

Quality Account 2019-20



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ccs.communications@nhs.net

Map of Trust geographical area – 2020



Summary of our services

- Children and Young People's Community Health Services (Cambridgeshire and Norfolk)
- The School Age Immunisation Programme (Cambridgeshire, Norfolk, Peterborough and Suffolk)
- iCaSH: Integrated Contraception and Sexual Health Services (Bedfordshire, Cambridgeshire, Norfolk, Peterborough and Suffolk and, from 1 April 2020, Milton Keynes)
- Dental services in Cambridgeshire and Peterborough (as well as minor oral surgery in Suffolk and Norfolk and oral health promotion in Bedfordshire)
- Musculo-skeletal services and Uro-gynaecological physiotherapy services (Cambridgeshire and Peterborough)
- The Oliver Zangwill Centre for Neuropsychological Rehabilitation
- Children and Adults' Community Health Services for the residents of Luton
- Children and Adults' Community Health Services for the residents of Bedfordshire in partnership with East London NHS Foundation Trust (ELFT).

Part 1: Information about the Quality Account

Statement on Quality from the Chief Executive

Welcome to the 2019-20 Quality Account for Cambridgeshire Community Services NHS Trust.

We are very proud to share the outstanding range of innovation and service transformation, as well as improved accessibility and patient outcomes, achieved over the last 12 months.

As we look back over 2019-20, it is hard not to focus solely on the unparalleled challenges presented by COVID-19 in the last month of the year. This pandemic highlighted the incredible resilience of the NHS, as staff across the Country battled to reduce the impact of the virus. We are so proud of the compassion and commitment demonstrated by our staff and colleagues in all partner organisations. Sadly, many thousands of people across the country – patients, NHS and care staff, and key workers – lost their lives to this dreadful disease and our hearts go out to their families, friends and colleagues and we place on record here our heartfelt condolences.

Quality is at the heart of all we do and 'Our Quality Way', underpinned by 'Our Improvement Way', sets out our approach to quality improvement. This included successfully contributing to multiple system-wide partnership initiatives such as:

- The Cambridgeshire and Peterborough Best Start in Life 5-year strategy.
- Our multi-agency enhanced models of care programme in Luton for older people vulnerable to unplanned hospital admissions.
- Delivering a wide range of innovative services to families across Bedfordshire in partnership with East London NHS Foundation Trust.
- Improving outcomes for families across Norfolk; predominantly through our Healthy Child Programme services.

As a result of our continuous quality improvement programme, in the summer of 2019, we were proud to be awarded an 'Outstanding' rating by the Care Quality Commission. This recognition reflected the passion and commitment of our staff to provide innovative services, improving accessibility and patient outcomes.

The provision of good patient outcomes is directly linked to an engaged and happy workforce. It was therefore fantastic to see the views of our staff reflected in the positive national survey results and particularly that our staff health and wellbeing and our team working scores were rated the best of all NHS trusts.

People who used our services echoed this positive message, with 96% of 29,278 service users surveyed saying they would recommend our services to friends and families. Of course, not all feedback is positive and we encouraged service users to share their experiences – you can read later how we used this rich source of information to further improve services.

It has been another challenging year financially for the Trust but we successfully achieved an operating surplus of £243,000. As the Trust managed its budget to the plan agreed at the beginning of the year, we were awarded a one-off financial sum (Provider Sustainability Fund) from NHS Improvement of £1,618,000. Adding together our real surplus and the national Provider Sustainability Fund created an annual surplus figure for our accounts of £1,861,000.

We were pleased to have continued to involve service users and community representatives in developing and improving our services last year, and thank them for their enthusiasm. We would also like to thank Dreamdrops children's charity and the Friends of Wisbech Hospitals who continued to help us improve the quality of services we provide. Without their dedication and support, our task would be even harder.

The achievements set out in this Quality Account are entirely the result of the outstanding commitment of staff and we acknowledge and thank them for their amazing dedication. 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 2019-20 and reflects our priorities for continuously improving quality in 2019-20. We are proud to provide high quality innovative services that enable people to receive care closer to home and live healthier lives. We hope the examples in this report demonstrate just some of the innovative ways we are supporting people across the East of England and improving their quality of life.

Our focus for the coming 12 months will be to stabilise and recover from managing the local impact of the COVID-19 pandemic and then to start to achieve the ambitious plans outlined in our three year overarching Trust Strategy and Quality & Clinical Strategy; both of which reflect the priorities set out in the NHS Long Term Plan and build on the innovation and quality improvement that has already taken place.



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

Our Quality Account this year yet again reflects the phenomenal energy, passion, commitment, dedication and enthusiasm of our staff who constantly strive to seek new ways to improve the quality of care that they deliver. We are proud to lead this amazing workforce who are committed to delivering outstanding, innovative care every day to our patients, families, service users and carers.

Our Trust values of Honesty, Empathy, Ambition and Respect are constantly demonstrated by our staff throughout their time at work and we continually see examples of how they treat people (both patients and other staff) with dignity, respect, compassion and kindness. Never has this been more evident as recently through the COVID-19 pandemic which has seen many staff delivering care in completely different ways whilst managing the challenges of both home and work life. Our heartfelt thanks go to all of our staff in whatever roles they undertake to care and support both patients, service users, families, carers and staff through these challenging times.

We have focused this last year on involving people in improving the ways in which our services are delivered. This includes patients, service users and carers alongside people who live in the communities in which we offer services. Our ambitions include listening to people's views and experiences, looking at ways to include people in decisions about service improvements and seeking new ways to review and check standards of care through the experience of patients and service users.

We continue to embed our innovative programme 'Our Quality Way' which is underpinned by 'Our Improvement Way'. Both of these are designed to help staff see where they fit into delivering high quality care on a daily basis. In addition, they outline how our staff can make changes and improvements in a structured manner, be empowered to see what needs to improve and then make the changes which directly benefit patients and service users.




David Vickers
Medical Director




Julia Curtis
Chief Nurse

This Quality Account outlines a wealth of quality related activity and achievements and highlights performance against our ambitious targets. We would like to take this opportunity to thank each and every member of staff for their contribution to delivering outstanding care during 2019-20 whether they work directly with patients and service users or behind the scenes to support those who do.

About the Quality Account

What is a Quality Account?

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

Our Quality Account is divided into the following sections:

Part 1	<ul style="list-style-type: none">▪ Statements about our Quality from the Chief Executive, Chief Nurse and Medical Director.
Part 2	<ul style="list-style-type: none">▪ Priorities for the Trust to improve the quality of our care during 2020-21.▪ Statements about the quality of services provided by the Trust which also allow readers to compare us against similar organisations.
Part 3	<ul style="list-style-type: none">▪ A review of quality performance. This demonstrates how the Trust has performed throughout 2019-20.

Our Quality & Clinical Strategy

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

Priority 1: Safety

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

Priority 2: People Participation

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

Priority 3: Continuous Improvement

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

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

Quality Improvement Priorities for 2020-21

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

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

Our Quality Priorities for 2020-21 are taken from the Trust's revised Quality & Clinical Strategy 2020-23 and reflect these characteristics. Key priorities are outlined below:

Priority 1: Safety

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

- Activity:**
1. We will adopt the vision and implement the recommendations from the 2019 National Safety Strategy aiming at improving patient safety by building on two foundations of improving safety culture and patient safety systems. This will be through 'Insight, Involvement and Improvement'.
 2. In order to continually improve safeguarding outcomes for patients, families and service users, we will continue to strengthen our consistent, evidence based approach to safeguarding practice including meaningful evaluation of safeguarding training and developing a consistent, evidence based methodology for delivering safeguarding supervision based on best practice.
 3. We will continue to focus on areas of improvement for Medicines Management.
 4. We will review our leadership capability/knowledge regarding patient safety and build areas for improvement into our leadership training and development opportunities. Compassionate leadership creates psychological safety and encourages team members to pay attention to each other; to develop mutual understanding; and to empathise and support each other.

Priority 2: People Participation

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

- Activity:**
1. We will continue to embed a culture of co-production that moves from 'engagement' to a culture where people are 'participating' in an equal partnership, sharing influence, skills and experience to design, deliver and monitor our services and projects. We will do this through a number of ways outlined in our Quality Strategy.
 2. We will continue to develop our patient experience approach using the NHSI Patient Experience Improvement Framework (2018) as a guide for best practice which focuses on six key areas of:
 - Leadership
 - Organisational culture
 - Capacity and capability to collect feedback
 - Analysis and triangulation
 - Using feedback to drive improvement
 - Improvements in reporting

3. We will implement our volunteer approach involving four main elements:
 - **Increase:** increase the number of volunteering opportunities in the services that have recognised and developed roles. To normalise peer/ service support through volunteers who can be utilised to enhance the patient and carers experience of the services we provide, e.g. breastfeeding buddies, peer mentors within our sexual health services and site volunteers.
 - **Engage:** support, train and engage our volunteers to develop their skills in supporting our services and identifying how we can support their volunteering experience.
 - **Excel:** establish a reputation for excellence in volunteering and partnership roles through our People Participation approach, ensuring that we attract and engage a diverse pool of volunteers who represent our diverse population. Furthermore, ensure that roles are as inclusive as possible for all those who may have a disability, mental health or long term health condition.
 - **Support** the opportunities to enrich the lives of the individuals and communities, groups and organisations who volunteer. Offering support and guidance to those volunteers seeking opportunities to gain employment or further training.

Priority 3: Continuous Improvement

Goal: **A culture of improvement is normal practice with our clinicians who continually seek feedback in order to improve and learn from the experiences of patients, service users and staff.** Our purpose is to embed this at all levels of the Trust and support the development of a learning and knowledge culture that is multi-layered to include communities of practice both within the Trust and across organisational boundaries; social networks will be encouraged and related learning and innovation.

- Activity:*
1. **Using outcomes data for improvement, i.e. Patient Outcome Measures data**
Continue the work from our previous strategy to build patient outcome measures with each service and move to a culture of setting outcomes with our patients, service users and families. Also continue to develop skills in our workforce to develop technological methods to capture and report outcomes data working with our expert Clinical Systems and Informatics teams to implement priorities in the digital strategy.
 2. **Learning from when things go well and not so well**
Enhance methods for sharing learning, best practice and innovation alongside building on and improving our safety culture where promoting a Just Culture enables staff to learn and improve when things go wrong.
 3. **External focus for learning**
Seek learning from other organisations, people and communities including developing Communities of Practice with our teams who link with others external to the Trust to adopt and share best practice.
 4. **Review ‘Our Quality Way’ and ‘Our Improvement way’**
This Quality & Clinical Strategy dovetails the Trust’s People Strategy and builds on developing a culture of continuous improvement in everything we do. We will:
 - Embed a revised ‘Our Quality Improvement Way’ which will focus on awareness and knowledge building for how Quality Improvement (QI) methodologies can be applied and used for continuous improvement of our services.

- Continue to carry out Our Quality Improvement Way peer review visits to support our services in recognising their outstanding practice and the areas that require improvements. This will be supported by inviting external experts and involving our patients and service users in this programme.
- Continue to develop a partnership approach with other trusts through joint peer reviews to enhance our learning and opportunities to share best practice.

5. Professional Practice

We will:

- Identify professional practice priorities for each of our professional groups of staff which align with national strategies (e.g. AHPs) to support their specific priorities.
- Continue to develop our trust wide networks of practitioners, e.g. children's services clinical leaders and AHPs (amongst others).

6. Reducing unwarranted variation

We will:

- Ensure consistency of clinical practice against best evidence and professional standards.
- Roll out of electronic rostering and scheduling systems.
- Enhance our clinical audit programme in key areas of practice to enable us to establish current variation and identify opportunities to adopt best practice based on outcomes.
- Work with clinical and professional leaders across the Trust to evidence consistency in meeting standards set by professional bodies (monitored through the Clinical and Professional Leaders Group where multi-professional representatives from our services meet to debate and share best practice).
- Where possible, we will use clinical benchmarking information to standardise our clinical practice against the best in the cohort.

7. Continue to build our vibrant network of clinical leaders

- Continue to build on the formal and informal clinical networks that our leaders are actively involved in and develop/contribute to Communities of Practice relevant for our services.
- We will continue to seek their views on where these relationships are well established and productive and where we could improve.
- Formalise our clinical leadership structure across our services.

8. Continue to build our research approach

Our newly developed research approach will be delivered through five key areas:

- **Collaborate and engage** with the National Institute for Healthcare Research (NIHR) Clinical Research Network (CRN) and all relevant organisations, in line with national research objectives.

We will:

- Continue to support the CRN Higher Level Objective (HLO) by adopting studies and reviewing all viable studies that fit within the Trust's service portfolios.
- Aim to comply with all research studies setup criteria in line with the set time to target aims as per the CRN HLO with the holding organisation.
- Maximise recruitment to the adopted CRN portfolio studies in line with agreed target.
- Continue to scope the viability of commercial research opportunities.

- **Champion community research** and the role of community healthcare alongside the NHS long term plan in collaboration with other community organisations.
We will:
 - Continue to scope opportunities to collaborate with other providers, e.g. NHS trusts, social services and other care providers to support research activity.
 - Engage with the developing agenda of the Community Healthcare Alliance of Research Trusts (CHART) to increase community research.

- **Strengthen our research culture** by engaging with our staff and building capacity and capability to become involved in research.
We will:
 - Support staff to engage in research activity and develop research skills and disseminate this learning and excellence.
 - Facilitate and advise our services on internal research activity or projects capacity and ideas and assist with the translation of research findings into our service portfolio.
 - Continue to widen the opportunity of rolling out the pilot research champion programme developed in Norfolk with the Healthy Child Programme with newly qualified health visitors and school nurses.
 - Identify appropriate research and fellowship opportunities in all of our services wherever relevant and support staff through the research process.

- **Engage service users, carers and the public** to participate in research opportunities.
We will:
 - Increase the opportunities for patients/service users/carers to participate in research.
 - Acknowledge and celebrate those patients/service users/carers who have participated in research.

- **Continue to build** a sustainable research infrastructure.
We will:
 - Maximise research funding opportunities through recruitment and other funding streams.
 - Maximise funding for our clinical research facilitator roles.

How the Trust's quality priorities are monitored, measured and reported

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

Statement of Assurance from the Board

2.1 Review of services

During 2019-20 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, Peterborough, Norfolk 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

During 2019-20, the Learning from Deaths Committee met quarterly and reviewed data and reports received from our Luton Adults Services which is covered by the Trust policy that reflects the National Quality Boards Guidance (2017). Whilst the guidance covers deaths not investigated in any other process such as child deaths which are covered by the Child Death and Overview Panels (CDOP) and the Learning Disability Mortality Review (LeDeR programme), the Learning from Deaths Group receives reports relating to child deaths and LeDeR and monitors and supports implementing recommendations.

The discussion and learning has continued to mature during this year. With the revision of the policy in April 2019 the focus has moved towards looking in detail for rich learning from particular cases going forward.

Expected deaths – Luton Adults

Quarter	No of Deaths	10% No of cases reviewed
1	158	158 (new policy not applied by reviewer)
2	198	20
3	268	27
4	132	132 (new policy not applied by reviewer)

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

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

Overall

In the majority of cases, there was evidence of good quality care and collaborative working between the District Nursing team – including the Out of Hours team – and the Specialist Palliative Care team with other partners such as care homes and GPs.

Many relatives contacted the service after the deaths of their family members to express their gratitude for the care and compassion delivered by Trust staff.

The reviews also highlighted that relatives were offered bereavement support. The Do Not Attempt Resuscitation and anticipatory drugs paperwork were available in the homes of the patients. The communication between GPs and community staff to ensure optimum care for the patients was also noted as good practice.

The national clinical audits that the Trust was eligible for and those it participated in between April 2019 and March 2020 are as follows:

Audit	Participation	No. of patients
UNICEF Baby Friendly Initiative UK	Yes	<i>Luton Child Services:</i> 10 breastfeeding mothers 21 formula feeding mothers <i>Bedford Child Services:</i> 48 breastfeeding mothers 31 formula feeding mothers
National Audit: SSNAP Stroke Audit	Yes	The Trust submitted 207 patients from January 2019 to January 2020
National Pulmonary Rehab Audit	Yes	The Trust submitted 55 patients

During 2019-20 the Trust undertook an extensive programme of clinical audits which were determined from several sources including national audits, the National Institute for Health and Care Excellence (NICE), CQC outcomes, service improvement, incidents and complaints. The outcomes from all audits are reported through the Trust's governance structures to offer assurance to the Board.

The reports of 56 local clinical audits were reviewed by the Trust; see Appendix 3 for a full list of summaries and actions that the Trust intends to take to improve the quality of healthcare provided.

National Confidential Inquiries

There are currently three National Confidential Enquiries and Inquiries:

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

CCS NHS Trust did not participate in these during 2019-20.

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 2019-20 that were recruited during that period to participate in research approved by a research ethics committee was 378.

In 2019-20 a total of 15 research studies were running within the Trust. Of these, 11 studies were National Institute for Health Research (NIHR) portfolio studies (*Table 1*) and four were non-portfolio studies of which three were student major projects (*Table 2*). A total of 378 participants were recruited into NIHR portfolio research studies in this period. A total of 79% being contributed by the Ambulatory Care Division and 7.4% from the Children and Young People's Service, paediatric ophthalmology 7.4%, 6% were attributed to Luton Adult Services and the remaining 0.2% was a Trust Wide project. All NIHR studies obtained Health Research Authority (HRA) and local R&D approvals prior to research activities commencing.

