



# Safe – December 2018/January 2019

By safe, we mean that people are protected from abuse\* and avoidable harm.

\*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse



Cambridgeshire  
Community Services  
NHS Trust

## Incidents: Overview

There was one Never Event declared in December 2018. The incident occurred in October but reported in late November and, following a panel meeting, was declared in early December. The Never Event related to the wrong Intra Uterine Device (IUD) being fitted in our iCaSH Peterborough service. On identification of the error, an apology was immediately given to the patient and the correct device fitted. This incident was graded as no harm.

Two Serious Incidents (SIs) were reported in January, both of which related to a failure to escalate safeguarding concerns. One occurred in Luton Children's 0-19 Team and was identified when the baby presented to an acute trust with multiple fractures. A Serious Case Review has also been initiated. The second Serious Incident related to a cluster of four incidents across the Cambridgeshire Children's 0-19 Team. The four incidents were first identified in August and September; individual root cause analyses (RCAs) were carried out at the time, which was an action agreed with the Safeguarding Designated Named Nurse. The RCAs identified common themes and trends and, following a panel meeting, it was agreed that a cluster SI should be declared.

Seven internal investigations were initiated over the two month period as follows:

- 3 x Safeguarding reviews (on-going).
- 1 x Historic review of patients following concerns with a care home (on-going).
- 1 x routine review of care delivered to a patient on our inpatient unit who died post discharge. No suggestion that the death was related to care delivery.
- 1 x Coil fitted without removing existing coil (complaint) (on-going).
- 1 x Confidentiality breach (a child's red book picked up in error) which was reported to the Information Commissioner's Office (ICO); no further action was required.

Update on RCAs from previous two months reporting :

- Dynamic Health, Huntingdon: this incident was identified following a patient complaint and related to the potential delay in referring a patient to specialist care. A Being Open meeting was held with the patient and a final report will be shared with them. Learning: managing patients' expectations via clear communication routes and being clear on what the service can provide and what timeframes apply.
- Luton Adult Services: this incident concerned a patient who did not receive care in a timely manner despite efforts to make contact. This is on-going, however initial learning related to ensuring that all policies/standard operating procedures (SOPs) are shared with all staff, are accessible and are embedded into practice.

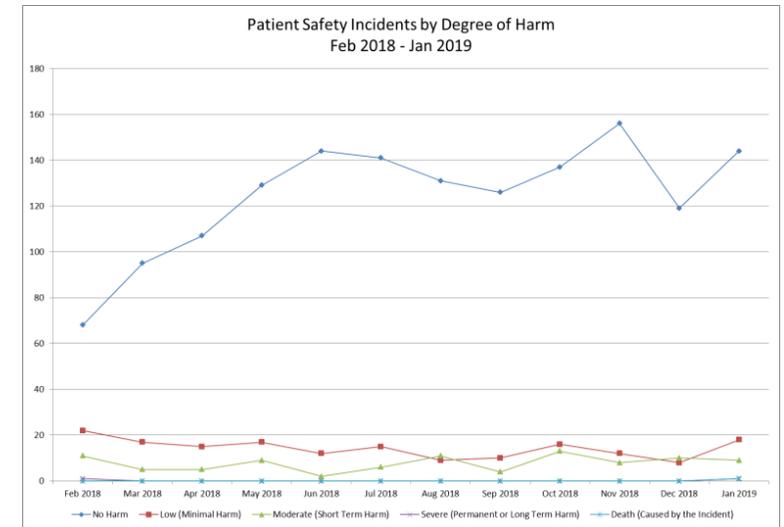
## Degree of harm

During December 2018 and January 2019 there was a total of 648 incidents of which 310 occurred whilst the patient was under Trust care. Of these, 85% were no harm, 8.5% low harm and 6% (19 incidents) moderate harm; the final 0.5% represented one severe harm incident (safeguarding review) and one patient death post discharge both of which are currently under review. Of the moderate harm incidents, 10 occurred in December and nine in January. Of these, 17 occurred within Luton Community Services and two within iCaSH.

Luton Community incidents, as mentioned above, all related to pressure ulcers and will be subject to review and scrutiny by the Tissue Viability Nurses (TVN) and the Service Manager. On-going review of themes and trends is undertaken by the TVN Team.

The incidents within iCaSH related to the following:

- 1 x Coil fitting as was identified following a complaint letter (see Incidents: Overview section above).
- 1 x Coil fitting – recognised complication of treatment.



## Safeguarding

Safeguarding Supervision		
	Dec-18	Jan-19
Cambridgeshire	79%	96% ↑
Luton	100%	95% ↓
Norfolk	96%	94% ↓
Overall compliance	93%	94% ↑

Safeguarding Training Overall		
	Dec-19	Jan-19
L1	98%	99% ↑
L2	98%	98% ↔
L3	96%	94% ↓
L4	100%	100% ↔
Adult Safeguarding	94%	94% ↔
Mental Capacity Act	91%	93% ↑
Deprivation of Liberty Safeguards	90%	94% ↑

	Luton		Cams		Norfolk		Bedfordshire	
	Dec-18	Jan-19	Dec-18	Jan-19	Dec-18	Jan-19	Dec-18	Jan-19
Case Reviews On-going	3	3	3	3	7 (two merged)	7 (two merged)	3	3
Case Reviews Concluded	0	0	0	0	0	0	0	0
Domestic Homicide Reviews On-going	2	2	1	1	1 (tbc)	1 (tbc)	0	0
LADOs on-going	0	0	0	0	0	0	0	0
Unexpected Child Deaths	1	1	1	3	1	4	1	3
Safeguarding Adult Reviews	2 No input from CCS	2 No input from CCS	3 No input from CCS	6 No input from CCS	0	0	0	0

## Prevent

Prevent is part of CONTEST, the UK Government's Counter Terrorism Strategy, which aims to redirect and support people who may be vulnerable to radicalisation.

There are two levels of Prevent training:

- Basic Awareness for staff that require 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 January 2019, the Trust's compliance for both levels is:

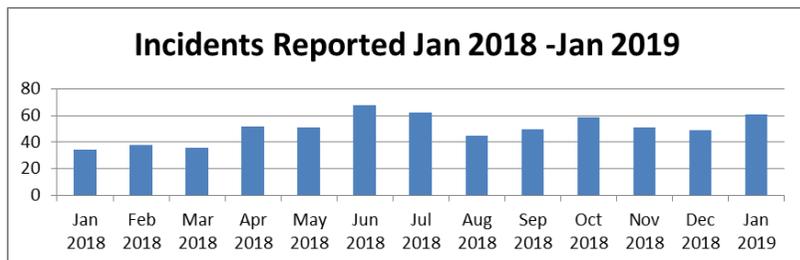
Trust Prevent Basic Awareness Training	97%
Trust WRAP Training	90%

70 members of staff were given face to face training at Trust Induction during December 2018 & January 2019.

The Trust's Safeguarding Operational Group will be considering a paper outlining new training proposals for both Basic Prevent Awareness & WRAP3 for all staff which will continue to meet guidance outlined in the NHSE Training & Competencies Framework but to also continue providing support to staff around the Prevent strategy.

## Information Governance

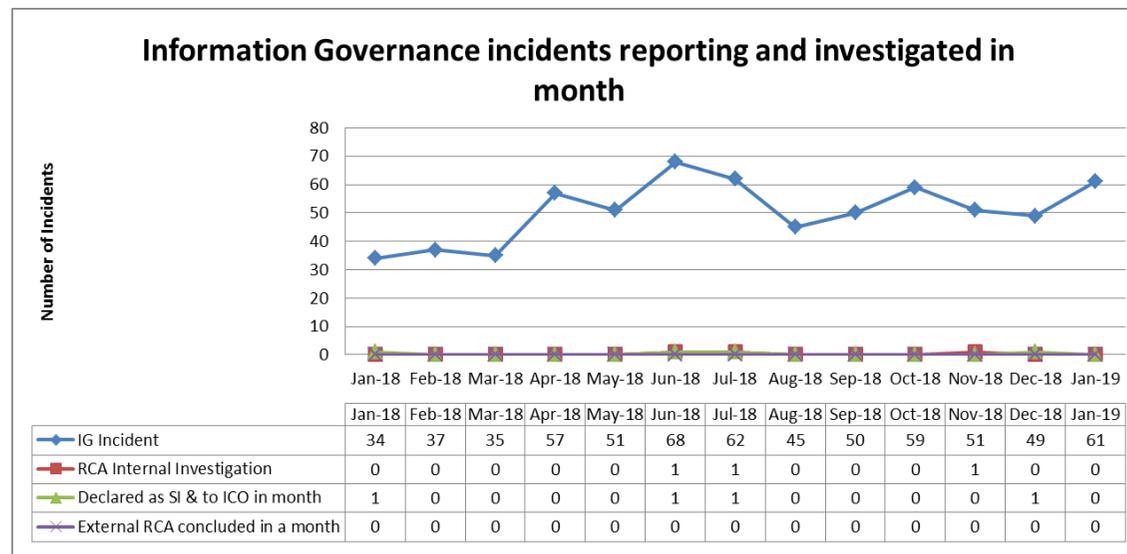
The chart below shows the number of incidents logged under Information that were reported between 1 January 2018 and 31 January 2019.



The category with the highest number of reported incidents, within the Information category, was confidentiality breach. Most of these were due to incorrectly recorded information or information sent to the wrong person (by email or post). One breach which occurred during this period met the threshold for reporting to the Information Commissioner's Office (ICO). This related to a lack of adequate security around use of records in a clinic setting where a patient's record was removed by another family. Processes were reviewed and the ICO was satisfied with our response and did not make any recommendations.

Mandatory Information Governance Awareness training has just reached the required target of 95% compliant at the end of February. This level shows an improvement following the Senior Information Risk Owner (SIRO) and Caldicott Guardian writing to all those who have not completed the training, reminding them that the Trust must be at the necessary level of 95% compliance before March 2019 and submission of the Data Security and Protection Toolkit. It is vital that this level is maintained and the Information Governance Steering Group agreed a follow up email will be sent to those who remain non-compliant.

