

TRUST BOARD

Title:	Integrated Governance Report
Action:	For DISCUSSION
Meeting:	15 January 2020

Purpose:

This report provides an overview of quality, performance, workforce and finance for October 2019 and November 2019 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 October 2019 and November 2019 and the assurance set out in each domain.

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

Assurance against strategic objective 2 - Be an excellent employer – Effective – decreased slightly to 90.33% and remains below the target of 93% for 2019/20. Appraisal compliance remains constant and within limits. Assurance against this strategic objective has been reduced from substantial to reasonable as a result.

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
Author and Executive sponsor	Mercy Kusotera	Assistant Director Corporate Governance
	Julia Curtis	Chief Nurse
	Anita Pisani	Deputy Chief Executive
	Mark Robbins	Director of Finance

	David Vickers Rachel Hawkins	Medical Director Director of Governance
--	---------------------------------	--

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

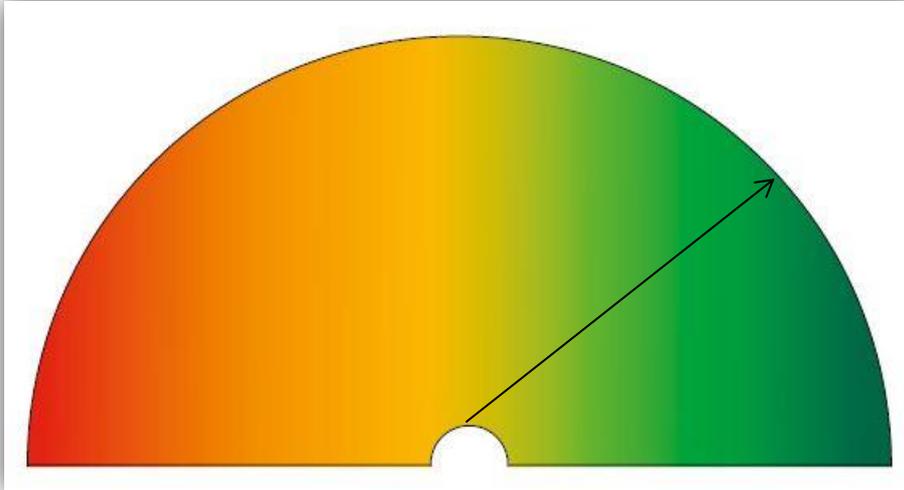
Part Two – Supporting Information

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	



Provide outstanding care

A: Assurance Summary



1.1. In addition to the overview and analysis of performance for October and November 2019 as set out below, the Board can take assurance from previously reported sources (reference: Integrated Board report November 2019) including:

- Our Care Quality Commission (CQC) inspection rating 'Outstanding' overall and 'Outstanding' within the caring and well-led domains. Areas for improvement were identified and these are being actioned appropriately.
- Update reports and summaries from supporting sub groups presented to the Quality Improvement and Safety Committee.

1.2. Based on this assurance and performance for the reporting period:

1.2.1 The direction of travel for achieving the strategic objective of providing outstanding care remains the same as the previous report in November 2019 for the reasons outlined below.

1.2.2 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 96.81% satisfaction with our services fed back through the Friends and Families mechanism. This exceeds the target set in our Measures for this objective (90%).

The patient story shared with the Board also demonstrates outstanding caring attitudes from the service.



Provide outstanding care

Effective – Reasonable assurance due to reduced levels of safeguarding supervision against target of 95% (90%) and level 3 safeguarding training at 90% against a 93% target. Annual summaries of Information Governance incidents were scrutinised by the Clinical Operational Boards in January with no points of escalation. Actions will be taken forward by services.

Responsive – Reasonable assurance maintained due to 95.8% of complaints responded to on time (23/24). Community Paediatrics (Bedfordshire) did not meet the 18 week RTT target in November 2019; mitigation is outlined in section 8.

Safe	<ul style="list-style-type: none"> No Serious Incidents or Never Events No healthcare acquired infections QEWTT scores October 6 ≥ 16; November 9 ≥ 16 	Reasonable
Caring	<ul style="list-style-type: none"> Outstanding care – patient story FFT 96.81% (target 90%) Number of informal and formal complaints within expected variance 	Substantial
Effective	<ul style="list-style-type: none"> Mandatory training 95% October and 94% November (target 93%) Safeguarding supervision 92% October and 88.9% November (target 95%) Low number of Information Governance incidents and annual IG summaries to Clinical Operational Boards with recommendations – nothing to escalate 	Reasonable
Responsive	<ul style="list-style-type: none"> Complaints response time 95.8% (23/24) Consultant-led referral to treatment time above 92% target in all services except Bedfordshire Community Paediatrics (81%) 	Reasonable

B: Measures for Achieving Objective

Measure	19/20 Target	Data source	Reporting frequency
Care quality standards	Outstanding	Formal assessment	Annual
Patients / carers satisfied with care provided	90%	FFT	Monthly
Staff recommend the Trust as a place to work or receive treatment	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).
- 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).
- 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).



Provide outstanding care

Update on risk 2970:

Within the CQC report September 2019 there was one *must do* and thirteen *should do* actions required of the trust. A Quality Improvement action plan is in place and is being monitored via the Wider Executive and via each Division Quality Governance Groups, supported by the Quality team.

The '*must do*', requires that we continue to monitor and actively recruit staff within our Healthy Child Program, ensuring adequate number of staff with the appropriate skill mix to deliver care to children. The 0-19 Clinical Leads Steering group has met twice. They have reviewed the trust wide approach managing staffing, recruitment, retention and training. A key part being defining caseloads and how they are measured; staffing prediction tools and capacity and demand modelling.

At present the recruitment hotspot remains in Luton which is at level 3 on their business continuity plan and Norfolk who have three teams working to agreed business continuity plans due to staff absence from work. The Clinical Operational Board in Luton and Bedfordshire was informed that 3.8wte Health Visitors will be coming into the service during January 2020. This is a mixture of staff returning from maternity leave and new appointments. The team will be reviewing their risk (ref: 2915 below) at the end of January 2020 which is anticipated to reduce the risk.

Summary of Progress with *should do* actions:

- Transition of children to adult services policy and process across the trust is being revised
- Pain assessment tools have been revised and are being added to system one with additional information to staff
- A trust wide harm review process when children are waiting for appointments is being developed
- Infection control actions including sepsis have been addressed through communication with staff and require on going audit
- Mandatory training for doctors has been addressed and is being monitored
- Recruitment to a Palliative Care consultant for the Luton service is underway in partnership with KEECH
- Monitoring of oxygen storage will be via pharmacy audits and training is being sourced

Operational risks 15 and above

1. **Risk ID 2915** *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 (Risk rating 16).*
 - 1.1 The Health Visiting Service continues to work with reduced workforce due to vacancies and other capacity challenges. The service is working under their business continuity escalation framework with a moderation to service delivery related to targeted antenatal visits agreed with commissioners.



Provide outstanding care

- 1.2 Following interim clinical pathway changes, the volume of WTE Health Visitors required has reduced in line with an increased skill mix team. Further recruitment plans are in progress to support ongoing staffing issues. See further update above.
2. **Risk ID 2554** *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. (Risk rating 15).*
 - 2.1 The Children's Clinical Operational Board on 7 January was informed that this risk has adequate mitigation in place and will be reviewed at the end of January when new staff are in post and a new staffing model is agreed by commissioners (current QEWTT score 9).

D: Overview and analysis (including information from the Quality Dashboard section 2)

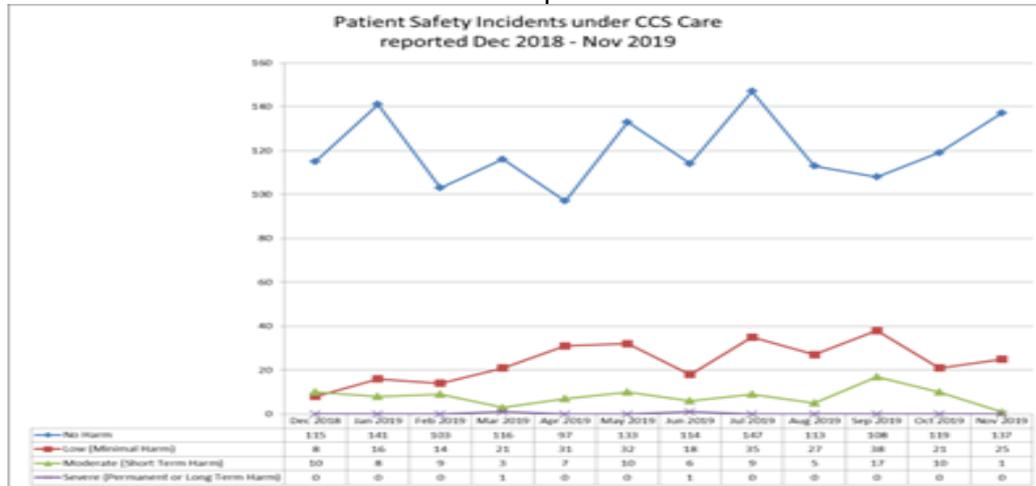
1. Patient safety incidents

- 1.1 There were no Serious Incidents (SIs) declared in October and November. Learning from two previous SIs (safeguarding 0-10 Team East Norfolk) has been shared with teams. A final review of the outcome of the SI in the Bedfordshire Eye service is due at the end of January.
- 1.2 Four Root Cause Analysis (RCA) investigations were initiated in this period: three in October and one in November involving the following:
 - Two pressure ulcers both of which are being investigated by the tissue Viability Nursing Team
 - One prescribing error in iCaSH - learning being taken forward by the service
 - One unexplained death of a child – no acts or omissions involving our services
- 1.3 The chart below highlights that patient safety incidents that occurred under our care during the two month period totalled 313 of which 82% involved no harm, 15% low harm and 3% moderate harm.
- 1.4 In total there were 11 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 any learning shared via the local Quality and Risk Group with escalation as necessary. A presentation on wound care, including prevention and management of pressure ulcers, was given at the Bedfordshire / Luton Clinical Operational Board by our Tissue Viability Nurse Specialist and Clinical Lead in Luton. This presentation informed the Board of the outcomes and learning from an audit that took place in June 2019 and the improvement actions that the team are taking to implement the national wound care strategy. Our Nurse Specialist is directly involved in the national conversations.



Provide outstanding care

- 1.5 The remaining moderate harm incident occurred in the Dental Service in Peterborough and on review was recognised as a complication of treatment. The incident has been investigated under the Complaints Process and a letter of apology and the findings from the investigation have been shared with the patient.



2. Safety Thermometer

- 2.1 The overall harm free result was 98.57% in October but dipped to 94.23% in November (target 96%). These were an improvement on the scores reported previously.
- 2.2 The new harm metric is more indicative of the care directly provided by our staff and this was 100% in October and 99.52% in November (target 98.5%), again showing an improvement on scores achieved in the preceding two months.
- 2.3 The Bedfordshire and Luton Clinical Operational Board asked for a report to be presented on this metric as part of the Board’s next update on wound care.

3. Safeguarding

- 3.1 We are currently contributing to sixteen Serious Case Reviews and six multi agency reviews (children), one Serious Adult Review and one Adults multi agency review across our service portfolio which is a similar position to the last report. A number of these reviews are now concluded and will be closed once reports have been published. The outcomes of these reviews will be discussed at the Trust’s next strategic safeguarding group. Any themes and/or learning will be included in local Level 3 training annual updates going forward.
- 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 87% in October and 85% in November. This was due to a number of factors including Safeguarding and locality staff sickness and service capacity challenges.



Provide outstanding care

- 3.3 We have exceeded the targets for all components of Safeguarding of Adults at Risk and Prevent training.
- 3.4 Safeguarding children supervision rates improved to 92% in October and dipped to 88.9% in November (95% target). This target has not been met since April 2019. A number of staffing pressures have contributed to this position with Norfolk and Cambridgeshire teams below compliance – Luton Universal services achieved 100% in September. Work continues to improve the overall position.

4. Infection prevention and control

- 4.1 There were no confirmed bacteraemia cases of MRSA, Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during October and November 2019. We have not been notified of any positive cases of C.difficile during this period.
- 4.2 The Trust was informed by Public Health England of a delay in the delivery of the inactivated Quadrivalent influenza vaccines manufactured by Sanofi Pasteur. A strategy was developed to minimise disruption. Daily teleconferences helped to ensure vaccines and vaccinators were available for all clinics.
- 4.3 The National requirement for NHS Trusts is to vaccinate 80% of patient facing healthcare workers. The 2019 - 2020 staff flu immunisation programme commenced in October and as at 6 January 2020, 69% of front line staff had been vaccinated. This is 10% higher than the comparable period last year.

The divisional breakdown is as follows:

- Ambulatory Care - 80.5%
- Bedfordshire Children & Young People - 69.5%
- Cambridgeshire & Norfolk Children & Young People - 65.7% (Norfolk - 52%)
- Luton Adults - 55.7%
- Luton Children & Young People - 63%

- 4.4 Service leads continue to receive a weekly breakdown of figures and encouraged to access the team of Corporate Vaccinators to reach as many front line staff as possible. The programme runs until the end of February and a full summary of the outcome and learning will be included in the March Board report.

