

TRUST BOARD

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Title:	<b>Integrated Governance Report</b>
Action:	<b>For DISCUSSION</b>
Meeting:	<b>17<sup>th</sup> March 2021</b>

**Purpose:**

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

This report and Clinical Operational Boards integrated reports operates in line with the new way of working during Covid-19 and this report provides an overview of quality, performance, workforce and finance for December 2020 and January 2021 assessed in relation to the Trust's strategic objectives and associated risks of achieving these objectives.

For each objective, the report provides:

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

**Executive Summary:**

The Integrated Governance Report provides a summary of Trust performance against each objective during December 2020 and January 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: CQC Quality Improvement Plan 2019
  - Appendix 2: Quality Performance Dashboard
  - 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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### 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.

<p>We will measure the impact of our virtual clinical platforms, ensuring that they are fully accessible to the diverse communities we serve.</p>	<p>This project is covered by the People Participation Committee and is reported in a separate part of the Board meeting.</p>							
<p>We will ensure that the recruitment of our volunteers are from the diverse communities they serve.</p>	<p>This project is covered by the People Participation Committee and is reported in a separate part of the Board meeting.</p>							
<p>Are any of the following protected characteristics impacted by items covered in the paper:</p>								
<p>Age <input type="checkbox"/></p>	<p>Disability <input type="checkbox"/></p>	<p>Gender Reassignment <input type="checkbox"/></p>	<p>Marriage and Civil Partnership <input type="checkbox"/></p>	<p>Pregnancy and Maternity <input type="checkbox"/></p>	<p>Race <input type="checkbox"/></p>	<p>Religion and Belief <input type="checkbox"/></p>	<p>Sex <input type="checkbox"/></p>	<p>Sexual Orientation <input type="checkbox"/></p>

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## **Part Two – Supporting Information**

**Appendix 1 - CQC Quality Improvement Plan 2019**

**Appendix 2 - Quality Performance Dashboard**

**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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# Provide outstanding care

## A: Assurance Summary

### Overall assurance rationale:

<p><b>Safe</b></p>	<ul style="list-style-type: none"> <li>• There were 0 Serious Incidents reported in December and 3 in January 2021; no Never Events were reported in either month</li> <li>• 93% of incidents are low or no harm (Trust target 90%)</li> <li>• There were no healthcare acquired infections</li> <li>• There were two Covid19 staff outbreak's</li> <li>• The staff flu campaign 2020 commenced in October; as of 2 March 2021 - 81.79% of staff had been vaccinated</li> <li>• The staff Covid19 vaccination programme commenced in January 2021, at the time of reporting 78.25% of staff have received vaccine 1</li> <li>• IPAC (Infection Prevention and Control) assurance framework has been reviewed as part of the IPAC Committee cycle of business</li> <li>• All staff have access to appropriate PPE (Personal Protective Equipment)</li> </ul>	<p><b>Reasonable</b></p>
<p><b>Caring</b></p>	<ul style="list-style-type: none"> <li>• Outstanding care – patient story for Board</li> <li>• FFT (Family &amp; Friends Test) outcome for December and January is 96.86% (target 90%)</li> <li>• Number of informal and formal complaints within expected variance (total of 8 formal complaints received in December and 6 in January 2021)</li> </ul>	<p><b>Substantial</b></p>
<p><b>Effective</b></p>	<ul style="list-style-type: none"> <li>• Mandatory training compliance was 93% in December and 94% in January 2021</li> <li>• Level 3 safeguarding training has been available online for staff; positive feedback received in relation to content</li> <li>• The Heads of Safeguarding have started to roll out the ICON programme to support parents with crying babies</li> </ul>	<p><b>Reasonable</b></p>
<p><b>Responsive</b></p>	<ul style="list-style-type: none"> <li>• The complaint response time was reviewed in February 2021 in line with the 'reducing the burden' plan, and an extension agreed to increase the response time to 35 days</li> <li>• Covid19 incident response meets all national requirements</li> </ul>	<p><b>Reasonable</b></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 in line with a level 4 major incident (Reduced from a level 5 in March 2021).
2. In addition to the overview and analysis of performance for December 2020 and January 2021, the Board can take assurance from the following sources:
  - During the Covid19 pandemic period and more recently whilst operating at a NHS level 5 then 4 major incident, a number of processes underpin comprehensive management of the risks and issues associated with delivery of clinical services. These include our Incident Control Centre, Incident Management Team, daily situation reports from all services which include information on staffing levels, 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. Pressures in services are being reported and monitored through the Covid19 situation report process, as needed.
- Our overall Care Quality Commission (CQC) inspection rating 'Outstanding' remains in place from August 2019 with 'Outstanding' within the caring and well-led domains. The action plan from the CQC visit has been updated and can be seen in Appendix 1.
- Assurance can be taken from the initial completion of the NHSE / I Infection, Prevention & Control Board Assurance Framework presented initially to the Board in September. The document is reviewed as part of the IPaC Committees' cycle of business (February 2021).
- There has been two reported staff outbreaks of Covid19 infection within this reporting period, which have been managed in line with national guidance.
- In terms of the mass vaccination programme all sites have had an IPaC review prior to opening and post opening. The outcomes of the visits are being reported to the IPaC Committee, with actions being monitored both by the IPaC Matron, the site Clinical Supervisor and by the Committee. Additionally in the Cambridgeshire and Peterborough locality colleagues from the CCG have undertaken visits to each site in order to evaluate the IPaC procedures – feedback is received following each visit which is sent to the team leads. Feedback so far has been positive.
- Each mass vaccination site will be having a mock CQC visit, based on the CQC assessment criteria for mass vaccination sites.
- The mass vaccination programme held its first COB (Clinical Operational Board) in March 2021.

### 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</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>January's result 96.86%</i>
Deliver the locally agreed patient related annual Equality Delivery System objectives	Pass/Fail	Equality Delivery System	Annual	Objectives agreed at People Participation Committee 1 July 2020



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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 / 2020 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
Safety – staff feel able to speak up about patient safety issues	Maintain 2019 / 2020 score	Freedom to Speak Up index -Staff survey	Annual	In July 2020 the Trust came first in the national Freedom to Speak Up Index, scoring 86.6%
Increase in the numbers of Serious Incident investigations that evidence involvement of patients/service users/other professionals	50% increase on 19/20 rate	Datix	Quarterly	All except one SI has been linked to safeguarding, 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: 93% December 94% January

### C: Risks to achieving objective

#### Strategic risks

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



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*result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination. (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 16)

### Related Operational risks 15 and above

- 1. Risk ID 3120** – Luton Community Paediatric service - There is a risk that delays for initial assessments and follow up appointments will continue, leading to continued 18 week RTT (Referral to Treatment) breaches and CYP (Children and Young people) and family delays. There is a risk of protracted delays for Children requiring ASD (Autism Spectrum Disorders) / ADHD (Attention Deficit Hyperactivity Disorder) assessments due to the limited face to face appointments for routine requirements. The Covid19 pandemic has exacerbated service capacity challenges due to locum staff leaving, remote working limiting the volume of clinical slots and some specialist assessments required face to face (limited by social distancing). (Risk Rating 15)
- 2. Risk ID 3254** - There is a risk that delivery of Covid 19 phase 3 restoration plans will not be fully implemented by March 2021 leading to the potential detrimental impacts on Children and Young people. (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 3284** - Workforce: There is a risk that there is insufficient local workforce currently available to safely deliver the mass vaccination programme leading to slower implementation of the vaccine programme and continued risk of adverse health caused by Covid 19. (Risk Rating 16)
- 5. Risk ID 3182** – 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. (Risk Rating 16)

### D: Overview and analysis (including information from the Quality Dashboard - Appendix 2)

#### 1. Quality Impact Assessment (QIA)

- 1.1 Each Directorate has reviewed their QIA (Quality Impact Assessment) in light of the current Covid19 situation; this includes a focus on any re-deployments to support the Mass Vaccination Programme. Themes have been identified and each QIA reviewed at the Trust's Ethical Committee.
- 1.2 There was a requirement for CCS staff to support Hertfordshire community trust as the lead provider for vaccinations across Hertfordshire and the BLMK systems. Following completion of QIAs the organisation is committed to releasing 3 staff from the practice development team and a portion of the community matron workforce.

#### 2. Patient Safety

- 2.1 The Incident Management Team (IMT) continues to have oversight of safety incidents relating to the services provided throughout the Covid19 pandemic period. This is



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achieved through the situation reports from all services with a weekly trend summary being presented to the Incident Management Team meeting.

- 2.2 The numbers of incidents reported onto Datix have returned to levels seen prior to the pandemic. Scrutiny of these incidents through local service governance routes continues.
- 2.3 No Serious Incidents (SI) were declared in December and three Serious Incidents were declared in January. No never events were reported within this timeframe. The table below highlights that the incidents occurred earlier in the year and all underwent internal investigations with a Root Cause Analysis (RCA) report being produced. The RCA identified that the incidents subsequently met the criteria for a Serious Incident.

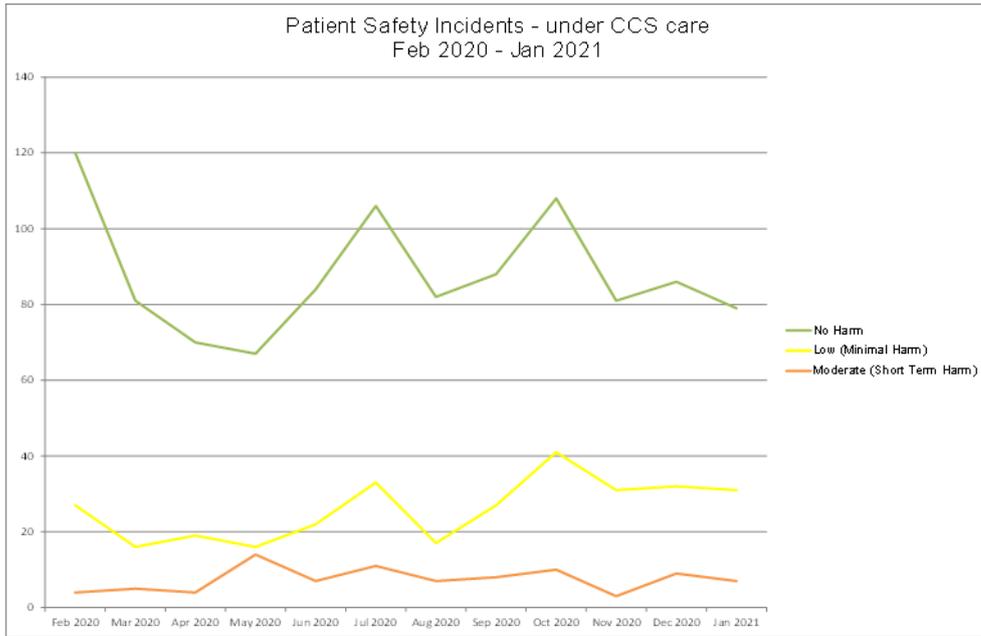
DATIX Reference	Incident date	Service base	Case description
W60975 2021/342	05/08/2020	Norfolk Healthy Child Program - Breckland	Identification of safeguarding concerns
W61904 2021/2235	23/10/2020	0-19 South Cambs	Identification of safeguarding concerns
W61990 2021/2135	30/10/2020	0-19 Bedford West	Identification of safeguarding concerns

*Commissioners, NHSE/I, CCG and CQC have been made aware of the incidents as per policy.*

- 2.4 Three internal investigations using root cause analysis methodology were initiated in December. These were Bedfordshire 0-19 Service – investigating missed opportunity to identify and escalate safeguarding concerns: Luton Adults investigating a category 4 pressure ulcer and iCaSH Bedfordshire reviewing a medication error.
- 2.5 Three internal investigations using root cause analysis methodology were initiated in January. These were Bedfordshire 0-19, Luton 0-19 and Norfolk Healthy Child Programme (Broadland) all were to review missed opportunities to identify and escalate safeguarding concerns. All three were identified from non-accidental injuries reported to the Trust.
- 2.6 The chart below highlights those patient safety incidents that occurred under our care and includes the two month period of December and January. These incidents totalled 244, of which 67% involved no harm, 26% low harm and 7% moderate harm. 93% no or low harm represents an increase of 3% on the last reported figure of 96%. This rise may be related to the commencement of the Mass Vaccination hubs.



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- 2.7 In January 2021, the mass vaccination sites opened to the public. Incidents are reported via Datix and in this first month included 5 accidents; 1 infection control issue related to a needle stick injury and 1 medication oriented incident related to a patient’s reaction to the vaccination.
- 2.8 All incidents from the mass vaccination sites are reviewed weekly at IMT and learning shared via individual site daily briefings. All vaccination incidents follow the trusts incident process and are also reported to the Regional Vaccination Control Centre (RVOC) as per the national protocol.
- 2.9 Sixteen moderate harm incidents (whilst under CCS care) were reported; an increase of four incidents on the previous two month period. Fourteen incidents related to Luton Adults, all of which were linked to pressure ulcers, one to the Mass Vaccination Programme. The remaining incident occurred in the Dental Service and relates to a delay in assessment due to a miscommunication.

### 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 reported are as follows:
  - Clinical assessment and treatment
  - Access, administration, transfer and discharge
  - Medication

December	January
Clinical, assessment & treatment 172	Clinical assessment & treatment 142
Access, admin, transfer, discharge 74	Access, admin, transfer, discharge 65
Medication 42	Medication 32



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- 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 December and January:
- **Clinical Assessment and Treatment:** Luton Adults Service is the main reporter of these due to the type of work and volume of visits. The themes are 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.
  - **Access, administration, transfer and discharge:** 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 reports a theme around missing antenatal service communication.
  - **Medication:** Medication incidents relate predominately to Luton Adults and iCaSH as these two services use medication within their treatment plans. The theme here is missing or incomplete discharge information from other organisations about medication required or errors picked up.
  - Where themes are linked to external providers, any issues are picked up during liaison with the services or via the service leads.
- 2.12 **Review of Healthcare Safety Investigation Branch (HSIB) Never Event report;** the Safety team has carried out a review of a report published by the HSIB which has been made available via the Learning from Incidents page on the Trust's intranet Knowledge Hub. One of the outcomes from this review is that from 1 April 2021 wrong site tooth removal will be removed from the never event list.

### Medicines Management

- 2.13 The roll-out of the Mass Vaccination Centres has been supported by the Pharmacy team. A number of factors have meant that the service has needed to provide increased levels of support to these centres for example; senior staff members without previous experience of handling medicines or vaccines have needed information and orientation sessions.
- 2.14 In order to support new sites from set-up onwards, and maintain standards once open across the geography, the Pharmacy team has gratefully accepted assistance from colleagues from Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) and the Norfolk & Waveney Area Commissioning Support Unit, under the Memoranda of Understanding.
- 2.15 The recruitment of senior leads for the mass vaccination sites has provided a consistent approach to the implementation of the required medication procedures.
- 2.16 The documents associated with the Mass Vaccination service have been kept under review and regularly updated. This has required a prompt approval process. The Medication Safety and Governance Group (functioning in an ad-hoc and remote way) has been highly responsive to this requirement. It has also been clear that the documents have been carefully scrutinised by the members.
- 2.17 The profile of medication incidents is largely unchanged from previous reports, with the exception of a small number relating to the Mass Vaccination service. These are



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discussed as part of the governance processes associated with that service; themes have been identified and shared with the leads.

- 2.18 With the arrival of the new Community Health Services Pharmacist to support the Luton and Bedfordshire services from 1 March 2021, the Team is beginning to resume business as usual. Certain initiatives which had been paused, or made less frequent, will be restarted in March and April, including the audit programme. The Medication Safety and Governance Group will convene again in March and agree priorities.
- 2.19 The small team of Domiciliary Pharmacy Technicians has resumed their domiciliary visits, as well as supporting the mass vaccination service where needed.

### 3. Safeguarding

- 3.1 Since the beginning of the pandemic, we have been internally monitoring a number of risks relating to a potential rise in safeguarding incidents for both adults and children. The controls in place have been reviewed and assessed to give assurance that the risk is being actively managed to ensure that safe service provision is in place. 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.

#### 3.2 The risks are:

3.2.1 The possible impact on children and adults from the re-prioritisation of services across the partnership system at the beginning of the pandemic including during first lockdown and continuing necessary restriction as part of Covid19 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. This risk is currently rated at 16 increased in January 2021; controls are being maintained.

3.2.2 The risk that our staff will not have the capacity to provide an effective safeguarding response to the increased number of complex cases that emerges as services mobilise into the restorative phase. There has been a significant increase in safeguarding concerns in both volume and complexity. This risk is currently rated at 16; controls remains in place.

