



Safe – October/November 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

Incidents: Overview

Never Events and Serious Incidents (SIs)

There was one Serious Incident declared in October. This related to a failure to escalate safeguarding concerns and occurred within the East Locality of the Norfolk 0-19 Healthy Child Programme (HCP). Wider issues have been identified for both social and health care services and therefore a Serious Case Review has been initiated; CCS will contribute to the Review. During 2018 there have been a number of Serious Incidents and internal Root Cause Analysis (RCA) investigations looking into the failure to escalate safeguarding concerns and therefore a wider piece of work is being undertaken, which will look at a Trust wide action plan that addresses the themes and learning being identified by the individual investigations.

A Never Event was reported in November which related to the wrong Intra Uterine Device being fitted in our iCaSH Suffolk service. On identification of the error, an apology was immediately given to the patient and the correct device fitted. This incident has been graded as no harm. A similar incident was also retrospectively reported by the Peterborough iCaSH service in December having occurred in October and has also been categorised as a Never Event. Both incidents are being investigated.

One Serious Incident investigation was closed in October. This incident related to a failure to escalate safeguarding concerns and occurred within the Norfolk 0-19 HCP, South Locality.

Two internal RCAs were initiated during this period:

- One in Dynamic Health Huntingdon which was identified following a patient complaint and related to the potential delay in referring a patient to specialist care.
- One in Luton Adult Services concerning a patient who did not receive care in a timely manner despite efforts to make contact.

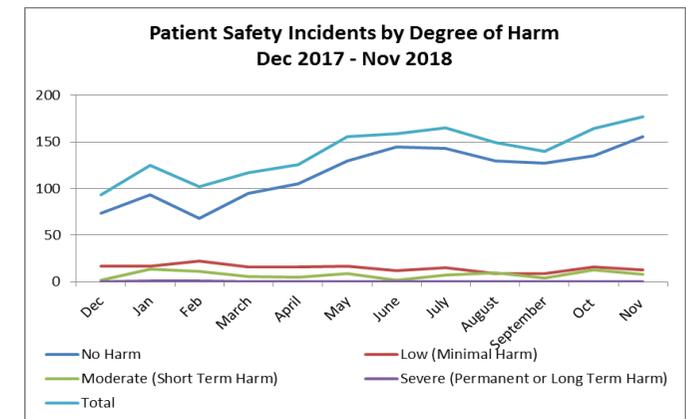
Degree of harm

During October and November there was a total of 674 incidents of which 341 occurred whilst the patient was under CCS care. Of these, 85% were no harm, 29% low harm and 6% (21 incidents) moderate harm. Of the moderate harm incidents, 13 occurred in October and 8 in November. Of these, 18 occurred within Luton Community Services and three within the Children & Young Persons Services.

Luton Community incidents, as mentioned above, all related to pressure ulcers and will be subject to review and scrutiny by Tissue Viability Nurses (TVN) and the Service Manager. A review of learning from Pressure Ulcers was discussed by the Quality Improvement and Safety Committee in December. Luton Clinical Operational Board maintains oversight of the underpinning work programme.

The incidents within the Children & Young Persons Services related to the following:

- One Serious Incident (mentioned above).
- One incident occurred relating to application of an anaesthetic cream in our acute paediatric service.
- There was a confidentiality breach in Norfolk 0-19 service – this did not meet the threshold for reporting to The Information Commissioner.



Safeguarding

Safeguarding Supervision			
	Sept-17	Oct-18	Nov-18
Luton	100%	100%	93%↓
Cambridgeshire	81%	62%	84%↑
Norfolk	95%	97%	96%↓
Overall compliance	93%	89%	91%↑

Safeguarding supervision figures for Cambridgeshire have improved significantly since October 2018. Due to staffing issues within the safeguarding team a model of group supervision has been introduced to ensure all staff continue to have access to supervision, this is being received well by supervisors and supervisees.

Safeguarding Training Overall			
	Sept-18	Oct-18	Nov-18
L1	98%	99%	98%↓
L2	98%	99%	99%↔
L3	92%	93%	98%↑
L4	100%	100%	100%↔
Adult Safeguarding	93%	94%	94%↔
MCA	89%	91%	92%↑
DoLs	86%	93%	94%↑

Adult Safeguarding Training shows some improvement on previous month. The term 'SOVA' is considered out-dated and therefore has been replaced with 'Adult Safeguarding'. L3 shows compliance and is a positive improvement on October's figure.

	Luton			Cams			Norfolk		
	Sep-18	Oct-18	Nov-18	Sep-18	Oct-18	Nov-18	Sep-18	Oct-18	Nov-18
Case Reviews On-going	3	3	3	1	1	1	8	7 (two merged)	7
Case Reviews Concluded	0	0	0	0	0	0	0	0	0
DHR's On-going	2	2	2	0	0	0	0	0	1
LADOs on-going	0	0	0	0	0	0	0	0	0
Unexpected Child Deaths	0	1	?	0	2	1	0	4	1
Safeguarding Adult Reviews	2 No CCS input	2 No CCS input	2 No CCS input	5 No CCS input	3 No CCS input	3 No CCS input	0	0	0

The table above has been amended to incorporate the Unexpected Child Deaths for Norfolk in October as these had previously not been confirmed as 'unexpected' hence the difference to last month's Quality Data Pack. Of the 7 on-going case reviews in Norfolk m4 have a few remaining actions from action plans before completion. The others are still at the early stages of report writing and collation. In addition to the figure above for Norfolk a chronology was submitted for a serious case review following the unexpected death of a teenager however CCS will not have any further involvement with this case. There was one Domestic Homicide Review (DHR) that we were asked in Norfolk to contribute towards – this incident took place out of county therefore our involvement was minimal in relation to when the children resided in Norfolk prior to moving. Whilst CCS has not had involvement with the Safeguarding Adult Reviews we will take any lessons learned and ensure they are shared appropriately within the organisation.

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

The Trust exceeds the national target of 85% training compliance across both levels. As of the end of September 2018, the Trust's compliance for both levels is:

Trust Prevent Basic Awareness Training	98%
Trust WRAP Training	91%

70 members of staff were given face to face training at Trust Induction during October & November 2018.

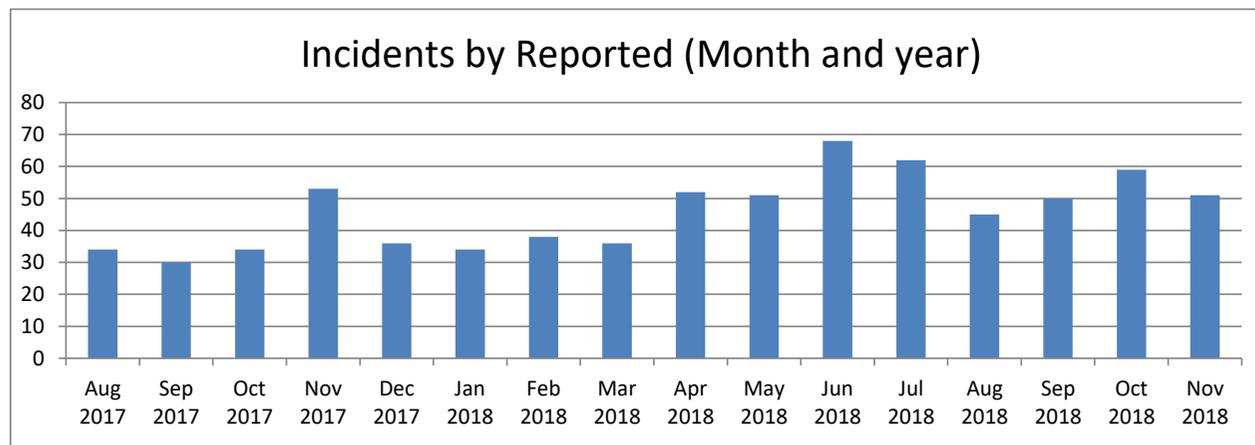
The Trust is testing a Home Office accredited WRAP e-learning package with a cohort of 41 members of staff from its Bedfordshire Children's Services. An assessment of the training package via a Survey Monkey will be received by 12 January 2019 and dependent upon its success, will replace face to face delivery of WRAP training in 2019.

Information Governance

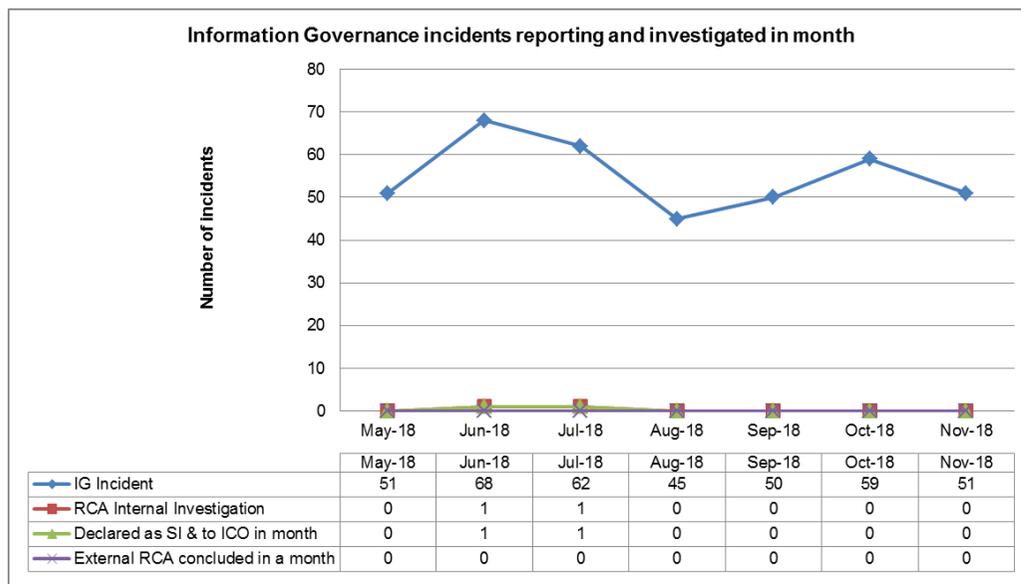
The chart shown below shows the number of incidents logged under Information that were reported between 1 October 2017 and 30 November 2018.

