

TRUST BOARD

Title:	Integrated Governance Report
Action:	For DISCUSSION
Meeting:	18 September 2019

Purpose:

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

The Executive Summary at Part 1 provides a visual assessment of (a) the direction of travel for achieving the Trust’s objectives; (b) the strength of assurance the report provides in relation to the Trust’s strategic risks and high scoring operational risks and (c) the level of assurance the report provides for the domains of safe, caring, effective, responsive and well led.

Part 2 provides a summary of assurance the board can take in relation to achieving each strategic objective.

Part 3 summarises performance for the reporting period.

Data is an integral part of the Report and Part 4 has 5 appendices setting out (a) the Quality Dashboard (b) Contractual performance by commissioner (c) details of strategic risks and high operational risks (d) the Assurance Framework and (e) a key for statistical process control charts

Recommendation:

The Board is asked to review the assessment of assurance set out in the Executive Summary at Part 1 and the assurance summary set out at Part 2 and satisfy itself that the information contained in the Report supports this summary.

	Name	Title
Author and Executive sponsor	Mercy Kusotera	Assistant Director, Corporate Governance
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	Mark Robbins	Director of Finance
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Outstanding Care

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Quality Performance Dashboard

Summary of monthly and quarterly reported and tracked indicators

Strategic Risks and Operational Risks 15 and above

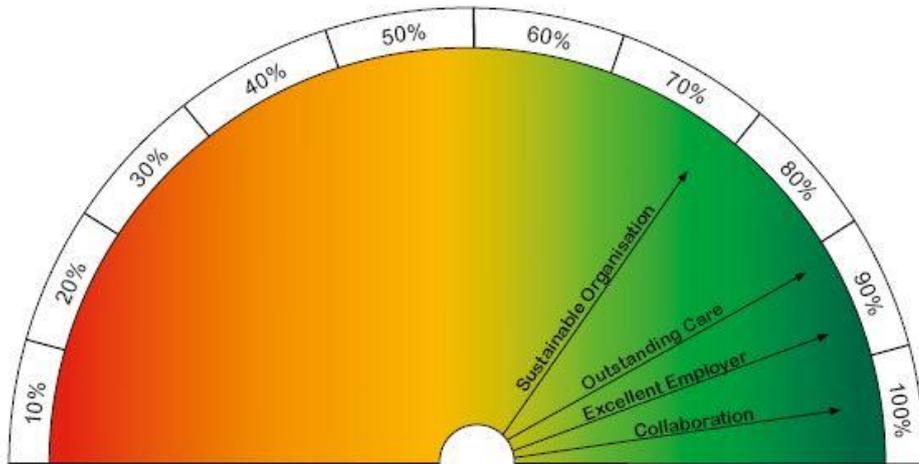
Assurance Framework

Statistical Process Control Chart Key

PART ONE

Executive Summary

1. Direction of travel for achieving the Trust's 4 objectives



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

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

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

Safe	<ul style="list-style-type: none"> Two SIs and no Never Events. No healthcare acquired infections. QEWTT scores June 5 ≥ 15; July 6 ≥ 15. Staffing pressures adequately controlled with plans agreed with commissioner for prioritising service delivery. 	Reasonable
Caring	<ul style="list-style-type: none"> Outstanding care - patient story. FFT 95.47% (target 90%). Number of informal and formal complaints within expected variance. 	Substantial
Effective	<ul style="list-style-type: none"> Mandatory training 94% (target 93%). Safeguarding supervision 90% (target 95%). Low number of Information Governance incidents. Appraisal rates at or above target levels across 90% of services and remaining services are no more than 5% below target. Sickness remains constant and within control limits. Stability has improved for past four months and is above Trust target. 	Substantial
Responsive	<ul style="list-style-type: none"> Complaints response times; 100% June and July. Consultant-led referral to treatment time above 92% target in all but one small service (one patient). 	Reasonable
Well led	<ul style="list-style-type: none"> Operating surplus £44K June and £114K July. Cash balance £10.4M (month 4). UOR 1. Strong collaboration. Significant innovation across the services. Agency spend controlled within Trust ceiling with no anticipated change throughout the year. Strong governance evidenced of collaborations - Luton Provider Alliance; Joint Partnership Board with ELFT and Partnership Board with CPFT. 	Substantial

PART TWO

Assurance Summary

Assurance Summary

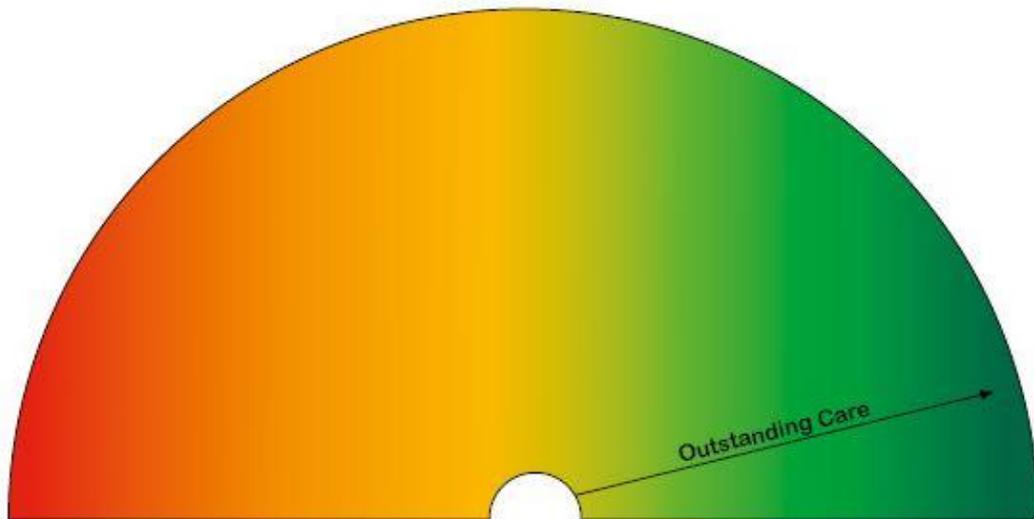
1. Provide outstanding care

1.1. In addition to the overview and analysis of performance for June and July 2019 as set out in Part 3 of this Report, the Board can take assurance from the following sources:

- Our Care Quality Commission (CQC) inspection report was published on 30 August 2019 and rated the Trust as 'Outstanding' overall and 'Outstanding' within the caring and well-led domains. This report highlights a number of areas that supports the delivery of this objective including the specific measure. Areas for improvement were identified and these are being actioned appropriately.
- Delivery of the Quality & Clinical Strategy implementation plan for all 4 priorities which support the assurance for this objective.
- Annual reports and summaries from supporting sub groups presented to the Quality Improvement and Safety Committee give levels of assurance from both internal and external sources i.e. Safeguarding (reasonable assurance) and Infection Prevention & Control (reasonable assurance).

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

1.2.1 The direction of travel for achieving the strategic objective of providing outstanding care has moved further towards full green status due to the CQC report received on 30th August.



1.2.2 The key risks to achieving this objective are adequately controlled and strong assurance can be taken from their review at Clinical Operational Boards and Wider Executive Team. Details outlined in in section 3.

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

Assurance Summary

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

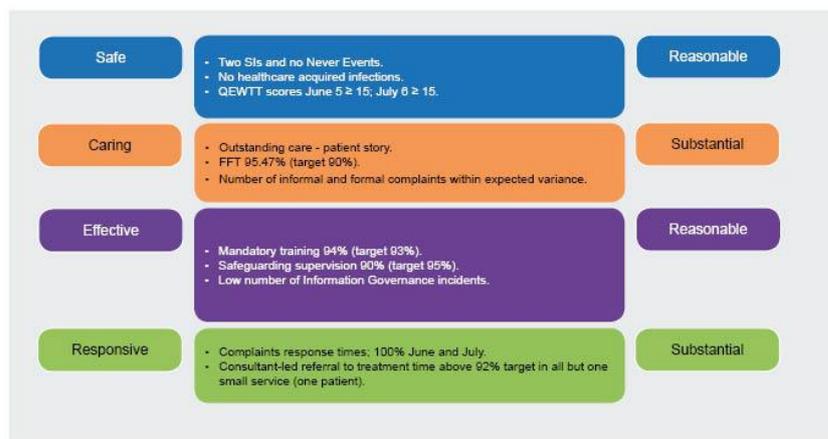
Safe – Reasonable Assurance

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

Caring – Substantial assurance due to the Trust wide CQC rating of Outstanding for this Key Line of Enquiry along with 95.47% satisfaction with our services fed back through the Friends and Families mechanism. This exceeds the target set in our Measures for this objective (90%)
The patient story shared with the Board also demonstrates outstanding caring attitudes from the service.

Effective – Reasonable assurance due to reduced levels of safeguarding supervision against target of 95% (91.53%) and level 3 safeguarding training at 90% against a 93% target. There were also a low number of Information Governance incidents reported in June and July 2019.

Responsive – Substantial assurance due to 100% of complaints responded to on time for June and July and all services met the 18 week RTT target in June – only the Luton enuresis service missed this by one patient in July. This assessment has moved from reasonable assurance in the previous report, due to the complaints performance and assurance from our Emergency Resilience and Preparedness Response self assessment. Re-establishment of our working group re EU exit planning is underpinned by assurance from our approach to the associated risks with leaving the EU with no deal in place.



Assurance Summary

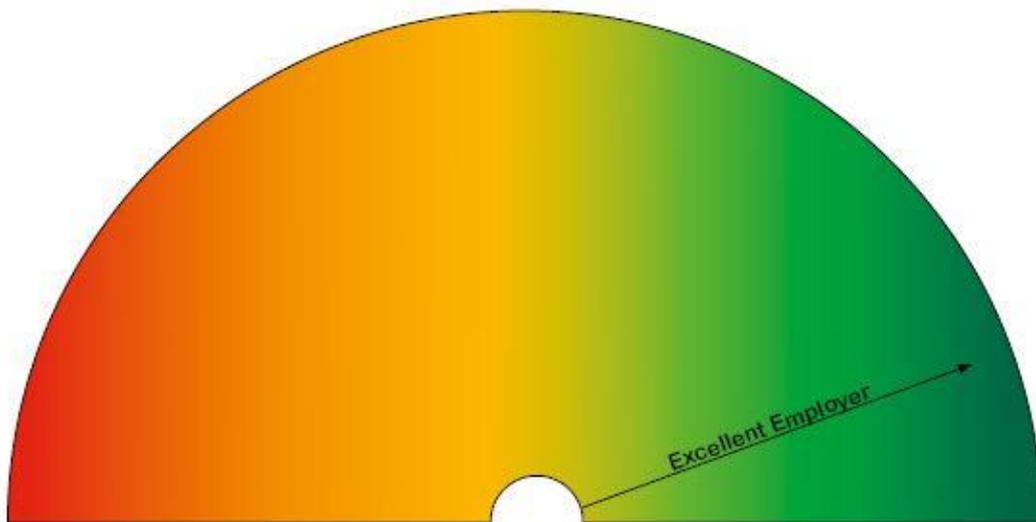
2. Be an excellent employer

2.1 In addition to the overview and analysis of performance for June and July 2019, the Board can take assurance from the following sources:

- NHS National Staff Survey 2018 results where the Trust achieved a 60% response rate and compared to all NHS Trust across the country (not just community trusts) we were:
 - In the top 10 NHS Trust in all 10 themes assessed by the staff survey.
 - Joint best performing Trust across the country for 'immediate manager; 'tackling bullying and harassment' and 'tackling violence' themes.
 - Third best performing Trust across the country for 'staff engagement' – which research and evidence base shows is aligned to the delivery of high quality care.
 - We also achieved better results in all five areas targeted for action from our 2017 staff survey results.
- Care Quality Commission (CQC) inspection report published 30 August 2019. CQC rated the Trust as 'Outstanding' overall and 'Outstanding' within the caring and well-led domains. The inspection report highlights a number of areas that supports 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.

2.2 Based on this assurance and performance for the reporting period:

2.2.1 The direction of travel for achieving the strategic objective of being an excellent employer is Green and over to the right.



2.2.2 The key risks to achieving this objective are being adequately controlled; agency spend is within Trust ceiling with no anticipated change throughout the year

Assurance Summary



2.2.3 The following domains apply to this Strategic Objective and the Board can take the following levels of assurance:

Safe: Reasonable Assurance - this is because staffing pressures adequately controlled with plans agreed with commissioner for prioritising service delivery.

Effective: Reasonable - appraisal rates are at or above target levels across 90% of services and remaining services are no more than 5% below target; sickness remains constant and within control limits; stability has improved for past 4 months and is above Trust target.

Well led: Substantial - agency spend controlled and within Trust ceiling with no anticipated change throughout the year.



Assurance Summary

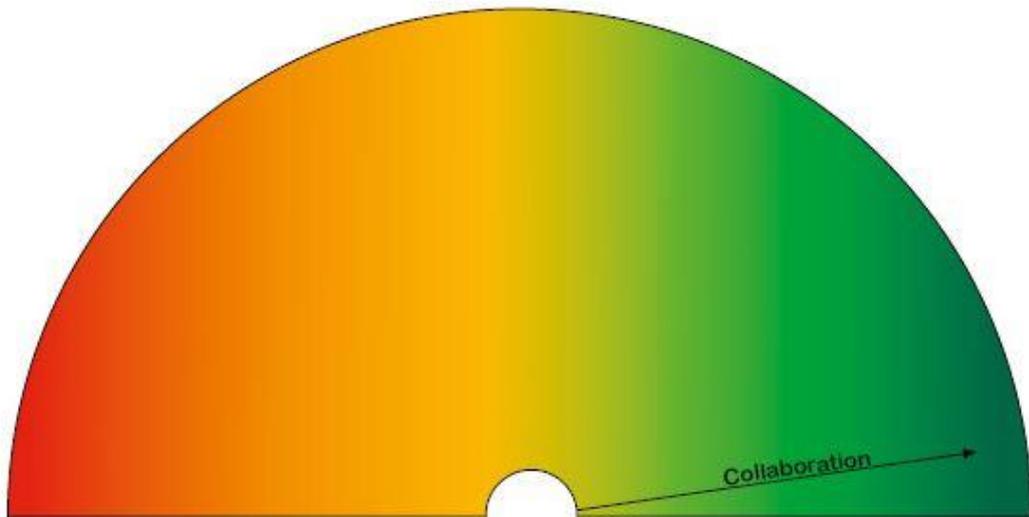
2 Collaborate with other organisations

2.1 In addition to the overview and analysis of performance for June and July 2019 as set out in Part 3 of this Report, the Board can take assurance from the following sources:

- The Trust has in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust, East London NHS Foundation Trust and across the provider landscape in Luton.
- Collaboration is at the core of the Trust's research activities.
- The Trust also fully participation STP activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes and has a representation on Norfolk's Children's Board.

2.2 Based on this assurance and performance for the reporting period:

2.2.1 The direction of travel for achieving the strategic objective of Collaborate with other organisations is strongly green.



3.2.2 Accordingly the Board can be assured that the controls in relation to strategic risks set out in Part 3 of this report are effective.

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

Assurance Summary

3.2.3 The following domain apply to this Strategic Objective and the Board can take the following levels of assurance:

Well led: Substantial – strong governance evidenced of collaborations – Luton Provider Alliance; Joint Partnership Board with ELFT and Partnership Board with CPFT.



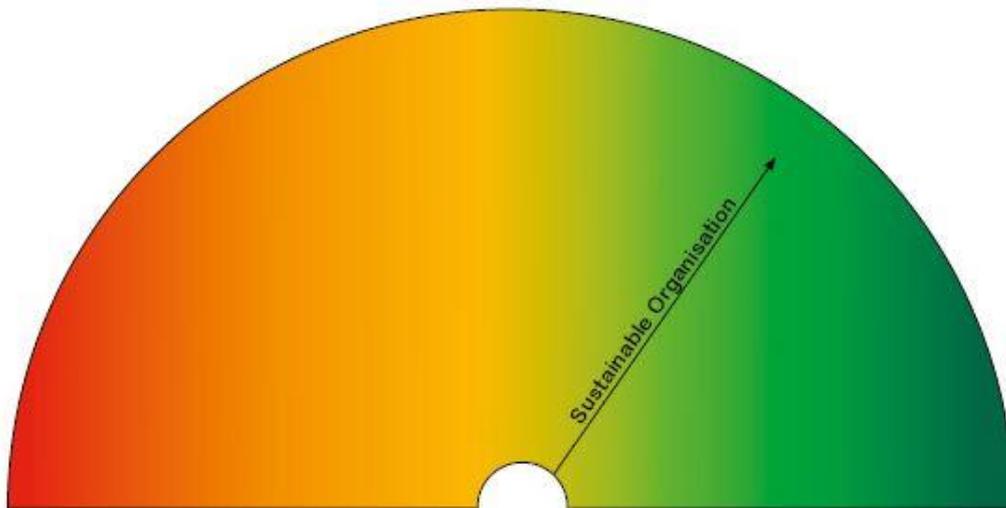
Assurance Summary

4 Be a sustainable organisation

4.1 In accordance with the Trust's Assurance Framework, the Board receives assurance from the reporting of the Trust's financial sustainability and performance from the 3 risks Strategic Risks numbers 2963, 2965 and 2966, and Clinical Operational reporting of financial performance and escalation processes.

