

Title:	Integrated Governance Report
Action:	For DISCUSSION
Meeting:	15th September 2021

Purpose:

The global Covid-19 pandemic continues to dominate work within the Trust. Pressures continue on our services from increased demand as well as staff absence and vacancies. The delivery of the mass vaccination programme continues across Cambridgeshire & Peterborough and Norfolk & Waveney in conjunction with our health and care system partners.

This report and Clinical Operational Boards integrated reports operates in line with the new way of working during Covid-19 and this report provides an overview of quality, performance, workforce and finance for June and July 2021 assessed in relation to the Trust's strategic objectives and associated risks of achieving these objectives. As agreed, the Integrated Governance Report (IGR) incorporates the new strategic indicators for 2021/22.

For each objective, the 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.

Executive Summary:

The Integrated Governance Report (IGR) provides a summary of Trust performance against each objective during June and July 2021 and the assurance set out in each domain, which is summarised in the table below:

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

Exceptions are reported against each of the four strategic objectives within the Integrated Governance Report attached.

Recommendation:

The Board is asked to 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: IPaC Assurance Framework

Appendix 2: CCS Statement of Purpose

Appendix 3: Quality Performance Dashboard

Appendix 4: Strategic Risks and Operational Risks 15 and above

Appendix 5: Assurance Framework

Appendix 6: 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 Enquiry and fundamental standards of care are addressed 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. Currently under development and scheduled for discussion at the October board development session							
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"/>

CONTENTS

Page No.

Executive Summary

Assurance Summary and Performance for June and July 2021

Outstanding Care	1
Excellent Employer	22
Collaborate with others	31
Sustainable Organisation	44

Supporting Information

Appendix 1 – IPaC Assurance Framework

Appendix 2 – CCS Statement of Purpose

Appendix 3 – Quality Performance Dashboard

Appendix 4 - Strategic Risks and Operational Risks 15 and above

Appendix 5 - Assurance Framework

Appendix 6 - Statistical Process Control Chart Key

Executive Summary:

This Integrated Governance report and 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 June and July 2021 assessed in relation to the Trust's strategic objectives and associated risks of achieving these objectives. As agreed, this integrated Governance Report incorporates the new 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 – June and July 2021

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

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

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:

Children's Clinical Operations Board

The Clinical Operations Board **noted**:

- a number of clinical teams with high levels of vacancy and / or sickness; this was especially evident in the HCP Teams. Whilst a number of innovative ways to recruit staff can be evidenced, a further meeting in September is being planned to review current recruitment and retention initiatives with HCP staff and identify new solutions.
- Additional processes have been introduced between the Cambridgeshire, Looked After Children Team and children's social care for escalating concerns for consent and

referrals for health assessments. It is envisaged that this will reduce the incidents of delays.

- The Bedfordshire and Luton Occupational Therapy Service are currently experiencing four primary challenges restricting pre-Covid19 performance levels:
 - Demand for EHCP assessments has risen during the Covid19 Pandemic restricting capacity to meet the needs for Children with universal needs.
 - Backlog of Children requiring face to face appointments.
 - Additional time is required between face to face appointments to allow safe movement around the site for patients / staff, donning / doffing of PPE and additional cleaning measures.
 - Demand and capacity work is being prioritised to detail workforce requirements, in the interim the service is recruiting an additional therapist to support with this service pressure.

Progress on these key matters and assurance will be reported to the next COB meeting.

- **Risks of 15 or above and emerging risks:**

- There were two risks scoring 15 and above reported to the COB that related specifically to children's services. Risk 3120 regarding paediatric waiting times in Luton and Risk 3254 relating to the impacts of the pandemic on all children's services which could potentially have a detrimental effect on children's health and wellbeing.
- There is an emergent risk linked to the new Afghan evacuee community within the Luton system, a large amount of children have entered the area, some with very complex needs that will require 0-19 / specialist support. This increase will add to the pressure already seen within the system.

- **Outstanding practice and innovation for the Board to note:**

The Luton Healthy Child Programme staff response to the Afghan evacuee health critical incident, a package was mobilised from services within 4 hours – this programme of support is continuing in line with national protocol and the needs of the families and children.

Significant progress has been made to integrate the Bedfordshire and Luton Looked after Children's Services. A Pan Bedfordshire Team has been established with a single point of referral and shared SystmOne unit. The project lead is continuing to work closely with Luton Local Authority to support the alignment of processes.

The Rapid Response Team reached the finals of the Parliamentary Awards. Unfortunately, the nurses didn't win the overall prize in their category, Excellence in Emergency and Urgent Health Care.

The Safeguarding Serious Incident Themes report – the Board identified that this was a thorough and detailed document which provided good assurance that we have a local and strategic plan to address the issues.

In Bedfordshire and Luton Community Paediatric Service additional investment has been received to improve the ADOS / BOSA backlogs. Waits have significantly improved with regular reporting to commissioners in place.

Adult Clinical Operations Board

- The COB **noted** evidence of pan NHS pressures on both demand and staffing
- The COB **considered** that finance should not impede care and in particular that investment may support recovery such as in call handling services which were noted to be under pressure. This work is already underway being led by the Service Director being supported by the ICT team and will be reported back through the COB.
- The COB **discussed** concerns about access for patients to special needs dentistry, and the ethics of removing patients from caseloads without a clear alternative. This issue has been escalated by the Service Director to the service commissioner and will be reported back to COB.
- **Risks of 15 or above and emerging risks:**
 - There were no risks reported that scored 15 or above.
 - Two emerging risks were identified - ensuring a sufficient service redesign resource as this is essential to recovery and recruitment resourcing and long term pipeline of staff
- **Outstanding practice and innovation for the Board to note**
 - Development of new model of discharge

Mass Vaccination Clinical Operations Board

- The COB **noted** the planning work for the delivery of Phase 3 of the programme regarding the delivery of booster vaccinations in cohorts 5-9 of the over 50s and the likelihood that the programme will continue to the end of March 2022.
- The COB **noted** that vaccinations have commenced for the clinically vulnerable 12-15 year olds across Cambridgeshire & Peterborough and Norfolk & Waveney
- The COB **noted** that Cambridgeshire & Peterborough had the best response in the region of 16-17 year olds coming forward for their vaccinations.
- **Risks of 15 or above and emerging risks:**
 - There were no risks scoring above 15 or emerging risks reported
- **Outstanding practice and innovation for the Board to note**
 - The successful social media and TV coverage for the service in July and August including the most shared CCS posts for the launch of 16-17 year olds and Anglia and Look East filming on seven occasions in this period.
 - A variety of initiatives have been put in place to encourage vaccine uptake including pop up clinics at festivals/businesses, a joint vaccination clinic with

Norfolk and Norwich Hospitals in the ante-natal service; vaccination clinics at a local hotel for offshore workers who mobilise via Norfolk airport.

Provide outstanding care

A: Assurance Summary

Overall assurance rationale:

Safe	<ul style="list-style-type: none"> 96% of incidents are low or no harm (Trust target 90%) (S1) There were 0 Serious Incidents reported in June and July No Never Events were reported in this timeframe. (S2) There were no healthcare acquired infections There were no Covid19 staff outbreaks (S5) The staff flu campaign 2021 is being planned and an implementation process is in place (S6) Surge in safeguarding enquiries emerging from Covid19 lockdown measures. IPAC (Infection Prevention and Control) assurance framework is being reviewed and is being presented to Board (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 97.18% (target 90%) (C1) 3,154 FFT responses received in June and 2488 in July, 2282 of these were linked to Mass Vaccination sites Number of informal and formal complaints had increased but were within expected variance (total of 14 formal complaints received In June/July) (C2) 	Substantial
Effective	<ul style="list-style-type: none"> Mandatory training was recorded at 86% for June and 88% for July (E1) Level 3 adult safeguarding and the Safeguarding induction package has 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) Complaints response time was 100% for the responses sent in June and July (R2) 90 issues were investigated and closed via the informal complaints process during the reporting period Covid19 incident response meets all national requirements (R3) 	Reasonable

- 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 functioning resetting and recovering our teams in line with a level 3 incident.
- In addition to the overview and analysis of performance for June 2021 and July 2021, the Board can take assurance from the following sources:
 - During the Covid19 pandemic period and more recently whilst operating at a 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.

Provide outstanding care

- 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 is being presented at Board in September 2021.
- There have been no reported staff outbreaks 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.

B: Measures for Achieving Objective – 2021 / 2022 measures

No.	Measure	2021 / 2022 Target	Data source	Reporting frequency	Current position as at May 2021
1a	Care Quality Commission standards	Improved ratings for individual KLOEs	Formal assessment	Annual	No date for formal review received
1b (1)	Patients / carers satisfied with care delivered by our staff NB the associated metric re increasing numbers of people who give feedback is suspended due to the pandemic	90%	FFT	Monthly	Formal reporting of FFT is nationally suspended during pandemic. <i>July result 97.18%</i>
1b (2)	Increase the number of patients/service users who give us feedback on the care received.	[pending outcome of baseline audit]	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

Provide outstanding care

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.
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 have been no SIs declared in June or July.
1g	Sustain the level of overall mandatory training	94%	ESR	Monthly	Total: 86% June 88% July

C: Risks to achieving objective

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 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 3260** – There is a risk that health outcomes for people who use our services are negatively impacted by Covid19 restrictions due to a second wave of Covid19. (Risk Rating 12)
6. **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

Provide outstanding care

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)

7. **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)

Related Operational risks 15 and above

1. **Risk ID 3120** – Luton Community Paediatric service - *There is a risk that delays for initial assessments and follow up appointments will continue, leading to continued 18 week RTT (Referral to Treatment) breaches and CYP (Children and Young people) and family delays. (Risk Rating 15)*
2. **Risk ID 3182** – Safeguarding: *There is a risk that abuse and neglect will not be identified and acted upon at the earliest opportunity, to prove a timely assessment and intervention to mitigate further harm to children and adults at risk due to changes in service provision. (Risk Rating 16)*
3. **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)*
4. **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)*

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 July 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.

2. Patient Safety

- 2.1 The Patient Safety Team in conjunction with other services have been reviewing the most recent updates to the NHS Patient Strategy; this includes the framework for involving patients in patient safety which was published in June 2021. Additionally the Trust is required to undertake a briefing session with the Board within the next 6 months so that the Board is clear on its role and responsibility in regards to the Strategy. This workshop is being arranged for early 2022.
- 2.2 The Incident Management Team (IMT) continues to have oversight of safety incidents relating to the services provided throughout the Covid-19 pandemic period. This is achieved through the situation reports from all services with a trend summary being presented at the Incident Management Team meeting.
- 2.3 No Serious Incidents (SI) or Never Events were declared in either June or July 2021.

Provide outstanding care

2.4 One Serious Incident was submitted for closure to the Commissioners in June and a further one submitted in July (see table below for details of learning); locally approved action plans have been developed. The actions will be monitored for completion and assurance will be provided in a future panel meeting. Learning slides have been developed to support the dissemination of learning; these have been uploaded onto the staff intranet.

