

Quality Account 2020-21



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Map of Trust geographical area – 2021



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, Milton Keynes, Norfolk, Peterborough and Suffolk)
- Dental services in Cambridgeshire and Peterborough, specialist dental care services in Suffolk, minor oral surgery in Suffolk and Norfolk, oral health promotion in Bedfordshire
- Musculo-skeletal services and Uro-gynaecological physiotherapy services (Cambridgeshire and Peterborough)
- The Oliver Zangwill Centre for Neuropsychological Rehabilitation
- 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

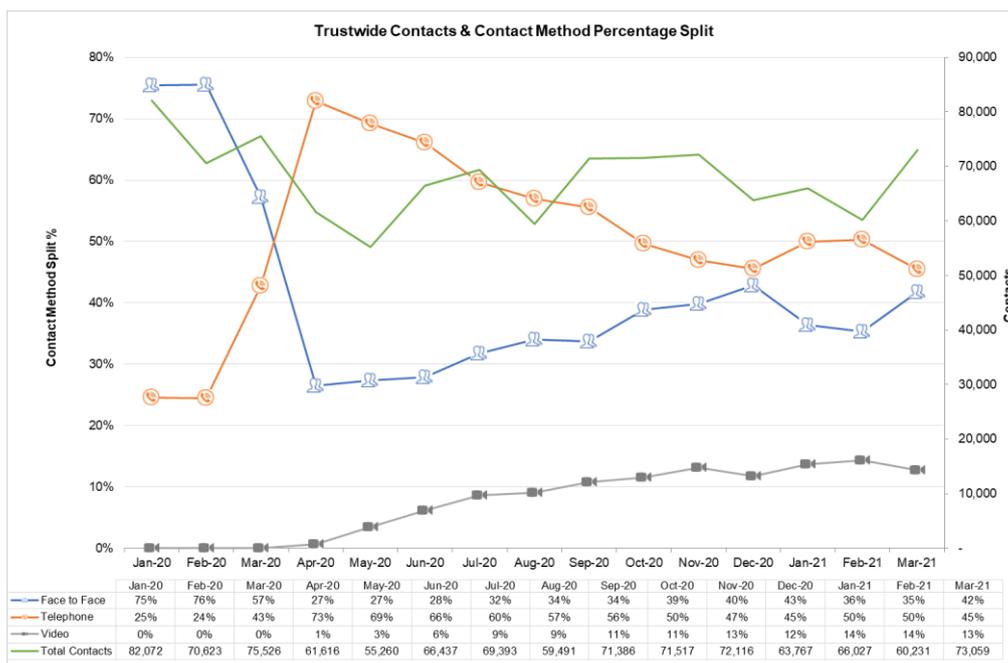
Statement on Quality from the Chief Executive

Welcome to the 2020-21 Quality Account for Cambridgeshire Community Services NHS Trust.

Looking back over the last 12 months, our hearts cannot help but fill with pride as we reflect on the selfless and unflinching way our staff, and NHS staff across the Country, have faced the extraordinary challenges of the Covid-19 pandemic.

The commitment of our staff to adapt and work in new and innovative ways to support the fight against this outbreak was phenomenal. Whether ensuring the ongoing delivery of services on the frontline, being part of our large scale vaccination centres, or delivering essential support services, our staff demonstrated compassion and empathy for colleagues, patients, families and friends in these unprecedented times.

The successful acceleration of our digital transformation was critical to our ability to deliver safe services, enabling the rapid roll out of virtual consultations which provided a lifeline to service users, particularly vulnerable families. Whilst we continued to deliver face-to-face appointments where clinically necessary (with staff wearing appropriate personal protective equipment), the vast majority of contacts were delivered via video conferencing and telephone from April 2020, as shown in the graph below.



Collaborative working with partners across each of the health and care systems we work within has never been more important. Over the last year, it has been a privilege to play an important role in integrated care systems to improve outcomes for local people, whether that be supporting children to have the very best start in life, enabling as many people as possible to remain healthy and live independent lives, or delivering compassionate end of life care.

The pandemic and the Black Lives Matters social movement shone a bright light in recent months on the impact of inequalities across the globe. We were delighted to welcome Marie Gabriel CBE, a passionate advocate for addressing inequalities and Chair of the NHS Race Observatory, as guest speaker at our 2020 Annual General Meeting. This report sets out some

of the initiatives we have taken forward in response to Marie's challenge to continue implementing practical solutions to radically address the health inequalities experienced by our local residents and staff.

As scientists across the world raced to find a vaccine for the Covid-19 virus, we worked with partners to deliver mutual aid to ensure essential services were maintained. In particular, we were proud to take on the delivery of large scale vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney as part of the biggest vaccination programme in NHS history. At the time of writing this report, our 14 centres had delivered 510,000 doses of the life-saving vaccine and will continue to do so for as long as necessary.

Inevitably, along with Trusts across the Country, we had to pause some of our services during the early part of the year. However, as you will read later in this report, despite one of the most challenging years, our staff continued to deliver outstanding care which service user feedback rated incredibly highly. The results from our annual staff survey were equally positive, reflecting the amazing culture we have built together; and we have again achieved a balanced financial position.

As we write this introduction, we have recently participated in the Marie Curie Day of Reflection as the first anniversary of the first lockdown took place. Everyone, in some way, has been affected by the pandemic and we send our heartfelt sympathies to the families and friends of those who lost their lives as a result of Covid-19. In their memory, and as we move towards national restrictions being lifted, we recommit to collaborating with service users, staff and partners to develop innovative services that are accessible to all and meet the needs of each of our diverse communities.

Thank you again to our incredible staff, volunteers and partners; without whom the progress outlined in this report would not have been possible.

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 2020-21 and reflects our priorities for continuously improving quality in 2021-22.



A handwritten signature in black ink, appearing to read 'M Winn', with a long horizontal flourish extending to the right.

Matthew Winn
Chief Executive

Statement from the Chief Nurse and Medical Director

Our Quality Account for 2020-21 reflects a year dominated by the challenges of the Covid-19 pandemic. Everyone, our staff, their families and those we care for, has been affected by this challenge, which makes the achievements set out in this year's report even more inspirational.

As you will read, our teams continued to care and treat those in need whilst also embracing new digital innovations, demonstrating once again their energy, passion and commitment to colleagues and our patients, carers and their families. We send our heartfelt thanks to every member of our staff and our sincere sympathies go to all our colleagues, friends and families who have experienced loss over the last year.

Our Trust values of Honesty, Empathy, Ambition and Respect have continued to be consistently demonstrated by our staff throughout the year. This dedication to treating people with dignity, respect, compassion and kindness is reflected in the feedback we have received from those we care for. Never has this commitment been more evident than during the pandemic.

The key focus of the Trust's Quality Team this year has been contributing to our Covid-19 response and the successful delivery of the mass vaccination programme across the region. Despite these demands, we have continued to learn from feedback and disseminate new knowledge across the organisation. We have responded to the needs of those we serve by continuing to put quality and safety at the forefront of our thinking, wherever possible within the Covid-19 restrictions, engaging with our communities and undertaking co-production work.

This Quality Account outlines a wealth of quality-related activity and achievements and highlights performance against our ambitious targets. We will continue to focus on our current quality priorities in 2021-22 and look forward to sharing progress with you next year.




David Vickers
Medical Director




Kate Howard
Chief Nurse

About the Quality Account

What is a Quality Account?

Quality Accounts are annual reports to the public prepared by 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 2021-22.▪ 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 2020-21.

Our Quality & Clinical Strategy

Our three year Quality & Clinical Strategy 2020-23 outlines our approach to Quality Improvement and identifies three detailed priorities:

Priority 1: Safety

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

Priority 2: People Participation

Goal: We will continue to embed our culture of People Participation where our service users, their carers, stakeholders, local communities and our staff are involved in the heart of everything we do.

Priority 3: Continuous Improvement

Goal: A culture of improvement is normal practice with our clinicians who continually seek feedback in order to improve and learn from the experiences of patients, service users and staff.

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

Quality Improvement Priorities for 2021-22

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

- 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 2021-22 are taken from the Trust's revised Quality & Clinical Strategy 2020-23 and reflect these characteristics. The coming year will require us to continue to work under the challenges of the Covid-19 pandemic. However, quality of care and patient experience will remain at the heart of our work. We will also seek out opportunities to enhance and innovate care delivery from changes made at the height of the pandemic, e.g. digital care options; partnerships to improve care and working across the new integrated care services.

Key priorities were approved via the Trust governance processes and, due to the focus on the Covid-19 pandemic, we agreed to keep the same objectives as those identified for 2019-20. These are outlined below:

Priority 1: Safety

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

Activity:

1. We will adopt the vision and implement the recommendations from the 2019 National Safety Strategy aiming at improving patient safety by building on two foundations of improving safety culture and patient safety systems. This will be through introducing the pillars of 'Insight, Involvement and Improvement' as outlined in the NHS Safety Strategy (2019).
2. In order to continually improve safeguarding outcomes for patients, families and service users, we will continue to strengthen our consistent, evidence-based approach to safeguarding practice. This will involve a meaningful evaluation of safeguarding training and developing a consistent, evidence-based methodology for delivering safeguarding supervision based on best practice.
3. We will continue to develop and grow a fair and just culture throughout the Trust, ensuring our people feel free to speak up about safety concerns. A compassionate leadership creates psychological safety and encourages team members to pay attention to each other; to develop mutual understanding; and to empathise and support each other.
4. We will review our leadership capability/knowledge regarding patient safety and build areas for improvement into our leadership training and development opportunities. This will include our Board members, our Patient Safety Specialists and staff throughout the Trust.

Priority 2: People Participation

Goal: We will continue to embed our culture of People Participation where our service users, their carers, stakeholders, local communities and our staff are involved in the heart of everything we do.

Activity:

1. We will continue to embed a culture of co-production that moves from 'engagement' to a culture where people are 'participating' in an equal partnership, sharing influence, skills and experience to design, deliver and monitor our services and projects. We will do this through a number of ways as outlined in our Quality and Clinical Strategy.
2. We will continue to develop our patient experience approach using the NHSI Patient Experience Improvement Framework (2018) as a guide for best practice which focuses on six key areas of:
 - Leadership
 - Organisational culture
 - Capacity and capability to collect feedback
 - Analysis and triangulation
 - Using feedback to drive improvement
 - Improvements in reporting
3. We will continue to implement our volunteer approach involving four main elements:
 - **Increase** the number of volunteering opportunities in the services that have recognised and developed roles. To normalise peer/service support through volunteers who can be utilised to enhance the patient and carers experience of the services we provide.
 - **Engage:** support, train and engage our volunteers to develop their skills in supporting our services and identifying how we can support their volunteering experience.
 - **Excel:** establish a reputation for excellence in volunteering and partnership roles through our People Participation approach, ensuring that we attach and engage a diverse pool of volunteers who represent our diverse population. Expand on our work with organisations such as the Royal Voluntary Service, with whom we have partnered to provide volunteers to the Covid-19 Mass Vaccination sites across the region.
 - **Support** the opportunities to enrich the lives of the individuals, communities, groups and organisations who volunteer; offer support and guidance to those volunteers seeking opportunities to gain employment or further training.

Priority 3: Continuous Improvement

Goal: A culture of improvement is normal practice with our clinicians who continually seek feedback in order to improve and learn from the experiences of patients, service users and staff. Our purpose is to embed this at all levels of the Trust and support the development of a learning and knowledge culture that is multi-layered to include communities of practice both within the Trust and across organisational boundaries; social networks will be encouraged as well as related learning and innovation.

Activity:

1. **Using outcomes data for improvement, i.e. Patient Outcome Measures data**
Continue the work from our previous strategy to build patient outcome measures with each service and move to a culture of setting outcomes with our patients, service users and families. Also continue to develop skills in our workforce to develop technological methods to capture and report outcomes data working with our expert Clinical Systems and Informatics teams to implement priorities in the digital strategy.
2. **Learning from when things go well and not so well**
Enhance methods for sharing learning, best practice and innovation alongside building on and improving our safety culture where promoting a Just Culture enables staff to learn and improve when things go wrong.

3. External focus for learning

Seek learning from other organisations, people and communities including developing Communities of Practice with our teams who link with others external to the Trust to adopt and share best practice.

4. Embed our revised 'Our Quality Improvement Way' which will focus on awareness and knowledge building for how Quality Improvement (QI) methodologies can be applied and used for continuous improvement of our services.

This Quality & Clinical Strategy dovetails the Trust's People Strategy and builds on developing a culture of continuous improvement in everything we do.

We will:

- Continue to carry out Our Quality Improvement Way peer review visits in line with national Covid-19 restrictions to support our services in recognising their outstanding practice and the areas that require improvement. This will be supported by inviting external experts and involving our patients and service users in this programme.
- Continue to develop a partnership approach with other trusts through joint peer reviews to enhance our learning and opportunities to share best practice.

5. Professional Practice

We will:

- Identify professional practice priorities for each of our professional groups of staff which align with national strategies to support their specific priorities.
- Continue to develop our Trust wide networks of practitioners, e.g. children's services clinical leaders and Allied Health Professionals (AHPs) amongst others.

6. Reducing unwarranted variation

We will:

- Ensure consistency of clinical practice against best evidence and professional standards.
- Roll out electronic rostering and scheduling systems.
- Enhance our clinical audit programme in key areas of practice to enable us to establish current variation and identify opportunities to adopt best practice based on outcomes.
- Work with clinical and professional leaders across the Trust to evidence consistency in meeting standards set by professional bodies (monitored through the Clinical and Professional Leaders Group where multi-professional representatives from our services meet to debate and share best practice).
- Where possible, we will use clinical benchmarking information to standardise our clinical practice against the best in the cohort.

7. Continue to build our vibrant network of clinical leaders

- Continue to build on the formal and informal clinical networks that our leaders are actively involved in and develop/contribute to Communities of Practice relevant for our services.
- We will continue to seek their views on where these relationships are well established and productive and where we could improve.
- Formalise our clinical leadership structure across our services.

8. Continue to build our research approach

Our research strategy will be delivered through five key areas:

- **Collaborate and engage** with the National Institute for Healthcare Research (NIHR) Clinical Research Network (CRN) and all relevant organisations, in line with national research objectives.

We will:

- Continue to support the CRN Higher Level Objective (HLO) by adopting studies and reviewing all viable studies that fit within the Trust's service portfolios.
- Aim to comply with all research studies setup criteria in line with the set time to target aims as per the CRN HLO with the holding organisation.

- Maximise recruitment to the adopted CRN portfolio studies in line with agreed target.
- Continue to scope the viability of commercial research opportunities.
- **Champion community research** and the role of community healthcare alongside the NHS long term plan in collaboration with other community organisations.
We will:
 - Continue to scope opportunities to collaborate with other providers, e.g. NHS trusts, social services and other care providers, to support research activity.
 - Engage with the developing agenda of the Community Healthcare Alliance of Research Trusts (CHART) to increase community research.
- **Strengthen our research culture** by engaging with our staff and building capacity and capability to become involved in research.
We will:
 - Support staff to engage in research activity and develop research skills and disseminate this learning and excellence.
 - Facilitate and advise our services on internal research activity or projects capacity and ideas and assist with the translation of research findings into our service portfolio.
 - Continue to widen the opportunity of rolling out the pilot research champion programme developed in Norfolk with the Healthy Child Programme with newly qualified health visitors and school nurses.
 - Identify appropriate research and fellowship opportunities in all of our services wherever relevant and support staff through the research process.
- **Engage service users, carers and the public** to participate in research opportunities.
We will:
 - Increase the opportunities for patients/service users/carers to participate in research.
 - Acknowledge and celebrate those patients/service users/carers who have participated in research.
- **Continue to build** a sustainable research infrastructure.
We will:
 - Maximise research funding opportunities through recruitment and other funding streams.
 - Maximise funding for our clinical research facilitator roles.

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

The three 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 2020-21 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, Milton Keynes, Norfolk, Peterborough and Suffolk as summarised in the table at the back of this report (see Appendix 1).

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

During 2020-21, the Learning from Deaths Committee met and, in line with Trust policy and National Quality Board Guidance (2017), reviewed data and reports received from our Luton Adults Services, Integrated Contraception and Sexual Health Services (deaths of those with HIV) and Children's Services. The discussion and learning has continued to mature during this year.

