

# Quality Account 2022-23



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## Map of Trust Geographical Area – 2023



### Summary of our services

(See also Appendix 1: List of Trust Services)

- Children and Young People's Community Health Services (Cambridgeshire and Norfolk).
- iCaSH: Integrated Contraception and Sexual Health Services (Bedfordshire, Cambridgeshire, Milton Keynes, Norfolk, Peterborough and Suffolk); HIV Services (Bedfordshire, Cambridgeshire – Huntingdon, Norfolk, Peterborough and Suffolk).
- Dental Services in Cambridgeshire and Peterborough, Specialist Dental Care Services in Suffolk, Minor Oral Surgery in Suffolk and Norfolk, Oral Health Promotion in Bedfordshire.
- Musculoskeletal (MSK) Services and Pelvic Health Physiotherapy Services (Cambridgeshire and Peterborough).
- The Oliver Zangwill Centre for Neuropsychological Rehabilitation (until June 2022).
- Children and Adults' Community Health Services for the residents of Luton.
- Children and Adults' Community Health Services for the residents of Bedfordshire in partnership with East London NHS Foundation Trust (ELFT).
- Large Scale Vaccination Service.

## Part 1: Information about the Quality Account

### Statement on Quality from the Chief Executive

#### **Welcome to the 2022-23 Quality Account for Cambridgeshire Community Services NHS Trust.**

Our Quality Account reflects the huge commitment all our teams have to high quality and compassionate care. Throughout the past year, our staff and volunteers have worked hard to both maintain and improve the care we provide in all our services.

Our quality improvement priorities for 2022-23 were safety, people participation and quality improvement and this report shows that our people have made great progress in all three areas.

We have a stronger patient safety culture through our work on safeguarding, infection prevention and control, medicines safety and we are in the first stages of implementing the national patient safety framework.

Through the developing patient involvement and co-production approach, we are giving service users and their carers an even stronger voice in what we do. Our work with community networks also means our co-production work is now more representative of our diverse communities.

Understanding from the experiences of service users and staff ensures we are continuously improving. We have a clear approach that puts quality at the heart of everything we do (Our Quality Way) and have carried out dozens of clinical audits, as well as developing new ways to share best practice and learn from successes.

Through our participation in 38 clinical research studies, we are helping to make a wider contribution to health improvement. Over the year we have launched initiatives to develop a research culture, making it easier for our clinical staff to take part in research and service users to volunteer for research studies.

Our vision is to improve the health and wellbeing of people across our diverse communities. To help us determine the best way to do that, we worked with our service users, staff and partners to create our new three-year strategy which was signed off by our Board in April 2023. We believe it will help us to deliver on the things that matter most to our service users and the people who work with us.

In the new strategy, we have three ambitions to guide how we 'Provide Outstanding Care':

1. Our services are inclusive and easy to access.
2. Our services are innovative and drive improvements in outcomes for people.
3. Our services support good health and help prevent ill health.

To help us get there, this Quality Account identifies the areas we need to focus on over the next year. These priorities are safety, quality, learning and continuous improvement and people participation. In Section 3.1 you can find more details on exactly what we plan to do.

I can confirm on behalf of the Trust's Board that to our best knowledge and belief, the information contained in this Quality Account is accurate and represents our performance in 2022-23 and reflects our priorities for continuously improving quality in 2023-24.

Over the last year, our people – both employees and volunteers – have provided outstanding services, 52 weeks a year. They've shown vast amounts of compassion and dedication. By continuing to focus on quality in the year ahead, we believe we can continue to make things better for our communities and our people.



A handwritten signature in black ink, appearing to read 'M Winn', with a long horizontal flourish extending to the right.

Matthew Winn  
Chief Executive

## Statement from the Chief Nurse and Medical Director

We are immensely proud of all the achievements outlined in this year's Quality Account. Our colleagues have once again worked tirelessly throughout another difficult year to provide vital support, care and treatment to our patients, service users, carers, and families and we thank them for their commitment and dedication.

During 2022-2023, Covid-19 continued to present significant challenges to our services and our people but despite this we were able to continue the valuable work of our clinical teams. In addition, the unexpected national mpox diagnosis and treatment programme added an extra challenge to our Integrated Contraception and Sexual Health (iCaSH) service. Notwithstanding the challenges we were still able to provide our Mass Vaccination service, which we are very proud to say delivered in excess of 1.7 million vaccines to the people of Norfolk, Waveney, Cambridgeshire and Peterborough. What you will therefore read in our report is the determination of our teams to carry on providing quality care across our varied geography, whilst ensuring that our Trust's values and principles are upheld. Teams have, despite being under exceptional pressure, continued to go above and beyond to make a difference to our communities each and every day.

Taking care of our people is integral to our quality strategies and this has never been more important. Colleague wellbeing has been at the front of our minds throughout the year with this report highlighting some of the important work we have undertaken, together with our networks, to ensure our people get the right support and guidance. We have learned a great deal along the way and will continue to do so; these learnings are helping us think about our future workforce and how we ensure as an employer we are inclusive and equitable.

As you will read, our teams have undertaken some truly transformative co-production projects; our work with the children and young people continues to be inspiring along with specific place-based projects across Luton and Bedfordshire Adult Services. Additionally, our remarkable volunteers have keenly contributed to our work, and we hope in the next year to continue to attract new volunteers to a wide variety of roles across the organisation.

Despite the on-going clinical demands, we have continued as a Trust to learn from feedback and disseminate new knowledge across the organisation. We have responded to the needs of those we serve by continuing to put quality and safety at the forefront of our thinking and, by listening to our people, we have been able to implement practices based on patient outcomes, experience, and research.

This Quality Account outlines a wealth of quality-related activity and achievements and highlights performance against our ambitious targets. We will continue to focus on our new quality priorities in 2023-24 and look forward to sharing progress with you next year.



A handwritten signature in black ink, appearing to read 'David Vickers'.

David Vickers  
Medical Director



A handwritten signature in black ink, appearing to read 'Kate Howard'.

Kate Howard  
Chief Nurse



## About the Quality Account

### What is a Quality Account?

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

Our Quality Account is divided into the following sections:

<b>Part 1</b>	<ul style="list-style-type: none"><li>▪ Statements about our Quality from the Chief Executive, Chief Nurse and Medical Director.</li></ul>
<b>Part 2</b>	<ul style="list-style-type: none"><li>▪ Priorities for the Trust to improve the quality of our care during 2023-24.</li><li>▪ Statements about the quality of services provided by the Trust which also allow readers to compare us against similar organisations.</li></ul>
<b>Part 3</b>	<ul style="list-style-type: none"><li>▪ A review of quality performance. This demonstrates how the Trust has performed throughout 2022-23.</li></ul>

## Part 2: Priorities for Improvement and Statements of Assurance

### Quality Improvement Priorities for 2023-24

The review of our Trust Strategy for 2023-26 continues the focus on improving healthcare for everyone.

Under the 'Provide Outstanding Care' objective we have developed three ambitions, which we will achieve by 2026:

1. Our services are inclusive and easy to access.
2. Our services are innovative and drive improvements in outcomes for people.
3. Our services support good health and help prevent ill health.

These Trust wide ambitions will be delivered by the Quality Strategy through four programmes of work, each of which have their own success measures and monitoring requirements.

- Safety
- Quality
- Learning and Continuous Improvement
- People Participation

**Our Year One plans for 2023-24 are as follows:**

Priority 1: Safety	
Goals	
1.	<p>Strengthen and embed our 'think whole family' approach in our safeguarding practice, by:</p> <ul style="list-style-type: none"><li>▪ developing an implementation process map (for year 1) which includes a communication plan;</li><li>▪ reviewing safeguarding policies in line with the development of our 'think whole family' approach to all safeguarding work;</li><li>▪ safeguarding teams across both adult and child specialisms developing joint reflective practice groups to support the 'think whole family' approach within clinical teams;</li><li>▪ reviewing safeguarding training in line with best practice, ensuring 'think whole family' is part of all key messaging.</li></ul>
2.	<p>Implement the NHS Patient Safety Incident Response Framework (PSIRF) in line with national requirements and timescales, by:</p> <ul style="list-style-type: none"><li>▪ full implementation of the framework with associated plan and policy;</li><li>▪ transition to learning from patient safety events by September 2023;</li><li>▪ supporting our staff in the completion of relevant modules of the patient safety syllabus including levels 3 plus;</li><li>▪ supporting the organisational awareness around human factors so that it is central to how we prevent and learn from patient safety events;</li><li>▪ fully embedding the role of the Patient Safety Partners so that they are integral to the development of the Trust's safety culture and how we involve the people who use our services.</li></ul>

<b>3.</b>	<p>We will have a workforce that will be able to meet the current and future care needs of our patients, by:</p> <ul style="list-style-type: none"> <li>▪ creating a task and finish group to scope opportunity and develop an internal approach (alongside clinical practice);</li> <li>▪ developing an internal communications plan including Advanced Clinical Practitioners (ACP) presentation;</li> <li>▪ completing external funding and application processes, with the clear aim of commencing ACP pilots in January 2024;</li> <li>▪ the development and delivery of a year 1 safer staffing implementation plan.</li> </ul>
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## Priority 2: Quality

### Goals

<b>1.</b>	<p>We will have embedded a Trust wide Quality Improvement (QI) framework, by:</p> <ul style="list-style-type: none"> <li>▪ promoting and delivering a bespoke Trust wide QI Academy programme of learning opportunities;</li> <li>▪ developing and nurturing a QI community which will be a framework for CCS becoming a QI learning organisation;</li> <li>▪ designing and launching a new intranet site to provide a one stop shop for a range of tools, resources, tips, training support and inspiration for Quality Improvement;</li> <li>▪ working collaboratively on leadership support/training with the Organisational Development team to enable QI to flourish;</li> <li>▪ developing and delivering a comprehensive communications and engagement plan; highlight exemplar QI initiatives, create ways to recognise and inspire staff;</li> <li>▪ developing a network of QI relationships across all Integrated Care System (ICS) areas;</li> <li>▪ tracking effectiveness of QI adoption, impact and maturity across the Trust;</li> <li>▪ all members of the Chief Nurse's directorate being trained via the Quality Improvement Academy, so that they are equipped to act as QI mentors and coaches pan Trust;</li> <li>▪ evolving the monthly Chief Nurse Directorate QI Huddle to drive continuous improvement through the quality governance processes floor to board (that has four key elements: improve capability, create opportunity, motivate and mobilise our people and work with system partners).</li> </ul>
<b>2.</b>	<p>We will have optimised our use of data to support the health inequality, quality, and safety agendas with the directorates, by:</p> <ul style="list-style-type: none"> <li>▪ strengthening the Data Quality Group to reflect the impact of data quality on clinical care;</li> <li>▪ developing the Clinical and Professional Leaders Group to include data quality as a regular agenda item, supporting a culture of data as a measure of quality improvement.</li> </ul>
<b>3.</b>	<p>We will have maintained our excellence in clinical practice supporting our outstanding Care Quality Commission (CQC) rating, by:</p> <ul style="list-style-type: none"> <li>▪ undertaking our six monthly self-assessment programme;</li> <li>▪ developing a programme of peer review for 2023-24;</li> <li>▪ strengthening the central monitoring of CQC self-assessment/peer review actions;</li> <li>▪ scoping the potential for additional Patient Outcome Measures (POMS) to be used across the Trust.</li> </ul>

### Priority 3: Learning and Continuous Improvement

#### Goals

1. We will have increased our research capability and capacity, by:
  - working with and for the local population and staff to increase awareness and opportunities to participate in research at all levels;
  - offering relevant research opportunities to all our services.
2. We will have strengthened our lessons learned pathway ensuring that this feeds into our improvement plans, by:
  - utilising QI methodology to map our current learning lessons from patient experience feedback, incidents, audit and research, and review the effectiveness of these approaches;
  - utilising the CQC self-assessment and peer review process to assess the effectiveness of how lessons are learned.

### Priority 4: People Participation

#### Goals

1. Ensure our services, including our digital platforms, will be accessible for all. We will be focussing on the equality of accessibility for people with a learning disability, sensory impairment and/or additional needs, by:
  - representing our patients' needs within the digital transformation programme which includes the re-development of the Trust's web page;
  - ensuring patients whose first language is not English, those with a learning disability, sensory impairment or other needs, will be able to access information from our website;
  - developing a Trust wide strategy for patients who have a learning disability, focussing on accessibility and communication;
  - developing an implementation/action plan to deliver the strategy;
  - working towards meeting the requirements of the Accessibility Information Standards.
2. We will have increased the numbers of patient involvement partners and volunteers, ensuring those that do participate are reflective of our local communities, by:
  - increasing the visibility of service users in strategic decision making, patient safety response and service re-design and as partners in our workforce;
  - developing a Trust wide approach to co-production initiatives;
  - ensuring that we actively promote opportunities and welcome volunteers and involvement partners who are representative of our diverse communities;
  - increasing the number of volunteering opportunities within our services by raising the profile of volunteering;
  - valuing our volunteers and involvement partners through targeted events, recognition schemes and providing training opportunities.

## Statements of Assurance

### 2.1 Review of Services

During 2022-23, Cambridgeshire Community Services NHS Trust has been privileged to provide and/or sub-contract a wide range of community-based NHS services to people in their own homes or from clinics across Bedfordshire, Cambridgeshire, Luton, Milton Keynes, Norfolk, Peterborough and Suffolk as summarised in the table at the back of this report (see Appendix 1).

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

### 2.2 Learning from Deaths (LfD)

During 2022-2023, the Learning from Deaths Group continued to meet in line with Trust policy and National Quality Board Guidance (2017). It reviewed data and reports received from our Luton Adults Services, Integrated Contraception and Sexual Health Services (iCaSH) (deaths of those with HIV) and Children's Services. These reports were predominantly expected deaths but where the deaths were unexpected, the Group reviewed serious incident reports, coroners' recommendations and the Child Death Overview Panel (CDOP) reports.

In addition, national and local reports were reviewed for learning including:

- Review of CDOP reports and learning from Suffolk, Norfolk, Cambridgeshire & Peterborough and Bedfordshire & Luton.
- Review of Learning Disability Mortality Review (LeDER) report for Case 'Max' and changes needed in transition from children's to adult services.

#### 2.2.1 Luton Adults Service

A retrospective review of records of patients cared for by the Specialist Palliative Care team and District Nursing team, carried out throughout the year, noted that all deaths were expected. Records were reviewed to check:

- that care was delivered as planned;
- were there any gaps or omissions/concerns raised by staff or family members;
- were there any lessons to be learned; and
- was further action required, e.g. Root Cause Analysis.

Luton Adults Service 2022-23	Patients who died with CCS end of life care	Advance care plan in place	Preferred place of care recorded	Preferred place of death (PPD) achieved
April-June	71	39	37	32 (86%)
July-September	63	33	32	30 (93%)
October-December*	56	56	56	31 (55%)
January-March	90	50	45	37 (82%)
<b>Total</b>	<b>280</b>	<b>178</b>	<b>170</b>	

\*A change of report author in Quarter 3 has highlighted some discrepancies in the data being analysed. In 2023-24 a revised process will be implemented with a standard methodology to ensure consistency.

Where an advance care plan and a person's preferred place of care was stated, on average 95% died in their preferred place. There were no formal complaints received about the end of life care within our Luton Adults service in 2022-23.

For the last year, Luton Adult Services have had a Palliative and End of Life development plan which focussed on addressing the learning identified through a combination of factors including serious incidents, complaints and a change in national guidance. Progress was discussed and monitored through the Palliative and End of Life Governance Group meetings, for example:

- Introduction of an internal multidisciplinary team (MDT) weekly meeting.
- Electronic Palliative Care Coordination Systems (EPACS) Training.
- Updated syringe driver training
- An audit to assess the quality of individualised care planning and discussion in line with national standards.
- Friends and Family test (FFT) survey completed monthly in line with other services.
- Complaints.

## 2.2.2 Integrated Contraception and Sexual Health Service (iCaSH)

### Deaths of people with HIV

The service reported and reviewed 20 deaths in the year relating to long term care patients living with HIV, but their deaths were unrelated to their HIV care and treatment.

HIV patient deaths continued to be discussed and reviewed at the local MDT HIV Network meetings and overviewed by the quarterly Clinical Advisory Group and with the Consultant body.

### Unexpected death

One serious incident (reported in Quarter 4, 2021-22) was investigated which related to an unexpected death. Learning from this sad case was shared across our services and changes were introduced, such as a digital system for follow up of people with an infection.

## 2.2.3 Children's Services

### Child deaths

There were 35 deaths of children cared for by our Children's Community Nursing teams from Cambridgeshire and Peterborough. These were all expected deaths. Learning from these deaths included:

- The importance of Multi-Disciplinary Teams (MDT) working together to explain to parents when a baby is sadly not expected to survive at birth what possible outcomes there may be. This a sensitive and complex conversation, where parents and family member's may need specialist support and care.
- On-going challenges when caring for young people whose care crosses different age thresholds.

Reports were presented regarding learning from Child Death Overview Panels (CDOP) across the Trust's geography. The key areas were maternal smoking and 'overlay'. Overlaying is the accidental death by smothering caused by a larger individual sleeping on top of an infant. A template has been introduced to our SystemOne units so that when case is reviewed at the CDOP and information shared, there is a clear and easy summary and opportunity to review themes and learning.

## 2.2.4 Next steps

- Focus on positive stories and experience by families.
- Refresh data capture and validity

- Capture data on the diversity of our patients with regard to end of life care and explore how we may improve care accordingly.
- Continue to work with mortality review panels in our partner trusts.
- Support the continued implementation of the medical examiner role.

### 2.3 Participation in Clinical Audits and National Confidential Enquiries

During 2022-2023, the Trust undertook an extensive programme of clinical audits which were determined from sources including national audits, the National Institute for Health and Care Excellence (NICE), Care Quality Commission (CQC) outcomes, service improvement, incidents and complaints. The outcomes from all audits were reported through the Trust's governance structures to offer assurance to the Board and to ensure Trust wide learning was shared.



Between April 2022 and March 2023, there were seven national clinical audits and no national confidential enquiries which covered NHS services provided by Cambridgeshire Community Services (CCS) NHS Trust.

During that period, the Trust participated in 100% of national clinical audits. None of the national confidential enquiries were applicable to the Trust, therefore we were not eligible to participate.

The national clinical audits that the Trust was eligible for and those it participated in between April 2022 and March 2023, are shown in the table below. In addition, Bedfordshire Children's Services retained the Gold Award accreditation for the UNICEF Baby Friendly Initiative UK following revalidation in 2021-2022:

Audit	Participation	Number of patients
National Audit: SSNAP Stroke Audit	Yes	Bedfordshire Neuro Rehabilitation Service: 90 adult patients
National Pulmonary Rehabilitation Audit	Yes	56 adult patients
British Association of Sexual Health and HIV (BASHH) 2020 National Audit: Management of Gonorrhoea	Yes	iCaSH services: 341 patients Data collected centrally by BASHH via an online portal.
BASHH 2021 National Audit: post-exposure prophylaxis (PEP) pathways	Yes	iCaSH services: 161 adult patients Data collected centrally by BASHH via an online portal
BASHH National Clinical Audit 2022: Management of Mycoplasma Genitalium (Mgen)	Yes	iCaSH services: 263 adult patients Data collected centrally by BASHH via an online portal
British HIV Association (BHIVA) National Audit 2022: Routine monitoring through the pandemic	Yes	2219 adult patients nationally

The reports of three national clinical audits were reviewed by the provider in 2022-2023 and the Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audit	Actions
BASHH 2021 National Audit: PEP Pathways	<ul style="list-style-type: none"> <li>▪ Text reminder sent to patients on PrEP 10 to 12 weeks after the risk event, for HIV blood test.</li> <li>▪ Recall list for every iCaSH clinic.</li> </ul>

National Clinical Audit	Actions
BHIVA National Audit 2022: routine monitoring through the pandemic	<ul style="list-style-type: none"> <li>Add domestic abuse/sexual assault section to HIV template on SystmOne.</li> <li>Financial hardship assessment report to be presented to commissioners.</li> <li>Clinicians to consider vertical transmission of HIV to children in newly diagnosed adults.</li> </ul>
National Pulmonary Rehabilitation Audit	<ul style="list-style-type: none"> <li>Increase participant numbers in group from 7-10, whilst maintaining infection prevention and control guidelines.</li> <li>Increase groups from 1 to 3 per week.</li> <li>All patients to complete the practice incremental shuttle walk test at initial assessment or first session.</li> </ul>

A further three national clinical audits are in progress or have been undertaken:

National Clinical Audit	Status
BASHH 2020 National Audit: management of Gonorrhoea	Awaiting report and recommendations
BASHH National Clinical Audit 2022: management of Mycoplasma genitalium (Mgen)	Audit ongoing, to be concluded in October 2023
HQIP National Audit: SSNAP Stroke Audit (January-July 2022)	Awaiting report and recommendations

### National Confidential Inquiries

There are currently three National Confidential Enquiries and Inquiries:

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

The Trust did not participate in the above during 2022-2023 as they are not relevant to the services we provide.

### Summary of all clinical audit activity for 2022-2023

Clinical audit is a quality improvement process that seeks to support improved care to the people who use our services. Audits are also undertaken to ensure compliance with national guidance, patient records, serious incidents and clinical standards. All services have participated in clinical audits in 2022-2023.

The reports of 55 local clinical audits were reviewed by the Trust; see Appendix 3 for a full list of completed audits and a summary of actions that the Trust intends to take to improve the quality of healthcare provided.

## 2.4 Participation in Clinical Research

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

The number of patients receiving NHS services provided or sub-contracted by Cambridgeshire Community Services NHS Trust in 2022-23 that were recruited during that period to participate in research approved by a research ethics committee was 345.

In 2022-23, the Trust participated in 38 projects to support vital clinical research. Of these, 26 studies were National Institute for Health Research (NIHR) portfolio studies (*Table 1*) and one



was a non-portfolio study (Table 2). A total of 345 participants were recruited into NIHR portfolio research studies within this period.