In January Internal Audit reviewed our General Data Protection Regulation (GDPR) compliance and found no major issues of concern. Minor actions were recommended and have been acted on. The only outstanding action is monitoring the effectiveness of the Information Governance Operational Group. The Information Governance Steering Group reviewed the Debrief Report and will receive the Final Report which will be referred to this group.



## Infection Prevention and Control

### Surveillance

There were no confirmed MRSA bacteraemia, Extended Spectrum Beta-Lactamases (ESBL) bacteraemia or E.coli bacteraemia reported during December 2018 and January 2019. The Trust has not been notified of any positive cases of C. diff during this period.

### MRSA screening

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

### Incidents

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

Unit	December	January	Comments
Ambulatory	3	0	1. Superficial cuts on staff member's fingers following the removing a scalpel.
			2. One site had not had their waste collected.
			3. Clinical waste was not secured.

### Sepsis

Work continues to ensure that staff have adequate knowledge relating to the development of sepsis. As well as on-line training, a significant number of staff attended face to face updates in Luton. A review of staff training around sepsis is underway to look at including sepsis awareness as part of the Trust's CPR and anaphylaxis training.

### Staff seasonal influenza vaccination programme

The national requirement for all NHS trusts is to vaccinate 75% of frontline healthcare workers. At the close of the campaign 65.53% of frontline staff had been vaccinated.

### 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. A contract review meeting is being arranged by the Trust's Estates Team to review current concerns.

### Essential Steps

Service leads are reminded to submit their data monthly and to clarify data where 100% is not achieved. All 37 teams reported 100% compliance during December. In January, all teams submitted their data including an additional clinical team (Luton Audiology). Of the 38 teams submitting in January, 37 teams reported 100% compliance, however one team (Tissue Viability Team, Luton Adults) reported 88% compliance which was the result of a new member of staff being observed; action was taken by the service.

## Safer Staffing

Compliance with safer staffing levels is reported nationally for inpatient areas (Holly Ward and Special Care Baby Unit at Hinchingsbrooke for CCS NHS Trust) and is calculated as a mean percentage across the month. This information is shown in the graphs opposite.

### Context

This approach is not sensitive to variations in staffing levels on a daily basis and therefore can mask individual dips in compliance. 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 December 2018, SCBU achieved 109.5% compliance against the RN nursing levels and 98.4% against the total number of staff on duty. There was one amber shift when the nursery nurse had to be stood down part way through the shift, due to illness, however no closure or restrictions were required. There were no SBAR reports completed in this period and no unit closures.

During January 2019, SCBU achieved 103% compliance against the RN nursing levels and 100% against the total numbers of staff on duty. There were no SBAR reports completed for January and the Unit remained open internally to maternity services throughout the month. The Unit was restricted to the Neonatal network on six occasions. There were no in-utero or ex-utero transfers for capacity reasons.

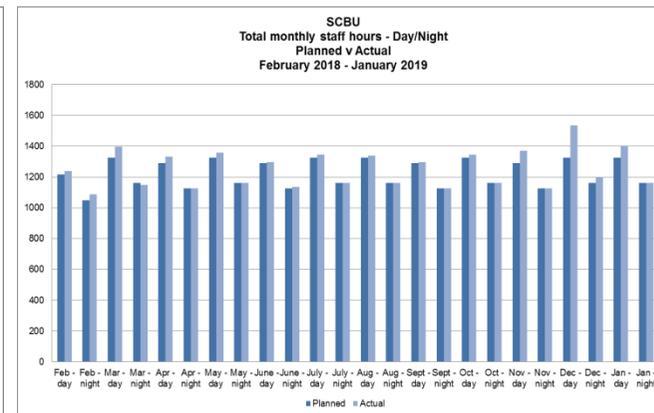
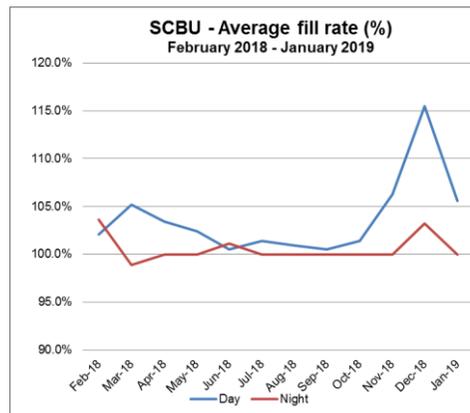
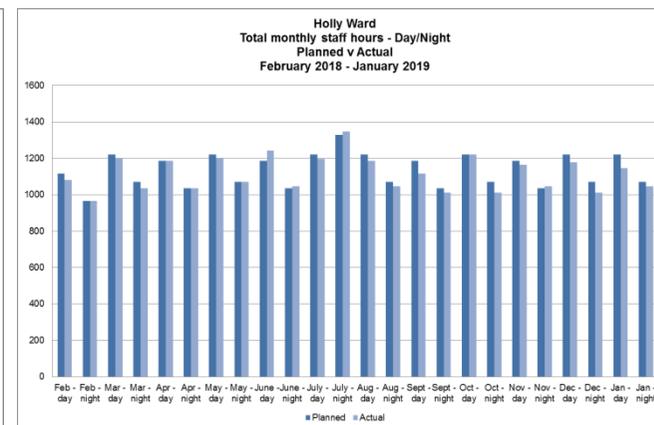
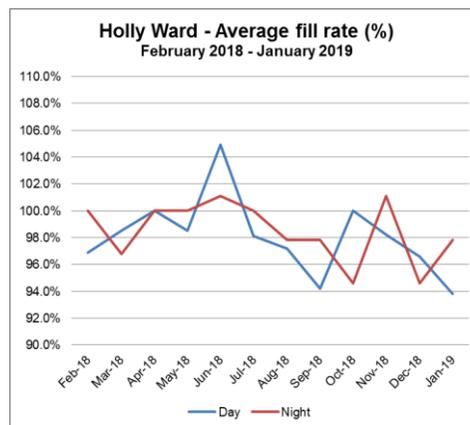
All funded posts within the establishment are in the process of being recruited into following successful interviews. However, all candidates have commencement dates between February and September 2019.

### Holly Ward Inpatients

During December 2018, RNC compliance rates for inpatients were reported nationally as 96.6% for day shifts with 3 amber shifts due to short notice sickness. On two occasions the Paediatric Assessment Unit (PAU) staff supported the ward and, on the third occasion, a day case nurse worked on the ward. RNC compliance for night shifts was reported as 94.6% with five red shifts with only two RNCs on duty due to short notice sickness. The ward was restricted to admissions on eight occasions in December; all episodes were reported via the SBAR process and Datix incident reports.

During January 2019, RNC compliance was reported as 93.8% for day shifts with six amber shifts due to short notice sickness: on five of these occasions PAU staff supported the ward and on the sixth, the day cases were nursed in the inpatient area and PAU remained fully operational. The night staffing compliance was reported at 97.8%; there were three red shifts with only two RNCs on duty due to short notice sickness. There were six SBAR reports raised by staff and a further three Datix incident forms completed, due to staffing or acuity reasons, and the ward was restricted to admissions on six occasions. There were two Emergency Department (ED) breaches due to Holly capacity with one resulting in a late review by the paediatric team. There were no reported transfers out of ED for non-clinical reasons. No elective surgical day cases were cancelled or postponed.

A 0.61wte post has been offered to a candidate for the Health Care Support Worker (HCSW) post based in the Outpatients Department. NWAFT has requested that the remaining 0.4wte of the vacancy is put on hold at present. A band 5 will start in post in April 2019 and interviews for band 5 vacancies will take place in March.



## Medicines Safety – Quarter 3 (October-December 2018)

### All Incidents:

There were a total of 131 medicines incidents reported during Quarter 3 (October-December 2018), compared with 94 in Quarter 2. Fifty-five incidents were attributable

to CCS teams and all were classed as 'No Harm'. A higher number of incidents, all graded as 'No Harm', showed a healthy reporting culture, with good learning opportunities. Chart 1 shows the total number of medicines incidents reported by each Directorate.

There was a higher than usual level of reporting in the Luton Adults service this quarter, mainly attributable to Domiciliary Care Agencies (see Chart 2). This increased level of reporting may have been due to the presence of a new pharmacist in Luton with raised expectations of effective action to be taken. This highlighted the level of general under-reporting.

The level of reporting by the Ambulatory Care services has been gradually increasing.

