

TRUST BOARD

Title:	Integrated Governance Report
Action:	For DISCUSSION
Meeting:	16th September 2020

Purpose:

The global Covid-19 pandemic continues to dominate work within the Trust both in terms of continuing to manage through the existing pressures whilst at the same time also planning for the recovery of services and for winter, 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 June and July 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 June and July 2020 and the assurance set out in each domain.

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

Recommendation:

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

Supporting Information:

- Appendix 1: Quality Performance Dashboard
 - Appendix 2: CQC Infection Prevention and Control Assessment for CCS NHS Trust
 - Appendix 3: Healthcare Worker Influenza Vaccination Best Practice Management Checklist
 - Appendix 4: QIA / EIA Covid19 Information – August 2020
 - Appendix 5: BAME Staff Network Terms of Reference and supporting statements
 - Appendix 6: Strategic Risks and Operational Risks 15 and above
 - Appendix 7: Assurance Framework
 - Appendix 8: 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 the re-launching of the BAME network and the agreed Terms of reference for the network.
To introduce reverse mentoring into all our in house management and leadership development programmes, to promote diverse leadership through lived experiences.	This project is covered by the Workforce Diversity and Inclusion Group.
We will measure the impact of our virtual clinical platforms, ensuring that they are fully accessible to the diverse	This project is covered by the People Participation

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Appendix 3 - Healthcare Worker Influenza Vaccination Best Practice Management Checklist

Appendix 4 - QIA / EIA Covid 19 Information August 2020

Appendix 5 - BAME Staff Network Terms of Reference and supporting statements

Appendix 6 - Strategic Risks and Operational Risks 15 and above

Appendix 7 - Assurance Framework

Appendix 8 - Statistical Process Control Chart Key



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A: Assurance Summary

Overall assurance rationale:

<p>Safe</p>	<ul style="list-style-type: none"> • 1x Serious Incidents and no Never Events reported in period • 93% of incidents low or no harm (target 90%) • No healthcare acquired infections • Staffing pressures emerging in Luton and Bedfordshire Community Nursing and Community Paediatric teams and Luton Community Nursing team (adults) • No Covid19 staff outbreaks • Staff flu campaign for 2020 in planning phase • Themes identified from completed QIA (Quality Impact Assessments) / EIA (Equality Impact Assessments) for current changes to service provision and risk assessment for restoring elements of previous service provision that were paused. • IPAC (Infection Prevention and Control) assurance framework reviewed by CQC – positive outcome • All staff have access to appropriate PPE (Personal Protective Equipment) 	<p>Reasonable</p>
<p>Caring</p>	<ul style="list-style-type: none"> • Outstanding care – patient story • FFT (Family & Friends Test) 94.46% with limited numbers (target 90%) – other feedback reported in section 4.2 • Number of informal and formal complaints within expected variance (total of six received in June and July) 	<p>Substantial</p>
<p>Effective</p>	<ul style="list-style-type: none"> • Mandatory training below 94% target for June and July (92% and 91%) • Formal Safeguarding supervision reintroduced in July • Limited level 3 safeguarding training available for this period (new model of on line modules and virtual live reflective sessions continues but resource intensive and numbers of available sessions affected by staff sickness) • The service user related local equality delivery system objectives have been agreed - 	<p>Reasonable</p>
<p>Responsive</p>	<ul style="list-style-type: none"> • Complaints response time 100% for the 1 response sent in June and 66% for July (2 out of 3) (target 100%) • Consultant-led referral to treatment time below 92% target at 77% Bedfordshire & Luton Community Paediatrics particularly affected. Recovery plans in place • COVID-19 incident response meets all requirements 	<p>Reasonable</p>

1. This report summarises the key elements of quality and safety that have been our focus since the beginning of the pandemic in March this year. We have reprioritised our services in line with national guidance and are currently involved in planning the next stages of restarting / restoring a number of services (or elements of services) that were paused as directed nationally.
2. **In addition to the overview and analysis of performance for June 2020 and July 2020, the Board can take assurance from the following sources:**
 - During this COVID-19 pandemic period and recently whilst operating at an NHS level 3 Major Incident, a number of processes continue to underpin comprehensive management of the risks and issues associated with delivery of clinical services. These include our Incident Control Centre, Incident Management Team, daily sit reps from all services including staffing, PPE, risks



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and incidents. These processes continue whilst we continue to operate under the NHS Major incident framework.

- The staffing section continues to be reported in the 'Excellent Employer' objective. Pressures in a number of our services are being reported and monitored through the daily sit rep process.
- Our Care Quality Commission (CQC) inspection rating 'Outstanding' overall remains in place from August 2019 with 'Outstanding' within the caring and well-led domains.
- Reasonable assurance can be taken from the initial completion of the NHSE / I Infection, Prevention & Control Board Assurance Framework presented to the Board in July. There have been no reported staff outbreaks of Covid19 infection up to the week commencing 7 September. The next update for the Infection Prevention & Control (IPC) Board assurance framework will be at November Board.
- CQC reviewed our Infection prevention & Control arrangements in August through a desk top review of our IPC Board Assurance Framework and actions taken to keep patients / service users and staff safe since the beginning of the pandemic – this resulted in a positive outcome which is attached as Appendix 2.
- Assurance can also be taken from the planning process for the staff 2020 / 2021 Flu vaccination campaign outlined in section 3. An initial summary of actions required by NHSE / I to date is highlighted as appendix 3. The Board can be assured that our flu plans have incorporated all of the required elements for the last 2 years.
- In order to support safe and effective implementation of phase 3 restoration plans, all services have undertaken a Quality Impact and Equality Impact risk assessment to assess the impact of changes to the ways that services have been delivered and consider risks as they restart elements going forward. The outcomes from these are briefly reported in section one with a full summary of themes as Appendix 4.
- Assurance is also taken from the August Quality Improvement and Safety Committee update (separate agenda item). This highlights annual reports relating to Clinical Audit, Safeguarding, Infection Prevention & Control, Research and Professional Education all of which offered a mixture of Substantial and Reasonable assurance along with the Q1 Learning From Deaths report.



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B: Measures for Achieving Objective - 2020/21 measures

Measure	20/21 Target	Data source	Reporting frequency	Current position
Care Quality Commission standards	Improved ratings for individual KLOEs	Formal assessment	Annual	No date for Formal review received.
Patients / carers satisfied with care provided NB the associated metric re increasing numbers of people who give feedback is suspended due to the pandemic	90%	FFT	Monthly	Formal reporting of new FFT nationally suspended during pandemic <i>July result 94.46%</i>
Deliver the locally agreed patient related annual Equality Delivery System objectives	Pass/Fail	Equality Delivery System	Annual	Objectives agreed at people Participation Committee 1 July 2020
Increase the number of services supported by volunteers	TBC	People Participation Committee	6 monthly	This metric is currently paused due to the pandemic.
Staff recommend the Trust as a place to work or receive treatment	Increase of 5% on 2019/20 results	FFT	Quarterly	Initially paused - Results due end September
Safety – staff feel able to speak up about patient safety issues	Maintain 18/19 score	Freedom to Speak Up index -Staff survey	Annual	Not due
Increase in the numbers of Serious Incident investigations that evidence involvement of patients/service users/other professionals	50% increase on 19/20 rate	Datix	Quarterly	1 x SI reported since April 2020 – involvement will be reported at conclusion of investigation
Overall mandatory training	94%	ESR	Monthly	Total 91% July



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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 3190** - There is a risk that health outcomes for service users, patients, children and young people might be negatively impacted by the national requirement to reprioritise our service offer for a number of services identified as 'non- essential'. There are a number of related risks identified at service level that underpin this trust wide risk.(Risk Rating 16)

Related Operational risks 15 and above

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

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

Additional information for this report:

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

- 1.1 All services were reviewed against the national Essential Community Services guidance at the beginning of the pandemic to ensure that we focused on and prioritised essential service delivery.
- 1.2 As the NHS prepares to implement subsequent phases of reintroduction of those services that were paused, it is important for our services to undertake a process to assess the impact on Quality and Equality for the changes to service delivery that we implemented and assess the risks as we restart either whole or elements of, service provision. All services have undertaken a refined QIA / EIA and the key themes have been identified. These were reported via the Children's and Adults Clinical Operational Boards in September. A trust wide summary of key themes and mitigating actions is attached as Appendix 4.



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- 1.3 The negative impacts identified have translated into risks that are being monitored through our Incident Management Team.
- 1.4 The results of the QIA/EIAs have been reviewed alongside risk 3190 (rated 16) which was identified at the beginning of the pandemic – this identified that there could be a negative impact following re prioritisation of our services and the effects of pandemic restrictions.
All underpinning risks to this have also been reviewed and the result is that the full impact is not yet visible although some areas of harm are emerging e.g complex safeguarding cases are increasing along with referrals in to Multi Agency Safeguarding Hubs. Implementing our service restoration plans may expose more hidden harm relating to longer waiting times, delays in treating people with long term conditions and those with mental health concerns.
- 1.5 The impact of COVID-19 has disproportionately affected certain groups of people in our communities and a detailed piece of work has been initiated to look at understanding and evidencing the impact on our service users and demographic context.
- 1.6 A Trust wide Equality Impact Assessment will be completed for the risks relating to accessing virtual consultations and the reliance on self management as all Trust services have detailed possible negative impacts for patients/service users that may find this more difficult
- 1.7 The QIA/EIAs are intended to be dynamic assessments of known and potential impact and most importantly, oversight of the effectiveness of mitigating actions continues at service and trust wide level.

2. Patient safety incidents

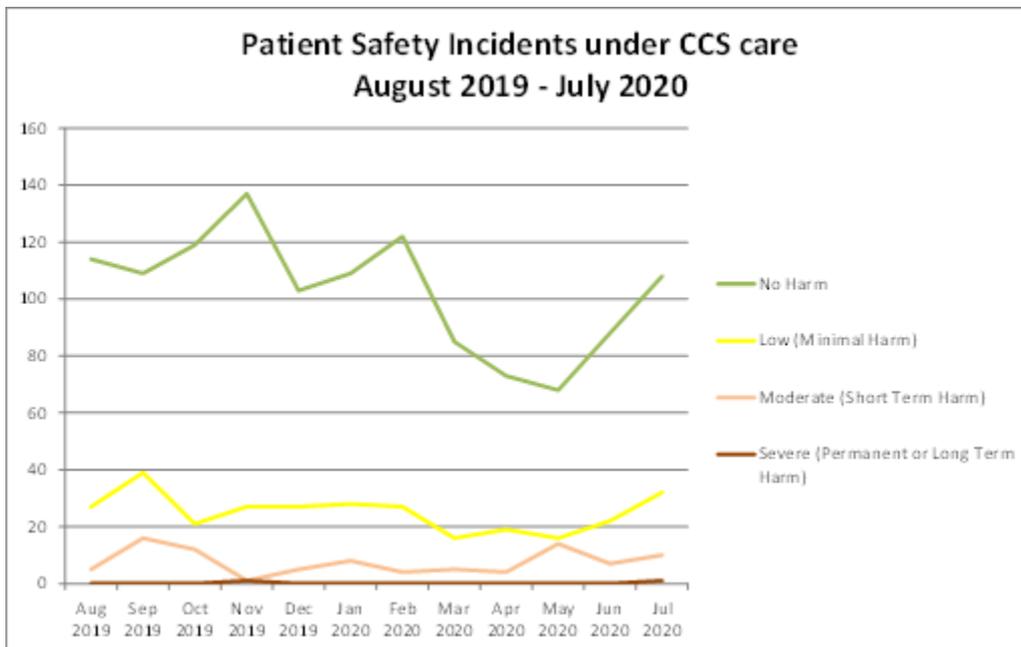
- 2.1 The incident management team has oversight of safety Incidents relating to services provided throughout the Covid19 pandemic period through the situation reports from all services with a weekly trend summary to the incident management team.
- 2.2 There was an overall decrease in general incident reporting from the beginning of April 2020 when community services were reprioritised in line with the national directive. This led to a planned decrease in face to face contacts with patients and families on a risk based approach and staff have been reminded to continue to report as appropriate. Numbers of incidents have steadily risen over the last few weeks as services begin to re start elements and increase face to face contacts. Scrutiny through local service governance routes continues.
- 2.3 We expect to begin to see a number of incidents and safeguarding adult enquiries (Provider Led Enquiries) reported as our services restart some elements of practice that were paused at the beginning of the pandemic as agreed through the 'reprioritisation of essential services' criteria. The trust wide risk (3190) focuses on the risk that there are unintended consequences and potential negative impacts of re-prioritising service provision and describes a number of underpinning risks for different services.
- 2.4 As previously stated, we do not underestimate the impact on patients and families of many aspects of life during this pandemic period, especially during the weeks of lockdown restrictions. Such incidents may relate to safeguarding children with the increased referrals to Multi Agency Safeguarding Hubs and increased incidence of Domestic Abuse. Any incidents that are reported will be investigated from the



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perspective of whether the service applied the agreed principles at the time. We will continue to learn from any incidents and change our practice accordingly.

- 2.5 One Serious Incident was reported in July by both CCS and Bedford Hospital after a 19 week old baby sustained bruising and fractures whilst in the care of her family. A root cause analysis investigation is being completed and will form part of a multi-agency report. Learning will be shared across our services and reported back through the Children’s Clinical Operational Board.
- 2.6 Four internal root cause analysis (RCA) investigations were initiated in July relating to missed assessments or escalation issues. Three were reported in Norfolk and one in Bedfordshire. Again, the learning will be shared across services.
- 2.7 The chart below highlights that although there has been an increase of the number of incident reported overall, the proportion of those with no or low harm has increased from 90 % to 93%. Patient safety incidents that occurred under our care during the two month period totalled 268 of which 73% involved no harm, 20% low harm, 6.5% moderate harm and 0.5% severe harm (the Bedfordshire Incident).



- 2.8 Seventeen moderate harm incidents were reported – a decrease of one on the previous 2 month period. All 17 incidents related to Luton Adults with 12 being categorised as pressure ulcers or moisture associated skin damage.
- 2.9 The September Adult’s Clinical Operational Board received a presentation by our Tissue Viability Lead Nurse who has looked in detail at the impact of Covid19 on our management of wound care and the national increase in prevalence of wounds by between 9 and 13% each year.
Her overview outlined the significant risk factors in the population of frail, elderly people accessing our services and the probability that people developing pressure ulcers, leg ulcers and Diabetic foot ulcers will continue to rise.
A number of mitigating actions were highlighted including; increasing the use of technology to support care home staff and ability to review images of wounds in a timely way, standardising care plans across primary and community services,



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improving access to appropriate wound care products by holding relevant stock and improved education opportunities through technology amongst others.

2.10 Medicines Management

The rolling average for medication incidents over the last 2 years is 99% no or low harm, including 95% no harm. June and July 2020 incidents were 100% no harm or low harm.

These incidents include those reported by Trust staff which are attributable to other organisations, including hospitals, care agencies, community pharmacies, GPs and others. These are shared with those organisations. All medication incidents involving care agencies are referred to the safeguarding team.

2.11 Developments during the Covid19 pandemic include:

- Arrangements made for the postage of medicines via secure mail from iCaSH (Integrated contraception and sexual health services)
- Collaboration with the Local Pharmaceutical Committee on the transfer of prescriptions from our dental settings to community pharmacies by courier.
- Setting up provision for emergency homecare delivery for HIV patients in collaboration with our new pharmacy provider.
- Guidance on the remote prescribing of anti-retroviral medicines when all prescribers are self-isolating
- Clarification of the legal position for the remote supply of medicines under Patient Group Direction in iCaSH
- Fast-track approval of PGDs for the School Immunisation team to enable them to broaden their offer of service and support GPs.
- Virtual meetings of the Medication Safety and Governance Group

3 Safeguarding

3.1 The Quality Improvement and Safety Committee (QIS com) received a comprehensive safeguarding annual report for 2019 / 2020 from the Heads of Safeguarding outlining a full range of improvements made to safeguarding governance including increased resource, appropriate training delivered during the pandemic, continued strong relationships and engagement with external partners. This has resulted in a position of compliance with the NHSE / I Safeguarding Vulnerable people framework.

3.2 Since the beginning of the pandemic, we have been monitoring a number of risks relating to a potential rise in safeguarding incidents for both adults and children and although these do not reach the threshold for reporting to the Board, it is important to summarise the current position.

3.3 The risks are all rated 12 and relate to three areas – the possible impact on children and adults from the re- prioritisation of services at the beginning of the pandemic including during lockdown; the risk that our staff will not have the capacity to provide an effective safeguarding response to the increased number of complex cases that emerge and the risk that staff may suffer the effects of vicarious trauma as they manage increased numbers of cases involving physical injury and neglect.

3.4 Emerging data tells us that there is a substantial increase in referrals into Multi Agency Safeguarding Hubs and referrals for Child Protection medicals. There has also been a rise in the number of Non Accidental Injuries to children reported. The impact on staff is being carefully monitored and support for individuals and teams arranged. Staffing levels are under constant review and local action taken to minimise the impact.



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Training materials have also been developed for staff to help to raise awareness of the signs to look for that hidden harm is occurring i.e bruising to pre mobile babies.

3.5 These risks are reviewed weekly by the Incident Management Team and Safeguarding Huddle (Medical Director, Chief Nurse, Heads of Safeguarding and Deputy Chief Nurse) where trust wide actions are identified and implemented.