**Table 1: Clinical research summary table for National Institute for Health Research (NIHR) portfolio studies (up to 31 March 2023)\***

Study Name	Participants
Prevalence of Prophylaxis for Sexually Transmitted Infections Study (POPS) version 1.0	74
Musculoskeletal Outpatient Physiotherapy Delegation (MOPeD) study	68
BabyBreathe Trial	67
Views of the public about dental teams delivering weight intervention	66
Positive Voices: National Survey of People with HIV	66
JITSUVAX WP2 - HCP refutational learning study	48
Evaluation of HIS-UK	18
MINDfulness And Response in Staff Engagers (NHS)-MINDARISE-V1.3	17
Provider survey to inform health service configuration for abortion (SACHA)	10
MOTION online survey of Healthcare Professionals	9
JITSUVAX WP1: surveys and interviews of healthcare professionals	3
Specific phobias in children with learning disabilities (SPIRIT)	3
I-DIGIT (Investigating Digital Therapy)	2
Visual scanning training for hemianopia	2
Clinical anxiety screen for people with severe to profound intellectual disabilities (CIASP-ID)	2
The Open Door Project	1
Use of the Internet and Social Media by People with Intellectual Disabilities (Safer Online Lives Survey)	Passive support
Evaluating Perinatal Mental Health Online Resources (PATHOR)	Passive support
ICALM: Interpersonal Counselling for Adolescent Low Mood	(In follow-up)
Evaluating Palin Stammering Therapy for children (Palin STSC)	(In follow up)
The role of different diets in children who are gastrostomy fed (Youtube)	(In follow up)
Pregnancy and EARly Life study (PEARL)	(Data sharing – no recruitment)
OKKO Space Academy App (OKKO)	0
GSK 385279A in healthy volunteers and participants with osteoarthritis of the knee	0
Exploring the Long-Term Outcomes following a pregnancy with Gestational Diabetes Mellitus (ELOPE- GDM)	0
Better Outcomes for Older People with Spinal Trouble (BOOST-IS)	0
Developing Core Outcome Sets for Delirium Trials-Stage 2: Delphi surveys	0
NeuralNET: Research to impact diagnosis, mechanistic understanding and treatment of children's brain and mental health disorders – A pilot study in cerebral palsy	0
<b>Total: 28 studies</b>	<b>456</b>

\*(data collated on 25/04/23)

Of the 456 participants recruited, 51.75% were from Ambulatory Care Adult Services, 32.24% were from Trust wide studies, 15.57% were from the Children and Young People Services (CYPS) and 0.44% from Bedfordshire Adult services.

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

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

Non-Portfolio studies	Clinical Area	Status	Highlights	Collaboration
<b>Have received full HRA ethical approval</b>	<b>Divisions &amp; clinical areas</b>		<b>Description</b>	
Musculoskeletal (MSK) outpatient physiotherapy delegation (MOPed) Study HEE/NIHR ICA Programme Clinical Doctoral Research Fellowship (funds PhD)	Ambulatory MSK Adults	HRA permission gained February 2022. Then applied and accepted to be adopted onto the NIHR Portfolio.	External PhD on delegation of tasks within a MSK setting.	External clinician – physiotherapist from Midlands Partnership NHS Foundation Trust. HEE/NIHR. Recruitment was 68.

In this period the National Institute for Health Research (NIHR) Networks supported all the NIHR studies through local research networks. All new studies were approved via the Health Research Authority (HRA) followed by Trust confirmation of capacity and capability to host the research.

### Publications

In the last year, two peer-reviewed publications have resulted from studies carried out in the Trust, helping to improve patient outcomes and experience across the NHS.

Clinicians presented posters at professional conferences, such as the Royal College of Paediatrics and Child Health (RCPCH).

### Fellowships

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

This year we had continued success in gaining external funding for staff development of research skills (*Table 3*). One paediatrician from Bedfordshire was awarded an Applied Research Collaboration (ARC) Implementation Fellowship and another paediatrician, from Cambridge, successfully gained an NHS Innovation Accelerator (NIA), a collaborative programme with NHS England, NHS Innovation, Academic Health Science Networks (AHSNs) and Academic Health Science Partnership (University College London partners). Within Dynamic Health, we had a visiting physiotherapist NIHR PhD Fellow and an internal candidate who was awarded a NIHR Masters to PhD award.

**Figure 1: Fellowships across clinical areas**



### Research Culture

In 2022-23 we introduced several new initiatives that supported the development of the research culture across the Trust. This included the re-launch of the Research Champions Programme, initially across our Norfolk, Bedfordshire and Luton Children's services. The programme

provided an opportunity for staff to support their professional development in relation to research in a community trust.

We also launched a new Trust Principal Investigator (PI) network. The aim of this network was to provide a supportive, learning environment for current and aspiring PIs across the Trust.

Further opportunities for staff to support research activity across the Trust included two members of staff working on the bank scheme: a consultant receiving a Clinical Research Networks (CRN) award to support underserved communities engage in research; and one successful application to the 2023-24 CRN Green Shoots opportunity, which provides protected time to support NIHR portfolio activity.

Research, Development, and Innovation are recognised as being extremely important to the Trust; being part of the greater research network allows the Trust to contribute to improvements in care for patients. Year on year, clinical staff continue to be interested in research, demonstrated by involvement in both NIHR portfolio/non-portfolio studies and Fellowship opportunities. The Trust's Research team can support all aspects of research, including strategies to continue embedding a Trust wide research culture.

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

The Trust's income in 2022-23 was not conditional on achieving quality improvement and income innovation goals through the Commissioning for Quality and Innovation payment framework. We have been reporting on national indicators from the CQUIN framework, but these have not been incentivised due to contract value. Reporting has included staff flu vaccinations, Children and Young People mental health access and diagnosis and treatment of lower leg wounds.

## 2.6 Statements from the Care Quality Commission (CQC)

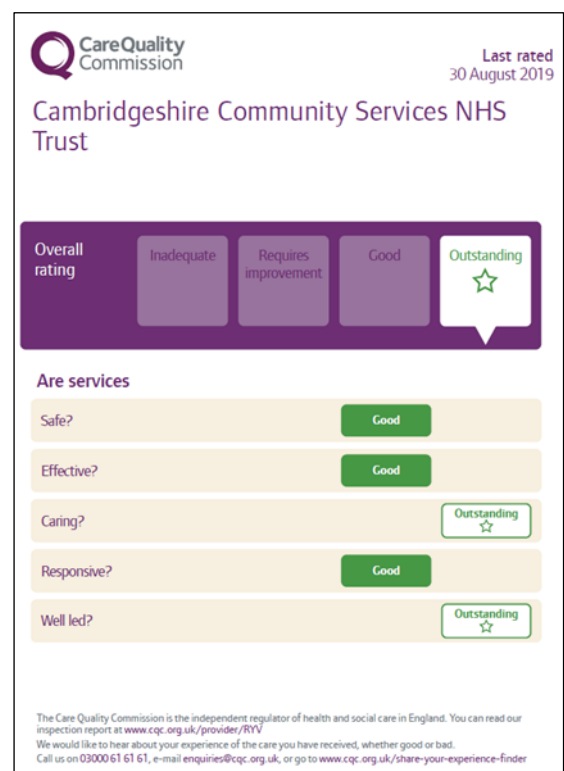
Cambridgeshire Community Services NHS Trust is required to register with the Care Quality Commission.

The Trust was delighted when the CQC rated our services as 'Outstanding' in August 2019, following their inspection in Spring 2019. This achievement was made possible by the passion and commitment of our amazing staff who worked tirelessly to develop high quality, innovative and accessible services for our local communities.

The Care Quality Commission has not taken enforcement action against Cambridgeshire Community Services NHS Trust during 2022-23.

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

However, we participated in joint reviews with system partners across our geography.



Reviews with our partners :

### **Luton**

In October 2022, the Trust participated in a Joint Area Special Educational Needs and Disabilities (SEND) revisit in Luton to review progress against the findings from the 2018 inspection. The findings of the Luton inspection were that sufficient progress had been made in addressing all the significant weaknesses identified in 2018.

### **Norfolk**

In November 2022, two inspections took place in Norfolk Children's Services:

- A SEND Ofsted/CQC re-inspection took place following a full Area SEND Inspection in 2020. The report published in February 2023 highlighted improvements in the timeliness of Education, Health and Care Plans (EHCPs); supporting the transition to adult life of young people with SEND; and communication and co-production with families.
- After an inspection of local authority services for children (ILACS), the Service was graded as 'Good' by the ILACS inspection team. Their report noted that significant improvements had been made in services for children and their families living in Norfolk since the previous inspection in 2017.

### **Bedford Borough**

A Joint Targeted Area Inspection (JTAI) took place in February 2023 in Bedford Borough. The inspection remit included the multi-agency response to identification of initial need and risk in Bedford Borough Council for children and families who need help. The inspection was carried out by Ofsted, the CQC and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). Findings concluded that children and their families benefitted from a comprehensive range of universal and targeted early help services in Bedford, and the majority of children had timely early support when they needed it. In addition, partner agencies appropriately accessed targeted early help for families at the right time, and this was making a positive difference for most children.

## **2.7 Data Quality**

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

The enhancement of the Trust's data warehouse in order to:

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

Our data quality impacts on all monthly performance reporting to management and commissioners alike. Low volumes of errors equate to more comprehensive and accurate reporting of historic events. At present, the Trust is not subject to payment by results for activity

delivered but does share reporting across services with all relevant parties against agreed delivery plans and thresholds.

The Trust did not submit records during 2022-23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

## **2.8 Data Security & Protection Toolkit (DSPT)**

The 2022-23 Data Security & Protection Toolkit is designed to test compliance with the National Data Guardian's 10 data security standards. There are 36 Assertions to be met and 113 pieces of mandatory evidence to provide.

The Trust published the 2021-22 data security and protection toolkit on 30 June 2022 having completed all mandatory evidenced items. The organisation is on schedule to publish against the 2022-23 toolkit by 30 June 2023.

The Trust's compliance with mandatory Information Governance Training was 91% in March 2023.

## **2.9 Clinical Coding Error Rate**

The Trust was not subject to the Payment by Results clinical coding audit during 2022-23 by the Audit Commission.

## Part 3: Review of Quality Performance 2022-23

This section demonstrates the Trust's achievements throughout 2022-23 for the priorities outlined for this period in our Quality strategy.

### 3.1 Quality Improvement Priorities 2022-23

A wide range of activities identified in the Quality & Clinical Strategy 2020-23 have been reported through our internal governance processes and summarised in Public Board papers throughout 2022-23. The past year has required us to continue to work with ongoing challenges related to the Covid-19 pandemic, however, the delivery of safe and high quality care alongside patient experience remains at the heart of our work. Areas of focus in 2022-23 included the following:

#### Priority 1: Safety

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

We have continued with the implementation of the National Patient Safety Strategy Framework in line with national timeframes, introducing the three broad themes of Insight, Involvement and Improvement. This has included using data from an audit of incidents in the last three years to prepare our Patient Safety Incident Response Plan.

We have recruited three Patient Safety Partners (PSPs) who are supporting relevant committees, including the Quality Improvement & Safety Committee, Infection Prevention & Control Committee and the Medicines Safety & Governance Group. This is a new and evolving role developed by NHS England and NHS Improvement (NHSE/I) to help improve patient safety across healthcare in the UK.

Within Safeguarding, we have built on our Quality Assurance Framework mechanisms for collection, collation and analysis of data to develop a clear audit plan and support ongoing development. We have developed a high quality training programme, meeting Intercollegiate guidance. Robust quality assurance processes have been used to monitor the newly implemented safeguarding supervision model.

We have continued to use the national Infection Prevention & Control (IPaC) Board Assurance Framework (BAF) to drive excellence and challenge our thinking throughout the Trust.

Over the last 12 months, we have continued to grow our IPaC Link Champion roles and support this Community of Practice (CoP) with additional training and innovative communication material.

#### Priority 2: People Participation

**Goal: We will continue to embed our culture of People Participation where our service users, their carers, stakeholders, local communities and our staff are involved at the heart of everything we do. We will continue to build community networks that are representative of our diverse communities and ensure that our service projects evidence that co-production is a core element. We encourage volunteers from all sections of our communities and aim to ensure that everyone has a positive experience of volunteering.**

We have continued to build networks that are representative of our diverse demography.

Co-production training is included on our Trust induction programme in the format of a digital film.

Three Patient Involvement Partners have been recruited and are involved in the design of participation work at all levels of the organisation. This includes roles in governance by participating in relevant committees such as the Trust wide Working Together Group and the People Participation Committee.



Our Clinical Audit programme has continued at pace over the last year. This included the completion of our Trust wide audit programme, service-led audits, audits carried over from 2021-2022 and audits derived as an action from incidents.

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

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

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

### 3.2 Our Quality Improvement Way

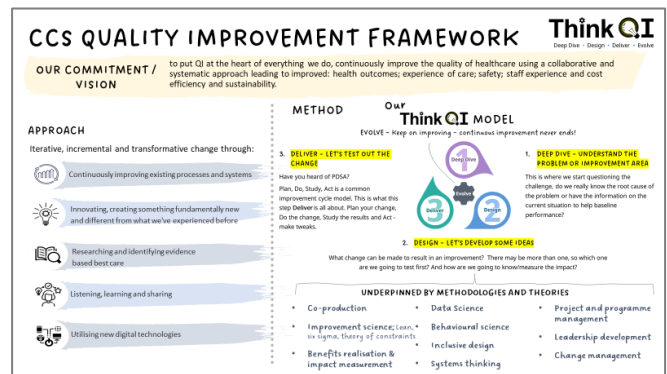
#### Our Quality Improvement Approach

In 2022 we continued to build on our Quality Improvement (QI) approach with the creation of our CCS QI Framework. The framework shares our collective QI vision, approach, methodology, principles and model for embedding a sustainable culture of QI.

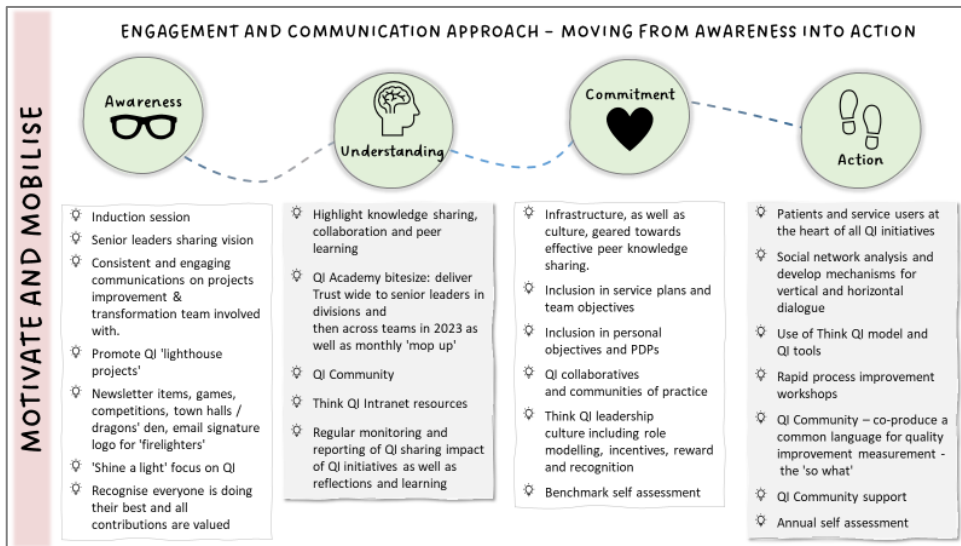


Deep Dive • Design • Deliver • Evolve

Using a behaviour change model called COM-B, the framework identifies our commitments and actions to building improvement capability, creating opportunities for people to initiate, or be involved with QI activities and ideas on how we can motivate and mobilise our workforce.



Our model complements and supports our wider organisational development plans, creating an inclusive and compassionate culture which encourages and gives colleagues the freedom to be curious, try new ideas and collectively work together to improve our services and working practices.



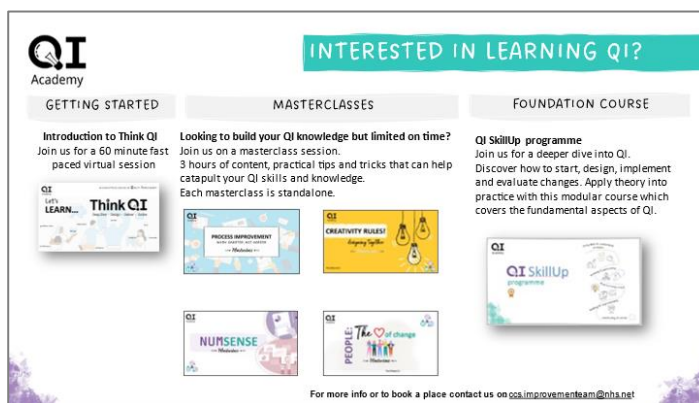
In 2022 we also launched our QI Academy. A catalogue of training to support all colleagues to gain QI knowledge and skills. All sessions are held virtually and open to anyone who has an interest in QI. Learning opportunities range from 60-minute bitesize introductory

sessions to three hour masterclasses on people aspects of change, using data for improvement, process improvement and thinking creatively to solve problems and design solutions.



A redesign and refresh of content on our intranet was completed in the summer to enable colleagues to access resources, how to guides and templates to support their quality improvement efforts.

A key area of focus in 2022 was to advance our use of data to understand current performance but also to support the identification of trends and improvement opportunities in our clinical services. Several interactive data tools have been created and expanding on this in 2023 will be a priority across the Trust.



Our ambitions for 2023-24 are to continue to share our QI Framework, promotion and development of our QI Academy, launch of our QI Community – a peer network which enables colleagues to connect, share ideas and challenges so that together we can develop new ways to make things better for our patients, families, communities and staff.

In the meantime, our Quality Improvement Way approach which is linked to the Care Quality Commission’s (CQC) five Key Lines of Enquiry (KLOEs), remains fully embedded, ensuring that quality remains at the heart of everything we do.

All staff are introduced to our culture of quality improvement and leadership at our virtually delivered Trust wide induction. We have an embedded awareness programme around what the five key lines of enquiry are and the fundamentals of care. During 2022-2023, services have completed bi-annual CQC self-assessments on a revised framework based on the CQC’s latest strategy. The action plans on the framework support continuous improvement. We have also resumed our highly successful programme of bi-monthly peer reviews (mock inspections) which had previously been paused as part of the Trust’s response to the pandemic.

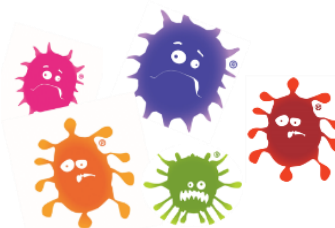


Our Quality Improvement Way reflects the Care Quality Commission’s (CQC) five Key Lines of Enquiry (KLOEs):

- **Are services safe?** Are people protected from abuse and avoidable harm?
- **Are services effective?** Do people receive care, treatment and support that achieves good outcomes, promotes a good quality of life and is based on best available evidence?
- **Are services caring?** Are people involved in their care, is their care tailored to their needs and are patients treated with compassion, kindness, dignity and respect?
- **Are services responsive?** Do people get the treatment or care at the right time, without excessive delay and are they involved and listened to?
- **Are services well led?** Is there effective leadership, management and governance at all levels that assures the delivery of high quality, person-centred care, supports learning and innovation and promotes an open and fair culture?

### 3.3 Patient Safety Activity

#### 3.3.1 Infection Prevention and Control (IPaC)



During 2022-23, the focus not only remained on the national programme in the prevention and control of Covid-19 (including outbreaks and monitoring the provision of Personal Protective Equipment [PPE] as part of the national distribution system), but also on responding to the national and local mpox (previously known as monkeypox) emergency.

In relation to Covid-19, the Trust followed the national steer on relaxing some of the pandemic precautions. However, through the use of surveillance methods, local time specific decisions have been made across the organisation when needed. This has included reinstating mask wearing in non-clinical areas and requesting that our patients and visitors wear masks when attending our sites, to help minimise transmission of the virus.

Changes in IPaC policy have been managed through our major incident process and more recently within the Trust's Resilience Oversight Huddle meetings. The IPaC Committee has also played a key role in our decision making and governance processes. All Trust services have been given additional support during the pandemic regarding the implementation of relevant national guidelines. The IPaC team and the Quality team have continued to provide support to all teams to ensure that they had sufficient stock of the appropriate PPE and Lateral Flow Devices (LFDs) as well as managing the staff lateral flow reporting programme. This included reviewing any positive cases reported by staff and any subsequently identified outbreaks.

The table below provides an overall summary of staff reporting a positive lateral flow device test for this period:

	2022									2023			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Monthly Totals	160	47	103	184	48	47	68	28	43	41	35	52	1382

IPaC continued to provide advice and guidance to our Estate's department and to site leads in reviewing building risk assessments (as per national guidelines), ensuring our staff and visitors were in a safe environment to work or be assessed. The IPaC team has also been involved in the plans for new builds and building refurbishment to ensure that the plans met the IPaC standards, e.g. for ventilation, flow of traffic through the planned department, correct floor coverings, storage, etc.

The team introduced the use of air scrubbers in clinical settings to assist in reducing airborne transmission of Covid-19. The success of the air scrubbers led the Trust to purchase further machines as a preventative measure regarding air quality safety as part of the Trust's overall estates environmental strategy.

During this period, enhanced support and training continued to be provided to staff working in services undertaking aerosol generating procedures (AGPs) for Covid-19, e.g. Dental continuing care nursing, adult community nursing and children's continuing care teams. As all staff undertaking AGPs are legally required to be 'fit tested' for (as a minimum) two FFP3/respirators (a type of mask) available in the Trust, a 'train the trainer' programme was implemented to ensure staff were assessed and 'fit tested' without unnecessary delay.

It was agreed nationally that all mpox assessments should be made by NHS iCaSH services. The IPaC team was involved in supporting the Trust's iCaSH departments to ensure compliance with the national mpox recommendations/guidelines. Additional training was required not only to fit test staff but to provide additional cleaning resources allowing staff to complete a deep clean themselves between patients, due to the cleaning contractor's limited rapid response team.

The team continued to support the Trust's seasonal influenza staff vaccination campaign. This involved ordering appropriate stock, reviewing national and Trust guidelines for vaccinators to use along with staff training and co-ordinating staff flu vaccination clinics across the Trust's geography. Below is a summary of what the Trust has achieved over the last three influenza campaigns.

	2020-21	2021-22	2022-23
Patient facing staff vaccinated	81.79%	74.08%	59.75%

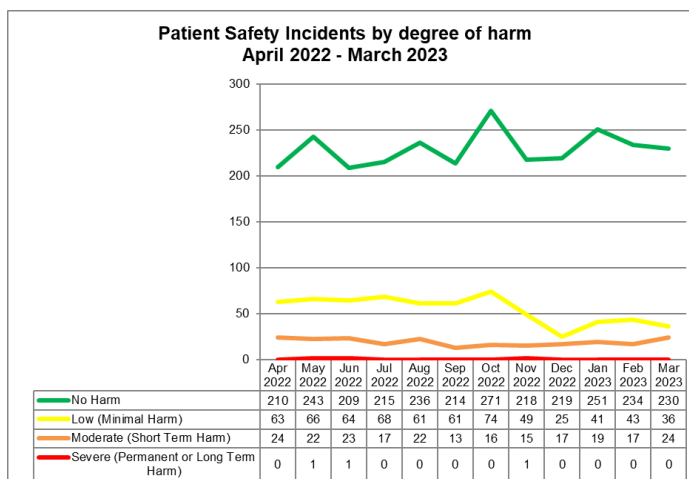
Although there was a decrease in the percentage of patient facing staff who reported receiving their flu vaccination compared to previous years, the East of England region reported a trust average of 54.5% whilst the national average was 49.9%. Therefore, CCS was one of the best performing trusts in the East of England region for staff flu vaccination uptake.

The IPaC Team has supported the Trust's new antimicrobial plan and has provided additional assurance in compliance to both the IPaC Board Assurance Framework and the Covid-19 Board Assurance Framework, ensuring we are either already compliant or working towards compliance, and providing regular updates on these to the Trust's IPaC Committee.

Working closely with the Trust's Communications team, we continued to communicate to all staff and our service users about the importance of protecting themselves and their families. The team has also maintained the regular updating of the IPaC intranet pages and the Trust's internet page regarding IPaC requirements. Whilst this period remained similar to the previous year's work programme, we are extremely proud of the continued success of our IPaC Link Champion programme and the difference our IPaC Champions are making in their own teams and services.

