

Title:	Integrated Governance Report		
Report to:	Trust Board		
Meeting:	22 March 2023	Agenda item:	5
Purpose of the report:	For Noting: <input type="checkbox"/>	For Decision: <input type="checkbox"/>	For Assurance: <input checked="" type="checkbox"/>

Executive Summary:

This Integrated Governance Report (IGR) has been produced following the clinical operational board meetings that took place on 7th March (Children's) and 8th March (Adults). The IGR brings together the quality, performance, workforce and finance information for December 2022 and January 2023 along with key risks, to provide the Board with assurance of delivery against the agreed strategic objectives and indicators.

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.

Assurance is measured against the agreed assurance metrics in Appendix 3 and is summarised at the beginning of each section of the IGR and overall, in the table below:

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

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

Recommendation:

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

Supporting Information:

Appendix 1: Quality Dashboard

Appendix 2: CCS Statement of Purpose v.34

Appendix 3: Assurance Framework

Appendix 4: SPC Chart

Report authors & Executive Sponsors	Kate Howard Anita Pisani Mark Robbins David Vickers Rachel Hawkins	Chief Nurse Deputy Chief Executive Director of Finance & Resources Medical Director Director of Corporate Affairs		
Assurance level:	Substantial <input type="checkbox"/>	Reasonable <input checked="" type="checkbox"/>	Partial <input type="checkbox"/>	No assurance <input type="checkbox"/>

How the report supports achievement of the Trust objectives

Trust Objective	
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
Equality and Diversity Objective	
To fully implement the actions identified following our review of the No More Tick Boxes review of potential bias in Recruitment practices	Assurance on delivery is included in section 6.1 of the Excellent Employer chapter

The Trust Board will role model behaviours that support the Trust ambition to be an anti-racist organisation including actively implementing the trust and their personal anti racism pledges, to instil a sense of belonging for all our staff.	The Board have made their public pledges, to be measured by personal objectives and feedback from staff.
To commence collection of demographic data for people who give feedback.	Action plan is in place - Q1 & Q2 actions have been achieved
To work with the data team and clinical services to target the collection of demographic data.	Action plan is in place - Q1 & Q2 actions have been achieved

Links to BAF risks / Trust risk register

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

Legal and Regulatory requirements:

All CQC Key Lines of Enquiry and fundamental standards of care are addressed in this report.

Previous Papers (last meeting only):

Title:	Date Presented:
IGR Report	25 th January 2023

Executive Summary:

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Strategic Objective:					
Provide Outstanding Care	Substantial	Reasonable	Substantial	Reasonable	-
Be an Excellent Employer	Reasonable	-	Reasonable	-	Substantial
Collaborate with others	-	-	Substantial	-	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:

1. Children & Young People's Services:

Patient/Staff Story:

Rachel Owen, Trainee Children's Nurse Practitioner, presented on her experience of a transitional training post with the Bedfordshire & Luton Rapid Response Team. She described how she appreciated the support and flexibility of the role in moving into a Band 7 role within the team. This is a new development programme and there were points of learning for improvement, including helping the team to understand expectations of the role and expanding opportunities for joint-working. The conversation focused on how we can expand and improve the model.

Integrated Governance Report – the Clinical Operational Board (COB) received a detailed Integrated Governance Report updating the following:

- Recruitment challenges continue across the Trust: for Health Visiting (Bedfordshire, Cambridgeshire and Norfolk), School Nursing (Cambridgeshire), Community Paediatrics, Speech and Language Therapy (pan-Bedfordshire) and the Nutrition and Dietetics service (pan-Bedfordshire).
- For Luton and Bedfordshire Community Paediatric services a deadline in April 2023 has been agreed with Integrated Care System colleagues for a decision on recurrent funds. Additional non-recurrent funds from 1st March 23 until May 23 have been agreed to mitigate the financial risk during the transition period.
- Demand and capacity pressures continue trust-wide within Community Paediatrics (Risk ID 3120 and 3425) and therapy services (Bedfordshire and Luton). This impacts on our ability to deliver services around the Special Educational Needs and Disabilities agenda. All Children waiting over 78 weeks have been offered an appointment, complying with NHS England requirements.
- All services are working with finance to identify cost improvement opportunities forming a plan for 2023/24. A comprehensive Quality Impact process will underpin this.
- Across the Trust, our public health commissioners continue to focus on mandated contact performance.
- There are currently nine risks scoring 12 and above.
- The Trust wide 2023-26 CYP service plan was received and teams have locally developed their placed based plans.
- The Trust remains actively involved with the Bedfordshire Luton and Milton Keynes Children and Young People's transformation priorities. The BLMK Transformation Board met in the last period to review the progress of workstreams. Programme leads have been appointed with CCS represented or leading across all workstreams. Under the Neurodevelopmental priority, ways to improve waiting times and fund Community Paediatric and Speech and Language services have been explored system-wide. Place-based business cases for Speech and Language Therapy investment have been drafted.
- In Cambridgeshire and Peterborough, the development of the Provider Collaborative for Children and Maternity continues to progress with priority programmes falling under four categories: perinatal and early years; emotional wellbeing and mental health; social communication, neurodevelopmental and special educational needs; and physical health, including contributing to system work on CYP asthma and obesity.
- In Norfolk and Waveney, partnership conversations with NCC, the ICB and other NHS Trusts continue under the shared system strategy for children, young people, and families to FLOURISH. The proposal for establishing a Children and Young People's System Collaborative is on the agenda of the March 2023 Trust Board.

Matters for Escalation for the Trust Board to note:

- Ongoing concern remains, as previously reported, in relation to the recruitment challenges of Specialist Community Public Health Nurses. Mitigations continue, including Recruitment and Retention Premia initiatives, increased skill mix and utilising bank and agency staff.
- Receiving no uplift in Healthy Child Programme budget to meet increased staffing costs would detrimentally impact on staffing resource in 2023-24. Service Leads are working with finance colleagues to revise staffing model to demonstrate impact.

- Norfolk Healthy Child Programme continues to pay for the lease and costs of the Lawson Rd property and resolutions being sought.
- Concerns have been raised following a 'Deep Dive' investigation commissioned by the Director of Children's Services for Cambridgeshire and Peterborough into the Multi-Agency Safeguarding Hub, and the Local Authority have made changes to their processes as a result. This has had a significant impact on activity for the health practitioners in MASH and raised questions around capacity. A short-term and medium-term plan has been developed to increase capacity, although funding for this has not yet been agreed.
- Concerns remain with the service received from Clinical Engineering at Cambridge University Hospitals NHS Trust (CUH) and discussions are happening to improve the service.
- Discussions continue with the Cambridgeshire County Council Corporate Parenting team to help improve the pathway for health assessments for children in care.

Risks of 15 or above and emerging risks:

- Risk 3120 - There is a risk that assessment and treatment delays in the Bedfordshire community Paediatric service continue, impacting Childhood development (*Rated 15 – increased from 12 in January 2023*).
- Risk 3425 - There is a risk that children and families experience continued delay for Community Paediatric assessment in Cambridgeshire impacting identification and management of childhood development concerns. This includes potential impact to a child's educational and health progress. (*Rated 15 – increased from 12 in January 2023*).

Outstanding practice and innovation for the Board to note:

- Four student Specialist Community Public Health Nurses have successfully qualified: two school nurses in Bedfordshire and two health visitors in Luton have commenced in substantive posts.
- The 0-19 Public Health Nurse development pathway is underway: nine Public Health Nurses are currently studying a level 7 qualification to prepare for Specialist Community Public Health Nurse training in 23/24. Four further Public Health Nurses have been recruited on the development programme.
- Cambridgeshire Healthy Child Programme: The first cohort of Apprentice Assistant Practitioners have successfully completed the first 2 years of their 5-year pathway of 'growing our own' Specialist Community Public Health Nurses. The five individuals (four in CCS & one in CPFT) have been successful in stepping on to their BSc Child Branch Nursing degree and will commence this in May 2023. With the success of this programme the recruitment for the next cohort is underway which will commence September 2023. The service can support six candidates: four in CCS & two in CPFT.
- Emily Hill, Looked After Children's Nurse in Cambridgeshire has received positive feedback from a Service User 'Emily has been our nurse since the children came into care and has looked after us and supported us through some difficult periods of health with the children she chases up appointments when I am struggling to get the hospitals to help me and appreciate the follow up calls after appointments'
- The Special Needs School Nursing Team for Bedfordshire and Luton has been asked to give students in the Academy insight into the role of children's special school nursing, raising the profile of the nursing profession. A recent away day focused on celebrating successes: team building, developing positive relationships and developing consistent practice across Luton and Bedfordshire.

- Despite waiting times, Bedfordshire and Luton Community Paediatrics Teams received positive feedback on the Friends and Family Tests; percentage of respondents rating good/very good were 87.5% in Bedfordshire and 95.5% in Luton.
- To date, 305 children have progressed along their clinical pathway with the additional non-recurrent funds. Staff have agreed to work additional hours to further reduce waiting lists and fully committed to the challenge.
- The Speech and Language Therapy services have been invited to join a research project in collaboration with Bristol University. The project is Maximising the Impact of Speech and Language Therapy for children with Speech Sound Disorder.
- 100% of parents and patients who provided feedback to the Occupational Therapy, Nutrition and Dietetic, Community Eye and Speech and Language Therapy services reported a good or very good experience.
- Jo Attridge (Team Leader) in Peterborough Children's Community Nursing Service has been awarded the title of Queens Nurse and successfully finished her MSc in Specialist Community Nursing.
- Care plan and protocols on SystmOne have all been updated for Children's Community Nursing in Cambridgeshire. The process now ensures we capture the voice of the child and improve data collection.
- The complex care team in Cambridgeshire have worked in partnership with the Peterborough team in taking over the case management of complex children in Peterborough.
- Norfolk & Waveney Speech & Language Therapy Service have completed implementation of Phase 1 Support to schools and settings, which has gone well, with significant learning embedded in the service and system approach to meeting Speech, Language and Communication Needs.
- The Emotional Health and Wellbeing Service continues to receive positive feedback regarding support to other professionals working with children and young people.
- Ella Bowden-Howard, Assistant Psychologist in the Emotional Health and Wellbeing Service has been nominated for a Lighthouse award for her diligent work on our service record keeping audit, by the Clinical Effectiveness and Audits team.
- Feedback from our recent induction programme of new staff into the new Mental Health Support Teams for schools in both Cambridgeshire and Norfolk has been positive, both for the service and support services.
- Sally Parker – administrator in the Fenland Mental Health Support Team has been nominated for a Shine a light award by a service user.
- Cambridge Mental Health Support Team (MHST) has been invited to participate in the national MHST impact audit representing the East of England, to ascertain the impact of the service for parents, children and young people. This audit is thought to affect how government ministers will decide about the future of MHSTs.
- A Just One Norfolk case study has been published in the Best Start in Life Progress report (page 34):
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1135461/the-best-start-for-life-progress-report-on-delivering-the-vision-print-version.pdf
 Further studies requested for Public Health WHO report and Department of Health and Social Care Best Practice Guide

2. Adult Clinical Operations Board (COB)

The COB received the following:

- Overall finance position for 22/23 for all services covered by the Clinical Operational Board. Both Ambulatory and Bedfordshire and Luton Adult Services are forecasting an overall surplus at year end. iCaSH Services however are forecasting an overall

overspend, mainly due to persistent increased activity being seen across all services.

- Two staff stories that highlighted the importance of health and wellbeing and how leadership can promote health and wellbeing and improve working lives. The Board noted that this is a fundamental part of our People Strategy and discussed how to highlight access to charitable funds as a way to provide support for this.
- The Board approved the Clinical Audit plans for 2023/24 and supported the intention to further expand the reach of audit, noting the involvement in National Audits and the use of audit as a tool to support learning from incidents.
- The COB discussed approaches to health inequalities, the use of digital health and the active innovation evident throughout both service reports.
- Care Quality Commission self-assessments for all services. All areas rated good or outstanding with a number of actions identified to ensure services continuously improve. The Board noted the positive way staff embraced the peer review process.
- Proposed 3 year services plans (2023-2026) have been developed for all service.

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

Bedfordshire and Luton Adult Services

- Good progress had been made on international recruitment which has had positive impact on capacity and service delivery. This has led to risk 3337 being reduced from 20 to 12.
- The work on remote monitoring and virtual wards was noted and the collaboration with other Community Trusts, together with supporting the ambition to widen access to remote monitoring to a broader group of patients. Concerns were raised that information governance issues may slow progress and supported the service to discuss these proactively within the system, to overcome barriers.
- The challenges created by patient concerns / complaints, where the issues are often system issues, and the need to develop better approaches to complex multi-agency complaints to ensure that there is a patient focused response, were discussed.
- Mandatory training remains above the Trust target of 90% for both service areas.
- Good progress was reported on the implementation of the palliative transformation plan and an update was received in relation to developments within the tissue viability service.
- An update was provided on the Stroke Quality Improvement for Rehabilitation QI project across the East of England that the Trust's Bedfordshire services were taking part in.

Ambulatory Care

- The COB was pleased to hear that a new co-production lead for the division had been appointed and had commenced work with the services.
- Dentistry - noted the improvement in waiting times for special needs dentistry, but also the continued high demand for urgent care dentistry.
- Discussed that with the move of national dentistry commissioning to Integrated Care Boards from 1 April, how we can continue to work across systems to highlight the issues around the significant demand for urgent dental care and treatment, and the challenge of recruitment to dental nurse and dentist roles
- Dynamic Health – noted the introduction of clinical volunteers to support the service, and the work done to support apprentice roles in administration.

- iCaSH - discussed the improvement in Long-Acting Reversible Contraception (LARC) waiting times, and the work done to support patients with information whilst waiting. Internal quality peer review took place in Bedford and Milton Keynes in February 2023, with an outstanding peer review results received for both services.
- iCaSH Bedfordshire, Norfolk and Suffolk contracts all due for retender in 23/24, potential challenge on commissioned activity vs demand and impact on quality of service.
- Large Scale Vaccination Services - noted the closure of most of the service at end December 2022, and the planned transfer of residual service to Hertfordshire Community Trust. The Board congratulated all staff involved on their dedication and hard work in offering covid vaccination across Norfolk and Waveney, Cambridgeshire and Peterborough

Matters for Escalation for the Trust Board to note:

- Luton Adults appraisal rates 91% against a target of 94%. Sickness levels continue to be challenging but there has been a reduction in both long and short term monthly sickness absence rates.
- Dental Services –Sickness levels remain high both long term and short term. Absence trigger points continue to be managed in line with policy.
- Dynamic Health – mandatory training non-compliance overall compliance at 96%, however, level 3 safeguarding training and UV light remain below target. Waiting times remain a challenge but action plan has been developed and small improvements are starting to have an impact.
- iCaSH – sickness levels significantly increased in December and January and remain above Trust target at 7.55%.

Risks of 15 or above and emerging risks:

- Risk 3337 – Luton Adults: There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being. *(Rated 20 – reduced to 12 in February 2023)*

Outstanding practice and innovation for the Board to note:

- Tissue viability service developments within Luton Adults
- International recruitment feedback from cohorts 1 and 2 – Luton Adults
- Neuro Rehab participation in stroke quality improvement and rehabilitation QI project Bedfordshire Adults
- Pelvic Health focused work by Dynamic Health
- Large Scale Vaccination Service – successful retention programme that has seen a significant number of staff transfer to other teams within the Trust and with other health and care providers across our systems.

