

TRUST BOARD

Title:	Integrated Governance Report
Action:	For DISCUSSION
Meeting:	20th November 2019

Purpose:

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

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

A summary of Trust performance against each objective during August 2019 and September 2019 is also provided.

Recommendation:

The Board is asked to review the assessment of assurance set out 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.

Appendices:

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

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Statistical Process Control Chart Key

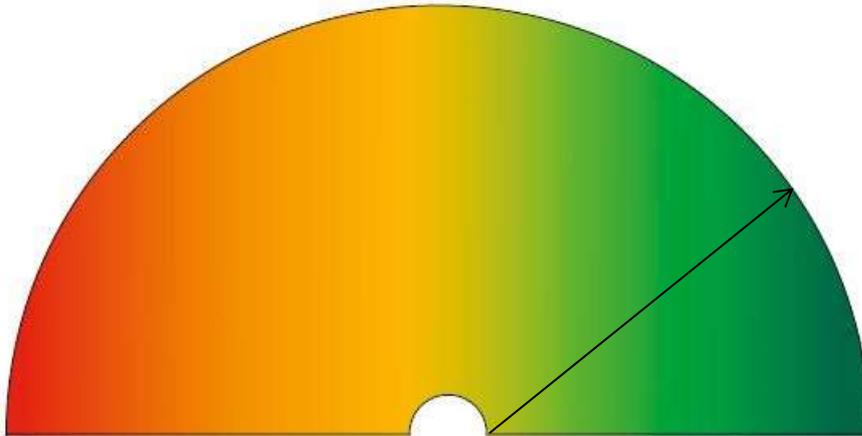
PART ONE

Assurance Summary and Performance for August and September 2019



Provide outstanding care

A: Assurance Summary



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

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

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

1.2.1 The direction of travel for achieving the strategic objective of providing outstanding care has been adjusted to reflect a change in assurance from substantial to reasonable for the Responsive Key Line of Enquiry

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

Safe – Reasonable Assurance

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

Caring – Substantial assurance due to the Trust wide CQC rating of Outstanding for this Key Line of Enquiry along with 97.53% satisfaction with our services fed back through the Friends and Families mechanism. This exceeds the target set in our Measures for this objective (90%).

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



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Effective – Reasonable assurance due to reduced levels of safeguarding supervision against target of 95% (90%) and level 3 safeguarding training at 90% against a 93% target. There were also a low number of Information Governance incidents reported in August and September 2019.

Responsive – Reasonable assurance due to 100% of complaints responded to on time for August and September 2019. Community Paediatrics (Bedfordshire) did not meet the 18 week RTT target in September 2019, mitigation outlined in section 8. The Luton enuresis service missed the target by one patient in September 2019.

This assessment has moved back to reasonable assurance from substantial in the previous report, due to the above.

Safe	<ul style="list-style-type: none"> No Sis or Never Events No healthcare acquired infections QEWTT scores August 4 ≥ 16; September 6 ≥ 16 Staffing pressures adequately controlled with Business Continuity plans agreed by commissioners. 	Reasonable
Caring	<ul style="list-style-type: none"> Outstanding care – patient story FFT 97.53% (target 90%) Number of informal and formal complaints within expected variance 	Substantial
Effective	<ul style="list-style-type: none"> Mandatory training 95% (target 93%) Safeguarding supervision 90% (target 95%) Low number of Information Governance incidents 	Reasonable
Responsive	<ul style="list-style-type: none"> Complaints response times; 100% June and July Consultant-led referral to treatment time above 92% target in all services except Bedfordshire Community Paediatrics and Luton Enuresis service. 	Reasonable

B: Measures for Achieving Objective

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

C: Risks to achieving objective

Strategic risks

- Risk ID 2971** - There is a risk that due to the complexity of system working, the Trust will not be able to deliver the agreed models of care (Risk rating 12).
- Risk ID 2967** - There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care Standards (Risk rating 4).
- Risk ID 2969** - There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce (Risk rating 8).



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4. **Risk ID 2776** - There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS provider sector to drive greater provider efficiency (Risk rating (8)).
5. **Risk ID 2970** - There is a risk that the Trust is unable to maintain high quality care across the organisation due to the increase number of services facing workforce challenges (Risk rating 12).

Any operational risks 15 and above

1. **Risk ID 2915** (Luton 0-19 team) - There is a risk that we will be unable to deliver the Healthy Child Programme. This includes the early identification of children and their families in need of further support including safeguarding concerns (Risk rating 16).
2. **Risk ID 2554** (Cambridgeshire Community Nursing Team) - There is a risk that staffing pressures in this under resourced team could result in children being unable to be discharged from hospital (increased from 12 to 15 in November).
3. **Risk ID 3051** (Luton Community Adults) - There is a risk that the Commissioners are now requiring a greater level of saving from the Enhanced Collaborative Model of Care programme than originally required, in relation to signing off any further investment. The impact of this would be a shortfall in the CCG's anticipated QIPP Programme (Risk rating 16).

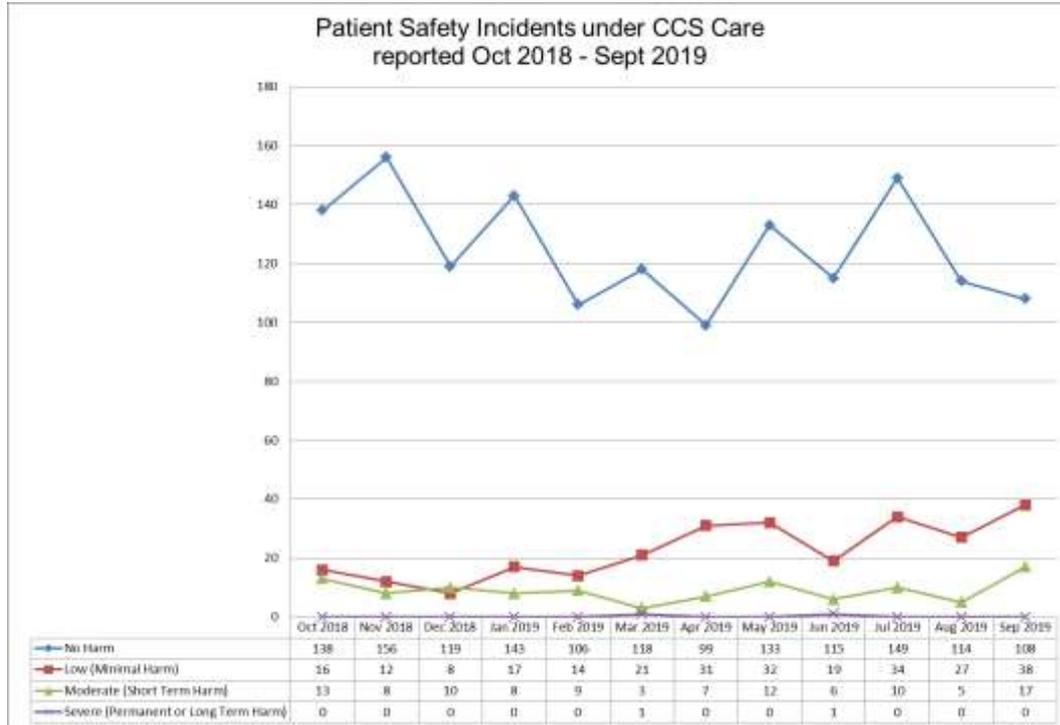
D: Overview and analysis (including information from the Quality Dashboard section 11)

1. Patient safety incidents

- 1.1 There were no Serious Incidents (SIs) declared in August and September 2019.
- 1.2 Seven Root Cause Analysis (RCA) investigations were initiated in this period for a number of different issues including safeguarding adult referrals, delay in monitoring a patient following a fall, failure to escalate safeguarding children concerns, timeliness of a clinical appointment (iCaSH) and administration process errors in Community paediatrics Luton.
- 1.3 The initial findings discussed at panel meetings were that none of these incidents met the criteria for reporting as SIs.
- 1.4 The chart below highlights that patient safety incidents that occurred under our care were graded in this period as 72% no harm, 21% low harm and 7% moderate harm. All the moderate harm incidents have received further scrutiny (14 x Tissue Viability Nursing Team review) and appropriate actions identified.



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1.5 Themes and Trends identified from Pressure Ulcer investigations are shared at monthly training sessions and include reminding staff about the importance of completing a holistic assessment of their patients involving all relevant risk assessments. The learning is also overseen and shared at the Luton Adult service Quality & Risk Meeting.

1.6 The Tissue Viability Nursing Team also deliver training for residential / care homes which includes a countywide initiative supported by Luton CCG - Pressure Ulcer and Food First Initiative (PUFFI). The month of November includes the Stop the Pressure Day which is a national day to promote pressure ulcer care.

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

2.1 The overall harm free result was 90.3% in August but dipped to 84.2% in September (target 96%).

2.2 The new harm metric is more indicative of the care directly provided by our staff and this was 97.24% in August and 98.3% in September (target 98.5%).

3. **Safeguarding**

3.1 We are currently contributing to 17 Serious Case Reviews and four multi agency reviews (children), two Serious Adult Reviews and one Adults multi agency review across our service portfolio. A number of these reviews are now concluded and will be closed once reports have been published. Learning is included in local Level 3 training annual updates.

3.2 A number of services did not achieve the 93% compliance target for Safeguarding Children Level 3 training resulting in an overall trust wide rate of 91% in August and



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90% in September. This was due to a number of factors including staff sickness and service capacity challenges.

- 3.3 We have exceeded the targets for all components of Safeguarding of Adults at Risk and Prevent training.
- 3.4 Safeguarding children supervision rates improved to 94.5% in August and dipped to 91% in September (95% target). This target has not been met since April 2019. A number of staffing pressures have contributed to this position with Norfolk and Cambridgeshire teams below compliance – Luton Universal services achieved 100% in September. Work continues to improve the overall position.
- 3.5 Trusts are required to undertake annual assessments against their statutory requirements in Section 11 of the Children's Act relating to a number of elements including leadership, support and training relating to safeguarding children. We have participated in challenge events undertaken by Local Safeguarding Children Boards in Bedfordshire (covering 3 x LSCBs) and Norfolk. Health providers are represented at the Cambridgeshire LSCB event by the CCG Designated Nurse for Safeguarding Children.
- Strong assurance can be taken from the process overall for CCS as areas of excellent practice and challenges that require a multi-agency approach were identified in the self-assessments and discussed with each LSCB. Formal feedback is expected shortly.

4. Infection prevention and control

- 4.1 There were no confirmed bacteraemia cases of MRSA, Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during August and September 2019. We have not been notified of any positive cases of C.difficile during this period.
- 4.2 The Trust was informed by Public Health England that there was going to be a delay in the delivery of some of the inactivated Quadrivalent influenza vaccines manufactured by Sanofi Pasteur. The manufacturer advised that there would be a staggered delivery of the vaccines up until the end of November. This was due to a delay in the World Health Organisation's decision on which vaccine strain to include.
- 4.3 The National requirement for NHS Trusts is to vaccinate 80% of patient facing healthcare workers (e.g. patient facing). As at the 1 October 2019, 1679 frontline staff Trust wide would be eligible for this year's campaign; 80% of which is 1343.
- 4.4 As at 11 November 2019 the percentage of reported CCS patient facing staff vaccinated was 48.1%.
- 4.5 NHS England and NHS Improvement have mandated trusts to publish a healthcare worker flu vaccination best practice management checklist for public assurance by December 2019. This provides details of the actions that trusts have undertaken to ensure maximum opportunities for staff to receive flu jabs.
- We had already put in place the components of the checklist which can be seen in Appendix 1.
- 4.6 The Board is asked to publicly commit to achieving the ambition of 100% of front line healthcare workers being vaccinated and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.



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

5.1 The chart below highlights those services with scores 16 and above for August and September along with those with improved positions from the previous reporting period:

	Team	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Luton Children's Services	Health Visiting Luton Central	17	18	21	16	16	16
	Health Visiting Luton South	13	16	13	14	14	17
	Edwin Lobo Administration	3	3	3	16	16	13
	Community Paediatrics	9	9	11	20	18	22
	Community Audiology	9	8	8	8	9	16
Cambridgeshire Children's Services	South Locality	21	18	16	20	15	20
Bedfordshire Children's Services	Speech & Language Therapy	19*	23	21	21	17	21
	Children's Community Nursing Team	16	12	15	18	9	9
		*Late return					

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

- Health Visiting (south and Central teams) Business continuity plans are in place as agreed with Commissioners and active recruitment is taking place.
- Audiology – Locum and skill mix has taken place although the team are finding recruitment to the joint post with Bedfordshire Hospital challenging.
- Community Paediatrics due to 42 children overdue medical reviews – these are all now booked in over the next 4 weeks. A recurrent funding business case has been submitted to commissioners.

5.3 The Speech and Language Therapy Team in Bedfordshire reported a score of 21 (had reduced to 17 in August) due to capacity and recruitment challenges. A number of mitigations are in place including the training of Language Champions, a service redesign programme of work in place and continued recruitment where possible.

5.4 Cambridgeshire South 0-19 Locality team reported an improved position in August at 15 but an increase in September at 20. This is due to two new team managers in post during September and continued staffing pressures.

6. Information governance

6.1 Mandatory Information Governance Awareness training improved and currently stands at 95% overall. The compliance level is below 95% in the Corporate Team and Luton Adult Services. Managers are made aware via ESR reports.

6.2 In August and September, 22 incidents were reported under the confidentiality category. The majority of incidents arose due to misaddressed communications. Other incidents related to documents being left on a wall outside a clinic; notes being accessible to a staff member who did not have a need to know, as they had been left in an unlocked draw.



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6.3 There are three Youth Offending Team Information Sharing Agreements (ISA) being drafted by each of the service areas for Cambridgeshire, Luton & Beds and Norfolk. A revised ISA for the analysis and reconfiguration of services for those on the Frailty Index and over 18 is in circulation with partners.

7. Patient Experience

7.1 The Patient Story

7.1.1 The patient story for this Board meeting focuses on the experience of a family who were supported by our Luton District Nursing team whilst an elderly family member was dying. Both mother and granddaughter will attend to share their experience of both the nursing care and emotional support they received during this difficult time.

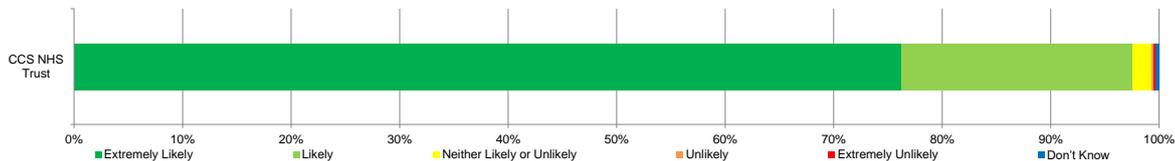
7.2 Friends and Family Test (FFT)

7.2.1 We received 2273 responses in August and 2672 in September to the FFT question from our relevant service user surveys.

7.2.2 The overall Trust FFT recommendation score remained high at **97.53%**, with a 0.35% not recommend score. Both were an improvement on the previous two month period.

