



Cambridgeshire
Community Services
NHS Trust

Quality Account 2018-19



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ccs.communications@nhs.net

Map of Trust geographical area – 2019



Summary of our services

- Children and Young People’s Community Health Services (Cambridgeshire and Norfolk).
- The School Age Immunisation Programme (Cambridgeshire, Norfolk, Peterborough and Suffolk).
- iCaSH: Integrated Contraception and Sexual Health Services (Bedfordshire, Cambridgeshire, Norfolk, Peterborough and Suffolk).
- Dental Services (Cambridgeshire, Peterborough and Suffolk).
- Musculo-skeletal Services and Uro-gynaecological Physiotherapy Services (Cambridgeshire and Peterborough).
- The Oliver Zangwill Centre for Neuropsychological Rehabilitation and the Evelyn Community Head Injury Service (ECHIS).
- Children and Adults’ Community Health Services for the residents of Luton.
- Children and Adults’ Community Health services for the residents of Bedfordshire in partnership with East London NHS Foundation Trust (ELFT).

Part 1: Information about the Quality Account

Statement on Quality from the Chief Executive

Welcome to the 2018-19 Quality Account for Cambridgeshire Community Services NHS Trust

We are incredibly proud to share the outstanding range of innovation and service transformation, as well as improved accessibility and patient outcomes, achieved over the last 12 months.

In the 70th year of the NHS and following publication of the NHS Long Term Plan which includes a clear shift to fund and develop community based care, what better time to celebrate these initiatives.

Highlights from our transformation programme include:

- bringing together health and care partners across Luton to reduce hospital admissions for the most frail older people;
- a wide-ranging redesign of our 0-19 services in Bedfordshire; implementation of which has begun and will result in improved outcomes for children, young people and families;
- innovation across our regional iCaSH contraception and sexual health services including 'Express Test', an online and postal screening kit sent to over 40,000 people last year;
- the launch of a new Norfolk Healthy Child Programme Service pathway for healthy weight, and a new emotional health pathway for young people;
- the redesign of our musculoskeletal physiotherapy service improving waiting times and accessibility, and piloting an innovative First Contact Practitioner in partnership with a GP practice;
- implementation of an integrated Healthy Child Programme across Cambridgeshire and Peterborough with Cambridgeshire and Peterborough NHS Foundation Trust.

A range of digital innovations introduced over the year are offering new and exciting ways to deliver and improve health including:

- a hearing device for children with glue ear, designed by Dr Tamsin Brown, Community Paediatrician, to avoid developmental delay during 'watchful waiting' periods, which won the Child Journal Prize at the British Association of Community Child Health conference;
- our Just One Norfolk digital platform which is improving access to advice and evidence-based services for families, so much so that we will be working with Norfolk County Council to integrate the Council's Early Childhood and Family Service into this platform;
- working with Norfolk GPs and young people, we launched a Health Passport App aimed at 16-19 year olds to improve access to health advice, support and information;
- launching ChatHealth, a text-based service for young people to access support in Luton, Cambridgeshire and Bedfordshire, joining the successful ChatHealth service already helping thousands of families in Norfolk;
- rolling out the Breastfeeding Hub mobile app; an information hub and interactive map of breastfeeding friendly venues which parents can rate and recommend.

Feedback from our service users this year has been incredibly positive. During the year, 96% of the 34,234 service users who answered the Friends and Family Test (FFT) question ("How likely are you to recommend our service to friends and family if they needed similar care or treatment?") said they would recommend our services to friends and family. Some of the most memorable feedback has been at our public Board meetings where we heard first-hand how our services are changing people's lives, as well as how we can further improve services. You can read more about these powerful stories later.

None of the above would be possible without our passionate staff who make the Trust such a fantastic place to work as evidenced through our amazing annual staff survey results. We know that an engaged and happy workforce is directly linked to the provision of great patient outcomes, so we were particularly pleased that our staff engagement score from the survey was the 3rd highest nationally for all NHS providers.

As a result of our continuous quality improvement programme, we are proud to confirm that the Care Quality Commission rated our services 'Good' with some outstanding features following their 2018 inspection.

The Trust has achieved the vast majority of its quality, financial and performance ambitions and targets in the last 12 months. It has been another challenging year financially for the Trust but we successfully achieved an operating surplus of £619,000. As the Trust has managed its budget to the plan agreed at the beginning of the year, we were awarded a one off financial sum from NHS Improvement's Sustainability and Transformation Fund (STF) of £3,236,000. Adding together our real surplus and the national STF created an annual surplus figure for our accounts of £3,855,000.

We were pleased to make a step change in the way we involve service users and community representatives in developing and improving our services last year, and thank them for their enthusiasm. We would also like to thank Dreamdrops children's charity and the Friends of Wisbech Hospitals who continued to help us improve the quality of services we provide. Without their dedication and support, our task would be even harder.

I can confirm on behalf of the Trust's Board that to our best knowledge and belief the information contained in this Quality Account is accurate and represents our performance in 2018-19 and reflects our priorities for continuously improving quality in 2019-20. We are proud to provide high quality innovative services that enable people to receive care closer to home and live healthier lives. We hope the examples in this report demonstrate just some of the innovative ways we are supporting people across the East of England and improving their quality of life.



A handwritten signature in black ink, appearing to read 'M. Winn', written over a white background.

Matthew Winn
Chief Executive

Statement from the Chief Nurse and Medical Director

Our Quality Account this year reflects the phenomenal energy, passion, commitment, dedication and enthusiasm of our staff who constantly strive to seek new ways to improve the quality of care that they deliver. We are proud to lead this fantastic workforce who are committed to delivering outstanding, innovative care every day to our patients, service users and carers.

Our Trust values of Honesty, Empathy, Ambition and Respect are lived and breathed by our staff throughout their time at work and we continually see examples of how they treat people (both patients and other staff) with dignity, respect, compassion and kindness.

We have focused this last year on involving people in improving the ways in which our services are delivered. This includes patients, service users and carers alongside people who live in the communities in which we offer services. Our ambitions includes listening to people's views and experiences, looking at ways to include people in decisions about service improvements and seeking new ways to review and check standards of care through the experience of patients and service users.

We continue to embed our innovative programme 'Our Quality Way' which is underpinned by 'Our Improvement Way'. Both of these are designed to help staff see where they fit into delivering high quality care on a daily basis. In addition, they outline how our staff can make changes and improvements in a structured manner, be empowered to see what needs to improve and then make the changes which directly benefit patients and service users.

As new services join us, we are proud to share our open, honest and caring ethos and way of working. We seek to share examples of best practice across all services in order to deliver the highest quality service at every contact with our patients and service users.



A handwritten signature in black ink, appearing to read 'David Vickers'.

David Vickers
Medical Director



A handwritten signature in black ink, appearing to read 'JK Curtis'.

Julia Curtis
Chief Nurse

This Quality Account outlines a wealth of quality related activity and achievements and highlights performance against our ambitious targets. We would like to take this opportunity to thank each and every member of staff for their contribution to delivering outstanding care during 2018-19, whether they work directly with patients and service users or behind the scenes to support those who do.

About the Quality Account

What is a Quality Account?

Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer. It allows leaders, clinicians and staff to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public.

Our Quality Account is divided into the following sections:

Part 1	<ul style="list-style-type: none">▪ Statements about our Quality from the Chief Executive, Chief Nurse and Medical Director.
Part 2	<ul style="list-style-type: none">▪ Priorities for the Trust to improve the quality of our care during 2019-20.▪ Statements about the quality of services provided by the Trust which also allow readers to compare us against similar organisations.
Part 3	<ul style="list-style-type: none">▪ A review of quality performance. This demonstrates how the Trust has performed throughout 2018-19.

Our Quality & Clinical Strategy

Our Chief Nurse is the Executive Lead for Quality across the Trust and is responsible for keeping the Board informed of Quality issues, risks, performance and good practice.

Our three year Quality and Clinical Strategy 2018-2021 outlines our approach to Quality improvement and identifies four detailed priorities:

Priority 1: Safety

Goal: A mature Patient Safety culture is evidenced throughout our services.

Priority 2: Evidence Based & Innovative Practice

Goal: Clinicians deliver practice based on best available evidence and the effectiveness of treatments and interventions is measured.

Priority 3: People Participation

Goal: We will move from a 'patient engagement' to a 'People Participation' approach where service users, patients and local communities help to shape and improve future service provision.

Priority 4: Learning and Continuous Improvement

Goal: High quality care is delivered by clinicians who have learned from the experiences of patients, service users and staff and continually seek to improve.

Part 2: Priorities for Improvement and Statement of Assurance from the Board

Quality Improvement Priorities for 2019-20

Five key characteristics of high quality services are identified by the Care Quality Commission (CQC) which asks:

- Are services safe?
- Are services effective?
- Are they caring?
- Are they responsive to people's needs?
- Is the organisation well led?

Our Quality Priorities for 2019-20 are taken from the Trust's revised Quality and Clinical Strategy 2018-2021 and reflect these characteristics:

Priority 1: Safety

Goal: A mature Patient Safety culture is evidenced throughout our services.

- Activity:**
1. Introduce a suitable 'patient safety escalation' process applicable to our diversity of services.
 2. Introduce and train key staff in the delivery of Schwarz rounds to support staff when things go wrong by providing reflective space for learning.
 3. Implement a revised safeguarding support model across all services, ensuring that staff have access to high quality and timely supervision, advice and training to protect vulnerable people.
 4. Roll out the use of the safety questionnaire that has been developed within the Meridian database to support understanding of safety culture in services.
 5. Continue roll out of Human Factors Awareness training.
 6. Continue to maximise the use of Datix as a repository of evidence that learning and actions have taken place after incidents and complaints have been concluded.

Priority 2: Evidence Based & Innovative Practice

Goal: Clinicians deliver practice based on best available evidence and the effectiveness of treatments and interventions is measured.

- Activity:**
1. Introduce and implement a clinical audit program that tests clinical consistency and standardised practice across the wide geography of our services.
 2. Introduce multi-disciplinary panel discussions for all relevant new national guidance (NICE, NHSI).
 3. Continue to develop our network of clinical leaders through a collective leadership model; to share innovative practice and shared learning.
 4. Measuring effectiveness of practice will continue to be developed through using and improving our services' patient outcomes measures (POM). Where there are no patient outcomes measures in place (using results from Year 1) we will support services to develop and recognise how these could be implemented and used to support evidence based practice.
 5. To continue to develop our clinical research network and clinical research facilitator roles aligned to our service areas, in order to support our quality improvement work.

Priority 3: People Participation

Goal: **We will move from a ‘patient engagement’ to a ‘People Participation’ approach where service users, patients and local communities help to shape and improve future service provision.**

- Activity:*
1. We will continue with and develop the board assurance around our people participation approach. This will be achieved by inviting external experts (from our local communities) to be part of our working groups and assurance process in order to provide further support and a ‘critical friend’ review process.
 2. Co-production roles will be included in all service plans, and they will support all services to plan and scope how co-production will be part of developing and strengthening the health care offered within the communities we serve. Co-production leads will build networks and relationships to support our process for co-production within their services and align these across the Trust.
 3. We will work collaboratively with our stakeholders, local communities and other health care providers to support co-production within the services we develop, in line with the communities we serve.

Priority 4: Learning and Continuous Improvement

Goal: **High quality care is delivered by clinicians who have learned from the experiences of patients, service users and staff and continually seek to improve.**

- Activity:*
1. Development of a consistent learning methodology using Our Improvement Way that enables us to use all sources of information (incidents, complaints, safeguarding case reviews and feedback) to learn and improve care delivery.
 2. Develop an enhanced root cause analysis training programme for our clinical leaders to include strategic analysis of findings.
 3. Refine our Learning from Deaths process and analysis proportionately to our community based service portfolio.
 4. Continue to embed Our Improvement Way methodology.

How the Trust’s quality priorities are monitored, measured and reported

The four priorities outlined in this section are underpinned by annual implementation plans. These outline measurable outcomes for each priority for the year and progress is reported to and monitored by our Quality Improvement & Safety Committee and summarised to our Board.

Statement of Assurance from the Board

2.1 Review of services

During 2018-19 Cambridgeshire Community Services NHS Trust has been privileged to provide and/or sub-contract a wide range of community based NHS services to people in their own homes or from clinics across Bedfordshire, Cambridgeshire, Luton, Peterborough, Norfolk and Suffolk, and one acute service (Acute Paediatrics at Hinchingsbrooke Hospital, Huntingdon) as summarised in the table at the back of this report (see Appendix 1).

From 1 April 2018, we were delighted to welcome to the Trust colleagues from Bedfordshire Children's Services, Oral Health Improvement Service, Acquired Brain Injury Service and Neuro-Rehabilitation Service as part of the children and adults services we are providing across Bedfordshire with East London NHS Foundation Trust, further adding to our growing regional service portfolio and expertise in children service areas.

In line with our Five Year Strategic Plan, the Trust had given notice to commissioners in 2017-18 that it would no longer provide the acute children's services based at Hinchingsbrooke Hospital which transferred to their new employer, North West Anglia NHS Foundation Trust (NWAFT), on 1 April 2019.

Cambridgeshire Community Services NHS Trust has reviewed all the data available to them on the quality of care in 100% of the NHS services we deliver. The income generated by these services represents 100% of the total income generated from the provision of NHS services by the Trust during this 12 month period.

2.2 Learning from deaths

The Trust introduced a Learning from Deaths policy and committee in September 2017, in response to the National Quality Boards Guidance that outlines the requirement to learn from unexpected deaths and work directly with bereaved families. This guidance was written for the acute sector with community trusts required to consider how they learn from deaths in their inpatient facilities. It covers deaths not investigated in any other process such as child deaths which are covered by the Child Death and Overview Panels (CDOP) and the Learning Disability Mortality Review (LeDeR programme).

During 2018-19, the Learning from Deaths Group met quarterly and reviewed data and reports received from our Luton Adults Services which is covered by the Trust policy. The discussion and learning has matured during this year with some agreed changes to the scope of the policy and refinement of the reviewing of deaths to be introduced in 2019-20. The learning from deaths screening tool, which was introduced in Luton Adult Services, has been challenging to implement resulting in time consuming retrospective audits of records at the end of each quarter. The focus will move towards looking in detail for rich learning from particular cases going forward. A full review of the policy and related process has been completed with a revised approach from April 2019. The group also receives information from the Child Death Overview Panels and any applicable learning.

The introduction of the Medical Examiner role nationally will also enhance the learning we can participate in going forward within health systems. The Learning from Deaths Group also reviewed the Gosport Hospital Enquiry recommendations and these were discussed at the Quality Improvement and Safety Committee, with a view that we have measures in place as required.

Expected deaths – Luton Adults

Quarter	No of Deaths	No of cases reviewed
1	127	60
2	130	82
3	50	50 The Palliative Care Specialist Nurse who carried out the review believed this figure was accurate as the data was cleansed for accuracy.
4	193	115

A retrospective review of just over 50% of records carried out throughout the year noted that all deaths were expected. Records were reviewed to check:

- That care was delivered as planned.
- Were there any gaps or omissions/concerns raised by staff or family members?
- Were there lessons to be learned?
- Was further action required, e.g. Root Cause Analysis?

Overall

In the majority of cases, for those patients who died at home, there was evidence of good quality care and collaborative working between the District Nursing Team – including the Out of Hours Team – and the Specialist Palliative Care Team. Some of the patients were under the care of five different teams and the co-ordination of care was very good. We also noted that some relatives contacted the service after the deaths of their family members to express their gratitude for the care and compassion delivered by Trust staff.

The reviews also highlighted that relatives were offered bereavement support. The Do Not Attempt Resuscitation and anticipatory drugs paperwork were available in the homes of the patients. The communication between GPs and community staff to ensure optimum care for the patients was also noted as good practice.

Learning

- Provide accessible Sepsis awareness training to all relevant staff.
- Refresh staff knowledge of the End of Life Care template in SystemOne.
- Remind staff that communication is key to all elements of End of Life Care.
- Remind staff what to do if someone does not answer the door and the escalation process to gain access to a home if concerned.

Next Steps

- Introduce the revised policy and processes for Learning from Deaths, to ensure all learning opportunities are captured.
- Continue to take account of the evolving guidance being shared from NHS Improvement (NHSi) and other routes, playing an active role as a community trust regionally.
- Plan and embed in all services bereavement information that is given to relatives routinely, regardless of which services patients may be cared for.
- Explore how we can link into the learning from child deaths investigated via the Child Death Overview Panel (CDOP) with meaningful information routinely

2.3 Seven day services

During 2018-19 the Trust continued to manage acute paediatric services on the Hinchingsbrooke Hospital site and have been implementing the NHS Improvement Priority Clinical Standards for the inpatient units. These services transferred to North West Anglia NHS Foundation Trust (NWAFT) at the end of March 2019.

2.5 Participation in clinical research

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

The number of patients receiving NHS services provided or sub-contracted by Cambridgeshire Community Services NHS Trust in 2018-19 that were recruited during that period to participate in research approved by a research ethics committee was 377.

In 2018-19 a total of 25 research studies were running within the Trust. Of these, 15 studies were National Institute for Health Research (NIHR) portfolio studies (*Table 1*) and 10 were non-portfolio studies of which three were student major projects (*Table 2*). A total of 785 participants were recruited into NIHR portfolio research studies in this period. A total of 85% being contributed by the Ambulatory Care Division and 14.75% from the Children & Young People's Service, the remaining 0.25% was attributable to Corporate Services. Where applicable, all NIHR studies were established and managed under national model agreements.

