being partially funded. Another area of high spend has been in the Integrated Front Door service, £237k, which is fully funded.

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10.3. To reduce the usage of agency, the services have the availability of bank staff to fill short term staffing pressures. The Trust's cumulative bank spend at month 10 was £1,784k. This is higher than the equivalent period in 2022/23, when spend was £1,252k (excluding mass vaccination service spend).

10.4. The highest areas of spend were Healthy Child Programme in Cambridgeshire, Norfolk and Bedford, with £352k, £319k and £182k respectively, and District Nursing in Luton with £280k.

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A: Assurance Summary

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

1. In accordance with the Trust’s Assurance Framework, the Board receives assurance from the reporting of the Trust’s financial sustainability and performance from Strategic Risks 3514 and 3529, and Clinical Operational reporting of financial performance and escalation processes. Due to the continued financial stability the likelihood of Risk 3529 has been reduced and the overall rating is now 8.
2. The Trust Board will also take assurance from External Auditor’s Unqualified opinion and its “Value for Money conclusion” of the Trust’s 2022/23 accounts. Internal Auditor’s assessments during 2022/23 provided a conclusion that the Trust has an adequate and effective framework for risk management, governance, and internal control. The Trust’s Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.
3. The Trust’s financial performance for the period to date continues to be in line with budget, however during the financial year, due to the impact of increased pay and non-pay inflation and the demand on our services, the Trust has been required to mitigate these pressures by utilising non-recurrent underspends and agreeing additional contracted income with commissioners.
4. The Trust is continuing its discussions with system partners to identify and agree mitigation of the additional financial pressures as reported in the Board Assurance Framework Risk 3529. These discussions are expected to conclude in March 2024 and enable all partners to meet their planning targets for the year.
5. The Trust has concluded its contractual negotiations with the NHS England Regional Specialist Commissioning team, relating to the increasing demand and resulting cost pressure in its HIV’s Treatment and Care service.
6. During the reporting period, services delivered a similar level of outturn performance compared to the previous reporting period and the analysis of the variance by Division is included in Section 1.5 of this report.
7. Section 3 of this report includes the Cashflow statement and movements.
8. The Trust’s Public Sector Payment Policy performance for reporting period shows it maintained an overall good level as detailed in Section 4 of this report.
9. Due to the challenges in managing the impact of increasing costs, the Trust’s Efficiency programme is behind the original plan, with £3.3m currently forecast to be delivered in year, and a full year value of £3.5m. A summary of the current forecast is included in Section 6 of this report.

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B: Risks to achieving objective

Strategic risks

1. **Risk ID 3514** – There is an increased risk of cyber-attack upon the Trust which could result in a potential loss or disablement of services which would directly impact patients, service users and staff. (Risk Rating 12).
2. **Risk ID 3529** – Failure to deliver our financial plan (on a sustainable basis addressing the increasing cost pressures and the challenging efficiency target and our contribution to the wider system) could impact on the development and innovation of our services resulting in reduced quality of care. (Risk rating 8)

Related Operational Risks 15 and above

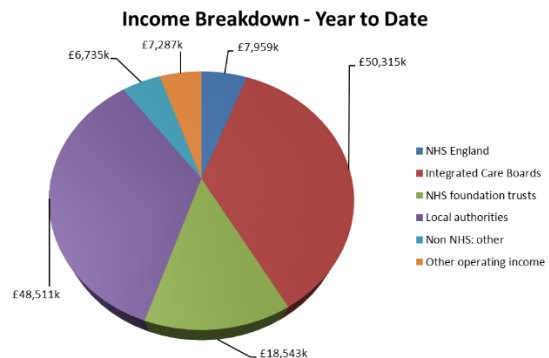
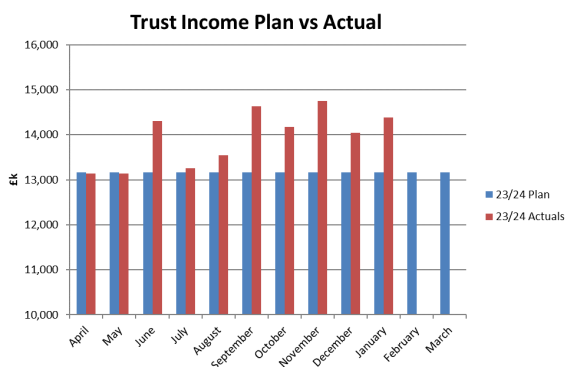
None.

