

TRUST BOARD

Title:	Integrated Governance Report
Action:	For DISCUSSION
Meeting:	20th May 2020

Purpose:

The end of Quarter 4 was dominated by the global Covid-19 pandemic and this has brought major changes to the Trust performance. Non-essential services were suspended in line with the national guidance. This report and Clinical Operational Boards integrated reports operates in line with the new way of working during Covid-19.

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

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

Executive Summary:

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

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

Recommendation:

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

Supporting Information:

Appendix 1: Quality Dashboard

Appendix 2: Contractual Performance by Commissioner

Appendix 3: Details of Strategic risks and high operational risks

Appendix 4: Assurance Framework

Appendix 5: Key for statistical process control charts

	Name	Title
Author and Executive sponsor	Mercy Kusotera	Assistant Director of Corporate Governance
	Julia Curtis	Chief Nurse
	Anita Pisani	Deputy Chief Executive
	Mark Robbins	Director of Finance & Resources
	David Vickers	Medical Director

CONTENTS

Page No.

Part One – Assurance Summary and Performance for February and March 2020

Outstanding Care	1
Excellent Employer	19
Collaborate with other Organisations	27
Sustainable Organisation	39

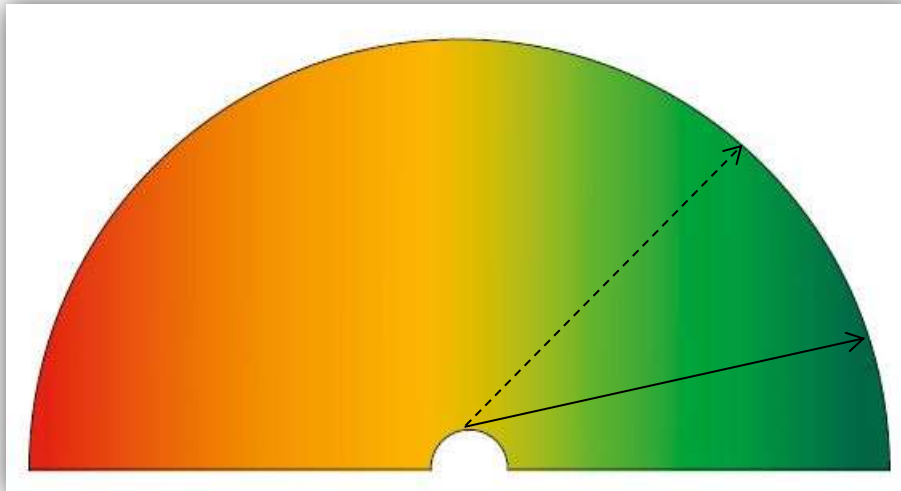
Part Two – Supporting Information

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



Provide outstanding care

A: Assurance Summary



Safe	<ul style="list-style-type: none">No Serious Incidents or Never Events reported in periodNo healthcare acquired infectionsStaffing position improved from March due to covid 19 - reprioritisation of Essential Services as per national direction	Substantial
Caring	<ul style="list-style-type: none">Outstanding care – patient storyFFT 95.53% (target 90%)Number of informal and formal complaints within expected variance	Substantial
Effective	<ul style="list-style-type: none">Mandatory training above target for March (94%)Formal Safeguarding supervision paused with ad hoc surgeries in placeLimited level 3 training available for this period (needs to be face to face)	Reasonable
Responsive	<ul style="list-style-type: none">Complaints response time 89.5% (target 100%) but within reporting periodConsultant-led referral to treatment time above 92% target in all services except Bedfordshire & Luton Community Paediatrics and Luton Enuresis service	Reasonable

1. In addition to the overview and analysis of performance for February 2020 and March 2020, the Board can take assurance from the following sources:

- During this Covid 19 pandemic period, a number of processes have been put in place to underpin comprehensive management of the risks and issues associated with delivery of clinical services. These include establishing an Incident Control Centre, Incident Management Team, daily sit reps from all services including staffing, PPE, risks and incidents. The staffing section is reported in the 'Excellent Employer' objective.
- Our Care Quality Commission (CQC) inspection rating 'Outstanding' overall remains in place from August 2019 with 'Outstanding' within the caring and well-



Provide outstanding care

led domains. Areas for improvement were identified and progress reported to each Clinical Operational Board in March 2020.

- Successful delivery of the Quality strategy implementation plan. The activities in each of the four priorities support assurance for this objective
- Our well established Quality Impact Assessment (QIA) methodology that underpins our service redesign, Quality Improvement and Cost Improvement Programmes is being extended to cover changes implemented due to the current pandemic. This involves Medical Director, Chief Nurse and Finance Director sign off following assessment by Service Directors. This process is an important step in ensuring that changes we make to all aspects of clinical care, service delivery or support systems have the risks and potential impact with the proposed change considered prior to agreement that the change can go ahead.
- There are three components to the assessment of impact including Quality, Equality and Privacy. The overarching Quality Impact Assessment asks questions about the impact on the following areas: safety, Infection Prevention & Control, preventing harm, patient experience, patient choice and access to services, evidence based care, clinical outcomes, workforce & clinical leadership amongst others. A summary of the reviews of the of impact of QIAs from the Cost Improvement Programme 2019/20 would have been due to the Board in May however, due to the Covid 19 pandemic situation this will be scheduled for July.
- All Essential services have been maintained in line with the national directive to re prioritise Community Services throughout this period.
- Assurance is also taken from previously reported sources that is; March 2020 Board Integrated Governance report and Quality Improvement and Safety Committee updates.
- To further strengthen assurance on decisions to stop or change the nature of service provision as a consequence COVID-19 pandemic we have developed an impact assessment framework which we will discuss with the Board at the board meeting.

1.2 Based on assurance, risks and performance for the reporting period February 2020 and March 2020, the direction of travel for achieving the strategic objective of providing outstanding care has improved.

1.3 The following Key Lines of Enquiry apply to this Strategic Objective and the Board can take the following levels of assurance (as outlined in the underpinning Assurance Framework):

Safe – Substantial assurance

This has moved from reasonable assurance and is due to the improved staffing position overall since the reprioritisation of our services in line with the national directive (reported in the Excellent Employer objective) and the absence of Serious incidents and reported Health Care Acquired Infections.

Caring – Substantial assurance continues due to the Trust wide CQC rating of Outstanding for this Key Line of Enquiry along with 95.53% satisfaction



Provide outstanding care

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

Effective – Reasonable assurance due to the suspension of routine safeguarding supervision, limited level 3 safeguarding training available through this period (a number of elements of mandatory training were suspended on 12th March to enable staff to focus on delivery of essential services).

Responsive – Reasonable assurance maintained due to 89.5% of complaints responded to on time (17/19). Community Paediatrics (Bedfordshire and Luton) and Luton Enuresis service did not meet the 18 week RTT target.

B: Measures for Achieving Objective - 2019/20 measures

Measure	19/20 Target	Data source	Reporting frequency	End of year position
Care quality standards	Outstanding	Formal assessment	Annual	Achieved
Patients / carers satisfied with care provided	90%	FFT	Monthly	Achieved (95.53%)
Staff recommend the Trust as a place to work or receive treatment	Above national average	NHS Annual Staff Survey	Annual	Achieved

C: Risks to achieving objective Strategic risks

1. **Risk ID 3163** – There a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.(Risk Rating 12)
2. **Risk ID 3164** – There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges.(Risk Rating 8)
3. **Risk ID 3165** – There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.(Risk Rating 8)
4. **Risk ID 3166** - 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 8)
5. **Risk ID 3179** – There is a risk that staff could be inappropriately protected from the Covid 19 virus at work due to fluctuating stock levels of Personal Protective Equipment. (Risk Rating 12)
6. **Risk ID 3194** - There is a risk that staff may refuse to undertake certain elements of clinical care or visit particular patients/care settings due to increased anxiety around what is appropriate PPE. (Risk Rating 12)
7. **Risk ID 3190** - There is a risk that health outcomes for service users, patients, children and young people might be negatively impacted by the national requirement to reprioritise our service offer for a number of services identified



Provide outstanding care

as 'non- essential'. There are a number of related risks identified at service level that underpin this trust wide risk.(Risk Rating 16)

Operational risks 15 and above

1. **Risk ID 3192** – *There is a risk that the Trust will not have sufficient ICT provision to be able to respond to the demand during Covid-19. (Risk Rating 16)*

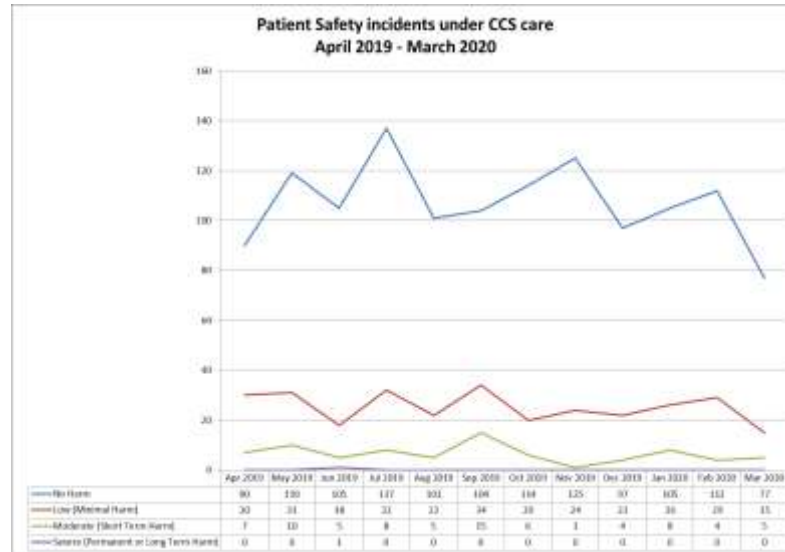
D: Overview and analysis (including information from the Quality Dashboard Appendix 1)

1. Patient safety incidents

- 1.1 The Incident Management Team has oversight of safety Incidents relating to services provided throughout the Covid 19 pandemic period through the Situation Reports from all services with a weekly trend summary.
- 1.2 There has been an overall decrease in general incident reporting since the beginning of April when Community services were reprioritised in line with the national directive. This led to a planned decrease in face to face contacts with patients and families on a risk based approach and Staff have been reminded to continue to report as appropriate.
- 1.3 No Serious Incidents were reported in February, March or April.
- 1.4 Three internal Root Cause Analysis (RCA) investigations were initiated in February March involving the following:
 - iCaSH Cambs – A no harm medication error relating to Pharmacy issue. Commencement of a single pharmacy provider across the Trust from April 2020 has minimised the risk of this incident reoccurring.
 - Luton Children & Young People services–Potential missed opportunities to provide holistic care for a six year old child who died (cause unknown) who was known to a number of our services.
 - Cambs Children & Young People's services –Misfiling of documentation from Multi Agency Safeguarding Hub discussions
- 1.5 The chart below highlights those patient safety incidents that occurred under our care during the two month period totalled 242 of which 78% involved no harm, 18% low harm, 4% moderate harm. In total there were 9 moderate harm incidents (all pressure ulcers reported by Luton Adult Services). These incidents are undergoing scrutiny from the Tissue Viability Nursing Team and any learning shared via the local Quality and Risk Group with escalation as necessary.



Provide outstanding care



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

2.1 In line with changes made by NHSE/I Patient Safety Measurement Unit, released in April 2020, all data collection for the 'classic' Safety Thermometer and the 'next generation' Safety Thermometers has ceased from March 2020. Plans for nationally produced replacement data to support improvement drawn from routinely collected sources will be provided by NHS England and NHS Improvement Patient Safety Measurement Unit. This is in recognition that there are routinely collected data sets that can be used. Further guidance is anticipated and these measures will be included in future board reports when the data is available.

2.2 The overall harm free result has increased from 82.1% in January to 87.5% in March which included a larger sample size to previous months and an increased number of grade 2 pressure ulcers not related to our care provision.

2.3 The new harm free care metric is more indicative of the care directly provided by our staff and compliance was at 100% for February and fractionally below the trust target at 98.21% for March.

3. **Safeguarding**

3.1 A summary of safeguarding controls and assurance was taken to the Clinical Operational Boards in May. Key points to note:

- A safeguarding function business continuity plan was invoked at the beginning of the pandemic and is being used to support the delivery of the safeguarding service across the Trust.
- Continued engagement with interim processes put in place by Local Safeguarding Boards and with local safeguarding networks



Provide outstanding care

- Safeguarding risk management systems and processes remain in place
- Oversight of activity (i.e. Multi Agency Safeguarding Hub referrals) and incidents
- Continuation where possible of levels 1 & 2 training and development of virtual delivery of reflective/learning discussions to meet level 3 requirements.
- Suspension of routine caseload supervision replaced with ad hoc surgeries and enhanced support and guidance.
- Briefing papers around the learning from SCRs and SIs in each locality are being produced by the Heads of Safeguarding and Named Professionals for dissemination across services.
- Action learning sets are also being explored as a virtual learning platform for teams during and after the pandemic.

3.2 As previously reported, we are currently contributing to 13 Child Safeguarding Practice Reviews (previously known as Serious Case Reviews) and two Multi Agency Reviews (children) across Children's services. There are 3 historic Safeguarding Adult Reviews yet to be concluded in Cambridgeshire and one in Luton. Actions are monitored and learning shared from these reviews at locality safeguarding groups.

4. Infection prevention and control

4.1 We are following all national guidance relating to preparing for, and managing the current Covid-19 outbreak. This work is being led by our Emergency Preparedness and Resilience Accountable Officer (Director of Governance) and Medical Director.
The Board can be assured that no member of staff has been asked to undertake clinical care without appropriate Personal Protective Equipment.

4.2 Assurance that the following controls are in place was given to each of the Clinical Operational Boards in May:

- Risk management – 2 x trust wide risks rated at 12 regarding Personal Protective Equipment (supply and staff anxiety have been recorded and are monitored through the Incident Management Team on a weekly basis with daily escalations if required. Further oversight is provided by the Executive Team through their risk review cycle.
- We are fully engaged with Local Resilience Partnership response arrangements for Bedford Luton & Milton Keynes and Cambridgeshire & Peterborough with links as required to Norfolk/Suffolk. This includes escalation of IP&C issues if required. Mutual aid regarding PPE is requested and actioned through these channels. This has included requests by NHS acute Trusts and other organisations such as Hospices along with carers and care homes.
- Trust wide management of Personal Protective Equipment (supply and staff information/guidance)



Provide outstanding care

- IPC team meeting twice weekly (includes Chief Nurse, Medical Director, Deputy Chief Nurse, IP&C Matron with additional support at this time from the School Immunisation service Lead)
 - Initial daily trust wide Incident Management Team meetings with situation report that includes PPE stock and incidents (reduced to 3 x week as of 28th April)
 - Incident Control Room process in place x 7 days a week
 - Training –staff reminded to continue with on line IP&C training and communication to staff re Skills for Health on line module covering awareness of recognition and prevention of spread of Covid 19.
 - Ad hoc advice from our contracted Microbiologist when required
 - Directorate all staff Q&A sessions with Medical Director, Chief Nurse, Deputy Chief Exec, Assistant Director IMT and Head of Communications – also joined by Chair/ Non-Executive Directors
 - Specific ad hoc IPC calls with staff to address issues and concerns.
 - Swabbing of symptomatic staff and those self-isolating with symptomatic family members to determine whether they can safely return to work continues.
 - We have established a Clinical Ethical Consideration group to advise re any ethical issues relating to the pandemic – the initial session included debate re appropriate PPE for resuscitation scenarios. The Trust's decision is to complying With the Public Health England guidance and the underpinning rationale has been logged through the incident Management Team.
- 4.4 We continue to provide staff to the Covid 19 drive through swabbing stations and have participated in an NHSE/I national rapid improvement project to better understand the prevalence of COVID -19 amongst asymptomatic staff and patients
- 4.5 There were no confirmed bacteraemia cases of MRSA, Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during February and March 2020. We have not been notified of any positive cases of C.difficile during this period.

5. Patient Experience

5.1. The Patient Story

- 5.1.1. Patient story is from the Bedfordshire Baby Friendly team and a mum will join us remotely through video link to share her experience of their support.



Provide outstanding care

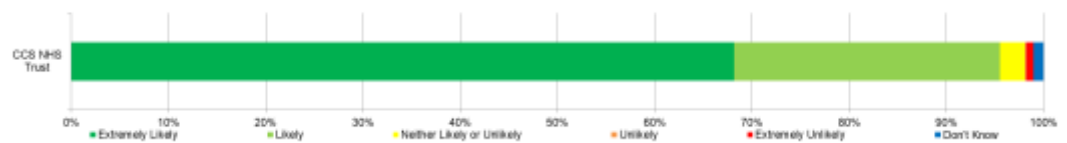
5.2 Friends and Family Test (FFT)

5.2.1 Due to Covid-19 pandemic and in line with national guidance the trust stopped using paper feedback forms and shared tablet devices and is only supporting using online completion methods. We continue to support service users in providing feedback through the FFT and via our Patient Advice & Liaison Service.

5.2.2 We received 2576 responses in February and 1661 in March to the FFT question.

5.2.3 The overall Trust FFT recommendation score remained high at 95.53%, with a 0.90% not recommend score. The recommend score was slightly lower than the previous two month period, the not recommend was also slightly lower. We remain above the Trust target of a 90% recommendation score.

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



5.2.5 In February and March the services we provide received 3745 positive comments on surveys and feedback forms used across the Trust.