3.6 An update to the Adults Clinical Operations Board reported that: *as referred to within the last board report, Luton adults service staff participated in a multi-agency adult safeguarding adult review, focussing upon the local system response to the outbreak of Covid19 within the Castletroy care home in Luton at the end of March 2020 which resulted in 15 Covid-19 related deaths. This review is being facilitated by the Social Care institute of Excellence (SCIE) on behalf of the Luton Safeguarding Board with a primary focus on capturing and sharing learning that will enable more timely and effective responses to outbreaks of Covid19 within any care home. The review meeting focussed upon the submissions of each service area that had provided a chronology account of the activity undertaken within the home between January & June. This provided opportunity for reflection and positive challenge to inform learning opportunities with representation from both Adult services and the trust safeguarding team.*

The final report is yet to be published but the initial feedback within the meeting was positive from Castletroy and wider system partners in relation to the support provided by CCS but we await the final report before drawing any formal conclusions from the review.

4. Infection Prevention and Control (IPaC)

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

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

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

4.3 In May 2020 NHS England published an *Infection Prevention and Control Board Assurance Framework* for Trusts to be able to demonstrate that their approach to the management of Covid19 is in line with PHE Infection Prevention and Control guidance and that gaps have been identified and mitigating actions taken. Our initial detailed self-assessment against the 10 domains was presented to the Board in July. The next update will be to the November Board.

CQC (Care Quality Commission) reviewed our Infection prevention & Control arrangements in August through a desk top review of our IPC Board Assurance Framework and actions taken to keep patients/service users and staff safe since the beginning of the pandemic– this resulted in a positive outcome which is attached as appendix 2

4.4 There have been no staff outbreaks of Covid19 to date.

4.5 Staff Influenza Programme:



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

NHSE / I require all trusts to publish a check list of progress against a number of requirements – this is attached as Appendix 3.

The Board is asked to state their ongoing commitment to encouraging a 100% uptake for staff this year.

We have been informed of a staggered delivery plan for the vaccines and have made adjustments to our clinic programme as a result. We will ask staff in contact with patients/service users to book the initial appointments.

4.6 Staff swabbing access

Staff based in our various geographies continue to access appropriate swabbing facilities if symptomatic. Our staff have also been required to access swabbing facilities when working in areas with local community outbreaks e.g Luton and Bedfordshire.

4.7 Other infections

There were no confirmed bacteraemia cases of MRSA (Meticillin-resistant Staphylococcus Aureus), Extended Spectrum Beta – Lactamase (ESBL) or E.Coli during June and July 2020. We have not been notified of any positive cases of C.difficile during this period.

5. Patient Experience

5.1 The Patient Story

5.1.1 The Patient Story is from our Bedfordshire Children's Community Nursing Service. A parent will share their story of their experience of accessing healthcare locally for their son who was diagnosed with Acute Lymphoblastic Leukaemia at birth.

5.2 Friends and Family Test (FFT)

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

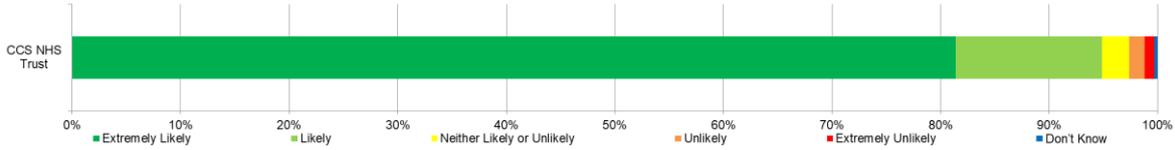
5.2.2 We received 560 responses in June and 849 in July to the FFT question. The number of responses has increased since the initial drop due to Covid19 but is not at pre-Covid19 rate.

5.2.3 The overall Trust FFT positive feedback was 94.46%, with a 2.71% negative feedback percentage. The positive feedback % was slightly lower than the previous two month period; the negative feedback was slightly higher. 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.



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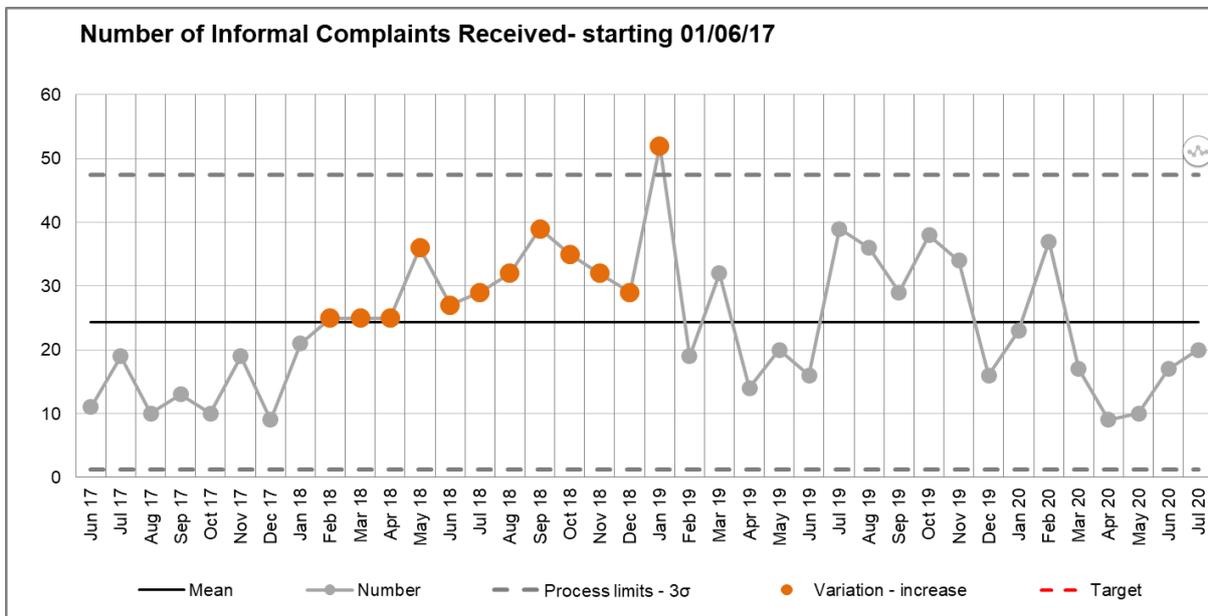


5.2.5 In June and July the services we provide received 1834 positive comments on surveys and feedback forms used across the Trust.

5.2.6 In total, there were 2793 comments received and coded by our automated system: 65.7% were positive, 24.5% neutral and 9.8% negative.

5.3 Informal complaints received

5.3.1 The total number of informal complaints received and logged was 37 in this data period; this is lower than average but within our expected variance, as shown in the chart below



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

5.4 Themes and learning from informal complaints closed in June and July 2020:

5.4.1 The top two themes of the informal complaints closed within this period, were Communication and Information (11) and Access to Medical Staff (8). Communication and Information was also a top theme in the previous six months. Ten informal complaints were related to changes due to Covid19.

5.4.2 Those concerning Access to Medical Staff, involved iCaSH, MSK and Dental services. iCaSH (3) were related to accessing appointments and contacting the service by telephone. MSK (4) and Dental (1) were related to being unable to access face-to-face appointments. These resulted from changes to service provision due to Covid19. Services were offered in line with NHS National Guidance. This situation should improve as services implement their restoration plans.

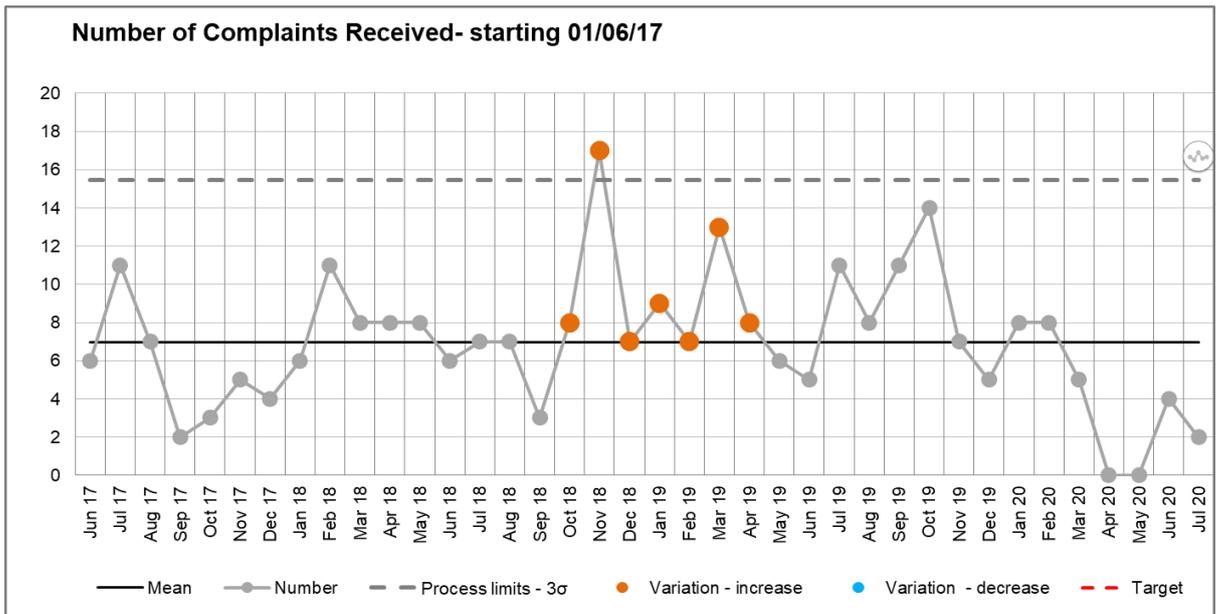


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- 5.4.3 Those concerning Communication and Information involved a range of services with no themes to note. Two related to Covid19, one in Dental Services and one iCaSH.
- 5.4.4 When service users raised concerns relating to being unable to access face-to-face appointments Service Managers contacted the services users and discussed the current service offer and explained that they are working according to National Guidance. Alternatives such as video and telephone consultations were offered as well as advice on managing pain and how to contact the service in the future.
- 5.4.5 An informal complaint relating to communication and information concerning a delay in MRI (Magnetic Resonance Imaging) Results being shared was addressed promptly and action taken across all MSK services. The wait times for reporting are currently longer than usual due to a shortage of radiologists; the services now circulate waiting times for MRI reports every month. This enables clinicians to communicate accurate information to patients.

5.5 Formal Complaints

5.5.1 The Trust received 6 formal complaints in this data period.



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.

5.6 Themes and learning from formal complaints closed in June and July 2020:

- 5.6.1 Within this data period we responded to and closed four formal complaints, from these, four different subjects were identified (Clinical care, Staff attitude, Medication/Pharmacy and Delay in diagnosis/treatment or referral) there were no themes identified.
- 5.6.2 Learning and actions taken from complaints have included:



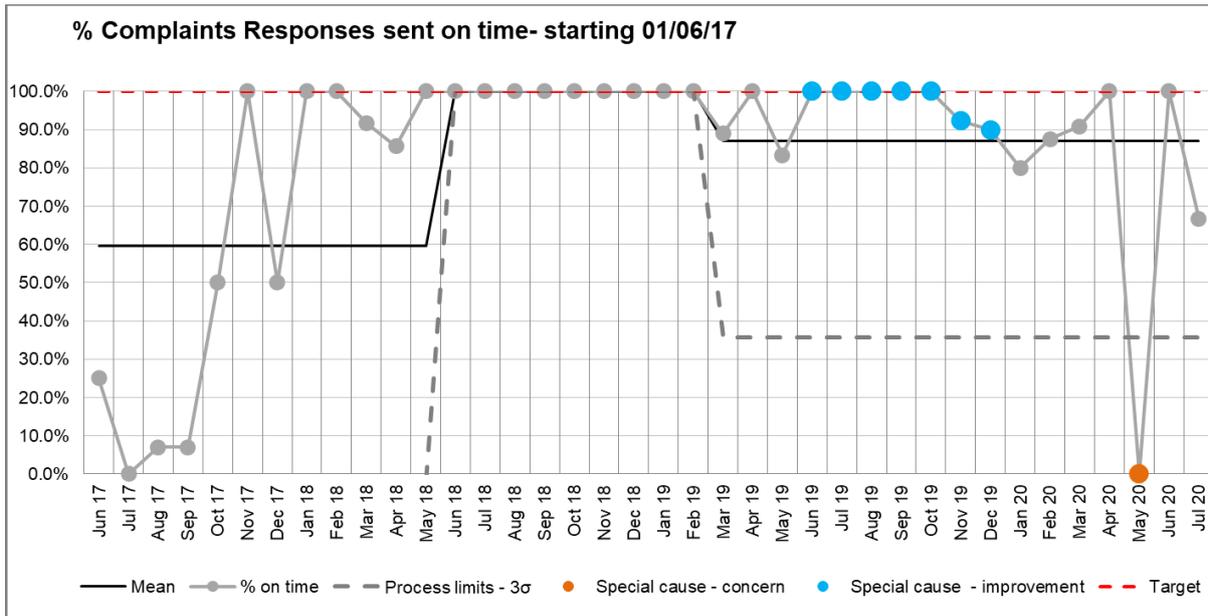
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- Luton Adults – A review of internal processes will take place to ensure that that when multiple referrals are received for a single patient into the Luton Single Point of Access there is senior clinical oversight.
- Cambs School Immunisations – Standard Operating Procedure to be written to include the guidance on when a parent chooses not to follow nursing advice to avert their eyes. Offering protective eyewear will be considered by the service. Staff have been reminded to ensure they introduce themselves and their role as a trainee or trainer.
- Norfolk HCP (Healthy Child Programme) – Staff have been reminded about maintaining appropriate meeting etiquette, specifically at Safeguarding meetings when families are under additional stress.

5.7 Complaint response times

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

5.7.2 The graph below shows the percentage of responses sent on time from June 2017 – July 2020. The percentage of responses sent within the time frame in June was 100% (1/1), July was 66.7% (2/3). The late response has been reviewed and it was noted that the time taken to draft and sign off the letter was outside of target time frames. This was due to the quality review raising further questions and staff availability due to Covid19.



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

6.1 During the Covid19 pandemic, the national RTT compliance target has been suspended. However, we continue to monitor performance with the consultant-led access to our services. The overall Trust performance was 77% for July (target 92%).

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

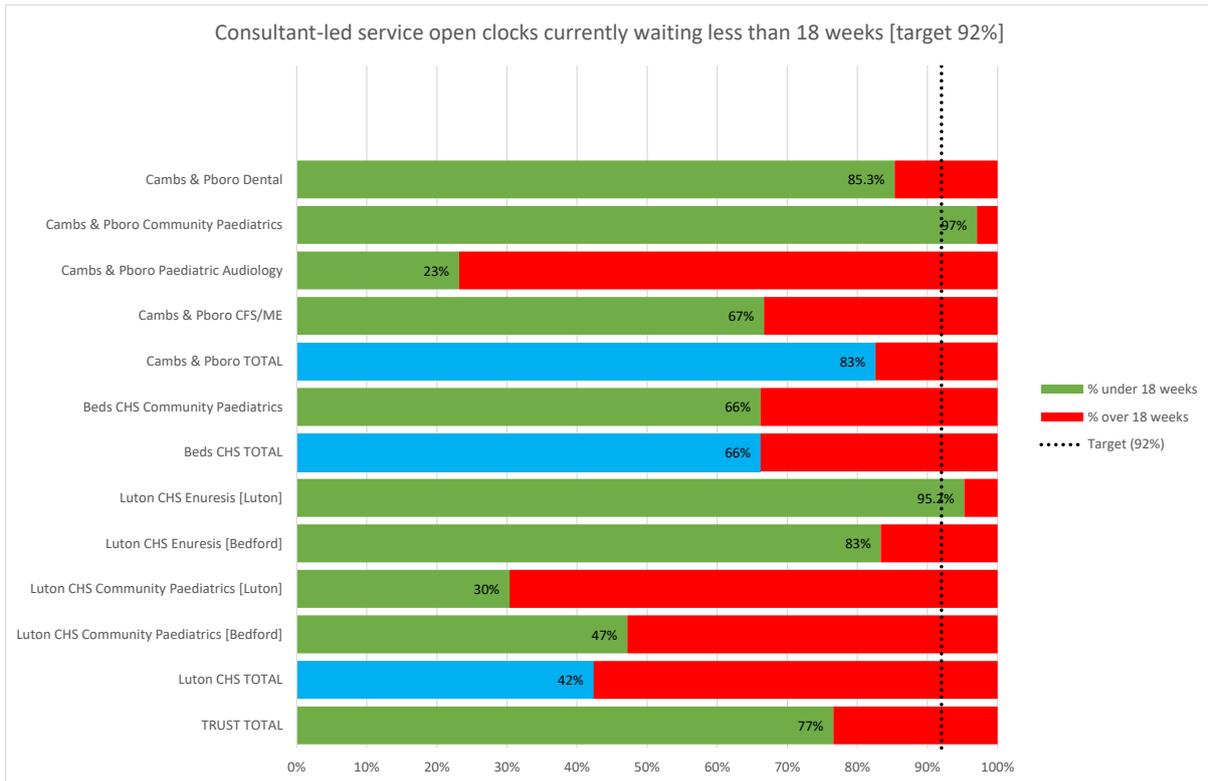
6.2.1 The Luton Community Paediatric team continue to see significant capacity pressures due to staffing resulting in a 36 week average wait for appointments.



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

6.2.2 Bedfordshire Community Paediatric Service also continues to have capacity pressures at present in relation to 18 week RTT performance (currently 27 weeks on average). A recovery plan is in place to address the children and young people who require follow up appointments. Dr David Vickers, Medical Director, continues to work with Service Directors to support the clinical prioritisation of patients on the waiting list.



