

#	Strategic Objective	Provide Outstanding Care		
(a)	It is our ambition that by 2026: (1)	Our services are inclusive and easy to access (2)	Our services are innovative and drive improvements in outcomes for people (3)	Our services support good health and help prevent ill health (4)
(b)	The ambitions will be achieved when these conditions are met:	<ul style="list-style-type: none"> a. All of our services collect appropriate demographic details, which can be used to ensure an inclusive service for our service users. b. All services use a digital platform to provide patient information and signposting. c. Patient feedback from those with a Learning Disability, sensory impairment or additional needs is routinely gathered and acted upon. d. Patient and carer involvement is reflective of service user diversity. <p>We will be successful when we can evidence in our patients and carers feedback that our services are inclusive and accessible.</p>	<ul style="list-style-type: none"> a. Our Care Quality Commission (CQC) inspection rating remains outstanding. b. Internal self-assessment outcomes and action plans show evidence of improvement. c. Staff are trained in Quality Improvement (QI) and are using it routinely. d. There is an increase year-on-year of research studies being supported. <p>We will be successful when our peer reviews/ external inspections identify the organisation as outstanding, and when QI has been implemented and is being used to routinely improve outcomes.</p>	<ul style="list-style-type: none"> a. The 'Think Whole Family' approach is embedded, and auditable outcomes shown. b. A reduction in hospital admissions attributed to our partnership approach to urgent care (2-hour response and Virtual Wards). c. There is auditable evidence of routine health promotion activity in clinical contacts. <p>We will be successful when there is auditable evidence of routine health promotion activity in clinical contacts, and when the organisation has Advanced Clinical Practice roles embedded within relevant teams.</p>
(c)	Successes: (FY 2024-25 to date)	Demographic Data: The Trust is now reporting on staff usage of the template and on the data, we have obtained through using the template. Additionally, we are incorporating data received from Primary Care on referral (ethnicity, language, religion).	CQC inspection rating & self-assessment: The Trust has implemented a new CQC self-assessment process which has been rolled out to all teams. It is linked to the updated CQC assessment framework (launched in 2024) and has several new elements to it.	Safeguarding: The safeguarding node has been added to the adult safeguarding SystemOne template and this will then be audited to inform improvements in clinical practice. Groups and relationship recording is already embedded into the generic annual record keeping audit.

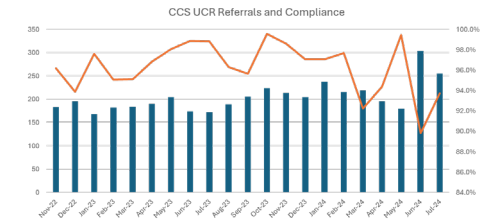
		<p>Monitoring will assist in identifying where more support and training would be beneficial. Further work will be done with the services using Dentally and Lillie systems.</p> <p>The team that developed the templated were runners up in the recent HSJ Digital awards and they have just been shortlisted for the Diversity award at the 2024 Women in Tech Excellence Awards (this is remarkable as this award is open to all industries across the UK).</p> <p>Digital Platform: The team have developed a Health Inequalities Dashboard that links the Trust's data to external datasets i.e Index of Multiple Deprivation and Fingertips. We are working with services to develop user cases to interrogate the information and intelligence.</p> <p>The team have also developed a Health Profiles dashboard that shows the Fingertips data across our Integrated Care Board landscapes.</p> <p>Patient feedback: Between April 2023 and September 2024, 34% of service users who provided feedback via Friends and Family Test</p>	<p>Internal work is progressing with ensuring the Trust's CQC response is co-produced, this will continue as part of the framework development. An initial report on the self-assessment data will be in October 2024, with a final position due at the end of December 2024. This will provide the organisation with an up to date self-assessment position.</p> <p>Peer reviews continue across the organisation.</p> <p>Quality Improvement (QI): The QI Academy training sessions have had over 650 attendances so far. We've held four virtual QI Showcase events where colleagues shared how they've applied what they've learned, showcasing their QI successes to inspire, spread knowledge, and celebrate achievements across the organisation. Additionally, the team have conducted six QI Roadshows to raise awareness, encourage participation in QI, and invite colleagues to future QI Academy sessions.</p> <p>Research: Two research champions cohorts ran last year. These were formally evaluated via surveying and interviewing both the participants and the managers of the participants. This feedback was then used within the current programme,</p>	<p>Named Professionals job descriptions have been updated and are now reflective of a 'Think Whole Family' approach.</p> <p>Joined up reflective safeguarding sessions are working across iCaSH. A supervision offer has been agreed with Luton Adult Services for a more formal arrangement of safeguarding supervision to be in place for staff to gain confidence and knowledge in safeguarding adults. All staff have access to ad hoc safeguarding supervision and where appropriate this is jointly facilitated by the adult and children safeguarding leads. Staff are encouraged to use genograms to support formal safeguarding supervision to support the Think Family approach.</p> <p>All policies and procedures have now been reviewed and aligned to the new Working Together to Safeguard Children 2023. In addition to this the domestic abuse policy has been rewritten and includes a newly written standard operating procedure.</p> <p>Hospital admissions: <u>Urgent Community Response.</u> The team continues to respond to over 90% of referrals within the allocated 2-hour timeframe – see graph below. Although compliance dropped slightly in June and July 2024, this reflects an increase in referral volume. This increase has been driven by an improvement to the volumes coming through the ambulance stack. Although we still do not have a member of the EoE Ambulance Service NHS Trust team on site, the offsite working arrangement has bedded-in and is working effectively.</p>
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answered at least one demographic question. The demographic questions identify service users with a Learning Disability, sensory impairment or additional needs. Comments from service users are reviewed for any additional information about their experience in relation to demographics.

