Cambridgeshire Community Services NHS Trust

Norfolk Community Health and Care NHS Trust

Agenda item:	7.
Date of meeting:	24 September 2025
Report to the:	Group Trust Board
Title of report:	Group Integrated Governance and Performance Report
Report authors & Executive sponsors:	Group Executive Team
Recommendation:	Approve

Assurance level:	**Substantial** ☐ **Reasonable** ✓ **Partial** ☐ **Minimal** ☐
Rationale:	- Key evidence contained in this report and triangulation of this information with all Committee reports, particularly the Service Assurance Committees. - The recommendation of assurance from the Group Executive team. - Any action necessary from the rating and outcome required.

1.0 Executive Summary

1.1 This Integrated Governance and Performance Report (IGPR) brings together information, analysis and interrogation from the board committees to support the Group Board in overseeing the quality, performance, workforce and finance domains of the Trusts.

1.2 The report period relates to the period June and July 2025 and is structured:

- firstly with the feedback and escalation from each of the Service Assurance Committees;
- secondly a high-level view of key domains in each division across the Trusts, although this is currently in development;
- thirdly salient Trust wide information that the Group Board should be cognisant of, including how risks and issues are being managed.

2.0 How the report supports tackling Health Inequalities

2.1 The metrics for Equality Delivery System (EDS) are being monitored for delivery by the People Participation and Equalities Committee. Implementation of the Equality Delivery System will help the Trust to meet the requirements of the Public Sector Equality Duty (section 149) set out within the Equality Act 2010. The report contains various examples of how our services are addressing health inequalities, across the different systems in which we operate.

3.0 Links to Board Assurance Framework / Trust(s) Risk and Issue Registers

3.1 The report assesses the strength of assurance provided in relation to the Group's strategic risks on the Group Board Assurance Framework and operational risks scoring 15 and above.

4.0 Legal and Regulatory requirements

4.1 All Care Quality Commission Key Lines of Enquiry and fundamental standards of care are addressed in this report.

4.2 There were three NatPSA (National Patient Safety Alerts) received in this reporting period which were applicable to either CCS or NCHC. See section 1.7.1 of part three of the report.

5.0 Previous consideration by Committee or Executive

5.1 Group Trust Board Integrated Governance Report, 16 July 2025.

6.0 Assurance

6.1 The Group Executive recommends an overall rating of **REASONABLE** assurance:

7.0 Key Matters

7.1 The three Service Assurance Committees confirmed the following levels of assurance reported for the individual integrated governance reports:

- Luton and Bedfordshire Community Adult Services – **Substantial assurance**
- MSK Dynamic Health Services – **Substantial Assurance**
- MSK Services Norfolk – **Reasonable Assurance**
- Dental Healthcare – **Substantial Assurance**
- iCaSH Services – **Reasonable Assurance**
- Group Children & Young People (CYP) Integrated Governance Report - **Reasonable Assurance**
- Norfolk Adult Services – **Partial Assurance**

7.2 The key reports from the Service Assurance Committees (part one of this report) also include matters for the Board to note and examples of outstanding practice that were discussed at the meetings.

8.0 Key Risk Register:

8.1 At the end of the reporting period there 7 operational risks scoring 15 or above. These are detailed as follows:

NCHC

- **5275** – Financial risk / service delivery based on future national model stroke service (rated 20)
- **5522** – Use of third-party referrals system with no NCHC data sharing agreement / not on asset flow (rated 20)
- **5551** – Breach of wait time for Occupational Therapy Referrals (rated 15)
- **5553** – NN1 nursing team are unable to meet demand for nursing care due to reduced staffing capacity (rated 16)
- **5200** – Community Nursing Demand and Capacity – Trustwide (rated 16)
- **3326** – Cybersecurity (rated 16)
- **5320** – Non-achievement of efficiency target 2025-26 (rated 15)

8.2 All risks scoring 12 and above are received and reviewed by the Group Trust Board Committees including the Service Assurance Committees. The key matters and escalation reports identify any new and emerging risks in the reporting period.

9.0 Key Issues Register:

9.1 There were 4 issues scoring 4 (Major) on the issue register for CCS which are summarised as follows:

- three relate to children and young people services and have been discussed in detail at the Children & Young People's Service Assurance Committee.
- one relates to the reduced pharmacist and pharmacy technician cover across the Trust and is regularly reviewed and discussed at the Quality Committee.

10.0 Forward View for 2025/26

10.1 The future priorities for the Report, in the next period, will include:

- The key metrics & dashboards will be included in the November report following review and discussions at the Service Assurance Committees,
- Continued focus on the recurrent delivery of efficiencies and future schemes, managed through the efficiency programme gateway process,
- The continued development of the clinical and care strategy.

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Part One: Feedback, assurance and escalation from the service assurance committees

Key Matters and Escalation Report to the Group Trust Board

Name of Committee: Luton and Bedfordshire Adults & Older People Services and Ambulatory Care Service Assurance Committee
Chair: Anna Gill
Meeting Date: Thursday 11th September 2025

Key matters:
The Committee received a presentation from Martin Cragg, Quality and Continuous Improvement Lead/Highly Specialist Physiotherapist and Operational Lead – Huntingdon and Doddington locality. The presentation explained how dynamic health won hearts and minds of our staff in relation to implementing a digital solution in relation to lower back pain (FLOK Health).

The committee also received Integrated Governance Reports for the following:

Luton and Bedfordshire Community Adult Services – substantial assurance.

Key points:

- Staffing levels continue to be a good position. Overall resilience of service is evidenced by service reporting Opel 1 or 2 for June and the majority of July, with no need for escalation.
- Overall mandatory training levels above target, and appraisal rates just below target of 92% at 90.84%; this is an area of immediate focus for the service.
- Sickness rates, remain above target, but are decreasing and are at their lowest level for over 12 months. A key driver of this is the significant reduction in short term absence which now stands at just over 2%.
- Majority of incidents (89%) reported are low or no harm and a slight reduction in moderate harm incidents has been seen in both June (12) and July (9). No patient safety investigations or formal complaints during the reporting period.
- Successful deployment of wound care app, the app has been embraced by the team and over 4500 assessments have been completed to date. Too early to report on impact of the app, however, a more detailed report on outcomes will be presented to the next meeting in November.
- Finance plan on track and cost improvement plans for 25/26 have been identified, with a high level of these being non-recurrent.
- Assurance received in relation to the services inputting into the Bedfordshire, Luton and Milton Keynes system wide winter plan. Key actions identified and service confident of actions identified to support system flow over winter.
- Positive Friends and Family feedback above 96%
- Update on unscheduled care hub was given – the service continues to see a continuous rise in numbers using the service and are achieving aversion rates above 60%.
- CQC self-assessment ratings submitted, and ratings reviewed and agreed with the quality team.
- Significant improvement has been seen in outcome measures with less than 20% of metrics reporting red at the current time. This remains a focus for the team.

- An update on the services rough sleeper project was given and work in this area will be continuing. This will be developed into a patient story and shared at a future meeting. Really positive experience for both our staff and those receiving the service.
- Links continue to be made across both CCS and NCHC services to ensure learning is shared across our similar services.

Ambulatory Services Division:

- MSK Dynamic Health Services – **Substantial Assurance**
- Norfolk & Waveney MSK Services – **Reasonable Assurance**
- Dental Healthcare – **Substantial Assurance**
- iCaSH Services – **Reasonable Assurance**

MSK Dynamic Health Services and Norfolk & Waveney (NoW) MSK Services:

- Both services working well together and lots of sharing/learning taking place. Governance structure has been formalised, and the services had their first combined governance group meeting in August, chaired by the Deputy Director. Clinical Advisory Group also established.
- Focus in relation to winter planning related to flu vaccinations and dates and times for vaccinations have now been shared.
- All incidents reporting – no harm.
- An update was shared on the work that is taking place to ensure the service is proactively supporting patients whilst they wait. Current waiting times are:

    - Cambridgeshire and Peterborough
        - Generalist - average wait of 6-7 weeks
        - Specialist – average 3-4 weeks

    - Norfolk and Waveney:
        - General Physio – average 7.1 weeks
        - Specialist – average 5.4 weeks
        - Hand therapy – average 3.6 weeks
        - Foot and ankle biomechanics – average 10.4 weeks
        - 2 week waits - focused work being undertaken in relation to urgent referrals. Data cleansing currently taking place and additional urgent appointment have been made available. Findings to be reported in October 2025.

- Overall finance for both services are forecasted to be within budget. Additional work continues to take place to identify cost improvement plans for the NoW MSK service.
- Friends and Family positive responses above 98% for July for Dynamic Health (over 1,100 responses). Work currently taking place to increase the response rate for NoW MSK services as only 68 responses received with a 65% average score.

Dental Healthcare:

- 100% of incidents low or no harm during reporting period.
- Waiting list – Cambridgeshire and Peterborough special care dentistry – average 19 weeks; Suffolk special care dentistry – average 5 weeks; minor oral surgery – average 7 weeks.
- 1 formal complaint during reporting period. 98% positive friends and family feedback.

- Overall mandatory training 98% or above.
- High demand still being seen for urgent care across Cambridgeshire and Peterborough which the service is unable to meet; however, some additional slots have been commissioned for the Cambridge dental access centre.
- Sickness levels remain above Trust target (7.7% in July); however, assurance was given that all absences were being managed in line with Trust policy.
- Robotic process automation tool has been successfully rolled out in relation to managing minor surgery referrals.
- Flu vaccination planning underway for all staff.
- Financial performance on track for delivery during 25/26.
- Service has been successful in securing funding or part funding for several roles that complement substantive workforce and add extra resilience. In addition, foundation dentists and integrated care programme dentists have moved into substantive roles, and a Lead Dental Nurse has secured a new development post.

iCaSH:

- The service confirmed that the clinical review within the syphilis pathway had been completed. No individual clinical issues were identified.
- All incidents reported no or low harm.
- Planning for flu vaccinations for staff is underway and iCaSH deliver a model of staff vaccinators within each clinic.
- Overall, above 97% positive friends and family achieved in July and 1 formal complaint received in July.
- Service currently out to recruitment for several posts, which will support service pressures once appointed to, especially within the Peterborough service.
- Overall mandatory training at 98% for July and monthly sickness reporting for July in line with Trust target.
- Some key performance indicators remain below trajectory – Peterborough 'Long Acting Reversible Contraception' (LARC) access target – 62.34% in June and July 81.73% against a target of 90% - however this has significantly improved since last reporting period; Cambridgeshire LARC access target – 62.07% in June and 52.94% in July against a target of 90%. The % for this target is under review and is likely to reduce.
- Some financial challenges remain and conversations with commissioners continue as appropriate. In addition, an update was provided on contractual arrangements and processes in place with the service's different commissioners.

Key escalations:

There are no formal escalations to the Group Board, however, the committee would like the Group Board to be aware of:

- The significant contribution that support service colleagues from the estates, digital and finance teams in Norfolk Community Health and Care NHS Trust (NCHC) had given to the ambulatory care division over the past few months. The division wanted the Group Board to be aware of this.
- Safeguarding level 3 training continues to remain below target in some areas; however, improvement was being seen and assurance given that plans were in place to address this.

- Monthly sickness levels remain above target in Luton Adults and Dentistry Services, however, assurance given that all being managed in line with Trust policies.
- Most services showcased examples of where digital solutions were being rolled out and a strong learning culture was demonstrated across all services.

Key risks and issues:

No risks 15 plus.

Good practice or innovation:

- **Bedfordshire and Luton Community Adult Services –** The pulmonary rehabilitation service within Luton Adults Services has become one of only 30 in the country to be accredited by the pulmonary rehabilitation services accreditation scheme.
- **MSK Dynamic Health -** roll out of the FLOK low back pain pathway.
- **NoW MSK Services –** running super clinic days throughout August and September.
- **Dental Healthcare –** celebrating national smile month across all clinics.
- **iCaSH –** no ‘long acting reversible contraception’ waiting lists.

Key Matters and Escalation Report to the Group Trust Board

Name of Committee: Children and Young Peoples Service Assurance Committee
Chair: Anna Gill
Meeting Date: Tuesday, 09 September 2025

Key matters

Integrated Governance Report (IGR) key discussions:

Overall assurance rating: Reasonable.

- CCS Children & Young People (CYP) Integrated Governance Report provided reasonable assurance.
- Norfolk Community Health and Care (NCHC) CYP Integrated Governance Report provided assurance (a different grading system is utilised but will change)
- There was a discussion around the overall Reasonable rating given the long waits for Neurodevelopmental Disorder Services (NDD) in all three areas.
- There will be a review of the reporting metrics across CYP including more appropriate reporting of the waiting lists.

The Committee received and discussed:

Staff Story - an inspiring staff story from a Senior Wellbeing Practitioner from the Mental Health Support team. She spoke of the impact of her training on her ability to provide great care for Children and Young People (CYP) with mental health issues and how she was supporting the further training of the members of the team. She enjoyed her work immensely and gave examples of how her team improve the lives of children. The committee encouraged her to continue to develop the services.

Norfolk CYP Place based Performance Report:
Norfolk Community Health and Care Trust (NCH&C) do not grade assurance according to these levels; however, the Committee were **assured** on the delivery of the services.

- Long waits for NDD services remain, the under 5yrs clinic has had a positive response but the waiting list is still large.
- NDD assessments: 3539 children are waiting >52 weeks
- Complaints were mainly regarding NDD waiting times

- Looked after children's assessments are not meeting 20-day target due to long -term staff sickness, there is mitigation in place.
- Overall 18week RTT (Referral To Treatment) at 18.4% compliance, NDD 4.8% compliance

- One year extension to provide services for Mill Lodge has been agreed with the ICB (Integrated Care Board) which has challenges with staffing and finance.
- Alignment beginning for all Norfolk & Waveney (N&W) CYP access services Just One Norfolk / FYI digital platforms.
- Sickness absence at 5.4%, most of which is long term absence.

- Financial challenges around Agenda for Change uplifts not received from the ICB for Healthy Child Programme or Speech and Language services.
- Recurrent savings identified for the £333K CIP (Cost Improvement Plan) target.
- Three risks scoring 12, one will close this month.

Spotlight report on Paediatric Consultants Outpatient activity in NCHC

Missing 18-week RTT due to demand, appointment capacity and long-term absence. 576 children waiting for an appointment, but the trajectory is on an upward trend, expected to recover by December 25. Internal review of follow-up patients focusing on discharging patients where appropriate. Central Norwich Consultants supporting the West of Norfolk & Waveney. Consultant activity in NDD only for children under 5yrs old.

Spotlight report on Patient and Carer Experience and Involvement and Equality, Diversity and Inclusion for patients

The Committee heard about the NDD One Day Assessment clinics, the Children's waiting area project and the Keeping Fathers in Sight project.

NCHC Good Practice or Innovation

- Community Paediatricians flexing to support work generated by staff absence
- One day assessment clinics for NDD have positive feedback
- Starfish team trained and offering Positive Behaviour Support practice with families.

The CCS CYP Integrated Governance Report [Reasonable Assurance]:

- CCS lead for Peterborough Multi Agency Safeguarding Hub (MASH), Child Protection Medicals, and Children in Care from 01.08.2025. Difficulties around Paediatrician provision and mitigation is being planned.
- BLMK (Bedfordshire, Luton & Milton Keynes) ICB agreed to fund MASH services 6 months until March 26.
- Equipment supplier failed and an urgent Incident Management Team was set up; a new provider is in place, and the transition was supported well with considerable input and effort from staff
- C&P (Cambridgeshire & Peterborough) and BLMK ICBs have commissioned reviews of clinical pathways and services.
- There were no new Patient Safety Incident reports.
- Three issues scoring 4, with mitigations in place. There are 3 risks scoring 12 (two risks scoring 12 and 16 are corporate risks in relation to the Group-Merger).
- Universal services – improving trend in mandated visits welcomed by committee.
- Initial Health assessments within 20 days are achieved in 18% of cases- delays have been mostly due to non-attendance or lack of information from Social Care. Review visits at 91%.
- High demand and long waits for NDD assessments with 850 children in C&P and 3763 in BLMK waiting >52 weeks to see a Paediatrician.
- Demand for dietetics across C& P mitigated while the ICB undertakes a review.
- B&L Audiology have 300 children waiting >52 weeks to be seen.

- MHST FFT (Mental Health Support Teams Friends & Family Test) at 83.3% (some reported as neither good nor poor or don't know).
- Healthy Child Programme underspend in all areas by £355k total

CCS Good Practice or Innovation

- The Bedfordshire and Luton Community Eye Service was nominated for a Chief Allied Health Professions Officer (CAHPO) award for a project developed in response
  to post-pandemic referral surges.
- Norfolk & Waveney Speech & Language Therapy Service has been working in partnership with Complex Needs schools across N&W developing a new digital referral form which should make access easier and quicker.
- The Royal College of Speech and Language Therapy was commissioned by NHSE (NHS England) to undertake a project to explore the workforce implications of waiting lists. The service in Cambridgeshire submitted its model of working, which has been published as an example of how services are effectively tackling waiting times.

Key escalations

There are no formal escalations to the Board

The following items are for noting by the Group Trust Board:

- There are no PSIIs (Patient Safety Incident Investigations) to report.
- Mandatory training at Level 3 safeguarding continues to need improvement and plans are in place to encourage teams.
- Long NDD waiting times persist – CMO (Chief Medical Officer) to review reporting and assurance levels with the Directors of Service.
- Initial Health assessments are not achieving 20-day targets, and there are mitigations in place to improve this.
- Improving trends for mandated visits for CYP, there will be a national focus on the 2.5-year visits (achieving >80% presently).

Key Matters and Escalation Report to the Group Trust Board

Name of Committee: Norfolk Adults Service Assurance Committee
Chair: Njoki Yaxley
Meeting Date: Thursday, 11 September 2025

Key matters

Integrated Governance Report (IGR) key discussions:
Overall assurance rating: Partial
Quality: **partial,**
Operational: **partial**
Financial: **reasonable**

- The bed occupancy is 98% and the length of stay is improving and is now around 25days. 7-day cover from the operations teams has resulted in more patient more flow at the weekends, which has been positively received by the acute providers.

- There were 979 incidents – 94 % were low/no harm demonstrating a good reporting culture. Themes included identification and management of deteriorating patients, safeguarding escalations and transfer of care from system partners issues.

- Complaints have had 2 themes which centre around unallocated/deferred Community Nursing Team (CNT) visits and CNT access for palliative care patients. There have been no Patient Safety Incident Investigations (PSII).

- The 2-hour performance of UCR (Urgent Community Response) remains around 74% and has persistently done so now for several months, with around 1962 referrals monthly. There has been crossover between the UR and Community Nursing Teams with planned and unplanned work, with both helping each other. The pause in winter funding will impact on UCR development, which then in turn will impact on CNTs.

- UEC (Urgent Emergency Care) plans with the system include collaboration with UCCH (Unscheduled Care Co-ordination Hub) to create a single Virtual ward (VW). Additional ACPs (Advanced Clinical Practitioners) will be recruited to cover North and South VW and will end the inequity of the service across Norfolk as well as increasing capacity of the VW. A pilot will begin shortly in collaboration with IC24 (provide 111 services across Norfolk) to provide additional GP (General Practitioner) cover for the VW on a 7-day basis.

- Unallocated visits and the breakdown of these visits was discussed. We will look further at this with urgent vs non-urgent specification of referrals. There is daily review of those visits unallocated by the relevant teams. The Better for All programme did deliver triage and allocation training for teams. An issue is the lack of a safer staffing tool for Community Nursing. We need to and will stratify the risk and thresholds for this. The use of technology and digital solutions are needed to improve the understanding and bring through changes with tasks and care plans.