Table 1: NIHR Portfolio Studies running in the Trust

Study Name	Participants
Dental Questionnaire	400
Safetxt: a randomised controlled trial of a safer sex intervention	116
HIV Pre-exposure Prophylaxis (PrEP) Impact Trial	136
Improving pulmonary rehabilitation	2
The Better Outcomes for Older People with Spinal Trouble (BOOST) programme	8
Work outcomes in people with arthritis (MSK PROMS)	6
Cost of autism study	36
Best Way to Feed Premature Babies (FEEDS)	31
EuPatch	4
Preventing Return to Smoking Postpartum (PREs Study)	3
Equality for Children & Young People with learning disability	8
Pre-appointment Information	8
Fluenz (commercial study) prevalence of side effects	5
Health Care Professionals Training in assistive technology	20
Embedded models of knowledge co-production in the NHS (EMBEDDED)	2
Total	785

Table 2: Non-portfolio studies

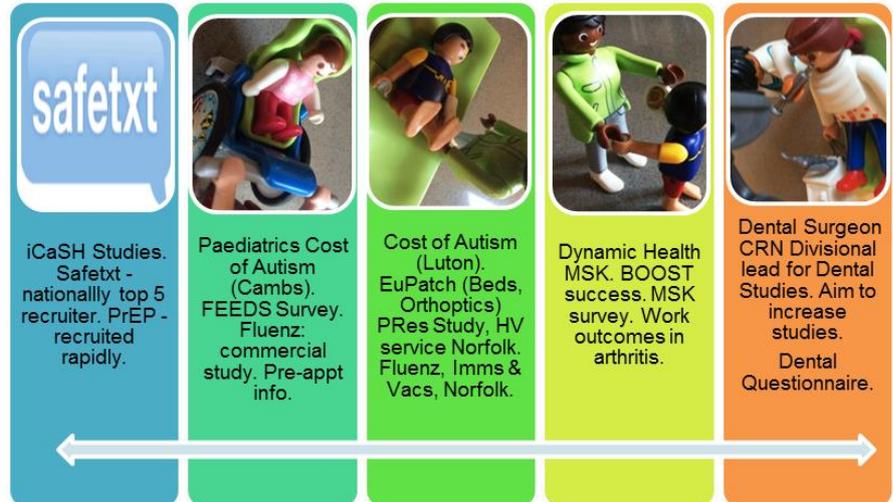
Study Name	Potential Impact/s
Tools to measure organisational culture within the NHS	External PhD
Patients' perception of root canal treatment	External MSc
Spouse experiences of change after brain injury	Could contribute to changes in care offered to carers.
The possible selves of people with Acquired Brain Injury	External Professional Doctorate
Combined interventions for targeting executive function	External Professional Doctorate
Autism Spectrum Database UK (ASD-UK)	Contributes to national database for autism.
Watchful waiting of glue ear	Innovation – adaptation of bone conductors
Patient & Public Involvement: Feedback Cycle	Dissemination of posters. Paper accepted. Public need to have feedback regarding their input.
Genital Wart lifts	Improves techniques and add to knowledge.
Sex and Drugs Survey	Potential link to patient care.
Total: 10 studies	

The Glue Ear study (included in Table 2 above), led by Dr Tamsin Brown, Consultant Community Paediatrician, has successfully resulted in the development of an innovative hearing device which is helping children with glue ear avoid developmental delay during 'watchful waiting' periods. Work is underway to bring the device to the market in the coming year. An aligned app was also launched this year, which is available free of charge to all families diagnosed with glue ear.

The clinical areas, which adopted the NIHR studies, are shown in *Figure 1*. Ambulatory Care, which includes the iCaSH (sexual health) and Dynamic Health (Musculoskeletal) services remain the highest recruiters, followed by Children and Young People's services.

In this period the National Institute for Health Research (NIHR) Networks supported all of the NIHR studies through local research networks. All new studies were approved via the Health Research Authority (HRA) followed by Trust confirmation of capacity and capability to host the research. During 2018-19 the Trust issued seven letters of access and one honorary research contract.

Figure 1: NIHR Portfolio Studies across clinical areas



In the last year four peer-reviewed publications have resulted from research carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications related principally to neuro-rehabilitation, including results from using the EQ5D-5L outcome measurement tool, a case study, and two papers on stroke from a NIHR national study which was completed a couple of years ago.

We also had clinical staff attending national and international conferences to present their work, either via oral presentations or academic posters.

Fellowships, internships and awards

The Trust actively encourages staff to apply for funded research programmes that combine personal development opportunities with a clinically based project (*Figure 2*). This year we have had continued success in gaining funding for staff development of research skills with the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) programme. Four staff were successful in being awarded the Fellowship. We have also had success with the Health Education England (HEE) awards, with one clinical staff obtaining a 'Masters to PhD' fellowship to allow

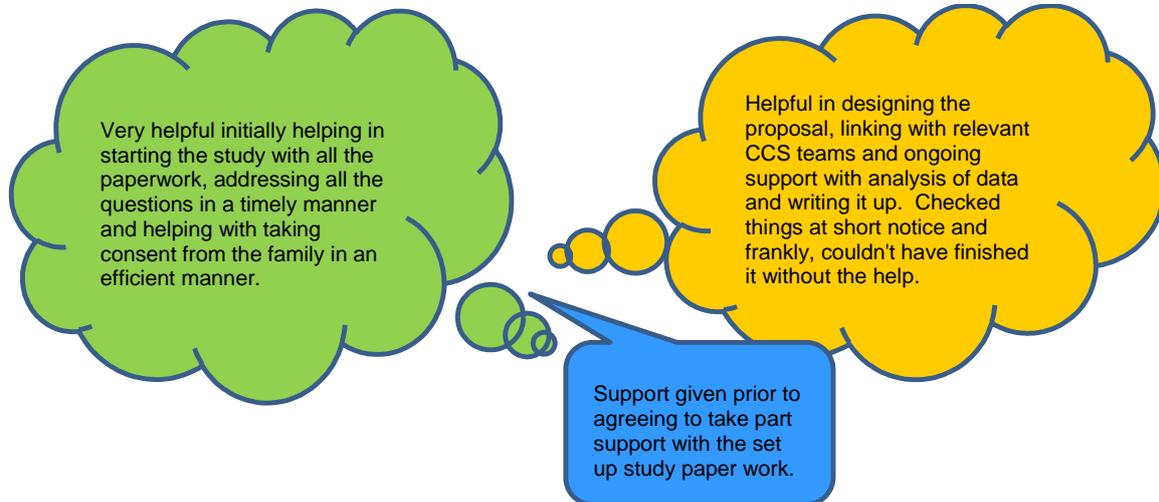
Figure 2: NIHR Clinical Fellowships Obtained



time and access to expertise to complete a NIHR application for a PhD fellowship, plus some preliminary preparation time. Another clinician was awarded some ad hoc HEE funding to undertake some MSc modules.

Feedback from users of the Trust Research Service

The Trust Research Team has started to obtain feedback from clinical users of the service, via an adapted style 'Friends and Family Test' questionnaire. Some quotes are shown below.



Research, Development and Innovation are recognised as being extremely important to the Trust, contributing to evidence-based practice and improving the effectiveness of care for patients. More clinical staff are being involved in the research process, both the NIHR portfolio and non-portfolio studies, and are requesting help and support from the Trust's Research Team to ensure that their research is successfully completed.

2.6 Use of the Commissioning for Quality and Innovation (CQUIN) framework

A proportion of Cambridgeshire Community Services NHS Trust's income in 2018-19 was conditional on achieving quality improvement and innovation goals. These were agreed between Cambridgeshire & Peterborough Clinical Commissioning Group, NHS England and Luton Clinical Commissioning Group and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The Trust is on track to deliver the majority of the CQUINs agreed for 2018-19. However, the Trust anticipates receiving partial payment for the Flu vaccination CQUIN which requires a highly challenging rate of vaccination amongst front line staff. The wide geography of the Trust with staff dispersed in well over 100 premises was just one of the challenges facing the Trust in achieving this target. Additionally, the Trust voluntarily relinquished part of the CQUIN scheme for Medicines Management due to the cost of achieving the outcome to the service.

The Trust has not yet negotiated CQUIN schemes for 2019-20 and continues to work with Commissioners to facilitate agreement as soon as is practical. National guidance is yet to be received on the CQUIN schemes, however it is known that the proportion of funding allocated to CQUIN will be reduced and NHS England has expressed a clear intent to simplify schemes and support more effective use of the mechanism.

Further details of the agreed goals for 2018-19 and for the following 12 month period are available at [Cambridgeshire Community Services NHS Trust/CQUIN](#).

2.7 Statements from the Care Quality Commission (CQC)

Cambridgeshire Community Services NHS Trust is required to register with the Care Quality Commission and its current registration status is 'Good' with no conditions. The current CQC ratings grid is shown below.

The Trust is subject to periodic reviews by the Care Quality Commission and the last review was in March/April 2018. The CQC's assessment of the Trust following that review was 'Good' with no conditions.

The Trust was pleased to host a team of CQC Inspectors to the Trust in March and April 2018 as part of their planned programme of inspection visits. We are incredibly proud to report that the Inspection Team rated the Trust 'Good' in all areas inspected, as summarised in the first page of our inspection report (full report available at [CCS NHS Trust - CQC Inspection Report - 2018](#)). In addition, the Inspection Team rated our Dental Services 'Outstanding' for its caring approach.

These ratings reflect the innovation, hard work and commitment demonstrated by our staff on a daily basis.

The Care Quality Commission has not taken enforcement action against Cambridgeshire Community Services NHS Trust during 2018-19.

Cambridgeshire Community Services NHS Trust has participated in a special review or investigation by the CQC relating to the following area during 2018-19:

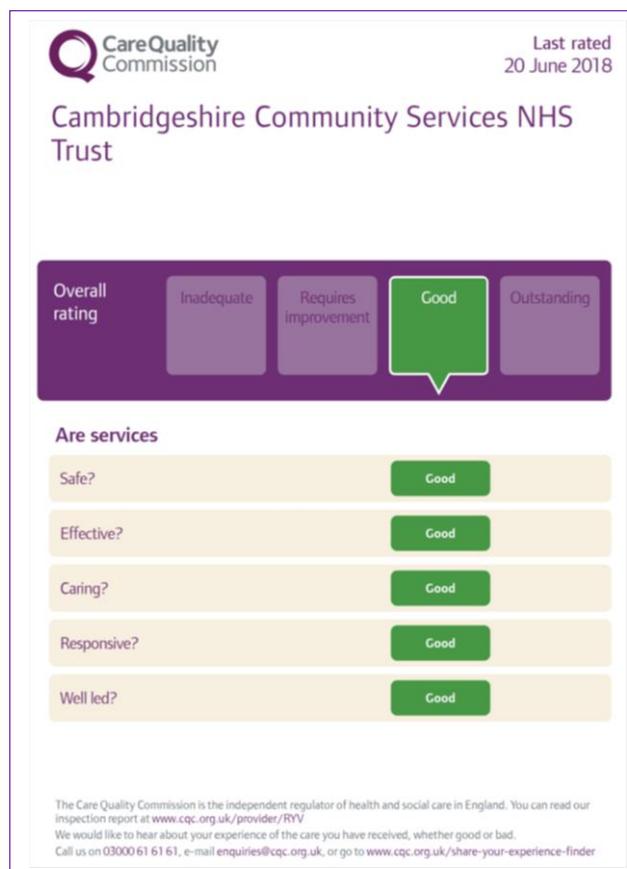
Luton Local Area Special Education Needs and Disabilities (SEND) inspection

In December 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the Luton local area to judge its effectiveness in implementing the special educational needs and disability (SEND) reforms set out in the Children and Families Act 2014. This inspection looked at how effectively partners in Luton worked together to identify, assess and meet the needs of children and young people aged 0-25 with SEND to improve their outcomes.

The inspection highlighted a number of strengths and also areas of significant concern which meant that the Luton Local area was required to produce and submit a Written Statement of Action (WSOA) to Ofsted that explained how the areas of concern will be addressed. This was due to be submitted to Ofsted in May 2019.

This is a system wide action plan and therefore the Trust is required to contribute to a range of improvement activities. Specifically, Cambridgeshire Community Services NHS Trust intends to take the following actions to address the conclusions or requirements reported by the joint inspection:

- To implement an internal service redesign programme within the Edwin Lobo Centre and co-produce with system partners a new neuro-developmental disorders pathway.
- To support the design and implementation of a Communications and Language model (of which the Trust's Speech and Language (SaLT) services are one part of the service



model). This includes the decision for the Trust to jointly fund with Luton Local Authority Education Services, a dedicated SaLT for the three Special Schools.

- To support the design and business case for an Occupational Therapy (OT) sensory processing service offer (and whilst this is being finalised, provide OT sensory training programmes for parents and school staff).
- To confirm the role of the 0-19 Healthy Child Programme (HCP) school nurses in supporting needs for Children & Young People with additional needs.
- To support the development of an early years (0-5yrs) SEND facilitator role (funded by Flying Start).

2.8 Data quality

Statement on relevance of Data Quality and your actions to improve your Data Quality

The Informatics Team has made substantial progress in overhauling the Trust's ability to observe and report data quality issues across its clinical systems. The Team has developed reports for specific services or areas of concern and attends management meetings to agree required service actions to resolve issues.

The Informatics Team has significantly improved its ability to track individual recording errors across its portfolio of based services, as well as its ability to identify cases of where data is inconsistently recorded.

The Trust will be taking the following actions to improve data quality:

- Improving automation of key data quality exception reports.
- Create data quality summaries for service leads and directors.
- Improve validation of external data sent to the Trust by partner agencies.
- Generate and automate trust wide data quality summaries, to complement existing bespoke service-specific ones currently in use.
- Set in place service data quality improvement trajectories and work with service leads to monitor performance against compliance.
- Utilise NHS Benchmarking Network resources to compare and improve the Trust's data quality against other providers.
- Work with other informatics leads in the regional health analytics community network to resolve data quality issues between provider interfaces.

Our data quality impacts on all monthly performance reporting to management and commissioners alike. Low volumes of errors equate to more comprehensive and accurate reporting of historic events. At present the Trust is not subject to payment by results for activity delivered but does share reporting across services with all relevant parties against agreed delivery plans and thresholds.

The Trust submitted records during April 2018 to February 2019 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- which included the patient's valid NHS number, was:

- 99.7% for admitted patient care
- 99.8% for outpatient care
- Not applicable for accident and emergency care

- which included the patient's valid General Medical Practice, was:

- 100% for admitted patient care
- 100% for outpatient care, and
- Not applicable for accident and emergency care

2.9 Data Protection & Security Toolkit

The Information Governance Toolkit has been replaced by the Data Protection & Security Toolkit. The Toolkit is designed to test compliance with the National Data Guardian's 10 data security standards. There are 40 Assertions to be met and 100 pieces of mandatory evidence to provide. We submitted our baseline assessment in October 2018 and the full assessment on 29 March 2019 to NHS Digital. All standards were met as assessed by the algorithm used by NHS Digital.

Scoring of the Toolkit has also changed. There are three possible ratings:

- Critical standards not met
- Standards met
- Standards exceeded

The Trust's compliance with mandatory information governance training was at 96% as at 31 March 2019.

2.10 Clinical coding error rate

Cambridgeshire Community Services NHS Trust was not subject to the Payment by Results clinical coding audit during 2018-19 by the Audit Commission.

Part 3: Review of Quality Performance 2018-19

This section demonstrates the Trust's achievements throughout 2018-19 for the priorities outlined for this period in our Quality strategy.

3.1 Quality Improvement Priorities 2018-19

A wide range of activities identified in the Quality and Clinical Strategy 2018-21 have been reported through our internal governance processes and summarised in Public Board papers. A number of these were identified in our 2017-18 Quality Account as key priority areas of focus and a summary is detailed below.

Priority 1: Safety	
Goal: A mature Patient Safety culture is evidenced throughout our services.	
A Safety Culture audit will be undertaken in each service during 2018-19 and an improvement plan identified.	We have used staff survey data to analyse staff attitude to safety and reporting of incidents, which showed a robust culture in this area. Using the Manchester Patient Safety Culture tool, a short targeted questionnaire was developed within Meridian (our web-based survey system) and piloted in Dental Services this year. The questionnaire is being rolled out to other services to underpin our focus on safety.
A patient safety based escalation programme will be developed and introduced across our services. This is designed to empower staff who are concerned about an immediate patient safety issue to question and challenge another clinician/ staff member in a non-threatening and depersonalised way.	Due to the diverse nature of our services and finding a suitable model to implement, this remains an on-going piece of work and has been identified as a priority for 2019-20.
We will undertake a 'stock take' of our safeguarding resources and processes to identify areas for quality improvement activity based on our wide portfolio of services.	A review has been completed and is informing changes in the structure and process of our safeguarding approach.
Continue to focus on improving the ways that we share key learning from patient safety incidents.	This continues to be an on-going work area. Our services are supported to receive and take action on all learning from safety incidents. This remains a priority for 2019-20.

Priority 2: Evidence Based & Innovative Practice	
Goal: Clinicians deliver practice based on best available evidence and the effectiveness of treatments and interventions is measured.	
We will identify appropriate patient outcome measures for each of our services and review relevant sources of data to inform future benchmarking opportunities.	A Patient Outcome Measures (POMS) project is underway. Led by our research team, key staff are working on POMS that are applicable to the diverse work of the Trust and impact of care interventions for patients.
Review our clinical audit programme to ensure that we have a strong baseline from which to identify variation in practice and inform a plan to reduce unwarranted variation in standards across services.	Clinical audit is embedded well in our services where it is a natural fit. Looking forward, our audit and evaluation programme aims to be inclusive of all our services and support in this will be provided.
Undertake a review of networks that our clinical leaders participate in and strengthen the links from these across our services	Our clinical leaders are supported and encouraged through the Clinical and Professional Committee. Further work to link clinical leaders to each internally and externally is underway and is a priority for 2019-20.

Priority 3: People Participation	
Goal: We will move from a 'patient engagement' to a 'People Participation' approach where service users, patients and local communities help to shape and improve future service provision.	
Undertake a review of resources required to underpin our People Participation approach.	This work has been completed. A Co-Production Lead is now based within each of our Service Directorates.
Develop governance arrangements to ensure that People Participation activity is considered alongside patient experience feedback and patient engagement activity.	This work has been completed. A clear governance process is in place with the introduction of the People Participation Committee and related working groups.
Evidence and share improvements to practice related to People Participation.	This is work in progress and is one of our key priorities in 2019-20.

Priority 4: Learning and Continuous Improvement	
Goal: High quality care is delivered by clinicians who have learned from the experiences of patients, service users and staff and continually seek to improve.	
Continue to develop and embed our Learning from Deaths processes to ensure that we can share learning and make appropriate changes to the care that we provide.	In the last year our approach to Learning from Deaths has matured. The policy and process for this has been reviewed with a focus on learning rather than data capture. As a community trust we are actively involved with the Regional Learning from Deaths Group and link with acute trust colleagues to learn together on specific cases.
Continue to embed 'Our Quality Way' and underpinning 'Improvement Way'.	The Quality Way is now embedded across the Trust and continues to be our approach to quality improvement. It underpins how we focus on clinical quality across the organisation.
Raise awareness of using data for improvement and train staff appropriately.	This is very much work in progress and features in our 2019-20 priorities.
Continue to improve how we learn from patient and staff feedback relating to when things go well and not so well in order to make improvements to the care that we provide.	The implementation of a panel approach to learning from incidents and from complaints has gone well. Further on-going focus is required to ensure that we are able close the loop on learning of any kind and is integrated in our 2019-20 priorities.

