



Safe – October/November 2017

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

During October and November one Serious Incident was declared which related to a potential failure to escalate safeguarding concerns.

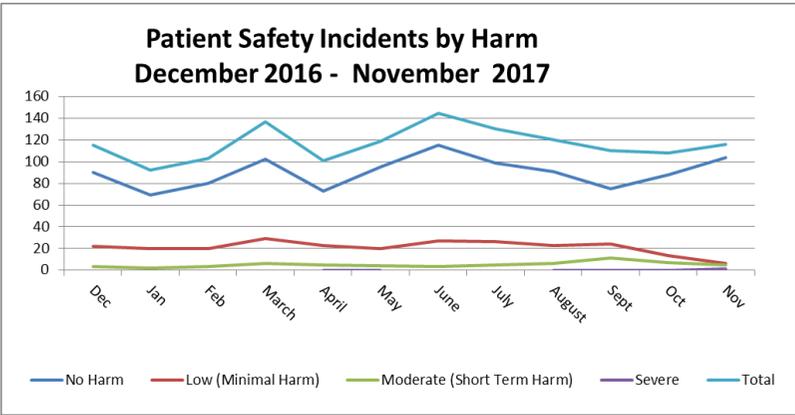
The incident occurred within the Norfolk 0-19 service (Breckland Locality). This is the second similar Serious Incident reported from this locality and the Locality Lead, Service Manager and Head of Safeguarding have met to ensure all appropriate actions are being undertaken and support offered to staff.

The Trust’s safeguarding group have been asked to review the recent similar incidents to ensure learning is identified from a safeguarding perspective.

It is anticipated that the investigation will be part of a wider safeguarding process including a Serious Case Review.

Degree of harm

During October and November 12 moderate harm incidents were reported which related to patients under the care of the Trust (seven in October and five in November). This is a decrease of the number reported during the previous two month period which was 17. All of the incidents reported related to Grade 3 pressure ulcers and occurred in the District Nursing Teams in Luton. All pressure ulcers are scrutinised to establish whether appropriate care and treatment was implemented. Due to the decrease in the number of reported incidents compared to the previous period, the Tissue Viability Nursing Team and Service Manager reviewed the caseloads and were assured that the reported figure was correct. Training and the sharing of learning, both locally and with the local hospital, continues to be taken forward by the Tissue Viability Nursing Team. The review of the management and prevention of pressure ulcers project continues with an update expected at the Luton Clinical Operations Board in February.



Learning from previous incidents

In the last report an incident relating to the mis-labelling of an x-ray which led to an inaccurate referral was highlighted.

The investigation has concluded and the following learning identified:

- All x-rays must be checked by a Dentist prior to reporting to the referrer
- Sectional x-rays are no longer taken.

Safeguarding

Serious Case Reviews

	Luton				Cambs/P'boro				Norfolk			
	Aug 17	Sep 17	Oct 17	Nov 17	Aug 17	Sep 17	Oct 17	Nov 17	Aug 17	Sep 17	Oct 17	Nov 17
Case Reviews On-going	3	2	1	1	3	3	2	2	4	6	6	6
Case Reviews Concluded	0	1	1	0	0	0	0	0	0	0	0	0
Domestic Homicide Reviews	2	2	2	2	1	1	1	1	0	0	0	0
LADOs on-going	1	0	0	0	0	0	0	0	0	0	0	0
Unexpected Child Deaths	0	0	1	0	0	0	1	0	0	0	1	2
Safeguarding Adult Review	0	0	0	0	1	0	0	0	0	0	0	0

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.

There are two levels of Prevent training:

- Basic Awareness for staff that require Level 1 & 2 Safeguarding training.
- Workshop to Raise Awareness of Prevent (WRAP) for staff who require Level 3 and above Safeguarding training.

The Trust has met the national target of 85% training compliance across both levels. As of 22 December 2017, the Trust's compliance for both levels is:

Trust Prevent Basic Awareness Training	99%
Trust WRAP Training	91%

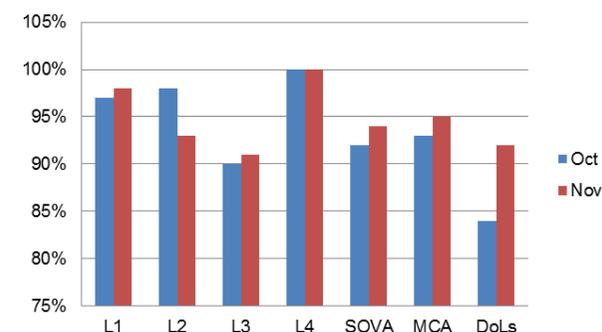
Safeguarding Training

Safeguarding Training Overall		
	Oct	Nov
L1	97%	98%
L2	98%	93%
L3	90%	91%
L4	100%	100%
SOVA	92%	94%
MCA	93%	95%
DoLs	84%	92%

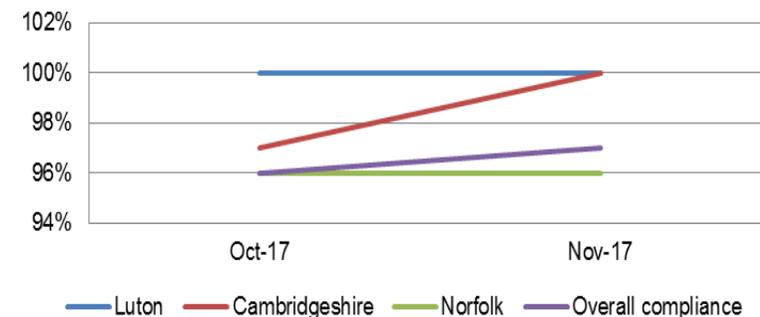
The Safeguarding Adult Training figures have been affected by staff having difficulty accessing the Electronic Staff Record system; this has now been resolved.

Following implementation of the improvement plan in Cambridgeshire, safeguarding supervision figures now show the following compliance (see table below).

Safeguarding Training Overall



Safeguarding Supervision - Compliance Nov 97%



Safeguarding Supervision		
	Oct 17	Nov 17
Luton	100%	100%
Cambridgeshire	97%	100%
Norfolk	96%	96%
Overall compliance	96%	97%

Information Governance

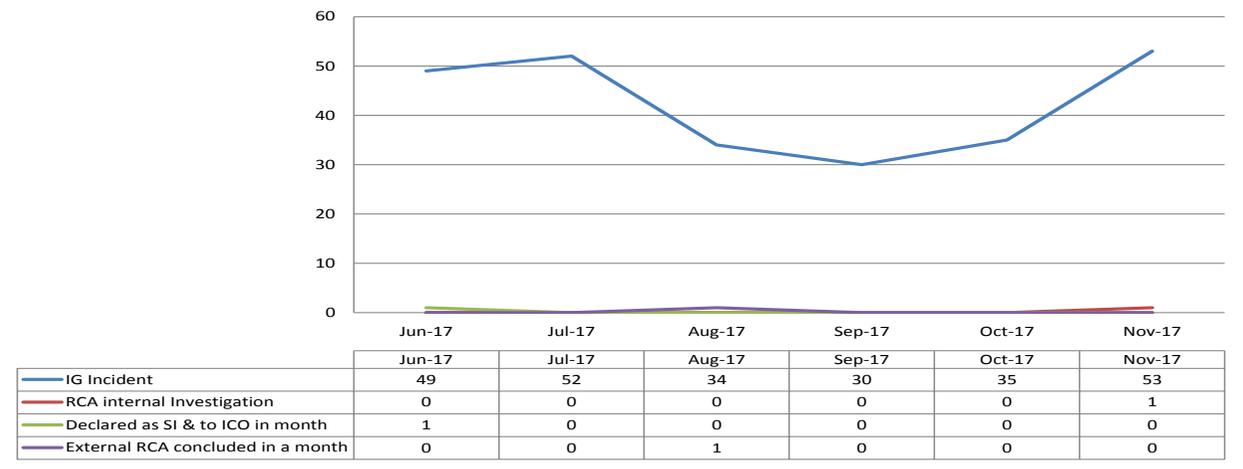
There were no incidents in October or November which required reporting to the Information Commissioner's Office (ICO). One incident in November relating to a report sent to the wrong family is the subject of an internal investigation.