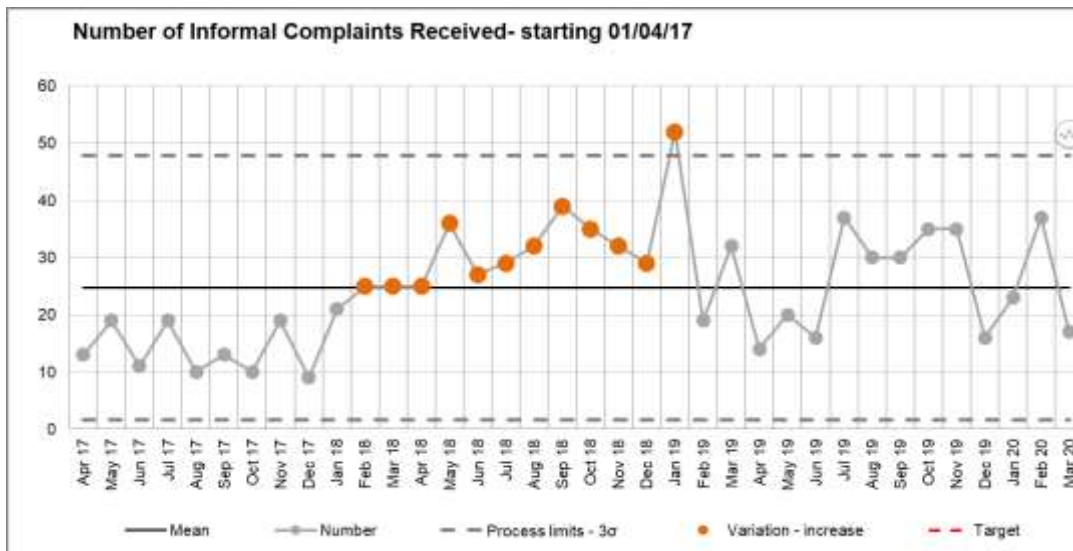
5.2.6 In total, there were 5090 comments received and coded by the automated system for sentiment: 73.6% were positive, 17.1% neutral and 9.3% negative.

5.3 Informal complaints received

5.3.1 The total number of informal complaints received and logged was 54 in this data period(within our expected variance); as shown in the chart below.



Provide outstanding care



NB logging of all informal complaints started from January 2018.

5.4 Themes and learning from informal complaints closed in February and March 2020

5.4.1 During February and March 2020 our services, with the support of the Patient Experience Team, were able to resolve and close 65 informal complaints. These were resolved locally through local resolution and enabled services to work with service users/patients in a more timely way to their concerns raised.

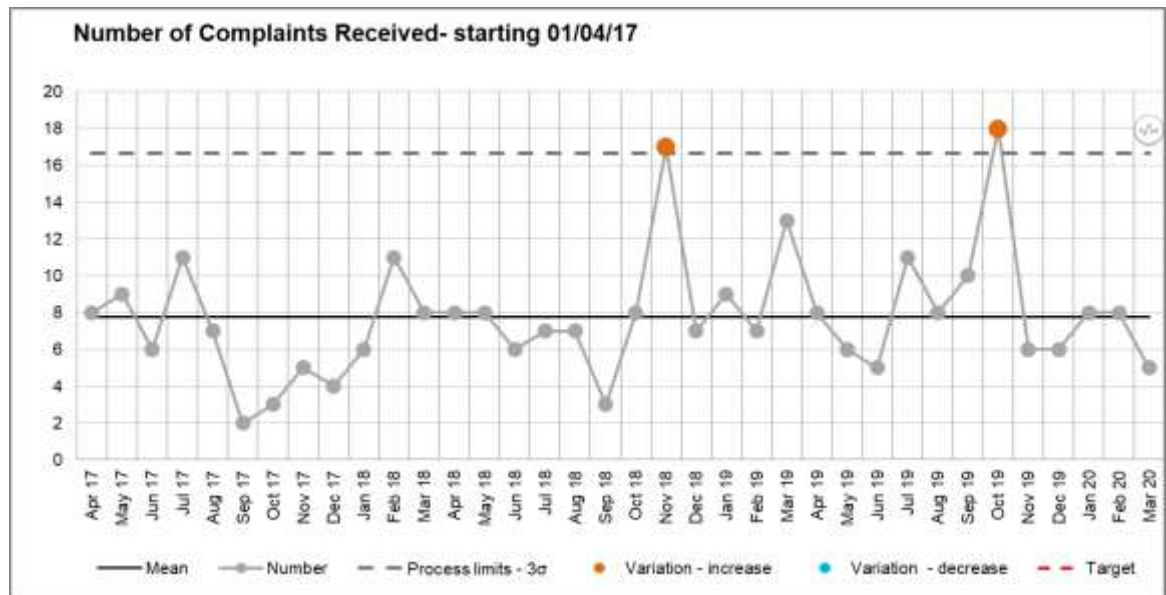
5.4.2 The top two themes of the informal complaints closed within this period, were Administration (23) and Communication and Information (17). Both were also the top themes in the previous four months. Of those concerning Administration, six were about iCaSH services in Norfolk and four iCaSH Cambridgeshire. These mostly related to different ways of delivering the service and service users were unable to book appointments. Support is being given to staff with training around holding difficult conversations.

5.5 Formal Complaints

5.5.1 The Trust received 13 formal complaints in this data period (eight in February and five in March). In both months the numbers received were within the normal range of variation.



Provide outstanding care



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.

5.6 Themes and learning from formal complaints closed in February and March 2020

5.6.1 Within this data period we responded to and closed 21 formal complaints, from these 22 subjects were identified.

5.6.2 The top two subjects were Delays (9) and Communication / Information (6).

5.6.3 Learning and actions taken from complaints about delays has included:

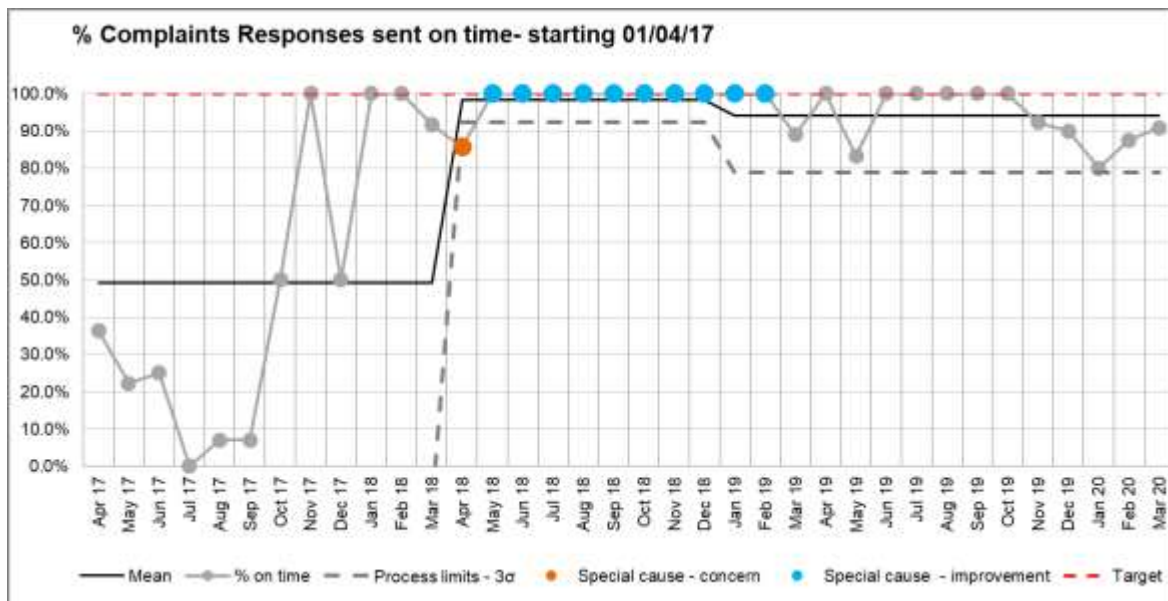
- The Dental Reception Teams have been reminded about cancelling patient appointments appropriately and ensuring the reasons for cancellation are noted in the patient's clinical records.
- The importance of Dental Surgeons explaining the nature of the service at the start of treatment, and communicating to patients, as appropriate, that they will be discharged after their treatment is complete to manage expectations about services provided.
- Ensuring that MSK use the correct letter templates for appointments to ensure mistakes are not made about appointment requirements.
- The Paediatric Occupational Therapy Service is working with the Trust's co-production team around future service provision. It has been identified that priority should be around a multi-disciplinary team (MDT) pathway for children with sensory processing issues.

5.7 Complaint response times

5.7.1 In this data period we responded to 19 formal complaints (eight in February and 11 in March), 17 of the 19 (89.5%) were responded to on time.

5.7.2 The timelines and response process for the two late responses have been reviewed and relate to individual staff issues.

5.7.3 The graph below shows the percentage of responses sent on time from April 2017 – March 2020. The percentage of responses sent within time frame in April and March was below average but within our accepted variation for responses.



6. Access to our services including RTT

6.1 Overall Trust compliance with the consultant-led access to our services exceeded the target of 92% at 94%.

Services that have not met the 92% threshold:
Bedfordshire Community Paediatrics
Luton Enuresis
Luton Community Paediatrics

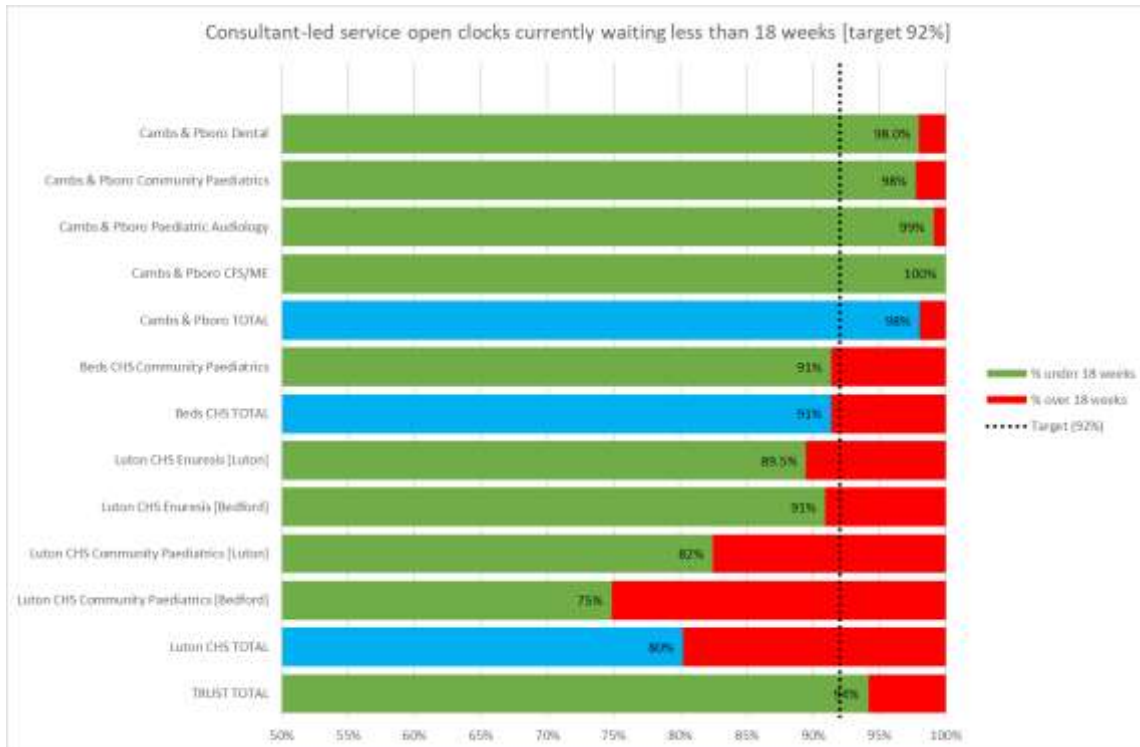
6.2 During the Covid 19 pandemic Child protection medicals, telephone advice to families and initial health assessments continue to be offered as essential services. The RTT waits are currently 22 weeks (Bedfordshire) and 19 weeks (Luton) on average against an 18 week target.

6.3 Bedfordshire service challenges include an increasing volume of accepted referrals, clinical resource diverted to address follow up waits and high demand for community Paediatricians within the current clinical models.



Provide outstanding care

- 6.4 Luton Community Paediatric service has experienced staffing challenges due to sickness, maternity cover and a Medical locum contract ending. Despite these challenges clinical & administrative colleagues within the service have been working very hard to maintain essential elements of the service.
- 6.5 The Luton service has submitted a comprehensive demand and capacity model to commissioners with clinical assumptions and pathways detailing the additional recurrent funding required. A decision on the additional funding is pending when the Covid 19 challenges subside.

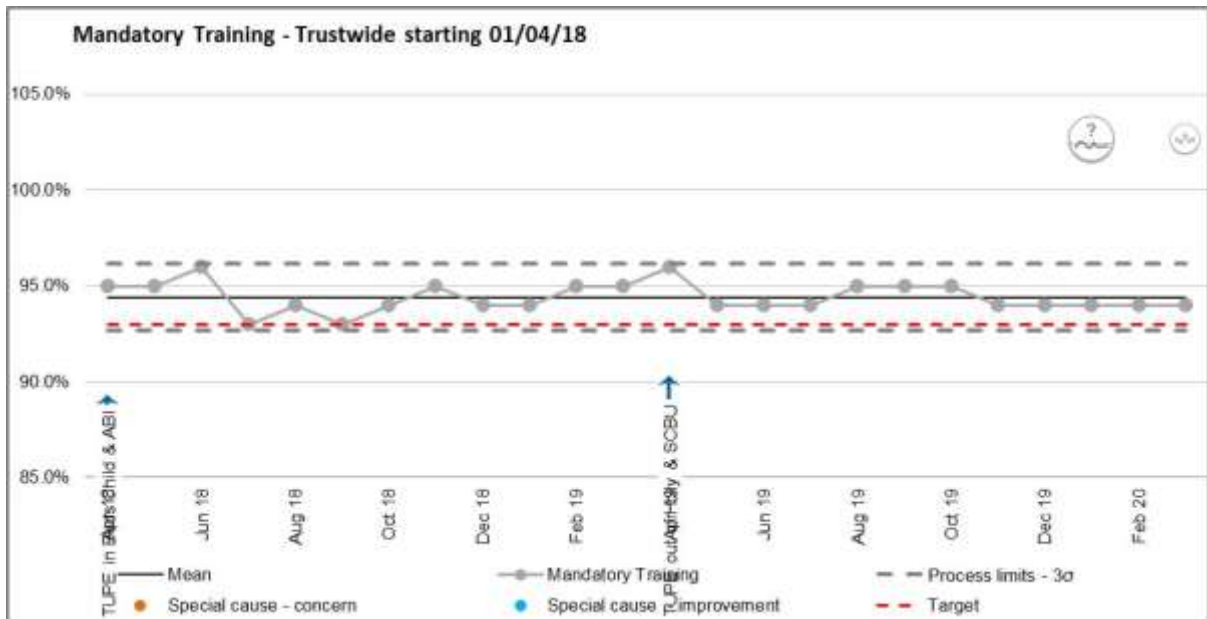


7. Mandatory training

- 7.1 Overall mandatory training compliance remained above Trust target in February (94%) and March (94%) against the Trust target of 93%.
- 7.2 A number of elements of mandatory training were paused at the beginning of the Covid 19 pandemic. Staff were asked to continue with Cardio Pulmonary Resuscitation, Moving & Handling Patients, Infection Prevention & Control and Induction. Other subjects will be reconsidered alongside planning of service delivery during the forthcoming weeks.



Provide outstanding care



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

8.1. Luton Adult Services

- Covid-19 has presented a significant challenge to the whole of adult services. Whilst this has been a challenging period, the service with support from wider trust and systems colleagues has embraced these challenges resulting in a number of significant changes in how the service operates.
- Some of the amazing work and changes that the service has implemented can be viewed through an animation devised in partnership with the trusts communication team by using the following link. <https://www.powtoon.com/c/cvW0q52xNw2/1/m>.
- The service are extremely pleased to share with the board news of the recent nomination that our business intelligence lead Andy Boocock received at the recently held leading healthcare awards with the 'best use of data' category. Andy was highly commended for the risk tool/magic spreadsheet he has developed for the Luton frailty programme which we are all extremely proud.

8.2. Luton Children's Services

- Talking Takes Off (TTO) – Communication and Language Improvement programme. Multi agency workforce universal and enhanced training is almost completed. Sustainability of the programme is being actively discussed.
- Alan Packham (Student Health Visitor) was awarded the Dr Tony Woods' special award for attaining the highest marks in health in the final year at University.



Provide outstanding care

8.3. Bedfordshire 0-19 HCP

- The Baby Friendly Team have been using 'Zoom' digital platform to undertake video assessments with Mothers. This has proved very successful with some positive feedback received via CHIESQ. The 0-19 Team is planning to trial 'Attend Anywhere' digital platform and if successful this will replace some telephone assessments.
- The 0-19 Service were accredited with the UNICEF Baby Friendly Gold Award for high level evidence in Leadership, Organisation Culture, Monitoring of standards and Developing and progressing support for families. The service is proud to be one of the first 0-19 Services in the country to have achieved this and held a celebration event when the Director of UNICEF BFI UK was in attendance to present the Gold award.
- In response to the Covid 19 challenges the 0-19 SPoA moved from being a single service to an access point for the majority of Children's Services in 10 days. Everyone worked together to enable this to happen and demonstrated a high degree of dedication, problem solving and flexibility.
- The 0-19 service have demonstrated an excellent 'can do' attitude and very quickly adapted to a new way of working to ensure all essential services are maintained, balancing the health and wellbeing of service users and staff.