DATIX Reference	Incident date	Service base	Case description	Learning
W63176 2021/6119	01/02/2021	Beds 0-19	Identification of safeguarding concerns	<ul style="list-style-type: none"> Impact of the pandemic on care delivery. The Service needs to consider all information relevant to the family (including fathers) in order to undertake holistic assessments. Importance of joined up working across different Teams both internally and externally. Ensure that prompts are recorded on record, e.g. ICON. Importance of bitesize and accessible information for all staff working across the organization.
W63754 2021/8116	12/01/2021	iCaSH Norfolk (Kings Lynn)	Identification of safeguarding concerns	<ul style="list-style-type: none"> Record keeping, appropriate sharing of information and robust professional curiosity is key to full holistic assessment. Adherence to Trust policy and guidelines would support a safe delivery of care.

Commissioners, NHSE/I, CCG and CQC have been made aware of the incidents as per policy

2.5 One internal investigation using recognised root cause analysis methodology (RCA) was initiated in June. This was:

- Cambs 0-19 – South locality where there was missed identification of safeguarding concerns and onward escalation.

2.6 Two further incidents were reviewed at panel:

- iCaSH Ipswich – medication prescribing error: the panel agreed that a reflection by the prescriber was required. This has subsequently been undertaken and approved.
- Large Scale Vaccination (LSV) Programme Chesterton: error with the administration of Pfizer vaccine. Rapid Review investigation undertaken which identified that all appropriate guidance and policies were in place and the error occurred as a result of human error / distraction. The report has been approved and learning shared locally.

2.7 Two internal investigations using recognised root cause analysis methodology (RCA) were initiated in July. These were:

Provide outstanding care

- Norfolk Healthy Child Programme (HCP) City Team: missed identification of safeguarding concerns and onward escalation.
- Luton Adults: missed opportunities to assess and escalate a deteriorating wound.

2.8 Further incidents were reviewed at panel:

- Luton Adults: Rapid Review carried out following a wound management issue. The panel recognised that this was a very rare occurrence and related to a complex wound. All appropriate actions were taken and therefore no further investigation was required.
- Luton Adults: Section 42 enquiry received from Luton Borough Council relating to missed opportunities to assess and escalate a deteriorating patient. A Group Workshop is to be held to identify learning and recommendations.
- Luton Adults: potential Section 42 to be issued. Rapid Review agreed as incident related to appropriateness of discharge from acute setting and subsequent escalations.

2.9 The chart below highlights those patient safety incidents that occurred under our care and includes the two month period of June and July. These incidents totalled 360 which was an increase of 58 incidents on the previous two month period; 75% were no harm incidents, 21% low harm and 4% moderate harm.

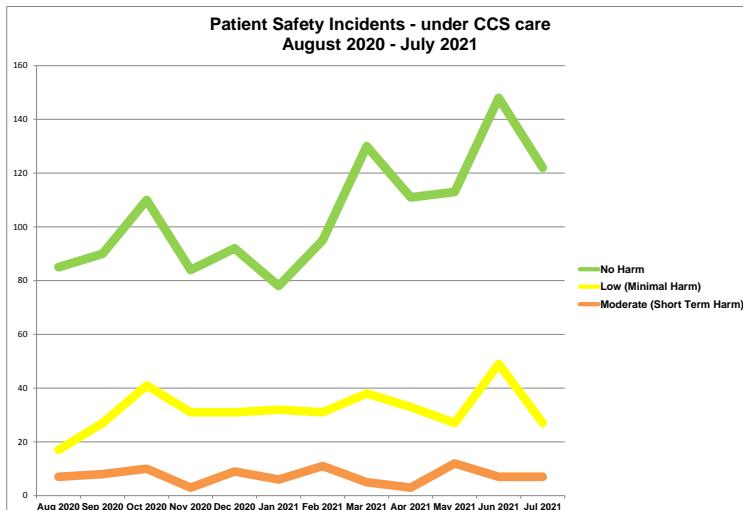
2.10 There was an overall increase of reporting in June specifically linked to the low or no harm categories,

following a review of the incidents no themes or trends linked to this rise could be identified.

2.11 Fourteen moderate harm incidents (whilst under CCS care) were reported; a decrease of five on the previous two month period.

2.12 Nine pressure ulcer incidents were reported for Luton Adult Services. Luton Community

Paediatrics reported an incident relating to a medication error which is being investigated as a complaint. Nutrition & Dietetics reported one moderate harm incident which has also been reviewed via the complaints process. The final three incidents were reported by LSV: two related to anaphylaxis reactions and the final incident related to injuries following a faint post vaccine. All three incidents were reported to the Regional Vaccination Operations Centre (RVOC).



Incident Themes

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

- Clinical assessment and treatment
- Medication

Provide outstanding care

- Access, administration, transfer and discharge

June	July
Clinical, assessment & treatment: 162 Access, admin, transfer, discharge: 89 Medication: 62	Clinical assessment & treatment: 130 Medication 70 Patient information (records, documents) 41

2.14 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 June and July:

- 2.14.1 **Clinical Assessment and Treatment:** Luton Adult Services is the main reporter of these due to the type of work and volume of visits. A small percentage (7%) of these incidents related to test results for Integrated Contraception & Sexual Health Services (iCaSH) where the external provider recorded results incorrectly, or there had been a failure or delay to act upon the results.
- 2.14.2 **Medication:** Medication incidents related predominately to Luton Adult Services (69), Large Scale Vaccination Programme (29) and iCaSH Services (12). As noted in 2.6 and 2.11 above, the scrutiny of medication incidents continues to be undertaken and appropriate investigation implemented. All incidents were shared with the Chief Pharmacist on submission / reporting.
- 2.14.3 **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, who all reported a theme around missing / late antenatal service communication; this is recognised as an ongoing national issue however local discussions are on-going.
- 2.14.4 Where themes are linked to external providers, issues are picked up during liaison with the services or via the service leads.

National Patient Safety Alerts

- 2.15. 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.
- 2.16 In June and July 2021, 29 alerts were received; four 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.	Philips ventilator, CPAP and BiPAP devices: potential for patient harm due to inhalation of particles and volatile organic compounds NatPSA/2021/005/MHRA	Child and Adult teams asked to check if any of their patients have these ventilators or whether the Trust holds any in stock. None of our services support patients who use this equipment or have any in stock. Alert has been closed.

Provide outstanding care

	NatPSA description and reference	Trust action
2.	Recall of Co-codamol 30/500 Effervescent Tablets, Batch 1K10121, Zentiva Pharma UK Ltd due to precautionary risk of causing overdose NatPSA/2021/004/MHRA	All clinical teams made aware for information only as the Trust does not supply this medication. Alert has been closed.
3.	Eliminating the risk of inadvertent connection to medical air via a flowmeter NatPSA/2021/003/NHSPS	Not applicable. Alert has been closed.
4	Inappropriate anticoagulation of patients with a mechanical heart valve NatPSA/2021/006/NHSPS	Reviewed by Community DVT & Anticoagulant Nurse Specialist - no action required by the Trust. Alert has been closed.

Organisation and National level patient safety incident reports (OPSIR and NAPSIR)

- 2.17 The Trust has been informed that the National Patient Safety Team will move to an annual publication schedule for the Organisation and National level patient safety incident reports (OPSIR and NAPSIR) from September 2021. This extended publication schedule will allow the analytical team more time to improve the official statistics outputs and offer data users and patient safety stakeholders a better resource. This will mean some changes to the data sets the organisation receives in that:
- The OPSIR and NaPSIR will be published once a year, every September and
 - The annual publications will cover the most recent financial year of data (e.g. in September 2021 publish data for April 2020 - March 2021)

3. Medicines Management

3.1 Medicines Risks

- 3.1.1 Mass Vaccination risks: kept under review by the Mass Vaccination Programme Board
- 3.1.2 Risk 3264: Inability to implement the Electronic Prescription Service. This remains unresolved. The Clinical Systems team is looking into finding a solution.

3.2 General Information

- 3.2.1 The Mass Vaccination Programme is requiring much input from the Pharmacy team. The frequent changes in demands of the service by the regional and national teams, and lack of stock availability means that the Trust team needs to keep a close watch on every detail, on a minute by minute basis. This very much reduces the senior pharmacists' capacity to resume business as usual. We have been unsuccessful in attempting to recruit a Mass Vaccination Lead Pharmacist, so are exploring other avenues, including administrative support.
- 3.2.2 We continue to have support from pharmacy colleagues in Cambridgeshire to monitor compliance with medicines management requirements in the vaccination centres on a weekly basis. This is very helpful and much appreciated. However, the Norfolk colleagues have now been drawn back to their usual duties. The remaining team has considered that, now that the management in the vaccination centres has stabilised and the site managers

Provide outstanding care

and their teams are much more knowledgeable and experienced in handling vaccines, the pharmacy input on site can be reasonably reduced to a monthly visit for support, advice and monitoring of practice.

- 3.2.3 The Medication Safety and Governance Group has resumed meeting regularly. The Group has responded magnificently to requests for urgent virtual approval of Standard Operating Procedures (SOPs) and other documents to support the vaccination programme. SOPs have required changing at very short notice, and it is refreshing to receive comments from members of the Group on typographical errors, or points of practice which clearly demonstrates that they have scrutinised them fully.
- 3.2.4 The Non-Medical Prescribing Network continues to meet on a quarterly basis. The meetings are being held virtually and are very well attended. The Network agreed that good progress had been made against its work plan, and that all items remaining in the work plan fell under 'business as usual'.
- 3.2.5 The audit programme has had to be revised several times due to capacity of the services to cope with the workload involved. This needs to be balanced against the requirement for assurance of good practice. Therefore, medicines audits have resumed and steps have been taken to spread the workload across the year.

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. 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 regards to children and adult who access our services.
- 4.2 Partnership work has continued throughout 2021 as Safeguarding partners take stock of the emerging safeguarding themes during the Covid19 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 be: on-line exploitation and abuse, mental health, domestic abuse, neglect with the explicit impact from poverty and social isolation on these.

Provide outstanding care

4.3 The risks are:

- 4.3.1 Risk ID: 3182: The possible impact on children and adults from the re-prioritisation of services across the partnership system at the beginning of the pandemic including during first lockdown and continuing necessary restriction as part of Covid19 pandemic management. The time period for this risk has been extended as social distancing continues to impact on the partnership wide provision to support children and their families and adults with care needs. As services restore it has been acknowledged that there are a number of vacancies in the Healthy Child Programme Service, therefore it was agreed that this risk remains static. A recruitment campaign has commenced and commissioners are aware as part of an agreed escalation framework. Risk narrative and controls have been amended to reflect this position. This risk is currently rated at 16 and controls are being maintained.
- 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 mobilise into the restorative phase. There has been a significant increase in safeguarding concerns in both volume and complexity. As services restore it has been acknowledged that there are a number of vacancies in the Healthy Child Programme Service, therefore it was agreed that this risk remains. A recruitment campaign has commenced and commissioners are aware as part of agreed escalation framework. Risk narrative and controls amended to reflect this position. 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 could result in increase in sickness and retention rates. This risk is currently rated at 16 and controls remain in place.
- 4.3.4 It should be acknowledged that these three 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.
- 4.3.5 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. The risk is currently rated at 12.
- 4.4 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.