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Supporting Information

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Appendix 2: CCS Statement of Purpose v.34

Appendix 3: Assurance Framework

Appendix 4: SPC Key



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A: Assurance Summary

Safe	<ul style="list-style-type: none"> 95% of incidents were categorised as no or low harm in January 2023 (S1). There were no 'never events' reported in December/January (S2). All SI (Serious Incident) action plans are on target for completion and there are escalation plans in place (S3). There were 3 nosocomial Covid-19 staff outbreaks in December and January, with no impact on service provision (S5). All service changes as part of the Programme Management Office Verto process have a QIA/EIA (Quality Impact Assessment/Equality Impact Assessment) in place (where appropriate) (S7). The IPaC (Infection Prevention and Control) Board Assurance Framework was last reviewed at November's Board, any gaps are being monitored via the IPaC Committee (S8). The internal Trust staff flu vaccination rate is: 60.22%. 	Substantial
Caring	<ul style="list-style-type: none"> 84% of services received over 90% positive feedback from the FFT (Friends and Family Test). 100% of Directorates scored over 90% (C1). 12 out of 16 complaints responded to within the timeframes agreed by the complainant (C2). 92.86% of informal complainants were offered local resolution within 4 working days (C3). 100% of all Directorates and 93.75% of individual services received complimentary feedback (C4). 	Reasonable
Effective	<ul style="list-style-type: none"> The 2 patient Equality Delivery System (EDS) objectives are on track for delivery (E6). 	Substantial
Responsive	<ul style="list-style-type: none"> RTT (Referral to Treatment) challenges are noted (see section 7), recovery plans are in place across the services, plans are fluid to meet fluctuation of staff sickness (R1). 13 out of 16 of all formal complaints are acknowledged within 3 working days (R2). 	Reasonable

B: Measures for Achieving Objective – 2022 / 2023

No.	Measure:	2022 / 2023 Target:	Data source:	Reporting frequency:	Current position as of January 2023:
1a	Maintain overall Care Quality Commission rating of Outstanding.	Improved ratings for individual Key Lines of Enquiry.	Formal assessment.	Annual.	CQC rating: Outstanding.



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1b (1)	Patients / carers are satisfied with care delivered by our staff.	90%.	FFT.	Monthly.	96.97%.
1b (2)	FFT (Friends & Family Test) feedback questions to be available in the six languages most frequently requested for translation and other languages / formats available on request.	Pass.	PPC (People Participation Committee).	April 23.	In September the FFT survey became live with full translations into the most frequently translated languages: Lithuanian, Russian, Polish, Bengali, Urdu, Romanian and Portuguese. All languages can be accessed from the same survey link via a dropdown option at the top of the survey.
1c	Our staff recommend the Trust as a place to receive treatment.	Maintain or improve upon 2021 Annual Staff Survey response score.	NHS Annual Staff Survey & Quarterly Pulse Survey.	Quarterly.	Recent figures not released.
1d	Deliver the locally agreed patient related annual Equality Delivery System objectives: Patient/Service User Objective 1: To commence collection of demographic data for people who give feedback. Patient / Service User Objective 2: To work with the data team and clinical services to target the collection of demographic data.	Pass / Fail.	Equality Delivery System (EDS).	Quarterly.	Demographic questions are being added to all surveys with the Friends and Family Test (FFT) questions; these are going live as each survey is updated. The team has shared this change with service directors, managers and on the Trust wide Communication Cascade. During Quarter 4, FFT response rates will be monitored and



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					<p>feedback comments checked to evaluate the impact of asking these additional questions.</p> <p>Plan on track.</p> <p>The Equality, Diversity and Inclusion Lead has been working with Informatics and Clinical Systems Teams and will be attending the Data Quality Steering Group in March 2023 to progress this.</p> <p>Plan to be progressed into 23-24.</p>
1e	Safety – our staff feel able to speak up about patient safety issues.	Maintain or improve 2021/22 score.	Staff Survey.	Annual.	On-going.
1f	Achieve overall mandatory training levels at 90% or greater.	90%.	ESR (Electronic Staff Record).	Monthly.	Mandatory training – 93% for January 2023.
1g	Increase the number of services supported by volunteers – at Q2, half of the 8 clinical groupings were supported by volunteers ¹ and the intent is to introduce volunteers to the Dental Service and CYP Services in C&P.	To have 75% of clinical groupings supported by volunteers.	People Participation Committee.	6 Monthly.	<p>Baseline set.</p> <p>Directorates have been divided into 8 service lines – 50% of these service lines have volunteers working within them. The target is to increase this to 75%.</p>
1h	Achieve our target to recruit patients / service users to research studies.	Pass / Fail.	Research Team.	Quarterly.	Pass.*



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1i	Agree a new quality improvement framework and a plan for building improvement capability within the Trust.	Pass / Fail.	Quality and Service Re-Design Teams.	Reviewed end Q2.	On-going. Updates have been provided to the Executive and Senior Leaders Team – training modules have been developed.
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¹ The 4 Directorates have been split into 8 clinical groupings for the purpose of this indicator. Large scale vaccination centres have not been included in our data due to the national position.

* For **1h**, the team were notified on 7th November 2022 that the allocation of 221, for the Jitsuvax portfolio study, has been withdrawn due to potential web-based fraud unrelated to the Trust.

C: Risks to Achieving Objectives

Strategic Risks:

1. **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).*
2. **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 (Care Quality Commission) Fundamentals of Care standards. (Risk Rating 16).*
3. **Risk 3486** – *There is a risk that the performance stability and functionality variability in performance with elements of the ICT infrastructure (provided by Shared Business Services / Sopra Steria) during the early adoption and transition phase, impacts our staff's ability to deliver high quality services. (Risk Rating 12).*
4. **Risk ID 3227** - *There is a risk services will not have the capacity to provide a timely and effective response to children and adult safeguarding enquiries during the pandemic. This may result in a failure to support multi-agency 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).*
5. **Risk ID 3502** - *There is a risk that if industrial action is taken within the Trust that affected areas will be unable to deliver their services, which will lead to patients / service users not receiving the care that they need and potentially negatively impacting staff morale. (Risk Rating 12).*

Related Operational Risks 15 and Above



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1. **Risk ID 3337** - *There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being. (Risk Rating 20)*
2. **Risk ID 3120** – *There is a risk that assessment and treatment delays in the Bedfordshire community Paediatric service continue, impacting Childhood development. (Risk Rating 15)*
3. **Risk ID 3425** - *There is a risk that children and families experience continued delay for Community Paediatric assessment in Cambridgeshire impacting identification and management of childhood development concerns. This includes potential impact to a child's educational and health progress. (Risk Rating 15)*
4. **Risk ID 3514** -*There is a risk that Increased pressure on NHS capacity including IT systems, threat actors becoming increasingly more sophisticated and potential targeting on Public Sector infrastructure as a result of the Russia/Ukraine conflict, then if the trust fails effectively to mitigate the impact of a cyber-attack upon the trust where the likelihood of such an attack is increasing it will lead to Potential loss or disablement of services impacting on organisation to maintain effective provision of services. (Risk Rating 15)*

D: Overview and Analysis (Including Information From the Quality Dashboard – Appendix 1)

1. Quality Impact Assessment (QIA)

1.1 The Quality and Equality Impact Assessments are reported at the Executive Programme Board, with any escalations being reviewed via the appropriate governance route. In relation to **(S7)** within the assurance summary the Quality and Equality Impact Assessments are managed via the Verto (project management office) system and reported at the Executive Programme board. The assessments are used to understand the impact of changes to service delivery which relate to quality and / or equality, with any escalations being made through the appropriate governance route.

2. Patient Safety

2.1 No Serious Incidents (SIs) were declared in December 2022 or January 2023.

2.2 One Serious Incident was submitted for closure during the period. The incident occurred in the Luton Adult Service and overlapped with the Luton School Nursing Service. The learning from the incident was noted as:

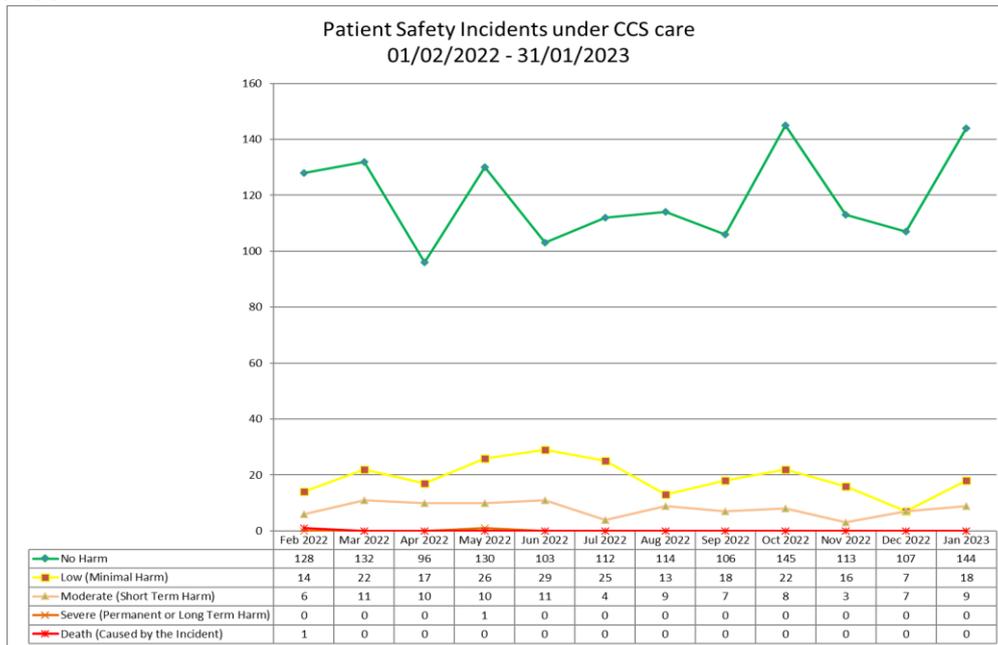
2.3 There is a need to link groups and relationships on SystmOne so that teams are aware of wider family members and can then apply a 'Think Family' approach to all contacts.

2.4 Action plans on previously submitted Serious Incidents continue to be monitored for closure. (At the time of writing this report, there were 24 actions assigned to Serious Incidents; none were overdue).



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- 2.5 Following an initial triage by the Patient Safety Team, relevant incidents were reviewed via panel discussions which were attended by service leads and specialists to agree next steps and / or close and approve submitted investigation reports.
- 2.6 A total of 10 panel meetings were held in December 2022 and 11 in January 2023. The panels were a combination of reviewing final reports, discussion on next steps and action plan reviews. Any identified initial actions are added to Datix for monitoring and completion.
- 2.7 The chart below highlights those patient safety incidents that occurred under our care and includes the two-month period of December 2022 and January 2023. These incidents totalled 292 which was a decrease of 14 incidents on the previous two-month period.



- 2.8 Of the 292 incidents (December and January), 86% were no harm incidents, 9% low harm and 5% moderate harm.
- 2.9 Sixteen moderate harm incidents (whilst under the Trust's care) were reported, which is an increase of five incidents on the previous two-month period.
- 2.10 Fifteen of these incidents were reported for Luton Adult Services, all of which related to pressure ulcers. Please see section 11 for an update on Tissue Viability practice. The remaining incident related to information governance and occurred in the Cambridgeshire 0-19 Service (incorrect information was shared with an external agency).

2.11 Incident Themes

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

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



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- Patient information.

December	January
Access, admin, transfer, discharge: 68	Clinical assessment & treatment: 75
Clinical assessment & treatment: 67	Access, admin, transfer, discharge: 70
Medication: 32	Patient information: 48

2.11.2 Incident themes are quite specific to different service directorates due to the diversity of work undertaken. A Trust wide view of themes showed that within each of the categories above the following was noted:

- **Clinical Assessment and Treatment:** All pressure ulcers and moisture-associated skin damage (MASD) were reported under this category, both for those acquired on and off caseload. They represented 35% of all incidents reported under this category with 47 reported under Luton Adults, two under Bedfordshire Children's Community & Specialist Nursing Service and one for Luton Children's Service. Of these 50 incidents, only 27 were deemed to have occurred whilst on caseload (26 in Luton Adults and one in Bedfordshire Children's Community Nursing Service).
- **Access, Administration, Transfer and Discharge:** Of the 138 incidents reported under this category, 81 related to failure to refer with 37 due to delay/lack of antenatal referrals. This was recognised as an ongoing national issue. Other subcategories included discharge failure from acute services and missed visits by Trust services. The Musculoskeletal (MSK) Service (also known as Dynamic Health) reported 21 incidents where they had failed to make an onward referral, either internally or externally, all of which were graded as no harm. These incidents were related to new staff to the team, who have now been trained in processing onward referrals.
- **Patient Information:** 71 incidents were reported in the period. Children's Specialist Service (Cambridgeshire) reported 10 incidents relating to lack of documentation within the electronic patient records; an internal investigation is currently being undertaken to review further, make recommendations for improvement and identify learning. Of the overall incidents, 69 were graded as no harm and two as low harm.
- Where themes were linked to external providers, issues were picked up during liaison with the services or via the service leads.

2.12 National Patient Safety Alerts

2.12.1 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.

2.12.2 In December 2022 and January 2023, 24 alerts were received (9 in December and 5 in January). There were two National Patient Safety alerts issued which were not



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directly applicable to the Trust but were shared with relevant Services for information and awareness. All Central Alerting System (CAS) alerts were actioned and closed within the required time frame.

2.12.3 The National Patient Safety Alerts were as follows:

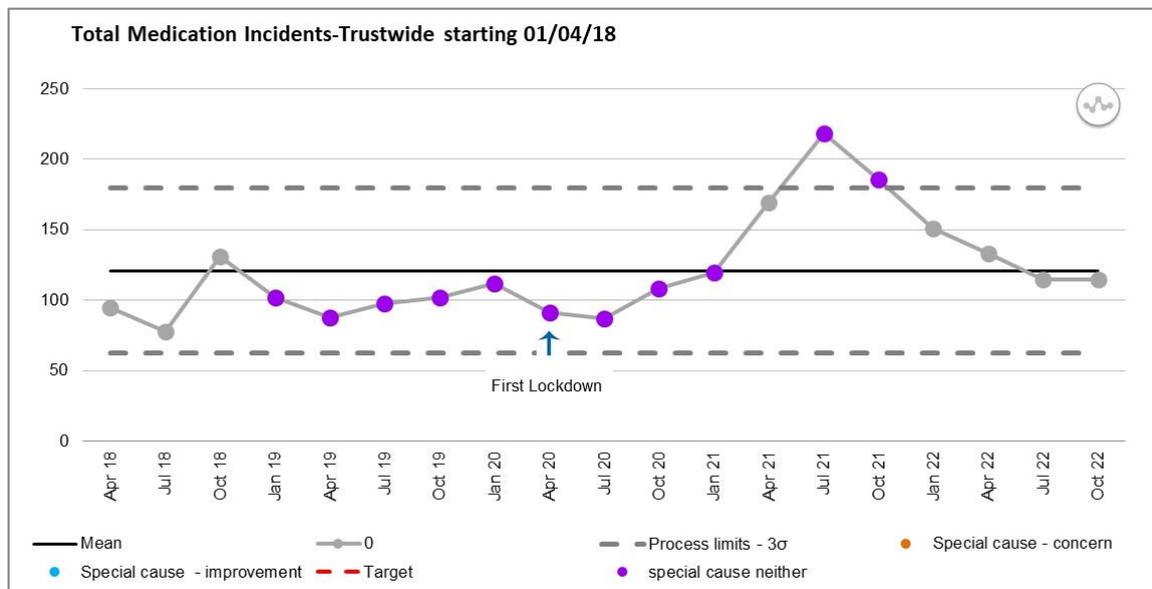
- Supply of Licensed and Unlicensed Epidural Infusion Bags (NatPSA/2023/002/CMU).
- Use of oxygen cylinders where patients do not have access to medical gas pipeline systems (NatPSA/2023/001/NSPS).

3. Medicines Management

3.1 Medicines Incidents

3.1.1 This is the first time that statistical process control (SPC) charts have been used to report medicines incidents. The chart below shows the number of medication incidents reported quarterly, regardless of whether responsibility rested with the Trust or with other organisations.

Please note, the data below is quarterly data, and the results for October 2022 consist of those for Q3, i.e., October, November and December combined. (Unfortunately, the tool does not allow this to be expressed in another way).