Table 1: NIHR Portfolio Studies running in the Trust

Study Name	Participants
CLIMB study	1
HIV Pre-exposure Prophylaxis (PrEP) Impact Trial	108
People living with HIV Stigma Survey UK	152
Work outcomes in people with arthritis & musculoskeletal conditions (MSK PROMS)	26
The Auckland Optotypes compared with logMAR letters & Crowded Kay Picture (TAOCA)	27
RS Fibro	10
Fatigue in long term conditions	23
YourTube	4
Nursing Lead intervention & wellbeing in children	20
Playing Together' Developmental language delay	4
'Caries Dental Questionnaire (residual numbers from last year)	3
Total: 11 studies	378

Table 2: Non-portfolio research studies which obtained Health Research Authority Permissions

Study Name	Potential Impact/s
Brain Injury (MAPLES- ABI) a RCT for low mood	External (University of Cambridge) PhD. Exploring assessment of tests used for low mood.
Closing the gap: Neuro-rehab study (part 2)	External PhD, University of Maastricht. Looking at themes from clinical assessments in clients with acquired brain injury.
Exploring interventions over the watchful waiting period in 'glue ear'	Paediatrician innovation development (study 3) Adaptation of bone conductors
Listening to music & impact on stress (for Bands 7 and 8)	External (UEA) Clinical Psychology professional doctorate
Total: 4 studies	

The clinical areas, which adopted the NIHR studies, are shown in *Figure 1*. Ambulatory Care, which includes the iCaSH (sexual health) and DynamicHealth (musculoskeletal) services remain the highest recruiters, closely followed by Children and Young People's services, Paediatric Ophthalmology and Luton Adults.

Figure 1: NIHR Portfolio Studies across clinical areas



In this period the National Institute for Health Research (NIHR) Networks supported all of the NIHR studies through local research networks. All new studies were approved via the Health Research Authority (HRA) followed by Trust confirmation of capacity and capability to host the research. During 2019-20 the Trust issued three letters of access and no honorary research contracts.

In the last year, nine peer-reviewed publications have resulted from research carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications related principally to sexual health issues, outcome measures (EQ5D observations), Physio Direct and back pain, NIHR Stroke study, a co-production project on visualisations of wellbeing (a collaboration with other universities and clients with lived experience and the University of Nottingham funded the 'Open Access' for the paper), and childhood hearing problems (glue ear). The paediatrician working on the latter study has developed a free app which delivers the NICE Glue Ear Care Pathway. This app received the Children's UK App of the Year Award from the UK App Awards.

We also had clinical staff attending national conferences to present their projects, either via oral presentations or academic posters. Eight posters were presented in May 2019 at the Royal College of Paediatrics and Child Health (RCPCH) Annual Conference in Birmingham. One of the posters received a prize for the best poster from a community NHS trust. This paediatrician was previously a NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Fellow.

Fellowships, internships and awards

The Trust actively encourages staff to apply for funded research programmes that combine personal development opportunities with a clinically based project (*Figure 2*). This year we have had continued success in gaining funding for staff development of research skills. Four staff successfully completed the NIHR CLAHRC programme and presented their work at the CLAHRC showcase event. The CLAHRC has now become the NIHR Applied Research Collaboration (ARC) and two staff have successfully obtained places on the ARC Implementation stream. The ARC Fellows are from the Children and Young People's Service (one is a paediatrician in Luton and one is a health visitor in Norfolk) and are working within areas which are meeting the needs of diverse populations.

NIHR Health Education England (HEE) Internship has been awarded to a paediatric occupational therapist in Huntingdon. This programme is an introduction to undertaking clinical research.

Figure 2: NIHR Fellowships across clinical areas



Research culture

We encourage staff who are involved in research within the Trust to undertake appropriate training, such as Good Clinical Practice (GCP) and Principal Investigator (PI) Training, and attend training provided by the Clinical Research Network (CRN).

In order to support research capacity and capability across a service, a research champion project has been developed and piloted in Norfolk Children’s Service. For this project, all newly qualified specialist community public health nurses (health visitors and school nurses) (SCPHN) take on a research champion role as part of their preceptorship. Academics at Anglia Ruskin University are collaborators and are leading an evaluation of the pilot. HEE has awarded funding for this evaluation and a further larger project to scope research engagement across all health visiting and school nurse services workforces across the East of England.

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

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

A proportion of Cambridgeshire Community Services NHS Trust's income in 2019-20 was conditional on achieving quality improvement and innovation goals. These were agreed between Cambridgeshire & Peterborough Clinical Commissioning Group, NHS England, Bedfordshire Clinical Commissioning Group (via ELFT) and Luton Clinical Commissioning Group and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The Trust is on track to deliver the majority of the CQUINs agreed for 2019-20. However, the Trust anticipates receiving partial payment for the seasonal influenza vaccination CQUIN which requires a highly challenging rate of vaccination amongst frontline staff. The wide geography of the Trust with staff dispersed in well over 100 premises was just one of the challenges facing the Trust in achieving this target.

The Trust is currently in negotiations with the CCGs for CQUIN schemes for 2020-21 and continues to work with commissioners to facilitate agreement as soon as is practical. Luton CCG and the Trust have already agreed to Staff Flu Vaccinations and Assessment and Diagnosis and Treatment of Lower Leg Wounds. A local CQUIN for Bedfordshire was agreed for 2019-20, that we are achieving and they want to negotiate another for 2020-21.

2.6 Statements from the Care Quality Commission (CQC)

Cambridgeshire Community Services NHS Trust is required to register with the Care Quality Commission. We are incredibly proud that the CQC rated our services ‘Outstanding’ in August 2019 following their inspection in spring 2019.

This would not have been possible without the passion and commitment of our wonderful staff who worked tirelessly to develop innovative and accessible services for local residents. We thank them for their dedication and passion, which reflects their commitment to delivering the very best outcomes for the communities we serve.

Care Quality Commission Last rated 30 August 2019

Cambridgeshire Community Services NHS Trust

Overall rating

Inadequate	Requires improvement	Good	Outstanding
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Are services

Safe?	Good
Effective?	Good
Caring?	Outstanding
Responsive?	Good
Well led?	Outstanding

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/provider/RVV. We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

The Care Quality Commission has not taken enforcement action against Cambridgeshire Community Services NHS Trust during 2019-20.

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

Local Area Special Educational Needs and Disabilities (SEND) inspections

A number of our Local Authority partners have undergone joint inspections of service provision by CQC and Ofsted, judging the effectiveness in implementing the special educational needs and disability (SEND) reforms set out in the Children and Families Act 2014. These inspections looked at how effectively partners worked together to identify, assess and meet the needs of children and young people aged 0-25 with SEND to improve their outcomes.

Each inspection highlighted a number of strengths and also areas of improvement that required a Written Statement of Action (WSOA) to Ofsted that explained how the areas of concern would be addressed. These are in place for Luton, Central Bedfordshire, Norfolk and Peterborough and we are actively engaging in identified system improvements.

2.7 Data quality

Statement on relevance of Data Quality and your actions to improve your Data Quality

The 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 April 2019 to March 2020 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

2.8 Data Protection & Security Toolkit

The Data Protection & Security Toolkit is designed to test compliance with the National Data Guardian's 10 data security standards. There are 44 Assertions to be met and 116 pieces of mandatory evidence to provide. Changes to the toolkit from the last edition included: requirements of the National data opt out, Cyber Essentials and the Minimum Cyber Security Standard (MCSS) and key elements of the Network and Information Systems (NIS)

Regulations 2018 Cyber Assessment Framework (CAF) for NHS organisations as advised by the National Cyber Security Centre.

We submitted our baseline assessment on 31 October 2019 and the full assessment was submitted on 30 March 2020 to NHS Digital. All standards will be met as assessed by the algorithm used by NHS Digital.

The Trust's compliance with mandatory information governance training was at 94% in March 2020.

2.9 Clinical coding error rate

The Trust was not subject to the Payment by Results clinical coding audit during 2019-20 by the Audit Commission.

Part 3: Review of Quality Performance 2019-20

This section demonstrates the Trust's achievements throughout 2019-20 for the priorities outlined for this period in our Quality strategy.

3.1 Quality Improvement Priorities 2019-20

A wide range of activities identified in the Quality and Clinical Strategy 2018-21 have been reported through our internal governance processes and summarised in Public Board papers throughout 2019-20. Areas of focus in 2019-20 included the following:

<p>Priority 1: Safety Goal: A mature Patient Safety culture is evidenced throughout our services.</p>
<p>A Safety Culture questionnaire for teams was developed and undertaken in a number of services. This work will be taken forward in our implementation of the NHS Patient Safety Strategy.</p>
<p>We continued the roll out of our human factors training which supports staff to understand the human elements of behaviour when looking at when things go wrong.</p>
<p>We continued to support our Freedom to Speak Up guardian and champions to encourage staff to speak up about any patient safety issues that they were concerned about.</p>
<p>We recruited to key safeguarding posts and have implemented a locality based model for the safeguarding experts who support our clinical teams.</p>
<p>Priority 2: Evidence Based and Innovative Practice Goal: Clinicians deliver practice based on best available evidence and the effectiveness of treatments and interventions is measured.</p>
<p>We strengthened our Clinical Audit programme to ensure that all services undertook audits relevant for their practice.</p>
<p>We introduced a multi-disciplinary panel approach for reviewing and implementing new national guidance for example NICE.</p>
<p>We have continued to build our network of clinical leaders focusing through our Clinical and Professional Group on broad clinical issues, innovative practice and shared learning.</p>
<p>We undertook a trust wide scoping exercise to determine which services had Patient Outcome Measures (POMs) in place and those that would require support to develop them. Work will continue in 2020 to develop POMs and support monitoring and reporting mechanisms for this important information that helps to determine effectiveness of our interventions with patients, service users and families.</p>
<p>We continued to develop our research network and clinical facilitator roles (see research section 2.4 for summary of research activity and involvement in 2019-20).</p>
<p>Priority 3: People Participation Goal: We will move from a 'patient engagement' to a 'People Participation' approach where service users, patients and local communities help to shape and improve future service provision.</p>
<p>We recruited to our co-production roles which have focused on establishing and supporting local networks and forums.</p>
<p>We built relationships with other organisations to establish joint forums where appropriate, i.e. Cambridgeshire & Peterborough Foundation Trust and East London Foundation Trust.</p>
<p>We formalised the governance relating to recruiting volunteers who support both service delivery and a number of projects.</p>
<p>We also implemented a process to enable volunteers to join our staff recruitment panels.</p>
<p>We have developed stakeholder 360 degree feedback surveys and will implement this in 2020.</p>
<p>We undertook a baseline self-assessment against the NHSE/I Patient Experience Improvement tool and have undertaken a number of actions as a result.</p>
<p>We have introduced a local resolution process for people who feel that they want to share their experiences with us via our complaints process. This has resulted in very positive feedback from patients and service users who felt their reason for complaining was dealt with quickly and appropriately without the need to enter into a formal complaint process.</p>

Priority 4: Learning and Continuous Improvement
Goal: High quality care is delivered by clinicians who have learned from the experiences of patients, service users and staff and continually seek to improve.

We developed an improved root cause analysis training offer for our services which has been well received and resulting in improved understanding with our staff about determining the learning from when things go wrong in order to improve.

We have supported our teams to develop consistent mechanisms to review when things go wrong and identify learning that can be shared across the Trust.

Our Patient Experience team has been working with services to help them to implement a variety of ways to gather feedback from service users, families and patients and to use this information to inform improvement activity.

Our extensive programme of service redesign continues and has seen improvement projects undertaken with the majority of our services throughout 2019-20.

We have listened to and learned from a number of patients and service users who have come along to our public Board meetings to share their experiences of what has gone well and not so well. These are shared in section 3.4.

3.2 Our Quality Way

Our approach to quality improvement is set out in 'Our Quality Way' which is a layered approach to ensure that quality is at the heart of everything we do – see below.



In 2019-20 we continued to embed this concept throughout our services ensuring that every member of staff (current and new) was aware of our approach and remained fully engaged throughout.

Our Quality Way provides a framework to help all staff understand and contribute to the delivery of high quality services. Central to Our Quality Way is a culture where every member of staff is caring, compassionate and treats people with dignity and respect; where continuous improvement flourishes and staff are empowered to drive change to improve services.



Our Quality 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?

Actions in 2019-20 included:

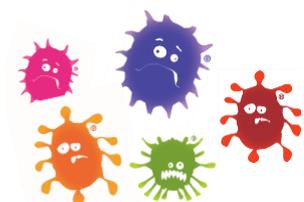
- As part of the assurance process, services refreshed their annual self-assessments and identified areas for improvement.
- A programme of supportive Our Quality Way Peer Review visits (of which there were five) were undertaken with areas of outstanding practice and improvements identified. This programme continues into 2020-21 with plans to extend the programme to include patients/ service users and reviewers from other organisations.
- The Our Quality Way approach was introduced and embedded into new services which joined the Trust in 2019-20.
- A joint Our Quality Way and Our Improvement Way interactive induction session for all new employees was introduced, aiding learning and understanding.
- A fully supportive intranet page for staff to use and access Our Quality Way resources, such as the posters shown here.



3.3 Patient safety activity

Infection Prevention and Control (IPaC)

We continued to focus on a number of key areas of Infection Prevention and Control during 2019-20 including assurance relating to water safety (for those estates we are responsible for as landlords) and all aspects of clinical practice via training, audits and advice/guidance from our IPaC team.



Our staff influenza campaign ended in February with a total of 73.4% of patient facing staff receiving the vaccination. Plans for the 2020 campaign are developing.

The COVID-19 pandemic began to emerge in the late stages of February/March 2020 when IPaC became a central focus for us and has been managed through our Major Incident process. Thanks to our IPaC Matron and Quality team for ensuring that we have the right Personal Protective Equipment (PPE) for our teams, in the right place and at the right time.

Patient safety incidents

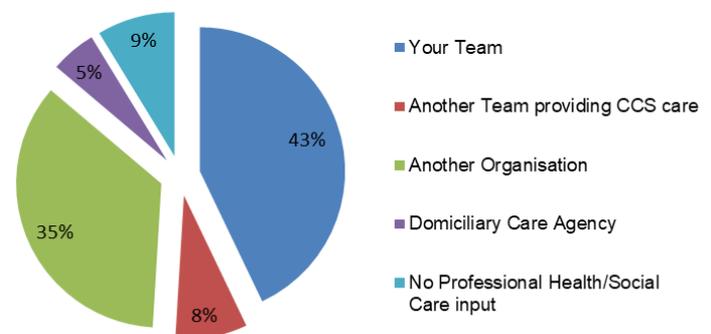
The Trust has an open reporting culture where staff are encouraged to report and learn from incidents. We scored nationally as the highest on 'Freedom to Speak Up' scoring 87% in the annual staff survey. Staff were asked in the survey to rate how they felt when reporting incidents, i.e. do they feel they have been treated fairly and are they encouraged to report and feel secure in doing so regarding unsafe practice? This score is underpinned by the Trust's approach to 'Freedom to Speak Up' and how staff are trained and supported to take action when things go wrong.

During the previous 12 months, 3,591 patient safety incidents and near miss incidents were reported via our web-based incident reporting system Datix. This is an increase over the previous 12 month period of 276 which reflects the Trust's open and transparent reporting culture. This level of reporting equates to approximately 0.4% of the contacts our staff have with service users each year. 94% of these incidents resulted in no or low harm, with the remaining 6% resulting in 'moderate' or 'severe' harm (see pie chart below).

Staff are encouraged to record patient safety incidents:

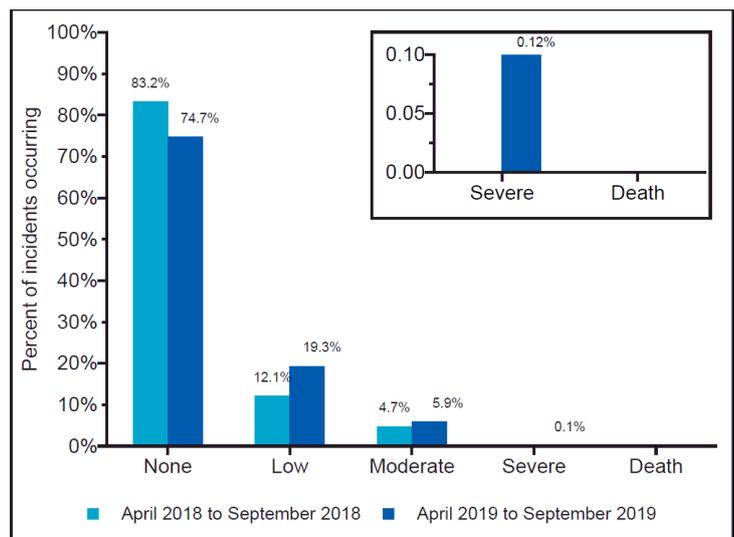
- which occur as a direct result of CCS care;
- which originated whilst the patient was cared for by another organisation (e.g. an acute trust or domiciliary care agency), referred to as 'happened upon incidents'; and
- where there has been no professional health/social care input.