### 3.3.2 Patient safety incidents

In 2022-23, 3,631 patient safety incidents and near miss incidents were reported via our web-based incident reporting system Datix. This level of reporting equates to approximately 0.4% of the contacts our staff have with service users each year. 93% of these incidents resulted in no or low harm, 6.5% moderate harm and the remaining 0.5% related to severe harm which occurred off caseload (these were incidents that our people found as part of their clinical visit which were not linked to care provided by the Trust).



Staff are encouraged to record patient safety incidents:

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

Incident reports are shared with relevant external organisations where possible and any feedback received is communicated to the reporter and local team. All incidents, regardless of where they originate, are discussed at team meetings to ensure that, where possible, learning is identified and shared.

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

### **Serious Incidents (SIs)**

The Trust undertakes full Root Cause Analysis of all serious incidents. These investigations are carried out to identify learning which is shared across relevant services to reduce the risk of similar incidents occurring. During the investigation process, the Trust works in a supportive and compassionate way with staff and the patients/families affected. In addition, and where possible, our patients and families are invited to be involved in the Serious Incident process. There were two serious incidents reported during 2022-23, both incidents occurred within the Luton Adult Service and no themes were identified.

As mentioned above, investigations are undertaken to identify learning which is then shared across services. This learning is also made available on the Trust intranet site. Both our declared Serious Incidents had several outcomes which were developed into action plans with the relevant teams. The first highlighted the need to work collaboratively with care and nursing homes to ensure we had clear processes in place to identify residents prior to treatment where there were cognitive impairments or capacity concerns. The second incident identified that as an organisation we needed a consistent approach to safeguarding escalation, and that we needed to embed our 'Think Whole Family' approach to safeguarding across all our services.

It is noted that there was a reduction in the number of SIs reported by the Trust from the previous 12-month period (see table below). The Trust continues to review and learn from all incidents and, following review at our weekly incident panels about the level of investigation required, decisions are taken about the type of investigation required (in line with the Serious Incident Framework).

The table below identifies the type of investigations agreed and undertaken following panel discussion and, whilst there was a reduction in SIs between 2021/22 and 2022/23, there was a significant increase in the number of Rapid Review and Terms of Reference Reviews undertaken. We have also significantly improved the assurance processes in relation to action plan closure.

	<b>2020-2021</b>	<b>2021-2022</b>	<b>2022-2023</b>
Learning Workshop	0	2	0
Rapid Review	22	9	21
Reflection Exercise	0	2	0
Root Cause Analysis	16	10	4
Serious Incident	8	7	2
Terms of Reference Review	0	3	11
Thematic Review (SEIPS)	0	0	1
<b>Total</b>	<b>46</b>	<b>33</b>	<b>39</b>

As noted in the table above, the Trust has commenced the adoption of processes described within the new Patient Safety Strategy. We are currently undertaking a thematic review using the methodology of Systems Engineering Initiative for Patient Safety (SEIPS) which moves away from the single Root Cause Analysis towards identifying gaps within the wider system. The incidents identified within the thematic review would not have individually met the criteria for a SI investigation.

## Implementation of the Duty of Candour

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

### 3.4 Patient Experience and People Participation

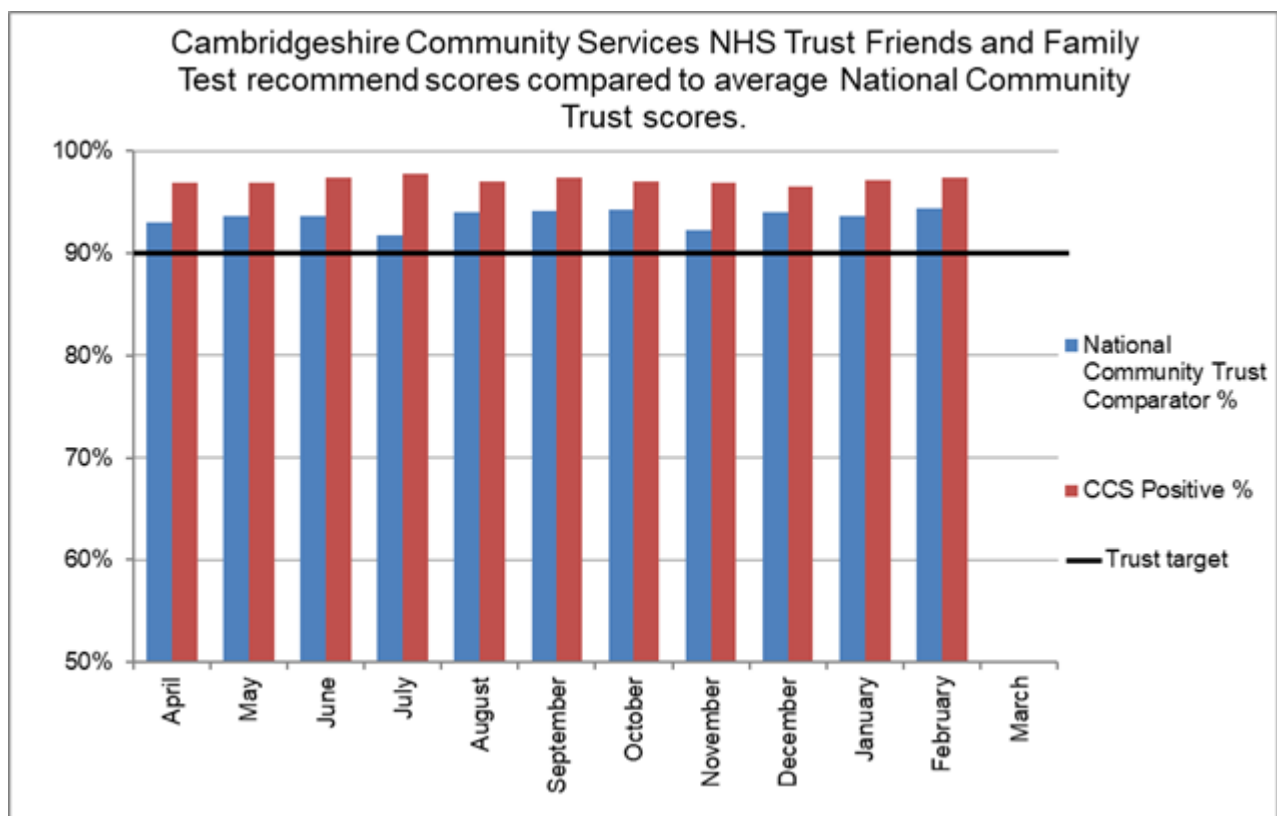
The Trust aims to ensure that people who use our services are involved in shared decision-making and co-production. This section sets out how service user and carer involvement supports the Trust to improve the services we deliver and demonstrates how we are acting on their feedback, to continuously improve the things that matter most to those we serve.

#### 3.4.1 Service user feedback

##### Service user surveys

Service user feedback in 2022-23 was incredibly positive with 97.15% of the 27,444 people who answered the Family and Friends Test (FFT) question indicating that the service provided was very good or good.

The chart below shows how the Trust positively compares to the average score for Community Trusts across the country. At the time of completing the Quality Account, the March 2023 data was not available to update the graph.



We are consistently above the average score for community trusts and the Trust's internal target of 90% positive (good or very good) response rate.



Feedback	Improvements
<p>Parents who received a 0-19 Healthy Child Programme appointment letter suggested that the content needed to be simplified.</p> <p><i>Cambridgeshire Children's Universal Service</i></p>	<p>The 0-19 service collaborated with new parents and the Equality, Diversity and Inclusion lead to ensure all letters received from conception through to 2½ years are formatted correctly using plain English and important dates/times are identifiable. The new formatted letters will be easier for a parent to translate using Google translate if they wish to do so.</p>
<p>"Dads are important in their children's lives. We would like somewhere on Just One Norfolk where we can find information for us."</p> <p><i>Norfolk Health Child Programme</i></p>	<p>A focus group of dads co-designed and co-created a draft Just One Norfolk landing page for fathers. In addition, a co-produced video is due to go live in spring 2023.</p>
<p>Parents requested that clear guidance on processes and referral into the service be created for parents to access.</p> <p><i>Norfolk Speech and Language Therapy</i></p>	<p>Guidance on processes and referral into Communication/Speech and Language Therapy was co-produced and added to the Just One Norfolk website</p> <p><a href="https://www.justonenorfolk.nhs.uk/speech-language/communication-referrals/">https://www.justonenorfolk.nhs.uk/speech-language/communication-referrals/</a></p>
<p>"I didn't know it would have been helpful to bring my red book to the 3-year development review."</p> <p><i>Children's 0-19 Bedfordshire</i></p>	<p>We added a note in the appointment letter for parents/carers to bring the red book to their child's 3-year development review.</p>
<p>"We would like to have more information on individual healthcare plans in schools and who can create them."</p> <p><i>Children's 0-19 Bedfordshire</i></p>	<p>We co-produced a written update for schools and parents/carers that has been sent to schools and is available for parents/carers to access. It details what an individual healthcare plan is, who can create one, and how we can help.</p>
<p>"The telephone system needs changing."</p> <p><i>Children's 0-19 Luton</i></p>	<p>We have developed our health hub contact telephone/ email offer. There is now one phone number and email to contact many of our teams and services, and we have changed telephony providers to ensure the process is as efficient as possible for families.</p>
<p>"It is hard to find anywhere to weigh my baby."</p> <p><i>Children's 0-19 Luton</i></p>	<p>We have added six self-weigh clinics across Luton every week and are about to launch one more.</p>
<p>"We would like to know more about what the Occupational Therapy Service does in video format."</p> <p><i>Specialist Children's Bedfordshire - Paediatric Occupational Therapy</i></p>	<p>We co-produced a short video on what we do and how occupational therapy works.</p>
<p>"We would benefit from more information and support on sensory processing challenges."</p> <p><i>Specialist Children's Bedfordshire - Paediatric Occupational Therapy</i></p>	<p>We co-produced with parent/carer forums sensory processing resources and training videos; these are available on our website.</p>

Feedback	Improvements
<p>“We would like more information and an improved process for preparing for adulthood and transition into adult’s services.”</p> <p><i>Specialist Children’s Bedfordshire – Community and Specialist Nursing</i></p>	<p>A project is underway to improve transition and preparing for adulthood within our Epilepsy Luton Service. This has included hosting a ‘Transitions Information Day’ for young people and parents/carers to attend where they could access a variety of services involved in their care. We have also been piloting the use of ‘Patients Know Best’ digital tool to support faster communication between patients and clinicians.</p>
<p>“It would be helpful if things like eyedrops could be more easily accessible.”</p> <p><i>Specialist Children’s Bedfordshire – Eye Service</i></p>	<p>We are posting out eye drops, patches, vision therapy sticks and cards to parents/carers home for their convenience.</p>
<p>“We would like to be able to access information and support from the service quicker.”</p> <p><i>Specialist Children’s Bedfordshire – Speech and Language Therapy</i></p>	<p>We have set up a parent telephone advice line to support faster access to advice.</p>
<p>“The waiting times for appointments are too long.”</p> <p><i>Specialist Children’s Bedfordshire – Community Paediatrics</i></p>	<p>We applied for and have now received an additional short term investment that has enabled us to offer over 1000 appointments between January – March 2023. As a result, waiting lists have reduced.</p>

### Patient stories

“ Each Board meeting starts with a patient story. The story provides insight into how service users experience our services, identifying excellence and most importantly areas where we can make improvements. This feedback is incredibly powerful and recommendations are identified by the Board to further improve the overall service user experience. We are now able to offer service users the opportunity to record a digital story which is showed at Board by the storyteller. ”

Patient stories this year included:

- A service user who accessed support from Bedfordshire Acquired Brain Injury service shared his experience. The Board noted the positive impact of the Bedfordshire Acquired Brain Injury service on the service user and how they appropriately involved the service user’s wife in decision making on what was best for him. The continuity of service was well coordinated and the service user felt supported. The service user commended the team for their care and compassion and acknowledged that he had felt they were very friendly and interested in his welfare.
- Staff from iCaSH Norfolk and Adult Safeguarding shared a patient’s story and explained how the services’ working relationships improved following the incident. New initiatives were developed to make the relationship and processes more robust and learning from the serious incident has been embedded within iCaSH and safeguarding services.
- The parent of a child with complex care needs who is supported by Cambridgeshire Community Paediatric team shared their experience of how the delivery of services in the school setting has benefitted the child and facilitated delivery of holistic care. It was agreed that there was still more to be done to ensure services delivered by multiple partners were better co-ordinated.



### 3.4.2 Patient and Public Engagement/Co-production

#### People Participation (Patient and Public Engagement)

Our Co-Production Leads support services to regularly seek involvement and participation from those who use our services and people from our local communities to improve service delivery. Below is a summary of some of the activities undertaken throughout 2022-23:

#### Trust wide

**Website development:** Parents/carers and stakeholders have worked together with the Communications Team and Bedfordshire, Luton, Cambridgeshire and Peterborough children's services to co-produce the development of the new Trust wide website. The project group has been working with developers and the Communications Team to design the look, layout, usability and accessibility of the new children's services website. The development of this project and the engagement activities throughout the programme will not only improve accessibility of services, but will also ensure the new website will be fit for purpose and truly co-produced.

**Trust strategy workshop:** A workshop was held with service users from each of the Trust's directorates to support the development of the Trust Strategy 2023-2026. The workshop output was shared with the Trust Board and has contributed to the strategy and service plans, helping to ensure they truly reflect the needs of the communities we serve. Below is some feedback from participants about their experience of the workshop:

“Came across as professional and well planned, broad range of participants”.  
“Our points of view were all listened to, everyone could have their say”.

#### Cambridgeshire Children and Young People's Services

The **Healthy Child Programme** is co-producing a digital film with young people aged 13-16 which will provide a clear message on how the Getting Ready for Change (GRFC) Initiative can support young people with key transition stages by offering health advice and information. This film will form part of a social media campaign promoting Getting Ready for Change information on Instagram. Young people will also receive a questionnaire via their school inviting them to answer questions on issues affecting them and offering signposting to our GRFC website pages.

In the **Best Start in Life project**, we have worked with families to understand hesitancy around immunisations. This was completed through face-to-face engagement and a survey available in multiple languages. We received 332 survey responses in five different languages. This has enabled an informed dialogue with our primary care colleagues to support changes aimed at increasing future immunisation uptake. A new information sheet has also been designed for families based on the feedback from the survey.

Through the Best Start in Life project we have also continued to collaborate with communities to identify and create resources to share information with families. Early years, children's and family centres, Healthy Child Programme and Speech and Language Therapy Services have worked with families to co-produce six recipe cards to support families at home with tips and tricks that aim to encourage communication. These include QR codes to access resources digitally along with contact details for the health visiting team.

We have updated the **Community Paediatric autism pathway** website with expected waiting times, referral information and resources providing links and contacts to organisations that parents can contact for help and support whilst waiting. QR codes have been provided for each link for easy access via mobile phones at home.

## Bedfordshire and Luton Children's Services

The **Paediatric Occupational Therapy** service has worked collaboratively in a project group with six parent carer forum representatives and the Designated Clinical Officer to develop a short animation film and subsequent PowerPoint on the theme of 'Planning Wheels.' 'Planning Wheels' is a strategy for parents/carers to use to help children achieve their goals and fulfil their abilities to do everyday tasks such as dressing and cleaning teeth. The animation is presented through the eyes of a young person and six young people were consulted for their views and feedback throughout its development.

Occupational Therapy Sensory Processing: partnership working on the co-production of these resources has been invaluable to guide the direction, content and format of the project.

**Continence/Enuresis Service: Improved Communications.** A monthly meeting is held with the Bedfordshire and Luton Service Director, Heads of Service, Communications and Co-Production Leads and Parent Carer Forum Chairs across the three local authorities. These meetings demonstrate how co-production activity directly influences strategic decision making in Bedfordshire and Luton Children's Services.

Accessibility to the Specialist Continence Service and support for families on enuresis matters was raised as an area of challenge by the Parent Carer Forum which had been receiving feedback and questions from its members. As a result, a small co-production task and finish group was formed with the continence service lead and parent representatives to review the challenges and identify what actions could be taken.

Alongside work to reduce waiting times, it was agreed by the working group that good communication, signposting and accessibility of strategies and resources would help families on their journey into the service. As a result, three initiatives were co-produced:

1. A 'meet the continence/enuresis team' session was held online for parent/carers to attend, understand how the service could help, ask questions and receive information on supportive resources and local charities.
2. A comprehensive frequently asked questions (FAQ) document was developed based on questions raised by parent representatives which will be launched as a webpage and via communication channels.
3. An infographic was developed outlining: 'What is enuresis?', 'Do' and 'Don't' strategies to try at home, how to access the service and further signposting.

**Attention Deficit Hyperactivity Disorder (ADHD) in Girls Focus Group.** Feedback from families, coupled with research from the Community Paediatrics Service, has highlighted a number of challenges surrounding the diagnosis of ADHD in girls.

A focus group was held with seven parent/carers of girls with ADHD and the Community Paediatrics Clinical Lead to explore these challenges and identify themes to support young people.

The findings will be taken forward into a co-production working group to design initiatives to support young people and their families.

**Autism Diagnostic Observational Schedule (ADOS) resources.** During the Covid-19 pandemic, the method in which autism was assessed had to be adapted to reduce close contact between the clinician and child; the services implemented BOSA (Brief Observation for the Symptoms of Autism) assessments to replace ADOS assessments.

As infection prevention and control measures altered, the service planned to re-introduce ADOS assessments. Ahead of the change, it was necessary to update and prepare families for an ADOS assessment. This involved parents/carers, service representatives and the Communications Team working together and consulting with young people, to create a package of tools to support this process which included:

1. A webpage with information on the ADOS process including a glossary of terms. The information has also been replicated in a printable leaflet.
2. Two short films (one for parents and one for young people) to watch prior to the assessment, giving them information on what to expect and what happens afterwards.
3. An invitation to appointment letter containing information on the assessment written in family-friendly language and signposting links to the above videos.
4. Certificates for children on completion of the ADOS assessment.

**Transitions in the Epilepsy Service.** The Luton Children's Epilepsy Service has been working with the Improvement and Transformation Team and five young people aged between 13 and 17 to develop a young person friendly digital transition programme to support the preparation for adulthood for young people with epilepsy.

**Early Intervention Team, Community Paediatrics.** To support the ongoing work within the service and the 'waiting well' initiatives due to the challenges around waiting times, a newly formed 'early intervention' team comprising specialist nurse roles and support staff was introduced. The team is working together across Bedfordshire and Luton to provide an equitable service offer and aims to review how they can better support families who may be faced with long waits for appointments and a diagnosis.

The team initiated a co-production working group, which includes parent carer representatives. They have identified that a workshop would be helpful for parents/carers whose children have been newly referred and placed onto a waiting list for a diagnosis of ADHD or autism. The 'Early Support Workshop' content has been co-produced with parents and carers and aims to provide families with helpful information and strategies to support their young person in the lead up to the diagnostic process.

It was agreed by the working group that hearing from other parents about their journey would be helpful, so they created two short films. which can be viewed here:

<https://vimeo.com/774723907/b82e862d9b> and <https://vimeo.com/774722938/912220c89b>.

## Norfolk Children and Young People's Health Services

**Young Persons' Health Website.** The co-production and development of a young persons' health website is ongoing. This is being achieved through:

- A young person's working together group and face to face workshops with young people from across Norfolk.
- Opportunities for young people to use IT equipment, creating their own animations, filming and making videos and content for the website.
- Working with young people from the Youth Special Educational Needs and Disability (SEND) forum.
- Working with young people within Norfolk schools/colleges and community groups, e.g. St John Ambulance cadets.
- Partnership working with Youth in Mind project.

### **Supporting Ukrainian families who are seeking refuge and living in Norfolk:**

- Family support and information drop-in sessions were set up across the county by the local authority for Ukrainian families new to the country. These were regularly attended and supported by the Healthy Child Programme Gypsy, Romany, Traveller & Migrant Family Champions.
- An outcome was the creation of a short video, explaining our services in Ukrainian. This was developed with the support from one of the Ukrainian parents and will be used in the groups but also on the Just One Norfolk website <https://www.justonenorfolk.nhs.uk/our-services/introduction-to-our-services/>

**14+ Annual Health Check for children with additional needs.** An annual health check for children with additional needs is available from the age of 14 but has received limited uptake from families. The local authority requested support in raising the profile of this service and colleagues from Norfolk and Waveney Children and Young People’s Health Services worked collaboratively with young people with special educational needs and disabilities (SEND) and other stakeholders to develop a video and content for the Just One Norfolk website:

<https://www.justonenorfolk.nhs.uk/childhood-development-additional-needs/additional-needs/14plus-health-check>

In addition, more than 43 young people were involved in co-designing a birthday card which promotes the annual check and will be sent to all children in Norfolk with special educational needs and disabilities on their 14<sup>th</sup> birthday.



**Norfolk and Waveney Speech and Language Therapy services.** Parents and carers were informed and consulted regarding the introduction of the proposed Norfolk and Waveney Speech and Language Therapy Services – The Balanced System Framework® for Norfolk and Waveney through a series of working together groups.

### Ambulatory Care

The Ambulatory Care Co-Production Lead post was vacant during the majority of 2022-23. However, this post has now been filled and planning for 2023-24 is underway.

### Bedfordshire and Luton Adult Services

A working together group of service users, carers and families has been formed to support the activities of our community nursing staff through their active participation and by sharing their lived experiences. This approach allows teams addressing service problems to rapidly communicate with people with 'lived experience' to inform service design.

The activities of the group are at both service level and Trust wide and include:

- Staff recruitment and selection.
- Working with the Trust’s Communications Team to prepare public messages.
- Transformation and improvement work with internal and external stakeholders.

One member has already participated in the recruitment to a cancer, palliative and end of life post. The group has also created its own poster to generate interest among the public and recruit more participants.



### 3.4.3 Learning from Complaints (informal and formal)

The table below summarises the total number of complaints (informal and formal) and PALS enquiries received in 2022-23 compared to previous years.

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Formal complaints	112	82	100	96	49	83	99
Informal complaints	131	190	397	319	245	408	323
PALS Enquiries and Signposting	573	660	602	645	969	1274	871

## Patient Advice and Liaison Service (PALS)

In 2022-23, the PALS received and satisfactorily resolved 1293 contacts.

### Informal complaints

Concerns are managed informally if they can be resolved quickly through local resolution processes, either within the clinical setting or by our Patient Advice and Liaison Service (PALS). This is often by a telephone call or a meeting with a clinician or service manager. Our services managed 323 informal complaints this year through successful local resolution.

### Formal complaints

The Trust received 99 formal complaints this year. Complainants receive a formal letter of response from the Trust which includes the outcome of the investigation, areas of learning and actions taken by the Trust. In certain circumstances, Trust representatives arrange to meet with the complainant or their representatives face-to-face.

### Number of complaints compared to national comparator

Reporting has changed for this comparison to annual rather than quarterly, and at date of publication June 2023 this was not available to include.

### Learning from complaints

Below are some examples of the improvements made in response to complaints.

