

TRUST BOARD

Title:	Integrated Governance Report
Action:	For DISCUSSION
Meeting:	18th November 2020

Purpose:

The global Covid-19 pandemic continues to dominate work within the Trust both in terms of continuing to manage through the existing pressures whilst at the same time also planning for winter, EU Exit and mass vaccination for Covid-19, in conjunction with our health and care system partners.

This report and Clinical Operational Boards integrated reports operates in line with the new way of working during Covid-19 and this report provides an overview of quality, performance, workforce and finance for August and September assessed in relation to the Trust's strategic objectives and associated risks of achieving these objectives.

For each objective, the report provides:

- a description of the direction of travel for achieving the Trust's objectives;
- the strength of assurance the report provides in relation to the Trust's strategic risks and high scoring operational risks,
- the level of assurance that each section of the report provides for the relevant domains of safe, caring, effective of safe, caring, effective, responsive and well led.

Executive Summary:

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

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

Recommendation:

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

Supporting Information:

- Appendix 1: Quality Performance Dashboard
 - Appendix 2: Strategic Risks and Operational Risks 15 and above
 - Appendix 3: Assurance Framework
 - Appendix 4: Statistical Process Control Chart Key
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Trust Objectives

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

Trust risk register

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

Legal and Regulatory requirements:

All CQC Key Lines of Enquire and fundamental standards of care are addresses in this report

Diversity and Inclusion implications:

Objective	How the report supports achievement of objectives:
To re-launch the Trust Staff Diversity Network and, where staff indicate a desire, to establish protected characteristics specific sub networks. The Networks to be a forum for staff to share experiences, review the Trust Diversity and Inclusion Policy and practices and to give feedback and suggestions on how the Trust can support its diverse workforce and seek to eliminate any bias.	This report covers an update on the BAME network.
To introduce reverse mentoring into all our in house management and leadership development programmes, to promote diverse leadership through lived experiences.	This project is covered by the Workforce Diversity and Inclusion Group.
We will measure the impact of our virtual clinical platforms, ensuring that they are fully accessible to the diverse communities we serve.	This project is covered by the People Participation Committee and is reported in a separate part of the Board

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Appendix 2 - Strategic Risks and Operational Risks 15 and above

Appendix 3 - Assurance Framework

Appendix 4 - Statistical Process Control Chart Key



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A: Assurance Summary

Overall assurance rationale:

<p>Safe</p>	<ul style="list-style-type: none"> ▪ There were no Serious Incidents or Never Events reported in August and September 2020 ▪ 94% of incidents low or no harm (Trust target 90%) ▪ There were no healthcare acquired infections ▪ There were no Covid19 staff outbreaks ▪ Staff flu campaign 2020 commences on the 5th October (current update is 71.59%) ▪ Themes have been identified from completed QIA (Quality Impact Assessments) / EIA (Equality Impact Assessments) for current changes to service provision and risk assessment for restoring elements of previous service provision that were paused ▪ IPAC (Infection Prevention and Control) assurance framework reviewed by CQC – an internal process is now in place to ensure this is reviewed regularly ▪ All staff have access to appropriate PPE (Personal Protective Equipment) 	<p>Substantial</p>
<p>Caring</p>	<ul style="list-style-type: none"> ▪ Outstanding care – patient story ▪ FFT (Family & Friends Test) outcome is 94.21% (target 90%) – other Trust feedback is reported in section 5 ▪ Number of informal and formal complaints within expected variance (total of seven formal complaints received in August and September) 	<p>Substantial</p>
<p>Effective</p>	<ul style="list-style-type: none"> ▪ Mandatory training just below 94% target for August and September (92% for August and 93% for September) ▪ Formal Safeguarding supervision reintroduced in July, with a rising trajectory noted in August and September ▪ Level 3 safeguarding training available for this period (new model of on line modules and virtual live reflective sessions continues but resource intensive and numbers of available sessions affected by staff sickness) ▪ An additional band 7 post has been add to the Safeguarding service to support the Bedfordshire and Luton services ▪ The Heads of Safeguarding provided an update to the Board at October's Board Development Day ▪ The service user related local equality delivery system objectives have been agreed 	<p>Reasonable</p>
<p>Responsive</p>	<ul style="list-style-type: none"> ▪ Complaints response time 100% for the 1 response sent in August and 100% for the 2 sent in September (target 100%) ▪ RTT challenges are noted (see section 6) in Audiology, Bedfordshire and Luton Community Paediatric Services ▪ Covid19 incident response meets all requirements 	<p>Reasonable</p>

1. This report summarises the key elements of quality and safety that have been our focus since the beginning of the pandemic in March 2020. We are implementing our Phase Three recovery plans in line with national guidance.
2. In addition to the overview and analysis of performance for August 2020 and September 2020, the Board can take assurance from the following sources:
 - During the Covid19 pandemic period and more recently whilst operating at an NHS level 3 Major Incident, a number of processes underpin comprehensive management of the risks and issues associated with delivery of clinical services. These include our Incident Control Centre, Incident Management Team, daily situation reports from all services which include information on staffing levels,



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PPE, risks and incidents. These processes continue whilst we operate under the NHS Major Incident framework.

- The staffing section continues to be reported in the 'Excellent Employer' objective. Pressures in a number of our services are being reported and monitored through the daily Covid19 situation report process.
- Our overall Care Quality Commission (CQC) inspection rating 'Outstanding' remains in place from August 2019 with 'Outstanding' within the caring and well-led domains.
- Assurance can be taken from the initial completion of the NHSE / I Infection, Prevention & Control Board Assurance Framework presented to the Board in September. The next update for the Infection Prevention & Control (IPaC) Board assurance framework will be at January's Board following a formal review at the IPaC Committee in November.
- There have been no reported staff outbreaks of Covid19 infection in August and September.
- The flu vaccination campaign commenced on 5 October 2020. The Board can be assured that our flu plans have incorporated all of the required elements for the last 2 years.
- In order to support safe and effective implementation of phase 3 restoration plans, all services have undertaken a Quality Impact and Equality Impact risk assessment to assess the impact of changes to the ways that services have been delivered and consider risks as they restart elements going forward. The outcomes from these were reported at Board in September, and will be reviewed at service level in line with local need.

B: Measures for Achieving Objective - 2020/21 measures

Measure	20/21 Target	Data source	Reporting frequency	Current position
Care Quality Commission standards	Improved ratings for individual KLOEs	Formal assessment	Annual	No date for formal review received
Patients / carers satisfied with care provided NB the associated metric re increasing numbers of people who give feedback is suspended due to the pandemic	90%	FFT	Monthly	Formal reporting of FFT is nationally suspended during pandemic. Process due to restart in December 2020. <i>September result 94.21%</i>
Deliver the locally agreed patient related annual Equality Delivery System objectives	Pass/Fail	Equality Delivery System	Annual	Objectives agreed at People Participation Committee 1 July 2020
Increase the number of services supported by volunteers	TBC	People Participation Committee	6 monthly	This metric is currently paused due to the pandemic
Staff recommend the Trust as a place to work or receive treatment	Increase of 5% on 2019/20 results	FFT	Quarterly	September data shows that 80% of staff recommended the Trust as a place to work and 93% as a place to



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				receive treatment
Safety – staff feel able to speak up about patient safety issues	Maintain 19/20 score	Freedom to Speak Up index -Staff survey	Annual	In July 2020 the Trust came 1 st in the national Freedom to Speak Up Index scoring 86.6%
Increase in the numbers of Serious Incident investigations that evidence involvement of patients/service users/other professionals	50% increase on 19/20 rate	Datix	Quarterly	1 x SI reported since April 2020 – involvement will be reported at conclusion of investigation
Overall mandatory training	94%	ESR	Monthly	Total: 92% August 93% September

C: Risks to achieving objective

Strategic risks

1. **Risk ID 3163** – There a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.(Risk Rating 12)
2. **Risk ID 3164** – There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges.(Risk Rating 12)
3. **Risk ID 3165** – There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.(Risk Rating 8)
4. **Risk ID 3166** - There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. (Risk Rating 8)
5. **Risk ID 3260** - There is a risk that health outcomes for people who use our services are negatively impacted by Covid 19 restrictions due to a second wave of Covid 19.(Risk Rating 12)

Related Operational risks 15 and above

1. **Risk ID 3120** – Luton Community Paediatric service - There is a risk that delays for initial assessments and follow up appointments will continue, leading to continued 18 week RTT (Referral to Treatment) breaches and CYP (Children and Young people) and family delays. There is a risk of protracted delays for Children requiring ASD (Autism Spectrum Disorders)/ ADHD (Attention Deficit Hyperactivity Disorder) assessments due to the limited face to face appointments for routine requirements. The Covid19 pandemic has exacerbated service capacity challenges due to locum staff leaving, remote working limiting the volume of clinical slots and some specialist assessments required face to face (limited by social distancing). (Risk Rating 15)

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

Additional information for this report:

1. Quality / Equality Impact Assessments (QIA / EIA)

- 1.1 All services were reviewed against the national Essential Community Services guidance at the beginning of the pandemic to ensure that we focused on and prioritised essential service delivery.



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- 1.2 All services have undertaken a refined QIA / EIA and the key themes have been identified. These were reported to the Board in September.
- 1.3 The negative impacts identified have translated into risks that are being monitored through our Incident Management Team.
- 1.4 The impact of Covid19 has disproportionately affected certain groups of people in our communities; the Trust is engaged with system partners to start to understand how these inequalities can be addressed.
- 1.5 A Trust wide Equality Impact Assessment has been completed for the risks relating to accessing virtual consultations and the reliance on self-management as all Trust services have detailed possible negative impacts for patients / service users that may find this more difficult. A first draft of the impact assessment has been shared with the Executive Team.
- 1.6 Our Co-Production leads are getting more service user input and the Trust has also been analysing data from 2 services to see if the patient demographics pre-Covid19 and post-Covid19 identify whether any groups are accessing our services less. They are also researching and linking with charities and patient organisations to gather ideas and recommendations.
- 1.7 The QIA / EIAs are intended to be dynamic assessments of known and potential impact and, most importantly, provide oversight of the effectiveness of mitigating actions at service and trust wide level.

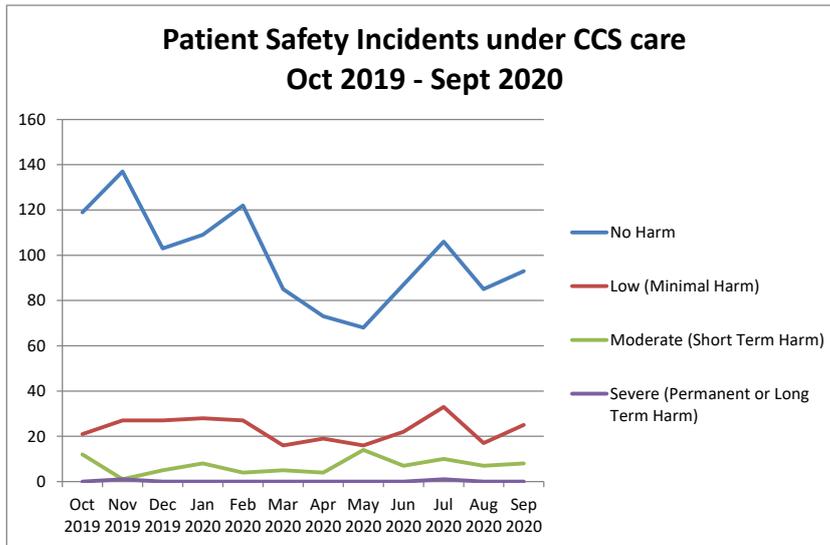
2. Patient safety incidents

- 2.1 The incident management team continues to have oversight of safety Incidents relating to the services provided throughout the Covid19 pandemic period. This is achieved through the situation reports from all services with a weekly trend summary being presented to the incident management team.
- 2.2 The numbers of incidents reported have started to return to levels seen prior to the pandemic as services have begun restoration plans and increased face to face contacts. Scrutiny of these incidents through local service governance routes continues.
- 2.3 Four internal root cause analysis (RCA) investigations were initiated in August. Two were in Norfolk Healthy Child Programme (NHCP) Service (lack of assessment/failure to escalate), 1 in iCaSH Cambridge (incorrect strength IUS fitted) and 1 in Luton Adults (pressure damage). A further four investigations were initiated in September – 2 in NHCP (lack of assessment/failure to escalate), 1 Children and Young Peoples Services (CYPS) Physiotherapy (information governance processes), 1 CYPS 0-19 (lack of assessment / failure to escalate).
- 2.4 The chart below highlights those patient safety incidents that occurred under our care during the two month period which totalled 236 of which 76% involved no harm, 18% low harm and 6% moderate harm.
- 2.5 Fifteen moderate harm incidents were reported – a decrease on the previous 2 month period. Fourteen of the incidents relate to Luton Adults, 11 are linked to pressure ulcers and 3 to clinical assessment. The remaining incident related to Dental Services



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at Brookfield’s Hospital. All incidents are logged on Datix and have identified actions associated to them.



2.6 Medicines Management

- The rolling average for medication incidents over the last 2 years is 99% no or low harm, (95% no harm). August 2020 incidents were 97% no harm (29 of 30, 1 low harm) and September were 100% no harm (24). These incidents include those reported by Trust staff which are attributable to other organisations, including hospitals, care agencies, community pharmacies and GP’s. The incidents are shared with those organisations, and all medication incidents involving care agencies are referred to the safeguarding team.
- Services continue to resume normal working. The extended scope physiotherapy team are recommencing their injection service, paused during lockdown. The Patient Group Directions which authorise them to administer corticosteroid injections have been updated to take account of national guidance which recognises additional risks for patients who may have Covid19 at the time of injection.
- The Pharmacy Team continues to support services and non-medical prescribers to safely conduct virtual assessments and prescribe remotely. Unfortunately the Electronic Prescription Service does not appear to be an option for the Trust at this time, due to issues with system alignment (this is the facility to have the prescription electronically transferred to a community pharmacy).
- The Trust appointed a new pharmacy provider (12/14 Pharmacy Ltd) to replace the eight previous providers with the new service commenced on 1 April 2020. This posed a number of initial difficulties linked to infrastructure development. However, the provider is settling into the new service and reports from our clinical teams are very positive. The Pharmacy provision is now providing financial and volume data for the Trust in a manageable format, which we share with our service managers.



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3. Safeguarding

- 3.1 Since the beginning of the pandemic, we have been internally monitoring a number of risks relating to a potential rise in safeguarding incidents for both adults and children. Although these do not reach the threshold for reporting to the Board at the current time, it is nevertheless appropriate and important to summarise the current position.
- 3.2 The risks are all rated 12 and relate to three areas:
 1. the possible impact on children and adults from the re-prioritisation of services across the partnership system at the beginning of the pandemic including during first lockdown;
 2. the risk that our staff will not have the capacity to provide an effective safeguarding response to the increased number of complex cases that emerge as services mobilise into the restorative phase and
 3. the risk that staff may suffer the effects of vicarious trauma as they manage increased numbers of cases involving physical injury and neglect.
- 3.3 Emerging data tells us that there is a substantial increase (from all agencies) in referrals into Multi Agency Safeguarding Hubs and referrals for Child Protection medicals. There has also been a rise in the number of Non Accidental Injuries (NAI) to children resulting in serious head trauma. The impact on our staff is being carefully monitored and support for individuals and teams arranged. Staffing levels are under constant review and local action is taken to minimise the impact.
- 3.4 Bruising and marks to non-mobile children and babies has been highlighted within a number of Serious Case Reviews (SCRs) both locally and nationally. There has been a significant rise in the incidence of these nationwide during Covid19. As a local response a bespoke training package was disseminated to all services across the Trust which included an update to the protocol and learning from all incidences. Datix system has been utilised to capture NAI incidence across the Trust for a period of 3 months to establish any themes or trends which might highlight learning needs within localities. Additionally the Heads of Safeguarding have highlighted the need for a system wide proactive approach to supporting families with management of crying babies and awareness of the impact of shaking babies.
- 3.5 These risks are reviewed weekly by the Incident Management Team and Safeguarding Huddle (Medical Director, Chief Nurse, Heads of Safeguarding and Deputy Chief Nurse) where trust wide actions are identified and implemented, with oversight by the Strategic Safeguarding Group.
- 3.6 Following an internal review an additional band 7 Safeguarding Lead role has been established to support the Luton and Bedfordshire services.
- 3.7 The multi-agency adult safeguarding adult review, focussing upon the local system response to the outbreak of Covid19 within the Castletroy care home in Luton, which resulted in 15 Covid19 related deaths is due to be published. The learning from this report has been shared with strategic partnership leaders in Luton to support winter planning across the partnership. Learning identified the need of each organisation to consider the impact that the implementation of their business continuity plan would likely have on the partnership systems.
- 3.8 Externally to the organisation there continues to be an increased level of safeguarding concerns reported for children & adults across the system. Therefore the Trust is



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working proactively with partners to carry out our statutory safeguarding duties in regards to children and adult who access our services.