In conjunction with the Communications Team and Incident & Risk Team, an infographic has been developed to demonstrate the appropriate use of envelopes, which can be used in team meetings, etc.

Trends continue to centre on perceived confidentiality breaches (15 in October and 12 in November) though none of these incidents were concentrated in a specific area. In addition, they were inappropriately coded as a number of them did not result in a breach in confidence. The Information Governance Team is developing more specific guidance for staff to understand what actually constitutes a confidentiality breach, to include examples, and work with teams to raise awareness.

There was an increase in number of incidents reported in November which related to other organisations, including incomplete information contained in Child Health Information System (CHIS) and incomplete or inaccurate information from acute providers. We continue to work with colleagues in other organisations on a number of related actions.

Information Governance Incidents reporting and investigated in month



Infection Prevention and Control (IPaC)

Surveillance

Surveillance: August - September 2017
Compliance = 0

Trust area	C.Diff (post 72 hours)	2017-2018 total to date
Cambridgeshire	0	0
Luton	0	0

There were no confirmed MRSA bacteraemia or Extended Spectrum Beta-Lactamases (ESBL) bacteraemia reported during October and November 2017.

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 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. This would require the investigator to undertake a look back exercise of 28 days to review other healthcare input. 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 October and November.

Incidents

There were eight incidents reported in this period: two related to waste not being collected on time. Two were clinical (a small laceration to a finger and a member of staff had forgotten to swab a line portal), another related to blood samples (plastic containers) being posted without appropriate internal packaging. The remaining three were minor, e.g. chewing gum found.

Environmental audits

Four sites were audited during this period. Common themes were the overall appearance of the department, cleaning and sharps awareness. The reports were shared and action plans developed with the service leads to monitor progress. Details are discussed at the Trust's Infection Prevention and Control Committee.

Annual Report

The Trust's IPaC Annual Report was presented to the Quality Improvement & Safety Committee (QISCom) in December. Queries related to two sections of the Peterborough's Dental Access Centre's Environmental Audit which was undertaken in March and where 85% was recorded for hand hygiene. This was due to limescale being identified on a number of taps (which was immediately rectified by the cleaning contractor) and the design of the sink not meeting current standards (though perfectly safe to use). The department also scored 88% for environment and cleaning. This was due to a number of stained ceiling tiles and markings on some walls. The action plan was discussed at the Trust's Infection Prevention and Control Committee.

Essential Steps

The Trust reported an overall score of 91.16% for October due to a below target score submitted by the Cambridgeshire Children's Community Nursing Team. The team leads have developed an action plan with input from the Matron for Infection Prevention and Control. All teams submitting their Essential Steps data achieved 100% for November. Details are discussed at the Trust's Infection Prevention and Control Committee.

Staff Seasonal influenza 2017-18 vaccination programme

- The National requirement for NHS Trusts is to vaccinate 75% of frontline healthcare workers; as at 31st December 2017, 56.14% of eligible staff had been vaccinated.
- An incentive scheme is now in place to help improve Trust uptake. Eligible staff who have not had or have officially declined the vaccination, have received a personal email from the Chief Executive encouraging them to do so.
- The Trust is also participating in the national CQUIN scheme for flu vaccination of frontline healthcare workers which involves those clinical staff in services commissioned by Cambridgeshire & Peterborough CCG and Luton CCG.
- NHS England and Public Health England have recently issued updated guidance to NHS providers to ensure that staff have easy access to the flu vaccine. It is the expectation that individual staff members have the vaccine if eligible and to sign a declined consent form if they refuse. In response, the Trust has amended the consent form accordingly. In addition, staff are able to access an on-line questionnaire where they can state that they decline to have the vaccination.

Safer Staffing

Compliance with safer staffing levels is reported nationally for inpatient areas (Holly Ward and Special Care Baby Unit at Hinchingsbrooke 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. The Paediatric Matron, therefore, 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 October, SCBU achieved 100% compliance against the RN nursing levels and 100% against the total number of staff on duty. The utilisation of bank and agency staff remained high due to staff sickness levels and continuation of the prolonged period of increased workload. Recent recruitment has been successful with the appointment of three new members of the team. Further recruitment is on-going to cover vacant Band 5 hours.

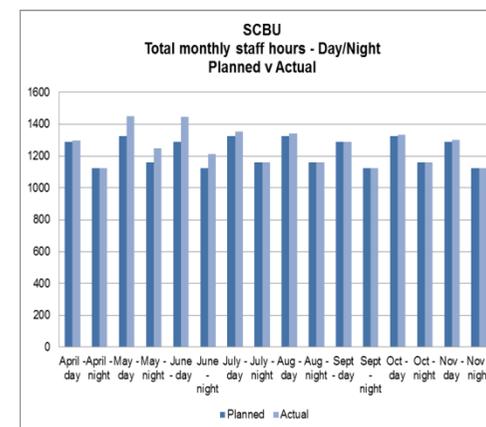
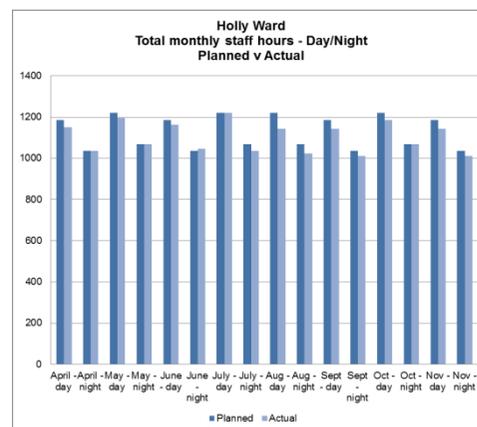
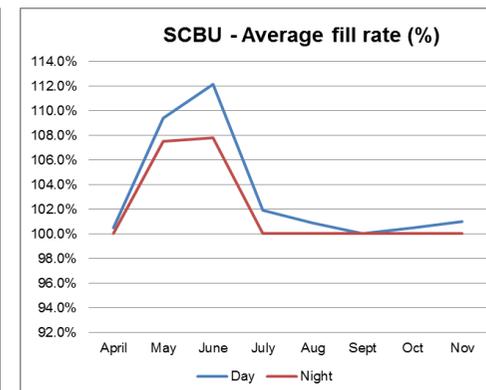
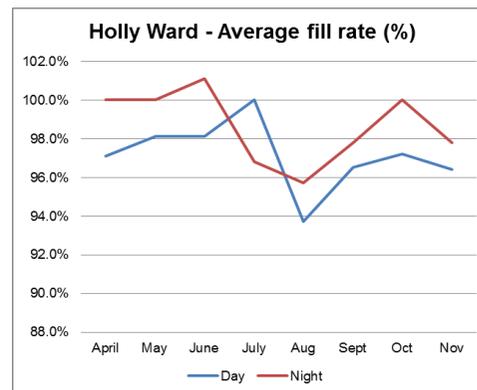
In November SCBU achieved 100% compliance against the RN nursing levels. The utilisation of bank staff remained high due to staff sickness and vacancies. There continued to be a prolonged period of increased workload. Further recruitment is on-going to fill vacant Band 5 hours.

Holly Ward

Inpatients

In October, overall compliance rates were reported nationally as 97.17% for day shifts and 97.85% for night shifts. During this period, there were three amber rated shifts that required support from the Childrens Registered Nurse (RNC) from the day case area and two red rated shifts where only two RNCs were on duty. One of these shifts was reported via the SBAR/Datix Escalation system and the ward was restricted to admission for 12 hours overnight due to the level of care required for the patients on the ward. On the other occasion there were only three inpatients none of whom required 1:1 nursing and therefore the ward remained open.

