



TRUST BOARD (PUBLIC)

Title:	Clinical Operational Boards - Key Issues & Escalation Points
Action:	FOR DISCUSSION
Meeting:	8 May 2019

Purpose:

This report contains a summary of the key issues discussed and escalation points for the Trust Board to either be informed about, or act upon based on the Clinical Operational Boards terms of reference.

The structure of the report has now been revised to specifically identify emerging risks and significant issues as well as highlight examples of outstanding practice or innovation.

The table in Annex A summarises the overall monthly contractual Key Performance Indicator (KPI) position as at the end of March 2019, by Commissioner, that are calculated and known monthly.

The table in Annex B is a summary of provisional quarterly-reported iCaSH, School-aged Immunisations and Child Health indicators as at the end of Q4 2018/19.

The Board should note that the Clinical Operational Boards reviewed performance indicators as at the end of February 2019.

Recommendation:

1. The Board is asked to discuss and note the content of this report. No action is required by the Trust Board.

	Name	Title
Authors:	Mark Robbins Matthew Winn Anita Pisani Taff Gidi	Director of Finance and Resources Chief Executive Deputy Chief Executive Assistant Director of Corporate Governance
Executive sponsor:	Gill Thomas	Director of Governance

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	Each Clinical Operational Board considers the impact of quality effectiveness and patient feedback in the holistic analyses of performance. This report includes an update on the quality site visits from Luton Clinical Commissioning Group.
Collaborate with other organisations	The inter-relationships with a host of other NHS and local government organisations are key to the performance of every service line.
Be an excellent employer	The achievement of recruitment targets, training and appraisal rates and staff welfare are key discussion point in every Clinical Operational Board. The report includes an update on mandatory training rates and a thematic review of risks in Luton identified recruitment and retention as a key challenge.
Be a sustainable organisation	Report includes an update on the financial performance of different services. Report also includes an update on Cost Improvement Plans and agency usage.

Trust risk register

Each Clinical Operations Board considers all unit risks rated 12 or above. Risks scoring 15 or higher are escalated to the Trust Board.

Legal and Regulatory requirements:

N/A

Previous Papers:

Title:	Date Presented:
Clinical Operational Boards - Key Issues & Escalation Points	March 2019

Equality and Diversity implications:

Objective	How the report supports achievement of objectives:
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require.	Not covered in this feedback, but would be central to the efficient running of any service.
To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups.	Not covered in this report
To introduce wider diversity on recruitment selection panels.	Not covered in this report
To deliver customised training and development for staff to further improve awareness of diversity and inclusion.	Not covered in this report
Are any of the following protected characteristics impacted by items covered in the paper	
Age <input type="checkbox"/>	Disability <input type="checkbox"/>
Gender Reassignment <input type="checkbox"/>	Marriage and Civil Partnership <input type="checkbox"/>
Pregnancy and Maternity <input type="checkbox"/>	Race <input type="checkbox"/>
Religion and Belief <input type="checkbox"/>	Sex <input type="checkbox"/>
Sexual Orientation <input type="checkbox"/>	

Name of Committee: Ambulatory Clinical Operational Board
Committee Chair: Nicola Scrivings
Meeting Date: 2 April 2019

Summary of key messages:

- Dentistry teams are re-designing their services to include digital radiography throughout and introducing a single telephone line and administration process for all Minor oral surgery referrals
- Across the division adherence to standards on mandatory training and appraisals is excellent
- Dentistry services are showing pressures in different parts of its portfolio, with some areas seeing huge increases in activity. These issues are being resolved with the commissioners from NHS England, as the Trust cannot afford to overspend on its contracts.
- Activity across all areas of work in sexual health and HIV for all iCaSH services is an average of 16% more compared to this time last year. Discussions are in place and active with all commissioners to better manage expectations with the income available from our commissioners.
- The work to procure a single medicines/pharmacy support contract in iCaSH services is well underway, with the new support services still on track to start on April 1st 2020.
- Quality impact assessments reviews have been undertaken for the 2018/19 Cost improvement plans/projects. No new impacts on patients or quality were identified, other than were identified in the original assessment.