4. Infection Prevention and Control (IPaC)

- 4.1 We continue to follow all national guidance relating to managing the current Covid19 pandemic. This work is being led by our Emergency Preparedness and Resilience Accountable Officer (Director of Governance) and Medical Director.
- 4.2 The risk relating to supply and availability to our services of PPE is monitored weekly through the Incident Management Team and underpinned by daily sit rep information from all services.
- 4.3 The Board can continue to be assured that no member of staff has been asked to undertake clinical care without appropriate Personal Protective Equipment (PPE).
- 4.4 In May 2020 NHS England published an *Infection Prevention and Control Board Assurance Framework* (BAF) for Trusts to demonstrate that their approach to the management of Covid19 is in line with PHE Infection Prevention and Control guidance and that gaps have been identified and mitigating actions taken. Our initial detailed self-assessment against the 10 domains was presented to the Board in July and September. The BAF is to be further reviewed at November's IPaC Committee and will then via the appropriate governance routes be presented to Board in January 2021.
- 4.5 There have been no staff outbreaks of Covid19 in August and September.
- 4.6 One incident was reported during August and September regarding Covid19 and 8 were linked to PPE although these were mainly attributable to other organisations and agencies.
- 4.7 Planning continued for the 2020 staff Flu campaign with the implementation of an electronic booking system to assist in maintaining a Covid19 safe environment for all staff. The total number of Trust staff at the end of September was 2360, 1800 of those have been identified as patient facing. With the staggered delivery of vaccines the Trust's flu trajectory has been adjusted in line with the scheduled flu clinic capacity. Weekly reports continue to be in place for Service Directors to monitor the vaccination uptake between their teams (current Trust uptake is 71.59%).
- 4.8 Staff based in our various geographies continue to access appropriate swabbing facilities if symptomatic. Trust staff have also been required to access swabbing facilities when working in areas with local community outbreaks e.g. Luton and Bedfordshire.
- 4.9 There were no confirmed bacteraemia cases of MRSA (Meticillin-resistant Staphylococcus Aureus), Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during August and September 2020. The Trust has not been notified of any positive cases of C.difficile during this period.



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5. Patient Experience

5.1 The Patient Story

5.1.1 The Patient Story that will be heard at November board is from the Trust's Cambridgeshire Children's Healthy Child Programme. A parent will share their experience of accessing care from the school nursing service.

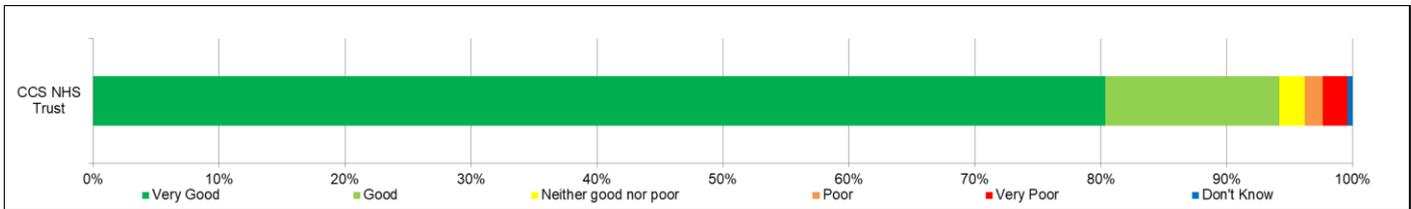
5.2 Friends and Family Test (FFT)

5.2.1 We continue to work in line with FFT national guidance around Covid19. Electronic feedback mechanisms following video and telephone appointments are in place across the Trust and we continue to support service users in providing feedback through the FFT and via our Patient Advice & Liaison Service.

5.2.2 We received 934 responses in August and 1328 in September to the FFT question. The number of responses in this data period has increased by 853 on the previous two months.

5.2.3 The overall Trust FFT positive feedback was 94.21%, with a 3.4% negative feedback percentage. We remain above the Trust target of 90%.

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



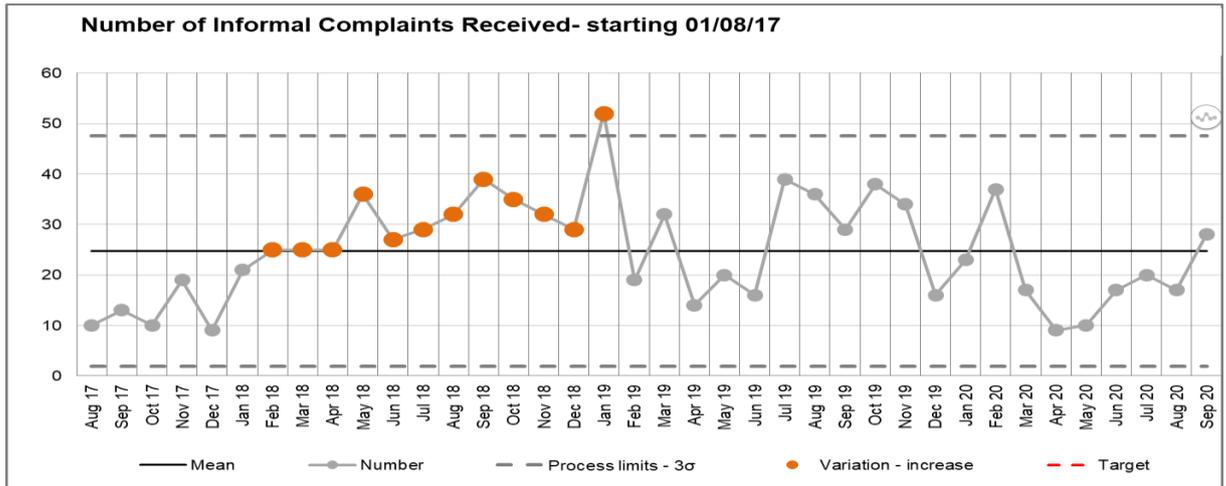
5.2.5 In August and September the services we provide received 2822 positive comments, almost 1000 more than in June and July, on surveys and feedback forms used across the Trust.

5.3 Informal complaints received

5.3.1 The total number of informal complaints received and logged (at the time of reporting) was 45 in this data period, which was within our expected variation. Ten informal complaints were related to Covid19 and were linked to changes made to the service offering (e.g. patient offered face to face and virtual appointments with clinicians but wanted face to face only). Care and follow-up was provided in all these cases.



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NB change in process of logging all informal complaints in January 2018.

5.4 Themes and learning from informal complaints closed in August and September 2020

5.4.1 The top three themes of the informal complaints closed within this period were Staff Attitude (7), Administration (6) and Delay in diagnosis/treatment or referral (6). Delays were a theme in June and July and administration in April and May. Staff attitude has not been a theme in the previous 2020-21 reporting periods.

5.4.2 Of those informal complaints about staff attitude, five were iCaSH Services, one MSK and one Dental and all relate to Nursing and Reception Staff, but no themes to note. In iCaSH five service users reported that staff were rude and unprofessional or uncaring. For MSK and Dental the issue was lack of clear information about appointments and process. All of these were resolved locally and apologies given to the satisfaction of the service user and are now closed.

5.4.3 Those relating to Administration, involved iCaSH, MSK, Community Paediatrics in Bedfordshire and 0-19 Services in Norfolk. iCaSH (4) were linked to accessing appointments and contacting the service by telephone and delays in test results being received. MSK (1) was related to the discharge process, Community Paediatrics (1) was related to medication and the issue in 0-19 Services, Norfolk was linked to a parent paying additional costs to receive a letter. Those concerns relating to the telephony system were resolved by Service Managers contacting the services users and addressing the issues, by either arranging an appointment or providing test results.

5.4.4 The 6 informal complaints concerning delay in diagnosis / treatment and referral were related to Community Paediatrics Bedfordshire and Luton, iCaSH and MSK and the top theme was waiting times to be seen.

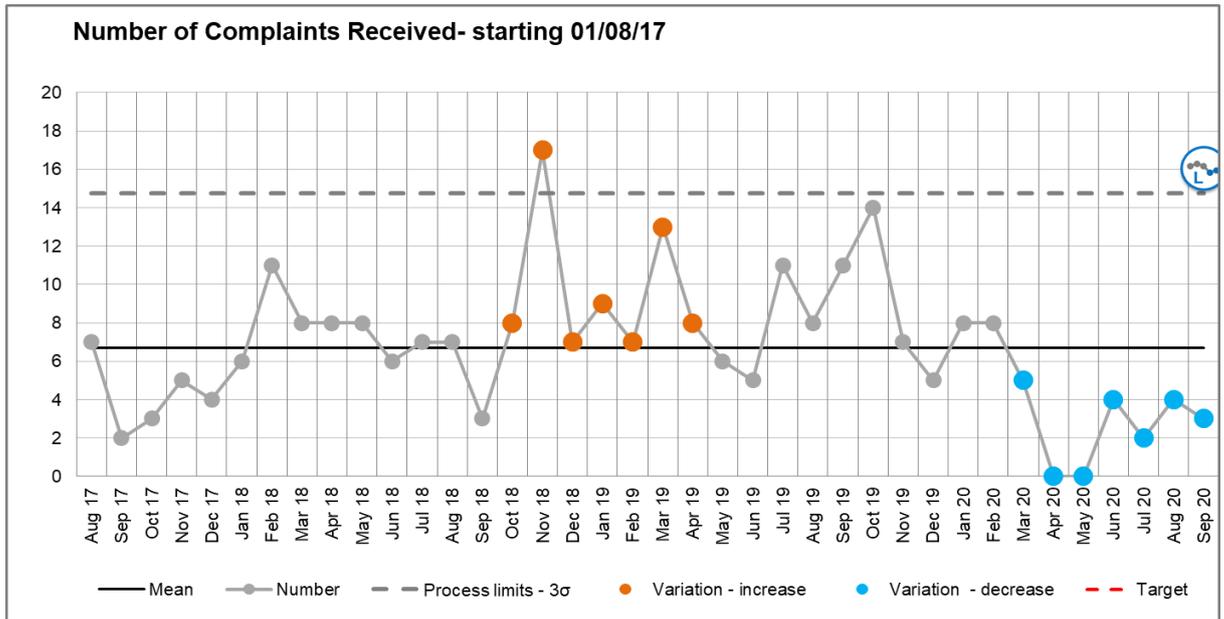
5.5 Formal Complaints

5.5.1 The Trust received seven formal complaints in this data period; this is below the mean number of complaints (see chart below). Two complaints were related to Covid19, one was related to Infant Feeding in the Norfolk Healthy



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Child Programme and one MSK with the concerns being a lack of face to face appointments.



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

5.5.2 The blue dots on the above graph show a variation decrease that indicates a significant change. As a consequence of lockdown we received a lower than average number of complaints.

5.6 Themes and learning from formal complaints closed in August and September 2020

5.6.1 Within this data period we responded to and closed three formal complaints. From these, five different subjects were identified – Communication / Information (3), delay in diagnosis / treatment or referral and Quality of Care. There were no themes identified.

5.6.2 Learning and actions taken from complaints have included:

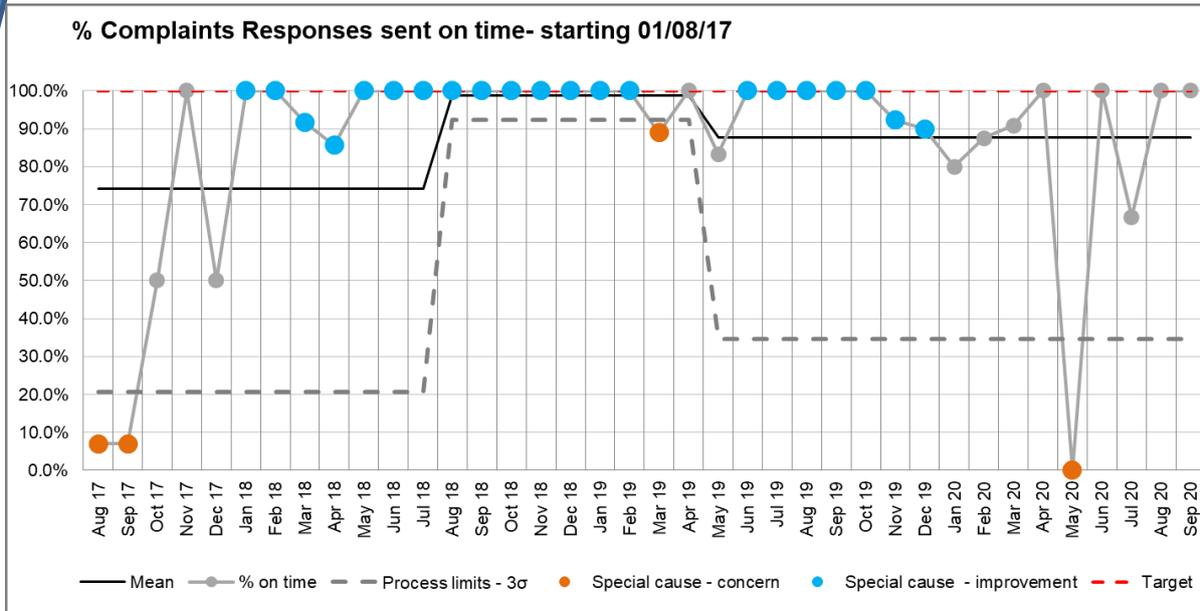
- Norfolk HCP – to work with the acute trust to ensure we have up to date information on service provision especially during Covid19. This will be communicated to staff and on JON website for service users.
- MSK – We identified that a clinician did not communicate the rationale for clinical assessment to the patient. The outcome was that the staff member was reminded to explain their clinical reasoning to patients so that they have full understanding of the procedure.

5.7 Complaint response times

5.7.1 In this data period we responded to three formal complaints (one in August, two in September), all were responded to on time as shown in the graph below.



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6. Access to our services including Referral To Treatment (RTT)

6.1 During the Covid19 pandemic, the national RTT compliance target has been suspended; however, we continue to monitor performance.

6.2 There are three main services where RTT is having an impact on performance. These are Community Paediatrics in both Luton and Bedfordshire, and the audiology service (across Bedfordshire and Luton).

6.2.1 The Luton Community Paediatric team continue to see capacity pressures due to an increase in demand and difficulties in recruiting Medical staff resulting in a 32 week average wait for appointments (as of 19 October 2020), this is a reduction of 4 weeks from the last Board report.

6.2.2 A recovery plan is in place with a number of actions already commenced these include: a Nurse is now on call daily for parents / carers to access support and advice for children on the caseload, a SEN Facilitator (18 month seconded post funded by Flying Start) contacts families and offers support for children under 5 years old on the waiting list for a Multi-Disciplinary Assessment. Additionally 3 locum Consultant Paediatricians have been sourced to increase service capacity and a further Consultant is due to return from maternity leave in early November 2020.

6.2.3 Bedfordshire Community Paediatric Service also continues to have capacity pressures in relation to the 18 week RTT performance (currently 28 weeks on average). A recovery plan is in place however a number of actions have already been implemented and include: a locum Consultant Paediatrician is now in post with a further fixed term Consultant Paediatrician due to start in November, two Specialist Nursing posts have started within the service; 1 Nurse has commenced their Independent prescribing course and the other is due to start January 2021. On completion of the course (12 months) both post holders will support ADHD (Attention Deficit Hyperactivity Disorder) medication reviews, in addition Saturday clinics are being booked (October and November 2020) with a focus on both RTT appointments and follow up reviews.



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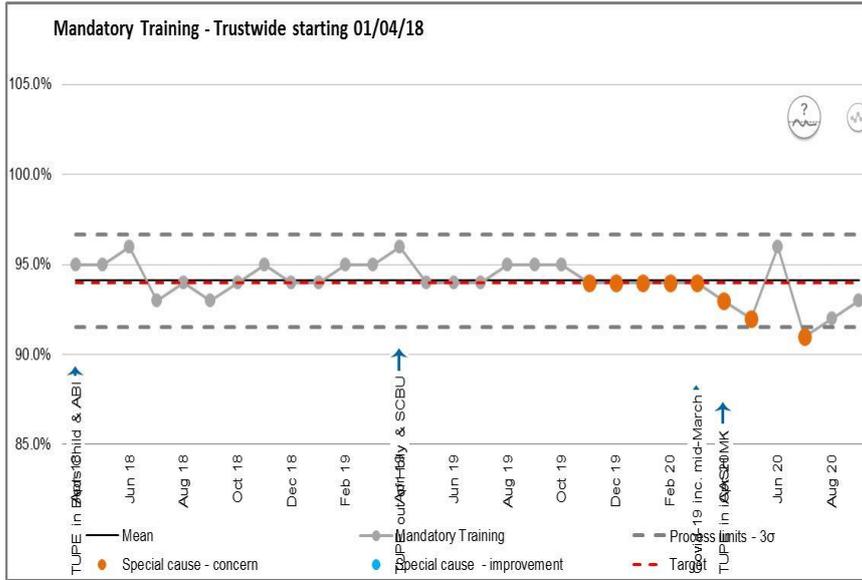
- 6.2.4 The Bedfordshire and Luton Community Audiology Service has experienced historic challenges in meeting national key performance indicator of 6 weeks from referral to diagnosis, primarily related to recruitment and retention of qualified audiologists. Before the Covid19 pandemic, additional locum capacity and initiating Saturday / Sunday clinics were effective measures which improved waits. In March 2020, the service was projecting that they would be breach free by the end of May 2020, however following the NHSE guidance Covid19 Prioritisation within Community Health Services (dated 19 March 2020), the service delayed all routine assessments and made provision for essential/urgent care only. All referrals were prioritised and followed up as clinically necessary.
- 6.2.5 The service restarted routine assessments from August 2020. All new referrals and current caseloads have been reviewed and prioritised. Appointments are being offered according to clinical priority, rather than length of time waiting. A number of actions have been implemented to reduce the waiting times, which include: the service has appointed a Service Lead, this is a joint post with Bedford Hospital, giving the service the opportunity to develop and align acute and community pathways, a Clinical Lead for the service is now in post. Alongside this weekend clinics restarted in October 2020 and continue to be popular with service users and staff. The service is looking to have reduced their caseload to meet the RTT target by the end of quarter 3 2020 / 2021.

