

Title:	Integrated Governance Report
Action:	For DISCUSSION
Meeting:	18 March 2020

Purpose:

This report provides an overview of quality, performance, workforce and finance for December 2019 and January 2020 assessed in relation to the Trust's strategic objectives and associated risks of achieving these objectives.

For each objective, the report provides a visual assessment of (a) the direction of travel for achieving the Trust's objectives; (b) the strength of assurance the report provides in relation to the Trust's strategic risks and high scoring operational risks and (c) the level of assurance the report provides for the domains of safe, caring, effective, responsive and well led.

Executive Summary:

The Integrated Governance Report provides a summary of Trust performance against each objective during December 2019 and January 2020 and the assurance set out in each domain.

Exceptions are reported against each of the four strategic objectives within the Integrated Governance Report attached.

Recommendation:

The Board is asked to review the assessment of assurance set out above and in the assurance summary for each objective as outlined in the report and satisfy itself that the information contained in the Report supports this summary.

Supporting Information:

Appendix 1: Quality Dashboard

Appendix 2: Contractual Performance by Commissioner

Appendix 3: Details of Strategic risks and high operational risks

Appendix 4: Assurance Framework

Appendix 5: Key for statistical process control charts

	Name	Title
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Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Collaborate with other organisations	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be an excellent employer	The report assesses quality, performance, workforce and finance against each of the Trust's objectives
Be a sustainable organisation	The report assesses quality, performance, workforce and finance against each of the Trust's objectives

Trust risk register

The report assesses the strength of assurance provided in relation to the Trust's strategic risks and high scoring operational risks

Legal and Regulatory requirements:

All CQC Key Lines of Enquiry and fundamental standards of care are addressed in this report

Diversity and Inclusion 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.	Compliance with the 18 week Referral to Treatment target is included in Strategic Objective 1.							
To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups.	Examples of patient and service user engagement continue to be highlighted in the Report							
Introduce Disability Passport Scheme to record agreed reasonable adjustments.	This project is covered by the People Participation Committee and is reported in a separate part of the Board meeting.							
To utilise the diverse experience and backgrounds of our Trust Board members in promoting an inclusive culture.	This project is covered by the People Participation Committee and is reported in a separate part of the Board meeting.							
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"/>

CONTENTS

Page No.

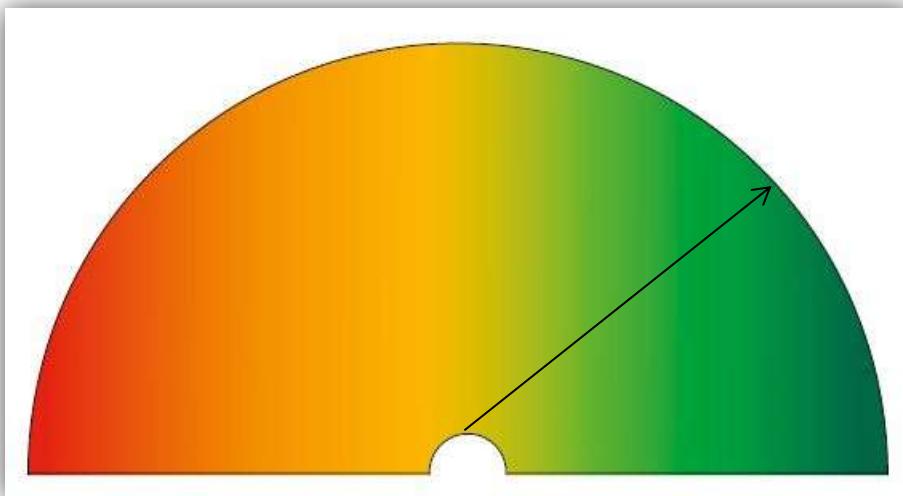
Part One – Assurance Summary and Performance for October and November 2019

Outstanding Care	1
Excellent Employer	17
Collaborate with other Organisations	23
Sustainable Organisation	32

Part Two – Supporting Information

Quality Performance Dashboard
Summary of monthly and quarterly reported and tracked indicators
Strategic Risks and Operational Risks 15 and above
Assurance Framework
Statistical Process Control Chart Key

A: Assurance Summary



- 1.1. Based on assurance, risks and performance for the reporting period December 2019 and January 2020, the direction of travel for achieving the strategic objective of providing outstanding care has dipped from the previous report in November 2019 for the reasons outlined in the following sections including increase in the related Strategic risk and outcomes of peer reviews and service self-assessments.
- 1.2. Assurance is also taken from previously reported sources that is; January 2020 Board Integrated Governance report and Quality Improvement and Safety Committee updates.
- 1.3. Our Care Quality Commission (CQC) inspection rating 'Outstanding' overall remains in place from August 2019 with 'Outstanding' within the caring and well-led domains. Areas for improvement were identified and progress reported to each Clinical Operational Board in March 2020. The Board can take reasonable assurance that progress is on track with these as detailed in Annex 1.
- 1.4. The following Key Lines of Enquiry apply to this Strategic Objective and the Board can take the following levels of assurance (as outlined in the underpinning Assurance Framework):

Safe – Reasonable Assurance

This is due to the impact of staffing pressures within a number of our services. Although adequately controlled, Business Continuity Escalation Plans (agreed with commissioners) are in place for a number of our 0-19 services.

Caring – Substantial assurance continues due to the Trust wide CQC rating of Outstanding for this Key Line of Enquiry along with 96.7% satisfaction with our services fed back through the Friends and Families mechanism. This exceeds the target set in our Measures for this objective (90%).

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An annual summary of actions taken relating to patient stories heard by the Board throughout 2019 / 2020 is included at Annex 2.

Effective – Reasonable assurance due to continued reduced levels of safeguarding supervision against target of 95% (91% December and 89% January) and level 3 safeguarding training at 89% and 88% against a 93% target.

Responsive – Reasonable assurance maintained due to 86% of complaints responded to on time (13/15). Community Paediatrics (Bedfordshire) did not meet the 18 week RTT target in January; mitigation is outlined in section 8.

Safe	<ul style="list-style-type: none"> One Serious Incident – no Never Events No healthcare acquired infections QEWT scores December 5 ≥ 16; January 5 ≥ 16 	Reasonable
Caring	<ul style="list-style-type: none"> Outstanding care – patient story FFT 96.7% (target 90%) Number of informal and formal complaints within expected variance Summary update of Patient story actions from 2019 / 2020 	Substantial
Effective	<ul style="list-style-type: none"> Mandatory training 94% December and 94% January (target 93%) Safeguarding supervision 91% December and 89% January (target 95%) 	Reasonable
Responsive	<ul style="list-style-type: none"> Complaints response time 86% (13/15) in reporting period Consultant-led referral to treatment time above 92% target in all services except Bedfordshire Community Paediatrics (86%) 	Reasonable

B: Measures for Achieving Objective (currently under review for April 2020 implementation)

Measure	19/20 Target	20/21 Target	Data source	Reporting frequency
Care quality standards	Outstanding	Outstanding	Formal assessment	Annual
Patients / carers satisfied with care provided	90%	TBA	FFT	Monthly
Staff recommend the Trust as a place to work or receive treatment	Above national average	Above national average	NHS Annual Staff Survey	Annual

C: Risks to achieving objective

Strategic risks

- Risk ID 2971** - There is a risk that due to the complexity of system working, the Trust will not be able to deliver the agreed models of care (Risk rating 8). Please note this risk was closed on 9th March 2020.
- Risk ID 2967** - There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care Standards (Risk rating 4).
- Risk ID 2969** - There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce (Risk rating 8). This risk was closed on 19th February 2020.

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4. **Risk ID 2970** - *There is a risk that the Trust is unable to maintain high quality care across the organisation due to the increased number of services facing workforce challenges (Risk rating 12). This risk was closed on 9th March 2020.*

Update on risk 2967:

This risk has been closed (rated 4) and a new BAF risk for 2020 / 2021 3166 opened, rated at 8.

As reported previously, within the CQC report August 2019 there was one ‘must do’ and thirteen ‘should do’ actions required of the Trust. As reported in section 1.3 areas for improvement were identified and progress reported to each Clinical Operational Board in March 2020. The Board can take reasonable assurance that progress is on track with these as detailed in Appendix 1.

The ‘must do’ action requires that we continue to monitor and actively recruit staff within our Healthy Child Programme, ensuring adequate number of staff with the appropriate skill mix to deliver care to children.

Operational risks 15 and above

1. **Risk ID 2915 (rated 16)** *There is a risk that we will be unable to deliver the Healthy Child Programme (Luton). This includes the early identification of children and their families in need of further support including safeguarding concerns*
 - 1.1 The Health Visiting Service continues to work with reduced workforce due to vacancies and other capacity challenges. The service is currently working under level 3 of their business continuity escalation framework with a moderation to service delivery related to mandated contacts agreed with commissioners. A number of both Health Visitor and Nursery Nurse posts have been recruited to in the past month with start dates and induction being progressed. With staff successfully inducted and in the post the risk score will be reduced accordingly.
 - 1.2 In order to facilitate sustainability of the health child programme, the service is currently reviewing skill mix options and new clinical pathways. The new clinical pathways are being collaboratively designed with commissioners to inform the workforce levels that the service will require going forward.
2. **Risk ID 2554 (rated 15)** *Under resourcing and a reduction in current staffing levels in the Children's Continuing Care in Cambridgeshire is significantly impacting on levels of respite care we are able to provide leading to multiple no covers and cancellations.*
 - 2.1 The Children's Clinical Operational Board on 3 March 2020 was informed that this risk will close at the end of March when the three additional contract variations will finish.
3. **Risk ID 3096:** *There is a risk that we will not have sufficient staffing to effectively run the SPOC due to reduced staffing capacity. The impact of this will be that we will not be able to respond in a timely way to referrals which may cause delays to supporting our patients. (Risk rating 16).*

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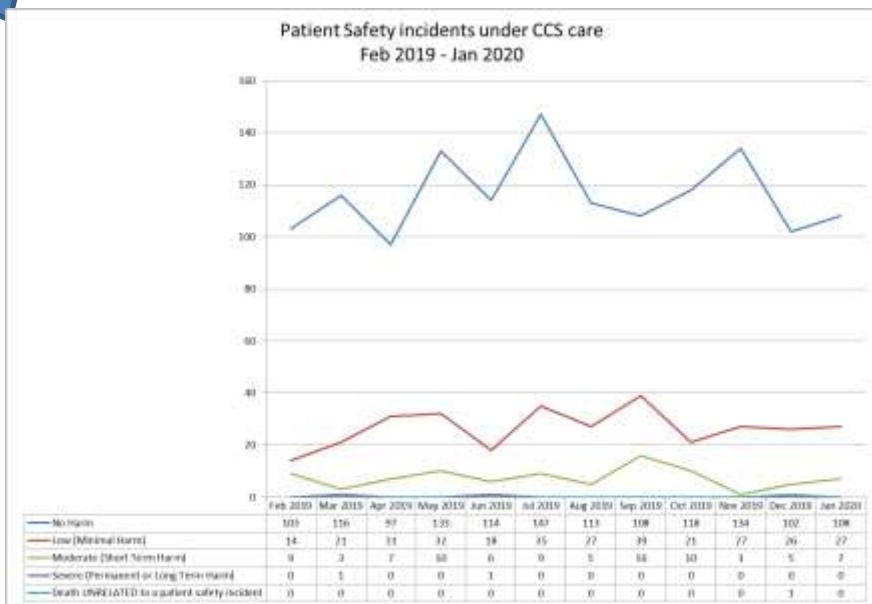
- 3.1 In addition to ongoing recruitment drive and rotation of administrative staff into the service to support capacity challenges, a review of the current staff job description is being undertaken. It is anticipated that the revised role will add further support to attracting candidates.
- 4. **Risk ID 3155:** *There is a risk that staff sickness / absence will increase due to the spread of Coronavirus that means patients may not be able to receive the services that they require and in the context of the increased demands for acute medical care for patients (risk rating 16)*
 - 4.1 Full update on actions outlined in section 4

D: Overview and analysis (including information from the Quality Dashboard Appendix 1)

1. Patient safety incidents

- 1.1 One Serious Incident (SI) was declared in January 2020 within the Norfolk 0-19 Healthy Child Programme Service – North Locality. The incident relates to missed opportunities to escalate safeguarding concerns when the incorrect process was followed regarding the bruising to a non-mobile baby. The investigation is underway and due for completion 30 March 2020.
- 1.2 One Root Cause Analysis (RCA) investigation was initiated in December 2019 involving a prescribing error in our iCaSH service. This has a deadline of 6 March 2020.
- 1.3 The chart below highlights the patient safety incidents that occurred under our care during the two month period. These totalled 276, of which 76% were no harm, 19% low harm, 4.5% moderate harm and 0.5% death unrelated to patient safety (this involved a school aged child in Luton and an investigation is currently under way as part of a Serious case review).
- 1.4 In total, there were 12 moderate harm incidents, 10 of which were pressure ulcers reported within Luton Adult Services. These incidents are undergoing scrutiny from the Tissue Viability Nursing Team and learning will be shared via the Luton Quality and Risk Group with escalation and dissemination of learning as appropriate. A progress update on pressure ulcer prevention and management work was given at the Bedfordshire and Luton Clinical Operational Board.
- 1.5 The two remaining moderate harm incidents related to the mis-placement of a contraceptive implant (iCaSH Suffolk) which is under investigation and an error made by a Health Visitor (Norfolk 0-19 HCP) when recording / graphing a measurement. A local investigation was carried out and the learning shared.

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2. Safety Thermometer (This metric is overseen locally by Luton Adult services and an update is due to be received by the March Clinical Operational Board).

- 2.1 The overall harm free result was 97.98% in December but dipped to 82.1% in January (target 96%).
- 2.2 The new harm metric is more indicative of the care directly provided by our staff and this was 100% in December and 99.38% in January (target 98.5%), which is similar to the scores achieved in the preceding two months. The Clinical Operational Board in March received an update relating to pressure ulcer prevention and management and all 16 cases have been investigated by the Tissue Viability Service which concluded that there were no concerns identified regarding patient care and preventable harm.

3. Safeguarding

- 3.1 We are currently contributing to 11 Serious Case Reviews (SCR) and six Multi Agency Reviews (children), one Serious Adult Review (SAR) and one Multi Agency Review (adults) across our service portfolio. A number of these external reviews were due to be concluded in January; publications have been delayed and will be closed once reports have been published in March 2020. Learning is included in local Level 3 training annual updates.
- 3.2 A number of services did not achieve the 93% compliance target for Safeguarding Children Level 3 training resulting in an overall Trust wide rate of 89% in December and 88% in January. This was due to a number of factors including safeguarding team and locality staff sickness and service capacity challenges. Additional training has been provided and managers have been asked to identify all staff that are non-compliant and to ensure attendance at the next training session.

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- 3.3 We have exceeded the targets for all components of Safeguarding of Adults at Risk and Prevent training except Mental Capacity Act (92% in January).
- 3.4 Safeguarding children supervision rates dipped to 91% in December and 89% in January (95% target). This target has not been met since April 2019. A number of staffing pressures have contributed to this position with Cambridgeshire teams being most affected. Work continues to improve the overall position in each locality.

4. Infection prevention and control

- 4.1 We are following all national guidance relating to preparing for, and managing the current Covid-19 outbreak. This work is being led by our Emergency Preparedness and Resilience Accountable Officer (Director of Governance) and Medical Director. We have established the Trust Incident Management Team, which includes Service Directors, and meets daily to update on progress and plan necessary actions. We are implementing the Influenza Pandemic Contingency Plan and are reviewing Business Continuity Plans to support delivery of essential services if necessary. The Director of Governance and the Resilience Team are also fully engaged with the multiagency Local Resilience Forums, which are responsible for overall preparedness and the response of all partners in each geographical area. We are contributing information to any required situation reports from regional or national colleagues.

We have focused on a number of key areas:

- Worked in partnership with East London Foundation Trust to establish a community diagnostic swabbing service across Luton and Bedfordshire
- Preparing our services to deal with a number of scenarios that may occur during the months ahead including significant staff absence due to sickness or self-isolation, or increased demand for inpatient services to manage acutely unwell patients. Service Directors are leading clinical services in undertaking scenario based testing of their Business Continuity plans
- Training of appropriate staff in the use of Personal Protective Equipment (PPE)
- Providing information to staff on COVID-19, including the importance of good hand hygiene, via regular all staff communications and a dedicated intranet page.

- 4.2 The National requirement for the 2019 / 2020 Influenza campaign is for NHS Trusts to vaccinate 80% of their patient facing healthcare workers. The 2019 / 2020 staff flu immunisation programme commenced in October and finished at the end of February 2020. The overall uptake of front line staff is 73.5%. This is an increase of 7.7% compared to the previous year.

The divisional breakdown is as follows:

- Ambulatory Care - 83.5%
- Bedfordshire Children & Young People - 77.4%

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- Cambridgeshire & Norfolk Children & Young People – 70.1% (Norfolk – 58.6%)
- Luton Adults - 60%
- Luton Children & Young People – 69.7%

- 4.3 A de-brief of the learning from the 2019 / 2020 campaign is planned for March 2020. Feedback will assist in the delivery of the Trust's 2020 / 2021 Campaign and learning will be summarised in the May 2020 Board report.
- 4.4 There were no confirmed bacteraemia cases of MRSA, Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during December 2019 and January 2020. We have not been notified of any positive cases of C.difficile during this period.

5. Safe staffing, including escalated Quality Early Warning Trigger Tool (QEWT) scores from Clinical Operational Boards.

- 5.1 The chart below highlights those services with scores 16 or above for December and January along with those with improved positions from the previous reporting period:

	Team	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Luton Children's Services	Health Visiting Luton South	13	16	13	14	14	17	17	16	16	18
	Community Paediatrics	9	9	11	20	18	22	22	22	13	14
	Community Audiology	9	8	8	8	9	16	16	16	20	22
Cambridgeshire Children's Services	South Locality	21	18	16	20	15	20	23	17	21	21
Norfolk 0-19 HCP	City Locality 1 & 2	9	9	12	7	10	13	19	18	12	15
	Breckland Locality	10	10	10	8	8	8	10	16	14	12
Bedfordshire Children's Services	Speech & Language Therapy	19	23	21	21	17	21	19	19	19	15
	Nutrition & Dietetics	17	12	10	12	12	14	13	19	16	16
	Community Paediatrics	7	9	13	15	11	10	9	16	14	18

- 5.2 Two teams in Luton Children's services continue to report QEWT scores of 16 or above due to staffing pressures:

- **Health Visiting (south)** – As described in section C, the Health Visiting Service continues to work with reduced workforce due to vacancies and other capacity challenges. The service is currently working under Level 3 of their business continuity escalation framework with a moderation to service delivery related to mandated contacts agreed with commissioners. A number of both Health Visitor and Nursery Nurse posts have been recruited to in the past month with start dates and induction being progressed. With staff successfully inducted and in the post the risk score will be reduced accordingly.

In order to facilitate sustainability of the health child programme, the service is currently reviewing skill mix options and new clinical pathways. The new clinical pathways are being collaboratively designed with commissioners to inform the workforce levels that the service will require going forward.