We will look to create a more data driven approach considering redesign of this process for improved impacts on patient care.

- Pressure Ulcer programmes of work continue led by the Pressure Ulcer Quality Specialist Group. There has been the introduction of a standardised pressure ulcer wound assessment template and associated risk assessment tools. The numbers of PUs has increased since this template has been introduced which demonstrates increased visibility in reporting. The eKARE camera and app are being considered as well as the Healthy.IO app that the team in Luton have had positive feedback about.

- The demand for management of Diabetes has risen for our teams. There has been increased demand for CNT support in the community for insulin provision. There is work being undertaken with our teams and the wider system and there is now an NNUH (Norwich & Norfolk University Hospital) Consultant and specialist nurse involved in reviewing insulin prescribing to create more sustainable patterns of insulin timings (e.g. Once daily vs 3-4 times daily).

- The Safeguarding report was discussed - work is ongoing both internally regarding care provision and reporting, and with the System regarding plans and shared learning. All referrals were categorised under neglect and acts of omission, specifically around wound and pressure area care. Mitigating actions are underway and were referenced in the report. We need to look further at where the Local Authority and where our Norfolk Adult Care Directorate has failed in care provision for patients. It was a good report with lots of actions planned. We will need to embed safeguarding issues with the Quality of our care in the IGR and discuss at each Assurance Committee meeting.

- Workforce issues are notable, particularly with sickness across Community Nursing Teams. Rostering issues are being reviewed presently with a view to putting actions in place to support during school holidays. We will look to create an OD (Organisational Development) plan for this.

- There is currently an overspend of £181k, mostly through the inpatient wards. There are now plans to mitigate the efficiency CIP (Cost Improvement Plan) targets that may not be achieved this year through non recurrent funding.

<u>Better for All programme closure</u>

- This large-scale programme ran for 18 months and has closed now with many of the schemes becoming BAU (Business as Usual). It was a data driven programme and the work and outcomes will not be lost as the oversight of the workplans now sit with the CDs (Clinical Directors). This was commended at the Assurance Committee.

Key risks and issues

- One risk (Risk 5200) scored 16 which is Community Nursing Demand and Capacity which was discussed at length in the meeting. Three risks had scores of 12, with plans in place.
- A risk to the Heart Failure Service was discussed as the ICB provided some innovation funding which ends in December. Dr Kavanagh to discuss with the ICB CMO (Chief Medical Officer) regarding the risk to services and the system.
- Increased referrals to dietetics was discussed as an ongoing issue.

Good practice or Innovation

- Continued improvement in the Waiting times for the Wheelchair services, which is a consistent improvement.
- Improvements have been seen in RTT in Dietetics and Speech and Language Therapy services.
- Initial work detailed through the safeguarding report demonstrates team working internally and with System Partners to improve reporting and care. There is an action plan in place, which is being worked through. There is much to do, and it has started well.
- Initiation of a standardised approach to reporting and management of Pressure Ulcers is underway and there is progress with the camera, and the team are looking at the app used successfully with our team in Luton.
- The Winter plan was welcomed and there are plans to collaborate with IC24 and NNUH despite the pause in growth funding.

Key escalations:

There were no formal escalations from the Committee to the Trust Board.

The following items are for noting by the Group Trust Board:

- There is an overspend of £181k mainly across inpatient areas.
- There were no PSIIs to report in this period.
- Unallocated CNT visits remain an issue.
- Increasing demand for CNTs to provide insulin in the community. Local and system work is ongoing.
- There are staffing sickness levels across CNTs which his being reviewed.
- More work will be undertaken regarding reporting of data and triangulation of this data with the quality of care that we provide.

Part Two: Balanced score cards for each division

(This section is currently under development and will be included in the next report)

Part Three - Themes across the organisations

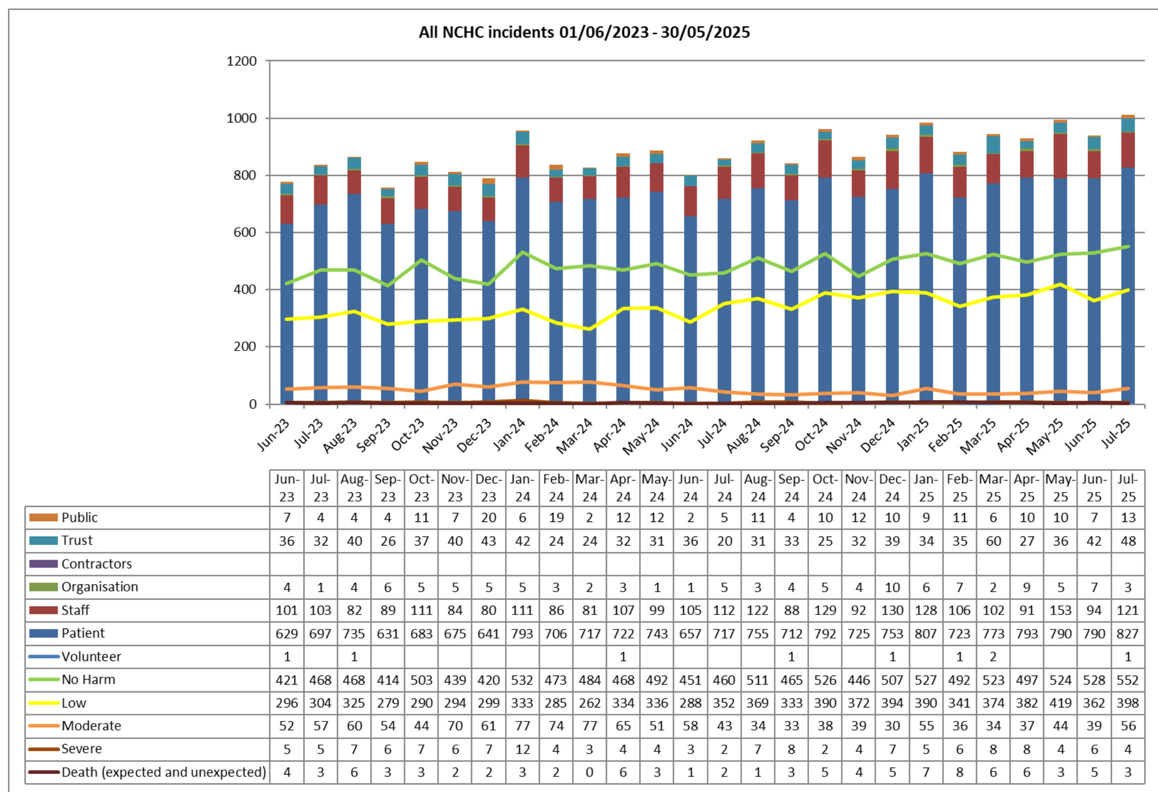
1.0 SAFE

Patient Safety Incidents are any unintended or unexpected incidents that could have or did lead to harm for one or more patient's receiving healthcare. Incidents that resulted in significant harm or had the potential to do so, are investigated using the formal Patient Safety Incident Investigation (PSII) process. This section provides an overview of reported patient safety incidents across the group during the reporting period, with a focus on the nature and severity of harm, emerging trends, and the outcomes of investigations undertaken.

1.1 Overview of all incidents across NCHC (Norfolk Community Health and Care Trust) and CCS (Cambridgeshire Community Services NHS Trust) across a two-year period.

1.1.1 The graphs shown below (graph 1 and 2) provide an overview of the incident profile for both Trusts. These show a steady profile of incidents being reported, with the majority being in the no and low harm category. The volume and type of incidents is different reflecting the type and volume of patient interactions across the two trusts different portfolios.

Graph 1 NCHC Incident Profile



	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Public	7	4	4	4	11	7	20	6	19	2	12	12	2	5	11	4	10	12	10	9	11	6	10	10	7	13
Trust	36	32	40	26	37	40	43	42	24	24	32	31	36	20	31	33	25	32	39	34	35	60	27	36	42	48
Contractors																										
Organisation	4	1	4	6	5	5	5	5	3	2	3	1	1	5	3	4	5	4	10	6	7	2	9	5	7	3
Staff	101	103	82	89	111	84	80	111	86	81	107	99	105	112	122	88	129	92	130	128	106	102	91	153	94	121
Patient	629	697	735	631	683	675	641	793	706	717	722	743	657	717	755	712	792	725	753	807	723	773	793	790	790	827
Volunteer	1		1								1					1			1		1	2				1
No Harm	421	468	468	414	503	439	420	532	473	484	468	492	451	460	511	465	526	446	507	527	492	523	497	524	528	552
Low	296	304	325	279	290	294	299	333	285	262	334	336	288	352	369	333	390	372	394	390	341	374	382	419	362	398
Moderate	52	57	60	54	44	70	61	77	74	77	65	51	58	43	34	33	38	39	30	55	36	34	37	44	39	56
Severe	5	5	7	6	7	6	7	12	4	3	4	4	3	2	7	8	2	4	7	5	6	8	8	4	6	4
Death (expected and unexpected)	4	3	6	3	3	2	2	3	2	0	6	3	1	2	1	3	5	4	5	7	8	6	6	3	5	3

1.2 NCHC Patient Safety Incidents

1.2.1 Within the reporting period of June and July 2025 there were no 'Never Events' identified, with one new Patient Safety Incident Investigation (PSII) commissioned. The new PSII relates to a concern around treatment within a patient's home and is on course to be completed by the end of September 2025. Two other PSII's continue to progress as planned.

1.2.2 No Serious Incidents (SI's) or national PSII's were submitted for closure to the local Integrated Care Boards (ICB's) during the period.

1.2.3 Duty of Candour (DoC) compliance remains at 100%. A joint project between CCS and NCHC is being completed to align process and policy, alongside a staff information guide to support duty of candour conversations.

1.2.4 Across the 2-month period a total of 1869 Incidents were reported as follows:

- 8 severe harm incidents (0.4% of total reported incidents)
- 88 moderate harm incidents (4.7%)
- 749 low harm incidents (40%)
- 1016 no harm incidents (54.9%)

1.2.5 No harm and low harm incidents account for 94.9% of total incidents reported. All incidents continued to be reviewed at Place level to identify any emerging themes. These themes are then addressed at Place level or escalated via Learning Huddle, Safety Group or Norfolk Assurance and Improvement Group. Current themes identified in this manner are under review and action.

1.2.6 Medication and prescribing issues on transfer from acute to community services are escalated to the Discharge team at Norfolk and Norwich University Hospitals Trust to understand the issues and support improvements are already underway.

1.2.7 Training is now being rolled out for patients requiring transfer to hospital needing Tiemann tipped catheter insertion. The Standard Operating Procedure (SOP) has been updated so that this can support patients in the community. Hospital transport delays are being managed in liaison with the ICB as the commissioner and the transport provider Health Transportation Group (HTG-UK).

Table 1 All incidents June and July 2025 by degree of harm

Month	No Harm	Low	Moderate	Severe	Death (Expected)	Total
Jun-25	480	362	39	4	5	890
Jul-25	536	387	49	4	3	979
Total	**1016**	**749**	**88**	**8**	**8**	**1869**

Severe Harm Incidents

1.2.8 There were 8 severe harm incidents reported across the reporting period.

- 4 related to a deterioration in an existing pressure ulcer (either category 3 or unstageable) to a category 4 wound. Where required and indicated After Action Reviews (AAR) have been completed and action planned at the Pressure Ulcer Learning Group.

- 1 incident related to the development of a category 4 pressure ulcer secondary to a required hand splint. The splint was fitted outside of NCHC care and following review by the Occupational Therapists and removal of the splint the ulcer has fully healed. The incident has been shared with the relevant care organisation to support learning

- 1 related to a patient who developed a category 4 pressure ulcer outside of NCHC care. Whilst the incident occurred while the patient was not under NCHC care lessons have been learnt about supporting patients who are not concordant with care and treatment plans. This work has been supported by the NCHC Safeguarding team

- 2 patients sustained fractures following falls within the in-patient environment (one on rehab ward, one on specialist rehab ward). Both incidents occurred over night in the early hours of the morning. Neither patient was identified with any cognitive impairment, however neither patient used their call bell to request assistance. SWARM reviews were completed immediately following the incidents with no initial learning identified. Both incidents are now subject to After Action Reviews which will be presented at Falls Quality Improvement Group and any learning shared.

Moderate Harm Incidents

1.2.9 There were 88 moderate harm incidents reported in June and July of these the top three themes were:

- 27 related to development of a category 3 pressure ulcer whilst under community services. All cases are reviewed in Place and any local learning is shared. Where further review is required, an After-Action Review is completed, and learning is shared via the Pressure Ulcer Improvement Group. An area for improvement identified is in the continuity of clinician visiting which is often difficult when balanced against the pressure of unallocated visits and high number of red line visits. This learning is being considered across all Places

- 26 related to patients deteriorating and requiring transfer into acute hospital from in patient areas. All of these incidents have been reviewed at the internal Learning Huddle and following discussion the harm level subsequently lowered. Many areas of good practice have been identified, evidencing the impact of the

additional training sessions that were offered to ward based via the Deteriorating Patient study days. Further review is under way within Intermediate Care and Urgent Community Response (ICUCR) to assess the perceived increase in acuity of patients currently being transferred into the Trusts in patient areas. This work will include audits already completed via the Deteriorating Patient Group and will triangulate all relevant data. The findings will initially be shared via the Norfolk Adults Assurance Group

- 10 moderate harm incidents were patients requiring admission to acute hospital from home (following review by community services). Each case has been reviewed at Learning Huddle and areas of good practice have been shared.

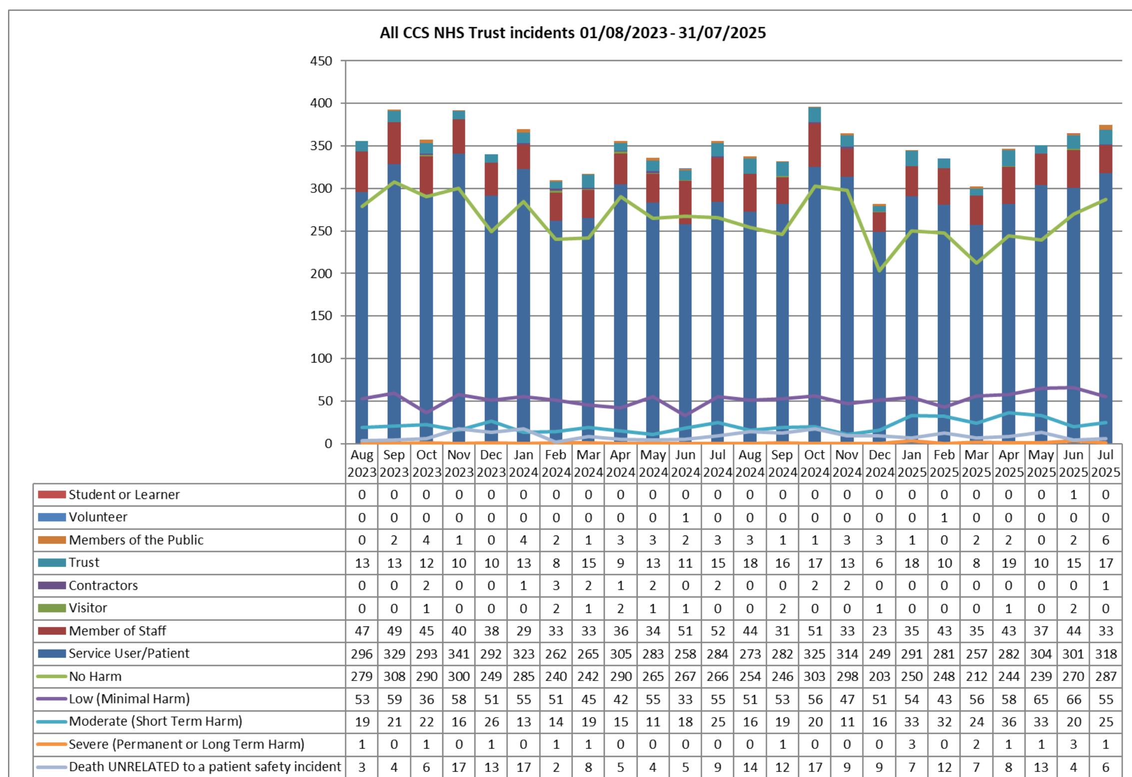
1.2.10 11 incidents were reviewed via Learning Huddle, the learning from these reviews was specific to the service or event, rather than trust wide thematic learning. This is all discussed, and action taken in Place as required.

Low Harm Incidents

1.2.11 The remaining 227 incidents were recorded as Low Harm. All incidents are reviewed at a team level and any local learning shared.

1.3 CCS Patient Safety Incidents

Graph 2 CCS Incident Profile



	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025
Student or Learner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Volunteer	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0
Members of the Public	0	2	4	1	0	4	2	1	3	3	2	3	3	1	1	3	3	1	0	2	2	0	2	6
Trust	13	13	12	10	10	13	8	15	9	13	11	15	18	16	17	13	6	18	10	8	19	10	15	17
Contractors	0	0	2	0	0	1	3	2	1	2	0	2	0	0	2	2	0	0	0	0	0	0	0	1
Visitor	0	0	1	0	0	0	2	1	2	1	1	0	0	2	0	0	1	0	0	0	1	0	2	0
Member of Staff	47	49	45	40	38	29	33	33	36	34	51	52	44	31	51	33	23	35	43	35	43	37	44	33
Service User/Patient	296	329	293	341	292	323	262	265	305	283	258	284	273	282	325	314	249	291	281	257	282	304	301	318
No Harm	279	308	290	300	249	285	240	242	290	265	267	266	254	246	303	298	203	250	248	212	244	239	270	287
Low (Minimal Harm)	53	59	36	58	51	55	51	45	42	55	33	55	51	53	56	47	51	54	43	56	58	65	66	55
Moderate (Short Term Harm)	19	21	22	16	26	13	14	19	15	11	18	25	16	19	20	11	16	33	32	24	36	33	20	25
Severe (Permanent or Long Term Harm)	1	0	1	0	1	0	1	1	0	0	0	0	0	1	0	0	0	3	0	2	1	1	3	1
Death UNRELATED to a patient safety incident	3	4	6	17	13	17	2	8	5	4	5	9	14	12	17	9	9	7	12	7	8	13	4	6

1.3.1 One Patient Safety Incident Investigation (PSII's) was commissioned in June 2025. The PSII related to the iCaSH service and a subcontracted provider. No PSII's were commissioned in July 2025.

1.3.2 No 'Never Events' were declared in either June or July 2025.

1.3.3 No Serious Incidents (SI's) or national PSII's were submitted for closure to the local Integrated Care Boards (ICB's) during the period.

1.3.4 On the 1 August 2025 CCS were notified that 'NRS Healthcare', would no longer be operating in the Cambridgeshire and Peterborough area as the main provider of children and adults specialist equipment, and this would now be Medequip Integrated Community Equipment Services. The Trust set up an incident management meeting to support this transition, as the equipment processes for children had not been prioritised within the contract change. The CCS therapies team have worked tirelessly to ensure all children that needed equipment to start school in early September, have received everything they need, and have risk assessed the needs of children waiting for equipment for their homes. Those children assessed as having urgent need, have now had all their equipment ordered, the next steps will be ensuring children on other parts of the waiting list have had an order raised. CCS have made several escalations during this process to the ICB and Peterborough County Council (who hold the contract). The Trust has also supported parents and family member through regular communications.

1.3.5 Action plans on previously submitted SI's/ PSII's continue to be reviewed and support to make improvements identified from actions is provided. There are no overdue actions.

1.3.6 A total of six review responses were commissioned by the Safety Huddle in June 2025, two of which had a safeguarding element. Eleven review responses were commissioned in July 2025, two of which had a safeguarding element.