The Learning from Deaths Group receives and reviews reports relating to learning from deaths including adults, those with HIV and child deaths. These reports are predominantly expected deaths, but where the deaths are unexpected the Group reviews serious incident reports; coroners' recommendations; and the Child Death Overview Panel reports.

In addition, national reports were reviewed for learning including the *Learning from lives and Deaths – People with a learning disability and autistic people (LeDeR) policy 2021* and the CQC DNACPR Report (*Protect, respect, connect – decisions about living and dying well during COVID-19, March 2021*).

Luton Adults

A retrospective review 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?

Luton Adults 2020-21	Patients who died with CCS end of life care	Advance care plan in place	Died in preferred place
April to June	120	74	71
July-September	74	47	45
October to December	93	58	51
January to March	113	56	48

For noting, during previous years (2018-19 and 2019-20) there have been issues with the data quality. Further work has been undertaken around this and this year's data indicates that these issues may now have been resolved. This has meant that the numbers of patients who have died during this year under the care of CCS appear to have decreased significantly when compared with previous reports.

Over the year, our reporting showed a steady improvement in people within our Adult Services in Luton who were able to express their preferred place of care and death and were able to achieve their wish. In Quarter 1 of 2019-20, the figure was 87%, in Quarter 3 of 2020-21 it was 96%. Similarly, a review of anticipatory medication indicated that this part of end of life planning for patients, which is national good practice, was embedded well within the community teams, when we were involved and able to plan with patients and their families.

The Trust participated in a Safeguarding Adult Review (SAR) Rapid Review where a number of learning points were raised about how the system responds in an emergency like a pandemic.

Covid-19 Pandemic

CCS Adult teams were key contributors to the system-wide work that was undertaken during this year in response to Covid-19. This work led to the development of the following:

- Specific guidance for management of coronavirus symptoms.
- Review of current practice around anticipatory medication which led to an increase in medication stocked within community pharmacies and access to a dispensing pharmacist across 24 hour period if needed.
- Development of 'grab bags' of drugs held in GP out of hours services.
- Additional training for both CCS staff and care home staff to enable the verification of an expected death to be undertaken by community staff.
- Provision of information for GPs to support advance care planning conversation.
- Development of guidance for family members caring for loved ones at home which included advice on use of PPE and the provision of PPE for family members as needed.
- The ongoing regular meetings with palliative care teams across Bedfordshire, Luton and Milton Keynes (BLMK) to highlight and support each other with system wide issues.
- The introduction of a twice weekly check with specialist palliative care teams to review capacity across BLMK particularly around hospice bed capacity.
- Work is underway on a common referral form for specialist palliative care services for use across BLMK.

Deaths of people with HIV (Integrated Contraception and Sexual Health Services - iCaSH)

The service has had a considerably higher rate of mortality across the year 2020-21 compared to previous years, with 15 HIV deaths in the year. Some cases had a Covid-19 link but others did not. Learning was fed back to local commissioners about education to primary care regarding late diagnosis of HIV in older people presenting with symptoms.

Child Deaths

In a similar approach taken with expected adult deaths, the Learning from Deaths group has received feedback of themes from national reports, such as the National Child Mortality Database (NCMD), and specific learning from expected child deaths in our own services. This will be a regular part of the review process on going. The Children's Services within CCS have a low number of recorded deaths; therefore as an organisation we have identified a number of learning opportunities to ensure that staff feel clinically supported when providing this specialist care. These include:

- Joint training with Children's Community Nursing/Children's hospices to take place.
- Regular learning and update sessions on syringe drivers including practical learning to be held on practice development days.
- Community Children & Specialist Nurse (CCSN) palliative care competencies to be developed using the Royal College of Nursing (RCN) End of Life document.
- Staff to discuss learning and development needs in one-to-one meetings.
- Access to hospice leaning sessions throughout the year.
- Shadowing posts or work experience at a hospice to be considered in learning and development plans.
- Shadowing across the service when children are end of life.

Next steps

- Continue to encourage a focus on learning and the positive stories around care of the dying, while continuing to strive for the best care for our children and adults.
- Continue to take account of the evolving guidance being shared from NHS England/Improvement (NHSE/I) 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.

2.3 Participation in clinical audits and national confidential enquiries

All national clinical audits, confidential enquiries and national joint registry data collections were suspended in April 2020 by NHSE/I.

Clinical audit is a quality improvement process that seeks to support improved patient care. Clinical audit standards are derived from local policies and procedures, national guidelines, NICE guidance, serious incidents, complaints and record-keeping. All clinical audits are measured against a set of standards to ensure good practice and identify any areas for improvement. The process is integrated into the Trust's 'Quality Improvement Way'.



Eighty-two clinical audits were commenced in this year. During the emergency response to the Covid-19 pandemic, our clinical services prioritised essential clinical audits to ensure safety of care; audits maintained included Infection, Prevention & Control and medicines management. All completed audit reports are published on the Trust's intranet to share learning.

To meet legal and statutory requirements relating to health records, the Trust is required to audit its health records. In 2020-21, all service areas took part in the Trust's annual record-keeping audit and the same 10 mandatory standards were audited as in the previous year. All actions from the 2019-20 record-keeping audit were completed.

Of the 82 audits commenced 34 were completed (clinical audits that were not essential were paused during the emergency pandemic response) and reviewed by the Trust in 2020-2021. Cambridgeshire Community Services NHS Trust intends to improve the quality of healthcare it provides by implementing the outcomes from these audits in the coming year, within the bounds of recovery from the pandemic.

2.4 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 2020-21 that were recruited during that period to participate in research approved by a research ethics committee was 668.

In 2020-21 a total of 14 research studies were running within the Trust. Of these, 11 studies were National Institute for Health Research (NIHR) portfolio studies (*Table 1*) and three were non-portfolio studies of which two were student major PhD projects (*Table 2*). A total of 332 participants were recruited into NIHR portfolio research studies in this period: 40.66% were

from the Trust wide NHS Data Consent Survey; 35.24% from the Luton Adult Services (Urgent Public Health Study) 'Virus Watch'; 19.28% were attributable from the Children & Young People's Service, Ambulatory Care 4.21% and Paediatric Ophthalmology 0.6%. All NIHR portfolio and non-portfolio studies obtained Health Research Authority (HRA) and local R & D approvals prior to research activities commencing.

Table 1: NIHR Portfolio Studies running in the Trust

Study Name	Participants
PrEP (Pre-exposure Prophylaxis) Impact Trial	14
Integrating smoking cessation treatment into IAPT care	48
The role of different diets in children who are gastrostomy fed	4
The NeSci Study – Neonatal unit Smoking Cessation intervention	1
Enabling self-care in children with disabilities	3
University of Cambridge NHS health data consent survey	135
VenUS-6 (delayed)	0
This Mum Moves	8
Virus Watch V1	117
Babybreathe (delayed)	0
Balance phase 2a RCT (Randomised Control Trial)	2
Total: 11 studies	332

The clinical areas, which adopted the NIHR studies, were Luton Adults ('Virus Watch') Children and Young People's services, Paediatric Ophthalmology, a Trust Wide survey and Ambulatory Care (sexual health services).

Table 2: Non-portfolio research studies which had obtained Health Research Authority Permissions

Study Name	Potential Impact/s	Participants
Exploring interventions for glue ear during Covid-19.	Paediatrician innovation development project using the Hearing App for screening during Covid-19.	24
Closing the gap: Neuro-rehab study (part 2)	External PhD, University of Maastricht. Looking at themes from clinical assessments in clients with acquired brain injury.	12
Brain Injury (MAPLES- ABI) a RCT for low mood	External (University of Cambridge) PhD. Exploring assessment of tests used for low mood.	300
Total: 3 studies		336

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 2020-21 the Trust issued no letters of access and no honorary research contracts.

In the last year four peer-reviewed publications resulted from studies carried out in the Trust, helping to improve patient outcomes and experience across the NHS. These publications related to the assessment of glue ear with a mobile application: one was on cytomegalovirus; another was on the overview of genetic testing; and the final one was an invited paper examining the potential use of virtual reality for neurorehabilitation within paediatric physiotherapy.

Five posters were presented: four were at the Royal College of Paediatrics and Child Health (RCPCH) Virtual International Conference in March 2021 and one was at the British Paediatric Neurology Association Conference, jointly with Cambridge University Hospital.

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 1*). This year, due to Covid-19, there were no Fellowship opportunities advertised. However, two clinicians were already on the Applied Research Collaborative (ARC) Implementation Fellowship. Both clinicians have projects which were being carried out within geographical areas of diverse populations: one from Luton (a paediatrician) and the other from Norfolk (a Health Visitor) – both are within the Children and Young People's Services. The two clinicians have been offered an additional twelve months on the ARC Fellowship which will allow a more impactful project to be achieved.

The NIHR Health Education England (HEE) Internship was awarded to a paediatric occupational therapist (OT) in Huntingdon. This programme is an introduction to undertaking clinical research which, again, was extended by an additional nine months to account for the challenges faced by clinicians providing care differently during the Lockdown period.

Figure 1: NIHR Fellowships across clinical areas



Research Culture

We encourage staff who are involved in research within the Trust to undertake appropriate training such as Good Clinical Practice (GCP) and Principal Investigator (PI) Training, provided by the Clinical Research Network (CRN).

Research, Development and Innovation are recognised as being extremely important to the Trust and being part of the greater research network allows the Trust to contribute to improvements in care for patients. Year on year, more clinical staff are interested in research, being involved in the NIHR portfolio, non-portfolio studies and Fellowship opportunities. The Trust's research team is able to support all aspects of research.

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

Cambridgeshire Community Services NHS Trust's income in 2020-21 was not conditional on achieving quality improvement and income innovation goals through the Commissioning for Quality and innovation payment framework as, due to the Covid-19 pandemic, there was a national directive to suspend CQUINs in 2020-21. This will continue for the first half of 21/22 as no CQUIN guidance has been published nationally, block payments to providers are deemed to include CQUIN.

2.6 Statements from the Care Quality Commission (CQC)

Cambridgeshire Community Services NHS Trust is required to register with the Care Quality Commission.

The organisation was proud when the CQC rated our services 'Outstanding' in August 2019 following their inspection in spring 2019. This achievement would not have been possible without the passion and commitment of our amazing staff who worked tirelessly to develop high quality and accessible services for our local communities.

In 2020-21 the CQC reviewed the Trust's Board Assurance Framework for Infection, Prevention and Control and undertook an evaluation of the mass vaccination programme and its associated governance. There were no actions outlined from either of these assurance processes.

The Care Quality Commission has not taken enforcement action against Cambridgeshire Community Services NHS Trust during 2020-21.

Cambridgeshire Community Services NHS Trust has not participated in any system reviews or investigations by the CQC during the reporting period.

Local Area Special Educational Needs and Disabilities (SEND) inspections

During 2020-21, the Trust has not been involved in any SEND inspections across the systems that Cambridgeshire Community Services NHS Trust engages with.

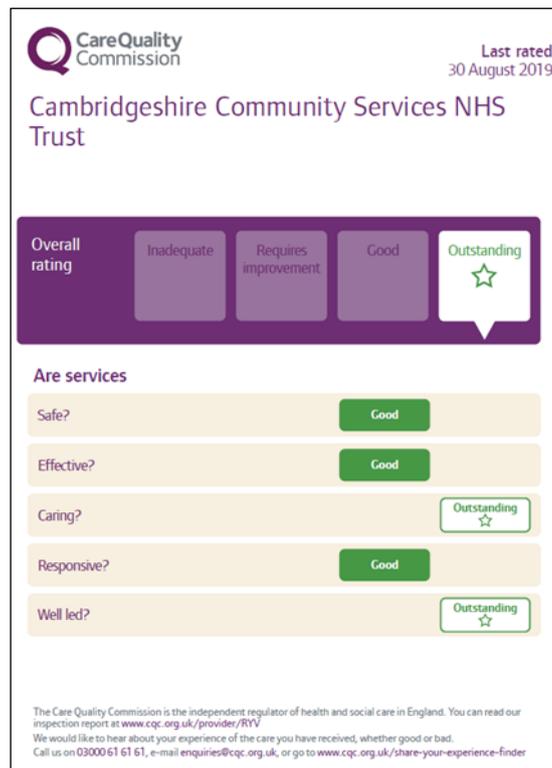
2.7 Data quality

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

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

The enhancement of the Trust's data warehouse in order to:

- Continue to deliver datasets to local commissioners.
- Further enable patient level data captured in source systems to be standardised and consistently validated to ensure it is complete and correctly mapped for the relevant data fields.
- Develop further diverse data quality reports highlighting recoding errors at source resulting in transactions being accepted but with data fields incomplete.
- Distribute said reports throughout the Trust to ensure appropriate corrective action is taken to resolve any data quality issues



- Add new layers of insight and business intelligence within the warehouse by developing the amount of data from services using other Electronic Patient Recording systems and potentially incorporating Finance and Human Resource data.

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 did not submit records during April 2020 to March 2021 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

2.8 Data Protection & Security Toolkit

The 2020-21 Data Security & Protection Toolkit (DSPT) is designed to test compliance with the National Data Guardian's 10 data security standards. There are 42 Assertions to be met and 111 pieces of mandatory evidence to provide. Changes to the toolkit from the last edition included responding to lessons learned and direct feedback from users following the second year of the DSPT; making "Cyber Essentials" requirements mandatory for relevant organisations in 2020-21 and rationalising the evidence items which are now considered 'business as usual' or where there is overlap between evidence items.

We submitted our baseline assessment on 10 February 2021 with the intention to submit the full assessment ahead of the end June 2021 set by NHS Digital. All standards will be met as assessed by the algorithm used by NHS Digital.

The Trust's compliance with mandatory information governance training was at 94% in March 2021.

2.9 Clinical coding error rate

The Trust was not subject to the Payment by Results clinical coding audit during 2020-21 by the Audit Commission.

Part 3: Review of Quality Performance 2020-21

This section demonstrates the Trust's achievements throughout 2020-21 for the priorities outlined for this period in our Quality strategy.

3.1 Quality Improvement Priorities 2020-21

A wide range of activities identified in the Quality & Clinical Strategy 2020-23 have been reported through our internal governance processes and summarised in Public Board papers throughout 2020-21. As required in response to the national Covid-19 pandemic emergency, the focus has been on maintaining safety and quality, whilst delivering only essential services at times of peak prevalence of the virus. Areas of focus in 2020-21 included the following:

<p>Priority 1: Safety</p> <p>Goal: A mature Patient Safety culture is evidenced throughout our services.</p>
<p>We maintained oversight and scrutiny of patient safety throughout this period, with daily sitreps and weekly reports of incidents to the incident management team.</p>
<p>We scrutinised any patient safety/infection prevention & control incidents that were linked to Covid-19, and fed outcomes back to clinical services via our governance processes.</p>
<p>We actively supported and participated in system wide approaches to care including rapidly changing support to care homes and a Bedfordshire, Luton and Milton Keynes (BLMK) wide End Of Life group focused on quality of care.</p>
<p>We introduced an Ethics Committee to ensure that staff could raise and discuss ethical dilemmas that came up throughout this period.</p>
<p>Implementation of the National Patient Safety Strategy was paused but we continue to join training and planning for this as it restarts.</p>
<p>Our Deputy Chief Nurse has taken on the role of Patient Safety Specialist as part of this remit.</p>
<p>Our staff reported via the national staff survey that they felt safe to speak up when things went wrong. Across the Country, the Trust achieved the highest result in the National Guardian for the NHS' Freedom To Speak Up (FTSU) Index Report in October 2020, replicating our achievement in 2019.</p>
<p>We continued to support our Freedom to Speak Up guardian and champions to encourage staff to speak up about any patient safety issues that they were concerned about.</p>
<p>We continue to implement a locality based model of safeguarding experts who support our clinical teams.</p>
<p>We updated our incident reporting system to take account of safeguarding themes that rose during the period which included non-accidental injuries and skin tears. This enabled close monitoring of trends and action or support where concerns were raised.</p>
<p>Priority 2: People Participation</p> <p>Goal: We will continue to embed our culture of People Participation where our service users, their carers, stakeholders, local communities and our staff are involved in the heart of everything we do.</p>
<p>Our co-production work was paused at points during the year, but our people participation approach has continued and many successful projects are underway and making a difference to our patients and their families.</p>
<p>As digital technology was rapidly introduced to maintain safe services via video consultation with our patients, we ensured patient feedback was possible about this medium and made changes in response.</p>
<p>We recruited a volunteer co-ordinator to support the ongoing development of our volunteer programme.</p>
<p>In partnership with the Royal Voluntary Service and Voluntary Norfolk we have volunteers working in the mass vaccination centres.</p>
<p>Our local resolution process for people who feel that they want to share their experiences with us via our complaints process has resulted in very positive feedback from patients and service users who felt their reason for complaining was dealt with quickly and appropriately without the need to enter into a formal complaint process.</p>

Priority 3: Continuous Improvement
Goal: A culture of improvement is normal practice with our clinicians who continually seek feedback in order to improve and learn from the experiences of patients, service users and staff.