3.2.3 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.

3.2.4 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 12; controls remain in place.

3.2.5 Cambridgeshire MASH team are managing a risk related to increase in the number of enquiries sent through which is not related to the pandemic but is a result of a change in process in the Local Authority. There is strategic partnership agreement about the actions required to mitigate the impact and a weekly joint meeting is held between the Local Authority Head of Service, CCS Head of Safeguarding and CPFT Head of Safeguarding. This is having a



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beneficial impact week on week. The risk is currently rated at 12; controls are reviewed weekly.

- 3.2.6 Risks are reviewed weekly by the Incident Management Team and Safeguarding Huddle (Medical Director, Chief Nurse, Heads of Safeguarding and Deputy Chief Nurse) where trust wide actions are identified and implemented, with oversight by the Strategic Safeguarding Group.
- 3.3 Emerging data tells us that there is a substantial increase (from all agencies) in referrals into Multi Agency Safeguarding Hubs (MASH) and referrals for Child Protection medicals. There has also been a rise in the number of Non Accidental Injuries (NAI) to children resulting in serious head trauma. The impact on our staff is being carefully monitored and support for individuals and teams 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 actively sought from both private and public services.
- 3.3.1 Bruising and marks to non-mobile children and babies has been highlighted within a number of Child Safeguarding Practice Review's both internally and nationally; with a significant rise in the incidence of these during Covid19. Therefore an urgent bespoke training package was disseminated to all services across the Trust, including update to the protocol and learning from all incidences. Datix has been utilised to capture NAI incidence across the Trust for a period of three months to establish any themes or trends which might highlight learning needs within localities. The Heads of Safeguarding have reviewed the NAI data weekly and they have agreed to continue with this data collection over the next three months but have modified this to capture only those children aged less than two years (as this is where the majority of incidents are).
- 3.3.2 Heads of Safeguarding highlighted the need for a system wide proactive approach to supporting families with management of crying babies and awareness of the impact of shaking babies and presented a proposal to partnership boards in Cambridgeshire & Peterborough and Bedfordshire & Luton for the use of ICON. This was agreed and funding for this has been supported through Cambridgeshire Children & Young People's service and from Charitable Funds in CCS NHS Trust. There are now system wide meetings being set up to launch the programme. Norfolk are active participants in their system wide work stream called 'Protecting Babies' which includes a number of discussions about how to implement evidence based support across the system.
- 3.3.3 MASH is one of the identified essential services in safeguarding and therefore a priority for ensuring cover across the teams. Safeguarding staff are working closely with other agencies to ensure the MASH is appropriately staffed within the health provision for the short and longer term. Activity is 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. In quarter two Eastern Regional data indicates a 12% reduction in referrals to Children Social Care on quarter one, with the exception of Luton.
- 3.4 The Safeguarding teams are continuing to strive to provide our staff with their core safeguarding expectations despite the pandemic and are responding to this using virtual platforms and blended (responsive) approaches to training and supervision. Teams are also continuing to support the multi-agency safeguarding work and are prioritising this when possible to ensure that the systems are continuing to be influenced by health voices to support adults and children at risk of abuse and neglect.



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- 3.4.1 Levels 1 & 2 training has continued and reasonable compliance levels have been maintained across the Trust. Level 3 training compliance continues to improve over the last quarter.
- 3.4.2 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. Adhoc supervision and advice has been maintained throughout the pandemic. Professionals are reporting that the use of Microsoft Teams facilitated ease of access & flexibility and is of mutual benefit to safeguarding specialist & practitioners. The safeguarding children supervision model is currently under review and on track to implement in late Spring 2021.
- 3.5 CCS safeguarding professionals have been involved in the Mass Vaccination Hub set up arrangements to ensure Hub managers and staff have completed appropriate safeguarding training to meet their role relevant safeguarding responsibilities in Mass Vaccination clinic settings. Mental Capacity Act (MCA) guidance and contact details for specialist safeguarding professionals have been provided to each hub to support specific enquiries as they present. Safeguarding professionals have reviewed the onsite vaccination process and are assured that all appropriate processes are in place to identify potential safeguarding concerns as would be accepted for clinic one off contact settings.
- 3.6 There has not been a PREVENT forum held since 13 October 2020 due to reduced capacity to undertake these meetings during the pandemic however, Trust staff continue to attend all relevant external meetings as needed. PREVENT and WRAP training has been maintained at above the target level across the Trust and currently is 95% and 91% respectively.
- 3.7 CCS was cited in one Safeguarding Adult Review during December and January; this was linked to one of the Paediatric team's clinical involvement with the children of the adult. There were no actions or recommendations for the Trust, as our intervention was brief and minimal. Additionally 2 Child Safeguarding Practice Reviews were published, some overarching actions were identified which are being worked through by the teams with the support of the Safeguarding Team.

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

- 4.1 We continue to follow all national guidance relating to preparing for and managing the current Covid19 pandemic. This work is being led by our Emergency Preparedness and Resilience Accountable Officer (Director of Governance) and Medical Director.
- 4.2 The risk relating to supply and availability to our services of PPE is monitored weekly through the IMT and underpinned by daily sit rep information from all services.
- 4.3 *The Board can continue to be assured that no member of staff has been asked to undertake clinical care without appropriate Personal Protective Equipment (PPE).*
- 4.4 In May 2020 NHS England published an *Infection Prevention and Control Board Assurance Framework (BAF)* for Trusts to be able to demonstrate that their approach to the management of Covid19 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 presented to the Board in September and then again in January 2021. As per the



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cycle of business the BAF was reviewed again at the Trust's Infection Prevention and Control Committee in February.

- 4.5 There have been two staff outbreaks of Covid-19 between December and January. The first incident involved six members of staff being tested positive (30% of staff). Although assurance had been given that all staff had been wearing PPEs appropriately, it was identified that there had been a couple of brief incidents where a breach in wearing PPEs had been reported by staff in non-clinical areas.
- 4.6 The second incident involved five members of staff being tested positive (26.3% of staff). These were a mixture of senior clinicians and administrators. Though assurance was initially given, further discussions with staff had identified a couple of PPE breaches between the individuals. A review of practice was undertaken which identified simple changes to their processes ensuring compliance to national guidelines.
- 4.7 The Trust's Standard Operational Procedure was put in place and completed by the service managers. Service delivery continued without disruption through following business continuity. No patient contact tracing was required. Shared learning from the outbreak was provided to the Trust's IMT and Service Directors.
- 4.8 A total of 14 incidents were reported during this period (eight in December and six in January). Four related to sharps (e.g. needle stick injuries), nine related to Covid19 (e.g. positive samples, outbreaks) and one related to waste.
- 4.9 The Trust's seasonal influenza campaign commenced in October 2020 in compliance with the national Covid19 guidelines. As of 2 March 2021, the total percentage of staff that has had their flu vaccination is recorded as 81.79%. This is the highest staff uptake the Trust has reported.
- 4.10 The Trust has supported all staff to access the national Covid19 vaccination programme through a variety of routes, the current percentage of staff who have had their first vaccine is 78.25 (at the time of writing the report). Individual support and conversations are being offered to staff who would like to discuss any issues relating to the vaccine and the Medical Director and Chief Nurse have been attending team meetings, Q and A's and the BAME network discussions. In late March they will also be attending the Disability network. Internal communications have been weekly and specialist advice and support has been developed to provide vaccine information to our BAME colleagues.
- 4.11 Staff based in our various geographies continue to access appropriate Covid19 swabbing facilities if symptomatic.
- 4.12 Other infections: There were no confirmed bacteraemia cases of MRSA (Meticillin-resistant Staphylococcus Aureus), Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during December 2020 and January 2021. We have not been notified of any positive cases of C.difficile during this period.
- 4.13 The Health and Safety Executive published their Summary of findings - hospital spot check inspections – Covid19 on 2 March 2021. One of the key recommendations from this document states: 'we strongly recommend NHS Trusts and Boards review the detailed findings of the inspections in Annex 1.' This review will be undertaken and cited at the next IPaC Committee, with escalation via the embedded governance routes to the Quality Safety and Improvement Committee and the next Trust Board.



# Provide outstanding care

## 5. Patient Experience

### 5.1 The Patient Story

5.1.1 The Patient Story that will be heard at the March Board is from the Trust’s Luton Adults Service. A service user will share their experience of the Pulmonary Rehabilitation programme which is for people with chronic lung disease / breathing problems such as Chronic Obstructive Pulmonary Disease and currently being offered online due to Covid19.

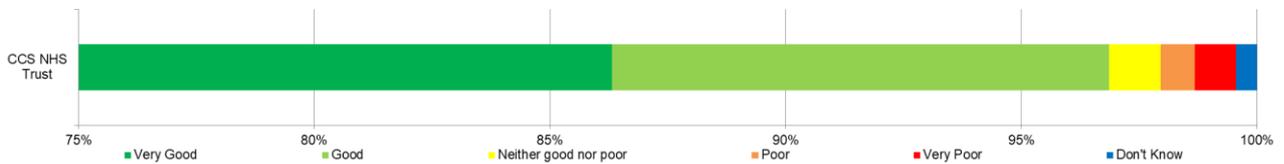
### 5.2 Friends and Family Test (FFT)

5.2.1 The organisation continues to work in line with FFT national guidance around Covid19. Electronic feedback mechanisms following video and telephone appointments are in place across the Trust and we continue to support service users in providing feedback through the FFT and via our Patient Advice & Liaison Service. The Trust has also commenced FFT within the mass vaccination Centres.

5.2.2 CCS received 1536 responses in December 2020 and 2096 in January 2021 to the FFT questions. The number of responses in this data period increased by 315 on the previous two months.

5.2.3 The overall Trust FFT positive feedback was 96.86%, with a 1.6% negative feedback percentage. We remain above the Trust target of 90%.

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



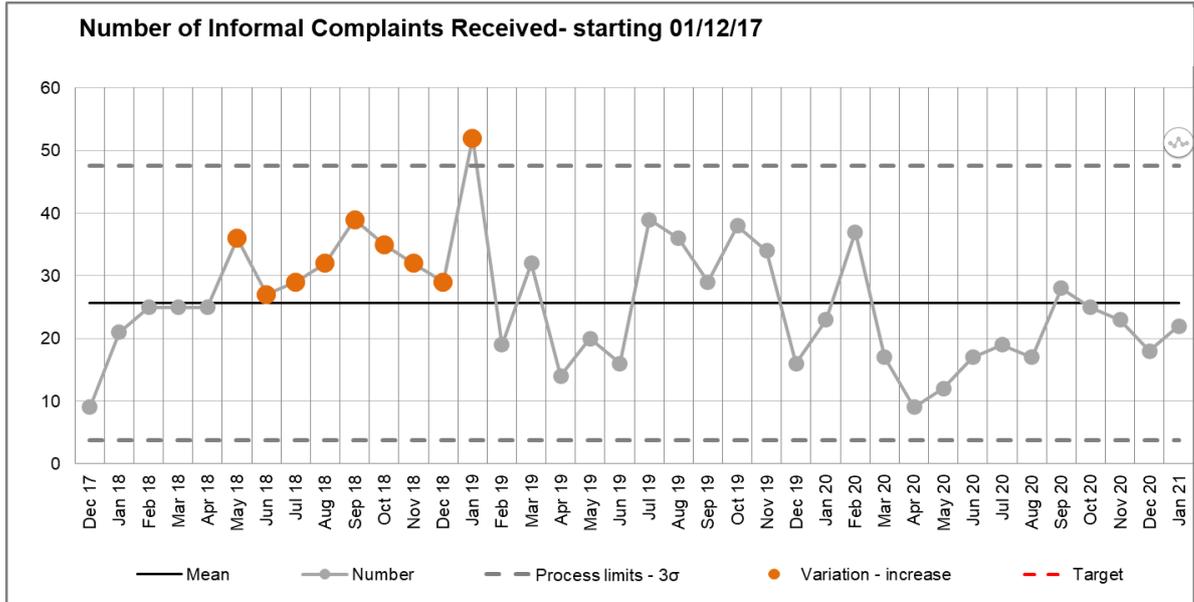
5.2.5 In December 2020 and January 2021 the services we provide received 4435 positive comments on surveys and feedback forms used across the Trust, just four fewer than in the previous period.

### 5.3 Informal complaints received

5.3.1 The total number of informal complaints received and logged was 40 in this data period. From the table below it is noted that this is within our expected variation. Six informal complaints were related to change in service offer due to Covid19.



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

## 5.4 Themes and learning from informal complaints closed in December 2020 and January 2021

5.4.1 Thirty-four informal complaints were resolved and closed in December and January. The top three themes of the informal complaints closed within this period were clinical care (10), delay in diagnosis, treatment or referral (8) and communication / information (7).

5.4.2 Review of the informal complaints linked to clinical care shows no themes in the services involved. In six of the informal complaints the service user was dissatisfied with their treatment and in four cases the patients identified that the care provided was inadequate or insufficient.

5.4.3 Three of the eight informal complaints were linked to delays related to MSK services, two were about waiting times for an appointment and there was one delay in treatment due to changes in services provide by acute Trusts.

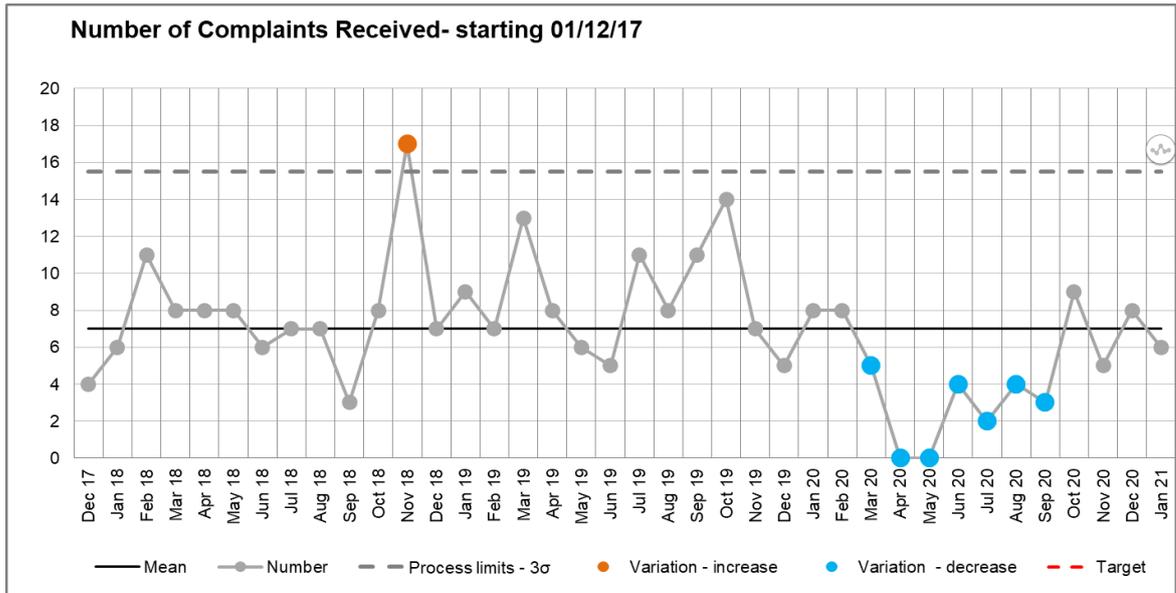
5.4.4 For the communication and information subject there were no themes identified.

## 5.5 Formal Complaints

5.5.1 The Trust received 14 formal complaints in this data period: eight were received in December and six in January. This is within the expected variation, as shown in the graph below.



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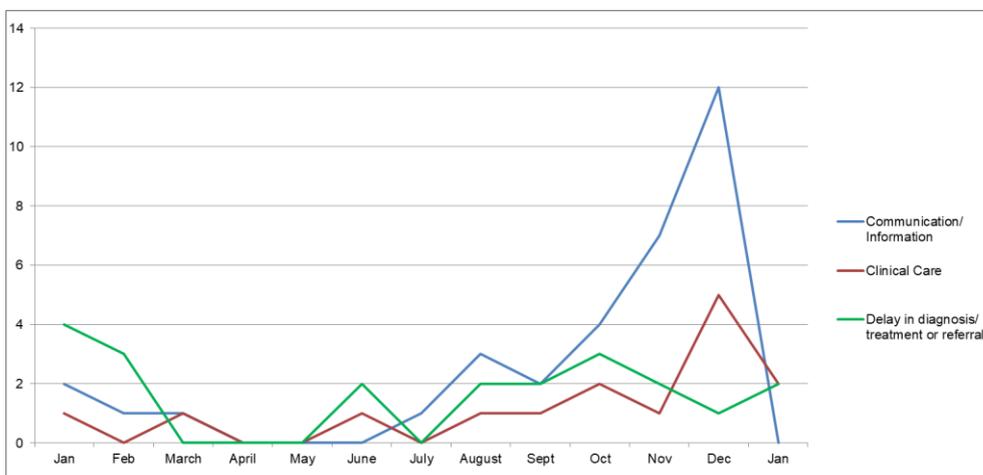
NB: The Lower Process Control Limit is -0.7. It is impossible to have fewer than 0 complaints in a month so this is not shown on the graph above.