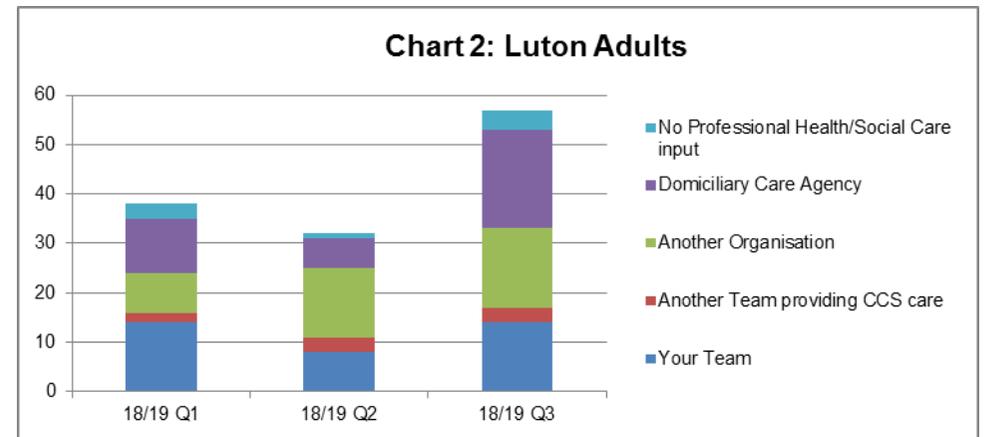
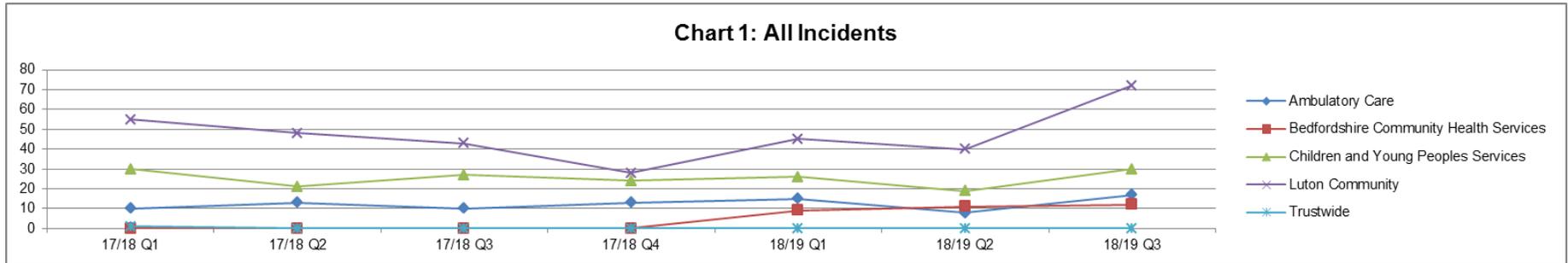
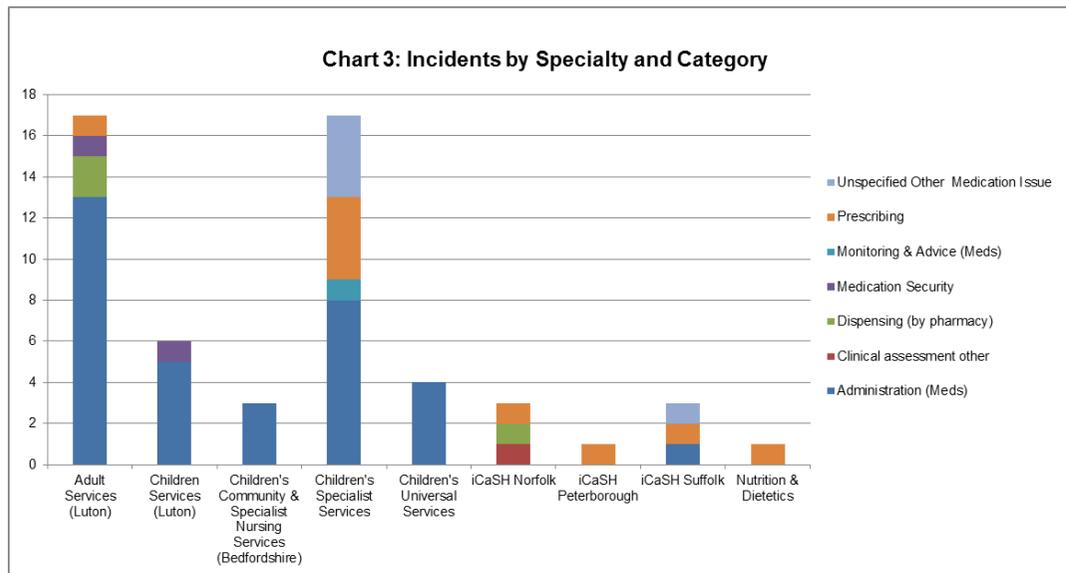


Chart 3 shows that the highest reporters were the Luton Adults service and the Children's Specialist service (mainly Holly Ward), and the most common category is in the administration of medicines. This was similar to previous reports and reflects the level and nature of activity.

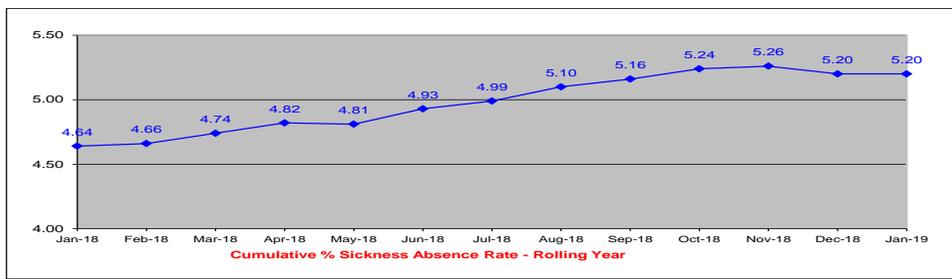




# Effective – December 2018/January 2019

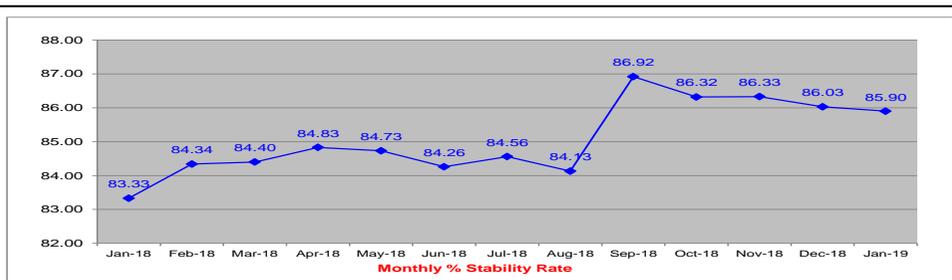
By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Workforce



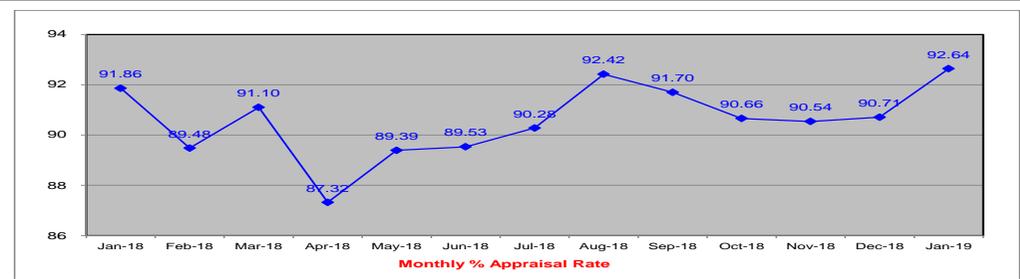
### SICKNESS ABSENCE

- The cumulative rolling (12 months) sickness rate has remained relatively static.
- In January, 3.1% of sickness absence was long term and 2.88% short term sickness.
- The highest sickness rate was in Luton Adults Services (7.55%), the lowest (3.36%) was in the Corporate Team.
- The highest reason for absence remained Cold, Cough, Flu - Influenza. The Trust has written to all front line staff that has not had a flu vaccination to encourage them to have one.
- NHS England Rate for Community Trusts is 4.9% (iView Oct 2018).



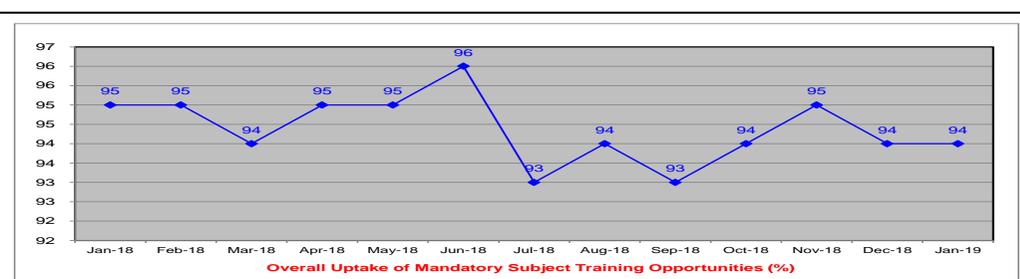
### STABILITY

- The Trust stability rate was 85.9% in January 2019 which compared to a stability rate of 78.7% for NHS Community Provider Trusts for "all employees" (Source: NHS iView Nov 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 the 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 an Exit Questionnaire survey which staff are encouraged to complete. The HR team reviews the questionnaire feedback and discusses issues with service managers.



### APPRAISALS

- The Trust wide rate has steadily climbed and was now above the Trust target of 92%.
- Cambridgeshire & Norfolk Children's Services have the lowest rate (88.47%); Luton Children's Services have the highest rate (98.2%).
- 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.
- Audits on the quality of appraisals take place.



### MANDATORY TRAINING

- Mandatory Training compliance has fluctuated, however remained above the target of 92% in January 2019.
- Prompts and alerts are sent to staff to ensure they are aware of pending review dates and can undertake their training before it expires.



# Caring – December 2018/January 2019

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



Cambridgeshire  
Community Services  
NHS Trust

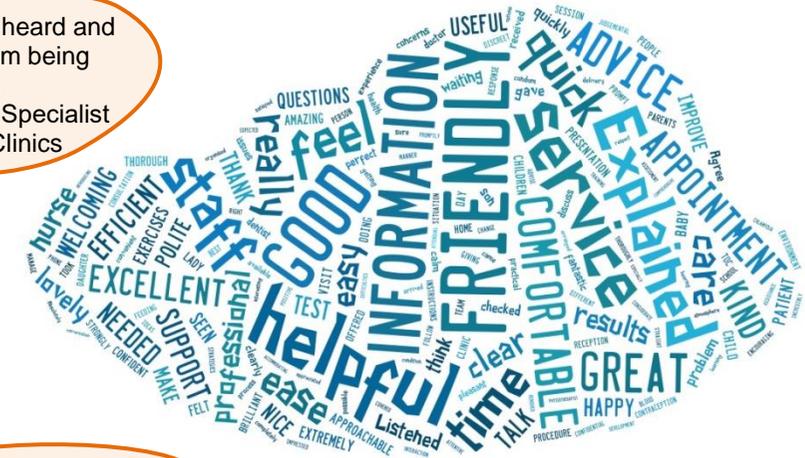
## Patient Comments/Feedback

Health Visitor has been great and very helpful with us as a whole family. We really appreciate all the help and knowledge given. We literally cannot thank her enough. Amazing help.  
Norfolk Health Visiting