Provide outstanding care

- 4.5 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 / families chronology of care. Next steps are identified from this process in line with the National Patient Safety Framework.
- 4.6 Bruising and marks to non-mobile children and babies have been highlighted within a number of Child Safeguarding Practice Reviews both internally and nationally. 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 children at the greatest risk of significant harm. Weekly review of the Datix reports by the Heads of Safeguarding has identified that CCS 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.
- 4.7 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. The Trust's Communication Team is making contacts with communities to better engage fathers and other significant male carers, who are essential to the success of this campaign; males being perpetrators of 70% in abusive head trauma. Norfolk are active participants in their system wide work stream called 'Protecting Babies' and learning across the two approaches will be used to influence and enhance the local agreed systems.
- 4.8 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.
- 4.9 There has been an increase of families requiring support from the Universal Partnership Plus across all of our healthy child programmes services. To mitigate the staffing challenges and high safeguarding demand, a number of actions have been undertaken which include: reviewing the student pathway and removing the need for secondary interviews and joint posts across services.
- 4.10 In Cambridgeshire Looked After Children Service there is now a revised fortnightly escalation process with children's social care in terms of escalating concerns for consent and referrals for health assessments. During this period there has been a 45% delay in referrals for initial health assessments and 7 cases for Unaccompanied Asylum Seeking Children who have no NHS numbers which causes an issue when attempting to plan the health review. It is envisaged the fortnightly meeting with social care will reduce the incidents of delays, but there needs to be a period of time to assess the impact.
- 4.11 Mandatory safeguarding induction is now linked to the Electronic Staff Record (ESR) and went live on the system in June 2021; this will improve access for new starters and allow compliance monitoring, requiring new starters to have safeguarding induction within six weeks of their start date. As part of this induction package new starters are made aware of the safeguarding provisions within the Trust and who they

Provide outstanding care

can contact for immediate support. It also makes them aware of their mandatory safeguarding training and supervision requirements.

- 4.12 Safeguarding supervision continues to be provided as a priority across the Trust in a risk based approach and for those staff who have a mandated requirement to access this. A revised safeguarding children supervision model has been developed and ratified at the Strategic Safeguarding Board in May and has been implemented from July 2021 across all localities for mandated supervision compliance.
- 4.13 As further information is being released around the Liberty Protection Safeguards process, this is being reviewed by the Adult Safeguarding Team. An update is expected at the next Safeguarding Board. Additionally in line with the new Domestic Abuse Act, all relevant policies have been updated to reflect the changes in law.
- 4.14 PREVENT and WRAP training has been maintained at above the target level across the Trust and is at 96% and 97% for June and July respectively. As the Adult Safeguarding Team capacity has been increased and is now fully recruited too, the team are aiming to attend all relevant Channel panel multi-agency meetings; a feedback process from these discussions has been agreed with the Children's Safeguarding Team and clinical practice via the Safeguarding Operational Boards.

5. Infection Prevention and Control (IPaC)

- 5.1 We continue to follow all national guidance relating to preparing for and managing the current Covid19 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 to our services of PPE is monitored weekly through the Incident Management Team (IMT) and underpinned by daily sit rep information from all services.
- 5.3 The Board can continue to be assured that no member of staff has been asked to undertake clinical care without appropriate Personal Protective Equipment (PPE).
- 5.4 In May 2020 NHS England published an Infection Prevention and Control Board Assurance Framework (BAF) for Trusts to be able to demonstrate that their approach to the management of Covid19 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 presented to the Board in September 2020 and then again in January 2021. The national IPaC BAF was revised again in June 2021 and as per the cycle of business the BAF was discussed at the Trust's Infection Prevention and Control Committee in August.
- 5.5 The updated BAF is being presented to Trust Board (Appendix 1), with assurance that where gaps have been identified, these are being addressed and monitored via the IPaC team and Committee. A new addition to the BAF highlights the need for board to be sighted on fit testing processes and compliance – this will be included in November's report.
- 5.6 No staff Covid19 outbreaks have been reported in June and July.
- 5.7 A total of 14 IPaC related incidents were reported during this period, nine of which were needlestick incidents. All but one of the nine was from Large Scale Vaccination (LSV) Centres. A programme of joint learning and development is in place at the LSV

Provide outstanding care

Centres both at the start of the vaccinators employment via the learning hub and post incident, alongside this support is available to the vaccinators via the huddles and supervision processes.

- 5.8 Working with the Trust's Estates and Facilities Manager Operational, IPaC continued to review completed Covid19 building risk assessments submitted by services.
- 5.9 A total of 19 members of staff reported having a positive Lateral Flow Result. Of those, 17 reported a positive PCR test for Covid19 during this period.
- 5.10 Staff based in our various geographies continues to access appropriate Covid19 swabbing facilities if symptomatic.
- 5.11 Other infections: There were no confirmed bacteraemia cases of MRSA (Meticillin-resistant Staphylococcus Aureus), Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during June and July. We have not been notified of any positive cases of C.difficile during this period.
- 5.12 Plans are progressing well in the delivery of the Trust's seasonal influenza staff vaccination programme, which is due to start mid-October. The national target is that 100% of eligible staff are offered the vaccine, with 85% uptake. The Trust is in the position to offer 2 types of vaccine this year, all staff will receive a vaccine with 4 strains within it, but one will not have any egg ingredients within it, to ensure those with intolerance or allergies can access the immunisation.

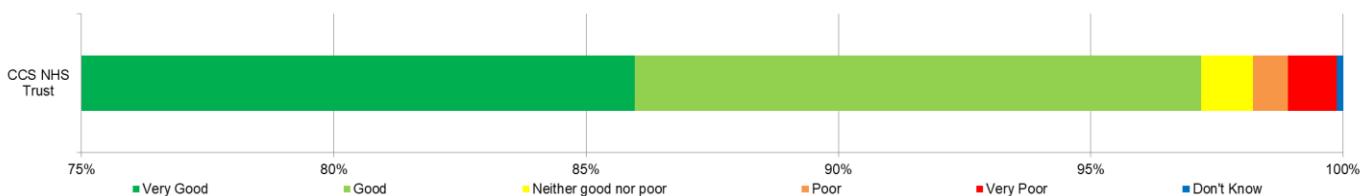
6. Patient Experience

6.1 The Patient Story

- 6.1.1 The person story comes from Bedfordshire. A mum will attend to tell us her family's experience of receiving services from the Trust for her son who has complex needs.

6.2 Friends and Family Test (FFT)

- 6.2.1 We continue to seek FFT feedback across all of our services in line with FFT national guidance around Covid19.
- 6.2.2 We received 3154 responses in June and in 2488 July to the FFT question. This is a reduction of 3194 on the last reporting period largely due to the reduction in feedback from Large Scale Vaccinations (5062 in April and May to 2282 in June and July).
- 6.2.3 The overall Trust FFT positive feedback was 97.18%, with a 1.67% negative feedback percentage. We remain above the Trust's target of 90%.
- 6.2.4 Below is the percentage of responses to each category of the FFT question for the overall Trust.

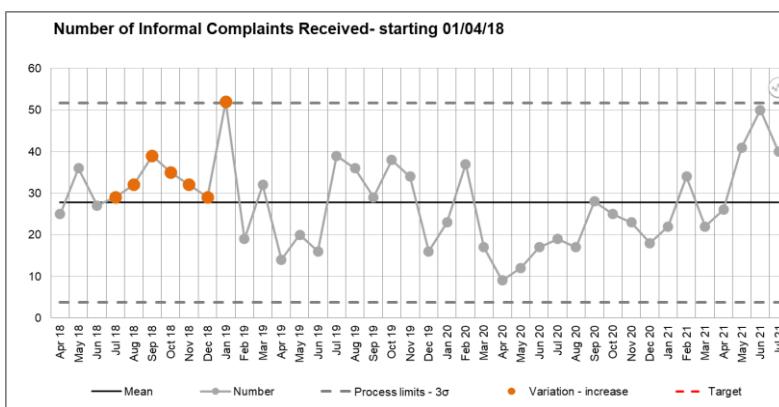


Provide outstanding care

- 6.2.5 In June and July the services we provide received over 4200 positive comments on surveys and feedback forms used across the Trust.

6.3 Informal complaints received

- 6.3.1 The total number of informal complaints received and logged was 90 in this data period, 23 more than the previous reporting period. As shown in the graph below this is above average but is within our expected variation. Three informal complaints were related to Covid19, one about lack of advice provided at vaccination, and two about delays and change in service offer due to Covid19. All have been followed up and no related incidents or risks were associated with the feedback received.



6.4 Themes and learning from informal complaints closed in June and July 2021

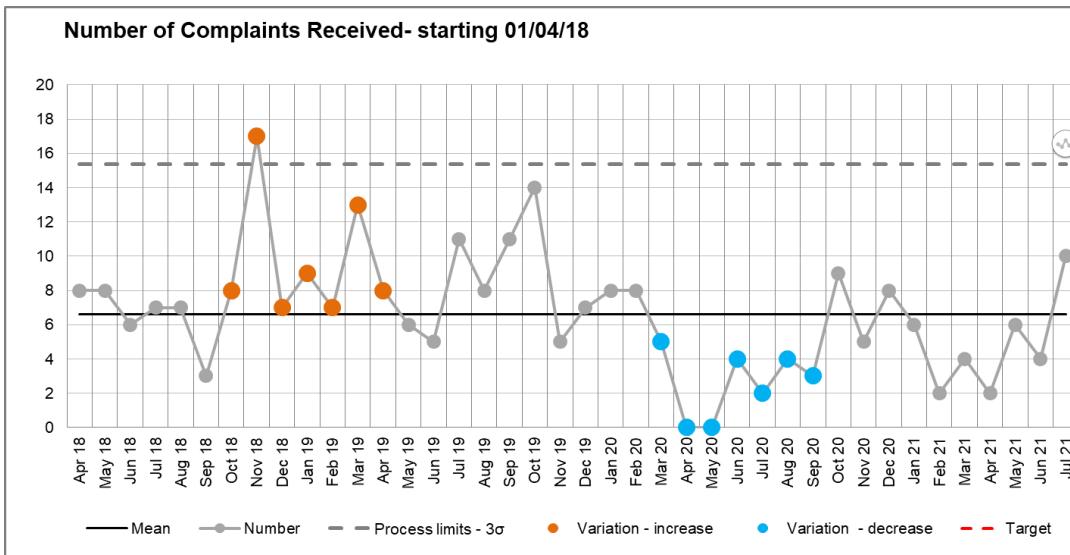
- 6.4.1 Ninety-one informal complaints were resolved and closed in June and July, 31 more than the previous reporting period, with 100 themes identified. The top three themes of the informal complaints closed within this period were Communication and information (36), Access to medical Staff (13) and Clinical Care (13). Communication and Information has also been the top theme in the previous two reporting periods.
- 6.4.2 Ten of the informal complaints about Communication and Information were related to Norfolk HCP. The details of these have been reviewed and two related to unannounced visits and two about appointments being cancelled by text message.
- 6.4.3 The informal complaints about Access to Medical Staff were spread across several services, with a cluster in iCaSH relating to difficulties in making contact via the telephone and making appointments. The Ambulatory co-production lead is undertaking a piece of work with our iCaSH patients around service accessibility, once complete the outcomes will be incorporated into a 'contact' system update.
- 6.4.4 Review of the informal complaints about Clinical Care shows three related to services provided by Health Visiting services in Bedfordshire, non-attendance for a video appointment and service offer, and two MSK, content of a clinic letter and clinical care provided at telephone assessment.

