

**TRUST BOARD**

Title:	<b>Integrated Governance Report</b>
Action:	<b>For DISCUSSION</b>
Meeting:	<b>10 July 2019</b>

**Purpose:**

This report provides an overview of quality, performance, workforce and finance for April 2019 and May 2019 assessed in relation to the Trust's strategic objectives and associated risks of achieving these objectives. The Executive Summary 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.

Data is an integral part of the Report with three appendices setting out (a) the Quality Dashboard (b) Contractual performance by commissioner and (c) Assurance Framework

**Recommendation:**

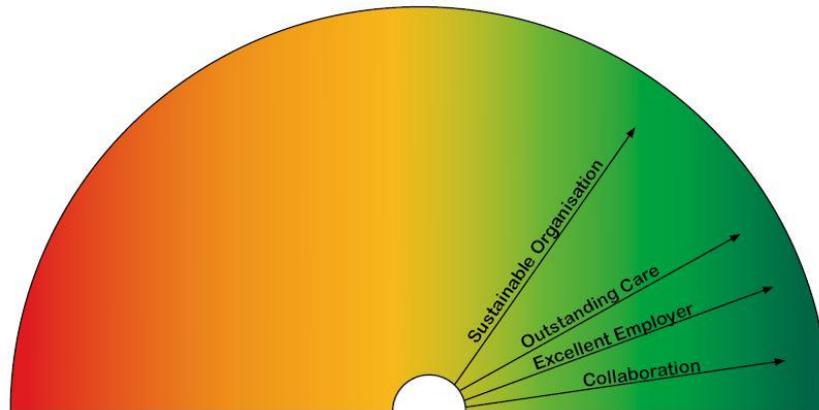
The Board is asked to review the assessment set out in the Executive Summary and satisfy itself that the information contained in the Report supports this summary.

	Name	Title
Author and Executive sponsor	Julia Curtis	Chief Nurse
	Anita Pisani	Deputy Chief Executive
	Mark Robbins	Director of Finance
	Gill Thomas	Director of Governance
	David Vickers	Medical Director



## Executive summary

Direction of travel for achieving the Trust's 4 objectives



Summary of strength of assurance the report provides in relation to the Trust's strategic risks and operational risks at 15 and above

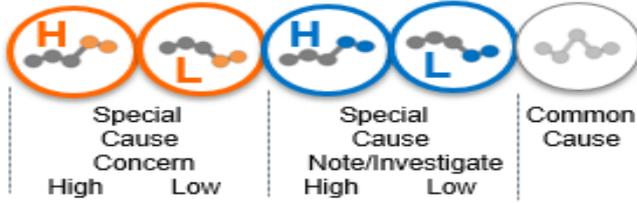
Strong	Medium	Low
Controls are suitably designed, consistently applied and effective	Incomplete assurance on controls	Assurance indicates poor level of controls

Summary of level of assurance overall in relation to the domains of safe, effective, caring, responsive and well led

Safe	<ul style="list-style-type: none"> <li>No SIs and no Never Events</li> <li>Increase in low harm incidents</li> <li>No healthcare acquired infections</li> <li>QEWTT scores: April: 11 ≥ 15; May: 9 ≥ 15</li> </ul>	Reasonable assurance
Caring	<ul style="list-style-type: none"> <li>Outstanding care – patient story</li> <li>FFT: 96.93%</li> <li>Number of informal complaints - below mean</li> <li>Number of formal complaints at and below mean</li> </ul>	Substantial assurance
Effective	<ul style="list-style-type: none"> <li>Appraisals: April: 94.37%, May: 94.20%</li> <li>Sickness: decreasing (4.57% against 4.2% target)</li> <li>Mandatory training April: 96%, May: 94% (target 93%)</li> <li>Continued increased participation in research</li> <li>Agency spend below ceiling</li> <li>Low Information Governance incidents</li> </ul>	Substantial assurance
Responsive	<ul style="list-style-type: none"> <li>Complaints response times: April: 100%, May: 80% against target</li> <li>Consultant led referral to treatment time above target in all but one small service</li> </ul>	Reasonable assurance
Well led	<ul style="list-style-type: none"> <li>Operating surplus April: £29k; May: £36k</li> <li>Cash balance £9.2m (month 2)</li> <li>UOR: 1</li> <li>Strong collaborations</li> <li>Significant innovation across the services</li> </ul>	Substantial Assurance

# SPC key

## Variation



## Assurance





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## A: Risks to achieving objective

### Strategic risks

1. *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 12)*
2. *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)*
3. *There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce (Risk rating 8)*
4. *There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS provider sector to drive greater provider efficiency (Risk rating 12)*
5. *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. *There is a risk that children with community nursing needs may not be supported due to current Children's Community Nursing (CCN) vacancies and transformation of the service (Bedfordshire) (Risk rating 15)*
2. *There is a risk that we will be unable to deliver the Healthy Child Programme. This includes the early identification of children and their families in need of further support including safeguarding concerns (Luton) (Risk rating 16)*

## B: Overview and analysis

### 1. Patient safety incidents

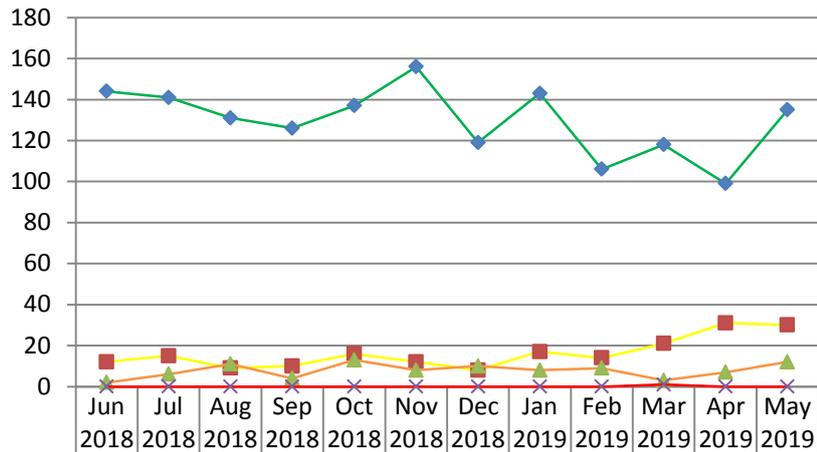
- 1.1. There were no Serious Incidents (SIs) reported in April or May.
- 1.2. Only one Safeguarding SI remains open (Norfolk) with closure imminent.
- 1.3. Two Root Cause Analysis (RCA) investigations were initiated in this period for a further safeguarding incident (Norfolk 0-19 service) and a complaint/incident within the District Nursing service in Luton re care delivery. Neither of these met the criteria for reporting as SIs.
- 1.4. The chart below highlights that patient safety incidents under our care were graded in this period as 75% no harm, 19% low harm and 6% moderate harm. All the moderate harm incidents are receiving further scrutiny (RCA above , 14 x Tissue Viability Nursing Team review and 2 x Safeguarding adult referrals).



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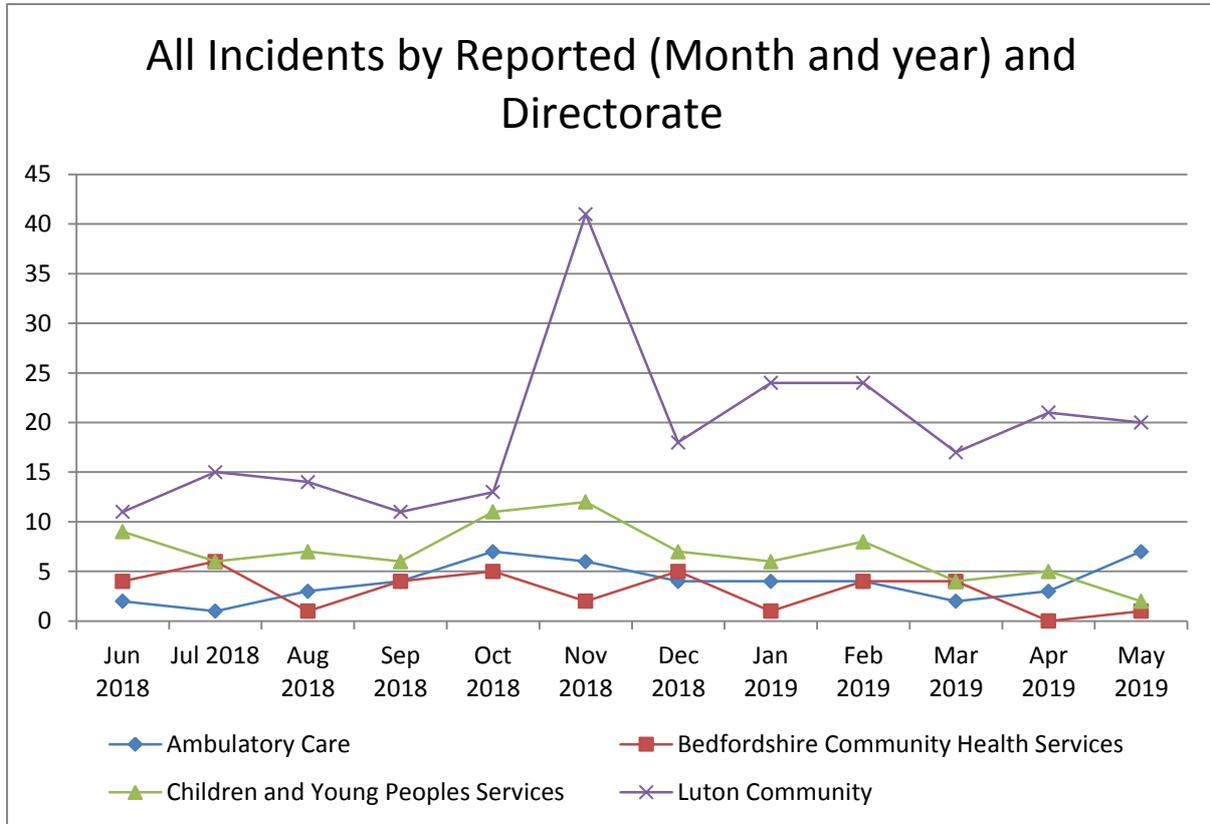
1.5. Scrutiny of other incidents by specialist Teams was also carried out. The Tissue Viability Nursing Team has reviewed 14 incidents relating to pressure ulcers. As all appropriate actions and assessments had been carried out, the incidents have been closed with no further action being required

### Incidents by Reported (Month and year) and Degree of Harm



◆ No Harm	144	141	131	126	137	156	119	143	106	118	99	135
■ Low (Minimal Harm)	12	15	9	10	16	12	8	17	14	21	31	30
▲ Moderate (Short Term Harm)	2	6	11	4	13	8	10	8	9	3	7	12
× Severe (Permanent or Long Term Harm)	0	0	0	0	0	0	0	0	0	1	0	0

1.6. **Medicine specific incidents**



1.6.1. The graph shows all medicines related incidents reported. In May, 12 of these were attributable to CCS, 92% of which were no harm.

1.6.2. The Luton Services, particularly the Adult services, report the highest number of incidents. This is reflective of the activity of the service as a whole including Domiciliary Pharmacy Technicians, whose reports reflect the high number of incidents attributable to Domiciliary Care Agencies. The peak in November is probably reflective of high expectations from the team of the newly appointed pharmacist in Luton who started that month. Another factor has been the proactive collaboration with the CCG Pharmacy team in supporting Domiciliary Care Agencies in safe medicines management. This higher level of reporting has been sustained and staff feel that action is being taken as a result .

1.6.3. Of note is the transfer of the Children’s wards to North West Anglia Foundation Trust in April 2019 which we anticipate will reduce the number of incidents reported from the Children’s Directorate.

**2. Safety Thermometer** (This metric is overseen locally by Luton Adult services)

2.1. The overall harm free result increased to 96% in April, dipped to 94.1% in May (target 96%).

2.2. The new harm metric is more indicative of the care directly provided by our staff and this was 100% in April, 96.7% in May (target 98.5%).



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### 3. Safeguarding

- 3.1. We are currently contributing to 17 Serious Case Reviews and 1 Domestic Homicide Review across our service portfolio. Learning is included in local Level 3 training.
- 3.2. Safeguarding Children L3 training was 93% in April and has dipped to 89% Trust wide in May (target 93%). One factor has been the inclusion of relevant staff employed on a Bank only basis from May and an emerging resource issue in providing training for iCaSH services.
- 3.3. Safeguarding children supervision rates have increased to 93% in May from 90% in April and although below the 95% target, reflect the improved position in a number of services except Cambridgeshire universal services who have dipped from 95% to 91%.
- 3.4. One Safeguarding Adults Local Authority statutory enquiry concluded relating to a residential home in Luton. This has progressed to a system wide serious Adult Case Review. Our District Nursing staff are contributing to this and have already identified and are implementing a number of actions.
- 3.5. We have exceeded the targets for all components of Safeguarding Adult and Prevent training.

### 4. Infection prevention and control

- 4.1. There were no confirmed bacteraemia cases of MRSA, Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during April or May 2019. We have not been notified of any positive cases of C.difficile during this period.
- 4.2. Progress continues in planning the 2019 seasonal influenza staff vaccination programme which will commence at the beginning of October.