7. Mandatory training

- 7.1 Overall mandatory training achieved 92% in August and 93% in September against the Trust target of 94% for 2020/2021.
- 7.2 A number of elements of mandatory training were paused at the beginning of the Covid19 pandemic, however staff were asked to continue with Cardio Pulmonary Resuscitation, Moving & Handling Patients, Infection Prevention & Control and Induction.
- 7.3 Reintroduction of a number of face to face elements is being reconsidered alongside planning of service delivery for example; resuscitation practical sessions for new staff and those clinicians asking for the opportunity to practice in a simulated environment.



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8. Information Governance

8.1 NHS Digital’s 2019 / 2020 Data Security & Protection Toolkit (DSPT) was published ahead of the revised Covid19 deadline of 30 September 2020. All standards were met.

8.2 Mandatory Information Governance and Data Security awareness training is currently 94% compliance against a target of 95%. During the ongoing Covid19 period Information Governance training was not on the list of mandatory training, but now all mandatory training has resumed it is anticipated compliance will increase. Over the last three months a proactive approach has been taken with Service Directors to provide them with details of noncompliance requesting they encourage staff to do their training.

8.3 Between August and September, 25 incidents were reported under the Confidentiality Breach incident category. Most of the incidents related to human error or administrative issues e.g. attaching the wrong email or postal address to correspondence or not double checking details before sending material. The Information Governance Manager assesses all Information Governance incidents and provides advice to staff to prevent errors from reoccurring. Services are also asked to ensure staff have undertaken the mandatory Information Governance and Data Security training.

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

9.1 Luton Adult Services

9.1.1 The service has been required to ensure that all staff visiting care homes receive a Covid19 swab every 2 weeks in order to keep our patients and staff safe. Sarah Munroe undertook a huge amount of work to put this into place quickly and effectively with swabbing commencing in October 2020.

9.1.2 Following her submission for the Luton TB service for an NHS Parliamentary award Local MP Rachel Hopkins visited Luton Treatment Centre on 2 October 2020 meeting with members of the team.



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9.1.3 Luton Adult Services have also been announced as bronze winners at the BBC Three Counties Radio Awards in the Health Care Category for their work with Frailty pathways.

9.1.4 Representatives from Luton will be attending the (virtual) HSJ Patient Safety Award ceremony on 10 November 2020.

9.2 Luton 0-19 HCP (Healthy Child Programme)

9.2.1 Our Co-production Leads in Luton and Bedfordshire organised a one year anniversary for #freetofeed campaign – virtual afternoon tea.

9.2.2 0-5 health visiting teams set up appointment clinics during the pandemic to offer a safe alternative to home visiting whilst adhering to national guidance. Patient feedback has indicated that parents valued these clinics.

9.2.3 During the Pandemic the 0-19 admin team have been supporting a single point of access which has continued for all 0-19 services and Community Paediatrics.

9.2.4 Luton South MP, Rachel Hopkins visited our Rapid Response team in October to find out more about their work and how they have adapted during the Covid19 pandemic.

9.2.5 Two of our Luton children teams who have been announced as winners at the BBC Three Counties Radio Awards:

- Linda Masterson, UNICEF baby friendly co-ordinator - silver in the Social Care Category
- Luton Children Rapid Response Team - silver in the Health Care Category.

9.3 Bedfordshire 0-19 HCP

9.3.1 Perinatal mental health assessments have been completed at all new birth visits and those with moderate need have been effectively supported by a team of HV's and Perinatal Mental Health Specialist HV.

9.3.2 An awards event is being planned to celebrate the amazing way staff have responded to the pandemic. Staff have been asked how they wish to celebrate and the event has been designed around their ideas.

9.3.3 We submitted two Parliamentary Awards from across Luton and Bedfordshire Children's Services:

- Baby Friendly Team - Bedford
- Paediatric Rapid Response Team – Luton

9.4 Luton and Bedfordshire CCN Services

9.4.1 The Nurse- led Continence pathway has been shortlisted in the Nursing Times awards. The awards ceremony will take place in November.

9.4.2 An example of how the service has adapted our service during Covid19 has been published on the QNI website. It is the first Children's Community Nursing example to be added to the site.



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- 9.4.3 One of our Complex Care Nurses has been nominated for a Cavell Star by a Lead Nurse in another organisation. It is to recognise her work in raising the profile of children with AGP's and getting them back to school. The Nurse has started two Twitter forums, a virtual nursing forum and her 30 second 'what I am proud of in Covid19....' video will feature on the NHSE website.
- 9.4.4 Our Epilepsy Specialist Nurses, Liz Stevens and Mary Hunt have described (using video link) virtual clinics for their children and families and their article is being published in Epilepsy Today.
- 9.4.5 Nursing Times Awards – Bedfordshire's Continence Service have been shortlisted for the Continence Promotion and Care category.
- 9.4.6 Shining stars Emily and Georgia - Mental health and Well-being Champions, Emily Martin (left) and Georgia McNamara, have been awarded prestigious Cavell Star Awards for launching a weekly virtual drop-in service for their colleagues.
- 9.4.7 Voices for People video – we have produced a short video for Children and families detailing the Covid19 changes when visiting sites. The video walks through a clinic visit and has been created from a child's point of view.
- 9.5 Luton Children's Community Nursing Services**
- 9.5.1 CCN's are running more clinic based appointments. This reduces the need for the team to go in and out of different homes. This has been positively received with families. However, the exception to this is children with malignant conditions (oncology) and some other very vulnerable children who still receive home visits. We have developed a video explaining to children what to expect at clinic.
- 9.5.2 The Rapid Response team have recently won the Three Counties Radio award for making a difference in Health Care. The team have also have been shortlisted for the Parliamentary award for the Excellence in Urgent and Emergency Care Award, this nomination prompted a visit by our local MP Rachel Hopkins.
- 9.5.3 The BCG team were also nominated and shortlisted for the Three Counties Radio award, for making a difference in Health care following their swift catch up of the BCG immunisations after the lock down period.
- 9.6 Bedford Community Paediatric Services**
- 9.6.1 A Covid19 safe alternative to ADOS assessments - Brief Observation of Symptoms of Autism Schedule Assessments (BOSA) is being piloted; learning will be shared by Luton Community Paediatric colleagues.
- 9.6.2 The service is piloting a project with parents / carers for self- monitoring of their children's Blood pressure and growth measurements as part of ADHD medication monitoring.
- 9.6.3 Our specialist Nursing team is offering support to Children and families via a Nurse led Advice Line, along with workshops using video technology.



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9.7 Luton Community Paediatric Service

- 9.7.1 Luton Community Paediatric colleagues are sharing learning with the Bedfordshire Community Paediatric Team. Luton Specialist Nurse presented learning from recent BOSA assessments at a unit wide Leadership event.
- 9.7.2 Luton Specialist Nurse has also been supporting Bedfordshire Service undertake ADHD medication reviews including providing shadowing opportunity for a specialist nurse new into post.

9.8 Cambridgeshire Community Children's Service

- 9.8.1 The service is working in collaboration with Cambridge University Hospital NHS Trust in setting up and running an integrated bowel training and support service.

9.9 Cambridgeshire Community Paediatric Services

- 9.9.1 The Autism short course has been digitised as a resource for the system. The content was created and delivered by a team of multi-disciplinary practitioners from the Trust and partner organisations. Now available for direct linking and in a few short weeks this content will be part of an autism section in the community paediatrics area of the website.

9.10 Cambridgeshire Occupational Therapy Service

- 9.10.1 Submissions from both Occupational Therapy and Speech and Language Therapy were put through by different MPs in the Cambridgeshire area for the national parliamentary awards.
- 9.10.2 Our OT team feature on the Royal College of Occupational Therapists Website.

9.11 Luton and Bedfordshire AHPs

- 9.11.1 Bedfordshire and Luton Newborn Hearing Screening Programme – The team have continued to screen newborn babies as an essential service through the pandemic. The team have demonstrated resilience and exemplary team work throughout. A report to Public Health England (September 2020) reflected the stability of both the inpatient and outpatient caseloads.
- 9.11.2 The Speech and Language Therapy Service have launched their new newsletter for schools in Luton and Bedfordshire.
- 9.11.3 The service has launched a new stakeholder newsletter for Luton and Beds which was created with the help of our parent / carer forums.
- 9.11.4 The Bedfordshire and Luton Occupational Therapy Service have designed a virtual parent workshop for parents and schools to access if they need more targeted support.



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9.12 Cambridgeshire 0-19 service

- 9.12.1 During this period a health visitor working in the South Locality had a case study published by the iHV's (Institute of Health Visiting) 'Making History: Health Visiting during Covid19 Making History: health visiting during Covid19 the case study describes a family's journey of becoming a parent during lockdown and she has been commended by the commissioners for her work to support families.
- 9.12.2 The HCP team have developed a new referral pathway with iCASH to support young people who have accessed the service via ChatHealth who require support with their sexual health needs. HCP staff can now refer directly to iCASH. Sophia Pratt (HCP Locality Lead) and Jo Radnor (iCASH Manger) were nominated for a shine a light award for this great development focused upon improving outcomes for young people.
- 9.12.3 Our Family Nurse Supervisor has delivered some communication training nationally to newly recruited family nurses via a virtual platform which has been very well received.

9.13 Children's Community Specialist Nursing Service

- 9.13.1 Training guidance for external partners has been well received by special schools and introduces generic training subjects which allow schools to have a flexible approach to staff placement.
- 9.13.2 The clinical guidance and SOP supporting the training of external partners will be adopted by CPFT (Cams & Peterborough NHS Foundation Trust) for use in the CCN Team. Work has commenced on the new website.

9.14 Norfolk Children's services

- 9.14.1 We are delighted to have had confirmation of a 2 year extension to the NHCP contract and are working with Public Health over the next 6 months to review and update the commissioned service model.
- 9.14.2 Hayley Walker (Leadership Development post holder Just One Norfolk) presented at the iHV conference in September entitled *A Digital Healthy Child Programme*.
- 9.14.3 The Just One Norfolk Team worked with local teachers, young people and professionals to co-produce responses and resources addressing concerns raised by children and young people around the return to school during a pandemic. **Return to School** - <https://www.justonenorfolk.nhs.uk/return-to-school> provides a suite of video, animation and resources for families and professionals created to give practical and honest advice in a colourful and easy to understand format.
- 9.14.4 Pathway to Parenting (P2P) - Pathway to success. Throughout the lockdown period, services have had to ensure the safety and needs of those at greatest risk. Some of Norfolk's most vulnerable parents are looked after by the Norfolk Teenage Parents Pathway. Thanks to the digital Pathway to Parenting course the team has been able to provide an antenatal education to



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all the families that need it. A submission regarding P2P was through to local the MP in Norwich for the national Parliamentary awards.

- 9.14.5 ChatHealth. A promotional ChatHealth film has been coproduced with Heather Bainton, a member of the 5-19 team and her family. The film was directed and storyboarded on several MS Teams calls and then filmed entirely independently by the family. The 'mini film' is a big step forward for our coproducing, crowd sourcing approach to promote services.

9.15 School Immunisation Service

- 9.15.1 Whilst complicated logistically, additional capacity has been offered from first year dentists to support programme planned for the w/c 2 November 2020. This may enable capacity for 60 additional clinics to be provided.

9.16 Dental services

- 9.16.1 The whole service was awarded a Shine a Light award following a nomination by Julia Hallam-Seagrave as recognition of their amazing team work and resilience during the last 6 months.
- 9.16.2 Alyson Chastell, Dental Nurse Team Lead in Peterborough was nominated by 9 of her team for a Shine a Light award and was successful. The team recognised the support she had given them during Covid19 and also when the clinic experienced a flood.
- 9.16.3 Virtual offer for oral health improvement training is almost ready. This will allow teams to run live sessions for early year's settings and 0-19 staff. There will also be a pre-recorded version for those unable to join the live session.

9.17 MSK (Musculoskeletal) – Dynamic Health

- 9.17.1 Primary care training to Cambridgeshire and Peterborough started with the first of 4 sessions on 25 October 2020. This is a mixture of pathway education and also clinical education on different clinical areas- pelvic health, spinal, upper limb.
- 9.17.2 Allied Health Professionals (AHPs) Day on 14 October 2020 was celebrated across the unit. 2020 badges were distributed, team meetings were used to reflect on being an AHP and Liz Webb and Tracey Cooper attended to say thank you to the work carried out by AHPs particularly in this crisis. We also shared staff stories and photos to NHSE.
- 9.17.3 Administrative Apprenticeships are all in post and have been warmly welcomed in the team. Recruitment for these posts has been very successful.
- 9.17.4 Collaborative research with CUHFT at our Dynamic Health, Ely site looking at cartilage degeneration in the knee (FERRARI study) commenced with recruitment of first patients.
- 9.17.5 Paul Bristow MP has submitted the Functional Rehabilitation Class for South Asian Females (SAF) for the health equalities category of the NHS Parliamentary Awards. Last year over 250 MPs nominated an individual or organisation for an award. The national shortlist will be announced on 23 November 2020.



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9.17.6 Slides showing SAF and neurosurgery virtual clinics are almost complete ready to showcase at the virtual conference Physiotherapy 2020.

9.18 iCaSH

9.18.1 Public Health England released a call for providers to submit examples of innovation implemented in direct response to Covid19 pandemic. iCaSH has submitted four examples;

- 1) the new telephone triage approach,
- 2) postal service for medications,
- 3) emergency homecare service for patients living with HIV and
- 4) Chlamydia Accelerated Partner Therapy initiative.

9.18.2 iCaSH Bedfordshire are accommodating the 'Covid19 watch' research trial at the iCaSH Dunstable site, for a period of around 6 weeks from 24 September 2020. The trial is a national piece of research and facilitated by the Trust research team.

9.18.3 A poster 'Referrals to a sexual health clinic - are they appropriate?' by Dr Sarah Edwards and Dr Asawari Gupta will be presented at the BASHH conference 19 - 21 October 2020.

9.19 Neuro-Rehabilitation OZC and ECHIS

9.19.1 Donna Malley will be presenting on Fatigue at a virtual conference.



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A: Assurance Summary

Safe	<ul style="list-style-type: none"> Staffing pressures are adequately controlled, and kept under constant review as part of regular sitrep reports and bi-weekly incident management team meetings. 	Reasonable
Effective	<ul style="list-style-type: none"> Mandatory training compliance has increased to 93%. Sickness remains constant and within control limits. Monthly sickness levels at 4.02% which is in line with Trust target of 4%. Stability continues to be above target. Appraisal rates remain below target at 88.86%. However, these have increased since the last reporting period and the Trust suspended full compliance at the end March 2020 due to Covid-19 pressures. The workforce related local equality delivery system objectives have been delivered for 2019/20 and are on track to deliver 2020/21 objectives. 	Reasonable
Well Led	<ul style="list-style-type: none"> Agency spend below annual target. All BAME staff have been offered risks assessments and mitigation is in place as required All staff with high risk factors to COVID-19 are offered staff risk assessments and mitigation is in place as required. These are being regularly reviewed. 	Substantial

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

- NHS National Staff Survey 2019 results where the Trust achieved a 60% response rate. Headline results were:
 - Top nationally for all NHS providers in two themes – team working and health and wellbeing.
 - Second nationally for all NHS providers in Safe environment – bullying and harassment and third nationally for equality, diversity and inclusion and safe environment – violence.
 - Top 10 nationally for all NHS providers in morale and immediate managers.
 - Best performing Community Trust nationally in 8 out of the 11 themes, including staff engagement.
- Care Quality Commission (CQC) inspection report published in August 2019. CQC rated the Trust as Outstanding overall and Outstanding within the caring and well-



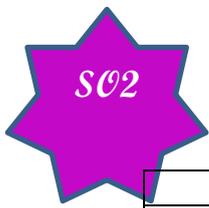
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led domains. The inspection report highlights a number of areas that support the delivery of this objective.

- Successful delivery of workforce strategy implementation plan. Four out of the five programmes of work all support the delivery of this objective.
- In October 2019, the National Freedom to Speak Up Guardian Office published their Freedom to Speak Up index. The Trust was identified as the best performing Trust nationally.
- The Freedom to Speak Up index published on 9th July 2020 and the Trust has again been identified as the best performing Trust nationally.
- Bi-annual workforce review presented to the Board in November 2019 and July 2020.
- Daily staffing sitreps and Incident Management Team meetings to manage staffing pressures during the current Covid-19 pandemic. Throughout this period all areas have been able to provide all essential services in line with the national mandated list as part of community health services response to Covid-19. However, some areas across the Trust are experiencing additional workforce pressures at the current time and these are being closely monitored. Risks 3163 and 3164 cover these pressures and are reviewed on a fortnightly basis.
- Professional Education Annual Report received by Quality Improvement and Safety Committee in September 2020.
- Improvement in our Trust-wide mandatory training; appraisals and annual turnover levels since the last reporting period.