- **Audiology** – The audiology service continues to have recruitment challenges with a reliance on locum support. The breached position worsened in January 2020 due to the unexpected

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absence of a qualified audiologist. Forty three cases breached (6 week waits) in January 2020. An improved position is now projected due to identifying additional locum capacity, a member of staff returning from maternity leave and establishing Saturday clinics. The breach position is reported to commissioners weekly.

- **Bedfordshire Community Paediatrics** - Referral To Treatment wait is current 20 weeks on average against an 18 week target, a significant improvement from recent months. Contributory factors to the delays continue to include an increasing volume of accepted referrals, clinical resource diverted to address follow up waits and high demand for community Paediatricians within the current clinical model. A number of mitigating actions have been put in place prior to a full demand and capacity modelling exercise with detailed oversight from the Clinical Operational Board. As part of the mitigation, a clinical harm review has been facilitated by Dr David Vickers for all Children with a long follow up wait (over one year). No harm was identified with actions now in place to facilitate either a face to face review, telephone review or discharge if clinically recommended.
- 5.3 **Nutrition & Dietetics Bedfordshire** - A new service lead has been appointed and starts in post in April 2020. Demand and capacity work is currently being undertaken within the service to ensure there is capacity to prioritise urgent referrals based on clinical need.
- 5.4 **Cambridgeshire South 0-19** - Locality team score increased to 21 in the period mainly due to changes in the leadership team. There is an expectation that score will reduce with planned support in the locality from the North Locality.

6. Information governance

- 6.1 Mandatory Information Governance Awareness training has dipped to 93% overall. Managers have been made aware via ESR reports. Following a reminder email sent by the Medical Director and Senior Information Risk Owner in December to non-compliant staff, the Information Governance Manager sent an email to Service Directors and Heads of Service providing them with a list of non-compliant staff and asking them to ensure their staff undertake the training as soon as possible.
- 6.2 In December and January, 21 incidents were reported under the confidentiality category. The majority of incidents were due to wrong email or postal address being used or not paying attention to basic information governance best practice.

7. Patient Experience

7.1 Friends and Family Test (FFT)

- 7.1.1 In line with national changes to the Friends and Family Test, we are on track for the implementation on 1 April 2020. We are working with our survey contractors, IQVIA, to ensure that there is a smooth transition.

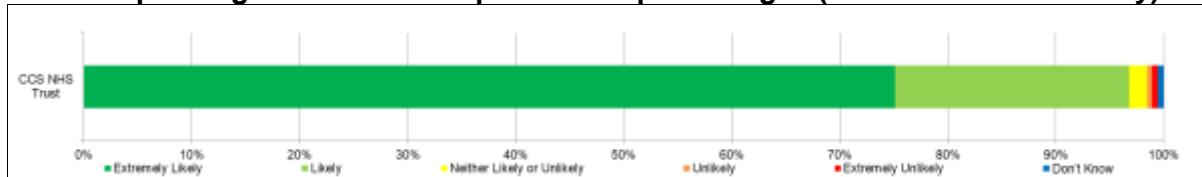
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7.1.2 We received 2,466 responses in December and 2,580 in January to the FFT question.

7.1.3 The overall Trust FFT recommendation score remained high at 96.79%, with a 0.97% not recommend score. The recommend score was slightly lower than the previous two month period and the not recommend slightly higher. We remain above Trust target of 90% recommendation score.

7.1.4 Below is the percentage of responses to each category of the FFT question for the overall Trust.

Response given to the FFT question as percentages (December and January)

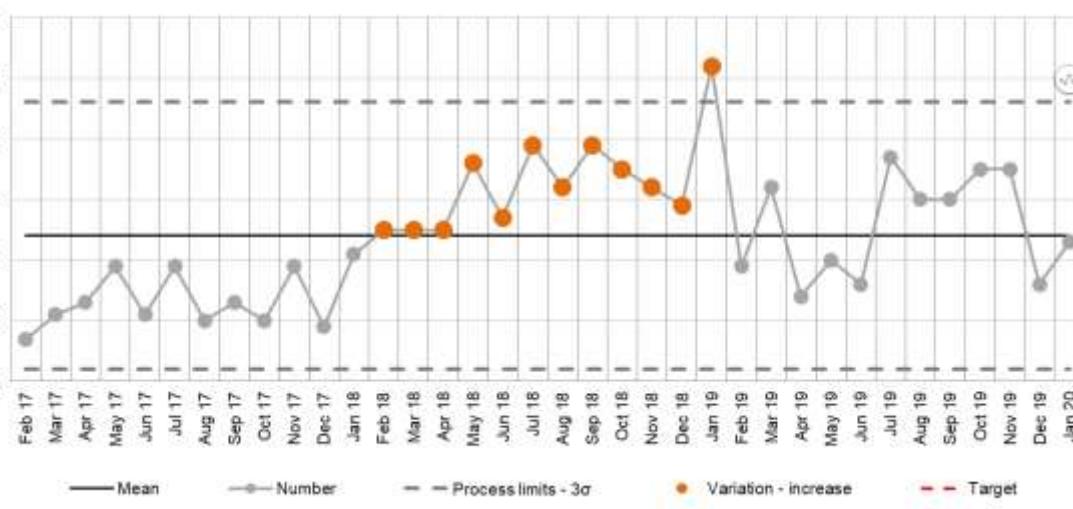


7.1.5 In December and January the services we provide received 4,734 positive comments on surveys and feedback forms used across the Trust.

7.2 Informal complaints received

7.3.1 The total number of informal complaints received and logged was 39 in this data period; this was fewer than average but within our expected variance, as shown in the chart below. (NB logging of all informal complaints started from January 2018.)

Number of Informal Complaints Received- starting 01/02/17



7.3 Themes and learning from informal complaints closed in December 2019 and January 2020

Provide outstanding care

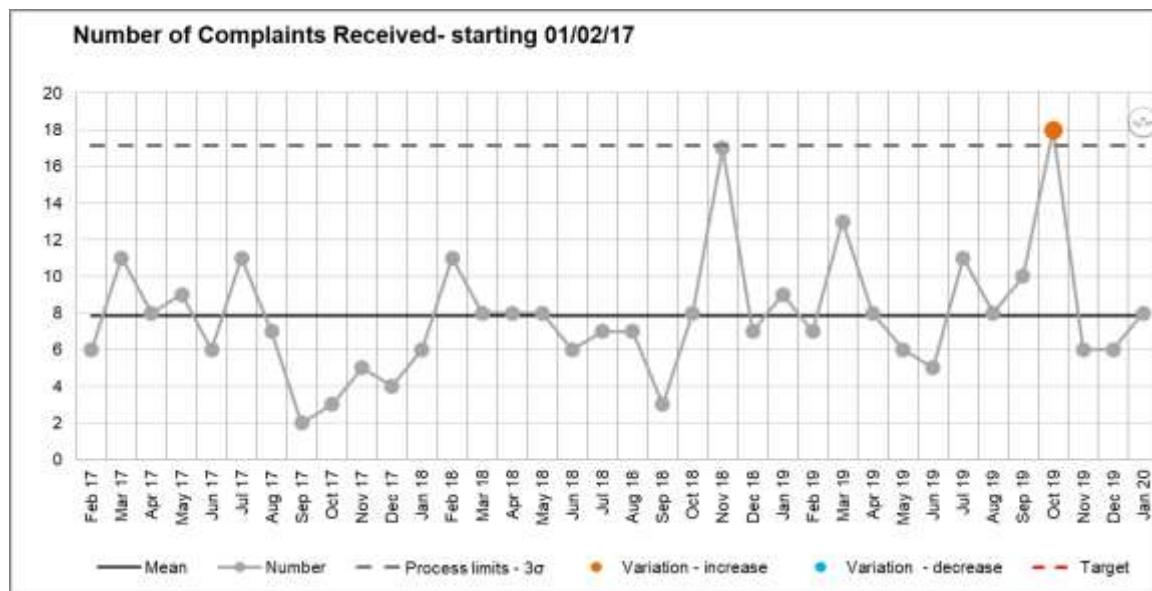
7.3.1 During December and January our services, with the support of the Patient Experience Team, were able to resolve and close 39 informal complaints. These were resolved locally through local resolution and enabled services to work with service users / patients in a more timely way to deal with the concerns raised.

7.3.2 The top two themes of the informal complaints closed within this period were Communication and Information (10) and Administration (9). Both were also the top themes in October and November 2019. Of those concerning Administration, six were about iCaSH services in Cambridgeshire of which five were about the Express Test service.

7.3.3 In total there were seven informal complaints about the Express Test service concerning difficulties in obtaining kits due to the fact that we have exceeded the number of tests that we are commissioned to administer. The service managers are working in partnership with commissioners and the feedback we receive is forming part of these discussions.

7.4 Formal Complaints

7.4.1 The Trust received 14 formal complaints in this data period (six in December and eight in January). The number of formal complaints received in December was below average but in both months the numbers received were within the normal range of variation.



NB: The Lower Process Control Limit is 0.7. It is impossible to have fewer than 0 complaints in month so this is not shown on the graph above.

7.5 Themes and learning from formal complaints closed in October and November 2019

7.5.1 Within this data period we responded to and closed 20 formal complaints, from these 28 subjects were identified

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7.5.2 The two top subjects were Communication / Information (10) and Clinical Care (6); these were also the top themes in the previous two months. Cambridgeshire Children's Universal, Cambridgeshire Children's Specialist and Luton Children's Service each had three complaints relating to communication / information.

7.5.3 Learning from complaints about communication / information focused on communication between clinicians and parents / carers and included:

- Reminders that agreed plans of care and changes to care need to be discussed with parents and those working with the child or family and documented.
- The importance of clear communication, based on an open and honest dialogue between parents and clinicians and that staff should ensure parents / carers have understood what is being communicated with them.
- Clear documentation, unambiguous and concise but with enough detail to reflect the rationale for decision making which is easily understood.

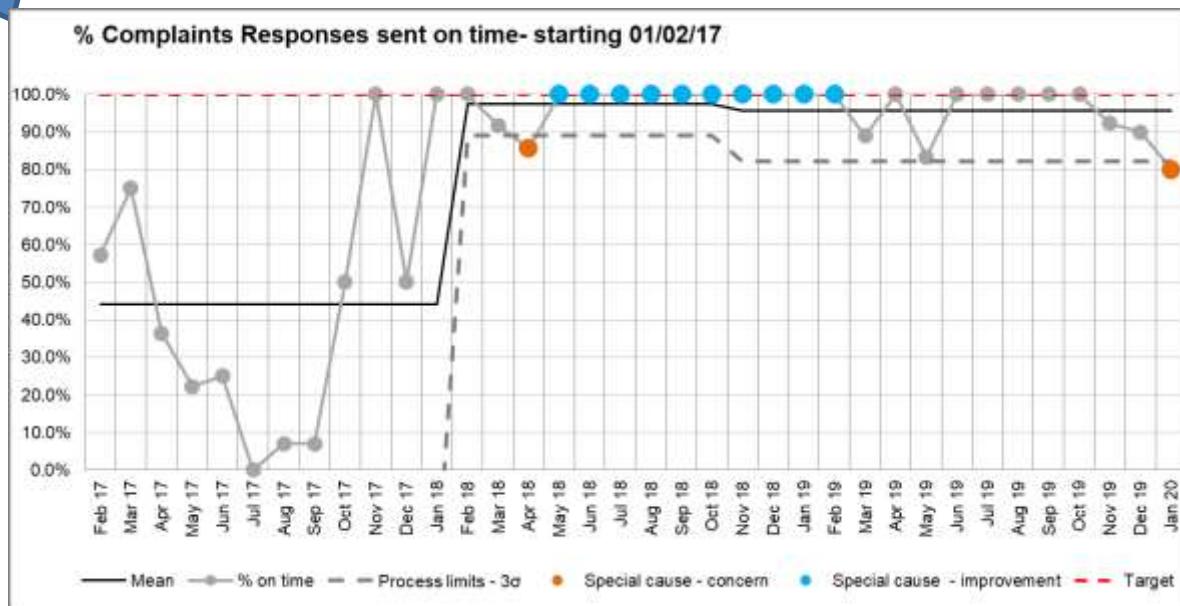
7.6 Complaint response times

7.6.1 In this data period we responded to 15 formal complaints (10 in December and five in January); 13 of the 15 (86.7%) were responded to on time.

7.6.2 The timelines and response process for the two late responses have been reviewed. One was two days late due to staffing capacity and the other was due to a process error both of which have been addressed.

7.6.3 The graph shows the percentage of responses sent on time from February 2017 – January 2020. The percentage of responses sent within policy time frame in December 2019 was below average but within our accepted variation for responses. In January 2020 we were outside of the expected variation as we had a low number of responses to send and as one of these was late this brought our complaint responses sent on time to 80% (4/5 on time).

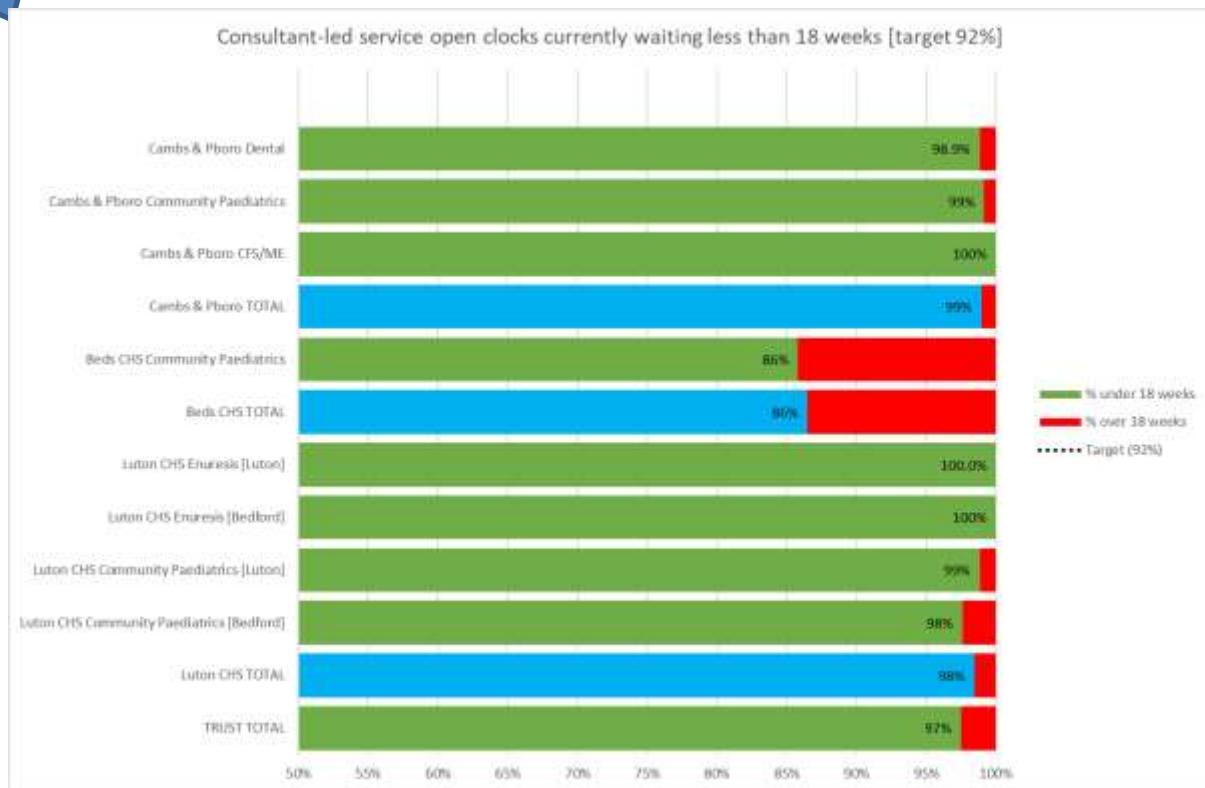
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8. Access to our services including RTT

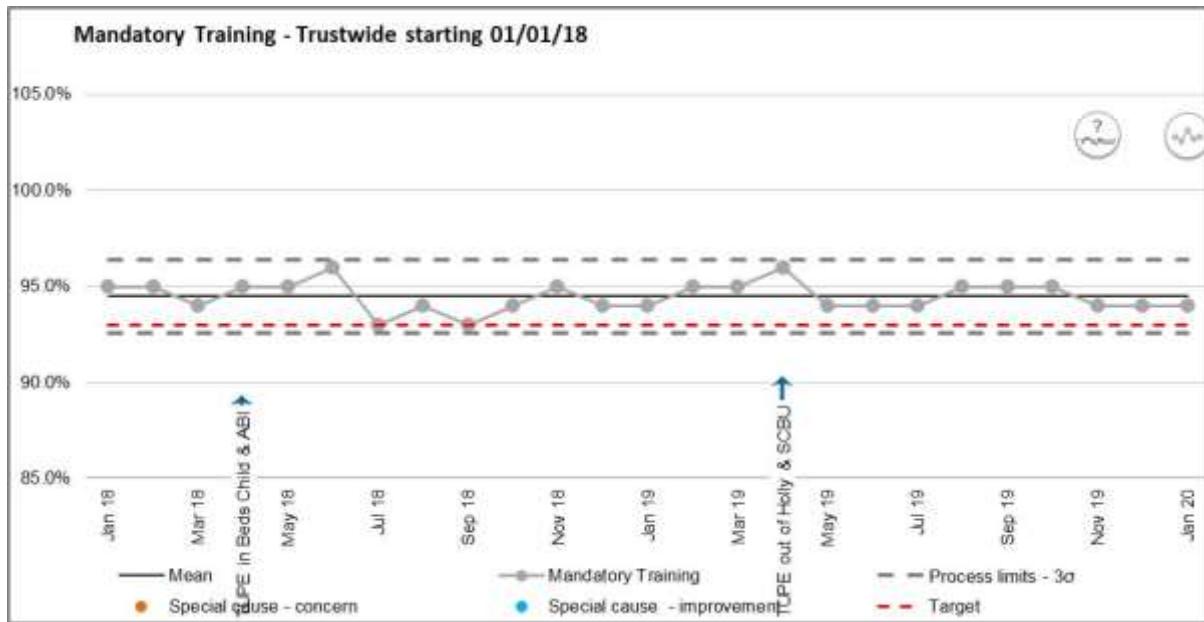
- 8.1 Overall Trust compliance with the consultant-led access to our services exceeded the target of 92% at 97%. The only exception is Bedfordshire Community paediatrics (86%) – contributory factors include an increasing volume of accepted referrals, clinical resource diverted to address medication reviews and high demand for community Paediatricians within the current clinical model.
- 8.2 Mitigating actions continue as previously reported i.e skill mix in team includes Specialist Nurse post, full time new locum consultant post recently advertised; full time locum consultant in post now; Saturday clinics held to relieve service pressures and Priority clinic booking established to reduce risk.

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9. Mandatory training

9.1 Overall mandatory training compliance remained above Trust target in December (94%) and January (94%) against the Trust target of 93%.



9.2 There remain some individual services who are not currently compliant with a number of subjects and these are discussed in the relevant Clinical Operational Boards.

