

TRUST BOARD

Title:	Integrated Governance Report
Action:	For DISCUSSION and to AGREE Assurance levels
Meeting:	24th November 2021

Purpose:

The global Covid-19 pandemic continues to dominate work within the Trust. Pressures continue on our services both from increased demand but particularly from low staff morale and absence due to sickness and vacancies.

The delivery of the mass vaccination programme continues into phase 3 across Cambridgeshire & Peterborough and Norfolk & Waveney and in conjunction with our health and care system partners. The programme is now offering third booster vaccines to the clinical vulnerable and immune suppressed as well as boosters to the over 50s and vaccines to 12-15 year olds.

Executive Summary:

This integrated governance report and the Clinical Operational Boards integrated reports operate in line with the new way of working during Covid-19 and this report provides an overview of quality, performance, workforce and finance for August and September 2021 assessed in relation to the Trust's strategic objectives and associated risks of achieving these objectives. This report incorporates the strategic indicators for 2021/22.

For each objective, this report provides:

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

Integrated Governance Report – August and September 2021

The Integrated Governance Report (IGR) provides a detailed summary of Trust performance against each objective during August and September 2021 and this assurance is summarised in the table below.

	Safe	Caring	Effective	Responsive	Well Led
Strategic Objective:					
Provide Outstanding Care	<i>Reasonable</i>	<i>Substantial</i>	<i>Reasonable</i>	<i>Reasonable</i>	-
Be an Excellent Employer	<i>Reasonable</i>	-	<i>Reasonable</i>	-	<i>Substantial</i>
Collaborate with others	-	-	<i>Restricted due to C-19</i>	-	<i>Substantial</i>
Be a Sustainable Organisation	-	-	-	-	<i>Substantial</i>

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

Recommendation:

The Board is asked to discuss the report and review the assessment of assurance summarised above and in the assurance summary for each objective as outlined in the report and satisfy itself that the information contained in the Report supports this summary.

Supporting Information:

Appendix 1: CQC SOP

Appendix 2: Quality Performance Dashboard

Appendix 3: Strategic Risks and Operational Risks 15 and above

Appendix 4: Assurance Framework

Appendix 5: Statistical Process Control Chart Key

	Name	Title
Author and Executive sponsor	Kate Howard Anita Pisani Mark Robbins David Vickers Rachel Hawkins	Chief Nurse Deputy Chief Executive Director of Finance & Resources Medical Director Director of Governance & Service Redesign

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Collaborate with others	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be an excellent employer	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be a sustainable organisation	The report assesses quality, performance, workforce and finance against each of the Trust's objectives

Trust risk register

The report assesses the strength of assurance provided in relation to the Trust's strategic risks and high scoring operational risks

Legal and Regulatory requirements:

All CQC Key Lines of Enquire and fundamental standards of care are addresses in this report

Diversity and Inclusion implications:

Objective	How the report supports achievement of objectives:							
To support the development of a Trust wide Anti-Racism Strategy and Organisational Development Plan.	Implicit in our approach to support BAME members of staff during the COVID19 pandemic.							
To finalise the roll out of reverse mentoring as part of all in house development programmes.	This work is covered by the Workforce Diversity and Inclusion Group.							
We will measure the impact of our virtual clinical platforms, ensuring that they are fully accessible to the diverse communities we serve.	This work is covered by the People Participation Committee and is reported in a separate part of the Board meeting.							
We will ensure that the recruitment of our volunteers are from the diverse communities they serve.	This work is covered by the People Participation Committee and is reported in a separate part of the Board meeting.							
Are any of the following protected characteristics impacted by items covered in the paper:								
Age <input type="checkbox"/>	Disability <input type="checkbox"/>	Gender Reassignment <input type="checkbox"/>	Marriage and Civil Partnership <input type="checkbox"/>	Pregnancy and Maternity <input type="checkbox"/>	Race <input type="checkbox"/>	Religion and Belief <input type="checkbox"/>	Sex <input type="checkbox"/>	Sexual Orientation <input type="checkbox"/>

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

In addition, the key matters, risks and areas of outstanding practice arising from the individual Clinical Operations Boards reports this month are summarised below:

Staff stories from Cambridgeshire & Peterborough community nursing team were received at the Children's COB and dental services and cancer specialist services at Adults COBs this month.

1. Children's Clinical Operations Board

The COB received the following:

Integrated Governance Report – the COB received a detailed Integrated Governance Report updating the following:

- The longevity of working and delivering clinical services during the pandemic continues to impact on staff morale and fluctuations in short term sickness remains a concern across some teams.

- Mandatory training is below target but varies across the geography - Cambs & Norfolk Children's & Young People Service has the lowest rate (85.64%), Luton Children's & Young People Service has the highest rate (95.91%).
- Appraisal rates are mostly below target and vary across the geography between 83% and 94%.
- Activity remains high within the Universal Plus and Universal Partnership Plus pathways which is impacting staff capacity to delivery universal elements of the Health Child Programme across all localities.
- Continued recruitment challenges, especially Health Visiting, Community Paediatrics, SCPHN students and Dieticians.
- Service pressures remain within all Community Paediatric services and Bedfordshire and Cambridgeshire OT services.
- Recurrent funding remains a risk for 22/23 for the Pan-Bedfordshire Community Paediatric service; Bedfordshire Rapid Response service and the Bedfordshire 7 day Children's Community Nursing service.
- Norfolk HCP has been working with PROVIDE (child health provider) and three local acute trusts to implement a digital transfer process for A&E notifications.
- Cambridgeshire HCP – work continues across the Joint venture to align processes and pathways for MASH enquiries and strategy discussions.
- Norfolk and Waveney Speech and Language Therapy – plan for managing the inherited waiting list has been agreed with commissioners and work on this has commenced.

Matters for escalation and outcome required:

- Staff recruitment and vacancies within 0-19 services remain high - 0-19 clinical leads group continues to meet bi-monthly. The focus of the last meeting was on recruitment and retention. Programme of work is being established and this will be underpinned by a proactive recruitment and retention plan. Local recruitment and retention premia for these posts have been reviewed and extended to South Fenland and Cambridge City.
- Initial Health Assessments for Looked After Children remain challenged across the different localities – work continuing with Local Authorities to improve timeliness of referral to our teams. Consent continues to be the biggest area of challenge.
- Bedfordshire and Luton Community Paediatrics – average RTT wait in Bedfordshire is 23 weeks with longest wait at 48 weeks; average RTT in Luton is 34 weeks with longest wait at 57 weeks.
- Bedfordshire and Luton Occupational Therapy service is currently experiencing three primary demand challenges:
 - EHCP assessments have risen;
 - backlog of children needing face to face appointments; and
 - additional time needed between patients to adhere to infection, protection and control measures due to the pandemic.
- Cambridgeshire Occupational Therapy services also under pressure to meet demand. Service has plans in place to address referrals waiting more than 18 weeks.

Risks of 15 or above and emerging risks:

- 1 risk identified at 16 – Impact on service delivery across Children and Young People's Services due to surge in safeguarding enquiries (3254).

Themes from staff story to draw to the Board's attention:

- Difficulty of working across two organisations with different IT infrastructures; systems and processes. Agreed that issuing all staff in the team with an honorary contract would alleviate some of these challenges.

Outstanding practice and innovation for the Board to note:

- Luton 0-19 supported the Luton Afghan Refugee response. Service facilitated health screening for 95 families which included 326 children.
- Bedfordshire and Luton Children's teams held a Celebration Event in October 2021. Event was attended virtually by over 160 staff and was very well received.
- Norfolk HCP – Service has had a positive response to development of a Public Health Nurse role and recruitment has been successful.
- Cambridgeshire HCP – first cohort of Assistant Practitioner apprentices have commenced with the Trust to start their 5 year grow our own SCPHN pathway.
- Bedfordshire and Luton Children's Community Nursing services – piloting electronic prescribing. Services visited by Dr Rima Makarem – Independent Chair of BLMK ICS and MPs Rachel Hopkins and Sarah Owen.
- Bedfordshire and Luton Community Paediatrics – co-produced post diagnosis support pack has been published in the BMJ with NHSE/I keen to use the pack at national level.
- 3 Specialist nurses have been recruited.
- Community Eye Service – has progressed discussions to expand eye care services for children and young people in special schools. The service is participating in a national research programme in relation to eye care for patients following a stroke, in collaboration with Luton and Dunstable hospital.
- Newborn Hearing Screening – Public Health England have extended their thanks to the team for their hard work, improved techniques and support for new families.
- Worldwide media coverage of bone conduction hearing kit for children with glue ear BMJ Innovations – Tamsin Brown.
- Cambridgeshire Occupational Therapy team – co-producing a new proactive initiative with our local parent form and extending universal and targeted offer to schools.
- Cambridgeshire and Peterborough Emotional Health and Wellbeing Services – produced a video to support the work that they undertake.

2. Adult Clinical Operations Board

The Adult COB received the following:

Integrated Governance Reports – the COB received a detailed Integrated Governance Reports from Ambulatory Care and Adults Care, noting that in all areas that the period covered have been challenging, both in terms of covid, staffing levels and increased demand for service:

Luton Adults

- Overall Mandatory Training levels remained at 94% compliance
- Appraisal rates had dropped below target with teams with low rates agreeing plans to improve compliance.
- Continued challenges in sickness levels

- Staffing capacity remains a challenge across the whole of the Luton system and is reflected within adult services risk 3337
- Friends and Family Test volumes have improved and progressing with a dedicated role to collect patient feedback.
- Urgent Community Response (UCR) business case has been approved.
- The report included a detailed thematic review of pressures ulcer numbers during April – September 2021.

Ambulatory

- Sickness rates within each service remain high particularly for dental services.
- Mandatory Training compliance remains high at 97%.
- Patient demand within Dental, Dynamic Health and iCaSH is increasing. Discussions are ongoing with relevant Commissioners to ensure all understand the specific pressures the services are under.
- iCaSH Long Acting Reversible Contraception (LARC) waiting list continues to increase and is currently 2600. Each Commissioner is aware and there are having proactive discussions with them to help mitigate this current demand.
- The overall appraisal compliance has dipped to 93.79% mainly due to staff sickness.
- Verbal abuse from patients continues and more examples have been raised within services. Ambulatory Care has experienced 54% of all the Trusts reported incidents with Luton Adults second with 27% using data reported from January 2020 to July 2021. Each service is exploring how best to support staff and reduce frustration for patients.

Matters for escalation and outcome required:

- Pan NHS pressures on demand and staffing
- Staff morale and fatigue

Risks of 15 or above and emerging risks:

- There are 3 risks relating to adult services that are scoring 15 and above; 1 relating to the staffing capacity of the district nursing service and 2 relating to safeguarding.

Outstanding practice and innovation for the Board to note:

- The active participation in the Long Covid Pathway has now reached a celebratory point with the finalising of the “system” video for Long Covid patients which covers both rehabilitation and pelvic health.
- Dr Jean Penman, Senior Registered Counsellor/Psychotherapist at iCaSH Beds and two colleagues have published a book - 'Intimacy, sex and relationship challenges laid bare across the lifespan. Applied principles and practice for health professionals.' 2021 (Judy Benns, Sue Burrige & Jean Penman)
- A paper co-authored by Leyla Prince, along with previous staff members, titled 'Client experiences with holistic neuropsychological rehabilitation' has been accepted for the special issue 'Self after Brain Injury' of Neuropsychological Rehabilitation journal. The paper is based on the qualitative research study at

the Oliver Zangwill Centre in 2019 about the outcomes of holistic neuropsychological rehabilitation.

- Luton Adult services continue to support the vaccination centres across BLMK through providing bank staff and staff on secondment. The Community Respiratory Team and TB team are supporting Hatters PCN with the housebound covid booster programme.
- Remote Monitoring in Heart Failure and Respiratory services continues to be rolled out and the teams are working with staff and patients to reflect on what works well and what we could do better. In addition, the Trust in partnership with Doccla and two other Trusts has been successful with two joint bids for £348k funding to introduce remote health monitoring pathways with our health partners.

3. Mass Vaccination Clinical Operations Board

Integrated Governance Report – the COB received a detailed Integrated Governance Report updating the following:

- Phase 3 of the Mass Vaccination programme had started on 20th September with the rollout of the boosters and included the closure of Cherry Hinton, East of England and Cambridge City Centre sites and the opening of the Queensgate site in Peterborough.
- Mass Vaccination sites have commenced providing vaccinations to healthy 12–15-year-olds across Cambridgeshire & Peterborough and Norfolk & Waveney.
- A number of MV sites will be offering walk-ins for boosters as well as 2-15 healthy.
- The Grafton site was recently a pilot site for those who had been vaccinated overseas, the pilot allows people to validate their documents and subsequently get a vaccine.
- It was expected that sites would soon be open to accepting Cohort 10 for 40–49-year-old boosters and 16–17-year-old second doses.
- In the USA they had very recently started vaccinating 5–11-year-olds with the Pfizer vaccine.
- The COB noted the workforce update and that the programme needs more band 5 and 6 roles.

Risks of 15 or above and emerging risks:

- There were no risks scoring above 15 or emerging risks reported

Matters for escalation and outcome required:

- The additional pressures that the expansion of the programme on band 5 and 6 roles and the capacity and demand work being undertaken.
- **Staff resilience and morale** – the programme continues with further cohorts expected to be added and general staff morale has been a concern. A number of actions are being taken including recognising and celebrating the 1 millionth vaccination by CCS expected to be in late November.

Outstanding practice for the Board to note

- Grafton Centre, Cambridge, received a regional quality visit with representatives from the national and regional NHSE&I quality teams. The visit highlighted the work undertaken to set a MV site up, the volume of patients passing through, and the challenges and celebrations since opening. The service provided various quality dashboard and information to support the visit. Overall the visit was successful and received praise from the inspectors. The Trust is awaiting a formal report.
- As part of the Grafton Centre quality visit, the use of the Covid Mass Vaccination Training & Competency Passport was highly praised and recognised as 'good practice' and presented at the national workforce workstream group to share the concept with other large scale, PCN and Community Pharmacy providers.



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A: Assurance Summary

Overall Assurance Rationale:

Safe	<ul style="list-style-type: none"> 95% of incidents are low or no harm (Trust target is 90%) (S1) One Serious Incident was reported in September. No Never Events were reported in this timeframe. (S2) There was no healthcare acquired infections. There was one Covid19 staff outbreak (S5) The staff flu campaign for 2021 has started, the current uptake is 54.4% as of the 8th November against a trajectory of 89% (S6) There has been a surge in safeguarding enquiries emerging from Covid19 lockdown measures. IPAC (Infection Prevention and Control) assurance framework is being reviewed and will next come to board in January 2022 (as needed) (S8) All staff have access to appropriate PPE (Personal Protective Equipment) (S9) 	Reasonable
Caring	<ul style="list-style-type: none"> FFT (Family & Friends Test) outcome is 95.93% (target 90%) (C1) The number of informal and formal complaints has increased but were within expected variance (total of 15 formal complaints received In August and September) (C2) 	Substantial
Effective	<ul style="list-style-type: none"> Mandatory training was recorded at 88% for August and 88% for September (E1) Level 3 Adult Safeguarding and the Safeguarding induction package has now been added to ESR and the mandatory training matrix; the overall target compliance for this is set at 60% by March 2022 with full compliance expected by March 2023. The Heads of Safeguarding have identified a proactive programme to support parents with crying babies (ICON), this has now been launched. 	Reasonable
Responsive	<ul style="list-style-type: none"> RTT challenges are noted (see section 7) (R1) Of the 11 complaints resolved in August and September, seven were sent within the Trust timescales (R2) 73 issues were investigated and closed via the informal complaints process during the reporting period. Covid19 incident response meets all national requirements (R3) 	Reasonable

1. This report summarises the key elements of quality and safety that have been our focus since the beginning of the pandemic in March 2020. We have reprioritised our services in line with national guidance and are currently resetting and recovering our teams in line with a level 3 incident.
2. In addition to the overview and analysis of performance for August 2021 and September 2021, the Board can take assurance from the following sources:
 - During the Covid19 pandemic period and more recently, whilst operating at an NHS level 3, a number of processes underpin comprehensive management of the risks and issues associated with delivery of clinical services. These include our Incident Control Centre (ICC), Incident Management Team (IMT), situation reports from all services which include information on staffing levels, lateral flow, PPE, risks and incidents. These processes continue whilst we operate under the NHS Major Incident framework.
 - The staffing section continues to be reported in the 'Excellent Employer' objective.