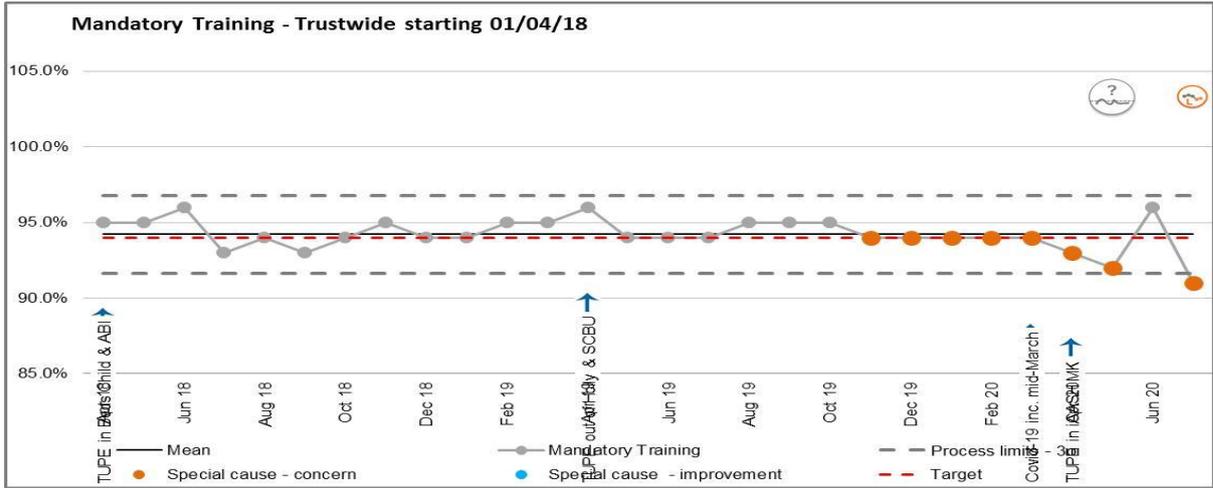
7. Mandatory training

7.1 Overall mandatory training achieved 92% in June and 91% in July against the Trust target of 94% for 2020 / 2021.

7.2 A number of elements of mandatory training were paused at the beginning of the Covid19 pandemic. Staff were asked to continue with Cardio Pulmonary Resuscitation, Moving & Handling Patients, Infection Prevention & Control and Induction. Reintroduction of a number of face to face elements is being reconsidered alongside planning of service delivery during the forthcoming weeks for example resuscitation practical sessions for new staff and those clinicians asking for the opportunity to practice in a simulated environment.



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8. Information Governance

8.1 Mandatory Information Governance Awareness training has remained at around 93% compliance against a target of 95%. During the ongoing Covid19 period Information Governance training was not on the list of mandatory training staff had to complete unless staff had capacity, due to the extra pressures on Services. The monthly quality dashboard highlights results from each service area. As service areas begin to implement recovery plans we anticipate training rates to increase, this together with a proactive approach to supporting teams to complete the training should also help improvements.

8.2 Between June and July, 25 incidents were reported under the Information Governance incident category. The majority of these incidents relate to human error for example wrong email or postal address being used or basic information governance best practice not being in place. All Information Governance incidents are assessed by the Information Governance Manager. Advice is given on measures to put in place to prevent errors from reoccurring, for example double checking contents before sending out post or double checking before pressing the send button on emails. Services have also been asked to ensure staff have undertaken the mandatory IG training or revisit it to provide them a reminder of the importance following information governance guidance.

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

9.1 Luton Adult Services

HSJ (Health Service Journal) Award submission – the Luton Adults team have been shortlisted in the HSJ Patient Safety Awards in the category of Improving Care for Older People Award, for their population Health Management Tool. As the awards are to be held virtually in November 2020, we have produced our presentation on film – you can view the film here: <https://vimeo.com/445339365/1a3e9b6859>

Shine A light - Leila Daniel & Sue Jermy from Luton were winners in our Shine A light awards recently. They were nominated for going above and beyond in the care they showed to a homeless gentleman.

Nursing Apprenticeship Scheme - Six of our apprentices, who work across both Luton Adults and Children and Bedfordshire Children, graduated recently from our nursing apprenticeship scheme. .

Publications - Neighbourhood Integration Project - Our adult services had a case study on collaborative models of care published in HSJ Providers. The team worked alongside Luton Council, Luton CCG (Clinical Commissioning Group) and Luton &



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Dunstable Hospital on this project. The Neighbourhood Integration Project captures the successes from areas where local service integration was already well underway. To download the report, entitled 'Delivering neighbourhood-level integrated services in Luton' click on this link: <https://nhsproviders.org/media/689901/nip-luton-1ba.pdf>

9.2 Luton 0-19 HCP (Healthy Child Programme)

- Feeding advice provided by the HVA's (Health Visitor Advisers) via video and telephone during Covid19 – Comment from a Mum from Luton: "If it wasn't for Zeenat Ahmed my HVA I would have given up because my daughter (first child) needed weighing every week for the first two months of her life. If My HVA hadn't supported me I wouldn't have continued feeding for 10 months which is massive for me so thank you Zeenat!"
- Free to Feed campaign (one year on) celebration of successful launch, increasing support for parents across Luton and Beds (pre and during Covid19) and growing external partner engagement. **#Freetofeed**: A focus group is being planned with young mums at the TOKKO centre in Luton to develop a better understanding as to why breast feeding is so low in this demographic. A survey has been launched with the mums that are participating in the campaign to help coproduce a charter for employers to better support women to breastfeed at work. An ambassador role is being considered for the project as a representative each from Luton and Bedford.

9.3 Bedfordshire 0-19 HCP

- This July saw the 1 year Anniversary of the launch of 'Free to Feed' Campaign across Luton and Bedfordshire. To celebrate, the Baby Friendly Teams and the mothers that took part in the initial advertising campaign took part in a virtual tea party.
- In late July, the service launched the 'virtual Pop In' via MS Teams. The sessions have been advertised on social media and directly via the 0-19 service with parents contacting the SPoA (Single Point of Access) to book into a session. Several sessions have now taken place and are fast gathering momentum with 30 parents accessing the session delivered last week. Feedback from the sessions is being collected and will influence whether these sessions continue to feature as part of the 0-19 offer in the future.
- During the Covid19 pandemic feedback received for the 0-19 service continues to be excellent.
'It's a rare gift for a healthcare professional to couple such an enormous knowledge base with such good humour, compassion and empathy. Karen Fell is an extraordinary practitioner' **Baby Friendly Team June 20**

9.4 Luton and Bedfordshire CCN Services

- Following a question posed on Twitter a nationwide group has been brought together by one of our Complex Care leads to discuss, share and lobby for clarity on management of children requiring aerosol generated procedures returning to school. Several influential experts in the nursing field are participating with excellent feedback received for our staff member.
- Special Needs School Nursing team (Luton) has undertaken a survey of families on the impact of their presence in Schools with overwhelmingly positive responses. This was shared in LBC's newly formed SEND (Special Educational Needs and Disabilities) newsletter.
- Feedback in both CCN teams has been excellent and includes the following:
'Friendly staff, prompt, good communication.'
'Everyone is very understanding and it has helped me save a lot of money on travelling to the hospital and coming home late after school.'



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'They start with the most important issues first and they do listen to our problems and give us advice or help us. They give us a lot of information.'

Luton and Bedfordshire AHPs

9.5 Cambridgeshire 0-19 service

- During this period the Cambridgeshire and Peterborough HCP (Healthy Child Programme) have been acknowledged as an area of exemplary practice in its collaborative approach working across midwifery and health visiting at the point of transition for new families. Public Health England are in the process of publishing updated guidance on supporting excellence in practice principles and our model is described in this national guidance document.
- A Family Nurse has had a blog published by the Family Nurse Partnership (FNP) National Unit where she describes the impact of working with a concept called the 'new mums stars' outcome framework. Cambridgeshire & Peterborough FNP team have been part of this national pilot
<https://www.fnp.nhs.uk/blogs/what-has-itfelt-like-to-deliver-a-more-personalised-fnp-programme/>.
- A Health Visitor working in the South locality has had confirmation that her case study is going to be published by the iHV's 'Making History: Health Visiting during Covid19' publication, the case study describes a family's journey of becoming a parent during lockdown.
- The infant feeding team celebrated breastfeeding week this year by creating a whole new self-care section on the Cambridgeshire and Peterborough Healthy Child Programme website. The new includes new video demonstrations from the team, infographics, an assessment tool and an 'introducing family foods' digitised workshop. The team pulled this together in less than 6 weeks – in response to Covid19 pressures, and it is the first official joint venture content made by staff from both Trusts.
<https://www.cambscommunityservices.nhs.uk/what-we-do/children-young-peoplehealth-services-cambridgeshire/cambridgeshire-0-19-healthy-childprogramme/healthy-lifestyle-and-feeding>

9.6 Children's Community Specialist Nursing Service

- The Training guidance for external partners has been well received by special schools and introduces generic training subjects which allow schools to have a flexible approach to staff placement. Training videos have also been well received and being used across all the special schools and the CCN Team across Cambridgeshire and Peterborough. The clinical guidance and SOP supporting the training of external partners will be adopted by CPFT (Cams & Peterborough NHS Foundation Trust) for use in the CCN Team. Work has commenced on the new website.
- The Service continues to support East Anglia Children's Hospice (EACH) and the planning of respite packages for children with complex needs across the county under mutual aid.

9.7 Norfolk Children's services

- Featuring on BBC Radio Norfolk: This month Norfolk Health Visitor Melissa Snell featured on BBC Radio Norfolk. It was part of an ongoing story about the negative impacts Covid19 and child development. Melissa was able to share the positive approach of the HCP and how phone and video ensured a continuity of contacts, including development checks throughout Covid19.



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- Use of innovation and digitalisation to support staff e.g virtual offices, weekly Locality Q&A sessions and themed learning sessions – visibility of leadership and engagement of staff / hearing views and opinions
- Pace and responsiveness of Just One Norfolk to create relevant Covid19 content and help us continue to provide a service for families
- Partnership work - coordinating 'team around the child' home visiting with partner agencies
- Student HVs being able to complete courses despite lockdown – and now recruited
- Antenatal education continued to be delivered to all families through Just One Norfolk digital sessions and now also through Attend Anywhere for vulnerable families

9.8 School Immunisation Service

- Immunisations Teams started the catch up programme in June 2020. Clinics were offered from 8 June 2020 onwards working within restrictions to ensure a Covid19 safe service was delivered. Increasing clinics, nurse numbers and reducing appointment times as the teams became more proficient with new PPE / IPAC requirements enabled the teams to vaccinate 17500 children, well over the initial prediction of 10000.

9.9 Dental services

- The service has received excellent patient feedback, 100% positive recommendation. The number of returns is reduced due to the reduction in numbers of patients seen. However to help improve the uptake in our Covid19 safe environment we have introduced the use of QR Codes on post operative instructions and by patient exits to enable data to be captured in a safe way
- We are working on a digital solution to deliver oral health improvement training to early years settings and schools. We engaged with the settings in advance of school closures and the majority were positive about accessing the training online. We are currently working on what the offer will look like – live session and pre-recorded options for maximum flexibility.
- Thomas O'Connor was nominated for a Shine a Light Award by his colleagues in Cambridge. The team recognised that he had provided support over and above his job role at this challenging time.

9.10 MSK (Musculoskeletal)

- Digital – Our use of video was recognised by NHS England through testimonials from Hannah Burlinson and Alex Theobald. Komal Bhuchhada wrote an article in conjunction with the MACP (Musculoskeletal Association of Chartered Physiotherapists) and University of Birmingham - 'Advanced physiotherapy placement using telehealth during Covid19.'
- Over 90% of our staff have access to Cameras and Headsets to enable us to offer a Digital First Appointment – staff have positively embraced virtual ways of working for both individual and group appointments.
- We have formed a working group to deliver primary care training to Cambridgeshire and Peterborough starting autumn 2020. This will enable us to upskill primary care on our website, on virtual MSK consultations, top tips for delivering virtual first and how to manage Covid patients with MSK related challenges.
- We have been collating outcome measures on musculoskeletal health to prove the effectiveness of the classes we deliver – our upper limb and functional rehab classes both demonstrate both clinical improvement in MSK-HQ outcome measure and a statistically significant improvement with the treatment we deliver.



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This gives us the evidence that both classes are effective interventions for improving musculo-skeletal health in the majority of shoulder conditions and most patients with ankle, foot, knee and low back conditions.

- South Asian Female Exercise Class – recognition of this project is increasing. We have submitted an article to Frontline, the magazine for the Chartered Society of Physiotherapists. The abstract for the project was also accepted to present at Physiotherapy UK 2020 in November 2020.

9.11 iCaSH

- iCaSH supported the Trust staff antibody screening during July, testing in excess of 895 individuals by delivering dedicated clinics during the working week and weekends.
- Despite the friends and family test being officially paused, the service has used the opportunity to seek feedback based on some of the innovations introduced in response to the pandemic. The service has received overwhelming positive responses to the symptomatic screening availability on line, telephone triage approach and medical postal services. This information will form part of evaluations that will be shared with commissioners on the future of sexual health service delivery.
- Following a few months of being located in interim facilities at MK University Hospital, iCaSH Milton Keynes relocated to their new purposely renovated clinic facility at No.624 at the end of July and are now delivering services as an integrated service.

9.12 Beds ABI (Acquired Brain Injury) & Neuro Rehabilitation

- Joint delivery of a series of virtual workshops for Headway clients to support people with brain injury. A series of three virtual workshops co-hosted by Dr Scott Ferguson, Principal Clinical Psychologist and Vera Maynard, Assistant Psychologist, was delivered using a FACE-COVID framework to explore clients' experiences of the pandemic. A brief overview of FACE-COVID, developed by the Acceptance and Commitment therapist Dr Russ Harris.
- The services have continued to work in a more integrated way to maximise capacity for the provision of extended services and supporting hospital discharges.

9.13 OZC (Oliver Zangwill Centre)

- The team have successfully proven the delivery of the 2 day IDT (Interdisciplinary Team) assessment virtually, turning it into a viable service offer especially to clients out of area or from abroad. Feedback from clients and their relatives has been really positive.
- We have been approached to deliver training via videoconferencing by a team in Cumbria, which we have subsequently agreed to and marks the resumption of the services education offer.
- Our team continue to be involved in development of rehabilitation for Covid19 patients. Donna Malley as Chair of Royal College of Occupational Therapists Specialist Section – Neurological Practice (RCOTSS-NP) has contributed to a guide to rehabilitation for people recovering from Covid19. Professor Barbara Wilson who has and continues to deliver webinars and lectures.



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A: Assurance Summary

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

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



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- In October 2019, the National Freedom to Speak Up Guardian Office published their Freedom to Speak Up index. The Trust was identified as the best performing Trust nationally and the Chair, Deputy Chief Executive and Freedom to Speak Up Guardian attended a national awards ceremony to receive our certificate.
- The Freedom to Speak Up index published on 9th July 2020 and the Trust has again been identified as the best performing Trust nationally.
- Bi-annual workforce review presented to the Board in November 2019 and July 2020.
- Daily staffing sitreps and Incident Management Team meetings to manage staffing pressures during the current Covid-19 pandemic. Throughout this period all areas have been able to provide all essential services in line with the national mandated list as part of community health services response to Covid-19. However, some areas across the Trust are experiencing additional workforce pressures at the current time and these are being closely monitored. Risks 3163 and 3164 cover these pressures and are reviewed on a weekly basis.
- Professional Education Annual Report received by QIS Comm in September.

B: Measures for Achieving Objective

Measure	20/21 Target	Data source	Reporting frequency	Current position as at end May 2020
Staff recommend the Trust as a good place to work	Above national average	NHS Annual Staff Survey	Annual	Next set of results due March 2021
Our staff feel able to speak up about patient safety issues	Maintain 2018/19 score	Freedom to Speak Up Index and Annual Staff Survey	Annual	Top NHS Trust nationally in July 2020 FTSU Index report
Staff engagement rating	Above national average	NHS Annual Staff Survey	Annual	Next set of results due March 2021
*Sustain the level of overall mandatory training	94%	ESR	Monthly	*91%
Achieve a good staff engagement rating – all staff	Above national average	NHS Annual staff survey	Annual	Next set of results due March 2021
Improve experience for Black, Asian,	Decrease the numbers of BAME staff experiencing	NHS Annual Staff Survey	Annual	Results available



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Minority, Ethnic (BAME) staff	discrimination at work from manager/team leader or other colleagues in the last 12 months. (2019 baseline – 7.9%)			in March 2021
Improve experience for disabled staff	Decrease in the numbers of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (2019 baseline 18.3%)	NHS Annual Staff Survey	Annual	Results available in March 2021
*Available staff have had an appraisal in the last 12 months	=>94%	ESR	Monthly	*84.96%
Available staff have had a good quality appraisal in the last 12 months	Improvement achieved from 2019 results	NHS Annual Staff Survey	Annual	Results available in March 2021
Deliver the locally agreed staff related annual Equality Delivery System objectives	Pass/Fail	Equality Delivery System	Annual	Board Review in March 2021
Monthly sickness absence remains below 4%	4%	ESR	Monthly	3.26%
Reduce Annual Staff Turnover	1% improvement from 2019/20 outturn (March 2020 – 13.04%)	ESR	Monthly	13.21%
Maintain Mindful Employer Status	Pass/Fail	HR Team	Monthly	

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

C: Risks to achieving objective

Strategic risks

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

Any operational risks 15 and above

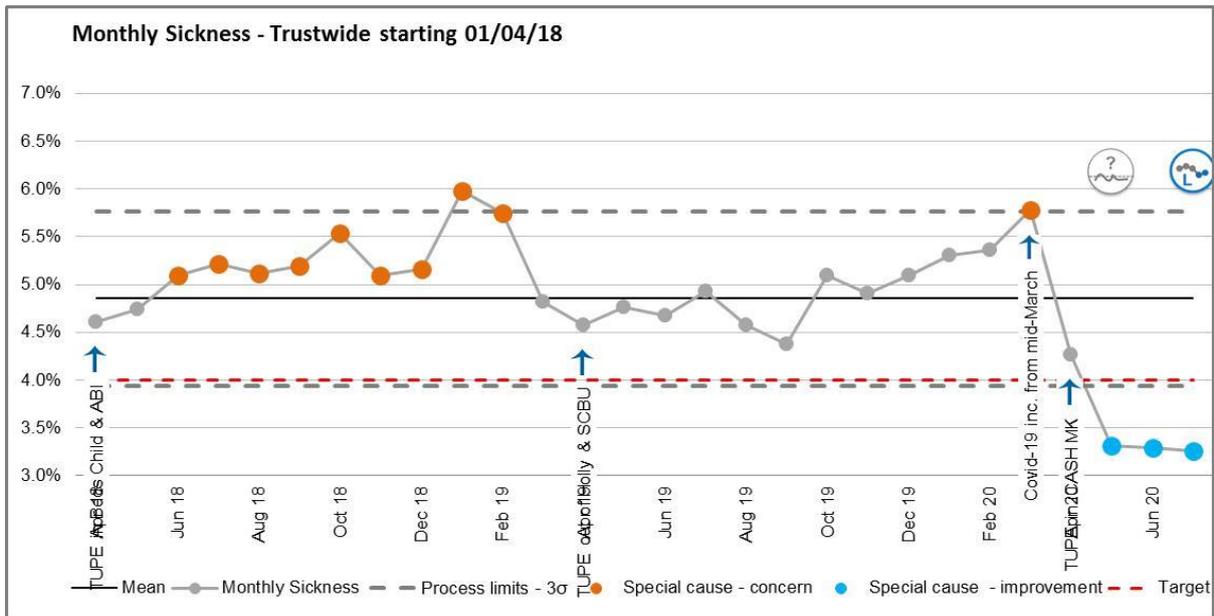


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D: Overview and analysis

1. Sickness

- 1.1. There has been a significant drop in the monthly sickness rate since March 2020 (5.78%). However, the 12 month cumulative rolling rate (4.55%) continues to be above the Trust rolling target of 4%.
- 1.2. Monthly Trust wide reporting for June 3.29% (including Covid-19 sickness), 3.06% (excluding Covid-19 sickness), and for July 3.26% (including Covid-19 sickness) and 3.11% (excluding Covid-19 sickness)
- 1.3. The Trust wide sickness rate has decreased significantly this month, and is now below the Trust's target of 4.0% for 2020/21. Of the 3.26%, 1.77% was attributed to long term sickness and 1.49% short term sickness absence. Luton Community Unit had the highest sickness rate (5.82%) and Corporate having the lowest (0.91%). The top reason is S10 Anxiety/stress/depression/other psychiatric illnesses; work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- 1.4. The Trust monthly sickness rate is below the March 2020 benchmark report for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 5.5%.