3.1.2 Reviewing the period from pre-pandemic, it is evident that there has been some turbulence during and after the period of the pandemic due to changes in practice and staff shortages. Some teams continued to work as per normal practice through the lockdown periods, whereas others did not. The Trust's pharmacy technicians ceased to make domiciliary visits during the spring and summer of 2020. They were usually responsible for a high proportion of incident reports because their role is to deal with problems found in patient's homes, which often include those originating in other organisations, such as upon hospital discharge or with domiciliary care agencies. However, these would have gone largely undetected during this period. The peak in July and October 2021 is attributed to the domiciliary visiting pharmacy technician service having

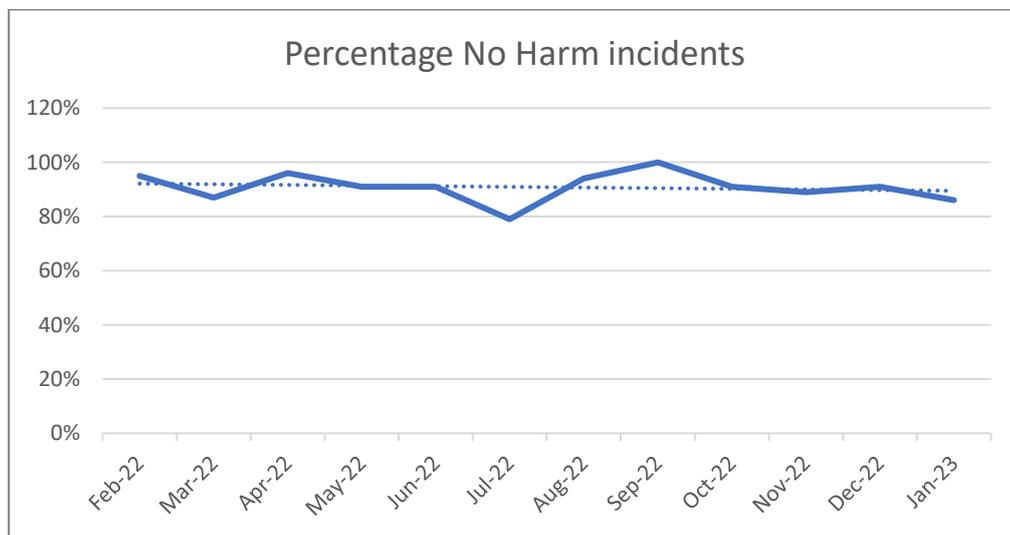


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recommenced. In addition, the Large Scale Vaccination (LSV) service was reaching its peak activity, and so their number of incidents peaked proportionately. A large proportion of these were not patient-related but were about bungs coring or problems with fridges.

3.1.3 A high number of incident reports is a measure of a good reporting culture, which provides opportunities to learn from near misses before harm is caused. However, if there is a high proportion of incidents in which harm is caused, this would be a cause for concern. This is monitored in the monthly quality dashboard and the Medication Safety and Governance Group (MSGG).

3.1.4 The chart below shows the percentage of no-harm medication incidents each month over the last year. If the trend was showing a decline there may be cause for concern, but the trend is quite level, averaging 91% over this period.



3.2 Medicines Governance

3.2.1 The MSGG was inquorate for its meeting in January however this did not impact on medicine safety, with some urgent matters being dealt with virtually and other business deferred to the March meeting.

3.2.2 A Medication Safety Officer (MSO) Bulletin had been issued promoting the importance of yellow card reporting.

3.2.3 The Luton Adult Service continues to report a larger number of incidents than other services, which is reflective of the large number of doses (particularly insulin) which are administered in that service, and the large proportion of incidents which originated elsewhere (hospitals, domiciliary care agencies and primary care) detected by Trust staff. The MSO and Pharmacy Team feed these issues back to the Integrated Care Board and local providers.

3.2.4 The MSO continues to work closely with the Medical Devices Safety Officer (MDSO) and the Patient Safety Officer (PSO) on various matters, including ensuring there is shared learning from incidents.



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3.2.5 For example, a recent incident in which a patient was given the wrong medication in a care home has instigated the production of a stand-alone procedure for the identification of patients prior to the provision of any clinical intervention, including the administration of medicines. This is as a result of collaboration between the MSO and PSO.

4. Safeguarding

- 4.1 A safeguarding function Business Continuity Plan (BCP) was invoked at the beginning of the pandemic in March 2020 and is being used to support the delivery of the safeguarding service across the Trust. This was updated in December 2022 to maintain oversight of the contingencies in place and to support planning for strike action being taken by Royal College of Nursing (RCN) members. The Trust continues to work proactively with partners to carry out its statutory safeguarding duties regarding the children and adults who access our services.
- 4.2 Workshop style training for Mental Capacity Act (MCA) assessment to support readiness for implementation of the Liberty Protection Safeguards (LPS) in 2024 has begun rollout across Norfolk and is being delivered by both safeguarding adult and safeguarding children's teams.
- 4.3 Bedfordshire, Luton, and Milton Keynes (BLMK) Integrated Care Board (ICB) is leading on a strategic approach to transition from child to adult services, which has been identified by the learning from the 'Max' Safeguarding Adult Review published in late 2022. They are calling this 'Preparing for Adulthood / Transition' and have representation from operational services, including safeguarding, from across all the localities. There are meetings being convened to include all agencies across the BLMK footprint.
- 4.4 The level of mandated supervision (for those staff who report on this as a key performance indicator) continues to be variable across the Trust but it is improving and there is a clear plan of oversight and management in each area where compliance is lower than the agreed 90%. There is an extension of the provision across Cambridgeshire and Peterborough to the Allied Health Professional (AHP) teams as a new offer from November 2022 from a retired Safeguarding Lead from Norfolk. There will be quality assurance of this process through the Cambridgeshire Safeguarding Team for peer review.
- 4.5 The overall Trust position for Safeguarding Training remains above the 90% target, except for adult's level 3 training where the trajectory for compliance for 2022-23 was set at 80% (November's compliance figure was 80%). The recently updated induction plan will be added to the Electronic Staff record (ESR) and monitoring of compliance within six weeks of commencing in post will be back dated by a period of three months only.
- 4.6 The Norfolk Multi-Agency Safeguarding Hub (MASH) Information Sharing Agreement has been reviewed by partner agencies with agreement on amendments and is due to be signed off by all agencies by the end of February 2023. Agreement has been reached by health, police, and social care for the development of a handbook to support service delivery.



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- 4.7 A staffing proposal for Bedfordshire and Luton MASH and safeguarding teams has been discussed with senior leaders and agreed across the locality. This will afford a joining up of the MASH and safeguarding provisions across Luton and Bedfordshire and enable a risk based approach to be taken to the work, consistency of processes put in place and facilitate a more sustainable system across the Trust in Bedfordshire, Luton and Milton Keynes. An Information Sharing Agreement has been drafted and is expected to come to all agencies for sign off by the end of February 2023.
- 4.8 A Standard Operating Procedure (SOP) has been drafted to support management of adult safeguarding referrals and Section 42 enquiries. A Section 42 (Care Act 2014) enquiry relates to the duty of the Local Authority to make enquiries, or have others do so, if an adult may be at risk of abuse or neglect and the trust has a duty to provide information to such enquires and follow up on the outcome if related to people under our care. An audit has been completed in January 2023 that informs the understanding of gaps in the pathway across the Trust and the wider system partners. A full review of the process alongside the Integrated Care Board, Local Authority and the organisation is going to consider the pathway for referral, clarity about the standard operating procedures and align the development of the SystemOne record keeping template for safeguarding adults. This will be completed through a task and finish group led by the Assistant Director of Safeguarding and the Deputy Chief Nurse.

5. Infection Prevention and Control (IPaC)

- 5.1 Assurance is provided to the Board that all the national IPaC documents have been reviewed and incorporated into Trust policies and SOPS. IPaC issues continue to be discussed at the weekly IPaC huddle and are then reported as appropriate to the Resilience Operational Huddle.
- 5.2 There were 10 IPaC related incidents reported in December 2022 and January 2023 (the number of reported incidents has more than halved since the October and November 2022 period).
- 5.3 Of the 10 incidents, two related to needlestick injuries, three were identified as Covid-19 outbreaks and the other five incidents were all isolated. Appropriate immediate actions were taken in all cases.
- 5.4 The flu vaccination uptake has been much slower than previous years and is in line with a low national uptake. As of 8th February 2023, 59.7% of patient-facing staff and 60.22% of all Trust staff had reported that they had received the seasonal flu vaccination.
- 5.5 Nationally, the number of Covid-19 positive cases increased through December 2022 with an expected peak in cases in January 2023. Whilst nationally the numbers decreased slowly over January, the East of England had a rapid decrease in numbers immediately after Christmas. The number of staff reporting symptoms and positive samples remain low each week since December 2022. Two variants of Omicron Subvariants (CH.1.1 and XBB1.5) were the dominant strains in the country. Both were highly transmissible; however, symptoms remained relatively mild.



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5.6 Other Infections

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

6. Patient Experience

6.1 Friends and Family Test (FFT)

6.1.1 The aim for FFT feedback is to ensure there is an opportunity for service users, parents and carers to provide feedback about their experience of care with a range of methods available that are accessible and meet service users’ needs.

6.1.2 We received 1591 responses in December 2022 and 2373 in January 2023. This was a decrease on the previous two-month period. Below is a summary since June 2022. A lower number of responses in December is in line with previous years.

	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Total
Trust Overall	2552	2640	2440	2345	2610	2322	1591	2373	18872

6.1.3 The overall Trust FFT positive feedback was 96.87%, with a 1.49% negative feedback percentage. Overall, we remain above the Trust’s target of 90%, however 5 services have not met this target in the reporting period (2 of these services did not receive any feedback). The information and ‘comments’ are provided to services each month for them to consider any actions required to improve service user experience.

6.1.4 The team have continued to work with Norfolk and Waveney Children’s Services although response numbers are yet to improve. From April 2023, a simplified service and team structure with survey links specific to each team will be in place to make providing feedback easier for the service users. Links to this, including Quick Response (QR) codes, will be produced on stickers and business cards for staff to share with service users during visits.

6.1.5 The team are working with the co-production Lead for Cambridgeshire Children’s Services and staff to review feedback mechanisms and processes with the aim of ensuring that there are accessible ways for service users to provide feedback. It is hoped that this targeted service support will increase the number of feedback responses and provide assurance that feedback mechanisms are accessible and promoted by staff.



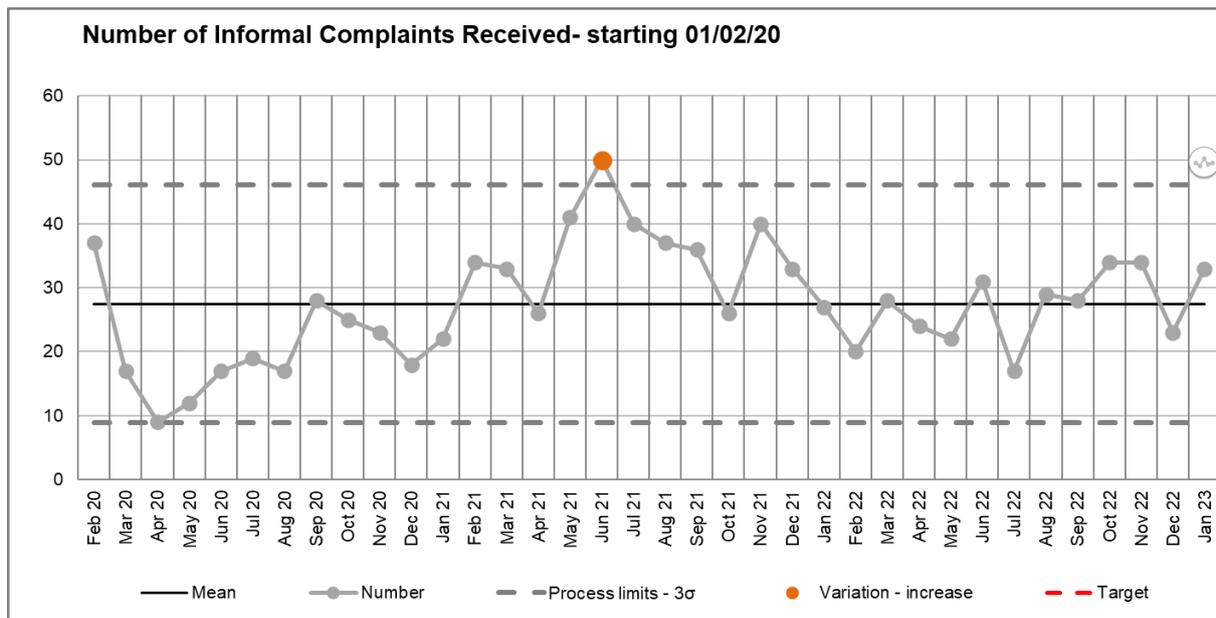
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6.2 Comments

6.2.1 In December 2022 and January 2023 the Trust's services we provide received 6024 positive comments on service user surveys and feedback forms across the Trust.

6.3 Informal Complaints Received

6.3.1 Fifty-six informal complaints were received and logged in this data period: 23 in December and 33 in January. Both months were within the expected variation based on 36 months of data.



6.3.2 Fifty-two (92.86%) of the 56 informal complaints were contacted by PALS or the service within four working days. This is normally a telephone call or email to arrange a call. In 2 of these cases PALS were not notified within 4 days of the clinical team receiving the query and in one of the cases the PALS team were not able to contact the enquirer.

6.4 Themes and Learning From Informal Complaints Closed in December 2022 and January 2023

6.4.1 Sixty-one informal complaints were resolved and closed in December and January, with 85 themes / issues identified.

6.4.2 The top three themes of the informal complaints closed within this period were; communication and information, administration and delays.

6.4.3 Four of the informal complaints about Communication and Information related to Bedfordshire Speech and Language Therapy. Five related to Cambridgeshire Children's Specialist Services, three to Community Paediatrics and two issues in one complaint about Speech and Language Therapy. Three related to Norfolk and Waveney Healthy Child Programme (HCP).



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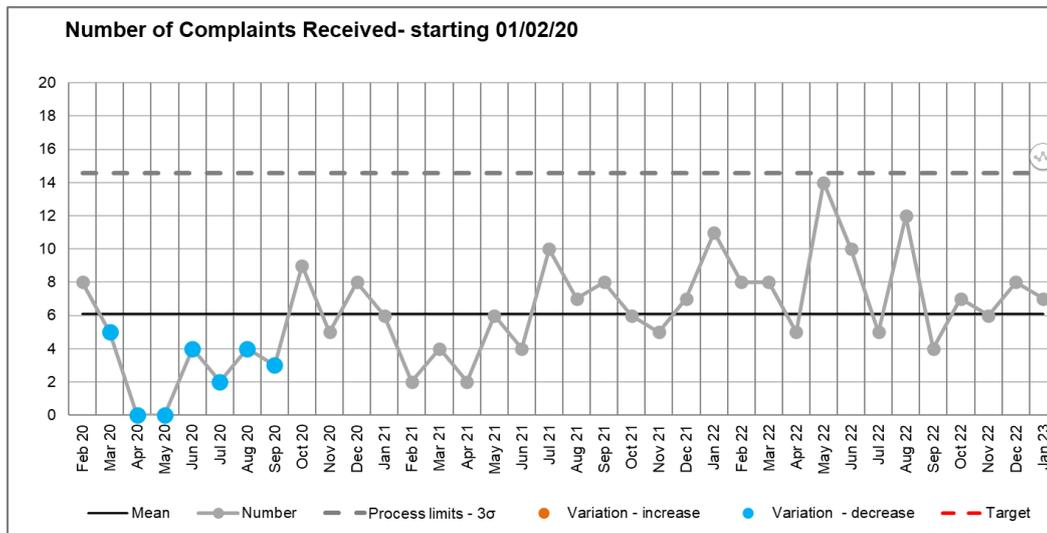
6.4.4 Those relating to Bedfordshire Speech and Language Therapy were all about lack of information or failure to communicate, particularly about therapy not taking place, reports not being provided and the lack of contact from the service. There were no themes in the information complaints about Norfolk and Waveney HCP or Cambridgeshire Children's Specialist Services. A discussion at a service meeting took place with a focus on record keeping, reports and communication generally. This has also been raised with the team in fortnightly communications.

6.4.5 Three of the informal complaints about administration related to the Bedfordshire Nutrition and Dietetics Service, specifically about being discharged from the service. It was identified that there was an error in the process for discharging service users. Discharges were put on hold whilst the issues were rectified.