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- Our overall Care Quality Commission (CQC) inspection rating ‘Outstanding’ remains in place from August 2019 with ‘Outstanding’ within the caring and well-led domains.
- Assurance can be taken from the initial completion of the NHSE / I Infection, Prevention & Control Board Assurance Framework presented to the Board in September 2020. A further update was presented at Board in September 2021.
- There has been one reported staff outbreak of Covid19 infection within this reporting period.
- All national guidance relating to Infection, Prevention and Control has been subject to an internal review and implemented where appropriate.
- The Covid-19 booster programme has now been implemented as part 3 of the Mass vaccination plan, bookings have been open to the public to book their booster 6 months post vaccine 2. Currently 3 sites are operating a ‘walk-in’ booster service, this is due to be rolled out across more sites by the end of November. As of the 8th of November 938,000, vaccines have been delivered across all our hubs.
- The Trust is compliant with the national mandate that requires (from the 11th of November 2021) all staff visiting CQC registered care homes have received both 1st and 2nd vaccine doses. Standard Operating Procedures are in place to support this requirement.
- The Ethics Consideration Group met in October to consider options for the group. It has already been agreed that the Group will remain available to support IMT until March 2022, meeting as and when it is required. For example, the Group is meeting in November 2021 to consider Safe Care, following the discussion at the Board Development Session on cumulative risks. The conclusion of discussion was that further work was needed to look at how the current Ethics Group could support the Trust's processes to review Quality Impact Assessments. This would ensure the Group met on a regular basis and allow it to be available for consideration of wider ethics issues on an ad hoc basis.

B: Measures for Achieving Objective – 2021 / 2022 Measures

No.	Measure:	2021 / 2022 Target:	Data source:	Reporting frequency:	Current position as of November 2021:
1a	Care Quality Commission standards	Improved ratings for individual KLOEs	Formal assessment	Annual	No date for formal review received
	Patients / carers are satisfied with care delivered by our staff	90%	FFT	Monthly	Formal reporting of FFT is nationally



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1b (1)	NB the associated metric re increasing numbers of people who give feedback is suspended due to the pandemic				suspended during pandemic. <i>September result 95.93%</i>
1b (2)	Increase the number of patients/service users who give us feedback on the care received.	In 2020-2021 the baseline feedback figure (using FFT) across the Trust was 14,717	FFT	Monthly	
1d	Deliver the locally agreed patient related annual Equality Delivery System objectives	Pass / Fail	Equality Delivery System	Annual	2020 / 2021 metrics were met. 2021 / 2022 metrics to be reviewed at People Participation Committee in July 2022
1h	Increase the number of services supported by volunteers	TBC	People Participation Committee	6 monthly	This metric is currently paused due to the pandemic
1c	Our staff recommend the Trust as a place to receive treatment	Above national average	NHS Annual Staff Survey	Quarterly	September data shows that 80% of staff recommended the Trust as a place to work and 93% as a place to receive treatment
1e	Safety – staff feel able to speak up about patient safety issues	Maintain 2020 / 2021 score	Staff survey	Annual	In July 2021 the Trust came first in the national Freedom to Speak Up Index for the third year running.



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1f	Ensure that for all non-safeguarding Serious Incidents families / carers / patients / service users are offered the opportunity to be part of the process.	Pass / Fail	Datix	Quarterly	There was 1 SI in August and September – this was a safeguarding incident.
1g	Sustain the level of overall mandatory training	94%	ESR	Monthly	Total: 88% August 88% September

C: Risks to Achieving Objective

Strategic Risks:

1. **Risk ID 3163** – There a risk that the delivery of high-quality care will be adversely affected if levels of staff morale reduce. (Risk Rating 16)
2. **Risk ID 3164** – There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 16)
3. **Risk ID 3165** – There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients’ expectations, due to the complexity of system working. (Risk Rating 8)
4. **Risk ID 3166** - There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. (Risk Rating 8)
5. **Risk ID 3300** – Delivery of the mass vaccination programme for our staff and to the communities across Norfolk & Waveney, Cambridgeshire & Peterborough may be impeded by a range of factors including workforce supply and vaccine which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination.
There is also a reputational risk to the organisation in relation to delivering the ‘hub’ model within the required national timeframes. (Risk Rating 12)
6. **Risk ID 3323** – Risk to organisational reputation of delivery of the Lead Provider Contract for the roll-out of the Mass Vaccination Programme for Cambridgeshire & Peterborough and Norfolk & Waveney given the significant pace, complexity, and political profile of the programme. (Risk Rating 12)
7. **Risk ID 3426** - If there is a surge in Service demands over the months Nov-March (winter period), the Trust may not have sufficient resources leading to sub-optimal Service delivery. (Risk Rating 12)

Related Operational Risks 15 and Above

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



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2. **Risk ID 3254** – *There is a risk that the Children and Young People’s Services delivery will be significantly impacted by the pandemic leading to potential detrimental impacts on the health and wellbeing of children and young people. (Risk Rating 16)*
3. **Risk ID 3337** - *There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being. (Risk Rating 16)*

D: Overview and Analysis (including information from the Quality Dashboard – Appendix 1)

1. Quality Impact Assessment (QIA)

- 1.1 As highlighted at Trust Board in September 2021, QIA reviews have been completed by clinical services, and discussed where appropriate at the internal Ethics Committee Group. Moving forward further updates will be provided as needed.
- 1.2 A review of the QIA process is underway, this is being led by the Project Management Office Manager in conjunction with the Quality Team.

2. Patient Safety

- 2.1 The Patient Safety Team, have been reviewing the most recent updates to the NHS Patient Safety Strategy; following this some changes are being made to our current policy whilst we await the next stage of the national implementation plan.
- 2.2 One Serious Incident (SI) was declared in September; A Never Event was not declared during the period (August and September 2021). The SI related to the School Immunisation Service and was linked to a delay in administering time critical medication, the incident occurred in July 2021 just prior to their transfer out of the Trust. The investigation is being taken forward by the new provider however the organisation was able to contribute to the Terms of Reference for the investigation and will be kept updated of its progress along with access to the final report. The deadline for submission of the final report is 6 December 2021.
- 2.3 No Serious Incidents were submitted for closure to the Commissioners in August and September.
- 2.4 Action plans for previously submitted Serious Incidents are being monitored for completion following the introduction of a robust assurance process. This process includes ensuring that actions plans are ‘SMART’ and have input from the wider service (which is undertaken prior to the final submission of the SI report). Three months after the submission of the SI report, a panel review meeting is now being held to discuss progress on actions and provide sign off for supporting evidence.
- 2.5 Additionally a standard action will be included into all action plans relating to the sharing of the investigation learning.
- 2.6 Incidents are reviewed via panel discussions which are attended by service leads and specialists to agree next steps and/or close and approve submitted investigation



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reports. A total of nine panel meetings were held in August resulting in two internal investigations being taken forward.

- Luton Adults – Safeguarding referral was raised by the Luton & Dunstable Hospital following the admittance of a patient with a grade 3 pressure ulcer and two grade 2 pressure ulcers. This investigation has now concluded with recommendations that the service re-visit the shared care process to provide assurance that it is effective and robust.
- Norfolk HCP Breckland – The service received a report about a non-accidental injury (NAI). A review of records identified that there were missed opportunities to identify and escalate safeguarding concerns. The investigation has now concluded with learning relating to the importance of starting antenatal contacts early to achieve best outcomes.

2.7 A total of 20 panel meetings were held in September resulting in four internal investigations being declared. All investigations related to missed opportunities to identify and escalate safeguarding concerns.

- Norfolk HCP West – The service was advised of the death of a baby at four weeks. A review of the records identified that there were acts and/or omissions in the delivery of care from the service which resulted in a failure to identify the risk factors for the baby – antenatal and postnatal. The investigation is ongoing.
- Norfolk HCP East – The service was advised of suspected non-accidental injury (NAI) to a child. A Learning Review Workshop was undertaken which identified learning relating to the need to ensure that robust record reviews were carried out, communication with external partners is key to building a holistic approach to care delivery and reviews for vulnerabilities should not be purely based on formal safeguarding process.
- Norfolk HCP West – Suspected NAI to a 2½ year old. Chronology was undertaken which identified that further investigations were required. The Terms of Reference included consideration of risks, whether there was sufficient curiosity, timely allocation, and handover between teams. Investigation is ongoing.
- Cambridgeshire 0-19 North – The service was advised of a suspected Non-Accidental Injury (to a baby). A chronology has identified that further investigations were required which will be exploring task orientated approach and record keeping.

2.8 This chart highlights those patient safety incidents that occurred under our care and includes the two-month period of August and September. These incidents totalled 304 which was a decrease of 56 incidents on the previous two-month period; 81% were no harm incidents, 14% low harm and 5% moderate harm.

2.9 Fourteen moderate harm incidents (whilst under CCS care) were reported in August/September, which remains the same as in the previous two-month period.

2.10 All fourteen moderate harm incidents were reported by Luton Adult Services and related to acquired pressure ulcers. All these incidents received scrutiny from the Tissue Viability Nursing (TVN) Team and local learning has been shared.



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Additionally, the pressure ulcer workstream is continuing within the service and a benchmarking piece of work is being undertaken with East London Foundation Trust.

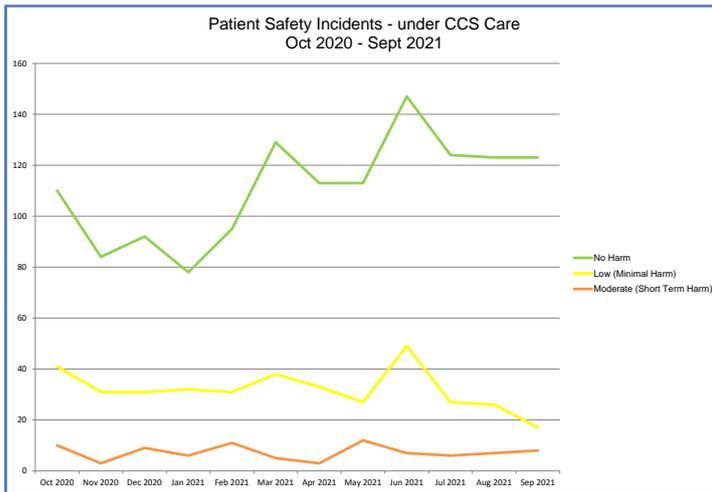
Incident Themes

2.11 Datix reports in generic categories and the categories we see reflected in the top three reported (for each month) are as follows (these remain unchanged from the previous two-month period):

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

August	September
Clinical, assessment & treatment: 110	Clinical assessment & treatment: 110
Medication: 72	Medication: 74
Access, admin, transfer, discharge: 36	Access, admin, transfer, discharge: 46

2.12 Incident themes are quite specific to different service directorates due to the diversity of work undertaken. A Trust wide view of themes shows that within each of the categories above the following is noted in August and September:



2.12.1 **Clinical Assessment and Treatment:** All pressure ulcers and moisture-associated skin damage (MASD) are reported under this category therefore Luton Adult Services is the main reporter (78%) due to the

type of work and volume of visits they undertake.

2.12.2 **Medication:** Medication incidents related predominately to Luton Adult Services (64), Large Scale Vaccination Programme (45) and iCaSH Services (21). iCaSH incidents related to the delay and/or delivery of medication to patients' home addresses both as a result of incorrect addresses and failings by the Royal Mail. As noted above, the scrutiny of



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medication incidents continues to be undertaken and appropriate investigation implemented. All incidents were shared with the Chief Pharmacist on submission / reporting. The medication management policy is currently being reviewed – changes are being made where appropriate and will include previous lessons learned and incident outcomes.

2.12.3 **Access, administration, transfer and discharge:** This theme is predominantly a lack of referral into the Trust from another trust or an individual requiring community-based care, e.g., GP / acute hospital. Most incidents are reported by the 0-19 Services across the Trust, which all reported a theme around missing / late antenatal service communication which is recognised as an ongoing national issue, however local discussions are on-going. Where themes are linked to external providers, issues are picked up during liaison with the services or via the service leads/ Commissioners (as needed).

National Patient Safety Alerts

- 2.13 There is a robust process in place for managing and acting on alerts through the Safety team which is overseen by the Deputy Chief Nurse. The Chief Nurse and Medical Director are alerted to all relevant alerts via Datix and participate as needed in task and finish groups to address the issues. Details of all safety alerts are shared via the Trust’s intranet site.
- 2.14 In August and September 2021, 31 alerts were received; three of which were national patient safety alerts. All Central Alerting System (CAS) alerts were actioned and closed within the required time frame.

	NatPSA Description and Reference	Trust Action
1.	Infection risk when using FFP3 respirators with valves or Powered Air Purifying Respirators (PAPRs) during surgical and invasive procedures	Not relevant to CCS – Dental have respirators but are not used during surgical procedures. Alert closed
2.	Elimination of bottles of liquefied phenol 80%	Not relevant to CCS Alert closed
3.	Potent synthetic opioids implicated in increase in drug overdoses	Alert shared via Comms Cascade Alert closed

3. Medicines Management

3.1 Medicines Risks

- 3.1.1 Mass Vaccination risks are kept under review by the Mass Vaccination Programme Board.
- 3.1.2 Risk 3264: Inability to implement the Electronic Prescription Service.
The Electronic Prescription Service is currently being piloted in the Children’s Rapid Response Team in Luton. The indications are good, and once confirmed that it is working correctly the risk will be closed and the service rolled out to other services. The Community Paediatric teams will benefit immensely from this.



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3.2 Mass Vaccination

3.2.1 The Covid vaccination service continues at pace. The stock shortages that have been previously identified are no longer as acute, but the demands on the service continue to change frequently. The Pharmacy team is still receiving the support of three colleagues from Cambridgeshire & Peterborough NHS Foundation Trust (CPFT), and the sites are visited monthly to provide support with practical matters, document version management, etc.

3.3 Non-Medical Prescribing

3.3.1 The Non-Medical Prescribing (NMP) network met again in October. The meeting, which was held virtually, was very well-attended and productive.

3.3.2 The three-yearly training has been redesigned by the NMP Steering Group (which consists of the Professional Education Manager, the Chief Pharmacist, and the Professional Education Co-ordinator). It has been designed to be much more interactive, the hope is that this will support the NMP Champions to provide more meaningful training and to have useful discussions at those sessions. The national Competency Framework for All Prescribers was updated in September 2021 and has been incorporated into the new programme.

3.3.3 The Group agreed an audit programme which will be registered with the audit team.

3.4 Medicines Audits

3.4.1 The medicines audit programme has been resumed, with the support of the clinical audit team and the quality team. Results are currently being submitted and will be ready for scrutiny shortly.

4. Safeguarding

4.1 A safeguarding function business continuity plan was invoked at the beginning of the pandemic and is being used to support the delivery of the safeguarding service across the Trust; this was updated in September 2021 to maintain oversight of the contingencies in place. There is continued engagement with interim processes put in place by Local Safeguarding Partnership Boards and with local safeguarding networks. Externally to the organisation, there continues to be an increased level in both volume and complexity of safeguarding concerns reported for children and adults across the system. Therefore, the Trust is working proactively with partners to carry out our statutory safeguarding duties in regard to children and adults who access our services.

4.2 Partnership work has continued throughout 2021 as Safeguarding partners take stock of the emerging safeguarding themes during the Covid-19 pandemic period and the learning that can be extracted from the need to adapt to new ways of working to support families and professionals. This will be reflected in key business priorities for the safeguarding partnership boards for the next financial year. National and local focus will include on-line exploitation and abuse, mental health, domestic abuse, neglect with the explicit impact from poverty and social isolation on these and trauma-informed practice.