#### Musculoskeletal Service (MSK)

**Concern:** Referral by the MSK service was delayed and the service user was not contacted by the service to explain and apologise.

**Investigation:** Miscommunication between a referring physiotherapist and the advanced practitioner physiotherapist who was required to counter-sign the referral which resulted in a delay. The service user contacted the service and was incorrectly told the referral had been completed. It became evident that the referral had not been completed nine months later and the referral was then expedited; the service user was copied into this communication. The service also reported this was a clinical incident but missed the opportunity to apologise to the service user for the error. This resulted in a delay in being seen by a consultant and potential delay in surgery.

**Learning and actions:**

- A case review of learning was held to remind all staff of a duty of candour.

#### Luton Tissue Viability Service

**Concern:** The care provided by the wound service, including lack of support and delays.

**Investigation:** The investigation found that advice and support were provided by the Tissue Viability Service to the GP practice nurse. However, the roles, responsibilities and processes were not explained to the service user and family, so they were not aware that the Tissue Viability Service was involved in this care.

There were some delays caused by communication breakdown and human error in the referral process. Comprehensive wound assessment and treatment was provided, however pain management was not discussed and documented at every contact.

**Learning and actions:**

- Staff were reminded that it is best practice to complete a Malnutrition Universal Screening Tool (MUST) at the earliest opportunity.
- Staff were reminded to add an out of office to their emails which provided an emergency contact number and the service opening hours.

- A reminder to add wound photographs has been added to the Tissue Viability Nursing (TVN) referral form.
- The TVN Team will write guidance for the referral process.
- Administrator roles will be updated and the administrative process for the TVN service will be reviewed and the associated standard operating procedure completed.
- The pain assessment tool will be clinically reviewed so that all relevant information is gathered.
- Staff will be reminded about the importance of documenting all assessments, pain scores and pain management discussions.
- Information about the service provision will be updated to include remote assessments.

### Bedfordshire Community Paediatrics

**Concern:** An agreed appointment was not arranged and misleading information was provided about a cancellation list.

**Investigation:** The process to ensure that a follow up appointment was booked was not followed. This was due to human error.

**Learning and actions:** Actions have been taken to agree a rebooking process for reviewing appointments to ensure appointments are booked according to clinicians' plans. Booking clerks have been reminded to report to their manager or the clinical lead if clinicians are not clearly documenting the plan.

### Parliamentary and Health Services Ombudsman (PHSO)

There have been no referrals accepted by the PHSO or recommendations received from the PHSO in 2022-23. Two complainants made a referral to the PHSO and the PHSO requested information from the Trust. In the first case, following review of the information about two complaints from one complainant, the PHSO did not accept the case. The second case is currently with the PHSO for review.

### 3.4.4 Volunteering

The Trust recognises that volunteering brings benefits not only to the Trust, but also to individual volunteers, to people that use our services and to our communities. The quotes below are from volunteers and were collected during our celebration campaign for National Volunteer Week in 2022:

*"Volunteering makes my heart sing! It is so rewarding and definitely puts a spring in my step."*

*"The thanks and gratitude you get from people you've spoken to and supported is so up-lifting. You really do feel like you've made a difference! It's such a rewarding experience and I highly recommend it."*

*"I have thoroughly enjoyed my volunteering at CCS. It has given me the opportunity to feel I am doing something worthwhile, meet lots of lovely people, see all sides of human nature."*

Our focus over the past year has been to work with services to increase the number of volunteers and volunteering opportunities within the Trust.

We have introduced the National Volunteer Certificate, an award created by Health Education England and accredited by SFJ Awards, to the Trust, giving volunteers the opportunity to gain this award to enhance their employment prospects, as well as their sense of achievement.

We are now using volunteer management software, which has enabled us to streamline recruitment, track volunteers' mandatory training and measure the contribution our volunteers make.

We have also introduced a quarterly newsletter and annual volunteer survey to communicate with and capture feedback from volunteers, which has proved overwhelmingly positive.

Over the coming year, we plan to continue growing and developing our service with the aim of ensuring that services are supported and volunteers have a positive experience of volunteering for the Trust.

The Trust welcomes applications for volunteer roles from all sections of the community and this is clearly stated on our website. We offer support for potential volunteers who need additional help with the application process, such as meeting them face-to-face to assist with the completion of recruitment checks. The Trust collects equality monitoring data during the application process.

Volunteer opportunities are publicised on our website and our social media platforms and teams also encourage potential volunteers to apply – in fact, some of our volunteers are people who use or have used our services.

Our partnership with Switch Now, which supports young adults with additional needs to have experience of the workplace, continued in 2022-23 for our personal protective equipment (PPE) volunteer role. This gave five young adults the opportunity to volunteer and their support worker from Switch Now, who attended the volunteering placement with the volunteers, commented:

*“They are doing fantastically and you can see their confidence and skills increasing each week.”*

### 3.4.5 Equality, Diversity and Inclusion – Patient Experience

#### **Equality Delivery System (EDS) 2022 Domain 1: ‘Commissioned or provided services’**

For the EDS 2022 we are required to report on two services rather than on the whole Trust as in previous years. The Domain 1 report focuses on our Integrated Contraception and Sexual Health (iCaSH) Services and Luton Adult Chronic Respiratory Services.

The following equality objectives were agreed:

- To ensure access to iCaSH services is fully inclusive by improving the telephony platform and providing an online booking facility.
- Continued service user-led improvement within iCaSH services, giving consideration to creative ways of obtaining service user feedback.
- 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.
- Recruitment of a co-production co-ordinator for Luton Adults Services to focus on engaging with service users who may be vulnerable or unconfident to support the Trust with co-production and service improvement for Luton Adult Chronic Respiratory service.
- Expand the scope of demographic data capture on our clinical systems.

## Armed Forces/Veteran awareness

Our Trust signed the Armed Forces Covenant in Autumn 2022 and work is ongoing to make our recruitment process more accessible to veterans and members of the armed forces, in accordance with the Armed Forces Covenant Standards. The Trust will be working with members of the armed forces, veterans and families to understand from a service user's perspective, how we can make adjustments that will impact positively on how they access and experience our services. We are in contact with armed forces and veterans' organisations who are keen to work with us and are on track to have set up a focus group by the end of 2022-23.

### The 8 standards of the Armed Forces Covenant

1. The Trust understands and is compliant with the Armed Forces Covenant
2. The Trust has a clearly designated Veterans' Champion Dyad
3. The Trust supports the UK Armed Forces as an employer
4. Staff at the Trust are trained and educated in the needs of veterans
5. The Trust has established links to appropriate nearby veteran services
6. The Trust identifies veterans to ensure they receive appropriate care
7. The Trust will refer veterans to other services as appropriate
8. The Trust raises awareness of veterans

● Patient Experience    ● Recruitment/retention  
● Concerning recruitment/retention and Patient Experience




NHS Employers (2022), Recognising the Armed Forces community in a primary care setting

## Learning Disability and Difficulties improvement work

There are three branches to this improvement work, two of which rely on the involvement of people with lived experience of learning disability or difficulty, to ensure any improvements are meaningful and make a real difference for service users.



The first piece of work is underway, which is the creation of a 'learning disability and learning difficulty accessibility strategy'. Some background and context are provided at the beginning of the strategy document to help staff better understand why, as a Trust, we need to make adjustments and how the actions and attitudes of all staff have an impact on the experiences of people

with lived experience of learning disability or difficulty.

The second piece of work is being planned for Quarters 1&2 of 2023-24 and involves co-production with people with lived experience of learning disability or difficulty, carers, families and staff, to design the questions at initial assessment. This will give the greatest insight to staff about a service user's learning disability or difficulty. With this knowledge, Trust staff will be best placed to deliver person-centred care and meet the needs of the Accessible Information Standard.

The third piece of work involves service users with learning disabilities or difficulties, carers and staff with a particular interest in these characteristics. The aim will be to set up a small working group who will review new items of 'Easy Read' service user information that the Trust is looking to start producing during 2023-24.

### 3.5 Safeguarding Achievements

There has been an overall increase in the amount and complexity of safeguarding work across both Adult and Children's Services in the Trust. The capacity challenges have been managed and supported through a number of methods:



- Quality assurance of the safeguarding supervision model, including the addition of peer review processes now being embedded into the model over the last year. This has provided further assurance of consistency of application and quality of the model delivery.
- Ongoing work with re-design of the Multi-Agency Safeguarding Hub (MASH) service functions across the Trust, including quality assurance mechanisms, operating procedures and multi-agency working practices. Review and update of all the Information Sharing Agreements within each MASH locality has been achieved.
- Adult Level 3 safeguarding training has maintained a trajectory for compliance at above the predicted level set.
- Adult and Children’s Safeguarding teams have continued to co-develop and co-deliver refresher training packages from a Think Whole Family approach. This is reducing time spent on training, whilst increasing standards of training and practice through overlap of knowledge and skills.
- Development of a Safeguarding People – Think Whole Family policy to replace Adult and Children safeguarding policies.
- Development of a Domestic Abuse – Think Whole Family policy.
- SystemOne template for PREVENT has been developed and rolled out to all services. This template is being developed within Lillie for iCaSH services and plans for development in Dentilly for 2023-24.
- SystemOne template and standard operating procedure has been developed and rolled out to support staff with identifying need for utilising resolution of professional disagreements (escalation) process.
- Development of an annual audit plan.
- Section 11 reports have been submitted for Norfolk, Pan Bedfordshire and commenced in Cambridgeshire and Peterborough during 2022-23. Challenge events have been held in Norfolk and Pan Bedfordshire, with active CCS participation.
- The Trust has participated in Child Safeguarding Practice Reviews, Domestic Homicide Reviews and Safeguarding Adult Reviews across each locality and action plans have been developed and overseen through each locality. Further scrutiny is given to this through operational and strategic safeguarding board meetings internally.
- Transformational work has commenced within adult safeguarding referral processes across the wider system.

### 3.6 Strategic Objective 2 – Be an excellent employer

We continued to recognise our people’s strengths and build on best practice to develop a workforce with a shared culture, vision and values aligned to our strategic objectives.



#### 3.6.1 National staff surveys

##### 2021 National Staff Survey

Results from the 2021 staff survey were very positive and an action plan was implemented to address areas highlighted by staff as requiring further focus. The table below shows the actions taken.

2021 Survey Improvement Plan (for implementation 2022-23)	
Area for improvement from 2021 Survey	Actions taken
To strengthen our response to any act of violence or aggression from service users, including to fully implement the national safety	<ul style="list-style-type: none"> <li>▪ Led by the Health and Safety Committee, an Executive Lead was appointed, and the self-audit undertaken. An action plan was written and</li> </ul>

## 2021 Survey Improvement Plan (for implementation 2022-23)

Area for improvement from 2021 Survey	Actions taken
standard 'Prevention of violence and aggression' and to provide support and information/training for managers and staff in handling issues as they arise.	<p>implementation began focussing on awareness raising.</p> <ul style="list-style-type: none"> <li>▪ Session at Leadership Forum on implementing the Violence and Aggression by Members of the Public Policy.</li> </ul>
Improve the appraisal experience of staff as a supportive conversation which values their role in their service and helps them feel they can develop and there are clear progression pathways.	<ul style="list-style-type: none"> <li>▪ We reviewed, updated and ran appraisal conversation training for managers and staff.</li> <li>▪ We reviewed the number of appraisals any one manager is undertaking in line with Trust guidance.</li> <li>▪ We explored the value of using our Electronic Staff Record's appraisal functionality and agreed not to implement at this time.</li> <li>▪ We reviewed and implemented timely feedback on the appraisal experience of staff and shared with relevant service leads.</li> </ul>
To learn from the pandemic about flexibility and kindness when working with colleagues with health conditions which impact on their daily lives and make this the norm. Embed true allyship into our culture and take steps to ensure our disabled workforce do not face discrimination in any form from managers, colleagues or members of the public, including abuse, violence, bullying or harassment.	<ul style="list-style-type: none"> <li>▪ We devised and rolled out our living our values, and civility and respect team sessions.</li> <li>▪ We re-wrote our appraisal paperwork with input from staff and managers.</li> </ul>
To listen to the experiences of our culturally-diverse staff and take steps to inform, educate and upskill all managers and staff in actively challenging prejudice and being a true ally. To take steps to ensure our culturally-diverse workforce do not face discrimination in any form from managers or colleagues, and that any abuse from members of the public is promptly dealt with.	<ul style="list-style-type: none"> <li>▪ Set a non-negotiable objective for all staff to actively challenge their own prejudices and biases and to call out inappropriate behaviour of others including those more senior to them, with assurance of protection from the Trust from any negative repercussions.</li> <li>▪ The Board made personal anti-racism pledges and we signed up to UNISON's Anti Racism Pledge.</li> </ul>

### 2022 National staff survey

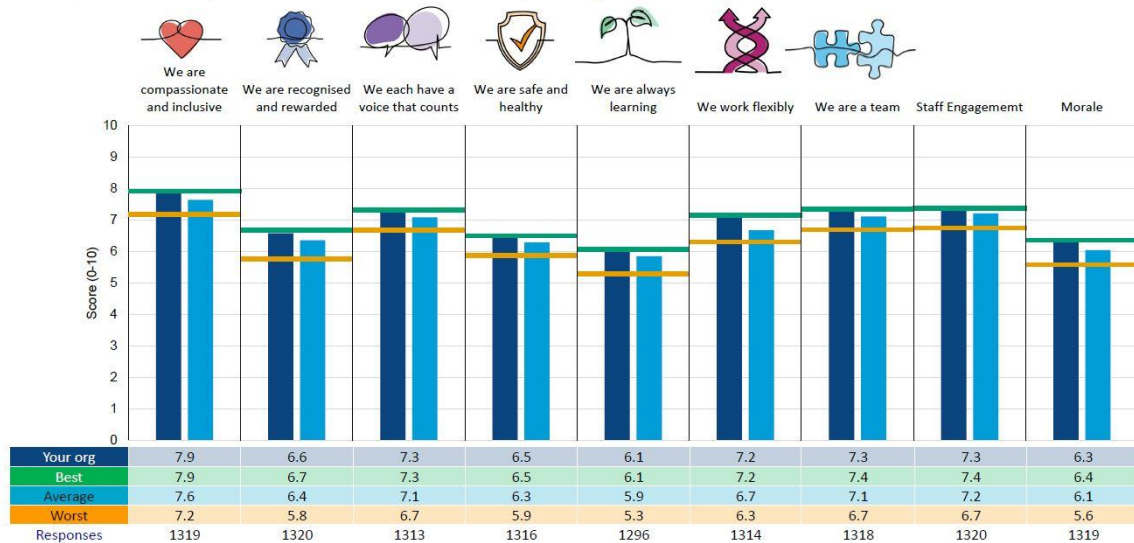
1320 people (47%) responded to our 2022 survey. The results (benchmarked against 16 other community trusts nationally) were aligned to the seven themes within the NHS People Promise, plus two additional themes: staff engagement and staff morale.

We were the **best** performing community trust nationally for staff reporting that:

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

In the other four themes below, we were 0.1 mark below the top scoring community trust.

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Cambridgeshire Community Services NHS Trust Benchmark report

It was encouraging to see the percentage of our people reporting that they had experienced discrimination due to their ethnic background, gender, religion and/or age had decreased over the past 12 months. In addition, it was also heartening that the percentage of staff from minority ethnic groups who reported experiencing harassment, bullying or abuse from patients, relatives or the public, staff or their manager/team leader or other colleagues, had decreased in the last 12 months.

**Where can we improve?**

There were three areas where responses indicated we could do better and we will engage with our Cultural Diversity, Long Term Conditions and Disability and LGBTQIA+ Pride Networks and all services to identify actions we can take to ensure improvements:

- Percentage of staff reporting they have experienced discrimination due to their sexual orientation or disability has increased in the past 12 months.
- Percentage of staff from minority ethnic groups who believe we provide equal opportunities for career progression or promotion has decreased over the past 12 months.
- Percentage of staff experiencing physical violence at work from patients/service users, their relatives or other members of the public has slightly increased, but people experiencing this were less likely to report it.

**Next steps**

In 2023-24 we will:

- Develop a Trust wide action plan in partnership with our staff networks and local staff side representatives. Initial thoughts on the areas which we will propose are:
  - Continued focus on our prevention of violence and aggression and bullying and harassment actions, in particular on why individuals do not always report when an incident occurs (both to their managers at the time and/or via our incident reporting process). This will include reviewing our reporting process/mechanisms to ensure they are as simple as possible. In addition, look to strengthen both the support to the individual and our communications to patients/service users that this will not be tolerated.
  - Build on the changes implemented to our appraisal process, explore further ways that ensure colleagues are more involved in decisions that directly impact their work area. This will include exploring innovative ways of working and training on spheres of influence.

- Review what more can be done to prevent discrimination and what actions need to be undertaken, with a particular focus this year on disability and sexual orientation.
  - Continue to embed a fair, non-biased recruitment including promotion and culture.
- We will also review service specific responses and identify actions to improve working lives at a local level.

### 3.6.2 Freedom to Speak Up

In June 2022, NHS England published an updated national speak up policy. The revised national freedom to speak up policy provides the minimum standard for local freedom to speak up policies across the NHS, meaning that people who work in the NHS know how to speak up and what will happen when they do. The Trust has adopted the revised national speak up policy which was approved by the Trust Board in January 2023 and is published on our website.

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

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

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

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

#### Staff can raise concerns through:

<ul style="list-style-type: none"> <li>Their line manager</li> <li>Other leaders within their service or division</li> <li>Any member of the Senior Leadership Team</li> <li>Freedom to Speak Up Champions</li> </ul>	<ul style="list-style-type: none"> <li>Staff Side Chair</li> <li>Freedom to Speak Up Guardian</li> <li>Executive Lead for Speaking Up</li> <li>Non-Executive Lead for Speaking Up</li> </ul>
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All concerns raised are logged by the Freedom to Speak up Guardian who monitors the investigation, ensures agreed actions are implemented and feedback is provided to the person who raised the concern.

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

Our Trust has achieved the highest index result on four questions from the NHS Staff Survey for three consecutive years – 2019, 2020 and 2021 compared to all organisations in the NHS. In the 2022 NHS Staff Survey, the Trust was ranked the best performing community Trust nationally for raising concerns.

### 3.6.3 Workforce Race Equality Standards (WRES) objectives 2022-23

The following actions were agreed:

- We will seek to have a workforce at all pay bands and roles which is representative of our disabled workforce by:
  - Commissioning and rolling out Cultural Intelligence training across the Trust using a train-the-trainer model. Work began on this in partnership with other trusts in the Cambridgeshire and Peterborough ICS. Roll out will begin in 2023.
  - Continuing to offer career development sessions to all staff networks and wider by:

Relaunching our Diversity Mentor scheme	<i>Achieved</i>
Implementing our action plan following our review of No More Tick Boxes and If Your Face Fits	<i>Started and ongoing</i>
Implementing mandatory requirement of diverse recruitment panels as standard in all interviews	<i>Begins 1 April 2023</i>
Agree and set stretch disparity reduction targets to be achieved over the next 3 years	<i>Agreed and actions on going to achieve</i>

- Ensure that all recruitment panel members are trained in anti-discriminatory practice as part of their recruitment training (*achieved*).
- Provide staff with regular up-to-date information to support the Trust's commitment to the diversity and inclusion of our workforce by:
  - Reviewing, updating, and re-sharing our cultural awareness information (*ongoing*).
  - Continue to promote and support 'See Me First Champions' (*ongoing*).
  - Continue to work/support developed by previously completed actions (*ongoing*).
  - Ensuring we have sufficient trained Cultural Ambassadors and continue to support them.
- Continue to offer career development sessions to all staff networks and wider by:
  - Providing training and development opportunities on the Training & Education intranet pages, including a BAME staff specific list of opportunities.
  - Actively participating in the planned Diversity and Inclusion work of our system partners for 2022-23 and with our Cultural Diversity Network to identify and share opportunities for development.
  - Relaunching Diversity Mentoring training for Diversity Mentors which began in January 2023.
- Continue to work with the Cultural Diversity staff network to learn from their experiences, the population we service and the staff we employ.

### 3.6.4 Workforce Disability Equality Standards (WDES)

In 2022-23, the following WDES actions were agreed:

- We will seek to have a workforce at all pay bands and roles which is representative of our disabled workforce by:
  - Commissioning and rolling out Cultural Intelligence training across the Trust using a train-the-trainer model. Work began on this in partnership with other trusts in the Cambridgeshire and Peterborough Integrated Care System (ICS). Roll out will begin in 2023.
  - Continuing to offer career development sessions to all staff networks and wider by:

Relaunching our Diversity Mentor scheme	<i>Achieved</i>
Implementing our action plan following our review of No More Tick Boxes and If Your Face Fits	<i>Started and ongoing</i>
Implementing mandatory requirement of diverse recruitment panels as standard in all interviews	<i>Begins 1 April 2023</i>
Agreeing and setting stretch disparity reduction targets to be achieved over the next 3 years	<i>Agreed and actions on going to achieve</i>

- Ensure that all recruitment panel members are trained in anti-discriminatory practice as part of their recruitment training (*achieved*).
- Promote internally the support available to managers and disabled staff to enable them to undertake roles:

My CCS Employment (Adjustments) Passport	<i>Achieved</i>
Flexible working options	<i>Achieved</i>
Remote working	<i>Achieved</i>
Long Term Conditions & Disability Network for staff	<i>Achieved</i>

- Implement the actions identified in the Trust self-assessment against the Violence Prevention Standards (violence and aggression from members of the public) via our Health & Safety Group (*ongoing*).
- Support line managers to have the skills to support staff via coaching, training packages and bitesize sessions (*programme on going*).
- Continue to offer career development sessions to all staff networks and wider (*ongoing*).
- Continue to work with the Long-Term Conditions and Disability Network to learn from their experiences (*ongoing*).
- Provide staff with regular up-to-date information to support the Trust’s commitment to the diversity and inclusion of our workforce by promoting importance of staff declaring their diversity data (in ESR) by reminding staff of the positive actions we have then been able to take (*ongoing with regular reminders and discussed at induction*).
- Continue to work with the Long-Term Conditions and Disability Network to learn from their experiences (*ongoing*).

### 3.6.5 Staff Networks

Our three staff networks continue to meet regularly:

#### **LGBTQIA+**

The network has an active membership which regularly share information and ideas via a team chat group. They have run two successful Pride quizzes to celebrate Pride month and all things LGBTQIA+. The group launched their pledge programme with rainbow lanyards which can be worn to demonstrate support for and allyship with the LGBTQIA+ community. The group has also agreed to use the intersectionality LGBTQIA+ flag as its logo.

#### **Cultural Diversity**

The network continues to be a safe place for staff to share their lived experiences and to feed back to the Trust on areas of concern, which are always explored. The challenges faced by Black, Asian and minority ethnic (BAME) representatives on recruitment panels continued to be an area fed back by the network. This led to a new action from April 2023, to establish a diverse panel which will be the line manager’s responsibility before any recruitment activity can begin. The Trust’s Future Talent Advisor runs career development sessions for network members and we have introduced a measure to support our ‘Be an excellent employer’ objective of ensuring that any BAME individual who chooses to leave the Trust is offered a ‘learning from leavers’ interview.