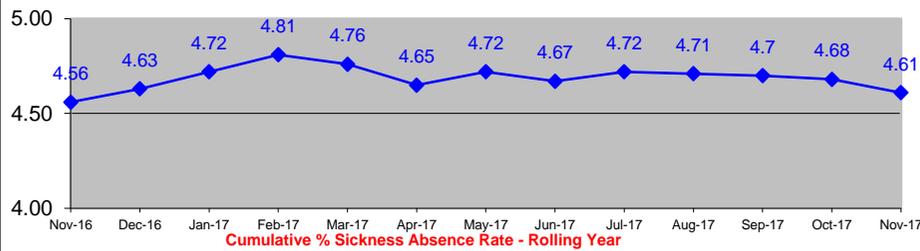
In November overall compliance rates were reported as 96.41% for day shifts and 97.78% for night shifts. During the period, there were two amber rated day shifts and two red rated night shifts. Three of these shifts were reported via the SBAR/Datix Escalation system and the ward was restricted to admissions on these occasions due to ward capacity and staffing ratios. On the fourth occasion the ward remained open as there were six inpatients, two of whom were discharged during the shift.





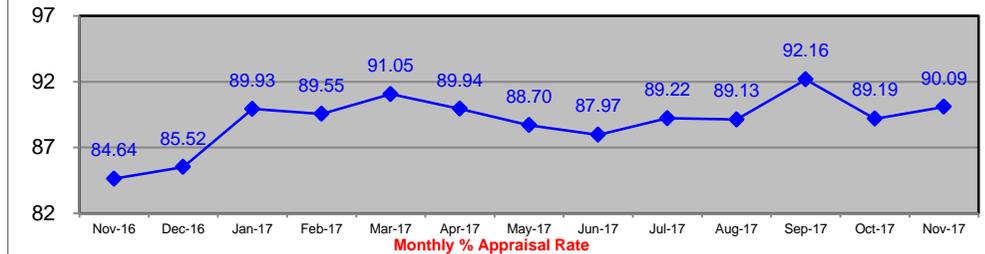
Effective – October/November 2017

Workforce



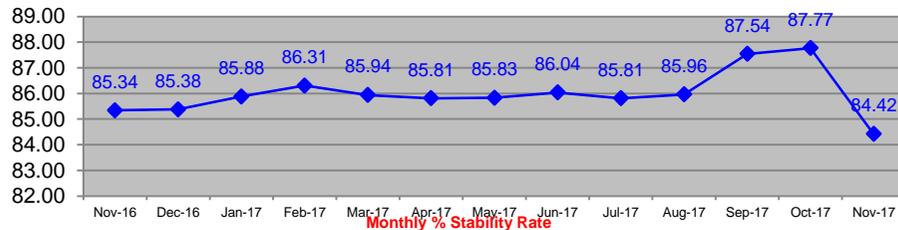
SICKNESS ABSENCE

- The cumulative rolling (12 months) sickness rate decreased from 4.7% in September to 4.61% in November 2017.
- In November 2.18% was long term sickness and 2.59% was short term sickness.
- The highest sickness rate was in the Luton C&YPS Community Unit (7.42%). The lowest (1.36%) was in the Corporate Unit.
- The highest reason for absence is Cold, Cough, Flu - Influenza. The Trust has written to all front line staff who have not had a Flu vaccination to encourage them to have one.



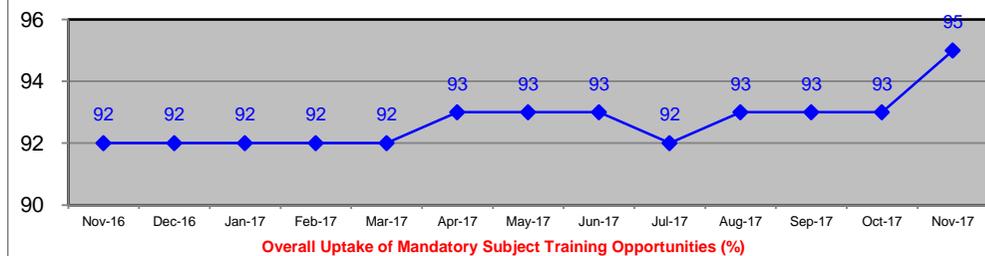
APPRAISALS

- The Trust wide rate increased on last month, and was just below the Trust target of 91%.
- Cambus C&YP Service had the lowest rate (85.92%); Luton C&YP Service had the highest rate (95.22%).
- All managers and leaders are 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 regularly.



STABILITY

- The Trust stability rate was 84.42% which compares to a stability rate of 88.4% for NHS England and 83.9% for NHS Community Provider Trusts for "all employees" (Source: NHS iView September 2017). NB: CCS stability figures exclude staff on a fixed term contract of less than one year and staff who 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. There is also a survey monkey Exit Questionnaire and the HR team reviews the questionnaire feedback, discusses issues with service managers and reports on reasons for leaving as part of the Workforce Review Reports.



MANDATORY TRAINING

- Mandatory Training compliance has remained stable since September 2016 and reached an all-time high In November 2017 at 95%.
- This was achieved despite on-going compatibility issues with the national ESR system and local IT, as local workarounds have been put 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)

Relevant guidance for October & November 2017

Ref	Title	Service(s)	Actions
CG071	Familial hypercholesterolaemia: identification and management	CYPS	Discussed at governance meeting and circulated to Acute Medical Team for information.
CG089	Child maltreatment: when to suspect maltreatment in under 18s	All	Discussed at all service area governance meetings and, for children's services it was reported that a peer review was already in place.
NG076	Child abuse and neglect	All	Discussed at all service area governance meetings and, for children's services a baseline assessment tool was sent to Safeguarding Lead for completion by 31/01/2018.
QS162	Cerebral palsy in children and young people	CYPS Dental Luton	Discussed at governance meetings and for children's services, an assessment tool was sent to a Consultant Paediatricians in Cambridgeshire and Luton for completion by 31/01/2018.

Update from previous NICE guidance

Ref	Title	Service	Summary
QS160	End of life care for infants, children and young people	CYPS	Quality assessment tool completed and, all statements were met however, 2 statements were identified as having risks with appropriate actions in place to mitigate.
QS157	HIV testing: encouraging uptake	iCaSH	Quality assessment tool completed and, statements were either met or not relevant to the service with no risks identified or actions outstanding.
NG068	Sexually transmitted infections: condom distribution schemes	iCaSH	Baseline assessment tool completed and an action was identified to implement iCaSH Young Persons Quality Criteria due 28/02/2018.



Caring – October / November 2017

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect



Cambridgeshire
Community Services
NHS Trust

Patient Comments/Feedback

The nurses were excellent, very supportive and explained very well.
Luton Seacole

Dr engaged with my child which no one else has done. Result my child was able to be assessed.
Luton Community Paediatrics

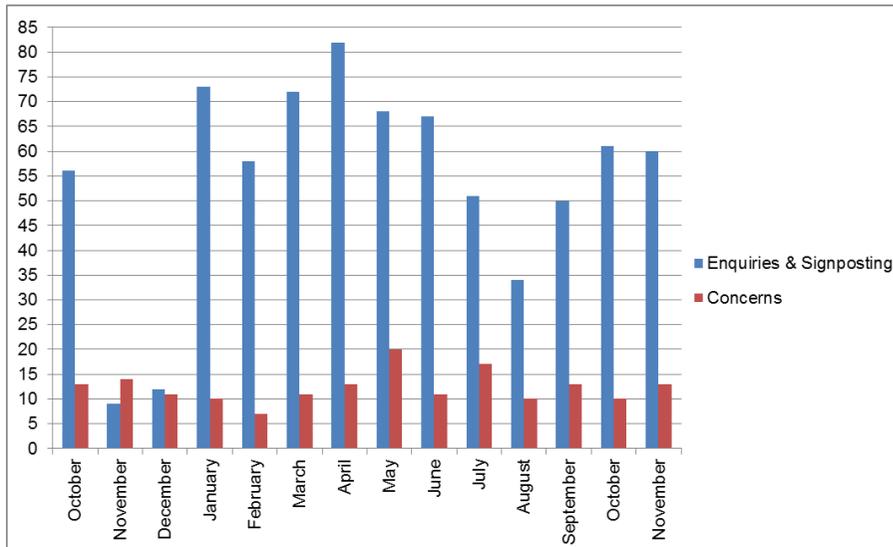
Explained fully my hip problem and recommended exercise with relevant booklets
MSK Huntingdon



Patient Advice & Liaison Service (PALS)

There were 72 PALS contacts in October: 61 were enquiries and signposting, 10 raised concerns and one was a comment.
In November there were 73 PALS contacts: 60 were enquiries and signposting and 13 raised concerns.