The category with the highest number of reported incidents, within the Information category, is confidentiality breach. Most of these were due to incorrectly recorded information or incorrectly sent (by email or post). None of the breaches occurring during this period met the threshold for reporting to the Information Commissioner's Office

Mandatory Information Governance Awareness training remains below target at 92% compliant. Team leaders receive a monthly update on their team's compliance. The Senior Information Risk Owner (SIRO) and Caldicott Guardian will be targeting those who have not completed training to ensure the Trust is at the necessary level of 95% compliant before March 2019 and submission of the Data Security and Protection Toolkit.



In this period, no incidents posed such a level of risk that they required a root cause analysis (RCA) or external reporting.



Infection Prevention and Control (IPaC)

MRSA bacteraemia

There were no confirmed MRSA bacteraemia or Extended Spectrum Beta-Lactamases (ESBL) bacteraemia reported during October and November 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, the Trust has not been notified of any positive cases during this period.

MRSA screening

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

Incidents

There were five IPaC related incidents reported in this period. All have been investigated and appropriate action taken.

Unit	October	November	Comments
Cambs Children's and Young People	2	1	All were no harm related to acute children's inpatient services
Ambulatory	0	1	Patient complaint following assessment
Luton Adults	0	1	Needlestick injury whilst closing safety needle

Sepsis

Work continues to ensure that staff have adequate knowledge relating to the development of sepsis. The IPaC committee will focus on sepsis in February. This has included planning and delivering a number of training sessions

Staff seasonal influenza vaccination programme

The national requirement for all NHS Trusts is to vaccinate 75% of frontline healthcare workers. By 20 December 2018, 57.6% of frontline staff had been vaccinated. Efforts continue to encourage the remaining staff to receive the vaccine.

Cleaning

The Trust's cleaning programme is in line with the agreed national cleaning standards. Discussions between G4S, Serco and the Trust's Estates Department continue around some of the sites including The Oak Tree Centre and Brookfields. Additional assurance is provided by the Trust's IPaC Matron.

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. Out of the 37 clinical teams, three teams did not submit for October (Luton Adult's Rapid Response, Respiratory and Diabetes Teams), whilst only one team did not submit for November (Luton Adult's Rapid Response Team). Managers have been informed to help ensure future submissions are achieved.

Surveillance: October 2018 – November 2018 Compliance = 0		
Trust area	C.Diff (post 72 hours)	2018-2019 total to date
Cambridgeshire	0	0
Luton	0	0

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. There is now an electronic data system in place which is updated, by the nurse in charge of the inpatient area, six times per 24 hour period that gives a RAG (Red/Amber/Green) rating at point of completion. This is based on the total number of patients, their age category (less than 2 years old or over 2 years old) and number of high dependency patients on the ward, against the number of registered nurses on duty. The RAG rating is based on the Royal College of Nursing (RCN) Safe Staffing recommendations for general children's inpatient wards.

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. There were no SBAR reports completed for October and the Unit remained open internally to maternity services throughout the month. The Unit also remained open to the Neonatal Network in October which meant there were no in-utero or ex-utero transfers for capacity reasons.

During November SCBU achieved 103% compliance against the RN nursing levels and 100% against the total number of staff on duty. There were no SBAR reports completed for November and the Unit remained open internally to maternity services throughout the month. The Unit also remained open to the Neonatal Network which meant there were no in-utero or ex-utero transfers for capacity reasons. SCBU accepted a 26 day old baby requiring level 2 (CPAP) high dependency care from Holly Ward who remained on the Unit for the duration of her admission due to the high acuity on Holly.

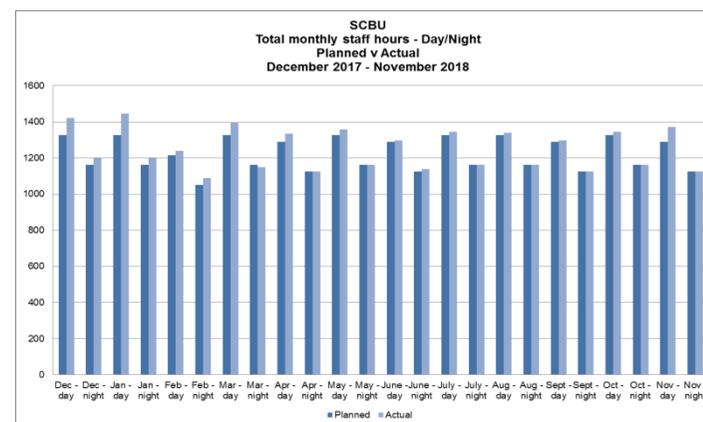
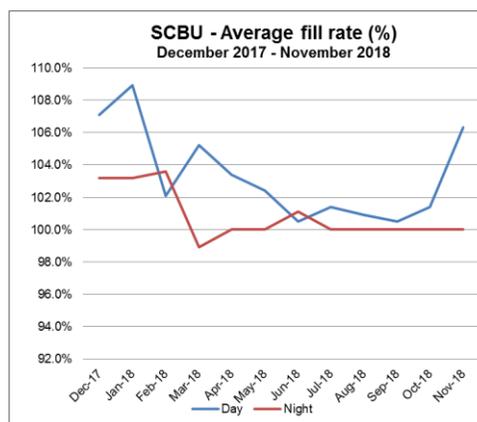
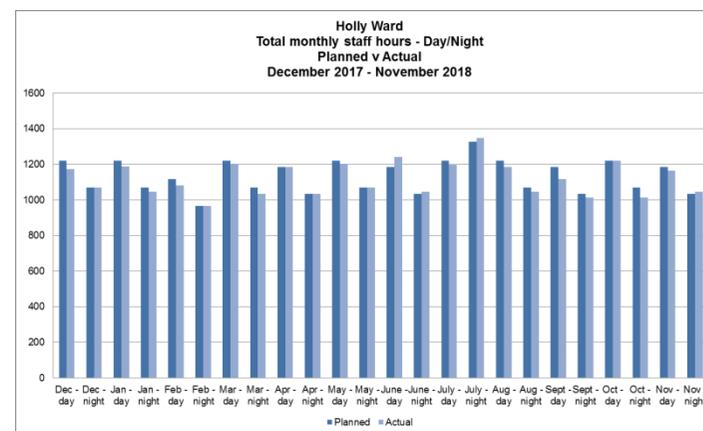
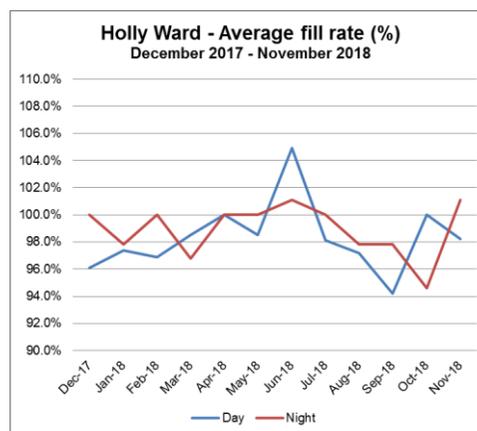
The overall wte of bank, agency and staff working excess hours remained consistent during both October and November. There is currently a 2.0wte vacancy factor in the band 5 registered nursing establishment and a 0.61wte vacancy at nursery nurse level. Both posts are currently in the recruitment process.

Holly Ward Inpatients

In October, RNC overall compliance rates for inpatients were reported nationally as 100% for day shifts. There was one amber shift with only two RNCs on duty however this was covered by the day case nurse as there was only one planned elective admission. RNC compliance for night shifts was reported as 94.62% with five red shifts with only two RNCs on duty due to short notice sickness. Three of these shifts were reported through the SBAR Escalation Process. There were five SBAR Escalation Reports submitted for October resulting in five periods of restriction to admissions; all reports were submitted for staffing reasons due to short notice sickness.

In November, RNC compliance was reported as 98% for day shifts with four amber shifts due to short notice sickness. Three of these were at a weekend and staff from the Paediatric Assessment Unit (PAU) supported the ward. The fourth was on a weekday so the day case nurse was utilised on the ward. The night staffing compliance was reported at 100% however there were two red shifts with only two RNCs on duty. In November the ward experienced a significant increase in acuity levels resulting in the ward being restricted to admissions on 13 occasions. All these episodes were reported via the SBAR process +/- DATIX incident reports. There were nine Emergency Department (ED) breaches due to capacity/acuity on the ward and eight as a result of delays in obtaining a paediatric review. Two elective surgical admissions were postponed and one young person transferred to an adult ward for their procedure. The ward has one commissioned high dependency (HD) bed however there were two or more patients requiring this level of care on 14 days within the month, 10 with one HD patient and only six days when the HD bed was unoccupied.