8.4. Luton and Bedfordshire AHP Countrywide Services

- Allied Health Professional Services have volunteered for redeployment roles during the Covid-19 pandemic. Administrative and support staff have displayed excellent skills to be flexible and adaptive to Covid 19 challenges.
- AHP services have moved at pace to develop virtual solutions to deliver clinical care during the Covid-19 pandemic, including the use of video-conferencing.
- The first Transition project group was held in February 2020. A wide range of partners attended and contributed to initial discussions including Bedford Borough Council SEND Team, ELFT management team, Luton adult Community Nursing and the Bedfordshire Co-Production Lead.

8.5. Luton and Bedfordshire Children's Community Nursing Services

- The 5 separate services that function under the umbrella of Children's Community Nursing and Specialist Nursing Team are working effectively as a whole service. In response to Covid 19 challenges individuals from each area have been redeployed into the CCN team as required.
- Staff have displayed excellent skills in being both responsive and agile to the Covid 19 challenges. This has included staff volunteering to be redeployed into areas of need refreshed their skills and working flexibly across different services.



Provide outstanding care

- All services have swiftly identified a cohort of children who are vulnerable or with increased vulnerability during the Covid 19 pandemic shaping care plans and contact to meet individual needs.

8.6. Cambridgeshire 0-19 service

Digital Success - Facebook

- Due to merging existing pages and new exciting content, the Cambridgeshire and Peterborough CYP Facebook page has gone from 532 likes in mid-February to 2143 likes at the end of April (119 new likes during Covid19).

- An average month would usually reach around 25000 Facebook feeds; since Covid19 Cambridgeshire and Peterborough CYP has managed to reach 5 times as many feeds (129,960).

- It shows, as there have been over 4800 link clicks, likes and shares meaning our content is working and has contributed to the increased contacts through the central 0300 (which was initially quiet).

Twitter

- Increases in engagements on Twitter with lots of RT's and 'click-throughs' to self-care areas of the website – likely to be partner agencies rather than families however schools and children's centres have been incredibly helpful as influencers to share our messages.

8.7. Cambridgeshire Specialist Children's services

- Children's Community Specialist Nursing Service -seven day a week service began on 30 March 2020. This has meant the team have successfully supported an end of life young person at home alongside East Anglia Children's Hospice. Staff have been up-skilling and working across the whole service. New starters have managed their inductions throughout a challenging time and this has also included the Peterborough team supporting this. The team are fully embracing new ways of working with IT and day to day service delivery.

- Emotional Health and Wellbeing Service (EHWS) -eight EHWS staff have been trained to operate ChatHealth and have joined the School Nurses in their rota. The EHWS are now participating in the operation of the new children's one duty line.

- Rapid Response Clinic established at the 'Peacock Centre' in Cambridge to see children, who previously would have been seen at CUHFT

- Virtual MDT's created for risk rated children as and when requests arrive from Special Schools.

- New central Cambridgeshire CYP website established complete with brand new Joint Cambridgeshire and Peterborough HCP Sections and Jointly branded 'Children with Complex Care Needs' section to support Paediatricians in CCS and at



Provide outstanding care

CUH Addenbrookes: <https://bit.ly/nhscambscypps>

- Nicola Foreman (Occupational Therapy Lead) was featured in the prestigious Royal College of Occupational Therapist for the team within a team project.

8.8. Norfolk Children's services

Radio Coverage

- Fay Spencer was a featured guest on BBC Radio Norfolk's hit show for young people 'The Social' discussing the fundamentals of what Just One Norfolk is and how it can help families and young people.

Facebook

- Over a quarter of a million Facebook feeds have had Norfolk CYP content on them, 226% increase on last month.
- Importantly engagements (shares, likes, comments, clicks) have increased by 365% meaning more users are acting on what is shared and accessing support and help.
- Largest increase in Facebook likes in a single month, which increases our return user rate to Just One Norfolk.

Just One Norfolk

Website Data	JustOneNorfolk.nhs.uk		
	23 February - 22 March	23 March - 24 April	
Page Views	28426	55636	96%
Users	8378	13524	61%

- One of the busiest months for Just One Norfolk since its launch, almost doubling page views, which aligns with the self-care messages shared on social media meaning users are looking to Just One Norfolk for advice.
- User rate is outstanding never have we seen such an increase in users, we can estimate this is around an extra 2000 people accessing support

8.9 Dental services

- The Chief Dental Officer advised that all face to face dental appointments should be for those with urgent dental needs and should only be provided by an Urgent Care Centre commissioned by NHS England/ Improvement.NHSE/I asked for our support to establish the urgent dental care centres in Cambridgeshire and Peterborough. The Head of Service and Minor Oral Surgery Clinical Lead have been working with NHSE/I to develop a Standard Operating Procedure for both Covid positive and negative patients with urgent dental problems to receive care. We had the service open within days of the new National SOP being published.



Provide outstanding care

Many areas in the Country still have not managed to open Urgent Dental Care Centres.

- The leadership team have embraced a service wide functional teams model of staffing to reduce infectivity rates and stress on the clinical teams. They have introduced Video Conferencing (VC) for patients within 24 hours which has successfully been used to triage patients and established a whole new way of working across the county.
- The dental service has developed links with Pharmacy to establish remote prescribing without causing increased demand on local pharmacies using a courier service.

10.10 MSK

- Our unit has rolled out exercises via Microsoft teams for Trust wide staff.
- We have received our first “order” to provide a First Contact Physiotherapist at the Boroughbury/Paston practices in Peterborough. We are working with the practice to discuss the operationalisation and implementation of this.
- We are planning the rescheduling of our second MSK conference to the Autumn/Winter 2020.
- We are successfully utilising AccuRx and Attend Anywhere within our Covid-19 service offer and looking to scope out the replacement of phone assessment with video consultation for the majority of our patients going forwards post Covid-19.
- We continue to work with the GP and primary care training hub to scope a Masterclass for GP's on Musculoskeletal subjects and a rolling programme of training for nurses on pelvic health but face to face training is suspended currently.

10.11 iCaSH

- Despite working under considerable pressure, the teams have continued to provide professional and quality care in several different ways which are outside of the ‘norm’ The service implemented a telephone triage service for all patients accessing the service within 24 hours of the Business Continuity Plan being implemented.
- iCaSH Express is currently managing activity for both asymptomatic and symptomatic patients as part of an interim pathway; however this will need further development to sustain appropriate clinical assessment moving forward. All restrictions related to numbers of kits released per day have been suspended. Activity passing through express test remains stable.
- iCaSH are introducing postal services to manage the treatment of some sexually transmitted infections. Postal provision for oral contraception is also being implemented in the coming days. In addition to the postal service, iCaSH has introduced an ‘Accelerated Partner Therapy’ process, which provides face to face or remote treatment to index patients, but with advantage of remote



Provide outstanding care

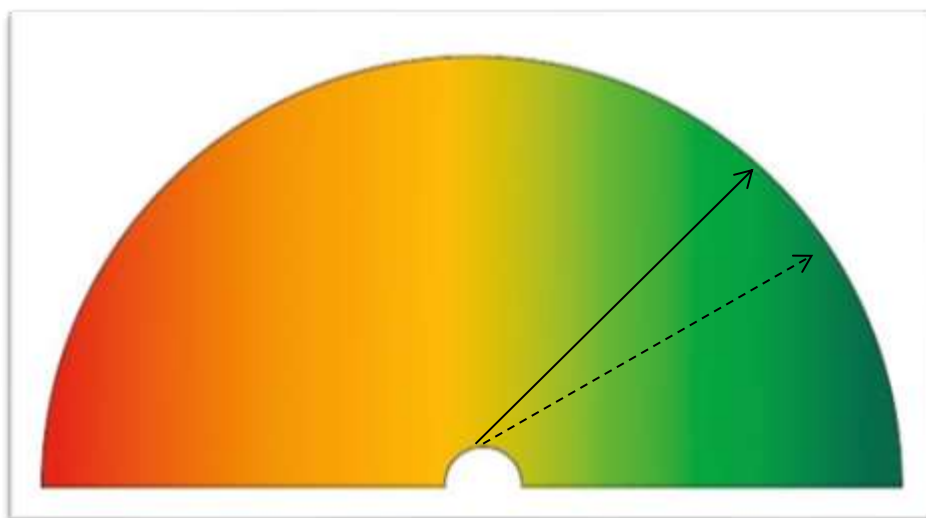
treatment to any partners reducing the need for partners to access to service face to face.

- iCaSH Milton Keynes joined the Trust on the 1st April, mobilising straight in to the iCaSH COVID19 BCP. Despite not being able to provide the standard iCaSH Go Live and induction programme, the team did manage to successfully mobilise and initiate the new contract as planned.
- The Trust wide pharmacy contract awarded to 12/14 Pharmacy Services Limited successfully went live on the 1st April despite initiating services on a Business Continuity Plan. The project SRO and Principle Pharmacist continue to work closely with the provider to ensure smooth transfer from the previous acute providers, particularly around the provision and management of HIV patients requiring treatment.



Be an excellent employer

A: Assurance Summary



Safe	<ul style="list-style-type: none">Staffing pressures adequately controlled with plans agreed with commissioner for prioritising service delivery within essential service national framework	Substantial
Effective	<ul style="list-style-type: none">Sickness remains constant and within control limitsStability continues to be above target.Appraisal rates remain below target at 88.36%	Reasonable
Well Led	<ul style="list-style-type: none">Agency spend below annual target.	Substantial

1. In addition to the overview and analysis of performance for February 2020 and March 2020, the Board can take assurance from the following sources:
 - NHS National Staff Survey 2019 results where the Trust achieved a 60% response rate. Headline results were:
 - Top nationally for all NHS providers in two themes – team working and health and wellbeing.
 - Second nationally for all NHS providers in Safe environment – bullying and harassment and third nationally for equality, diversity and inclusion and safe environment – violence.
 - Top 10 nationally for all NHS providers in morale and immediate managers.
 - Best performing Community Trust nationally in 8 out of the 11 themes, including staff engagement.
 - Care Quality Commission (CQC) inspection report published in August 2019. CQC rated the Trust as Outstanding overall and Outstanding within the caring and well-led domains. The inspection report highlights a number of areas that support the delivery of this objective.



Be an excellent employer

- Successful delivery of workforce strategy implementation plan. Four out of the five programmes of work all support the delivery of this objective.
- In October 2019, the National Freedom to Speak Up Guardian Office published their Freedom to Speak Up index. The Trust was identified as the best performing Trust nationally and the Chair, Deputy Chief Executive and Freedom to Speak Up Guardian attended a national awards ceremony to receive our certificate.
- Bi-annual workforce review that was presented to the Board in November 2019.
- Daily staffing sitreps and Incident Management Team meetings to manage staffing pressures during the current Covid-19 pandemic. Throughout this period all areas have been able to provide all essential services in line with the national mandated list as part of community health services response to Covid-19. For Board members information Trust-wide staffing sitrep reports for the period between 5th April 2020 – 7th May 2020 are detailed below:

COVID-19 SITREP								
To be completed daily by 10.30am and submitted to ccs.controlcentre@nhs.net								
Date: 07/05/20								
		Total	Trend data					
	Completed by		week ending 05/04/2020	week ending 12/04/2020	week ending 19/04/2020	week ending 26/04/2020	week ending 03/05/2020	Current week to-date
			Trust total	Trust total	Trust total	Trust total	Trust total	Trust total
Number of staff absent from work through sickness or self-isolation	Workforce Information	200	335	269	243	228	201	200
% of staff absent from work through sickness or self-isolation	Workforce Information	8%	14%	11%	10%	9%	8%	8%
Number of COVID-19 related absences of staff, either through sickness or self-isolation	Workforce Information	115	207	156	144	133	120	115
% of COVID-19 related absences of staff, either through sickness or self-isolation	Workforce Information	5%	8%	6%	6%	5%	5%	5%
No. of staff being re-deployed internally	Service Directors	109	99	101	112	99	109	109
No. of staff being re-deployed externally	Service Directors	4	4	3	2	2	4	4
No. of non-CCS staff being re-deployed into Trust from external organisation	Service Directors	0	0	0	0	0	0	0

B: Measures for Achieving Objective

Measure	19/20 Target	Data source	Reporting frequency	Current position
Staff recommend the Trust as a good place to work	Above national average	NHS Annual Staff Survey	Annual	Achieved
Staff engagement rating	Above national average	NHS Annual Staff Survey	Annual	Achieved
Available staff have had an appraisal in the last 12 months	93%	ESR	Monthly	*Not achieved - 88.36%
New staff are retained for more than 12 months	85%	ESR	Monthly	Achieved - 88.02%

*achievement rate impacted due to Covid-19 pandemic. NB: Appraisals suspended on 28th March 2020 following receipt of reducing burden and releasing capacity letter from Amanda Pritchard, Chief Operating Officer NHS England & NHS Improvement.



Be an excellent employer

C: Risks to achieving objective

Strategic risks

1. **Risk ID 3163** - *There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. (Risk Rating 12)*
2. **Risk ID 3164** – *There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 8)*
3. **Risk ID 3166** - *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 8).*
4. **Risk ID 3179** – *There is a risk that staff could be inappropriately protected from the Covid -19 virus at work due to fluctuating stock levels of Personal Protective Equipment. This is heightened by anxiety levels in the general public and media.(Risk Rating 12)*
5. **Risk ID 3194** – *There is a risk that staff may refuse to undertake certain elements of clinical care or visit particular patients/care settings due to increased anxiety around what is appropriate PPE. (Risk Rating 12)*

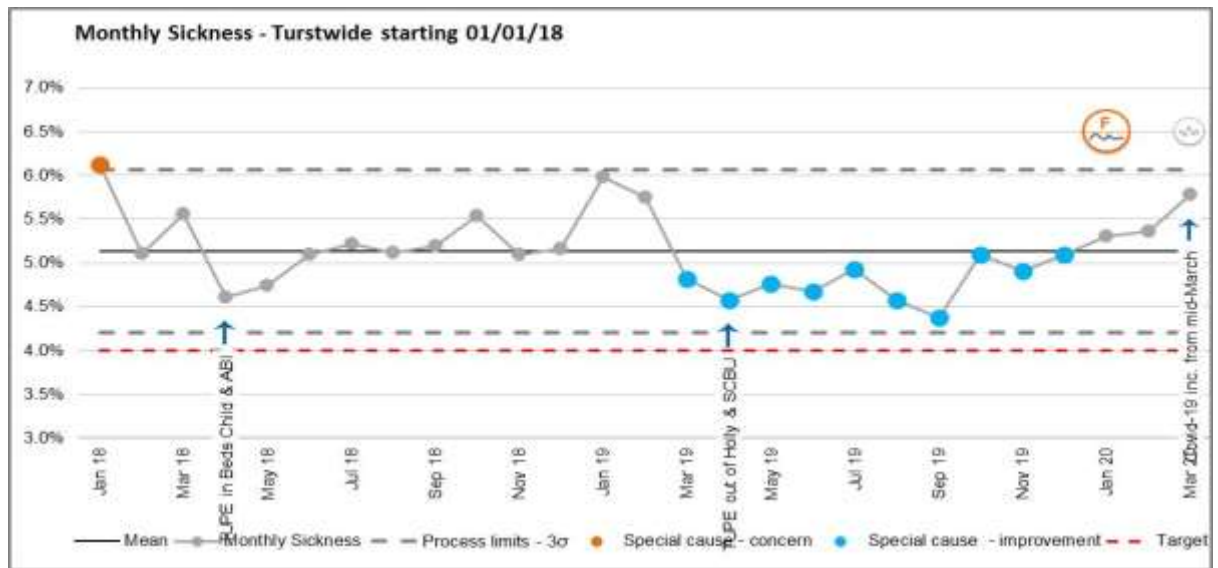
Any operational risks 15 and above

1. **Risk ID 3192** – *There is a risk that the Trust will not have sufficient ICT provision to be able to respond to the demand during Covid-19. (Risk Rating 16)*

D: Overview and analysis

1. Sickness

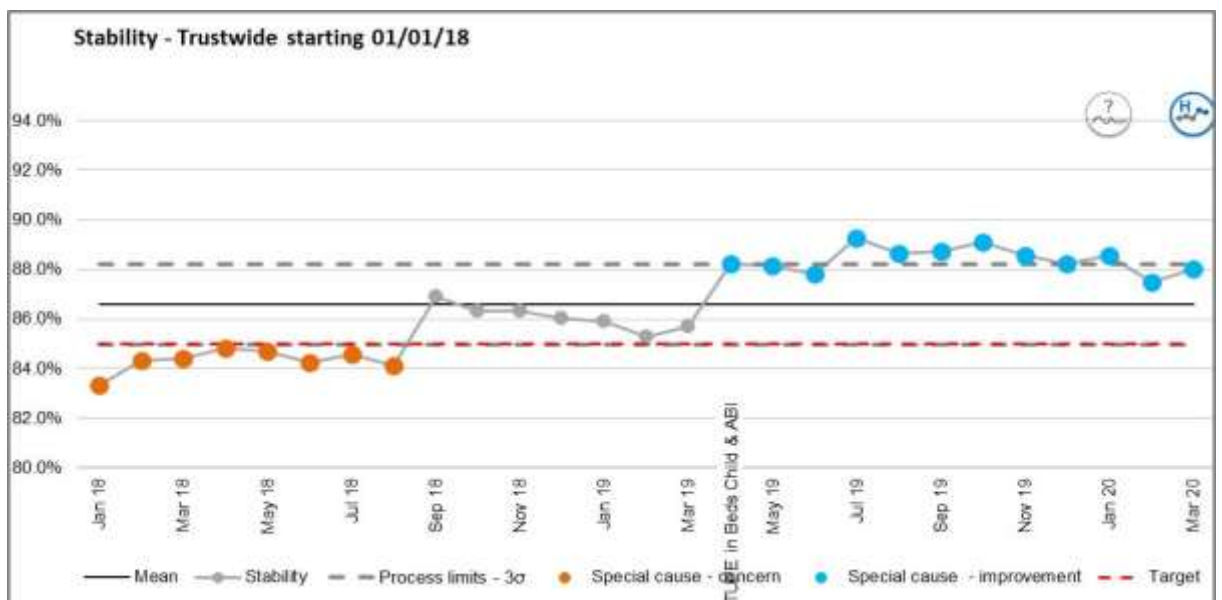
- 1.1 Monthly sickness remains constant and within limits. However, continues to be above the Trust rolling target of 4% with Trust-wide monthly levels reporting at 5.78% (including Covid-19 sickness) in March 2020.
- 1.2 The Trust wide sickness rate has increased this month, and remains above the Trust's target of 4.0% for 2019/20. Of the 5.78%, 2.66% was attributed to long term sickness and 3.12% short term sickness absence. Cambs & Norfolk CYPS Community Unit had the highest sickness rate (6.63%) and Corporate had the lowest (2.80%). The top reason is Cold, Cough, Flu – Influenza and work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- 1.3 The Trust monthly sickness rate is slightly above the November 2019 benchmark report for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 5.2%.