4.2 The Trust Board will also take assurance from External Auditor's Unqualified opinion and its "Value for Money conclusion" of the Trust's 2018/19 accounts. Internal Auditor's assessments during 2018/19 provided a conclusion the Trust has an adequate and effective framework for risk management, governance and internal control. Specifically the Trust received "Substantial" assurance from their assessment of the Trust's approach to Financial Planning and Delivery, and this assessment also included review of savings delivery through QIA processes. The Trust's Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.

4.3 There continues to be year to date overspends mainly in Ambulatory Services due to funding and activity pressures, however this position has improved slightly and the Trust has further progressed a range of mitigation measures to address this overspending position to improve the future outturn position. There remains the potential for an impact overall financial performance for the year is therefore reflected in impressionistic heat map the direction of travel for achieving the Trust's objective of being a Sustainable Organisation.

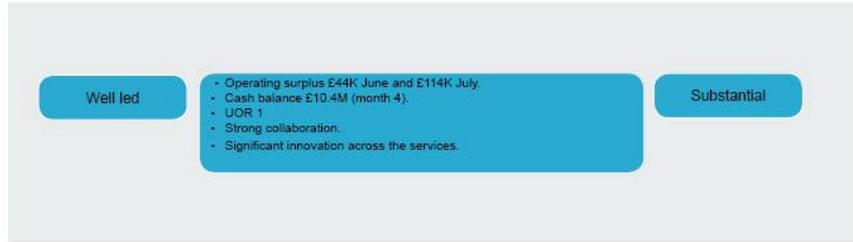


Strong	Medium	Low
Controls are suitably designed, consistently applied and effective	Incomplete assurance on controls	Assurance indicates poor level of controls

Assurance Summary

4.2.3 The following domain apply to this Strategic Objective and the Board can take the following levels of assurance:

Well led: Substantial – the Trust delivered an in month operating surplus of £44k in June and £114k in July 2019. The Trust is currently achieving an overall Use of Resources Rating of 1.



PART THREE

Performance for Reporting Period



Provide outstanding care



A: Measures for Achieving Objective

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

B: Risks to achieving objective

Strategic risks

1. **Risk ID 2971** - There is a risk that due to the complexity of system working, the Trust will not be able to deliver the agreed models of care (Risk rating 12).
2. **Risk ID 2967** - There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care Standards (Risk rating 4).
3. **Risk ID 2969** - There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce (Risk rating 8).
4. **Risk ID 2776** - There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS provider sector to drive greater provider efficiency (Risk rating 8).
5. **Risk ID 2970** - There is a risk that the Trust is unable to maintain high quality care across the organisation due to the increase number of services facing workforce challenges (Risk rating 12).
6. **Risk ID 3054** - There is a risk to the ability of the Trust to provide continuity of patient care as a result of the UK leaving the EU with no agreed deal. This could result in disruption to and delays in the supply chain for medicines, vaccines, medical devices and clinical consumables; disruption to non-clinical services provided by third parties to the Trust; fuel and food shortages; restrictions on the Trust accessing personal data; the need to implement processes to charge EU nationals for provision of clinical services (Risk rating 16).

Any operational risks 15 and above

1. **Risk ID 2915** (Luton 0-19 team) - There is a risk that we will be unable to deliver the Healthy Child Programme. This includes the early identification of children and their families in need of further support including safeguarding concerns (Risk rating 16).



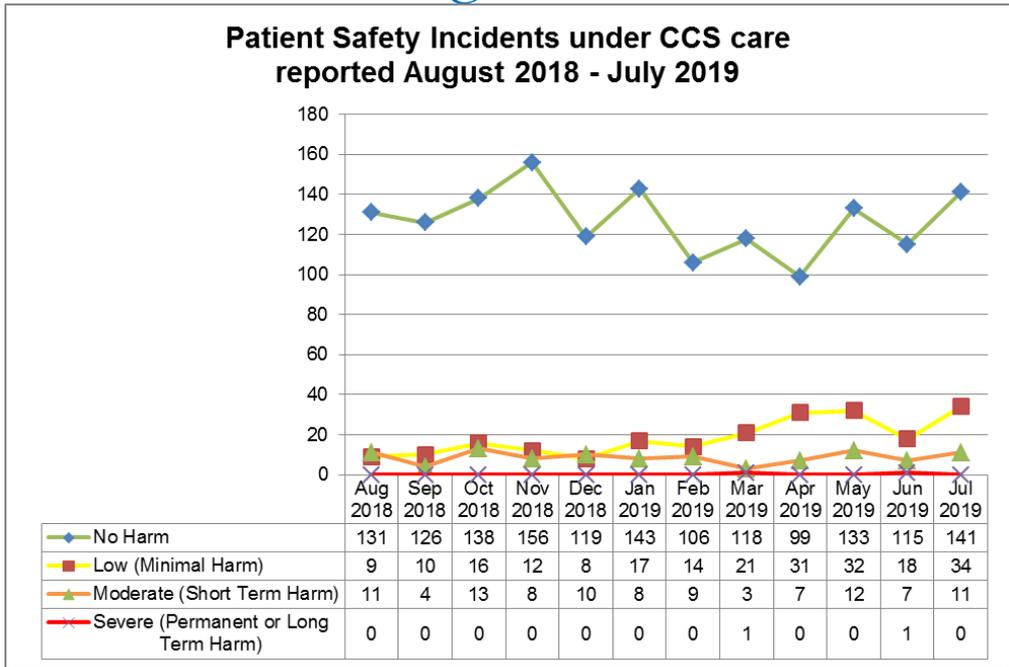
Provide outstanding care

2. **Risk ID 2830** (Luton Community Paediatrics) *There is a risk that children do not receive a medical assessment in a timely way. This leads to a risk of a child's needs and treatment not being planned and met and Trust risk of a breach in the 18 week target (Risk rating 15).*
3. **Risk ID 3051** (Luton Community Adults) - *There is a risk that the Commissioners are now requiring a greater level of saving from the Enhanced Collaborative Model of Care programme than originally required, in relation to signing off any further investment. The impact of this would be a shortfall in the CCG's anticipated QIPP Programme (Risk rating 16).*

C: Overview and analysis

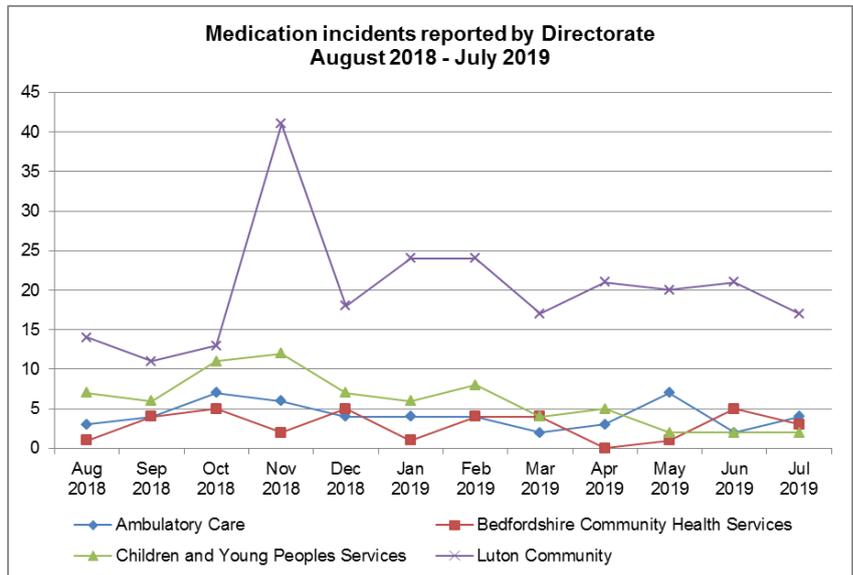
1. Patient safety incidents

- 1.1 There were two Serious Incidents (SIs) declared in June (1) and July (1). The June incident related to incorrect clinical assessment and treatment and occurred within the Bedfordshire Community Eye Service. The July incident related to a failure to escalate safeguarding concerns with the Norfolk 0-19 HCP– East locality. Both investigations are on-going.
- 1.2 One previously reported Safeguarding SI remains open (Norfolk) with closure imminent.
- 1.3 Three Root Cause Analysis (RCA) investigations were initiated in this period for the development of eight pressure ulcers (Luton Adults), catheter insertion (Luton Adults) and medication labelling (iCaSH Norwich). The initial findings discussed at Panel Meetings were that none of these incidents met the criteria for reporting as SIs.
- 1.4 The chart below highlights that patient safety incidents that occurred under our care were graded in this period as 78% no harm, 16% low harm and 6% moderate harm. All the moderate harm incidents were receiving further scrutiny (18 x Tissue Viability Nursing Team review). The severe harm incident related to the SI for Bedfordshire Community Eye Service as referenced above.
- 1.5 Scrutiny of other incidents by specialist Teams was also carried out. The Tissue Viability Nursing Team has reviewed 11 incidents relating to pressure ulcers. As all appropriate actions and assessments had been carried out, the incidents have been closed with no further actions required.



1.6 Medicine specific incidents

1.6.1 The graph shows all medicines related incidents reported. In July, 10 of these were attributable to CCS care, 90% of which were no harm.



1.6.2 The single incident rated as low harm involved a pack of antibiotics supplied from an iCaSH clinic, in which the label was inadvertently completed incorrectly. This resulted in the patient taking more than the required dose. Although this was still well within the licensed dosage range for the drug it caused the patient concern and unnecessary side effects.

1.6.3 Of the 17 incidents reported in the Luton Directorate, 14 were within the Adult Services, and just under half of these were reported by the pharmacy technicians. This is unsurprising, because their job role is to intervene when patients are found to have difficulties associated with their medicines.



Provide outstanding care



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

- 2.1 The overall harm free result was 96.5% in June but dipped to 89.4% in July (target 96%).
- 2.2 The new harm metric is more indicative of the care directly provided by our staff and this was 98.6% in June and 99.4% in July (target 98.5%).

3. **Safeguarding**

- 3.1 We are currently contributing to 16 Serious Case Reviews (children), two Serious Adult Reviews and one Domestic Homicide Review across our service portfolio. A number of these reviews are now concluded and will be closed once reports have been published. Learning is included in local Level 3 training annual updates which will be implemented from September 2019.
- 3.2 A number of services did not achieve the 93% compliance target for Safeguarding Children Level 3 training resulting in an overall trust wide rate of 90% in both June and July. This was due to a number of factors including staff sickness and service capacity challenges.
- 3.3 We have exceeded the targets for all components of Safeguarding of Adults at Risk and Prevent training.
- 3.4 Safeguarding children supervision rates have dipped in July to 91.53% (95% target). This target has not been met since April 2019. A number of staffing pressures have contributed to this position with Norfolk, Cambridgeshire and Luton 0-19 teams below compliance. Work continues to improve this position.
- 3.5 The 2018/19 Annual Safeguarding Assurance report provides 'Reasonable Level' assurance that the Trust is compliant with its statutory obligations for safeguarding adults and children, and these are holistically, consistently and conscientiously applied with the well-being of adults at risk and children at the heart of what we do.

4. **Infection prevention and control**

- 4.1 There were no confirmed bacteraemia cases of MRSA, Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during June and July 2019. We have not been notified of any positive cases of C.difficile during this period.
- 4.2 Progress continues in planning the 2019 seasonal influenza staff vaccination programme. We have been informed by the vaccine manufacturer that vaccine deliveries will be staggered during October, November and December. However, compared to last year's uptake there should be no significant risk to the Trust's vaccination programme.



Provide outstanding care



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

5.1 The chart below highlights those services with scores 16 and above for either June or July and those with improved positions from the previous reporting period:

	Team	Apr-19	May-19	Jun-19	Jul-19
Luton Children's Services	Health Visiting Luton Central	17	18	21	16
	Health Visiting Luton South	13	16	13	14
	Health Visiting Luton West	18	20	18	15
	Community Paediatrics	9	9	11	20
	Edwin Lobo Administration	3	3	3	16
Cambridgeshire Children's Services	South Locality	21	18	16	20
Bedfordshire Children's Services	Speech & Language Therapy	19*	23	21	21
	Children's Community Nursing Team	16	12	15*	18
	Eye Service	6	20	18	14
	Continence Team	8	16	12	9
Ambulatory Care	iCaSH Ipswich	8	16	9	7
		*Late return			

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

- Community Paediatrics (clinical and administrative teams). This service also has a risk rated at 15 - mitigating actions include clinical prioritisation of referrals, capacity and demand plan in place, locum support and skill mix undertaken.
- Health Visiting (Central Team) This team also has an associated risk rated at 16 due to vacancy rates and staffing challenges. Mitigation relates to the Business Continuity Escalation framework instigated at level 3 (70% staffing level). This involves changes in delivery of services for families who access Universal services. There is a proactive recruitment programme in place with one new HV and one Agency HV recently recruited. The service have also successfully recruited a number of Nursery Nurses to support delivery of the Healthy Child Programme.

5.3 Cambridgeshire South locality 0-19 team have a score of 20 due to a high level of vacancies, however the position is due to improve as they have successfully recruited 4.7 Health Visitors and two new team leaders due to start in September and a new Area manager due to start in November.

5.4 Two Bedfordshire teams reported QEWT scores over 16 (these scores were not explicitly identified in the Clinical Operational Board but service pressures were covered):

- Speech & Language Therapy reported 21 which is a downward trend from 23 and a score of 17 reported in August. A number of factors have contributed to this improved position including successful recruitment to an additional Specialist therapist covering the Luton MDT.
- Children's Community Nursing Team – scores have fluctuated from 20 -12 over recent months with a score in July of 18. This position improved to 9 in August. The improved position is due to successful recruitment of a number of registered nurses and an increase in skill mix within the team.



Provide outstanding care



6. Information governance

- 6.1 Mandatory Information Governance Awareness training remained at 93% overall due to the inclusion of bank staff in the staff count. The compliance level is below 95% in Bedfordshire, Cambridgeshire and Norfolk Children’s Services, Corporate Team and Luton Adult Services. Managers were made aware by ESR reports.
- 6.2 In June and July there were three information-related incidents reported. One concerned an envelope containing patient identifiable data being left outside; the others were wrongly addressed communications.
- 6.3 The Cambridgeshire & Peterborough Children’s & Adult’s Safeguarding Board Agreement was signed off, as was the Bedfordshire ICE¹ Agreement. Issues regarding the police’s request for Multi-Agency Gang Panel (MAGPan) sharing in Luton and Bedfordshire have been discussed with the Luton & Bedfordshire Children’s Services and it was agreed that we will not provide information from ChatHealth until the governance issues have been resolved. All requests for information should go through the Access to Records process.

7. Patient Experience

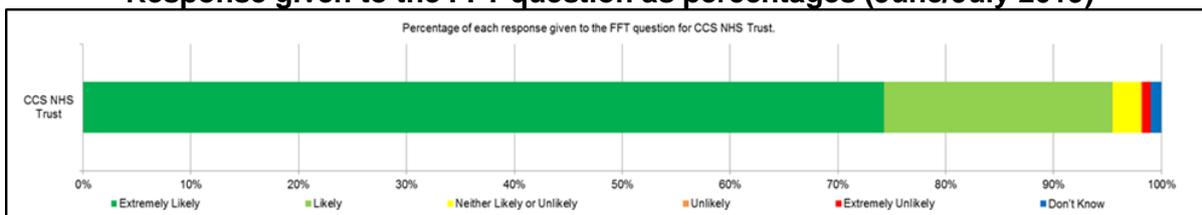
7.1 The Patient Story

7.1.1 The patient story for this Board meeting focuses on one woman's journey of being supported with her transition to motherhood by a Health Visitor from Bedfordshire Healthy Child programme. She will attend to share her experience of the support she received and to discuss how she was initially poorly informed about the role of Health Visitors and very nearly didn't choose to engage with the antenatal visit that she was offered. She believes this would have resulted in a very different outcome for her and her baby as the care she has received has enabled her to access support to improve her mental health which has in turn impacted positively upon both her and her baby's wellbeing.

