

TRUST BOARD

---

Title:	<b>Integrated Governance Report</b>
Action:	<b>For DISCUSSION</b>
Meeting:	<b>15<sup>th</sup> July 2020</b>

**Purpose:**

April and May continued to be dominated by the global Covid-19 pandemic which has brought major changes to the Trust performance. Non-essential services were suspended in line with the national guidance. Whilst the pandemic continues, restoration plans are being developed in conjunction with health and social care partners. This report and Clinical Operational Boards integrated reports operates in line with the new way of working during Covid-19.

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

For each objective, the report provides:

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

**Executive Summary:**

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

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

**Recommendation:**

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

**Supporting Information:**

Appendix 1: Quality Dashboard

Appendix 2: Infection Prevention and Control Board Assurance Framework

Appendix 3: Details of Strategic risks and high operational risks

Appendix 4: Assurance Framework

Appendix 5: Key for statistical process control charts

---

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

### Trust Objectives

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

### Trust risk register

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

### Legal and Regulatory requirements:

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

### Diversity and Inclusion implications:

Objective	How the report supports achievement of objectives:
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require.	Compliance with the 18 week Referral to Treatment target is included in Strategic Objective 1.
To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups.	Examples of patient and service user engagement continue to be highlighted in the Report
Introduce Disability Passport Scheme to record agreed reasonable adjustments.	This project is covered by the People Participation Committee and is reported in a separate part of the Board meeting.
To utilise the diverse experience and backgrounds of our Trust Board members in promoting an inclusive culture.	This project is covered by the People Participation Committee and is reported in a separate part of the Board meeting.



## CONTENTS

Page No.

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

Outstanding Care .....	<b>1</b>
Excellent Employer .....	<b>22</b>
Collaborate with others .....	<b>32</b>
Sustainable Organisation .....	<b>44</b>

### **Part Two – Supporting Information**

Quality Performance Dashboard

Infection Prevention and Control Board Assurance Framework

Strategic Risks and Operational Risks 15 and above

Assurance Framework

Statistical Process Control Chart Key

---



# Provide outstanding care

## A: Assurance Summary

### Overall assurance rationale:

<b>Safe</b>	<ul style="list-style-type: none"> <li>No Serious Incidents or Never Events reported in period</li> <li>90% of incidents low or no harm</li> <li>No healthcare acquired infections</li> <li>Staffing position continues to be stable since Covid19 - reprioritisation of Essential Services as per national direction.</li> <li>No Covid19 outbreaks</li> <li>Staff flu campaign for 2020 in planning phase</li> <li>4 x services have completed QIA(Quality Impact Assessments)/EIA (Equality Impact Assessments) for current changes to service provision and risk assessment for restoring elements of previous service provision that were paused.</li> <li>IPAC (Infection Prevention and Control) assurance framework first self assessment undertaken. Further assurance from audits required to determine substantial assurance</li> <li>All staff have adequate access to PPE (Personal Protective Equipment)</li> </ul>	<b>Reasonable</b>
<b>Caring</b>	<ul style="list-style-type: none"> <li>Outstanding care – patient story</li> <li>FFT (Family &amp; Friends Test) 97.2% with limited numbers (target 90%) – other feedback reported in section 4.2</li> <li>Number of informal and formal complaints within expected variance (none received in April or May)</li> </ul>	<b>Substantial</b>
<b>Effective</b>	<ul style="list-style-type: none"> <li>Mandatory training below 94% target for April and May (93% and 92%)</li> <li>Formal Safeguarding supervision paused initially with ad hoc surgeries in place. Reintroduction being phased from 1<sup>st</sup> July</li> <li>Limited level 3 safeguarding training available for this period (needs to be face to face) with well evaluated pilot of on line interactive sessions to be rolled out</li> <li>The service user related local equality delivery system objectives have been delivered for 2019/20</li> </ul>	<b>Reasonable</b>
<b>Responsive</b>	<ul style="list-style-type: none"> <li>Complaints response time 75% for the 3 out of 4 responses that were sent in April/May (target 100%)</li> <li>Consultant-led referral to treatment time below 92% target at 85% Bedfordshire &amp; Luton Community Paediatrics particularly affected. Recovery plans in place</li> <li>COVID-19 incident response meets all requirements</li> </ul>	<b>Reasonable</b>

- This report summarises the key elements of Quality and safety that have been our focus since the beginning of the pandemic in March this year. We have reprioritised our services in line with national guidance and are currently involved in planning the next stages of restarting / restoring a number of services (or elements of services) that were paused as directed nationally.
- In addition to the overview and analysis of performance for April 2020 and May 2020, the Board can take assurance from the following sources:
  - During this COVID-19 pandemic period and whilst operating at an NHS level 4 Major Incident, a number of processes continue to underpin comprehensive management of the risks and issues associated with delivery of clinical services. These include our Incident Control Centre, Incident Management Team, daily sit reps from all services including staffing, PPE, risks and incidents. These processes continue whilst we continue to operate in a level 4 NHS Major incident.



## Provide outstanding care

- The staffing section continues to be reported in the 'Excellent Employer' objective.
  - Our Care Quality Commission (CQC) inspection rating 'Outstanding' overall remains in place from August 2019 with 'Outstanding' within the caring and well-led domains. Areas for improvement were identified and progress reported to each Clinical Operational Board in March 2020.
  - Reasonable assurance can be taken from the initial completion of the NHSE/I Infection, Prevention & Control Board Assurance Framework (summary in section 4 and detail in *Appendix 2*). There have been no reported staff outbreaks of COVID-19 infection up to the week commencing 6<sup>th</sup> July.
  - Assurance can also be taken from the planning process for the staff 2020 / 2021 Flu vaccination campaign outlined in section 3 which demonstrates that learning from the 2019 / 2020 season is being incorporated into this year's programme.
  - Essential services have been maintained in line with the national directive to re prioritise community services throughout this period.
  - Four services have undertaken a revised process for quality impact and equality impact risk assessment to assess the impact of changes to the ways that services have been delivered and consider risks as they restart elements going forward. The outcomes from these are outlined in section D1. Timings for full roll out to remaining services as they plan to restart or step up elements of their service are being finalised with Service Directors.
  - Assurance is also taken from the June Quality Improvement and Safety Committee update (separate agenda item). This highlights annual reports relating to Patient Experience, Incidents / Serious Incidents and Medicines Management all of which offered substantial assurance along with the Q3 and Q4 Learning From Deaths report.
- 2.1 Based on assurance, risks and performance for the reporting period April and May 2020, the direction of travel for achieving the strategic objective of providing outstanding care has moved more towards its previous position from March 2020. This is because the assurance for the safe domain has reverted to reasonable due to gaps identified in the Infection Prevention & Control Assurance self assessment and the roll out of QIA / EIA assessments has not yet been fully completed.
- 2.2 The following Key Lines of Enquiry apply to this Strategic Objective and the Board can take the following levels of assurance (as outlined in the underpinning Assurance Framework):
- Safe – Reasonable assurance**  
This has moved from substantial assurance and is due to gaps identified in the Infection prevention & Control Assurance self assessment and the roll out of QIA / EIA assessments has not yet been fully completed.
- Caring – Substantial assurance** continues due to the Trust wide CQC rating of Outstanding for this Key Line of Enquiry along with 97.2% satisfaction with our services fed back through the Friends and Families mechanism along with many other positive pieces of feedback outlined in section 4. This exceeds the target set in our measures for this objective (90%).



## Provide outstanding care

**Effective – Reasonable assurance** due to the suspension of routine safeguarding supervision, limited level 3 safeguarding training available through this period (a number of elements of mandatory training were suspended on 12 March to enable staff to focus on delivery of essential services). An interactive level 3 session has been piloted and is being rolled out during the coming weeks. Resumption of work to embed patient outcome measures across all services is paused however, a number of services are able to demonstrate their effectiveness through this mechanism i.e Bedfordshire Children’s services who work to an outcomes based contract.

**Responsive – Reasonable assurance** maintained due to 75% of complaints responded to on time (3/4). We have continued to respond to the complaints that we receive throughout the pandemic.

The RTT target is suspended nationally but we continue to monitor the situation with 85% overall reported for May 2020 (target 92%) due to a number of staffing and service pressures (risk 2830 for Luton Community Paediatrics).

### B: Measures for Achieving Objective - 2020/21 measures

Measure	20/21 Target	Data source	Reporting frequency	Current position
Care Quality Commission standards	Improved ratings for individual KLOEs	Formal assessment	Annual	No date for Formal review received.
Patients / carers satisfied with care provided <i>NB the associated metric re increasing numbers of people who give feedback is suspended due to the pandemic</i>	90%	FFT	Monthly	Formal reporting of new FFT nationally suspended during pandemic
Deliver the locally agreed patient related annual Equality Delivery System objectives	Pass/Fail	Equality Delivery System	Annual	Objectives agreed at people Participation Committee 1 <sup>st</sup> July 2020
Increase the number of services supported by volunteers	TBC	People Participation Committee	6 monthly	This metric is currently paused due to the pandemic.
Staff recommend the Trust as a place to work or receive treatment	Increase of 5% on 2019/20 results	FFT	Quarterly	Not due until the end of June 2020
Safety – staff feel able to speak up about patient safety issues	Maintain 18/19 score	Freedom to Speak Up index -Staff survey	Annual	Not due
Increase in the numbers of Serious Incident investigations that evidence involvement of patients/service users/other professionals	50% increase on 19/20 rate	Datix	Quarterly	No SIs identified in April and May 2020



## Provide outstanding care

Overall mandatory training	94%	ESR	Monthly	Paused due to suspended elements of mandatory training
----------------------------	-----	-----	---------	--

### C: Risks to achieving objective

#### Strategic risks

1. **Risk ID 3163** – There a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.(Risk Rating 12)
2. **Risk ID 3164** – There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges.(Risk Rating 8)
3. **Risk ID 3165** – There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.(Risk Rating 8)
4. **Risk ID 3166** - There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. (Risk Rating 8)
5. **Risk ID 3190** - There is a risk that health outcomes for service users, patients, children and young people might be negatively impacted by the national requirement to reprioritise our service offer for a number of services identified as 'non- essential'. There are a number of related risks identified at service level that underpin this trust wide risk.(Risk Rating 16)

#### Operational risks 15 and above

1. **Risk ID 3192** – There is a risk that the Trust will not have sufficient ICT provision to be able to respond to the demand during Covid19. (Risk Rating 16)
2. **Risk ID 3120** - There is a risk that delays for initial assessments and follow up appointments will continue, leading to continued 18 week RTT breaches and CYP and family delays. There is a risk of protracted delays for Children requiring ASD/ ADHD assessments due to the limited face to face appointments for routine requirements. The COVID-19 pandemic has exacerbated service capacity challenges due to locum staff leaving, remote working limiting the volume of clinical slots and some specialist assessments required face to face (limited by social distancing). (Risk Rating 15)

### D: Overview and analysis (including information from the Quality Dashboard Appendix 1 and the Infection prevention & Control Assurance Framework Appendix 2)

Additional information for this report:

1. **Quality / Equality Impact Assessments (QIA / EIA)**
  - 1.1 All services were reviewed against the national Essential Community Services guidance at the beginning of the pandemic to ensure that we focused on and prioritised essential service delivery.
  - 1.2 As the NHS prepares to implement subsequent phases of reintroduction of those services that were paused, it is important for our services to undertake a process to assess the impact on Quality and Equality for the changes to service delivery that we



## Provide outstanding care

implemented and assess the risks as we restart either whole or elements of, service provision.

### 1.3 Four services undertook to pilot our refined QIA / EIA:

- MSK Physiotherapy services (Cambridgeshire & Peterborough)
- Respiratory services (Luton Adults Community services)
- 0-19 services (Bedfordshire)
- Children's Community Nursing service (Cambridgeshire & Peterborough)

### 1.4 Following review of these (with the relevant Service Directors, Medical Director, Chief Nurse and Head of Service Redesign), the following outcomes and learning were identified:

- The QIA / EIAs revealed mostly what was already known
- Change of delivery of contacts to virtual platforms was considered in depth by all of the assessments. The risks to potentially disadvantaging a number of different people were highlighted and these are being monitored where appropriate through service risks recorded on Datix.
- It was clear that where video conferencing was not suitable or appropriate, face to face contacts had been maintained
- Some members of staff have needed additional support to manage the new technology – we are looking at the best way to support these staff going forward with training in both digital skills and adapting practice to virtual clinical consultations
- The active decision log embedded at the end of the QIA/EIA assessment is welcomed by services as a focal point to record all decisions made.
- This needs to be a dynamic assessment and should be updated as services look to change or re start elements of service provision.
- We are rolling this out to other services currently with initial drafts completed by the end of July.

### 1.5 The Board will receive a further update in September.

## 2. Patient safety incidents

2.1 The incident management team has oversight of safety Incidents relating to services provided throughout the Covid19 pandemic period through the situation reports from all services with a weekly trend summary to the incident management team.

2.2 There was an overall decrease in general incident reporting from the beginning of April when community services were reprioritised in line with the national directive. This led to a planned decrease in face to face contacts with patients and families on a risk based approach and staff have been reminded to continue to report as appropriate. Numbers of incidents have steadily risen over the last few weeks as services begin to re start elements and increase face to face contacts. Scrutiny through local service governance routes continues.

2.3 We expect to begin to see a number of incidents and safeguarding adult enquiries (Provider Led Enquiries) reported as our services restart some elements of practice that were paused at the beginning of the pandemic as agreed through the 'reprioritisation of essential services' criteria. The trust wide risk (3190) focuses on the risk that there are unintended consequences and potential negative impacts of re



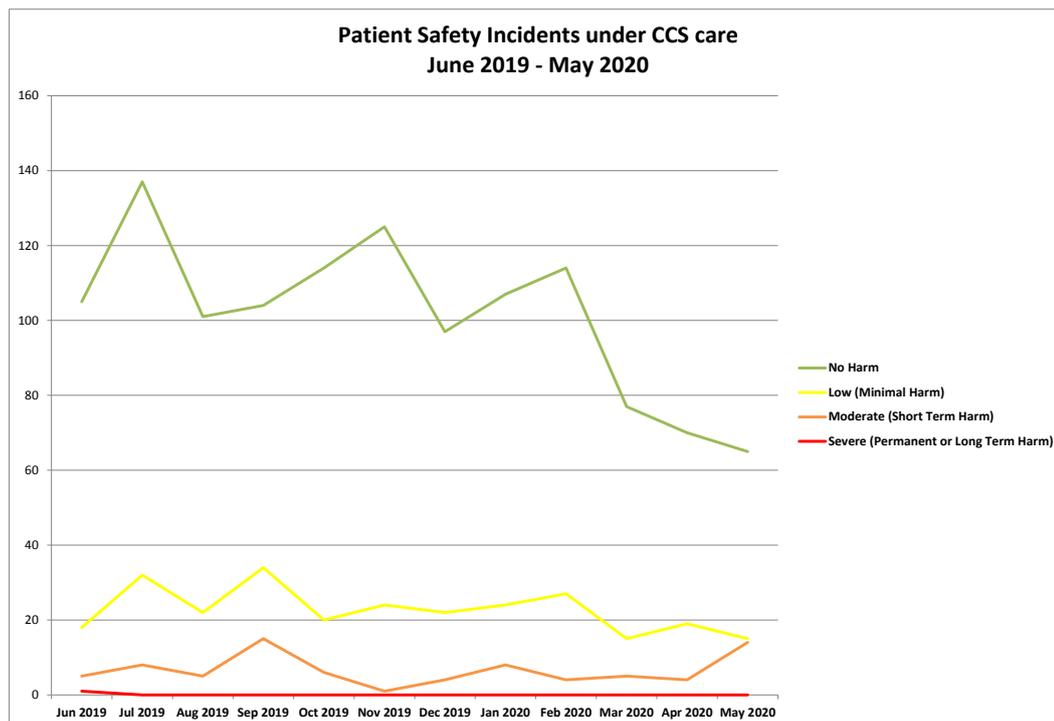
## Provide outstanding care

prioritising service provision and describes a number of underpinning risks for different services.

- 2.4 We do not underestimate the impact on patients and families of many aspects of life during this pandemic period, especially during the weeks of lockdown restrictions. Such incidents may relate to safeguarding children with the increased referrals to Multi Agency Safeguarding Hubs and increased incidence of Domestic Abuse. Any incidents that are reported will be investigated from the perspective of whether the service applied the agreed principles at the time. We will continue to learn from any incidents and change our practice accordingly.
- 2.5 No Serious Incidents were reported in the period April or May 2020.
- 2.6 One internal root cause analysis (RCA) investigation was initiated in April relating to the death of a baby. The investigation identified that there were no acts or omissions from our staff that resulted in missed opportunities to safeguard the baby. However, learning was identified regarding improvements to communication with external partners and processes. No RCAs were initiated during May.
- 2.7 The chart below highlights those patient safety incidents that occurred under our care during the two month period totalled 187 of which 72% involved no harm, 18% low harm and 10% moderate harm.
- 2.8 There has been a rise in incidents graded as moderate harm - 18 in total compared to 9 in February and March. Fifteen of these related to pressure ulcers reported by Luton Adult Services.
- 2.9 There has been an increase in reported incident reported in the Luton locality from carers where patients have experience breakdown in skin integrity. During the pandemic, some agencies reduced / stopped the amount of carers tending to patients. In addition patients with conditions such as leg ulcers are not being seen unless the 'essential' criteria was met, so they are presenting later in process. Tissue viability incidents are scrutinised to identify those that require a rapid review (a shorter version of a RCA) and these are overseen by a fortnightly group in Luton Adult services involving a number of senior nursing, safeguarding and service leads. The service are monitoring a specific risk (3204 rated at 12) related to the potential for patients to experience deterioration in their skin integrity and receive sub optimal wound care with the increased reliance on care home staff to apply dressings and report any issues.
- 2.10 Three further incidents related to delay / failure to monitor reported by Luton Adult Services and the final incident related to failure to allocate a service user to a waiting list in a timely manner reported by Cambs 0-19. These incidents have all undergone further scrutiny with learning being shared at local meetings.



## Provide outstanding care



### 3. Safeguarding

3.1 A summary of safeguarding controls and assurance was taken to the clinical operational boards in May. Updates to the key points are outlined below:

3.1.1 A safeguarding function business continuity plan was invoked at the beginning of the pandemic and is being used to support the delivery of the safeguarding service across the Trust. The business continuity plan has been under continuous review and controls adapted to mitigate risk as issues emerge as a result of the pandemic management. The controls in place have allowed slow and steady step up to support phase 2 & plan for phase 3 service restoration plans.

3.1.2 Continued engagement with interim processes put in place by Local Safeguarding Boards and with local safeguarding networks. The main focus being review and assurance that local safeguarding systems are holding and responding to increasing demand, by adapting collectively to new ways of working and to address the different safeguarding challenges being presented.

3.1.3 Safeguarding risk management systems and processes remain in place.

3.1.4 Oversight of activity (i.e. Multi Agency Safeguarding Hub referrals) and incidents, this has allowed for timely responsive action to be taken to bolster support to manage increasing activity.

3.1.5 Continuation of levels 1 & 2 training and implementation of virtual delivery of reflective / learning discussions following on from e learning packages of training to meet level 3 requirements.

3.1.6 Suspension of routine caseload supervision replaced with ad hoc surgeries and enhanced support and guidance. Reinstatement of supervision offer 1:1 and groups using a risk based approach from 1st July 2020; this involves



## Provide outstanding care

practitioners and team managers identifying clinical need for oversight of cases and support for practitioners.

3.1.7 Briefing papers around the learning from Child Safeguarding Practice Reviews (formerly SCRs) and SIs in each locality are being produced by the Heads of Safeguarding and Named Professionals for dissemination across services.

3.1.8 Action learning sets are also being explored as a virtual learning platform for teams during and after the pandemic. This blended learning approach has been developed alongside support from CPFT colleagues through our joint venture partnership working.