2. Stability

1.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – February 87.47%; March 88.02%; against the Trust target of 85%. This compares favourably to a stability rate of 86.1% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, December 2019).

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

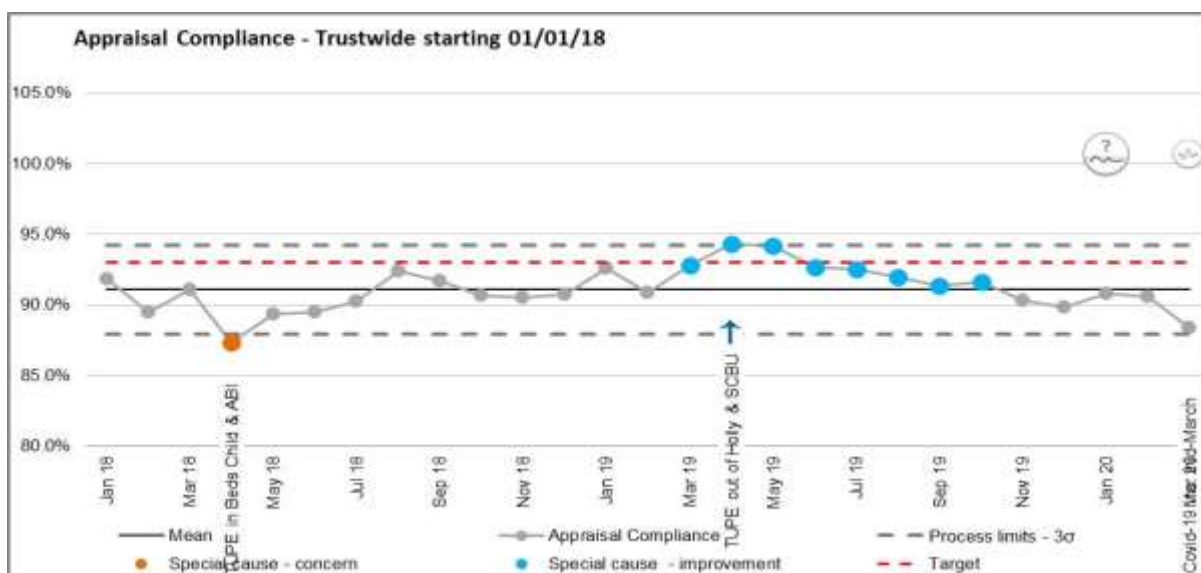




Be an excellent employer

3. Appraisals

- 3.1. The following chart shows the percentage of available employees with a current (i.e. within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters are given an appraisal date 12 months from date of commencement.
- 3.2. The Trust wide rate has increased slightly this month to 88.36%, however remains below the target of 93% for 2019/20. Luton Community Unit has the lowest rate (82.16%) and Ambulatory Care Community Unit the highest (95.04%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.
- 3.3. Appraisal compliance remains constant and within limits, however, we did not meet our annual target of 93% completion. In addition, with effect from 28th March 2020 the Trust suspended the requirement for appraisals to be completed in line with the letter issued by Amanda Pritchard, Chief Operating Officer at NHS England and NHS Improvement – reducing burden and releasing capacity.



4. Staff Opinion Survey 2019 – Next steps and priority areas

- 4.1. Following the 2019 staff opinion survey, published in February 2020, we have reviewed the key themes in both the statistical and confidential narrative feedback and have identified the following actions/priorities for 2020/21:
- To review and relaunch staff information on bullying, through a 'How to Become Bully Proof' campaign, based on our previous work in this area.
 - To introduce greater frequency of appraisal feedback reviews and to action any common themes raised in them. To review and update the appraisal documentation to support health, wellbeing and career support conversations.
 - To use e-scheduling/rostering to systematically plan in protected time for 1:1s; supervision and annual appraisals.



Be an excellent employer

- Working with our Cultural Ambassadors and Diversity and Inclusion Steering Group, re-launch our staff diversity network and establish sub networks starting with establishing a BAME network.
- To ensure all services have an agreed 3-5 year workforce plan in place as this will enable more proactive management of workforce supply and reduce staffing gaps.

4.2. Due to the current Covid-19 pandemic, we have not reconvened our staff opinion survey partnership improvement group, however, we will be discussing these proposed actions/priority areas with our staff side representatives at our next Joint Consultative Negotiating Committee (JCNP) on 14th May 2020. In addition, a discussion was held with our Cultural Ambassadors and Diversity and Inclusion Steering Group on 5th May 2020 where it was agreed that re-energising our Diversity network and establishing a BAME network were the right actions to be taking.

5. Staff Engagement/Support during Covid-19 Pandemic

5.1. Significant attention is and will continue to be placed on making sure we support and engage with our staff throughout the unprecedented Covid-19 pandemic situation in line with our trust values and culture. A people first approach is being taken and some of the activities to date are summarised below:

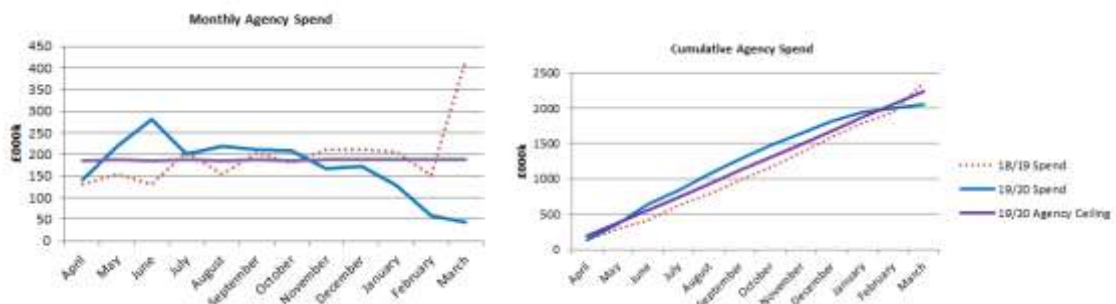
- Staff enabled to immediately work from home if they were able to as soon as lockdown was announced.
- Supporting our highest risk staff to shield and if possible work from home, however, where this has not been possible we have supported them to remain off work on full pay.
- Setting up a dedicated email address and telephone number for staff to use to raise any questions/concerns directly with member of the Incident Management Team.
- Purchasing of additional laptops/telephones to enable more staff to work from home. Rollout of the laptops continues and should be completed in the next four weeks.
- Revised the workforce appendix to the Trust's Pandemic Flu policy to ensure that this was fit for purpose to meet the challenges of Covid-19.
- Detailed Frequently Asked Questions are being published on a regular basis to ensure that staff questions/concerns are addressed as quickly as possible.
- Our Chief Nurse and Medical Director have had a number of targeted discussions with teams in relation to PPE and general Infection Prevention and Control and other clinical matters.
- Relaxed our remote working policy to allow more staff to work from home and enabled individuals to take work equipment home where appropriate to do so
- Postponed all non-essential activities which detracted from our teams being able to provide essential services
- Putting a detailed staff mental health and wellbeing support offer in place which continues to be updated as appropriate
- Sharing of articles; learning and tools to help individuals manage this unprecedented situation
- Supporting our students and other students to enable them to work with in the Trust and/or to continue with their studies



Be an excellent employer

- Supporting our staff to be redeployed into different roles both internally and externally and supporting our volunteers, returners and existing staff to maximise the use of their skills and competencies.
- Partnership working with our staff side chair. This has included daily discussions with her to ensure all staff concerns are addressed quickly and that she is involved in decisions eg: following fair and supportive formal procedures whilst maintaining social distancing
- Co-producing a BAME risk assessment process with our Cultural Ambassadors and Diversity and Inclusion Steering Group and supporting our BAME staff and line managers through this. This included writing to all 308 of our BAME staff directly outlining the support available to them at this time. Targeted Question and Answer sessions for our BAME staff are also in the process of being arranged.
- Promoting our Freedom to Speak Up Guardian and champions and reminding all staff how to raise concerns and responding to these quickly.
- Working with fellow Workforce Directors across our STP/ICS footprints and NHS Employers to ensure that we share learning and best practice with each other
- Supporting staff with coaching/mentoring and making connections for individuals as appropriate.
- Running action learning sets, via Microsoft Teams, for members of staff who are on existing training programmes to enable peer support to continue at this time.
- Supporting the relaxation of some mandatory training requirements and altering our face to face training to virtual briefings/information
- Relaxed appraisal compliance and removed the withholding of pay increments should individuals not be up-to-date with mandatory training or their appraisal. We did this ahead of the national decision to do this as this was the right thing to do.
- Continuing with our formal staff negotiation forums both our Medical and Dental forum and our all staff forum. This also involves us keeping in contact with local and regional staff side representatives.
- Service specific question and answer sessions arranged via Microsoft teams across all services. These were initially weekly and have now been changed to fortnightly except for headquarters staff which remains weekly.
- Colleagues in Dynamic Health are running a series of exercise classes via Microsoft teams and a series of mindfulness sessions have also been put on by Dr Scott Ferguson, Principal Clinical Psychologist who works in our Bedfordshire Neurotherapies Service
- James Gingell and our ICT Team have run a number of IT Questions and Answer sessions via Microsoft Teams.

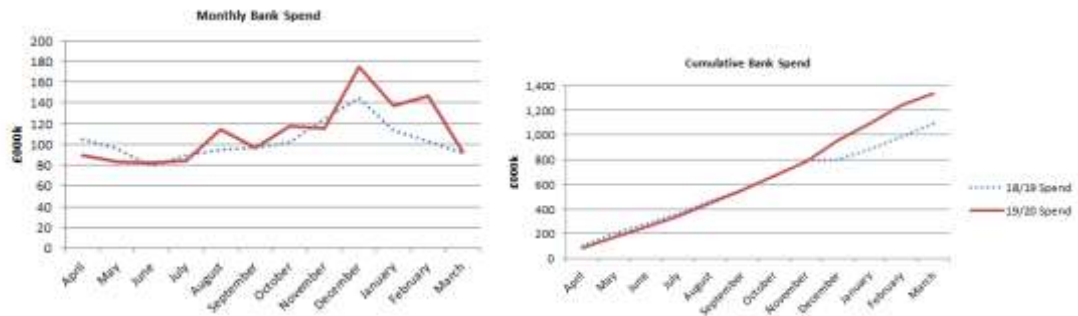
6. Agency/bank spend





Be an excellent employer

- 6.1. The Trust's agency spend ceiling for 2019/20 totals £2,240k, which was a reduction from 2018/19's ceiling of £3,040k.
- 6.2. The Trust's cumulative agency spend to Month 12 is £2,050k against a spend ceiling of £2,240k. The Trust is working with services to ensure appropriate plans are in place, where possible, to reduce reliance on agency workers. Agency spend has reduced from 2018/19 which was £2,360k.

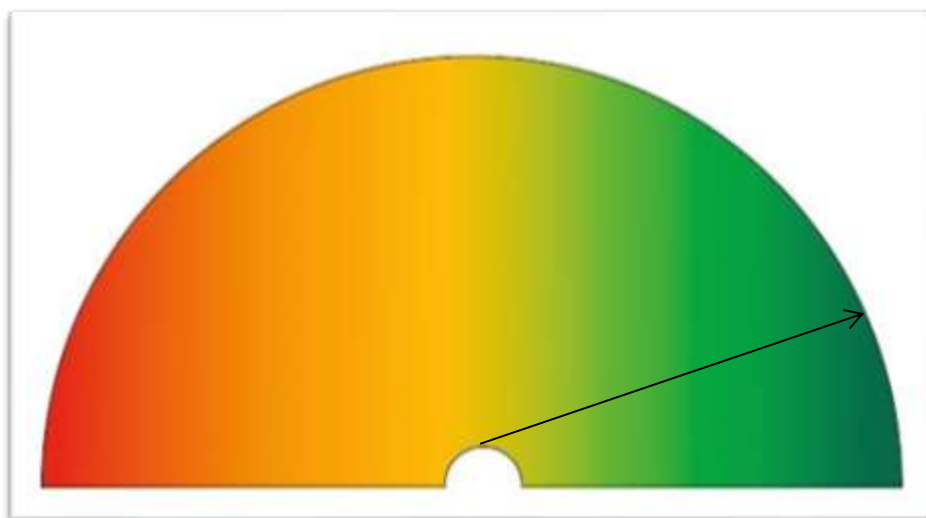


- 6.3. To assist the Trust to remain within the agency spend ceiling, the services have the availability of bank staff to fill short term staffing pressures. Cumulative bank spend at month 12 was £1,333k. This has increased from the spend in 2018/19 of £1,096k.
- 6.4. The Trust has implemented a weekly bank payment process to attract more staff onto the bank and improve the talent pool available to services.



Collaborate with other organisations

A: Assurance Summary



Well Led	<ul style="list-style-type: none">Strong collaboration taking place across our systems as evidenced in this report	Substantial
-----------------	--	--------------------

1. In addition to the overview and analysis of performance for February and March 2020 as set out below, the Board can take assurance from the following sources:

- The Trust has in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), East London NHS Foundation Trust (ELFT) and across the provider landscape in Luton.
- The Trust fully participates in STP/ICS activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes (BLMK) and has a representation on Norfolk's Children Board.
- Deputy Chief Executive jointly chairs the Bedfordshire Local Resilience Forum Health and Social Care Cell with Deputy Chief Executive from ELFT and Director of Adult Social Services from Bedford Borough Council. This forum is managing the Bedfordshire and Luton Out of Hospital response to Covid-19.
- Deputy Chief Executive is a member of BLMK Health Cell which is managing the BLMK health response to Covid-19.
- Collaboration is at the core of the Trust's research activities.

B: Measures for Achieving Objective

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



Collaborate with other organisations

C: Risks to achieving objective

Strategic risks

1. **Risk ID 3167** – *As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 12)*
2. **Risk ID 3165** – *There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.(Risk Rating 8)*
3. **Risk ID 3164** - *there is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges.(Risk Rating 8)*

Any operational risks 15 and above

1. **Risk ID 3192** – *There is a risk that the Trust will not have sufficient ICT provision to be able to respond to the demand during Covid-19.(Risk Rating 16)*

D: Overview and analysis

Strategic work streams with others

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

- 1.1. Due to Covid-19 the Partnership Board has not met since 21 January 2020. The meeting scheduled for 7th April 2020 was cancelled.
- 1.2. Delivery of the Cambridgeshire aspect of the Healthy Child Programme and Emotional Health and Wellbeing services are reported into the Children's Clinical Operational Board.
- 1.3. Joint delivery of the Cambridgeshire and Peterborough Health Child Programme; Children's Community Nursing and Emotional Health and Wellbeing services with CPFT continues under the leadership of John Peberdy our Service Director in this area.
- 1.4. There has been comprehensive joint working arrangements agreed and implemented with both Trust safeguarding teams who are now working in an integrated way supporting each other and the system.



Collaborate with other organisations

2. Collaborative partnership working with East London NHS Foundation Trust

- 2.1 The Joint Partnership Board met as normal on 28th February 2020.
- 2.2 The Board discussed the following areas:
 - The Outcomes/incentive payments – 19/20 and proposed outcomes 20/21
 - Transformation updates
 - Performance and contract compliance
 - Quality reporting
- 2.3 Details in relation to the delivery of our Bedfordshire services and any areas of escalation are discussed in detail at our Bedfordshire and Luton Clinical Operational Board.
- 2.4 Due to Covid-19 a slimmed down Joint Partnership Board took place on 27th March 2020. We discussed Covid-19 preparations and updates and 20/21 outcomes framework. The Partnership Board on 24th April 2020 was cancelled due to Covid-19.

3. Luton Provider Alliance/Enhanced Models of Care

- 3.1 Due to Covid-19 no further Luton Provider Alliance meetings have taken place since 23rd January 2020, however, a number of other system meetings have taken place to manage our Bedfordshire and Luton response to the pandemic.

4. Bedfordshire Local Resilience Forum Health and Social Care Cell (formerly Strategic Out of Hospital Group)

- 4.1 In April, the Trust with ELFT set up a Strategic Out of Hospital Group across Bedfordshire and Luton. This has now become a formal part of the Bedfordshire Local Resilience Forum infrastructure and its purpose is to ensure a coordinated and effective system-wide approach across health and social care partners to respond to the COVID-19 pandemic. This is jointly chaired by CCS Deputy Chief Executive, ELFT Deputy Chief Executive and Director of Adult Social Services, Bedford Borough Council. This group meets twice a week and is supported by a tactical group that is chaired by Clare Steward are Programme Director in Luton.

