

TRUST BOARD

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| Title: | Integrated Governance Report |
| Action: | For DISCUSSION |
| Meeting: | 21st July 2021 |

Purpose:

The global Covid-19 pandemic continues to dominate work within the Trust both in terms of managing the existing pressures whilst at the same time delivering mass vaccinations for Covid-19, in conjunction with our health and care system partners.

This report and Clinical Operational Boards integrated reports operates in line with the new way of working during Covid-19 and this report provides an overview of quality, performance, workforce and finance for April and May 2021 assessed in relation to the Trust's strategic objectives and associated risks of achieving these objectives. As agreed with the board, we continue to use the 2020/21 strategic indicators for the first quarter of 2021/22 and will report against the new strategic indicators for 2021/22 in the IGR from quarter 2 onwards.

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 May 2021 the assurance set out in each domain.

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

Recommendation:

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

Supporting Information:

- Appendix 1: Quality Performance Dashboard
 - Appendix 2: CAS Alert Guidance
 - Appendix 3: Strategic Risks and Operational Risks 15 and above
 - Appendix 4: Assurance Framework
 - Appendix 5: Statistical Process Control Chart Key
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| | Name | Title |
|------------------------------|--|---|
| Author and Executive sponsor | Kate Howard Anita Pisani Mark Robbins David Vickers Rachel Hawkins | Chief Nurse Deputy Chief Executive Director of Finance & Resources Medical Director Director of Governance & Service Redesign |

Trust Objectives

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

Trust risk register

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

Legal and Regulatory requirements:

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

Diversity and Inclusion implications:

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

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Part Two – Supporting Information

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Appendix 2 – CAS Alert Guidance

Appendix 3 - Strategic Risks and Operational Risks 15 and above

Appendix 4 - Assurance Framework

Appendix 5 - Statistical Process Control Chart Key



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A: Assurance Summary

Overall assurance rationale:

| | | |
|--------------------------|--|---------------------------|
| <p>Safe</p> | <ul style="list-style-type: none"> 94% of incidents are low or no harm (Trust target 90%) (S1) There was 1 Serious Incidents reported in April and none in May 2021, investigations are underway and learning will be applied once identified. No Never Events were reported in this timeframe. (S2) There were no healthcare acquired infections There were no Covid19 staff outbreaks (S5) The staff flu campaign 2021 is being planned and an implementation process is in place (S6) 82.35% of staff have received their first Covid19 vaccination Surge in safeguarding enquiries emerging from Covid 19 lockdown measures. IPAC (Infection Prevention and Control) assurance framework is being reviewed and is being presented to Board in September (S8) All staff have access to appropriate PPE (Personal Protective Equipment) (S9) | <p>Reasonable</p> |
| <p>Caring</p> | <ul style="list-style-type: none"> FFT (Family & Friends Test) outcome is 98.17% (target 90%) (C1) Over 19,900 FFT responses received, 4,800 of these were linked to Mass Vaccination sites Number of informal and formal complaints within expected variance (total of eight formal complaints received In April/May) (C2) | <p>Substantial</p> |
| <p>Effective</p> | <ul style="list-style-type: none"> Mandatory training was recorded at 95% for April and 93% for May (E1) Level 3 adult safeguarding and the Safeguarding induction package has been added to ESR and the mandatory training matrix; the overall target compliance for this is set at 60% by March 2022 with full compliance expected by March 2023 The Heads of Safeguarding have identified a proactive programme to support parents with crying babies (ICON), this has now been launched. | <p>Reasonable</p> |
| <p>Responsive</p> | <ul style="list-style-type: none"> RTT challenges are noted (see section 7) (R1) Complaints response time was 100% for the responses sent in April and May (R2) 67 issues were investigated and closed via the informal complaints process during the reporting period Covid19 incident response meets all national requirements (R3) | <p>Reasonable</p> |

1. This report summarises the key elements of quality and safety that have been our focus since the beginning of the pandemic in March 2020. We have reprioritised our services in line with national guidance and are currently functioning resetting and recovering our teams in line with a level 3 incident.
2. In addition to the overview and analysis of performance for April 2021 and May 2021, the Board can take assurance from the following sources:
 - During the Covid19 pandemic period and more recently whilst operating at a NHS level 3, a number of processes underpin comprehensive management of the risks and issues associated with delivery of clinical services. These include our Incident Control Centre, Incident Management Team, situation reports from all services which include information on staffing levels, lateral flow, PPE, risks and incidents. These processes continue whilst we operate under the NHS Major Incident framework.



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- The staffing section continues to be reported in the ‘Excellent Employer’ objective.
- Our overall Care Quality Commission (CQC) inspection rating ‘Outstanding’ remains in place from August 2019 with ‘Outstanding’ within the caring and well-led domains.
- Assurance can be taken from the initial completion of the NHSE / I Infection, Prevention & Control Board Assurance Framework presented to the Board in September 2020. A further update will be presented at Board in September 2021.
- There has been no reported staff outbreak of Covid19 infection within this reporting period.

B: Measures for Achieving Objective – 2020 / 2021 measures

| <i>Measure</i> | <i>2020 / 2021 Target</i> | <i>Data source</i> | <i>Reporting frequency</i> | <i>Current position as at May 2021</i> |
|---|---------------------------------------|--------------------------------|----------------------------|---|
| Care Quality Commission standards | Improved ratings for individual KLOEs | Formal assessment | Annual | No date for formal review received |
| Patients / carers satisfied with care provided NB the associated metric re increasing numbers of people who give feedback is suspended due to the pandemic | 90% | FFT | Monthly | Formal reporting of FFT is nationally suspended during pandemic. <i>May result 98.17%</i> |
| Deliver the locally agreed patient related annual Equality Delivery System objectives | Pass | Equality Delivery System | Annual | Objectives agreed at People Participation Committee 1 July 2020, they were reviewed in July 2021 and agreed they had been met |
| Increase the number of services supported by volunteers | TBC | People Participation Committee | 6 monthly | This metric is currently paused due to the pandemic |
| Staff recommend the Trust as a place to work or receive treatment | Increase of 5% on 2019/20 results | FFT | Quarterly | September data shows that 80% of staff recommended the Trust as a place to work and 93% as a place to receive treatment |



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| | | | | |
|--|----------------------------|---|-----------|---|
| Safety – staff feel able to speak up about patient safety issues | Maintain 20/21 score | Freedom to Speak Up index -Staff survey | Annual | In July 2021 the Trust came first in the national Freedom to Speak Up Index for the 3 rd year running. |
| 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 | All except 1 SI have been safeguarding driven, in these cases patient and carer involvement was not appropriate. The patient/ carer was asked to be involved in the remaining SI, they declined this offer. |
| Overall mandatory training | 94% | ESR | Monthly | Total: 95% April 93% May |

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 16)
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 16)
3. **Risk ID 3165** – There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.(Risk Rating 8)
4. **Risk ID 3166** - There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. (Risk Rating 8)
5. **Risk ID 3260** – There is a risk that health outcomes for people who use our services are negatively impacted by Covid 19 restrictions due to a second wave of Covid 19. (Risk Rating 12)
6. **Risk ID 3300** – Delivery of the mass vaccination programme for our staff and to the communities across Norfolk & Waveney, Cambridgeshire & Peterborough may be impeded by a range of factors including workforce supply and vaccine which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination.
There is also a reputational risk to the organisation in relation to delivering the 'hub' model within the required national timeframes. (Risk Rating 12)
7. **Risk ID 3323** – Risk to organisational reputation of delivery of the Lead Provider Contract for the roll-out of the Mass Vaccination Programme for Cambridgeshire & Peterborough and Norfolk & Waveney given the significant pace, complexity and political profile of the programme. (Risk Rating 12)



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Related Operational risks 15 and above

1. **Risk ID 3120** – Luton Community Paediatric service - There is a risk that delays for initial assessments and follow up appointments will continue, leading to continued 18 week RTT (Referral to Treatment) breaches and CYP (Children and Young people) and family delays. (Risk Rating 15)
2. **Risk ID 3182** – Safeguarding: There is a risk that abuse and neglect will not be identified and acted upon at the earliest opportunity, to prove a timely assessment and intervention to mitigate further harm to children and adults at risk due to changes in service provision. (Risk Rating 16)
3. **Risk ID 3227** - There is a risk services will not have the capacity to provide timely and effective response to children & adult safeguarding enquiries during the pandemic. This may result in a failure to support multiagency decision making to assess actual or likely risk of significant harm and provide timely intervention to promote the wellbeing and protect children/young people and adults at risk of harm. (Risk Rating 16)
4. **Risk ID 2915** – There is a risk that the Luton Children’s Health Visiting Service will be unable to deliver the mandated checks within the Healthy Child Programme due to staffing capacity, leading to a reduction in the early identification of children and families who need further support including identifying safeguarding concerns. (Risk Rating 16)
5. **Risk ID 3254** – There is a risk that the Children and Young People’s Services delivery will be significantly impacted by the pandemic leading to potential detrimental impacts on the health and wellbeing of children and young people. (Risk Rating 16)

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

1. Quality Impact Assessment (QIA)

As highlighted at board in May quality impact assessment reviews have been completed by clinical services, and discussed where appropriate at the internal ethics committee. Further updates may be required as the services continue to recover.

2. Patient Safety

- 2.1 The NHS Patient Safety Strategy 2019 (Safer culture, safer systems, safer patients) underpins the Trust’s Quality and Clinical Strategy (2020-2023). A review of the requirements of this national strategy has been shared with the executive team, further details and training will be provided to the Board as they become available.
- 2.2 The Incident Management Team (IMT) continues to have oversight of safety incidents relating to the services provided throughout the Covid-19 pandemic period. Reporting and incidents are at pre-pandemic levels and IMT scrutiny has reduced to monthly.
- 2.3 Scrutiny of incidents also continues through local service governance routes.
- 2.4 One Serious Incident (SI) was declared in April and none were declared in May. No Never Events were reported within this timeframe. The serious incident was identified during a safeguarding training discussion which prompted a review of the case and a panel discussion. The incident relates to missed opportunities to identify and escalate safeguarding concerns for a vulnerable Integrated Contraception & Sexual Health (iCaSH) service user. Investigations carried out under the Serious Incident Framework



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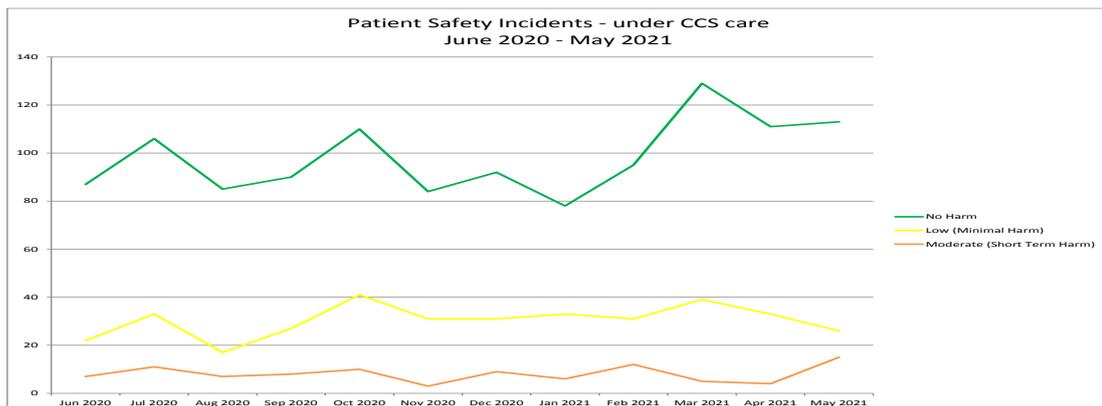
are conducted for the purposes of learning to prevent recurrence both internally and across the NHS.

2.5 Two internal investigations using recognised root cause analysis methodology (RCA) were initiated in April. These were:

- Cambridgeshire 0-19 Service – South locality where there was a missed identification of safeguarding concerns and onward escalation.
- iCaSH Milton Keynes – a complaint was received which advised that was an issue with a contraceptive intervention.

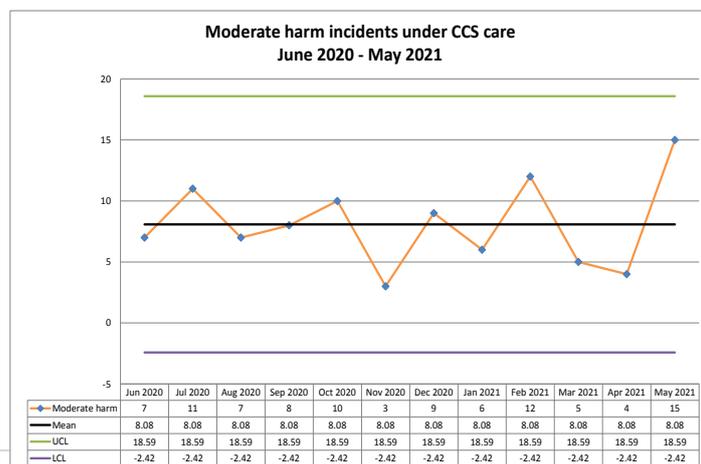
2.6 No internal investigations using a root cause analysis methodology were initiated in May. However seven incidents were discussed at incident review panels and a number of alternative actions were taken. Two identified the need for a standard operating procedure to support staff decision making, and two requested a reflective learning exercise from the practitioners involved. This alternative approach highlights the value of exploring other ways to change practice to prevent reoccurrence of adverse events as well as formal RCA investigations.

2.7 The chart below highlights those patient safety incidents that occurred under our care and includes the two month period of April and May. These incidents totalled 302 which is an increase of only one incident on the previous two month period; 74% involved no harm, 20% low harm and 6% moderate harm.



2.8 Nineteen moderate harm incidents (whilst under CCS care) were reported, an increase of four on the on the previous two month period. However, we can see from the chart that fifteen of these incidents were reported in May representing an increase on previous months.

2.9 Two pressure ulcer incidents were reported for Luton Adult Services in April and 10 in May representing the greater part of the increase. Luton Adult Services reported a further two incidents relating to clinical assessment and treatment. The Mass Vaccination Service reported three incidents: two patient falls





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resulting in head injuries (both falls/ faints linked to just having had the vaccination) and one anaphylaxis reaction. Dental Services reported one moderate harm incident and the remaining incident occurred in the Cambridgeshire 0-19 Service and related to missed opportunities to identify and escalate safeguarding concerns.

Incident Themes

2.10 The top three themes of all incidents – Datix reports in generic categories and the categories we see reflected in the top 3 (for each month) reported are as follows:

- Clinical assessment and treatment
- Access, administration, transfer and discharge
- Medication

| April | May |
|--|---|
| Clinical, assessment & treatment: 131 | Clinical assessment & treatment: 130 |
| Access, admin, transfer, discharge: 94 | Access, admin, transfer, discharge: 106 |
| Medication: 55 | Medication: 42 |

2.11 Incident themes are quite specific to different service directorates due to the diversity of work undertaken. A trust wide view of themes shows that within each of the categories above the following is noted in April and May:

- 2.11.1 **Clinical Assessment and Treatment:** Remains unchanged from the previous two month period. Luton Adult Services is the main reporter of this category due to the type of work and volume of visits. One of the key themes is related to wounds, e.g. pressure ulcers, skin damage, skin tears. These cases are often patients new to the service at the time or the reason for referral in the first place (please see 2.9 for incident data). Luton Adults continue to undertake a pressure ulcer/ wound care project which has previously reported to the Adults Clinical Operational Board.
- 2.11.2 **Access, administration, transfer and discharge:** Remains unchanged from the previous two month period. The theme here is predominantly a lack of referral into the Trust on discharge from another trust or an individual requiring community based care, e.g. GP / acute hospital. The Healthy Child Programme is also reporting a theme around missing antenatal service communication, which is being addressed at a local level through discussions with partners.
- 2.11.3 **Medication:** Medication incidents relate predominately to Luton Adult Services, iCaSH Services and the Mass Vaccination Programme and include adverse reactions to the vaccinations. Where applicable, these incidents are reported externally to the Regional Vaccination Operations Centre (RVOC) and via the yellow card system.
- 2.11.4 Where themes are linked to external providers, any issues are picked up during liaison with the services or via the service leads.

National Patient Safety Alerts

2.12. This is a new section in the Integrated Governance Report to ensure oversight of national patient safety alerts and assurance around actions (see Appendix 2). There is already a robust process in place for managing and acting on alerts through the Safety team, overseen by the Deputy Chief Nurse. The Chief Nurse and Medical Director are



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alerted via Datix of all relevant alerts and participate as needed in task and finish groups to address the issues.

- 2.13 In April and May 2021, 24 alerts were received; three of which were national patient safety alerts. All CAS alerts were actioned and closed within the required time frame.

| | NatPSA description and reference | Trust action |
|----|--|--|
| 1. | Philips ventilator, CPAP and BiPAP devices: Potential for patient harm due to inhalation of particles and volatile organic compounds NatPSA/2021/005/MHRA | Child and Adult teams asked to check if any of their patients have these ventilators or whether the Trust holds any in stock. None of our services support patients who use this equipment or have any in stock. Alert has been closed. |
| 2. | Recall of Co-codamol 30/500 Effervescent Tablets, Batch 1K10121, Zentiva Pharma UK Ltd due to precautionary risk of causing overdose NatPSA/2021/004/MHRA | All clinical teams made aware for information only as the Trust does not supply this medication. Alert has been closed. |
| 3. | Eliminating the risk of inadvertent connection to medical air via a flowmeter NatPSA/2021/003/NHSPS | Not applicable. |

3. Medicines Management

- 3.1 The mass vaccination service is time consuming and has decreased capacity across the team, this has been recognised and the service currently have an advert out for a full-time Mass Vaccination Lead Pharmacist for a 6 month fixed term contract. This is in addition to the medicines management support we are gratefully accepting from colleagues in Cambridgeshire & Peterborough Foundation Trust (CPFT) and Norfolk & Waveney CCG.
- 3.2 The Trust now have a number of mass vaccination sites which are running a multi-vaccine model; this approach has been overseen by the Pharmacy Team, with changes to processes being undertaken to ensure patient safety.
- 3.3 The recruitment of the Community Health Services Pharmacist to support the Luton and Bedfordshire services has been successful, with the teams now having dedicated support.
- 3.4 The Trust's other pharmacist, together with technician support, continues to provide oversight to the iCaSH service, but is also providing advice and guidance to the mass vaccination service.
- 3.5 All items which are deferred due to workload are risk assessed, and the Patient Group Direction (PGDs), which have been extended are safe to do so.
- 3.6 The Medicines Policy review has been extended until September 2021. Whilst the clinical elements of the document remain current, there are some areas which will require more focus when the new policy has been drafted.



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4. Safeguarding

4.1 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. There is continued engagement with interim processes put in place by Local Safeguarding Partnership Boards and with local safeguarding networks. Externally to the organisation, there continues to be an increased level in both volume and complexity of safeguarding concerns reported for children and adults across the system. Therefore, the Trust is working proactively with partners to carry out our statutory safeguarding duties in regards to children and adult who access our services. Partnership work has continued through April and May 2021 as Safeguarding partners take stock of the emerging safeguarding themes during the Covid-19 pandemic period and the learning that can be extracted from the need to adapt to new ways of working to support families and professionals. This will be reflected in key business priorities for the safeguarding partnership boards for the next financial year. National and local focus will be: on-line exploitation and abuse, mental health, domestic abuse, neglect with the explicit impact from poverty and social isolation on these.

4.2 The risks are:

4.2.1 Risk ID: 3182 - The possible impact on children and adults from the re-prioritisation of services across the partnership system at the beginning of the pandemic including during first lockdown and continuing necessary restriction as part of Covid-19 pandemic management. The time period for this risk has been extended as social distancing continues to impact on the partnership wide provision to support children and their families and adults with care needs. As services commence restorative phase it has been acknowledged that there is a number of vacancies in the Healthy Child Programme Service, therefore it was agreed that this risk remains static. A recruitment campaign has commenced and commissioners are aware as part of an agreed escalation framework. Risk narrative and controls have been amended to reflect this position. This risk is currently rated at 16; controls are being maintained.