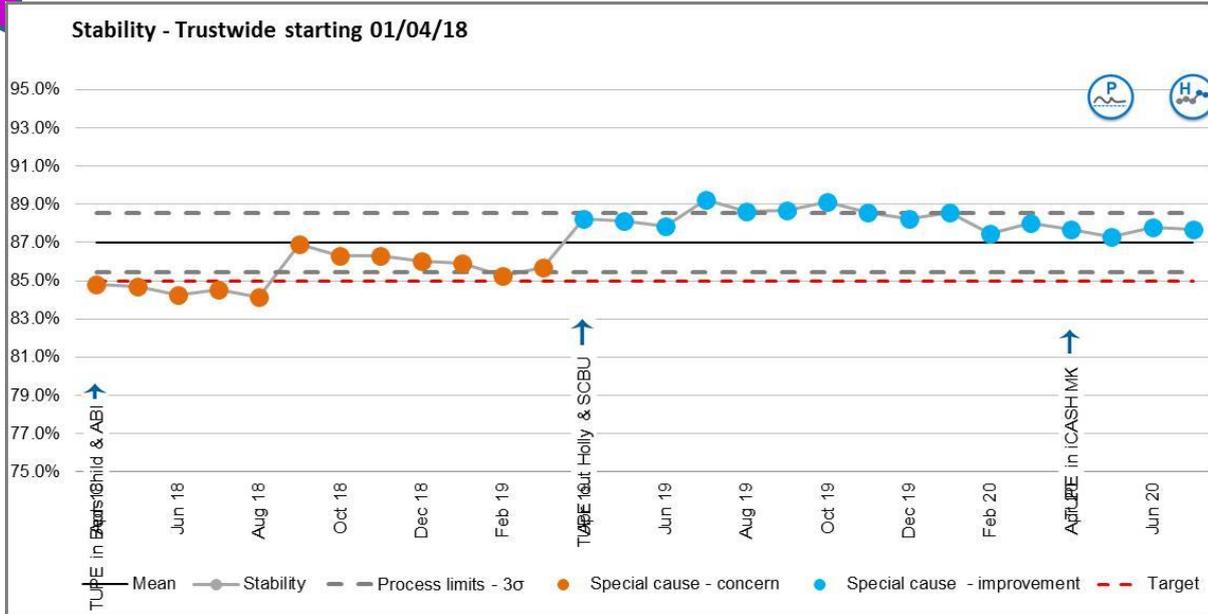


2. Stability

- 2.1. The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – June 87.78%; July 87.71%; against the Trust target of 85%. This compares favourably to a stability rate of 86.6% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, April 2020).
- 2.2. Stability rates for the Trust are based on the permanent workforce (ie: those on a fixed-term contract of less than one year are excluded).



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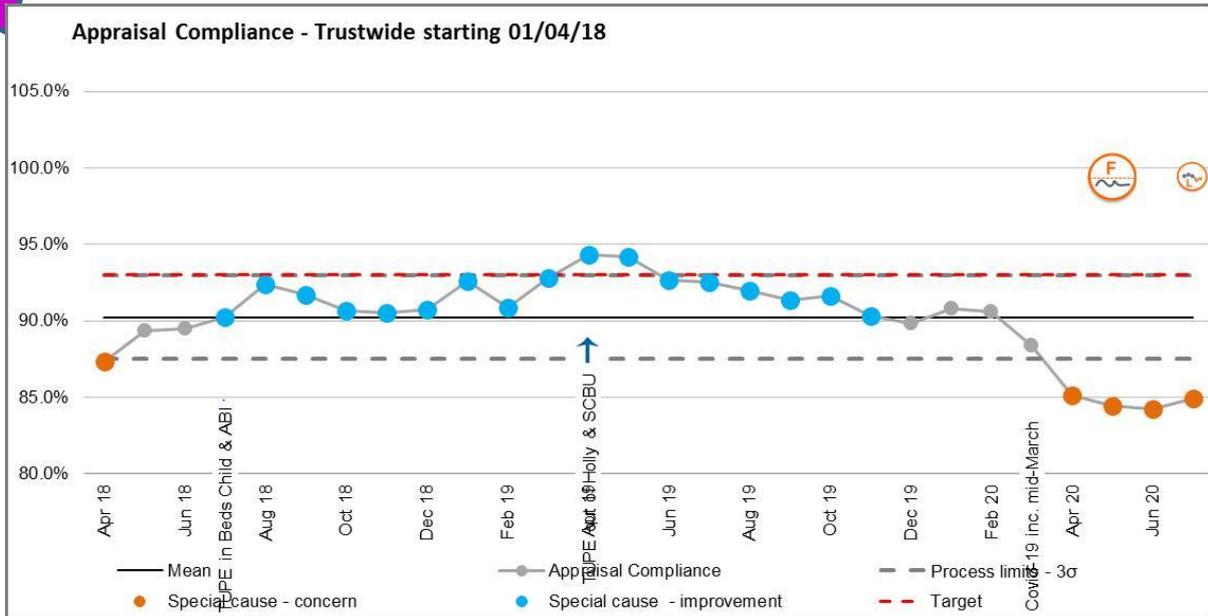


3. Appraisals

- 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 – June 84.26%, July 84.96%, and remains below the target of 93% for 2020/21.
- 3.3. Luton Community Unit has the lowest rate (73.28%) and Luton C&YP (Children & Young People) Community Unit the highest (92.02%). Employees, for whom a non-compliant date is held in ESR, are sent a reminder and this will continue to be done on a regular basis.
- 3.4. To ensure that we are supporting all staff at this time we have re-introduced the importance of all staff having their appraisal and have asked line managers to focus on health and wellbeing of individuals at this current time.



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4. Staff Engagement/Support during Covid-19

- 4.1. We are continuing to support staff across the Trust and are keeping under review all national offers around health and wellbeing. These are embedded into our local stepped approach as appropriate. As hot spots and/or particular challenges are identified targeted interventions/support to mitigate the impact on our staff and delivery of services are put in place. All of the activities previously reported continue to be in place and workforce challenges and staff morale is regularly discussed at our bi-weekly incident management team meeting.
- 4.2. Payroll issues are continuing to reduce on a month by month basis. Our payroll lead and finance colleagues have put in place additional training and support to line managers and teams. This has led to the significant reduction of payroll forms being rejected by our payroll provider.
- 4.3. A review of the issues experienced by our iCaSH Milton Keynes staff following their transfer to the Trust in April 2020 has been undertaken. As part of this review dedicated workforce and finance support was identified to support the team in addressing outstanding issues. Improvement actions have been identified and will be embedded into our systems and processes for future transitions/transfers.
- 4.4. Preparations are underway for the 2020 NHS Annual Staff Survey. This will run from October 2020 to December 2020 and we will be surveying all staff in post as at 1st September 2020. We also continue to run our quarterly staff friends and family survey. The current one is due to close on 30 September 2020 and the results will be used to update our staff survey improvement plans.



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

- 5.1 It was reported in our July 2020 Board report the expectations of NHS England and NHS Improvement in relation to all staff having an individual risk assessment in relation to Covid-19 health and wellbeing risks.
- 5.2 It can be confirmed that the Trust was fully compliant with this request and that 100% of our staff have had an individual risk assessment conversation and where appropriate relevant actions/mitigations have been put in place or are being put in place.
- 5.3 The risk assessment process has been embedded into our recruitment processes to ensure that all new staff also have an individual risk assessment.
- 5.4 Our human resources leads continue to work with our line managers to make sure that those identified as high or very high risk have their risk assessments regularly reviewed.

6. **BAME Network Update**

- 6.1 Our BAME network is going from strength to strength. We have had two engaging BAME network meetings, one in July and one in August, where the following was discussed:

- Rationale for setting up a network
- Agreeing terms of reference
- Appointing Officers
- Levels of BAME networks – national definitions and self-assessment
- Workforce Race Equality Standards and our Trust data
- Equality statement for our recruitment advertisements
- Developing together an anti-racism policy for the Trust

- 6.2 The agreed terms of reference are attached at Appendix 5 and network officers have been appointed as follows:

- **Chair** – Austin Chinakidzwa
- **Vice-chair** – Shagufta Dalal
- **Secretary** – Veronica Hilbert
- **Communications/Membership Officer:** Sahar Nashir
- **Locality Officers:**
 - **Bedfordshire and Luton** – Bennie A-Ward; Danielle Smith; Fazia Choglay; Hyacinth Hamilton; Kaye Lewis-Flinch; Lateesah Bimbukwe-Merritt; Joanne Absolam
 - **Norfolk** – Muhammad Patel



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- **Cambridgeshire/Peterborough** – Margaret Rondozi; Raj Thirunageswaram; Nusrat Hussan

6.3 Also included in Appendix 5, is a summary from each individual as to why they wish to take on a role within our BAME network. They were very happy for this to be shared with all Board members and welcome support and involvement from the whole Board in their network activities and discussions.

6.4 Anita Pisani our Deputy Chief Executive/Director of Workforce is the networks non-BAME Ally and Executive Sponsor/Champion.

6.5 Thank you to Mercy Kusotera for chairing the first two network meetings and for getting the network mobilised so effectively. Austin will take over the chair from September.

7. Agency/bank spend

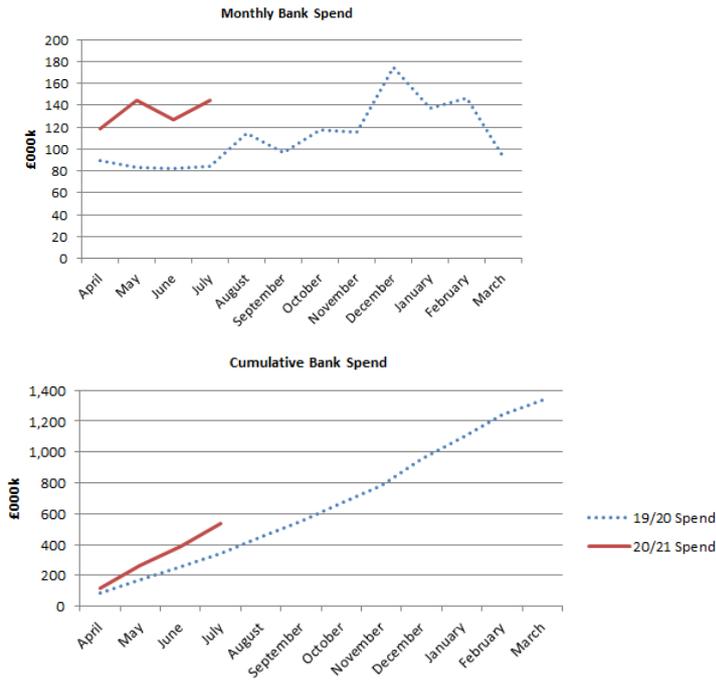


7.1. The Trust's agency spend ceiling for 2020/21 totals £2,240k, which is the same as in 2019/20.

7.2. The Trust's cumulative agency spend to Month 4 is £390k against a spend ceiling of £745k. Covid 19 service delivery changes have reduced the demand on agency hours.



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- 7.3. To assist the Trust to remain within the agency spend ceiling, the services have the availability of bank staff to fill short term staffing pressures. Cumulative bank spend at month 4 was £535k. This has increased from 2019/20 spend at month 4 of £338k, which demonstrated a positive increase in usage. Substantive staff who are working additional hours to support Trust services during Covid 19 are being paid through the bank.
- 7.4. The Trust has implemented a weekly bank payment process to attract more staff onto the bank and improve the talent pool available to services.



Collaborate with others

A: Assurance Summary

Well Led	<ul style="list-style-type: none"> • Strong collaboration taking place across our systems as evidenced in this report • Research – 95% of all CRN portfolio studies are scoped for viability against Trust services 	Substantial
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- In addition to the overview and analysis of performance for June and July 2020 as set out below, the Board can take assurance from the following sources:
 - The Trust has in place robust collaborations with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), East London NHS Foundation Trust (ELFT) and across the provider landscape in Luton.
 - The Trust fully participates in STP/ICS activities in Cambridgeshire and Peterborough and in Bedfordshire, Luton and Milton Keynes (BLMK) and has a representation on Norfolk’s Children Board.
 - Deputy Chief Executive jointly chairs the Bedfordshire Local Resilience Forum Health and Social Care Cell with Deputy Chief Executive from ELFT and Director of Adult Social Services from Bedford Borough Council. This forum is managing the Bedfordshire and Luton Out of Hospital response to Covid-19.
 - Deputy Chief Executive is a member of BLMK Health Cell which is managing the BLMK health response to Covid-19.
 - Collaboration is at the core of the Trust’s research activities.
 - Director of Governance is a member of Cambridgeshire and Peterborough STP gold response to Covid-19.
 - Research Bi-annual Report received at QIS Comm which provided substantial assurance

B: Measures for Achieving Objective

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

Achieve our target to recruit patient/service users to research studies	Pass/Fail	Exec Team	Quarterly	Recruitment restricted at present due to Covid-19
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C: Risks to achieving objective

Strategic risks

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

D: Overview and analysis

Strategic work-streams with others

The momentum achieved in the NHS and Local Authority response to Covid-19 has been sustained and we plan to capitalise on the willingness to reform and collaborate across organisational boundaries. A summary of our key system collaborations follows:

1. Joint Children’s Partnership Board - CCS/CPFT contractual joint venture

- 1.1. The last Joint Children’s Partnership Board took place on 21st July 2020. An update from this meeting is included separately as part of today’s Board papers.
- 1.2. The Joint Children’s Partnership Board is due to meet next on 20 October 2020. The agenda has not yet been finalised although the meeting will likely focus on service delivery of our joint venture activities and our joint restoration/recovery plans and progress. The Partnership Board continues to run in parallel with the Clinical Operations Board (CCS) and Performance Review meeting (CPFT).
- 1.3. Joint delivery of the Cambridgeshire and Peterborough Health Child Programme; Children’s Community Nursing and Emotional Health and Wellbeing services with CPFT continues under the leadership of John Peberdy, our Service Director in this area.

Collaborate with others

- 1.4. Recruitment to the leadership roles across the Healthy Child Programme has now been completed.
2. **Collaborative partnership working with East London NHS Foundation Trust**
 - 2.1 The Joint Partnership Board last met on 26 June, 31 July and most recently on 28 August 2020.
 - 2.2 The Board discussed the following areas:
 - Outcomes/incentive payments – 19/20 outturn and challenge.
 - Transformation updates and emerging business cases.
 - Covid-19 response and resilience
 - Next steps in the Bedfordshire Care Alliance’s Frailty Programme.
3. **Bedfordshire Local Resilience Forum Health and Social Care Cell**
 - 3.1 This strategic group has continued to meet weekly. This Cell is jointly chaired by CCS Deputy Chief Executive, ELFT Deputy Chief Executive and Director of Adult Social Services, Bedford Borough Council. This group is supported by a whole system tactical group that meets twice a week and is chaired by Clare Steward.
 - 3.2 The main areas of focus for the group are:
 - Oversight of the Discharge Planning systems and processes across the system
 - Oversight of the Adult Social Care Plans and Care Home resilience plans
 - Supporting effective implementation of appropriate national guidance and infection control and measures and raising any concerns related to quality assurance or safeguarding
 - Determining a consistent approach in relation to testing of frontline staff, their households, patients and maximisation of testing capacity across the system
 - Ensuring co-ordinated management of challenges and the provision of mutual aid
 - Recognising likely demand and updated the model in light of the Covid-19 Pandemic experience across the system
 - Joint problem solving and troubleshooting across the system
 - Shared understanding of challenges, priorities and plans, at place, across the health and social care system
4. **BLMK Partnership Board – Integrated Care System (ICS)**
 - 4.1 The BLMK Partnership last met on 5 August 2020. The meeting focussed on: covid-19 recovery plans and progress; the BLMK CCG ‘Case for Change’ (the intended CCG merger) and updates from the Milton Keynes and Bedfordshire Integrated Care Partnerships (ICPs).
 - 4.2 The BLMK CCGs continue to refine the ‘Case for Change’ that sets out the rational and perceived advantages of merging the 3 CCGs in April 2021. The case will be discussed with NHS England and NHS Improvement in early October 2020.