Provide outstanding care

6.5

Formal Complaints

- 6.5.1 The Trust received 14 formal complaints in this data period. Four were received in June and ten in July. This was six more than received in the previous period, but as shown in the graph below is within expected range.



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

- 6.5.2 None of the complaints received in this period related to Covid19.

6.6 Themes and learning from formal complaints closed in June and July 2021

- 6.6.1 Within this data period we responded to and closed 12 formal complaints, there were 23 subjects/themes identified. Communication and Information was the most frequently occurring theme (12) in nine complaints. Clinical Care the second with four in three complaints, and Staff Attitude three in three complaints.
- 6.6.2 Two complaints related to vaccinations being given without consent by the School Immunisations service, one was upheld and the one not upheld. Both were logged as incidents.
- 6.6.3 Learning and actions taken from complaints have included:
- School Immunisations Cambridgeshire and Peterborough – Child was given second HPV vaccination when consent had been withdrawn. As a result of this complaint the process for changing consent has been agreed; the letter sent to parents has been revised to include how to withdraw consent and an electronic alert has been added to the notes section of the consent form.
 - Luton Integrated District Nursing (DN) – Parent of an adult service user requested a change of equipment and experienced poor communication and delays. Investigation found that the team tried to resolve the issues but there were missed opportunities to keep the parent informed and updated on the actions taken. Learning and actions included a review of the roles and responsibilities of the Coordinator of the Day and

Provide outstanding care

caseload holder, reminder to staff that notes should include the 'plan for follow up' and reminder of the importance of maintaining communication with service users, carers and families.

6.7 Complaint response times

- 6.7.1 In this data period we responded to 10 formal complaints (six in June and four in July). All of the complaints responded to in June and July were sent within target time frames. One complaint had an extended timeframe as the complainant requested a joint complaint response; the timeframe was discussed and agreed with the complainant.

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

- 7.1 In Cambridgeshire Healthy Child Programme vision screening will re-commence after the summer school holidays with a plan to catch up on those children missed from the previous academic year and to start reviewing the new cohort of reception year children.
- 7.2 In Bedfordshire and Luton Community Paediatric Service the average RTT wait in Bedfordshire is 31.5 weeks (18 week national KPI) with the longest wait at 38 weeks. The average RTT wait in Luton is 34 weeks, longest wait at 74 weeks. In Luton this represents a 5 week improvement in the last two months. Pan-Bedfordshire work is progressing to align systems and processes across both services, and additional Bank and Agency clinicians have been recruited to improve service waits.
- 7.3 Recruitment to substantive medical posts continues to be a challenge in both services. Trust-wide Consultant Paediatrician posts are being advertised as a joint approach with our ELFT colleagues. A Clinical priority booking system continues to safely manage referrals and review appointments.
- 7.4 Additional investment has been received to improve the ADOS / BOSA backlogs. Waits have significantly improved with regular reporting to commissioners in place.
- 7.5 The Luton service has been successful in a bid for funds to improve the Autism Diagnostic Pathway. Recruitment for new posts is underway. 171 children are overdue ADHD medication reviews in Luton, longest wait is 18 weeks. 480 children are overdue ADHD medication reviews in Bedfordshire; longest wait is 1 year 45 weeks. Performance has been impacted by long term sickness (non-Covid19 related). Specialist Nurses are clinically prioritising reviews and working extra hours where possible. Capacity will improve as the specialist nurse has completed the Independent Prescribing Training and with the increase in medical capacity when roles have been recruited too.
- 7.6 The Bedfordshire and Luton Occupational Therapy Service are currently experiencing four primary challenges restricting pre-Covid19 performance levels:
- Demand for EHCP assessments has risen during the Covid19 Pandemic restricting capacity to meet the needs for Children with universal needs.
 - Backlog of Children requiring face to face appointments.
 - Additional time required between face to face appointments to allow safe movement around the site for patients / staff, donning / doffing of PPE and additional cleaning measures.

Provide outstanding care

Demand and capacity work is being prioritised to detail workforce requirements, in the interim the service is recruiting an additional therapist to support with this service pressure.

- 7.7 In Cambridgeshire Community Nursing Services Bronchiolitis / Lower Respiratory Tract Infection (LRTI) surge planning is well underway to prepare for paediatric respiratory surges in anticipation of a difficult winter with Children's Respiratory Infections. This includes keeping children out of hospital as appropriate; the flow through the Acute Trusts; and managing potential pressures on community services / primary care.
- 7.8 Dynamic Health are experiencing capacity limitations due to flooding, continued Covid19 guidelines and staffing vacancies as well as the recent increase in referrals all of which are affecting our 18 week RTT and are leading to increased service breaches. Temporary accommodation has been sourced for the team so that services can continue, and recruitment processes which have been slowed due to pressures on the team have started to improve.
- 7.9 There are 3500 patients requiring Special Care Dentistry (SCD) with complex needs within the 2 counties, of which 1445 are children. The majority of these patients are in Suffolk and are existing case load pre transfer to CCS. It is likely that a large cohort of these patients no longer meet the acceptance criteria of the service however they need to be assessed before a decision can be made regarding discharge. Special Care General Anaesthetic lists at West Suffolk Hospital and Peterborough City Hospital have resumed. Peterborough City Hospital is increasing the number of lists to two per week from 6th September however number of patients per list is still greatly reduced. West Suffolk Hospital has resumed pre Covid19 list allocations.

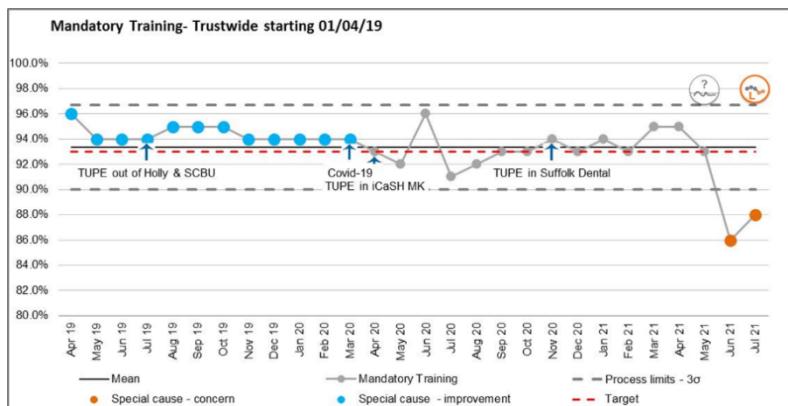
8. Mandatory training

- 8.1 There has been a reduction in compliance in relation to mandatory training in June and July; this is linked to LSV (Large Scale vaccination) bank staff, where they have possibly completed the required training on another platform, and the Trust has not been sent the information through to update the system. The organisation is contacting the individuals who are currently active on the rota system in the first instance to increase their overall compliance and will then target other staff.

The team also had a problem with the NHS Professionals platform where they could not access the files to extract any relevant training information, but this was resolved at the end of August.

- 8.2 One of the other main issues is that the Trust has non active staff on the bank, who no longer work for us or have gone back to substantive roles, because these individuals are still on the system this affects the overall compliance. The issue has been flagged as a priority, and there is a project underway to start closing down these accounts to allow the team to concentrate on the active staff only.

Provide outstanding care



9. Information Governance

- 9.1 NHS Digital's 2020/2021 Data Security & Protection Toolkit (DSPT): was submitted to deadline in June after being signed off by the Trust's Senior Information Risk Owner (SIRO). All assertions were met. The 2021/2022 Toolkit is currently being assessed. The deadline for submission will be 20 June 2022.
- 9.2 Mandatory Information Governance and Data Security awareness training is currently at 86% (August 2021) against a target of 95%. On a monthly basis, Service Directors are provided with details of non-compliance and requested that they encourage staff to do their training.
- 9.3 Between June and July, 52 incidents were reported under the Confidentiality Breach incident category which is the same as in the previous two months. The majority of 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

- 10.1 The Trusts Statement of Purpose has been updated and forwarded to the CQC for approval. The key changes that have been made include; adding the newly transferred Speech and Language Service, removing the School Immunisation Team and updating the locations of the Mass vaccination sites. Please see appendix 2.

11. Areas of Outstanding Practice

11.1 Bedfordshire and Luton Healthy Child Programme (HCP)

- The joint bid by CCS submitted with a third sector organisation (One YMCA and Early Childhood Partnership) to facilitate Children's Centres in Bedford Borough was successful. This partnership will strengthen and enhance integrated service offers. The contract will commence in October 2021.
- HCP services celebrated World Breastfeeding Week and the second birthday of our #FreeToFeed campaign with picnics across Luton and Bedfordshire for mums and their babies who have supported our campaign. We have entered our health visitors for the NHS Communications awards for their work on our #Freetofeed campaign.

Provide outstanding care

11.2 Norfolk HCP

- All Babies Cry system wide campaign led by Norfolk HCP has been entered into the NHS Communicate Awards to showcase the success of partnership working across the patch. The nomination included very positive feedback from a family who have supported the work.

11.3 Cambridgeshire HCP

- Building on the Best Start in Life strategy, a pilot commenced in June 2021 testing a more collaborative approach to the delivery of the 2.5 year reviews alongside Early Years and Children's Centres. Initial reports suggest that the pilot is progressing well with good engagement and feedback from parents and carers. An early evaluation will be undertaken to consider rolling this model out across wider geographies within Cambridgeshire.
- The first cohort of Assistant Practitioner apprentices have been selected and commence in the Trust in September to start the '5 year grow our own SCPHN' pathway.

11.4 Looked After Children's Service

- Significant progress has been made to integrate the Bedfordshire and Luton Looked after Children's Services. A Pan Bedfordshire Team has been established with a single point of referral and shared SystmOne unit. The project lead is continuing to work closely with Luton Local Authority to support the alignment of processes.

11.5 Bedfordshire and Luton Children's Community Nursing Services

- Our Special Educational Needs Nursing Team was "highly commended" in Luton Council's Ann Mason Making a Difference Awards.
- Our Rapid Response Team reached the finals of the Parliamentary Awards. Unfortunately, the nurses did not win the overall prize in their category, Excellence in Emergency and Urgent Health Care.

11.6 Cambridgeshire Community Paediatric Services

- New community paediatricians' website section launched:
<https://www.cambscommunityservices.nhs.uk/Cambs-Community-Paediatrics>

11.7 Emotional Health and Wellbeing Service

- YOUnited, the new Partnership between Cambridgeshire & Peterborough NHS Foundation Trust, Centre 33, Ormiston Families and CCS NHS Trust was successfully launched on 1 July 2021.
- The Service was successful in the expression of interest for four new Trainee Children's Wellbeing Practitioners posts, to commence in January 2022.
- Recruitment has started for the two new Mental Health Support Teams, to launch in January 2022.

11.8 Luton Adult Services & Beds Neuro and ABI

- **National community Safer Staffing Tool (SST)** – the district nursing service is engaged in the national SST initiative. Following the submission of service data, during September the SST developers will be engaging with each service

Provide outstanding care

provider to discuss how their data has been interpreted when applied to the SST model. It is anticipated that following these discussions each provider will subsequently receive a SST report during October in preparation of Phase two of the initiative which the district nursing service has submitted an expression of interest to be part, and which aims to move the tool from a manual process to electronic.