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

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



Provide outstanding care

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

5.2 Three teams in Luton Children's services reported QEWT scores of 16 or above due to staffing pressures:

- Health Visiting (south) Business continuity plans are in place as agreed with Commissioners and active recruitment is taking place
- Audiology – the service continue to face staffing challenges with reliance on locum staff and increased hours by clinicians. 28 referrals breached the 6 week waiting target in December and a recovery plan is in place
- Community Paediatrics have staffing challenges due to sickness, maternity cover and a Medical locum contract ending. Despite these challenges clinical and administrative colleagues within the service have been working very hard to maintain continuity of service. The service is sourcing interim locum medical resource to support service provision. Demand and capacity analysis is underway to ensure that the new clinical pathways and service demand meet staffing requirements. The business case for recurrent funds is due to be submitted to commissioners next week. Outcome of this business case is expected by end February 2020.

5.3 The Speech and Language Therapy Team in Bedfordshire reported a slightly improved score of 19 although capacity and recruitment challenges remain. A number of mitigations are in place including additional funding from Bedfordshire Borough Council, skill mix, continued training of Language Champions, a service redesign programme of work is underway and varied recruitment methods including videos have been developed.

5.4 The Bedfordshire based Nutrition and Dietetics team increased their score to 19 (from 13) in November due to staffing pressures. A new service lead is in place and demand and capacity work is being undertaken and includes a review of appropriate skill mix.

5.5 Bedfordshire Community paediatrics service currently has a 28 week wait (18 week target) due to an increase in volume of referrals and diversion of clinical resource to reviewing children overdue medication reviews. Mitigating actions include additional clinics at weekends, full time nursing post advertised, new short term locum post advertised and full time locum in place and establishment of a priority booking system to ensure appropriate clinical priority.

5.6 Cambridgeshire South 0-19 Locality team reported an improved position in November due to a newly appointed Head of Locality and two new



Provide outstanding care

Team managers. This score is anticipated to reduce further when these staff are fully established in post.

5.7 Two Norfolk teams report high scores, City due to sickness, leadership team availability and requirement to cover safeguarding responsibilities in the Multi Agency Safeguarding Hub and Breckland due to staff sickness – total staffing unavailable for this locality in October was 10.73%. Business continuity plans are in place with a variety of established mitigating actions.

6. Information governance

6.1 Mandatory Information Governance Awareness training has dipped to 94% overall. Managers have been made aware via ESR reports. A reminder email was sent to non-compliant staff by the Caldicott Guardian and Senior Information Risk Owner in the week commencing 9 December 2019.

6.2 In October and November, 43 incidents were reported under the confidentiality category. The majority of incidents were due to misaddressed communications.

7. Patient Experience

7.1 The Patient Story

7.1.1 The patient story for this Board meeting focuses on the experience of three service users who have attended our South Asian Females Functional Rehabilitation Classes (SAF) supported by our Peterborough Musculoskeletal Service. This group is delivered in Urdu / Hindi languages to increase accessibility for patients whose first language is not English. Three service users will attend to share their experience of attending this group alongside a senior physiotherapist who can translate for them.

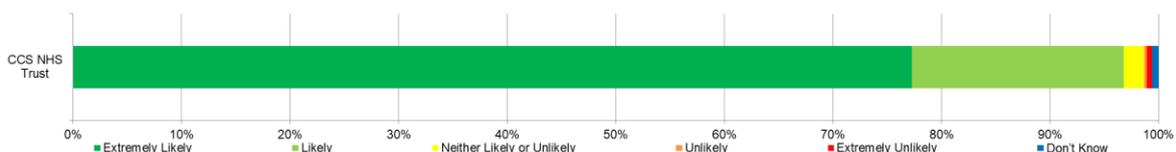
7.2 Friends and Family Test (FFT)

7.2.1 We received 2629 responses in October and 3073 in November to the FFT question from our relevant service user surveys.

7.2.2 The overall Trust FFT recommendation score remained high at **96.81%**, with a 0.77% not recommend score. Both were a slight decline on the previous two month period but remain high against our Trust target of a 90% recommendation score.

7.2.3 Below is the percentage of responses to the FFT question for the overall Trust.

Response given to the FFT question as percentages (October and November 2019)





Provide outstanding care

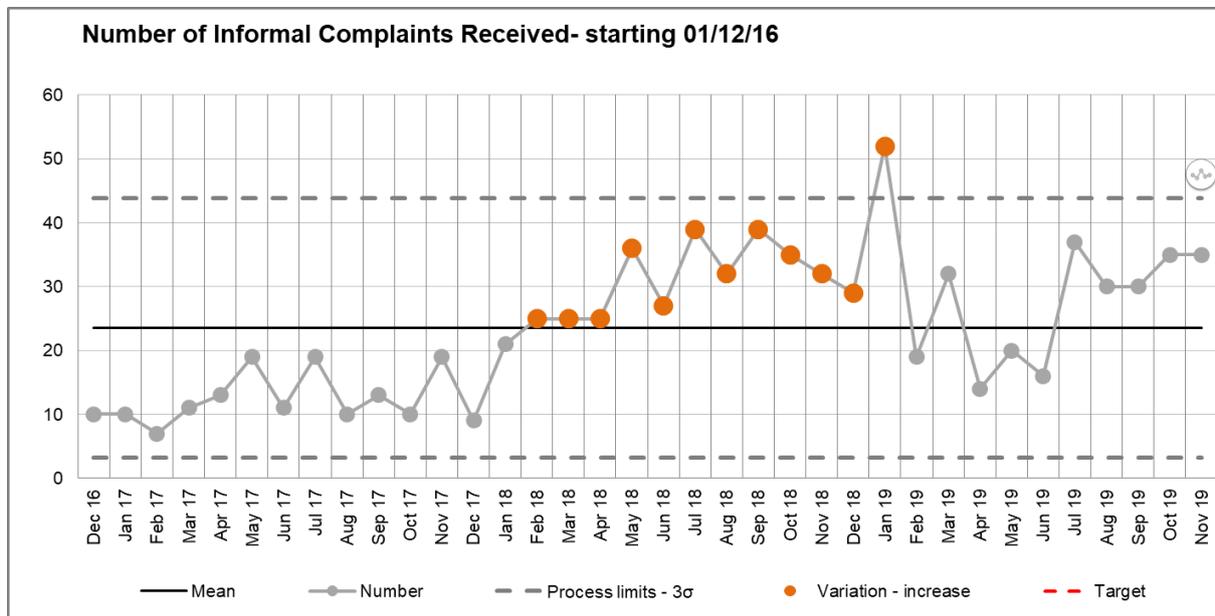
7.2.4 In October and November the services we provide received 6675 positive comments on surveys and feedback forms used across the Trust.

7.2.5 In total, there were 8612 comments received and coded for sentiment: 78% were positive, 11% negative and 12% neutral.

7.2.6 Dental Healthcare have achieved 100% of people would recommend our service to Friends and Family which is the third time this year the service has reached 100%.

7.3 Informal complaints received

7.3.1 The total number of informal complaints received and logged was 70 in this data period; this was within our expected variance, as shown in the chart below.



NB logging of all informal complaints started from January 2018.

7.4 Themes and learning from informal complaints closed in October and November 2019

7.4.1 During October and November 2019 our services, with the support of the Patient Experience Team, were able to resolve and close 70 informal complaints. These informal complaints were resolved locally and enabled services to take ownership of their patient experience.

7.4.2 From the informal complaints closed within this period, the top two themes were Administration (22) and Communication and Information (18). Administration was a top theme in August and September but Communication and Information was not. Of those concerning Administration, 17 were about iCaSH services of which 13 related to the Express Test service, and four about



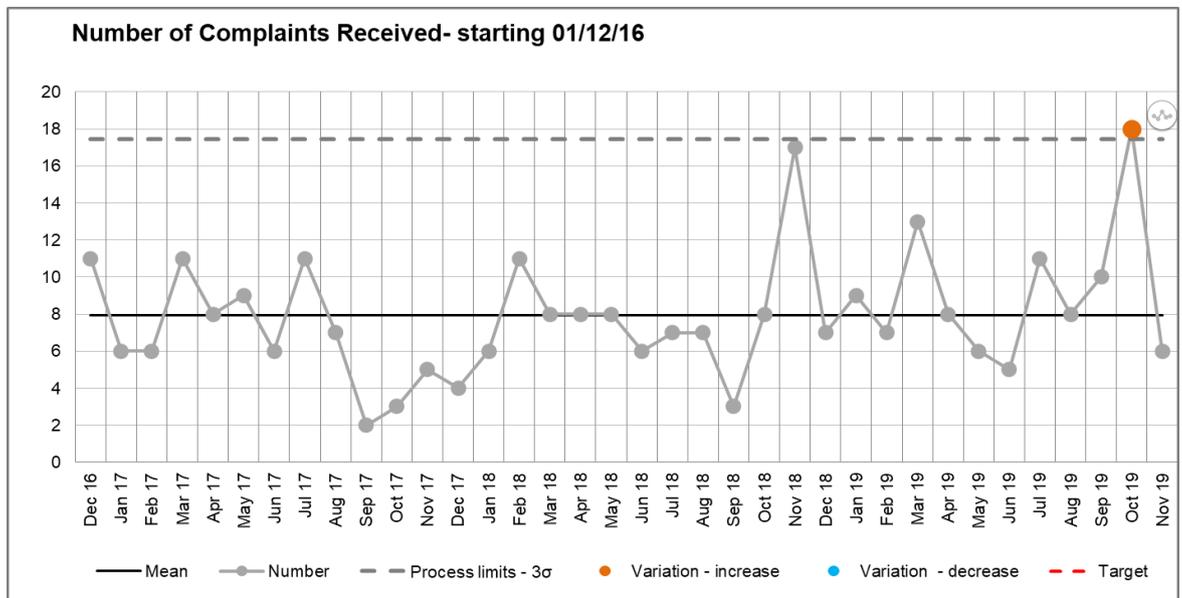
Provide outstanding care

telephone services in Dental Services. Four of those about communication were Children’s Services in Luton and three MSK.

7.4.3 Several informal complaints highlighted issues with access to the iCaSH express test due to the capping on the number of tests being available. The service managers are working in partnership with our commissioners and the feedback is forming part of these discussions.

7.5 Formal Complaints

7.5.1 The Trust received 24 formal complaints in this data period (18 in October and 6 in November). The number of formal complaints received in October was above that which would be expected within the normal range of variation by one. On review of the complaints received in October, three concerned Community Paediatricians in Bedfordshire, two of which were about appointment waiting times and the other about communication.



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.

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

7.6.1 Within this data period we responded to and closed 24 formal complaints, of these 27 subjects were identified.

7.6.2 Two of the top issues were the same as the previous two month period: Communication / Information (6) and Delays (6); the most frequently occurring theme was Clinical Care (8). Four of the Clinical Care issues were about Adult Services in Luton and three MSK. Four of the delays were around about iCaSH (Suffolk – 2, Norfolk – 1 and Cambs – 1).

7.6.3 Learning from the Luton Adults Complaints has included:



Provide outstanding care

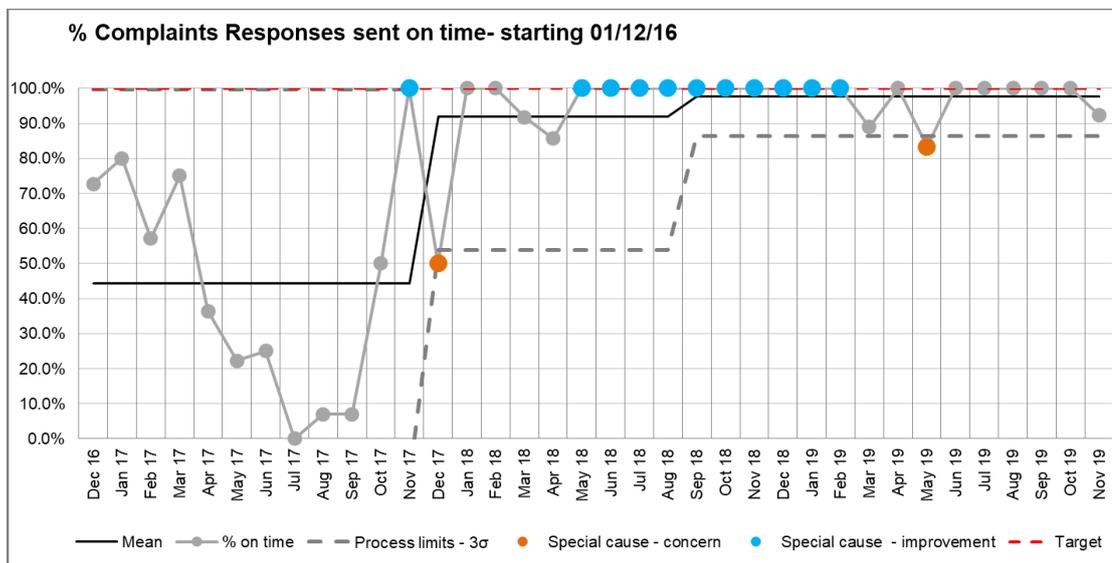
- Reminding staff that changes in plans of care or feedback from discussions about their care need to be clearly communicated with patients and their carers and documented in the clinical records.
- Reminding staff to ensure that they provide clear explanation around the role of a District Nurse and why referrals are declined when patients are not housebound.
- Our Tissue Viability team continue to work with GPs and pharmacy teams to ensure that dressings ordered are obtained quickly.
- Reminding staff of the importance of communicating:
 - the rationale of wound treatment to patients and their families
 - the procedure for hospital appointments for people who are housebound
 - to maintain a professional and courteous approach at all times

7.7 Complaint response times

7.7.1 In this data period we responded to 24 formal complaints (11 in October and 13 in September), 23 (95.8%) of these were responded to on time.

