



Safe – June/July 2018

By safe, we mean that people are protected from abuse* and avoidable harm.

*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse



Cambridgeshire
Community Services
NHS Trust

Incidents: Overview

Never Events and Serious Incidents (SIs)

During July one Never Event and one Serious Incident were declared (see details below). Investigations for both incidents are on-going.

- Never Event (wrong site surgery): A child underwent surgery for the extraction of deciduous teeth under a general anaesthetic. The wrong teeth had been listed on the consent form and they were removed in error. The initial findings indicated that the error occurred at pre-assessment when the wrong teeth were listed on the consent form. Whilst there was local learning around pre-assessment processes there was also the wider learning for checking all documents, including any x-rays/test results/etc. before undertaking treatment/procedure with a patient. An external review of the Never Events has been commissioned and the scope will include a review of similar incidents nationally.
- Serious Incident: There was a failure to escalate safeguarding concerns to the appropriate agency from one of our Norfolk based 0-19 teams

On completion of the investigations, recommendations will be made which will be monitored for completion via Datix and learning will be shared both locally and Trust wide. Actions from Serious Incidents/Never Events are included on the weekly circulated Governance Log.

Two Serious Incident investigations were completed both of which have a common theme in a failure to carry out appropriate assessments:

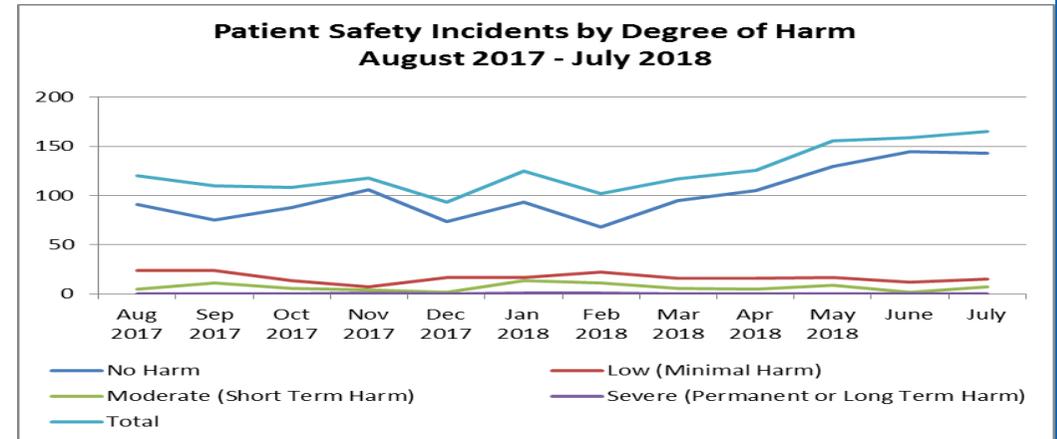
- There was a failure to carry out equipment checks which led to the patient living in his own home not having all safety equipment in place i.e. bumpers that protect bed rails. The patient subsequently had an accident resulting in an injury. An audit of all patients with similar equipment in situ was undertaken to identify any further issues. Actions from this incident will be monitored and progress reported to the Clinical Operations Board...
- There was a failure to carry out appropriate clinical assessments on a patient seen by our iCaSH service in Norfolk as per clinical guidelines. Blood tests should have been undertaken every 6-12 months, however the patient did not have a test for over two years. It was documented within the notes that the patient refused a blood test, however it is not documented what advice was given to the patient and whether alternative testing could have been undertaken. In addition to the failure to carry out assessment and review any gaps in the process, it was also important to clearly and concisely document what treatment was **not** undertaken and the reason/rationale for that decision. The report has been .

Degree of harm

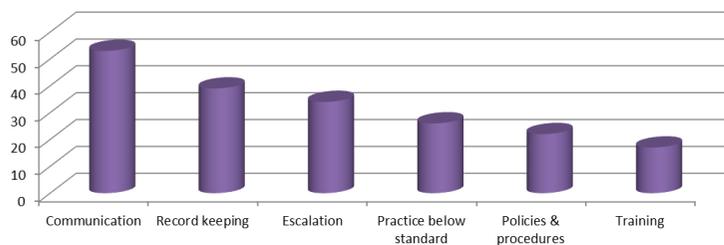
During June and July 2018 there were nine moderate harm incidents reported (two in June and seven in July).

The above mentioned moderate harm incidents occurred within Luton Adults Services and related to either a grade 3 pressure ulcer or suspected deep tissue injury. It was noted that all the incidents were rigorously scrutinised prior to closure by both a Tissue Viability Nurse and Service Manager and appropriate documentation was added to the Datix record for future reference and clarity.

In addition to the above reviews, one internal root cause analysis investigation was initiated relating to an information governance incident (documentation sent to the wrong family). This has also been declared to the Information Commissioners Office on the recommendation of the Information Governance Manager. This did not meet criteria for an SI. As above, actions will be monitored and learning shared.



Identified themes of learning June & July 2018



Learning from previous incidents

Learning from incidents is shared with teams via newsletters, governance meetings, the Leadership Forum and the learning pages on the intranet.

The chart shows the themes of learning as identified by the investigator/handler. The highest theme was communication and further analysis of the data has shown that the largest category of incident was the development of a pressure ulcer. A point to be explored further, and at a local level, is the link between improved communication and potential for reduction in reported pressure ulcers/suspected deep tissue injuries? This will be taken to the Quality Learning Group in Luton to discuss further.

Safeguarding

Serious Case Reviews

| | Luton | | | | | | Cambridgeshire/Peterborough | | | | | | Norfolk | | | | | |
|------------------------------------|--------|--------|--------|--------|--------|--------|-----------------------------|--------|--------|------------------------|--------|------------------------|---------|--------|--------|--------|--------|--------|
| | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 |
| Case Reviews on-going | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 7 | 9 | 9 | 9 | 9 | 9 |
| Case Reviews Concluded | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Domestic Homicide Reviews on-going | 2 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LADOs on-going | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Unexpected Child Deaths | 0 | 0 | 2 | 1 | 0 | 0 | 1 | 2 | 2 | 1 | 0 | 2 | 1 | 1 | 1 | 1 | 1 | 1 |
| Safeguarding Adult Reviews | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 No input from CCS | 0 | 3 No input from CCS | 0 | 0 | 0 | 0 | 0 | 0 |

Norfolk continues to input to a high number of SCRs with oversight from the Safeguarding Group.

Safeguarding Supervision

Safeguarding Supervision compliance continues to show improvement, however Luton shows a small drop this month – this was 3 members of staff who are now compliant.

| Safeguarding Supervision Compliance = 95% | | | | |
|--|--------|--------|--------|--------|
| | Apr-18 | May-18 | Jun-18 | Jul-18 |
| Cambridgeshire | 85% | 100% | 100% | 98% |
| Luton | 100% | 100% | 100% | 91% |
| Norfolk | 78% | 86% | 97% | 95% |
| Overall compliance | 82% | 89% | 97% | 95% |

Safeguarding Training

Level 3 Training

At the end of July 2018, Trust wide compliance with Level 3 has shown a continued improvement on previous months, whilst still slightly below compliance for this month. This has been impacted by staff in the acute services being unable to attend due to the demands on the service and also with the inclusion of our Bedfordshire services for the first time since the service joined in April..

Adult training

This month shows a drop in compliance for all adult training and this is again due to the inclusion of Bedfordshire Services.

| Safeguarding Training Overall Compliance = 92% | | |
|---|--------|--------|
| | Jun-18 | Jul-18 |
| L1 | 99% | 98% |
| L2 | 98% | 97% |
| L3 | 92% | 90% |
| L4 | 100% | 100% |
| SOVA | 96% | 91% |
| Mental Capacity Act | 95% | 86% |
| Deprivation Of Liberty Safeguards | 92% | 84% |

Prevent

Prevent is part of CONTEST, the UK Government's Counter Terrorism Strategy, which aims to redirect and support people who may be vulnerable to radicalisation. As at 31 July, the Trust provides the following Prevent training:

- Basic Awareness for staff who require Levels 1 & 2 Safeguarding training.
The Trust exceeds the national target of 85%, with its Prevent Basic Awareness compliance at 95%
- Workshop to Raise Awareness of Prevent (WRAP) for staff who require Level 3 and above safeguarding training.
The Trust's compliance in WRAP is 83%.

With the acquisition of Bedfordshire Children's Services, the Trust has identified 41 staff who require WRAP training. It has been agreed that an accredited on-line training should be offered to these staff, with a request for them to complete within three months of its introduction. If the trial run data receives positive feedback, the Trust will consider whether this e-learning package is suitable for roll out to all staff. These decisions will be taken forward by the Prevent Forum which next meets on 17 September 2018.

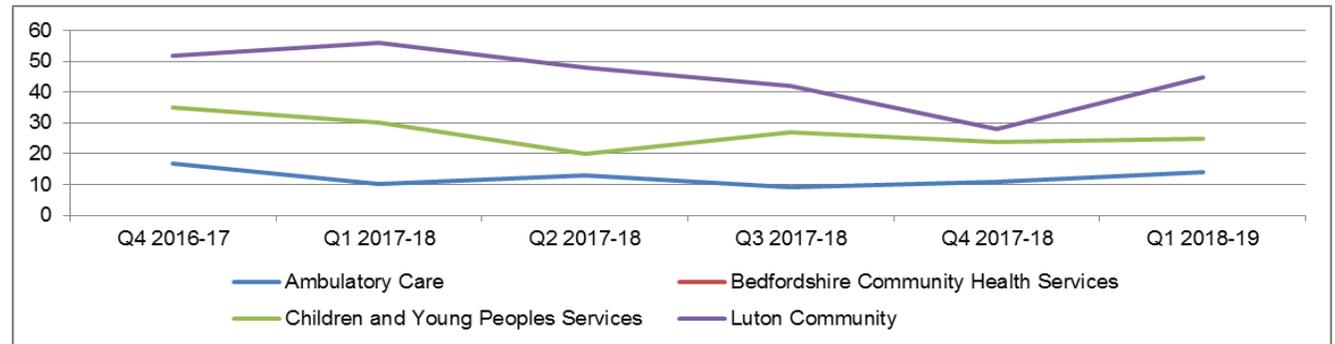
Medicines Safety – 2018-19 Q1

All Incidents:

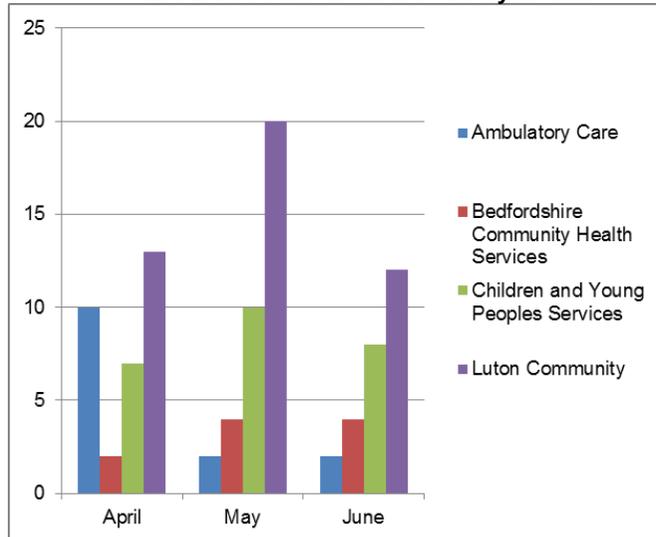
There were a total of 94 incidents reported during Q1 compared to 63 in the previous quarter. All were classed as 'No Harm'. A higher number of incidents, all graded as 'No Harm', show a good reporting culture with good learning opportunities. Fifty-one incidents were attributable to CCS teams, and learning was noted for 39 of these.

