

TRUST BOARD

Title:	Clinical Operational Boards - Key Issues & Escalation Points
Action:	FOR DECISION/DISCUSSION
Meeting:	14 November 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 September 2018, by Commissioner, that are calculated and known monthly. [Annex B](#) is a summary of provisional quarterly-reported iCaSH, School-aged Immunisations and Child Health indicators as at the end of Q2 2018/19. The report now includes the new Luton and Bedfordshire services.

Recommendation:

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

	Name	Title
Authors:	Mark Robbins Julia Curtis Taff Gidi	Director of Finance and Resources Chief Nurse Assistant Director of Corporate Governance
Executive sponsor:	Anita Pisani	Deputy Chief Executive

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	Each Clinical Operational Board considers the impact of quality effectiveness and patient feedback in the holistic analyses of performance. This report includes an update on the quality site visits from Luton Clinical Commissioning Group.
Collaborate with other organisations	The inter-relationships with a host of other NHS and local government organisations are key to the performance of every service line.
Be an excellent employer	The achievement of recruitment targets, training and appraisal rates and staff welfare are key discussion point in every Clinical Operational Board. The report includes an update on mandatory training rates and a thematic review of risks in Luton identified recruitment and retention as a key challenge.
Be a sustainable organisation	Report includes an update on the financial performance of different services. Report also includes an update on 2018/19 Cost Improvement Plans and agency usage.

Trust risk register

Each Clinical Operations Board considers all unit risks rated 12 or above. Risks scoring 15 or higher are escalated to the Trust Board.

Legal and Regulatory requirements:

N/A

Previous Papers:

Title:	Date Presented:
Clinical Operational Boards - Key Issues & Escalation Points	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.	Not covered in this feedback, but would be central to the efficient running of any service.							
To introduce people participation in our diversity and inclusion initiatives to capture the experience of hard to reach/seldom heard/varied community groups.	Not covered in this report							
To introduce wider diversity on recruitment selection panels.	Not covered in this report							
To deliver customised training and development for staff to further improve awareness of diversity and inclusion.	Not covered in this report							
Are any of the following protected characteristics impacted by items covered in the paper								
Age <input type="checkbox"/>	Disability <input type="checkbox"/>	Gender Reassignment <input type="checkbox"/>	Marriage and Civil Partnership <input type="checkbox"/>	Pregnancy and Maternity <input type="checkbox"/>	Race <input type="checkbox"/>	Religion and Belief <input type="checkbox"/>	Sex <input type="checkbox"/>	Sexual Orientation <input type="checkbox"/>

Children and Young People's Clinical Operational Board

Summary

The patient story was presented by Rachel Worbey (Lead Nurse, Cambridgeshire Children's Continuing Care Team), and it was to inform the COB of the work the team carried out in preparing "I" and his family for the transition to the Adult services. "I" has been receiving support from the Children's Continuing Care Team since the age of 8, and from the age of 14 the "taboo" subject of transitioning to the adult service was introduced. This subject obviously raises apprehension for all involved, including the patient, parents and carers and staff, but with the need to focus on future care packages and expectations, with the added challenge of a change in provider.

Rachel gave the committee an insight into a wide range of situations and experiences but also the acknowledgement that the service and support provided was of a high quality and the processes work, it is the fact that the parents and carers rightly will want the best and better, and the service needs to be empathetic to this.

Other key issues discussed included, the successful launch of 'Just One Norfolk' on 1 October 2018. The Suffolk, Cambridgeshire and Peterborough School Imms teams have commenced the use of e-consent and Norfolk will implement from January 2019. The COB was presented with the findings from the "Cambridgeshire Healthy Child Programme Report" into performance against the mandated targets and developments in working and delivery models. Work continues to progress with the joint venture with the Cambridgeshire and Peterborough Foundation NHS Trust. Unfortunately there is no agreed transfer date for the Trust's Acute Services at Hinchingbrooke Hospital.

Although no QEWT scores were at 16 or above in the Norfolk service, new birth visits have not achieved the target for 5 consecutive months. Five of the 6 localities have achieved over the target and performance is affected by very low (38%) performance in the Breckland locality. An action plan is in place, as this begins to have effect, QEWT scores have reduced and it is expected that performance will improve in next quarter. This has been discussed regularly with commissioners who are supportive of approach.