3.2 As previously reported, we are currently contributing to 14 Child Safeguarding Practice Reviews (previously known as Serious Case Reviews) and two Multi Agency Reviews (children) across Children's services. There are 3 historic Safeguarding Adult Reviews yet to be concluded in Cambridgeshire and one in Luton.

3.3 Luton Safeguarding Adult Board has commissioned a Learning in Rapid Time Adult Review to identify learning from high prevalence of Covid19 related deaths in a local care home (Castletroy). The structured multi agency discussion has been scheduled for mid July. Actions are monitored and learning shared from these reviews at locality safeguarding groups, which link to local & Trust wide governance arrangements.

### 4. Infection Prevention and Control (IPaC)

4.1 We continue to follow all national guidance relating to preparing for and managing the current Covid-19 pandemic. This work is being led by our Emergency Preparedness and Resilience Accountable Officer (Director of Governance) and Medical Director.

4.2 The risk relating to supply and availability to our services of PPE is monitored weekly through the Incident Management Team and underpinned by daily sit rep information from all services.

*The Board can continue to be assured that no member of staff has been asked to undertake clinical care without appropriate Personal Protective Equipment (PPE).*

4.3 In May 2020 NHS England published an *Infection Prevention and Control Board Assurance Framework* for Trusts to be able to demonstrate that their approach to the management of COVID-19 is in line with PHE Infection Prevention and Control guidance and that gaps have been identified and mitigating actions taken. Our initial detailed self-assessment against the 10 domains set out in the framework is attached as *Appendix 2*.

4.3.1 The Infection Prevention and Control Team (Director of IPC / Chief Nurse, Medical Director, IPC Matron and Deputy Chief Nurse) have undertaken the initial self assessment which has been reviewed by the Incident management Team (which includes Service Directors and Estates lead).

4.3.2 The detailed assessment will be updated following the IPC Committee on 6 August and subsequently on a monthly basis for review by the IPC Team and reported through the IPC Committee quarterly. Any areas for escalation will be reported through the incident Management team process.

4.3.3 Overall, Reasonable assurance can be taken from the assessment – there are a number of areas that require further evidence to provide substantial assurance



## Provide outstanding care

i.e we have paused our programme of environmental audits that would provide more detailed assurance including cleaning standards, segregation of waste and ensuring appropriate use of PPE.

### 4.4 Outbreak management:

4.4.1 We are required as an NHS Provider of services to identify and manage any outbreak of nosocomial infections i.e infection transferred between staff or patients. As we do not provide any inpatient facilities, the responsibility for managing an outbreak applies to outbreaks between our staff only. An Eastern Region Standard Operating Procedure has been produced and we have developed complementary trust specific procedures should an outbreak occur.

- We have included a 'Covid19 safety huddle' in our process which involves oversight by Director of IPC, Medical Director and IPC Matron.
- We are currently reviewing local system outbreak plans coordinated by Public Health England to ensure that we are able to fulfil mutual aid assistance where appropriate.
- There have been no staff outbreaks identified to date.

### 4.5 Staff Influenza Programme:

4.5.1 Planning for the 2020 staff Flu campaign has been based on learning from the feedback from both staff and vaccinators following the end of the 2019 programme and adjustments due to the pandemic. Changes include:

- Plans for dedicated vaccinators for at least the first 4 weeks of the programme (a number of vaccinators who undertook the training found it difficult to be released due to service pressures).
- On line booking process – currently being tested through the School Imms Team.
- Although we did not receive feedback that there were not enough sessions, we will allocate whole days in specific locations with timed appointments to ensure Covid19 safety guidelines can be maintained.
- Our new Pharmacy provider will deliver vaccines directly to a number of locations.
- Daily oversight of stock in the first few weeks was invaluable and will continue. We will need vaccinators to consistently report daily stock levels in fridges.
- We will ensure that every service is represented at the planning meetings.
- We will continue to work in partnership with other organisations where possible ie ELFT, CPFT.
- Detailed reporting of uptake for different staff by service will continue weekly. This was well received and assisted with local oversight. Our final uptake was 73.5%.
- Incentives were appreciated by staff and will continue to be included in the programme – the donations to UNICEF have a positive impact for a number of clinicians who were initially undecided as to whether to have the jab.
- There is an expectation of 100% staff to receive the vaccine this year – leadership and encouragement from our managers will be essential to the success of the programme.



## Provide outstanding care

### 4.6 Clinical Ethics Consideration Panel

4.6.1 We have established a Clinical Ethical Consideration group to advise regarding any ethical issues relating to the pandemic. This reports into the Incident management Team and Issues debated so far include:

- Appropriate PPE for resuscitation scenarios (advised by our Resuscitation expert trainer to follow PHE guidance rather than Resuscitation Council).
- Staff antibody testing and the implications of results.
- Incidents in Primary care where relatives have been asked to verify the death of a family member where the death was expected.

### 4.7 Staff swabbing access

4.7.1 Staff based in our various geographies continue to access appropriate swabbing facilities if symptomatic.

### 4.8 Staff antibody testing

4.8.1 Two different processes have been implemented to enable staff to access antibody testing for Covid19. iCaSH teams have offered numerous sessions in the last few weeks for staff based in Cambridgeshire, Peterborough, Norfolk and Suffolk. Staff in Luton and Bedfordshire have accessed tests via our partnership approach with East London Foundation Trust at the Treatment Centre and other Bedfordshire locations.

4.8.2 Thanks to everyone that has helped to make this happen in a short timeframe.

### 4.9 Other infections

4.9.1 There were no confirmed bacteraemia cases of MRSA, Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during April and May 2020. We have not been notified of any positive cases of C.difficile during this period.

## 5. Patient Experience

### 5.1 The Patient Story

5.1.1 The Patient Story is from our Luton adult services. A patient who accessed our DESMOND course in 2019 will tell us the impact this course has had on him, and the healthier choices he makes as a consequence.

### 5.2 Friends and Family Test (FFT)

5.2.1 We continue to work in line with FFT national guidance around Covid-19. This has meant that national reporting has paused, however we continue to seek and collate feedback from our patients, families and service users. We have increased the electronic feedback mechanisms following video and telephone appointments and continue to support service users in providing feedback through the FFT and via our Patient Advice & Liaison Service.

5.2.2 From 1 April 2020 the new FFT question - thinking about the service we provide, overall, how was your experience of our service? - has been in use. In line with



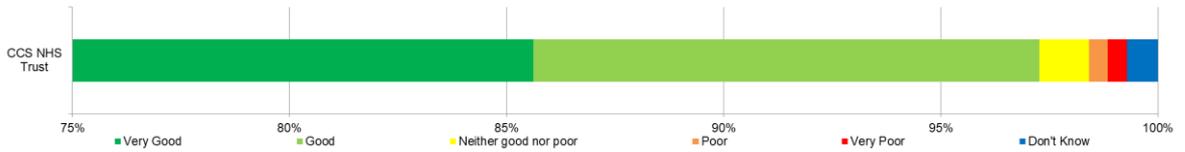
# Provide outstanding care

this, for future reporting, we will report a positive feedback percentage (%) rather than a recommend percentage (%).

5.2.3 We received 231 responses in April and 466 in May to the FFT question.

5.2.4 The overall Trust FFT positive feedback was 97.27%, with a 0.86% negative feedback percentage. The positive feedback % was slightly higher than the previous two month period, the negative feedback was slightly lower. We remain above the Trust target of 90%.

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

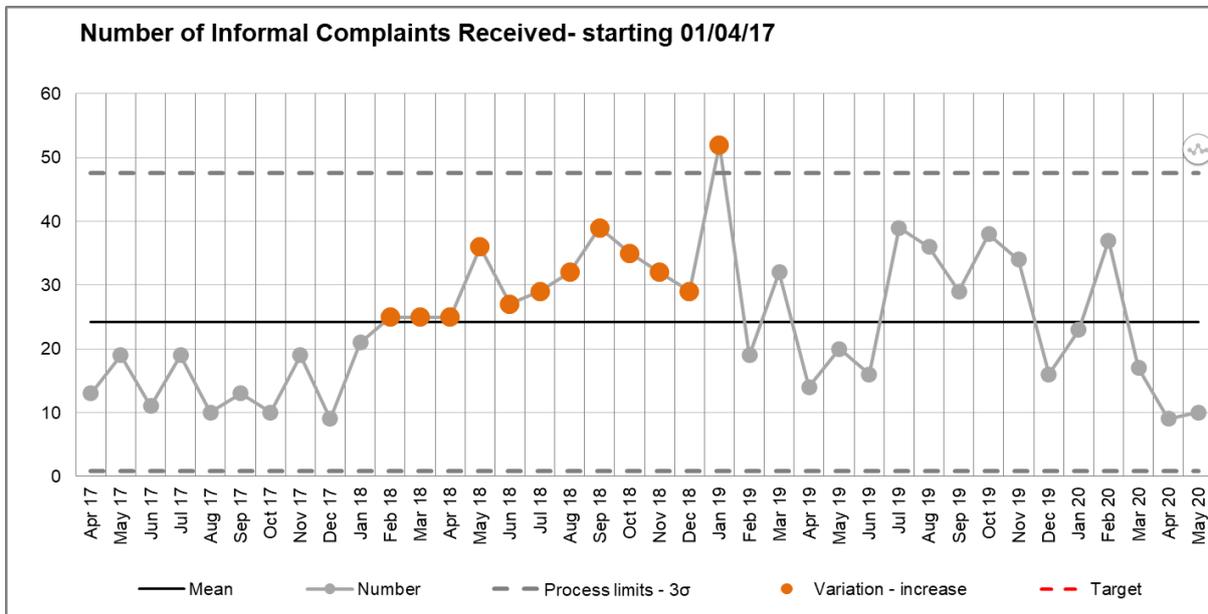


5.2.6 In April and May the services we provide received 902 positive comments on surveys and feedback forms used across the Trust.

5.2.7 In total, there were 1273 comments received and coded by our automated system: 70.9% were positive, 18.7% neutral and 10.4% negative.

## 5.3 Informal complaints received

5.3.1 The total number of informal complaints received and logged was 19 in this data period; this is lower than average but within our expected variance, as shown in the chart below.



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



## Provide outstanding care

### 5.4 Themes and learning from informal complaints closed in April and May 2020

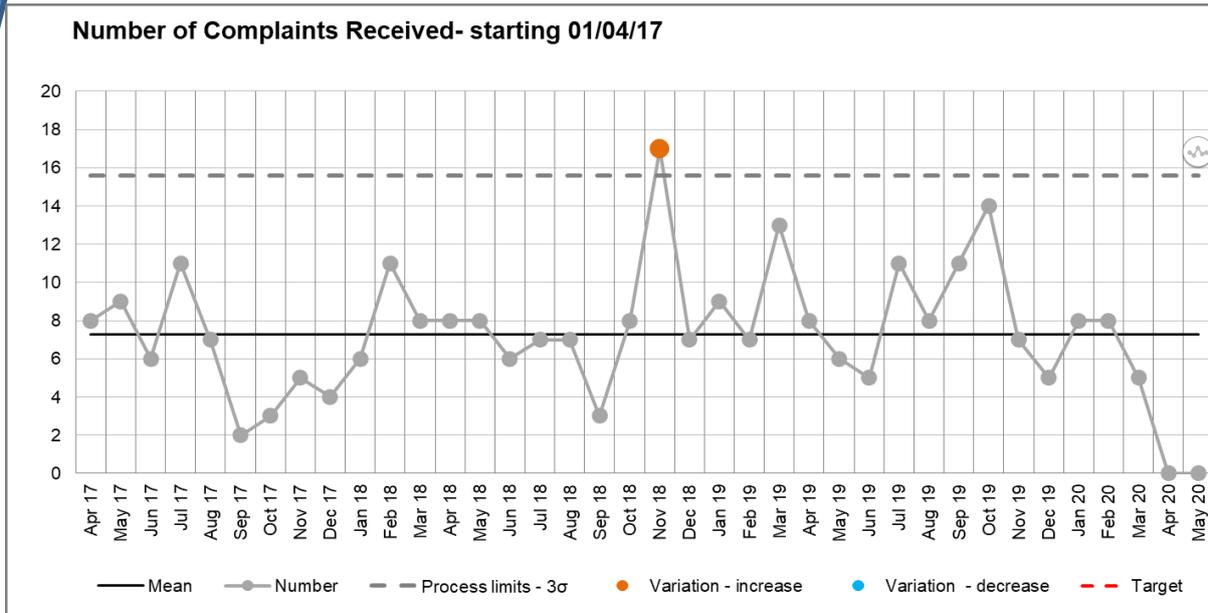
- 5.4.1 The top two themes of the informal complaints closed within this period, were Administration (5) and Communication and Information (4). Both were also the top themes in the previous six months.
- 5.4.2 Of those concerning Administration, all were about iCaSH services, relating to Express Tests (4) and contacting the service by telephone (2).
- 5.4.3 When there is an informal complaint about phone lines or contacting the service the lines are checked for issues and generally none found, the service then make contact with the service user and address whatever they were calling about.
- 5.4.4 Three of the Communication and Information informal complaints were related to iCaSH services, specifically about receiving test results by text multiple times, conflicting advice and unwanted letters to their GP being copied to them.
- 5.4.5 The IT issue was identified as cause of results texts being sent multiple times. This was resolved quickly and apologies given.
- 5.4.6 Express Test informal complaints are resolved by the service making contact and supporting the service user in navigating the website / order replacement kit or provide results.
- 5.4.7 Action was taken following the informal complaint about the service user being copied into letter to remind staff of a number of details about clinical records.
- 5.4.8 The other communication and information informal complaint concerned a New Birth visit where a new mother did not feel supported in a number of areas. This has been addressed with the staff

### 5.5 Formal Complaints

- 5.5.1 The Trust received no formal complaints in this data period. We believe that this is due to Covid19. Our complaints service has continued to operate throughout.



# Provide outstanding care



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

## 5.6 Themes and learning from formal complaints closed in April and May 2020

5.6.1 Within this data period we responded to and closed four formal complaints, from these, four different subjects were identified (access to medical staff, clinical care, staff attitude and quality of care) there were no themes identified.

5.6.2 Learning and actions taken from complaints has included several elements relating to communication, these have included:

- Norfolk HCP staff have been reminded to fully document conversations with service users and to keep parents informed about ongoing discussions with other health professionals.
- Within Dental Services, the importance of clear communication about the treatment has been discussed with staff to ensure that patients understand their treatment pathway.
- The importance of clear and concise communication has been identified as a learning point within MSK. All staff have been reminded to ensure that service users understand the reason and purpose for the approach chosen to manage symptoms.
- Staff within iCaSH have been reminded to ensure that patients are always given full information and advice about how to use contraception effectively.

## 5.7 Complaint response times

5.7.1 in this data period we responded to four formal complaints (three in April and one in May), three of the four (75%) were responded to on time.

5.7.2 The graph below shows the percentage of responses sent on time from April 2017 – May 2020. The percentage of responses sent within time frame in April was 100% (3/3), May was 0%, this relates to the one complaint and had a late response. The timeline and response process for the late response has been reviewed, the investigation process included a

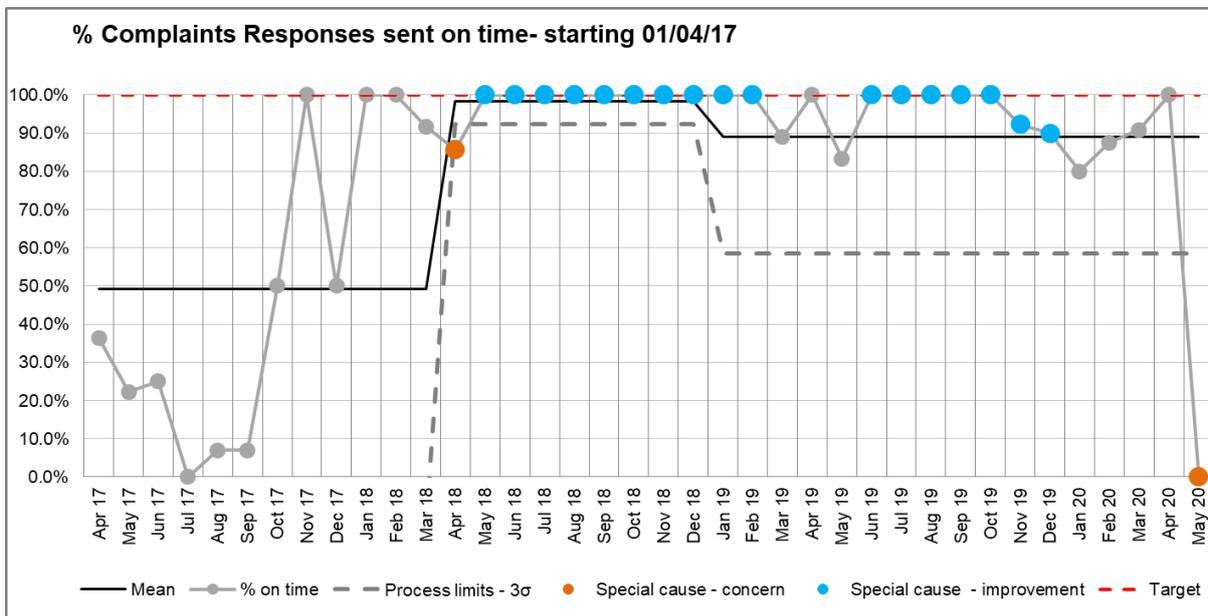


# Provide outstanding care

safety review and sign off was delayed by the impact of Covid19 on senior staff availability.

5.8 The EDS service user objectives for 2019/20 were reviewed. The evidence informed a status quo for the grading of relevant domains with a mixture of Excelling and Achieving. The diversity and inclusion annual report that is being presented to the Board today includes the two proposed service users EDS2 objectives for 2020/21 for the Board to agree. These have been discussed and agreed at our People Participation Committee on 1st July 2020.

- We will measure the impact of our virtual clinical platforms, ensuring that they are fully accessible to the diverse communities we serve
- We will ensure that the recruitment of our volunteers are from the diverse communities they serve.



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

6.1 David Vickers, Medical Director, is working with the Service Directors to support the clinical prioritisation of patients on the waiting list.

6.2 During the Covid19 pandemic, the national RTT compliance target has been suspended. However, we continue to monitor performance with the consultant-led access to our services. The overall Trust performance was 85% for May (target 92%).

6.3 The two main services affected are Community paediatrics in Luton and Bedfordshire.

6.3.1 The Luton Community Paediatric team have seen significant capacity pressures due to staffing resulting in a 33 week average wait for appointments.

A recovery plan is in place with a focus on clinical priority, however progress is limited due to the impact of Covid19. The risk relating to this is rated at 15.

6.3.2 Bedfordshire Community Paediatric Service has capacity pressures at present in relation to 18 week RTT performance (currently 23 weeks on average). A



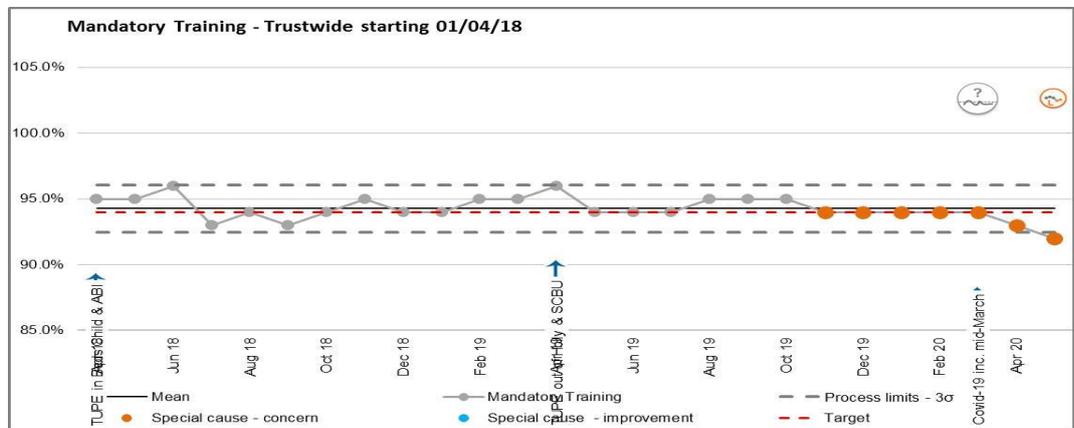
# Provide outstanding care

recovery plan is in place to address the children and young people who require follow up appointments.