- **Development of system wide discharge process** – as part of the BLMK discharge work, CCS continues to be a key partner in the development of a new model of discharge. Key areas of work undertaken include: facilitating a system wide workshop to measure the Bedfordshire system's overall compliance against the updated (June) national discharge guidance.
- **Remote monitoring** – The Heart Failure and Respiratory services are continuing to use the remote health monitoring technology. Feedback has been provided by the teams in relation to the patient pathways and some small changes made where required.
- During July the co-production team and patients from the remote health monitoring caseloads were invited to a meeting so that the service could hear first-hand valuable patient feedback and suggestions about the service. This meeting was very positive and insightful and we plan to invite other patients on the caseload on a regular basis. Co-production will be working with some of these patients to explore ideas for motivational messaging that can be pushed through the app on a regular basis.
- During August the service worked in collaboration with Doccla, East London Foundation Trust (ELFT) and Central & North West London Foundation Trust (CNWL) to bid for additional funding from the NHSx Digital Health Partnership Award. If successful, we will extend the remote health monitoring pilot into March 2022 and across BLMK. In the event that the bid is successful additional funding will be split proportionally across the three localities. The outcome of the bid is expected during September.

11.9 Dental Healthcare Services

- The 2020 Staff Survey demonstrated a high level of morale within the team as well as the perception from the team of supportive immediate managers, a safe culture, high quality care, good staff engagement and team work. The annual dental service study day in October has an external trainer facilitating a session on civility and respect which was one of the themes of the survey.
- NHSE / I invited the reception and admin teams of all urgent dental care providers in the region to a meeting to discuss the challenges faced by dealing with aggressive patients. This was the first meeting where this issue has been addressed by our commissioners and although there were no agreed actions the team felt that they had been listened to and their difficulties acknowledged.

11.10 Dynamic

- The First Contract Physiotherapy (FCP) part of Dynamic Health is going from strength to strength. It started in September 2020 with five FCP contracts in three primary care networks (PCNs). It has since grown to 18 contracts spread over 11 PCNs, making CCS NHS Trust the largest provider of FCPs in Cambridgeshire and Peterborough.
 - All staff are supported through the FCP HEE roadmap by the advanced practitioners working in the specialist team which provides excellent clinical governance.
 - The FCP service has been quick to embed within each PCN with high level of slot utilisation and patient satisfaction being reported. Further contracts

Provide outstanding care

continue to be requested and recruited into. The service has also been approached by Bedford, Luton and Milton Keynes (BLMK) who are interested in understanding the model and service provision.

- Since winning the BAME National Health and Care Awards for the South Asian Female (SAF) Class the team are receiving both local and national interest. The service have therefore worked with the communications team to produce a presentation which captures the essence of the class and its impact on health care for interested parties.
 - A frontline article featuring our project: 'SAF class' is now live in our professional body journal showcasing in their South Asian Heritage Month issue.

11.11 Integrated Contraception & Sexual Health (iCaSH)

- Lilie upgrade programme continues, with only minor delays. Single instance of IDOX Lilie clinical system scoped and planned for towards end of this calendar year.

11.12 Oliver Zangwill Centre (OZC)

- In July, the team celebrated the NHS birthday alongside getting through a very difficult year, with an afternoon tea.
- The team continue to receive positive feedback from the clients who are receiving the service (specific comments were highlighted in the COB report).

Be an excellent employer

A: Assurance Summary

Safe	<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) 	Reasonable
Effective	<ul style="list-style-type: none"> • Mandatory training compliance has reduced to 88% (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 90.5% .(E2) • Rolling sickness rates as at end of July was 4.61% compared to latest NHS England rate for community Trusts of 4% (as at March 2021) (E3) • Stability continues to be above target at 90.1%. (E4) • Equality Delivery System objectives agreed and being delivered upon. (E6). 	Reasonable
Well Led	<ul style="list-style-type: none"> • Agency spend below annual target. (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. Current compliance is 80.79% 	Substantial

1. In addition to the overview and analysis of performance for June and 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.

Be an excellent employer

- 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.
- 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 September 2021.
- Feedback from staff as part of our staff friends and family survey April – June 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 July 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	
Sustain the level of overall mandatory training	94%	ESR	Monthly	88%
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

Be an excellent employer

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	90.5%
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	5.16%
Reduce Annual Staff Turnover	1% improvement from 2020/21 outturn (outturn was 10.59%)	ESR	Monthly	10.73%
Maintain Mindful Employer Status	Pass/Fail	HR Team	Annual	

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)

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)

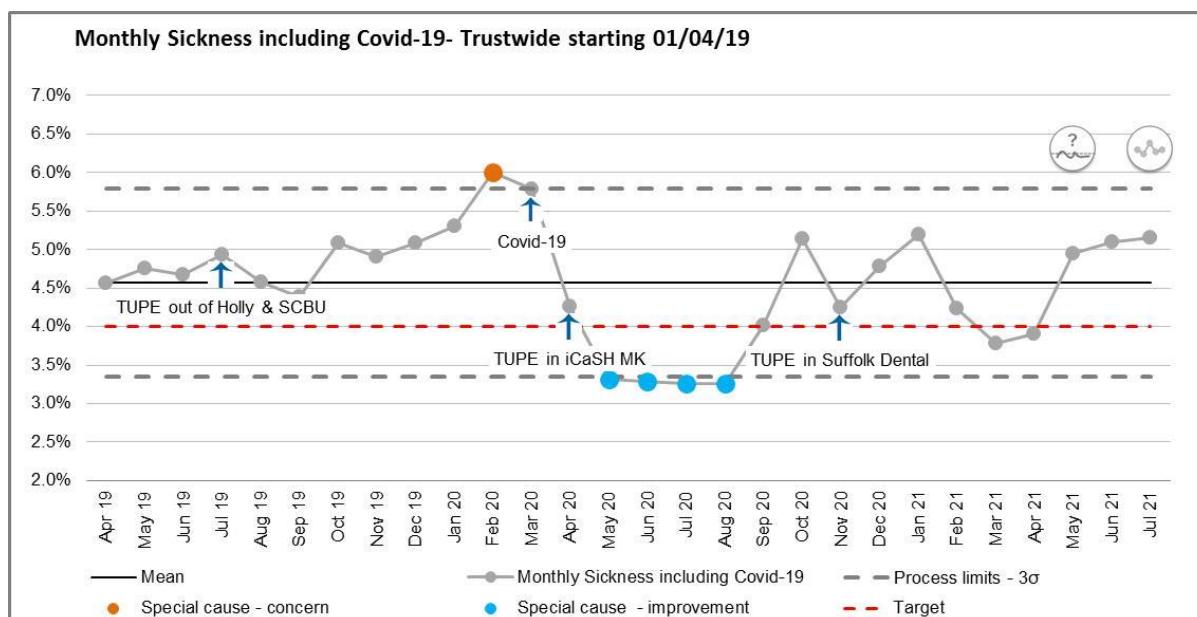
D: Overview and analysis

1. Sickness

- 1.1. There has been a drop in the monthly sickness rate since March 2020 (5.78%). However, the 12 month cumulative rolling rate (June 2021 – 4.31%, July 2021 4.61%) is now above the Trust rolling target of 4%.

Be an excellent employer

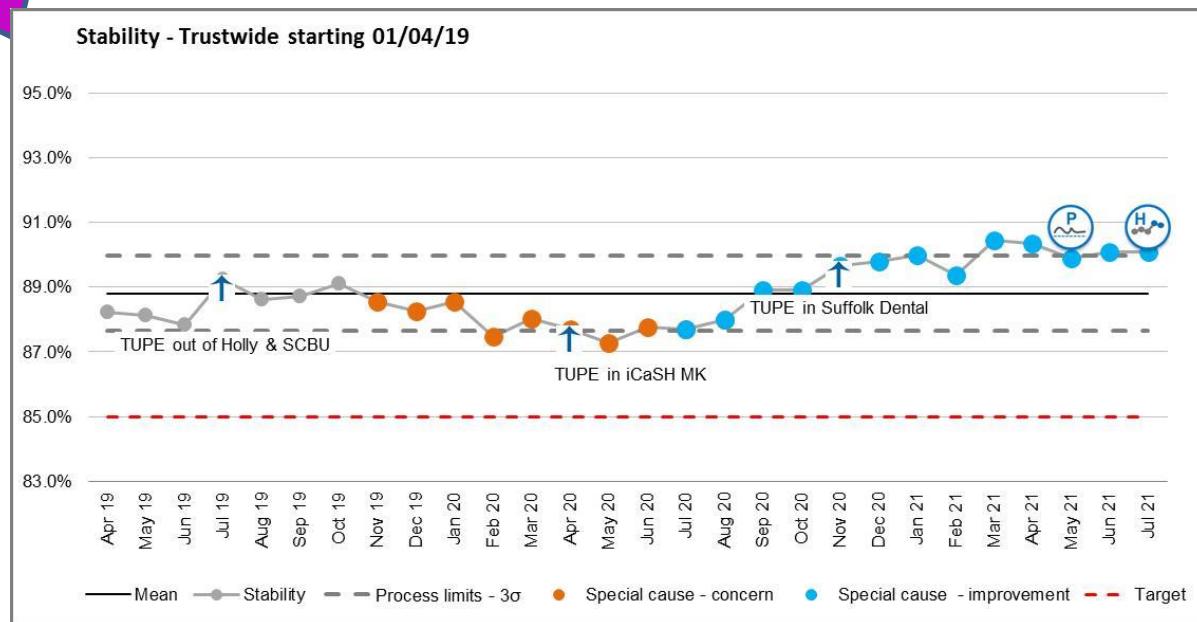
- 1.2. Monthly Trust wide reporting for July 2021 5.10% (including Covid-19 sickness), 5.03% (excluding Covid-19 sickness), and for July 2021 5.16% (including Covid-19 sickness) and 4.99% (excluding Covid-19 sickness)
- 1.3. The Trust wide sickness rate has increased this month, and is now above the Trust's target of 4.0% for 2021/22. Of the 5.16%, 3.18% was attributed to long term sickness and 1.98% short term sickness absence. Luton Children & Young People Service had the highest sickness rate (7.21%) and Corporate having the lowest (2.56%). The top reason is S10 Anxiety/stress/depression/other psychiatric illnesses; 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 March 2021 benchmark report for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 4.0%.