Very friendly, polite and professional. Made me feel at ease.  
iCaSH Cambs

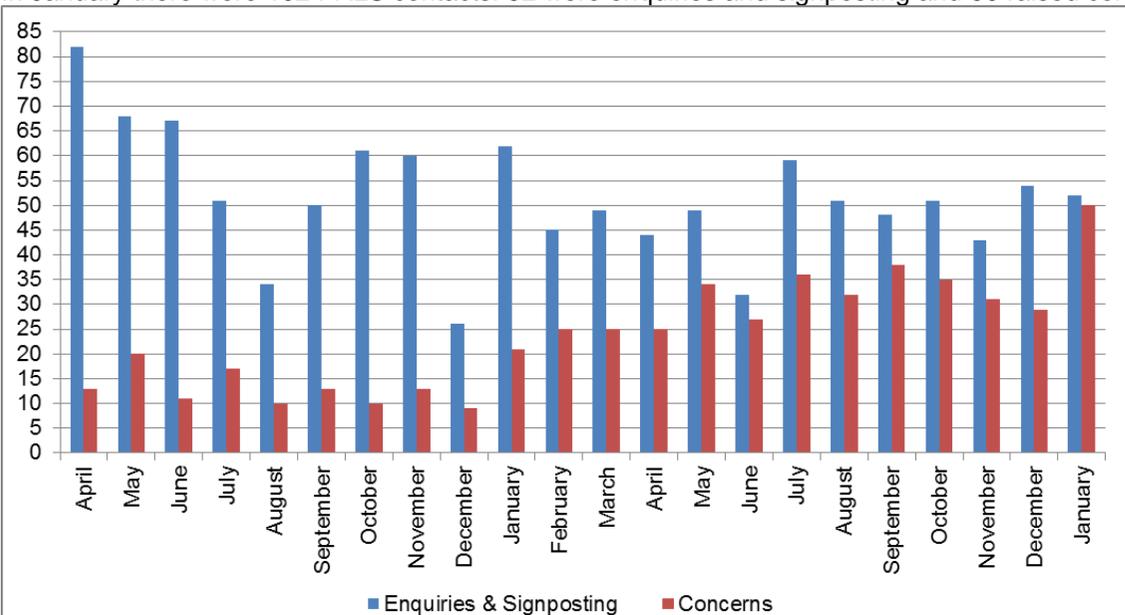
Good explanation, kind of sympathetic.  
MSK Physio Peterborough

It was nice to be heard and not feel like I am being judged.  
Beds Children's Specialist Nurse Led Clinics



## Patient Advice & Liaison Service (PALS)

In December there were 83 PALS contacts: 54 were enquiries and signposting and 29 raised concerns.  
In January there were 102 PALS contacts: 52 were enquiries and signposting and 50 raised concerns.



The environment. The staff are very friendly, there are plenty for little ones to do.  
Beds Health Visiting

Patient and was good with my child. I highly recommend. She was so kind.  
Luton Children's Rapid Response

Nothing could have been better. All the professionals she had dealings with did an excellent job.  
Luton Adults At Home First

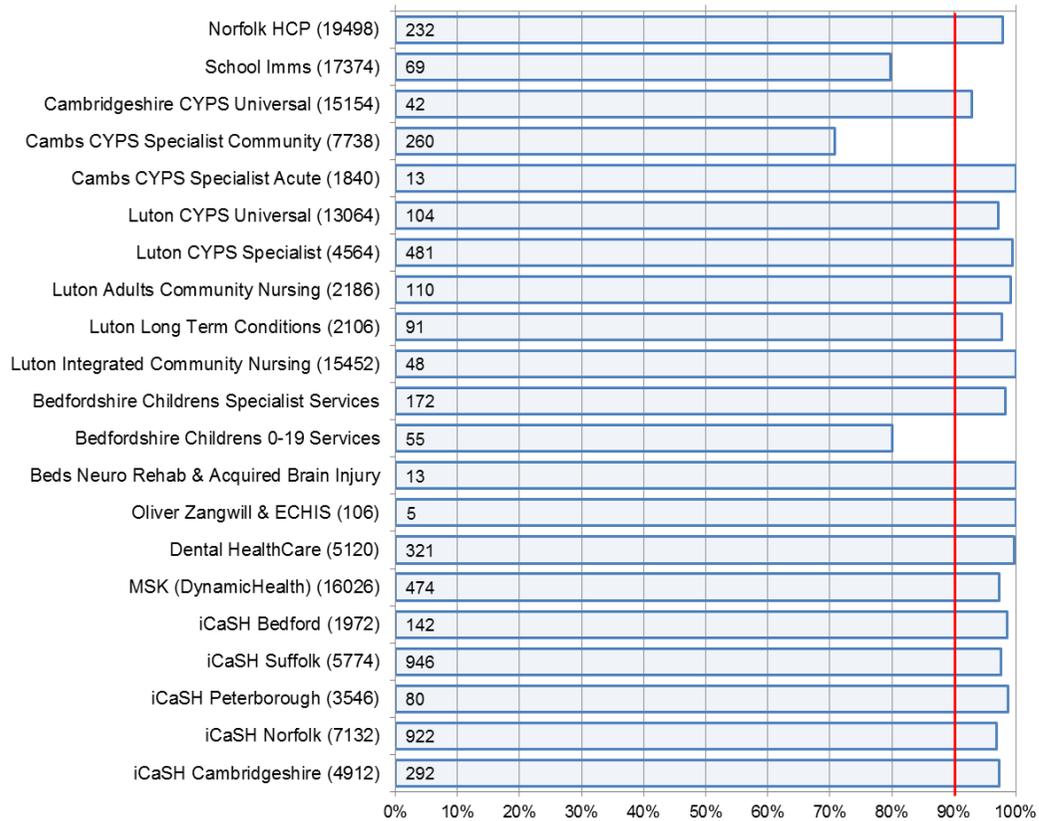
Safe, welcoming environment, friendly staff.  
Oliver Zangwill Centre

Having a Saturday appointment was good. I am a single parent and I work full time so this was perfect for me.  
Cambs Health Visiting

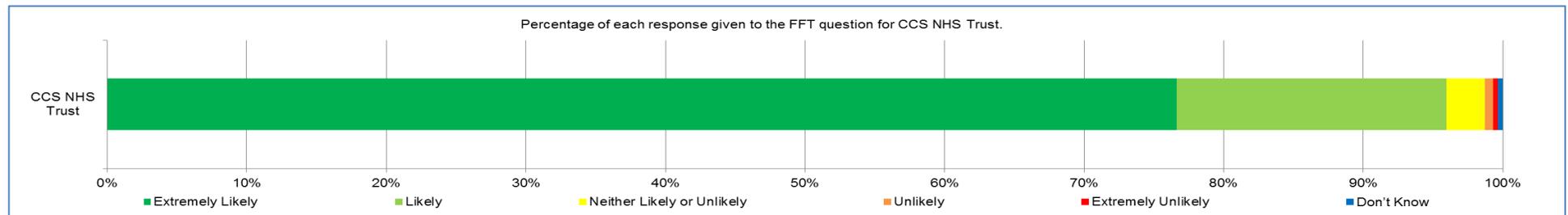
It was very informative and the OT made everybody feel relaxed. There was plenty of time to discuss issues during and after the talk.  
Cambs Paediatric Occupational Therapy

## Friends & Family Test (FFT)

The blue bars show FFT recommendation scores, the text is the number of responses. The red line is the Trust target. The figure after the service name is the average number of contacts in period based on previous year.



- There were 1775 responses to the FFT question in December and 3122 in January.
- The overall Trust score was 95.96% recommend and 0.9% not recommend.
- 25 responses for December are not shown on the graph. They are for the Luton Cancer and Palliative Care Service. Due to the nature of this service a bespoke survey including the FFT question is used. The service has a 100% recommend rate.
- All services received some feedback over the two month period.
- Four services scored 100%. Of these Oliver Zangwill and ECHIS had five responses, Beds Neuro Rehab and Acquired Brain Injury 13, Cambs CYPS Acute Specialist 13, Luton Integrated Community Nursing 48.
- Three services did not meet the 90% target. These were the same three services that were below target in August, September, October and November.
  - Bedfordshire 0-19: 80% with 55 responses, of which eight were unlikely giving a not recommend score of 14.55%. The comments associated with these scores have been analysed and they focus on changes made to clinics which has resulted in busy clinics and longer waiting times. The service is currently monitoring the change in clinics.
  - Cambridgeshire Children's Specialist Community Services: 70.77% with 260 responses, of which just one was unlikely and 75 neither likely nor unlikely which reduced the recommendation score.
  - School Immunisation Team: 79.71% from 69 responses, of which three were unlikely and extremely unlikely, six neither likely nor unlikely and five don't know.
- It has been identified that the use and explanation of the FFT question within Cambs Children's Specialist Services and the School Immunisation Team is problematic and possibly contributing to the low recommendation score. The imms team feedback is from children, parents and schools. The Patient Experience Manager will be working with the teams to provide support in developing the approach.