7.2 Friends and Family Test

- 7.2.1 We received 1873 responses in June and 2541 in July to the FFT question from our relevant service user surveys.
- 7.2.2 The overall Trust FFT Recommendation score remained high at **95.47%**, with a 0.91% not recommend score.
- 7.2.3 Below is the percentage of responses to the FFT question for the overall Trust.

Response given to the FFT question as percentages (June/July 2019)



¹ ICE is the Trust’s pathology requesting and reporting system



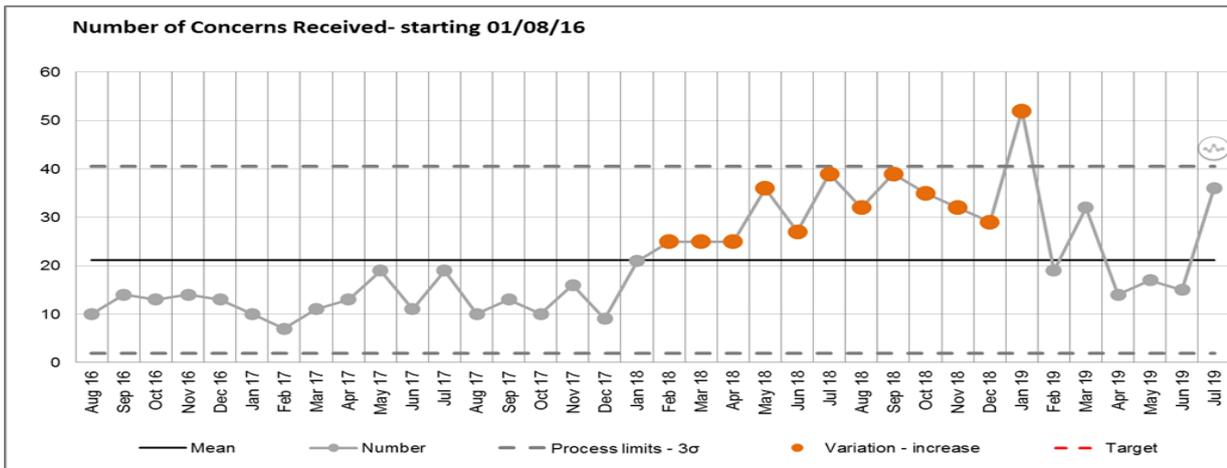
Provide outstanding care



- 7.2.4 The services we provide received 5125 positive comments on surveys and feedback forms used across the Trust.
- 7.2.5 In total, there were 6507 comments received and coded for sentiment: 79% were positive, 11% negative and 10% neutral.

7.3 Informal complaints received

- 7.3.1 The total number of informal complaints received and logged was 51 in this data period; this was within our expected variance, as shown in the chart below.



NB logging of all informal complaints started from January 2018.

7.4 Informal complaints areas of learning from those closed in June and July

- 7.4.1 During June and July our services, with the support of the Patient Experience team, were able to resolve and close 51 potential complaints. These informal complaints were resolved locally to the complainants' satisfaction. As part of the Trust's response to complaints, the teams have successfully taken on local resolution which continues to contribute to the lower number of formal complaints received. Through local resolution services are able to strengthen the rapport with those who access the services. Services have access to the complaints/PALs (Patient Advice & Liaison) leaflets which are displayed in waiting areas and online via the Trust website.

- 7.4.2 From the informal complaints closed within this period, the top two themes were Administration and Communication/Information. Of those that had the theme Administration, six related to the iCaSH express test service (process around gaining and receiving tests) which represented a very small proportion of the kits that were ordered; all were resolved in a timely way to the service users' satisfaction. The theme of Communication/Information had no cluster from any one service.

7.5 Examples of closed informal complaints and associated learning June/June

- 7.5.1 One informal complaint was received regarding the iCaSH service at Ely. The patient highlighted their difficulty in trying to make an appointment at Ely despite following the instructions on the iCaSH website.



Provide outstanding care

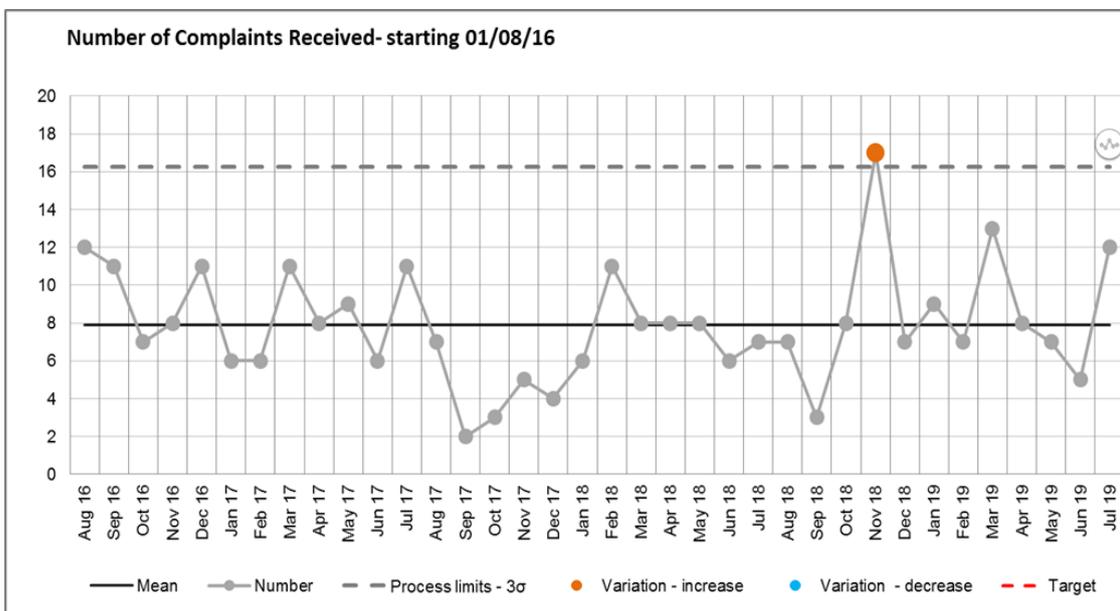


The identified actions/learning were: the investigation found that the information on the website was not clear and it was updated to reflect the process for making appointments at Ely, along with details of opening times.

7.5.2 Another informal complaint raised was in relation to the conduct of a member of the Dynamic Health reception staff who had discussed a patient's care with a family member without seeking consent or identification. The identified actions/learning were: all reception staff were reminded to confirm the identification/relationship of all those requesting information of a relative and, if not sure, to not share details.

7.6 Formal Complaints

7.6.1 The Trust received 17 formal complaints in this data period (5 in June and 12 in July). The Common Cause Variance remained constant and within limits.



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

7.7 Complaint themes / learning from complaints closed in June and July

7.7.1 Within this data period we responded to and closed 16 formal complaints.

7.7.2 From the 16 complaints responded to in this data period, 24 subjects were identified. The top two issues were Communication/Information (10) and Delays (6). Three of the Communication/Information and two of the Delays were related to the Speech and Language Therapy (SALT) service in Bedfordshire; issues related to the access to SALT provision.

7.7.3 Two of the complaints about delays related to Dynamic Health services, specifically the time taken to be seen. Learning from the MSK complaints relating to delay included:



Provide outstanding care



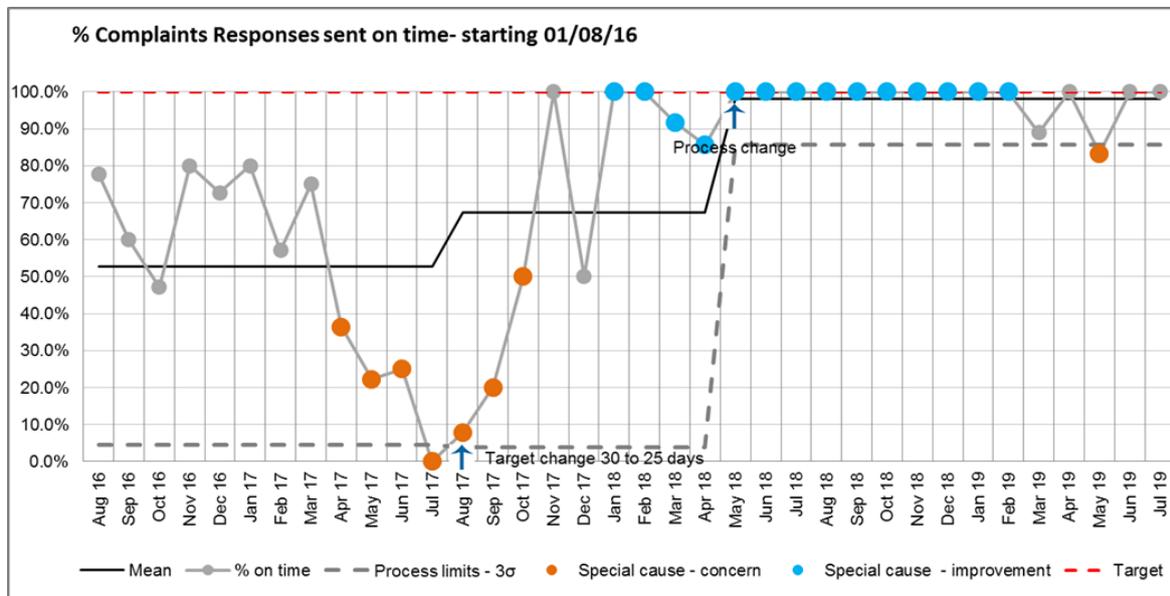
- 7.7.3.1 Clinicians should be notified of all urgent cases to ensure that are able to prioritise their diaries.
- 7.7.3.2 Staff should clearly communicate to patients that waiting times fluctuate and the reasons for this.
- 7.7.3.3 Staff should ensure that patients understand that they can contact the service directly within six months and the process for doing this.

7.8 Complaint response times

7.8.1 We continue to meet the Trust’s agreed response times to formal complaints.

7.8.2 In this data period we responded to 16/16 (100%) formal complaints on time (9 in June and 7 in July).

7.8.3 The graph below shows the percentage of responses sent on time from 2016 – July 2019.



8. Access to our services including RTT

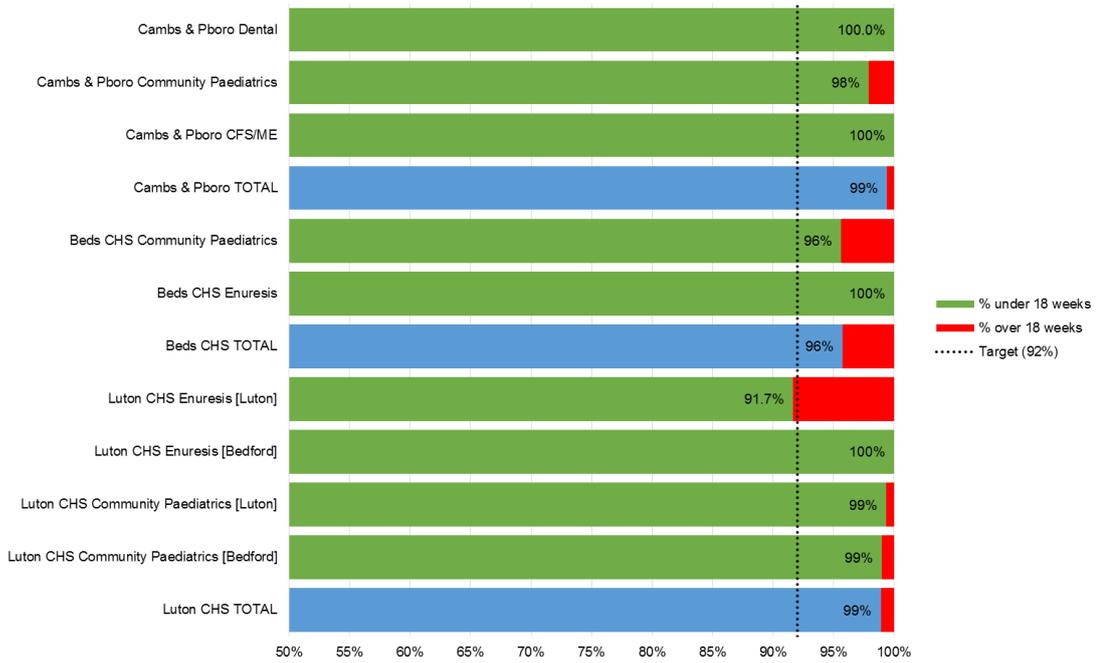
8.1 Overall Trust compliance with the consultant-led access to our services exceeded the target of 92% at 99%. The chart below shows that the Enuresis service in Luton achieved the 92% in June but missed by one patient out of a total of 12 waiting to be seen in July resulting in compliance of 91.7% .



Provide outstanding care

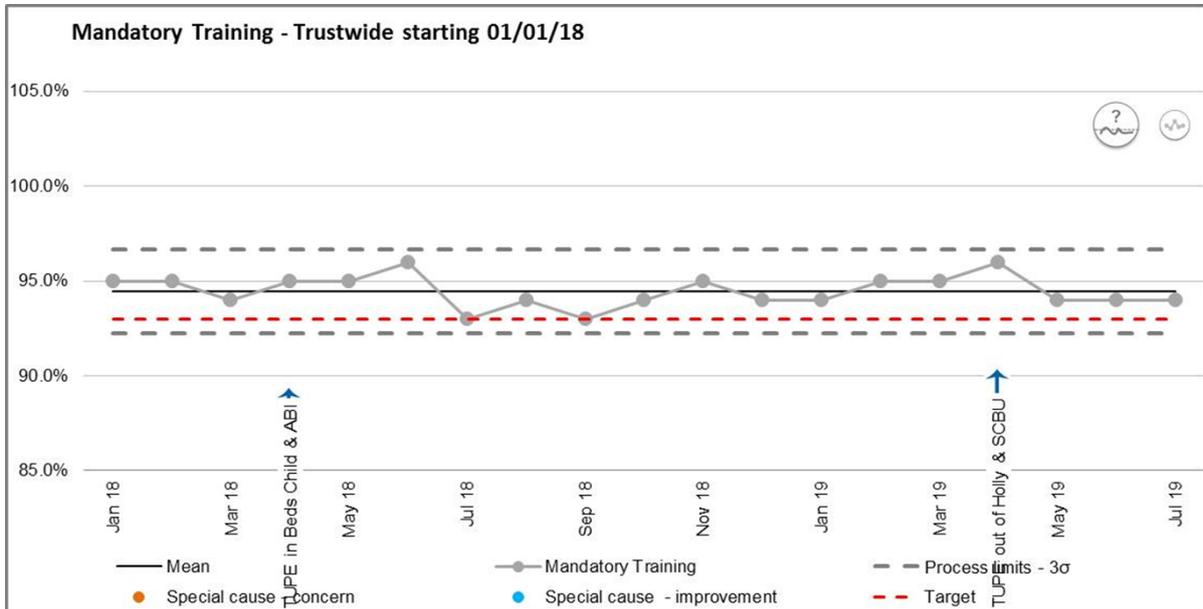


Consultant-led service open clocks currently waiting less than 18 weeks [target 92%]



9. Mandatory training

9.1 Overall mandatory training compliance remained above Trust target in June and July; both months achieving 94% against the Trust target of 93%.





Provide outstanding care

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

10.1 Bedfordshire 0-19 HCP

- 10.1.1 Successful introduction of Continence Champions (Nursery Nurses) to deliver an enhanced level of care. The impact has been a significant reduction in children waiting for assessments and treatment i.e. referrals for bowel assessment reduced from 12-14 weeks to 3 weeks in 4 months.
- 10.1.2 Free to Feed was launched as a campaign to promote that babies should be free to feed anywhere – promotional material has been produced for social media and a film has been made available to GP surgeries, children's centres and public facilities.
- 10.1.3 Breastfeeding support in the early days – joint working initiative with Bedford Borough Council's Children's Centres offering early support with infant feeding including telephone contacts, help from our Breast Feeding Buddies and invites to attend local Breast Feeding Brasseries.

10.2 Bedfordshire Nutrition and Dietetics Children's Service

- 10.2.1 The Dietetics team have started Milk free Starting Solids groups (Luton and Bedfordshire) are receiving positive feedback from parents, with a minimum of 4/5 score (mostly 5's for all participants). Great attendance at the groups with positive comments from evaluation forms
- 10.2.2 The Speech and Language Facebook page now has 2,700 followers and is now in the top 5 of Speech and Language Therapy Facebook pages.