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

Response given to the FFT question as percentages (August and September 2019)



7.2.4 The services we provide received 5311 positive comments on surveys and feedback forms used across the Trust.

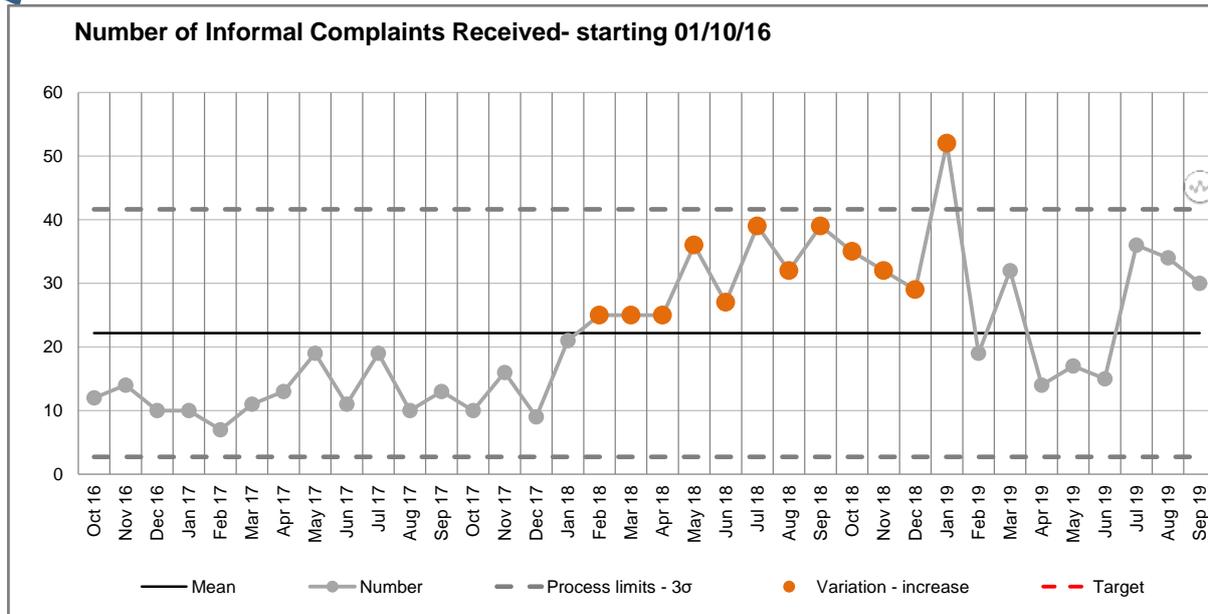
7.2.5 In total, there were 6558 comments received and coded for sentiment: 81% were positive, 10% negative and 9% neutral.

7.3 Informal complaints received

7.3.1 The total number of informal complaints received and logged was 64 in this data period; this was within our expected variance, as shown in the chart below.



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NB logging of all informal complaints started from January 2018

7.4 Themes and learning from Informal Complaints closed in August and September 2019

- 7.4.1 During August and September 2019 our services, with the support of the Patient Experience Team, were able to resolve and close 64 informal complaints. These informal complaints were resolved locally to the complainants' satisfaction. Through local resolution, services are able to strengthen the rapport with those who access their services. Services and service users have access to the PALS (Patient Advice and Liaison) leaflets, updated in October 2019, which are displayed in waiting rooms and online via the Trust website.
- 7.4.2 From the informal complaints closed within this period, the top two themes were Administration (24) and Delays (12). Of those about Administration, 17 were about iCaSH services of which seven related to the Express Test service and eight about telephone services in iCaSH and Dental Services. Seven of those about delays were about MSK services and three related to Bedfordshire Community Paediatrics.
- 7.4.3 Several informal complaints highlighted issues with the iCaSH telephone service: some related to technical issues with the system and others about the time on hold and ability to get through to the service.
- 7.4.4 A number of actions identified include revisions to telephony processes ie the on hold time has been extended to 15 minutes to allow more time for calls to be answered at busy times.
- 7.4.5 Many of the informal complaints received about delays in MSK were perceived delays due to problems with how information about expected waiting times and the referral and care pathway had been communication to patients by MSK staff and GPs. However, the MSK Leadership team is actively reviewing the issues raised to identify any recurring themes. In addition, GP information is also being reviewed and additional ways of

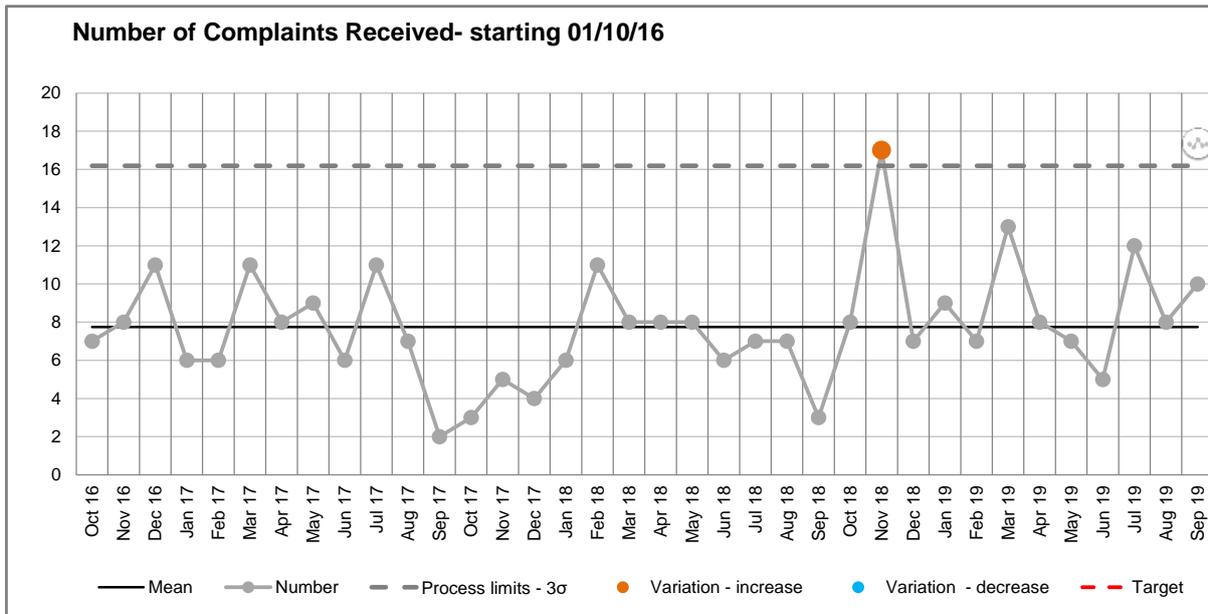


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cascading the information to primary care colleagues is being considered (aside from the NHS Gateway).

7.5 Formal Complaints

7.5.1 The Trust received 18 formal complaints in this data period (8 in August and 10 in September). The Common Cause Variance remained constant and within limits.



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

7.6 Themes and learning from formal complaints closed in August and September 2019

- 7.6.1 Within this data period we responded to and closed 18 formal complaints.
- 7.6.2 From the 18 formal complaints responded to in this data period, 23 subjects were identified. The top two issues were the same as the previous two month period: Communication / Information (9) and Delays (6). Four of the Communication / Information issues were about Cambridgeshire Children's Specialist Services (Paediatrics - 1 and Speech & Language Therapy [SALT] - 3) and three Children's Services in Luton (Health Vising - 1 and Looked After Children [LAC] - 2). The delays were spread across iCaSH services, MSK and Luton Paediatrics.
- 7.6.3 One iCaSH formal complaint about delays including problems with the telephone system and information provided resulted in a number of actions including updates to the website and revised processes for calling patients back.
- 7.6.4 A Cambridgeshire Community Paediatric complaint about communication / information issues resulted in a number of improvements.

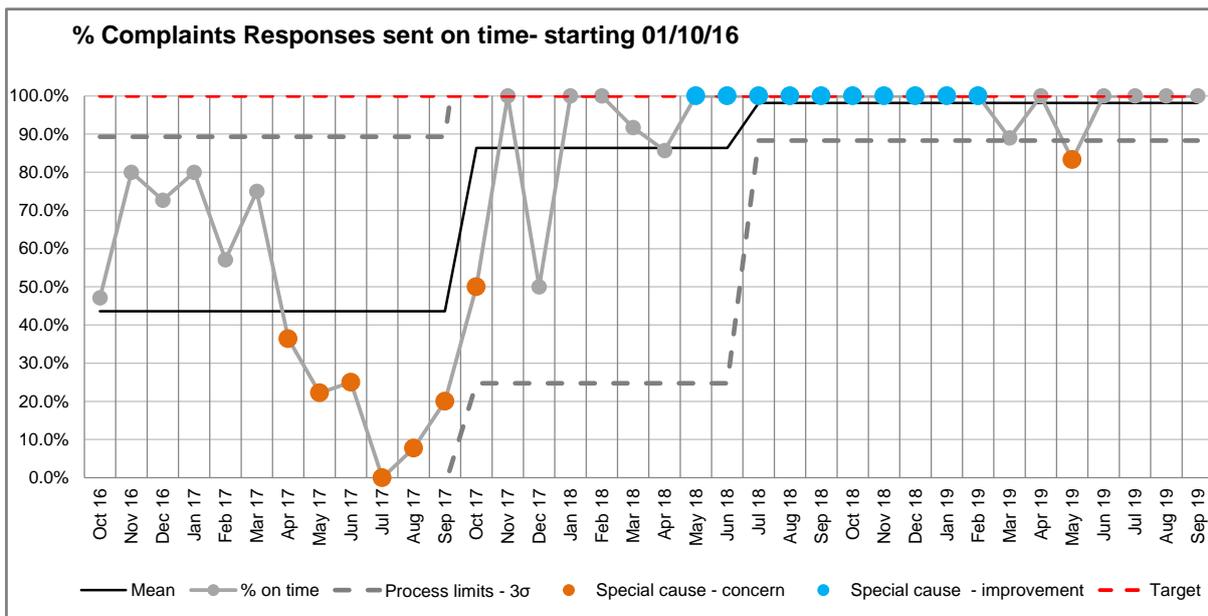


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- The Administration Lead has written a specific guideline on processing a patient who has changed address / moved out of the area and reminded staff to routinely check medical records for any changes and remind them that any families who have moved out of county are no longer able to access our services.
- Staff have been reminded that if families have moved between appointments, this needs to be flagged to the treating doctor, so that arrangements can be made to transfer the care to the new provider as soon as possible, to avoid missed or delayed appointments.

7.7 Complaint response times

- 7.7.1 We continue to meet the Trust's agreed response times to formal complaints.
- 7.7.2 In this data period we responded to 11/11 (100%) formal complaints on time (7 in August and 4 in September).
- 7.7.3 The graph below shows the percentage of responses sent on time from October 2016 – September 2019.



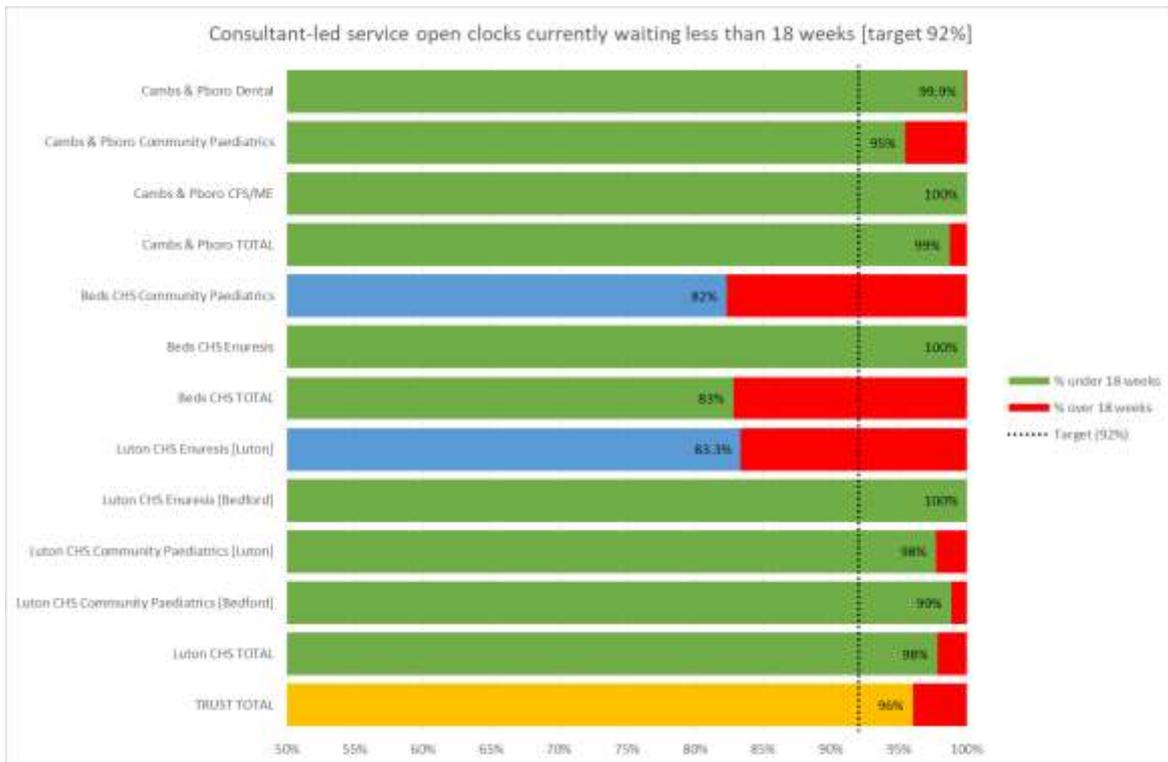


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8. Access to our services including RTT

8.1 Overall Trust compliance with the consultant-led access to our services exceeded the target of 92% at 96%. Exceptions are:

- Bedfordshire Community Paediatrics. Significant service pressures (currently average 22 week wait and delayed follow up reviews. These were discussed in detail at the Clinical Operational Board and a recovery plan is in place for overdue medication reviews involving all children being offered an appointment before the end of December).
- Luton Enuresis service. One patient was waiting in excess of 18 weeks out of a total of 6 patients waiting.