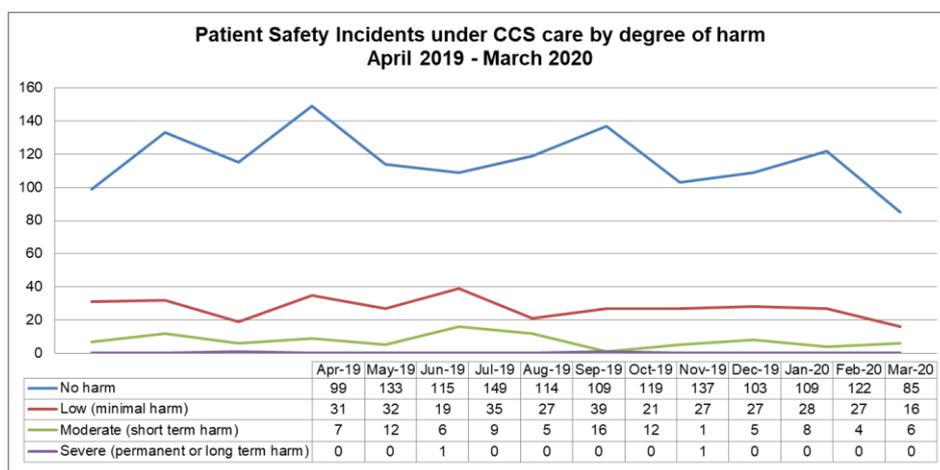
Who was caring for the patient/service user when the incident occurred



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

All patient safety incidents that occur as a direct result of care delivered by the Trust are submitted to the National Reporting Learning System (NRLS). The graph here provides a summary of patient safety incidents by level of harm reported by the Trust for April to September 2018 and April to September 2019 (the latest NRLS data available at the time of reporting), and demonstrates that over 90% of all patient safety incidents resulted in no or low harm to patients (see degree of harm table below which shows the trend in harm reported incidents which is not available though NRLS). The reduction in the reporting of patient safety incidents can be directly attributed to the transfer of the acute paediatric service to North West Anglia Foundation Trust (NWAFT).





Serious Incidents (SIs)

The Trust undertakes full Root Cause Analysis of all serious incidents. These investigations are undertaken to identify learning which is shared across relevant services to reduce the risk of similar incidents occurring.

There were a total of four serious incidents reported during 2019-20, which related to the following:

- Sub optimal care of the deteriorating patient
What has changed for the patient and staff:
 Reviewing clinical oversight by a registered nurse at appropriate points in a patient's care has been added to the rostering and care planning process which means that this scenario is less likely to occur again. Revising MDT approach with local GPs and ensuring that SystmOne clinical record sharing is standardised and consistent. Revised wound care training and support to be professionally curious with staff better able to apply clinical knowledge, and apply this to the management of long term conditions, to elicit potential risks in care. A review of One Service and role responsibilities across all specialisms is underway to ensure that all staff understand responsibilities for certain elements of care.
- Missed opportunity to identify neglect in a young child
What has changed for the patient and staff:
 Trust wide review of safeguarding training and models of safeguarding supervision. As part of a broader piece of development work the new leadership team in the service affected continues to be supported to maintain a culture change which means staff are better supported with complex cases.
- Incorrect clinical assessment and treatment
What has changed for the patient and staff:
 Trust wide review of single handed clinical experts to ensure that single specialist professionals are clinically supervised by a suitably qualified registered professional. This review identified no other lone working practitioners. In future such services will have a hosting arrangement with another Trust to ensure good practice and clinical scrutiny is maintained. The importance of peer review of clinical records as an audit and staff being supported to address concerns raised and to persist if not heard. In this case the team involved were delighted by the fact they were listened to and action was taken.
- Failure to follow bruising policy for a non-mobile baby
What has changed for the patient and staff:
 Revision of teaching on process regarding bruising on non-mobile baby. Support for staff, particularly those in assistant practitioner roles, to have access to a registered member of staff and the opportunity for reflective practice with complex cases.

Implementation of the Duty of Candour

The Trust has fully implemented the requirements of the Duty of Candour.

3.4 Patient experience activity

Patient experience activity

Engaging the public and service users in developing and providing feedback on our services helps us to monitor quality and make improvements. The following summarises some of the initiatives and actions during the past year.

“Built up my confidence and nothing was too much trouble. Very supportive, practical and friendly – all round excellent holistic care delivered by skilled and competent practitioners.”

Beds Adults Neuro Rehabilitation

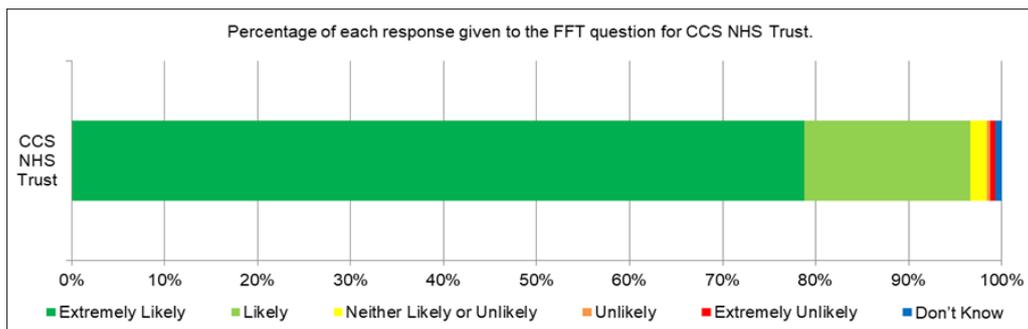
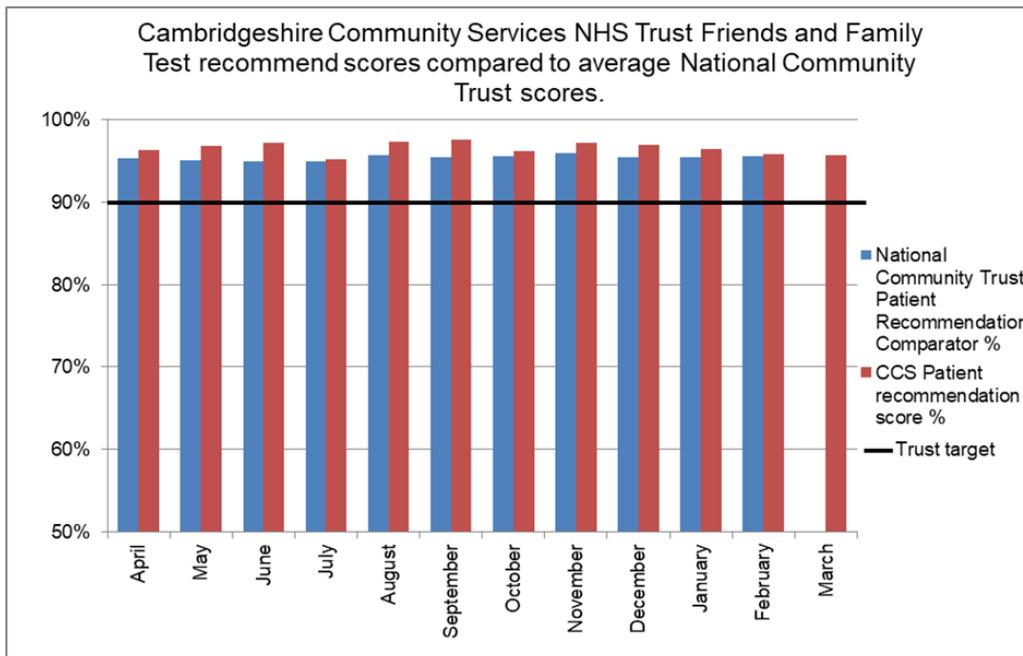
Patient surveys

“Absolutely fantastic with my autistic son, so much patience and kindness. I cannot be grateful enough.”

Dental Peterborough

34,289 service users responded to local and national surveys seeking feedback on our services. 29,768 of these included the Friends and Family Test question: “How likely are you to recommend our service to friends and family if they needed similar care or treatment?”

Over 95% of respondents recommended our services every month. We exceeded the average national community trust score in all of the 11 months that we have national data to compare with. National data for March 2020 was not available as collection and publication of data was suspended due to COVID-19.



At several recent promotional events parents and families with children and young people with SEND have feedback positively regards the Just One Norfolk Health passport app. However it was also acknowledged the app would benefit from families and children with SEND reviewing the content and accessibility.

It was arranged by the co-production lead that several families who are affiliated to the organisation Family Voice would be part of a people's participation group. These representatives gave lots of ideas and views on how the app may be adapted to meet the needs of some young people with additional needs.

Feedback received from families of children with additional needs about their annual contact. The contact from the service via telephone was unexpected and they wanted to have some prior warning.

All relevant parents/service users now receive a letter prior to the call and also have the choice not to have a call if they so wish. This procedure has been added to the complex needs pathway and flowchart.

Integrated District Nursing
"It would be nice if I saw the same people regularly as it gets annoying when it is all new people that arrive."

The Integrated Community Nursing Team have reviewed their work allocation in order to distribute work in a more equitable way with a focus on aligning groups of staff to specific Luton postcodes. This will support patients receiving care from the same staff. We are also continuing to develop our daily handovers so that shift changes do not disrupt or interfere with communication.

Children's Rapid Response
"Children's play area needed, more waiting area space would be helpful. My children were bored having to wait with nothing to do."

- We have identified and purchased some play equipment that is wall mounted in the waiting area.
- The Luton Treatment Centre User Group has been consulted about the agreement to manage and maintain the children's waiting area and toys.
- We are currently in the process of identifying some artwork that can brighten up the waiting room area.

Health Visiting
"More health visitors to help with the amount of parents."

As part of the clinic reviews a new way of working to better manage the flow of parents attending was piloted and then implemented. The aim is that this will help signpost parents to the relevant professional more efficiently and reduce wait times.

“Breastfeeding in public is daunting and it should be more widely accepted in public.”

We launched our free to feed campaign across Bedfordshire and Luton. To date over 100 businesses have signed up to the initiative to make breastfeeding mothers feel comfortable to feed in public. Promotional materials including a video have been put onto buses, GP screens and restaurants and cafes across Bedfordshire and Luton.

You wanted more education as a parent to support your child with speech and language therapy.

We have started a pilot of speech and language therapy education workshops for parents.



Patient Stories

Each public Board meeting starts with a patient story. This enables the Board to listen to the real experiences of our service users and to maintain a focus on continually improving patient safety and experience.

Patient stories have included:

Children’s Rapid Response and Children’s Community Nursing in Luton providing care in the community to avoid admission to hospital – May 2019

This story focused on a three year old child, who received a diagnosis of Cystic Fibrosis (CF) at three weeks of age, the child was the eldest of two children both of whom had a diagnosis of CF.

The story celebrated how the Luton Children’s Rapid Response team was able to prevent a hospital admission. The child was initially assessed by a children’s community nurse who internally referred to our Rapid Response team. A follow-up clinic appointment and further follow up by telephone was offered which enabled the team to monitor that the agreed treatment plan was successful. The child’s parent stated that “staying at home is important as it means the family does not get separated”.

The Children’s Community Nursing team continues to prioritise support for other nurses within the team to access continued professional development courses in order to be able to deliver this skilled rapid response within the community team.

“Provided personalised, professional advice for my child’s care. Also supported me which, as a single parent, is invaluable. I felt the nurses I dealt with genuinely cared for both my child and my wellbeing.”

Children’s Rapid Response

The journey of service users who are known as 'People Living with HIV (PLWH)' and their experience of attending the Integrated Contraception and Sexual Health service (iCaSH) Norfolk HIV support and information group – July 2019

This story focused on the journey of three individual service users who attended Norfolk HIV Support Group. The group started when our clinical psychologist noted the opportunity to trial a support and information group; this continued to develop as part of a Quality Improvement Fellowship, funded by Health Education East of England.

The service users within this story were consulted about the group development from the beginning and shared ideas about what topics the group sessions should cover and what form the group should take. Topics chosen included: revisiting the basics of HIV; medication side-effects, interactions and adherence; stigma; disclosure; stress and coping; mindfulness; adjustment and acceptance; healthy eating; physical activity; memory and ageing and new developments in HIV research. Various MDT members have facilitated sessions.

"Consistently professional, caring and non-judgmental staff, no waiting times – 10/10."

iCaSH Norfolk

The group have discussed and addressed various aspects of psychological adjustment to HIV directly in the sessions. These sessions have been well-received, and the service users have experienced increased confidence in their ability to speak about HIV and an increase in the range of coping strategies they have available to them. One service user discussed feeling more informed about his medication and feeling more actively involved in looking after his own health.

A service user's experience of the journey to motherhood and the support offered by Bedfordshire Universal Health Visiting service – September 2019

This story focused on one woman's journey of accepting the offer of the universal health visiting (HV) service that is provided as part of our 0-19 Healthy Child programme in Bedfordshire. This particular story was about a new mother-to-be who was initially uncertain about wanting to engage with the HV service. On receipt of her first antenatal visit appointment letter she stated that she very nearly cancelled the appointment.

The service has agreed that they are going to review how we communicate the work of the Healthy Child Programme to raise awareness of the skilled health care professionals that work within it. The first contact is via letter and this is currently being reviewed with service users to aid clarity to the service offer and what can be expected from the programme.

Signposting and referral in a timely way to other agencies led by the health visiting service was the key to supporting this service user in her journey transitioning to motherhood.

The main area of learning was how a multi-professional approach really made a difference to the mental health and early bonding opportunities of this mother and baby. This included support and the prescribing of effective anti-depressants from the GP, the primary care mental health nurse who helped in identifying key areas for the mother to reflect on and building future avenues of support. Furthermore, the mother was supported to access antenatal classes, postnatal groups and the Children's Centre which were also invaluable in the mother's journey to motherhood.

"I found it really helpful as a first time dad to put me at ease as everything was new to me...I feel so much more confident now and not alone."

Beds 0-19 Baby Friendly Team

Patient and Public Engagement / People Participation

Our teams regularly seek engagement and participation from service users and the local community to improve service delivery. A summary of some of the activities is outlined below.

Cambridgeshire and Peterborough Children and Young People's Services

Mental Health Support Team Recruitment Day

Young people were involved in the recruitment of a team of trainee educational mental health practitioners. A one day event was held in Huntingdon to shortlist candidates for these roles, where young people met and scored all the candidates through a speed interview activity and observed them in smaller groups as they planned and delivered a presentation. 26 young people attended from local schools and colleges and one individual who is home educated. The feedback was very positive and from this event 23 young people requested that they be involved in future initiatives. Staff from many Trust services including clinical and non-clinical staff helped organise, run and score candidates alongside the students. All eight successful candidates have been recruited and accepted the posts.



"Addressed all my concerns and made me feel that I could come to you with any worries in the future."

Health Visiting
Huntingdonshire

Bedfordshire Community Health Services

ChatHealth improvements

Two focus groups with young people were held to identify if improvements could be made following the increased uptake of our ChatHealth service. In collaboration with Central Bedfordshire Youth Healthwatch group and East London Foundation Trust (ELFT) Child and Adolescent Mental Health Service (CAMHS) participation group, two focus groups were carried out. There was a strong turnout of 36 participants in total for the focus groups with ages ranging from 13-18 years across nine different schools and home education, including SEND participants and inclusive of a variety of ethnicities. The young people offered an interesting insight into their views of the service with main themes. A number of actions have been put into place following the feedback from the young people. The participants suggested that peer to peer promotion would be effective as 'young people are more likely to trust, listen to, and relate to their peers'. Carrying forward this suggestion, a group of young people have volunteered to act as 'ChatHealth ambassadors' taking responsibility of promoting the service in a variety of methods within their own schools across Bedfordshire.

Norfolk Children and Young People's Health Services

Oral Health – Just One Norfolk (digital offer)

The Just One Norfolk team have worked on developing a new digital resource and pathway for oral health in Norfolk. Bringing together a wide variety of stakeholders into a working group, aims and objectives were set to improve the delivery of oral health promotion. Members of the Norfolk Co-production team supported the working group to gain the voice of families, children and young people by consulting service users at community groups across the county, and sending out a short questionnaire through social media. Families and their young children were also invited to take part in the filming of videos as part of the resources for the website, and name the area of the site to ensure relevance to the local community. Feedback from consultations and surveys was collated and used to link to SystemOne to enable intervention with a family or child if required. The website section on oral health went live in November 2019.

Ambulatory Care

Gym Facilities – Working Together Group

The DynamicHealth physiotherapy team based in Doddington identified a trend from patient feedback (verbally and through the Friends and Family Test) that service users were requesting more use of the physiotherapy gym after their treatment had ended. With the support of the co-production lead, a local Working Together Group was formed in December 2019 to invite service users who had given this feedback to talk about how changes could be made. People in the group said they would be prepared to use local gyms once they had been discharged from physiotherapy, but their main barriers were apprehension and feeling intimidated. In January 2020 members of the local authority sports development team attended and through discussion the group agreed that to have 'dedicated' or 'protected' time in the local gym for people who were undergoing rehabilitation and physio work was the way forward. The sports team from the local authority have now arranged for this to happen and in February 2020 these services with protected time sessions of 90 minutes are in place at the local gyms on a weekly basis at a reduced cost. The Working Together Group continue to meet and will promote this new development and joint engagement outcome and they are planning to review and consider how the DynamicHealth physiotherapy team could offer their on-site gym in a different way.