NICE guidance and all other applicable national guidance during the Covid-19 response was received via the Incident Management Team, reviewed and cascaded to services.

Our Chief Nurse and Medical Director hosted regular MS Teams based Q&As with key Trust experts, such as the Infection Prevention & Control Matron and Deputy Chief Nurse, to support staff and translate the plethora of national clinical guidance being provided.

Our Clinical Audit programme was paused to ensure that all services could focus on care delivery. However, we undertook essential audits relevant to safe practice including infection, prevention & control and medicines management.

Our services supported by Service Redesign transformed many areas of care including: Single Point of Access hubs; use of digital technologies such as video consultations; care pathway redesign to improve access and reach of care.

We have grown our network of clinical leaders throughout the pandemic response and shared broad clinical issues, innovative practice and learning.

Patient outcome measures (POMS) continued where possible throughout the year. Our work will continue in 2021-22 to develop POMs and support monitoring and reporting mechanisms for this important information that helps to determine effectiveness of our interventions with patients, service users and families.

We continued to develop our research networks and expertise participating in a number of national Covid-19 related studies.

We worked with a private online laboratory service to develop a symptomatic digital testing service across the iCaSH footprint making the service accessible to the whole population we serve.

3.2 Our Quality Improvement Way



In 2020-21 we combined Our Quality Way with Our Improvement Way to have our overarching 'Our Quality Improvement Way'. This revised approach has yet to be fully introduced to our staff as it was paused for the emergency pandemic response. In the meantime, Our Quality Way approach which is linked to the Care Quality Commission's (CQC) five Key Lines of Enquiry (KLOEs), has remained visible and used by services.

Our new approach to quality improvement is still set around our layered approach to ensure that quality is at the heart of everything we do and we introduce all staff to our culture of quality improvement and our leadership way at our Trust wide induction. We have an embedded awareness programme around what the five key lines of enquires are and the fundamentals of care. This leads on to an annual service self-assessment and a peer review programme (mock inspections). The image below demonstrates are layered approach:



Our Quality Improvement Way reflects the Care Quality Commission's (CQC) five Key Lines of Enquiry (KLOEs):

- **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?



The Quality Improvement Way is a simple approach which can be applied to any situation no matter how big or small your idea is, or the background of the professional involved. It is based on best practice in implementing change, which takes you step by step through the improvement process. The aim is to increase the staff or services' likelihood of successfully making a long-term, positive and embedded improvement.

The Quality Improvement Way is made up of several simple key steps, four of which are the modelled around the PDSA Cycle (Plan-Do-Study-Act). The PDSA cycle is a systematic process for gaining valuable learning and knowledge for the continual improvement of a product, process, or service. It enables you to test out changes on a small scale, building on the learning from these test cycles in a structured way before wholesale implementation.

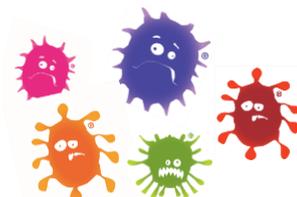
Actions in 2020-2021:

- Peer reviews (mock inspections) were paused during year.
- Peer review approach was used to support the setting up and opening of the Covid-19 Mass Vaccination sites.
- We have used quality impact assessments to underpin all decisions made during the last year to ensure quality and safety were considered when stepping up and stepping down services.
- Our Quality Improvement Way approach continues to be a virtual interactive induction session for all new employees as part of their Trust induction.
- A fully supportive intranet page for staff has been maintained.

3.3 Patient safety activity

Infection Prevention and Control (IPaC)

During 2020-21 Infection Prevention and Control received national attention in preventing and controlling the Coronavirus which has been managed through our Major Incident process; all Trust services have been given additional support during the pandemic regarding the implementation of relevant national guidelines. In addition, overarching support was provided by the Trust's IPaC Matron and Quality team to ensure that all teams had sufficient stock of the right Personal Protective Equipment (PPE) at all times.



Enhanced support and training was also provided to staff working in services undertaking aerosol generating procedures (AGPs), e.g. dental, adult community nursing and children's continuing care teams. As all staff undertaking AGPs are legally required to be 'fit tested' for each type of FFP3/respirator available to them, a 'train the trainer' programme was implemented to ensure staff were assessed and 'fit tested' without unnecessary delay ensuring the safety of both staff and patients.

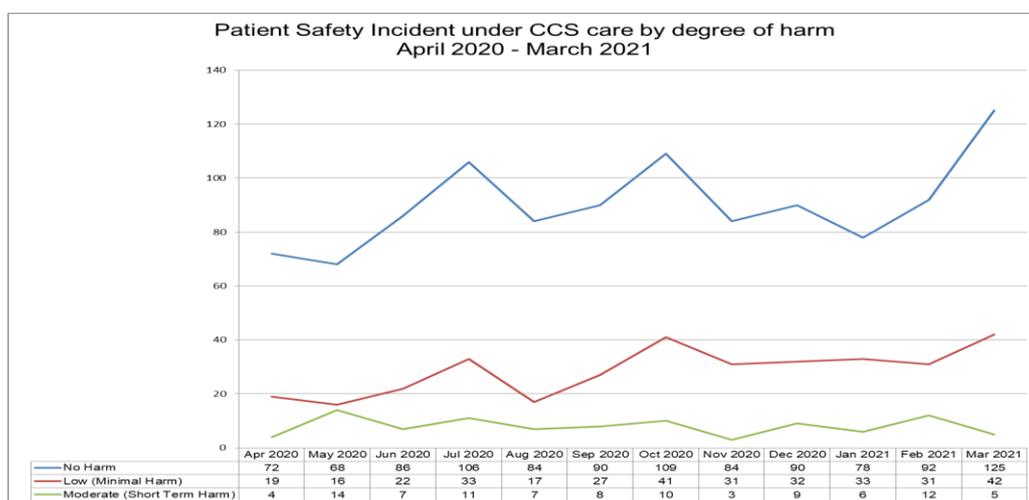
IPaC advice and guidance was also provided to our Estate's department and site leads in reviewing building risk assessments to ensure our staff were able to work in a safe environment as per national guidelines.

Our staff influenza campaign ended in February 2021 with a total of 82% of patient facing staff reported receiving the vaccination. This was an increase of 8.6% compared to the previous year.

All staff have been offered the Covid-19 vaccination and, at the time of preparing this report (May 2021), 81% have taken up this offer. We continue to communicate to our staff the importance of protecting themselves, their families and their patients.

The Trust appointed an additional member of the IPaC Nursing team in March 2021.

Patient Safety Incidents

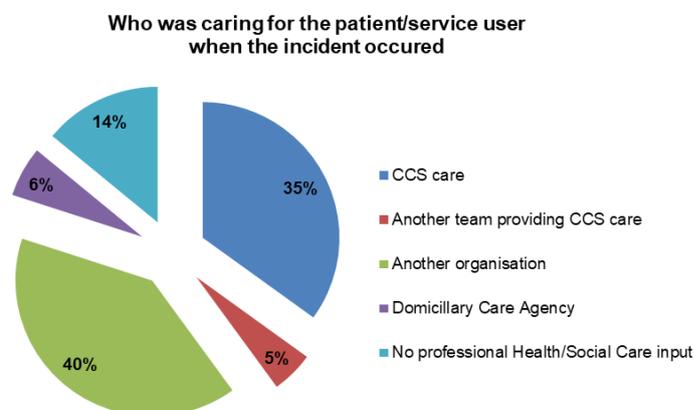


During 2020-21, 3,826 patient safety incidents and near miss incidents were reported via our web-based incident reporting system Datix. This was an increase over the previous 12 month period of 235 which reflected the Trust's open and transparent reporting culture. This level of

reporting equates to approximately 0.4% of the contacts our staff have with service users each year and is the same as in the previous 12 month period. 93% of these incidents resulted in no or low harm, with the remaining 7% resulting in 'moderate' harm. Thirty-seven incidents were investigated internally using root cause analysis methodology and seven serious incidents were reported externally as per the national framework.

Staff are encouraged to record patient safety incidents:

- which 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'; and
- where there has been no professional health/social care input.



Incident reports are shared with relevant external organisations where possible and any feedback received is communicated to the reporter and local team. All incidents, regardless of where they originate, are discussed at team meetings. This demonstrates an open reporting culture where staff are keen to learn from all incidents.

All patient safety incidents that occur as a direct result of care delivered by the Trust are submitted to the National Reporting Learning System (NRLS).

Serious Incidents (SIs)

The Trust undertakes full Root Cause Analysis of all serious incidents. These investigations are undertaken to identify learning which is shared across relevant services to reduce the risk of similar incidents occurring. During the investigation process the Trust works in a supportive way with staff and the patients affected. There were a total of eight serious incidents, including one never event, reported during 2020-21.

The seven serious incidents identified missed opportunities during care delivery to identify and escalate safeguarding concerns relating to vulnerable child/children. Concerns are usually escalated to both internal Trust specialists and external partners, such as the local authority.

The incidents occurred in different children's services across the Trust and the dates of the incidents ranged from June 2020 through to February 2021. There is also a heightened awareness of the occurrence of non-accidental injuries during the Covid-19 pandemic. All of these cases relate to complex family situations and are rare in the context of the number of families and children we support. The learning from these incidents forms part of local service action plans. In addition, a Trust wide review of safeguarding training and effective models for safeguarding supervision is being undertaken in order to ensure that staff have the appropriate support, skills and access to tools to manage complex safeguarding cases.

The one never event related to the wrong implant (contraceptive coil) being fitted. The Local Safety Standards for Invasive Procedures (LocSSIPs) for the fitting of coils was in place but on this occasion an error was made. Duty of Candour was followed correctly and support provided to the patient.

Learning from these incidents is shared across our services and with other stakeholders where appropriate.

Implementation of the Duty of Candour

The Trust continues to ensure that the requirements of the Duty of Candour are followed and embedded into practice.

External learning

The National Learning Report: *Never Events: analysis of Healthcare Safety Investigation Branch's (HSIB) national investigations (January 2021)* has been published on the Trust's intranet and cascaded to staff via the service directors.

3.4 Patient experience and People Participation



One of our highest priorities is to ensure that the voices of those who use our services are central to decision-making and the co-production of those services. This section sets out how patients and carers are making a real difference in improving the services we deliver, as well as how we are acting on their feedback to continuously improve the things that matter most to those we serve.

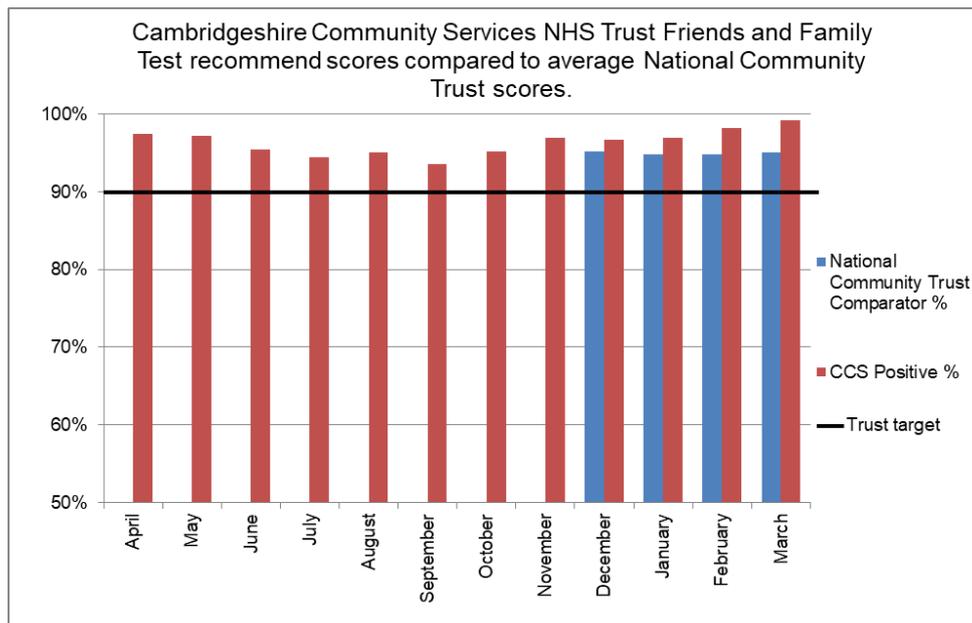
Patient Surveys

The Friends and Family Test (FFT) question was revised in April 2020 following a national review project and the Trust, in line with the recommendation, changed the FFT question on all our service surveys to: *“Thinking about the service we provide, overall, how was your experience of our service?”*

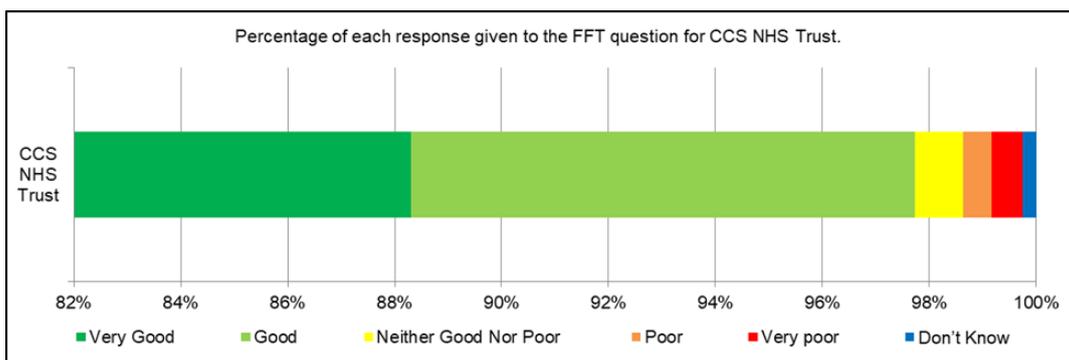
30,784 service users responded to local and national surveys seeking feedback on our services; 28,164 of these included the new Friends and Family Test question.

Feedback from our service users/carers this year has been incredibly positive with 97.27% rating us positively as very good or good.

National reporting and publication of FFT was suspended during Covid-19 but restarted from December 2020. Below you are able to see how the Trust compares to the average score for Community Trusts.



The table below shows a breakdown of the responses received by response type:



Compliments

34,435 positive comments and compliments were received by services during the 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 use patient feedback to improve the services we provide and below are a few examples of the service improvements we have made from the feedback we have received.



The text link to the consultation wasn't clickable, so it was very awkward to access the correct URL.

The therapist was competent but the video call solution was technologically poor.

The app then took ages to download, so I ended up just having a phone call. I think it would be helpful to tell people what app to download in advance, but only send them the link to join the meeting once the consultant is ready to begin.

Send link 15 minutes before video appointment not 5 minutes.

It was good to get an appointment, and the physiotherapist was very competent, but the consultation process / experience was slightly clunky.

A number of steps have been taken and reviewed to support service users in video consultations:

- Admin staff have a script to help explain virtual options to patients and explain the process.
- Service users are sent a guidance leaflet for video consultations at the point of booking to help them prepare.
- A link is sent 5 minutes before the consultation to give patients time to enter the video room; it is not possible to do this with more notice due to the technology.
- Service users are telephoned if they have not entered for their appointment within 5 minutes. We would take them through the video process later in consultation if clinically indicated.
- A complete IT refresh of hardware within the service has been completed to minimise the risk of technological problems on the NHS system and this has helped video quality.



It would be great to see results on the website or at least a list of dates when tests have been ordered and results issued.

iCaSH Norfolk

For online asymptomatic testing the kit order dates are available online (results sent by text). For online symptomatic testing the results are available online.