10.3 Luton 0-19 Children's Services

- 10.3.1 The Free to feed campaign above in 1.1.2 is also across the Luton locality and has been featured on ITV Anglia News and BBC Bedford's Bumps to Babes – this initiative is being delivered in partnership with Children's Centres and has received very positive feedback

10.4 Luton Specialist Children's services

- 10.4.1 The Children's Rapid Response Team has been nominated and shortlisted to receive an award in the Team Innovation Category of the Zenith Global Health Awards for their achievements, dedication and commitment to upholding excellence in healthcare.
- 10.4.2 The improved performance in Community Paediatrics is excellent compared to July 2018 when the referral to treatment wait was 44 weeks as compared to 13 weeks in July 2019. There are also no overdue review appointments which was 50% a year ago.
- 10.4.3 The New Born Hearing Screening Service has been nominated and short listed for the CCS staff team award having consistently met KPIs without



Provide outstanding care



exception for the last two years. This is incredibly positive and occurs despite challenges on the Post Natal wards.

10.4.4 The Children's Epilepsy Service was nominated for a national award for the delivery of the virtual clinics which are delivered to older children approaching transition via SKYPE. This model has been very popular and increased levels of independence. This Service has also delivered an information and education session, co-produced with the mothers of children with Epilepsy in the South Asian Community of Luton specifically aimed at fathers to help them understand how best to support their children.

10.5 Cambridgeshire 0-19 service

10.5.1 A successful pilot of the new ante-natal education programme has been completed in Fenland (Wisbech). Service user feedback was very positive and planning is taking place with partners to agree the roll out of the programme to the wider geography.

10.5.2 The web based texting, based upon Chat Health functionality is due to go live for parents across Cambridgeshire and Peterborough on 16 September 2019.

10.6 Cambridgeshire Specialist Children's services

10.6.1 Two feature articles in 2 clinical psychology publications (international coverage) – G. Gómez de La Cuesta.

10.6.2 Feature coverage on BBC Documentary – BBC Richard Westcott - '*Inside Out*' on CMV - Tamsin Brown - airing 2 September 2019

10.6.3 Awards Submission – Occupational Therapy 'team within a team' for a '*Forward Healthcare Award – Specialist Services*'.

10.7 Norfolk Children's services

10.7.1 Digital success with Just One Norfolk - Annual review of growth with some outstanding results 2018-2019 vs 2017-2018 including 587 posts, 2.3k fans and 14k clicks.

10.7.2 Awards and Coverage- Awards Submission – Teenage Parents Pathway for the 'Family support Award - CYP Now awards' – shortlisting in September, awards in November.

10.7.3 Awards Submission – JustOneNorfolk.nhs.uk launch campaign for 'Excellence in Communication & Engagement – Forward Healthcare Awards' – shortlisting in August, awards in September.

10.7.4 Just One Norfolk – partnership with Norfolk Pharmacies to develop the new 'Just One Norfolk QR code laminates'. These are now available in all of Norfolk's (160) pharmacies providing immediate and easy links into the



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digital platform for families. On request of the Acute Trusts these have also now been shared in all A&E and CAUs and there is now a planned roll out to dentists, GPs and libraries for example planned for Autumn 2019.

10.8 Dentistry

- 10.8.1 Thomas O'Connor, Dentist, presented at the BDA Conference in Birmingham in May on general anaesthetic treatment for dental patients: standards, guidelines and quality improvement. He also won the "Most Amazing Professional" Category of Ely Hero Awards 2019. This award is to recognise a professional in the community who really makes a difference and goes above and beyond.
- 10.8.2 Professor Tim Briggs, national lead for the Getting it Right First Time (GIRFT) initiative, who met with some of our team at Brookfields. The GIRFT programme to date has focussed on acute services so the visit will help to scope out how it could be embedded in community services.
- 10.8.3 An audit of conversion rate from referral to treatment showed that 80% of all children referred for GA in Huntingdon actually have their treatment under inhalation sedation or local anaesthetic which are safer alternatives.
- 10.8.4 Centralisation of MOS admin has led to increased efficiency and consistency within the MOS Service and One telephone number for MOS patients linking to the admin hub means shorter waiting times on the telephone and the ability to speak to MOS admin rather than a clinic receptionist. The availability of this number has been increased to allow patients greater access in contacting the service.
- 10.8.5 Purchase of digital radiography thus reducing the paper record storage and increasing efficiency during clinical appointments.

10.9 iCaSH

- 10.9.1 The iCaSH Express service has been shortlisted in the National Healthier Lifestyles Award, one of the categories of the Royal Society of Public Health, Health & Wellbeing Awards. This award recognises the effectiveness of projects and programmes that improve the lifestyles of the most vulnerable and supports people to make healthier lifestyle choices. The winner will be announced at the RSPH awards ceremony in October 2019.
- 10.9.2 Dr Evelyn Kerr and Dr Sarah Edwards presented at the first ever Suffolk Sexual Health Conference on 25 June 2019. The aim of the day was to promote collaborative working and sharing of best practice.

10.10 MSK

- 10.10.1 Submitted two entries for the Chief Allied Health Professions Officer (CAHPO) Awards 2019 - AHP Quality Improvement for our understanding pain class research and AHP Quality Improvement award for our service redesign. Unfortunately we were not shortlisted.



Provide outstanding care



- 10.10.2 Sarah Saul and Jenny Van Maurik presenting at East of England Chartered Society of Physiotherapists event - 'Implementation and delivery of MSK First Contact Physiotherapists at Granta Medical Centre' Dynamic Health continues to lead the First Contact Physiotherapist pilot at Granta and is increasing its work with Granta/CUHFT/CCG to look at scaling up this service and also be involved in further pilots in 19/20. Funding and future contracting of pilots going forwards is under discussion.
- 10.10.3 Suzanne Rastrick (CAHPO) visited Cambridgeshire on 9 and 10 July to launch the AHP strategy for Cambridgeshire and Peterborough

10.11 **OZC and ECHIS**

- 10.11.1 In June Prof Barbara Wilson (OZC Founder) and Kate Psaila both gave presentations at the World Federation of Neurological Rehabilitation international conference in Granada.
- 10.11.2 Look East visited the Oliver Zangwill Centre to hear about the amazing difference our staff make to people living with brain injury (Narratives of these patient stories on OZC website)
- 10.11.3 The Limburg brain/OZC focus group study has now been completed and we are due to have feedback in mid-September.

10.12 **Bedfordshire ABI and Neuro Rehabilitation**

- 10.12.1 Teams are involved in a project across BLMK funded by Health Education England, in partnership with University of East Anglia and Bridges Self-Management. The aim of the project is to deliver and evaluate a sustainable model of integrated self-management support across stroke and neurological services, using a model developed and tested by the social enterprise, Bridges Self-Management.
- 10.12.2 Working with Bedfordshire CCG to further develop ESD and the stroke rehab pathway; linking into BLMK: Stroke Action Group. Scoping the development of the ESD service to support increasing numbers of stroke patients at home rather than requiring in-patient rehabilitation.
- 10.12.3 People participation - NRT working with SK to explore how volunteers can be used to support patients who are earlier in their recovery pathway, e.g. as conversation partners. There is a challenge in recruiting the planned number of volunteers.

A: Measures for Achieving Objective

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

B: Risks to achieving objective

Strategic risks

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

Any operational risks 15 and above

1. None

C: Overview and analysis

1. Sickness

- 1.1. Monthly sickness remains constant and within limits. However, continues to be above the trust rolling target of 4% with Trust-wide levels reporting at 4.93%.
- 1.2. The Trust wide sickness rate has increased slightly this month. Of the 4.93%, 3.02% was attributed to long term sickness and 1.90% to short term sickness absence. Luton Children and Young People's Services had the highest sickness rate at 5.84% and Bedfordshire Children and Young People's Services the lowest at 3.43%. Top reason is gastrointestinal problems and work continues to reduce those absences attributed to unknown/other reasons as much as possible. 95% of sickness absence continues to be reported through self-

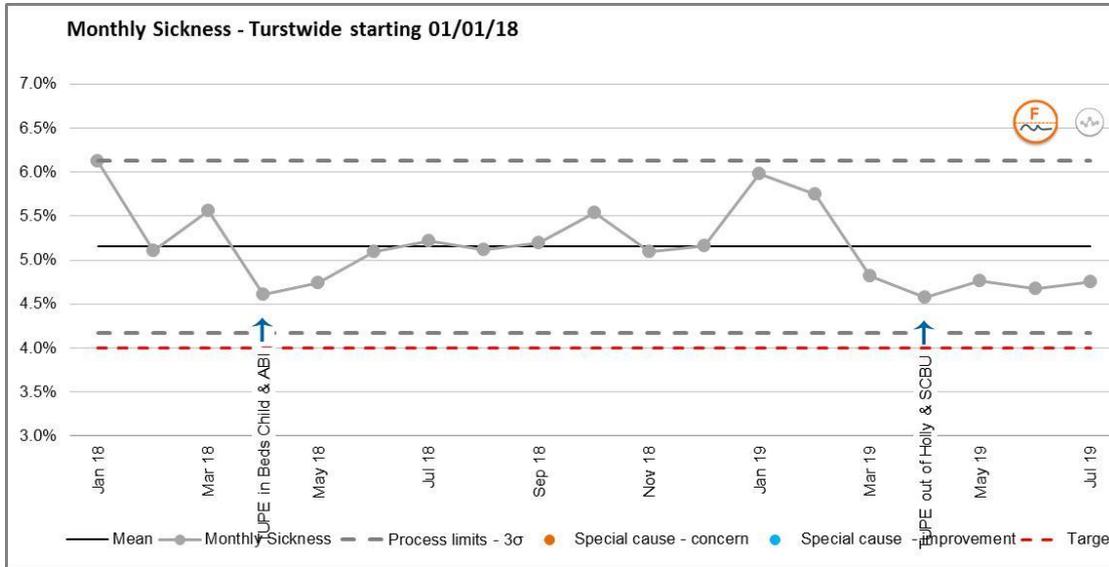


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service directly on our Electronic Staff Record (ESR).

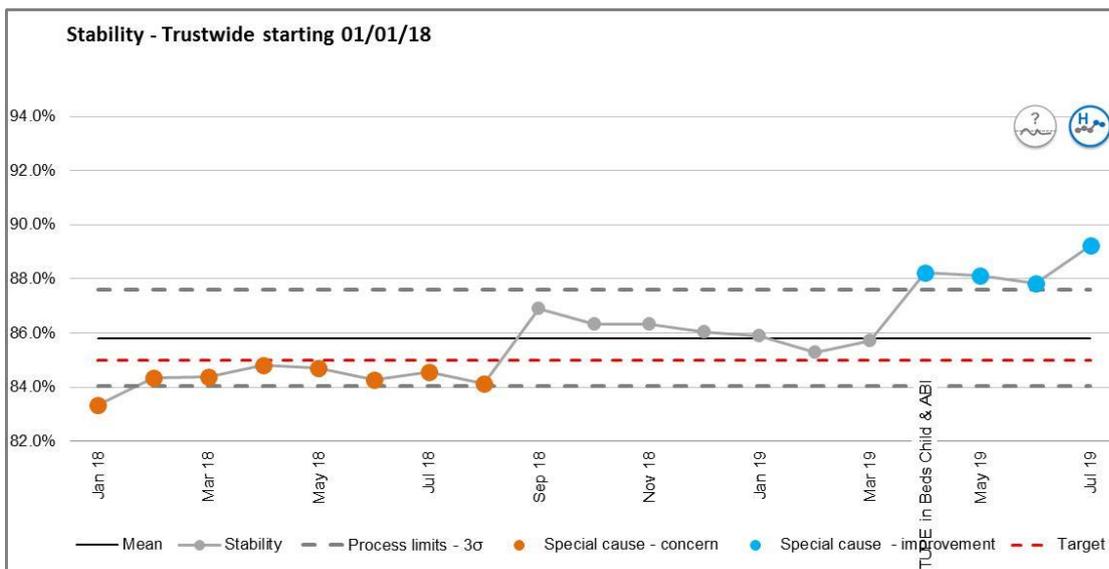
1.3. The Trust monthly sickness rate is slightly above the March 2019 benchmark reported for NHS Community Trusts (source: NHS iView) which was 4.4%.



2. Stability

2.1. The following shows the monthly stability rate (percentage of employees employed over 1 year) – June: 87.83%, July: 89.29% against our Trust target of 85%. This compares favourably to a stability rate of 84.3% for NHS Community Provider Trusts for ‘all employees’ (Source: NHS iView April 2019).

2.2. Stability rates for the Trust are based on the ‘permanent’ workforce (i.e. those employed on a current fixed-term contract of less than one year are excluded).





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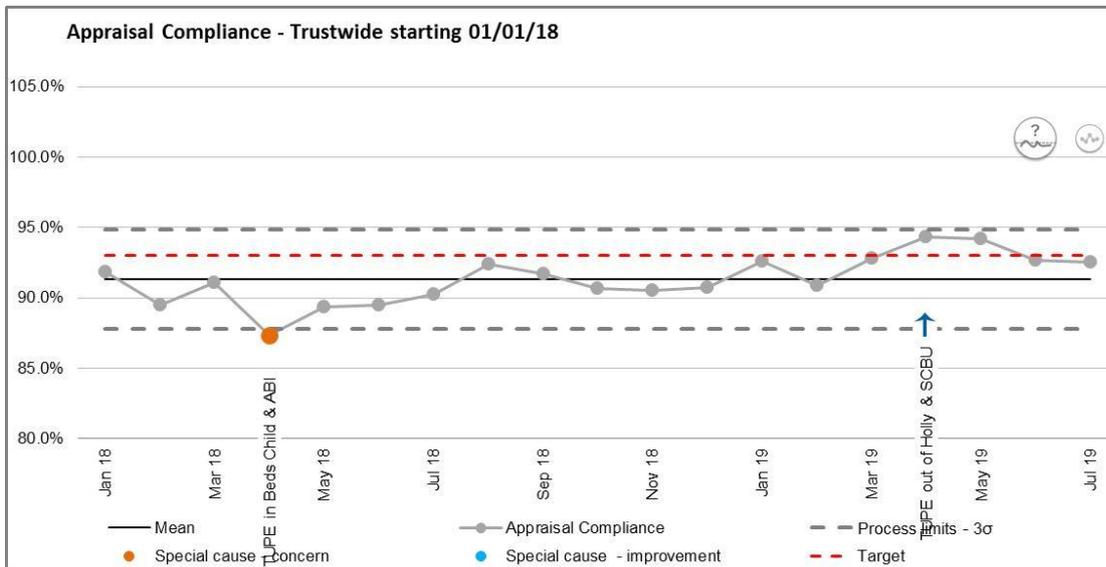


3. Appraisals

3.1. The following shows the percentage of available employees with a current (ie: within last 12 months) appraisal – June: 92.69%, July: 92.55% which is slightly below the Trust-target of 93%. New starters are given an appraisal date 12 months from date of commencement.

3.2. The Trust-wide rate has decreased slightly this month. Cambridge and Norfolk Children and Young People’s Services has the lowest rate at 89.6% and Ambulatory Care Services the highest at 96.32%. Employees who are non-compliant are sent a reminder email on a regular basis.

3.3. Appraisal compliance remains constant and within limits. Feedback on the quality of appraisals continues to be collected and pro-active appraisal training is being put on across the Trust to promote how to ensure the appraisal conversation is an effective one.



4. Staff engagement

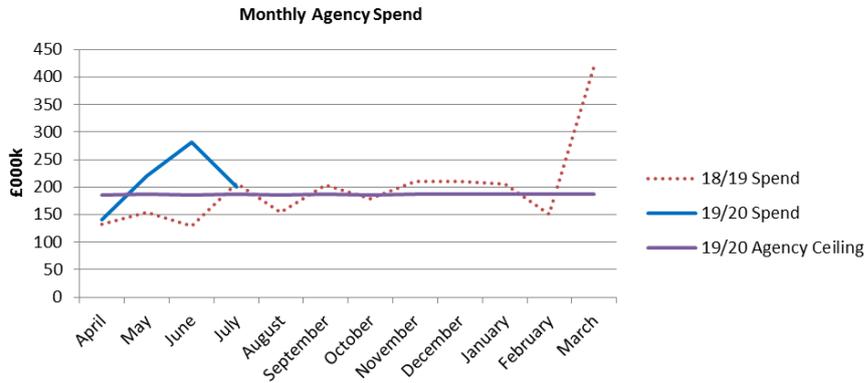
4.1. Quarter 2 Staff Friends and Family survey was completed. 91% of staff who responded would recommend the Trust as a place to receive treatment and 77% would recommend the Trust as a place to work. These levels remain high.

4.2. The Trust’s internal staff survey improvement have discussed and reviewed all feedback received as part of this survey and have incorporate any relevant improvement actions into our Trust-wide plan.