Table 2 (degree of harm, patient safety incidents under CCS care)

Month	No Harm	Low	Moderate	Total
June 2025	162	21	6	189
July 2025	163	18	4	185
Grand Total	**325**	**39**	**10**	**374**

1.3.7 Nine moderate harm incidents (whilst under the Trust's care) were reported, which is a decrease of 16 incidents on the previous two-month period.

1.3.8 All of these incidents were reported under the Luton Adult Service and all related to preventable wounds. The decrease has been identified at the Safety Huddle and is being monitored via the Community of Practice for Preventable Wounds with monthly thematic reports being provided.

1.3.9 Moderate/high harm incidents, whilst the person is under the care of the Trust, require the application of the statutory Duty of Candour. Of the nine moderate harm incidents reported in the 2-month period of June

and July 2025, eight have had the statutory Duty of Candour completed. The final incident, related to pressure ulcer deterioration as the patient deteriorated and died and therefore Duty of Candour was considered not to be appropriate.

1.4 Thematic review of specific incident categories:

NCHC Falls incidents

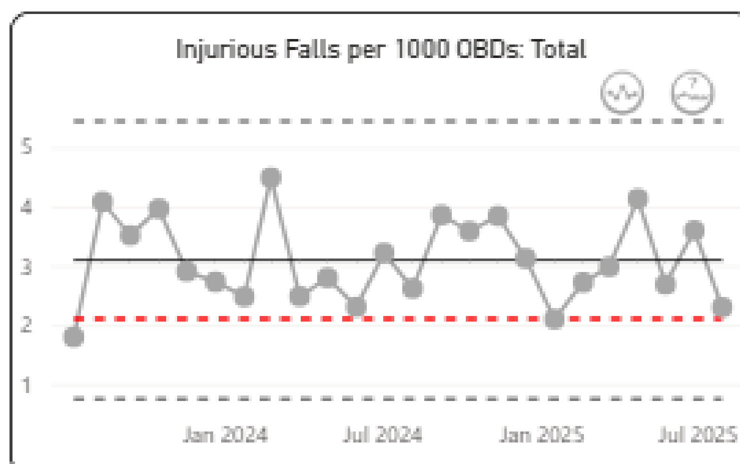
1.4.1 Trust injurious falls per 1,000 occupied bed days (OBDs) remain slightly above threshold but have fallen below the mean monthly average. Temporal analysis over the past year demonstrates all units experiencing fluctuations in falls rates, which is driven by the requirement to promote activity to ensure patients are fit to move safely and reduce hospital-acquired deconditioning in a frail patient cohort.

1.4.2 The Trust holds three falls focussed forums per quarter where system partners are in attendance. These include Inpatient Falls Champions Forum, Community Falls Champions Forum and the Trust-wide Falls Quality Improvement Group which feeds into Safety group. At each of these meetings, incidents, including After Action Reviews, themes, quality service improvement and guidance updates are discussed, with relevant actions being set and monitored.

1.4.3 The groups are currently focussing on three key areas:

- Review and impact of the newly published NICE guidance for Falls associated to community and inpatient pathways.
- Urgent Care Falls Response, including long lie pathways and head injury management
- Exploration and collation of community falls data with business intelligence, specifically population health management data, to support pathway redesigns with system partners.

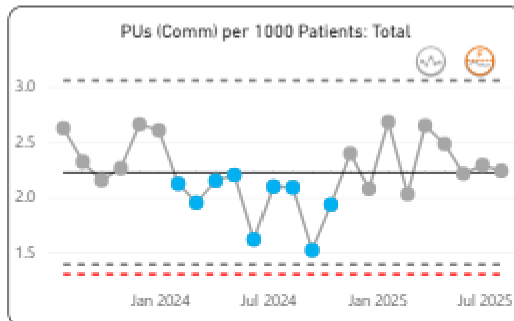
SPC Chart 1 Injurious falls



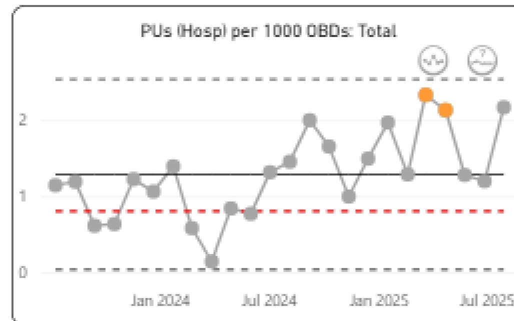
NCHC Pressure Ulcers

1.4.4 Reported pressure ulcers across NCHC remain over threshold. July's data has seen a marked increase of reported pressure ulcers from inpatient units. This coincides with the alignment and introduction of the standardised pressure ulcer wound assessment templates and associated risk assessment tools currently used within community nursing and therapy teams. Inpatient data continues to be reviewed to support identification of pressure damage on admission and identify opportunities to work collaboratively with partners to support and improve patient safety.

SPC Chart 2 Community Patients



SPC Chart 3 Hospital patients



1.4.5 **Actions and mitigations:**

- Pressure Ulcer Quality Specialist Group is responsible for identifying required actions to align pressure ulcer clinical pathways to the National Wound Care Strategy
- A working group continues to develop a project utilising an eKare 3D/4D camera and app to support accurate assessment and documentation.
- An initial meeting with colleagues within CCS has occurred to explore the adoption of Healthy.io. The adoption of technology software to support a digitised approach to wound care will provide standardisation, enhance safety and efficiency improvements.
- Implement required changes to training, Datix, Policy and SystmOne to reflect the National Wound Care Strategy clinical categorisation recommendations. Implement Purpose T risk assessment tool with comprehensive training package and associated changes to policy and SystmOne.

Palliative Care in patient -pressure ulcer care

1.4.6 Data from January 2025 to July 2025 for pressure ulcer rates per 1,000 occupied bed days at Prescilla Bacon Lodge shows a general upward trend in rates from March 2025 onward. Palliative and end of life care patients are at higher risk of pressure ulcers due to general deterioration of the skin and reduced mobility so there are elevated levels compared with other services which will fluctuate monthly due to different patient cohorts. There are some inconsistencies in the way the team assess and document wounds. The Tissue Viability Service are providing additional training and support for the team. Care plans and assessment tools being updated to be consistent with other NCHC services. There is a staffing model review included in the palliative care review programme to release registered nurse time to support pressure ulcer assessment and care.

CCS NHS Trust Pressure Ulcers and Moisture Associated Skin Damage (Luton Adults)

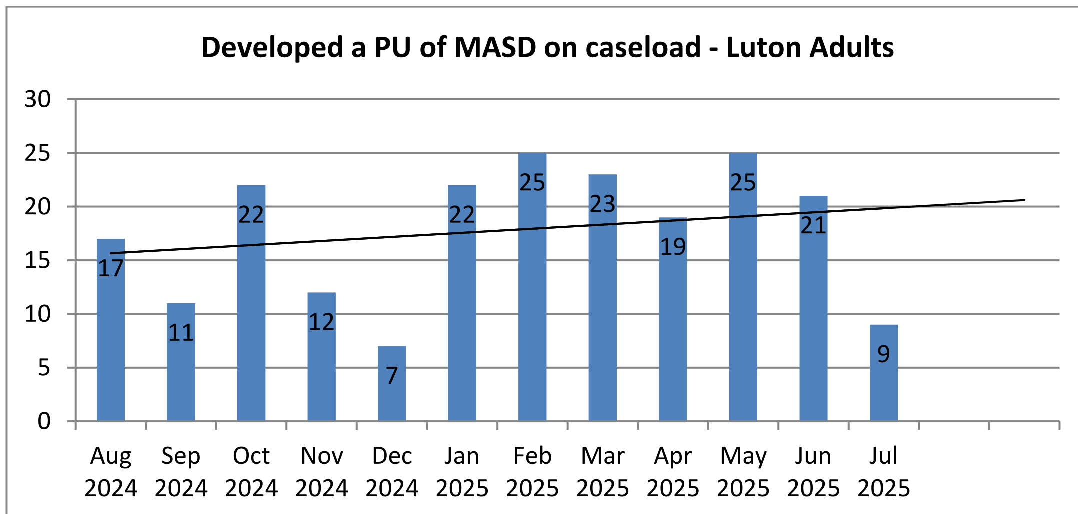
1.4.7 All Pressure Ulcers and Moisture-Associated Skin Damage (MASD) are reported under the Clinical Assessment and Treatment category, both for those acquired on and off caseload. Under this category, 76 related to ‘developed Pressure Ulcers or MASD’ with 73 being under the Luton Adults Service. A further 26 incidents related to patients who ‘acquired a skin tear’, all of which are deemed to be off caseload and are ‘happened upon’ incidents.

1.4.8 Of the Luton Adults 73 incidents, 30 (41%) were deemed to have occurred whilst the patient was on active caseload

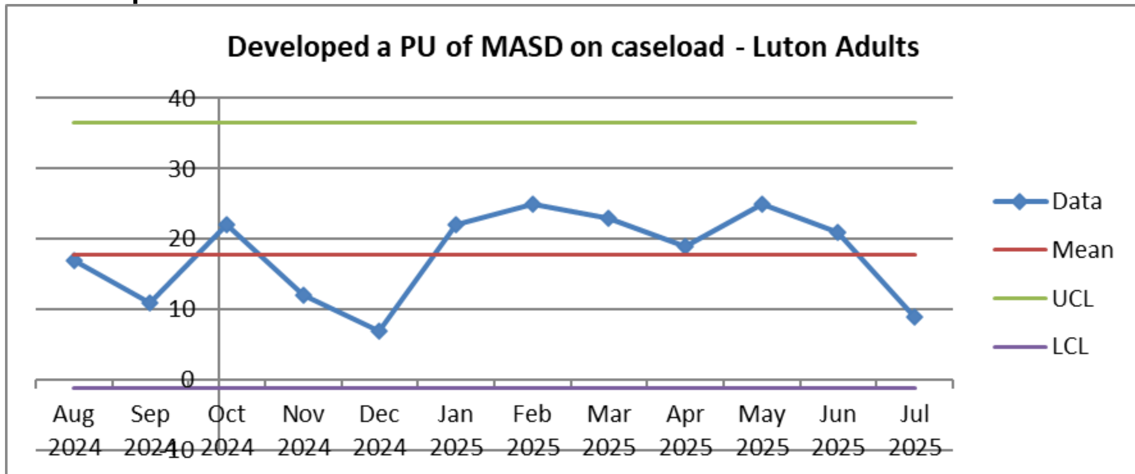
1.4.9 The trend for reporting of Pressure Ulcer incidents occurring for those patients on caseload has indicated a decrease in June and July 2025 (graph 3) however, the forecast is for reporting rates to be around 20 per month. Graph 3 shows that reporting rates remain within acceptable parameters. The overall mean reporting rate per month is 17.75 per month.

1.4.10 The Preventable Wounds Community of Practice receive a monthly thematic review of all grades 3 and 4 Pressure Ulcers to identify emerging themes and further learning for wounds that the subject experts consider to be preventable. The wound care app ‘Minuteful for Wounds has been implemented and data captured to measure outcomes in care and efficiencies.

Graph 3



Graph 4



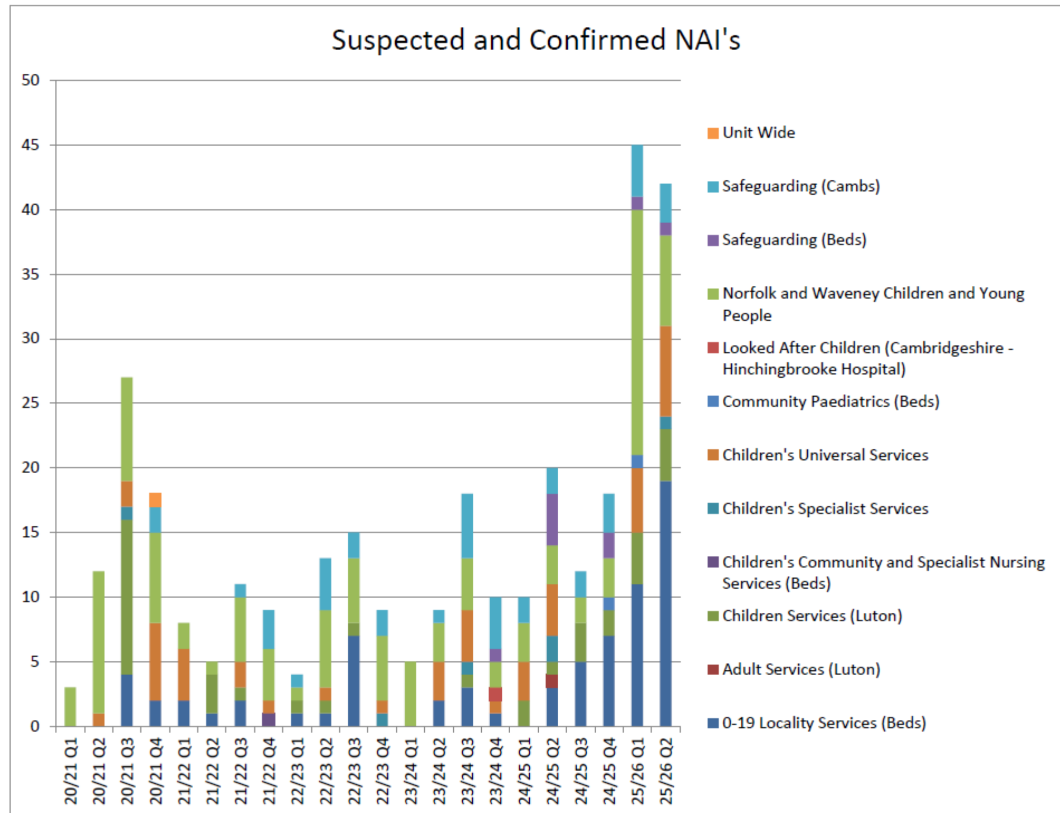
CCS NHS Trust Non-Accidental Injuries

1.4.11 CCS has identified previously through the Patient Safety & Incident Response Framework (PSIRF) that the number of reported possible non-accidental injuries has risen substantially and that this is evidenced across all the localities (see Graph 5).

1.4.12 A workstream has commenced to undertake actions to support communications messaging, training and safeguarding process adherence internally.

- Norfolk & Waveney ICB has agreed to support a health summit to consider learning and adaptive approaches needed across the system.
- Cambridgeshire & Peterborough ICB have begun to review and rewrite the medical assessment pathway, and this is being supported by the Named Professional from CCS.
- Bedfordshire & Luton ICB has begun discussions about ways in which the health system can be involved in adapting to the increase in reporting of non-accidental /possible non-accidental injuries.
- All localities have been responding to the issue of preventable injuries which are an identified theme arising within the reporting and therefore increased focus has been on developing mechanisms to deliver messages to parents at key times around accident prevention on the website, through ICON messaging and developing of webinars for parents.

Graph 5 Suspected and Confirmed NAI's



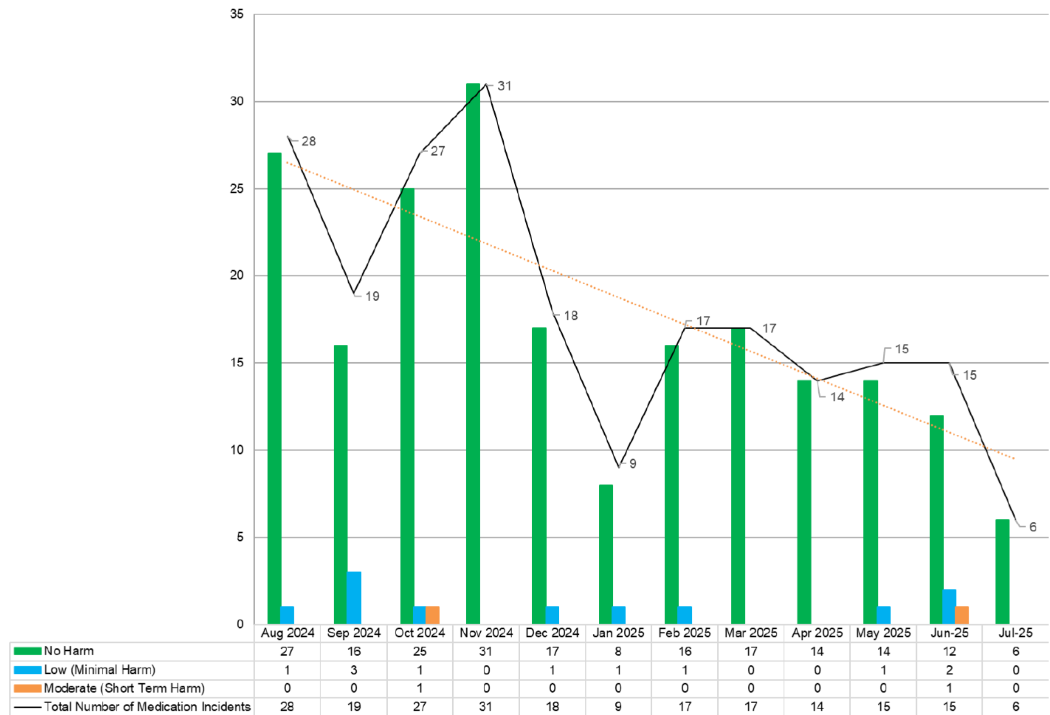
1.5 **Medicines Optimisation**

1.5.1 The Medication Safety and Governance Group (MSGG) in CCS and the Medicines Optimisation Working Group (MOWG) in NCHC ensure integrated governance arrangements are in place for medication safety across the Group. Incidents are reviewed, and actions provide a high degree of assurance of collaborative efforts to ensure outstanding care continues to be provided to service users. We encourage reporting of incidents involving medicines and the data would support that we are a high reporting, no/low harm organisation.

CCS Medicines incidents

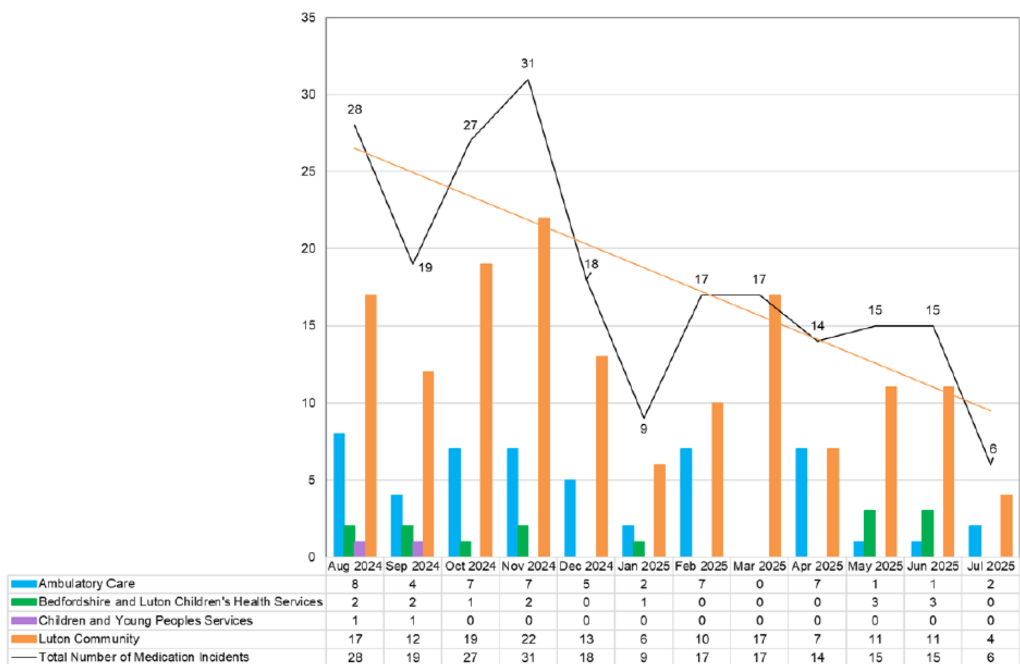
1.5.2 There were 21 medicines-related incidents reported during June and July 2025 (18 of which were no harm, 2 of which were low harm and 1 of which was moderate harm).