# Responsive – December 2018/January 2019

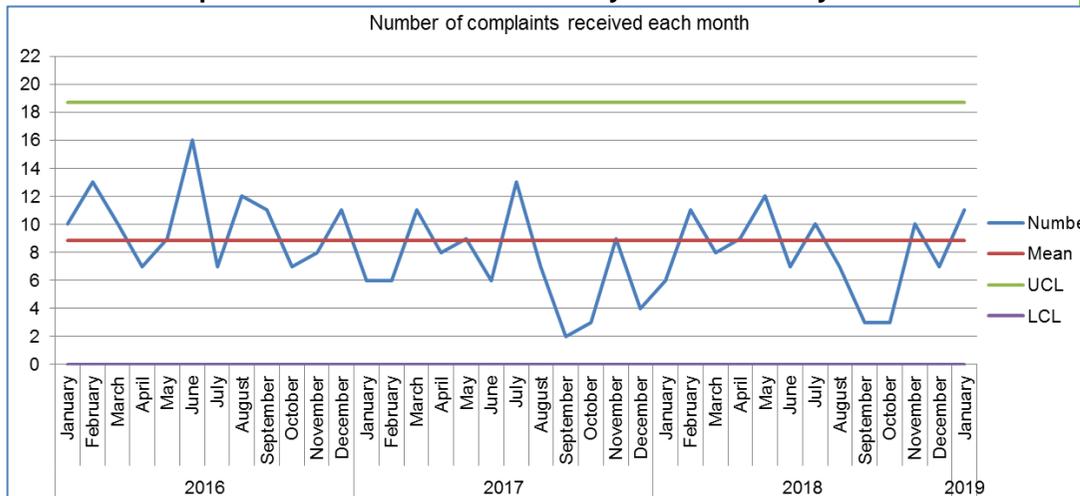
By responsive, we mean that services are organised so that they meet people's needs



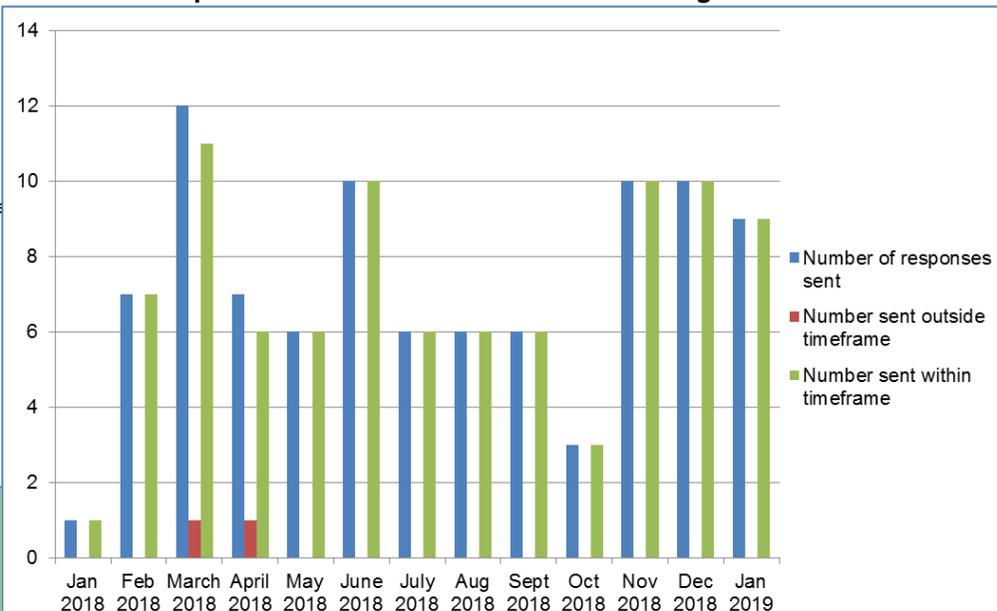
Cambridgeshire  
Community Services  
NHS Trust

## Complaints

### Number of complaints received between January 2016 to January 2019



### Number of responses sent and number sent within target time frame



	Oct 2018	Nov 2018	Dec 2018	Jan 2019
<b>Number of complaints received in month</b>	8	17	7*	11*
<b>Number of complaints closed in month</b>	4	10	10	11
<b>Number of responses sent</b>	3	10	10	9
<b>Standard complaints - of responses sent in month, no. responded to within 25 days</b>	3/3	9/9	9/9	8/8
<b>Complex complaints - of responses sent in month, no. responded to within 30 days</b>	0/0	1/1	1/1	1/1
<b>% of all complaints responded to within target timeframe</b>	100%	100%	100%	100%
<b>Number of complaints Upheld (of those responded to)</b>	1	4	2	3
<b>Number of complaints Partially Upheld (of those responded to)</b>	2	5	6	5

### Responses to complaints

The chart above shows the number of complaints being responded to and the number responded to within the target timeframe. In the two month reporting period all complaints were responded to within our timeframes.

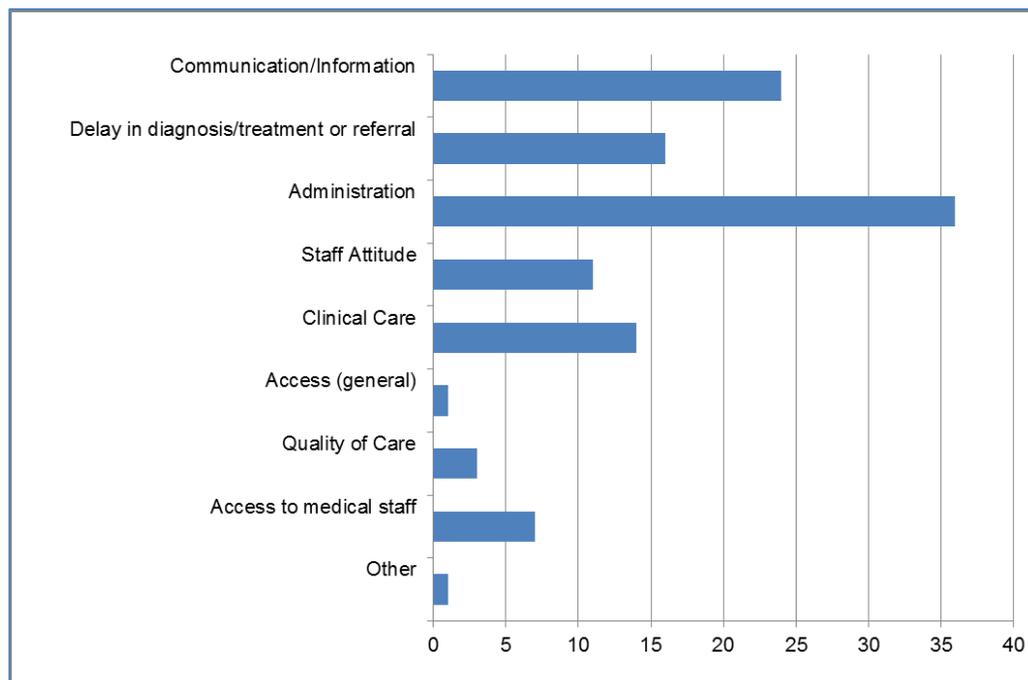
### Parliamentary and Health Service Ombudsman (PHSO)

There were no referrals to PHSO or recommendations received in December 2018 or January 2019.

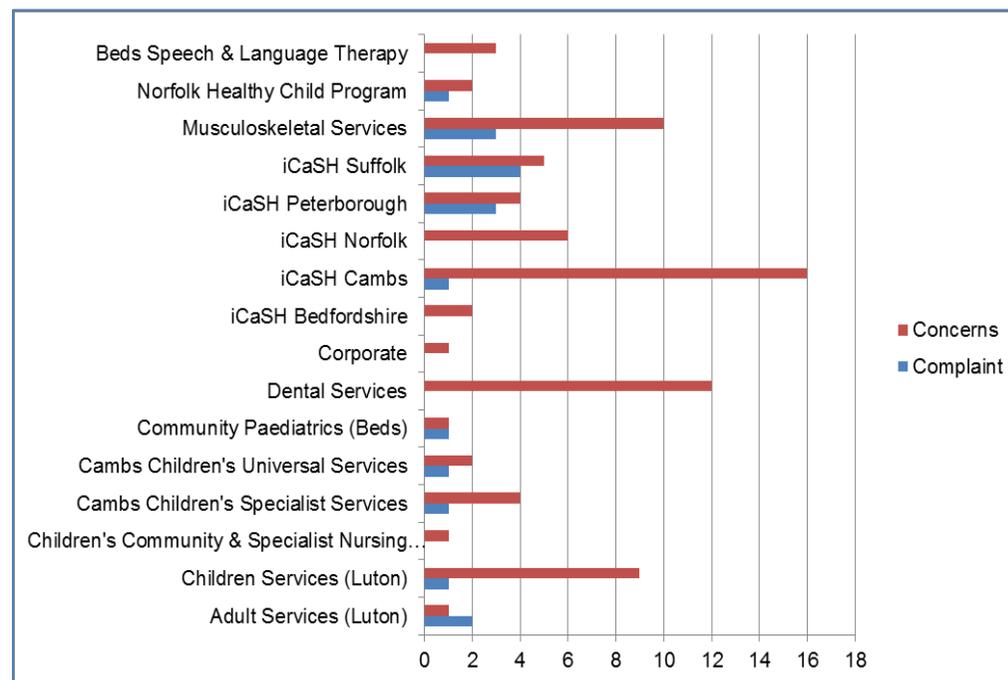
\*Different to previously reported as downgraded to a concern and resolved locally.

## Trends/Themes

The subjects identified in complaints and concerns received in December and January are shown below:



The services involved in the complaints and concerns received in December and January are shown in the graph below:



### Complaint themes and outcomes

*Complaints are those issues that patients /service users or carers request a formal response to and therefore are subject to a formal investigation process. Concerns are issues raised that are resolved locally, usually by phone call or meeting with the patient/service user and no formal response requested.*