4.3 The current Safeguarding risks are:



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- 4.3.2 Risk ID: 3227: The risk that our staff will not have the capacity to provide an effective safeguarding response to the increased number of complex cases that emerges as services continue to restore. There has been a significant increase in safeguarding concerns in both volume and complexity during the pandemic period. Additionally, it has been acknowledged that there are several vacancies in the Healthy Child Programme Service and Adult services, therefore it was agreed that this risk remained. A recruitment campaign has commenced, and commissioners are aware as part of agreed escalation framework. Risk narrative and controls have been amended to reflect this position and to incorporate elements of Risk 3182 which has subsequently been closed. This risk is currently rated at 16 and controls remain in place.
- 4.3.3 Risk ID 3250: There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma, which may have a negative impact on their psychological wellbeing. This may result in an increase in sickness and retention rates, which have been identified to be increasing across the whole system. This risk is currently rated at 16 and controls remain in place.
- 4.4 It should be acknowledged that these risks are interrelated, where vulnerable children and adults have limited access to professional support across the system, any safeguarding issues are likely to be identified at a later date and therefore the opportunity for early assessment and intervention could be missed.
- 4.5 The Cambridgeshire MASH (Multi-Agency Safeguarding Hub) Team is managing a risk related to the increase in the number of enquiries sent through which are not related to the pandemic but are a result of a change in process in the Local Authority. There is a strategic partnership agreement about the actions required to mitigate the impact and a monthly joint meeting is held between the Local Authority Head of Service, CCS Head of Safeguarding and Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) Head of Safeguarding. Local Authority, CCG and Chief Nurse are sighted on this. The MASH teams are now aligned to a joint inbox for both CPFT and CCS. There is work being undertaken to develop a working model for the staffing model for the MASH across the joint venture and agreement of this has been discussed in principle with further understanding of the costing being considered. The risk is currently rated at 12.
- 4.6 Risks are reviewed by the Incident Management Team and Safeguarding Huddle (Medical Director, Chief Nurse, Heads of Safeguarding and Deputy Chief Nurse) where Trust wide actions are identified and implemented, with oversight by the Strategic Safeguarding Group.
- 4.7 There has been a rise in the number of non-accidental injuries (NAI) to children resulting in serious head trauma in some of the localities and nationally. Internally all appropriate incidents are reviewed via the panel meeting process, which includes a review of the child / family's chronology of care. Next steps are identified from this process in line with the National Patient Safety Framework. The National Child Safeguarding Practice Review Panel published a report on safeguarding under 1's from non-accidental injuries caused by male carers (Oct 2021) which is currently being considered.
- 4.8 Datix reporting continues to be utilised to capture non-accidental injury (NAI) incidence across the Trust for children under the age of two years, which are the cohort of



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children at the greatest risk of significant harm. A weekly review of the Datix reports by the Heads of Safeguarding continues and has identified that Trust professionals are compliant with pathways for bruising, injury, and bites in immobile children. However, there has been a need to challenge other agency compliance with agreed pathways.

- 4.9 ICON is now becoming embedded into the Healthy Child Programme (HCP) service within the Trust and across both systems for Cambridgeshire & Peterborough and Bedfordshire & Luton. Work continues with partners to promote the need for a system wide public health approach. Norfolk are active participants in their system wide work stream called 'Protecting Babies' and learning across the two approaches is being used to influence and enhance the local agreed systems. The team are looking to measure impact by identifying how many conversations are happening with parents.
- 4.10 MASH activity continues to be variable across the five MASHs supported by CCS professionals; there are some emerging patterns which appear to be directly correlated to the national lockdown. Activity monitoring is currently being revised to allow greater interrogation of the activities undertaken by the Trust's professionals working in the MASH. The volume of referrals overall to MASH indicates a slight increase on pre-pandemic levels, however the conversion rates (number of cases reaching support threshold from Children's Social Care at a statutory level of intervention) has shown a significant increase.
- 4.11 An internal review of all actions from Serious Incident's, safeguarding reviews and domestic homicide reviews has been completed. As a result, there has been an audit of open actions and compilation into key themes this will be shared with the Service Directors. In the future all actions will be reviewed to ensure they are SMART; and that impact can be measured. Some very preliminary work is also underway to understand if there are disparities for our BAME children in relation to safeguarding through analysis of current data. This was initially for Bedfordshire but is being expanded to consider all the localities across the Trust.
- 4.12 The new safeguarding supervision has been rolled out to each locality since July 2021 and is being embedded well into practice. There is now a survey being recirculated to staff to complete to review the impact and effectiveness of the new model. Planned focus groups are diarised for October / November and will be facilitated by the Assistant Director, Systems & Organisational Development, as part of an independent review of the process.
- 4.13 The Liberty Protection Safeguard (LPS) is currently due to be implemented in April 2022. This legislation will replace the Deprivation of Liberty pathway and will expand its remit to include young people aged 16 and above. Whilst the draft guidance has not yet been published, we will be establishing a LPS project board to develop a clear implementation plan. The Trust has started communication regarding LPS with the systems it works within and is keeping partners up to date on progress made (via the Chief Nurses forums). Training will be available shortly, this will be a national training programme, which will be targeted to different staffing groups – the organisation has been advised, by the National Safeguarding Team not to commission its own education provision at this time.
- 4.14 The safeguarding teams have been reviewing their training programmes and are looking to integrate a "Think Family" approach to promote understanding and professional curiosity about adult and child vulnerability irrespective of role.



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- 4.15 Several activities are being planned in November for the Adult Safeguarding week, which are being supported by the Communication Team.
- 4.16 The PREVENT leadership and workplan is moving to The Safeguarding Team as of 6 November 2021. The Prevent lead role has been reviewed and a clinical lead has been identified for the position. PREVENT and WRAP training has been maintained at above the target level across the Trust and is at 96% and 97% for August and September. As the Adult Safeguarding Team capacity has been increased and is now fully recruited to, the team is beginning to attend all relevant Channel panel multi-agency meetings across the Trusts geography, alongside this a process for information sharing between the Children and Adult Safeguarding Teams is being developed.
- 4.17 The team have attended the first of two Safeguarding Away Days within the Norfolk system, the aim of which is to review the current Safeguarding systems prior to the transfer to the Integrated Care System.

5. Infection Prevention and Control (IPaC)

- 5.1 We continue to follow all national guidance relating to preparation for and managing of the current Covid-19 pandemic. This work is being led by our Emergency Preparedness and Resilience Accountable Officer (Director of Governance) and Medical Director.
- 5.2 The risk relating to supply and availability of PPE to our services is monitored weekly through the Incident Management Team (IMT) and underpinned by daily sit rep information from all services.
- 5.3 In May 2020 NHS England published an Infection Prevention and Control Board Assurance Framework (BAF) for Trusts to demonstrate that their approach to the management of Covid-19 is in line with Public Health England (PHE) Infection Prevention and Control guidance and that gaps have been identified and mitigating actions taken. Our initial detailed self-assessment against the 10 domains was last presented to the Board in September 2021.
- 5.4 The revised national IPaC BAF requires Trusts to report on the different types of respirators (FFP3) used in the Trust and how it monitors staff compliance within teams performing aerosol generating procedures (AGPs). This information was included in the IPaC quarterly report which was presented at the Infection Prevention and Control Committee in November 2021.
- 5.5 The Trust reported one outbreak at the end of September in the Adult Rapid Response team in Luton. Two members of staff were positive and an additional four staff had close contact identified (all members of the same team). There were no reports of patients affected. Outbreak meetings were convened during the first week of the outbreak with team leads, Director of Infection Prevention and Control (DIPC) and the IPaC team. No further cases were reported, however the lessons identified from the outbreak have been widely shared with staff via Comms Cascade and within the weekly messages from the Medical Director/Chief Nurse. The incident was reported via the national system and has subsequently been closed.
- 5.6 A total of 28 IPaC related incidents were reported during this period. Sixteen incidents were needlestick / other sharp instruments, 12 of which were reported by our Large Scale Vaccination Sites. One of these incidents occurred in June 2021 but was reported in September. Other incidents related to non-compliance to appropriate PPE,



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flooding in two of our sites and other estates-related issues. These incidents were reviewed at the Infection, Prevention and Control Committee in November, and further actions were identified as needed.

- 5.7 Working with the Trust's Estates and Facilities Manager Operational, the IPaC team continued to review completed Covid-19 building risk assessments submitted by services. Following on from the recent revised national guidelines (HTM 03-01), a review of the Trust's ventilation systems is currently being reviewed by the Trust's Estates team with the support of the IPaC service to ensure compliance to new and current buildings regulations.
- 5.8 A total of 51 members of staff reported having a positive Lateral Flow test (LFT) result. Of those, 41 reported a positive polymerase chain reaction (PCR) test for Covid-19 during this period.
- 5.9 Other infections: there were no confirmed bacteraemia cases of MRSA (Meticillin-resistant Staphylococcus Aureus), Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during August and September. We have not been notified of any positive cases of C.difficile during this period.
- 5.10 The Trust's staff flu vaccination programme has commenced. Vaccines arrived at the end of September and were distributed across the Trust's sites; staff clinics are now running, and the flu vaccination 6-week plan has now been extended for a further 2 weeks. Additionally drop-in clinics are being undertaken and where peer vaccinators are being used clinics are running early in the morning (from 7am) to late in the evening. The Quality Team have developed a QR code so that if a flu vaccine has been received externally to the Trust, staff can easily let us know when they have had the injection. As of the 8th November the Trust uptake was 54.4% (excluding mass vaccination staff) and 52.1% (including mass vaccination staff), according to regional figures CCS is the 4th in the East of England for flu vaccine uptake. Teams have been asked for their thoughts on how to improve the vaccine uptake, the areas identified have been included in the implementation plan.
- 5.11 On 27 September.2021, the Trust's IPaC Nursing Team officially started providing specialist advice to East Anglian Children's Hospice (EACH). The Team were delighted to secure a three-year contract and look forward to working closely with EACH colleagues.

6. Patient Experience

6.1 The Patient Story

6.1.1 Our Board will hear from a young person who is having speech and language therapy, delivered virtually, to support his communication and is an example of using patient centred, solution focused techniques to make functional, real-life change. They will be accompanied by their clinician from our Cambridgeshire service.

6.2 Friends and Family Test (FFT)

6.2.1 We continue to seek FFT feedback across all our services in line with FFT national guidance around Covid-19.

6.2.2 The aim for FFT feedback is to increase the opportunity for service users, parents, and carers to provide feedback with a range of methods available that



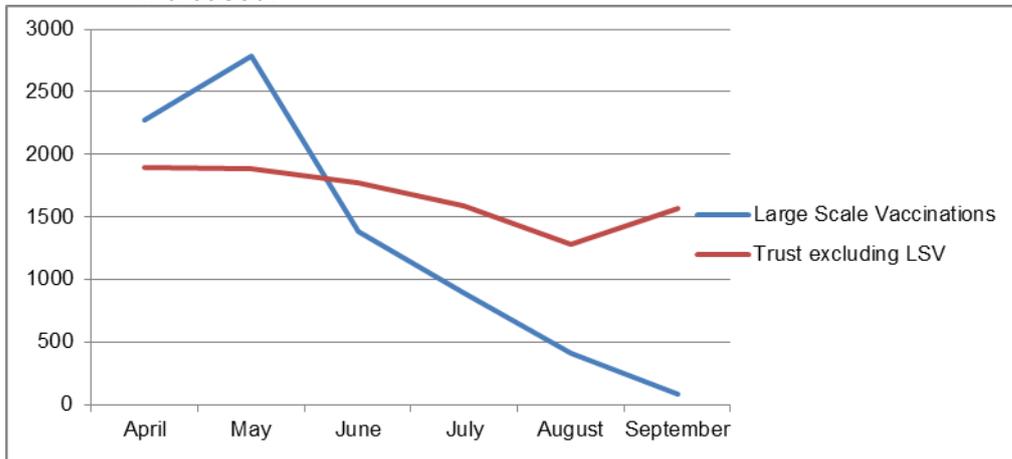
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are accessible and meet service users' needs. We are currently working on providing the national FFT questions in the most frequently translated languages.

6.2.3 We received 1695 responses in August and 1646 in September. This is a total reduction of 2301 on the previous two-month period. This reduction is a continuing trend and largely due to the reduced number of feedback responses from Large Scale Vaccination (LSV) Centres. Below is a summary since April 2021 with and without Large Scale Vaccinations.

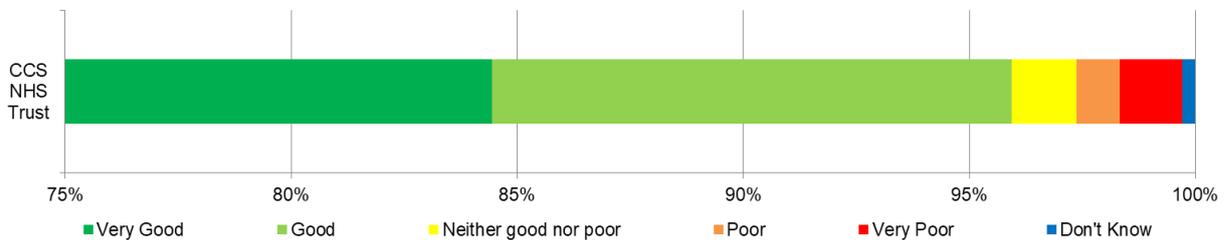
	April	May	June	July	August	September	Total
Large Scale Vaccinations	2276	2786	1386	896	414	83	7841
Trust excluding LSV	1893	1881	1768	1592	1281	1563	9978
Trust Total	4169	4667	3154	2488	1695	1646	17819

6.2.4 The graph below shows that feedback from Large Scale Vaccination Centres has fallen but in September the feedback from other services increased.



6.2.5 The overall Trust FFT positive feedback was 95.93%, with a 2.33% negative feedback percentage. We remain above the Trust target of 90%.

6.2.6 Below is the percentage of responses to each category of the FFT question for the overall Trust.



6.2.7 In August and September the services we provide received over 2630 positive comments on surveys and feedback forms used across the Trust.

6.3 NHS Complaint Standards. Embedding the Standards: Organisational Assessment Matrix. May 2021

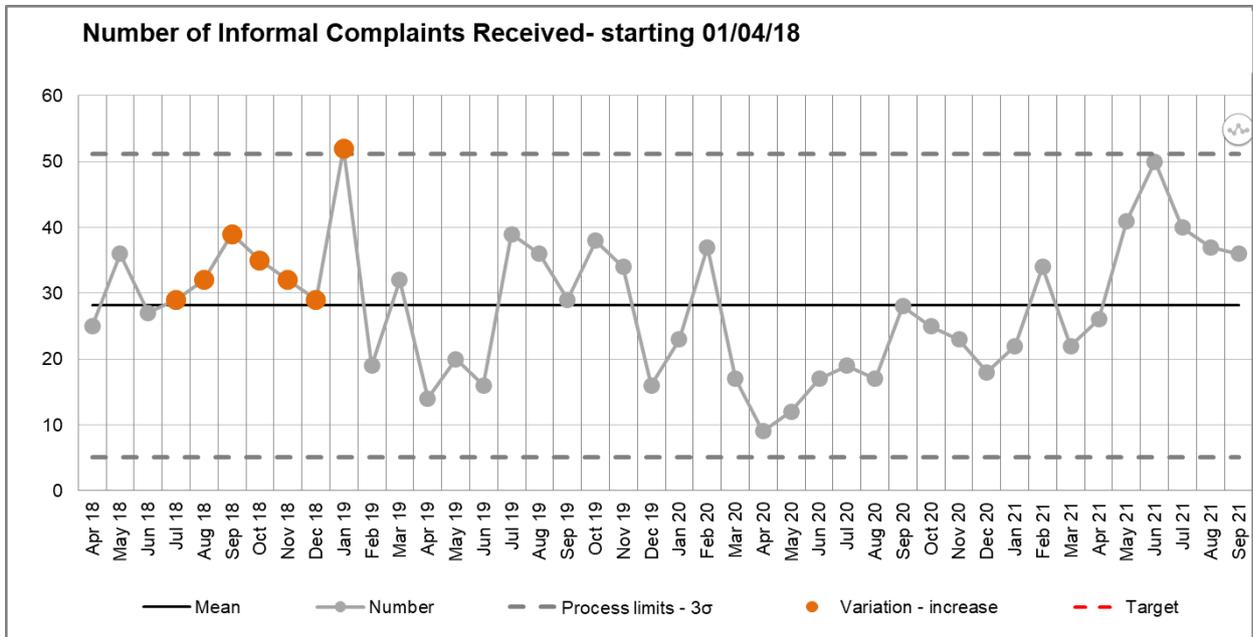


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6.3.1 The Patient Experience team is currently completing the embedding the standards assessment matrix, which involves considering the core expectations in the Complaints Standards from both the perspective of staff and service users. The team will complete this by using existing data such as staff survey data, feedback from complainants and investigators of complaints and invite all staff to complete a short survey and/or join a focus group. This will give us a baseline from which to prioritise our improvement work in 2022.

6.4 Informal Complaints Received

6.4.1 The total number of informal complaints received and logged was 73 in this data period; 17 fewer than the previous reporting period. As shown in the graph below, this was above average but was within our expected variation. Eight informal complaints were related to Covid-19, four about appointments not being face-to-face, two about Large-Scale Vaccination Centres, one about wearing of masks and one about delays. All have been followed up and there were no associated incidents or risks.