The chart opposite shows the total number of medicines incidents reported by each directorate. Bedfordshire started reporting in April, so is a point at 10 incidents in Q1.

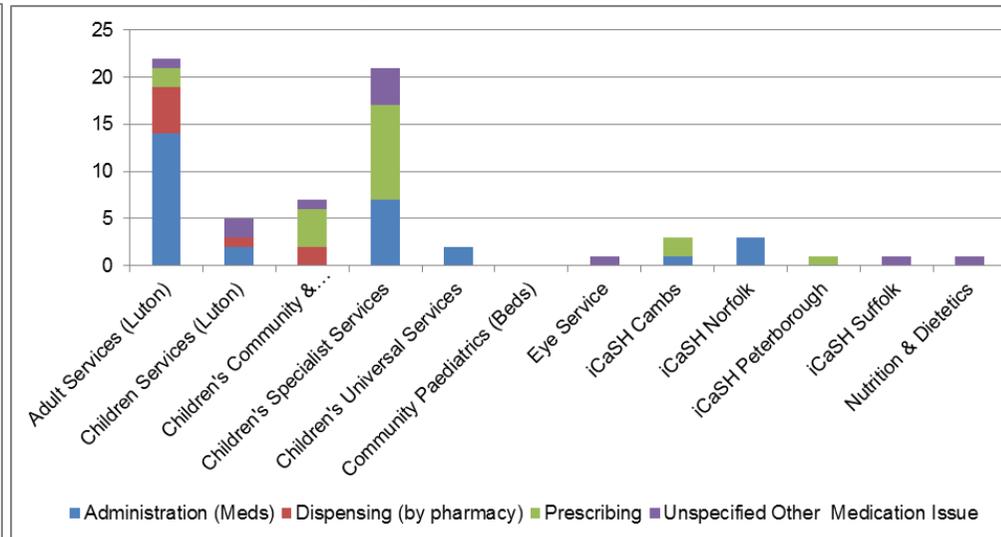
Total number of medicines incidents reported by directorate



Q1 All Incidents broken down by month



Q1 Incidents attributable to CCS



There has been a noticeable increase in reports from Nightingale Team in Luton Adult Services, which may be due to the increased allocation of visits as the teams have reduced from 4 to 3.

Weekly 'Druggles' are held for staff to learn about incidents and updates relating to drugs on Holly and SBU. Holly –reminders discussed re pragmatic rounding up/down of doses to avoid errors and the importance of recording drug allergy status. SCBU – reminders re importance of signing IV

prescriptions and a reminder that yellow adverse events cards should be used to report suspected as well as actual reactions to medicines.

| | Children's Community Nurses (Beds) | Special School Nursing (Beds) | Children's Community Nurses (Cambridgeshire) | Children's Community Nursing (Luton) | Children's Special Needs Nursing (Luton) |
|---------------------------------|------------------------------------|-------------------------------|--|--------------------------------------|--|
| Total Incidents Jan - June 2018 | 6 | 5 | 8 | 9 | 10 |

The most commonly reported types of incident, within those attributable to CCS, related to missed doses; wrong dose prescribed or administered; incomplete or incorrect record of administration. Many of these were identified by the teams before a dose was administered, although this was not always the case.

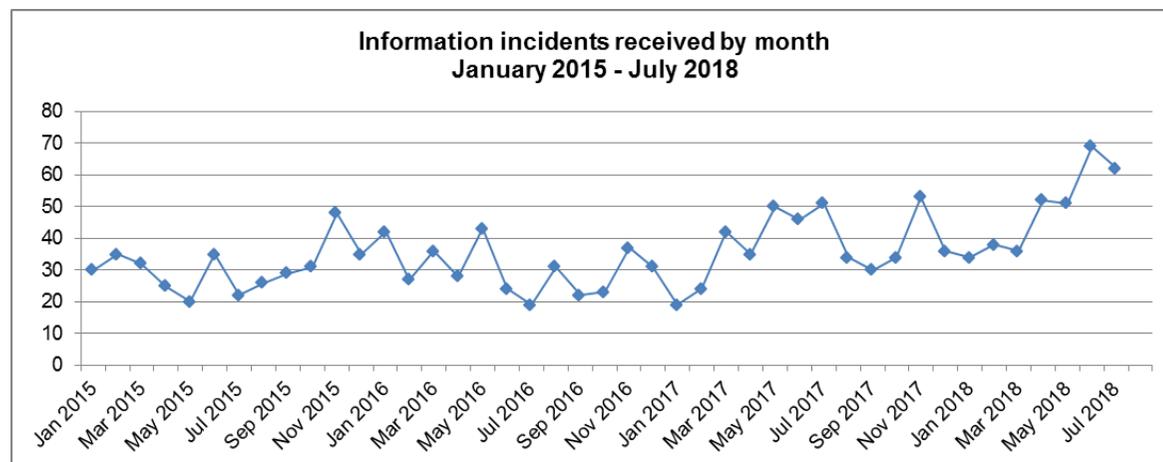
Information Governance

Information Governance incidents

The number of incidents has increased since April 2018 when Bedfordshire Services joined the Trust. On reviewing recent incidents, no particular trends have been identified. All incidents are investigated and information governance (IG) incidents and outcomes are discussed at the Information Governance Steering Group.

There were a significant number of incidents identified as 'confidentiality breaches', which on further inspection were not considered to be breaches – such as pages left on printers in secured buildings. A review of reporting categories will be undertaken to ensure accurate reporting.

Two incidents were considered as reportable to the Information Commissioner's Office (ICO) in June and July. The ICO has acknowledged both and asked for further information.



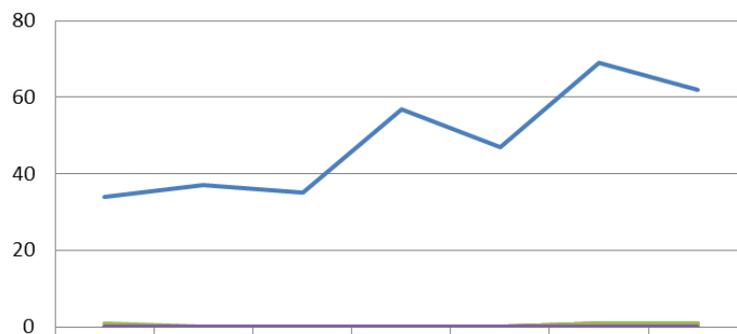
The first incident occurred when transporting dental records to archive and some records were found on the forecourt of a petrol station and further along the road. The first set of records were reported to us and returned; the second set were found and returned to another dental practice, which reported it to the ICO and notified us. We have notified the ICO although the breach is that of our third party contractor or their subcontractor who was transporting them. As data processors they are now liable for the breach. We are awaiting the report of the sub-contractor as to how this incident happened. It appears that records flew out of the window of a moving vehicle and were not noticed.

While we are not required to do so, we intend to send an update to the ICO once all the recommended actions have been fully implemented.

The second incident occurred when the grandfather of a child received records which included those of a child unrelated to his family. He contacted the family whose notes they were and advised them of what he had received and let us know. We visited him the next day and collected the papers and contacted the family concerned to apologise for the breach. This incident is also covered on P2 of this Data pack.

The information contained in the document meant that was a reportable incident. It occurred due to mixing of two sets of printing at same time and papers became mixed up. An RCA was initiated and learning will focus on the security measures which could be implemented with printers, to avoid such errors occurring. The outcome will be reported back to the ICO.

Information Governance Incidents reported and investigated in month



| | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 |
|------------------------------------|--------|--------|--------|--------|--------|--------|--------|
| IG Incident | 34 | 37 | 35 | 57 | 47 | 69 | 62 |
| RCA Internal Investigation | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Declared as SI and to ICO in month | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| External RCA concluded in month | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Infection Prevention and Control (IPaC)

MRSA bacteraemia: There were no confirmed MRSA bacteraemia or Extended Spectrum Beta-Lactamases (ESBL) bacteraemia reported during June and July 2018.

E.coli (*Escherichia coli*)

By 2021 the NHS' ambition is to reduce all Gram-negative bloodstream infections (including E.coli) by 50% within the whole healthcare economy. Similarly to MRSA bacteraemia and C.diff, every confirmed E.coli case requires a root cause analysis (RCA) to be undertaken and discussed with the Clinical Commissioning Groups (CCGs). The areas for action which have been identified nationally are the reduction of certain antimicrobials being prescribed for Urinary Tract Infections (UTIs) in acute and community settings and prolonged unnecessary use of urinary catheters. The Trust would also participate in other provider or CCG RCAs when required, e.g. where blood cultures were taken on admission. As part of the Trust's mandatory surveillance we have not been informed of any positive blood cultures from our children's inpatient areas or participated in any investigations in relation to our other services during June and July.

MRSA screening

Holly Ward achieved 100% screening for MRSA during this period.

Incidents

There were four IPaC-related incidents reported in this period. The first related to two dental washer disinfectant machines leaking, the second was when staff found an empty strip of medication in the children's play area of the Children's outpatient's department, The remaining two related to staff not removing and cleaning contaminated equipment appropriately as per Trust policy.

Staff seasonal influenza vaccination programme

The national requirement for all NHS Trusts is to vaccinate 75% of frontline healthcare workers. This currently equates to 1350 frontline staff for the whole of the Trust. Work has already commenced on our 2018/19 campaign to look at ways to increase staff uptake to achieve an ambitious internal target of 80%. The 2018/19 campaign was finalised by the Infection Prevention and Control Committee in August 2018.

Cleaning

The Trust's sub contracted cleaning programme is in line with the agreed national cleaning standards. Reports are submitted to the Trust and are discussed at the IPAC Committee. Overall the cleaning scores for June achieved compliance to the standards. However, concerns at Brookfields Dental Access Centre and iCaSH Peterborough were raised by staff regarding general cleanliness of the environment. This was verified by the Matron IPAC and appropriate action was taken. The situation will be closely monitored.