Get results faster
iCaSH Norfolk

Timeframe information is available on the iCaSH website. Some results are available sooner than others but the services wait for results of all tests completed to come in before informing the service user.

More appointments / more walk-ins for over 25s
iCaSH Bedfordshire

Services are currently delivering services in a different way due to Covid-19, however, we will consider this proposal when routine services return.



X-ray software was not working initially. Normal operator was on holiday, stand in could not log on so took a while before X-ray.

Due to Covid-19 a member of staff from another area worked in Huntingdon but could not access the IT system, this has now been resolved. Furthermore, technical issues were identified and, whilst being investigated by IT, a designated x-ray nurse was available. We have also made sure all Dentists have had a refresher on the x-ray system and all team members have been encouraged to complete qualifications to operate the x-ray equipment.



Parents/carers said that the Attend Anywhere (Virtual system) letters were too complicated and that many did not understand the instructions, resulting in some parents waiting on line for the whole of the 3 hour window when their appointment could take place.

We have revised the letter and updated the language to simplify the instructions. Letter now explains that they would be telephoned when they needed to go onto the website and that no one would be there to answer their call until they are telephoned. The instructions for how to join the video call were taken out of the letter and instead the service provided an easy to use guide as a separate document with lots of visuals.

School teaching staff said that they needed targeted support in September around young people's mental health on the return to school after the Covid-19 shutdown.

The service sent out a questionnaire to teachers to find out what specific support they wanted to enable them to support young people on their return to school. The programme was adapted to fulfil this need.

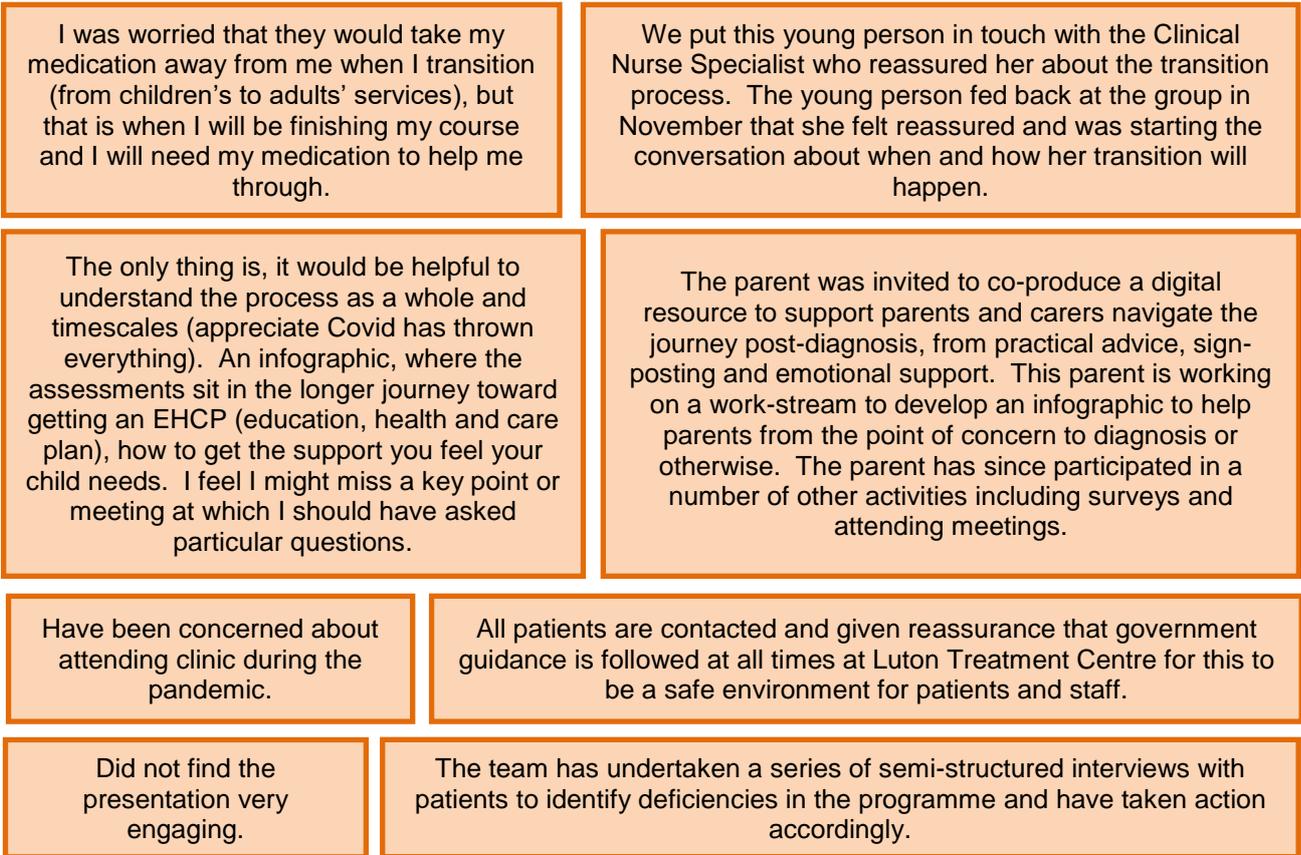
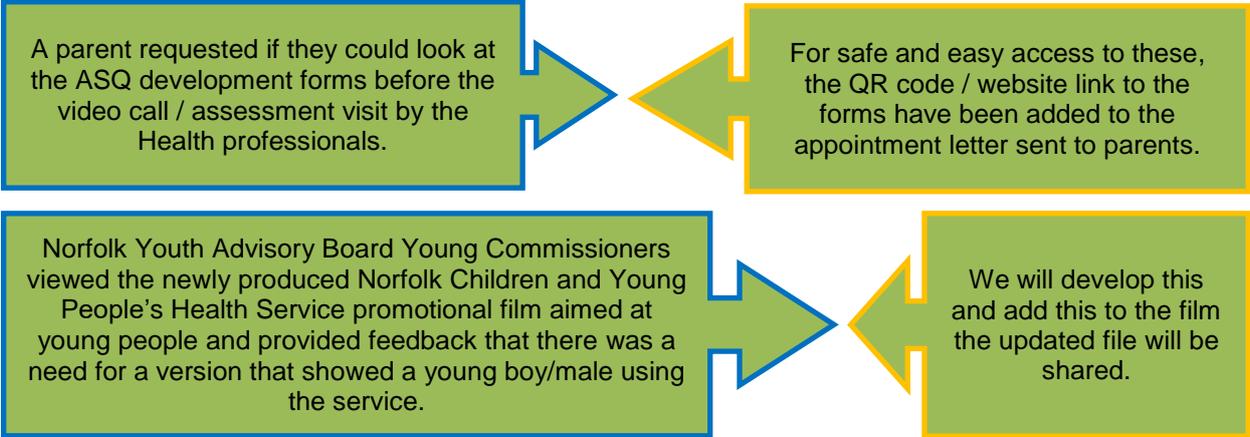


New parents provided feedback that they were feeling isolated because accessibility to support from Health Visitors and peers was a challenge due to reduced services (e.g. parent groups and children's centres closing).

We set up a weekly virtual Health Visitor drop-in for Bedfordshire parents, where parents could ask the Health Visitor any questions on their baby's health or development, as well as talk with other parents in the process.

Parents were worried about their baby's weight and growth now that baby clinics have been suspended due to Covid-19.

We worked with our partners in Bedfordshire Children's centres to set up a Covid-19 secure 'self-weigh by appointment' service within each local Children's centre in Bedfordshire.





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 incredibly powerful and recommendations are identified by the Board to further improve the overall patient experience.

Some of our patient stories are summarised below (*all names below are shared with consent*):

Bedfordshire Community Health Services Baby Friendly Team

This story focused on a new mother's experience of accessing breastfeeding support by video consultation following the suspension of face to face services due to the Covid-19 pandemic.

Breastfeeding started well but then problems with latch resulted in pain. One of our Baby Friendly Advisors, was able to meet with mum and baby via Zoom and give suggestions to improve latch with our advisor using a doll and knitted breast to demonstrate. Using Zoom made it possible to be flexible with feeding times that would not have been possible face to face.

Mum was supported through virtual consultations to optimise positioning and attachment and has continued to successfully breastfeed. Mum also highlighted the importance of emotional support during difficult times.

Cambridgeshire Children's and Young People's School Nursing Service

A Cambridgeshire parent, Jane* (*name changed) shared the story of her experience of accessing care from the school nursing service for her child, Emily* (*name changed), who was experiencing eating issues. Jane phoned and spoke with the school nurse about her daughter's eating issues and the school also made a referral to school nursing with concerns about limited diet. After meeting with the school nurse who carried out an assessment, Jane was told that they had no concerns but would refer to a dietician. Jane and her family worker did not agree with this initial assessment and believed that more help was needed for Emily. There was confusion as to where the referral had been made as Jane lived on the county border – Jane was told the original referral was made in the wrong county. Jane said that the school nurse was helpful and seemed good at their job but that no further communication took place.

Jane spent five months chasing for help when out of the blue one of our assistant practitioners, rang and made an appointment for a phone consultation. The practitioner now meets with Emily at school and Jane is really happy with the care that has been provided and says that communication is really good. The practitioner has also been able to offer support for Emily's brother whilst he was waiting for an acute referral. Jane said that she was very satisfied with the care and support provided.

Luton Adults Pulmonary Rehabilitation Service

This story focused on David's experience of the Pulmonary Rehabilitation Programme. David was diagnosed with a lung condition 10 years ago; he completed the seven week rehabilitation programme which comprised of one hour of exercise and one hour of group education twice a week. David experienced weight loss, his breathing is now much better, he can walk further and has returned to work as a Handyperson for Age Concern. He wanted to emphasise that it also improved his wellbeing giving him something to do and benefitting his mental health, it was much more than being able to walk further.

When the pandemic began, face to face Pulmonary Rehab could no longer continue. The Community Respiratory team together with Physio, Occupational and Exercise Therapists worked to film socially distanced exercise videos which combined strengthening and conditioning and became progressively harder throughout the course. The Team recorded education videos to support the programme. David was one of the first people to complete the programme online. The migration from face to face to online was not a problem for him and he described the programme material as being pitched at the right level, not too technical and not too elementary.

People Participation (Patient and Public Engagement)

Our teams and our local co-production leads within our services regularly seek engagement and participation from service users/carers and the local community to improve service delivery. Below is a summary of some of these activities throughout the last year:

Cambridgeshire & Peterborough Children & Young People's Services

0 - 19 Healthy Child Programme

We set up a parent and carer working together group with work predominantly relating to accessing services during Covid-19. Parents and carers met with staff from school nursing and health visiting teams and reviewed the current video call appointments being offered. Discussion highlighted that the service offer was working well for those who had digital access. However, it was difficult for several service users due to issues such as quality of wi-fi connection and this appeared to be due to geography and digital poverty. This theme remains a central point for improvement and will continue to be reviewed.

Children's Specialists Services

Children's Specialists Services worked with local parents and other organisations to improve their websites. Our community paediatricians worked with district teams, local Child and Adolescent Mental Health Services, GP representatives, Child Health Services (CHUMS), Centre 33, and the Community Support Sleep Service to form the Cambridgeshire Sleeping Working Group to create a catalogue of evidence-based sleep resources for professionals and families which is now available and hosted on the Trust's website for parents and local professionals to use.

Bedfordshire and Luton Community Health Services

Community Paediatric Services

in collaboration with key stakeholders and in consultation with parent representatives and young people and community paediatricians joined forces to co-produce an all-encompassing 'Post Diagnosis Resource Pack'. The project started in September 2020 and is on track for completion in June 2021. The pack will be hosted online and will include printable resources and multi-media information including videos, infographics and animations. It will be accessible to all via the 'recite me' tool (translations, easy read and voice reader) and provisions will be made at the point of signposting for those that do not have access to the internet.

Bedfordshire Children's Community Health Services

hosted a virtual 'co-production workshop' for professionals and parents of children with special education needs and disabilities (SEND) with a positive turnout of 35 participants. Throughout the spring term of 2021 the service supported local schools to host internal co-production workshops for young people with a total of 173 SEND pupils across 14 different schools participating. Feedback from these workshops has been shared with our Bedfordshire Community Health Services and the local authority and a working group, including parents, is implementing an action plan in response to this feedback.

Young Voices of Luton

This virtual working together group for young people aged 16 years and over with special educational needs and disabilities, meets every two weeks. Together they have been enthusiastically co-producing materials, such as a group logo, values and a promotional video. They have been part of interactive and feedback sessions with the Trust's People Participation Committee, the local authority transformation plans for open spaces in Luton group and provided feedback for the Trust's 'Accessing our Services' project (reviewing promotional material for ChatHealth and Post Diagnosis Resource Pack). The group also co-produced a survey implemented by the Luton Borough Council for young people to better identify and meet the needs of young people like them which supported the multi-stakeholder work towards the Luton written statement of action

Norfolk Children's and Young People's Health Services

We worked with parents on the development of the transitions section on our Just One Norfolk website and the development of the school readiness assessments and resource which has been shared widely. This collaborative work between our services and from several parent focus groups helped to identify themes around children's health needs and development. It also identified how services could support children to transition into school, not only as new starters or those moving up to high school but also those returning to school after the long period of lockdown and summer break.

Feedback from schools identified some areas we could work together on to improve our current service offer, including how to refer families to our services, updating of the Just One Norfolk website and support for children's health and development. We therefore arranged an online focus group for school staff to discuss and agree the way forward, with invitations widely advertised.

Ambulatory Care

Sexual health Services (iCaSH)

We set up an online focus group with service users and staff to review the common themes that had been identified from our services feedback. The group identified a number of improvements that could be made. As a result, the service website has been refreshed to display key information in a more simplified way; additional blood sampling guidance is now supplied with the express testing kits (via a QR code that can be scanned which links the user to an online tutorial).

Work continues to explore a secure online account system where people can access more detailed results and order histories.

Very friendly and helpful from the person who answered the phone, reception when I visited and the nurses I've seen. Excellent service.
iCaSH Milton Keynes

Luton Adult Services

Luton Adults Working Together Group

Since the New Year, colleagues from the Trust, Public Health, Healthwatch, the Clinical Commissioning Group and the wider voluntary sector have worked together to maximise vaccine take up among Luton's communities. We hosted an online roundtable discussion with several members of the public to identify concerns regarding the vaccine itself and share reflections on their Covid experience. The aim was to identify determinants which would sway a person's decision on whether to accept a COVID vaccine when offered. What we learnt was despite a favourable view of vaccines, the participants did have reservations regarding how it had been developed, timescales and messages around the vaccine. The feedback was used to inform a Trust wide video to address the frequently asked questions from the communities and our BAME staff. The feedback highlighted the sensitivity and deep-seated distrust for vaccination programmes within some communities, as well as a general mistrust that transcended cultural beliefs, values and were not exclusive to the BAME community.

The final video has now been released



Patient Advice & Liaison Service (PALS) and formal and informal complaints

The table below summarises the total number of complaints (informal and formal) and PALS enquiries received in 2020-21 compared to previous years. (Note that figures may differ to those reported externally and internally during 2018-19 as complaints can be downgraded to informal and resolved through local resolution and informal complaints that are not resolved in a timely way or to the satisfaction of the complainant can be upgraded to formal after initial reporting.)

As you will see from the table below we have received less formal and informal complaints this year than previously. We did, however, receive more enquires through our Patient Advice & Liaison Service (PALS).

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Formal complaints	136	112	82	100	96	49
Informal complaints	135	131	190	397	319	245
PALS (inc comment, enquiries and signposting)	459	573	660	602	645	969

Patient Advice and Liaison Service (PALS)

The Patient Advice & Liaison Service (PALS) received and satisfactorily resolved 969 contacts and enquiries during the year. There was an increase in enquiries to our service this year which appeared to be due to other local Trusts' PALS services being closed or offering a limited service for which we provided support.