5.5.2 Two complaints received in this period related to Covid19. One was about MSK services and was related to the care pathway being impacted by changes in the services provision due to Covid19. The other was about difficulties in contacting the Luton Community Paediatric service and a child being asked to wear a mask. Formal and informal complaints relating to Covid19 are reviewed at the IMT meeting.

## 5.6 Themes and learning from formal complaints closed in December 2020 and January 2021

5.6.1 Within this data period we responded to and closed 18 formal complaints; there were 37 subjects identified. Communication and information was the most frequently occurring theme (18) in ten complaints. There were six themes of clinical care in five complaints and five themes of delays in diagnosis, treatment or referral in five complaints. These themes are mirrored in informal complaints.

5.6.2 The top three formal complaint subjects from January 2020 to January 2021 can be seen in the graph below:





## Provide outstanding care

- 5.6.3 The complaints with concerns about communication and information have been reviewed and nine of the 10 complaints related to Children's Services across CCS. Norfolk Healthy Child Programme (4), Bedfordshire 0-19 (1), Bedfordshire Children's Specialist (1), Cambridgeshire 0-19 (1) and Cambridgeshire Children's Specialist (2).
- 5.6.4 The complaints relating to clinical care and delays have been reviewed and no themes identified.
- 5.6.5 There were four complaints about Norfolk Healthy Child Programme and four Bedfordshire Children's Specialist. All four of the complaints about Norfolk Healthy Child Programme raised concerns about communication and information; the specific details of concern vary. There were no themes in the subjects raised in the complaints relating to Bedfordshire Children's Specialist services.
- 5.6.6 Learning and actions taken from complaints included:
- Cambridgeshire Children Speech & Language Therapy (SLT): Parent felt that they did not have the opportunity to be involved in appointments which took place in school. The Investigation identified that the service had not involved the parent and improvements could be made to the SLT service in relation to support for children with Selective Mutism.
  - The SLT service is engaging with specialists across the country as well as colleagues from other disciplines within the Trust to develop a pathway for children who can talk but do not in specific situations. This has been delayed due to the impact of Covid19.
  - Luton Integrated District Nursing Team: Investigation found that safeguarding concerns were raised by a staff member via email rather than being discussed in person in the first instance with the Service Manager. This meant that advice was not given to discuss the concerns with the patient's daughter. A discussion should have taken place with the patient's daughter regarding provision of care and clarification of the role of the District Nurses. All staff have been reminded to discuss safeguarding referrals with a senior member of staff.

### 5.7 Complaint response times

- 5.7.1 In this data period we responded to six formal complaints (two in December and four in January), service pressures due to Covid19 and the Complaint Manager vacancy have been identified in making responding within target timeframes not always possible. In line with reducing the burden national guidance, it has been agreed to extend the timeframes for complaint responses to 35 days for a period of six months effective from 1 February 2021. However, the team continue to acknowledge complaints (within three working days as per the regulations), log them on Datix, triage them for any immediate issues of patient safety, practitioner performance or safeguarding and take immediate action where necessary.



## Provide outstanding care

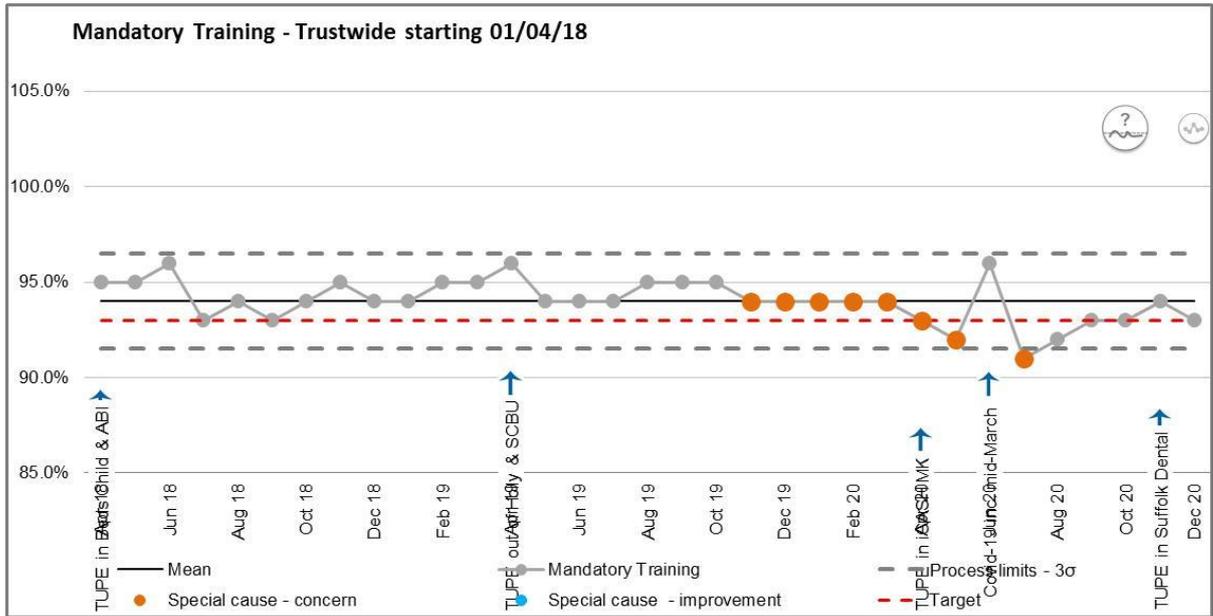
### 6. Access to our services including Referral To Treatment (RTT)

- 6.1 Within the Bedfordshire Community Paediatric Services the average RTT wait is 28 weeks; in addition the average wait for Autism Spectrum Disorder (ASD) assessments from point of referral is 14 – 19 weeks. An ADOS assessment may well be required thereafter. Service capacity has been impacted by Covid19 and non Covid19 related sickness.
- 6.2 A clinical priority booking system is in place to ensure the safe management of referrals and the following has been implemented to improve RTT performance:
- Locum Consultant resource is in place. Recruitment for 2 additional fixed term NHS Consultants is proceeding.
  - A Clinical Nurse Specialist from Luton has been providing support to the service
  - Saturday clinics are being booked in the coming months (dependent on staff availability).
  - Additional administration resource has been recruited
- 6.3 Within Luton Community Paediatric Services the average RTT wait is currently 40 weeks against an 18 week target. There are currently 600 children waiting without an appointment and 310 breached appointments. Long term staff sickness unrelated to Covid19 and long term vacancies is impacting on service capacity.
- 6.4 Staff sickness and unsuccessful recruitment into 2 Consultant posts and 1 Speciality Medical post has had an impact on delivery. To ensure referrals are safely managed, the clinical priority booking system continues to reduce risk and minimise long waits.
- 6.5 To sustain RTT performance:
- Ongoing use of agency locum Consultants will continue until successful recruitment into vacant medical posts. Medical recruitment is being review. Local challenges mirror national picture
  - Staff skill mix is being utilised, Specialist Nurses are facilitating the non-complex management of ADHD medication reviews
  - Daily Nurse on call for parents / carers to access for support and advice for children on the caseload.
  - Joint assessment clinics for autism assessments are now in place with Speech and Language Therapists (SALT).
- 6.6 Within sexual health services there are increasing LARC waiting lists due to the pause of routine LARC in Norfolk, Cambridgeshire and Peterborough to support staff redeployment to Large Scale Vaccination sites. Vulnerable and red flag patients will still be able to access LARC provision through iCaSH in these areas.



# Provide outstanding care

## 7. Mandatory training



- 7.1 The overall compliance rate for December 2020 was 93% and for January 2021 it was 94% which meets the Trust baseline targets despite the ongoing pressures.
- 7.2 The organisation successfully re-introduced face to face training for both resus and moving and handling of patients with no incidents, reducing the number of attendees and using blended learning, with staff completing theory online and then a reduced session time for the practical session.
- 7.3 Where there is a recognised issue for staff who are unable to complete face to face training, we have adapted a different style of delivery using online training if appropriate and offer 1:1 training if the need arises to fully support them.

## 8. Information Governance

- 8.1 NHS Digital’s 2020 / 2021 Data Security & Protection Toolkit (DSPT) is now in the process of being updated with a view of completion ahead of the revised Covid19 deadline of 30 June 2021.
- 8.2 Mandatory Information Governance and Data Security awareness training is currently at 94% which is down from the 95% recorded previously against a target of 95%. Over recent months a proactive approach has been taken with Service Directors to provide them with details of non-compliance requesting they encourage staff to do their training which has resulted in the Trust meeting the target. However the IG Groups have agreed not to approach Service Directors at the time of heightened activity due to the pandemic.
- 8.3 Between December 2020 and January 2021, 32 incidents were reported under the Confidentiality Breach incident category which is slightly down of the previous figure of 36 incidents. The majority of the incidents related to human error or administrative issues: for example, staff placing the wrong letter in an envelope or not double checking details before sending material. The Information Governance Manager assesses all Information Governance incidents and provides advice to staff to prevent errors from re-occurring.



## Provide outstanding care

### 9. Update Quality Improvement Plan – post CQC 2019 rating

- 9.1 Following the 2019 CQC Inspection report which highlighted one ‘must do’ action and a number of ‘should do’ actions a detailed Quality Improvement plan was compiled (Appendix 1). Over the last 18 months these actions have been resolved in the main through a number of strands of work.
- 9.2 All of the ‘should do’s’ have now been completed. The ‘must do’, relates to the Healthy Child Programme and states: the service must continue to monitor and actively recruit to ensure that there is an 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.
- 9.3 Staffing in the 0-19 services remains a challenge. Monitoring safe staffing and meeting the needs of children and families through having the workforce needed is a key focus of services plans and strategy.
- 9.4 In response to the Covid19 pandemic service delivery offers have changed significantly. Since our staffing ‘must do’ action commenced the context for staffing challenges are not a like for like comparator due to the pandemic related service delivery changes required. Staff availability (due to shielding requirements and sickness) has continued to fluctuate resulting in targeted offers in many areas i.e. face to face visits prioritised for vulnerable families and Children with safeguarding needs. For universal families digital options and skill mixed approaches have been maximised. We have worked in partnership with commissioners to target the 0-19 service for the most vulnerable.
- 9.5 Services have also developed their business continuity plans in line with the CQC action plan requirements; which have been reviewed during the Trusts pandemic response.
- 9.6 Bedfordshire and Luton are redesigning the model for 2021 / 2022 to include skill mix with band 5’s, midwives etc. All HCP areas are developing new ways of recruiting and developing staff, including a ‘5 Year Pipeline’ / Assistant Practitioner roles / etc. The Trust wide 0-19 Clinical leads steering group has a continued focus on how caseloads are described and measured, in addition to ensuring consistency with regard; policies and practice; recruitment of students; sharing and dissemination innovative practice.
- 9.7 In order to meet the challenges identified during and post Covid19 an updated CQC plan is being developed between the Quality team and the Service Directors which will take on board all the work undertaken and the anticipated service re-design 2021 / 2022. This will come back to board for discussion in July.
- 9.8 On 9 March 2021, the CQC met with the Medical Director, Chief Nurse, Clinical Lead and Principal Pharmacist to undergo a ‘table top’ assessment of the mass vaccination programme and process. The assessment outcome is formally awaited – however we received positive feedback during the meeting in terms of our systems and protocols.

### 10. Areas of Outstanding Practice

#### 10.1 Luton Adults:

- 10.1.1 **Development of the Community Discharge App** – as part of the BLMK discharge work CCS has been leading on the development of the Community



## Provide outstanding care

discharge App. Working with a developer called Phew we are looking to replicate the system that is currently in the acute trusts to be able to oversee patients in health funded beds across the community.

10.1.1.1 Once the patients are in the system, these are easily visible in one place via a number of different reporting views and can be 'filtered' across each provider and selectable timelines - example shown below (patient names removed). This replaces the current unwieldy and potentially inaccurate method of multiple spreadsheets holding this information.

10.1.1.2 High level detail can then be gathered around Length of Stay and Patient status across the timelines selected which helps to monitor patient flow via a list of definable 'patient status' text / colour schemes.

### **10.1.2 Tackling vaccine hesitancy - People Participation Activity**

10.1.2.1 Since the turn of the year, colleagues at CCS, Public Health, Healthwatch, the CCG and the wider voluntary sector have agreed to work with each other in order to maximise vaccine take up among Luton's communities. To that end the CCS Co-Production Lead hosted an online roundtable discussion with several members of the public in order to map and identify concerns regarding the vaccine itself and share reflections on their Covid19 experience more generally.

10.1.2.2 The aim of discussion was to identify determinants which would sway a person's decision on whether to accept a Covid19 vaccine when offered.

10.1.2.3 The Co-Production Lead continues to have these conversations with the public and share the output with local partners in forums such as the Covid19 Champion meetings and CCS BAME Network Cell.



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### A: Assurance Summary

<b>Safe</b>	<ul style="list-style-type: none"> <li>Staffing pressures are adequately controlled, and kept under constant review as part of regular sitrep reports and bi-weekly incident management team meetings.</li> </ul>	<b>Reasonable</b>
<b>Effective</b>	<ul style="list-style-type: none"> <li>Mandatory training compliance continues to be 94%.</li> <li>Sickness remains constant and within control limits. Monthly sickness levels at 5.20% which is above Trust target of 4%.</li> <li>Stability continues to be above target.</li> <li>Appraisal rates remain below target at 88.29%.</li> <li>The workforce related local equality delivery system objectives have been delivered for 2019/20 and are on track to deliver 2020/21 objectives.</li> </ul>	<b>Reasonable</b>
<b>Well Led</b>	<ul style="list-style-type: none"> <li>Agency spend below annual target.</li> <li>All BAME staff have been offered risks assessments and mitigation is in place as required</li> <li>All staff with high risk factors to COVID-19 are offered staff risk assessments and mitigation is in place as required. These are being regularly reviewed.</li> <li>All staff have been offered Covid-19 vaccination and targeted work in this area has taken place.</li> </ul>	<b>Substantial</b>

1. In addition to the overview and analysis of performance for December 2020 and January 2020, 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.
- Care Quality Commission (CQC) inspection report published in August 2019. CQC rated the Trust as Outstanding overall and Outstanding within the caring and well-led domains. The inspection report highlights a number of areas that support the delivery of this objective.
- Successful delivery of workforce strategy implementation plan. Four out of the five programmes of work all support the delivery of this objective.
- The Freedom to Speak Up index published on 9<sup>th</sup> July 2020 and the Trust has again been identified as the best performing Trust nationally.



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- Workforce review being presented to the Board today.
- 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.
- Professional Education Annual Report received by Quality Improvement and Safety Committee in September 2020.
- Improvement in our Trust-wide mandatory training and appraisal levels since the last reporting period.

### B: Measures for Achieving Objective

Measure	20/21 Target	Data source	Reporting frequency	Current position as at end May 2020
Staff recommend the Trust as a good place to work	Above national average	NHS Annual Staff Survey	Annual	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 July 2020 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	*94% (same as last report)
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	NHS Annual Staff Survey	Annual	Achieved – reduced to 15.3%



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	enough to perform their duties (2019 baseline 18.3%)			
*Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly	*88.29% (decrease of 1.83% 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 years survey
Deliver the locally agreed staff related annual Equality Delivery System objectives	Pass/Fail	Equality Delivery System	Annual	Board Review in Quarter 1 21/22
Monthly sickness absence remains below 4%	4%	ESR	Monthly	5.20% (increase by 1.05% since last report)
Reduce Annual Staff Turnover	1% improvement from 2019/20 outturn (March 2020 – 13.04%)	ESR	Monthly	11.17% (increase of 0.67% since last report)
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 28<sup>th</sup> March 2020 following receipt of reducing burden and releasing capacity letter from Amanda Pritchard, Chief Operating Officer NHS England & NHS Improvement, however, introduced later on in the year.