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10. The following examples of outstanding practice or innovation were reported at the Clinical Operational Boards:

10.1 Bedfordshire 0-19 HCP

- 10.1.1 The 0-19 Service were accredited with the UNICEF Baby Friendly Gold Award which is awarded to organisations who have achieved high level evidence in Leadership, Organisation Culture, Monitoring of standards and Developing and progressing support for families.
- 10.1.2 The service is proud to be one of the first 0-19 Services in the country to have achieved this and held a celebration event on 27 February 2020 when the Director of UNICEF BFI UK in attendance to present the Gold award.
- 10.1.3 The offer to families on the Universal Partnership Plus pathway has been written up as an example of excellence within Health Visiting and is to be published by iHV in their Vision for the future document before presentation to Public Health England. The 0-19 Service Leads have collaborated with Dr Crispin Day and team from Kings College and the Maudsley to embed evidence based tools and models of interaction for the HV's to use within the offer.

10.2 Luton 0-19 Children's Services

- 10.2.1 The Health Visitors and nurses training team has received a prestigious award from NSPCC a national children's charity for their work in tackling neglect among families in Luton and Central Bedfordshire. The team, which includes staff from our services and Luton Borough Council, was presented with the Elephant Award by the NSPCC Nominated by Luton Safeguarding Board; the team won the award for its work and contribution in continuing to encourage training and development around the Graded Care Profile 2 tool in professional areas. The training programme was piloted in Luton and adopted by the NSPCC as a benchmark tool for working with families to tackle such issues as housing, environment and emotional interaction with their children.

10.3 Luton Specialist Children's services

- 10.3.1 The Children's Community Nursing Team have supported 2 babies who have conditions which are life limited to be discharged from Hospital to Home for end of life care. We are providing 24 hour care at home and both families have expressed how valuable it is to have the very short life of their baby in their own home.

10.4 Luton and Bedfordshire AHP Countrywide services

- 10.4.1 The Food First team is developing a partnership with the Food First Team at Bedford Hospital. This partnership aims to

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ensure the Food First delivery is standardised across the county, rather than the current different ways of working. The Food First team continues to audit the nutritional care standards in nursing and residential homes.

10.5 Cambridgeshire 0-19 service

- 10.5.1 In January 2020 the service received confirmation that they had been successful in expression of interest for 'This Mum Moves' research study, in conjunction with midwifery from North West Anglia Foundation Trust.

10.6 Cambridgeshire Specialist Children's services

10.6.1 Emotional Health and Wellbeing Service

The team received an outstanding email from a mother that needed help with her 15 year old son. Here are some of the highlight statements:

- *"I feel the overwhelming need to express my gratitude for the help the early intervention team has given my son over the last 10 weeks."*
- *"I believe if XXXX had not got the help the needed he would have fallen into these cycles of self harming he was already pulling at his hair and hitting himself in the head these behaviours would have escalated."*
- *"As I'm writing this email 10 weeks later and reflecting on our progress I can honestly say as a parent I have never learnt so much in such a short amount of time I feel equipped with the knowledge base to handle my child for the first time in years."*
- *"Once again I cannot express enough how thankful I am to Becky for her training and support she is exceptional at her job and she has made such a difference to our child."*

10.7 Norfolk Children's services

- 10.7.1 The Norfolk Services have been awarded the Carer Friendly Tick Award. The Carers Tick is designed to provide organisations with an emphasis on local and relevant standards which young carers, young adult carers and adult carers feel are necessary to ensure they are easily identified and properly supported when they are involved with a health setting.

- 10.7.2 The award was assessed by a panel of carers including young people and we are the first community health organisation to achieve this! The service will receive a certificate to display and be able to add this logo to all communication material:



Provide outstanding care

10.8 School Immunisations Service

- 10.8.1 In response to a request from NHSE, the service vaccinated approximately 1000 children during the last week of the December term to offer all children the flu vaccine prior to Christmas. The service has been thanked for its responsiveness in managing this request.

10.9 Dentistry

- 10.9.1 Service wide digital radiography has been installed saving clinical time and ensuring the service is working towards becoming paper free
- 10.9.2 The website has reached almost 10,000 views, with almost half of that figure being from January alone; a 70% increase from December. The majority of people are finding the site via the link from the Trust website, so there is more to be done to market the website. However, it is going in the right direction.

10.10 Neuro Rehab (Bedfordshire)

- 10.10.1 **Stroke Secondary Prevention Pathway:** The teams are running a pilot January to April 2020 to evaluate the addition of a focussed intervention regarding secondary prevention for people who have already experienced a stroke. A focus group with service users is planned as part of the evaluation to shape future service.

10.10.2 OZC/ECHIS (Cambridgeshire)

Professor Barbara Wilson has again been invited to present two further masterclasses in the coming month following a sold out conference in November.

A recent book publication “Psychological therapies in Acquired Brain Injury” includes a chapter contribution from our very own Principal clinical psychologist Pieter du Toit.

10.11 MSK

- 10.11.1 GP and primary care training hub have asked us to provide a Masterclass for GP's on Musculoskeletal subjects and a rolling programme of training for nurses on pelvic health in collaboration with ICASH and both are funded.
- 10.11.2 The website has had almost 134,000 views this financial year so far, with an average of 13,371 page views per month. The most popular page is still the physiotherapy self-referral and page views continue to increase month on month. An indicator to gauge behaviour change in future is to move the advice and leaflets page from third or fourth most popular to first.

Provide outstanding care

10.12iCaSH

- 10.12.1 iCaSH Bedfordshire with support from the Communications Team is working with local media students to co-produce sexual health promotion messages via video that will be displayed as part of 'my body' a self help section of the iCaSH website.
- 10.12.2 The website has had 1,289,187 page views this financial year so far! Most people find our site through search engines but the number coming from social media is increasing, with 216 users visiting our site through posts on Twitter and Facebook.

Provide outstanding care

Annex 1 CQC – Progress on Must and Should dos from updates to Clinical Operational Boards in March 2020

Ref	Must and Should Dos	Target Milestone	Overall Progress update
MD1	Healthy Child Programme: the service must continue to monitor and actively recruit to ensure that there is an adequate number of nursing staff with the appropriate skill mix to care for children and young people in line with national guidance and to ensure that service provision can be maintained.	A) Adequate staff in post to deliver the 0-19 HCP- Business Continuity/Recovery plans closed.	A number of 0-19 teams continue to work under agreed Business Continuity frameworks –updates regularly reported to Clinical Operational Boards. Cambridgeshire, Bedfordshire and Norfolk report green Luton amber -level 3 73.2%. Full recovery action plan in place
		B) Caseload tools; capacity and demand models and Benson have been reviewed and implemented to support service delivery and planning	Trust wide 0-19 Clinical Leads meet regularly – caseload definitions and consistent approach to recruitment (including students) agreed. Adoption of capacity and demand tools agreed Luton - a number of clinical pathways being refreshed in line with mandated contacts and staffing establishments being updated
		C) Progress on staffing levels are reported and monitored operationally and via COB.	Information currently included in Integrated Governance reports to Clinical Operational Boards through Quality Early Warning Trigger Tool scores and individual service updates. Operational dashboard being developed to bring together related staffing information. Luton - Staffing levels monitored daily. Commissioners updated weekly re: recovery plan. Weekly strategy/ turnaround meeting in place
SD1	Child to Adult transitions: the service should ensure that transition arrangements are in line with national guidance.	A) Current policy and processes to support child to adult service transitions reviewed and implemented with additional training and staff resources as required.	Review undertaken of current arrangements against NICE guidance with gap analysis. Child to Adult Transition policy awaiting sign off with related updates for staff communicated (end of March)
SD2	Pain assessment tools: the service should review the range of pain assessment tools that are utilised by staff in the C&YP service.	A) Pain assessment tools used in applicable services (Adults, Dental, Children's) and current tools are in place.	Full review of all pain assessment tools in use for all relevant services on track with end date 30/04
		B) Additional training and updates completed to ensure consistent knowledge in these areas.	Will follow completion of A with end date 01/09
SD3	Harm Review Process: the service should develop a formal harm review process for patients who have experienced delays.	A) Harm review process written and implemented.	Final version Standard Operating procedure written – final approval w/c 16 th March
SD4	Infection Control: the service should ensure that systems for infection prevention and control, including Sepsis training, are being implemented effectively in all areas.	A) Infection control policy updated and related audit to test implementation completed.	Policy reviewed, audits planned Q4 revised date Q1 20/21
		B) Sepsis knowledge and skills added to Deteriorating Patient Policy and training delivered as required.	Sepsis/deteriorating patient management included in CPR updates for all clinical staff Individual teams identifying specific additional training required (end date 31/03) Revised Policy approved Feb 2020.
SD5	Mandatory training compliance: the service should ensure that mandatory training compliance continues to improve in line with Trust targets.	A) Process for monitoring and follow up of mandatory training in specific staff groups (Doctors) has been completed.	Completed – monitoring process set up with ESR team
		B) Sufficient training places are available for face to face mandatory training.	Assurance from Workforce Lead that adequate places available for staff – management of local attendance important to ensure places used appropriately.
SD6	Incident reporting: the service should ensure that incidents are investigated in a timely way, in line with the Trust's policy.	A) Governance log revised so that Service Directors have sufficient information to monitor incidents and take action to ensure 16 day standard is met.	Revised Governance log in development (due 1 st April 20) Agreed monitoring via service governance meetings and exceptions reported to COBs
SD7	Learning from audit: to ensure that actions are implemented when areas of concern are identified.	A) Monitoring of audit actions is done via Datix. B) All Service Quality Governance Meetings discuss audit actions.	Process now in place Service governance meetings added audit to agendas
SD8	Patient Outcome Monitoring: the service should continue work to improve patient outcome monitoring in the C&YP service	A) Work of the POM Working Group is shared with W/E and Board. Oversight of this work is part of Trust Governance Structure.	Reporting from group formally starts April 2020
		B) Medium to long term plans in place for using and reporting of POMS in all services.	On track end date 30/05
SD9	End of Life Care: the Service should have a local clinical audit programme in place to measure the effectiveness of the service provided and medical support from consultant in palliative care.	A) Relevant audit programme designed and completed.	In place and monitored through Luton Quality and Risk meeting
		B) Recruitment of palliative care consultant complete.	KEECH Hospice in final stages of agreeing Job description with Royal College of Physicians prior to advertising the post.
SD10	Oxygen cylinders: The services should ensure that medicines ie oxygen cylinders are checked expiry date	A) Clear guidance and training on safe storage and management of oxygen is disseminated to staff.	Compressed Medical gases Policy
		B) Process for regular audit in place to ensure compliance.	Now part of pharmacy audit programme

Recommendations & Actions from Trust Board 2019

9th January 2019, Rivergate, Viersen Platz, Peterborough. iCaSH Norwich, Norfolk

Title of Paper

A patient story about living with an HIV diagnosis.

Recommendation from Patient Story Report

1. Norwich iCaSH should share this story with all staff within the next month.
2. This success story should be shared across all iCaSH services within the next three months.

Recommendation from Trust Board

None

Action from Trust Board

None

Action from Patient Story Report

Patient Story shared at the iCaSH Clinical Ops Board on 18th March 2019 and subsequently shared across all iCaSH Services.

The story will be shared at the iCaSH conference in September 2020, as part of a workshop on patient experience, which will be open to all iCaSH clinics facilitated by co-production lead and the staff member who attended board.

Recommendations & Actions from Trust Board 2019

13th March 2019, The Peacock Centre, Cambridge. Cambridgeshire Children's Community Nursing (CCN) Team

Title of Paper	A patient story about the challenges of caring for an infant who requires access to 24/7 Children's Nursing Care.
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Recommendation from Patient Story Report

1. The CCN Service needs to continue to consider how best to meet the needs of patients who require a weekend service. One area of improvement is to continue to build on the collaboration with the acute service to review and look at how direct access could be sought in a timely way at weekends.
2. The CCN team and Children's Services share this story with our local commissioners and other local health care providers to share the lived experience of those who are affected by a Monday to Friday service offer, to highlight that we need to work together to streamline the care on offer for quicker and more responsive access.
3. Investigate whether there are other community Trusts with similar services who work in a different way and is there any learning to be gained from their models of care.

Recommendation from Trust Board

Medical Director to share the patient story with the Clinical Commissioning Group so they can draw some lessons on commissioning. It was agreed that other examples would be identified to share with the Clinical Commissioning Group showing other barriers experienced by teams that could be addressed by commissioners.

Action from Trust Board

Dr David Vickers offered the story to the Medical Director at the CCG who agreed that it would be great to share the learning and escalated to their Chair to see if they would like to hear the story. (action closed at Board level).

Action from Patient Story Report

1. Where Children and Young People (CYP) require a weekend service, the CCN's liaise directly with the appropriate ward / assessment unit. We provide all details regarding care needed and negotiate between the family and acute area for times of attendance. The CCN Leads for Cambridgeshire meet with the Lead CYP Nurses at both Addenbrookes and Hinchingbrooke at a quarterly Multiple Disciplinary meeting at which they specifically discuss any issues arising, any safety incidents and also anything that has worked well so that lessons can be learned across the Service.
2. There is no identified and standardised model of delivery for CCN services - we continue to work with commissioners to ensure the most appropriate model is commissioned.

Recommendations & Actions from Trust Board 2019

8th May 2019, The Poynt, Luton. Luton Children's Rapid Response Team.

Title of Paper

A patient story on receiving care in the community to successfully avoid a hospital admission.

Recommendation from Patient Story Report

1. The Rapid Response Team have agreed that the learning from this story and its context will be shared with their team and our other Children's Community Nursing Teams in Luton, Bedfordshire and Cambridgeshire, the aim is for this discussion to be done within three months of the story being shared with the Board.
2. The team have agreed that they are aiming to continue to prioritise the support for other nurses to be able to access Continued Professional Development courses as described within this story, in order to be able to deliver this skilled Rapid Response within the community team. This will be evidenced through the teams yearly Training Needs Analysis.

Recommendation from Trust Board

None.

Action from Trust Board

None.

Action from Patient Story Report

This story has been shared within Luton's team meetings but not with Bedfordshire and Cambridgeshire as they do not currently have a Rapid Response service.

The Manager of the Luton Children's Community and Specialist Nursing Services ensures that all of their services have continued professional development and requests for training is discussed with senior managers to ensure it is done appropriately. These requests are then managed through the annual Training Needs Analysis.

Recommendations & Actions from Trust Board 2019

10th July 2019, Cringleford Business Centre, Norwich. iCaSH Norfolk

Title of Paper

Patient story that focuses on people living with HIV and their experience of group support.

Recommendation from Patient Story Report

1. Within the next six months the service will carry out a review of how they can further embed the successful elements of this project, so it can continue and where possible look at setting this up in other iCaSH areas that see HIV patients.
2. The Service will share the outcome and video of this patient story with all iCaSH areas and stakeholders (where appropriate) within the next 3 months.
3. Once Dr Amelia Eleftheriades, Advanced Specialist Clinical Psychologist concludes the findings from the associated CLARC research project (the aim will be to share the learning and outcomes, with a view to understanding how people who use our clinics experience support and what we can do to improve this experience.

Action from Patient Story Report

1. Group sessions are being offered routinely in Oak St. There are two types of group sessions to offer based on interest of service users. The first group,(Living Well with HIV) is a structured programme of sessions, led by MDT professionals with a set topic for discussion at each session. The second group is a peer support group - facilitated by the psychologist but less structured and more open for service-users to talk about whatever is relevant to them at that time. (Not currently running due to low numbers but will be offered again as a pathway on from the current Living Well with HIV group when the programme comes to an end). Other Norfolk clinics do not have sufficient numbers currently interested to warrant additional groups so any service-users at these clinics are signposted to Norwich. Workload time pressures across the region and no additional resourcing mean there has been no capacity to work on setting-up in other iCaSH clinics outside Norfolk.

2. Plan to share patient story at the iCaSH conference this year as part of a workshop on patient experience. There is some work going on, in partnership with Sarah Kilby, to look at how else clinic-users might be involved in iCaSH services going forward.

3. Dr Eleftheriades CLAHR research project "The support experience of people who use HIV clinics ongoing.". The project was co-produced with a small group of service-users last year. We received research ethics and HRA approval to carry out the study at the end of 2019. Recruiting of participants has begun. Participants will be interviewed in the next few months and findings will be analysed. There will be the opportunity to feedback on findings as part of the iCaSH conference workshop in September.

Recommendation from Trust Board

Service Director to explore how volunteers could be used to reach out to other people who are living with HIV, in particular newly diagnosed patients.

Action from Trust Board

The service is exploring HIV support groups across all iCaSH services. Further update to be provided through Ambulatory Clinical Operational Board as appropriate – action to be closed at Board level.

Recommendations & Actions from Trust Board 2019

18th September 2019, Cambridge Professional Development Centre, Cambridge.
Bedfordshire Universal Health Visiting Service.

Title of Paper

A patient story about being supported with the journey to motherhood and the initial uncertainty about accepting the Bedfordshire Universal Health Visiting Service.

Recommendation from Patient Story Report

1. The service will review if there is more they can do to communicate the work of the Healthy Child Programme to raise awareness of the skilled health care professionals that work within it. The first contact is via letter, so this will be reviewed within the next 3 months, with service users to aid clarity to the service offer and what can be expected from the Health Child programme.
2. The Service is aiming to share the outcome and video of this patient story with the Trust Healthy Child Programme within the next 6 months.

Recommendation from Trust Board

None

Action from Patient Story Report

1. Meeting arranged for 2nd March 2020 to review and co-produce a new antenatal contact letter. In attendance will be the Service, Communications and three Service Users, including the Service User who was in attendance at Trust Board in September 2019. It is proposed that all contact letters sent to the 0-5 contacts will be re-reviewed and co-produced with Service Users.
2. Patient Story and film has been shared internally via the Bedfordshire newsletter.

Recommendations & Actions from Trust Board 2019

20th November 2019, Kings House, Bedford. Luton District Nursing Team

Title of Paper

Supporting a family to care for a loved one at the end of their life.

Recommendation from Patient Story Report

The Luton District Nurses to share the positive experiences of this family with the whole team.

Trust to research and implement an easier way for the Nurses to make contact with the GP service when needed.

Recommendation from Trust Board

None

Action from Trust Board

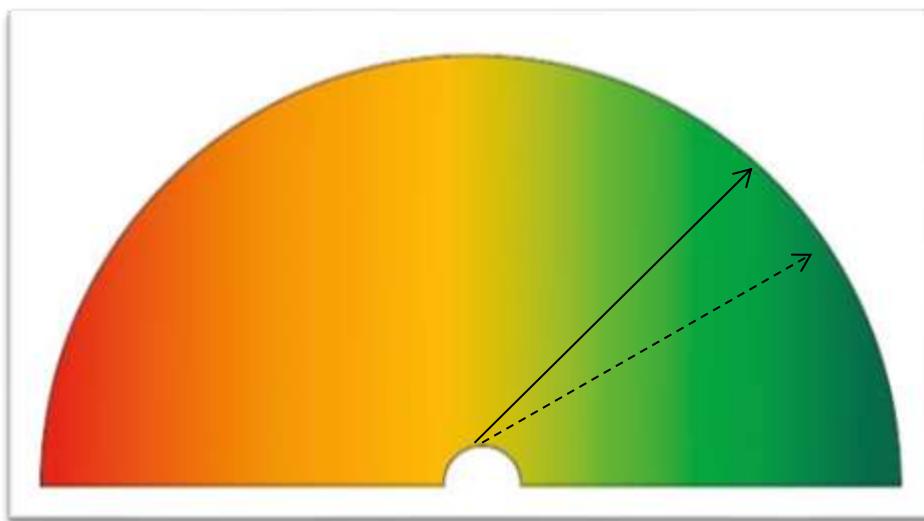
None

Action from Patient Story Report

The service have shared this within there team meetings and on the local noticeboard.