Surveillance: June 2018 – July 2018 Compliance = 0

| Trust area | C.Diff (post 72 hours) | 2018-2019 total to date |
|----------------|------------------------|-------------------------|
| Cambridgeshire | 0 | 0 |
| Luton | 0 | 0 |

Essential Steps

Service leads are reminded to submit their data monthly and to clarify data where 100% is not achieved. All departments reported 100% compliance where reported.

| Unit | June | July | Comments |
|-----------------------------|-------|-------|--|
| Children's and Young People | 5/5 | 5/5 | |
| Ambulatory | 18/20 | 18/20 | <ul style="list-style-type: none"> Huntingdon and Peterborough Dental Access Centres (DAC) did not submit data in June. East Cambs and Fenland MSK and Peterborough DAC did not submit data in July. |
| Luton Adults | 7/9 | 6/9 | <ul style="list-style-type: none"> The Integrated Diabetes and the Respiratory & TB teams did not submit data for both months. Heart Failure & CHD did not submit in July. |
| Luton Children | 2/2 | 1/2 | <ul style="list-style-type: none"> The Children's Community Nursing Team did not submit data in July. |

Safer Staffing

Compliance with safer staffing levels is reported nationally for inpatient areas (Holly Ward and Special Care Baby Unit at Hinchingbrooke for CCS NHS Trust) and is calculated as a mean percentage across the month. This information is shown in the graphs opposite.

Context

This approach is not sensitive to variations in staffing levels on a daily basis and therefore can mask individual dips in compliance. Therefore, the Paediatric Matron also undertakes a review of staffing levels but takes a more detailed approach to identify when specific reductions in staffing has an impact on the ward. The commentary below reflects the analysis of this and therefore the percentages reflect her approach and differ slightly from the nationally reported data. Work continues to develop a further refined methodology which takes into account the age and acuity of patients on the ward when considering the safe staffing position.

Special Care Baby Unit (SCBU)

During June, SCBU achieved 100% compliance against the RN nursing levels and 101% against the total number of staff on duty. There was a slight increase in the whole time equivalent (wte) required through staff working excess hours and utilisation of bank/agency workers in June.

In June the Unit was restricted to the Neonatal Network on 22 occasions but remained open internally to NWAFT maternity services. There were no SBAR escalation reports submitted in month. There was one in-utero transfer as the unit had only one available cot and a twin lady presented at 34/40. There was also one transfer to Holly Ward of a term baby for capacity reasons on the unit.

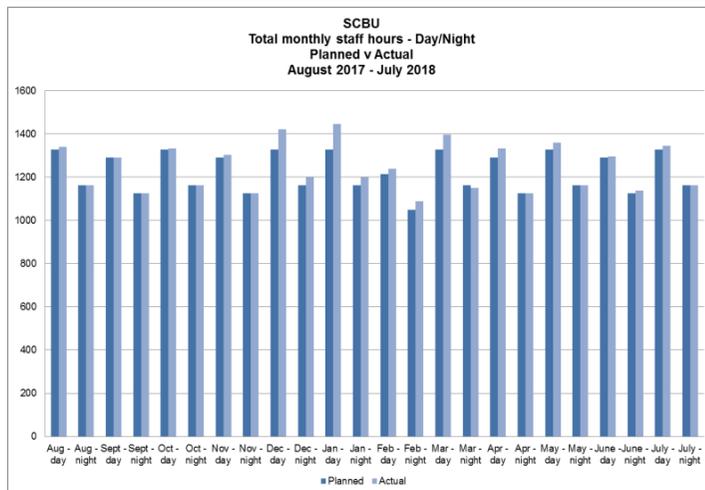
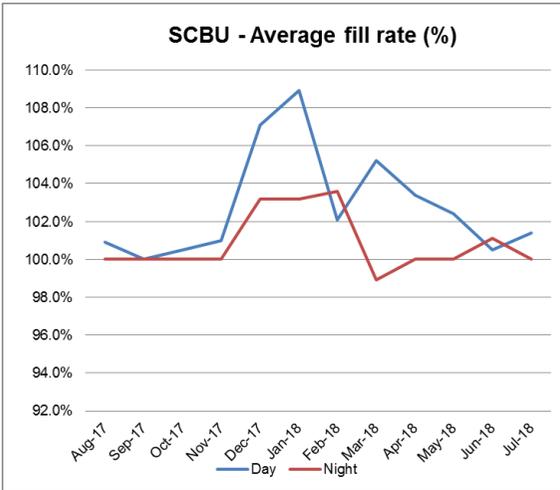
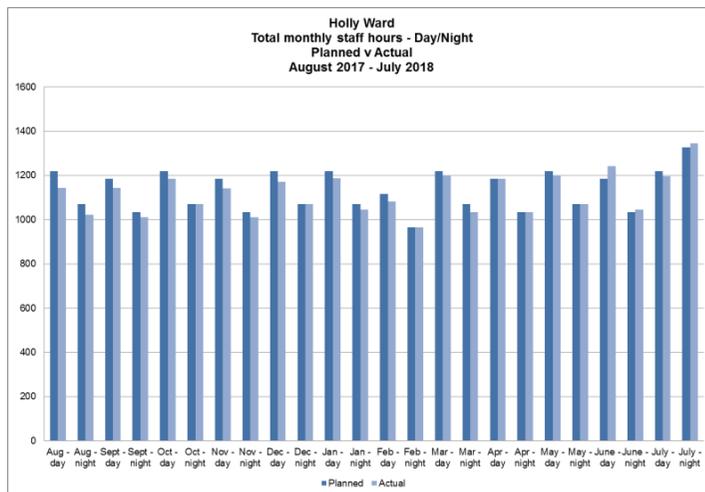
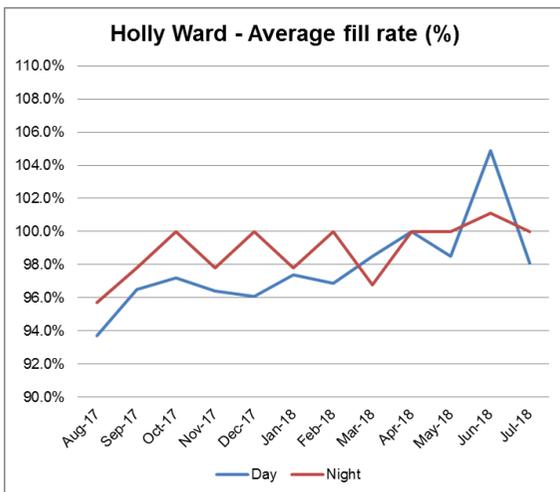
During July SCBU achieved 100% compliance against the RN nursing levels and 100% against the total number of staff on duty. The Unit was restricted to admissions internally on one occasion.

All current nursing vacancies have been recruited into with candidates in post or awaiting pre-employment checks.

Holly Ward Inpatients

In June, RNC overall compliance rates for inpatients were reported nationally as 104.85% for day shifts and 101% for night shifts. There was one amber shift with only two RNCs on duty however the RNC from the Paediatric Assessment Unit was able to support the inpatient area. There was one SBAR report submitted in June and this resulted in one period of restriction totalling nine hours overnight. There were four ED breaches in June and three required admission. One occurred during the period reported through the SBAR process.

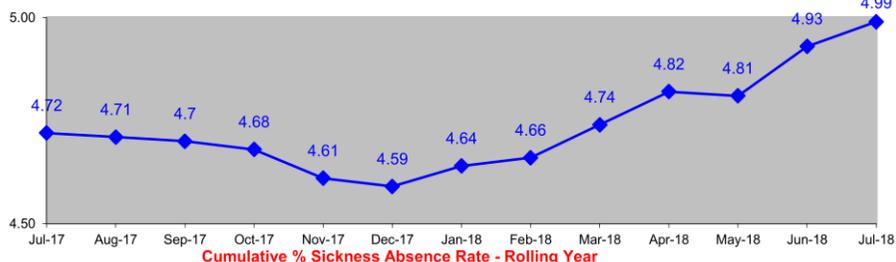
In July RNC compliance was reported as 98.11% for day shifts and 100% for night shifts. There were two amber day shifts with only two RNCs on duty and three restrictions to admissions with four completed SBAR reports. There were no reports of negative impact to patients.





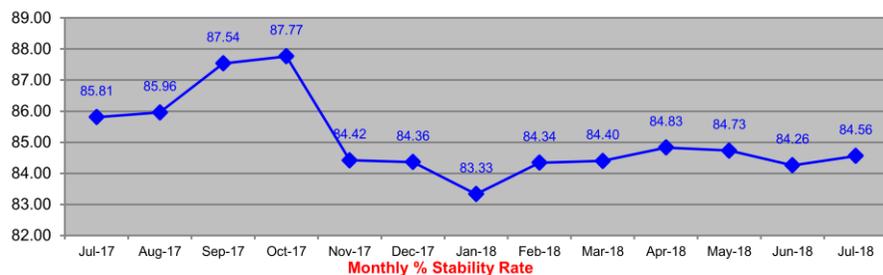
Effective – Jun / Jul 2018 TRUSTWIDE

Workforce



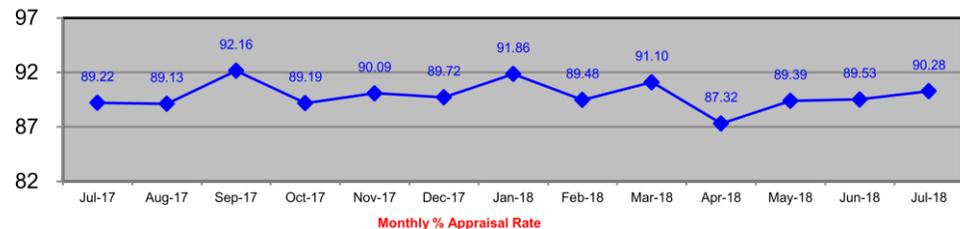
SICKNESS ABSENCE

- The cumulative rolling (12 months) sickness rate increased from 4.93% in June to 4.99% in July 2018.
- In July, 2.91% of sickness absence was long term and 2.31% short term sickness.
- The highest sickness rate was in Luton Services (6.38%) The lowest (3.92%) was in Corporate Services.
- The highest reason for absence was gastrointestinal problems.
- NHS England Rate for Community Trusts is 4.3% (iView April 2018).



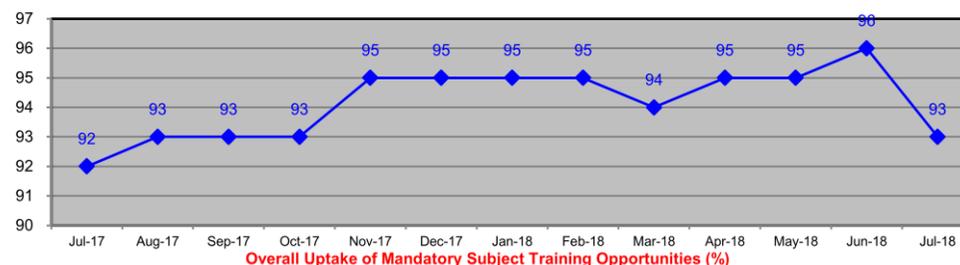
STABILITY

- The Trust's stability rate was 84.58% which compared to a stability rate of 77% for NHS Community Provider Trusts for "all employees" (Source: NHS iView May 2018). NB: CCS stability figures exclude staff on a fixed term contract of less than one year and staff that join as a result of TUPE until the anniversary of the transfer.
- Managers review staff reasons for leaving, address local issues and discuss organisational issues with relevant corporate support functions. The Exit Interview process is led by managers and there is also an on-line exit questionnaire. The HR team review the questionnaire feedback and discuss issues with service managers.