### Strategic risks

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

### Any operational risks 15 and above

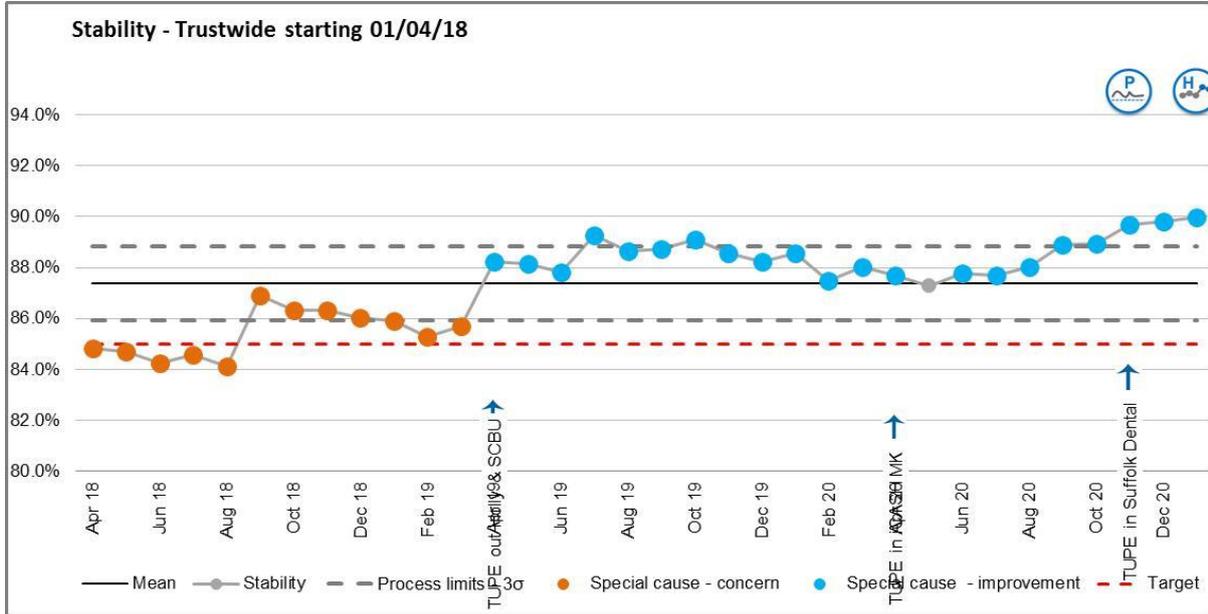
1. **Risk ID 3284** - Workforce: There is a risk that there is insufficient local workforce currently available to safely deliver the mass vaccination programme leading to slower implementation of the vaccine programme and continued risk of adverse health caused by Covid 19. (Risk Rating 16).





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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).

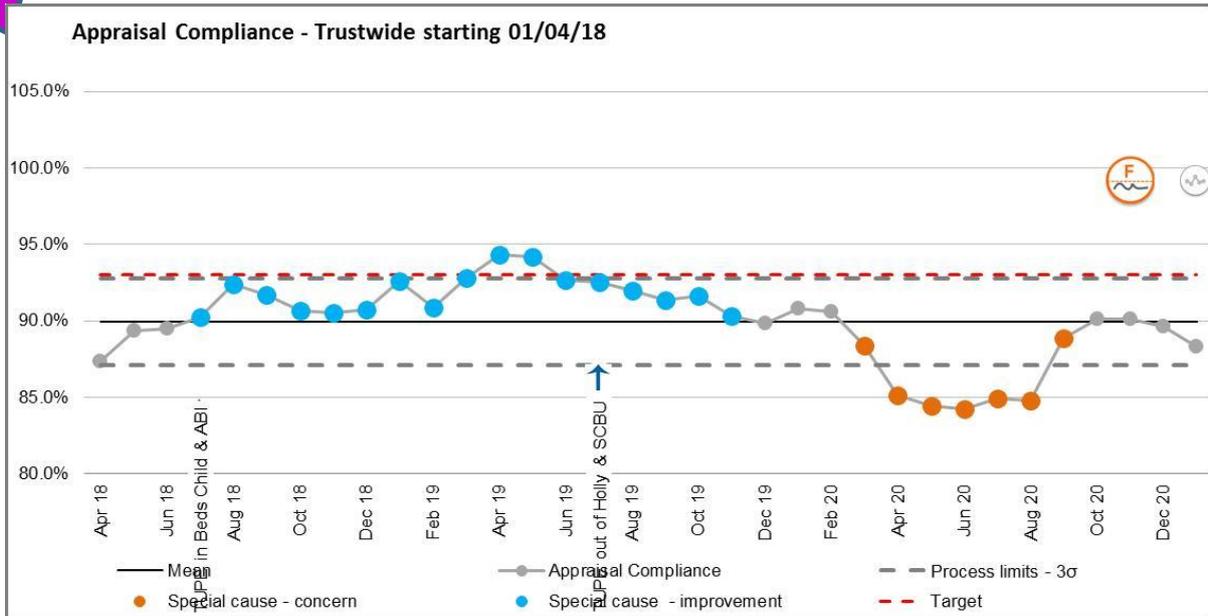


### 3. Appraisals

- 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 are given an appraisal date 12 months from date of commencement.
- 3.2. The Trust wide Appraisal rate has remained stable – December 2020 89.61%, January 2021 88.29%, and remains below the target of 93% for 2020/21.
- 3.3. Cambs & Norfolk Children’s Community Unit has the lowest rate (85.58%) and Ambulatory Care Community Unit the highest (94.47%). 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.



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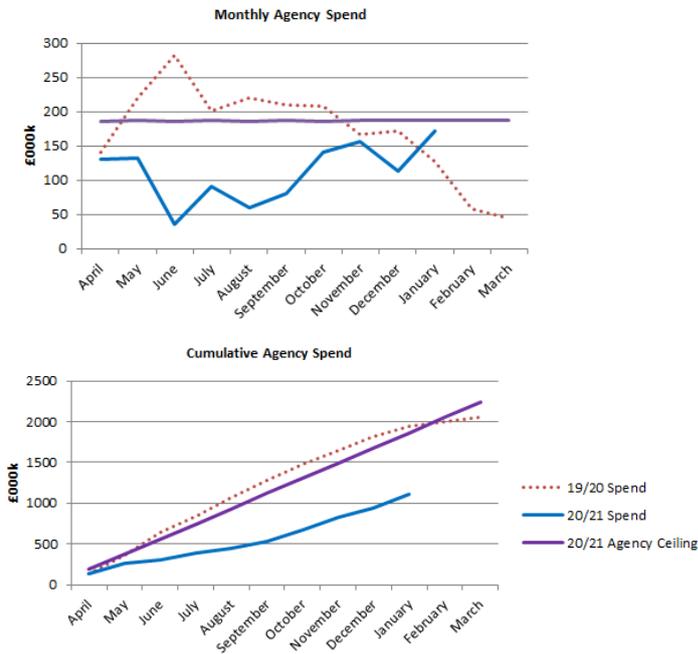
## 4. Staff Engagement/Support during Covid-19

- 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. Workforce challenges and staff morale is discussed at our bi-weekly incident management team meetings each week and mitigations/actions are put in place as needed. System wide offers for more extensive psychological support are available for all staff.
- 4.2. All of the activities previously reported continue. We have extended the divisional monthly and bi-weekly corporate Q&A sessions continue with executive team members and Service Directors through to April 2021. Executive team members also attend team meetings and other conversations across our services as required.
- 4.3. The Trust achieved 58% response rate in the 2020 NHS Annual Staff Survey and the results are being presented to the Board today in a separate report.
- 4.4. A significant focus continues with our staff to make sure they have access to the Covid-19 vaccination and all staff have been offered the opportunity of having their 1<sup>st</sup> vaccine. Our Chief Nurse and Medical Director have been leading conversations with staff in relation to any concerns/questions that they may have in relation to having the vaccine.
- 4.5. Our Long Term Conditions and Disability Network has now been formally established and Heather Bennett our Staff Side Chair has agreed to continue to chair this. Other network roles have also been appointed to.



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## 5. Agency/bank spend

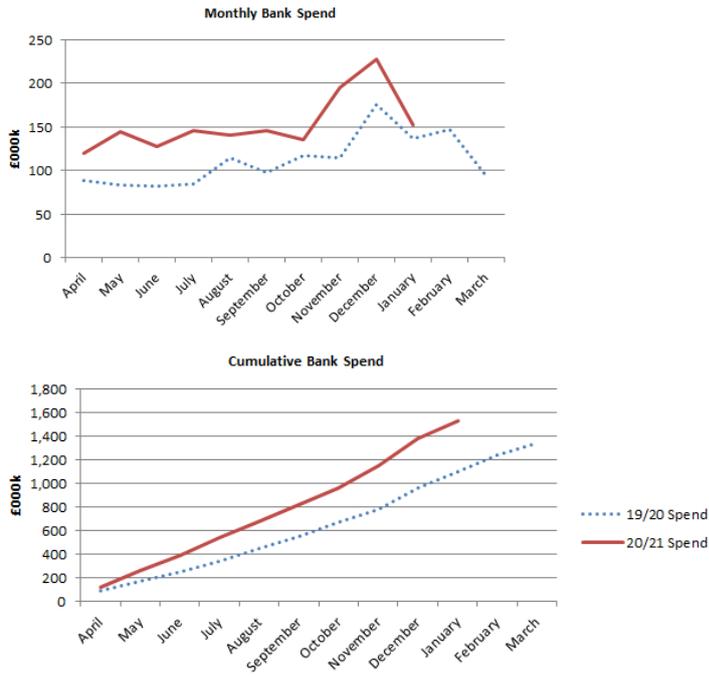


5.1. The Trust's agency spend ceiling for 2020/21 totals £2,240k, which is the same as in 2019/20.

5.2. The Trust's cumulative agency spend to Month 10 is £1,112k against a spend ceiling of £1,865k. Covid 19 service delivery changes have reduced the demand on agency hours, but the delivery of the mass vaccination service is expected to increase agency usage over the coming months.



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- 5.3. To assist the Trust to remain within the agency spend ceiling, the services have the availability of bank staff to fill short term staffing pressures. Cumulative bank spend at month 10 was £1,531k. This has increased from 2019/20 spend at month 10 of £1,093k, which demonstrated a positive increase in usage. Substantive staff who are working additional hours to support the mass vaccination service are being paid through the bank and costs are expected to increase over the coming months.



## Collaborate with others

### A: Assurance Summary

<b>Well Led</b>	<ul style="list-style-type: none"> <li>• Strong collaboration taking place across our systems as evidenced in this report</li> <li>• Research – 95% of all CRN portfolio studies are scoped for viability against Trust services</li> </ul>	<b>Substantial</b>
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1. In addition to the overview and analysis of performance for December 2020 and January 2021, the Board can take assurance of the Trust’s approach to collaborating with others from the following sources:
  - The Trust has in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), East London NHS Foundation Trust (ELFT) and across the provider landscape in Luton.
  - The Trust fully participates in STP/ICS activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes (BLMK) and has a representation on Norfolk’s Children Board and Norfolk Alliance.
  - Chair and Chief Executive participate in Cambridgeshire and Peterborough STP Board and BLMK ICS Partnership Board.
  - Chief Executive is a member of the Cambridgeshire and Peterborough System Leaders group, 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.
  - Chief Executive jointly chairs the Bedfordshire Local Resilience Forum Health and Social Care Cell with Deputy Chief Executive from ELFT and Director of Adult Social Services from Bedford Borough Council. This forum is managing the Bedfordshire and Luton Out of Hospital response to Covid-19.
  - Chief Executive is a member of BLMK Health Cell which is managing the BLMK health response to Covid-19.
  - Chief Executive chairs the BLMK Local People Board and is an active member of the Cambridgeshire and Peterborough Local People Board and the East of England Regional People Board. She is the chair of both the BLMK and Cambridgeshire and Peterborough Leadership and Organisational Development sub-group.
  - Executive Leads attend Local Authority System level Health and Wellbeing Boards
  - Collaboration is at the core of the Trust’s research activities.
  - Director of Governance and Director of Finance and Resources are a member of Cambridgeshire and Peterborough STP gold response to Covid-19.
  - Research Bi-annual Report received at Quality Improvement and Safety Committee which provided substantial assurance



## Collaborate with others

### B: Measures for Achieving Objective

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

### C: Risks to achieving objective

#### Strategic risks

1. **Risk ID 3167** – As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation. (Risk Rating 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 12)
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



## Collaborate with others

*which could result in continued risk to our staff, the delivery of services to patients and those communities awaiting vaccination. (Risk Rating 12)*

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 16)

### 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 our key system collaborations follows:

#### 1. Bedfordshire, Luton and Milton Keynes Partnership Board

##### Meeting held on 13 January 2021 - Key agenda items:

- On-going response to the Covid pandemic.
- Flu vaccination programme update.
- Workforce – the Board received an update on the four programmes of work: workforce modelling and supply; education commissioning; leadership and organisational development; and primary care workforce development.
- Update on the Clinical Commissioning Group merger which included the: draft constitution; the Target Operating Model which describes how the CCG will operate in transition; draft high level clinical commissioning strategy.
- 2021/22 objectives –programmed workshops to determine ICS strategic priorities had been postponed by a month due to the Covid pressures on the system.
- Financial update
- Bedfordshire Care Alliance update

##### Meeting held on 3 February 2021 - Key agenda items:

- On-going response to the Covid pandemic.
- Flu closure report.
- Modernising mental health services in Bedfordshire.
- Health inequalities.
- Population Health Management.



## Collaborate with others

### 2. **Bedfordshire Care Alliance**

#### **Meeting held on 18 February 2021 - Key agenda items:**

- BCA Oversight Group reports.
- Population health management report.
- IT Demonstration - 'What Can Digital Do For Me?!'
- Integrated Discharge Hub Bedford Review/Update.

### 3. **Cambridgeshire and Peterborough Integrated Care System**

- Discussions with the Local Authority and Cambridgeshire and Peterborough NHS Foundation Trust have commenced in relation to establishing a Children and Young People's Collaborative within the architecture of the ICS.
- Discussions are in early stages of defining a collaborative and an initial discussion paper is in production.
- Learning from other systems is being used to inform discussions.
- System has submitted its Integrated Care System application.

### 4. **Joint Children's Partnership Board - CCS/CPFT contractual joint venture**

- There have been no further meetings since that held in October 2020 and which was summarised in a previous Integrated Board Report.
- The next meeting is planned for 20 April 2021.
- Operational delivery of our joint services continue.

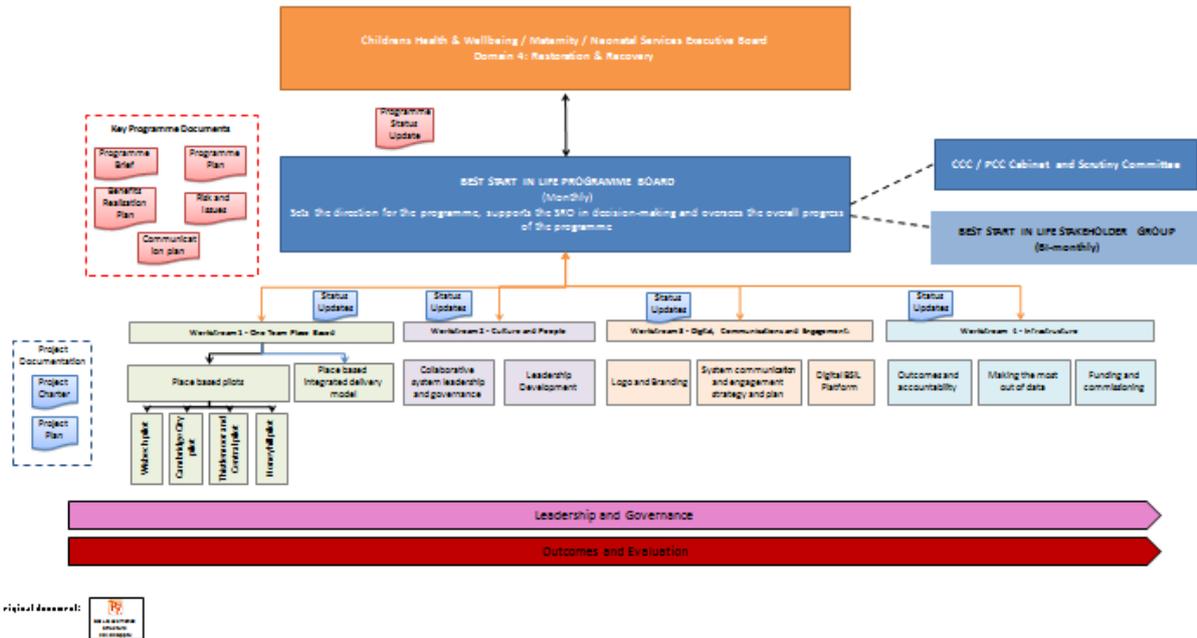
### 5. **Cambridgeshire and Peterborough Best Start in Life Strategy**

- This work continues to be led by John Peberdy our Service Director for Children and Young Peoples Services across Cambridgeshire and Peterborough.
- The Programme governance processes have been redefined and the Programme Board now meets monthly. See 'Best Start' governance structure below.
- The governance structure shows 3 other work streams: culture and people; digital, communication and engagement; and infrastructure. No tangible progress has been made with these.
- Non-core partners have welcomed the suggestion of a 'pledge' that will supplement the MOU and bind providers together more closely; this remains ongoing.
- The place-based work-streams (Cambridge City, Central and Thistle Moor in Peterborough, Honeyhill in Peterborough, Wisbech) have benefited from LA-funded project management support and are making good progress; a detailed update is available if required.