4.2.2 Risk ID: 3227 - The risk that our staff will not have the capacity to provide an effective safeguarding response to the increased number of complex cases that emerges as services mobilise into the restorative phase. There has been a significant increase in safeguarding concerns in both volume and complexity. As services commence restorative phase it has been acknowledged that there is a number of vacancies in the Healthy Child Programme Service, therefore it was agreed that this risk remains. A recruitment campaign has commenced and commissioners are aware as part of agreed escalation framework. Risk narrative and controls amended to reflect this position. This risk is currently rated at 16; controls remains in place.

4.2.3 It should be acknowledged that these two risks are interrelated, where vulnerable children and adults have limited access to professional support across the system any safeguarding issues are likely to be identified at a later date and therefore the opportunity for early assessment and intervention may be missed.

4.2.4 The risk that staff may suffer the effects of vicarious trauma as they manage increased numbers of cases involving physical injury and neglect. This risk is currently rated at 8; controls remain in place.



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- 4.2.5 Cambridgeshire MASH (Multi-Agency Safeguarding Hub) team is managing a risk related to the increase in the number of enquiries sent through which are not related to the pandemic but are a result of a change in process in the Local Authority. There is a strategic partnership agreement about the actions required to mitigate the impact and a monthly joint meeting is held between the Local Authority Head of Service, CCS Head of Safeguarding and Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) Head of Safeguarding. There was an increase in the number of strategy discussions and disparity between the Healthy Child Programme (HCP) support for this across Peterborough and Cambridgeshire, so work is being aligned in collaboration with CPFT and CCS MASH health to ensure that triage of information sharing is consistently applying a risk based approach. Local Authority, CCG and Chief Nurse are sighted on this. The risk is currently rated at 12.
- 4.3 Risks are reviewed weekly by the Incident Management Team and Safeguarding Huddle (Medical Director, Chief Nurse, Heads of Safeguarding and Deputy Chief Nurse) where Trust wide actions are identified and implemented, with oversight by the Strategic Safeguarding Group.
- 4.4 There has been a rise in the number of Non Accidental Injuries (NAI) to children resulting in serious head trauma in some of the localities and nationally. The impact on our staff is being carefully monitored and support for individuals and teams has been arranged. Staffing levels are under constant review and local action is taken to minimise the impact. Specialist psychological support for staff at the frontline and in the safeguarding teams is being provided and in some cases provided from both private and public services.
- 4.5 Bruising and marks to non-mobile children and babies has been highlighted within a number of Child Safeguarding Practice Reviews both internally and nationally. Datix reporting continues to be utilised to capture non-accidental injury (NAI) incidence across the Trust for children under the age of two years, which are the cohort of children at the greatest risk of significant harm. Weekly review of the Datix reports by the Heads of Safeguarding has identified that CCS professionals are compliant with pathways for bruising, injury and bites in immobile children. However, there has been a need to challenge other agency compliance with agreed pathways.
- 4.6 ICON is now becoming embedded into the HCP service within the Trust and across both systems for Cambridgeshire & Peterborough and Bedfordshire & Luton. Work continues with partners to promote the need for a system wide public health approach. The Trust's Communication Team are making contacts with communities to better engage fathers and other significant male carers, who are essential to the success of this campaign; males being perpetrators of 70% in abusive head trauma. Norfolk are active participants in their system wide work stream called 'Protecting Babies' and learning across the two approaches will be used to influence and enhance the local agreed systems.
- 4.7 MASH activity continues to be variable across the five MASHs supported by CCS professionals; there are some emerging patterns which appear to be directly correlated to the national lock down. Activity monitoring is currently being revised to allow greater interrogation of the activities undertaken by the Trusts professionals working in the MASH. The volume of referrals overall to MASH indicates a slight increase on pre-pandemic levels, however the conversion rates (number of cases reaching support



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threshold from Children's Social Care at a statutory level of intervention) has shown a significant increase.

- 4.8 The Trust is working across the Joint Venture in Cambridgeshire and Peterborough (with CPFT) to align processes and pathways for MASH enquiries and strategy discussions. A joint email inbox has been implemented with the agreement of the Caldicott Guardians.
- 4.9 The Service Re-Design team has been supporting the Heads of Safeguarding since June 2020 with developing an understanding of the processes and standardisation required for MASH. There are five MASH (Children's) that are supported by CCS and a variety of commissioning agreements and differences to consider within this. However, due to the pandemic and competing demands of both services, much of the project has been paused or progressed slower than anticipated, but work has continued to consider process mapping, service need and staffing models; alongside the important elements of quality assurance around data inputting and collection.
- 4.10 There has been an increase of families requiring support from the Universal Partnership Plus across all of our healthy child programmes services. To mitigate the staffing challenges and high safeguarding demand a number of actions have been undertaken which include; joint advertisement with the Bedfordshire service, consideration of post rotations and a review of skill mix. Within Cambridgeshire and Norfolk there is a re-visioning of the HCP service delivery with a focus on the 5-19 pathways.
- 4.11 Mandatory safeguarding induction is now linked to ESR and will be live on the system by June 2021; this will improve access for new starters and allow compliance monitoring, requiring new starters to have safeguarding induction within six weeks of their start date. As part of this induction package new starters are made aware of the safeguarding provisions within the Trust and who they can contact for immediate support it also makes them aware of their mandatory safeguarding training and supervision requirements.
- 4.12 Heads of Safeguarding have worked closely with the Chief Nurse to develop a business case for the enhancement of the Adult Safeguarding team in order to support the PREVENT agenda (with attendance at all Channel Panels across the counties that CCS has services within), the introduction of the Liberty Protection Safeguards and to develop a robust system for adult safeguarding supervision. The team have recruited and will be at full establishment by August 2021.
- 4.13 Safeguarding supervision continues to be provided as a priority across the Trust in a risk based approach and for those staff who have a mandated requirement to access this. A revised safeguarding children supervision model has been developed and ratified at the Strategic Safeguarding Board in May and is on track to be implemented from July 2021 across all localities for mandated supervision compliance.
- 4.14 PREVENT and WRAP training has been maintained at above the target level across the Trust and is at 96% and 97% for April and May respectively. The first PREVENT forum since October 2020 took place on 13 April 2021, with this agenda now being incorporated into the local Operational Safeguarding Meetings and the internal Safeguarding Board. The Trust submitted its quarter one compliance sit rep to the Home Office in July; with no issues being highlighted.
- 4.15 The Domestic Abuse Bill has received Royal Assent and there are some significant changes within this that require consideration as a Trust. The safeguarding policies for



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adults and children have been amended accordingly; alongside the policy to support staff who are experiencing domestic abuse. All have been presented to the Strategic Safeguarding Board and are being progressed through the governance channels.

- 4.16 An investigation process flowchart has been developed alongside the Risk Management team for all safeguarding incidents. The Heads of Safeguarding have developed a briefing paper around themes identified in Child Safeguarding Practice Reviews and Serious Incidents which was shared at the last Quality Improvement and Safety Committee, this work will also be discussed with staff at the next Leadership forum.

5. Infection Prevention and Control (IPaC)

- 5.1 We continue to follow all national guidance relating to preparation for and management of the current Covid-19 pandemic. This work is being led by our Emergency Preparedness and Resilience Accountable Officer (Director of Governance) and Medical Director.
- 5.2 The risk relating to supply and availability to our services of Personal Protective Equipment (PPE) is monitored weekly through the Incident Management Team (IMT) 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 PPE.
- 5.3 The Trust now sits on the national community PPE panel with the Department of Health this group provides the organisation with an opportunity to raise any PPE quality concerns, learn from other providers and highlight good practices.
- 5.4 In May 2020, NHS England published an Infection Prevention and Control Board Assurance Framework (BAF) for Trusts to be able to demonstrate that their approach to the management of Covid-19 is in line with Public Health England (PHE) Infection Prevention and Control guidance and that gaps have been identified and mitigating actions taken. Our initial detailed self-assessment against the 10 domains was initially presented to the Board in September 2020. An updated version of the BAF was published on the 30th June 2021; this is currently being reviewed and will be presented at IMT and then the Infection Prevention and Control Committee prior to coming to board in September.
- 5.5 No staff outbreaks were reported during the period covered by this report.
- 5.6 A total of 14 IPaC related incidents were reported during this period, eight of which were coded as needlestick injuries within Mass Vaccination.
- 5.7 In relation to the eight needlestick incidents (totalling 23 reported incidents compared to the 500,000 approx. vaccines delivered since January) a number of actions have been embedded to reduce the incident occurrence for example; a new system of support and supervised practice for individual staff members who have had the needlestick incident and ad hoc training sessions. The issue has also been discussed with St John's Ambulance who is also looking at ways to support their staff group. All incidents are reviewed within the IPaC Committee, with any actions being fed back to services.
- 5.8 Working with the Trust's Estates and Facilities Manager, the IPaC team continue to review completed Covid-19 building risk assessments submitted by services.



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5.9 There were no confirmed bacteraemia cases of MRSA (Meticillin-resistant Staphylococcus Aureus), Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during April or May. We have not been notified of any positive cases of C.difficile during this period.

6. Patient Experience

6.1 The Patient Story

6.1.1 The patient story comes from the Luton Community Paediatrics service. A parent will attend to tell us of their experience of when their youngest son received a Brief Observation of the Symptoms of Autism (BOSA).

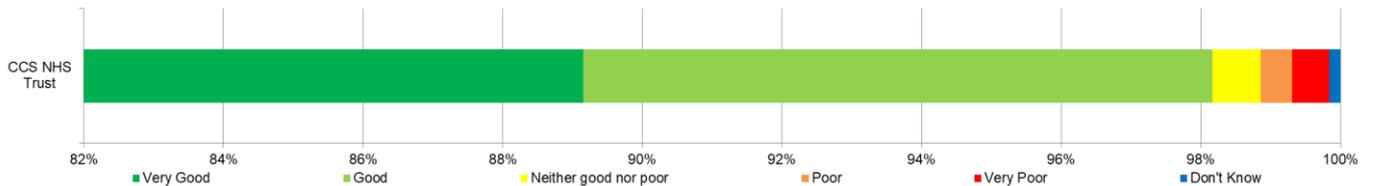
6.2 Friends and Family Test (FFT)

6.2.1 We continue to work in line with FFT national guidance around Covid-19.

6.2.2 We received 4169 responses in April and 4667 in May to the FFT question. Mass Vaccination feedback accounts for over half of these responses, 2276 in April and 2786 in May.

6.2.3 The overall Trust FFT positive feedback was 98.17%, with a 0.98% negative feedback percentage. We remain above the Trust target of 90%.

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



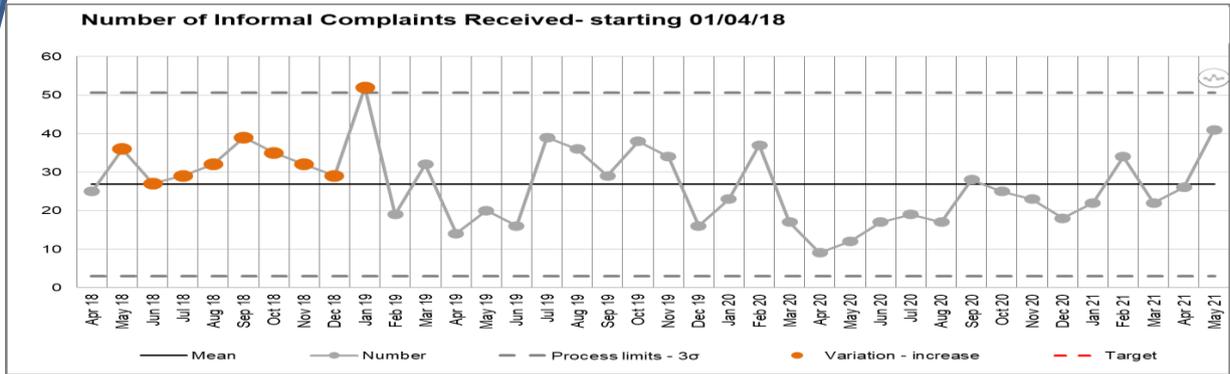
6.2.5 In April and May the services we provide received over 9900 positive comments on surveys and feedback forms used across the Trust, with over 4800 for Mass Vaccinations (with 99% positive response) and over 5000 for all other services.

6.3 Informal complaints received

5.3.1 The total number of informal complaints received and logged was 67 in this data period, as you can see from the table below this is within our expected variation. Seven informal complaints were related to Covid-19, specifically experience at vaccination centres and delays/change in service offer due to Covid-19. All have been followed up and no related incidents or risks were associated with the feedback received.



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

6.4 Themes and learning from informal complaints closed in April and May 2021

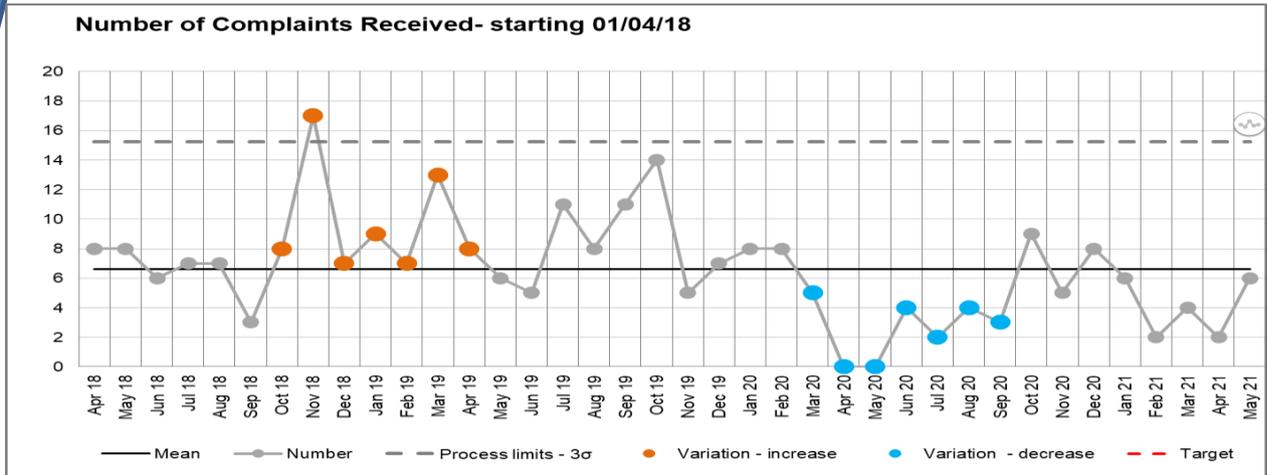
- 6.4.1 Sixty informal complaints were resolved and closed in April and May. The top three themes of the informal complaints closed within this period were Communication and information (14), Delay in diagnosis, treatment or referral (12) and Administration (11). Clinical Care was in the top three in the last two month reporting period but in this period is the fourth most frequently occurring theme.
- 6.4.2 Four of the informal complaints about Communication and Information were related to Luton Children’s Services, two Community Paediatrics and two Health Visiting. There were no themes in the issues raised about Community Paediatrics however both Health Visiting issues related to the service provision during Covid-19.
- 6.4.3 Three of the informal complaints about Delays were about Dental Services and three about Luton Children’s Services, specifically Community Paediatrics. There are no themes in the details of the complaints about delays.
- 6.4.4 Review of the informal complaints about Administration shows that nine of the 11 were related to iCaSH Services. These are related to Express Test kits and results (4), the phone lines (3) and appointment system (2).

6.5 Formal Complaints

- 6.5.1 The Trust received eight formal complaints in this data period. Two were received in April and six in May. This is below average but within the expected variation, as shown in the graph below.



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

5.5.2 None of the complaints received in this period related to Covid-19.

6.6 Themes and learning from formal complaints closed in April and May 2021

6.6.1 Within this data period we responded to and closed seven formal complaints, there were 12 subjects/themes identified. Communication and Information was the most frequently occurring theme (8) in four complaints. There was one delay in diagnosis, treatment or referral, one access to medical staff, one staff attitude and one discharge arrangements.

6.6.2 The complaints have been reviewed and no services responded to more than one complaint in this period, so there were no service themes identified during this period.

6.6.5 Learning and actions taken from complaints have included:

- Bedfordshire Speech and Language Therapy – Parent raised concerns about the waiting time for SLT input and review. The investigation identified that these did not take place because of reduced staffing due to long term leave and dependence on cover from locum therapists. A service redesign project has started with aim of reducing waiting times and increasing efficiency.
- Cambridgeshire Speech and Language Therapy and Information Governance – Parents raised concerns that records requested under a subject access request had been concealed. It was found that all records and emails were provided. However, the service was asked by the Local Authority to use an anonymous reference number as the subject of all emails relating to the child and it was acknowledged that this could be seen as obfuscation. The practice has been reviewed and staff have been reminded that where appropriate subject titles in emails should reflect the content of the email.



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6.7 Complaint response times

6.7.1 In this data period we responded to seven formal complaints (three in April and four in May). Target timeframes for complaints received since February has been extended to 35 and 40 days, all of the complaints responded to in April and May were sent within these time frames.

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

7.1 Within Dynamic Health specialist waits for a first appointment and waits for diagnostics continue to affect the 18 week RTT and lead to unit breaches although this is an improving position.

7.2 In iCASH routine LARC provision is now running across all services; however there are waiting lists in the majority of localities. This is a system issue which is being reviewed with partners across our footprint.

7.3 Cambridge University Hospitals have contacted the Trust, to let us know they will no longer be able to provide theatre capacity to support oral surgery work under General Anaesthetic. Residents in the south of the county now need to travel to Peterborough or Bury St Edmunds, as they have been able to make theatre space available to the Trust. This will not impact on the quality of the service when provided, however the organisation is pursuing other more local options with a number of providers across the system.

7.4 In Cambridge's Looked After Children service there has been a 76% delay in consents being received for Initial Health Assessments and 17 delayed consents for Review Health Assessments. Discussions with Cambridgeshire County Council and the Designated Nurse have resulted in some improvements and there is now an escalation route with Heads of Service to social care to address the delay with obtaining consents.

7.5 Within Bedfordshire and Luton Community Paediatric Services the average RTT wait in Bedfordshire is 21 weeks (18 week national KPI) with the longest wait at 33 weeks, clear improvement in this area is apparent over the past two months. The average RTT wait in Luton is 42 weeks, with long term staff sickness (unrelated to Covid19) and medical vacancies impacting on service capacity.

7.6 Recruitment to substantive Medical posts continues to be a challenge in both services. Trust-wide Consultant Paediatrician posts are being advertised with joint recruitment with our East London Foundation Trust colleagues being explored. Interest has been received for 2 fixed term Medical posts with recruitment being progressed. Additionally a clinical priority booking system continues to safely manage referrals and review appointments.

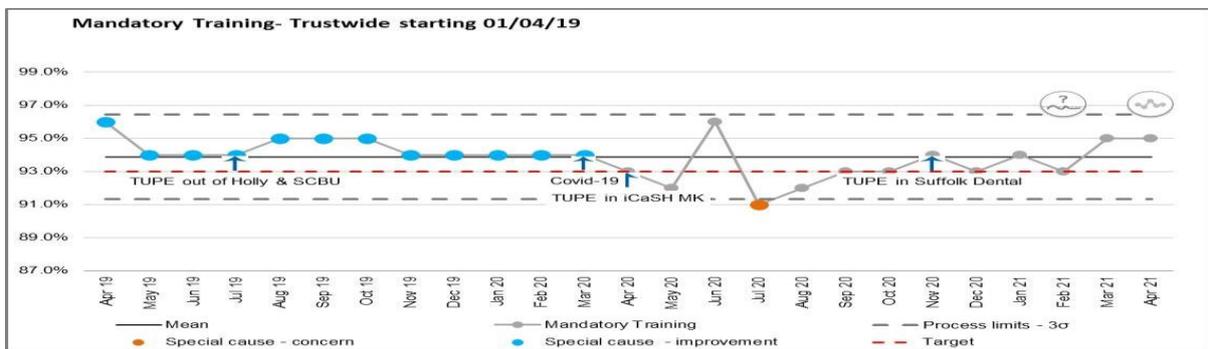
7.7 There has been an increase in requests for EHCP assessments from the Local Authority, in particular Central Bedfordshire. Meeting expected timescales is a challenge and the service is reviewing their demand and capacity model.