APPRAISALS

- The Trust wide rate increased in July however remains below the Trust target of 92%.
- Beds C&YP Service had the lowest rate (80.8%); Luton C&YP Services had the highest rate (96.4%). The Bedfordshire rate reflected the changes the staff had recently gone through and they were being supported to have appraisal discussions where these were out of date.
- All managers and leaders were promoting the importance of appraisal conversations in supporting the Trust and staff to deliver high quality services.
- The Trust wide objective setting process, which began in March 2016, means objectives are set outside the appraisal process in March and April each year. The new appraisal, career and personal development planning conversation began in September 2017.
- Audits on the quality of appraisals take place.



MANDATORY TRAINING

- Mandatory Training compliance has been stable since September 2016 peaking at 96% in June 2018.
- There are on-going national ESR systems and local IT compatibility issues and local workarounds are in place to support staff to undertake the training.
- Central reports reflect e-learning undertaken the day after its completion and within a week for face to face training.

NICE (National Institute for Health & Clinical Excellence)

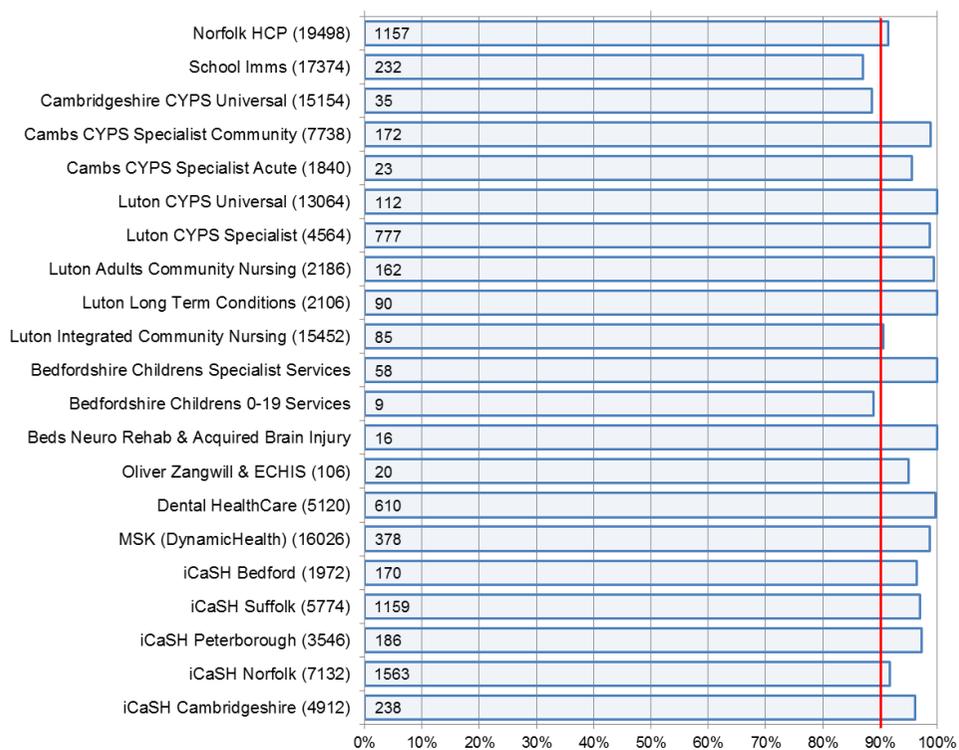
NICE Guidance

For June and July 2018 there were three 3 pieces of NICE guidance published, none of which were relevant to the Trust for action.

A revision of reporting arrangements for NICE guidance is underway to identify assurance relating to implementation of relevant guidance.

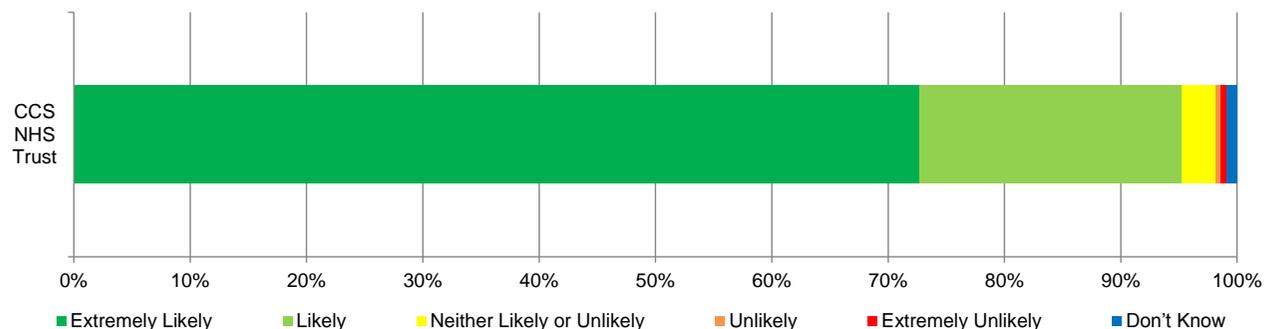
Friends & Family Test (FFT) June / July 2018

The blue bars show FFT recommendation scores, the text is the number of responses. The red line is the Trust target. The figure after the service name is the average number of contacts in period based on previous year.



- There were 2801 responses to the FFT question in June and 4464 in July.
- The large number of responses in July was due to:
 - A delay in uploading June figures for Just One Number in Norfolk so two months data was reported in July which was reflected in the Norfolk HCP response number.
 - A significant increase in the responses for Cambridgeshire Children's Outpatients (166), iCaSH Norfolk (1127) and Dental Services (414).
- Thirteen responses for June and July are not shown on the graph. They were for Luton Cancer and Palliative Care. Due to the nature of this service a bespoke survey including the FFT question is conducted quarterly. The service has a 100% recommend rate.
- All services received some feedback .
- Four services scored 100%, with response number of 16, 58, 90 and 112.
- The overall Trust score was 95.22% recommend and 0.92% not recommend.
- Three services did not meet the 90% target: School Immunisations, Bedfordshire 0-19 and Cambs Children's Universal Services. School Imms had just one negative response and 24 neutral out of 232. Beds 0-19's score was due to one of nine responses being neutral. Cambs Children's Universal had four negative responses out of 35. The comments associated with these have been reviewed. Three extremely unlikely scores were for the Infant Feeding Team, however the comments were all very positive with suggestions being to promote the excellent service more so it could be an error in box ticking. The one unlikely was for Health Visiting with the comment being to make the website easier to navigate.

Percentage of each response given to the FFT question for CCS NHS Trust.





Responsive – June / July 2018

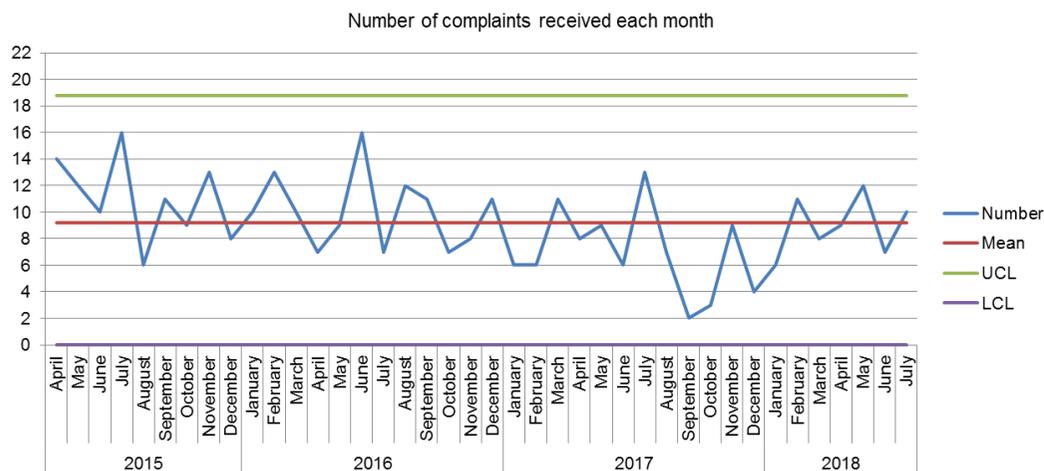
By responsive, we mean that services are organised so that they meet people's needs



Cambridgeshire
Community Services
NHS Trust

Complaints

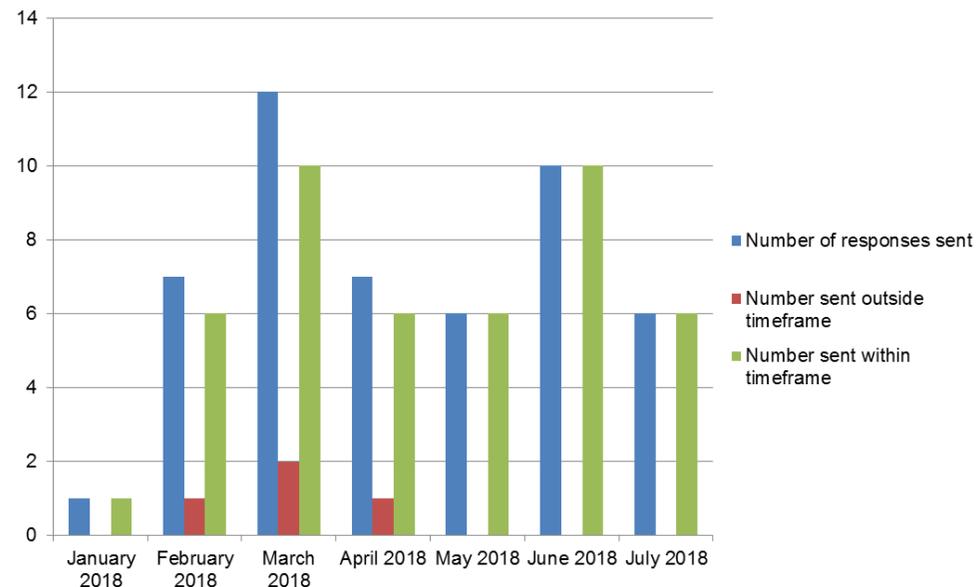
Number of complaints received between April 2015 to July 2018



| | April 2018 | May 2018 | June 2018 | July 2018 |
|--|------------|----------|-----------|-----------|
|--|------------|----------|-----------|-----------|

| | | | | |
|---|------|-----|-----|-----|
| Number of complaints received in month | 8 | 10 | 7* | 10 |
| Number of complaints closed in month | 12 | 10 | 9 | 14 |
| Number of responses sent | 7 | 6 | 10 | 6 |
| Standard complaints - of responses sent in month, no. responded to within 25 days | 6/7 | 5/5 | 6/6 | 3/3 |
| Complex complaints - of responses sent in month, no. responded to within 30 days | 0/0 | 1/1 | 4/4 | 3/3 |
| % of all complaints responded to within target timeframe | 85.7 | 100 | 100 | 100 |
| Number of complaints Upheld (of those responded to) | 1 | 2 | 4 | 2 |
| Number of complaints Partially Upheld (of those responded to) | 5 | 4 | 6 | 3 |

Number of responses sent and number sent within target time frame



Responses to complaints

The chart above shows the number of complaints being responded to and the number done so within the target timeframe of either 25 working days for standard complaints or 30 working days for complex complaints. In the two month reporting period all complaints were responded to within our timeframes.