B: Measures for Achieving Objective

Measure	20/21 Target	Data source	Reporting frequency	Current position as at end May 2020
Staff recommend the Trust as a good place to work	Above national average	NHS Annual Staff Survey	Annual	Next set of results due March 2021
Our staff feel able to speak up about patient safety issues	Maintain 2018/19 score	Freedom to Speak Up Index and Annual Staff Survey	Annual	Top NHS Trust nationally in July 2020 FTSU Index report
Staff engagement rating	Above national average	NHS Annual Staff Survey	Annual	Next set of results due March 2021



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*Sustain the level of overall mandatory training	94%	ESR	Monthly	*93% (increase of 2% from last report)
Achieve a good staff engagement rating – all staff	Above national average	NHS Annual staff survey	Annual	Next set of results due March 2021
Improve experience for Black, Asian, Minority, Ethnic (BAME) staff	Decrease the numbers of BAME staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months. (2019 baseline – 7.9%)	NHS Annual Staff Survey	Annual	Results available in March 2021
Improve experience for disabled staff	Decrease in the numbers of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (2019 baseline 18.3%)	NHS Annual Staff Survey	Annual	Results available in March 2021
*Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly	*88.86% (increase of 4% since last report)
Available staff have had a good quality appraisal in the last 12 months	Improvement achieved from 2019 results	NHS Annual Staff Survey	Annual	Results available in March 2021
Deliver the locally agreed staff related annual Equality Delivery System objectives	Pass/Fail	Equality Delivery System	Annual	Board Review in March 2021
Monthly sickness absence remains below 4%	4%	ESR	Monthly	4.02% (increase by 0.8% since last report)
Reduce Annual Staff Turnover	1% improvement from 2019/20 outturn (March 2020 – 13.04%)	ESR	Monthly	10.6% (decrease of 2.66%)
Maintain Mindful Employer Status	Pass/Fail	HR Team	Monthly	

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



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C: Risks to achieving objective

Strategic risks

1. **Risk ID 3163** - *There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. (Risk Rating 12)*
2. **Risk ID 3164** – *There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 12)*
3. **Risk ID 3166** - *There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. (Risk Rating 8).*

Any operational risks 15 and above

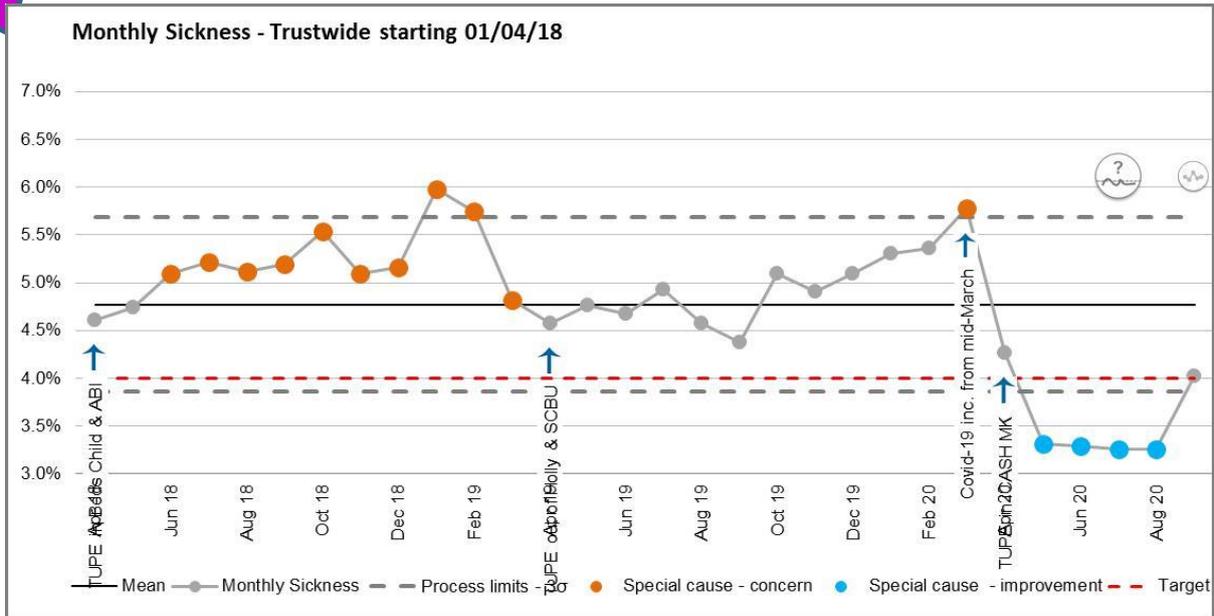
D: Overview and analysis

1. Sickness

- 1.1. There has been a significant drop in the monthly sickness rate since March 2020 (5.78%). However, the 12 month cumulative rolling rate (September 2020 4.41%) continues to be above the Trust rolling target of 4%.
- 1.2. Monthly Trust wide reporting for August 3.26% (including Covid-19 sickness), 3.16%(excluding Covid-19 sickness), and for September 4.02% (including Covid-19 sickness) and 3.91% (excluding Covid-19 sickness)
- 1.3. The Trust wide sickness rate has increased this month, and is now slightly above the Trust's target of 4.0% for 2020/21. Of the 4.02%, 1.85% was attributed to long term sickness and 2.17% short term sickness absence. Luton Community Unit had the highest sickness rate (5.99%) and Corporate having the lowest (2.31%). The top reason is anxiety/stress/depression/other psychiatric illnesses; work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- 1.4. The Trust monthly sickness rate is slightly below the June 2020 benchmark report for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 4.1%.



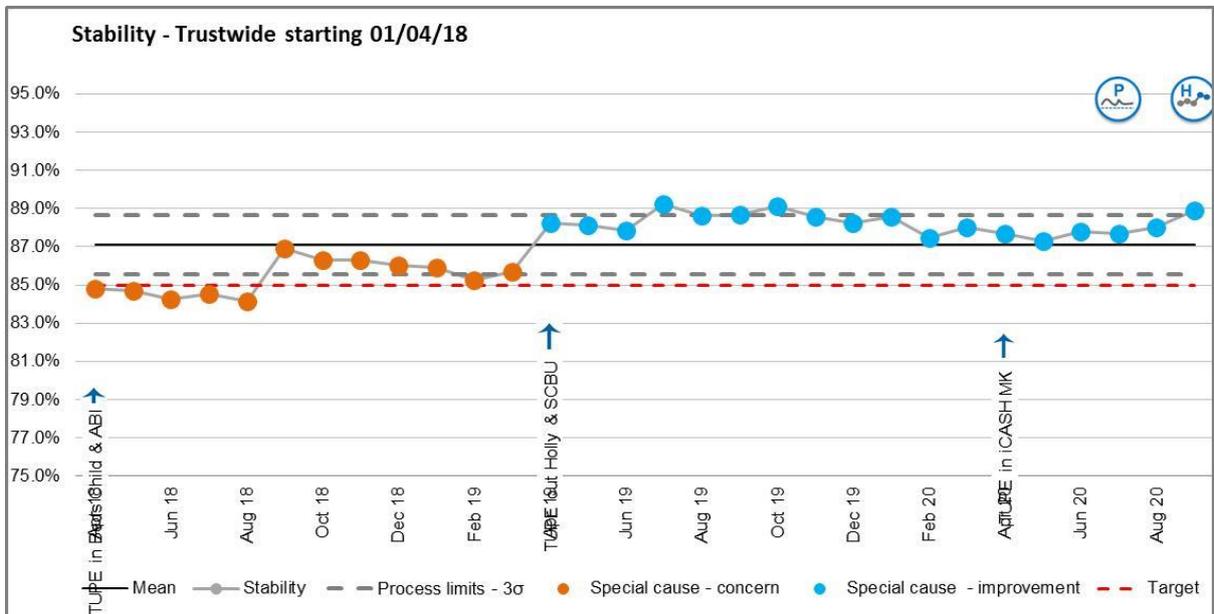
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2. Stability

2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – August 88.01%; September 88.90%; against the Trust target of 85%. This compares favourably to a stability rate of 86.4% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, June 2020).

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



3. Appraisals

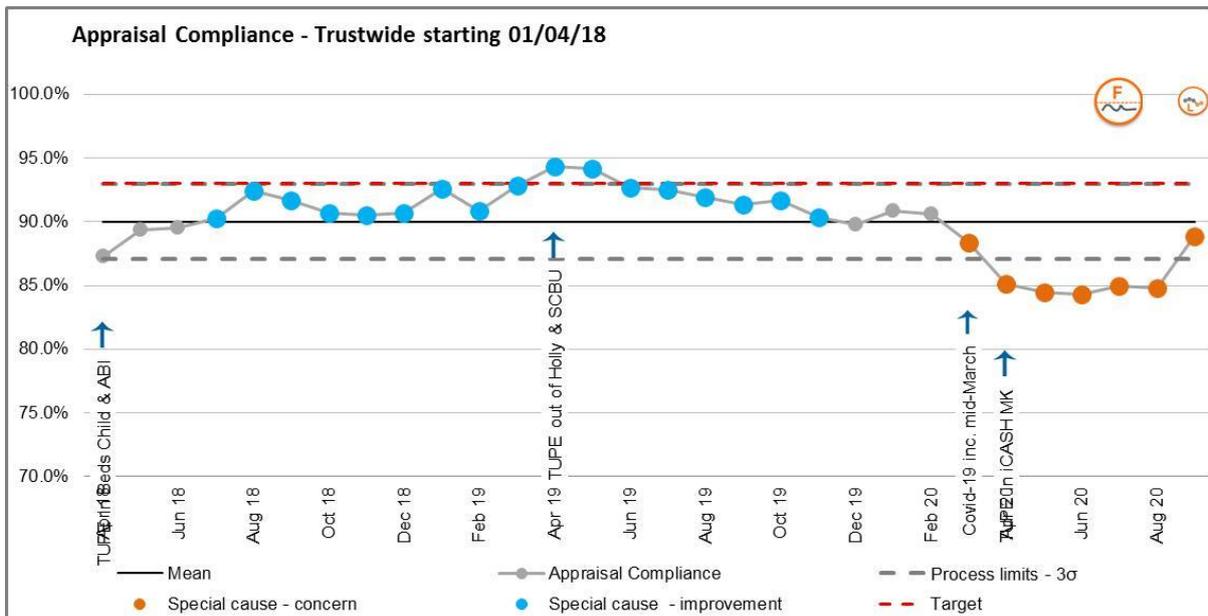
3.1. The following chart shows the percentage of available employees with a current (i.e. within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters



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are given an appraisal date 12 months from date of commencement.

- 3.2. The Trust wide Appraisal rate has remained stable – August 87.76%, September 88.86%, and remains below the target of 93% for 2020/21.
- 3.3. Luton Community Unit has the lowest rate (81.38%) and Luton C&YP Community Unit the highest (96.31%). 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. At the Adults Clinical Operational Board Luton Community Unit reported that significant numbers of appraisal had been completed during October 2020 so higher compliance was expected in the next reporting period.



4. Staff Engagement/Support during Covid-19

- 4.1. The length of the pandemic is taking its toll on our workforce so significant support continues to be put in place to support all staff. We continue to focus on individuals health and wellbeing, personal resilience and morale. As hot spots and/or particular challenges are identified targeted interventions/support to mitigate the impact on our staff and delivery of services are put in place. All of the activities previously reported continue and workforce challenges and staff morale are regularly discussed at our bi-weekly incident management team meeting. Divisional monthly and bi-weekly corporate Q&A sessions continue with executive team members and Service Directors continue to hold regular sitrep calls across their services. Executive team members also attend team meetings and other conversations across our services as required.
- 4.2 Following a recent review of support for staff with our four Service Directors, the following additional actions were identified:



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- identifying additional targeted psychological support for our safeguarding teams and for our clinical practitioners who are experiencing an increase in safeguarding referrals
- reminding staff of the fast track mental health support offer that is available
- continuing to raise the profile of health and wellbeing support available for staff and in particular financial support and guidance
- increasing our safeguarding and administrative capacity, where needed
- reviewing and prioritising any outstanding requests for IT equipment to enable staff to work from home
- providing line managers with additional advice and guidance on protecting staff who are classified as extremely clinically vulnerable and reminding all managers to review the risk assessments of all staff at higher risk

4.3 The 2020 NHS Annual Staff Survey is currently underway and will close on 27 November 2020. All staff in post as at 1st September 2020 are being surveyed. Trust-wide response rate as at 9th November 2020 is 48%.

4.4 Significant work was undertaken during this reporting period by both the Trust's dental team and specific corporate leads to ensure that Suffolk Special Care Dentistry services transferred safely into the Trust on 1st November 2020.

5. **BAME Network/Equality, Diversity and Inclusion Update**

5.1 Our BAME network continued to meet monthly during September and October. The following areas were discussed:

- Staff stories
- East of England Inclusion Event
- Cultural Ambassadors
- Black History Month
- Breaking the taboo of silence
- Updates from locality leads and quality time for staff to check-in and share their experiences
- Our current training for staff on diversity and inclusion and how this could be improved

5.2 Dedicated intranet pages to support our BAME network and all employees has been set up. These pages include staff stories; links to podcasts and books and provide a place for sharing resources across the Trust. The intranet pages are open to all staff and are managed by the officers of the BAME network.

5.3 At the request of the BAME Network Chair, Anita Pisani - Deputy Chief Executive continues to attend the network as their non-BAME Trust Board Ally and Executive Sponsor/Champion. Angela Hartley also attends as chair of the Trust's Diversity and Inclusion Steering Group.

5.4 Austin Chinakidzwa – BAME Network Chair joined the Trust Board at our October 2020 development session. We had an excellent conversation with Austin, where he shared his story and ambitions for the BAME network. Board members agreed to take forward a number of actions to support the work of the network and to support the



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continual development of our trust-wide inclusive culture. These actions will be embedded into the Boards well-led development plan.

5.5 In addition, a number of Board members are being mentored by a BAME member of staff as part of our reverse mentoring scheme.

6. Freedom to Speak Up update

6.1 An update on our freedom to speak up activity is included in the Chief Executives Board report today.

6.2 Mercy Kusotera our Freedom to Speak Up (FTSU) Guardian is a member of a local network with Royal Papworth, Cambridge University Hospitals, Cambridgeshire and Peterborough NHS Foundation Trust and North West Anglia NHS Foundation Trust Freedom to Speak Up Guardians.

6.3 At their recent network they agreed in principle to do a peer audit. The aim of this peer audit is to provide an independent review of the Speaking Up/Raising Concerns practice and governance across the participating NHS trusts. Feedback will offer opportunities for learning and continuous improvement. The review will demonstrate our system-wide working approach and add considerable value alongside any individual internal Trust audit.

6.4 The audit will include:

- Questions for the FTSU Guardian – how they were recruited, their role, support they receive from the organisation and assurance they can provide on speaking up culture of the organisation.
- Questions for the Executive and Non-Executive FTSU leads – description of their roles and how the organisation supports the FTSU Guardian role
- Manager who has been contacted about a concern – how FTSU work support them and the challenges faced.
- FTSU policy, process and procedures – whether workers are aware of the processes, support they can receive when they speak up. Feedback provided to workers after speaking up, escalation and learning processes. Whether the processes are based on current NHSE/I and National Guardian's Office.
- Individuals who spoke up – feedback on their experience and whether they would speak up again.

6.5 It is anticipated that the audit would be completed by the end of this year.

6.6 Freedom to Speak Up month – October 2020. Throughout October we raised the profile of freedom to speak guardian, champions and our systems and processes in the following ways:

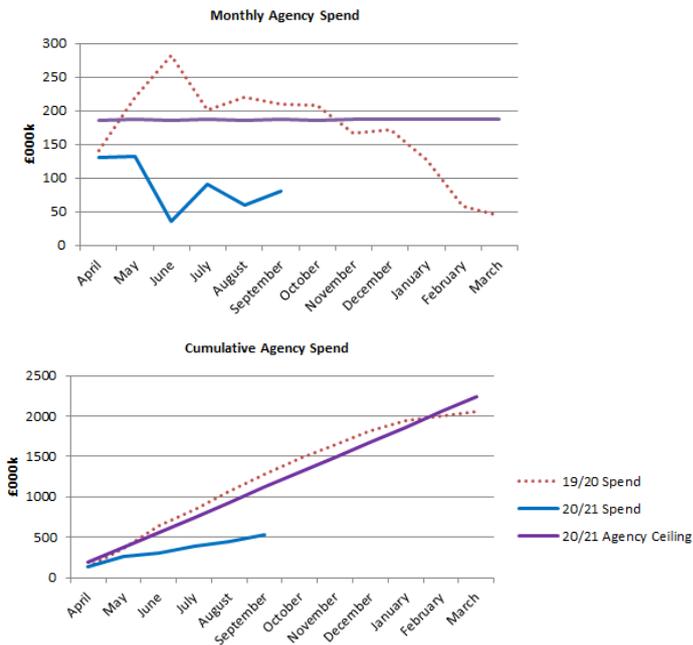
- Various channels were used to promote speaking up across the Trust. These included; weekly Comms Cascade messages raising awareness of FTSU, a screen saver for FTSU was developed and staff were asked to express an interest in FTSU Champion role to ensure all services have FTSU Champions.
- Wider Exec discussion on increasing visibility of FTSU champions role across services. Senior management were reminded re- FTSU champions in their localities.



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- Collaborative work – 4 of our FTSU champions & FTSU Guardian attended East of England FTSU workshop (hosted by EOE Leadership Academy) on 26th & 27th October 2020. They confirmed that they found the workshop very helpful and are keen to attend similar sessions in future.
- Partnership working with other trusts - the local FTSU guardians network is currently developing FTSU peer audit. The aim of the audit is to provide an independent review of the Speaking Up/Raising Concerns practice and governance across the participating Trusts. Feedback will offer opportunities for learning and continuous improvement.