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- 7.8 130 children are overdue ADHD medication reviews in Luton, with the longest wait being 7 weeks. Specialist Nurses are clinically prioritising these reviews and reviewing children, no imminent risks have been identified.
- 7.9 There are increasing numbers of children within Cambridge currently breaching 18 weeks RTT in Occupational Therapy. This is due to an increase in referrals after schools returned post-lockdown and increased pressures generally in families, with appointments/ contacts taking longer. The service has now received additional funding from the County Council as part of a two year funding plan. Recruitment is underway, which when successful applicants are in position, will reduce caseload sizes and support the team to review any gaps in their provision.

8 Mandatory training



8.1 Mandatory training compliance for April was 95%, and for May this was 93% which is slightly below target.

9. Information Governance

9.1 NHS Digital’s 2020/2021 Data Security & Protection Toolkit (DSPT): all 111 mandatory evidence items have been completed as well as all the non-mandatory evidence items. The 2020/2021 DSPT was submitted on the 30th June after being signed off by the Trust SIRO. All assertions were met.

9.2 Mandatory Information Governance and Data Security awareness training is currently at 94% (May 2021) against a target of 95%. On a monthly basis, Service Directors are provided with details of non-compliance and requested that they encourage staff to do their training.

9.3 Between April and May, 33 incidents were reported under the Confidentiality Breach incident category which is the same as the previous two months. The majority of the incidents related to human error or administrative issues, for example, staff placing the wrong letter in an envelope, attaching the wrong information to SystemOne, not double-checking details before using material. The Information Governance Manager assesses all Information Governance incidents and provides advice to staff to prevent errors from re-occurring.

10. CQC action plan

10.1 The must do required by the CQC in 2019 relating to the Healthy Child Programme is that “the service must continue to monitor and actively recruit to ensure that there is an



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adequate number of nursing staff with the appropriate skill mix to care for children and young people in line with national guidance and to ensure that service provision can be maintained.”

- 10.2 As reported at March’s board all the ‘should do’ actions have now been closed.
- 10.3 In July 2021 the actions were reviewed to identify the progress achieved against the ‘Must do’ before and during the pandemic, despite Covid19 it is clear that work continued against this priority with active recruitment, training programmes, an evaluation of skill mix and the introduction of workforce monitoring tools.
- 10.4 All healthy child programme services continue to monitor staffing levels and are actively recruiting to vacancies. A mixture of Benson tool, staffing prediction tools and staffing recovery plans are used consistently to monitor staffing levels and adjust the clinical offer accordingly based on clinical risk of the most vulnerable families. Trust-wide, Healthy Child Programmes are reviewing future predicted challenges around staffing capacity and implementing some new roles and opportunities for staff development which include:
- A rolling programme of MASH (Multi-Agency Safeguarding Hubs) practitioner secondments roles.
 - Staff nurse development roles.
 - 5-year pathway to ‘Grow our own’ Specialist Community Public Health Nurse (SPCHN). A 2-year apprenticeship to complete the Assistant Practitioner pathway. This 2 year programme enables staff to step up to nursing, followed by a final year to qualify as a SCPHN.
- 10.5 Recruitment into Health Visitor and School Nurse vacancies remains difficult with minimal external applicants. Innovative recruitment campaigns have been undertaken to support this process – and a further discussion will be held as part of the community of practice meeting with all 0-19 leads to review the campaign approach so far and to identify new ideas both linked to recruitment and to the retention of our current workforce.
- 10.6 A Trust wide recruitment to the SPCHN courses which commence in January 2022 will start in August 2021, with a single approach and interviews. This will maximise the opportunity to recruit suitable students. The intention is that the process is robust enough to enable students to automatically move to qualified roles on passing the course without additional applications required (joint Workforce and 0-19 project). Work continues with Commissioners to address additional funding requirements and the challenges of staffing within 0-19 services.
- 10.7 In relation to staff retention a new Safeguarding supervision model is being rolled out to practitioners to support resilience and provide a safe space for staff to discuss complex cases. The Trust has a comprehensive package of support on offer to all staff which includes; counselling, occupational health and links into well-being offerings from across the region. Additionally we now have 3 staff networks established and we are looking at the outcomes of the staff survey in order to understand our 0-19 staff experience. The teams are also exploring how we could utilise agency staff within the services, and a recruitment consultant has been bought on board to provide expertise.
- 10.8 Recruitment in this area remains challenging locally and nationally; however internally mitigations are in place at team level to prioritise patient need and minimise risk. An external recruitment consultant is also supporting our



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10.9 Progress against the 'must do' will be reported to board again in November.

11. Areas of Outstanding Practice

11.1 Dental Healthcare Services

- The service has been successful in its bid to provide oral health training to dental care professionals visiting care home as part of a NHSE/I pilot.
- The service has been developing pathways for multidisciplinary General Anaesthetic and treatment of complex patients requiring inpatient stays with West Suffolk Hospital. These pathways are already in place at Peterborough City Hospital.

11.2 Dynamic Health

- Further contracts have been awarded to CCS NHS Trust for additional First Contract Physiotherapists (FCP) in Cambridgeshire and Peterborough following contract meetings. We continue to be the largest provider of First Contact Physiotherapists with 18 recruited, two in the recruitment process and another one being advertised.
- Our South Asian Female Class won the BAME National Health and Care Awards in the Outstanding Achievement of the Year categories. The submission was for the rehabilitation class for South Asian women, which was designed by the team and is delivered in Hindi/Urdu. This is testament to two physiotherapists' dream to provide better patient outcomes for the South Asian Female population. The work to provide videos and leaflets to support the class and operate this class virtually through the pandemic has been outstanding.
- Dynamic Health has been involved in setting up the Long Covid Pathway and we have been increasing our knowledge and skills in this important area. We continue to work within the system in helping to design a six week system programme of rehabilitation involving MSK, fatigue services, breathlessness services and IAPT (Improving Access to Psychological Therapies) services to ensure economies of scale and also efficiencies.
- Our unit is involved in a "Worthwhile Waiting" pilot being run in a Cambridgeshire Primary Care Network which provides information, knowledge and resource to those waiting for secondary care intervention. Optimising patients' physical and mental health whilst they wait the lengthy time for operations due to the pandemic is vital to ensure a successful outcome post operatively. It is hoped that this pilot will roll out across the system.

11.3 iCaSH

- Established clinical teaching programme throughout service continues to run for all to access via Teams. Teaching programme have now been planned for the next six months



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11.4 Oliver Zangwill Centre (OZC)

- The occupational therapy team has been delivering a series of courses commissioned by teams outside of our region.
- The service lead has delivered a presentation on the work of the Centre at a recent conference in May titled, 'Excellence in community neurorehabilitation', which was positively received.
- The outcomes of the qualitative research study (Client experiences with holistic neuropsychological rehabilitation: it is an ongoing process) which was conducted at the centre in 2019, is due to be presented at the World Federation of Neuropsychological Rehabilitation conference in 2021 as well as being submitted for publication in the journal Neuropsychological Rehabilitation.

11.5 Luton and Bedfordshire Adult Services

- The team have commenced involvement in the National Community Safer Staffing Tool. The project outline is for the service to measure service quality, patient dependency/acuity, staff activity and actual staffing concurrently. Being part of this programme ties in well with some of the staffing capacity issues the team are facing currently and will help provide a level of benchmarking as to how we compare to other locations nationally.

11.6 Mass Vaccination Programme

- East of England celebrates reaching the 7 million Covid19 vaccination mile stone in June. The Trusts have delivered over 500k doses across the two health systems via the large scale vaccination centres, and is now looking to provide a roving service and 'pop up's' to ensure the vaccination service is available into local communities.
- The Trust was pleased to join forces with St John Ambulance to produce a case study promoting the valued work of volunteers in the mass vaccination programme.
- Two sites in Cambridgeshire are participating in the trial of nursing placements (x3) with Anglia Ruskin University in Cambridgeshire and Peterborough in vaccination centres to support challenges around placement capacity. To be evaluated before more extensive roll out to ensure meaningful learning opportunities and impact on existing workforce.

11.7 Co-Production

- Within the Ambulatory service the co-production lead has been working with iCaSH around a service re-design project linked to bookings and access. As part of this, online focus groups have been run throughout June to welcome people who have used the service to talk about ways in which the service could be improved, specifically around the topics of:
 - The telephone system
 - Video consultations
 - Online booking
 - Website and Frequently Asked Questions
 - Online chat
 - Online accounts



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- Combining the discussions from these groups with the feedback received via Friends and Family Test surveys will develop recommendations for the service redesign project. People who have used the service will also be invited to support the planning of the required changes.
- The Luton and Bedford Community Paediatric Services have continued working on the post diagnosis resource pack. This is a collaborative piece of work with over forty direct members of the group meeting with sub-group members to develop sections of the multi-media pack for children and young people with neuro-diversity.
- Work stream two of the resource pack is called: 'know what to expect and how to prepare' this is a reoccurring theme across many projects and across diverse demographics. This work-stream was based on feedback from parents and carers of neuro-diverse children who, due to their difficult journey through the system, described their state of mind by the time they arrive at Community Paediatric Service, as being stressed and anxious, expecting to have to battle to secure the healthcare their child needs. However, their actual experience of communication with staff and of the appointment process is very positive and they wish they knew what the order of appointments were in advance, to know what to expect and how to prepare for the appointment instead of worrying and expecting a negative experience.
- The resource pack is the culmination of over nine months of co-production work with each resource carefully and collaboratively reviewed ensuring there is always positive language, simple English and a supportive and reassuring tone. The interactive infographic takes the person/family through the journey from referral for a neurodevelopmental assessment, to what a confirmation of appointment includes, to the first appointment and how to prepare for it, to what the assessment will include and who they may meet to the final 'feedback appointment'. The group decided to replace 'feedback appointment' which is the final step, 'what have we learnt and what are the next steps?'
- Additionally The Young Voices of Luton supported the project with co-producing a list of neuro-diverse celebrities and role models to feature in the digital resource pack with signposting to similar uplifting stories of success such as the ADHD Wise website. Collaborative work with Children and Adolescents Mental Health colleagues to co-produce a video celebrating the positives of neurodiversity was reviewed by the group and finalised this quarter with more detailed individual stories to be added to the section moving forward.
- In Luton and Bedford Adults Services the Doccla pilot project began at the start of the year. Remote health monitoring describes the use of devices and wearable technologies to capture and monitor the vital signs of patients. Patients take their own readings for blood pressure, weight and heart beat before submitting the information through a dedicated phone. These readings can be retrieved by a clinician from a remote location for analysis. Patients on the caseloads of Community Respiratory and Heart Failure teams are participating in the pilot.
- The project team including the Project Support Manager, Co-Production Lead and clinicians designed a survey which has captured narratives and experience from the patients which has been incredibly positive. Additionally the service has run focus



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groups which revealed how easy the participants found using the technology. At the time of writing this report, the project is being considered for a Health Service Journal award nomination.

- In Norfolk a pre-Covid19 a multi-agency work stream was set up; including Norfolk County Council (NCC) community development officers, Libraries, and Norfolk's Early Childhood and Family Service (ECFS). The aim was to review the current service offer regards health drop ins and baby self-weigh, in particular the accessibility, use and outcomes. Consultation with families, local communities/ established play and stay groups took place to support the outcome of any service development.
- At the start of Covid19 a survey was set up asking parents to comment, feedback ideas and views on in person and virtual health advice drop ins, self-weigh facilities. Over 140 families completed the survey, which has influenced the re-opening of the services post Covid19.

11.8 Service Re-design Team

- The Service Redesign Team has recently introduced a Data Scientist role to their service. Using data science methods such as predictive modelling, statistical analysis and business acumen the role will strengthen the Trust's use of data to design healthcare solutions and services that meet the current and future needs of the local communities.



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A: Assurance Summary

| | | |
|-------------------------|---|---------------------------|
| <p>Safe</p> | <ul style="list-style-type: none"> staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures Staffing pressures kept under constant review as part of regular sitrep reports and weekly incident management team meetings. (S4) | <p>Reasonable</p> |
| <p>Effective</p> | <ul style="list-style-type: none"> Mandatory training compliance has reduced to 93% (E1) Appraisal rates at or above target levels across 80% of services and no more than 2 services are more than 5% below target Overall appraisal rates have increased but remain below target at 91.38% (E2) Rolling sickness rates as at end of May was 4.17% compared to latest NHS England rate for community Trusts of 5.8% (as at January 2021) (E3) Stability continues to be above target at 89.9%. (E4) The majority of local Equality Delivery System objectives on track for delivery and this is evidenced through a robust plan of work as presented to the PPC on 12th May. The reason for not achieving full compliance was due to the Covid pandemic (E6). | <p>Reasonable</p> |
| <p>Well Led</p> | <ul style="list-style-type: none"> Agency spend below annual target. (WL6) All BAME staff have been offered risks assessments and mitigation is in place as required (WL8) All staff with high risk factors to COVID-19 are offered staff risk assessments and mitigation is in place as required. These are being regularly reviewed. (WL9) All staff have been offered Covid-19 vaccination and targeted work in this area continues to take place. Current compliance is 82.35%. | <p>Substantial</p> |

1. In addition to the overview and analysis of performance for April and May 2021 the Board can take assurance from the following sources:

- NHS National Staff Survey 2020 results where the Trust achieved a 58% response rate. Headline results were:
 - Best performing Community Trust nationally in 8 out of the 10 themes, including staff engagement.



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- 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 people strategy implementation plan. Four out of the five programmes of work all support the delivery of this objective.
- The Freedom to Speak Up index published in June 2021. The Trust was again identified as the best performing Trust nationally for the third year running.
- Workforce review presented to the Board in March 2021.
- Daily staffing sitreps and Incident Management Team meetings to manage staffing pressures during the current Covid-19 pandemic. Risks 3163 and 3164 cover these pressures and are reviewed regularly.
- Discussions within the three Clinical Operational Boards that took place in July 2021.
- Feedback from staff as part of our staff friends and family survey April – June 2021.

B: Measures for Achieving Objective

| Measure | 20/21 Target | Data source | Reporting frequency | Current position as at end May 2021 |
|---|------------------------|---|---------------------|---|
| Staff recommend the Trust as a good place to work | Above national average | NHS Annual Staff Survey | Annual | Achieved |
| 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 June 2021 FTSU Index report |
| Staff engagement rating | Above national average | NHS Annual Staff Survey | Annual | Achieved |
| *Sustain the level of overall mandatory training | 94% | ESR | Monthly | 93% - below target (reduced by 2% from last report) |



SC2

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| | | | | |
|---|--|--------------------------|---------|---|
| 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 | Not achieved – increased to 11.9%. |
| 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 | Achieved – reduced to 15.3% |
| *Available staff have had an appraisal in the last 12 months | =>94% | ESR | Monthly | *91.38% (increase of 4.84% since last report) |
| Available staff have had a good quality appraisal in the last 12 months | Improvement achieved from 2019 results | NHS Annual Staff Survey | Annual | Not included in this year's survey |
| Deliver the locally agreed staff related annual Equality Delivery System objectives | Pass/Fail | Equality Delivery System | Annual | First objective has been fully met and the second one partially met due to the Covid pandemic |
| Monthly sickness absence remains below 4% | 4% | ESR | Monthly | 4.95% - above target and increase of 1.17% since last report |
| Reduce Annual Staff Turnover | 1% improvement from 2019/20 outturn (March 2020 – 13.04%) | ESR | Monthly | 10.63% - exceeded target |
| Maintain Mindful Employer Status | Pass/Fail | HR Team | Monthly | PASS |

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

Strategic risks



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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 16)*
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 16)*
3. **Risk ID 3166** - *There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards. (Risk Rating 8).*

Any operational risks 15 and above

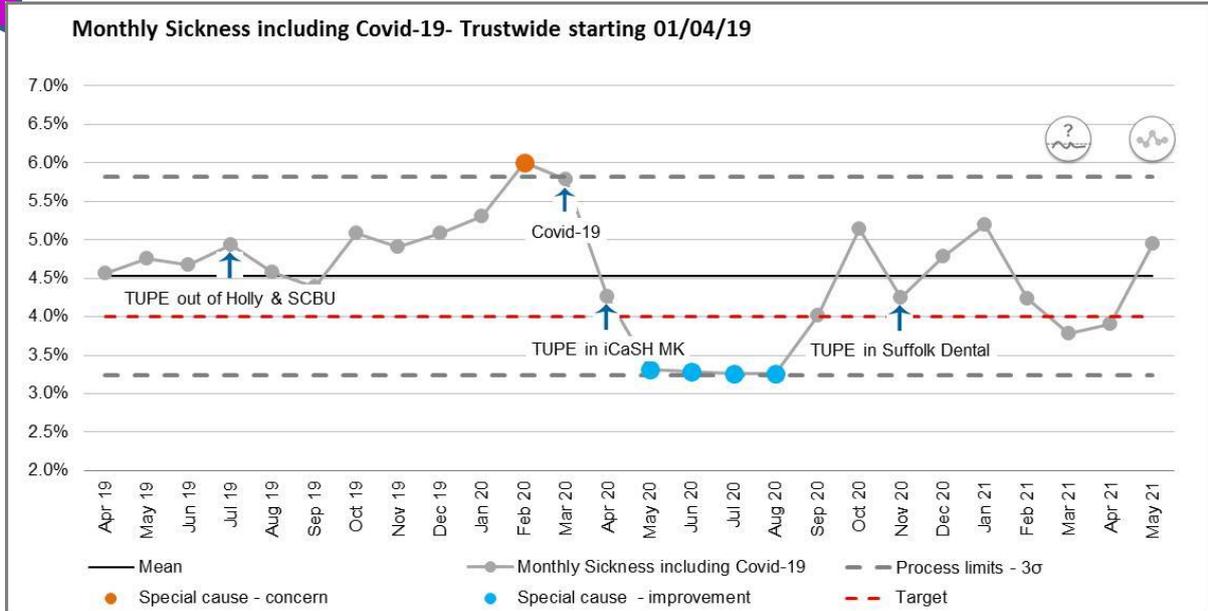
D: Overview and analysis

1. Sickness

- 1.1. There has been a significant drop in the monthly sickness rate since March 2020 (5.78%). However, the 12 month cumulative rolling rate (May 2021 – 4.17%) is now slightly above the Trust rolling target of 4%.
- 1.2. Monthly Trust wide reporting for April 2021 3.91% (including Covid-19 sickness), 3.81%(excluding Covid-19 sickness), and for May 2021 4.95% (including Covid-19 sickness) and 4.87% (excluding Covid-19 sickness)
- 1.3. The Trust wide sickness rate has increased this month, and is now above the Trust's target of 4.0% for 2020/21. Of the 4.95%, 2.94% was attributed to long term sickness and 2.01% short term sickness absence. Beds & Luton Adults Unit had the highest sickness rate (6.89%) and Corporate having the lowest (1.74%). 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 2021 benchmark report for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 5.8%.