6.4.6 Three of the issues about delays were identified in two complaints related to Dental Services. Two were about cancellation of appointments, one of which also included concerns about delays.

6.5 Formal Complaints

6.5.1 The Trust received 15 formal complaints in this data period. Eight were received in December and seven in January. As shown in the graph below, this is within the expected range which means it is not significantly different to previous months, based on the number of complaints received since February 2020.



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

6.6 Themes and Learning From Formal Complaints Closed in December 2022 and January 2023

6.6.1 Within this data period the Trust responded to and closed 16 formal complaints in which 26 subjects / themes were identified.

6.6.2 Clinical Care was the most frequently occurring subject within eight complaints. Delays and Communication and Information were in six complaints.



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Communication and Information and Clinical Care were also the most frequently occurring themes in the previous reporting period.

6.6.3 Two complaints about clinical care were about Health Visiting in Cambridgeshire, particularly a new birth visit and breastfeeding support. These two complaints also raised concerns about communication. There were no other themes in the services involved in complaints about Clinical Care or Communication and Information. The process of notifying a parent of a change of appointment was reviewed and now includes sending a text message with the details of the change of appointment as well as sending a letter. Clinicians were reminded to inform a parent if they are running late for an appointment. The concern about clinical care was not upheld.

6.6.4 Two of the complaints about delays related to waiting times in Bedfordshire Community Paediatrics and two Musculoskeletal (MSK) Services.

6.7 Formal Complaint Response Times

6.7.1 In this data period the Trust responded to 16 formal complaints (eight in December and eight in January). Two of the standard complaints responded to in December were received before the 1st October 2022 when the timeframe had been suspended due to Covid-19.

	December	January
Number of standard complaint responses sent within timeframe	4/7	4/4
Percentage of standard complaint responses sent within the 35 day timeframe	57%	100%
Number of complex complaint responses sent within 40 day timeframe	1/1	3/4
Percentage of complex complaint responses sent within timeframe	100%	75%
Average number of working days to respond to standard complaints	40	28
Average number of working days to respond to complex complaints	25	35

6.7.2 Since 1st October 2022 formal complaints have been managed according to the 35 or 40 day timelines policy and the times taken to respond to formal complaints has reduced.

7.0 Access to Our Services Including Referral To Treatment (RTT)

7.1 iCaSH (Integrated Contraceptive and Sexual Health)

7.1.1 Waiting lists for routine Long-Acting Reversible Contraception (LARC) and PrEP (Pre-Exposure Prophylaxis) provision continue in some iCaSH localities. The table below shows the current waits in each location. There has been an improvement to the current LARC waiting list of -374 and PrEP waiting list of -70 waiters since the last report.



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iCaSH Site	Number of patients on LARC waiting list as of 14 th Oct 2022	Average wait times from initial call to LARC pre-assess	Average wait times from LARC pre-assess to procedure	Number of patients on PrEP waiting list as of 14 th Oct 2022	Actions to mitigate waits
Bedfordshire	184	8 - 12 weeks	Within 4 weeks imps, 3 weeks coils	0	<ul style="list-style-type: none"> • Triage/red flag assessments, emergency appointments. • GP federation support, bank staff, excess hours in some localities. • Use of underspend and any commissioner awarded emergency funding. • Expanding the supply/issue of PrEP under PGD with supported nurse training and supervision package. • Active risk register entries to record risk of waiting times and increased demand. • Dedicated PrEP clinics running in C&P. • Increased reporting of demand and capacity data. in each locality, including waiting times to help with service planning. • Some targeted 'LARCathaons' undertaken in localities.
Cambridgeshire	200	7 weeks	Within 3 weeks	31 5 weeks	
Norwich	381	6 weeks	Within 2 weeks	0 2 working day GUM access	
King's Lynn	26	4 weeks	Within 3 weeks	0 2 working day GUM access	
Great Yarmouth	0	1 week	Within 2 weeks	0 2 working day GUM access	
Milton Keynes	148	7.5 weeks	Up to 3 weeks	0 2 working day GUM access	
P'Boro	385	16 – 17 weeks	Within 2 weeks	109 8 months	
Ipswich	0	3 - 4 weeks	Within 2 weeks imps, 4 weeks coils	0	
Bury St Eds	0	3 - 4 weeks	Within 4 weeks	0	
Lowestoft	0	Within 7 days	2 weeks (Implant), 4 weeks (coils)	0	
Totals	1324 LARC			140 PrEP	

8.0 Dynamic Health:

8.1 Routine waiting times in the service (up to the end of 12/12/22) are 19 weeks in Physiotherapy and 5 weeks in Specialist, all urgent referrals are booked within a maximum of 2 weeks. Annual leave, mandatory training, industrial action and bank holidays have all impacted and caused a drop in capacity.

8.2 The service has developed a robust action plan with our commissioner to focus on an improvement trajectory for the current waiting times, key actions include:

- Review of the pathway process to reduce time between receipt of diagnostic reports / blood tests and follow up action.



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- Utilise the Pathway Administrator to increase liaison with the acute providers to obtain up to date diagnostic information to reduce pathway length and assist in managing patient expectations.
- Work with Estates to maximise clinic space within Peterborough in City Care Centre.
- Increase offers of overtime in the unit for both administration and clinical staff.
- Reduce phone line hours to increase capacity into unit for administration to manage referrals.
- Utilise SMS text messaging, offer choice to patients.
- Signpost to self help.
- Gym classes and Understanding Pain (UP) class.

8.3 It should be noted that the team are successfully recruiting in all areas of the Dynamic Health provision. Administration positions in Cambridge are more of a challenge due to the high cost of living, however the team have successfully attended the University of Hertfordshire recruitment fair to inform prospective Physiotherapists of the Trust's offer.

9.0 Dental

9.1 The Peterborough Long Case General Anaesthetic (GA) list (adults and children with complex needs) has cleared the back log of urgent cases and is now working through those waiting for routine procedures. The waiting list has been reviewed and patients no longer requiring treatment have been discharged. The other GA lists for Cambridge and Peterborough have all patients pre-booked with an average waiting time of 17 weeks, which is a 4 week reduction. Suffolk patients requiring a GA are being seen at 10 weeks, well within service levels but a 3 week increase on the last report. GA lists were cancelled in December by the Acute Trusts which has slowed our waiting time recovery.

9.2 The Suffolk Special Care Dental Service (SCD) has an average waiting time of 7 weeks. In Peterborough the waits are 13 weeks and the average waits for the Cambridgeshire are 19 weeks. These waiting times are expected to reduce as a new Dentist has started in Peterborough and another Dentist has returned from long term sick leave in Cambridgeshire.

9.3 In January Cambridge and Peterborough SCD service received 227 new referrals and the Suffolk service 127. The referral numbers for Peterborough increased by a third. Cambridgeshire patients are being offered appointments in East Suffolk to reduce waiting times. In addition, the team have discharged over 200 patients who no longer meet our amended criteria. There are now 745 patients waiting to be seen, a reduction from over 900.

9.4 The Minor Oral Surgery service received 495 referrals in January with 39 assessments and 266 treatments with waiting time of 7 weeks. This is an increase of 10 patients on the last reporting period and an increase from 6 weeks.

10.0 Cambridgeshire Community Paediatric Services

10.1 Priority 2 children continue to breach 18-weeks with several priority 1 children now also breaching. Waiting times continue to steadily increase with 30 children currently waiting



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more than 52 weeks (as at 13/2/23). All children reaching 52 weeks are being offered an appointment to prevent 65 week breaches. This will impact on the waiting time for priority 1 children. Early Identification of Autism (EIA) work has been continued in collaboration with Special Educational Needs and Disability (SEND), and waiting clocks are stopped when this is agreed with parents. This will reduce longer waiting times.

11.0 Cambridgeshire Allied Health Professional Services

11.1 Dietetics

11.2 Challenges remain within a small service. A further meeting took place to review risk with the Service and Medical Director to understand clinical risk following the decision to over establish last year. Caseloads remain high and waiting times for non-urgent cases breach the 18 weeks RTT. The service has now started the Waiting Well quality project to support children and families who are waiting.

12.0 Bedfordshire and Luton Community Paediatric Services

12.1 Service delivery aligns to agreed clinical priority criteria, however the team continues to receive a high volume of referrals, exceeding commissioned capacity. Quality improvement methodology is being utilised to pilot different ways of managing referrals.

12.2 The service has received a total of £625,000 (non-recurring funds) to improve the length of waiting lists within this financial year ending 31st March 2023. A decision from the Integrated Care Board on additional recurrent funding from April 2023 remains outstanding, however a contingency plan until May 2023 has been agreed. The focus of the additional £625,000 non-recurring funds is to progress children through their clinical pathway with a diagnosis outcome. Funds are being used for externally sourced clinicians to complete BOSA (Brief Observation of Autism Symptoms) assessments, as well as locum medical consultants to confirm diagnosis outcomes.

12.3 NHSE mandate a weekly national submission for all consultant led services to ensure there will be no 78+ week waits by the end of March 2023. All Children waiting 78+ weeks have been offered an appointment and will be seen by the end of March 2023.

12.4 Children seen during the last period in Bedfordshire had the shortest wait of 9 weeks and on average Children on the waiting list have been waiting 32 weeks. In Luton the shortest wait was 1 week and on average Children on the waiting list have been waiting 32 weeks. Service performance updates continue to be shared with Integrated Care System (ICS) monthly. A co-produced infographic continues to be updated monthly and is accessible on the trust's webpage and local offers.

13.0 Mandatory Training

13.1 In January the Executive Team approved a suite of changes to the mandatory training matrix, this was in line with new national requirements and a review of the Core Skills Training Framework (CSTF), the changes agreed were:

- Infection Prevention and Control training for clinical staff to change from 3 yearly to annually (in line with the CSTF).

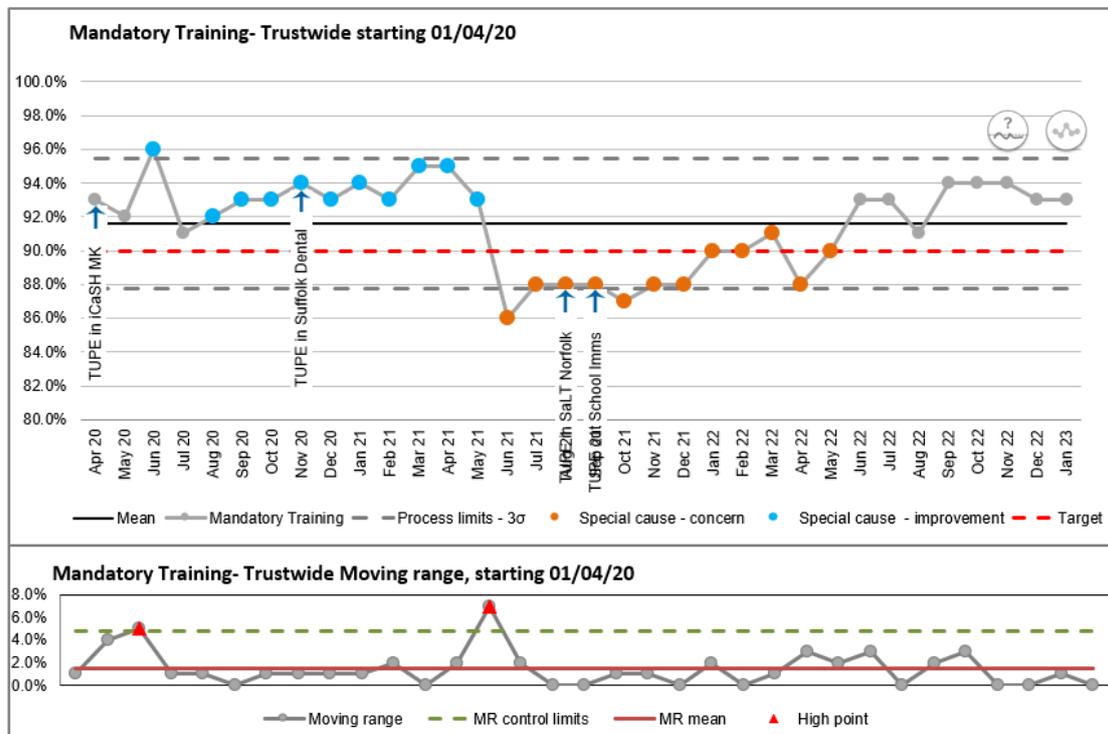


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- Fire Safety to change from annually to every 2 years, with staff on in-patient sites encouraged to attend on site face to face training on alternate years (in line with CSTF).
- Moving & Handling (Level 2 patient facing) will reduce from every year to every 2 years (in line with recommended renewal period in CSTF).
- The Trust will roll out the Patient Safety Framework mandatory training, level 1 and 2. A trajectory for compliance will be set as part of quality reporting.
- The Trust starts the roll out of the Learning Disability and Autism (Oliver McGowan training) level 1 e-learning, with level 2 coming online when Integrated Care System approaches are in place. A trajectory of 90% compliance for level 1 will be agreed as part of quality reporting.
- Interactive sessions are agreed for two further freedom to speak up modules rather than rolling out the e-learning packages.
- Promote suicide awareness training package (aligned to the zero suicide alliance campaign) on our intranet and electronic staff record but not to include this in our mandatory training requirements.
- Add a new course to the essential skills criteria for select staff; palliative care (as referenced in the last Learning from Deaths Board report) and look at ensuring antimicrobial education is disseminated across those staff groups who need it.

13.2 These changes will commence from the 1st of April 2023, it should be noted that Infection, Prevention and Control Trust wide training compliance will automatically reduce because of these changes.

13.3 Current mandatory training compliance stands at 93%.





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14.0 Information Governance

- 14.1 The 2021-2022 Toolkit was published by NHS Digital on 30th June 2022. Work on the 2022-2023 Toolkit is progressing well ahead of the June 2023 publication date.
- 14.2 Mandatory information governance and data security awareness training compliance as of January was 92% which has remained static over the last two months against the 95% national target. Service Directors are approached monthly with details of non-compliant staff with a request to encourage the completion of the mandatory training, additionally individual staff members will receive training reminders from the Trust's internal system.
- 14.3 Between December 2022 and January 2023, 39 incidents (14 in December and 25 in January) were reported under the Confidentiality Breach incident category which was a decrease on the 50 incidents reported in the previous period. Most incidents related to human error or administrative issues. The Information Governance Manager assesses all information governance incidents and provides advice to staff to prevent errors from re-occurring.

15.0 Care Quality Commission (CQC)

- 15.1 The latest version (version 34) of the CQC Statement of Purpose is attached at Appendix 2. This version provides an update on the recent closures and re-openings of the Large Scale Vaccination sites across Cambridgeshire and Norfolk as well as the inclusion of the Mental Health Support Teams which joined the Trust in January 2023. The CQC Statement of Purpose will be updated again to reflect the status of the remaining Large Scale Vaccination sites after 31st March 2023.
- 15.2 All clinical services completed their CQC self-assessments in January 2023, with the outcomes being reported through the Clinical Operational Boards (COBs).

16.0 Areas of Outstanding Practice

16.1 Bedfordshire & Luton Adults Services

16.1.1 Tissue Viability Service Development

- After an assessment, if the patient is able and their wound is suitable, we are now actively promoting self-care. Subsequent care is provided remotely; patients email in images on a weekly basis for the Tissue Viability Nurse (TVN) review. The revised treatment plan is emailed back to the patient with a phone call if required.
- The team are now also utilising shared care with nursing homes and Primary Care Nurses. The TVNs now receive images with the referral, they contact the home / practice nurse with advice and email across a care plan. The nursing homes / patient then send regular photographs to the TVNs. If there is a concern, the team will go out and see the shared care patients with the referrer. The TVN's do still visit patients if they cannot be offered advice remotely.
- In 2022, Luton was partnered with Tower Hamlet to benchmark pressure ulcer care. Due to ongoing staffing challenges in both Luton and with the TVNs in



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East London NHS Foundation Trust (ELFT), the final report will not be available until April 2023.