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

The chart below highlights those services with scores above 16 for either April or May and those with improved positions from previous 16 or above:

	Team	Feb-19	Mar-19	Apr-19	May-19
Luton - Children's Services	Health Visiting Luton Central	22	17	17	18
	Health Visiting Luton South	17	20	13	16
	Health Visiting Luton West	20	17	18	20
Norfolk HCP	0-19 HCP East Locality	9	14	17	12
Cambs C&YP Universal	South Locality	20	16	21	18
Cambs C&YP Specialist	Children's Continuing Care	12	14	19	14
	Specialist Nursing for Schools	16	16	17	9
Beds Children's -	Speech & Language Therapy	15	19	19*	23



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Specialist	Children's Continuing Care Team	20	20	17	11
	Nutrition and Dietetics	14	12	17	12
	Children's Community Nursing Team	20	16	16	12
	Eye Service	7	5	6	20
	Continence Team	9	4	8	16
Ambulatory Care	iCaSH Ipswich	1	3	8	16
	Dynamic Health Huntingdon	10	6	17	8
<b>*late return</b>					

- 5.1. Three out of Four Luton Health Visiting teams report increased QEWTT scores from April to May due to staffing pressures. The service anticipate closure of the associated risk (the second operational risk in Part A scoring 15 and above) at the end of September due to planned appointment of Health Visitor students and recent appointment of 2 further Health Visitors. Business continuity plans are in place ensuring clinical prioritisation.
- 5.2. Bedfordshire Children's services report an improved position overall except the Eye service, Continence team and Speech & Language Therapy service (due to staffing pressures). The Children's Community Nursing Team anticipate a reduction in the associated risk (the first operational risk in Part A scoring 15 and above) by the beginning of July due to improved recruitment.
- 5.3. iCaSH Ipswich also report an increased score from 8 to 16 due to staff sickness and cancelled clinics. Mitigations include flexible working from other staff and extra hours.
- 5.4. A number of services have reported improved positions in May including: Norfolk 0-19 service (East locality 17 to 12); Cambridgeshire 0-19 (South Locality 21 to 18); Children's Continuing Care (17 to 11) and Special School Nursing teams (17 to 9) in Cambridgeshire and Dynamic Health (Huntingdon 17 to 8 – this score was inaccurately reported to the Clinical Operational Board as 20 for April).

## 6. Information governance

- 6.1. Mandatory Information Governance Awareness training has fallen in the past 2 months to 93% overall due to the inclusion of bank staff in the staff count. The compliance level is now below 95% in all Directorates other than Luton. Managers have been made aware.
- 6.2. The number of incidents reported in the April-May period under the Information category, which represented a concern about information governance or data security was low. The current categorisation of incidents under 'Information' is resulting in over reporting of incidents in this category which are not of concern as information governance incidents, but are of a clinical governance nature. The categorisations are being revised and future recording will be more precise. For this reason, there is no value in comparative reporting against figures for previous years.
- 6.3. In April 25 Information incidents were reported 7 of which are IG issues and in May 27 incidents were reported in this category, with only 6 being IG concerns. 1 of these was an IT issue with a call option going to a service user's mobile number. All



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breaches reported arose in Cambridgeshire and Norfolk and all were caused by the personal information being sent to the wrong address or by text in one instance.

## 7. Patient Experience

7.1. **The patient story** for this Board meeting focuses on the journey of 3 'People Living with HIV' from our iCaSH service in Norwich who will share their experience of support from the support and information group.

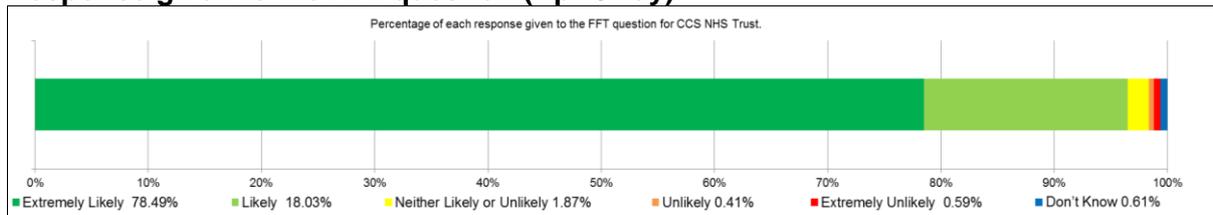
### 7.2. Friends and Family Test

7.2.1. There were 2175 responses to the FFT question in April and 2900 in May.

7.2.2. The overall Trust FFT Recommendation score was 96.93% and 1.0% not recommend.

7.2.3. All services received some FFT feedback over the two month period.

### Response given to the FFT question (April/May)



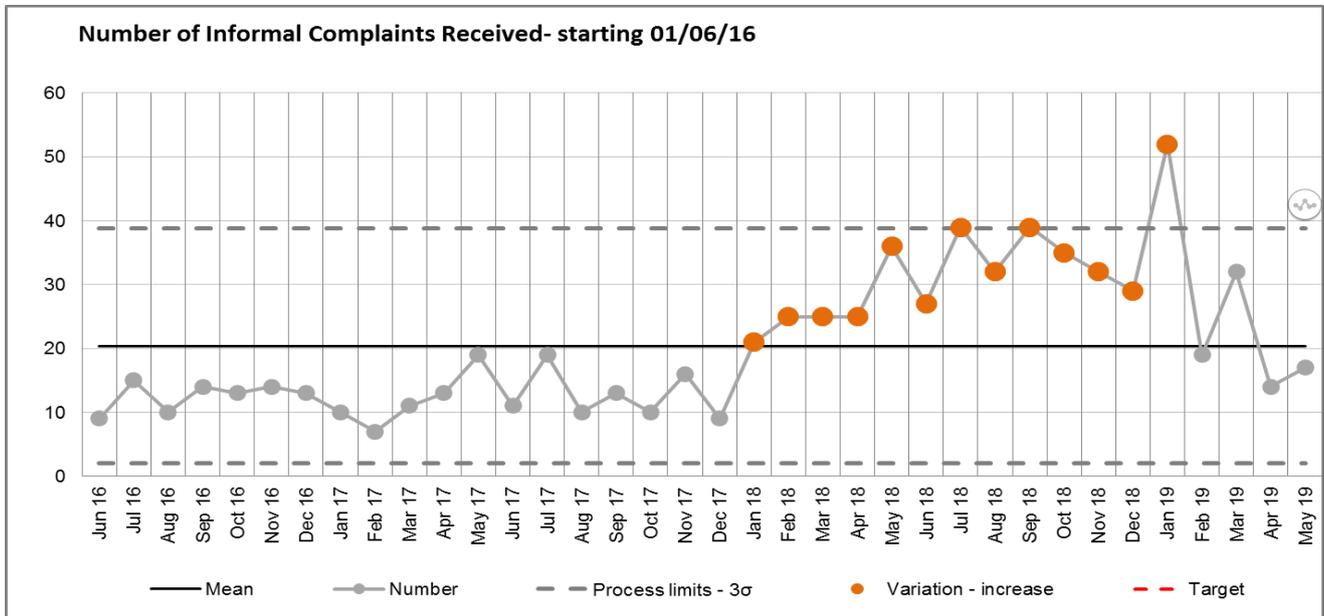


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## 7.3. Informal Complaints (concerns)

7.3.1. The total number of informal complaints (concerns) received and logged were 31 in this data period. Variance remains constant and within limits.



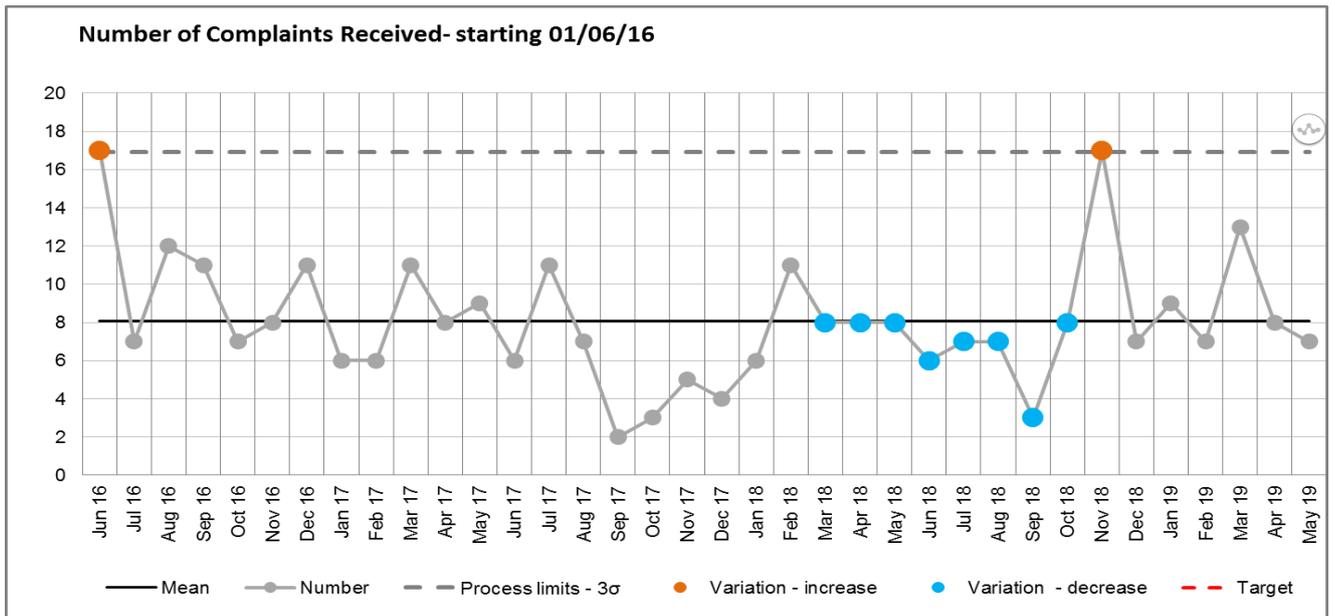
7.3.2. On a review of the preceding three years there were three months in which the number of informal complaints received were above the expected variation (July and September 2018 and January 2019). In these three months, it was noted that the iCaSH Express Test service generated a number of concerns about the website and admin processes which account for the high months (July: 5, September: 8 and January: 12). A number of improvement actions were undertaken at that time.

7.3.3. There are 13 sequential points above the mean (Variation increase-which is noted when more than seven points are above) suggesting significant change in process. The data shows an improved reporting culture and capturing of information coupled with the iCaSH

7.3.4. Express test service. This increase in informal complaints is mirrored by a decrease in formal complaints as the concerns were resolved through the local resolution process.

## 7.4. Formal Complaints

7.4.1. The Trust received 15 formal complaints in this data period (April 8, May 7) Common Cause Variance remains constant and within limits. 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.



7.4.2. On a review of the preceding three years there were two months in which the number of complaints exceeds the expected variation. A majority of these related to MSK (6) in June 2016. Another noted increase was November 2018 across services. As identified within informal complaints the eight sequential points below the mean mirror the increase in informal complaints.

7.4.3. Complaint Themes/Areas to Note:

- 7.4.3.1. Three MSK complaints were about delays in receiving MRI, treatment or surgery.
- 7.4.3.2. Two complaints about Bedfordshire SALT and lack of service provision.
- 7.4.3.3. We received one complaint regarding care provided by Adult Services in Luton, this has also been recorded as an incident. An RCA and investigation are on-going and a meeting with complainant is planned.

7.5. **Complaint Response Times**

7.5.1. We continue to achieve a high response time against the Trust policy of 25 or 30 days to respond to complainants. In this data period we responded to 8/8 (100%) formal complaints on time in April and in May we responded to 4/5 (80%) on time. Overall we had one late response by a day due to an administration error.

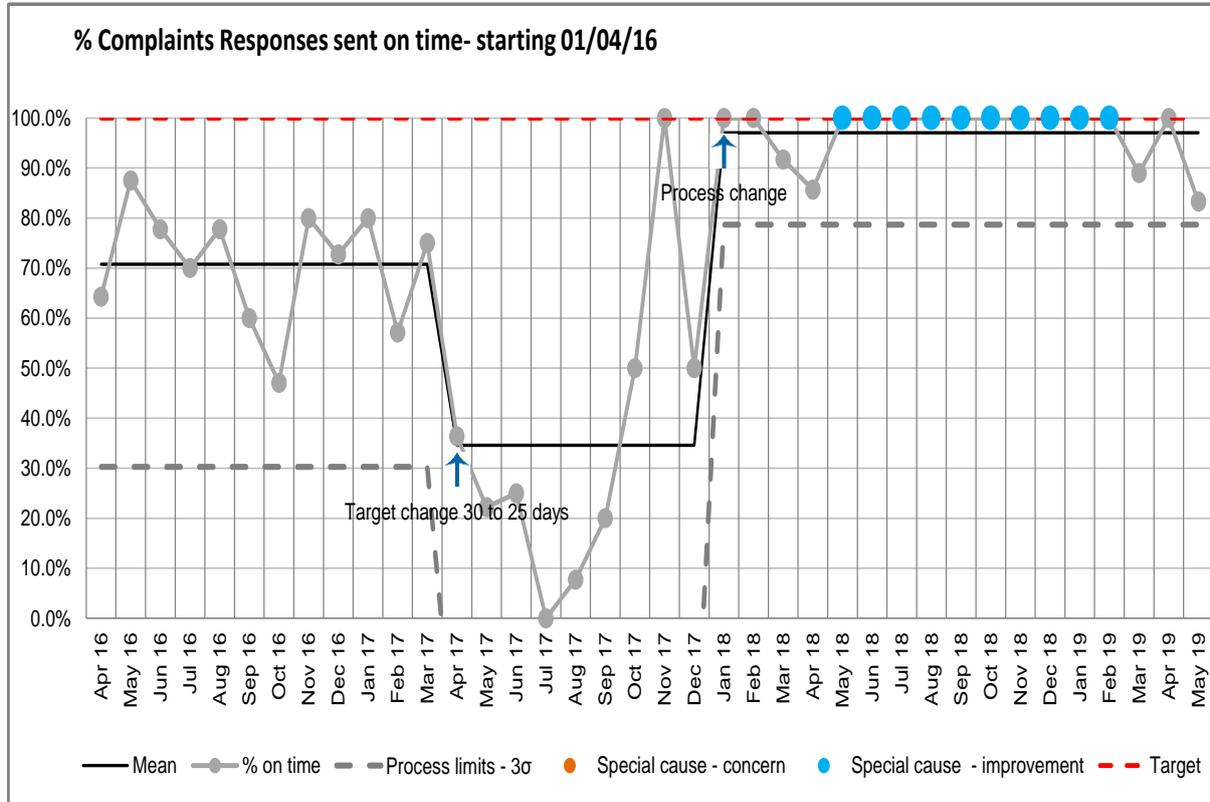
7.5.2. The Trust changed and reduced the expected time to respond in April 2017, but there was no process review implemented with this expected change. After the reduction in complaint response time, there were five months that fell well below the expected mean (May-Sept 17).

7.5.3. The reviewed timeline on achieving complaints response times was introduced in January 2018. From a review of the data period thereafter, the run of ten points above the mean demonstrates (special cause-improvement)



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that the change in process has had a significant impact on performance of the % of complaints responded to on time.