"The physio gym is excellent! Staff's positive attitude was extremely helpful in my recovery."

MSK Physiotherapy Cambridge and Ely

North Cambridgeshire Hospital Site

An area of main focus this year has been the North Cambs Hospital re-development, working with service users, the local community and local stakeholders to capture feedback, thoughts and ideas for the redevelopment of the hospital site. A total of 77 people have taken part in focus groups and informal discussions in respect of the redevelopment of North Cambs Hospital in Wisbech. These individuals have specifically given us their thoughts for a new café, feeding back on aspects such as the design of the space, the menu offering and a dedicated children's area. Whilst 11 people attended a dedicated focus group on-site at the hospital, 60 people were visited in community centre groups within Wisbech. The information obtained is being used to inform the model required for potential providers of the café. Future focus groups continue and community visits will be made for people to have a say on aspects of the redevelopment, such as the main entrance and waiting room.

Luton Children's and Adult Services

Children's Services ADHD pathway redesign

"I just want to be heard and today I felt I was listened to."

Luton Community Paediatrics

Service users and stakeholders have been involved in the development of a discharge form and an ADHD information pack following engagement and consultation through digital surveys and telephone interviews as well as a coffee morning. Families were invited to share their experience of receiving an ADHD diagnosis and what could be improved, while those who had recently been discharged from the service were asked to review the discharge summary and its usefulness. In addition to a paper based information pack, families requested a digital version of the information pack, a children's pack for the child and siblings, and bitesize videos on key themes. Engagement work was also carried out around the way people accessed the service, in order to support the service's understanding of user's needs.

Extra Care sheltered housing project

Staff delivered a focus group exercise at an Extra Care sheltered housing scheme to capture patient reactions to different health messages and identify how offering different care interventions could reduce district nursing requirements and prevent secondary care admissions among the frailty cohort. The focus group had 12 participants and the findings

revealed that there was a gap in on-site service provision; a lack of social, recreational and keep-fit activities was identified. Using this information, the Falls team then planned to deliver an education participation session around falls prevention at the sheltered housing scheme. Following on from this the co-production lead aims to continue this focus group and will continue the participation from the group to help with the design of other health promotion materials and ongoing support for the scheme.



Formal and informal complaints and Patient Advice and Liaison Service (PALS) contacts

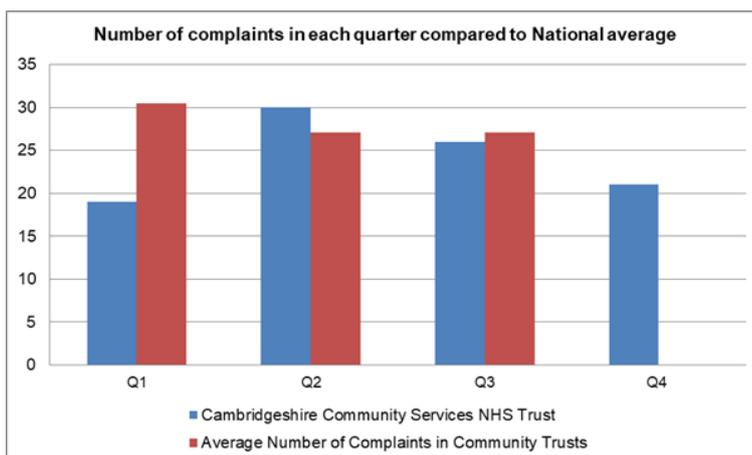
The table below provides a breakdown of the total number of complaints (formal and informal) and PALS enquiries received in 2019-20 compared to previous years. (Note that figures may differ to those reported externally and internally during 2018-19 as complaints can be downgraded to informal and resolved through local resolution. Informal complaints that are not resolved in a timely way or to the satisfaction of the complainant can be escalated to a formal status after initial reporting).

	2015/16	2016/17	2017/18	2018/19	2019/20
Formal Complaints	136	112	82	100	96
Informal Complaints	135	131	190	397	319
PALS (inc. comments, enquiries and signposting)	459	573	660	602	645

Formal complaints

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

This graph shows that the Trust received fewer formal complaints in Quarter 1 and Quarter 3 than the average received by comparable NHS community trusts.



Quarter 4 national data is not available as collection and publication of data was suspended due to COVID-19.

Informal complaints

Informal complaints are complaints where issues raised can be resolved quickly and through the local resolution process, either within the clinical setting or by our Patient Advice and Liaison Service (PALS). These are often resolved by a telephone call or a meeting with a clinician or service manager and enable services to work with service users/patients to resolve their concerns in a timely way. Our services have supported the local resolution of 294 informal complaints.

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) received and satisfactorily resolved 645 contacts during the year.

Parliamentary and Health Services Ombudsman (PHSO)

We had one complaint that was considered by PHSO. They decided not to proceed to an investigation as they could not find any indications of failings in the Trust in respect of the complaint.

Learning from formal complaints

From the feedback we receive through complaints raised we identify learning and make improvements as required. Below are some examples of identified learning and actions within our services.

District Nursing in Luton

Complaints received regarding care provided, wound care management:

- All staff have been reminded that changes in plans of care or feedback from discussions about care need to be clearly communicated with our patients and their carers and documented in the clinical records.
- Rationale for treatment must be explained to patients and their carers.
- Patients with complex needs should be discussed at handover and this should be documented.
- Ongoing work to improve patient pathways across the system is currently ongoing.

"Very effective and caring, always smiling and has very kind nature."

Integrated District Nursing

Bedfordshire Community Paediatrics

Complaints received about the delays in accessing services, difficulties in obtaining appointments and care received:

- The service has increased medical staffing. This has enabled Saturday clinics to address the current service demands
 - The service is currently initiating a review of booking systems to ensure alternative appointments are available in a more timely manner when staff are on leave/unexpectedly unavailable
 - New booking process is being implemented to improve communication with parents/ carers.
 - Developed a system to ensure parents/carers have an alternative point of contact when their named pediatrician is on annual leave or unavailable to support their needs.

"Easy access to friendly, professional advice."

Bedfordshire Speech and Language Therapy

Musculoskeletal Services

Complaints about delay, onward referrals and appointments:

- Staff have been reminded to clearly communicate to patients that waiting times fluctuate and the reasons for this.
- Staff should ensure that patients understand that they can contact the service directly within six months of discharge and the process for doing this
- The administration team leader has reminded all administrative staff to be vigilant in making sure letters are sent in a timely manner.
- All staff have been reminded of the importance of ensuring urgent referrals are actioned within the specified timeframes.
- Administrative staff have been reminded to ensure that clinicians are notified of all urgent cases to enable them to prioritise their diaries.

"Punctual appointment, very thorough examination. Helpful treatment by a very pleasant physio."

MSK Physiotherapy Peterborough and Wisbech

3.5 Patient outcomes

The Trust is committed to encouraging clinicians to consider how patient outcome measures (POMs) could be incorporated into a clinical contact to assesses the impact of a clinical intervention. To achieve this we aimed to work across all clinical specialities and geographical areas by engaging with senior clinical staff and managers, via regular facilitated 'POMs Networking Groups'. The Research team was tasked to map out what POMs are already being used across the Trust and to facilitate shared learning across those clinical areas which already

use POMs, and those who were at the start of the journey. We also explored which POMs other community trusts were using and how they were reporting them.

'POMs Networking Group' meetings have run throughout the year with representation from Allied Health Professionals (AHPs), nursing leads, clinical psychologists and paediatricians, who were all working towards the common goal of increasing the use of POMs throughout their clinical areas. Colleagues from the Clinical Systems and Informatics Team also attended specific sessions. The conclusion was that no one system or patient outcome measurement could be used or applied universally throughout the Trust. There were various stages of readiness within the differing clinical areas and these have been classified into tiers. Other community trusts were at an early stage of using POMs and also found that a universal, 'one size fits all', POM was not possible to apply throughout their trust.

This is a complex project and we are looking towards continuing the Networking Groups in a virtual format in 2020-21. Below is a selection of just some of the projects we have been working on across our Trust:

Adult Musculoskeletal Services

Three interventional patient classes, run by the Physiotherapy Service, showed clinically significant improvements post intervention. A six step plan to increase the percentage of MSK-HQ patient outcomes undertaken, has commenced.

Children's Services, Cambridgeshire – Children with stammer

The study of EQ-5D-Y questionnaire responses in children who had a stammer showed a reduced quality of life. When the child was interviewed it was often related to other difficulties associated with their stammer. EQ-5D-Y was quick to use and could be used within paediatric services.

Goal & Action Plan Pilot Project – Multi Disciplinary Teams (MDT), Children's Services Cambridgeshire/Norfolk

This pilot project consisted of three pre-set up sections which were setting up goal and action plan categories (for use on SystemOne), coding 'test patients' (for Informatics to match against the chosen categories), and developing a goal based training module. All three early stage aspects have been completed. Setting and analysing patients' goals has been delayed due to the national template not being correctly undertaken for over nine months.

Children's Services – 0-19 Healthy Child Programme Bedfordshire, testing at 2 years of age vs age 3

This project is being funded over two years by Public Health Bedfordshire and will have an independent evaluation by an academic partner, University of East Anglia. The outcome measure being used is the 'Ages and Stages Questionnaire'. This project commenced in October 2019.

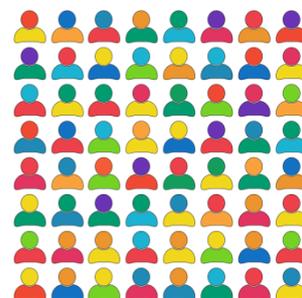
3.6 Safeguarding achievements

- Safeguarding governance arrangements were refined to strengthen links to our locality based services and quality governance structure.
- External audits of safeguarding children and adults as part of safeguarding partnership arrangements have provided external scrutiny/challenge, to inform practice as single agency and within the context of wider safeguarding systems.
- Safeguarding training programme has been reviewed in line with Intercollegiate Documents for Children & Adults.
- We enhanced the children safeguarding templates for the SystemOne clinical recording system, improving recording, decision-making processes and supporting data collection/analysis.

- Our locality based safeguarding teams have continued to respond efficiently to any Child Safeguarding Practice Reviews, Safeguarding Adult Reviews or Domestic Homicide Reviews. We have developed a central data base for recording and monitoring learning from these reviews.
- We continued to contribute to the work and development of Multi Agency Safeguarding as part of transition from Local Safeguarding Children’s Boards to new Multi-Agency Safeguarding Arrangements in the localities where we deliver services.

3.7 Workforce factors

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



National staff survey

Results were published in March 2020 and for the seventh year running our staff rated working for the Trust incredibly positively, reflecting the excellent culture and behaviours our staff helped to create. The Trust surveyed electronically all substantive staff in post at 1 September 2019 and 1,360 staff completed the survey (the same percentage response rate of 60% as in 2018 and compared to a 58% average response rate achieved by our community trust peers).

Staff survey results nationally were grouped into 11 themes. We were rated the joint best performing Trust across the country in two themes: ‘health and wellbeing’ and ‘team working’ and second in ‘safe environment – bullying and harassment’. We were also rated third best across the country for equality, diversity and inclusion and safe environment-violence and were in the top 10 performing Trusts across the country in the two of the remaining six themes.

There are 29 key finding areas, grouped into 11 themes:

- | | |
|-------------------------------------|--|
| ▪ equality, diversity and inclusion | ▪ safe environment – bullying and harassment |
| ▪ health and wellbeing | ▪ safe environment – violence |
| ▪ immediate managers | ▪ safety culture |
| ▪ morale | ▪ staff engagement, and |
| ▪ quality of appraisals | ▪ team working |
| ▪ quality of care | |

We know that an engaged and happy workforce is directly linked to the provision of good patient care so we were particularly pleased that the Trust’s overall staff engagement score remained 4 out of 5, the same as in 2018.

In the 11 key findings, there was no statistically significant change in staff feedback compared to 2018.

It is pleasing to note that the action plan we implemented in response to the 2018 staff survey results, led to us being third highest for Diversity and Inclusion, above average for ‘quality of care’, above average for ‘quality of appraisals’ and second and third respectively for ‘safe environment / bullying and harassment’ and ‘safe environment / violence’, which were the four areas of focus in the 2018 action plan.

The Trust-wide actions from the 2018 staff survey results included:

- Local staff survey action plans to address areas of concerns which were locality specific.
- Introduction of a staff adjustments passport to support disabled staff, and the issuing of guidance on supporting disabled staff.

- Full review and changes to the appraisal documentation and guidance, including introducing separate documents for clinical and non-clinical staff with signposting to relevant training and development opportunities to assist with career and personal development planning.
- A reinforcement of the Trust's Zero Tolerance policy towards violence and aggression.
- Team support for experiencing challenging behaviour from the public.

Freedom to Speak Up

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

The Freedom to Speak Up guardian, who is also a member of the Wider Executive Team, actively engages with local, regional and national forums to share best practice and learning. The Deputy Chief Executive is the nominated executive lead for speaking up. The chair of the Audit Committee is the designated non-executive lead for speaking up; he offers independent advice and oversight on speaking up processes.

In addition, the Trust has appointed 18 Freedom to Speak Up champions through an open invitation for expressions of interests from staff. All staff who expressed an interest in becoming Freedom to Speak Up champions were appointed and all received standard training delivered by the Assistant Director of Corporate Governance and Assistant Director of Workforce.

Awareness regarding the various Freedom to Speak Up roles and associated persons is raised through the Trust induction, on the intranet and in other communications cascaded across the Trust.

The Freedom to Speak Up guardian works collaboratively with the staff-side chair, the Guardian of Safe Working, Assistant Director of Workforce, Local Counter Fraud Specialist and other neighbouring providers. In connecting with other Trusts' Freedom to Speak Up guardians, we have shared processes and established systems to communicate and collectively spread good practice beyond our organisational boundaries.

The Trust has a transparent and open culture which has been built over a number of years. In October 2019, the Trust received an award from the National Guardian's Office for achieving the highest Freedom to Speak Up index results in England in the NHS Annual Staff Survey about staff perception to speaking up. Through the Annual Staff Survey results, staff fed back that they felt secure in raising concerns, that they were confident that the Trust would deal with the raised concerns and felt engaged and valued.

Staff are encouraged to speak up if they are concerned about anything (such as concerns over quality of care, patient safety or bullying and harassment within the Trust); how they speak up is entirely up to them; they can raise concerns through:

- | | |
|---|--|
| ▪ Their line manager | ▪ Staff side chair |
| ▪ Other leaders within their service or division | ▪ Freedom to Speak Up guardian |
| ▪ Any member of the Senior Leadership team or the Chief Executive | ▪ Executive lead for speaking up |
| ▪ Freedom to Speak Up Champions | ▪ Non-executive lead for speaking up |
| | ▪ Other external bodies where relevant |
| | ▪ Cultural ambassadors |

All concerns raised are logged by the Freedom to Speak Up guardian who monitors the investigation, ensures agreed actions are implemented and feedback has been provided to the person who raised the concern. Feedback from staff who raise concerns is also used to improve speaking up processes. For example, following feedback received from staff during 2019-20, the Speaking Up/Whistleblowing policy was further revised to incorporate the comments from staff. The revised policy was ratified by the Board in July 2020.

Reviews for each concern are independent, fair and objective. During 2019-20 no staff reported experiencing a detriment as a result of speaking up.

The Trust Board receives the Freedom to Speak Up report twice a year. Quarterly Speaking Up data is submitted to the National Guardian's Office. The Freedom to Speak Up annual report is presented to the Board; the report includes an improvement plan to further strengthen speaking up arrangements across the Trust.

Workforce Race Equality Standard (WRES)

As part of our actions to support Diversity and Inclusion in the workplace we use both staff data and information from the staff survey to compare the experiences of White and Black Asian and Minority Ethnic (BAME) staff against the specific WRES indicators. The indicators taken from the annual staff survey feedback are:

- Indicator 5: % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
- Indicator 6: % of staff experiencing harassment, bullying or abuse from staff in last 12 months.
- Indicator 7: % of staff believing that the organisation provides equal opportunities for career progression or promotion.
- Indicator 8: In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues.

Our BME staff rated their experiences better than the national average for all four indicators when compared to our peer community trusts; and better than in 2018 for two of the four indicators. Further analysis of these results at service and team level has identified actions to inform our staff experience improvement plans.

Workforce Disability Equality Standard (WDES)

We also analysed staff data and feedback from the staff survey from disabled members of staff against seven indicators, which will be used to inform our action plan to meet the Workforce Disability Equality Standard introduced in 2019. Our Diversity and Inclusion Working Group monitors progress against actions plans at a Trust-wide and service level. The seven indicators are:

- Indicator 4a: harassment, bullying and abuse.
- Indicator 4b: reporting harassment, bullying and abuse.
- Indicator 5: equal opportunities for career progression/promotion.
- Indicator 6: experiencing pressure from your manager to attend work when unwell.
- Indicator 7: staff satisfaction with extent work is valued by organisation.
- Indicator 8: adequate adjustments made for disabled staff.
- Indicator 9a: staff engagement.

Overall, for all staff both disabled and non-disabled, there was an increase in staff reporting abuse from the public, but disabled staff report a decrease in bullying and harassment from their managers, an increase in bullying from colleagues and a small (less than 1%) decrease in their belief of equal opportunities for career progression. Positively, disabled staff reported over 8% higher satisfaction in how the Trust values their work compared to in 2018, and 86% of disabled staff reported having reasonable adjustments in place to help them at work.