# Collaborate with others

## BEST START IN LIFE GOVERNANCE STRUCTURE



### 6. North and South Alliances – Cambridgeshire and Peterborough

- The Trust continues to be represented at the North and South Alliances; nothing substantive to report.

### 7. Norfolk Children and Young People’s Alliance Board 14 January 2021- Key agenda items:

- Governance review – updated TOR adopted, membership reviewed.
- Alliance Agreement (see below).
- Children and Young People Mental Health Transformation update.
- Wider system service Covid impacts and response.

### 8. Norfolk Alliance Agreement Work-stream

- The proposed final draft of the Alliance Agreement<sup>1</sup> is complete and will shortly be circulated for signature.

<sup>1</sup> Norfolk Alliance Agreement 2021-2029 - The draft Agreement describes how parties will collaborate “to ensure integrated, high quality, affordable and sustainable mental and physical health and care services are delivered in the most appropriate way to ensure the greatest and fastest possible improvement in the health and wellbeing of Children and Young peoples (CYP) in Norfolk and Waveney” and sits alongside commissioning contracts.



## Collaborate with others

### 9. Research Update – December 2020 and January 2021

- 9.1 We continue to work with the Trust services to restart the NIHR Portfolio studies. The studies running within the Trust are either in the 'set-up' stage or have been, or about to restart. We are covering the essential research activities and prioritising supporting the NIHR portfolio studies.
- 9.2 The Urgent Public Health (UPH) 'Virus Watch' study, which ran within the Trust, in the Luton (Treatment Centre) and Bedford (iCaSH), recruited well. This phase of recruitment has now been completed. We are currently planning to be part of the next phase of the study which is anticipated to start in April-May 2021. The Clinical Research Network (CRN) provided additional funding to cover three months' salary to support the B4 Research Assistant on this study. The Research Assistant has successfully gained her competency in venepuncture and is ready to assist in the next stage of the study.
- 9.3 The Clinical Research Network (CRN) East of England Partnership Meeting, held on the 21 January, was very positive as the network continues to maintain high levels of recruitment in the region and they remain in the top third performing Trusts nationally. Funding for next year is suggested to remain stable and may not be linked to recruitment alone. There has been a national directive to extend all NIHR CRN contracts throughout the UK until March 2024. This is good news for the NHS Trusts where the CRN are hosted and the stability of the CRN workforce.
- 9.4 **National Institute for Health Research (NIHR) Portfolio studies:** 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. Studies the Trust is currently involved in are detailed in Table 1. The Research team continues to scope for studies and consider their feasibility for the Trust; Chart 1 shows the number of studies considered as part of this feasibility process.

**Table 1: Clinical Research for NIHR Portfolio Studies (accurate to 01/02/21 via ODP NIHR portal).**

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

NIHR Portfolio studies	Clinical Area	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
ESCAPE Study (Cessation of smoking in patients with mental health)	Trust Wide (staff)	University of Bristol	44	48		Open for recruitment	Supporting future smoking intervention development
Youtube	CYPS Cambridge	University of York	0	2		Study open for recruits and follow up	Building research knowledge in an area of high interest.
Balance Study	CYPS Bedford Orthoptics	Moorfields Eye Hospital	2	2		Study reopened 1 <sup>st</sup> October	Important technology study

NIHR Portfolio studies	Clinical Area	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for financial year	Trend	Highlights	Impacts
NESCI Study	CYPS Norfolk	University of East Anglia	0	1		14 <sup>th</sup> October focus group	Development of intervention for smoking cessation
Babybreathe	CYPS Norfolk	University of East Anglia	0	0		Recruitment delayed	Smoking cessation and education intervention
This Mum Moves	CYPS Cambridge and Peterborough	Sport England/ University of Canterbury	2*	2		Recruitment commenced	Education and exercise intervention post pregnancy
Virus Watch	Luton Adult and Children's	University College London	111	111		Phase 1 Recruitment complete	Urgent Public Health Covid Research
Venus 6	Luton Adults	Manchester University	0	0		Due to commence Early 2021	Venous Ulcer RCT
Psychological impact COVID-19 pandemic and experience	Norfolk	Southern Health NHS Foundation Trust	0	0		In set up	Urgent Public Health Covid Research
<b>Total recruitment within this period:</b>			<b>124</b>	<b>318**</b>	<b>RCF count for recruitment started from October 2020 (*2).</b>		<b>**Total for all NIHR Recruitment.</b>

(\*1) All figures accurate as of 01/02/21 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.

9.5 **NIHR portfolio studies which have been considered for feasibility:** During this period of time the Research team has considered 84 studies for suitability for adoption into the Trust, none fitting with CCS NHS Trust services. However, we were approached by Norfolk and Waveney CCG to consider a survey study on the 'Psychological impact of Covid-19 pandemic and experience: an International Survey'. This study is going to be undertaken by the CCG research nurses, accessing participants in the Vaccination Centre in Norwich (based within the Castle Quarter shopping centre). This survey should commence in February.

9.6 **Non-Portfolio studies - projects and research studies which have been considered for feasibility and/or submitted for HRA Approval:** Non-portfolio studies are studies that do not meet the criteria for adoption by NIHR and are therefore not entitled to Clinical Research Network (CRN) funding or support. However, 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.

9.7 The 'Ferrari' study continues to seek patients within the MSK Physiotherapy service in Cambridge and Ely in collaboration with Cambridge University Hospitals.

9.8 **Student Studies and Non-Student studies – Local Permissions:** During this reporting period there were two students' (CCS NHS Trust staff) studies submitted for

## Collaborate with others

local Trust permissions. There were also two MSc major projects on which clinicians wanted advice regarding feasibility. One project was on the current adherence and exploration of nurses' views on national guidance for managing gastroenteritis in children. The other is a project which is about to start in Norfolk which is looking at outcome measures from interventions within the Resilience and Emotional Health service, pre and post using a remote consulting intervention.

**Table 3: December/January Update of MSc studies considered for permissions and feasibility.**

Study considered	Speciality/ clinical area/location	Study overview	Collaboration with University/ University Trust	Barrier/s or potential barrier/s to undertaking
MSc	CYPS Luton	Diarrhoea & vomiting due to gastroenteritis in the under 5's. Aligned to NICE 2009 standards.	Not specified.	Not yet started. Exploring feasibility.
MSc	CYPS Norfolk	Evaluation of Resilience and Emotional Health Practitioner interventions via a remote consultation platform. Investigating their impact compared to face to face	ARU	Self-funded for MSc and study leave. Timelines for university ethics have delayed start of project.

**9.9 Fellowships, Internships, PhD Programmes and Grants:** The Fellowships and Internships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education East (HEE). In this reporting period there was one member of staff from adult physiotherapy, who is planning to submit a NIHR Fellowship application for the next round and no staff who had commenced a new Fellowship (see Table 4). There is also a member of staff, from iCaSH, who has applied to two PhD programmes at different universities.

**9.10 Grants:** A NIHR Research for Patient Benefit (RfPB) stage 2 application, for a study exploring homebased music therapy with patients who have had strokes (see Table 4) was submitted in November 2020; we are currently awaiting the outcome.

**Table 4: 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	Trend	Collaborations	Impacts/potential impacts
PhD programme	Ambulatory Care I-CaSH	2 applications by one clinician	Both applications submitted, awaiting outcome	UoEdinburgh UCL	Great for clinical staff to apply for these opportunities.
NIHR Research for Patient Benefit (RfPB)	Ambulatory Care Neuro-rehab Bedford	One submission to Stage 2	Awaiting outcome. Stage 2 submitted end of Nov 2020.	Research Fellow from ARU, Research team and Neuro Rehab team	Potential to have a music therapy grant running in Neuro-rehab, Bedford
NIHR/HEE Applied Research Collaboration (ARC) Fellowships	CYPS Norwich & Luton	Two	Fellowship commenced January 2020 for 12/12. Both extended to December 2021.	Applied Research Collaboration (ARC)	Working with children in geographical areas of high health needs.
NIHR/HEE Internship	CYPS Cambs (OT)	One	Commenced Jan 2020, due to finish June 2020. Now extended to December 2020 due to Covid-19.	Health Education East (HEE)	Exploring parental distance learning video teaching sessions on life skills for children with dyspraxia.
HEE/NIHR ICA Pre-doctoral Clinical Academic Fellow	CYPS Cambs (SALT)	One	Commenced Sept 2019. 2.5 years duration. Progress has continued throughout lockdown.	University of London	Includes MRes in Applied research in human communication disorders.

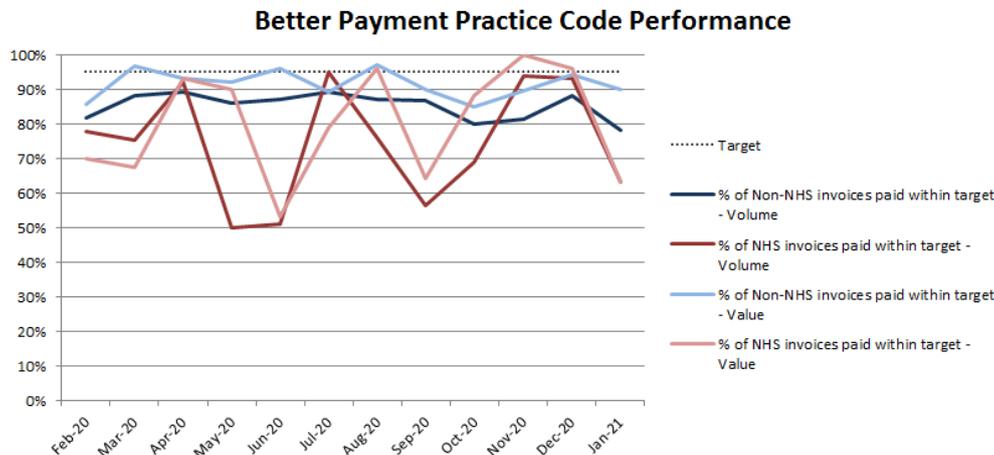
## Collaborate with others

- **National High Level Objectives (HLO)** as determined by the Department of Health & Social Care (DHSC) and monitored by the CRN Eastern. These objectives have been refreshed and re-activated as part of the NIHR Restart Programme.
- **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 are going to be delayed until March/April of 2021.

### 9.11 Published papers & posters within this period:

- There was one paper and one poster published during this period. The paper was an invited one for the journal of 'Developmental Medicine and Child Neurology' entitled 'Virtual Reality for neurorehabilitation: hopes and challenges for therapists' by a paediatric physiotherapist (Chandrasekar Rathinam).
- The poster was a collaboration between the Department of Paediatric Neurology at Cambridge University Hospitals NHS Foundation Trust, a member of staff from CCS NHS Trust (Paediatric Physiotherapist Lead, Jacqui Taylor). The poster was presented at the British Paediatric Neurology Association Conference (highly commended) and entitled 'Clinical and genetic spectrum of Charcot-Marie-Tooth Disease in The East of England over a 10-year period'.

## 10. Public sector prompt payments



10.1 The average in month prompt payment results across the four categories was 93% in month 9 and 74% in month 10.

10.2 With regards to NHS invoices, performance remained high in Month 9 with 93% and 96% for Volume and Value respectively, but fell in Month 10 following resolution of queries following the agreement of balances exercise. The Trust is worked hard to consistently improve the NHS performance.

10.3 With regards to Non-NHS invoices, achievement in both categories has been relatively consistent in the last 12 months – with an average of 88% achievement over this period.

## Collaborate with others

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

## A: Assurance Summary

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

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

## B: Measures for Achieving Objective

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



# Be a Sustainable Organisation

## 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)

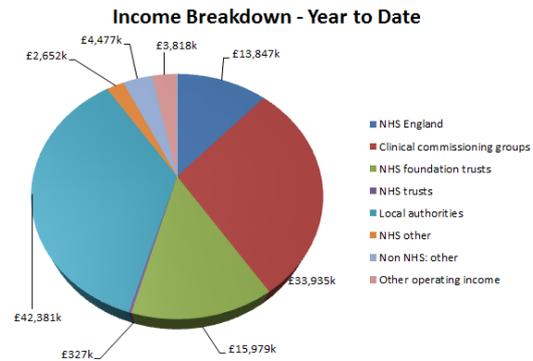
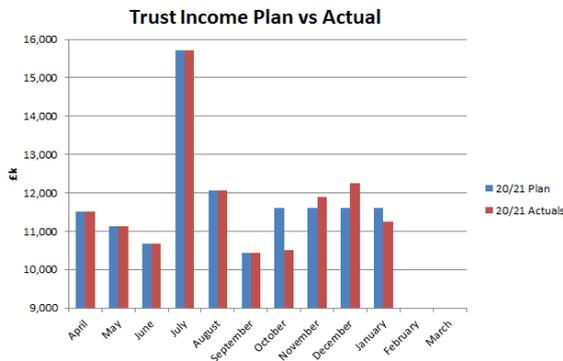
Any operational risks 15 and above

## D: Overview and analysis

### Finance scorecard

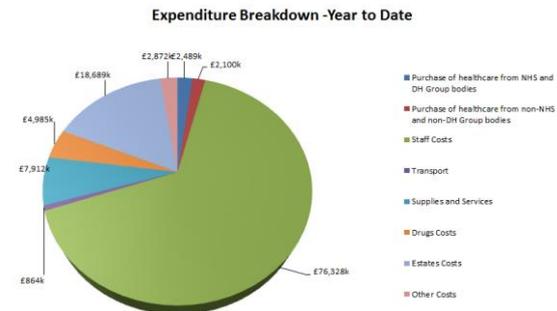
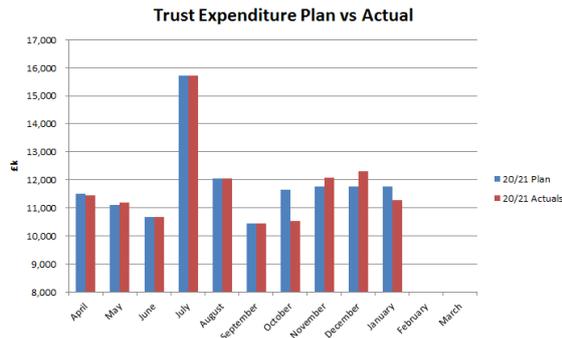
Finance Dashboard	Section in Report	Plan M10	Actual M10	Variance M10
Operating income	1	£117,908k	£117,416k	(£492k)
Employee expenses	1	(£74,596k)	(£76,238k)	(£1,642k)
Operating expenses excluding employee expenses	1	(£42,369k)	(£40,001k)	£2,368k
Trust Surplus/(Deficit)	1	(£565k)	(£330k)	£235k
Closing Cash Balance	2	£14,136k	£12,206k	(£1,930k)
Capital Programme	4	£3,840k	£3,879k	(£39k)
Agency Spend	SO2 - 4	£1,022k	£1,112k	(£90k)
Bank Spend	SO2 - 4	£1,018k	£1,531k	£513k

### 1. Income and expenditure





# Be a Sustainable Organisation



1.1. Due to Covid pandemic, interim block funding arrangements are in operation for 2020/21, based on an uplift of 2.8% on 2019/20 contract values. This arrangement is expected to continue for the financial year, with monthly financial monitoring of cash flows. The Trust submitted a revised plan with a forecast deficit of £913k. The change in position is due to the income received through the block funding arrangement being lower than the contract value for some of the Trust services.