Graph 6: Number of Medication Incidents and Degree of Harm (August 2024-July 2025



	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun-25	Jul-25
No Harm	27	16	25	31	17	8	16	17	14	14	12	6
Low (Minimal Harm)	1	3	1	0	1	1	1	0	0	1	2	0
Moderate (Short Term Harm)	0	0	1	0	0	0	0	0	0	0	1	0
Total Number of Medication Incidents	28	19	27	31	18	9	17	17	14	15	15	6

Graph 7: Total number of incidents reported by Directorate per month (August 2024-July 2025)

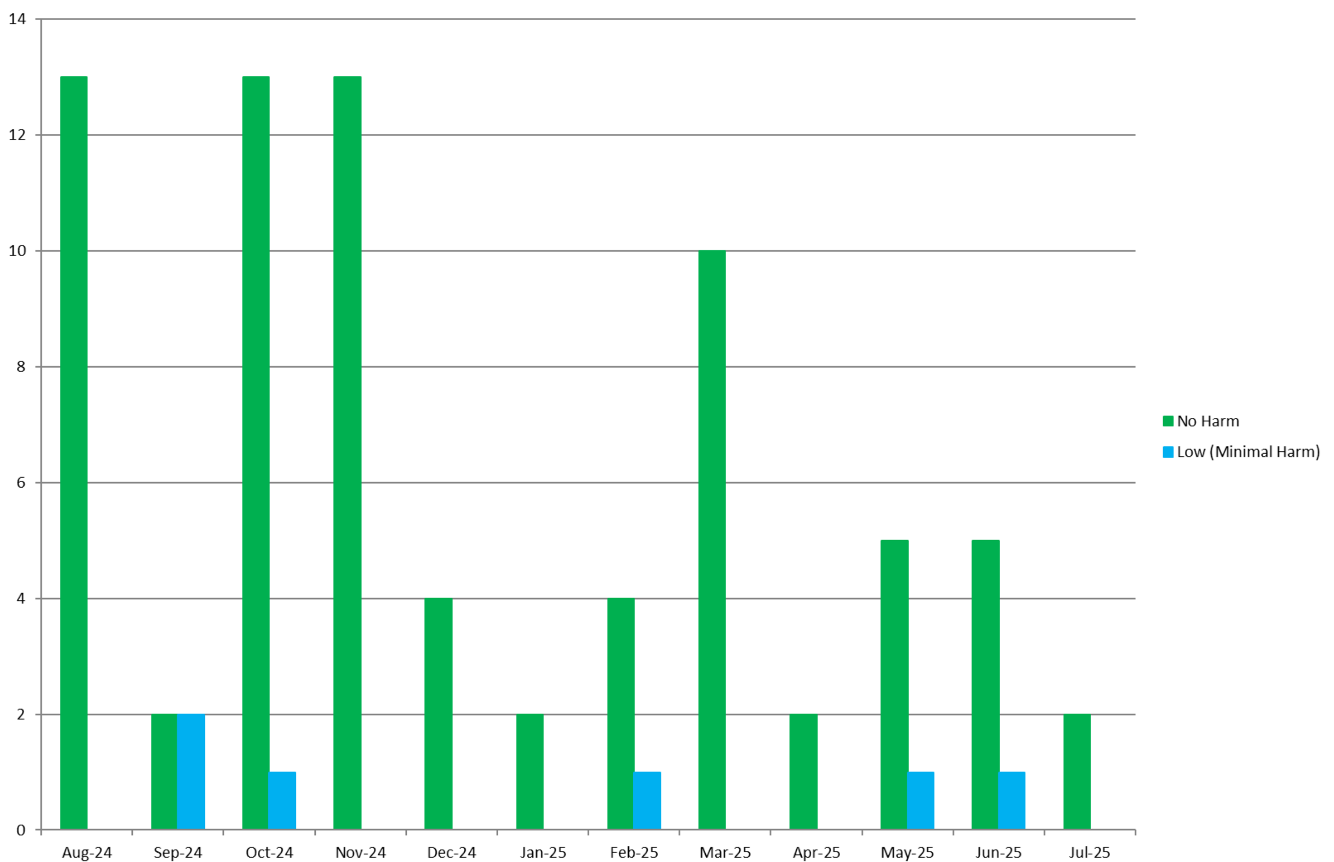


	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025
Ambulatory Care	8	4	7	7	5	2	7	0	7	1	1	2
Bedfordshire and Luton Children's Health Services	2	2	1	2	0	1	0	0	0	3	3	0
Children and Young Peoples Services	1	1	0	0	0	0	0	0	0	0	0	0
Luton Community	17	12	19	22	13	6	10	17	7	11	11	4
Total Number of Medication Incidents	28	19	27	31	18	9	17	17	14	15	15	6

1.5.3 Graph 6 shows that most incidents are of low or no harm. There were no severe harm incidents. Graph 6 shows that majority of incidents reported are from Luton Community Nursing services.

1.5.4 Medication incidents involving insulin are monitored by the Insulin Data Oversight Group and reviewed by the Clinical Leads, and at the Luton Quality and Risk Meeting. Graph 7 demonstrates that the number of incidents during the reporting period has remained stable compared to the previous 2-month period.

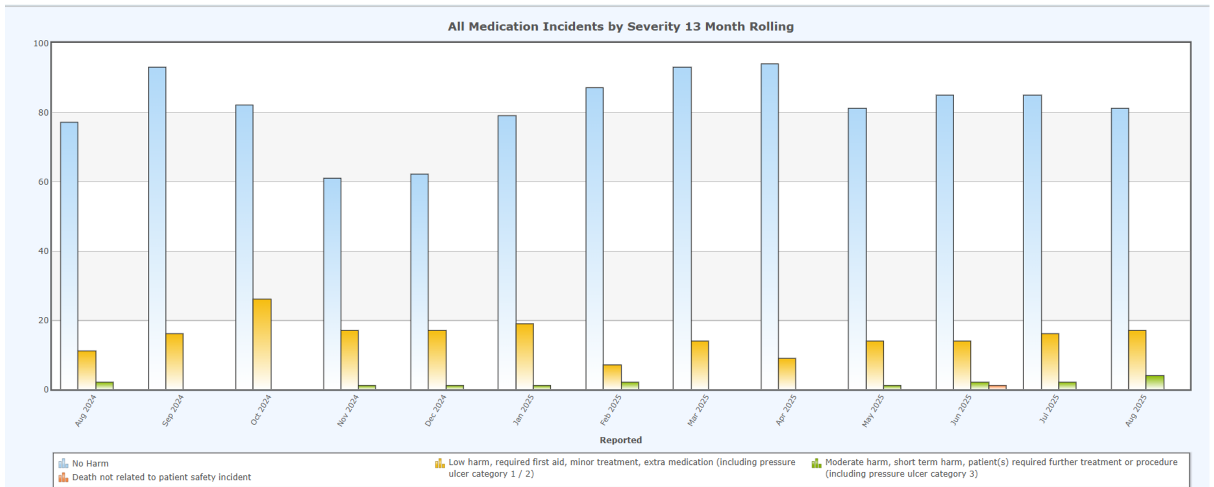
Graph 8: Number of incidents involving insulin reported under CCS care and their level of harm (August 2024-July 2025)

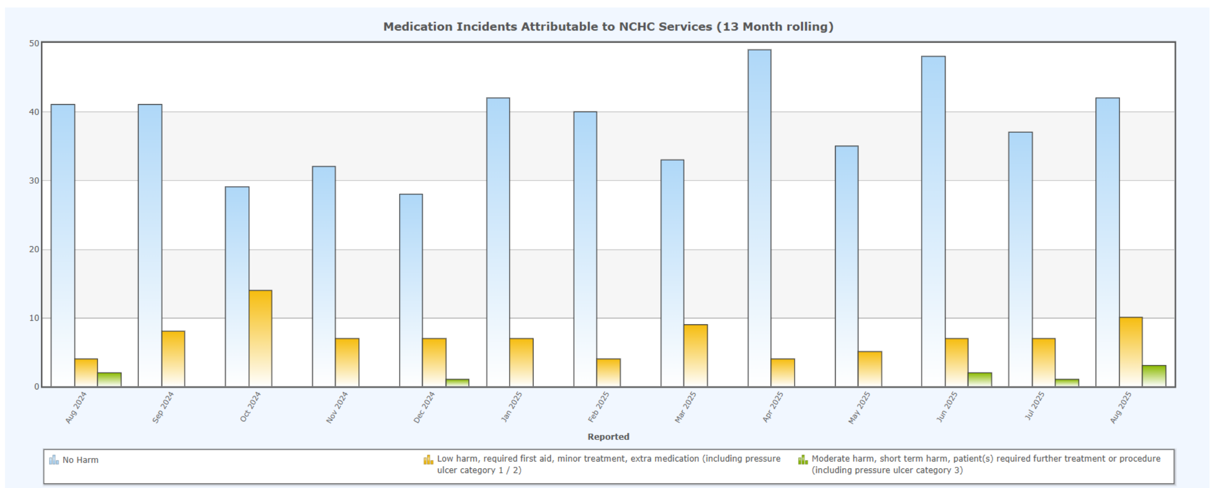


NCHC Medicines Incidents

1.5.5 There were 205 medicines related incidents reported during June-July 2025 (170 no harm, 30 low harm, 4 moderate harm and 1 death not related to patient safety incident). Of these incidents 102 were considered attributable to NCHC (85 no harm, 14 low harm, 3 moderate harm).

Graph 9: Number of Medication Incidents and Degree of Harm (August 2024-August 2025)





Graph 10: Number of incidents involving insulin reported under NCHC care and their level of harm

1.5.6 All incidents are reviewed locally, and information is shared to identify any learning and themes through an organisation-wide learning (OWL) email.

1.5.7 **Themes of Medicines Incidents in NCHC:**

- Medicines omitted or delayed
- Wrong dose medication given.
- Syringe driver incidents
- Administration of insulin

1.5.8 Incidents are also reviewed on a Trust wide basis by the Medicines Safety Officer and a medicines safety report is developed every two months.

1.6 Violence Prevention and Reduction Standard

1.6.1 NCHC and CCS are working collectively to meet the requirements of the Violence and Aggression Standards. In this period DATIX has been updated in both trusts to ensure reporters can choose to report if a protected characteristic factored in the incident. This will enhance monitoring and analysis of the data. Additionally, both Trusts have met with staff side colleagues to bring together an action plan that met the needs of both organisations, this will be reported through the Health and Safety processes.

NCHC Violence and Aggression towards staff data

1.6.2 There were 41 Incidents reported which affected staff

1.6.3 An overview of Health and Safety (H&S) related incidents, which include the Abuse category, are provided for the previous quarter at the H&S Committee. Teams are also given the opportunity to discuss specific incidents during their quarterly local H&S place meetings. A designated representative from the Place provides an update to the Committee on subjects such as what's going well, escalation and areas to focus.

1.6.4 To ensure staff are supported appropriately, the incident lead (usually manager/ clinical lead) is required to liaise with the incident reporter/ staff member involved to ensure their wellbeing. Staff members may also take time after an event to debrief and receive support.

1.6.5 Mitigation options are available such as requesting enhanced care support, specialist input (e.g. mental health team) and security provision. Internal controls such as utilising ward side rooms or double up visits in the community are utilised as needed. The H&S team attend multidisciplinary team meetings regarding specific patients, where an incident has or could occur, to provide advice guidance to teams locally on all manner of H&S related issues.

1.6.6 The data demonstrates that the number of reported incidents is increasing. This is likely to be due to increased staff awareness of the reporting system, mitigation options and wellbeing support that is available through the Trust. In addition, the increased number of reported incidents are likely due to the complexities of the patient cohort and increased public frustrations around the healthcare systems

(particularly delays and waiting times) and cost of living which is resulting in poor behaviours of violence and aggression being channelled towards healthcare workers.

Table 3 Number of incidents by abuse type for two months

Category	Total
Bullying	0
Other	1
Physical Assault	9
Physical Outburst	3
Racial Harassment	1
Racial Outburst	2
Sexual Harassment	4
Verbal Abuse	13
Verbal Outburst	8

CCS NHS Trust Violence and Aggression towards Staff Incidents

1.6.7 Table 4 below shows reporting themes for the last two months and number of cases.

1.6.8 A full review of violent and aggressive incidents from this year was discussed at the Health and Safety Group. Additional actions include ensuring incidents are reviewed by a small group of experienced reviewers sensitive to the nature of the incident and the effect on staff, and ensuring circulation of reports is restricted.

Table 4

Category	Total
Bullying (service user to staff)	1
Distressing phone call	3
Physical assault	3
Racial harassment	1
Unacceptable behaviour	16
Verbal abuse	6

1.6.9 In addition to the 'degree of harm' caused by an incident, 'Staff Safety and Wellbeing Impact' scoring has been added to the datix incident report form for incidents affecting staff. This will enable resources and support to be targeted and specific to affected areas, The scoring ranges from no impact to severe impact:

- No Impact - No harm, no distress, staff unaffected or minimal inconvenience. No follow up needed.
- Minor Impact - Minor distress or discomfort, no time off work needed. Short-term impact managed locally.
- Moderate Impact - Noticeable stress or minor physical harm. May require short-term support or minimal time off work.
- Significant Impact - Significant emotional distress or physical injury. Time off work required or formal occupational health

referral.
- Severe Impact - Severe or long-term physical/psychological harm. Prolonged absence or permanent change to working ability.

1.7 **National Patient Safety Alerts (NatPSA)**

1.7.1 Three NatPSA alerts were received in this reporting period which were applicable to either CCS or NCHC. These have been shared with relevant services and mitigating action in place as per the alert.

- NatPSA/2025/004/MVA Shortage of Antimicrobial Agents used in Tuberculosis Treatment
- NatPSA/2025/003/DHSC Shortage of bumetanide 1mg tablets
- NatPSA/2025/002/UKHSA Potential contamination of non-sterile alcohol-free skin cleansing wipes with Burkholderia spp: measures to reduce patient risk

1.8 **Safer Staffing**

NCHC Safer Staffing: Inpatient Units

1.8.1 Care Hours Per Patient Per Day (CHPPD) indicates the difference between patient demand (from acuity and dependency) and the available staffing in the inpatient teams. NCHC has implemented refreshed metrics and ratings in late 2024 and is promoting consistent adoption to ensure dependable scoring outputs (table 5 and 6). In future reports this data will be provided in a 12-month rolling heat map enabling trends between wards and months to be highlighted.

1.8.2 Actual CHPPD is higher in the specialist units reflecting the lower patient to staff ratios set in establishments. The rehabilitation wards experience greater challenges in maintaining required CHPPD due to higher fluctuations in demand, including for enhanced care needs. When reviewed against other data such as Shift Fill Rates (included in the Safer Staffing Report which was discussed by the Quality Committee in August 2025) assurance is evident as fill rates are good, and teams can safely care for patients. CHPPD cannot comprehensively articulate safe staffing when viewed in isolation. For example, a group of patients requiring enhanced observations will increase the required CHPPD but a ward team may cohort them safely in a bay and require minimal additional staffing. This mitigation is not captured in CHPPD data. Where wards are “red” on Tables 5 and 6, registered nurse ratios have remained satisfactory, and mitigations have ensured patient safety. There were no incidents raised during this time period relating to impacts of staffing shortfalls.

1.8.3 The NCHC Safer Staffing Escalation Group assesses and prioritise staffing daily to minimise impact of staffing shortalls by effective utilisation of staff across all units, helping ensure the maintenance of safe staffing levels and reducing temporary staffing costs.

1.8.4 Care Support Worker (CSW) vacancies remain the area of most significant recruitment and retention challenge. Work is under way to

develop new pathways to both attract and retain this staffing group and ensure that the correct support and skill training is available early in their recruitment journey.

1.8.5 For noting the current headroom for clinical staff is undergoing a benchmarking exercise to ensure it is set at the correct level to enable establishments to meet demand.

1.8.6 The tables below show the outcomes of CHPPD, one of the tools used to review safer staffing, there are several other ways that staffing is evaluated and challenged daily, this includes the safer staffing escalation group meeting (which is held every morning), they confirm and challenge conversations with ward leaders and also the professional judgment conversations between the wards to move staff, think about acuity and understand and share risk. Additionally, staff from the Enhanced Support Team can be utilised where patients need 121 care and assessment.

Table 5

Month June 2025

Unit	Actual CHPPD	Required CHPPD	Actual RN to Patient Ratio
Generalist Wards			
Alder Ward	6.39	7.59	1:9
Pineheath Ward	5.69	6.92	1:9
Swaffham Hospital	6.32	7.74	1:9
Foxley Ward	6.96	8.21	1:8
North Walsham	6.06	8.40	1:9
Ogden Court	6.76	10.73	1:8
Specialist Wards			
Beech Ward	8.18	6.95	1:11
Caroline House	10.45	9.47	1:6
PBL	8.47	7.36	1:6
Pine Cottage	6.26	5.00	1:7

Table 6

Month July 2025

Unit	Actual CHPPD	Required CHPPD	Actual RN to Patient Ratio
Generalist Wards			
Alder Ward	5.55	6.85	1:10
Pineheath Ward	5.74	6.76	1:9

Swaffham Hospital	7.09	7.26	1:8
Foxley Ward	5.83	7.85	1:9
North Walsham	6.45	7.78	1:8
Ogden Court	6.66	10.89	1:8
Specialist Wards			
Beech Ward	7.75	6.96	1:11
Caroline House	9.52	9.17	1:6
PBL	8.39	6.98	1:6
Pine Cottage	6.29	4.37	1:7

1.9 **CCS and NCHC Safeguarding**

1.9.1 The Trust Board is being given 'Substantial' assurance against the NHS England Safeguarding Accountability & Assurance Framework 2024 that CCS has effective safeguarding arrangements in place which seek to protect children and adults from harm caused by abuse or neglect occurring regardless of their circumstance.

1.9.2 The Trust Board is being given 'Reasonable' assurance that NCHC is meeting their responsibilities in line with the NHS England Safeguarding Accountability Assurance Framework 2024. It is noted as 'Reasonable Assurance' due to NCHC not currently delivering adult safeguarding supervision in line with the Adults revised Intercollegiate Document (2024). There is a risk on the Trust Register that relates to this gap, and a pilot of safeguarding adult sessions have been carried out, with a view to rolling this our once a mapping process has been undertaken.

1.9.3 Safeguarding training compliance target is set at 90% for all levels (1, 2 & 3). CCS have a new safeguarding training strategy which is going to be piloted alongside the Norfolk safeguarding children team, Healthy Child Programme and ESR team to ensure compliance and competence process is achievable and any adaptations required are put in placet. The pilot will commence mid-October.

1.9.4 NCHC safeguarding supervision compliance is monitored by the Children's Quality Matron. The Head of Safeguarding and the Quality Matron have reviewed the supervision and are monitoring processes within NCHC. They have met with the CCS Assistant Director of Safeguarding and Head of Safeguarding to ensure safeguarding reporting is aligned.