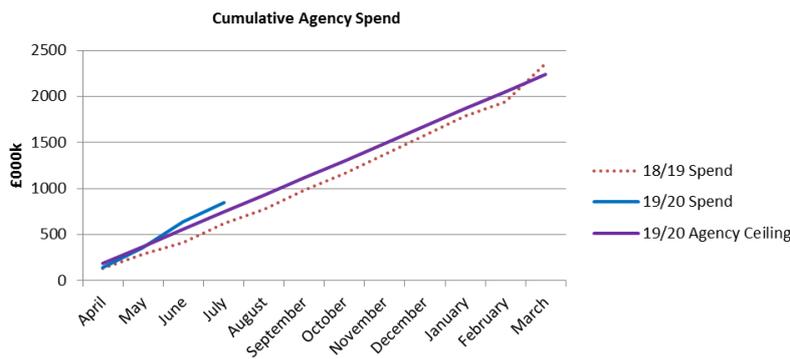
5. Agency/bank spend



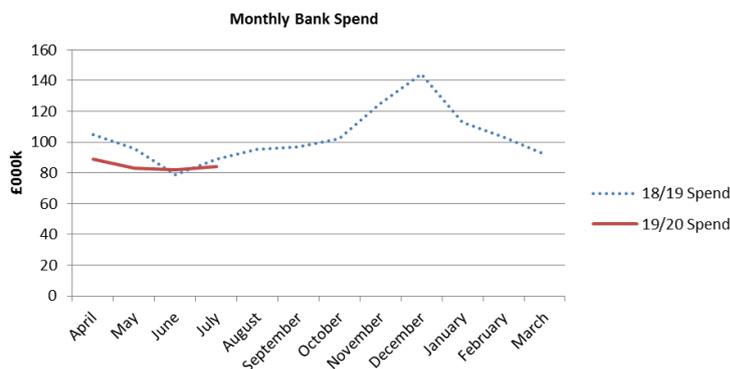
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- 5.1 To assist the Trust to remain within the agency spend ceiling, the services have the availability of bank staff to fill short term staffing pressures. Cumulative bank spend at month 4 was £338k.
- 5.2 The Trust will be implementing a weekly bank payment process to attract more staff onto the bank and improve the talent pool available to services.

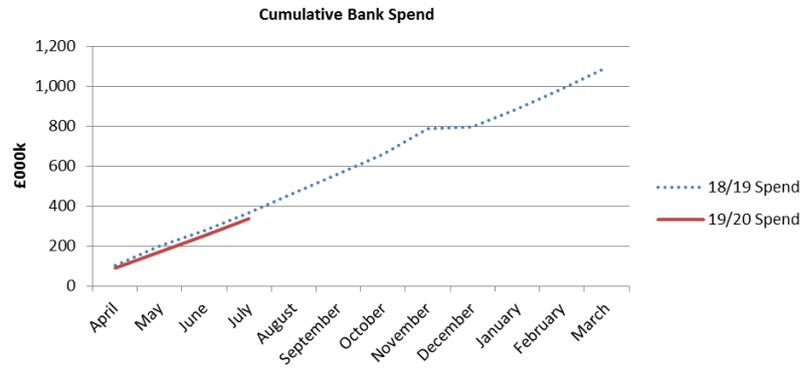


- 5.3 The Trust's agency spend ceiling for 2019/20 totals £2,240k, which was a reduction from 2018/19's ceiling of £3,040k.
- 5.4 The cumulative spend to Month 4 was £844k, against and the ceiling of £746k, but the forecast is expected to improve to be within the overall ceiling as recruitment improves.





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5.5 To enable the Trust to operate within the agency spend ceiling, the services have the availability of Bank staff to fill short term staffing pressures and vacancies. The cumulative bank spend to Month 4 was £338k.



Collaborate with other organisations



A: Measures for Achieving Objective

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

B: Risks to achieving objective

Strategic risks

1. **Risk ID 2971** - *There is a risk that due to the complexity of system working, the Trust will not be able to deliver the agreed models of care (Risk rating 12)*
2. **Risk ID 2968** - *There is a risk that the Trust will be left out of important decision making about future service/organisational configuration in areas it operates because the Trust is either a small partner in the system or not a member of the STP/ICS Board (Risk rating 12)*
3. **Risk ID 2776** - *There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS provider sector to drive greater provider efficiency (Risk rating 8)*

Any operational risks 15 and above

None.

C: Overview and analysis

1. Strategic work streams with others

1.1. CCS/CPFT joint venture

1.1.1. The Partnership met on 18 July 2019 and received updates on the following matters:

- 1.1.1.1. Implementation Plan
- 1.1.1.2. Draft Balanced Scorecard
- 1.1.1.3. Impact Assessments for 0-19 Healthy Child proposals
- 1.1.1.4. Review of Strategic Risks

1.1.2. The Board welcomed the roll-out of a regular staff briefing paper which outlined the main objectives and timescales for the Joint Venture. The Board also received updates around the development of Single Points of Access, antenatal and teenage parents' pathways and the launch on 22 July 2019 of a new central number for the Peterborough Duty Desk.

1.1.3. The Board noted progress with the development of a Balanced Scorecard for the joint venture, which would bring together qualitative and quantitative data



Collaborate with other organisations



relating to quality, performance, finance, patient/carer and staff feedback to measure integrated service outcomes for young people and families. Performance continued to be monitored through each organisations existing governance arrangements with the intention for integrated arrangements to be introduced as part of the implementation project. It is envisaged that this Partnership Board will continue to operate in shadow form until April 2020.

- 1.1.4. The Board discussed and noted the ongoing discussions with Commissioners regarding options for changes to service models to address the historical funding shortfall for 0-19 service in Peterborough.
- 1.1.5. The Board heard from colleagues from the Healthy Child Programme who had undergone the joint leadership development programme. They shared their positive experiences and the joint programme represented pioneering joint working which the Board agreed should be showcased and emulated across the local health system.

1.2. Collaborative partnership working with East London NHS Foundation Trust

- 1.2.1. The Joint Partnership Board met on 28 June 2019 with the July meeting cancelled due to the number of apologies.
- 1.2.2. The Board discussed the following areas:
 - 1.2.2.1 Transformation update for the whole of Bedfordshire Community Health Services which includes joint workstreams for IM&T; Estates and HR. This included current work programmes for 19/20 and a review of 18/19 delivery.
 - 1.2.2.2 Future branding of services and a process to engage with service users and staff on this
 - 1.2.2.3 Outcomes framework and delivery.
 - 1.2.2.4 Arranging a Partnership wide celebration event.

1.3 Enhanced Models of Care

- 1.3.1 Conversations continue with CCG Executive regarding funding and risk share arrangements, and resolution is required by the end of September.
- 1.3.2 The CCG's Executive's decision to the funding commitment is being impacted by cost pressures throughout the system and within the LCCG's commissioning budget, however the Trust is working closely with the LCCG Commissioning team who fully support the Programme, and the aim is to present to the Executive on the week commencing 16th September, a comprehensive case for funding.



Collaborate with other organisations



2 Research

2.1 Clinical Research Overview

2.1.1 The studies and figures are those studies which were actively recruiting in June and July 2019.

2.1.2 The total number of patients recruited within this two month reporting period was 91. The total for April to July was 147.

2.2 National Institute for Health Research (NIHR) Portfolio studies

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

Table 1: Clinical Research Summary Table for NIHR Portfolio Studies

NIHR Portfolio studies	Speciality/ clinical area/ location	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total since start of study	Trend	Highlights	Impacts
PrEP	Ambulatory Care iCaSH ALL	Public Health England	25	334	↑	More funding released	Potentially UK wide impact on preventing HIV transmission
People Living with HIV stigma survey UK	iCaSH All hubs	Public Health England & Homerton University Hospital	48	58	↑	Collaboration: Public Health England & Homerton	National survey, building on previous data sets
Work Outcome Measures in arthritis and musculoskeletal conditions	Ambulatory Musculoskeletal Service (MSK) ALL	University of Salford	11	21	↑	Study on-going. Large push from research facilitator to increase recruitment	Staff survey
'Playing Together' Developmental language delay	Speech & Language Therapy (SALT) Paediatrics Peacock Centre	University of Manchester	4	4	↑	Another research hosted within SALT	Chance for children to participate in a fun learning activity
'The Auckland Optotypes, compared with crowded logMAR letters and crowded Kay pictures' (TAOCA)	Children & Young People's Services (CYPS) Orthoptics/ Ophthalmology	Moorfields Eye Hospital	3	3	↑	Newly recruiting study	One of several studies in the pipeline
Total recruitment within this period:			91	420	↑ Recruitment achieved above predicted levels.	On target for potential RCF to be awarded (*2)	

(*1) All figures accurate as of 31/07/19 from the Research Impact Recording Tool (totals of OPD 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.

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

2.3 Non-portfolio studies

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

2.3.2 An update on the two non-portfolio studies which received Health Research Authority (HRA) and ethical approval is shown in Table 2.

Non-Portfolio Studies	Location	Collaboration	Impact	Update
'Mind the Gap' Stage 1.	Oliver Zangwill Centre (OZC) Neuro-rehab	Maastricht University	International collaboration	Stage 1 data collected. Feasibility underway for phase 2
Neuro-rehab – Impact of intensive holistic neuro-rehab.	OZC Neuro-rehab (Clinical Psych Trainee)	University of East Anglia	Is part of a professional PhD	Data collection now complete

2.4 Fellowships and Internships

2.4.1 These Fellowships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education East (HEE).

2.4.2 New in this reporting period (Table 3) were the submissions by a Paediatric Speech and Language Therapist and a Research Facilitator. In this reporting period we were awaiting a decision regarding the outcomes for these two staff.

2.4.3 Two other clinicians were unable to apply for their Fellowships due to inflexible interview dates and with the other Internship the minimum amount of clinical contact time had not been fulfilled for the application criteria.

2.4.4 There are currently four Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Fellowships running, one NIHR Masters to PhD Fellowship and one HEE Interim Fellowship.

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

NIHR Fellowships	Area	Numbers	Trend	Collaborations	Impacts/potential impacts
NIHR MSc to PhD Bridging Award	CYPS SALT	One applied.	Awaiting outcome	UEA	Second award of this type within the Trust clinical time 0.2 wte over 2 years. Paid time to write a PhD application.
NIHR ARif award	Corporate Research MSK project	One applied.	Submitted, awaiting outcome	MSK CRN Eastern	Advanced research skills developed. Project link to impact upon research culture within MSK throughout the Trust.

NIHR Fellowships	Area	Numbers	Trend	Collaborations	Impacts/potential impacts
NIHR Pre-MSc Internship	Ambulatory Care OZC	New NIHR application round. One application completed.	Application not submitted due to NHS patient facing for minimum of 50%.	UEA	Minimum clinical sessions not fulfilled for essential criterion: 50% patient facing.
NIHR MSc to PhD Bridging Award	CYPS Bedfordshire	New NIHR application round. One application completed	Application not submitted due to no flexibility of interview dates	UEA	Clinician not available for the interview date. No alternative dates.
NIHR Pre-MSc Internship	Ambulatory Care OZC	New NIHR application round. One application completed	Application not submitted due to NHS patient facing for minimum of 50%.	UEA	Minimum clinical sessions not fulfilled for essential criterion.
NIHR ARiF award	Corporate Research	One applied.	Submitted, awaiting outcome	CRN Eastern	Advanced research skills developed. Project link to impact upon research culture within the Trust

2.5 Research Assurances

- 2.5.1 **EDGE:** All Trust studies have been loaded onto the EDGE NIHR national database. EDGE data is up to date. National issues with recruitment figures not balancing with OPD and Edge.
- 2.5.2 **Health Research Authority (HRA)** national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.
- 2.5.3 **NIHR National Performance Metrics:** Performance in Initiating (PII) and Performance in Delivering (PID) compliant for Quarter 1 reporting period.
- 2.5.4 **Mandated activity:** Quarter 1 performance charts (PII and PID) have been placed on the Trust's internet (includes zero returns) as per the requirement to have these charts on a patient facing website.

2.6 Published papers & posters within this period

- 2.6.1 No posters were presented at external conferences. Staff showcased their work at the MSK Away Day (see Table 4). One paper was published and this is shown in Table 5, along with the collaboration.

Table 4: Research Posters presented at the MSK Away Day (20 June 2019)

Non-Portfolio Studies	Location	Collaboration	Impact
'Updated Outcomes for Group Back Pain & CBT	POW	Alex Theobald + Senior Research Fellow	Contributes to the wider Trust outcomes project.
Poster - Prescribing in MSK specialist services	Peterborough	Lee Croft/ Research Fellow	Service evaluation reviewing delivery. Safety and patient satisfaction.
Poster and MSc Dissertation - Group back pain and anxiety/depression	Ely	Matt Cole	Service evaluation. Outcome measures and impact of patient care.



Collaborate with other organisations



Table 5: Papers published

Title of Paper	Location	Collaboration	Impact
New methods for analysing the distribution of EQ-5D observations.	POW	Office of Health Economics London	Using the largest data set in Europe for outcome measures. Using a new method to apply to the data.

2.7 Partnership working on research collaborations

2.7.1 0-19 Cambridgeshire & Peterborough Partnership Working (CCS NHS Trust and Cambs & Peterborough Foundation Trust [CPFT]):

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

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

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

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

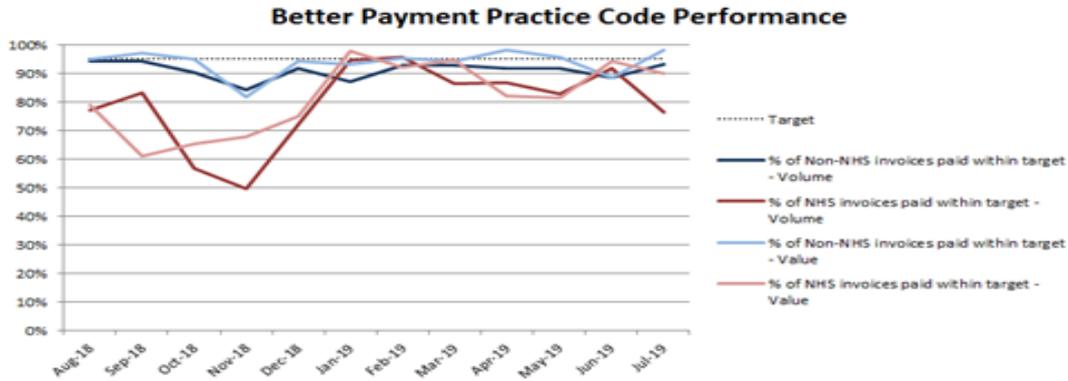
2.7.2.2 Impacts to date: we have been part of the first steering group meeting and the first research Champions' meeting is in development. As part of the project, ARU is currently drafting an application for Health Education Eastern funding in order to conduct a pilot evaluation. Update – additional funding has been found by the CRN to fund a B6 post for 0.1 wte per week to contribute to the project. Also, the HEE has requested that this project is scoped throughout the East of England region and will allocate funding to ARU to ensure that this happens. Awaiting the funding decision



Collaborate with other organisations



3. Prompt payment



3.1 The average in month prompt payments results across the four categories was 91% in Month 3 and 89% in Month 4. In Month 4, the Trust achieved the 95% target in Non-NHS invoices by value and over 90% in two other categories

3.2 The overall Trust average across the four categories for the last 12 months has improved to 86%. The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly.