Gender Pay Gap

In May 2020 the Trust published its third annual gender pay gap report for 2019-20. The report shows the percentage of male and female workers in each pay band and those in receipt of bonus payments, which in the Trust are only consultants in receipt of a Clinical Excellence Award as at a set date in 2019.

The overall mean gender pay gap is 27.07% (compared to 32.32% in 2017-18) and is mainly attributed to executive level (Band 9 roles) and medical consultants who are the highest paid staff in the Trust. In these roles, there are disproportionately more men than women compared to our overall male to female ratio. This disproportionality explains the gender pay gap.

The Trust's Workforce Diversity and Inclusion Group oversees the agreed Trust-wide gender pay gap actions which aim to move the trust to having a representative gender mix in all pay band through:

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

Supporting staff and staff engagement

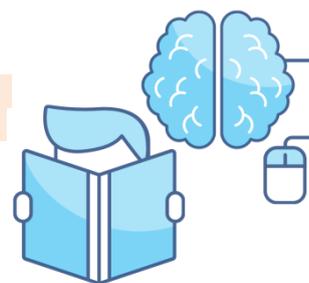
In 2019-20 the Trust:

- Supported a network of Freedom to Speak up champions.
- Continued to introduce innovative recruitment initiatives in hard to recruit areas.
- Successfully transferred staff into the Trust as a result of procurements won and continued to use tailored inductions to meet the needs of new staff.
- Supported services and staff transferring out of the Trust, with a transition programme that ensured they left the Trust in the best state of readiness to positively move forward.
- Supported strategic service redesign programmes enabling staff and services to review and implement plans to meet patient needs.
- Provided bespoke team development, support and skills training for teams leading service redesign programmes.
- Provided coaching and mentoring support to team leaders, supporting services and staff implementing change and transition, and implemented a mentoring programme for our diverse workforce.
- Continued to implement action plans based on staff feedback.
- Reviewed trust-wide training and education needs to plan, procure and implement programmes of development, to support staff to deliver high quality services.
- Promoted the benefits of effective appraisals.
- Continued to provide an appraisal career and personal development planning process.
- Offered flexible working and family friendly arrangements, a carer's and special leave policy and a zero tolerance approach to violence in the workplace.
- Continued to offer mindfulness and personal resilience training programme to enhance the already successful training for personal welfare, which supports our live life well programme.
- Continued to support the bi-monthly joint consultative negotiating partnership to engage with trade union representatives to 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.
- Invited staff from a variety of services to share their experience of working for the Trust at our Trust Board and Clinical Operational Board meetings to celebrate good practice and identify improvements that could be made to our working lives.

Mandatory training

The Trust:

- Continued to improve access to e-learning for mandatory training subjects including through a staff telephone helpdesk.
- Continuously reviewed and amended 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.



Improvements made to the Electronic Staff Training Record (OLM) include:

- 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 supervisors' self-service functionality completed and being used by managers to track their teams training compliance.
- Starting the roll out of OLM to record all training including 'essential to role' training.
- Linking our unconscious bias training programme to ESR so updating of staff training records has to be undertaken manually.

Attracting and retaining a quality workforce: Looking forward to 2020-21

We will:

- 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 local Sustainability and Transformation Partnerships/Integrated Care Systems to implement the nursing associate role.
- Continue to expand the opportunities for apprenticeships across our workforce, following implementation of the Apprenticeship Levy and further higher apprenticeships becoming available for our clinical and non-clinical workforce linking with the Health Education East of England (HEE) Grow Your Own initiative.
- Roll out the preceptorship training to all our preceptors.
- Continue to offer our successful Chrysalis and Stepping Up leadership and management development programmes and bespoke programmes, which support team development in services.
- Continue to offer places on the local Mary Seacole Leadership Development Programme.
- Continue to embed a coaching and mentoring culture across the Trust, investing in further health coaching training for our clinical workforce and mentor development.
- Continue to implement our 2020-23 People Strategy, focusing on the following five programmes of work:
 - A highly engaged workforce
 - An appropriately trained workforce
 - A healthy and well workforce
 - Diversity and inclusion for all
 - An organisational culture of continuous improvement

Health and wellbeing and sickness absence reduction

Live Life Well

The Trust's comprehensive Health and Wellbeing Programme "Live Life Well" has continued to support staff to achieve a healthy work life balance, including through:



- Personalised approaches to managing all staff matters, creating a ‘people first’ culture.
- Continued promotion of support available to staff including the rapid access to MSK service, union representatives, occupational health and our confidential counselling services.
- Supporting staff with their financial wellbeing through a partnership with Neyber, a financial service provider, and to trade union members via their unions.
- Promotion of the wellbeing values of good team working and two way communication and taking a break.
- Incorporate input from experts into our mental wellbeing, resilience and mindfulness support and undertaking research into the wider use of mental wellbeing interventions.
- Supporting the mental wellbeing of staff including a ‘Healthy Mind and Healthy Body’ week held in May 2019.
- Promotion of the wellbeing effects of volunteering.
- Promotion of NHS staff discounts.
- Encouragement to participate in the ‘flu vaccination programme with an uptake of 66% from our frontline staff (the same figure as the previous year’s uptake).
- Promotion of key national wellbeing related days/weeks throughout the year.
- Working with public health wellbeing providers to offer staff a range of health checks and advice and information within their local area, building on the success of this in Luton.
- Resilience training.
- Newsletters, intranet pages and communication cascade weekly updates.
- Review of our domestic violence policy/support using the expertise in our Safeguarding team.
- Reminder to staff about access to free eye tests if they use a computer as part of their role.

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

Data category	2015/16	2016/17	2017/18	2018/19	2019/20
Average WTE*	1953	1763	1713	1970	2017
Average monthly sickness rate	4.38%	4.67%	4.45%	5.21%	4.96%
WTE days lost	31427	30111	20795	37430	36539
WTE days available	700,107	645,166	466,911	719,566	736,041
Cumulative sickness rate - based on yearly totals	4.49%	4.67%	4.59%	5.20%	4.51%

Notes:

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

Staff policies

The Trust aims to ensure that no employee or job applicant receives less favourable treatment because of their race, colour, nationality, ethnic or national origin or on the grounds of gender, marital status, disability, age, sexual orientation or religion; or is disadvantaged by conditions or requirements which are not justified by the job. This is achieved through our open culture and supported by policies including Recruitment and Selection, Bullying and Harassment (Dignity at Work) and Training and Development.

During 2019-20, the Trust continued to receive accreditation to use the Disability Confident Symbol for employers who meet a range of commitments towards disabled people and as a Mindful Employer, which increases awareness of mental health in the workplace.

3.8 Diversity and Inclusion

We are committed to providing personal, fair and accessible services to our diverse communities, promoting equality and diversity in the work place and eliminating discrimination, in line with our responsibilities under the Equality Act 2010. This includes our duty as both an employer and as a provider of services to the public to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

We are using the Equality Delivery System (EDS2) as a tool to help us to deliver against our statutory requirements in relation to our staff and service users.

Trust Demographic Profile

Our communities

We provide a range of healthcare services in Bedfordshire, Cambridgeshire, Luton, Milton Keynes, Norfolk, Peterborough and Suffolk. Each locality has its own vibrant and diverse community and our service improvement and redesign aspirations reflect the specific needs of each.

Our diversity and inclusion objectives

The Trust Board has agreed four diversity and inclusion annual objectives as detailed below:

Objective 1: Achieve an improvement in the percentage of service users who report that they are able to access Trust services that they require.
Objective 2: To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups.
Objective 3: To introduce a disability passport scheme to record agreed reasonable adjustments.
Objective 4: To utilise the diverse experience and backgrounds of our Board members in promoting an inclusive culture.

Workforce Diversity and Inclusion

To support the two workforce Equality Delivery System (EDS) objectives outlined earlier and to meet our aspirations in line with the Workforce Race Equality Standards, Workforce Disability Equality standards and our gender pay gap actions, we have:

- Introduced an adjustments passport for all staff to have the opportunity to agree reasonable adjustments.
- Continued with our Cultural Ambassadors programme of senior BAME staff, acting as critical friends including in disciplinary and grievances involving BAME staff.
- Continued to roll out having BAME representation on selection panels where a BAME applicant is shortlisted, as one of several actions to seek to challenge and address unconscious bias within the organisation.
- published our third gender pay gap report and identified actions to address a higher number of male staff in senior roles compared to the Trust wide gender split of 93% female and 7% male.
- Introduced diversity mentoring training ready for launching in 2020, including reverse mentoring in our 'big 9' programme.

Measuring Outcomes

Every year, we work with our staff, patients, families, carers and the public to assess our performance in diversity and inclusion and against our four EDS objectives. This is presented to our Board in the diversity and inclusion annual report including progress against the previous year's objectives and an improvement plan for the following year is agreed. Our progress reports and action plans on diversity and inclusion initiatives can be accessed through our website.

3.9 Our award winning staff and national recognition

- The Bedfordshire 0-19 Service was accredited with the UNICEF Baby Friendly Gold Award which is awarded to organisations who have achieved high level evidence in leadership and organisation culture. The service was the first in the East of England to be awarded this prestigious Gold award.
- Our Luton Health Visitors and School Nursing Training team won the NSPCC Elephant Award for the second time for their training programme, which aims to tackle neglect among families in Luton and South Beds.
- Our Luton Enhanced Collaborative Models of Care was highly commended in the Leading Healthcare Award in the Best Use of Data category
- Our Luton Children's Rapid Response team and our Children's Specialist Epilepsy team won the 'Team Innovation Award' and the 'Advancing Healthcare with Technology' awards respectively in the Zenith Global Health Awards.
- Jo Robertson, Luton Respiratory Lead and GP Haydn Williams were selected as the regional finalists for their collaborative work for older people in the Sir Peter Carr Leadership Awards.
- Dr Tamsin Brown, Cambridgeshire paediatrician won the overall winner across all categories in the Forward Healthcare Awards for the affordable hearing headset she developed to help children with glue ear avoid developmental delay. The project's app, created with the Cambridge Hearing Trust and Cambridge Digital Health also won the UK App Awards.
- JustOneNorfolk.nhs.uk was highly commended in the Forward Healthcare Awards in the 'Excellence in Communication & Engagement' category and separately in the Health Tech News Awards.
- Jayne Davies, DynamicHealth Clinical Lead, was recognised with an Outstanding Contribution Award for her leadership of the Musculoskeletal Association of Chartered Physiotherapists professional development agenda.
- The Cambridgeshire Occupational Therapy 'team within a team' initiative was a finalist in the Forward Healthcare Awards 'Specialist Services' category.
- Our iCaSH Express Test was a finalist in the Royal Society of Public Health and Wellbeing awards (healthier lifestyles category).
- Our annual excellence awards celebrated the outstanding achievements of our staff, day in day out, which make a real difference to people's lives.
- We continued to recognise teams and individuals through our monthly Shine a Light awards.



"All round brilliant service. It was so reassuring to know that there were people who cared looking out for Mum."

Enhanced Models of Care

"The training session was a good forum for information sharing. Knowledgeable group leader."

Cambridgeshire Children's Occupational Therapy

"Swift, easy and most importantly very quick to get back to me! Thank you."

iCaSH Bedford – Express Test

Sharing best practice

- Our Luton collaboration models of care adult services featured in a NHS England and NHS Improvement 'sharing awarding-winning improvement initiatives' webinar.
- As a result of our excellent staff survey results, we were invited to share our approach to 'putting people first' at NHS Employer events and workshops as well as with several other trusts.
- The Bedfordshire Universal Pathway Programme offer was written up as an example of excellence within health visiting for publication by the Institute of Health Visiting in their 'Vision for the future' document. The 0-19 service leads have collaborated with Dr Crispin Day and team from Kings College and the Maudsley to embed evidence based tools and models of interaction for the HV's to use within their service offer.
- Clare Doran, Highly Specialist Speech and Language Therapist in Bedfordshire had a paper published – 'Assessing Time Knowledge in children aged 10-11 years' in the International Journal of Assessment Tools in Education.
- Komal Bhuchhada, DynamicHealth Physiotherapist, gave a poster presentation at the Musculoskeletal Association of Chartered Physiotherapists Physiotherapy UK conference on upper limb neurodynamic tests.
- Our Bedfordshire Children's Continence team were cited as an example of good practice in the Paediatric Continence Forum's Commissioning Guide 2019.
- The work of our Children's Rapid Response team in offering direct referrals for the under-fives was promoted at the Public Health England Conference in Coventry through a poster on improving management of common childhood infectious diseases in the community.
- Professor Barbara Wilson and Dr Kate Psaila gave presentations at the International Conference on Neurorehabilitation in Grenada.
- Matthew Winn, CEO attended the annual NHS Confederation Conference speaking on "2019 – the year of community health services" and at a session on population health management with primary care.
- Trina Kaye and Michelle Pilkington from Luton adult rapid response gave a presentation on 'Ensuring safe care for older people living with frailty' at a Health Service Journal conference.
- Vittoria Romano from our Bedfordshire Food First team gave a presentation at the Primary Care Show for BDA Dietitians – promoting the importance of food when managing undernutrition and the Food First approach.
- Dr Gina Gomez, Clinical Psychologist in our Cambridgeshire Children and Young People's Service had two academic papers published:
 - The relationship between maladaptive appraisals and posttraumatic stress disorder: a meta-analysis in the European Journal of Psychotraumatology;
 - Investigating Social Competence and Isolation in children with Autism taking part in LEGO-based therapy clubs in School Environments (I-SOCIALISE): study protocol in the British Medical Journal.

3.10 Service Redesign

In 2019-20 we continued to transform our services through a range of service redesign programmes. Many of the projects undertaken by services had the following objectives:

Improving access into services for patients and service users

Examples of our improvements include:

- Introducing a single point of access for our minor oral surgery service in Cambridgeshire reducing confusion of multiple telephone numbers and different ways to access support.
- Re-launch of our Bedfordshire 0-19 Healthy Child Programme single point of access with a new telephony system which has enabled the service to efficiently manage calls and reduce call waiting times.
- Launched on-call nurse pilot in Luton community paediatrics to enable timely access to medical support/advice.

Improving the efficiency, effectiveness and quality for our patients and service users

Many of our services have tested new ways to deliver care and support, enhancing the support for self-management/care and personalising our services to meet the needs of our service users.

Some highlights included:

- Pilots in our Norfolk Healthy Child Programme for antenatal and one year reviews
- Redesigned speech and language pathway and service in Bedfordshire providing a tiered level of support based on complexity.
- Redesigned Cambridgeshire and Peterborough young parent pathway to increase support available to more young people.
- Increased oral health promotion, launched my smile programmes across Cambridgeshire and Bedfordshire to reduce tooth decay in young children.
- Mapped and designed new clinical pathways in our Luton community paediatrics service.

Increasing the use of technology to support our services

- The functionality of our Just One Norfolk website has continued to expand over the year with online education resources for young people, parents and carers.
- Our sexual health service iCaSH continued to promote and roll out the online express test which enables people to request a STI testing kit online without physically attending a clinic.
- ChatHealth and Parentline both launched in April for Bedfordshire young people and parents who can now anonymously text our services for support and advice.
- Data analytical tools were developed to help support the decision making in our Luton adults service.

Collaboration, collaboration, collaboration

Partnerships in all of our areas continued to develop over the year and shared transformation plans were created:

- Alongside a system partner we began to redesign, standardise, and streamline services in healthy child programme in Cambridgeshire and Peterborough to ensure we provide equitable support and care tailored to the needs of the local communities.
- With our Luton system partners we continued the development of shared anticipatory care plans to reduce the likelihood for frail and elderly residents attending or being admitted to hospital inappropriately – 1,000 people now have these plans in place.
- We continued collaboration with local health and social care partners across Norfolk, promoting Just One Norfolk as the key children and young people (CYP) electronic resource, for example the site will act as a portal for accessing electronic maternity records.
- Embedding a culture of co-production continued and an increasing number of patients and service users were involved in designing and implementing changes to our pathways and services. Their contributions are insightful, honest and fundamental to designing effective sustainable services to meet the needs of our local areas.



3.11 Successful partnership initiatives



Working in partnership with other agencies is fundamental to our shared ambition to ensure the best outcomes for local residents.

Examples of successful system-wide partnerships include the following.

Cambridgeshire and Peterborough (C&P) Sustainability and Transformation Partnership

- We are key partners in the Best Start in Life 5-year strategy to improve life chances of children (pre-birth to 5 years). Our contractual joint venture with Cambridgeshire and Peterborough NHS Foundation Trust is a key enabler in this programme.
- Our musculoskeletal services were among the first in the country to successfully pilot the first contact practitioner role in a primary care setting as part of a national programme.
- Neuro-rehabilitation services across the system are engaged in a redesign process.

Bedfordshire, Luton and Milton Keynes Integrated Care System

- In Luton, our enhanced models of care programme – a targeted multi-agency population health management approach – is improving outcomes for people with frailty who are vulnerable to unplanned hospital admissions.
- In partnership with East London NHS Foundation Trust we are delivering a wide range of children and adults community health services to families across Bedfordshire.