I

Escalation Points

1. Risk 2834 Risk ID: 2834 - There is a risk that the capacity within the Cambridgeshire Children's Safeguarding team is not sufficient to support staff in their safeguarding responsibilities. There is currently no substantive Named Nurse and post is being covered as an interim arrangement by a 0.6 WTE post, in addition there is a high level of sickness within the team meaning that mandatory safeguarding supervision and training levels cannot be met and there is little capacity for ad hoc supervision and support for children's staff to be provided. There are short-term measures in place to try and mitigate some risks, however significant risks remain. The advert for a replacement Named Nurse is currently on NHS Jobs.

2. The Healthy Child Programme in Cambridgeshire has seen an improvement in its performance against the five mandated targets. However, it still remains off the performance contracted.

I

Aug / Sep mandated contact data	Target	August	September
Antenatal	50%	26	27
14 days	98%	93	94
1yr /15mths	95%	81	94

I

A number of actions have been taken to improve this position:

- Teams have been supported to target antenatal visits
- 12 – 15 month and 2.5 yr checks have previously been undertaken in clinic settings with high DNA rates – now revised to home visits and rates expected to increase.

3. Two of the mandated contacts remain of target in the Healthy Child Programme in Norfolk mainly attributed to the performance in the Breckland locality. An action plan is in place and it is expected that performance will improve in the next quarter.

Aug / Sep mandated contact data	Target	August	September
Antenatal	50%	26	27
14 days	98%	93	94
2.5 yrs	90%	86	82

4. Acute Children's Services had a £135k against budget for the 2 month reporting period.

Risks Requiring Escalation

Risk No.	Description	Score
2834	There is a risk that the capacity within the Cambridgeshire Children's Safeguarding team is not sufficient to support staff in their safeguarding responsibilities.	16

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

Ambulatory Care Clinical Operational Board

Summary	<p>iCaSH Bedfordshire KPIs have improved for the first time since starting the contract. The majority of the improvement has been a renewed focus on data quality to ensure the team are recording the activity on the clinical system in the appropriate way.</p> <p>The Dental Never Event independent review report was on track to be delivered at the time of the meeting.</p> <p><i>Post-meeting note - Since the last clinical operational board meeting the Dental Never Event independent report has been received, reviewed by the Executive Team and shared with the service. The report is positive and has made two recommendations which the service are now implementing. The outcome of the report is covered in the November 2018 quality report to the Board.</i></p>	I
Escalation Points	<ol style="list-style-type: none">1. iCaSH Cambridgeshire continue to be unable to achieve the LARC KPI of 5 days. This is due to the demand vs capacity. The commissioner has acknowledged that the service cannot meet the Cambridgeshire demand and has commissioned training for primary care in order to increase the amount of LARC provision.	I

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

Bedfordshire and Luton Adults and Children's Clinical Operational Board

Linda Marsterson, Baby Friendly Initiative (BFI) Coordinator gave a presentation outlining the work of our Luton services that support infant feeding. She explained that the Unicef accreditation now covers all babies, however they are fed. Luton services achieved level 3 accreditation in 2015 and 2017 which equates to the Silver standard and our teams are seeking to reach Gold standard in 2019 which will include the contributions of Flying Start and Children's Centres. The Clinical Operational Board fully supports this work and there was a useful discussion about similar work that is going on across CCS Children's services. Nicola Scrivings is the BFI champion for the Luton and Bedfordshire services and Gill Thomas is the Trust wide Champion.

Luton

The Board were informed of a number of other key issues: The Audiology service are currently reporting a breach free position which has been due to additional clinics and hard work of the staff in the service. Work continues to formalise joint posts across acute and community services.

Overall Luton Adult services Unit has sustained compliance with mandatory training by achieving 96% however Moving and handling compliance has not met the Trust's target of 92% in 2018/19 to date with a dip from 91% for June & July to 84% in August. Analysis has shown that training places are being taken by some staff far in advance of their due date which has left inadequate places for those due. This is being actively managed.

The backlog of 5635 children requiring BCG immunisations has now been completed due to the exceptional commitment from our team to get to this position.

Actions to support School Nurses with the increased level of safeguarding cases have begun to take effect and will be monitored over the next 6 months.

No QEWT scores reported above 16 although a number of KPIs have not been achieved.

Bedfordshire

Services report that organisational systems are now stabilising since joining CCS in April. Transformation priorities focus on 0-19 service and the proposed new model is currently being negotiated with commissioners.

The overall position for mandatory training has significantly improved since April with full compliance anticipated by the end of October.

Longstanding performance issues with our Speech and Language service are moving forward with redesign conversations with Commissioners.