1.9.5 The Intercollegiate Document for Adults was updated in 2024, and this includes an expectation that supervision and reflective discussions are available to all staff working with adults at risk and families. Reflective/restorative safeguarding sessions are available to staff in Integrated Contraception and Sexual Health (iCaSH) and adult services as needed, and CCS Adult services in Luton are offered formal safeguarding supervision with further roll out of this planned across the coming months. Joint child and adult supervision is being offered to the bereavement/psychological services due to the complexity they have been seeing in some cases.

1.9.6 The data captured within Table 7 (below) refers to the total amount of safeguarding referrals made by CCS and NCHC staff. The conversion rate of referrals to section 42 is a complex clinical picture and the number of referrals for safeguarding raised will not correlate to the number of section 42 enquiries opened. The same is true for child referrals that do not meet threshold for statutory intervention. A Section 42 report by NCHC has been submitted to the Service Assurance Committee regarding. However, of most interest will be the referrals whereby CCS and or NCHC are identified within organisational abuse. The investigations for these are often undertaken by the organisation themselves and known as Provider Led Enquiries, which are then reviewed by the local authority who ensures appropriate actions have been taken. An annual referral audit is now part of the workplan across CCS, which scrutinises the quality of referrals made, and consideration of actions required to support improvements in this for all services are in place. A new S1 template for adult safeguarding was rolled out in early 2025 across all CCS services and will support improved level of referrals through directing staff to accurately identify reasons for referral. NCHC and CCS are discussing how to align audits across the group model which can then support understanding of the quality of referrals being submitted and enhance staff knowledge and skills to identify care needs and or safeguarding.

Table 7 Adult Safeguarding Referrals and Section 42 Enquiries

July2025	By CCS	By NCHC
Referrals to Adult Social Care	18	20
Safeguarding Referrals progressed to Section 42	2	11 (including those raised by other agencies)
Safeguarding Referrals Identifying Possible Organisational Abuse	0	6
Organisational Abuse Substantiated	0	0
Number of Outcomes awaited	11	8
Number of Escalations	0	3

August 2025	By CCS	By NCHC
Referrals to Adult Social Care	19	10
Safeguarding Referrals progressed to Section 42	3	4 (including those raised by other agencies)
Safeguarding Referrals Identifying Possible Organisational Abuse	0	11
Organisational Abuse Substantiated	0	0
Number of Outcomes awaited	6	10
Number of Escalations	0	6

1.10 Infection Prevention and Control (IPaC)

1.10.1 The National Infection Prevention and Control (IPaC) board assurance framework (BAF) is issued by NHS England for use by organisations to enable them to respond using an evidence-based approach to maintain the safety of patients, services users, staff and others. Version five was published in April 2025 and both trusts infection prevention and control teams have reviewed these revisions and amended the assurance levels accordingly.

NCHC IPAC Board Assurance Framework

1.10.2 The Board can take assurance that the IPaC BAF is regularly updated and monitored with input from all relevant subject matter experts. The current assurance framework standards are being reviewed against the revised national board assurance framework.

1.10.3 There is one area of non-compliance outstanding. The area in question is:

The board receives a formal report on antimicrobial stewardship activities annually which includes the organisation's progress with achieving the UK AMR National Action Plan goals.

1.10.4 Following discussions with the Head of Medicines Management, NCHC will be fully compliant across all 10 criteria of the BAF by November 2025.

CCS IPAC Board Assurance Framework

1.10.5 The Board can take assurance that the CCS IPaC BAF is regularly updated and monitored with input from all relevant subject matter experts. There has been progress in some of the partial compliances, and it is anticipated that some of the partial compliances will become fully compliant by the end of quarter 3. Two of the partial compliance will remain partial as CCS have limited influence over, due to external factors. These are:

- *The Trust is awaiting the formal annual ventilation reports and action plans from the specialist contractors for the Podiatry department at the Oak Tree Centre and the Endoscopy department at the North Cambridgeshire Hospital. Once received and the identified remedial works have been actioned, the criteria will then become compliant.*

- *The UKHSA Laboratory service in Cambridge confirmed that there is a project plan and timelines in place to resubmit application for accreditation either at the end of 2025 or at the beginning of 2026.*

Winter Planning Assurance Statement 25/26

1.10.6 The Winter Planning Board Assurance checklist has been completed for both CCS and NCHC and are attached to the Chief Executive's Report Plans for winter are in place and have also been discussed at the Service Assurance Committees in September. The Plans take account of the various systems we work in across both Trusts and the diverse portfolios. The infection control requirements and Flu vaccination plan are in place and both Trusts IPAC experts have been involved.

1.11 **National Mandatory Surveillance**

1.11.1 As part of the national mandatory surveillance, both CCS and NCHC supports all relevant local investigations to identify if staff have had any involvement with patients who have tested positive for the following:

- MRSA (Methicillin-Resistant Staphylococcus Aureus) bacteraemia.
- MSSA (Methicillin-Sensitive Staphylococcus Aureus) bacteraemia.
- Extended Spectrum Beta – Lactamase (ESBL) bacteraemia.
- Clostridioides difficile (previously identified as Clostridium Difficile) infections.

1.11.2 This is so we can learn lessons and share best practice across the system.

1.11.3 Both Trusts have 0 cases of any of those listed above.

An incident review has been commissioned into an infection prevention and control issue in South Norfolk, further information will be provided once this has progressed, but immediate actions and learning are being undertaken.

1.12 **Staff Flu Vaccination Program**

1.12.1 NCHC and CCS are working collaboratively to deliver the staff vaccination program 2025-26 with a shared action plan.

1.12.2 All vaccination clinics support bookable and drop in options for vaccination. Staff from both organisations can attend clinics run by either organisation. The Group's communications teams are working collaboratively to ensure shared messages from local and national sources.

1.12.3 An increase of 5% in staff vaccination uptake is the national expectation for 2025-26.

Norfolk Community Flu Plan

1.12.4 For 25/26 seasonal flu vaccination NCHC communicated early with the ICB its intent to not deliver the housebound flu programme. This was agreed and the ICB is supporting the delivery of housebound flu through general practice.

1.12.5 Within the inpatient wards we are commissioned to vaccinate long-term inpatients only, defined as those remaining on our wards for more than four weeks. There is a plan in place for this an appropriate vaccine supply and vaccinators working under patient group direction.

1.13 **CQC**

1.13.1 The CCS CQC Statement of Purpose (see Annex 1) has been updated to reflect the addition of the Peterborough Children in Care Team following TUPE from CPFT (Cambridgeshire & Peterborough NHS Foundation Trust) on the 1 August 2025.

2.0 CARING

2.1 NCHC Patient Experience

Friends and Family Test (FFT)

2.1.1 There continues to be a sustained increase in FFT responses, with NCHC recording a 27% increase in response questionnaires during June/July when compared with April/May data. Despite the introduction of QR codes available for staff to use within patient's homes, paper questionnaires continue to yield the highest response rates. The Lived Experience Coordinator has increased visits across Trust sites to hear from patients, carers and/or their supportive person to hear feedback in real time. This is alongside Voluntary Norfolk looking at how volunteers can support with FFT collection and data collection.

2.1.2 A random selection data analysis of returned FFT's indicates that patients receiving care via inpatient areas, community nursing, rehabilitation and therapy services respond after discharge; whilst clinic patients prefer to complete FFT feedback whilst still actively receiving care.

2.1.3 Further analysis is required by the Clinical Quality Manager and the Lived Experience and Co-Production Manager to:

- Understand the underlying causes of delayed FFT feedback in community and inpatient services.
- Identify and address barriers preventing FFT responses from being collected while patients are still under care, rather than post-discharge.

2.1.4 This work will support improvements in the timeliness and relevance of patient experience data, ensuring feedback is captured at the most meaningful point in the care journey.

Table 8 NCHC FFT Responses for June and July

	% Positive	% Negative	% Neither good nor poor	Total FFT Responses
Community Inpatient Services	95%	0.5%	4%	185
Community Nursing Services	97%	1%	2%	687
Rehabilitation and Therapy Services	98%	0.4%	2%	248
Specialist Services	98%	1%	1%	104
Children and Family Services	94%	N/A	6%	36
Community Healthcare - Other	76%	3%	21%	34
Trust-wide	96%	1%	3%	**1245**

Compliments

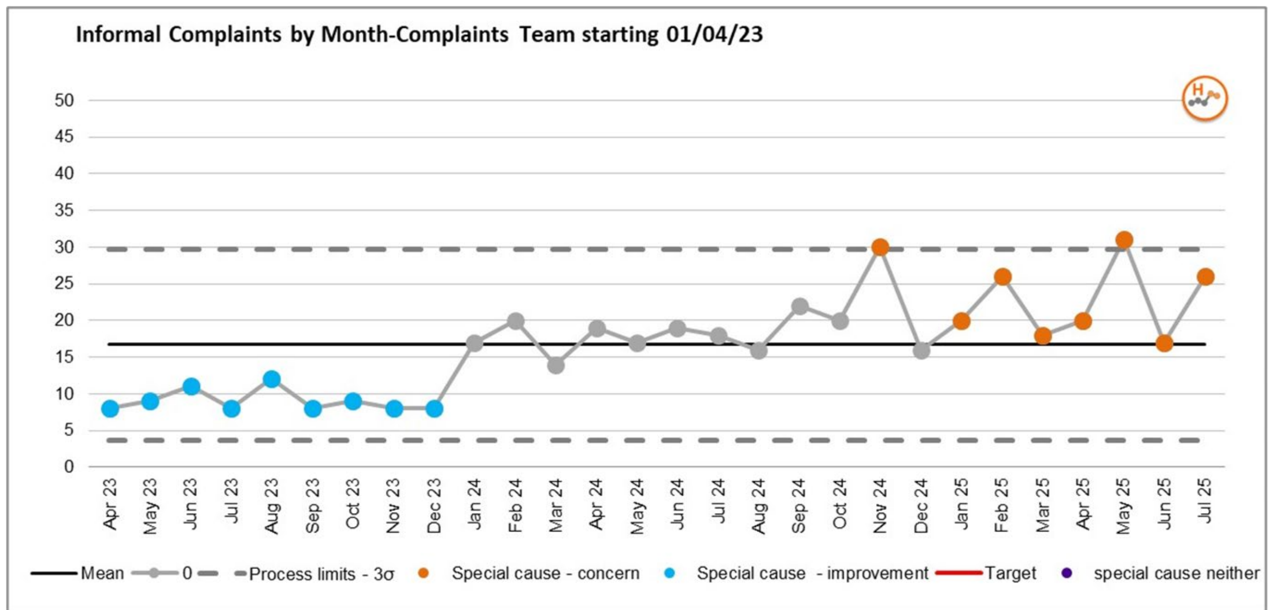
2.1.5 There were 197 compliments received in this period which is higher than in April/May (185). The compliments received were spread across all Places, with West Place having received and logged the highest number. Themes throughout compliments often highlight the gratitude of patients and their families to staff who have looked after them and comment specifically on their kindness, compassion and skill with which they were treated. Some examples below

Complaints

Informal Complaints

2.1.6 There was a total of 43 locally resolved, informal complaints across June and July, a reduction of 9% when compared with April and May. 100% of informal complaints were initially contacted within the Trust timeframe of three working days, and no informal complaints were escalated to a formal complaint.

SPC Chart 4



Learning from Informal Complaints

2.1.7 The prominent themes of concern in June were identified as lack of communication relating to care delivery within patient's homes and perceived staff attitude within inpatient units. Lack of communication regarding missed visits remains a Trust-wide risk and actions are being taken by the Quality Matrons to support this. Actions include:

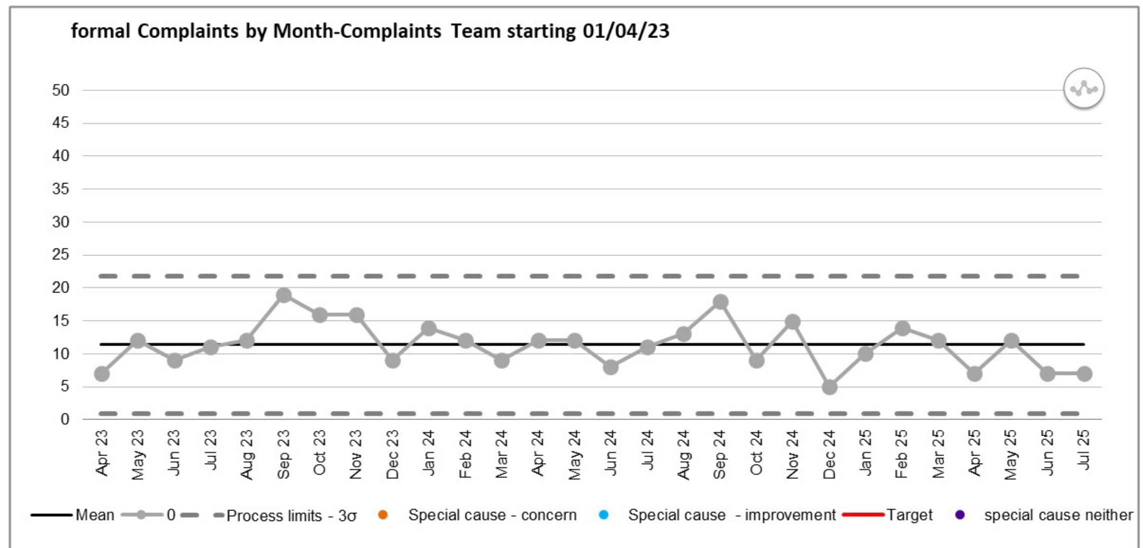
- Daily OPEL meetings
- Patients triaged according to clinical need
- Staff providing a clearer explanation to patients (for example by advising them that they will receive two visits per week, instead of pre-determined days).

2.1.8 We are exploring if volunteers could be utilised to call patients whose visits will be missed. There was an increase in complaints being received in July for the lack of communication related to disabled access changes at West Pottergate Health Centre. Changes were made to support the safety of staff and patients, and signage is being updated by Estates.

Formal Complaints

2.1.9 Initial contact with all complainants were made within one working day of the complaint being received, with a mixture of telephone and email complaints being received. There were no breaches in the final response deadline and no hold letters were sent out for the data period.

SPC Chart 5



2.1.10 Formal complaints remained below the Trust threshold for the data period, with the main themes being communication within community nursing and therapy, and length of waiting times for Neurodevelopmental Disorder Services (NDD). For NDD co-production work is ongoing to support patients and their families to wait safely, with appropriate escalation being taken when there is a change in need.

Formal Complaint Response Times

2.1.11 For this data period the Trust continued to respond to all formal complaints within the agreed timeframe. Improvements in the governance process for formal complaints has enabled improved senior review within Place, alongside a synopsis of information being provided to support Chief Executive sign off. The table below gives an overview of formal response timeframes and NCHC response.

Table 9 Formal Response time frames

	Apr	May	June	July
Number of standard complaint responses sent within a 25-day timeframe.	6/6	10/10	6/6	6/6
Percentage of standard complaint responses sent within the 25-day timeframe.	100%	100%	100%	100%
Number of complex complaint responses sent within the 60-day timeframe.	1/1	2/2	0/0	0/1
Percentage of complex complaint responses sent within the 60-day timeframe.	100%	100%	N/A	Ongoing
Number of complex complaint responses sent within the 90-day timeframe.	0/0	0/0	0/1	0/0
Percentage of complex complaint responses sent within the 90-day timeframe.	N/A	N/A	Ongoing	N/A
Number of Hold letters sent	0	0	2	1
Average number of working days to respond to standard complaints.	22	24	25	21
Average number of working days to respond to complex complaints.	50	48	Ongoing	Ongoing

Member of Parliament (MP) Contacts

2.1.12 There were no MP enquiries in this period.

2.2 CCS Patient Experience

Friends and Family Test (FFT)

2.2.1 The Friends and Family Test provides the opportunity for service users, parents and carers to provide feedback on their experience of care. A range of methods are available to ensure that providing feedback is accessible and meets service users' needs.

2.2.2 The Trust received 2989 responses in June and 3439 in July. This is over 1100 more than the previous two-month period. Below is a summary since December 2024.

Table 10

	Dec	Jan	Feb	March	April	May	June	July	Total
Trust Overall	2146	2932	2687	3194	2753	2502	2989	3439	22642

2.2.3 The overall Trust FFT positive feedback was 93.95%, with a 1.40% negative feedback percentage.

2.2.4 Norfolk and Waveney Children's and Young People's Service 'good and very good' FFT score was below Trust target. As in previous reporting periods the review of the data shows that this is because there were a significant number of neutral responses ('neither good nor poor' or 'Don't Know') within the Mental Health Support Teams (MHST) which detract from the positive FFT score. The same has been noted in the responses from young people about the Cambridgeshire based MHSTs, although due to survey volume this has not impacted on the overall FFT score falling below 90%.

2.2.5 The paper surveys used in Norfolk MHSTs and how feedback is requested and explained to young people have been reviewed. It was identified that some paper forms used did not have the text response options, only the picture icons. The Co-production Lead has provided the correct forms to support young people to understand the response options and provide feedback.

2.2.6 The feedback comments received are largely positive and the service receives few complaints. It is thought that the neutral response number being higher than other services is due to the young people not choosing or asking to attend but it being a compulsory session delivered in school.

2.2.7 The comments related to the poor and very poor scores are reviewed and followed up with the services each month by the Co-production Lead.

Table 11

	% Positive	% Negative	Total FFT Responses	Contacts	Response Rate
Ambulatory Care	97.17%	1.73%	2898	35333	8.20%
Bedfordshire and Luton Children and Young People's Service	97.36%	1.09%	644	43321	1.49%
Bedfordshire and Luton Adults Community Service	96.34%	0.55%	547	29141	1.88%
Cambridgeshire and Peterborough Children and Young People's Service	94.40%	1.74%	518	34982	1.48%
Norfolk and Waveney Children and Young People's Service	86.77%	1.15%	1821	35975	5.06%
Trustwide	**93.95%**	**1.40%**	**6428**	**178752**	**3.60%**

2.2.8 All surveys with the FFT question also ask to what extent the service user felt that they were treated with respect and dignity. 5999 service users answered this question and a score for each directorate is shown below. Norfolk and Waveney Children's Services was slightly below 90%, review showed that this is due to the neutral responses provided by Children and Young People accessing the Mental Health Support

Teams. Feedback received from young people was that they did not understand dignity. Work is underway to add additional text to the survey to explain the terms respect and dignity.

Table 12

	Respect and Dignity Score
Ambulatory Care	96.97%
Bedfordshire and Luton Children and Young People's Service	97.06%
Bedfordshire and Luton Adults Community Service	94.39%
Cambridgeshire and Peterborough Children and Young People's Service	96.54%
Norfolk and Waveney Children and Young People's Service	88.58%
Trust wide	**94.32%**

Comments/ Compliments

2.2.9 In June and July, the services we provide received 8886 positive comments across the Trust, this is over 1000 more than the last reporting period. This is expected as more surveys were completed in this period. We received over 123 positive comments for every complaint (formal and informal).