- The implementation of the electronic prescribing system has sped up the process of patients receiving prescriptions for compression garments and has freed up appointments in the leg ulcer and well-leg clinic.
- NHS England and the Wound Care Strategy programme developed online e-Learning for wound care, this was introduced to the Trust in April 2022. Additional face to face training continues, however the Fundamentals of Wound Care are provided online: pressure ulcers, leg ulcers, foot ulcers. There is a tier 2 (Community Nursing Service) and tier 3 (TVNs) training to come that build on the tier 1 courses.
- The Fundamentals of Wound Care training has also been rolled out to the 32 Care Quality Commission (CQC) registered care homes across Luton. The TVNs are working in partnership with the Integrated Care Board to develop a training programme and lower limb policies to ensure that our local population receive the same treatment regardless of their residence.
- In 2022, two of the Tissue Viability Nurses (TVNs) completed a sharp debridement course. The team have also secured funding for the other five TVNs to undertake the same course.
- The Tissue Viability Nurses (TVNs) are now exploring with colleagues how they can provide wound care to the local homeless population who are at high risk of hospital admission due to wound infections.

16.1.2 **Neuro Rehab Update and Stroke Quality Improvement for Rehabilitation (SQulRE) Project**

- Extended Early Supported Discharge (ESD) pathway: implemented as part of the existing ESD service from July 2022. So far, the team have discharged 13 patients home successfully through the extended ESD pathway. All these patients required double-up therapy and care. There is improved awareness among stroke unit therapists to think about “Home First” model before requesting inpatient rehabilitation unit placement.
- As a result of the team’s contribution in the neuro area our service lead, has been asked to take a lead role for the Integrated Care Board in the development of the SQulRe project. The SQulRe project seeks to address the underlying causes of unwarranted variation in community stroke care provision. The overall aim of the project is to improve the quality of community based stroke care as evidenced by improving clinical outcomes and patient experience.

16.2 **Bedfordshire and Luton Children’s Community Nursing Services and Milton Keynes Continuing Care Services**

- 16.2.1 The Special Needs School Nursing Team across Luton and Bedfordshire has been asked to give students in the academy insight into the role of children’s special school nursing to raise the profile of the nursing profession.

16.3 **Bedfordshire Allied Health Professionals**

- 16.3.1 The Speech and Language Therapy service, alongside the services in Norfolk and Cambridgeshire, have been invited to join a research project in



Provide outstanding care

collaboration with Bristol University. The project is Maximising the Impact of Speech and Language Therapy for children with Speech Sound Disorder.

16.4 Cambridgeshire Healthy Child Programme (HCP)

16.4.1 The first cohort of Apprentice Assistant Practitioners (AAPs) have successfully completed the first two years of their five-year pathway of 'growing our own' specialist community public health nurses (SCPHNs). The five individuals, four in CCS and one in Cambridgeshire & Peterborough NHS Foundation Trust (CPFT), have been successful in stepping onto their BSc Child Branch Nursing degree and will commence this in May 2023. With the success of this programme, the recruitment of the next cohort is underway which will commence September 2023. The service can support six candidates: four in the Trust and two in CPFT.

16.5 Emotional Health and Wellbeing (EHW) Service

16.5.1 Cambridgeshire MHST has been invited to participate in the national MHST impact audit representing the East of England, to ascertain the impact of the service for parents, children and young people. This audit is thought to affect how government ministers will decide about the future of MHSTs.

16.6 Norfolk Healthy Child Programme (HCP)

16.6.1 A Just One Norfolk case study has been published in the Best Start in Life Progress report (page 34). Further studies have been requested for Public Health WHO report and Department of Health and Social Care Best Practice Guide.

16.7 Large Scale Vaccination (LSV)

16.7.1 Delivery of 1.7 million vaccinations across the LSV footprint.

16.7.2 The successful set up and delivery of roving model to deliver housebound and care home vaccinations, which was an extension to the contract the Trust held with NHS England.



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A: Assurance Summary

<p>Safe</p>	<ul style="list-style-type: none"> Staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures (S4) 	<p>Reasonable</p>
<p>Effective</p>	<ul style="list-style-type: none"> Mandatory training compliance is 93% - above target of 90% (E1) Appraisal rates between 85% - 93% (E2) Rolling sickness rates as at end of January 2023 was 6.26% compared to latest NHS England rate for community Trusts of 5% for September 2022 (E3) Stability increased to 85.03% which is now above target of 85% (E4) Equality Delivery System (EDS) objectives agreed and being delivered upon. (E6). 	<p>Reasonable</p>
<p>Well Led</p>	<ul style="list-style-type: none"> Agency spend below annual target (excludes Large Scale Vaccination service). (WL5) Strong evidence of collaborating across the systems in which we operate. (WL6) 	<p>Substantial</p>

- In addition to the overview and analysis of performance for December 2022 and January 2023 the Board can take assurance from the following sources:
 - NHS National Staff Survey 2022 results where the Trust achieved a 47% response rate. Headline results were:
 - Best performing or joint best performing NHS Trust in East of England in all 9 People Promise themes, including staff engagement.
 - Care Quality Commission (CQC) inspection report published in August 2019. CQC rated the Trust as Outstanding overall and Outstanding within the caring and well-led domains. The inspection report highlights a number of areas that support the delivery of this objective.

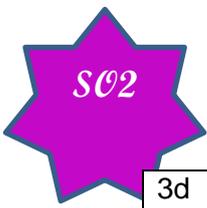


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- Workforce Assurance presentation at Board Development Session on 19th October 2022.
- The positive staff feedback the Trust has received via staff survey results in relation to speaking up.
- Update on delivery of the Trust's People Strategy presented to the Trust Board in November 2022.
- Regular Resilience Huddle where staffing pressures/challenges are regular discussed. Risks 3163 and 3164 cover these pressures and are reviewed regularly.
- Discussions within the two Clinical Operational Boards that took place in March 2023.

B: Measures for Achieving Objective – 2022/23 Measures

No.	Measure	2022/23 Target	Data source	Reporting frequency	Current position as at end Jan 2023
3a	Our staff recommend the Trust as a good place to work	Maintain or improve upon 2021 Annual Staff Survey response score	NHS Annual Staff Survey & Quarterly Pulse Survey	Quarterly	
3b (1)	Achieve a good staff engagement rating – all staff	Maintain or improve upon 2021 Annual Staff Survey response score	NHS Annual Staff Survey	Annual	
3b (2)	Improve experience for Black, Asian, Minority, Ethnic (BAME) staff	To ensure that all BAME staff leaving the Trust are offered an exit interview – Pass/Fail from Q3	HR (Human Resources)	Quarterly from Q3	New process introduced – on track
3b (3)	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 (2021 baseline 79.5%)	NHS Annual Staff Survey	Annual	Achieved – 88.2%
3c	Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly	89.47% ↑



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3d	<p>Deliver the locally agreed staff related annual Equality Delivery System objectives:</p> <p>Workforce Objective 1: To fully implement the actions identified following our review of the 'No More Tick Boxes' review of potential bias in recruitment practices</p> <p>Workforce Objective 2: The Trust Board will role-model behaviours that support the Trust's ambition to be an anti-racist organisation including actively implement the Trust's and their personal anti-racism pledges to instil a sense of belonging for all of our staff.</p>	Pass/Fail	Equality Delivery System	Quarterly	On track for delivery
3e	Monthly sickness absence below 4.5%	4.5%	ESR (Electronic Staff Record)	Monthly	6.29% ↓
3f	Reduce Annual Staff Turnover (excluding those leaving for reasons beyond the Trust's control)	Return to pre-pandemic level (March 2020 baseline 10.5%)	ESR	Annual	Not due yet
3g	Maintain Mindful Employer Status	Pass/Fail	HR Team	Annual	



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C: Risks to Achieving Objectives

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).

Related Operational Risks 15 and above

1. **Risk ID 3337** – Adults Services (Luton): There is a risk that if the service is unable to achieve a level of staff capacity required it may not be able to maintain services to meet its commitment to providing the level of support and training deemed required that supports both high quality services and positive staff well-being. (Risk Rating 20)
2. **Risk ID 3514** -There is a risk that Increased pressure on NHS capacity including IT systems, threat actors becoming increasingly more sophisticated and potential targeting on Public Sector infrastructure as a result of the Russia/Ukraine conflict, then if the trust fails effectively to mitigate the impact of a cyber-attack upon the trust where the likelihood of such an attack is increasing it will lead to Potential loss or disablement of services impacting on organisation to maintain effective provision of services. (Risk Rating 15)

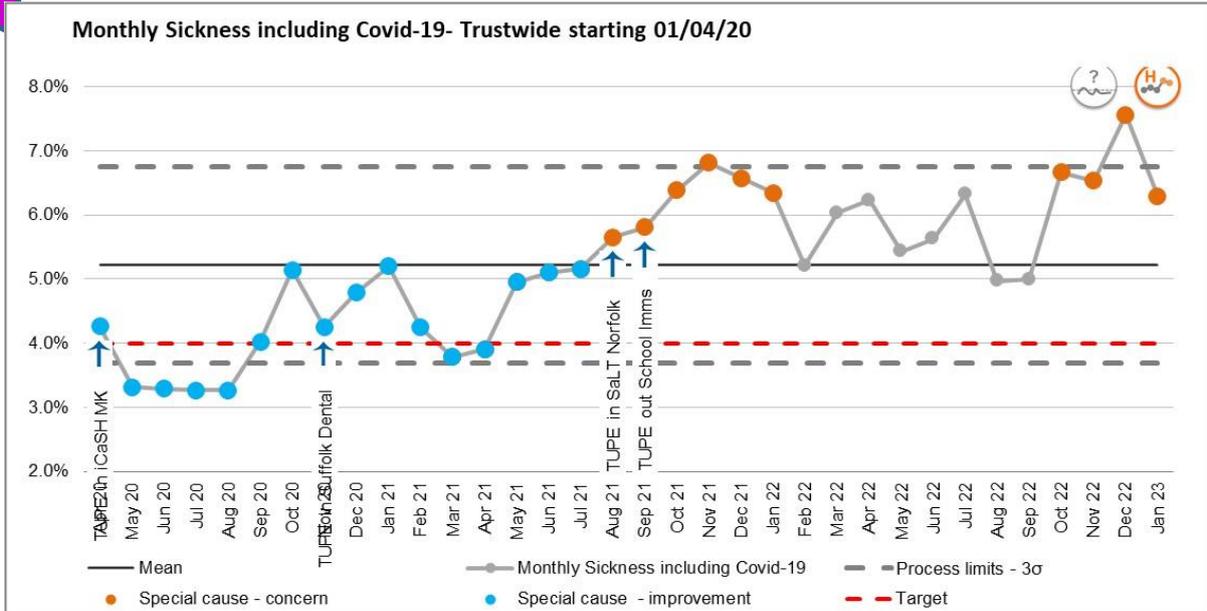
D: Overview and analysis

1. Sickness

- 1.1. The 12-month cumulative rolling rate (December 2022 – 6.27%, January 2023 – 6.26%) remains above the Trust rolling target of 4.5%.
- 1.2. Monthly Trustwide rate for December 2022 was 7.56% (including Covid-19 sickness), 7.11% (excluding Covid-19 sickness), and for January 2023 was 6.29% (including Covid-19 sickness) and 5.93% (excluding Covid-19 sickness)
- 1.3. The Trustwide sickness rate has increased and remains significantly above the Trust's target of 4.5% for 2022/23. Of the 6.29%, 3.01% was attributed to long term sickness and 3.28% short term sickness absence. Beds & Luton Adults Service had the highest sickness rate (7.20%) and Large-Scale Vaccination Service the lowest (2.31%). The top reason remains Cold, Cough, Flu - Influenza; work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- 1.4. The Trust monthly sickness rate is above the September 2022 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 5.01%.



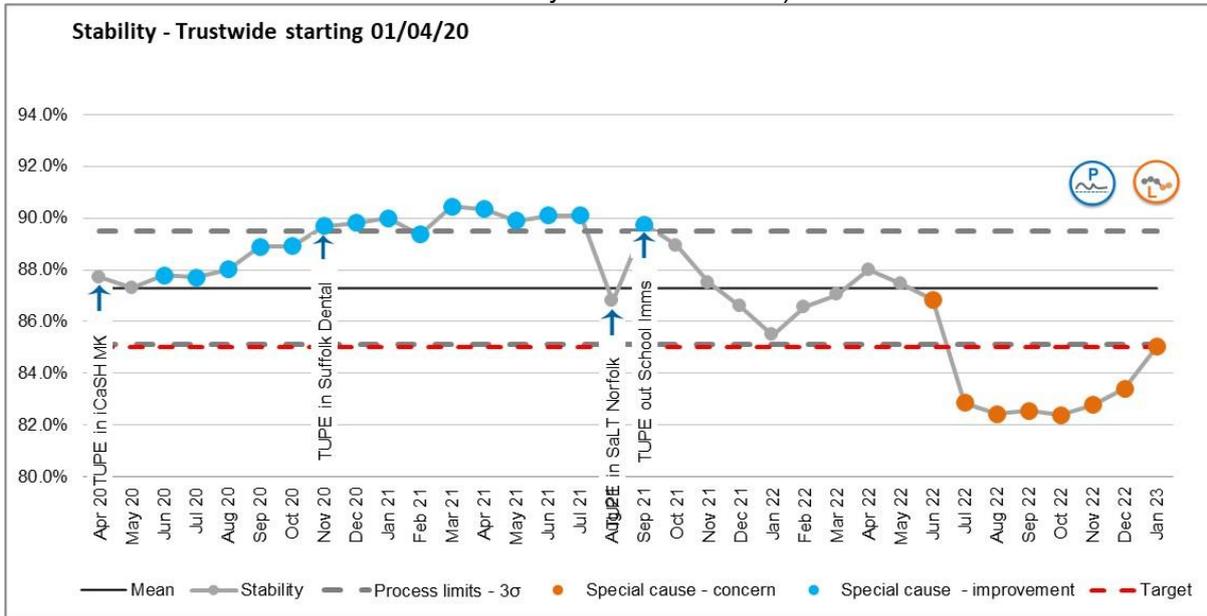
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2. Stability

2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – December 2022 83.42%, January 2023 85.03%, against the Trust target of 85%. This compares favourably to a stability rate of 82.9% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Oct 22).

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



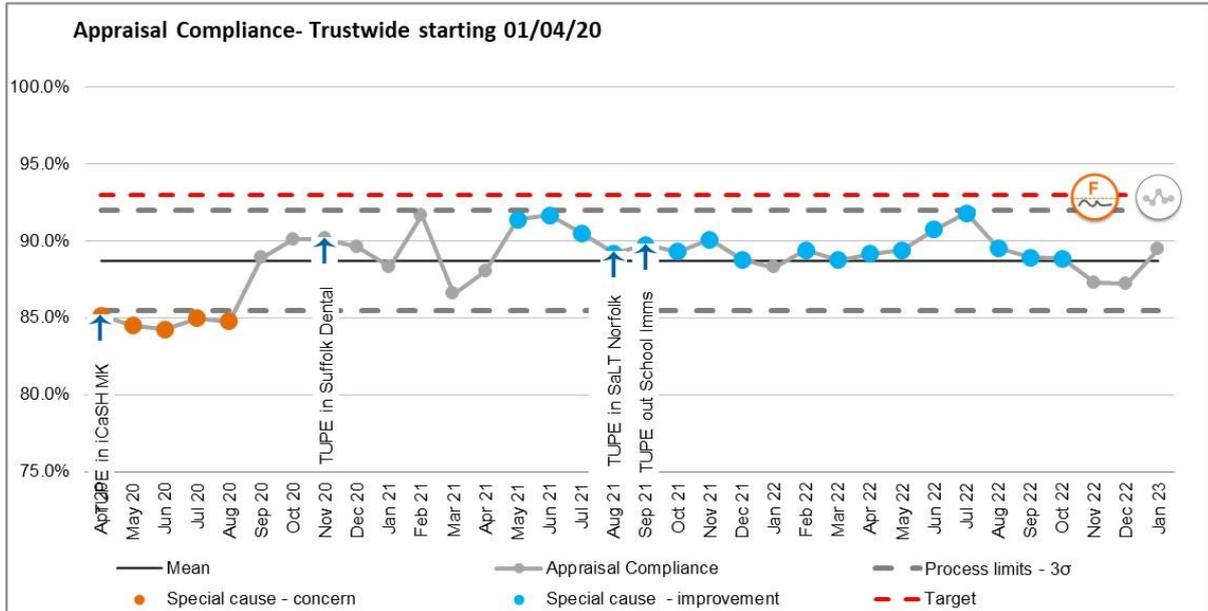
3. Appraisals

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



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- 3.2. The Trust wide Appraisal rate increased slightly – December 2022 87.20%, January 2023 89.47%, and remains below the target of 94% for 2022/23.
- 3.3. Large Scale Vaccination Service has the lowest rate (74.07%), Luton Children’s & Young People Service has the highest rate (93.81%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.