Involvement:

Demographic data is collected by the co-production team and reported quarterly via the Trust-wide Working Together Group. We have just employed 7 patient involvement partners from our communities to work alongside the team.

which is running until November 2024. The intake for this programme has been extended to other local NHS trusts, including Norfolk Community.

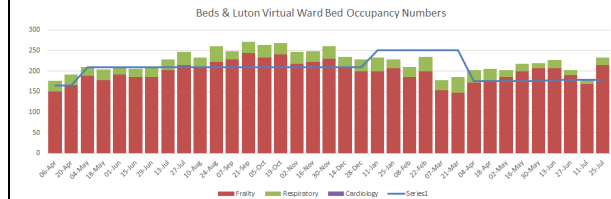


Virtual Ward. A peer review exercise took place during April 2024 comprising three NHSE clinical leaders from the regional team. Good progress had been made following the visit in August 2023 and positive feedback had been received. KPIs:

Key performance indicators

KPI	April	May	June	July	August
Patients on ward *	185	205	219	202	233
% Occupancy	65%	72%	77%	71%	90% (capacity reset)
Readmission Rate					TBC

Across the Bedfordshire Care Alliance, we are above trajectory for the expected number of virtual beds in operation as illustrated in the chart below:



Audit:

A separate health promotion question will be asked to all teams as part of the yearly record keeping audit. Additionally, all audits have been reviewed and a high number already have a health promotion focus, that can be used as evidence to support our activity.

(d)	<p>Challenges & learning: [DN: Describe where actions are stalled or delayed]</p>	<p>Demographic Data: It is noted that the collection of data is only available on SystmOne presently, alongside this not all practitioners are routinely completing the demographic forms.</p> <p>Digital Platform: Ensuring that the data collection is seen as part of everyone's role.</p> <p>Patient feedback: To date review of the FFT (Friend and Family Test) scores at Trust-wide level has identified potential areas for deep dive based on being below Trust target of 90% for positive FFT scores and above 3% negative FFT scores. Further analysis is required to ascertain if these scores are significant and if they are specific to services within the Trust.</p> <p>Involvement: Whilst we are offering service users involved in co-production the opportunity to provide demographic information this is not always provided.</p> <p>There have been some staffing issues with long term vacancies in the co-production team.</p>	<p>CQC inspection rating & self-assessment: The application of the new framework may result in different ratings. The peer review visits have been adapted to meet the needs of the new framework – learning is taken from each visit and incorporated where appropriate) into the planning for the next review.</p> <p>QI: Unexpected absences in the Improvement and Transformation team have caused delays and limited our ability to deliver the QI roadmap. Additionally, we've faced challenges with attendance and participation in QI training and initiatives in certain areas. Struggling with engagement on QI Community.</p> <p>Research: Development of opportunities for commercial study participation.</p>	<p>Safeguarding: Staffing vacancies across the Trust in safeguarding teams have been challenging, this has caused delay in some of the team's work plan delivery.</p> <p>Hospital admissions: <u>Virtual Ward</u>. There are risks that:</p> <ul style="list-style-type: none"> • Work is in hand across the Bedfordshire Care Alliance to enable measurement of the impact Urgent Community Response and Virtual Ward have on admissions avoidance. • There is a risk that in the event of an incident or complaint, it may become difficult to determine which healthcare professional holds responsibility. This lack of clarity could lead to delays in addressing patient concerns, potential confusion among staff, or even disputes regarding liability. <p>Audit: As above.</p>
(e)	<p>Financial risks and issues:</p>	<p>Demographic Data: None</p>	<p>CQC inspection rating & self-assessment:</p>	<p>Safeguarding:</p>