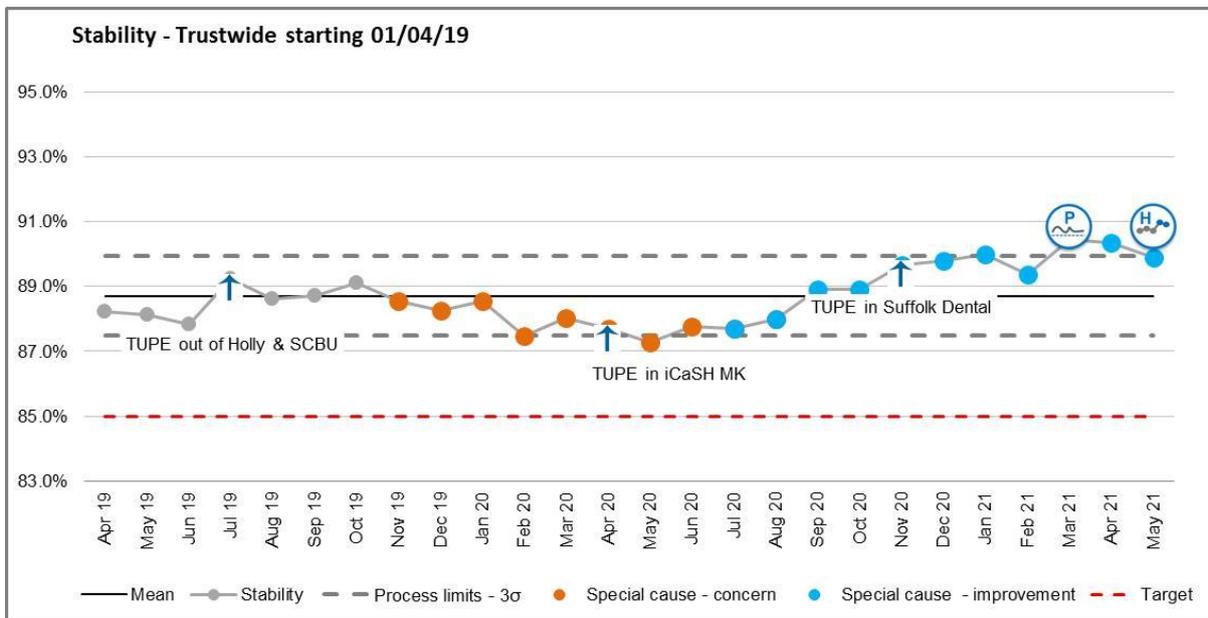
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2. Stability

2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – April 2021 90.35%; May 2021 89.9%; against the Trust target of 85%. This compares favourably to a stability rate of 88.4% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, Feb 2021).

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



3. Appraisals

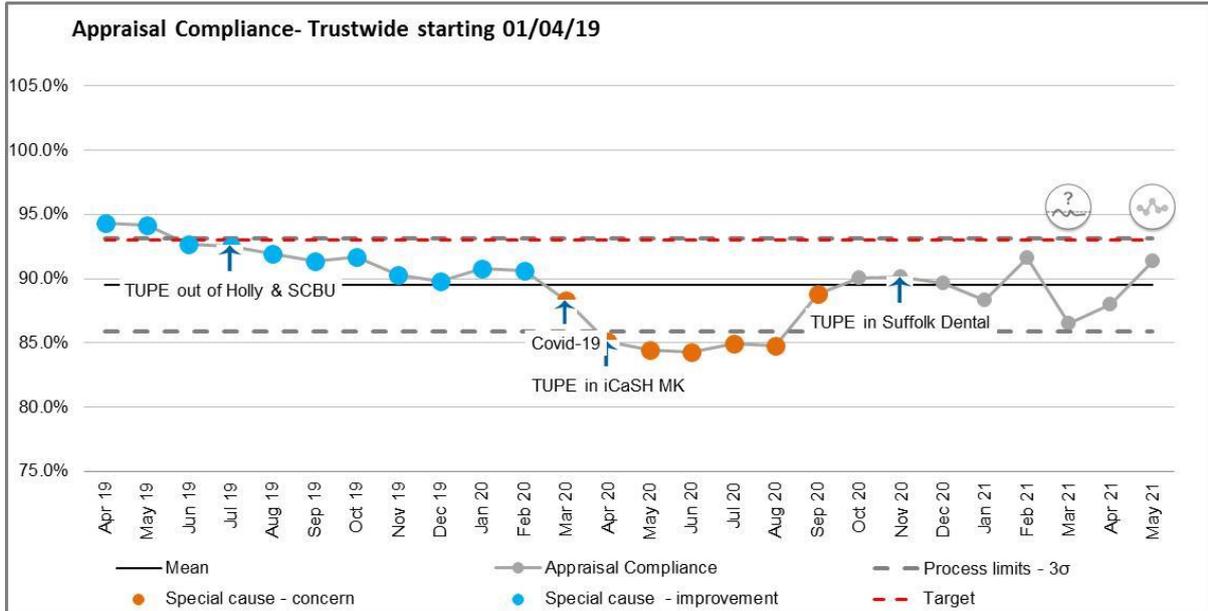
3.1. The following chart shows the percentage of available employees with a current (i.e. within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters



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

- 3.2. The Trust wide Appraisal rate has increased – April 2021 88.01%, May 2021 91.38%, and remains below the target of 93% for 2020/21.
- 3.3. Cambs & Norfolk Children’s & Young People Service has the lowest (96.74%). 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.



4. Staff Engagement activities

- 4.1. Significant support continues to be put in place to support all staff. We continue to focus on individual’s health and wellbeing, personal resilience and morale.
- 4.2. Workforce challenges and staff morale is reviewed and discussed at our weekly incident management team meetings. Risks 3163 and 3164 cover these two areas. Following our most recent review we agreed to increase these risks to 16 as staff morale is being negatively impacted across a variety of teams and a number of services are experiencing workforce challenges. Reasons for this are variable and were discussed in details at our Clinical Operational Boards in early July. A number of actions/mitigations continue to be put in place to address these risks and details of current mitigations are detailed in the risks attached to the Chief Executive report.
- 4.2 All of the activities previously reported continue. We have continued with the monthly service and bi-weekly corporate Q&A sessions for all staff with executive team members and Service Directors.
- 4.3 Our BAME Network and Long Term Conditions and Disability Networks continue to meet on a regular basis. The Trust’s first LGBTQ+ staff network meeting took place on 14th July 2021 chaired by Anita Pisani.



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- 4.4 Our quarter 1 staff friends and family survey received 379 responses. This equates to around an 18% response rate. This survey asks two questions:
- How likely are you to recommend the Trust to friends and family if they needed care or treatment? Responses below:
 - 93.14% - extremely likely or likely
 - 5.01% - neither likely or unlikely
 - 1.06% - extremely unlikely
 - 0.79% - don't know
 - How likely are you to recommend the Trust to friends and family as a place to work? Responses below:
 - 78.1% - extremely likely or likely
 - 10.03% - neither likely or unlikely
 - 11.87% - unlikely or extremely unlikely
- 4.5 We also receive narrative feedback as part of this survey and these are currently being reviewed. A summary of the feedback will be discussed at a future wider executives meeting and staff survey partnership group to identify any further improvement actions.
- 4.6 On the 73rd birthday of the NHS, 5th July 2021, our Chair and Chief Executive wrote to all staff to thank them for their dedication and inspirational commitment over recent challenging months, and announcing an extra day's annual leave for all permanent staff and a £25 gift voucher for all permanent and bank staff in post as at 31st May 2021.
- 4.7 Funds have been made available to all teams to enable them to host small events to celebrate achievements and reflect on the challenges they have faced over the last year.
- 4.8 The Trust submitted nominations for staff to attend two national events. Julia Hallam-Seagrave, Head of Dental Service / Specialist in Special Care Dentistry was selected to attend the National Service of Thanksgiving at St Paul's Cathedral on 5 July for leading the introduction of new urgent dental centres across Cambridgeshire and Peterborough at the outset of the pandemic ensuring vulnerable patients could continue to access urgent care. Austin Chinakidzwa, Chair of our BAME Network and Specialist Heart Failure Practitioner was selected to receive a complimentary pair of tickets for Wimbledon for the inspirational leadership he has shown as the Trust's BAME Network chair.
- 4.9 The care certificate is now available to staff working within our large scale vaccination centres and uptake amongst vaccination staff has been positive with our second cohort in July now full.
- 4.10 Dynamic Health in Peterborough South Asian Female Class won the BAME National Health and Care Awards in the Outstanding Achievement of the Year category. The submission was for the rehabilitation class for South Asian women, which was designed by the team and is delivered in Hindi/Urdu.
- 4.11 Bedfordshire and Luton Adults virtual awards night was held as part of international nurses week. This event was a huge success with over 900 nominations across 15



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categories. Event took place on the evening of 12th May with 129 staff in attendance. Deputy Chief Executive and Chief Nurse attended on behalf of the Board.

5. Anti-Racism Strategy

NHS East of England launched the Regional anti-racism strategy on 1st July 2021. Some of our staff including Mercy Kusotera, Laura Dove and one of our Co-production leads Michelle Walker attended the event. As previously discussed at the Board and our People Participation Committee, the Trust is currently developing its own anti-racism strategy and key timelines for delivery. We will develop this with our staff and service users and have already started conversations with our BAME network and the Joint Consultative Negotiating Partnership (JCNP).

We are planning a board development session (October 2021) for a detailed discussion on what we would like to include in our anti-racism strategy. This would include:

- Context – understanding why race matters
- Our anti-racism vision and principles
- The role of leadership to embed the required change
- Priority areas of action – we will ensure that actions are data driven
- Training – developing educational resources to increase awareness and understanding.

There are a number of measures already in place to support this agenda, these include:

- the Workforce Race Equality Standard (WRES) indicators
- Staff survey measure
- Our staff networks
- BAME representation on interview panels
- Freedom to speak up processes
- Co-production work to improve patient experience

6. Kickstart

6.1 We have been successful in our bid to Kickstart for funding for 12 newly created 6 month job roles. Kickstart is a government initiative to help young people aged 16-24 years old currently claiming Universal Credit to get into employment. The government provides 100% of the National Minimum Wage for 25 hours per week for a total of 6 months, associated employer National Insurance contributions and minimum automatic enrolment pension contributions. Our job roles are based across our locality with 7 in Dental, 3 in Bedfordshire Children's services, 1 in iCaSH and 1 in Service Redesign.

6.2 Kickstart has a focus on employability skills and we have partnered with Form the Future, a social enterprise in Cambridge, to provide employability support to the young



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people which will consist of two half day workshops and a careers interview. Each young person will also have a mentor within their team to support them in the workplace and help to develop communication and team working skills. We are also joining with CUH to offer a virtual information session on apprenticeships and careers in the NHS. After completion of the Kickstart post the young people will be in a great position to apply for apprenticeships and other roles within the NHS and will be supported to do so.

6.3 More information can be found here -

<https://www.gov.uk/government/collections/kickstart-scheme>

7. Current workforce challenges

7.1 At our Clinical Operational Boards in early July the following workforce challenges were highlighted. No action is required by the Trust Board as a variety of actions and mitigations are in place. A summary is below:

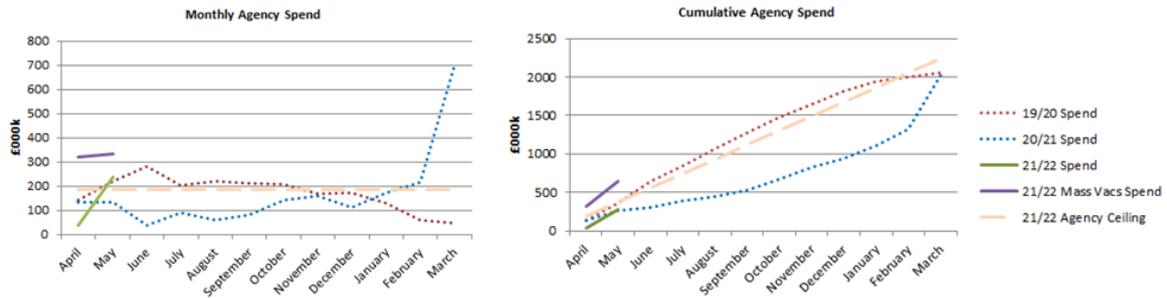
- The impact of the longevity of the pandemic on the health and wellbeing and morale of our staff. This is monitored and reviewed regularly by our senior leaders and through our weekly Incident Management Team (IMT). Staff morale and workforce challenges being affected in a number of teams/services across the Trust. Constant review and promotion of our health and wellbeing stepped offer takes place and access to more intensive/targeted psychological support is put in place where needed at both a team and individual level. (Risk 3163 and Risk 3164 – scoring 16). The health and wellbeing of our workforce remains a key focus Trust-wide.
- 0-19 Health Child Programme – Trust-wide. Staffing pressures/vacancies continue in a number of our 0-19 services. To mitigate risks our services are working in line with our agreed escalation/business continuity frameworks and our Clinical Leads continue to meet on a regular basis with our Deputy Chief Nurse to share and learn together. Recruitment expert working in Luton Adults will be asked to also support our 0-19 recruitment activities.
- Community Paediatrics – 18 week referral to treatment pressures continue in the Luton Community Paediatric team. Recruitment challenges and medical local availability are contributory factors.
- Bedfordshire and Luton Occupational Therapy services are experiencing a number of service challenges which are currently being addressed.
- Luton District Nursing Services. Recruitment and retention remains a challenge however vacancies are being covered by agency workers to ensure sufficient capacity to meet demand. Recruitment specialist in post to support recruitment activities.
- Dynamic Health. This service currently has a number of clinical vacancies and adverts are not attracting as many applicants currently as pre-pandemic. Recruitment is ongoing and the team is working intensively with its recruitment team to ensure vacancies are advertised, processed and appointed to rapidly.



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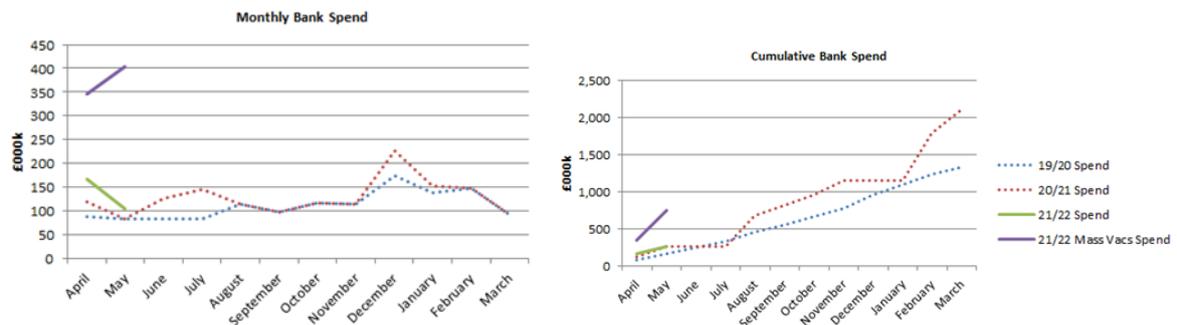
- iCaSH Services is experiencing unprecedented demand for Long Acting Reversible Contraception (LARC) in the majority of iCaSH areas and proactive conversations with Commissioners are taking place to address this.
- Dental Services – special care general anaesthetic waiting list and demand for domiciliary care in Suffolk.

8. Agency/bank spend



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

8.2 The Trust’s cumulative agency spend at month 2 was £927k against the spend ceiling of £372k. The delivery of the mass vaccination service has increase agency usage over the period with spend to delivery this service totalling £650k at month 2 (which is included in the total spend cumulative figure). The agency ceiling has not been adjusted for the expected mass vaccination service spend.



8.3 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. The Trust’s cumulative bank spend at month 2 was £1,021k. The delivery of the mass vaccination service has increased bank usage and spend at month 2 was £751k (this is included in the total spend cumulative figure). Substantive staff who are working additional hours to support the mass vaccination service are being paid through the bank.



Collaborate with others

A: Assurance Summary

| | | |
|------------------|--|------------------------------|
| Well Led | <ul style="list-style-type: none"> Strong collaboration taking place across our systems as evidenced in this report (WL7) | Substantial |
| Effective | <ul style="list-style-type: none"> Research – 95% of all CRN portfolio studies are scoped for viability against Trust services (E5) | Restricted due to C19 |

1. The Board can take assurance of the Trust’s approach to collaborating with others from the following sources:

- The Trust has in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), East London NHS Foundation Trust (ELFT) and across the provider landscape in Luton.
- The Trust fully participates in ICS activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes (BLMK) and is represented on Norfolk’s Children Board and Norfolk Alliance.
- Chair and Chief Executive participate in Cambridgeshire and Peterborough ICS Board and BLMK ICS Partnership Board.
- Chief Executive is a member of the Cambridgeshire and Peterborough System Leaders group, BLMK CEO group and Bedfordshire Care Alliance CEO group.
- Chair, Chief Executive and Deputy Chief Executive actively involved with other NHS Partners across Bedfordshire and Luton in the development of the Bedfordshire Care Alliance and its core principles.
- Chair attends Leaders and Chairs group across BLMK ICS.
- Deputy Chief Executive jointly chairs the Bedfordshire Health and Social Care Cell with Deputy Chief Executive from ELFT and Director of Adult Social Services from Bedford Borough Council. This forum is managing the Bedfordshire and Luton Out-of-Hospital response to Covid-19.
- Deputy Chief Executive is a member of BLMK Health Cell which is managing the BLMK health response to Covid-19.
- Deputy Chief Executive chairs the BLMK Local People Board and is an active member of the Cambridgeshire and Peterborough Local People Board and the East of England Regional People Board. She is the chair of both the BLMK and Cambridgeshire and Peterborough Leadership and Organisational Development sub-group.
- Executive Leads attend Local Authority System level Health and Wellbeing Boards
- Collaboration is at the core of the Trust’s research activities.
- Research Bi-annual Report received at Quality Improvement and Safety Committee which provided substantial assurance.
- The Trust has made appropriate contributions to system operational plan narratives for 2021/22.

B: Measures for Achieving Objective¹

| Measure | 20/21 Target | Data source | Reporting frequency | Current Position |
|---|--------------|-------------|---------------------|--|
| The Bedfordshire Care Alliance agreement is signed | Pass/Fail | Exec Team | Annual | Discussions continue and agreement will be pulled together in line with implementation of the White Paper. |
| The C&P Best Start in Life Strategy Implementation plan milestones are achieved | Pass/Fail | Exec Team | Quarterly | Update on progress in this area is contained in this report. |
| The Norfolk & Waveney CYP Service Transformation Alliance Agreement is signed | Pass/Fail | Exec Team | Quarterly | Alliance Agreement signed in March 2021 |
| Achieve our target to recruit patient/service users to research studies | Pass/Fail | Exec Team | Quarterly | Recruitment restricted at present due to Covid-19 |

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

1. **Risk ID 3167** – As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 8)
2. **Risk ID 3165** – There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working. (Risk Rating 8)
3. **Risk ID 3164** - there is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. (Risk Rating 16)
4. **Risk ID 3300** - Delivery of the mass vaccination programme for our staff and to the communities across Norfolk & Waveney, Cambridgeshire & Peterborough may be impeded by a range of factors including workforce supply and vaccine which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination. (Risk Rating 12)

¹ New indicators will be developed for Board approval in July 21.

Collaborate with others

5. **Risk ID 3323** - Risk to organisational reputation of delivery of the Lead Provider Contract for the roll-out of the Mass Vaccination Programme for Cambridgeshire & Peterborough and Norfolk & Waveney given the significant pace, complexity and political profile of the programme. (Risk Rating 12)

Operational risks

1. **Risk ID 3227** - There is a risk services will not have the capacity to provide timely and effective response to children & adult safeguarding enquiries during the pandemic. This may result in a failure to support multiagency decision making to assess actual or likely risk of significant harm and provide timely intervention to promote the wellbeing and protect children/young people and adults at risk of harm. (Risk Rating 16)

D: Overview and analysis

Strategic work-streams with others

A summary of key system collaborations follows:

Bedfordshire, Luton and Milton Keynes Integrated Care System

System Stocktake

The Chief Executive and Deputy Chief Executive attended a Bedfordshire, Luton and Milton Keynes Integrated Care System Stocktake on 21 June 2021. Key points are:

- Key highlights from CCG Annual Assessment:
 - Delivered break-even financial position at year end.
 - Successfully merged three Clinical Commissioning Groups to form the Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group on 1 April 2021 – on track with benefits realisation programme.
 - Effective Category 1 Responder Emergency Preparedness, Resilience and Response covid System Leadership
 - Successful delivery of vaccination programme
 - Supported system to develop and deliver reset and recovery plans in response to the Covid-19 pandemic.
 - Progressed the implementation of primary care hubs – Dunstable Hub proceeding
 - Supported the system to secure additional funding for children's and adolescent mental health, mental health and elective recovery
 - Ran a major and successful flu vaccination campaign with significant uptake
 - Established the cross-Bedfordshire, Luton and Milton Keynes Health Cell and carried out a comprehensive covid lessons learned review and system impact assessment

Collaborate with others

- Additionally, an Integrated Care System design workshop was held on 30 June 2021.