The service has changed the way in which staff can access GPs through our Coordinator of the Day role in Luton Adult Services through a dedicated phone number.

A: Assurance Summary



Safe	<ul style="list-style-type: none"> • Staffing pressures adequately controlled with plans agreed with commissioner for prioritising service delivery. Business continuity plans in place and being implemented where agreed. 	Reasonable
Effective	<ul style="list-style-type: none"> • Sickness remains constant and within control limits • Stability remains above target for October and November 2019 • Appraisal rates remain below target at 90.33% 	Reasonable
Well Led	<ul style="list-style-type: none"> • Agency spend currently above target, therefore, reasonable assurance rather than substantial for this period. However, the forecast outturn remains within agreed limits. 	Reasonable

1. In addition to the overview and analysis of performance for December 2019 and January 2020, the Board can take assurance from the following sources:
 - NHS National Staff Survey 2019 results where the Trust achieved a 60% response rate. Headline results were:
 - Top nationally for all NHS providers in two themes – team working and health and wellbeing.
 - Second nationally for all NHS providers in Safe environment – bullying and harassment and third nationally for equality, diversity and inclusion and safe environment – violence.
 - Top 10 nationally for all NHS providers in morale and immediate managers.
 - Best performing Community Trust nationally in 8 out of the 11 themes, including staff engagement.

Be an excellent employer

- Care Quality Commission (CQC) inspection report published in August 2019. CQC rated the Trust as Outstanding overall and Outstanding within the caring and well-led domains. The inspection report highlights a number of areas that support the delivery of this objective.
- Successful delivery of workforce strategy implementation plan. Four out of the five programmes of work all support the delivery of this objective.
- In October 2019, the National Freedom to Speak Up Guardian Office published their Freedom to Speak Up index. The Trust was identified as the best performing Trust nationally and the Chair, Deputy Chief Executive and Freedom to Speak Up Guardian attended a national awards ceremony to receive our certificate.
- Bi-annual workforce review that was presented to the Board in November 2019.

2. B: Measures for Achieving Objective

Measure	19/20 Target	Data source	Reporting frequency	Current position
Staff recommend the Trust as a good place to work	Above national average	NHS Annual Staff Survey	Annual	Achieved
Staff engagement rating	Above national average	NHS Annual Staff Survey	Annual	Achieved
Available staff have had an appraisal in the last 12 months	93%	ESR	Monthly	90.83%
New staff are retained for more than 12 months	85%	ESR	Monthly	Achieving

C: Risks to achieving objective

Strategic risks

1. **Risk ID 2969** - There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce (Risk Rating 8). Please note this risk was closed on 19th February 2020.
2. **Risk ID 2970** - There is a risk that the Trust is unable to maintain high quality care across the organisation due to the increase number of services facing workforce challenges (Risk Rating 12). Please note this risk was closed on 9th March 2020.

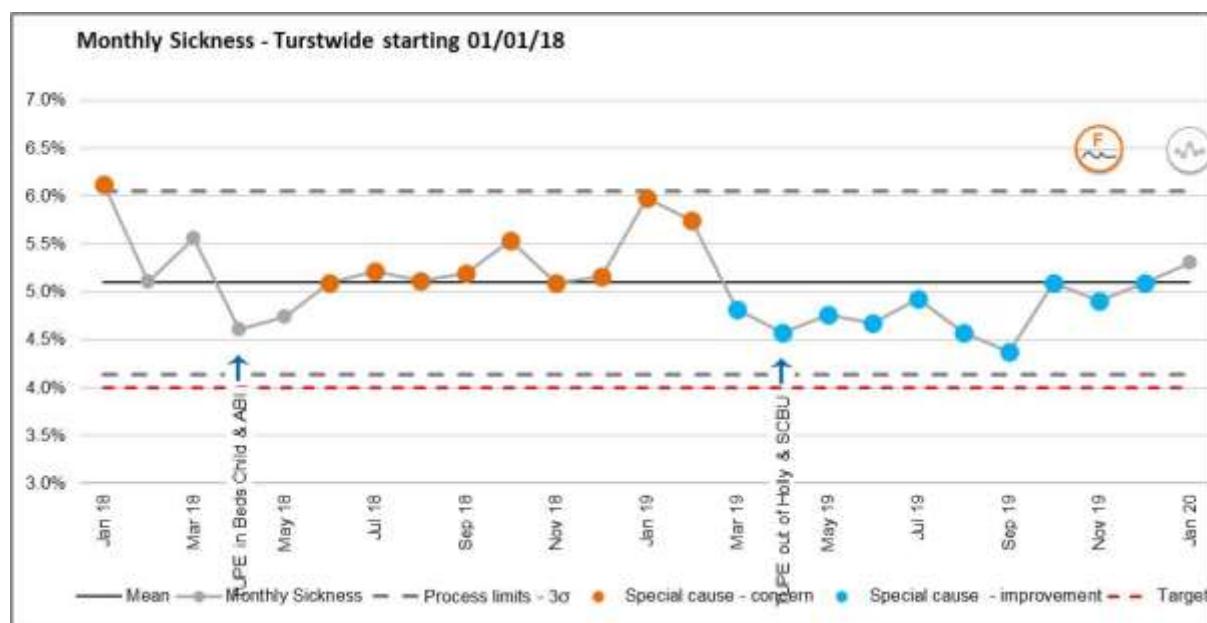
Any operational risks 15 and above

1. None

D: Overview and analysis

1. Sickness

- 1.1 Monthly sickness remains constant and within limits. However, continues to be above the Trust rolling target of 4% with Trust-wide monthly levels reporting at 5.31%.
- 1.2 The Trust wide sickness rate has increased this month, and remains above the Trust's target of 4.0% for 2019/20. Of the 5.31%, 2.21% was attributed to long term sickness and 3.05% short term sickness absence. Cambs & Norfolk CYPS Community Unit had the highest sickness rate (6.12%) and Corporate had the lowest (3.08%). The top reason is Cold, Cough, Flu – Influenza and work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- 1.3 The Trust monthly sickness rate is slightly above the September 2019 benchmark report for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 4.7%.

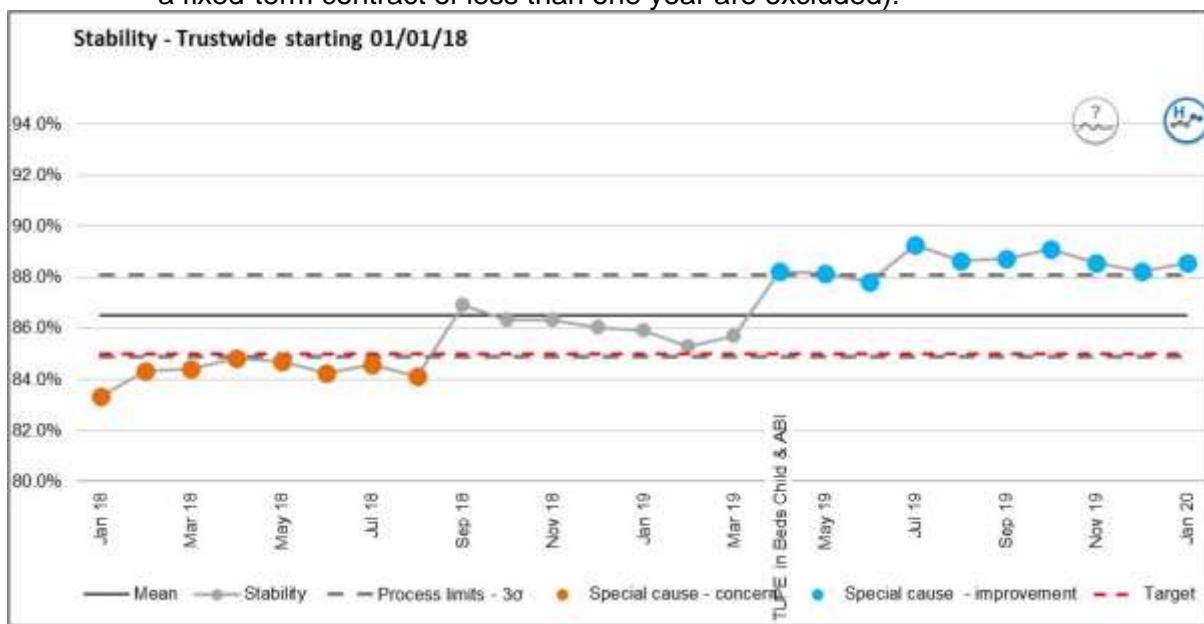


2. Stability

- 2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – December – 88.25%; January 88.55%; against the Trust target of 85%. This compares favourably to a stability rate of 86% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, October 2019).

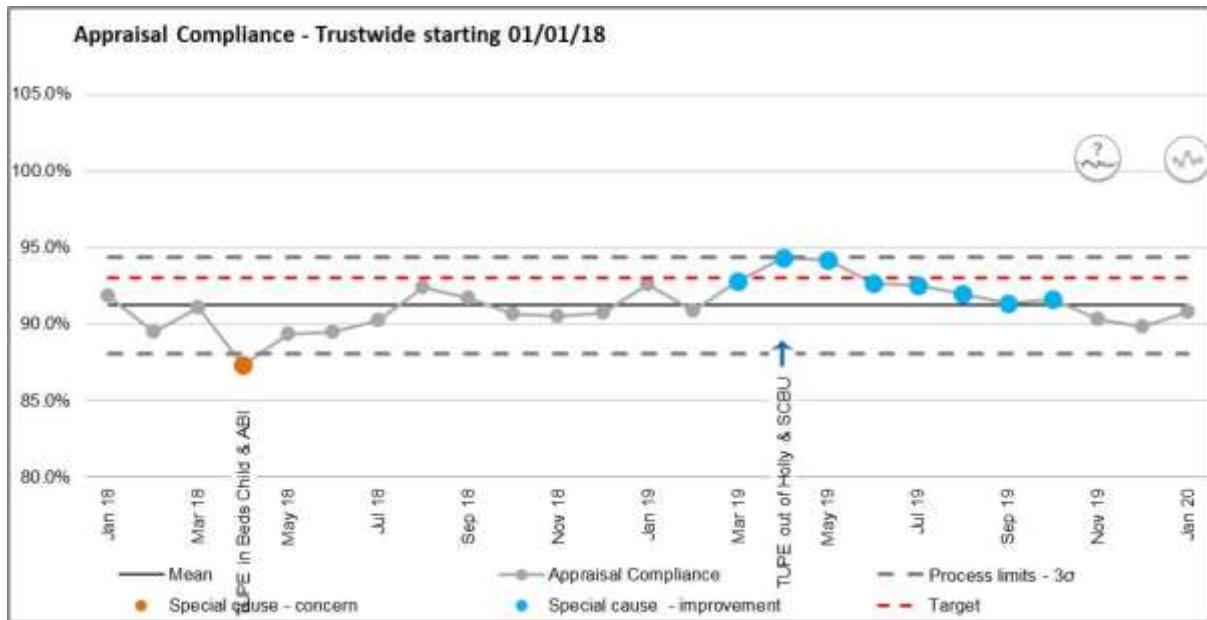
Be an excellent employer

2.2. Stability rates for the Trust are based on the permanent workforce (ie: those on a fixed-term contract of less than one year are excluded).

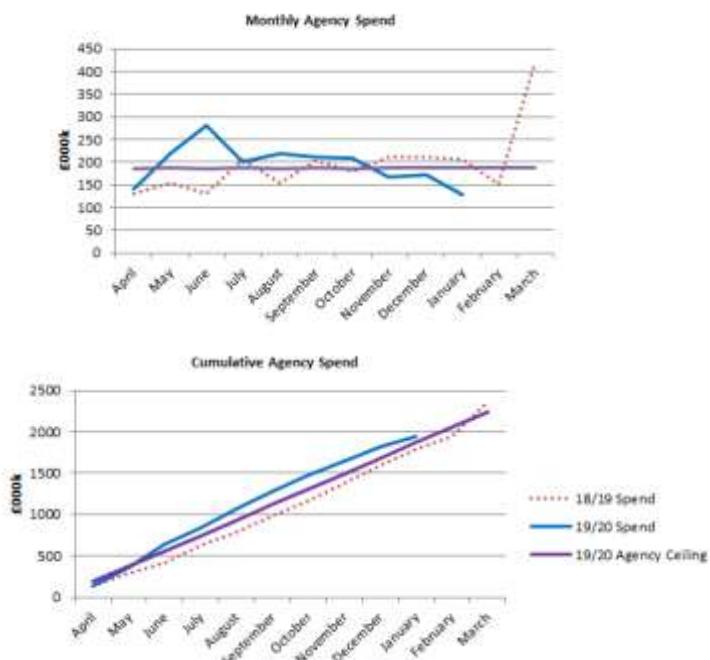


3. Appraisals

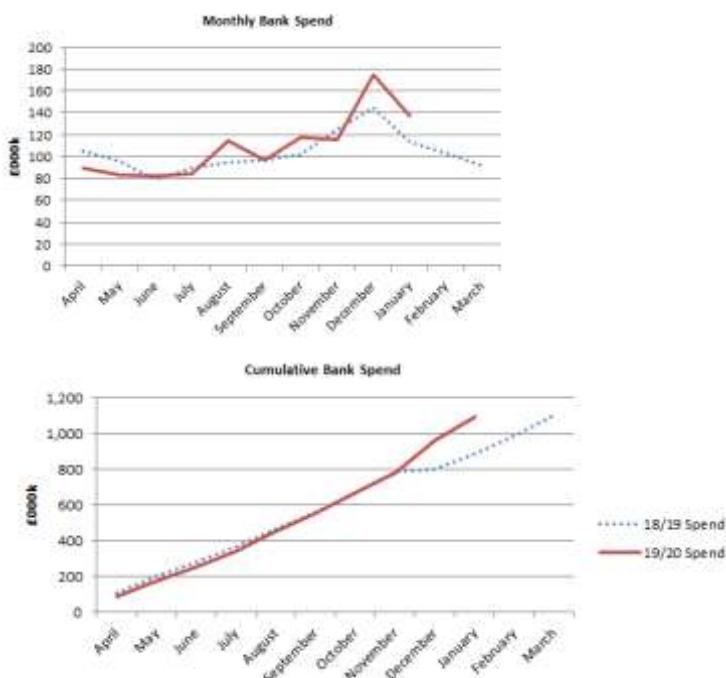
- 3.1. The following chart shows the percentage of available employees with a current (i.e. within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters are given an appraisal date 12 months from date of commencement.
- 3.2. The Trust wide rate has increased slightly this month to 90.83%, however remains below the target of 93% for 2019/20. Bedfordshire C&YPS has the lowest rate (84.77%) and Luton C&YPS Community Unit the highest (97.39%). 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.
- 3.3. Appraisal compliance remains constant and within limits.



4. Agency/bank spend



- 4.1. The Trust's agency spend ceiling for 2019/20 totals £2,240k, which was a reduction from 2018/19's ceiling of £3,040k.
- 4.2. The Trust's cumulative agency spend to Month 10 is £1,948k against a spend ceiling of £1,866k. The Trust is working with services to ensure appropriate plans are in place, where possible, to reduce reliance on agency workers.

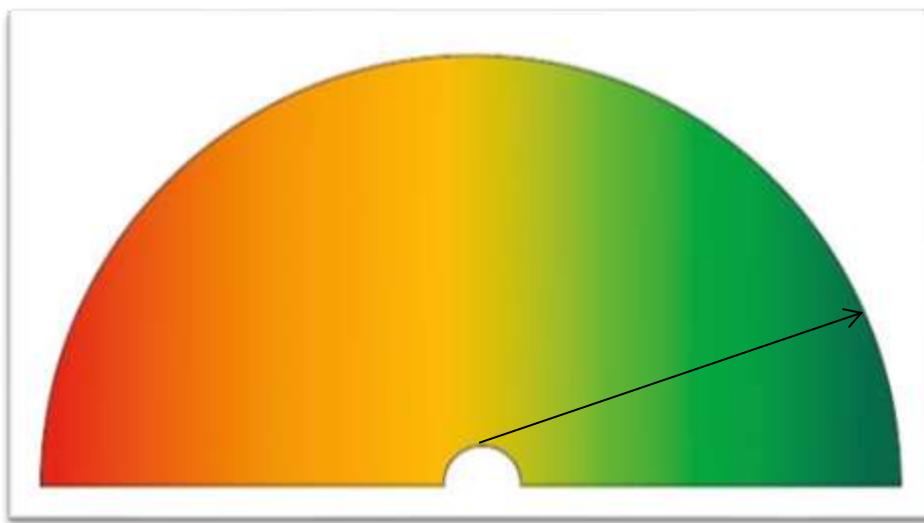


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- 4.3 To assist the Trust to remain within the agency spend ceiling, the services have the availability of bank staff to fill short term staffing pressures. Cumulative bank spend at month 10 was £1,093k.
- 4.4 The Trust has implemented a weekly bank payment process to attract more staff onto the bank and improve the talent pool available to services.

Collaborate with other organisations

A: Assurance Summary



Well Led	<ul style="list-style-type: none"> Strong governance evidenced of collaborations – Luton Provider Alliance; Joint Partnership Board with ELFT and Partnership Board with CPFT 	Substantial
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- In addition to the overview and analysis of performance for October and November 2019 as set out below, the Board can take assurance from the following sources:
 - The Trust has in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust, East London NHS Foundation Trust and across the provider landscape in Luton.
 - The Trust fully participates in STP activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes and has a representation on Norfolk's Children Board.
 - Collaboration is at the core of the Trust's research activities.

B: Measures for Achieving Objective

Measure	19/20 Target	Data source	Reporting frequency	Current Position
To achieve at least one new model of care in both the C&P and Luton CCG systems	Pass	Contracts	5 years	Achieved

C: Risks to achieving objective

Strategic risks

- Risk ID 2971** - There is a risk that due to the complexity of system working, the Trust will not be able to deliver the agreed models of care (Risk Rating 8). This risk was closed on 9th March 2020.

Collaborate with other organisations

2. **Risk ID 2968** - *There is a risk that the Trust will be left out of important decision making about future service /organisational configuration in areas it operates because the Trust is either a small partner in the system or not a member of the STP/ICS Board (Risk Rating 8). This risk was closed on 10th March 2020.*

Any operational risks 15 and above

1. None.

D: Overview and analysis

1. Strategic work streams with others

1.1. Joint Children's Partnership Board - CCS/CPFT joint venture

- 1.1.1. The Partnership Board met on 21 January 2020. The Board was chaired by Brian Bennyworth – Non-Executive Director from CPFT. An update from this meeting is included as a separate agenda item.
- 1.1.2. Significant progress has been made on the delivery of a consistent Cambridgeshire and Peterborough 0-19 Healthy Child Programme service.