## 7. Mandatory training

7.1 Overall mandatory training achieved 93% in April and 92% in May against the Trust target of 94% for 2020 / 2021.

7.2 A number of elements of mandatory training were paused at the beginning of the Covid19 pandemic. Staff were asked to continue with Cardio Pulmonary Resuscitation, Moving & Handling Patients, Infection Prevention & Control and Induction. Reintroduction of a number of elements is being reconsidered alongside planning of service delivery during the forthcoming weeks. For example safeguarding level 3 training is required to be face to face and the safeguarding teams have developed an appropriate on line session which has been piloted, evaluated well and roll out is planned.



## 8. Information Governance

8.1 Mandatory Information Governance Awareness training has remained at 93% overall against a target of 95%. During the ongoing Covid19 period Information Governance training was not on the list of mandatory training staff had to complete unless staff had capacity, due to the extra pressures on Services. The monthly quality dashboard highlights results from each service area. As service areas begin to implement recovery plans we expect the training rates to increase.

8.2 Between April and May, 20 incidents were reported under the Information Governance incident category. The majority of incidents were due to human error for example wrong email or postal address being used or basic information governance best practice not being in place.

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

### 9.1 Luton Adult Services

- The service has, through the dedication of staff, continued to rise to the significant challenges that Covid19 has presented. In addition to the ongoing amazing things that we do to support our patients, the service would like to highlight the fantastic efforts staff at the Luton Treatment centre have undertaken to deliver a programme



## Provide outstanding care

of Covid19 antibody testing for staff in a very short time scale. We are currently in the third and final week of testing and so far have taken 369 samples and are on course to have completed over 450 by the end of the testing period.

- Effective use of technology. As part of the response to Covid19, 110 new laptops with integrated video cameras were distributed among staff across Luton and Bedfordshire Community Services. This enabled a larger number of staff to use video conferencing for internal purposes via Microsoft Teams, as well as to provide patient care through video consultation platforms such as AccuRx and Attend Anywhere. In addition all the residential care homes across Luton now have ipads - the roll out was started by testing the use with our Rapid Response team and one care home for undertaking virtual consultations. This piece of work allowed a really quick response to Covid19 and the subsequent fast rollout of I-pads to all care homes. As a result we were able to respond to the NHSE requirement for all GP's to have weekly check in calls with their aligned care homes, and working with Luton CCG we had this in place well before the required date and have maintained 100% compliance since.
- We are pleased to announce that the work we have been completing in the frailty area has been recognised and shortlisted for an award. We have been shortlisted in the **HSJ Patient Safety Awards 2020** in the Improving Care for Older People Award category. Our entry 'Population Health Management for Frailty' was based on the development of our population health risk tool, which is informed by a live online data dashboard. This dashboard pools patient data about our 7,000 moderately and severely frail individuals over 65 in Luton from partner organisations, allowing clinicians to proactively identify frail older people vulnerable to hospital admissions, to maximise their health, well-being and independence, and minimise exacerbations.

### 9.2 Luton Children's Services

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

### 9.3 Bedfordshire 0-19 HCP

- The 0-19 service have demonstrated an excellent 'can do' attitude and very quickly adapted to a new way of working to ensure all essential services are maintained, balancing the health and wellbeing of service users and staff.
- **The Baby Friendly Team** have been using Attend Anywhere digital platform to undertake video assessments with Mothers. This has proved very successful with lots of positive feedback received via CHIESQ.
- Over one weekend, to mark Breast Feeding Celebration week, the team made a short video [Bedfordshire video](#) to promote the continuation of their service during the pandemic. This was posted it on social media and within a few days they had achieved over 9000 hits

### 9.4 Luton and Bedfordshire AHP Countrywide Services

- AHP services have moved at pace to develop virtual solutions to deliver clinical care during the Covid19 pandemic, including the use of video-conferencing. The



## Provide outstanding care

Speech and Language Therapy Service are now live on the Attend Anywhere platform, with positive feedback from families.

- The Speech and Language Therapy service has had longstanding recruitment and retention challenges. In November 2019, the service had 40% vacancy rate. Following a robust recruitment campaign, in June 2020 the service now has only 1 vacancy (and this is due to a recent internal promotion).

### 9.5 Cambridgeshire 0-19 service

- The joint work on Chat Health, between the School Nurses and the EHWS is being very well received.
- The Special Needs School Nurses have been making training videos for Schools.

### 9.6 Children's Community Specialist Nursing Service

- The seven day a week service continues and early proposals have been submitted as part of the Cambridgeshire and Peterborough recovery planning process to maintain this 7 day approach. The Team continue to fully embrace new ways of working with IT and day-to-day service delivery. The team based at Hinchbrooke Hospital, Huntingdon are also moving to the Oak Tree.

### 9.7 Emotional Health and Wellbeing Service (EHWS)

- The EHWS was successful in its bid for two new Mental Health Support Teams (MHST), building upon the two that have been launched in January 2020. The new teams will be based in Fenland and Peterborough and are expected to start in January 2021.
- The Trainee Education Mental Health Practitioners (within the MHST's) have worked with the communication team to produce an animation for primary aged children about Covid19.
- The joint work on Chat Health, between the School Nurses and the EHWS is being very well received.

### 9.8 Physiotherapy

- Positive feedback from families where we have been able to respond rapidly to identified concerns for existing patients running into problems and provide extremely prompt (same / next day) face-to-face services to address concerns in orthotics and assessment for toxin injection.

### 9.9 Community Paediatrics

- Virtual Multi-Disciplinary Teams are now in place for complex children with face to face assessments where clinically deemed necessary.

### 9.10 Occupational Therapy

- Showcasing the offer:
- The team has been asked by the Royal College of Occupational Therapy to be a showcase example on their central website. The new digital offer has been very well received by the college
- In addition, Occupational Therapy colleagues in Stockport have requested to use our Occupational Therapy site as an information resource for their families. We



## Provide outstanding care

have agreed and created a friendly disclaimer to promote our partnership working with OT colleagues.

### 9.11 Norfolk Children's services

- A case study was submitted to Public Health England sharing a good practice example on the transfer of care between midwifery and health visiting services in Norfolk showcasing the Covid19 joint Working Plan for vulnerable families agreed as a single consistent approach by all Acutes and Children's Social Care.
- Just One Norfolk has continued to develop as a single digital point of access to advice, guidance information and support for Norfolk families and the Norfolk system. This has been apparent throughout Covid19 where the team have developed an array of validated resources resulting in over 600% increased usage - indicating that content is accessible, useful and supporting the community as well as partner agencies.
- There have been many great examples of how the staff and an innovative service model have supported families during Covid19 which has been shared with commissioners and staff for learning and to help model future service development.
- Two successful radio interviews with Future Radio in Norwich:
  - Interview one was with Sarah Archibald, Deputy Clinical Lead to promote ChatHealth and its benefits during this time.
  - The second was with Michaela Jackson, Infant Feeding Champion raising awareness for national breastfeeding celebration week. In the same afternoon, we did see an increase in users on the breastfeeding section of Just One Norfolk.

### 9.12 School Immunisation Service

- Thanks to the extraordinary support from the Trust and ICT team, an online booking system for our Children's School Aged Immunisation Service recovery programme was implemented within a two week period.
- The teams have developed a plan to offer catch-ups of HPV, Men ACWY and TdIPV to all outstanding Children and Young People across schools, Children's Centres, ICaSH clinics and independent venues.

### 9.13 Dental services

- Cambridge, Huntingdon, Peterborough, Wisbech clinics are NHS England / Improvement designated Urgent Dental Care Centres (UDCC) with Cambridge and Peterborough able to treat Covid19 positive patients if required.
- The UDCCs treat patients face to face for aerosol generating procedures or non-aerosol generating procedures either referred in from a General Dentists via a referral management portal or internally from one of dentists who is virtually triaging patients as per the NHS England / Improvement Dental Standard Operating Procedure (SOP).
- The service has performed Minor Oral Surgery procedures on patients with severe need at the request of NHS England / Improvement to prevent those patients attending an Acute Hospital
- The service has received excellent patient feedback, 100% positive recommendation. The number of returns is reduced to the reduction in numbers of patients seen.
- In May the service clinically triaged 965, treated 183 patients face to face and turned away 658 people



## Provide outstanding care

- The Oral Health Improvement team are developing a virtual Webinar based Oral Health Improvement programme as a way of delivering their training during Covid19, if successful this will be a permanent part of their way of working.

### 9.14 MSK

- We have successfully managed to maintain our Physio Advice Line and operate a full Urgent/Emergency Advice and Guidance route into Dynamic Health via Choose and Book (E.R.S) throughout the Covid19 period.
- We have managed 1100 Specialist patients and 3,343 Physiotherapy patients within the service since 20 April 2020 due to availability of technology and the staff's attitude to embrace virtual ways of working. This achievement will ensure we are in an optimum position to restart services.
- We have received "orders" to provide First Contact Physiotherapists at 2 further Primary Care Networks. We are also in discussion with a further 3 Primary Care Networks and supporting an induction of a First Contact Physiotherapist employed directly by a Primary Care Network to ensure they are fully familiar with the processes / system.
- We have reached our 1000<sup>th</sup> Video Consultation on AccuRx utilising AccuRx within Dynamic Health. We have also trialled translators, BSL and are piloting classes and our understanding pain programme online. We have had excellent patient and staff feedback.
- We are working with the GP training lead and the primary care training hub to scope a virtual training programme for GP's over the next 12 months including a joint session with CPFT on post Covid19 symptoms, education on MSK and pelvic health.
- Our Microsoft Team usage has further exploded from use for peer support, transfer of care, induction of new staff, in service training, locality team meetings and unit Q and A's to supervision of Masters students, MDT's with neurosurgery and external meetings with CPFT / CUH / Primary Care for rapid decision making.
- We continue to provide regular exercise classes for the Trust staff on Microsoft Teams. These will be recorded and placed on the Trust intranet for staff to use permanently.

### 9.15 iCaSH

- The service has introduced Accelerated Partner Therapy, offering fast access to treatment to those whose partner has a positive chlamydia diagnosis. This has been adapted to ensure there is minimal requirement for face to face contact and attendance at an iCaSH site.
- iCaSH have stepped in to support the Trusts requirement to offer antibody testing to all staff and developed a plan to provide 1300 staff tests across Norfolk, Suffolk and Cambridgeshire. Mike Passfield has led this work and managed to organise this initiative within one day. Big thank you to him and the iCaSH Team for undertaking this project.
- The service has proactively reviewed all patients registered with a learning disability, vulnerability that accessed the service 12 weeks prior to Covid19 lockdown and any safeguarding concerns / referrals that were made 12 week prior to Covid19 lockdown to ensure that actions resulting from those appointments and



## Provide outstanding care

or referrals have been actioned. All patients have been contacted and additional support offered.

- The service has implemented a dedicated online screening platform for symptomatic patients as part of the business continuity. This is now live in Milton Keynes, Norfolk, and Peterborough. Bedfordshire, Cambridgeshire, and Suffolk are due to launch in a phased approach during the end of June, beginning of July. This will be for a six-month initial period.
- Dr Lynne Gilbert, Associate Specialist and Matthew Winn were interviewed on the 18 June 2020 by the BBC News team. This reported the impact that Covid19 and the reduction of services has had on our patients across the Region and how the service is managing restoration of clinical provision along with the innovations and successful service changes that have been implemented. This was aired week commencing 22 June 2020.

### 9.16 Beds ABI & Neuro Rehabilitation

- Through pooling of all staff across Bedfordshire Neuro Therapy Services we have been able to deliver our essential services in line with the NHS COVID-19 Hospital Discharge Service Requirements document. The teams have increased the hours of delivery 7 days a week from 8am -8pm in order to facilitate hospital discharges on Pathways 1 (into the community) and Pathways 2&3 (into residential rehabilitation).
- Additional services continue to be provided to neurological patients being discharged from hospital in line with the Bedfordshire Discharge SOP:
  - Provision of 'Discharge to assess – Bridging care' to patients being discharged to community. Provision of interim care packages until transfer to social services
  - Extension of criteria for the in-patient pathway to other neurological conditions
  - Psychological screening and support for patients discharged from acute
- The teams have taken up new ways of working, delivering rehabilitation support to patients and supporting each other whilst working from home.
- Whilst many of the staff have been using AccuRx successfully as a medium for video consultation we have recently completed a survey with the teams and have identified a number of training needs to build on competency and confidence in delivering rehabilitation through video calls. Training and support is to be provided in house in line with the SOP.
- Development of a RAG assessment tool to identify those patients who require a face to face visit in order to manage risks. This tool has been further refined and updated on SystemOne.
- 'Moment of Mindfulness' exercises delivered by Dr Scott Ferguson, Clinical Psychologist, ABI team to the CCS community via Microsoft Teams twice daily for a number of weeks during May & June. Scott is working with colleagues to establish additional recorded resources that staff can access via the intranet.

### 9.17 OZC

- The clinical team have now completed redeployment support for Beds ABI and Neurorehabilitation. Our team have had the opportunity to deliver virtual rehabilitation in Bedfordshire during this period which has benefitted our own service development. This opportunity has also allowed the teams to have a closer working relationship and we hope that this will continue in future.
- Focus has been on converting our service offering to a virtual deliverable. This has led to the following:



## Provide outstanding care

- reviewing the triage redevelopment from 2019, and expanding on this so that Triage is now a fully digitised process, integrated into SystemOne.
- delivering bespoke rehabilitation through video conferencing
- In May we successfully piloted the virtual delivery of the interdisciplinary assessment, which is now being offered in lieu of face to face assessments.
- Redeveloping the group component of the intensive programme for virtual delivery, although this has not been delivered in this way yet.
- The admin team continue to provide support with Covid19, most recently offering support with antibody testing.
- As follow up to the virtual offer, we have been working with Co-production (Sarah Kilby) to launch a patient questionnaire about our use of video conferencing to further develop this service.
- In May we invited a past visiting scholar, Prof Jim Jackson to deliver a Teams talk about
- PICS (Post Intensive Care Syndrome) in the context of Covid19. This talk was timely and relevant as we begin to see the impact of Covid19 on neurological functioning and as a cause of ABI.
- Prof Barbara Wilson is currently working on a Covid19 research project with the team at St George's and will be delivering two webinars on this in the coming weeks.



## Be an excellent employer

### A: Assurance Summary

<b>Safe</b>	<ul style="list-style-type: none"> <li>Staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures</li> </ul>	<b>Reasonable</b>
<b>Effective</b>	<ul style="list-style-type: none"> <li>Sickness remains constant and within control limits. Monthly sickness levels at 3.31% which is below Trust maximum of 4%.</li> <li>Stability continues to be above target.</li> <li>Appraisal rates remain below target at 84.47% However this is an area that the Trust suspended full compliance on at the end March 2020 due to Covid-19 pressures.</li> <li>The workforce related local equality delivery system objectives have been delivered for 2019/20.</li> </ul>	<b>Substantial</b>
<b>Well Led</b>	<ul style="list-style-type: none"> <li>Agency spend below annual target.</li> <li>All BAME staff have been offered risks assessments and mitigation is in place as required</li> <li>All staff with high risk factors to COVID-19 are offered staff risk assessments and mitigation is in place as required</li> </ul>	<b>Reasonable</b>

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



## Be an excellent employer

- In October 2019, the National Freedom to Speak Up Guardian Office published their Freedom to Speak Up index. The Trust was identified as the best performing Trust nationally and the Chair, Deputy Chief Executive and Freedom to Speak Up Guardian attended a national awards ceremony to receive our certificate.
- The Freedom to Speak Up index published on 9<sup>th</sup> July 2020 and the Trust has again been identified as the best performing Trust nationally.
- Bi-annual workforce review presented to the Board in November 2019 and July 2020.
- Daily staffing sitreps and Incident Management Team meetings to manage staffing pressures during the current Covid-19 pandemic. Throughout this period all areas have been able to provide all essential services in line with the national mandated list as part of community health services response to Covid-19. No major staffing pressures currently being reported in relation to the delivery of our services at this time.

### B: Measures for Achieving Objective

Measure	20/21 Target	Data source	Reporting frequency	Current position as at end May 2020
Staff recommend the Trust as a good place to work	Above national average	NHS Annual Staff Survey	Annual	Next set of results due March 2021
Our staff feel able to speak up about patient safety issues	Maintain 2018/19 score	Freedom to Speak Up Index and Annual Staff Survey	Annual	Top NHS Trust nationally in July 2020 FTSU Index report
Staff engagement rating	Above national average	NHS Annual Staff Survey	Annual	Next set of results due March 2021
*Sustain the level of overall mandatory training	94%	ESR	Monthly	*92%
Achieve a good staff engagement rating – all staff	Above national average	NHS Annual staff survey	Annual	Next set of results due March 2021
Improve experience for Black, Asian, Minority, Ethnic (BAME) staff	Decrease the numbers of BAME staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months. (2019 baseline – 7.9%)	NHS Annual Staff Survey	Annual	Results available in March 2021



## Be an excellent employer

Improve experience for disabled staff	Decrease in the numbers of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (2019 baseline 18.3%)	NHS Annual Staff Survey	Annual	Results available in March 2021
*Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly	*84.47%
Available staff have had a good quality appraisal in the last 12 months	Improvement achieved from 2019 results	NHS Annual Staff Survey	Annual	Results available in March 2021
Deliver the locally agreed staff related annual Equality Delivery System objectives	Pass/Fail	Equality Delivery System	Annual	Board Review in March 2021
Monthly sickness absence remains below 4%	4%	ESR	Monthly	3.31%
Reduce Annual Staff Turnover	1% improvement from 2019/20 outturn (March 2020 – 13.04%)	ESR	Monthly	12.32%
Maintain Mindful Employer Status	Pass/Fail	HR Team	Monthly	

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

### C: Risks to achieving objective

#### Strategic risks

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

#### Any operational risks 15 and above

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

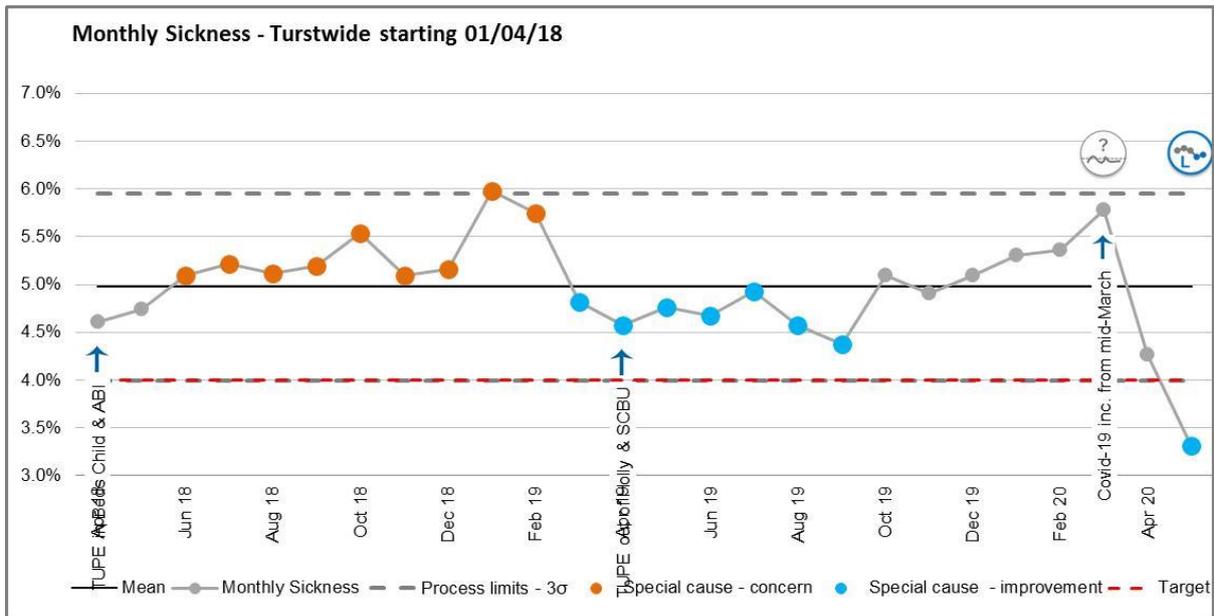


# Be an excellent employer

## D: Overview and analysis

### 1. Sickness

- 1.1. There has been a significant drop in the monthly sickness rate since March 2020 (5.78%). However, the 12 month cumulative rolling rate (4.82%) continues to be above the Trust rolling target of 4%.
- 1.2. Monthly Trust wide reporting for April 4.26% (including Covid-19 sickness), 3.52%(excluding Covid-19 sickness), and for May 3.31% (including Covid-19 sickness) and 3.07% (excluding Covid-19 sickness)
- 1.3. The Trust wide sickness rate has decreased significantly this month, and is now below the Trust's target of 4.0% for 2020/21. Of the 3.31%, 2.31% was attributed to long term sickness and 1.0% short term sickness absence. Luton Community Unit had the highest sickness rate (5.43%) and Corporate having the lowest (0.90%). The top reason is S10 Anxiety/stress/depression/other psychiatric illnesses; work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- 1.4. The Trust monthly sickness rate is below the January 2020 benchmark report for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 5.3%.