Summary

I

Escalation Points	<p>1. Luton –The Board had asked for an update on the mandated KPI position for the Healthy Child Programme. Four out of 6 mandated checks remained off target. A number of actions have been implemented to target improvements including a switch to home based rather than clinic appointments and increased administration support. <i>Post meeting note The 2 – 2.5 yr check has since achieved 94% in September.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Indicators</th> <th style="text-align: center;">2018/19 Threshold</th> <th style="text-align: center;">July</th> <th style="text-align: center;">August</th> </tr> </thead> <tbody> <tr> <td>Percentage of children who received a 12 month review, by the age of 12 months.</td> <td style="text-align: center;">90%</td> <td style="text-align: center;">78.4%</td> <td style="text-align: center;">80.1%</td> </tr> <tr> <td>Percentage of children who received a 12 month review, by the age of 15 months.</td> <td style="text-align: center;">90%</td> <td style="text-align: center;">85.1%</td> <td style="text-align: center;">85.8%</td> </tr> <tr> <td>Percentage of children who received a 2-2.5 year review, by the age of 2.5 years.</td> <td style="text-align: center;">90%</td> <td style="text-align: center;">73.5%</td> <td style="text-align: center;">75.3%</td> </tr> <tr> <td>Percentage of children who received a 6-8 weeks review within 8 weeks</td> <td style="text-align: center;">90%</td> <td style="text-align: center;">82.8%</td> <td style="text-align: center;">83.2%</td> </tr> </tbody> </table>	Indicators	2018/19 Threshold	July	August	Percentage of children who received a 12 month review, by the age of 12 months.	90%	78.4%	80.1%	Percentage of children who received a 12 month review, by the age of 15 months.	90%	85.1%	85.8%	Percentage of children who received a 2-2.5 year review, by the age of 2.5 years.	90%	73.5%	75.3%	Percentage of children who received a 6-8 weeks review within 8 weeks	90%	82.8%	83.2%	I
	Indicators	2018/19 Threshold	July	August																		
	Percentage of children who received a 12 month review, by the age of 12 months.	90%	78.4%	80.1%																		
	Percentage of children who received a 12 month review, by the age of 15 months.	90%	85.1%	85.8%																		
	Percentage of children who received a 2-2.5 year review, by the age of 2.5 years.	90%	73.5%	75.3%																		
	Percentage of children who received a 6-8 weeks review within 8 weeks	90%	82.8%	83.2%																		
	<p>2. Luton – as previously reported, the community Paediatric service continue to report a number of KPIs off target. Commissioners are considering developing a local (rather than national) target for the two relating to letters and reports following appointments due to the complexity of the content of the reports. 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.</p>	I																				
	<p>3. Luton – Harm Free Care Indicator is reporting 93.8% against a target of 96%. New harm free is at 98.8%. A review of the use of the results in the wider consideration of pressure ulcer prevention will be undertaken and reported to the next COB in December.</p>	I																				
<p>4. Luton – workforce metrics – sickness and stability metrics continue to be red rated. Managers continue to actively manage individual cases. A more detailed discussion will be held at the December meeting.</p>	I																					
<p>5. Luton – Looked After Children service continues to have delays in undertaking Initial and Review health assessments although the initial offer of appointment for Initial assessments has been 100%. These KPIs are affected by external factors and short and long term mitigation is in place. An improved position is expected over the next reporting period.</p>	I																					
<p>6. Bedfordshire – The Community Specialist Paediatric Team report 15 breaches of the 18 week RTT target due to sickness. The situation is expected to be resolved by the end of October.</p>	I																					
<p>7. Bedfordshire - Mandatory training and appraisal rates have continued to improve since services joined in April. The reduced compliance has been due to a number of factors including limited access to training for staff under previous provider from January – March. Against targets of 92%: August Mandatory training Universal services 83% Specialist services 86% August Appraisal rates Universal services 80.8% and Specialist services 81.7% Compliance is anticipated for both metrics by the end of October.</p>	I																					

Risks Requiring Escalation		
Risk No.	Description	Score
2777	<p>There is a risk that 0-19 Single point of Access in Bedfordshire in its current form will impact negatively on 0-19 performance and the ability to achieve key performance indicators.</p> <p>The challenges for this service include staffing, estates and telephony. All aspects are actively being discussed.</p>	16
2773	<p>There is a risk that the special schools nursing service (SSNS) in Bedfordshire will be unable to deliver the commissioned service due to reduced staffing</p> <p>This relates to a withdrawal to the commissioned activity by Dec 2018 as previously reported. Staff are working to ensure schools fulfil their responsibilities as part of the commissioned service.</p>	15
2830	Risk due to insufficient capacity to meet demand in Luton Community Paediatric Service.	15