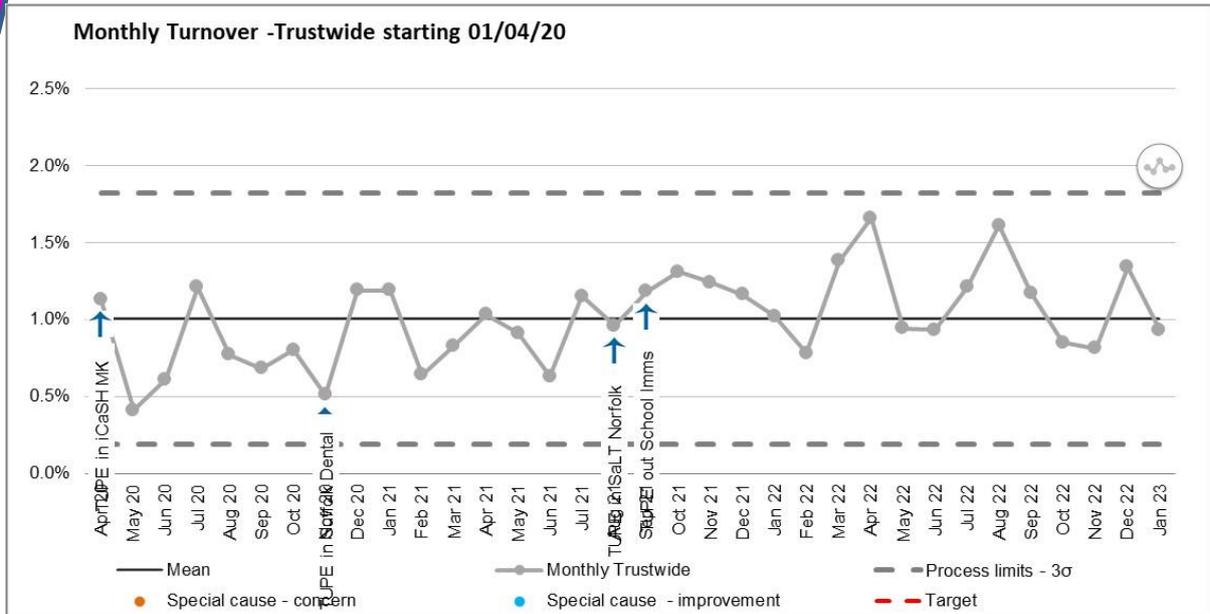


4. Turnover

- 4.1. The following chart shows monthly Turnover rates for the Trust which are based on the “Permanent” workforce (i.e., those employed on a current Fixed Term Contract of less than one year are excluded). Leavers for the following reasons are also excluded: Voluntary Redundancies, end of a FTC, and Employee Transfers.
- 4.2. The Trust’s Rolling Year Turnover Rate is currently 14.78% (December 2022 14.55%, January 2023 14.78%) compared to an annual average Leaver rate for Community Provider Trusts of 17.1% (Source: NHS Digital Workforce Statistics – Oct 22, based on “all Leavers” and “total Workforce”).
- 4.3. Large Scale Vaccination Service currently has the highest Rolling Year turnover rate at 43.09%, with Corporate Services having the lowest at 11.40 %. Turnover high in Large Scale Vaccination services due to the majority of the services closing at the end of December 2022.



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5. Current workforce challenges

- 5.1 At our Clinical Operational Boards in March 2023 current workforce challenges were discussed across our portfolio of services. Where these are impacting on our delivery of care, further details can be found in the outstanding care section of this report.
- 5.2 There is a particular focus on international recruitment within our Luton Adult services. This has culminated in the reduction of risk 3337 from 20 to 12 as significant number of the vacancies have now been recruited to via this route.
- 5.3 The Trust continues to focus on delivery of the recruitment and retention plan for our 0-19 Healthy Child Programme services across the Trust. Recruitment challenges continue for Community Paediatricians and Dieticians and Speech and Language Therapists.
- 5.4 There is a continued focus on health, wellbeing and resilience and staff morale is regularly discussed and reviewed as part of the weekly resilience huddle. The Trust has recently received the 2022 National Staff Survey Results where our people rated the Trust the best or joint best performing NHS Trust in the East of England in all 9 areas of the People Promise. This includes morale and staff engagement. A separate report in relation to the survey is also being presented to the Board today.
- 5.5 Following the clinical operational boards and a through review of the quality and workforce data, risks 3163 and 3164 scores have now been reduced to 12 from 16. These will be kept under constant review.

6 Equality Delivery System 2 (EDS2) – Local Workforce Objectives – 22/23

- 6.1 Under the EDS2 process, the Trust had staff related objectives, alongside 2 patient objectives. The 2022/23 staff objectives were:



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

6.2 Good progress has been made in implementing these objectives, with the following actions having been completed:

- Trust Board anti-racism pledge agreed
- Trust Board members personal pledges agreed and published
- Members of the Trust Board linked with a Diversity Mentor
- Cultural Diversity Network supported by Board Ally and others
- Action plan for implementing No More Tick Boxes in place and being delivered, some actions will also roll over into first quarter of 23/24.
- Further cultural ambassadors trained.

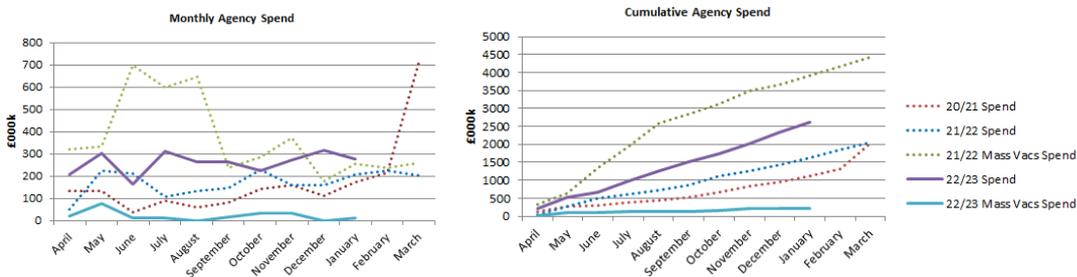
7. Queens Nurses Network – Inaugural Meeting

7.1 The Board will remember some of our new Queens Nurses presenting to the Board last year where we agreed to support them in establishing a network.

7.2 First meeting took place 27th February 2023 and Kate Howard and Anita Pisani were invited to join. They have agreed to focus on the following areas:

- Promoting the role of the Queens Nurse and encouraging others in the Trust to apply
- Getting involved in regional and national networks to champion the role of the community nurse and to influence national and regional policy in this area
- Developing a Queen Nursing staff award as part of our annual awards process
- To establish their network and to meet on a quarterly basis. Invite speakers as appropriate and to use as a learning network.
- Support the Trust in applying for national and regional nursing awards such as Chief Nursing Officer medals.

8. Agency/bank spend



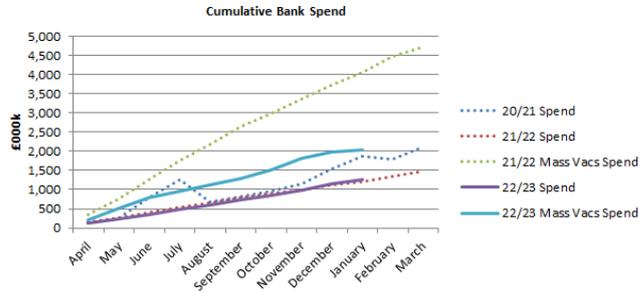
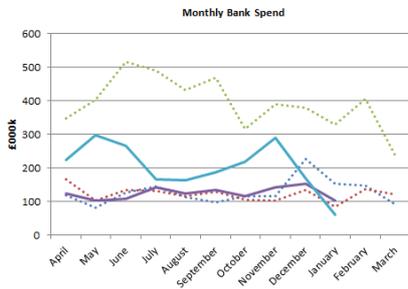
8.1 The Trust's cumulative agency spend at month 10 was £2,818k. The delivery of the mass vaccination service has increased agency usage over the period with spend to



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deliver this service totalling £213k at month 10 (which is included in the total spend cumulative figure).

8.2 Highest areas of spend are in Community Paediatrics in Bedford and Luton.



8.3 To reduce the usage of agency, the services have the availability of bank staff to fill short term staffing pressures. The Trust's cumulative bank spend at month 10 was £3,294k. The delivery of the mass vaccination service has increased bank usage and spend at month 10 was £2,042k (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 (WL6) 	Substantial
Effective	<ul style="list-style-type: none"> Research – 95% of all CRN portfolio studies are scoped for viability against Trust services (E5) 	Substantial

- The Board can take assurance of the Trust’s approach to collaborating with others from the following sources, for the period December 2022 and January 2023.
 - The Trust has in place 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 Integrated Care System (ICS) activities in Cambridgeshire and Peterborough (C&P) and in Bedfordshire, Luton and Milton Keynes (BLMK) and is represented on Norfolk’s Children Board and Norfolk Alliance.
 - Chair and Chief Executive participate in Cambridgeshire and Peterborough ICS Board and BLMK ICS Partnership Board.
 - Chief Executive is a member of the Cambridgeshire and Peterborough System Leaders group, BLMK CEO group and Bedfordshire Care Alliance CEO group.
 - Chair, Chief Executive and Deputy Chief Executive actively involved with other NHS Partners across Bedfordshire and Luton in the development of the Bedfordshire Care Alliance and its core principles.
 - Chair attends Leaders and Chairs group across BLMK ICS.
 - Chief Executive and Assistant Director of Business Development and Strategy are members of the C&P Children and Maternity Collaborative Board.
 - Deputy Chief Executive jointly chairs the Bedfordshire Operational Leadership Group with Chief Executive from Bedfordshire Hospitals and Director of Adult Social Services from Bedford Borough Council.
 - Deputy Chief Executive is a member of BLMK Performance and Delivery Group, which meets fortnightly.
 - Deputy Chief Executive is an active member of the BLMK and Cambridgeshire and Peterborough Local People Boards and the East of England Regional People Board and is the chair of Cambridgeshire and Peterborough Leadership and Culture sub-group and co-chair of their ICS Organisational Development Programme Board.
 - Executive Leads attend Local Authority System level Health and Wellbeing Boards
 - Director of Adults’ services Luton attends the Luton ‘At Place’ Board.
 - Director of CYP Services Bedfordshire is a member of the BLMK Children & Young People’s Transformation Programme Board.
 - Assistant Director of Business Development and Strategy is a member of the C&P North Integrated Care Partnership Board and the C&P South Integrated Care Partnership Board.
 - Collaboration is at the core of the Trust’s research activities.

Collaborate with others

- Research Bi-annual Report received at Quality Improvement and Safety Committee which provided substantial assurance.

B: Measures for Achieving Objective – 2022/23 Measures

No	Measure	2022/23 Target	Source	Frequency	RAG Position as at end of Jan 2023
2a	The Princess of Wales Hospital site development plan milestones are achieved	Pass/Fail	Exec Team	Quarterly	
2b	C&P Children and Maternity Collaborative – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition	Pass/Fail	Exec Team	Annual	
2c	Bedfordshire Care Alliance – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition	Pass/Fail	Exec Team	Annual	
2d	The Norfolk CYP Services 'Integrated Front Door' ¹ programme is completed to schedule	Pass/Fail	Exec Team	Annual	
2e	Health Inequalities – a better understanding of	Q3 – A data quality summary was presented at	Data Team	Quarterly	

No	Measure	2022/23 Target	Source	Frequency	RAG Position as at end of Jan 2023
	whether we are reaching certain (ethnic or disabled) groups to improve access Q2 – Data quality review reveals a patchy position; for example, we have good data on age and deprivation (using post code), room for improvement in respect of religion and military veteran status and poor data in respect of disability, ethnicity and sexual orientation (other than where there this is routinely collected)	the November Data Quality SG exposing gaps in data capture. The Data Services and Clinical Systems teams have preliminary data capture templates built to collect much of the unavailable data By end of Q4, all templates will be reviewed, revised if necessary, and deployed across services. The Data Services team will agree with service leads timeframes to commence recording and establish a regular review of compliance			

C: Risks to achieving objective

Strategic risks

1. **Risk ID 3467** – *There is a risk that we fail to agree a cross organisational transformational approach for children and Young people services which will result in the inability of the Integrated Care Board to support the establishment of the Accountable Business unit. (Risk Rating 6)*
2. **Risk ID 3468** – *There is a risk that if during 2022-23 the Bedfordshire Care Alliance Committee of the Integrated Care Board does not successfully achieve planned changes then they will be unable to deliver improvements leading to sub-optimal care and outcomes for service users. (Risk Rating 12)*
3. **Risk ID 3475** - *There is a risk that the C&P ICS and Trust fails to secure national funding for the redevelopment of Princess of Wales, Ely which would result in the facilities and infrastructure not being upgraded and as a result impact on the quality to patient care to service users. (Risk Rating 12)*

Related Operational Risks 15 and Above

Risk ID

5. **Risk ID 3514** - *There is a risk that Increased pressure on NHS capacity including IT systems, threat actors becoming increasingly more sophisticated and potential targeting on Public Sector infrastructure as a result of the Russia/Ukraine conflict, then if the trust fails effectively to mitigate the impact of a cyber-attack upon the trust where the likelihood of such an attack is increasing it will lead to Potential loss or disablement of services impacting on organisation to maintain effective provision of services. (Risk Rating 15)*

D: Overview and analysis

1. Princess of Wales Hospital, Ely

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

1.1 Progress Report:

The Trust is still waiting for the determination of the reserved matters planning applications for the Multi Story Car Park and associated highways works but a decision is expected imminently. This delay has been due to additional queries being raised by the trees, landscape and highways officers that have all required additional design work to be undertaken. Indications are that acceptable solutions have now been found and determination of the applications is expected shortly.

Following the tender exercise, building contractors have been appointed and preparatory work has commenced including plans to demolish and remove the MOD social club near the entrance to the car park.

1.2 Community Diagnostic Centre (CDC) Programme

Following the approval of the Cambridgeshire & Peterborough Integrated Care Board business case for the community diagnostic centre programme (CDC), which includes the CDC hub on the Princess of Wales site, works have commenced to redevelop the now vacated former Oliver Zangwill centre. This is the first stage of the works and will accommodate those services that are being moved to accommodate the expansion of the diagnostic services on site. Works will also commence shortly to install concrete pads to accommodate mobile scanners adjacent to the new CDC.

2. Cambridgeshire & Peterborough Integrated Care System

Collaborate with others

[Strategic Indicator 2b – ‘C&P Children and Maternity Collaborative – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition’]

Heading into 2023-24, the Children & Maternity Partnership has developed a draft Operational Plan based on priorities identified through engagement with residents, providers and other stakeholders. This workplan which will be adjusted as needed in the light of public health and other performance data emerging over the course of the year. The current priority areas in the ABU are:

- Priority A: Supporting the emotional wellbeing & mental health of infants, toddlers and young families from pregnancy to starting school.
- Priority B: Increasing the range of ‘risk support’ options available for children, young people and their families.
- Priority C: Improving health equity for children and young people with social communication, neurodevelopmental and special educational needs.
- Priority D: Providing access to specialist health services in the places and communities where people live.
- Priority E: Offering early intervention and prevention for children and young people with asthma.
- Priority F: Helping children and young people to have a healthy body weight.

The Partnership is also formulating its medium-term priorities which will be set out in the system’s Joint Forward Plan 2023-28 due publication at the end of June 2023.

