
TRUST BOARD

Title:	Key Issues and escalation points from the August 2017 Clinical Operational Boards
Action:	FOR DECISION/DISCUSSION/NOTING
Meeting:	10 January 2018

Purpose:

This report contains a summary of the key issues discussed and escalation points for the Trust Board to either be informed about, or act upon based on the Clinical Operational Boards terms of reference.

The table in Annex A summarises the overall monthly contractual Key Performance Indicator (KPI) position as at the end of November 2017, by Commissioner, that are calculated and known monthly. The details of the escalated KPI's are included in the Clinical Operational Board escalation points below, where appropriate.

Recommendation:

The Board is asked to discuss and note the content of this report. No action is required by the Trust Board.

	Name	Title
Authors:	Matthew Winn Anita Pisani Julia Sirett Taff Gidi	Chief Executive Deputy Chief Executive Chief Nurse Assistant Director of Corporate Governance
Executive sponsor:	Matthew Winn	Chief Executive

Ambulatory Care Clinical Operational Board

<p style="text-align: center;">Summary</p>	<ul style="list-style-type: none"> • The division is performing well in most areas and should be congratulated for their outcomes and hard work • Mandatory training compliance has increased to 96% and appraisal levels are at 95%. • The service is delivering its financial expectations and has robust plans for 2018/19 cost improvement plans in pace. • The clinical operations Board heard from a staff member on the experience of dual training to be a contraception and sexual health nurse • The Oliver Zangwill service presented their strategic plans and strategy for the coming year • The Clinical Operations Board expressed it thanks to Maria Ross- Russell who stood down as clinical lead for dentistry on the 1st December and wished her well in her new role with Health Education England. 	
<p style="text-align: center;">Escalation Points</p>	<p>1. The Oliver Zangwill Unit continues to overspend. The Clinical operations Board discussed this at length and were left with re-assurance that the income position would remedy in year. The Board is not asked for any action on this point.</p>	
	<p>2. The iCaSH Peterborough service has three KPI's that are off target. Mitigation is in place around recruitment and the Clinical Operations Board was assured that the team has a plan. The Board is not asked for any action on this point.</p>	
	<p>3. The Bedfordshire iCaSH service has six non-compliant KPI's (which is an improvement on the 8 last month). As discussed at length at the Clinical Operations Board, the service needs time to bed down into the Trust; undertake proper clinical coding and deliver on the action plan concerning demand and capacity issues. It is anticipated the performance will improve in quarter 4. The Board is not asked for any action on this point</p>	

The Trust Board is not being asked for any action at this point on these escalation points.