2. Stability

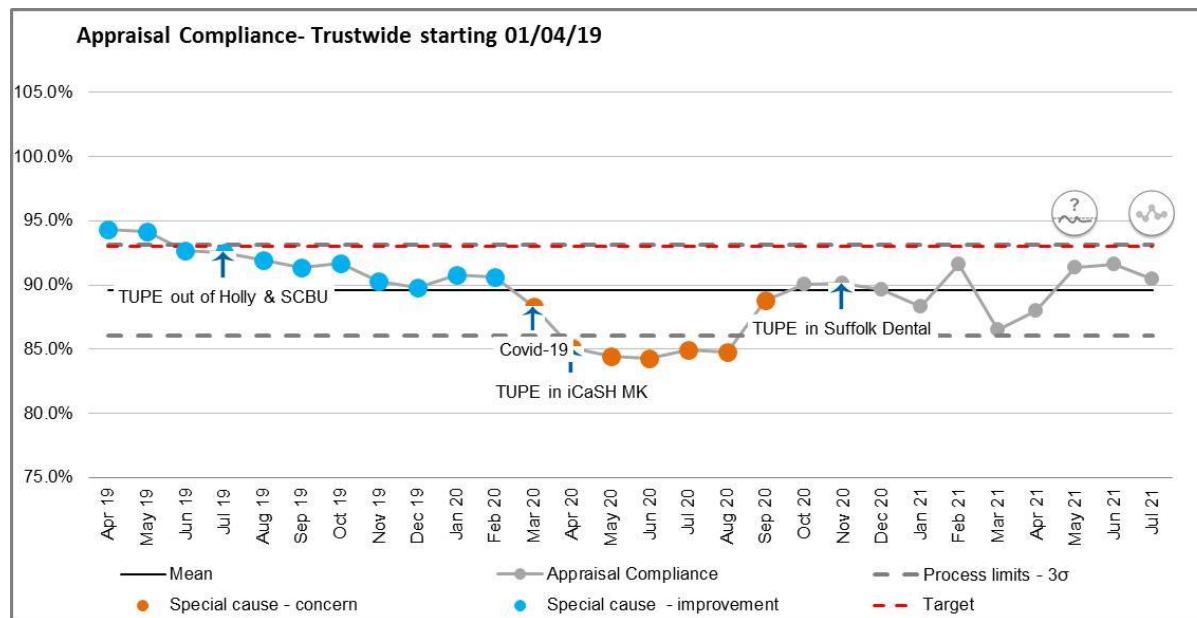
- 2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – June 2021 90.09%; July 2021 90.1%; against the Trust target of 85%. This compares favourably to a stability rate of 88.9% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce 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).

Be an excellent employer



3. Appraisals

- 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.
- The Trust wide Appraisal rate has increased – June 2021 91.66%, July 2021 90.50%, and remains below the target of 94% for 2021/22.
- Cambs & Norfolk Children's & Young People Service has the lowest rate (85.21%), Luton Children's & Young People Service has the highest rate (94.55%). 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.



Be an excellent employer

4. Staff Engagement activities

- 4.1. Significant support continues to be put in place to support all staff. We continue to focus on individual's health and wellbeing, personal resilience and morale.
- 4.2. Workforce challenges and staff morale is reviewed and discussed at our weekly incident management team meetings. Risks 3163 and 3164 cover these two areas. Following our most recent review we agreed to keep the rating of these risks at 16 as staff morale is being negatively impacted across a variety of teams and a number of services are experiencing workforce challenges. Reasons for this are variable and were discussed in details at our Clinical Operational Boards in early September. A number of actions/mitigations continue to be put in place to address these risks and details of current mitigations are detailed in the risks attached to the Chief Executive report. In addition, workforce challenges and staff morale is a standing item at our weekly Incident Management Team.
- 4.3 All of the activities previously reported continue. We have continued with the monthly service and bi-weekly corporate Q&A sessions for all staff with executive team members and Service Directors.
- 4.4 The Trust's first LGBTQ+ staff network meeting took place on 14th July 2021 chaired by Anita Pisani and was well attended. Terms of Reference were agreed and plans are now being put in place to appoint to individual network roles. Next meeting is being planned for October 2021.
- 4.5 Plans are in place for a full census NHS National Staff Survey to take place again from week commencing 20th September 2021. This is a completely confidential survey that takes place every year and we expect to receive the results in February/March 2022.

5. Current workforce challenges

- 5.1 At our Clinical Operational Boards in early September the following workforce challenges were highlighted. No action is required by the Trust Board as a variety of actions and mitigations are in place. A summary is below:
 - The impact of the longevity of the pandemic on the health and wellbeing and morale of our staff. This is monitored and reviewed regularly by our senior leaders and through our weekly Incident Management Team (IMT). Staff morale and workforce challenges being affected in a number of teams/services across the Trust. Constant review and promotion of our health and wellbeing stepped offer takes place and access to more intensive/targeted psychological support is put in place where needed at both a team and individual level. (Risk 3163 and Risk 3164 – scoring 16). The health and wellbeing of our workforce remains a key focus Trust-wide.
 - 0-19 Health Child Programme – Trust-wide. Staffing pressures/vacancies continue in a number of our 0-19 services. To mitigate risks our services are working in line with our agreed escalation/business continuity frameworks and

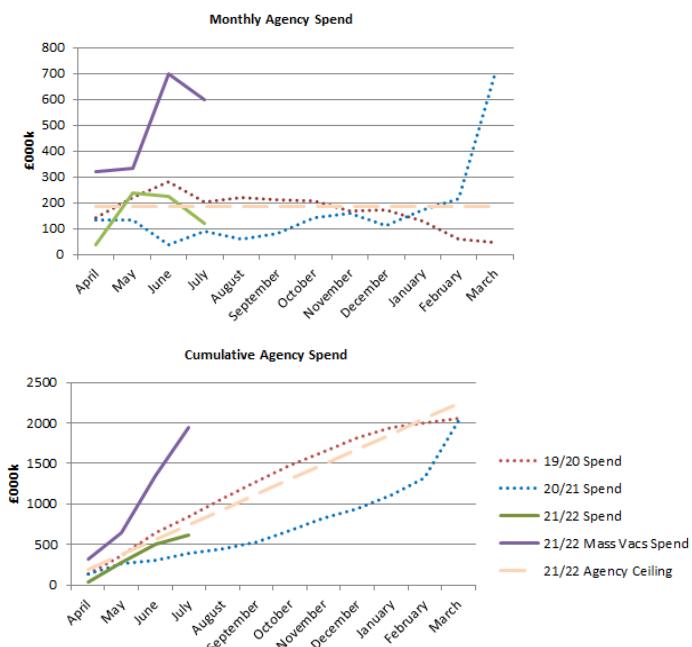
Be an excellent employer

our Clinical Leads continue to meet on a regular basis with our Deputy Chief Nurse to share and learn together. Further conversations with service staff are due to take place in September to review the current position and identify other solutions.

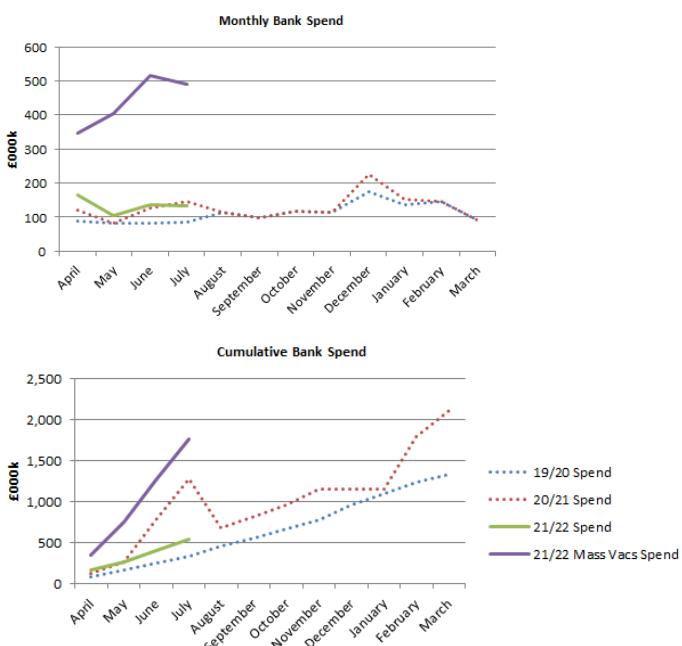
- Community Paediatrics – 18 week referral to treatment pressures continue in the Luton Community Paediatric team. Recruitment challenges and medical local availability continue to be contributory factors.
- The Bedfordshire and Luton Occupational Therapy Service are currently experiencing four primary challenges restricting pre-Covid19 performance levels:
 - Demand for EHCP assessments has risen during the Covid19 Pandemic restricting capacity to meet the needs for Children with universal needs.
 - Backlog of Children requiring face to face appointments.
 - Additional time required between face to face appointments to allow safe movement around the site for patients / staff, donning / doffing of PPE and additional cleaning measures.
 - Demand and capacity work is being prioritised to detail workforce requirements, in the interim the service is recruiting an additional therapist to support with this service pressure.
- Luton District Nursing Services. Staffing pressures remain a significant challenge for both recruitment and retention as well as sickness absence. Mitigations include the planned move to a new operating model which aims to support a more effective approach to capacity management and patient continuity.
- Dynamic Health. This service continue to have a number of clinical vacancies. Recruitment is ongoing and the team is working intensively with the recruitment team to ensure vacancies are advertised, processed and appointed to rapidly.
- iCaSH Services continue to experience unprecedented demand for Long Acting Reversible Contraception (LARC) and pressure on staff including reduce staff morale. Recruitment activities continue.
- Dental Services – special care dentistry waiting list and demand for domiciliary care in Suffolk are the main challenges for the service although increased sickness is particularly challenging for Cambridgeshire & Peterborough.

Be an excellent employer

6. Agency/bank spend



- 6.1. The Trust's agency spend ceiling for 2021/22 totals £2,240k, which is the same as in 2020/21.
- 6.2. The Trust's cumulative agency spend at month 4 was £2,568k against the spend ceiling of £745k. The delivery of the mass vaccination service has increased agency usage over the period with spend to deliver this service totalling £1,946k at month 4 (which is included in the total spend cumulative figure). The agency ceiling has not been adjusted for the expected mass vaccination service spend.



Be an excellent employer

- 6.3. 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 4 was £2,295k. The delivery of the mass vaccination service has increased bank usage and spend at month 4 was £1,757k (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.
- 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
- 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.
- Director of Adults' services Luton attends the Luton 'At Place' Board.
- Director of CYP Services Bedfordshire will attend the new BLMK Children & Young People's Transformation Programme Board.

Collaborate with others

B: Measures for Achieving Objective

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

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 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

Collaborate with others

& Peterborough and Norfolk & Waveney given the significant pace, complexity and political profile of the programme. (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:

Bedfordshire, Luton and Milton Keynes Integrated Care System

1.1 Bedfordshire, Luton and Milton Keynes Integrated Care System Partnership Board

Meeting held on 30 June 2021 - Key agenda items:

This was a development session.

Meeting held on 14 July 2021 - Key agenda items:

Part One (public session):

- Board meeting notes 9 June 2021; agreed.
- Public questions; none received.
- Chair's update; meeting schedule and location(s) for meetings kept open for review.
- Executive Lead's update; noted.
- Primary Care Network Maturity Assessment; the Board was briefed on the nature and purpose of the self-assessment tool. It is a development tool where Primary Care Networks self-assess against 5 themes and is intended to help target support where it is needed.
- Strategic priorities and development of 'Place';
 - The Board endorsed a revised vision statement which reads: "*Our vision is to work with our population to optimise health and wellbeing, advance equality in our communities and make the best use of our resources*".
 - It was agreed that the Programme Director would lead on developing high-level indicators for each system priority.
 - Progress and next steps on the development of Place-based plans was noted.