Collaborate with others

- 4.3 Next meeting of the Partnership Board is 15th September 2020. Anita Pisani will be attending this meeting to update on the development of the Integrated Care System People Plan.
5. **Bedfordshire Care Alliance (BCA) – Integrated Care Partnership**
- 5.1 The BCA last met on 27 August 2020. Key discussion points:
- 5.1.1 Clarity on priorities for the Alliance; a paper will be reviewed at the next meeting.
 - 5.1.2 Organisational development; a need at operational level was recognised and will be embedded.
 - 5.1.3 Metrics; agreed that a few targeted metrics are needed and partners will nominate leads to take this forward.
 - 5.1.4 Frailty; agreed a ‘deep-dive into data relating to night time admissions to understand potential for improvement.
 - 5.1.5 Structure; initial identification of existing fora that can be aligned with the Alliance.
 - 5.1.6 Data-sharing (pending the system shared care record in circa 18 months); a bid for regional funding has been made to extend the data-sharing (provided in Luton under contract by Medi Analytics) to Bedfordshire.
- 5.2 The Trust has taken a leading role in drafting a set of principles for the BCA together with a high-level route map mapping out next steps for the Alliance. This takes the form of a discussion document which will be finalised at a meeting with Chief Executives and Chairs across Bedfordshire Hospitals; East London Foundation Trust and CCS on 8th September 2020.
- 5.3 The Trust continues to work with East London Foundation Trust on the alignment of our adult services across Bedfordshire.
6. **Cambridgeshire and Peterborough Best Start in Life Strategy**
- 6.1 This work continues to be led by John Peberdy our Service Director for Children and Young Peoples Services across Cambridgeshire and Peterborough.
- 6.2 A memorandum of understanding has been developed together with an intent to produce a pledge for non-core stakeholders such as nurseries and the voluntary sector.
- 6.3 Two ‘place based’ conversations have taken place, one in Wisbech and one in Cambridge City to determine local priorities. There has also been a similar conversation in Peterborough. An external organisation (ISOS) has been commissioned by the LA to support this work
- 6.4 The communications and digital group is being reinvigorated.
7. **Norfolk Alliance**
- 7.1 A memorandum of understanding has been agreed across all partners.

Collaborate with others

- 7.2 The development of the Alliance Agreement (target was October 2020) has recommenced. This includes the creation of system-level outcomes measures. These will not be contractually binding but will serve to encourage partners to work more closely to achieve them.

8. Research Update – June – July 2020

8.1 Clinical Research Overview

The Department of Health and Social Care (DHSC) has requested that all Trusts have a 'research restart strategy' to have a planned approach to re-starting studies which were paused in March. We still currently have no Covid-19 NIHR studies, but are exploring the various vaccines studies which are appearing onto the portfolio. The studies which were suspended and those which have been 'restarted' in June and July 2020, along with the total participants recruited within this two-month reporting period, are displayed in Table 1 below.

8.2 National Institute for Health Research (NIHR) Portfolio studies

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

Table 1: Clinical Research Summary Table for NIHR Portfolio Studies (updated 20/08/2020)

Key to icons:							
Recruitment:	Increased	no change	completed	in set up	allocated funding/prize		
NIHR Portfolio studies	Speciality/ clinical area/ location	Collaboration with University/ University Trust	Numbers this reporting period (*1)	Total for April to July	Trend	Highlights	Impacts
ESCAPE Study (Cessation of smoking in patients with mental health)	Trust Wide (staff)	University of Bristol	0	1		Now open for recruitment	Supporting future intervention development
CLIMB (data consent study)	Trust Wide (staff & patients)	CPFT, University of Cambridge	0	6		Large survey study	High recruitment
HIV Pre-exposure Prophylaxis (PrEP)	Ambulatory iCaSH 9 clinics	Public Health England, Chelsea & Westminster Hospital NHS foundation trust	7	7		Recruitment is now closed and in follow up from July 14th	Potentially UK wide impact on preventing HIV transmission
Fatigue in Long Term Conditions	Respiratory Team Luton Adults	Kings College London	0	0		On Hold First observational study within this team	Potentially other studies in the pipeline
Youtube	Children & Young People's Service (CYPS) Cambridge	University of York	0	0		Open PIC site for recruitment	Building research knowledge in an area of high interest.
Balance Study	Children & Young People's Service (CYPS)	Moorfields Eye Hospital	0	0		On Hold Newly opened	Important technology study

	Orthotics/					MHRA randomised trial	
Total recruitment within this period:			7	14	Recruitment halted		Behind target for potential (RCF) to be awarded April 2021 (*2)

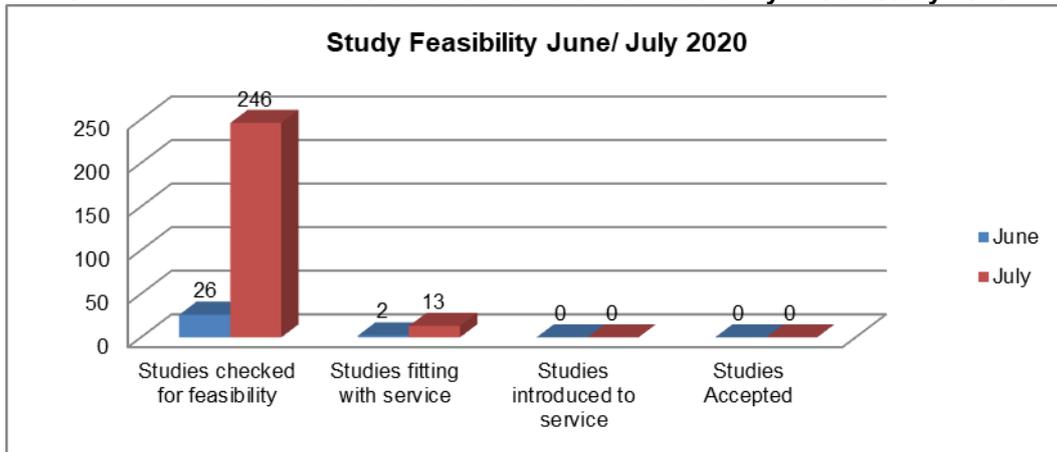
(*1) All figures accurate as of 20/08/20 from the Research Impact Recording Tool (totals of Open Data Platform (ODP) and EDGE databases).

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

8.3 NIHR portfolio studies which have been considered for feasibility

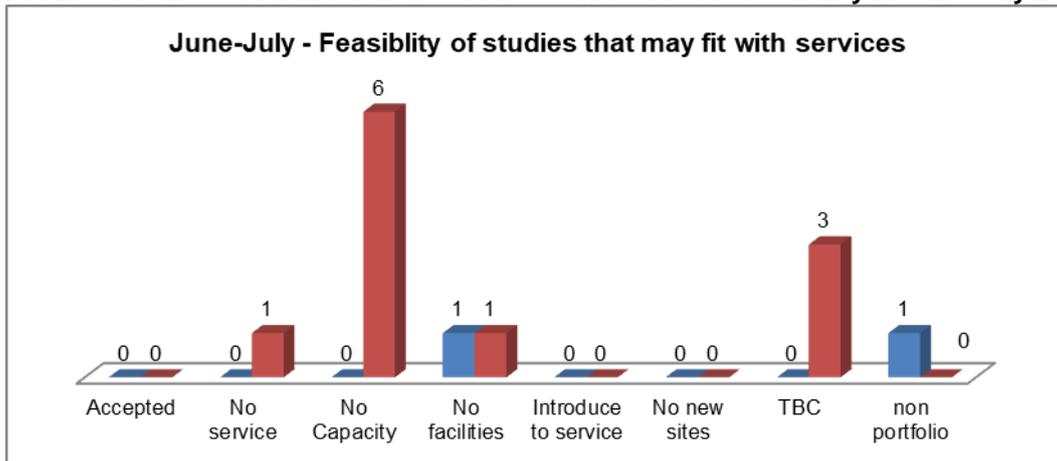
During this period the Research team has considered 272 studies for suitability for adoption into the Trust; only 15 were potentially fitting with Trust services (please see Chart 1).

Chart 1: NIHR Portfolio studies considered for feasibility in June/July 2020



No new portfolio studies were adopted into the Trust during this time period. The majority were discounted due to capacity reasons (see Chart 2).

Chart 2: Outcomes of NIHR Portfolio studies considered for feasibility in June/July 2020



8.4 Projects and research studies which have been considered for feasibility and/or submitted for Health Research Authority (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 HRA for approval. This process includes ethics and project approval

Collaborate with others

and sign off by the host NHS site. There was one non-portfolio study (see Table 3) which was considered during this period and went through HRA. This study is looking at the feasibility of using the researcher's glue ear hearing App to undertake remote hearing screening. Hence, this study was categorised as a 'Covid-19 urgent' and as such received a rapid HRA decision.

Table 3: Non- Portfolio studies considered for feasibility/HRA approvals

Study	Speciality/ clinical area/ location	Study overview	Collaboration with University/ University Trust	Date approval obtained
Exploring interventions for glue ear during Covid-19	Children's Services Cambridgeshire	Providing hearing tests via the hearing App - Pilot study	Colleagues Hearing Clinic from UHC	15/07/20

8.5 Student Studies and Non-Student studies – Local Permissions:

During this reporting period there were no student and non-student studies submitted for local Trust permissions.

8.6 Fellowships, Internships and Grants:

The Fellowships and Internships are very competitive and are typically funded by the NIHR or the NIHR in conjunction with Health Education East (HEE). In this reporting period there were no staff who were planning to submit a Fellowship application and no staff who had commenced a new Fellowship.

We currently have two clinicians who are on the Applied Research Collaboration (ARC) Fellowship Programme with an initial completion date of December 2020. However, due to Covid-19, they have had their Fellowships extended an additional 12 months until December 2021. These Fellowships have recommenced their teaching element and their projects, so mentorship support has re-started.

8.7 Grants:

A NIHR Research for Patient Benefit (RfPB) stage 1 application, for a study exploring homebased music therapy with patients who have had strokes (see Table 4) has been re-submitted for consideration for the next NIHR round in July 2020. We are unable to confirm the outcome of Stage 2 RfPB grants, but as we have not been approached by the academics to start the set-up process, we presume that they have been unsuccessful.

Table 4: Summary Table for Fellowships/Internships and NIHR Grant Submission/s Applied for and results within this reporting period (updated 31/07/2020)

NIHR Fellowships/grant	Area	Numbers	Trend	Collaborations	Impacts/potential impacts
NIHR Research for Patient Benefit (RfPB)	Ambulatory Care Neuro-rehab Bedford	One submission of stage one.	Re-submitted. Feedback from peer review at NIHR RfPB panel taken on board.	Research Fellows from ARU, Research team and Neuro Rehab team	Potential to have a music therapy grant running in Neuro- rehab, Bedford
NIHR/HEE Applied Research Collaboration (ARC) Fellowships	CYPS Norwich & Luton	Two	Fellowship commenced January 2020 for 12/12. Both extended to December 2021.	Applied Research Collaboration (ARC)	Working with children in geographical areas of high health needs.
NIHR Research for	Ambulatory	One	Presumed	Academics from	Breast feeding and

Patient Benefit (RfPB)	Care iCaSH	submission of stage two.	unsuccessful outcome for stage 2.	UoOxford iCaSH consultant	HIV. Another potential study for iCaSH
NIHR Research for Patient Benefit (RfPB)	Luton Adults	One submission of stage two.	Presumed unsuccessful outcome for stage 2.	University of Cambridge (Cambridge Institute of Public Health & School of Clinical Medicine)	Frailty project links to Luton service.

8.8 Research Assurances

- National High Level Objectives (HLO) as determined by the DHSC and monitored by the CRN Eastern.
 - HLO1 Participant recruitment to studies – now restarted with the surveys.
 - HLO2a Recruitment to time and target for Industry studies – no commercial studies running currently in the Trust.
 - HLO2b Recruitment to time and target for non-commercial studies.
 - HLO6d Widen the participation in research by enabling the involvement of a range of health and social care providers. Scoping for studies.
 - HLO7 Deliver significant levels of participation in NIHR CRN Portfolio Dementias and Neurodegeneration (DeNDRoN) studies. Scoping for studies.
 - HLO8 Portfolio study participants responding to the Patient Research Experience Survey, each year. Only applies to certain studies, not relevant for surveys.
 - HLO9a Reduce study site set-up times for NIHR CRN Portfolio Studies by 5% - not relevant to Trust as low numbers per year of studies adopted.

These objectives will be re-activated, as part of the NIHR Restart Programme.

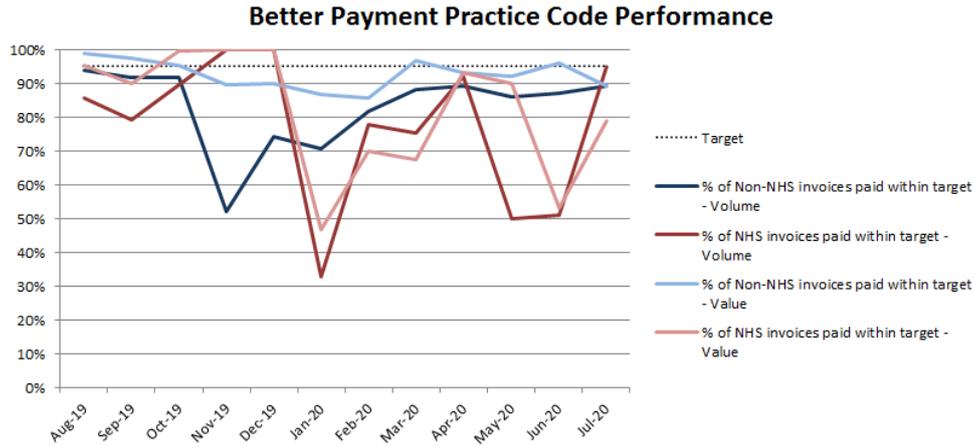
- **Health Research Authority (HRA)** national and ethical approval (where appropriate) has been obtained for all the NIHR Portfolio and Non-Portfolio studies.
- **NIHR National Performance Metrics** – Performance in Initiating (PII) and Performance in Delivering (PID) now being re-instated and being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

8.9 Published papers & posters within this period

No papers or posters have been published during this period.

9. Public sector prompt payments

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- 9.1 The average in month prompt payment results across the four categories was 72% in month 3 and 88% in month 4. In month 4, the Trust achieved the 95% in one category.
- 9.2 With regards to NHS invoices, only 51% of invoices were paid on time in month 3. The Trust resolved and paid invoices received at year end which affected the figure. This improved to 95% in month 4.
- 9.3 With regards to Non-NHS invoices, achievement in both categories has been relatively consistent across both categories in the last 6 months – with an average of 91% achievement in both categories over this period.
- 9.4 The Finance team will continue to work closely with the teams and services to ensure all invoices are processed promptly. Further processes are being implemented to increase the monitoring of invoices and improve their allocation to services.