C: Overview and analysis

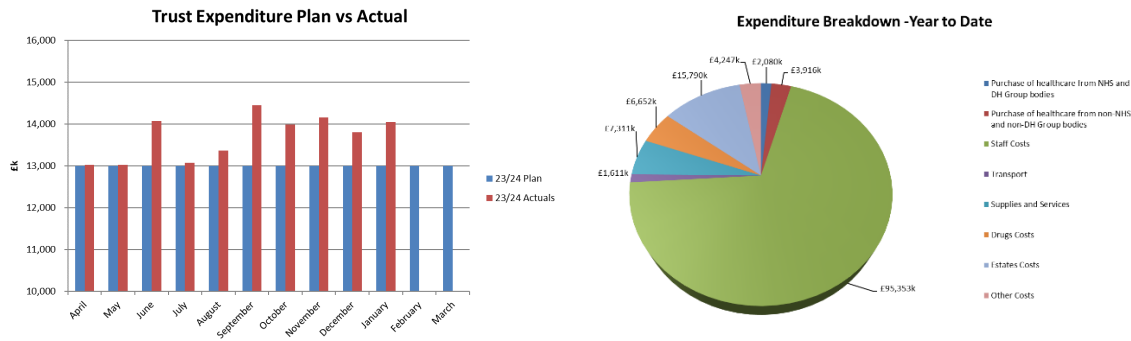
Finance scorecard

Finance Dashboard	Section in Report	Plan M10	Actual M10	Variance M10
Operating income	1	£131,653k	£139,350k	£7,697k
Employee expenses	1	(£88,503k)	(£95,238k)	(£6,735k)
Operating expenses excluding employee expenses	1	(£43,150k)	(£44,112k)	(£962k)
Trust Surplus/(Deficit)	1	£0k	£0k	£0k
Closing Cash Balance	2		£4,024k	
Capital Programme	5	£3,965k	£18,464k	(£14,499k)
Agency Spend	EE 7	£1,430k	£1,656k	(£226k)
Bank Spend	EE 7	£1,123k	£1,784k	(£661k)

1. Income and expenditure



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- 1.1 The Trust commissioned services funding is by way of Block contract income funding received from Integrated Care Boards, NHS England and Local Authority Public Health Commissioners.
- 1.2 The Trust continues to review and analyse the main cost drivers and cost improvement plans, using these to inform a forecast position which is reported and discussed by the Wider Executive team.
- 1.3 Income and expenditure are both higher than plan due to the Agenda for Change and Medical and Dental pay awards, NHSE HIV drugs assumptions and the impact of increased demand and price inflation.
- 1.4 The clinical services direct budget position as at January 2024 for each Service Division is:

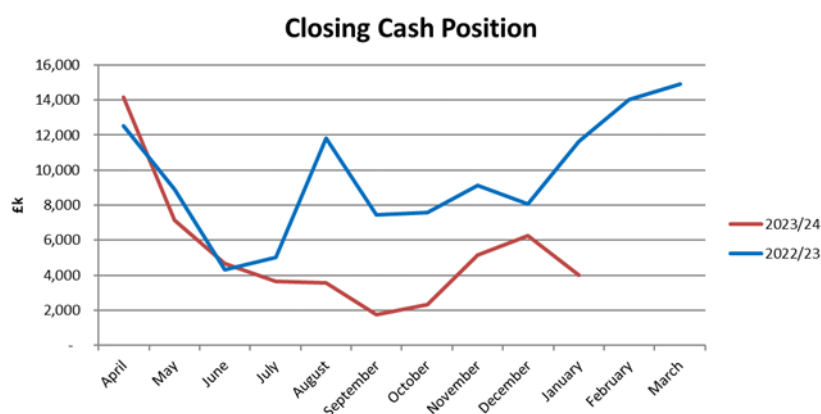
Division Level	Jan-24					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	2,066	(18,933)	(9,565)	(26,432)	(25,719)	(713)
Bedfordshire Community Unit	1,925	(13,655)	(2,099)	(13,829)	(13,533)	(296)
Childrens & Younger Peoples Services	8,866	(32,278)	(3,828)	(27,240)	(28,318)	1,078
Luton Community Unit	1,169	(19,834)	(5,313)	(23,978)	(24,609)	631
Contract Income and Reserves	114,173	(230)	(2,826)	111,117	111,445	(328)
Support Services	6,599	(10,294)	(12,915)	(16,610)	(16,260)	(350)
Estates	4,583	(16)	(7,595)	(3,028)	(3,006)	(22)
CCS Total @ 31st January 2024	139,381	(95,240)	(44,141)	-	-	-