7.7.2 During November one complaint response was sent outside of policy timeframes. This has been reviewed and the complainant was kept up to date throughout.

7.7.3 The graph below shows the percentage of responses sent on time from December 2016 – November 2019.



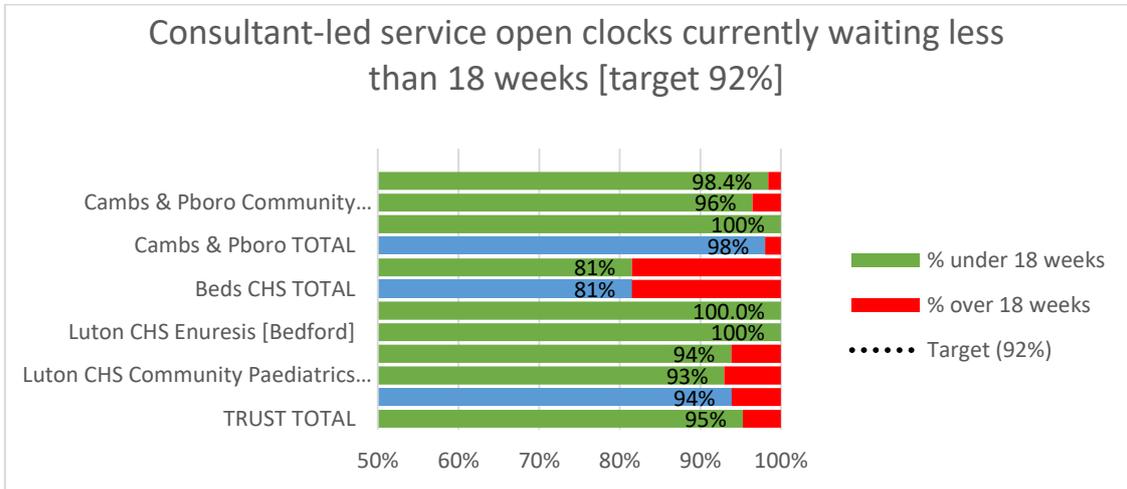
8. Access to our services including RTT

8.1 Overall Trust compliance with the consultant-led access to our services exceeded the target of 92% at 95%. The only exception is Bedfordshire



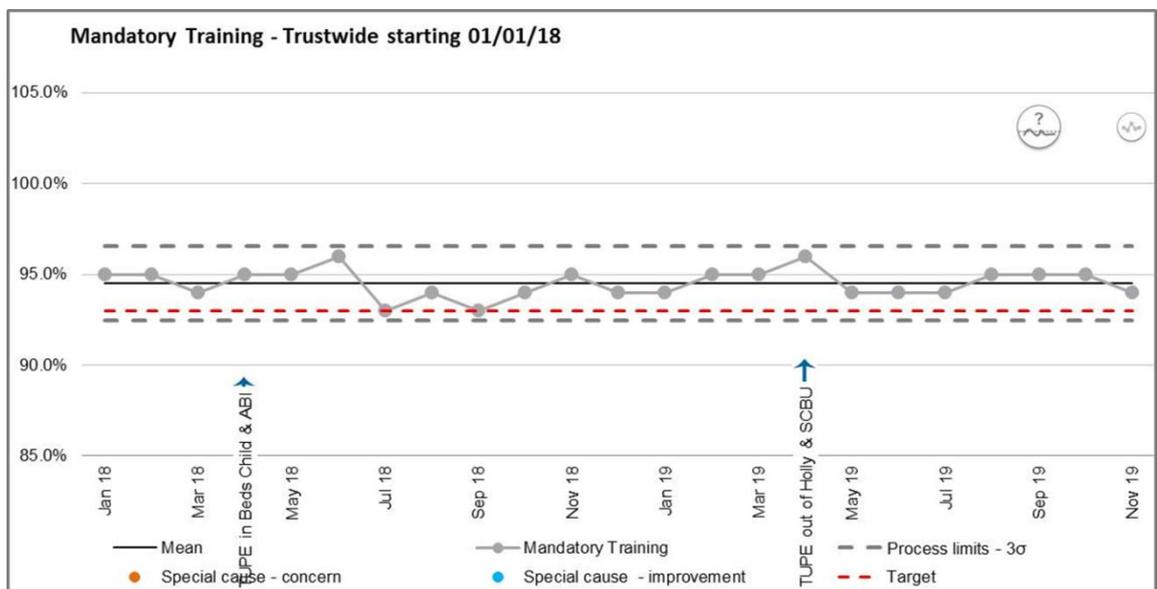
Provide outstanding care

Community paediatrics (81%) – mitigating actions include: full time nursing post approved and to be advertised, new locum consultant post recently advertised; Full time locum consultant in post now; Saturday clinics are being held to relieve service pressures and Priority clinic booking is being established to reduce risk.



9. Mandatory training

9.1 Overall mandatory training compliance remained above Trust target in October (95%) and November (94%) against the Trust target of 93%.



9.2 There some individual services which are not currently compliant with some subjects and these are monitored in the relevant Clinical Operational Boards.

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

10.1 Bedfordshire 0-19 HCP



Provide outstanding care

- 10.1.1 Baby friendly 'GOLD' accreditation – The Bedfordshire 0-19 Service has been awarded Baby friendly Gold Status. This means that UNICEF are confident that the Baby Friendly standards are embedded across the service in a sustainable way so that improvements to care are maintained in the longer term, this is an excellent achievement with only seven Community trusts nationally achieving this accolade.
- 10.1.2 #FreetoFeed campaign in Luton and Bedfordshire recently gained its 100th partner – Whipsnade Zoo – supporting mums and their babies to feel free to feed any time, any place. Sarah Pickford, Practice Development Lead for the Bedfordshire 0-5 Service was filmed by ITV Anglia, together with a number of local mums who are championing the campaign.

10.2 Luton 0-19 Children's Services

- 10.2.1 A celebration event and Recruitment Day was held on 28 November 2019, which was very well attended and enjoyed by staff. Two applications for Health Visiting posts resulted from the event. The day was very well publicised on social media and radio. The publicity allowed further publicity of our relatively new service Chathealth.
- 10.2.2 Talking Takes Off (TTO) – Communication and Language Improvement Programme. Multi agency workforce universal and enhanced training has commenced and will continue into the New Year. Sustainability of the programme is being actively discussed. Strategic Commissioning – Talking Takes Off is included in the Children and Young Peoples Plan and Health and Wellbeing Strategy.

10.3 Luton Specialist Children's services

- 10.3.1 The Children's Continuing Care Team in general and the Team Lead (Luci Kilby), in particular had received significant praise from Commissioner. This has included the quality of assessments and presentation at panels as well as extremely high quality of care for the children. This was celebrated at their recent team meeting.

10.4 Cambridgeshire 0-19 service

- 10.4.1 Conversations across midwifery, commissioner and HCP to work together on a post-natal gap analysis and identification of key health themes. Smoking in pregnancy identifies as an area to address particularly in Fenland and there is a plan for Health Visitors to undertake a pilot of using carbon monoxide monitors in the ante-natal assessment to encourage the conversation of quitting smoking in pregnancy.
- 10.4.2 Outstanding practice identified for a Health Visitor involved with a serious incident involving a child death. The individual's professional conduct when giving a police statement and the



Provide outstanding care

quality of her record keeping has been acknowledged as exemplary.

10.5 Cambridgeshire Specialist Children's services

- 10.5.1 Sixteen new MHST staff to start in January / February 2020.
- 10.5.2 Commitment has been given by Commissioners regarding implementation of The balanced Model which involves development of a jointly commissioned Occupational Therapy (OT), Physiotherapy and Speech and Language Therapy services.
- 10.5.3 The OT website is performing well: November to December 2018 saw 644 page views, and over the same period this year (2019) OT has had more than 4600 page views. Average traffic has quadrupled for a new benchmark amount of views. Nicola Foreman, Clinical Lead, was on BBC Radio Cambridgeshire advertising the website over the launch week. Nicola also presented the new online resource as a conference which had NHS Digital present, who praised the site and asked if it would potentially become a national resource.

10.6 Cambridgeshire Children's Community Nursing Team

- 10.6.1 First joint Peterborough and Cambridgeshire Children's Community Nursing Service away day held in December 2019. Co-production planning taking place for service redesign process and service name.

10.7 Norfolk Children's services

- 10.7.1 Self Care Week was a tremendous success, a month's worth of traffic in one week.



SelfCareWeek social media:

Facebook posts: 42
Post engagement: 757
Post reach: 75,189
Shares: 150
Comments: 53

- 10.7.2 Great feedback from East Coast Community care (ECCH) at the end of our work with 'Smokefree Norfolk'.
- 10.7.3 Just One Norfolk celebrated its first birthday in November – at the same time reaching 250,000 views and over 50,000 users. New areas of the site were launched including: online antenatal sessions; an oral health pathway 'Teeth Tooth brushing' and the communication and home learning page 'Talk and play', which was presented to the Children's Strategic Partnership Board in November, where the site received great feedback.



Provide outstanding care

10.7.4 Norfolk's new leadership development posts are proving to be a successful role in upskilling our staff to become our leaders of the future. Two of our current members undertaking the role have been successfully recruited to Safeguarding Lead roles.

10.8 School Immunisations Service

10.8.1 Engagement with the Saalam Radio has been extremely successful with an advert being created to run throughout January and next year's 'flu season. Nicky Srahan, Service Lead, has also been invited to be a guest on Dr Shabina's (local GP) Health and Wellbeing show to discuss the importance of 'flu vaccinations.

10.9 Dentistry

10.9.1 Dentist Thomas O'Connor presented his research project – 'Preventing Death and Never Events Under General Anaesthetic' at the CLAHRC Fellows Showcase on 5 December.

10.9.2 The dental website has had nearly 3,500 page views to date, since it's launched in early October 2019 at the Belfry in Cambourne. Thomas won the poster competition.

10.10 Neuro Rehab

10.10.1 In April 2019 we sadly lost our ECHIS Speech Therapist, Claire Morton. Claire had only just completed her NIHR funded MSc at UEA. We are pleased to report that her research, which looked into return to work after TBI, will be published posthumously.

10.10.2 As a follow up to a talk by Donna Malley, our Specialist Occupational Therapist at the #NotAlone event in November, Donna was asked to record a podcast about fatigue for Sudden Cardiac Arrest UK, which their members would be able to access for advice on understanding and managing fatigue.

10.11 MSK

10.11.1 Physio UK in Birmingham: Komal Bhuchhada, ESP Physiotherapist presented a poster on upper limb neurodynamic tests and Jayne Davies, Clinical Lead and Clinical Physiotherapy Specialist won the MACP outstanding contribution award as professional development lead.

10.11.2 Gail Stephens presented to the East Anglian Pelvic Health Physio Group on 17 October. This included showcasing two animations outlining what to expect and what personal issues pelvic health physios can support with.



Provide outstanding care

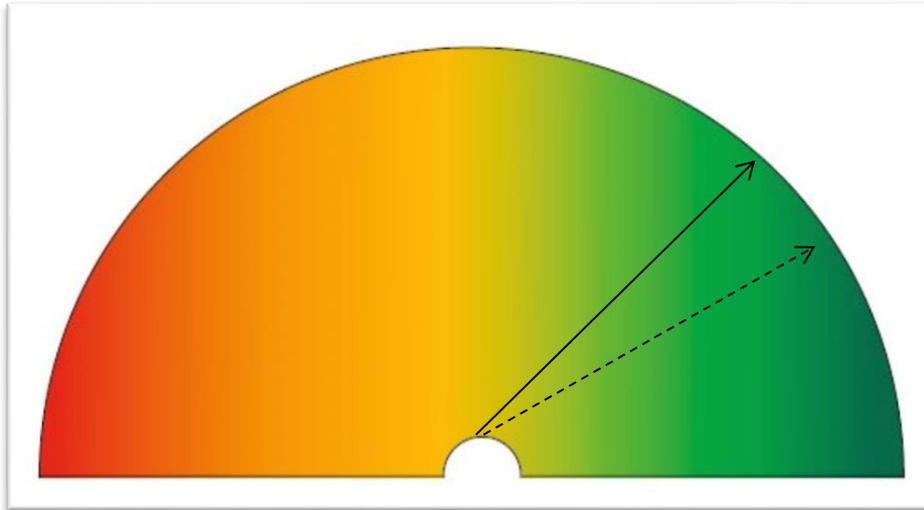
10.12iCaSH

- 10.12.1 Clinical Psychologist Amelia Eleftheriades presented her research – ‘HIV Peer Support’ – at the CLAHRC Fellows Showcase on 5 December 2019 at the Belfry in Cambourne.