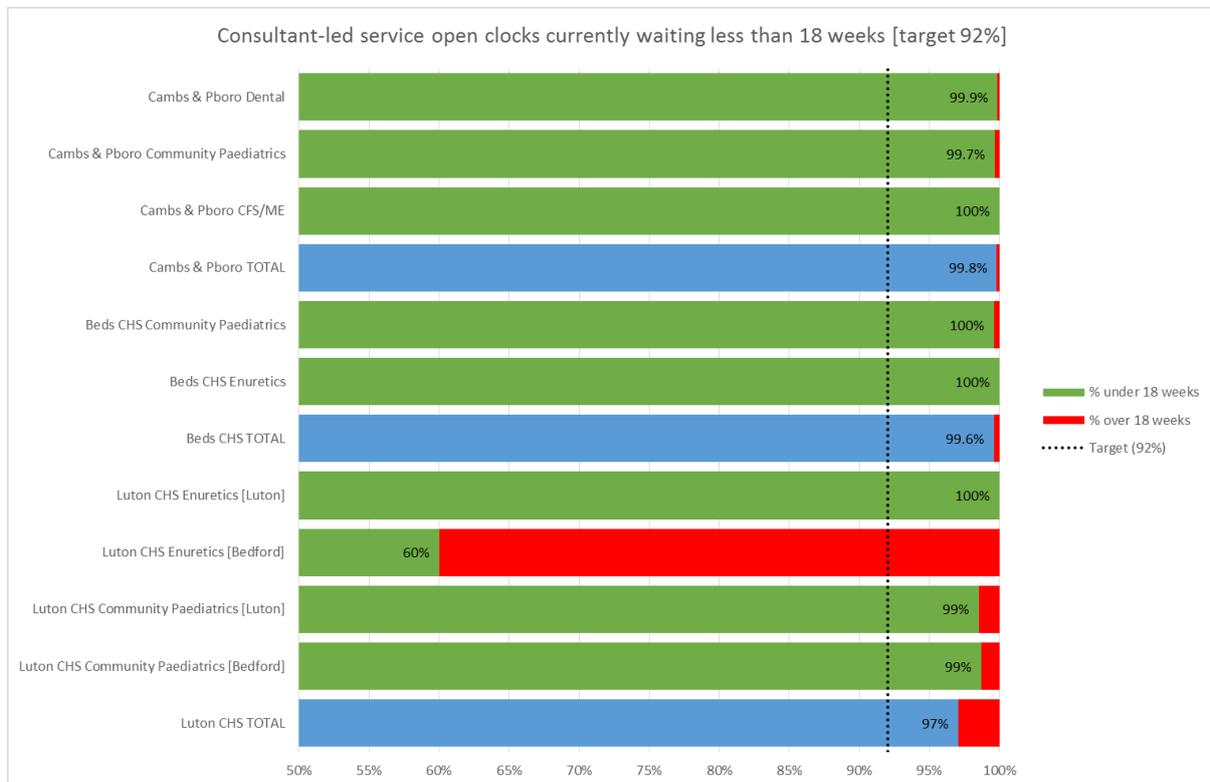


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## 8. Access to our services including RTT

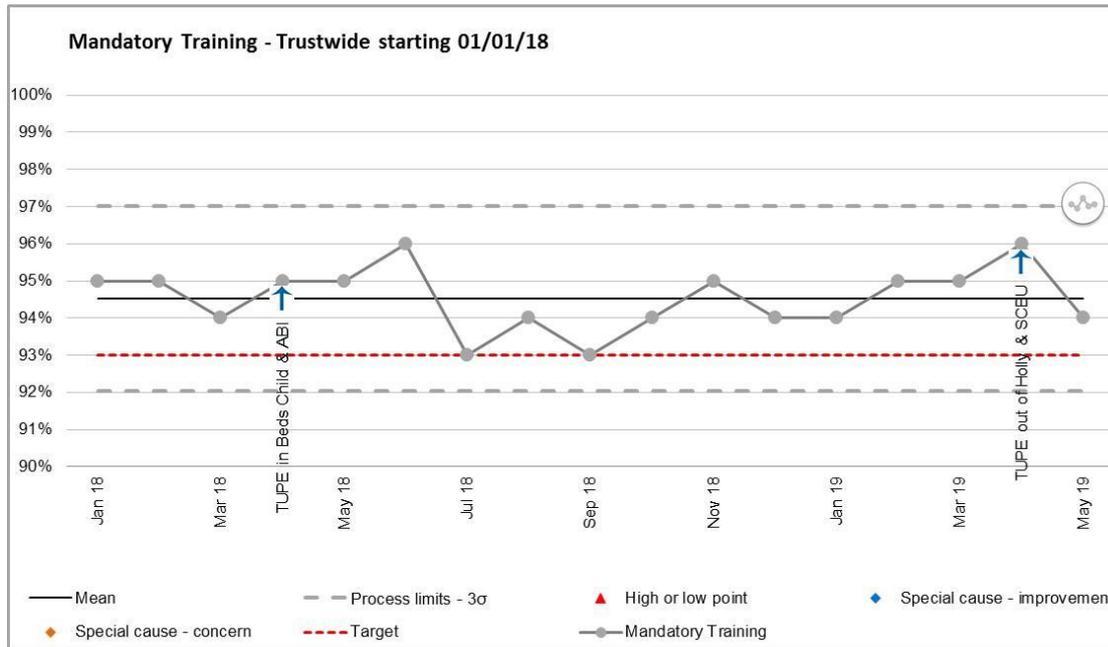
8.1.1. The consultant-led access to our services exceeds target in all services other than the Enuretics service in Luton. The patient numbers for this service is small – 10 in total representing 0.13% of total patients within the cohort - and therefore disproportionately impacts on the overall Trust wide RTT performance.





### 9. Mandatory training

9.1.1. April mandatory training was 96% and May 94% against a target of 93%. Mandatory Training remains constant and within limits. From May 2019 all mandatory training includes staff who work with our services on a Bank only basis.



Upper process limit – 97%. Lower process limit – 92 %

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

#### 10.1. Bedfordshire 0-19 HCP

- 10.1.1. Successfully reaccredited with the UNICEF Baby Friendly level 3 accreditation and the teams are aiming to go for gold award in December 2019. Learning shared across the Trust.
- 10.1.2. Breastfeeding Hub App has been rolled out which provides information on all aspects of feeding and where to access local support.
- 10.1.3. 0-19 HCP and continence services have commenced a collaborate project to upskill six champions from within the 0-19 service to manage continence problems.



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- 10.1.4. Baby Friendly team have presented a poster to the National Baby Friendly Conference about increasing sustained breastfeeding rates at 6-8 weeks. To be shared with other teams as part of new service model.
- 10.2. ***Bedfordshire Community Paediatrics***
  - 10.2.1. Darrin Lowe, Nurse Specialist, with a special interest in ADHD has implemented an innovative ADHD assessment process. This process offers support for parents through behaviour workshops.
  - 10.2.2. Dr Yemula, with others, has published a pocket size free resource for teenagers on how to sleep well and stay healthy.
- 10.3. ***Bedfordshire Nutrition and Dietetics Children's Service***
  - 10.3.1. Food First Team has received significant recognition for its shared leadership approach to tackling malnutrition in care homes. This has been published externally.
- 10.4. ***Dentistry***
  - 10.4.1. An audit of conversion rate from referral to treatment showed that 80% of all children referred for general anaesthetic in Huntingdon actually have their treatment under inhalation sedation or local anaesthetic which is safer alternatives. This audit will now be rolled out countywide and the service will publicise nationally.
  - 10.4.2. One telephone number for minor oral surgery patients linking to the admin hub means shorter waiting times on the telephone and the ability to speak to MOS admin rather than a clinic receptionist. The availability of this number has been increased to allow patients greater access in contacting the service. There is the potential to roll this out in other service areas.
  - 10.4.3. Securing extra activity for dental access work in Peterborough therefore reducing the number of turned away patients and decreasing pressure on the dental team.
  - 10.4.4. Increased efficiencies have been realised by centralisation of the minor oral services admin team and use of digital radiography.
- 10.5. ***iCaSH***
  - 10.5.1. iCaSH Cambridgeshire is currently the iCaSH vanguard site for the training of nurses to undertake ultrasound scanning as part of coil insertion and follow up developed by Dr Lynne Gilbert. The service was successful in obtaining access to the patient funding to purchase the training anatomical models. Following evaluation it is hoped this will be rolled out as a regional training opportunity and improving best practice across iCaSH.



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- 10.5.2. iCaSH Norfolk are developing a working relationship, outreach and referral pathways with the Phoenix, a Project which is a confidential, specialist safety and support service for female, indoor sex workers living or working in Norfolk. The service is aimed at client safety and assessing individual risk, providing sexual health screening, advice and treatment.
- 10.6. ***Luton and Bedfordshire Occupational Therapy Services***
- 10.6.1. Darren Barker, Occupational Therapist, has developed a sensory training package for parents and teachers, which is receiving very positive feedback. Looking to role this training out across the area
- 10.7. ***Luton and Bedfordshire Speech and Language Therapy Services***
- 10.7.1. Speech and language and occupational therapy teams have been working with a children's centre and school to produce a DVD. This DVD provides ideas of activities that families and universal services can do that promote children's speech and language, hand skills and independence skills for children of different ages, stages and abilities to provide a good foundation for life. The DVD, developed with Parent Partnership groups, is being shared widely and is receiving incredibly positive feedback. This has been widely shared internally and externally. Board members can view the DVD at:
- <https://vimeo.com/dfptv/review/321941662/2e7380780c>
- 10.7.2. Speech and language teams providing bitesize and bespoke training across schools for parents and teachers to learn together on how best to support children with communications needs.
- 10.8. ***Luton 0-19 Children's Services***
- 10.8.1. The Service Lead met with the CCG Clinical Lead for Children, who has recently returned from maternity leave. She commented on how good our breastfeeding service was and how supportive she had found it to be. She said that she was in contact with friends who had recently had babies from other areas who had not received this support and had struggled with feeding and 'a feeling of confidence' which she found our service provided. Although this is business as usual, it is a very good service which is not universally available.
- 10.9. ***Luton Children's Community Nursing team***
- 10.9.1. During the recent CQC inspection, the inspectors were very impressed with two particularly outstanding packages of care delivered by the Community Nursing team, these are both care packages that the team has delivered over a long time and, as the CQC were so impressed, describing them as outstanding, they are being brought to the Clinical Operational Board's attention. Both examples demonstrate ways in which the team work to facilitate



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significant reductions in hospitalisation for children with long-term conditions.

10.9.2. The team support a 14-year-old young man with Severe Factor 5 Deficiency to have an infusion of a blood product – Octaplas. The infusion takes over 2 hours and is required 4 times per week. The delivery, through a central line, which has taken place over the last 10 years is frequent and if delivered in hospital would be likely to have led to a line infection (which can be life threatening). To date he has had no line infections. The intervention is always undertaken after school so he can enjoy the normal access to education.

10.9.3. The team deliver intensive antibiotics therapy to five children who have Cystic Fibrosis and need 2 weeks of intravenous therapy every three months to keep them well. The initial dose is given in hospital then the course for the next two weeks is given by the community nursing team three times a day, 08:00hrs, 14:00hrs and 22:00hrs 7 days a week. This is very unusual nationally as most areas admit children for this therapy with all the adverse consequences which hospitalisation can bring, particularly to children who are at increased risk of hospital-acquired infection.

### 10.10. ***Norfolk Children and Young People***

10.10.1. Just Once Norfolk continues to expand and embed pharmacies. Data collected will enable greater understanding of local health needs.

## **11. The following emerging issues/risks are escalated from the Bedfordshire and Luton Clinical Operational Board for noting by the Board**

### 11.1. ***Bedfordshire Community Paediatrics***

11.1.1. Demand on services continues to challenge the service – 18 weeks and a large number of children outstanding ADHD medication reviews. A problem solving and troubleshooting session has been set up with Medical Director and Exec Lead for 25 June 2019 to identify problems/challenges and to agree remedial action plans. Formal risks, if required, will be added to service risk register following this session.

### 11.2. ***Luton Children's Services***

11.2.1. There is a risk that children are not receiving their BCG immunisation before leaving hospital. Agreed to wait for one last time for Commissioners to sort this out with local hospital provider. Should this still be an issue by the next Clinical Operational Board, the Clinical Operational Board will be formally escalating to the Trust Board to formally write to Commissioners.

### 11.3. ***Luton Audiology Services***



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- 11.3.1. There is an emerging staffing risk within Luton audiology service due to 2 of 3 permanent audiologists due to go on maternity leave. Service currently interviewing for these posts and continue to recruit to joint post with Bedford Hospital.

### C: Assurance Summary

1. In accordance with the Assurance Framework the Board can take substantial assurance on safety of services. There were no Never Events and no serious incidents in the reporting period and all other incidents were no, low or moderate harm. The number of no harm and moderate harm incidents are consistent with rolling 12 months figures and all moderate harm incidents are being scrutinised. The number of medicines incidents are consistent with rolling 12 months figures with higher level of reporting in Luton. The Board will note an increase in the number of low harm incidents reported. These are being investigated to determine if there are any underlying causes. The Board should note that many NHS providers do not report low and no harm incidents to their Board but our approach to reporting is consistent with the Trust's values.
2. Staffing pressures are adequately controlled with one operational risk score likely to decrease and one high scoring operational risk expected to close.
3. There were no healthcare acquired infections for the reporting period.
4. The Board can take substantial assurance that the services are caring. The patient story to be presented at the Board demonstrates outstanding care, Family and friends test results are above national targets and the number of complaints are either at or below the mean with no concentration of complaints within any one service.
5. The Board can take reasonable assurance in relation to the services being responsive as breaches to the Consultant-Led Referral to Treatment Time are very low and one complaint was responded to one day late.
6. The information in section 10 sets out the extensive amount of innovation across the Trust contributing to the assessment that the Board can take substantial assurance on well led
7. Based on this level of assurance and the initial feedback from CQC following its recent Well Led Inspection the board can be assured that (a) the controls in relation to strategic risk one set out at A above are effective, (b) that workforce challenges are being responded to and managed well and (c) activities the Trust is engaging in system wide are not negatively impacting on patient care.
8. Accordingly, the impressionistic heat map regarding the direction of travel for achieving this strategic objective of Outstanding Care is green and over to the right.