#### **Long-Term Conditions & Disability**

The group has invited guest speakers as well as instigated work to produce a simple guide for managers and staff on how to access adaptations and special kit or office equipment, etc., to support staff to work with a disability or health condition. Although this was already available, feedback was that managers did not always know how to access it. The group initiated work by the corporate Governance Team to produce some guidance on best practice and etiquette in using Microsoft Teams and emails following feedback that one downside of remote working and the use of Teams is that sometimes colleagues make Teams calls which interrupt meetings and there is also an expectation that if you do not have a meeting in your diary you are ‘free’. This guidance is intended to support the Remote Working Policy. In addition, feedback from

members also led to the Trust updating its Organisational Change Policy to include in it that any My CCS Employment (Adjustments) Passport should be considered during any organisational change which impacts someone who has a passport agreed with their manager.

All Board members are encouraged to attend staff network meetings as these conversations are a great way to understand the lived experiences of our people and what it is like to work within the Trust.

### **3.6.6 Gender Pay Gap**

Our 2021 gender pay gap report was published in July 2022. We recognise actions required to support our predominantly female workforce to be proportionally represented in senior leadership roles in the Trust and our actions aimed at achieving this are to:

- Ensure senior roles are advertised with flexible working as an option to attract female applicants.
- Offer the empowering female staff training 'Springboard' to staff.
- Regularly review shortlisting data and identify any areas of concern.
- Use diverse selection panels through policy practice and training.
- Promote and facilitate mentoring and coaching, including reverse/diversity mentoring.
- Work with young people to encourage more young men to enter NHS careers.
- Provide support for female medics in applying for Clinical Excellence Awards (CEAs).

### **3.6.7 If Your Face Fits: review of recruitment practice**

In response to a national review, undertaken by Roger Klein into potential discriminatory practice in NHS recruitment and on boarding processes, the Trust agreed a set of actions which became embedded into the Trust's Recruitment and Selection Policy. This policy has been reviewed and updated with a key focus on the selection decision and anti-discriminatory practice. An action plan is in place to deliver these changes.

### **3.6.8 See Me First**

In May 2022, the Trust launched our See Me First Champion's programme. Similar to other Trust champions, our See Me First Champions are staff who have made a pledge to be allies to BAME colleagues and be a safe person to talk to about any concerns BAME staff may have, or non-BAME staff may have, about how their BAME colleagues have been treated.

### **3.6.9 Neurodiversity**

We are introducing measures to support neurodiverse individuals which will include attracting applicants, making adjustments or offering support at the recruitment stage, and increasing awareness among managers and staff of neurodiversity in the workplace. We are continuing to develop this work and aim to launch a range of supporting policies (and updates to existing policies) in 2023, as well as upskill managers in recruiting and supporting our neurodiverse workforce.

### **3.6.10 Supporting Staff and Staff Engagement**

In 2022-23 staff again faced unparalleled challenges as a result of the Covid-19 pandemic and its aftermath; the Trust supported them in a range of ways:

- Provided a wide range of support for staff including access and signposting to physical and emotional well-being advice, information and resources, risk assessments for all staff and supported staff who were shielding to work remotely where possible and to be able to stay away from work where remote working was not possible.

- Continued to offer mindfulness and personal resilience training programme to enhance the already successful training for personal welfare, which supports our Live Life Well psychological wellbeing stepped offer programmes.
- Regular virtual sessions with our Executive Team across all of our services and geographies.
- Trained and launched a network of our Wellbeing Champions.
- Continued to support a network of Freedom to Speak up champions.
- Continued to introduce innovative recruitment initiatives in hard to recruit areas.
- Supported services and staff affected by organisational change including the ending of our multi-site Covid-19 vaccination service, supporting redeployment of staff within the NHS and care sector where possible.
- Provided bespoke team development, support and skills training for teams impacted by the pandemic.
- Provided coaching and mentoring support to leaders, managers and team leaders and continued to implement action plans based on staff feedback.
- Reviewed Trust wide training and education needs to plan, procure and implement programmes of development, to support staff to deliver high quality service whilst face-to-face training was not possible, through innovative use of Teams and virtual training platforms.
- Promoted the benefits of effective appraisals.
- Continued to provide an appraisal career and personal development planning process.
- Offered flexible working and family friendly arrangements and a carers and special leave policy.
- Continued to support the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to discuss our response to the pandemic, exchange information, harmonise human resources policies and processes following the transfer in of staff, and to consult and negotiate on employment matters.
- Continued to offer a confidential line for informal support to staff experiencing bullying or harassment and a zero-tolerance approach to violence in the workplace.
- Supported staff to take breaks and have a flexible approach to allow annual leave to be carried over where staff could not take leave in exceptional circumstances.



### 3.6.11 Mandatory Training

We reviewed our two mandatory training programmes and found both were fit for purpose and supported by an additional introduction to diversity and inclusion at induction. In addition, training takes place for those involved in recruitment and selection, as part of all in-house leadership and management training, as well as in bite-sized people management sessions.



The Trust continued to:

- Improve access to e-learning for mandatory training subjects including through a staff telephone/teams call helpdesk.
- Review and amend our Trust induction based on staff feedback and Trust requirements and completed the roll out of unconscious bias training as part of e-learning to all staff.
- Ran virtual Trust induction programmes during the pandemic. Our Chief Executive and/or our Deputy Chief Executive attended all sessions to welcome new employees into the Trust.
- Maintained a high level of training compliance replacing face to face with virtual training/written information, only re-introducing face-to-face where essential and in a Covid-safe environment.



Improvements made to the electronic staff training record (OLM) included:

- The employee self-service function is now fully embedded across the Trust and staff are accessing e-learning for many mandatory and role specific training packages.
- The roll out of the supervisor's self-service functionality was completed and is being used by managers to track their teams training compliance.
- The roll out of OLM to record all training including 'essential to role' training.
- Linking our unconscious bias training programme to the Electronic Staff Record (ESR) so updating of staff training records does not have to be undertaken manually.
- Using OLM as one tool to support the large-scale vaccination centre workforce with their training.

### **Cultural Competence Training**

We met with an external training provider and began scoping a Trust wide programme of cultural competency awareness raising and training and subsequently agreed to commission this jointly with partners on the Cambridgeshire and Peterborough Integrated Care System (ICS), with roll out planned during 2023.

### **Specific Training**

We continue to work with other agencies who train our staff locally on relevant diversity and inclusion matters including transgender training. We have in place a detailed Workforce Diversity and Inclusion action plan, the detail of which is discussed at our People Participation Committee.

### **3.6.12 Attracting and retaining a Quality Workforce: looking forward to 2023-24**

We will:

- Undertake a full Training Needs Analysis (TNA) of all skills development needs, including clinical and non-clinical skills.
- Develop the skills of our clinical staff in quality, service improvement and redesign tools and techniques, providing bespoke programmes of leadership development, for services undergoing significant service redesign.
- Continue to work with partners across Integrated Care Systems to work collaboratively on all workforce retention matters including implementation of the nursing associate role, reservist models, workforce planning and recruitment and retention.
- Continue to expand the opportunities for apprenticeships across our workforce, following implementation of the Apprenticeship Levy and further higher apprenticeships becoming available for our clinical and non-clinical workforce; linking with the Health Education England (HEE) Grow Your Own initiative.
- Continue to roll out the preceptorship training to all our preceptors in line with new Nursing and Midwifery Council (NMC) and Allied Health Professionals (AHP) council standards.
- Continue to offer our successful Chrysalis and Stepping Up leadership and management development programmes and bespoke programmes to support team development.
- Continue to offer places on the local Mary Seacole Leadership Development Programme and to support expansion of this across all our Integrated Care Systems (ICS).
- Continue to embed a coaching and mentoring culture across the Trust, investing in further health coaching training for our clinical workforce and mentor development.
- Implement our updated 2023-26 People Strategy, focussing on:
  - A Highly engaged workforce.
  - Diversity and inclusion for all.
  - Retaining our people.
  - Maximising our recruitment and supply opportunities.
  - Continuous improvement in supporting people's health and wellbeing.

### 3.7 Workforce Diversity and Inclusion

The Trust continues to work towards eliminating bias or inequality and Diversity and Inclusion is a key programme in our People Strategy. Some of our actions in 2022-23 were to:

- Deliver our annual Equality Delivery System (EDS) Objectives and our Equality Improvement Plan.
- Actively support all networks now in place to thrive (Cultural diversity, LGBTQIA+, Long Term Conditions, Menopause café) and develop new staff networks in response to need.
- Agree improvement targets with Cultural Diversity Network and Long-Term Conditions/ Disability Group in relation to improvement of staff experience during 2022-23.
- Develop and implement our anti-racism activities.
- Embed the importance of Black, Asian or Minority Ethnic (BAME) representation on interview panels where a BAME applicant is shortlisted – quality assure and take corrective actions as required.
- Continue to support our Cultural Ambassador programme.
- Appoint and embed Equality, Diversity and Inclusion lead role for patient experience and patient delivery.

In addition to these actions, the Trust had in place its Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES) and Gender Pay Gap report and action plan, two Equality Delivery System workforce annual objectives and a range of general actions overseen by the Workforce Diversity and Inclusion Group and reported to the People Participation Committee, a subcommittee of the Trust Board.

#### Anti Racism Charter

To support the Trust's commitment to becoming an anti-racist organisation, the Trust has signed up to the UNISON Anti-Racism Charter in May 2022; an action plan is in place to deliver this.

#### Equality Delivery System 2 (EDS2) – Workforce Objectives

The 2022-23 local workforce EDS2 Objectives were:

- To fully implement the actions identified following our review of the No More Tick Boxes review of potential bias in recruitment practices.
- The Trust Board will role model behaviours that support the Trust's ambition to be an anti-racist organisation including actively implementing the Trust's and their personal anti-racism pledges, to instill a sense of belonging for all our staff.

Work has begun on the first objective and Trust Board members have made personal anti-racism pledges to achieve the second.

### 3.8 Our Award-Winning Staff and National Recognition

- Dame Rachel de Souza, Children's Commissioner, visited the Trust's Community Paediatric Service in Luton and met with clinicians and parents to hear about their achievements and challenges. She commended colleagues for the 'superb' work they were doing for children.
- An article on the Neurodiversity Diagnosis Support Pack produced by our Bedfordshire and Luton children's services was published in the British Medical Journal. NHS England has expressed interest in sharing this resource as best practice nationally.
- An iCaSH submission from Dr Graham McKinnon to the British Association of Sexual Health and HIV (BASHH) annual conference was accepted. Graham was also invited to present on work he and the service have been doing in collaboration with local GPs and the drugs service to combat the spread of Syphilis.



- Our Norfolk Healthy Child Programme (HCP) colleagues have shared their approach to developing the Just One Norfolk platform including clinical information and parental advice and guidance with colleagues in Perth, Australia. Norfolk HCP will be acknowledged in any adapted resources.
- Just One Norfolk was a finalist in the Academic Health Sciences Network/NHS Confederation Innovate Awards in the 'Outstanding contribution to population health through innovation' category.
- Matthew Winn, National Director of Community Health at NHS England and Chief Executive of our Trust, was featured on the second episode of Speak Up, Listen Up, Follow Up – The National Guardian's Office Podcast. In this episode, Dr Jayne Chidgey-Clark, National Guardian for the NHS, spoke to Matthew about how to use data to improve speaking up culture and how speaking up is part of the DNA of any working environment.
- The Norfolk Safeguarding Children Partnership (including our Trust's Safeguarding Team) was highly commended in the Centre for Child Protection's Collaboration Awards for the 'Joint agency group supervision' initiative.
- Our Huntingdon Mental Health Schools Team was visited by the national Mental Health Schools Team to share examples of local good practice and innovation.
- The BBC and ITV filmed on several occasions at our Grafton Centre large-scale Covid-19 vaccination site, helping to raise understanding of vaccinations, increase uptake and demonstrate the NHS response.
- Our Covid-19 Vaccination Team's outstanding work contributed to Cambridgeshire and Peterborough Integrated Care System (ICS) being shortlisted in the Health Service Journal 2022 Awards 'Covid vaccination programme' category.
- Bedfordshire Children's Community Nurse, Sarah Sharpe, presented at Wounds UK Annual Conference 2022 in Harrogate. Sarah has been raising the profile of paediatric pressure ulcer risk assessments using a tool she adapted (with permission) for community use.
- Our Luton Patients Know Best (PKB) childhood epilepsy project, with partners, was named winner of the 'Using data to connect services' category in the Health Service Journal (HSJ) Awards 2022. It was also highly commended in the Health Tech Awards 2022 in the 'Most promising pilot' category and was runner up in the Patient Experience Network Awards in the 'Integration and continuity of care' category. This was in addition to being selected by NHS England as a case study for their 'Beneficial changes network'. PKB is an online platform and digital handheld record designed to improve care and reduce the likelihood of being admitted to hospital for a seizure.
- An ADHD treatment response form (created by young people for young people) was presented to the Regional Special Educational Needs and Disability (SEND) Network as an example of good practice. As far as we know, this is the first tool of this type to be introduced as part of the clinical pathway and has been submitted as a poster abstract entry for the Royal College of Paediatrics and Child Health Conference.
- Our Luton Occupational Therapy Service featured on CBBC's 'Operation Ouch', showing a young service user receiving support with his extreme hypermobility.
- The Trust's Communication Team was a finalist in the NHS Communicate national awards in the 'Use of insight and data for innovation in communication' category.
- Five Trust nurses were awarded Queen's Nursing status by the Queen's Nursing Institute, recognising their contribution to high standards of patient care, learning and leadership.
- A case study featuring nursing apprentice Michelle McKenzie was promoted by Health Education England (HEE) to highlight registered nurse apprentices during National Apprenticeship Week/Nursing Week.
- The following three posters were presented by our Community Paediatric Service in Cambridgeshire, helping to spread best practice:
  - Making Miles Matter – reducing the carbon footprint and improving integrated care in Down Syndrome – Dr R Bower – Royal College of Paediatrics and Child Health (RCPCH).
  - Developmental epileptic encephalopathies in special schools – British Paediatric Neurology Association (BPNA).

- Improving the Management of Spina Bifida – Dr A Sansome – British Association for Community Child Health (BACCH) presentation.
- The Trust received the Defence Employer Recognition Scheme (ERS) Bronze Award in recognition of our support to the Armed Forces community.
- Dr Tamsin Brown from our Community Paediatric Service published an article ‘Santa should phase out coal as punishment in Christmas stockings’ in the British Medical Journal, which was subsequently republished by 12 blogs/media outlets.
- As part of Freedom to Speak Up month, we were honoured to be asked by the Freedom to Speak Up National Guardian to share a recorded discussion between Anita Pisani (Executive Lead for Freedom to Speak Up at our Trust), Mercy Kusotera (Freedom to Speak Up Guardian), Heather Bennett (Staff Side Chair) and Austin Chinakidzwa (Chair of the Trust’s Cultural Diversity Network) about why civility and respect are so important for a speaking up culture.
- Our Non-Executive Director and NHS Disabled Directors’ Network Member, Fazilet Hadi, wrote an article explaining why she is passionate about equality and believes the NHS hugely benefits from a diverse leadership which was published by NHS England to mark UK Disability History Month.
- Just One Norfolk featured as a high-profile case study in the national ‘Best Start for Life progress report on delivering the Vision’. It was used as an example of best practice for a system-wide collaboration with 'Start for Life' practitioners and local communities to create a single site that offers seamless online support for families in Norfolk and Waveney.
- Prem Nair, Minor Oral Surgery Clinical Lead, was runner up in the audit prize at the British Association of Oral Surgeons with a poster presenting patient-reported experience measures (PREMS) and patient-reported outcome measures (PROMS).

### 3.9 Transformation and Improvement Projects

Improvement and transformation priorities in 2022 ranged from large scale transformative change programmes with system partners to supporting our clinical services to restore and reduce care backlogs, redesigning clinical pathways to meet the needs of our communities whilst continuing to provide high quality care. Many services also continued to explore and invest in the use of digital technologies to improve care delivery and management.

Below are some of the key areas of work.

#### Utilising emerging technologies to improve our services:

- Led the initiation and implementation of over 250 Virtual Ward beds across Bedfordshire, which will enable patients to get the care they need at home safely and conveniently, rather than being in hospital.
- Continued to lead the implementation of remote health monitoring across Bedfordshire, supporting heart failure, respiratory, hypertension patients with monitoring and managing their condition at home. Reducing A&E attendances, admissions and increasing patients’ confidence in managing changes in their condition. In 2022 we onboarded over 340 patients onto remote health monitoring pathways across six different services and pathways.
- Creation of interactive dashboards and information screens to support scheduling and monitoring performance and designing various data tools to help our District Nursing team plan and make changes to meet the needs of our patients.
- Continued development of the Bedfordshire and Luton Children’s Health Hub including the development of a central online referral portal which centralised the coordination of Education and Health Care Plan (EHCP) support and calls for Speech and Language service, Community Paediatric service, 0-19 Healthy Child



Programme. The Health Hub enables services to share resources, ensuring a consistent and reliable response to queries, and support families to access our services efficiently.

- Development of an online contraception pathway for people to independently access support without the need for in-clinic appointment with our sexual health service.

#### **Collaborative working with system partners to coordinate and improve the health services and support we provide to our local communities:**

- Continued to support and lead pilots in Cambridgeshire and Peterborough Best Start in Life programme. Working with system partners to develop improvements to tackle local issues, for example: smoking during pregnancy, speech and communications difficulties.
- Continued efforts to improve the transition into adulthood for young people in Bedfordshire and Luton, in particular those young adults with epilepsy. Developing templates and supporting materials with staff. Identifying improvement opportunities with our system partners.
- Established a multi-agency programme to oversee the implementation of the balanced framework in Norfolk Children's Speech and Language Therapy service. Improvements included: introduction of expanded digital resources and training; offering enhanced training to school transport staff; a co-produced 'at a glance' support guide; enhanced self-care resources while waiting; and development of a link worker approach for high need schools.
- Launched 'Growing Just One' project to centralise access for children's mental health services in Norfolk. This involved submission of a bid, multiple stakeholder workshops and meetings, pathway design, digital developments, scoping of use of Artificial Intelligence (AI) in triaging referrals and much more. With a launch planned in 2023, this will help children, young people, parents, carers and other healthcare professionals to navigate and access appropriate support without being bounced between services.
- Continued development of our Urgent Community Response service taking calls from 999 'stack' which not only helped people receive immediate assistance but also supported our ambulance service to attend those patients in greater need of acute care.
- Successfully obtained system funding and implemented six monthly post-stroke reviews for patients across Bedfordshire and expanded psychology support so that patients had access to the clinical psychology assessments and treatment.

#### **Maximising our resources, processes and systems to improve efficiency, waiting times, access into our services and pressures on our staff:**

- Improving telephony access into our iCaSH service, pilots to improve answer rate, reducing patient complaints and staffing pressures.
- Creation of a demand and capacity tool for services to map current and future needs.
- Improvement projects on accessing support and services in Cambridgeshire and Peterborough Children's services, streamlining processes and ways of working.
- Launched project in Dental services to reduce backlog and waiting times for patients accessing our special care dentistry service.

All improvement and transformation efforts undertaken follow our Think QI improvement methodology and are co-produced with our service users, carers, staff and stakeholders.

#### **NB: Additional information on Dental Services we provide:**

Whilst the Trust does not provide general dentistry across its geography, it provides services as described below. Waiting lists for our services vary across our clinics, however those who are waiting are risk assessed, monitored, and reviewed regularly, additionally our patients who are waiting are able to contact teams for support if further issues arise.

#### **Dental Services we provide:**

- Urgent care for patients who are not under the care of or undergoing treatment with a general dentist in four locations: Peterborough, Cambridge, Huntingdon and Wisbech. This is a "book on the day" service whereby we try to treat the dental pain in one visit. Demand

for this service is high and we unfortunately cannot treat everyone that needs support. The reduction of NHS general dental provision in the region is causing many more people to try and access our service.

- Special Care Dentistry (SCD) is provided from Peterborough, Cambridge, Huntingdon, Wisbech, Ely, Newmarket, Bury St Edmunds, and Ipswich. SCD includes adults and children with additional needs, anxious children, domiciliary visits, inhalation and intravenous sedation and general anaesthetics (carried out at Peterborough and West Suffolk Hospital). Referral is via a dentist apart from a few very specific categories where we will accept a referral from a non-dental / medical professional, this includes patients who are in a wheelchair, in a mental health unit or require a domiciliary visit.
- Minor Oral Surgery (MOS) provides specialist minor oral surgery for more complex cases which cannot be managed within general dentistry. Patients are referred by a dentist, triaged externally from our service and referred into our service. The majority of patients are seen and treated at the same appointment. This provision is available from: Bury St Edmunds, Cambridge, Huntingdon, Ipswich, Newmarket, Peterborough (Surgeon due to commence employment from July 2023), and Wisbech. We no longer work out of King's Lynn, but we do see King's Lynn patients at Wisbech.
- Our Oral Health Improvement team delivers oral health training across Cambridgeshire, Peterborough, Suffolk and Bedfordshire. In most areas we train key staff in preschools, and year one settings which are identified by the Local Authority (LA) based on deprivation measures. This is a 'train the trainer' model and includes supervised toothbrushing which is an evidence-based strategy. The team also provide training to Foster Carers, staff who provide services to children and young people and other healthcare professionals on request.

### 3.10 Successful Partnership Initiatives



Collaboration has been a central theme throughout much of the Trust's activities during 2022-23, including full participation in integrated care system developments across Bedfordshire, Luton and Milton Keynes (BLMK), Cambridgeshire and Peterborough, and Norfolk and Waveney, as well as being represented on Norfolk's Children Board and Norfolk Alliance.

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

#### Trust wide

- Shared Care Records: Integrated Care Systems (ICS) are developing communication resources to share key messages relating to this project which will enable clinical staff to access patient records from other engaged NHS organisations where this is needed for an individual's clinical care.
- Seasonal campaigns: the Trust's Communications team is engaged with all three integrated care systems in developing campaigns to promote messages to make best use of NHS services and resources (#HelpUsHelpYou), Covid-19/flu vaccination programme for eligible people (#GetBoosted), and recruitment campaigns to support staffing levels (#WeAreTheNHS).
- Contributing to system-wide recruitment website [www.itsallcomingtogether.co.uk](http://www.itsallcomingtogether.co.uk) by providing content for high-profile roles in the form of promotional videos and mini documentaries, as well as creating messages and testimonials to raise awareness of community services.
- Co-production: working with service users, patients, local communities, staff and partner organisations to shape and improve future service provision, enhancing accessibility and ensuring our services reflect the diverse populations we serve.