A: Assurance Summary

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

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

B: Measures for Achieving Objective

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



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C: Risks to achieving objective Strategic risks

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

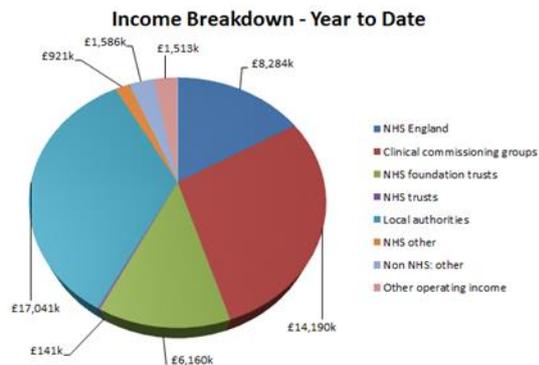
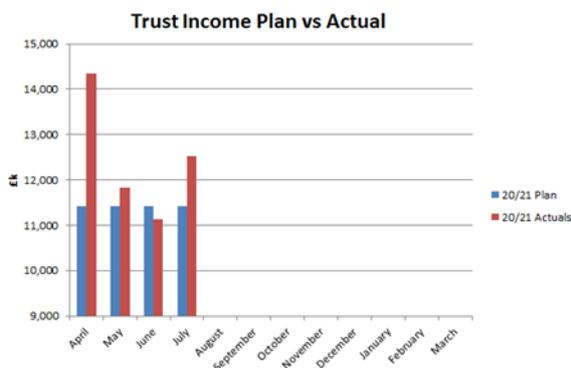
Any operational risks 15 and above

D: Overview and analysis

Finance scorecard

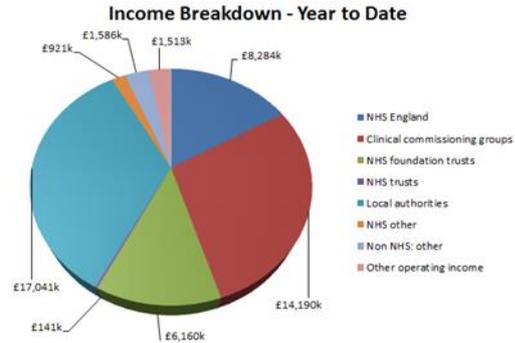
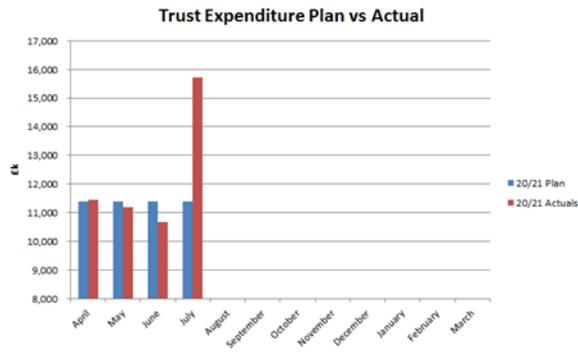
Finance Dashboard	Section in Report	Plan M4	Actual M4	Variance M4
Operating income	1	£45,676k	£49,025k	£3,349k
Employee expenses	1	(£29,040k)	(£29,838k)	(£798k)
Operating expenses excluding employee expenses	1	(£16,584k)	(£19,185k)	(£2,601k)
Trust Surplus/(Deficit)	1	£342k	£0k	(£342k)
Closing Cash Balance	2	£11,446k	£16,828k	£5,382k
Capital Programme	4	£1,160k	£1,698k	£538k
Agency Spend	SO2 - 4	£624k	£390k	£234k
Bank Spend	SO2 - 4	£580k	£534k	£46k

1. Income and expenditure





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

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

Division Level	Jul-20					
	Income £'000	Pay £'000	Non-Pay £'000	Net Total £'000	Net Budget £'000	Variance £'000
Ambulatory Care Service	315	(6,415)	(2,412)	(8,512)	(9,748)	1,236
Bedfordshire Community Unit	381	(4,255)	(767)	(4,641)	(4,666)	25
Childrens & Younger Peoples Services	855	(9,728)	(815)	(9,688)	(10,036)	348
Luton Community Unit	682	(6,218)	(1,117)	(6,653)	(7,083)	430
Other Services	46,790	(3,222)	(14,074)	29,494	31,875	(2,381)
CCS Total @ 31st July 2020	49,023	(29,838)	(19,185)	-	342	(342)

1.2.1. Ambulatory Care Services delivered an underspend of £442k in month 3 and an underspend of £196k in month 4. 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 £39k underspend in month 3 and performed to plan in month 4. The main reason for the underspend is due to pay and non-pay savings in Healthy Child Programme.

1.2.3. Children's & Younger Peoples Services delivered an underspend of £106k in month 3 and a £84k underspend in month 4. The main reason for the underspend is a fall in non-pay expenditure, particularly reduced travel costs as a result of Covid 19.

1.2.4. Luton Community Unit (including Luton Children's Services) delivered an underspend of £139k in month 3 and a £104k underspend in month 4. 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 £16.8m at month 4 represents an overall decrease of £3.0m on the previously reported position at month 2. The Trust has received block contract payments in advance in line with national Covid 19 guidance. This additional cash is currently being held in reserves, and will be managed alongside the income and expenditure flows during the next few months.

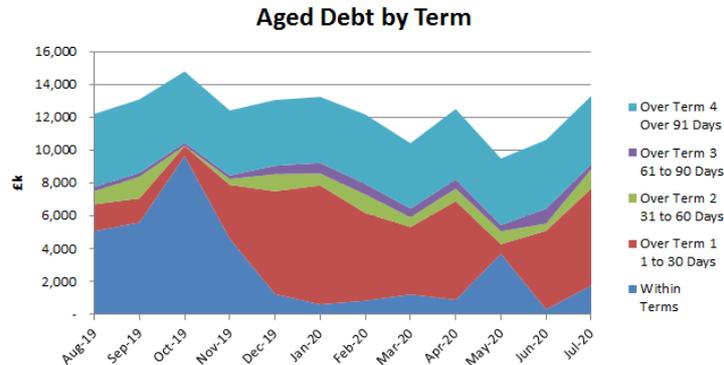
3. Statement of Financial Position

	July 2020 £'000	May 2020 £'000
Non-Current Assets		
Property, plant and equipment	55,050	54,902
Intangible assets	283	293
Total non-current assets	55,333	55,195
Current assets		
Inventories	41	41
Trade and other receivables	17,934	14,244
Cash and cash equivalents	16,828	19,817
Total current assets	34,803	34,102
Total assets	90,136	89,297
Current liabilities		
Trade and other payables	(23,357)	(22,518)
Provisions	(622)	(622)
Total current liabilities	(23,979)	(23,140)
Net current assets	10,824	10,962
Total assets less current liabilities	66,157	66,157
Non-current liabilities		
Trade and other payables	(1,045)	(1,045)
Provisions	(1,264)	(1,264)
Total non-current liabilities	(2,309)	(2,309)
Total assets employed	63,848	63,848
Financed by taxpayers' equity:		
Public dividend capital	2,245	2,245
Retained earnings	43,957	43,957
Revaluation Reserve	19,299	19,299
Merger Reserve	(1,653)	(1,653)
Total Taxpayers' Equity	63,848	63,848



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- 3.1. Trade and other receivables have increased over the reporting period by £3.7m and trade and other payables have increased over the reporting period by £0.8m.



- 3.2. Total trade receivables increased by £1.1m in June to £10.6m and then increased by £2.7m in July to £13.3m. The breakdown in May is £4.2m (32%) from NHS organisations; £8.5m (64%) from Local Authorities; and £0.6m (4%) from other parties.

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

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

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

4. Capital spend

- 4.1. Capital spend to date is £1.7m against a plan of £1.2m. The main areas of spend is IT equipment (£1.1m).

5. Use of resources

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

6. Contract performance

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

PART TWO

Supporting Information

CCS NHS Trust Quality Performance Dashboard 2020-21

Apr-20 May-20 Jun-20 Jul-20

Standard/Indicator	Description	Contact	Annual target Ceiling or Baseline	CCS Overall	CCS Overall	CCS Overall	CCS Overall	Sparkline
SAFETY								
Incidents								
Total number of new Datix incidents reported in month	New patient safety incidents including SIs, Never Events and medication incidents	L Ward	no target	96	106	108	150	
	Severe harm		0	0	0	1		
	Moderate harm		3	14	7	28		
	Low harm		20	23	20	14		
	No harm		73	69	81	107		
Serious Incidents	New SIs declared requiring investigation		0	0	0	1		
Never Events	Number of never events reported in month		0	0	0	0		
Medicines Management	Number of medication incidents reported (CCS)	A Darvill	no target	17	10	14	14	
	% CCS medication incidents no harm		no target	94%	100%	93%	100%	
Infection Prevention & Control								
Clinical Interventions Audit	Compliance with spread of infection indicator	C Sharp	100%	N/A	N/A	N/A	98.44%	
UV light compliance	All clinical teams - data pending		100%	N/A	N/A	N/A	N/A	
EFFECTIVENESS								
Mandatory training								
Overall mandatory training	In line with Trust Training Needs Analysis		94%	93%	92%	92%	91%	
Safeguarding training (Children)	Level 1: % staff trained		94%	97%	97%	96%	95%	
	Level 2: % staff trained		94%	97%	97%	97%	97%	
	Level 3: % staff trained		94%	83%	77%	80%	83%	
	Level 4: % staff trained		94%	100%	100%	70%	70%	
Safeguarding training (adults)	Safeguarding of adults at risk	J Michael	94%	95%	95%	94%	93%	
	Mental Capacity Act		94%	90%	90%	88%	88%	
	Deprivation of Liberty		94%	93%	95%	93%	91%	
Prevent Basic Awareness	% of staff undertaking Prevent training		85%	94%	93%	94%	94%	
WRAP	% of staff undertaking WRAP training		85%	91%	88%	88%	87%	
Manual handling	% of staff undertaking manual handling (patients)		94%	90%	89%	84%	84%	
Fire safety	% of staff undertaking fire safety training		94%	91%	90%	91%	90%	
CPR/Resus	% of staff undertaking CPR/Resus training		94%	91%	88%	89%	87%	
IPaC training	% of staff undertaking IPaC training		94%	96%	96%	96%	95%	
Information governance	% of staff undertaking IG training		95%	93%	93%	93%	92%	
Safeguarding								
Safeguarding supervisions (Children)	% eligible staff in Cams, Luton & Norfolk (Beds data reported separately)	D Andrews/ D Shulver	95%	N/A	N/A	N/A	N/A	
Workforce/HR								
Sickness	Monthly sickness absence rate	R Moody	N/A	4.26%	3.31%	3.29%	3.26%	
	Short-term sickness absence rate		3.6%	1.61%	1.00%	1.35%	1.49%	
	Long-term sickness absence rate		N/A	2.65%	2.30%	1.94%	1.77%	
	Rolling cumulative sickness absence rate by year end		4.0%	3.09%	4.82%	4.70%	4.55%	
Turnover	Rolling year turnover		N/A	12.98%	12.32%	12.81%	13.21%	
Bank staff spend	Bank staff spend as % of pay (financial YTD)		N/A	1.60%	1.84%	1.81%	1.18%	
Agency staff spend	Agency staff spend as % of pay (financial YTD)		N/A	1.63%	1.55%	1.11%	1.11%	
Stability	% of employees over one year which remains constant		85%	87.70%	87.29%	87.78%	87.71%	
Appraisals	% of staff with appraisals		94%	85.12%	84.47%	84.26%	84.96%	
Staff Friends & Family test	Recommending CCS as place for treatment - Quarterly reporting	P Davies/ M Gaubyte	no target			N/A		
	Recommending CCS as place to work - Quarterly reporting		no target			N/A		
EXPERIENCE								
Patient experience (monthly targets)								
Complaints	No. of formal complaints received in month	D McNeill	no target	0	0	4	3	
	No. of responses sent on time by total number of responses sent		# / #	3/3	0/1	1	2/3	
	Percentage responded to within target timeframe		100%	100%	0.00%	100%	66.67%	
Informal complaints	No. of informal complaints received in month		no target	9	10	17	20	
Complaints upgraded	No. of complaints upgraded (informal to formal)		no target	0	0	0	1	
Complaints downgraded	No. of complaints downgraded (formal to informal)		no target	0	0	0	2	
Friends & Family test score	Patients who would recommend our services		90%	97.39%	97.20%	95.54%	92.45%	
	No. of responses to FFT		no target	230	465	560	888	
Patient Feedback	Total number of patients surveyed		no target	298	515	630	973	
	No. of positive comments recorded on IQVIA		no target	320	600	713	1125	
QEWTT (Quality Early Warning Trigger Tool)								
QEWTT	Number of responses received by scoring threshold	H Ruddy	25+	N/A	N/A	N/A	N/A	
			16-24	N/A	N/A	N/A	N/A	
			10-15	N/A	N/A	N/A	N/A	
			0-9	N/A	N/A	N/A	N/A	
	Number of two consecutive non-responses		N/A	N/A	N/A	N/A		
	Number of single non-responses		N/A	N/A	N/A	N/A		
Total number of responses received	N/A	N/A	N/A	N/A				
Total number of Teams	N/A	N/A	N/A	N/A				

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

Appendix 1 – Quality Dashboard



Infection Prevention and Control Assessment

Engagement call Summary Record

Cambridgeshire Community Services NHS Trust

Provider address	Date
Headquarters, Units 7 & 8 Meadow Park Meadow Lane St. Ives PE27 4LG	13/08/2020

Dear Cambridgeshire Community Services NHS Trust

The Care Quality Commission is not routinely inspecting services during the pandemic period and recovery phase, although we will be carrying out some focused inspections. We are maintaining contact with providers through our usual engagement calls and by monitoring arrangements such as those for infection prevention and control.

This Summary Record outlines what we found during an engagement call to discuss infection prevention and control arrangements, using standard sentences and explanatory paragraphs.

We have found that the board is assured that the trust has effective infection prevention and control measures in place. The overall summary outlines key findings from our assessment, including any innovative practice or areas for improvement.

This assessment and other monitoring activity are not inspections. Summary Records are not inspection reports. Summary Records are not published on our website.

Infection Prevention and Control – Assessment areas

1. *Has the trust board received / undertaken an assessment of infection prevention and control procedures and measures in place across all services since the pandemic of COVID 19 was declared. Does this include an assessment of the estate / isolation facilities?*

Yes The Board had received/undertaken a clear and comprehensive assessment of Infection Prevention and Control across all services including an assessment of the estate and isolation facilities.

2. *Are there systems in place to manage and monitor the prevention and control of infection? Do these systems use risk assessments and consider the susceptibility of service users, and any risks that their environment and other users may pose to them?*

Yes There are systems in place in manage and monitor the prevention and control of infection.

3. *Are there systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections?*

Yes There are systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections.

4. *Is there appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance?*

Yes There is appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

5. *Does the trust provide suitable accurate information on infections, in a timely fashion, to service users, their visitors and any person concerned with providing further support or nursing/ medical care?*

Yes The trust provides suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.

6. *Is there a system in place that ensures prompt identification of people who have or are at risk of developing an infection, so that they receive timely and appropriate treatment, to reduce the risk of transmitting infection to other people?*

Yes The trust has systems to identify promptly people who have an infection, or who are at risk of developing an infection so that they receive timely and appropriate treatment.

7. *Are there systems in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection?*

Yes There are systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

8. *Are there secure or adequate isolation facilities?*

Yes The trust has effective process in place to manage the isolation of patients appropriately.

9. *Is there adequate access to laboratory support?*

Yes There is adequate and responsive access to laboratory support.

10. *Is there evidence that the trust has policies designed for the individual's care which will help prevent and control infections?*

Yes The trust has effective policies designed for the individual's care which will help prevent and control infections.

11. *Does the trust have a system to manage the occupational health needs of staff, regarding infection?*

Yes The trust has a system to manage the occupational health needs of staff regarding infection.

Overall summary record

We had a meeting with the trust on 11/8/2020 where different areas of the board assurance framework were discussed in relation to infection prevention and control. The board assurance framework was presented to the trust board in July 2020, who felt assured. The trust has undertaken a thorough assessment of infection prevention and control, across all services, since the pandemic of Covid 19 was declared. Appropriate systems in place include having prompt identification of people within the organisation who have, or are at risk of developing an infection. Staff have received, and continue to receive necessary training, in line with national guidance and are updated accordingly. The trust continues to provide information for carers and the wider public. The trust continues to ensure that the health needs of staff are met, and this is a supportive and holistic approach which considers both the physical and psychological needs of staff. All care workers, including volunteers and external contractors are given sufficient information to ensure that they are aware of, and discharge their responsibilities in preventing and controlling infection. The trust has a system in place to ensure the correct PPE is available to all staff who require it.

The trust advised that when IPC guidance is published it is targeted at acute trusts and this is not always appropriate for community based services .

Healthcare Worker Flu Vaccination Best Practice Management Checklist

For Public Assurance via Trust Boards by December 2020

A	Committed Leadership	Trust Self-assessment
A1	Board record commitment to achieving the ambition of vaccinating all frontline Healthcare Workers	Commitment to be recorded at September Board.
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for Healthcare Workers	Initial order in February 2020 confirmed as staggered delivery – subsequent orders to be confirmed.
A3	Board receive an evaluation of the flu programme 2019 / 2020, including data successes, challenges and lessons learnt	Review of 2019 programme summarised to Board in July.
A4	Agree on a Board champion for flu campaign	Chief Nurse and Medical Director.
A5	All Board Members receive flu vaccination and publicise this	Details to be finalised.
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Flu Team has representatives from all services – Union support formally through JCNP.
A7	Flu team to meet regularly from September 2020	Core Team has been meeting since beginning of pandemic with full service representation from July.
B	Communications Plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Full Communication Plan in place – Communication Lead is an integral member of the Flu Team.
B2	Drop in clinical and mobile vaccination schedule to be published electronically, on social media and on paper	Electronic booking system in place this year – no mobile opportunities due to pandemic restrictions. Full communications in place.
B3	Board and Senior Managers having their vaccination to be publicised	Will follow vaccinations – via Social Media and internal communication routes.
B4	Flu vaccination programme and access to vaccination on induction programmes	This has been a routine part of our programme each year but due to Covid19 restrictions i.e Induction delivered via MS Teams, new staff will be notified of all clinic opportunities.
B5	Programme to be publicised on screensavers, posters and social media	Included in Communication Plan.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Detailed data circulated weekly as for 2019 campaign.
C	Flexible Accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Different approach this year due to pandemic restrictions. Clinic slots available at a number of locations, vaccinators trained and allocated to clinics, bank vaccinators also employed this year.
C2	Schedule for easy access drop in clinics agreed	Complete.

Appendix 3 - Healthcare Worker Influenza Vaccination Best Practice Management Checklist

C3	Schedule for 24 hour mobile vaccinations to be agreed	Vaccinators will be available for Luton Adult evening / night staff.
D	Incentives	
D1	Board to agree on incentives and how to publicise this	Incentive already agreed as per 2019 – including UNICEF donation.
D2	Success to be celebrated weekly	In place – weekly winner of draw for all staff who have received vaccine that week, communications every week regarding numbers of staff vaccinated etc.

QIA / EIA Covid19 August 2020

Quality and equality impact assessments have been completed across all of our clinical services. All assessments have been reviewed by the Executive group and each service is now working through making the recommended changes.

Themes from the impact assessments relating to service users and staff are detailed below. Negative organisational impacts refer to potential increase in complaints as service users expectations cannot be met and reduced capacity due to having to apply Covid19 safe procedures which could negatively impact the Trust's reputation for providing timely care.

Positive impacts from service users and staff

Good feedback from service users on video consultations – removes the logistics of getting to the appointment, some service users felt more comfortable to share issues, appreciate seeing clinicians rather than having telephone conversations, easier for some service users to access the service etc.