Escalation Points:

- Across the iCaSH services we are facing large increases in activity and hence cost to the service. Actions are underway with all of the relevant commissioners and no action is needed from the Trust Board at this point.
- The Oliver Zangwill Centre is now overspent for over three months due to a drop in income. The position will not affect the Trusts' end year position and the Board is aware detailed work is underway with commissioners to alter the contracting approach and currency – in conjunction with the re-design of the service. Therefore the Board is not asked to decide or consider anything else at this point.

Emerging Risks/Issues:

No new risks or issues were identified by the reporting or sub-committee discussion in addition to those areas already described fully in the Ambulatory care services risk registers.

Examples of Outstanding Practice or Innovation:

- The Ambulatory division has received 2213 separate Friend and Family feedback in February – the average score was 96%
- The Neurotones choir and art project in Bedfordshire continues to go from strength to strength and are up for two awards.
- Dynamic Health have had two articles published in professional journals in February and March

Author:	Matthew Winn
Job Title:	Chief Executive
Date:	5 th February 2019

Name of Committee: Children's Clinical Operational Board
Committee Chair: Anna Gill
Meeting Date: 2nd April 2019

Summary of key messages:

The Trust successfully transferred its acute services to at the end of March 2019 to North West Anglia Foundation Trust (NWAFT).

Outpatient Paediatric MSK Physio services also transferred to other providers: to NWAFT (for North) and to Cambridge University Hospitals Foundation trust (South). The Simple Orthotic service also transferred to NWAFT.

The joint venture with CPFT continues with the focus on 0-19 services. Both Boards approved signing of the Joint Venture agreement, however, the historic funding gap for CPFT services (circa 800K) has delayed the signing of a new section 75 agreement. A 3 month extension to the existing agreement is in place whilst negotiations between CPFT, NHS England, Public health and CCG continue.

Three teams have a QEWTT score of 15 or above. These are: Special School Nursing in Cambridgeshire; Safeguarding Children in Cambridgeshire and the Healthy Child Programme team South Cambridgeshire. Current mitigating actions were outlined to the Clinical Operational Board.

An annual thematic review of risks was presented – in summary:

- Risk management is a crucial consideration across the directorate. Risks are discussed regularly at both Management Teams in Norfolk and Cambridgeshire.
- 33 new risks had been recorded for the directorate during 2018/19 and 6 recorded prior to that. 1 was recorded at 16 (capacity of the Safeguarding Children team in Cambridgeshire) This was subsequently reduced to 12.
- There are no obvious themes or trends, although the risks more frequently reported related to safeguarding (2); LAC (3); services relating to complex children - Special Schools and Continuing Care (4) and Acute Services (6).

Escalation Points:

1. KPI performance in the HCP in Norfolk remains off target on a number of the mandated contacts. In part, this can be explained by changes to reporting standards, which come into effect from April 2019, but public health colleagues have requested be applied immediately to retrospective Norfolk data.
2. LAC performance in Cambridgeshire has had a particular challenge in this reporting period around delays in receiving consent. Work has taken place and the process appears to have improved. This is monitored closely. As expected, the published Ofsted report highlights the issue as an area that requires improvement.
3. The safeguarding children's team in Cambridgeshire have a QEWTT score of 20, which is the same as the last reporting period. Their risk score has decreased recently to 12 (from 16) following the successful recruitment into the Named Nurse role.
4. The Healthy Child Programme south locality in Cambridgeshire has a QEWTT score of 21, which is the same as the last reporting period. Whilst performance on the mandated contacts has not improved, the service continues to mitigate risks with the use of Bank staff and recently sourced a 0.6 wte agency member of staff.
5. The Special School Nursing team continue to have a QEWTT score of 16. Whilst the Special School Heads have recently escalated their concerns, the team continue to ensure that the medical needs of students are supported.
6. Year to date overspend for the Acute budget £581K

Emerging Risks/Issues:

1. The negotiations between CPFT, NHS England, Public Health and CCG continue regarding the historic funding gap and progress is closely monitored through the Programme Board.