- 1.5 Ambulatory Care Services delivered a cumulative overspend of £713k to month 10. The main reasons for the cumulative overspend are due to establishment funding, budget pressures across the division and non-pay expenditure pressures in the iCaSH services. The main areas of cost pressures continued to be medical staffing, pathology testing and drugs due to increased activity. The agreed activity caps and testing model changes continue to mitigate, in part, the cost pressure.
- 1.6 Bedfordshire Community Unit delivered a cumulative overspend of £296k to month 10. The main reason for the overspend continues to be in relation to establishment pressures, however these costs have reduced during H2.
- 1.7 Children’s & Younger Peoples Services delivered a cumulative underspend of £1,078k to month 10. The main reason for the cumulative underspend is vacancies across the services.

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- 1.8 Luton Community Unit (including Luton Children's Services) delivered a cumulative underspend of £631k to month 10. The cumulative underspend position is due to establishment savings across Adult services.
- 1.9 The Contract Income and Reserves year to date position includes income for services provided to the Integrated Commissioning Boards and Public Commissioners and Reserves used Trust wide to support service delivery. The overspend variance to date of £328k is mainly to offset the net cost improvement support agreed with services ahead of formal plans being delivered.
- 1.10 Support Services delivered a cumulative overspend of £350k to month 10. The overspend variance is due to a number of contributory factors and discrete service issues.
- 1.11 Estates delivered a cumulative overspend of £22k to month 10. The main reason for the overspend is due to the impact of backdated costs relating to a new property.

2. Cash position



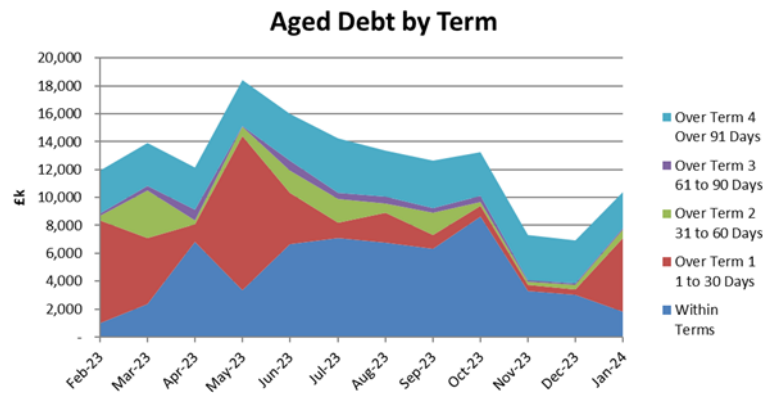
- 2.1 The cash balance of £4.0m at month 10 represents an overall decrease of £1.1m on the previously reported position at month 8. The change in the Trust's cash position is due to the slightly delayed receipt of outstanding Trust receivables.