Luton Adult and Children's Clinical Operational Board

<p style="text-align: center;">Summary</p>	<ul style="list-style-type: none"> • Two staff stories were presented to the Board – Community Nursing Cluster Lead and Health Visiting student. Both shared their positive experiences of working in our services. • The Board acknowledged the hard work and commitment of our Family Nurse Partnership team in ensuring that the service achieves a smooth transition from the current service provision to the new commissioned model. • Adult services had hosted a showcase event for our At Home First services which was very successful. • The Board received an annual update on safeguarding performance for the services. • The Board was informed that the capacity review for Community Paediatrics had been completed and that this is going to be presented to Commissioners at the next contract review meeting in December. 												
<p style="text-align: center;">Escalation Points</p>	<table border="1"> <tr> <td data-bbox="256 779 1332 943"> <p>1. Audiology – 6 week diagnostic breaches continue. Anticipated recovery now forecasted for end January 2018 due to difficulty in recruiting to posts. Service lead discussing with local acute trusts whether a networked model could be established.</p> </td> <td data-bbox="1332 779 1394 943" style="text-align: center;">I</td> </tr> <tr> <td data-bbox="256 943 1332 1133"> <p>2. BCG vaccinations – team continues to successfully deliver the back-log plan. Back log has reduced from 4156 as at June 17 to 2663 as at end October 17. Commissioners continue to discuss with the Luton and Dunstable Hospital the plans to transfer the provision of this service to them from April 2018 at the latest.</p> </td> <td data-bbox="1332 943 1394 1133" style="text-align: center;">I</td> </tr> <tr> <td data-bbox="256 1133 1332 1263"> <p>3. Harm Free Care indicator – red rated for 2 consecutive months, however, it was noted that the new harm free care indicator had maintained 100% compliance.</p> </td> <td data-bbox="1332 1133 1394 1263" style="text-align: center;">I</td> </tr> <tr> <td data-bbox="256 1263 1332 1413"> <p>4. CIP 18/19 – current plan was presented to the Board. It was noted that currently 55% of the plan was high risk and that further work and analysis was required. An updated plan will be presented at the February 2018 meeting.</p> </td> <td data-bbox="1332 1263 1394 1413" style="text-align: center;">i</td> </tr> <tr> <td data-bbox="256 1413 1332 1677"> <p>5. Workforce metrics – It was noted that although meeting 91% or over for overall mandatory training compliance some hot spots remained across teams. Significant improvements have been seen in November 2017 with Adult teams now being fully compliant in all topics and with Children services seeing significant improvements in all non-compliant areas. Sickness levels remain above trajectory however assurance was given that all cases were being appropriately managed.</p> </td> <td data-bbox="1332 1413 1394 1677" style="text-align: center;">I</td> </tr> <tr> <td data-bbox="256 1677 1332 1794"> <p>6. Performance – referrals remain below expected KPI performance for referrals to Live Well Luton weight management services. Discussions continue with Commissioners in relation to the validity of this metric.</p> </td> <td data-bbox="1332 1677 1394 1794" style="text-align: center;">I</td> </tr> </table>	<p>1. Audiology – 6 week diagnostic breaches continue. Anticipated recovery now forecasted for end January 2018 due to difficulty in recruiting to posts. Service lead discussing with local acute trusts whether a networked model could be established.</p>	I	<p>2. BCG vaccinations – team continues to successfully deliver the back-log plan. Back log has reduced from 4156 as at June 17 to 2663 as at end October 17. Commissioners continue to discuss with the Luton and Dunstable Hospital the plans to transfer the provision of this service to them from April 2018 at the latest.</p>	I	<p>3. Harm Free Care indicator – red rated for 2 consecutive months, however, it was noted that the new harm free care indicator had maintained 100% compliance.</p>	I	<p>4. CIP 18/19 – current plan was presented to the Board. It was noted that currently 55% of the plan was high risk and that further work and analysis was required. An updated plan will be presented at the February 2018 meeting.</p>	i	<p>5. Workforce metrics – It was noted that although meeting 91% or over for overall mandatory training compliance some hot spots remained across teams. Significant improvements have been seen in November 2017 with Adult teams now being fully compliant in all topics and with Children services seeing significant improvements in all non-compliant areas. Sickness levels remain above trajectory however assurance was given that all cases were being appropriately managed.</p>	I	<p>6. Performance – referrals remain below expected KPI performance for referrals to Live Well Luton weight management services. Discussions continue with Commissioners in relation to the validity of this metric.</p>	I
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Children and Young Peoples Clinical Operational Board

<p style="text-align: center;">Summary</p>	<ul style="list-style-type: none"> • Jenny Myhill (Head of Broadland Locality and Single Point of Access Lead) and Stephanie Hambrook (Health Visitor Single Point of Access) from Norfolk 0-19 services, presented the staff story which highlighted the development and implementation of the Single Point of Access 'Just One Number' model of working in the Norfolk 0-19 service. This allows service users and professionals to access the right care or advice from the right person at the right time through telephone triage, booking of appointments and clinical advice. The model also hinges on a centralised Administration service which has liberated time for both clinicians and administrators working within our localities. Board members were very impressed with the positive impact for both service users and staff and the overall commitment to establish this innovation to improve service user access and experience along with the overall effectiveness of the service. • The Board thanked Trish Davies for her outstanding contribution, dedication and commitment to improving outcomes and services for the young people that we service during her time as a Non-Executive Director with a lead for Children's services. Gill Thomas will take over as Chair from January. 	<p style="text-align: center;">I</p>
<p style="text-align: center;">Escalation Points</p>	<ol style="list-style-type: none"> 1. Healthy Child Programme in Cambridgeshire remain off target with 4 out of 5 mandated contacts KPI's. Risks are managed through their business continuity processes which prioritise vulnerable families and those with safeguarding concerns. 2. School Nursing service (Cambridgeshire) – risk has increased due to the impact of staffing and service demands on the ability to undertake redesign improvements and retain staff. Mitigating actions include the recruitment of a strategic lead (now in post) and a recruitment campaign using social media. Chat health has also been launched. 3. Although slightly improved, Children Looked After (Cambridgeshire) performance for initial assessment remains below the 20 days target. This was compounded by the fact that 50% of referrals for October were for children placed out of county. Internal processes are being reviewed to identify areas for improvement 4. Acute services continue to overspend bringing the year to date overspend to £331k 	<p style="text-align: center;">I</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I</p>

The Trust Board is not being asked for any action at this point.