Of the concerns raised in October and November 10 were about Communication or information. The services involved were Cambridgeshire Children's Universal (4), Cambridgeshire Children's Specialist (1), Luton Children's Services (3) and iCaSH (2).



Polite, very informative and helpful.
Dental Wisbech

Appointment was very quick, straightforward & clear. Nurse was calm and friendly & answered all questions.
iCaSH Bedford

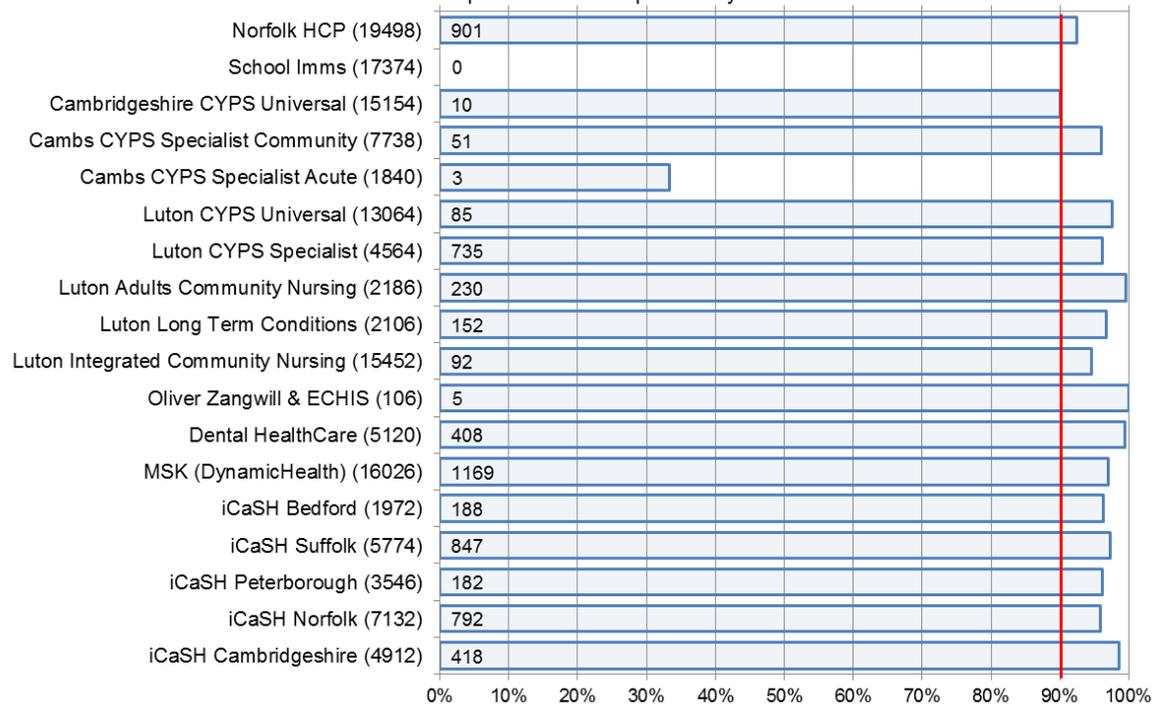
Friendly service, convenient for appointments
iCaSH Suffolk

Both ladies who visited me were extremely helpful / knowledgeable and made me feel at ease and if I had had any concerns I would've been very happy to talk to them.
Norfolk HCP

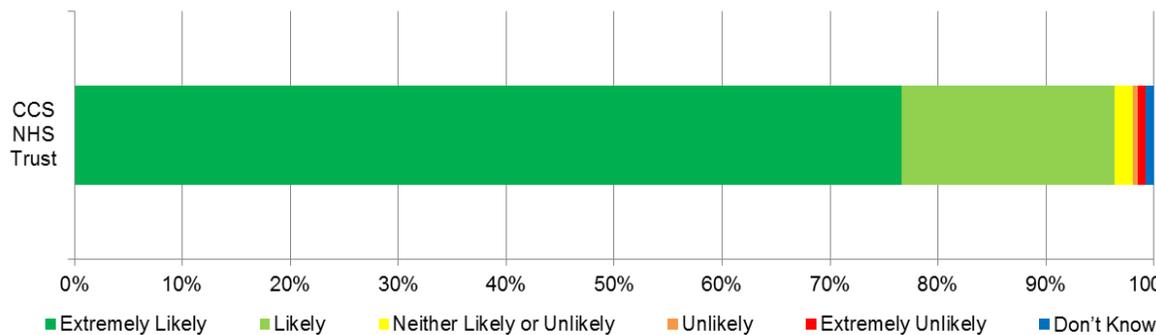
Empathy, patience, lots of explaining. Lots of reassurance.
Luton Long Term Conditions - Heart Failure Service

Friends & Family Test (FFT)

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.



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



- There were 3385 responses to the FFT question in October and 2883 in November.
- Seventeen of the 18 services received some feedback. The School Immunisation Team did not collect any Friends and Family Test feedback during this period - they have developed a new survey to elicit feedback from schools and results will be shared when available.
- Cambridgeshire Children and Younger People's Specialist Acute Services did not meet the 90% recommendation score for the two month period. Services within this group received three responses; one was positive, one neutral and one negative giving a 33% recommend score and 33% not recommend score.

Other feedback

- In addition to the 6268 responses to the FFT question the Trust also had 198 other forms of feedback.
- Some services also extend the basic FFT feedback form to ask more specific questions.
- Examples include:
 - Luton Diabetes DESMOND
 - School Imms feedback from schools
 - Norfolk HCP feedback from stakeholders
 - Paediatric Phyio service provision for children with CF and use of progressive strength training
 - Cambs Children's Assessment Unit Tops and Pants

N:B This section will be developed further to highlight the differing forms of feedback received in order to more accurately reflect what our patients and service users tell us about our services.



Responsive – October / November 2017

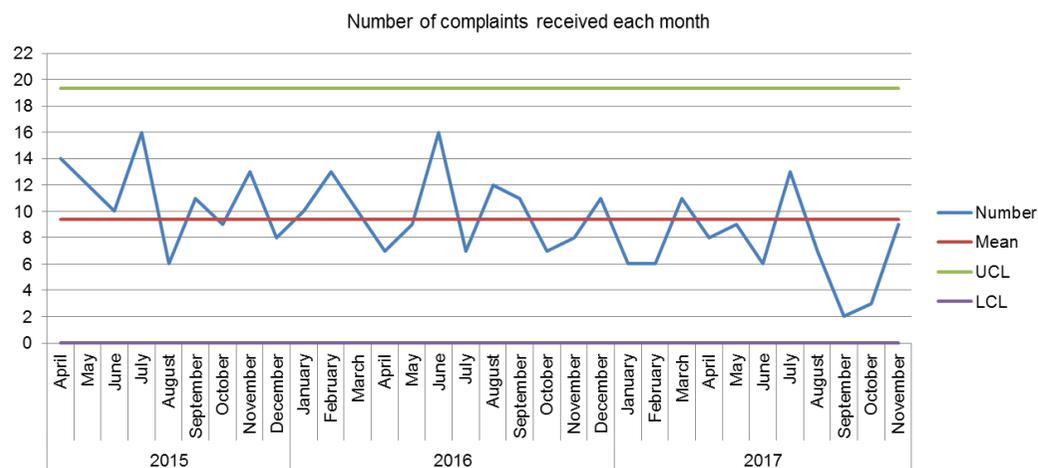
By responsive, we mean that services are organised so that they meet people's needs