### **Bedfordshire, Luton and Milton Keynes (BLMK)**

- Supported our partners at East London NHS Foundation Trust and Central and North West London NHS Foundation Trust to roll out remote monitoring to eligible cohorts, supporting people to remain independent in their own homes and avoid hospital admission.
- Launched a new initiative with East of England Ambulance Trust to enable our Rapid Response Team to respond to less urgent 999 calls. This means accessing the '999 call stack' to refer-in patients who can be seen by us and avoid an ambulance call out, transport or admission to hospital.
- Part of a system-wide project to deliver the virtual ward programme, working in partnership with Bedfordshire Hospitals NHS Foundation Trust and East London NHS Foundation Trust and delivering alongside our remote monitoring partner Doccla. Virtual wards allow patients to get the care they need at the place they call home, safely and conveniently, rather than being in hospital.
- Worked with parent carer forums to create one-page infographics for Bedfordshire and Luton families to enhance understanding of our services and how to contact them.
- Community Paediatric Teams continued to work with parents and professionals from health, social care and education, to create and deliver a neurodevelopment disorder pathway for early intervention and support for children who might have developmental problems.
- Our Children's Rapid Response Team continued to receive direct referrals from NHS 111 and other health and care professionals for children under five to reduce hospital emergency attendance seven days a week.

### **Norfolk and Waveney**

- Further system-wide working with 'Growing Just One' as the integrated front door for physical and emotional/early mental health support. Partners across the system are fully involved with the design process consisting of the main mental health providers which includes NHS, council and charity/voluntary sector.
- Our Healthy Child Programme worked with PROVIDE (Child Health Provider) and the three local acute hospitals, to implement a digital transfer process for A&E notifications for children and young people, with all attendances (and follow up where required) now automatically uploaded onto children's records via the Just One Norfolk digital platform.
- Keeping Families Warm and Well is a coordinated Norfolk integrated care system initiative sharing self-care advice and providing appropriate signposting to support and relieve pressure on local services. Just One Norfolk has been placed as the focal point of the children and young people's workstream. Dedicated seasonal advice pages have been created to act as a digital launch pad for all advice. 'Well-Be' Bear, a promotional character that has trended in Norfolk several times with #ShareTheBear, has been helping to get important advice out to families with content and promotion all based around live A&E data, Just One Number calls and system-wide clinical contacts.
- Established system-wide safeguarding work led by the Trust continues with the Norfolk Safeguarding Partnership. The 'Protecting Babies' strategy is embedded in local practice and continues to raise the profile of safer sleep, as well as support new parents with their crying babies through regular seasonal promotion using digital channels for families and advertising local training in professional networks.
- Our Speech and Language Team continues to collaborate with commissioners and partners to design and develop the 'Balanced System' for families in Norfolk and Waveney. Significant input is required from all colleagues to establish this new approach.

### **Cambridgeshire and Peterborough**

- We are key partners in the local Family Hubs and Start for Life work superseding the Best Start in Life work. As a joint provider with Cambridgeshire and Peterborough NHS Foundation Trust, we have worked with colleagues across the councils, NHS and charity/voluntary organisations towards agreed priorities for local families. In the past year, several pilots in the community have concluded looking at collaborative pathways, unified resources, integrated teams and 'one front door', paving the way for future development.

- Cambridgeshire and Peterborough Healthy Child Programme piloted the CCS-created #FreeToFeed breastfeeding campaign with South Cambridgeshire District Council, which was a great success. #FreeToFeedCP has been observed by Cambridgeshire and Peterborough Infant Feeding Network and embedded as a system-wide campaign for the Infant Feeding Strategy going forwards.
- Together with Cambridgeshire and Peterborough NHS Foundation Trust, Centre 33 and Ormiston Families, the Trust delivered a partnership agreement that brings together mental and emotional health services for children and young people in Cambridgeshire and Peterborough. The Trust continues to develop Mental Health Support Teams in Schools, and now has six teams operating across Cambridgeshire and Peterborough.
- Work is continuing across sites in Cambridgeshire with our integrated care system partners to support the creation of new community diagnostic centres, two of which will be on CCS sites at the Princess of Wales Hospital in Ely and North Cambridgeshire Hospital in Wisbech. The new centres will provide a range of diagnostic services to local communities as part of a wider national initiative.
- A planning application on behalf of 11 local NHS and social care partners to modernise services and facilities on the Princess of Wales Hospital site in Ely was successful and the Trust now awaits a response from the Department of Health to the subsequent expression of interest funding submission for capital funding.

### **Dental services**

- Our dental services worked with early years settings to deliver our MySmile award, developing tooth friendly practices and education around oral health.
- We supported Central Bedfordshire Council with their Christmas holiday activities and food programme for 1500 families who receive benefits-based free school meals. This included designing a leaflet for parents/carers and advising the programme co-ordinator about sourcing toothbrushes and toothpaste for each family.

### **DynamicHealth**

- Work is continuing within Cambridgeshire and Peterborough with our integrated care system partners to support:
  - A Worthwhile Waiting programme for patients who are waiting for appointments, diagnostics and surgery. This involves social media, website information and a telephone helpline, a new initiative to help support patients with information and advice whilst they wait.
  - The Perinatal Project which provides information, education and pelvic health awareness for mothers in the perinatal period with the Trust hosting the digital resources and leaflets for the system.
- We have provided training via the Cambridgeshire and Peterborough Training Hub on pelvic organ prolapse for primary care staff.

### **iCaSH Services**

- We continue to work in partnership with the Terrence Higgins Trust (THT) – the UK’s leading HIV and sexual health charity – to support people living with HIV and help people using our services across Bedfordshire, Norfolk, Suffolk and Milton Keynes to achieve good sexual health.
- We expanded our partnership with Preventx to deliver online testing for sexually transmitted infections across our iCaSH footprint.
- Collaborations with the British Pregnancy Advisory Service or primary care have addressed and reduced the waiting lists for long acting reversible contraception.
- iCaSH Cambridgeshire and Peterborough continue to work with Family Nurse Partnership teams to provide vulnerable young women with fast-track access to sexual health and contraception services.
- We collaborated with the National Institute of Health Research (NIHR) to successfully recruit our patients to a number of research portfolio trials (e.g. HIV Positive Voices, Prevalence of Prophylaxis for STIs, etc.).



- We worked with Health Education England and the University of East Anglia to provide speciality training for medical students/undergraduates.

### System-wide response to the Covid-19 Pandemic

- We continued to successfully deliver large-scale Covid vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney. By the end of March 2023, our staff and volunteers had administered more than 1.7 million doses of the vaccine, giving people hope for a brighter future.

## 3.11 Core Quality Account Indicators

### Annex 1: Core Quality Account Indicator 19

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

#### 0-15 years category

The Trust does not operate any hospital inpatient services admitting patients under 16 years.

#### 16+ years category

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

### Annex 1: Core Quality Account Indicator 25

This data was previously made available to the National Health Service trust or NHS Foundation Trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. At date of publication June 2023 this data was not available to us due to merger of NHS Digital and NHS England on 1 February 2023, the publication of the NHS Outcomes Framework Indicators has been delayed. Currently awaiting further announcement.

Degree of harm	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
No harm	137	89	131	103	169	69	155	104	113	146	132	155
Low	38	12	27	26	16	8	20	13	11	10	23	11
Moderate	11	1	7	19	5	3	12	4	5	3	4	17
Severe	0	0	0	0	0	0	0	0	0	0	0	0
Death	0	0	0	0	0	0	0	0	0	0	0	0
<b>Organisation Total</b>	<b>186</b>	<b>102</b>	<b>165</b>	<b>148</b>	<b>190</b>	<b>80</b>	<b>187</b>	<b>121</b>	<b>129</b>	<b>159</b>	<b>159</b>	<b>183</b>

## Part 4: Statements relating to the quality of NHS services provided

The Trust's Quality Account 2022-23 was circulated to our commissioners and stakeholders for comment and feedback (see list below) and responses received are included in the following pages.

Bedford Borough Council Health Overview & Scrutiny Committee\*\*  
Bedfordshire, Luton & Milton Keynes (BLMK) Integrated Care Board\*\*  
Cambridgeshire & Peterborough Integrated Care Board\*\*  
Cambridgeshire County Council Adults & Health Committee\*\*  
Cambridgeshire Health & Wellbeing Board  
Central Bedfordshire Council Health and Housing Overview & Scrutiny Committee\*\*  
East London Foundation Trust  
Healthwatch Bedford Borough  
Healthwatch Cambridgeshire & Peterborough\*\*  
Healthwatch Central Bedfordshire  
Healthwatch Luton  
Healthwatch Milton Keynes\*\*  
Healthwatch Norfolk  
Healthwatch Suffolk  
Luton Borough Council Scrutiny Health & Social Care Review Group\*  
Milton Keynes City Council Health & Adult Social Care Scrutiny Committee\*\*  
NHS England  
Norfolk & Waveney Integrated Care Board\*\*  
Norfolk County Council Health & Wellbeing Board\*\*  
Peterborough City Council Health & Wellbeing Board  
Suffolk County Council Health & Wellbeing Board  
Suffolk County Council Health Scrutiny Committee  
Suffolk County Council Public Health and Communities\*\*

\*Acknowledged receipt

\*\*Response received

Sent by email to: Kate Howard, Chief Nurse  
Cambridgeshire Community Services NHS Trust  
Units 7/8, Meadow Lane  
St. Ives, Cambridgeshire  
PE27 4LG

NHS Norfolk and Waveney ICB  
Floor 8 County Hall  
Martineau Lane  
Norwich  
NR1 2DW

Dear Kate,

Norfolk and Waveney Integrated Care Board (ICB) acknowledges the receipt of the draft 2022/2023 Quality Account from the Cambridgeshire Community Services (CCS) NHS Trust and welcomes the opportunity to provide this statement.

Based on the information and data available within the draft report NHS Norfolk and Waveney Integrated Care Board (ICB) supports CCS in the publication of its Quality Account for 2022/2023. We are satisfied that it incorporates the required mandated elements.

The ICB recognises the challenges experienced by the Trust over the last contractual year and the significant pressures the workforce has faced. The ICB thanks the Trust and staff for their sustained commitment in caring for those using your services.

The ICB noted two inspections took place in Norfolk Children's Services in November 2022 and we were pleased to see the report published in February 2023 highlighting improvements in the timeliness of Education, Health, and Care Plans (EHCPs); supporting the transition to adult life of young people with SEND; and communication and co-production with families.

We were pleased to see, following the inspection of local authority services for children (ILACS), you were graded as 'Good' by the ILACS inspection team. Their report noted that significant improvements had been made in services for children and their families living in Norfolk since the previous inspection in 2017.

The ICB notes your quality improvement priorities for 2022-23 were safety, people participation and quality improvement, the report demonstrates progress has been made with further work planned.

The ICB acknowledges the Trust's clear focus and commitment to patient safety through a culture of openness and engagement with patients and relatives. The ICB acknowledges the work undertaken in progressing your Patient Safety Incidence Response Plan (PSIRP) aligned to the Patient Safety Incident Response Framework (PSIRF) guidance and is pleased to see the Trust has been successful in recruiting three Patient Safety Partners (PSPs) ensuring good governance and alignment to robust quality assurance processes.

It is positive to see that the Trust has progressed with the inclusion of patients and volunteers within their projects, Trust strategies and co-production. N&W ICB acknowledges your commitment to Quality Improvement (QI) and supports your focus on compassionate culture to improve services and working practices.

N&W ICB supports your approach to workforce development to ensure you can meet the current and future care needs of our collective populations. The development of your staff base will provide staff satisfaction and encourage a robust and skilled workforce to remain working within the Trust.

The ICB supports the Trust's quality improvement priorities for 2023/2024 and welcomes the opportunity to collaborate with you, focusing on your ambitions set out in your Trust Strategy for 2023 to 2026.

1. Our services are inclusive and easy to access.
2. Our services are innovative and drive improvements in outcomes for people.
3. Our services support good health and help prevent ill health.

Delivered by the Quality Strategy through four programmes of work: safety, quality, learning and continuous improvement and people participation.

On behalf of NHS Norfolk and Waveney ICB, I would like to personally thank you, the individuals involved in developing and producing this account and all the staff. I look forward to building on our joint working relationship to ensure safe, effective care for our patients and local population during 2023/2024.

Yours sincerely,



Karen Watts  
**Director of Nursing & Quality**  
[karen.watts9@nhs.net](mailto:karen.watts9@nhs.net)

cc. Patricia D'Orsi, Executive Director of Nursing, NHS Norfolk, and Waveney ICB

**Statement from Bedfordshire, Luton & Milton Keynes Integrated Care Board (BLMK ICB) to Cambridgeshire Community Services (CCS) Quality Account 2022 – 2023**

BLMK ICB acknowledges receipt of the 2022/2023 Quality Account from Cambridgeshire Community Services (CCS). The Quality Account was shared with BLMK's Executive Directors, Contract, Performance and Quality Teams and systematically reviewed by key members of the ICB's Quality Committee & Performance, as part of developing our assurance statement.

The ICB quality leads has been working together with CCS over the last year and are now partners in their Clinical Governance meeting, gaining assurance on the delivery of safe and effective services. In addition, across Bedfordshire and Luton we have worked closely with CCS and Partners (Local Authority, Healthwatch and CCS senior leaders) ensuring patient safety and quality of services. In line with the NHS (Quality Accounts) Regulations, BLMK ICB have reviewed the information contained within the CCS Quality Account and checked this against data sources, where this is available to us, as part of our existing monitoring discussions and confirm this to be accurate.

BLMK ICB recognises the potential impact in patient care by CCS achieving their Quality Improvement Priorities for 2020-23. The introduction of champion roles in infection prevention and control in line with the Board Assurance Framework has driven excellence and continues to challenge thinking within the Trust. The ICB are pleased to note the increase in co-production and the impact on management of recurring complaints such as waiting times in community paediatrics.

CCS have introduced the National Volunteers Certificate (an award created by Health Education England) to support volunteers in gaining improved employed prospects, it is extremely positive to see the impact and feedback from the volunteers.

We are pleased to see the relaunch of Quality Way Peer Reviews self-assessments in line with the Care Quality Commission's latest strategy. It is reassuring to see the continued development of the Clinical Audit programme.

The ICB have reviewed the new Trust Strategy for Quality Improvements over 2023-26 with the objective of 'Provide Outstanding Care' and relating three ambitions. Outcomes for people, inclusivity and accessibility replicate the BLMK ICS vision.

We would like to acknowledge the continued partnership working in relation to the development of the National Patient Safety Strategy for the BLMK system.

Following on from the launch of the Think QI Framework over 2022-23 we are pleased with the approach to now embed this culture within the Trust.

Over the next year the ICB look forward to seeing the impact that the development of the QI Academy has on the experiences of patients, families, and CCS staff.



Trust



Respect



Integrity



Accountability



Care and Compassion

As Strategic Commissioners and System Partners we recognise the transformation of services to support the ever-increasing demands, complexities, and challenges of meeting the needs of the population.

We hope CCS finds these comments helpful and anticipate continuous improvements throughout the coming year. BLMK ICB looks forward to the continued developing collaboration of services with CCS across our Integrated Care System in 2022/23 and the impact this will have for BLMK residents.

**Signed:**

**Sarah Stanley**



**Chief Nurse/Executive Director Nursing & Quality  
BLMK Integrated Care Board**



Trust



Respect



Integrity



Accountability



Care and Compassion

Page 2 of 2



## **Statement from Norfolk County Council Public Health for Cambridge Community Services Quality Account 2022/23**

Norfolk County Council Public Health (NCC PH) welcomes the opportunity to comment on the 2022/23 Quality account for Cambridge Community Services (CCS). In line with the NHS (Quality Accounts) Regulations, NCC PH have reviewed the information contained within the Quality Account and checked this against data sources, where this is available to us as part of our existing monitoring discussions and confirm this to be accurate for the services commissioned by NCC PH: namely the Norfolk Healthy Child Programme (HCP) and the Integrated Contraception & Sexual Health Service (iCaSH).

CCS and NCC PH have worked closely together throughout 2022/23 to monitor and review performance, ensuring concerns are addressed as they arise. Regular meetings continue between CCS service leads and NCC PH, to ensure continued monitoring of the impact of COVID-19 on services and staffing levels and agree adaptations in delivery to mitigate this and ensure continued quality & safety of the HCP and iCaSH Services.

NCC PH acknowledges the Norfolk specific data within the report and appreciates that CCS provides services to a wide footprint in the East of England and supports the Quality Improvement Priorities set out within the Quality Account. While the priorities are not Norfolk specific, NCC PH looks forward to seeing progress against them, working with CCS to deliver the quality improvement outcomes, improvements and efficiencies to ensure excellent care for the residents of Norfolk in receipt of the services commissioned.

NCC PH note that during 2022-2023, Covid-19 and staffing capacity continued to present challenges to services provided by CCS in Norfolk and that the unexpected national Mpox diagnosis & treatment and vaccination programmes added an extra challenge to the Integrated Contraception and Sexual Health (iCaSH) service.

The Just One Norfolk digital platform continued to develop and expand to support a seamless online support for families in Norfolk, and we note that it was used as an example of best practice for a system-wide collaboration with 'Start for Life' practitioners and local communities.

As we move into 2023/24, NCC PH commissioners are working with CCS to ensure the shape of future service delivery continues to be aligned to identified needs, transformative work programmes and the outcomes of PH strategic reviews.

Signed

Stuart Lines - Interim Director of Public Health, Norfolk County Council

05.06.2023

## Cambridgeshire and Peterborough Integrated Care Board (ICB)

### Stakeholder Feedback – CCS Quality Account 2022/2023

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Cambridgeshire and Peterborough Integrated Care Board (ICB) has reviewed the Quality Account produced by Cambridgeshire Community Services (CCS) for 2022/23.

Cambridge Community Services offer services for numerous Integrated Care Boards across the region. In Cambridgeshire & Peterborough ICB area, CCS offer community based Paediatric and Musculo-skeletal services.

The Trust are to be commended for publishing such a comprehensive document that demonstrates the excellent work that the organisation has carried out. The ICB and CCS have continued the commitment of close working together to review performance against nationally and locally agreed quality indicators and ensure that any concerns are addressed.

During the year, CCS have completed development of their website, improving accessibility and useability for the Cambridgeshire & Peterborough population.

Up to the 31<sup>st</sup> December 2022, the Trust ran covid vaccination services across the system in collaboration with the ICB. Vaccines were offered at mass vaccination sites, on the vaccination bus, in care homes and by home visits for the most vulnerable patients. The Trust are congratulated and thanked for the hard work put into the service making it a great success with excellent outcomes for our local population.

The Trust continued to report serious incidents in line with the serious incident framework although numbers are low in line with the small number of services offered. The quality team have been working towards the implementation of the Patient Safety Incident Response Framework (PSIRF) in collaboration with the ICB due later in 2023. In preparation, CCS have developed a Quality Improvement academy looking at a "Quality Improvement Way" approach.

CCS are participating in a redesign of the Multi Agency Safeguarding Hub (MASH) in conjunction with the Local Authorities, the UK Health Security Agency, Cambridgeshire Constabulary and Cambridgeshire and Peterborough Foundation Trust. The redesign will include review of resources, quality assurance, operating procedures and multi -agency working.

It is clear that the Trust have been responsive to parent and carer feedback to improve their paediatric services. One example is the children's occupational therapy service have developed an advice line for parents and carers to access.

The Trust has also provided assurance in the report that they have a robust process in place to learn from deaths. One of the resources for this is the LeDER report that reviews the deaths of children with learning disabilities and Autism. One recommendation within this report are the changes needed to improve child to adult transition which is a focus for the Trust.

The Trust has published their Emerging People Strategy with a focus on workforce and diversity. There is evidence that they are listening to under-represented staff particularly around racism and a clear focus on improving conditions and the working environment for their workforce. A full review of the 2021 staff survey results and the actions taken to resolve issues was completed and the report includes a clear action plan for 2023/24 based on their 2022 staff survey results, with a focus on staff well-being and appraisal. The Trust are congratulated for having 19 Freedom to Speak Up Ambassadors across the organisation giving staff the ability to be open and honest. It is noted that there were a wide range of awards and staff recognition given out across the year.

CCS has demonstrated significant commitment to research and innovation, undertaking National Institute for Health and Care Research portfolio and non-portfolio research, recruiting 345 patients. The Trust have also participated in seven national clinical audits (100% participation) during 2022-23, as well as undertaking 55 local clinical audits. Two published peer-reviewed research papers arising from research at CCS.



They have also promoted opportunities for staff to grow their own research skills by supporting multiple research training opportunities. A Research Champions Programme was run, and a new Principal Investigator (PI) network was established for existing and aspiring PI's. The Trust were awarded a Implementation Fellowship, a NHS Innovation Accelerator and two NIHR supported PhD awards as well as two CRN research support awards to staff.

The ICB would like to thank all the staff of CCS for the supreme efforts taken on behalf of the NHS, and for patients to restore services following the Covid19 Pandemic.

The ICB also looks forward to working with CCS as part of the Cambridgeshire & Peterborough Integrated Care System.

Overall Cambridgeshire and Peterborough ICB agree the CCS Quality Account is a true representation of quality during 2022/23.



Carol Anderson  
Chief Nurse  
Cambridgeshire and Peterborough ICB

## **Healthwatch Cambridgeshire and Peterborough response to Cambridgeshire Community Services NHS Trust Quality Account Statement for 2022/2023**

### ***Summary and comment on relationship***

Healthwatch Cambridgeshire and Peterborough welcomes the opportunity to comment on the Trust's draft Quality Account. We have an excellent relationship with the Trust; we find the Trust is always responsive to the feedback and intelligence we provide and that this is addressed promptly and thoroughly.

### ***Comment***

We are pleased to see, as mentioned in our previous statements, analysis of complaints and PALS themes. It is extremely useful to see the examples that the Trust has provided, as well as the learning that has taken place and actions implemented as a result. The "you said, we did" section of the account provides important insight into how the Trust has used feedback to improve services based on the experiences of local service users. Seeing positive changes resulting from their feedback will likely generate more engagement and interaction with residents. We are pleased, and not surprised, to read the positive feedback the Trust received on the Family and Friends Test, consistently scoring above their target for this.

Healthwatch Cambridgeshire and Peterborough welcomes the Trust's priorities for quality improvement for the coming year. We are particularly pleased to see that 'people participation' and involving service users, their carers, stakeholders, local communities and staff in all they do is a priority for the Trust.

We are also happy to see listed the steps the Trust are taking to improve the experience of their staff.

### ***Performance***

We acknowledge and thank the efforts and dedication of staff and volunteers working across the Trust during and still in the aftermath of the Covid-19 pandemic. While delays to appointments and backlogs are a national issue, keeping service users informed of these delays and changes is of upmost importance. At Healthwatch Cambridgeshire and Peterborough we have

received some mixed feedback regarding a lack of communication about delayed or rearranged appointments as well as long waiting times for services.

We are glad to see that the Trust is committed to tackling this and has made updates to some of their websites to include expected waiting times as well as signposting to support available whilst waiting.

### ***Anticipated challenges for the coming year***

As a result of the pandemic and national pressure, we anticipate that delays in appointments and treatments as well as access to services will continue to pose a challenge in the coming year, keeping patients informed and managing expectations should be a priority for the trust. Communication with patients about delays, waiting times, and any changes of time or date for treatment and appointments would help to improve the current patient experience.

Consequently, patients may also require additional support in managing ongoing conditions, especially where referrals or access to other services are likely to be severely impacted.

The Trust's service area we receive the most feedback on are the dental services. While feedback about the treatment provided is often positive, there is some confusion about how to access these services. Clearer information on what is available, how to access the services, and how to get a referral into the services if needed would be advantageous for local residents. We recognise that access to dental services is currently and will undoubtedly continue to be a national issue for some time meaning that capacity at the Trust's services will likely be stretched during the coming year. For this again, open and honest communication with service users will be key.