Informal complaints

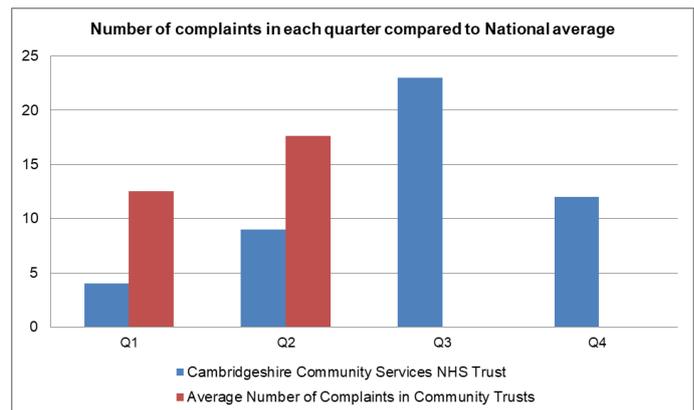
Informal complaints are complaints where issues raised can be resolved quickly and through the local resolution process, either within the clinical setting or by our Patient Advice & Liaison Service (PALS). These are often resolved by a telephone call or a meeting with a clinician or service manager and enable services to work with service users/patients to resolve their concerns in a timely way. Our services resolved 245 informal complaints this year through successful local resolution.

Formal complaints

Patients and/or their representatives who raise a formal 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 or their representatives face to face.

Number of complaints compared to national comparator

The Trust received fewer formal complaints in Quarter 1 and Quarter 2 (2020-21) than the average received by comparable NHS community trusts (see graph). Note that data for Quarters 3&4 (2020-21) was not available prior to publication of this report.



Learning from complaints

Feedback provided through complaints, including the Board hearing from a patient their experience of how their complaint was handled, enabled us to listen and learn from this valuable process and resulted in quality improvements and actions taking place within our services. Below are a few examples of the changes/action taken during the last year:

Tissue Viability in Luton

Improvements included:

- We have arranged for a senior clinician within the Luton Adult Services to take responsibility for ensuring patients with multiple conditions have a smooth journey throughout their time with us.
- We have reviewed our internal processes when receiving multiple referrals via Single Point of Access.
- We have reviewed staff competencies and updated these on our scheduling system, to ensure that staff are scheduled with the correct competences to the relevant patients.
- Updated wound training has been made available to all staff.

Bedfordshire Paediatric Occupational Therapy

Improvements included:

- Process for removing records has been shared with the team and system reviewed to ensure any other information marked 'in error' has been dealt with.

Luton Community Paediatrics

Improvements included:

- We have implemented a bi-monthly Multi-agency Neuro-developmental meeting to ensure a joined up approach for patients.

Bedfordshire Community Paediatrics

Improvements included:

- We have expanded the team and provided further training for current staff to undertake specialist assessments to help reduce waiting times.

- Letter sent to parents with waiting information has been reviewed by the local Parent Forum and their suggestions implemented. We hope this will help improve our communication and information with parents whilst they wait for an appointment.

Bedfordshire Speech and Language Therapy

Improvements included:

- We have reviewed our process of communication with parents when appointments are set up and cancelled in school.
- We have implemented shared learning regarding caseload management from our Cambridgeshire and Bedfordshire services to help with service delivery and prioritisation.
- The development of written information regarding content and frequency of therapy sessions and guidance for families about seeing young people independently of parents.

Musculoskeletal Services

Improvements included:

- Ensuring clear communication with the service user about the rationale for clinical assessment.
- Waiting times for MRI reports are now circulated every month to enable clinicians to communicate accurate information to patients.
- We have implemented that where possible reviews with patients should be with the same clinician.

iCaSH Services

Improvements included:

- Staff within iCaSH have been reminded to ensure that patients are always given full information and advice about how to use contraception effectively.

Norfolk Healthy Child Programme

Improvements included:

- We are working with the local acute trust to ensure we have up to date information on service provision especially during Covid-19 and are communicating this to staff and updating this on our Just One Norfolk website for service users.

Cambridgeshire Speech and Language Therapy

Improvements included:

- Services are engaging with specialists across the Country as well as colleagues within CCS to develop a pathway for children who can talk but do not in specific situations.

Parliamentary and Health Services Ombudsman (PHSO)

The Trust received one request for information from the PHSO in this period. The PHSO reviewed the information we provided and did not identify any indications of service failure or maladministration so closed the complaint with no further action

3.5 Patient outcome measures (POMs)

The Trust is committed to encouraging clinicians to consider how Patient Outcome Measures (POMs) could be incorporated into a clinical contact to assess the impact of a clinical intervention. In previous years, POMs Networking Groups were held regularly and attended by Allied Health Professionals (AHPs), nursing leads, clinical psychologists and paediatricians, who all worked towards the common goal of increasing the use of POMs throughout their clinical areas. Due to the Covid-19 pandemic, it was not possible for the Trust wide Network Groups to meet in 2020-21, however it is anticipated that they will restart in early 2021-22.

Nevertheless, work continued at service level in some areas to ensure that where possible patient outcomes continued to be monitored and developed throughout 2020-21. Our services continue to be at different degrees of readiness in being able to use patient outcomes; some of

this is due to identifying the right POM for the service offer. For others they have dedicated outcome measures but do not have a clinical system with the capability to be able to record or report the outcomes in a robust way for the service user or the service to be able to monitor. This work and cross professional learning will continue to be developed in 2021-22 via our Patient Outcome Network. Below are some highlights from our services which are currently developing and using POMs:

Children's Services – across all areas

Our Children & Young People's Services started to pilot their Goal Setting Patient Outcome Measures early in 2020. Alongside this, they identified a toolkit of approximately 20 assessments that were in use and could support the goal setting process with people who use our services. The pilot study carried out by Children's Services has led to changes being requested to one of our national electronic record providers (SystmOne), as more capacity from the template structure was required for monitoring and recording purposes. This work continues to be led by a multi-professional team working together representing children's therapy, nursing and paediatric services.

In conjunction with this group, the therapy teams have an Outcomes Clinic where they are reviewing all potential relevant outcome measures for effectiveness and clinical applicability. The lead for Children's Physiotherapy is also part of a National Working Party for the Cerebral Palsy Integrated Pathway (CPIP), leading the East of England rollout of this national database for POMs.

Cambridgeshire & Peterborough Speech and Language Therapy (SLT)

This team continues their work with the piloting of the Goal Setting template with a trial group and, if successful, intend to roll it out later this year. They have also used the EQ5d-Y with a specific group of patients as part of the stammer work stream, which was part of one of our paediatrician's Fellowship. However, results from this area have concluded that the POM is not transferable to other areas of the service and is only viable with this cohort of children.

The pilot work has been completed with the group of children that was being monitored with the Goal Attainment Scale POM with children with severe cases of stammering. However, the findings showed that, although the POM was a viable tool, there were problems around recording the numerical figures on our electronic records and therefore could only be recorded within clinical notes. This meant that monitoring the POM was a very manual process and, therefore, the national database changes (to SystmOne) will aid future recording and monitoring.

Norfolk 0-19 Children Services

This service has also participated in the Goal Setting pilot, which they completed in their South locality over a three month period. The five practitioners who worked on the pilot experienced some usability issues with SystmOne. However, results have shown that the Goal Setting template could be implemented across the whole of the 0-19 Service. One of the benefits noted from using the goal setting template with people who use their service, was that the monitoring process encouraged them to focus on the work and articulate achievements back to families.

Cambridgeshire & Peterborough Emotional Health and Wellbeing Service

This service primarily uses 'POD' to record and analyse data. POD is a software package that was developed by the 'Anna Freud Centre' for research purposes, and the Trust has obtained a license for this area of work with our Emotional Health Wellbeing services. POD is an anonymised, web-based database that has a user-friendly dashboard, but cannot be linked to SystmOne due to the anonymisation.

Data is collected from the three areas of this service (for example, total number of contacts). From the outcome data, the most common form of contact (notably throughout 2020-21) was through video calls, emails and telephone. This was in line with the number of services that operated during the Covid-19 period.

Within the Mental Health Support Team a 'whole school approach' measure was used by the Supervisors and Trainee Education Mental Health Practitioners for assessing mental health provision in schools which included a Blueprint tool and staff survey. This aims to support the school in developing a system for recording data and will also be used to measure outcomes of the interventions.

Individual cases where POMs have been used include:

- Revised Children's Anxiety & Depression Scale (RCADS) which supports the reporting of frequency of various symptoms of anxiety and low mood.
- Outcome Rating Scale (ORS) is another outcome that is designed to assess the degree of severity of patients' experience in a number of key areas of life functioning.
- The use of CAIS-P measure reflected sentiments in a case summary of parent-led Cognitive Behavioural Therapy, showing how anxiety scores reduced during the progress of the intervention.

Case Summary Example – using RCADS

A young person (male, aged 16) was struggling with worries and anxiety which related to change of routine, school and sports. He would be physically sick and have panic attacks daily, resulting in missed lessons and avoidance of social activities. He had also developed a noticeable stutter. This service completed 10 video sessions throughout the intervention, covering emotional regulation techniques, thought challenging activities and creating step-by-step plans. The young person's CYP RCADS score was initially 84 (high) and reduced to a score of 31 (normal range) when using the outcome measures at the follow up session. He also had three SMART Goals linked to reducing physical symptoms which were set to measure progress. The reducing physical symptoms goal was initially self-scored as 2/10 which improved to 8/10; another increased from 3/10 to 9/10; and the young person's confidence went from 1/10 to 9/10 on completion of the intervention.

Bedfordshire Children's Service

Academic Evaluation of Assessments at age 2 versus age 3 years of age

We are working with the University East Anglia (UEA) within our Bedfordshire Services and this outcome led project is led by one of our Health Visitors. The aim of the project concentrates on obtaining data from the different participating organisations to compare and contrast the experiences of families between integrated 2 year review and the new 3 year review. Data sources are being obtained from the systems held by CCS Bedfordshire, CCS Cambridgeshire and all the local authorities involved. Pseudo anonymiser software has been downloaded by all the organisations to ensure data is obtained safely. The team at UEA is holding focus groups with staff who carry out the reviews, parents who are willing to share their experience and with nursery staff who have been involved with the reviews. This qualitative data is part of the planned project.

This outcome based project has been on hold for much of 2020 due to Covid-19. However, discussions have commenced about re-starting the project in line with current service changes. As the current offer for a 3 year health review is now different in Bedfordshire, due to Covid-19 working practices, the use of 'Attend Anywhere' and other options going forward, for integration with the nurseries is being considered by the team and will mean that the project runs for longer than originally expected.

3.6 Safeguarding achievements

- Safeguarding governance arrangements continued to be strengthened with links to our locality-based services and quality governance structure.
- The Level 3 safeguarding training programme has been adapted to a blended learning approach in response to the pandemic. This now includes use of e-learning packages followed up with live on-line reflective sessions for small groups of staff to support the learning in line with Intercollegiate Documents for both adults and children. This includes the development of jointly delivered packages of training for adults and children's Level 3 training.

- We have introduced a safeguarding template onto SystemOne to support accurate record keeping for vulnerable families. Governance of this is supported through the Strategic Safeguarding Board to ensure Trust wide quality assurance.
- Our locality based safeguarding teams have continued to respond to all Child Safeguarding Practice Reviews, Safeguarding Adult Reviews or Domestic Homicide Reviews. We have continued to develop a central database for recording and monitoring learning from these reviews.
- We are continuing to develop a responsive and effective process for cascading learning from both internal and external safeguarding reviews and incidents. Safeguarding Champions are being developed and overseen, across the Trust, by the Safeguarding Teams to support the cascade of learning that is effective and appropriate for all staff groups.
- We continued to contribute to the work and development of Multi-Agency Safeguarding Partnerships in each locality as part of the new Multi-Agency Safeguarding Arrangements.
- We have worked to support the development of the safeguarding teams across the Trust in both adult and children's teams and to increase the capacity in line with increasing demands and responsibilities such as the new Liberty Protection Safeguards and Mental Capacity Act Assessments.
- We have supported the roll out of the Covid-19 Mass Vaccination programme across the Trust with induction training and signposting information to staff involved in the delivery of the service.

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.

National staff survey

The results of the 2020 staff opinion survey were released on 11 March 2021. With a response rate of 58%, the results continue to

demonstrate that staff feel the Trust team provides/ creates a good experience for staff with top or joint top scores in the sector for 8 out of 10 themes.

Questionnaires were sent to 2,497 eligible staff within the Trust, with 1,437 questionnaires being returned giving this year's response rate of 57.5% (58%).

The majority of the theme scores for the 2020 NHS Staff Survey for the Trust were significantly above the sector score for similar organisations surveyed by Quality Health* with the Trust being top or joint top scorers in 8 out of the 10 themes. The Trust scored significantly better than the sector in 65% of questions, with no significant difference being drawn within the sector for 35% of the questions asked. 0% of questions were significantly worse.

No theme scores have either significantly improved or worsened since 2019. This is a very positive summary and indicates that the Trust is performing well and builds on the excellent results we have had over the last few years. This is particularly significant this year due to the pandemic.

*The Trust's benchmarking group are derived from the organisations contracted to Quality Health within our sector, Community Trusts – of which there are 11 organisations within the Quality Health database.

Highlights of themed results:

Equality and diversity:

The Trust is again top/joint top scorers within our benchmarking sector for equality and diversity. Our score is marginally lower this year by 0.1 compared to 2019, however this could be related to the Covid-19 pandemic and the Black Lives Matter movement.

The Trust has improved on staff feeling that the Trust does act fairly with regard to career progression /promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age which has increased by over 1% and is the top/joint top score for the sector.

Unfortunately there has also been a slight increase in staff reporting that in the last 12 months they have experienced discrimination at work from their manager/team leader or other colleagues which increased from 3.4% in 2019 to 4.5% in 2020. This is still lower than the sector average and in comparison the top score for the sector from 2019 was 3.2% which has increased to 4.1% in 2020. This will be an area of enquiry for our action plan both in services and with colleagues in the BAME network.

Health and wellbeing:

The Trust score is still above the sector average however it has dropped marginally in 2020 to 6.6. (6.7 in 2019). The Trust has increased positive results in staff saying they have opportunities for flexible working (69.3% in 2019 increasing to 71.7% in 2020), and in feeling that the Trust takes positive action on health and wellbeing (44.6% in 2019 increasing to 53.2% in 2020). This shows the positive impact on the Trust health and wellbeing initiatives over the last 12 months including the Trust's stepped approach offer.

However, unfortunately but not unsurprisingly given the pandemic, there is an increase in responses from staff saying that they have suffered from a muscular skeletal problem due to work (23.7% in 2019 increasing to 31.6% in 2020) and from work related stress (33.9% increasing to 42.1% in 2020). More positively, less staff are reporting that they have attended work when not well enough to do so with 42.2% reporting this in 2020 which has decreased significantly from 50.1% in 2019. Continued attention will be given in this area through our stepped approach and other initiatives.

Immediate managers:

We have the top/joint top overall score for consecutive years. We have also reported increased positive responses in relation to manager feedback and immediate managers, asking their team's opinion before making a decision that will impact their work area. There is a slight dip in responses stating that immediate managers take a positive interest in health and wellbeing.

Morale:

The Trust were again top/joint top in staff responses across the benchmarked sector, however responses did marginally drop for some questions. There was improvement in staff not feeling that they have unrealistic time pressures.

Quality of care:

The Trust scores were in line with the benchmarking sector average scores. There has been a slight drop in positive responses in staff being satisfied with the quality of care that they give. However, there are improved responses of staff being able to deliver the care they aspire to deliver. This may be attributed to staff reporting more positively than in 2019 that they have adequate staffing levels and equipment to do their roles. We have also had significantly improved positive scores since 2019 in staff saying that they believe that patient care is the Trust's top priority.

Safe environment – bullying and harassment:

The Trust has consistently scored top/joint top positive scores in our benchmarking sector for staff not suffering from bullying and harassment which increased to a score of 8.9 in 2020 from 8.7 in 2019.

Safe environment – violence:

Similarly to the responses in relation to bullying and harassment, the Trust has scored top/joint top with a score of 9.9 for the last three years. We need to ensure we maintain a zero tolerance to violence.

Safety culture:

The Trust has scored the top/joint top score for the last few years within its benchmarked sector. In particular, the Trust scored top/joint top for the Trust treating staff fairly who are involved in an error, near miss or incident. There has also been improvement since 2019 for staff receiving feedback about changes made in response to reported errors, near misses and incidents.

