



TRUST BOARD (PUBLIC)

Title:	Clinical Operational Boards - Key Issues & Escalation Points
Action:	FOR DISCUSSION
Meeting:	13 March 2019

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 structure of the report has now been revised to specifically identify emerging risks and significant issues as well as highlight examples of outstanding practice or innovation.

The table in Annex A summarises the overall monthly contractual Key Performance Indicator (KPI) position as at the end of January 2019, by Commissioner, that are calculated and known monthly.

The table in Annex B is a summary of provisional quarterly-reported iCaSH, School-aged Immunisations and Child Health indicators as at the end of Q3 2018/19.

The Board should note that the Clinical Operational Boards reviewed performance indicators as at the end of December 2018.

Update since the last Clinical Operational Boards:

Two indicators have dipped below target since the last Clinical Operational Boards. Breastfeeding prevalence dipped below the respective targets in January 2019 in both Cambridgeshire and Norfolk. This was expected to recover in February 2019.

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 Matthew Winn Anita Pisani Taff Gidi	Director of Finance and Resources Chief Executive Deputy Chief Executive Assistant Director of Corporate Governance
Executive sponsor:	Gill Thomas	Director of Governance

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	January 2019

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"/>	

Name of Committee: Ambulatory Clinical Operational Board
Committee Chair: Richard Cooper
Meeting Date: 5 February 2019

Summary of key messages:

The Ambulatory division are performing well with the vast majority of performance indicators and training targets being met. The Dental services are under pressure due to demand; staff sickness and the mobilising of the infrastructure of the new minor oral surgery contract arrangements. However patient safety and satisfaction levels remain high.

The service re-design and finance teams are working with the Oliver Zangwill Centre to develop new financial arrangements to start from April 2019.

Escalation Points:

1. A range of key performance indicators continued not to be met across the division. The Clinical Operations Board agreed to review red rated plans at the next meeting.

Emerging Risks/Issues:

No new high rated risks were identified and there were no new emerging issues that the Clinical Operations Board discussed

Examples of Outstanding Practice or Innovation:

1. The committee heard an inspirational staff story from a new team leader who was taking on some huge challenges and leading cultural change.
2. Friends and family test results were 100% for December in Dental services across Cambridgeshire and Peterborough.
3. The iCaSH service is participating in the Parliamentary Health Committee review into sexual health services in England.
4. Dynamic Health services are the top recruiter to the NHS England research into the First Contact Practitioner pilot.
5. The division is meeting its mandatory training and financial plans across all services.

Author:	Matthew Winn
Job Title:	Chief Executive
Date:	5 th February 2019

Name of Committee: Children's Clinical Operational Board
Committee Chair: Oliver Judges
Meeting Date: 5 February 2019

Summary of key messages:

The Trust aims to formally transfer its acute services at the end of March 2019 and hopes to be able to formally consult with staff in February 2019.

The joint venture with CPFT continues with the focus primarily on the development of the 0 -19 HCP across Cambridgeshire and Peterborough. Our new proposal was agreed by the Health Committee at Cambridgeshire County Council on 6 December 2018.

Norfolk County Council Children's Committee have agreed the new service model for its children centres and the Trust will provide the digital platform for the new service offer.

There are 7 risks across the directorate recorded on Datix with a score of 12 or above. Safeguarding in Cambridgeshire (ID: 2834) continues to have a risk score of 16. One new risk has been recorded – winter pressures on Holly Ward (ID: 2895). All risks have been reviewed.

Four teams have a QEWTT score of 15 or above. These are: Special School Nursing in Cambridgeshire; Safeguarding Children in Cambridgeshire; Cambridge and East Locality HCP Team; and the City Locality in the Norfolk HCP

The Board received an update of the work of the Administration Services Project Group, which included actions to stabilise the service following the admin review in 2017.