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

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

Contract	Rating	2017/18												2018/19					2018/19 year end forecast	Notes/Implications		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug			Sep	
Suffolk County Council (iCaSH)	GREEN	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
	RED	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	% GREEN	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Norfolk County Council (iCaSH)	GREEN	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
	RED	0	0	0	0	0	0	0	0	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%	100%	100%	100%	100%	100%	100%	100%	100%	
Norfolk County Council Health Child Programme	GREEN	23	22	21	19	24	34	29	29	30	31	28	28	22	22	21	21	20	18	21	Increased stretch targets are embedded in the contract. Year 3 targets are being proposed and under discussion with Commissioning to ensure they are reasonable.	
	RED	10	10	10	13	9	3	3	3	2	1	4	4	5	5	6	6	7	9	6		
	% GREEN	70%	69%	68%	59%	73%	92%	91%	91%	94%	97%	88%	88%	81%	81%	78%	78%	74%	67%	78%		
Bedfordshire LAs (iCaSH)	GREEN	19	19	21	21	21	23	23	24	24	22	23	23	24	25	23	24	25	25	25		
	RED	7	7	5	5	5	4	4	3	3	5	4	4	5	4	3	2	1	1	1		
	% GREEN	73%	73%	81%	81%	81%	85%	85%	89%	89%	81%	85%	85%	83%	86%	88%	92%	96%	96%	96%		
Bedfordshire LAs (Healthy Child Programme and oral health promotion)	GREEN																		13	13		
	RED																		7	7		
	% GREEN																		65%	65%		
Bedfordshire CCG (ambulatory services)	GREEN																		3	3		
	RED																		0	0		
	% GREEN																		100%	100%		
Bedfordshire CCG (children's Services)	GREEN																		13	13		
	RED																		3	3		
	% GREEN																		81%	81%		
TRUSTWIDE	GREEN	134	138	148	139	140	152	148	152	153	148	144	147	157	156	156	156	156	185	161		
	RED	31	27	31	39	32	24	21	17	18	19	23	23	29	30	25	22	22	38	20		
	% GREEN	81%	84%	83%	78%	81%	86%	88%	90%	89%	89%	86%	86%	84%	84%	86%	88%	88%	83%	89%		

Annex B - Summary of quarterly-reported iCaSH, School-aged immunisations and Child Health indicators

Greyed-out indicators have had performance monitoring suspended and are provided for information only.

Contract	Rating	2017/18				2018/19	2018/19 (provisional)
		Q1	Q2	Q3	Q4	Q1	Q2
Cambridgeshire County Council (iCaSH)	GREEN	23	22	21	21	18	18
	RED	0	1	2	2	4	4
	% GREEN	100%	96%	91%	91%	82%	82%
Peterborough City Council (iCaSH, also reported monthly)	GREEN	17	14	16	16	15	15
	RED	2	5	5	5	2	2
	% GREEN	89%	74%	76%	76%	88%	88%
Suffolk County Council (iCaSH)	GREEN	8	8	8	8	11	8
	RED	0	0	0	0	0	0
	% GREEN	100%	100%	100%	100%	100%	100%
Norfolk County Council (iCaSH)	GREEN	17	17	17	19	16	16
	RED	0	0	0	0	0	0
	% GREEN	100%	100%	100%	100%	100%	100%
Norfolk County Council (family nursing partnership and MMR vaccination coverage)	GREEN	4	4	5	5	5	1
	RED	3	3	2	2	2	0
	% GREEN	57%	57%	71%	71%	71%	100%
Bedfordshire LAs (iCaSH)	GREEN	0	1	0	0	0	0
	RED	3	2	3	3	3	3
	% GREEN	0%	33%	0%	0%	0%	0%
Bedfordshire LAs (Healthy Child Programme and oral health promotion)							6
							4
							60%
Bedfordshire CCG (ambulatory services)	GREEN	0	1	0	0	1	1
	RED	3	2	3	3	2	2
	% GREEN	0%	33%	0%	0%	33%	33%
Bedfordshire CCG (children's Services)							2
							0
							100%
NHS England (school-aged immunisation service)	GREEN	10	10	9	9	8	8
	RED	1	1	0	0	1	1
	% GREEN	91%	91%	100%	100%	89%	89%
TRUSTWIDE	GREEN	79	77	76	78	74	75
	RED	12	14	15	15	14	12
	% GREEN	87%	85%	84%	84%	84%	86%