Staff engagement:

The Trust has again scored the top/joint top score in its benchmarked sector which is consistent since 2017. 76.2% would recommend the Trust as a place to work (again top/joint top score for this question) and 85.3% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.

Team working:

The Trust has scored top/joint top in positive responses concerning team working with top responses for staff have shared objectives and meeting to discuss team effectiveness.

Covid-19 specific questions:

Staff were asked four classification questions relating to their experience during the Covid-19 pandemic:

1. Have you worked on a Covid-19 specific ward or area at any time? Yes/No
2. Have you been redeployed due to the Covid-19 pandemic at any time? Yes/No
3. Have you been required to work remotely/from home due to the Covid-19 pandemic? Yes/No
4. Have you been shielding? Yes, for myself Yes, for a member of my household, No

The results provided are in relation to the breakdown of theme scores for staff answering 'yes' to each of these questions, compared with the results for all staff in the Trust. These have been presented in the context of the highest, average and lowest scores for similar organisations. From reviewing the data, Trust staff responded above the benchmarked average sector in the majority of the questions asked and are not significantly lower in any area questioned.

Next steps:

A Staff Survey Improvement Group will develop an action plan in partnership with the Trust's staff side. Services will also be asked to develop action plans with staff, having reviewed their directorate breakdown of results. The Trust's BAME network and Long Term Conditions (LTC) & Disability network will be asked to discuss the results and identify actions for inclusion in the Trust's plans.

Freedom to Speak Up

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

The Trust's Whistleblowing/Speaking Up Policy was updated in July 2020 to include feedback from staff about the Raising Concerns Standard Operating Procedure which staff are encouraged to follow for any concerns raised that involve members of staff. The Freedom to Speak Up Guardian, who is also a member of the Executive Team, 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 currently has 18 Freedom to Speak Up Champions; all were appointed through an open invitation for expressions of interest 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 works collaboratively with the Staff-side Chair, the Guardian of Safe Working Hours and Local Counter Fraud Specialist.

Awareness regarding the various Freedom to Speak Up functions and the importance of raising concerns is raised through the Trust induction for new staff, on the intranet, senior management team meetings and in other communications cascaded across the Trust. Service Directors regularly engage with our Freedom to Speak Up Champions and discuss any areas of concern in their respective services.

Staff can raise concerns through:

Their line manager	Staff-side Chair
Other leaders within their service or division	Freedom to Speak Up Guardian
Any member of the senior leadership team	Executive Lead for Speaking Up
Freedom to Speak Up Champions	Non-Executive Lead for Speaking Up

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

The Trust reports data quarterly to the National Guardian's Office. The Freedom to Speak Up Guardian reports to the Board on a six monthly basis. The annual report presented to the Board includes an improvement plan to further strengthen speaking up arrangements in the Trust.

Henrietta Hughes, National Guardian for the NHS, launched the Freedom To Speak Up (FTSU) Index Report in October 2020. The index compares outcomes from a number of staff survey questions from the 2019 survey (the latest data available at that time) to measure the FTSU culture across all trusts. Our Trust achieved the highest index result for two consecutive years - 2019 and 2020.

Workforce Race Equality Standard (WRES)

The results from this year's staff survey linked to the WRES dipped slightly overall, although the Trust is still above the benchmarked sector average for positive responses. There has been an increase in staff from a BAME background reporting that they have suffered from bullying and harassment from staff in the last 12 months. There has also been an increase in reports of discrimination from a team lead/manager from 7.9% in 2019 to 11.9% in 2020.

This area needs enquiry and careful planning to improve the experience of our staff from a BAME background. However, there has also been a positive increase in staff from a BAME background reporting that they feel the Trust gives equal opportunities on promotion/career progression.

Workforce Disability Equality Standard (WDES)

There was a decrease in the number of staff with a LTC reporting that they have suffered from bullying and harassment from the public, which is positive. It is noted, however, that many of these members of staff have been shielding. There was an increase in reports of bullying and harassment from managers towards staff with a LTC (7.7% in 2019 to 9.1% in 2020) and from staff (14.8% in 2019 and 15.5% in 2020) which is concerning and may be linked to greater visibility of staff with LTC as they have been shielding. There were also positive results in staff with a LTC reporting that the Trust gives equal opportunities on promotion. There has also been a positive drop in staff that have a LTC feeling pressure to come to work despite not being well enough.

Gender Pay Gap

In March 2020, the Trust published its third annual gender pay gap report (GPGR) for 2019. At the date of writing this report (April 2021), the 2020 gender pay gap report had not been published.

These reports show the percentage of male and female workers in each pay band and those in receipt of bonus payments (which in the Trust relates to consultants in receipt of a Clinical Excellence Award).

The overall mean gender pay gap in 2019 was 27.07% (compared to 32.32% in 2018) and is mainly attributed to executive level (band 9 roles) and medical consultants who are the highest paid staff in the Trust. In these roles, there are disproportionately more men than women compared to our overall male to female ratio. This disproportionality explains the gender pay gap.

When published, the Trust will take action to address any issues raised in the 2020 GPGR.

The Trust's Diversity and Inclusion Steering group oversees the agreed Trust wide actions to have a representative gender mix in all pay bands within the Trust. In 2020 this included:

- Promoting flexible working in senior roles to attract female applicants, including job share as standard in all job adverts.
- Commissioning and promoting the Springboard Development programmes for female staff [and if agreed the male version].
- Reviewing shortlisting data for senior roles (bands 7 and above).
- Widening the diversity of selection panels.
- Reviewing options to attract male applicants to lower band roles including into apprenticeships.
- Offering mentoring and coaching opportunities with female coaches and mentors.
- Reviewing how we attract more male applicants into the NHS in their early career.

Supporting staff and staff engagement

In 2020-21, Trust staff faced unparalleled challenges as a result of the pandemic and the Trust supported them in a range of ways:

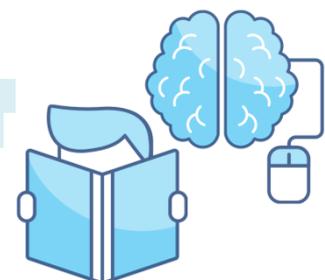
- Provided a wide range of support for staff during the coronavirus (Covid-19) pandemic including access and signposting to physical and emotional well-being advice, information and resources.
- Trained and launched a network of Wellbeing guardians.
- Continued to support a network of Freedom to Speak 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 continued to use tailored inductions 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.

- Provided bespoke team development, support and skills training for teams impacted by the pandemic.
- Provided coaching and mentoring support to leaders, managers and team leaders, continued to implement action plans based on staff feedback.
- Reviewed Trust wide training and education needs to plan, procure and implement programmes of development, to support staff to deliver high quality service whilst face to face training was not possible, through innovative use of MS Teams and virtual training platforms.
- Promoted the benefits of effective appraisals during difficult time.
- Promoted Covid-19 risk assessments for all staff.
- Supported shielding staff to work remotely where possible and supporting them to be away from work where remote working was not possible.
- 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 a mindfulness and personal resilience training programme to enhance the already successful training for personal welfare, which supports our Live Life Well and Covid-19 stepped offer programmes.
- Continued to support the bi-monthly Joint Consultative Negotiating Partnership to engage with trade union representatives to discuss our response to the pandemic, exchange information, harmonise human resources policies and processes following the transfer in of staff, and to consult and negotiate on employment matters.
- Continued to offer a confidential line for informal support to staff experiencing bullying or harassment.
- Invited staff from a variety of services to share their experience of working for the Trust at our Clinical Operational Board meetings to celebrate good practice and identify improvements that could be made to our working lives.

Mandatory training

The Trust continued to:

- Improve access to e-learning for mandatory training subjects including through a staff telephone helpdesk.
- Review and amend our Trust induction based on staff feedback and Trust requirements and completed the roll out of unconscious bias training as part of e-learning to all staff.
- Ran virtual Trust induction programmes during the pandemic.
- Maintained a high level of training compliance during the pandemic, replacing face to face with virtual training/written information, only re-introducing face to face where essential and in a Covid-19 safe environment.



Improvements made to the electronic staff training record (OLM) included:

- The employee self-service function is now fully embedded across the Trust and staff are accessing e-learning for many mandatory and role specific training packages.
- The roll out of the supervisor's self-service functionality was completed and is being used by managers to track their team's training compliance.
- Starting the roll out of OLM to record all training including 'essential to role' training.
- Linking our unconscious bias training programme to ESR so updating of staff training records has to be undertaken manually.
- Using OLM as one tool to support the Large Scale vaccination workforce with their training.

Attracting and retaining a quality workforce: looking forward to 2021-22

We will:

- Develop the skills of our clinical staff in quality, service improvement and redesign tools and techniques, providing bespoke programmes of leadership development, for services undergoing significant service redesign.
- Continue to work with partners across local sustainability and transformation partnerships/ integrated care systems 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 which links with the Health Education East of England (HEE) grow your own initiative.
- Continue to roll out the preceptorship training to all our preceptors.
- Continue to offer our successful Chrysalis and Step On Up leadership and management development programmes and bespoke programmes, which support team development in services.
- Continue to offer places on the local Mary Seacole leadership development programme.
- Continue to embed a coaching and mentoring culture across the Trust, investing in further health coaching training for our clinical workforce and mentor development.
- Continue to implement our 2020-23 people 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.

Health and wellbeing and sickness absence reduction

Live Life Well

The Trust's comprehensive Live Life Well Programme has continued to support staff to achieve a healthy work life balance, including through:



- Personalised approaches to managing all staff matters, creating a 'People first' culture.
- Continued promotion of support available to staff including during the coronavirus (Covid-19) pandemic as well as the rapid access to MSK service, union representatives, occupational health and our confidential counselling services.
- Supporting staff with their financial wellbeing through a partnership with Neyber, a financial service provider and to trade union members via their unions.
- Promotion of the wellbeing values of good team working and two way communication and taking a break.
- Incorporate input from experts into our mental wellbeing, reliance and mindfulness support and undertaking research into the wider use of mental wellbeing interventions.
- Supporting the mental wellbeing of staff including a 'Healthy Mind and Healthy Body' week held in May 2019.
- Promotion of the wellbeing effects of volunteering.
- Promotion of NHS staff discounts.
- Encouragement to participate in the 'flu vaccination programme with an uptake of 82% from our frontline staff (an increase of 8.6% on the previous year's uptake).
- Promotion of key national wellbeing related 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 communication cascade weekly updates.

- 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.

The following table provides information on the Trust's sickness absence rates.

Data category	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Average WTE*	1953	1763	1713	1970	2017	2066
Average monthly sickness rate	4.38%	4.67%	4.45%	5.21%	4.96%	4.33%
WTE days lost	31427	30111	20795	37430	36539	32746
WTE days available	700,107	645,166	466,911	719,566	736,041	756,332
Cumulative sickness rate - based on yearly totals	4.49%	4.67%	4.59%	5.20%	4.51%	4.34%

Notes:

- *WTE refers to Whole Time Equivalent (e.g. a full time post equivalent to 37.5 hours per week).
- Figures in the table above have been rounded up/down to the nearest decimal point.
- The above table reflects data from our internal monitoring process based on a full calendar year e.g. 365 days. As such, the sickness rates included within the Trust's annual accounts, which are based on Department of Health estimated figures over 225 days per year (i.e. excluding weekends and bank holidays), will not correlate with the above.

Staff policies

The Trust aims to ensure that no employee or job applicant receives less favorable treatment because of their race, colour and nationality, ethnic or national origin or on the grounds of gender, marital status, disability, age, sexual orientation or religion; or is disadvantaged by conditions or requirements which are not justified by the job.

The Trust's Workforce Diversity and Inclusion work, alongside our Workforce Diversity and Inclusion, Recruitment and Selection, Dignity at Work Policy and Training, Education and Development Policies are central in achieving this aim.

During 2020-21, 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.

3.8 Diversity and 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.

Trust Demographic Profile

Our communities

We provide a range of healthcare services in Bedfordshire, Cambridgeshire, Luton, Milton Keynes, 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 agreed four diversity and inclusion annual objectives for 2020-21, as detailed below:

Objective 1:

To re-launch the Trust Staff Diversity Network and, where staff indicate a desire, to establish protected characteristics specific sub networks. The Networks to be a forum for staff to share experiences, review the Trust Diversity and Inclusion Policy and practices and to give feedback and suggestions on how the Trust can support its diverse workforce and seek to eliminate any bias.

Objective 2

To introduce reverse mentoring into all our in house management and leadership development programmes, to promote diverse leadership through lived experiences.

Objective 3

We will measure the impact of our virtual clinical platforms, ensuring that they are fully accessible to the diverse communities we serve.

Objective 4

We will ensure that the recruitment of our volunteers is from the diverse communities they serve.

Workforce diversity and inclusion

To support the two workforce Equality Delivery System (EDS) objectives and to meet our aspirations in line with the Workforce Race Equality Standards, we have:

- Re-launched our staff diversity networks with two staff led networks operational: one for staff from ethnic minorities and the other for staff with a disability or long term condition.
- Revised the adjustments passport introduced in 2019/20, to make it a wider employment passport to record agreed adjustments to support staff with any specific need, not only those with a disability or health condition.
- Continued with our Cultural Ambassadors programme of senior staff from ethnic minorities, acting as critical friends including in disciplinaries and grievances involving staff from ethnic minorities.
- Finalised and re-launched the roll-out of representation from ethnic minorities on selection panels where an applicant from ethnic minorities is shortlisted, to help address disparity between these applicants being shortlisted and appointed.
- Published our third gender pay gap report and identified action to help address a higher number of male staff in senior roles compared to the Trust wide gender split of 93% female and 7% male.
- Introduced diversity mentoring, including reverse mentoring in our “Big 9” programme.
- Introduced opportunities for ethnic minority mentors for Board members.
- Reverse mentoring as part of in-house leadership development programmes will be implemented when programmes fully resume post-pandemic.

Measuring outcomes

Every year, we work with our staff, patients, families, carers and the public to assess our performance in diversity and inclusion and against our four EDS objectives. This is presented to our Board in the Diversity and Inclusion Annual Report including progress against the previous year’s objectives. An improvement plan for the following year is agreed.

Our progress reports and action plans on diversity and inclusion initiatives can be accessed through our website.

3.9 Our award winning staff and national recognition

- The Trust's Dynamic Healthcare Functional Rehabilitation Class for South Asian Females won the National BAME Health and Care Awards 2021 in the Outstanding Achievement of the Year category, and was also a finalist in the Community Initiative of the Year category.
- Our Luton Adult services won the Health Service Journal improving care for older people patient safety award for its population health management tool in November 2020.
- Complex Care Nurse Becky Bedford was awarded a Cavell Star by the national Cavell Nurses Trust to recognise her work in raising the profile of children with aerosol generating procedures and getting them back to school.
- Emily Martin and Georgia McNamara, Bedfordshire community nurses were also awarded Cavell Stars after setting up a mental health clinic to help their colleagues during the Covid-19 pandemic.
- The Luton and Bedfordshire Children's Rapid Response team was the East of England finalist in the 2020 Parliamentary Awards in the Excellence in Emergency and Urgent Care category; nominated by Rachel Hopkins MP
- Dr Tamsin Holland-Brown, community paediatrician was awarded a British Empire Medal in The Queen's New Year's Honours List for services to the NHS during Covid-19. Dr Brown was also 'highly commended' in the NICE Shared Learning Awards for the Hear Glue Ear app which is supporting delivery of the NICE ear care pathway.
- Two of our Luton Children's teams were winners at the BBC Three Counties Radio Awards:



- Linda Masterson, UNICEF baby friendly co-ordinator - silver in the Social Care Category.
- Luton Children Rapid Response Team - silver in the Health Care Category.