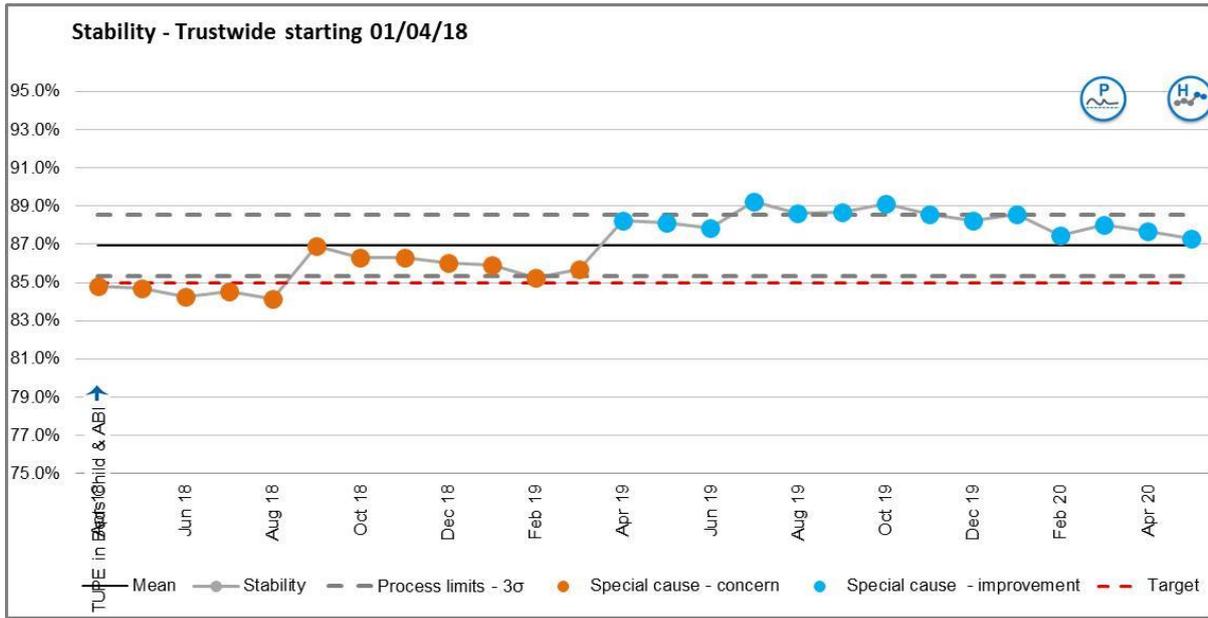


### 2. Stability

- 2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – April 87.7%; May 87.29%; against the Trust target of 85%. This compares favourably to a stability rate of 86.2% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, February 2020).
- 2.2. Stability rates for the Trust are based on the permanent workforce (ie: those on a fixed-term contract of less than one year are excluded).



# Be an excellent employer

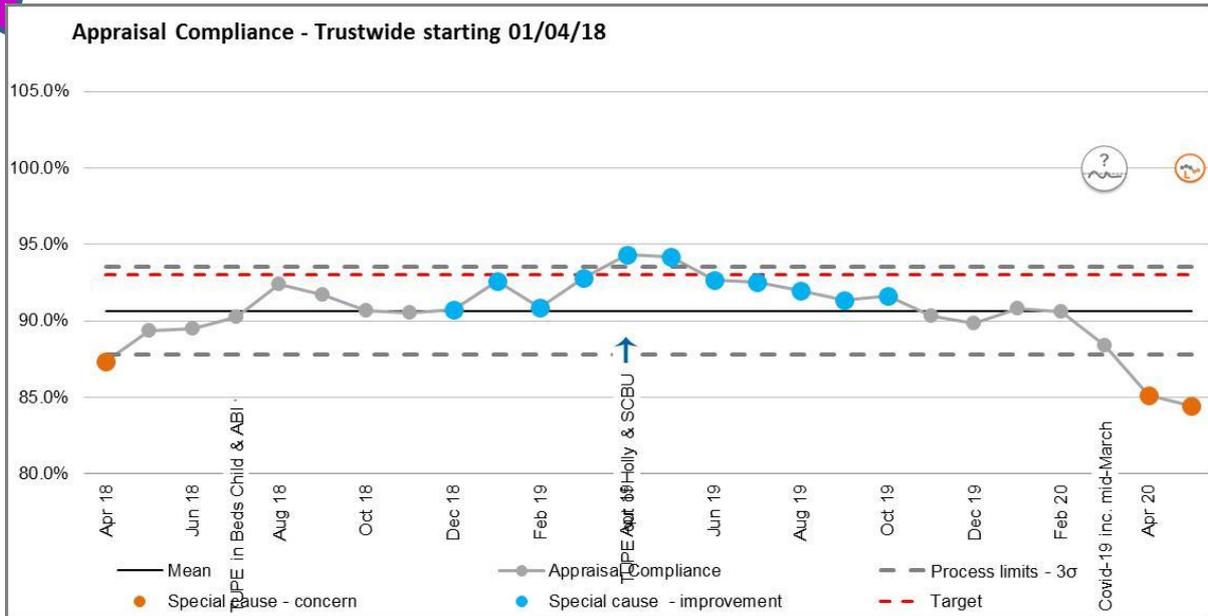


### 3. Appraisals

- 3.1. The following chart shows the percentage of available employees with a current (i.e. within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters are given an appraisal date 12 months from date of commencement.
- 3.2. The Trust wide Appraisal rate has decreased - April 85.12%, May 84.47%, and remains below the target of 93% for 2020/21.
- 3.3. Luton Community Unit has the lowest rate (74.39%) and Luton C&YP Community Unit the highest (89.08%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.
- 3.4. Appraisal compliance remains constant and within limits and is an area that we suspended full compliance on at the end of March 2020 as a consequence of Covid-19. Compliance rates however continue to be reported and reviewed at the relevant Clinical Operational Board.



# Be an excellent employer



## 4. Staff Engagement/Support during Covid-19 Pandemic

4.1. Significant attention continues to be placed on making sure we support and engage with our staff throughout this unprecedented Covid-19 period. A people first approach is being taken and some of the activities that have taken place since our last meeting are detailed below:

- Review of our risk assessment process and expanded to now include a risk assessment for all staff. Priority focus for completion continues to be our BAME employees and any other staff who are at greater clinical risk during Covid-19. A reminder has also been given to line managers of the importance of reviewing risk assessments on a regular basis.
- Holding three targeted BAME question and answer sessions and sharing these conversations Trust-wide. Board members discussed the themes and outcomes from these conversations in our June development sessions.
- Establishment of our BAME network with the first meetings are due to take place on 13<sup>th</sup> and 14<sup>th</sup> July 2020. Over 75 individuals have expressed an interest in joining our BAME network and a verbal update will be provided at the Board meeting.
- Chief Executive message to all staff in relation to #blacklivesmatter and sharing of stories, talks and articles. This has included setting up reverse mentoring with BAME colleagues for our Chief Executive and other Board members.
- A further cultural ambassador has joined our incident management team and is part of our formal decision making in relation to our Covid-19 response.
- Continuing to support our highest risk staff to shield and if possible work from home. Where this has not been possible we have continued to support them to remain off work on full pay. Process currently underway to review risk assessments for this group of staff following the lifting of shielding restrictions from 1<sup>st</sup> August 2020.
- Frequently Asked Questions continue to be circulated on a regular basis to ensure that staff questions/concerns are addressed as quickly as possible. This has included, where appropriate, video messages from our Chief Executive.
- Re-introduced on a fortnightly basis our communications cascade newsletter.



## Be an excellent employer

- Chief Nurse and Medical Director continue to take part in local team discussions and providing advice and guidance to our clinical teams specifically in relation to PPE and general Infection Prevention and Control and clinical prioritisation issues.
- Continued focus on staff health and wellbeing.
- Providing access for all staff to antibody testing should they wish to have this.
- Continued partnership working with our staff side chair and our staff side representatives.
- Promoting our Freedom to Speak Up Guardian and champions and reminding all staff how to raise concerns and responding to these quickly.
- Supporting staff with coaching/mentoring and making connections for individuals as appropriate.
- Running a virtual leadership forum with over 100 leaders across the Trust. Focus was on supporting each other and personal resilience and learning together from our experiences of Covid-19.
- Running two virtual induction sessions for staff who had joined the Trust since April 2020 when face-to-face corporate inductions had been postponed. Virtual
- Induction sessions have now been booked in on a regular basis going forward

4.2 Unfortunately, we have seen an increase in the number of payroll issues being experienced by staff. Significant numbers of payroll forms have been rejected for a variety of reasons. These issues have occurred predominately across our Bedfordshire and Luton services and within our iCaSH Milton Keynes service. These have had a negative impact on staff morale. A variety of actions have been put in place and our finance lead is working with our payroll provider to rectify all outstanding issues as quickly as possible. In addition, our payroll lead has pulled together some additional guidance for managers and they are also offering direct training to line managers. .

### 5. **Formal Reporting of Covid-19 Staff Risk Assessments to NHS England and NHS Improvement**

5.1 Following a letter to Chairs and Chief Executives dated 24<sup>th</sup> June 2020 and a further letter to Trust's dated 7<sup>th</sup> July 2020, it can be confirmed that the Trust will be submitting national sitreps in relation to the following questions:

- Have you offered a risk assessment to all staff? Y/N
- What % of all your staff have you risk assessed?
- What % of risk assessments have been completed for staff who are known to be 'at risk', with mitigating steps agreed where necessary?
- What % of risk assessments have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary?

5.2 The national ask is that for all staff defined as being 'at risk' to have had a risk assessment by 23<sup>rd</sup> July 2020 at the latest. For clarity 'at risk' in relation to Covid-19 is currently defined as:

- All Black, Asian and minority ethnic staff (BAME)
- White European ethnicity aged 60+
- Male
- Underlying health conditions (Hypertension, CVD, DM, CKD, COPD, Obesity)
- Pregnancy



## Be an excellent employer

- 5.3 The first national sitrep runs until 17<sup>th</sup> July 2020 and the second one finishes on 31<sup>st</sup> July 2020. As we were not centrally recording the completion of risk assessments, the human resources team are currently in the process of contacting all line managers to gather this information. A formal position statement in relation to the four questions will be presented to the Board at the meeting.
- 5.4 The Trust has been promoting and discussing the need for individual risk assessments for all BAME, pregnant and any staff with one or more of the identified underlying health conditions since late May 2020 and, therefore, a high level of compliance is expected in these areas.
- 5.5 White European and male are newer 'at risk' categories, therefore, we may see a lower level of completion initially; however, there is no reason to believe that full compliance is not achievable by 23<sup>rd</sup> July 2020.

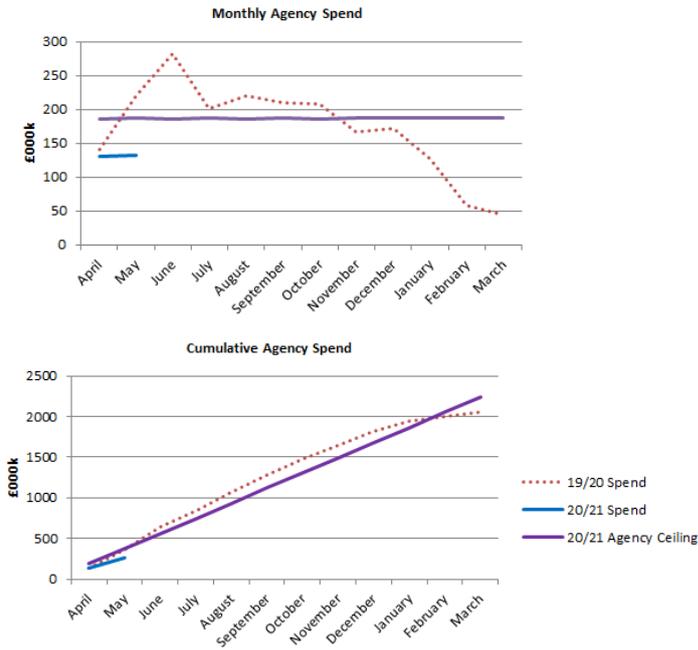
### 6. **Delivery of our local workforce related Equality Delivery System 2 objectives**

- 6.1 For 2019/20 our two local workforce related Equality Delivery System 2 (EDS2) objectives were:
  - To introduce a Disability Passport Scheme to record agreed reasonable adjustments
  - To utilise the diverse experiences and backgrounds of our board members in promoting an inclusive culture
- 6.2 These were reviewed at our Workforce Diversity and Inclusion EDS2 rating event on 25<sup>th</sup> March 2020. At this event it was confirmed that the Trust had introduced an adjustments passport in December 2019 and that both Executive Directors and Non-Executive Directors had received diversity mentoring/Big9 training in 2019/20. These objectives had therefore been delivered in 2019/20.
- 6.3 The diversity and inclusion annual report that is being presented to the Board today includes the two proposed local workforce EDS2 objectives for 2020/21 for the Board to agree. These have been discussed and agreed at our People Participation Committee on 1<sup>st</sup> July 2020.



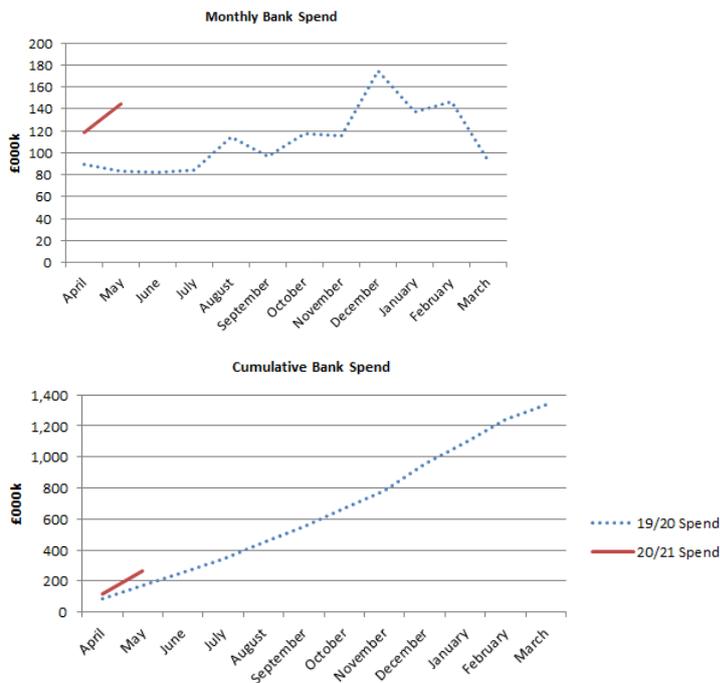
# Be an excellent employer

## 7. Agency/bank spend



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

7.2 The Trust’s cumulative agency spend to Month 2 is £263k against a spend ceiling of £372k. Covid 19 service delivery changes have reduced the demand on agency hours.





## Be an excellent employer

- 7.3 To assist the Trust to remain within the agency spend ceiling, the services have the availability of bank staff to fill short term staffing pressures. Cumulative bank spend at month 2 was £263k. This has increased from 2019/20 spend at month 2 of £172k, which demonstrated a positive increase in usage.
  
- 7.4 The Trust has implemented a weekly bank payment process to attract more staff onto the bank and improve the talent pool available to services.



## Collaborate with others

### A: Assurance Summary

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

- In addition to the overview and analysis of performance for April and May 2020 as set out below, the Board can take assurance from the following sources:
  - The Trust has in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), East London NHS Foundation Trust (ELFT) and across the provider landscape in Luton.
  - The Trust fully participates in STP/ICS activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes (BLMK) and has a representation on Norfolk's Children Board.
  - Deputy Chief Executive jointly chairs the Bedfordshire Local Resilience Forum Health and Social Care Cell with Deputy Chief Executive from ELFT and Director of Adult Social Services from Bedford Borough Council. This forum is managing the Bedfordshire and Luton Out of Hospital response to Covid-19.
  - Deputy Chief Executive is a member of BLMK Health Cell which is managing the BLMK health response to Covid-19.
  - Collaboration is at the core of the Trust's research activities.
  - Director of Governance is a member of Cambridgeshire and Peterborough STP gold response to Covid-19.

### B: Measures for Achieving Objective

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



### 2. Collaborative partnership working with East London NHS Foundation Trust

2.1 The Joint Partnership Board has met on the 29<sup>th</sup> May 2020 and 26 June 2020. The Partnership Board was cancelled on 24<sup>th</sup> April 2020 due to Covid-19.

2.2 The Board discussed the following areas:

- Outcomes/incentive payments – 19/20 outturn and escalation
- Transformation updates
- Performance and contract compliance
- Shaping our Future
- Estates rationalisation
- Response to Covid-19 – reflections and escalations
- Swabbing and antibody testing

### 3. Bedfordshire Local Resilience Forum Health and Social Care Cell

3.1 This strategic group has continued to meet twice weekly during April and May and weekly since 22<sup>nd</sup> May 2020. This Cell is jointly chaired by CCS Deputy Chief Executive, ELFT Deputy Chief Executive and Director of Adult Social Services, Bedford Borough Council. This group is supported by a whole system tactical group that meets twice a week and is chaired by Clare Steward.

3.2 The main areas of focus for the group are:

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

3.3 The cell is running as a workshop on Friday 10<sup>th</sup> July 2020 with the aim of pulling together a place based, whole system view/narrative around the priorities/challenges for health and social care between now and the end March 2021. The outcome of this workshop will be embedded into the next BLMK recovery plan submission to NHS England and NHS Improvement which is due by mid-July 2020 which will enable a whole system approach to be described.

### 4. **BLMK Partnership Board – Integrated Care System (ICS)**

- 4.1 The BLMK Partnership Board met on 3 July 2020. Mary Elford and Anita Pisani attended on behalf of the Trust.
- 4.2 Dr Rima Makarem has been appointed as the systems independent chair and this was her first Partnership Board meeting. Dr Makarem shared her reflections to date and her aspirations for the future of the ICS.
- 4.3 An update was provided to the Board on progress and next steps in relation to the development of the BMK recovery plan.

### 5. **Bedfordshire Care Alliance – Integrated Care Partnership**

- 5.1 Dr Tammy Angel, Clinical Lead at the Luton and Dunstable Hospital has been appointed interim programme director for the Bedfordshire Care Alliance (BCA).
- 5.2 On the 24<sup>th</sup> June 2020, she hosted an initial workshop with key stakeholders to reinvigorate the work of the BCA and to identify next steps
- 5.3 Following the workshop and the BCA Chief Executive meeting she has created an initial high-level action plan focussing on: data analysis to determine local demand; frailty framework gap analysis; meeting structure and organisational development; synthesis of the Direct Enhanced Services/ Long term plan/ Ageing well- alignment of primary care service specification and national drivers with statutory social care enablement.
- 5.4 She has visited our services at the Poynt to enable her to take part in a ‘huddle’ and to see the shared data set that we have created with primary care, which she was impressed with.
- 5.5 In addition, the Trust continues to work with East London Foundation Trust on the alignment of our adult services across Bedfordshire.