3.2 Our Quality Way

Our approach to quality improvement is set out in 'Our Quality Way' which is a layered approach to ensure that quality is at the heart of everything we do – see below.





In 2018-19 we further embedded this concept throughout our services ensuring that every member of staff (current and new) was aware of our approach and remained fully engaged throughout.

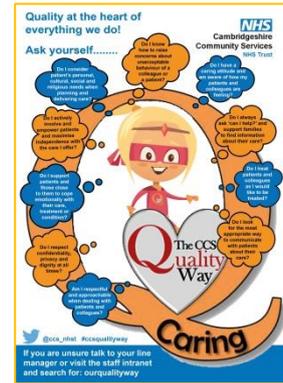
Our Quality Way provides a framework to help all staff understand and contribute to the delivery of high quality services. Central to Our Quality Way is a culture where every member of staff is caring, compassionate and treats people with dignity and respect; where continuous improvement flourishes and staff are empowered to drive change to improve services.

Our Quality Way reflects the five Key Lines of Enquiry (KLOEs) that the Care Quality Commission:

- **Are services safe?** Are people protected from abuse and avoidable harm?
- **Are services effective?** Do people receive care, treatment and support that achieves good outcomes, promotes a good quality of life and is based on best available evidence?
- **Are services caring?** Are people involved in their care, is their care tailored to their needs and are patients treated with compassion, kindness, dignity and respect?
- **Are services responsive?** Do people get the treatment or care at the right time, without excessive delay and are they involved and listened to?
- **Are services well led?** Is there effective leadership, management and governance at all levels that assures the delivery of high quality, person-centred care, supports learning and innovation and promotes an open and fair culture?

Actions in 2018-19 included:

- As part of the assurance process, Services refreshed their annual self-assessments and identified areas for improvement.
- A programme of supportive Our Quality Way Peer Review visits (of which there were five) were undertaken with areas of outstanding practice and improvement identified. This programme continues into 2019-2020.
- The Our Quality Way approach was introduced and embedded into the new Bedfordshire services which joined the Trust in 2018.
- A joint Our Quality Way and Our Improvement Way interactive induction session for all new employees was introduced, aiding learning and understanding.
- Fully supportive intranet page for staff to use and access Our Quality Way resources, such as the posters shown here.



3.3 Patient safety activity

Infection Prevention and Control

The Trust continued to roll out an extensive infection prevention and control work programme. We are proud to report that there were zero cases of Clostridium difficile, MRSA bacteraemia, MSSA bacteraemia or E.Coli bacteraemia across the Trust in 2018-19.

The Trust's seasonal influenza vaccination programme reported an uptake of 65.77% from our frontline staff which was an increase of 3.37% on the previous year's uptake. An additional 403 Trust support staff were also vaccinated during this period.



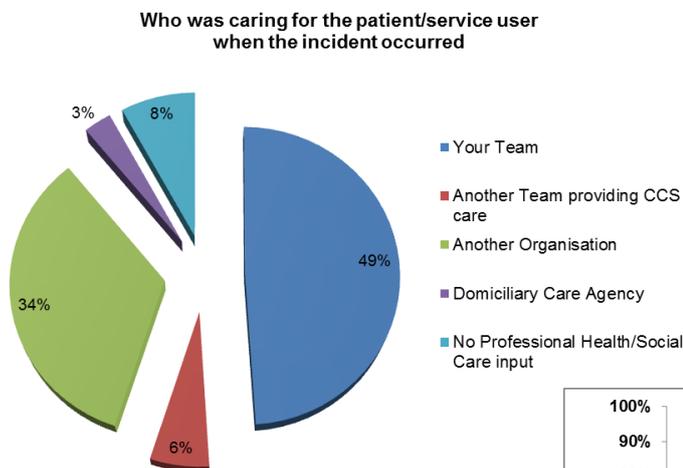
Patient safety incidents

During 2018-19, 3315 patient safety incidents and near miss incidents were reported via our web-based incident reporting system Datix. This was an increase over the previous 12 month period of approximately 28% and reflects both the Trust's commitment and encouragement to staff to report incidents so that learning can be shared, and the Trust taking on the delivery of children's community health services in the Bedfordshire locality. This level of reporting equates to approximately 0.28% of the contacts our staff have with service users each year; 95% of these incidents resulted in no or low harm, with the remaining 5% resulting in 'moderate' or 'severe' harm.

Staff are encouraged to record patient safety incidents:

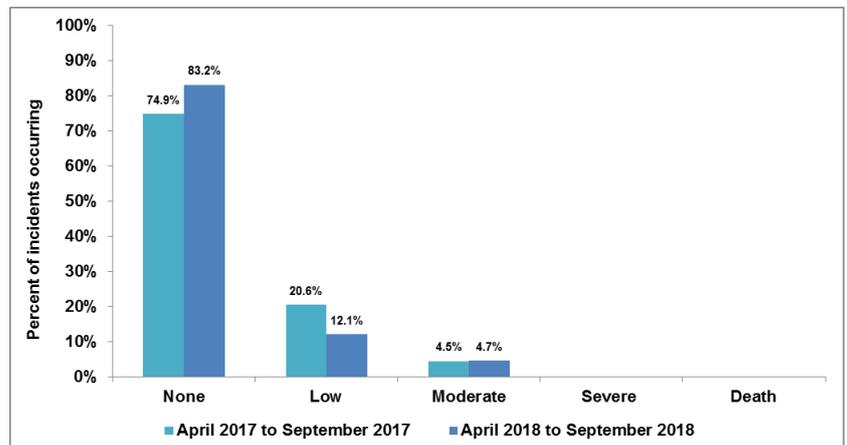
- that occur as a direct result of CCS care;
- which originated whilst the patient was cared for by another organisation (e.g. an acute trust or domiciliary care agency), referred to as 'happened upon incidents';
- where there has been no professional health/social care input.

The graph below shows the breakdown of who was caring for the patient/service user at the time the incident occurred.



All patient safety incidents that occur as a direct result of care delivered by the Trust were submitted to the National Reporting Learning System (NRLS). The graph opposite, which contains the latest available data, provides a summary of patient safety incidents by level of harm reported by the Trust for the

Incident reports were shared with relevant external organisations where possible and any feedback received was communicated to the reporter and local team. All incidents, regardless of where they originated, were discussed at team meetings which demonstrated an open reporting culture where staff were keen to learn from all incidents.



periods April to September 2017 and April to September 2018 and reinforces that 95% of all patient safety incidents resulted in no or low harm to patients.

Serious Incidents (SIs)

The Trust undertook full Root Cause Analysis (RCA) of all serious incidents that occurred in the reporting period. These investigations were undertaken to identify learning which can be shared across relevant services to reduce the risk of similar incidents occurring.

There were a total of 11 serious incidents declared externally during 2018-19, which comprised:

- 6 x Failure to escalate concerns
- 2 x Never events – Wrong site surgery (Dental Service)
- 2 x Never events – Wrong implant (iCaSH Service)
- 1 x Diagnostic incident

After completion of an internal RCA, one of these incidents was later declared as an SI but, due to an administrative error, was not included on the Trust’s Quality Dashboard.

On investigation it was identified that there were similar themes and learning from the six ‘failure to escalate concerns’ and as a result, a Trust wide Safeguarding Action Plan has been developed.

Never events are preventable patient safety incidents that should never occur if appropriate systems and checks are in place. Investigations identified that robust checking processes were not in place at the time of the above four never events. This was speedily addressed through the introduction and embedding of Local Safety Standards for Invasive Procedures (LocSSiPs). Learning from these incidents was shared across our services and with other stakeholders where appropriate.

Implementation of Duty of Candour

The Trust has fully implemented the requirements of the Duty of Candour.

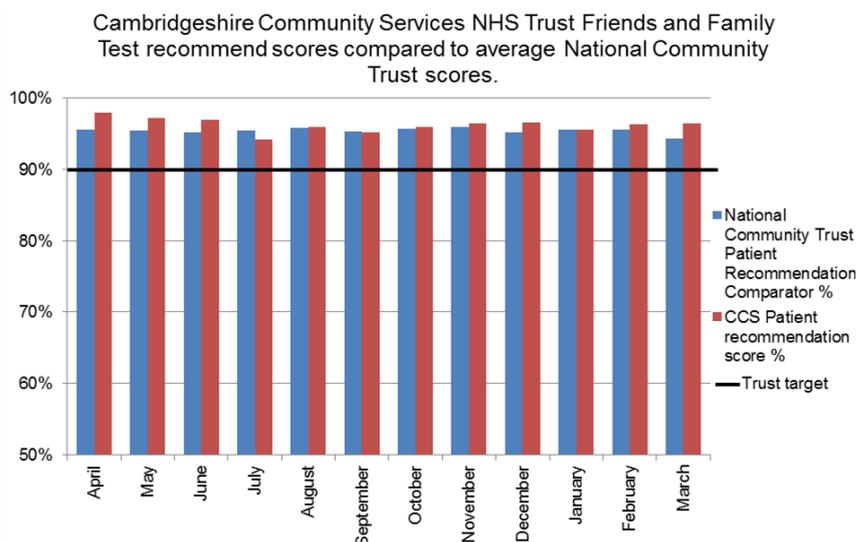
The Trust has a well-recognised open and honest incident reporting culture as detailed earlier. The Trust’s policy supports staff to apologise when things go wrong. The policy is monitored through our web-based incident reporting system.

3.4 Patient experience activity

Engaging the public and service users in developing and providing feedback on our services helps us to monitor quality and make improvements. The following sections summarise some of the initiatives and actions during the past year.

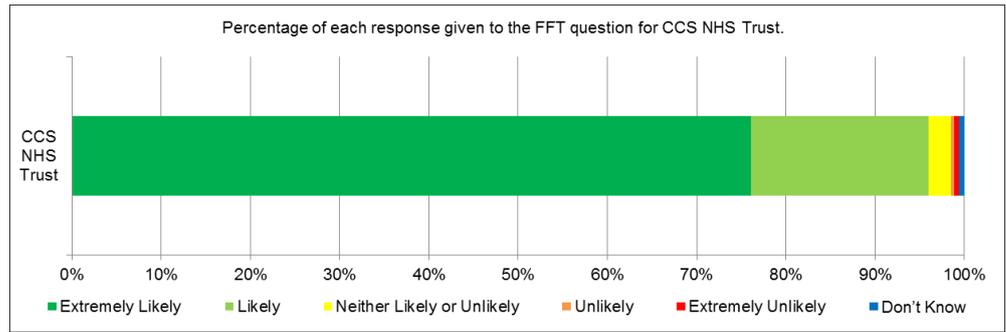
Patient surveys

36,012 service users responded to local and national surveys seeking feedback on our services. 34,234 of these included the Friends and Family Test question: “How likely are you to recommend our service to friends and family if they



needed similar care or treatment?"

Over 94% of respondents recommended our services every month. We exceeded the average national community trust score in eight of the 10 months for which we have comparative national data.



Compliments

Over 37,900 positive comments and compliments were received by services during the year; an increase of over 8,900 compared to last year. Some of the words used in the feedback are illustrated in the word cloud.



Improving services using patient feedback: You Said, We Did

We used patient feedback to improve the services we provide. Just a few examples are set out below:



DynamicHealth



You Said...
Patients have commented on the content and clarity of some of our service letters regarding appointments, services, etc.

We Did...
A letter review working group has been established looking at all letter sent to parents/carers. Parent focus groups are being held across Norfolk and all letters have gone through the SMOG test (Simplified Measure of Gobbledygook) to reduce the readability score to fit with the recognised literacy levels/accessibility for Norfolk.

You Said...
There was a need for additional services for mothers on breastfeeding support.

We Did...
We utilised the infant feed champions and across Norfolk weekly infant feed assessment clinics were set up.



You Said...
Patients attending various locations within Suffolk requested an increase in appointment availability including evenings and weekends.

We Did...
The Teams within this Service worked together and as of the 1 April 2018 now provide evening and weekend appointments.

You Said...
In iCaSH Bedfordshire, service users requested Drop In Clinics for all age groups and not just for under 25's.

We Did...
There are now sit and wait session for all ages.

Patient stories

Each public Board meeting starts with a patient story. Every story provides insight into how patients experience our services, identifying excellence and areas where we can make improvements. This feedback is essential and is used to improve the overall patient experience.

In 2018-19, patient stories presented to our Board included:

Transition of a patient from Children's Continuing Care into Adult Services in Luton – May 2018

Due to the complexity of the patient's needs the transition between the two services required a robust and individualised approach to the care plan handover. The story celebrated the fact that the transition process succeeded due to the level of detailed work and planning by the teams.

The patient had received care from the Children's Continuing Care Team in Luton due to complex medical health needs. The Children's Transition Nurse met the family to discuss transition when the patient was approximately 16 and half years old and provided them with information on the services that would be involved with the transition process. A multi-professional meeting took place between the family and relevant services when the patient turned 17 years old. There were several subsequent joint meetings with key staff to set

timeframes for the year to ensure a smooth transition. Arrangements were made for the same package of care to continue into Adult Services.

In the final month of transition, the carer worked alongside CCS staff to gain knowledge and skills to competently and confidently provide care.

The patient successfully transitioned to Adult Services on their 18th birthday, meeting timeframes set by the Clinical Commissioning Group (CCG) and Department of Health. To celebrate this, the patient's mother organised an 18th birthday party to which the Children's Continuing Care Team and the adult carer were invited.

Early planning and a clear care plan from the Children's Continuing Care Team ensured the success of this transition for the patient and their family. The learning from this story has been recognised and shared across the Trust to highlight how clear assessment at an early stage gives the team time to ensure a robust and detailed transition takes place.

Package of care provided in our Well Leg Clinic by the Luton Tissue Viability Nursing (TVN) team – November 2018

The Tissue Viability Service aims to support patients, GPs, practice nurses, district nurses and other healthcare professionals in the management of complex wounds, particularly the prevention and treatment of pressure ulcers.

The patient was referred to the service by her practice nurse but decided to cancel her appointment as she felt that nothing could be done. The practice nurse followed up the cancellation and on further discussion with the patient about the benefits of attending, what the service could offer and how other patients had greatly benefited from this clinic, the patient decided to re-book. This practice nurse was able to offer in-depth information about the service as she had previously attended the training awareness workshop provided by the Well Leg Clinic.

At that first appointment the Tissue Viability Specialist Nurse undertook a holistic assessment and treatment planning. The patient started receiving specialist compression bandaging and from that point was seen either twice or three times a week by the team. The patient is now able to self-care at home with Velcro compression bandages that she will need to wear for the rest of her life.

The success of this patient story is due to the collaborative working between Primary (practice nurse) and community care (community specialist nurses [TVN] colleagues) who have systematically worked together in order to facilitate access of this successful provision of care.

Living with an HIV diagnosis and the care offered at Norwich iCaSH

The patient was diagnosed with HIV and commenced treatment. The CCS Doctor supported the patient in sharing his diagnosis with his GP in order to effectively support on-going health needs. This was done when the patient was ready to do so.

The patient suffered side effects from the medication he was taking which impacted his kidney function and caused him to experience anxiety. His case was taken to the HIV Multi-Disciplinary Team (MDT) meeting. This meeting includes HIV Consultants, Specialist Nurses, HIV Pharmacist and a Clinical Psychologist who discuss complex cases where patients need more expensive drug combination treatments. Here, agreement was reached to change his antiretroviral medication.

The patient was also supported by our Specialist Clinical Pharmacist who telephoned him to check his other medication and any impact this might have on his HIV medication and HIV Clinical Nurse Specialist who went above and beyond to take medication to an acute ward when he was admitted for unrelated surgery.

Everyone he met within the service from reception, phlebotomist, nurses and his Doctor has been warm, welcoming, non-judgemental and professional. The patient said he felt safe living with HIV under iCaSH care.

Patient and Public Engagement

Our teams regularly seek engagement from service users and the local community to improve service delivery. A summary of activities is outlined below.

Luton:

- Our Children's Epilepsy Specialist Nurse was invited to the British Paediatric Neurology Association Conference to give a presentation on the virtual clinics the team has introduced for young patients.
- Our TB Service has worked with Public Health England and the Luton & Dunstable Hospital to secure funding from commissioners for the University College London Hospitals 'Find and Treat' Mobile Unit to visit Luton twice a year for three years. This unit, supported by a hospital consultant and CCS nurses, is providing an alternative for homeless service users and users of the Drug and Alcohol Service, who find it difficult to attend normal clinics, to access diagnostic tests and treatment. Health Checks and Flu vaccinations are also offered on the day from the CCS team as well as blood borne virus (BBV) testing and Liver scanning (by other providers), thereby contributing to a range of public health issues. The team's interventions with the homeless community, along with screening, vaccination, diagnostics and treatment programmes, have contributed to the overall reduction of the prevalence of TB locally by 45% over the past 5 years.

"Made me very relaxed and also the advice they gave has helped so much."

Respiratory Team,
Luton Adult Services

Bedfordshire:

Our Children's Services have engaged parent/carer representatives in a number of initiatives including:

- Contract outcomes development work.
- Autism Spectrum Disorder (ASD) pathway development work.
- The Child Development Centre (CDC) management group.
- Parent/Carer Forum participation in events including speed dating style individual discussions.

Cambridgeshire:

- iCaSH Peterborough runs a Lesbian, Gay, Bi-sexual and Transgender (LGBT) support group providing informal/anecdotal feedback on their service and suggestions for change. Members of the group along with iCaSH Peterborough nurses, participated in two BBC Radio Cambridgeshire interviews on their experience of the service.
- Dental Services in Peterborough have made contact with two homeless organisations in the city with a view to providing oral health advice and group or one-to-one meetings.
- Service users of Cambridgeshire Children's Services were involved in a recruitment panel for nurse interviews.
- Paediatric Occupational Therapy services engaged with Pinpoint (a Parent/Carer support group) to develop their website.

Norfolk Children and Young People's Health Services

- The Service has held focus groups with college students to help develop healthy weight pathways and a health passport app.
- Youth Advisory Boards were engaged in the service re-design of our 5-19 services.
- A working group has been set up to review all SystmOne service letters including engagement with service users.