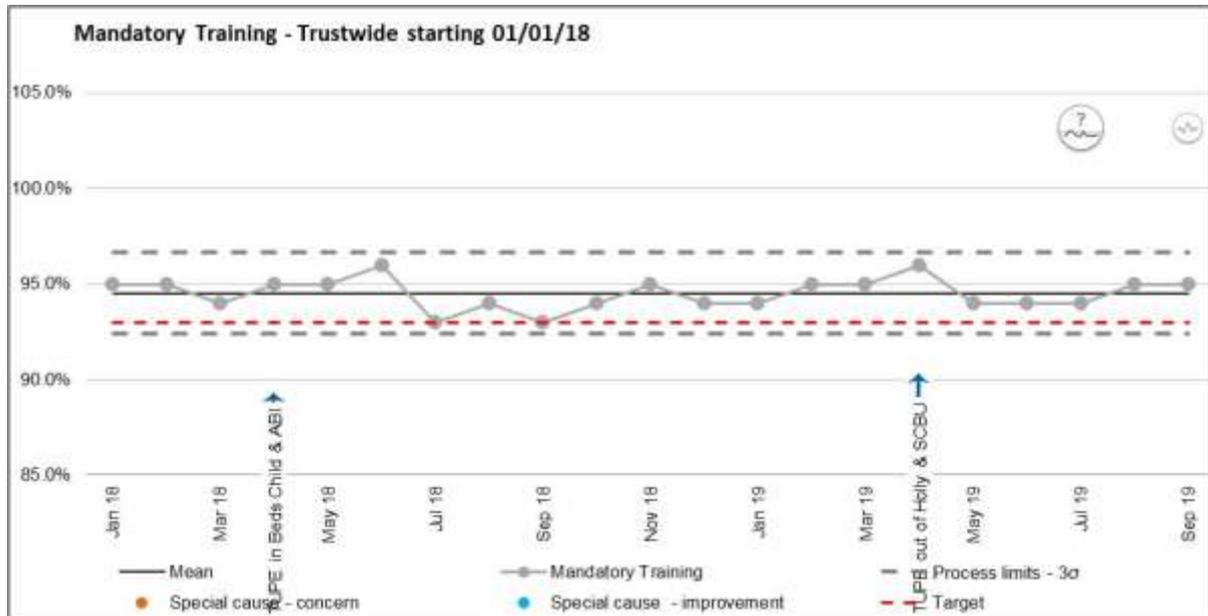




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9. Mandatory training

9.1 Overall mandatory training compliance remained above Trust target in August and September; both months achieving 95% against the Trust target of 93%.



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

10.1 Bedfordshire 0-19 HCP

10.1.1 27 Community Nursing Nurses and Language Support Workers have attended champion training to support families with early language and communication problems. The training has ensured that support staffs from the 0-19 team are able to provide group based information and individual assessment of need for children age 18 months onwards.

10.1.2 Breastfeeding support in the early days – joint working with Bedford Borough Children’s Centres has commenced in September 2019 ensuring that all mothers receive a phone call in the first week of their child’s life to offer support with infant feeding.

10.2 Bedfordshire Nutrition and Dietetics Children’s Service

10.2.1 Food First Project team lead has secured a 6 month fixed term secondment with NHSE as an AHP Research Fellow.

10.3 Luton 0-19 Children’s Services

10.3.1 Free to Feed campaign. This successful Luton and Bedfordshire campaign continues to raise awareness of the importance of breast feeding and the mother’s right to do this in public.



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- 10.3.2 0-19 team awarded staff excellence awards in September for the introduction of the rapid response assessment on the 0-5 duty desk and the 5-19 team introducing CHAT Health.

10.4 Luton Specialist Children's services

- 10.4.1 The Youth Offending service has been praised by partners in the local authority for work to bring health care to very challenged young people.
- 10.4.2 Double success at the Zenith Global Health Care awards – the Children's Rapid Response team were awarded the team recognition award for their work to deliver care to children with highly complex care.
- 10.4.3 Awarded Kate Granger Person Centred Care award in September for their work with an individual who requires plasma transfusions every 48 hours.

10.5 Cambridgeshire 0-19 service

- 10.5.1 The service has been working with Public Health England to strive to address the falling rate of uptake of childhood immunisations, a pilot is agreed to commence between Child Health and the HCP. On a monthly basis Child Health will share data of children who are not up to date on their immunisation schedule, the duty Health Visitor will make contact with the parent / carer to discuss the importance of immunisation and encourage uptake.

10.6 Cambridgeshire Specialist Children's services

- 10.6.1 Speech and Language Therapy virtual "drop in" clinics, has had outstanding coverage helping a huge number of families' access SALT services appropriately. An average geo map for the trust has around 5 000 views per year, the SALT map has had 40,000 views since January 2018.
- 1.6.2 Jaqui Taylor (Clinical Lead for CYP Physiotherapy) presented a story which highlighted the expertise and skills of the Physiotherapy service, and related this to a patient's journey prior to being supported by our service, and then once transferred to our service the positive impact and progress the patient made in readiness to her transferring to the Adult physio team. It was agreed that CCG commissioners should be made aware of this story to highlight how crucial it is that the right pathways are known and visible to services and users, and early notifications are in place to enable services to mobilise in a timely way in preparedness for patient transfers.

10.7 Norfolk Children's services

- 10.7.1 Implementation of a Research Champion pilot supported by the R&D team. During their preceptorship year all newly qualified practitioners will take the lead in their localities for sharing new research, seeking research opportunities with localities and sharing across the service. The pilots are aiming to destigmatise and engage our workforce within research with a steering group including members of National Institute of Health Research (NIHR) NIHR – Anglia Ruskin will be evaluating the pilot with recommendations for further roll out.



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10.7.2 The service launched an innovative digital antenatal group in October 2019 on Just One Norfolk, developed in partnership with Acute Trusts, parents and our staff the aim is to widen the universal antenatal offer and enable resources to be aligned to areas and individuals in greatest with a new face to face offer. <https://www.justonenorfolk.nhs.uk/our-services/pathway-to-parenting-p2p>.

10.8 Dentistry

10.8.1 On line referral system and new website introduced into special care dentistry - no paper involved now.

10.9 MSK

10.9.1 The first cohort of South Asian females has taken place - 100% attendance and high proportion continuing exercise with personalised care plans in place. Potential to spread and adapt the approach in Luton with a similar population. Of national note - linking in with the national focus on personalised care.

10.9.2 Views of the MSK website have increased by 109% compared to the same time last year.

11. Healthcare worker flu vaccination best practice management checklist for public assurance via Trust Boards by December 2019

A	Committed Leadership	Trust Self-Assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	Not formally recorded to date but stated in this report at 4.6
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	Yes
A3	Board receive an evaluation of the flu programme 2018 / 2019 including data, successes, challenges and lessons learnt.	Regular updates in Board report throughout the campaign including end of programme
A4	Agree on a Board champion of flu campaign	Julia Curtis, Chief Nurse
A5	All Board members receive flu vaccination and publicise this	Yes – at October Trust Board
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Flu Steering Group has been meeting since last campaign ended. Joint Consultative and Negotiating Group (JCNP) engaged in regular updates and discussions. Daily flu call monitoring clinics, vaccinator coverage and stock control since October 2019
A7	Flu team to meet regularly from September 2019	The Team have met since the end of the last campaign
B	Communications Plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades union	Facts communicated regularly

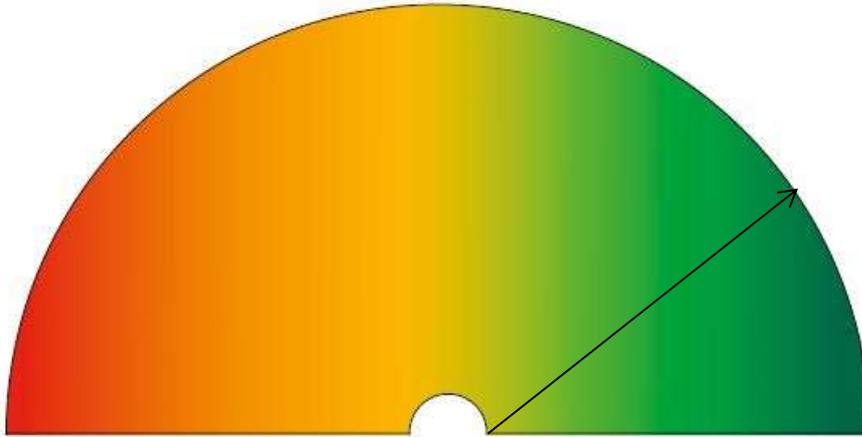


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B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Yes – on staff intranet
B3	Board and Senior Managers having their vaccinations to be publicised	Yes
B4	Flu vaccination programme and access to vaccination on induction programmes	Yes
B5	Programme to be publicised on screensavers, posters and social media	Yes
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Yes
C	Flexible Accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Yes, areas without trained vaccinators (as the legal framework this year applies to Nurses and Doctors only) covered by Corporate Team
C2	Schedule for easy access drop in clinics agreed	Yes
C3	Schedule for 24 hour mobile vaccinations to be agreed	Team working 24 hours i.e rapid response covered
D	Incentives	
D1	Board to agree on incentives and how to publicise this	Part of current campaign including weekly prizes, end of campaign prize, Unicef donation amongst others
D2	Success to be celebrated weekly	Yes – via Comms Cascade

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A: Assurance Summary



Safe	<ul style="list-style-type: none"> Staffing pressures adequately controlled with plans agreed with commissioner for prioritising service delivery 	Reasonable
Effective	<ul style="list-style-type: none"> Sickness remains constant and within control limits Stability has improved again in August and September and is above Trust target 	Reasonable
Well Led	<ul style="list-style-type: none"> Agency spend controlled within Trust ceiling with no anticipated change throughout the year 	Substantial

- In addition to the overview and analysis of performance for August and September 2019, the Board can take assurance from the following sources:
 - NHS National Staff Survey 2018 results where the Trust achieve a 60% response rate and compared to all NHS Trusts across the country (not just community trusts) we were:
 - In the top 10 for all NHS Trusts in all 10 themes assessed by the survey
 - Joint best performing Trust across the country for 'immediate manager'; tackling bullying and harassment and tackling violence themes
 - Third best performing Trust across the country for staff engagement – which research and evidence base shows is aligned to the delivery of high quality care
 - We also achieved better results in all five areas targeted for action for our 2017 staff survey results
 - Care Quality Commission (CQC) inspection report published in August 2019. CQC rated the Trust as Outstanding overall and Outstanding within the caring and well-led domains. The inspection report highlights a number of areas that support the delivery of this objective.
 - Successful delivery of workforce strategy implementation plan. Four out of the five programmes of work all support the delivery of this objective.



Be an excellent employer

- 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.

B: Measures for Achieving Objective

Measure	19/20 Target	20/21 Target	Data source	Reporting frequency
Staff recommend the Trust as a good place to work	Above national average	Above national average	NHS Annual Staff Survey	Annual
Staff engagement rating	Above national average	Above national average	NHS Annual Staff Survey	Annual
Available staff have had an appraisal in the last 12 months	93%	95%	ESR	Monthly
New staff are retained for more than 12 months	85%	85%	ESR	Monthly

C: Risks to achieving objective

Strategic risks

- Risk ID 2969** - There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce (Risk Rating 8).
- Risk ID 2776** - There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS provider sector to drive greater provider efficiency (Risk rating 8).
- Risk ID 2970** - There is a risk that the Trust is unable to maintain high quality care across the organisation due to the increase number of services facing workforce challenges (Risk Rating 12).

Any operational risks 15 and above

- None

D: Overview and analysis

1. Sickness

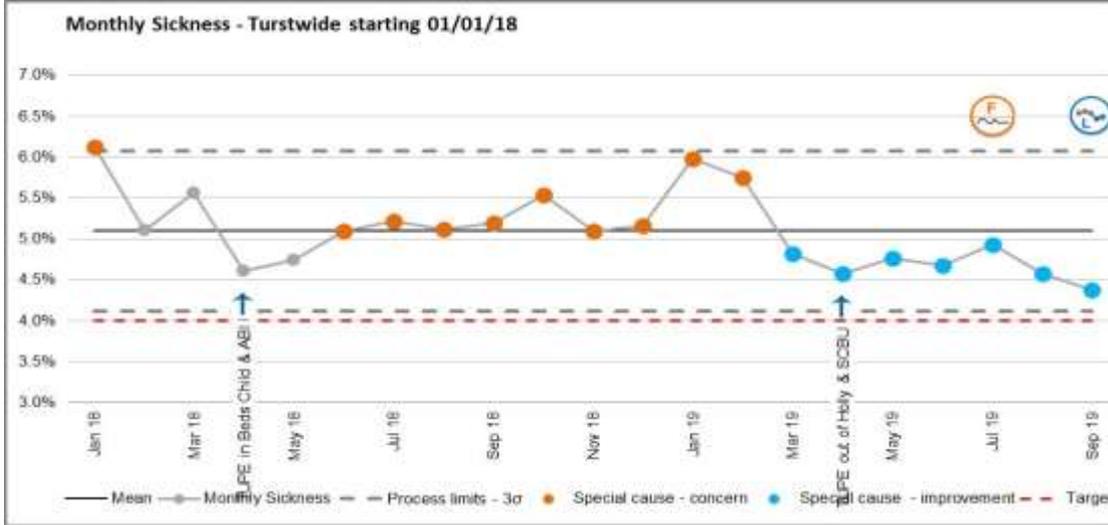
- 1.1. Monthly sickness remains constant and within limits. However, continues to be above the Trust rolling target of 4% with Trust-wide monthly levels reporting at 4.38%.
- 1.2. The Trust wide sickness rate has decreased slightly this month, and remains just above the Trust's target of 4.0% for 2019/20. Of the 4.38%, 2.13% was attributed to long term sickness and 2.24% short term sickness absence Cambs & Norfolk CYPs Community Unit had the highest sickness rate (5.2%) and Ambulatory



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care had the lowest (3%). The top reason is Gastronintestinal problems and work continues to reduce those absences attributed to unknown/other reasons as much as possible.

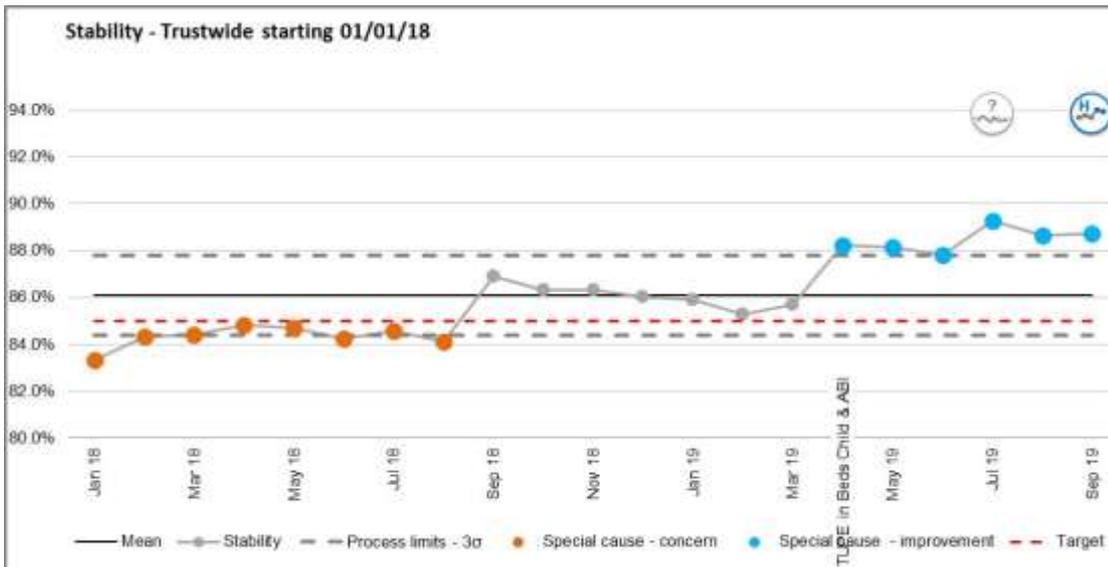
1.3. The Trust monthly sickness rate is slightly above the May 2019 benchmark report for NHS Community Trusts (source: NHS iView) which was 4.3%.