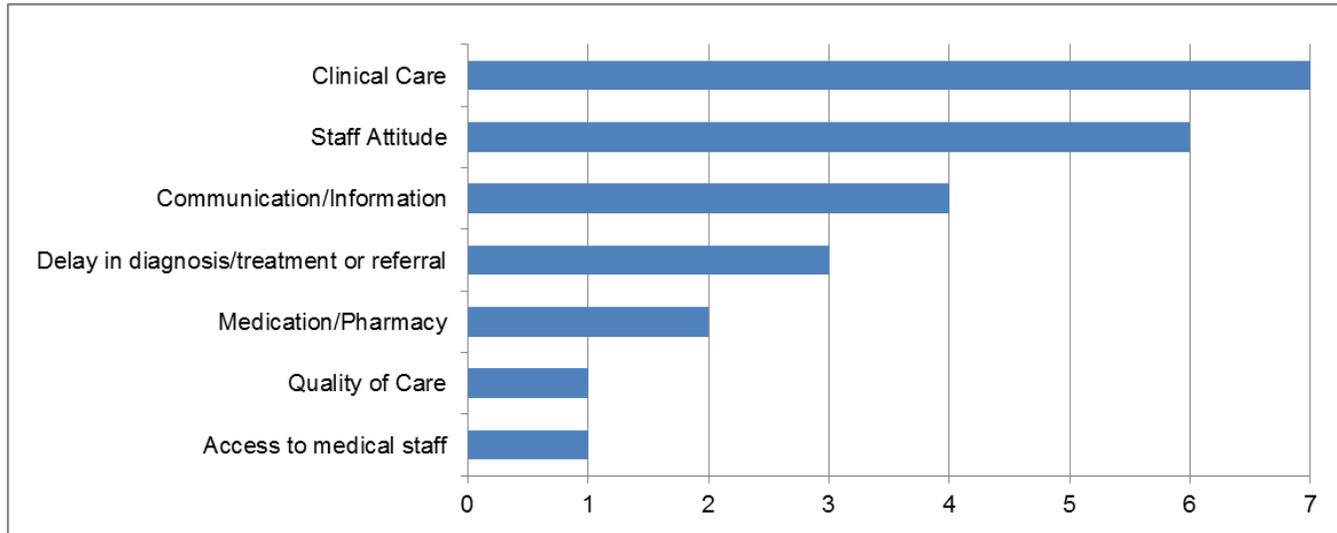
Parliamentary and Health Service Ombudsman (PHSO)

There were no referrals to PHSO or recommendations received in June or July 2018.

*One less than previously reported as one complaint about Bedfordshire Community Specialist Services was downgraded to a concern and resolved locally.

Trends

The subjects identified in complaints received in June and July are shown below:



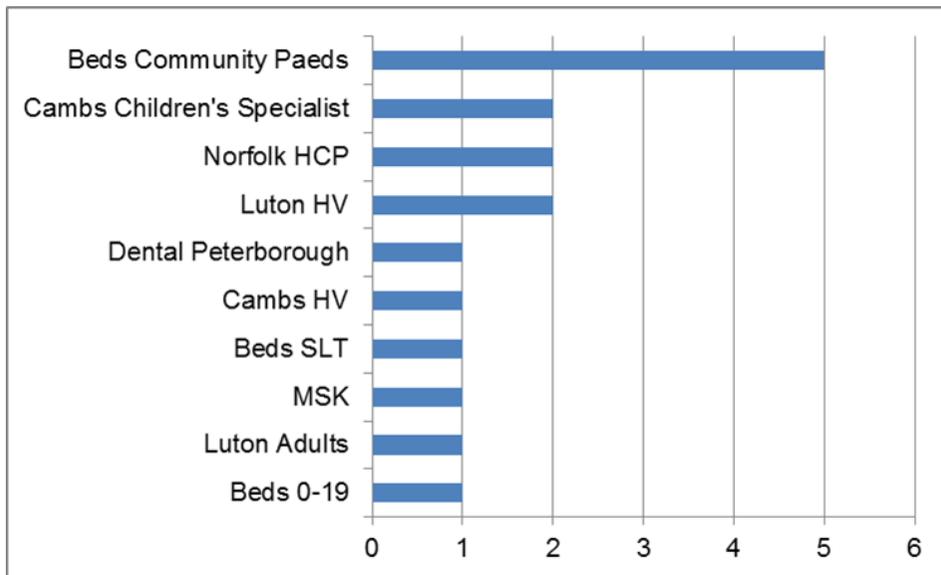
Complaint themes and outcomes

Seventeen complaints were received in the two month period, with 24 issues raised across the subjects shown in the graph.

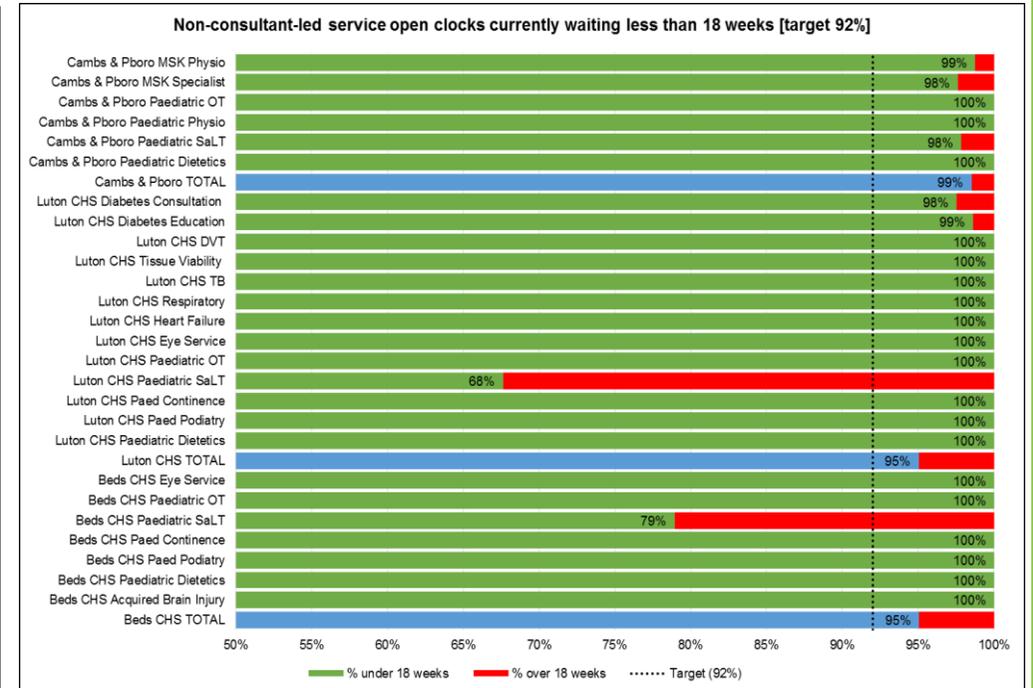
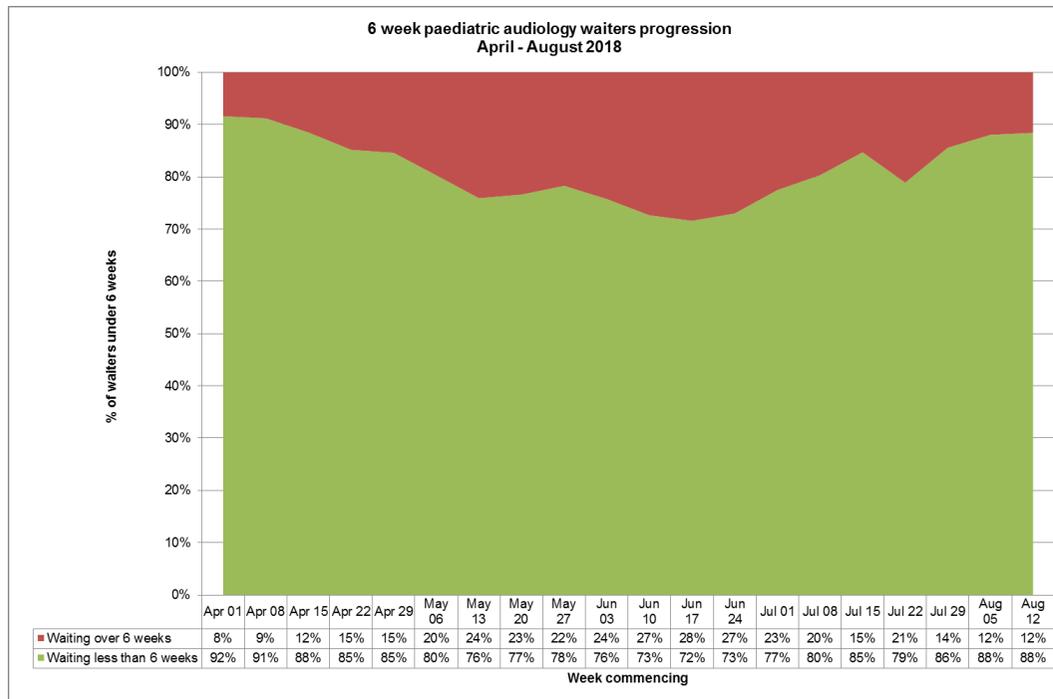
Seven issues raised were about Clinical Care. Of these two were concerning Beds Community Paediatric Service, and one each of Norfolk Healthy Child Programme (HCP), Luton Adults, Physiotherapy (MSK) Services, Dental and Cambs Community Paediatrics.

Six issues were about staff attitude: two Luton Health Visiting Services and one each of Norfolk HCP, Beds Community Paediatric Service, Cambs Health Visiting and Cambs Acute Inpatient.

The services involved in the complaints received in June and July are shown in the graph below.



Access – i.e. 18 weeks.



- Services commissioned by Luton CCG and Bedfordshire CCG that have transferred to CCS from other providers are now fully reflected in this performance summary.
- 50 MSK breaches were reported (19 in our control and 31 re diagnostic pathway in acute services) compared to the initial breach position of 500 previously reported in 2017.



Well-led – June/July 2018

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture



Cambridgeshire
Community Services
NHS Trust

Quality Way/Peer review programme - Feedback



The CCS Quality Way

As our **Bedfordshire staff** continue to launch the Quality Way across their Services. During the **Caring domain** weeks, here are a couple of examples of how the teams in Bedford captured 'Caring' initiatives.

Members of our Bedford 0-19 (Team 2) held a meeting recently where one of the focuses was on reviewing the 'Caring' KLOE. Below is a photo of some of the team members who were brave enough to have their picture taken.



One of our Occupational Therapist in our team at Redgrave Gardens, Luton, organised a World Cup sweepstake and the money raised was put towards a contribution of food to their local food bank.



Our Quality Way Peer Reviews

Planning for the next stage of our Trust wide Quality Way Peer Reviews started in July with plans to:

- Undertake one peer review a month (excluding August and December).
- Spread the coverage of our services reviewed.
- Support teams with actions plans following the review.
- Support services to share the learning from their peer reviews.
- Cascade the offer of being a peer reviewer to all.
- Create a larger log of peer reviewer/chairs from internal and external peers.
- Add to our learning pages the outcomes/themes from our reviews/reports for shared learning.