Andrea is a lovely lady. She has helped me throughout my struggle while I was having difficulty in feeding my baby who had posterior tongue tie. She helped me to get referral to hospital to get it fixed and also constantly supported me after that.
Beds 0-19 Baby Friendly Team

National engagement/recognition

- Dr David Vickers, Medical Director featured in a Times Educational Supplement feature on 'Long Covid: what teachers and pupils need to know'.
- A poster on 'Referrals to a sexual health clinic - are they appropriate?' was presented by Dr Sarah Edwards and Dr Asawari Gupta at the British Association of Sexual Health and HIV conference held on 19-21 October.
- Donna Malley, OT Clinical Specialist gave a presentation on Fatigue at the European Resuscitation Council 2020 virtual conference in October 2020
- A Trust case study entitled 'Fast-tracking Digital Innovation' was published in NHS Provider's 'Spotlight on digital innovation during Covid-19' publication
- Two posters were presented by our DynamicHealth Team at Physio 2020 in Birmingham:
 - Functional Rehabilitation Class for South Asian Females (SAF) in Hindi/Urdu: A Service Evaluation Project - P. Jesrani¹, T. Saboo¹, M. Pearson
 - Neurosurgery virtual clinic presentation - J Van Maurik
- DynamicHealth representatives were invited to Brunel University to present a webinar on "Holistic Exercise Classes to address health disparity in patient care - the South Asian Female Class in Urdu/ Hindi".

- NHS England requested case studies on our DynamicHealth digital first/video consultation approach, with a further article written in conjunction with the Musculoskeletal Association of Chartered Physiotherapists and University of Birmingham entitled 'Advanced physiotherapy placement using telehealth during Covid-19.'

I am really happy with the video calls. I am given a good amount of time and exercises are explained and demonstrated well. I am able to ask questions and feel reassured. This is an extremely valuable service. At a time when I am feeling vulnerable and have lost confidence the physio has given me hope that there is a light at the end of the tunnel. Sam has been brilliant.
DynamicHealth, Cambridge & Ely

- An article featuring epilepsy specialist nurses, Liz Stevens and Mary Hunt describing virtual clinics for their children and families was published in Epilepsy Today.
- The Cambridgeshire occupational therapy team was featured on the College of Occupational Therapists website for the work they did with the communications team to develop digital support for families and children.
- Hayley Walker, Leadership Development lead with Just One Norfolk, presented at the Institute of Health Visiting national conference on 'A Digital Healthy Child Programme'.
- A blog by a Cambridgeshire Family Nurse was published by the Family Nurse Partnership National Unit describing the 'new mums stars' outcome framework, which is part of a national pilot the Trust is engaged in.

- A case study written by a Cambridgeshire Health Visitor was published by the Institute of Health Visiting's 'Making History: Health Visiting during Covid-19' publication, describing a family's journey of becoming a parent during lockdown.

I had a timely phone call and felt that the nurse had all the time in the world to give me advice. She listened and showed empathy to my situation. I felt reassured with what I've been trying to do and comforted that little one is not severely ill.

Just One Number, Norfolk

- Our JustOneNorfolk.nhs.uk digital platform featured on the Eastern Academic Health Sciences Network website as a spotlight case study.
- A case study on our Luton Adult services collaborative models of care was published by NHS Providers as part of their Neighbourhood Integration Project initiative.

3.10 Service Redesign

2020 was a very different year for all of us and, whilst some of our planned transformations were postponed, the year also provided a catalyst for teams to consider different ways of working. Having a common purpose enabled services to make rapid changes and there is now an increased appetite to continue this.

Single Point of Access Hubs

A central theme throughout many of our transformations this year was the creation or development of Single Point of Access hubs. Establishing clear, easy to navigate and centralised access routes into our services was never so important.

Some highlights included:

- Rapid creation of interim Single Point of Access (SPA) hubs in a matter of weeks for Cambridgeshire, Bedfordshire and Luton Children's Services as part of our Covid-19 response, supporting services to remain resilient and to continue to provide much needed support to our service users.
- Commenced designing and implementing our biggest Single Point of Access hub transformation, merging all Bedfordshire and Luton Children's Services under one telephone number, one email address and one referral route.

We now have Helen every year for our reviews and she is fantastic. I can't fault her in any way, very helpful and knowledgeable and very easy to speak to.
Luton & Bedford SPA

- Streamlined and standardised Peterborough's 0-19 SPA providing greater resilience for the service and easier access for our service users.
- Continual development of our Single Point of Contact hub in Luton, which has supported the service, increased two hour visit performance.

2020, the year of virtual communications

Our Learning from Covid-19 study, published in June, highlighted that not only has our response seen an increase in use of technologies like video consultations, there has also been a change in clinical attitudes towards the role of technology in healthcare, the opportunities it brings and the adaptability of our service users and patients in drawing on less traditional methods of support. Capitalising on this enthusiasm for change, willingness to test new ways of working and growing ambition, has initiated a revision of our digital transformation ambitions and strategic approach.

Some highlights included:

- Introduction of virtual consultations, workshops, rehabilitation sessions, etc., have been implemented at a faster rate than we could have imagined, with services considering a more blended approach to their service provision than ever before.
- Development of digital support offers across our Dental Services and Cambridgeshire Children's Services, enabling greater access to information and support at any time of the day.
- Launched a remote monitoring pilot to support respiratory and heart failure patients to remain safe and well at home.

Whenever I attend the Nurse explains everything very well. I feel comfortable to ask questions, and am given clear and informative answers.
Heart Failure Service, Luton Adults

Created new and redesigned existing pathways/services to meet the needs of our local communities

This past year we have introduced a number of new services improving access and offering enhanced support to our service users. We also redesigned, in partnership with our stakeholders, many of our existing services as we continuously strive to improve and adapt with the changing needs of our communities.

Some highlights included:

- Complete redesign of our clinical pathways across our Bedfordshire and Luton Community Paediatrics service undertaking extensive demand and capacity modelling to calculate the resources needed to meet the growing needs of our local families.
- Supported the Bedfordshire and Luton 'Discharge to Assess' Covid-19 response – developing the discharge and palliative care pathways with system partners to ensure seamless transfer of care.
- Launched Parentline in Luton for parents and carers to anonymously text our services for support and advice.
- Launched a sensory programme in Bedfordshire with system partners to provide a much needed sensory support for children, young people and their families.
- Launched the children rapid response service in North and Central Beds providing specialist support to families without the need to access a hospital.
- Launched a redesign programme in iCaSH to improve service user access and create an innovative and sustainable service model for the future.
- Launched a new safeguarding programme to ensure consistent and robust processes/systems across our children and young people's services.

They are just really nice and they care about my child, and give a lot of advice. They called me yesterday and today to make sure that my child's situation is going in the right direction. I just cannot ask them for more. They are a good team!!
Children's Rapid Response Team



3.11 Successful partnership initiatives

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

Examples of successful system-wide partnerships include the following.

System-wide response to the Covid-19 Pandemic

We successfully recruited to and delivered large scale vaccination centres across Cambridgeshire, Peterborough, Norfolk and Waveney – NHS staff, volunteers, and colleagues from the military have worked together to enable these centres to play a key role in the delivery of the largest vaccination programme in NHS history.

Staff were redeployed, internally and to partner organisations, to support system-wide responses to the pandemic. Examples included: mutual aid to the vaccination programme being delivered by Primary Care Networks to large scale vaccination centres in Bedfordshire, Luton and Milton Keynes (overseen by Hertfordshire Community NHS Trust); support for the vaccination of care home residents in Luton; and redeployment of physiotherapy staff to Cambridgeshire and Peterborough NHS Foundation Trust to support the Discharge to Assess pathway.

Cambridgeshire and Peterborough (C&P) Sustainability and Transformation Partnership

We remain key partners in the Best Start in Life 5-year strategy to improve life chances of children (pre-birth to 5 years). Our contractual Joint Venture with Cambridgeshire and Peterborough NHS Foundation Trust is a key enabler in this programme. Whilst progress has been slower in the past year due to the pandemic, the Best Start Programme has developed four 'placed pilots' in Honey Hill, Peterborough, Central & Thistlemore, Peterborough, Wisbech and Cambridge City. This brings together partners from both the statutory and non-statutory sector to agree and implement locally agreed priorities.

Together with Cambridgeshire and Peterborough NHS Foundation Trust, Centre 33 and Ormiston Families, the Trust is involved in a new Partnership Agreement that brings together mental and emotional health services for children and young people in Cambridgeshire and Peterborough. One aspect to this is the development of Mental Health Support Teams in Schools and, in the past year, the Trust has developed one further team for Peterborough and one for Fenland, to add to the two teams created in 2019/20 in Cambridge and Huntingdon.

Our musculo-skeletal services were among the first in the Country to successfully pilot the First Contact Practitioner (FCP) role in a primary care setting as part of a national programme. We now have 15 whole time equivalent FCP roles covering 10 Primary Care Networks to support primary care and improve access for service users.

Bedfordshire, Luton and Milton Keynes Integrated Care System

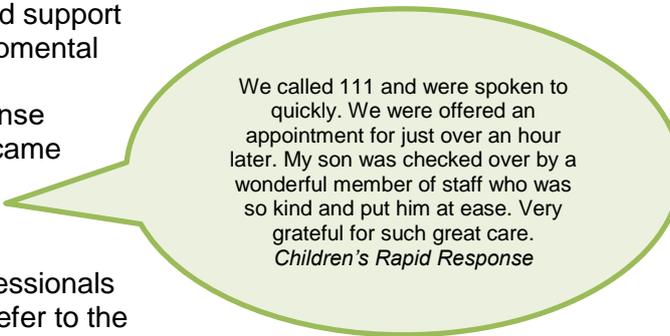
We continue to work closely as a key member of the Bedfordshire Care Alliance focussing on three areas of delivery in relation to our adult services:

- Developing a consistent Discharge to Assess model across Bedfordshire in partnership with East London NHS Foundation Trust and other system partners, to ensure the most effective discharge pathways are in place and people are supported to return home with the appropriate care packages when they are medically fit to do so.
- Reviewing and redesigning falls services across the multiple providers to ensure a consistent, high quality approach with the aim of reducing the number of hospital admissions relating to falls.
- Continued delivery of the multi-disciplinary approach to population health which started under the Enhanced Collaborative Models of Care programme in previous years, including consultant-led MDT working. The Trust also signed up to the development of a system-

wide web-based platform (SHREWD) to provide real time data to support operational decision making and help reduce unplanned hospital admissions.

Collaborative working across our Bedfordshire and Luton children and young people's services included:

- Community paediatric teams working with parents and professionals from health, social care and education to create a neurodevelopment disorder pathway for early intervention and support for those children who might have developmental problems.
- Expansion of our Children's Rapid Response Team over the last 12 months since it became the first in the Country to introduce direct referrals from NHS 111 for children under five to reduce hospital emergency attendance. Health care professionals across Luton and Bedfordshire can now refer to the service seven days a week.
- Health visitors worked with the midwifery teams at Luton & Dunstable Hospital and Bedford Hospital on communication and system-wide working for antenatal and postnatal care of expectant and new mothers.
- Health and care organisations across the Bedfordshire, Luton and Milton Keynes introduced My Care Record, a new approach to improving care by joining up information so that professionals can access up to date information about the individuals they are caring for.



We called 111 and were spoken to quickly. We were offered an appointment for just over an hour later. My son was checked over by a wonderful member of staff who was so kind and put him at ease. Very grateful for such great care.
Children's Rapid Response

Norfolk Children and Young People's System Norfolk and Waveney System collaboration

- The Norfolk Healthy Child Programme continued to support system-wide collaboration and maintained involvement in system initiatives and as members of both the Strategic Partnership Board and the Norfolk Alliance Board (which will amalgamate to a single Board in April 2021) played a central role in improving outcomes for families.
- The value of Just One Norfolk was widely recognised as a single digital platform for Norfolk bringing great opportunity for continued impactful collaboration, with the team involved in numerous areas of work across the system supporting multiple agendas.
- We are working with the Clinical Commissioning Group, acute Trusts and PROVIDE (Child Health Records Service) to develop a single digitalised process for the management of accident and emergency notifications. If successful this will decrease the risks associated with managing the volume and quality of information currently received as well as providing efficiencies across the system and can be replicated in other Children's services across the Trust.
- We reinstated discussions with Alliance Board members around the possibilities for alignment between the Health Child Programme single point of access and the proposed single point of access for Child and Adolescent Mental Health (CAMH) services as part of the THRIVE delivery model. Just One Norfolk continues to host the digital information for CAMH services and has been promoted as a digital and phone access point for every child and young person waiting for CAMH services intervention.

In addition to the above system-wide collaborations, we have also:

- Worked with a private online laboratory service to develop a symptomatic digital testing service across the iCaSH footprint making the service accessible to the whole population we serve.
- In partnership with the Terence Higgins Trust, provided contraception and sexual health services in Bedfordshire, Norfolk and Suffolk and Milton Keynes.
- Continued our redevelopment programme at the North Cambridgeshire Hospital site, although this was temporarily paused in year as a result of the Covid-19 pandemic.

- Submitted a planning application on behalf of local NHS and social care partners to modernise services and facilities on the Princess of Wales Hospital site in Ely to meet the needs of a growing and ageing population.

3.12 Core Quality Account Indicators

Annex 1: Core Quality Account Indicator 19

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.

0-15 years category

The Trust does not operate any hospital inpatient services admitting patients under 16 years.

16+ years category

The Trust does not operate any hospital inpatient services admitting patients over 16 years.

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 <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-5-treating-and-caring-for-people-in-a-safe-environment-and-protecting-them-from-avoidable-harm-nof/5.6-patient-safety-incidents-reported-formerly-indicators-5a-5b-and-5.4> on 27 April 2021.

Note: highest, lowest and average national measures taken from comparable community trust provider results only.

Results period	Trust figure		National average		National highest		National lowest	
	Oct 2019 – Mar 2020	Apr 2019 – Sep 2019	Oct 2019 – Mar 2020	Apr 2019 – Sep 2019	Oct 2019 – Mar 2020	Apr 2019 – Sep 2019	Oct 2019 – Mar 2020	Apr 2019 – Sep 2019
Number of patient safety incidents	742	867	1885	1865	4137	4236	742	608
Rate per 1,000 bed days	No data available							
Number of incidents that resulted in severe harm or death	0	1	10	10	52	61	0	0
% of incidents that resulted in severe harm or death	0.00%	0.12%	0.53%	0.54%	1.26%	1.44%	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.

Part 4: Statements relating to quality of NHS services provided

The Trust's Quality Account 2020-21 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 Health Overview & Scrutiny Committee
Bedfordshire, Luton & Milton Keynes (BLMK) Clinical Commissioning Group
Cambridgeshire & Peterborough Clinical Commissioning Group
Cambridgeshire & Peterborough Joint Health & Wellbeing Board
Cambridgeshire County Council Adults & Health Committee
Central Bedfordshire Council
Healthwatch Bedford Borough
Healthwatch Cambridgeshire & Peterborough
Healthwatch Central Bedfordshire
Healthwatch Luton
Healthwatch Norfolk
Healthwatch Suffolk
Luton Borough Council Health & Wellbeing Board
Luton Clinical Commissioning Group
NHS England
Norfolk County Council Health & Wellbeing Board
Norfolk County Council Health Overview & Scrutiny Committee
Peterborough City Council Health & Wellbeing Board
Suffolk County Council Health & Wellbeing Board
Suffolk County Council Health Scrutiny Committee

Healthwatch Cambridgeshire and Peterborough response to Cambridgeshire Community Services NHS Trust Quality Account Statement for 2020/2021

Summary and comment on relationship

Healthwatch Cambridgeshire and Peterborough welcomes the opportunity to comment on the Trust's draft Quality Account.

Healthwatch is pleased to have a positive relationship with the Trust. The Trust is always responsive to feedback and we welcome the commitment to learning and improving. We were pleased that our Chair was able to meet with the incoming Trust Chair, Mary Elford, who subsequently participated in our Board meeting along with another Trust Director.

Comment on quality

We would still like to see some analysis of complaint and PALS themes in the Quality Account. We believe this would help the Trust identify further areas for improvement.

We acknowledge the efforts and dedication of teams working across the Trust during the Covid-19 pandemic. We have had positive feedback about the vaccination hubs the Trust has run.

Healthwatch receives mostly positive feedback from patients and their families regarding the Trust services in our area. We have received some negative feedback from people concerned about their treatment and care, who have not received any information. Examples included Dentistry (both the Dental Access Centres and Special Care Dentistry) and Dynamic Health. However, the Trust replied promptly to our enquiries. They also updated the website information regarding access to MSK services during Covid-19.

We also received feedback about Health Visitor services mainly from people who completed our survey about care during Covid, which ran from May to September 2020. There were mixed responses to the support offered, with some parents (especially first-time mothers) struggling with just a phone call not meeting their needs or expectations.