2.2 Statement of Cashflow:

Cash Flow	Apr-23 &									
	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	
	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
Cash flows from operating activities										
Operating surplus/(deficit)	305	224	176	177	175	176	587	233	337	
Depreciation and amortisation	1,019	492	441	488	487	489	480	521	501	
(Increase)/decrease in receivables	(4,875)	9,611	(1,883)	5,989	4,389	(205)	3,785	(1,595)	(893)	
(Increase)/decrease in other current assets	0	0	0	0	0	0	0	0	0	
(Increase)/decrease in other assets	0	0	0	0	0	0	0	0	0	
(Increase)/decrease in inventories	0	0	0	0	0	0	0	0	0	
Increase/(decrease) in trade and other payables	(3,416)	(11,818)	730	(5,070)	(6,306)	5,933	(2,760)	3,772	1,041	
Increase/(decrease) in other liabilities	496	0	0	0	0	0	(496)	1,281	(117)	
Increase/(decrease) in provisions	0	0	0	0	0	0	0	0	23	0
Net cash generated from / (used in) operations	(6,471)	(1,491)	(516)	1,594	(1,315)	6,393	10	5,821	869	
Cash flows from investing activities										
Purchase of property, plant and equipment and investment property	(522)	(557)	(64)	(1,286)	(14)	-7187	(11)	(3,608)	(3,238)	
Proceeds from sales of property, plant and equipment and investment property	0	0	0	0	0	0	0	0	0	
Initial direct costs, up-front payments and (lease incentives) in respect of new right of	0	0	0	0	0	0	0	0	0	
Net cash generated from/(used in) investing activities	(522)	(557)	(64)	(1,286)	(14)	(7,187)	(11)	(3,608)	(3,238)	
Cash flows from financing activities										
Public dividend capital received	0	0	0	0	0	0	3,744	182	1,850	
Public dividend capital repaid	0	0	0	0	0	0	0	0	0	
Capital element of lease liability payments	(494)	(208)	(227)	(232)	(294)	(170)	(226)	(198)	(636)	
Interest element of lease liability payments	(44)	(13)	(18)	(18)	(19)	(18)	(17)	(25)	(21)	
PDC dividend (paid)/refunded	(261)	(211)	(158)	(158)	(157)	(158)	(566)	507	(1,032)	
Net cash generated from/(used in) financing activities	(799)	(432)	(403)	(408)	(470)	1,362	1,224	466	162	
Increase/(decrease) in cash and cash equivalents	(7,792)	(2,480)	(983)	(100)	(1,799)	578	2,799	1,093	(2,207)	
Cash and cash equivalents at the beginning of the period	14,917	7,125	4,645	3,662	3,662	1,763	2,341	5,140	6,233	
Cash and cash equivalents at the end of the period	7,125	4,645	3,662	3,662	1,763	2,341	5,140	6,233	4,026	

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



2.4 Total Trade Receivables decreased by £0.4m in December to £6.9m and then increased by £3.5m in January to £10.4m. The breakdown in January is £3.2m (30%) from NHS organisations; £5.9m (58%) from Local Authorities; and £1.3m (12%) from other parties.

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

Cambridgeshire County Council	£2.5m
Norfolk County Council	£2.5m
East London NHSFT	£1.9m

2.6 Aged debt that was over 90 days old was predominantly due from NHS and Local Authority bodies and therefore it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period, Cambridgeshire CC paid £0.2m, Norfolk CC paid £2.4m and East London NHSFT paid £1.9m to reduce their outstanding balances.

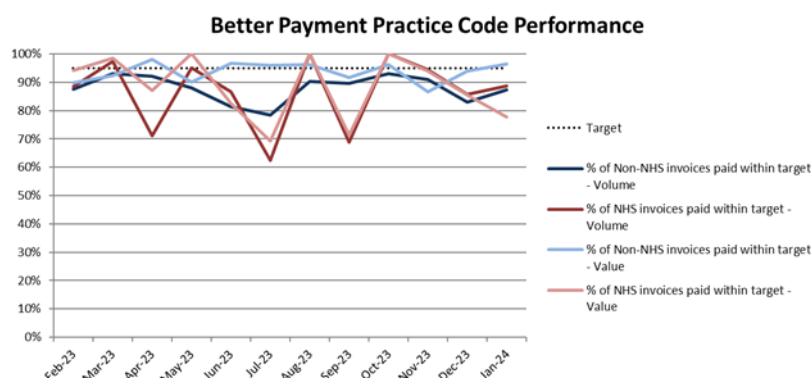
2.7 The finance team has implemented a more stringent monitoring process for Local Authority bodies debt to ensure any overdue receivables are paid promptly to support the cash flow position. The overall reduced debt position reflects the benefits of this process. The increase in January was due to the monthly contract invoices for East London NHSFT and Norfolk CC being received slightly later in the first few days of February.