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## A: Risks to achieving objective

### Strategic risks

1. *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. *There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS provider sector to drive greater provider efficiency* (Risk rating 12)
3. *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*

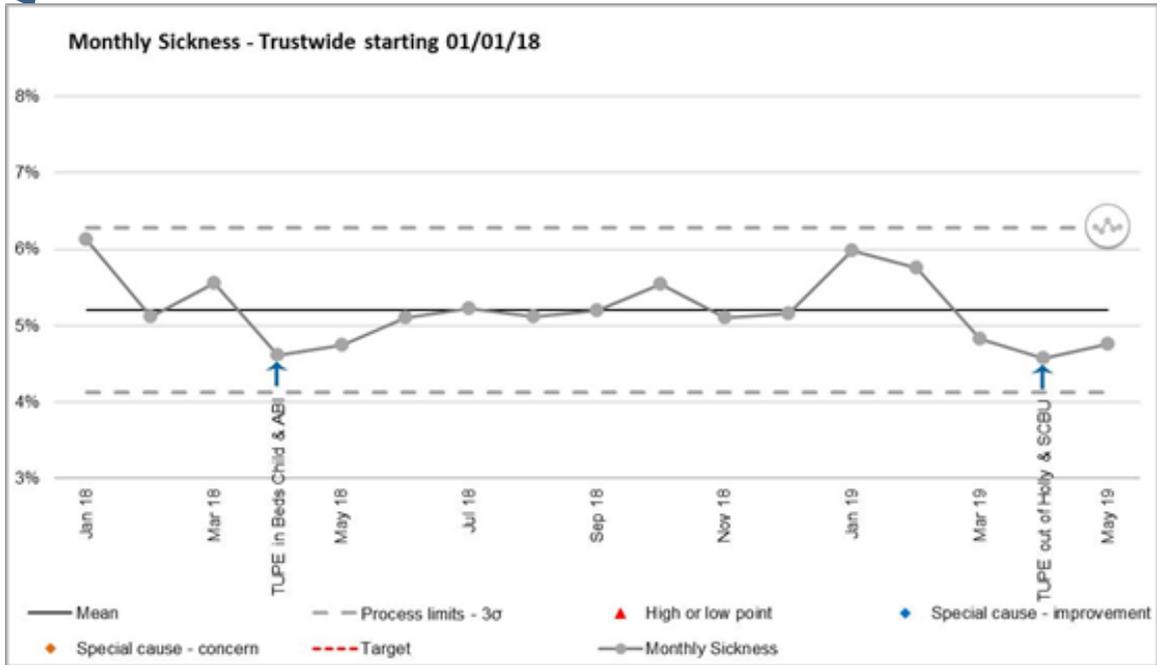
## B: Overview and analysis

### 1. Sickness

- 1.1. Monthly Sickness remains constant and within limits. However, continues to be above the Trust rolling target of 4.2%.
- 1.2. The Trust wide sickness rate has decreased in this reporting period but remains above the Trust's target of 4.2% for 2019/20. Of the 4.57%, 2.35% was attributed to long term sickness and 2.22% short term sickness absence. Luton Children & Young People's Services had the highest sickness rate (5.66%) and Corporate Services had the lowest (1.43%). The top reason is Cold, Cough, Flu - Influenza. Work continues to reduce those absences attributed to unknown/other reasons as much as possible. Of note is that 95% of sickness absence was reported through self-service directly onto our Electronic Staff Record (ESR).
- 1.3. The Trust monthly sickness rates compares favourably to the benchmark for NHS Community Trusts (source: NHS iView) which at end of December 2018 was 5.1%.



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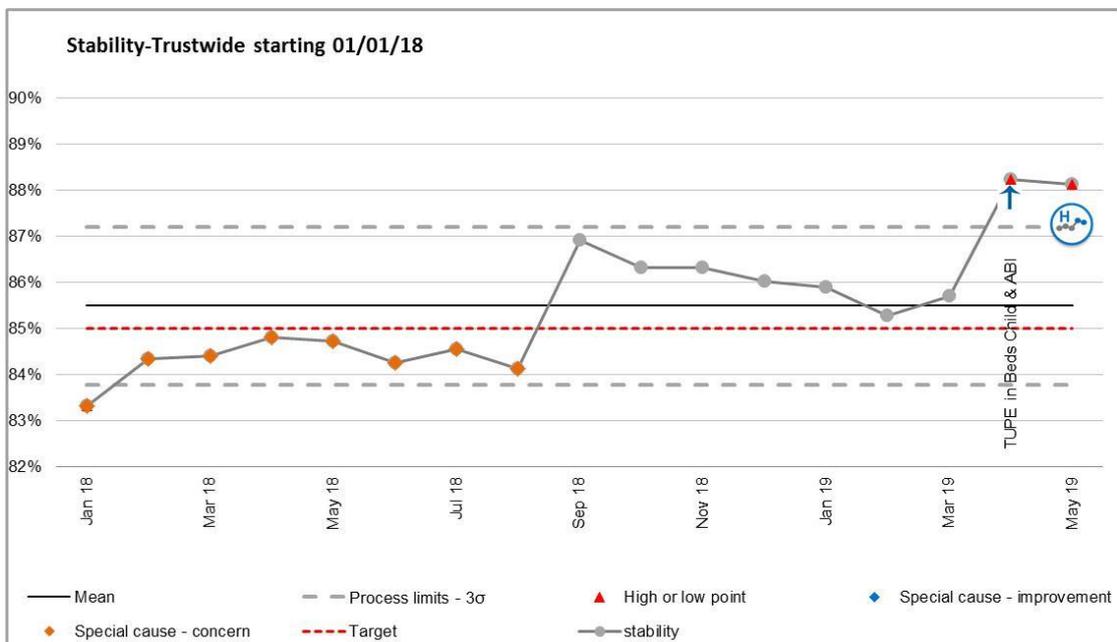


## 2. Stability

2.1. The following shows the monthly stability rate (percentage of employees employed over 1 year) – April: 88.24%, May: 88.13%. This compares favourably to a stability rate of 78.7% for NHS Community Provider Trusts for “all employees” (Source: NHS iView Dec 2018).

2.2. Stability rates for the Trust are based on the “*Permanent*” workforce (i.e. those employed on a current Fixed Term Contract of less than one year are excluded).

2.3. Upper process limit – 87.2%. Lower process limit – 83.8%





# Be an excellent employer

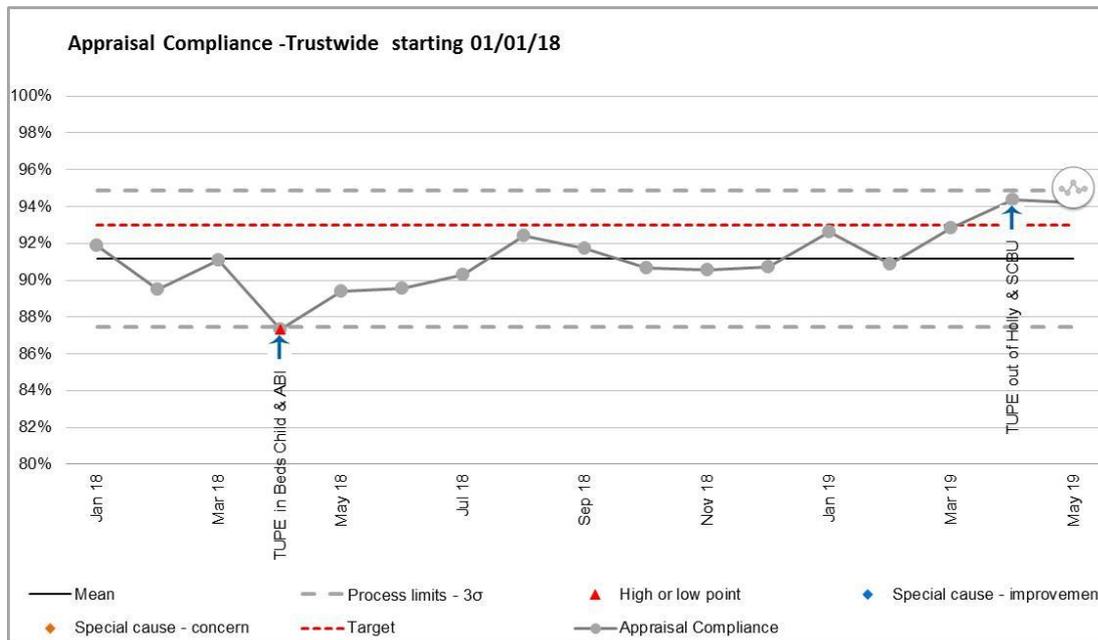


## 3. Appraisals

3.1. The following shows the percentage of available employees with a current (i.e. within last 12 months) appraisal date – April: 94.37%, May: 94.2%. Staff unavailable includes long term sickness, maternity leavers, those suspended, on career breaks, on secondment. New starters are given an appraisal date 12 months from date of commencement.

3.2. The Trust wide rate has increased this month, and is now above the target of 93% for 2019/20. Cambs/Norfolk Children and Young People’s Services has the lowest rate (92.6%) and Corporate Services the highest (98.08%). Employees for whom a non-compliant date is held in ESR, were sent a reminder email which has made a large impact on the figures, this will continue to be done on a bi-monthly basis.

3.3. Appraisal compliance remains constant and within limits and is above Trust-wide target. Feedback from staff in relation to the quality of their appraisal continues to be collected and the Workforce Information Team are looking to improve the timeliness of seeking this feedback.



Upper process limit – 94.9%. Lower process limit – 87.5%

## 4. Staff engagement

4.1. Trust-wide staff survey improvement action has been developed in partnership with our local staff side representatives. This focuses on the following areas:

4.1.1. Staff satisfaction with the quality of work and care they deliver



## Be an excellent employer

- 4.1.2. Ensuring the Trust has a fully inclusive culture and is addressing workforce race equality and workforce disability equality areas for improvement.
  - 4.1.3. Ensuring objective setting and appraisals support our staff to feel their role makes a difference to patients.
  - 4.1.4. Staff reporting their most recent experience of violence and aggression in the workplace.
  - 4.1.5. A focus on addressing bullying and harassment at work and delivering our call to action in this area.
- 4.2. In June 2019, each Division presented their local improvement priorities to the relevant Clinical Operational Board. A summary of local improvement plans for each area is as follows:
- 4.2.1. ***Bedfordshire Children and Young People's Services***
    - 4.2.1.1. Ensuring that the local staff survey results are shared and discussed widely across all services and sharing the actions that are being taken as a result of this feedback.
    - 4.2.1.2. Raising the profile of staff rapid access to MSK services.
    - 4.2.1.3. Promoting Live Life Well activities across all services and seeking local champions to establish activities locally to support staff health and wellbeing.
    - 4.2.1.4. Promoting Freedom to Speak Up champions to ensure that all staff are aware of who these individuals are and what their role is in supporting them at work.
    - 4.2.1.5. Identifying additional bespoke psychological support for individual members of staff, as appropriate, which addresses an identified need that is greater than our current counselling service can offer.
    - 4.2.1.6. Focus on training and development opportunities for administrative staff which are local to the service.
    - 4.2.1.7. Improving the quality of appraisals for all staff but in particular for our administrative staff.
  - 4.2.2. ***Luton Children and Adult Services***
    - 4.2.2.1. Ensuring that the local staff survey results are shared and discussed widely across all services and sharing the actions that are being taken as a result of this feedback.



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4.2.2.2. Identifying ways of supporting the support teams development needs and how to engage them in understanding the development plans for the services.

4.2.2.3. Improving the quality of appraisals for all staff but in particular for our administrative staff.

4.2.2.4. Improving the feedback from learning for all staff.

### 4.2.3. **Ambulatory Division**

#### 4.2.3.1. *Dental*

4.2.3.1.1. The way appraisals are conducted has been reviewed with dental nurses undertaking group appraisals, the feedback has been positive and so there is an expectation that staff now view their appraisals in a much more positive way.

4.2.3.1.2. The leadership team has worked with the service redesign team as part of staff engagement sessions in each locality to allow open and honest discussions as to feelings behind the survey results and how the leadership team can make positive changes.

#### 4.2.3.2. *Acquired Brain Injury – neuro rehab*

4.2.3.2.1. The main action will be to encourage all staff to complete the 2019 survey- previous organisation did not make this information available so this is the first year that results have been cascaded to teams.

4.2.3.2.2. Staff needing adequate equipment - arrangements have been put in place for Admin between NRT and ABI teams to support each other to ensure that any urgent equipment requirements can be ordered without delay.

4.2.3.2.3. Reducing stress and providing support in work environment - Consideration of protected lunch times, use of lunch breaks to debrief and offer support from colleagues;

4.2.3.2.4. Feeling of uncertainty around changes for the team e.g. Estates and NRT/ABI merger - Team is being given regular updates on discussions with Estates about office base and working with ABI. Team has been given an opportunity to express their choice on what works best for the team in terms of estates. Providing them regular updates has put their mind in ease.

4.2.3.2.5. Support from immediate line manager - the team now have clarity on whom to approach for what and how to contact the line manager.



## Be an excellent employer



### 4.2.3.3. MSK

4.2.3.3.1. Focus on increasing admin staff knowledge on learning opportunities both formal and informal to aid in recruitment and retention and feeling valued.

4.2.3.3.2. Focus on increasing staff knowledge of the unit structure, the leadership structure since our change in structure from 4 to 3 localities.

### 4.2.4. **Cambridgeshire and Norfolk Children and Young People's Services**

4.2.4.1. Below are the following identified themes. Actions plans are being developed and further updates will be presented to future Clinical Operational Board.

4.2.4.1.1. Less positive themes in relation to senior management engagement, communication and making staff feel valued;

4.2.4.1.2. Concerns about staffing levels;

4.2.4.1.3. Staff feel they have to attend work despite not being well enough to do so;

4.2.4.1.4. Concerns with administration and clerical staff in relation to appraisals, for example staff have stated that training and development opportunities are not discussed at appraisal;

4.2.4.1.5. There are some responses by employees from a BME background which are answered less favourably than those identifying as being from a white background.

4.2.5. Updates on progress in relation to these will be presented to the Trust Board through our bi-annual workforce review. Next update due in November 2019.