QEWT (Quality Early Warning Trigger Tool)

The response rates for the QEWT in June and July 2018 were 95.5% and 94.8% respectively. The table below shows those teams that had a high score (16+) in June and/or July, those that have remained mid-range (10-15) showing little or no improvement over a three month period and those teams that have not submitted a return for two consecutive months. There were five high scores in June and seven high scores in July. Common themes identified across the services were staffing issues (e.g. sickness, vacancies and recruitment), anticipated disruption to service delivery in the coming month, IT issues (although these appear to be reducing), staff not updating records within 24 hours and an increase in the number of formal complaints received.

Bedfordshire Children's Services formally started to submit QEWT returns from 1 July (for the month of June); with some teams submitting in May and June.

| Overall QEWT Scores | | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 |
|---|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of responses received by scoring threshold | 25+ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 16-24 | 6 | 3 | 1 | 2 | 2 | 4 | 2 | 7 | 9 | 6 | 5 | 7 |
| | 10-15 | 14 | 17 | 19 | 16 | 13 | 14 | 16 | 11 | 15 | 20 | 23 | 26 |
| | 0-9 | 71 | 68 | 66 | 74 | 65 | 59 | 62 | 62 | 50 | 53 | 57 | 59 |
| No. of two consecutive non-responses | | 0 | 0 | 0 | 1 | 1 | 3 | 0 | 0 | 2 | 1 | 1 | 0 |
| Number of single non-responses | | 1 | 4 | 7 | 0 | 12 | 2 | 2 | 2 | 4 | 1 | 3 | 7 |
| Total number of responses received | | 91 | 88 | 86 | 92 | 80 | 77 | 80 | 80 | 74 | 79 | 85 | 92 |
| Total number of Teams | | 92 | 92 | 93 | 93 | 93 | 82 | 82 | 82 | 80 | 81 | 89 | 97 |

Luton Community Unit

| | Team | Apr-18 | May-18 | Jun-18 | Jul-18 |
|------------------------------|--------------------------------------|--------|-----------------|--------|--------|
| Luton - Children's Services | Health Visiting Luton Central | 17 | 10 | 13 | 14 |
| | Health Visiting Luton South | 12 | 14 | 14 | 14 |
| | Health Visiting Luton West | 17 | 10 | 12 | 13 |
| | Health Visiting Luton North | 16 | 10 | 14 | 13 |
| | Community Audiology | 12 | 11 | 9 | 15 |
| | Community Paediatrics | 20 | 21 | 16 | 11 |
| | Looked After Children & Care Leavers | 9 | 12 | 10 | 11 |
| Luton - Adult's Services | Community Nursing - Cavell | 7 | No return rec'd | 7 | 11 |
| | Community Nursing - Nightingale | 2 | 2 | 2 | 18 |
| | Cancer & Palliative Care | 14 | 11 | 6 | 6 |
| Norfolk HCP | 0-19 HCP Breckland Locality | 21 | 17 | 20 | 23 |
| | 0-19 HCP City Team 1 & 2 | 20 | 17 | 15 | 13 |
| | 0-19 HCP West Locality | 10 | 16 | 15 | 15 |
| | 0-19 HCP North Locality | 13 | 12 | 14 | 12 |
| | 0-19 HCP South Locality | 10 | 10 | 8 | 12 |
| Cambs C&YP Universal | 5-19 School Nursing Service | 16 | 16 | 20 | 16 |
| | Cambs City & South Locality Team | 20 | 18 | 17 | 20 |
| | East Cambs & Fenland Locality Team | 13 | 14 | 11 | 11 |
| Cambs C&YP Specialist | Children's Continuing Care | 11 | 11 | 11 | 11 |
| | Physiotherapy | 17 | 12 | 12 | 12 |
| | Specialist Nursing for Schools | 10 | 10 | 11 | 12 |
| Ambulatory Care | Dynamic Health East Cambs & Fenland | 8 | 12 | 13 | 11 |
| Beds Children's - Specialist | Speech & Language Therapy | | 22 | 22 | 23 |
| | Children's Continuing Care Team | | | 25 | 19 |
| Beds Children's - Universal | Single Point of Access | | | | 19 |

Health Visiting: All four teams continued to score mid-range in June and July. Areas highlighted include IT issues (although now showing improvement), staff sickness and vacancies impacting on service delivery which was anticipated to continue next month and team morale. This team also received a formal complaint in June. The service is recruiting so is optimistic about a reduction in score in the next few months.

Community Audiology: Although scores were on a downward trend, July's score of 15 reflected continued difficulties with recruitment/staff availability to run clinics. In the meantime, a number of locums and bank staff have been used to cover both weekday and weekend clinics to meet demand. High temperatures in one clinic room due to no air conditioning or ventilation (as the room needs to remain quiet) has led to cancellations due to staff not being able to use the clinic room. Issues around staff being unable to access eSP at a number of sites is now being dealt with by IT.

Community Paediatrics: This team's score showed an improvement in June and July mainly due to a reduction in complaints and improved IT provision, although further complaints are anticipated due to the increase in waiting times as children are now being seen in order of agreed clinical priority. Staffing issues and demand exceeding capacity remain the key areas for the team; Additional resources agreed by CCG in short term. It was noted, however, that all children with outstanding ADHD medication reviews have been seen and work on Phase 2 Service Redesign Programme is progressing which will include a project to move to a solely electronic patient record system. In addition, a joint workshop re ASD pathway has been held with stakeholders.

Community Nursing – Cavell: The team's score continued to be in the low-range in June partly due to increased support being provided. Their score rose to 11 (mid-range) in July due to low staffing levels anticipated in August (annual leave), staff sickness and unfilled vacancies. The team received a complaint in July which was internally de-escalated after a visit by a senior member of staff to the patient and relative. It is noted that the team has been non-compliant with both appraisals and mandatory training since March 2018.

Community Nursing – Nightingale: This team is new to the QEWT table this month as their score has risen from two in June to 18 in July after being consistently low for over the past 12 months. Reasons provided include staff sickness, difficulty in recruiting new staff, appraisal compliance being below target, IT connectivity in the community (although this has now been resolved), staff receiving limited supervision/discussion and staff not updating records within 24 hours. It is noted, however, that all outstanding records have now been completed.

Cancer & Palliative Care: There has been an improvement to this team's score over the past two months; however the team continued to experience difficulties with recruitment and maintaining adequate staffing levels which has affected the team's capacity. However, the team continued to provide a seven day service which was being kept under review. Additional clinical administration support was in place and was proving to be beneficial to the team. Issues with access to SystmOne have impacted on the team's ability to maintain clinical records and access clinical information. IT connectivity 'dropping out' has led to difficulty in inputting clinical notes, although this was improving. The team has remained non-compliant with appraisals since May 2018.

Norfolk

Norfolk 0-19 HCP teams:

Breckland Locality: This team's score continued to be in the high-range in June/July due to long/short term staff sickness, use of bank staff, poor IT connectivity in rural areas and problems with mobiles not holding their charge. Staff not updating records within 24 hours was an on-going issue. The team also received two formal complaints in July. One year reviews, antenatal contacts and universal six week development checks continued to be offered in a clinic setting.

City Locality: This team showed a downward trend in QEWTT score over the past three months mainly due to a new Head of Locality being in post for that same period. Short and long term staff sickness continued affecting service delivery and the locality continued to work to their Business Continuity Plans where only mandated reviews and antenatal contacts were being targeted. An on-going safeguarding investigation has also affected June/July scores, however clinical supervision/support has improved. In common with the other localities, staff had been unable to update clinical records within 24 hours.

West Locality: A slightly reduced score in June/July but remained in mid-range. Business Continuity Plan was in place due to low staffing capacity with a high level of short and long term staff sickness leading to cancellation or postponement of clinical care. The Team anticipated this to continue next month. Staff not able to update records within 24 hours was a common theme.

North Locality: This team is new to the QEWTT table this month as it has had a mid-range score for the past four months. Staffing levels have been affected by a number of vacancies although this is predicted to improve by September due to transfer of staff from other localities and successful recruitment. Staff morale remains good with stable, supportive leadership in place. The team's business continuity plan was reviewed in July and reduced from stage 4 to stage 2. It was anticipated that the full universal offer will be re-introduced during September.

South Localities: This team is also new to the QEWTT table this month as their score has continued to hover in the mid-range since February increasing to 12 in July. Areas to note include vacancies and short term sickness absence which has impacted on service delivery. Where necessary, locality duty staff have carried out KPI visits and attended safeguarding meetings. The lack of children's centre support at five clinics has led to more HCP resources being required as well as additional time for setting up and clearing away. As the need arises, the team has continued to offer support to other localities including the Just One Number Team. There have been some issues with hot desking and access to IT at some locations but this was being addressed. The locality declared a serious incident in July.

Cambridgeshire Children & Young People's Services

Cambs 5-19 School Nursing Service: Scores continued to be in the high range for this team during June/July. There was a rolling advert to recruit more school nurses in place. Reduced staffing (mainly due to term time only posts) has affected staffing levels over the summer period. However, plans were in place to cover Chathealth, the duty desk and the enuresis clinic; the school nurse lead was available to support staff working over the summer months. Service redesign work streams commenced in July. Two complaints were received during June/July with plans to feedback learning following the summer period.

Cambs City & South Locality Team: The situation noted in the last data pack continued with staffing being the main issue (vacancies, sickness, maternity leave, retirements and resignations received). Members of the clinical leadership team and team manager continued to offer support in areas particularly short staffed and where the large geography of the area has affected service delivery. Work on reducing the NHS digital backlog continued. One Student has successfully been recruited to a Qualified post.

East Cambs & Fenland Locality Team: This team's score reduced slightly in June/July but remains in the mid-range. The use of managers to support clinical visits had been successful in reducing the number of cancelled visits in June and in July they were completing visits as per need. There has been some successful recruitment in the Fenland team with staff due to start in August and September. The duty desk in Fenland was fully established and supporting staff to conduct clinical visits and update records in a more timely manner.

It is noted that with effect from August 2018, the three Cambridgeshire 0-19 teams have been restructured into two localities: East Cambs & Cambridge Locality Team and Fenland & Huntingdon Locality Team.

Children's Continuing Care: This team's score has remained static for the past four months with no change to the metrics being selected. Staffing was a key issue with a rolling advert in place for carers; two band 6 sisters were on long term sick leave. The team was working with Commissioners and our Contracts Team to review current care packages as well as staffing levels and healthcare support workers responsibilities. A review of the staff structure was also being carried out which would allow a Band 6 to fulfil line management duties and complex case management.

Children's Physiotherapy: This team's score has continued at 12 over the past three months, with no change to the metrics selected. A new Band 6 post has been filled with start date in September. IT issues at one location remained but were being addressed. Not all staff had clinical supervisors allocated but all had management supervision in place. There has been a problem with regulating the temperature in clinic rooms at the Peacock Centre but this was being addressed by Estates. Clinical reports were not being updated within 24 hours.

