Cambridgeshire Community Services NHS Trust

TRUST BOARD

Title:	**QUALITY REPORT**
Action:	**FOR DISCUSSION, NOTING AND APPROVAL**
Meeting:	**WEDNESDAY 14 NOVEMBER 2018**

Purpose:
This report gives an overview of Quality related areas of practice and an opinion regarding the level of assurance that the Board can take from the underpinning information. The assurance opinion categories reflect those utilised in the Internal Audit Programme, namely substantial, reasonable, partial or no assurance.

Key risks related to each subject area are identified and mitigation actions highlighted. These areas of risk are identified, recorded on the Risk Register, managed and escalated where appropriate.

The report is supported by a data pack covering the period August and September 2018 (with any relevant key current updates) and is focused on the CQC five Key Lines of Enquiry. The information is triangulated with our clinical services to ensure a holistic judgement is made.

Detailed local analysis of quality performance is undertaken within the 3 Clinical Operational Boards and points of escalation reported to the Board.

Recommendation:
The Board is asked to:

Note the information in this report with additional information relating to an external expert dental review and leadership for Allied Health professionals.

Approve the revised CQC Statement of Purpose detailing changes to our Dental services.

	Name	Title
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Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	The data pack demonstrates a good understanding of quality across the organization
Collaborate with other organisations	A number of sections reference collaboration with relevant partners and stakeholders
Be an excellent employer	Staffing pressures are escalated using our early warning trigger tool and managed at an early stage by teams to prevent negative patient impact. This report highlights a focus on safe staffing, related risks and mitigating actions. The annual staff survey launch is highlighted in the data pack
Be a sustainable organisation	Patient feedback is consistently high and where concerns are identified, learning is identified and improvements to practice made.

Trust risk register
This report refers predominantly to actions associated with Board risk 1320 relating to maintenance of compliance with CQC standards. Individual sections have associated risks that are monitored by Clinical Operational Boards.

Legal and Regulatory requirements:
All CQC Key Lines of Enquiry and fundamental standards of care are addressed in this report.

Previous Papers:

Title:	Date Presented:
Trust wide Board Quality report & Data Pack / appendices	September 2018

Equality and Diversity implications:

Objective	**How the report supports achievement of objectives:**
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	Compliance with the 18 week Referral to Treatment target is included in the Responsive section of the supporting data pack.
To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach / seldom heard / varied community groups.	Examples of patient and service user engagement continue to be highlighted in the data pack. Progress with our year 1 revised Quality & Clinical Strategy People Participation priority are reported in a separate paper outlining assurance received by the People Participation Committee.
To introduce wider diversity on recruitment selection panels.	This project is covered by the People participation Committee and forms part of the reporting to and from this group.
To deliver customised training and development for staff to further improve awareness of diversity and inclusion.	Covered by the People Participation Committee but not specifically in this report for November Board

Are any of the following protected characteristics impacted by items covered in the paper – Yes – positive impact reported through People participation activity								
Age ☐	Disability ☐	Gender Reassignment ☐	Marriage and Civil Partnership ☐	Pregnancy and Maternity ☐	Race ☐	Religion and Belief ☐	Sex ☐	Sexual Orientation ☐

1. EXECUTIVE SUMMARY / KEY POINTS

1.1 The Board can take Substantial assurance overall from the data presented and consideration of the systems and processes in place to support the delivery of high quality care. This is supported by the information referenced throughout this report from Appendix 1 (Quality Data Pack for August and September 2018). There were no significant concerns raised regarding the Trust's controls upon which we rely on to manage our identified risks.

1.2 Key points:

1.2.1 No Serious Incidents (SIs) or Never Events were reported in August or September.

1.2.2 A review of Dental services was commissioned from an external expert following the reporting of Never Events and the summary report is attached as Appendix 2. This concluded that the Trust *delivers safe and high quality dental services* and that comprehensive Root cause Analysis Investigations were undertaken for the Never Events and appropriate actions identified.

1.2.3 Improvements in level 3 Safeguarding Children training compliance are noted at 92% with exceptions highlighted in section 2.2.2.