Be a Sustainable Organisation



A: Measures for Achieving Objective

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

B: Risks to achieving objective Strategic risks

1. **Risk ID 2963** - *There is a risk that the Trust doesn't fully plans to deliver the £3.6m (2.6%) efficiency savings required for 2019/20 to support the Trust in delivering its Control Total. As a result, this could contribute to the Trust being financially unsustainable in the future (Risk rating 12).*
2. **Risk ID 2968** - *There is a risk that the Trust will be left out of important decision making about future service/organisational configuration in areas it operates because the Trust is either a small partner in the system or not a member of the STP/ICS Board (Risk rating 12).*
3. **Risk ID 2966** - *There is a risk that the continued reductions to the Public Health grant will eventually have an adverse impact to the quality of the service the Trust provide and therefore its reputation could be affected (Risk rating 12).*
4. **Risk ID 2965** - *The is a potential risk the planned increase in the employers NHS pension contributions for 2020/21 will not be fully funded due to the split of commissioning responsibility across the NHS and Public Health (Risk rating 12).*
5. **Risk ID 2776** - *There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS provider sector to drive greater provider efficiency (Risk rating 8)*

Any operational risks 15 and above

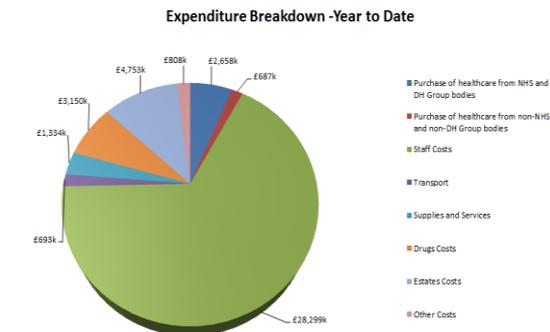
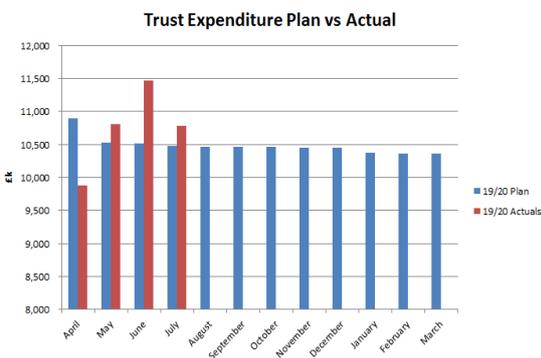
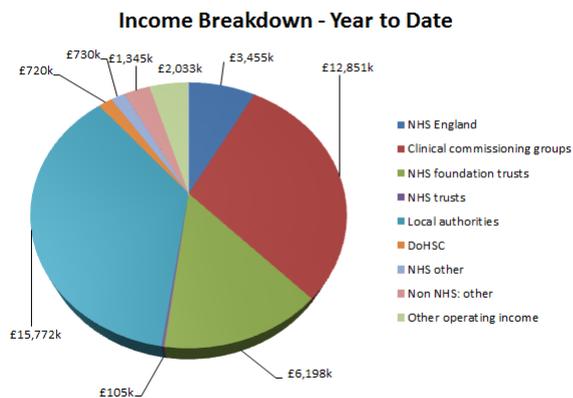
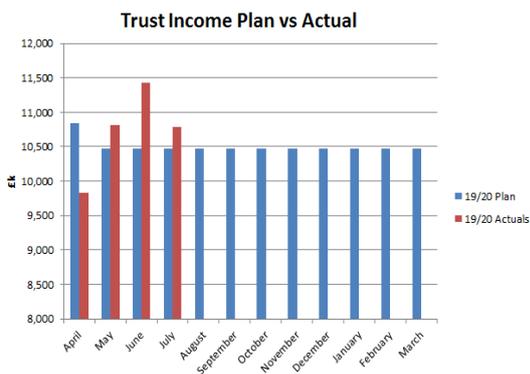
1. *None*

C: Overview and analysis

Finance scorecard

Finance Dashboard	Plan	Actual	Variance	Plan	Actual	Variance
	M3	M3	M3	M4	M4	M4
Operating income from patient care activities	£30,565	£30,806	£241k	£40,634k	£41,176k	£542k
Other operating income	£1,472	£1,512	£40k	£1,989k	£2,033k	£44k
Employee expenses	£20,907	£21,380	(£473k)	£27,741k	£28,279k	(£538k)
Operating expenses excluding employee expenses	£11,022	£10,829	£193k	£14,056k	£14,103k	(£47k)
Trust Surplus/(Deficit)	£108	£109	£1k	£222k	£223k	£1k
Closing Cash Balance	7175	8952	£1,777k	£7,244k	£10,444k	£3,200k
Cost Improvement Plan (CIP)	702	626	(£76k)	£1,002k	£852k	(£150k)
Capital Programme	1449	501	£948k	£2,016k	£634k	£1,382k
Use of Resources Metric	1	1	-	1	1	-
Agency Spend	480	643	(£163k)	£640k	£844k	(£204k)
Bank Spend	285	254	(£31k)	£380k	£338k	(£42k)
Provider sustainability fund (PSF)	243	243	£0k	£351k	£351k	£0k

1. Income and expenditure



1.1. The Trust delivered an in month operating surplus of £44k for Month 3 and £114k for Month 4, against a planned surplus of £43k and £114k respectively.

1.2. The cumulative position in Month 4 is a £223k surplus, against a year to date plan of £222k.

1.3. The Trust is currently forecasting to achieve its 2019/20 surplus position of £1,922k.

1.4. The Trust's income increased higher than plan in month 3 due to the reconciliation of the dental contract income and income received from the HIV pass through drugs. This is offset by increased expenditure. Increased operating expenditure is also due to higher than planned staffing costs and pathology costs.

1.5. The position in each Service Division is:

Division Level	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	626	(6,024)	(3,541)	(8,939)	(8,798)	(141)
Bedfordshire Community Unit	276	(3,824)	(833)	(4,381)	(4,696)	315
Childrens & Younger Peoples Services	826	(9,474)	(1,201)	(9,849)	(9,794)	(55)
Luton Community Unit	481	(6,240)	(1,219)	(6,978)	(6,997)	19
Other Services	41,000	(2,718)	(7,911)	30,371	30,508	(137)
CCS Total @ 31st July 2019	43,208	(28,280)	(14,706)	223	222	1

1.5.1. Ambulatory Care Services delivered an overspend of £8k in month 3 and an underspend of £46k in month 4. The main reasons for the cumulative overspend is due to pathology costs in the iCaSH services for additional express testing. Additional income has been recognised in month 4 to offset part of the cost pressure.

1.5.2. Bedfordshire Community Unit delivered a £72k underspend in month 3 and a £93k underspend in month 4. In both months, pay costs were lower than plan, due to vacancies and establishment control.

1.5.3. Children's & Younger Peoples Services delivered an overspend of £6k in month 3 and a £12k underspend in month 4. The cumulative overspend position is mainly due to pay costs being higher than plan in all areas with the exception of Healthy Child Programme.

1.5.4. Luton Community Unit (including Luton Children's Services) delivered an underspend of £8k in month 3 and a £1k overspend in month 4. The cumulative underspend position is due to pay establishment savings in both Adult and Children's services.

2. Cash position

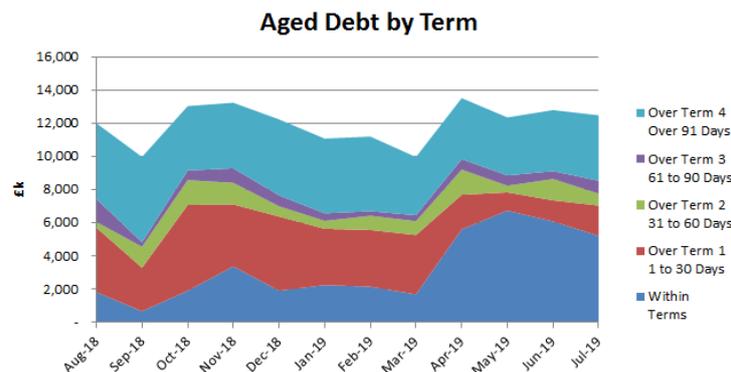


2.1. The cash balance of £10.4m at month 4 represents an overall increase of £1.4m from the month 3 cash balance, which decreased by £0.3m from the month 2 position. In month 4, the Trust received the cash payment from NHS England for the provider sustainability fund incentive scheme, £1.7m, achieved for the 2018/19 financial year.

3. Statement of Financial Position

	July 2019 £'000	May 2019 £'000
Non-Current Assets		
Property, plant and equipment	52,703	52,710
Intangible assets	96	107
Total non-current assets	52,799	52,817
Current assets		
Inventories	41	41
Trade and other receivables	16,661	17,672
Cash and cash equivalents	10,447	9,246
Total current assets	27,149	26,959
Total assets	79,948	79,776
Current liabilities		
Trade and other payables	(15,471)	(15,450)
Provisions	(418)	(418)
Total current liabilities	(15,889)	(15,868)
Net current assets	11,260	11,091
Total assets less current liabilities	64,059	63,908
Non-current liabilities		
Trade and other payables	(1,045)	(1,045)
Provisions	(1,333)	(1,340)
Total non-current liabilities	(2,378)	(2,385)
Total assets employed	61,681	61,523
Financed by taxpayers' equity:		
Public dividend capital	2,245	2,245
Retained earnings	42,318	42,160
Revaluation Reserve	18,771	18,771
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	61,681	61,523

3.1. Trade and other receivables have decreased over the reporting period by £1.0m, due to the receipt of the PSF incentive scheme which has consequently increased the cash position. Other assets and liabilities have not changed significantly over the period.



3.2. Total trade receivables increased by £0.4m in June to £12.8m and then decreased by £0.3m in July to £12.5m. The breakdown in July is £5.7m (49%) from NHS organisations; £6.1m (45%) from Local Authorities; and £0.7m (6%) from other parties.

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

3.3.1. Luton Borough Council	£1.0m
3.3.2. Cambridgeshire County Council	£0.8m
3.3.3. NHS Cambs & Pboro CCG	£0.6m
3.3.4. Cambs & Pboro NHSFT	£0.5m

3.4. For the debt over 90 days old, as this is predominantly due from NHS and Local Authority bodies, it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period (Month 4), Luton Borough Council, Cambs & Pboro NHSFT and Cambridgeshire County Council have subsequently paid £0.6m, £0.5m and £0.1m respectively to reduce their outstanding balance.

4. Capital spend

4.1. Capital spend to date is £634k against a plan of £2,016k. Spend is behind plan on projects at North Cambs Hospital and Meadow Lane and these projects are both expected to fulfil their capital spend plan in the financial year.

5. Use of resources

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

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

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

6. CIP



6.1. The Trust's Cost Improvement Plan (CIP) delivered savings of £0.401m over months 3 and 4 against a target of £0.504m. The Trust has identified schemes to deliver £2.722m of the annual savings target of £3.645m.

7. Contract performance

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

Bedfordshire and Luton Children and Adults Clinical Operational Board

Service	No of months KPI red rated	Actual versus required performance	Mitigations in place
Beds LAC	3	Initial Health assessments 87.5% (target 95%)	10% DNA rate so working with LA to improve attendance.
Luton LAC	6+	Review health assessments Not met the 100% target for 3 months – 92.3% June and 85.7% July	Numbers much improved from previous years and the service are actively working to meet the target
0-19 Luton	6+	% mothers receiving face to face antenatal visit 61% (target 81%)	Business continuity plans in place – high vacancy factor
0-19 Luton	6+	% children 12month review by 15 months 87.3% (target 90%)	As above
Audiology Beds and Luton	2	Target of 100% children referral to diagnostic testing in 6 weeks – Bedfordshire 90.5% Luton 92.3%	Capacity – vacancies and new joint clinical scientist post with Bedford Hospital not recruited to. Post back out to advert .One new Audiologist just recruited and two temporary staff so position expected to improve Weekly reporting to NHSE/I and CCG

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

Service	No of months KPI red rated	Actual versus required performance	Mitigations in place
Cambs HCP Ante-natal review	6+	36% / 50%	The implementation of new process and focus on this contact there has been a steady improvement over the past three months – increasing from 23% to 36%, North locality achieved 69% of ante natal contacts in July South Cambridgeshire locality has been more static fluctuating between a 4% increase and 2% decrease over the past 3 months. Further work is taking place to agree a plan to achieve a realistic trajectory towards the 90% target; this trajectory will be available by the end of August.
Cambs HCP 12 month review by	6+	68%/100% NB target 90% with exceptions	The universal review is now being undertaken by Community Nursery Nurses, however in July increased annual leave for this cohort of staff resulted in reduced availability for reviews with a number completed in August. It has also been noted that staff

15 months			were not recording DNA's and declines due to incorrect use of templates. Staff have been supported to improve recording.
Cambs HCP 2 yr review	6+	43%/100% NB target 95% with exceptions	The South Locality is following a BCP plan currently at Stage 3; as agreed with commissioners and with recovery predicted for September 2019. During this period face-to-face contacts have been suspended with contact being made by letter for universal delivery with parents/carers invited to make contact should they have concerns. Risk has been mitigated with all Early Years settings in the south locality have been informed and the locality is planning to re-instate business as usual during September when the staff resource is predicated to improve.
Norfolk HCP Ante-natal contact	5	73%/85%	Whilst the performance remains below the Norfolk target it should be noted that current performance is significantly above local and national average. The services single point of access (JON) leadership team are joining with the clinical lead to work with the four Acute Trusts to identify additional shared efficiencies within admin processes, supported by a capacity modelling exercise within JON.
Norfolk HCP New birth visit	6+	75%/90%	Administration processes have been reviewed as part of the current capacity modelling programme and a revised process implemented in July 2019 using a phone call to negotiate appointment time with family has increased performance.
Norfolk HCP 6-8 week partially breast fed	6+	47%/49.5%	As part of the revised process for HCP-002 an additional question is asked during the call to identify any concerns around breastfeeding – parent can then be directed to https://www.justonenorfolk.nhs.uk/healthylifestyles/breast-and-bottle-feeding/breastfeeding-basics or transferred immediately to a HCP practitioner for support depending upon individual need. The process has again demonstrated improved performance.
Norfolk HCP Healthy Start Vouchers	6+	54%/90%	The service continues to promote through face book and Just One Norfolk https://www.justonenorfolk.nhs.uk/healthylifestyles/eat-better/food-poverty , from the end of July 2019 links have been directly available from Norfolk Pharmacies as part of the Just One Norfolk/Pharmacies QR campaign.
Norfolk HCP 1 year review	6+	55%/90%	Performance affected where a locality is following an agreed Business Continuity Plan (BCP) and adjustments agreed with commissioners. The service is planning to develop a self-service maternal mood review to be accessed through Just One Norfolk later in the year, feedback from service users has been positive both in terms of accessibility but also that they feel they will be more reflective and honest in their responses – functionality of the platform means that each response will be clinically reviewed and responded to as appropriate from the single point of access team or transferred to a locality for a face to face appointment
Norfolk HCP 2.5 year review with ASQ	6+	70%/90%	On going review of delivery of contact will include modelling different options – including a fully digital offer for universal families, clinic sessions and telephone contacts.

PART FOUR

Appendices

Risk ID: 2963	Risk owner: Director of Finance	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 03/04/2019		Current:	L	C		12
Specialty: Finance and Resources Directorate	Anticipated completion date: 31/03/2020			Possible - 3	Major - 4		
Clinical Group: Trust Wide	Handler: Director of Finance		Target:	Unlikely - 2	Major - 4		8
Risk Title: 2019/20 Cost Improvement Plans			Last:	12		Change: No Change	
Risk description: There is a risk that the Trust does not fully plan and/or deliver the £3.6m (2.6%) efficiency savings required for 2019/20 to support the Trust in delivering its Control Total. As a result, this could contribute to the Trust being financially unsustainable in the future.		Principle Trust Objective: Be a sustainable organisation		Significant Hazards: Continued demand of the Trust's services, with increasing cost pressures due to volume and prices, impacted by restricted additional funding. Controls in place: During 2018/19, the Trust began its Governance processes to quantify the impact of existing schemes delivery into 19/20 and identifying new efficiency ideas. This process is embedded in Trust business usual processes and reported through the Clinical Operational Boards, Executive Programme Board, Strategic Change Board and the main Board. Schemes continue to be identified and developed through to delivery stage throughout the year, and finance team continue to work closely with service leads to identify and agree service line cost adjustments where it is evident there are budget saving opportunities and / or costs are above the current contracted income received for the service. Quality Impact Assessments are undertaken for all schemes and a post implementation review of all schemes for impact on quality is undertaken.			
		Source of Risk: Risk assessment					
Progress: [Director of Finance 02/07/19 13:39:35] Cost Improvement Plans are reported in the Integrated Report and to date forecast delivery of £2.7m against the target of £3.6m. There are a number of schemes requiring confirmation of deliverability and value and these will be incorporated into the updated monthly reported performance to Executive Programme Board, Executives and Clinical Operational Boards. Mitigation for the current shortfall in delivery will include identifying further savings opportunities, non-recurrent slippages in planned expenditure and management of discretionary expenditure.							
Assessor's recommendations: There will also need to be additional focus on non-recurrent opportunities to mitigate any in-year shortfall in delivery. In addition there will be frequent and targeted reviews of all discretionary spend plans, and decisions where it is safe to either defer or reduce plans accordingly.							