### 6. **Care Quality Commission - Provider Collaboration Reviews**

- 6.1 The Care Quality Commission (CQC) will be undertaking eleven provider collaboration reviews across the country between now and September 2020 and they have chosen BLMK ICS for one of these reviews with a focus on the Luton system. The outcome of these reviews will be reported in their Covid insight report that they are planning to publish in September 2020.

6.2 The aim of the provider collaboration review is to:

- Support providers across systems by sharing learning around the positive impact of partnership efforts, resulting in improved experiences and outcomes for those who have used services during the pandemic.
- Share the learning of approaches underway to support preparation for re-establishing services.
- To share learning with Department of Health and Social Care, providers and stakeholders at local and national levels in advance of any subsequent peaks and pre winter 20/21, driving improvement.

6.3 The review across Luton will focus on health and social care services for the over 65 population. This will include a focus on their access to and experiences of urgent and emergency care services.

6.4 The review will take place over a week and will commence on 13<sup>th</sup> July 2020. A pre-review meeting took place with the Inspection Manager on 9<sup>th</sup> July 2020 to discuss the logistics and planning for the review.

6.5 During the week the CQC team aim to interview as many system leaders as possible, either individually or in groups, and the Trust will be actively involved in the review.

### 7. **Cambridgeshire and Peterborough Best Start in Life Strategy**

7.1 This work continues to be led by John Peberdy our Service Director for Children and Young Peoples Services across Cambridgeshire and Peterborough.

7.2 A memorandum of understanding has been agreed together with an intent to produce a pledge for non-core stakeholders such as nurseries.

7.3 Two 'place based' conversations have taken place, one in wisbech and one in Cambridge City to determine local priorities.

7.4 The communications and digital group is being reinvigorated.

### 8. **Norfolk Alliance**

8.1 A memorandum of understanding has been agreed.

8.2 The development of the Alliance Agreement (target was October 2020) has been put on hold during Covid-19. Delay to Alliance Agreement has no material consequence for the Trust as our services are outside the initial focus.

### 9. **Research Update – April – May 2020**

#### 9.1 **Clinical Research Overview**

## Collaborate with others

9.1.1 The Covid-19 pandemic response has meant that non-essential research activity was suspended in March, as per the Board decision. In addition, the Department of Health and Social Care (DHSC) have requested that all Trusts prioritised the NIHR studies which are focused on Covid-19 randomised control trials, surveys and data collection. No suitable Covid-19 NIHR studies, have appeared on the portfolio, for community Trusts.

9.1.2 The studies which were suspended in April and May 2020 are shown in *Table 1*. The total of participants recruited within this two month reporting period is therefore, **1**. This is from the Climb study which is Trust wide study. We were expecting a higher number for this, but it appears that the Academic Research Team have been delayed on uploading the numbers onto the national database. The PrEP study continued in i-CaSH, to monitor follow ups only and no new recruitment occurred.

### 9.2 National Institute for Health Research (NIHR) Portfolio studies:

9.2.1 The NIHR Clinical Research Network (NIHR CRN) has a Portfolio of studies consisting of high-quality clinical research studies which are eligible for consideration for support from the Clinical Research Network (CRN) in England. Studies that the Trust is currently involved in are detailed in *table 1* below. The research team continued to scope for studies to consider their feasibility for the Trust. The DHSC national priority is to support adoption of relevant Covid-19 studies.

9.2.2 As a point to note, this Trust achieved the **second highest number** of participants to the Children's NIHR work stream in the East of England region, last year.

**Table 1: Clinical Research Summary Table for NIHR Portfolio Studies (updated 30/05/2020)**

NIHR Portfolio studies	Speciality/ clinical area/ location	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for April to March	Trend	Highlights	Impacts
CLIMB data consent study	Trust Wide (staff & patients)	CPFT, University of Cambridge	1	1		On Hold Large survey study	High recruitment
HIV Pre-exposure Prophylaxis (PrEP)	Ambulatory i-CaSH 9 clinics	Public Health England, Chelsea & Westminster Hospital NHS foundation trust	0	0		On Hold Recruitment is now slowing down due to most of allocated funding used	Potentially UK wide impact on preventing HIV transmission
Fatigue in long term conditions	Respiratory Team Luton Adults	Kings College London	0	0		On Hold First observational study within this team	Potentially other studies in the pipeline
Youtube	Children & Young People's Service (CYPS) Cambridge	University of York	0	0		On Hold PIC site for recruitment	Building research knowledge in an area of high interest.
Balance Study	Children & Young	Moorfields	0	0		On Hold	Important

	People's Service (CYPs) Orthoptics/	Eye Hospital				Newly opened MHRA randomised trial	technology study
<b>Total recruitment within this period:</b>		1	1	<b>Recruitment suspended</b>		<b>Behind target for potential Research Capability Funding (RCF) next year was awarded for 2019/20 recruitment levels (*2)</b>	

(\*1) All figures accurate as of 30/05/20 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases).

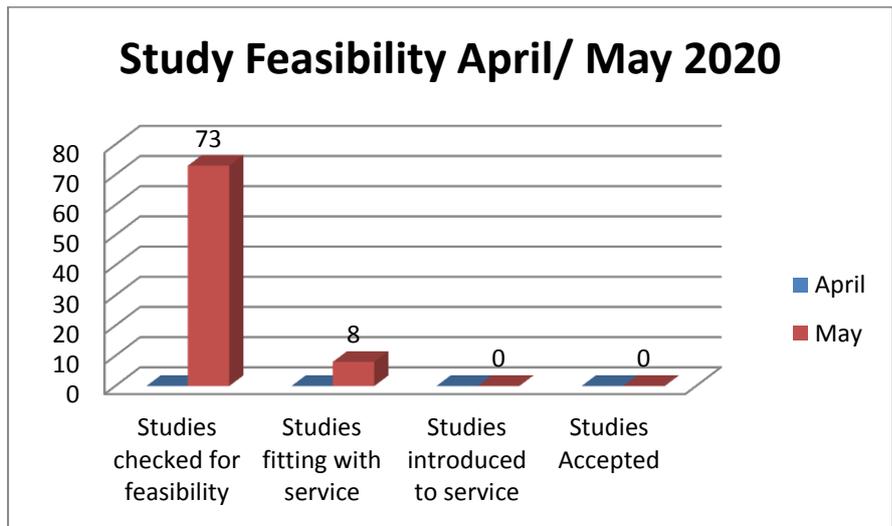
(\*2) Research Capability Funding (RCF) is allocated to research-active NHS health care providers if they recruited at least 500 individuals to non-commercial studies, conducted through the NIHR Clinical Research Network (CRN), during the previous NIHR CRN reporting period of 1 October – 30 September.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

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

### 9.3 NIHR portfolio studies which have been considered for feasibility

During this period of time the research team has considered **73** studies for suitability for adoption into the Trust, only 8 were potentially fitting with CCS NHST services (please see Chart 1). As all Trust research was suspended during April/May, no services were approached to consider the studies. The vast majority of studies discounted were related to Covid-19 studies and were all being run within an acute hospital setting.

Chart 1: NIHR Portfolio studies considered for feasibility.



### 9.4 Non-portfolio studies which have been considered for feasibility

There were two non-portfolio studies which were considered during this period. One was a PhD which required a pharmacy and staff who had been involved in research. The other was

## Collaborate with others

a project which involved managers at Band 7 and above listening to music daily and have psychometric tests being undertaken on a regular basis. This study was unable to be accommodated during this time.

**Table 3: Non- Portfolio studies considered for feasibility.**

Non-portfolio study considered	Speciality/ clinical area/ location	Study overview	Collaboration with University/ University Trust	Date feasibility carried out	Barrier/s to adoption
PhD study of pharmacy involvement in research.	Pharmacy	Pharmacy Involvement in Research	University of York	15/05/20	Survey was specifically for pharmacies rather than pharmacists. Not applicable to our Trust.
Clinical Psychologist Professional Doctorate project	Trust wide, Managers Band 7 and above.	Looking at the impact of music on reducing stress	UEA	04/20	Had prelim approval by Medical Director but needed to be suspended due to Covid-19.

### 9.5 Cambridgeshire Community Services CRN Patient Research Experience Survey (PRES) 2019-2020.

9.5.1 This is an annual survey of participants who had been involved in research studies. Feedback was obtained via the shortened CRN Eastern PRES questionnaire. This survey consisted of 8 questions related to research, including an additional feedback option.

9.5.2 There were **54** responses received from two research studies (PREP in iCaSH; n= 51 and RS Fibro in Dynamic Health; n = 3). In the previous survey, our Trust had only had one response.

### 9.6 Clinical Research Summary for Non-Portfolio Studies (HRA permissions gained)

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

9.7 **Student Studies – Local Permissions.** During this reporting period there were **no** studies which received local Trust permission.

### 9.8 Non-Student studies – Local Permissions

9.8.1 There were two studies (surveys) which related to Covid-19. One was a MSK Covid-19 study from the University of East Anglia and the other was from the University of Roehampton exploring the psychological impact of Covid-19 on front line staff with a survey to complete. Both surveys were flagged up in the staff Comms newsletter, in case any staff were interested in completing but neither survey were not heavily promoted.

### 9.9 Fellowships, Internships and Grants:

9.9.1 The Fellowships and Internships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education East (HEE). In this

## Collaborate with others

reporting period there were no staff who were planning to submit a Fellowship application and no staff who had commenced a new Fellowship.

9.9.2 The two of the clinicians who are on the ARC Fellowship Programme which were to be completed in December 2020, due to Covid-19, have had their Fellowships extended an additional 12 months until December 2021.

### Grants:

9.9.3 One of the paediatricians has had success with a small NHS Charities grant to continue to improve the award winning hearing App that she has been developing.

9.9.4 The NIHR Research for Patient Benefit (RfPB) for a study exploring homebased music therapy with patients who have had strokes (*table 4*) and the stage 1 application was to be re-submitted for the next round with the deadline being in May 2020, but this submission date has been extended to July 2020.

9.9.5 We are still awaiting the outcome of two NIHR stage 2 grants, as listed in table 4.

**Table 4: Summary Table for Fellowships/Internships and NIHR Grant Submission/s Applied for and results within this reporting period (updated 31/05/2020)**

NIHR Fellowships/grant	Area	Numbers	Trend	Collaborations	Impacts/potential impacts
NHS Charities	<b>CYPS National</b>	One	<b>New funding stream. £5,000. Successful.</b>	University Hospitals, Cambridge	National impact, to develop the hearing App to have a hearing screening element. Hearing tests have been suspended due to Covid-19.
NIHR Research for Patient Benefit (RfPB)	<b>Ambulatory Care Neuro-rehab Bedford</b>	One submission of stage one.	<b>Unsuccessful.</b> To be re-submitted. Feedback from peer review at NIHR RfPB panel taken on board.	Research Fellows from ARU, Research team and Neuro Rehab team	Potential to have a music therapy grant running in Neuro-rehab, Bedford
NIHR/HEE Applied Research Collaboration (ARC) Fellowships	<b>CYPS Norwich &amp; Luton</b>	Two	Fellowship commenced January 2020 for 12/12. <b>Both extended to December 2021.</b>	Applied Research Collaboration (ARC)	Working with children in geographical areas of high health needs.
NIHR Research for Patient Benefit (RfPB)	<b>Ambulatory Care i-CaSH</b>	One submission of stage two.	<b>Still awaiting outcome for stage 2.</b>	Academics from UoOxford i-CaSH consultant	Breast feeding and HIV. Another potential study for i-CaSH
NIHR Research for Patient Benefit (RfPB)	<b>Luton Adults</b>	One submission of stage two.	<b>Still awaiting outcome for stage 2.</b>	University of Cambridge (Cambridge Institute of Public Health & School of Clinical Medicine)	Frailty project links to Luton service.

#### 9.10 Research Assurances:

- National High Level Objectives (HLO) as determined by the DHSC and monitored by the CRN Eastern.
  - HLO1 Participant recruitment to studies
  - HLO2a Recruitment to time and target for Industry studies – no commercial studies running currently in the Trust.
  - HLO2b Recruitment to time and target for non-commercial studies.

#### 9.11 The CRN has suspended these HLO as priorities during the Covid-19 pandemic.

- **Health Research Authority (HRA)** national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.
- **NIHR National Performance Metrics** – Performance in Initiating (PII) and Performance in Delivering (PID) currently suspended and not being collated by the DHSC.

#### 9.12 Published papers & posters within this period

8.12.1 No papers or posters have been published during this period.

### 9.13 Clinical Research Summary for Non-Portfolio Studies (HRA permissions gained)

9.13.1 Non-portfolio studies are studies that do not meet the criteria for adoption by NIHR and are therefore, not entitled to Clinical Research Network (CRN) funding or support. Studies which are defined as research then projects are still required to be submitted to the Health Research Authority (HRA) for approval. **One** student project, on the impact of music on psychological mood, from the UEA received HRA approval within this reporting period, however this study was unable to be accommodated.

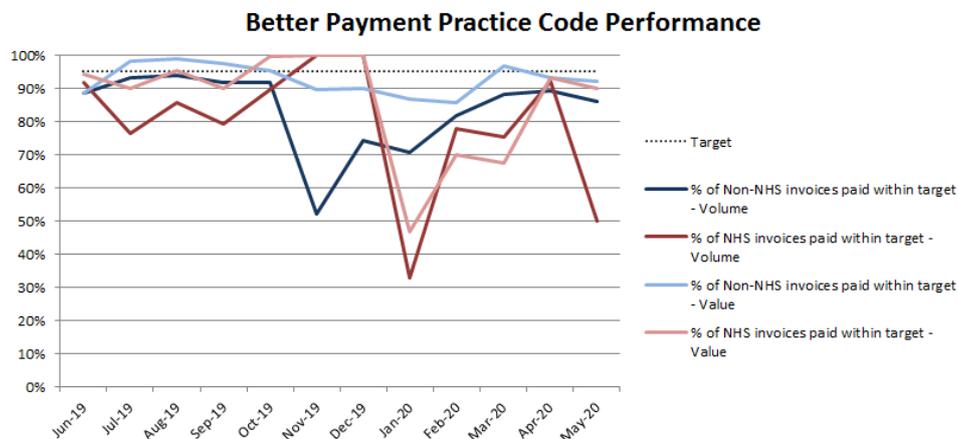
#### Student Studies – Local Permissions.

9.13.2 During this reporting period there were **no** studies which were submitted for Trust approval and permission.

#### Non-Student Studies – Local Permissions.

9.13.3 During this reporting period there were two studies. One on musculo-skeletal problems within the pandemic, in conjunction with the University of East Anglia and another survey from the University of Roehampton looking at the impact of psychological stress during the pandemic.

## 10. Public sector prompt payments



10.1 The average in month prompt payment results across the four categories was 92% in month 1 and 80% in month 2. In month 2, the Trust achieved 90% or above in two categories.

10.2 With regards to NHS invoices, only 50% of invoices were paid on time. Analysing this figure further, 31 of the 115 invoice were paid after 31 days and an additional 9 invoices paid after 39 days. If, for illustrative purposes, we were to include these into the volume of invoices paid on time category, achievement would increase to 84%, while also increasing the value category to 95%.

10.3 With regards to Non-NHS invoices, achievement in both categories has been relatively consistent across both categories in the last 3 months – with above 90% achievement

## Collaborate with others

in March and April and 89% achievement in May. Invoices are being approved and processed quicker as service users have adapted to the Oracle system and SBS have corrected issues slowing the invoicing process. A new email address has been provided for suppliers to directly send invoices to, this has contributed to this sustained achievement level.

- 10.4 The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly. Further processes are being implemented to increase the monitoring of invoices and improve their allocation to services.

## A: Assurance Summary

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

1. In accordance with the Trust's Assurance Framework, the Board receives assurance from the reporting of the Trust's financial sustainability and performance from the 2 risks Strategic Risks numbers 3156 and 3167, and Clinical Operational reporting of financial performance and escalation processes.
2. The Trust Board will also take assurance from External Auditor's Unqualified opinion and its "Value for Money conclusion" of the Trust's 2019/20 accounts. Internal Auditor's assessments during 2019/20 provided a conclusion the Trust has an adequate and effective framework for risk management, governance and internal control. The Trust's Local Counter Fraud Service (LCFS) annual report included a summary of work carried out during the year which concludes the Trust has a strong anti-fraud culture.
3. The COVID-19 pandemic has required emergency funding measures to be put in place for the current and potential future financial reporting period. The Trust's year to date financial performance is showing a favourable position against the original plan, and the reasons for this are explained more fully in the Income and Expenditure section below.

## B: Measures for Achieving Objective

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



# Be a Sustainable Organisation

## C: Risks to achieving objective Strategic risks

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

### Any operational risks 15 and above

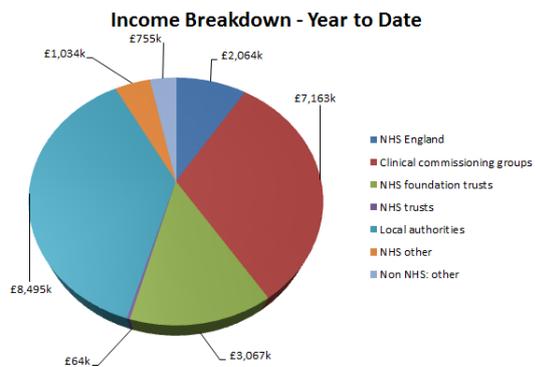
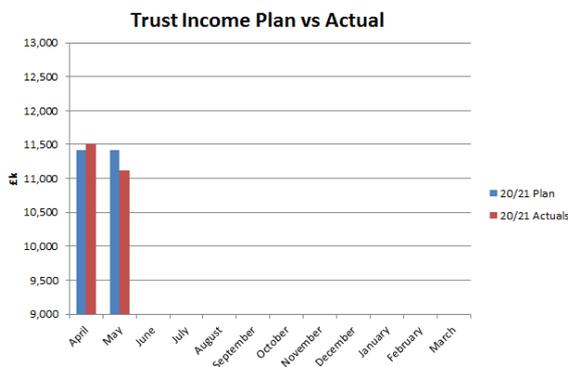
1. **Risk ID 3192** – There is a risk that the Trust will not have sufficient ICT provision to be able to respond to the demand during Covid-19. (Risk Rating 16)

## D: Overview and analysis

### Finance scorecard

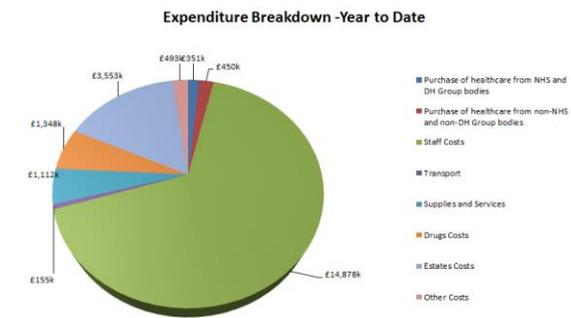
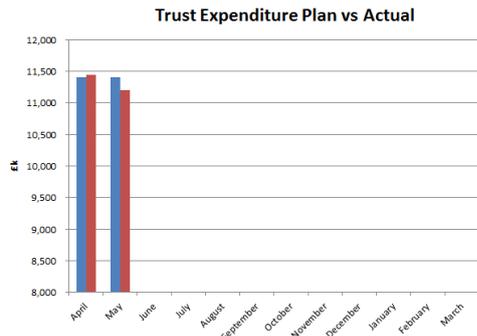
Finance Dashboard	Section in Report	Plan M2	Actual M2	Variance M2
Operating income	1	£22,838k	£22,642k	(£196k)
Employee expenses	1	(£14,520k)	(£14,858k)	(£338k)
Operating expenses excluding employee expenses	1	(£7,990k)	(£7,482k)	£508k
Trust Surplus/(Deficit)	1	£167k	£0k	(£167k)
Closing Cash Balance	2	£11,547k	£19,813k	£8,266k
Capital Programme	4	£560k	£1,092k	£532k
Agency Spend	SO2 - 4	£312k	£263k	£49k
Bank Spend	SO2 - 4	£290k	£263k	£27k

### 1. Income and expenditure





# Be a Sustainable Organisation



1.1. Due to Covid 19 pandemic, interim block funding arrangements are in operation for 20/21, based on and uplift of 2.8% on 2019/20 contract values. This arrangement is expected to continue for the financial year, with monthly financial monitoring of cash flows and further guidance is expected from NHSE/I later in the year.