Collaborate with others

- Finance and recovery; the ICS has submitted its H1 financial plan and was forecast to break-even.
- Population health management strategy; the Board was updated on progress with delivering the strategy, recommendations in the supporting paper were endorsed and a number of comments made by the Board were to be incorporated into future iterations.
- VCSE collaboration; the Board noted the scale of VCSE organisations operating across BLMK and that a structure is being developed to make collaboration easier.
- Oxford and Cambridge ARC; noted, key documents will be circulated to the Board as and when published.
- Bedfordshire Care Alliance update; appointment of Programme Director was noted.

Meeting held on 1 Sep 2021 - Key agenda items:

Part One (public session):

- Public questions
- Chair's update
- Executive Lead's update
- Data Strategy
- Outcome for people with a learning disability
- Priority One
- MK Care Alliance Update
- Finance

1.2 Bedfordshire Care Alliance - CEO Partnership Forum

Meeting held on 17 June 2021 - Key agenda items:

- Report from Bedfordshire Care Alliance Oversight Group; noted.
- Interim progress update: Acute Frailty interface service development; on-going service redesign work.
- Mental health recovery plan - place focussed; the group noted the update and that this work is about working at 'place' as well as meeting the mandated Long Term Plan.
- Discharge to Assess - agreeing approach to future data collection; moved to a later agenda.

Meeting held on 19 Aug 21 - Key agenda items:

- Report from Bedfordshire Care Alliance Oversight Group
- Co-production meeting and draft TOR
- Discharge to Assess Update
- ICS Establishment – Governance work-stream (focus on Integrated Care Board discussion)

Collaborate with others

1.3 BLMK Children & Young People's Transformation Programme Board

- This is a new Board Chaired by the BLMK Chief Nurse¹.
- First meeting is scheduled for 21 September 2021.

1.4 Luton At Place Board

Meeting held on 13 July 2021 - Key agenda items:

- 'At Place' presentation; it was agreed to hold a workshop to determine the topics the Luton Place Board will focus on and inform the work-plan.
- Terms of Reference; reflect back following workshop (above).

Meeting held on 31 August 2021 - Key agenda items:

- Adult Social Care Strategy.
- Covid-19 booster vaccines.
- Discharge to Assess.

1.5 Bedfordshire Health & Social Care Cell

Meeting held on: 18 June 2021 – Key agenda items:

- Update from the Health & Social Care delivery Group
- Staff Covid vaccination weekly update
- Updates from BLMK CCG cells

Meeting held on: 16 July 2021 – Key agenda items:

- Review of current oversight and assurance arrangements
- Lifting of the Final Restrictions
- Updates from the BLMK cells

Meeting held on: 20 August 2021 – Key agenda items:

- Update from Health & Social Care delivery Group
- Care home legislation changes
- Update from BLMK cells

1.6 BCA Frail & Complex Care Oversight Board

Meeting held on: 4 June 2021– Key agenda items:

- Discharge home first strategy
- Delivery Group updates

Meeting held on 6 August 2021– Key agenda items:

¹ The Bedfordshire Care Alliance Programme Director will ensure this dovetails with existing fora.

Collaborate with others

- Delivery and discharge to assess progress update
- ICS governance
- Delivery group updates

Cambridgeshire & Peterborough Sustainability and Transformation Partnership

1.7 Cambridgeshire & Peterborough System Partnership Board (Public)

Meeting held on: 27 July 2021 – Key agenda items:

- ICS Survey Brand and Vision
- Performance and Assurance
- All Age Autism Strategy
- Local Maternity and Neonatal system
- NHS Charities Together Business Case

1.8 Cambridgeshire & Peterborough System Leaders

Meeting held on: 6 July 2021 – Key agenda items:

- System oversight and assurance
- Place/locality development update
- Positive challenge programme

Meeting held on: 3 August 2021 – Key agenda items

- Operational pressures
- Improvement support
- Governance update

1.9 C&P Health Gold

The Trust continues to be represented at the regular C&P Health Gold meetings.

1.10 Joint Children's Partnership Board – Cambridgeshire Community Services NHS Trust/Cambridgeshire and Peterborough NHS Foundation Trust contractual joint venture

Meeting held on 20 July 2021 - Key agenda items:

- Integrated Governance report.
- Working Group Update report.
- Service Redesign Highlight report.
- Mental Health and Emotional Wellbeing briefing paper.
- Children's Collaborative update.
- Children's Hospital – overview of integrated pathway.
- Collective view of staff survey results.
- Review of cycle of business.

Collaborate with others

1.11 Cambridgeshire and Peterborough Best Start in Life Strategy

- No specific update.

1.12 North and South Alliances

- The Trust continues to be represented at the North and South Alliances; the focus remains on creating integrated neighbourhoods.

Norfolk Sustainability and Transformation Partnership

1.13 Norfolk Children's and Young People's Strategic Alliance

- No specific update.

2. Covid-19 Large Scale Vaccinations

We continue to work in collaboration with health and local authority partners to deliver Covid-19 mass vaccinations in Cambridgeshire & Peterborough and Norfolk & Waveney where we are the large scale mass vaccination lead provider. We currently run 8 mass vaccination sites in Cambridgeshire and Peterborough, and 6 mass vaccination sites in Norfolk and Waveney. These provide a vaccination capacity of over 50000 per week across the two systems.

We are now working with partners to develop and deliver Phase 3 plans for the delivery of the booster vaccination programme which is expected to start in the coming weeks. It is also expected that the bulk of Phase 3 will be completed by the end of January and continue until the end of March as various later cohorts are completed. As part of the Phase 3 planning, it is proposed that one site from each system be closed.

3. Princess of Wales Hospital, Ely

The C&P CCG Governing body approved the outline business case on behalf of the ICS and confirmed that the development as a system priority. As a result, an Expression of Interest for the national New Hospital Programme is being prepared for submission by the 9th September deadline. The development of the full business case is underway and is due for approval in June 2022.

4. Research Update – June and July 2021

Clinical Research Overview

- 4.1 The NIHR Research Portfolio within the Trust continues to expand. The studies running within CCS NHS 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.

Collaborate with others

- 4.2 In this reporting period there were a total of 12 National Institute for Health Research (NIHR) Portfolio research studies running within the Trust and two currently in set-up. In this reporting period the recruitment numbers accurately reflect our activity, as downloaded from the Open Data Platform (ODP).
- 4.3 The financial return for the NIHR Research and Capability Funding (RCF) spent in the preceding financial year has been submitted. The funds were allocated to the promotion of the NIHR studies within the Trust, support for grant writing the NIHR Research for Patient Benefit (RfPB) bid and the two NIHR Fellowships. Submitting the return will release the payment of this year's RCF. The nationally devolved 'Capacity and Constraints' funding that was awarded to us by the CRN, will contribute to our B4 Research Co-ordinator.

National Institute for Health Research (NIHR) Portfolio studies

- 4.4 The NIHR Clinical Research Network (CRN) has a Portfolio of high-quality clinical research studies which are eligible for consideration for support from the Clinical Research Network (CRN) in England.
- 4.5 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 310 studies for suitability for adoption into the Trust; five were potentially fitting with CCS NHS Trust services and all were considered for adoption and are currently being scoped or implemented within services.
- 4.6 Studies in which the Trust is currently involved and that are in set up are detailed below in Table 1. In this reporting period there were a total of 12 Portfolio research studies running within the Trust and three are currently in set-up.

**Table 1 updated: Clinical Research for NIHR Portfolio Studies
(accurate to 12/08/2021 via Open Data Platform (ODP) NIHR portal)**

Key to icons:						
Recruitment:						
Increased	No change	Completed	in set up	Restart	Allocated funding/prize	

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
This Mum Moves	CYPS Cambridge and Peterborough	Both	Sport England/ University of Canterbury	9	9		Recruitment closed in June	Educational intervention for exercise during and post pregnancy
VenUS 6	Luton Adults	I	Manchester University	0*	0*		Commenced recruitment May 2021	Venous Ulcer 3 arm RCT
Balance	CYPS Bedford Orthoptics	I	Moorfields Eye Hospital	4	5		Study extended until Sept 2021	Important technology study into treatment for amblyopia

Collaborate with others

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
BEAMS-ID	Trust Wide	O	Coventry and Warwickshire Partnership NHS Trust	5	5	↑	Study Opened June No recruits yet	Survey of routinely offered anxiety treatment within community settings for autistic adults
iCALM	CYPS Norfolk	I	Norfolk and Suffolk NHS Foundation Trust	0	0	✖	Study Opened July No recruits yet	Feasibility RCT into Interpersonal Counselling for Adolescent depression
SEARCH Randomised Control Trial (RCT)	Bedford Orthoptics	I	University of Liverpool	0	0	✖	Study Opened July No recruits yet	RCT, visual scanning training for stable hemianopia
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
ESCAPE Study	Trust Wide (staff)	Both	University of Bristol	0*	0*	✖	Still open for recruitment of survey	Supporting future smoking intervention development
AHP Perceptions in Research Survey	Trust Wide (staff)	O	AHP Research Champions	0*	0*	✖	Survey opened in June No recruits yet	National evaluation of research perceptions among AHPs in the NHS
Yourtube	CYPS Cambridge	O	University of York	0	0	✖	Follow up participants	Building research knowledge of diets of 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	CYPS Norfolk	I	University of East Anglia	0	0	✖	Study Opened July No recruits yet	Behavioural intervention to prevent return to smoking postpartum
Clinical Trial of an Investigational Medicinal Product (CTIMP)	Dynamic Health	I	GlaxoSmithKline (GSK)	-	-	➡	Study in set up	New drug for knee osteoarthritis (OA) Commercial study, (PIC)
Spectrum10K	Trust Wide (Beds, Cambs, Norfolk CYPS, Dental)	O	University of Cambridge	-	-	➡	Study in set up	Large national study into genetic and environmental factors in Autism
Palin STSC	Cambs CYPS SALT	I	Whittington Health NHS Trust	-	-	➡	Study in set up	Feasibility trial, evaluating Palin Stammering Therapy for School Children
	Total recruitment within this period:			18	19**	RCF count for recruitment started from October 2020 (*2).		**Total for all NIHR Recruitment.

Collaborate with others

(*1) All figures accurate as of 12/08/21 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.

- 4.7 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.

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

- 4.8 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.

Student Studies and Non-Student studies – Local Permissions

- 4.9 During this reporting period there were no students (CCS NHS Trust staff) and no non-student studies submitted for local Trust permissions. There was one Trust permission 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.
- 4.10 One Resilience and Emotional Health Practitioner, from the Trust Wellbeing Service was successful in being awarded their MSc in Clinical Child Psychology (Table 2).

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

Student Project	Area	Numbers	Update	Collaborations	Impacts/potential impacts
New in this Data period					
MSc Clinical Child Psychology	Wellbeing Service - Resilience and Emotional Health Practitioners'	One	Successful. Passed MSc.	Anglia Ruskin University (ARU)	The service was most effective delivering a combination of 'face-to-face' and remote consultations, depending on the needs of the client.