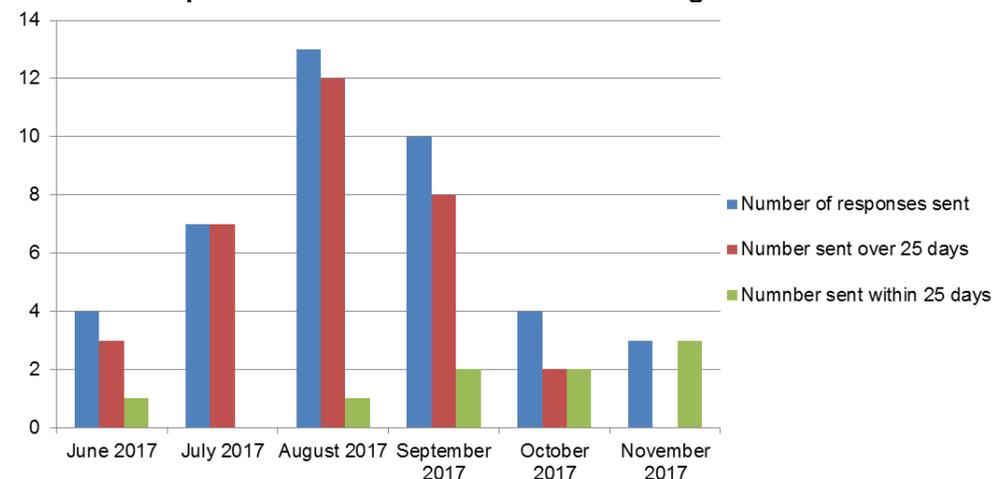
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Complaints

Number of complaints received over April 2015 to November 2017



Number of responses sent and number sent within target time frame



	Aug 2017	Sept 2017	Oct 2017	Nov 2017
Number of complaints received in month	7	2	3	9
Number of complaints closed in month	9	18	11	4
Number of responses sent in month	13	10	4	3
Of responses sent in month number over 25 days	12	8	2	0
Of responses sent in month number within 25 days	1	2	2	3
Percentage of responses sent within target time frame	7.7%	20%	50%	100%
Number of complaints Upheld (of those responded to)	4	1	3	1
Partially Upheld (of those responded to)	5	8	1	0
Number of PHSO referrals in month	0	0	0	0
Number of PHSO recommendations received/completed in month	0	0	0	0

Responses to complaints

The chart above shows the number of complaints being responded to and the number done so within the 25 working day target over the last six months.

In November all responses were sent within 25 working days.

Parliamentary and Health Service Ombudsman (PHSO)

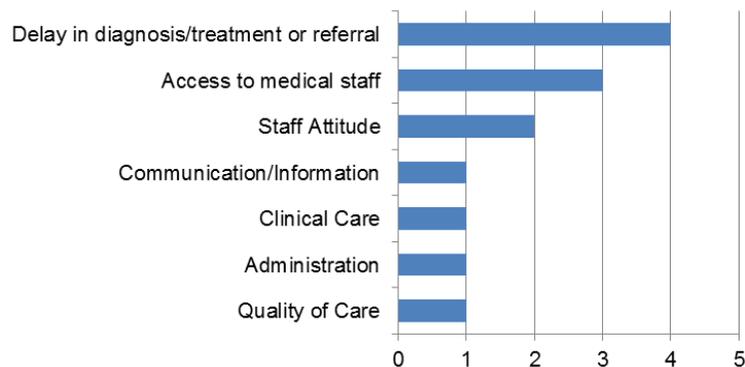
There were no referrals to PHSO or recommendations received in October or November.

Complaint themes and outcomes

Twelve complaints were received in the two month period. Four identified issues with delays, three access to medical staff, and two staff attitude. The four about delays were related to MSK services.

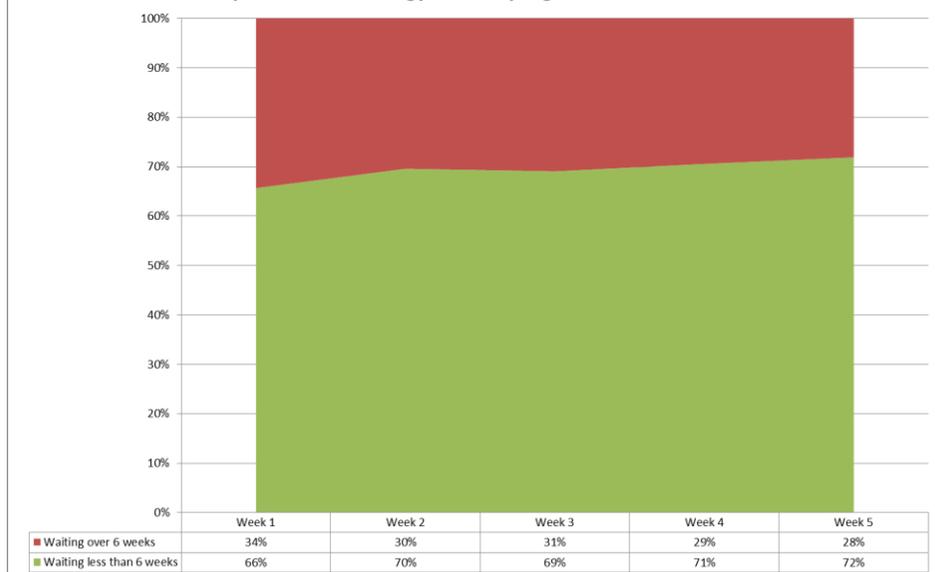
Trends

The subjects identified in complaints received in October and November are shown below:



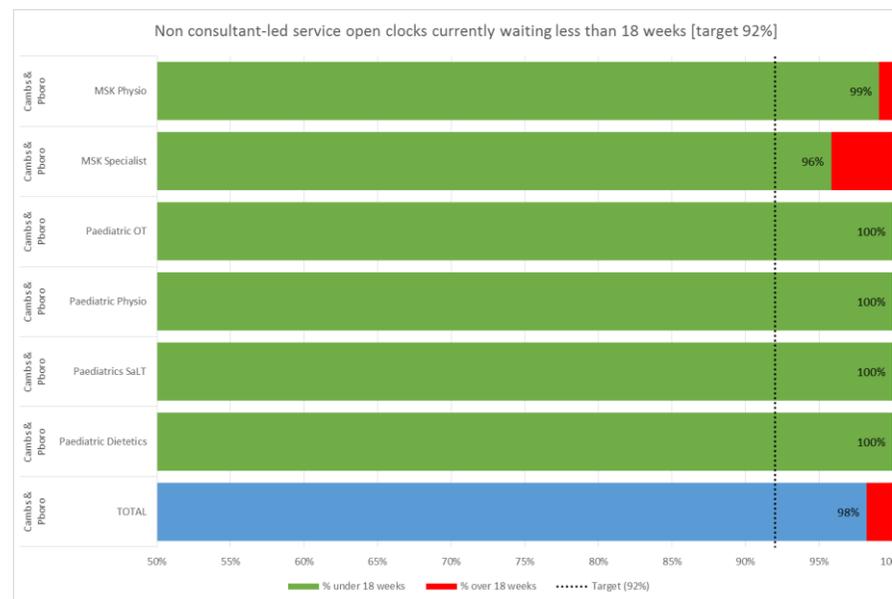
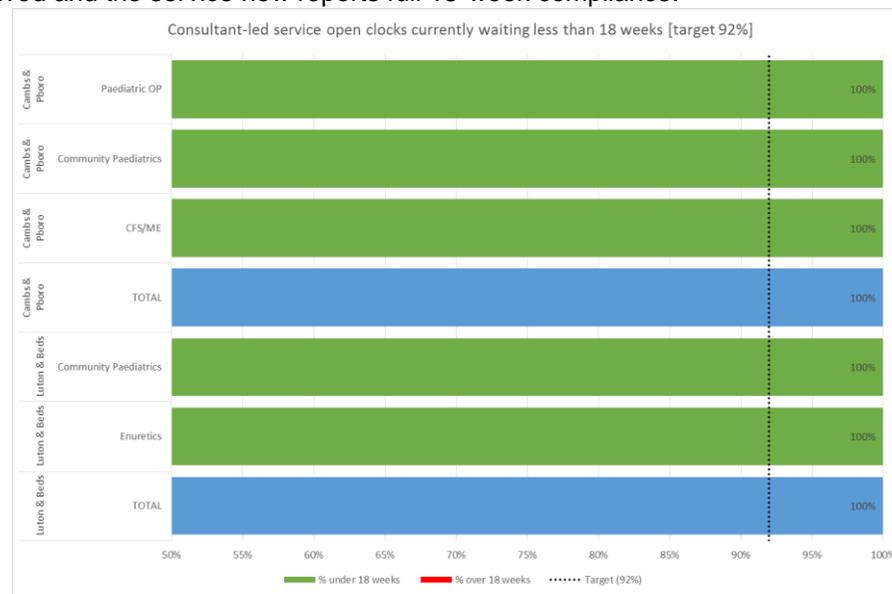
Access – Paediatric audiology 6 weeks