2. Stability

2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – August – 88.71%; September – 89.11% against the Trust target of 85%. This compares favourably to a stability rate of 85.9% for NHS Community Provider Trusts for all employers (source: NHS iView August 2019).

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



3. Appraisals

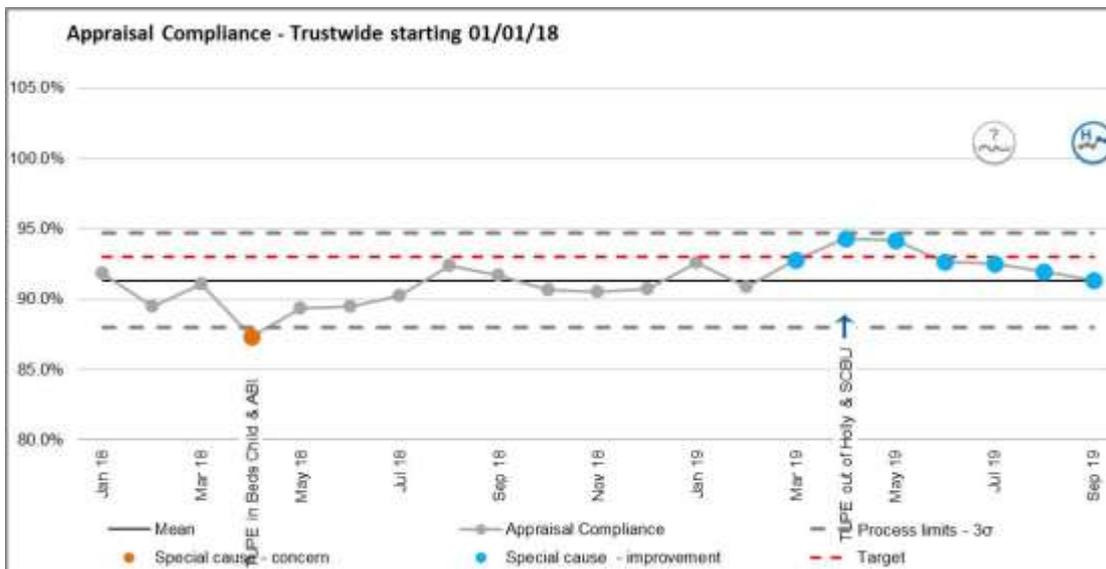


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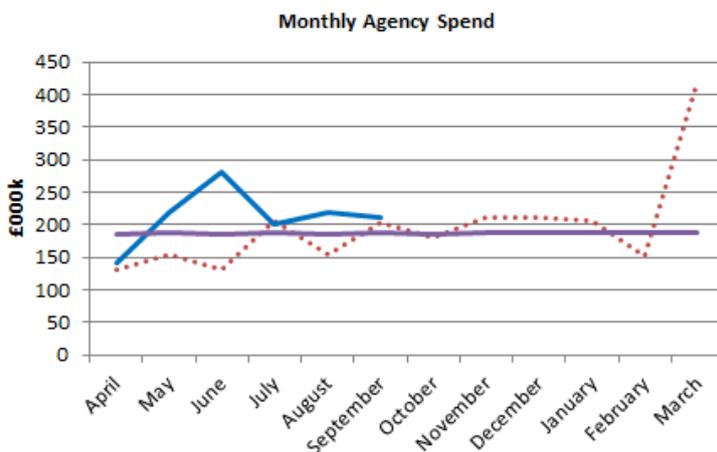
3.1. The following chart shows the percentage of available employees with a current (i.e. within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters are given an appraisal date 12 months from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

3.2. The Trust wide rate has decreased slightly this month to 91.67%, and remains below the target of 93% for 2019/20. Luton Adults Community Unit has the lowest rate (82.14%) and Luton C&YPS Community Unit the highest (97.79%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.

3.3. Appraisal compliance remains constant and within limits.

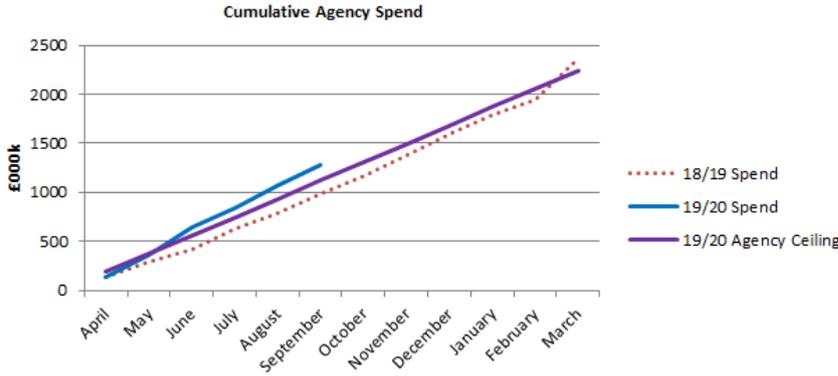


4. Agency/bank spend

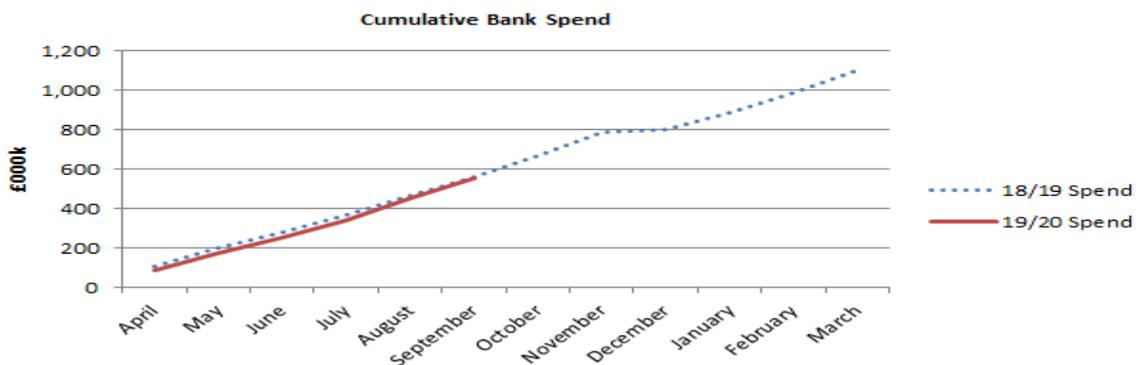
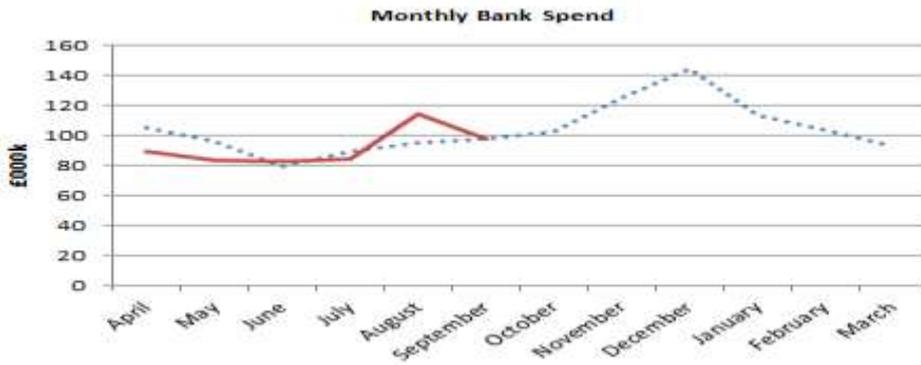




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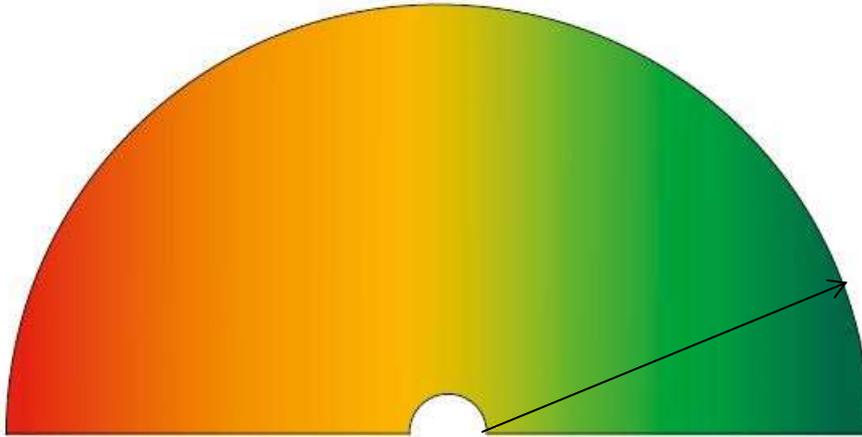


- 5.1 The Trust's agency spend ceiling for 2019/20 totals £2,240k, which was a reduction from 2018/19's ceiling of £3,040k.
- 5.2 The Trust's cumulative agency spend to Month 6 is £1,274k against a spend ceiling of £1,119k. The Trust is working with services to ensure appropriate plans are in place, where possible, to reduce reliance on agency workers.



- 5.3 To assist the Trust to remain within the agency spend ceiling, the services have the availability of bank staff to fill short term staffing pressures. Cumulative bank spend at month 6 was £549k.
- 5.4 The Trust will be implementing a weekly bank payment process to attract more staff onto the bank and improve the talent pool available to services.

A: Assurance Summary



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

B: Measures for Achieving Objective

Measure	19/20 Target	20/21 Target	Data source	Reporting frequency
To achieve at least one new model of care in both the C&P and Luton CCG systems	Pass	Pass	Contracts	5 years

C: Risks to achieving objective

Strategic risks

- Risk ID 2971** - There is a risk that due to the complexity of system working, the Trust will not be able to deliver the agreed models of care (Risk Rating 12).
- Risk ID 2968** - There is a risk that the Trust will be left out of important decision making about future service /organisational configuration in areas it operates because the Trust is either a small partner in the system or not a member of the STP/ICS Board (Risk Rating 12).



Collaborate with other organisations

3. **Risk ID 2776** - *There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS provider sector to drive greater provider efficiency (Risk Rating 8).*

Any operational risks 15 and above

1. *None.*

D: Overview and analysis

1. Strategic work streams with others

1.1. CCS/CPFT joint venture

1.1.1. The Partnership Board met on 24th September 2019. Relationships across the partnership are working well. The Board received updates on the following matters:

- Integrated reporting of quality, workforce, finance and performance across our joint venture services
- Joint Venture Healthy Child Programme Governance structures
- Impact Assessment for the 0-19 Healthy Child proposals within Peterborough
- Review of strategic risks

1.1.2 Linda Flack, School Nurse Lead attended the Board to update and discuss the successful roll out of ChatHealth across Peterborough.

1.1.3 A joint venture celebration event was held on 11 November 2019 at Wood Green to make the one year anniversary of our joint venture. The event was well attended and the following areas were covered:

- Review of the year and our achievements
- Commissioner overview
- Co-production with families/young people and staff engagement in service redesign
- Next steps

1.1.4 The next Partnership Board is due to take place on 19th November 2019.

1.2. Collaborative partnership working with East London NHS Foundation Trust

1.2.1. The Joint Partnership Board has met on 27 September 2019 and 25 October 2019. Working relationships across the Partnership remain positive and strong.

1.2.2. The Board discussed the following areas:

- Transformation updates for the whole of Bedfordshire Community Health Services which includes joint work streams on IM&T; Estates and HR



Collaborate with other organisations

- Estates strategy and IM&T priorities
- Outcomes framework and delivery
- Contracts and performance
- Plans for our next joint away day
- Strategic risks

1.2.3. The next Joint Partnership Board is due to take place on 29th November 2019.

1.3. Enhanced Models of Care

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

1.3.2. Conversations continue with CCG Executive regarding funding and risk share arrangements for the period October 2019 to end March 2020.

1.3.3. Jo Robertson Luton Adults Service Lead and Dr Haydn Williams were the regional winners of the Sir Peter Carr partnership award. They have subsequently been shortlisted for the overall winner in relation to our collaborative work for older people across the Luton system.

1.3.4. The next Luton Provider Alliance meeting is due to take place on 14th November 2019.

2. Research

Clinical Research Overview

2.1 The studies and figures are those studies which are still actively recruiting in August and September 2019. The total number of patients recruited within this two month reporting period was 32. Recruitment was reduced during July/August but this was reflected throughout the whole of the Clinical Research Network (CRN) Eastern region. The total number recruited from April to September was 194.

3. National Institute for Health Research (NIHR) Portfolio studies:

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



Collaborate with other organisations

Table 1: Clinical Research Summary Table for NIHR Portfolio Studies (updated 30/09/19)

NIHR Portfolio studies	Speciality/ clinical area/ location	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for April to Sept	Trend	Highlights	Impacts
HIV Pre-exposure Prophylaxis (PrEP)	Ambulatory iCaSH ALL	Public Health England	22	88	↑	More funding released.	Potentially UK wide impact on preventing HIV transmission
People Living with HIV stigma survey UK	iCaSH – All hubs	Public Health England & Homerton University Hospital	4	57	↑	Collaboration: Public Health England & Homerton	National survey, building on previous data sets
Work Outcome Measures in arthritis and musculoskeletal conditions.	Ambulatory Musculoskeletal Service (MSK) ALL	University of Salford	2	26	↑	Study on-going. Large push from research facilitator to increase recruitment.	Staff survey
'Playing Together' Developmental language delay	Speech & Language Therapy (SALT) Paeds Peacock Centre	University of Manchester	0	4	↑	Another research hosted within SALT.	Chance for children to participate in a fun learning activity
TAOCA (*3)	Children & Young People's Service (CYPS) Orthoptics/ Ophthalmology	Moorfields Eye Hospital	3	11	↑		One of several studies in the pipeline
RS Fibro (*4)	MSK Brookfields		1	8	↑	Study has now stopped recruiting	
Total recruitment within this period			32	194	↑	Recruitment achieved above predicted levels	On target for potential RCF to be awarded (*2)

(*1) All figures accurate as at 30/09/19 from the Research Impact Recording Tool (totals of Open Data Platform [ODP] and EDGE databases).

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

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

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

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

4. Non-portfolio studies:

4.1 These are studies that do not meet the criteria for adoption by NIHR and are, therefore, not entitled to Clinical Research Network (CRN) funding or support.

5. Clinical Research Summary for Non-Portfolio Studies (Health Research Authority permissions gained)

5.1 **Non-Portfolio Studies** (Table 2): An update on the two non-portfolio studies which received Health Research Authority (HRA) and ethical approval is shown below.