1.2. The direct clinical service budget position in each Service Division is:

Division Level	May-20					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	152	(3,201)	(1,228)	(4,277)	(4,874)	597
Bedfordshire Community Unit	187	(2,147)	(382)	(2,342)	(2,328)	(14)
Childrens & Younger Peoples Services	420	(4,863)	(417)	(4,860)	(5,020)	160
Luton Community Unit	288	(3,114)	(529)	(3,355)	(3,541)	186
Other Services	21,596	(1,554)	(5,208)	14,834	15,930	(1,096)
<b>CCS Total @ 31st May 2020</b>	<b>22,643</b>	<b>(14,879)</b>	<b>(7,764)</b>	<b>-</b>	<b>167</b>	<b>(167)</b>

1.2.1. Ambulatory Care Services delivered an underspend of £283k in month 1 and an underspend of £314k in month 2. The main reason for the cumulative underspend, which is mainly in non-pay expenditure, is due to the reduction in service activity resulting from Covid 19, particularly in pathology costs in the iCaSH services.

1.2.2. Bedfordshire Community Unit delivered a £27k overspend in month 1 and a £13k underspend in month 2. The main reason for the overspend is due to lower than expected income in Specialist Services.

1.2.3. Children's & Younger Peoples Services delivered an underspend of £42k in month 1 and a £118k underspend in month 2. The main reason for the underspend is a fall in Non-Pay expenditure, particularly reduced travel costs as a result of Covid 19.

1.2.4. Luton Community Unit (including Luton Children's Services) delivered an underspend of £84k in month 1 and a £102k underspend in month 2. The cumulative underspend position is due to pay establishment savings in both Adult and Children's services.



# Be a Sustainable Organisation

## 2. Cash position



2.1 The cash balance of £19.8m at month 2 represents an overall increase of £7.3m on the previously reported position at month 12. The Trust has received block contract payments in advance in line with national Covid 19 guidance. This additional cash is currently being held in reserves, and will be managed alongside the income and expenditure flows during the next few months.

## 3. Statement of Financial Position

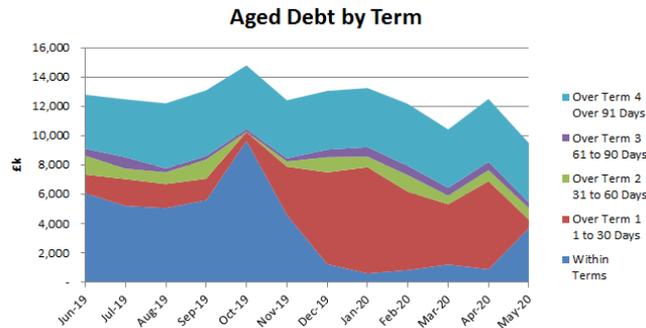
### Statement of Financial Position

	May 2020 £'000	March 2020 £'000
<b>Non-Current Assets</b>		
Property, plant and equipment	54,902	54,284
Intangible assets	293	304
<b>Total non-current assets</b>	<b>55,195</b>	<b>54,588</b>
<b>Current assets</b>		
Inventories	41	41
Trade and other receivables	14,244	13,981
Cash and cash equivalents	19,817	11,550
<b>Total current assets</b>	<b>34,102</b>	<b>25,572</b>
<b>Total assets</b>	<b>89,297</b>	<b>80,160</b>
<b>Current liabilities</b>		
Trade and other payables	(22,518)	(13,383)
Provisions	(622)	(622)
<b>Total current liabilities</b>	<b>(23,140)</b>	<b>(14,005)</b>
<b>Net current assets</b>	<b>10,962</b>	<b>11,567</b>
<b>Total assets less current liabilities</b>	<b>66,157</b>	<b>66,155</b>
<b>Non-current liabilities</b>		
Trade and other payables	(1,045)	(1,045)
Provisions	(1,264)	(1,264)
<b>Total non-current liabilities</b>	<b>(2,309)</b>	<b>(2,309)</b>
<b>Total assets employed</b>	<b>63,848</b>	<b>63,846</b>
<b>Financed by taxpayers' equity:</b>		
Public dividend capital	2,245	2,245
Retained earnings	43,957	43,955
Revaluation Reserve	19,299	19,299
Merger Reserve	(1,653)	(1,653)
<b>Total Taxpayers' Equity</b>	<b>63,848</b>	<b>63,846</b>



# Be a Sustainable Organisation

- 3.1. Trade and other payables has increased over the reporting period by £9.1m, due to the deferral of income received in advance, and trade and other receivables have increased over the reporting period by £0.2m.



- 3.2. Total trade receivables increased by £2.1m in April to £12.5m and then decreased by £3m in May to £9.5m. The breakdown in May is £4.3m (45%) from NHS organisations; £4.4m (47%) from Local Authorities; and £0.8m (8%) from other parties.
- 3.3 Of the receivables over terms, the main organisations contributing to the balances are:-

Cambridgeshire County Council	£2.1m
East London Foundation Trust	£1.5m
Luton Borough Council	£1.1m

- 3.4 For the debt over 90 days old, as this is predominantly due from NHS and Local Authority bodies, it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period (Month 2), Cambridgeshire County Council, East London Foundation Trust and Luton Borough Council have subsequently paid £0.7m, £0.3m and £0.6m respectively to reduce their outstanding balance.

## 4. Capital spend

- 4.1. Capital spend to date is £1.1m against a plan of £0.6m. The main areas of spend is IT equipment (£0.9m).

## 5. Use of resources

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

## 6. Contract performance

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

# **PART TWO**

## **Supporting Information**

# CCS NHS Trust Quality Performance Dashboard

			Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20		
			CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	Sparkline						
<b>SAFETY</b>																
<b>Patient safety</b>																
Classic safety thermometer	% Harm free care	H Ruddy	96.48%	89.14%	90.34%	84.21%	98.57%	94.23%	97.78%	82.10%	95.88%	87.50%				
	% New harm free care		98.59%	99.43%	97.24%	98.25%	100%	99.52%	100%	99.38%	100%	98.21%				
<b>Incidents</b>																
Total number of new Datix incidents reported in month	New patient safety incidents including SIs, Never Events and medication incidents	L Ward	139	186	147	161	151	163	131	134	156	112	96	106		
	Severe harm		1	0	0	0	0	0	0	0	0	1	0	0	0	
	Moderate harm		6	11	6	19	10	1	5	8	4	7	3	14		
	Low harm		19	34	27	34	20	25	26	22	27	20	20	23		
	No harm		113	141	114	108	121	137	100	104	124	85	73	69		
Serious incidents	New SIs declared requiring investigation		1	0	1	0	0	0	0	1	0	0	0	0		
Never Events	Number of never events reported in month		0	0	0	0	0	0	0	0	0	0	0	0		
Medicines Management	Number of medication incidents reported (CCS)	A Darvill	12	38	21	22	13	12	16	19	18	16	17	10		
	% CCS medication incidents no harm		100%	95%	100%	100%	85%	83%	88%	89%	94%	81%	94%	100%		
<b>Infection Prevention &amp; Control</b>																
High Impact Interventions	Children's Community Nursing Teams only	C Sharp	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
Essential Steps	Compliance with spread of infection indicator		99.70%	100%	99.85%	99.87%	100%	100%	100%	100%	100%	100%				
Clinical Interventions Audit	Compliance with spread of infection indicator												N/A	N/A		
UV light compliance	All clinical teams - data pending			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
<b>EFFECTIVENESS</b>																
<b>Mandatory training</b>																
Overall mandatory training	In line with Trust Training Needs Analysis	J Mchael	94%	94%	95%	95%	95%	94%	94%	94%	94%	94%	93%	92%		
Safeguarding training (Children)	Level 1: % staff trained		97%	97%	98%	98%	98%	98%	97%	97%	97%	97%	97%	97%	97%	
	Level 2: % staff trained		96%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	
	Level 3: % staff trained		90%	90%	91%	90%	87%	85%	89%	88%	88%	87%	83%	77%		
	Level 4: % staff trained		100%	100%	100%	100%	N/A	87%	100%	100%	100%	100%	100%	100%	100%	
Safeguarding training (adults)	SOVA		95%	96%	96%	97%	96%	96%	95%	95%	95%	95%	95%	95%	95%	
	Mental Capacity Act		95%	95%	95%	95%	95%	94%	93%	92%	91%	91%	90%	90%		
	Deprivation of Liberty		97%	95%	94%	96%	93%	94%	94%	96%	96%	96%	93%	95%		
Prevent Basic Awareness	% of staff undertaking Prevent training		98%	99%	98%	98%	98%	99%	97%	95%	94%	94%	94%	93%		
WRAP3	% of staff undertaking WRAP training		89%	90%	91%	91%	93%	93%	92%	92%	92%	93%	91%	88%		
Manual handling	% of staff undertaking manual handling (patients)	88%	92%	94%	90%	90%	88%	89%	90%	91%	89%	90%	89%			
Fire safety	% of staff undertaking fire safety training	92%	93%	93%	93%	93%	91%	90%	91%	92%	90%	91%	90%			
CFR/Resus	% of staff undertaking CFR/Resus training	91%	89%	89%	90%	91%	90%	90%	91%	89%	92%	91%	88%			
IPaC training	% of staff undertaking IPaC training	96%	96%	97%	97%	97%	97%	96%	97%	96%	96%	96%	96%			
Information governance	% of staff undertaking IG training	93%	94%	95%	95%	94%	95%	94%	93%	94%	93%	93%	93%			
<b>Safeguarding</b>																
Safeguarding supervisors (Children)	% eligible staff	D Andrew s D Shulver	92%	92%	94.59%	91.05%	92.01%	88.92%	91.78%	89.73%	79.35%	76.16%	N/A	N/A		
<b>Workforce/HR</b>																
Sickness	Monthly sickness absence rate	R Moody	4.67%	4.93%	4.58%	4.38%	5.09%	4.91%	5.09%	5.31%	5.36%	5.78%	4.26%	3.31%		
	Short-term sickness absence rate		2.03%	1.90%	1.80%	2.24%	2.67%	2.57%	3.05%	2.89%	3.12%	1.61%	1.00%			
	Long-term sickness absence rate		2.63%	3.02%	2.78%	2.13%	2.42%	2.34%	2.56%	2.21%	2.47%	2.66%	2.65%	2.30%		
	Rolling cumulative sickness absence rate		5.05%	5.06%	4.99%	4.93%	4.90%	4.90%	4.51%	4.47%	4.50%	4.96%	3.09%	4.82%		
Turnover	Rolling year turnover	13.83	14.06	14.00%	14.47	13.41	13.48	13.66%	0.14	13.76%	13.04%	12.98%	12.32%			
Bank staff spend	Bank staff spend as % of pay (financial YTD)	1.47%	1.20%	1.60%	1.30%	1.36%	N/A	1.54%	N/A	1.58%	N/A	1.60%	1.84%			
Agency staff spend	Agency staff spend as % of pay (financial YTD)	3.59%	2.99%	3.77%	3.10%	3.02%	N/A	2.85%	N/A	2.63%	N/A	1.63%	1.55%			
Stability	% of employees over one year which remains constant	87.83%	89.25%	88.63%	88.71%	89.11%	88.55%	88.25%	88.55%	87.47%	88.02%	87.70%	87.29%			
Appraisals	% of staff with appraisals	92.69%	92.55%	91.96%	91.36%	91.67%	90.33%	89.81%	90.83%	90.63%	88.36%	85.12%	84.47%			
Staff Friends & Family test	Recommending CCS as place for treatment - Quarterly reporting	P Davies/ L Thomas	91.00%			96.15%			Not available in Q3			93.55%				
	Recommending CCS as place to work - Quarterly reporting		77.00%			73.08%						83.88%				
<b>EXPERIENCE</b>																
<b>Patient experience (monthly targets)</b>																
Complaints	No. of formal complaints received in month	D McNeill	5	12	9	11	18	6	7	8	11	5	0	0		
	No. of responses sent on time by total number of responses sent												3/3	0/1		
	Percentage responded to within target timeframe												100%	0.00%		
Informal complaints	No. of informal complaints received in month	15	36	33	29	35	35	14	21	33	17	9	10			
Complaints upgraded	No. of complaints upgraded (informal to formal)											0	0			
Complaints downgraded	No. of complaints downgraded (formal to informal)											0	0			
Friends & Family test score	Patients who would recommend our services	96.96%	95.20%	97.23%	97.53%	96.27%	97.27%	97.08%	96.51%	95.85%	95.73%	97.39%	97.20%			
Patient Feedback	No. of responses to FFT											230	465			
	Total number of patients surveyed											298	515			
	No. of positive comments recorded on IQVIA											320	600			
<b>QEWT (Quality Early Warning Trigger Tool)</b>																
QEWT	Number of responses received by scoring threshold	25+	0	0	0	0	0	0	0	0	0	N/A	N/A	N/A		
		16-24	5	6	4	6	7	9	5	5	7	N/A	N/A	N/A		
		10-15	21	16	20	16	16	14	18	22	19	N/A	N/A	N/A		
	Number of two consecutive non-responses	0-9	59	68	68	68	67	69	64	63	63	N/A	N/A	N/A		
		Number of single non-responses	1	3	0	0	0	1	2	1	0	N/A	N/A	N/A		
		Total number of responses received	7	0	1	2	2	1	5	2	4	N/A	N/A	N/A		
Total number of Teams		85	90	92	90	90	92	87	90	89	N/A	N/A	N/A			
		93	93	93	92	92	94	94	93	93	N/A	N/A	N/A			

\*Note: all sickness figures include C19 sicknesses

N/A	Data usually supplied but not available this month
	Not relevant/not applicable to this area

## Appendix 1 – Quality Dashboard

## Infection Prevention and Control Board Assurance Framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure:  1. infection risk is assessed at the front door and this is documented in patient notes	CCS NHS Trust does not provide in patient facilities. For clinic based services, telephone / virtual assessment is undertaken prior to a face to face appointment being offered. If symptomatic, the service user is advised to follow national guidance re self isolation and testing. This is recorded in patient notes.	No gaps identified	
2. patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission	This relates to in patient settings.	N/A	
3. compliance with the national <a href="#">guidance</a> around discharge or transfer of COVID-19 positive patients	This relates to in patient settings. The CCS Discharge Planning Team based at Luton & Dunstable Hospital ensure that the COVID status of all patient discharges (including patients at the end of their lives) that they are responsible for is communicated to relevant parties including families and care homes. PPE is supplied for carers where appropriate.	No gaps identified	
4. patients and staff are protected with PPE, as per the PHE <a href="#">national guidance</a>	Pre COVID IPC Policy and IPC supporting manual in place with IPC guidance for infections. Appendix for COVID related information being prepared to bring our guidance into one place.	COVID specific guidance being collated into policy/manual	All relevant guidance is communicated via FAQs and queries handed directly from

## Appendix 2 - Infection Prevention and Control Board Assurance Framework

	<p>COVID related IPC guidance specific to PPE is reviewed by the IPC group (Chief Nurse as Director of Infection Prevention &amp; Control , Medical Director, Deputy Chief Nurse and IPC Matron and actions discussed, recorded and agreed through our Incident Management Team (IMT) process.</p> <p>Director Infection Prevention &amp; Control, Medical Director and IPC Matron are all members of Incident Management Team.</p> <p>Updated communication to staff regarding changes in practice required are agreed through this route and shared via FAQ mechanism from Medical Director / Chief Nurse.</p> <p>Incident Management Team oversight of all IPC incidents and risks including those relating to PPE</p> <p>Robust PPE stock management system in place and overseen by Quality Team.</p> <p>Key PPE link for each service identified and joins weekly PPE oversight session led by Deputy Chief Nurse.</p> <p>Good engagement with Procurement and Estates Teams re PPE distribution and guidance.</p> <p>Regular Q&amp;A sessions with all staff by directorate includes opportunities for staff to raise any PPE issues.</p> <p>Examples logged with Incident management Team</p>	<p>appendix.</p> <p>Occasional reported evidence that some elements of guidance is not followed by individuals. Where this is raised, appropriate conversations with staff are held.</p>	<p>staff or via IMT</p> <p>Weekly incident oversight Plans for observations to be part of environmental audits for 2020/21 alongside opportunistic site visits by IPC Matron ie for Fit testing</p>
--	---	--	---

	<p>re changes to practice that are outside specified guidance which have been agreed due to staff concern/anxiety or appropriate rational for particular scenarios.</p> <p>All guidance is updated on the appropriate intranet pages</p>		
<p>5. national IPC <a href="#">guidance</a> is regularly checked for updates and any changes are effectively communicated to staff in a timely way</p>	<p>IPC Matron, Director of Infection Prevention &amp; Control, Medical Director and deputy Chief Nurse all part of Incident Management Team where all PHE and other IPC guidance is directly received via EPRR route. This is then logged, reviewed by the IPC Team and actions agreed and disseminated via FAQs to all staff – directly from medical Director and Chief Nurse.</p> <p>Staff intranet updated as changes to practice made. Screen savers and an IPC Awareness week communicated to staff.</p>	No gaps identified	
<p>6. changes to <a href="#">guidance</a> are brought to the attention of boards and any risks and mitigating actions are highlighted</p>	<p>As above – any changes to IPC related guidance are reviewed by IPC group (members described above) and follow same process – relevant updates and associated risks managed through Incident Management Team</p> <p>Risks and incidents reported through internal governance processes</p> <p>IPC Committee to meet August 2020 – cycle of Business to focus on IPC compliance and assurance.</p>	No gaps identified	

<p><b>7.</b> risks are reflected in risk registers and the Board Assurance Framework where appropriate</p>	<p>All COVID 19 related risks are reviewed and monitored by the Incident Management Team i.e 2x risks relating to PPE (staff anxiety and supply are currently being monitored at trust level through this process. Daily sitreps to the Incident Management Team where risks, changes in guidance and PPE stocks are reviewed. Updates have been reported through the Clinical Operational Boards (May 2020) and Board (May 2020). Non Executives have been updated fortnightly by the Chief Executive and Deputy Chief Executive. The Datix risk management system is used to record all risks and incidents and was amended at the beginning of the pandemic to identify Covid risks and incidents.</p>	<p>No gaps identified</p>	
<p><b>8.</b> robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens</p>	<p>As above- risks reported and monitored through the IMT and governance structures at service Clinical Governance and management meetings, Clinical Operational Boards and Board. Trust wide IPC Risks are owned by the Trust's Chief Nurse (Director Infection Prevention Control) and Medical Director (COVID-19 lead) with the support of the Deputy Chief Nurse and Matron Infection Prevention and Control. The Risks assessment are updated and discussed on a weekly basis at IMT.</p> <p>The IPC Team meet weekly to discuss all IPC issues including those that are non Covid related.</p> <p>IPC Committee to meet August 2020 reporting into QIS Committee.</p> <p>Liaison with the Trust's contracted Consultant Microbiologist by Chief Nurse and IPC matron</p>	<p>No gaps identified</p>	