6 week paediatric audiology waiters progression - November 2017



Access – i.e. 18 weeks

Improvements to the Trust's RTT recording process has yielded significant improvement in overall data quality. All breaches in the Trust's community paediatrics service have been resolved and the service now reports full 18-week compliance.





Well-led – October/November 2017

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



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Quality Way/CQC self-assessment & peer review programme

During the last two months we have continued the roll-out of Our Quality Way. In October we focused on the 'Responsive' CQC Key Lines of Enquiry (KLOEs) and in November the 'Well-led' domain.

The main areas of achievement were:

- The initial stage 1 roll out for the Our Quality Way has been completed and we have focused on each KLOE over the last five months with our Quality Way superhero posters.
- There continues to be a greater awareness of the Our Quality Way and teams and services have continued at team meetings and events to review the Quality Way outcomes and developed processes to be able to review and evidence each of the KLOE domains.
- Service self-assessments were sent out during the month of October and to date we have 88% return rate. We have 38 team/service self-assessments returned. We are awaiting four returns and plans are in place for these to be submitted.
- We carried out the first 'Our Quality Way Review' in November with one of our dental services. This review went well and the service's initial feedback to the peer review team was:

***'Thank you all so for making the visit a pleasant and positive experience,
it was good to meet you all'***

- Reviewed and reflected with Trust leaders at the December leadership forum re how the 'Our Improvement Way' methodology underpins 'Our Quality way'.

Focus for January:

- To continue with the planned Quality reviews in the next two months.
- To support teams with the outcomes of their self-assessments and making action plans around areas of improvement needed for local supported evidence.



QEWTT (Quality Early Warning Trigger Tool)

Response rates for the QEWTT remain high with 92.5% achieved in October and 99% in November. The table below shows those teams that had a high score (16+) in October/November or those that have remained mid-range (10-15) showing little or no improvement over a three month period. There was one high score in October and three in November (NB this includes one return which was received late and is therefore not included on the table opposite). Common themes identified across the services are staffing issues (e.g. sickness and recruitment) leading to cancellation/postponement of clinical care, anticipated disruption to service delivery in the coming month, IT issues and staff not updating records within 24 hours.

Luton Community Unit

Health Visiting – Luton: All four Luton Health Visiting teams remain on the QEWTT table; all teams are in the mid-scoring range (10-15). It is noted that in Oct/Nov Luton South's score has reduced from a high to mid-range score. Common themes reported over the last two months continue to include staffing levels (due to recruitment, sickness, etc.) which has led to cancellation/postponement of clinical care; three teams reported non-compliance with Infection Prevention & Control (environmental audits, hand hygiene audits, etc.); issues relating to recording of mandatory training on ESR have caused problems for all four teams as well as IT connectivity (although less so due to the provision of new laptops) although all four teams confirmed that clinical records were not being updated within 24 hours. Difficulties with accessing SystmOne continue to be a problem at busy times when the system is either 'down' or slow to use.

Audiology: Similarly to the last report, this Service continues to anticipate disruption to services mainly due to unplanned staff leave with further cancellations expected in December. Continued breaches for new referral patients are expected due to recruitment issues and lack of available locum staff.

Community Paediatrics: This team's score has remained static for the past three months. Staffing issues continue although there has been some success with the recent recruitment of a Consultant Paediatrician who is due to start mid-January 2018. Team members are also providing cover for the LAC service in order to meet contractual obligations. Currently awaiting feedback from the Clinical Commissioning Group (CCG) on the Informal Capacity Review Report; in the meantime, capacity issues remain on the risk register. The Service Redesign Team is supporting the service with a project to move to an electronic patient record system.

Infant Feeding: Due to restructuring within Luton Children's Services, this team has merged into the four Health Visiting teams and will no longer be submitting a QEWTT report.

Community Nursing – Cavell Team: Oct/Nov results have shown a decrease in QEWTT scores compared to the previous two months. This is mainly due to a Team Manager/Leader being in post and no cancellations/postponement of clinical care, although the team does anticipate service delivery disruptions in the coming months due to vacancies within the team. Appropriate Agency nursing staff are being sought. IT connectivity continues to be a daily issue.

Unit	Team	Aug-17	Sep-17	Oct-17	Nov-17
Luton - Children's Services	Health Visiting Luton Central	10	12	10	10
	Health Visiting Luton South	17	17	13	13
	Health Visiting Luton West	10	15	15	15
	Health Visiting Luton North	10	12	12	12
	Audiology	17	8	8	12
	Community Paediatrics	20	13	13	13
	Infant Feeding	10	10	Incorporated into HV Teams reporting	
Luton - Adults	Community Nursing - Cavell Team	10	12	5	6
Norfolk HCP	0-19 HCP Breckland Locality	13	12	14	17
	0-19 HCP West Locality	16	11	11	6
	0-19 HCP City Team 1 & 2	10	11	13	11
Cams C&YP	School Nursing Service	20	20	No return rec'd	20 rec'd late
	0-19 HCP Fenland	17	14	Now reported as 2 teams: North & South	
	0-19 HCP South Fenland			16	16
	0-19 HCP Hunts	11	11	8	11
	Children's Continuing Care	11	11	11	9
Ambulatory Care	Health Visiting Cams City & Sth	10	11	9	11
	iCaSH Bedfordshire	15	18	11	13
	MSK Hunts	8	10	9	9

advising the School Nursing Team on how best to review caseloads and identifying processes to follow to maintain safety and efficiency.

Overall QEWTT Scores		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Number of responses received by scoring threshold	25+	0	0	0	0	0	0	0	0
	16-24	4	7	3	5	6	3	1	2
	10-15	17	23	22	15	14	17	19	16
	0-9	72	67	69	76	71	68	66	74
No. of two consecutive non-responses		0	0	0	0	0	0	0	1
Number of single non-responses		4	0	2	1	1	4	7	0
Total number of responses received		93	97	94	96	91	88	86	92
Total number of Teams		97	97	96	97	92	92	93	93

Norfolk

Norfolk 0-19 HCP teams: Three of the four 0-19 HCP teams remained on the QEWTT table in Oct/Nov. It is noted that Breckland Locality submitted a high score (16+) in November mainly due to no team leader/professional lead in post and issues relating to work environment. All teams reported staff pressures due to sickness, maternity leave and career breaks; plans are in place to mitigate the risk. Teams continue to use bank health visitors to support mandated visits. Contemporaneous recording keeping has been challenging for all teams although staff are being supported by team leaders/professional leads.