Collaborate with other organisations

Table 2

Non-Portfolio Studies	Location	Collaboration	Impact	Update
Glue Ear	CYPS Cambs	Clear	More evidence for development of a commercial product	HRA finally submitted and approved
'Mind the Gap' Stage 1	Oliver Zangwill Centre (OZC) Neuro-rehab	Maastricht University	International collaboration	Stage 1 data collected. Feasibility underway for phase 2
Neuro-rehab – impact of intensive holistic neuro-rehab	OZC Neuro-rehab (Clinical Psyc Trainee)	University of East Anglia (UEA)	Is part of a professional PhD	Data collection now complete

6. Fellowships and Internships:

- 6.1 These Fellowships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education East (HEE).
- 6.2 New in this reporting period (Table 3) are the submissions by a Paediatric Speech and Language Therapist and a Research Facilitator. In this reporting period both have been awarded the awards they applied for.
- 6.3 Two other clinicians were unable to apply for their Fellowships: one due to inflexible interview dates; the other, the minimum amount of clinical contact time had not fulfilled the internship application criteria.
- 6.4 There are currently four Collaborations for Leadership in Applied Health Research and Care (CLAHRC) Fellowships running: one NIHR Masters to PhD Fellowship and one HEE Interim Fellowship.



Collaborate with other organisations

Table 3: Summary table for Fellowships/Internships applied for within this reporting period (updated 31/09/19)

NIHR Fellowships	Area	Numbers	Trends	Collaborations	Impacts/ potential impacts
ARC Implementation	CYPS Luton	One consultant applied	Submitted 16/09/19	Paediatric colleagues	To continue co-production work stream
ARC Implementation	CYPS Norfolk	One health visitor (HV) applied	Submitted 16/09/19	HV colleagues	Aligns to 'One Norfolk'
ARC Implementation	iCaSH Norfolk	One Clinical Psychologist applied	Submitted 16/09/19	iCaSH, HIV group	Further development of HIV virtual group
NIHR MSc to PhD Bridging Award	CYPS SALT	One applied.	Successful	University College London (UCL)	This award totals £60,000. Second award of this type within the Trust clinical time 0.2 wte over 2 years. Paid time to write a PhD application
CRN Advanced Research in Practice (ARiP) award	Corporate Research MSK project	One applied	Successful	MSK CRN Eastern	Advanced research skills developed. Project link to impact upon research culture within MSK throughout the Trust.
NIHR Pre-MSc Internship	Ambulatory Care OZC	New NIHR application round. one application completed	Application not submitted due to NHS patient facing for minimum of 50%	UEA	Minimum clinical sessions not fulfilled for essential criterion. 50% patient facing.
NIHR MSc to PhD Bridging Award	CYPS Bedfordshire	New NIHR application round. one application completed	Application not submitted due to no flexibility of interview dates	UEA	Clinician on annual leave for the interview date. No alternative dates.

7. Research Assurances

- 7.1 **EDGE:** All CCS NHS Trust studies have been loaded onto the NIHR national database. EDGE data is up to date. National issues with recruitment figures not balancing with OPD and EDGE.
- 7.2 **Health Research Authority (HRA)** national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.
- 7.3 **NIHR National Performance Metrics** – Performance in Initiating (PII) and Performance in Delivering (PID) compliant for Q1 reporting period
- 7.4 **Mandated activity:** Q2 performance charts have been placed on the Trust's internet (includes zero returns).



Collaborate with other organisations

8. Published papers & posters within this period

8.1 There have been no posters presented at external conferences and no papers published in this period.

9. Partnership working on research collaborations

9.1 0-19 Cambridgeshire & Peterborough Partnership Working (CCS & CPFT):

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

9.1.2 Impact to date: building research awareness/culture across the joint CCS/CPFT 0-19 teams; expressions of interest for pipeline study at grant stage (ChatHealth evaluation).

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

9.2.1 The Research Team is currently part of a project with CRN and ARU. The aim is to develop and pilot a Research Champion Programme (RCP) for all newly qualified Specialist Community Public Health practitioners (SCPHN) (health visitors and school nurses) as part of their preceptorship. The pilot started in September 2019 and will complete in April 2020.

9.2.2 ARU submitted an application for Health Education Eastern (HEE) funding in order to conduct a pilot evaluation throughout the East of England. This has been successfully awarded. This expands the project from being just with the Health Visiting service in Norfolk, with a small contribution from the CRN to assist with the co-ordination of the project, to the entire East of England region.

10. Prompt payment



10.1 The average in month prompt payments results across the four categories was 93% in month 5 and 90% in month 6. In month 5, the Trust achieved the 95% target in two categories and in month 6 over 90% in three other categories.



Collaborate with other organisations

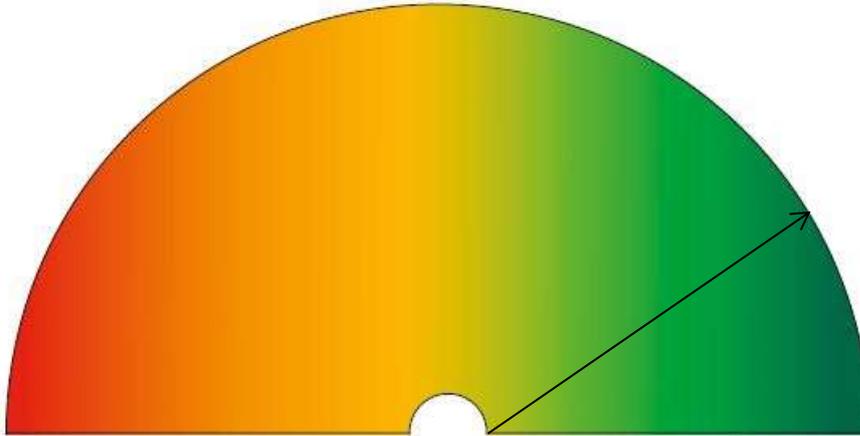
10.2

The overall Trust average across the four categories for the last 12 months has improved to 87%. The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly.



Be a Sustainable Organisation

A: Assurance Summary



Well led	Delivering planned Operating Surplus	Substantial
	Cash balance £9.3m	
	Use of Resources score of 1	
	Strong collaboration	
	Significant innovation across the services	

1. In accordance with the Trust’s Assurance Framework, the Board receives assurance from the reporting of the Trust’s financial sustainability and performance from the 3 risks Strategic Risks numbers 2963, 2965 and 2966, and Clinical Operational reporting of financial performance and escalation processes.
2. The Trust Board will also take assurance from External Auditor’s Unqualified opinion and its “Value for Money conclusion” of the Trust’s 2018/19 accounts. Internal Auditor’s assessments during 2018/19 provided a conclusion the Trust has an adequate and effective framework for risk management, governance and internal control. Specifically the Trust received “Substantial” assurance from their assessment of the Trust’s approach to Financial Planning and Delivery, and this assessment also included review of savings delivery through QIA processes. The Trust’s Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.
3. There continues to be year to date overspends mainly in Ambulatory Services due to funding and activity pressures, however this position has improved slightly and the Trust has further progressed a 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.

B: Measures for Achieving Objective

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

C: Risks to achieving objective**Strategic risks**

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

Any operational risks 15 and above

1. **RISK ID 3051** - *There is a risk that the Commissioner are now requiring a greater level of saving from the programme than originally required, in relation to signing off any further investment. The impact of this would be a shortfall in the CCG's anticipated QIPP Programme (Risk Rating 16).*

Division Level	Sep-19					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	1,019	(9,017)	(5,418)	(13,416)	(13,197)	(219)
Bedfordshire Community Unit	424	(5,756)	(1,234)	(6,567)	(7,039)	472
Childrens & Younger Peoples Services	1,298	(14,128)	(1,810)	(14,640)	(14,734)	94
Luton Community Unit	703	(9,337)	(1,802)	(10,436)	(10,525)	89
Other Services	61,619	(4,068)	(12,019)	45,532	45,965	(432)
CCS Total @ 30th September 2019	65,062	(42,305)	(22,283)	474	471	3

- 1.2.1. Ambulatory Care Services delivered an overspend of £48k in month 5 and an overspend of £30k in month 6. The main reasons for the cumulative overspend is due to pathology costs in the iCaSH services for additional express testing. Additional income has been recognised to offset part of the cost pressure.
- 1.2.2. Bedfordshire Community Unit delivered a £64k underspend in month 5 and a £93k underspend in month 6. In both months, pay costs were lower than plan, due to vacancies and establishment control.
- 1.2.3. Children's & Younger Peoples Services delivered an overspend of £10k in month 5 and a £159k underspend in month 6. Just One Norfolk development spend was signed off in month 6 which resulted in a budget drawdown to improve the position of the division.
- 1.2.4. Luton Community Unit (including Luton Children's Services) delivered an underspend of £36k in month 5 and a £34k overspend in month 6. The cumulative underspend position is due to pay establishment savings in both Adult and Children's services.

2. Cash position

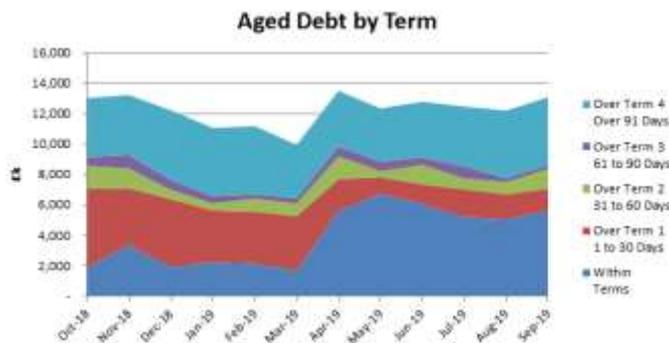


- 2.1. The cash balance of £9.3m at month 6 represents an overall decrease on the previously reported position. In month 5, the Trust received a cash payment from NHS England of £1.6m for the additional Agenda for Change staff costs associated with the services funded by Local Authority's. In month 6, the Trust paid the first of two instalments of its Public Dividend Capital (PDC) of £0.9m and the bi-annual rent invoice for the Oak Tree Centre (£0.6m).

3. Statement of Financial Position

	September 2019 £'000	July 2019 £'000
Non-Current Assets		
Property, plant and equipment	53,397	52,703
Intangible assets	85	96
Total non-current assets	53,482	52,799
Current assets		
Inventories	41	41
Trade and other receivables	17,153	16,661
Cash and cash equivalents	9,290	10,447
Total current assets	26,484	27,149
Total assets	79,966	79,948
Current liabilities		
Trade and other payables	(15,238)	(15,471)
Provisions	(418)	(418)
Total current liabilities	(15,656)	(15,889)
Net current assets	10,828	11,260
Total assets less current liabilities	64,310	64,059
Non-current liabilities		
Trade and other payables	(1,045)	(1,045)
Provisions	(1,333)	(1,333)
Total non-current liabilities	(2,378)	(2,378)
Total assets employed	61,932	61,681
Financed by taxpayers' equity:		
Public dividend capital	2,245	2,245
Retained earnings	42,569	42,318
Revaluation Reserve	18,771	18,771
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	61,932	61,681

3.1. Cash and cash equivalents have decreased over the reporting period by £1.2m due to an increase in property, plant and equipment (£0.7m) and trade and other receivables (£0.5m) and a decrease in trade and other payables (£0.2m).



3.2. Total trade receivables decreased by £0.3m in August to £12.2m and then increased by £0.9m in September to £13.1m. The breakdown in September is £4.9m (37%) from NHS organisations; £7.5m (58%) from Local Authorities; and £0.7m (5%) 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	£2.0m
3.3.2. Luton Borough Council	£1.4m
3.3.3. NHS Cambridgeshire & Peterborough CCG	£0.6m
3.3.4. Cambridgeshire & Peterborough NHSFT	£0.5m

3.4. For the debt over 90 days old, as this is predominantly due from NHS and Local Authority bodies, it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period (Month 6), Cambridgeshire County Council, Luton Borough Council and Cambridgeshire & Peterborough NHSFT have subsequently paid £1.4m, £1.0m and £0.2m respectively to reduce their outstanding balance.

4. Capital spend

4.1. Capital spend to date is £1.8m against a plan of £2.6m. The main areas of spend include the redevelopment projects at North Cambridgeshire Hospital (£1.0m) and Meadow Lane (£0.6m). Meadow Lane is nearing completion with staff moving into the building in October.

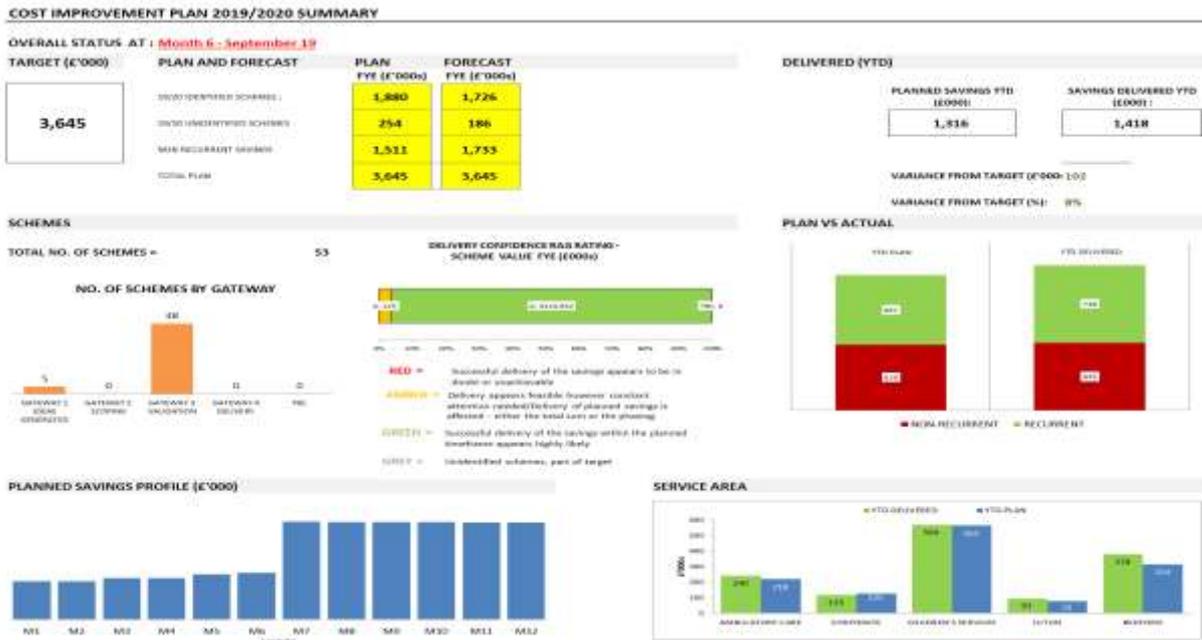
5. Use of resources

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

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

5.2. The I&E Margin measures the surplus achieved as a percentage of turnover. Based on the plan and forecast position, the Trust will achieve the 1% metric and return to a 1 rating in November 2019.

6. CIP



6.1. The Trust's Cost Improvement Plan (CIP) delivered savings of £0.566m over months 5 and 6 against a target of £0.314m. The Trust has identified schemes to deliver the annual savings target of £3.645m.