1.2.4 The annual staff Influenza immunization programme has commenced with an uptake of 34% of front line staff vaccinated since 8 October 2018. The national target is 75% but we have set an ambitious target of 80% in this 80th year since the vaccine was first developed. Actions to incentivise uptake are outlined in section 2.3.

1.2.5 A focus on safe staffing is highlighted in section 2.5. This identifies those services which are experiencing continued staffing pressures and the mitigating actions to keep patients and staff safe.

1.2.6 Workforce metrics are highlighted in section 3.1 with a noted increase in overall staff sickness rates across our services. The Clinical Operational Boards have detailed oversight of relevant services and look in detail at particular areas of challenge. Staff are encouraged to have their Flu jabs in preparation for the winter period.

1.2.7 Our friends and families response results continue to reach 95% (section 4.1) and reflect the outstanding care delivered by our services on a daily basis. Response to complaints continues to be timely with the 25 and 30 day targets achieved at 100% again for August and September.

1.2.8 Breaches of the 18 week RTT are outlined in section 5.2 with mitigating actions and plans overseen by the Clinical Operational Boards.

1.2.9 Our revised CQC Statement of Purpose is attached as Appendix 3 and the Board are asked approve the amendments outlined in section 7.

1.2.10 Leadership of Allied Health Professional colleagues is highlighted in section 8 including our work to review our AHP leadership profile.

1.2.11 Section 9 summarises key points from our Quality Improvement and Safety Committee (QISComm) including 3 annual reports.

1.3 There are no indications of significant breaches of CQC fundamental standards.

Safe

2. Assurance opinion

The Board can be offered ***Reasonable*** assurance overall that patients are kept safe and protected from harm due to the following information:

2.1 ***Management of patient safety incidents (including Information Governance)***

2.1.1 No Serious Incidents (SIs) or Never Events were reported during August or September.

2.1.2 An independent review for our Dental services was commissioned following a number of Never Event incidents. An external expert undertook a review of the circumstances and investigations into the incidents as well as an assessment of the safety of the service. This was conducted by talking with staff and managers and by reviewing policies and service documentation and procedures.

2.1.3 The report is attached as Appendix 2 and concluded that the Never Events were not *'necessarily in excess of what might occur in an organisation with similar activity and assiduous approach to reporting'.* It stated that action plans were *'timely, appropriate and wide ranging'* and that no underlying commonality could be found between the 3 incidents that involved removal of wrong teeth.

2.1.4 The service was commended for sound clinical leadership with a workforce deeply committed to the specialized and challenging work undertaken.

2.1.5 There were a small number of recommendations which we will action as part of the overall Dental service redesign programme.

2.1.6 *The conclusion stated that: 'I am of the firm opinion that overall the Trust delivers safe and high quality dental services. There is the culture, and the necessary structural elements in place, to learn from occasional adverse incidents in pursuing continuous quality improvement'.*

2.1.7 Other incidents are discussed in local governance groups and learning shared. Of those reported during August and September, of note are the 12 pressure ulcers reported and 2 potential incidents of failure to escalate safeguarding concerns. These are all currently subject to Root Cause Analysis investigation. Information Governance incidents have been noted in a number of services and actions taken identified on page 5 of the Data pack.

2.2 ***Safeguarding***

2.2.1 Page 4 of the Data Pack highlights trust wide compliance with the 85% Home Office target for the two levels of Prevent training (97% for basic Awareness and 90% for WRAP). A pilot is being undertaken with our Bedfordshire based staff to determine if a new Home Office accredited e learning programme is suitable for our needs with the potential for this to replace WRAP face to face training from 2019.

2.2.2 Children – Safeguarding Children level 3 training compliance was at target (92%) for both August and September across the Trust with the exception of Holly Ward, MSK and Bedfordshire Children's services. Actions are in place to

address compliance in each area and overseen by the Clinical Operational Boards.