1.2. Collaborative partnership working with East London NHS Foundation Trust

- 1.2.1. The Joint Partnership Board has met on 20 December 2019, 31 January 2020 and 28th February 2020. Working relationships across the Partnership remain positive.
- 1.2.2. The Board discussed the following areas:
 - Outcomes/incentive payments – 19/20 and proposed outcomes 20/21
 - Transformation updates
 - Performance and contract compliance
 - Quality reporting
- 1.2.3. Details in relation to the delivery of our Bedfordshire services and any areas of escalation are discussed in detail at our Bedfordshire and Luton Clinical Operational Board.
- 1.2.4. The next Joint Partnership Board is due to take place on 27th March 2020.

1.3. Luton Provider Alliance/Enhanced Models of Care

- 1.3.1. Work continues across the Luton system on the delivery of our enhanced models of care programme which includes frailty and long term conditions programme service redesign.

Collaborate with other organisations

1.3.2. Luton Provider Alliance meeting took place on 23rd January 2020. This was chaired by Matthew Winn. Areas discussed were:

- Updates from Primary Care Networks
- Integrated data capability plan – 20-21
- At Home First – Long term Conditions Programme
- Enhanced Collaborative Models of Care work programme

1.3.3 Next meeting of the Luton Provider Alliance will take place on 26th March 2020. Relationships across the Provider Alliance remain positive.

1.3.4 The Luton place based integrated provider workforce session took place as planned on 23rd January 2020. This was a highly interactive session which enabled all key stakeholders from across the Luton system to discuss the following:

- opportunities to enhance the integrated provider workforce across Luton
- to agree the shared strategic priorities and to devise a high level delivery plan to support the delivery of the NHS Long Term plan

2. Research

2.1. Clinical Research Overview

2.1.1. The studies and figures are those studies which were still actively recruiting in December 2019 to January 2020 (*Table 1*). The total number of patients recruited within this two month reporting period was 44 and the different divisions involved in studies are in *Chart 2*. The total recruited into portfolio studies from April 2019 to January 2020 was 306.

2.2. National Institute for Health Research (NIHR) Portfolio studies

2.2.1. The NIHR Clinical Research Network (NIHR CRN) has a Portfolio of studies consisting of high-quality clinical research studies which are eligible for consideration for support from the Clinical Research Network (CRN) in England. Studies that the Trust is currently involved in are detailed in *Table 1* below.

Table 1: Clinical Research Summary Table for NIHR Portfolio Studies (updated 31/01/2020)

NIHR Portfolio studies	Speciality/ clinical area/ location	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for April to Jan	Trend	Highlights	Impacts
HIV Pre-exposure Prophylaxis (PrEP)	Ambulatory i-CaSH 9 clinics	Public Health England, Chelsea & Westminster Hospital NHS foundation trust	4	106		Recruitment is now slowing down due to most of allocated funding used	Potentially UK wide impact on preventing HIV transmission
People Living with HIV stigma survey UK	i-CaSH – 8 clinics	Homerton University Hospital	0 study closed to recruitment 1/12/19	84		Collaboration: Public Health England & Homerton	National survey, building on previous data sets

Collaborate with other organisations

NIHR Portfolio studies	Speciality/ clinical area/ location	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for April to Jan	Trend	Highlights	Impacts
Work Outcome Measures in arthritis and musculoskeletal conditions.	Ambulatory MSK ALL	University of Salford	0	26		Study closed	Observational study impacting work absenteeism
TAOCA (*3)	Children & Young People's Service (CYPS) Orthoptics	Moorfields Eye Hospital	5	27		Steady recruitment each month. Orthoptic clinical time (excess treatment costs – ETC) are funded by Moorfields	One of several studies in the pipeline
RS Fibro (*4)	MSK Brookfields	Cambridge University Hospital & The University of Cambridge	0	10		Study closed	Another study within MSK.
Fatigue in long term conditions	Respiratory Team Luton Adults	Kings College London	11	22		First observational study within this team	Potentially other studies in the pipeline
Youtube	Children & Young People's Service (CYPS) Cambridge	University of York	4	4		PIC site for recruitment	Building research knowledge in an area of high interest.
Nursing Led intervention and wellbeing in children (*5)	Children & Young People's Service (CYPS)	Royal College of Nursing, Sheffield Hallam University	20	0		Newly recruiting study	High recruitment in 2/12 period
Total recruitment within this period:			44	306 (Of which 7 from closed studies not reported in this table.)	Recruitment achieved within predicted levels.		On target for potential Research Capability Funding (RCF) to be awarded (*2)

(*1) All figures accurate as of 31/01/20 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases).

(*2) Research Capability Funding (RCF) is allocated to research-active NHS health care providers if they recruited at least 500 individuals to non-commercial studies, conducted through the NIHR Clinical Research Network (CRN), during the previous NIHR CRN reporting period of 1 October – 30 September.

(*3) Evaluation and clinical validation of a new picture-based visual acuity test for young children. The Auckland Optotypes, compared with crowded log MAR letters and crowded Kay pictures: an observational study.

(*4) Exploring the role of repetition suppression for symptoms in widespread and localized pain – an EEG study of patients with fibromyalgia or low back pain compared with healthy controls

(*5) Nursing-led Interventions to support the psychological and emotional wellbeing of children and young people: A scoping review.

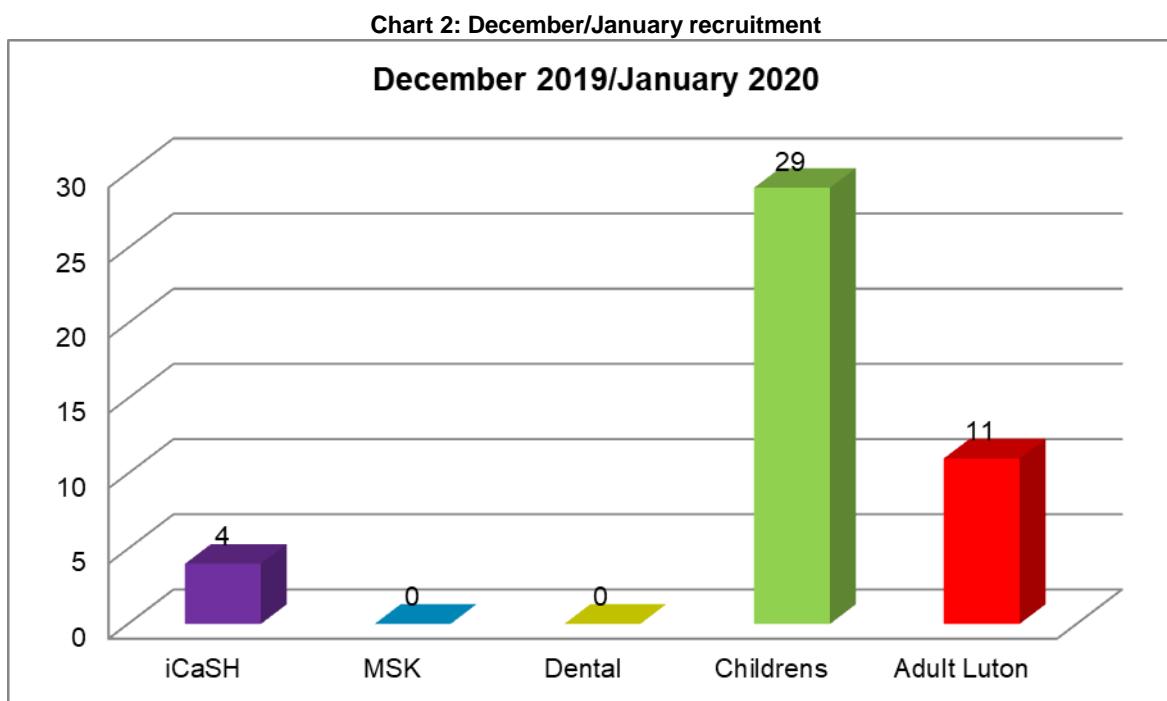
Key to icons:

Recruitment:	Increased	no change	completed	in set up	allocated funding/prize
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Collaborate with other organisations

2.3. NIHR Portfolio Studies within the different divisions

2.3.1. Chart 2 (below) shows recruitment numbers within each division for NIHR Portfolio Studies within this reporting period.

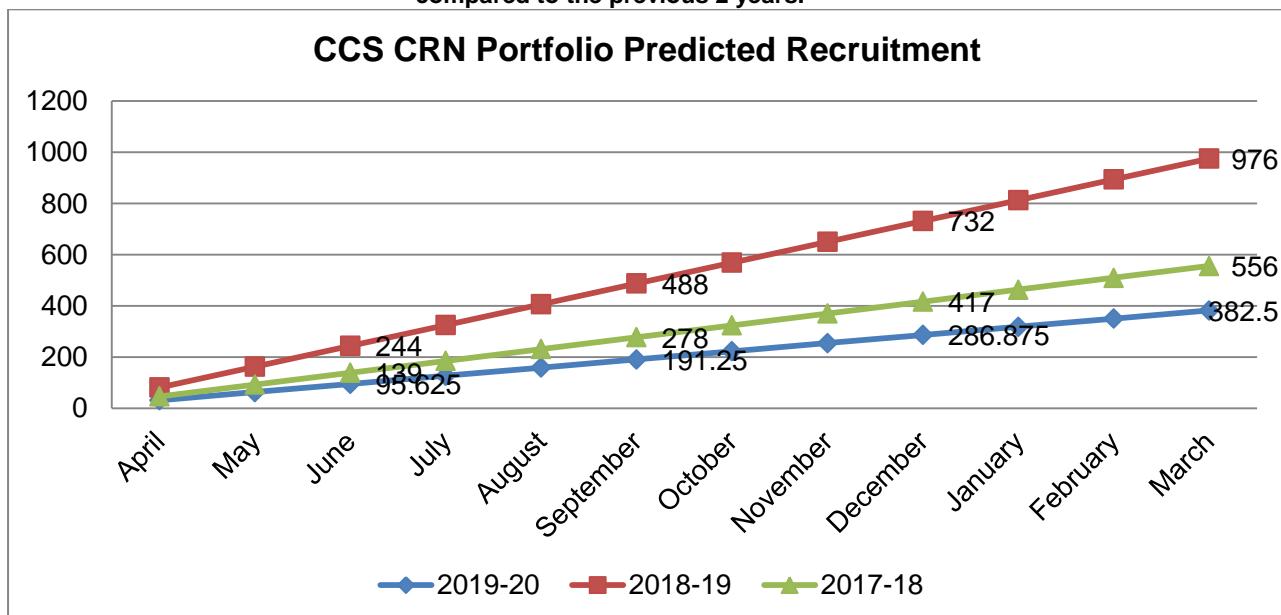


2.4 Overall Recruitment

2.4.1 Recruitment continued to increase steadily in December/January. As previously stated, the numbers were reduced from this time last year (see *Chart 3 for predicted levels of recruitment compared to previous years*). This situation was reflected throughout the whole of the Clinical Research Network East of England (CRN EoE) region, but also nationally recruitment has decreased. However, we have still been awarded research capability funding (RCF) due to the calculation of recruitment figures within an academic year.

Collaborate with other organisations

Chart 3: Chart showing actual and predicted recruitment levels and compared to the previous 2 years.



2.5 Clinical Research summary for Non-Portfolio Studies (HRA permissions gained)

2.5.1 Non-portfolio studies are studies that do not meet the criteria for adoption by NIHR and are, therefore, not entitled to Clinical Research Network (CRN) funding or support. However, if studies are defined as research then projects are still required to be submitted to the Health Research Authority (HRA) for approval. This process includes ethics and project approval and sign off by the host NHS site. No studies have received HRA approval within this reporting period.

2.6 Student Studies: Local Permissions

During this reporting period there were no studies which received local Trust permission.

3.0 Fellowships and Internships

- 3.1 Fellowships are very competitive and are typically funded by the NIHR alone or the NIHR in conjunction with Health Education East (HEE). In this reporting period two clinicians have commenced their Applied Research Collaboration (ARC) Implementation Fellowships and one has commenced their NIHR/HEE Internship (*Table 4*).
- 3.2 The four CLAHRC Fellowships were completed in December, with one of our Dental Surgeon being awarded the prize for the most impactful project, as his project had national impact and this was being taken forward in collaboration with a professor at St John's College Oxford and the chair of the Safe Anaesthesia Liaison Group of the Royal College of Surgeons.
- 3.3 We are awaiting the outcome of the two NIHR grant submissions.

Collaborate with other organisations

Table 4: Summary table for Fellowships/Internships and NIHR grant submission/s applied for and results within this reporting period (updated 31/01/2020)

NIHR Fellowships/grant	Area	Numbers	Results	Collaborations	Impacts/potential impacts
NIHR Internship	CYPS Huntingdon OT	One OT applied.	Commenced Nov 2019	UEA is hosting teaching events. Mentor is Senior Research Fellow	Planning to undertake a focus group with parents.
Applied Research Collaboration (ARC) Implementation	CYPS Luton & Norfolk	x2 One paediatric consultant & one HV on Fellowship	Commenced Jan 2020	National Institute for Health Research/Applied Research Collaboration NIHR/ARC	Clinicians are both within geographical areas of high need.
CLAHRC Fellowships	Ambulatory Care (x3) CYPS (x1)	Four clinicians	All completed in December 2019	NIHR/CLAHRC	All successfully completed the programme. Prize awarded to the Dental Surgeon for most impactful project.
NIHR Research for Patient Benefit (RfPB)	Ambulatory Care Neuro-rehab Bedford	One submission of stage one.	Still awaiting outcome	Research Fellows from ARU, Research team and Rehab team	Potential to have a music therapy grant running in Neuro-rehab, Bedford
NIHR Research for Patient Benefit (RfPB)	Ambulatory Care i-CaSH	One submission of stage two.	Still awaiting outcome	Academics from University of Oxford & i-CaSH consultant	Breast feeding and HIV. Another potential study for i-CaSH

3.4 Research assurances:

- **EDGE:** All CCS NHS Trust studies have been loaded onto the NIHR national database. EDGE data is up to date.
- **Health Research Authority (HRA)** national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.
- **NIHR National Performance Metrics** – Performance in Initiating (PII) and Performance in Delivering (PID) compliant for the Q3 reporting period.
- **Mandated activity:** Q3 performance charts have been placed on the Trust's internet (includes zero returns).

4.0 Published papers & posters within this period

4.1 **Paper:** Freeman-Romilly, N., F. Nyatsanza, et al. (2020). "Moving closer to what women want? A review of breastfeeding and women living with HIV in the UK and high-income countries". *HIV Med* 21(1): 1-8.
<https://www.ncbi.nlm.nih.gov/pubmed/31825556>

4.2 **Paper:** Penman Jean. A collaborative brief engagement with medically unexplained sexual and other persistent physical symptoms: a realist service evaluation <https://doi.org/10.1080/14681994.2019.1693531>

Collaborate with other organisations

4.3 Clinical research summary for Non-Portfolio Studies (HRA permissions gained)

4.3.1 Non-portfolio studies are studies that do not meet the criteria for adoption by NIHR and are, therefore, not entitled to Clinical Research Network (CRN) funding or support. Studies which are defined as research projects are still required to be submitted to the Health Research Authority (HRA) for approval. No studies have received HRA approval within this reporting period.

4.4 Student Studies – Local Permissions: During this reporting period there were no studies which were submitted for Trust approval and permission.

4.5 Partnership working and research collaborations: *Table 5* summarises our collaborations with our research stakeholders

Table 5: Summary table showing research team collaborations

Collaborations	Project	Grant/Fellowship Bid
Clinical Research Network (CRN)	Workshop on recruitment setting for 2019/20.	Relates to funding of Trust for research facilitator provision.
Joint stakeholders: Anglia Ruskin University (ARU), Health Education England (HEE), CRN and University of East Anglia (UEA).	1. Continued collaborative research champions evaluation extended project for East of England (funded by HEE). 2. UEA academic was a guest presenter at workshop 2.	HV and research champions additional funding for formal evaluation.
National Institute for Health Research (NIHR)	CLAHRC/ARC	ARC implementation research (x2) commenced Jan 2020 and completes in Dec 2020.
National Institute for Health Research (NIHR) studies via the Clinical Research Network East of England (CRN EoE)	Adoption of appropriate studies.	CRN fund research facilitators and some time for clinicians to support and promote NIHR studies.
University of East Anglia (UEA)	1. Project on HIV support groups. 2. Public Health and HV (Dr Caitlin Notley is academic lead).	Norfolk HCP staff as Co-Investigator on successful Multicentre RCT NIHR grant.
University of East Anglia (UEA)	Systematic Review- Carer interventions in the management of pain.	Publication pending
University of East Anglia (UEA)	UEA Health & Social Care Partners Research Group: - Facilitator met with Medical Director. - Cascaded Meds Optimisation research group to Trust Principal Pharmacist & iCaSH Clinical Lead.	Exploring potential collaborations.
CRN Ageing Speciality meeting	Facilitators linked up with: - UEA (dementia study feasibility). - UEA Supportive, Palliative and End of Life Care Research Group. - ARU Positive Ageing Research Institute (PARI).	Exploring potential collaborations and study feasibility for CCS.
University of Cambridge (Cambridge Institute of Public Health & School of Clinical Medicine)	1. Frailty project links to Luton service.	RfPB bid submitted. Awaiting result.
University of Oxford	Impact of breast feeding whilst having HIV.	RfPB stage 2 bid submitted with an iCaSH consultant as named advisor.
Norfolk Community Health and Care (NCH&C)	Enquiry related to research champions project.	Interest in implementation of research champions programme.

Collaborate with other organisations

5.0 Trust Wide Projects to Build Research Culture and Capacity

5.1 Norfolk Research Champions Project:

- 5.1.1 **What it is:** This project pilots a research champion role for all newly qualified health visitors and school nurses in Norfolk during their preceptorship. The project started in September 2019 with the aim to increase research engagement across the service in order to support research delivery.
- 5.1.2 **The evaluation:** The project will be evaluated in collaboration with Anglia Ruskin University. The evaluation includes a pre and post survey to assess research awareness and engagement across the service and interviews with project participants. Data was collected in September 2019 prior to the start of the programme. Although the response rate was low (<15%), interim analysis highlights included: a high level of research skills reported by admin staff; low level Good Clinical Practice training awareness in clinical staff; 71% wanted 'more opportunities to share professional practice development ideas/research/information across the 0-19 Service'. Information about the interviews has been provided to participants (research champions, team leads, project steering group). Interviews will be conducted in April 2020 and the full evaluation is expected in the summer of 2020.
- 5.1.3 **Collaborations:** The evaluation is delivered in collaboration with Anglia Ruskin University and has received Health Education England (HEE) funding. As a consequence of this project, HEE also invited and awarded funding to ARU collaborators for a wider scoping project across the East of England: 'Building research capacity in the East of England specialist community public health
- 5.1.4 **Impact:** Research champions have supported the delivery of NIHR Portfolio staff surveys; a poster abstract was submitted to the R&D Forum Annual Conference; a Research Facilitator has been invited to present at the CRN Eastern Annual Children's Speciality Meeting in June 2020. This project has generated interest from other trusts local to Norfolk.