7. Agency/bank spend

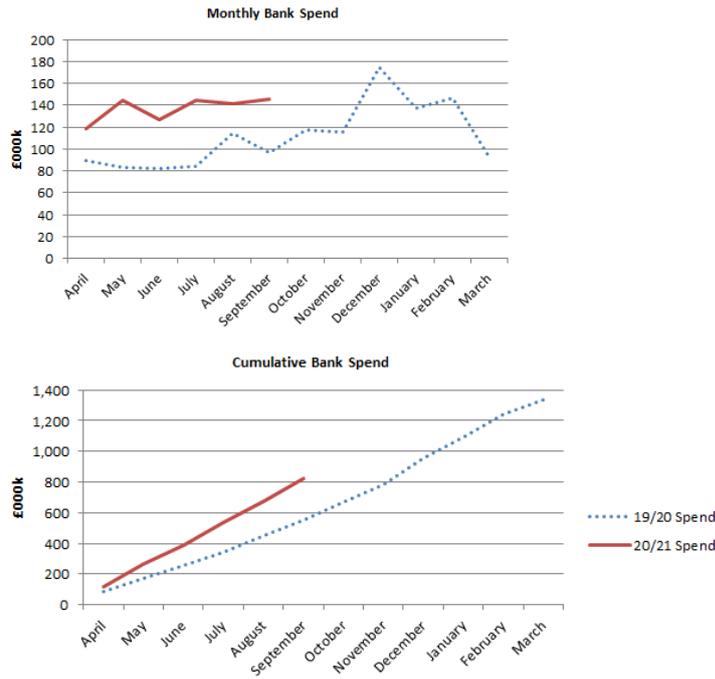


7.1. The Trust's agency spend ceiling for 2020/21 totals £2,240k, which is the same as in 2019/20.

7.2. The Trust's cumulative agency spend to Month 6 is £530k against a spend ceiling of £1,118k. Covid 19 service delivery changes have reduced the demand on agency hours.



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- 7.3. 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 £822k. This has increased from 2019/20 spend at month 6 of £549k, which demonstrated a positive increase in usage. Substantive staff who are working additional hours to support Trust services during Covid 19 are being paid through the bank.
- 7.4. The Trust has implemented a weekly bank payment process to attract more staff onto the bank and improve the talent pool available to services.



Collaborate with others

A: Assurance Summary

Well Led	<ul style="list-style-type: none"> • Strong collaboration taking place across our systems as evidenced in this report • Research – 95% of all CRN portfolio studies are scoped for viability against Trust services 	Substantial
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1. In addition to the overview and analysis of performance for August and September 2020, the Board can take assurance of the Trust’s approach to collaborating with others from the following sources:
 - The Trust has in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), East London NHS Foundation Trust (ELFT) and across the provider landscape in Luton.
 - The Trust fully participates in STP/ICS activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes (BLMK) and has a representation on Norfolk’s Children Board.
 - Chair and Chief Executive participate in Cambridgeshire and Peterborough STP Board and BLMK ICS Partnership Board.
 - Chief Executive is a member of the Cambridgeshire and Peterborough System Leaders group and BLMK CEO group.
 - Chair, Chief Executive and Deputy Chief Executive actively involved with other NHS Partners across Bedfordshire and Luton in the development of the Bedfordshire Care Alliance and its core principles.
 - Chair attends Leaders and Chairs group across BLMK ICS.
 - Deputy Chief Executive jointly chairs the Bedfordshire Local Resilience Forum Health and Social Care Cell with Deputy Chief Executive from ELFT and Director of Adult Social Services from Bedford Borough Council. This forum is managing the Bedfordshire and Luton Out of Hospital response to Covid-19.
 - Deputy Chief Executive is a member of BLMK Health Cell which is managing the BLMK health response to Covid-19.
 - Deputy Chief Executive chairs the BLMK Local People Board and is an active member of the Cambridgeshire and Peterborough Local People Board and the East of England Regional People Board. She is the chair of both the BLMK and Cambridgeshire and Peterborough Leadership and Organisational Development sub-group.
 - Executive Leads attend Local Authority System level Health and Wellbeing Boards
 - Collaboration is at the core of the Trust’s research activities.
 - Director of Governance and Director of Finance and Resources are a member of Cambridgeshire and Peterborough STP gold response to Covid-19.
 - Research Bi-annual Report received at Quality Improvement and Safety Committee which provided substantial assurance

B: Measures for Achieving Objective

Measure	20/21 Target	Data source	Reporting frequency	Current Position
The Bedfordshire Care Alliance agreement is signed	Pass/Fail	Exec Team	Annual	Review with the Board in March 2021
The C&P Best Start in Life Strategy Implementation plan milestones are achieved	Pass/Fail	Exec Team	Quarterly	Implementation phase paused in March 2020 due to Covid-19, however, operational leads have continued to meet.
The Norfolk & Waveney CYP Service Transformation Alliance Agreement is signed	Pass/Fail	Exec Team	Quarterly	Original target was October 2020 – has been delayed due to Covid-19 and the work-stream has recently met to kick-start the work
Achieve our target to recruit patient/service users to research studies	Pass/Fail	Exec Team	Quarterly	Recruitment restricted at present due to Covid-19

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

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

Operational risks**D: Overview and analysis**

Collaborate with others

1. Strategic work-streams with others

The momentum achieved across the NHS and Local Authority in response to Covid-19 remains powerful and we plan to capitalise on the willingness to reform and collaborate across organisational boundaries. Moreover, systems have returned to the 'ICS agenda' with renewed vigour. A summary of our key system collaborations follows:

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

- The joint Children's Partnership Board met on 20 October 2020.
- The Board heard compelling staff stories describing the challenges of working during the Covid-19 pandemic.
- The integrated governance report was reviewed and the Board noted that work will soon commence to undertake the annual review with partners and develop the annual development plan for 2021/22.
- Joint delivery of the Cambridgeshire and Peterborough Health Child Programme; Children's Community Nursing and Emotional Health and Wellbeing services with CPFT continues under the leadership of John Peberdy, our joint Service Director in this area.
- Cambridgeshire and Peterborough commissioners are seeking to commission a Children and Young People's counselling service from July 2021. A stakeholder engagement event has been held and commissioners are pursuing 2 parallel courses: (a) a competitive process (b) a negotiated agreement, if a system solution can be constructed.

2.1 A full key issues report from this meeting is presented as a separate item at today's meeting.

3. Collaborative partnership working with East London NHS Foundation Trust

3.1 The Joint Partnership Board continues to meet monthly and met on 28th August, 25 September and 30 October 2020.

3.2 The Board discussed the following areas:

- Outcomes/incentive payments and contractual elements
- Transformation updates and emerging business cases.
- Covid-19 response and resilience
- Strategic developments across the partnership

4. Bedfordshire Local Resilience Forum Health and Social Care Cell

4.1 This strategic systems leaders group has continued to meet weekly. This Cell is jointly chaired by CCS Deputy Chief Executive, ELFT Deputy Chief Executive and Director of

Collaborate with others

Adult Social Services, Bedford Borough Council. This group is supported by a whole system delivery group that meets twice a week.

4.2 The main areas of focus for the group are:

- Oversight of the Discharge Planning systems and processes across the system
- Oversight of the Adult Social Care Plans and Care Home resilience plans
- Winter planning
- Supporting effective implementation of appropriate national guidance and infection control and measures and raising any concerns related to quality assurance or safeguarding
- Determining a consistent approach in relation to testing of frontline staff, their households, patients and maximisation of testing capacity across the system
- Ensuring co-ordinated management of challenges and the provision of mutual aid
- Recognising likely demand and updated the model in light of the Covid-19 Pandemic experience across the system
- Joint problem solving and troubleshooting across the system
- Shared understanding of challenges, priorities and plans, at place, across the health and social care system

5. BLMK Partnership Board meeting – meeting 15 September 2020

5.1 Areas discussed:

- Cancer Services Update. The Board heard about patient experience and the cancer services recovery and transformation programme.
- Population Health Management Wave 2 – BLMK is a pilot site for the national Population Health Management Development Programme. The Programme is over 22 weeks and led by Optum. The Programme was paused during the Covid-19 pandemic and has been restarted virtually.
- NHS People Plan. Our integrated Workforce Strategy is being used to inform our response to the national Plan. As we move forward under the governance of the system People's Board the strategy will be re-set with the inclusion of the third sector. Metrics are being developed and social care will be involved in planning and implementation.
- Covid-19 Recovery Planning. The system recovery plan had been submitted on schedule in September 2020 and rated by NHSE/1 as green-amber.
- BLMK CCG Case for Change (merger). In August 2020 the draft constitution was strongly supported by primary care although only two of the four LAs were supportive at this stage (Bedford Borough and MK not supportive). The benefits of merging the CCGs will be tracked and reported to the BLMK Partnership Board.

6. BLMK Partnership Board meeting - meeting 14 October 2020

6.1 Areas discussed:

- Performance.

Collaborate with others

- BCA Update – the First 100 Days. A report was presented by David Carter (Chief Executive, Bedfordshire Hospitals) The focus has been on embedding the principles of co-operation, needs analysis and initial solutions.
- Flu and Covid vaccination update.
- Local Maternity System update.
- Milton Keynes hospital improvement programme.

7. **Bedfordshire Care Alliance (Integrated Care Partnership) – meeting 17 September 2020**

7.1 Areas discussed:

- Operational work-streams/PIDs.
- Metrics and measures (first draft).
- Business Intelligence.
- Health Coaching.
- LBC Corporate re-structure.
- Population Health Management.
- PCN Developments.

8. **Cambridgeshire and Peterborough Best Start in Life Strategy**

- This work continues to be led by John Peberdy our Service Director for Children and Young Peoples Services across Cambridgeshire and Peterborough.
- Progress has been hampered by a shortage of programme support and efforts are in hand to bridge this gap.
- Non-core partners have welcomed the suggestion of a 'pledge' that will supplement the MOU and bind providers together more closely.
- Four place-based work-streams are identifying local priorities.

9. **Norfolk Alliance Board – meeting 15 October 2020**

- Sian Larrington, Head of Service, Norfolk Children and Young People's Services represented the Trust at the Norfolk Alliance Board.
- The main point for discussion was agreement for the Alliance Board and the Norfolk Children's Strategic Partnership to combine to a single Board from April 2021; this was agreed.
- There was also agreement to have a single outcomes framework agreed for Norfolk services.
 - Providing a common language to define aims and outcomes
 - Drive joint commissioning arrangements and priorities
 - Evidence led

- 9.1 The outcomes framework is under development and will be linked with FLOURISH (Family and Friends, Learning, Opportunity, Understanding, Resilience, Individual, Safety, Healthy) and be set out in the Alliance Agreement (see below).

Collaborate with others

10. Norfolk Alliance Agreement Work-stream – meeting 19 October 2020

- Bruce Luter, Assistant Director of Business Development and Strategy represented the Trust at the Norfolk Alliance Agreement Work-stream.
- The aim is to complete the draft Alliance Agreement spanning partners (to subsume an existing Memorandum of Understanding) by December 2020, sign off in New Year and be effective from April 2021.
- Confidentiality agreements/Information Sharing Agreements to be drafted where needed and linked to extant STP/ICS agreements.
- The contract for mental health to be drafted, meanwhile an Executive Management Team has been formed for the operational leads of Norfolk and Suffolk NHS Foundation Trust, Ormiston and MAP to drive system transformation.

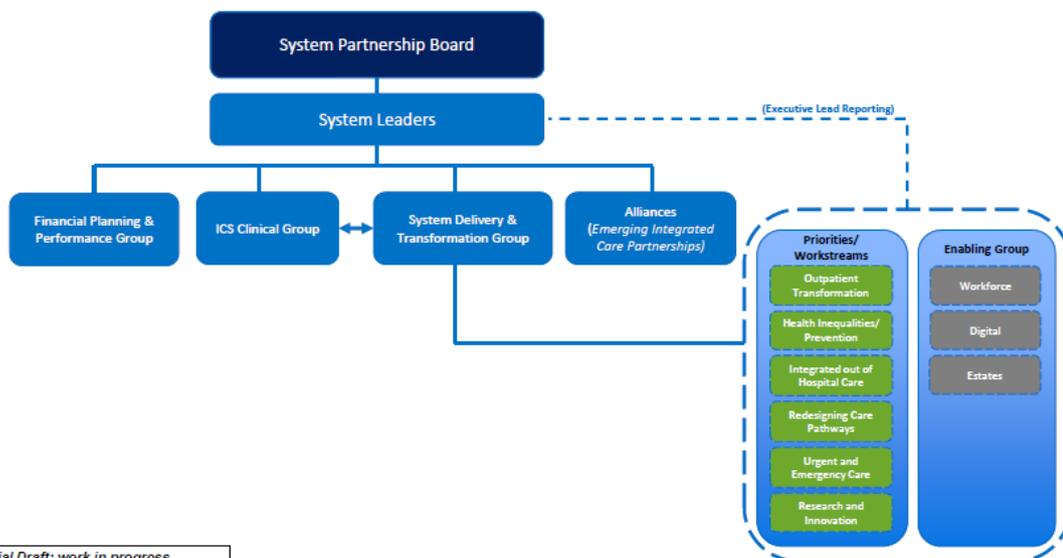
11. Cambridgeshire and Peterborough STB Board

- The STP Board considered a discussion paper describing a route to achieving an Integrated Care System and the transitional governance structure (below).



Cambridgeshire and Peterborough
Sustainability and Transformation Partnership

Transitional Governance Structure



Confidential Draft: work in progress

12. Cambridgeshire and Peterborough South Provider Alliance – meeting 8th October 2020

- The Trust was represented at the South Provider Alliance for the first time (Bruce Luter).
- The core content of the meeting was not of direct concern to the Trust; however, the strategic intent is for the two Alliances to develop over the next 18 months to become Integrated Care Providers within the C&P Integrated Care System and, in time, to hold a population health budget (the Alliances show on the transitional governance structure above).
- The meeting focussed on progress and highlights with developing Integrated Neighbourhoods and Innovation Fund Projects.

13. Research Update – August – September 2020

13.1 Clinical Research Overview

The Department of Health and Social Care (DHSC) have requested that all Trusts had a 'research restart strategy' to have a planned approach to re-starting studies, which were paused in March. The Trust has a strategy which has been agreed with the Medical Director and Head of Clinical Quality and we have worked with our services to re-start all but one study in this data period. The one outstanding has not been restarted due to clinical capacity to support the recruitment and delivery of the trial.

Further NIHR guidance was issued on the **12th October** reinforcing the message within the Restart framework that research activity should be maintained where feasible, with vaccination and urgent public health research still remaining the highest priority. In support of the NIHR research priorities the 'Viruswatch' Urgent public health study commenced within the Trust in Luton (Treatment centre) and Bedford (iCaSH) on the 5th October and will run until 2021. We have also accessed a Band 4, from the Trust Bank, to work as a research assistant to support the research team with the 'VirusWatch' project, as well as other Restart activities.

13.2 National Institute for Health Research (NIHR) Portfolio studies:

The NIHR Clinical Research Network (NIHR CRN) has a Portfolio of studies consisting of high-quality clinical research studies which are eligible for consideration for support from the Clinical Research Network (CRN) in England. Studies that the Trust is currently involved in are detailed in Table 1. The research team continued to scope for studies to consider their feasibility for the Trust (please see the number of studies considered in chart 1).

Table 1; Clinical Research Table for NIHR Portfolio Studies (accurate to 14/10/20 via ODP NIHR portal).

Key to icons:							
Recruitment:	Increased	no change	completed	in set up	allocated funding/prize		
NIHR Portfolio studies	Speciality/ clinical area/ location	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
ESCAPE Study (Cessation of smoking in patients with mental health)	Trust Wide (staff)	University of Bristol	0	4		Now open for recruitment	Supporting future smoking intervention development
CLIMB (data consent study)	Trust Wide (staff & patients)	CPFT, University of Cambridge	68	135		Large survey study	High recruitment
HIV Pre-exposure Prophylaxis (PrEP)	Ambulatory i-CaSH 9 clinics	Public Health England, Chelsea & Westminster Hospital NHS foundation trust	0	14		Recruitment is now closed and in follow up from July 14th	Potentially UK wide impact on preventing HIV transmission
Fatigue in Long Term Conditions	Respiratory Team Luton Adults	Kings College London	0	0		Study now closed	Potentially other studies in the pipeline
Enabling self care in children with disabilities	Therapy AHPs Trustwide	Newcastle University	3	3		Quick turnaround to recruit	Development of an intervention

Youtube	Children & Young People's Service (CYPS) Cambridge	University of York	0	0		Study reopened for recruits and follow up	Building research knowledge in an area of high interest.
Balance Study	Children & Young People's Service (CYPS) Orthoptics/	Moorfields Eye Hospital	0	0		Study reopened 1 st October	Important technology study
NESCI Study	CYPS Norfolk	University of East Anglia	0	0		14 th October focus group	Development of intervention for smoking cessation
Babybreathe	CYPS Norfolk	University of East Anglia	0	0		Due to commence Dec 2020	Smoking cessation and education intervention
This mum moves	CYPS Cambs and Peterborough	Sport England/ University of Canterbury	0	0		Due to commence Nov 2020	Education and exercise intervention post pregnancy
Virus Watch	Luton Community Services	University College London	0	0		First clinic October 5 th 2020	Urgent Public Health Covid Research
Total recruitment within this period:			71	156		Recruitment from Oct 2019 to Sept 2020 was under 500.	RCF will not be awarded April 2021 (*2)

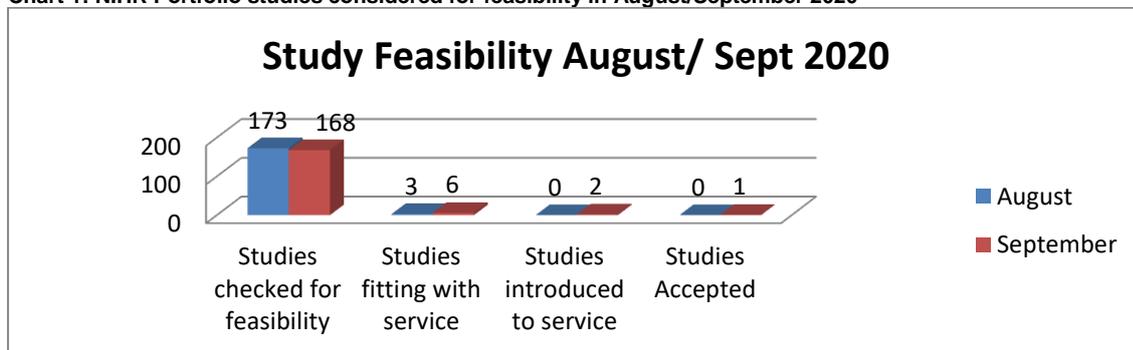
(*1) All figures accurate as of 14/10/20 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases).