7. Contract performance

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

Bedfordshire and Luton Children and Adults Clinical Operational Board

Service	No of months KPI red rated	Actual versus required performance	Mitigations in place
Luton LAC	6+	Review health assessments 69.2% (target 100%)	
0-19	6+	% mothers receiving face to face antenatal visit by 36 weeks 65% (target 80%)	Business continuity plans in place – high vacancy factor
0-19	2	% mothers receiving face to face NBV within 14 days 76.5% (target 90%)	As above
0-19	6+	% children 12month review by 12 months 70% (target 90%)	As above
0-19	6+	% children 2 -2.5 year review 63.8% (target 90%)	As above

0-19	6+	% children 12month review by 15 months 81.8% (target 90%)	As above
Audiology Beds and Luton	4 & 2	Target of 100% children referral to diagnostic testing in 6 weeks – Bedfordshire 69.7% Luton 81.9%	Capacity – vacancies and new joint clinical scientist post with Bedford Hospital not recruited to. Post back out to advert .One new Audiologist just recruited and two temporary staff so position expected to improve Weekly reporting to NHSE/I and CCG

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

Service	No of months KPI red rated	Actual versus required performance	Mitigations in place
Cambs HCP Ante-natal review	6+	27% / 50%	Twenty families were offered a late visit as it was important to ensure continuity of care by a clinician, and it was noted that there was some incorrect use of SystmOne templates to record a visit cancelled by a parent, this has now been rectified with additional training by lead clinician.
Cambs HCP 2 yr review	6+	50%/100%	2.5 year review contacts have also decreased, as well as South Locality following an agreed Business Improvement Plan (BIP) it was agreed with commissioners that Assistant Practitioners would support Transfer-in visits for the reporting period, therefore diverting resource from the mandated contact, this has now ended so prediction of improvement in next reporting period.
Norfolk HCP Ante-natal contact	6+	78%/85%	Whilst the improved performance remains slightly below the Norfolk target it should be noted that current performance is significantly above local and national average. The services single point of access (JON) leadership team are joining with the clinical lead to work with the four Acute Trusts to identify additional shared efficiencies within admin processes, supported by a capacity modelling exercise within JON.
Norfolk HCP Healthy Start Vouchers	6+	53%/90%	The service continues to promote through face book and Just OneNorfolk https://www.iustonenorfolk.nhs.uk/healthylifestyles/eat-better/food-poverty ,
Norfolk HCP1 year review	6+	72%/90%	Performance affected where a locality is following an agreed Business Continuity Plan (BCP) and adjustments agreed with commissioners.
Norfolk HCP2.5 year review with ASQ	6+	7%/90%	The Senior leadership team have developed criteria for targeting of review that can be completed at home / clinical setting and by an appropriate HCP practitioner. This is to be implemented within the localities alongside a competency framework. It is expected that this figure will increase in the October data.

8. Carter Metrics – half year update

8.1 The key programmes of work original identified as relevant to the Trust in delivering the recommendations following Lord Carter's productivity and efficiency report in 2018 continue to progress well and are showing signs of delivery.

Be a Sustainable Organisation

- **Learning from new models of care** - NHS England should codify and share the learnings from new models of care and the successful 'Vanguards' to support community health services to play their full role in supporting the wider system.
 - The Luton Adults Enhanced Models of Care is now in its 2nd year of pilot and delivery with the service now expanded into supporting Care Home residents impacting the volume of non-elective admissions into the acute setting of frail elderly residents in Luton
 - This programme continues to develop and improve business information and build collaborative on the approaches with medics and other networks
- **Optimising workforce well-being and engagement: Improving cultures are critical to better staff engagement, driving positive change across organisations and improving both productivity and care quality.** NHS Improvement should work with all mental health and community trust boards to help improve the engagement, retention and wellbeing of their staff.
 - The Trust has again delivered excellent and improved staff survey results, and in part this is down to the Trust continues to the support I provide to its staff, including bespoke team development and training, encouraging a culture of openness and transparency, empowering staff to speak up, with a number of experienced staff being available for contact, advice and guidance.
 - The Trust encourages its services and staff to celebrate and promote the services they deliver and this is demonstrated in part with the services annual conferences, where users and key stakeholders are invited along with members of staff.
- **Inpatient rostering and e-rostering: All community and mental health trusts should use an effective e-rostering system and set up formal processes to tackle areas of rostering practice that require improvement.** NHS Improvement should undertake a review of the rostering good practice guidance to ensure it is inclusive of all sectors.
 - The Trust is continuing with its roll-out of E-Scheduling and E-Rostering systems with Luton Adults nursing service now near to being fully operational with E-Scheduling, and is now seeing the benefits into it's demand and capacity review, and E-Rostering is currently in the development stage.
 - The plan is to now to begin the data collection and testing for the Luton Phlebotomy and HCP Services for a planned roll out by the end of January 2020 the result of this pilot will inform the priority for rolling out across the Trust, and the during December the data collection will begin for the Childhood Immunisations and Vaccinations service with a plan to roll out in mid to late 2020.

Be a Sustainable Organisation

- **Corporate services: Trusts should reduce the variation in the cost of their corporate service functions. As part of this, they should examine the opportunities to collaborate and share corporate service functions.**
 - The Trust has successfully procured its Financial and Accounting, Payroll, ICT and Estates services to external providers. These contracts have delivered efficiency savings and opportunities to optimise existing resources and teams which will potential result in further cost reductions.
 - The C&P STP system work to identify corporate and back office opportunities continues with various work streams exploring opportunities within workforce bank and agency and the procurement of supplies.

PART TWO

Appendices

CCS NHS Trust Quality Performance Dashboard

			Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19		
Standard/Indicator	Description	Contact	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	Sparkline	
SAFETY																
Patient safety																
Classic safety thermometer	% Harm free care	H Ruddy	80.00%	89.02%	100.00%	93.65%	92.22%	94.16%	96.27%	94.16%	96.48%	89.14%	90.34%	84.21%		
	% New harm free care		86.67%	97.56%	100.00%	97.62%	98.89%	99.27%	100.00%	96.75%	98.59%	99.43%	97.24%	98.25%		
Incidents																
Total number of new Datix incidents reported in month	New patient safety incidents including SIs, Never Events and medication incidents	L Ward							135	176	139	186	147	161		
	Severe harm								0	0	1	0	0	0	0	
	Moderate harm								8	13	6	11	6	19		
	Low harm								28	29	19	34	27	34		
	No harm								99	134	113	141	114	108		
New SIs declared requiring investigation	Avoidable pressure ulcers declared as SI in month under CCS Care	A Darvill	0	0	0	0	0	0	0	0	0	0	0	0		
	Other SIs declared		1	0	0	2	0	1	0	0	1	0	1	0		
Number of never events	Number of never events reported in month	A Darvill	0	1	1	0	0	0	0	0	0	0	0	0		
	Number of medication incidents reported (CCS)		11	28	13	12	13	5	13	12	12	38	21	22		
Medicines Management	% CCS medication incidents no harm	A Darvill	100%	100%	100%	100%	100%	100%	92%	92%	100%	95%	100%	100%		
Infection Prevention & Control																
High Impact Interventions	Children's Community Nursing Teams only	C Sharp							100.00%	100.00%	100%	100%	100%	100%		
Essential Steps	Compliance with spread of infection indicator		100.00%	100.00%	100.00%	99.80%	100.00%	100.00%	100.00%	100.00%	99.70%	100%	99.85%	99.87%		
UV light compliance	All clinical teams - data pending									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	94%	95%	94%	94%	95%	95%	96%	94%	94%	94%	95%	95%		
Safeguarding training (Children)	Level 1: % staff trained		99%	98%	98%	99%	99%	99%	99%	97%	97%	97%	98%	98%		
	Level 2: % staff trained		99%	99%	98%	98%	99%	98%	98%	95%	96%	97%	97%	97%		
	Level 3: % staff trained		93%	98%	96%	94%	94%	92%	93%	89%	90%	90%	91%	90%		
	Level 4: % staff trained		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Safeguarding training (adults)	SOVA		94%	94%	94%	94%	95%	95%	96%	95%	95%	96%	96%	97%		
	Mental Capacity Act		91%	92%	91%	93%	95%	94%	96%	94%	95%	95%	95%	95%		
Prevent Basic Awareness	Deprivation of Liberty		93%	94%	90%	94%	91%	93%	97%	97%	97%	95%	94%	96%		
	% of staff undertaking Prevent training										99%	98%	99%	98%	98%	
WRAP3	% of staff undertaking WRAP training										89%	89%	90%	91%	91%	
Manual handling	% of staff undertaking manual handling (patients)		86%	90%	84%	81%	82%	87%	88%	86%	88%	92%	94%	90%		
Fire safety	% of staff undertaking fire safety training		93%	93%	92%	93%	93%	95%	96%	93%	92%	93%	93%	93%		
CFR/Resus	% of staff undertaking CFR/Resus training		88%	90%	89%	89%	90%	90%	92%	88%	91%	89%	89%	90%		
IPaC training	% of staff undertaking IPaC training		98%	98%	97%	97%	98%	98%	98%	96%	96%	96%	97%	97%		
Information governance	% of staff undertaking IG training		93%	92%	92%	94%	95%	96%	96%	93%	93%	94%	95%	95%		
Safeguarding																
Safeguarding supervisors (Children)	% eligible staff	C Halls	89%	91%	93%	94%	89%	94%	90%	93%	92%	92%	94.59%	91.05%		
Workforce/HR																
Sickness	Monthly sickness absence rate	R Moody	5.54%	5.10%	5.16%	5.98%	5.75%	4.82%	4.57%	4.76%	4.67%	4.93%	4.58%	4.38%		
	Short-term sickness absence rate		2.46%	2.46%	2.20%	2.88%	2.62%	2.31%	2.22%	1.92%	2.03%	1.90%	1.80%	2.24%		
	Long-term sickness absence rate		3.07%	2.63%	2.95%	3.10%	3.13%	2.51%	2.35%	2.84%	2.63%	3.02%	2.78%	2.13%		
	Rolling cumulative sickness absence rate		5.24%	5.26%	5.20%	5.20%	5.25%	5.19%	5.06%	5.07%	5.05%	5.06%	4.99%	4.93%		
Turnover	Rolling year turnover	13.84%	14.16%	13.85%	13.29%	13.64%	13.63%	14%	14%	13.83	14.06	14.00%	14.47			
Bank staff spend	Bank staff spend as % of pay (financial YTD)	2.34%	1.92%	2.27%	2.54%	1.52%	1.64%	0.20%	0.20%	1.47%	1.20%	1.60%	1.30%			
Agency staff spend	Agency staff spend as % of pay (financial YTD)	2.73%	2.67%	3.79%	4.29%	2.57%	3.13%	4.29%	8.03%	3.59%	2.99%	3.77%	3.10%			
Stability	% of employees over one year which remains constant	86.32%	86.33%	86.03%	85.90%	85.27%	85.71%	88.24%	88.13%	87.83%	89.25%	88.63%	88.71%			
Appraisals	% of staff with appraisals	90.66%	90.54%	90.71%	92.64%	90.89%	92.85%	94.37%	94.20%	92.69%	92.55%	91.96%	91.36%			
Staff Friends & Family test	Recommending CCS as place for treatment - Quarterly reporting	P Davies/ L Thomas			Not available in Q3			91.00%						96.15%		
	Recommending CCS as place to work - Quarterly reporting						74.45%			77.00%				73.08%		
EXPERIENCE																
Patient experience (monthly targets)																
Complaints	Number of formal complaints received in month	D McNeil	8	17	8	13	7	13	8	7	5	12	9	11		
	Standard complaints - of responses sent in month, no. of complaints responded to within 25 days		3/3	9/9	9/9	9/9	3/3	5/6	8/8	4/5	6/6	6/6	7/7	1/1		
	Standard complaints - percentage responded to within 25 days		100%	100%	100%	100%	100%	83.30%	100%	80.00%	100%	100%	100%	100%		
	Complex complaints - of responses sent in month, no. of complaints responded to within 30 days		0/0	1/1	1/1	0/0	2/2	3/3	2/2	1/1	3/3	1/1	0/0	1/1		
Concerns	Complex complaints - percentage responded to within 30 days		100%	100%		100%	100%	100%	100%	100%	100%	100%	100%			
	Number of concerns received in month	35	32	27	48	19	32	14	16	15	36	33	29			
Friends & Family test score	Patients who would recommend our services	D McNeil	96.31%	96.47%	96.58%	95.58%	96.29%	96.49%	96.17%	96.78%	96.96%	95.20%	97.23%	97.53%		
	Number of patients surveyed		2599	2722	1756	3122	3319	2619	2196	2889	1873	2541	2273	2672		
QEWTT (Quality Early Warning Trigger Tool)																
QEWTT	Number of responses received by scoring threshold	25+	0	0	0	0	0	0	0	0	0	0	0	0		
		16-24	5	8	9	4	9	10	10	8	5	6	4	6		
		10-15	24	20	17	19	14	12	14	14	21	16	20	16		
		0-9	50	59	61	71	73	73	67	70	59	68	68	68		
	Number of two consecutive non-responses	6	5	3	0	0	0	0	0	0	1	3	0	0		
	Number of single non-responses	14	4	6	2	0	1	2	1	7	0	1	2			
Total number of responses received		79	87	87	94	96	95	91	92	85	90	92	90			
Total number of Teams		99	96	96	96	96	96	93	93	93	93	93	92			
NA	Data usually supplied but not available this month															
	Not relevant/not applicable to this area															

Summary of monthly-reported and tracked indicators

Contract	Rating	2019/20												2019/20 year end forecast
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Cambridgeshire and Peterborough CCG	GREEN	15	16	16	16	16	16							16
	RED	1	0	0	0	0	0							0
	% GREEN	94%	100%	100%	100%	100%	100%							100%
Cambridgeshire County Council (iCaSH)	GREEN	3	3	4	4	4	4							4
	RED	2	2	1	1	1	1							1
	% GREEN	60%	60%	80%	80%	80%	80%							80%
Cambridgeshire County Council (Healthy Child Programme)	GREEN	8	9	9	8	9	9							9
	RED	3	2	2	3	2	2							2
	% GREEN	73%	82%	82%	73%	82%	82%							82%
Peterborough City Council (iCaSH)	GREEN	15	16	15	15	17	17							16
	RED	2	1	2	2	0	0							1
	% GREEN	88%	94%	88%	88%	100%	100%							94%
NHS England (Community Dental Service)	GREEN	5	5	5	4	5	5							5
	RED	0	0	0	1	0	0							0
	% GREEN	100%	100%	100%	80%	100%	100%							100%
Luton CCG (Luton CHS)	GREEN	40	39	41	38	37	43							43
	RED	11	12	17	15	18	19							19
	% GREEN	78%	76%	71%	72%	67%	69%							69%
Luton CCG (new ambulatory services transferred from EPUT)	GREEN	22	22	22	22	22	22							22
	RED	0	0	0	0	0	0							0
	% GREEN	100%	100%	100%	100%	100%	100%							100%
Suffolk County Council (iCaSH)	GREEN	4	4	4	4	4	4							4
	RED	0	0	0	0	0	0							0
	% GREEN	100%	100%	100%	100%	100%	100%							100%
Norfolk County Council (iCaSH)	GREEN	5	5	5	5	5	5							5
	RED	0	0	0	0	0	0							0
	% GREEN	100%	100%	100%	100%	100%	100%							100%
Norfolk County Council (Health Child Programme)	GREEN	18	19	19	21	23	21							21
	RED	9	10	10	8	6	8							8
	% GREEN	67%	66%	66%	72%	79%	72%							72%
Bedfordshire LAs (iCaSH)	GREEN	27	27	28	28	28	28							28
	RED	3	3	2	2	2	2							2
	% GREEN	90%	90%	93%	93%	93%	93%							93%
Bedfordshire LAs (Healthy Child Programme and oral health promotion)	GREEN	14	14	14	14	14	14							14
	RED	6	6	6	6	6	6							6
	% GREEN	70%	70%	70%	70%	70%	70%							70%
Bedfordshire CCG (ambulatory services)	GREEN	3	3	3	3	3	3							3
	RED	0	0	0	0	0	0							0
	% GREEN	100%	100%	100%	100%	100%	100%							100%
TRUSTWIDE	GREEN	179	182	185	182	187	191	0	0	0	0	0	0	190
	RED	37	36	40	38	35	38	0	0	0	0	0	0	39
	% GREEN	83%	83%	82%	83%	84%	83%	-	-	-	-	-	-	83%