4.2.6. In addition, Quarter 1 staff friends and family survey has just taken place. Results will be reviewed and improvements identified and embedded into these plans as appropriate.



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## 5. Agency/bank spend

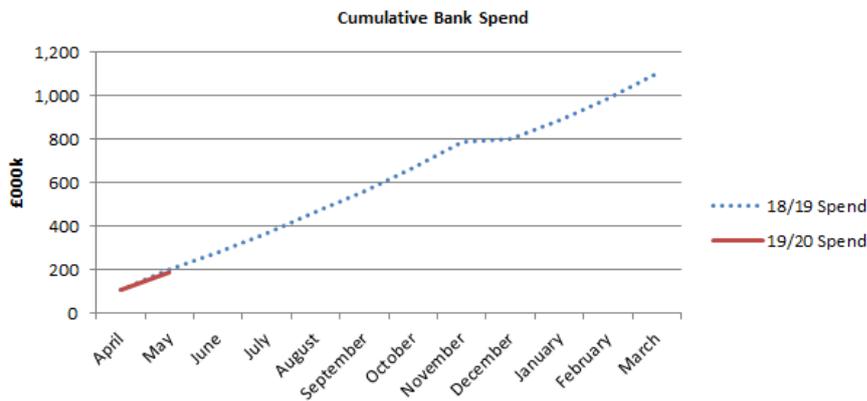
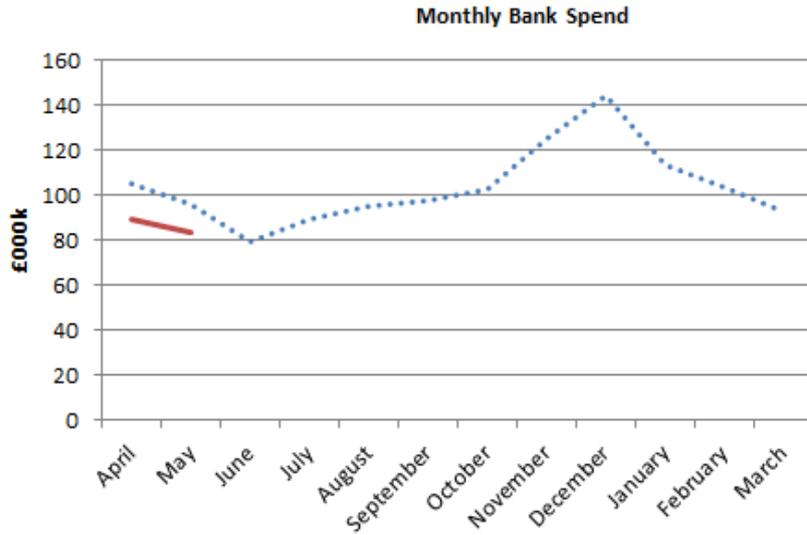


5.1. The Trust's agency spend ceiling for 2019/20 totals £2,240k, which was a reduction from 2018/19's ceiling of £3,040k.

5.2. Despite the figure for May showing above the ceiling, the Trust's cumulative agency spend to Month 2 is £361k against a spend ceiling of £373k.



# Be an excellent employer



5.3. 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 2 was £188k.

5.4. 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.

## 6. Staff story at Clinical Operational Boards

### 6.1. Ambulatory COB

6.1.1. A staff member from the Head Injury Service in Bedfordshire talked about the transfer into the Trust in April 2018, the staff centred approach to the transfer, benefit from being part of a larger neuro-rehabilitation service, the support and development the service has received and the approachability and visibility of leaders.

### 6.2. Bedfordshire and Luton COB

6.2.1. Specialist Nurse attended and described the positive impact the introduction of specialist nurses has had on improving patient flow and waiting times



## Be an excellent employer



within the service over the past couple of years. Learning will be shared with other community paediatric teams.

### 6.3. *Cambridgeshire and Norfolk's Children and Young Person's COB*

6.3.1. A Children's Occupational Therapist presented this staff story along with Service Lead for Occupational Therapy. The staff story highlighted the expertise, skills and empathy of the service through the telling of a patient journey. The COB was given an overview of the patient's difficulties and the level of care received and how this has directly impacted their family.

## 7. Other messages from COBs

7.1. Luton Adult Services are on track for launching e-scheduling in June 2019, and since the COB roll out has commenced. . E-rostering will follow shortly thereafter. Both systems will enable the Trust to have a better understanding on our workforce productivity and efficiency.

## C: Assurance Summary

1. In accordance with the Assurance Framework the Board can take reasonable assurance on safety of services as staffing pressures are adequately controlled with plans agreed with commissioners for prioritising service delivery and service plans in place to reduce staffing pressures. In addition the risks scoring above 15 and identified under Strategic Objective 1 have adequate controls in place.
2. The Board can take substantial assurance that services are being delivered effectively by our workforce for the following reasons:
  - appraisal rates are above target levels
  - monthly sickness absence is within range and lower than the NHS Community Trust benchmark, however, remains above Trust-wide target
  - stability figures are above target
3. The Board can take substantial assurance that services are well led as agency spend is within agreed limits and is being adequately controlled
4. Accordingly, the impressionistic heat map regarding the direction of travel for achieving the strategic objective of 'being an excellent employer' is Green and over to the right.



# Collaborate with other organisations

## A: Risks to achieving objective

### Strategic risks

1. *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 12)*
2. *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 12)*
3. *There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS provider sector to drive greater provider efficiency (Risk rating 12)*

### Any operational risks 15 and above

1. *There is a risk that the planned outcomes are not achieved - 15 admissions per week in quarter one rising to 20 admissions per week in quarter 2 and 24 per week in quarters 3&4 (Luton Frailty Project) (Risk rating 16)*
2. *There is a risk that the project does not deliver the intended financial savings (reference LCCG QIPP scheme) (Luton Fragility Project) (Risk rating 16)*

## B: Overview and analysis

### 1. Strategic work streams with others

#### 1.1. CCS/CPFT joint venture

1.1.1. The Partnership Board met on 16 May, 2019 and received updates on the following matters:

- 1.1.1.1. A performance scorecard template - based on information which is available currently. The Board supported the proposed measures and endorsed further development work to include financial and stakeholder feedback data, provide closer alignment to public health outcomes specified in the business case, and identify optimal system reporting procedures to avoid duplication.
- 1.1.1.2. The Joint Venture Agreement - had been signed by both Trusts. It was noted that joint contracting and service delivery arrangements continue to develop and evolve as the partnership seeks to build on good practice, embed what works well and focus on challenges arising from the coming together of organisational structures and cultures. The Board was assured that robust performance and risk monitoring and escalation procedures were in place within each organisation pending confirmation of joint working arrangements.



## Collaborate with other organisations



1.1.1.3. Healthy Child Programme (HCP) Finance – the historical gap remains unresolved, with contingency funding in place to 30 June 2019. The Section 75 is therefore not signed pending resolution of this issue and clarification around risk share provisions within it.

1.1.2. The Partnership Board agreed to continue to operate in shadow form pending the resolution of outstanding contractual issues and the embedding of joint operational structures and arrangements.

1.1.3. The Partnership Board considered and endorsed the following Strategic Risk and requested each risk event to be assessed for its likelihood and impact, and control measures identified for agreement and monitoring:

*‘There is a risk that the partnership is unable to deliver on the joint contract and therefore the S75 delegated requirements resulting in negative physical and mental health outcomes for children, young people and families in Cambridgeshire and Peterborough.’*

### **1.2. Collaborative partnership working with East London NHS Foundation Trust**

1.2.1. As well as monthly executive to executive meetings, a joint half-day away session took place on 2<sup>nd</sup> May 2019, which provided an excellent opportunity to celebrate across the whole service our achievements during the first year of the contract.

1.2.2. We are working with ELFT on the branding of Bedfordshire Community Health Services and currently engaging with service users, staff and commissioners on different logos for the Service.

### **1.3. Enhanced Models of Care**

1.3.1. Collaborative activities which provide assurance around risk mitigation include:

1.3.1.1. Working on the system wide offer in relation to the new cohort of patients who are over 65 years and moderately and severely frail, through the monthly Models of Care meetings with Luton CCG, Luton Borough Council, East London NHS Foundation Trust, Herts Urgent care, Primary Care Network Chairs, Healthwatch and Keech Hospice.

1.3.1.2. Attending meetings with the two Primary Care Networks working on frailty through the last two months to look at how we better align our teams to improving care and reducing decline for these patients. This has given rise to agreement for a named Elderly Care consultant to start working out in the community with one of the Primary Care Networks around the frailty cohort.

1.3.1.3. A piece of work where the L&D Medical director will be working with the other Frailty Primary Care Network to look at multi-disciplinary team ward rounds in Care Homes.



## Collaborate with other organisations



- 1.3.1.4. Meeting separately with the mental health provider and Luton borough Council in regard to the integrated service offer and operating procedures to ensure their buy in and system contribution to delivery of the model
- 1.3.1.5. Meetings with Luton CCG and Luton & Dunstable Hospital regarding the Programme business intelligence architecture to agree the baseline and KPIs that are fundamental to demonstrating success. This is also starting to benefit for a system wide information and evaluation group that has evolved as a consequence of the respective BI teams feeling that this would add value across the system.
- 1.3.1.6. Working up the risk share between CCS and LCCG.
- 1.3.1.7. Bi monthly meetings of the Luton Provider Alliance are now chaired by Matthew Winn and David Carter (CEO, L&DH).

## 2. Research

### 2.1. *Clinical Research Overview*

- 2.1.1. The Trust's recruitment for the period of April 2018 to March 2019 was the highest to date. From April 2019, all participants recruited into studies start from zero again, even if the studies run over the financial year, or previous financial years.

### 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 which are automatically eligible for inclusion are funded by the NIHR, Government and other non-commercial partners. NIHR partners are organisations which provide research funding as a result of open competition and are subject to: a high quality peer review; the research is of clear value to the NHS; and the awards have strategic direction for the research that they fund. Studies funded by commercial organisations or from industry led by an academic investigator can apply to be adopted onto the NIHR Portfolio. Studies that the Trust is currently involved in are detailed in table 1.



# Collaborate with other organisations



**Table 1: Clinical Research Summary Table for NIHR Portfolio Studies**

NIHR Portfolio studies	Speciality/ clinical area/ location	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total since start of study	Trend	Highlights	Impacts
PrEP	Ambulatory i-CaSH ALL	Public Health England	46	309	↑	More funding released.	Potentially UK wide impact on preventing HIV transmission
Work Outcome Measures in arthritis and musculoskeletal conditions.	Ambulatory MSK ALL	University of Oxford	Recruited numbers this reporting period not yet showing within the CRN Edge System.	10	↑	Study on-going. Large push from research facilitator to increase recruitment.	Staff survey
'Playing Together' Developmental language delay	SALT Paeds Peacock Centre	University of Manchester	Recruited numbers this reporting period, not yet showing within the CRN Edge System.	0	↔	Another research hosted within SALT.	Chance for children to participate in a fun learning activity
People Living with HIV stigma survey UK	i-CaSH – All hubs	Public Health England & Homerton University Hospital	10	10	↑	Public Health England & Homerton	National survey, building on previous data sets
<b>Total recruitment within this period:</b>			<b>Total 56</b>	<b>329</b>	↑	<b>Recruitment achieved above predicted levels.</b>	<b>On target for potential RCF to be awarded (*2)</b>

(\*1) All figures accurate as of 18/06/19 from the CRN Database ODP.

(\*2) 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.

**Key to icons:**

Recruitment: ↑ Increased    ↔ no change    🏆 completed    ↔ in set up    🎖 allocated funding/prize

## 2.3. Non-portfolio studies

2.3.1. These 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. This includes NHS studies which are commissioned studies, studies funded via non-competitive schemes and student projects. All these categories of studies will have had to go through the HRA Permissions process, which may involve national ethics as well, depending upon the design of the study.

2.3.2. We have two new non-portfolio to be carried out within the Trust which have received Health Research Authority (HRA) and ethical approval.

**Table 2**

Non-Portfolio Studies	Location	Collaboration	Impact
'Mind the Gap'	OZC Neuro-rehab	Maastricht University	International collaboration
Neuro-rehab – Impact of intensive holistic neuro-rehab.	OZC Neuro-rehab (Clinical Psyc Trainee)	UEA	Is part of a professional PhD

## 2.4. Fellowships and Internships

- 2.4.1. A Fellowship or Internship is a personal award to a clinician to learn about clinical research and undertake a small clinical project, with the support of an academic supervisor. These Fellowships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education East (HEE).
- 2.4.2. New in this reporting period (Table 3) is the start of the NIHR Masters to PhD Bridging Award and the submission of a NIHR Masters to PhD Bridging Award, a decision on the outcome is awaited. There are currently four CLAHRC Fellowships running, one NIHR Masters to PhD Fellowship and one HEE Interim Fellowship.

**Table 3: Summary Table for Fellowships/Internships Applied for within this reporting period**

NIHR Fellowships	Area	Numbers	Trend	Highlights	Impacts/potential impacts
NIHR MSc to PhD Bridging Award	Paediatric Physiotherapy	One applied, awarded and commenced April 2019	<b>Awarded</b> 	First award of this type within the Trust	Paid time to write a PhD application
NIHR MSc to PhD Bridging Award	CYPS SALT	New NIHR application round. one applied	Submitted awaiting outcome	There will be backfill for clinical time 0.2 wte over 2 years.	Would lead to submission of a NIHR PhD application.

## 2.5. Other research activity

- 2.5.1. Dr Tamsin Brown, developed an innovative hearing device which is helping children with glue ear avoid developmental delay during ‘watchful waiting’ periods and has led to the development of a new early detection Eastern Regional pathway and guidelines, now adopted in almost every hospital in East of England.

## 2.6. Research Assurances

- 2.6.1. **EDGE:** All CCS NHS Trust studies have been loaded onto the NIHR national database. EDGE data is up to date.
- 2.6.2. **Health Research Authority (HRA)** national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.
- 2.6.3. **NIHR National Performance Metrics** – Performance in Initiating (PII) and Performance in Delivering (PID) compliant for Q4 reporting period, as no studies have been eligible for inclusion.
- 2.6.4. **Mandated activity:** Q4 performance charts have been placed on the Trust’s internet (includes zero returns).