In October, 1.0wte RN at band 5 returned from maternity leave (on part time hours) with 2.0wte RNCs remaining on maternity leave. In November, 1.35wte band 6 hours were filled with internal candidates and 1.0wte band 5 resigned from her post. There is now a vacancy factor at band 5 of 1.84wte which is out to advert.





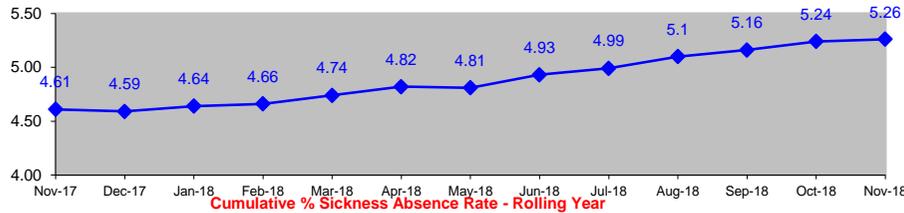
Effective – October/November 2018

Good quality of life and is based on the best available evidence.



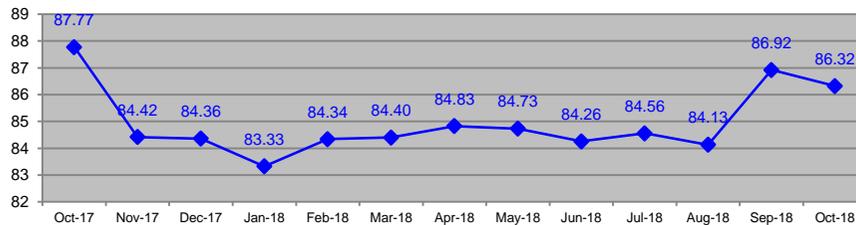
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Workforce



SICKNESS ABSENCE

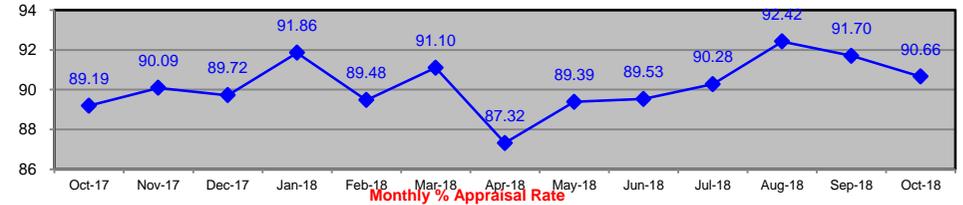
- The cumulative rolling (12 months) sickness rate increased from 5.16% in September to 5.26% in November 2018.
- In November, 2.63% of sickness absence was long term and 2.46% short term sickness.
- The highest sickness rate was in Bedfordshire Children's Services (5.87%). The lowest (2.13%) was in Corporate Services.
- The highest reason for absence was Cold, Cough, Flu - Influenza.
- NHS England Rate for Community Trusts was 4.6% (iView August 2018).



Monthly % Stability Rate

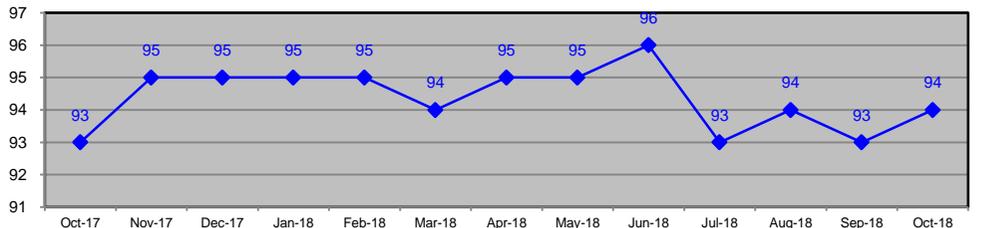
STABILITY

- The Trust's stability rate was 86.33% which compares to a stability rate of 77.8% for NHS Community Provider Trusts for "all employees" (Source: NHS iView July 2018). 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 their transfer.
- Managers review staff reasons for leaving, address local issues and discuss organisational issues with relevant corporate support functions. Exit Interviews are undertaken by managers and there is also a survey monkey Exit Questionnaire which staff are encouraged to complete. The HR team reviews the questionnaire feedback and discusses issues with service managers.



APPRAISALS

- The Trust wide rate decreased in November to below the Trust target of 92%.
- Bedfordshire Children & Young People's Services (C&YP) has the lowest rate (85.34%); Luton Children's Services has the highest rate (97.39%). The Bedfordshire rate reflects the changes staff have recently gone through and they are being supported to have appraisal discussions where these are out of date.
- All managers and leaders have been reminded of 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 February and March each year. The revised appraisal, career and personal development planning conversation began in September 2017.
- Audits of the quality of appraisals take place.



Overall Uptake of Mandatory Subject Training Opportunities (%)

MANDATORY TRAINING

- Mandatory Training compliance has been stable since November 2017 peaking at 96% in June 2018. Prompts and alerts are sent to staff to ensure they are aware of pending review dates and can undertake their training before it expires.

Clinical Audit & NICE (National Institute for Health & Clinical Excellence)

Next report due March 2019



Caring – October / November 2018

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



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Patient Comments/Feedback

Very welcoming, good advice to improve positioning, latch, hold and mother posture, supportive and willing to provide multiple things to try. Always a listening ear and well needed tea!
Cambs Children Infant Feeding

Make me understand how to manage my child's behaviour.
Beds Children's Specialist Nurse Led Clinics

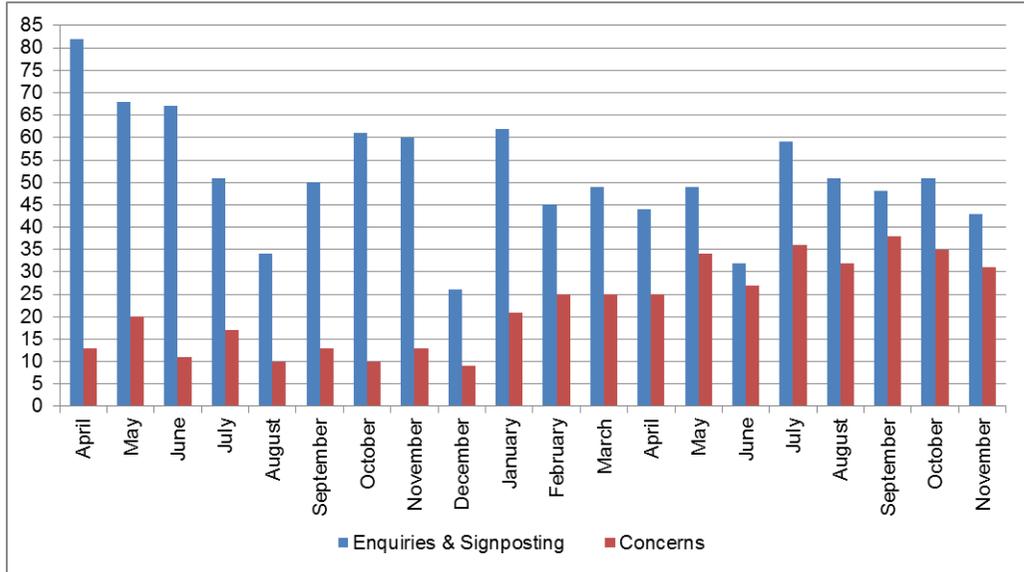
They are very efficient and are kind to my mum.
Luton Adults

Telling me all of the information and leaflets and all the help if needed.
Beds Health Visiting



Patient Advice & Liaison Service (PALS)

In October there were 86 PALS contacts: 51 were enquiries and signposting and 35 raised concerns.
In November there were 74 PALS contacts: 43 were enquiries and signposting and 31 raised concerns.