6.5 Themes and learning from informal complaints closed in August and September 2021

6.5.1 Eighty-one informal complaints were resolved and closed in August and September, with 94 issues identified. The top three themes of the informal complaints closed within this period were Administration (26) in 23 informal complaints, Communication and Information (16) in 16 complaints and Clinical Care (10) in nine complaints.

6.5.2 The informal complaints about administration were reviewed. There were seven informal complaints with seven issues related to iCaSH Suffolk, five informal complaints with six issues for iCaSH Peterborough, two with four issues for iCaSH Norfolk and three with three issues relating to iCaSH Milton Keynes. The details of these complaints have been evaluated and eleven were linked to the telephone system: waiting times and being cut off; and eight about appointment booking systems. The Co-production Lead for the service has worked with people who use the services to understand the difficulties in booking



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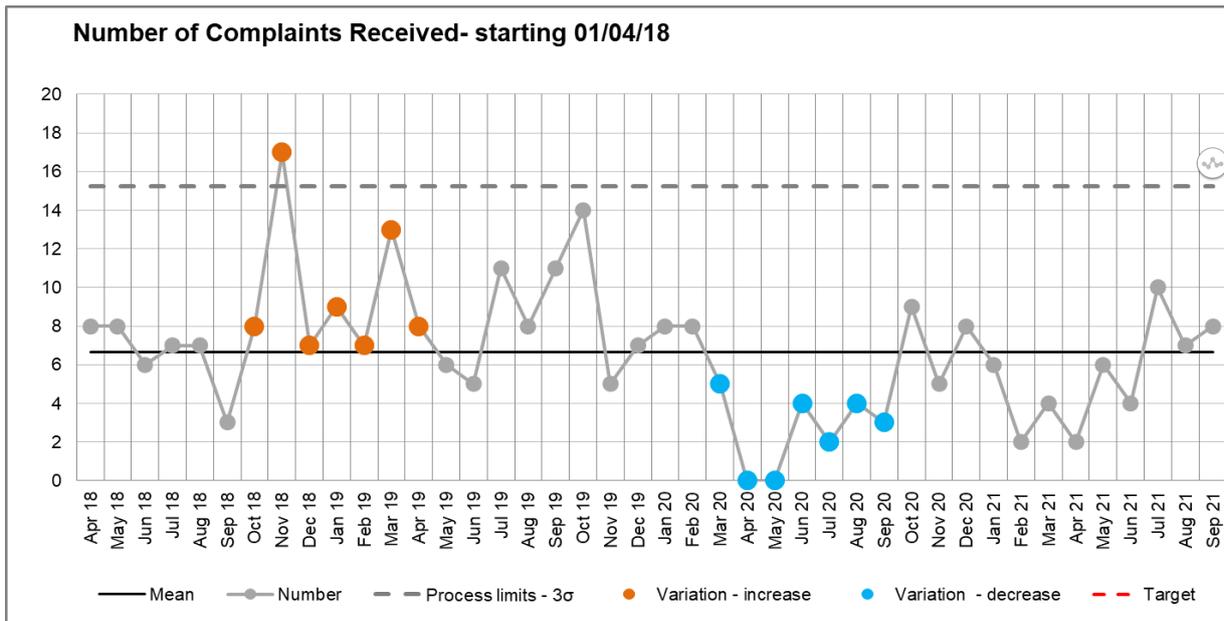
appointments within iCaSH. These findings form part of the Service Redesign Team led Bookings and Access project, which is an iCaSH-wide access transformation plan.

6.5.3 Three of the informal complaints about Communication and Information were related to Norfolk and Waveney HCP, two Bedfordshire 0-19 and two Luton Children’s Specialist Services. Three were about lack of sensitivity in communication about different issues.

6.5.4 Review of the informal complaints about Clinical Care showed four issues were raised in three informal complaints relating to services provided by Luton Children’s Specialist Services and specifically that insufficient care was provided. In each case a clinician contacted the family, to review care and offer appointment where relevant. Local resolution was deemed satisfactory by the complainant, and none progressed too formal.

6.6 Formal Complaints

6.6.1 The Trust received 15 formal complaints in this data period. Seven were received in August and eight in September. As shown in the graph below this is above average but within the expected range.



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

6.6.2 Three of the complaints received in this period related to Covid-19. One was about lack of face-to-face appointments, one about the difficulty getting an appointment and one related to a mix up about video appointments.

6.7 Themes and learning from formal complaints closed in August and September 2021



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- 6.7.1 Within this data period we responded to and closed 12 formal complaints; 23 subjects/themes identified. Communication & Information and Clinical Care were the most frequently occurring issues. Communication & Information was raised eight times in five complaints. Clinical Care was also raised eight times in five complaints. Delay in diagnosis, treatment and referral was the third most frequent issue with three in three complaints.
- 6.7.2 Three communication and information issues were identified in one complaint about iCaSH Bedfordshire. This complaint was investigated and responded to but was not upheld.
- 6.7.3 Six issues about clinical care related to three complaints about Cambridgeshire Children's Specialist Services. One complaint about Community Paediatrics was upheld, one about Occupational Therapy was partially upheld and one about Speech and Language therapy was not upheld.

6.7.4 Learning and actions taken from complaints have included:

- Cambridgeshire Community Paediatrics – Parents raised concerns about referrals being rejected. Investigation found that referrals were rejected due to insufficient information and that when parents contacted the service following rejections, the service did not take this opportunity to explain why but directed them to the Patient Advice and Liaison Service. Actions in response to this complaint include a review of referral rejection letters to ensure that detailed letters are provided and the development of an escalation process for parents who are unhappy with the outcome and require further input.
- Bedfordshire Nutrition and Dietetics Service – a concern was raised about a delay in the service arranging a suitable feed and allergies not being identified. The investigation into CCS care provided found that the time taken to arrange a suitable feed was too long and that the service did not communicate the reasons for this effectively with the carer.

6.8 Complaint Response Times

6.8.1 In this data period we responded to 11 formal complaints (five in August and six in September). Seven responses were sent within our target timeframes and four outside of these, those external to our timeframes where all delayed following discussion with the complainant and were linked to increased pressure on services.

6.9 Patient Experience Overview of Workload

6.9.1 The team have reviewed their workload following an overall increase of enquiries and informal discussions, following this a skill mix evaluation is underway to ensure we have the correct capacity to meet this new demand.

Average monthly enquiries, informal and formal complaints received since April 2017.



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	2017–2018	2018–2019	2019–2020	2020–2021	2021 to September	% change from 2017-2018 to 2021
Formal Complaints	6.67	8.33	8.08	4.08	6.50	Down 2.5%
Informal Complaints	15.92	33.17	26.58	20.58	39.83	Up 150%
Enquiries	55.00	50.17	54.50	80.75	108.33	Up 97%

6.10 Patient and Public Involvement Plan

6.10.1 In September colleagues from across the organisation met to review the Public and Patient Involvement plan and to set a new direction for 2022 onwards. The meeting identified several actions which will now be socialised and tested by our co-production leads with patients, families, and the public. Once completed, the outcomes will be brought to the Patient Participation Committee for discussion and approval.

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

- 7.1 **Dental:** The backlog of patients waiting for treatment under general anaesthetic in Cambridge has been cleared. There has been fantastic joint working between the Cambridge and Suffolk teams which has enabled these patients to be seen at West Suffolk hospital.
- 7.2 **Dynamic Health:** Capacity for initial appointments, lack of gym classes in Peterborough, vacancies, and sickness as well as factors out of the Service's control, such as the length of time it is taking for patients to move through diagnostic pathways, is leading to an increase in the Service's internally monitored 18-week RTT KPI. Mitigations are though in place and a new gym space is due to open in November, administration roles are being recruited into and further face to face appointments have now been released for patient consultations to take place.
- 7.3 **Bedfordshire and Luton Community Paediatric Services:** The average RTT wait in Bedfordshire is 23 weeks (18-week national KPI) with the longest wait at 48 weeks. The average RTT wait in Luton is 34 weeks with the longest wait 57 weeks. Pan-Bedfordshire transformation work continues to align systems and processes. Additional administrative support is in place alongside bank and agency clinicians to improve service waits. Two Consultant Paediatric posts have been re-advertised following recent unsuccessful recruitment attempts. Clinical agency spend remains high to cover vacancy gaps. Non-recurring additional investment has been received to improve Autism diagnostic backlogs. These funds have significantly improved waits.
- 7.4 **Bedfordshire and Luton Allied Health Professional (AHP) Services:** The Occupational Therapy Service and Speech and Language Therapy services continue to see an increase in ECHP requests and referrals for input to tribunals. The service currently has reduced capacity to provide assessment and support for children without an EHCP. Demand and capacity work is being prioritised to detail workforce



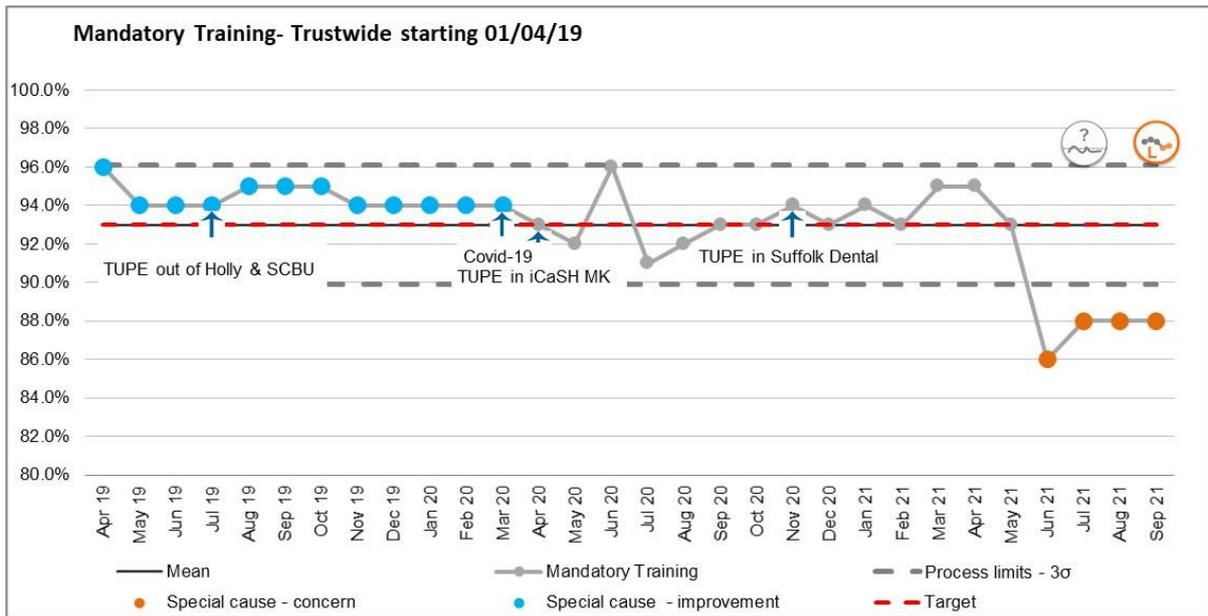
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requirements. In the interim the service has recruited an additional therapist and is currently drafting an EHCP service level agreement.

8. Mandatory Training

8.1 Overall compliance figures are slowly improving, and work is still ongoing data cleansing the Large-Scale Vaccination (LSV) staff who have or continue to complete training on external platforms. Furthermore, there have been additional competencies added to the positions within LSV which will also affect the overall compliance in the short term until staff undertake the training.

8.2 A working group has started the process to data cleanse all inactive staff, and for those who wish to remain on the LSV bank they will be closely monitored to complete all their training within a timely manner.



9. Information Governance

9.1 The 2021-22 Toolkit is currently being assessed. Subject matter experts have been commissioned to provide their updates with supporting material. The deadline for submission is 30 June 2022.

9.2 Mandatory Information Governance and Data Security awareness training is currently at 86% (September 2021) against a target of 95%. Service Directors are provided details of non-compliance on a monthly basis and are asked to encourage staff to do the training.

9.3 Between August and September, 28 incidents were reported under the Confidentiality Breach incident category which is lower than in the previous two months. Most incidents related to human error or administrative issues. The Information Governance Manager assesses all Information Governance incidents and provides advice to staff to prevent errors from re-occurring.

10. CQC



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- 10.1 The Statement of Purpose has been updated following a further review of the Mass Vaccination sites, this current version has been submitted to the CQC. It is attached to the report for board approval.
- 10.2 The 'Must do' required by the CQC in 2019 relating to the Healthy Child Programme is that "the service must continue to monitor and actively recruit to ensure that there is an adequate number of nursing staff with the appropriate skill mix to care for children and young people in line with national guidance and to ensure that service provision can be maintained." The Trusts CQC action plan to support the 'Must do' is being revised and updated with the support of our recruitment specialist – this is following several sessions with clinical staff asking for their views around recruitment and retention.

11. Celebrations, Innovations and Areas of Outstanding Practice

11.1 Queen's Nurse Institute

The Trust is very proud to announce that 5 more Queens Nursing Awards have been made to the following staff: Liz Webb Deputy Chief Nurse, Sarah Archibald Health Visitor, Stephanie Hambrook Health Visitor, Donna Taylor Health Visitor and Lisa Parrish District Nurse. These awards are given by the Queens Nursing Institute in recognition of community nursing excellence.

11.2 Bedfordshire and Luton HCP

- Luton 0-19 service supported the Luton Afghan Refugee system response. The service facilitated health screening for 95 family units including 326 children in the quarantine and bridging hotels. The service continues to provide Healthy Child Programme mandated contacts to children and families residing in the bridging hotel.
- The Bedfordshire and Luton Children's teams held a Celebration Event in October 2021. The event was attended by over 160 staff and very well received as an opportunity to celebrate our successes during the past 18 months.

11.3 Norfolk HCP

- The Service has had positive response to the Public Health Nurse development role with most roles offered. Further scoping will be undertaken within teams to access if the numbers can safely be increased.
- Just One Norfolk (JON) team working with the CCG, GPs and acutes to plan a series of webinars aimed at providing access to advice and information for families in regard to self-management of children's minor illnesses over winter - aiming to relieve pressures on JON, A&Es and GPs.

11.4 Cambridgeshire HCP

- An early evaluation of the collaborative approach to the 2.5-year reviews in Cambridge and Peterborough has been undertaken. The outcome recommends utilising the skills of Early Years Practitioners as well as using additional funded 2's Early Years placement data. In addition, the co-production lead is now in post and will obtain feedback from parents and carers. Consideration will also be



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given as to whether this model is to be implemented across wider geographies within Cambridgeshire.

- The 'Getting Ready for Change' questionnaire for young people at key transition stages has progressed. The interim questionnaire for children transitioning into reception has been launched and early data suggests that parental interest via the digital data has been higher than expected. The pilot for the Y6 question is on track to be launched in November and then the 16+ Y11 questionnaire thereafter.
- The first cohort of Assistant Practitioner apprentices commenced in the Trust on 6 September to start the '5 year grow our own SCPHN' pathway.

11.5 Bedfordshire and Luton Children's Community Nursing Service

- The Children's Rapid Response team is piloting electronic prescribing. Following a virtual consultation, patients no longer need to receive a physical prescription and can choose their dispensing pharmacy.
- Dr Rima Makarem, Independent Chair of the BLMK Integrated Care System, visited the Children's Rapid Response clinic on 30 September to learn more about our nurses' ground-breaking work. Excellent feedback was received.
- MPs Rachel Hopkins and Sarah Owen visited Luton Children's and Adults Community Health Services in October to learn how the teams were supporting some of the most vulnerable members of the community. Rachel and Sarah had the opportunity to virtually meet with the mother of a child who was supported by the team.

11.6 Bedfordshire and Luton Community Paediatrics Service

- Dr Adele Humphrey has started in post as the new Clinical Lead to support the progression of clinical developments in the Bedford team.

11.7 Bedfordshire and Luton Allied Health Professional (AHP) Services

- Community Eye Service – The Service has progressed discussions to expand Eye Care services for children and young people in special schools in England with associated funding. The Service is participating in a national research programme in relation to eye care for patients following a stroke, in collaboration with Luton and Dunstable Hospital.
- Newborn Hearing Screening – Public Health England has extended they're thanks to the Bedfordshire and Luton teams for their hard work, improved techniques and positive support for new families.

11.8 Cambridgeshire Community Paediatric Services

- The following publication - Bone conduction hearing kit for children with glue ear, BMJ Innovations, <http://dx.doi.org/10.1136/bmjinnov-2021-000676>, by Tamsin Brown et al, received worldwide media coverage.