Complaints, concerns and Patient Advice and Liaison Service (PALS) contacts

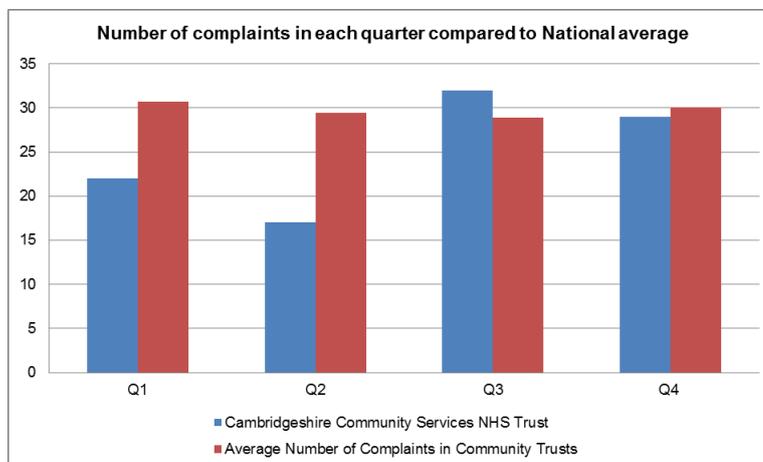
The table below provides a breakdown of the total number of complaints, concerns and PALS enquiries received in 2018-19. (Note that figures may differ to those reported externally and internally during 2018-19 as complaints can be downgraded to concerns and resolved locally and concerns can be escalated to complaints after initial reporting.)

	2015-16	2016-17	2017-18	2018-19
Complaints	136	112	82	100
Concerns (for investigation)	135	131	190	397
PALS (inc. comments, enquiries & signposting)	459	573	660	602

Complaints

Patients and/or their representative who raise a complaint receive formal feedback from the Trust on the investigation which includes areas of learning and actions taken by the Trust. In certain circumstances, Trust representatives arrange to meet with the complainant face-to-face.

The graph opposite shows that the Trust received fewer complaints than the average received by comparable NHS community trusts in Quarters 1 and 2 but more in Quarter 3 (see graph opposite) and a similar number in Quarter 4.



Parliamentary and Health Services Ombudsman (PHSO)

There were no complaints referred to the PHSO and no recommendations received in 2018-19.

Learning from complaints

Community Paediatrics in Luton

Several complaints and concerns were raised relating to service changes and recruitment issues. Letters were sent to service users and stakeholders to keep them informed about the increase in demand and potential longer waiting times for our Neuro-disability Community Paediatric Service (the Edwin Lobo Centre) which covers Luton and South Bedfordshire. Additional funding was identified with our commissioners and plans were developed to improve capacity within the service in the short term and, in the longer term, a sustainable solution was developed.

Children's Continuing Care Team Cambridgeshire

A complaint was received about changes to the preferred carers whilst the parent was away. Following investigation it was found that changes were made despite the service agreeing the staffing with the parent. It was agreed that any changes in care plans must be agreed with a senior member of staff and documented clearly within the medical records. Some changes are unavoidable but the service but will endeavour to keep any changes to a minimum and keep parents informed of changes at the earliest opportunity.

Dynamic Health (MSK) Cambridge

A complaint was made about the length of time it took to have an MRI scan and to receive the results. The service user was given conflicting reasons to the cause of the delay. The Trust and Addenbrooke's Hospital investigations found that the delay was due to an error in sending the referral, demand on imaging services and an error in recording information required to ensure the report was sent back to MSK. In response to the concerns raised in this complaint, the MSK service has enhanced its practice for monitoring MRI referrals and the administrative team actively monitors the waiting list for diagnostics.

Concerns

Concerns are informal complaints where issue raised can be resolved quickly and through the local resolution process. The local resolution process can be carried out either within the clinical setting or by the Patient Advice and Liaison Service (PALS). Concerns are often resolved by a telephone call or a meeting with a clinician or service manager.

The increase in the number of concerns can be attributed to the increased reporting and recording on Datix which occurred due to awareness raising in 2017-18 and dedicated PALS support of the logging process. It is also of note that additional services within Bedfordshire joined the Trust from April 2018.

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) received and satisfactorily resolved 602 contacts during the year.

3.5 Patient outcomes

Our priority is to deliver high quality care and ensure the best outcomes for those who use our services.

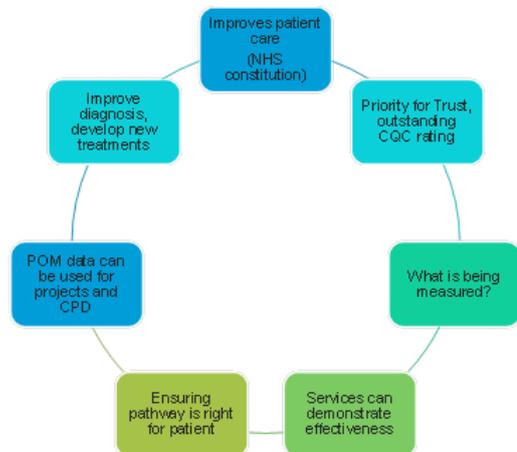
A Trust-wide survey to identify patient outcomes in use across the organisation was undertaken in Spring 2019; with 92% of services participating in the survey and 80% of respondents identifying that Patient Outcome Measures are already being used. The results from this survey are being used to further develop and improve our use of Patient Outcome Measures in the future with a Task and Finish Group established to take this work forward.

Here are just a few examples of patient outcomes reported this year:

- Our DynamicHealth service has successfully been using the Musculoskeletal Health Questionnaire (MSK-HQ) to explore health outcomes in 138 people with chronic pain who completed an Understanding Pain (UP) group incorporating cognitive behavioural and exercise interventions. A statistically significant positive change in MSK-HQ total scores were reported following attendance at the UP group. In addition, the UP class produced statistically significant improvements in a wide range of musculoskeletal health outcomes in this group of patients.

"Explanation of causes of pain given in great detail and instruction given for exercises explained and demonstrated very well."

DynamicHealth Service



- A goal based outcomes approach utilising strengths and difficulties questionnaires is used in our Norfolk Healthy Child Programme services for all interventions with 5-19 year olds. Routine data collection and analysis ensure we are able to identify and address variations in outcomes and share good practice. Twice yearly reports are provided to commissioners.
 - Dr Kate Psaila, Clinical Psychologist**, completed an important service evaluation report demonstrating positive outcomes after one year of community rehabilitation provided by the Trust's Evelyn Community Head Injury Service; using The Mayo Portland Adaptability Index 4th Edition (MPAI-4). Anonymised data was analysed retrospectively for 80 people at initial assessment and at one year post rehabilitation. Results identified that 83% of MPAI-4 total scores improved at one

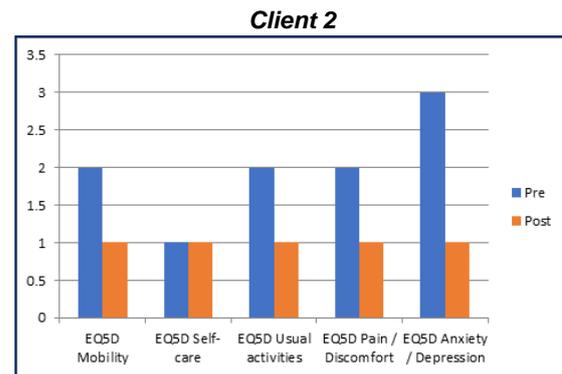
year with over 71% of change scores reaching at least the Minimal Clinically Significant Difference (MCID).

- Dr Katie Burton, Community Paediatrician, is working with leads across the Trust's children's services to develop a project entitled 'Measuring and evaluating health outcomes in children within community services'. Initial scoping on the acceptability of EQ-5-DY and outcomes for

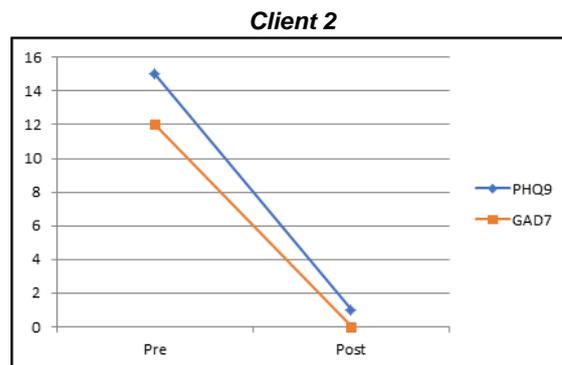
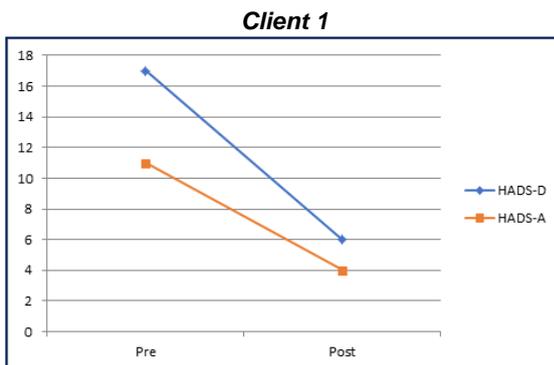
"Involved the family. You have been of great reassurance and helped enormously in the process of rehabilitation."
Oliver Zangwill Centre

children with autism and cerebral palsy are complete and a multi-disciplinary steering group has been established.

- The Oliver Zangwill Centre for Neuropsychological Rehabilitation uses multiple Patient Outcomes Measures to assess the effectiveness of its rehabilitation programme. Below are just two of the outcomes for two individual clients.



Both clients reported reductions in all domains of the EQ5D signifying improvement in all domains



Both clients reported significant reductions in Depression (HADS-D) and Anxiety (HADS-A)

3.6 Safeguarding achievements

- Safeguarding Governance arrangements were reviewed to streamline the nature of reports to different committees and ensure appropriate membership at these committees.
- We achieved 94% compliance for safeguarding children supervision against a target of 95%.
- An internal audit of safeguarding supervision found that our policies and procedures follow the Government's best practice guidance and processes in place were robust.
- We launched a mental capacity electronic questionnaire within our adult based services.
- We developed Adult Safeguarding and Care Consideration templates for the SystemOne clinical recording system, improving recording and decision-making processes.
- We continued to contribute to the work of all Local Safeguarding Adult and Children Boards in localities where we deliver services.
- Our locality based safeguarding teams have continued to respond efficiently to any Serious Case Reviews, Safeguarding Adult Reviews or Domestic Homicide Reviews.
- We continued to contribute to the work and development of Multi Agency Safeguarding Hubs (MASH).

3.7 Workforce factors

We continued to recognise our staff's strengths and build on best practice to develop a workforce with a shared vision and values aligned to our strategic objectives. The following sections set out how we have achieved this.

Staff survey

For the sixth year running the staff rated working for the Trust incredibly positively, reflecting the excellent culture and behaviours our staff helped to create. The Trust surveyed electronically all substantive staff in post as at 1 September 2018 and the results were published in March 2019. The breakdown of responses is detailed below.

- Our workforce increased by circa 350 in April 2018 due to the Trust being successful in its bid to run Bedfordshire Children's Services.
- We achieved a 60% response rate compared to 59% in 2017 which is above average when compared to community trusts nationally where the average response rate was 53% for the 2018 survey.
- Staff survey results nationally were grouped into 10 themes. We were rated the joint best performing trust across the country in three themes: immediate manager; tackling bullying and harassment; and tackling violence. We were also rated third best across the country for the staff engagement theme and were in the top 10 performing trusts across the country in the remaining six themes.

There were 29 key findings (KF) which have been grouped into 10 themes, compared to 32 in 2017. The themes were:

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Equality, diversity and inclusion ▪ Health and wellbeing ▪ Immediate managers ▪ Morale ▪ Quality of appraisals | <ul style="list-style-type: none"> ▪ Quality of care ▪ Safe environment – bullying and harassment ▪ Safe environment – violence ▪ Safety culture ▪ Staff engagement |
|--|--|

In 18 of the 29 key findings (62%) our staff rated the Trust as the best in the country when compared to our peers (in 2017, this was in 19 out of 32 key findings [59%]). These key findings were:

Key Finding	Description
KF1	Staff recommendation of the organisation as a place to work or receive treatment (<i>significant increase</i>).
KF4	Staff motivation at work.
KF5	Recognition and value of staff by managers and the organisation (<i>significant increase</i>).
KF6	% of staff reporting good communication between senior management and staff.
KF7	% of staff able to contribute towards improvements at work.
KF8	Staff satisfaction with level of responsibility and involvement.
KF15	% of staff satisfied with the opportunities for flexible working.
KF16	% of staff working extra hours.
KF18	% of staff attending work in the last three months despite feeling unwell because they felt pressure from their manager, colleagues or themselves.
KF19	Organisation and management interest in and action on health and wellbeing.
KF20	% of staff experiencing discrimination at work in the last 12 months.
KF23	% of staff experiencing physical violence from staff in last 12 months.
KF25	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
KF26	% of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
KF28	% of staff witnessing potentially harmful errors, near misses or incidents in last month.
KF30	Fairness and effectiveness of procedures for reporting errors, near misses and incidents.
KF31	Staff confidence and security in reporting unsafe clinical practice.
KF32	Effective use of patient/service user feedback.

In eight of the 10 themes our staff rated us the best when compared to our peers with the other two being rated as above average. Six themes improved from last year; two stayed the same and one decreased.

- Equality, diversity and inclusion – best and stayed the same.
- Health and wellbeing – best and stayed the same.
- Immediate managers – best and improved.
- Morale – best and new this year.
- Quality of appraisals – above average and improved.
- Quality of care – above average but decreased.
- Safe environment: bullying and harassment – best and improved.
- Safe environment: violence – best and improved.
- Safety culture – best and improved.
- Staff engagement – best and improved.

We know that an engaged and happy workforce is directly linked to the provision of good patient care so we were particularly pleased with the Trust's overall staff engagement score which was 4 out of 5. In 2017-18 this score was 3.97. The Trust achieved the highest score when compared to our peers nationally and our staff have rated the Trust as joint sixth nationally for all NHS provider organisations.

In the other 11 key findings, six improved slightly compared to 2017; three remained the same and two deteriorated. The key findings that have improved were:

- % of staff appraised in the last 12 months.
- Quality of appraisals.
- Staff satisfaction with resourcing and support.
- % of staff believing that the organisation provides equal opportunities for career progression or promotion.
- % of staff experiencing physical violence from patients, relatives or the public in the last 12 months.
- % of staff/colleagues reporting most recent experience of harassment, bullying or abuse.

The three key findings that stayed the same were:

- % of staff agreeing that their role makes a difference to patients/service users (91%).
- % of staff feeling unwell due to work related stress in last 12 months (36%).
- % of staff experiencing physical violence from staff in last 12 months (0%).

The two key findings that deteriorated were:

- Staff satisfaction with the quality of work and care they can deliver (3.94 out of 5 in 2017 to 3.92 out of 5 in 2018).
- % of staff/colleagues reporting most recent experience of violence (81% in 2017 to 54% in 2018 – significant decrease).

In response to the 2017 results the Trust developed an improvement plan which focused on five key findings at Trust wide level. An improvement has been seen in all five areas, with three areas where our staff rated the Trust as the best in the country when compared to our peers which was great to see. Further improvements in these areas can still be made.

A summary of progress on these findings is detailed below:

	Key Finding	Change from 2017 to 2018	Comment
KF27	% of staff/colleagues reporting most recent experience of harassment, bullying or abuse	Increase↑	Increased from 52% to 55% (not significant increase)
KF28	% of staff witnessing potentially harmful errors, near misses or incidents in last month	Decrease↓	Decreased from 18% to 16% (best rating nationally)
KF11	% appraised in last 12 months	Increase↑	Increased from 91% to 93% (significant increase)
KF16	% of staff working extra hours	*Decrease↓	Decreased from 69% to 65% (best rating nationally)
KF25	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	*Decrease↓	Decreased from 20% to 19% (best rating nationally)

(*the lower the response rate the better)

As required by the NHS England's Quality Accounts: Reporting Arrangements (Gateway reference 04730), please find below the Trust's NHS Staff Survey Results for indicators KF21 and KF26.

	Trust score 2017	Trust score 2018	National 2018 average for community trusts	Best 2018 score for community trusts
Key finding 21: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion <i>(the higher the score the better)</i>	92%	93.5%	89.2%	93.8%
Key finding 26: Percentage of staff experiencing harassment, bullying or abuse from colleagues in last 12 months <i>(lower the score the better)</i>	17%	10.4%	15.1%	10.4%

In 2019-20 work will take place to update and refresh our staff experience improvement plan both at Trust wide and Service level in response to these results. This will be undertaken in partnership with our staff side colleagues and members of staff from across the Trust.



Acting on staff feedback

Following the 2017 Staff Opinion Survey, the trust wide improvement plan was fully implemented supported by local divisional level action plans to address service/locality specific feedback. This action plan was closed in September 2018 and staff were informed of the positive actions taken as a result of their feedback ahead of the launch of the 2018 survey.

The Trust wide actions included:

- A review of why staff were reporting a rise in the number of potentially harmful errors, near misses or incidents they have witnessed.
- Continue to promote a culture where any form of harassment of staff, service users or colleagues, is unacceptable and where action is always taken when this occurs.
- Undertake local surveys to understand why staff may not report incidents of bullying and harassment and to encourage staff to use a range of informal resolution processes.
- Support staff to have a healthy work life balance and have a focus on mental wellbeing.
- Continue to improve the quality of our appraisals and to review the success of the new appraisal career and personal development planning conversations and the introduction of succession planning during 2018-19.

The comments received were reviewed by the Wider Executive Team and, in response, the following actions were taken to address the key themes:

- The Staff side chair role was strengthened to provide confidential discussions with staff who wish to discuss any bullying issues. This is open to staff even if they are not a member of a trade union.
- A review of the role of cultural ambassadors to take place to make greater use of their experience and expertise.
- To provide detailed breakdown of the data relating to bullying/harassment to the services to inform local action plans to support the Trust wide actions.
- All senior leaders to take a responsible role in challenging unacceptable behaviour when they see it.
- Training managers to have the skills they need to manage in high performance environments and in holding others to account without this becoming bullying/harassment.
- To review the informal stages of the Bullying & Harassment Policy to incorporate 'resolution' as an outcome.