Examples of Outstanding Practice or Innovation:

Everyone involved in the transfer of our Acute Paediatric services based at Hinchingsbrooke (Holly ward, SCBU and Out patients) agreed that this was very successful and thanks were given to all of the staff involved both in the unit and behind the scenes in Corporate teams. It was especially noted that the attitude demonstrated by staff during the entire period leading up to and during the transfer were an absolute reflection of Trust's values being put into practice.

Particular thanks were given to Alison Sansome and Sarah Hughes along with other clinical colleagues for their leadership and support for these services over many years.

Author:	Julia Curtis
Job Title:	Chief Nurse
Date:	2 nd April 2019

Title: KEY ISSUES AND ESCALATION POINTS
Name of Committee: BEDFORDSHIRE AND LUTON CLINICAL OPERATIONAL BOARD
Committee Chair: GEOFF LAMBERT
Meeting Date: 3 APRIL 2019

Summary of key messages:

- Bedfordshire Healthy Child Programme 0-19 new service model has gone live with effect from 1st April 2019. ChatHealth and Parentline expected to go live on 29th April 2019.
- The Board received a staff story from Kerry Dufraise. Kerry shared her personal experience of being part of the recent consultation process in Bedfordshire for the new 0-19 Service Model. Kerry shared with the Board that the majority of the process had been positive; however, she did highlight a couple of areas of improvement which will be taken forward with future consultation processes. Kerry is now working as a School Nurse within our Luton Services and is very happy.
- All services across Bedfordshire and Luton are on track to meet their financial plans for 18/19
- It was confirmed that the Service Director in each locality was the senior responsible lead for the SEND agenda in their areas.
- The Board noted and discussed the recent outcome of the SEND inspection across Luton and confirmed its commitment to working with partners on the development of the systems written statement of action. The Board noted that the Bedfordshire services continue to focus on the SEND improvement plan in Bedford Borough following their last inspection.
- The Board received a thematic review of risks for 18/19. A number of themes were identified including training needs for operational leads in relation to the recording and scoring of risks. Service Directors agreed to review all open risks with their teams ahead of the next Clinical Operational Board.
- Luton Community Paediatric Service reported compliance with the 18 week referral to treatment time. To support the sustainability of this level of compliance a business case for additional funding for this service has been submitted to Commissioners to support the services during 19/20. The service was expecting a positive outcome.
- Following the Board meeting, the Board had a short development session on the outcomes framework within the Bedfordshire Children's Services. The Board recommends that a development session takes place with the Trust Board as a whole as part of its Board Development cycle in 19/20 in relation to this.

Escalation Points:

QWETT Scores over 16:

- Bedfordshire services reported 3 QWETT scores above 16 in February 2019. These were for Children's Continuing Care - 20; Specialist School Nursing - 16 and Children's Community Nursing - 20 teams. Reasons for these scores varied from unexpected demands on the services; staffing challenges and interim leadership. Risk assessment had been completed where appropriate.
- Luton Universal Children's Service reported 3 QWETT scores above 16 in February 2019. Health Visiting South – 20; Health Visiting Central – 22; Health Visiting West – 20. Reasons for increased scores predominately relate to staff vacancies and sickness absence. Discussions taking place with Commissioners to agree a Business Continuity Framework to assist the service in managing these pressures. In addition, a recruitment plan and a variety of other actions are in train to mitigate the current risks and to assist the service in recruiting to vacancies and filling their capacity gaps. Whilst the service is under pressure it is prioritising safeguarding; universal plus and universal partnership plus interventions.