Appendix 2

Risk ID: 2963	Risk owner: Robbins, Mark	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 03/04/2019	Anticipated completion date: 31/03/2020	Current:	L	C		
Specialty: Finance and Resources Directorate	Handler: Robbins, Mark			Possible - 3	Major - 4		12
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: 2019/20 Cost Improvement Plans			Last:		12	Change: No Change	
Risk description: There is a risk that the Trust does not fully plan and/or deliver the £3.6m (2.6%) efficiency savings required for 2019/20 to support the Trust in delivering its Control Total. As a result, this could contribute to the Trust being financially unsustainable in the future.		Principle Trust Objective: Be a sustainable organisation		Significant Hazards: Continued demand of the Trust's services, with increasing cost pressures due to volume and prices, impacted by restricted additional funding.			
		Source of Risk: Risk assessment		Controls in place: During 2018/19, the Trust began its Governance processes to quantify the impact of existing schemes delivery into 19/20 and identifying new efficiency ideas. This process is embedded in Trust business usual processes and reported through the Clinical Operational Boards, Executive Programme Board, Strategic Change Board and the main Board. Schemes continue to be identified and developed through to delivery stage throughout the year, and finance team continue to work closely with service leads to identify and agree service line cost adjustments where it is evident there are budget saving opportunities and / or costs are above the current contracted income received for the service. Quality Impact Assessments are undertaken for all schemes and a post implementation review of all schemes for impact on quality is undertaken.			
Progress: [Robbins, Mark 01/11/2019] The Trust is on track to deliver 80+% of the CIP target, however a proportion of this delivery is non-recurrent, therefore resulting in an increased target for 20/21. Discussions will be at the November Wider Exec to agree the approach and dependencies for the 20/21 schemes.							
Assessor's recommendations: There will also need to be additional focus on non-recurrent opportunities to mitigate any in-year shortfall in delivery. In addition there will be frequent and targeted reviews of all discretionary spend plans, and decisions where it is safe to either defer or reduce plans accordingly.							

Risk ID: 2971	Risk owner: Pisani, Anita	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 04/04/2019	Anticipated completion date: 29/03/2020	Current:	L	C		
Specialty: Not Applicable	Handler: Pisani, Anita			Possible - 3	Major - 4	12	
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Complexity of System Working			Last:			12	Change: No Change
Risk description: There is a risk that due to the complexity of system working, the Trust will not be able to deliver the agreed models of care.		Principle Trust Objective: Collaborate with other organisations. Provide outstanding care.	Significant Hazards: Complexity of system working Maturity of working relationships Ability for all system partners to collaborate Competition				
		Source of Risk: Meetings	Controls in place: Joint Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) - chaired by Non-Executive Directors Board to Board with CPFT as required Integrated Leadership Structure for 0-19 services across Cambridgeshire and Peterborough Joint Transformation Board with Commissioners - Cambridgeshire and Peterborough Children Services Joint Partnership Board with East London Foundation NHS Trust - Executive led Variety of joint work streams in place with East London Foundation NHS Trust on delivery of Bedfordshire Community Health Services Joint Away Days taking place within Bedfordshire Community Health Services Luton Provider Alliance - co-chaired by CCS and Luton and Dunstable Chief Executives Programme Director in place for delivery of Enhanced Models of Care across Luton system Luton Transformation Board CEO and Chair member of Cambridgeshire and Peterborough STP Board CEO and Chair attend BLMK wide Executive meetings				
Progress: [Pisani, Anita 12/11/19 08:58:59 Still remains an active risk. No reduction in scoring at this stage as complexity still exists. Good working relationships in place across our various systems. Joint Partnership Board with Cambridgeshire and Peterborough NHS Trust; Joint Partnership Board with East London NHS Foundation Trust and Luton Provider Alliance all still remain and active conversations are taking place around the models of care that we are collectively delivering across these different localities. Agreement has not been reached in all areas. Lots of work has taken place across Cambridgeshire and Peterborough STP and Bedfordshire, Luton and Milton Keynes ICS to pull together the final system Long Term Plan Submissions. Various individuals across the Trust have been actively involved in these discussions Assessor's recommendations: - Link to the actions for Norfolk specified in risk 2968 - Decision Making in Integrated Systems/Sustainability and Transformation Partnerships - move to Board to Board with East London Foundation Trust (ELFT)							

Risk ID: 2968	Risk owner: Winn, Matthew	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 04/04/2019	Anticipated completion date: 29/11/2019	Current:	L	C		
Specialty: Not Applicable	Handler: Winn, Matthew			Possible - 3	Major - 4	12	
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Decision making in Integrated care systems/Sustainability transformation partnerships			Last:			12	Change: No Change
Risk description: There is a risk that the Trust will be left out of important decision making about future service /organisational configuration in areas it operates because the Trust is either a small partner in the system or not a member of the STP/ICS Board		Principle Trust Objective: Be a sustainable organisation, Collaborate with other organisations	Significant Hazards: As local Sustainability and Transformation Partnerships/Integrated Care system are being asked to make decisions for local populations, organisations with the largest income streams for that footprint may want to determine the future of service delivery for the local population. As the Trust operates across multiple geographies, our impact may be reduced, especially in Norfolk and Suffolk, where we do not sit on any of the ICS/STP boards and executives. The impact may well be felt in our children's portfolio in Norfolk and Cambridgeshire/Peterborough - totalling c.60M on income. The other income the Trust receives are unlikely to be affected by the risk description. The issues could result in reputational damage for the Trust.				
		Source of Risk: External assessment					
Progress: [Winn, Matthew 31/10/201912:37:50] - No change in scoring Anticipated closure date extended to the End of February 2020, as this will be the date that the detailed system plans and contracts have been finalised and therefore the mitigation will have been successful. - Actions and mitigation identified are still appropriate and live. - Planning for the writing and development of system plans are well underway in each STP/ICS that the trust operates within - Children's strategic partnership in Norfolk to start meeting from October 2019 onwards			Controls in place: 1. maintain full participation in the Cambridgeshire/Peterborough STP at CEO and exec level 2. maintain full participation in the Bedfordshire/Luton and Milton Keynes ICS at CEO and exec level(OD, workforce; finance; clinical leadership) 3. Continue with full participation in the Children's Board in Norfolk as this will become the decision making group, reporting into the Norfolk STP executive - John Peberdy and/or an executive 4. Trust is now a full member of the Norfolk Council Health and well being Board 5. Active engagement by CEO with the Anne Radmore, regional director				
Assessor's recommendations: 1. Determine the role the Trust will undertake in the North and South Alliances in Cambridgeshire/Peterborough, if they are to become decision making fora (Mark Robbins by September 2019) 2. Enhance our presence with Executive attendance at each Norfolk Children's Trust Board (Matthew Winn) 3. Continue to support the development of a executive children's Trust Board in Cambridgeshire/Peterborough (Matthew Winn and John Peberdy)							

Risk ID: 2966	Risk owner: Robbins, Mark	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 04/04/2019		Current:	L	C		
Specialty: Finance and Resources Directorate	Anticipated completion date: 31/03/2021		Possible - 3	Major - 4	12		
Clinical Group: Trust Wide	Handler: Robbins, Mark		Target:	Unlikely - 2	Major - 4	8	
Risk Title: Future financial viability of Public Health funded contracts			Last:		12	Change: No Change	
Risk description: There is a risk that the continued reductions to the Public Health grant will eventually have an adverse impact to the quality of the service the Trust provide and therefore its reputation could be affected.		Principle Trust Objective: Be a sustainable organisation	Significant Hazards: Potential for patient outcomes could worsen due to an enforced reduction in services that are focused on prevention, early intervention and treatment, which could therefore cause an increase pressure to other parts of the health system.				
		Source of Risk: Risk assessment	Controls in place: The Trust historically has collaborated closely with LA Commissioners to manage the impact to services as a result of the reductions to the Public Health grants. This work will continue and the Trust will ensure the commissioners understand the full impact of any reductions before they are implemented including ongoing engagement with Directors of Public Health. The Trust will also need to consider its approach to future procurements of Public Health funded services. Cost of service delivery is part of the contract monitoring process as this will be used to identify cost pressures and adverse performance. Quality Impact Assessments undertaken for all significant service redesign projects.				
Progress: [Robbins, Mark 01/11/2019 17:02:01] There is no additional updates regarding Public Health funding for 20/21. The Trust is working closely with Public Health Commissioners to identify service efficiencies and manage demand.							
Assessor's recommendations: The financial performance of the Public Health funded contracts needs to be closely monitored by the Executive Team and early identification of any adverse impacts to be understood and escalated through commissioner discussions. As the cycle of potential grant reductions is likely to continue in 2021, this arrangement should be aligned.							

Risk ID: 2965	Risk owner: Robbins, Mark	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 03/04/2019	Anticipated completion date: 30/06/2020	Current:	L	C		
Specialty: Finance and Resources Directorate	Handler: Robbins, Mark			Possible - 3	Major - 4	12	
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Increase in NHS Employers pension contributions 2020/21			Last:			12	Change: No Change
Risk description: The is a potential risk the planned increase in the employers NHS pension contributions for 2020/21 will not be fully funded due to the split of commissioning responsibility across the NHS and Public Health.		Principle Trust Objective: Be a sustainable organisation	Significant Hazards: An additional unfunded cost could result in the financial viability of existing and potential future Local Authority funded services, which would have an overall adverse impact on the future financial viability of the Trust				
		Source of Risk: Risk assessment	Controls in place: The Trust will continue to closely monitor Regional an National guidance regarding the emerging approach to funding policy, and will engage to make representation and escalation as necessary to ensure providers receive uplifts to their income to fund this additional cost.				
Progress: [Robbins, Mark 01/11/2019 17:03:26] There is no new guidance for this area and therefore the planning assumptions remain unchanged.							
Assessor's recommendations: If policy is indicating that funding would not be increased to cover the additional cost, the Trust will need to ensure this cost is fully recognized in the cost envelopes for future bids and is therefore embedded in the decision to proceed.							

Risk ID: 2967	Risk owner: Curtis, Ms Julia	Risk Committee: Board	Scoring			Current: Moderate
Directorate: Trustwide	Date recorded: 04/04/2019		Current:	L	C	
Specialty: Not Applicable	Anticipated completion date: 31/03/2020			Rare - 1	Major - 4	4
Clinical Group: Trust Wide	Handler: Curtis, Ms Julia		Target:	Rare - 1	Major - 4	4
Risk Title: Patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of care			Last:		4	Change: No Change
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.		Principle Trust Objective: Provide outstanding care	Significant Hazards: 1. A number of factors (some of which are listed below) could combine which would then result in poor patient experience and increased patient safety incidents. 2. This will also negatively impact on compliance with regulatory standards 3. Staff absence			
		Source of Risk: Risk assessment	Controls in place: Refreshed focus on 'Our Quality Way' during April - September 2019 Rolling Peer Review Programme Annual service self assessments Quality Early Warding Trigger Tool monthly completion by all teams Quality reports to Clinical Operational Boards and Board Bi annual Workforce review to Board (May and November Public Boards) Back to the floor programme continues - summary taken to Wider Exec Team Ongoing annual CQC Inspection cycle which now included staff focus groups and Inspector attendance at key meetings ie Board Staff feedback (including staff survey) Whistleblowing and raising Concerns processes well embedded with report to Board x 2 (Chief Executive report) and annually from freedom to Speak Up Guardian reports Clinical audit programme - reports to Clinical Operational Boards and Quality Improvement and Safety Committee Patient and Staff feedback mechanisms ie FFT Patient Stories to Board Internal audit programme (Quality elements) new control added 03/09/19 re development of an improvement plan for the CQC identified 'Areas for Improvement'			
Progress: [Curtis, Julia Ms 29/10/2019 15:07:11] Rating remains at 4. New control added re-establishment of trust wide 0-19 services clinical leads group which is progressing a number of actions related to the staffing regulatory requirement identified in the CQC report						
Assessor's recommendations: Peer review programme to be enhanced during 2019/20 to include patients and service users on the visits to services.						