Provide outstanding care

- An abstract was submitted by the team to the BACCH conference, titled: An assessment of the ability of primary care to monitor vital signs in a paediatric population A. Ho, N.Joglekar, J. Lee, A. Sansom.

11.9 Cambridgeshire Allied Health Professional Services

- The Occupational Therapy team is co-producing a new proactive initiative with the local Parent Forum and extending the universal and targeted offer to schools, which will support a sustainable service going forwards.

11.10 Emotional Health and Wellbeing Service (EHWS), Cambridgeshire and Peterborough

- The team has produced a video to support the work they undertake:

  Feedback from schools about the Emotional Health and Wellbeing Service	Feedback from schools about the EHWS [e03] This is "Feedback from schools about the EHWS [e03]" by CCS NHS Trust on Vimeo, the home for high quality videos and the people who love them.
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11.11 Luton Adult Service & Bedfordshire Neuro-rehabilitation and Acquired Brain Injury (ABI)

- **Visits from Rima Makarem (Independent Chair BLMK ICS) and Rachel Hopkins (MP Luton South) and Sarah Owen (MP Luton North)** – Rima Makarem visited The Poynt on the 30 September spending time with both children's and adult's services. As part of getting an insight into the adult services, Rima attended the morning huddle to review the discharges from the hospital the previous day, went out on visits with the District Nursing Team and finished with a discussion with the Service Director around the Trust's involvement in the BLMK Integrated Care System (ICS). At a recent Partnership Board Rima talked about how valuable she found her visit to Luton and asked that her thanks be sent to all involved. On Friday, 15 October, MPs for Luton, Rachel Hopkins and Sarah Owen visited the Service, spending time with both adults and children's services. The Service gave presentations on the impact of Covid across community services, the use of remote monitoring, an overview of the frailty tool and the work of the Falls service.
- The Service has now conducted a full end to end process map of the discharge process which covers the acute process, other partner organisations and the local authorities across the System. Process Mapping has taken place across:
 - Luton & Dunstable Hospital (incl. the Fastrack process)
 - Bedford Hospital (incl. Fastrack)
 - East London Foundation Trust processes
 - Luton local authority
 - Bedford Borough Council
 - Central Beds Council



Provide outstanding care

- Across the mapping process we have established where various partners become involved and where differences in process exist and or require a degree of process improvement. Across the entirety, 16 areas have been identified which, alongside the Gap Analysis, will form the basis of the working group focus to align, simplify and improve where necessary.

11.12 Dental HealthCare Services

- Nicola Jeffrey, Dental Service Manager in Peterborough has been shortlisted for Apprentice of the Year in the Unsung Hero Awards 2021 for her 'resilience, determination, and hard work during the pandemic. During the time of Covid Nicola started a Leadership Apprenticeship within her existing role, adding studying to her already busy work'. Winners are announced at live celebration evening at the Museum of Science and Industry on 12 November 2021.
- Our oral health improvement team has been shortlisted for Best Community Initiative in the Oral Health Awards 2021. The nomination showcases how the team successfully redesigned delivery of their oral health improvement programme for educational settings and training of our 0-19 children's community staff. Winners will be announced at a ceremony on 12 November at Leonardo Royal Hotel, London.

11.13 Dynamic Health (MSK)

- We continue to gain further First Contact Practitioner contracts within the Cambridgeshire and Peterborough system which the Service is actively recruiting into. The Service has created a marketing flyer for the Bedford Luton and Milton Keynes (BLMK) system. Our first yearly report for the Huntingdon PCN has now been published and circulated which has both excellent utilisation and outstanding patient feedback of which the Service is very proud.
- The active participation in the Long Covid Pathway has now reached a celebratory point with the finalising of the "system" video for Long Covid patients which covers both rehabilitation and pelvic health from our unit. Two of the rehab instructors and the pelvic health specialist have been involved in filming and the first cohort of patients has attended the programme with fantastic feedback from all. This video forms part of an eight-week virtual management course and the pathway is being branded as a system success with feedback such as "long live the system alliance", "thank goodness for AHPs", "a wonderful example of clinically-led teamwork across the system", "a great example of what can be achieved together" and "a real collaborative effort from all organisations across the system"
- The Service submitted two entries to Chief Allied Health Professions Officer (CAHPO) Awards 2021. The first entry - for the South Asian Functional rehab class - was shortlisted for AHP Public Health Champion award. The second - the virtual first approach - was not shortlisted in the AHP Digital Practise category.

11.14 Integrated Contraception & Sexual Health (iCaSH)

- Two Nurse Apprenticeship posts were secured across iCaSH.



Provide outstanding care

- Dr Jean Penman, Senior Registered Counsellor/Psychotherapist at iCaSH Beds and two colleagues have published a book - 'Intimacy, sex and relationship challenges laid bare across the lifespan. Applied principles and practice for health professionals.' 2021 (Judy Benns, Sue Burridge & Jean Penman).

11.15 Neuro rehabilitation – Oliver Zangwill Centre

- A paper co-authored by Leyla Prince, along with previous staff members, titled 'Client experiences with holistic neuropsychological rehabilitation' has been accepted for the special issue 'Self after Brain Injury' of Neuropsychological Rehabilitation journal. The paper is based on the qualitative research study at the centre in 2019 about the outcomes of holistic neuropsychological rehabilitation.

11.16 Co-Production

- Work has been ongoing since September 2020 on a joint project across Bedfordshire and Luton Children's Services on a Co-Produced Post Diagnosis Resource Pack. The pack aims to provide information and support following the diagnosis of a neurodiversity (for example ADHD or ASD). The project has been a truly co-produced collaboration focussing on 14 different work streams with membership of the project group including Bedfordshire and Luton community paediatrics services, Child and Adolescent Mental Health Services (CAMHS), Bedford Borough, Central Bedfordshire and Luton Borough local authorities, Parent Carer Forums and third sector stakeholders such as Autism Beds and FACES spectrum support, parent representatives and consultation with young people.
- The project team has video recorded a series of interviews with young people, parents and clinicians talking about their experiences and the positives of neurodiversity. The interviews will be accessible online within the post diagnosis resource pack where the viewer can click to watch each person's story. A fantastic and uplifting video montage has been created using snippets from each of the interviews, the link to view is here: <https://vimeo.com/551880453/0a3fd040ed>. Feedback from families has been overwhelmingly positive.



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A: Assurance Summary

<p>Safe</p>	<ul style="list-style-type: none"> Staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures Staffing pressures kept under constant review as part of regular sitrep reports and weekly incident management team meetings. (S4) 	<p>Reasonable</p>
<p>Effective</p>	<ul style="list-style-type: none"> Mandatory training compliance has remained at 88%, which is below target (E1) Appraisal rates at or above target levels across 80% of services and no more than 2 services are more than 5% below target Overall appraisal rates remain below target at 89.73%.(E2) Rolling sickness rates as at end of September was 5.07% compared to latest NHS England rate for community Trusts of 4.3% (as at May 2021) (E3) Stability continues to be above target at 89.74%. (E4) Equality Delivery System objectives agreed and being delivered upon. (E6). 	<p>Reasonable</p>
<p>Well Led</p>	<ul style="list-style-type: none"> Agency spend below annual target (excludes Large Scale Vaccination service). (WL6) All BAME staff have been offered risks assessments and mitigation is in place as required (WL8) All staff with high risk factors to COVID-19 are offered staff risk assessments and mitigation is in place as required. These are being regularly reviewed. (WL9) All staff have been offered Covid-19 vaccination and targeted work in this area continues to take place. Booster programme now available to all eligible staff. 	<p>Substantial</p>

- In addition to the overview and analysis of performance for August and September July 2021 the Board can take assurance from the following sources:
 - NHS National Staff Survey 2020 results where the Trust achieved a 58% response rate. Headline results were:
 - Best performing Community Trust nationally in 8 out of the 10 themes, including staff engagement.
 - Care Quality Commission (CQC) inspection report published in August 2019. CQC rated the Trust as Outstanding overall and Outstanding within the caring and well-led domains. The inspection report highlights a number of areas that support the delivery of this objective.



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- Successful delivery of people strategy implementation plan. Four out of the five programmes of work all support the delivery of this objective.
- The Freedom to Speak Up index published in June 2021. The Trust was again identified as the best performing Trust nationally for the third year running.
- Workforce review presented to the Board in March 2021 and again in November 2021.
- Daily staffing sitreps and Incident Management Team meetings to manage staffing pressures during the current Covid-19 pandemic. Risks 3163 and 3164 cover these pressures and are reviewed regularly.
- Discussions within the three Clinical Operational Boards that took place in November 2021.
- Diversity and Inclusion Annual Report – presented to the Trust Board – July 2021
- Freedom to Speak Up Annual Report – presented to the Trust Board – July 2021

B: Measures for Achieving Objective

Measure	21/22 Target	Data source	Reporting frequency	Current position as at end September 2021
Staff recommend the Trust as a good place to work	Above national average	NHS Annual Staff Survey	Annual	
Our staff feel able to speak up about patient safety issues	Maintain 2020/21 score	Freedom to Speak Up Index and Annual Staff Survey	Annual	
Staff engagement rating	Above national average	NHS Annual Staff Survey	Annual	



SC2

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Sustain the level of overall mandatory training	94%	ESR	Monthly	88% (same as last reporting period)
Improve experience for Black, Asian, Minority, Ethnic (BAME) staff	Decrease the numbers of BAME staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months. (2020 baseline – 11.9%)	NHS Annual Staff Survey	Annual	Results due February 2022
Improve experience for disabled staff	Increase % of staff with long-lasting health conditions or illness saying the Trust has made adequate adjustments to enable them to carry out their work (2020 baseline 84.6%)	NHS Annual Staff Survey	Annual	Results due February 2022
Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly	89.73% (90.5% last reporting period)
Deliver the locally agreed staff related annual Equality Delivery System objectives	Pass/Fail	Equality Delivery System	Annual	Review April 2022
Monthly sickness absence remains below 4%	4%	ESR	Monthly	5.81% (5.16% last reporting period)
Reduce Annual Staff Turnover	1% improvement from 2020/21 outturn (outturn was 10.59%)	ESR	Monthly	11.66% (10.73% last reporting period)
Maintain Mindful Employer Status	Pass/Fail	HR Team	Annual	



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Strategic risks

1. **Risk ID 3163** - There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. (Risk Rating 16)
2. **Risk ID 3164** – There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 16)
3. **Risk ID 3166** - There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. (Risk Rating 8)
4. **Risk ID 3426** - If there is a surge in Service demands over the months Nov- March (winter period), the Trust may not have sufficient resources leading to sub-optimal Service delivery. (Risk Rating 12)

Any operational risks 15 and above

1. **Risk ID 3250** – There is a risk that staff who have exposure to high risk safeguarding incidents will experience vicarious trauma, which may have negative impact on their psychological well being. This could result in increase in sickness & retention rates. (Risk Rating 16)
2. **Risk ID 3337** – Adults Services (Luton): There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being. (Risk Rating 16)

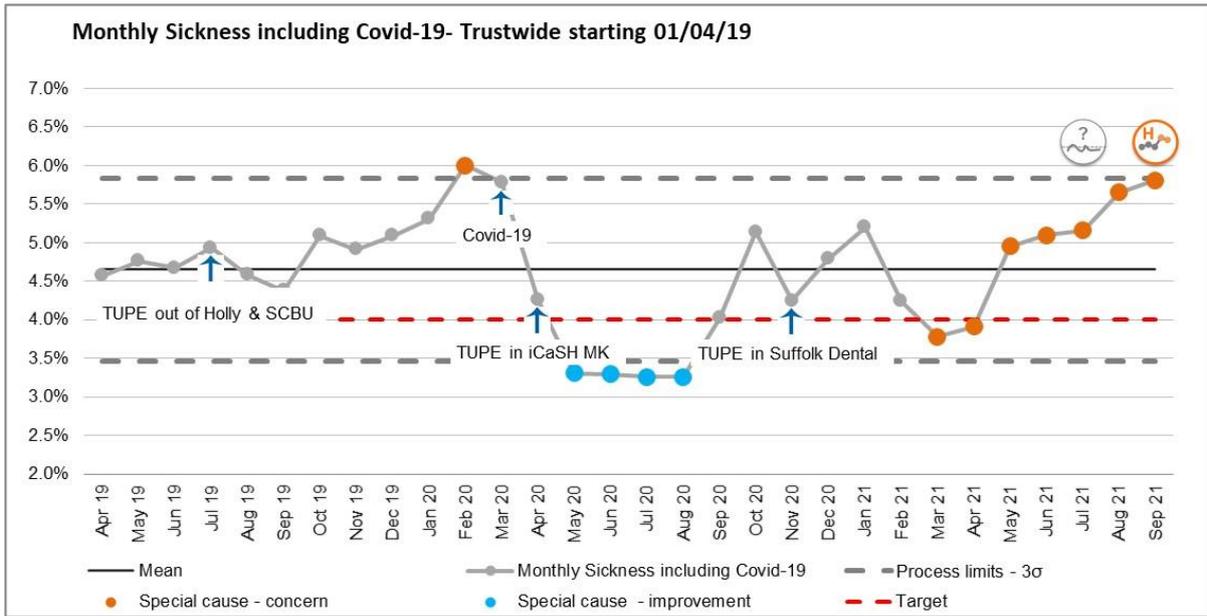
D: Overview and analysis

1. Sickness

- 1.1. There has been a significant increase in the monthly sickness rate. The 12-month cumulative rolling rate (August 2021 – 4.80%, September 2021 5.07%) is now above the Trust rolling target of 4%.
- 1.2. Monthly Trust wide reporting for August 2021 5.65% (including Covid-19 sickness), 5.29% (excluding Covid-19 sickness), and for September 2021 5.81% (including Covid-19 sickness) and 5.50%% (excluding Covid-19 sickness)
- 1.3. The Trust wide sickness rate has increased this month and is now significantly above the Trust's target of 4.0% for 2021/22. Of the 5.81%, 3.35% was attributed to long term sickness and 2.46% short term sickness absence. Ambulatory Care Service had the highest sickness rate (7.6%) and LSV having the lowest (2.57%). The top reason is S13 Cold, Cough, Flu - Influenza; work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- 1.4. The Trust monthly sickness rate is above the May 2021 benchmark report for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 4.3%.



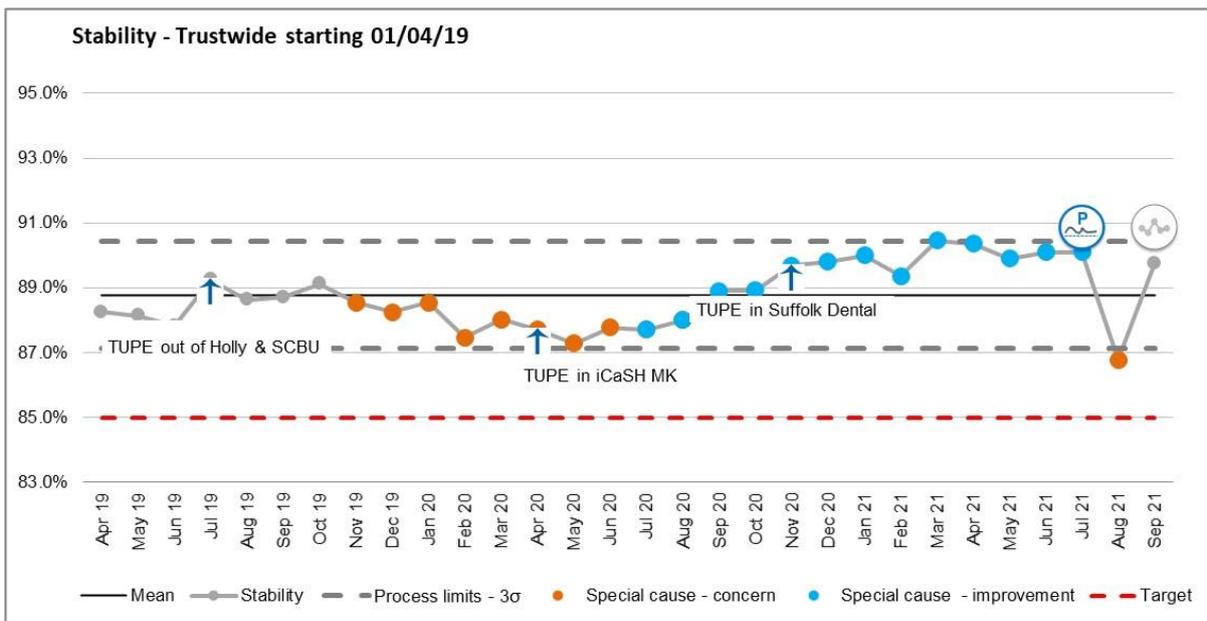
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2. Stability

2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – August 2021 89.94%; September 2021 89.74%; against the Trust target of 85%. This compares favourably to a stability rate of 88.1% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, April 2021).