5. Luton Daily Multi-Agency Discharge Huddles

- 5.1 Within our Luton Adult Community Health Services, we run virtual multi-agency huddles three times each day. Participants are Luton and Dunstable Hospital, Primary Care, CCS and Virgin (Rehab Provider). The purpose of these huddles is to ensure that any issues with rapid discharges are addressed quickly and effectively. The meetings have been very effective and the Huddle is attended by an



Collaborate with other organisations

At Home First Co-Ordinator who is able to task out actions to relevant people.

6. Support to Residential Homes for Weekly Check-In Calls and Monthly Multi-Disciplinary Team Meetings (MDTs):

6.1 There are 15 Residential Care Homes and 6 Nursing Homes in Luton

6.2 The main ways that the Care Homes are supported by our Luton Adult Community Health Services is summarised below:

- **Daily Calls:**

- Our Rapid Response service makes a proactive call into each Residential Home. Identifying acute issues and providing telephone advice and face to face assessment as required.
- Virtual face to face assessment is also available as all Residential Homes now have iPads to accommodate this. This daily call also includes support from the Falls team.

- **Weekly Check-In Calls from Primary Care:**

- Luton Adult Services staff including our At Home First Co-ordinators and Community Matrons are available to support weekly calls.

- **Monthly MDTs:**

- MDTs in Care Homes are being rolled out. GPs and CCS staff are aligned to Care Homes. A timetable for MDT roll-out to the Care Homes is being developed.

- **MDT members include:**

Rapid Response/Care Homes Sister /Palliative Care / Falls Team/
Dieticians / Care Home Pharmacists / ELFT – older people's team / care home staff

- Input is similar **for Nursing Homes** with the senior nursing support provided by the Luton and Dunstable Hospital @Home team for daily, weekly and monthly calls

- **Wound Care, Falls Support and Virtual Consultations:**

- The guidance on Essential Community Services that was published in late March and the “lockdown” of Care Homes to non-essential visitors resulted in changes to the way that support is provided to Care Homes. More support around Falls and Wound Management is provided virtually



Collaborate with other organisations

and there is even more emphasis on training and developing care home staff.

- iPads have recently been rolled out to the 15 Care Homes. This is enabling Video Consultations to take place. The attached slide sets out some early Case Studies for Board members information.

- **Care Plans for Residents in Care Homes:**
 - The latest version of the Population Health Management Spread Sheet shows that 341 of the 501 people in Care Homes with Luton GPs have a recorded DNAR in place. Primary Care are focussing on ensuring that people in Care Homes have up to date Care Plans in place.
 - Processes have been strengthened regarding Primary Care involvement in decisions regarding conveyance from Care Homes.

- **Twice Weekly Luton Care Homes Task and Finish Group:**
 - This meeting is Chaired by Gerry Taylor (Corporate Director, Public Health and Wellbeing), from Luton Borough Council. The focus of the meeting is to review the position of Care Homes across Luton.
 - Each Care Home is contacted three times a week and asked a series of questions relating to resilience. Any concerns are drawn out of these and discussed at the meeting where follow up actions are allocated and reported back on. This includes monitoring visits by the quality teams from both the Council and BLMK CCG.
 - Other agenda items include swabbing processes, PPE availability and ensuring that guidance is cascaded to partners in a timely manner.
 - Of particular note has been the Castletroy Residential Home, which has been a specific focus on of the group as part of the response to a number of deaths during the early stages of the pandemic. The Head of Quality at Luton CCG reported on the 12th May that there are no concerning issues at the Home currently that the group are aware of and that the Home have responded openly and positively to scrutiny and support.

7. Research

Clinical Research Overview

- 7.1 The studies and figures are those studies which were still actively recruiting in February and March 2020 (Table 1) and also all the studies and final recruitment for



Collaborate with other organisations

the preceding 12 months. The total of patients recruited within this two month reporting period is **74** and the different divisions involved in studies are in chart 2. The total recruited into portfolio studies from April 2019 to March 2020 is **535**.

National Institute for Health Research (NIHR) Portfolio studies

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

Table 1: Clinical Research Summary Table for NIHR Portfolio Studies (updated 30/04/2020)

NIHR Portfolio studies	Speciality/ clinical area/ location	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for April to March	Trend	Highlights	Impacts
NEW STUDY CLIMB data consent study	Trust Wide (staff & patients)	CPFT, University of Cambridge	57	57	↑	Large survey study	High recruitment
HIV Pre-exposure Prophylaxis (PrEP)	Ambulatory i-CaSH 9 clinics	Public Health England, Chelsea & Westminster Hospital NHS foundation trust	8	121	↑	Recruitment is now slowing down due to most of allocated funding used	Potentially UK wide impact on preventing HIV transmission
People Living with HIV stigma survey UK	i-CaSH – 8 clinics	Homerton University Hospital	0 study closed to recruitment 1/12/19	224	🏆	Collaboration: Public Health England & Homerton	National survey, building on previous data sets
Work Outcome Measures in arthritis and musculoskeletal conditions.	Ambulatory MSK ALL	University of Salford	0 Closed to recruitment	26	🏆	Study closed	Observational study impacting work absenteeism
TAOCA (*3)	Children & Young People's Service (CYPS) Orthoptics/	Moorfields Eye Hospital	0 Closed to recruitment	34	🏆	Closed to recruitment Feb 2020	Awaiting results
RS Fibro (*4)	MSK Brookfields	Addenbrookes	0 Closed to recruitment	10	🏆	Study closed	Another study within MSK.
Fatigue in long term conditions	Respiratory Team Luton Adults	Kings College London	5	27	↑	First observational study within this team	Potentially other studies in the pipeline
Youtube	Children & Young People's Service (CYPS) Cambridge	University of York	2	10	↑	PIC site for recruitment	Building research knowledge in an area of high interest.
Nursing Led intervention and wellbeing in children (*5)	Children & Young People's Service (CYPS)	Royal College of Nursing, Sheffield Hallam University	0 Closed Jan 2020- short recruitment period	19	🏆	Closed	High recruitment in 2/12 period
Balance Study	Children & Young People's Service (CYPS) Orthoptics/	Moorfields Eye Hospital	2	2	↑	Newly opened MHRA randomised trial	Important technology study
CLIMB data consent study	Trust Wide	CPFT, University of Cambridge	57	57	↑	Large survey study	High recruitment
Studies below are not longer recruiting							
Caries	Ambulatory Care	Public Health	0	3	N/A	Residual 3	Excellent

Questionnaires	Dental All areas	England				additional to the last financial year total .	study. No similar dental one this year.
Playing Together	CYPS SALT	UoManchester	0	4	N/A	Difficult study to recruit to. Team commended for the recruits.	1 st NIHR study within SALT.
Total recruitment within this period:			74	535	Recruitment achieved within predicted levels.		On target for potential Research Capability Funding (RCF) to be awarded (*2)

(*1) All figures accurate as of 30/04/20 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases).

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

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

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

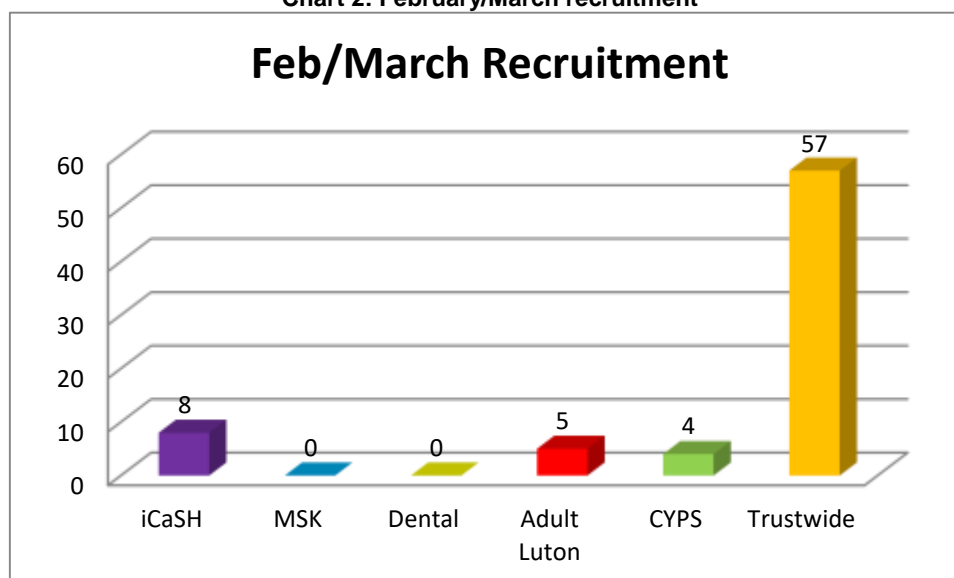
(*5) Nursing-led Interventions to support the psychological and emotional wellbeing of children and young people: A scoping review.

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

NIHR Portfolio Studies within the different divisions

7.3 Chart 2 (below) shows recruitment numbers within each division for NIHR Portfolio Studies within this reporting period. The Trust wide study, CLIMB, which both staff and patients can complete the online survey achieved an impressive recruitment level of 57.

Chart 2: February/March recruitment





Collaborate with other organisations

Overall Recruitment

- 8.1 Recruitment continued to increase in February and March, with a new study, CLIMB, achieving 57 recruits. We achieved a total of 535 recruits for the whole of the year.
- 8.2 As previously stated, the numbers are reduced from this time last year. This situation is reflected throughout the whole of the Clinical Research Network East of England (CRN EoE) region, but also nationally recruitment is reduced. However, we have again been awarded research capability funding (RCF) due to the calculation of recruitment figures within an academic year.

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

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

Student Studies: Local Permissions

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

Fellowships and Internships

- 11.1 These Fellowships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education East (HEE). In this reporting period there were no Fellowship opportunities to apply for and no staff had commenced a new Fellowship.
- 11.2 We received the outcome for the NIHR Research for Patient Benefit (RfPB) for a study exploring homebased music therapy with patients who have had strokes (*table 4*). The application was unsuccessful but only missed out going to stage two by a few points and will therefore be re-submitted for the next round.

Table 4: Summary Table for Fellowships/Internships and NIHR Grant Submission/s Applied for and results within this reporting period (updated 31/03/2020)

NIHR Fellowships/grant	Area	Numbers	Trend	Collaborations	Impacts/potential impacts
NIHR Research for Patient Benefit (RfPB)	Ambulatory Care Neuro-rehab Bedford	One submission of stage one.	Unsuccessful. To be re-submitted following the feedback from peer review at NIHR RfPB panel	Research Fellows from ARU, Research team and Neuro Rehab team	Potential to have a music therapy grant running in Neuro-rehab, Bedford
NIHR Research for Patient Benefit (RfPB)	Ambulatory Care i-CaSH	One submission of stage two.	Still awaiting outcome for stage 2.	Academics from UoOxford i-CaSH consultant	Breast feeding and HIV. Another potential study for i-CaSH



Collaborate with other organisations

NIHR Fellowships/grant	Area	Numbers	Trend	Collaborations	Impacts/potential impacts
NIHR Research for Patient Benefit (RfPB)	Luton Adults	One submission of stage two.	Still awaiting outcome for stage 2.	University of Cambridge (Cambridge Institute of Public Health & School of Clinical Medicine)	Frailty project links to Luton service.

Research assurances:

- **EDGE:** All CCS NHS Trust studies have been loaded onto the NIHR national database. EDGE data is up to date.
- **Health Research Authority (HRA)** national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.
- **NIHR National Performance Metrics** – Performance in Initiating (PII) and Performance in Delivering (PID) compliant for the Q4 reporting period.
- **Mandated activity:** Q4 performance charts have been placed on the Trust's internet (includes zero returns).

Published papers & posters within this period

- 11.3 **Paper:** Sexually Transmitted Infections – 'Research news in clinical context', 2020 - sti.bmj.com
- 11.4 **Paper:** SK Edwards, F Ceccherini-Silberstein, Rayne Kay Jin Tan

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

- 11.5 Non-portfolio studies are studies that do not meet the criteria for adoption by NIHR and are therefore, not entitled to Clinical Research Network (CRN) funding or support. Studies which are defined as research then projects are still required to be submitted to the Health Research Authority (HRA) for approval. One student project, on the impact of music on psychological mood, from the UEA received HRA approval within this reporting period.
- 11.6 **Student Studies – Local Permissions:** During this reporting period there were no studies which were submitted for Trust approval and permission.
- 11.7 **Partnership working and research collaborations:** Below is a table summarising our collaborations with our research stakeholders.



Collaborate with other organisations

Table 5: Summary table showing research team collaborations

Collaborations	Project	Grant/Fellowship Bid
Clinical research network (CRN)	Workshop on recruitment setting for 2019/20.	Relates to funding of Trust for research facilitator provision.
Anglia Ruskin University (ARU) HEE, CRN and UEA	<ol style="list-style-type: none"> Continued collaborative research champions evaluation extended project for East of England (funded by HEE). UEA academic was a guest presenter at workshop 2. 	1.HV and research champions additional funding for formal evaluation. .
National Institute for Health Research (NIHR)	CLAHRC/ARC	ARC implementation research (x2) commenced Jan 2020 and completes in Dec 2020.
National Institute for Health Research (NIHR) studies via the Clinical Research Network East of England (CRN EoE)	1.Adoption of appropriate studies.	CRN fund research facilitators and some time for clinicians to support and promote NIHR studies.
University of East Anglia (UEA)	<ol style="list-style-type: none"> Project on HV support groups Public Health and HV (Dr Caitlin Notley is academic lead) 	Norfolk HCP staff as Co-Investigator on successful Multicentre RCT NIHR grant.
University of East Anglia (UEA)	Systematic Review- Carer interventions in the management of pain.	Publication pending
University of East Anglia (UEA)	UEA Health & Social Care Partners Research Group: <ul style="list-style-type: none"> Facilitator met with MD Cascaded Meds Optimisation research group to Anne Darvill & Nelson David (iCaSH). Linked Jo Creasor up with the group. 	Exploring potential collaborations
CRN Ageing Speciality meeting	Facilitators linked up with: <ul style="list-style-type: none"> UEA (dementia study feasibility?) UEA Supportive, Palliative and End of Life Care Research Group ARU Positive Ageing Research Institute (PARI) 	Exploring potential collaborations and study feasibility for CCS
University of Cambridge (Cambridge Institute of Public Health & School of Clinical Medicine)	<ol style="list-style-type: none"> Frailty project links to Luton service. 	1.RfPB bid submitted. Awaiting result. Stage one successful.
University of Oxford	Impact of breast feeding whilst having HIV.	RfPB stage 2 bid submitted with an iCaSH consultant as named advisor
Norfolk Community Health and Care (NCH&C)	Enquiry related to research champions project.	Interest in implementation of research champions programme



Collaborate with other organisations

12 Public sector prompt payments



- 12.1 The average in month prompt payments results across the four categories was 79% in month 11 and 82% in month 12. In month 12, the Trust achieved the target in one category. With the Trust's transition to a new finance system, the prompt payment performance has been affected and is expected to continue to fluctuate over the coming months.
- 12.2 With regards to NHS invoices, as part of the transition to Oracle, we have moved to the standard SBS payment process, used by all CCGs and other SBS clients, whereby two NHS payment runs are made at the beginning and in the middle of the month. This is a change from the previous twice weekly payment runs made within Integra. Processes are being implemented to ensure invoices are monitored and processed quicker to ensure prompt payment. For March, 14 invoices were paid between 31 and 39 days and therefore excluded. For illustrative purposes, if these invoices could have been included within our achievement totals, the achievement in both NHS categories would have been over 90%.
- 12.3 With regards to Non-NHS invoices, achievement in both categories continues to improve. Service users are becoming more proficient at creating purchase orders and processing invoices within Oracle. The Finance team have held a number of training sessions in the services for users and continue to work with suppliers to ensure invoices are paid promptly.
- 12.4 The overall Trust average across the four categories for the last 12 months has decreased to 86%. The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly. The finance team will hold further training sessions in the coming months and forensically investigate the invoice and suppliers pathway to ensure any barriers for payment are reduced.