	<p>throughout the pandemic.</p> <p>IPC training on line continues with monitoring via Quality Dashboard.</p> <p>Staff continue to risk assess processes and practices for non COVID infections and pathogens supported by the IPC team.</p>		
<b>2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections</b>			
<b>Key lines of enquiry</b>	<b>Evidence</b>	<b>Gaps in Assurance</b>	<b>Mitigating Actions</b>
<p>Systems and processes are in place to ensure:</p> <p>1. teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas</p>	<p>Not fully applicable as no inpatient facilities within the Trust service portfolio.</p> <p>Dental services offer last appointments of the emergency sessions for known Covid positive patients and appropriate cleaning arrangements are in place.</p>	No gaps identified	
<p>2. designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.</p>	<p>This relates to in patient facilities.</p> <p>Dental areas as above</p>	No gaps identified	
<p>3. decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other <a href="#">national guidance</a></p>	<p>Rooms decontaminated as per national guidelines following Aerosol Generating Procedures within dentistry.</p> <p>Decontamination of equipment guidance circulated by the Trust and included within the</p>	No gaps identified	

	IPC manual.		
<p>4. Increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other <a href="#">national guidance</a>.</p> <p>Attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses</p> <p>manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/</p>	<p>Most clinical areas require daily cleaning only if cleaning undertaken at beginning or end of the day.</p> <p>Update on cleaning arrangements for specific areas if assessed as requiring additional hours being sought from Estates Team.</p> <p>All contracted environmental cleaning is conducted with neutral detergent and a chlorine-based disinfectant. Cleaning regimes form part of our standard cleaning contracts</p> <p>Mainly applicable to In patient areas. Covid secure work place risk assessments conducted with IPC Matron oversight.</p>	<p>Programme of environment audits paused since beginning of pandemic – timings to restart currently being considered. This will offer formal opportunity to test cleaning regimes in practice.</p>	<p>Monitoring of all cleaning related incidents</p> <p>Information in FAQs re additional cleaning that individuals should undertake in workplace ie surfaces and equipment.</p>

<p>disinfectant solutions/products as per national guidance</p> <p>frequently touched' surfaces, eg door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids</p> <p>electronic equipment, e.g. mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily</p> <p>rooms / areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily</p>	<p>Cleaning of frequent high touch surfaces such as keys, fobs, mobile phones - Information discussed at IPC group, Incident Management Team and with service leads. Information included within FAQ and screen savers for staff to access</p> <p>Appropriate cleaning schedules in place for clinic based areas ie Dental</p> <p>Dental services Standard Operating procedure</p>		
<p>5. linen from possible and confirmed COVID-19 patients is managed in line with PHE and other <a href="#">national guidance</a> and the appropriate precautions are</p>	<p>No In Patient facilities</p>	<p>No gaps identified</p>	

taken			
6. single use items are used where possible and according to Single Use Policy	IPC manual outlines all relevant guidance re single use items	No gaps identified	
7. reusable equipment is appropriately decontaminated in line with local and PHE and other <a href="#">national policy</a>	IPC manual outlines all relevant guidance re decontamination of equipment. No single use PPE items designated multiple use during pandemic period.	No gaps identified	
8. review and ensure good ventilation in admission and waiting areas to minimize opportunistic airborne transmission	Covid secure risk assessments undertaken with every service led by Service Directors and Estates Team. Review by IPC Matron. 3 phase plan in place for rectifying actions by order of priority.  Process overseen at Incident management team	Gap due to prioritisation phases	Mitigating actions identified for services/properties where gaps identified and increased face to face contact is expected as part of restarting services ie temporary Perspex shields, additional face visors where appropriate
<b>3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance</b>			
<b>Key lines of enquiry</b>	<b>Evidence</b>	<b>Gaps in Assurance</b>	<b>Mitigating Actions</b>
Systems and process are in place to ensure: 1. arrangements around antimicrobial stewardship are maintained	Arrangements for antimicrobial stewardship remain in place including a standardised formulary. This section applied mainly to iCaSH, Dental, Childrens Community Nursing and Adult Nursing	Quarterly Antimicrobial audits paused at beginning of pandemic by Medical Director	Continued oversight of prescribing data and prescribing/medicines incidents.

## Appendix 2 - Infection Prevention and Control Board Assurance Framework

	<p>services.  Medical Director and Principal Pharmacist have oversight of prescribing data and all prescribing related incidents.  Actions related to previous quarterly antimicrobial audits continue to be implemented by services  No related patient safety incidents reported up to 30/06/2020.</p>	<p>and Principle Pharmacist. The timing for re introduction is currently being considered.</p>	<p>Medicines Governance group continues to meet monthly</p>
<p>2. mandatory reporting requirements are adhered to and boards continue to maintain oversight</p>	<p>No external reporting required. Quarterly audits to resume</p>	<p>Quarterly Antimicrobial audits paused at beginning of pandemic by Medical Director and Principle Pharmacist. The timing for re introduction is currently being considered.</p>	
<p><b>4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion</b></p>			
<b>Key lines of enquiry</b>	<b>Evidence</b>	<b>Gaps in Assurance</b>	<b>Mitigating Actions</b>
<p>Systems and processes are in place to ensure:</p> <p>1. implementation of <a href="#">national guidance</a> on visiting patients in a care setting</p>	<p>N/A – In patient settings only</p>		
<p>2. areas in which suspected or confirmed COVID-19 patients are where possible being</p>	<p>All work places both clinical and non clinical have been assessed against the Covid secure workplace guidance. These risk assessments</p>	<p>No gaps identified</p>	

**Appendix 2 - Infection Prevention and Control Board Assurance Framework**

<p>treated in areas clearly marked with appropriate signage and have restricted access</p>	<p>have been overseen by Service Directors with assistance from the Estates Team and IPC matron. 3 phase action plan identified with prioritisation to clinical areas. Posters re appropriate safety measures is social distancing have been circulated and are being displayed. These are a mixture of those produced by PHE and our Communications Team.</p>		
<p>3. information and guidance on COVID-19 is available on all Trust websites with easy read versions</p>	<p>Information for staff available via dedicated COVID-19 intranet page. The Trust's internet page direct users to the PHE national site.</p>	<p>Further information re information for patient required ie in accessible format</p>	
<p>4. infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved</p>	<p>Mainly applicable to In patient settings - Information of any infectious status would be included in the patient's transfer information by clinicians. Messages to callers re COVID19 awareness available through a number of media sources e.g. social media and departments messaging services</p>	<p>No gaps identified</p>	
<p><b>5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people</b></p>			
<p><b>Key lines of enquiry</b></p>	<p><b>Evidence</b></p>	<p><b>Gaps in Assurance</b></p>	<p><b>Mitigating Actions</b></p>
<p>Systems and processes are in place to ensure: 1. front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from</p>	<p>This relates mainly to In patient settings  Clinical based patients are currently triaged by the departments to ascertain the level of risk prior to their assessment / treatment by clinicians.</p>	<p>No gaps identified</p>	

non COVID-19 cases to minimise the risk of cross-infection			
2. mask usage is emphasized for suspected individuals.	Guidance relating to patients and visitors attending NHS premises has been shared widely in trust wide Medical Director and Chief Nurse FAQs and included within service environmental risk assessments. Patients will be asked to attend appointments with face coverings or offered masks upon entering the department.	No gaps identified	
3. ideally segregation should be with separate spaces, but there is potential to use screens, e.g to protect reception staff	Part of the service Covid secure workplace risk assessments process. 3 phase action plan produced	Implementation time for all actions within phases 2 and 3	Services have identified appropriate interim mitigation ie temporary Perspex shields for some reception areas until permanent fixtures available.
4. for patients with new-onset symptoms, it is important to achieve isolation and instigation of contact tracing as soon as possible	For in patient areas only. CCS staff would direct patients to the national PHE screening process if identified as symptomatic.	No gaps identified	
5. patients with suspected COVID-19 are tested promptly	For in patient areas only. CCS staff would direct patients to the national PHE screening process if identified as symptomatic.	No gaps identified	
6. patients that test negative but display or go on to develop symptoms of	For in patient areas only. CCS staff would direct patients to the national PHE screening process if identified as	No gaps identified	

## Appendix 2 - Infection Prevention and Control Board Assurance Framework

COVID-19 are segregated and promptly re-tested	symptomatic.		
7. patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	Many services operating a remote first contact . Patients are assessed via the departments triage for COVID-19 service prior to being assessed. If deemed high risk a dedicated assessment / treatment room would already be organised. Staff would direct patients to the national PHE screening process if identified as symptomatic.	No gaps identified	
<b>6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection</b>			
<b>Key lines of enquiry</b>	<b>Evidence</b>	<b>Gaps in Assurance</b>	<b>Mitigating Actions</b>
Systems and processes are in place to ensure: 1. all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other <a href="#">guidance</a> , to ensure their personal safety and working environment is safe	All clinical staff undertake IPC training which incorporates standard precautions. This is recorded on the Electronic Staff Record and reported on the Quality Dashboard. This is monitored for each service via the relevant clinical Operational Board. Enhanced training on additional precautions including donning and doffing is discussed / demonstrated during respirator fit testing for staff undertaking Aerosol Generating Procedures.	No gaps identified	
2. all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely <a href="#">don and doff</a> it	Revised national guidance distributed to all staff via the FAQ bulletins from the Medical Director and Chief Nurse. Relevant information available on trust intranet. Queries received either via the Incident Control centre or directly to IPC Team. Frequent Q&A sessions with all staff offer further opportunity to raise queries. Specific IPC Q7A sessions undertaken by	No gaps identified	

	<p>Medical Director/Chief Nurse as requested – recent examples include iCaSH and Community Paediatrics</p> <p>Enhanced training on additional precautions including donning and doffing is discussed / demonstrated during respirator fit testing for staff undertaking AGP.</p>		
--	--	--	--

<b>Risk ID:</b> 3156	<b>Risk owner:</b> Robbins, Mark	<b>Risk handler:</b> Robbins, Mark	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 02/03/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Finance and Resources Directorate	<b>Anticipated completion date:</b> 30/09/2020		<b>Initial:</b>		
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board		<b>Current:</b>	Possible - 3	Major - 4
<b>Risk Title:</b> Agenda for Change uplift - Public Health funded services			<b>Target:</b>	Rare - 1	Major - 4
<b>Principle Trust Objective:</b> Be a sustainable organisation		<b>Source of Risk:</b> Risk assessment	<b>Risk level Current:</b> High		<b>Last Review Date:</b> 02/03/2020
<b>Risk description:</b> There is a risk that if there is no additional funding for the staffing costs resulting from the Agenda for Change uplifts, there will be an adverse impact to the quality of the services the Trust provides and therefore its reputation could be affected.			<b>Significant Hazards:</b> Potential for patient outcomes could worsen due to an enforced reduction in services that are focused on prevention, early intervention and treatment, which could therefore cause an increase pressure to other parts of the health system. Local Authority commissioners have been assuming the additional funding is being made available and therefore there are no plans for service reductions if the funding isn't made available. <b>Controls in place:</b> The Trust has escalated this funding issue to Regional and National officers at NHSE / I and the Department for Health and Social Care, and have received assurance that clarification and confirmation of the funding arrangements will be made in the coming weeks. This escalation has indicated that if funding isn't forthcoming the Trust will be unable to delivery the improvement target that has been set for 20/21 and future years.		
<b>Progress update:</b> [Robbins, Mark 12/05/20 16:49:54] Due to COVID-19 NHSE/I have put in place funding stability measures to currently cover the period to July 2020. Therefore discussions regarding this funding issue are on hold and will be restarted at the appropriate time.					

<b>Risk ID:</b> 3165	<b>Risk owner:</b> Pisani, Anita	<b>Risk handler:</b> Pisani, Anita	<b>Risk Grading:</b>			
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 09/03/2020			<b>L</b>	<b>C</b>	
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/03/2021		<b>Initial:</b>			<b>12</b>
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board		<b>Current:</b>	Unlikely - 2	Major - 4	<b>8</b>
<b>Risk Title:</b> Complexity of System Working			<b>Target:</b>	Unlikely - 2	Major - 4	<b>8</b>
<b>Principle Trust Objective:</b> Collaborate with other others, Provide outstanding care		<b>Source of Risk:</b> Meetings	<b>Risk level Current:</b> High		<b>Last Review Date:</b> 02/07/2020	
<b>Risk description:</b> There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.			<b>Significant Hazards:</b> Complexity of system working Maturity of working relationships Ability for all system partners to collaborate Competition Insufficient capacity and capability to work effectively across and within different systems			
<b>Progress update:</b> [Pisani, Anita 02/07/20 18:02:34] This risk continues to be focused on delivery of Covid-19 system emergency planning expectations and needs. The Trust is actively engaged and involved in both Cambridgeshire and Peterborough and Bedfordshire, Luton and Milton Keynes systems and is tied into relevant command and control structures in those systems. Trust is delivering essential services in line with national framework for community health services providers and is in the process of stepping back up services in a structured safe way. Operational links in place within the Norfolk system. CCS jointly chairs Bedfordshire Resilience Local Forum Health and Social Care Cell. This forum ensures delivery of discharge requirements, support to delivery of Adult Social Care Action Plan and wrap around support to Care Homes. Joint Partnership Board continues with ELFT and we are planning to hold our joint partnership board with CPFT as planned in July. CCS also chairs tactical group in relation to these work streams. System working is embedded in the work across the Trust therefore no change to scoring at this time			<b>Controls in place:</b> Joint Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) - chaired by Non-Executive Directors Board to Board with CPFT as required Integrated Leadership Structure for 0-19 services across Cambridgeshire and Peterborough Joint Transformation Board with Commissioners - Cambridgeshire and Peterborough Children Services Joint Partnership Board with East London Foundation NHS Trust - Executive led Variety of joint work streams in place with East London Foundation NHS Trust on delivery of Bedfordshire Community Health Services Joint Away Days taking place within Bedfordshire Community Health Services Bedfordshire Care Alliance Luton Provider Alliance - co-chaired by CCS and Luton and Dunstable Chief Executives Programme Director in place for delivery of Enhanced Models of Care across Luton system Luton Transformation Board CEO and Chair member of Cambridgeshire and Peterborough STP Board CEO and Chair attend BLMK wide Executive meetings Monthly internal meeting of virtual internal systems development team Additional capacity created from April 2020 to focus on systems working/development activities Service Director for Cambridgeshire and Peterborough Services SRO for Best Start in Life Programme of work			

<b>Risk ID:</b> 3163	<b>Risk owner:</b> Pisani, Anita	<b>Risk handler:</b> Pisani, Anita	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 09/03/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 19/02/2021		<b>Initial:</b>		<b>8</b>
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board		<b>Current:</b>	Possible - 3	Major - 4 <b>12</b>
<b>Risk Title:</b> Reduction in staff morale could adversely affect the delivery of high quality care			<b>Target:</b>	Rare - 1	Major - 4 <b>4</b>
<b>Principle Trust Objective:</b> Be an excellent employer, Provide outstanding care		<b>Source of Risk:</b> Meetings	<b>Risk level Current:</b> High		<b>Last Review Date:</b> 02/07/2020
<b>Risk description:</b> There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.			<b>Significant Hazards:</b> Demands of the service exceeding capacity available Insufficient staff to deliver service Turnover Vacancies Staff absences - sickness; maternity; training etc		
<b>Progress update:</b> [Pisani, Anita 02/07/20 17:55:13] Covid-19 pressures still exist and length of major incident is definitely having an impact on staff morale. New ways of working having a mixed impact on individuals. Some positive and some negative. Lots of energy and focus on supporting staff across the Trust but such an unprecedented situation with no end taking its toll. Levels of anxiety differ amongst different staff groups depending on situation and individuals. Risk assessments on our premises are also having a mixed impact - again both positive and negative depending on how much work is required to make all premises Covid-secure. Due to this no change to scoring at this time			<b>Controls in place:</b> Annual staff survey and delivery of improvement plans - Trust-wide and local plans - Staff morale feedback - best in class and 8th nationally for all NHS providers Quarterly staff friends and family surveys Discussions and resulting actions from Wider Executive team meeting Appraisal rates and quality of appraisals 1:1s and team meetings Monthly quality dashboard Quality Early Warning Trigger Tool Clinical Operational Boards Freedom to Speak Up Guardian and Champions Guardian of Safe Working role in place to support junior doctors GMS survey feedback Raising Matters of Concern log Bespoke Leadership and Team Development Sessions Deloitte external review of Well-led and Care Quality Commission Inspection Feedback - last inspection report August 2019 - Outstanding for Well-led Back to the Floor feedback, discussions and resulting actions Live Life Well Activities Staff Side Chair - confidential helpline in place Corporate Induction and local induction systems and processes Bi-annual workforce reviews Daily Incident Management Team meeting Daily sitrep Digital Q&A sessions put in across all Divisions - first set taking place week of 6th April 2020 Detailed FAQs regularly shared with all staff JCNP Formal meeting structures: Regular contact with Staff Side Chair		

<b>Risk ID:</b> 3167	<b>Risk owner:</b> Winn, Matthew	<b>Risk handler:</b> Winn, Matthew	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 11/03/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 01/02/2021		<b>Initial:</b>		
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board				<b>12</b>
<b>Risk Title:</b> System planning			<b>Current:</b>	Possible - 3	Major - 4
					<b>12</b>
			<b>Target:</b>	Unlikely - 2	Major - 4
					<b>8</b>
<b>Principle Trust Objective:</b> Be a sustainable organisation, Collaborate with other others		<b>Source of Risk:</b> External assessment	<b>level Current:</b> High Risk		<b>Last Review Date:</b> 06/07/2020
<b>Risk description:</b> As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation			<b>Significant Hazards:</b> 1. national Policy to move to "system by default" 2. Provider financial health is more directly linked to the financial health of the "system" 3. Cambs/Pet has the one of the largest financial deficit in the NHS		
<b>Progress update:</b> [Rachel Hawkins 06/07/2020 14:15:45] Involvement in the Health Gold continues and key senior staff are involved in the task and finish groups for restoration planning in C&P including the prioritisation of investment required to support the Trust's plans			<b>Controls in place:</b> 1. The Trust has spread its income and expenditure base across two STP footprints to more readily reflect its regional footprint 2. the Trust to play its full part in the service areas of MSK and Children in Cambs/Pet - but nothing else 3. full stakeholder relationships and executive visibility in place to influence the relevant decisions being made		

<b>Risk ID:</b> 3166	<b>Risk owner:</b> Curtis, Ms Julia	<b>Risk handler:</b> Curtis, Ms Julia	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 10/03/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/03/2021		<b>Initial:</b>		<b>4</b>
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board		<b>Current:</b>	Unlikely - 2	Major - 4
<b>Risk Title:</b> There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fu			<b>Target:</b>	Unlikely - 2	Major - 4
<b>Principle Trust Objective:</b> Be an excellent employer, Provide outstanding care		<b>Source of Risk:</b> Risk assessment	<b>Risk level Current:</b> High		<b>Last Review Date:</b> 02/07/2020
<b>Risk description:</b> 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		<b>Significant Hazards:</b> A number of factors (some of which are listed below) could combine which would then result in poor patient experience and increased patient safety incidents. (This will also negatively impact on compliance with regulatory standards) - Staff absence at work due for a variety of reasons including sickness - Limited availability of staff in certain professional groups ie specialist professions which are nationally difficult to recruit to - Staff lack of understanding of what constitutes delivery of outstanding care and their role within that. new hazard identified - Covid19 pandemic requiring new ways of working <b>Controls in place:</b> Relaunch of 'Our Quality Improvement Way' Rolling Peer Review Programme outcomes triangulated with annual service CQC self assessments Quality Early Warding Trigger Tool monthly completion by all teams Quality reports to Clinical Operational Boards and Board Bi annual Workforce review to Board (May and November Public Boards) Back to the floor programme continues - summary taken to Wider Exec Team Ongoing annual CQC Inspection cycle which now includes staff focus groups and Inspector attendance at key meetings ie Board Staff feedback (including staff survey) Whistleblowing and raising Concerns processes well embedded with report to Board x 2 (Chief Executive report) and annually from freedom to Speak Up Guardian reports Clinical audit programme - reports to Clinical Operational Boards and Quality Improvement and Safety Committee Patient and Staff feedback mechanisms ie FFT Patient Stories to Board Internal audit programme (Quality elements) Improvement plan for the CQC identified 'Areas for Improvement' August 2019 Establishment of trust wide 0-19 services clinical leads group - This group feeds into the trust wide quarterly Children's services group Oversight of actions at Wider Exec group Quality Data continues to be regularly triangulated with Workforce information at Service, Clinical Operational Board and Board level Major Incident management process invoked with daily trust wide sit rep meetings including escalation of issues ie staffing, IP&C, maintenance of essential services. Robust Major incident governance structure in place with daily Situation reporting of staffing, incidents, risks and PPE situation.			
<b>Progress update:</b> [Curtis, Julia Ms 02/07/20 14:08:20] Risk reviewed. Rating remains unchanged. No escalations through daily trust wide situation report that have affected rating. Major incident governance controls in place initiated sine pandemic declared ie daily sit rep reporting though Incident Management Team and weekly review of related risks and incidents.					