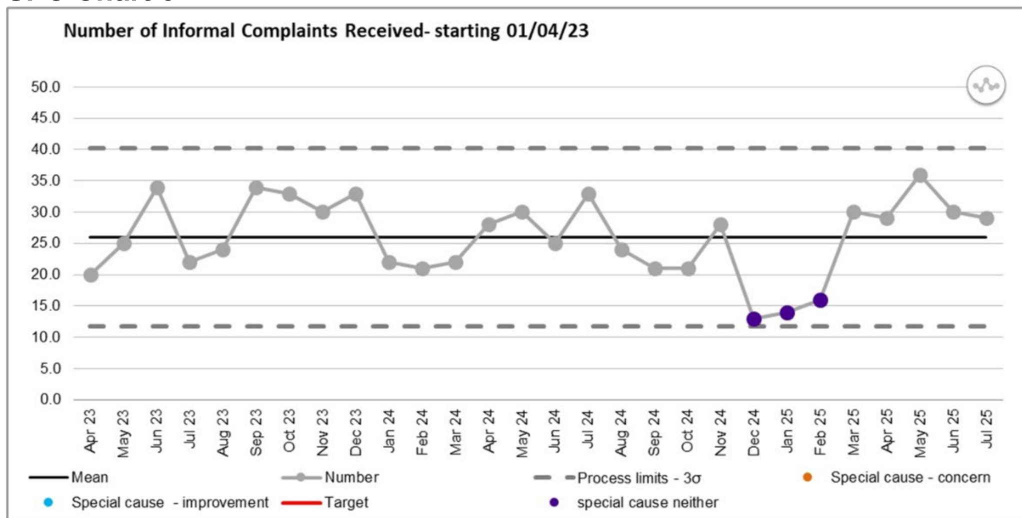
Complaints

2.2.10 There were 59 informal complaints, and 13 formal complaints received in June and July.

Informal complaints received

2.2.11 The Trust received 59 informal complaints in this data period: 30 in June and 29 in July. Both months were within the expected variation. The chart below shows that the number of informal complaints received in June and July was above average.

SPC Chart 6



2.2.12 Fifty seven of the 59 complainants were contacted within four working days to discuss resolution of their concerns. One informal complaint was managed by the service before PALS were notified, timelines were not followed. The second was concerns related to receipt of a letter of expectation. There was delay in the services involved contacting the complainant.

Themes from informal complaints closed in June and July

2.2.13 Sixty informal complaints were resolved and closed in June and July with 69 subject issues identified.

2.2.14 The top three themes of the informal complaints closed within this period were:

- Clinical Care (25)
- Communication and Information (14)
- Delays (13)

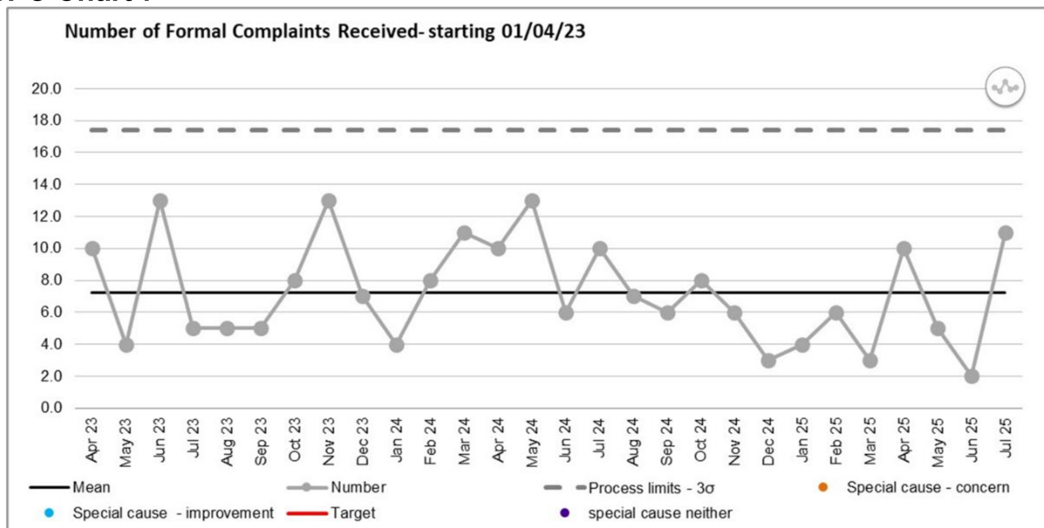
2.2.15 There were no trends in the services involved in informal complaints about Communication and Information.

2.2.16 Nine of the 13 issues related to Delays (specifically waiting times to see a paediatrician for assessment), were about Community Paediatric Services, four in Luton, four in Bedfordshire and one in Cambridgeshire.

Formal Complaints Received

2.2.17 The Trust received 13 formal complaints in this data period, two in June and 11 in July. As shown below, this is within the expected variation.

SPC Chart 7



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

Themes from formal complaints closed in June and July 2025

2.2.18 Within this data period the Trust responded to and closed 13 formal complaints. In these there were 28 subjects identified.

2.2.19 Clinical Care was the most frequently occurring subject with 11 issues.

2.2.20 Eight services were named in the formal complaints responded to in June and July. Three were about DynamicHealth and two about iCaSH Bedfordshire, there were no themes in the subjects of these complaints.

Formal Complaint Response Times

2.2.21 In this data period, the Trust responded to 13 formal complaints, ten in June and three in July. A summary of the response times is shown below.

Table 13

	April	May	June	July
Number of standard complaint responses sent within a 35-day timeframe.	3/4	2/3	6/8	1/2
Percentage of standard complaint responses sent within the 35-day timeframe.	75%	67%	75%	50%
Number of complex complaint responses sent within the 40-day timeframe.	0/0	2/2	2/2	0/1
Percentage of complex complaint responses sent within the 40-day timeframe.	N/A	100%	100%	0%
Average number of working days to respond to standard complaints.	34	34	30.5	37
Average number of working days to respond to complex complaints.	N/A	28	38	48

2.2.22 The percentage of standard complaint responses sent within the 35 working day timeframes increased in June but fell in July. The reasons for the late responses are investigator availability, time taken to investigate and additional information requested during the checking process. One complaint deadline was outside of timeframes due to complexities in the complainant's requirements, the complainant agreed the timeframe.

Member of Parliament (MP) Contacts

2.2.23 In this period there were six contacts received via an MP, all were enquiries.

Supporting Services with Correspondence with Service Users

2.2.24 One letter of expectation was sent for Dental Services in Suffolk.

3.0 EFFECTIVE

3.1 **Insight from our staff:**

- NHS National Staff Survey 2024. CCS achieved a 61% response rate. Headline results were:
  - ➢ Best performing or joint best performing Community Trust Nationally in 8 of the 9 People Promise themes/areas. Majority improved from 2023 results.

- NHS National Staff Survey 2024. NCHC achieved a 67% response rate. Healthline results were:
  - ➢ Slightly above average results in 6 of the 9 People Promise themes/areas. 2 areas rated average and 1 slightly below average. Majority declined from 2023 results.

3.2 **Sickness rates across the workforce:**

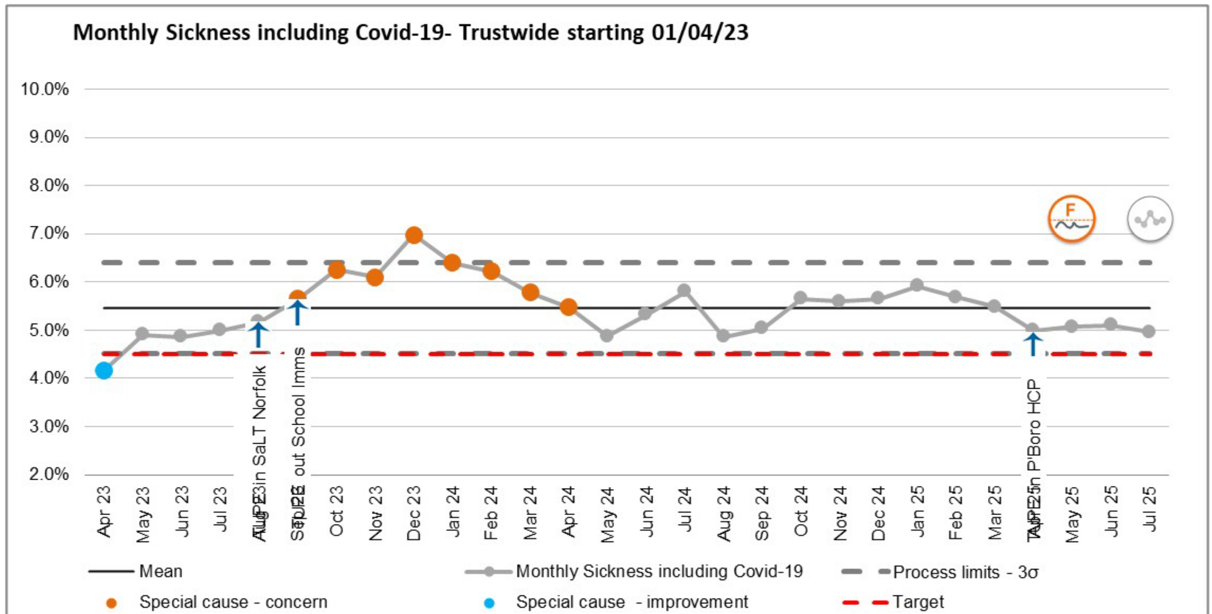
CCS

3.2.1 The 12-month cumulative rolling rate (June 2025 – 5.40%, July 2025 – 5.34%) remains above the Trust rolling target of 4.5%.

3.2.2 Monthly Trust wide rate for June 2025 was 5.10% and for July 2025 was 4.96%.

3.2.3 The Trust wide sickness rate has 2.73% was attributed to long term sickness and 2.23 % short term sickness absence. Beds & Luton Adults had the highest sickness rate (5.43%) and Support Services the lowest (2.72%). The top reason Gastrointestinal problems (18.52%); work continues to reduce those absences attributed to unknown/other reasons as much as possible.

3.2.4 The Trust monthly sickness rate is above the May 2025 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 5.1 %.

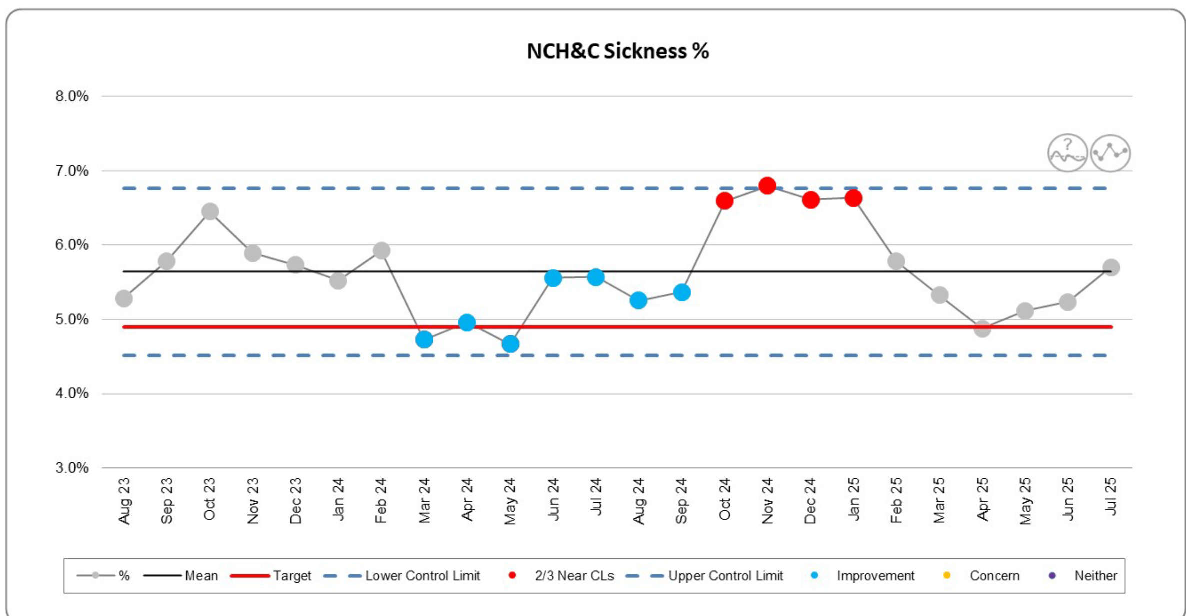


NCHC

3.2.5 The 12-month rolling rate (June 2025 – 5.77%, July 2025 – 5.78%) remains above the Trust target of 4.9%.

3.2.6 Monthly Trust wide rate for June 2025 was 5.24% and for July 2025 was 5.71%.

3.2.7 The Trust wide sickness rate has 3.50% attributed to long term sickness and 2.28 % short term sickness. Norwich Place had the highest sickness rate (7.39%) and Ambulatory Services the lowest (2.69%). The reason of ***Anxiety/stress/depression/other psychiatric illnesses*** continues to be the highest reason for absence and accounts for 29% of time lost.



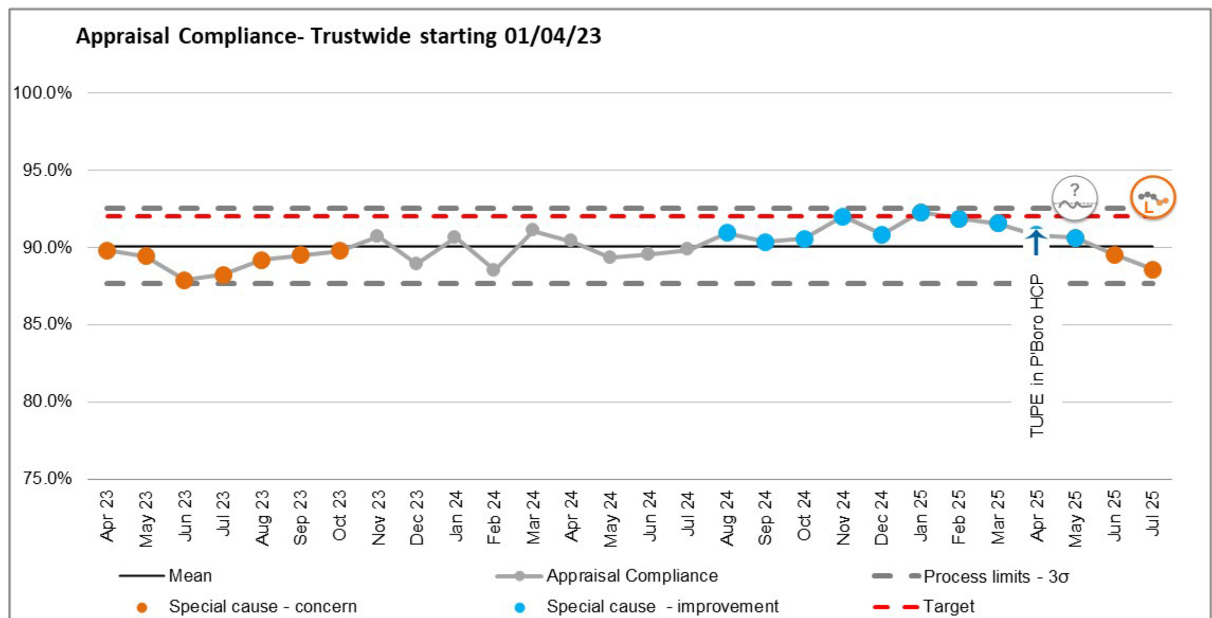
3.3 **Appraisal rates across the workforce**

CCS

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

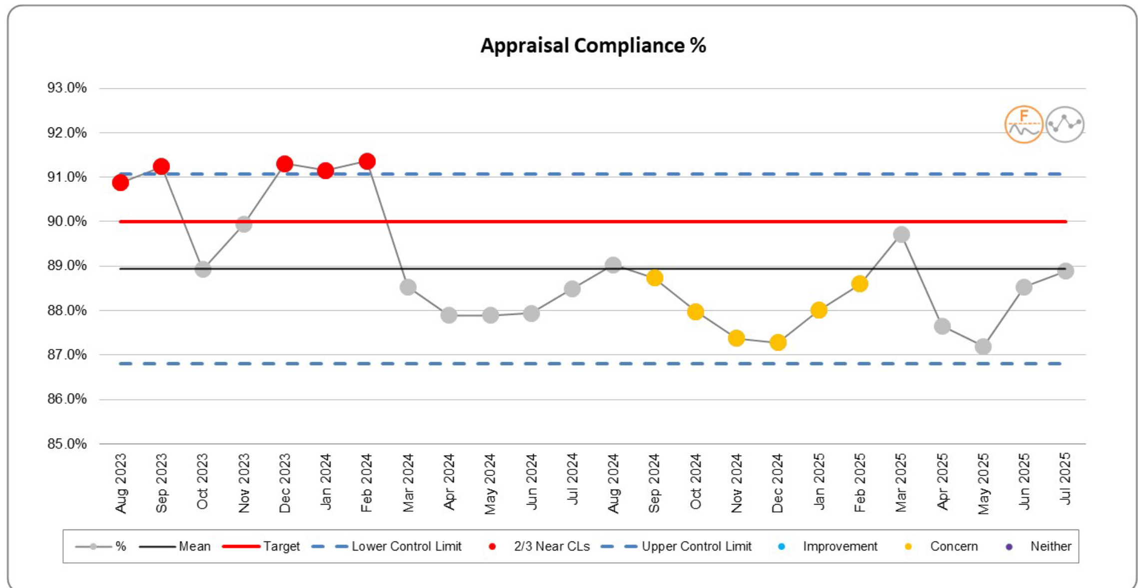
3.3.2 The Trust wide Appraisal rate decreased in June 2025 – 89.51 % and July 2025 – 88.57%, has reached target of 92% for 2024/25.

3.3.3 Support Services has the lowest rate (76.28%), Ambulatory Care has the highest rate (92.46%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.



NCHC

3.3.4 The following chart shows the percentage of eligible staff who have completed an appraisal within the last 12 months of services. Staff on Long term sickness, maternity, internal secondments are included (the Trust target of 90% gives a 10% leeway for any of these staff unable to complete an appraisal). Staff on Career Break, suspension and new starters within their first 12 months of services are excluded.



3.3.5 The Trust wide Appraisal rate has seen a slight improvement over recent months but continues to fall short of the 90% target. June 2025 – 88.53%, July 2025 – 88.89%.

3.3.6 Ambulatory Services has the lowest rate (85.25%), Children's and Young People Services has the highest rate (92.31%).

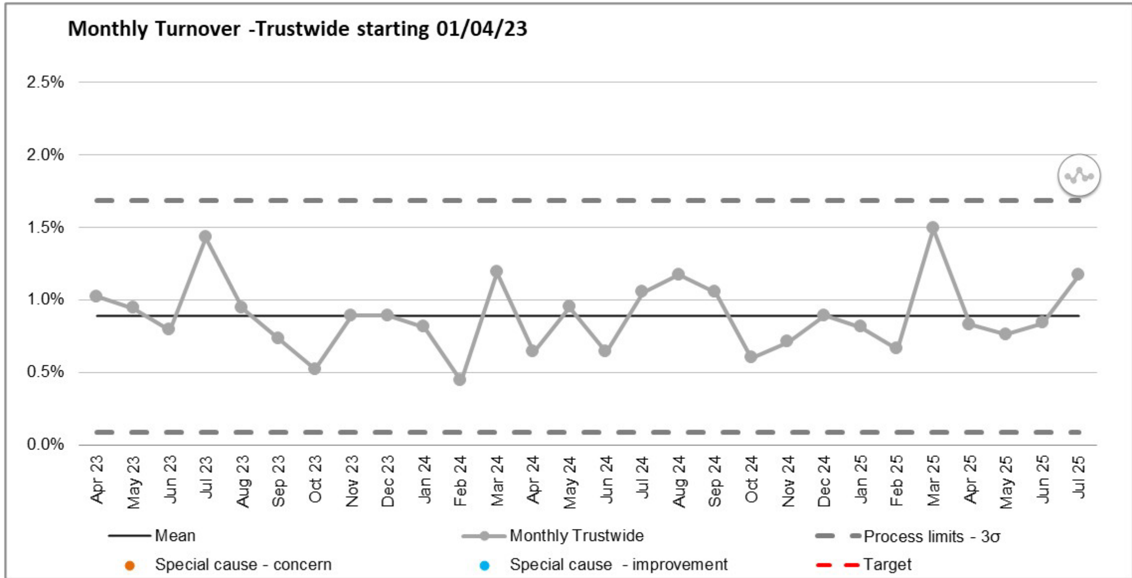
3.4 Turnover rates across the workforce

CCS

3.4.1 The following chart shows monthly Turnover rates for the Trust which are based on the "Permanent" workforce (i.e., those employed on a current Fixed Term Contract of less than one year are excluded). Leavers for the following reasons are also excluded: Voluntary Redundancies, end of a FTC, MARs and Employee Transfers.