Anticipated challenges for the coming year

Patients will need to be kept informed about delays to treatment. Patients may also require additional support in managing ongoing conditions, especially where referrals or access to other services are likely to be severely impacted.

The COVID-19 pandemic will continue to have an impact on services for some time. It is pleasing to note that the Trust is committed to implement innovation and continue the learning from this difficult period. We would stress however, that not all people are able to access online consultations and that face-to-face consultations should be available for those people who need them. Information also needs to be available in formats suitable for people's communications needs.

Quality Account Notes for CCS

Name of Author	Lucy Nicholson, Chief Executive
Date	16 th June 2021
Meeting Topic	Quality Accounts for CCS
Agreed and Saved Date	

QA from Healthwatch Luton

Cambridgeshire Community Services remain one of the larger services in Luton providing many areas of health and care to the Luton residents. In our experience, and from the feedback we have received over the last 12 months, CCS consistently have provided high quality care to Luton residents.

Our feedback comprises of many services on offer – and in the majority is positive feedback. Where there are issues that have been raised, these have been related to the global pandemic affecting all health and care services in the last year, such as continuity of care, access to services, and communications to patients. We have noticed this slowly decline (negative feedback) and more positive feedback has increased in the first 3 months of this year (Q4 of 2020).

The majority of positive feedback has been around the quality of the treatment and care received, as well as staffing and staff attitudes in delivery care – all of which have rated very highly as a service provider. Patients have consistently highlighted the district nurses as positive and caring workforce, and patient feedback highlights how informed the staff are, and helpful to their recovery.

Healthwatch Luton have received the most feedback from Edwin Lobo Centre, which is a base for Community Paediatric Services providing specialist secondary care services for children living in Luton presenting with developmental, physical and learning disabilities. The feedback from this service has been affected by the pandemic, but CCS has responded to each and every one of our signposts with updated information advice and guidance which has informed the patients and parents. This centre does have a long waiting list for children services, but the majority of feedback once people are within the service is mainly positive.

Healthwatch Luton continue to have a dialogue with Cambridge Community Service and support their communications regarding the development of the new Bedfordshire and Luton Children’s’ Community Health Hub and the Social Care Meetings communications for the 0-19 services.



“The district nurse who came out to support me was so helpful and kind, and really made a difference to my recovery. They have spent so much time and effort with me, I think they

Cambridgeshire and Peterborough CCG

Stakeholder Feedback – CCS Quality Account 2020/21

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) has reviewed the Quality Account produced by Cambridge Community Services (CCS) for 2020/21.

The Trust are to be commended at publishing such a comprehensive document at a time of significant challenge to the organisation, their staff and for the population of Cambridgeshire due to the Covid19 pandemic.

The Quality Account is transparent to all and demonstrates the excellent work that the organisation has carried out during a year of significant challenge.

The CCG and CCS have continued the commitment of close working together to review performance against Nationally and Locally agreed quality indicators and ensure that any concerns are addressed.

At the outset of the Covid-19 pandemic, NHS England took several steps to ensure that the health system was in the best possible position to respond to the crisis. These steps were intended to ensure that all possible resources were available to be deployed at the front-line of managing the health impact of the pandemic.

One of the steps taken was to pause the requirement of provider trusts to provide a range of performance information to the CCG.

Although formal performance information has not been supplied by CCS, the CCG has continued to ensure that services are responded to need by:

- Regular focussed meetings on areas of concern such as support to children in special schools with additional complex medical needs, flu vaccination programmes and child protection medicals.
- Escalation to the senior team in CCG any areas of concern and associated mitigations.

From a quality and patient safety perspective 2020/21 CCS have demonstrated commitment in ensuring services remain safe in 2020-21 with accelerated digital transformation and taking on a vital role in the roll out of Covid vaccination being part of the large vaccination centres.

During 2020-2021 despite the pandemic CCS have continued to maintain patient safety and work through their quality priorities including POMS. CCS are commended for the development of their Quality Improvement Way which is a simple approach applied to situation reflecting the 5 CQC KLOEs ensuring safe quality care for patients. The trust aim is to gain valuable learning and knowledge for continual improvement of their service. The quality of service is reflected on the positive compliments received by the trust during the year as well as focus to use patient feedback as part of the service improvement.

The organisation has undertaken good work around safeguarding training, seeking to embed a strong evidence based reflective approach. The Trust is recognising safeguarding risk that is exposed through incident reporting processes, acknowledging there has been some themed incidence across their footprint. The trust has restructured to link their safeguarding teams to the localities where services are delivered, thus strengthening relationships and knowledge. The account is a fair reflection of what the trust have done.

Data Security and Protection Toolkit – The date for submission of the 2020/21 DSP Toolkit was extended to 30th June 2021. The requirement is to submit a 'Standards Met' Toolkit (demonstrating compliance with all 10 Data Security Standards). If all Standards are not met, organisations can submit at 'Standards Not Met' with an Implementation Plan. The requirement to meet the Training Standard within the Toolkit is 95% 'all staff' compliance, the Trust has demonstrated 94% to date so are on track to deliver within the timescales.

The Trust have also placed a high level of priority and focus on rolling out mass vaccination sites to support immunising our population against Covid-19. In addition, they have demonstrated ongoing collaborative work in Cambridge and Peterborough in relation to rolling out the Best Start in Life programme, the new integrated Children and Young People's mental health early intervention model and supported Children and young people in schools through the good work of the emotional health and wellbeing team.

The Trust have continued to prioritise medicines audits through COVID and the work relating to anticipatory prescribing and access to palliative care medicines.

The Trust reported 3826 incidents in total in 2020/21 across all their contracts which is an increase on last year but reflects the Trusts open and transparent reporting culture and willingness to learn. Seven of these incidents were reported as serious incidents and reported externally as per the national framework and resulted in a full root cause analysis to prevent further incidents. The serious incidents reflected missed opportunities in relation to identification of

Cambridgeshire and Peterborough CCG

Stakeholder Feedback – CCS Quality Account 2020/21

safeguarding concerns in vulnerable children an area complicated by the pandemic and has resulted in the trust reviewing safeguarding training and supervision for complex cases.

The CCG would like to thank all the staff of CCS for the supreme efforts taken on behalf of the NHS, and for patients during the Covid19 Pandemic and beyond.

Overall Cambridgeshire and Peterborough CCG agree the CCS Quality Account is a true representation of quality during 2020/21.



Carol Anderson
Chief Nurse
Cambridgeshire and Peterborough CCG

Statement from Bedfordshire, Luton & Milton Keynes Clinical Commissioning Collaborative (BLMK) to Cambridge Community Health Services Quality Account 2020 – 2021

BLMK commissioning group acknowledges receipt of the 2020/2021 Quality Account from Cambridge Community Health Services (CCS). The Quality Account was shared with BLMKs Non-Executive director (lead for patient safety), Executive Directors, Performance, and Quality Teams and systematically reviewed by key members of the CCG's Quality & Performance Committee, as part of developing our assurance statement.

The CCG have been working closely with the Trust during the year, gaining assurance on the delivery of safe and effective services. BLMK CCG 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 would like to commend CCS on their efforts to manage and support patients and staff through the unparalleled challenges faced through the COVID19 Pandemic of 2020/21. We recognise the significant demand on Community Health services in particular during this pandemic and welcome the joint work from CCS with other local providers to reduce system pressure and are appreciative of the continued efforts undertaken to remodel wider services to meet patient demand, endeavouring to provide a positive patient experience. BLMK CCG will continue to work collaboratively with CCS and other system partners to support these endeavours.

BLMK CCG welcomes the description of the Trusts modelling and examples provided within the report to describe progress against the 2020/21 priorities, whilst acknowledging that mostly priorities during 2020-21 were redirected towards the pandemic emergency response to support patients ,service users and CCS staff in order to reduce risk and keep people safe.

We are pleased to see the continuation of work in regard to the Trusts three year Quality & Clinical Strategy 2020-23 and the outlined principles of this strategy of, Safety, Participation and Improvement. It is encouraging to see that the work around NHS safety strategy "insight, involvement and improvement" are weaved through the Trusts priorities in their quality strategy and the support in leadership teams to ensure the work around the National expectation of patient safety specialists.

We understand how challenging the past 18 months has been for health care providers and are pleased to be able to identify the value and quality of provision of care through CCS and indeed the significant efforts of collaboration in terms of mutual aid across many areas such as, vaccination centres, health visitor support to local maternity wards, support to care homes across Bedfordshire & Luton and specific areas of work such as care of the dying and collaboration across BLMK to enhance positive patient experience of end of life care.

Patient experience and co-production is evidenced across community services in Luton and Bedfordshire. This quality account identifies many of the great examples of this. Patient participation in the rapid development of technology to support virtual working, co-production of information for paediatric community clinics with post diagnostic

information, Zoom meetings for new mums to support breast feeding and Virtual workshops with Luton young voices for SEND (Special Educational Needs / Disabilities).

BLMK CCG recognised the continued efforts to participate in research and audit programmes where possible. We also recognise the opportunities offered to learn from incidents and enhance the “just culture” of a learning organisation. It is helpful to see the specific work from review of serious incidents and the opportunities identified to ensure that staff have access to supervision, support, skills and tools to support management of complex safeguarding cases.

Attention is paid to staff contribution and satisfaction in their roles. Staff awards and recognition for work in areas such as Luton older people’s team (HSJ award) and the Children’s rapid response services is impressive. CCS Staff survey also demonstrates increase performance in many areas of their staff survey and recognise the opportunities for further progression in their work on equality & diversity.

BLMK CCG welcomes CCS’s refreshed approach to quality improvement which is layered into an existing quality culture. We welcome the partnership approaches that are in development across our collective ICS and look forward to working with CCS to improve outcomes for our local populations across Bedfordshire & Luton in 2021/22 and beyond.



Anne Murray
Chief Nurse
BLMK Commissioning Collaborative

**Statement from Norfolk County Council Public Health for Cambridge
Community Services Quality Account 2020/21**

Norfolk County Council Public Health (NCC PH) welcomes the opportunity to comment on the 2020/21 Quality account for Cambridge Community Services (CCS). In line with the NHS (Quality Accounts) Regulations, 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.

CCS and NCC PH have worked closely together throughout 2020/21 to monitor and review performance, ensuring any concerns are addressed as they arise. Weekly meetings were put into place between CCS service leads and NCC PH, to ensure regular monitoring of the impact of COVID-19 on services and agree adaptations in delivery to mitigate this and ensure continued quality & safety of the Norfolk Health Child Programme and Integrated Contraception & Sexual Health Services.

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 care for the residents of Norfolk in receipt of the services commissioned.

Business continuity & contingency plans have been reviewed regularly to allow a flexible response to any emergent pressures, not more so than over the past year with the response to the COVID-19 pandemic. Service continuity plans were agreed by commissioners, that supported prioritization of locality service delivery. Both services provided by CCS for NCC PH have exhibited flexibility and innovation in maintaining safe and effective services during the pandemic.

The high levels of staff satisfaction, indicated by the national staff survey, demonstrates the positive impact felt by Cambridge Community Services staff. Locally staff turnover and sickness absence has continued to reduce, which is particularly worthy of note for the reporting period for this report.

NCC PH notes the Quality and Clinical Strategy 2020 – 2023, and looks forward to working with CCS on the three areas identified as priorities. As we move into 2021/22, NCC PH commissioners are working with CCS through a programme of learning from the pandemic, in particular relating to digital solutions, to embed what works into future service delivery models.

Signed



Dr L S Smith
Director of Public Health, Norfolk County Council
17.06.2021

Appendix 1: List of Trust Services – 2020-21

	Bedfordshire	Cambridgeshire	Luton	Norfolk	Peterborough	Suffolk	Milton Keynes
Adult services							
District nursing/ community matrons			X				
Specialist nurses/long term conditions			X				
Neuro-rehabilitation	X	X (Oliver Zangwill Centre)					
Specialist services							
Community dental services, Dental Access Centres, and minor oral surgery (MOS)	X Oral health promotion only	X		X MOS only	X	X	
Musculoskeletal services		X			X		
Sexual health & Contraception services	X	X		X	X	X	X
HIV services	X	X (Huntingdonshire)		X	X	X	
Children's services							
Health visiting	X	X	X	X	X (see note)		
School nursing	X	X	X	X			
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)		

*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 2020-21:

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Appendix 3: Glossary & Abbreviations

AGPs	An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.
AHP	Allied Health Professionals (AHPs) work with all age groups and within all specialities. They work in partnership with health and social care colleagues across primary, secondary and social care, as well as in the independent and voluntary sectors.
ARC	Each NIHR Applied Research Collaboration (ARC) undertakes research on a range of themes - such as dementia, long-term conditions and public health - to improve health and care systems to benefit patients, staff and the public.
BLMK	Bedfordshire, Luton and Milton Keynes
BAME	Black, Asian & Minority Ethnic is the terminology normally used in the UK to describe people of non-white descent.
CAMHS	CAMHS is the name for the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties.
CCS	Cambridgeshire Community Services NHS Trust
CCSN	Community Children & Specialist Nurse
CDOP	Child Death Overview Panels conduct case reviews to help prevent further child deaths.
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.
CHART	Community Healthcare Alliance of Research Trusts engages with Research & Development leaders and research active staff and provides support from other CHART organisations, a place to share best practice, generate new research and innovation and present a collective voice to national bodies to influence and support future research.
CHUMS	Mental Health and Emotional Wellbeing support for Children, Young People and their families, with other services specifically supporting adults; Babyloss Bereavement Service and Bedfordshire Suicide Bereavement Service.
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.
DSPT	The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.
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.
ELFT	East London NHS Foundation Trust
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.
FCP	A first contact practitioner (FCP) is an experienced physiotherapist who has the advanced skills necessary to assess, diagnose and recommend appropriate treatment or referral for musculoskeletal (MSK) problems on a patient's first contact with healthcare services.
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.
FTSU	Freedom to Speak Up
GCP	Good Clinical Practice is the international ethical, scientific and practical standard to which all clinical research is conducted.
GPGR	Gender Pay Gap Report. The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce. Public authority employers must use a snapshot date of 31 March. They must report and publish their gender pay gap information by 30 March of the following year.
HSIB	Healthcare Safety Investigation Branch: the safety recommendations made by the HSIB aim to improve healthcare systems and processes in order to reduce risk and improve safety. HSIB is funded by the Department of Health and Social Care and hosted by NHS England and NHS Improvement.
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.
HLO	The High Level Objectives (HLOs) are the NIHR Clinical Research Network's (NIHR CRN) national, overarching annual objectives for research delivery in the NHS and other health and social care settings.
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.
LocSSIPs	Local Safety Standards for Invasive Procedures
LTC	Long term condition
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.
MSK	Musculoskeletal (MSK) Service supports patients with musculoskeletal conditions, i.e. problems with muscles, bones and joints.
NCMD	The National Child Mortality Database is an NHS funded programme, delivered by the University of Bristol, that gathers information on all children who die in England.
NHS	National Health Service
NHSE/I	NHS England and NHS Improvement
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.
OLM	Electronic staff training record.
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.
PI	Principal Investigator is the primary individual responsible for the preparation, conduct, and administration of a research grant.
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.
PPE	Personal Protective Equipment is equipment that will protect the user against health or safety risks at work.
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.
POMS	Patient Outcome Measures assess the quality of care delivered to NHS patients from the patient perspective.
QI	Quality Improvement
QR code	QR codes, first invented in 1994, are a type of square barcode which contain information such as a web address or a person's contact information.
RCA	Root cause analysis is a method of problem solving used for identifying the root causes of incidents, accidents, faults or problems.
RCN	Royal College of Nursing
RCPCH	Royal College of Paediatrics & Child Health
SAR	Safeguarding Adult Review
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.
SLT	Speech & Language Therapy
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.
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.
UPP	Universal Partnership Plus is the most complex health visiting offer. There are 4 levels, with safeguarding as a theme, outlining a continuum of support which children should expect from the school nurse: community, universal, universal plus, universal partnership plus.
VenUS-6	A randomised controlled trial of compression therapies for the treatment of venous leg ulcers. To investigate clinical and cost effectiveness of different compression treatments.
WDES	The Workforce Disability Equality Standard (WDES) is a set of ten specific measures which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff.
WRES	Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations and exists to ensure employees from black, Asian and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
WTE	Whole Time Equivalent