Norfolk Children and Young People’s Strategic Partnership Board and Alliance Board

- As members of both the Strategic Partnership Board and the Norfolk Alliance Board, we are playing a central role in improving outcomes for families across Norfolk; predominantly through our Healthy Child Programme services.
- Our award-winning Just One Norfolk digital platform is improving access to advice and evidence-based services for families, so much so that we are working with Norfolk County Council to integrate the Council’s Early Childhood and Family Service into this platform.

In addition to the above system-wide collaborations, we have also:

- Continued our premises improvement plans including an £8 million redevelopment underway at the North Cambridgeshire Hospital site including new premises for our MSK physiotherapy services and dental services and for the Queen Elizabeth Hospital NHS Foundation Trust’s community midwifery services.
- Continued to work with Health Service Laboratories (a venture between two NHS organisations and a private sector partner) to deliver an online postal ‘Express Test’ STI kit providing a speedy and accessible service for asymptomatic people.
- In partnership with the Terence Higgins Trust provided contraception and sexual health services in Bedfordshire, Cambridgeshire, Norfolk, Peterborough and Suffolk (and from 1 April 2020, Milton Keynes).
- Together with Cambridgeshire and Peterborough NHS Foundation Trust, delivered an emotional health and wellbeing service across Cambridgeshire and Peterborough, which is supporting professionals to access services and help schools improve the emotional health and wellbeing of pupils.

3.12 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.

Summary of data accessed from <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/compendium-of-population-health-indicators/compendium-hospital-care/current/emergency-readmissions-to-hospital-within-30-days-of-discharge/emergency-readmissions-to-hospital-within-30-days-of-discharge> on 11 March 2020.

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 21

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.

Summary of data accessed from http://www.nhsstaffsurveyresults.com/wp-content/uploads/2020/02/NHS_staff_survey_2019_RYV_full.pdf on 11 March 2020.

NHS Staff Survey question posed providing results below: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."

Percentage of staff selecting Agree or Strongly Agree

	2015	2016	2017	2018	2019
National Best	82.9%	86.2%	82.7%	82.9%	85.5%
Our Trust	82.6%	80.4%	82.5%	82.6%	83.2%
National Average	73.8%	73.1%	73.0%	74.8%	78.3%
National Worst	66.5%	64.7%	66.2%	36.6%	35.6%

The Trust considers that this data is as described due to its direct origins in the NHS staff survey.

The Trust intends to take the following action to improve the percentage of who are happy with the standard of care provided by this organisation, and so the quality of its services: work with staff to understand where improvements in care can be made that apply to the Trust's portfolio of services.

Annex 1: Core Quality Account Indicator 25

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Summary of data accessed from <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/may-2020/domain-5-treating-and-caring-for-people-in-a-safe-environment-and-protecting-them-from-avoidable-harm-nof/5-6-patient-safety-incidents-reported-formerly-indicators-5a-5b-and-5-4> on 9 July 2020.

Note: highest, lowest and average national measures taken from comparable community trust provider results only, therefore excluding all acute providers.

Results period	Trust figure		National average		National highest		National lowest	
	Apr 19 – Sep 19	Oct 18 – Mar 19	Apr 19 – Sep 19	Oct 18 – Mar 19	Apr 19 – Sep 19	Oct 18 – Mar 19	Apr 19 – Sep 19	Oct 18 – Mar 19
Number of patient safety incidents	867	785	1865	1643	4236	3296	608	592
Rate per 1,000 bed days	No data available							
Number of incidents that resulted in severe harm or death	1	1	10	15	61	16	0	0
% of incidents that resulted in severe harm or death	0.12%	0.13%	0.53%	0.92%	2.86%	4.15%	0%	0%

The Trust considers that this data is as described because it originates from the National Reporting and Learning Service which is fed directly from our incident reporting system – Datix.

The National Patient Safety Agency recognises that a high level of patient safety incidents reported can be a useful indicator of an open and transparent organisation.

Part 4: Statements relating to quality of NHS services provided

The Trust's Quality Account 2019-20 was circulated for comment and feedback to our commissioners and stakeholders (see list below) and responses received are included in the following pages.

Bedford Borough Council
Bedfordshire Clinical Commissioning Group
Cambridgeshire & Peterborough Clinical Commissioning Group
Cambridgeshire & Peterborough Overview & Scrutiny Committee
Cambridgeshire County Council
Cambridgeshire Health & Wellbeing Board
Central Bedfordshire Council
Healthwatch Bedford Borough
Healthwatch Cambridgeshire & Peterborough
Healthwatch Central Bedfordshire
Healthwatch Luton
Healthwatch Norfolk
Healthwatch Suffolk
Luton Borough Council
Luton Clinical Commissioning Group
Luton Health & Wellbeing Board
Luton Overview & Scrutiny Committee
NHS England
Norfolk County Council
Norfolk Health & Wellbeing Board
Norfolk Health Overview & Scrutiny Committee
Peterborough City Council
Peterborough Health & Wellbeing Board
Suffolk County Council
Suffolk Health & Wellbeing Board
Suffolk Health Scrutiny Committee

Healthwatch Cambridgeshire and Peterborough

Cambridgeshire Community Services NHS Trust Quality Account Statement for 2019/20

Summary and comment on responsiveness

Healthwatch Cambridgeshire and Peterborough is pleased to continue to enjoy a positive relationship with the Trust. The Healthwatch Chair and the Chair of the CCS Trust Board meet regularly to discuss patient feedback and planned improvements. Our Chair also took part in the appointment of new Directors.

Trust staff have engaged with positively with the work of our Health and Care forums, sending updates when unable to attend in person.

The Trust has been responsive to concerns raised and intelligence shared during 2019/2020 and see opportunities to ensure this continues as we provide further feedback on experiences during the COVID-19 crisis - see challenges below.

Performance

Feedback about the Trust's services in our area is generally positive. The introduction of a local resolution model seems to have had a positive impact on patients. However, we continue to urge the Trust to provide more information on the type of issues and complaints raised with the Trust as opposed to just numbers. It is good to see examples of how patient feedback has been used to improve services, although it is unclear how embedded some of these changes are due to the impact of coronavirus.

Priorities

The importance of working together across the system has been demonstrated in recent months, and it is hoped that the Trust will continue to develop effective partnerships to bring better services to the communities they serve.

We are pleased to see the continued focus of seeing services through the eyes of patients, service users and carers, and a move to more co-production and plans for patient involvement in Quality Reviews. It is also positive to see plans to further involve people with lived experience in volunteering roles.

Anticipated challenges for the Cambridgeshire and Peterborough NHS and Social Care system for the coming year

Towards the end of the 2019/2020 period, it has been necessary for the Trust to adapt and respond to the COVID-19 pandemic. We acknowledge the efforts and dedication of teams working across the Trust during this unprecedented situation. There is overwhelming support for NHS staff, with many positive messages received.

We know this because from May to August 2020, Healthwatch Cambridgeshire and Peterborough surveyed local people to hear about the impact of service changes during COVID-19. Our regular briefings throughout this period pass on what we are hearing from people about; health and care services they had experienced, information they needed to stay safe and well, and help and support they had received.

So far (to October 2020), of those who had used health services during the pandemic, four out of five people told us that their experience had been either 'good' or 'excellent'.

However, cancelled services have led to uncertainty for patients as to what is happening about planned or ongoing treatment.

During the pandemic some services paused and are being re-introduced over a period of time. This has caused confusion for many patients. We have heard from patients that whilst they are sympathetic to the strains on the NHS, it is vital for them that all changes to the status of services, are clearly communicated at all times.

People told us that they wanted better communication to let them know what was happening with their care. Healthwatch would like to emphasise the importance of clear messages and we would be pleased to assist in the communication of these messages.

NHS Cambridgeshire Community Services NHS Trust Quality Account 2019-2020

Response from Healthwatch Norfolk

This is the third year that Healthwatch Norfolk has had the pleasure of submitting a response to the Trust's Quality Account and it is a particularly rich year for reporting. The Trust has achieved a rare rating of "Outstanding" from the CQC in 2020 and the sophistication of its written report here is particularly special. Wisely, the Account does not seek to engage with details of the pandemic. These will engage the next Quality Account 2020-2021.

This is a Trust with a wide geographic range (delivering across six English counties) and with staff dispersed in well over 100 premises. Since the recommendations in our last report, the Trust has made significant strides in digitalisation and has achieved sophistication in the accuracy of its reports about research engagement. This Quality Account could serve as a model for such reporting across the country.

It is important to note that every assertion in the Account is underpinned by evidence. In addition, engagement in research activities is embedded in practice and is not exaggerated. There is a laudable avoidance of dependence on references to individual members of named staff. This triggers an understanding of the Trust as a collaborative system.

We wish to report specifically on the Trust's work in Norfolk because it is our location of practical knowledge and engagement. Norfolk has a rich and challenging set of delivery models for children and young people's services. For that reason, the new management of the County's services by Cambridgeshire Community Services NHS Trust, such as health visiting and school nursing, are of particular interest. Norfolk has benefitted from the Cambridgeshire Community Trust's previous and broad experience in community children's services in other diverse locations in England (e.g., Luton, Bedfordshire, and Cambridgeshire). These services in Norfolk are likely to grow in depth and breadth as a consequence.

Alex Stewart
CEO

October 2020

**CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST
QUALITY ACCOUNTS 2019/20
STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL - HEALTH COMMITTEE**

As in previous years, this report was well organised and provided some solid evidence to support the statements made about progress towards achieving priorities. The CQC judgment of 'outstanding' delivered in August 2019 has been convincingly backed up by a thorough, evidence based quality account. The CQC report has clearly been welcomed and may reinforce the Trust's impetus to deliver continuous improvement.

The priorities for 2020-21 are framed within a three year overall strategy focusing on driving for cultural change: creating a mature patient safety culture, enhanced people participation and a culture of improvement (Our Improvement Way) embedding 'Our Quality Way' and 'reducing unwarranted variation' (p9).

These priorities build on a thoughtful review of 2019-20. Of particular interest last year was the aim to move from patient engagement to participation and 'co-production'. The review reports supporting service user/patient local networks and forums, volunteering opportunities related to service delivery and recruitment and a local resolution process for complaints, though at present these seem to be quite small scale. There are plans for the peer review visits (5 were undertaken last year) to include service users in future, an innovative way forward.

There is a striking emphasis on the celebration of staff. The 2019 national annual staff survey provided positive feedback with several areas of high workforce satisfaction, including with the Trust's 'freedom to speak up' initiative and having a safe and inclusive environment. Quality improvement is a continued theme in workforce development, with a continuing use of patient feedback to improve services.

It is clear that the Trust values patient feedback and uses it to improve the service they provide, every organisation should be continually looking to improve in order to provide a world class service as Cambridgeshire Community Service Quality Report for 2019/2020 would indicate is at the base of all they do.

Several aspects of service redesign have been undertaken in Cambridgeshire, including a single access point for minor oral surgery and more oral health promotion work based on the 'My Smile' approach. Given increasing concerns about children's oral health and access to services, this is welcome. The increased use of technology is also flagged, though with little detail. It will be helpful to read more about this next year, when the impact of remote working during Covid-19 is added to the mix.

Of note during 2019-20 is the attempt to develop patient outcome measures across the Trust (p35). Assessment so far has been that there is no system or measure suitable for universal use across the Trust - perhaps not surprising given the diversity of its services. Patient-led outcome measures remain part of the 2020-23 Trust strategy (p8) and it will be interesting to read about future progress. The Trust have been open and candid regarding "Learning from deaths" and it would be good to understand how learning points will be monitored. However after the 4 serious incidents it was good to

see the lessons learnt and measures had been put in place to reduce the risk of re-occurrence in future.

It was good to hear of the improved accessibility and patient outcomes achieved over the last 12 months. The Health Committee recognises that Covid 19 will sadly have impacted negatively on both accessibility and outcomes, it would be good therefore to understand what plans were already in place to deal with a pandemic and with the benefit of hindsight were these plans robust enough and if not how the trust has improved on such plans going forward.

In recognising that the Quality Accounts are a technical document the Committee has provided some clarification comments separately. The Health Committee has for some years established informal liaison meetings with NHS acute trusts and would like to extend this invitation to meet with members to Cambridgeshire Community Services.



Bedfordshire, Luton and Milton Keynes Commissioning Collaborative

Statement from Bedfordshire, Luton & Milton Keynes Clinical Commissioning Collaborative (BLMK) to Cambridge Community Health Services Quality Account 2019 – 2020

BLMK commissioning group acknowledges receipt of the 2019/2020 Quality Account from Cambridge Community Health Services (CCS). The Quality Account was shared with BLMKs Non-Executive director (lead for patient safety), Executive Directors, Performance, and Quality Teams and systematically reviewed by key members of the CCG's Quality & Performance Committee, as part of developing our assurance statement.

The CCG have been working closely with the Trust during the year, gaining assurance on the delivery of safe and effective services. In line with the NHS (Quality Accounts) Regulations, BLMK CCG 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. We commend CCS on their achievement of a rating of 'Outstanding' from the Care Quality Commission following the inspection in the spring of 2019.

BLMK CCG look forward to working with CCS and seeing the progress on the priorities listed in the report. The account gives an explanation of progress across the organisation and its services and clear areas where quality improvement should be evident at the end of 2020. We also commend CCS on their efforts to manage and support patients and staff through the unparalleled challenges faced through the COVID19 Pandemic of 2020. We welcome joint work with other local providers to reduce system pressure, and are appreciative of the continued efforts undertaken to remodel wider services to meet patient demand and endeavour to provide a positive patient experience.

The CCG acknowledges that the Trust provides services to a wide footprint of the East of England however, continue to focus on Luton & Bedfordshire specific data within the report, which is reassuring as it allows the CCG to focus on priorities specific to across Bedfordshire population. For example; we want to recognise and acknowledge the good clinical pathways work for Luton patients who were able to express their preferred place of care and death and were able to achieve their wish, and the ongoing support CCS provided to the improvement support agenda on Children's SEND (Special Educational Needs), across Bedfordshire. In addition the support on initiatives for CCS workforce work on learning from incidents including human factors training and additional appointments of freedom to speak up and to safeguarding roles is beneficial to patients and staff. The Trusts "Our Quality Way" approach in line with CQC Key lines of Enquiry is commendable.

We support the Trust's four quality priorities for 2020/21 as set out in the account. In particular, continued embedding of CCS' culture of "People Participation" model to capture the experience of hard to reach/seldom heard/varied community groups. We will continue to monitor and work with CCS' progress throughout the year to ensure good quality outcomes for the people of Luton & Bedfordshire.



Patricia Davies
Accountable Officer
BLMK commissioning Collaborative



Anne Murray
Chief Nurse
BLMK Commissioning Collaborative

CCS QUALITY ACCOUNT STATEMENT 2019/20

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) has reviewed the Quality Account produced by Cambridgeshire Community Services (CCS) for 2019-2020. CCS is to be applauded for a readable and informative quality account report, demonstrating clear evidence of the ongoing achievements during the year.

The CCG are pleased to see the positive impact of the trusts 3-year quality improvement strategy, "Our Quality Way". Based on the Care Quality Commissions (CQC) 5 key lines of enquiry, the strategy offers a consistent approach for staff to adopt to ensure that that quality is at the heart of everything they do and services are safe, effective and well led. The early success of the strategy has already been demonstrated by the trust receiving an outstanding rating by the CQC in June 2019. The CQC commended the Trust on how well they ran successful projects and the clear demonstration of the shared vision and value of staff members. For the 7th year running in the staff survey, which was published in March, the Trust were joint highest performing trust across the country for health and well-being and team working demonstrating a clear commitment and enthusiasm.

2019-2020 is the first full year of reduced services commissioned by the CCG, since the transfer of acute children's services based at Hinchingsbrooke Hospital from 1st April 2019 to the new provider North West Anglia Foundation Trust, however system engagement and the strong professional relationships have continued to ensure the best outcomes for our patients. It is positive to see in the report the successes and innovations at a local level and the impact they have not only our patients but also our local communities. The involvement and working with service users, the local community, and local stakeholders to capture feedback, thoughts and ideas for the redevelopment of North Cambs Hospital re-development is commendable and will have a positive impact to our patients in the Wisbech area. The Dynamic Health physiotherapy team working alongside the local authority have listened to patient feedback and now have dedicated timeslots for patients undergoing rehabilitation and physio to use local gyms at reduced cost again optimising long term and sustainable recovery for this group of patients. Our musculoskeletal services were among the first in the country to successfully pilot the first contact practitioner role in a primary care setting as part of a national programme, an initiative which is to be rolled out across the system.

In regards to our Children and Young people, the Trust continue to drive improvements and new ways of working and are actively engaged with the Best Start in Life programme ensuring all young children achieve good outcomes and working with system partners aim to reduce inequalities within our Children's services.

During 2019-2020 there have been some issues due to decreased capacity within the Cambridgeshire Safeguarding team due to sickness, however there is an ambition to improve the service and strengthen a more locality based model and the CCG thank the Trust for their ongoing commitment to safeguard children in Cambridgeshire and Peterborough.

The CCG would like to echo the statement in the report highlighting the incredible resilience of the staff during the Covid-19 pandemic and would like to say thank you for your commitment and compassion shown during this time.

As always the CCG look forward to continuing to work with the Trust and support their priorities for 2020-2021 focusing on delivery, innovation and effective safe services which will continue to provide a positive experience for patients, their families and staff.