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

Division Level	Nov-20					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	686	(12,891)	(5,659)	(17,864)	(19,573)	1,709
Bedfordshire Community Unit	817	(8,785)	(1,533)	(9,501)	(9,332)	(169)
Childrens & Younger Peoples Services	1,526	(19,573)	(1,714)	(19,761)	(20,462)	701
Luton Community Unit	1,278	(12,677)	(2,203)	(13,602)	(14,166)	564
Other Services	89,611	(6,485)	(22,615)	60,511	63,316	(2,805)
<b>CCS Total @ 31st November 2020</b>	<b>93,918</b>	<b>(60,411)</b>	<b>(33,724)</b>	<b>(217)</b>	<b>(217)</b>	<b>-</b>

1.2.1. Ambulatory Care Services delivered an underspend of £175k in month 9 and an underspend of £204k in month 10. The main reason for the cumulative underspend, which is mainly in non-pay expenditure, is due to the reduction in service activity resulting from Covid 19, particularly in pathology costs in the iCaSH services.

1.2.2. Bedfordshire Community Unit delivered a £199k overspend in month 9 and a £105k overspend in month 10. The main reason for the overspend is due to pay locum spend in Community Paediatrics, a business case is being prepared for additional funding, and in the Speech & Language therapy service.

1.2.3. Children's & Younger Peoples Services delivered an underspend of £74k in month 9 and a £56k underspend in month 10. The main reason for the underspend is a fall in non-pay expenditure, particularly reduced travel costs as a result of Covid 19.

1.2.4. Luton Community Unit (including Luton Children's Services) delivered an overspend of £10k in month 9 and a £2k overspend in month 10. The cumulative underspend position is due to pay establishment savings in both Adult and Children's services.



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## 2. Cash position



2.1 The cash balance of £12.2m at month 10 represents an overall decrease of £2.7m on the previously reported position at month 8 and is due to an improved payables position hence a resulting reduction in the cash balance.



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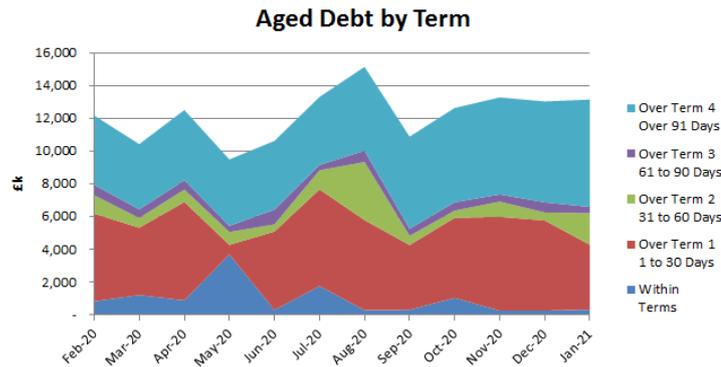
## 3. Statement of Financial Position

	January 2021 £'000	November 2020 £'000
<b>Non-Current Assets</b>		
Property, plant and equipment	55,811	55,086
Intangible assets	251	262
<b>Total non-current assets</b>	<b>56,062</b>	<b>55,348</b>
<b>Current assets</b>		
Inventories	41	41
Trade and other receivables	17,907	17,996
Cash and cash equivalents	12,210	14,884
<b>Total current assets</b>	<b>30,158</b>	<b>32,921</b>
<b>Total assets</b>	<b>86,220</b>	<b>88,269</b>
<b>Current liabilities</b>		
Trade and other payables	(19,774)	(21,707)
Provisions	(622)	(622)
<b>Total current liabilities</b>	<b>(20,396)</b>	<b>(22,329)</b>
<b>Net current assets</b>	<b>9,762</b>	<b>10,592</b>
<b>Total assets less current liabilities</b>	<b>65,824</b>	<b>65,940</b>
<b>Non-current liabilities</b>		
Trade and other payables	(1,045)	(1,045)
Provisions	(1,264)	(1,264)
<b>Total non-current liabilities</b>	<b>(2,309)</b>	<b>(2,309)</b>
<b>Total assets employed</b>	<b>63,515</b>	<b>63,631</b>
<b>Financed by taxpayers' equity:</b>		
Public dividend capital	2,245	2,245
Retained earnings	43,624	43,740
Revaluation Reserve	19,299	19,299
Merger Reserve	(1,653)	(1,653)
<b>Total Taxpayers' Equity</b>	<b>63,515</b>	<b>63,631</b>

3.1 Trade and other receivables have decreased over the reporting period by £0.1m and trade and other payables have decreased over the reporting period by £1.9m.



# Be a Sustainable Organisation



3.2 Total trade receivables decreased by £0.3m in December to £13.0m and then increased by £0.1m in January to £13.1m. The breakdown in January is £2.0m (15%) from NHS organisations; £10.8m (83%) from Local Authorities; and £0.3m (2%) from other parties.

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

Luton Borough Council	£3.3m
Norfolk County Council	£2.5m
Cambridgeshire County Council	£1.6m

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 10) Luton Borough Council and Norfolk County Council have subsequently paid £3.1m, and £2.5m respectively to reduce their outstanding balance.

## 4. Capital spend

4.1 Capital spend to date is £3.9m against a plan of £3.8m. The main areas of spend are IT equipment (£1.9m) and North Cambs Hospital building works (£0.8m)

## 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**

Plan Title: Quality Improvement Plan 2019	
Plan Owner : Kate Howard	Version No. 12 Date: 3/3/2021
Progress Update Date: 1/3/2021	

<b>RAG Definition</b>
<b>Red</b> - Project shows significant slippage, cost over-run or serious issues.
<b>Amber</b> - Project moving toward significant, but recoverable, cost
<b>Green</b> - Project on track, with no significant cost overrun, slippage
<b>Dark Green</b> - Completed

Plan Milestones & Tasks							
Key Milestones / Tasks							
	Milestone / Task Title	Owner	Start Date	Finish Date	Agreed Revised Finish Date	RAG	Assurance for the Board
MD1	<p><i>Healthy Child Programme: the service must continue to monitor and actively recruit to ensure that there is an 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.</i></p> <p>A) Adequate staff in post to deliver the 0-19 HCP- Business Continuity/Recovery plans closed.            B) Caseload tools; capacity and demand models and Benson have been reviewed and implemented to support service delivery and planning            C) Progress on staffing levels are reported and monitored operationally and via COB.</p>	J Peberdy S Harwin	01/10/2019	01/10/2020	Review of action outcomes to be undertaken in July 2021		In response to the Covid19 pandemic service delivery offers have changed significantly. Since our staffing 'must do' action commenced the context for staffing challenges are not a like for like comparator due to the pandemic related service delivery changes required. Staff availability (due to shielding requirements and sickness) has continued to fluctuate resulting in targeted offers in many areas i.e. face to face visits prioritised for vulnerable families and Children with safeguarding needs. For universal families digital options and skill mixed approaches have been maximised. We have worked in partnership with commissioners to target the 0-19 service for the most vulnerable. Bedfordshire and Luton are redesigning the model for 21/22 to include skill mix with band 5's, midwives etc. All HCP areas are developing new ways of recruiting and developing staff, including a '5 Year Pipeline'/ Assistant Practitioner roles/etc. The Trust wide 0-19 Clinical leads steering group has a continued focus on how caseloads are described and measured, in addition to ensuring consistency with regard; policies and practice; recruitment of students; sharing and dissemination innovative practice.
SD1	<p><i>Child to Adult transitions: the service should ensure that transition arrangements are in line with national guidance.</i></p> <p>A) Current policy and processes to support child to adult service transitions reviewed and implemented with additional training and staff resources as required.</p>	H Dean K Lynn Jo MCDONNELL 0-19 Leads	01/10/2019	31/03/2020	31/6/2020		Guidance document developed with Clinical Leads. Document communicated with suggested local training. Next steps (additional to CQC requirements) Work with system partners on-going Add template to SystemOne
SD2	<p><i>Pain assessment tools: the service should review the range of pain assessment tools that are utilised by staff in the C&amp;YP service.</i></p> <p>A) Pain assessment tools used in applicable services (Adults, Dental, Children's) and current tools are in place. B) Additional training and updates completed to ensure consistent knowledge in these areas.</p>	H Dean K Lynn J McDonnell Hazel Dean	01/10/2019	01/09/2020			Pain assessment templates revised and added to systemOne, with staff advised of update. Next steps (additional to CQC requirement) training and service level audits to be completed
SD3	<p><i>Harm Review Process: the service should develop a formal harm review process for patients who have experienced delays.</i></p> <p>A) Harm review process written and implemented.</p>	David Vickers	01/10/2019	01/03/2020			Guidance process written and implemented.
SD4	<p><i>Infection Control: the service should ensure that systems for infection prevention and control, including Sepsis training, are being implemented effectively in all areas.</i></p> <p>A) Infection control policy updated and related audit to test implementation completed.            B) Sepsis knowledge and skills added to Deteriorating Patient Policy and training delivered as required.</p>	C Sharp L Webb	01/10/2019	031/03/2020			Actions completed prior to the covid19 pandemic. On-going regular communication, Q&A and advice provided to all staff as part of the pandemic response.
SD5	<p><i>Mandatory training compliance: the service should ensure that mandatory training compliance continues to improve in line with Trust targets.</i></p> <p>A) Process for monitoring and follow up of mandatory training in specific staff groups (Doctors) has been completed.            B) Sufficient training places are available for face to face mandatory training.</p>	D Vickers A Pisani	01/10/2019	31/03/2020		DG	Medical staff reminded of the mandatory training requirements. Monitoring process set up by David Vickers Next step (additional to CQC requirements) to audit the process
SD6	<p><i>Incident reporting: the service should ensure that incidents are investigated in a timely way, in line with the Trust's policy.</i></p> <p>A) Governance log revised so that Service Directors have sufficient information to monitor incidents and take action to ensure 16 day standard is met.</p>	L Webb	01/10/2019	01/04/2020		DG	Governance log reviewed and now provided and used monthly by Service Directors. Next steps (additional to CQC requirement) timely closure of incident related actions ongoing
SD7	<p><i>Learning from audit: to ensure that actions are implemented when areas of concern are identified.</i></p> <p>A) Monitoring of audit actions is done via Datix.            B) All Service Quality Governance Meetings discuss audit actions.</p>	L Webb L Palmer	01/10/2019	29/02/2020			All audit actions recorded in DATIX to unpin timely action completion.
SD8	<p><i>Patient Outcome Monitoring: the service should continue work to improve patient outcome monitoring in the C&amp;YP service</i></p> <p>A) Work of the POM Working Group is shared with W/E and Board. Oversight of this work is part of Trust Governance Structure.            B) Medium to long term plans in place for using and reporting of POMS in all services.</p>	L Webb L Palmer	01/10/2019	30/04/2020			Pre-covid19 the POM Network and group was well established with POM tools identified to underpin care. Next steps will continue as services recover post pandemic.
SD9	<p><i>End of Life Care: the Service should have a local clinical audit programme in place to measure the effectiveness of the service provided and medical support from a consultant in palliative care.</i></p> <p>A) Relevant audit programme designed and completed.            B) Recruitment of palliative care consultant complete.</p>	C Morris D Vickers	01/10/2019				Audit programme complete. Interim plans are in place to support Luton Adults with a Consultant in Palliative Care. Recruitment and further audits delayed due to pandemic.
SD10	<p><i>Oxygen cylinders: The services should ensure that medicines such as oxygen cylinders are checked to ensure they are not used past their expiry date.</i></p> <p>A) Clear guidance and training on safe storage and management of oxygen is disseminated to staff.            B) Process for regular audit in place to ensure compliance.</p>	Liz Webb	01/10/2019	01/02/2019			Guidance/ updates were circulated at the time, oxygen use is reviewed as part of pharmacy audits. Next steps (additional to CQC requirement) are an audit of use, staff knowledge and the development of an on-line training module.

# CCS NHS Trust Quality Performance Dashboard

			Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		
			CCS Overall	Sparkline												
<b>SAFETY</b>																
<b>Patient safety</b>																
Classic safety thermometer	% Harm free care	H Ruddy	95.88%	87.50%												
	% New harm free care		100%	98.21%												
<b>Incidents</b>																
Total number of new Datix incidents reported in month	New patient safety incidents including SIs, Never Events and medication incidents	L Ward	156	112	96	106	108	150	107	124	162	116	144	119		
	Severe harm		1	0	0	0	0	1	0	0	1	0	0	0	0	
	Moderate harm		4	7	3	14	7	28	8	8	9	4	12	7		
	Low harm		27	20	20	23	20	14	16	27	41	28	40	32		
	No harm		124	85	73	69	81	107	83	89	111	84	92	80		
Serious incidents	New SIs declared requiring investigation		0	0	0	0	0	1	0	0	1	1	0	3		
Never Events	Number of never events reported in month		0	0	0	0	0	0	0	0	1	0	0	0		
Medicines Management	Number of medication incidents reported (CCS)	A Darvill	18	16	17	10	14	14	8	13	20	9	16	16		
	% CCS medication incidents no harm		94%	81%	94%	100%	93%	100%	88%	100%	95%	89%	94%	100%		
<b>Infection Prevention &amp; Control</b>																
High Impact Interventions	Children's Community Nursing Teams only	C Sharp	100%	100%												
Essential Steps	Compliance with spread of infection indicator		100%	100%												
Clinical Interventions Audit	Compliance with spread of infection indicator				N/A	N/A	N/A	98.44%	N/A							
UV light compliance	All clinical teams - data pending			N/A												
<b>EFFECTIVENESS</b>																
<b>Mandatory training</b>																
Overall mandatory training	In line with Trust Training Needs Analysis	J Michael	94%	94%	93%	92%	92%	91%	92%	93%	93%	94%	93%	94%		
Safeguarding training (Children)	Level 1: % staff trained		97%	97%	97%	97%	96%	95%	96%	97%	97%	97%	97%	96%	96%	
	Level 2: % staff trained		97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	98%	97%	98%	
	Level 3: % staff trained		88%	87%	83%	77%	80%	83%	84%	84%	85%	86%	87%	86%	86%	
	Level 4: % staff trained		100%	100%	100%	100%	70%	70%	78%	89%	78%	67%	78%	75%	75%	
Safeguarding training (adults)	SOVA		95%	95%	95%	95%	94%	93%	93%	94%	94%	94%	93%	94%	94%	
	Mental Capacity Act		91%	91%	90%	90%	88%	88%	86%	87%	87%	90%	89%	92%	92%	
	Deprivation of Liberty		96%	96%	93%	95%	93%	91%	91%	92%	93%	94%	94%	94%	94%	
Prevent Basic Awareness	% of staff undertaking Prevent training		94%	94%	94%	93%	94%	94%	95%	96%	97%	97%	95%	96%		
WRAP3	% of staff undertaking WRAP training		92%	93%	91%	88%	88%	87%	89%	89%	89%	90%	91%	93%		
Manual handling	% of staff undertaking manual handling (patients)		91%	89%	90%	89%	84%	84%	89%	88%	88%	77%	76%	76%	76%	
Fire safety	% of staff undertaking fire safety training		92%	90%	91%	90%	91%	90%	92%	93%	92%	94%	93%	93%	93%	
CPR/Resus	% of staff undertaking CPR/Resus training		89%	92%	91%	88%	89%	87%	90%	90%	91%	92%	92%	93%	93%	
IPaC training	% of staff undertaking IPaC training		96%	96%	96%	96%	96%	95%	96%	96%	97%	97%	97%	97%	97%	
Information governance	% of staff undertaking IG training		94%	93%	93%	93%	93%	92%	93%	94%	95%	95%	93%	94%	94%	
<b>Safeguarding</b>																
Safeguarding supervisors (Children)	% eligible staff	D Andrews D Shulver	79.35%	76.16%	N/A	N/A	N/A	N/A	57.22%	72.22%	87.41%	88.36%	85.51%	85.00%		
<b>Workforce/HR</b>																
Sickness	Monthly sickness absence rate	R Moody	5.36%	5.78%	4.26%	3.31%	3.29%	3.26%	3.26%	4.02%	5.14%	4.25%	4.79%	5.20%		
	Short-term sickness absence rate		2.89%	3.12%	1.61%	1.00%	1.35%	1.49%	1.51%	2.17%	2.25%	2.41%	2.06%	2.45%		
	Long-term sickness absence rate		2.47%	2.66%	2.65%	2.30%	1.94%	1.77%	1.75%	1.85%	2.89%	1.85%	2.72%	2.74%		
	Rolling cumulative sickness absence rate		4.50%	4.96%	3.09%	4.82%	4.70%	4.55%	4.44%	4.41%	4.42%	4.37%	4.34%	4.32%		
Turnover	Rolling year turnover		13.76%	13.04%	12.98%	12.32%	12.81%	13.21%	11.38%	10.60%	11.39%	11.17%	10.18%	11.84%		
Bank staff spend	Bank staff spend as % of pay (financial YTD)		1.58%	N/A	1.60%	1.84%	1.81%	1.82%	1.83%	1.90%	1.98%	2.07%	1.53%			
Agency staff spend	Agency staff spend as % of pay (financial YTD)		2.63%	N/A	1.63%	1.55%	1.11%	1.11%	1.02%	0.99%	1.12%	1.43%	1.43%	1.48%		
Stability	% of employees over one year which remains constant		87.47%	88.02%	87.70%	87.29%	87.78%	87.71%	88.01%	88.90%	88.92%	89.68%	89.81%	89.99%		
Appraisals	% of staff with appraisals		90.63%	88.36%	85.12%	84.47%	84.26%	84.96%	84.76%	88.86%	90.09%	90.12%	89.61%	88.29%		
Staff Friends & Family test	Recommending CCS as place for treatment - Quarterly reporting	P Davies/ L Thomas		93.55%			N/A			93.00%						
	Recommending CCS as place to work - Quarterly reporting			83.88%			N/A				80.00%					
<b>EXPERIENCE</b>																
<b>Patient experience (monthly targets)</b>																
Complaints	No. of formal complaints received in month	D McNeill	11	5	0	0	4	3	4	3	9	5	8	6		
	No. of responses sent on time by total number of responses sent					3/3	0/1	1	2/3	1/1	2/2	2/3	2/2	0/2	0/4	
	Percentage responded to within target timeframe					100%	0.00%	100%	66.67%	100%	100%	66.70%	100%	0.00%	0.00%	
Informal complaints	No. of informal complaints received in month		33	17	9	10	17	20	15	29	24	23	18	21		
Complaints upgraded	No. of complaints upgraded (informal to formal)				0	0	0	1	0	0	2	2	2	1		
Complaints downgraded	No. of complaints downgraded (formal to informal)				0	0	0	2	1	2	2	1	1	2		
Friends & Family test score	Patients who would recommend our services		95.85%	95.73%	97.39%	97.20%	95.54%	94.46%	95.07%	93.60%	95.22%	96.96%	96.68%	96.99%		
Patient Feedback	No. of responses to FFT				230	465	560	849	934	1328	1506	1811	1536	2096		
	Total number of patients surveyed				298	515	630	973	983	1510	1663	1944	1618	2159		
	No. of positive comments recorded on IQVIA				320	600	713	1125	1207	1616	1965	2464	1765	2668		
<b>QEWT (Quality Early Warning Trigger Tool)</b>																
QEWT	Number of responses received by scoring threshold	25+	0	N/A												
		16-24	7	N/A												
		10-15	19	N/A												
	Number of two consecutive non-responses	0	63	N/A												
		1	0	N/A												
		2	4	N/A												
Total number of responses received	0	89	N/A													
	1	93	N/A													
Total number of Teams	0															
	1															