5.2 Sexual Health Research Champions Update

- 5.2.1 The regional sexual health champion attended a sexual health research training course in London. She provides regular updates of new studies which are disseminated down from the national NIHR lead to consider for feasibility within iCaSH. The sexual health research champion is an unfunded post, so the time commitment combined with a clinical role can be a challenge.

6.0 Public sector prompt payments

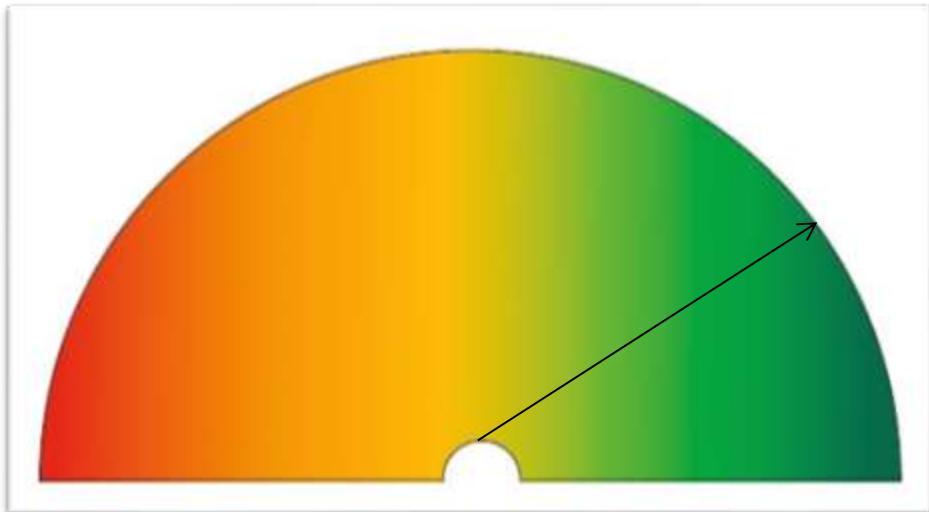


6.1 The average in month prompt payments results across the four categories was 91% in month 9 and 59% in month 10. In month 9, the Trust achieved 100% in two categories. With the Trust's transition to a new finance system, the prompt payment performance has been affected and is expected to fluctuate over the coming months.

6.2 With regards to NHS invoices, as part of the transition to Oracle, we have moved to the standard SBS payment process, used by all CCGs and other SBS clients, whereby two NHS payment runs are made at the beginning and in the middle of the month. This is a change from the previous twice weekly payment runs made within Integra. Processes are being implemented to ensure invoices are monitored and processed quicker to ensure prompt payment. 24% of invoices were paid 10 days late, which would have previously been picked up on a weekly payment run to improve performance. A backlog of invoices, created during transition, have also been processed and paid during the period. Invoice rules have been established within the system to ensure future invoices received are sent directly to the correct approver.

6.3 With regards to Non-NHS invoices, invoice rules that were set up within Oracle on implementation, had not been applied to registered invoices, which meant that a substantial volume of invoices were assigned to Finance. This backlog of invoices took a significant amount of time to be processed and allocated to the correct service user. Invoice rules are being closely monitored to ensure they are being followed within the system and as service users become more comfortable with the ordering and invoice system, figures are expected to improve.

6.4 The overall Trust average across the four categories for the last 12 months has decreased to 88%. The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly.



A: Assurance Summary

- 4.1 In accordance with the Trust's Assurance Framework, the Board receives assurance from the reporting of the Trust's financial sustainability and performance from the 3 risks Strategic Risks numbers 2963, 2965 and 2966, and Clinical Operational reporting of financial performance and escalation processes.
- 4.2 The Trust Board will also take assurance from External Auditor's Unqualified opinion and its "Value for Money conclusion" of the Trust's 2018/19 accounts. Internal Auditor's assessments during 2018/19 provided a conclusion the Trust has an adequate and effective framework for risk management, governance and internal control. Specifically the Trust received "Substantial" assurance from their assessment of the Trust's approach to Financial Planning and Delivery, and this assessment also included review of savings delivery through QIA processes. The Trust's Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.
- 4.3 The financial position has further improved as the range of mitigation measures to address this overspending position to improve the future outturn position, including changes to service delivery and agreements to additional funding. There remains the potential for an impact overall financial performance for the year, however with the agreed mitigation in place, this is therefore reflected in impressionistic heat map the direction of travel for achieving the Trust's objective of being a Sustainable Organisation.

Well led	Delivering planned Operating Surplus	Substantial
	Cash balance £11.9m	
	Use of Resources score of 1	
	Strong collaboration	
	Significant innovation across the services	

B: Measures for Achieving Objective Measure	19/20 Target	20/21 Target	Data source	Reporting frequency
Sustain a 'Finance and Use of Resources' score of 1	1	1	NHSI Finance Return	Monthly
To secure that share of contract revenue that is directly linked to performance	Pass	Pass	Contract Report	Quarterly
To deliver a rolling 12 month programme of capital investment at a minimum average of 6% of the capital base value per annum	Pass	Pass	Finance Report	Annual
Sustainable Development Assessment Tool	Above national average	Above national average	Annual Self Assessment	Annual
Revenue remains above a minimum threshold	>£75m pa	>£75m pa	Finance Report	Annual

C: Risks to achieving objective Strategic risks

1. **Risk ID 2963** - There is a risk that the Trust does not fully plan and/or deliver the £3.6m (2.6%) efficiency savings required for 2019/20 to support the Trust in delivering its Control Total. As a result, this could contribute to the Trust being financially unsustainable in the future (Risk rating 8). This risk is due to be closed on 31/03/2020.
2. **Risk ID 2966** - There is a risk that the continued reductions to the Public Health grant will eventually have an adverse impact to the quality of the service the Trust provides and therefore its reputation could be affected (Risk rating 8). Please note this risk was closed on 25/02/2020.
3. **Risk ID 2965** - There is a potential risk the planned increase in the employers NHS pension contributions for 2020/21 will not be fully funded due to the split of commissioning responsibility across the NHS and Public Health (Risk Rating 12). Please note this risk was closed on 25/02/2020 due to the confirmation that the increase in cost will be centrally funded by DfH.

Any operational risks 15 and above

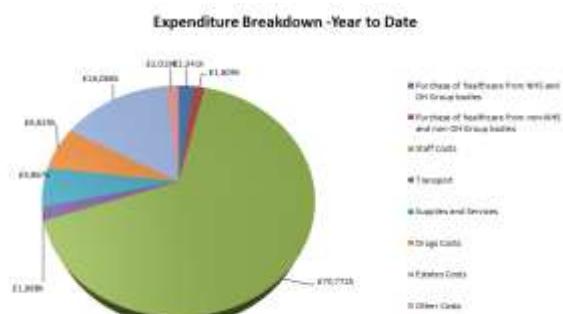
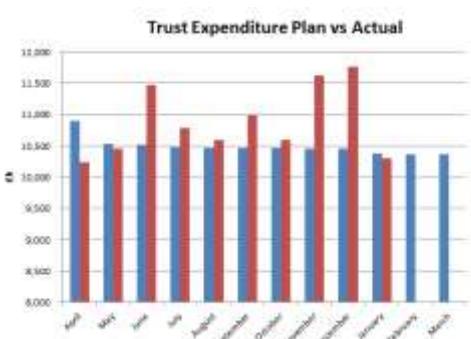
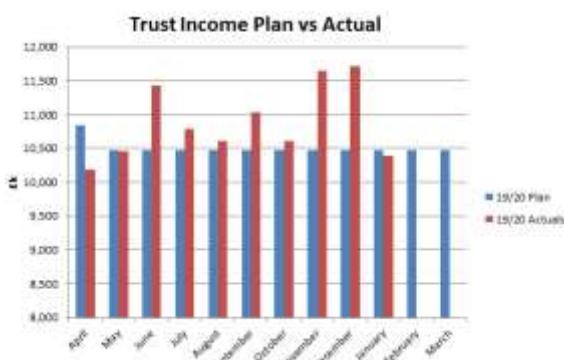
1. **None**

D: Overview and analysis

Finance scorecard

Finance Dashboard	Section in Report	Plan	Actual	Variance	Plan	Actual	Variance
		M9	M9	M9	M10	M10	M10
Operating income from patient care activities	1	£90,976k	£94,895k	£3,919k	£101,045k	£105,102k	£4,057k
Other operating income	1	£4,738k	£4,618k	(£120k)	£5,336k	£4,991k	(£345k)
Employee expenses	1	(£61,834k)	(£63,654k)	(£1,820k)	(£68,632k)	(£70,711k)	(£2,079k)
Operating expenses excluding employee expenses	1	(£31,490k)	(£33,466k)	(£1,976k)	(£34,920k)	(£36,552k)	(£1,632k)
Trust Surplus/(Deficit)	1	£1,031k	£1,034k	£3k	£1,319k	£1,320k	£1k
Closing Cash Balance	2	£7,632k	£11,819k	£4,187k	£7,693k	£11,936k	£4,243k
Cost Improvement Plan (CIP)	6	£2,491k	£2,260k	(£231k)	£2,868k	£2,868k	£0k
Capital Programme	4	£3,225k	£2,534k	£691k	£3,500k	£2,659k	£841k
Use of Resources Metric	5	1	1	-	1	1	-
Agency Spend	SO2 - 4	£1,440k	£1,821k	(£381k)	£1,600k	£1,948k	(£348k)
Bank Spend	SO2 - 4	£855k	£956k	(£101k)	£950k	£1,093k	(£143k)
Provider sustainability fund (PSF)		£1,052k	£1,052k	£0k	£1,241k	£1,241k	£0k

1. Income and expenditure



- The Trust delivered an in month operating surplus of £189k for Month 9 and £286k for Month 10, against a planned surplus of £189k and £288k respectively. The cumulative position in Month 10 is £1,320k against a plan of £1,319k. The Trust is currently forecasting to achieve its 2019/20 surplus position of £1,922k.

Be a Sustainable Organisation

1.2. The direct clinical service budget position in each Service Division is:

Division Level	Jan-20					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	1,498	(14,941)	(8,678)	(22,121)	(21,944)	(177)
Bedfordshire Community Unit	774	(9,845)	(2,079)	(11,150)	(11,752)	602
Childrens & Younger Peoples Services	2,076	(23,609)	(3,087)	(24,620)	(24,793)	173
Luton Community Unit	1,200	(15,389)	(3,060)	(17,249)	(17,612)	363
Other Services	104,544	(6,988)	(21,096)	76,460	77,420	(960)
CCS Total @ 31st January 2020	110,092	(70,772)	(38,000)	1,320	1,319	1

- 1.2.1. Ambulatory Care Services delivered an overspend of £104k in month 9 and an underspend of £47k in month 10. The main reasons for the cumulative overspend is due to pathology costs in the iCaSH services for additional express testing. Additional income has been recognised to offset part of the cost pressure.
- 1.2.2. Bedfordshire Community Unit delivered a £9k overspend in month 9 and a £48k underspend in month 10. In month 10, pay costs were lower than plan, due to vacancies and establishment control.
- 1.2.3. Children's & Younger Peoples Services delivered an overspend of £10k in month 9 and a £59k underspend in month 10. Backdated income was received in month 10 to create an underspend position.
- 1.2.4. Luton Community Unit (including Luton Children's Services) delivered an underspend of £135k in month 9 and a £3k overspend in month 10. The cumulative underspend position is due to pay establishment savings in both Adult and Children's services. The month 10 overspend position is due to a realignment of EPUT IT contract costs.

2. Cash position

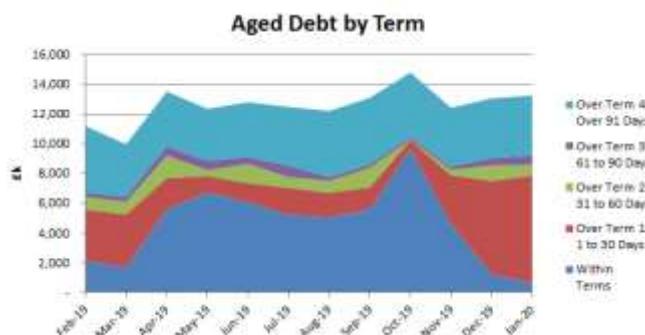


- 2.1. The cash balance of £11.9m at month 10 represents an overall increase on the previously reported position at month 8. The increase in payables over the period has contributed to the increased cash position.

3. Statement of Financial Position

	January 2020 £'000	November 2019 £'000
Non-Current Assets		
Property, plant and equipment	53,360	53,189
Intangible assets	64	75
Total non-current assets	53,424	53,264
Current assets		
Inventories	41	41
Trade and other receivables	18,137	15,561
Cash and cash equivalents	11,939	10,620
Total current assets	30,117	26,222
Total assets	83,541	79,486
Current liabilities		
Trade and other payables	(17,971)	(15,223)
Provisions	(418)	(427)
Total current liabilities	(18,389)	(15,650)
Net current assets	11,728	10,572
Total assets less current liabilities	65,152	63,836
Non-current liabilities		
Trade and other payables	(1,045)	(1,045)
Provisions	(1,330)	(1,333)
Total non-current liabilities	(2,375)	(2,378)
Total assets employed	62,777	61,458
Financed by taxpayers' equity:		
Public dividend capital	2,245	2,245
Retained earnings	43,414	42,095
Revaluation Reserve	18,771	18,771
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	62,777	61,458

3.1. Trade and other payables have increased over the reporting period by £2.7m and trade and other receivables have increased over the reporting period by £2.6m.



3.2. Total trade receivables increased by £0.6m in December to £13.1m and then increased again by £0.1m in January to £13.2m. The breakdown in January is £6.9m (52%) from NHS organisations; £5.8m (44%) from Local Authorities; and £0.5m (4%) from other parties.

3.3. Of the receivables over terms, the main organisations contributing to the balances are:-

3.3.1. Norfolk County Council	£1.8m
3.3.2. Cambridgeshire County Council	£1.8m
3.3.3. East London NHS FT	£1.6m
3.3.4. Luton Borough Council	£1.0m

3.4. For the debt over 90 days old, as this is predominantly due from NHS and Local Authority bodies, it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period (Month 10), Norfolk County Council, East London NHS FT and Cambridgeshire County Council have subsequently paid £1.8m, £1.3m and £0.3m to reduce their outstanding balance.

4. Capital spend

4.1. Capital spend to date is £2.7m against a plan of £3.5m. The main areas of spend include the redevelopment projects at North Cambs Hospital (£1.3m) and Meadow Lane (£0.7m).

5. Use of resources

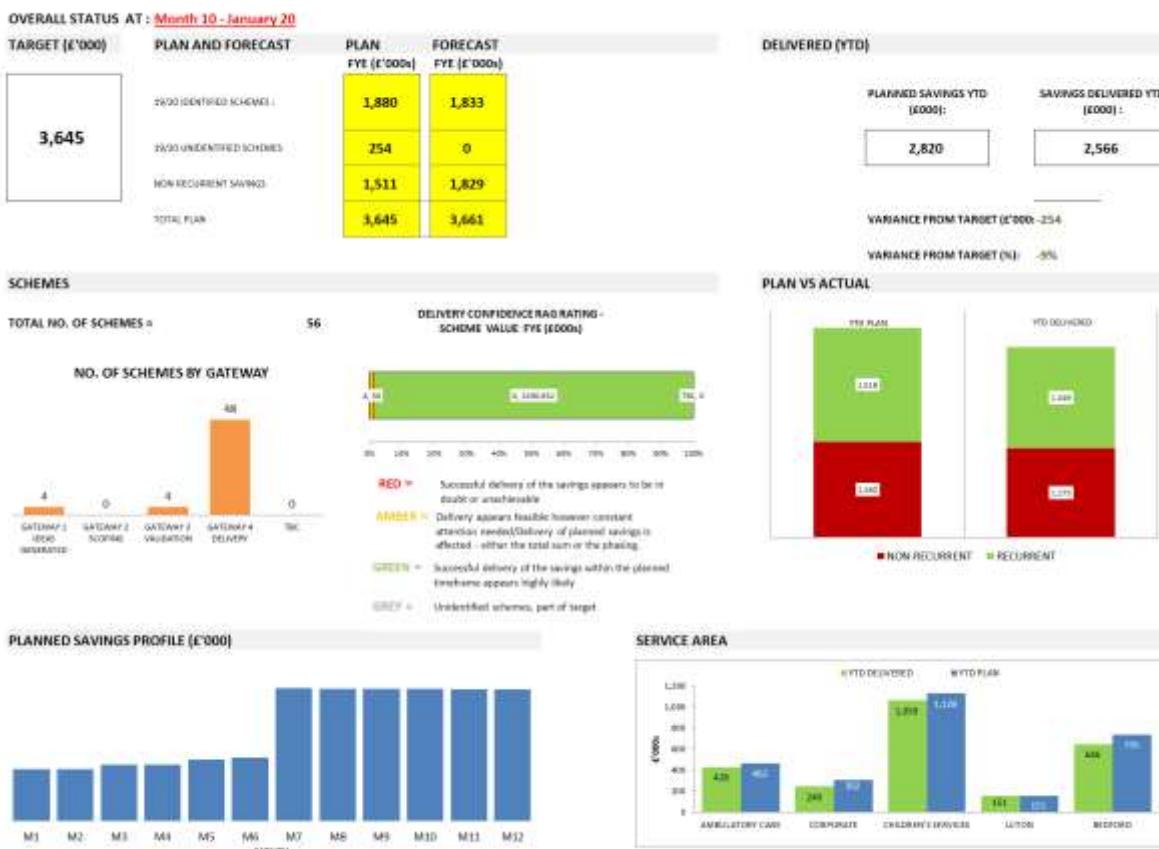
(1) Liquidity Ratio	1
(2) Capital Servicing Capacity	1
(3) I&E Margin	1
(4) I&E Margin Distance from Plan	1
(5) Agency	2
Use Of Resources Rating	1

5.1. The Trust is currently achieving an overall Use of Resources Rating of 1 (please note the rating is 1 - 4, with 1 being the highest rating).

5.2. The I&E Margin measures the surplus achieved as a percentage of turnover. The Agency score is currently 2, as the Trust is spending over the agency ceiling. The Trust is working with services to ensure appropriate plans are in place, where possible, to reduce reliance on agency workers.

6. CIP

COST IMPROVEMENT PLAN 2019/2020 SUMMARY



- 6.1. The Trust's Cost Improvement Plan (CIP) delivered savings of £0.577m over months 9 and 10 against a target of £0.618m. The Trust has identified schemes to deliver the annual savings target of £3.645m.

7. Contract performance

- 7.1. A number of KPIs were red rated for more than two consecutive months. The table below sets these out for with action plans in place. This is for noting by the Board only and the mitigating actions are set out in detail below. Appendix 2 provides summary contractual performance by commissioner.