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

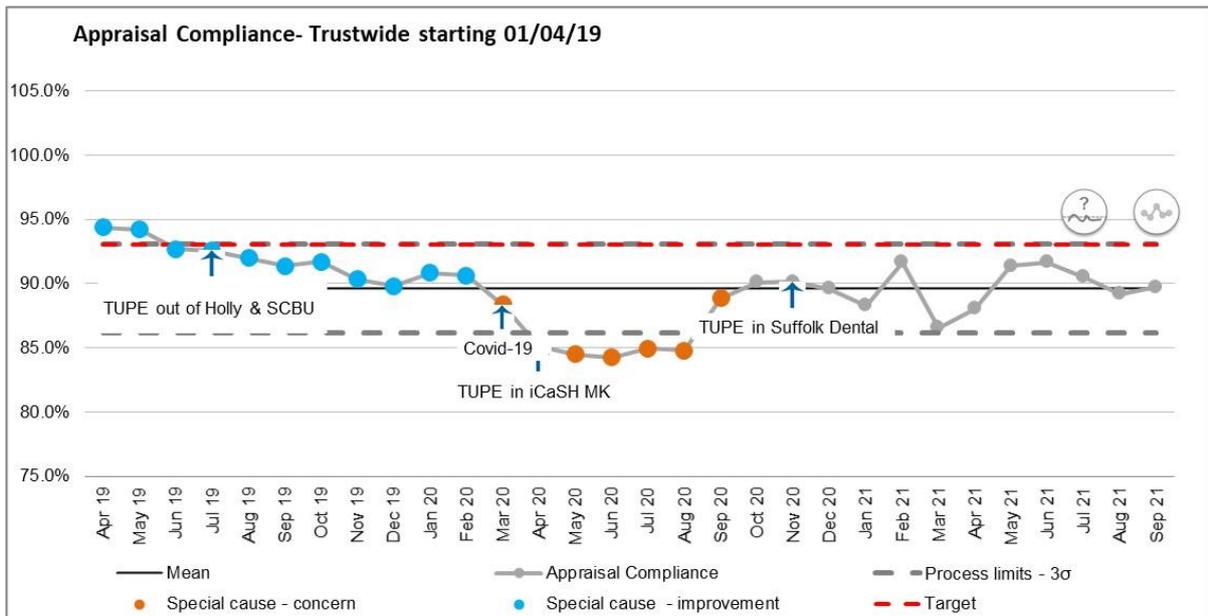




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3. Appraisals

- 3.1. The following chart shows the percentage of available employees with a current (i.e. within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters are given an appraisal date 12 months from date of commencement.
- 3.2. The Trust wide Appraisal rate has decreased – August 2021 89.19%, September 2021 89.73%, and remains below the target of 94% for 2021/22. This could be in part due to the TUPE in of the Specialist Children’s Service Norfolk, who appraisal data was not available.
- 3.3. Cambs & Norfolk Children’s & Young People Service has the lowest rate (85.64%), Luton Children’s & Young People Service has the highest rate (95.91%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.



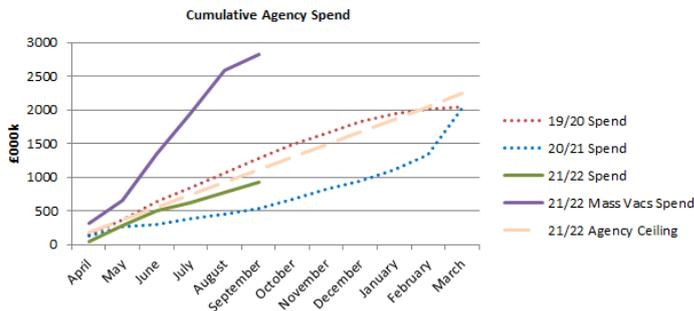
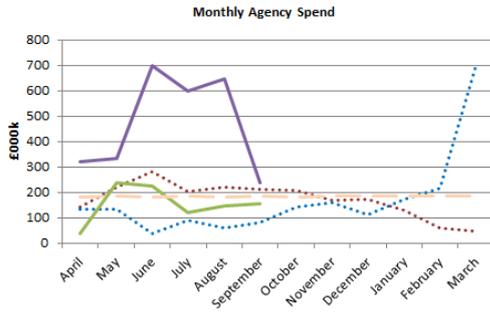
4. Current workforce challenges.

The bi-annual workforce review is being presented under a separate paper at today’s meeting and this covers the Trust’s current workforce challenges.



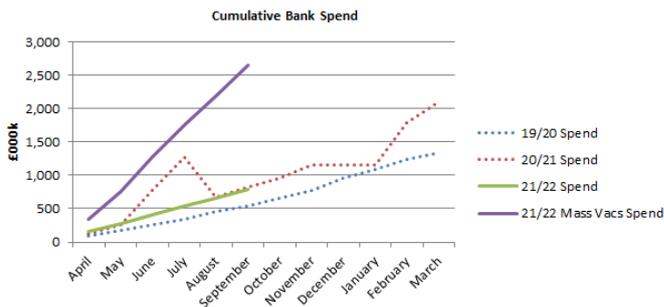
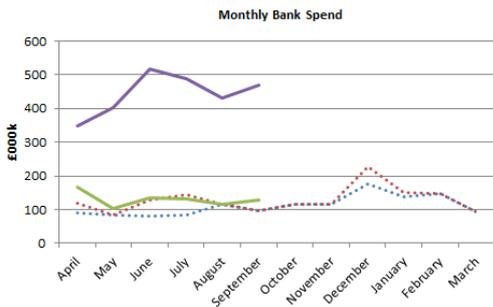
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5. Agency/bank spend



5.1. The Trust's agency spend ceiling for 2021/22 totals £2,240k, which is the same as in 2020/21.

5.2. The Trust's cumulative agency spend at month 6 was £3,753k against the spend ceiling of £1,118k. The delivery of the mass vaccination service has increase agency usage over the period with spend to delivery this service totalling £2,828k at month 6 (which is included in the total spend cumulative figure). The agency ceiling has not been adjusted for the expected mass vaccination service spend.





SC2

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- 5.3. To assist the Trust to remain within the agency spend ceiling, the services have the availability of bank staff to fill short term staffing pressures. The Trust's cumulative bank spend at month 6 was £3,441k. The delivery of the mass vaccination service has increased bank usage and spend at month 6 was £2,657k (this is included in the total spend cumulative figure). Substantive staff who are working additional hours to support the mass vaccination service are being paid through the bank.



Collaborate with others

A: Assurance Summary

Well Led	<ul style="list-style-type: none"> Strong collaboration taking place across our systems as evidenced in this report (WL7) 	Substantial
Effective	<ul style="list-style-type: none"> Research – 95% of all CRN portfolio studies are scoped for viability against Trust services (E5) 	Restricted due to C19

1. The Board can take assurance of the Trust’s approach to collaborating with others from the following sources:

- The Trust has in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), East London NHS Foundation Trust (ELFT) and across the provider landscape in Luton.
- The Trust fully participates in ICS activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes (BLMK) and is represented on Norfolk’s Children Board and Norfolk Alliance.
- Chair and Chief Executive participate in Cambridgeshire and Peterborough ICS Board and BLMK ICS Partnership Board.
- Chief Executive is a member of the Cambridgeshire and Peterborough System Leaders group, BLMK CEO group and Bedfordshire Care Alliance CEO group.
- Chair, Chief Executive and Deputy Chief Executive actively involved with other NHS Partners across Bedfordshire and Luton in the development of the Bedfordshire Care Alliance and its core principles.
- Chair attends Leaders and Chairs group across BLMK ICS.
- Chief Executive and Assistant Director of Business Development and Strategy are members of the C&P Children and Maternity Collaborative Board.
- Deputy Chief Executive jointly chairs the Bedfordshire Health and Social Care Cell with Deputy Chief Executive from ELFT and Director of Adult Social Services from Bedford Borough Council. This forum is managing the Bedfordshire and Luton Out-of-Hospital response to Covid-19.
- Deputy Chief Executive is a member of BLMK Performance and Delivery and Health Cell, which meets fortnightly.
- Deputy Chief Executive chairs the BLMK Local People Board and is an active member of the Cambridgeshire and Peterborough Local People Board and the East of England Regional People Board. She is the chair of both the BLMK and Cambridgeshire and Peterborough Leadership and Organisational Development sub-group.
- Executive Leads attend Local Authority System level Health and Wellbeing Boards
- Director of Adults’ services Luton attends the Luton ‘At Place’ Board.
- Director of CYP Services Bedfordshire is a member of the BLMK Children & Young People’s Transformation Programme Board.

Collaborate with others

- Assistant Director of Business Development and Strategy is a member of the C&P North Integrated Care Partnership Board and the C&P South Integrated Care Partnership Board.
- Collaboration is at the core of the Trust's research activities.
- Research Bi-annual Report received at Quality Improvement and Safety Committee which provided substantial assurance.

B: Measures for Achieving Objective

No	Measure	2021/22 Target	Source	Frequency	RAG Position as at November 2021
2a	The Princess of Wales Hospital site development plan milestones are achieved	Pass/Fail	Exec Team	Quarterly	
2b	The Cambridgeshire and Peterborough Children's Provider Collaborative MoU is signed	Pass/Fail	Exec Team	Annual	
2c	The Bedfordshire & Luton Provider Collaborative MoU is signed	Pass/Fail	Exec Team	Annual	
2d	Achieve our target to recruit patients/service users to research studies	Pass/Fail	Research Team	Quarterly	

C: Risks to achieving objective

Strategic risks

1. **Risk ID 3167** – As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 8)
2. **Risk ID 3165** – There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working. (Risk Rating 8)
3. **Risk ID 3164** - there is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 16)
4. **Risk ID 3300** - Delivery of the mass vaccination programme for our staff and to the communities across Norfolk & Waveney, Cambridgeshire & Peterborough

Collaborate with others

may be impeded by a range of factors including workforce supply and vaccine which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination. (Risk Rating 12)

5. **Risk ID 3323** - Risk to organisational reputation of delivery of the Lead Provider Contract for the roll-out of the Mass Vaccination Programme for Cambridgeshire & Peterborough and Norfolk & Waveney given the significant pace, complexity and political profile of the programme. (Risk Rating 12)
6. **Risk ID 3426** - If there is a surge in Service demands over the months Nov-March (winter period), the Trust may not have sufficient resources leading to sub-optimal Service delivery. (Risk Rating 12)

Operational risks

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

D: Overview and analysis

1. Strategic work-streams with others

A summary of key system collaborations follows:

1.1 **Bedfordshire, Luton and Milton Keynes Integrated Care System**

[Strategic Indicator 2c – ‘The Bedfordshire & Luton Provider Collaborative MoU is signed’]

- 1.1.1 The system remains focused on establishment of the NHS Integrated Care Board and associated system governance and architecture to achieve the national deadline of 1 April 2022. The Board will recall that the Trust submitted a final round of comments on arrangements for the Integrated Care Board following the development session on 25 September 2021, and that the final establishment was set to be confirmed at a Private Partnership Board meeting on 3 November 2021. The Partnership Board approved the proposed membership – which will be submitted to NHSE/I for ratification – in Figure One below:

Proposed ICB Membership 01/11/21



Board Member Type	Total No	Notes
Independent Chair	1	Rima Makarem (Designate)
Independent Non-Executive Directors	3-4	Plan to appoint 3 NEDs for April 2022
Executive Directors	4	Chief Executive Officer, Director of Finance, Medical Director and Chief Nursing Officer
Partner Members:		
NHS Trusts/FTs providing services within BLMK	2-3	There must be at least 1 member each from and nominated by the Bedfordshire Care Alliance and MK Place. Should acute, community or mental health sector experience be missing from these 2 members, a 3rd partner member with knowledge of the missing sector/s will be appointed. CEO or Director level.
Primary Medical Services Providers within BLMK	3	3 members from primary care from different parts of BLMK. Minimum of 2 GPs, the 3 rd member could be non-clinical and does not need to be a GP.
Local Authority	4	1 member from each local authority in BLMK. CEO or Director level.
TOTAL Board members:	17-19	
Participants		
Associate Non-Executive Directors	1-2	<i>Definition of participants: receive papers, attend meetings, can ask questions and address the meeting but may not vote.</i> To provide a development opportunity and broaden the range of NED skills on the Board. Recruitment may be after 1 April 2022.
Directors of Public Health Other ICB Executive Directors including Workforce Director	2 TBA	To provide independent public health advice to the Board CEO to agree Executive Team structure on appointment
Healthwatch	1	1 individual on behalf of 4 Healthwatch organisations



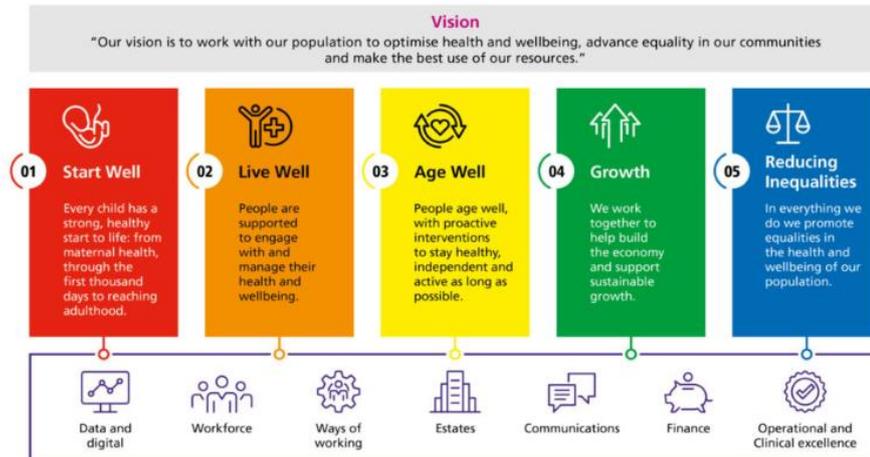
Figure One: BLMK Integrated Care Board Establishment

- 1.1.2 The draft constitution for the Integrated Care Board is due to be reviewed by the Integrated Care System Establishment Steering Group on 19 November 2021 for onward submission to NHSE/I by 3 December 2021.
- 1.1.3 The Integrated Care Partnership must be in place from 1 April 2022, but it cannot be formally established until the Chair and Chief Executive are in place. Consideration will need to be given to start the process jointly of creating an Integrated Care Partnership Committee in preparation for legislation, including agreeing between NHS and local authority leaders how the Integrated Care Partnership Committee will be established, and a secretariat resourced, during the 2021/22 transition year. To support this, we will need to have initial Integrated Care Partnership arrangements, including principles for operation from 1 April 2022 and an Integrated Care Partnership Partner MoU, which is in development. Work has commenced on how the Integrated Care Partnership will align its aims and governance to the Health & Wellbeing Board, although further work remains.
- 1.1.4 Dr Rima Makarem¹ has been confirmed as Chair designate of the system NHS Integrated Care Board from April 2022 and Felicity Cox has been confirmed as Chief Executive designate. The September 2021 Partnership Board agreed an action to develop a set of indicators for each of its high-level priorities (the five priorities are illustrated below).

¹ <https://www.blmkccg.nhs.uk/chair-designate-confirmed-for-blmk-integrated-care-board/>



Our Five Priorities



1.1.5 Development of the Bedfordshire Care Alliance continues apace; this was discussed at the Board development session in October 2021 and the prospectus was distributed. This will be the subject of a dedicated Board discussion in November 2021.