For staff, the comments mirrored the learning from Covid19 survey responses – reduced travelling means more clinical time, increased enthusiasm in using technology to deliver care, being able to see CYP and families at home is useful etc.

Potential negative impacts

For service users:

- Delays to treatment increasing the risk of chronicity/deterioration in conditions which may impact on the need for more intensive treatment (i.e. MSK surgery, dental procedures etc) and impacting on service user's mental health.
- Reduced access and different contact methods could impact on early intervention and impact on the rehabilitation progress.
- Reduced self-care opportunities for parents increasing recourse to professional advice or risk of missing health concern
- Risk of unmet need - people not accessing healthcare support as concerns about what is available and anxieties about Covid19 could mean people are living with pain and/or anxious about their health impacting on their daily activities, work and wellbeing.
- Limited ability to complete holistic assessments including OT home visits which could result in not all issues being identified and addressed.
- Increased waiting times to access services due to workforce absence levels, social distancing and Covid19 practices reducing services' capacity which could delay interventions / care and cause distress
- Reduced contact and limited face to face contact could impact on spotting safeguarding issues.
- Reduced contact with existing safeguarding families due to them 'shielding' or refusing entry.
- Service users not feeling able to disclose safeguarding issues over the telephone or struggle to find a confidential space to hold the call impacting on the effectiveness of the contact.
- Impact on vulnerable groups due to cessation of outreach services e.g. iCaSH – risk of an 'overlooked' need.
- Not everyone has easy access to or can use video technology or telephone calls as a means to connect with healthcare professionals whilst most services offer clinic appointments this increases the risk for the patient and does not enable patients to benefit from the flexibility of virtual contact methods which the majority of patients have enjoyed.

For staff:

- Negative impacts predominately discussed impact to wellbeing from working from home / or anxieties about undertaking face to face care, making service changes in a short period of time, and conducting more virtual assessments and appointments, anxieties about whether these are as effective as face to face appointment, concerns over what could be missed, missing the interactive aspect of their role in seeing service users face to face etc.

Mitigating actions:

Phase 3 restoration plans will help reduce and/or expose the true impact of changes as all services begin (where appropriate) to increase the number of face to face interactions. Examples of other mitigating actions to address negative impacts are detailed below.

- Continued adaption and application of risk assessments against existing caseloads to identify the most vulnerable and those with the greatest clinical need.
- Explore ways to quantify the impact on patients' recovery by using patient outcome measures, service user and staff focus groups.
- Continued staff support via regular team meetings, clear and concise communications, health and wellbeing discussions in 1:1's, ensure staff are involved in the decision making and plans on phase 3 restoration.
- Business cases for additional investment to support services that have extended their operating hours over 7 days or where they have undertaken enhanced roles i.e. discharge coordination, or extended the scope of service provision in line with the patient need i.e. psychological assessment and support for stroke patients.
- Analysis on current and predicted backlog/waiting lists, modelling the capacity needed to meet the demand and exploring different ways to address this i.e. using workforce differently etc.
- Continued development of online resources and using video consultations where there is not a need to see patients/service users face to face.

It is important to note that whilst there are some actions within our control there are still a number of potential negative impacts that cannot fully be mitigated against, for example increase in safeguarding risks due to the national response and decisions that have been taken to protect the spread of Covid19.

Health Inequalities

The Trust recognises that not all groups in our communities will find the changes made as easy to navigate or as effective as previous care / support. In particular, the increase in video consultations and increase / promotion of self-management may be more difficult for some and even prevent people from accessing support. The Trust is cognisant of research that Covid19 has disproportionately affected certain groups deepening existing inequalities further. A Trustwide piece of work to understand and evidence the impact to our service users is underway to ensure that we do not just rely on patient feedback but that we investigate our patient demographic before Covid19 and now to identify where we need to do more. Co-production with these groups will be key to finding and testing changes to ensure we deliver equitable care.

Next steps

- All services are making changes (where required) to their impact assessments and are adding additional risks to Datix where these are not already recorded. All assessments will continue to be reviewed and updated with any significant changes.
- Risks recorded on Datix relating to Covid19 are reviewed each week as part of the Trust's Incident Management Team (IMT) process.
- All negative risks have mitigating actions aligned which mirror the phase 3 restoration plans to return back to pre-Covid19 activity where appropriate.

- Trustwide Equality Impact Assessment will be completed for the risks relating to accessing virtual consultations and the reliance on self management as all Trust services have detailed possible negative impacts for patients / service users that may find this more difficult.
- As part of the response to the Phase 3 restoration plans the Trust is exploring ways to address and reduce health inequalities.

BLACK, ASIAN AND MINORITY ETHNIC (BAME) STAFF NETWORK TERMS OF REFERENCE

“Empowering BAME staff to achieve their potential through creating positive change”

Definition

Black, Asian and Minority Ethnic (BAME) means everyone who self-identifies their ethnicity as other than White British.

Purpose

To create a supportive working environment and policy framework for BAME colleagues while also encouraging all staff within the Trust to understand the needs of BAME individuals within the community.

Aims

- To work with the Trust to promote general equality of opportunity.
- To influence policy making and monitor existing policies to ensure that the BAME equality perspective is proactively considered.
- To provide a support function to colleagues, through the development of virtual networks and meetings, where issues can be openly discussed.
- To develop and maintain a virtual network that provides support and promotes diversity generally within the workforce.
- To support the Trust with the training of staff at all levels so they can better understand the perspective and needs of BAME staff and service users.
- To gain and share an understanding of the experiences of BAME staff and service users, and highlight any health inequalities that influence service delivery.
- To celebrate the diversity of the workforce by participating in national and local events such as community events and Black History Month (October).
- To provide an arena for staff to raise their concerns, in a safe and confidential environment and promote opportunities for social networking.
- To raise awareness of implicit bias that might have affected BAME in the past.
- To add as a collective voice inappropriate treatment of BAME staff from the public.

Objectives 2020/21

- To establish a thriving and effective BAME staff network.
- To provide the Trust guidance in relation to 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%).

Membership

Membership is open to all permanent and temporary Trust staff who define themselves as BAME. Bank staff and temporary staff could also join the network; however their

employment rights might differ. Engagement is also welcomed from other employees who are committed to the aims of the network. Membership is renewed annually.

The Deputy Chief Executive will be the Board-level champion and non-BAME ally to provide sponsorship.

Network Officers

The network will be self-run and consist of the following:

- Chair
- Vice Chair
- Secretary
- Communications/Membership Officer
- Locality Champions

Officers will be elected for a 12 month period.

Frequency of meetings

Meetings will be held monthly in the first instance, then bi-monthly afterwards. The network will invite interested parties to attend meetings or those parts of meetings of relevance to them.

Annual general meeting (AGM)

One of the network meetings will be an annual general meeting to

- Agree and or elect list of officers
- Review terms of reference
- Plan the annual work programme
- Present the annual report from the chair of the network.

Quorum

For the BAME network meeting to be quorate, there will be an attendance of **fifteen** members for the meeting to take place. The chair or vice chair must be present.

Reporting

The network will link into the Trust Workforce Diversity and Inclusion Group.

Roles and functions

Chair

Co-ordinates and manages the activities of the network and fulfil the following tasks:

- Chair meetings (on a rotational basis if more than one) or delegate to another individual if not available
- Set dates and agendas for the meetings and circulate minutes or notes from each meeting to all participants of the group
- Be the link person to the diversity and inclusion lead for the Trust and keep all participants aware of significant changes in the Trust between meetings.
- Will be a member of the Workforce Diversity and Inclusion Group
- Prepare an annual report for the network
- Will attend Public board meetings

Vice Chair

- To assist and support the chair and take the lead if the chair is not in attendance.

Secretary

- Liaise with the chair to set meeting dates, agendas and venues (*the Trust will support the Secretary e.g. in securing venues*).
- Take minutes or notes from each meeting.

Communications/Membership officer

- Links with the Trust Communications Team and coordinates network information for example; campaigns and staff stories.

Locality Champions

- Support staff in local areas and promote BAME aims.

Members

- Members will be expected to attend scheduled meetings. Be the voice of the network by championing it to raise awareness. Be involved in any projects to promote collaboration, inclusion and cultural awareness to the rest of the Trust.

Decision making

The decision making capacity of the group is based on a majority vote being achieved from attendees of any particular meeting. Where it is not possible to apportion a majority, the chairperson will cast the final decision.

Support

Individuals assuming specified roles within the network can expect to be supported in their role in negotiation with the Trust. This support can take the form of mentorship, relief from normal duties (for a specified number of hours) or expenses.

Review

The terms of reference will be reviewed annually at the network AGM.

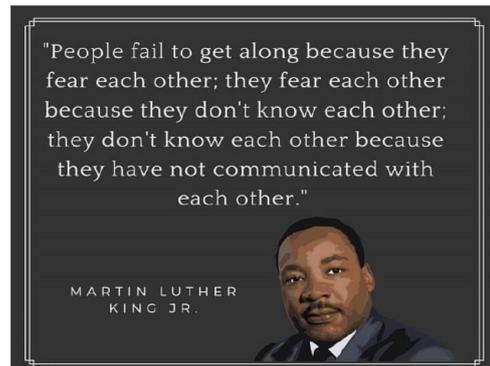
BAME Network Supporting Statements

Chair

Statement from Austin Chinakidzwa

My aim as chair/other position of the BAME network would be to:

- Not search for consensus but to mould it across the cross section of BAME staff employed by CCS to ensure that the network becomes a hub of ideas, and a space for people to learn, grow and innovate.
- Support the process of identifying and removing barriers that prevent BAME representation in the workplace and encourage a positive culture change at all levels.
- Ensure that colleagues have the opportunity to progress and fulfil their potential while working towards a clear set of actions to create greater opportunities.
- Continue to work towards removing bias in all processes, upholding CCS values and encouraging honesty and respect in discharging this duty.
- Encourage cross cultural conversations for better understanding of our differences to ensure that our patients get the best outcomes/quality care.



'It is harder to hate up close' - Michelle Obama.

Vice Chair

Statement from Shagufta Dalal

I believe strongly in raising awareness of issues of culture and diversity and supporting not just my BAME colleagues but all colleagues to consider what their role in it is and what part they can play. I believe the BAME network can be very influential in driving forward change but in order to do that, messages need to be disseminated and impact measured. I think we all need to consider our own biases and feel safe to challenge ourselves as well as each other.

Secretary

Statement from Veronica Hilbert

I would like to be considered for this role as I feel it is an ideal way for me to have some input into the BAME Network. It is time for change and I am proud CCS is leading the way. It would be great to be part of any changes from the outset and to be involved with the discussions going forward.

Communications/Membership Officer

Statement from Sahar Nashir

I am very much interested in this role and would love to be part of this important work within the CCS Trust. I am currently working closely with the Royal College of Speech and Language Therapists and I believe my support and involvement will continue to support inclusivity and diversity in not only the SLT field but towards a more diverse workforce across the NHS. I am really passionate about this work and believe I can bring lots of knowledge and skills to the role of Communications Officer, but would also be very honoured if my involvement could make a difference to the Black, Asian and ethnic minority staff. I believe it will be really crucial to have this platform/network as not only a safe place but also a place to grow, teach others and build recognition and positive awareness around some of these topics.

Locality Champions

Luton

Statement from Bennie A-Ward

Having worked my way up within my current role, it would be great to see an equal opportunity in the work environment. BAME need a voice and would want to use this position to support fellow colleagues who feel vulnerable in the work place. Therefore willing to undertake this role.

Statement from Danielle Smith

I am happy to undertake a role of locality lead/champion. The reason I would like to be considered for this role is I am passionate about positive, effective change. With a background in equality and diversity due to being disabled, I feel I can promote this in the correct way and make the work place more equal and be a pillar of support for staff who need any help or have any questions.

Many stigmas come from society at a community level and then can be brought into the workplace, some also do not realise that they may be causing barriers for other people and just need support. Removing barriers for everyone and making the workplace a support hub will boost staff morale and create a support network that I am really excited about.

Cambridgeshire Community Services NHS Trust: providing services across Bedfordshire, Cambridgeshire, Luton, Milton Keynes, Norfolk, Peterborough and Suffolk

Statement from Faiza Choglay

I look forward to supporting each other and the network and hope that the network will be a driving force in encouraging BAME staff and non BAME professionals to address the under-representation of BAME colleagues.

Statement from Hyacinth Hamilton

I would like to be considered for this role as I work within the LTC which is a very multicultural environment. As I work within reception admin team, I would be able to update all our staff and workforce sharing information to all. Also, with my networking skills, I will be able to listen to advice and opinions of others and become the spokesperson for all. I look forward to this opportunity.

Statement from Kaye Lewis-Flinch

I am willing to undertake this role as I feel very passionate about being actively a part of the Trust's BAME Network. I feel fortunate to work for a trust who embraces their BAME workforce which recognises areas for change and seek to move forward with a view of identifying inequality in the workplace to bring about equality. This is an important step for all of us currently working at CCS as well as paving the way for our future applicants and workforce. Having a BAME network is a very positive step as it facilitates open communication, discussion, time to reflect, enables people to feel valued and respected.

Within my role as a locality lead I endeavour to support staff by making myself available when/as required whilst upholding the BAME values and principles, discuss and signpost staff to appropriate professionals if any additional advice/support is required. I will be part of the BAME network meetings; as well as being actively involved in the network development and changes in the workplace as needed.

Statement from Lateesah Bimbukwe-Merritt

We are witnessing global protests and conversations about racial injustice, inequality and discrimination, but the responsibility of realising real change does not rest alone on the shoulders of those disadvantaged. CCS has offered a wonderful opportunity to come together and discuss these crucial topics in a meaningful way and in turn assist in the shaping of policies and procedure.

Positive communication could increase engagement and membership of the BAME network including colleagues who do not identify as BAME. Together we can openly discuss and explore our role in removing barriers to change, to think differently, to encourage innovation that will support the BAME network.

I would love to seize the opportunity offered to be a part of the team steering the network forward and signposting individuals to the network, its structure and purpose. In so doing, building and maintaining a positive relationship with all colleagues of CCS.

Statement from Joanne Absalom

Accepting this role would enable me to offer locality (BAME) staff the ability to network across various services within the Trust, and an awareness of the objectives of the Trust to develop staff and provide developmental opportunities for all staff to access. I am confident in my approach to personal development and would embrace the opportunity to motivate and develop the self-confidence needed within our BAME staffing pool, to access opportunities for training and development to enhance their role within the organisation.

Locality Champions

Norfolk

Statement from Muhammad Patel

I'm very happy to accept and champion the network in my locality. My own African/Asian and middle eastern mix gives me an interesting insight into different cultural norms/issues. Members and colleagues will find me very approachable and especially willing to support them through the aims of the network. I'm looking forward to the year ahead.

Locality Champions

Cambridgeshire/Peterborough

Statement from Margaret Rondozi

This is an opportunity for me to be involved in shaping the future of the NHS, making the NHS a truly inclusive employer. Evidence shows us that BAME staff are more likely to be disciplined, referred to fitness to practise, more likely to face bullying at work, less likely to advance in their careers. More recently the death rates for people in Asian and Black ethnic groups are higher than for people in white ethnic groups (Public Health England Covid-19). This is a real worry, having this information in mind, the question is how at a Locality level, will we start to work together to support each other through challenging work and life experiences. Starting a local group is one good solution. This is an opportunity to collectively find ways to respectfully challenge each other to develop our career progression plans. BAME staff will have a safe place to support each other to raise concerns using the correct channels. I am looking forward to building a positive supportive network using compassionate leadership skills to identify Equality and Diversity Inclusion gaps in our local area. I will be working with the BAME group as well as locality Leadership to raise awareness of the identified gaps. At a Trust wide level we collectively identify ways to reduce these identified inequality gaps by setting immediate and long-term goals.

Statement from Raj Thirunageswaram

The reason I would like to be: I live and work in a diverse community and have increasing CCS BAME colleagues working across Peterborough and Wisbech in various job roles. Being myself in a managerial lead position I understand from the receiving the challenges, the issues develop while at work, professionally from colleagues or patients or others. I am sure my listening skills, problem solving, resilience and mentoring skills will be well utilized in supporting and advising our under-represented groups and encourage their involvement in further development. I can step into their shoes and think what is realistic solution that would be best for the colleagues to make them feel better and confident. If required offering mentoring support via M.team virtual or face to face support, I am happy to travel across site to support my BAME colleagues where necessary to problem solve issues smoothly. Also happy to share my positive experience to empower BAME colleagues to develop forward. Being Operational Lead myself for physiotherapy I have developed good network across the CCS so I can encourage my BAME colleagues in professional development and career progressions and promote the BAME network wide across.

In terms of network - I would like to be actively participating in adding the agenda for discussion, keep regular communication, set action plan, and work alongside with peers and staff as a TEAM to develop and flourish the BAME network wide across the trust.

Statement from Nusrat Hussan

I am delighted to be part of this network. Being a NHS staff from ethnic background I have myself faced many challenges and learned my own ways to overcome them. I would like to support my local network group to discuss any issues big or small and feel safe when they discuss any matter. I believe in coaching method, my approach to the people I network with will be to help them to come up with the solution, ideas and suggestions for themselves and for the other members who are facing any issues. I will put my best of the efforts to establish a thriving and effective BAME staff network.