3. **Bedfordshire, Luton and Milton Keynes Integrated Care System**

[Strategic Indicator 2c – ‘Bedfordshire Care Alliance – demonstrate robust capability and capacity to the Integrated Care Board so that new responsibilities are delegated to the Collaborative consistent with our ambition’]

The Alliance’s prime focus during 2023-24 is to:

- Urgent and Emergency Care; Prepare for winter 2023-24. This work will focus on optimising admission and discharge pathways and flows and on balancing demand and capacity. The aim will be to reduce the demand for hospital beds by around 90 beds in the coming winter.
- Preventative Care – Integrated Neighbourhoods. The Alliance will further develop integrated neighbourhoods that focus on prevention and are shaped around local needs.
- System-wide Children and Young People’s Collaborative. Pending system agreement, the Alliance will work with partners work to create a new system-wide collaborative that is devoted to the mental and physical health needs of children and young people.
- Development of the Alliance. We will continue to develop the Alliance including governance arrangements, integration and risk-sharing across partners.

4. **Norfolk Integrated Care System**

[Strategic Indicator 2d: ‘The Norfolk CYP Services ‘Integrated Front Door’ programme is completed to schedule’]

Collaborate with others

Progress continues with the long-term vision and development of growing our Just One Number service to improve access for children and young people to CAMHS services across Norfolk and Waveney.

Much of the infrastructure work has been completed, however, there continues to be delays in implementing the new telephony system which poses a risk to operational timelines.

Clinical and operational leadership is established and recruitment to the longer term clinical and skill-mix structure is underway with an increase in recurrent funding from the ICB to enable an improved staffing structure.

The Interim Arrangement (agreed to mitigate against closing the current single point of access for mild to moderate referrals on 31/3/23) progresses; this has helped up some areas of development of the longer-term plan and a revised timeline will be proposed with operational capability planned for November 2023.

5. Health Inequalities

[Strategic indicator 2e; Health Inequalities – a better understanding of whether we are reaching certain (ethnic or disabled) groups. By Q2 – baseline our data suite to understand the quality of our data, the demography of population we see versus population in our catchment area and the demography of our waiting lists’]

This indicator represents work to underpin improved access to services.

We are currently developing an Equality and Diversity template, with the aim of rolling this out across the Trust, in collaboration with our Equality, Diversity and Inclusion Lead. This new template captures ethnicity, language, religion, sexual orientation, military status (including whether service user is a military veteran or a dependent of an active member of the Armed Forces or military veteran) and communication needs. Alongside this, we are also developing a disability template, which gives a generic view of whether the service users have specific needs. Subject to internal sign-off processes, we aim to roll these templates out across the Trust by the end of September 2023.

6. **Research Reporting Period: December 2022 – January 2023**

6.1. **NIHR Portfolio studies: Compliance with Board set assurance metrics**

6.1.1. Scoping and feasibility: Reasonable assurance for the National Institute for Health Research (NIHR) Portfolio studies reviewed and adopted within the Trust continues to be maintained. The Research team continues to routinely review the NIHR Portfolio, for studies that are suitable for adoption into the Trust, in line with national drivers and Trust objectives. This includes horizon scanning, scoping and detailed feasibility assessments. These combined activities totalled 396 studies in this reporting period. We are currently reviewing the methodology for scoping studies, which includes piloting a new feature on the East of England Open Data Platform (ODP) web app, using the filter ‘community’ to highlight studies specifically suited to community care settings.

6.1.2. Recruitment: Across the Trust geography, staff vacancies and clinical capacity pose a challenge to considering new studies or successfully recruiting to adopted studies. In

this reporting period, 16 NIHR Portfolio research studies were running within the Trust out of which 2 were opened during this period (Table 1 at the end of this chapter). We undertook a comparative recruitment bench marking exercise and we are currently 9th out of a total of 18 community trusts for the 22/23 financial year.

The following escalations are for the Board to note:

- Recruitment for this period, as recorded on ODP, was minimal (n=13). Some studies have been recruiting successfully, although the recruitment data for these studies has not been uploaded onto ODP yet. We expect additional recruitment for this reporting period to be backdated and added to the system at a later date. We are reviewing the way we report these numbers to improve readability and strategies for increasing recruitment are discussed in Table 2 at the end of this chapter.
- Due to continued staffing and capacity challenges within the Tissue Viability Nursing team, a decision was made to stop recruitment for the VenUS 6 study which aimed to compare different compression therapies for venous leg ulcer patients. This decision was reached following consultations with the clinical team, the central study team and the Trust contracts team. The Research team will continue to support existing data queries and the study closure process.
- As previously highlighted, recruitment numbers required to receive the DHSC Research Capability Funding (RCF) may not be achieved this year, due to a web bot submitting erroneous responses for a study (n=198 for our Trust). This issue was external and has affected multiple other Trusts. We are awaiting the outcome of the investigation into this issue. 500 recruits are required during the qualifying period for RCF to be awarded and if the numbers from this study are excluded, we will be 145 recruits short of the target for the 2021/22 RCF qualifying period. For the current RCF qualifying period (October 2022 – September 2023), we have a cumulative total of 23 recruits so far.

6.2. Fellowships, Internships, PhD Programmes and Grants

- 6.2.1. One clinician continues their NIHR Masters to PhD Fellowship. Three staff submitted applications to the Applied Research Collaborative (ARC) Fellowship scheme but were not successfully shortlisted for an interview. Please see Table 3 at the end of this chapter for details. We were told that the numbers of applicants were the highest the ARC team had ever encountered.
- 6.2.2. East of England Clinical Research Network (CRN) awards: A consultant from iCaSH Bedfordshire was awarded “Widening Access to Research” funding to increase the involvement of under-served patient groups in research. A member of the Trust Research team was awarded a PPIE Innovation Grant to improve the way we engage with and provide research services to babies, children and young people. The funding period for both awards is January to March 2023. We have a consultant who has applied to the 2023/24 Greenshoots funding scheme.
- 6.2.3. A member of the Research team is a co-investigator on a recently awarded NIHR Programme Development Grant. A paediatrician has submitted a NIHR i4i Fast submission innovator grant.
- 6.2.4. During this reporting period, no non-student or student evaluations were submitted for local Trust permissions. However, there are several student projects in the pipeline.

6.4. Trust Wide Projects to build Research Culture and Capacity

- 6.4.1. The third Trust Principal Investigator (PI) network meeting took place for CCS PIs and local leads. There was a discussion regarding the enablers and barriers to undertaking research in the Trust.
- 6.4.2. Research Champions: Following on from the pilot study completed within Norfolk, this workstream is continuing and remains positively supported by clinical managers. Phase 2 of our Research Champions programme will commence in February 2023.
- 6.4.3. Building the Research Capacity of the Trust workforce: There are now 3 members of staff funded via this CRN scheme, up from 1 in the preceding reporting period. These are providing ad-hoc support to the Research team.
- 6.4.4. Trust Research Ready Workforce staff survey: Key themes which have emerged from preliminary analysis of the survey responses include capacity, recognition of impact, awareness and negative and positive logistics. Please see Table 4 (at the end of this chapter).
- 6.4.5. Four submissions from the Research team have been accepted for presentation at the NHS R&D Forum conference, to be held in May 2023. Three of these will be poster presentations and one will be an oral presentation on the Trust's feasibility work on improving access to research for patients with language barriers.

6.5. Research study recruitment strategies

The Research team are exploring studies which are quick wins, such as surveys, and have successfully set up a staff survey during this reporting period after discussions with HR. Several studies are in set-up and are due to commence soon, these will contribute to increasing recruitment. The Research team are also piloting a move from a purely facilitation role to providing on-site support to clinical teams with study delivery.

Table 1: NIHR Portfolio Studies (accurate as of 02.02.23 via Open Data Platform (ODP) NIHR portal)

Recruitment:	 Increased	 No change	 Completed	 in set up	 Allocated funding/prize
--------------	-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

NIHR Portfolio studies	Clinical Area	Interventional (I)/Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
Babybreathe Postpartum smoking intervention.	CYPS Norfolk	I	University of East Anglia	6	49		Open and recruiting	Behavioural intervention to prevent return to smoking postpartum

NHRI Portfolio studies	Clinical Area	Interventional (I)/Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
Positive Voices HIV	iCaSH	O	PH, UCL, Imperial College London	0	66		Open	National survey of people living with HIV
Evaluating the Home-based Intervention Strategy (HIS-UK)	iCaSH	I	University of Southampton	5	12		Open and recruiting	Comparing delivery interventions
MINDfulness And Response In Staff Engagers (NHS)-MINDARISE-V1.3 staff survey	Trust Wide	O	University of Sussex	2	2		Open and recruiting	Inform policy recommendations
Exploring The Long-Term Outcomes Following a Pregnancy with Gestational Diabetes Mellitus (ELOPE-GDM)	CYPS	O	University College London	0	0		Open	Development of clinical guidelines and new services
Developing Core Outcome Sets for Delirium Trials-Stage 2: Delphi surveys	Trust Wide	O	West Hertfordshire Teaching Hospitals NHS Trust	0	0		Opened in period	Developing core outcome sets for effectiveness trials of interventions
Better Outcomes for Older People with Spinal Trouble (BOOST-IS)	MSK	Both	University of Exeter	0	0		Opened in period	Evaluating an implementation
Developing the Clinical Anxiety screen for people with severe to profound intellectual disabilities (CIASP-ID)	Dental, Beds & Cams childrens	Both	Aston University	0	2		Recruited	Development of an assessment tool
Compression therapies for the treatment of venous leg ulcers. (VenUS 6)	Luton Adults	I	Manchester University	0	0		Open	Clinical investigation of a medical treatment
Interpersonal counselling for adolescent low mood (iCALM)	CYPS Norfolk	I	Norfolk and Suffolk NHS Foundation Trust	0	6		In follow up	Feasibility trial, to inform larger scale RCT
Scanning Eye training as a rehabilitation choice for hemianopia after stroke (SEARCH)	Bedford Orthoptics	I	University of Liverpool	0	0		Opened July No recruits yet	RCT, evaluating a rehabilitation intervention
The role of different diets in children who are gastrostomy fed (Youtube)	CYPS Cambridge	O	University of York	0	0		In follow up period	Building research knowledge of diets of children who are gastrostomy fed
Pregnancy and EARLY Life study (PEARL)	CYPS Norfolk	O	Quadram Institute Bioscience	Data exchange only.	Does not attract recruitment. collaborative only	n/a	Ongoing data sharing	Longitudinal basic science study into health during pregnancy
Prevalence of Prophylaxis for STIs (POPS)	iCaSH	O	Central and North West London NHS Foundation Trust	-	-		Open	Build understanding into an issue with limited research
I-DIGIT (Investigating Digital Therapy)	Norfolk CYPS	O	Norfolk and Suffolk NHS Foundation Trust	-	-		Open	Contribute to improved access to treatment and patient choice

NIHR Portfolio studies	Clinical Area	Interventional (I)/Observational (O)	Collaboration with University/ NHS Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
Mapping the landscape of prenatal alcohol prevention in the UK	Beds CYPS	O	University of Bristol	-	-		Completed	Identify priorities for future research and public health activities
OKKO Space Academy App	Bedford Orthoptics	I	Moorfields Eye Hospital NHS Foundation Trust	-	-		Study in set up	Developing an app as a vision measuring and home-monitoring tool
A Phase IIIb randomized open label study of nirsevimab ((HARMONIE)	CYPS	I	Sanofi, Labcorp Clinical Development Limited	-	-		Study in set up	Commercial study, acting as a PIC
Children's Palliative care Outcome Scale Study C-POS Validation Study	CYPS Luton & Cambs	O	Kings College London	-	-		Study in set up	Development of an outcome tool
Views of the public about dental teams delivering weight intervention	Dental. Luton/Beds Adult	O	Loughborough University	-	-		Study in set up	Improving care about weight interventions
Total recruitment within this period:				13	268	RCF count for recruitment started from October 2022 to September 2023 (*2). Cumulative score is currently 23.		**Total for all NIHR Recruitment.

(*1) All figures accurate as of 02.02.23 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.

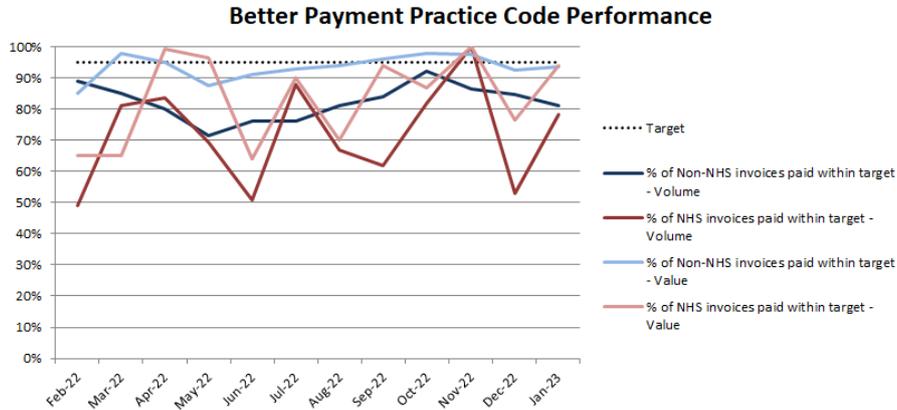
Table 2: Summary Table for Fellowships/Internships/PhD Programmes and NIHR Grant Submission/s & update on previous Applications, within this reporting period

NIHR Fellowships/grant	Area	Numbers	Trend	Collaborations	Impacts/potential impacts
NIHR I4i Fast Application	CYPS Cambridge	One	First innovation grant of this type	NIHR	Funding to develop technology.
NIHR Developmental Grant	Trust wide	One	First Developmental Grant which includes CCS NHST staff member.	Collaborative	More details to follow, upon signing of contracts.
Application: NIHR/HEE Applied Research Collaboration (ARC) Fellowships	CYPS Cambridge	One	ARC Research Implementation	NIHR/HEE	UNSUCCESSFUL
Application: NIHR/HEE Applied Research Collaboration (ARC) Fellowships	Research	One	ARC Implementation Fellowship	NIHR/HEE	UNSUCCESSFUL
Application: NIHR/HEE Applied Research Collaboration (ARC) Fellowships	CYPS Cambridge	One	ARC Mental Health Fellowship	NIHR/HEE	UNSUCCESSFUL
NIHR/HEE Masters to PhD	MSK (adult)	One	1 st for MSK.	NIHR/HEE	Award is funded 50% clinical time to write a PhD application.
NIHR/CRN Green Shoots	i-CaSH	One	1 st for clinical area	NIHR/CRN	Supporting new Principal Investigators (PI). Mentoring and funding.
NHS Innovation Accelerator (NIA) award.	CYPS Cambridge	One	A new award to the Trust. Runs from March 2022 to March 2023.	NHS England, NHS Innovation, Academic Health Science Networks (AHSNs), UCL Partners.	Completes 31/03/23
Current: NIHR/HEE Applied Research Collaboration (ARC) Fellowships	CYPS Cambridge CYP Beds	One	Awarded. Commenced April 2022 to March 2023. Progressing well.	NIHR/HEE	Project: Looked after children and inclusion in health requirements. Ends 31/03/23

Table 3: Key themes from Trust Research Ready Workforce survey

	Have your views on research changed since the Covid -19 pandemic?
<u>Capacity</u>	Staff shortages and increased clinical and service pressures due to Covid-19 pandemic has decreased capacity of teams to engage in research.
<u>Recognition of impact</u>	Increased recognition of the importance of research related specifically to the impact of Covid-19 research and vaccination studies.
<u>Awareness</u>	Increased awareness of research in general, in the public
<u>Logistics - negative</u>	Increased remote working due to Covid-19 had a negative effect on research.
<u>Logistics - positive</u>	Increased remote working has had a positive impact and increased opportunities for research.

7. Public sector prompt payments



- 7.1 The average in month prompt payment results across the four categories was 77% in month 9 and 87% in month 10.
- 7.2 With regards to NHS invoices, performance has decreased in month 9 and then improved in month 10, with the Trust achieving 95% in value in month 10. The Trust is working hard to consistently improve NHS payment performance.
- 7.3 With regards to Non-NHS invoices, achievement in both categories has remained relatively consistent in the last 12 months – with an average of 88% achievement over this period. Over months 9 and 10, the average achievement in each category is 83% and 93% for Volume and Value respectively, which is a decrease on the previous reporting period. The team are continuing to work with SBS procurement to improve the purchase order process, which will improve the invoice payment process once complete.
- 7.4 The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly. Further processes are being implemented to increase the monitoring of invoices and improve their allocation to services.