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

13.3 NIHR portfolio studies which have been considered for feasibility:

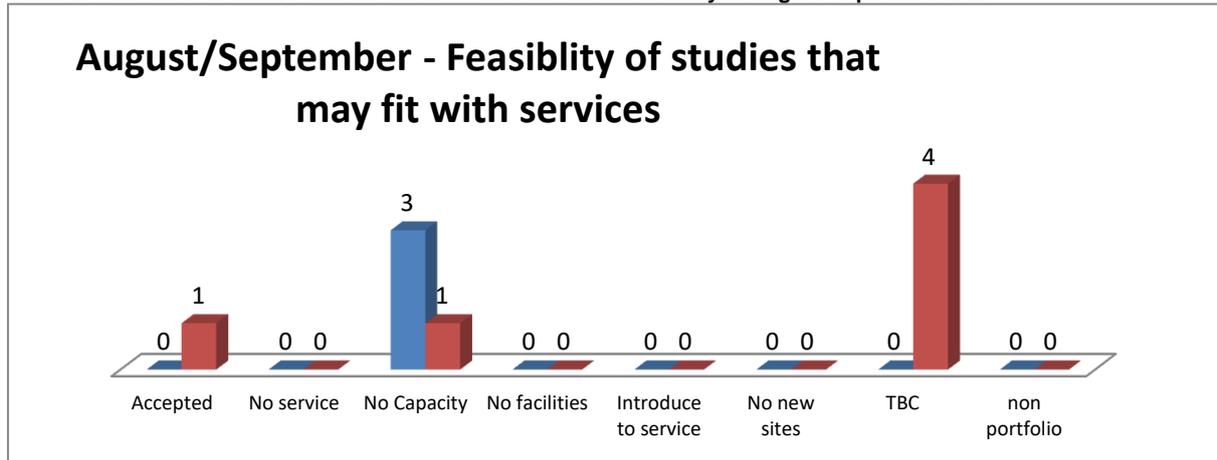
During this period of time the research team has considered **341** studies for suitability for adoption into the Trust, only 9 were potentially fitting with CCS NHST services (please see Chart 1).

Chart 1: NIHR Portfolio studies considered for feasibility in August/September 2020



One Urgent Public Health Covid-19 NIHR portfolio study was adopted into the Trust during this time period (VirusWatch). The majority were discounted due to not being aligned to our care pathways (see Chart 2).

Chart 2: Outcomes of NIHR Portfolio studies considered for feasibility in August/September 2020



13.4 Non-Portfolio studies - projects and research studies which have been considered for feasibility and/or submitted for HRA Approval:

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

The Exploring interventions for glue ear during Covid-19 study, Sponsored by the Trust, with Chief Investigator Dr Tamsin Brown, Paediatrician commenced recruitment during this period. Successfully recruiting participants from the day HRA approvals and trust approvals were in place. This study provides a valuable service to families who were on a waiting list for surgery that was cancelled due to Covid-19. Recruitment now stands at **24** and follow up is currently ongoing.

The ‘Ferrari’ study was reopened within the MSK Physiotherapy service in Cambridge and Ely in collaboration with Cambridge University Hospitals and has recruited the first participant.

13.5 Student Studies and Non-Student studies – Local Permissions: During this reporting period there was one student and no non-student studies submitted for local Trust permissions. There were also two MSc major projects which clinicians wanted advice regarding feasibility.

Table 3: MSc studies considered for permissions and feasibility (August & September)

Study considered	Speciality/ clinical area/ location	Study overview	Collaboration with University/ University Trust	Date feasibility carried out	Barrier/s or potential barrier/s to undertaking
MSc programme in sleep hygiene	CYPS Bedfordshire	Sleep issues in children with autism and ADHD. Study	University of Oxford	05/08/20	Cost is £10,460 per year (2 year course). Application has been submitted.
MSc Public Health Nursing	CYPS Norfolk	Preventing caries in children. Impact of teaching modules for HV.	UEA	06/08/20	Nil. Looking at current work streams to align to. Early stage of project design.

MSc Masters in Nursing Sciences	i-CaSH Peterborough	Questionnaire to sexual health nurses about sexual harassment at work in England.	Italy	04/09/20	Permission given by Medical Director. Questionnaire Design, taken from WHO 2003 questionnaire.
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13.6 Fellowships, Internships and Grants: The Fellowships and Internships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education East (HEE). In this reporting period there were no staff who were planning to submit a Fellowship application and no staff who had commenced a new Fellowship, but staff have recommenced Fellowships which were on hold due to Covid-19 (see Table 4).

13.7 Grants: A NIHR Research for Patient Benefit (RfPB) stage 1 application, for a study exploring homebased music therapy with patients who have had strokes (See Table 4) was re-submitted to the NIHR grant panel in July 2020. We are awaiting the outcome of this re-submission, to see if the grant is able to proceed to the second, and final, submission stage.

Table 4: Summary Table for Fellowships/Internships and NIHR Grant Submission/s Applied for and results within this reporting period:

NIHR Fellowships/grant	Area	Numbers	Trend	Collaborations	Impacts/potential impacts
NIHR Research for Patient Benefit (RfPB)	Ambulatory Care Neuro-rehab Bedford	One submission of stage one.	Re-submitted. Feedback from peer review at NIHR RfPB panel taken on board. Decision due Oct 2020.	Research Fellows from ARU, Research team and Neuro Rehab team	Potential to have a music therapy grant running in Neuro-rehab, Bedford
NIHR/HEE Applied Research Collaboration (ARC) Fellowships	CYPS Norwich & Luton	Two	Fellowship commenced January 2020 for 12/12. Both extended to December 2021. Fellowships restarted & workshops have been virtual.	Applied Research Collaboration (ARC)	Working with children in geographical areas of high health needs.
NIHR/HEE Internship	CYPS Cambs (OT)	One	Commenced Jan 2020, due to finish June 2020. Now extended to October 2020 due to Covid-19. Internship has restarted.	Health Education East (HEE)	Exploring parental distance learning video teaching sessions on life skills for children with dyspraxia.
HEE/NIHR ICA Pre-doctoral Clinical Academic Fellow	CYPS Cambs (SALT)	One	Commenced Sept 2019. 2.5 years duration. Progress has continued throughout lockdown.	University of London	Includes MRes in Applied research in human communication disorders.

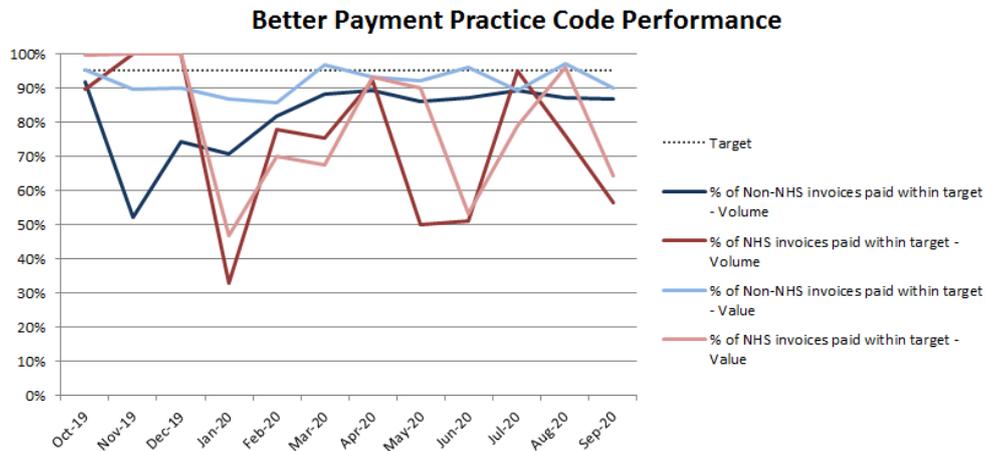
- **National High Level Objectives (HLO)** as determined by the DHSC and monitored by the CRN Eastern. The CRN have stated that fulfilling the high level objectives are not a priority at the current time. These objectives are likely to be re-activated, as part of the NIHR Restart Programme.

Collaborate with others

- **Health Research Authority (HRA)** national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.
- **NIHR National Performance Metrics** – Performance in Initiating (PII) and Performance in Delivering (PID) now being re-instated and being collated by the DHSC. They have been published again on the Trust internet.

13.8 **Published papers & posters within this period** Two papers have been published during this period. Both of these were in the 'British Association of Teachers of the Deaf' one paper was on cytomegalovirus and the other was on genomics with an overview of genetic testing, written by Dr Tamsin Brown, Paediatrician. Dr Tamsin also had a poster at the RCPCH virtual conference in conjunction with some medical students who were on placement within Paediatrics.

14. Public sector prompt payments



- The average in month prompt payment results across the four categories was 89% in month 5 and 74% in month 6.
- With regards to NHS invoices, performance fell in Month 6 to 56% and 64% from 76% and 96% in Month 5 for Value and Volume respectively. The Trust paid a number of invoices within 10 days of the target period and if these were paid within the target time, the Trust would have achieved the 95% target.
- With regards to Non-NHS invoices, achievement in both categories has been relatively consistent across both categories in the last 6 months – with an average of 90% achievement in both categories over this period.
- The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly. Further processes are being implemented to increase the monitoring of invoices and improve their allocation to services.

A: Assurance Summary

Well led	I&E in line with budget	Substantial
	Recovery of COVID-19 costs	
	CIP in line with plan (paused for Covid-19)	
	Capital spend in line with budget	
	Reduced travel mileage spend	

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 2 risks Strategic Risks numbers 3156 and 3167, 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 2019/20 accounts. Internal Auditor's assessments during 2019/20 provided a conclusion the Trust has an adequate and effective framework for risk management, governance and internal control. The Trust's Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.
3. The COVID-19 pandemic has required emergency funding measures to be put in place for the current and potential future financial reporting period. The Trust's year to date financial performance is showing a favourable position against the original plan, and the reasons for this are explained more fully in the Income and Expenditure section below.

B: Measures for Achieving Objective

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



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C: Risks to achieving objective Strategic risks

1. **Risk ID 3156** - There is a risk that if there is no additional funding for the staffing costs resulting from the Agenda for Change uplifts, there will be an adverse impact to the quality of the services the Trust provides and therefore its reputation could be affected. (Risk Rating 8)
2. **Risk ID 3167** - As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 12)

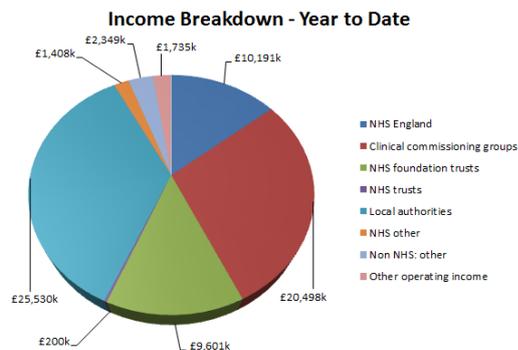
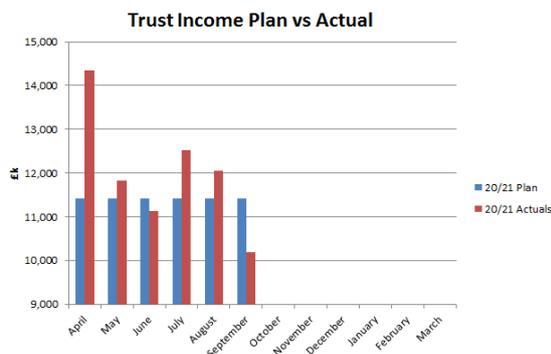
Any operational risks 15 and above

D: Overview and analysis

Finance scorecard

Finance Dashboard	Section in Report	Plan M6	Actual M6	Variance M6
Operating income	1	£68,514k	£71,512k	£2,998k
Employee expenses	1	(£43,560k)	(£44,806k)	(£1,246k)
Operating expenses excluding employee expenses	1	(£24,876k)	(£26,706k)	(£1,830k)
Trust Surplus/(Deficit)	1	£501k	£0k	(£501k)
Closing Cash Balance	2	£11,033k	£19,580k	£8,547k
Capital Programme	4	£2,160k	£2,195k	(£35k)
Agency Spend	SO2 - 4	£936k	£530k	£406k
Bank Spend	SO2 - 4	£870k	£822k	£48k

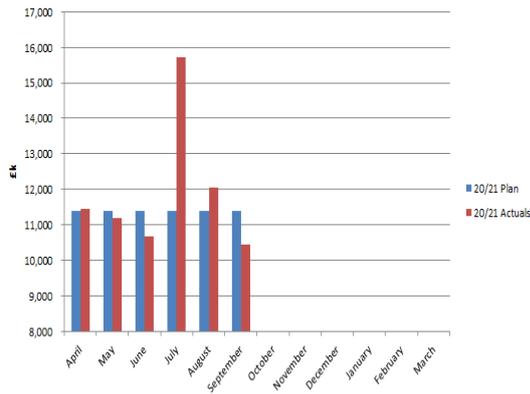
1. Income and expenditure



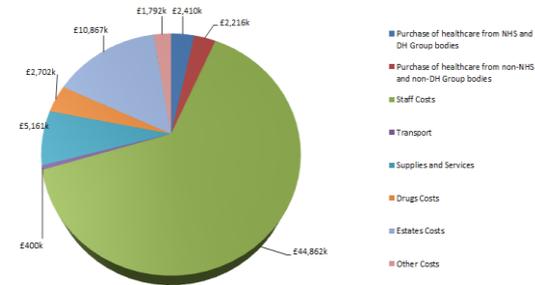


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Trust Expenditure Plan vs Actual



Expenditure Breakdown -Year to Date



- 1.1. Due to Covid 19 pandemic, interim block funding arrangements are in operation for 20/21, based on and uplift of 2.8% on 2019/20 contract values. This arrangement is to continue for the financial year, with monthly financial monitoring of cash flows.
- 1.2. The direct clinical service budget position in each Service Division is:

Division Level	Sep-20					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	488	(9,553)	(3,882)	(12,947)	(14,613)	1,666
Bedfordshire Community Unit	618	(6,445)	(1,138)	(6,965)	(6,999)	34
Childrens & Younger Peoples Services	1,214	(14,518)	(1,221)	(14,525)	(15,087)	562
Luton Community Unit	1,042	(9,396)	(1,666)	(10,020)	(10,624)	604
Other Services	68,152	(4,895)	(18,800)	44,457	47,836	(3,379)
CCS Total @ 30th September 2020	71,514	(44,807)	(26,707)	-	512	(512)

- 1.2.1. Ambulatory Care Services delivered an underspend of £262k in month 5 and an underspend of £170k in month 6. The main reason for the cumulative underspend, which is mainly in non-pay expenditure, is due to the reduction in service activity resulting from Covid 19, particularly in pathology costs in the iCaSH services.
- 1.2.2. Bedfordshire Community Unit delivered a £1k underspend in month 5 and a £8k underspend in month 6. The main reason for the underspend is due to pay and non-pay savings in Healthy Child Programme.
- 1.2.3. Children's & Younger Peoples Services delivered an underspend of £63k in month 5 and a £149k underspend in month 6. The main reason for the underspend is a fall in non-pay expenditure, particularly reduced travel costs as a result of Covid 19.
- 1.2.4. Luton Community Unit (including Luton Children's Services) delivered an underspend of £72k in month 5 and a £45k underspend in month 6. The



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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 £19.6m at month 6 represents an overall increase of £2.8m on the previously reported position at month 4. The Trust has improved its receivables position over the period to increase the cash balance.



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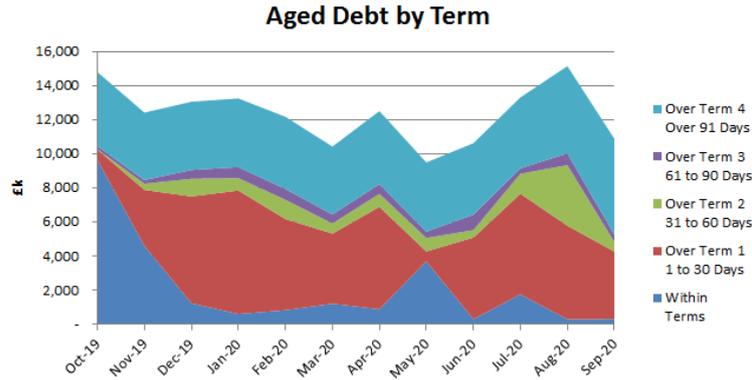
3. Statement of Financial Position

	September 2020 £'000	July 2020 £'000
Non-Current Assets		
Property, plant and equipment	55,074	55,050
Intangible assets	272	283
Total non-current assets	55,346	55,333
Current assets		
Inventories	41	41
Trade and other receivables	15,735	17,934
Cash and cash equivalents	19,580	16,828
Total current assets	35,356	34,803
Total assets	90,702	90,136
Current liabilities		
Trade and other payables	(23,923)	(23,357)
Provisions	(622)	(622)
Total current liabilities	(24,545)	(23,979)
Net current assets	10,811	10,824
Total assets less current liabilities	66,157	66,157
Non-current liabilities		
Trade and other payables	(1,045)	(1,045)
Provisions	(1,264)	(1,264)
Total non-current liabilities	(2,309)	(2,309)
Total assets employed	63,848	63,848
Financed by taxpayers' equity:		
Public dividend capital	2,245	2,245
Retained earnings	43,957	43,957
Revaluation Reserve	19,299	19,299
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	63,848	63,848

3.1. Trade and other receivables have decreased over the reporting period by £2.2m and trade and other payables have increased over the reporting period by £0.5m.