We look forward to continuing our positive relationship with the Trust over the next year.



SK/SOC

Helen Ruddy  
Business Support Manager  
Quality Team  
Cambridgeshire Community Services NHS Trust  
Units 7&8  
Meadow Park  
Meadow Lane  
St Ives  
Cambridgeshire  
PE27 4LG

8<sup>th</sup> June 2023

Dear Ms Ruddy,

**Public Health and Communities Suffolk response to Cambridge Community Services NHS Trust Quality Account 2022-23**

Suffolk Public Health and Communities (PH&C) would like to thank Cambridge Community Services NHS Trust CCS for their invitation to respond to their Quality Account for 2022-23 and are satisfied that the Quality account is an accurate reflection of the activity of the organisation over the last 12 months based on data available to us through contract monitoring discussions for the Integrated Contraception and Sexual Health (iCaSH) Services.

We acknowledge the wide range of services and geographical footprint of CCS across the East of England and recognise the priorities, while not Suffolk specific, include quality improvement principles that can be applied to local provision. We look forward to working with CCS to deliver quality improvement outcomes and efficiencies to ensure excellent contraception and sexual health services for our Suffolk residents.

Suffolk PH&C acknowledge the continued pressures arising from the legacy of the COVID pandemic and the more recent MPox response delivered by the iCaSH teams in Suffolk. This includes CCS identifying and applying learning to improve the flexibility and responsiveness of the service to the benefit of the service users, and the wider health systems in the county. The outcome of this has been improved accessibility and action to identify and increase use of the service to groups and individuals identified as potentially not knowing about, or seeking access to contraception or sexual health services who would benefit from doing so. We would like to thank the clinicians and managers for the energy and commitment to high-quality service user care that has been evident in both formal contract meetings and on quality assurance visits to the services in all 3 hubs across the county.



SPH&C note that CQC rating of CCS has been outstanding since 2019 with no enforcement action, system reviews or investigations in 2022-23 and that data quality and security, infection prevention and control and patient safety is prioritised and identified as good throughout the organisation.

The report offers assurance that the organisation has robust quality governance structures in place clearly identifies its priorities and fosters a culture of quality improvement including active coproduction, patient safety culture planning and equalities planning and delivery.

PH&C recognise the staff survey feedback and freedom to speak up campaigns within CCS show an organisational culture that is reflective, seeks to learn from its staff and celebrates success at local and national level.

Public health and Communities Suffolk commends Cambridge Community Services for this Quality Account and the opportunity it offers to share with service users, carers and families the ongoing work of the organisation to deliver and develop continuous quality improvement in our region. We look forward to working with you in 2023-24.

Yours sincerely



Director of Public Health and Communities  
Suffolk County Council  
Endeavour House, Russell Road, Ipswich, IP1 2BX



## **Cambridgeshire Community Services NHS Trust - Quality Account 2022-23**

On behalf of the Central Bedfordshire Social Care, Health and Housing Overview and Scrutiny Committee, I would like to thank The Cambridgeshire Community Services NHS Trust for the services it continues to deliver to our residents. With a mostly new look Committee elected in May 2023, we look forward to working constructively with the Trust to support the scrutiny process and our residents.

Cllr Emma Holland-Lindsay, Chair, Central Bedfordshire, Social Care Health and Housing Overview and Scrutiny Committee.



6<sup>th</sup> June 2023

### Healthwatch Milton Keynes response to Cambridge Community Services NHS Trust Quality Account 2022-23

Healthwatch Milton Keynes (HWMK) would like to thank Cambridgeshire Community Services NHS Trust (CCS) for inviting us to comment on the draft Quality Account 2022-23.

We would like to begin by noting that this is a well written and organised, comprehensive, proactive, ambitious and empathetic report in general terms, and we appreciate the early submission of the Quality Account, which allows for good time and consideration of Quality Accounts to be made by our QA assessment team of staff and volunteers.

Healthwatch Milton Keynes asks resident volunteers to participate in the annual review of Quality Accounts on our Quality Account Panel. Our volunteers offer a unique perspective that staff within Healthwatch might overlook because they have good knowledge of local health systems and services. This year our panel had 7 members – 5 volunteers, 2 trustees and 1 member of staff.

The Quality Improvement priorities for 2023-24 are comprehensive and link well to the Trust's strategic objectives. We would note, however, that the detail of the four priorities is heavy on Trust/NHS jargon and could be difficult for service users to understand. The QA panel was assured to see that CCS has retained its priority regarding People Participation and particularly the focus on improving accessibility and meeting the requirements of the Accessible Information Standards. The panel are looking forward to reviewing progress against this goal, and how CCS's engagement and co-production goals have informed service improvements in the 2023-24 Quality Account.

With regards to progress against the Quality Improvement Priorities for 2022-23 the improvements are well documented and clear. When reviewing the 2021-22 CCS Quality Account, the QA panel noted CCS's ambition to have the Friends and Family Test (FFT) available in the six most asked for translations and are pleased to see the evidence of this



Healthwatch Milton Keynes CIO  
Registered Charity Number 1166148

goal being achieved. The QA panel are also pleased to see evidence of greater patient involvement in PALS service and complaints functions.

Section 3.4: Patient Experience and People Participation is well set out, with information clearly set out in simple graphs, evidence of improvements made to services and ways of working by listening to service users' feedback and their experiences of care. In addition, the QA panel wishes to commend CCS for setting out the many examples of involving patients, services users and families/carers in service design and delivery where there is good evidence that improvements are co-produced.

The QA panel note that there is inconsistency with how reader friendly the Quality Account is and is perhaps reflective of the high number of contributors. Whilst sections with regards to patient, involvement and co-production were set out in a clearer reader friendly language and style, service users should be able to find the whole Quality Account accessible and understandable. The glossary of terms and abbreviations is helpful to the reader, although some are missing.

In relation to Milton Keynes, although Milton Keynes is referenced well throughout the account, we are unable to find any substantive references to the work that CCS does in Milton Keynes. We acknowledge this is a common challenge for organisations delivering services across several regions and we also acknowledge that CCS activities in MK are particularly limited. However, for Healthwatch Milton Keynes, our prime concern is the local constituency. For the residents of Milton Keynes, and in particular the services users of iCash, it would be valuable to have some data and commentary included that brought to life the quality, safety and patient experiences of their local Sexual Health services. That said, we would like to commend CCS on a well laid out, comprehensive Quality Account that continues to demonstrate a clear commitment to continuous quality improvement and good patient experience.

Our QA panel had some more general comments and concerns to share:

- Concerns about the amount of time that services such as CCS must dedicate to preparing Quality Accounts, particularly in the context of how accessible they are as an information source to service users and what value they provide to the service, to the service user and to any regulators.
- The panel were curious about how CCS interacts with the Bedfordshire, Luton and Milton Keynes Integrated Care system and the Integrated Care Board
- That the intentions of CCS were praiseworthy but Quality Accounts in general don't allow services users to understand how improvements are implemented in detail, how achievements are measured and how they're communicated to staff and service users/patients.





Healthwatch Milton Keynes thanks Cambridgeshire Community Services NHS Trust for presenting their draft Quality Accounts for 2022-23 and look forward to continuing our collaborative and positive relationship with the Milton Keynes based services in the coming year.

Kind regards



Maxine Taffetani  
Chief Executive Officer  
Healthwatch Milton Keynes



## BEDFORD BOROUGH COUNCIL

### HEALTH OVERVIEW AND SCRUTINY COMMITTEE

5 JUNE 2023

#### MINUTE EXTRACT/COMMENT FOR THE CCS QUALITY ACCOUNT

#### **7. QUALITY ACCOUNT FOR CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST**

The Chair welcomed Liz Webb, Deputy Chief Nurse, Cambridgeshire Community Services NHS Trust who introduced the Quality Account for Cambridgeshire Community Services NHS Trust. As part of the Quality Account, local authorities' Health Overview and Scrutiny Committees were invited to comment on them during the draft stage of the process prior to their submission to the Department of Health and Social Care.

The Deputy Chief Nurse provided an overview of the services offered by the Trust which covered children's and adults' services in partnership with ELFT and other partners. She also provided a list of children's services that Cambridgeshire Community Services NHS Trust provided across the borough of Bedford which included the following: the Healthy Child Programme; a baby-friendly service; Children's Community Nursing; Children's Continuing Care Service; Children's Occupational Therapy Service; a Special Needs School Nursing Service; Community Paediatric Service; a Continence and Enuresis Service; Children's Eye Service; Hearing and Audiology Service; Children in Care; Children's Rapid Response Service; and Speech and Language Therapy. Services for adults included: Nutrition and Dietetics; Stroke and Acquired Brain Injury and Rehabilitation Service; and an integrated Contraception and Sexual Health Service. Across both sets of services, Cambridgeshire Community Services NHS Trust also provided the statutory safeguarding expected by any health care service.

The Deputy Chief Nurse advised that the annual Quality Account was a set of mandated quality measures required by the NHS, whereby all Trusts were required to produce one. The current Quality Account showed a recovery period since the pandemic towards a more settled picture, however the impact of COVID-19 continued to be felt throughout health services. She specifically referred Members to page 8 of the Quality Account which provided a look forward of its strategy for 2023-2026, which had recently been published and was co-produced with service users. A look back on services, shown at pages 20-21 of the Quality Account, demonstrated that the Trust had undertaken a significant amount of work in the last twelve months towards achieving its strategy.

Members were advised that Cambridgeshire Community Services NHS Trust had also participated in a joint targeted area inspection within the borough in February 2023, which highlighted positive working within the children's and adults' services they supported.

Patient experience, co-production and people participation were core to the Trust. The Quality Account included several examples of co-produced work undertaken this year, for example, "*Planning Wheels*"; incontinence services; ADHD; autism diagnostic observational schedule tests; transitions from children's to adults' services; and early intervention team working.

Cambridgeshire Community Services NHS Trust continued to seek feedback using the friends and family test and other methods to gain information. Several awards had also been achieved by the Trust, particularly regarding its neurodiversity diagnosis support pack; a Clinical Nurse Specialist in Children's Services; and a document supporting ADHD response.

The Deputy Chief Nurse referred Members to a number of examples of collaborated working undertaken by the Trust, including working with ELFT and other partners to open a number of virtual wards comprising of 250 beds across Bedfordshire and Luton; remote health monitoring for

heart failure, hypertension and respiratory illness; the development and opening of a Luton and Bedford Health Hub; an on-line contraception pathway; an urgent community response service; and successfully receiving funding for six monthly post-stroke and psychology reviews for Bedford.

In response to Members' questions, the Deputy Chief Nurse, Cambridgeshire Community Services NHS Trust provided the following answers:

- Data regarding waiting times and how patients accessed speech and language therapy services for children were not required in the Quality Account, however they would be available in the Trust's Annual Report. Some additional funding had been secured for speech and language services whereby there had been a significant reduction in waiting times from 42 weeks to 28 weeks.
- Community Paediatric Services were improving; however, no data was available during the meeting regarding waiting times, however it was acknowledged that it was lengthy.
- A written response regarding ADHD waiting times would be provided to the Committee.
- Cambridgeshire Community Services NHS Trust was acutely aware that it worked across diverse communities and employed diverse employees. Therefore, training was looking at the number of layers around different cultures and diversity of staff to work as well as possible with the patients that the Trust cared for. Training varied between e-learning and in-person sessions, and cultural and diversity champions and networks were in place to discuss any issues that may occur.
- It was understood the virtual wards would be available pan-Bedfordshire, including Bedford, and would be in partnership with ELFT.

Members also made the following comments:

- It was pleasing to hear that transition services between Children's and Adults' Services had been considered, also identifying mental health issues of children early. The Committee would be happy to receive any reports that Cambridgeshire Community Services NHS Trust may have on these matters.
- Cambridgeshire Community Services NHS Trust should be congratulated on their Care Quality Commission (CQC) rating in 2019 of "*Outstanding*". The Joint Targeted Area Inspection (JTAI) regarding early help within the borough, especially children had also been recognised as an exceptional service.
- A 27,000 feedback response rate for a service users service level survey should be commended.

The Chair thanked the Deputy Chief Nurse, Cambridgeshire Community Services NHS Trust for the detailed Quality Account and her attendance at the meeting.

**RESOLVED:**

- i. That the report, be noted.
- ii. That the relevant minute of this Committee meeting be submitted as the Council's response to Cambridgeshire Community Services NHS Trust during the draft stage of the process prior to their submission to the Department of Health and Social Care.
- iii. That Cambridgeshire Community Services NHS Trust provides a written response regarding ADHD waiting times, and further information regarding transition services between Children's and Adults' Services to the Committee.

Email received on 08/06/2023 – 11:49

Hi Vicki

Many thanks for the email. Our Scrutiny Committee Panel met to consider the Quality Accounts yesterday. They've asked me to convey their thanks for sending these and look forward to seeing next year's. They have no comments to add to the accounts on this occasion.

Kind regards

Andrew

Andrey Clayton  
Overview and Scrutiny Officer  
Milton Keynes City Council

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## Cambridgeshire Community Services NHS Trust

### Quality Account 2022/23

#### Statement by Cambridgeshire County Council Adults and Health Committee

The Adults and Health Committee received the draft Quality Account for Cambridgeshire Community Services (CCS) NHS Trust on 10<sup>th</sup> May 2023. A Task and Finish Group comprising the members of the CCS Quarterly Liaison Group was established to respond within the required timeframe.

CCS covers a broad geographic area which includes Cambridgeshire. It received a Care Quality Commission (CQC) rating of Outstanding in 2019, and no enforcement action was taken by the CQC against the Trust during 2022/23.

We found the Quality Account to be comprehensive and factual, with a strong commitment to staff wellbeing explicitly referenced by senior leaders. The Trust is to be commended that the 2022 NHS Staff Survey ranked CCS as the best performing community trust nationally for staff raising concerns through the Freedom to Speak Up programme. There is also evidence of a strong research culture, with CCS participating in 38 clinical research studies during the past year and its clinical staff encouraged to take part in research as part of their continuous professional development.

As councillors, we have received positive feedback from residents about the services provided by CCS, and we welcome the inclusion of a patient story at the start of each Board meeting to place patient experience at the heart of the Trust's business. We commend the Trust's website which is interactive and eye-catching and contains lots of useful information and signposting. It speaks directly to those using it and sets a standard for public accessibility from which other health and care partners could learn.

We welcome the celebration of the contribution made by volunteers and the planned work to promote volunteering opportunities across all communities. The quotes and inclusion of a word cloud sharing their experiences gave real insight into the benefits experienced by the volunteers themselves as well as by the Trust. We would be interested in following up how this ties in with the concept of building resources within communities through our informal liaison meetings.

Given the high level of public concern around access to dental services we welcome the information around dentistry contained in the Quality Account. We feel it would also be helpful to include a clear statement about what dental services are and are not provided by the Trust and realistic timescales for treatment in order to manage expectation.

We welcome the Trust's continuing work with Integrated Care System (ICS) partners on a 'Worthwhile Waiting' programme for patients who are waiting for appointments, diagnostics and surgery, to support patients with information and advice while they wait.

This speaks to the collaborative principles of the ICS, and we look forward to the learning being shared.

We welcome the work with system partners to tackle local issues like maternal smoking, and the Adults and Health Committee will be considering a report on Prevention and Treatment Smoking Challenges when we meet next in June 2023.

Matthew Winn, the Trust's Chief Executive and Dr David Vickers, its Medical Director, are both highly respected system leaders. The Adults and Health Committee welcomes their willingness to engage with the health scrutiny process through formal public meetings and also informal contacts. We look forward to maintaining this constructive relationship during the coming year and beyond.

**Appendix 1: List of Trust Services – 2022-23**

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

\*Centre closed on 30 June 2022

\*\*These services in Peterborough are provided in partnership with Cambridgeshire and Peterborough NHS Foundation Trust.

\*\*\*Launches 1 April 2023

**Appendix 2: List of contributors to the Quality Account 2022-23:**

**Matthew Winn**  
Chief Executive

**Dr David Vickers**  
Medical Director

**Mark Robbins**  
Director of Finance & Resources

**Kate Howard**  
Chief Nurse

**Liz Webb**  
Deputy Chief Nurse

**Claire D'Agostino**  
Assistant Director for Allied Health  
Professionals

**Amy Edwards**  
Assistant Director of Improvement &  
Transformation

**Marlis Emery**  
Infection Prevention and Control Clinical Nurse  
Specialist

**Angela Hartley**  
Deputy Director of Workforce

**Sara Heath**  
Clinical Quality Manager

**Heather Howe**  
Clinical Effectiveness & Audit Manager

**Monty Keuneman**  
Information Governance Manager & Data  
Protection Officer

**Mercy Kusotera**  
Trust Secretary and Freedom to Speak Up  
Guardian

**Dr Rachel Martell**  
Portfolio Research Manager

**Ian Moyes**  
Head of Data Services

**Carol McIndoe**  
Equality, Diversity and Inclusion Lead - Patient  
Experience

**Beth McLean**  
Senior Contracts and Relationship Manager

**Deborah McNeill**  
Quality & Patient Experience Information  
Analyst

**Chris Sharp**  
Matron Infection Prevention & Control

**Debbie Shulver**  
Trust wide Strategic Head of Safeguarding

**Sarah Turner**  
Communications Specialist

**Dr Paula Waddingham**  
Research Manager

**Louise Ward**  
Incident, Risk and Safety Manager

**Lisa Wright**  
Patient Experience & Participation Manager

**Quality Account co-ordinated by:**

**Vicki Budd**  
Quality Co-ordinator

**Helen Ruddy**  
Business Support Manager



### Appendix 3: Clinical Audit Summaries

#### Completed Clinical Audits in 2022-2023:

Trust ID	Service
	<b>Bedfordshire Children's Services</b>
1668	Adherence to Did Not Attend / Was Not Brought Pathway for non-attended appointments at the Child Development Centre in March 2022
1717	0-19 Children in Care/Looked After Child Service Record Keeping for Children and Young People in Care
1869	Education, Health and Care plan (EHCP) Special Needs School Nursing Advice/Report
1562	Universal Partnership Plus Audit 2022
1807	3-month: Baby Check and Parent Mental Health Review
	<b>Cambridgeshire Children's Services</b>
1522	Voice of the Child Audit
1862	Emotional Health and Wellbeing Service, Service Specific Audit for Fenland Mental Health Service Team only
	<b>Luton Children's Services</b>
1543	Voice of the Child Audit
1798	Audit and Service Review of the Multidisciplinary Assessment of Children and Young People referred with suspected Autism Spectrum Disorder
	<b>Norfolk Children's Services</b>
1604	Caseload Review Audit
1747	Just One Number 5-19 Service Specification
1715	Parent and Infant Relationship 0-2
1823	Just One Number 5-19
1684	Movements in and out 0-19 Care Pathway
1511	Voice of the Child Audit
1850	Education Health and Care Plan Provision Audit
1865	Education Health and Care Plan Quality and Balanced System® Framework Audit
1866	Clinical Record Keeping
1997	Just One Number Audit of the Antenatal Notification Process
	<b>Integrated Contraception and Sexual Health Service (iCaSH)</b>
1670	Norwich Audit of Progesterone Only Injectable Contraceptive Methods
1794	Trichomonas Vaginalis Audit
1855	Monitoring of Pre Exposure Prophylaxis
1868	British Association of Sexual Health & HIV 2021 National Audit: Post Exposure Prophylaxis Pathways
1723	British HIV Association (BHIVA) National Audit 2022: Routine monitoring through the pandemic
1486	BHIVA 2021 National Clinical Audit of HIV and Hepatitis C (HCV) Co-Infection
1932	Audit of Management of Pregnant Patients with a Positive Syphilis Serology
1566	Audit of Norfolk/Ipswich HIV Network Patients 2023
	<b>Dynamic Health</b>
1155	Clinical Notes Audit – Specialist Team
1565	Patient Group Direction (PDG057 and PGD058) Notes Audit in the Dynamic Health MSK Specialist Service
1575	Rehab Notes Audit x 2

Trust ID	Service
1248	Physiotherapy Notes Audit
1573	Physiotherapy Management of Urinary Incontinence and Pelvic Organ Prolapse
1695	Triage Consistency Audit
1724	Hip Osteoarthritis Audit
1805	Specialist Notes Audit
1713	Magnetic Resonance Imaging (MRI) Consistency Audit (Knee)
	<b>Dental</b>
1696	The Presence of Dental Radiographs in Paediatric Patients undergoing Treatment under General Anaesthesia
1375	Efficacy of Dental Instrument Decontamination
1732	Dental Record Keeping
1748	Quality of Radiographs taken in Dental HealthCare
	<b>Large Scale Vaccination Service</b>
1716	Reducing incidence of the wrong vaccine being given to wrong age of patient
1775	Reducing incidence of needlestick injuries
	<b>Bedfordshire and Luton Adults Services</b>
1953	Pulmonary Rehabilitation
1816	Fast Track Referral Audit
2068	Care Plan Risk Assessment Audit
1876	Palliative Care Audit
1793	Urdu and Bengali Diabetes Mentorship Programme
	<b>Safeguarding</b>
1666	Mental Capacity Act Assessment
1564	Record Keeping in the Multi-Agency Safeguarding Hub (MASH) Health Team
1777	SystemOne Safeguarding Information Node
	<b>Corporate</b>
1838	Enduring Standard – Insulin Prescribing as UNITS
1808	Information Governance
1710	0-19 Record Keeping
1849	Enduring Standard – Nasogastric (NG) Tube Placement
1918	Document Control Audit

### Children's Services

Children's services primarily conducted audits focussed on the quality of record keeping and documentation standards to evidence the high level of skill that practitioners possess in observational, interventional and professional analysis. The Voice of the Child (including the Think Family approach) are now well-established audits in their fourth year and have been expanded across all localities. New areas of practice audited during 2022-2023 were parental mental health and the parent/infant relationship which led to improvements in screening, monitoring and support. The effectiveness and efficiency of services were successfully measured using audit and highlighted the importance of quality in systems at the point of entry and referral out. Several audits highlighted the relationship we have with partnership organisations such as local authorities, partnership trusts and schools which have led to a quality improvement approach to strengthen the communication pathways. Where gaps were identified through audit in the Children's 0-19 and paediatric services, new initiatives have commenced to improve practice, to enable early assessment and to ensure additional safety netting protocols that further strengthen assurance of safety in our services.

### Ambulatory Care Services

The iCaSH service continues to participate in and provide valuable data for national clinical audit programmes and national recommendations have been implemented throughout the service. This has highlighted the need to include assessment of and support for those suffering financial hardship, domestic abuse and poor mental health when attending for clinical intervention. Several national audits focused on sexual health provision during and post

pandemic, which resulted in new platforms, digital change and diverse communication methods. Screening and consistent monitoring within HIV protocols showed excellent audit results in 2022-23. Two audits from incidents have shown full compliance within clinical multidisciplinary meetings.

Dynamic Health (MSK) audits undertaken throughout the service focussed on documentation, quality of assessment and consistency in decision making. Where the potential for out-of-date patient group direction (PGD) checklists was raised, this led to tighter control measures. Audit has resulted in the recognition of the requirements to facilitate alternative communication pathways for referrers who do not have access to SystmOne. The Pelvic Health Team undertook a benchmarking audit in response to new National Institute for Health and Care Excellence (NICE) guidance for female urinary incontinence, leading to new best practice in assessment for voiding dysfunction and recurrent urinary tract infections.