3.4.2 The Trust's Rolling Year Turnover Rate is currently 11.17% (June 2025 – 11.05%, July 2025 – 11.17%) compared to an annual average Leaver rate for Community Provider Trusts of 1.7% (Source: NHS Digital Workforce Statistics – May 2025, based on "all Leavers" and "total Workforce").

3.4.3 Luton Children currently has the highest Rolling Year turnover rate at 13.73%, with Support Services having the lowest at 6.4%.

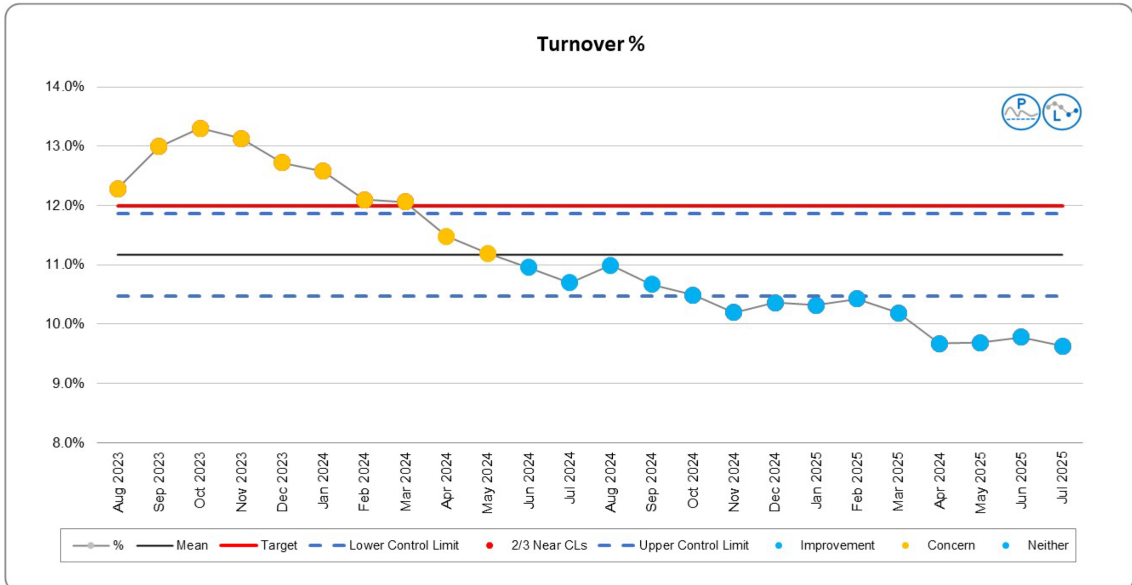


NCHC

3.4.4 The following chart shows the rolling 12 month **Voluntary** Turnover rates for the Trust. Both permanent and fixed term staff are included. Voluntary turnover includes all voluntary reasons and retirements.

3.4.5 The Trust's Rolling Year Turnover Rate is currently 9.63%, which sits below our Trust wide target of 12% but within the tolerance of +/- 4 %.

3.4.6 Norwich Place has the highest rate at 10.99%, with West Place having the lowest at 6.44%.



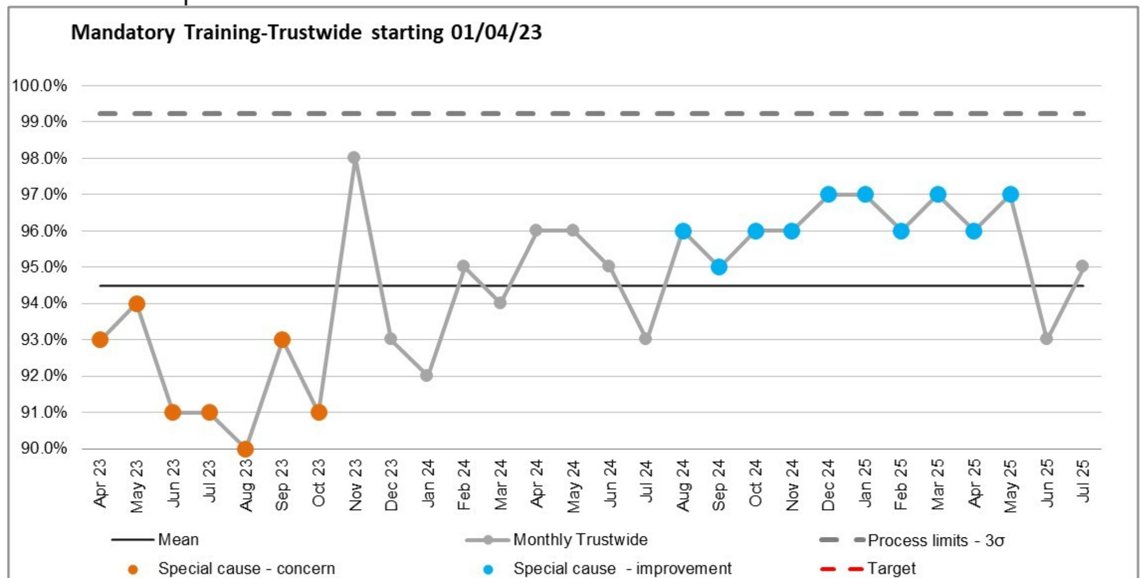
3.5 **Overall Mandatory Training levels across the workforce**

CCS

3.5.1 The following chart shows monthly Mandatory Training rates for the Trust which are based on the "Permanent" workforce (i.e., those employed via Fixed Term Contracts, Bank, Internal Secondment and Permanent). Staff who are within their first 3 months of employment are excluded along with staff on sickness, Maternity or Paternal leave.

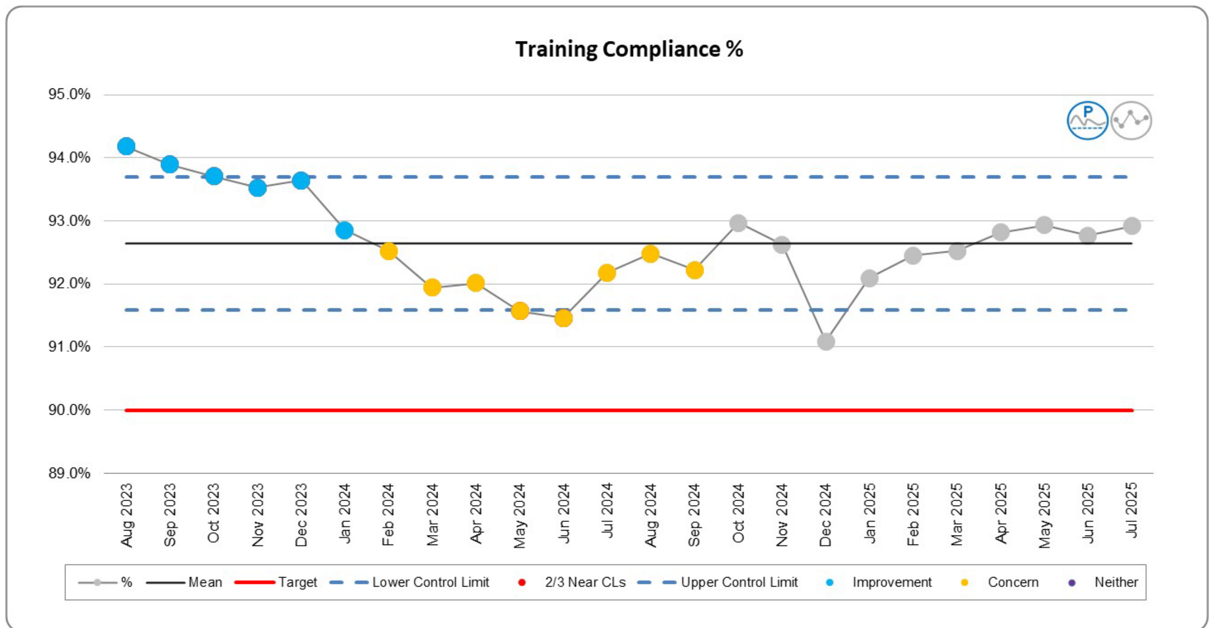
3.5.2 The Trust wide Mandatory Training rate decreased in June 2025 – 93%, however increased in July 2025 – 95%, has reached target of 92% for 2025/26.

3.5.3 Cambridgeshire, Norfolk and Peterborough Children's Services has the lowest rate (88%), Ambulatory Care has the highest rate (98%). Employees, for whom a non-compliant date is held in ESR, are contacted by the ESR/OLM Team and encouraged to complete their compliance. Service Leads, Team Managers & Line Managers have access to BI reporting within ESR and QD data Information to review Compliance.



NCHC

3.5.4 The following chart shows the training compliance rate for the 12 Core Mandatory training subjects for our substantive workforce. Staff on Long term sickness, maternity, internal secondments are included (the Trust target of 90% gives a 10% leeway for any of these staff unable to complete their training).



3.6 General Medical Council – National Education and Training Survey 2025

3.6.1 The General Medical Council (GMC) survey our doctors in training on an annual basis.

3.6.2 Trainee feedback summary:

Programme Group	2025 Response rate	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Reporting Systems	Work Load	Teamwork	Handover	Supportive Environment	Induction	Adequate Experience	Educational Governance	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Rota Design	Facilities	YoY change in above outliers	YoY change in below outliers
Community Sexual and Reproductive Health	50%	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	0	0
GP Prog - Medicine	50%	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N/A	N<3	N<3	N<3	N<3	N<3	0	0
GP Prog - Paediatrics and Child Health	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	N<3	0	0
Paediatrics	67%	94.17	93.13	93.06	100	65.28	87.5	91.67	87.5	95.83	87.5	84.72	92.71	94.58	88.34	81.95	97.92	86.46	49.17	**+10**	0

Top ranked results by mean score

Organisation	Profession or Specialty	Survey	Indicator	NHS England Rank
Cambridgeshire Community Services NHS Trust	Paediatrics	GMC NTS Prog. 2025	Feedback	1/113
			Handover	1/124
			Reporting Systems	1/123
			Rota Design	1/127
			Study Leave	1/127
Cambridgeshire Community Services NHS ..	Paediatrics	GMC NTS Prog. 2025	Local Teaching	2/127
Cambridgeshire Community Services NHS Trust	Paediatrics	GMC NTS Prog. 2025	Overall Satisfaction	3/127
			Teamwork	3/127
Cambridgeshire Community Services NHS ..	Paediatrics	GMC NTS Prog. 2025	Induction	4/127
Cambridgeshire Community Services NHS ..	Paediatrics	GMC NTS Prog. 2025	Educational Governance	5/127

3.6.3 Summary of key findings:

- Community sexual and reproductive health, GP trainees and NCHC trainees had less than 3 responses and are therefore not reported in the survey.
- Overall, positive feedback from our CCS Paediatric trainees. They ranked the Trust best nationally in 5 of the 10 domains, and within the top 5 for the other domains. Area for improvement is in relation to facilities for our trainees and our Chief Medical Officer with work with our Director of Medical Education on this.

3.7 National Staff Survey 2025

3.7.1 This will be launched in both organisations on the 24th/25th September 2025 and will run until the end of November 2025. Results are expected in February 2026.

4.0 RESPONSIVE

Referral to Treatment (RTT) / Waiting Times

4.1 NCHC Norfolk Services RTT

4.1.1 Norfolk & Waveney (NCHC) Children's Services

- Overall, the 18 week referral to treatment compliance is 18.4% 18-week RTT compliance rate. This has been impacted by volume of referrals/caseload sizes in Neurodevelopmental Disorder (NDD) services which achieved a 4.8% 18week RTT compliance. There are also variances in the pre and post aged 5 year-olds pathways of 31% and 6% respectively
- Anticipating an increase in August due to annual leave and increased referrals for IHAs (seasonal)
- Children's key working (50%) and short breaks (17%) are also non-compliant in July due to data quality issues. (Numbers within the service are low)

4.1.2 Paediatric Consultant Outpatients 18 Weeks Compliance

- Over the past three years the demand for services has remained consistent demand with 194 referrals per month. However, the 92% compliance with the 18 week target has not been maintained since June 23, due to the sustained rise in demand since 2019 without the addition of service capacity. There have also been challenges with consultant long term absence.
- In July 2025, there were 16318-week breaches reported and the main factors are due to a sustained rise in demand and a reduction in capacity
- Over the last 6-months the caseload has reduced by 957 (21.2%) and 18-week compliance is on an overall upward trend.
- 576 patients waiting for an initial appointment.

4.1.3 Intervention/Actions:

The following actions are being implemented to improve the performance of the 18 week RTT:

- Additional capacity offered to the West from the Central team - improving the West 18-week delay trajectory and providing an equitable offer but will impact on the waiting times centrally.
- An increase in 18-week breaches centrally is anticipated in August 2025.
- An additional fixed term Consultant has been recruited to support recovery from Sept 2024-26.
- Neurodevelopmental Disorder Service (NDD) project work has commenced to reduce follow up appointments and release capacity.
- An internal service target focussing on discharging cases no longer requiring assessment or who do not meet service criteria has freed up capacity to enable additional assessments to be completed.

- Capacity released by reducing follow up appointments will be all be used for One Day Assessment Clinics (ODAC) for children under 5 years of age that require assessment for autism. The capacity from reduced follow ups is positively impacting on waiting times for 18-week RTT and waiting times into the NDD pathway.

As a result of the above, the current trajectory indicates that 18-week performance should meet 92% threshold in December 2025 and these plans are being closely managed and monitored.

CYP NDD RTT numbers waiting:

4.1.4 There is a one-day assessment clinic (ODAC) for <5yrs for NDD assessment. The benefits for the children and families with this approach is they will be reviewed by a Paediatrician and Speech and Language Therapist in one clinic appointment, completing the assessment in one day. Previously these children would have seen a Paediatrician and then remained on a waiting list for an appointment with an NDD clinician.

4.1.5 Referrals for Neurodevelopmental Disorder assessment have been steadily rising and services being delivered across Norfolk are not meeting local need. As a result the NDD transformation project, seeks to build a collaborative approach to supporting neurodiversity, and strengthening how we support mental health and wellbeing, moving services from being diagnosis-driven to needs-led. Alongside this, NCHC are looking at ways in which we can improve the effectiveness of our NDD service.

Total number of CYP awaiting NDD assessment	4,677
Total number waiting **>52 weeks** for NDD assessment	3,539
Total number waiting **>52 weeks** for first contact following NDD assessment referral	1767
Total number waiting **>104 weeks** for first contact following NDD assessment referral	1429
Total number waiting **>156 weeks** for first contact following NDD assessment referral	331
Total number waiting **>208 weeks** for first contact following NDD assessment referral	6
Total number waiting **>260 weeks** for first contact following NDD assessment referral	6

Norfolk and Waveney Speech and Language Therapy

4.1.6 There is a potential impact on staffing and service delivery of a shortfall in finance arising from full agenda for change pay award costs not being applied to all budgets for 2024/25 and 2025/26 (RISK 3710). As a result, discussions with commissioners are underway to agree a revised service delivery model and financial envelope, along with a proposal to extend the contract for a period of three years once agreed.

4.2 CCS Services RTT

Children and Young People's Specialist Services

Cambridgeshire Community Paediatrics

4.2.1 Waiting times for school aged children awaiting an assessment for Neurodevelopmental Disorder Services NDD are continuing to increase with 1975 children currently waiting to see a paediatrician and circa 850 children waiting longer than 52 weeks at the end of July 2025. The longest current wait is circa 119 weeks, and the median wait is 41 weeks. The management of Year 6 children from 2024 have been split 50/50 with Cambridgeshire & Peterborough NHS Foundation Trust (CPFT).

Cambridge Audiology Service

4.2.2 Regular meetings with ICB and NHS England continue. Paediatric Audiology Services Quality Assessment Tool (PASQAT) Audiology NHSE site visit action plan is in place. Waiting times have increased due to reduced capacity (risk 3680). The longest wait for a new referral wait has remained steady at circa 30 weeks. Referrals continue to be triaged and prioritised

Cambridgeshire Dietetics

4.2.3 Initial ICB led system discussion has taken place. Dietetics is part of an ICB commissioned review. The team continue to mitigate clinical risk, but there are 65 children awaiting >52weeks for an assessment, with the longest wait at circa 70 weeks (at the end of July 25).

Cambridgeshire Occupational Therapy Service

4.2.4 The team continue to manage and mitigate the impact of the budget reduction, under the s75 Arrangement.

Bedfordshire and Luton Community Paediatric Services

4.2.5 In Bedfordshire at the end of July 2025, 2,434 children (66% of overall children waiting) have been waiting longer than 52 weeks for their care pathway to start. The median wait was 78 weeks, and the longest wait was 124 weeks. The service is validating the wait list and all children are clinically triaged weekly upon receipt of new referrals with no backlog at present. The service is assured any risk factors are reviewed at this stage.

4.2.6 Across Bedfordshire and Luton there are 5280 children waiting for an initial appointment with a Paediatrician with a median wait of 81 weeks and longest wait of 164 weeks. 3763 children (71% of overall children waiting) have been waiting over 52 weeks to see a Paediatrician.

Improvement actions are underway including:

- sourcing additional bank hours to increase capacity.
- Exploring a new streaming model to increase capacity within the service for children to receive a timelier clinical outcome using increased skill mix.
- Collaboration with Norfolk specialist services to pilot a skill mixed ADHD assessment pathway
- To review the workforce model to increase clinical capacity

Bedfordshire and Luton Audiology

4.2.7 There are currently 1334 children waiting for an initial appointment (reduction of 232 children since the start of July 2025). 300 children have been waiting over 52 weeks. Waiting time improvements have been achieved by increased clinical capacity, the introduction of choose and book processes and a range of change ideas monitored weekly for effectiveness. All children waiting are risk assessed and prioritised accordingly.

4.2.8 The CCS Team continue provide mutual support to Bedfordshire Hospitals NHS Foundation Trust in Luton, for hearing aided children. This started in June 2025 and the team are working hard to minimise the impact on CCS waiting lists during this time.

Bedfordshire and Luton Speech and Language Therapy

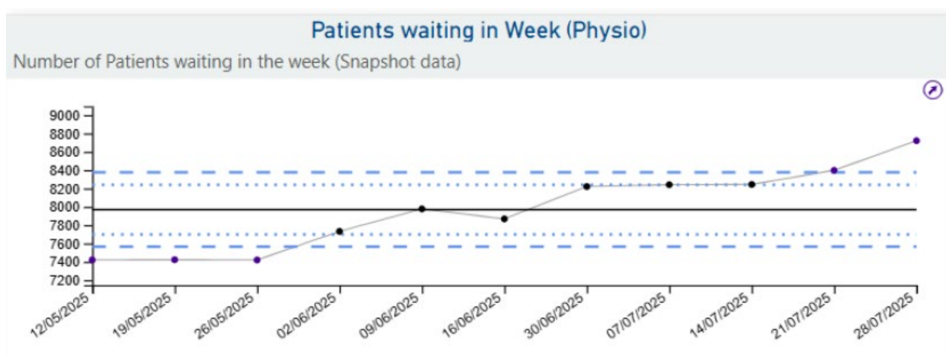
4.2.9 The Speech and Language Therapy Service has 3 children who have been waiting over 52 weeks. There are 912 children waiting in total, with a median wait of 12 weeks.