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3.2. Total trade receivables increased by £1.8m in August to £15.1m and then decreased by £4.3m in September to £10.9m. The breakdown in September is £3.6m (33%) from NHS organisations; £6.8m (63%) from Local Authorities; and £0.5m (4%) from other parties.

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

Cambridgeshire County Council	£2.8m
Luton Borough Council	£1.7m
Norfolk County Council	£1.6m
East London Foundation Trust	£1.5m

3.4 For the debt over 90 days old, as this is predominantly due from NHS and Local Authority bodies, it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period (Month 4), Cambridgeshire County Council, Norfolk County Council and East London Foundation Trust have subsequently paid £1.1m, £0.2m and £1.5m respectively to reduce their outstanding balance.

4. Capital spend

4.1. Capital spend to date is £1.7m against a plan of £1.2m. The main areas of spend is IT equipment (£1.1m). The main areas of spend are IT equipment (£1.1m) which was reprioritised in response to Covid-19 and the forecast for the year will remain within budget.

5. Use of resources

5.1. This metric is currently not being reported on due to Covid 19 and the emergency financial measures in place.

6. Contract performance

6.1. Due to COVID-19 contracted processes performance monitoring have been suspended, and focus is on working with commissioners to prepare for and respond to the emergency and relax local monitoring requirements. The Trust continues to monitor and report contracted KPI's within the Clinical Operational Boards.

PART TWO

Supporting Information

CCS NHS Trust Quality Performance Dashboard 2020-21

				Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20					
Standard/Indicator	Description	Contact	Annual target Ceiling or Baseline	CCS Overall	Sparkline										
SAFETY															
Incidents															
Total number of new Datix incidents reported in month	New patient safety incidents including SIs, Never Events and medication incidents	L Ward	no target	96	106	108	150	107	124	162					
	Severe harm		0	0	0	1	0	0	1						
	Moderate harm		3	14	7	28	8	8	9						
	Low harm		20	23	20	14	16	27	41						
	No harm		73	69	81	107	83	89	111						
Serious Incidents	New SIs declared requiring investigation		0	0	0	1	0	0	1						
Never Events	Number of never events reported in month		0	0	0	0	0	0	1						
Medicines Management	Number of medication incidents reported (CCS)	A Darvill	no target	17	10	14	14	8	13	20					
	% CCS medication incidents no harm		no target	94%	100%	93%	100%	88%	100%	95%					
Infection Prevention & Control															
Clinical Interventions Audit	Compliance with spread of infection indicator	C Sharp	100%	N/A	N/A	N/A	98.44%	N/A	N/A	N/A					
UV light compliance	All clinical teams - data pending		100%	N/A											
EFFECTIVENESS															
Mandatory training															
Overall mandatory training	In line with Trust Training Needs Analysis		94%	93%	92%	92%	91%	92%	93%	93%					
Safeguarding training (Children)	Level 1: % staff trained	J Michael	94%	97%	97%	96%	95%	96%	97%	97%					
	Level 2: % staff trained		94%	97%	97%	97%	97%	97%	97%	97%					
	Level 3: % staff trained		94%	83%	77%	80%	83%	84%	84%	85%					
	Level 4: % staff trained		94%	100%	100%	70%	70%	78%	89%	78%					
Safeguarding training (adults)	Safeguarding of adults at risk	J Michael	94%	95%	95%	94%	93%	93%	94%	94%					
	Mental Capacity Act		94%	90%	90%	88%	88%	86%	87%	87%					
	Deprivation of Liberty		94%	93%	95%	93%	91%	91%	92%	93%					
Prevent Basic Awareness	% of staff undertaking Prevent training		85%	94%	93%	94%	94%	95%	96%	97%					
WRAP	% of staff undertaking WRAP training		85%	91%	88%	88%	87%	89%	88%	89%					
Manual handling	% of staff undertaking manual handling (patients)		94%	90%	89%	84%	84%	89%	88%	85%					
Fire safety	% of staff undertaking fire safety training		94%	91%	90%	91%	90%	92%	93%	92%					
CPR/Resus	% of staff undertaking CPR/Resus training		94%	91%	88%	89%	87%	90%	90%	91%					
IPaC training	% of staff undertaking IPaC training		94%	96%	96%	96%	95%	96%	96%	97%					
Information governance	% of staff undertaking IG training		95%	93%	93%	93%	92%	93%	94%	95%					
Safeguarding															
Safeguarding supervisions (Children)	% eligible staff in Cambs, Luton & Norfolk (Beds data reported separately)	D Andrews/ D Shulver	95%	N/A	N/A	N/A	N/A	57.22%	72.22%	87.41%					
Workforce/HR															
Sickness	Monthly sickness absence rate	R Moody	N/A	4.26%	3.31%	3.29%	3.26%	3.26%	4.02%	awaiting data					
	Short-term sickness absence rate		3.6%	1.61%	1.00%	1.35%	1.49%	1.51%	2.17%	awaiting data					
	Long-term sickness absence rate		N/A	2.65%	2.30%	1.94%	1.77%	1.75%	1.85%	awaiting data					
	Rolling cumulative sickness absence rate		4.0% by year end	3.09%	4.82%	4.70%	4.55%	4.44%	4.41%	awaiting data					
Turnover	Rolling year turnover		N/A	12.98%	12.32%	12.81%	13.21%	11.38%	10.60%	awaiting data					
Bank staff spend	Bank staff spend as % of pay (financial YTD)		N/A	1.60%	1.84%	1.81%	1.18%	1.82%	1.83%	awaiting data					
Agency staff spend	Agency staff spend as % of pay (financial YTD)		N/A	1.63%	1.55%	1.11%	1.11%	1.02%	0.99%	awaiting data					
Stability	% of employees over one year which remains constant		85%	87.70%	87.29%	87.78%	87.71%	88.01%	88.90%	awaiting data					
Appraisals	% of staff with appraisals		94%	85.12%	84.47%	84.26%	84.96%	84.76%	88.86%	awaiting data					
Staff Friends & Family test	Recommending CCS as place for treatment - Quarterly reporting	P Davies/ M Gaubyte	no target						93.00%						
	Recommending CCS as place to work - Quarterly reporting		no target						80.00%						
EXPERIENCE															
Patient experience (monthly targets)															
Complaints	No. of formal complaints received in month	D McNeill	no target	0	0	4	3	4	3	9					
	No. of responses sent on time by total number of responses sent		# / #	3/3	0/1	1	2/3	1/1	2/2	2/3					
	Percentage responded to within target timeframe		100%	100%	0.00%	100%	66.67%	100%	100%	66.70%					
Informal complaints	No. of informal complaints received in month		no target	9	10	17	20	15	29	24					
Complaints upgraded	No. of complaints upgraded (informal to formal)		no target	0	0	0	1	0	0	2					
Complaints downgraded	No. of complaints downgraded (formal to informal)		no target	0	0	0	2	1	2	2					
Friends & Family test score	Patients who would recommend our services		90%	97.39%	97.20%	95.54%	94.46%	95.07%	93.60%	95.22%					
	No. of responses to FFT		no target	230	465	560	849	934	1328	1506					
Patient Feedback	Total number of patients surveyed		no target	298	515	630	973	983	1510	1663					
	No. of positive comments recorded on IQVIA		no target	320	600	713	1125	1207	1616	1965					
QEWTT (Quality Early Warning Trigger Tool)															
QEWTT	Number of responses received by scoring threshold	H Ruddy	25+	N/A											
			16-24	N/A											
			10-15	N/A											
	0-9		N/A	N/A	N/A	N/A	N/A	N/A	N/A						
	Number of two consecutive non-responses		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
	Number of single non-responses		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
Total number of responses received			N/A	N/A	N/A	N/A	N/A	N/A	N/A						
Total number of Teams			N/A	N/A	N/A	N/A	N/A	N/A	N/A						
<table border="1"> <tr> <td>N/A</td> <td>Data usually supplied but not available this month</td> </tr> <tr> <td></td> <td>Not relevant/not applicable to this area</td> </tr> </table>												N/A	Data usually supplied but not available this month		Not relevant/not applicable to this area
N/A	Data usually supplied but not available this month														
	Not relevant/not applicable to this area														

Risk ID: 3156	Risk owner: Robbins, Mark	Risk handler: Robbins, Mark	Risk Grading:		
Directorate: Trustwide	Date recorded: 02/03/2020			L	C
Specialty: Finance and Resources Directorate	Anticipated completion date: 31/12/2020		Initial:		12
Clinical Group: Trust Wide	Risk committee: Board		Current:	Unlikely - 2	Major - 4
Risk Title: Agenda for Change uplift - Public Health funded services			Target:	Rare - 1	Major - 4
Principle Trust Objective: Be a sustainable organisation		Source of Risk: Risk assessment	Risk level Current: High		Last Review Date: 09/10/2020
Risk description: There is a risk that if there is no additional funding for the staffing costs resulting from the Agenda for Change uplifts, there will be an adverse impact to the quality of the services the Trust provides and therefore its reputation could be affected.			Significant Hazards: Potential for patient outcomes could worsen due to an enforced reduction in services that are focused on prevention, early intervention and treatment, which could therefore cause an increase pressure to other parts of the health system. Local Authority commissioners have been assuming the additional funding is being made available and therefore there are no plans for service reductions if the funding isn't made available. Controls in place: The Trust has escalated this funding issue to Regional and National officers at NHSE / I and the Department for Health and Social Care, and have received assurance that clarification and confirmation of the funding arrangements will be made in the coming weeks. This escalation has indicated that if funding isn't forthcoming the Trust will be unable to deliver the improvement target that has been set for 20/21 and future years.		
Progress update: [Robbins, Mark 09/10/20 09:29:03] We have confirmations from the majority of the Local Authorities to transfer the A4C funding to the Trust's service contracts. Discussion with Luton Borough Council continue and are focussed on identifying with LBC the funding uplift and the legitimacy of the increase to CCS					

Risk ID: 3165	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:		
Directorate: Trustwide	Date recorded: 09/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 31/03/2021		Initial:		12
Clinical Group: Trust Wide	Risk committee: Board		Current:	Unlikely - 2	Major - 4
Risk Title: Complexity of System Working			Target:	Unlikely - 2	Major - 4
Principle Trust Objective: Collaborate with others, Provide outstanding care		Source of Risk: Meetings	Risk level Current: High		Last Review Date: 16/10/2020
Risk description: There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.			Significant Hazards: Complexity of system working Maturity of working relationships Ability for all system partners to collaborate Competition Insufficient capacity and capability to work effectively across and within different systems Controls in place: Joint Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) - chaired by Non-Executive Directors Board to Board with CPFT as required Integrated Leadership Structure for 0-19 services across Cambridgeshire and Peterborough Joint Transformation Board with Commissioners - Cambridgeshire and Peterborough Children Services Joint Partnership Board with East London Foundation NHS Trust - Executive led Variety of joint work streams in place with East London Foundation NHS Trust on delivery of Bedfordshire Community Health Services Joint Away Days taking place within Bedfordshire Community Health Services Bedfordshire Care Alliance Luton Provider Alliance - co-chaired by CCS and Luton and Dunstable Chief Executives Programme Director in place for delivery of Enhanced Models of Care across Luton system Luton Transformation Board CEO and Chair member of Cambridgeshire and Peterborough STP Board CEO and Chair attend BLMK wide Executive meetings Monthly internal meeting of virtual internal systems development team Additional capacity created from April 2020 to focus on systems working/development activities Service Director for Cambridgeshire and Peterborough Services SRO for Best Start in Life Programme of work		
Progress update: [Pisani, Anita 16/10/20 17:29:25] No change to current scoring. System collaborations and system working continues across our footprint. MSK services providing mutual aid to Cambridgeshire and Peterborough System to support Discharge to Assess.					

Risk ID: 3260	Risk owner: Howard, Kate	Risk handler: Howard, Kate	Risk Grading:		
Directorate: Trustwide	Date recorded: 14/10/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 31/03/2021		Initial:		16
Clinical Group: Trust Wide	Risk committee: Board		Current:	Possible - 3	Major - 4
Risk Title: Impact of second wave of covid19 on community service care delivery and phase 3 restoration plans			Target:	Unlikely - 2	Major - 4
Principle Trust Objective: Provide outstanding care		Source of Risk: Risk assessment	Risk level Current: High		Last Review Date: 29/10/2020
Risk description: There is a risk that health outcomes for people who use our services are negatively impacted by Covid 19 restrictions due to a second wave of Covid 19.	<p>Significant Hazards: The significant hazards are:</p> <ul style="list-style-type: none"> - Staff morale and fatigue due to the on-going impact of covid19 on life (work and home life). - Impact of changes in practice required to meet new service delivery models ie technology based assessments and home based working - Reduced contacts with families/children/ adults at risk or identified as vulnerable - Staffing reductions due to current requirements for self isolation/ shielding - Service users already delayed in receiving healthcare condition deteriorating and requiring more complex treatment or care - Increased anger from service users unable to access services directed at staff. <p>Controls in place: Children & Young people: 3180 - detailed records of telephone calls, face to face visits for those families identified as vulnerable, video based assessments, SOP in place for particular vulnerable groups, Appropriate PPE available for visits if required 3184 - telephone assessment, Child protection medicals continuing as essential service, each child's needs assessed on individual basis, appropriate PPE available 3181 - Single Point of Access established and clinical pathways established across all geographies, web site updated with universal offer, social media campaigns, staff not required to support essential services are maintaining small amount of non essential activity, workstreams in place to ensure children on EHCP and with complex needs receive the services they require through alternative methods, where considered appropriate and safe the practitioners will visit following risk assessment if required 3183- The needs of children requiring EHCP input/complex needs are being stratified, plans in place to keep in touch with families to satisfy requirements to deliver 'reasonable endeavour', Single Points of Access established with clinical pathways across all geographies 3182 - safeguarding SOPs developed re face to face/ technology based contacts, routine safeguarding caseload supervision suspended and replaced by increased ad hoc sessions and supervision 'surgeries', continued involvement with each LSCB/LSAB where papers sent for virtual consideration, business continuity plan in place across the trust for safeguarding function, Heads of safeguarding involved in regular system based safeguarding discussions, continued work on SCRs and SI reports MSK - risk 3178 -all referrals triaged by clinical lead or deputy/hot line with acutes for immediate advice and collaborative clinical decision making Dental risks 3177 & 3191 PPE,levels 1 & 2 triage, following NHSE SOP,remote prescribing antibiotics Neuro rehab risks 3177 & 3191 escalation process agreed and liaison with LA colleagues re future care after 48 hrs Luton Adult services 3096 - all service areas have developed RAG rating criteria for prioritisation during Covid pandemic with risk stratification to determine cohort, process being developed for delaying/suspending green rated non essential visits and identified process for how this will be monitored and risks mitigated, caseload monitoring by staff working remotely, discussions with patients, carers and families re what to look out for and how to access support if required. Staff - swabbing to facilitate earlier return to work for identified staff Further controls under review re wound care and caseload prioritisation measures All underpinning service risks have been reviewed as part of this process including those identified as a result of the QIAs. Each of these has mitigating actions and controls identified and are reviewed at the Incident Management Team weekly.</p>				
Progress update: [Howard, Kate 29/10/20 16:18:30] Risk reviewed - no change					

Appendix 2 – Strategic Risks and Operational Risks 15 and above

Risk ID: 3163	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:		
Directorate: Trustwide	Date recorded: 09/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 19/02/2021		Initial:		8
Clinical Group: Trust Wide	Risk committee: Board		Current:	Possible - 3	Major - 4 12
Risk Title: Reduction in staff morale could adversely affect the delivery of high quality care			Target:	Rare - 1	Major - 4 4
Principle Trust Objective: Be an excellent employer, Provide outstanding care	Source of Risk: Meetings		Risk level Current: High	Last Review Date: 16/10/2020	
Risk description: There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.		Significant Hazards: Demands of the service exceeding capacity available Insufficient staff to deliver service Turnover Vacancies Staff absences - sickness; maternity; training etc Controls in place: Annual staff survey and delivery of improvement plans - Trust-wide and local plans - Staff morale feedback - best in class and 8th nationally for all NHS providers Quarterly staff friends and family surveys Discussions and resulting actions from Wider Executive team meeting Appraisal rates and quality of appraisals 1:1s and team meetings Monthly quality dashboard Quality Early Warning Trigger Tool Clinical Operational Boards Freedom to Speak Up Guardian and Champions Guardian of Safe Working role in place to support junior doctors GMS survey feedback Raising Matters of Concern log Bespoke Leadership and Team Development Sessions Deloitte external review of Well-led and Care Quality Commission Inspection Feedback - last inspection report August 2019 - Outstanding for Well-led Back to the Floor feedback, discussions and resulting actions Live Life Well Activities Staff Side Chair - confidential helpline in place Corporate Induction and local induction systems and processes Bi-annual workforce reviews Daily Incident Management Team meeting Daily sitrep Digital Q&A sessions put in across all Divisions - first set taking place week of 6th April 2020 Detailed FAQs regularly shared with all staff JCNF Formal meeting structures Regular contact with Staff Side Chair			
Progress update: [Pisani, Anita 16/10/20 17:26:51] Risk to stay at 12. Individuals/teams feeling covid fatigued and weary. Lots of actions/mitigations in place. Staff survey has now been launched. Discussions held at wider exec around having local conversations around the NHS People Promise and support to staff.					