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Bedfordshire and Luton Children and Adults Clinical Operational Board

Service	No of months KPI red rated	Actual versus required performance	Mitigations in place
Luton LAC	6+	Review health assessments 72.7% (target 100%)	
0-19	6+	% mothers receiving face to face NBV within 14 days 75% (target 90%)	Business continuity plans in place – high vacancy factor
0-19	6+	% children 12month review by 12 months 69% (target 90%)	As above
0-19	6+	% children 2 -2.5 year review 61.6% (target 90%)	As above
0-19	6+	% children 12month review by 15 months 78% (target 90%)	As above
Audiology Beds and Luton	2	Target of 92% children referral to diagnostic testing in 6 weeks – 75.8%	Capacity – vacancies and new joint clinical scientist post with Bedford Hospital not recruited to. Post back out to advert .One new Audiologist just recruited and two temporary staff so position expected to improve Weekly reporting to NHSE/I and CCG

7.2 Cambridgeshire and Norfolk's Children and Young Person's Clinical Operational Board

Service	No of months KPI red rated	Actual versus required performance	Mitigations in place
Cambs HCP Ante-natal review	6+	27% / 50%	South Locality performance continues to increase, with an overall 7.85% increase since Q1 to 17.47%, however, whilst recovery plans indicate improvement by April, this continues to impact upon countywide performance
Cambs HCP 12 month review	2	70% / 90%	Performance affected by a decrease in South Locality performance in December related to administrative processes being addressed as above.
Cambs HCP 2 yr review	6+	70%/100%	Overall performance has remained static over the last three quarters and the expected recovery by the end of Q3 was impacted by a dip in performance in December 2019. The service has released a member of staff to look at demand and capacity for the reviews as well as options for management of backlog. A secondment will be offered for a Clinical Systems and Data officer to take this work forwards.
Norfolk HCP Ante-natal contact	6+	67%/85%	There was an increase in late / no notification of antenatal mothers from the Queen Elizabeth Hospital Kings Lynn (QEHL) particularly impacting on performance in the West Locality. Our Clinical Lead and deputies have adjusted their response in looking into missed antenatal from December 2019 increasing collaboration with individual Acute Trusts - and meetings with Clinical Lead and QEHL are now planned monthly. Pilot for offering phone contacts to universal multiple families is at half

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			way point and demonstrating to be most effective when delivered from SPA. Performance is not reported to include 'did not attend', 'declines' or 'late notifications' which would increase performance to 91%.
Norfolk HCP Healthy Start Vouchers	6+	53%/90%	Despite continuing promotion and communication there is little movement with this Key Performance Indicator. Discussion has commenced with commissioners to compare data from other areas to understand realistic targets / or innovative ideas to improve performance, requested consideration of suspending measure until further clarification.
Norfolk HCP 1 year review	6+	72%/90%	Breckland and the City locality have implemented a stage 1 recovery plan. The West locality is in Stage 2 therefore these contacts are being triaged and universal families are sent a letter and ASQ with signposting to Just One Number and Just One Norfolk. The East Locality is in the recovery period from previous staffing recovery plan. Pilot with skill mix staff undertaking review is at midpoint and decision will be taken about long term implementation.
Norfolk HCP 2.5 year review with ASQ	6+	79%/90%	A Team Leader is going to lead a review of the delivery of the 2 year review assessment alongside clinical colleagues. A pilot to deliver universal multiple contacts through Just One Norfolk is being developed for launch later in 2020.

PART TWO

Supporting Information

CCS NHS Trust Quality Performance Dashboard

NA	Data usually supplied but not available this month
	Not relevant/not applicable to this area

NO TELEVISION IS AVAILABLE IN THIS AREA

Appendix 1 – Quality Dashboard

Summary of monthly-reported and tracked indicators

Contract	Rating	2019/20													2019/20 year end forecast
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Cambridgeshire and Peterborough CCG	GREEN	15	16	16	16	16	16	16	16	16	16	16			16
	RED	1	0	0	0	0	0	0	0	0	0	0			0
	% GREEN	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%
Cambridgeshire County Council (iCaSH)	GREEN	3	3	4	4	4	4	4	4	4	4	4			4
	RED	2	2	1	1	1	1	1	1	1	1	1			1
	% GREEN	60%	60%	80%	80%	80%	80%	80%	80%	80%	80%	80%			80%
Cambridgeshire County Council (Healthy Child Programme)	GREEN	8	9	9	8	9	9	11	12	9	8				12
	RED	3	2	2	3	2	2	4	3	6	7				3
	% GREEN	73%	82%	82%	73%	82%	82%	73%	80%	60%	53%				80%
Peterborough City Council (iCaSH)	GREEN	15	16	15	15	17	17	17	17	17	17	17			17
	RED	2	1	2	2	0	0	0	0	0	0	0			0
	% GREEN	88%	94%	88%	88%	100%	100%	100%	100%	100%	100%	100%			100%
NHS England (Community Dental Service)	GREEN	5	5	5	4	5	5	5	5	4	5				5
	RED	0	0	0	1	0	0	0	0	1	0				0
	% GREEN	100%	100%	100%	80%	100%	100%	100%	100%	80%	100%				100%
Luton CCG (Luton CHS)	GREEN	40	39	41	38	37	43	39	39	40	35				39
	RED	11	12	17	15	18	19	16	16	18	19				16
	% GREEN	78%	76%	71%	72%	67%	69%	71%	71%	69%	65%				71%
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	4	4	4	4	4	4	4	4				4
	RED	0	0	0	0	0	0	0	0	0	0				0
	% GREEN	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
	RED	0	0	0	0	0	0	0	0	0	0				0
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%
Norfolk County Council (Health Child Programme)	GREEN	18	19	19	21	23	21	19	17	16	18				18
	RED	9	10	10	8	6	8	12	12	13	11				11
	% GREEN	67%	66%	66%	72%	79%	72%	61%	59%	55%	62%				62%
Bedfordshire LAs (iCaSH)	GREEN	27	27	28	27	28	29	29	29	29	29				29
	RED	3	3	2	3	2	1	1	1	1	1				1
	% GREEN	90%	90%	93%	90%	93%	97%	97%	97%	97%	97%				97%
Bedfordshire LAs (Healthy Child Programme and oral health promotion)	GREEN	14	14	14	14	14	14	14	14	14	14				14
	RED	6	6	6	6	6	6	6	6	6	6				6
	% GREEN	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%				70%
Bedfordshire CCG (ambulatory services)	GREEN	3	3	3	3	3	3	3	3	3	3				3
	RED	0	0	0	0	0	0	0	0	0	0				0
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%
TRUSTWIDE	GREEN	179	182	185	181	187	192	188	187	183	180	0	0		188
	RED	37	36	40	39	35	37	40	39	46	45	0	0		38
	% GREEN	83%	83%	82%	82%	84%	84%	82%	83%	80%	80%	-	-		83%

Appendix 2 - Contractual Performance by Commissioner

Risk ID: 2963	Risk owner: Robbins, Mark	Risk handler: Robbins, Mark	Risk Grading:						
Directorate: Trustwide		Date recorded: 4/3/2019							
Specialty: Finance and Resources Directorate		Anticipated completion date: 31/03/2020							
Clinical Group: Trust Wide		Risk committee: Board							
Risk Title: 2019/20 Cost Improvement Plans									
Principle Trust Objective: Be a sustainable organisation	Source of Risk: Risk assessment	Risk level Current: High		Last Review Date: 25/2/2020					
<p>Risk description: There is a risk that the Trust does not fully plan and/or deliver the £3.6m (2.6%) efficiency savings required for 2019/20 to support the Trust in delivering its Control Total. As a result, this could contribute to the Trust being financially unsustainable</p>			<p>Significant Hazards: Continued demand of the Trust's services, with increasing cost pressures due to volume and prices, impacted by restricted additional funding.</p>						
<p>Progress update: [Robbins, Mark 25/02/20 14:27:42] 85 - 90% of the CIP target will be delivered for 19/20 and the risk is due to be closed on 31st March 2020 as planned. A proportion of the delivery this year has been non-recurrent and will therefore be rolled forward into the 20/21 target.</p>			<p>Controls in place: During 2018/19, the Trust began its Governance processes to quantify the impact of existing schemes delivery into 19/20 and identifying new efficiency ideas. This process is embedded in Trust business usual processes and reported through the Clinical Operational Boards, Executive Programme Board, Strategic Change Board and the main Board. Schemes continue to be identified and developed through to delivery stage throughout the year, and finance team continue to work closely with service leads to identify and agree service line cost adjustments where it is evident there are budget saving opportunities and / or costs are above the current contracted income received for the service. Quality Impact Assessments are undertaken for all schemes and a post implementation review of all schemes for impact on quality is undertaken.</p>						

Appendix 3 – Strategic Risks and Operational Risks 15 and above

Risk ID: 2971	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:							
Directorate: Trustwide		Date recorded: 4/4/2019								
Specialty: Not Applicable		Anticipated completion date: 29/03/2020								
Clinical Group: Trust Wide		Risk committee: Board								
Risk Title: Complexity of System Working										
Principle Trust Objective: Collaborate with other organisations, Provide outstanding care		Source of Risk: Meetings	Risk level Current: High		Last Review Date: 26/2/2020					
Risk description: There is a risk that due to the complexity of system working, the Trust will not be able to deliver the agreed models of care.		Significant Hazards: Complexity of system working Maturity of working relationships Ability for all system partners to collaborate Competition								
Progress update: [Pisani, Anita 06/01/20 14:24:51] Risk grading reduced this month, due to the agreed models of care being delivered in the various systems that we are working within. We are providing joint healthy child programme and emotional health and wellbeing services across Cambridgeshire and Peterborough; we are delivering our enhanced models of care programme in Luton as per 19/20 business case and we are delivering our contract within Bedfordshire Community Health Services. Systems working continues to be complex however we are delivering our commissioned contracts in partnership with others, therefore, a reduced grading seems appropriate but recommend this risk remains open even though currently at target.		Controls in place: Joint Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) - chaired by Non-Executive Directors Board to Board with CPFT as required Integrated Leadership Structure for 0-19 services across Cambridgeshire and Peterborough Joint Transformation Board with Commissioners - Cambridgeshire and Peterborough Children Services Joint Partnership Board with East London Foundation NHS Trust - Executive led Variety of joint work streams in place with East London Foundation NHS Trust on delivery of Bedfordshire Community Health Services Joint Away Days taking place within Bedfordshire Community Health Services Luton Provider Alliance - co-chaired by CCS and Luton and Dunstable Chief Executives Programme Director in place for delivery of								

Appendix 3 – Strategic Risks and Operational Risks 15 and above

Risk ID: 2968	Risk owner: Winn, Matthew	Risk handler: Winn, Matthew	Risk Grading:							
Directorate: Trustwide		Date recorded: 4/4/2019	L	C						
Specialty: Not Applicable		Anticipated completion date: 28/02/2020	Initial:							
Clinical Group: Trust Wide		Risk committee: Board	Current:	Unlikely - 2	Major - 4	8				
Risk Title: Decision making in Integrated care systems/Sustainability transformation partnerships			Target:	Unlikely - 2	Major - 4	8				
Principle Trust Objective: Be a sustainable organisation, Collaborate with other organisations	Source of Risk: External assessment		Risk level Current: High		Last Review Date: 4/3//2020					
Risk description: There is a risk that the Trust will be left out of important decision making about future service /organisational configuration in areas it operates because the Trust is either a small partner in the system or not a member of the STP/ICS Board	Significant Hazards: As local Sustainability and Transformation Partnerships/Integrated Care system are being asked to make decisions for local populations, organisations with the largest income streams for that footprint may want to determine the future of service delivery for the local population. As the Trust operates across multiple geographies, our impact may be reduced, especially in Norfolk and Suffolk, where we do not sit on any of the ICS/STP boards and executives. The impact may well be felt in our children's portfolio in Norfolk and Cambridgeshire/Peterborough - totalling c.60M on income. The other income the Trust receives are unlikely to be affected by the risk description. The issues could result in reputational damage for the Trust.									
Progress update: [Winn, Matthew 06/01/20 13:16:52] Likelihood scoring has been reduced as the Long term plan system response and commissioning intentions from our local systems, all point to work and strategies that the Trust is fully involved with. The risk is now at target level. The risk is being well managed; all of the mitigations are in place and therefore the likelihood of the Trust being left out of important decisions is Unlikely. As 2020/21 financial year plans are formulated, the risk will be monitored and if nothing else alters and the trust Board is in agreement - then the risk will be closed as planned at the end of February 2020.	Controls in place: 1. maintain full participation in the Cambridgeshire/Peterborough STP at CEO and exec level 2. maintain full participation in the Bedfordshire/Luton and Milton Keynes ICS at CEO and exec level(OD, workforce; finance; clinical leadership) 3. Continue with full participation in the Children's Board in Norfolk as this will become the decision making group, reporting into the Norfolk STP executive - John Peberdy and/or an executive 4. Trust is now a full member of the Norfolk Council Health and well being Board 5. Active engagement by CEO with the Anne Radmore, regional director 6. Board involved in signing off System plans									

Appendix 3 – Strategic Risks and Operational Risks 15 and above

Risk ID: 2966	Risk owner: Robbins, Mark	Risk handler: Robbins, Mark	Risk Grading:					
Directorate: Trustwide		Date recorded: 4/4/2019						
Specialty: Finance and Resources Directorate		Anticipated completion date: 31/03/2021						
Clinical Group: Trust Wide		Risk committee: Board						
Risk Title: Future financial viability of Public Health funded contracts								
Principle Trust Objective: Be a sustainable organisation		Source of Risk: Risk assessment	Risk level Current: High		Last Review Date: 25/2/2020			
<p>Risk description: There is a risk that the continued reductions to the Public Health grant will eventually have an adverse impact to the quality of the service the Trust provide and therefore its reputation could be affected.</p>			<p>Significant Hazards: Potential for patient outcomes could worsen due to an enforced reduction in services that are focused on prevention, early intervention and treatment, which could therefore cause an increase pressure to other parts of the health system.</p> <p>Controls in place: The Trust historically has collaborated closely with LA Commissioners to manage the impact to services as a result of the reductions to the Public Health grants. This work will continue and the Trust will ensure the commissioners understand the full impact of any reductions before they are implemented including ongoing engagement with Directors of Public Health.</p> <p>The Trust will also need to consider its approach to future procurements of Public Health funded services.</p> <p>Cost of service delivery is part of the contract monitoring process as this will be used to identify cost pressures and adverse performance.</p> <p>Quality Impact Assessments undertaken for all significant service redesign projects.</p>					
<p>Progress update: [Robbins, Mark 30/12/19 13:51:57] The Trust has received confirmation from its conversations with Public Health commissioners that there are no further planned funding reductions planned for the current financial year or 20/21, and therefore the risk score has been reduced to the Target level.</p>								

Appendix 3 – Strategic Risks and Operational Risks 15 and above

Risk ID: 2965	Risk owner: Robbins, Mark	Risk handler: Robbins, Mark	Risk Grading:					
Directorate: Trustwide		Date recorded: 4/3/2019						
Specialty: Finance and Resources Directorate		Anticipated completion date: 30/06/2020						
Clinical Group: Trust Wide		Risk committee: Board						
Risk Title: Increase in NHS Employers pension contributions 2020/21								
Principle Trust Objective: Be a sustainable organisation		Source of Risk: Risk assessment	Risk level Current: High		Last Review Date: 25/2/2020			
<p>Risk description: The is a potential risk the planned increase in the employers NHS pension contributions for 2020/21 will not be fully funded due to the split of commissioning responsibility across the NHS and Public Health.</p>			<p>Significant Hazards: An additional unfunded cost could result in the financial viability of existing and potential future Local Authority funded services, which would have an overall adverse impact on the future financial viability of the Trust</p> <p>Controls in place: The Trust will continue to closely monitor Regional and National guidance regarding the emerging approach to funding policy, and will engage to make representation and escalation as necessary to ensure providers receive uplifts to their income to fund this additional cost.</p>					
<p>Progress update: [Robbins, Mark 30/12/19 13:55:56] 20/21 Planning Guidance is due to be provided by NHSE / I in Jan 2020, and the expectation is the financial treatment of any additional employers pension contributions will be included.</p>								

Risk ID: 2967	Risk owner: Curtis, Ms Julia	Risk handler: Curtis, Ms Julia	Risk Grading:							
Directorate: Trustwide	Date recorded: 4/4/2019		L	C						
Specialty: Not Applicable	Anticipated completion date: 31/03/2020		Initial:							
Clinical Group: Trust Wide	Risk committee: Board		Current:	Rare - 1	Major - 4	4				
Risk Title: Patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of care st		Target: Rare - 1 Major - 4		4						
Principle Trust Objective: Provide outstanding care	Source of Risk: Risk assessment		Risk level Current: Moderate		Last Review Date: 8/3/2020					
Risk description: There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of care standards.			Significant Hazards: 1. A number of factors (some of which are listed below) could combine which would then result in poor patient experience and increased patient safety incidents. 2. This will also negatively impact on compliance with regulatory standards 3. Staff absence							
Progress update: [Curtais, Julia Ms 08/03/20 17:39:27] Risk will be closed on 31st march 2020 and new related risk raised for 2020/21			Controls in place: Refreshed focus on 'Our Quality Way' during April - September 2019 Rolling Peer Review Programme Annual service self assessments Quality Early Warding Trigger Tool monthly completion by all teams Quality reports to Clinical Operational Boards and Board Bi annual Workforce review to Board (May and November Public Boards) Back to the floor programme continues - summary taken to Wider Exec Team Ongoing annual CQC Inspection cycle which now includes staff focus groups and Inspector attendance at key meetings ie Board Staff feedback (including staff survey) Whistleblowing and raising Concerns processes well embedded with report to Board x 2 (Chief Executive report) and annually from freedom to Speak Up Guardian reports Clinical audit programme - reports to Clinical Operational Boards and Quality Improvement and Safety Committee Patient and Staff feedback mechanisms ie FFT Patient Stories to Board Internal audit programme (Quality elements) new control added 03/09/19 re development of an improvement plan for the CQC identified 'Areas for Improvement' New control added 29/10/19 - Establishment of trust wide 0-19 services clinical leads group (1st meeting 16/10/19) with whole day session planned for 4th December. This group feeds into the trust wide quarterly Children's services group Oversight of actions at Wider Exec group							

Appendix 3 – Strategic Risks and Operational Risks 15 and above

Risk ID: 2969	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:						
Directorate: Trustwide		Date recorded: 4/4/2019							
Specialty: Not Applicable		Anticipated completion date: 16/03/2020							
Clinical Group: Trust Wide		Risk committee: Board							
Risk Title: Reduction in Staff Morale could adversely affect the delivery of high quality care			Initial:	L	C				
			Current:	Unlikely - 2	Major - 4	8			
			Target:	Unlikely - 2	Major - 4	8			
Principle Trust Objective: Be an excellent employer, Provide outstanding care		Source of Risk: Meetings	Risk level Current: High	Last Review Date: 19/2/2020					
Risk description: There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.			Significant Hazards: Demands on the service Insufficient staff Turnover Vacancies Sickness levels						
			Controls in place: Annual staff survey and delivery of improvement plans Quarterly staff friends and family surveys Discussions and resulting actions from Wider Executive team meeting Appraisal rates and quality of appraisals 1:1s and team meetings Quality Early Warning Trigger Tool Clinical Operational Boards Freedom to Speak Up Guardian and Champions Guardian of Safe Working role in place to support junior doctors GMS survey feedback Raising Matters of Concern log Bespoke Leadership and Team Development Sessions Deloitte external review of Well-led and Care Quality Commission Inspection Feedback Back to the Floor feedback, discussions and resulting actions Live Life Well Activities Staff Side Chair in post - confidential helpline in place Corporate Induction and local induction systems and processes Bi-annual workforce reviews						
Progress update: [<i>Pisani, Anita 06/01/20 16:24:57</i>] 60% response rate achieved for the 2019 NHS Staff Survey. Positive working relationships continue with staff side representatives. Variety of team development and team building sessions continue to take place across the Trust. Staff continue to be nominated for regional and national awards across our different systems. High attendance rate at December Leadership Forum from all services across the Trust. Any matters of concern raised by staff are dealt with as quickly as possible. No change to scoring recommended at this time. Will review scoring of this risk when 2019 Staff Survey Results are published.									