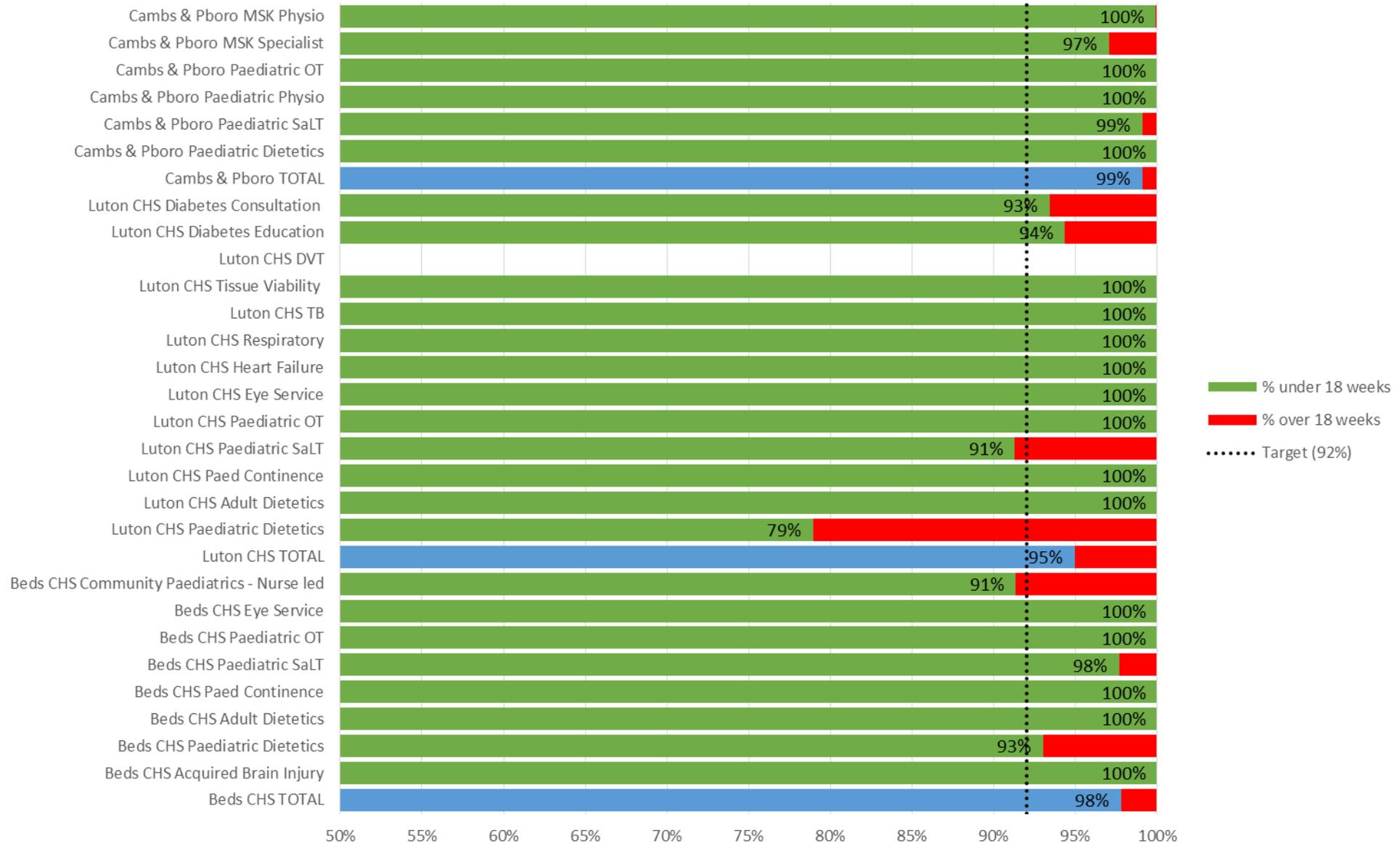
Eighteen complaints and 79 concerns were received in the two month period, with 118 issues raised across the subjects shown in the graph on the left. The number of concerns increased in January to 50. Previous months have been 35 (October), 31 (November) and December (29).

Administration issues were raised in 36 complaints and concerns an increase of 16 from the previous two month period (October and November). The majority of these (27) were related to iCaSH, most notably 14 were concerns in iCaSH Cambs of which 12 were about the Express Test Service. There were seven more Express Test related concerns across the other iCaSH services. The specifics of these are being considered and reviewed alongside incidents.

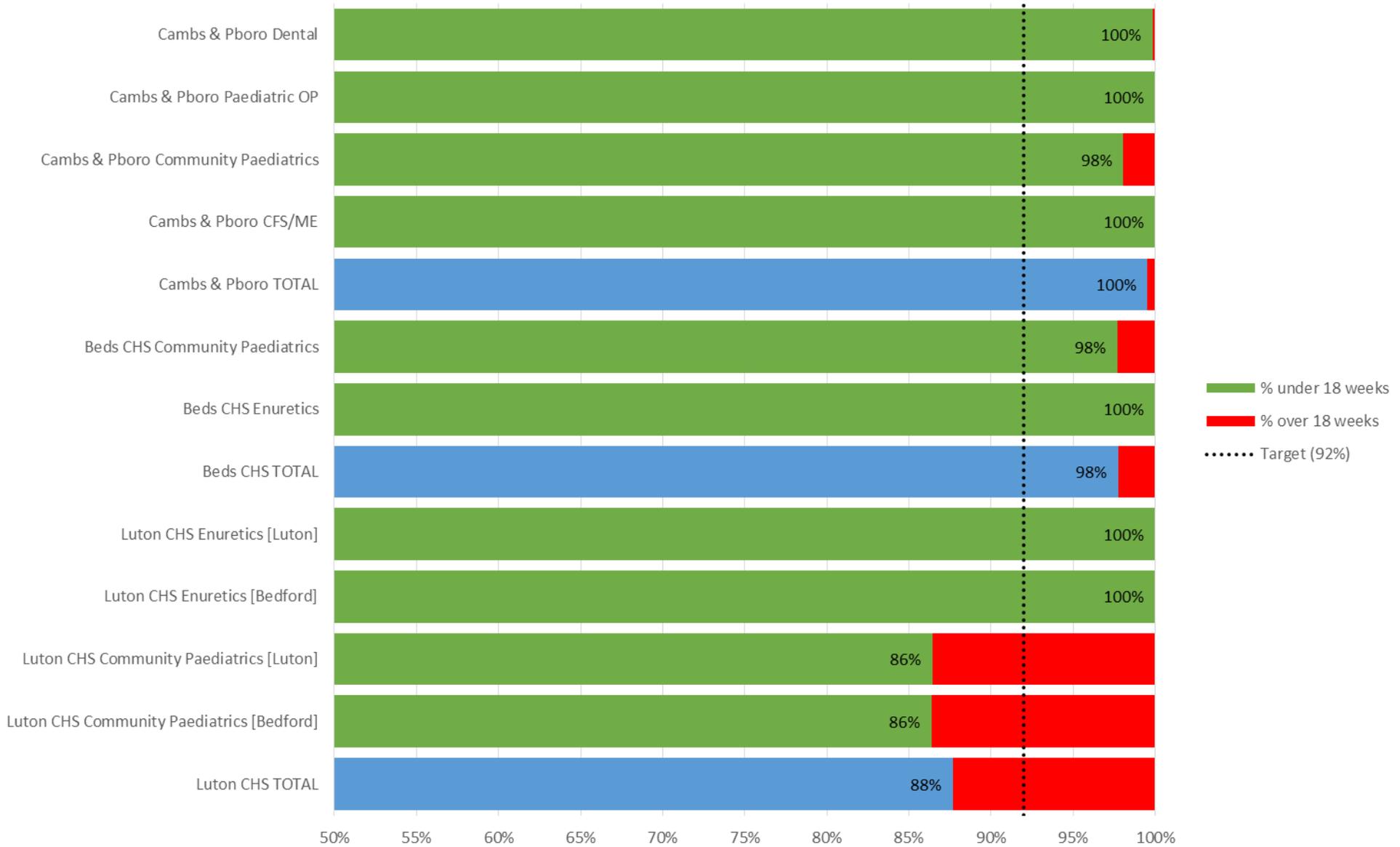
The 12 concerns in Dental Services were about a range of issues.

**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 – December 2018/January 2019

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



Cambridgeshire  
Community Services  
NHS Trust

## 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

Two recent peer reviews took place in November 2018 and January 2019 to separate iCaSH clinics in Cambridgeshire and Suffolk:

**Lime Tree Clinic (iCaSH Cambridgeshire):** This team was visited in November 2018.

Their overall rating was **GOOD**, achieving **GOOD/OUTSTANDING** for Caring where the team observed many examples of kind and compassionate care being given to patients who were treated with dignity and respect at all times. The staff were reassuring and supportive which was reinforced by patient feedback provided on the day of the visit. Areas identified within Safe that required improvement included confidentiality at reception; security in the building and sharing of learning from service wide incidents. All these areas have been taken on board by the service and immediate changes were put in place to safeguard staff and patients.

### Orwell Clinic

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

**Orwell Clinic (iCaSH Suffolk):** In January, the Peer Review Team visited Orwell Clinic in Ipswich. The Review Team rated the overall service as **GOOD**, the Caring section as **OUTSTANDING** and the Effective and Response sections as **GOOD/OUTSTANDING**. The Review Team saw evidence that people's physical, mental health and social needs were holistically assessed and care was planned with the service user to achieve the best effective outcomes. On the day, service users expressed confidence and positivity about their journey

from start to completion of their clinic appointment. The Team also observed that staff were non-judgemental in their approach: questioning and responding to queries appropriately and in a respectful manner. If a patient needed more time, staff were flexible and the wider skill mix of the team was used to support this. The reception was well-organised and a number of measures were put in place to ensure that patient confidentiality was maintained at all times.



### Our Quality Way

Plans are in place to further embed the awareness of Our Quality Way across the Trust starting in April onwards.

### CQC Routine Provider Information Request

In January, the Trust received its annual CQC Routine Provider Information Request (RPIR) with a deadline of submission in mid-February. The information/data that we submit will be used by the CQC in determining their inspection approach.



## QEWTT (Quality Early Warning Trigger Tool)

The response rates for the QEWTT in December 2018 and January 2019 were 90.6% and 97.9% respectively. The table below shows those teams that had a high score (16+) in December and/or January, 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 nine high scores in December and eight in January. 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.

All teams that reported 'no return' in the last reporting period, all submitted their QEWTT returns in December/January.

Two teams appear on the 'Emerging Issues' table:

**Luton Community Nursing – Cavell:** Key issues identified were staffing levels (resignations, unfilled vacancies and long-term sickness) which has led to service delivery disruption and cancellation/postponement of clinical care. This has led to missed appraisal targets and difficulty in providing 1:1s and clinical supervision. On-going issues with lack of IT and laptops not working properly continue.

**Luton Community Nursing - Nightingale:** Previously this team has appeared on the QEWTT table and was showing improved scores in November and December. The increase in January was mainly due to staff availability (vacancies and long-term sickness), use of agency staff, appraisal targets not being met and outstanding 1:1s and supervision.