		<p>Digital Platform: None</p> <p>Patient feedback: None</p> <p>Involvement: Financial costs are understood, included in budgets, and reported on to the Trust-wide Working Together Group. It is recognised that co-production is a cost pressure against the corporate nursing budget. No additional financial risks or issues have been identified.</p>	<p>None</p> <p>QI: None</p> <p>Research: None</p>	<p>None</p> <p>Hospital admissions: <u>Virtual Ward</u>. NHSE have confirmed funding for virtual wards will continue recurrently.</p> <p>Audit: None</p>
(f)	<p>New issues or opportunities: [DN: What has emerged that will affect our direction of travel]</p>	<p>Demographic Data: Monitoring completion will assist in identifying where more support and training would be beneficial.</p> <p>Digital Platform: Development work is on-going around the iHub – with opportunities to streamline other types of reporting such as Quality metrics/ data.</p> <p>Patient feedback: No new issues. Now the Quality Improvement Group is established a working group has been set up to review</p>	<p>CQC inspection rating & self-assessment: An opportunity to embed the CQC’s thinking around patient/ carer collaboration and engagement. CQC is under new leadership, there is a risk that the framework and inspection processes will change.</p> <p>QI: Business Intelligence (BI) and improvements identified from patient, quality and internal feedback if triangulated into QI methodology has huge potential to improve clinical care.</p> <p>Research:</p>	<p>Safeguarding: Work to embed the multi-agency working from Working Together to Safeguard Children (2023) has been progressed within each locality partnership children board during the 2024 period. There is a focus in this edition of the guidance that reflects the need to Think Whole Family which supports the Trust’s strategic direction.</p> <p>Plans are being explored to support a new whole Trust duty and advice line for safeguarding which will be staffed on a rota system and will be a one number for both adult and child safeguarding support.</p> <p>Audit: Opportunities to be identified once the outcomes of the audits are known.</p>

		<p>demographic data from service user feedback and incidents.</p> <p>Involvement: Review data cumulatively and consider what it tells us and how to use it to shape future co-production projects.</p>	<p>The team continue to develop our local Standard Operating Procedures (SOP's) for internal research governance and have increased our engagement with commercial studies in a variety of ways, including submitting an increased number of expressions of interest (Eoi) for potential commercial studies and working towards a collaboration agreement with Cambridge University Hospitals NHS Trust to allow the Trust to engage with a wider array of commercial study types.</p>	
(g)	<p>Focus to March 2025: [DN: Describe key actions planned up to September 2024]]</p>	<p>Demographic Data: The team are now monitoring and reporting on staff usage of the template and on the data collected, the aim is to increase usage by all services across all locations. The team will continue to work with providers of Dentally and Lillie systems to develop a demographic data capture process.</p> <p>Digital Platform: We will continue to work with services and the patient liaison service to develop the iHub based on more Equality and Diversity use cases.</p> <p>Patient feedback: Compare response rates with population data to identify if any groups are providing less than</p>	<p>CQC inspection rating & self-assessment: The new Self-Assessment Framework outputs will be finalised in December 2024/January 2025. The peer review planning will continue for 2025. Key colleagues are/ will be accessing latest CQC updates via the CQC and the organisations inspection lead.</p> <p>QI: Continue our existing QI events and forums, including the QI Showcase, QI Community, QI Academy, and QI Roadshows. A QIFest day is planned for March 2025 at Newmarket Racecourse. Additionally, the focus remains on developing advanced masterclasses and ensuring that training leads to tangible QI improvements.</p>	<p>Safeguarding: Job descriptions for all safeguarding leads are being reviewed by the named professionals to reflect a Think whole family & contextual approach to all roles.</p> <p>Plans are being explored to support a new whole Trust duty and advice line for safeguarding which will be staffed on a rota system and will be a one number for both adult and child safeguarding support.</p> <p>NHSE data sets are now to be directly input for Initial and Review health assessment data, Prevent and safeguarding compliance against a number of metrics and will be managed by providers only. This will commence 1st September 2024 and first submission for Q1 & Q2 will be October – November 2024. Developing the assurance process of the data provided to NHSE will be a priority over the next year.</p>

		<p>expected or no Friends and Family Test feedback.</p> <p>Breakdown data by directorate to enable more detailed review. Identify any groups with a statistically significant difference in positive and/or negative FFT scores.</p> <p>Complete deep dive of top 3 identified areas of concern or where changes are most likely to have positive impact on the care experience.</p> <p>Involvement: Support the active cohort of Patient Involvement Partners to become involved in a wide variety of co-production activities.</p> <p>Continue to support our leaders to develop opportunities for patient voice in directorate level decision making.</p> <p>Continue to monitor and analyse demographic information provided by all service users/carers involved in co-production projects.</p>	<p>Research: Aim for end of 2025: The team are looking to create a separate teaching package and a logo has been approved for the research champion's programme. It is hoped to have a post-programme research plan to support RCP (Royal College of Physician) graduates to continue engaging with research and retain their talents.</p> <p>The team aim to review and update the local SOPs for internal research governance.</p>	<p>Hospital admissions: <u>Virtual Ward.</u> Recruitment into Advanced Clinical Practitioner roles have been agreed as a priority. Requirements for pharmacy, Registered Health Care Professional and administrative support are under consideration. A training programme has also been established with a focus on core competencies such as Cannulation and Point of Care Testing.</p> <p>Audit: For the audit process to commence for 2024-25. To review the outputs for the yearly record keeping audit in early 2025.</p>
(h)	<p>Escalations: [DN: Describe any escalations - the Trust's Escalation Framework]</p>	<p>Demographic Data: None</p> <p>Digital Platform: None</p>	<p>CQC inspection rating & self-assessment: None</p> <p>QI: None</p>	<p>Safeguarding: None</p> <p>Hospital admissions: None</p>

		Patient feedback: None	Research: None	Audit: None
		Involvement: None		