Be an excellent employer

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 October and November 2019, the Board can take assurance from the following sources:

- NHS National Staff Survey 2018 results where the Trust achieved a 60% response rate and compared to all NHS Trusts across the country (not just community trusts) we were:
 - In the top 10 for all NHS Trusts in all 10 themes assessed by the survey
 - Joint best performing Trust across the country for 'immediate manager'; tackling bullying and harassment and tackling violence themes
 - Third best performing Trust across the country for staff engagement – which research and evidence base shows is aligned to the delivery of high quality care
 - We also achieved better results in all five areas targeted for action for our 2017 staff survey results



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.
- Staff response rate to NHS National Staff Survey 2019. The Trust achieved a 59.7% response rate. Results expected February/March 2020.

B: Measures for Achieving Objective

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

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).
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).

Any operational risks 15 and above

1. None

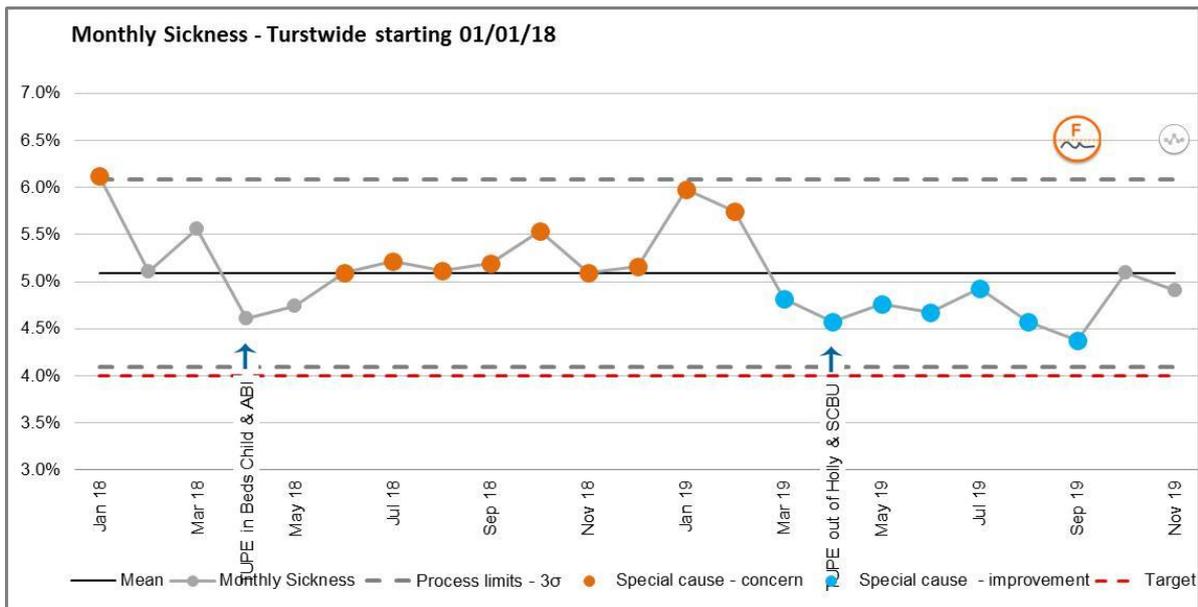


Be an excellent employer

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 4.91%.
- 1.2. The Trust wide sickness rate has decreased slightly this month, and remains above the Trust's target of 4.0% for 2019/20. Of the 4.91%, 2.34% was attributed to long term sickness and 2.57% short term sickness absence. Cambs & Norfolk CYPS Community Unit had the highest sickness rate (6.08%) and Corporate had the lowest (2.5%). 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 August 2019 benchmark report for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 4.5%.

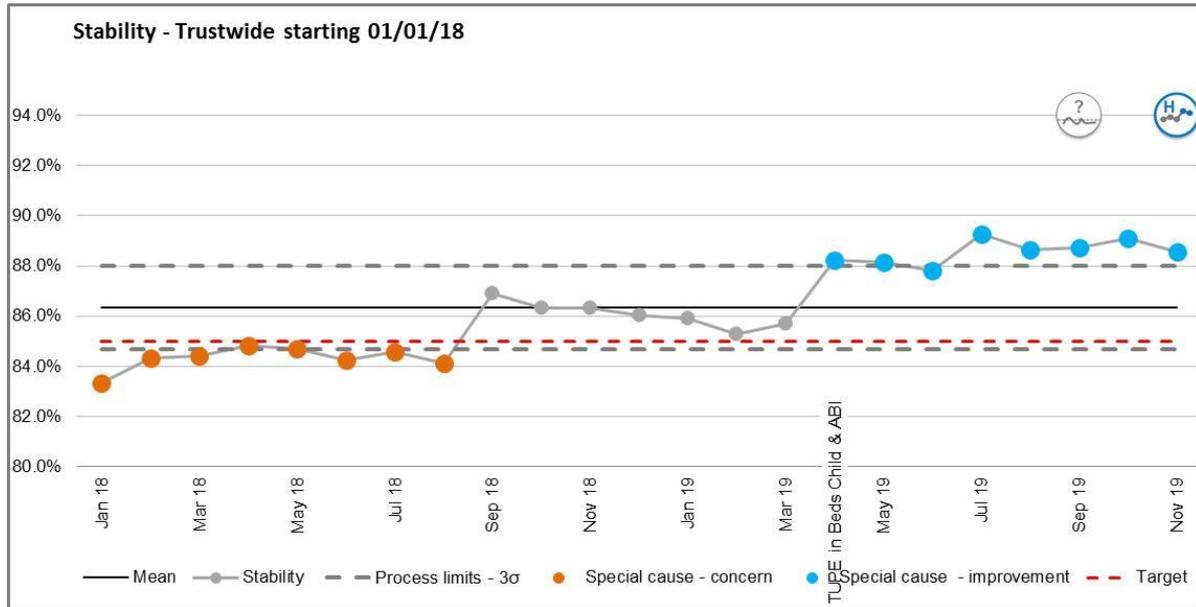


2. Stability

- 2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – October – 89.11%; November – 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, September 2019).
- 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).



Be an excellent employer

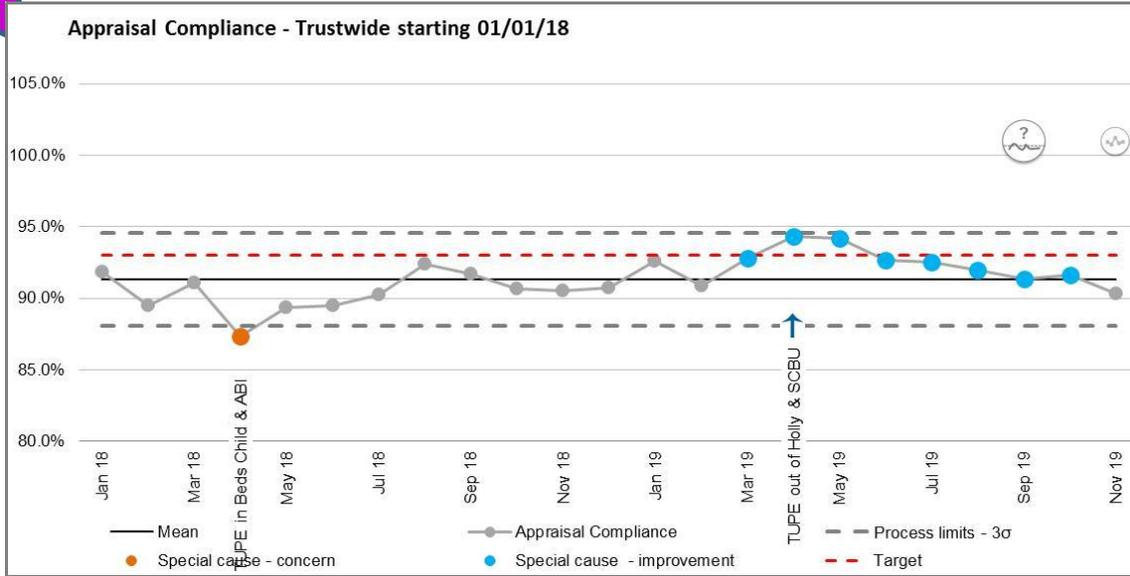


3. Appraisals

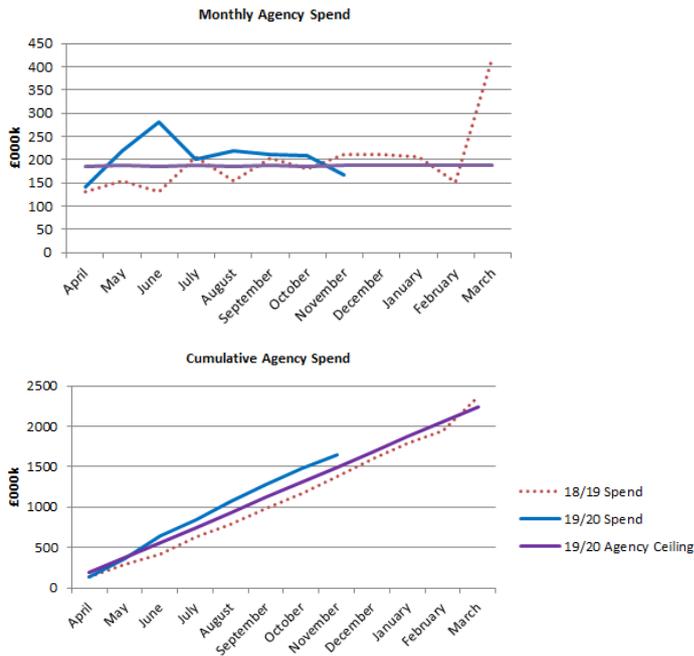
- 3.1. The following chart shows the percentage of available employees with a current (i.e. within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters are given an appraisal date 12 months from date of commencement.
- 3.2. The Trust wide rate has decreased slightly in November 2019 to 90.33%, and remains below the target of 93% for 2019/20. Bedfordshire C&YPS has the lowest rate (82.58%) and Luton C&YPS Community Unit the highest (96.55%). 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.



Be an excellent employer



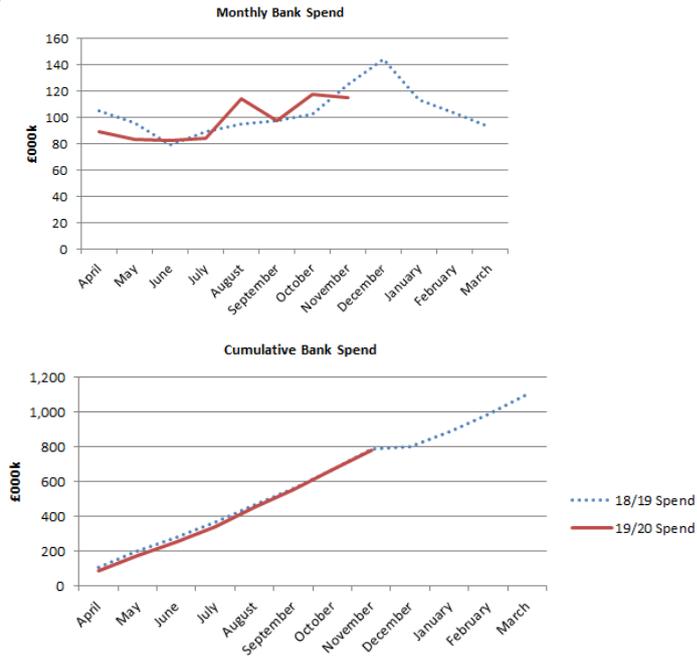
4. Agency/bank spend



- 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 8 is £1,649k against a spend ceiling of £1,492k. The Trust is working with services to ensure appropriate plans are in place, where possible, to reduce reliance on agency workers.



Be an excellent employer

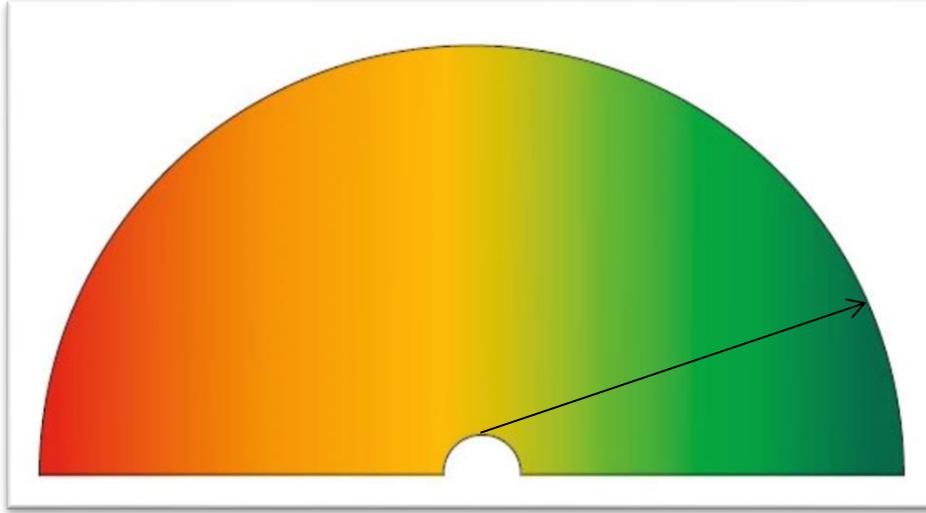


- 4.3. To assist the Trust to remain within the agency spend ceiling, the services have the availability of bank staff to fill short term staffing pressures. Cumulative bank spend at month 8 was £781k.
- 4.4. The Trust will be implementing a weekly bank payment process to attract more staff onto the 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
-----------------	--	--------------------

- 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
To achieve at least one new model of care in both the C&P and Luton CCG systems	Pass	Contracts	5 years

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).*



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).