Cambridgeshire Children & Young People's Services

Cambs School Nursing Service: No QEWTT return was submitted in October followed by a very late submission in November (and therefore not included in the extract of the Quality Dashboard shown above). November's submission continued to record a high (16+) score due to: cancellation/postponement of clinical care due to sickness, vacancies and other staffing issues which are anticipated to continue into the following months; no shared learning from incidents or patient feedback; issues around IT connectivity and staff unable to update clinical records within 24 hours. The Safeguarding Team is

Cambs 0-19 HCP Fenland: Cambs 0-19 HCP Fenland has been split into two teams: North and South Fenland. North Fenland scored 11 for both Oct/Nov whilst South Fenland has reported a high score (16+). Similar issues for both teams are cited around staff sickness/vacancies, cancellation/postponement of clinical care, anticipation of future service delivery disruption, new team manager in post, use of bank/agency staff and not updating clinical records within 24 hours.

Cambs 0-19 HCP Hunts: Although this team's score dipped in October, their score rose again in November. Similar issues continue to those previously reported however a new Band 8 is in post and the team has recently had a focus on capturing patient feedback.

Children's Continuing Care: This team's score dipped slightly in November due to improved mandatory training levels. IT connectivity remained an issue for carers working overnight in children's homes and there are a number of whole time vacancies although some posts have been appointed to. The new administrator has made changes to make the service more efficient with less respite sessions being cancelled due to staffing issues.

Health Visiting Cambs City & South: This team is new on the QEWTT table this month as it has been wavering in the mid-range score for the past four months. Key areas identified are staff vacancies/sickness leading to cancellation/postponement of clinical care which is anticipated to continue; use of bank staff and no sharing of service user feedback. Staff issues and lack of admin support have added to staff anxiety levels and low morale within the team.

Ambulatory Care

iCaSH Bedfordshire: Staffing continues to be an issue for this team which has led to the cancellation/postponement of clinical care and there has been a number of attempts to recruit to the Clinical Nurse Manager post. Compliance with appraisal and mandatory training has been below target and a complaint was received in November which is currently being investigated.

MSK Hunts: This team's score has reduced slightly in Oct/Nov although unplanned lack of available staff has led to the cancellation/postponement of clinical care. The team also received two complaints in November.

Emerging Issues

iCaSH Suffolk – Ipswich: This team's score increased from 3 to 10 in October and again to 12 in November. Key areas identified- unplanned lack of available staff leading to cancellation/postponement of clinical care which is anticipated to continue; issues relating to IT which has seen an improvement but are still of concern; and an on-going investigation.

Emerging issues					
This table focusses on those services which have either shown an uncharacteristic rise in score. We will monitor these teams' QEWTT scores closely over the coming months.					
Unit	Team	Aug-17	Sep-17	Oct-17	Nov-17
Ambulatory Care	iCaSH Suffolk - Ipswich	4	3	10	12
Cambs C&YP	Acute Paediatrics	9	6	No return rec'd	15
Cambs C&YP	Physiotherapy	4	7	No return rec'd	13

Acute Paediatrics: November's score has shown an increase of 9 points from September's submission. The service has a vacant consultant post which will not be filled (by a locum) until March 2018. Two consultants have appraisals outstanding which should be carried out by the end of the year. Other key areas include cancellation/postponement of clinical care due to staffing issues which is anticipated to continue; mandatory training compliance was below target.

Cambs Children's Physiotherapy: Staff vacancies and sickness has resulted in the cancellation/postponement of clinical care. However, one vacant post (Band 6) has been appointed to and is currently going through the recruitment process. Unexpected/unplanned demand on the service which exceeded anticipated activity also led to an increase in score in November.

Peterborough Dental Healthcare

Focus on: Luton Community Services

Norfolk HCP & iCaSH Norfolk Collaborative Working

Designing Services – Working together to ensure the voice of young people is heard when reviewing or designing HCP and iCaSH services in Norfolk. Focus Groups are planned to incorporate both services during the discussions.

Health Passport – Both services to contribute to the development of the new Health Passport to capture the voice of young people.

SHARING OUTCOMES

Both Services to share their experiences and outcomes of this collaborative working with the Whole Trust.

You said ... Additional emergency appointments

We did ... Funding was secured to provide additional emergency appointments from 1 October 2017 to the end of March 2018 with a view to requesting further funding for the forthcoming financial year..



First TB Conference

Our TB and Respiratory Services team worked with health and social care organisations across Luton to stage the borough's first TB Conference in November.

Think Pink

Our adult services staff took their Think Pink Campaign to the Luton and Dunstable Hospital in November to raise awareness of the excellent work that is taking place through the At Home First programme.

Worldwide Stop Pressure Ulcer Day

The team visited a care home and staged a display in the Arndale Centre, Luton

World COPD Day

The Respiratory Team marked World COPD Day with a display at The Poynt.

FNP celebrates 10th anniversary of service in the UK

Family Nurse Partnership (FNP) held a party for a number of young parents and their infants to celebrate the 10th anniversary of FNP in the UK; the event was also a way for the FNP team to thank their clients for their engagement in the programme and celebrate the many amazing and positive changes the young parents on the programme have achieved.

iCaSH Bedford

A letter was received from a patient stating how impressed they were with the service. However, during their consultation they were asked a question about domestic abuse which took them completely by surprise. They suggested that a note be included within the patient information sheet that this question may be asked during their consultation so that they can prepare themselves and respond appropriately. This suggestion has been discussed and implemented within the service.

You said: Drop In Clinics for all age groups and not just for under 25's.

We Did: As of January there will be sit and wait sessions for all ages.

Evelyn Community Head Injury Service (ECHIS)

ECHIS hold a user group called Patient Café where people are asked to review the service and what they feel they could influence.

Research

- External funding to Research.** New CRN funded facilitator started on the 30 October 2017.
Highlight – Exploration of quick wins for MSK.
- Internships and Fellowships submitted and supported by the Senior Research Fellow**
HEE Pre-MSc Internships – Early results from analysed data on the ‘Speech Circles’ is that they are not as effective as one to one treatments. Group treatment sessions to be stopped.
- The CLAHRC Fellowship Scheme.** Looking at a parent group for children with Generalised global developmental delay.
- Greenshoots CRN funded 0.5 PA** – need to measure impact to ensure that the funding continues.
- Adoption of NIHR Study Luton**
 Study ‘Cost of autism’ is still in set up in Luton.
- iCaSH Safetxt** (behaviour change study) running in Norwich, Lowestoft and Kings Lynn, Great Yarmouth and Ipswich are now recruiting.
Highlights – Nationally, for October/November iCaSH is **joint fifth** out of 40 recruiting centres. Cumulative recruitment for Safetxt is **179**.
- iCaSH PrEP (Pre-exposure Prophylaxis) Impact Trial** – HIV prevention medication in those engaging in high risk sexual activity, a national study.
Recruitment has commenced at the pilot site Norwich. Other iCaSH Hubs to follow.
- MSK Studies** – Boost study – active recruitment has now stopped.
- Highlight** – MSK at Hinchingsbrooke successful recruited to this study. Nationally recruitment was very poor. University of Oxford have asked MSK to do an additional treatment group and will pay additional funding.

Children’s Studies

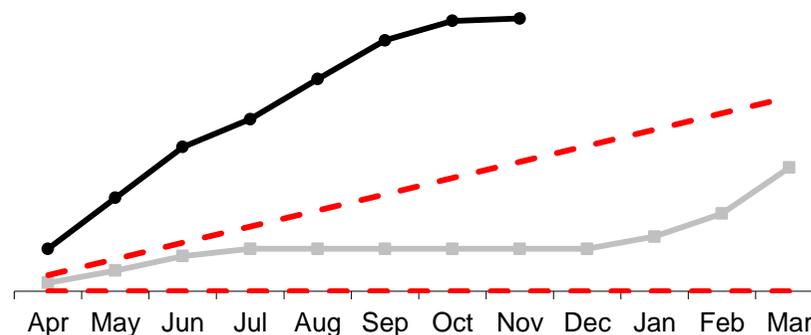
PRes Study (HV) Preventing the return to smoking post-partum. This study is running in Norfolk HV service. Update – 2 recruits.

Cost of Autism study (community paediatricians) – Luton and Cambridge. Each centre to review the case notes of 20 consecutive children seen who are diagnosed with autism. Study still in set up.