2.2.3 Supervision compliance dipped to 93% against a target of 95% due to the staffing capacity of the Cambridgeshire based team during August and September. This is described in risk 2834 currently rated at 16 with a number of mitigating actions being implemented. The position is expected to improve during November.

2.3 ***Infection Prevention and Control***

2.3.1 The Trust's staff Influenza vaccination programme has been underway since 8 October 2018. The national target is 75% this year but we have set an ambition to achieve 80% to give our patients and staff the best opportunity to be protected from this debilitating illness.

2.3.2 We have achieved 34% uptake of front line staff to date and although this is below trajectory, there are a number of large team meetings scheduled over the next 2 weeks with vaccinators in attendance.

2.3.3 A number of incentives have been introduced this year including weekly raffle winners and donations of immunisations to Unicef for every one received by a member of staff.

2.3.4 As previously reported, a number of areas that have achieved the national cleaning contract compliance thresholds noted concerns about overall cleanliness in their areas. This specifically affected Brookfield's and iCaSH Peterborough sites with improvement now confirmed since the last report.

2.4 ***Safety Thermometer – Luton (dashboard page 23 data pack)***

2.4.1 The overall harm free result remained at 93.8% in August however, the data collection was not undertaken in September due to a team oversight.

2.4.2 The new harm metric is more indicative of the care directly provided by our staff and this increased to 98.9% in August (target 98%) and a review of the overall use of the data will be reported through the Bedfordshire and Luton Clinical Operational Board which continues to oversee this metric.

2.4.3 For information – Thursday 15 November 2018 is International Stop Pressure Ulcer Day and we are supporting the **'aSSKINg'** campaign to raise awareness about prevention. A number of awareness raising activities have been planned by the Tissue Viability Team.

2.5 ***Safe Staffing***

2.5.1 The Board can be offered ***Reasonable*** assurance that patients are kept safe and protected from harm due to the following information related to staffing:

2.5.2 Staffing pressures continue in a number of services with detailed oversight by the Clinical Operational Boards. The sections below identify current areas under most pressure and the mitigating actions that are being taken to maintain both patient and staff safety. This includes, as previously reported, use of bank and agency staff and a variety of approaches to recruitment. Where relevant, Quality Early Warning Trigger Tool scores are highlighted.

2.5.3 The bi annual workforce report presented to the Board separately this month also triangulates the factors affecting staffing for our services.

2.5.4 **Luton Unit**

2.5.4.1 Community Paediatrics continue to experience the same challenges as previously reported in service delivery due to increased demand and staffing pressures.

2.5.4.2 Breaches of the 18 week RTT target continue although with an improved trajectory position. Clinical prioritisation of referrals and reviews continues. A system wide workshop was held to review pathways with a number of actions taken away by commissioners for consideration. The risk remains at 15 with continued mitigating actions as previously reported.

2.5.4.3 The Audiology service has now resolved its 6 week diagnostic breaches following a significant effort from the team to run extra clinics. Work continues to establish joint posts with Bedford Hospital to build resilience for this small team.

2.5.4.4 Luton adult services pressures previously reported from the Nightingale District Nursing cluster have improved with a QEWTT score of 18 in July reduced to 14 in September. A number of mitigating actions are being undertaken.

2.5.4.5 Luton Children's services teams continue to report QEWTT scores in mid range with increased sickness rates reported in September. This is due for discussion in detail at the December Clinical Operational Board (see section 3.1.4).

2.5.5 **Bedfordshire Children's services**

2.5.5.1 Continuing Care – staffing in this team of 13 had reduced to just 7 staff in July due to a variety of reasons. There is inadequate bank cover in place and no suitable agency resource due to the complex needs of the children being cared for. Although a number of staff have now returned to work and the QEWTT score has reduced from 17 to 13, the service remains vulnerable to staffing fluctuations.

2.5.5.2 Where necessary cancellations were discussed with families to minimize the impact of the service disruption. The service are proactively recruiting to vacant posts.

2.5.5.3 A number of Bedfordshire therapy services continue with staffing pressures including challenges in recruiting to specialist roles.