You have helped me in showing me different ways to manage my pain.
MSK East Cambs & Fenland

Extremely informative, very welcoming and friendly (both nurse and receptionist)
iCaSH Suffolk

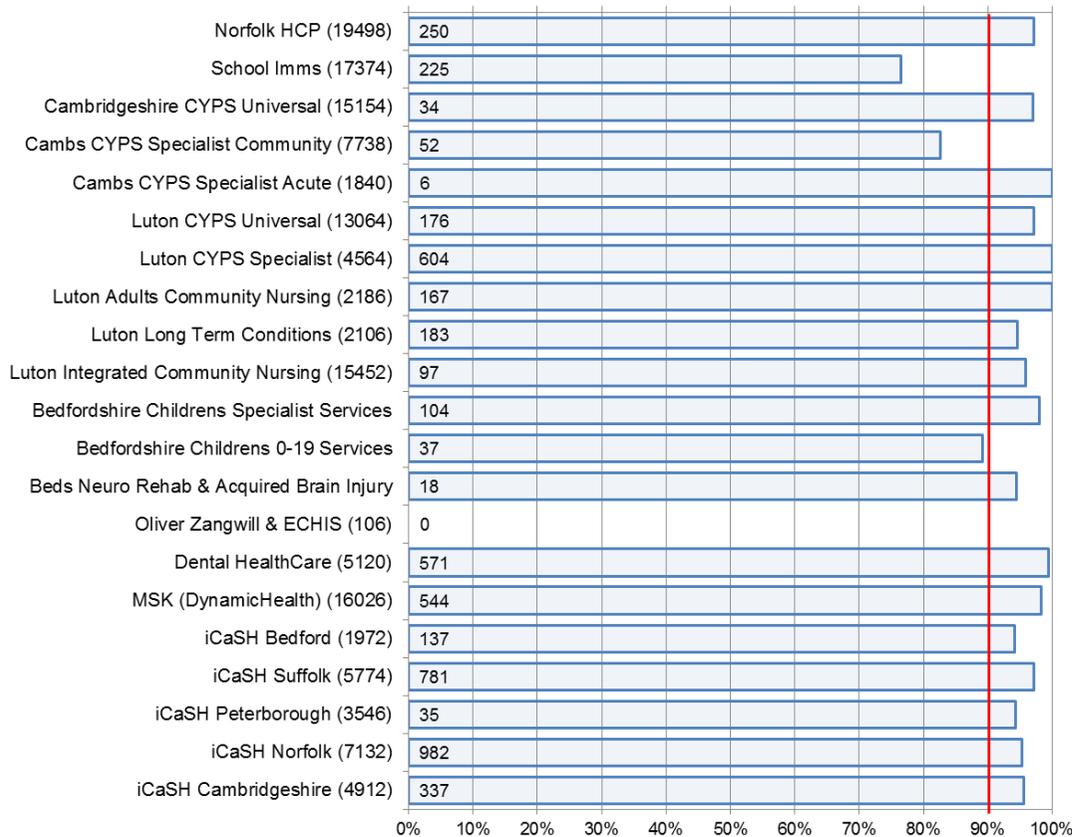
Good communications and timing for care. Very accommodating to train us in giving IV medicine.
Cambs Children's Specialist Community Nursing

The lady put me totally at ease, they was both so kind.
Dental Huntingdon

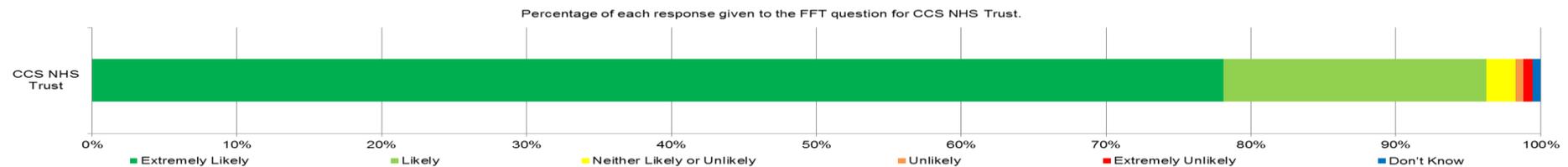
Everything! The prompt initial call following hospital discharge and the empathetic/tailored support and follow up.
Beds Neuro Rehabilitation

Very grateful that Health Visitor came to assess our child and help us get support; gave advice on how to manage behaviours.
Norfolk HCP Health Visiting

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 2623 responses to the FFT question in October and 2722 in November. Five responses for October are not shown on the graph. They are 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.
- The overall Trust score was **96.24%** recommend and 1.2% not recommend.
- Twenty out of 21 services received some feedback. The Oliver Zangwill Centre and Evelyn Community Head Injury Service did not receive any feedback through FFT. However they did receive many thank you cards which will be added to December data to capture this valuable feedback.
- Three services scored 100%. Of these three Luton Adults Community Nurses had 167 responses, Luton Children’s Specialist had 604 but Cambridgeshire Children’s Specialist Acute has just 6.
- Three services did not meet the 90% target. These are the same three services that were below target in August and September.
 - Bedfordshire 0-19 – 89.19% with 37 responses, of which four were unlikely and extremely unlikely. This is just below our 90% target.
 - Cambridgeshire Children’s Specialist Community Services – 82.69% with 52 responses, of which one was unlikely and eight neither likely nor unlikely which reduced the recommendation score.
 - School Imms - 76.44% from 225 responses, of which 22 were unlikely and extremely unlikely and 22 neither likely nor unlikely. The comments associated with these have been highlighted to the service for learning.





Responsive – October / November 2018

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



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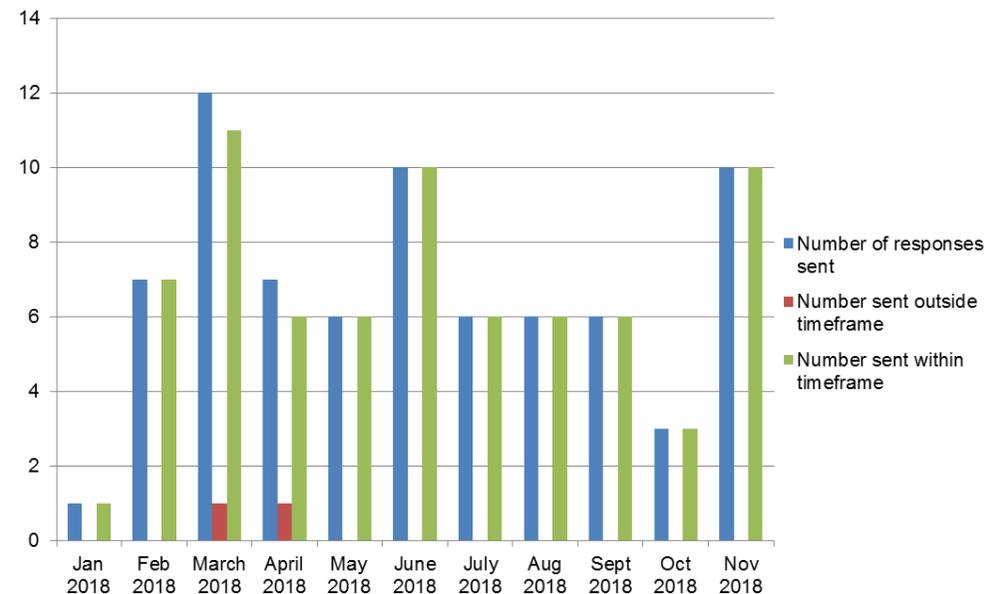
Complaints

Number of complaints received between April 2015 to November 2018



	Aug 2018	Sept 2018	Oct 2018	Nov 2018
Number of complaints received in month	7*	3	8	17
Number of complaints closed in month	8	7	4	10
Number of responses sent	6	6	3	10
Standard complaints - of responses sent in month, no. responded to within 25 days	6/6	6/6	3/3	9/9
Complex complaints - of responses sent in month, no. responded to within 30 days	0/0	0/0	0/0	1/1
% of all complaints responded to within target timeframe	100%	100%	100%	100%
Number of complaints Upheld (of those responded to)	1	1	1	4
Number of complaints Partially Upheld (of those responded to)	3	4	2	5

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. In the two month reporting period all complaints were responded to within our timeframes.

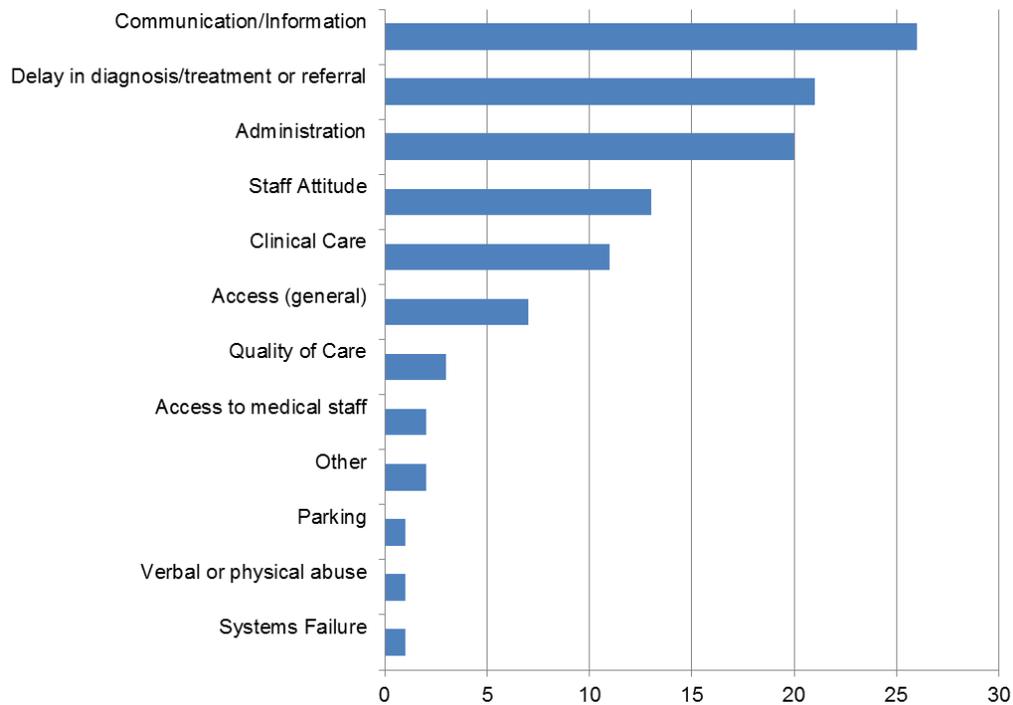
Parliamentary and Health Service Ombudsman (PHSO)

There were no referrals to PHSO or recommendations received in October or November 2018.