## 2.7. Published papers & posters within this period

- 2.7.1. Eight posters were presented in May 2019 at the Royal College of Paediatrics and Child Health (RCPCH) Annual Conference Birmingham. One of the posters received a prize for the best poster from a community NHS trust. This paediatrician was a CLAHRC Fellow last year.
- 2.7.2. There was one paper published, a co-production project on visualisations of wellbeing. This was in collaboration with other Universities and clients with lived experience. The University of Nottingham funded the 'Open Access' for the paper.

3. Authors/Collaboration	Clinical area	Event
<p><b>Dr Kate Head, P Waddingham, Luton Carer Forum, SNAP Carer Forum.</b></p> <p>In Collaboration with University of Cambridge, Luton Carers Forum and SNAP Carers Forum.</p>	<p>CYPS Paediatrics Luton</p>  <p>Prize!</p>	<p><b>Poster title:</b> <i>'Co-design of resources for caregivers of children with Global Developmental Delay'</i></p> <p>Presented at Royal College of Paediatrics National Child Health Annual Conference (Birmingham).</p> <p>Awarded prize for best community poster from British Association for Community Child Health.</p>
<p><b>Dr Gillian Mitchell, P Sidebottom.</b></p> <p>In collaboration with University Of Warwick</p>	<p>CYPS Paediatrics Luton</p>	<p><b>Poster title:</b> <i>'Exploring how to overcome the challenges of measuring bone growth in children who are in wheelchairs'.</i></p> <p>Presented at Royal College of Paediatrics National Child Health Annual Conference (Birmingham).</p>
<p><b>Drs Mohammed Hassan, Frances Omisaken, Rakesh Tailor.</b></p>	<p>CYPS Paediatrics Luton</p>	<p><b>Poster title:</b> <i>'Meeting. Is the gender gap in autism changing'.</i></p> <p>Presented at Royal College of Paediatrics National Child Health Annual Conference (Birmingham).</p>
<p><b>Dr A Yee Than.</b></p>	<p>CYPS Paediatrics Luton</p>	<p><b>Poster title:</b> <i>'Epidemiological data regards to children with perinatal stroke'</i></p> <p>Presented at Royal College of Paediatrics National Child Health Annual Conference (Birmingham).</p>
<p><b>T Banerjeeaff, S Ajmalaff, A Khanaff, R Aroraaff.</b></p>	<p>CYPS Paediatrics Bedford</p>	<p><b>Poster title:</b> <i>'Health needs of unaccompanied asylum seeker children-observations from initial health assessment in community paediatric clinic.'</i></p> <p>Presented at Royal College of Paediatrics National Child Health Annual Conference (Birmingham).</p>



## Collaborate with other organisations



<p><b>V Gandhi, L Lockett, L Kaptanoglu, L Stevens, S Archer.</b></p> <p>In Collaboration with Luton and Dunstable University Hospital</p>	<p>Luton: Community Specialist Nursing Team</p>	<p><b>Poster title:</b> <i>‘Striving to improve carer trust in our local paediatric epilepsy service; rescue medication and BLS workshops for parents and carers of children with epilepsy; care above and beyond routine</i></p> <p>Presented at Royal College of Paediatrics National Child Health Annual Conference (Birmingham).</p>
<p><b>RL Stephenson, J Chahal, L Teebay, J Hollywood.</b></p> <p>In collaboration with Alder Hey Liverpool and Cambridgeshire and Peterborough NHS Foundation Trust</p>	<p>CYPS Paediatrics Bedford</p>	<p><b>Poster title:</b> <i>‘Can we improve our lac service with child-focused initiatives – yes we can!’</i></p> <p>Presented at Royal College of Paediatrics National Child Health Annual Conference (Birmingham).</p>
<p><b>C Yemulaaff, E Musgraveaff, S Ajmalaff, A Khanaff, R Seshamaff.</b></p>	<p>CYPS Paediatrics Bedford</p>	<p><b>Poster title:</b> <i>‘A clinic-based survey of sleep habits among teenagers with attention deficit hyperactivity disorder: impact of poor sleep and gender differences’</i></p> <p>Presented at George Still Forum (National Paediatric ADHD Network) Part of the Royal College of Paediatrics and Child Health Annual Conference.</p>
<p><b>Published Paper:</b> <b>M Craven, R Goodwin, M Rawsthorne D Butler, P Waddingham, S Brown, M Jamieson.</b></p> <p><i>In collaboration with University of Nottingham, University of Glasgow and University of Manchester</i></p>	<p>Corporate Research Team</p>	<p><b>Published paper title:</b> <i>‘Try to see it my way: exploring the co-design of visual presentations of wellbeing through a workshop process’</i></p> <p>Published in Perspectives in Public Health 08/04/2019. Has free ‘Open Access’ funded by University of Nottingham .</p>

### 2.8 Partnership working on research collaboration

#### 2.8.1 0-19 Cambridgeshire & Peterborough Partnership Working (CCS & CPFT):

- 2.8.1.1 Service lead has agreed that any relevant NIHR studies should be available and delivered by both CCS/CPFT teams across Cambridgeshire and Peterborough. To aid this partnership working, CCS research facilitators have met with the Service Lead and Professional Lead (Feb 2019).
- 2.8.1.2 CCS & CPFT facilitators are to deliver a ‘why we do research’ presentation to all locality team leads meetings across the 0-19 Service.
- 2.8.1.3 CCS & CPFT facilitators have set up bi-monthly meetings to share studies/ updates/ identify best process to ensure all NIHR activity is



# Collaborate with other organisations



shared equally across both trusts.

2.8.1.4 Research & Development (R&D) governance for each Trust will remain with their relevant R&D support.

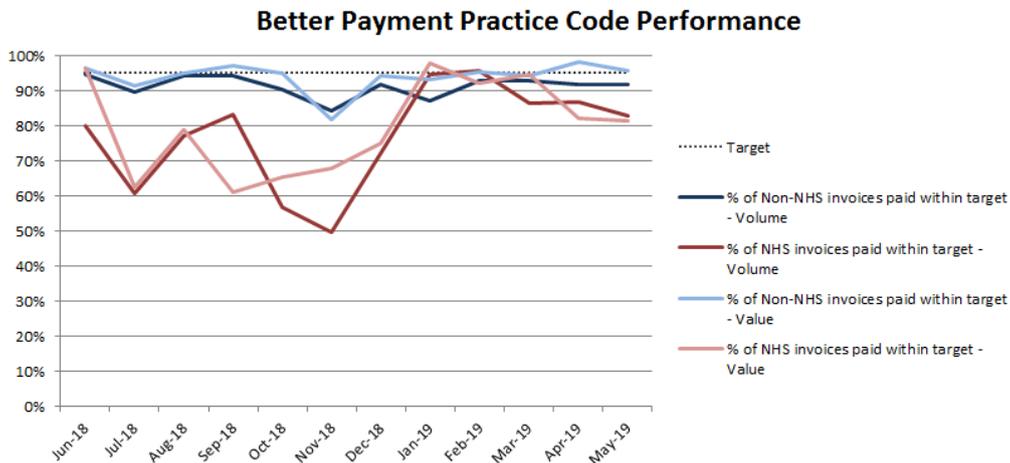
2.8.1.5 Impact to date: building research awareness/culture across the joint CCS/CPFT 0-19 teams; Expressions of Interest for pipeline study at grant stage (Chathealth evaluation).

## 2.8.2 **Norfolk Healthy Child Programme Research Champions project with CRN and Anglia Ruskin University (ARU):**

2.8.2.1 The Research team is currently part of a project with CRN and ARU. The aim is to develop and pilot a Research Champion Programme (RCP) for all newly qualified Specialist Community Public Health practitioners (SCPHN) (health visitors and school nurses) as part of their preceptorship. The pilot will run from September 2019 to April 2020 in Norfolk 0-19 Service.

2.8.2.2 The Project Steering Group comprises a project lead from the CCS Research Team, Clinical Lead, Service Redesign Manager and Professional Lead all from the Norfolk 0-19 Service, the CRN Eastern Continuous Improvement Lead and the Anglia Ruskin Research Fellow in Public & Community Health. The Steering Group and Research.

## 3. Prompt payment



3.1 The average in month prompt payments results across the four categories was 90% in Month 1 and 88% in Month 2. In Month 2, the Trust achieved the 95% target in Non-NHS invoices by value.

3.2 The overall Trust average across the four categories for the last 12 months has remained at 85%. The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly.



## C: Assurance Summary

1. The Board can take substantial assurance that 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. Collaboration is at the core of the Trust's research activities. The Trust also fully participates in STP activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes and now has representation on Norfolk's Children's Board.
2. Accordingly the Board can be assured that the controls in relation to strategic risks set out at A above are effective.
3. The high scoring operational risks are in relation to the Enhanced Models of Care collaboration and the mitigations set out at paragraph 1.3 above demonstrate the high levels of activity with providers to control the risk and discussions are on going with the commissioner regarding the risk share agreement.
4. Accordingly the impressionistic heat map regarding the direction of travel for achieving this strategic objective of Collaborate with Other Organisations is strongly green.



# Be a Sustainable Organisation

## A: Risks to achieving objective

### Strategic risks

1. *There is a risk that the Trust doesn't fully plans to 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 12)*
2. *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 12)*
3. *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. There is also the risk to the Trust's financial viability and therefore increasingly difficult to fund its clinical and support functions. The Trust will also need to consider its approach to future procurements of Public Health funded services (Risk rating 12)*
4. *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 (Risk rating 12)*
5. *There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS provider sector to drive greater provider efficiency (Risk rating 12)*

### Any operational risks 15 and above

1. *There is a risk that the planned outcomes are not achieved - 15 admissions per week in quarter one rising to 20 admissions per week in quarter 2 and 24 per week in quarters 3&4 (Luton Frailty Project) (Risk rating 16)*

## B: Overview and analysis

### Finance scorecard

Finance Dashboard - Month 2	Plan	Actual	Variance
	31/05/19	31/05/19	31/05/19
Operating income from patient care activities	£20,497k	£19,824k	(£673k)
Other operating income	£981k	£984k	£3k
Employee expenses	£14,065k	£14,345k	(£280k)
Operating expenses excluding employee expenses	£7,348k	£6,398k	£950k
Trust Surplus/(Deficit)	£65k	£65k	£0k
Closing Cash Balance	£7,108k	£9,243k	£2,135k
Cost Improvement Plan (CIP)	£498k	£451k	(£47k)
Capital Programme	£883k	£185k	£698k
Use of Resources Metric	1	1	-
Agency Spend	£320k	£361k	(£41k)
Bank Spend	£190k	£172k	(£18k)
Provider sustainability fund (PSF)	£162k	£162k	£0k

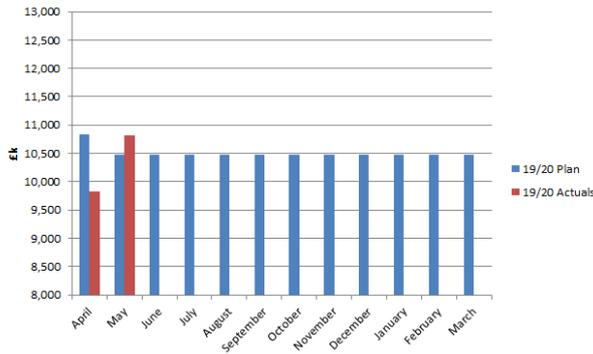


# Be a Sustainable Organisation

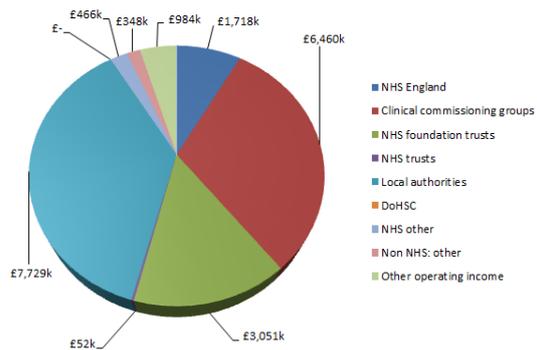
## 1. Income and expenditure

- 1.1. The Trust delivered an in month operating surplus of £29k for Month 1 and £36k for Month 2, against a planned surplus of £29k and £36k respectively.
- 1.2. The cumulative position in Month 2 is a £65k surplus, against a year to date plan of £65k.
- 1.3. The Trust is currently forecasting to achieve its 2019/20 surplus position of £1,922k. This is dependant on the Trust receiving funding for the agenda for change uplift for staff funded through local authority contracts.
- 1.4. The Trust's income is currently lower than plan due to dental contract income which is being reconciled to the new contract value. Operating expenditure is less than plan due to estates, supplies and services costs being lower than expected.

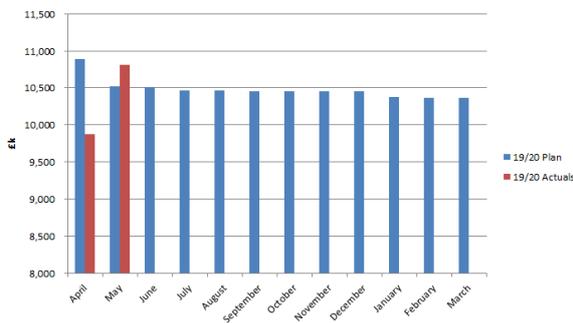
Trust Income Plan vs Actual



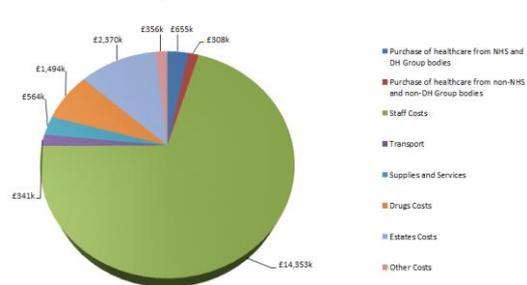
Income Breakdown - Year to Date



Trust Expenditure Plan vs Actual



Expenditure Breakdown -Year to Date





# Be a Sustainable Organisation

## 2. Cash position



2.1 The cash balance of £9.2m at Month 2 represents an overall increase of £0.6m from the Month 1 cash balance, which decreased by £2.9m from the opening cash position. Over the reporting period, the increase in aged debt reduced the cash position and East London NHS FT paid their month 1 and 2 SLA invoice in month 2, which impacted the cash balance during the reporting period.