	Team	Oct-18	Nov-18	Dec-18	Jan-19
Luton Adults Services	Diabetes Team	9	10	10	10
	Community Nursing - Seacole	13	12	11	15
Luton - Children's Services	Health Visiting Luton Central	14	16	19	16
	Health Visiting Luton South	10	16	19	19
	Health Visiting Luton West	10	17	20	16
	Health Visiting Luton North	10	13	13	7
	School Nursing	10	13	10	9
	Community Paediatrics	15	17	20	15
	Safeguarding Children	16	16	14	19
Norfolk HCP	0-19 HCP City Team 1 & 2	16	15	17	8
	0-19 HCP West Locality	13	13	13	10
	0-19 HCP South Locality	10	10	5	9
Cambs C&YP Universal	School Nursing Service	11	13	10	6
	South Locality	19	18	21	20
	North Locality	11	11	11	11
Cambs C&YP Specialist	Children's Continuing Care	15	13	11	12
	Specialist Nursing for Schools	16	11	16	14
	Safeguarding Children	20*	23	20	NR
Beds Children's - Universal	Single Point of Access	10	10	10	10
	0-19 Bedford (East & West Team)	11	12	10	4
Beds Children's - Specialist	Speech & Language Therapy	14	NR	14	22
	Paediatric Occupational Therapy North	15	19	NR	6
	Children's Continuing Care Team	13	13	11	17
	Nutrition and Dietetics	NR	16*	16	16
	Special Schools Nursing Service	14	12	12	14
Ambulatory Care	Dental Brookfields	11	11	12	6
	iCaSH Peterborough	12	12	12	13
		NR = No return	* = Late return		

Overall QEWTT Scores		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Number of responses received by scoring threshold	25+	0	0	0	0	0	0	0	0	0	0	0	0
	16-24	2	7	9	6	5	7	7	3	5	8	9	8
	10-15	16	11	15	20	23	26	28	26	24	20	17	15
	0-9	62	62	50	53	57	59	55	60	50	59	61	71
No. of two consecutive non-responses		0	0	2	1	1	0	0	0	6	5	3	0
Number of single non-responses		2	2	4	1	3	7	5	9	14	4	6	2
Total number of responses received		80	80	74	79	85	92	90	89	79	87	87	94
Total number of Teams		82	82	80	81	89	97	95	98	99	96	96	96

NB: Late returns are not included in overall QEWTT scores

### Emerging issues

This table focusses on those services which have shown an uncharacteristic rise in score. We will monitor these teams' QEWTT scores closely over the coming months.

Unit	Oct-18	Nov-18	Dec-18	Jan-19
Luton Community Nursing - Cavell	11	5	5	15
Luton Community Nursing - Nightingale	14	6	5	13

There are three new teams on the QEWTT table (opposite): **Luton Adults Diabetes team, Luton Community Nursing – Seacole Team, and Bedfordshire Special Schools Nursing Team**. All teams continue to score in mid-range either showing no improvement or an increased score compared to previous months.

Teams reporting high scores (16-24) in December/January were:

### Luton Community Unit

**Luton Health Visiting Central, South & West teams:** All teams scored in the high range in December and either remained the same or improved their score in January. Key reasons were continued vacancies, resignations received, maternity leave, new complaint received (Central) along with IT related issues such as availability of mobile phones for new staff. All teams noted that clinical records were not being updated within 24 hours.

**Luton Community Paediatrics:** This team's score increased in December due to themes from complaints and on-going investigation/disciplinary taking place. However, a reduced score in January reflects no complaints received in month and themes/learning from complaints shared at team meetings. Clinical resource and funding has increased within the team to see children waiting for ADOS (Autism Diagnostic Observation Schedule) assessment. A 4-week pilot concerning the NDD (Neuro Developmental Disabilities) pathway has commenced to refine the criteria for children & young people what would be referred for triage, and a collaboration between Flying Start, CCS Education and Early Years to deliver a support programme for Luton Children waiting for MDA (Multi Disciplinary Assessment) commenced at the end of January 2019. It was noted, however, that lack of available staff, IT/environment issues and timely updating of records continued.

**Safeguarding Children:** Similar issues to last reporting period continued in December/January. In addition, the Named Nurse (Service Manager) left the Trust at the end of January, the team experienced difficulty in completing MARAC feedback on records within 24 hours and, due to availability, 1:1s/safeguarding supervision was

outstanding.

#### **Norfolk 0-19 HCP**

**City Locality:** This team reported a high score in December which improved considerably in January mainly due to reduced sickness absence, new manager in post and no current investigations/disciplinaries. However, the team continues to have a number of vacancies (4wte) although it was anticipated that 1.6wte will start in the next few months.

#### **Cambridgeshire Children's & Young People's Service**

**South Locality (previously Cambridge & East Cambs):** This team continues to be in the high scoring range predominantly due to staff absence caused by vacancies, sickness, maternity leave, secondment and resignations. Recruitment and retention remained challenging with retiring staff encouraged to join the bank. A new team manager joined the team in January which should assist with supporting staff and the leadership team, and a 0.6wte agency health visitor was due to start in February. The NHS Digital backlog continues to impact of management and admin time (it was anticipated that this should improve) along with electronic antenatal notifications which have required dedicated admin time to process. The Duty Desk moved to the Peacock Centre in January which caused some disruption for a short period of time.

**Specialist Nursing for Schools:** This team remains on the QEWTT table due to achieving a high score in December. Similar issues to those previously reported remain: vacancies/sickness, IT connectivity in schools and cancelled safeguarding supervision due to capacity issues within the Safeguarding Team. A plan is in place to review percentage of universal work being undertaken and its impact on specialist nursing core offer. In addition, a review of training in schools was being undertaken with stakeholders which includes planning for 2019.

**Safeguarding Children:** Scores remained high in December (no return in January) with similar issues continuing compared to previous reporting period: staff absence impacting on service delivery, IT, lack of clinical supervision and on-going investigations/disciplinary. It was noted that an Acting Named Nurse has been appointed (0.6wte) with support available from Named Nurse in Bedfordshire and HCP team leaders and it was anticipated that a B6 secondment from MASH would start in January. Group supervision was in place temporarily until the end of January 2019 with 1:1s available on request.

#### **Bedfordshire Children's Services**

**Speech & Language Therapy:** This team had a high score in January mainly due to unplanned lack of staff leading to cancellation/postponement of clinical care which was anticipated to continue, complaints received in month (themes include waiting times and reduced services). IT issues continued (poor internet connection, delays in replacing laptops and delay in locum SLT receiving S1 card). Work environment issues were also cited.

**Children's Continuing Care Team:** Score increased in February to 17 (high range) due to new team manager/leader in post, continuing issues around staffing levels which have impacted on packages of care and have led to cancellations; this was anticipated to continue into the following month. A risk assessment has been undertaken and added to the risk register. There were two new starters in January who were in training and substantive staff were working extra shifts.

**Nutrition & Dietetics:** This team has remained in the high range (16-24) for the past 3 months. The team continues to experience staffing issues, however a paediatric locum is now in post until June which has helped in managing the home enteral feeding caseload for which waiting times have decreased. The Service is currently completing a piece of work with an external consultant on demand and capacity due to be finished by the end of March followed by further review in team lead meeting. IT problems persist in Dunstable due to difficulty in accessing the internet and availability of a printer.

## People Participation

The year one People participation plan (Priority one from the Quality & Clinical Strategy) is concluding and has focused on successful recruitment for Co Production leads for all of our Directorates.

Year two focuses on development of local Working Together groups which will inform future priorities for each area.



## Staff Engagement

Results from the 2018 national NHS staff survey are reported separately to the Board this month which include staff engagement.



# Research

## Clinical Research Overview

The Trust continues to maintain recruitment levels above the projected levels set by the Clinical Research Network (CRN) (Table 1). The Safetxt study is now closed to recruitment but the lead University Hospital for the study has been very impressed with the iCaSH service and wish for the service to engage in another much shorter study in the near future. The Fluenz Tetra commercial study is showing low recruitment but this is because there are minimal side effects from the immunisation and recruitment is only recorded when a parent returns a 'notification side effect' card.

Staff quote relating to the Safetxt Study: *'Thank you. Enjoyed by all. A challenge' (CNM)*

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

NIHR Portfolio studies	Location	Numbers	Trend	Highlights	Impacts
<b>Current recruitment (NIHR Portfolio)</b>	<b>Speciality/Clinical area/region</b>	<b>This reporting period: 54. Total from April: 378</b>		<b>Recruitment achieved above predicted levels.</b>	<b>Links to future Research Capability Training to be awarded</b>
Pre-Appr Materials	C&YPS	8		New study.	Working towards National info to give parents.
EMBEDDED	Corporate Research Team	2 (complete recruitment)		Co-producing a design framework for embedded research initiatives	Creating an embedded research resource
Fluenz Tetra	Imms/Vacs Norfolk	800 cards sent out with children. Parents return if side effects. 4 returned			Trust's second commercial study in 9 years.
Safetxt	Ambulatory i-CaSH ALL	8		Recruitment closed Dec 2018	University research team to approach CCS for another study.
PrEP	Ambulatory i-CaSH ALL	Additional funding for participants 25		More funding released.	Potentially UK wide impact on preventing HIV transmission
MSK PROMS	Ambulatory MSK ALL	0		Study ongoing.	Staff survey.
C&YPS EuPatch (Beds)	C&YPS Orthoptics Beds	0		RCT study, looking at impact of glasses & 720 hours of patching. Very expensive Excess Treatment Costs due to number of follow up appointments.	Study looking at improving amblyopia treatment of children
HCP Assistance Tech	C&YPS Cambs	9		Study now complete.	

**ALL 18** Trusts within CRN East of England are above the projected CRN recruitment levels.

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

### Assurance:

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

**NIHR National Performance Metrics** – Performance in Initiating (PII) and Performance in Delivering (PID). Compliant for Q3 reporting period, as no studies have been eligible for inclusion. **Mandated activity:** performance charts placed on the Trust Internet (includes zero returns).