Escalation Points:

1. The Special School Nursing Team in Cambridgeshire continues to have a QEWTT score of 16. This is due to capacity, but work has been undertaken to ensure high needs children have everything in place to meet their health needs at school. The service manager continues to meet with Special School Heads regularly.
2. The safeguarding risk in Cambridgeshire remains on the risk register with a score of 16. Actions remain in place to mitigate risks, however capacity remains an issue. The Trust declared a Serious Incident in January 2019 relating to 4 safeguarding incidents in August and September 2018. The safeguarding team have a QEWTT score of 20.
3. The Cambridge and East Locality HCP Team QEWTT score has increased to 21, with vacancies and sickness being the main issues. Performance around the ante-natal contact has not improved. The service continues to mitigate this risk as far as possible by using bank and agency staff.
4. The City Locality in the Norfolk HCP QEWTT score has increased again to 17 with short-term sickness resulting in some late cancellation of appointments and service disruption. This is monitored locally. Performance around the ante-natal contacts has improved to 77% during this reporting period.
5. The year-to-date overspend for the Trust's acute services is £579K.
6. Data quality for Initial Health Assessments for LAC has improved and this has highlighted a concern around the timely receipt of consent. Whilst not yet published, an OfSTED inspection in January 2019 is likely to raise concerns around LAC Health assessments.

Emerging Risks/Issues:

1. Continue to monitor pressures in the clinical and medical workforce supporting Holly Ward Acute. Risk ID 2784 is being maintained for monitoring and reporting the clinical workforce risk.
2. Data quality for Initial Health Assessments for LAC has improved and this has highlighted a concern around the timely receipt of consent. Whilst not yet published, an OfSTED inspection in January 2019 is likely to raise concerns around LAC Health assessments.

Examples of Outstanding Practice or Innovation:

1. The Board received a staff story presentation from Anna Kennedy representing the Norfolk Looked after Children's (LAC) health visiting team and how this service is making a positive impact on the lives of children in care and foster carers. Improvement plan introduced in February 2016 following concerns from commissioners.
2. The improvements included additional training for staff in Mental Health and Foster Carer advice and support, additional support to children and families, and increase in foster support. Performance has improved and now looking roll out same approach in Cambridgeshire.

Author:	Mark Robbins
Job Title:	Director of Finance and Resources
Date:	13 th February 2019

Name of Committee: BEDFORDSHIRE AND LUTON CHILDREN AND ADULTS CLINICAL OPERATIONAL BOARD

Committee Chair: Geoff Lambert

Meeting Date: 6 February 2019

Summary of key messages:

- Bedfordshire 0-19 services have completed their staff consultation process to implement the new agreed service model from April 2019.
- The Board agreed to hold a developmental session at its next Board on the Outcome measures detailed within the Bedfordshire Children's contract.
- ChatHealth has been launched in Luton
- Harm Free Care Indicator within Luton Adults achieved 100% in December 2018
- Luton Children's Audiology Services continued to meet the 6 week diagnostic target
- Luton Adults have 4 members of staff just commencing their nurse training so should return to the service in September 2020 as Staff Nurses.
- All services on track to deliver their financial plans for 19/20

Escalation Points:

Luton Services:

- QWETT Scores for Health Visiting teams ranged from 19 – 20. Increased scores linked to unexpected levels of transfers into the 0-19 service as a result of system change by Child Health.
- QWETT Score for Community Paediatrics was 20 in December due to IT interruptions; unexpected absence and sickness as well as known pressure in the team.
- Community Paediatrics continues to breach 18 weeks, however, numbers are reducing and the service is expecting to be compliant by April 2019.
- Community Paediatrics is not meeting the threshold for the % of GP letters following first outpatient appointment. Week by week trajectory in place for recovery and discussions currently underway with Commissioners to negotiate a slightly extended period for compliance from 5 days to 10 days. Service is also non-compliant with % of follow-up reports being sent. Non-compliance is linked to the current pressures within the service.
- BCG vaccinations – the service continues to vaccinate babies in the community, however, vaccinations are not taking place in the Hospital. Commissioners are working directly with the hospital to rectify this.
- Referral to Live Well Luton Service for adults with a BMI over 30 – red rated for 2 consecutive months. Patients are offered a referral however compliance with this metric is linked to numbers of referrals. Discussions continue with Commissioners in relation to validity of this metric.
- LAC Assessments – service is non-compliant with the timescales for the review health assessments for children over 5 years. Teams are working with Luton Borough Council to improve this as there are currently inconsistencies in the flow of consent information.
- Sickness levels – remain above target but all being managed appropriately.