\*Note: all sickness figures include C19 sicknesses

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

<b>Risk ID:</b> 3165	<b>Risk owner:</b> Pisani, Anita	<b>Risk handler:</b> Pisani, Anita	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 09/03/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/03/2021		<b>Initial:</b>		<b>12</b>
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board		<b>Current:</b>	Unlikely - 2	Major - 4
<b>Risk Title:</b> Complexity of System Working			<b>Target:</b>	Unlikely - 2	Major - 4
<b>Principle Trust Objective:</b> Collaborate with others, Provide outstanding care		<b>Source of Risk:</b> Meetings	<b>Risk level Current:</b> High		<b>Last Review Date:</b> 23/02/2021
<b>Risk description:</b> There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.			<b>Significant Hazards:</b> Complexity of system working Maturity of working relationships Ability for all system partners to collaborate Competition Insufficient capacity and capability to work effectively across and within different systems		
<b>Progress update:</b> [Pisani, Anita 23/02/21 12:22:49] No change to scoring. System collaborations and system working continues across our footprint and Trust leads embedded into these discussions where needed at both an Executive and Non-Executive level.			<b>Controls in place:</b> Joint Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) - chaired by Non-Executive Directors Board to Board with CPFT as required Integrated Leadership Structure for 0-19 services across Cambridgeshire and Peterborough Joint Transformation Board with Commissioners - Cambridgeshire and Peterborough Children Services Joint Partnership Board with East London Foundation NHS Trust - Executive led Variety of joint work streams in place with East London Foundation NHS Trust on delivery of Bedfordshire Community Health Services Joint Away Days taking place within Bedfordshire Community Health Services Bedfordshire Care Alliance Luton Provider Alliance - co-chaired by CCS and Luton and Dunstable Chief Executives Programme Director in place for delivery of Enhanced Models of Care across Luton system Luton Transformation Board CEO and Chair member of Cambridgeshire and Peterborough STP Board CEO and Chair attend BLMK wide Executive meetings Monthly internal meeting of virtual internal systems development team Additional capacity created from April 2020 to focus on systems working/development activities Service Director for Cambridgeshire and Peterborough Services SRO for Best Start in Life Programme of work		

<b>Risk ID:</b> 3260	<b>Risk owner:</b> Howard, Kate	<b>Risk handler:</b> Howard, Kate	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 14/10/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 30/06/2021		<b>Initial:</b>		<b>16</b>
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board		<b>Current:</b>	Possible - 3	Major - 4
<b>Risk Title:</b> Impact of covid19 on community service care delivery			<b>Target:</b>	Unlikely - 2	Major - 4
<b>Principle Trust Objective:</b> Provide outstanding care		<b>Source of Risk:</b> Risk assessment	<b>Risk level Current:</b> High		<b>Last Review Date:</b> 11/02/2021
<b>Risk description:</b> 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.	<b>Significant Hazards:</b> The significant hazards are: <ul style="list-style-type: none"> <li>- Staff morale and fatigue due to the on-going impact of covid19 on life (work and home life).</li> <li>- Impact of changes in practice required to meet new service delivery models ie technology based assessments and home based working</li> <li>- Reduced contacts with families/children/ adults at risk or identified as vulnerable</li> <li>- Staffing reductions due to current requirements for self isolation/ shielding</li> <li>- Service users already delayed in receiving healthcare condition deteriorating and requiring more complex treatment or care</li> <li>- Increased anger from service users unable to access services directed at staff.</li> </ul> <b>Controls in place:</b> Children & Young people: 3180 - detailed records of telephone calls, face to face visits for those families identified as vulnerable, video based assessments, SOP in place for particular vulnerable groups, appropriate PPE available for visits if required 3184 - telephone assessment, Child protection medicals continuing as essential service, each child's needs assessed on individual basis, appropriate PPE available 3181 - Single Point of Access established and clinical pathways established across all geographies, web site updated with universal offer, social media campaigns, staff not required to support essential services are maintaining small amount of non essential activity, workstreams in place to ensure children on EHCP and with complex needs receive the services they require through alternative methods, where considered appropriate and safe the practitioners will visit following risk assessment if required 3183- The needs of children requiring EHCP input/complex needs are being stratified, plans in place to keep in touch with families to satisfy requirements to deliver 'reasonable endeavour', Single Points of Access established with clinical pathways across all geographies 3182 - safeguarding SOPs developed re face to face/ technology based contacts, routine safeguarding caseload supervision suspended and replaced by increased ad hoc sessions and supervision 'surgeries', continued involvement with each LSCB/LSAB where papers sent for virtual consideration, business continuity plan in place across the trust for safeguarding function, Heads of safeguarding involved in regular system based safeguarding discussions, continued work on SCRs and SI reports MSK - risk 3178 -all referrals triaged by clinical lead or deputy;hot line with acutes for immediate advice and collaborative clinical decision making Dental risks 3177 & 3191 PPE;levels 1 & 2 triage, following NHSE SOP,remote prescribing antibiotics Neuro rehab risks 3177 & 3191 escalation process agreed and liaison with LA colleagues re future care after 48 hrs Luton Adult services 3096 - all service areas have developed RAG rating criteria for prioritisation during Covid pandemic with risk stratification to determine cohort, process being developed for delaying/suspending green rated non essential visits and identified process for how this will be monitored and risks mitigated, caseload monitoring by staff working remotely, discussions with patients, carers and families re what to look out for and how to access support if required. Staff - swabbing to facilitate earlier return to work for identified staff Further controls under review re wound care and caseload prioritisation measures All underpinning service risks have been reviewed as part of this process including those identified as a result of the QIAs. Each of these has mitigating actions and controls identified and are reviewed at the Incident Management Team weekly. Lateral flowing testing now in place to support service delivery.				
<b>Progress update:</b> [Howard, Kate 11/02/21 13:33:42] Title updated to reflect current position - risk reviewed, remains the same.					

### Appendix 3 – Strategic Risks and Operational Risks 15 and above

<b>Risk ID:</b> 3300	<b>Risk owner:</b> Pisani, Anita	<b>Risk handler:</b> Howard, Kate	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 15/12/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 30/06/2021		<b>Initial:</b>		<b>12</b>
<b>Clinical Group:</b> Not applicable	<b>Risk committee:</b> Board		<b>Current:</b>	Possible - 3	Major - 4 <b>12</b>
<b>Risk Title:</b> Mass Vaccination			<b>Target:</b>	Likely - 4	Minor - 2 <b>8</b>
<b>Principle Trust Objective:</b> Collaborate with others, Provide outstanding care		<b>Source of Risk:</b> Risk assessment	<b>Risk level Current:</b> High		<b>Last Review Date:</b> 04/02/2021
<b>Risk description:</b> 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.		<b>Significant Hazards:</b> 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			
<b>Progress update:</b> [Howard, Kate 04/02/21 14:27:41] Risk reviewed, rating remains the same - risk profile updated to include reputational risk.		<b>Controls in place:</b> 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 -			

<b>Risk ID:</b> 3323	<b>Risk owner:</b> Pisani, Anita	<b>Risk handler:</b> Pisani, Anita	<b>Risk Grading:</b>		
<b>Directorate:</b> Mass Vaccination	<b>Date recorded:</b> 27/01/2021			<b>L</b>	<b>C</b>
<b>Specialty:</b> Mass Vaccination	<b>Anticipated completion date:</b> 30/09/2021		<b>Initial:</b>		<b>12</b>
<b>Clinical Group:</b> Mass Vaccination	<b>Risk committee:</b> Board		<b>Current:</b>	Likely - 4	Major - 4 <b>16</b>
<b>Risk Title:</b> Organisational Reputational Risk for Co-Vid Mass Vaccination Centre Lead Provider Contract			<b>Target:</b>	Unlikely - 2	Major - 4 <b>8</b>
<b>Principle Trust Objective:</b> Collaborate with others, Provide outstanding care	<b>Source of Risk:</b> Risk assessment		<b>Risk level Current:</b> Extreme		<b>Last Review Date:</b> 02/02/2021
<b>Risk description:</b> 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.		<b>Significant Hazards:</b> The reputation of the organisation is at risk if the programme is not delivered according to national, regional and local expectations or requirements.  <b>Hazards include:</b> - inadequate programme leadership or governance and/or insufficient programme resourcing is not sufficient to deliver a high quality programme - poor risk identification and/or management/escalation - Executive Committee and Board not sufficiently sighted on major risks and/or receiving assurance on mitigation - vaccine supply is not forthcoming (risk x refers) - insufficient workforce to fill rosters across multiple sites (risk x refers) - equipment supply is not forthcoming or sufficient to safely open sites - flow is not well-managed and or/not co-vid secure - capacity for delivery and/or vaccine supply does not allow pace through the cohorts in line with other parts of the region or country			
<b>Progress update:</b> [Robinson, Michelle 23/02/21 11:50:58] Reviewed by Executive Committee - likelihood increased to 4 from 3.		<b>Controls in place:</b> - 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 - leadership team participating in national, regional and local programme governance - bi-monthly Mass Vaccination Programme Clinical Operational Board - collaborative and effective partnerships established with all key partner organisations - strong communications support to ensure clear messaging and management of expectations			

<b>Risk ID:</b> 3163	<b>Risk owner:</b> Foley, Mrs Anne	<b>Risk handler:</b> Foley, Mrs Anne	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 09/03/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/03/2021		<b>Initial:</b>		<b>8</b>
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board		<b>Current:</b>	Possible - 3	Major - 4
<b>Risk Title:</b> Reduction in staff morale could adversely affect the delivery of high quality care			<b>Target:</b>	Unlikely - 2	Major - 4
<b>Principle Trust Objective:</b> Be an excellent employer, Provide outstanding care		<b>Source of Risk:</b> Meetings	<b>Risk level Current:</b> High	<b>Last Review Date:</b> 22/02/2021	
<b>Risk description:</b> There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.			<b>Significant Hazards:</b> Demands of the service exceeding capacity available Insufficient staff to deliver service Turnover Vacancies Staff absences - sickness; maternity; training etc Length of the Covid-19 pandemic and pace at which services/individuals are expected to respond <b>Controls in place:</b> Annual staff survey and delivery of improvement plans - Trust-wide and local plans - Staff morale feedback - best in class and 8th nationally for all NHS providers Quarterly staff friends and family surveys Discussions and resulting actions from Wider Executive team meeting Appraisal rates and quality of appraisals 1:1s and team meetings Monthly quality dashboard Quality 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 Back to the Floor feedback, discussions and resulting actions 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		
<b>Progress update:</b> [Foley, Anne Mrs 22/02/21 14:42:16] Risk score the stay at 12 and links to 3250 which remains in place. Morale is variable across the service and particular pressures in large scale vaccination centres corporate and operational leadership teams. This will remain in place for some weeks as we implement new processes and induct new staff. Redeployments from the immunisation team coming to an end at the beginning of February. Service Directors have continued to review their services and QIAs have been signed off. The management of redeployment processes in to vaccination hubs not streamlined with the rostering team. The rostering team has taken on extra staff to improved rostering capacity.					

**Appendix 3 – Strategic Risks and Operational Risks 15 and above**

<b>Risk ID:</b> 3167	<b>Risk owner:</b> Winn, Matthew	<b>Risk handler:</b> Winn, Matthew	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 11/03/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 01/02/2021		<b>Initial:</b>		
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board		<b>Current:</b>	Unlikely - 2	Major - 4
<b>Risk Title:</b> System planning			<b>Target:</b>	Unlikely - 2	Major - 4
<b>Principle Trust Objective:</b> Be a sustainable organisation, Collaborate with others		<b>Source of Risk:</b> External assessment	<b>Risk level Current:</b> High		<b>Last Review Date:</b> 23/02/2021
<b>Risk description:</b> As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and discretionary national transformation monies are not available to the organisation			<b>Significant Hazards:</b> 1. national Policy to move to "system by default" 2. Provider financial health is more directly linked to the financial health of the "system" 3. Cambs/Pet has the one of the largest financial deficit in the NHS		
<b>Progress update:</b> [Pisani, Anita 23/02/21 12:29:29] The financial framework for the second half of 20/21 across revenue and capital has been finalised and CCS's funding requirements are incorporated in full. System engagement continues across all footprints, with continued key stakeholder involvement in the POW developed. No change to scoring.			<b>Controls in place:</b> 1. The Trust has spread its income and expenditure base across two STP footprints to more readily reflect its regional footprint 2. the Trust to play its full part in the service areas of MSK and Children in Cambs/Pet - but nothing else 3. full stakeholder relationships and executive visibility in place to influence the relevant decisions being made		

<b>Risk ID:</b> 3166	<b>Risk owner:</b> Howard, Kate	<b>Risk handler:</b> Howard, Kate	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 10/03/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/05/2021		<b>Initial:</b>		<b>4</b>
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board		<b>Current:</b>	Unlikely - 2	Major - 4
<b>Risk Title:</b> There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC			<b>Target:</b>	Unlikely - 2	Major - 4
<b>Principle Trust Objective:</b> Be an excellent employer, Provide outstanding care		<b>Source of Risk:</b> Risk assessment	<b>Risk level Current:</b> High		<b>Last Review Date:</b> 04/02/2021
<b>Risk description:</b> There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards	<p><b>Significant Hazards:</b> A number of factors (some of which are listed below) could combine which would then result in poor patient experience and increased patient safety incidents. (This will also negatively impact on compliance with regulatory standards)  - Staff absence at work due for a variety of reasons including sickness  - Limited availability of staff in certain professional groups ie specialist professions which are nationally difficult to recruit to  - Staff lack of understanding of what constitutes delivery of outstanding care and their role within that.  new hazard identified - Covid19 pandemic requiring new ways of working</p> <p><b>Controls in place:</b>  Relaunch of 'Our Quality Improvement Way'  Rolling Peer Review Programme outcomes triangulated with annual service CQC self assessments  Quality Early Warding Trigger Tool monthly completion by all teams  Quality reports to Clinical Operational Boards and Board  Bi annual Workforce review to Board (May and November Public Boards)  Back to the floor programme continues - summary taken to Wider Exec Team  Ongoing annual CQC Inspection cycle which now includes staff focus groups and Inspector attendance at key meetings ie Board  Staff feedback (including staff survey)  Whistleblowing and raising Concerns processes well embedded with report to Board x 2 (Chief Executive report) and annually from freedom to Speak Up Guardian reports  Clinical audit programme - reports to Clinical Operational Boards and Quality Improvement and Safety Committee  Patient and Staff feedback mechanisms ie FFT  Patient Stories to Board  Internal audit programme (Quality elements)  Improvement plan for the CQC identified 'Areas for Improvement' August 2019  Establishment of trust wide 0-19 services clinical leads group - This group feeds into the trust wide quarterly Children's services group  Oversight of actions at Wider Exec group  Quality Data continues to be regularly triangulated with Workforce information at Service, Clinical Operational Board and Board level  Major Incident management process invoked with daily trust wide sit rep meetings including escalation of issues ie staffing, IP&amp;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&amp;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</p>				
<b>Progress update:</b> [Howard, Kate 04/02/21 14:34:17] Risk reviewed, the risk score remains the same.					