Bedfordshire, Luton and Milton Keynes Partnership Board

Meeting held on 5 May 2021 - Key agenda items:

- Public questions; none raised.
- Executive lead update; noted.
- Financial Out-turn 20/21 and Financial Plan 21/22; the recommendation on allocation of funding was approved.
- Diagnostic Strategy; a diagnostics strategy is required encompassing all diagnostic activity and to help deliver the ambitions of the NHS Long Term Plan. It was agreed the Partnership Board would receive regular updates on progress.
- Partnership Board Membership; Option B in a paper previously circulated was agreed. This introduced wider representation, including Voluntary Community and Social Enterprises, Primary Care Networks and Health-watch, but fewer decision-makers.
- Strategic Priorities – Patient and Public Engagement; the importance of co-production was recognised. Organisations will be contacted to discuss current engagement which would inform co-production development.
- Bedfordshire Care Alliance Update; the Bedfordshire Care Alliance priorities were under review so as to be better aligned with Bedfordshire, Luton and Milton Keynes strategic priorities. The Partnership Board noted the update and the welcome progress with the frailty priority.
- Consultation of NHS Oversight Framework 21/22; noted.

Meeting held on 9 June 2021 - Key agenda items²:

- Public Questions; none raised.
- Chair's Update; the Terms of Reference were approved.
- Executive Lead Update; the Board agreed:
 1. To endorse the strategic priorities for the Integrated Care System³.
 2. That the Integrated Care System Vision be endorsed, subject to the vision being revised to include co-production⁴.
 3. To consider how to update the priorities as work progresses.

² Update on agenda taken from draft minutes.

³ Strategic priorities are:

1. Every child has a strong, healthy start in life: from maternal health, through the first thousand days to reaching adulthood.
2. People are supported to engage and manage their health and wellbeing.
3. People age with proactive interventions to stay healthy, independent and active as long as possible.
4. We work together to build the economy and support sustainable growth.
5. In everything we do, we promote equalities in the health and wellbeing of our population.

⁴ "Our vision is to optimise health and wellbeing for our population, advance equality in our communities and make the best use of our resources".

Collaborate with others

- Partnership Board Organisational Development Day – 30 June 2021.
- Integrated Care System Establishment; the Board considered a brief paper, noted that a steering group to oversee the establishment of the Integrated Care System had been created and that a more detailed development plan would be produced by the end of June 2021.
- Recovery – actual against plan; an overview of current performance against the recovery plan, risks and mitigations was noted.
- Bedfordshire, Luton and Milton Keynes Integrated Care System Estates Strategy Refresh 2021; the Board endorsed the refreshed strategic objectives for the Integrated Care System enabling Estates work-stream and the updated list of priority estates schemes across Bedfordshire, Luton and Milton Keynes partner organisations was noted.
- Communications and Engagement; The Board agreed:
 1. The direction of travel for the communications and engagement plan.
 2. To support the delivery of the communications plan, through local communications teams.
- Milton Keynes Health and Care Alliance Update; noted.

Meeting held on 30 June 2021 - Key agenda items:

This was a development session.

Bedfordshire Care Alliance

Meeting held on 20 May 2021 - Key agenda items:

- Report from Bedfordshire Care Alliance Oversight Group; noted.
- Digital Update; noted.
- Bedfordshire Care Alliance priorities in context of strategic Bedfordshire, Luton and Milton Keynes Integrated Care System priorities; there was confidence that the priorities map and recognition that such work needs to be undertaken in harmony.
- Falls priorities/next steps; it was agreed that specific requests to be made to each member would be brought to a future meeting

Meeting held on 17 June 2021 - Key agenda items:

- Report from Bedfordshire Care Alliance Oversight Group.
- Interim progress update: Acute Frailty interface service development.
- Mental health recovery plan- place focussed.
- Discharge to Assess - agreeing approach to future data collection.

Cambridgeshire and Peterborough Sustainability and Transformation Partnership

Cambridgeshire and Peterborough Integrated Care System Development Plan

Executive summary:

Executive summary



Cambridgeshire and Peterborough has recently been successful in its application for ICS designation. Whilst this is a significant step in our journey as a system, we also acknowledge that there is much work to be done to make the C&P ICS a success.

Our ambition is to launch our ICS in shadow form during Q4 of 2021/22 before the new ICS establishment is formalised in Q1 2022/23. There are a significant number of development steps that we need to take in order to meet this ambition, which have been grouped thematically to include:

- System roles and capabilities
- System leadership and accountability
- System oversight and quality improvement
- Leadership and people development
- Financial framework and use of resources
- System and digital transformation

Each of these themes requires a significant amount of engagement, design, and implementation work. Throughout which we must ensure that we continue to deliver business as usual activities and meet our operational and strategic targets.

As a result, we have developed the following plan to set out how we aim to deliver the spectrum of activities required to ensure we progress towards our future vision whilst meeting the current needs of our local population and stakeholders.

Whilst developing the plan, we have ensured it will deliver against five key development areas highlighted to us by the regional team including: finance, regional clinical leadership, workforce, provider collaboration and Local Authority engagement.

System-wide sign-off and statement of commitment

The first draft of this plan was reviewed by Cambridgeshire and Peterborough system leaders group on 20th April and signed off ahead of initial submission. Following system and regional feedback, the second draft of this plan has been reviewed and signed off by system leaders on 15 June. This sign off represents a commitment by all organisations constituting the ICS within Cambridgeshire & Peterborough.

Joint Children's Partnership Board – Cambridgeshire Community Services NHS Trust/Cambridgeshire and Peterborough NHS Foundation Trust contractual joint venture

Meeting held on 20 April 2021 - Key agenda items:

- Partnership for delivering children and young people's mental health services between Cambridgeshire Community Services NHS Trust/Cambridgeshire and Peterborough NHS Foundation Trust /Centre 33 and Ormiston Families; the Chair commended colleagues for their continued support and commitment to the partnership. A brief paper on Children's and Young People's Mental Health and Emotional Well-being to be brought to the next Board meeting in July 2021.
- Integrated Governance Report for joint services; noted.

The next meeting is scheduled for 20 July 2021.

Cambridgeshire and Peterborough Best Start in Life Strategy

- This work continues to be led by John Peberdy our Service Director for Children and Young Peoples Services across Cambridgeshire and Peterborough.
- Highlights from the last quarter:
 - Continued progress and learning in the place-based pilots including the launch of an integrated approach to 2.5 year development checks in Cambridge City and Peterborough and the roll-out of workforce training around smoking cessation during pregnancy in Wisbech.
 - Securing capacity to take forward the development of the communications and digital platform development from the summer, as well as additional capacity to support ongoing co-production.
 - Developing links with the Think Communities team and ensuring the right people are linked into our pilot projects.
 - Development of an engagement and participation approach for Best Start in Life to ensure continuous co-production is built into the programme.
 - Submitted a bid for research support for the place-based pilot work to help build the evidence base for the integrated model.
 - Identification of support required to support integrated working in the pilots has been fed into wider work-streams for actions including comms needs, data sharing support, etc.

North and South Alliances

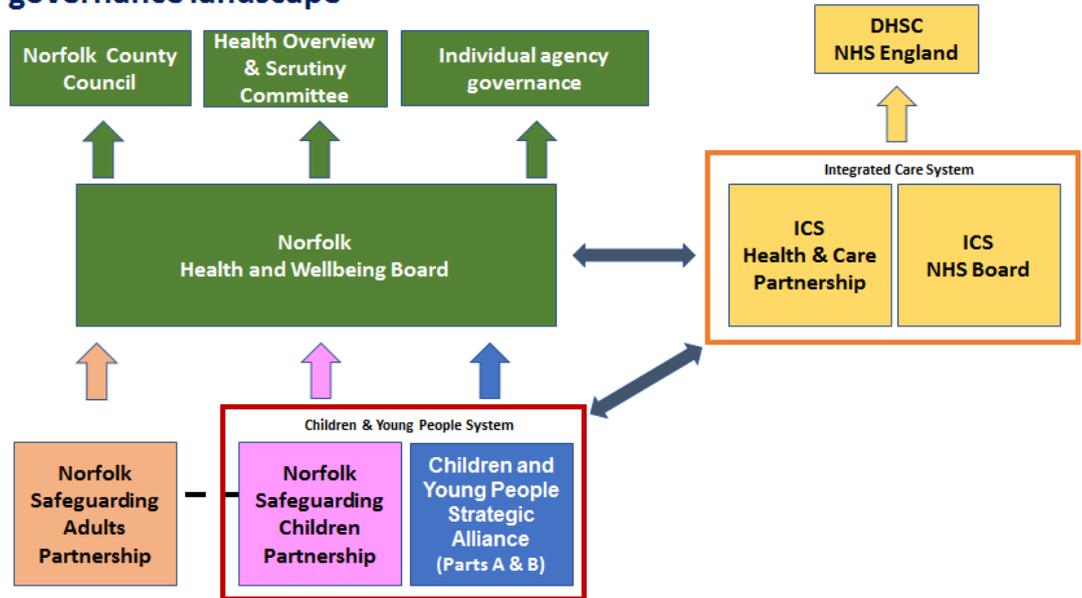
- The Trust continues to be represented at the North and South Alliances; the focus remains on creating integrated neighbourhoods.

NORFOLK Sustainability and Transformation Partnership

Norfolk Children's and Young People's Strategic Alliance 21 May 2021

- The purpose of the Alliance is to provide system leadership so that all children and young people in Norfolk and Waveney can flourish.
- Terms of Reference have been approved.
- Wider governance relationship is illustrated below:

Wider governance landscape



- Short discussion about future relationship with the Integrated Care System.
- FLOURISH Outcomes; progress on framework shared with Alliance and consideration given as to how this will underpin the Children’s and Young People’s Strategy/Plan.
- Developing a CYP strategy/plan; draft framework for plan shared - with agreement on how plan will be developed - smaller cross agency working group to report back.
- Need for branding discussed.

Covid-19 Large Scale Vaccinations

We continue to work in collaboration with health and local authority partners to deliver Covid-19 mass vaccinations in Cambridgeshire & Peterborough and Norfolk & Waveney where we are the large scale mass vaccination lead provider as well as supporting the lead provider in Bedfordshire & Luton with mutual staffing support.

We are now also working with partners to develop the Phase 3 plans for the delivery of the booster vaccination programme in the autumn.

Princess of Wales Hospital, Ely

The strategic outline case for the redevelopment of the Princess of Wales Hospital in Ely was approved in December 2020 and more recently outline planning permission granted for the development. We have been working with the 14 partners to the develop the Outline Business Case (OBC) which is the next stage of the process and this will be submitted to the Cambridgeshire & Peterborough CCG and ICS Board for approval in the coming weeks.

Research Update – April to May 2021

1.1 Clinical Research Overview

- 1.2 We continue to work with the Trust services to restart the NIHR Portfolio studies. The studies running within CCS NHS Trust are either in the 'set-up' stage or have been, or about to restart.
- 1.3 In this reporting period there were a total of nine National Institute for Health Research (NIHR) Portfolio research studies running within the Trust and three currently in set-up. The recruitment figures are not representative of the total recruitment, as there have been delays by the academic researchers, loading them up onto the national Edge database. We expect recruitment numbers to accurately reflect our activity by the next reporting period.
- 1.4 The Clinical Research Network (CRN) East of England has confirmed they will continue to fund 2.0 WTE Research Facilitators for this coming year (2021-2022). We have also been awarded £20,000 Research and Capability Funding (RCF) from the Department of Health & Social Care (DHSC). The RCF was awarded to those Trusts who had performed well in the 2019-2020 period, as many trusts were unable to achieve the threshold for the RCF due to many of the non-urgent Public Health studies being suspended. Additionally we were also awarded an additional £5,000 from the Clinical Research Network (CRN) from the nationally devolved 'Capacity and Constraints' funding.
- 1.5 **National Institute for Health Research (NIHR) Portfolio studies**
- 1.6 The NIHR Clinical Research Network (CRN) has a Portfolio of high-quality clinical research studies which are eligible for consideration for support from the Clinical Research Network (CRN) in England.
- 1.7 The Research team has continued to scope for studies and consider their feasibility for the Trust. During this period of time the Research team has considered 349 studies for suitability for adoption into the Trust; six were potentially fitting with CCS NHS Trust services and all were considered for adoption, and are currently being scoped within services.
- 1.8 Studies the Trust is currently involved and that are in set up are detailed below in Table 1. As noted above, in this reporting period there were a total of nine Portfolio research studies running within the Trust and three are currently in set-up. We expect numbers to be uploaded by the Academic Teams by the next reporting period.

Table 1 Updated 18/06/21: Clinical Research for NIHR Portfolio Studies (accurate to 07/06/21 via Open Data Platform (ODP) NIHR portal)

| Key to icons: | | | | | | |
|---------------------|---|---|---|---|---|---|
| Recruitment: |  Increased |  No change |  Completed |  in set up |  Restart |  Allocated funding/prize |

| NIHR Portfolio studies | Clinical Area | Type Interventional(I) / Observational (O) | Collaboration with University/ University Trust | No. this reporting period (*1) | Total for financial year | Trend | Highlights | Impacts |
|--|--|--|---|--------------------------------|---|---|---|---|
| Surveillance of Astra-Zeneca Covid Vaccine Observational | Trust Wide (Mass Vaccine Sites) | O | Drug Safety Research Unit (DSRU) | 0 | No accruals |  | Participants identified flyer hand out. Completed | Survey monitoring the safety of the Oxford/AstraZeneca vaccine. |
| Virus Watch | Luton Adults | O | University College London | (45) | Only first contact added to recruitment, follow-up did not. |  | Phase 2 Follow up phase completed | Urgent Public Health Covid-19 Research |
| This Mum Moves | CYPS Cambridge and Peterborough | Both | Sport England/ University of Canterbury | 9 | 9 |  | Recruitment commenced | Education and exercise intervention post pregnancy |
| VenUS 6 Randomised Control Trial | Luton Adults | I | Manchester University | 2 | 2 |  | Commenced recruitment May 2021 | Venous Ulcer 3 arm RCT |
| PEARL | CYPS Norfolk | O | Quadram Institute Bioscience | 0 | 0 |  | Ongoing data sharing | Longitudinal basic science study into health during pregnancy |
| ESCAPE Study | Trust Wide (staff) | Both | University of Bristol | 0 | 0 |  | Still open for recruitment of survey (staff) | Supporting future smoking intervention development |
| Youtube | CYPS Cambridge | O | University of York | 0 | 0 |  | Recruiting new participants and follow up of children | Building research knowledge into diets of children who are gastrostomy fed. |
| Balance | CYPS Bedford Orthoptics | I | Moorfields Eye Hospital | 0 | 0 |  | Study extended until Sept 2021 | Important technology study into treatment for amblyopia |
| Spectrum 10 K | Trust Wide (Beds, Cambs, Norfolk CYPS, Dental) | O | University of Cambridge | - | - |  | Study in set up | Large national study into Autism, genetic and environmental factors |
| Babybreathe | CYPS Norfolk | I | University of East Anglia | - | - |  | Study in set up | Smoking cessation and education intervention during pregnancy |
| SEARCH Randomised Control Trial (RCT) | Bedford Orthoptics | I | University of Liverpool | - | - |  | Study in set up | RCT, visual scanning training for stable hemianopia |
| iCALM | CYPS Norfolk | I | Norfolk and Suffolk NHS Foundation Trust | - | - |  | Study in set up | Feasibility RCT into Interpersonal Counselling for Adolescent depression |

| NIHR Portfolio studies | Clinical Area | Type Interventional(I) / Observational (O) | Collaboration with University/ University Trust | No. this reporting period (*1) | Total for financial year | Trend | Highlights | Impacts |
|---------------------------------------|---------------|--|---|--------------------------------|--------------------------|-------|---|-----------------------------------|
| Total recruitment within this period: | | | | 11 | 11** | | RCF count for recruitment started from October 2020 (*2). | **Total for all NIHR Recruitment. |

(*1) All figures accurate as of 07/06/21 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases) due to database delay, known figures vary).

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

1.9 Non-Portfolio studies - projects and research studies which have been considered for feasibility and/or submitted for Health Research Authority (HRA) approval

1.10 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. There were no non-portfolio studies submitted to the HRA in this reporting period.

1.11 Student Studies and Non-Student studies – Local Permissions

1.12 During this reporting period there were no students (CCS NHS Trust staff) and no non-student studies submitted for local Trust permissions.

1.13 Fellowships, Internships, PhD Programmes and Grants

1.14 The Fellowships and Internships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education East (HEE). In this reporting period there was one member of staff from adult physiotherapy Huntingdon who submitted a Masters to PhD Fellowship (Chronic Disease Research Foundation – CDRF) to the NIHR and one clinician from adult physiotherapy from Brookfields Hospital who has submitted a NIHR/HEE Internship. No staff had commenced a new Fellowship (see Table 2).

1.15 Grants

1.16 No grants were submitted within this period the NIHR Research for Patient Benefit (RfPB) stage two for the homebased music therapy with patients who have had strokes was unsuccessful. We are exploring, with the academic lead, writing and submitting a more basic project to a charitable trust.

Table 2: Summary Table for Fellowships/Internships/PhD Programmes and NIHR Grant Submission/s - Update on Applications and results within this reporting period:

| NIHR Fellowships/grant | Area | Numbers | Update | Collaborations | Impacts/potential impacts |
|--------------------------------|--|---------|--|----------------------------------|--|
| New in this Data period | | | | | |
| NIHR/HEE Internship | Ambulatory Care, Dynamic Health, Brookfields | One | First Internship for Adult MSK. Submitted. Has been shortlisted for interview. | NIHR/Health Education East (HEE) | Linking the internship to the long Covid pathway which is being developed. |

| NIHR Fellowships/grant | Area | Numbers | Update | Collaborations | Impacts/potential impacts |
|---|--|---------------------------------|---|---|--|
| NIHR/HEE Masters to PhD (CDRF) | Ambulatory Care, Dynamic Health, Huntingdon | One | Second Masters to PhD Fellowship submitted from MSK (third application for the Trust). Awaiting result. | NIHR/Health Education East (HEE) | Funding to complete a NIHR PhD grant submission. |
| Update on on-going studies | | | | | |
| PhD programme | Ambulatory Care I-CaSH | 3 applications by one clinician | 3 applications submitted, awaiting outcome. | University of Edinburgh UCL Kings College, London | Update: clinician has left the Trust. |
| NIHR/HEE Applied Research Collaboration (ARC) Fellowships | Children & Young People's Service (CYPS) Norwich & Luton | Two | The two Fellowship commenced in January 2020 have both been extended to December 2021. | Applied Research Collaboration (ARC) | Working with children in geographical areas of high health needs. |
| HEE/NIHR Integrated Clinical Academic (ICA) Pre-doctoral Clinical Academic Fellow | CYPS Cambs Speech & Language Therapy (SALT) | One | Commenced September 2019. 2.5 years duration. Progress has continued throughout lockdown. | University of London | Includes Masters in Research in Applied Research in Human Communication Disorders. |

- **National High Level Objectives (HLO)** as determined by the Department of Health & Social Care (DHSC) and monitored by the CRN Eastern. These objectives will be refreshed and re-activated, as part of the NIHR Restart Programme. We are still awaiting notification of updated HLOs, notification is due in June.
- **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) had been re-instated and collated by the DHSC. We have been notified by the DHSC that Q3 and Q4 performance metrics collation and publication were delayed until April of 2021. The PII and PID are now on track to be published in a timelier manner, following each quarter.