Specialist Nursing for Schools: This team was previously on the Emerging Issues chart. Although remaining mid-range for three consecutive months, July's score has shown some improvement due to the Team Manager returning to post after a period of sick leave. However, previously reported issues remained with the team being unable to fulfil their service specification within schools due to the schools' high expectations and increasing demands. Team morale was low and two resignations have been received (posts were in the process of being advertised). Lack of universal service delivery to Peterborough schools was impacting on the specialist service the team was providing which has been highlighted to the local authority commissioner but no feedback has been received. A Special Needs School Nurse required training to ensure that handwashing audits were completed in future.

Ambulatory Care

Dynamic Health – East Cambs & Fenland: This team was new on the chart this month as their score has remained in the mid-range for the past three months although on a downward trend. Key areas noted were: a new team manager in post; staff sickness leading to cancellation/postponement of clinical care which was anticipated to continue; appraisal rate below target level; a formal complaint received in June. It was noted, however, that mandatory training compliance improved in July.

Bedfordshire Children's Services

Speech & Language Therapy: This team has submitted QEWTT returns from May with scores in the high-range each month. Staff sickness, on-going vacancies and issues with translation services have affected appointments offered to patients and have delayed initial and review appointments. Service disruptions were anticipated to continue next month. Unfamiliar bank and agency staff were being employed. The Service has received a number of formal complaints over the past three months. IT and work environment issues were also indicated and clinical records were not updated within 24 hours.

Children's Continuing Care: This team submitted returns in June and July, both in the high-range. Reduced staffing levels due to sickness, vacancies and maternity leave have impacted on the packages of care the team can deliver to children and their families and has led to cancellations and complaints being received. IT issues and the impact of their work environment has also contributed to their score.

Single Point of Access: This team submitted their first QEWTT return in July scoring 19 (high-range). Staffing issues have resulted in the cancellation/postponement of clinical care which was anticipated to continue although two new members of staff have been appointed and due to start in August and September. Team mandatory training compliance was below target and a formal complaint was received. IT issues and the work environment impacting on the quality of service provision have also contributed to their score in July.

Emerging Issues

Luton School Nursing Service: This team's score rose in July to 13 (mid-range) mainly due to a number of vacancies and difficulties in recruiting new staff although it was anticipated that a new Nursery Nurse will start in September. The team was also experiencing some IT issues and not updating clinical records within 24 hours.

| Emerging issues | | | | |
|---|------------------------|--------|--------|--------|
| This table focusses on those services which have shown an uncharacteristic rise in score. We will monitor these teams' QEWTT scores closely over the coming months. | | | | |
| Unit | Team | May-18 | Jun-18 | Jul-18 |
| Luton - Children's Services | School Nursing Service | 8 | 8 | 13 |

People Participation

The Trust is moving from a 'Patient Engagement' to a 'People Participation' approach where service users, patient and local communities help to shape and improve future service provision. Here are a few examples of People Participation that are already happening within our services:

iCaSH and the Terrence Higgins Trust have jointly reviewed our C-card service, as part of which we have engaged with groups of young people via surveys and feedback sessions on the design of the scheme going forward. This has led to a redesign of our approach to C-card delivery county-wide.

iCaSH Peterborough runs a Lesbian, Gay, Bi-sexual and Transgender (LGBT) support group which provides informal and anecdotal feedback on their service and suggestions for change. Members of the group along with iCaSH Peterborough nurses, participated in two BBC Radio Cambridgeshire interviews on their experience of the service. Suffolk iCaSH

Dental Services in Peterborough continues to engage with vulnerable/socially excluded groups. To date we have made contact with two homeless organisations in Peterborough with a view to providing oral health advice and group or one-to-one meetings.

Bedfordshire Children's Services are involved in a number of initiatives which involved parent/carer representatives, such as:

- Contract Outcomes development work.
- Autism spectrum disorder (ASD) pathway development work.
- Child Development Centre (CDC) management group.
- Parent/Carer Forum participation in events including speed dating style individual discussions.

Oliver Zangwill Centre (OZC) continues to run a past client service user group. This is a voluntary meeting for clients who are interested in being involved in the Centre's activities. The meetings are spent looking at new research, helping to develop ideas at OZC, catching up with each other and sharing experiences. Meetings run 3 to 4 times a year and during a recent user group we asked clients to identify, in their opinion, what made a 'good' rehabilitation assistant and these suggestions were used to inform a recent appointment.

Luton Children & Adult Services

- Luton Children's Epilepsy Specialist Nurse was invited to the British Paediatric Neurology Association Conference earlier this month to give a presentation about the virtual clinics the team has been introducing to its young patients.
- The Luton Respiratory Team interventions with the homeless community have reduced the prevalence of TB locally by 10% per year in the last 3 to 4 years. The Team has purchased a mobile x-ray machine to enable homeless service users who find it difficult to attend normal clinics to access diagnostic tests and treatment

Cambridgeshire Children's Services

- Service users have been invited to form part of the recruitment panel for recent nurse interviews which was very received by both interviewers and interviewees.
- The Special Care Baby Unit parent group is held monthly with families previously on SCBU
- Occupational Therapy engaged with Pinpoint when developing their website to ensure it is helpful for parents. Parents will also have the opportunity to comment on sample pages.

Gypsy Romany and Traveller (GRT) Communities

Consultation with GRT families began in January using a 3 question survey delivered either face to face, during home visits or in a focus group setting. The GRT Health Visiting champions worked with the Co-Production Lead and the NHCP lead professional to meet with families and other stakeholders to gather the views of families and also to promote the services available.

Norfolk 0-19 Healthy Child Programme (NHCP)

- The Service has held focus groups with college students to help develop healthy weight pathways and the health passport.
- Youth Advisory Boards – consultation with young people on the development and implementation of the healthy weight pathway and the service re-design of our 5-19 services.
- A working group has been set up to review all SystemOne service letters; part of this will include engagement with service users to ensure their comments/suggestions are taken into account.

Research

Clinical Research Success

- Recruitment to National Institute for Health Research (NIHR) portfolio studies continues at a steady pace (n=59) in this period of reporting.
- Good news is that the iCaSH Safetxt study has been extended into the autumn (national target has been increased to 6250 so this study will continue to contribute to the overall Trust recruitment. Current position nationally is fifth out of 18 community trusts.
- Also, iCaSH is the top community trust recruiter to the PrEP (Pre-exposure Prophylaxis) Impact & Safetxt studies (out of seven community trusts).

Internships and Fellowships submitted and supported by the Senior Research Fellow:

- Health Education England (HEE) Pre-MSc Internships:** Dissemination - Poster presented at a national Patient Reported Outcome Measures (PROMS) conference at the University of Birmingham (Paula Waddingham and Andrew Bateman were co-authors). Research Staff Story to be presented at the Clinical Operational Board on 7 August 2018.
- The **Pre-doctoral Clinical Academic Fellowship (PCAF)**. Three clinicians have applied for this and one has had an interview. Currently awaiting the outcome.
- The **Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Fellowship Scheme (2019)**. Now open for applications with much interest from clinicians, specifically paediatricians, a paediatric occupational therapist and a dental surgeon.
- The **Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Fellowship Scheme (2018)**. The Paediatrician is using Patient & Public Involvement (PPI) with parental input with children with Generalised Global delay to develop a resource pack. Progressing well.
- Greenshoots Clinical Research Network (CRN) funded 0.5 PA** – the Paediatrician continues to promote the CRN and National Institute for Health Research (NIHR) Paediatric Studies.

National Institute for Health Research (NIHR) Portfolio Studies:

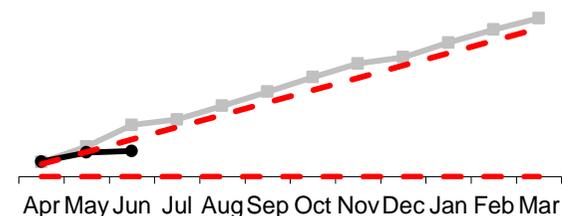
- iCaSH – Safetxt** (behaviour change study) running in Norwich, Lowestoft, Kings Lynn, Great Yarmouth, Cambridge and Ipswich continues to recruit. Highlights: iCaSH consistently features in the top five recruiting sites out of 44 sites nationally (it has been in the second position on two occasions). June/July recruitment is 29. The total recruitment to date has achieved 342 iCaSH. A further extension has been granted to September 2018.
- iCaSH – PrEP (Pre-exposure Prophylaxis) Impact Trial** – HIV prevention medication in those engaging in high risk sexual activity. NHS England/Public Health England (PHE) national study. iCaSH has nine clinics recruiting (largest number of sites for one trust). June/July n=15, recruitment to date is 173.
- MSK BOOST** study – top recruiting site in the Country; an additional recruitment of 10 patients has now been agreed with the University of Oxford, five recruited in this period. Recruitment to date now totals 36.
- MSK – Work Patient Reported Outcome Measures (PROMs)** study. Two sites (Cambridge and Huntingdon) have started recruitment. An additional site to assess capacity (Peterborough) is now recruiting. Recruitment yet to show on system.

- Children & Young People's Services (CYPS) – PRes Study (HV)** Preventing the return to smoking post-partum. This study is running in the Norfolk Health Visiting service: 22 recruits. Recruitment completed.
- CYPS – Cost of Autism study (community paediatricians)** – Luton and Huntingdon. Each centre to review the case notes of 20 consecutive children seen who are diagnosed with autism: recruitment completed in Luton (n=20), Huntingdon (n=09).
- CYPS – FEEDS** survey about services offered to parents of children with eating, drinking and swallowing difficulties. Just opened to recruitment (n=8).
- Bedfordshire Community – Paediatric Orthoptics**. Trials in collaboration with Moorfields, transfer of **EuPatch** study (patching for lazy eye). Recruit, n=1.

Upcoming:

- Bedfordshire Orthoptics: Named site for **BALANCE & TRECA** (Trials engagement in children and adolescents) studies. Led by Moorfields Hospital. Anticipated start October.
- ADAPT** (Assistive Devices for empowering disABled People through robotic Technologies) staff surveys. 1 x Assessment of Assistive Technology; 1 x Assessment of wheelchair use.
- Stroke rehab & Early Supported Discharge (ESD)**: ToNIC (QoL MND) – undertaking feasibility.
- Health Visiting, Norfolk**: FROSTTIE (Randomised Control Trial [RCT] Frenotomy & Breastfeeding; Oxford University), feasibility being assessed.

Graph 1. Trust recruitment (n=75) for 2017/18 (black line) against 2016/17 (grey line) and target (red dotted line)



Recruits since April n=129

Outcomes & Goal setting Paediatric EQ5D-Y & Trust wide work stream

- The study's paediatric lead is Dr Katie Burton, supported by Dr Alison Sansome and other paediatric leads (Occupational Therapy, Physiotherapy, Speech & Language Therapy, Community Nursing). Team needs to scope for funding sources.
- Progress with SystmOne adaptation to do electronically, but this is slow and requires more dedicated time.
- Trust wide remit to look at how services use outcome measures, if any, and how this information is used to measure the impact of intervention. Working group to re-convene. Links to Care Quality Commission.