3. Statement of Financial Position

	January 2024 £'000	November 2023 £'000
Non-Current Assets		
Property, plant and equipment	77,680	79,824
Right of use assets	23,638	22,125
Intangible assets	114	127
Total non-current assets	101,432	102,076
Current assets		
Inventories	56	56
Trade and other receivables	19,198	16,710
Cash and cash equivalents	4,026	5,140
Total current assets	23,280	21,906
Total assets	124,712	123,982
Current liabilities		
Trade and other payables	(16,630)	(19,460)
Borrowings	(2,841)	(2,713)
Provisions	(670)	(693)
Total current liabilities	(20,141)	(22,866)
Net current assets	3,139	(960)
Total assets less current liabilities	104,571	101,116
Non-current liabilities		
Trade and other payables	0	0
Borrowings	(20,969)	(19,569)
Provisions	(870)	(847)
Total non-current liabilities	(21,839)	(20,416)
Total assets employed	82,732	80,700
Financed by taxpayers' equity:		
Public dividend capital	18,459	16,427
Retained earnings	41,925	41,925
Revaluation Reserve	24,001	24,001
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	82,732	80,700

- 3.1 The main movement in the reporting period was an increase in Trade and other receivables, due to slightly later payments of invoices, and a decrease in Trade and other payables, due to payments of capital works invoices.

4. Public Sector Prompt Payments (PSPP)



- 4.1 The average in month prompt payment results across the four categories was 87% in month 9 and 88% in month 10.
- 4.2 With regards to NHS invoices, performance declined in month 9 and improved in month 10, with the Trust achieving an average of 84% in volume and value across the

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two periods. For both months, invoices which were paid late, were paid within 9 days of the target.

- 4.3 The performance in paying Non-NHS invoices in both categories has remained relatively consistent over the reporting period – with an average of 91% achievement over this period. Over months 9 and 10, the average achievement in each category is 85% and 95% for volume and value respectively, which is an improvement in the value category but a slight decline in volume on the previous reporting period.
- 4.4 The improved processing and authorisation processes continue to ensure a positive level of compliance against the target.

5. Capital

- 5.1 Capital spend on core projects was £4.3m against a plan of £4.0m. The main area of spend is the continued development works at North Cambridgeshire Hospital in Wisbech. The capital programme is expected to deliver on the plan for the year.
- 5.2 The Community Diagnostic Centres (CDC) at Princess of Wales Hospital, Ely is due to be completed by the end of March 2024 and the accompanying Multi-storey car park is due for completion in July 2024. The final total combined cost for the CDC projects is expected to be £27m.
- 5.3 The Trust received in March the additional funds requested to complete the scheme and expect confirmation of the updated control balance at the end of March.

6. Efficiency Programme

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

Efficiency Programme 23/24			Annual value 23/24	In-year value
		Gateway	schemes	23/24 schemes
NON-RECURRENT	INCOME	4	296,670	242,274
		1	10,000	10,000
	NON-PAY	4	50,000	50,000
		1	-	-
		2	339,000	339,000
		4	31,742	31,742
		(blank)	471,418	398,209
NON-RECURRENT Total			1,198,830	1,071,226
RECURRENT	INCOME	1	-	-
		2	-	-
		3	136,000	115,167
		4	1,394,000	1,394,000
	NON-PAY	1	18,000	-
		2	159,000	150,000
		4	259,571	257,524
		PAY	1	-
	2	90,078	90,078	
	4	246,530	221,639	
	RECURRENT Total			2,303,179
Grand Total			3,502,009	3,299,633