1.17 Trust Wide Projects to Build Research Culture and Capacity

1.18 Norfolk Research Champions Project Update:

1.19 This project pilots a research champion role for all newly qualified health visitors and school nurses in Norfolk during their preceptorship. The project started in September 2019 but was paused last year due to Covid-19. The pilot generated interest from Health Education England (HEE) and now forms part of a larger project which aims to build research capacity in public health nursing across the East of England (the BREES project). The project is led by a steering group comprising CCS staff and Anglia Ruskin University (ARU) collaborators.

1.20 Objectives of the BREES project are:

- To map the current research engagement by Specialist Community Public Health Nursing (SCPHNs) across the East of England.
- To evaluate an exemplar SCPHN research capacity building programme.
- To engage with stakeholders to develop locally tailored research capacity building.

1.21 **The Norfolk evaluation:** The evaluation includes a pre and post survey to assess Research awareness and engagement across the service and interviews with project participants. Data was collected in September 2019 prior to the start of the programme. Although the response rate was low (<15%), interim analysis highlights include: high level of research skills reported by admin staff; low level Good Clinical Practice training awareness in clinical staff; 71% wanted 'more opportunities to share professional practice development ideas/research/information across the 0-19 Service'. Information about the interviews has been provided to participants (Research champions, team leads, project steering group). The steering group met recently to scope re starting final data collection for evaluation of the Norfolk project. It is anticipated that interviews will be conducted remotely and the impact of Covid-19 will be taken into account in the evaluation.

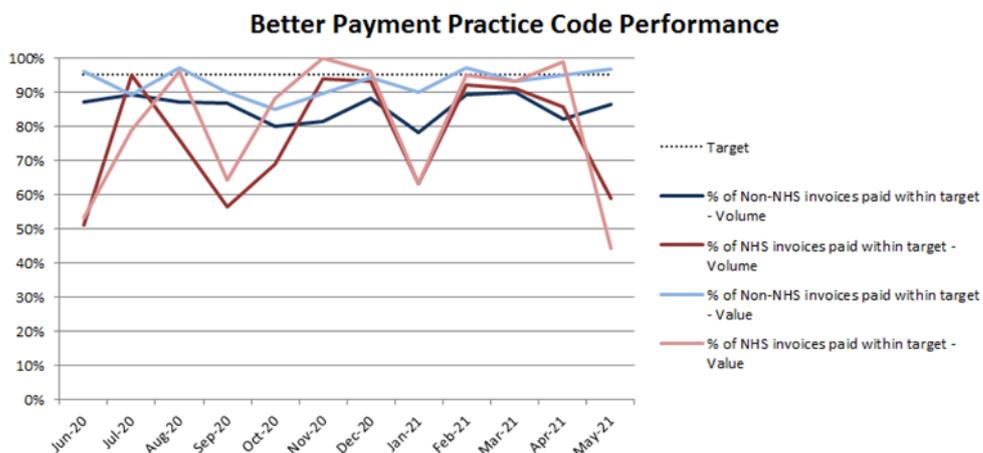
1.22 **Impact:** The Research Champions have supported delivery of NIHR Portfolio staff surveys; a poster abstract was accepted for the 2020 Research & Development Forum Annual Conference, but was cancelled due to Covid-19. The Clinical Research Facilitator was invited to present at the Clinical Research Network (CRN) Eastern Annual Children's Speciality Meeting in June 2020; this project has generated interest from other Trusts local to Norfolk. The HEE funding was for the wider BREES project.

1.23 **Published papers & posters within this period.**

1.24 Two papers were published in this period:

- 'Spectrum Support: Co-working between children with attention deficit hyperactivity disorder/autism spectrum disorder, their families and paediatricians'. Tapomay Banerjee, Sara Riley, Stacey Saunders. *Journal of Paediatrics and Child Health* (<https://pubmed.ncbi.nlm.nih.gov/33899294/>)
- 'Management of recent onset tendon-related pain in a primary contact setting: A survey of practice'. Kieran Mitham, Adrian Mallows, Gillian Yeowell, Chris Littlewood. *Musculoskeletal Care* (<https://pubmed.ncbi.nlm.nih.gov/33934483/>)

2. Public sector prompt payments



- 2.1 The average in month prompt payment results across the four categories was 90% in month 1 and 71% in month 2.
- a. With regards to NHS invoices, performance remained high in month 1 but declined in month 2. The Trust is worked hard to consistently improve the NHS performance.
 - b. With regards to Non-NHS invoices, achievement in both categories has been relatively consistent in the last 12 months – with an average of 89% achievement over this period. Over the current period, the average achievement in each category of 84% and 96% for Volume and Value respectively.
 - c. 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.

Be a Sustainable Organisation

A: Assurance Summary

1. In accordance with the Trust's Assurance Framework, the Board receives assurance from the reporting of the Trust's financial sustainability and performance from Strategic Risks number 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 2020/21 accounts. Internal Auditor's assessments during 2020/21 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 continued to require sustainable funding measures to be in place for the current first half of the financial year (H1) and potential future financial reporting periods into H2. The Trust's year to date financial performance is showing deliver of a break even 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 | 21/22 Target | Data source | Reporting frequency |
|----|--|--|---------------------|---------------------|
| 4a | Sustain a 'Finance and Use of Resources' score of 1 | 1 | NHSI Finance Return | Monthly |
| 4b | Board Level Green Plan in place by end of financial year | Pass / Fail | Green Plan | Annual |
| 4c | To increase the number and added value of digital interactions with patients | Baseline / targets and number to be determined during Q2 21/22 | Finance Report | Annual |

C: Risks to achieving objective

Strategic risks

1. **Risk ID 3167** - *As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 8)*

D: Overview and analysis

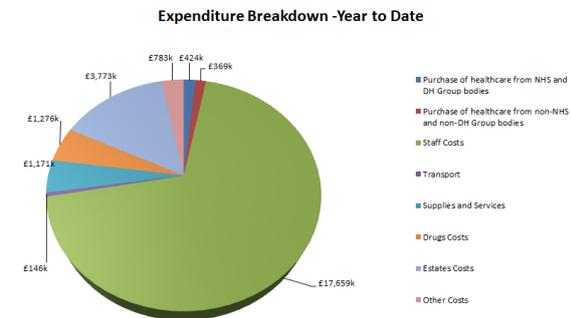
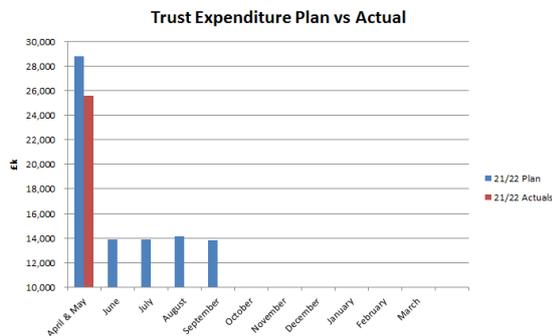
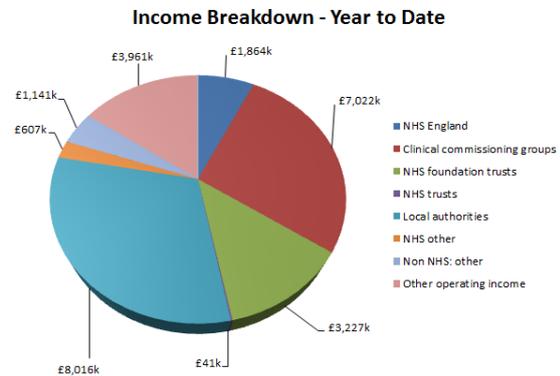
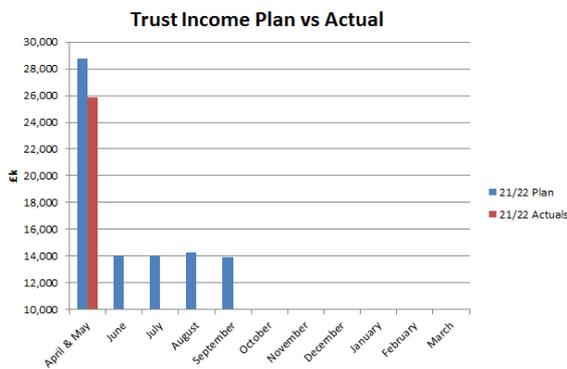
Finance scorecard



Be a Sustainable Organisation

| Finance Dashboard | Section in Report | Plan M2 | Actual M2 | Variance M2 |
|--|-------------------|------------|------------|-------------|
| Operating income | 1 | £28,790k | £25,879k | (£2,911k) |
| Employee expenses | 1 | (£19,538k) | (£17,621k) | £1,917k |
| Operating expenses excluding employee expenses | 1 | (£9,252k) | (£8,258k) | £994k |
| Trust Surplus/(Deficit) | 1 | £0k | £0k | £0k |
| Closing Cash Balance | 2 | | £20,382k | |
| Capital Programme | 4 | £283k | £0k | (£283k) |
| Agency Spend | SO2 - 4 | £1,431k | £927k | £504k |
| Bank Spend | SO2 - 4 | £3,241k | £1,021k | £2,220k |

1. Income and expenditure



1.1. Due to the Covid 19 pandemic, interim block funding arrangements are in operation for 2021/22, based on an uplift of 0.5% on 2020/21 contract values. This arrangement is expected to continue until September and the Trust is planned to achieve a breakeven position during this period. Monthly financial monitoring of cash flows continues from 2020/21.

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



Be a Sustainable Organisation

| Division Level | May-21 | | | | | |
|--------------------------------------|-----------------|-----------------|------------------|--------------------|---------------------|-------------------|
| | Income £'000 | Pay £'000 | Non-Pay £'000 | Net Total £'000 | Net Budget £'000 | Variance £'000 |
| Ambulatory Care Service | 302 | (3,416) | (1,612) | (4,726) | (5,104) | 378 |
| Bedfordshire Community Unit | 224 | (2,436) | (409) | (2,621) | (2,467) | (154) |
| Childrens & Younger Peoples Services | 367 | (4,935) | (436) | (5,004) | (5,354) | 350 |
| Luton Community Unit | 167 | (3,249) | (515) | (3,597) | (3,751) | 154 |
| Mass Vaccination Service | 3,278 | (2,303) | (975) | - | - | - |
| Other Services | 21,542 | (1,283) | (4,311) | 15,948 | 16,676 | (728) |
| CCS Total @ 31st May 2021 | 25,880 | (17,622) | (8,258) | - | - | - |

1.2.1. Ambulatory Care Services delivered a cumulative underspend of £378k in month 2. The main reason for the cumulative underspend is due to vacancies and redeployments in pay and reduced non-pay expenditure from 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 cumulative £154k overspend in month 2. The main reason for the overspend is due to pay locum spend in Community Paediatrics.

1.2.3. Children's & Younger Peoples Services delivered a cumulative underspend of £350k in month 2. The main reasons for the underspend are vacancies in the service and 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 a cumulative underspend of £154k in month 2. The cumulative underspend position is due to pay establishment savings in Adult's services.

1.2.5. Mass Vaccination Service is fully funded and any expenditure is offset by income.

2. Cash position



2.1. The cash balance of £15.4m at month 2 represents an overall decrease of £5.0m on the previously reported position at month 12. The Trust has reduced its payables balance over the period and receivables have increased

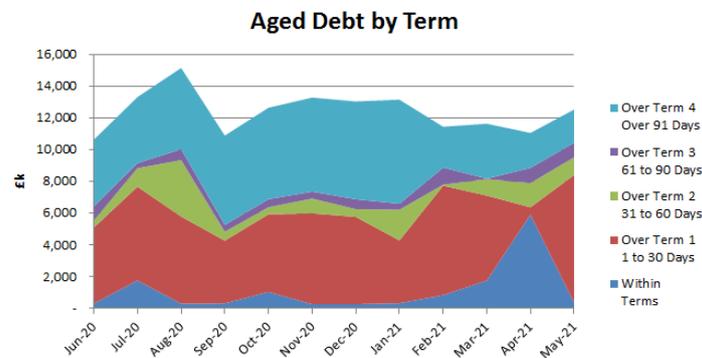
3. Statement of Financial Position



Be a Sustainable Organisation

| | May 2021 £'000 | March 2021 £'000 |
|--|-------------------|---------------------|
| Non-Current Assets | | |
| Property, plant and equipment | 55,562 | 56,131 |
| Intangible assets | 323 | 336 |
| Total non-current assets | 55,885 | 56,467 |
| Current assets | | |
| Inventories | 342 | 342 |
| Trade and other receivables | 19,543 | 16,902 |
| Cash and cash equivalents | 15,357 | 20,386 |
| Total current assets | 35,242 | 37,630 |
| Total assets | 91,127 | 94,097 |
| Current liabilities | | |
| Trade and other payables | (23,865) | (26,838) |
| Provisions | (910) | (910) |
| Total current liabilities | (24,775) | (27,748) |
| Net current assets | 10,467 | 9,882 |
| Total assets less current liabilities | 66,352 | 66,349 |
| Non-current liabilities | | |
| Trade and other payables | (1,045) | (1,045) |
| Provisions | (968) | (968) |
| Total non-current liabilities | (2,013) | (2,013) |
| Total assets employed | 64,339 | 64,336 |
| Financed by taxpayers' equity: | | |
| Public dividend capital | 2,434 | 2,434 |
| Retained earnings | 44,259 | 44,256 |
| Revaluation Reserve | 19,299 | 19,299 |
| Merger Reserve | (1,653) | (1,653) |
| Total Taxpayers' Equity | 64,339 | 64,336 |

3.1. Trade and other receivables have increased over the reporting period by £2.6m and trade and other payables have decreased over the reporting period by £3.0m.





Be a Sustainable Organisation

3.2. Total trade receivables decreased by £0.6m in April to £11.1m and then increased by £1.4m in May to £12.5m. The breakdown in March is £2.4m (19%) from NHS organisations; £9.5m (76%) from Local Authorities; and £0.6m (5%) from other parties.

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

| | |
|--------------------------------------|-------|
| 3.3.1. Norfolk County Council | £3.0m |
| 3.3.2. Cambridgeshire County Council | £2.7m |
| 3.3.3. Luton Borough Council | £1.5m |

3.4. For the debt over 90 days old, as this is predominantly due from NHS and Local Authority bodies, it is not deemed necessary to raise a Provision against these balances as the risk of non-recovery is low. After this reporting period (month 2) Norfolk County Council and Cambridgeshire County Council have subsequently paid £1.7m and £1.4m respectively to reduce their outstanding balance.

4. Capital spend

4.1. There has been no Capital spend recorded to date against a plan of £0.3m. The main areas of planned spend are the continued development of North Cambs Hospital and planned refurbishment of Nash House, Suffolk.

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-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | |
|---|---|-------------|-------------|-------------|-------------|-------------|-------------|--------------------------|-------------|-------------|--------------------------|-------------|-------------|-----------|
| Standard/Indicator | Description | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | Sparkline |
| SAFETY | | | | | | | | | | | | | | |
| Patient safety | | | | | | | | | | | | | | |
| Incidents | | | | | | | | | | | | | | |
| Total number of new Datix incidents reported in month | New patient safety incidents including SIs, Never Events and medication incidents | 108 | 150 | 107 | 124 | 162 | 116 | 144 | 119 | 125 | 172 | 148 | 155 | |
| | Severe harm | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Moderate harm | 7 | 28 | 8 | 8 | 9 | 4 | 12 | 7 | 8 | 4 | 5 | 16 | |
| | Low harm | 20 | 14 | 16 | 27 | 41 | 28 | 40 | 32 | 32 | 43 | 33 | 26 | |
| | No harm | 81 | 107 | 83 | 89 | 111 | 84 | 92 | 80 | 85 | 125 | 110 | 113 | |
| Serious incidents | New SIs declared requiring investigation | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 3 | 0 | 1 | | | |
| Serious incidents | No. of new SIs declared requiring investigation (excluding Safeguarding SIs) | | | | | | | | | | | 0 | 0 | |
| | No. of new Safeguarding SIs declared (Adults & Children) | | | | | | | | | | | 1 | 0 | |
| Never Events | Number of never events reported in month | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Medicines Management | Number of medication incidents reported (CCS) | 14 | 14 | 8 | 13 | 20 | 9 | 16 | 16 | 11 | 21 | 27 | 20 | |
| | % CCS medication incidents no harm | 93% | 100% | 88% | 100% | 95% | 89% | 94% | 100% | 89% | 90% | 100% | 80% | |
| Infection Prevention & Control | | | | | | | | | | | | | | |
| Clinical Interventions Audit | Compliance with spread of infection indicator | N/A | 98.44% | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| UV light compliance | All clinical teams - data pending | N/A | N/A | N/A | N/A | N/A | N/A | |
| Outbreaks | No. of new outbreaks declared, e.g. Covid-19, Norovirus, etc. | | | | | | | | | | | 0 | 0 | |
| EFFECTIVENESS | | | | | | | | | | | | | | |
| Mandatory training | | | | | | | | | | | | | | |
| Overall mandatory training | In line with Trust Training Needs Analysis | 92% | 91% | 92% | 93% | 93% | 94% | 93% | 94% | 93% | 95% | 95% | 93% | |
| Safeguarding training (Children) | Level 1: % staff trained | 96% | 95% | 96% | 97% | 97% | 97% | 96% | 96% | 96% | 97% | 97% | 97% | |
| | Level 2: % staff trained | 97% | 97% | 97% | 97% | 97% | 98% | 97% | 98% | 97% | 97% | 97% | 97% | |
| | Level 3: % staff trained | 80% | 83% | 84% | 84% | 85% | 86% | 87% | 86% | 85% | 90% | 92% | 94% | |
| | Level 4: % staff trained | 70% | 70% | 78% | 89% | 78% | 67% | 78% | 75% | 67% | 67% | 63% | 78% | |
| Safeguarding training (adults) | Safeguarding of adults at risk | 94% | 93% | 93% | 94% | 94% | 94% | 93% | 94% | 94% | 95% | 94% | 91% | |
| | Safeguarding induction compliance - Data pending | | | | | | | | | | | N/A | N/A | |
| | Level 3 Safeguarding Adults: % staff trained - Data pending | | | | | | | | | | | N/A | N/A | |
| | Mental Capacity Act | 88% | 88% | 86% | 87% | 87% | 90% | 89% | 92% | 93% | 94% | 94% | 89% | |
| Prevent Basic Awareness | Deprivation of Liberty | 93% | 91% | 91% | 92% | 93% | 94% | 94% | 93% | 93% | 95% | 96% | 97% | |
| | % of staff undertaking Prevent training | 94% | 94% | 95% | 96% | 97% | 97% | 95% | 96% | 95% | 96% | 96% | 97% | |
| WRAP3 | % of staff undertaking WRAP training | 88% | 87% | 89% | 89% | 89% | 90% | 91% | 93% | 94% | 95% | 96% | 96% | |
| Manual handling | % of staff undertaking manual handling (patients) | 84% | 84% | 89% | 88% | 85% | 77% | 76% | 76% | 73% | 78% | 87% | 87% | |
| Fire safety | % of staff undertaking fire safety training | 91% | 90% | 92% | 93% | 92% | 94% | 93% | 93% | 92% | 94% | 93% | 90% | |
| CPR/Resus | % of staff undertaking CPR/Resus training | 89% | 87% | 90% | 90% | 91% | 92% | 92% | 93% | 91% | 92% | 93% | 89% | |
| PaC training | % of staff undertaking PaC training | 96% | 95% | 96% | 96% | 97% | 97% | 97% | 97% | 96% | 97% | 97% | 94% | |
| Information governance | % of staff undertaking IG training | 93% | 92% | 93% | 94% | 95% | 95% | 93% | 94% | 93% | 94% | 94% | 90% | |
| Safeguarding | | | | | | | | | | | | | | |
| Safeguarding supervisors (Children) | % eligible staff | N/A | N/A | 57.22% | 72.22% | 87.41% | 88.36% | 85.51% | 85.00% | 86.43% | 86.23% | 83.94% | 87.10% | |
| Workforce/HR | | | | | | | | | | | | | | |
| Sickness | Monthly sickness absence rate | 3.29% | 3.26% | 3.26% | 4.02% | 5.14% | 4.25% | 4.79% | 5.20% | 4.24% | 3.78% | 3.91% | 4.95% | |
| | Short-term sickness absence rate | 1.35% | 1.49% | 1.51% | 2.17% | 2.25% | 2.41% | 2.06% | 2.45% | 1.58% | 1.46% | 1.76% | 2.01% | |
| | Long-term sickness absence rate | 1.94% | 1.77% | 1.75% | 1.85% | 2.89% | 1.85% | 2.72% | 2.74% | 2.66% | 1.46% | 2.15% | 2.94% | |
| | Rolling cumulative sickness absence rate | 4.70% | 4.65% | 4.44% | 4.41% | 4.42% | 4.37% | 4.34% | 4.32% | 4.23% | 3.97% | 4.04% | 4.17% | |
| Turnover | Rolling year turnover | 12.81% | 13.21% | 11.38% | 10.60% | 11.39% | 11.17% | 10.18% | 11.84% | 11.47% | 10.59% | 10.14% | 10.63% | |
| Bank staff spend | Bank staff spend as % of pay (financial YTD) | 1.81% | 1.18% | 1.82% | 1.83% | 1.90% | 1.98% | 2.07% | 1.53% | N/A | N/A | N/A | N/A | |
| Agency staff spend | Agency staff spend as % of pay (financial YTD) | 1.11% | 1.11% | 1.02% | 0.99% | 1.12% | 1.43% | 1.43% | 1.48% | N/A | N/A | N/A | N/A | |
| Stability | % of employees over one year which remains constant | 87.78% | 87.71% | 88.01% | 88.90% | 88.92% | 89.88% | 89.81% | 89.99% | 89.36% | 90.45% | 90.35% | 89.90% | |
| Appraisals | % of staff with appraisals | 84.26% | 84.96% | 84.76% | 88.86% | 90.09% | 90.12% | 89.61% | 88.29% | 91.64% | 86.54% | 88.01% | 91.38% | |
| Staff Friends & Family test | Recommending CCS as place for treatment - Quarterly reporting | N/A | | | 93.00% | | | No data collection in Q3 | | | No data collection in Q4 | | | |
| | Recommending CCS as place to work - Quarterly reporting | N/A | | | 80.00% | | | | | | | | | |
| EXPERIENCE | | | | | | | | | | | | | | |
| Patient experience (monthly targets) | | | | | | | | | | | | | | |
| Complaints | No. of formal complaints received in month | 4 | 3 | 4 | 3 | 9 | 5 | 8 | 6 | 3 | 4 | 2 | 8 | |
| | No. of responses sent on time by total number of responses sent | 1 | 2/3 | 1/1 | 2/2 | 2/3 | 2/2 | 0/2 | 0/4 | 2/4 | 1/2 | 3/3 | 4/4 | |
| | Percentage responded to within target timeframe | 100% | 66.67% | 100% | 100% | 66.70% | 100% | 0.00% | 0.00% | 50.00% | 50.00% | 100% | 100% | |
| Informal complaints | No. of PHSO referrals in month | | | | | | | | | | | 0 | 0 | |
| | No. of informal complaints received in month | 17 | 20 | 15 | 29 | 24 | 23 | 18 | 21 | 29 | 22 | 24 | 40 | |
| Complaints upgraded | No. of complaints upgraded (informal to formal) | 0 | 1 | 0 | 0 | 2 | 2 | 2 | 1 | 0 | 0 | 1 | 2 | |
| Complaints downgraded | No. of complaints downgraded (formal to informal) | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 2 | 0 | 2 | 2 | 3 | |
| Friends & Family test score | Patients who would recommend our services | 95.54% | 94.48% | 95.07% | 93.60% | 95.22% | 96.96% | 96.68% | 96.99% | 96.18% | 96.57% | 97.99% | 98.33% | |
| Patient Feedback | No. of responses to FFT | 560 | 849 | 934 | 1328 | 1506 | 1811 | 1536 | 2096 | 1757 | 2014 | 4169 | 4667 | |
| | Total number of patients surveyed | 630 | 973 | 983 | 1510 | 1663 | 1944 | 1618 | 2159 | 3280 | 2125 | 4235 | 4772 | |
| | No. of positive comments recorded on IQVIA | 713 | 1125 | 1207 | 1616 | 1965 | 2464 | 1765 | 2668 | 2784 | 2700 | 4637 | 5273 | |
| QEWTT (Quality Early Warning Trigger Tool) | | | | | | | | | | | | | | |
| QEWTT | Number of responses received by scoring threshold | N/A | N/A | N/A | N/A | N/A | N/A | |
| | Number of two consecutive non-responses | N/A | N/A | N/A | N/A | N/A | N/A | |
| | Number of single non-responses | N/A | N/A | N/A | N/A | N/A | N/A | |
| | Total number of responses received | N/A | N/A | N/A | N/A | N/A | N/A | |
| | Total number of Teams | N/A | N/A | N/A | N/A | N/A | N/A | |
| N/A | Data usually supplied but not available this month | | | | | | | | | | | | | |
| | Not relevant/not applicable to this area | | | | | | | | | | | | | |