Red Rated KPIs for 2 consecutive months:

- Luton Adults compliance with CPR and manual handling remains just below target at 91% and 90% respectively against a target of 92%.
- Sickness absence levels across all services remain above target. Target is 4.2% and services reporting for February 2019 rolling levels of between 4.36% - 6.56%. The Board was assured that all appropriate human resources support was in place and that individual cases were being followed up and managed appropriately.
- Stability rate in Luton Adults (83.86%) and Luton Children's Specialist Services (79.20%) remain below the Trust target of 87%. Reasons for the low stability rate in Specialist Services has been previously explored and this is linked to the high turnover experienced early on in the year within our extended continuing care team, however, as expected this indicator is slowly improving.
- Bedfordshire Mandatory training compliance although meeting overall compliance levels at between 92% and 94%, there remained a few areas of non-compliance in individual subject areas. The Service Director assured that Board that this remains an area of focus for service leads and the Board acknowledged that the service had achieved significant improvements in their compliance over the past few months
- Bedfordshire Safeguarding Supervision – the Service Director briefed the Board on the current issues and differences in expectations between their previous employer and the Trust. Assurance was given that full compliance against the Trust standard for safeguarding supervision would be achieved by September 2019 at the latest. The Board encouraged the service to aim for compliance by June 2019 wherever possible.
- Harm Free Care – Luton Adults – target 96%, achieved 92.22% in February 2019. This was due to 4 patients having tissue damage harm noted on admission to the case load and one fall reported during the care of another provider. 94.16% achievement in March 2019 however, the new harm metric is more indicative of the care directly provided by our staff and this was 99.27% in March.
- Bedfordshire Health Child Programme mandated checks – the service has continued to maintain performance and it is recognised that the new service model comes into place in April 2019.
- Luton Healthy Child Programme mandated checks – currently non-compliant with 4 out of the 5 checks, however, it was reported that the service is currently reviewing these KPIs with Commissioners.
- BCG vaccinations – target 90%, compliance in February 2019 – 75.6%. This performance level links to the local hospital not undertaking vaccinations on site. Commissioners remain in discussions with the hospital about this. The Board expressed and noted its disappointment that this issue remains unresolved between the hospital and the Commissioner.
- Luton Community Paediatrics remain non-complaint with the threshold for the % of GP letters following first outpatient appointment and the % of follow-up reports being sent. However, improvement in performance in all of these areas had been achieved. Weekly monitoring continues to take place.
- Luton Adults - Referral to Live Well Luton Service for adults with a BMI over 30. For January 2019 – 7 referrals were achieved against a threshold of 10. Discussions continue with Commissioners in relation to validity of this metric.

Risks 15 and above:

- Bedfordshire Children's Services – Capacity within Children's Community Nursing team. Currently scored at 15 with a target of 8. Progress and assessor recommendations and controls in place to mitigate risk.
- Luton 0-19 Universal Services – Current staffing levels across teams. Scored at 16 with a target score of 9. A number of actions are currently in train to mitigate and reduce this risk.
- Luton Adults – Staffing levels to deliver the Enhanced Models of Care. Scored at 16 with a target score of 12. Service Director verbally updated on a number of actions taking place to mitigate this risk and the Board requested that the team update the risk with progress; controls and assessor recommendations.

Emerging Risks/Issues:

- Bedfordshire services being unable to demonstrate to Commissioners satisfactory compliance with all Outcome measures for 18/19 which may lead to non-payment of a proportion of the 10% incentive payment.
- Cost improvement plan still to be fully identified for 19/20 across Luton Services. Service Director working directly with finance leads on this.

Examples of Outstanding Practice or Innovation:

- Overall mandatory training compliance across Luton Services – ranges from 96% - 98%. Target for 18/19 is 92%.
- Stakeholder Market Place Event at Child Development Centre in Kempston.
- Appraisal compliance levels within Bedfordshire 0-19 universal services – 95.81%