Dental audits conducted during 2022-2023 reviewed the assessment process, quality of documentation and compliance to decontamination in infection control processes, providing high levels of assurance. Clinics that achieved less than the acceptable standard received additional training in corrosion and decontamination and were re-audited.

### **Large Scale Vaccination Service**

The Large Scale Vaccination service undertook two audits during 2022-2023 derived from incidents; the learning was disseminated throughout the clinics and into community practice with staff. All actions were completed including reviewing how front of house could support clinicians in maintaining safety in vaccination.

### **Bedfordshire & Luton Adult Services**

The diversity of specialist services within Luton Adult services which have participated in audit increased during 2022-23 to include the Community Matrons, Respiratory, Integrated Discharge, Palliative Care and the Integrated Community Diabetic Services Long Term Conditions Teams, with additional specialist teams planning audits in the following year. These audits have resulted in education and training packages for support workers and updated procedures and protocols. Following the Palliative Care review, the service has audited to measure quality of care planning, assessment and recognition of End-Of-Life against NICE standards NG31. The fast-track eligibility standards audit produced reassuring data that end of life patients were referred at the appropriate time and their preferred place of dying was facilitated.

### **Safeguarding**

The Safeguarding team introduced audits to review the safety systems and mental capacity assessments undertaken by staff leading to bespoke workshops and additional competency training. A first audit was completed following the relaunch of the safeguarding node in 2022 which showed that what was documented was an accurate reflection of risk assessment and supported decision making. Further audits of the safeguarding processes are planned for 2023-2024 and will include additional teams such as MASH.

### **Corporate Services**

Audits undertaken have measured quality outcomes and governance structures leading to assurance that Enduring Standards continue to be met and Information Governance training is compliant. An audit of the record keeping and documentation processes within 0-19 services demonstrated that documentation was of a high standard but highlighted that there was a gap in training that could be addressed with the introduction of record keeping training for all staff at the point of induction. The Trust wide record keeping audits have been undertaken across all localities and services showing comparable and consistent results to previous years with an increase in the number and diversity of improvement actions.

## Appendix 4: Glossary & Abbreviations

<b>ABI</b>	An acquired brain injury (ABI), is a form of brain injury that an individual sustains, or 'acquires', after birth; individuals are not born with the injury as a result of congenital or genetic disorders.
<b>ACP</b>	Advanced clinical practitioners (ACPs) are healthcare professionals, educated to Masters level or equivalent, with the skills and knowledge to allow them to expand their scope of practice to better meet the needs of the people they care for.
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse.
<b>ADOS</b>	Autism Diagnostic Observation Schedule is a standardized diagnostic test for Autism Spectrum Disorder (ASD), published by Western Psychological Services in 2000 and now available in 15 different languages.
<b>AGPs</b>	An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.
<b>AHP</b>	Allied Health Professionals (AHPs) work with all age groups and within all specialities. They work in partnership with health and social care colleagues across primary, secondary and social care, as well as in the independent and voluntary sectors.
<b>AHSNs</b>	There are 15 Academic Health Science Networks across England, established by NHS England in 2013 to spread innovation at pace and scale – improving health and generating economic growth. Each AHSN works across a distinct geography serving a different population in each region.
<b>AI</b>	Artificial Intelligence
<b>Ambulatory Care</b>	Ambulatory care refers to medical services performed on an outpatient basis, without admission to a hospital or other facility.
<b>Apprenticeship Levy</b>	This is a UK tax on employers which is used to fund apprenticeship training.
<b>ARC</b>	Each NIHR Applied Research Collaboration (ARC) undertakes research on a range of themes - such as dementia, long-term conditions and public health - to improve health and care systems to benefit patients, staff and the public.
<b>ASD</b>	Autism Spectrum Disorder is a condition related to brain development that impacts how a person perceives and socializes with others.
<b>Audit Commission</b>	This was a statutory corporation in the United Kingdom. The commission's primary objective was to appoint auditors to a range of local public bodies in England, set the standards for auditors and oversee their work.
<b>BabyBreathe</b>	A trial recruiting Women who have quit smoking during pregnancy or in the 12 months before pregnancy.
<b>BACCH</b>	British Association for Community Child Health
<b>BAF</b>	The Board Assurance Framework (BAF) brings together in one place all of the relevant information on the risks to the board's strategic objectives.
<b>BASHH</b>	British Association for Sexual Health and HIV.
<b>BLMK</b>	Bedfordshire, Luton and Milton Keynes
<b>BAME</b>	Black, Asian & Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent.
<b>Best Start in Life</b>	Public Health England Programme to Improve public health outcomes for children, young people and families.
<b>BHIVA</b>	British HIV Association.
<b>BOSA</b>	Brief Observation of Symptoms of Autism (BOSA) is an assessment to see whether a child is showing symptoms of autism through a series of games and activities specifically tailored to a child's communication level.
<b>BPNA</b>	British Paediatric Neurology Association
<b>CCS</b>	Cambridgeshire Community Services NHS Trust

<b>CDOP</b>	Child Death Overview Panel
<b>Centre 33</b>	Centre 33 offers confidential support to young people up to the age of 25 with mental health, caring responsibilities, housing, sexual health and more.
<b>Chrysalis</b>	Chrysalis is an internal Trust Development Programme for clinical and non-clinical staff.
<b>CIASP-ID</b>	Clinical anxiety screen for people with severe to profound intellectual disabilities
<b>Clinical Audit</b>	Clinical Audit is defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.
<b>CEAs</b>	Clinical excellence awards are designed to reward medical practice that goes above and beyond the norm.
<b>CoP</b>	Communities of Practice (CoPs) are networks of professionals that share common goals or interests. CoPs can be sources of knowledge, learning and support.
<b>Co-Production</b>	Co-production is simultaneously an activity, an approach and an ethos which involves members of staff, patients and the public working together, sharing power and responsibility across the entirety of a project.
<b>CQC</b>	The Care Quality Commission is the independent regulator of all health and social care services in England. It monitors, inspects and regulates hospitals, care homes, GP surgeries, dental practices and other care services to make sure they meet fundamental standards of quality and safety.
<b>CQUIN</b>	CQUIN stands for commissioning for quality and innovation which was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.
<b>CRN</b>	Clinical Research Network makes it possible for patients and health professionals across England to participate in clinical research studies within the NHS. It provides the infrastructure that allows high-quality clinical research funded by charities, research funders and life-sciences industry to be undertaken throughout the NHS.
<b>Cultural Ambassadors</b>	Cultural Ambassadors are trained to identify and challenge discrimination and cultural bias. They use these skills in their role as a neutral observer within disciplinary processes, formal investigations and grievance hearings involving staff from BAME backgrounds.
<b>CYPS</b>	Children and Young People Services
<b>Datix</b>	Web-based incident reporting system used by the Trust.
<b>DNA</b>	Deoxyribonucleic Acid
<b>DOCCLA</b>	Doccla are an organisation that provides equipment/software for efficient monitoring / assessments.
<b>DSPT</b>	The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.
<b>Duty of Candour</b>	The intention of the duty of candour legislation is to ensure that providers are open and transparent with people who use services. It sets out some specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
<b>EDS</b>	The Equality Delivery System (EDS) is a framework created by the Department of Health Equality and Diversity Council to help NHS trusts deliver services that are personal, fair and diverse and work towards compliance with the Equality Act 2010.
<b>EDS2</b>	EDS2 is more streamlined and simpler to use compared with the original EDS. It is aligned to NHS England's commitment to an inclusive NHS that is fair and accessible to all.
<b>EHCP</b>	Education and Health Care Plan (EHCP) is for children and young people aged up to 25 who need more support than is available through special educational needs support.
<b>ELFT</b>	East London NHS Foundation Trust
<b>EHWB</b>	Emotional Health and Wellbeing Services
<b>EPaCS</b>	Electronic Palliative Care Coordination Systems, is a means to capture and share information from people's discussions about their care. The aim of this is to ensure that any professional involved in that person's care has access to the most up to date information, including any changes to their preferences and wishes and personalised care plans
<b>EPR</b>	Electronic Patient Record
<b>ERS</b>	Employer Recognition Scheme
<b>ESR</b>	The Electronic Staff Record is an Oracle-based human resources and payroll database system commonly used in the NHS in England and Wales to manage the payroll for NHS staff members.

<b>Ethics Committee</b>	An ethics committee is a body responsible for ensuring that medical experimentation and human subject research are carried out in an ethical manner in accordance with national and international law.
<b>FAQ</b>	Frequently Asked Questions
<b>FFP3</b>	Protection class FFP3 respirator face masks offer maximum protection from breathing air pollution.
<b>FFT</b>	Friends & Family Test is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
<b>FNP</b>	Family Nurse Partnership (FNP) is a home visiting programme for first-time young mums and families.
<b>FTSU</b>	Freedom to Speak Up (FTSU) is about encouraging a positive culture where people feel they can speak up and their voices will be heard, and their suggestions acted upon.
<b>Gender Pay Gap</b>	The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce. Public authority employers must use a snapshot date of 31 March. They must report and publish their gender pay gap information by 30 March of the following year.
<b>Getting Ready for Change (GRFC)</b>	Getting Ready for Change is designed to support children and young people aged 5-19, around key transition points with health advice and information.
<b>GSK3858279</b>	MSK CTIMP (commercial study) testing a new experimental drug for knee Osteoarthritis in patients not responding well to conventional painkillers.
<b>Guardian of Safe Working Hours</b>	The GOSWH ensures that issues of compliance with safe working hours are addressed by the Doctor and the employer or host organisation as appropriate. It provides assurance to the Board of the employing organisation that Doctors' working hours are safe.
<b>HCP</b>	The Healthy Child Programme for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.
<b>HCV</b>	Hepatitis C Virus
<b>HEE</b>	Health Education England (HEE) exists to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.
<b>HEE/NIHR ICA</b>	The Health Education England (HEE) / NIHR Integrated Clinical and Practitioner Academic (ICA) Programme provides research training awards for health and social care professionals, excluding doctors and dentists, who wish to develop careers that combine research and research leadership with continued practice and professional development.
<b>HES</b>	Hospital Episode Statistics is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.
<b>HIV</b>	Human Immunodeficiency Virus is a virus that damages the cells in the immune system and weakens the ability to fight everyday infections and disease
<b>HMICFRS</b>	His Majesty's Inspectorate of Constabulary and Fire & Rescue Services
<b>HRA</b>	The Health Research Authority is an executive non-departmental public body of the Department of Health in the United Kingdom and exists to provide a unified national system for the governance of health research.
<b>HSJ</b>	Health Service Journal
<b>HV</b>	Health Visitor / Visiting
<b>iCALM</b>	Interpersonal Counselling for Adolescent with Low Mood (feasibility randomised controlled trial).
<b>iCaSH</b>	Integrated Contraception and Sexual Health (iCaSH) is one of our Trust services and provides all the necessary support, information, treatment and care for all areas of contraception and sexual health in Bedfordshire, Cambridgeshire, Milton Keynes, Norfolk, Peterborough and Suffolk.
<b>ICS</b>	Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
<b>I-DIGIT</b>	Investigating Digital Therapy
<b>ILACS</b>	Inspecting Local Authority Services for Children
<b>IPaC</b>	Infection Prevention and Control
<b>Jitsuvax</b>	Surveys and interviews of healthcare professionals (HCPs) around vaccine hesitancy and vaccination behaviour.

<b>JTAI</b>	Joint Team Area Inspection
<b>KLOEs</b>	Key Lines of Enquiry (KLOEs) is the framework used by the Care Quality Commission (CQC) to assess whether a health and social care setting is providing the best quality of care. There are five different KLOEs that apply: safe, effective, caring, responsive and well led.
<b>LAC</b>	A Looked After Child(ren) is a child in the care of the local authority for more than 24 hours.
<b>LeDeR</b>	The learning from deaths of people with a learning disability (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability and reduce health inequalities.
<b>LF / LFT / LFD</b>	Lateral Flow / Lateral Flow Test / Lateral Flow Device: a LFT/LFD is a simple device intended to detect the presence of a target substance in a liquid sample without the need for specialized and costly equipment.
<b>LGBTQIA+</b>	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and many other gender and sexual identities.
<b>LSV</b>	Large Scale Vaccination
<b>Mary Seacole Programme</b>	This a highly successful and nationally recognised leadership development programme for first time leaders in health and care.
<b>MASH</b>	Multi-agency safeguarding hubs (MASH) are structures designed to facilitate information-sharing and decision-making on a multi-agency basis often, though not always, through co-locating staff from the local authority, health agencies and the police.
<b>MCA</b>	The Mental Capacity Act 2005 is an Act of the Parliament of the United Kingdom applying to England and Wales. Its primary purpose is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.
<b>MDT</b>	A multidisciplinary team (MDT) is a group of health and care staff who are members of different organisations and professions (e.g. GPs, social workers, nurses), that work together to make decisions regarding the treatment of individual patients and service users.
<b>MG or MGen</b>	Mycoplasma Genitalium (MG or MGen) is a bacteria that is spread through sex.
<b>MOPeD</b>	Musculoskeletal Outpatient Physiotherapy Delegation study aims to design a framework of 'best practice' in delegation to guide the work of clinicians in NHS physiotherapy MSK services and facilitate standardisation of practice to ensure that patients receive safe and effective treatment by the most appropriate person.
<b>MOS</b>	Minor Oral Surgery (MOS) is carried out by specialist oral surgeons and dentists with special interests in oral surgery. It includes, for example, removal of retained or buried roots, broken teeth, wisdom teeth and cysts of the upper and lower jaw.
<b>MRI</b>	Magnetic resonance imaging (MRI) is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.
<b>MPox</b>	MPox is a rare infection most commonly found in west or central Africa. In 2022-23, there was an increase in cases in the UK, but the risk of catching it is low.
<b>MSK</b>	Musculoskeletal (MSK) Service supports patients with musculoskeletal conditions, i.e. problems with muscles, bones and joints.
<b>MUST</b>	Malnutrition Universal Screening Tool (MUST) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese.
<b>My CCS Employment (Adjustments) Passport</b>	This is an internal document for staff to ensure they have a supportive conversation with their line manager to agree adjustments that can be put in place to support them at work. It is for everyone and to include anything: carer responsibilities, a health condition, a disability or anything related to religion or culture.
<b>National Patient Safety Strategy</b>	National Patient Safety Strategy (NPSS) describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems.
<b>NCEPOD</b>	National Confidential Enquiry into Patient Outcome and Death
<b>NCISH</b>	National Confidential Inquiry into Suicide and Safety in Mental Health
<b>NG</b>	Nasogastric
<b>NHS</b>	National Health Service
<b>NHSE/I</b>	NHS England and NHS Improvement
<b>NIA</b>	The NHS Innovation Accelerator (NIA) accelerates uptake of high-impact innovations for patient, population and NHS staff benefit.
<b>NICE</b>	National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.
<b>NIHR</b>	National Institute for Health Research (NIHR) funds health and care research and translates discoveries into practical products, treatments, devices and procedures, involving patients and the public in their work.

<b>NRLS</b>	National Reporting Learning System is a central database of patient safety incident reports. It analyses all data submitted to identify hazards, risks and opportunities to continuously improve the safety of patient care.
<b>Occupational Therapy</b>	Occupational therapy (OT) is the use of assessment and intervention to develop, recover, or maintain the meaningful activities, or occupations, of individuals, groups, or communities.
<b>OLM</b>	Oracle Learning Management is used for the recording and reporting of training completed by an individual employee.
<b>OKKO</b>	Space Academy App
<b>Ormiston Families</b>	Working across the East of England, Ormiston Families support children, young people and their families to see a brighter future.
<b>Palin STSC</b>	Evaluating Palin Stammering Therapy for School Children (STSC 814) versus Treatment as Usual: a feasibility trial.
<b>PALS</b>	The Patient Advice and Liaison Service (PALS) service provided by Cambridgeshire Community Services NHS Trust offers a point of contact within the organisation for patients, their families and carers. We aim to answer questions and resolve concerns as quickly as possible.
<b>Patient Safety Specialist (PSP)</b>	These are individuals in healthcare organisations (predominantly in NHS providers and Integrated Care Boards) who have been designated to provide dynamic senior patient safety leadership.
<b>PATHOR</b>	Perinatal Mental Health Online Resources
<b>PEP</b>	Post-Exposure Prophylaxis for HIV: a treatment that can stop an HIV infection after the virus has entered a person's body. It must be taken as soon as possible after exposure but within 72 hours.
<b>PCN</b>	Primary Care Networks (PCNs) build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home.
<b>PEARL</b>	Pregnancy and EARLY Life study, exploring how the transmission of beneficial microbes from mother to baby during pregnancy affects health.
<b>Peer Review</b>	This is the evaluation of work by one or more people with similar competencies as the producers of the work. It functions as a form of self-regulation by qualified members of a profession within the relevant field.
<b>People Participation</b>	People Participation is about helping our service users and their carers to have a say in how we run the Trust and how we can work together so that we can offer a better service for all.
<b>PGD</b>	Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).
<b>PhD</b>	Doctor of Philosophy
<b>PHSO</b>	The Parliamentary and Health Service Ombudsman is responsible for considering complaints by the public that UK Government departments, public authorities and the National Health Service in England have not acted properly or fairly or have provided a poor service.
<b>PI</b>	Principal Investigator (PI) is the primary individual responsible for the preparation, conduct, and administration of a research grant.
<b>PKB</b>	(Luton) Patients Know Best (PKB) is an online platform and digital handheld record designed to improve care and reduce the likelihood of being admitted to hospital for a seizure.
<b>POMS</b>	Patient Outcome Measures (POMS) assess the quality of care delivered to NHS patients from the patient perspective.
<b>POPS</b>	Prevalence of Prophylaxis for Sexually Transmitted Infections Study
<b>Positive Voices</b>	This is a national HIV patient survey developed by Public Health England in partnership with University College London and Imperial College London.
<b>PPD</b>	Preferred Place of Death
<b>PPE</b>	Personal Protective Equipment is equipment that will protect the user against health or safety risks at work.
<b>Preceptors</b>	Nurse preceptors use evidence-based practices to help new nurses or nurses new to a unit by providing useful feedback, setting learning objectives, teaching protocols, and encouraging critical thinking.
<b>PREMS</b>	Patient Reported Experience Measures
<b>PREVENT</b>	This relates to the name for a step of a process in preventing radicalisation for young people - the others being Pursue, Prepare and Protect.
<b>PROMS</b>	Patient Reported Outcome Measures



<b>PSP</b>	Patient Safety Partners (PSPs) are, for example, patients, carers and other lay people who support and contribute to a healthcare organisation's governance and management processes for patient safety.
<b>PSIRF</b>	Safety Incident Response Framework sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
<b>QI</b>	Quality Improvement
<b>QR code</b>	QR (Quick Response) codes, first invented in 1994, are a type of square barcode which contain information such as a web address or a person's contact information.
<b>Rapid Response Team</b>	Rapid Response Teams (RRT) provide patients with urgent community health care with the aim of avoiding a health crisis and possible hospital admission.
<b>RCPCH</b>	Royal College of Paediatrics & Child Health
<b>Root Cause Analysis</b>	Root cause analysis is a method of problem solving used for identifying the root causes of incidents, accidents, faults or problems.
<b>Royal Voluntary Service (RVS)</b>	This is a voluntary organisation concerned with helping people in need throughout England, Scotland, Wales and Northern Ireland.
<b>SACHA</b>	Provider survey to inform health service configuration for abortion
<b>Safer Online Lives</b>	Survey investigating internet use and safety for adults with intellectual disabilities.
<b>SCR</b>	Shared Care Records (SCRs) are patients' electronic health records which include information from multi care settings e.g. GP practice and secondary care.
<b>Secondary Uses Service</b>	This a collection of health care data required by hospitals and used for planning health care, supporting payments, commissioning policy development and research.
<b>SEIPS</b>	Systems Engineering Initiative for Patient Safety can be used as a general problem-solving tool, e.g. to guide how we learn and improve following a patient safety incident.
<b>SEND</b>	Special Educational Needs and Disability. A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support.
<b>Service Redesign</b>	The team support staff to develop and improve the services they provide for patients by equipping them with the skills and knowledge to enable them to drive through changes and improvements.
<b>SFJ Awards</b>	SFJ Awards is a nationally recognised and regulated Awarding Organisation. It supports employers and training providers to deliver world-class learning and development across key public sector organisations including Policing, Fire & Rescue Services, Security, Healthcare, and many more.
<b>SI</b>	A Serious Incident (SIs) is a type of patient safety incident identified in NHS-funded care where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified.
<b>SOP</b>	A standard operating procedure (SOP) is a set of step-by-step instructions to help staff carry out routine processes. SOPs aim to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with regulations.
<b>SPIRIT Phase 2</b>	Specific phobias in children with learning disabilities: Phase 2 Feasibility interventional study.
<b>SPIRIT Survey</b>	Specific phobias in children with learning disabilities (Phase 1 survey).
<b>Springboard</b>	This is a training course for women who want to take control, become more assertive, increase their confidence and build themselves a more positive attitude in both their work and home lives.
<b>SSNAP</b>	Sentinel Stroke National Audit Programme (SSNAP) is a major national healthcare quality improvement programme which measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales and Northern Ireland.
<b>Staff Side</b>	This is the interface between the various Unions and sometimes recognised professional bodies, within an organisation.
<b>SystemOne</b>	This is a centrally hosted clinical computer system developed by Horsforth-based The Phoenix Partnership (TPP). It is used by healthcare professionals in the UK predominantly in primary care.
<b>Youtube</b>	Youtube study: Building research knowledge of different diets of children who are gastrostomy fed, by assessing the symptom profile (reflux, constipation, pain) and quality of life of children who are gastrostomy fed, comparing those who are formula fed and those who are predominantly fed a home-blended diet.

<b>THT</b>	Terrence Higgins Trust is the largest voluntary sector provider of HIV and sexual health services in the UK.
<b>TNA</b>	A training needs analysis (TNA) is a process that a business goes through in order to determine what training staff need to allow them to carry out their job as effectively as possible, as well as progress and develop.
<b>TVN</b>	Tissue Viability Nurse (TVN) provides expert advice in the prevention and the treatment of wounds and advocates the practice of good skin care and pressure ulcer prevention.
<b>UCL</b>	University College London
<b>UCR</b>	Urgent community response (UCR) teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer.
<b>UNICEF</b>	The United Nations Children's Fund (UNICEF) is an agency of the United Nations responsible for providing humanitarian and developmental aid to children worldwide.
<b>UPP</b>	Universal Partnership Plus is the most complex health visiting offer. There are 4 levels, with safeguarding as a theme, outlining a continuum of support which children should expect from the school nurse: community, universal, universal plus, universal partnership plus.
<b>Voice of the Child / (VOC)</b>	This is a phrase we use to describe the real involvement of children and young people.
<b>WDES</b>	The Workforce Disability Equality Standard (WDES) is a set of ten specific measures which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff.
<b>WRES</b>	Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations and exists to ensure employees from black, Asian and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.