Bedfordshire Services:

- Overall mandatory training compliance. Currently between 88% - 91% across all services. Expectation is that all services will be compliant by end March 2019. Manual handling particularly low and Service Director confirmed that plans were in place to address this.
- Appraisal compliance – service reported that they had local evidence that demonstrated compliance. Teams working with the workforce information team to ensure central system are up-to-date.
- Sickness levels above target. Managers and HR supporting all individuals appropriately.
- Risk scored at 16 for Single Point of Access – mitigations in place and future long-term plan currently being developed.
- One QWETT score within Children Specialist teams scored 16 or above.

Emerging Risks/Issues:

- Potential of breaching 18 week pathway in Bedfordshire Paediatrics, however, recruitment taking place in March 2019 which should mitigate against this.
- Cost Improvement Plan for 19/20 still to be identified for Luton Services
- Future funding for Community Paediatric team in Luton as future breach free position based on service continuing to receive additional funding.
- Potential number of vacancies within Luton Health Visiting service by end June 2019.
- Bedfordshire services being able to demonstrate to Commissioners satisfactory compliance with all Outcome measures

Examples of Outstanding Practice or Innovation:

- Luton Children Specialist Services – complaint overall with mandatory training at 97%; appraisal compliance 94.87% and safeguarding supervision 100% compliant for December.
- Friend and family feedback for Luton was 99.46%
- Luton Adults have been shortlisted in 2 categories for the Leading Health Care Awards for their GP Liaison Service.
- Bedfordshire Baby Friendly Accreditation and they are now heading for gold accreditation.