Risk ID: 2969	Risk owner: Pisani, Anita	Risk Committee: Board	Scoring			Current: High
Directorate: Trustwide	Date recorded: 04/04/2019		Current:	L	C	
Specialty: Not Applicable	Anticipated completion date: 16/03/2020			Unlikely - 2	Major - 4	8
Clinical Group: Trust Wide	Handler: Pisani, Anita		Target:	Unlikely - 2	Major - 4	8
Risk Title: Reduction in Staff Morale could adversely affect the delivery of high quality care			Last:		8	Change: No Change
Risk description: There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.		Principle Trust Objective: Be an excellent employer, Provide outstanding care	Significant Hazards: Demands on the service Insufficient staff Turnover Vacancies Sickness levels			
		Source of Risk: Meetings	Controls in place: Annual staff survey and delivery of improvement plans Quarterly staff friends and family surveys Discussions and resulting actions from Wider Executive team meeting Appraisal rates and quality of appraisals 1:1s and team meetings Quality Early Warning Trigger Tool Clinical Operational Boards Freedom to Speak Up Guardian and Champions Guardian of Safe Working role in place to support junior doctors GMS survey feedback Raising Matters of Concern log Bespoke Leadership and Team Development Sessions Deloitte external review of Well-led and Care Quality Commission Inspection Feedback Back to the Floor feedback, discussions and resulting actions Live Life Well Activities Staff Side Chair in post - confidential helpline in place Corporate Induction and local induction systems and processes Bi-annual workforce reviews			
Progress: [Pisani, Anita 12/11/19 12:17:56] Local and Trust wide staff survey improvement plans in place. National Staff Survey for 2019 currently taking place and Trust has undertaken a full census again. Positive working relationships continue with staff side representatives. Quarter 2 local staff friends and family survey results have been reviewed. 73.08% of responses would recommend the Trust as a place to work. 96.15% would recommend the Trust as a place for receiving treatment. Staff continue to be nominated and win regional, national and international awards across different services.						
Assessor's recommendations: - Ensure that updated Trust-wide and local staff survey improvement plans are developed and implemented throughout the year - Trust-wide plan in place and local plans presented to Clinical Operational Boards - complete and ongoing						

Risk ID: 3040	Risk owner: Gingell, James	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 23/07/2019		Current:	L	C		
Specialty: Finance and Resources Directorate	Anticipated completion date: 24/02/2020			Possible - 3	Moderate - 3	9	
Clinical Group: Trust Wide	Handler: Gingell, James		Target:	Unlikely - 2	Moderate - 3	6	
Risk Title: Unable to Meet Deadline for Windows 10 Licensing Allocation from NHS Digital			Last:			9	Change: No Change
Risk description: There is a risk that we are unable to meet the deadline for Windows 10 Desktop/Laptop licensing deployment with NHS Digital.		Principle Trust Objective: Be a sustainable organisation	Significant Hazards: The Trust was successful with the application for Windows 10 licences from NHS Digital as part of the national agenda to move to this operating system across the NHS. The Trust signed a Service Agreement / MOU that required the project to be completed b				
		Source of Risk: Risk assessment	Controls in place: Negotiated with NHS Digital a delay in full achievement of the project as reasonable progress has been made on the interim Windows 10 deployments via both SBS and EPUT. The ATP (Advanced Threat Protection) component of the project had made good progress and is continued to be developed and investigated.				
Progress: [Gingell, James 11/10/19 14:25:23] 11/10/2019 Now waiting for mobilisation of the new ICT contract.							
Assessor's recommendations: 1) We have reduced the overall licensing allocation from 3500 to 3000 to improve the usage figures. 2) We are increasing the scope of the ATP (Advanced Threat Protection) deployment to improve this usage month on month. 3) We are refreshing hardware that is at the end of the lifecycle with Windows 10 using the new licensing allocation. 4) We are progressing with the project to re-image laptops in Luton for the Malinko project. 5) We will continue to view the usage data that is circulated nationally on a monthly basis and benchmark against other similar organisations. 6) The Windows 10 re-image into the new Active Directory network by the new chosen supplier will be a very high priority and progress will be closely monitored.							

Risk ID: 2776	Risk owner: Winn, Matthew	Risk Committee: Board, Executive Team	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 26/06/2018	Anticipated completion date: 28/02/2020	Current:	L	C		
Specialty: Not Applicable	Handler: Winn, Matthew			Unlikely - 2	Major - 4	8	
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Uncertainty linked to the new NHS funding settlement and the drive for greater provider efficiencies.			Last:			8	Change: No Change
Risk description: There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS provider sector to drive greater provider efficiency.		Principle Trust Objective: Be an excellent employer, Be a sustainable organisation, Collaborate with other organisations, Provide outstanding care	Significant Hazards: The agreement on the NHS five year funding settlement is coupled with assumptions that the provider and commissioner structure needs to change and become more cost efficient. As the Trust is relatively small compared to other NHS organisations, it is susceptible to a national re-configuration mind set and policy, irrespective of our current productivity and efficiency levels.				
		Source of Risk: External assessment	Any major re-organisation could impact on the whole income base of the Trust (£130m). Controls in place: 1. Executive and non-executive director influencing the leadership of NHS England and NHS Improvement 2. The Trust is a member of the Community Network - lobbying to focus the policy on integration, not organisational form issues 3. Board strategy development sessions in the year will discuss options available to the organisation - next session is in June 2019 4. Continue to develop collaborative and integrated solutions for children services in Cambridgeshire/Peterborough and in Norfolk and for adult services in Luton. 5. Involvement in the development of the long term plan has ensured community health services have been prioritised 6. Private conversations/influencing with NHS leaders at NHS Improvement and NHS England and the new regional leaders 7. Working with the other 22 Community NHS Trusts and Community Interest Companies who would be impacted by the risk issues. 8. membership approaches on influences via NHS Providers and NHS Confederation - executive and non-executive levels. 9. continue to deliver on quality and financial performance issues 10. develop integrated approaches with other NHS organisations and Primary care to ensure an integrated approach is actually delivered without the need to resort to organisational form changes 11. Ensure the Trust is providing alternatives and solutions for the creation of Primary Care Networks, as they get established 12. Chief Executive has been appointed national Director (part time) for community services strategy and development				
Progress: [Winn, Matthew 31/10/2019 12:47:28] Anne Radmore, the East of England NHS England Director has been quite clear that she is not in favour of forced mergers of NHS organisations as this approach rarely realises the benefits for local populations nor saves money. None of the system plans, within the footprint of the Trust, are planning to use mergers as a mechanism to force collaboration. All are using voluntary arrangements for collaboration - which is at the heart of the Trusts' strategy and approach. Therefore the risk is well managed, under control and not a major issues facing the Trust at the moment and is recommended for closure.							
Assessor's recommendations: 1. follow up from the meeting of Chairs of community providers with Dido Harding to discuss how NHS community services are provided (Nicola Scrivings to lead - May and June 2019) 2. Continue to be part of policy development through NHS Providers, to ensure integrated care is prioritised in the national funding allocations process (Matthew Winn to lead - to be clear in the new NHS Plan.) 3. Continue to implement plans to improve efficiency and effectiveness in line with NHS Improvement Carter team recommendations (Mark Robbins to lead - mainly being assured through the strategic change Board) 4. further development of the new models of care in regional children services and older people services in Luton (Anita Pisani to lead) 5. Engagement with the new East of England strategy director (Simon Wood)to ensure service development stays at the front of initiatives							

Risk ID: 2970	Risk owner: Pisani, Anita	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 04/04/2019	Anticipated completion date: 31/03/2020	Current:	L	C		
Specialty: Not Applicable	Handler: Pisani, Anita			Possible - 3	Major - 4	12	
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Workforce challenges affecting ability of services to maintain high quality care			Last:			12	Change: No Change
Risk description: There is a risk that the Trust is unable to maintain high quality care across the organisation due to the increase number of services facing workforce challenges.		Principle Trust Objective: Be an excellent employer, Collaborate with other organisations, Provide outstanding care	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				
		Source of Risk: Meetings					
Progress: [Pisani, Anita 12/11/19 09:05:20] 6 teams out of 92 teams reporting Quality Early Warning Trigger Scores 16 or above. Overall mandatory training compliance 95%; Appraisal compliance 91.36%; Stability 88.71%. Turnover 14.47% which compares favourably to NHS Community Providers benchmark. Bi-annual workforce review being presented to the Board on 20 November 2019 which gives a detailed overview, service by service. This provides good assurance to the Board that workforce pressures/challenges are being appropriately managed, however, as some teams continue to report workforce pressures no change in scoring recommended.							
Assessor's recommendations: - 3-5 year strategic workforce plans for all services to be developed during 19/20							

Risk ID: 3051	Risk owner: Steward, Clare	Risk Committee: Luton Adults Programme	Scoring			Current: Extreme
Directorate: Luton Community	Date recorded: 08/08/2019		Current:	L	C	
Specialty: Adult Services (Luton)	Anticipated completion date: 30/09/2019			Likely - 4	Major - 4	16
Clinical Group: Unit Wide	Handler: O'Byrne, Luke		Target:	Unlikely - 2	Major - 4	8
Risk Title: Further commissioner investment (ECMOC)			Last:	16		Change: No Change
Risk description: There is a risk that the Commissioner are now requiring a greater level of saving from the programme than originally required, in relation to signing off any further investment. The impact of this would be a shortfall in the CCG's anticipated QIPP Programme.		Principle Trust Objective: Be a sustainable organisation	Significant Hazards: Financial risk, reputational risk for the CCG and wider system			
		Source of Risk: Risk assessment	Controls in place: CEO escalation and dialogue with CEO peers at CCG and L&D. Additional scoping underway to understand where the EcMoC scheme can realise the optimal impact against an agreed cohort for 19/20. Significant focus around quantifying the potential residential and care home emergency admission avoidance potential under EcMoC, currently underway. Statistical monitoring on a monthly basis provides a clear picture of performance and likely year end position. Optimising of contribution from existing CCS workforce in order to be geared up for rapid implementation once approved. Discussions are on-going with the CCG to reach agreement on appropriate risk share agreements for ongoing programme. Revised proposal submitted to CCG Executive Committee on 2/10 to agree 19/20 funding for existing provision and potential risk share for Care Home initiative * M1 - M6 funding secured - Proposal from CCG to seek to secure remainder of funds for 19/20 to go to BLMK Transformation Fund, with potential for partners to offset any shortfall * Approach to staffing Care Home element of programme at least financial risk has been scoped by Head of Adults and Implementation Lead plus finance colleagues			
Progress: [Morris, Christopher 31/10/19 09:57:40] CEO escalation and dialogue with CEO peers at CCG and L&D. Additional scoping underway to understand where the EcMoC scheme can realise the optimal impact against an agreed cohort for 19/20. Significant focus around quantifying the potential residential and care home emergency admission avoidance potential under EcMoC, currently underway. Statistical monitoring on a monthly basis provides a clear picture of performance and likely year end position. Optimising of contribution from existing CCS workforce in order to be geared up for rapid implementation once approved. Discussions are on-going with the CCG to reach agreement on appropriate risk share agreements for ongoing programme. Revised proposal submitted to CCG Executive Committee on 2/10 to agree 19/20 funding for existing provision and potential risk share for Care Home initiative * M1 - M6 funding secured - Proposal from CCG to seek to secure remainder of funds for 19/20 to go to BLMK Transformation Fund, with potential for partners to offset any shortfall * Approach to staffing Care Home element of programme at least financial risk has been scoped by Head of Adults and Implementation Lead plus finance colleagues						

Risk ID: 2915	Risk owner: Paris, Mrs Jane	Risk Committee: Bedfordshire & Luton	Scoring			Current: Extreme	
Directorate: Luton Community	Date recorded: 30/01/2019	Anticipated completion date: 30/12/2019	Current:	L	C		
Specialty: Children Services (Luton)	Handler: Paris, Mrs Jane			Likely - 4	Major - 4	16	
Clinical Group: Children's services Health Visiting (West Luton)			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Staffing level in 0-19 team			Last:			16	Change: No Change
Risk description: There is a risk that we will be unable to deliver the Healthy Child Programme. This includes the early identification of children and their families in need of further support including safeguarding concerns.		Principle Trust Objective: Provide outstanding care	Significant Hazards: We have 8.32 WTE vacancy in health visiting. With the risk of maternity leave increasing this in the next two months. This has been evidenced by two incidents SI numbers W55194 and W54485. There is a risk that we will not be able to complete the KPI's for the HCP.				
		Source of Risk: Risk assessment					
Progress: [Paris, Jane Mrs 25/10/19] staffing levels remain at 74.6% Level 3 on the Escalation framework. There is a robust recruitment plan in place and weekly meetings supporting this. Further staff nurse and health visitors to attend interviews; increased number of nursery nurses in post. Support being offered from 5-19 team, term time only staff during summer holidays to assist with developmental reviews.			Controls in place: 1) Recruitment plan in place for HV/SN 2) Agency recruitment plan 3) Service redesign plan in place 4) Business Continuity Plan in place with clear escalations to mitigate risk. This plan reduces activity in areas of low risk to focus on high risk care for children and parents.				
Assessor's recommendations: Increase staffing levels by use of agency or bank staff. Agreement with commissioners regards reduction in KPI's outcomes							

Risk ID: 2554	Risk owner: Lynn, Kirstie	Risk Committee: Children's and Young People	Scoring			Current: Extreme	
Directorate: Children and Young Peoples Services	Date recorded: 13/03/2017		Current:	L	C		15
Specialty: Children's Specialist Services	Anticipated completion date: 31/12/2019			Almost Certain - 5	Moderate - 3		
Clinical Group: Children's Community Nurses (Cambridgeshire)	Handler: Worbey, Rachel		Target:	Rare - 1	Moderate - 3		3
Risk Title: Under resourcing in Continuing Care will compromise patient care and lower staff morale			Change: No Change				
Risk description: Under resourcing and a reduction in current staffing levels in the Children's Continuing Care in Cambridgeshire is significantly impacting on levels of respite care we are able to provide leading to multiple no covers and cancellations.		Principle Trust Objective: Be a sustainable organisation, Collaborate with other organisations, Provide outstanding care		Significant Hazards: There is a risk that complex case management will not maintained effectively for identified individual children and young people. There is a risk that will lead to a lack of delegated training and competency assessments for Non- registered CCS staff and staff working in partner organisations will not be completed. There is a risk that staffing and associated HR work will not happen in a timely fashion impacting on retention and well being of staff. There is a risk that the CCNs will continue to be required to undertake CHC work causing their workloads to suffer and CYP unable to be discharged early from hospital or be required to return to hospital for treatment that could be delivered in the community environments. CCS in Cambridgeshire we are unable to take on any further care packages as we will not have the Registered Nurse time for recruitment and care planning for any new CYP referred to the service. CCG Commissioner has been informed of current staffing and recruitment issues. The additional risk is linked to a decrease in staff morale, increased anxiety and stress amongst the current work force, increased sickness, an increase in staff resignations and difficulty in recruitment. This has lead to staff being informally managed through the Trust sickness policy. We have given notice to a care package that is funding through a contract variation and we are in the process of reviewing two other packages that are funded the same way which will result in a significant funding deficit to the service if they cease. Staff have been asked to work additional paid hours to support the team during this period which has had a significant impact on their health and wellbeing.			
		Source of Risk: Audit					
Progress: [Worbey, Rachel 06/11/19 17:53:44] Reviewed and updated the risk grading, this has been increased to reflect the current risk to the team. Reviewed and updated the risk hazards from perceived to actual risks identified. Reviewed and amended the controls in place and the recommendations from the assessor.							
Assessor's recommendations: Support from contracts team to have open conversation with CCG to identify financial resource. Refusal to take on any further care packages at this time. Team supervision. Review skill mix to potentially recruit Band 5 staff to support training for Band 3/4 HCSWs and release Band 6 resource for complex case management. Continue momentum with senior managers in the organization in escalating the risk of Continuing Care to the Trust Board. Lead Nurse to work on capacity and costing spreadsheet to facilitate conversations with the CCG in relation to the contract variations ceasing.							
Controls in place: The Community Nurse capacity tool has been used to review and help identify staffing required to maintain the service. Additional hours agreed with staff, this is not longer sustainable and staff have been asked to work their contracted hours from now on. Regular reviews of staffing and care packages Use of bank and agency staff where possible Working across the service to try and effectively allocate children with complex needs to other teams, however this is limited due to demands on the other services in the team and their staffing levels.							

Assurance Framework for the Integrated Governance Report

Part A

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

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

Part B

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

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

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

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

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

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

Appendix 4 – Assurance Framework

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