2.5.5.4 Speech and Language Therapy services continue to struggle with recruitment to vacancies and an overall QEWTT score of 23 in August. An impact assessment and service review has been presented to commissioners to inform future service commissioning.

2.5.5.5 The Clinical Operational Board received an overview of mitigating actions which include prioritization of clinical referrals and follow ups in community and school settings. Caseload allocation meetings continue to review clinical priority of remaining cases.

2.5.5.6 Nutrition & Dietetics and Paediatroic OT services also have increasing QEWTT scores (19 and 15) due to staff absence and increased referrals for children with complex needs.

2.5.5.7 As previously reported, the 0 - 19 Single point of Access service in Bedfordshire has challenges with staffing, estates and telephony. All aspects are actively being managed and a risk rated at 16 is currently being managed to ensure that this essential part of the service is able to function effectively.

2.5.6 **0 - 19 services (Cambridgeshire and Norfolk)**

2.5.6.1 The overall Cambridgeshire based 0 - 19 service report pressures due to increasing sickness levels (6.47% in Sept against a year end target of 4.2%). The impact of this has been reduction in mandatory training compliance, reduced completion of appraisals and increasing QEWTT scores. The Safeguarding supervision rate has also dropped from 96% in July to 53% in August and 88% in September due to the capacity issues in the Safeguarding team (risk 2834 highlighted in section 2.2.3). An interim mitigation plan is in place for staff to access supervision and advice as required.

2.5.6.2 The overall staffing situation continues to be monitored by senior service leaders on a weekly basis alongside active sickness management with a number of actions in place as previously reported.

2.5.6.3 A formal business continuity framework for the service is currently under discussion with commissioners.

2.5.7 **Norfolk**

2.5.7.1 Norfolk based 0 - 19 teams report an improved position for September with reduced QEWTT scores. Breckland is the only locality now working within Business Continuity arrangements which is anticipated to continue until January.

2.5.7.2 As previously reported, Service plans for 2018 / 2019 include exploration of alternative ways of delivering universal mandated contacts from the Single Point of Access and recruitment to skill mix posts to deliver increased Universal Plus activity within localities. 'Just One Norfolk' is due for public launch during November which is an on line resource to support service provision.

2.5.7.3 Staffing compliance on the Acute Paediatric unit is reported on page 7 of the data pack.

2.5.8 **Acute Services**

2.5.8.1 Special Care Baby Unit (SCBU) reports a continued improvement of 100% compliance with staffing levels with no SBAR escalation reports during August or September. The general acuity of babies during this period increased which affected the unit's ability to accept admissions from external maternity units.

2.5.8.2 Holly Ward reported reduced compliance with staffing levels (94% for days and 98% nights in September) and there was a slight increase

in the utilisation of bank and agency staff compared with the previous 3 months. The complexity of patients also increased during this time. An improved picture is anticipated in October / November due to staff return to work from absence.

2.5.9 **Ambulatory Care services**

2.5.9.1 iCaSH Bedfordshire staffing position is improving due to development of new roles i.e Associate Nurse Consultant and linking with iCaSH Peterborough to co train new staff.

2.5.9.2 Dental services continue to be challenged by staff sickness in August and September which increased to 8.09% (rolling cumulative rate). This has impacted on a number of workforce metrics including elements of mandatory training although appraisal rates have increased to 93% in September from 89.4% in July.

2.5.9.3 The Cambridge based service have reported mid range QEWTT scores for 3 months. The situation is expected to improve next month due to successful recruitment and staff return to work from absence.

Effective

3. Assurance opinion

The Board can be offered ***Reasonable*** assurance that all elements of this Key Line of Enquiry are being actively managed.

3.1 ***Workforce metrics*** are outlined on page 9 of the data pack and assurance is based on the following:

3.1.1 Overall mandatory training compliance has remained above the 92% target at 93% for September. A number of individual subjects remain below target for a variety of reasons (including cancelled sessions) which are monitored through the Clinical Operational Boards. Bedfordshire staff are working towards compliance since joining the Trust in April as previously reported. Trust wide Information Governance training remains below the 95% target at 91%. Managers are informed of non compliance on an Individual basis.