Freedom to Speak Up

The Trust implemented the 'standard integrated policy' which had been adopted in line with recommendations of the review by Sir Robert Francis into whistleblowing in the NHS. The policy includes information on why staff should feel safe to raise concerns.

The Trust has appointed the Assistant Director of Corporate Governance, who is a member of the Executive Team, as the Freedom to Speak Up Guardian. The Freedom to Speak Up Guardian actively engages with local regional and national forums to share best practice and learning. The Deputy Chief Executive is the nominated Executive Lead for speaking up. The Chair of the Audit Committee is the nominated Non-Executive Lead for speaking up.

In addition, the Trust appointed 16 Freedom to Speak Up Champions through an open invitation for expressions of interests from staff. All staff who expressed an interest in becoming champions were appointed and all received standard training delivered by the Assistant Director of Corporate Governance and Assistant Director of Workforce.

The Freedom to Speak Up Guardian also works collaboratively with the Staff-side Chair, the Guardian of Safe Working Hours and Local Counterfraud Specialist.

Awareness regarding the various Freedom to Speak Up roles and associated persons is raised through the Trust induction, on the intranet and in other communications cascaded across the Trust.

Staff can raise concerns through:

- Their line manager
- Other leaders within their service or division
- Any member of the senior leadership team
- Freedom to Speak Up Champions
- Staff Side Chair
- Freedom to Speak Up Guardian
- Executive Lead for speaking up
- Non-Executive Lead for speaking up
- Other external bodies were relevant

All concerns raised are logged by the Freedom to Speak Up Guardian who monitors the investigation, ensures agreed actions are implemented and feedback has been provided to the person who raised the concern.

The Trust reports data quarterly to the National Guardian's Office. An annual report is presented to the Board including an improvement plan to further strengthen speaking up arrangements in the Trust.

Supporting our skilled workforce

During 2018-19, the Trust:

- Rolled out the role of Freedom to Speak up champions.
- Continued to introduce innovative recruitment initiatives in hard to recruit areas.
- Successfully transferred staff into the Trust as a result of procurements won and introduced inductions specifically designed to meet the needs of new staff.
- Supported services and staff transferring out of the Trust, with a transition programme that ensured they left the Trust in the best state of readiness to positively move forward.
- Supported strategic service re-design programmes enabling staff and services to review and implement plans to meet patient needs.
- Provided bespoke team development, support and skills training for teams leading service re-design programmes.
- Provided coaching and mentoring support to team leaders, supporting services and staff implementing change and transition. Implemented a Mentoring Programme for BME staff.
- Continued to implement plans based on staff feedback.
- Reviewed Trust wide training and education needs to plan, procure and implemented programmes of development, to support staff to deliver high quality services.
- Promoted the benefits of effective appraisals and achieved 93% compliance.
- Continued to provide an appraisal career and personal development planning process.
- Offered flexible working and family friendly arrangements, a carer's and special leave policy and a zero tolerance approach to violence in the workplace.
- Continued to offer mindfulness and personal resilience training programmes to enhance the already successful training for personal welfare, which supports our Live Life Well programme.
- Continued to support the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to exchange information, harmonise human resources policies and processes following the transfer in of staff, and to consult and negotiate on employment matters.
- Implemented a confidential line for informal support to staff experiencing bullying or harassment.

Supporting Staff Wellbeing

Supporting staff when they are unwell, minimising negative and promoting positive health benefits of work and proactively managing staff attendance remains a key



priority for the Trust. The staff health and wellbeing programme Live Life Well (LLW) focuses on staff wellbeing. The Live Life Well Programme has achieved the following during 2018:

- Personalised approaches to managing attendance and flexible working requests.
- Support for staff with their financial wellbeing.
- Promotion of the wellbeing values of good team working and two way communication and taking a break.
- Expert input into our mental wellbeing, reliance and mindfulness and support and research into wider use of mental wellbeing interventions.
- Promotion of the wellbeing effects of volunteering.
- Promotion of NHS staff discounts.
- Promotion of NHS health checks.
- Mental wellbeing week (May 2018).
- Promotion of key national wellbeing related national days/weeks throughout the year.
- Working with public health wellbeing providers to offer staff a range of health checks and advice and information within their local area, building on the success of this in Luton.
- Resilience training.
- Newsletters, intranet pages and Comms Cascade updates.
- Review of the staff feedback on flexible working and plans to review how this can be promoted further.
- Review of our domestic violence policy/support using the expertise in our safeguarding team experts.
- Reminder to staff about access to free eye tests if they use a computer as part of their role.

Mandatory training

In 2018-19 the Trust:

- Continued to improve access to e-learning for mandatory training subjects and supported staff to access the training via a telephone helpdesk.
- Continuously reviewed and amended our Trust induction based on staff feedback and Trust requirements.
- Completed the roll out of unconscious bias training as part of e-learning to ALL staff.
- Commenced the roll out of supervisor's self-service function on the Electronic Staff Record (ESR) which enabled managers to use ESR to record sickness absence and track their team's training compliance.
- The Trust has fully implemented the new national 'ESR portal'. This provides our staff with a more user friendly access point to ESR on their home page. Feedback from staff has been positive.

Attracting and retaining a quality workforce: Looking forward to 2019-20

We will:

- | | |
|---|---|
| <ul style="list-style-type: none">▪ Expand opportunities for apprenticeships and focus on the development of our Bands 1-4 workforce, linking with the Health Education East of England (HEE) Grow Your Own initiative.▪ Develop the skills of our clinical staff in quality, service improvement and redesign tools and techniques, providing bespoke programmes of leadership development, | <ul style="list-style-type: none">▪ for services undergoing significant service re-design.▪ Continue to work with partners across local Sustainability and Transformation Partnerships (STPs) to implement the nursing associate role.▪ Continue to expand the opportunities for apprenticeships across our workforce, following implementation of the Apprenticeship Levy and further higher |
|---|---|

apprenticeships becoming available for our clinical and non-clinical workforce.

- Roll out the preceptorship training programme, currently being developed and finalised by HEE, to all our preceptors.
- Continue to offer our successful Chrysalis and Stepping Up leadership and management development programmes and bespoke programmes, which support team development in services.
- Continue to offer places on both our Cambridgeshire and Peterborough and MKLB SPT locality, the Mary Seacole leadership development programme to develop knowledge and skills in leadership and management.
- Continue to embed a coaching and mentoring culture across the Trust, investing in further health coaching training for our clinical workforce and

mentor development aimed at encouraging staff and leadership development, talent development, and opportunities for staff to achieve career ambitions, including for BME staff.

- Continue to implement manager/supervisor self-service in the Electronic Staff Record (ESR) and developments that support services to record and report staff compliance. Continue to implement our 2016-21 workforce, organisational development and service re-design strategy, focussing on the following five programmes of work:
 - a highly engaged workforce
 - an appropriately trained workforce
 - a healthy and well workforce
 - diversity and inclusion for all
 - An organisational culture of continuous improvement.

3.8 Diversity & Inclusion

We are committed to providing personal, fair and accessible services to our diverse communities, promoting equality and diversity in the work place and eliminating discrimination, in line with our responsibilities under the Equality Act 2010. This includes our duty to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

We are using the Equality Delivery System (EDS2) as a tool to help us to deliver against our statutory requirements in relation to our staff and service users.

Our communities

We provide a range of healthcare services in Bedfordshire, Cambridgeshire, Luton, Norfolk, Peterborough and Suffolk. Each locality has its own vibrant and diverse community and our service improvement and redesign aspirations reflect the specific needs of each.

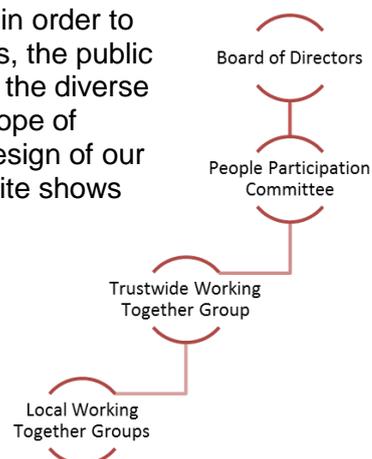
Our Diversity and Inclusion objectives

The Trust Board has agreed four diversity and inclusion annual objectives as detailed below:

Objective 1: Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require.
Objective 2: To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups.
Objective 3: To introduce wider diversity on recruitment and selection panels.
Objective 4: To deliver customised training and development for staff to further improve awareness of diversity and inclusion.

People Participation

In 2018, the Trust introduced a new approach to people participation in order to strengthen the engagement of patients, service users, carers, families, the public and our staff in shaping how we provide high quality and safe care to the diverse communities we serve. Our ambition is to continue to broaden the scope of involvement of all key stakeholders in influencing the design and redesign of our services to meet the needs of local communities. The diagram opposite shows how this work is governed.



Patients and Service users

The Trust is deeply committed to improving the access, experiences, health outcomes and quality of care for all our service users, in the diverse communities we serve. A few examples of how we have successfully engaged with service users in harder to reach groups include:

- Our iCaSH service has on-going outreach programmes to raise awareness and provide access to targeted communities including LGBT.
- The Trust continued to work with AccessAble (previously known as DisabledGo) to provide site accessibility guides.
- Our Community Matrons continued to work with partners to deliver the flu vaccination and 'mini health check' to the homeless population in Luton.
- Our Luton based children's epilepsy service uses Skype based appointments for young people, enabling the delivery of accessible services at times and settings that meet the needs of these young people.
- A programme of diabetic self-care programmes in our Luton based adult services, particularly those of South East Asian origin, supported self-care through high quality advice and resources.
- Our dental service has worked with special needs schools, traveller communities, Milton Hospice, Asian women's support groups, nursing and care homes, learning disabilities groups, Ida Darwin Nursery and the brain injury unit in Ely to ensure that diverse groups are able to access the service.
- The Trust is expanding its ChatHealth service to Luton and Bedfordshire to improve access (timeliness and ease) to our school nursing service for young people aged 11-19 years old.

"My son has autism and they really spoke on a level to him to alleviate his fears. The service is exceptional."

Dental Healthcare Services

Workforce

- To support the two workforce Equality Delivery System (EDS) objectives and to take action in line with the Workforce Race Equality Standards, the Trust introduced unconscious bias training which was further rolled out across the Trust during 2018-19. Face-to-face training is delivered at Trust induction for all new staff and at our training for new line managers. It is also part of our recruitment and selection training for anyone taking part in recruitment.
- The Trust continued to support a staff led diversity network, to help us create a fairer and more diverse workforce. The network provides a forum for our staff to come together, drawing from their own experiences to celebrate diversity, share ideas, raise awareness of challenges, provide support to each other and identify improvement actions.
- The Trust published its first gender pay gap report in 2018 and has identified action to seek to address the issues highlighted of a higher number of male staff in senior role compared to the trust wide gender split of 93% female 7% male.
- We held engagement sessions with our staff and service users to assess our progress against the four EDS objectives. We will use this information as well as feedback received from patient and staff surveys and other sources, to develop an improvement plan for the next 12 months and agree our objectives for 2019/20.

Cultural Ambassadors

In partnership with the Royal College of Nursing in 2017 we introduced, as part of its commitment to supporting staff from a Black, Asian or Minority Ethnic background, the role of Cultural Ambassadors to ensure fairness in how BME staff are treated in investigation and disciplinary hearings. This role has now been embedded across the Trust. Our Cultural Ambassadors are senior black and minority ethnic (BME) staff, trained to act as critical friends at internal people management procedures, such as disciplinary and grievances involving BME staff, to challenge any bias in the process and decision making and advise the panels on equality, diversity and cultural issues particularly where unfair bias (conscious or unconscious), less favourable treatment or discrimination is identified. They also sit on the Workforce Diversity and Inclusion Group to share their wider knowledge and experiences to help shape the future work of the workforce diversity agenda.

During 2018-19 we introduced Black & Minority Ethnic (BME) representation on selection panel where a BME applicant is shortlisted, to seek to address the issue of disparity between BME applicants being shortlisted and appointed.

Measuring Outcomes

- Every year, we work with our staff, patients, families, carers and the public to assess our performance in diversity and inclusion. This is presented to our Board in the Diversity and Inclusion Annual Report including progress against the previous year's objectives and an improvement plan for the following year is agreed. Additionally, all our progress reports and action plans on the Trust's diversity and inclusion initiatives can be accessed through our website
- During 2018-19, the Trust continued to receive accreditation to use the Disability Confident Symbol for employers who meet a range of commitments towards disabled people and as a Mindful Employer, which increases awareness of mental health in the workplace.

3.9 Staff Excellence awards

Our annual excellence awards celebrated the outstanding achievements of our staff, day in day out, which make a real difference to people's lives.

On 5 July 2018 – the 70th Anniversary of the NHS – the ceremony saw a total of nine awards presented for:

NHS 70th Exemplary Contribution Award

Individual winner: Alison Taylor, Clinical Specialist, Cambridgeshire & Peterborough DynamicHealth Service

Team winner: Bedfordshire Food First Team (Nutrition & Dietetics)

Shine a Light Award 2019

Winner: Linda O'Brien, Community Nursing Sister, Luton

Kate Granger Person Centred Care Award

Winner: Cambridgeshire Children's Speech and Language Therapy Service

Rising Star Award

Winner: Sinead Munday, Children's Speech and Language Therapist

Excellence in Behind the Scenes Services Award

Winner: Linda Green, Receptionist, iCaSH Suffolk

The four team-based awards for an initiative, service or development which demonstrated improvements to clinical or patient report outcomes, were awarded to:

Ambulatory Care

Winners: The Cambridgeshire and Peterborough DynamicHealth Service

Bedfordshire Community Health Services

Winners: The Early Supported Discharge (Stroke) and Neuro-rehabilitation Team

Cambridgeshire and Norfolk Children & Young People's Services

Winners: The Norfolk Just One Number Service

Luton Children and Young People's Services

Winners: Children's Continuing Care Team

3.10 Service Re-design

Highlights from our transformation programme included:

- Bringing together health and care partners across Luton to reduce hospital admissions for the most frail older people.
 - A wide-ranging redesign of our 0-19 services in Bedfordshire; implementation of which has begun and will result in improved outcomes for children, young people and families.
 - The redesign of our musculoskeletal physiotherapy service improving waiting times and accessibility, and piloting an innovative First Contact Practitioner in partnership with a GP practice.
 - The launch of a new Norfolk Healthy Child Programme Service pathway for healthy weight, and a new emotional health pathway for young people.
 - Innovation across our regional iCaSH contraception and sexual health services including 'Express Test', an online and postal screening kit sent to over 40,000 people last year.
 - Implementation of an integrated Healthy Child Programme across Cambridgeshire and Peterborough with Cambridgeshire and Peterborough NHS Foundation Trust.
- "You gave us peace of mind, enabling mum to stay in her own home with support. My mum has her confidence back."*
At Home First Service, Luton

"It's quick, easy and saves me taking up an appointment."
Integrated Contraception & Sexual Health Services

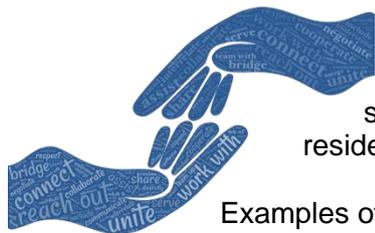
A range of digital innovations introduced over the year offer new and exciting ways to deliver and improve health including:

- A hearing device for children with glue ear, designed by Dr Tamsin Brown, Community Paediatrician, to avoid developmental delay during 'watchful waiting' periods, which won the Child Journal Prize at the British Association of Community Child Health conference.
- Our Just One Norfolk digital platform which is improving access to advice and evidence-based services for families, so much so that we will be working with Norfolk County Council to integrate the Council's Early Childhood and Family Service into this platform.
- Working with Norfolk GPs and young people, we launched a Health Passport App aimed at 16-19 year olds to improve access to health advice, support and information.

- Launching ChatHealth, a text-based service for young people to access support in Luton, Cambridgeshire and Bedfordshire joining the successful ChatHealth service already helping thousands of families in Norfolk.
- Rolling out the Breastfeeding Hub mobile app. An information hub and interactive map of breastfeeding friendly venues which parents can rate and recommend.

"... ChatHealth. Really positive and supportive, encouraging young people to ask questions and engage in the process."

Norfolk 0-19 HCP



3.11 Successful partnership initiatives

Working in partnership with other agencies is fundamental to our shared success and ambition to ensure the best outcomes for local residents.

Examples of partnership initiatives include:

- Sustainability and Transformation Programmes: we led or engaged in a range of system-wide programme areas for paediatrics and workforce in Cambridgeshire and Peterborough. In Luton, Bedfordshire and Milton Keynes, we led on workforce and organisational development programmes and the creation of a 'Provider alliance' model in Luton across all NHS providers.
- We worked closely with commissioners in Norfolk and Suffolk to align with local plans and contribute to local health priorities, in line with our public health commissioned services.
- The Trust is successfully engaging multiple partners who deliver services from the North Cambridgeshire Hospital site in Wisbech to improve the accessibility of services and an improved service user experience through an £8 million site redevelopment programme.
- In Luton, our enhanced models of care programme - a targeted multi-agency population health management approach – is improving outcomes for people with frailty who are vulnerable to unplanned hospital admissions. Partners engaged in this work include social care colleagues, Virgin Health, East London NHS Foundation Trust, and the third sector.

"Friendly, polite, reassuring, working together to get me well. Excellent, thank you."

Dynamic Health Services

- In partnership with East London NHS Foundation Trust we are delivering children and adults community health services across Bedfordshire.
- In Bedfordshire, an Epilepsy Specialist post has been recruited to work in collaboration with Bedford Hospital to support children and young people with epilepsy.
- Our 0-19 Service in Bedfordshire has delivered Perinatal Infant Mental Health (PNIMH) training across a number of partners to increase knowledge, skills and attitudes of the staff to facilitate support for families with PNIMH issues. Ten champions have been trained to facilitate an approved Institute of Health Visiting course to staff who work in maternity services, health visiting, children's centres, early help and social work.
 - Our DynamicHealth musculoskeletal physiotherapy service has introduced a First Contact Practitioner pilot in partnership with a local GP practice and Cambridge University Hospitals NHS Foundation Trust, as part of a national programme of pilots.
 - We have introduced orthopaedic clinics in Cambridgeshire for children and young people with complex physical disabilities, bringing together a paediatric physiotherapist, acute hospital orthopaedic consultant and community paediatrician, to make holistic decisions about service users' surgical, medical and physiotherapy care needs.
- Joint musculoskeletal virtual clinics are being held with three hospitals across

Cambridgeshire and Peterborough for patients with complex neurosurgical (spinal) and orthopaedic conditions, ensuring appropriate patients are referred to the right service.