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

Risk ID: 3165	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:		
Directorate: Trustwide	Date recorded: 09/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 31/03/2021		Initial:		12
Clinical Group: Trust Wide	Risk committee: Board		Current:	Unlikely - 2	Major - 4
Risk Title: Complexity of System Working			Target:	Unlikely - 2	Major - 4
Principle Trust Objective: Collaborate with others, Provide outstanding care	Source of Risk: Meetings	Risk level Current: High	Last Review Date: 03/09/2020		
Risk description: There is a risk that the Trust does not have sufficient capacity and capability to manage and meet commissioner and patients expectations, due to the complexity of system working.		Significant Hazards: Complexity of system working Maturity of working relationships Ability for all system partners to collaborate Competition Insufficient capacity and capability to work effectively across and within different systems			
Progress update: [Pisani, Anita 04/09/20 15:41:51] No change to current scoring. System collaborations and system working continues across our footprint.		Controls in place: Joint Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) - chaired by Non-Executive Directors Board to Board with CPFT as required Integrated Leadership Structure for 0-19 services across Cambridgeshire and Peterborough Joint Transformation Board with Commissioners - Cambridgeshire and Peterborough Children Services Joint Partnership Board with East London Foundation NHS Trust - Executive led Variety of joint work streams in place with East London Foundation NHS Trust on delivery of Bedfordshire Community Health Services Joint Away Days taking place within Bedfordshire Community Health Services Bedfordshire Care Alliance Luton Provider Alliance - co-chaired by CCS and Luton and Dunstable Chief Executives Programme Director in place for delivery of Enhanced Models of Care across Luton system Luton Transformation Board CEO and Chair member of Cambridgeshire and Peterborough STP Board CEO and Chair attend BLMK wide Executive meetings Monthly internal meeting of virtual internal systems development team Additional capacity created from April 2020 to focus on systems working/development activities Service Director for Cambridgeshire and Peterborough Services SRO for Best Start in Life Programme of work			

Risk ID: 3163	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:		
Directorate: Trustwide	Date recorded: 09/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 19/02/2021		Initial:		8
Clinical Group: Trust Wide	Risk committee: Board		Current:	Possible - 3	Major - 4 12
Risk Title: Reduction in staff morale could adversely affect the delivery of high quality care			Target:	Rare - 1	Major - 4 4
Principle Trust Objective: Be an excellent employer, Provide outstanding care	Source of Risk: Meetings	Risk level Current: High	Last Review Date: 03/09/2020		
Risk description: There is a risk that the delivery of high quality care will be adversely affected if levels of staff morale reduce.	Significant Hazards: Demands of the service exceeding capacity available Insufficient staff to deliver service Turnover Vacancies Staff absences - sickness; maternity; training etc Controls in place: Annual staff survey and delivery of improvement plans - Trust-wide and local plans - Staff morale feedback - best in class and 8th nationally for all NHS providers Quarterly staff friends and family surveys Discussions and resulting actions from Wider Executive team meeting Appraisal rates and quality of appraisals 1:1s and team meetings Monthly quality dashboard Quality Early Warning Trigger Tool Clinical Operational Boards Freedom to Speak Up Guardian and Champions Guardian of Safe Working role in place to support junior doctors GMS survey feedback Raising Matters of Concern log Bespoke Leadership and Team Development Sessions Deloitte external review of Well-led and Care Quality Commission Inspection Feedback - last inspection report August 2019 - Outstanding for Well-led Back to the Floor feedback, discussions and resulting actions Live Life Well Activities Staff Side Chair - confidential helpline in place Corporate Induction and local induction systems and processes Bi-annual workforce reviews Daily Incident Management Team meeting Daily sitrep Digital Q&A sessions put in across all Divisions - first set taking place week of 6th April 2020 Detailed FAQs regularly shared with all staff JCNP Formal meeting structures; Regular contact with Staff Side Chair				
Progress update: [Pisani, Anita 04/09/20 15:37:06] Propose to keep risk at level 12 as pressures and Covid fatigue can be seen in a variety of teams across the Trust. Agreed to formally reintroduce appraisals with a focus on individuals health and well being. 100% risk assessments have been completed and those with higher risk and pregnant workers risk assessments to be kept under constant review. Risk assessment process being embedded into our new starter process. Q&A and bespoke conversations taking place across the Trust and NHS Charities Together money being used for an individual thank you.					

Risk ID: 3167	Risk owner: Winn, Matthew	Risk handler: Winn, Matthew	Risk Grading:		
Directorate: Trustwide	Date recorded: 11/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 01/02/2021		Initial:		
Clinical Group: Trust Wide	Risk committee: Board		Current:	Possible - 3	Major - 4
Risk Title: System planning			Target:	Unlikely - 2	Major - 4
Principle Trust Objective: Be a sustainable organisation, Collaborate with others		Source of Risk: External assessment	Risk level Current: High		Last Review Date: 03/09/2020
Risk description: As the NHS is performance managed and discharges accountability at system level, there is a risk that the Trust is treated only through the view of the challenged Cambridgeshire/Peterborough system and therefore access to capital; revenue support and disc			Significant Hazards: 1. national Policy to move to "system by default" 2. Provider financial health is more directly linked to the financial health of the "system" 3. Cambs/Pet has the one of the largest financial deficit in the NHS		
Progress update: [Hawkins, Rachel 03/09/20 13:16:11] The Trust is included in the recovery planning work in all systems and are being submitted for inclusion all STP systems			Controls in place: 1. The Trust has spread its income and expenditure base across two STP footprints to more readily reflect its regional footprint 2. the Trust to play its full part in the service areas of MSK and Children in Cambs/Pet - but nothing else 3. full stakeholder relationships and executive visibility in place to influence the relevant decisions being made		

Risk ID: 3166	Risk owner: Curtis, Ms Julia	Risk handler: Curtis, Ms Julia	Risk Grading:		
Directorate: Trustwide	Date recorded: 10/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 31/03/2021		Initial:		4
Clinical Group: Trust Wide	Risk committee: Board		Current:	Unlikely - 2	Major - 4
Risk Title: There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fu			Target:	Unlikely - 2	Major - 4
Principle Trust Objective: Be an excellent employer, Provide outstanding care	Source of Risk: Risk assessment	Risk level Current: High	Last Review Date: 02/09/2020		
Risk description: There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards	Significant Hazards: A number of factors (some of which are listed below) could combine which would then result in poor patient experience and increased patient safety incidents. (This will also negatively impact on compliance with regulatory standards) - Staff absence at work due for a variety of reasons including sickness - Limited availability of staff in certain professional groups ie specialist professions which are nationally difficult to recruit to - Staff lack of understanding of what constitutes delivery of outstanding care and their role within that. new hazard identified - Covid19 pandemic requiring new ways of working Controls in place: Relaunch of 'Our Quality Improvement Way' Rolling Peer Review Programme outcomes triangulated with annual service CQC self assessments Quality Early Warding Trigger Tool monthly completion by all teams Quality reports to Clinical Operational Boards and Board Bi annual Workforce review to Board (May and November Public Boards) Back to the floor programme continues - summary taken to Wider Exec Team Ongoing annual CQC Inspection cycle which now includes staff focus groups and Inspector attendance at key meetings ie Board Staff feedback (including staff survey) Whistleblowing and raising Concerns processes well embedded with report to Board x 2 (Chief Executive report) and annually from freedom to Speak Up Guardian reports Clinical audit programme - reports to Clinical Operational Boards and Quality Improvement and Safety Committee Patient and Staff feedback mechanisms ie FFT Patient Stories to Board Internal audit programme (Quality elements) Improvement plan for the CQC identified 'Areas for Improvement' August 2019 Establishment of trust wide 0-19 services clinical leads group - This group feeds into the trust wide quarterly Children's services group Oversight of actions at Wider Exec group Quality Data continues to be regularly triangulated with Workforce information at Service, Clinical Operational Board and Board level Major Incident management process invoked with daily trust wide sit rep meetings including escalation of issues ie staffing, IP&C, maintenance of essential services. Robust Major incident governance structure in place with daily Situation reporting of staffing, incidents, risks and PPE situation. new control - IP&C Board Assurance Framework initial self assessment undertaken and presented to Trust Board - will be monitored monthly by IPC Huddle and at each IPC Committee				
Progress update: [Curtis, Julia Ms 02/09/20 10:25:48] Risk reviewed 2nd September - no change to rating - controls remain in place Winter plans and EPRR self assessment due to QIS Committee and Board in September. Linked risks reviewed weekly at IMT -staffing pressures monitored through daily sit reps - Luton adult services experiencing increasing pressures due to sickness/annual leave/increasing demand. Local mitigation in place and situation is under daily review.					

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

Risk ID: 3164	Risk owner: Pisani, Anita	Risk handler: Pisani, Anita	Risk Grading:		
Directorate: Trustwide	Date recorded: 09/03/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 31/03/2021		Initial:		
Clinical Group: Trust Wide	Risk committee: Board		Current:	Possible - 3	Major - 4
Risk Title: Workforce challenges affecting ability of services to maintain high quality care			Target:	Unlikely - 2	Major - 4
Principle Trust Objective: Be an excellent employer, Collaborate with others, Provide outstanding care		Source of Risk: Meetings	Risk level Current: High		Last Review Date: 03/09/2020
Risk description: There is a risk that the Trust is unable to maintain high quality care due to the number of services/teams facing workforce challenges.			Significant Hazards: Vacancies - hard to recruit to posts Turnover Staff Morale Sickness levels Demands on services		
Progress update: [Pisani, Anita 04/09/20 15:40:47] Score increased this week to 12. A number of services are experiencing workforce challenges/pressures at the current time. These are regularly discussed at IMT but have been building. In particular ambulatory services and Luton Adults experiencing particular pressures that are impacting on our workforce. Individual/team conversations and team building discussions being put in place where appropriate. Pressure building across the Trust with responding to Covid-19 as well as stepping services back up. Service Directors and IMT focussed on this and various mitigating actions being put in place to support individuals and teams.			Controls in place: Monthly workforce KPI data shared with all Service Directors - turnover; sickness; stability; appraisal and mandatory training compliance Bi-annual workforce reviews with all service areas - May and November each year Quality Dashboard Quality Early Warning Trigger Tool Raising Matters of Concern log and actions Bi-monthly Trust Board Quality Report Staff side chair identified as confidential link Freedom to Speak Up Guardian and Champions Live Life Well activities Workforce Race Equality Action Plan Back to the Floor feedback and actions Local Recruitment and Retention Premia in place where appropriate Staff Survey results and actions plans Care Quality Commission feedback Peer Reviews Business Continuity Plans Service self-assessments against 5 Care Quality Commission Domains Incident reporting 3 times per week Incident Management Team Meetings		

Risk ID: 3190	Risk owner: Curtis, Ms Julia	Risk handler: Curtis, Ms Julia	Risk Grading:		
Directorate: Trustwide	Date recorded: 10/04/2020			L	C
Specialty: Not Applicable	Anticipated completion date: 31/03/2021		Initial:		20
Clinical Group: Trust Wide	Risk committee: Board		Current:	Likely - 4	Major - 4
Risk Title: Unintended impact of re prioritisation of community services			Target:	Possible - 3	Major - 4
Principle Trust Objective: Provide outstanding care		Source of Risk: Risk assessment	Risk level Current: Extreme		Last Review Date: 02/09/2020

Risk description:
There is a risk that health outcomes for service users, patients, children and young people might be negatively impacted by the national requirement to reprioritise our service offer for a number of services identified as 'non essential'
There are a number of related risks identified at service level that underpin this trust wide risk.

Progress update:
[Curtis, Julia Ms 02/09/20 14:26:29] Risk reviewed 2nd September alongside initial results from service level QIA/EIA process.
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.
The full impact of both reprioritising services at the beginning of the pandemic and the hidden harm which might emerge as restoration of service provision continues, is not fully visible yet eg increased safeguarding activity being reported across our geography including the number of non accidental injuries to babies and young children being reported - particularly in Norfolk and increased referrals into MASH and MARRAC processes.
Result from review - The risk rating remains at 16 as services implement phase 3 restoration plans over the coming months - these plans will help to either reduce or expose further the negative impact of changes made through the Essential services reprioritisation, as services begin to increase face to face interactions.
key themes from the QIA process have identified increased waiting times for a number of services, delays in treating people with chronic conditions, negative impact on mental health and wellbeing and limited opportunities to complete face to face assessments.
A trust wide piece of work relating to potential health inequalities has been initiated to understand and evidence further the impact to patients and service users using demographic data. Co Production of resulting changes to service delivery going forward will be essential to ensure equality of care.
This risk will continue to be monitored through our Incident Management Team.

Significant Hazards:
changes in practice required to meet new service delivery models ie technology based assessments
reduced contacts with families/children/ adults at risk or identified as vulnerable
staffing reductions due to current requirements for self isolation/ shielding

Controls in place:
Children & Young people:
3180 - detailed records of telephone calls, face to face visits for those families identified as vulnerable, video based assessments, SOP in place for particular vulnerable groups, Appropriate PPE available for visits if required
3184 - telephone assessment, Child protection medicals continuing as essential service, each child's needs assessed on individual basis, appropriate PPE available
3181 - Single Point of Access established and clinical pathways established across all geographies, web site updated with universal offer, social media campaigns, staff not required to support essential services are maintaining small amount of non essential activity, workstreams in place to ensure children on EHCP and with complex needs receive the services they require through alternative methods, where considered appropriate and safe the practitioners will visit following risk assessment if required
3183- The needs of children requiring EHCP input/complex needs are being stratified, plans in place to keep in touch with families to satisfy requirements to deliver 'reasonable endeavour', Single Points of Access established with clinical pathways across all geographies
3182 - safeguarding SOPs developed re face to face/ technology based contacts, routine safeguarding caseload supervision suspended and replaced by increased ad hoc sessions and supervision 'surgeries', continued involvement with each LSCB/LSAB where papers sent for virtual consideration, business continuity plan in place across the trust for safeguarding function, Heads of safeguarding involved in regular system based safeguarding discussions, continued work on SCRs and SI reports
MSK - risk 3178 -all referrals triaged by clinical lead or deputy;hot line with acutes for immediate advice and collaborative clinical decision making
Dental risks 3177 & 3191 PPE;levels 1 & 2 triage, following NHSE SOP,remote prescribing antibiotics
Neuro rehab risks 3177 & 3191 escalation process agreed and liaison with LA colleagues re future care after 48 hrs
Luton Adult services
3096 - all service areas have developed RAG rating criteria for prioritisation during Covid pandemic with risk stratification to determine cohort, process being developed for delaying/suspending green rated non essential visits and identified process for how this will be monitored and risks mitigated, caseload monitoring by staff working remotely, discussions with patients, carers and families re what to look out for and how to access support if required.
Staff - swabbing to facilitate earlier return to work for identified staff
Further controls under review re wound care and caseload prioritisation measures

Risk ID: 3120	Risk owner: Williams, Mrs	Risk handler: Williams, Mrs Augustina	Risk Grading:		
Directorate: Luton Community	Date recorded: 23/12/2019			L	C
Specialty: Children Services (Luton)	Anticipated completion date: 23/05/2021		Initial:		
Clinical Group: Children's Community Paediatrics - Edwin Lobo (Luton)	Risk committee: Bedfordshire & Luton Clinical Operational Board, Children's and Young People Clinical Operational Board		Current:	Almost Certain - 5	Moderate - 3
Risk Title: Service Capacity within Luton Community Paediatric Service			Target:	Likely - 4	Moderate - 3
Principle Trust Objective: Be an excellent employer, Be a sustainable organisation, Provide outstanding care		Source of Risk: Meetings	Risk level Current: Extreme		Last Review Date: 03/09/2020
Risk description: There is a risk that delays for initial assessments and follow up appointments will continue, leading to continued 18 week RTT breaches and CYP and family delays. There is a risk of protracted delays for Children requiring ASD/ ADHD assessments due to the limited face to face appointments for routine requirements. The COVID-19 pandemic has exacerbated service capacity challenges due to locum staff leaving, remote working limiting the volume of clinical slots and some specialist assessments required face to face (limited by social distancing).		Significant Hazards: Covid 19 causal factors are as follows: - Covid 19 restrictions have limited the locum staff available and minimised face to face consultations leading to increased waits and new waits for Children requiring routine physical assessments. - Due to excessive demand the roll out of IT equipment has not matched the service requirements, limiting mobile working options. - Covid 19 impacts have delayed the business case for recurrent funds being considered by commissioners. Non Covid related factors: - Increased time required for the management of complex cases - Thresholds within the system drive stakeholders to seek medical diagnosis for children's to access support as opposed to being needs led. - Service capacity does not currently match demand (Service demand has increased since April 2013 approx. 150 referrals/ month to 400 / month).			
Progress update: [Williams, Augustina Mrs 03/09/20 09:46:03] Only 1 applicant for 2.0 wte Consultant Paediatrician vacancy. Agency Locum Paediatrician leaving 21.09.2020 suitable replacements currently being sourced. Speciality Dr vacancy going back out to advert. 8.09.2020 Meeting arranged with Corporate team to plan service away day to improve working environment, staff morale.		Controls in place: - Clinical Service manager and Clinical lead have agreed and implemented a clinical prioritisation method. - 2 Consultant posts are currently advertised along with a further registrar position. - Staffing resource has been sourced for ADOS assessments, however Covid restrictions limit the pace backlogs can be addressed. - Staff shielding have been identified to IT for equipment they require to work remotely. There is currently insufficient IT resource to provide this within a timely manner. - IT prioritisation is now in place for hardware roll outs. - Targeted locums are being sourced to increase service capacity, including a potential locum starting in August. - A comprehensive demand & capacity model has been submitted to commissioners with funding requirements to fully resource the service. - Joint communication from all stakeholders is planned to CYP and families detailing the system delays, rationale and plan. - Team colleagues are fully involved in the improvement plan and being listened to... informing the improvements. - Leaders are reflecting on styles and approach, including staff perceptions to improve overall morale.			

Assurance Framework for the Integrated Governance Report

Part A

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

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

Part B

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

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

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

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

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

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

* Compliments received to be developed for September

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

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

* Quality/continuous improvement work to be developed for September

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

* C19 Restoration plans delivery – to be developed for September

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

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

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

SPC key