Quality Dashboard

| | | | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | | |
|---|---|-----------|------------------|-------------------------------|-------------|-------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------|--|
| Standard/Indicator | Description | Contact | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | Sparkline | |
| SAFETY | | | | | | | | | | | | | | | | |
| Patient safety | | | | | | | | | | | | | | | | |
| Classic safety thermometer | % Harm free care | H Ruddy | 98.57% | 90.00% | 94.25% | 95.50% | 91.25% | 82.35% | 94.05% | 85.95% | 92.68% | 88.24% | 92.50% | 93.88% | | |
| | % New harm free care | | 100.00% | 100.00% | 100.00% | 98.20% | 100.00% | 92.94% | 98.81% | 98.35% | 100.00% | 94.12% | 97.50% | 97.96% | | |
| | C&YP safety thermometer | | % Harm free care | 85.20% | 90.90% | 63.60% | 92.30% | 92.00% | 68.80% | 66.70% | 50.00% | 100.00% | 81.80% | 92.90% | 87.50% | |
| Incidents | | | | | | | | | | | | | | | | |
| New SIs declared requiring investigation | Avoidable pressure ulcers declared as SI in month under CCS Care | L Ward | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | Other SIs declared | | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | | |
| Number of never events | Number of never events reported in month | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | | |
| Medicines Management | Number of medication incidents reported (CCS) | A Darvill | 10 | 11 | 12 | 15 | 14 | 15 | 9 | 10 | 19 | 17 | 10 | 15 | | |
| | % CCS medication incidents no harm | | 100% | 91% | 100% | 100% | 93% | 87% | 89% | 100% | 100% | 100% | 100% | 93% | | |
| Infection Prevention & Control | | | | | | | | | | | | | | | | |
| MRSA | No of avoidable MRSA bacteraemia cases in year (inpatients) | C Sharp | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| MRSA Screening | Non-elective (inpatients) | | 100.00% | 0 patients required screening | 100.00% | 0 patients required screening | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 66.00% | 100.00% | 100.00% | |
| C.diff | C.diff cases occurring >72 hrs following admission (cumulative over year) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Hand hygiene | Compliance with hand hygiene in all Trust inpatient areas | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | N/A | 100.00% | |
| Essential Steps | Compliance with spread of infection indicator | | 99.84% | 100.00% | 99.16% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 99.90% | 100.00% | 100.00% | 100.00% | |
| EFFECTIVENESS | | | | | | | | | | | | | | | | |
| Mandatory training | | | | | | | | | | | | | | | | |
| Overall mandatory training | In line with Trust Training Needs Analysis | J Michael | 93.00% | 93.00% | 93.00% | 95.00% | 95.00% | 95.00% | 95.00% | 94.00% | 95% | 95% | 96% | 93% | | |
| Safeguarding training (Children) | Level 1: % staff trained | | 97.00% | 97.00% | 97.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98% | 99% | 99% | 98% | |
| | Level 2: % staff trained | | 97.00% | 98.00% | 98.00% | 93.00% | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% | 99% | 99% | 98% | 97% | |
| | Level 3: % staff trained | | 91.00% | 91.00% | 90.00% | 91.00% | 88.00% | 89.00% | 88.00% | 88.00% | 90% | 91% | 92% | 90% | | |
| | Level 4: % staff trained | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100% | 100% | 100% | 100% | | |
| Safeguarding training (adults) | SOVA | | 92.00% | 92.00% | 92.00% | 94.00% | 94.00% | 96.00% | 96.00% | 96.00% | 96% | 97% | 96% | 91% | | |
| | Mental Capacity Act | | 93.00% | 93.00% | 93.00% | 95.00% | 95.00% | 95.00% | 94.00% | 93.00% | 93% | 92% | 95% | 86% | | |
| | Deprivation of Liberty | | 87.00% | 87.00% | 84.00% | 92.00% | 92.00% | 95.00% | 94.00% | 93.00% | 92% | 91% | 92% | 84% | | |
| Manual handling | % of staff undertaking manual handling (patients) | | 88.00% | 88.00% | 92.00% | 93.00% | 93.00% | 93.00% | 90.00% | 91.00% | 90% | 85% | 92% | 89% | | |
| Fire safety | % of staff undertaking fire safety training | | 91.00% | 91.00% | 92.00% | 93.00% | 93.00% | 94.00% | 94.00% | 93.00% | 94% | 95% | 95% | 92% | | |
| CPR/Resus | % of staff undertaking CPR/Resus training | | 91.00% | 89.00% | 91.00% | 91.00% | 93.00% | 92.00% | 92.00% | 91.00% | 91% | 91% | 93% | 89% | | |
| IPaC training | % of staff undertaking IPaC training | | 95.00% | 96.00% | 97.00% | 98.00% | 97.00% | 97.00% | 98.00% | 98.00% | 98% | 98% | 98% | 97% | | |
| Information governance | % of staff undertaking IG training | | 91% | 90% | 91% | 93% | 93% | 95% | 95% | 92% | 94% | 95% | 94% | 91% | | |

| | | | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | | |
|---|--|-----------------------|-------------|-------------|-------------|-------------|---------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------|--|
| Standard/Indicator | Description | Contact | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | CCS Overall | Sparkline | |
| Safeguarding | | | | | | | | | | | | | | | | |
| Safeguarding supervisions (Children) | % eligible staff | C Halls | 96% | 93% | 96% | 97% | 94% | 97% | 94% | 91% | 82% | 89% | 97% | 95% | | |
| Workforce/HR | | | | | | | | | | | | | | | | |
| Sickness | Monthly sickness absence rate | R Moody | 3.81% | 4.28% | 4.64% | 4.77% | 5.90% | 6.12% | 5.11% | 5.56% | 4.61% | 4.74% | 5.10% | 5.22% | | |
| | Short-term sickness absence rate | | 1.50% | 2.42% | 2.09% | 2.59% | 2.90% | 3.20% | 2.18% | 2.47% | 1.70% | 1.79% | 2.09% | 2.31% | | |
| | Long-term sickness absence rate | | 2.31% | 1.87% | 2.55% | 2.18% | 3.00% | 2.92% | 2.93% | 3.08% | 2.91% | 2.96% | 3.01% | 2.91% | | |
| | Rolling cumulative sickness absence rate | | 4.71% | 4.70% | 4.68% | 4.61% | 4.59% | 4.64% | 4.66% | 4.74% | 4.82% | 4.81% | 4.93% | 4.99% | | |
| Turnover | Rolling year turnover | R Moody | 17.19% | 17.02% | 16.62% | 16.23% | 16.01% | 16.60% | 15.73% | 15.41% | 13.42% | 13.71% | 12.88% | 12.87% | | |
| Bank staff spend | Bank staff spend as % of pay (financial YTD) | | 1.35% | 1.34% | 1.37% | 1.43% | 1.51% | 1.51% | 1.53% | 1.56% | 1.51% | 1.41% | 1.37% | 1.35% | | |
| Agency staff spend | Agency staff spend as % of pay (financial YTD) | | 3.15% | 3.39% | 3.42% | 3.59% | 3.40% | 3.44% | 3.47% | 3.28% | 1.91% | 2.07% | 2.04% | 2.28% | | |
| Stability | % of employees over one year w hich remains constant | P Davies/ L Thomas | 85.96% | 87.54% | 87.88% | 84.42% | 84.36% | 83.33% | 84.34% | 84.40% | 84.83% | 84.73% | 84.26% | 84.56% | | |
| Appraisals | % of staff w ith appraisals | | 89.13% | 92.16% | 89.19% | 90.09% | 89.72% | 91.86% | 89.48% | 91.10% | 87.32% | 89.39% | 89.53% | 90.28% | | |
| Staff Friends & Family test | Recommending CCS as place for treatment - Quarterly reporting | P Davies/ L Thomas | | 90.49% | | | Not available in Q3 | | | 95.13% | | | 90.93% | | | |
| | Recommending CCS as place to work - Quarterly reporting | | | 74.35% | | | | | | 84.14% | | | 78.40% | | | |
| EXPERIENCE | | | | | | | | | | | | | | | | |
| Patient experience (monthly targets) | | | | | | | | | | | | | | | | |
| Complaints | Number of formal complaints received in month | D McNeill | 7 | 2 | 3 | 9 | 5 | 7 | 11 | 9 | 9 | 12 | 8 | 10 | | |
| | Standard complaints - of responses sent in month, no. of complaints responded to w ithin 25 days | | 1/14 | 2/10 | 2/2 | 3/3 | 2/4 | 1/1 | 6/7 | 10/12 | 6/7 | 5/5 | 6/6 | 3/3 | | |
| | Standard complaints - percentage responded to w ithin 25 days | | 7.00% | 20.00% | 50.00% | 100% | 50.00% | 100% | 85.71% | 83.00% | 85.71% | 100% | 100% | 100% | | |
| | Complex complaints - of responses sent in month, no. of complaints responded to w ithin 30 days | | | | | | | | | | | 0/0 | 1/1 | 4/4 | 3/3 | |
| | Complex complaints - percentage responded to w ithin 30 days | | | | | | | | | | | | 100% | 100% | 100% | |
| Concerns | Number of concerns received in month | | | | | | | | | | 23 | 30 | 25 | 36 | | |
| Friends & Family test score | Patients who would recommend our services | | 97.28% | 96.36% | 96.02% | 95.80% | 97.20% | 95.39% | 96.20% | 95.29% | 97.91% | 97.20% | 96.93% | 94.15% | | |
| | Number of patients surveyed | | 2351 | 3163 | 3740 | 2883 | 2320 | 2755 | 2500 | 2656 | 2157 | 2639 | 2801 | 4464 | | |
| QEWTT (Quality Early Warning Trigger Tool) | | | | | | | | | | | | | | | | |
| QEWTT | Number of responses received by scoring threshold | 25+ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | | 16-24 | 6 | 3 | 1 | 2 | 2 | 4 | 2 | 7 | 9 | 6 | 5 | 7 | | |
| | | 10-15 | 14 | 17 | 19 | 16 | 13 | 14 | 16 | 11 | 15 | 20 | 23 | 26 | | |
| | | 0-9 | 71 | 68 | 66 | 74 | 65 | 59 | 62 | 62 | 50 | 53 | 57 | 59 | | |
| | Number of two consecutive non-responses | | 0 | 0 | 0 | 1 | 1 | 3 | 0 | 0 | 2 | 1 | 1 | 0 | | |
| | Number of single non-responses | | 1 | 4 | 7 | 0 | 12 | 2 | 2 | 2 | 4 | 1 | 3 | 7 | | |
| | Total number of responses received | | 91 | 88 | 86 | 92 | 80 | 77 | 80 | 80 | 74 | 79 | 85 | 92 | | |
| Total number of Teams | | 92 | 92 | 93 | 93 | 93 | 82 | 82 | 82 | 80 | 81 | 89 | 97 | | | |
| N/A | Data usually supplied but not available this month | | | | | | | | | | | | | | | |
| | Not relevant/not applicable to this area | | | | | | | | | | | | | | | |