Any operational risks 15 and above

1. None.

D: Overview and analysis

1. Strategic work streams with others

1.1. CCS/CPFT joint venture

1.1.1. The Partnership Board met on 19 November 2019. The Board was chaired by Anna Gill. Relationships across the partnership are working well. The Board received updates on the following matters:

- Integrated reporting of quality, workforce, finance and performance across our joint venture services
- Balance Scorecard
- Review of strategic risks
- Proposed annual cycle of business

1.1.2 Bridget Wilkinson, FNP Cambridgeshire and Peterborough and Lead for Enhanced Young Parent Pathway attended to discuss service user feedback and co-production that had taken place within this pathway.

1.1.3 The next Partnership Board is due to take place on 21st January 2020.

1.2. Collaborative partnership working with East London NHS Foundation Trust

1.2.1. The Joint Partnership Board has met on 29 November 2019 and 20 December 2019. Working relationships across the Partnership remain positive and strong.

1.2.2. The Board discussed the following areas:

- Transformation updates for the whole of Bedfordshire Community Health Services which includes joint work streams on IM&T; Estates and HR
- Outcomes/Incentive payments
- Contractual and quality performance
- Next joint away day – 23rd January 2020
- CQC verbal feedback from Adults recent inspection
- Acute Hospital pressures

1.2.3. The next Joint Partnership Board is due to take place on 31 January 2020.



Collaborate with other organisations

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. Funding has been agreed for 2019/20.

1.3.2. Luton Provider Alliance meeting took place on 14th November 2019, chaired by Anita Pisani on behalf of Matthew Winn and David Carter. Areas discussed were:

- Updates from Primary Care Networks
- Next steps for long term conditions programme of work
- New models of care update
- Development of Bedfordshire Care Alliance
- Integrated Provider Workforce session proposal – 23rd January 2020

1.3.3 Next meeting of the Luton Provider Alliance will take place on 23rd January 2020.

2. Research

2.1. Clinical Research Overview

2.1.1. The studies and figures are those studies which are still actively recruiting in October and November 2019 (Table 1). The total number of patients recruited within this two month reporting period was 36 and the different divisions involved in studies are shown in Chart 2. The total recruited from April to November was 258.

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 30/11/19)

NIHR Portfolio studies	Speciality/ clinical area/ location	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for April to Nov	Trend	Highlights	Impacts
HIV Pre-exposure Prophylaxis (PrEP)	Ambulatory iCaSH ALL	Public Health England	11	99	↑	More funding released	Potentially UK wide impact on preventing HIV transmission
People Living with HIV stigma survey UK	iCaSH – All hubs	Public Health England & Homerton University Hospital	7	84	↑	Collaboration: Public Health England & Homerton	National survey, building on previous data sets

NIHR Portfolio studies	Speciality/ clinical area/ location	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for April to Nov	Trend	Highlights	Impacts
Work Outcome Measures in arthritis and musculoskeletal conditions.	Ambulatory MSK ALL	University of Salford	0	26		Study on-going. Large push from research facilitator to increase recruitment.	Staff survey
'Playing Together' Developmental language delay	Speech & Language Therapy (SALT) Paeds	University of Manchester	0	4		Study has now stopped recruiting	Another research hosted within SALT. Chance for children to participate in a fun learning activity
TAOCA (*3)	Children & Young People's Service (C&YPS) Orthoptics	Moorfields Eye Hospital	8	21		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		2	10		Study has now stopped recruiting	Another study within MSK.
Fatigue in long term conditions	Respiratory Team Luton Adults		11	11		First observational study within this team	Potentially other studies in the pipeline
Caries Questionnaires	Ambulatory Care Dental All areas		0	3	N/A	Residual 3 additional to the last financial year total	Excellent study. No similar dental one this year.
Total recruitment within this period:			36	258		Recruitment achieved within predicted levels.	On target for potential Research Capability

(*1) All figures accurate as of 30/11/19 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 logMAR 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

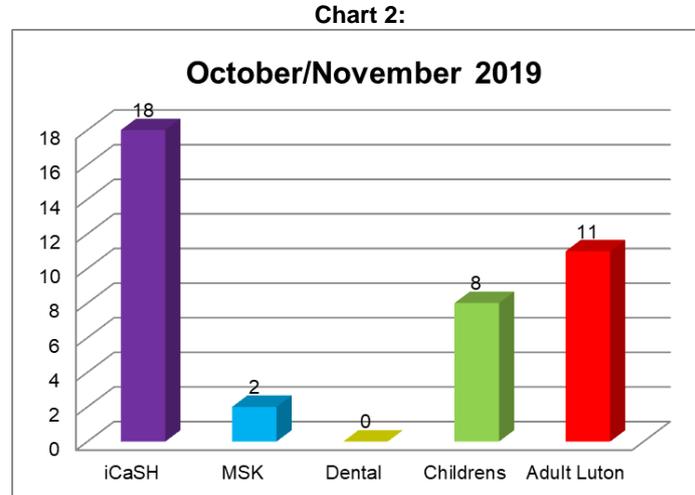
Key to icons:					
Recruitment:	 Increased	 no change	 completed	 in set up	 allocated funding/prize



Collaborate with other organisations

2.3. NIHR Portfolio Studies within our divisions

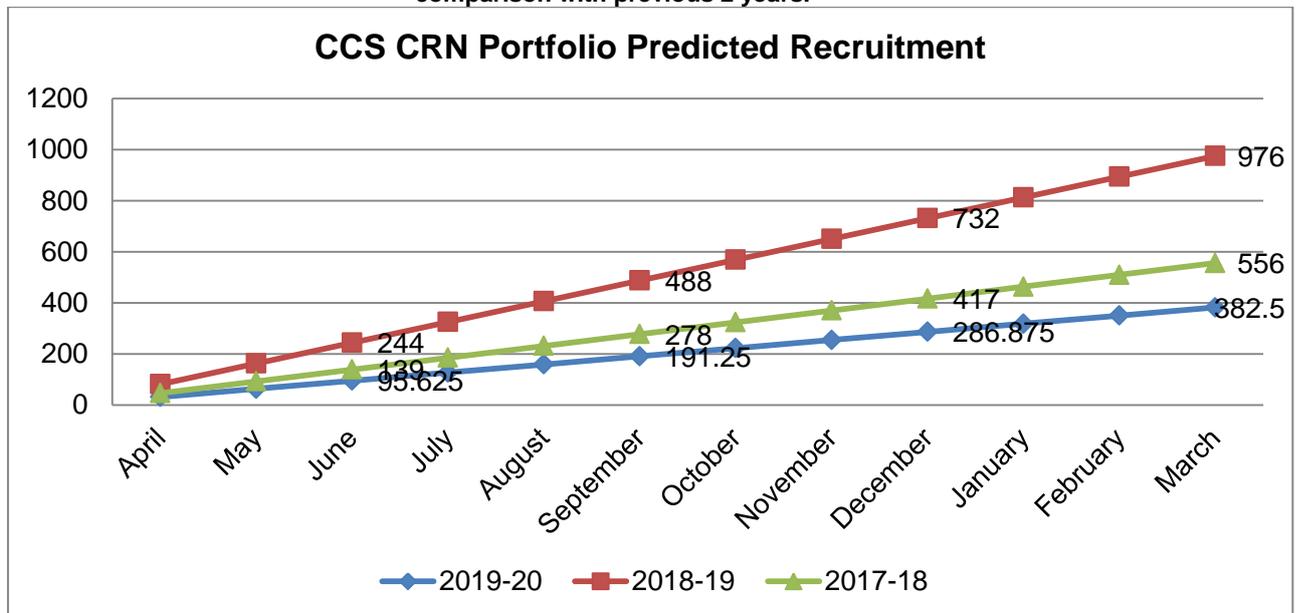
2.3.1. The chart below shows each division's recruitment numbers for NIHR Portfolio Studies



3. Overall Recruitment

3.1 Recruitment remains steady in November/December but is reduced from this time last year (see chart 3 for predicted levels of recruitment compared to previous years). This situation is reflected throughout the whole of the Clinical Research Network East of England (CRN EoE) region.

Chart 3: Chart showing actual and predicted recruitment levels and comparison with previous 2 years.





Collaborate with other organisations

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

4.1 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.

4.2 Table 2 proves an update on the one Collaboration for Leadership in Health Research and Care (CLAHRC) Fellowship Health Research Authority (HRA) research submission which received Health Research Authority (HRA) research and ethical approval in November.

4.3 Future projects to this Fellowship scheme (now called Applied Research Collaborate - ARC) should have more straightforward studies which do not require HRA approval as the approval process takes up virtually the entirety of the allocated project time due to its complexity. Project design was suggested by the external supervisors at the University of East Anglia (UEA).

Table 2: Summary table for studies submitted for the Health Research Authority (HRA) research permissions within this reporting period (updated 30/11/19)

Non-Portfolio Studies	Location	Collaboration	Impact	Update
HIV Supportive Group Interviews	iCaSH Norwich	National Institute for Health Research (NIHR)/Collaboration for Leadership in Health Research and Care (CLAHRC)	Resulted in a delay in the start of the CLAHRC project. Extremely time consuming	HRA approval given. Discussion has taken place with the project supervisors at UEA that small, time limited projects for fellowships cannot be designed where the project requires HRA permissions

5. Student Studies – Local Permissions

5.1 During this reporting period one study received local Trust permission. This was for a student external to the Trust who was undertaking work for a MSc with the Health Visitor Team in Norfolk.

Table 3: Summary Table for student studies submitted for the local Trust permissions within this reporting period (updated 30/11/19)

Student Studies	Clinical Area	Status	Highlights	Impacts
	Divisions & clinical areas		Description	Number of non-portfolio active studies in Trust: 7 Student studies:3
Four year olds with special educational needs	Norfolk 0-19 Service	Local Trust Permission	MSc External candidate	Anglia Ruskin University (ARU)



Collaborate with other organisations

6. Fellowships and Internships

6.1 These Fellowships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education East (HEE). In this reporting period, three clinicians received the outcome of their Applied Research Collaboration (ARC) Implementation Fellowship interviews (table 4). Two of the three were awarded the Fellowship, one of which was awarded to a Health Visitor within the Norfolk 0-19 Service. This was the first to be gained within the 0-19 Children's Service in Norfolk. The other Fellowship was awarded to a Paediatrician from the Edwin Lobo Centre, Luton. It is noted that of the four Implementation Fellowships awarded in the whole of the East of England, two were awarded to CCS NHS Trust staff. There are now nine Fellowships currently running throughout the Trust.

6.2 There has been one Stage One NIHR Research for Patient Benefit grant submission (RfPB), this is a collaborative submission for a potential study on music therapy to run within the neuro-rehabilitation service in Bedford for treatment within patients' homes.

Table 4: Summary Table for Fellowships/Internships and NIHR Grant Submission/s Applied for within this reporting period (updated 30/11/19)

NIHR Fellowships/grant	Area	Numbers	Trend	Collaborations	Impacts/potential impacts
NIHR Internship	C&YPS Huntingdon OT	One OT applied	Awarded	UEA is hosting teaching events. Coach is Senior Research Fellow	Look at the service redesign of workshops being on online as first stage.
Applied Research Collaboration (ARC) Implementation	C&YPS Luton	One paediatric consultant applied	Awarded	National Institute for Health Research/Applied Research Collaboration NIHR/ARC	To continue coproduction work stream. Starts Jan 2020
Applied Research Collaboration (ARC) Implementation	C&YPS Norfolk	One HV applied	Awarded	NIHR/ARC	Aligns to 'One Norfolk'. Starts January 2020
Applied Research Collaboration (ARC) Implementation	iCaSH Norfolk	One Clinical Psychologist applied	Not awarded	NIHR/ARC	Further development of HIV support group
NIHR Research for Patient Benefit (RfPB)	Ambulatory Care Neuro-rehab Bedford	One submission of stage one.	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 iCaSH	One submission of stage two.	Awaiting outcome	Academics from UoOxford iCaSH consultant	Breast feeding and HIV. Another potential study for iCaSH



Collaborate with other organisations

7. Research Assurances

- **EDGE:** All 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 Q2 reporting period.
- **Mandated activity:** Q2 performance charts have been placed on the Trust's internet (includes zero returns).