3.1.2 The percentage of appraisals has increased slightly to 91.7% against the target of 92%.Clinical Operational Boards have detailed oversight of remedial actions.

3.1.3 Sickness rates across services remain a challenge as previously reported. The rolling cumulative rate has risen from 4.99% in July to 5.16% in September. The highest rate was reported in the Luton Unit (7.36%) and discussed at the October Clinical Operational Board where a detailed follow up discussion in December is planned.

3.1.4 The principle reason cited by staff remains gastrointestinal problems. Managers and HR staff continue to support teams with assisting staff to return to work safely after periods of illness.

3.1.5 The overall stability rate has increased from 84.13% in August to 86.92% in September. Luton Specialist Children's services have decreased due to the significant increase in recruitment of team members in the Continuing Care Team.

3.2 ***Research***

A summary of our participation in active research is presented on page 11 of the data pack. This new reporting format identifies highlights and impact from studies and work by staff with research Fellowships and Internships.

Caring

4 **Assurance opinion**

The Board can be offered ***Substantial*** assurance that staff treat people with compassion, kindness, dignity and respect due to the following:

4.1 ***Patient story***

The patient experience story due to be discussed with the Board at this meeting is being shared by our Tissue Viability Nursing Service in Luton who have been supporting a patient with life changing Lymphedema therapy.

4.2 ***Friends and Families Test (FFT)***

4.2.1 Results are highlighted on page 13 of the data pack including an overall score of 95.6% with all services receiving some feedback. Comments relating to negative scores are reviewed by teams and details are outlined in the Data pack.

4.2.2 A selection of positive comments received regarding our services is included in the data pack on page 12.

Responsive

5. **Assurance opinion**

The Board can be offered ***Reasonable*** assurance that servces are organised to meet people‘s needs beacuse of the following:

5.1 ***Complaints***

5.1.1 Complaints information is outlined on pages 14 and 15 of the Data Pack and highlights the continued improvements made to the handling of complaints during 2018. One hundred percent of all standard complaints were responded to within the 25 day timeframe along with 100% of the more complex investigations which have a timeframe of 30 days.

5.1.2 13 complaints and 70 concerns were received in August and September. Themes include staff attitude (spread across a number of services) and mostly related to communication of assessment processes and appointment details. Work continues to encourage a local resolution process for our services so that patients and service users are offered timely contact to resolve any issues as soon as possible with the formal complaints process as an option if appropriate. Of particular note is the proactive approach taken by MSK services in responding to concerns in a timely and appropriate way with local resolution negating the escalation to the formal complaints.

5.1.3 There were no professional practice issues identified from all the investigations conducted.

5.1.4 Actions / learning from investigations are highlighted in the Trust’s Governance Log which is circulated weekly to members of the Leadership Forum to ensure appropriate oversight and monitoring by service leads. Themes are also shared

on the staff intranet learning pages where a high level themed summary of all complaints is also highlighted.

5.2 ***Access to our services*** pages 16 / 17 data pack

5.2.1 Our Clinical Operational Boards focus on 18 week compliance and their updates give details of remedial actions. Specifically, Luton & Bedfordshire Community Paediatrics and Bedfordshire therapy performance is highlighted in the Bedfordshire & Luton Clinical Operational Board report to the Board.

5.2.2 Six week waiting time breaches have now resolved within the Luton Paediatric Audiology service due to the extensive efforts of the team.

Well-led

6. Assurance opinion

The Board can be offered ***Sustantial*** assurance 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. The main strategic risk associated with this section is 1320 relating to maintaining CQC standards. This risk score was reduced to 4 following our 2018 CQC Inspection and positive external Well Led review of our governance and risk arrangements by Deloitte.

6.1 ***Quality Early Warning Trigger Tool***

This established tool (summarised on pages 17 - 19 of the data pack) is based on a number of metrics that mainly relate to staffing pressures and the impact on quality when staffing is compromised. The details are covered in section 2.5 (safe staffing) of this report.