Appendix 1: List of Trust Services – 2019-20

	Bedfordshire	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk
Adult services						
District nursing/ community matrons			X			
Specialist nurses/long term conditions			X			
Neuro-rehabilitation	X	X				
Specialist services						
Community dental services, Dental Access Centres, and minor oral surgery - MOS	X Oral health promotion only	X		X MOS only	X	X MOS only
Musculoskeletal services		X			X	
Sexual health services	X	X		X	X	X
Children's services						
Health visiting	X	X	X	X	X	
School nursing	X	X	X	X	(*see note below)	
Therapies	X	X				
Community nursing	X	X	X			
Audiology		X	X			
Community paediatricians	X	X	X			
Family Nursing Partnership	X	X		X		
National Child Measurement Programme				X		
School immunisation programme		X		X	X	X
Emotional Health and Wellbeing service		X			X (*see note below)	

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

Appendix 2

List of contributors to the Quality Account 2019-20:

Matthew Winn
Chief Executive

Susan Turner
Clinical Audit & Effectiveness Manager

Dr David Vickers
Medical Director

Dr Paula Waddingham
Senior Research Fellow

Mark Robbins
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Deborah McNeill
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Mercy Kusotera
Assistant Director of Corporate Governance

Sarah-Jane Gill
Contracts & Business Manager

Louise Palmer
Head of Clinical Quality

Zoe Brown
Project Support Manager

Quality Account co-ordinated by:

Helen Ruddy
Business Support Manager

Rosie Hagland
Quality Co-ordinator

Appendix 3: Summary of all clinical audit activity for 2019-20 n=56

The Trust has completed audits for the following services and, audits are undertaken to ensure compliance with national guidance, patient records, serious incidents and, clinical standards.

- Oliver Zangwill Centre (n=1)
- Dental Services (n=3)
- Integrated Contraception & Sexual Health Service (iCaSH) (n=7)
- Musculoskeletal Services (MSK) (n=15)
- Bedfordshire Neurotherapy Services (n=2)
- Bedfordshire Children's Services (n=5)
- Cambridgeshire Children's Services (n=2)
- Corporate (n=1)
- Luton Adult Services (n=5)
- Luton Child Services (n=13)
- Norfolk Healthy Child Programme (n=2)

OLIVER ZANGWILL CENTRE

- 822: Record-keeping audit; OZC: To ensure health records meet the required standards in order to deliver safe and effective care to patients. Of the 15 standards audited 11 achieved full compliance. Significant changes have been made to processes, and this audit relates to when information was not routinely collected. A lack of consistency in recording staff names and titles was also highlighted and this will be discussed and a consistent process agreed.

DENTAL SERVICES

- 775: Oral Soft Tissue Screen Audit; NG12 NICE Guidance Suspected Cancer: recognition and referral: Audit to demonstrate that soft tissue screening for oral cancer is recorded in line with NICE Guidance. This audit looked at the compliance of CCS dentists in carrying out, recording soft tissue checks and referring if necessary any lesions of concern. Audit demonstrated full compliance in all standards. No actions identified and will be repeated annually.
- 779: Quality of Dental X-rays: To demonstrate radiographs taken by the dental service are of a diagnostic quality – the audit achieved 96% and the two that were grade 3 were taken on special care patients who moved during the x-ray procedure. The move to digital x-ray system means that processing and developing issues are no longer a concern.
- 742: Record-keeping audit; Dental Services: To ensure health records meet the required standards in order to deliver safe and effective care to patients. Of the 15 standards audited seven achieved full compliance with the standard around erroneous corrections returning a not applicable response. Reminder to staff to highlight areas for improvement.

INTEGRATED CONTRACEPTIVE & SEXUAL HEALTH SERVICES (iCaSH)

- 544: Management of Women Requesting Referral for Termination of Pregnancy: Audit to improve the management of women presenting for abortion referral by facilitating the use of contraception after the procedure. Of the three standards audited two achieved full compliance at 100% with one achieving 85%. This audit has been conducted annually since 2015 and results indicate a continued improvement in the management of future contraception in women referred for termination of pregnancy. The main improvement has been in clinicians offering bridging methods to women who intend to use a LARC method (implant or intrauterine) after the termination.
- 476: Anglia Group Regional Audit for Cervical Cytology in HIV patients: Audit to ensure compliance with BHIVA guidelines in relation to cervical cytology in HIV positive patients. The results show the average of the nine clinics that made a return and of the seven standards audited these ranged from 99% to as low as 36%. This was due to some results not being available as patients had transferred their care, had been diagnosed abroad or had old or archived notes. The audit found that some patients were not on annual recall, not all clinicians had access to the

cytology database or service not commissioned to do smears so reliance on patient to book with GP practice, or patient declined smear. Going forward to ensure all female HIV patients between aged 25 -65 on annual recall and a generic letter was sent to GPs. To ensure all HIV clinicians have access to cytology database and know how to request and send and have the option for some patients to have cytology when attending for HIV clinics.

- 587: iCaSH partner notification (PN) syphilis: In view of the recent resurgence of infection of infectious syphilis in the eastern region the main aim of the audit was to assess performance of contact tracing against auditable outcomes specified in the BASHH guidelines. The audit looked at 10 cases of infectious syphilis (primary, secondary and early latent). All standards were met apart from standard 1 where there was no documentation about agreed contact actions in one case, and an action has been identified for this. To improve documentation of partner notification discussions so all partners have an agreed contact action recorded.
- 758: Audit of GUM Follow up patients: To assess whether the GUM patients attending for face to face follow up are appropriate as indicated in the BASHH guidelines. This audit achieved 70%. Patients should only be attending after they have tried an at home first line treatment with topical therapy. The audit will be repeated in one year.
- 620: Provision of combined hormonal contraception (CHC): A national audit of provision of combined hormonal contraception (CHC) in services in the UK per FSRH guidelines. The audit has shown that there is good practice in most cases. The findings have been shared with staff in a variety of media. We have requested that the EPR templates are amended to support improved documentation.
- 834: Norfolk/Ipswich HIV Network Patients: All decisions taken about patients at the HIV Network meeting should be implemented (achieved 100%).
- 743: Record-keeping audit; iCaSH Services: To ensure health records meet the required standards in order to deliver safe and effective care to patients. 11 services audited with a total of 220 patients and of the 17 standards audited 10 achieved full compliance.

MUSCULO-SKELETAL SERVICES (MSK)

- 590: Knee MRI Consistency Audit 2018/19: Audit to investigate the assessment and management of patients with knee osteoarthritis against relevant NICE guidance. Results were amalgamated and a mean score was taken to give an overall figure for the physiotherapy service as a whole. Results were all high but did not quite meet the 100% desired, however achieving 94% and upwards does not suggest there is any risk to patients. These results showed an improvement from the previous year. In all cases where the standards were not met, clinicians had not used the preset on SystemOne, so even though the advice in the clinical standards may have been given, there was no documented record of this.
- 574: Dynamic Health Physiotherapy Notes Audit: Audit to assess the compliance with locally agreed standards on MSK specialist assessment documentation. Service is still falling short of the 100% target against 15 clinical audit standards, except for HPC (history of present condition). Most results were very similar (within 1-2%) from last year's audit. This raises concern as evidence of learning has not occurred, and it may be that some clinicians have not previously carried out an audit and may not have been as proficient as others at the process, causing disparity in auditing technique. The fact that this audit is not being done as regularly may be contributing to lower than expected standards. A number of actions were identified including undertaking spot checks.
- 575: MSK Specialist Teams Notes Audit: Audit to assess the compliance with locally agreed standards. Overall this audit shows improvement in the standards of documentation achieving 100% compliance in 6/13 criteria. Further improvement on 2/13 criteria of documenting pain medication and shared decision making. Recording consent to treatment remains an area for improvement, but as this is only occurring in one locality this may require a local discussion within the team. Spot checks by the clinical lead at this locality were advised.
- 569: PGD Audit: Injection under PGD documentation: Allied Health Professions who are not independent prescribers are able to inject under a PGD (patient group directive). In order to continue working under the PGD for the injection of steroid and/or lidocaine, understanding of a PGD, safety of technique, clinical reasoning and documentation needs to be audited. Cohort performed achieved the required target, but identified areas for improvement which included increased awareness of the medicine exclusions for injection, the injection checklist has been updated and injectors need to be more vigilant regarding medications excluding injection within PGD's and need to communicate more consistently with GP's regarding the medication administered.
- 571: Clinical Supervision Audit: Audit to ensure clinical supervision is being delivered according to local clinical standards recommendations. The audit did not achieve full compliance. It was felt

that the audit failed to capture the true practices in the departments and, at present, it is unclear whether non-compliance was an administrative issue, related to staff shortages at periods, or whether it has been the responsibility of the clinicians who did not check whether clinical supervision was blocked in their diary. Results disseminated to colleagues at team meeting and reminder to staff that it is the responsibility of each clinician to ensure that they have regular clinical supervision in accordance with the clinical standards for the purposes of delivering safe and effective treatment.

- 572: MSK Specialist Service Triage Review: Audit to review and improve triage consistency across the specialist service and identify areas that require further training or clarity in pathways and management. The audit showed there was 87% agreement with the auditors and highlights that overall triage consistency is fairly good, however it is reasonable to expect that more consistent decisions could be attained and a number actions were identified. It was also noted that there was a slight risk to the patient pathway if the GP does not include appropriate information. Email sent to all clinical leads to encourage group triage three to four times a year at each locality. Results disseminated to clinical leads.
- 573: CG139 NICE Guidance Sharps Disposal Audit 2018/19: Audit to ensure sharps are disposed of correctly to reduce inoculation injury and ensure staff are aware of the procedure if an inoculation injury occurs. The audit showed 100% compliance in not overfilling the sharps bins for all locations with 90% compliance on documentation. Actions included improved vigilance of the process including documentation and monthly bin checks at the localities by reps. Re-audit in six months.
- 639: Low Back Pain Audit; NICE Guidance NG59: Audit to assess the management of low back pain patients in line with NICE guidance. Full compliance was not achieved. Since the low back pain pathway was closed, the Keele STarT Back screening tool has not been routinely completed for all patients before they can be seen in the service. Results to be disseminated and followed up with an email to all clinicians including reminder about use of LUMBAR preset. A further audit to be undertaken within 12 months.
- 640: Lumbar Spine MRI consistency Audit; NICE Guidance CG88: Audit to investigate that clinicians are requesting lumbar spine MRIs in adherence with the agreed clinical guidelines. Audit achieved 95% and staff were reminded to adhere to guidelines with relevant feedback to clinical lead.
- 636: CG139 NICE Guidance Sharps Disposal Audit 2019-20: Audit to ensure sharps are disposed of correctly in line with NICE Guidance CG139 Sharps disposal, and to reduce inoculation injury to staff. Audit did not achieve full compliance and a number of actions were highlighted including email to team to remind them to correctly label and dispose of sharps boxes and to place bins back in locked store cabinets after use. Advise use of only one bigger sharp bin for injections and neuro tips. Out of date sharps boxes have been disposed of and out of date small sharps bin has been closed and disposed of. Auditor to check bins at end of each month and remind staff at team meetings to check opening dates of bins.
- 805: Physiotherapy management of pelvic girdle pain during pregnancy: Audit to ensure local standards are being met in the management of this specific group of patients. Previous audit demonstrated a disparity of service provision and training has been invested in staff, and re-audit was to ascertain its effectiveness and ensure local standards of physiotherapy management are being met. The audit demonstrated full compliance and no significant risks identified, however staff were reminded about using Tubigrip initially.
- 808: Dynamic Health Physiotherapy Notes audit and re-audit: To ensure parity in documentation. A number of improvements were noted from last year's audit but overall the service did not demonstrate full compliance. During the re-audit spot checks were carried out and demonstrated considerable improvement.
- 841: Referral to secondary care consistency audit: Following last year's audit, guidelines were developed to assist clinicians to make appropriate decisions in the referral to secondary care. These guidelines have made significant improvements in decision making and show an improvement from 76% to 97%. Clinical specialist staff were reminded to adhere to the secondary care referral guidelines and include proformas where indicated. Specific feedback was given to the relevant clinical leads for the cases that did not pass the audit.
- 821: Record-keeping audit; MSK Services: To ensure health records meet the required standards in order to deliver safe and effective care to patients. Of the 10 standards audited eight achieved full compliance. The standard around abbreviations achieved 90% and the last standard around erroneous corrections returned a not applicable response. Staff were reminded to use the Trust's abbreviation list.
- 854: NICE Guidance CG177 Osteoarthritis Care and Management Audit: Audit to investigate the assessment and management of patients with knee osteoarthritis against NICE guidance. The

audit findings were all very high but did not quite meet the 100% target, however achieving 92% and above does not suggest there is any risk to patients. Human error in documentation and possible errors in auditing are likely to be the reason for these small discrepancies. A reminder to all clinicians was sent out by email regarding the use of the preset in SystmOne, with reiteration that all standards should be discussed with the patient for full understanding and education.

BEDFORDSHIRE NEUROTHERAPY SERVICE

- 819: Record-keeping audit; Beds Neuro Rehab: To ensure health records meet the required standards in order to deliver safe and effective care to patients. Of the 15 standards audited nine achieved full compliance. A number of actions have been highlighted to teams.
- 820: Record-keeping audit; Acquired Brain Injury (ABI) Service: To ensure health records meet the required standards in order to deliver safe and effective care to patients. Of the 15 standards audited 10 achieved full compliance and a reminder was sent to team for discussion regarding templates, and the need to consider a more obvious way of recording risk within body of notes.

BEDFORDSHIRE CHILDREN'S SERVICES

- 615: Unicef BFI: Bottle feeding Mothers Audit: To elicit how closely the 0-19 service in Bedfordshire is meeting the standards for Baby Friendly Accreditation Stage 3 and identify any gaps in knowledge or skill that require addressing. In line with BFI Stage 3 Accreditation, a selection of mothers with babies under 16 weeks were audited as part of an ongoing, rolling programme. The audit looked at data over a six month period and no gaps or actions were identified. The audit achieved full compliance.
- 616: Unicef BFI: Breastfeeding Mothers Audit: To elicit how closely the 0-19 service in Bedfordshire is meeting the standards for Baby Friendly Accreditation Stage 3 and identify any gaps in knowledge or skill that require addressing. A number of actions were highlighted which included using "Free to Feed" Campaign as leverage for conversations with mothers about feeding in public as well as the use of the Breastfeeding App (plus leaflets) as leverage. All results will be discussed at the Breastfeeding Champions meeting.
- 710: Growth Monitoring audit (PCHR): Audit to ensure that errors in recording are not responsible for inappropriate referrals for growth issues. The findings of the audit indicated that in the main practitioners were able to meet the measures of the audit standards. Annual audits of pop in facilities to ensure high quality service continues. Annual gathering of service user feedback to ensure the needs of the users are met. Review of audit tools to ensure it is concurrent with growth monitoring schedule (length/height, head circumference) and were all entries and plotting completed correctly by 0-5 team and parents.
- 608: Outcome Rating Score / Child Rating Scores Audit: The Universal Partnership offer from the 5-19 team Healthy Child Programme includes emotional well-being support for children and young people for 5-19 years old. The school nurse team supports children and young people in school settings and in the community and it is important that we are able to identify the outcomes of the interventions. The staff group have demonstrated a solid understanding of ORS and CORS tool, the process for using it and the benefits of the ORS and CORS questionnaires in identifying appropriate intervention and support. Training and resource sharing session to be delivered. This audit will be repeated annually.
- 825: Record-keeping audit; Beds Child: To ensure health records meet the required standards in order to deliver safe and effective care to patients. Six services audited with a total of 110 patients and of the 18 standards audited, 7 achieved full compliance with the standard around clinical coding returning a not applicable response as this did not apply.

CAMBRIDGESHIRE CHILDREN'S SERVICES

- 671: Documentation of history taking in community paediatric audiology clinic: In 2014 NICE and British Society of Audiology updated their guidelines for expected standards of history taking in paediatric audiology clinics. This audit was to assess whether there had been an improvement in the history taking practice relating to these two measures. History of asking about tinnitus was documented in 34% of patients and history of asking about balance concerns or problems was documented in 80% of patients. The results show clear improvement in this area when compared to previous audit. To inform clinicians involved in audiology clinic of results so that they can continue to aim for ongoing improvement.
- 823: Record-keeping audit; Cambridge Children: To ensure health records meet the required standards in order to deliver safe and effective care to patients. Thirteen services audited with a total of 220 patients and of the 19 standards audited five achieved full compliance. With regards to the low score on the voice of the child question, this has been discussed at the relevant paediatric team business meeting and the plan is to incorporate this in the forthcoming work on

goal setting.

CORPORATE

- 777: Trust wide Record-keeping Audit: All service areas took part with over 1000 patients being audited and the results were analysed to produce average overall compliance. Of the 10 standards audited, the first five achieved full compliance with standards 6 to 10 achieving between 91% and 96%. The results demonstrate an overall improvement from last year's audit.