Collaborate with other organisations

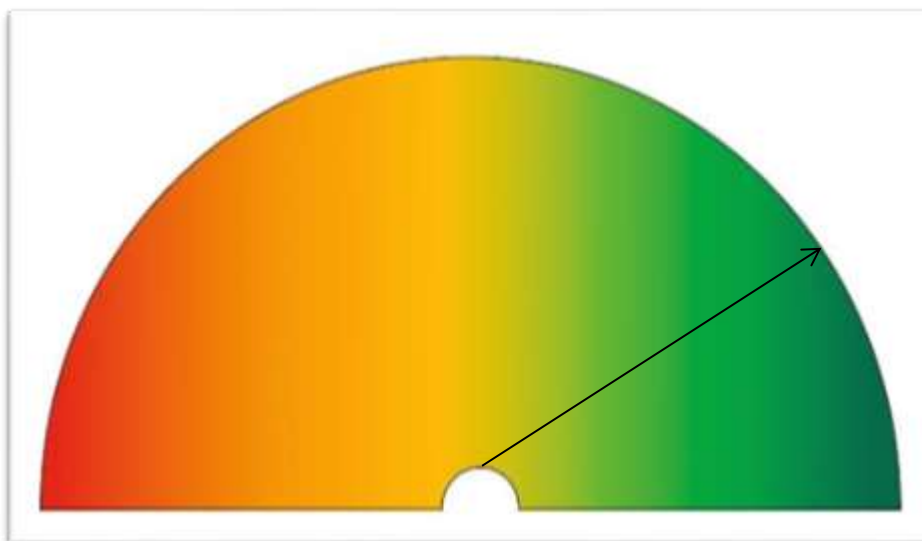


Case Studies iPads in Care Homes

- 67 year old male patient had been in isolation for 3 days due to high temperature, sore throat and persistent cough. Third day of isolation carers report no fever and coughing had reduced. Carers taking daily obs. Patient have capacity – Skype consultation conducted with patient. Reassurance and advice given to patient. Support to Care Home staff on steps to take to support patient. Care Home reminded of Infection control procedures and advised to wipe iPad down with antibacterial wipes.
- **Skype consultation:** 25 minutes
- **Travel time saved:** 20 minutes **Time saved on Holistic Assessment:** up to 60 minutes
- **Total time potentially saved:** 55 minutes
- 84 year old female with dementia. Known to have distressed behaviours during personal care and when touched (even by family members), with a suspected moisture lesion under her left breast.
- Carers contacted Rapid Response who viewed patient via skype and confirmed moisture lesion – 2 carers present.
- Patient distress was limited as after Moisture lesion was viewed 1 carer was able to walk away while the other care supported to calm patient. Advice was given to avoid further moisture lesions and prescription for medi honey actioned. Care Home reminded of Infection control procedures and advised to wipe iPad down with antibacterial wipes.
- **Skype Consultation:** 15 Minutes **Delivery of prescription:** 10 minutes
- **Time saved on Holistic Assessment:** up to 60 minutes
- **Total time potentially saved:** 35 minutes
- First weekend of Lockdown **Care Home reported 4 falls.** As teams unable to visit in person joint skype consultation between Falls Team and Rapid Response.
- Collaborative work across 2 teams who would of usually reviewed the patients individually. Not only saving time for CCS staff but also for Care Home staff who would have had to assist 2 separate visits/telephone calls. Information shared, joint decision making and onward referrals made in a timely manner.
- **Skype Consultation:** 40 - 45 minutes
- **Time saved by Falls Team:** 3- 4 Hours **Time saved by Rapid Response:** up to 3 hours
- **Total time potentially saved:** up to 3 hours per team



Be a Sustainable Organisation



A: 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. The financial position has further improved as the range of mitigation measures to address this overspending position to improve the future outturn position, including changes to service delivery and agreements to additional funding. There remains the potential for an impact overall financial performance for the year, however with the agreed mitigation in place, this is therefore reflected in impressionistic heat map the direction of travel for achieving the Trust's objective of being a Sustainable Organisation.

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



Be a Sustainable Organisation

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

B: Measures for Achieving Objective

C: Risks to achieving objective Strategic risks

1. **Risk ID 3156** - There is a risk that if there is no additional funding for the staffing costs resulting from the Agenda for Change uplifts, there will be an adverse impact to the quality of the services the Trust provides and therefore its reputation could be affected. (Risk Rating 12)
2. **Risk ID 3167** - As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 12)

Any operational risks 15 and above

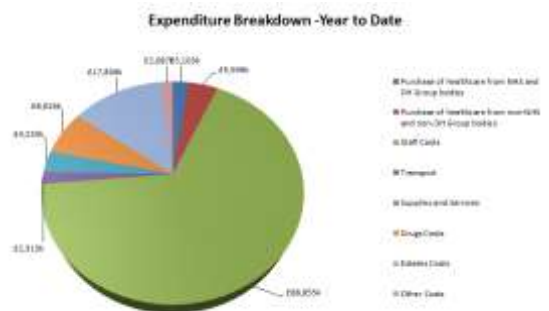
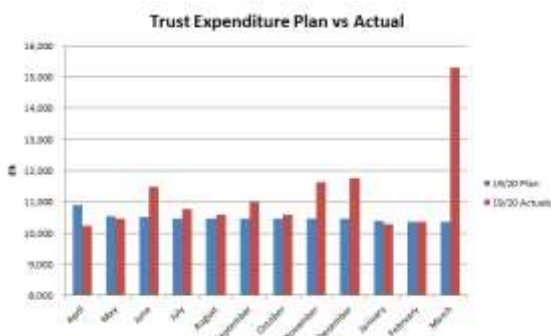
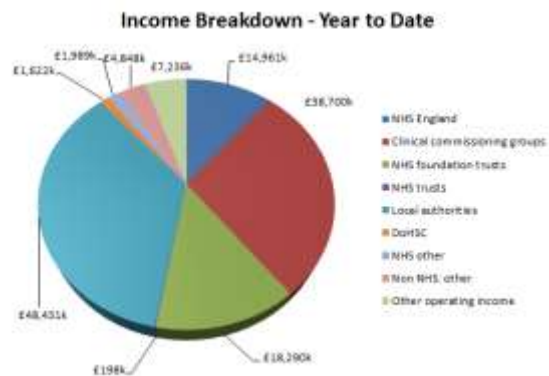
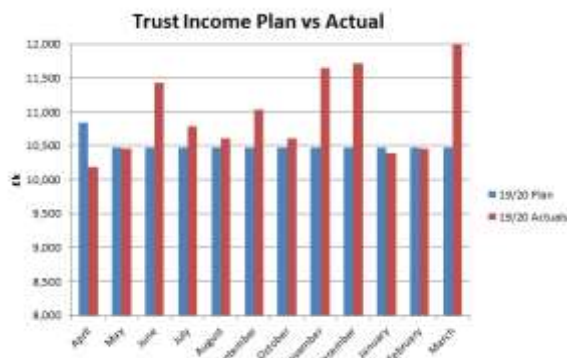
1. **Risk ID 3192** – There is a risk that the Trust will not have sufficient ICT provision to be able to respond to the demand during Covid-19. (Risk Rating 16)

D: Overview and analysis

Finance scorecard

Finance Dashboard	Section in Report	Plan M12	Actual M12	Variance M12
Operating income from patient care activities	1	£121,182k	£129,039k	£7,857k
Other operating income	1	£6,532k	£7,236k	£704k
Employee expenses	1	(£82,200k)	(£88,781k)	(£6,581k)
Operating expenses excluding employee expenses	1	(£41,780k)	(£47,874k)	(£2,094k)
Trust Surplus/(Deficit)	1	£1,922k	£1,861k	(£61k)
Closing Cash Balance	2	£7,854k	£11,547k	£3,693k
Cost Improvement Plan (CIP)	6	£3,650k	£3,175k	(£475k)
Capital Programme	4	£4,000k	£3,868k	£132k
Use of Resources Metric	5	1	1	-
Agency Spend	SO2 - 4	£1,920k	£2,050k	(£130k)
Bank Spend	SO2 - 4	£1,140k	£1,333k	(£193k)
Provider sustainability fund (PSF)		£1,618k	£1,618k	£0k

1. Income and expenditure



1.1. The Trust delivered an in month operating surplus of £303k for Month 11 and £238k for Month 12, against a planned surplus of £302k and £301k respectively. The final position for 2019/20 is a surplus of £1,861k against a plan of £1,922k.

- 1.2. The final outturn position included additional cash funded costs of £132k relating to mitigating measures taken in March for Covid 19. In addition, due to staff cancelling or being unable to take annual leave in March, NHSE/I allowed Trust's to increase the carry over provision to ten days for untaken annual leave as opposed to the usual five days, resulting in an additional expense provision of £61k. This additional cost resulted in the Trust not achieving its original planned surplus position, however as this was approved by NHSE/I, the performance target was adjusted, and the performance reward was received in full.
- 1.3. The employer pension contribution rate increased in 2019/20 to 20.68%, however the Trust's contribution remained at 14.38% with the remaining 6.3% being made up by NHSE. As part of year end reporting the cost of the additional 6.3% has been included as Trust expenditure, offset by income received from NHSE.

2. Cash position



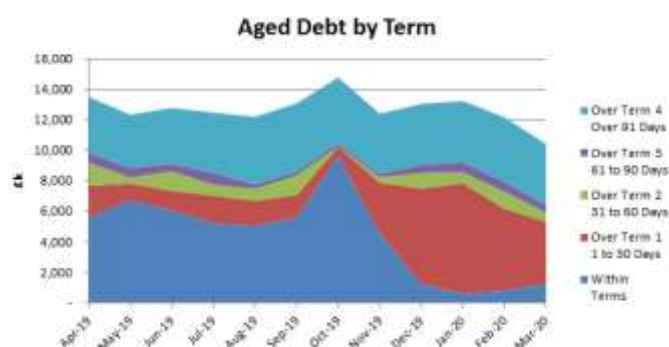
- 2.1. The cash balance of £11.6m at month 12 represents an overall decrease of £0.3m on the previously reported position at month 10. The reduction in payables over the period has contributed to the decreased in the cash position.

3. Statement of Financial Position

Statement of Financial Position

	March 2020 £'000	January 2020 £'000
Non-Current Assets		
Property, plant and equipment	54,284	53,360
Intangible assets	304	64
Total non-current assets	54,588	53,424
Current assets		
Inventories	41	41
Trade and other receivables	13,981	18,137
Cash and cash equivalents	11,550	11,939
Total current assets	25,572	30,117
Total assets	80,160	83,541
Current liabilities		
Trade and other payables	(13,383)	(17,971)
Provisions	(622)	(418)
Total current liabilities	(14,005)	(18,389)
Net current assets	11,567	11,728
Total assets less current liabilities	66,155	65,152
Non-current liabilities		
Trade and other payables	(1,045)	(1,045)
Provisions	(1,264)	(1,330)
Total non-current liabilities	(2,309)	(2,375)
Total assets employed	63,846	62,777
Financed by taxpayers' equity:		
Public dividend capital	2,245	2,245
Retained earnings	43,955	43,414
Revaluation Reserve	19,299	18,771
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	63,846	62,777

3.1. Trade and other payables have decreased over the reporting period by £4.6m and trade and other receivables have decreased over the reporting period by £4.1m.



3.2. Total trade receivables decreased by £0.8m in February to £12.2m and then decreased again by £1.8m in March to £10.4m. The breakdown in March is £3.6m (34%) from NHS organisations; £6.2m (60%) from Local Authorities; and £0.6m (6%) from other parties.



Be a Sustainable Organisation

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

3.3.1. Cambridgeshire County Council	£1.9m
3.3.2. Luton Borough Council	£1.8m
3.3.3. Norfolk County Council	£1.7m

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 12), Norfolk County Council, Cambridgeshire County Council and Luton Borough Council have subsequently paid £1.8m, £1.1m and £0.1m to reduce their outstanding balance.

4. Capital spend

4.1. Capital spend to date is £3.9m against a plan of £4.0m. The main areas of spend include the redevelopment projects at North Cambs Hospital (£1.8m) and Meadow Lane (£0.8m).

5. Use of resources

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

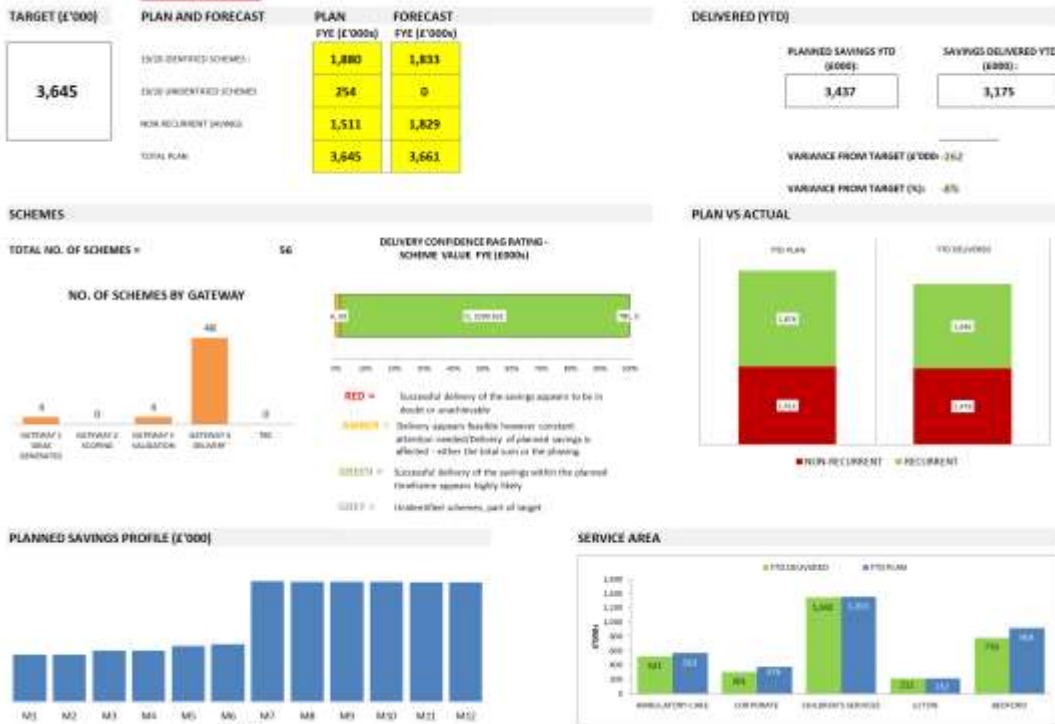
5.1. The Trust is currently achieving an overall Use of Resources Rating of 1 (please note the rating is 1 - 4, with 1 being the highest rating).

5.2. The I&E Margin Distance from Plan measures the surplus achieved against the planned surplus. Due to the additional Covid 19 annual leave expense provision, this has changed to 2.

6. CIP

COST IMPROVEMENT PLAN 2019/2020 SUMMARY

OVERALL STATUS AT: **Month 12 - March 20**



6.1. The Trust's Cost Improvement Plan (CIP) delivered savings of £0.609m over months 11 and 12 against a target of £0.617m. The Trust has achieved a savings of £3.175 against a target of £3.645m. The additional savings have been delivered through underspends in the services.

7. Contract performance

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

Bedfordshire and Luton Children and Adults Clinical Operational Board

Service	No of months KPI red rated	Actual versus required performance	Mitigations in place
Luton LAC	6+	Review health assessments 92.3% (target 100%)	
0-19	6+	% mothers receiving face to face NBV within 14 days 89% (target 90%)	Business continuity plans in place – high vacancy factor

0-19	6+	% children 12month review by 12 months 79% (target 90%)	As above
0-19	6+	% children 2 -2.5 year review 79% (target 90%)	As above
0-19	6+	% children 12month review by 15 months 78% (target 90%)	As above
Audiology Beds and Luton	2	Target of 92% children referral to diagnostic testing in 6 weeks – 75.8%	Capacity – vacancies and new joint clinical scientist post with Bedford Hospital not recruited to. Post back out to advert .One new Audiologist just recruited and two temporary staff so position expected to improve Weekly reporting to NHSE/I and CCG

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

Service	No of months KPI red rated	Actual versus required performance	Mitigations in place
Cambs HCP 2 yr review	6+	67%/100%	Overall performance has remained static over the last two quarters of the year. The service has released a member of staff to look at demand and capacity for the reviews as well as options for management of backlog. A secondment will be offered for a Clinical Systems and Data officer to take this work forwards.
Norfolk HCP Ante-natal contact	6+	74%/85%	There continues to be localised issues with communication from the acute hospitals - in particular in the West Locality. From January 2020 the Clinical lead and deputies have increased collaboration with individual Trusts – meeting face to face monthly sharing the individual data and ideas This approach has enabled some excellent collaborative work to identify and respond to concerns during Covid19. Learning from the pilot offering phone contacts to universal multip families has been implemented in the COVID Essential Services plan for antenatal contacts.
Norfolk HCP HCP1 review within 14 days	6+	63%/90%	It has been identified that in some localities teams were not protecting adequate slots for new birth appointments and other contacts with families have been placed in them - which were a mixture of UP and UPP work. Heads of Locality requested to take local action and responsibility to ensure that there are enough available appointments slots and working with their staff to identify when we will start to see an increase in performance.
Norfolk HCP % of eligible families that have applied for Healthy Start vouchers	3	83%/90%	Discussion has commenced with commissioners to compare data from other areas to understand realistic targets / or innovative ideas to improve performance, requested consideration of suspending measure until further clarification.
Norfolk HCP1 year review	6+	63%/90%	Breckland and City were in Stage 1 and West in Stage 2 staffing recovery plan therefore letters are being sent. East were still in recovery period from previous BCP when these contacts were ASQ by post only. South locality to review their admin capacity to ensure that appointments are sent out in a timely way. Encouragingly the checks are being completed by the time the child reaches 15 months with 91% completed for January and 94% for February.