An Alert was issued by the Central Alerting System (CAS) helpdesk in September 2019 ([CHT/2019/001: The introduction of National Patient Safety Alerts](#)) which set out actions for NHS organisations to support the introduction of the new NatPSAs:

- Identify appropriate escalation routes for National Patient Safety Alerts to ensure organisation-wide coordination and senior oversight.*
- Note the dual running period and action all alerts in the appropriate manner.*
- Embed process for ensuring senior oversight and actioning of NatPSAs within your internal SOPs.*

There is an existing contractual and regulatory requirement to complete actions required in NatPSAs and this is reinforced by the strategy requirement that ‘100% compliance declared for NatPSAs by their action complete deadlines’. This must have an organisational-wide coordination of response, with executive oversight, led by appropriate senior healthcare professional(s); and that this system can respond to alerts designated as ‘complex’ and as ‘straightforward’.

Your local system for managing alerts must ensure:

- your board is notified as new NatPSAs are issued; and the appropriate people who are involved in implementation are contacted to ensure they understand their responsibilities, allowing actions to be completed in the identified timescale.*
- NatPSAs are only recorded as ‘action completed’ on CAS with executive authorisation and assurance that all actions are complete. The board should be aware that a record of non-compliance with alerts by their designated deadline is publicly available on the CAS website.*

| | | | | | |
|--|---|------------------------------------|------------------------------------|---------------------------------|-----------|
| Risk ID: 3165 | Risk owner: Pisani, Anita | Risk handler: Pisani, Anita | Risk Grading: | | |
| Directorate: Trustwide | Date recorded: 09/03/2020 | | | L | C |
| Specialty: Not Applicable | Anticipated completion date: 31/03/2022 | | Initial: | | 12 |
| Clinical Group: Trust Wide | Risk committee: Board | | Current: | Unlikely - 2 | Major - 4 |
| Risk Title: Complexity of System Working | | | Target: | Unlikely - 2 | Major - 4 |
| Principle Trust Objective: Collaborate with others, Provide outstanding care | Source of Risk: Meetings | | Risk level Current: High | Last Review Date: 01/07/2021 | |
| Risk description: There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working. | Significant Hazards: Complexity of system working Maturity of working relationships Ability for all system partners to collaborate Competition Insufficient capacity and capability to work effectively across and within different systems Controls in place: Joint Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) - chaired by Non-Executive Directors Board to Board with CPFT as required Integrated Leadership Structure for 0-19 services across Cambridgeshire and Peterborough Joint Transformation Board with Commissioners - Cambridgeshire and Peterborough Children Services Joint Partnership Board with East London Foundation NHS Trust - Executive led Variety of joint work streams in place with East London Foundation NHS Trust on delivery of Bedfordshire Community Health Services Joint Away Days taking place within Bedfordshire Community Health Services Bedfordshire Care Alliance 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 Norfolk Alliance and agreement signed Bedfordshire and Luton Health and Social Care Cell - co-chair and regular meetings BLMK Health Cell Princess of Wales Programme Board and Outline Business Case | | | | |
| Progress update: [Pisani, Anita 01/07/21 11:53:10] No change to scoring at target level. Continue to work collaboratively across the many systems in which the Trust operates and also actively leading on a number of system wide issues in the areas that the Trust operates | | | | | |

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| Risk ID: 3260 | Risk owner: Howard, Kate | Risk handler: Howard, Kate | Risk Grading: | | |
| Directorate: Trustwide | Date recorded: 14/10/2020 | | L | C | |
| Specialty: Not Applicable | Anticipated completion date: 31/08/2021 | | | | Initial: 16 |
| Clinical Group: Trust Wide | Risk committee: Board | | Current: Possible - 3 | Major - 4 | 12 |
| Risk Title: Impact of covid19 on community service care delivery | | | Target: Unlikely - 2 | Major - 4 | 8 |
| Principle Trust Objective: Provide outstanding care | | Source of Risk: Risk assessment | Risk level Current: High | | Last Review Date: 30/06/2021 |
| Risk description: There is a risk that health outcomes for people who use our services are negatively impacted by Covid 19 restrictions due to a further wave of Covid 19. | | Significant Hazards: The significant hazards are: - Staff morale and fatigue due to the on-going impact of covid19 on life (work and home life). - Impact of changes in practice required to meet new service delivery models ie technology based assessments and home based workin | | | |
| Progress update: [Howard, Kate 30/06/21 09:28:26] Risk reviewed, score and mitigations remain the same. | | Controls in place: Children & Young people: 3180 - detailed records of telephone calls, face to face visits for those families identified as vulnerable, video based assessments, SOP in place for particular vulnerable groups, Appropriate PPE available for visits if required 3184 - telephone assessment, Child protection medicals continuing as essential service, each child's needs assessed on individual basis, appropriate PPE available practitioners will visit following risk assessment if required 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 Risk 3227 - This is mitigated by capacity reviews, prioritisation of workloads, increased capacity within adult safeguarding and changes made to the MASH models. Luton Adult services Further controls under review re wound care and caseload prioritisation measures All underpinning service risks have been reviewed as part of this process including those identified as a result of the QIAs. Each of these has mitigating actions and controls identified and are reviewed at the Incident Management Team weekly. Lateral flowing testing now in place to support service delivery, which has been extended to all staff across CCS. A robust well being plan is in place to support staff morale and maintain wellbeing. | | | |

Appendix 3 – Strategic Risks and Operational Risks 15 and above

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| Risk ID: 3300 | Risk owner: Winn, Matthew | Risk handler: Howard, Kate | Risk Grading: | | |
| Directorate: Trustwide | Date recorded: 15/12/2020 | | | L | C |
| Specialty: Not Applicable | Anticipated completion date: 30/09/2021 | | Initial: | | 12 |
| Clinical Group: Not applicable | Risk committee: Board, Mass Vaccination Programme COB | | Current: | Possible - 3 | Major - 4 12 |
| Risk Title: Mass Vaccination | | | Target: | Unlikely - 2 | Major - 4 8 |
| Principle Trust Objective: Collaborate with others, Provide outstanding care | | Source of Risk: Risk assessment | Risk level Current: High | | Last Review Date: 30/06/2021 |
| <p>Risk description: Delivery of the mass vaccination programme for our staff and to the communities across Norfolk & Waveney, Cambridgeshire & Peterborough may be impeded by a range of factors including workforce supply and vaccine which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination.</p> <p>There is also a reputational risk to the organisation in relation to delivering the 'hub' model within the required national timeframes.</p> | | | <p>Significant Hazards: The vaccination- (Pfizer, Moderna and the Oxford vaccine) The hub environment- e.g. Internet connection, IT equipment Workforce issues- not enough staff available to staff the vaccination hubs</p> <p>Controls in place: A number of controls are in place to support the mass vaccination programmes these include: - Training packages are identified for staff in differing types of roles (including vaccinator specific education) - day 1 information pack has been developed for all staff at the mass vaccination sites (which includes updates on key topics such as incident reporting and safeguarding) - Rotas are being developed for the mass vaccination sites so that gaps can be identified and planned for - Recruitment is underway, with a number of roles being advertised (including volunteers) - Governance process in place to ensure practices are safe and have been assessed and approved internally - Communication plan has been developed to support the mass vaccination programme - National communication messages are being utilised as needed (including using nationally developed booklets for vaccine specific details) -Emergency protocols are in place for anaphylaxis post vaccination, emergency equipment has been ordered and will be available as needed -Teams have been advised not to have high numbers of staff vaccinated on the same day due to any potential side effects -Consent flowchart has been developed for the mass vaccination site folders, phone numbers for safeguarding support have also been included -Safeguarding training/ updates will be available for staff working within the vaccination site - Quality assurance meetings are taking place with NHSE prior to sites opening - quality assurance processes are being undertaken and submitted regionally and the Trust has undertaken a local QIA and IPaC audit in relation to the programme</p> | | |
| <p>Progress update: [Howard, Kate 30/06/21 09:27:33] Risk reviewed no changes required at this time.</p> | | | | | |

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| Risk ID: 3323 | Risk owner: Winn, Matthew | Risk handler: Winn, Matthew | Risk Grading: | | |
| Directorate: Large Scale Vaccination | Date recorded: 27/01/2021 | | | L | C |
| Specialty: Large Scale Vaccination | Anticipated completion date: 30/09/2021 | | Initial: | | 12 |
| Clinical Group: Trust Wide | Risk committee: Board, Mass Vaccination Programme COB | | Current: | Possible - 3 | Major - 4 12 |
| Risk Title: Organisational Reputational Risk for Co-Vid Mass Vaccination Centre Lead Provider Contract | | | Target: | Unlikely - 2 | Major - 4 8 |
| Principle Trust Objective: Collaborate with others, Provide outstanding care | Source of Risk: Risk assessment | | Risk level Current: High | Last Review Date: 30/06/2021 | |
| Risk description: Risk to organisational reputation of delivery of the Lead Provider Contract for the roll-out of the Mass Vaccination Programme for Cambridgeshire & Peterborough and Norfolk & Waveney given the significant pace, complexity and political profile of the programme. | | | Significant Hazards: The reputation of the organisation is at risk if the programme is not delivered according to national, regional and local expectations or requirements. Hazards include: - inadequate programme leadership or governance and/or insufficient programme resource Controls in place: -leadership team directly accountable to CEO -weekly formal programme reporting to Executive Committee with regular informal briefings throughout the week - programme risks being signed off and the highest risks reported weekly to Executive Committee -bi monthly Mass Vaccination Clinical Operational Board set up from March 2021 -leadership team participating in national, regional and local programme governance -collaborative and effective partnerships established with all key partner organisations -strong communications support to ensure clear messaging and management of expectations - new senior programme manager and logistics manager in place | | |
| Progress update: [Hawkins, Rachel 01/07/21 14:39:04] additional controls of new senior programme manager and logistics manager to strengthen leadership team resilience | | | | | |

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| Risk ID: 3163 | Risk owner: Pisani, Anita | Risk handler: Pisani, Anita | Risk Grading: | | |
| Directorate: Trustwide | Date recorded: 09/03/2020 | | | L | C |
| Specialty: Not Applicable | Anticipated completion date: 31/03/2022 | | Initial: | | 8 |
| Clinical Group: Trust Wide | Risk committee: Board | | Current: | Likely - 4 | Major - 4 |
| Risk Title: Reduction in staff morale could adversely affect the delivery of high quality care | | | Target: | Unlikely - 2 | Major - 4 |
| Principle Trust Objective: Be an excellent employer, Provide outstanding care | | Source of Risk: Meetings | Risk level Current: Extreme | | Last Review Date: 01/07/2021 |
| Risk description: There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce. | | Significant Hazards: Demands of the service exceeding capacity available Insufficient staff to deliver service Turnover Vacancies Staff absences - sickness; maternity; training etc Length of the Covid-19 pandemic and pace at which services/individuals are expected to respond. | | | |
| Progress update: [Pisani, Anita 01/07/21 11:56:19] Increased scoring to 16 as levels of staff morale are challenged in most parts of the Trust both in clinical and non-clinical teams and services for a variety of reasons. Longevity of the pandemic taking its toll; demand for services outstripping capacity; absence levels amongst staff for both sickness reasons but also impact of schools sending children home for isolation; members of staff tired and resilience impacted - personal impacts also impacted on staff morale. Public expectations/perceptions also causing increased pressures onto our members of staff and our services. Continuing to promote health and wellbeing offers; setting up additional clinical and pastoral supervision for some individuals/teams; regularly reviewing and talking with teams about morale and what more can the Trust be doing at this time to support. Regular sitreps continue to take place; team meetings; 1:1s; Q&A sessions; virtual back to the floor conversations with non-execs. | | Controls in place: Annual staff survey and delivery of Improvement plans - Trust-wide and local plans - Staff morale feedback - best in class and 8th nationally for all NHS providers Quarterly staff friends and family surveys Discussions and resulting actions from Wider Executive team meeting Appraisal rates and quality of appraisals 1:1s and team meetings Monthly quality dashboard Quality Dashboard 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 Live Life Well Activities - Health and Wellbeing Champions 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 Rolling out of staff vaccination programme | | | |

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| Risk ID: 3167 | Risk owner: Winn, Matthew | Risk handler: Winn, Matthew | Risk Grading: | | |
| Directorate: Trustwide | Date recorded: 11/03/2020 | | | L | C |
| Specialty: Not Applicable | Anticipated completion date: 31/03/2022 | | Initial: | | |
| Clinical Group: Trust Wide | Risk committee: Board | | Current: | Unlikely - 2 | Major - 4 |
| Risk Title: System planning | | | Target: | Unlikely - 2 | Major - 4 |
| Principle Trust Objective: Be a sustainable organisation, Collaborate with others | | Source of Risk: External assessment | Risk level Current: High | | Last Review Date: 01/07/2021 |
| Risk description: As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation | | | Significant Hazards: 1. national Policy to move to "system by default" 2. Provider financial health is more directly linked to the financial health of the "system" 3. Cambs/Pet has the one of the largest financial deficit in the NHS Controls in place: 1. The Trust has spread its income and expenditure base across two STP footprints to more readily reflect its regional footprint 2. the Trust to play its full part in the service areas of MSK and Children in Cambs/Pet - but nothing else 3. full stakeholder relationships and executive visibility in place to influence the relevant decisions being made | | |
| Progress update: [Hawkins, Rachel 01/07/21 17:27:53] Existing funding arrangements rolled forward for the second half of 2021. Engagement in all STPs continues and particularly in the ICS developments.. | | | | | |