**Table 2: Summary Table for Fellowships/Internships**

NIHR Fellowships	Area	Numbers	Trend	Highlights	Impacts/potential impacts
<b>HEE Funding for MSc modules</b>	Ambulatory care (MSK OZC)	1 applied from physio		<b>2 MSc modules funded plus payment for backfill</b>	Enables current data around Outcomes to be updated and Analysed.
<b>NIHR MSc to PhD Bridging Award</b>	C&YPS (MSK paed)	1 applied, who was the only eligible applicant in the Trust		<b>Successful.</b> Had mock interview in Norwich.	Successfully passed interview. Awarded funding for 46 days to complete a NIHR PhD Fellowship.
<b>NIHR 70@70 Award</b>	C&YPS Beds Health Visiting (HV)	1 HV applied		<b>Unsuccessful</b> 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
<b>HEE Limited Applicants interim funding for 24 days of backfill</b>	C&YPS (MSK paed)	1 applied (out of total of 3 who fulfilled the inclusion criterion, 1 on maternity leave)		<b>Successful - awarded.</b> Funding for one day per week for 6 months.	A small exploration project has been submitted which is relevant to the applicant's clinical area (paediatric physiotherapy). Gives time and support to put in another larger NIHR personal fellowship.
<b>CLAHRC Fellowships 18/19</b>	Occupational Therapy (C&YPS Paeds) ECHIS Dentistry iCaSH (Ambulatory)	5 applications submitted. Highest number from CCS NHS Trust		4 interviewed & 4 awarded	All projects link to patient quality, PROMS, PPI. Fulfil objectives of their Clinical areas. Next year's fellows attended the CLAHRC showcase to see the expected standard.
<b>CLAHRC Fellowships 17/18</b>	C&YPS Paeds Luton	Paediatrician at Luton. Parental focus groups for project compete.		Completed Dec 2018. Abstract submitted to College Conference	Awaiting outcome of abstract submission. Successfully completed the CLAHRC Fellowship. Presented at the CLAHRC Fellows Showcase. Excellent presentation + awarded the poster prize.
<b>CRN Green shoots PA</b>	C&YPS Paeds Luton	Adds to dissemination and increasing interest of staff to participate in research.		Luton based. Funding until 2019	Able to flag up studies and NIHR Fellowships. Opportunity to apply for a CRN PA. Attended a CRN Speciality paediatric day and had a slot to present.

### Fellowships and Internships Overview

The Four 2019 CLAHRC Fellows commenced in January. They all attended the December showcase of outgoing Fellows to see the required standard of work. Our Trust outgoing Fellow was awarded the prize for best poster. A paediatric physiotherapist applied for both the Health Education England (HEE) top up funding scheme and the NIHR MSc to PhD Bridging Fellowship. He was successfully awarded both which covers 69 days of clinical time. An adult physiotherapist from the Princess of Wales Hospital, Ely, accessed additional HEE funding to pay for MSc modules at the University of East Anglia and backfill.

### 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. Posters in for the Royal College of Paediatricians & Child Health (RCPCH) conferences, two accepted from paediatricians from Luton, one being the CLAHRC Fellow and the other one was a project completed as a MSc.

### Non-Portfolio Student Studies

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

### Abbreviations:

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

CCS NHS Trust Quality Performance Dashboard

Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19

Standard/Indicator	Description	Contact	CCS Overall	Sparkline										
<b>SAFETY</b>														
<b>Patient safety</b>														
Classic safety thermometer	% Harm free care	H Ruddy	94.05%	85.95%	92.68%	88.24%	92.50%	93.88%	93.88%	N/A	80.00%	89.02%	100.00%	93.65%
C&YP safety thermometer	% New harm free care		98.81%	98.35%	100.00%	94.12%	97.50%	97.96%	98.98%	N/A	86.67%	97.56%	100.00%	97.62%
C&YP safety thermometer	% Harm free care		66.70%	50.00%	100.00%	81.80%	92.90%	87.50%	62.50%	100.00%	90.00%	100.00%	90.00%	53.80%
<b>Incidents</b>														
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	0	0	
	Other SIs declared		0	0	0	1	0	1	0	0	1	0	0	2
Number of never events	Number of never events reported in month		0	0	0	1	0	1	0	0	0	1	1	0
Medicines Management	Number of medication incidents reported (CCS)	A Darvill	9	10	19	17	10	15	11	10	11	28	13	12
	% CCS medication incidents no harm		89%	100%	100%	100%	100%	93%	100%	100.00%	100%	100%	100%	100%
<b>Infection Prevention &amp; Control</b>														
MRSA	No of avoidable MRSA bacteraemia cases in year (inpatients)	C Sharp	0	0	0	0	0	0	0	0	0	0	0	0
MRSA Screening	Non-elective (inpatients)		100.00%	100.00%	100.00%	66.00%	100.00%	100.00%	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	0	0	0
Hand hygiene	Compliance with hand hygiene in all Trust inpatient areas		100.00%	100.00%	100.00%	100.00%	N/A	100.00%	100.00%	100.00%	N/A	100.00%	N/A	100.00%
Essential Steps	Compliance with spread of infection indicator		100.00%	100.00%	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.80%
<b>EFFECTIVENESS</b>														
<b>Mandatory training</b>														
Overall mandatory training	In line with Trust Training Needs Analysis	J Michael	95.00%	94.00%	95%	95%	96%	93%	94%	93%	94%	95%	94%	94%
Safeguarding training (Children)	Level 1: % staff trained		98.00%	98.00%	98%	99%	99%	98%	99%	98%	99%	98%	98%	99%
	Level 2: % staff trained		98.00%	98.00%	99%	99%	98%	97%	98%	98%	99%	99%	98%	98%
	Level 3: % staff trained		88.00%	88.00%	90%	91%	92%	90%	92%	92%	93%	98%	96%	94%
	Level 4: % staff trained		100.00%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Safeguarding training (adults)	SOVA		96.00%	96.00%	96%	97%	96%	91%	93%	93%	94%	94%	94%	94%
	Mental Capacity Act		94.00%	93.00%	93%	92%	95%	86%	89%	89%	91%	92%	91%	93%
	Deprivation of Liberty		94.00%	93.00%	92%	91%	92%	84%	86%	87%	93%	94%	90%	94%
Manual handling	% of staff undertaking manual handling (patients)		90.00%	91.00%	90%	85%	92%	89%	87%	87%	86%	90%	84%	81%
Fire safety	% of staff undertaking fire safety training		94.00%	93.00%	94%	95%	95%	92%	93%	92%	93%	93%	92%	93%
CFR/Resus	% of staff undertaking CPR/Resus training		92.00%	91.00%	91%	91%	93%	89%	90%	90%	88%	90%	89%	89%
IPaC training	% of staff undertaking IPaC training		98.00%	98.00%	98%	98%	98%	97%	97%	97%	98%	98%	97%	97%
Information governance	% of staff undertaking IG training		95%	92%	94%	95%	94%	91%	93%	91%	93%	92%	92%	94%

## CCS NHS Trust Quality Performance Dashboard 2018-19

				Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19		
Standard/Indicator	Description	Contact	Annual target Ceiling or Baseline	CCS Overall	CCS Overall	CCS Overall	Sparkline								
<b>Safeguarding</b>															
Safeguarding supervisions (Children)	% eligible staff (excluding Beds Children's Services)	C Halls	95%	82%	89%	97%	95%	91%	93%	89%	91%	93%	94%		
<b>Workforce/HR</b>															
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%	5.16%	5.98%		
	Short-term sickness absence rate		3.6%	1.70%	1.79%	2.09%	2.31%	1.85%	2.03%	2.46%	2.46%	2.20%	2.88%		
	Long-term sickness absence rate		N/A	2.91%	2.96%	3.01%	2.91%	3.28%	3.17%	3.07%	2.63%	2.95%	3.10%		
	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%	5.20%	5.20%		
Turnover	Rolling year turnover	R Moody	17%	13.42%	13.71%	12.88%	12.87%	13.05%	12.27%	13.84%	14.16%	13.85%	13.29%		
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%	2.27%	2.54%		
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%	3.79%	4.29%		
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%	86.03%	85.90%		
Appraisals	% of staff w ith appraisals		92%	87.32%	89.39%	89.53%	90.28%	92.42%	91.70%	90.66%	90.54%	90.71%	92.64%		
Staff Friends & Family test	Recommending CCS as place for treatment - Quarterly reporting	P Davies/ L Thomas	no target			90.93%			88.58%			Not available in Q3			
	Recommending CCS as place to work - Quarterly reporting		no target			78.40%			75.13%						
<b>EXPERIENCE</b>															
<b>Patient experience (monthly targets)</b>															
Complaints	Number of formal complaints received in month	D McNeill	no target	9	12	8	10	8	3	8	17	8	13		
	Standard complaints - of responses sent in month, no. of complaints responded to within 25 days		# / #	6/7	5/5	6/6	3/3	7/7	6/6	3/3	9/9	9/9	9/9		
	Standard complaints - percentage responded to w ithin 25 days		100%	85.71%	100%	100%	100%	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	1/1	0/0	
	Complex complaints - percentage responded to w ithin 30 days		100%		100%	100%	100%					100%	100%		
Concerns	Number of concerns received in month		no target	23	30	25	36	32	36	35	32	27	48		
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%	96.58%	95.58%		
	Number of patients surveyed		no target	2157	2639	2801	4464	2729	3138	2599	2722	1756	3122		
<b>QEWTT (Quality Early Warning Trigger Tool)</b>															
QEWTT	Number of responses received by scoring threshold	H Ruddy	25+	0	0	0	0	0	0	0	0	0	0		
			16-24	9	6	5	7	7	3	5	8	9	8		
			10-15	15	20	23	26	28	26	24	20	17	15		
			0-9	50	53	57	59	55	60	50	59	61	71		
	Number of tw o consecutive non-responses			2	1	1	0	0	0	0	6	5	3	0	
	Number of single non-responses			4	1	3	7	5	9	14	4	6	2		
	Total number of responses received			74	79	85	92	90	89	79	87	87	87	94	
Total number of Teams		80	81	89	97	95	98	99	99	96	96	96			

N/A	Data usually supplied but not available this month
	Not relevant/not applicable to this area