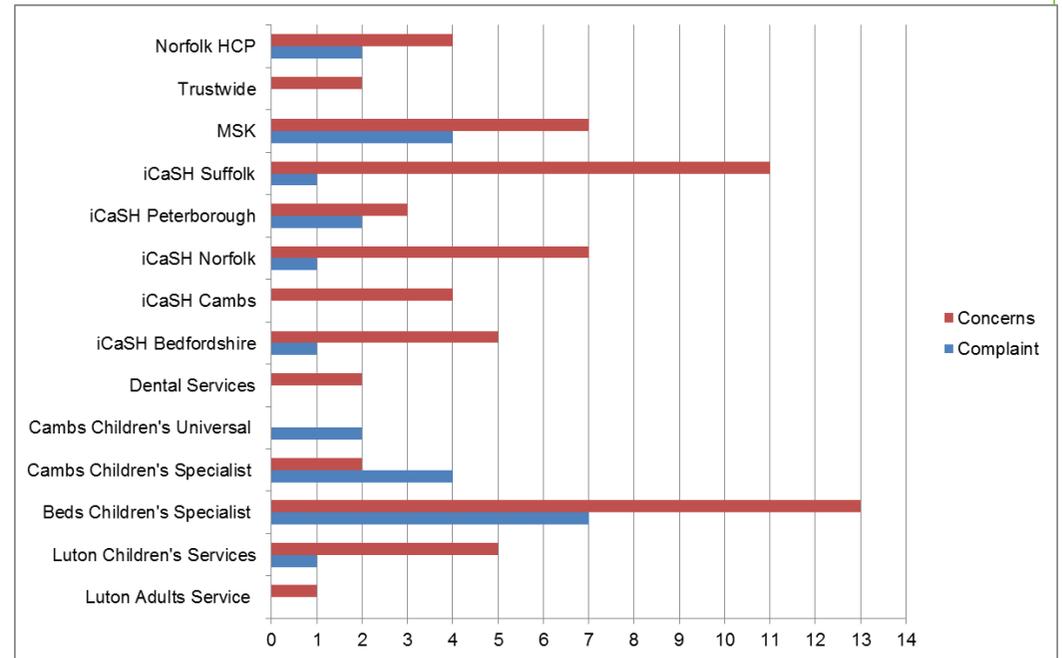
*One less than previously reported as one complaint about Bedfordshire Community Paediatrics was downgraded to a concern and resolved locally.

Complaint and Concern Trends

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



The services involved in the complaints and concerns received in October and November are shown in the graph below:



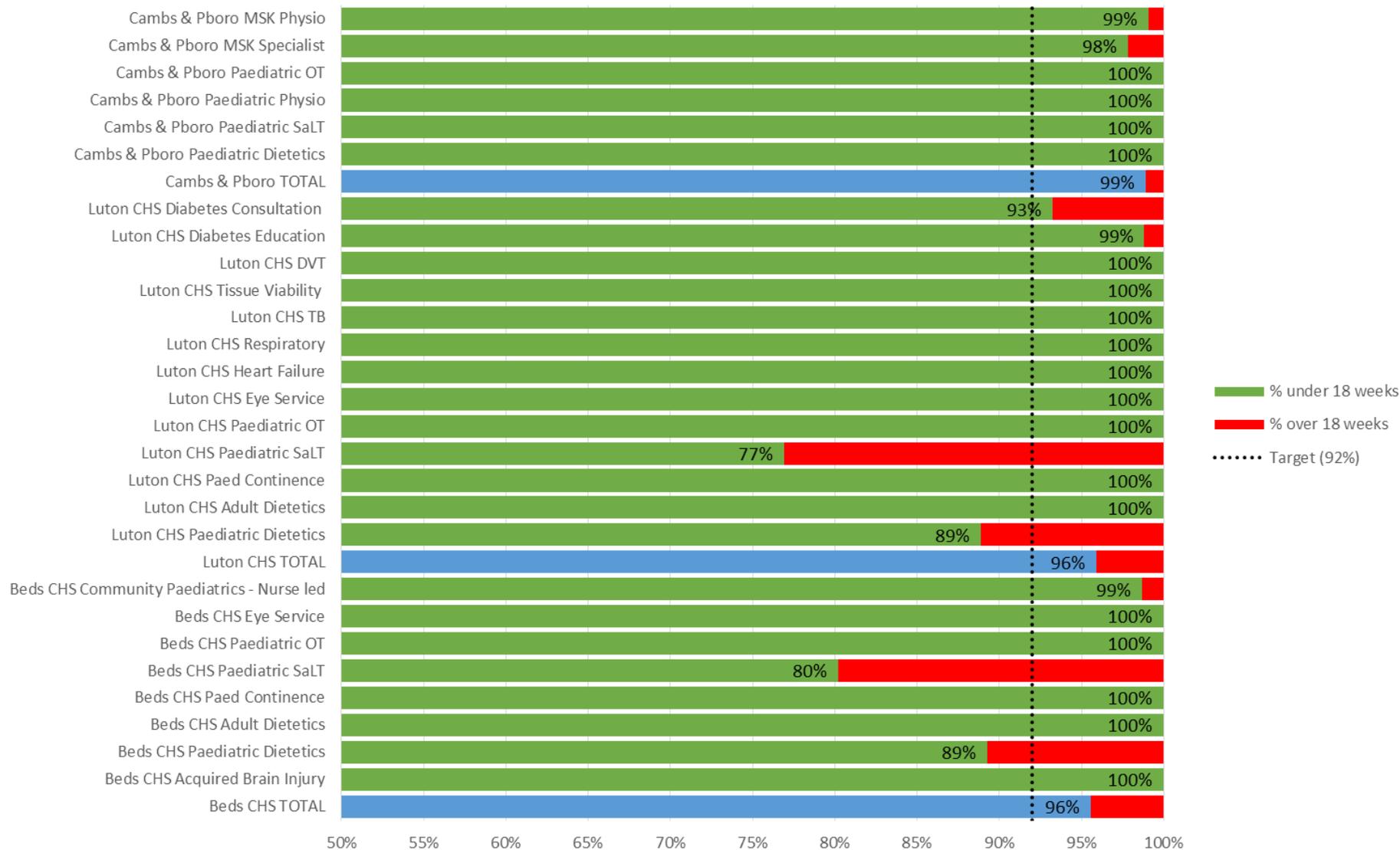
Complaint themes and outcomes

Twenty-five complaints and 66 concerns were received in the two month period, with 108 issues raised across the subjects shown in the graph on the left.

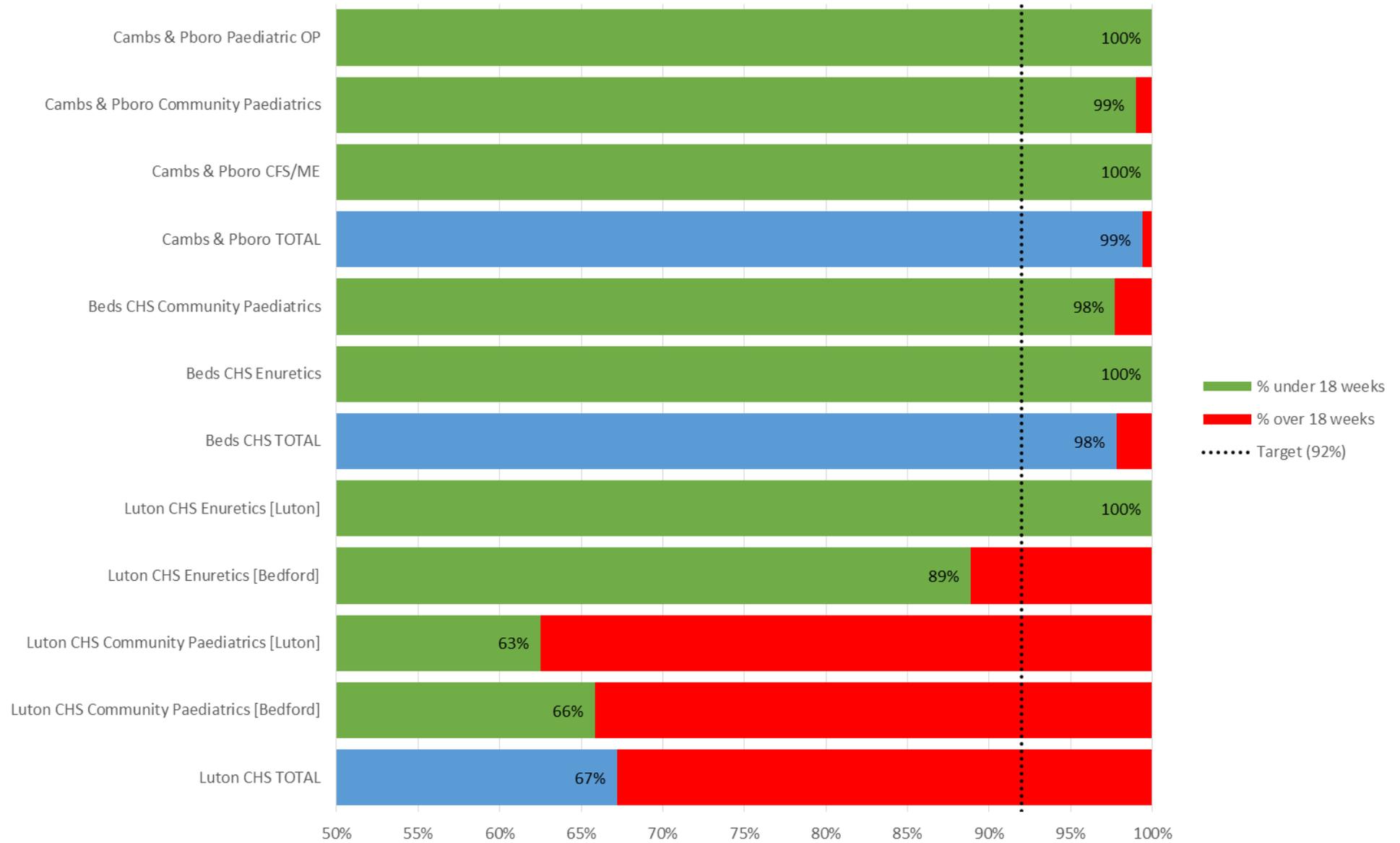
The 26 complaints and concerns about communication and information were spread across nine services: iCaSH (7), Norfolk HCP (5), Cambs Specialist Children (4), Beds Paeds (3), MSK (3), Dental (1), Cambs Universal Children's (1), Luton Adults (1) and Beds SLT (1).