8. Published papers and posters within this period

8.1 Published Research Paper from Tamsin Brown, Paediatrician, published in Paediatrics and Child Health Journal Nov 2019: 'Childhood Hearing Problems'.

9. Partnership working and research collaborations

9.1 Below is a table summarising our collaborations with our research stakeholders.

Table 5: Summary table showing research team collaborations

Collaborations	Project	Grant/Fellowship Bid
Anglia Ruskin University (ARU)	1. External student MSc. 2. Collaborative research champions evaluation extended project for East of England (funded by HEE). 3. ARU Research Fellow and research team submission of National Institute for Health Research (NIHR) Research for Patient Benefit (RfPB) grant.	1. Student 2. HV and research champions additional funding for formal evaluation. 3. NIHR Research for Patient Benefit stage 1 submitted.
National Institute for Health Research (NIHR)	CLAHRC/ARC	1. CLAHRC Fellowships (n=4) have completed. 2. ARC implementation commence Jan 2020
National Institute for Health Research (NIHR) studies via the Clinical Research Network East of England (CRN EoE)	1. 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 (ended beyond time of CLAHRC). 2. Public Health and HV (Dr Caitlin Notley is academic lead)	

Collaborations	Project	Grant/Fellowship Bid
University of Cambridge (Cambridge Institute of Public Health & School of Clinical Medicine)	1.Frailty project links to Luton service	RfPB bid submitted
University of Oxford	Impact of breast feeding whilst having HIV	RfPB stage 2 bid submitted with an iCaSH consultant as named advisor
University of Bedford	Programme of work around frailty	4 PhD students, 3 already in post. Plus scoping projects and literature reviews.
Norfolk and Suffolk Foundation Trust	Liaison with the 70@70 nurse	To promote research champions within nursing.

10. Research Champions

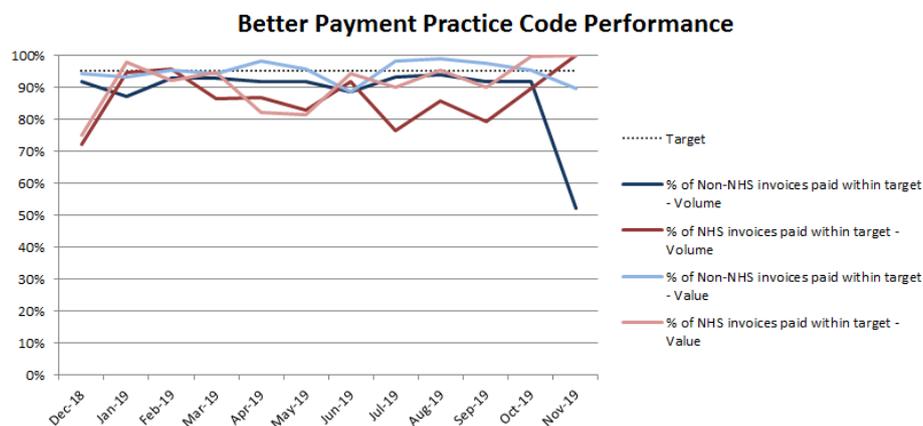
10.1 Norfolk Healthy Child Programme Research Champions project with CRN and Anglia Ruskin University (ARU)

The second Research Champions Workshop was held at the Windmill Annex, Norfolk. This was a facilitated update session and research update dissemination. The guest speaker, Dr Caitlin Notley, came and spoke about her research at UEA, relevant to HVs/public health, including smoking cessation interventions.

10.2 Sexual Health Research Champions update

The regional Sexual Health Champion attended a sexual health research training course in London.

11. Public sector prompt payments

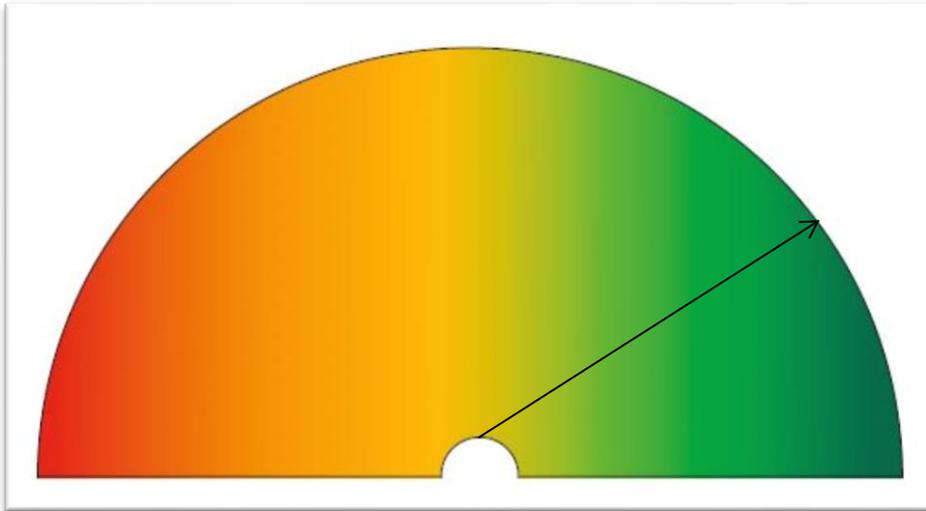


11.1 The average in month prompt payments results across the four categories was 94% in month 7 and 85% in month 8. In month 5, the Trust achieved the 95% target in two categories and in month 8 over 100% in two categories. With the Trust's transition to a new finance system, the prompt payment performance has been effected and is expected to fluctuate over the coming months.

11.2 The overall Trust average across the four categories for the last 12 months has improved to 90%. The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly.



Be a Sustainable Organisation



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 £10.6m	
	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).*
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).*
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).*

Any operational risks 15 and above

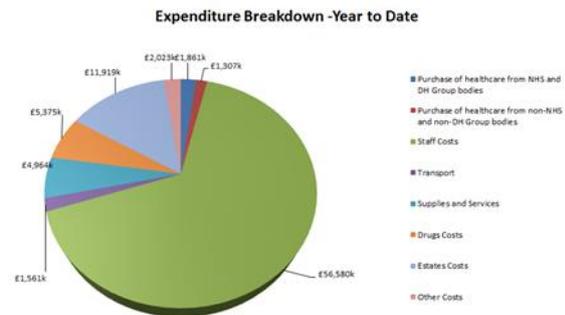
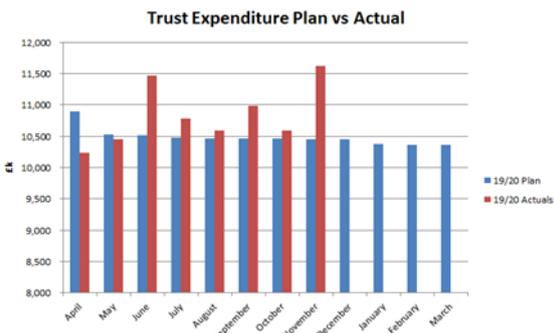
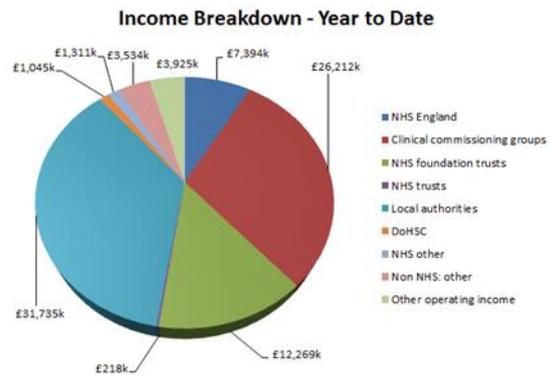
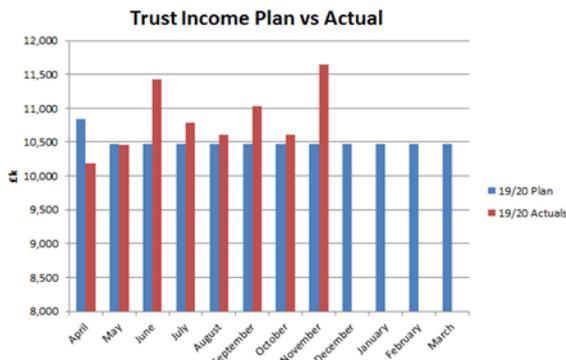
1. **None**

D: Overview and analysis

Finance scorecard

Finance Dashboard	Section in	Plan	Actual	Variance	Plan	Actual	Variance
	Report	M7	M7	M7	M8	M8	M8
Operating income from patient care activities	1	£70,839k	£72,118k	£1,279k	£80,908k	£83,718k	£2,810k
Other operating income	1	£3,596k	£3,714k	£118k	£4,167k	£3,925k	(£242k)
Employee expenses	1	£48,208k	£49,442k	(£1,234k)	(£55,021k)	(£56,535k)	(£1,514k)
Operating expenses excluding employee expenses	1	£24,517k	£24,677k	(£160k)	(£28,004k)	(£29,055k)	(£1,051k)
Trust Surplus/(Deficit)	1	£653k	£656k	£3k	£842k	£845k	£3k
Closing Cash Balance	2	£7,508k	£10,894k	£3,386k	£7,570k	£10,617k	£3,047k
Cost Improvement Plan (CIP)	6	£1,879k	£1,790k	(£89k)	£2,202k	£1,989k	(£213k)
Capital Programme	4	£2,775k	£1,980k	£795k	£3,000k	£2,078k	£922k
Use of Resources Metric	5	1	1	-	1	1	-
Agency Spend	SO2 - 4	£1,120k	£1,484k	(£364k)	£1,280k	£1,650k	(£370k)
Bank Spend	SO2 - 4	£665k	£666k	(£1k)	£760k	£780k	(£20k)
Provider sustainability fund (PSF)		£729k	£729k	£0k	£891k	£891k	£0k

1. Income and expenditure



1.1. The Trust delivered an in month operating surplus of £182k for Month 7 and £189k for Month 8, against a planned surplus of £182k and £189k respectively. The cumulative position in Month 8 is £845k against a plan of £842k. The Trust is currently forecasting to achieve its 2019/20 surplus position of £1,922k.

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

Division Level	Nov-19					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	1,492	(11,980)	(7,207)	(17,695)	(17,575)	(120)
Bedfordshire Community Unit	626	(7,781)	(1,673)	(8,828)	(9,391)	563
Childrens & Younger Peoples Services	1,669	(18,866)	(2,432)	(19,629)	(19,753)	124
Luton Community Unit	978	(12,426)	(2,376)	(13,824)	(14,055)	231
Other Services	82,877	(5,528)	(16,528)	60,821	61,616	(795)
CCS Total @ 30th November 2019	87,642	(56,581)	(30,216)	845	842	3

- 1.2.1. Ambulatory Care Services delivered an underspend of £30k in month 7 and an underspend of £69k in month 8. 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 £28k underspend in month 7 and a £63k underspend in month 8. In both months, pay costs were lower than plan, due to vacancies and establishment control.
- 1.2.3. Children’s & Younger Peoples Services delivered an overspend of £22k in month 7 and a £52k underspend in month 8. HCP Cambridgeshire had a continued underspend due to vacancies. The year to date overspend in Norfolk HCP is £116k, however this will be mitigated due to additional budget being phased in the last quarter of the financial year.
- 1.2.4. Luton Community Unit (including Luton Children’s Services) delivered an underspend of £52k in month 7 and a £90k underspend in month 8. The cumulative underspend position is due to pay establishment savings in both Adult and Children’s services.

2. Cash position



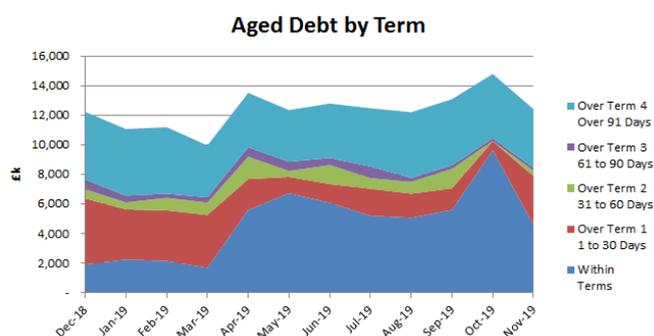
- 2.1. The cash balance of £10.6m at month 8 represents an overall increase on the previously reported position at month 6. In month 7, Cambridgeshire County Council settled a number of outstanding invoices. In month 8, the cash position remained in balance.



3. Statement of Financial Position

	November 2019	September 2019
	£'000	£'000
Non-Current Assets		
Property, plant and equipment	53,189	53,397
Intangible assets	75	85
Total non-current assets	53,264	53,482
Current assets		
Inventories	41	41
Trade and other receivables	15,561	17,153
Cash and cash equivalents	10,620	9,290
Total current assets	26,222	26,484
Total assets	79,486	79,966
Current liabilities		
Trade and other payables	(15,223)	(15,238)
Provisions	(427)	(418)
Total current liabilities	(15,650)	(15,656)
Net current assets	10,572	10,828
Total assets less current liabilities	63,836	64,310
Non-current liabilities		
Trade and other payables	(1,045)	(1,045)
Provisions	(1,333)	(1,333)
Total non-current liabilities	(2,378)	(2,378)
Total assets employed	61,458	61,932
Financed by taxpayers' equity:		
Public dividend capital	2,245	2,245
Retained earnings	42,095	42,569
Revaluation Reserve	18,771	18,771
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	61,458	61,932

3.1. Trade and other receivables have decreased over the reporting period by £1.6m due to the settlement of aged invoices and the cash and cash equivalents increased by £1.3m.