<b>Risk ID:</b> 3164	<b>Risk owner:</b> Foley, Mrs Anne	<b>Risk handler:</b> Foley, Mrs Anne	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 09/03/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/03/2021		<b>Initial:</b>		<b>12</b>
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Board		<b>Current:</b>	Possible - 3	Major - 4 <b>12</b>
<b>Risk Title:</b> Workforce challenges affecting ability of services to maintain high quality care			<b>Target:</b>	Unlikely - 2	Major - 4 <b>8</b>
<b>Principle Trust Objective:</b> Be an excellent employer, Collaborate with others, Provide outstanding care		<b>Source of Risk:</b> Meetings	<b>Risk level Current:</b> High		<b>Last Review Date:</b> 22/02/2021
<b>Risk description:</b> There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges.		<b>Significant Hazards:</b> Vacancies - hard to recruit to posts Turnover Staff Morale Sickness levels Demands on services Numbers of Covid positive cases Length of Covid pandemic and lockdown restrictions  <b>Controls in place:</b> Monthly workforce KPI data shared with all Service Directors - turnover; sickness; stability; appraisal and mandatory training compliance Bi-annual workforce reviews with all service areas - May and November each year Quality Dashboard Quality Early Warning Trigger Tool Raising Matters of Concern log and actions Bi-monthly Trust Board Quality Report Staff side chair identified as confidential link Freedom to Speak Up Guardian and Champions Live Life Well activities Workforce Race Equality Action Plan Back to the Floor feedback and actions Local Recruitment and Retention Premia in place where appropriate Staff Survey results and actions plans Care Quality Commission feedback Peer Reviews Business Continuity Plans Service self-assessments against 5 Care Quality Commission Domains Incident reporting 2 times per week Incident Management Team Meetings			
<b>Progress update:</b> [Foley, Anne Mrs 22/02/21 14:49:50] no change to risk scoring. Workforce challenges remain and are discussed at IMT.					

<b>Risk ID:</b> 3254	<b>Risk owner:</b> Peberdy, John	<b>Risk handler:</b> Harwin, Simon	<b>Risk Grading:</b>		
<b>Directorate:</b> Children and Young Peoples Services	<b>Date recorded:</b> 02/10/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> CYPS Trustwide (Risk Register Only)	<b>Anticipated completion date:</b> 31/03/2021		<b>Initial:</b>		<b>12</b>
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Children's and Young People Clinical Operational Board		<b>Current:</b>	Likely - 4	Major - 4 <b>16</b>
<b>Risk Title:</b> Covid-19: Impact on Service Delivery across CYPS			<b>Target:</b>	Rare - 1	Major - 4 <b>4</b>
<b>Principle Trust Objective:</b> Provide outstanding care	<b>Source of Risk:</b> Risk assessment		<b>Risk level Current:</b> Extreme	<b>Last Review Date:</b> 23/02/2021	
<b>Risk description:</b> There is a risk that service delivery will continue to be significantly impacted and the Covid 19 phase 3 restoration plans will not be fully implemented by March 2021 leading to the potential detrimental impacts on Children and Young people.			<b>Significant Hazards:</b> There are three primary causes: - A surge in service demand; - Increased staff sickness/ absence caused by Covid 19 symptoms, isolation requirements or parental responsibilities; and - National or local incidents of Covid 19 impacting on service delivery		
<b>Progress update:</b> [Peberdy, John 23/02/21 09:03:03] Risk reviewed and no change to score noted. Services continue to face significant pressures across the Trust - e.g.'s include: increases in RTT waiting times; difficulties providing the universal pathways in the HCP; and increased staff sickness in Norfolk (7%)			<b>Controls in place:</b> - 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		

<b>Risk ID:</b> 3182	<b>Risk owner:</b> Howard, Kate	<b>Risk handler:</b> Howard, Kate	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 03/04/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Safeguarding	<b>Anticipated completion date:</b> 03/06/2021		<b>Initial:</b>		<b>12</b>
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Adult's Clinical Operational Board, Children's and Young People Clinical Operational Board, Strategic Safeguarding Group		<b>Current:</b>	Likely - 4	Major - 4 <b>16</b>
<b>Risk Title:</b> Safeguarding children and adults at risk during Covid-19 Pandemic			<b>Target:</b>	Rare - 1	Major - 4 <b>4</b>
<b>Principle Trust Objective:</b> Provide outstanding care		<b>Source of Risk:</b> Risk assessment	<b>Risk level Current:</b> Extreme		<b>Last Review Date:</b> 25/02/2021
<b>Risk description:</b> 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.		<b>Significant Hazards:</b> 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.			
<b>Progress update:</b> [Andrews, Dawn 25/02/21 08:24:32] Risk reviewed, controls remain in place, risk remains the same		<b>Controls in place:</b> 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.			

<b>Risk ID:</b> 3120	<b>Risk owner:</b> Williams, Mrs	<b>Risk handler:</b> Williams, Mrs Augustina	<b>Risk Grading:</b>		
<b>Directorate:</b> Luton Community	<b>Date recorded:</b> 23/12/2019			<b>L</b>	<b>C</b>
<b>Specialty:</b> Children Services (Luton)	<b>Anticipated completion date:</b> 31/12/2021		<b>Initial:</b>		
<b>Clinical Group:</b> Children's Community Paediatrics - Edwin Lobo (Luton)	<b>Risk committee:</b> Bedfordshire & Luton Clinical Operational Board, Children's and Young People Clinical Operational Board		<b>Current:</b>	Almost Certain - 5	Moderate - 3 <b>15</b>
<b>Risk Title:</b> Service Capacity within Luton Community Paediatric Service			<b>Target:</b>	Likely - 4	Moderate - 3 <b>12</b>
<b>Principle Trust Objective:</b> Provide outstanding care		<b>Source of Risk:</b> Meetings	<b>Risk level Current:</b> Extreme		<b>Last Review Date:</b> 25/02/2021
<b>Risk description:</b> <p>There is a risk that delays for initial assessments and follow up appointments will continue, leading to continued 18 week RTT breaches and CYP and family delays.</p> <p>There is a risk of protracted delays for Children requiring ASD/ ADHD assessments due to the limited face to face appointments for routine requirements.</p> <p>The COVID-19 pandemic has exacerbated service capacity challenges due to locum staff leaving, remote working limiting the volume of clinical slots and some specialist assessments required face to face (limited by social distancing) and staff self-isolating due to Track &amp; Trace or sickness.</p>			<b>Significant Hazards:</b> <p>Covid 19 causal factors are as follows:</p> <ul style="list-style-type: none"> <li>- Covid 19 restrictions have limited the locum staff available and minimised face to face consultations leading to increased waits and new waits for Children requiring routine physical assessments.</li> <li>- Due to excessi</li> </ul>		
<b>Progress update:</b> <p>[Williams, Augustina Mrs 25/02/21 17:48:02] Challenges staffing Child Protection rota due to long term staff sickness, shielding and future leave. Named DR safeguarding has approached Named Dr L&amp; D hospital for emergency support where needed, Service Director and Clinical Lead/ Medical Director raising on system wide IMT call, requests made to clinical colleagues within Bedford Team. Colleagues not able to provide CP cover to provide medical cover for strategy discussions. Team to all discuss alternative solutions weekly meeting 29.02.2021. Service may need to cancel general appointments to accommodate CP medicals as they are clinical priority. COVID Risk Assessments for review. Enquiry received from Associate Director of Nursing BLMK re: Luton CCG Deputy Chief Nurse re: contingency for 0.4 wte Designated Dr employed by CCS who is currently on long term sick- contact progressed by Clinical Service Manager to establish clinical priorities for the role in light of capacity issues/ required focus on current clinical priorities within the service due to the pandemic and agree way forward.</p> <p>Planned audit across both Luton &amp; Beds teams to aid understanding of the value of BOSA/ ADOS assessments within the Autism diagnostic pathway in light of current long waits for BOSA/ ADOS assessments and respective feedback from the assessment and also financial cost ( cost/ benefit analysis). Clinical audit to be supported by Clinical Lead.</p> <p>System scrutiny over Looked After Children Health Assessments including delays with receiving consent from social care-meeting being arranged to reconsider benefits of implementing Enduring Consent Model; learning from other areas e.g. Milton Keynes who use this approach ( see attached)- Medical Director, IG manager, Named Dr LAC in addition to other relevant managers. Presentation of LAC Monthly Performance Report under review as feedback indicates current format not easy to navigate and potentially duplication of data reported elsewhere or not required.</p>			<b>Controls in place:</b> <ul style="list-style-type: none"> <li>- Clinical Service manager and Clinical lead have agreed and implemented a clinical prioritisation method.</li> <li>- 2 Consultant posts are currently advertised along with a further registrar position.</li> <li>- Staffing resource has been sourced for ADOS assessments, however Covid restrictions limit the pace backlogs can be addressed. Adaptations to ADOS are currently being scoped.</li> <li>- Staff shielding have been identified to IT for equipment they require to work remotely. There is currently insufficient IT resource to provide this within a timely manner.</li> <li>- IT prioritisation is now in place for hardware roll outs.</li> <li>- Targeted locums are being sourced to increase service capacity, including a potential locum starting in August.</li> <li>- A comprehensive demand &amp; capacity model has been submitted to commissioners with funding requirements to fully resource the service.</li> <li>- Joint communication from all stakeholders is planned to CYP and families detailing the system delays, rationale and plan.</li> <li>- Team colleagues are fully involved in the improvement plan and being listened to... informing the improvements.</li> <li>- Leaders are reflecting on styles and approach, including staff perceptions to improve overall morale.</li> <li>- Programme of Service Redesign in place.</li> </ul>		

## Appendix 3 – Strategic Risks and Operational Risks 15 and above

<b>Risk ID:</b> 3227	<b>Risk owner:</b> Howard, Kate	<b>Risk handler:</b> Andrews, Dawn	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 03/08/2020			L	C
<b>Specialty:</b> Unit Wide	<b>Anticipated completion date:</b> 01/07/2021		<b>Initial:</b>		12
<b>Clinical Group:</b> Trust Wide	<b>Risk committee:</b> Adult's Clinical Operational Board, Children's and Young People Clinical Operational Board, Strategic Safeguarding Group		<b>Current:</b>	Likely - 4	Major - 4 16
<b>Risk Title:</b> Surge of safeguarding enquiries			<b>Target:</b>	Rare - 1	Major - 4 4
<b>Principle Trust Objective:</b> Collaborate with others, Provide outstanding care		<b>Source of Risk:</b> Risk assessment	<b>Risk level Current:</b> Extreme		<b>Last Review Date:</b> 25/02/2021
<b>Risk description:</b> 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.		<b>Significant Hazards:</b> Peak demand in safeguarding activities will result in a challenge to provide timely and effective assessments & interventions to mitigate harm to children & adults at risk			
<b>Progress update:</b> [Andrews, Dawn 25/02/21 08:26:12] Risk reviewed, controls remain in place, risk remains the same		<b>Controls in place:</b> Safeguarding surge needs to be managed by systems wide approach this cannot be addressed in isolation Request immediate assurance that the anticipated surge in safeguarding enquiries is a key focus of the existing systems wide Covid 19 pandemic Incident Management process inclusive of commissioners & other health providers Inform strategic health and safeguarding partnership decision making process and implementation of agreed safeguarding processes Develop and implement mechanism for early alert to emerging demand and capacity issues to facilitate timely and effective response Step up frequency of analysis safeguarding activity monitoring at local operational and central Trust wide levels, inclusive of MASH, MARAC, CPMA (inclusive of NAI) Adult safeguarding concerns raised by CCS professionals & Adult safeguarding enquiries inclusive of Provider Lead and Section 42 enquiries Consider the need to capture HCP & Specialist Children's Services & Luton Adult's safeguarding activities inclusive of reports & participation in meetings as safeguarding partnership agreements. Consider the need to step back to essential service provision for specific Children & Adult Services Trust wide as part of strategised response to manage safeguarding enquiries and timely effective interventions, as part of our safeguarding partnership systems responsibility. Consider the need to stream line or postpone quality assurance mechanisms inclusive of internal and external audit & statutory Adult and Children Case Reviews and non-essential development works teams as Relevant Safeguarding Partners Develop mechanism for efficient and responsive communication system; to ensure that all professionals are made aware of their service and individual responsibilities to participate in safeguarding enquiries as integral to clinical responsibilities and timely communication of any change to existing internal or external safeguarding processes. Enhance ease of access to specialist safeguarding professional expertise for advice guidance, supervision to support case management and escalation as required, this may will require redeployment of professional to support MASH/MARAC operational processes Awareness and support for staff who may be subjected to vicarious trauma. Increase need for both line management and specialist psychological support Service Director meetings to explore Trust wide options. Demand & capacity work to inform increases in funding. Commissioning conversations (Beds & Luton) to explore funding options. new control: increase capacity in Luton and Bedford via additional posts (short term and permanent)			

<b>Risk ID:</b> 3284	<b>Risk owner:</b> Foley, Mrs Anne	<b>Risk handler:</b> Foley, Mrs Anne	<b>Risk Grading:</b>		
<b>Directorate:</b> Trustwide	<b>Date recorded:</b> 15/12/2020			<b>L</b>	<b>C</b>
<b>Specialty:</b> Not Applicable	<b>Anticipated completion date:</b> 31/03/2021		<b>Initial:</b>		<b>12</b>
<b>Clinical Group:</b> Not applicable	<b>Risk committee:</b> Executive Team Meeting		<b>Current:</b>	Likely - 4	Major - 4 <b>16</b>
<b>Risk Title:</b> Workforce: There is a risk that there is insufficient local workforce currently available to safely deliver the mass vaccination programme			<b>Target:</b>	Possible - 3	Major - 4 <b>12</b>
<b>Principle Trust Objective:</b> Be an excellent employer, Provide outstanding care		<b>Source of Risk:</b> Risk assessment	<b>Risk level Current:</b> Extreme		<b>Last Review Date:</b> 09/02/2021
<b>Risk description:</b> Workforce: There is a risk that there is insufficient local workforce currently available to safely deliver the mass vaccination programme leading to slower implementation of the vaccine programme and continued risk of adverse health caused by covid 19.			<b>Significant Hazards:</b> insufficient suitably competent workforce		
<b>Progress update:</b> [Foley, Anne Mrs 09/02/21 09:50:04] New model using more HCAs being trialled in herts this week and then going back for regional sign off. Still experiencing difficulty recruiting to registered posts. Working with system partners to utilise other NHS staff. Still a major risk for opening centres.			<b>Controls in place:</b> National recruitment campaigns run by NHSP and for St Johns ambulance. Regional posts have been advertised by the lead provider for a number Mutual aid requested from local Trusts Agreements in place to use other trust's bank workers Agreement of national model so vaccination can be undertaken by non registered workers Agreement that assessments can be undertaken by a range of clinical staff not just nurses. Request for support to other health providers including dentists review of national model being undertaken as a result of actual practice developed in PCN and acute vaccination centres Training programmes available on line and face to face as necessary Roving trainers identified to sign off competencies Recruitment and active social media campaigns underway		

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

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

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

\* Compliments received to be developed for September

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

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

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

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

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

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

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

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

## SPC key