- We are working with Norfolk County Council to deliver the digital platform for the Council's new Norfolk Early Childhood and Family Service (previously Norfolk's Children's Centres) by integrating this into our successful Just One Norfolk website, along with the Norfolk Directory, Norfolk Family Information Service (FIS) and Norfolk Library Services.
- Our Norfolk 0-19 Service has successfully worked with Best Beginnings – a UK charity – to reduce child health inequalities by creating and distributing resources for families and professionals via our innovative new Just One Norfolk digital platform.
- Working with Icen HealthCare (a GP collaborative in Norfolk) and young people, we launched a young person's Health Passport App aimed at supporting improved access to health advice, support and information for 16-19 year olds.
- Pathway to Parenting courses are taking place across Norfolk involving CCS staff, children's centres' staff and acute hospital midwives.
- We continued to work with Health Service Laboratories (a venture between two NHS organisations and a private sector partner) to deliver an online postal 'Express Test' STI kit providing a speedy and accessible service for asymptomatic people.
- In partnership with the Terrence Higgins Trust (THT) we provide contraception and sexual health services in Bedfordshire, Cambridgeshire, Norfolk and Suffolk. We

also continue to work with Brook in Bedfordshire.

- Our regional iCaSH services are working with acute trusts to deliver universal care for HIV patients who present with complex needs in the hospital setting.
- Following a period of successful planning and development, we are launching an integrated and equitable Healthy Child Programme services across Cambridgeshire and Peterborough in partnership with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).
- Together with CPFT we are delivering an Emotional Health and Wellbeing (EH&W) service across Cambridgeshire and Peterborough, which is supporting professionals to access services and help schools improve the emotional health and wellbeing of pupils.
- Community paediatricians and psychiatrists in Cambridgeshire are holding joint clinics to support the delivery of accessible services, for children with ADHD diagnoses and co-morbidity.
- Community and hospital dental service colleagues in Cambridgeshire are delivering joint appointments for patients who would otherwise undergo multiple anaesthesia.
- The Trust is contributing to research activities being led by the Universities of Keele, Nottingham, Oxford, Glasgow, Manchester, Leicester, Westminster, Bedford, Cambridge, Southampton and Warwick which have the potential to improve outcomes in service users within musculoskeletal, sexual health, children's and neuro-rehabilitation services.

3.12 Award winning staff

- ★ The Luton GP Liaison Service won the Staff and Patient Experience category and was 'Highly Commended' in the Improving Outcomes category of the Leading Healthcare Awards. Our Just One Norfolk digital platform was awarded 'Highly Commended' in the Innovation of the Year category.
- ★ The Cambridge Community Nursing Service was a finalist in the Engaging and Championing the Public and the Communicating Effectively with Patients and Families categories of the Public Engagement Network National Awards.
- ★ Our Cambridgeshire Community Nursing Team was a finalist in the Community Placement of the Year category in the Student Nursing Times Awards 2019.

- ★ The Bedfordshire neuro rehabilitation team was one of three finalists in the Advancing Healthcare Chroma Award for realising potential through creativity to bridge the gap between intensive support and the community via the Brushstrokes Art sessions and Neurotones choir.
- ★ Just One Norfolk won the 2018 highly commended award from the Self Care Forum.
- ★ Victoria Fenton, Cambridgeshire School Nurse won the Specialist Community Public Health Nurses (SCPHN) Student Award 2018-2019. Victoria was also a finalist in the Student Nursing Times Awards 2019 Learner of the Year Post Registration category.
- ★ The Trust was a finalist in the prestigious Health Service Journal Provider Trust of the Year award category.
- ★ Dr Tamsin Brown, Consultant Paediatrician, was a finalist in the national WISE Awards, and her innovative project to develop hearing aids for children with glue ear to avoid developmental delay during 'watchful waiting' periods won the Child Journal Prize at the British Association of Community Child Health conference.
- ★ Our innovative DynamicHealth musculoskeletal service was selected to showcase its successful redesign programme (which has had benefits for staff and patients) at the NHS Providers annual conference and showcase.
- ★ Our Norfolk 5-19 service won a silver award in the Best Podcast Award at Audio & Radio Industry Awards for the Health Uncovered podcast.
- ★ The Trust was shortlisted in the top 3 trusts for its Best Use of ESR (Electronic Staff Record) category for the 2018 Health Providers Management Association (HPMA) awards.

The following Trust services were nominated by local MPs for the NHS 70th Parliamentary Awards. Following a regional assessment process, both were identified as the Regional Winners for the NHS Midlands and East area in their respective categories:

- ★ Norfolk Just One Number, Person Centred Care category (nominated by Chloe Smith MP and Sir Henry Bellingham MP).
- ★ Professor Barbara Wilson, Lifetime Achievement Award (nominated by Jo Churchill MP).

3.13 Core Quality Account Indicators

Appendix 4 details a number of Core Quality Account Indicators that are relevant to our Trust, the data for which is provided by NHS Digital.

Part 4: Statements relating to quality of NHS services provided

The Trust's Quality Account 2018-19 was circulated for comment and feedback to our commissioners and stakeholders (see list below) and responses received are included in the following pages.

Bedford Borough Council
Bedfordshire Clinical Commissioning Group
Cambridgeshire & Peterborough Clinical Commissioning Group
Cambridgeshire & Peterborough Overview & Scrutiny Committee
Cambridgeshire County Council
Cambridgeshire Health & Wellbeing Board
Central Bedfordshire Council
Healthwatch Bedford Borough
Healthwatch Cambridgeshire & Peterborough
Healthwatch Central Bedfordshire
Healthwatch Luton
Healthwatch Norfolk
Healthwatch Suffolk
Luton Borough Council
Luton Clinical Commissioning Group
Luton Health & Wellbeing Board
Luton Overview & Scrutiny Committee
NHS England
Norfolk County Council
Norfolk Health & Wellbeing Board
Norfolk Health Overview & Scrutiny Committee
Peterborough City Council
Peterborough Health & Wellbeing Board
Suffolk County Council
Suffolk Health & Wellbeing Board
Suffolk Health Scrutiny Committee

Statement from NCC Public Health for Cambridge Community Services Quality Account 2018/19

Norfolk County Council Public Health (NCC/PH) welcomes the opportunity to comment on the 2018/19 Quality account for Cambridge Community Services (CCS).

In line with the NHS (Quality Accounts) Regulations 2011, NCC/PH have reviewed the information contained within the Quality Account and checked this against data sources, where this is available to us as part of our existing monitoring discussions and confirm this to be accurate for the services commissioned by NCC/PH.

The CCS Quality Account is well presented and clearly sets out the good work that has been undertaken on behalf of Norfolk children, young people and families/carers in 2018/19.

NCC/PH and CCS work closely together to review performance against quality indicators and ensure any concerns are addressed as they arise. There is a structure of regular formal and informal meetings in place between the commissioners and CCS where a wide range of metrics in relation to quality, safety and performance is presented and discussed.

NCC/PH acknowledges the Norfolk specific data within the report and appreciates that CCS provides services to a wide footprint in the East of England and supports the Quality Improvement Priorities set out within the Quality Account. While the priorities are not Norfolk specific, NCC/PH looks forward to seeing progress against them, working with CCS to deliver the quality improvement outcomes, improvements and efficiencies to ensure excellent services for the residents of Norfolk.

We acknowledge that the recruitment and retention of health visitors and school nurses remains challenging and can confirm that CSS have worked with us on business planning, ensuring that key indicators remain a focus while retaining an emphasis on the outcomes for Norfolk children, young people and families. In order to meet local needs and priorities, also CCS continues to work with us on workforce development, through a combination of recruitment and training, including apprenticeships to support specialist areas of work such as mental health and language development.

NCC/PH notes the Quality and Clinical Strategy 2018 – 2021 and can confirm that during 2018/19 the development of people participation has been key in the integrated pathways in the Norfolk HCP. NCC/PH will continue to work with CCS in the development of digital interventions to support improved service user experience and health outcomes.

The high levels of staff satisfaction, indicated by the staff opinion survey demonstrates the positive impact felt by Cambridge Community Services staff with regards to staff engagement. Locally we note that staff turnover has continued to reduce.

The CCS have worked in partnership with NCC integrating the HCP with redesigns for local early years and CAMHS services.

Trust has recently had a CQC inspection we look forward to reading the report when it becomes available.

Signed
Dr L S Smith Director of Public Health, Norfolk County Council
22.5.19

Response from Norfolk Health Overview and Scrutiny Committee

'Norfolk Health Overview and Scrutiny Committee has decided not to comment on any of the local provider Trusts' Quality Accounts and would like to stress this should in no way be taken as a negative comment. The Committee has taken the view that it is appropriate for Healthwatch Norfolk to consider the Quality Accounts and comment accordingly.'

Thank you for giving us sight of this [the CCS NHS Trust Quality Account 2018-19].

Overall it looks a positive report. We particularly note the good work being done in training and development, patient participation and patient outcome measures. We also note the increase in patient safety incidents and whilst the explanation is that staff are more likely to report incidents we would want to ensure there are no actual increases.

We are slightly disappointed not see more about the Suffolk service, and also would have liked to see mention of the developing Integrated care system and Alliances (where Suffolk is a second wave) where joint work is already taking place around sexual health pathways and there is the potential for joint commissioning in the future.

Kind Regards

Dr Amanda Jones MB ChB MRCGP FFPH
Interim Director of Public Health
Public Health Suffolk
Suffolk County Council

CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST

QUALITY ACCOUNTS 2018/19

STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL - HEALTH COMMITTEE

The Health Committee within its health scrutiny capacity has welcomed the opportunity to comment on the Quality Account for Cambridgeshire Community Services (CCS). The Health Committee has not called on representatives from CCS over the last year to attend scrutiny committee meetings.

The quality account was clearly presented and this allowed the relationship between 2018-19 progress, external and internal feedback and the priorities then set for 2019-20 to be tracked. This is commendable.

The four priority areas for 2019-20 contain some largely new quality improvement actions but also include continuation of work begun in 2018-19 (or earlier) but still in progress. We understood this to mean that rather than progress being slow actions are complex to achieve fully. For example, the Trust launched the 'Our Improvement Way' programme, and its 2018-19 comments indicate work completed but at the same time it is recognised that embedding the approach should continue. Evidence is further seen in 2019-20 Priority 4 'Learning and Continuous Improvement' in activities 4.1 and 4.4.

The Health Committee has taken a particular interest in workforce development, recruitment and retention issues across the whole health care sector and continues to scrutinise this under the Sustainable Transformation programme (expecting an update report in July 2019). The committee was pleased to see this focus replicated in the CCS quality account. Strong claims are made about the Trust's workforce: for example, that they are 'engaged and happy' and the medical director and chief nurse both focus on staff as the key to progress. This is then reflected strongly in Section 3.7 on workforce factors and in the subsequent sections on diversity and inclusion, staff excellence and service redesign. Evidence in these sections indicates that active support, development and management of staff are in place. This is reflected in the strong scores from the national staff survey, the high percentage of completed appraisals and staff belief in equal opportunities at work.

In recognising that the Quality Accounts are a technical document the Committee has provided some clarification comments separately these related to how staff experiences are translated into the priorities for 2019-20.

The committee were pleased to see how the Trust highlights the 'step change' it is engaged in – of moving from a patient engagement to a people participation approach. This work is fully reflected in 2019-20 Priority 3, which focuses on how service users, patients and local communities will help to shape future service provision. The 2018-19 findings cite the review work undertaken and the creation of a people participation committee within the governance structure to embed this approach. The quality account discusses moving towards co-production (pg. 8) and the committee recognises that this is ambitious and not without challenge for staff and users in terms of resources and other Trust priorities, including safety. It will be interesting to see how the work is progressed during 2019-20.

Statement from Luton Clinical Commissioning Groups to Cambridgeshire Community Services NHS Trust Quality Account 2018/19

Luton Clinical Commissioning Group (LCCG) welcomes the opportunity to comment on the 2018/19 Quality Account for Cambridgeshire Community Services NHS Trust (CCS).

The Quality Account has been shared with Lay Members (lead for patient safety), Executive Directors, Performance, and Quality Teams and systematically reviewed by key members of the LCCG's Patient Safety and Quality Committee, and will be forwarded for the attention of the LCCG Board.

We have been working closely with the Trust during the year, gaining assurance on the delivery of safe and effective services. In line with the NHS (Quality Accounts) Regulations 2011, LCCG have reviewed the information contained within the CCS Quality Account and checked this against data sources, where this is available to us as part of our existing monitoring discussions, and confirm this to be accurate. We await with confidence the outcome of the recent CQC inspection.

LCCG look forward to seeing the progress and working with CCS on the priorities listed in the report. The account gives an explanation of progress across the organisation and its services and clear areas where quality improvement should be evident at the end of 2019. We have been working to support and monitor the quality of new care models introduced within the year, such as; 'At Home First' and look forward to reviewing progress and developments within the coming year. We welcome joint work with other local providers to reduce system pressure, and are appreciative of the continued efforts undertaken to remodel wider services to meet patient demand and endeavour to provide a positive patient experience. LCCG will continue to work collaboratively with the CCS to support these endeavours.

LCCG acknowledge that the Trust provides services to a wide footprint of the East of England however, continue to focus on Luton specific data within the report, which is reassuring as it allow the LCCG to be assured of services provided specific to Luton. We want to take this opportunity to formally congratulate the Children's Epilepsy Specialist Nurse who was invited to the British Paediatric Neurology association Conference to give a presentation on the virtual clinics the team introduced for young patients.

LCCG further acknowledges the continued use of 'patient stories' as a means to assure the board and stakeholders of their continued endeavours around quality improvement and patient experience including the learning from complaints that has been undertaken, in particular; sharing a story regarding following up on a cancelled appointment as the patient felt there was 'nothing that could be done.' On engaging with the patient the outcome achieved has been positive, demonstrating the impact following up on cancellations or did not attends (DNAs) can have on patient experience and their perception of how service can help and support. LCCG continues to support the Trusts 4 quality priorities, indicators for 2019/20 as set out in the account. In particular the development of the move from a "Patient Engagement" to a "People Participation" model to introduce people participation in their diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups. We will be monitoring CCS' progress throughout the year to ensure good quality outcomes for the people of Luton.

Continued ...

CCS continued to engage with LCCG to deliver quality improvements through the Commissioning for Quality and Innovation (CQUIN) scheme. Whilst the nationally set staff flu vaccination target was not met in full, in spite of a number of schemes in place to increase the vaccination rate including an increase in the number of staff able to administer the vaccine directly to teams, this achievement level can be understood in context to the wide geography of the Trust with staff dispersed in over 100 premises, being just one of the challenges facing the Trust in achieving their target in full. The trust participated in the Luton Local Area Special Education Needs and Disabilities (SEND) inspection and we are assured that CCS have identified trust specific actions which will endeavour to address the conclusions/requirements reported by the joint inspection.

Anne Murray



Chief Nurse

Bedfordshire Luton & Milton Keynes Commissioning Collaborative



BEDFORD BOROUGH COUNCIL

Thank you for sharing this Quality Account with Bedford Borough Council. Both the Council's Adults and Children's Services Directorates have considered the contents and have no additional comments to make.

We are pleased to see the progress noted.

Kind regards

Kate Walker
Director of Adults' Services
Bedford Borough Council
Borough Hall
Cauldwell Street, Bedford
MK42 9AP

Cambridgeshire and Peterborough CCG – CCS Quality Account

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) has reviewed the Quality Account produced by Cambridgeshire Community Services (CCS) for 2018/19.

The CCG and CCS work closely together to review performance against quality indicators and ensure any concern or identified theme or trend is addressed to ensure high quality care of the services CCS provide is maintained.

CCS is to be commended on a very readable and accessible quality account for 2018/19 which continues to demonstrate the ongoing achievements with a clear focus on involving people, staff and patients to improve services.

CCS have retained their CQC rating of 'Good' following the report published in June 2018. The CQC commended the Trust on how well they engaged with patients, staff and the public, with a commitment to improving services. They acknowledged that staff talk positively about local leadership and provide an open and supportive culture which is mirrored in the staff survey results published in March 2019. For the sixth year running staff rated working for the Trust incredibly positively and were rated the joint best performing Trust across the country in 3 out of the 10 themes; immediate manager support; tackling bullying and harassment and tackling violence. The quality of appraisal and staff satisfaction with resource and support also had increased from 2017. CCS understand that an engaged and positive workforce is directly linked to the provision of good patient care and a reflection that the Trusts 3 year plan to deliver 'Our Quality way', a framework to help staff understand and contribute to the delivery of high quality services is embedding.

Alongside positive feedback from staff, CCS have exceeded the national average for a Community Trust for patient experience survey question 'How likely are you to recommend the service to family and friends' achieving 94% consistently. The Trust also received 37,900 positive comments and compliments which is an increase of 8,900 on last year and fewer complaints comparable with other NHS organisations demonstrating a culture of caring and compassionate staff.

A patient story is heard at each Trust Board highlighting the importance of the patient voice and a Board which has a focus on both patient and staff experience, a particular strength of the organisation. The CCG welcome the development of a strategy which has a continuous focus on capturing feedback, being receptive and reacting to improve experience.

At a Local level services which have been supported by this ethos is the Dynamic Health Clinic in Cambridge, callers had found it difficult to access the clinic due to call lines being constantly in use as a result of feedback, the number of phone lines have increased and a call handler has been recruited. Patients had also reported that they were unable to locate the Physiotherapy department at Hinchingsbrooke Hospital due to signs being too high. A new sign has been designed and erected which now provides clear directions throughout the building.

Continued ...

In March 2018 an independent review identified a gap in provision within the Musculoskeletal Physiotherapy Service (MSK), with demands outstripping capacity. The CCG are really pleased to see that through collaborative working with stakeholders, and CCS taking the lead on the development of a clinical working group, a redesign of MSK services has seen improved waiting times and accessibility and staff were invited to showcase the successful redesign programme at the NHS Providers annual conference.