PART TWO

Supporting Information

CCS NHS Trust Quality Performance Dashboard

			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20		
Standard/Indicator	Description	Contact	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	Sparkline	
SAFETY																
Patient safety																
Classic safety thermometer	% Harm free care	H Ruddy	96.27%	96.10%	96.48%	89.94%	96.34%	84.21%	96.37%	94.23%	97.78%	82.10%	96.88%	87.50%		
	% New harm free care		100.00%	96.73%	98.33%	99.42%	97.34%	98.25%	100%	99.52%	100%	99.38%	100%	98.21%		
Incidents																
Total number of new Data incidents reported in month	New patient safety incidents including SIs, Never Events and medication incidents	L Ward	135	170	138	186	147	161	151	163	131	134	158	112		
	Severe harm		0	0	1	0	0	0	0	0	0	0	1	0		
	Moderate harm		8	13	6	11	6	10	10	1	5	8	4	7		
	Low harm		28	29	19	34	27	34	20	25	26	22	27	28		
	No harm		99	134	112	141	114	108	121	137	100	104	124	85		
New SIs declared requiring investigation	Avoidable pressure ulcers declared as SI in month under CCS Care	A Davill	0	0	0	0	0	0	0	0	0	0	0	0		
	Other SIs declared		0	0	1	0	1	0	0	0	0	1	0	0		
Number of never events	Number of never events reported in month	A Davill	0	0	0	0	0	0	0	0	0	0	0	0		
	Number of medication incidents reported (CCS)		13	12	12	38	21	22	13	12	16	19	18	18		
Medication Management			92%	92%	100%	95%	100%	100%	85%	83%	88%	89%	94%	91%		
Infection Prevention & Control																
High Impact Interventaz	Children's Community Nursing Teams only	C Sharp	100.00%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	Compliance with spread of infection indicator		100.00%	100.00%	99.70%	100%	99.85%	99.87%	100%	100%	100%	100%	100%	100%		
UV light compliance			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
EFFECTIVENESS																
Mandatory training																
Overall mandatory training	In line with Trust Training Needs Analysis	J Michael	96%	94%	94%	94%	95%	95%	95%	94%	94%	94%	94%	94%		
	Level 1: % staff trained		99%	97%	97%	97%	98%	98%	98%	98%	97%	97%	97%	97%		
	Level 2: % staff trained		98%	96%	96%	97%	97%	97%	97%	97%	97%	97%	97%	97%		
	Level 3: % staff trained		93%	88%	90%	90%	91%	90%	87%	84%	88%	88%	88%	87%		
	Level 4: % staff trained		100%	100%	100%	100%	100%	100%	N/A	87%	100%	96%	100%	100%		
Safeguarding training (adults)	SOVA	J Michael	96%	95%	95%	96%	96%	97%	98%	96%	95%	95%	95%	95%		
	Mental Capacity Act		96%	94%	95%	95%	95%	95%	94%	93%	92%	92%	91%	91%		
	Deprivation of Liberty		97%	97%	97%	98%	94%	96%	93%	94%	94%	96%	96%	96%		
	% of staff undertaking Prevent training		99%	98%	99%	99%	98%	98%	98%	97%	96%	96%	94%	94%		
	% of staff undertaking WRAP training		89%	89%	89%	90%	91%	91%	93%	93%	92%	92%	92%	93%		
Prevent Basic Awareness (WRAP)	% of staff undertaking Prevent training	J Michael	88%	88%	88%	92%	94%	96%	99%	98%	99%	98%	91%	89%		
	Manual handling		96%	93%	92%	93%	92%	93%	93%	91%	90%	91%	92%	90%		
	Fire safety		92%	86%	91%	89%	88%	89%	91%	90%	90%	91%	89%	92%		
	CPR/Resus		96%	96%	96%	96%	97%	97%	97%	97%	96%	97%	96%	96%		
	RAC training		96%	93%	93%	94%	95%	95%	94%	95%	94%	93%	94%	93%		
Safeguarding			90%	92%	92%	92%	94.69%	94.08%	92.01%	88.92%	91.78%	89.72%	78.38%	76.16%		
Safeguarding supervision (Children)	% eligible staff	D Andrews D Shuler	90%	92%	92%	92%	94.69%	94.08%	92.01%	88.92%	91.78%	89.72%	78.38%	76.16%		
Workforce/HR																
Sickness	Monthly sickness absence rate	R Moody	4.57%	4.78%	4.61%	4.93%	4.58%	4.38%	5.09%	4.91%	5.89%	5.31%	5.36%	5.78%		
	Short-term sickness absence rate		2.22%	1.92%	2.83%	1.90%	1.89%	2.24%	3.67%	2.57%	2.53%	3.88%	2.89%	3.52%		
	Long-term sickness absence rate		2.55%	2.84%	2.63%	3.02%	2.78%	2.13%	2.42%	2.34%	2.56%	2.21%	2.47%	2.66%		
	Rolling cumulative sickness absence rate		5.98%	5.07%	5.66%	5.00%	4.99%	6.93%	4.90%	4.80%	4.55%	4.47%	4.50%	4.96%		
	Rolling year turnover		14%	14%	13.83	14.06	14.00%	14.47	13.41	13.48	13.98%	8.14	12.78%	13.04%		
Turnover	Bank staff spend as % of pay (financial YTD)	R Moody	0.20%	8.28%	1.47%	1.20%	1.88%	1.36%	1.36%	N/A	1.54%	N/A	1.58%	N/A		
	Agency staff spend as % of pay (financial YTD)		4.29%	8.83%	3.59%	2.99%	3.77%	3.10%	3.02%	N/A	2.85%	N/A	2.63%	N/A		
	% of employees over one year which remains constant		88.24%	88.12%	87.83%	89.20%	88.83%	88.71%	88.11%	88.55%	88.25%	88.55%	87.47%	88.82%		
	Appraisals		94.37%	94.20%	92.88%	92.55%	91.98%	91.36%	91.67%	90.13%	89.81%	90.82%	90.81%	88.36%		
	Recommending CCS as place for treatment - Quarterly reporting				91.88%			96.15%			Not available in Q3			93.55%		
Staff Friends & Family test	Recommending CCS as place to work - Quarterly reporting	P Davies/ L Thomas			77.98%			73.88%						83.88%		
EXPERIENCE																
Patient experience (monthly targets)																
Complaints	Number of formal complaints received in month	D McNeil	8	7	5	12	9	11	18	8	7	8	11	5		
	Standard complaints - of responses sent in month, no. of complaints responded to within 25 days		8/8	4/5	6/6	6/6	7/7	1/1	8/8	9/10	6/6	1/3	6/6	8/8		
	Standard complaints - percentage responded to within 25 days		100%	80.00%	100%	100%	100%	100%	100%	90.00%	83.00%	33.00%	83.00%	88.89%		
	Complex complaints - of responses sent in month, no. of complaints responded to within 30 days		2/2	1/1	3/3	1/1	0/0	1/1	8/8	3/3	4/4	2/2	2/2	2/2		
	Complex complaints - percentage responded to within 30 days		100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%		
Concerns	Number of concerns received in month	D McNeil	14	16	15	36	33	29	36	35	14	21	33	17		
	Patients who would recommend our services		96.17%	96.70%	96.98%	96.20%	97.23%	97.53%	96.27%	97.27%	97.08%	96.91%	96.88%	96.73%		
Friends & Family test score			2196	2889	1873	2541	2273	2672	2035	3073	2462	2580	2567	9661		
QEWTT (Quality Early Warning Trigger Tool)																
QEWTT	Number of responses received by scoring threshold	25+ 16-24 10-15 0-9	0	0	0	0	0	0	0	0	0	0	0	N/A		
			10	8	5	4	4	6	7	9	5	5	7	N/A		
			14	14	21	16	20	16	16	14	18	22	10	N/A		
			67	79	59	65	65	68	67	69	64	63	63	N/A		
	Number of two consecutive non-responses		0	0	1	3	0	0	0	1	2	1	0	N/A		
QEWTT	Number of single non-responses	25+ 16-24 10-15 0-9	2	1	7	8	1	2	2	1	5	2	4	N/A		
	Total number of responses received		91	92	85	90	92	90	90	92	87	98	89	N/A		
			93	93	93	93	93	92	92	94	94	93	93	N/A		

Notes: all sickness figures include C19 sicknesses

N/A Data usually supplied but not available this month

*Note: all sickness figures include C19 sicknesses

N/A	Date usually supplied but not available this month
-----	--

Summary of monthly-reported and tracked indicators

Contract	Rating	2019/20												2019/20 year end forecast
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Cambridgeshire and Peterborough CCG	GREEN	15	16	16	16	16	16	16	16	16	16	16	16	16
	RED	1	0	0	0	0	0	0	0	0	0	0	0	0
	% GREEN	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cambridgeshire County Council (iCaSH)	GREEN	3	3	4	4	4	4	4	4	4	4	4	4	4
	RED	2	2	1	1	1	1	1	1	1	1	1	1	1
	% GREEN	60%	60%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Cambridgeshire County Council (Healthy Child Programme)	GREEN	8	9	9	8	9	9	11	12	9	11	10	13	13
	RED	3	2	2	3	2	2	4	3	6	4	5	2	2
	% GREEN	73%	82%	82%	73%	82%	82%	73%	80%	60%	73%	67%	87%	87%
Peterborough City Council (iCaSH)	GREEN	15	16	15	15	17	17	17	17	17	17	17	17	17
	RED	2	1	2	2	0	0	0	0	0	0	0	0	0
	% GREEN	88%	94%	88%	88%	100%	100%	100%	100%	100%	100%	100%	100%	100%
NHS England (Community Dental Service)	GREEN	5	5	5	4	5	5	5	5	4	5	5	5	5
	RED	0	0	0	1	0	0	0	0	1	0	0	0	0
	% GREEN	100%	100%	100%	80%	100%	100%	100%	100%	80%	100%	100%	100%	100%
Luton CCG (Luton CHS)	GREEN	40	39	41	38	37	43	39	39	40	35	37	34	34
	RED	11	12	17	15	18	19	16	16	18	19	17	17	17
	% GREEN	78%	76%	71%	72%	67%	69%	71%	71%	69%	65%	69%	67%	67%
Luton CCG (new ambulatory services transferred from EPUT)	GREEN	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
	% GREEN	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
	RED	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%
Norfolk County Council (iCaSH)	GREEN	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
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Norfolk County Council (Health Child Programme)	GREEN	18	19	19	21	23	21	19	17	16	18	16	16	16
	RED	9	10	10	8	6	8	12	12	13	11	5	5	5
	% GREEN	67%	66%	66%	72%	79%	72%	61%	59%	55%	62%	76%	76%	76%
Bedfordshire LAs (iCaSH)	GREEN	27	27	28	27	28	29	30	30	29	30	30	30	30
	RED	3	3	2	3	2	1	0	0	1	0	0	0	0
	% GREEN	90%	90%	93%	90%	93%	97%	100%	100%	97%	100%	100%	100%	100%
Bedfordshire LAs (Healthy Child Programme and oral health promotion)	GREEN	14	14	14	14	14	14	14	14	14	14	9	9	9
	RED	6	6	6	6	6	6	6	6	6	6	5	5	5
	% GREEN	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	64%	64%	64%
Bedfordshire CCG (ambulatory services)	GREEN	3	3	3	3	3	3	3	3	3	3	3	3	3
	RED	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%
TRUSTWIDE	GREEN	179	182	185	181	187	192	189	188	183	184	178	178	178
	RED	37	36	40	39	35	37	39	38	46	41	33	30	30
	% GREEN	83%	83%	82%	82%	84%	84%	83%	83%	80%	82%	84%	86%	86%

Appendix 2 - Contractual Performance by Commissioner

Risk ID: 3156	Risk owner: Robbins, Mark	Risk handler: Robbins, Mark	Risk Grading:			
Directorate: Trustwide		Date recorded: 02/03/2020			L	C
Specialty: Finance and Resources Directorate		Anticipated completion date: 30/09/2020		Initial:		12
Clinical Group: Trust Wide		Risk committee: Board		Current:	Possible - 3	Major - 4 12
Risk Title: Agenda for Change uplift - Public Health funded services				Target:	Rare - 1	Major - 4 4
Principle Trust Objective: Be a sustainable organisation		Source of Risk: Risk assessment		Risk level Current: High		Last Review Date: 02/03/2020
Risk description: There is a risk that if there is no additional funding for the staffing costs resulting from the Agenda for Change uplifts, there will be an adverse impact to the quality of the services the Trust provides and therefore its reputation could be affected.				Significant Hazards: Potential for patient outcomes could worsen due to an enforced reduction in services that are focused on prevention, early intervention and treatment, which could therefore cause an increase pressure to other parts of the health system. Local Authority commissioners have been assuming the additional funding is being made available and therefore there are no plans for service reductions if the funding isn't made available.		
Progress update:				Controls in place: The Trust has escalated this funding issue to Regional and National officers at NHSE / I and the Department for Health and Social Care, and have received assurance that clarification and confirmation of the funding arrangements will be made in the coming weeks. This escalation has indicated that if funding isn't forthcoming the Trust will be unable to deliver the improvement target that has been set for 20/21 and future years.		

Risk ID: 3165	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:			
Directorate: Trustwide	Date recorded: 09/03/2020			L	C	
Specialty: Not Applicable	Anticipated completion date: 31/03/2021		Initial:			12
Clinical Group: Trust Wide	Risk committee: Board		Current:	Unlikely - 2	Major - 4	8
Risk Title: Complexity of System Working			Target:	Unlikely - 2	Major - 4	8
Principle Trust Objective: Collaborate with other others, Provide outstanding care		Source of Risk: Meetings	Risk level Current: High		Last Review Date: 06/05/2020	
Risk description: There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.			Significant Hazards: Complexity of system working Maturity of working relationships Ability for all system partners to collaborate Competition Insufficient capacity and capability to work effectively across and within different systems			
Progress update: [Pisani, Anita 06/05/20 19:26:14] This risk is now currently focused on delivery of Covid-19 system emergency planning expectations and needs. The Trust is actively engaged and involved in both Cambridgeshire and Peterborough and Bedfordshire, Luton and Milton Keynes systems and is tied into relevant command and control structures in those systems. Trust has moved to the delivery of essential services in line with national framework for community health services providers. Operational links in place within the Norfolk system and more formal senior links currently being established. Formal redeployment process in place and Memorandum of Understanding across the systems in which we work have been signed in relation to providing staffing mutual aid. CCS jointly chairs Bedfordshire Resilience Local Forum Health and Social Care Cell for Out of Hospital services across Bedfordshire. This forum ensures delivery of discharge requirements, support to delivery of Adult Social Care Action Plan and wrap around support to Care Homes. CCS also chairs tactical group in relation to these work streams. We have been actively involved in the development of Phase 2 recovery plans across the systems in which we work and we are delivering in the areas that we are expected to. Reduced scoring this week as we are playing our part in systems working.			Controls in place: Joint Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) - chaired by Non-Executive Directors Board to Board with CPFT as required Integrated Leadership Structure for 0-19 services across Cambridgeshire and Peterborough Joint Transformation Board with Commissioners - Cambridgeshire and Peterborough Children Services Joint Partnership Board with East London Foundation NHS Trust - Executive led Variety of joint work streams in place with East London Foundation NHS Trust on delivery of Bedfordshire Community Health Services Joint Away Days taking place within Bedfordshire Community Health Services Bedfordshire Care Alliance Luton Provider Alliance - co-chaired by CCS and Luton and Dunstable Chief Executives Programme Director in place for delivery of Enhanced Models of Care across Luton system Luton Transformation Board CEO and Chair member of Cambridgeshire and Peterborough STP Board CEO and Chair attend BLMK wide Executive meetings Monthly internal meeting of virtual internal systems development team Additional capacity created from April 2020 to focus on systems working/development activities Service Director for Cambridgeshire and Peterborough Services SRO for Best Start in Life Programme of work			

Risk ID: 3163		Risk owner: Pisani, Anita		Risk handler: Pisani, Anita		Risk Grading:					
Directorate: Trustwide				Date recorded: 09/03/2020					L	C	
Specialty: Not Applicable				Anticipated completion date: 19/02/2021				Initial:			8
Clinical Group: Trust Wide				Risk committee: Board				Current:	Possible - 3	Major - 4	12
Risk Title: Reduction in staff morale could adversely affect the delivery of high quality care								Target:	Rare - 1	Major - 4	4
Principle Trust Objective: Be an excellent employer, Provide outstanding care				Source of Risk: Meetings				Risk level Current: High		Last Review Date: 06/05/2020	
Risk description: There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.				Significant Hazards: Demands of the service exceeding capacity available Insufficient staff to deliver service Turnover Vacancies Staff absences - sickness; maternity; training etc Controls in place: Annual staff survey and delivery of improvement plans - Trust-wide and local plans - Staff morale feedback - best in class and 8th nationally for all NHS providers Quarterly staff friends and family surveys Discussions and resulting actions from Wider Executive team meeting Appraisal rates and quality of appraisals 1:1s and team meetings Monthly quality dashboard Quality Early Warning Trigger Tool Clinical Operational Boards Freedom to Speak Up Guardian and Champions Guardian of Safe Working role in place to support junior doctors GMS survey feedback Raising Matters of Concern log Bespoke Leadership and Team Development Sessions Deloitte external review of Well-led and Care Quality Commission Inspection Feedback - last inspection report August 2019 - Outstanding for Well-led Back to the Floor feedback, discussions and resulting actions Live Life Well Activities Staff Side Chair - confidential helpline in place Corporate Induction and local induction systems and processes Bi-annual workforce reviews Daily Incident Management Team meeting Daily sitrep Digital Q&A sessions put in across all Divisions - first set taking place week of 6th April 2020 Detailed FAQs regularly shared with all staff							
Progress update: [Pisani, Anita 06/05/20 19:16:43] Covid-19 pressures still exist and individuals being asked to work in different ways. New ways of working having a mixed impact on individuals. Some positive and some negative. Currently not in a position to enable all staff, who could work from home, to be able to work from home due to lack of IT equipment. New laptops being rolled out but will take 4 weeks to complete. Morale impacted within Ambulatory division in the past week due to taking part in national asymptomatic staff and patient testing pilot. Weekly virtual Q&A session in place with corporate team and fortnightly sessions with all services; daily sitrep calls and reporting of daily service pressures in to the Incident Management Team meeting continue to take place. Due to above update risk score to stay the same.											