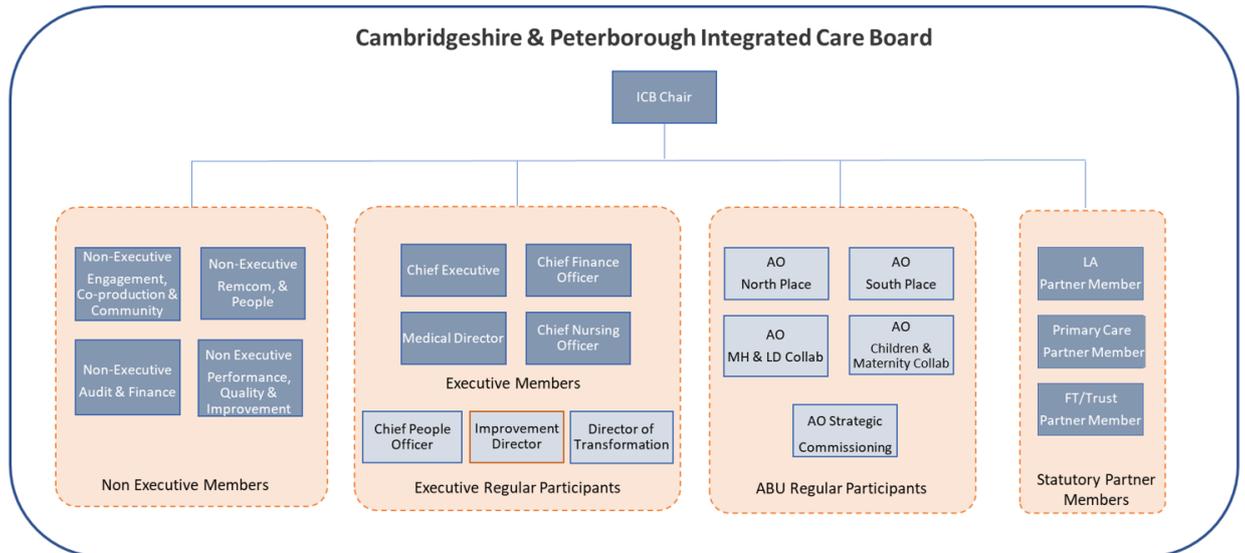
1.1.6 The Children’s and Young People’s Transformation Board held its inaugural meeting on 21 September 2021. The new Board will feed into the Bedfordshire, Luton and Milton Keynes Partnership Board and the East of England Regional Children’s and Young People’s Delivery Group. The Board will determine its areas of focus before Christmas for sign off at the Partnership Board. The Trust will link its transformation work reported to our Bedfordshire Community Health Services Partnership Board (joint forum with the East London NHS FT) to the new Transformation Board.

1.2 Cambridgeshire & Peterborough Integrated Care System

[Strategic Indicator 2b – ‘The Cambridgeshire and Peterborough Children’s Provider Collaborative MoU is signed’]

1.2.1 The system remains focused on establishment of the Integrated Care Board and associated architecture to achieve the national deadline of 1 April 2022. John O’Brien has been appointed as the chair designate and Jan Thomas as chief executive designate.

1.2.2 The outline Integrated Care Board establishment was briefly discussed at the Trust Board development session in September 2021 and a proposal on composition must be submitted to regional colleagues by 19 November 2021. The proposal at time of writing is at Figure 2 below:



1.2.3 Work is underway by the Integrated Care System team to create a Strategic Framework to:

- **Bring together** all work to date on strategic vision, objectives, programmes and plans into one place
- Provide the golden thread of **alignment** of our strategies, priorities and work programmes to the **vision** and **purpose** of the Integrated Care System
- Improve our collective understanding of key strategies, work programmes and their **interdependencies**
- Provide a system wide **framework** for autonomous place based partnerships and collaboratives that we can build on
- Deliver **clarity** around our strategic priorities
- Create an **outcomes** based accountability across the system
- Clarify **roles** and **responsibilities** within a strategic framework

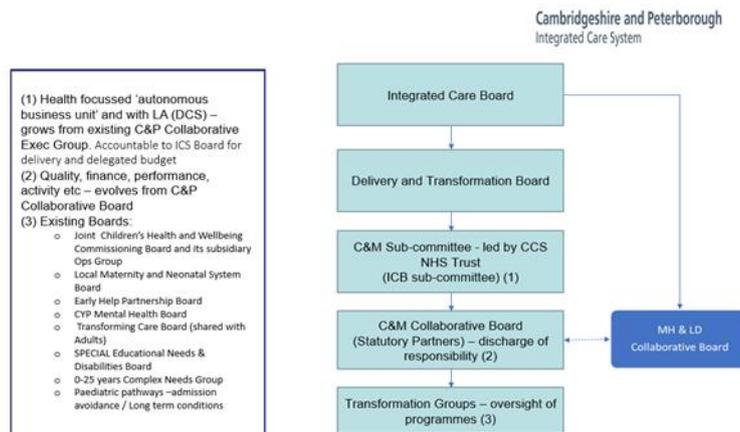
1.2.4 The Integrated Care System team has published a description of the Most Capable Provider process that the Integrated Care Board will use to assure safe and effective delegation of functions to Accountable Business Units. In turn, the Accountable Business Units will be able to use the Most Capable Provider process to help guide their development and due diligence processes. The process will take between 6 and 18 months to complete depending on capacity, complexity and the collective commitment of partners to take on delegated Integrated Care System functions. The process will comprise two Gateways which will assess providers' capacity and capability to hold clinical and financial risk, how they will discharge their accountability and, more importantly, how they will instil a strong culture of delivery and transformation that improves outcomes for citizens. Assessment will be a mix of written submission and structured dialogue including the potential for Board-to-Board discussion. Throughout the process the Trust will need to pay close attention to the implications especially in terms of governance, organisational development and risk (financial and clinical).

1.2.5 Work is in hand to create a system MOU (which will sit alongside the system constitution) by 1 April 22. All providers will need to sign (process and timeline for this TBD) and we might reasonably consider the finalisation of either this MoU, or agreeing the TOR for the Children and Maternity Integrate Care Board

Collaborate with others

sub-committee, as meeting our Strategic Indicator 2b – ‘*The Cambridgeshire and Peterborough Children’s Provider Collaborative MoU is signed*’.

1.2.6 The Children and Maternity Collaborative is evolving in the direction discussed at the Board development session in September 2021. The key next stages are to embed the governance arrangements thereby establishing ‘shadow form’ by 2021/22 Quarter 4² and prepare for the Most Capable Provider Gateway One assessment. Development is contingent on system work to develop the ‘autonomous business unit’ roles and responsibilities and align resources including current Clinical Commissioning Group staff during Quarters three and four.



1.3 Princess of Wales Hospital, Ely

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

1.3.1 The Expression of Interest for the national New Hospital has been submitted and we await the outcome from the national team. The development of the full business case is underway and is due for approval in June 2022.

1.4 Norfolk Integrated Care System

1.4.1 The Rt Hon Patricia Hewitt, has been appointed as chair designate of the integrated care board and Tracey Bleakley as chief executive designate.

1.4.2 At the December 2021 Board, there will be a dedicated agenda item to discuss the Children and Young People Partnership Strategy 2021-25 ‘*Flourishing in Norfolk*’. Sarah Tough, Norfolk County Council, Executive Director Children’s Services will be in attendance.

1.4.3 Detailed work is underway to design and cost a system-wide ‘integrated front door’ to physical and emotional/early mental health support. This is likely to be built on the existing ‘Just one Norfolk’ route into services provided by the Trust and be subject to a new contract with commissioners. Discussions are on-going with the Clinical Commissioning Group over how a procurement can be avoided; the basis would be that the Trust is the only capable provider. It is likely the Trust will provide infrastructure, leadership and administration with mental health specialist

provision supplied by Norfolk and Suffolk NHS Foundation Trust. This would be a valuable step to greater system integration and may help dissuade commissioners from tendering for the Health Child Programme when our contacts expires.

2. Research Update – August and September 2021

2.1 Clinical Research Overview

- The National Institute for Health Research (NIHR) Research Portfolio within the Trust continues to expand. The studies running within the Trust are either in the 'set-up' stage or restarted. The Research Team continues to scope 150+ studies per month, to explore those which appear to be suitable for Trust adoption.
- In this reporting period, there were 15 NIHR Portfolio research studies running within the Trust and two currently in set-up. Furthermore, recruitment numbers accurately reflected our activity, as downloaded from the Open Data Platform (ODP).
- A business case was submitted, before the new financial year, to the Clinical Research Network (CRN) for additional funding to support the Research Team. In August we were told that we had successfully been awarded funding for an additional 1.0 wte B6. We were then notified that, going forward, this post will be within our allocated annual funding, therefore, we will advertise for a full time substantive B6 Research Facilitator.
- Due to the impact of last year and suspending studies, recruitment into studies has been slow, even with the restart of those previously put on hold. The expectation was that we were unlikely to achieve the number of recruits required to trigger the additional Research Capability Funding (RCF) when we examined the projected recruitment in August. However, due to a couple of Trust wide adopted portfolio surveys, which received a great response from staff, we have achieved the target required to be awarded the RCF in the next financial year.

2.2 National Institute for Health Research (NIHR) Portfolio studies

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

2.2.2 The Research team has continued to scope for studies and consider their feasibility for the Trust. During this period of time the Research team has considered 300 studies for suitability for adoption into the Trust; 15 were potentially fitting with Trust services and all were considered for adoption. They are currently being scoped or implemented within services.

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

Table 1: Clinical Research for NIHR Portfolio Studies (accurate to 30.09.21 via Open Data Platform (ODP) NIHR portal).

Key to icons:

Collaborate with others

Recruitment:	Increased	No change	Completed	in set up	Restart	Allocated funding/prize
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NIHR Portfolio studies	Clinical Area	Type Interventional (I)/ Observational (O)	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
Compression therapies for the treatment of venous leg ulcers. (VenUS 6)	Luton Adults	I	Manchester University	6	6		Recruiting	Clinical investigation of a medical treatment
Integrating smoking cessation treatment as part of usual psychological care for depression and anxiety (ESCAPE Study)	Trust Wide (staff)	Both	University of Bristol	104	104		Survey now closed	Supporting future smoking intervention development
Binocularly Balanced Viewing Study (Balance)	CYPS Bedford Orthoptics	I	Moorfields Eye Hospital	1	5		Recruitment closed, in follow up period	Important technology study into treatment for amblyopia
Psychological Impact of Covid-19	Trust Wide	O	Southern Health NHS Foundation Trust	194	194		Survey now closed	Understanding impact of Covid-19 on our mental health
Behavioural Interventions to treat anxiety in adults with autism and mod to severe intellectual disabilities. (BEAMS-ID)	Trust Wide	O	Coventry and Warwickshire Partnership NHS Trust	5	5		Survey now closed	Understanding routinely offered anxiety treatment within community settings
Evaluating Palin Stammering Therapy for children (Palin STSC).	Cambs CYPS SALT	I	Whittington Health NHS Trust	3	3		Study open and recruiting	Feasibility trial, to inform a larger scale RCT
Interpersonal counselling for adolescent low mood (iCALM)	CYPS Norfolk	I	Norfolk and Suffolk NHS Foundation Trust	0	0		Study Opened July No recruits yet	Feasibility trial, to inform a larger scale RCT
Scanning Eye training as a rehabilitation choice for hemianopia after stroke (SEARCH RCT)	Bedford Orthoptics	I	University of Liverpool	0	0		Study Opened July No recruits yet	RCT, evaluating a rehabilitation intervention for hemianopia
Pregnancy and EARly Life study (PEARL)	CYPS Norfolk	O	Quadram Institute Bioscience	Data exchange only.	Does not attract recruitment. collaborative only	n/a	Ongoing data sharing	Longitudinal basic science study into health during pregnancy
AHP Perceptions in Research Survey	Trust Wide (staff)	O	AHP Research Champions	0*	0*		Share of Recruits allocated on study closure	National evaluation of research perceptions among AHPs in the NHS
The role of different diets in children who are	CYPS Cambridge	O	University of York	0	0		Recruitment closed, in follow up period	Building research knowledge of diets of

NIHR Portfolio studies	Clinical Area	Type Interventional (I)/ Observational (O)	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
gastrostomy fed (Yourtube)								children who are gastrostomy fed
Safer Online Lives	Trust Wide	O	University of Kent	0	0		No accrual attribution	Questionnaire investigating the online experiences of adults with ID
Babybreathe Postpartum smoking intervention.	CYPS Norfolk	I	University of East Anglia	0	0		Opened, No recruits yet	Behavioural intervention to prevent return to smoking postpartum
Specific phobias in children with Learning disabilities (SPIRIT)	Trust Wide (staff)	O	Coventry and Warwickshire Partnership NHS Trust	0	0		Study opened in Sept	Survey of treatments for phobias offered in children with learning disabilities
Spectrum10K	Trust Wide (Beds, Cambs, Norfolk CYPS, Dental)	O	University of Cambridge	Paused by Academic Group (UoCamb) due to adverse social media.-	They are undertaking a wider consultation-		Study Opened in August- since has been paused	Large national study into genetic and environmental factors in Autism
MSK Clinical Trial of an Investigational Medicinal Product (CTIMP)	Dynamic Health	I Commercial	GlaxoSmithKline (GSK)	-	-		Study in set up	New drug for knee osteoarthritis (OA) Commercial study (PIC)
Understanding syphilis transmission among heterosexuals (NEXUS)	iCaSH	O	University College London (UCL)	-	-		Study in set up	Understanding risk factors, lifestyles and contexts facilitating syphilis transmission
Total recruitment within this period:				316	326**		RCF count for recruitment started from October 2020 (*2).	**Total for all NIHR Recruitment.

(*1) All figures accurate as of 30/09/21 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases) due to database delay, known figures vary).

(*2) Research Capability Funding (RCF) is allocated to research-active NHS health care providers if they recruited at least 500 individuals to non-commercial studies, conducted through the NIHR Clinical Research Network (CRN), during the previous NIHR CRN reporting period of 1 October – 30 September. This was achieved for the last 2 financial years. Figures showing 323, as survey results are yet to show on OPD.

2.2.4 A commercial study sponsored by GlaxoSmithKline (GSK) is being set up in our Dynamic Health MSK service. This is a Clinical Trial of an Investigational Medicinal Product (CTIMP) testing a new experimental drug for knee osteoarthritis (OA) patients. Impact: if the expression of interest is successful.

2.3 **Non-Portfolio studies** (projects and research studies which have been considered for feasibility or submitted for Health Research Authority (HRA) approval).

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2.3.1 Non-portfolio studies are studies that do not meet the criteria for adoption by NIHR and are therefore, not entitled to Clinical Research Network (CRN) funding or support. However, if studies are defined as research then projects are still required to be submitted to the Health Research Authority (HRA) for approval. This process includes ethics and project approval and sign off by the host NHS site. There were no non-portfolio studies submitted to the HRA in this reporting period.

2.4 Student Studies and Non-Student studies – Local Permissions

2.4.1 During this reporting period there were no students (CCS NHS Trust staff) and one non-student evaluation submitted for local Trust permissions. The latter was given to colleagues at University of East Anglia (UEA) for a project on Post Traumatic Stress Disorder (PTSD), for staff within the Children's Emotional Health and Wellbeing Service to distribute information on the project, via their school contacts.

Table 2: Summary Table for New MSc/Major projects. Update on results within this reporting period:

Student/non student or Evaluation Projects.	Area	Numbers	Update	Collaborations	Impacts/potential impacts
New in this Data period					
Evaluation of provision of support for PTSD.	Children's Wellbeing within schools.	n/a	. Distribution of posters to schools via CCS Staff.	UEA CCS Children's Emotional Health & Wellbeing Service.	Collaboration and support to UEA academics from CCS staff.

2.5 Fellowships, Internships, PhD Programmes and Grants

2.5.1 The Fellowships and Internships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education England (HEE). There have been no Fellowship applications during this period. The clinician, from MSK (Brookfields Hospital) who was offered a place on a NIHR/HEE Internship which commences in November 2021, has, unfortunately, withdrawn from this opportunity for this academic year. No staff had commenced a new Fellowship (Table 3). However, there are two paediatricians being supported to take forward Applied Research Collaboration (ARC) Implementation Fellowships which are due to be submitted at the end of November.

2.6 Grants

2.6.1 No grants were submitted within this period, however we are exploring, with the academic lead at Anglia Ruskin University (ARU), writing and submitting to a charitable trust (The Peter Sowerby Foundation), a more basic project proposal on music therapy for upper limb problems in people who have had strokes. This grant is in draft form.