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| Risk ID: 3166 | Risk owner: Howard, Kate | Risk handler: Howard, Kate | Risk Grading: | | | |
| Directorate: Trustwide | Date recorded: 10/03/2020 | | | L | C | |
| Specialty: Not Applicable | Anticipated completion date: 30/09/2021 | | Initial: | | | 4 |
| Clinical Group: Trust Wide | Risk committee: Board | | Current: | Unlikely - 2 | Major - 4 | 8 |
| Risk Title: There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC | | | Target: | Unlikely - 2 | Major - 4 | 8 |
| Principle Trust Objective: Be an excellent employer, Provide outstanding care | | Source of Risk: Risk assessment | Risk level Current: High | | Last Review Date: 30/06/2021 | |
| Risk description: There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards | | Significant Hazards: A number of factors (some of which are listed below) could combine which would then result in poor patient experience and increased patient safety incidents. (This will also negatively impact on compliance with regulatory standards) - Staff absence at work Controls in place: Relaunch of 'Our Quality Improvement Way' Rolling Peer Review Programme outcomes triangulated with annual service CQC self assessments Quality Early Warding Trigger Tool monthly completion by all teams Quality reports to Clinical Operational Boards and Board BI annual Workforce review to Board (May and November Public Boards) Back to the floor programme continues - summary taken to Wider Exec Team Ongoing annual CQC Inspection cycle which now includes staff focus groups and Inspector attendance at key meetings ie Board Staff feedback (including staff survey) Whistleblowing and raising Concerns processes well embedded with report to Board x 2 (Chief Executive report) and annually from freedom to Speak Up Guardian reports Clinical audit programme - reports to Clinical Operational Boards and Quality Improvement and Safety Committee Patient and Staff feedback mechanisms ie FFT Patient Stories to Board Internal audit programme (Quality elements) Improvement plan for the CQC identified 'Areas for Improvement' August 2019 Establishment of trust wide 0-19 services clinical leads group - This group feeds into the trust wide quarterly Children's services group Oversight of actions at Wider Exec group Quality Data continues to be regularly triangulated with Workforce information at Service, Clinical Operational Board and Board level Major incident management process invoked with daily trust wide sit rep meetings including escalation of issues ie staffing, IP&C, maintenance of essential services. Robust Major incident governance structure in place with daily Situation reporting of staffing, incidents, risks and PPE situation. new control - IP&C Board Assurance Framework Initial self assessment undertaken and presented to Trust Board - will be monitored monthly by IPC Huddle and at each IPC Committee new control - Safeguarding risks/ issues are reviewed at the Safeguarding huddle and via the Safeguarding Committee new control - 10 recommendations IPaC and testing (published in Nov 2020) has been reviewed via a gap analysis - any actions will be monitored via the IPaC Committee Internal governance log and thematic reviews (e.g. pressure ulcers) continue to be circulated | | | | |
| Progress update: [Howard, Kate 30/06/21 09:33:04] Risk reviewed, score and mitigations remain the same. Closure date reviewed and extended. | | | | | | |

Appendix 3 – Strategic Risks and Operational Risks 15 and above

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| Risk ID: 3164 | Risk owner: Pisani, Anita | Risk handler: Pisani, Anita | Risk Grading: | | |
| Directorate: Trustwide | Date recorded: 09/03/2020 | | L | C | |
| Specialty: Not Applicable | Anticipated completion date: 31/03/2022 | Initial: | | | 12 |
| Clinical Group: Trust Wide | Risk committee: Board | Current: | Likely - 4 | Major - 4 | 16 |
| Risk Title: Workforce challenges affecting ability of services to maintain high quality care | | Target: | Unlikely - 2 | Major - 4 | 8 |
| Principle Trust Objective: Be an excellent employer, Collaborate with others, Provide outstanding care | Source of Risk: Meetings | Risk level Current: Extreme | Last Review Date: 01/07/2021 | | |
| Risk description: There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. | | Significant Hazards: Vacancies - hard to recruit to posts Turnover Staff Morale Sickness levels Demands on services Numbers of Covid positive cases Length of Covid pandemic and lockdown restrictions | | | |
| Progress update: [Pisani, Anita 01/07/21 12:01:43] The levels of workforce challenges being experienced by both clinical and non-clinical teams across the Trust is increasing. Areas of concern discussed regularly at weekly incident management team; clinical operational board and Trust Board. Areas of challenge/pressure reporting within bi-monthly integrated governance report under outstanding care and excellent employer and discussed at Clinical Operational Boards. Actions/mitigations being reviewed on a continuous basis to make sure we are doing all that we can to mitigate these risks/issues. Longevity of the pandemic taking its toll; demand for services outstripping capacity; absence levels amongst staff for both sickness reasons but also impact of schools sending children home for isolation; members of staff tired and resilience impacted - personal impacts also impacted on staff morale. Public expectations/perceptions also causing increased pressures. Continuing to promote health and wellbeing offers; setting up additional clinical and pastoral supervision for some individuals/teams; regularly reviewing and talking with teams about their challenges and putting actions in place to address these. Additional agency/bank staff being brought in where possible; strategic recruitment lead in place in Bedfordshire and Luton Adult services to look at addressing recruitment challenges. A number of business cases have been pulled together and submitted to Commissioners to secure recurrent funding. Business continuity plans agreed with Commissioners and challenges being shared with Commissioners and other parts of the systems in which we work. Mutual aid being sourced where possible. Regular sitreps continue to take place; team meetings; 1:1s; Q&A sessions etc, continue to make sure lots of forums to discuss and address workforce pressures and challenges. | | Controls in place: Monthly workforce KPI data shared with all Service Directors - turnover; sickness; stability; appraisal and mandatory training compliance Bi-annual workforce reviews with all service areas - May and November each year Quality Dashboard 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 weekly incident Management Team Meetings | | | |

Appendix 3 – Strategic Risks and Operational Risks 15 and above

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| Risk ID: 2915 | Risk owner: Hill, Mrs Michelle | Risk handler: Hill, Mrs Michelle | Risk Grading: | | |
| Directorate: Luton Community | Date recorded: 30/01/2019 | | | L | C |
| Specialty: Children Services (Luton) | Anticipated completion date: 30/09/2021 | | Initial: | | |
| Clinical Group: Children's services Health Visiting (West Luton) | Risk committee: Bedfordshire & Luton Clinical Operational Board, Children's and Young People Clinical Operational Board, Strategic Safeguarding Group | | Current: | Likely - 4 | Major - 4 |
| Risk Title: Staffing level in 0-19 team | | | Target: | Unlikely - 2 | Major - 4 |
| Principle Trust Objective: Provide outstanding care | | Source of Risk: Risk assessment | Risk level Current: Extreme | | Last Review Date: 23/06/2021 |
| Risk description: There is a risk that the service will be unable to deliver the mandated checks within the Healthy Child Programme due to staffing capacity, leading to a reduction in the early identification of children and families who need further support including identifying safeguarding concerns. | | | Significant Hazards: Recent Health Visitor and Staff nurse recruitment has seen no applicants Staff retention with new resignations of HV Increased numbers of safeguarding cases are being managed by a smaller number of HVs - therefore increased numbers of UPP caseloads Impact Controls in place: 1) Escalation framework in place 2) Service model refresh for 21/22 in progress utilising demand and capacity model (Benson) 3) Weekly dialogue with commissioners to include sourcing additional funding to meet increased provision 4) Recruitment to retain current SCPHN students due to qualify Sept 21 5) Review and refresh of JD and advert for current vacant RAMs 6) Joint recruitment process with Beds 0-19 21.07.21 - daily staffing briefing with current HV numbers on duty and UPP caseloads. | | |
| Progress update: [Wynn, Jacqui 01/07/21 17:31:34] 01/07/21 - Risk raised due to reduction in available HV workforce due to increase in LTS and Mat leave. See attached email dated 01.07.21 from Michelle Hill. | | | | | |

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| Risk ID: 3254 | Risk owner: Peberdy, John | Risk handler: Harwin, Simon | Risk Grading: | | |
| Directorate: Children and Young Peoples Services | Date recorded: 02/10/2020 | | | L | C |
| Specialty: CYPS Trustwide (Risk Register Only) | Anticipated completion date: 19/07/2021 | | Initial: | | 12 |
| Clinical Group: Trust Wide | Risk committee: Children's and Young People Clinical Operational Board | | Current: | Likely - 4 | Major - 4 16 |
| Risk Title: Covid-19: Impact on Service Delivery across CYPS | | | Target: | Rare - 1 | Major - 4 4 |
| Principle Trust Objective: Provide outstanding care | Source of Risk: Risk assessment | | Risk level Current: Extreme | Last Review Date: 01/07/2021 | |
| Risk description: There is a risk that service delivery will be significantly impacted by the pandemic leading to potential detrimental impacts on the health and wellbeing of children and young people. | | | Significant Hazards: There are now 3 primary causes: - A surge in service demand; - Increased staff sickness/ absence caused by Covid 19 symptoms, isolation requirements or parental responsibilities; - National or local incidents of Covid 19 impacting on service delivery; and Controls in place: - 0300 SPoA's established for all CYP services with clinical pathways defined in each of the Trust's geographies; - Restoration plans are reviewed regularly by each service with flexibility to phase services up and down as required; - A clinical priority system is in place for all services ensuring clinical needs are addressed appropriately; - Website updated clearly detailing resources and service access points; - Social media campaigns in place; - Workstreams are in place to ensure children and young people with an EHCP and/or complex needs receive the services they require; and - Where a Practitioner is concerned, considers a safe option to attend the child's home/school with appropriate social distance/PPE - QIA's completed and considered/agreed at Ethics Consideration meeting | | |
| Progress update: [Peberdy, John 01/07/21 13:45:18] Risk reviewed. Agreed to increase likelihood score to 4 as teams across the Trust continue to report pressures. Particular concerns are : sickness and absence in the Luton HCP; sickness (8%) and vacancy (11%) in the Norfolk HCP; increased referrals/demand across a number of services; and increased public expectation | | | | | |

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| Risk ID: 3182 | Risk owner: Howard, Kate | Risk handler: Howard, Kate | Risk Grading: | | |
| Directorate: Trustwide | Date recorded: 03/04/2020 | | | L | C |
| Specialty: Safeguarding | Anticipated completion date: 31/08/2021 | | Initial: | | 12 |
| Clinical Group: Trust Wide | Risk committee: Adult's Clinical Operational Board, Children's and Young People Clinical Operational Board, Quality Improvement and Safety Committee, Strategic Safeguarding Group | | Current: | Likely - 4 | Major - 4 16 |
| Risk Title: Safeguarding children and adults at risk during Covid-19 Pandemic | | | Target: | Rare - 1 | Major - 4 4 |
| Principle Trust Objective: Provide outstanding care | Source of Risk: Risk assessment | | Risk level Current: Extreme | | Last Review Date: 30/06/2021 |
| Risk description: Safeguarding There is a risk that abuse and neglect will not be identified and acted upon at the earliest opportunity, to provide a timely assessment and intervention to mitigate further harm to children and adults at risk due to changes in service provision through the Covid19 pandemic. | <p>Significant Hazards: Redefinition of 'Essential services' during Covid 19 pandemic including delivery mode ie reducing face to face contact with clients and therefore opportunities for staff to undertake holistic assessment of need There has been a decrease in the face to face and direct contact with clients and a greater reliance on virtual platforms for contacts due to social distancing government directive. This is likely to lead to a reduction in the opportunities to undertake holistic assessments of clients and therefore reduce identification of abuse and neglect.</p> <p>Controls in place: Robust leadership across Trust SOP's issued to staff around face-to-face contact Regular system meetings/oversight in place via SitRep meetings and senior leadership meetings attended by safeguarding teams. Business continuity Plan in place and being updated at each element of change noted to include decision making and assurances. Caseload risk assessments are in place for each service and are being reviewed by caseholders and supported by team managers. Safeguarding is an essential service, the expectations that professionals will continue to exercise their safeguarding responsibilities. Safeguarding provisions remain in place to support MASH and adult safeguarding concerns. Safeguarding professionals continue to provide advice, guidance and ad hoc supervision. Incidents continue to be reviewed and monitored via governance process. The adult safeguarding provision has been increased to support the increase of workload. Recruitment processes in place, alongside conversation with key commissioners as part of agreed escalation frameworks</p> | | | | |
| Progress update: [Howard, Kate 30/06/21 09:30:55] Risk reviewed, score and mitigations remain the same. | | | | | |

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| Risk ID: 3120 | Risk owner: Williams, Mrs | Risk handler: Williams, Mrs Augustina | Risk Grading: | | |
| Directorate: Luton Community | Date recorded: 23/12/2019 | Anticipated completion date: 31/12/2021 | | L | C |
| Specialty: Children Services (Luton) | Risk committee: Bedfordshire & Luton Clinical Operational Board, Children's and Young People Clinical Operational Board | | Initial: | | |
| Clinical Group: Children's Community Paediatrics - Edwin Lobo (Luton) | | | Current: | Almost Certain - 5 | Moderate - 3 |
| | | | Target: | Likely - 4 | Moderate - 3 |
| Risk Title: Service Capacity within Luton Community Paediatric Service | | | | | |
| Principle Trust Objective: Provide outstanding care | Source of Risk: Meetings | Risk level Current: Extreme | Last Review Date: 01/07/2021 | | |
| Risk description: 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. | | | Significant Hazards: - Covid 19 restrictions have limited locum staff availability. - Staff sickness COVID and non COVID related. - Challenges in recruiting to 2 vacant Consultant Paediatrician posts. Non Covid related factors: - Service demand does not meet commissioned capacity. - Increased volume of Children with complex needs. - Diagnostic requirements within the system increase service demand. Controls in place: - 2 Consultant and registrar posts advertised - Additional ADOS/ BOSA assessments are being procured. - A comprehensive demand & capacity model has been submitted to commissioners. - Monthly check in with parent carer forums and stakeholder is in place. - Additional specialist Nurses have been recruited. - Duty line and a SEN facilitator are now in post to support Children and families o the waiting list. | | |
| Progress update: [Williams, Augustina Mrs 01/07/21 15:44:30] Weekly performance data: Average RTT 32weeks, 763 children waiting;287 breached appointments- longest wait 67 weeks (10 children waiting 60+ weeks plan in place with SALT as part of ASD Joint Clinical Pathway). 1093 children on specialist nurses caseload-170 overdue ADHD medication review- longest wait 12 weeks. ADOS/ BOSA waits 109, longest wait 33 weeks (1 child waiting 57 weeks as waiting for outcome of school observation). ADOS/ BOSA procurement awarded to St Helen's Health Trust-contract with St Helen's Health for signing delivery start date due 1.07.2021 Trust due to start 1.07.2021 delayed start- St Helens' to sign contract & provide staff information to progress Honorary Contracts; CCS Business & Contracts Manager chasing St Helen's Trust. Business case presented to Commissioners to progress discussions re: long term funding sent to Commissioners via CCS contracts team. Implementation workshops for ASD & ADHD pathways delivered with Administrators last week. Discussions held with Children's Hub project Team members and Comms colleagues to progress engagement of system partners to promote launch of Portal for referrals including Comm Paeds- 1st wave. In view impending summer vacation for schools launch delayed until early September to enable workshop engagement with school SENCos etc. Service RTT update report for system partners is being finalised - parent friendly version (page on a plan) will be produced supported by Co- production colleagues, Parent Carer Forum Reps, following feedback from parents. | | | | | |

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| Risk ID: 3227 | Risk owner: Howard, Kate | Risk handler: Shulver, Debbie | Risk Grading: | | |
| Directorate: Trustwide | Date recorded: 03/08/2020 | | | L | C |
| Specialty: Unit Wide | Anticipated completion date: 31/10/2021 | | Initial: | | 12 |
| Clinical Group: Trust Wide | Risk committee: Adult's Clinical Operational Board, Children's and Young People Clinical | | Current: | Likely - 4 | Major - 4 16 |
| Risk Title: Surge of safeguarding enquiries | | | Target: | Rare - 1 | Major - 4 4 |
| Principle Trust Objective: Collaborate with others, Provide outstanding care | | Source of Risk: Risk assessment | Risk level Current: Extreme | | Last Review Date: 30/06/2021 |
| Risk description: There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges. | | | Significant Hazards: Vacancies - hard to recruit to posts Turnover Staff Morale Sickness levels Demands on services Numbers of Covid positive cases Length of Covid pandemic and lockdown restrictions | | |
| Progress update: [Pisani, Anita 01/07/21 12:01:43] The levels of workforce challenges being experienced by both clinical and non-clinical teams across the Trust is increasing. Areas of concern discussed regularly at weekly incident management team; clinical operational board and Trust Board. Areas of challenge/pressure reporting within bi-monthly integrated governance report under outstanding care and excellent employer and discussed at Clinical Operational Boards. Actions/mitigations being reviewed on a continuous basis to make sure we are doing all that we can to mitigate these risks/issues. Longevity of the pandemic taking its toll; demand for services outstripping capacity; absence levels amongst staff for both sickness reasons but also impact of schools sending children home for isolation; members of staff tired and resilience impacted - personal impacts also impacted on staff morale. Public expectations/perceptions also causing increased pressures. Continuing to promote health and wellbeing offers; setting up additional clinical and pastoral supervision for some individuals/teams; regularly reviewing and talking with teams about their challenges and putting actions in place to address these. Additional agency/bank staff being brought in where possible; strategic recruitment lead in place in Bedfordshire and Luton Adult services to look at addressing recruitment challenges. A number of business cases have been pulled together and submitted to Commissioners to secure recurrent funding. Business continuity plans agreed with Commissioners and challenges being shared with Commissioners and other parts of the systems in which we work. Mutual aid being sourced where possible. Regular sitreps continue to take place; team meetings; 1:1s; Q&A sessions etc, continue to make sure lots of forums to discuss and address workforce pressures and challenges. | | | Controls in place: Monthly workforce KPI data shared with all Service Directors - turnover, sickness; stability; appraisal and mandatory training compliance Bi-annual workforce reviews with all service areas - May and November each year Quality Dashboard 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 weekly incident Management Team Meetings | | |

Appendix 3 – Strategic Risks and Operational Risks 15 and above

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.

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 | Ref | Substantial Assurance | Reasonable Assurance | Partial Assurance | No Assurance |
|--------|--|-----|--|--|--|--|
| Safe | That our patients are protected from abuse and avoidable harm. | S1 | 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 |
| | | S2 | 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. |
| | | S3 | 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. |
| | | S4 | 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 |
| | | S5 | 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 |

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|--|--|-----------|---|--|--|--|
| | | S6 | 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 |
| | | S7 | 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 |
| | | S8 | 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. |
| | | S9 | 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 | Ref | Substantial Assurance | Reasonable Assurance | Partial Assurance | No Assurance |
|---------------|--|-----------|--|--|--|--|
| Caring | Do our services involve and treat people with compassion, kindness, dignity and respect? | C1 | 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 |
| | | C2 | 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 |
| | | C3 | 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 |
| | | C4 | 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 | Ref | 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 | E1 | - 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 |
| | | E2 | -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 |
| | | E3 | - rolling sickness rates are within average and no higher than the NHS England rate for Community Trusts | -rolling sickness within control total but show an increase for last 6 months | -rolling sickness above upper control total for both months reported | -rolling sickness outside upper control total for last four months |
| | | E4 | -stability figures at or above target levels | -stability figures within control total but show a decrease for last 6 months | - stability figures below lower control total for both months reported | -stability figures below lower control total for last four months |
| | Research | E5 | 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. |

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|--|--|--|--|---|--|--|
| | | | - All four local equality delivery system objectives are on track for delivery and this is evidenced through a 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 | Ref | Substantial Assurance | Reasonable Assurance | Partial Assurance | No Assurance |
|------------|---|-----|--|--|---|---|
| Responsive | Are Trust Services responsive to patients' needs? | R1 | - 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 |
| | | R2 | 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 |
| | | R3 | Responsive to C19 requests: <ul style="list-style-type: none"> Implementation of guidance met required deadlines 100% on time In month sitrep submissions 100% on time | Responsive to C19 requests: <ul style="list-style-type: none"> Implementation of guidance met required deadlines 90% on time In month sitrep submissions 90% on time | Responsive to C19 requests: <ul style="list-style-type: none"> Implementation of guidance met required deadlines 80% on time In month sitreps submissions 80% on time | Responsive to C19 requests: <ul style="list-style-type: none"> Implementation of guidance met required deadlines less than 80% on time In month sitreps submissions less than 80% on time |

* C19 Restoration plans delivery – to be developed for September

| Domain | Assurance being sought | Ref | Substantial Assurance | Reasonable Assurance | Partial Assurance | No Assurance |
|-----------------|--|------------|--|--|---|---|
| Well led | Are effective governance processes in place underpinning a sustainable organisation? | WL1 | - 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% |
| | | WL2 | - 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 |
| | | WL3 | - 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 for two reporting periods or under plan by more than 5% |
| | | WL4 | -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 |
| | | WL5 | - 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 |

Appendix 4 – Assurance Framework (updated May 2021 V6)

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|--|--|------------|--|---|--|---|
| | | WL6 | - 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% |
| | | WL7 | - 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 |
| | | WL8 | 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 |
| | | WL9 | 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 |

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|--|--|-------------|--|--|--|--|
| | | WL10 | 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