****Key for escalation points to the Trust Board: I - For Information; A - For Action***

Annex A - Summary of monthly-reported and tracked indicators

Contract	Rating	2016/17			2017/18									Notes/Implications
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Predicted year-end	
Cambridgeshire and Peterborough CCG	GREEN	25	26	26	11	10	18	18	18	16	16	16	16	Indicators relating to patients receiving assessments within six weeks across all specialist children's services will be revised for 18/19. The CCG has agreed that they should be reported for information only for the rest of the current year.
	RED	2	1	1	1	2	5	5	0	0	0	0	0	
	% GREEN	93%	96%	96%	92%	83%	78%	78%	100%	100%	100%	100%	100%	
Cambridgeshire County Council (iCASH only)	GREEN	4	4	4	4	4	4	4	4	4	4	4	4	
	RED	0	0	0	0	0	0	0	0	0	0	0	0	
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Cambridgeshire County Council Healthy Child Programme	GREEN	18	15	16	8	8	8	5	6	5	8	8	8	
	RED	9	12	11	4	4	4	7	6	7	4	4	4	
	% GREEN	67%	56%	59%	67%	67%	67%	42%	50%	42%	67%	67%	67%	
Peterborough City Council (also included in quarterly results table)	GREEN	17	17	16	16	16	17	15	15	16	16	18	17	
	RED	2	2	3	3	3	2	4	4	3	3	1	2	
	% GREEN	89%	89%	84%	84%	84%	89%	79%	79%	84%	84%	95%	89%	
NHS England (Community Dental Service)	GREEN	4	5	5	5	5	5	5	5	5	5	5	5	A new performance reporting framework is under development, which will significantly increase the volume of indicators reported during 17/18. This will require extensive changes to data entered onto the clinical system.
	RED	1	0	0	0	0	0	0	0	0	0	0	0	
	% GREEN	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Luton CCG	GREEN	51	52	52	39	45	46	43	38	42	37	38	42	There has been a substantial decline in achievement of the 6 week hearing diagnostic target. A remedial action plan is in place to bring the service back to achieving the performance target.
	RED	2	1	1	6	1	4	5	8	5	6	5	5	
	% GREEN	96%	98%	98%	87%	98%	92%	90%	83%	89%	86%	88%	89%	

		2016/17			2017/18									
Contract	Rating	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Predicted year-end	Notes/Implications
Suffolk County Council	GREEN	4	4	4	4	4	3	4	4	4	4	4	4	June saw an indicator relating to offering of HIV tests narrowly missed (99% against 100% target). Performance returned to 100% compliance in July.
	RED	0	0	0	0	0	1	0	0	0	0	0	0	
	% GREEN	100%	100%	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	
Norfolk County Council	GREEN	26	26	26	23	22	21	19	24	34	29	28	29	5 indicators relating to the FNP service have been moved from monthly to quarterly reporting.
	RED	7	8	8	10	10	10	13	9	3	3	4	3	
	% GREEN	79%	76%	76%	70%	69%	68%	59%	73%	92%	91%	88%	91%	
Bedford Borough Council (reporting from Nov 2016)	GREEN	18	18	18	19	19	21	21	21	23	23	23	23	Substantial improvements in chlamydia screening and ISH service testing have moved two indicators from red to green since June.
	RED	10	10	10	7	7	5	5	5	4	4	4	3	
	% GREEN	64%	64%	64%	73%	73%	81%	81%	81%	85%	85%	85%	88%	
TRUSTWIDE	GREEN	149	152	151	121	125	135	129	129	144	134	136	140	
	RED	24	22	23	27	23	27	32	26	15	16	14	19	
	% GREEN	86%	87%	87%	82%	84%	83%	80%	83%	91%	89%	91%	88%	