Appendix 3 – Strategic Risks and Operational Risks 15 and above

Risk ID: 3167	Risk owner: Winn, Matthew	Risk handler: Winn, Matthew	Risk Grading:		
Directorate: Trustwide	Date recorded: 11/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 01/02/2021		Initial:		12
Clinical Group: Trust Wide	Risk committee: Board		Current:	Possible - 3	Major - 4 12
Risk Title: System planning			Target:	Unlikely - 2	Major - 4 8
Principle Trust Objective: Be a sustainable organisation, Collaborate with other others		Source of Risk: External assessment	Risk level Current: High		Last Review Date: 11/03/2020
Risk description: As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation			Significant Hazards: 1. national Policy to move to "system by default" 2. Provider financial health is more directly linked to the financial health of the "system" 3. Cambs/Pet has the one of the largest financial deficit in the NHS Controls in place: 1. The Trust has spread its income and expenditure base across two STP footprints to more readily reflect its regional footprint 2. the Trust to play its full part in the service areas of MSK and Children in Cambs/Pet - but nothing else 3. full stakeholder relationships and executive visibility in place to influence the relevant decisions being made		
Progress update:					

Risk ID: 3194	Risk owner: Curtis, Ms Julia	Risk handler: Curtis, Ms Julia	Risk Grading:			
Directorate: Trustwide		Date recorded: 24/04/2020			L	C
Specialty: Unit Wide		Anticipated completion date: 31/08/2020		Initial:		12
Clinical Group: Trust Wide		Risk committee: Board		Current:	Likely - 4	Moderate - 3 12
Risk Title: There is a risk of increased staff anxiety relating to the use and supply of Personal Protective Equipment				Target:	Unlikely - 2	Moderate - 3 6
Principle Trust Objective: Be an excellent employer		Source of Risk: Risk assessment		Risk level Current: High		Last Review Date: 12/05/2020
Risk description: There is a risk that staff may refuse to undertake certain elements of clinical care or visit particular patients/care settings due to increased anxiety around what is appropriate PPE.				Significant Hazards: Media coverage of the impact of the Covid 19 pandemic including negative reports of stressors in wider system ie social care National shortages of specific PPE at any one time ie gowns lack of understanding of the national IP&C guidance by staff New hazard identified- emerging lack of trust and confidence in Government advice re appropriate PPE and continued pressures in supply chain		
Progress update: [Curtis, Julia Ms 12/05/20 11:25:33] risk reviewed - rating remains unchanged due to continued anxiety with different staff. Ad hoc sessions with teams continue and IP&C week promoted across the trust 11th - 17th May				Controls in place: Daily FAQs informed by national guidance weekly Directors Q&A session each directorate Twice weekly IP&C leads meeting which informs staff comms Agile response to staff queries ie 'Teams' based sessions with small groups of staff Establishment of trust wide Clinical Ethics Consideration group		

Risk ID: 3166	Risk owner: Curtis, Ms Julia	Risk handler: Curtis, Ms Julia	Risk Grading:		
Directorate: Trustwide	Date recorded: 10/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 31/03/2021		Initial:		4
Clinical Group: Trust Wide	Risk committee: Board		Current:	Unlikely - 2	Major - 4 8
Risk Title: There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fu			Target:	Unlikely - 2	Major - 4 8
Principle Trust Objective: Be an excellent employer, Provide outstanding care		Source of Risk: Risk assessment	Risk level Current: High		Last Review Date: 12/05/2020
Risk description: There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards		Significant Hazards: A number of factors (some of which are listed below) could combine which would then result in poor patient experience and increased patient safety incidents. (This will also negatively impact on compliance with regulatory standards) - Staff absence at work due for a variety of reasons including sickness - Limited availability of staff in certain professional groups ie specialist professions which are nationally difficult to recruit to - Staff lack of understanding of what constitutes delivery of outstanding care and their role within that. new hazard identified - Covid19 pandemic requiring new ways of working Controls in place: Relaunch of 'Our Quality Improvement Way' Rolling Peer Review Programme outcomes triangulated with annual service CQC self assessments Quality Early Warding Trigger Tool monthly completion by all teams Quality reports to Clinical Operational Boards and Board Bi annual Workforce review to Board (May and November Public Boards) Back to the floor programme continues - summary taken to Wider Exec Team Ongoing annual CQC Inspection cycle which now includes staff focus groups and Inspector attendance at key meetings ie Board Staff feedback (including staff survey) Whistleblowing and raising Concerns processes well embedded with report to Board x 2 (Chief Executive report) and annually from freedom to Speak Up Guardian reports Clinical audit programme - reports to Clinical Operational Boards and Quality Improvement and Safety Committee Patient and Staff feedback mechanisms ie FFT Patient Stories to Board Internal audit programme (Quality elements) Improvement plan for the CQC identified 'Areas for Improvement' August 2019 Establishment of trust wide 0-19 services clinical leads group - This group feeds into the trust wide quarterly Children's services group Oversight of actions at Wider Exec group Quality Data continues to be regularly triangulated with Workforce information at Service, Clinical Operational Board and Board level Major Incident management process invoked with daily trust wide sit rep meetings including escalation of issues ie staffing, IP&C, maintenance of essential services.			
Progress update: [Curtis, Julia Ms 12/05/20 11:34:38] Risk reviewed - rating remains unchanged. All Covid 19 related risks are reviewed by Incident management Team weekly Additional risk related to staff anxiety re Personal Protective Equipment (3194) rated 12 separated from risk 3179					

Risk ID: 3179	Risk owner: Curtis, Ms Julia	Risk handler: Curtis, Ms Julia	Risk Grading:			
Directorate: Trustwide	Date recorded: 04/04/2020			L	C	
Specialty: Not Applicable	Anticipated completion date: 31/08/2020		Initial:			9
Clinical Group: Trust Wide	Risk committee: Board		Current:	Possible - 3	Major - 4	12
Risk Title: There is a risk that staff are not appropriately protected from the Covid 19 virus at work			Target:	Unlikely - 2	Major - 4	8
Principle Trust Objective: Be an excellent employer, Provide outstanding care		Source of Risk: Risk assessment	Risk level Current: High		Last Review Date: 12/05/2020	
Risk description: There is a risk that staff could be inappropriately protected from the Covid 19 virus at work due to fluctuating stock levels of Personal Protective Equipment. This is heightened by anxiety levels in the general public and media.			Significant Hazards: Changes to national IP&C guidance might affect our ability to supply individual elements of PPE to relevant teams as supplies are currently on a 'push, pallet' system and appropriate stock might be held in different locations to those required through any changes. Stock is delivered in batches ie aprons separately to gowns/gloves etc Some stock is past its expiry date New hazard added 08/04/20 re inconsistency of PPE practice within other organisations that our staff might be redeployed to. new hazard added 19/04 increasing requests for mutual aid from other organisations re PPE stocks due to inconsistent national supply chain New hazard 19/04 reducing supply of FIT testing solution Controls in place: We are fully engaged with NHS supply chain delivery system and have 24 hr access to escalation process. Initial 'pallet style' 'push' drops of stock received and distributed to key Trust sites by the contracted courier Assurance from PHE that expired stock from the national stockpile have been independently tested to ensure equipment comply with the relevant British safety standards. Trust wide Daily Situation Report includes escalations re PPE stock from each service. This feeds into daily Incident management Team along with any queries from staff. Back up central supply housed at HQ. Full engagement from PHE recommended courier service to drop at main base sites. Additional supplies sources ad hoc from other stakeholders as required ie new Pharmacy provider Joint working with other organisations re mutual aid for PPE supplies Daily FAQs for staff with changes to national guidance as necessary Reminders to staff re basic hand hygiene Leadership team hosting web based staff Q&A sessions and IP&C/PPE messages reinforced and queries answered. We are fully included on EPRR command call infrastructure and can raise issues re inconsistency of PPE practice through this route Oversight of trust wide stock of FIT test solution to ensure continued practice. new control measure added 21/04 daily review of ability to maintain service due to PPE/gown availability for dental services.			
Progress update: [Curtis, Julia Ms 12/05/20 11:23:19] risk reviewed -score unchanged as recent consignment of gowns do not meet safety standards and safety alert received re 'Tiger' face visors/shields affecting approx 4000 items of our stock. Current supplies of other brands sufficient and further supplies requested. PPE stock continues as area for escalation on Sit Rep for Incident management team and weekly stock take across all services.						

Risk ID: 3190	Risk owner: Curtis, Ms Julia	Risk handler: Curtis, Ms Julia	Risk Grading:		
Directorate: Trustwide	Date recorded: 10/04/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 28/08/2020		Initial:		20
Clinical Group: Trust Wide	Risk committee: Board		Current:	Likely - 4	Major - 4 16
Risk Title: Unintended impact of re prioritisation of community services			Target:	Possible - 3	Major - 4 12
Principle Trust Objective: Provide outstanding care		Source of Risk: Risk assessment	Risk level Current: Extreme		Last Review Date: 12/05/2020
Risk description: There is a risk that health outcomes for service users, patients, children and young people might be negatively impacted by the national requirement to reprioritise our service offer for a number of services identified as 'non essential' There are a number of related risks identified at service level that underpin this trust wide risk.		Significant Hazards: changes in practice required to meet new service delivery models ie technology based assessments reduced contacts with families/children/ adults at risk or identified as vulnerable staffing reductions due to current requirements for self isolation/ shielding Controls in place: Children & Young people: 3180 - detailed records of telephone calls, face to face visits for those families identified as vulnerable, video based assessments, SOP in place for particular vulnerable groups, Appropriate PPE available for visits if required 3184 - telephone assessment, Child protection medicals continuing as essential service, each child's needs assessed on individual basis, appropriate PPE available 3181 - Single Point of Access established and clinical pathways established across all geographies, web site updated with universal offer, social media campaigns, staff not required to support essential services are maintaining small amount of non essential activity, workstreams in place to ensure children on EHCP and with complex needs receive the services they require through alternative methods, where considered appropriate and safe the practitioners will visit following risk assessment if required 3183- The needs of children requiring EHCP input/complex needs are being stratified, plans in place to keep in touch with families to satisfy requirements to deliver 'reasonable endeavour', Single Points of Access established with clinical pathways across all geographies 3182 - safeguarding SOPs developed re face to face/ technology based contacts, routine safeguarding caseload supervision suspended and replaced by increased ad hoc sessions and supervision 'surgeries', continued involvement with each LSCB/LSAB where papers sent for virtual consideration, business continuity plan in place across the trust for safeguarding function, Heads of safeguarding involved in regular system based safeguarding discussions, continued work on SCRs and SI reports MSK - risk 3178 -all referrals triaged by clinical lead or deputy;hot line with acutes for immediate advice and collaborative clinical decision making Dental risks 3177 & 3191 PPE;levels 1 & 2 triage, following NHSE SOP,remote prescribing antibiotics Neuro rehab risks 3177 & 3191 escalation process agreed and liaison with LA colleagues re future care after 48 hrs Luton Adult services 3096 - all service areas have developed RAG rating criteria for prioritisation during Covid pandemic with risk stratification to determine cohort, process being developed for delaying/suspending green rated non essential visits and identified process for how this will be monitored and risks mitigated, caseload monitoring by staff working remotely, discussions with patients, carers and families re what to look out for and how to access support if required. Staff - swabbing to facilitate earlier return to work for identified staff Further controls under review re wound care and caseload prioritisation measures			
Progress update: [Curtis, Julia Ms 12/05/20 11:30:44] Risk reviewed - rating remains unchanged having reviewed updates from underpinning risks. Services undertaking detailed analysis of potential impact.					

Risk ID: 3164	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:		
Directorate: Trustwide	Date recorded: 09/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 31/03/2021		Initial:		12
Clinical Group: Trust Wide	Risk committee: Board		Current:	Unlikely - 2	Major - 4 8
Risk Title: Workforce challenges affecting ability of services to maintain high quality care			Target:	Unlikely - 2	Major - 4 8
Principle Trust Objective: Be an excellent employer, Collaborate with other others, Provide outstanding care		Source of Risk: Meetings	Risk level Current: High		Last Review Date: 06/05/2020
Risk description: There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges.		Significant Hazards: Vacancies - hard to recruit to posts Turnover Staff Morale Sickness levels Demands on services Controls in place: Monthly workforce KPI data shared with all Service Directors - turnover; sickness; stability; appraisal and mandatory training compliance Bi-annual workforce reviews with all service areas - May and November each year Quality Dashboard Quality Early Warning Trigger Tool Raising Matters of Concern log and actions Bi-monthly Trust Board Quality Report Staff side chair identified as confidential link Freedom to Speak Up Guardian and Champions Live Life Well activities Workforce Race Equality Action Plan Back to the Floor feedback and actions Local Recruitment and Retention Premia in place where appropriate Staff Survey results and actions plans Care Quality Commission feedback Peer Reviews Business Continuity Plans Service self-assessments against 5 Care Quality Commission Domains Incident reporting			
Progress update: [Pisani, Anita 06/05/20 19:20:36] Reduced scoring this week as sickness levels across services have stabilised and all services reporting that they are able to meet all current service demands. Currently working on a phase 2 recovery plan for the period May - end July 2020 and will need to keep workforce pressures under constant review during this period due to some staff reporting feeling fatigued with the new ways of working and lack of people contact. No major service challenges being reported at the Incident Management Team meeting which meets three times a week. Relevant services reporting that they are able to provide essential services on the bank holiday 8th May 2020. No SI's reported.					

Risk ID: 3192	Risk owner: Gingell, Mr James	Risk handler: Robbins, Mark	Risk Grading:			
with operating system upgrades, HSCN migration timelines and migration to the new ICT contract		Date recorded: 19/04/2020		L	C	
Directorate: Trustwide		Anticipated completion date: 31/03/2021	Initial:			16
Specialty: Not Applicable		Risk committee: Estates Committee	Current:	Likely - 4	Major - 4	16
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8
Risk Title: ICT Provision During Covid-19 Response						
Principle Trust Objective: Be an excellent employer, Be a sustainable organisation, Collaborate with other others Provide outstanding care		Source of Risk: Risk assessment	Risk level Current: Extreme		Last Review Date: 11/05/2020	
Risk description: There is a risk that the Trust will not have sufficient ICT provision to be able to respond to the demand during Covid-19. The demand and reliance on ICT provision is unprecedented during Covid-19, split into the following categories. 1.The VPN capacity is near maximum and has limited resilience. 2.Network Infrastructure is under significant load. 3.The demand for Laptops and VPN tokens is vast. The supply chain for technology is stressed. Demand is greater than capacity. 4.Supplier resource with Managed ICT contracts (SBS & EPUT) is limited. 5.The reliance on Trustwide Single Point of Access (SPA) is significant to support Services with patient contact with limited contingency. 6.Subject Matter Expert (SME) ICT Resources within the ICT Service Delivery Team (JG/DC) are single points of failure. 7.The timeline for Technology deployments and new ICT solutions e.g. Video Conferencing is aggressive with limited governance arrangements. The reliance on these is growing as Service Delivery models adapt to utilise this technology. 8.The Majority of Non Covid-19 activity has been suspended, increasing risk. If one or more of the above were to fail, the impact to Trustwide Service Delivery would be more significant than ever before.		Significant Hazards: 1. Sickness Absence to critical members of ICT Service Delivery Team 2. Non Essential Annual Leave has been carried over into 20/21 3. Non essential projects conflict with limited ICT Service Delivery 4. ICT resources can only focus on Covid-19 activity to sustain the current implementation progress. 5. Existing outsourced contracts are not able to be fulfilled due to staff sickness and self isolation. Controls in place: 1. Additional VPN Capacity being designed and procured. 2. Outsourced engineer resource procured for laptop deployments with CDW to support laptop imaging and asset tagging. 3. Technology Hardware on order and Purchase Orders being closely monitored 4. Daily Service Delivery Team calls to focus on key priorities for the day 5. Regular supplier engagement to focus on key Covid-19 priorities 6. Re-allocated temporary Bank Role to support Covid-19 response 7. Best practice on Technology usage shared in Q & A 8. ICT attending all staff Q & A sessions 9. Infrastructure under close performance monitoring				
Progress update: [Gingell, James Mr 11/05/20 11:03:35] Reference made in Infrastructure paper around this risk, specifically around lack of resilience in Remote Access (VPN).						

Assurance Framework for the Integrated Governance Report

Part A

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

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

Part B

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

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

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

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

Appendix 4 – Assurance Framework

		care provided within control of the Trust -staff flu vaccination at or above plan	place to reduce staffing pressures -staff flu vaccination below plan but at same level or improved on last year	internal service plan in place - one healthcare acquired infection reported and care within control of the Trust action plan in place to ensure no reoccurrence - Staff flu vaccination below plan and below last year's level with an action plan in place	-increase in incidents above upper control total without action plans in place or increase in incidents above upper control total for four months -staffing pressures - staffing pressures resulting in reduced service delivery and no commissioner agreed plan or internal service plan in place in same service for two or more reporting periods - one healthcare acquired infection reported where care within control of the Trust and no action plan in place or more than one healthcare acquired infection where care within control of the Trust - Staff flu vaccination below plan and below last year's level with no action plan in place
Effective	Do staff have the skills, knowledge, experience and support to provide effective care?	- mandatory training and supervision at or above target levels -appraisal rates are at or above target levels - rolling sickness rates are within average and no higher than the NHS England rate for Community Trusts -stability figures at or above target levels	- mandatory training and supervision at or above target levels across 85% of services and remaining services are no more than 5 % below target - appraisal rates at or above target levels across 90% of services and remaining services are no more than 5% below target -rolling sickness	- mandatory training and supervision at or above target levels across 75% of services and no more than 2 services are more than 5 % below target - appraisal rates at or above target levels across 80 % of services and no more than 2 services are more than 5% below	- mandatory training and supervision is 74% or less of target levels or 3 or more services are more than 5 % below target - appraisal rates at or above target levels across 79 % of the Trust and 3 or more services are more than 5% below target -rolling sickness outside upper

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

Appendix 4 – Assurance Framework

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

SPC key