Author:	Anita Pisani
Job Title:	Deputy Chief Executive
Date:	29 April 2019

Annex A - Summary of monthly-reported and tracked indicators

Contract	Rating	2017/18												2018/19												2018/19 year end forecast	Notes/Implications
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Cambridgeshire and Peterborough CCG	GREEN	11	10	18	18	18	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16		
	RED	1	2	5	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	% GREEN	92%	83%	78%	78%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Cambridgeshire County Council (iCaSH)	GREEN	4	4	4	4	4	4	4	4	4	4	4	4	4	4	2	3	4	4	4	3	4	4	4	4	The commissioner has adjusted the target for access to LARC method of choice from 5 working days to 10 working days, which will show improved performance from April 2019.	
	RED	0	0	0	0	0	0	0	0	0	0	0	1	1	1	3	2	1	1	1	2	1	1	1	1		
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	80%	80%	40%	60%	80%	80%	80%	60%	80%	80%	80%	80%		
Cambridgeshire County Council (Healthy Child Programme)	GREEN	8	8	8	5	6	5	8	9	9	9	7	7	5	4	5	8	9	8	10	10	10	9	10	10		
	RED	4	4	4	7	6	7	4	3	3	3	5	5	6	7	6	3	2	3	1	1	1	2	1	1		
	% GREEN	67%	67%	67%	42%	50%	42%	67%	75%	75%	75%	58%	58%	45%	36%	45%	73%	82%	73%	91%	91%	91%	82%	91%	91%		
Peterborough City Council (iCaSH, also included in quarterly results table)	GREEN	16	16	17	15	15	14	17	18	16	16	16	16	16	15	15	16	15	15	15	15	15	14	14	14	Demand is currently in excess of capacity. Commissioners are aware and understand that the service cannot meet the KPIs and performance notices will not apply. The Trust has written to the commissioner to confirm the ongoing pressures and impacts on the service requesting that KPIs are suspended until resolved, which was agreed.	
	RED	3	3	2	4	4	5	4	3	5	5	5	5	5	6	1	1	2	2	2	2	2	3	3			
	% GREEN	84%	84%	89%	79%	79%	74%	81%	86%	76%	76%	76%	76%	76%	71%	94%	94%	88%	88%	88%	88%	88%	82%	82%	82%		
NHS England (Community Dental Service)	GREEN	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4	5	5	5		
	RED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%		
Luton CCG (Luton CHS)	GREEN	39	45	46	43	38	42	37	38	40	36	36	39	34	37	38	34	33	36	35	34	36	33	34	39	Red exceptions have been reviewed with the commissioner. Some metrics are longer applicable or have target thresholds that are being revised as part of contract agreement.	
	RED	6	1	4	5	8	5	6	5	5	5	5	5	9	6	8	8	9	12	8	9	10	10	11	9		
	% GREEN	87%	98%	92%	90%	83%	89%	86%	88%	89%	88%	88%	89%	79%	86%	83%	81%	79%	75%	81%	79%	78%	77%	76%	81%		81%
Luton CCG (new ambulatory services transferred from EPUT)	GREEN														22	22	22	22	22	22	22	22	22	22	22		
	RED														0	0	0	0	0	0	0	0	0	0	0		
	% GREEN														100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Suffolk County Council (iCaSH)	GREEN	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		
	RED	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	% GREEN	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Norfolk County Council (iCaSH)	GREEN	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5		
	RED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Norfolk County Council (Health Child Programme)	GREEN	23	22	21	19	24	34	29	29	30	31	28	28	22	22	21	21	21	21	18	18	18	17	15	13	The reporting template has been amended by the commissioner, and changed the way that legitimate exceptions are reported. This is impacting reported performance against the universal health visiting metrics.	
	RED	10	10	10	13	9	3	3	3	2	1	4	4	5	5	6	6	6	6	6	6	6	7	9	11		
	% GREEN	70%	69%	68%	59%	73%	92%	91%	91%	94%	97%	88%	88%	81%	81%	78%	78%	78%	78%	75%	75%	75%	71%	63%	54%		54%
Bedfordshire LAs (iCaSH)	GREEN	19	19	21	21	21	23	23	24	24	22	23	23	24	25	26	25	28	24	25	27	27	27	27	27	Recent improvement in monthly KPI performance.	
	RED	7	7	5	5	5	4	4	3	3	5	4	4	5	4	5	6	3	7	6	4	4	4	4	4		
	% GREEN	73%	73%	81%	81%	81%	85%	85%	89%	89%	81%	85%	85%	83%	86%	84%	81%	90%	77%	81%	87%	87%	87%	87%	87%		
Bedfordshire LAs (Healthy Child Programme and oral health promotion)	GREEN																		13	14	14	14	14	14	14		
	RED																		7	6	6	6	6	6	6		
	% GREEN																		65%	70%	70%	70%	70%	70%	70%		
Bedfordshire CCG (ambulatory services)	GREEN																		3	3	4	4	4	4	4		
	RED																		0	0	0	0	0	0	0		
	% GREEN																		100%	100%	100%	100%	100%	100%	100%		
Bedfordshire CCG (children's Services)	GREEN																		13	13	11	11	11	11	11		
	RED																		3	3	3	3	3	3	3		
	% GREEN																		81%	81%	79%	79%	79%	79%	79%		
TRUSTWIDE	GREEN	134	138	148	139	140	152	148	152	153	148	144	147	157	159	161	158	161	189	189	189	190	185	188	190		
	RED	31	27	31	39	32	24	21	17	18	19	23	23	31	29	27	27	24	41	33	32	34	36	38	38		
	% GREEN	81%	84%	83%	78%	81%	86%	88%	90%	89%	89%	86%	86%	84%	85%	86%	85%	87%	82%	85%	86%	85%	84%	83%	83%		83%