<b>Risk ID:</b> 3190	<b>Risk owner:</b> Curtis, Ms Julia	<b>Risk handler:</b> Curtis, Ms Julia	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 10/04/2020			L	C
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/03/2021		<b>Initial:</b>		20
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board		<b>Current:</b>	Likely - 4	Major - 4 16
<b>Risk Title:</b> Unintended impact of re prioritisation of community services			<b>Target:</b>	Possible - 3	Major - 4 12
<b>Principle Trust Objective:</b> Provide outstanding care		<b>Source of Risk:</b> Risk assessment	<b>Risk level Current:</b> Extreme		<b>Last Review Date:</b> 02/07/2020
<p><b>Risk description:</b> There is a risk that health outcomes for service users, patients, children and young people might be negatively impacted by the national requirement to reprioritise our service offer for a number of services identified as 'non essential' There are a number of service related risks identified below that underpin this trust wide risk</p>		<p><b>Significant Hazards:</b> changes in practice required to meet new service delivery models ie technology based assessments reduced contacts with families/children/ adults at risk or identified as vulnerable staffing reductions due to current requirements for self isolation/ shielding</p> <p><b>Controls in place:</b> Children &amp; Young people: 3180 - detailed records of telephone calls, face to face visits for those families identified as vulnerable, video based assessments, SOP in place for particular vulnerable groups, Appropriate PPE available for visits if required 3184 - telephone assessment, Child protection medicals continuing as essential service, each child's needs assessed on individual basis, appropriate PPE available 3181 - Single Point of Access established and clinical pathways established across all geographies, web site updated with universal offer, social media campaigns, staff not required to support essential services are maintaining small amount of non essential activity, workstreams in place to ensure children on EHCP and with complex needs receive the services they require through alternative methods, where considered appropriate and safe the practitioners will visit following risk assessment if required 3183- The needs of children requiring EHCP input/complex needs are being stratified, plans in place to keep in touch with families to satisfy requirements to deliver 'reasonable endeavour', Single Points of Access established with clinical pathways across all geographies 3182 - safeguarding SOPs developed re face to face/ technology based contacts, routine safeguarding caseload supervision suspended and replaced by increased ad hoc sessions and supervision 'surgeries', continued involvement with each LSCB/LSAB where papers sent for virtual consideration, business continuity plan in place across the trust for safeguarding function, Heads of safeguarding involved in regular system based safeguarding discussions, continued work on SCRs and SI reports MSK - risk 3178 -all referrals triaged by clinical lead or deputy;hot line with acutes for immediate advice and collaborative clinical decision making Dental risks 3177 &amp; 3191 PPE;levels 1 &amp; 2 triage, following NHSE SOP,remote prescribing antibiotics Neuro rehab risks 3177 &amp; 3191 escalation process agreed and liaison with LA colleagues re future care after 48 hrs Luton Adult services 3096 - all service areas have developed RAG rating criteria for prioritisation during Covid pandemic with risk stratification to determine cohort, process being developed for delaying/suspending green rated non essential visits and identified process for how this will be monitored and risks mitigated, caseload monitoring by staff working remotely, discussions with patients, carers and families re what to look out for and how to access support if required. Staff - swabbing to facilitate earlier return to work for identified staff Further controls under review re wound care and caseload prioritisation measures</p>			
<p><b>Progress update:</b> [Curtis, Julia Ms 02/07/20 14:03:05] Risk reviewed - rating unchanged at 16 due to unknown full impact of prioritising services through the pandemic . Anticipated closure date changed to 31/03/2021 to ensure oversight during latter stages of restarting a number of services during 2020/21. Controls continue with weekly oversight of incidents through the Incident Management Team along with weekly review of all underpinning risks. Number of incidents reported is increasing and back to similar level to pre pandemic period. Trends under review. No SIs declared since last review.</p>					

<b>Risk ID:</b> 3164	<b>Risk owner:</b> Pisani, Anita	<b>Risk handler:</b> Pisani, Anita	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 09/03/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/03/2021		<b>Initial:</b>		<b>12</b>
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board		<b>Current:</b>	Unlikely - 2	Major - 4
<b>Risk Title:</b> Workforce challenges affecting ability of services to maintain high quality care			<b>Target:</b>	Unlikely - 2	Major - 4
<b>Principle Trust Objective:</b> Be an excellent employer, Collaborate with other others, Provide outstanding care		<b>Source of Risk:</b> Meetings	<b>Risk level Current:</b> High	<b>Last Review Date:</b> 02/07/2020	
<b>Risk description:</b> There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges.			<b>Significant Hazards:</b> Vacancies - hard to recruit to posts Turnover Staff Morale Sickness levels Demands on services		
<b>Progress update:</b> [Pisani, Anita 02/07/20 17:58:34] All services continue to report ability to cover essential services, however, some services experience pressure/anxiety whilst looking to step back up some of their services. Mixed approach being followed by other parts of the system is putting added pressure on our staff. Planning to send formal communications out to partners next week to explain the timings and rationale for our plans. No SI's reported and regular IMT meetings continue to take place and services having regular sitrep conversations. No major issues being reported therefore no change to scoring at this stage.			<b>Controls in place:</b> Monthly workforce KPI data shared with all Service Directors - turnover; sickness; stability; appraisal and mandatory training compliance Bi-annual workforce reviews with all service areas - May and November each year Quality Dashboard Quality Early Warning Trigger Tool Raising Matters of Concern log and actions Bi-monthly Trust Board Quality Report Staff side chair identified as confidential link Freedom to Speak Up Guardian and Champions Live Life Well activities Workforce Race Equality Action Plan Back to the Floor feedback and actions Local Recruitment and Retention Premia in place where appropriate Staff Survey results and actions plans Care Quality Commission feedback Peer Reviews Business Continuity Plans Service self-assessments against 5 Care Quality Commission Domains Incident reporting 3 times per week Incident Management Team Meetings		

<b>Risk ID:</b> 3192	<b>Risk owner:</b> Gingell, Mr James	<b>Risk handler:</b> Robbins, Mark	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 19/04/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/03/2021		<b>Initial:</b>		<b>16</b>
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Estates Committee		<b>Current:</b>	Likely - 4	Major - 4 <b>16</b>
<b>Risk Title:</b> ICT Provision During Covid-19 Response			<b>Target:</b>	Unlikely - 2	Major - 4 <b>8</b>
<b>Principle Trust Objective:</b> Be an excellent employer, Be a sustainable organisation, Collaborate with other others. Provide outstanding care		<b>Source of Risk:</b> Risk assessment	<b>Risk level Current:</b> Extreme		<b>Last Review Date:</b> 29/06/2020
<b>Risk description:</b> There is a risk that if the ICT provision would fail, then the Trust would be unable to operate. This is because The demand and reliance on ICT provision is unprecedented during Covid-19, split into the following categories. If one or more of the below were to fail, then the impact to Trustwide Service Delivery would be more significant than ever before and result in the Trust being unable to deliver services: 1.The VPN capacity is near maximum and has limited resilience. 2.Network Infrastructure is under significant load. 3.The demand for Laptops and VPN tokens is vast. The supply chain for technology is stressed. Demand is greater than capacity. 4.Supplier resource with Managed ICT contracts (SBS & EPUT) is limited. 5.The reliance on Trustwide Single Point of Access (SPA) is significant to support Services with patient contact with limited contingency. 6.Subject Matter Expert (SME) ICT Resources within the ICT Service Delivery Team (JG/DC) are single points of failure. 7.The timeline for Technology deployments and new ICT solutions e.g. Video Conferencing is aggressive with limited governance arrangements. The reliance on these is growing as Service Delivery models adapt to utilise this technology. 8.The Majority of Non Covid-19 activity has been suspended, increasing risk with operating system upgrades, HSCN migration timelines and migration to the new ICT contract. 9. There is an increased risk around Cyber Security related threats, particularly around email.			<b>Significant Hazards:</b> 1. Sickness Absence to critical members of ICT Service Delivery Team 2. Non Essential Annual Leave has been carried over into 20/21 3. Non essential projects conflict with limited ICT Service Delivery 4. ICT resources can only focus on Covid-19 activity to sustain the current implementation progress. 5. Existing outsourced contracts are not able to be fulfilled due to staff sickness and self isolation.		
<b>Progress update:</b> [Gingell, James Mr 29/06/20 12:07:38] 29/06/2020 Critical ICT incident with loss of Internet access at sites connected to the CPFT CoIN. Risk score remains appropriate.			<b>Controls in place:</b> 1. Additional VPN Capacity being designed and procured. 2. Outsourced engineer resource procured for laptop deployments with CDW to support laptop imaging and asset tagging. 3. Technology Hardware on order and Purchase Orders being closely monitored 4. Daily Service Delivery Team calls to focus on key priorities for the day 5. Regular supplier engagement to focus on key Covid-19 priorities 6. Re-allocated temporary Bank Role to support Covid-19 response 7. Best practice on Technology usage shared in Q & A 8. ICT attending all staff Q & A sessions 9. Infrastructure under close performance monitoring		

<b>Risk ID:</b> 2829	<b>Risk owner:</b> Hartley, Mrs Angela	<b>Risk handler:</b> Wynn, Jacqui	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 12/09/2018			<b>L</b>	<b>C</b>
<b>Specialty:</b> Education & Workforce Development	<b>Anticipated completion date:</b> 26/02/2021		<b>Initial:</b>		
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Clinical and Professional Committee		<b>Current:</b>	Almost Certain - 5	Moderate - 3
<b>Risk Title:</b> increased demand for community student/learner placements and reduction in placement capacity due to Covid			<b>Target:</b>	Likely - 4	Minor - 2
<b>Principle Trust Objective:</b> Be an excellent employer		<b>Source of Risk:</b> Risk assessment	<b>Risk level Current:</b> Extreme		<b>Last Review Date:</b> 19/06/2020
<p><b>Risk description:</b> There is a risk that the Trust can not meet the demand for clinical placements, the future qualified nursing workforce targets are affected and that the reputation of the Trust as a clinical placement provider is reduced. Due to workforce challenges (vacancy, newly qualified and new to Trust undertaking preceptorship, sickness) placement capacity can fluctuate from audited capacity thereby reducing placement activity. Variety of learners/students/apprentices increasing and placing pressure on placement capacity for traditional pre registration routes. Additional pressure to increase placement capacity due to partner Trusts and HEIs desiring larger and additional cohorts.</p>		<p><b>Significant Hazards:</b> Currently clinical placements are suspended however the expectation from the system is that these will recommence shortly. There will be a delay in 3rd year opt out of practice students qualifying and therefore available to employ. The Trust is unlikely to meet the placement activity requested and increase pressure on available placements. This will impact on teams where there are a limited number of qualified mentors/practice assessors/supervisors. Within these teams they may be required to mentor/supervise students back to back which will place increased pressure on their workload and potential to reduce the student/learner quality of experience. In addition practitioners are implementing and embedding the new NMC Standards and/or maintaining on old standards according to current status with the HEI.</p> <p><b>Controls in place:</b> System meetings to plan recovery with practice partners, HEIs and services. Audited clinical capacity regularly reviewed and updated. Sharon George, Clinical Educator and Placement Lead, in regular consultation with HEIs and Services. Clinical Capacity is an agenda item and discussed at Training and Education Governance Meeting. The coaching model will continue to be embedded allowing for mentors/practice assessors to use indirect supervision and so draw on their team to support the student and help them achieve their objectives. Services are working on their workforce plans to manage long term sickness, vacancy and recruitment and supporting staff with becoming practice supervisors/assessors following completion of their preceptorship.</p>			
<p><b>Progress update:</b> [Wynn, Jacqui 04/12/19 10:36:26] updated 04.12.19</p>					

<b>Risk ID: 3120</b>	<b>Risk owner: Williams, Mrs</b>	<b>Risk handler: Williams, Mrs Augustina</b>
<b>Directorate:</b> Luton Community	<b>Date recorded:</b> 23/12/2019	
<b>Specialty:</b> Children Services (Luton)	<b>Anticipated completion date:</b> 23/05/2021	
<b>Clinical Group:</b> Children's Community Paediatrics - Edwin Lobo (Luton)	<b>Risk committee:</b> Bedfordshire & Luton Clinical Operational Board, Children's and Young People	
<b>Risk Title:</b> Service Capacity within Luton Community Paediatric Service		
<b>Principle Trust Objective:</b> Be an excellent employer, Be a sustainable organisation, Provide outstanding care	<b>Source of Risk:</b> Meetings	
<b>Risk description:</b> <p>There is a risk that delays for initial assessments and follow up appointments will continue, leading to continued 18 week RTT breaches and CYP and family delays.</p> <p>There is a risk of protracted delays for Children requiring ASD/ ADHD assessments due to the limited face to face appointments for routine requirements.</p> <p>The COVID-19 pandemic has exacerbated service capacity challenges due to locum staff leaving, remote working limiting the volume of clinical slots and some specialist assessments required face to face (limited by social distancing).</p>		
<b>Progress update:</b> <p>[Williams, Augustina Mrs 30/06/20 19:03:30] -Staffing challenges due to both clinical &amp; admin staff shielding impacted by lack of IT equipment enabling them to work off site. As well as maternity cover.</p> <p>Both administrative and clinical colleagues continue to work hard to deliver essential element of the service despite staffing challenges. 18 week RTT position currently 33 weeks, however there are 220 children waiting without an appointment already breached; longest wait currently 35weeks.</p> <p>Since COVID-19 Lockdown 23.03.2020 371 children will require medication review with Specialist Nurse; 271backlog from COVID-19 lockdown in March. Also 100 children need a face to face medical appointment to conclude their assessment, following virtual consultation for LAC IHA, EHCP and initial assessments.</p> <p>419 children ( 271 since lockdown) will need medication review with Specialist Nurse for monitoring of B/P, pulse, height and weight.</p> <p>Phase 2/3 COVID-19 Step Up Service Restoration Plans drafted with focus on clinically prioritising patients, addressing backlog including implementing video consultations supported by Service Redesign colleagues. QIA/EIA to be developed awaiting feedback from Service Director as to whether appropriate for Trust wide for Community Paeds</p> <p>Service currently sourcing 2.0wte locum consultants whilst progressing recruitment for 2.0 substantive Consultant Paediatricians. Failed recruitment into 1.0 wte Speciality Dr vacancy- post going back out to advert again. Progressing recruitment of 1.0wte Admin post and new starter due to commence August 2020.</p> <p>Delays with clinic letters. IT to progress long term solution for dictation &amp; transcription software. Some clinicians off site having to type own letters due to lack of IT resource to enable interim solution.</p> <p>Action Plan from staff feedback delay with finalising and monitoring due to COVID- 19. Changes already implemented within service include all staff invite to weekly meeting to inform decision- making. Team communication impacted by not being able to participate in all meetings due to lack of availability of headsets and cameras to use with MS Teams. Various options to source headsets for team members explored. To consider whether TRust credit card is an option if headsets not delivered by next week.</p> <p>COVID -19 has delayed CCG confirmation on business case- interim agreement funding for 2.0wte Consultant Paediatricians currently progressing with interviewing. 1.0wte Speciality DR post x2 failed recruitment campaigns, post in process of going back put to advert.</p> <p>30.06.2020 Interviews taking place for Clinical Nurse Specialist for Continence</p> <p>Communication to system partners and parents/ carers to be agreed on current/ future position regards long waits</p>		

Risk Grading:			
	L	C	
<b>Initial:</b>			
<b>Current:</b>	Almost Certain - 5	Moderate - 3	15
<b>Target:</b>	Likely - 4	Moderate - 3	12

<b>Risk level Current:</b> Extreme	<b>Last Review Date:</b> 01/07/2020
---------------------------------------	--

<b>Significant Hazards:</b> <p>Covid 19 causal factors are as follows:</p> <ul style="list-style-type: none"> <li>- Covid 19 restrictions have limited the locum staff available and minimised face to face consultations leading to increased waits and new waits for Children requiring routine physical assessments.</li> <li>- Due to excessive demand the roll out of IT equipment has not matched the service requirements, limiting mobile working options.</li> <li>- Covid 19 impacts have delayed the business case for recurrent funds being considered by commissioners.</li> </ul> <p>Non Covid related factors:</p> <ul style="list-style-type: none"> <li>- Increased time required for the management of complex cases</li> <li>-Thresholds within the system drive stakeholders to seek medical diagnosis for children's to access support as opposed to being needs led.</li> <li>- Service capacity does not currently match demand (Service demand has increased since April 2013 approx. 150 referrals/ month to 400 / month).</li> </ul> <p><b>Controls in place:</b></p> <ul style="list-style-type: none"> <li>- Clinical Service manager and Clinical lead have agreed and implemented a clinical prioritisation method.</li> <li>- 2 Consultant posts are currently advertised along with a further registrar position.</li> <li>- Staffing resource has been sourced for ADOS assessments, however Covid restrictions limit the pace backlogs can be addressed.</li> <li>- Staff shielding are being equipped with the IT they require to work remotely.</li> <li>- IT prioritisation is now in place for hardware roll outs.</li> <li>- Targeted locums are being sourced to increase service capacity, including a potential locum starting in July.</li> <li>- A comprehensive demand &amp; capacity model has been submitted to commissioners with funding requirements to fully resource the service.</li> </ul>
---

## Assurance Framework for the Integrated Governance Report

### Part A

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

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

### Part B

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

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

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

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

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

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

\* Compliments received to be developed for September

Domain	Assurance being sought	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Effective	That people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	- mandatory training and supervision at or above target levels	- mandatory training and supervision at or above target levels across 85% of services and remaining services are no more than 5 % below target	- mandatory training and supervision at or above target levels across 75% of services and no more than 2 services are more than 5 % below target	- mandatory training and supervision is 74% or less of target levels or 3 or more services are more than 5 % below target
		-appraisal rates are at or above target levels	- appraisal rates at or above target levels across 90% of services and remaining services are no more than 5% below target	- appraisal rates at or above target levels across 80 % of services and no more than 2 services are more than 5% below target	- appraisal rates at or above target levels across 79 % of the Trust and 3 or more services are more than 10% below target
		- rolling sickness rates are within average and no higher than the NHS England rate for Community Trusts  -stability figures at or above target levels	-rolling sickness within control total but show an increase for last 6 months  -stability figures within control total but show a decrease for last 6 months	-rolling sickness above upper control total for both months reported  - stability figures below lower control total for both months reported	-rolling sickness outside upper control total for last four months  -stability figures below lower control total for last four months
	Research	95% of all CRN portfolio studies are scoped for viability against Trust services.	75 % of all CRN portfolio studies are scoped for viability against Trust services.	50% of all CRN portfolio studies are scoped for viability against Trust services.	25% of all CRN portfolio studies are scoped for viability against Trust services.

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

\* Outcomes/delivery of commissioned contracts – to be developed for September

\* Quality/continuous improvement work to be developed for September

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

\* C19 Restoration plans delivery – to be developed for September

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

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

		Reduced travel mileage spend by 50% against budget	Reduced travel mileage spend by 30% against budget	Reduced travel mileage spend by 20% against budget	Reduced travel mileage spend by 10% against budget
--	--	--	--	--	--

**\*Positive feedback on digital interactions to be developed for September**

## SPC key