3.2. Total trade receivables increased by £1.7m in October to £14.8m and then decreased by £2.4m in September to £12.4m. The breakdown in November is



Be a Sustainable Organisation

£5.8m (47%) from NHS organisations; £6.0m (48%) from Local Authorities; and £0.6m (5%) from other parties.

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

3.3.1. East London NHS FT	£1.5m
3.3.2. Luton Borough Council	£1.0m
3.3.3. NHS Cambridgeshire & Peterborough CCG	£0.9m
3.3.4. Cambridgeshire County Council	£0.5m

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 8), East London NHS FT has subsequently paid £1.3m to reduce their outstanding balance.

4. Capital spend

4.1. Capital spend to date is £2.1m against a plan of £3.0m. The main areas of spend include the redevelopment projects at North Cambridgeshire Hospital (£1.1m) and Meadow Lane (£0.6m). The Meadow Lane refurbishment is now complete.

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 Trust achieved the 1% metric and returned to a 1 rating in November 2019.



Be a Sustainable Organisation

6. CIP

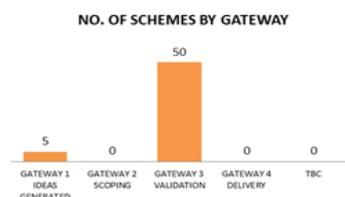
COST IMPROVEMENT PLAN 2019/2020 SUMMARY

OVERALL STATUS AT : **Month 8 - November 19**

TARGET (£'000)	PLAN AND FORECAST	PLAN FYE (£'000s)	FORECAST FYE (£'000s)	DELIVERED (YTD)	
3,645	19/20 IDENTIFIED SCHEMES :	1,880	1,833	PLANNED SAVINGS YTD (£000):	SAVINGS DELIVERED YTD (£000):
	19/20 UNIDENTIFIED SCHEMES	254	0	2,202	1,989
	NON RECURRENT SAVINGS	1,511	1,829	VARIANCE FROM TARGET (£'000): -213	
	TOTAL PLAN	3,645	3,661	VARIANCE FROM TARGET (%): -10%	

SCHEMES

TOTAL NO. OF SCHEMES = 55



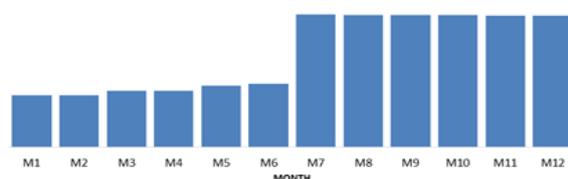
DELIVERY CONFIDENCE RAG RATING - SCHEME VALUE FYE (£000s)



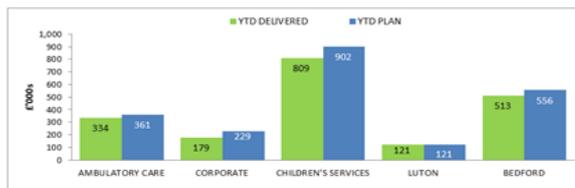
PLAN VS ACTUAL



PLANNED SAVINGS PROFILE (£'000)



SERVICE AREA



6.1. The Trust's Cost Improvement Plan (CIP) delivered savings of £0.571m over months 7 and 8 against a target of £0.886m. 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 April 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.

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 80 % (target 100%)	
0-19	6+	% mothers receiving	Business continuity plans in place – high vacancy factor

		face to face antenatal visit by 36 weeks 75% (target 80%)	
0-19	2	% mothers receiving face to face NBV within 14 days 75% (target 90%)	As above
0-19	6+	% children 12month review by 12 months 76% (target 90%)	As above
0-19	6+	% children 2 -2.5 year review 76% (target 90%)	As above
0-19	6+	% children 12month review by 15 months 77% (target 90%)	As above
Audiology Beds	4	Target of 100% children referral to diagnostic testing in 6 weeks – Bedfordshire 89%	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 2 yr review	6+	66%/100%	2.5 year review contacts have also decreased, as well as South Locality following an agreed Business Improvement Plan (BIP) it was agreed with commissioners that Assistant Practitioners would support Transfer-in visits for the reporting period, therefore diverting resource from the mandated contact, this has now ended so prediction of improvement in next reporting period.
Norfolk HCP Ante-natal contact	6+	73%/85%	Whilst performance is better than the regional and national average, late or no notification of antenatal mothers from Acute Trusts still remains a concern. Our Clinical Lead and deputies have adjusted their response in looking into missed antenatal; from December 2019, an individual will be the named person from the HCP investigating individual cases and liaising directly with Trust. The hope is this will further build relationships with our service and really understand different issues with process and data flow.
Norfolk HCP Healthy Start Vouchers	6+	54%/90%	The service continues to promote through face book and Just OneNorfolk https://www.justonenorfolk.nhs.uk/healthylifestyles/eat-better/food-poverty ,
Norfolk Maternal Mood review	3	69%/90%	West and Breckland and East Localities are working to agreed BCP plans. There has also been an error noted with the letters being processed in the South and City Locality which has affected performance within the period. The leadership team are working to ensure this is rectified. The City locality have also taken longer to recover from coming out of BCP than anticipated affecting the overall figures for the county, support has been identified to ensure this does not happen again.

Be a Sustainable Organisation

Norfolk HCP1 year review	6+	76%/90%	Performance affected where a locality is following an agreed Business Continuity Plan (BCP) and adjustments agreed with commissioners.
Norfolk HCP2.5 year review with ASQ	6+	80%/90%	The Clinical Lead and senior leadership team have developed criteria for targeting of 2-year review that can be completed at home / clinical setting and by an appropriate HCP practitioner. This is to be implemented within the localities alongside a competency framework. Additional training for assistant practitioners is being delivered across the county.

PART TWO

Supporting Information

CCS NHS Trust Quality Performance Dashboard

			Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19		
Standard/Indicator	Description	Contact	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	Sparkline	
SAFETY																
Patient safety																
Classic safety thermometer	% Harm free care	H Ruddy	100.00%	93.65%	92.22%	94.16%	96.27%	94.16%	96.48%	89.14%	90.34%	84.21%	98.57%	94.23%		
	% New harm free care		100.00%	97.62%	98.89%	99.27%	100.00%	96.75%	98.59%	99.43%	97.24%	98.25%	100%	99.52%		
Incidents																
Total number of new Datix incidents reported in month	New patient safety incidents including SIs, Never Events and medication incidents	L Ward					135	176	139	186	147	161	151	163		
	Severe harm		0	0	1	0	0	0	0	0	0	0	0	0		
	Moderate harm		8	13	6	11	6	11	6	19	10	1	0	1		
	Low harm						28	29	19	34	27	34	20	25		
	No harm						99	134	113	141	114	108	121	137		
New SIs declared requiring investigation	Avoidable pressure ulcers declared as SI in month under CCS Care	A Darvill	0	0	0	0	0	0	0	0	0	0	0	0		
	Other SIs declared		0	2	0	1	0	0	1	0	1	0	0	0		
Number of never events	Number of never events reported in month		1	0	0	0	0	0	0	0	0	0	0	0		
Medicines Management	Number of medication incidents reported (CCS)	A Darvill	13	12	13	5	13	12	12	38	21	22	13	12		
	% CCS medication incidents no harm		100%	100%	100%	100%	92%	92%	100%	95%	100%	100%	85%	83%		
Infection Prevention & Control																
High Impact Interventions	Children's Community Nursing Teams only	C Sharp					100.00%	100.00%	100%	100%	100%	100%	100%	100%		
Essential Steps	Compliance with spread of infection indicator		100.00%	99.80%	100.00%	100.00%	100.00%	100.00%	99.70%	100%	99.85%	99.87%	100%	100%		
UV light compliance	All clinical teams - data pending						N/A									
EFFECTIVENESS																
Mandatory training																
Overall mandatory training	In line with Trust Training Needs Analysis	J Michael	94%	94%	95%	95%	96%	94%	94%	94%	95%	95%	95%	94%		
Safeguarding training (Children)	Level 1: % staff trained		98%	99%	99%	99%	99%	97%	97%	97%	98%	98%	98%	98%		
	Level 2: % staff trained		98%	98%	99%	98%	98%	95%	96%	97%	97%	97%	97%	97%		
	Level 3: % staff trained		96%	94%	94%	92%	93%	89%	90%	90%	91%	90%	87%	85%		
	Level 4: % staff trained		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A	87%		
Safeguarding training (adults)	SOVA		94%	94%	95%	95%	96%	95%	95%	96%	96%	97%	96%	96%		
	Mental Capacity Act		91%	93%	95%	94%	96%	94%	95%	95%	95%	95%	95%	94%		
	Deprivation of Liberty		90%	94%	91%	93%	97%	97%	97%	95%	94%	96%	93%	94%		
Prevent Basic Awareness	% of staff undertaking Prevent training							99%	98%	99%	98%	98%	98%	99%		
WRAP3	% of staff undertaking WRAP training							89%	89%	90%	91%	91%	93%	93%		
Manual handling	% of staff undertaking manual handling (patients)			84%	81%	82%	87%	88%	86%	88%	92%	94%	90%	88%		
Fire safety	% of staff undertaking fire safety training			92%	93%	93%	95%	96%	93%	92%	93%	93%	93%	91%		
CPR/Resus	% of staff undertaking CPR/Resus training			89%	89%	90%	90%	92%	88%	91%	89%	89%	90%	91%	90%	
IPaC training	% of staff undertaking IPaC training			97%	97%	98%	98%	98%	96%	96%	96%	97%	97%	97%		
Information governance	% of staff undertaking IG training			92%	94%	95%	96%	96%	93%	93%	94%	95%	95%	94%	95%	
Safeguarding																
Safeguarding supervisors (Children)	% eligible staff	D Andrew D Shulver	93%	94%	89%	94%	90%	93%	92%	92%	94.59%	91.05%	92.01%	88.92%		
Workforce/HR																
Sickness	Monthly sickness absence rate	R Moody	5.16%	5.98%	5.75%	4.82%	4.57%	4.76%	4.67%	4.93%	4.58%	4.38%	5.09%	4.91%		
	Short-term sickness absence rate		2.20%	2.88%	2.62%	2.31%	2.22%	1.92%	2.03%	1.90%	1.80%	2.24%	2.67%	2.57%		
	Long-term sickness absence rate		2.95%	3.10%	3.13%	2.51%	2.35%	2.84%	2.63%	3.02%	2.78%	2.13%	2.42%	2.34%		
	Rolling cumulative sickness absence rate		5.20%	5.20%	5.25%	5.19%	5.06%	5.07%	5.05%	5.06%	4.99%	4.93%	4.90%	4.90%		
Turnover	Rolling year turnover		13.85%	13.29%	13.64%	13.63%	14%	14%	13.83	14.06	14.00%	14.47	13.41	13.48		
Bank staff spend	Bank staff spend as % of pay (financial YTD)		2.27%	2.54%	1.52%	1.64%	0.20%	0.20%	1.47%	1.20%	1.60%	1.30%	1.36%	N/A*		
Agency staff spend	Agency staff spend as % of pay (financial YTD)		3.79%	4.29%	2.57%	3.13%	4.29%	8.03%	3.59%	2.99%	3.77%	3.10%	3.02%	N/A*		
Stability	% of employees over one year which remains constant		86.03%	85.90%	85.27%	85.71%	88.24%	88.13%	87.83%	89.25%	88.63%	88.71%	89.11%	88.55%		
Appraisals	% of staff with appraisals		90.71%	92.64%	90.89%	92.85%	94.37%	94.20%	92.69%	92.55%	91.96%	91.36%	91.67%	90.33%		
Staff Friends & Family test	Recommending CCS as place for treatment - Quarterly reporting	P Davies/ L Thomas	Not available in Q3			92.22%			91.00%			96.15%				
	Recommending CCS as place to work - Quarterly reporting					74.45%			77.00%			73.08%				
EXPERIENCE																
Patient experience (monthly targets)																
Complaints	Number of formal complaints received in month	D McNeill	8	13	7	13	8	7	5	12	9	11	18	6		
	Standard complaints - of responses sent in month, no. of complaints responded to within 25 days		9/9	9/9	3/3	5/6	8/8	4/5	6/6	6/6	7/7	1/1	8/8	9/10		
	Standard complaints - percentage responded to within 25 days		100%	100%	100%	83.30%	100%	80.00%	100%	100%	100%	100%	100%	90.00%		
	Complex complaints - of responses sent in month, no. of complaints responded to within 30 days		1/1	0/0	2/2	3/3	2/2	1/1	3/3	1/1	0/0	1/1	8/8	3/3		
Concerns	Complex complaints - percentage responded to within 30 days		100%		100%	100%	100%	100%	100%	100%		100%	100%	100%		
	Number of concerns received in month		27	48	19	32	14	16	15	36	33	29	35	35		
Friends & Family test score	Patients who would recommend our services		96.58%	95.58%	96.29%	96.49%	96.17%	96.78%	96.96%	95.20%	97.23%	97.53%	96.27%	97.27%		
	Number of patients surveyed		1756	3122	3319	2619	2196	2889	1873	2541	2273	2672	2035	3073		
QEWTT (Quality Early Warning Trigger Tool)																
QEWTT	Number of responses received by scoring threshold	25+	0	0	0	0	0	0	0	0	0	0	0	0		
		16-24	9	4	9	10	10	8	5	6	4	6	7	9		
		10-15	17	19	14	12	14	14	21	16	20	16	16	14		
		0-9	61	71	73	73	67	70	59	68	68	68	67	69		
	Number of two consecutive non-responses		3	0	0	0	0	0	1	3	0	0	0	1		
	Number of single non-responses		6	2	0	1	2	1	7	0	1	2	2	1		
	Total number of responses received		87	94	96	95	91	92	85	90	92	90	90	92		
Total number of Teams		96	96	96	96	93	93	93	93	93	93	92	92	94		