Access – i.e. 18 weeks

Non-consultant-led service open clocks currently waiting less than 18 weeks [target 92%]



Consultant-led service open clocks currently waiting less than 18 weeks [target 92%]





Well-led – October/November 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



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Quality Way/CQC self-assessment & peer review programme

The Our Quality Way provides a framework to help our staff understand their contribution to the delivery of high quality services. Within this period we have carried out two peer reviews and all of our services were required to complete/refresh their annual review of their CQC service self-assessment.

Our Quality Way Peer Reviews

In October the Our Quality Way Peer Review Team visited Luton Specialist Children's Nursing Team based at The Poynt in Luton. The Review Team spoke to members of the Continuing Care, Rapid Response and Children's Community Nursing Teams including senior managers, administrative staff and service users. Two of the reviewers joined in the safety briefing at the start of the day and accompanied a couple of the nurses on visits to a child in their own home and one child who was being assessed in hospital.

	Outstanding	Good	Requires improvement	Inadequate
1. Safe		Good		
2. Effective		Good		
3. Caring	Outstanding			
4. Responsive		Good		
5. Well-led		Good		
Overall		Good		

The review went well and the Review Team rated the overall service as **GOOD** and the Caring section as **OUTSTANDING**.

The second peer review was completed in November and will be reported within the next data period. There is no peer review planned for December.

CQC Self-Assessments

All services refreshed their annual self-assessments in October; overall, 48 returns have been received from our services. The quality of the returns is improving with an increase of local evidence included for each of the KLOEs. There was an increase in some of the teams assessing individual KLOEs for their service as Outstanding. A review of all the returns received indicates a self-rating of **GOOD** for the overall Trust.

QEWTT (Quality Early Warning Trigger Tool)

The response rates for the QEWTT in October and November 2018 were 79.8% and 90.6% respectively. The table below shows those teams that had a high score (16+) in October and/or November, 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 six high scores in October (one was received late) and eight high scores in November (one was received late). Note that late returns are not included in the overall QEWTT scores table. 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 and staff not updating records within 24 hours.

Team	Aug-18	Sep-18	Oct-18	Nov-18	
Luton Adults Services	Community Nursing - Nightingale	6	14	14	6
Luton - Children's Services	Health Visiting Luton Central	14	14	14	16
	Health Visiting Luton South	14	14	10	16
	Health Visiting Luton West	13	13	10	17
	Health Visiting Luton North	14	14	10	13
	School Nursing	10	10	10	13
	Community Audiology	10	12	12	8
	Community Paediatrics	12	11	15	17
	Looked After Children & Care Leavers	10	12	9	7
Norfolk HCP	Safeguarding Children	1	8	16	16
	0-19 HCP City Team 1 & 2	15	14	16	15
	0-19 HCP West Locality	13	13	13	13
Cambs C&YP Universal	0-19 HCP South Locality	11	11	10	10
	School Nursing Service	12	11	11	13
	Cambridge & East Cambs Locality	18	18	19	18
Cambs C&YP Specialist	Fenland & Huntingdon Locality	14	13	11	11
	Children's Continuing Care	11	14	15	13
	Specialist Nursing for Schools	5	22	16	11
	Acute Medical Paediatrics	10	NR	NR	7
Beds Children's - Universal	Safeguarding Children	17	NR	20*	23
	Single Point of Access	2	10	10	10
	0-19 Team West	11	15		
Beds Children's - Specialist	0-19 Bedford (East & West Team)			11	12
	Speech & Language Therapy	23	23*	14	NR
	Paediatric Occupational Therapy North	15*	15	15	19
	Children's Continuing Care Team	17	13	13	13
	Children's Community Nursing	3	7*	NR	NR
	Continence Team	13	10*	NR	NR
	Nutrition and Dietetics	12	19	NR	16*
Ambulatory Care	Community Paediatric Service		13	NR	NR
	Dental Brookfields	12	11	11	11
	iCaSH Peterborough	13	10	12	12
	iCaSH Bedfordshire - Kings Brook	10	13	11	11
	Dynamic Health - Huntingdon			18	6
		NR = No return		* = Late return	

Safeguarding Children: This team is new to the QEWTT table this month scoring 16 (high-range) in both October and November. This was mainly due to staff resignations (including Service Manager), maternity leave and staff sickness. It was anticipated that this situation would continue until cover was in place. MASH work has increased despite controls in place and the team are having to prioritise accordingly.

Overall QEWTT Scores	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Number of responses received by scoring threshold	25+	0	0	0	0	0	0	0	0	0	0	0
	16-24	2	4	2	7	9	6	5	7	7	3	5
	10-15	13	14	16	11	15	20	23	26	28	26	24
	0-9	65	59	62	62	50	53	57	59	55	60	59
No. of two consecutive non-responses		1	3	0	0	2	1	1	0	0	6	5
Number of single non-responses		12	2	2	2	4	1	3	7	5	9	14
Total number of responses received		80	77	80	80	74	79	85	92	90	89	87
Total number of Teams		93	82	82	82	80	81	89	97	95	98	96

NB: Late returns are not included in overall QEWTT scores

Luton Community Unit

Community Nursing – Nightingale: The November score shows an improvement due to no staffing issues identified although it is anticipated that service delivery disruptions may occur in the coming month. In addition, only known/familiar bank/agency workers were employed during November and, similarly to September and October, not all staff have received appropriate supervision.

Health Visiting: Staff sickness and vacancies impacting on workload and morale have been common factors across all four teams. Recruitment has been challenging with rolling adverts for staff generating no applications. The large number of transfer-in notifications from Child Health has affected capacity and breaching of 10 working day target. Access to phones and IT equipment continued to be an issue especially when staff returned from long-term absence. All teams noted that clinical records were not being updated within 24 hours.

School Nursing: This team continues to be on the table as its score remains in the mid-range increasing to 13 in November due to unexpected demands on the service exceeding anticipated activity.

Community Audiology: Similar issues to those previously reported remain with the service which anticipates future service delivery issues in the coming month. Future plans are in place to merge acute and community audiology services in Bedfordshire with no plans for further recruitment until then. Weekend working is in place to cope with demand. Lack of clinical supervision/support and work environment issues were on-going.

Community Paediatrics: This team's score has continued to increase reaching a high-range score (17) in November. Staffing, increased demand exceeding capacity and receipt of a formal complaint have all contributed to the score. However, measures are being put in place to reduce the number of patients on the waiting list and reduce delays (clinical nurse specialists starting in the New Year, new and experienced Named Doctor in post, locum consultant employed for six months, external clinical psychologist commissioned for Autism Diagnostic Observation Schedule [ADOS] assessments).

Looked After Children (LAC) & Care Leavers (CL): The reduction in score in November (7) was noted. A new Specialist Nurse for LAC & CL joined the team in November which should help reduce delays in Review Health Assessments, along with a new Named Doctor for LAC in post. Close working with other agencies has also led to more efficient and effective working.

Norfolk 0-19 HCP teams:

City Locality: This team remains on the table scoring 16 (high-range) in October. Staff sickness, vacancies, recruitment and unexpected/unplanned activity exceeding capacity have all contributed to the score along with new manager in post from November.

West Locality: Score remains mid-range at 13. No change to metrics selected in the past four month's QEWTT returns although an improving picture presented.

South Locality: There has been a slight reduction in score in October/November, however sickness absence and vacancies have impacted on service delivery and the situation was being monitored closely by managers. Issues relating to the work environment and access to IT continue and were impacting on the efficiency and effectiveness of staff who were unable to use the hub to its full potential.