Appendix 3 – Strategic Risks and Operational Risks 15 and above

Risk ID: 2970	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:			
Directorate: Trustwide		Date recorded: 4/4/2019		L	C	
Specialty: Not Applicable		Anticipated completion date: 31/03/2020	Initial:			
Clinical Group: Trust Wide		Risk committee: Board	Current:	Possible - 3	Major - 4	12
Risk Title: Workforce challenges affecting ability of services to maintain high quality care			Target:	Unlikely - 2	Major - 4	8
Principle Trust Objective: Be an excellent employer, Collaborate with other organisations. Provide outstanding care.	Source of Risk: Meetings		Risk level Current: High	Last Review Date: 28/2/2020		
Risk description: There is a risk that the Trust is unable to maintain high quality care across the organisation due to the increase number of services facing workforce challenges.			Significant Hazards: Vacancies - hard to recruit to posts Turnover Staff Morale Sickness levels Demands on services	Controls in place: Monthly workforce KPI data shared with all Service Directors - turnover; sickness; stability; appraisal and mandatory training compliance Bi-annual workforce reviews with all service areas - May and November each year Quality Dashboard Quality Early Warning Trigger Tool Raising Matters of Concern log and actions Bi-monthly Trust Board Quality Report Staff side chair identified as confidential link Freedom to Speak Up Guardian and Champions Live Life Well activities Workforce Race Equality Action Plan Back to the Floor feedback and actions Local Recruitment and Retention Premia in place where appropriate Staff Survey results and actions plans Care Quality Commission feedback Peer Reviews Business Continuity Plans Service self-assessments against 5 Care Quality Commission Domains		
Progress update: [Pisani, Anita 06/01/20 15:58:50] 9 teams out of 94 reporting Quality Early Warning Trigger Scores 16 or above. Overall mandatory training compliance 94%; Appraisal compliance 90.33%; Stability 88.55%; Turnover 13.48% which compares favourable to NHS Community Providers Benchmark. Bi-annual workforce report presented to the Trust Board in November 2019 which gave a comprehensive overview, service by service, of workforce challenges being experienced by our different teams. This also detailed the levels of assurance for each team on the management of their workforce pressures. 3073 patients/service users gave their feedback during November 2019 and 97.27% would recommend Trust services. One Consultant-led service in the Trust is not meeting their 18 week referral to treatment target. The Trust achieved a 60% response rate in the 2019 NHS Staff Survey demonstrating high levels of staff engagement. Numbers of complaints in October 2019 showed a significant increase to 18, however, decreased to 6 in November 2019. As some hot spot areas remain across the Trust remain no change in scoring recommended this month.						

Appendix 3 – Strategic Risks and Operational Risks 15 and above

Risk ID: 3096	Risk owner: Morris, Christopher	Risk handler: Blackwell, Lisa	Risk Grading:							
Directorate: Luton Community		Date recorded: 22/11/2019								
Specialty: Adult Services (Luton)		Anticipated completion date: 14/02/2020								
Clinical Group: Unit Wide		Risk committee: Luton Adults Programme Board, Strategic Change Board								
Risk Title: SPOC Capacity										
Principle Trust Objective: Provide outstanding care	Source of Risk: Risk assessment		Risk level Current: Extreme		Last Review Date: 25/2/2020					
<p>Risk description: There is a risk that we will not have sufficient staffing to effectively run the SPOC due to reduced staffing capacity. The impact of this will be that we will not be able to respond in a timely way to referrals which may cause delays to supporting our patients</p>			<p>Significant Hazards: Due to recent resignations, vacancies and short term sickness staffing levels within the SPOC have reduced. This has implications on the effective running of the service - such as ensuring calls are answered, referrals are processed and responded to in a timely way, and potential delays to supporting patients. Existing staff are working additional hours which increases the likelihood of further sickness and an adverse impact on productivity. This may also impact on staff morale and give rise to further staff turnover.</p>							
<p>Progress update: [Morris, Christopher 25/02/20 13:46:45] This risk has increased due to continuing staff absence and further resignations from the team. The resilience in place to mitigate the risks remain in place but the capacity implications are compounded further by staff utilising unused annual leave. The service has undertaken a review of the current job roles as it was felt that the current banding does not reflect the level of work being undertaken. This process is near completion and it is anticipated that the banding will be increased which in turn will hopefully support both retention and recruitment into the team.</p>			<p>Controls in place:</p> <ul style="list-style-type: none"> •Demand and capacity review completed and reviewed by Head of Service and short to medium term actions agreed around recruitment. Plan in progress. •Rolling job advert, 1WTE recruited to – due to start end of Jan 2020. •Fixed term Deputy Manager role being trialled to offer progression routes and to support SPOC manager •Internal admin support / Bank staff in place for resilience •Senior Management Support in addition to Programme Management Support •Project Manager supporting SPOC manager. •Continuous dialogue between SMT and Admin Manager to support any potential shortfalls. Prioritisation of workload where required and review of any impact this may have. •Demand and capacity review being refreshed - report due end of January. •Longer term plan / structure to be reviewed in March 2020 following service development work. •Review of job roles /banding underway – anticipate that banding will increase which will support recruitment and retention. 							

Risk ID: 2554	Risk owner: Lynn, Kirstie	Risk handler: Worbey, Rachel	Risk Grading:			
Directorate: Children and Young Peoples Services		Date recorded: 13/3/2017	L	C		
Specialty: Children's Specialist Services		Anticipated completion date: 31/03/2020	Initial:			
Clinical Group: Children's Community Nurses (Cambridgeshire)		Risk committee: Children's and Young People Clinical Operational Board	Current:	Almost Certain - 5	Moderate - 3	15
Risk Title: Under resourcing in Continuing Care will compromise patient care and lower staff morale			Target:	Rare - 1	Moderate - 3	3
Principle Trust Objective: Be a sustainable organisation, Collaborate with other organisations Provide outstanding care	Source of Risk: Audit		Risk level Current: Extreme		Last Review Date: 30/1/2020	
Risk description: Under resourcing and a reduction in current staffing levels in the Children's Continuing Care in Cambridgeshire is significantly impacting on levels of respite care we are able to provide leading to multiple no covers and cancellations.		Significant Hazards: There is a risk that complex case management will not be maintained effectively for identified individual children and young people. There is a risk that will lead to a lack of delegated training and competency assessments for Non- registered CCS staff and staff working in partner organisations will not be completed. There is a risk that staffing and associated HR work will not happen in a timely fashion impacting on retention and well being of staff. There is a risk that the CCNs will continue to be required to undertake CHC work causing their workloads to suffer and CYP unable to be discharged early from hospital or be required to return to hospital for treatment that could be delivered in the community environments. CCS in Cambridgeshire we are unable to take on any further care packages as we will not have the Registered Nurse time for recruitment and care planning for any new CYP referred to the service. CCG Commissioner has been informed of current staffing and recruitment issues. The additional risk is linked to a decrease in staff morale, increased anxiety and stress amongst the current work force, increased sickness, an increase in staff resignations and difficulty in recruitment. This has lead to staff being informally managed through the Trust sickness policy. We have given notice to a care package that is funding through a contract variation and we are in the process of reviewing two other packages that are funded the same way which will result in a significant funding deficit to the service if they cease. Staff have been asked to work additional paid hours to support the team during this period which has had a significant impact on their health and wellbeing.				
Progress update: [Lynn, Kirstie 30/01/20 10:57:16] Risk reviewed by service manager. CV's ending 31/3/20 when risk will reduce due to packages of care stopping.		Controls in place: The Community Nurse capacity tool has been used to review and help identify staffing required to maintain the service. Additional hours agreed with staff, this is not longer sustainable and staff have been asked to work their contracted hours from now on. Regular reviews of staffing and care packages Use of bank and agency staff where possible Working across the service to try and effectively allocate children with complex needs to other teams, however this is limited due to demands on the other services in the team and their staffing levels.				

Appendix 3 – Strategic Risks and Operational Risks 15 and above

Risk ID: 2915	Risk owner: Paris, Mrs Jane	Risk handler: Paris, Mrs Jane	Risk Grading:				
Directorate: Luton Community		Date recorded: 30/1/2019					
Specialty: Children Services (Luton)		Anticipated completion date: 30/04/2020					
Clinical Group: Children's services Health Visiting (West Luton)		Risk committee: Bedfordshire & Luton Clinical Operational Board					
Risk Title: Staffing level in 0-19 team			Initial:	L	C		
Principle Trust Objective: Provide outstanding care		Source of Risk: Risk assessment	Current:	Likely - 4	Major - 4	16	
			Target:	Unlikely - 2	Major - 4	8	
			Risk level Current: Extreme	Last Review Date: 5/3/2020			
Risk description: There is a risk that we will be unable to deliver all the mandated contacts within the Healthy Child Programme. This will impact on the early identification of children and their families in need of further support including safeguarding concerns.				Significant Hazards: We have 8.32 WTE vacancy in health visiting. With the risk of maternity leave increasing this in the next two months. This has been evidenced by two incidents SI numbers W55194 and W54485 There is a risk that we will not be able to complete the KPI's for the HCP.			
Progress update: [Charlton, Tina 05/03/20 18:11:37] no change to current risk score.				Controls in place: 1) Recruitment plan in place for HV/SN 2) Agency recruitment plan 3) Service redesign plan in place 4) Business Continuity Plan in place with clear escalations to mitigate risk. This plan reduces activity in areas of low risk to focus on high risk care for children and parents.			

Appendix 3 – Strategic Risks and Operational Risks 15 and above

Assurance Framework for the Integrated Governance Report

Part A

The Executive Summary to the Integrated Board Report provides an overall assessment of the level of assurance in relation to the Trust's strategic risks and operational risks at 15 and above, using three levels of Strong, Medium and Low. The table below sets out the framework for each level.

Strong	Medium	Low
Controls are suitably designed with evidence that they are consistently applied and effective	Information on controls is incomplete or the risk has been recently identified with insufficient time to assess the effectiveness of controls	There are significant gaps in controls with little or no evidence that they are consistently applied or that the controls are effective

Part B

The Executive Summary to the Integrated Board Report provides an overall assessment of the level of assurance in relation to the domains of safe, effective, caring, responsive and well led, using the assurance opinion categories of the Trust's internal audit programme.

The table below sets out the overarching framework for each category against each such domain tailored to the Trust's service portfolio and approach to board assurance. The framework does not and is not intended to cover all parameters set out in the CQC domains – many of these would be evidenced in other ways on an inspection such as by service visits. When services are referred to in the framework this is a whole service (ie MSK, universal children's service).

The assurance level set out in the Executive Summary relates to the two month reporting period of the Integrated Governance Report.

Domain	Assurance being sought	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Safe	What is the overall impact on patient safety of service delivery and medicines management? To what extent has the Trust implemented changes following patient safety incidents and shared learning?	- incidents are at or below mean and action taken to minimise risk of reoccurrence - any impact of SIs on patients is low (minimal harm) or moderate (short term harm) - implementation of lessons learnt is evidenced - staffing pressures are adequately controlled with minimal impact on service delivery - no healthcare acquired infections reported where	- increase in incidents but below upper control total and action plans are in place and action taken to minimise risk of reoccurrence -adequate progress on action plans for previously reported incidents/Never Events -staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and no commissioning service plans in	- Never Event occurred - SI occurred in a service that has a severe impact on patient and evidence of action plans being implemented - increase in incidents above upper control total with action plans in place -staffing pressures resulting in reduced service delivery and no commissioning service plans in place	- Never Event occurred in two or more services - SI occurred in two or more services that has severe impact on patient or SI occurred in a service that has a severe impact on patient and no or minimal evidence of action plans being implemented - Never Event or SI occurred in previous reporting period and no or partial action plans in place

Appendix 4 – Assurance Framework

		<p>care provided within control of the Trust</p> <ul style="list-style-type: none"> -staff flu vaccination at or above plan 	<p>place to reduce staffing pressures</p> <ul style="list-style-type: none"> -staff flu vaccination below plan but at same level or improved on last year 	<p>internal service plan in place</p> <ul style="list-style-type: none"> - one healthcare acquired infection reported and care within control of the Trust action plan in place to ensure no reoccurrence - Staff flu vaccination below plan and below last year's level with an action plan in place 	<p>-increase in incidents above upper control total without action plans in place or increase in incidents above upper control total for four months</p> <ul style="list-style-type: none"> -staffing pressures - staffing pressures resulting in reduced service delivery and no commissioner agreed plan or internal service plan in place in same service for two or more reporting periods - one healthcare acquired infection reported where care within control of the Trust and no action plan in place or more than one healthcare acquired infection where care within control of the Trust - Staff flu vaccination below plan and below last year's level with no action plan in place
Effective	Do staff have the skills, knowledge, experience and support to provide effective care?	<ul style="list-style-type: none"> - mandatory training and supervision at or above target levels -appraisal rates are at or above target levels - rolling sickness rates are within average and no higher than the NHS England rate for Community Trusts -stability figures at or above target levels 	<ul style="list-style-type: none"> - mandatory training and supervision at or above target levels across 85% of services and remaining services are no more than 5 % below target - appraisal rates at or above target levels across 90% of services and remaining services are no more than 5% below target 	<ul style="list-style-type: none"> - mandatory training and supervision at or above target levels across 75% of services and no more than 2 services are more than 5 % below target - appraisal rates at or above target levels across 80 % of services and no more than 2 services are more than 5% below target 	<ul style="list-style-type: none"> - mandatory training and supervision is 74% or less of target levels or 3 or more services are more than 5 % below target - appraisal rates at or above target levels across 79 % of the Trust and 3 or more services are more than 5% below target -rolling sickness outside upper

Appendix 4 – Assurance Framework

			within control total but show an increase for last 6 months -stability figures within control total but show a decrease for last 6 months	target -rolling sickness above upper control total for both months reported - stability figures below lower control total for both months reported	control total for last four months -stability figures below lower control total for last four months
Caring	Does the Trust treat people in a caring, kind and compassionate manner?	- Clear evidence of caring contained within the patient story -Friends and Family Test scores more than 90% - number of complaints and concerns at or less than mean	- Issues raised in patient story about manner of staff and action plan in place to address issues - Trust wide Friends and Family Test scores more than 90% with no more than 5 % of services below this score - number of complaints and concerns above mean but within upper control limit	- Issues raised in patient story about manner of staff and no action plan in place to address issues -Friends and Family Test scores more than 90% across 75% of services with plans in place to improve scores in the 25% below this figure - number of complaints and concerns above upper control limit for both months reported	- Issues raised in patient story at previous Board about manner of staff and no action plan in place to address issues - Friends and Family Test scores more than 90% in less than 75% of services - number of complaints and concerns above upper control limit for last four months
Responsive	Are Trust Services responsive to patients needs?	- all consultant-led services meet 18 week referral to treatment target - all complaints responded to within timeframe and there is evidence of actions being implemented	- the Trust average across all relevant patients in consultant-led services is up to 1% below the 18 week referral to treatment target - one complaint responded to outside of time frame but by no more than 5 days and there is evidence of actions being implemented	- - the Trust average across all relevant patients in consultant-led services is between 1 and 3% below the 18 week referral to treatment target - more than one complaint responded to outside of time frame but by no more than 5 days and no evidence of actions being implemented	-- the Trust average across all relevant patients in consultant-led services is more than 3% below the 18 week referral to treatment target - complaint responded to outside timeframe by more than 5 days and no evidence in two reporting periods of actions being implemented
Well led	Are effective governance processes in	- income and expenditure in line with budget and	- income less than or expenditure more than budget	- income less than or expenditure more	- income less than or expenditure more than budget

Appendix 4 – Assurance Framework

	<p>place underpinning a sustainable organisation?</p> <ul style="list-style-type: none"> - CIP in line with plan and any variation is not anticipated to have a detrimental impact in achieving the overall efficiency savings - capital spend is in line with budget and any variation will not have a detrimental impact on overall capital plan - use of resources figure is a 1 - agency spend controlled within Trust ceiling with no anticipated change throughout the year - strong governance evidenced of collaborations 	<p>any variation is not anticipated to have a detrimental impact on year end out turn against plan</p> <ul style="list-style-type: none"> - CIP in line with plan and any variation is not anticipated to have a detrimental impact in achieving the overall efficiency savings - capital spend is in line with budget and any variation will not have a detrimental impact on overall capital plan - use of resources figure is a 1 - agency spend controlled within Trust ceiling with no anticipated change throughout the year - strong governance evidenced of collaborations 	<p>with an anticipated detrimental impact on year end out turn against plan by no more than 1%</p> <ul style="list-style-type: none"> -CIP under plan by no more than 5% with action plan in place - capital plan revised within ceiling and approved by estates committee - use of resources figure a 2 with plan to be a 1 by next reporting period - agency spend above ceiling by no more than 5% with plan to achieve overall ceiling by year end - gaps in evidence of governance of collaborations 	<p>than budget with an anticipated detrimental impact on year end out turn against plan by no more than 2%</p> <ul style="list-style-type: none"> -CIP under plan by no more than 5% with no action plan in place - capital plan revised within ceiling but not approved by estates committee - use of resources figure a 2 with no plan to be a 1 by next reporting period - agency spend above ceiling by no more than 5% with no plan to achieve overall ceiling by year end - gaps in evidence of governance of collaborations for two reporting periods 	<p>with an anticipated detrimental impact on year end out turn against plan by more than 2%</p> <ul style="list-style-type: none"> -CIP under plan by no more than 5% with no action plan in place for two reporting periods or with an anticipated detrimental impact on year end out turn by more than 5% -CIP under plan by no more than 5% with no action plan in place for two reporting periods or under plan by more than 5% - capital plan exceeded and not approved by regulator - use of resources figure a 2 for 2 reporting periods or a 3 or 4 for reporting period - agency spend above ceiling by no more than 5% with no plan to achieve overall ceiling by year end for two reporting periods or agency spend above ceiling by more than 5% - breakdown in governance of one or more collaboration involving chair or chief executive for resolution
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Appendix 4 – Assurance Framework

SPC key