*Data available in Dec '19

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

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
	RED	1	0	0	0	0	0	0	0	0					0
	% GREEN	94%	100%	100%	100%	100%	100%	100%	100%	100%					100%
Cambridgeshire County Council (iCaSH)	GREEN	3	3	4	4	4	4	4	4	4					4
	RED	2	2	1	1	1	1	1	1	1					1
	% GREEN	60%	60%	80%	80%	80%	80%	80%	80%	80%					80%
Cambridgeshire County Council (Healthy Child Programme)	GREEN	8	9	9	8	9	9	11	12						12
	RED	3	2	2	3	2	2	4	3						3
	% GREEN	73%	82%	82%	73%	82%	82%	73%	80%						80%
Peterborough City Council (iCaSH)	GREEN	15	16	15	15	17	17	17	17						17
	RED	2	1	2	2	0	0	0	0						0
	% GREEN	88%	94%	88%	88%	100%	100%	100%	100%						100%
NHS England (Community Dental Service)	GREEN	5	5	5	4	5	5	5	5						5
	RED	0	0	0	1	0	0	0	0						0
	% GREEN	100%	100%	100%	80%	100%	100%	100%	100%						100%
Luton CCG (Luton CHS)	GREEN	40	39	41	38	37	43	39	39						43
	RED	11	12	17	15	18	19	16	16						19
	% GREEN	78%	76%	71%	72%	67%	69%	71%	71%						69%
Luton CCG (new ambulatory services transferred from EPUT)	GREEN	22	22	22	22	22	22	22	22						22
	RED	0	0	0	0	0	0	0	0						0
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%						100%
Suffolk County Council (iCaSH)	GREEN	4	4	4	4	4	4	4	4						4
	RED	0	0	0	0	0	0	0	0						0
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%						100%
Norfolk County Council (iCaSH)	GREEN	5	5	5	5	5	5	5	5						5
	RED	0	0	0	0	0	0	0	0						0
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%						100%
Norfolk County Council (Health Child Programme)	GREEN	18	19	19	21	23	21	19	19						21
	RED	9	10	10	8	6	8	12	12						8
	% GREEN	67%	66%	66%	72%	79%	72%	61%	61%						72%
Bedfordshire LAs (iCaSH)	GREEN	27	27	28	27	28	29	29	29						29
	RED	3	3	2	3	2	1	1	1						1
	% GREEN	90%	90%	93%	90%	93%	97%	97%	97%						97%
Bedfordshire LAs (Healthy Child Programme and oral health promotion)	GREEN	14	14	14	14	14	14	14	14						14
	RED	6	6	6	6	6	6	6	6						6
	% GREEN	70%	70%	70%	70%	70%	70%	70%	70%						70%
Bedfordshire CCG (ambulatory services)	GREEN	3	3	3	3	3	3	3	3						3
	RED	0	0	0	0	0	0	0	0						0
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%						100%
TRUSTWIDE	GREEN	179	182	185	181	187	192	188	189	0	0	0	0	0	195
	RED	37	36	40	39	35	37	40	39	0	0	0	0	0	38
	% GREEN	83%	83%	82%	82%	84%	84%	82%	83%	-	-	-	-	-	84%

Appendix 2 - Contractual Performance by Commissioner

Risk ID: 2963	Risk owner: Robbins, Mark	Risk Committee: Board	Scoring			Current: High
Directorate: Trustwide	Date recorded: 03/04/2019					
Specialty: Finance and Resources Directorate	Anticipated completion date: 31/03/2020					
Clinical Group: Trust Wide	Handler: Robbins, Mark					
Risk Title: 2019/20 Cost Improvement Plans						
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 in the future.		Principle Trust Objective: Be a sustainable organisation	Significant Hazards: Continued demand of the Trust's services, with increasing cost pressures due to volume and prices, impacted by restricted additional funding. 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.			
		Source of Risk: Risk assessment				
Progress: [Robbins, Mark 30/12/19 13:59:51] The Trust is still on target to deliver the majority of its original savings target with mitigation in place to ensure the overall Control Target will be achieved by the end of the 19/20 financial year, therefore the risk has been reduced to the Target level.			Current:	L	C	
				Unlikely - 2	Major - 4	8
			Target:	Unlikely - 2	Major - 4	8
			Last:			12
						Change: Decreased

Risk ID: 2971	Risk owner: Pisani, Anita	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 04/04/2019		Current:	L	C		
Specialty: Not Applicable	Anticipated completion date: 29/03/2020			Unlikely - 2	Major - 4		8
Clinical Group: Trust Wide	Handler: Pisani, Anita		Target:	Unlikely - 2	Major - 4	8	
Risk Title: Complexity of System Working			Last:			12	Change: Decreased
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.		Principle Trust Objective: Collaborate with other organisations, Provide outstanding care	Significant Hazards: Complexity of system working Maturity of working relationships Ability for all system partners to collaborate Competition				
		Source of Risk: Meetings	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 Enhanced Models of Care across Luton system Luton Transformation Board CEO and Chair member of Cambridgeshire and Peterborough STP Board CEO and Chair attend BLMK wide Executive meetings				
Progress: [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.							

Risk ID: 2968	Risk owner: Winn, Matthew	Risk Committee: Board	Scoring			Current: High
Directorate: Trustwide	Date recorded: 04/04/2019					
Specialty: Not Applicable	Anticipated completion date: 28/02/2020					
Clinical Group: Trust Wide	Handler: Winn, Matthew		Current:	L	C	
			Unlikely - 2	Major - 4	8	
			Target:	Unlikely - 2	Major - 4	8
Risk Title: Decision making in Integrated care systems/Sustainability transformation partnerships			Last:			Change: Decreased
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.			
Principle Trust Objective: Be a sustainable organisation, Collaborate with other organisations			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			
Source of Risk: External assessment						
Progress: [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.						

Risk ID: 2966	Risk owner: Robbins, Mark	Risk Committee: Board	Scoring			Current: High
Directorate: Trustwide	Date recorded: 04/04/2019		Current:	L	C	
Specialty: Finance and Resources Directorate	Anticipated completion date: 31/03/2021		Unlikely - 2	Major - 4	8	
Clinical Group: Trust Wide	Handler: Robbins, Mark		Target:	Unlikely - 2	Major - 4	8
Risk Title: Future financial viability of Public Health funded contracts			Last:		12	Change: Decreased
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.		Principle Trust Objective: Be a sustainable organisation	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.			
		Source of Risk: Risk assessment	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. The Trust will also need to consider its approach to future procurements of Public Health funded services. Cost of service delivery is part of the contract monitoring process as this will be used to identify cost pressures and adverse performance. Quality Impact Assessments undertaken for all significant service redesign projects.			
Progress: [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.						

Risk ID: 2965	Risk owner: Robbins, Mark	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 03/04/2019		Current:	L	C		
Specialty: Finance and Resources Directorate	Anticipated completion date: 30/06/2020			Possible - 3	Major - 4		12
Clinical Group: Trust Wide	Handler: Robbins, Mark		Target:	Unlikely - 2	Major - 4		8
Risk Title: Increase in NHS Employers pension contributions 2020/21			Last:			12	Change: No Change
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.		Principle Trust Objective: Be a sustainable organisation	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				
		Source of Risk: Risk assessment	Controls in place: The Trust will continue to closely monitor Regional an 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.				
Progress: [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.							

Risk ID: 2967	Risk owner: Curtis, Ms Julia	Risk Committee: Board	Scoring			Current: Moderate
Directorate: Trustwide	Date recorded: 04/04/2019	Anticipated completion date: 31/03/2020	Current:	L	C	
Specialty: Not Applicable	Handler: Curtis, Ms Julia			Rare - 1	Major - 4	4
Clinical Group: Trust Wide			Target:	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			Last:			4
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.			Change: No Change			
Principle Trust Objective: Provide outstanding care			Significant Hazards:			
Source of Risk: Risk assessment			<ol style="list-style-type: none"> 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: [Curtis, Julia Ms 07/01/20 11:46:41] Risk reviewed no change to rating Oversight by Board through Wider Exec Team and Clinical Operational Boards			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			

Risk ID: 2969	Risk owner: Pisani, Anita	Risk Committee: Board	Scoring			Current: High
Directorate: Trustwide	Date recorded: 04/04/2019	Anticipated completion date: 16/03/2020	Current:	L	C	
Specialty: Not Applicable	Handler: Pisani, Anita			Unlikely - 2	Major - 4	8
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8
Risk Title: Reduction in Staff Morale could adversely affect the delivery of high quality care			Last:			8
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			
Principle Trust Objective: Be an excellent employer. Provide outstanding care			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			
Source of Risk: Meetings						
Progress: [Pisani, Anita 06/01/20 16:24:57] 80% 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.						

Risk ID: 2970	Risk owner: Pisani, Anita	Risk Committee: Board	Scoring			Current: High
Directorate: Trustwide	Date recorded: 04/04/2019	Anticipated completion date: 31/03/2020	Current:	L	C	
Specialty: Not Applicable	Handler: Pisani, Anita			Possible - 3	Major - 4	12
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8
Risk Title: Workforce challenges affecting ability of services to maintain high quality care			Last:			12
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			
Principle Trust Objective: Be an excellent employer. Collaborate with other organisations, Provide outstanding care			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			
Source of Risk: Meetings						
Progress: [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.						

Risk ID: 2915	Risk owner: Paris, Mrs Jane	Risk Committee: Bedfordshire & Luton	Scoring			Current: Extreme
Directorate: Luton Community Adults	Date recorded: 30/01/2019		L	C		
Specialty: Children Services (Luton)	Anticipated completion date: 30/01/2020		Likely - 4	Major - 4	16	
Clinical Group: Children's services Health Visiting (West Luton)	Handler: Paris, Mrs Jane		Unlikely - 2	Major - 4	8	
Risk Title: Staffing level in 0-19 team			Last:		16	Change: No Change
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.		Principle Trust Objective: Provide outstanding care		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. 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.		
		Source of Risk: Risk assessment				
Progress: [Paris, Jane Mrs 19/12/19 16:50:14]. 19.12.19 Risk reviewed. Changes agreed with commissioners to escalation framework and information shared with partners via the communication team.						
Assessor's recommendations: Increase staffing levels by use of agency or bank staff. Agreement with commissioners regards reduction in KPI's outcomes						

Risk ID: 2554	Risk owner: Lynn, Kirstie	Risk Committee: Children's and Young People	Scoring			Current: Extreme
Directorate: Children and Young Peoples Services	Date recorded: 13/03/2017					
Specialty: Children's Specialist Services	Anticipated completion date: 31/03/2020		Current:	L	C	
Clinical Group: Children's Community Nurses (Cambridgeshire)	Handler: Worbey, Rachel			Almost Certain - 5	Moderate - 3	
Risk Title: Under resourcing in Continuing Care will compromise patient care and lower staff morale			Target:	Rare - 1	Moderate - 3	3
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 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 led 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.			
Principle Trust Objective: Be a sustainable organisation, Collaborate with other organisations, Provide outstanding care			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.			
Source of Risk: Audit			Change: No Change			
Progress: [Peberdy, John 18/12/19 10:18:13] Discussed risk again in 1:1 with Service Lead. Risk will reduce when CV's come to an end. Have adequate mitigation in place for the time being						
Assessor's recommendations: Support from contracts team to have open conversation with CCG to identify financial resource. Refusal to take on any further care packages at this time. Team supervision. Review skill mix to potentially recruit Band 5 staff to support training for Ban						

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?	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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 service plans in 	<ul style="list-style-type: none"> - 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 commissioner agreed plan or 	<ul style="list-style-type: none"> - 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

		care provided within control of the Trust -staff flu vaccination at or above plan	place to reduce staffing pressures -staff flu vaccination below plan but at same level or improved on last year	internal service plan in place - 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	-increase in incidents above upper control total without action plans in place or increase in incidents above upper control total for four months -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?	- 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	- 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 -rolling sickness	- 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	- 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

			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>	<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"> with no action plan in place -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"> 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
--	---	--	--	---	--

SPC key