Risk ID: 2971	Risk owner: Deputy CEO	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 04/04/2019	Anticipated completion date: 29/03/2020	Current:	L	C		
Specialty: Not Applicable	Handler: Deputy Chief Executive			Possible - 3	Major - 4	12	
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Complexity of System Working			Last:			12	Change: No Change
Risk description: There is a risk that due to the complexity of system working, the Trust will not be able to deliver the agreed models of care.		Principle Trust Objective: Collaborate with other organisations, Provide outstanding care	Significant Hazards: Complexity of system working Maturity of working relationships Ability for all system partners to collaborate Competition				
		Source of Risk: Meetings	Controls in place: Joint Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) - chaired by Non-Executive Directors Board to Board with CPFT as required Integrated Leadership Structure for 0-19 services across Cambridgeshire and Peterborough Joint Transformation Board with Commissioners - Cambridgeshire and Peterborough Children Services Joint Partnership Board with East London Foundation NHS Trust - Executive led Variety of joint work streams in place with East London Foundation NHS Trust on delivery of Bedfordshire Community Health Services Joint Away Days taking place within Bedfordshire Community Health Services Luton Provider Alliance - co-chaired by CCS and Luton and Dunstable Chief Executives Programme Director in place for delivery of Enhanced Models of Care across Luton system Luton Transformation Board CEO and Chair member of Cambridgeshire and Peterborough STP Board CEO and Chair attend BLMK wide Executive meetings				
Progress: [Deputy Chief Executive 31/07/19 13:04:56] Still remains an active risk. Joint Partnership Board has taken place with Cambridge and Peterborough NHS Foundation Trust. Strategic risk agreed in relation to closing the financial gap within the Peterborough locality. Work is continuing with Commissioners and it has been agreed that a CEO level conversation will need to take place during August 2019 to finalise these discussions. Joint workshops planned during August for corporate leads to work together on identifying and agreeing priority areas. Exec lead for CPFT will be leaving in September 2019 and interim arrangements currently not known, however, once announced links will be made. Bedfordshire Community Health Services partnership with East London NHS Foundation Trust. Continue to work on branding for the overall services. Consultation currently taking place with staff and service users. July 2019 Partnership Board cancelled - next one scheduled for late August 2019. Luton Provider Alliance - meeting took place in July 2019 - agreed areas for discussion for future agendas. Work continues to try and agree Phase 2 of our Enhanced Models of care work across the Luton system. Active engagement continues to take place across the systems that we work within. No change in scoring at the current time.							
Assessor's recommendations: - Link to the actions for Norfolk specified in risk 2968 - Decision Making in Integrated Systems/Sustainability and Transformation Partnerships - move to Board to Board with East London Foundation Trust (ELFT)							

Risk ID: 2968	Risk owner: Chief Executive	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 04/04/2019	Anticipated completion date: 29/11/2019	Current:	L	C		
Specialty: Not Applicable	Handler: Chief Executive			Possible - 3	Major - 4	12	
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Decision making in Integrated care systems/Sustainability transformation partnerships			Last:			12	Change: No Change
Risk description: There is a risk that the Trust will be left out of important decision making about future service /organisational configuration in areas it operates because the Trust is either a small partner in the system or not a member of the STP/ICS Board		Principle Trust Objective: Be a sustainable organisation, Collaborate with other organisations	Significant Hazards: As local Sustainability and Transformation Partnerships/Integrated Care system are being asked to make decisions for local populations, organisations with the largest income streams for that footprint may want to determine the future of service delivery for the local population. As the Trust operates across multiple geographies, our impact may be reduced, especially in Norfolk and Suffolk, where we do not sit on any of the ICS/STP boards and executives. The impact may well be felt in our children's portfolio in Norfolk and Cambridgeshire/Peterborough - totalling c.60M on income. The other income the Trust receives are unlikely to be affected by the risk description. The issues could result in reputational damage for the Trust.				
		Source of Risk: External assessment	Controls in place: 1. maintain full participation in the Cambridgeshire/Peterborough STP at CEO and exec level 2. maintain full participation in the Bedfordshire/Luton and Milton Keynes ICS at CEO and exec level(OD, workforce; finance; clinical leadership) 3. Continue with full participation in the Children's Board in Norfolk as this will become the decision making group, reporting into the Norfolk STP executive – Service Director CYPS and/or an executive 4. Trust accepted an invitation to be a full member of the Norfolk Council Health and well being Board 5. Active engagement by CEO with new regional director				
Progress: [Chief Executive 03/06/19 17:45:04] 03.06.19 - updates on hazards and controls. No new actions identified.							
Assessor's recommendations: 1. Determine the role the Trust will undertake in the North and South Alliances in Cambridgeshire/Peterborough, if they are to become decision making fora (Director of Finance by September 2019) 2. Enhance our presence with Executive attendance at each Norfolk Children's Trust Board (Chief Executive) 3. Continue to support the development of a executive children's Trust Board in Cambridgeshire/Peterborough (Chief Executive and Service Director CYPS) 4. Develop good relationships with the new regional executives to ensure decision making at a regional basis happens in an transparent and equitable way. (All executives)							

Risk ID: 2966	Risk owner: Director of Finance	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 04/04/2019	Anticipated completion date: 31/03/2021	Current:	L	C		
Specialty: Finance and Resources Directorate	Handler: Director of Finance			Possible - 3	Major - 4	12	
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Future financial viability of Public Health funded contracts			Last:			12	Change: No Change
Risk description: There is a risk that the continued reductions to the Public Health grant will eventually have an adverse impact to the quality of the service the Trust provide and therefore its reputation could be affected.		Principle Trust Objective: Be a sustainable organisation	Significant Hazards: Potential for patient outcomes could worsen due to an enforced reduction in services that are focused on prevention, early intervention and treatment, which could therefore cause an increase pressure to other parts of the health system.				
		Source of Risk: Risk assessment	Controls in place: The Trust historically has collaborated closely with LA Commissioners to manage the impact to services as a result of the reductions to the Public Health grants. This work will continue and the Trust will ensure the commissioners understand the full impact of any reductions before they are implemented including ongoing engagement with Directors of Public Health. The Trust will also need to consider its approach to future procurements of Public Health funded services. Cost of service delivery is part of the contract monitoring process as this will be used to identify cost pressures and adverse performance. Quality Impact Assessments undertaken for all significant service redesign projects.				
Progress: [Director of Finance 02/07/19 13:47:11] As a result the combination of continued increasing demand on the iCash services and the measures put in place to mitigate the funding reductions not fully resulting in cost reductions, the Trust has a year to date overspend position in these services. Potential mitigation plans include adjustments to service delivery and non-recurrent funding. These are planned to be in place in the coming weeks.							
Assessor's recommendations: The financial performance of the Public Health funded contracts needs to be closely monitored by the Executive Team and early identification of any adverse impacts to be understood and escalated through commissioner discussions. As the cycle of potential grant reductions is likely to continue in 2021, this arrangement should be aligned.							

Risk ID: 2965	Risk owner: Director of Finance	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 03/04/2019	Anticipated completion date: 30/06/2020	Current:	L	C		
Specialty: Finance and Resources Directorate	Handler: Director of Finance			Possible - 3	Major - 4	12	
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Increase in NHS Employers pension contributions 2020/21			Last:			12	Change: No Change
Risk description: The is a potential risk the planned increase in the employers NHS pension contributions for 2020/21 will not be fully funded due to the split of commissioning responsibility across the NHS and Public Health.		Principle Trust Objective: Be a sustainable organisation	Significant Hazards: An additional unfunded cost could result in the financial viability of existing and potential future Local Authority funded services, which would have an overall adverse impact on the future financial viability of the Trust				
		Source of Risk: Risk assessment	Controls in place: The Trust will continue to closely monitor Regional and National guidance regarding the emerging approach to funding policy, and will engage to make representation and escalation as necessary to ensure providers receive uplifts to their income to fund this additional cost.				
Progress: [Director of Finance 02/07/19 13:51:22] There is no progress to be reported for this area, but likelihood is there will be more national details in the Autumn							
Assessor's recommendations: If policy is indicating that funding would not be increased to cover the additional cost, the Trust will need to ensure this cost is fully recognized in the cost envelopes for future bids and is therefore embedded in the decision to proceed.							

Risk ID: 2967	Risk owner: Chief Nurse	Risk Committee: Board	Scoring			Current: Moderate	
Directorate: Trustwide	Date recorded: 04/04/2019	Anticipated completion date: 31/03/2020	Current:	L	C		
Specialty: Not Applicable	Handler: Chief Nurse			Rare - 1	Major - 4	4	
Clinical Group: Trust Wide			Target:	Rare - 1	Major - 4	4	
Risk Title: Patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of care st			Last:			4	Change: No Change
Risk description: There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of care standards.			Principle Trust Objective: Provide outstanding care			Significant Hazards: 1. A number of factors (some of which are listed below) could combine which would then result in poor patient experience and increased patient safety incidents. 2. This will also negatively impact on compliance with regulatory standards 3. Staff absence at work due for a variety of reasons including sickness 4. Limited availability of staff in certain professional groups ie specialist professions which are nationally difficult to recruit to 5. Staff lack of understanding of what constitutes delivery of outstanding care and their role within that. Controls in place: Refreshed focus on 'Our Quality Way' during April - September 2019 Rolling Peer Review Programme Annual service self assessments Quality Early Warding Trigger Tool monthly completion by all teams Quality reports to Clinical Operational Boards and Board Bi-annual Workforce review to Board (May and November Public Boards) Back to the floor programme continues - summary taken to Wider Exec Team Ongoing annual CQC Inspection cycle which now included staff focus groups and Inspector attendance at key meetings ie Board Staff feedback (including staff survey) Whistleblowing and raising Concerns processes well embedded with report to Board x 2 (Chief Executive report) and annually from freedom to Speak Up Guardian reports Clinical audit programme - reports to Clinical Operational Boards and Quality Improvement and Safety Committee Patient and Staff feedback mechanisms ie FFT Patient Stories to Board Internal audit programme (Quality elements)	
			Source of Risk: Risk assessment				
Progress: [chief Nurse 25/06/19 17:23:35] Controls updated to include a number of further checking and feedback mechanisms: 'Rolling' Peer Review programme Clinical Audit programme reporting to Clinical Operational Boards and Quality Improvement and safety Committee Patient Stories patient and staff feedback (FFT) Internal Audit programme re Quality elements			Assessor's recommendations: Peer review programme to be enhanced during 2019/20 to include patients and service users on the visits to services.				

Risk ID: 2969	Risk owner: Deputy CEO	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 04/04/2019	Anticipated completion date: 16/03/2020	Current:	L	C		
Specialty: Not Applicable	Handler: Deputy CEO			Unlikely - 2	Major - 4	8	
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Reduction in Staff Morale could adversely affect the delivery of high quality care			Last:			8	Change: No Change
Risk description: There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.		Principle Trust Objective: Be an excellent employer, Provide outstanding care	Significant Hazards: Demands on the service Insufficient staff Turnover Vacancies Sickness levels				
		Source of Risk: Meetings	Controls in place: Annual staff survey and delivery of improvement plans Quarterly staff friends and family surveys Discussions and resulting actions from Wider Executive team meeting Appraisal rates and quality of appraisals 1:1s and team meetings Quality Early Warning Trigger Tool Clinical Operational Boards Freedom to Speak Up Guardian and Champions Guardian of Safe Working role in place to support junior doctors GMS survey feedback Raising Matters of Concern log Bespoke Leadership and Team Development Sessions Deloitte external review of Well-led and Care Quality Commission Inspection Feedback Back to the Floor feedback, discussions and resulting actions Live Life Well Activities Staff Side Chair in post - confidential helpline in place Corporate Induction and local induction systems and processes Bi-annual workforce reviews				
Progress: [Deputy Chief Executive 27/06/19 16:59:54] Bi-annual workforce review was presented to May 2019 Trust Board meeting. Recommended actions agreed. Trust wide and local staff survey improvement actions identified and presented to Clinical Operational Boards. Trust-wide workforce KPIs - mandatory training; appraisals; stability and turnover all above target. Monthly sickness absence levels above target. Quarter 1 staff friends and family survey currently taking place and results will be reviewed and discussed at partnership staff survey improvement group. Lots of nominations for annual staff awards received which demonstrates high levels of engagement. Monthly Shine a Light nominations are also on the increase. Trust-wide Children's Conference taking place 1st July and MSK service conference took place in June 2019 with very positive feedback. No major employee relation issues and continue with positive working relationships with staff side representatives. High levels of attendance at June Leadership Forum meeting. Due to the above - no change in scoring recommended at this time.							
Assessor's recommendations: - Ensure that updated Trust-wide and local staff survey improvement plans are developed and implemented throughout the year - Trust-wide plan in place and local plans presented to Clinical Operational Boards - complete and ongoing							

Risk ID: 3040	Risk owner: AD of ICT	Risk Committee: Board	Scoring			Current: High
Directorate: Trustwide	Date recorded: 23/07/2019		Current:	L	C	
Specialty: Finance and Resources Directorate	Anticipated completion date: 24/02/2020			Possible - 3	Moderate - 3	6
Clinical Group: Trust Wide	Handler: Assistant Director of ICT and Informatics		Target:	Unlikely - 2	Moderate - 3	
Risk Title: Unable to Meet Deadline for Windows 10 Licensing Allocation from NHS Digital			Last:			

Risk description: Unable to meet the deadline for Windows 10 Desktop/Laptop licensing deployment with NHS Digital.	Principle Trust Objective: Be a sustainable organisation
Source of Risk: Risk assessment	

Progress:
AD of ICT & Informatics 15/08/19 12:09:28] Update from NHS Digital:
Dear Colleague,
Having reviewed the attached Monthly Deployment Statistics for Windows 10, I note that your organisation appears to be less than 30% migrated to Windows 10 current branch. Whilst you may have matters fully in hand to address this, this is behind the NHS average position (36% of licensed devices now migrated). Unless urgent action is taken to accelerate your migration then it appears that you are at risk of missing the Windows 10 migration deadline date of March 2020, and of losing your current centrally funded Windows 10 licensing as a result.
Under Clause 2.11 of your Windows Service Agreement signed last year, your organisation agreed that it would fully utilise the free Windows 10 and ATP licensing provided to it as part of the programme. Failure to complete the migration to Windows 10 current branch by March 2020 will constitute a failure to fully utilise the licensing. In these circumstances your licensing can be recovered and reallocated to other NHS organisations, your organisation will cease to be part of the Windows 10 programme, and, if it continues to use Windows Enterprise operating systems on its devices, it will have to purchase replacement licensing at its own cost. The cost of replacing the currently free licensing is £205 (including VAT) per user for the period April 2020 to April 2023. Thus, for an organisation of 5,000 users, the cost of replacing the currently free licensing would be more than £1m.
The March 2020 date is set since this is the annual break point at which, under the national agreement with Microsoft, DH must confirm which organisations remain centrally funded under the agreement for the year ahead. That is therefore the point at which organisations will be assessed against meeting their Service Agreement commitment to fully utilise the licensing.
Can I therefore urge you to ensure that your organisation focuses on accelerating its Windows 10 migration with the objective of being fully migrated to Windows 10 by March 2020.

Assessor's recommendations:

- 1) We have reduced the overall licensing allocation from 3500 to 3000 to improve the usage figures.
- 2) We are increasing the scope of the ATP (Advanced Threat Protection) deployment to improve this usage month on month.
- 3) We are refreshing hardware that is at the end of the lifecycle with Windows 10 using the new licensing allocation.
- 4) We are progressing with the project to re-image laptops in Luton for the Malinko project.
- 5) We will continue to view the usage data that is circulated nationally on a monthly basis and benchmark against other similar organisations.
- 6) The Windows 10 re-image into the new Active Directory network by the new chosen supplier will be a very high priority and progress will be closely monitored.

Significant Hazards:
The Trust was successful with the application for Windows 10 licences from NHS Digital as part of the national agenda to move to this operating system across the NHS.
The Trust signed a Service Agreement / MOU that required the project to be completed by January 2020 to coincide with the end of Windows 7 support. Given the potential delays with the strategic ICT re-procurement, the Trust will not be able to meet this deadline, and the resource effort and cost to complete an interim project with all providers, to undertake it again as part of the ICT mobilisation is unjustifiable given significant cost/complexity/duplication of effort.

Controls in place:
Negotiated with NHS Digital a delay in full achievement of the project as reasonable progress has been made on the interim Windows 10 deployments via both SBS and EPUT.
The ATP (Advanced Threat Protection) component of the project had made good progress and is continued to be developed and investigated.