In line with the trust's 5-year strategic plan CCS had given notice to the commissioners in 2017/18 that it would no longer provide acute childrens services based at Hinchbrook Hospital. Although the original date for transfer of services to the new provider North West Anglia Foundation Trust (NWAFT) was by November 2018 the transfers did not take place until 1 April 2019. The transition was smooth with minimal impact to staff or services which was aided by CCS being open and transparent and working in partnership with the new provider.

CCS continue to be instrumental in the redesign of services within Cambridgeshire and Peterborough ensuring the best outcomes for the local population. The trust is successfully engaging multiple partners who deliver services from the North Cambridgeshire Hospital site in Wisbech to improve accessibility of services with a site redesign programme and following a period of successful planning and development the Integrated and Equitable Healthy Child Programme in partnership with Cambridgeshire and Peterborough Foundation Trust (CPFT) is due to be launched.

Although in 2019/20 the services that the CCG will be commissioning have decreased in comparison to previous years, Cambridgeshire and Peterborough CCG look forward to continuing to work with the Trust and support their priorities for 2019/20 focusing on delivery, innovation and effective safe services which will continue to provide a positive experience for patients, their families and staff.

NHS Cambridgeshire Community Services NHS Trust

Quality Account 2018-19 – Response from Healthwatch Norfolk

Healthwatch Norfolk is pleased to have the opportunity to comment on the Quality Account 2018-19 from NHS Cambridgeshire Community Services. This is the second year that we have submitted a response and the Trust has continued to develop with ratings of “Good” amongst some outstanding features as measured by the Care Quality Commission inspection in 2018.

The Trust continues to manage community services across a challenging geographic range, including services in Norfolk, Bedfordshire, Cambridgeshire, Luton, Peterborough, and Suffolk.

We called attention last year (2017-18) to the *collaboration* in research by members of the Trust but we also suggested that the projects did not originate in the Trust. In the Quality Account here (2018-19), the Trust has specified in much clearer detail the nature of the research involvement amongst staff of the Trust. This is welcomed.

At 2.2, the Trust introduces its “Learning from Deaths policy”. This is a new focus for Quality Reviews and the Trust has helpfully included both quantitative and qualitative data. In addition, the reporting process includes a series of “Next Steps”.

The Trust’s report on Data Quality reflects the particular challenges of a non-digitalized system that must function across several English counties. There is considerable likelihood that the future challenge will be the need to re-engineer communications and patient information in line with digital planning. We would welcome an indication of plans that reflect this.

The overall presentation of the Quality Account for 2018-19 is impressively coordinated and marked by clarity. This compares exceptionally well with the Quality Account for 2017-18 that we reviewed a year ago.

As a specifically Norfolk based service, we would like to call attention to the children’s services that are specified in Section 3.11. During the year 2018, we met with the Norfolk Early Childhood and Family Service and its connecting services. This service comprises both the functions of the previous school nursing and health visiting teams in the county and it has successfully incorporated diverse services for children, young people, and families. This is an example of the way that local (county-level) services can innovate productively.

In summary, we would like to particularly compliment NHS Cambridgeshire Community Services NHS Trust for its ability to report both the range and the intricacy of its services in the Quality Account 2018-19.

Alex Stewart, Chief Executive

May 2019



Appendix 1: List of Trust Services – 2018-19

	Bedfordshire	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk
Adult services						
District nursing			X			
Specialist nurses/long term conditions			X			
Community matrons			X			
Neuro-rehabilitation	X	X				
Specialist services						
Community dental services, Dental Access Centres, and minor oral surgery (MOS)	X Oral health promotion only	X		X MOS only (from Spring 2019)	X	X MOS only
Musculoskeletal services		X			X	
Sexual health services	X	X		X	X	X
Children's services						
Acute services		X				
Health visiting	X	X	X	X	X	
School nursing	X	X	X	X	(*see note below)	
Therapies	X	X				
Community nursing	X	X	X			
Audiology		X	X			
Community paediatricians	X	X	X			
Family Nursing Partnership	X	X		X		
National Child Measurement Programme				X		
School immunisation programme		X		X	X	X
Emotional Health and Wellbeing service		X			X (see note below)	

**Note: These services in Peterborough are provided in partnership with Cambridgeshire and Peterborough NHS Foundation Trust*

Appendix 2

List of contributors to the Quality Account 2018-19:

Matthew Winn
Chief Executive

Ian Moyes
Informatics Manager

Dr David Vickers
Medical Director

Frances Bogie
Information Governance Manager

Mark Robbins
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Liz Webb
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Sarah-Jane Gill
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Angela Hartley
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Taff Gidi
Assistant Director of Corporate Governance

Susan Turner
Clinical Audit & Effectiveness Manager

Dr Paula Waddingham
Senior Research Fellow

Quality Account co-ordinated by:

Helen Ruddy
Business Support Manager

Appendix 3: Summary of all clinical audit activity for 2018-19 n=65

The Trust has completed audits for the following services and, audits are undertaken to ensure compliance with national guidance, patient records, serious incidents and, clinical standards.

- Integrated Contraception & Sexual Health Service (iCaSH) (n=35)
- Musculo-skeletal Services (Physiotherapy) (n=11) (DynamicHealth)
- Dental Services (n=4)
- Luton Adult services (District and Specialist Nursing) (n=2)
- Children & Young People Service (Bedfordshire, Cambridgeshire, Luton & Norfolk) (n=13)

INTEGRATED CONTRACEPTIVE & SEXUAL HEALTH SERVICES (iCaSH)

- 14219 Emergency contraception: Audit to improve care given to women using emergency contraception. The audit did not achieve full compliance as the department was transitioning during this period and, there had also been issues with the patient record template. These issues have now been resolved and the audit will be repeated.
- 14368 Audit to ensure patient's psychological well-being and support regarding the use of alcohol and recreational drugs was being screened appropriately. Full compliance was achieved with patients being offered appropriate screening.
- 14406 Management of sexually transmitted infections and related conditions in children and young people: Audit to ensure best practice when providing care to children and young people accessing sexual health services and ensuring safeguarding procedures are in place. Full compliance was achieved in 3 of the 5 standards. For those standards where full compliance was not achieved, an action plan was put in place.
- 14320 Cervical screening: Audit to assess quality of cervical cytology and ensure cytology samples are taken correctly. Improvements have been made following new links to the laboratory with a satisfactory rate of 98% being achieved. Staff training and a review pathway are both in place.
- 14329 Intrauterine procedures: Audit to assess clinical practice. Full compliance was achieved in 2 of the 3 standards. Actions included improving documentation re: chaperone presence during procedure and, review of threshold for reviewing pre-coil swabs for under 25s.
- 14400 Midstream Specimen of Urine requests: Audit to assess the number of incorrect midstream specimen of urine samples being sent. Full compliance was not achieved due to documentation errors and actions included distributing guidelines to clinical staff; arranging teaching on history-taking and differential diagnosis of urinary symptoms.
- 14425 Sexual history & chlamydia notification: Audit to ensure patients treated in line with national guidance for chlamydia and partner notification. Full compliance was not met and actions included changes to the patient record template to ensure information is recorded.
- 14420 Management of non-gonococcal urethritis and partner notification: Audit to ensure best practice. Full compliance was achieved in 2 of the 4 standards. Actions to ensure information leaflets are offered to patients and document in patient record accordingly.
- 14667 (PEPSE) Post exposure prophylaxis after sexual exposure to (HIV) human immunodeficiency virus Management: Full compliance was met in 3 of the 6 standards however, it was noted that some targets were out of the control of the department i.e. patients presenting to other services or, present to service more than 24 hours after exposure. Actions identified to share information and findings with staff and, document compliance more robustly.
- 14370 (HIV) human immunodeficiency virus Partner Notification: Audit to assess outcomes with regards to partner notification. Full compliance was achieved in 5 of the 7 standards. Actions included exploring with health advisors ways to improve contact testing and assessing suitability for contacts identified within 24 hours.
- 14466 Emergency Contraception: Audit to assess compliance regarding emergency contraception. Full compliance was achieved for all standards. Results shared.
- 14467 Management of Abortion Referrals: Audit to assess current practice in addressing contraceptive needs of women presenting for abortion referral. Results show an improvement from last year with standard 1 remaining at 100% and, standards 2 and 3 showing a year on year improvement with standard 2 now reaching 100% reflecting the impact of staff training and patient record modification. Results shared.

INTEGRATED CONTRACEPTIVE & SEXUAL HEALTH SERVICES (iCaSH)

- 14503 Emergency Contraception: Audit to assess compliance regarding emergency contraception. Majority of standards achieved full compliance with one clinic not achieving full compliance due to an issue with scanned notes. This has been now been addressed and actions closed.
- 14532 Chlamydia re-testing in under 25s: Audit to improve outcomes and reduce the rate of chlamydia reinfection in under 25s. Only 1 standard achieved full compliance with a number of actions identified around using text messaging and reviewing the process for patients who do not attend.
- 14668 Herpes Management: Audit to ensure management of herpes. Although 1 hub demonstrated significant improvement from the previous audit, full compliance was not achieved. One factor for non-compliance was that during the time of the audit, there had been multiple locum doctors. Results have been fed back to clinical staff.
- 14694 Monitoring of Adults with (HIV) human immunodeficiency virus aged 50 or over: Audit to ensure co-morbidities are identified and standards are maintained. Full compliance achieved. This audit is reassuring as it demonstrates that we adequately monitor our cohort of patients over 50. Results shared.
- 14782 Audit of Contraception in Older Women: Audit demonstrated that only a small number of women use this service and in general, where the service is used, excellent care is provided. The only action was a reminder to staff to remember to document in the notes when an information leaflet had been given to the patient post-procedure.
- 14402 (PEPSE) Post Exposure Prophylaxis following sexual exposure to (HIV) human immunodeficiency virus infection (Bedford): Audit to assess that patients were appropriately assessed. Full compliance was not achieved and a number of issues were identified. Changes have been made as a result of the audit, including a recall set up for follow-up blood tests and advising patients on the importance of follow-up testing.
- 14606 Chlamydia Retesting in Under 25s (Bedford): Audit to ensure the service is offering repeat testing at 3 months after treatment. Audit demonstrated that 15% were not offered rescreening and, this was because there was either no number or, an invalid mobile number. Changes have since been made and, this included sending postal kits to patients with positive results.
- 14651 Chlamydia Retesting in Under 25s (Cambridge): Audit to ensure the service is offering repeat testing at 3 months after treatment. Full compliance was not achieved with only the number of rescreened patients testing positively performing poorly. Actions were identified and the pathway was discussed to ensure rescreening offered and a plan for people who do not attend.
- 14666 (PEPSE) Post Exposure Prophylaxis following sexual exposure to (HIV) human immunodeficiency virus infection (Cambridge): Full compliance not achieved and, results showed that prophylaxis often not prescribed within 24 hours of at risk exposure however, this target could not be met because patients presented later than that into the service. There was also a need to improve overall documentation and, these changes have been made.
- 14811 Audit of Contraception in Older Women (Norfolk): Overall there was good compliance and, where standards did not meet their target, this was due to a number of anomalies that fell outside the control of the auditor. Changes being made as a result of the audit include informing women of coil expiry.
- 14847 Clinical Management & Partner Notification of Trichomoniasis (Norfolk): Audit to ensure management of Trichomoniasis vaginalis. Full compliance was achieved regarding appropriate clinical treatment and partner notification and, achieving 80% with regard to recording whether written information was given. Changes have been made as a result of this audit with relevant patient information being made available.
- 14781 Cervical Cytology (Suffolk): Audit to assess quality of cervical cytology and ensure cytology samples are taken correctly. Targets were met for this and results shared with staff. Ensure that staff are adequately trained and updated for smear taking evidence for this is staff being on the cytology takers register. The results pathway for cytology will become part of the results management pathway and standard operating procedure. Reminder to use the smear taking register more effectively.
- 14621 Monitoring of Adults with human immunodeficiency virus (HIV) aged 50 or over (Peterborough): Audit to ensure routine monitoring and assessment. Full compliance achieved apart from the recording of patients with a smoking history documented in the last 2 years. Changes have been made including the use of proformas as prompts and, an electronic reminder system with appointments for annual review has also been set-up.
- 14849 Renal Monitoring in (HIV) human immunodeficiency virus patients on (TDF) tenofovir disoproxil fumarate-containing regimens (Norfolk): Audit to ensure patients have regular kidney function testing. Full compliance was achieved with all patients receiving regular kidney function tests.
- 14857 Clinical Management & Partner Notification of Trichomoniasis (Peterborough): Audit to ensure management of Trichomoniasis vaginalis. Full compliance was achieved where the standards related to the correct medication however, the only standard not to achieve full compliance was around recording the fact that written information had been given to the patient. Changes were made to ensure staff record the appropriate information.

INTEGRATED CONTRACEPTIVE & SEXUAL HEALTH SERVICES (iCaSH)

- 14867 Clinical Management & Partner Notification of Trichomoniasis (Cambridge): Audit to ensure management of Trichomoniasis vaginalis. Full compliance was achieved regarding appropriate clinical treatment with, one clinic achieving full compliance around partner notification and, the other clinic achieving 90%. Both clinics achieved 90% with regard to recording whether written information was given. Changes have been made as a result of this audit with relevant patient information being made available and, a mandatory field has been added to the electronic patient record.
- 14965 Management of Trichomoniasis Audit: Full compliance was achieved however, it was noted that the partner notification model required revision and, this was taken as an action and is now complete.
- 14481 Emergency Contraception (Norfolk): Audit to ensure that the provision of emergency contraception. Full compliance was demonstrated and, where appropriate, all patients were offered intrauterine device as emergency contraception.
- 14878 Audit of patients receiving emergency hormonal contraception on day requested (Suffolk): All clinics achieved full compliance and, although no key actions or concerns were noted, there has since been an improvement in the patient record template which allows clinicians to collect this data directly thereby, proving more reliable and, reducing the need to repeat this audit as in the future, this information will be collected centrally.
- 14944 Monitoring of Adults with (HIV) human immunodeficiency virus aged 50 or over (Suffolk): Full compliance was not achieved as not all eligible patients had been tested. Cytology had also not been followed up but, this was related to interpretation of the question as, the patients in whom cytology was not undertaken had all had hysterectomies. Actions from audit included putting a checklist of relevant tests in resource folder and, improved monitoring of metabolic parameters in older patients.
- 14744 Audit of Cardiovascular Risk Factors in (CHC) combined hormonal contraception (Suffolk): There had been an improvement in all the standards – the most marked being from 78% to 95% in the number of documented weights in patient notes. This followed a previous action whereby, a new improved patient record template was used.
- 15098 Audit of Contraception in Older Women (Norfolk): Compliant in all areas except the recording that women who are over age 45 could continue with their method until age 55 years. Inconsistent record keeping regarding the provision of information. Ensure leaflets given to patients to advise length of time and, are personalized for each patient.
- 14831 Audit of Contraception in Older Women (Suffolk): Audit demonstrates that the majority of older patients receiving contraception receive care according to the latest guidelines. There were a few instances where care could be improved and, changes are being made to the patient record template.

MUSCULO-SKELETAL SERVICES (PHYSIOTHERAPY) (DynamicHealth)

- 14353 Audit to ensure compliance with National Institute for Health & Care Excellence (NICE) guidance CG177: Management of Hip Osteoarthritis: Demonstrated good compliance however, it was noted that staff were not always using the preset tab for documentation. An action was therefore raised for staff to remember to use the preset tab and, a general reminder to follow the guidance.
- 14113 Outcome of referral to orthopaedics for lumbar spine conditions: Audit repeated from last year to improve the conversion to surgery of all orthopaedic referrals. There were some improvements however it was noted that secondary care were not copying the service into letters and, an action was raised to ensure this happened.
- 14312 Audit to ensure compliance with National Institute for Health & Care Excellence (NICE) guidance CG139: Sharps disposal: Results showed an overall improvement from last year and, results have been shared to ensure staff continue to follow guidance.
- 14855 Lumbar Spine Magnetic resonance imaging (MRI) Consistency: Audit to ensure new guidelines are being followed. Outcome was good but some changes were identified and, guidelines have been amended accordingly.
- 14685 Patient Records Audit: Full compliance was not achieved and it was highlighted that documentation needs to be improved across all localities. Changes being made as a result of the audit to improve documentation and, ensure clinicians clear and, record that they have cleared, appropriate body parts.
- 14958 Specialist Teams Patient Records Audit: Overall results were very good and these have been shared with clinicians and team. One change being made as a result of the audit is around pre-sets used for red flag screening and, the patient record template has been amended accordingly.
- 15049 Audit of referral to Secondary Care: Although full compliance was not achieved, the guidelines did meet the appropriate target. Audit highlighted that there was lack of adherence to surgical thresholds and, actions were put in place to discuss with clinicians and disseminate results.

MUSCULO-SKELETAL SERVICES (PHYSIOTHERAPY) (DynamicHealth)

- 14660 Audit to ensure compliance with National Institute for Health & Care Excellence (NICE) guidance CG139: Sharps disposal: (Physiotherapy): In the majority, all localities achieved full compliance. Some concerns were highlighted and, where these were identified, each site had an individual action plan which included a nominated person and, a reminder to staff to adhere to the guidance.
- 14829 Audit of pelvic girdle pain management during pregnancy: Results showed that all patients received suitable assessment and treatment with only two not receiving any written information. Actions included raising awareness to staff around patient information leaflets and ensuring that any new clinicians joining are receiving training from pelvic health physiotherapists.
- 14974 Audit of number of treatment sessions: Outcomes were good and much improved on the previous audit. Target of 100% was still not quite reached as of the cases that were not deemed appropriate to be seen for over the appropriate number of sessions, review with a clinical supervisor should have taken place earlier. Actions include circulate reminder re: discussing cases at Clinical Supervision Discussion with rehab instructors.
- 14418 Audit of number of sessions attended by patients: The key findings demonstrated that patients were being seen by multiple clinicians which subsequently could have an impact on the continuity of patient care, leading to an increased number of treatment sessions required. No obvious training need was identified and, although peer review is occurring, it is potentially not being used appropriately by clinicians. An action was identified to review the opt-in procedure.