Playing, talking and reading study in SALT recruitment has now occurred.

Update – 2 recruits.

Highlight – Research Studies Facilitator is to assist with the Cambridge site on the Cost of Autism study.



Graph 1. CCS NHS Trust recruitment (n=225) for 2017/18 (black line) against 2016/17 (grey line) and target (red dotted line).

Highlight – CRN set target was 160. Now at 225 with over 3 months more of recruitment.

‘Wellbeing’ Theme

The EPSRC Funded NIHR NewMind network for Mental Health Technologies grant. Progressing well. Wellbeing Workshop University of Manchester – 16 November.

Highlight – we were the only NHS Trust who led a study out of 11 studies. We have been successful alongside University of Oxford, University of Manchester and University of Lancaster.

In summary, the Trust maintains its level of research activity around the Clinical Research Network (CRN), with iCaSH continuing to maintain its performance both Trust wide and on a national level for Safetxt and PrEP has just commenced recruitment. Small amounts of funding such as the Pre MSc programme (CAIP) can have a high impact in a short period of time.

Quality Dashboard

				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17		
Standard/Indicator	Description	Contact	Annual target Ceiling or Baseline	CCS Overall	CCS Overall	CCS Overall	Sparkline						
SAFETY													
Patient safety													
Classic safety thermometer	% Harm free care	H Ruddy	96%	93.33%	90.76%	97.86%	98.54%	98.57%	90.00%	94.25%	95.50%		
	% New harm free care		98.5%	99.05%	99.16%	99.29%	99.27%	100.00%	100.00%	100.00%	100.00%	98.20%	
C&YP safety thermometer	% Harm free care		no target	N/A	N/A	73.30%	N/A	85.20%	90.90%	63.60%	92.30%		
Incidents													
New SIs declared requiring investigation	Avoidable pressure ulcers declared as SI in month under CCS Care	L Ward	0	0	0	1	0	0	0	0	0		
	Other SIs declared		0	0	1	1	0	0	1	0	1		
Number of never events	Number of never events reported in month		0	0	0	1	0	0	0	0	0		
Medicines Management	Number of medication incidents reported (CCS)	A Darvill	no target	15	23	31	20	10	11.00%	12	15		
	% CCS medication incidents no harm		no target	93%	91%	100%	95%	100%	91.00%	100%	100%		
Infection Prevention & Control													
MRSA	No of avoidable MRSA bacteraemia cases in year (inpatients)	C Sharp	0	0	0	0	0	0	0	0	0		
MRSA Screening	Non-elective (inpatients)		100%	100.00%	100.00%	100.00%	100.00%	100.00%	0 patients required screening	100.00%	0 patients required screening		
C.diff	C.diff cases occurring >72 hrs following admission (cumulative over year)		0	0	0	0	0	0	0	0	0		
Hand hygiene	Compliance with hand hygiene in all Trust inpatient areas		100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Essential Steps	Compliance with spread of infection indicator		100%	100.00%	100.00%	100.00%	100.00%	99.84%	100.00%	100.00%	99.16%	100.00%	
EFFECTIVENESS													
Mandatory training													
Overall mandatory training	In line with Trust Training Needs Analysis	J Michael	91%	93%	93%	93%	92%	93%	93%	93%	95%		
Safeguarding training (Children)	Level 1: % staff trained		91%	97%	98%	97%	97%	97%	97%	97%	97%	98%	
	Level 2: % staff trained		91%	96%	93%	93%	96%	97%	98%	98%	98%	93%	
	Level 3: % staff trained		91%	89%	91%	90%	90%	91%	91%	90%	91%	91%	
	Level 4: % staff trained		91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Safeguarding training (adults)	SOVA		91%	92%	93%	93%	92%	92%	92%	92%	92%	94%	
	Mental Capacity Act		91%	94%	93%	93%	92%	93%	93%	93%	93%	95%	
	Deprivation of Liberty		91%	95%	95%	95%	95%	87%	87%	84%	84%	92%	
Manual handling	% of staff undertaking manual handling (patients)		91%	87%	81%	88%	87%	88%	88%	88%	92%	93%	
Fire safety	% of staff undertaking fire safety training		91%	90%	90%	88%	89%	91%	91%	91%	92%	93%	
CPR/Resus	% of staff undertaking CPR/Resus training		91%	89%	92%	91%	92%	91%	89%	89%	91%	91%	
IPaC training	% of staff undertaking IPaC training		91%	95%	95%	94%	94%	95%	96%	96%	97%	98%	
Information governance	% of staff undertaking IG training		95%	93%	93%	93%	91%	91%	91%	90%	91%	93%	

				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	
Standard/Indicator	Description	Contact	Annual target Ceiling or Baseline	CCS Overall	Sparkline							
Safeguarding												
Safeguarding supervisions (Children)	% eligible staff	C Halls	95%	95%	97%	96%	96%	96%	93%	96%	97%	
Workforce/HR												
Sickness	Monthly sickness absence rate	R Moody	no target	3.85%	4.74%	3.63%	4.37%	3.81%	4.28%	4.64%	4.77%	
	Short-term sickness absence rate		3.6%	1.60%	2.00%	1.48%	2.19%	1.50%	2.42%	2.09%	2.59%	
	Long-term sickness absence rate		no target	2.24%	2.74%	2.15%	2.18%	2.31%	1.87%	2.55%	2.18%	
	Rolling cumulative sickness absence rate		4.3% by year end	4.65%	4.72%	4.67%	4.72%	4.71%	4.70%	4.68%	4.61%	
Turnover	Rolling year turnover		no target	15.34%	15.24%	16.79%	17.04%	17.19%	17.02%	16.62%	16.23%	
Bank staff spend	Bank staff spend as % of pay (financial YTD)		no target	0.40%	0.55%	0.65%	0.52%	1.35%	1.34%	1.37%	1.43%	
Agency staff spend	Agency staff spend as % of pay (financial YTD)		no target	2.81%	3.04%	3.38%	3.09%	3.15%	3.39%	3.42%	3.59%	
Stability	% of employees over one year which remains constant		86.5%	85.81%	85.83%	86.04%	85.81%	85.96%	87.54%	87.88%	84.42%	
Appraisals	% of staff with appraisals	91%	89.94%	88.70%	87.97%	89.22%	89.13%	92.16%	89.19%	90.09%		
Staff Friends & Family test	Recommending CCS as place for treatment - Quarterly reporting	P Davies/ L Thomas	no target			84.99%			90.49%			
	Recommending CCS as place to work - Quarterly reporting				71.04%			74.35%				
EXPERIENCE												
Patient experience (monthly targets)												
Complaints	Number of formal complaints received in month	D McNeill	no target	8	10	6	13	7	2	3	9	
	Of responses sent in month, no. of complaints responded to within 25 days		# / #	4/11	2/9	1/4	0/7	1/14	2/10	2/2	3/3	
	Percentage of complaints responded to within 25 days		0	36.00%	22.20%	25.00%	0.00%	7.00%	20.00%	50.00%	100%	
Friends & Family test score	Patients who would recommend our services		90%	97.78%	96.38%	95.78%	95.61%	97.28%	96.36%	96.02%	95.80%	
	Number of patients surveyed		no target	1755	2678	2890	3007	2351	3163	3740	2883	
QEWTT (Quality Early Warning Trigger Tool)												
QEWTT	Number of responses received by scoring threshold	H Ruddy	25+	0	0	0	0	0	0	0	0	
			16-24	4	7	3	5	6	3	1	2	
			10-15	17	23	22	15	14	17	19	16	
			0-9	72	67	69	76	71	68	66	74	
	Number of two consecutive non-responses		0	0	0	0	0	0	0	0	1	
	Number of single non-responses		4	0	2	1	1	4	7	0		
	Total number of responses received		93	97	94	96	91	88	86	92		
Total number of Teams	97	97	96	97	92	92	93	93				
N/A	Data usually supplied but not available this month											
	Not relevant/not applicable to this area											