Risk ID: 2776	Risk owner: chief Executive	Risk Committee: Board, Executive Team	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 26/06/2018	Anticipated completion date: 28/02/2020	Current:	L	C		
Specialty: Not Applicable	Handler: Chief Executive			Unlikely - 2	Major - 4	8	
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Uncertainty linked to the new NHS funding settlement and the drive for greater provider efficiencies.			Last:			12	Change: Decreased
Risk description: There is a risk that the organisation, services and staff face instability as NHS Improvement resorts to structural changes in the NHS provider sector to drive greater provider efficiency.		Principle Trust Objective: Be an excellent employer, Be a sustainable organisation, Collaborate with other organisations, Provide outstanding care	Significant Hazards: The agreement on the NHS five year funding settlement is coupled with assumptions that the provider and commissioner structure needs to change and become more cost efficient. As the Trust is relatively small compared to other NHS organisations, it is susceptible to a national re-configuration mind set and policy, irrespective of our current productivity and efficiency levels. Any major re-organisation could impact on the whole income base of the Trust (£130m).				
		Source of Risk: External assessment	Controls in place: 1. Executive and non-executive director influencing the leadership of NHS England and NHS Improvement 2. The Trust is a member of the Community Network - lobbying to focus the policy on integration, not organisational form issues 3. Board strategy development sessions in the year will discuss options available to the organisation - next session is in June 2019 4. Continue to develop collaborative and integrated solutions for children services in Cambridgeshire/Peterborough and in Norfolk and for adult services in Luton. 5. Involvement in the development of the long term plan has ensured community health services have been prioritised 6. Private conversations/influencing with NHS leaders at NHS Improvement and NHS England and the new regional leaders 7. Working with the other 22 Community NHS Trusts and Community Interest Companies who would be impacted by the risk issues. 8. membership approaches on influences via NHS Providers and NHS Confederation - executive and non-executive levels. 9. continue to deliver on quality and financial performance issues 10. develop integrated approaches with other NHS organisations and Primary care to ensure an integrated approach is actually delivered without the need to resort to organisational form changes. 11. Ensure the Trust is providing alternatives and solutions for the creation of Primary Care Networks, as they get established. 12. Chief Executive has been appointed national Director (part time) for community services strategy and development.				
Progress: [Chief Executive 19/08/19 17:06:42] Risk decreased to target. Reasons for the decrease are: 1. The Regional Director of NHS Improvement/England has been very clear that she does not support organisational mergers on the provider side unless there is a clear patient or financial benefit 2. there is no national work currently being undertaken on the provider regulatory side to support this work 3. the whole of the NHS Long Term Plan and implementation framework actively encourages collaboration of providers in local systems, rather than provider/supply side re-organisation - Plan to continue with the mitigation actions as they are still valid, to ensure the risk does not increase again. - To develop and continue with any collaboration strategies in our current and (yet to be written) future strategy for 2020 onwards			Assessor's recommendations: 1. follow up from the meeting of Chairs of community providers with Dido Harding to discuss how NHS community services are provided (Trust Chair to lead - May and June 2019) 2. Continue to be part of policy development through NHS Providers, to ensure integrated care is prioritised in the national funding allocations process (Chief Executive to lead - to be clear in the new NHS Plan.) 3. Continue to implement plans to improve efficiency and effectiveness in line with NHS Improvement Carter team recommendations (Director of Finance to lead - mainly being assured through the strategic change Board) 4. further development of the new models of care in regional children services and older people services in Luton (Deputy Chief Executive to lead) 5. Engagement with the new East of England strategy director to ensure service development stays at the front of initiatives				

Risk ID: 2970	Risk owner: Deputy CEO	Risk Committee: Board	Scoring			Current: High	
Directorate: Trustwide	Date recorded: 04/04/2019	Anticipated completion date: 31/03/2020	Current:	L	C		
Specialty: Not Applicable	Handler: Deputy Chief Executive			Possible - 3	Major - 4	12	
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8	
Risk Title: Workforce challenges affecting ability of services to maintain high quality care			Last:			12	Change: No Change
Risk description: There is a risk that the Trust is unable to maintain high quality care across the organisation due to the increase number of services facing workforce challenges.		Principle Trust Objective: Be an excellent employer, Collaborate with other organisations, Provide outstanding care	Significant Hazards: Vacancies - hard to recruit to posts Turnover Staff Morale Sickness levels Demands on services				
		Source of Risk: Meetings	Controls in place: Monthly workforce KPI data shared with all Service Directors - turnover; sickness; stability; appraisal and mandatory training compliance Bi-annual workforce reviews with all service areas - May and November each year Quality Dashboard Quality Early Warning Trigger Tool Raising Matters of Concern log and actions Bi-monthly Trust Board Quality Report Staff side chair identified as confidential link Freedom to Speak Up Guardian and Champions Live Life Well activities Workforce Race Equality Action Plan Back to the Floor feedback and actions Local Recruitment and Retention Premia in place where appropriate Staff Survey results and actions plans Care Quality Commission feedback Peer Reviews Business Continuity Plans Service self-assessments against 5 Care Quality Commission Domains				
Progress: [deputy Chief Executive 27/06/19 16:52:09] Bi-annual workforce review presented to the Trust Board in May 2019. Actions agreed. Trust-wide staff survey improvement plan in place and local staff improvements identified and discussed at Clinical Operational Boards. Slight reduction in Quality Early Warning Triggers scores 16 and above in May 2019, however, 8 teams currently reporting 16 plus. Overall mandatory training compliance 94%; Appraisal compliance 94% and stability 88% which are all above our internal targets. Turnover 14% which compares favourably to NHS Community Benchmark of 22%. Monthly sickness absence 4.76% which is above Trust target. As a number of teams continue to report staffing challenges - no change in scoring at the current time.							
Assessor's recommendations: - 3-5 year strategic workforce plans for all services to be developed during 19/20							

Risk ID: 3000	Risk owner: Service Director CYPS	Risk Committee: Cambs & P'Boro Children &	Scoring			Current: Extreme
Directorate: Trustwide	Date recorded: 26/04/2019	Anticipated completion date: 31/01/2020	Current:	L	C	
Specialty: Transformation & Programme Management	Handler: Project Support Officer			Likely - 4	Major - 4	16
Clinical Group: Trust Wide			Target:	Unlikely - 2	Major - 4	8
Risk Title: C&P CYP Funding Gap			Last:			Change: Increased
Risk description: There is a risk that the programme will be unable to realise the planned benefits and deliverables, due to the need to alter our activity to address the funding gap in Peterborough. This would result in delay or non-realisation of planned innovations and could lead to inequitable service delivery across Peterborough and Cambridgeshire.		Principle Trust Objective: Be a sustainable organisation, Provide outstanding care	Significant Hazards: Delayed delivery of programme or inability to support programme delivery.			
		Source of Risk: Risk assessment	Controls in place: HCP S75 Funding Gap Impact Assessment undertaken. The purpose of this assessment is to understand which services (across HV, SN and FNP) can be stopped/reduced to fall in line with the available funds. Each option will illustrate the change, impact and risk levels and consider the financial factors to implement and sustain this model. Opportunities to address funding gap which align with programme deliverables identified and prioritized. This includes accelerated delivery of ChatHealth and Parentline to enable a reduction in clinic activity.			
Progress: [Project Support Officer 11/09/19 15:32:51] Risk Register reviewed 21st August 2019. JP advised this risk was no longer at 16. JP to update risk.						
Assessor's recommendations: Further identification of opportunities to address funding gap.						

Risk ID: 3051	Risk owner: Project Director	Risk Committee: Luton Adults Programme	Scoring			Current: Extreme
Directorate: Luton Community	Date recorded: 08/08/2019	Anticipated completion date: 30/09/2019	Current:	L	C	
Specialty: Adult Services (Luton)	Handler: Implementation Lead			Likely - 4	Major - 4	16
Clinical Group: Unit Wide			Target:	Unlikely - 2	Major - 4	8
Risk Title: Further commissioner investment (ECMOC)			Last:			Change: New risk
Risk description: There is a risk that the Commissioner are now requiring a greater level of saving from the programme than originally required, in relation to signing off any further investment. The impact of this would be a shortfall in the CCG's anticipated QIPP Programme.		Principle Trust Objective: Be a sustainable organisation	Significant Hazards: Financial risk, reputational risk for the CCG and wider system			
		Source of Risk: Risk assessment	Controls in place: CEO escalation and dialogue with CEO peers at CCG and L&D. Additional scoping underway to understand where the EcMoC scheme can realise the optimal impact against an agreed cohort for 19/20. Significant focus around quantifying the potential residential and care home emergency admission avoidance potential under EcMoC, currently underway. Statistical monitoring on a monthly basis provides a clear picture of performance and likely year end position. Optimising of contribution from existing CCS workforce in order to be geared up for rapid implementation once approved. Discussions are ongoing with the CCG to reach agreement on appropriate risk share agreements			
Progress: [Project Support Manager 08/08/19 16:39:33] (Linked to Risk 3029 - now closed)						
Assessor's recommendations: Review at Programme Board						

Risk ID: 2830	Risk owner: Charlton, Tina	Risk Committee: Bedfordshire & Luton	Scoring			Current: Extreme	
Directorate: Luton Community	Date recorded: 12/09/2018		Current:	L	C		15
Specialty: Children Services (Luton)	Anticipated completion date: 30/01/2020			Almost Certain - 5	Moderate - 3		
Clinical Group: Children's Community Paediatrics - Edwin Lobo (Luton)	Handler: Clinical Service Manager		Target:	Possible - 3	Moderate - 3	9	
Risk Title: Insufficient capacity to meet demand in Community Paediatric Service			Last:			Change: Decreased	
Risk description: There is a risk that children do not receive a medical assessment in a timely way. This leads to a risk of a child's needs and treatment not being planned and met. Trust risk of a breach in the 18 week target		Principle Trust Objective: Be a sustainable organisation, Collaborate with other organisations, Provide outstanding care		Significant Hazards: Capacity versus demand for the service Skills specifically in short support Speech and Language Therapists (Link to Trust risk regarding SLT) Complaints/concerns/educational tribunals will increase management and clinical costs. Breach of 18 weeks target could cause financial penalties. The children under five years require a Multi Disciplinary Assessment which requires Speech and Language Therapy for both diagnostics and intervention the delay in this intervention may increase communication difficulties. The significant delays in first appointments causes the organisation to breach 18 week RTT with reputational contractual and financial risk associated.			
		Source of Risk: Risk assessment		Controls in place: All referrals clinically reviewed within a week. Clinical risks assessed Child streamed to appropriate waiting list (Clinical Priority, Individual or MDA) Capacity and demand plan in place. Recruitment plan in place Locum support in place Skill mix in place System redesign in development Staff support in place			
Progress: [Clinical Service Manager 08/08/19 10:06:46] Staffing issue remains same as reported 22.07.19. Awaiting outcome of contractual discussion with Commissioners to inform decision to extend agency locum contract. Current waiting time w/c 5.08.19 MDA- 52 x1 breach child out of country until end of Sept (longest wait 13 weeks) Individual- 131 0 breaches (longest wait 13 weeks) Nurse recalls- Luton 830 (35 overdue ADHD medication review- longest wait 2 weeks); Leighton Buzzard (5 overdue ADHD medication review longest wait 4 weeks) ADOS - 76 (longest wait 27 weeks) Total overdue recall-289 (16% of total recalls overdue) Increase in number of referrals for LAC Initial Health Assessments (IHA) Service has 9 children/ young people who need a LAC IHA before the end of August 2019. <ul style="list-style-type: none"> 5 booked (3 booked within timescale; 2 breaches) 4 to be booked when appointments become available that will breach* * x1 child was previously offered an appointment whilst placed placed out of area and was not able to attend, now back in Luton awaiting new contact details from Social Care so technically not a breach for CCS							

Risk ID: 2915	Risk owner: Team Lead	Risk Committee: Bedfordshire & Luton	Scoring			Current: Extreme
Directorate: Luton Community	Date recorded: 30/01/2019		Current:	L	C	
Specialty: Children Services (Luton)	Anticipated completion date: 30/09/2019			Likely - 4	Major - 4	16
Clinical Group: Children's services Health Visiting (West Luton)	Handler: Team Lead, Healthy Visiting		Target:	Unlikely - 2	Major - 4	8
Risk Title: Staffing level in 0-19 team			Last:			Change: No Change
Risk description: There is a risk that we will be unable to deliver the Healthy Child Programme. This includes the early identification of children and their families in need of further support including safeguarding concerns.		Principle Trust Objective: Provide outstanding care	Significant Hazards: We have 8.32 WTE vacancy in health visiting. With the risk of maternity leave increasing this in the next two months. This has been evidenced by two incidents SI numbers W55194 and W54485. There is a risk that we will not be able to complete the KPI's for the HCP.			
		Source of Risk: Risk assessment	Controls in place: 1) Recruitment plan in place for HV/SN 2) Agency recruitment plan 3) Service redesign plan in place 4) Business Continuity Plan in place with clear escalations to mitigate risk. This plan reduces activity in areas of low risk to focus on high risk care for children and parents.			
Progress: [Team Lead, Health Visiting 01/08/19 10:01:02] Escalation framework remains in place and at Level 3. Staffing at 70.7% for caseload holding staff. Reduced capacity with supporting staff both Community Nursery nurses and Health Visitor assistants Further x 1 resignation of Health Visitor-will leave end of September. Agency health visitor has applied and being reviewed with the hope of starting immediately if appropriate. Recruitment plan continues and posts advertised as needed. Support being offered from 5-19 team, term time only staff during summer holidays to assist with developmental reviews.						
Assessor's recommendations: Increase staffing levels by use of agency or bank staff. Agreement with commissioners regards reduction in KPI's outcomes						

Risk ID: 3054	Risk owner: Director, Governance	Risk Committee: Executive Team Meeting	Scoring			Current: Extreme
Directorate: Trustwide	Date recorded: 19/08/2019	Anticipated completion date: 30/04/2020	Current:	L	C	
Specialty: Secretariat (Resilience & IG)	Handler: Director of Governance			Likely - 4	Major - 4	16
Clinical Group: Trust Wide			Target:	Possible - 3	Moderate - 3	9
Risk Title: The UK leaves the EU with no agreed deal			Last:			Change: New risk
Risk description: There is a risk to the ability of the Trust to provide continuity of patient care as a result of the UK leaving the EU with no agreed deal. This could result in disruption to and delays in the supply chain for medicines, vaccines, medical devices and clinical consumables; disruption to non clinical services provided by third parties to the Trust; fuel and food shortages; restrictions on the Trust accessing personal data; the need to implement processes to charge EU nationals for provision of clinical services		Principle Trust Objective: Provide outstanding care	Significant Hazards: Preparations for a no deal EU Exit is resource intensive and the impact of leaving the EU in this manner could impact detrimentally on patient care and result in the Trust paying higher prices for goods and services.			
		Source of Risk: Risk assessment	Controls in place: (a) central government preparations for continuity of supply of medicines, vaccines, a large number of medical devices and clinical consumables and national providers of non clinical goods, consumables and services (b) central government preparations for continuity of supply routes for medicines and medical supplies (c) Trust wide EU Exit Working Group reestablished (d) Risk assessments undertaken earlier this year being reviewed (e) Review and strengthening of existing operational BCPs (f) Review of outputs of table top exercises undertaken in March/April (g) Review of Communications Plan (h) Engagement with system wide workshops and information sharing			
Progress: [Director of Governance 09/09/19 15:44:27] Reviewed at EU Exit Working Group meeting, which confirmed score to remain at 16						
Assessor's recommendations: Review score once actions agreed on 19 August have been implemented						

Assurance Framework for the Integrated Governance Report

Part A

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

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

Part B

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

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

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

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

		<p>care provided within control of the Trust</p> <ul style="list-style-type: none"> -staff flu vaccination at or above plan 	<p>place to reduce staffing pressures</p> <ul style="list-style-type: none"> -staff flu vaccination below plan but at same level or improved on last year 	<p>internal service plan in place</p> <ul style="list-style-type: none"> - one healthcare acquired infection reported and care within control of the Trust action plan in place to ensure no reoccurrence - Staff flu vaccination below plan and below last year's level with an action plan in place 	<ul style="list-style-type: none"> -increase in incidents above upper control total without action plans in place or increase in incidents above upper control total for four months -staffing pressures - staffing pressures resulting in reduced service delivery and no commissioner agreed plan or internal service plan in place in same service for two or more reporting periods - one healthcare acquired infection reported where care within control of the Trust and no action plan in place or more than one healthcare acquired infection where care within control of the Trust - Staff flu vaccination below plan and below last year's level with no action plan in place
Effective	Do staff have the skills, knowledge, experience and support to provide effective care?	<ul style="list-style-type: none"> - mandatory training and supervision at or above target levels -appraisal rates are at or above target levels - rolling sickness rates are within average and no higher than the NHS England rate for Community Trusts -stability figures at or above target levels 	<ul style="list-style-type: none"> - mandatory training and supervision at or above target levels across 85% of services and remaining services are no more than 5 % below target - appraisal rates at or above target levels across 90% of services and remaining services are no more than 5% below target -rolling sickness 	<ul style="list-style-type: none"> - mandatory training and supervision at or above target levels across 75% of services and no more than 2 services are more than 5 % below target - appraisal rates at or above target levels across 80 % of services and no more than 2 services are more than 5% below 	<ul style="list-style-type: none"> - mandatory training and supervision is 74% or less of target levels or 3 or more services are more than 5 % below target - appraisal rates at or above target levels across 79 % of the Trust and 3 or more services are more than 5% below target -rolling sickness outside upper

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

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