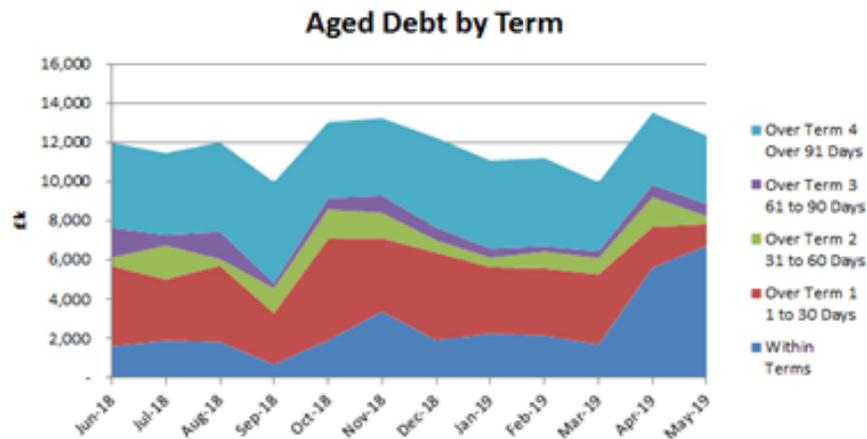
## 3. Statement of Financial Position

	May 2019 £'000	March 2019 £'000
<b>Non-Current Assets</b>		
Property, plant and equipment	52,710	52,982
Intangible assets	107	117
<b>Total non-current assets</b>	<b>52,817</b>	<b>53,099</b>
<b>Current assets</b>		
Inventories	41	41
Trade and other receivables	17,672	14,781
Cash and cash equivalents	9,246	11,546
<b>Total current assets</b>	<b>26,959</b>	<b>26,368</b>
<b>Total assets</b>	<b>79,776</b>	<b>79,467</b>
<b>Current liabilities</b>		
Trade and other payables	(15,450)	(15,207)
Provisions	(418)	(418)
<b>Total current liabilities</b>	<b>(15,868)</b>	<b>(15,625)</b>
<b>Net current assets</b>	<b>11,091</b>	<b>10,743</b>
<b>Total assets less current liabilities</b>	<b>63,908</b>	<b>63,842</b>
<b>Non-current liabilities</b>		
Trade and other payables	(1,045)	(1,045)
Provisions	(1,340)	(1,340)
<b>Total non-current liabilities</b>	<b>(2,385)</b>	<b>(2,385)</b>
<b>Total assets employed</b>	<b>61,523</b>	<b>61,457</b>
<b>Financed by taxpayers' equity:</b>		
Public dividend capital	2,245	2,245
Retained earnings	42,160	42,094
Revaluation Reserve	18,771	18,771
Merger Reserve	(1,653)	(1,653)
<b>Total Taxpayers' Equity</b>	<b>61,523</b>	<b>61,457</b>



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3.1 Trade and other receivables have increased over the reporting period by £2.9m, which has impacted the cash position. Other assets and liabilities have not changed significantly over the period.



3.2 Total trade receivables increased by £3.5m in April to £13.5m and then decreased by £1.1m in May to £12.4m. The breakdown in May is £6.8m (55%) from NHS organisations; £5.0m (40%) 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:

▪ Cambridgeshire County Council	£2.7m
▪ Norfolk County Council	£2.3m
▪ East London NHS FT	£1.5m
▪ East London NHS FT	£1.5m

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 2), Norfolk County Council and East London NHS FT have subsequently paid £2.3m and £1.3m respectively to reduce their outstanding balance.

## 4. Capital spend

4.1. Capital spend to date is £185k against a plan of £883k. Spend is behind plan on projects at North Cambs Hospital and Meadow Lane and these projects are both expected to fulfil their capital spend plan in the financial year.



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## 5. Use of resources

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

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 and due to the current margin being below 1%, the rating is a score of 2. The plan is the Trust will achieve the 1% metric and return to a 1 rating in November 2019.

## 6. CIP

### COST IMPROVEMENT PLAN 2019/2020 SUMMARY

OVERALL STATUS AT : **Month 2 - May 19**

TARGET (£'000)	PLAN AND FORECAST	PLAN FYE (£'000s)	FORECAST FYE (£'000s)	PLAN PYE (£'000s)	FORECAST PYE (£'000s)
<b>3,645</b>	18/19 IDENTIFIED SCHEMES :	3,681	2,710	3,302	1,281
	18/19 UNIDENTIFIED SCHEMES	7	0	7	46
	NON RECURRENT SAVINGS	0	0	0	1,382
	TOTAL PLAN	3,688	2,710	3,309	2,709

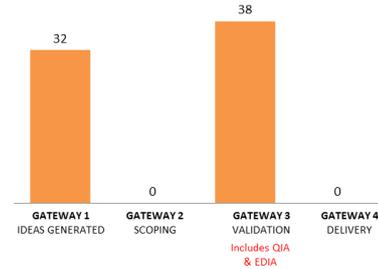
\*Includes £777k c/fwd schemes

DELIVERED (YTD)	
PLANNED SAVINGS YTD (£000):	SAVINGS DELIVERED YTD (£000):
<b>498</b>	<b>451</b>
VARIANCE FROM TARGET (£'000): -47	
VARIANCE FROM TARGET (%): -10%	

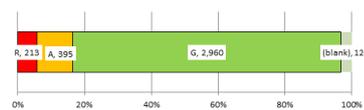
### SCHEMES

TOTAL NO. OF SCHEMES = **81**

#### NO. OF SCHEMES BY GATEWAY

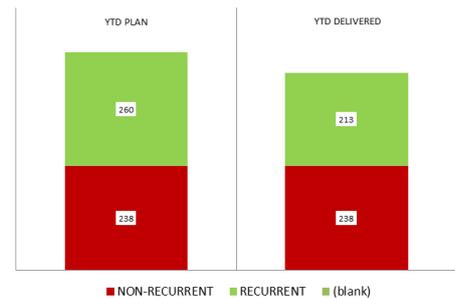


#### DELIVERY CONFIDENCE RAG RATING - SCHEME VALUE FYE (£000s)

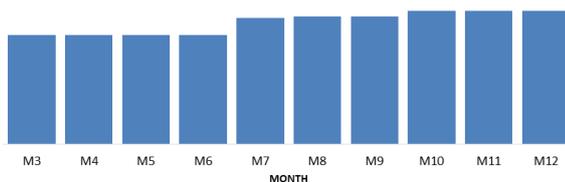


**RED** = Successful delivery of the savings appears to be in doubt or unachievable  
**AMBER** = Delivery appears feasible however constant attention needed/Delivery of planned savings is affected - either the total sum or the phasing.  
**GREEN** = Successful delivery of the savings within the planned timeframe appears highly likely  
**GREY** = Unidentified schemes, part of target

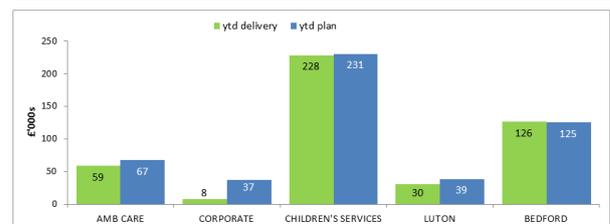
### PLAN VS ACTUAL



### PLANNED SAVINGS PROFILE (£'000)



### SERVICE AREA





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- 6.1. The Trust's Cost Improvement Plan (CIP) delivered savings of £0.451m over months 1 and 2 against a target of £0.498m. The Trust has identified schemes to deliver £2.709m of the annual savings target of £3.645m.
- 6.2. Work continues to identify Trust wide to identify further recurrent and non-recurrent savings opportunities to mitigate the current gap in delivery, and this includes reviewing all discretionary expenditure.



## 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
Bedfordshire Children's - % of pregnant women seen @ 28 -32 weeks being tested for carbon monoxide	Since June 2018	53% for Bedford Borough and 49% for Central Bedfordshire against a target of 90%	- Gradually increasing performance against this KPI for both LA's. Service has reviewed use of S1 and has now introduced a forced field for staff to confirm that the test has been offered. This will start to show in commissioner reports from July 2019 as was introduced in May 2019. Discussions take place with Commissioner in relation to service user choice as to whether to have this test, however, the indicator is for numbers of test undertaken and not offers.



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			<p>- Service leads working with staff to understand issues and then any patient leaflets will be adjusted to explain the reasoning behind this test to try and improve uptake.</p> <p>Interestingly this is not a Commissioner requirement in our other 0-19 contracts across the Trust.</p>
Luton and Bedfordshire 0-19 Services	Ongoing	Number of mandated checks not being achieved. We did not discuss detail as links to new Service Model in Bedfordshire and staffing pressures in Luton as per risk.	<p>Bedfordshire – reason for all mandated checks not being compliant is linked to the introduction of the new service model from April 2019. It is anticipated by September 2019 that these will all be compliant.</p> <p>Luton – linked to staffing pressures and implementing the business continuity plan. All currently non-compliant due to this.</p>
Luton Children's Services	Ongoing	GP letters being sent out within 5 working days. LCCG – 62.5% and BCCG 54.5% against a target of 90% in March. Improving picture seen in April 2019.	Pulling the letters together can be a challenge for Community Paediatric services as they are dependent on collecting information from other services. However, team continues to improve in this area.
Bedfordshire looked After Children Assessments	Ongoing	Initial Health Assessments – 50% for April against a target of 95%.	1 assessment was cancelled by paediatrician and was rebooked for the 14/05/19. 1 young person declined assessment and then DNA next appointment
Bedfordshire looked After Children Assessments	Ongoing	Review Health Assessments – 53% against a target of 95%	The 7 not completed within timeframe include 3x contact offered in timeframe but DNA (now rebooked), 1 x decline (within timeframe) but now rebooked, 1 x no access and 1x awaiting HV to confirm completion
Improving picture regarding looked after children assessments and Commissioner thanked the service at the April contract meeting for this improvement			



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

Service	No of months KPI red rated	Actual versus required performance	Mitigations in place
Cambs HCP Ante-natal review	6+	28%/50% NB actual is 36% with exceptions	<ul style="list-style-type: none"> <li>- Electronic notification process being established across 4 midwifery units</li> <li>- Embedding of monthly face to face HV/Midwife meeting to discuss vulnerable pregnant women</li> <li>- Triaging of ante natal contacts to include targeted and primps on the first instance then then agree a trajectory to include all woman universally</li> <li>- Trajectory of how this KPI is going to be achieved will be articulated by end of June 2019 and reported to the next Board</li> </ul>
Cambs HCP 12 month review by 12 months	2	58%/100% NB target 90% with exceptions	There was an issue when the system one waiting lists were merged that some children did not appears on the waiting list. This has now been rectified and should see an improvement in performance
Cambs HCP 12 month review by 15 months	6+	85%/100% NB target 95% with exceptions	There was an issue when the system one waiting lists were merged that some children did not appears on the waiting list. This has now been rectified and should see an improvement in performance
Cambs HCP 2 yr review	6+	63%/100% NB target 95% with exceptions	Process of planning this work has been reviewed. South locality in particular has had some difficulties. Universal clinic based appointments have been implemented and additional Saturday morning clinics have been utilised on a short term bases
Norfolk HCP Ante-natal contact	2	75%/85%	The capacity modelling exercise underway in JON is identifying efficiencies for administration processes within Just One Number and the acute trusts once implemented will start to see improvements in achieving 28 day target
Norfolk HCP New birth visit	3	61%/90%	<ul style="list-style-type: none"> <li>- The number of new births being seen within the 14 day timescale has declined further.</li> <li>- The senior leadership team and clinical lead have reviewed the current process and will be making some changes to the administration process within Just One Number and Localities from the 1st July.</li> <li>- Learning from numbers of re arranged visits by parents - contact to be piloted through phone calls to</li> </ul>



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			arrange calls - choice for parents over consistent HV or any HV
Norfolk HCP 6-8 week assessment	6+	80%/92%	- For Localities in stage 2 BCP for the 6-8 week check, means some contacts are in clinics, which will affect the timeliness of the appointment offered. - The 6-8 week checks are booked in with the same practitioner where possible and this can sometimes mean they are completed out of KPI timescales.
Norfolk HCP 6-8 week partially breast fed	4	43.4%/49.5%	- Analytics from recent Social media campaign and it would appear to have increased breast feeding figures especially within the East and West Locality. - Internally a pilot is planned for the East locality to introduce a 3-4 day phone call to offer early breast feeding advice and intervention as needed.
Norfolk HCP Healthy Start Vouchers	6+	50%/90%	Continue to promote through Facebook campaigns and JON, including a food poverty page, also to be included within QR code cards for pharmacies as additional promotion/targeting.
Norfolk HCP Maternal Mood 6-8 weeks	3	80%/90%	City, West and Breckland are in Stage 1 BCP. East are Stage 2 BCP therefore BCP letters are being sent. Maternal mood review to be first self-service function trialled on Just One Norfolk.
Norfolk HCP Maternal Mood 9/12 weeks	6+	80%/90%	City, West and Breckland are in Stage 1 BCP. East are Stage 2 BCP therefore BCP letters are being sent. Maternal mood review to be first self-service function trialled on Just One Norfolk.
Norfolk HCP 1 year review	6+	74%/90%	City, West and Breckland are in Stage 1 BCP. East are Stage 2 BCP therefore BCP letters are being sent
Norfolk HCP 2.5 year review with ASQ	6+	75%/90%	Senior leadership team are looking at the 2 year review and identifying the deliverables, thinking about the DNA/Decline rates and how we can offer the review in a different way through service redesign.

7.3 The following emerging issues/risks are escalated from the Ambulatory Clinical Operational Board and Bedfordshire and Luton Clinical Operational Board for noting by the Trust Board:

7.3.1 Four of the public health contracts within iCASH are overspending at month 1 and this is being addressed with commissioners. Although this is not sufficient to trigger formal escalation to the Board, it is an emerging issue for the Service and important for the Board to be sighted on.



## Be a Sustainable Organisation

7.3.2 Bedfordshire Children's Service has a significant transformation plan to deliver this year in line with our bid and this could lead to the service being unable to meet its incentivised outcomes. A programme manager is currently being recruited to oversee the service redesign.