LUTON ADULTS SERVICES

- 558: DVT Service; Record-keeping Audit: Audit to ensure health records meet the required standards in order to deliver safe and effective care to patients. Of the 11 standards audited seven achieved full compliance. A number of standards were identified as needing improvement and all staff completed a record keeping training session.
- 513: Leg ulcer management audit against NICE Guidance CG168 Varicose veins: An audit to review the implementation of the best practice for venous leg ulcers in line with NICE Guidance CG168 Varicose veins. A number of recommendations were made including relaunch of Best Practice for Venous Leg Ulcer Management guideline statement to practice nurses, introduction of generic care plan to practice nurses, increase use of leg ulcer kits, amendment of SystmOne leg ulcer assessment template for improved record keeping and finally, amendment of audit questions criteria for patient inclusion and length of audit.
- 676: Catheter Record Book Audit: Luton community nursing services have been using a Catheter Record Book since 2015. This provides patients with information on how to manage their catheter, contact details for nursing staff and space for staff to record details each time the catheter is changed. The audit highlighted that not all patients have been given a catheter booklet and of those patients that had a booklet not all were aware of its purpose or the useful information within it. The audit also highlighted that there had been a drop in the percentage of staff recording catheter details when they change the catheter. All district nursing staff have been made aware of the catheter booklet through training and update sessions.
- 677: Catheter SystmOne Records Audit: The catheter template on SystmOne was developed to enable staff to record why a patient was initially catheterised and details of the type of catheter and accessories the patient has. The audit demonstrated that staff are not completing the catheter template for all catheterised patients. Feedback was given to cluster leads on the audit results and an email to all staff to cascade the audit results and actions. Catheter template is to be included in community nursing caseload reviews. Feedback to be given at team meetings on the audit results and a reminder given on ensuring correct documentation completed.
- 827: Record-keeping audit; Luton Adults: To ensure health records meet the required standards in order to deliver safe and effective care to patients. Nine services audited with a total of 150 patients and of the 15 standards audited nine achieved full compliance. Team informed to make relevant improvements.

LUTON CHILDREN'S SERVICES

- 541: Nocturnal Enuresis NICE guidance CG111: Audit to identify how many referrals when triaged and accepted and then seen at the first appointment by the nurse had met the criteria. In summary, there appears to be an inconsistency in the standard of acceptance of the referrals and a number of improvements were identified and a re-audit is planned.
- 655: Care Plan Audit: 0-19 Service: Audit to ensure that patients' care plans provide appropriate information to ensure safe and effective care is provided to the children under our care. Records were selected intentionally to reflect those that needed a care plan, so all had active plans. All standards achieved 100% and demonstrated that local and national clinical guidelines were being followed including Solihull and care pathways. All care plans had clearly defined goals.
- 666: Audit of Health Advice for Education Health Care Plans Process at Edwin Lobo Centre- To assess and improve the community paediatric department's EHCP contribution to the Local Authority (LA) in line with the SEN Code of Practice 2015 and evaluate if LA gives appropriate information to health advisors in line with Code of Practice. Full compliance not achieved and a number of actions around improved templates and documentation were highlighted.
- 606: Diary record-keeping audit: Audit to ensure compliance with the Trust's Information Governance policy regarding confidentiality and protection of patient identifiable information in relation to record-keeping in paper diaries. Smart phone alternatives to paper diaries are currently unavailable, necessitating the need for the issue and use of a paper diary for some staff. Not all staff were fully compliant and a number of issues were identified and these have been actioned. This audit is repeated annually.
- 643: Correct Implementation of the Universal Partnership Plus pathway: Audit to ensure that the

<p>UPP Pathway is being followed appropriately and becomes embedded in practice. Early identification of need provides the opportunity to provide additional support at the earliest opportunity, enabling all children to have the best possible start in life in a proactive rather than reactive approach. Full compliance was not achieved and a number of updates to the pathway were identified.</p>
<ul style="list-style-type: none"> 692: Re-audit of referrals to nurse led clinic for first appointment: Before being seen in this clinic children should not be constipated and be dry in the day time. When the last audit was undertaken, children would have also needed to have been seen by a doctor for examination and had support for six months from the 0-19 team. After the last audit the referral criteria was changed and these two additional criteria were removed. All the records reviewed in this second audit were of patients seen after the criteria change. The re-audit demonstrated a significant improvement as there were more appropriate referrals. A detailed pathway is being created which shows where these referrals should go and will be cascaded to health partners.
<ul style="list-style-type: none"> 633: Care Plan Audit; Luton Children's Community and Specialist Nursing Services: To ensure that patients' care plans provide appropriate information to ensure safe and effective care is provided to the children under our care. Audit achieved full compliance in 10 of the 12 standards. Results highlighted the issue that no evidence or links are provided on individual care plans that relate to national guidelines or evidence based practice. Arrangements for transition to adult services were not applicable to the majority of the users, however it did relate to three patients and there was no evidence surrounding this discussion on these individual care plans. Currently no evidence or links to guidelines on individual care plans; discussed with team leads to address this. A repeat audit is planned.
<ul style="list-style-type: none"> 705: Scanning Documents onto SystmOne: Audit to assess procedure for scanning documents onto SystmOne in order to identify good practice and areas for improvement. Overall the standards achieved between 88% and 100% however some errors were identified and the auditor was to investigate these. Admin team lead to discuss accuracy with team at next meeting. Entry needs to state clearly what it is and where the information came from.
<ul style="list-style-type: none"> 621: Scanning documents onto SystmOne: Timely and accurate scanning of documents onto SystmOne safeguards continuity of care and protection of patient identifiable data. Correct labelling of documents assists fast and accurate identification of relevant information. Sharing the information with the appropriate practitioner enhances care. Datix reporting suggests the process could be improved. Of the five standards audited, two were fully compliant with 100% of documents scanned onto the correct client record and 100% compliant in relation to the correct title apportioned. To review SOP and scanning process and to explore whether documents needed to be date stamped.
<ul style="list-style-type: none"> 732: Correct Implementation of the UPP pathway: Early identification of need provides the opportunity to provide additional support at the earliest opportunity, enabling all children to have the best possible start in life in a proactive rather than reactive approach. Of the three standards audited, two achieved full compliance with the third around mandated contacts achieving 88% and these results were an improvement from the previous audit. Adjustments to the UPP pathway have made its implementation more effective.
<ul style="list-style-type: none"> 776: Audit of Child Protection Medical Reports, Community Paediatrics: Audit to ensure timely provision of child protection medical reports to social care and other relevant professionals following child protection (CP) medical appointments, and to demonstrate improvement in child protection medical report writing further to recommendations made from previous audit in October 2018. All standards showed an improvement from the previous audit. Results were discussed with the paediatricians who undertake child protection medicals at Edwin Lobo Centre to remind all involved to use the CP medical template to record the assessment and to document in the safeguarding node that a CP medical has taken place. Audit to be repeated in six months.
<ul style="list-style-type: none"> 685: Referral pathway to CRRT (0-19 Team, Luton): Audit to improve the service offered to parents, children, young people requiring support and advice with minor illness and to reduce demands on GP and A&E services. Two standards audited they achieved 99% and 97% respectively. A number of improvements were identified with the assessment pathway being formatted into an easy to follow flow chart to support staff. Further training is planned to refresh staff knowledge and include new starters.
<ul style="list-style-type: none"> 826: Record-keeping audit; Luton Child: To ensure health records meet the required standards in order to deliver safe and effective care to patients. Nine services audited with a total of 95 patients and out of the 18 standards audited five achieved full compliance.

NORFOLK HEALTHY CHILD PROGRAMME

- 449: Audit of the 0-19 HCP Health Records "Voice of the Child": The audit found that the voice of the child was not being captured and there were variants from each locality however the findings indicated that the total percentage of records were compliant. The documentation does not provide clear analysis identifying the needs of the child and plan of care. Again there were variants across localities and this has evidenced the need to ensure that all localities are working the same across the HCP. Evidence of referrals made and actions are not evident and a new practitioner would struggle to identify what referrals had been actioned and whom to contact. Duplicate referrals could be made and this may impact on professional credibility causing undue anxiety to parents/carers. A number of actions were identified including staff training and embedding this audit into the annual audit plan.
- 824: Record-keeping audit; Norfolk Child: To ensure health records meet the required standards in order to deliver safe and effective care to patients. Six services audited with a total of 120 patients and out of the 18 standards audited eight achieved full compliance. Clinical coding returning a not-applicable response as this didn't apply.

Appendix 4: Glossary & Abbreviations

ADHD	Attention deficit hyperactivity disorder is a brain disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.
ASD-UK	Autism Spectrum Database UK is a UK research family database of children with an autism spectrum disorder (ASD). The aim of ASD-UK is to provide accurate data about children with an ASD to facilitate research and give families the opportunity to take part in research studies
BASHH	British Association for Sexual Health and HIV
BHIVA	British HIV Association
BME	Black & Minority Ethnic or Black, Asian and Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent.
BOOST	Better Outcomes for Older people with Spinal Trouble. The BOOST trial studies two different approaches to physiotherapy treatment for older people with back and leg pain due to lumbar spinal stenosis.
Brook	Brook has services across the UK providing free and confidential sexual health services to young people under 25.
CCS	Cambridgeshire Community Services NHS Trust
CDOP	Child Death Overview Panels conduct case reviews to help prevent further child deaths.
Clostridium difficile	Clostridium difficile also known as C.diff, is a bacterium that can infect the bowel and cause diarrhoea.
ChatHealth	ChatHealth is a confidential text service for young people that enables children and young people (aged 11-19) to send questions via SMS to their School Nursing Team.
Chlamydia	Sexually transmitted infection particularly common in sexually active teenagers and young adults.
CLAHRC	NIHR Collaboration for Leadership in Applied Health Research and Care are collaborations between local providers of NHS services and NHS commissioners, universities, other relevant local organisations and the relevant Academic Health Science Network.
Clinic Audit	Clinical Audit is defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.
Comms Cascade	The Trust's Comms Cascade, is a weekly newsletter which keeps staff up to date with the latest Trust news, actions, training opportunities and lots more.
CQC	The Care Quality Commission is the independent regulator of all health and social care services in England. It monitors, inspects and regulates hospitals, care homes, GP surgeries, dental practices and other care services to make sure they meet fundamental standards of quality and safety.
CQUIN	CQUIN stands for commissioning for quality and innovation which was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.
CRN	Clinical Research Network makes it possible for patients and health professionals across England to participate in clinical research studies within the NHS. It provides the infrastructure that allows high-quality clinical research funded by charities, research funders and life-sciences industry to be undertaken throughout the NHS.
Datix	Web-based incident reporting system used by the Trust.
Duty of Candour	The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.
ECHIS	Evelyn Community Head Injury Service provides specialist holistic neuro rehabilitation for adults in Cambridgeshire who have had a traumatic brain injury.
EDS2	EDS2 is a refreshed version of the Equality Delivery System (EDS) that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

EH&W	Emotional Health and Wellbeing is an important aspect of our overall health; feeling good about ourselves and being emotionally well is linked to our ability to make better and healthier choices in day-to-day life.
EHC	Emergency Hormonal Contraception (also known as the 'morning after pill') is an emergency 'back-up' contraception for after someone has had unprotected sex. It is for occasional use and is not suitable as a regular method of contraception.
EMBEDDED	Optimising the impact of health services research on the organisation and delivery of health services; a study of embedded models of knowledge co-production in the NHS.
EQ5D	EQ5D is a standardized instrument developed by the EuroQol Group as a measure of health-related quality of life that can be used in a wide range of health conditions and treatments.
ESR	The Electronic Staff Record is an Oracle-based human resources and payroll database system commonly used in the NHS in England and Wales to manage the payroll for NHS staff members.
EPR	Electronic Patient Record
EuPatch	European Paediatric Amblyopia Treatment Study for Children: the role of glasses wearing in amblyopia (also called lazy eye) treatment.
FEEDS	Best Way to Feed Premature Babies study investigates the best way to feed babies who are born between 10 and seven weeks prematurely.
FFT	Friends & Family Test is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
FIS	Family Information Service advisors give impartial information on a range of issues including childcare, finances, parenting and education.
FSRH	Faculty of Sexual and Reproductive Healthcare
GUM	Genitourinary Medicine
HADS	Hospital Anxiety and Depression Scale (HADS) is commonly used by doctors to determine the levels of anxiety and depression that a person is experiencing.
HCP	The Healthy Child Programme for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.
HEE	Health Education England (HEE) exists to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.
HIV	Human Immunodeficiency Virus is a virus that damages the cells in the immune system and weakens the ability to fight everyday infections and disease.
HRA	The Health Research Authority is an executive non-departmental public body of the Department of Health in the United Kingdom and exists to provide a unified national system for the governance of health research.
iCaSH	Integrated Contraception and Sexual Health is one of our Trust services and provides all the necessary support, information, treatment and care for all areas of contraception and sexual health in Bedfordshire, Cambridgeshire, Norfolk, Peterborough and Suffolk.
KLOEs	Key Lines of Enquiry are the five questions the CQC asks to help them make sure that they focus on the things that matter to people.
LAC	A Looked After Child(ren) is a child in the care of the local authority for more than 24 hours.
LARC	Long-acting reversible contraceptives
LeDeR	The Learning Disabilities Mortality Review programme was commissioned by NHS England to support local areas in England to review the deaths of people with a learning disability to identify common themes and learning points and provide support to local areas in their development of action plans to take forward the lessons learned.
LGBT	Lesbian, Gay, Bi-sexual and Transgender
MASH	The Multi Agency Safeguarding Hub is a single point of contact for all early help and safeguarding concerns regarding children and young people.
MRI	Magnetic resonance imaging is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.
MRSA	Methicillin-resistant Staphylococcus aureus. MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections.
MSK	Musculoskeletal (MSK) Service supports patients with musculoskeletal conditions, i.e. problems with muscles, bones and joints.
NCEPOD	National Confidential Enquiry into Patient Outcome & Death reviews clinical practice and identifies potentially remediable factors in the practice of patient care.

NCISH	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. As the UK's leading research programme in this field, NCISH produces a wide range of national reports, projects and papers which provides health professionals, policy makers, and service managers with the evidence and practical suggestions they need to effectively implement change.
NHS	National Health Service
NHS Improvement	NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. It supports providers to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NICE	National Institute for Health and Care Excellence provides national guidance and advice to improve health and social care.
NIHR	National Institute for Health Research funds health and care research and translates discoveries into practical products, treatments, devices and procedures, involving patients and the public in their work.
NRLS	National Reporting Learning System is a central database of patient safety incident reports. It analyses all data submitted to identify hazards, risks and opportunities to continuously improve the safety of patient care.
NWAFT	North West Anglia NHS Foundation Trust. NWAFT currently manages Peterborough City Hospital, Hinchingsbrooke Hospital and Stamford & Rutland Hospital as well as running various community clinics at the Princess of Wales Hospital, Ely, Doddington Hospital and North Cams Hospital, Wisbech.
OFSTED	The Office for Standards in Education, Children's Services and Skills is a non-ministerial department of the UK government, reporting to Parliament. Ofsted is responsible for inspecting a range of educational institutions, including state schools and some independent schools. It also inspects childcare, adoption and fostering agencies and initial teacher training, and regulates a range of early years and children's social care services.
OT	Occupational therapy is the use of assessment and intervention to develop, recover, or maintain the meaningful activities, or occupations, of individuals, groups, or communities.
PALS	Patient Advice and Liaison Service The PALS service provided by Cambridgeshire Community Services NHS Trust offers a point of contact within the organisation for patients, their families and carers. We aim to answer questions and resolve concerns as quickly as possible.
People Participation	People Participation is about helping our service users and their carers to have a say in how we run the Trust and how we can work together so that we can offer a better service for all.
PHSO	The Parliamentary and Health Service Ombudsman is responsible for considering complaints by the public that UK Government departments, public authorities and the National Health Service in England have not acted properly or fairly or have provided a poor service.
PrEP	Pre-exposure Prophylaxis is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day.
PReS Study	The Preventing Return to Smoking Postpartum Study is funded by the Medical Research Council to develop a supportive intervention to help women who have stopped smoking in pregnancy to stay stopped following the birth of their baby.
PROMs/ POMS	Patient Reported Outcome Measures assess the quality of care delivered to NHS patients from the patient perspective.
RCA	Root cause analysis is a method of problem solving used for identifying the root causes of incidents, accidents, faults or problems.
Safetxt	A randomised controlled trial of an intervention delivered by mobile phone messaging to reduce sexually transmitted infections (STI) by increasing sexual health precaution behaviours in young people.
SEND	Special Educational Needs and Disability. A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support.
SI	A Serious Incident is an incident where one or more patients, staff members, visitors or member of the public experience serious or permanent harm, alleged abuse or a service provision is threatened.
STF	Sustainability and Transformation Fund will give the NHS the resources it needs as part of its Five Year Forward View to sustain services.
STP	Sustainability and Transformation Partnership is a partnership between NHS and local councils in England to develop proposals to improve health and care by running services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents' day-to-day health.

TB	Tuberculosis (TB) is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person. It mainly affects the lungs, but it can affect any part of the body, including the tummy, glands, bones and nervous system.
THT	Terrence Higgins Trust is the largest voluntary sector provider of HIV and sexual health services in the UK.
TVN	Tissue Viability Nurse provides expert advice in the prevention and the treatment of wounds and advocates the practice of good skin care and pressure ulcer prevention.
UPP	Universal Partnership Plus is the most complex health visiting offer. There are four levels, with safeguarding as a theme through all levels, outlining a continuum of support which children should expect from the school nurse: community, universal, universal plus, universal partnership plus