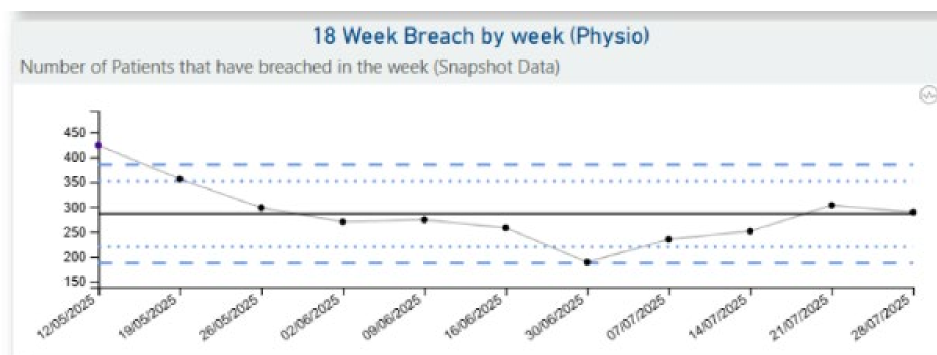
Ambulatory

Dynamic Health MSK Service

4.2.10 As of end July:

- 2,455 patients (22.6% of referrals) were waiting less than two weeks
- 8,152 (74.8%) waiting 2–18 weeks
- 285 waiting more than 18 weeks
- Longest wait: 22 weeks (Physiotherapy)





4.2.11 The average waits in this reporting period are:

- Specialist 3.66 weeks
- Physio 6.72 weeks
- Pelvic 9.58 weeks

Urgency / MSKArea	Routine		Urgent		Total	
	Max Wait	Avg Wait	Max Wait	Avg Wait	Max Wait	Avg Wait
Specialist Service	41	3.86	17	1.52	**41**	**3.66**
Physio Service	32	7.14	28	3.12	**32**	**6.72**
Pelvic Service	35	9.76	19	6.79	**35**	**9.56**
Total	**41**	**6.61**	**28**	**2.95**	**41**	**6.24**

4.2.12 Analysis of long waits highlights reasons including unclosed RTTs, frequent cancellations, and incorrect discharge due dates. Further communication and training are in place with staff to improve processes in link with policy.

4.2.13 Specialist referrals remain steady month-on-month, and the Physiotherapy referrals stabilised in June/July.

NoW MSK Service

4.2.14 As of the end of July, the average waits are:

- Physio 7.1 weeks
- Musculoskeletal Advice & Triage Service, 5.4 weeks (below service-wide average)
- Hand Therapy 3.6 weeks
- Foot & Ankle Biomechanics 10.4 weeks (noting staffing shortages of 20–40% over past year)

4.2.15 Urgent referrals (within 2 weeks): 27% of Physio patients were seen within 2 weeks and additional urgent slots were provided. A deep-dive review started in August, and findings are due in October.

4.2.16 77% of Musculoskeletal Advice & Triage Service, patients seen within two weeks which isa 16% improvement.

4.2.17 Routine referrals (within 8 weeks):

- Physio 97.2%
- Musculoskeletal Advice & Triage Service,92% (above standard)
- Hand Therapy 99.3%

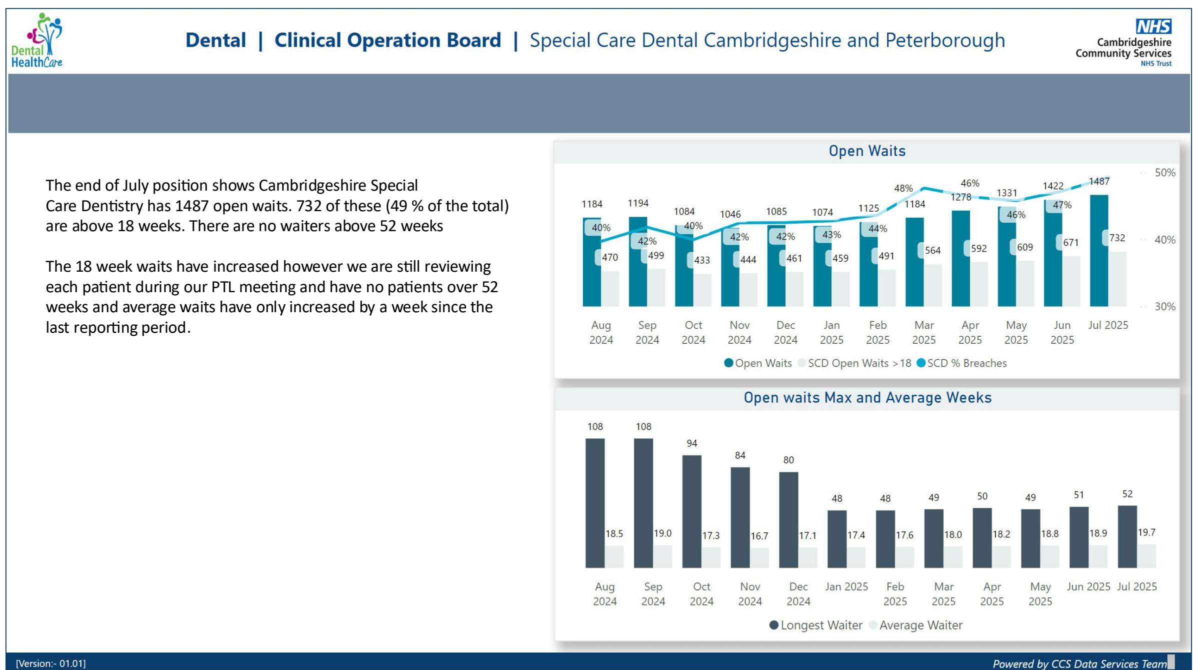
- Biomechanics 79.1%

4.2.18 Only 1 patient breached 52 weeks (and has now been seen); 2 patients have waited 30+ weeks.

4.2.19 Musculoskeletal Advice & Triage Service are running Super Clinic days (Aug-Sep) via Getting It Right First Time (GIRFT) initiative to add capacity, though this has been limited due to clinician availability and summer leave.

Cambridge and Peterborough (C&P) Special Care Dentistry

4.2.20 In order to tackle the increase in the demand for Special Care dentistry a transformation programme has commenced to identify shared care pathways and will be shortly starting a process to identify patients that should be discharged to more appropriate dental settings. This programme will take at least 2 years due to the volume of patients that will need reviewing and suitable agreement to pathways needing establishing in collaboration with Commissioners and external dental providers.



Waiting Well

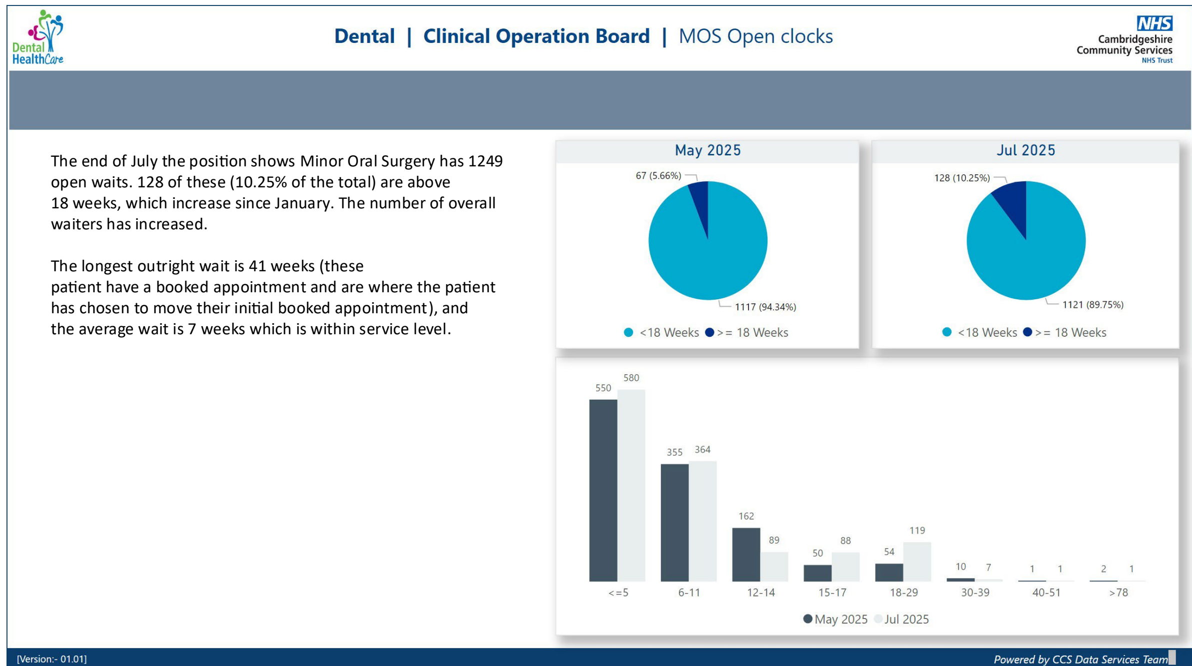
4.2.21 All ‘referred in’ patients are advised at the point of acceptance what the current waiting times are and how to contact us if the urgency of their initial appointment changes. All these patients are already under the care of a general dentist or HCP while they are waiting. The referrer can also contact the service if they have concerns regarding a referred patient. Urgent cases are prioritised at the point of triage in order that non routine cases are managed appropriately. In addition, we identify patients during our weekly PTL meetings that may need harm reviews or comfort calls to check on oral wellbeing.

Suffolk Special Care Dentistry

4.2.22 Suffolk activity remains consistent within service level.

Minor Oral Surgery (MOS)

4.2.23 MOS Open clocks



4.2.24 The General Anaesthetic (GA) lists for Peterborough, Huntingdon and Wisbech have all patients pre booked with waiting times of 4 weeks due to a change in anaesthetics acceptance criteria resulting in less children being appropriate to be seen on this GA list.

4.2.25 Cambridge patients requiring a GA are listed for GA at West Suffolk Hospital (WSH). Patients are being assessed to determine need with urgent cases being prioritised and all remaining waiting patients now having an appointment booked within the next 17 weeks. It is anticipated that by the end of quarter 3 the backlog will have been resolved because of theatre capacity changes

4.2.26 Suffolk Patients having GA's at West Suffolk Hospital are within service level being booked from 7 weeks which is within service level.

Dental Access in C&P – urgent dental care (DAC)

4.2.27 Currently, the service is working at full capacity based on our workforce actuals and are confident to meet year-end internal target of 8,190 patient contacts, assuming staffing levels remain consistent.

4.2.28 We continue to experience high demand for urgent care, which we are unable to fully meet however the ICB have commissioned additional urgent care appointments in C&P and we are now able to signpost service users to some of the additional urgent care providers as well as to our 111 colleagues.

iCASH (Integrated Contraception and Sexual Health) Service

4.2.29 **LARC** (Long Action Reversible Contraception): There were no patients on the current waiting lists, as at report submission. One-Stop implant model agreed in Reproductive Health workstream, which is leading standardisation of service delivery across iCaSH.

4.2.30 There are no waiting lists for HIV PrEP (Pre-Exposure Prophylaxis).

5.0 WELL LED

5.1 Ability to raise concerns:

Freedom to Speak Up Mandatory Training

5.1.1 All staff complete 'Speak Up' Mandatory Training when they join each Trust. Core training is essential for all employees and covers what speaking up is and why it matters. It helps our workforce understand how to speak up and what to expect when they do. The annual target is 90% and CCS achieved 99% compliance in July and NCHC achieved 95.79%.

5.1.2 Both organisations have a Freedom to Speak Up (FTSU) Guardian, Freedom to Speak Up Executive Lead and Freedom to Speak Up Non-Executive Lead in place and several Freedom to Speak Up Champions.

5.1.3 NCHC Freedom to Speak Up policy has been updated and is now in line with national policy.

5.1.4 Our two Freedom to Speak up Guardians and the Executive Lead for FTSU, are currently undertaking the national guardian's office reflection and planning tool self-assessment for each Trust, and this will be shared with Board members at a later date.

5.2 Finance

Table 14 NCH&C Metrics

Statement of comprehensive income July 2025	Plan	Actual	Variance	Plan	Forecast	Variance	On plan?
£'000	YTD	YTD	YTD	Full year	Full year	Full year	Full year
Statement of comprehensive income							
Income	57,047	57,610	563	172,368	172,368	-	
Pay	(42,459)	(43,520)	(1,060)	(125,681)	(125,681)	(439)	
Non-Pay	(15,760)	(15,545)	215	(46,662)	(46,662)	-	
Non-operating	(259)	40	299	(959)	(959)	439	
Accounting surplus / (deficit)	**(1,431)**	**(1,415)**	**17**	**(934)**	**(934)**	**-**	
Accounting performance adjustments	324	346	22	934	934	-	
Adjusted financial surplus / (deficit)	**(1,107)**	**(1,069)**	**38**	**0**	**0**	**-**	Yes
Efficiencies							
Recurrent	151	267	116	4,692	4,685	(7)	
Non-Recurrent	454	435	(19)	4,131	4,138	7	
Total Efficiencies	605	702	97	8,823	8,823	-	Yes
Agency expenditure							
Agency spend	(404)	(126)	278	(1,212)	(518)	694	Yes
Bank spend	(1,469)	(1,922)	(453)	(4,408)	(5,541)	(1,133)	No

Table 15 CCS Metrics

Statement of comprehensive income MONTH YEAR	Plan	Actual	Variance	Plan	Forecast	Variance	On plan?
£'000	YTD	YTD	YTD	Full year	Full year	Full year	Full year
Statement of comprehensive income							
Income	59,123	60,049	926	177,366	180,147	2,781	
Pay	(41,920)	(42,080)	(160)	(125,760)	(126,171)	(411)	
Non-Pay	(16,127)	(17,043)	(916)	(48,378)	(51,199)	(2,821)	
Non-operating	(1,076)	(926)	150	(3,228)	(2,777)	451	
Accounting surplus / (deficit)	-	-	-	-	-	-	
Accounting performance adjustments	-	-	-	-	-	-	
Adjusted financial surplus / (deficit)	-	-	-	-	-	-	Yes
Efficiencies							
Recurrent	1,784	2,084	300	6,180	6,180	-	
Non-Recurrent	808	908	100	2,420	2,420	-	
Total Efficiencies			400			-	Yes
Temporary staffing expenditure							
Agency spend	520	299	221	1,560	897	(663)	Yes
Bank spend	484	507	(23)	1,452	1,452	-	Yes

Commentary

5.1 Both Trusts are currently on plan for revenue at month four, with efficiencies broadly tracking expectations. NCHC is slightly ahead of its efficiency targets, while CCS has accrued approximately £0.5m in one-off costs that may be released later in the year to support its efficiency gap.

5.2 The cash balance position at 31 July 2025 differs markedly between Trusts:

- NCHC held £39.2m, equating to 2.8 months of operating expenditure cover.
- CCS held a cash balance of £1.6m, which is £5.5m below plan and represents less than one month of operating cashflows. Working capital was carefully managed in August, and significant receipts from local authorities received, resulting in a £7.7m bank balance at 31 August 2025. Although the position has recovered, an after action review is underway and will be reviewed by the Finance & Infrastructure Committee.

5.3 Agency expenditure is below plan for both Trusts; NCHC by £126k (69%) and CCS by £220k. However, staff bank expenditure is above plan; NCHC by £1.9m (31%) and CCS by £23k. Both Trusts will continue to prioritise minimising agency usage.

5.4 Capital expenditure to date is:

- NCHC: £890k (scored to CDEL), £2.7m behind plan.
- CCS: £881k (scored to CDEL), £817k behind plan.

Both variances are primarily due to timing of IFRS16 lease recognition (£1.9m in NCHC and £1.0m in CCS). Both Trusts expect to deliver their full-year capital plans.

5.5 The Group efficiency target for 2025/26 totals £17.4m (NCHC £8.8m and CCS £8.6m), with £4.3m delivered to date (25%) and £3.1m classed as ‘unidentified’ (18%).

5.6 The Finance teams and Head of PMO are working with Directors and their teams to identify and develop schemes to meet the gap of £3.1mk. This is summarised in the table below:

Directorate	Combined Plan £000's	NCH&C balance to identify £000's	CCS balance to identify* £000's	Total balance to identify* %
N&W Adult's Service	3,139	1,189		38%
N&W Children's Service	1,397	333	(2)	24%
C&P Children's Service	1,292	-	312	24%
BLMK Children's Service	1,591	-	667	42%
Ambulatory Services	1,253	96	(726)	0%
Luton Adult's Service	834	-	752	90%
Chief Finance & Resources Officer	1,171	10	(103)	-
Chief Information Officer	380	29	85	30%
Chief Medical Officer	60	23	12	58%
Chief Nursing & AHP Officer	290	158	67	78%
Chief Operating Officer	93	-	93	100%
Chief People Officer	362	7	94	28%
Director of Corporate Affairs	209	-	(28)	0%
Director of Strategy & Transformation	70	-	-	0%
CCS Estates	400	-	63	16%
CCS contract Income	1,265	-	(20)	0%
NCHC Central allocation	3,617	-	-	100%
Totals	**17,423**	**1,845**	**1,266**	

* Negative figure denotes planned over-delivery against target.

5.7 The following table summarises the overall risk profile for the 2025/26 efficiency programme as follows:

RAG Rating	Recurrent £000's	Non-Recurrent £000's	2025/26 Total £000's	%
High Risk	3,990	-	3,990	23%
Moderate Risk	2,052	1,274	3,326	19%
Low Risk	5,752	4,355	10,107	58%
Total	**11,794**	**5,629**	**17,423**	

5.8 Further work is needed to address the high-risk value of unidentified savings by developing recurrent efficiency schemes and progressing projects through governance to reduce delivery risk.

5.9 A significant portion (47%) of the 2025/26 efficiency programme remains non-recurrent, including 19% from non-recurrent pay savings. As in previous years, under-delivery against recurrent efficiency targets is expected to be offset by non-recurrent savings and use of reserves this year.

Financial Plan - Key Risks at 31 July 2025

Rating	Related BAF risks	Risk description	Mitigations
High	3691	A low **cash balance** in CCS of £1.6m. This is £5.5m below plan and represents one week of operating cash outflows.	Creditor payments are being carefully managed, impacting Better Payment Practice Code performance, while focused efforts continue to recover aged debt from outstanding local authority contracts. **Update:** Risk rating reduced following August receipts. Balance at 31/8/25: £7.7m. Lessons learned in progress.
Medium	3707	Potential clawback of £4m "left shift" **growth funding** in NCHC, which could impact patient flow improvements more than financial outcomes.	Strong engagement with acute providers and the ICB continues focusing on benefits, with recruitment paced to avoid recurring costs ahead of expected funding confirmation from the ICB by the end of August. **Update:** ICB has requested a pause on some initiatives (£2.4m this year) to allow further development of business cases for recurring growth funding from April 2026
Medium	3708	Delivery of **efficiencies** yet to be identified (£1.8m in NCHC and £1.3m in CCS). Additionally, 85% of the planned savings are phased for delivery between months 5-12.	Efficiencies are expected to be found through service-level initiatives or non-recurrent measures, although the longer term focus remains on securing recurring savings.
Low	3691	**Inflationary uplifts** on local authority contracts in CCS (£0.6m) not yet recognised.	Engagement with local authorities is ongoing, with confidence that the £0.6m funding gap will be confirmed shortly.
Low	3707	**Bank staff spend** is ahead of plan in NCHC by £1.9m (31%).	Agency expenditure is below plan by £126k (69%). NHS England has confirmed that overspends on bank staffing will not be penalised provided the overall financial plans are delivered.