6.2 ***People Participation***

An update on the activity related to our People Participation approach is covered in a separate paper to the Board this month.

6.3 ***Staff Engagement***

Page 22 of the data pack highlights our continued focus on staff engagement with the staff survey currently being undertaken and a Diversity and Inclusion initiative to ensure that an employee from a BME background is represented on recruitment panels where BME candidates have been selected.

6.4 ***Quality Dashboard***

The Trust wide dashboard (pages 23 - 24 of the data pack) is underpinned by service level data which is utilised at both local and Trust level to give an overview of a number of areas of quality performance. These metrics have been used to inform analysis throughout the report.

7.0 ***CQC Statement of Purpose***

A revised Statement of Purpose is attached as Appendix 3 which includes the addition of our Dunstable iCaSH clinic, Minor Oral Surgery Dental service at Bury St Edmunds (the service at Kings Lynn has not yet commenced) and a number of small revisions to services registered at HQ.

8.0. ***Leadership of Allied Health Professionals*** (for information)

8.1 The 14 Allied Health Professions (AHP) make up the third largest workforce for Health and Social care in England and make a significant contribution to delivering high quality care.

8.2 The Trust currently employs over 260 professionally registered AHPs and 40 staff in related support assistant roles.

8.3 *AHPs Into Action* is the 2016 / 2017 – 2020 / 2021 national framework and programme of work that sets out 6 areas of focus to enhance the AHP contribution to supporting delivery of the priorities of Sustainability and Transformation Partnerships.

8.4 As part of this strategy, NHS Improvement undertook a review of the leadership roles across a number of Trusts in England earlier this year and have published their findings.

8.5 A gap analysis of our AHP leadership profile is currently being undertaken and will help to strengthen our approach to leading and supporting our AHPs. (https://improvement.nhs.uk/documents/2904/Leadership_of_AHPs_in_trusts.pdf)

8.6 A trust wide workshop is being planned for Spring 2019 involving AHPs from all of our services to provide the opportunity to network and discuss professional issues such as support, training opportunities and sharing of best practice across the professions.

9.0. ***Summary from Quality Improvement and Safety Committee (QISComm)***

9.1 The Committee met on 24 October 2018. There were no points for formal escalation at the time of the meeting.

9.2 The following items are for information:

- From the bi-monthly incident report, a number of incidents relating to issues with the interpreter service were identified. The impact of these is currently being collated in order for this to be raised with the service and we are looking at different options to improve access to this vital service.

- Risk 2834 regarding capacity in the Cambridgeshire Safeguarding Children Team remains scored at 16. This was considered in detail at the Clinical Operational Board in October and reported through the Strategic Safeguarding group to QISComm. Mitigating actions are in place. This risk is also detailed in the Chief Executive's report. No action required from the Board at this time.

- The 6 monthly update regarding Clinical Audit and NICE was received with thanks to the team for a comprehensive overview of performance for each quarter.

- The committee received an update on the new data security & Protection Toolkit which has replaced the IG Toolkit annual assessment. This does not have metrics attached this year and required a baseline submission for 4 queries – 3 related to names of staff in particular roles and the fourth required possession of a Cyber Security Plus Certificate. The Assistant Director of IMT is working with our IT providers to ensure that this is achieved by the final submission date of March 2019.

- Three annual reports were received and approved with minor amendments:
  - Safeguarding (adults and children)

- Resilience (consideration of risks related to Brexit added to 2018 / 2019 objectives)
- Prevent

10. RECOMMENDATION

10.1 The Board is asked to note the assurance given relating to each of the 5 Key Lines of Enquiry based Quality topic areas of this report and the actions being taken to address areas of concern.

10.2 The Board is asked to note the external expert report relating to our Dental services.

10.3 The Board are asked to approve the updated CQC Statement of Purpose.

End of report

APPENDICES

- Appendix 1 – Quality Data Pack
- Appendix 2 – Independent Review of Community Dental Services Final Report
- Appendix 3 – CCS NHS Trust CQC Statement of Purpose