

## TRUST BOARDS

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**Title:** KEY ISSUES AND ESCALATION POINTS

**Name of Committee:** Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Trust (CCS) Joint Children's Partnership Board

**Committee Co-Chairs:** Anna Gill and Brian Benneyworth

**Meeting Date:** 20<sup>th</sup> July 2021

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### Summary of key messages:

The Partnership Board received the following:

- **Integrated Governance Report** – the Board received a detailed Integrated Governance Report updating on the following:
  - ✓ Contract and Performance – Agreement continues with commissioners to maintain increased timescales for delivery of universal new birth assessments from 14 days to 21 days and universal 6-8 week assessment to 12 weeks.
  - ✓ Best Start in Life Strategy - a partnership pilot commenced in late June 2021 testing a more collaborative approach to 2.5 year reviews alongside Early Years and Children's Centres. Concerns continue in terms of service delivery related to the 2.5 year review, mainly relating to a continuation of workforce pressures in both Peterborough and the South Locality.
  - ✓ MASH Pathways - The Trust is working across the Joint Venture to align processes and pathways for MASH enquiries and strategy discussions.
  - ✓ Restoration Plans – Restoration plans for service delivery have continued during this period with an increase in 'in person' assessments for the new birth assessment and for young people requiring an initial health assessment. Vision screening has been reintroduced in schools.
  - ✓ Workforce - There are currently a total of 15 WTE vacant Health Visitor posts and 2.12 WTE vacancies for School Nurses equating to 14% of the staff required to deliver the service. Active recruitment continues in all areas.
  - ✓ Estates - The staff consultation to relocate staff base in Peterborough has been concluded. The new estate at Phorpres close is now operational and has been well received.
  - ✓ Quality - No serious incidents have been reported during this period. In Peterborough locality there has been one Freedom to Speak-up concern raised to the CQC relating to staffing levels and service delivery in the 5-19 pathway, which have been responded to in line with process.
- **Operational Pressures** - The Board discussed significant pressures across both CPFT and CCS services in terms of number of referrals, increased level of acuity and wider system pressures coming through Acute Hospitals. The Board recognised the need to be realistic in terms of what is achievable.
- **CAMHS Beds** - The Board noted a recent incident within an inpatient unit, and associated closure of some Child and Adolescent Mental Health (CAMH) beds, with only five beds currently open while repair work continues. The incident has impacted at regional level, and has been incredibly stressful for clinical colleagues, who are already under significant pressure.
- **Children's and Young People Mental Health and Emotional Wellbeing Service** - the Board received a briefing on the implementation of YOUnited, which launched on July 1<sup>st</sup> with an integrated partnership hub. The Board were assured that the service is developing well and were encouraged by the ongoing involvement of parents joining the Co-Production Group, and involvement of young people with continued service evaluation.
- **Children's Collaborative** - The Board received an update on the shared vision for delivering improved outcomes across the health and social care sectors on a sustainable basis and outline

proposal and recommendations for the creation of a Children and Young People (CYP) Collaborative. The Board were reassured that the Children’s Collaborative is fully embedded within the governance of the ICS.

- **Cambridge Children’s Hospital** - The Board received an update on the ongoing development of the Cambridge Children’s Hospital. The Board challenged why CCS did not feature as a partner to demonstrate inclusiveness, which would be raised at strategic level with the Children’s Hospital Board. The Board noted ongoing observations for a clearer flow in and out of the hospital.
- **Staff Survey Results** - The Board received a verbal update on the results of the Staff Survey, which collectively provided positive feedback with the majority of employees responding well to the flexible working approach. Staff are tired but continue to work hard. The Board noted the ongoing work to manage some anxieties around redeployment, different/new ways of working and managing increased business demands.

### Escalation Points:

- Areas of formal concern:
  - ✓ None noted.
- Emerging risks and significant issues:
  - ✓ None.
- Risks of 15 or above:
  - ✓ There were no service risks scoring 15 or above. However, the service has seen an increase in Universal Partnership Plus (safeguarding) activity. Both Trusts have safeguarding increases recorded as a risk on Datix and scored at 16 (CPFT ID: 4009 and CCS ID: 3182).
- Themes from staff/patient stories that impact adversely on the board:
  - ✓ No staff story shared.
- Outstanding practice and innovation:
  - ✓ Best Start in Life Strategy – continues to progress.
  - ✓ Additional work is currently being scoped to determine the capacity required to deliver all the Best Start workstreams – Governance and Finance; One Team Place Based (the current pilots); Culture and People; Digital and data; Infrastructure; and Communications, Engagement and Co-Production.
  - ✓ The Service has successfully recruited to the apprenticeship pathway to ‘Grow our own’ SCPHNs. There will be 6.0 WTE posts across the county – 2 in each locality
- Workforce concerns:
  - ✓ Staff burnout continued to be a concern. The Board reflected on supporting staff, staff pressures and staff morale.

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