DENTAL SERVICES

- 14053 Quality of Sedation Referrals: Dentists at Access Centre were concerned that referrals from General Dental Practitioners for sedation had been inaccurate and missing important information. The audit identified a lack of completion of these forms and, actions have been put in place to ensure that the forms are reviewed more thoroughly and completed correctly.
- 14384 Audit to check compliance with World Health Organisation (WHO) Checklist: Full compliance was achieved and results have been discussed.
- 14906 Audit of Recording Consent for Extractions: Full compliance was met with regard to the patient having the correct consent form but, it was not achieved with regard to having recorded the discussion with the patient. Changes made as a result of the audit include adding a separate discussion section in the notes of every patient choosing to go down the extraction route on the day of assessment with clear indication as to the options and a clear statement of consent with all relevant options and risks discussed.
- 14279 Audit of the use of sectional radiographs in Dental Services: Audit to investigate the percentage of unlabelled, and therefore ambiguous dental panoramic radiographs currently present within the patient record. Of the 5 clinics audited, 4 were 100% compliant with, the other clinic achieving 80% compliance. Results discussed and actions implemented.

LUTON ADULT SERVICES

- 14343 Patient Records Audit (Catheter Care): Re-audit to ensure actions had been embedded from the previous audit and, this demonstrated an overall improvement. There were still lapses in documentation and some staff were not always taking appropriate action when suspecting a urine infection. Actions were put in place including all new starters attending a catheterisation study day. The training slides have been updated and sessions are being run for staff to attend for an update.
- 14232 Patient Records Audit (Rapid Response): Re-audit to ensure the team are providing patients with information to enable them to make complaints/comments regarding the service. The audit demonstrated compliance of 70% which is a marked improvement and, actions are in place to show continued improvement.

CHILDREN & YOUNG PEOPLE SERVICE (Bedfordshire, Cambridgeshire, Luton & Norfolk)

- 14254 A Regional Audit on Gastrostomy Feeding (Specialist Services): Audit was undertaken to review notes of a sample population of paediatric patients in the East of England that have a feeding tube and, to look at the conditions associated with it. The audit found that many patients were being referred for gastrostomy insertion - the commonest reason being inadequate intake/growth, or failure to thrive and, on review of the audit results, it was concluded that children's nutritional status was not being accurately assessed prior to referral for gastrostomy. This was often because there were difficulties getting heights and weights from children who were in wheelchairs. Actions taken included performing a literature review of the best way to measure nutritional status and, retrospectively audit those patients who have been referred and look at how they were assessed prior and, re-evaluate the way that we assess children's nutritional status, including blood investigations.
- 14356 Early help assessment referrals and early support (Health Visiting, Cambridge): This audit was carried out following a workshop aimed at improving assessment writing. All three hubs demonstrated a marked improvement in the quality of referrals.

CHILDREN & YOUNG PEOPLE SERVICE (Bedfordshire, Cambridgeshire, Luton & Norfolk)

- 14512 Patient Record Audit (Speech & Language Therapy): Full compliance was not achieved and, there was wide variance in the way staff were recording clinical information. Actions have included new intervention plan patient record templates to make it easier for staff to record essential information.
- 14642 Nutritional assessment in children prior to a gastrostomy insertion (Children's Specialist Services): This audit assessed how children who are in wheelchairs and, are at high risk of nutritional deficiencies, are reviewed. The results were poor with none of the referrals containing documented daily feeding time. Changes are being made as a result of the audit.
- 14250 Audit to assess if the service provides an appropriate response to the notification of Accident & Emergency Attendance (Norfolk Healthy Child Programme): In addition to the contractual requirements, the auditors also looked at the process for notification from acute trusts to community services, adequacy of safeguarding processes, and standards of practice across the county in responding to information shared. The audit demonstrated that of the records audited, all had an appropriate response. Changes have been made as a result of the audit with regard to training and triage system.
- 14547 Audit of children seen in (ADOS) Autism Diagnostic Observation Schedule clinic (Children's Specialist Services): Changes implemented as a result of the audit included liaising with administrative staff to ensure waiting times are correctly recorded.
- 14747 Audit of Child Protection Medical Reports (Children Services Luton): To improve the provision of child protection medical reports to social care and other relevant professionals. Although full compliance was not achieved, there was very good practice with clinicians producing reports within 24 hours of the medical assessment.
- 14572 Personal Child Health Record Audit (Children Services Luton): Generally the standard of completion was excellent but full compliance was not achieved. Changes being made as a result of the audit; to include common themes in yearly updates on record keeping training and, update all new starters from other Trusts on the expectations of completion.
- 14295 Ophthalmology follow up in children with Down's Syndrome (Children Services Luton): Full compliance was not achieved. Need to improve documentation of the consultation to allow for accurate measurement of clinical standards for Down's Syndrome surveillance as per the guidelines. Changes made as a result of the audit; patient record template added to system for documentation of Down's Syndrome review appointments and, to act as a prompt to ensure all relevant medical issues are covered in the consultation.
- 14552 Audit to ensure compliance with National Institute for Health & Care Excellence (NICE) guidance NG87: Attention deficit hyperactivity disorder (ADHD): Diagnosis & Management: (Children's Specialist Services): This audit was run across two Trusts and, of the 11 standards audited over 3 areas, the majority achieved 100% or, between 80% and 90%. The audit highlighted the lack of information available as well as the lack of standardization. Following a meeting across the two Trusts, a joint information pack was agreed.
- 14603 Audit to ensure compliance with National Institute for Health & Care Excellence (NICE) guidance CG111: Bedwetting in under 19s: (Nocturnal Enuresis): Full compliance was not achieved and, a number of concerns were noted with, actions to improve training around record keeping, scanning assessments onto the patient record, improvements to patient record template and, the waiting list to be reviewed monthly.
- 15036 Audit of referrals to the Children's Rapid Response Team (Children Services Luton): To ensure amended local procedure was being followed and, only a few records did not have the referral details attached to the patient record and/or a discharge summary report had not been sent to the GP and parents. Actions and feedback were put in place.
- 15059 Audit to improve the care of girls with epilepsy on sodium valproate as a medication (Children's Specialist Services): Gaps in the clinical process were identified and solutions proposed and accepted for across the region. These included solutions around the scanning of information between prescribers and GPs as well as a checklist of activities required and, an information booklet given.

Appendix 4: Core Quality Account Indicators

Annex 1: Core Quality Account Indicator 19

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged:

- (i) 0 to 15; and
- (ii) 16 or over

Readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

Summary of data accessed from [NHS Digital](#) on 7 March 2019.

Category of patients re-admitted	CCS % 2011-12	CCS % 2010-11	National average % 2011-12	National average % 2010-11	Highest national % in period 2011-12	Highest national % in period 2010-11	Lowest national % in period 2011-12	Lowest national % in period 2010-11
16+ yrs	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
0-15 yrs	11.91	11.94	10.01	10.01	11.91	11.94	5.09	4.74

The Trust considers that this data is as described for the following reasons:

16+ years category

The Trust does not operate any hospital inpatient services admitting patients over 16 years and has not done so since April 2015.

0-15 years category

Our Children's inpatient service does not include surgical pathways as these remain under the care of acute hospital consultants on site. Readmissions will be as a result of on-going rehabilitation or acute admission avoidance, encouraging sustained independence in the community for children with medical issues. The Trust is one of only a few community trusts nationwide to operate such inpatient services and therefore comparable statistics are of limited value.

Annex 1: Core Quality Account Indicator 21

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.

Summary of data accessed from <https://www.nhsstaffsurveys.com/Page/1064/Latest-Results/2018-Result/> on 1 April 2019.

Note: highest, lowest and average national measures taken from comparable community trust providers results only, therefore excluding all acute providers. There are 17 comparator community trusts results published in the period shown.

NHS Staff Survey question posed providing results below: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."

Response Category	NHS Staff Survey (%)			National Average (%)			National Highest (%)			National Lowest (%)		
	2018	2017	2016	2018	2017	2016	2018	2017	2016	2018	2017	2016
Strongly Disagree	1	1	2	3	2	3	1	1	2	4	4	2
Disagree	2	3	4	6	4	7	2	3	2	19	6	4
Neither agree nor disagree	15	14	21	21	20	16	15	14	10	39	25	28
Agree	52	51	51	49	52	47	52	51	52	30	48	47
Strongly agree	31	31	22	22	22	27	31	31	34	9	17	18

The Trust considers that this data is as described due to its direct origins in the NHS staff survey.

The Trust intends to take the following action to improve the percentage of who are happy with the standard of care provided by this organisation, and so the quality of its services: work with staff to understand where improvements in care can be made that apply to the Trust's portfolio of services.

Annex 1: Core Quality Account Indicator 25

The data made available to the National Health Service trust or NHS foundation trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Summary of data accessed from the [NHS Digital Indicator Portal](#) on 1 April 2019.

Note: highest, lowest and average national measures taken from comparable community trust provider results only, therefore excluding all acute providers.

Results period	Trust figure		National average		National highest		National lowest	
	Oct 2017 – Mar 2018	Apr 2017 – Sep 2017	Oct 2017 – Mar 2018	Apr 2017 – Sep 2017	Oct 2017 – Mar 2018	Apr 2017 – Sep 2017	Oct 2017 – Mar 2018	Apr 2017 – Sep 2017
Number of patient safety incidents	608	646	1894	1901	2164	6717	1039	475
Rate per 1,000 bed days	No data available							
Number of incidents that resulted in severe harm or death	3	0	16	12	71	20	0	0
% of incidents that resulted in severe harm or death	0.46%	0.00%	0.84%	0.64%	3.28%	0.79%	0.00%	0.00%

The Trust considers that this data is as described because it originates from the National Reporting and Learning Service which is fed directly from our incident reporting system – Datix.

The National Patient Safety Agency recognises that a high level of patient safety incidents reported can be a useful indicator of an open and transparent organisation.

Please note the requirement by our commissioner in Cambridgeshire and Peterborough, for the period covered by the above table, to report/include all pressure ulcers graded as 'severe harm' which include those acquired by patients whilst in the care of other organisations but reported by Trust staff.

Appendix 5: Glossary & Abbreviations

ADHD	Attention deficit hyperactivity disorder is a brain disorder marked by an on-going pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.
ASD-UK	Autism Spectrum Database UK is a UK research family database of children with an autism spectrum disorder (ASD). The aim of ASD-UK is to provide accurate data about children with an ASD to facilitate research and give families the opportunity to take part in research studies
BME	Black & Minority Ethnic or Black, Asian and Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent.
BOOST	Better Outcomes for Older people with Spinal Trouble. The BOOST trial studies two different approaches to physiotherapy treatment for older people with back and leg pain due to lumbar spinal stenosis.
Brook	Brook has services across the UK providing free and confidential sexual health services to young people under 25.
CCS	Cambridgeshire Community Services NHS Trust
CDOP	Child Death Overview Panels conduct case reviews to help prevent further child deaths.
Clostridium difficile	Clostridium difficile also known as C.diff, is a bacterium that can infect the bowel and cause diarrhoea.
Chathealth	Chathealth is a confidential text service for young people that enables children and young people (aged 11-19) to send questions via SMS to their School Nursing Team.
Chlamydia	Sexually transmitted infection particularly common in sexually active teenagers and young adults.
CLAHRC	NIHR Collaboration for Leadership in Applied Health Research and Care are collaborations between local providers of NHS services and NHS commissioners, universities, other relevant local organisations and the relevant Academic Health Science Network.
Clinic Audit	Clinical Audit is defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.
Comms Cascade	The Trust's Comms Cascade, is a weekly newsletter which keeps staff up to date with the latest Trust news, actions, training opportunities and lots more.
CQC	The Care Quality Commission is the independent regulator of all health and social care services in England. It monitors, inspects and regulates hospitals, care homes, GP surgeries, dental practices and other care services to make sure they meet fundamental standards of quality and safety.
CQUIN	CQUIN stands for commissioning for quality and innovation which was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.
CRN	Clinical Research Network makes it possible for patients and health professionals across England to participate in clinical research studies within the NHS. It provides the infrastructure that allows high-quality clinical research funded by charities, research funders and life-sciences industry to be undertaken throughout the NHS.
Datix	Web-based incident reporting system used by the Trust.
Duty of Candour	The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.
ECHIS	Evelyn Community Head Injury Service provides specialist holistic neuro rehabilitation for adults in Cambridgeshire who have had a traumatic brain injury.
EDS2	EDS2 is a refreshed version of the Equality Delivery System (EDS) that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.
EH&W	Emotional Health and Wellbeing is an important aspect of our overall health; feeling good about ourselves and being emotionally well is linked to our ability to make better and healthier choices in day-to-day life.
EHC	Emergency Hormonal Contraception (also known as the 'morning after pill') is an emergency 'back-up' contraception for after someone has had unprotected sex. It is for occasional use and is not suitable as a regular method of contraception.

EMBEDDED	Optimising the impact of health services research on the organisation and delivery of health services; a study of embedded models of knowledge co-production in the NHS.
EQ5D	EQ5D is a standardized instrument developed by the EuroQol Group as a measure of health-related quality of life that can be used in a wide range of health conditions and treatments.
ESR	The Electronic Staff Record is an Oracle-based human resources and payroll database system commonly used in the NHS in England and Wales to manage the payroll for NHS staff members.
EuPatch	European Paediatric Amblyopia Treatment Study for Children: the role of glasses wearing in amblyopia (also called lazy eye) treatment.
FEEDS	Best Way to Feed Premature Babies study investigates the best way to feed babies who are born between 10 and seven weeks prematurely.
FFT	Friends & Family Test is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
FIS	Family Information Service advisors give impartial information on a range of issues including childcare, finances, parenting and education.
HADS	Hospital Anxiety and Depression Scale (HADS) is commonly used by doctors to determine the levels of anxiety and depression that a person is experiencing.
HCP	The Healthy Child Programme for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.
HEE	Health Education England (HEE) exists to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.
HIV	Human Immunodeficiency Virus is a virus that damages the cells in the immune system and weakens the ability to fight everyday infections and disease.
HRA	The Health Research Authority is an executive non-departmental public body of the Department of Health in the United Kingdom and exists to provide a unified national system for the governance of health research.
iCaSH	Integrated Contraception and Sexual Health is one of our Trust services and provides all the necessary support, information, treatment and care for all areas of contraception and sexual health in Bedfordshire, Cambridgeshire, Norfolk, Peterborough and Suffolk.
KLOEs	Key Lines of Enquiry are the five questions the CQC asks to help them make sure that they focus on the things that matter to people.
LAC	A Looked After Child(ren) is a child in the care of the local authority for more than 24 hours.
LeDeR	The Learning Disabilities Mortality Review programme was commissioned by NHS England to support local areas in England to review the deaths of people with a learning disability to identify common themes and learning points and provide support to local areas in their development of action plans to take forward the lessons learned.
LGBT	Lesbian, Gay, Bi-sexual and Transgender
MASH	The Multi Agency Safeguarding Hub is a single point of contact for all early help and safeguarding concerns regarding children and young people.
MRI	Magnetic resonance imaging is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.
MRSA	Methicillin-resistant Staphylococcus aureus. MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections.
MSK	Musculoskeletal (MSK) Service supports patients with musculoskeletal conditions, i.e. problems with muscles, bones and joints.
NCEPOD	National Confidential Enquiry into Patient Outcome & Death reviews clinical practice and identifies potentially remediable factors in the practice of patient care.
NCISH	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. As the UK's leading research programme in this field, NCISH produces a wide range of national reports, projects and papers which provides health professionals, policy makers, and service managers with the evidence and practical suggestions they need to effectively implement change.
NHS	National Health Service
NHS Improvement	NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. It supports providers to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NICE	National Institute for Health and Care Excellence provides national guidance and advice to improve health and social care.

NIHR	National Institute for Health Research funds health and care research and translates discoveries into practical products, treatments, devices and procedures, involving patients and the public in their work.
NRLS	National Reporting Learning System is a central database of patient safety incident reports. It analyses all data submitted to identify hazards, risks and opportunities to continuously improve the safety of patient care.
NWAFT	North West Anglia NHS Foundation Trust. NWAFT currently manages Peterborough City Hospital, Hinchingsbrooke Hospital and Stamford & Rutland Hospital as well as running various community clinics at the Princess of Wales Hospital, Ely, Doddington Hospital and North Cams Hospital, Wisbech.
OFSTED	The Office for Standards in Education, Children's Services and Skills is a non-ministerial department of the UK government, reporting to Parliament. Ofsted is responsible for inspecting a range of educational institutions, including state schools and some independent schools. It also inspects childcare, adoption and fostering agencies and initial teacher training, and regulates a range of early years and children's social care services.
OT	Occupational therapy is the use of assessment and intervention to develop, recover, or maintain the meaningful activities, or occupations, of individuals, groups, or communities.
PALS	Patient Advice and Liaison Service The PALS service provided by Cambridgeshire Community Services NHS Trust offers a point of contact within the organisation for patients, their families and carers. We aim to answer questions and resolve concerns as quickly as possible.
People Participation	People Participation is about helping our service users and their carers to have a say in how we run the Trust and how we can work together so that we can offer a better service for all.
PHSO	The Parliamentary and Health Service Ombudsman is responsible for considering complaints by the public that UK Government departments, public authorities and the National Health Service in England have not acted properly or fairly or have provided a poor service.
PrEP	Pre-exposure Prophylaxis is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day.
PReS Study	The Preventing Return to Smoking Postpartum Study is funded by the Medical Research Council to develop a supportive intervention to help women who have stopped smoking in pregnancy to stay stopped following the birth of their baby.
PROMs/ POMS	Patient Reported Outcome Measures assess the quality of care delivered to NHS patients from the patient perspective.
RCA	Root cause analysis is a method of problem solving used for identifying the root causes of incidents, accidents, faults or problems.
Safetxt	A randomised controlled trial of an intervention delivered by mobile phone messaging to reduce sexually transmitted infections (STI) by increasing sexual health precaution behaviours in young people.
SEND	Special Educational Needs and Disability. A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support.
SI	A Serious Incident is an incident where one or more patients, staff members, visitors or member of the public experience serious or permanent harm, alleged abuse or a service provision is threatened.
STF	Sustainability and Transformation Fund will give the NHS the resources it needs as part of its Five Year Forward View to sustain services.
STP	Sustainability and Transformation Partnership is a partnership between NHS and local councils in England to develop proposals to improve health and care by running services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents' day-to-day health.
TB	Tuberculosis (TB) is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person. It mainly affects the lungs, but it can affect any part of the body, including the tummy, glands, bones and nervous system.
THT	Terrence Higgins Trust is the largest voluntary sector provider of HIV and sexual health services in the UK.
TVN	Tissue Viability Nurse provides expert advice in the prevention and the treatment of wounds and advocates the practice of good skin care and pressure ulcer prevention.