Cambridgeshire Children & Young People's Services

School Nursing Service: This team's score remains in the mid-range. Rolling adverts for staff remain in place. Chathealth continues to be promoted throughout schools receiving great feedback and increased number of contacts being made. Arrangements are in place for Norfolk School Nursing Service to cover Chathealth over the Christmas period. Service redesign work is on-going looking at skill mix, transitions, resources, etc. Learning from a complaint regarding parental/carer presence at a health assessment has been shared with those involved as well as the wider team.

Cambridge & East Cambs Locality: This team has remained in the high range for the past four months. Staffing continues to be an issue with plans in place to minimise the effects of this on service delivery such as managers covering clinical work, Saturday clinics and, where possible, staff from areas less affected by staffing issues helping neighbouring teams. In early December 2018, East Cambs is due to merge with the duty desk at The Peacock Centre which currently covers Cambridge City & South Cambs.

Fenland & Huntingdon Locality: This team's score reduced slightly in October and November due to improved clinical supervision/support being provided. Shortage of staffing, particularly in the Fenland teams, continues with agency staff working regularly with these teams. Problems relating to the Virgin Media platform were intermittent and this was being explored by the IT team.

Children's Continuing Care: This team continues to be in the mid-range with little change to selected metrics from previous submissions. The team received a formal complaint in October and on-going recruitment is in place to cover carer vacancies. The job matching panel has agreed the re-grading of B3 posts to B4 which will provide an opportunity for staff to improve their skills to care for children requiring a higher level of clinical need at night. Recruiting nursing agency staff to support overnight care packages remains a challenge.

Specialist Nursing for Schools: Scores reduced in October and November due to no cancellation/postponement of clinical care (in November) and improved appraisal and mandatory training compliance. However, vacancies and difficulties in recruiting remain, impacting on capacity. IT issues/connectivity in schools continues and capacity issues in the Safeguarding Team have led to safeguarding supervision sessions being cancelled.

Acute Medical Paediatrics: This team is included this month due to two consecutive non-returns in September and October. Their score in November relates to cancellation/postponement of clinical care due to staffing issues which is anticipated to continue and non-compliance with mandatory training.

Safeguarding Children: This team continues to score in the high-range. Staffing and capacity remain the most challenging areas for the team (which are anticipated to continue) along with clinical supervision/support and an on-going investigation. Interim arrangements are now in place to cover key posts, annual leave, level 3 training and group supervision.

Bedfordshire Children's Services

Single Point of Access: Score remains mid-range at 10. No change to metrics selected in the past three month's QEWTT returns.

0-19 Team Bedford: The 0-19 Teams East and West have combined to form 0-19 Team Bedford. The West Team was on the last QEWTT table as it remained in the mid-range increasing to 15 in September. The 0-19 Team Bedford confirms that the service is now working to a new contract which should see an improvement to staff capacity. Level of staff sickness has reduced with staff also due to return from maternity leave. Mandatory training compliance has also improved.

Speech & Language Therapy: No QEWTT return was received in November however their October return showed an improved score (14). Key areas noted include team manager no longer in post, recruitment difficulties and staff sickness, issues with IT relating to laptops and old phone contracts and staff not updating clinical records within 24 hours.

Paediatric Occupational Therapy North: This team scored 19 in November (high-range). Key areas identified related to on-going staffing issues which has led to a drop in clinical capacity within the team. A full time locum is now in post and is picking up new referrals and waiting times have reduced to 10 weeks. Capacity is also affected by the number of Educational Health Care Plans being requested with tight timescales along with requests for tribunals. Team mandatory training compliance has improved. The team has also received two complaints which were being investigated. Delays in new staff receiving their SystemOne card has caused a delay in ensuring electronic records are up to date. A request for a signal booster to improve phone connections has now been responded to by the IT team but request unable to be fulfilled due to availability of boosters.

Children's Continuing Care: This team's score continues to be in the mid-range with staffing being the main challenge for the team. Three new members of staff have been successfully recruited

and were due to start in January 2019.

Children's Community Nursing: This team is included this month due to two consecutive non-returns in October and November. A late return scoring 7 was received in September which indicated a level of unplanned sickness that month, issues with office phones and remote access issues preventing records being updated within 24 hours.

Continence Team: This team is included this month due to two consecutive non-returns in October and November. A late return scoring 10 was received in September. Areas identified included staff sickness leading to cancelled clinics as well as IT/email issues during the month.

Nutrition & Dietetics: The reduction in score in November related to a new manager being in post for more than 3 months. Staff vacancies and sickness led to cancellation of clinics (which is anticipated to continue into next month) along with unexpected demands on the service exceeding anticipated activity. There was a temporary loss of SystmOne during the month and no access to the internet which has been reported to IT. The risk associated with the number of vacancies and subsequent delayed reviews has been added to the risk register. A locum paediatric dietician is due to start in post in January. Parents/carers have been notified by letter re delays and advice regarding home enteral feeding reviews. A bank Band 4 is in post to support the food first team and to release staff to pick up clinical caseload. Service review/re-design of the service is due to start in January.

Community Paediatric Service: This team did not submit a return for two consecutive months. Prior to that their score was mid-range (13) due to a number of vacancies which were impacting on ability to meet demand. A complaint was also received that month concerning a delayed appointment and staff have been reminded to undertake their mandatory training.

Ambulatory Care

Dental Brookfields: This team's score remained at 11 (mid-range) for the third month running. Similar issues to those previously reported remain – mainly vacancies and recruitment. Some clinics have had to be cancelled. Dental nurses were being relocated across the five dental sites to backfill any gaps and agency staff have been recruited to support administration/clinical teams.

iCaSH Peterborough: This team is new to the table this month due to being in the mid-range for the past five months. Staff sickness has led to clinics being cancelled which was anticipated to continue. Appraisal compliance was below target and work was underway to rectify this.

iCaSH Bedford – Kings Brook: Similarly to iCaSH Peterborough, Kings Brook has remained in the mid-range for the past five months although with an improving score. Areas highlighted included new service manager in post, vacancies, future disruptions in service delivery, below target on appraisal compliances and a number of complaints. Negotiations continue to transfer part of the Brook service delivery to CCS.

In October 2018 the Dynamic Health Service was restructured and now operates with three locality teams: Huntingdon Cambridge and Peterborough.

Dynamic Health – Huntingdon: This team is on the QEWTT table this month as it had a high-range score in October (18) which reduced to 6 in November (low-range). The service continues to experience staff sickness along with recruitment issues with vacancies not being filled. However, adverts were due to go out with closing dates in January 2019.

Research

Clinical Research Overview

The Trust continues to maintain recruitment (Table 1). Essentially the high recruitment has been due to the iCaSH teams, supported by the research facilitator, enrolling patients into the Safetxt and PrEP studies. This achievement has been recognised by the Clinical Research Network (CRN) who awarded a prize to Sam Nunn and Dr David Nelson at an infectious diseases showcase event. The Fluenz Tetra commercial study was completed over a two week period and 800 cards were given to children to pass onto their parents to return if their child experienced any side effects.

Table 1: Clinical Research Summary Table for Portfolio Studies (including Trends)

NIHR Portfolio studies	Location	Numbers	Trend	Highlights	Impacts
Current recruitment (NIHR Portfolio)	Speciality/ Clinical area/ region	This reporting period 63 Total from April: 352		Recruitment on target to achieve predicted levels.	
Fluenz Tetra	Imms/Vacs Norfolk	800 cards send out with children. Parents return if side effects. Only just completed.		CCS Declined 2017.	Trust's second commercial study in 9 years.
Safetxt	Ambulatory i-CaSH ALL	26 (total this financial year 116)		Extended to Dec 2018 CRN prize for Trust high recruitment into infectious diseases division.	One of the top recruiting Trusts. One of only 8 Trusts which average 10+ recruits per month Total for trial 390
PrEP	Ambulatory i-CaSH ALL	Additional funding for participants 35 (total 121 this financial year)		More funding released. CRN prize for Trust high recruitment into infectious diseases division.	Potential impact To demonstrate efficacy of drug regime. Total for trial 245
MSK BOOST	Ambulatory MSK Hinchingsbrooke	0 (Total 39 for entire trial)		Recruitment complete but impacts still on-going.	MSK Research Physio invited to speak at Oxford meeting. From this talk invited to submit to Physio Conference & produce a paper for Physio journal.
MSK PROMS	Ambulatory MSK ALL	3 (Total 3)		Study on-going.	
C&YPS FEEDS	C&YPS SALT Community Paediatric Nursing	4 (Total 28)		Quick win staff survey. Survey now closed to recruitment.	Surveys add to total Trust recruitment figures.
C&YPS EuPatch (Beds)	C&YPS Orthoptics Beds	4 (Total 4)		RCT study, looking at impact of glasses & 720 hrs of patching.	Study looking at improving amblyopia treatment of children

Recruitment compared to projections: the 18 Trusts within CRN Eastern:
CCS NHST on track, 2 Other Trusts on track, 12 Trusts above track, 3 Trusts below track

Key to Icons: Recruitment: Increased, no change, completed, in set up allocated funding/prize