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

NIHR Fellowships/grant	Area	Numbers	Update	Collaborations	Impacts/potential impacts
New in this Data period					

NIHR Fellowships/grant	Area	Numbers	Update	Collaborations	Impacts/potential impacts
NIHR/HEE Internship	Ambulatory Care, Dynamic Health, Brookfields	One	Clinician has withdrawn for this year. Successful.	NIHR/Health Education England (HEE)	First Internship for Adult MSK. Linking the internship to the long Covid pathway which is being developed.
Update on on-going Fellowships					
NIHR/HEE Applied Research Collaboration (ARC) Fellowships	Children & Young People's Service (CYPS) Norwich & Luton	Two	The two Fellowship commenced in January 2020 have both been extended to December 2021.	Applied Research Collaboration (ARC)	Working with children in geographical areas of high health needs.
HEE/NIHR Integrated Clinical Academic (ICA) Pre-doctoral Clinical Academic Fellow	CYPS Cambs Speech & Language Therapy (SALT)	One	Commenced September 2019. 2.5 years duration. Progress has continued throughout lockdown.	University of London	Includes Masters in Research in Applied Research in Human Communication Disorders.

- **National CRN Study prioritisation codes** – these numbers are used to score studies, to enable the Trust to prioritise those with a higher score. We have aligned our scoring of the potential studies to adopt, as part of the feasibility process.
- **National High Level Objectives (HLO)** as determined by the Department of Health & Social Care (DHSC) and monitored by the CRN Eastern. These objectives were refreshed and re-activated, as part of the NIHR Restart Programme. We were notified of the updated HLOs in this reporting period. The majority of HLOs which impact upon our Trust remained unchanged. Those which were added related to the prioritisation of commercial studies and one was removed around promoting research in non-NHS sites but the CRN still wish to encourage those collaborations.
- **Health Research Authority (HRA)** national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.
- **NIHR National Performance Metrics** – Performance in Initiating (PII) and Performance in Delivering (PID) have been re-instated and collated by the DHSC. The PII and PID are now on track being published in a timely manner, following each quarter.

2.7 Trust Wide Projects to Build Research Culture and Capacity

2.7.1 Norfolk Research Champions Project Update:

- This project pilots a research champion role for all newly qualified health visitors and school nurses in Norfolk during their preceptorship. The project started in September 2019 but was paused last year due to Covid-19. The pilot generated interest from Health Education England (HEE) and now forms part of a larger project which aims to build research capacity in public health

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nursing across the East of England (the BREES project). The project is led by a steering group comprising Trust staff and Anglia Ruskin University (ARU) collaborators.

- Objectives of the BREES project are to: map the current research engagement by Specialist Community Public Health Nursing (SCPHNs) across the East of England; to evaluate an exemplar SCPHN research capacity building programme; and to engage with stakeholders to develop locally tailored research capacity building.

2.7.2 The Norfolk evaluation:

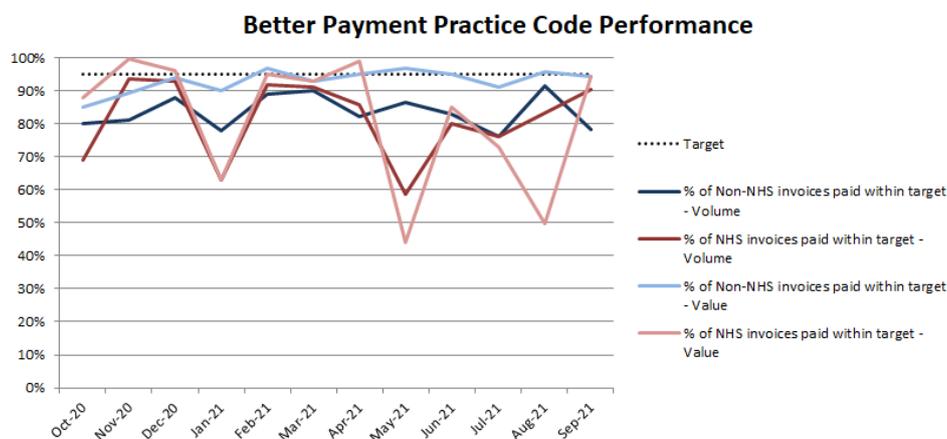
- The steering group continues to scope re-starting final data collection for evaluation of the Norfolk project. Interviews will be conducted remotely and the impact of Covid-19 will be taken into account in the evaluation. Honorary contracts have been given to those academic staff involved.
- **Impact:** This project has generated interest from other trusts local to Norfolk. The HEE funding was originally going to be for the wider BREES project. However, the HEE is reviewing this decision due to other competing priorities for bids during this time.

2.8 Published papers & posters within this period.

2.8.1 Two papers were published in this period along with a BMJ Press Release:

- Penzer-Hick, R. and M. Haddad (2021). "Assessing and managing mental health issues in people with chronic skin conditions." Nurs Stand. <https://www.ncbi.nlm.nih.gov/pubmed/34467746>.
- Roberts, Kate, Meiser-Stedman R, et al. (2021). "Parental Anxiety and Posttraumatic Stress Symptoms in Pediatric Food Allergy." J Pediatr Psychol. <https://www.ncbi.nlm.nih.gov/pubmed/33704484>.
- BMJ Press Release – Tamsin Brown and 'Wireless kit maybe cheap alternatives to usual treatment of glue ear'. Plus national and international press releases.

3. Public sector prompt payments



3.1 The average in month prompt payment results across the four categories was 80% in month 5 and 89% in month 6.

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- 3.2 With regards to NHS invoices, performance has improved over months 5 and 6. The Trust is worked hard to consistently improve the NHS performance.
- 3.3 With regards to Non-NHS invoices, achievement in both categories has been relatively consistent in the last 12 months – with an average of 88% achievement over this period. Over months 5 and 6, the average achievement in each category is 85% and 95% for Volume and Value respectively, which is an improvement on the previous reporting period.
- 3.4 The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly. Further processes are being implemented to increase the monitoring of invoices and improve their allocation to services.



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A: Assurance Summary

Well led	WL1 I&E in line with budget	Substantial
	WL2 Recovery of COVID-19 costs	
	WL3 CIP in line with plan (paused for Covid-19)	
	WL4 Capital spend in line with budget	
	WL10 Reduced travel mileage spend	

1. In accordance with the Trust's Assurance Framework, the Board receives assurance from the reporting of the Trust's financial sustainability and performance from Strategic Risks number 3167, and Clinical Operational reporting of financial performance and escalation processes.
2. The Trust Board will also take assurance from External Auditor's Unqualified opinion and its "Value for Money conclusion" of the Trust's 2020/21 accounts. Internal Auditor's assessments during 2020/21 provided a conclusion the Trust has an adequate and effective framework for risk management, governance and internal control. The Trust's Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.
3. The COVID-19 pandemic has continued to require sustainable funding measures to be in place for the current first half of the financial year (H1) and potential future financial reporting periods into H2. The Trust's year to date financial performance is showing deliver of a break even position against the original plan, and the reasons for this are explained more fully in the Income and Expenditure section below.

B: Measures for Achieving Objective

	Measure	21/22 Target	Data source	Reporting frequency
4a	Sustain a 'Finance and Use of Resources' rating one ¹	1 ²	NHSI Finance Return	Monthly
4b	Board Level Green Plan in place by end of financial year 2021/22	Pass / Fail	Green Plan	Annual
4c	To increase the number and added value of digital interactions with patients	Baseline / targets and number to be determined during Q2 21/22	Business Informatics	Annual



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C: Risks to achieving objective

Strategic risks

1. **Risk ID 3167** - As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 8)
2. **Risk ID 3426** - If there is a surge in Service demands over the months Nov- March (winter period), the Trust may not have sufficient resources leading to sub-optimal Service delivery. (Risk Rating 12)

Related Operational Risks 15 and Above

1. **Risk ID 3337** – Adult Services (Luton): There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being. (Risk Rating 16)

D: Overview and analysis

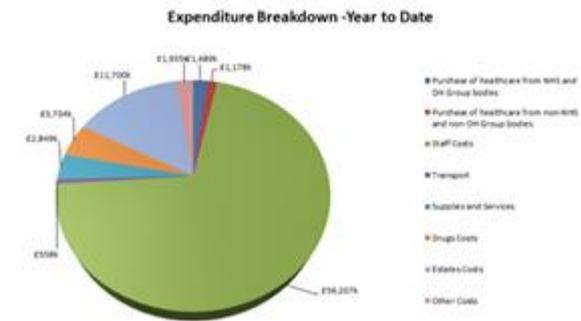
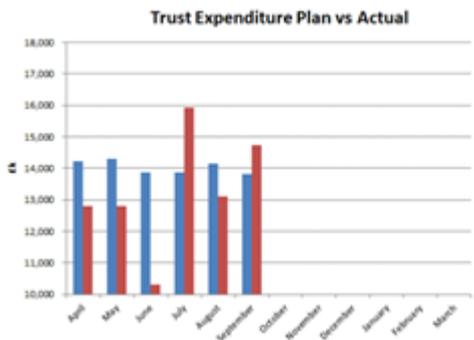
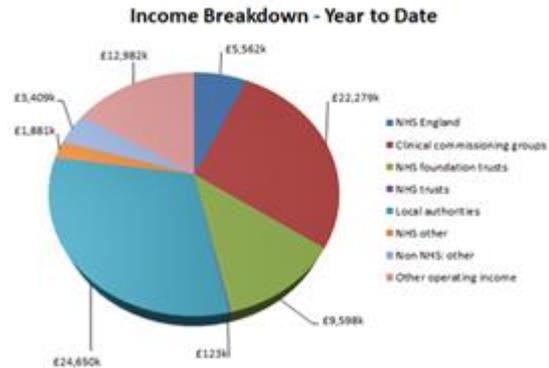
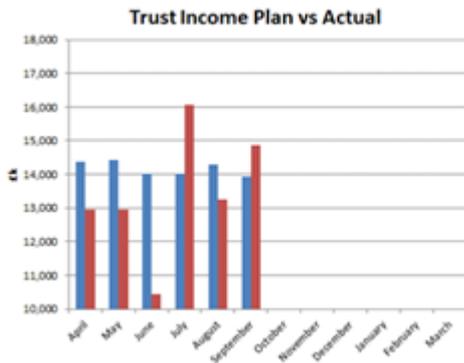
Finance scorecard

Finance Dashboard	Section in Report	Plan M6	Actual M6	Variance M6
Operating income	1	£85,029k	£80,484k	(£4,545k)
Employee expenses	1	(£57,683k)	(£56,152k)	£1,531k
Operating expenses excluding employee expenses	1	(£27,346k)	(£24,332k)	£3,014k
Trust Surplus/(Deficit)	1	£0k	£0k	£0k
Closing Cash Balance	2		£7,040k	
Capital Programme	4	£1,474k	£1,410k	(£64k)
Agency Spend	SO2 - 4	£4,017k	£3,667k	£350k
Bank Spend	SO2 - 4	£8,818k	£3,441k	£5,377k



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1. Income and expenditure



- 1.1. Due to the Covid 19 pandemic, interim block funding arrangements are in operation for 2021/22, based on an uplift of 0.5% on 2020/21 contract values. This arrangement will continue until the end of the financial year and the Trust is planning to achieve a breakeven position during this period. Monthly financial monitoring of cash flows continues from 2020/21.
- 1.2. The Agenda for Change pay award for 2021/22 has been agreed at 3% and this was paid to staff in September. The Trust has received an adjustment to its Block payments.
- 1.3. The main movement in Income and Expenditure is due to a difference in the original plan set and the actual operational requirement to date for the Large Scale Vaccination service.
- 1.4. The direct clinical service budget position in each Service Division is:

Division Level	Sep-21					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	916	(10,529)	(4,879)	(14,492)	(15,518)	1,026
Bedfordshire Community Unit	699	(7,296)	(1,235)	(7,832)	(7,542)	(290)
Childrens & Younger Peoples Services	1,162	(15,488)	(1,445)	(15,771)	(16,648)	877
Luton Community Unit	500	(10,035)	(1,554)	(11,089)	(11,441)	352
Mass Vaccination Service	10,963	(8,113)	(2,850)	-	-	-
Other Services	66,243	(4,746)	(12,313)	49,184	51,149	(1,965)
CCS Total @ 30th September 2021	80,483	(56,207)	(24,276)	-	-	-



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- 1.4.1. Ambulatory Care Services delivered an underspend of £126k in month 6 to give a cumulative underspend of £1,026k. The main reason for the cumulative underspend, is due to vacancies and redeployments in pay and reduced non-pay expenditure from the reduction in service activity resulting from Covid 19, particularly in pathology costs in the iCaSH services.
- 1.4.2. Bedfordshire Bedfordshire Community Unit delivered an overspend of £64k in month 6 to give a cumulative overspend of £290k. The main reason for the overspend is due to pay locum spend in Community Paediatrics.
- 1.4.3. Children's & Younger Peoples Services delivered an underspend of £191k in month 6 to give a cumulative overspend of £877k. The main reasons for the underspend are vacancies in the service and a fall in non-pay expenditure, particularly reduced travel costs as a result of Covid 19.
- 1.4.4. Luton Community Unit (including Luton Children's Services) delivered an underspend of £36k in month 6 to give a cumulative underspend of £352k. The cumulative underspend position is due to pay establishment savings in Adult's services.
- 1.4.5. Mass Vaccination Service is fully funded and any expenditure is offset by income.

2. Cash position



- 2.1. The cash balance of £7.0m at month 6 represents an overall decrease of £2.9m on the previously reported position at month 4. In November is due to be reimbursed £9m in relation to the mass vaccination service for the period up September. Trade receivables have increased and trade payables have decreased over the reporting period to impact on the cash position.

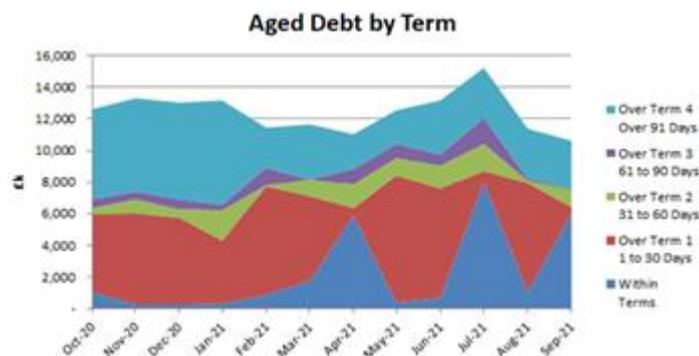


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3. Statement of Financial Position

	September 2021 £'000	July 2021 £'000
Non-Current Assets		
Property, plant and equipment	55,985	56,021
Intangible assets	298	311
Total non-current assets	56,283	56,332
Current assets		
Inventories	342	342
Trade and other receivables	25,881	24,628
Cash and cash equivalents	7,040	9,892
Total current assets	33,263	34,862
Total assets	89,546	91,194
Current liabilities		
Trade and other payables	(22,287)	(23,932)
Provisions	(910)	(910)
Total current liabilities	(23,197)	(24,842)
Net current assets	10,066	10,020
Total assets less current liabilities	66,349	66,352
Non-current liabilities		
Trade and other payables	(1,045)	(1,045)
Provisions	(968)	(968)
Total non-current liabilities	(2,013)	(2,013)
Total assets employed	64,336	64,339
Financed by taxpayers' equity:		
Public dividend capital	2,434	2,434
Retained earnings	44,256	44,259
Revaluation Reserve	19,299	19,299
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	64,336	64,339

3.1. Trade and other receivables have increased over the reporting period by £1.2m and trade and other payables have increased over the reporting period by £1.6m. by £0.1m.



3.2. Total trade receivables decreased by £3.8m in August to £11.4m and then decreased further by £0.8m in September to £10.6m. The breakdown in September is £3.9m (37%) from NHS organisations; £6.2m (58%) from Local Authorities; and £0.5m (5%)



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from other parties.

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

Cambridgeshire County Council	£2.1m
Norfolk County Council	£1.7m
East London NHS FT	£1.5m
Luton Borough Council	£1.0m

3.4. For the debt over 90 days old, as this is predominantly due from NHS and Local Authority bodies, it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period (month 6) Cambridgeshire County Council, Norfolk County Council, East London NHS FT and Luton Borough Council have subsequently paid £1.3m, £1.7m, £1.5m and £0.7m respectively to reduce their outstanding balance.

4. Capital spend

4.1. Capital spend to date is £1.4m against a plan of £1.5m. The main areas of spend are IT equipment (£1.0m) with further planned spend on the continued development of North Cambs Hospital and the refurbishment of Nash House, Suffolk.

5. Use of resources

5.1. This metric is currently not being reported on due to Covid 19 and the emergency financial measures in place.

6. Contract performance

6.1. Due to COVID-19 contracted processes performance monitoring have been suspended, and focus is on working with commissioners to prepare for and respond to the emergency and relax local monitoring requirements. The Trust continues to monitor and report contracted KPI's within the Clinical Operational Boards.