Risk ID: 3167	Risk owner: Winn, Matthew	Risk handler: Winn, Matthew	Risk Grading:		
Directorate: Trustwide	Date recorded: 11/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 01/02/2021		Initial:		12
Clinical Group: Trust Wide	Risk committee: Board		Current:	Possible - 3	Major - 4 12
Risk Title: System planning			Target:	Unlikely - 2	Major - 4 8
Principle Trust Objective: Be a sustainable organisation, Collaborate with others		Source of Risk: External assessment	Risk level Current: High		Last Review Date: 14/10/2020
Risk description: As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation			Significant Hazards: 1. national Policy to move to "system by default" 2. Provider financial health is more directly linked to the financial health of the "system" 3. Cambs/Pet has the one of the largest financial deficit in the NHS		
Progress update: [Hawkins, Rachel 14/10/20 14:38:31] System engagement continues across all STP footprints. External Trust stakeholder map updated at the Board in September. Stakeholder map being developed for PoW redevelopment, a Trust major capital development.			Controls in place: 1. The Trust has spread its income and expenditure base across two STP footprints to more readily reflect its regional footprint 2. the Trust to play its full part in the service areas of MSK and Children in Cambs/Pet - but nothing else 3. full stakeholder relationships and executive visibility in place to influence the relevant decisions being made		

Risk ID: 3166	Risk owner: Howard, Kate	Risk handler: Howard, Kate	Risk Grading:		
Directorate: Trustwide	Date recorded: 10/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 31/03/2021		Initial:		4
Clinical Group: Trust Wide	Risk committee: Board		Current:	Unlikely - 2	Major - 4
Risk Title: There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fu			Target:	Unlikely - 2	Major - 4
Principle Trust Objective: Be an excellent employer, Provide outstanding care		Source of Risk: Risk assessment	Risk level Current: High		Last Review Date: 11/11/2020
Risk description: There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards		Significant Hazards: A number of factors (some of which are listed below) could combine which would then result in poor patient experience and increased patient safety incidents. (This will also negatively impact on compliance with regulatory standards) - Staff absence at work due for a variety of reasons including sickness - Limited availability of staff in certain professional groups ie specialist professions which are nationally difficult to recruit to - Staff lack of understanding of what constitutes delivery of outstanding care and their role within that. new hazard identified - Covid19 pandemic requiring new ways of working Controls in place: Relaunch of 'Our Quality Improvement Way' Rolling Peer Review Programme outcomes triangulated with annual service CQC self assessments Quality Early Warding Trigger Tool monthly completion by all teams Quality reports to Clinical Operational Boards and Board Bi annual Workforce review to Board (May and November Public Boards) Back to the floor programme continues - summary taken to Wider Exec Team Ongoing annual CQC Inspection cycle which now includes staff focus groups and Inspector attendance at key meetings ie Board Staff feedback (including staff survey) Whistleblowing and raising Concerns processes well embedded with report to Board x 2 (Chief Executive report) and annually from freedom to Speak Up Guardian reports Clinical audit programme - reports to Clinical Operational Boards and Quality Improvement and Safety Committee Patient and Staff feedback mechanisms ie FFT Patient Stories to Board Internal audit programme (Quality elements) Improvement plan for the CQC identified 'Areas for Improvement' August 2019 Establishment of trust wide 0-19 services clinical leads group - This group feeds into the trust wide quarterly Children's services group Oversight of actions at Wider Exec group Quality Data continues to be regularly triangulated with Workforce information at Service, Clinical Operational Board and Board level Major Incident management process invoked with daily trust wide sit rep meetings including escalation of issues ie staffing, IP&C, maintenance of essential services. Robust Major incident governance structure in place with daily Situation reporting of staffing, incidents, risks and PPE situation. new control - IP&C Board Assurance Framework initial self assessment undertaken and presented to Trust Board - will be monitored monthly by IPC Huddle and at each IPC Committee			
Progress update: [Howard, Kate 11/11/20 16:05:04 Risk reviewed remains unchanged.					

Appendix 2 – Strategic Risks and Operational Risks 15 and above

Risk ID: 3120	Risk owner: Williams, Mrs	Risk handler: Williams, Mrs Augustina	Risk Grading:		
Directorate: Luton Community	Date recorded: 23/12/2019			L	C
Specialty: Children Services (Luton)	Anticipated completion date: 23/05/2021		Initial:		
Clinical Group: Children's Community Paediatrics - Edwin Lobo (Luton)	Risk committee: Bedfordshire & Luton Clinical Operational Board, Children's and Young People Clinical Operational Board		Current:	Almost Certain - 5	Moderate - 3
Risk Title: Service Capacity within Luton Community Paediatric Service			Target:	Likely - 4	Moderate - 3
Principle Trust Objective: Provide outstanding care		Source of Risk: Meetings	Risk level Current: Extreme		Last Review Date: 22/10/2020
Risk description: <p>There is a risk that delays for initial assessments and follow up appointments will continue, leading to continued 18 week RTT breaches and CYP and family delays. There is a risk of protracted delays for Children requiring ASD/ ADHD assessments due to the limited face to face appointments for routine requirements. The COVID-19 pandemic has exacerbated service capacity challenges due to locum staff leaving, remote working limiting the volume of clinical slots and some specialist assessments required face to face (limited by social distancing) and staff self-isolating due to Track & Trace or sickness.</p>			Significant Hazards: <p>Covid 19 causal factors are as follows: - Covid 19 restrictions have limited the locum staff available and minimised face to face consultations leading to increased waits and new waits for Children requiring routine physical assessments. - Due to excessive demand the roll out of IT equipment has not matched the service requirements, limiting mobile working options. - Covid 19 impacts have delayed the business case for recurrent funds being considered by commissioners. Non Covid related factors: - Increased time required for the management of complex cases - Thresholds within the system drive stakeholders to seek medical diagnosis for children's to access support as opposed to being needs led. - Service capacity does not currently match demand (Service demand has increased since April 2013 approx. 150 referrals/ month to 400 / month). Controls in place: - Clinical Service manager and Clinical lead have agreed and implemented a clinical prioritisation method. - 2 Consultant posts are currently advertised along with a further registrar position. - Staffing resource has been sourced for ADOS assessments, however Covid restrictions limit the pace backlogs can be addressed. Adaptations to ADOS are currently being scoped. - Staff shielding have been identified to IT for equipment they require to work remotely. There is currently insufficient IT resource to provide this within a timely manner. - IT prioritisation is now in place for hardware roll outs. - Targeted locums are being sourced to increase service capacity, including a potential locum starting in August. - A comprehensive demand & capacity model has been submitted to commissioners with funding requirements to fully resource the service. - Joint communication from all stakeholders is planned to CYP and families detailing the system delays, rationale and plan. - Team colleagues are fully involved in the improvement plan and being listened to... informing the improvements. - Leaders are reflecting on styles and approach, including staff perceptions to improve overall morale. - Programme of Service Redesign in place.</p>		
Progress update: <p>[Williams, Augustina Mrs 22/10/20 15:28:09] Service position/ Trajectory paper drafted for sharing with system partners. Current RTT waiting times: average 32 weeks (29-46 weeks); 472 children waiting without an appointment; 276 breaches. Speciality Dr shortlisted for interview; no applicants for 2.0 wte Consultant posts- post to be put out to advert again.</p>					

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	That our patients are protected from abuse and avoidable harm.	90% patient safety incidents reported in period are no/low harm	75% patient safety incidents reported in period are no/low harm	50% patient safety incidents reported in period are no/low harm	25% patient safety incidents reported in period are no/low harm
		No never events reported in any service.	Adequate progress on action plans for previously reported Never event .	Never Event occurred in one service.	Never Event occurred in two or more services. Or similar Never Event occurred in the same service.
		Evidence of lessons learnt from Serious Incidents	Adequate progress on action plans for previously reported SI.	SI occurred in two or more services and process is behind SI timeframe for investigation	SI occurred in two or more services with no or minimal evidence of action plans being implemented.
		staffing pressures are adequately controlled with minimal impact on service delivery	staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures	staffing pressures resulting in reduced service delivery and no commissioner agreed plan or internal service plan in place	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
		No outbreaks of covid19 due to nosocomial transmission in any service	One outbreak of covid19 due to nosocomial transmission within our services	Two or more outbreaks of covid19 due to nosocomial transmission within our services	Multiple outbreaks identified in our services attributed to nosocomial transmission

		staff flu vaccination compliance at or above plan	staff flu vaccination compliance below plan but at same level or improved on last year	Staff flu vaccination compliance below plan and below last year's level with an action plan in place	staff flu vaccination compliance below plan and below last year's level with no action plan in place
		All service changes have a quality impact assessment and equality impact assessment in place.	Majority of service changes have a quality impact assessments and equality impact assessments undertaken	Some service changes have a quality impact assessments and equality impact assessments undertaken	No quality impact assessments or equality impact assessments have been undertaken for services that have changed
		IPAC Assurance Framework completed and all requirements in place.	IPAC Assurance Framework completed with a plan in place to ensure any gaps identified are addressed.	IPAC Assurance Framework completed but no plan in place to address identified gaps.	IPAC Assurance Framework not completed.
		All services and staff have access to at least 1 week's supply of appropriate PPE.	Less than 1 week's supply of any essential element of PPE but mitigation in place	Less than 1 week's supply of any essential element of PPE and no mitigation in place	no stock of 1 or more items of PPE and no mitigation in place

Domain	Assurance being sought	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Caring	Do our services involve and treat people with compassion, kindness, dignity and respect?	Friends and Family Test scores are more than 90% with no more than 2% of services below the score.	Trust wide Friends and Family Test scores more than 90% with no more than 5 % of services below this score	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	Friends and Family Test scores more than 90% in less than 75% of services
		Number of complaints and informal Complaints are within the expected variation	Number of complaints and informal complaints above mean but within upper control limit.	Number of complaints and concerns above upper control limit for both months reported.	Number of complaints and concerns above upper control limit for last four months
		95% of all complainants offered local resolution within 4 days.	85% or more of all complainants offered local resolution within 4 days	50% or more of all complainants offered local resolution within 4 days	25% or less of all complainants offered local resolution within 4 days
		Clear evidence of caring and compassionate care is contained within the patient story.	Issues raised in patient story about manner of staff and action plan in place to address issues	Issues raised in patient story about manner of staff and no action plan in place to address issues	Issues raised in patient story at previous Board about manner of staff and no action plan in place to address issues

* Compliments received to be developed for September

Domain	Assurance being sought	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Effective	That people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	- mandatory training and supervision 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	- 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	- mandatory training and supervision is 74% or less of target levels or 3 or more services are more than 5 % below target
		-appraisal rates are at or above target levels	- appraisal rates at or above target levels across 90% of services and remaining services are no more than 5% below target	- appraisal rates at or above target levels across 80 % of services and no more than 2 services are more than 5% below target	- appraisal rates at or above target levels across 79 % of the Trust and 3 or more services are more than 10% below target
		- rolling sickness rates are within average and no higher than the NHS England rate for Community Trusts -stability figures at or above target levels	-rolling sickness within control total but show an increase for last 6 months -stability figures within control total but show a decrease for last 6 months	-rolling sickness above upper control total for both months reported - stability figures below lower control total for both months reported	-rolling sickness outside upper control total for last four months -stability figures below lower control total for last four months
	Research	95% of all CRN portfolio studies are scoped for viability against Trust services.	75 % of all CRN portfolio studies are scoped for viability against Trust services.	50% of all CRN portfolio studies are scoped for viability against Trust services.	25% of all CRN portfolio studies are scoped for viability against Trust services.

		- All four local equality delivery system objectives are on track for delivery and this is evidenced through robust plan of work	- Majority of local Equality Delivery System objectives on track for delivery and this is evidenced through a robust plan of work	- Local Equality Delivery System objectives in place but no plan in place to ensure that the Trust meets these	-No local Equality Delivery System Objectives in place
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* Outcomes/delivery of commissioned contracts – to be developed for September

* Quality/continuous improvement work to be developed for September

Domain	Assurance being sought	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Responsive	Are Trust Services responsive to patients' needs?	- all consultant-led services meet 18 week referral to treatment target	- the Trust average across all relevant patients in consultant-led services is up to 1% below the 18 week referral to treatment target	- the Trust average across all relevant patients in consultant-led services is between 1 and 3% below the 18 week referral to treatment target	- the Trust average across all relevant patients in consultant-led services is more than 3% below the 18 week referral to treatment target
		95% or above of all complaints responded to within timeframe and there is evidence of actions being implemented.	90% or above of all complaints responded to within timeframe and there is evidence of actions being implemented.	75% or above of all complaints responded to within timeframe and some evidence of actions being implemented	50% complaint responded to outside timeframe by more than 5 days and no evidence in two reporting periods of actions being implemented
		Responsive to C19 requests: <ul style="list-style-type: none"> Implementation of guidance met required deadlines 100% on time In month sitrep submissions 100% on time 	Responsive to C19 requests: <ul style="list-style-type: none"> Implementation of guidance met required deadlines 90% on time In month sitrep submissions 90% on time 	Responsive to C19 requests: <ul style="list-style-type: none"> Implementation of guidance met required deadlines 80% on time In month sitreps submissions 80% on time 	Responsive to C19 requests: <ul style="list-style-type: none"> Implementation of guidance met required deadlines less than 80% on time In month sitreps submissions less than 80% on time

* C19 Restoration plans delivery – to be developed for September

Domain	Assurance being sought	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Well led	Are effective governance processes in place underpinning a sustainable organisation?	- income and expenditure in line with budget and any variation is not anticipated to have a detrimental impact on year end out turn against plan	- income less than or expenditure more than budget with an anticipated detrimental impact on year end out turn against plan by no more than 1%	- income less than or expenditure more than budget with an anticipated detrimental impact on year end out turn against plan by no more than 2% with no action plan in place	- income less than or expenditure more than budget with an anticipated detrimental impact on year end out turn against plan by more than 2% with no action plan in place for two reporting periods or with an anticipated detrimental impact on year end out turn by more than 5%
		- The trust processes for identifying and recovering 100% of the additional costs relating to COVID-19 are approve by NHSE / I	- The trust processes for identifying and recovering 75% of the additional costs relating to COVID-19 are approve by NHSE / I	- The trust processes for identifying and recovering 50% of the additional costs relating to COVID-19 are approve by NHSE / I	- The trust processes for identifying and recovering 25% of the additional costs relating to COVID-19 are approve by NHSE / I
		- CIP in line with plan and any variation is not anticipated to have a detrimental impact in achieving the overall efficiency savings	-CIP under plan by no more than 5% with action plan in place	-CIP under plan by no more than 5% with no action plan in place	-CIP under plan by no more than 5% with no action plan in place
		-capital spend is in line with budget and any variation will not have a detrimental impact on overall capital plan	- capital plan revised within ceiling and approved by estates committee	- capital plan revised within ceiling but not approved by estates committee	- capital plan exceeded and not approved by regulator
		- use of resources figure is a 1	- use of resources figure a 2 with plan to be a 1 by next reporting period	- use of resources figure a 2 with no plan to be a 1 by next reporting period	- use of resources figure a 2 for 2 reporting periods or a 3 or 4 for reporting period

		- agency spend controlled within Trust ceiling with no anticipated change throughout the year	- agency spend above ceiling by no more than 5% with plan to achieve overall ceiling by year end	- agency spend above ceiling by no more than 5% with no plan to achieve overall ceiling by year end	- 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%
		- strong governance evidenced of collaborations	- gaps in evidence of governance of collaborations	- gaps in evidence of governance of collaborations for two reporting periods	- breakdown in governance of one or more collaboration involving chair or chief executive for resolution
		100% of black, Asian and minority ethnic (BAME) offered staff risk assessments. All mitigation over and above the individual risk assessments in place	>90% of black, Asian and minority ethnic (BAME) offered staff risk assessments. Majority of mitigation over and above the individual risk assessments in place	>80% of black, Asian and minority ethnic (BAME) offered staff risk assessments. Some mitigation over and above the individual risk assessments in place	>70% black, Asian and minority ethnic (BAME) offered staff risk assessments. No mitigation over and above the individual risk assessments in place
		100% of staff with high risk factors to COVID19 are offered staff risk assessments. All mitigation over and above the individual risk assessments in place.	>90% of staff with high risk factors to COVID19 are offered staff risk assessments. Majority of mitigation over and above the individual risk assessments in place	>80% of staff with high risk factors to COVID19 are offered staff risk assessments. Some mitigation over and above the individual risk assessments in place	>70% of staff with high risk factors to COVID19 are offered staff risk assessments. No mitigation over and above the individual risk assessments in place

		Reduced travel mileage spend by 50% against budget	Reduced travel mileage spend by 30% against budget	Reduced travel mileage spend by 20% against budget	Reduced travel mileage spend by 10% against budget
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***Positive feedback on digital interactions to be developed for September**

SPC key