Table 2: Summary Table for Fellowships/Internships

NIHR Fellowships	Area	Numbers	Trend	Highlights	Impacts/potential impacts
NIHR 70@70 Award	CYPS Beds HV	1 HV applied 	New funding stream	Awaiting outcome Funds 2 days per week for 3 years	To have a regional and national impact within the NIHR but also to promote evaluations & clinical audit
HEE Limited Applicants interim funding for 24 days of backfill	Ambulatory Care (MSK paed)	1 applied (out of total of 3 who fulfilled the inclusion criterion, 1 on maternity leave) 	New funding stream	Good chance of achieving funding due to limited number who were able to apply.	A small exploration project has been submitted which is relevant to the applicant's clinical area (paed physio). Gives time and support to put in another larger NIHR personal fellowship
CLAHRC Fellowships 18/19	C&YPS Occupational therapy C&YPS Paeds Ambulatory ECHIS Ambulatory Dentistry Ambulatory iCaSH	5 applications submitted. Highest number from CCS NHS Trust		4 interviewed & 4 awarded 3 from Ambulatory Care	All projects link to patient quality, PROMs, PPI. Fulfil objectives of their Clinical areas.
CLAHRC Fellowships 17/18	C&YPS Paeds Luton	Paediatrician at Luton. Parental focus groups for project compete.		Abstract submitted to College Conference	Awaiting outcome of abstract submission. CLAHRC completes Dec 2018.
CRN Green shoots PA	CYPS Paeds Luton	Adds to dissemination and increasing interest of staff to participate in research.		Luton based. Funding until 2020	Able to flag up studies and NIHR Fellowships

Fellowships and Internships Overview

Successful with prestigious CLAHRC with four being awarded. This is the highest number of CLAHRC Fellows the Trust has had, with the first Dental Surgeon of the scheme. In addition, a paediatric physiotherapist has applied for the Health Education England (HEE) top up funding scheme, for one day per week for 6 months. We had one Health Visitor from Bedfordshire apply for the NIHR 70@70 award (part one of funding release).

Non-Portfolio Studies

Currently, we have eight non-portfolio studies and one student project which have received Health Research Authority (HRA) ethical approval. Two are within the Oliver Zangwill Centre (OZC) service, two are within iCaSH, two are paediatric studies and two are corporate studies.

Non-Portfolio Student Studies

Kings College (Steffen Nestler) Clinical Psychology Professional Doctorate – Social Cognition after TBI, based within OZC.

Assurance:

Health Research Authority (HRA) national ethical approval has been obtained for all the NIHR Portfolio and Non-Portfolio studies.

NIHR National Performance Metrics – Performance in Initiating (PII) and Performance in Delivering (PID). Compliant for this reporting period as no studies have been eligible for inclusion.

Mandated activity: performance charts placed on the Trust Internet (includes zero returns).

Abbreviations:

C&YPS: Children & Young People's Service	iCaSH: Integrated Contraception & Sexual Health
CLAHRC: Collaboration for Leadership in Applied Health Research & Care	NIHR: National Institute for Health Research
CRN: Clinical Research Network	RCT: Randomised Control Trial
ECHIS: Evelyn Community Head Injury Service	SALT: Speech & Language therapy
	TBI: Traumatic Brain Injury

CCS NHS Trust Quality Performance Dashboard 2018-19

				Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18		
Standard/Indicator	Description	Contact	Annual target Ceiling or Baseline	CCS Overall	Sparkline								
SAFETY													
Patient safety													
Classic safety thermometer	% Harm free care	H Ruddy	96%	92.68%	88.24%	92.50%	93.88%	93.88%	N/A	80.00%	89.02%		
	% New harm free care		98.5%	100.00%	94.12%	97.50%	97.96%	98.98%	N/A	86.67%	97.56%		
C&YP safety thermometer	% Harm free care		no target	100.00%	81.80%	92.90%	87.50%	62.50%	100.00%	90.00%	100.00%		
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		
	Other SIs declared		0	0	1	0	1	0	0	1	0		
Number of never events	Number of never events reported in month		0	0	1	0	1	0	0	0	1		
Medicines Management	Number of medication incidents reported (CCS)	A Darvill	no target	19	17	10	15	11	10	11	28		
	% CCS medication incidents no harm		no target	100%	100%	100%	93%	100%	100.00%	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%	66.00%	100.00%	100.00%	100.00%	100.00%	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		
Hand hygiene	Compliance with hand hygiene in all Trust inpatient areas		100%	100.00%	100.00%	N/A	100.00%	100.00%	100.00%	N/A	100.00%		
Essential Steps	Compliance with spread of infection indicator		100%	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
EFFECTIVENESS													
Mandatory training													
Overall mandatory training	In line with Trust Training Needs Analysis	J Michael	92%	95%	95%	96%	93%	94%	93%	94%	95%		
Safeguarding training (Children)	Level 1: % staff trained		92%	98%	99%	99%	98%	99%	99%	98%	99%	98%	
	Level 2: % staff trained		92%	99%	99%	98%	97%	98%	98%	99%	99%		
	Level 3: % staff trained		92%	90%	91%	92%	90%	92%	92%	93%	98%		
	Level 4: % staff trained		92%	100%	100%	100%	100%	100%	100%	100%	100%		
Safeguarding training (adults)	SOVA		92%	96%	97%	96%	91%	93%	93%	94%	94%		
	Mental Capacity Act		92%	93%	92%	95%	86%	89%	89%	91%	92%		
	Deprivation of Liberty		92%	92%	91%	92%	84%	86%	87%	93%	94%		
Manual handling	% of staff undertaking manual handling (patients)		92%	90%	85%	92%	89%	87%	87%	86%	90%		
Fire safety	% of staff undertaking fire safety training		92%	94%	95%	95%	92%	93%	92%	93%	93%		
CPR/Resus	% of staff undertaking CPR/Resus training		92%	91%	91%	93%	89%	90%	90%	88%	90%		
IPaC training	% of staff undertaking IPaC training		92%	98%	98%	98%	97%	97%	97%	98%	98%		
Information governance	% of staff undertaking IG training		95%	94%	95%	94%	91%	93%	91%	93%	92%		

Safeguarding													
Safeguarding supervisions (Children)	% eligible staff (excluding Beds Children's Services)	C Halls	95%	82%	89%	97%	95%	91%	93%	89%	91%		
Workforce/HR													
Sickness	Monthly sickness absence rate	R Moody	N/A	4.61%	4.74%	5.10%	5.22%	5.12%	5.20%	5.54%	5.10%		
	Short-term sickness absence rate		3.6%	1.70%	1.79%	2.09%	2.31%	1.85%	2.03%	2.46%	2.46%		
	Long-term sickness absence rate		N/A	2.91%	2.96%	3.01%	2.91%	3.28%	3.17%	3.07%	2.63%		
	Rolling cumulative sickness absence rate		4.2% by year end	4.82%	4.81%	4.93%	4.99%	5.10%	5.16%	5.24%	5.26%		
Turnover	Rolling year turnover	P Davies/ L Thomas	17%	13.42%	13.71%	12.88%	12.87%	13.05%	12.27%	13.84%	14.16%		
Bank staff spend	Bank staff spend as % of pay (financial YTD)		N/A	1.51%	1.41%	1.37%	1.35%	1.36%	1.34%	2.34%	1.92%		
Agency staff spend	Agency staff spend as % of pay (financial YTD)		N/A	1.91%	2.07%	2.04%	2.28%	2.28%	2.32%	2.73%	2.67%		
Stability	% of employees over one year w hich remains constant		87%	84.83%	84.73%	84.26%	84.56%	84.13%	86.92%	86.32%	86.33%		
Appraisals	% of staff w ith appraisals	92%	87.32%	89.39%	89.53%	90.28%	92.42%	91.70%	90.66%	90.54%			
Staff Friends & Family test	Recommending CCS as place for treatment - Quarterly reporting	P Davies/ L Thomas	no target			90.93%			88.58%				
	Recommending CCS as place to work - Quarterly reporting		no target			78.40%			75.13%				
EXPERIENCE													
Patient experience (monthly targets)													
Complaints	Number of formal complaints received in month	D McNeill	no target	9	12	8	10	8	3	8	17		
	Standard complaints - of responses sent in month, no. of complaints responded to w ithin 25 days		# / #	6/7	5/5	6/6	3/3	7/7	6/6	3/3	9/9		
	Standard complaints - percentage responded to w ithin 25 days		100%	85.71%	100%	100%	100%	100%	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	0/0	0/0	0/0	0/0	1/1	
	Complex complaints - percentage responded to w ithin 30 days		100%		100%	100%	100%					100%	
Concerns	Number of concerns received in month		no target	23	30	25	36	32	36	35	32		
Friends & Family test score	Patients w ho would recommend our services		90%	97.91%	97.20%	96.93%	94.15%	95.97%	95.28%	96.31%	96.47%		
	Number of patients surveyed		no target	2157	2639	2801	4464	2729	3138	2599	2722		
QEWT (Quality Early Warning Trigger Tool)													
QEWT	Number of responses received by scoring threshold	H Ruddy	25+	0	0	0	0	0	0	0	0		
			16-24	9	6	5	7	7	3	5	8		
			10-15	15	20	23	26	28	26	24	20		
			0-9	50	53	57	59	55	60	50	59		
	Number of two consecutive non-responses			2	1	1	0	0	0	6	5		
	Number of single non-responses			4	1	3	7	5	9	14	4		
	Total number of responses received			74	79	85	92	90	89	79	87		
Total number of Teams		80	81	89	97	95	98	99	96				
N/A	Data usually supplied but not available this month												
	Not relevant/not applicable to this area												