Collaborate with others

Fellowships, Internships, PhD Programmes and Grants

- 4.11 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 was one member of staff who heard that they had not been successful in their NIHR Masters to PhD Fellowship submission (Pre-Doctoral Clinical Academic Fellowship - PCAF). A plan is in place for re-submission next year. Another clinician, from MSK (Brookfields Hospital), had been offered a place on a NIHR/HEE Internship which commences in November 2021. No staff had commenced a new Fellowship (Table 3).

Grants

- 4.12 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.

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/HEE Internship	Ambulatory Care, Dynamic Health, Brookfields	One	Successful. First Internship for Adult MSK. Submitted.	NIHR/Health Education England (HEE)	Linking the internship to the long Covid pathway which is being developed.
NIHR/HEE Masters to PhD (CDRF)	Ambulatory Care, Dynamic Health.	One	Unsuccessful. Second Masters to PhD Fellowship submitted from MSK (third application for the Trust).	NIHR/Health Education East (HEE)	Clinician has taken on board the feedback and is planning to apply next year.
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 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.
- **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

Collaborate with others

DHSC. The PII and PID are now on track being published in a timely manner, following each quarter.

Trust Wide Projects to Build Research Culture and Capacity

Norfolk Research Champions Project Update:

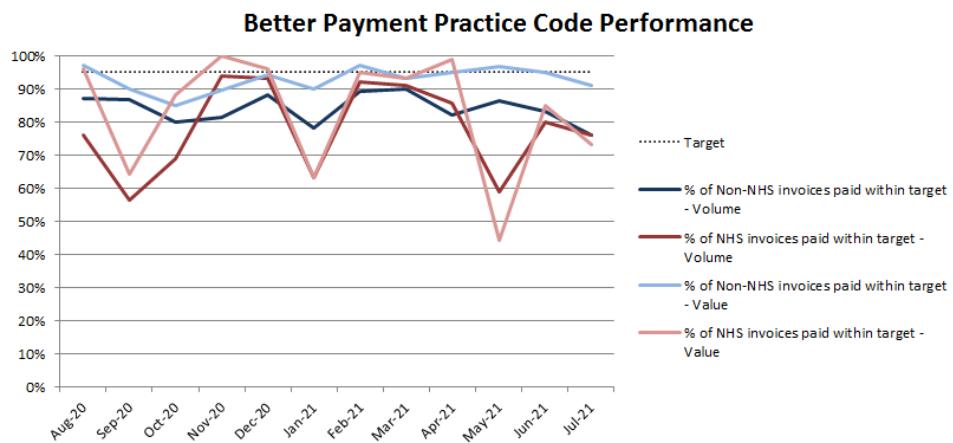
- 4.13 This project pilots a research champion role for all newly qualified health visitors and school nurses in Norfolk during their preceptorship. The project started in September 2019 but was paused last year due to Covid-19. The pilot generated interest from Health Education England (HEE) and now forms part of a larger project which aims to build research capacity in public health nursing across the East of England (the BREES project). The project is led by a steering group comprising CCS staff and Anglia Ruskin University (ARU) collaborators.
- 4.14 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.
- 4.15 **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 need to be set up for the Academic staff involved.
- 4.16 **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.

Published papers & posters within this period

- 4.17 One paper was published in this period:
 - '*Effectiveness of caregiver interventions for people with cancer and non-cancer-related chronic pain: a systematic review and meta-analysis*'.
Toby O. Smith, Matthew Pearson, Matthew J Smith et al.
June 17, 2021 Research Article
<https://doi.org/10.1177/20494637211022771>

Collaborate with others

5. Public sector prompt payments



- 5.1 The average in month prompt payment results across the four categories was 86% in month 3 and 79% in month 4.
- 5.2 With regards to NHS invoices, performance has declined over months 3 and 4. The Trust is worked hard to consistently improve the NHS performance.
- 5.3 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 3 and 4, the average achievement in each category is 80% and 93% for Volume and Value respectively.
- 5.4 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.

Be a Sustainable Organisation

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 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

C: Risks to achieving objective Strategic risks

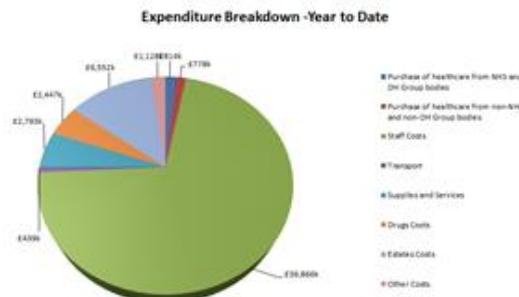
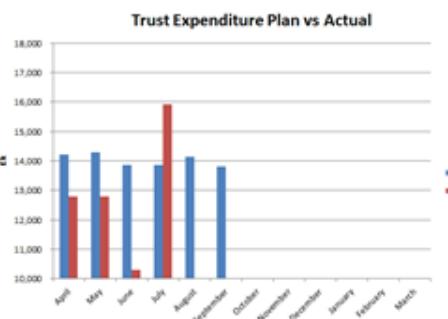
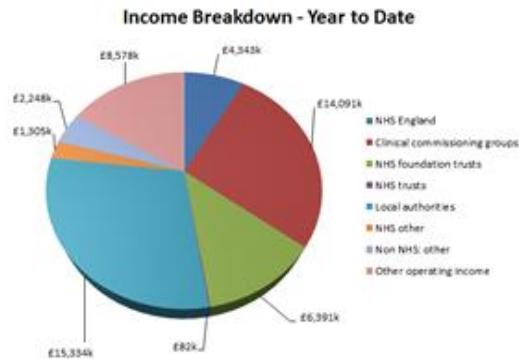
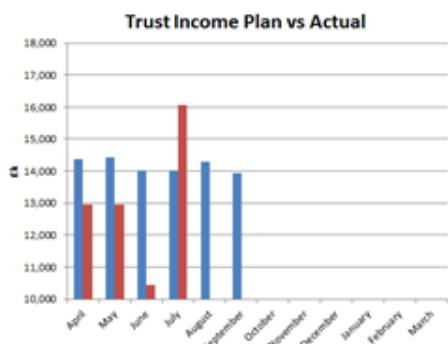
1. **Risk ID 3167** - As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital, revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 8)

D: Overview and analysis

Finance scorecard

Finance Dashboard	Section in Report	Plan	Actual	Variance
		M4	M4	M4
Operating income	1	£56,800k	£52,372k	(£4,428k)
Employee expenses	1	(£38,514k)	(£36,800k)	£1,714k
Operating expenses excluding employee expenses	1	(£18,286k)	(£15,572k)	£2,714k
Trust Surplus/(Deficit)	1	£0k	£0k	£0k
Closing Cash Balance	2		£9,892k	
Capital Programme	4	£816k	£979k	£163k
Agency Spend	SO2 - 4	£2,731k	£2,920k	(£189k)
Bank Spend	SO2 - 4	£6,051k	£2,295k	£3,756k

1. Income and expenditure



- 1.1. Due to the Covid 19 pandemic, interim block funding arrangements continue to operate for 2021/22, based on an uplift of 0.5% on 2020/21 contract values. This arrangement is expected to continue for the entire financial year and the Trust is planned to achieve a breakeven position during this period.
- 1.2. The Agenda for Change pay award for 2021/22 has been agreed at 3% and this will be paid to staff, backdated to April 2021, in September. The Trust will receive an adjustment to its Block payments received to fund the uplift.
- 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.

Be a Sustainable Organisation

- 1.4. The direct clinical service budget position in each Service Division is:

Division Level	Income £'000	Pay £'000	Non-Pay £'000	Jul.21		Variance £'000
				Net Total £'000	Net Budget £'000	
Ambulatory Care Service	523	(6,810)	(3,205)	(9,492)	(10,209)	717
Bedfordshire Community Unit	471	(4,787)	(813)	(5,129)	(4,935)	(194)
Childrens & Younger Peoples Services	712	(9,851)	(951)	(10,090)	(10,714)	624
Luton Community Unit	329	(6,552)	(1,052)	(7,275)	(7,502)	227
Mass Vaccination Service	7,271	(5,446)	(1,825)	-	-	-
Other Services	43,068	(3,355)	(7,727)	31,986	33,360	(1,374)
CCS Total @ 31st July 2021	52,374	(36,801)	(15,573)	-	-	-

1.4.1. Ambulatory Care Services delivered an underspend of £149k in month 4 to give a cumulative underspend of £717k. 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 Community Unit delivered an underspend of £37k in month 4 to give a cumulative overspend of £194k. Income was recognised in month to create an underspend position in month 4. 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 £85k in month 4 to give a cumulative overspend of £624k. 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 £8k in month 4 to give a cumulative overspend of £227k. 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



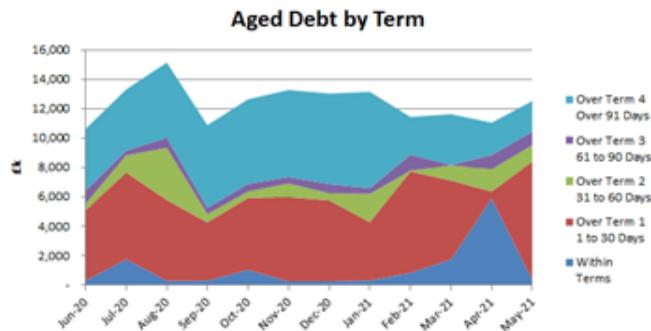
- 2.1. The cash balance of £9.9m at month 4 represents an overall decrease of £5.5m on the previously reported position at month 2. The Trust's receivables have increased over the reporting period.

3. Statement of Financial Position

	July 2021 £'000	May 2021 £'000
Non-Current Assets		
Property, plant and equipment	56,021	55,562
Intangible assets	311	323
Total non-current assets	56,332	55,885
Current assets		
Inventories	342	342
Trade and other receivables	24,628	19,543
Cash and cash equivalents	9,892	15,357
Total current assets	34,862	35,242
Total assets	91,194	91,127
Current liabilities		
Trade and other payables	(23,932)	(23,865)
Provisions	(910)	(910)
Total current liabilities	(24,842)	(24,775)
Net current assets	10,020	10,467
Total assets less current liabilities	66,352	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	64,339	64,339
Financed by taxpayers' equity:		
Public dividend capital	2,434	2,434
Retained earnings	44,259	44,259
Revaluation Reserve	19,299	19,299
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	64,339	64,339

- 3.1. Trade and other receivables have increased over the reporting period by £5.1m and trade and other payables have increased over the reporting period by £0.1m.

Be a Sustainable Organisation



- 3.2. Total trade receivables increased by £0.6m in June to £13.1m and then increased by £2.1m in July to £15.2m. The breakdown in July is £5.5m (36%) from NHS organisations; £9.2m (60%) from Local Authorities; and £0.5m (4%) from other parties.
- 3.3 Of the receivables over terms, the main organisations contributing to the balances are:
 - 1.1.1. East London NHS FT £1.3m
 - 1.1.2. Norfolk County Council £1.3m
 - 1.1.3. Cambridgeshire County Council £1.3m
- 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 4) East London NHS FT, Norfolk County Council and Cambridgeshire County Council have subsequently paid £1.3m, £1.3m and £1.0m respectively to reduce their outstanding balance.

4. Capital spend

- 4.1. Capital spend to date is £0.9m against a plan of £0.8m. The main areas of spend are IT equipment (£0.8m) 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.