Annex B - Summary of quarterly-reported iCaSH, School-aged immunisations and Child Health indicators

Greyed-out indicators have had performance monitoring suspended and are provided for information only.

Provisional values are underlined

Contract	Rating	2017/18				2018/19			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Cambridgeshire County Council (iCaSH)	GREEN	23	22	21	21	18	18	21	22
	RED	0	1	2	2	4	4	1	0
	% GREEN	100%	96%	91%	91%	82%	82%	95%	100%
Peterborough City Council (iCaSH, also reported monthly)	GREEN	17	14	16	16	15	15	15	14
	RED	2	5	5	5	2	2	2	3
	% GREEN	89%	74%	76%	76%	88%	88%	88%	82%
Suffolk County Council (iCaSH)	GREEN	8	8	8	8	11	8	7	<u>7</u>
	RED	0	0	0	0	0	0	2	<u>2</u>
	% GREEN	100%	100%	100%	100%	100%	100%	78%	<u>78%</u>
Norfolk County Council (iCaSH)	GREEN	17	17	17	19	16	16	15	<u>15</u>
	RED	0	0	0	0	0	0	1	<u>0</u>
	% GREEN	100%	100%	100%	100%	100%	100%	94%	<u>100%</u>
Norfolk County Council (Healthy Child Programme)	GREEN	4	4	5	5	7	6	9	2
	RED	3	3	2	2	2	3	3	1
	% GREEN	57%	57%	71%	71%	78%	67%	75%	67%
Bedfordshire LAs (iCaSH)	GREEN	0	1	0	0	3	3	3	3
	RED	3	2	3	3	4	3	3	3
	% GREEN	0%	33%	0%	0%	43%	50%	50%	50%
Bedfordshire LAs (Healthy Child Programme and oral health promotion)							6	6	6
							4	4	4
							60%	60%	60%
Bedfordshire CCG (ambulatory services)	GREEN	0	1	0	0	1	1	1	1
	RED	3	2	3	3	2	2	2	2
	% GREEN	0%	33%	0%	0%	33%	33%	33%	33%
Bedfordshire CCG (children's Services)							2	2	2
							0	0	0
							100%	100%	100%
NHS England (school-aged immunisation service)	GREEN	10	10	9	9	8	8	9	9
	RED	1	1	0	0	1	1	0	0
	% GREEN	91%	91%	100%	100%	89%	89%	100%	100%
TRUSTWIDE	GREEN	79	77	76	78	79	83	88	81
	RED	12	14	15	15	15	15	14	11
	% GREEN	87%	85%	84%	84%	84%	85%	86%	88%