### **C: Assurance Summary**

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.
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.
3. There is currently year to date overspends mainly in Ambulatory Services due to funding and activity pressures. The Trust is in discussions with commissioners to address immediate measures to address this overspending position and a range of proposals to improve the future outturn position. It is not at a level requiring escalation to the Board. However, if this continues it will impact overall financial performance for the year. This is therefore reflected in impressionistic heat map the direction of travel for achieving the Trust's objective of being a Sustainable Organisation.

# Appendices

### CCS NHS Trust Quality Performance Dashboard

			Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19		
Standard/Indicator	Description	Contact	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	Sparkline							
<b>SAFETY</b>																
<b>Patient safety</b>																
Classic safety thermometer	% Harm free care	H Ruddy	92.50%	93.88%	93.88%	N/A	80.00%	89.02%	100.00%	93.65%	92.22%	94.16%	96.27%	94.16%		
	% New harm free care		97.50%	97.96%	98.98%	N/A	86.67%	97.56%	100.00%	97.62%	98.89%	99.27%	100.00%	96.75%		
<b>Incidents</b>																
Total number of new Datix incidents reported in month	New patient safety incidents including SIs, Never Events and medication incidents	L Ward											135	176		
	Severe harm												0	0		
	Moderate harm												8	13		
	Low harm												28	29		
	No harm												99	134		
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	1	0	0	1	0	0	2	0	1	0	0		
Number of never events	Number of never events reported in month		0	1	0	0	0	1	1	0	0	0	0	0		
Medicines Management	Number of medication incidents reported (CCS)	A Darvill	10	15	11	10	11	28	13	12	13	5	13	12		
	% CCS medication incidents no harm		100%	93%	100%	100.00%	100%	100%	100%	100%	100%	100%	100%	92%	92%	
<b>Infection Prevention &amp; Control</b>																
High Impact Interventions	Children's Community Nursing Teams only	C Sharp														
Essential Steps	Compliance with spread of infection indicator		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.80%	100.00%	100.00%	100.00%	100.00%		
UV light compliance	All clinical teams - data pending												N/A	N/A		
<b>EFFECTIVENESS</b>																
<b>Mandatory training</b>																
Overall mandatory training	In line with Trust Training Needs Analysis	J Michael	96%	93%	94%	93%	94%	95%	94%	94%	95%	95%	96%	94%		
Safeguarding training (Children)	Level 1: % staff trained		99%	98%	99%	98%	99%	98%	98%	98%	99%	99%	99%	99%	97%	
	Level 2: % staff trained		98%	97%	98%	98%	99%	99%	98%	98%	99%	98%	98%	98%	95%	
	Level 3: % staff trained		92%	90%	92%	92%	93%	98%	96%	94%	94%	92%	93%	89%		
	Level 4: % staff trained		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Safeguarding training (adults)	SOVA		96%	91%	93%	93%	94%	94%	94%	94%	95%	95%	96%	96%	95%	
	Mental Capacity Act		95%	86%	89%	89%	91%	92%	91%	93%	95%	94%	96%	94%		
	Deprivation of Liberty		92%	84%	86%	87%	93%	94%	90%	94%	91%	93%	97%	97%		
Prevent Basic Awareness	% of staff undertaking Prevent training														99%	
WRAP3	% of staff undertaking WRAP training														89%	
Manual handling	% of staff undertaking manual handling (patients)		92%	89%	87%	87%	86%	90%	84%	81%	82%	87%	88%	86%		
Fire safety	% of staff undertaking fire safety training		95%	92%	93%	92%	93%	93%	92%	93%	93%	95%	96%	93%		
CPR/Resus	% of staff undertaking CPR/Resus training		93%	89%	90%	90%	88%	90%	89%	89%	90%	90%	92%	88%		
iPaC training	% of staff undertaking iPaC training		98%	97%	97%	97%	98%	98%	97%	97%	98%	98%	98%	96%		
Information governance	% of staff undertaking IG training		94%	91%	93%	91%	93%	92%	92%	94%	95%	96%	96%	93%		
<b>Safeguarding</b>																
Safeguarding supervisions (Children)	% eligible staff	C Halls	97%	95%	91%	93%	89%	91%	93%	94%	89%	94%	90%	93%		
<b>Workforce/HR</b>																
Sickness	Monthly sickness absence rate	R Moody	5.10%	5.22%	5.12%	5.20%	5.54%	5.10%	5.16%	5.98%	5.75%	4.82%	4.57%	4.76%		
	Short-term sickness absence rate		2.09%	2.31%	1.85%	2.03%	2.46%	2.46%	2.20%	2.88%	2.62%	2.31%	2.22%	1.92%		
	Long-term sickness absence rate		3.01%	2.91%	3.28%	3.17%	3.07%	2.63%	2.95%	3.10%	3.13%	2.51%	2.35%	2.84%		
	Rolling cumulative sickness absence rate		4.93%	4.99%	5.10%	5.16%	5.24%	5.26%	5.20%	5.20%	5.25%	5.19%	5.06%	5.07%		
Turnover	Rolling year turnover	12.88%	12.87%	13.05%	12.27%	13.84%	14.16%	13.85%	13.29%	13.64%	13.63%	14%	14%			
Bank staff spend	Bank staff spend as % of pay (financial YTD)	1.37%	1.35%	1.36%	1.34%	2.34%	1.92%	2.27%	2.54%	1.52%	1.64%	0.20%	0.20%			
Agency staff spend	Agency staff spend as % of pay (financial YTD)	2.04%	2.28%	2.28%	2.32%	2.73%	2.67%	3.79%	4.29%	2.57%	3.13%	4.29%	8.03%			
Stability	% of employees over one year which remains constant	84.26%	84.56%	84.13%	86.92%	86.32%	86.33%	86.03%	85.90%	85.27%	85.71%	88.24%	88.13%			
Appraisals	% of staff with appraisals	89.53%	90.28%	92%	91.70%	90.66%	90.54%	90.71%	92.64%	90.89%	92.85%	94.37%	94.20%			
Staff Friends & Family test	Recommending CCS as place for treatment - Quarterly reporting	P Davies/ L Thomas	90.93%			88.58%			Not available in Q3			92.22%				
	Recommending CCS as place to work - Quarterly reporting		78.40%			75.13%						74.45%				
<b>EXPERIENCE</b>																
<b>Patient experience (monthly targets)</b>																
Complaints	Number of formal complaints received in month	D McNeill	8	10	8	3	8	17	8	13	7	13	8	7		
	Standard complaints - of responses sent in month, no. of complaints responded to within 25 days		6/6	3/3	7/7	6/6	3/3	9/9	9/9	9/9	3/3	5/6	8/8	4/5		
	Standard complaints - percentage responded to within 25 days		100%	100%	100%	100%	100%	100%	100%	100%	100%	83.30%	100%	80.00%		
	Complex complaints - of responses sent in month, no. of complaints responded to within 30 days		4/4	3/3	0/0	0/0	0/0	1/1	1/1	0/0	2/2	3/3	2/2	1/1		
Concerns	Number of concerns received in month		25	36	32	36	35	32	27	48	49	32	14	16		
Friends & Family test score	Patients who would recommend our services		96.93%	94.15%	95.97%	95.28%	96.31%	96.47%	96.58%	95.58%	96.29%	96.49%	96.17%	96.78%		
	Number of patients surveyed		2801	4464	2729	3138	2599	2722	1756	3122	3319	2619	2196	2889		
<b>QEWT (Quality Early Warning Trigger Tool)</b>																
QEWT	Number of responses received by scoring threshold	25+	0	0	0	0	0	0	0	0	0	0	0	0		
		16-24	5	7	7	3	5	8	9	4	9	10	10	8		
		10-15	23	26	28	26	24	20	17	19	14	12	14	14		
	Number of two consecutive non-responses	0-9	57	59	55	60	50	59	61	71	73	73	67	70		
		Number of single non-responses	1	0	0	0	6	5	3	0	0	0	0	0		
		Total number of responses received	3	7	5	9	14	4	6	2	0	1	2	1		
Total number of Teams		85	92	90	89	79	87	87	94	96	95	91	92			
		89	97	95	98	99	96	96	96	96	96	93	93			
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	2018/19												2019/20		2019/20 year end forecast
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
Cambridgeshire and Peterborough CCG	GREEN	16	16	16	16	16	16	16	16	16	16	16	15	15	15	15
	RED	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	94%	94%
Cambridgeshire County Council (iCaSH)	GREEN	4	4	4	2	3	4	4	4	3	4	3	3	3	3	3
	RED	1	1	1	3	2	1	1	1	2	1	2	2	2	2	2
	% GREEN	80%	80%	80%	40%	60%	80%	80%	80%	60%	80%	60%	60%	60%	60%	60%
Cambridgeshire County Council (Healthy Child Programme)	GREEN	5	4	5	8	9	8	10	10	10	9	10	10	8	8	9
	RED	6	7	6	3	2	3	1	1	1	2	1	1	3	3	2
	% GREEN	45%	36%	45%	73%	82%	73%	91%	91%	91%	82%	91%	91%	73%	73%	82%
Peterborough City Council (iCaSH, also included in quarterly results table)	GREEN	16	15	15	16	15	15	15	15	15	15	14	14	14	14	14
	RED	5	6	1	1	2	2	2	2	2	2	3	3	3	3	3
	% GREEN	76%	71%	94%	94%	88%	88%	88%	88%	88%	88%	82%	82%	82%	82%	82%
NHS England (Community Dental Service)	GREEN	5	5	5	5	5	5	5	5	5	4	5	5	5	5	5
	RED	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%
Luton CCG (Luton CHS)	GREEN	34	37	38	34	33	36	35	34	36	33	34	39	40	40	40
	RED	9	6	8	8	9	12	8	9	10	10	11	9	11	11	11
	% GREEN	79%	86%	83%	81%	79%	75%	81%	79%	78%	77%	76%	81%	78%	78%	78%
Luton CCG (new ambulatory services transferred from EPUT)	GREEN	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22
	RED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Suffolk County Council (iCaSH)	GREEN	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	RED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Norfolk County Council (iCaSH)	GREEN	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	RED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Norfolk County Council (Health Child Programme)	GREEN	22	22	21	21	21	21	18	18	18	17	15	13	13	13	13
	RED	5	5	6	6	6	6	6	6	6	7	9	11	11	11	11
	% GREEN	81%	81%	78%	78%	78%	78%	75%	75%	75%	71%	63%	54%	54%	54%	54%
Bedfordshire LAs (iCaSH)	GREEN	24	25	26	25	28	24	25	27	27	27	27	27	27	27	27
	RED	5	4	5	6	3	7	6	4	4	4	4	4	4	4	4
	% GREEN	83%	86%	84%	81%	90%	77%	81%	87%	87%	87%	87%	87%	87%	87%	87%
Bedfordshire LAs (Healthy Child Programme and oral health promotion)	GREEN						13	14	14	14	14	14	14	14	14	14
	RED						7	6	6	6	6	6	6	6	6	6
	% GREEN						65%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Bedfordshire CCG (ambulatory services)	GREEN						3	3	4	4	4	4	4	4	4	4
	RED						0	0	0	0	0	0	0	0	0	0
	% GREEN						100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Bedfordshire CCG (children's Services)	GREEN						13	13	11	11	11	11	11	11	11	13
	RED						3	3	3	3	3	3	3	3	3	3
	% GREEN						81%	81%	79%	79%	79%	79%	79%	79%	79%	81%
TRUSTWIDE	GREEN	157	159	161	158	161	189	189	189	190	185	184	186	185	185	188
	RED	31	29	27	27	24	41	33	32	34	36	39	40	44	44	43
	% GREEN	84%	85%	86%	85%	87%	82%	85%	86%	85%	84%	83%	82%	81%	81%	81%

## 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.

<b>Strong</b>	<b>Medium</b>	<b>Low</b>
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.

<b>Domain</b>	<b>Assurance being sought</b>	<b>Substantial Assurance</b>	<b>Reasonable Assurance</b>	<b>Partial Assurance</b>	<b>No Assurance</b>
Safe	What is the overall impact on patient safety of service delivery and medicines management? To what extent has the Trust implemented changes following	<ul style="list-style-type: none"> <li>- incidents are at or below mean and action taken to minimise risk of reoccurrence</li> <li>- any impact of SIs on patients is low (minimal harm) or moderate (short term harm)</li> <li>- implementation of lessons learnt is</li> </ul>	<ul style="list-style-type: none"> <li>- increase in incidents but below upper control total and action plans are in place and action taken to minimise risk of reoccurrence</li> <li>-adequate progress on action plans for previously reported incidents/Never Events</li> </ul>	<ul style="list-style-type: none"> <li>- Never Event occurred</li> <li>- SI occurred in a service that has a severe impact on patient and evidence of action plans being implemented</li> <li>- increase in incidents above upper control total with action plans in place</li> <li>-staffing pressures</li> </ul>	<ul style="list-style-type: none"> <li>- Never Event occurred in two or more services</li> <li>- 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</li> </ul>

### Appendix 3

	patient safety incidents and shared learning?	evidenced - staffing pressures are adequately controlled with minimal impact on service delivery -no healthcare acquired infections reported where care provided within control of the Trust -staff flu vaccination at or above plan	-staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures -staff flu vaccination below plan but at same level or improved on last year	resulting in reduced service delivery and no commissioner agreed plan or 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	- Never Event or SI occurred in previous reporting period and no or partial action plans 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	- 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	- 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	- 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

**Appendix 3**

		higher than the NHS England rate for Community Trusts -stability figures at or above target levels	above target levels across 90% of services and remaining services are no more than 5% below target -rolling sickness within control total but show an increase for last 6 months -stability figures within control total but show a decrease for last 6 months	above target levels across 80 % of services and no more than 2 services are more than 5% below target -rolling sickness above upper control total for both months reported - stability figures below lower control total for both months reported	Trust and 3 or more services are more than 5% below target -rolling sickness outside upper 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 relevant 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 meets the 18 week referral to treatment target although some relevant services are below compliance - one complaint responded to outside of time frame but by no more than 5 days and there is evidence of	- the Trust average for relevant services is up to 1 % below 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	- the Trust average for relevant services in more than 1 % below 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

**Appendix 3**

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