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A: Assurance Summary

Well led	WL1 I&E in line with budget	Substantial
	WL2 CIP in line with plan	
	WL3 Capital spend in line with budget	
	WL4 Use of resources	

1. In accordance with the Trust’s Assurance Framework, the Board receives assurance from the reporting of the Trust’s financial sustainability and performance from Strategic Risks number 3167, and Clinical Operational reporting of financial performance and escalation processes.
2. The Trust Board will also take assurance from External Auditor’s Unqualified opinion and its “Value for Money conclusion” of the Trust’s 2021/22 accounts. Internal Auditor’s assessments during 2021/22 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 Trust’s financial performance is showing delivery of a marginal surplus 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 – 2022/23 Measures

No	Measure	22/23 Target	Data source	Reporting frequency	Current position as of January 2023
4a	Achieve planned budget target	Pass/Fail	Finance Report	Quarterly	Pass
4b	Green Plan: 1. Establish Staff network and Net Zero Champions 2. Increased awareness of Cycle to Work scheme 3. All renewable energy contracts for estate in Trust direct control	1. Pass/Fail 2. 5 more schemes agreed Pass/Fail	Green Plan	1. Oct 22 2. Annual 3. Mar 23	Pass Not yet due Not yet due



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C: Risks to achieving objective

Strategic risks

1. **Risk ID 3167** - As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 8).
2. **Risk ID 3488** - There is a risk the Trust will not deliver its planned breakeven financial plan for 2022/23 due to the unprecedented increases in non-pay costs. The increase in fuel and raw material prices due to a number of world wide demand and supply challenges has impacted UK wide prices with a predicted RPI of circa 10% If unmitigated, the increase in costs could result in the Trust not delivering its balanced financial plan for 2022/23, and restrict the ability in the Trust to invest in service improvements and developments the requirement for further efficiencies. (Risk Rating 12).

Related Operational Risks 15 and above

1. **Risk ID 3120** – There is a risk that assessment and treatment delays in the Bedfordshire community Paediatric service continue, impacting Childhood development. (Risk Rating 15).
2. **Risk ID 3514** -There is a risk that Increased pressure on NHS capacity including IT systems, threat actors becoming increasingly more sophisticated and potential targeting on Public Sector infrastructure as a result of the Russia/Ukraine conflict, then if the trust fails effectively to mitigate the impact of a cyber-attack upon the trust where the likelihood of such an attack is increasing it will lead to Potential loss or disablement of services impacting on organisation to maintain effective provision of services.. (Risk Rating 15)

D: Overview and analysis

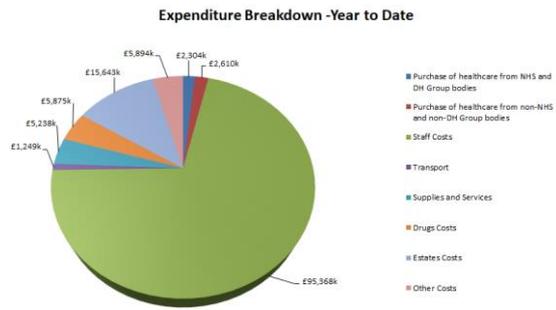
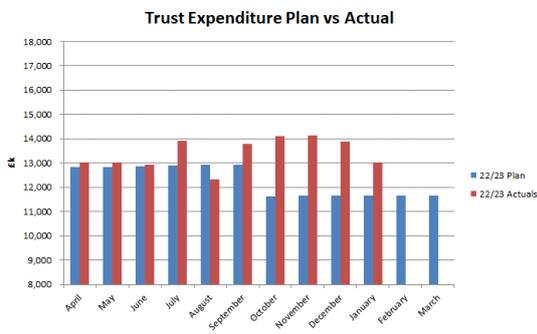
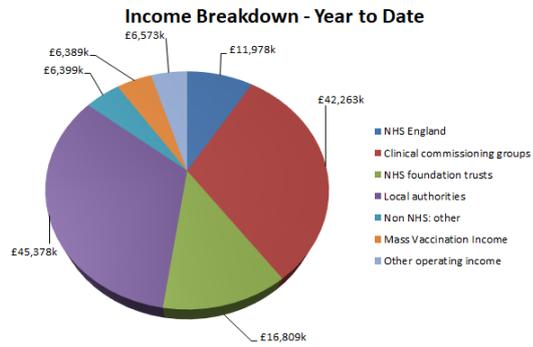
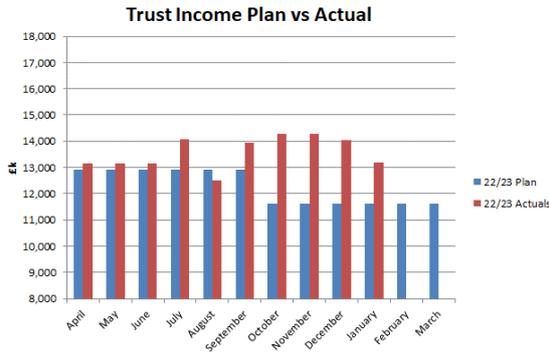
Finance scorecard

Finance Dashboard	Section in	Plan	Actual	Variance
	Report	M10	M10	M10
Operating income	1	£123,432k	£135,789k	£12,357k
Employee expenses	1	(£87,606k)	(£95,235k)	(£7,629k)
Operating expenses excluding employee expenses	1	(£35,826k)	(£40,552k)	(£4,726k)
Trust Surplus/(Deficit)	1	£0k	£2k	£2k
Closing Cash Balance	2		£11,652k	
Capital Programme	4	£3,750k	£2,117k	(£1,633k)
Agency Spend	SO2 - 4	£1,603k	£2,817k	(£1,214k)
Bank Spend	SO2 - 4	£2,879k	£3,291k	(£412k)



Be a Sustainable Organisation

1. Income and expenditure



- 1.1. Block funding arrangements continue to remain in place for Integrated Care Boards (ICBs) - Clinical Commissioning Groups (CCGs) until 30/06/2022), NHS England (NHSE) and contracted income from Local Authority Public Health Commissioners for 2022/23. The Trust is planning to achieve a breakeven position for 2022/23 with significant risks around funding and increased inflationary costs.
- 1.2. The Trust continues to analyse the main cost drivers which have been affected by the increased inflationary pressures. This data has been used to inform a financial forecast for the year, and the 2023/24 financial planning assumptions.
- 1.3. Following the backdating increase for the Agenda for Change pay award received in month 6, the recurrent monthly increases are now being reported in the Service finance reports.
- 1.4. The clinical service direct budget position in each Service Division is:



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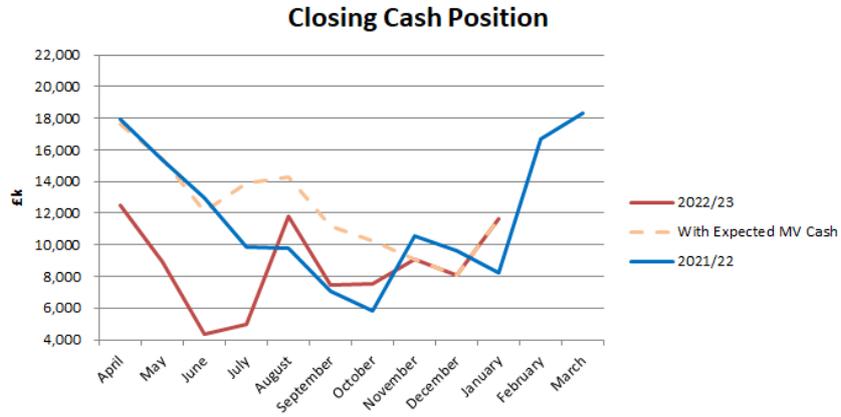
Division Level	Jan-23					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	1,900	(17,395)	(9,085)	(24,580)	(25,124)	544
Bedfordshire Community Unit	1,399	(13,420)	(2,168)	(14,189)	(13,135)	(1,054)
Childrens & Younger Peoples Services	4,462	(28,174)	(2,703)	(26,415)	(26,904)	489
Luton Community Unit	758	(18,991)	(4,011)	(22,244)	(22,832)	588
Large Scale Vaccination Service	11,210	(8,148)	(3,062)	-	-	-
Other Services (see breakdown below)	116,131	(9,109)	(19,592)	87,430	87,995	(565)
CCS Total @ 31st January 2023	135,860	(95,237)	(40,621)	2	-	2
Other Services						
Contract Income and Reserves	105,464	(196)	372	105,640	105,722	(82)
Corporate Services	6,133	(8,898)	(12,635)	(15,400)	(15,175)	(225)
Estates	4,534	(15)	(7,329)	(2,810)	(2,552)	(258)
	116,131	(9,109)	(19,592)	87,430	87,995	(565)

- 1.5 Ambulatory Care Services delivered a cumulative underspend of £544k to month 10. The main reasons for the cumulative underspend are due to vacancies across the division and non-pay expenditure savings in Dynamic Health and iCaSH services, particularly in Radiology and Pathology costs.
- 1.6 Bedfordshire Community Unit delivered a cumulative overspend of £1,054k to month 10. The main reason for the overspend is due to pay and Locum spend in Specialist services.
- 1.7 Children's & Younger Peoples Services delivered a cumulative underspend of £489k to month 10. The main reasons for the cumulative underspend are vacancies across the services and a fall in non-pay expenditure.
- 1.8 Luton Community Unit (including Luton Children's Services) delivered a cumulative underspend of £588k to month 10. The cumulative underspend position is due to pay establishment savings across Adult services.
- 1.9 Total expenditure for the Mass Vaccination Service to month 10 is £11.2m and this is fully funded with all expenditure offset by additional income received from NHSE.
- 1.10 The Contract Income and Reserves year to date position includes income for services provided to the Integrated Commissioning Boards and Public Commissioners and Reserves used Trust wide to support service delivery. The overspend variance to date of £82k is mainly to offset the net cost improvement support agreed with services ahead of formal plans being delivered for the second half of the financial year.
- 1.11 The Estates budget includes the cost of leases and utility bills, and the overspend to date we have seen the cost of gas and electricity being greater than the 40% original budget increase.



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2. Cash position



2.1. The cash balance of £11.7m at month 10 represents an overall increase of £2.5m on the previously reported position at month 8. The Trust's cash position has improved over the period due to payments being received from the Trust's debtors.

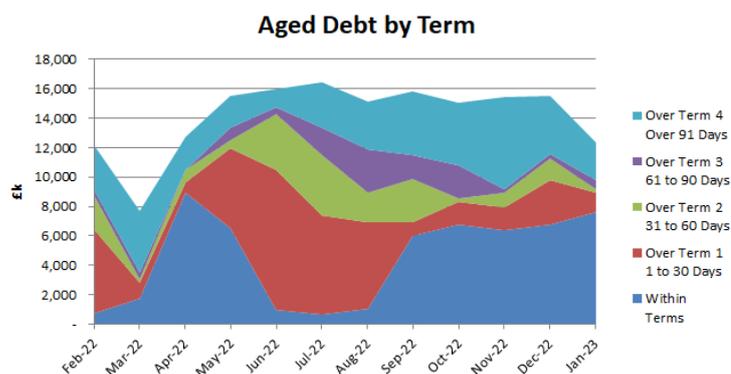


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3. Statement of Financial Position

	January 2023 £'000	November 2022 £'000
Non-Current Assets		
Property, plant and equipment	58,045	55,507
Right of use assets	27,928	27,370
Intangible assets	193	206
Total non-current assets	86,166	83,083
Current assets		
Inventories	73	73
Trade and other receivables	17,817	21,617
Cash and cash equivalents	11,654	9,127
Total current assets	29,544	30,817
Total assets	115,710	113,900
Current liabilities		
Trade and other payables	(21,156)	(19,192)
Borrowings	(3,183)	(3,104)
Provisions	(950)	(950)
Total current liabilities	(25,289)	(23,246)
Net current assets	4,255	7,571
Total assets less current liabilities	90,421	90,654
Non-current liabilities		
Trade and other payables	0	0
Borrowings	(24,144)	(24,268)
Provisions	(976)	(976)
Total non-current liabilities	(25,120)	(25,244)
Total assets employed	65,301	65,410
Financed by taxpayers' equity:		
Public dividend capital	2,792	2,792
Retained earnings	39,558	42,320
Revaluation Reserve	24,604	21,951
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	65,301	65,410

3.1. The main movements in the reporting period were related to Trade and other receivables which had decreased over the reporting period by £3.8m and trade and other payables had increased over the reporting period by £1.9m.





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3.2. Total Trade Receivables increased by £0.1m in December to £15.5m and then decreased by £3.1m in January to £12.4m. The breakdown in November is £3.4m (27%) from NHS organisations; £7.8m (64%) from Local Authorities; and £1.2m (9%) from other parties.

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

Cambridgeshire County Council	£2.6m
Norfolk County Council	£2.2m
East London NHSFT	£1.5m
Bedford Borough Council	£1.2m

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, Norfolk CC paid £2.1m, East London NHSFT paid £1.4m and Bedford paid £0.8m to reduce their outstanding balances.

4. Capital

4.1. Capital spend to date is £2.1m against a plan of £3.75m. The main areas of spend are the completion of the refurbishment of the Dental Clinical in Ipswich (Nash House), and the continued development works at North Cambs Hospital in Wisbech.

5. Use of resources

5.1. This metric is currently paused not being reported on until confirmation of the approach to measurement is received from NHSE.

6. Cost Efficiency Plans 2022/23

6.1. The cost efficiency plans and delivery position in each Service Division is:

Department	Full Year		Jan-23
	Plan 22.23	Plan YTD	Delivery YTD
	£'000	£'000s	£'000's
Ambulatory Care Service	614	512	512
Bedfordshire Community Unit	448	244	244
Childrens & Younger Peoples Services	196	163	163
Luton Community Unit	592	493	493
Corporate Services	882	735	735
Grand Total	2,732	2,147	2,147



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- 6.2. The Trust's service plans have delivered savings of £2.147m to month 10 through as combination of planned and unplanned delivery of recurrent and non-recurrent schemes. Further discussions with service leads are ongoing and the forecast is to deliver substantially against the target of £2.732m for the year, and support the delivery of the efficiency target for 23/24.

7. Forward view 2022/23

- 7.1. The data used from the deep dive analysis of the increased inflationary cost impact on expenditure budgets, alongside the overall cost and income performance, supports the financial forecast position for 2022/23.
- 7.2. Alongside the performance in the delivery against the Efficiency target reported in Section 6 of this report, the Trust is forecast to meet its planned financial breakeven position for 2022/23.
- 7.3. There continues to be increases for inflationary cost pressures in other areas of non-pay expenditure due to the cycle of contract renewals, and this information has been incorporated into the financial plans for 2023/24.

8. Financial Planning 2023/24

- 8.1. On 23rd December 2022, the draft financial framework and ICB allocations was issued to NHS organisations.
- 8.2. The national financial planning assumptions for inflation are 2.1% for pay and 4.5% for non-pay, and a minimum level of efficiency at 1.1%. This results in an overall net increase of 1.8% to NHS funded services before any adjustments for growth and service changes.
- 8.3. The uplift only applies to NHS funded services and therefore excludes services funded by the Public Health Grant commissioned by Local Authorities, which will be subject to the DHSC budget allocation processes.
- 8.4. Capital allocations will be split into 3 categories:
 - system level allocation – to cover day-to-day operational investments that have typically been self-financed by organisations in ICS.
 - Nationally allocated funds – to cover national strategic projects already announced such as new hospitals
 - Other national capital programme investments – includes national programmes such as elective recovery, digital
- 8.5. Indicative allocations will be made to organisations alongside an agreed approach to prioritisation against local and national programmes.
- 8.6. Draft financial plans are in progress and will be aggregated to System level for initial submission to NHSE on 23rd February 2023.