Author:	Anita Pisani
Job Title:	Deputy Chief Executive
Date:	5 March 2019

ANNEX A - Summary of monthly-reported and tracked indicators

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	Oct	Nov	Dec	Jan				
Cambridgeshire and Peterborough CCG	GREEN	11	10	18	18	18	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16				
	RED	1	2	5	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	% GREEN	92%	83%	78%	78%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
Cambridgeshire County Council (iCaSH)	GREEN	4	4	4	4	4	4	4	4	4	4	4	4	4	4	2	3	4	4	4	3	4	4	Service unlikely to achieve requirement of 90% of women to have access to LARC method of choice within 5 working days as it has not been above 63% for the last year.			
	RED	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	3	2	1	1	2	1				
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	80%	80%	40%	60%	80%	80%	80%	60%	80%				
Cambridgeshire County Council (Healthy Child Programme)	GREEN	8	8	8	5	6	5	8	9	9	9	7	7	5	4	5	8	9	8	10	10	10	9	Commissioning have supported prioritisation of service delivery due to staffing and pathway reviews. This has resulted in reduced performance against agreed KPIs.			
	RED	4	4	4	7	6	7	4	3	3	3	5	5	6	7	6	3	2	3	1	1	1	2				
	% GREEN	67%	67%	67%	42%	50%	42%	67%	75%	75%	75%	58%	58%	45%	36%	45%	73%	82%	73%	91%	91%	91%	82%				
Peterborough City Council (iCaSH, also included in quarterly results table)	GREEN	16	16	17	15	15	14	17	18	16	16	16	16	16	15	15	16	15	15	15	15	15	15	Demand is currently in excess of capacity. Commissioners are aware and understand that the service cannot meet the KPIs and performance notices will not apply. The Trust has written to the commissioner to confirm the ongoing pressures and impacts on the service requesting that KPIs are suspended until resolved, which was agreed.			
	RED	3	3	2	4	4	5	4	3	5	5	5	5	5	6	1	1	2	2	2	2	2	2				
	% GREEN	84%	84%	89%	79%	79%	74%	81%	86%	76%	76%	76%	76%	76%	71%	94%	94%	88%	88%	88%	88%	88%	88%				
NHS England (Community Dental Service)	GREEN	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4	5	Increase in stopped clocks median wait for third consecutive month leading to a red indicator. This is likely to improve in the next two months.			
	RED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0				
	% GREEN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%				
Luton CCG (Luton CHS)	GREEN	39	45	46	43	38	42	37	38	40	36	36	39	34	37	38	34	33	36	35	34	36	33	Red exceptions have been reviewed with the commissioner. Some metrics are longer applicable or have target thresholds that are being revised as part of contract agreement.			
	RED	6	1	4	5	8	5	6	5	5	5	5	5	9	6	8	8	9	12	8	9	10	10				
	% GREEN	87%	98%	92%	90%	83%	89%	86%	88%	89%	88%	88%	89%	79%	86%	83%	81%	79%	75%	81%	79%	78%	77%				
Luton CCG (new ambulatory services transferred from EPUT)	GREEN													22	22	22	22	22	22	22	22	22	22				
	RED													0	0	0	0	0	0	0	0	0	0				
	% GREEN													100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
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	4	4				
	RED	0	0	1	0	0	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%	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	5	5				
	RED	0	0	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%	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	21	18	18	18	17	18	Recent decline in breast feeding prevalence at 6-8 weeks. This position will improve when refreshed next month, but is a priority area for commissioners and under significant scrutiny.			
	RED	10	10	10	13	9	3	3	3	2	1	4	4	5	5	6	6	6	6	6	6	7	6				
	% GREEN	70%	69%	68%	59%	73%	92%	91%	91%	94%	97%	88%	88%	81%	81%	78%	78%	78%	78%	75%	75%	75%	71%				
Bedfordshire LAs (iCaSH)	GREEN	19	19	21	21	21	23	23	24	24	22	23	23	24	25	26	25	28	24	25	27	27	27	Recent improvement in monthly KPI performance.			
	RED	7	7	5	5	5	4	4	3	3	5	4	4	5	4	5	6	3	7	6	4	4	4				
	% GREEN	73%	73%	81%	81%	81%	85%	85%	89%	89%	81%	85%	85%	83%	86%	84%	81%	90%	77%	81%	87%	87%	87%				
Bedfordshire LAs (Healthy Child Programme and oral health promotion)	GREEN																	13	14	14	14	14	14				
	RED																	7	6	6	6	6	6				
	% GREEN																	65%	70%	70%	70%	70%	70%				
Bedfordshire CCG (ambulatory services)	GREEN																	3	3	4	4	4	4				
	RED																	0	0	0	0	0	0				
	% GREEN																	100%	100%	100%	100%	100%	100%				
Bedfordshire CCG (children's Services)	GREEN																	13	13	11	11	11	13				
	RED																	3	3	3	3	3	3				
	% GREEN																	81%	81%	79%	79%	79%	81%				
TRUSTWIDE	GREEN	134	138	148	139	140	152	148	152	153	148	144	147	157	159	161	158	161	189	189	189	190	185				
	RED	31	27	31	39	32	24	21	17	18	19	23	23	31	29	27	27	24	41	33	32	34	36				
	% GREEN	81%	84%	83%	78%	81%	86%	88%	90%	89%	89%	86%	86%	84%	85%	86%	85%	87%	82%	85%	86%	85%	84%				

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		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3
Cambridgeshire County Council (iCaSH)	GREEN	23	22	21	21	18	18	21
	RED	0	1	2	2	4	4	1
	% GREEN	100%	96%	91%	91%	82%	82%	95%
Peterborough City Council (iCaSH, also reported monthly)	GREEN	17	14	16	16	15	15	15
	RED	2	5	5	5	2	2	2
	% GREEN	89%	74%	76%	76%	88%	88%	88%
Suffolk County Council (iCaSH)	GREEN	8	8	8	8	11	8	7
	RED	0	0	0	0	0	0	2
	% GREEN	100%	100%	100%	100%	100%	100%	78%
Norfolk County Council (iCaSH)	GREEN	17	17	17	19	16	16	15
	RED	0	0	0	0	0	0	1
	% GREEN	100%	100%	100%	100%	100%	100%	94%
Norfolk County Council (Healthy Child Programme)	GREEN	4	4	5	5	7	6	9
	RED	3	3	2	2	2	3	3
	% GREEN	57%	57%	71%	71%	78%	67%	75%
Bedfordshire LAs (iCaSH)	GREEN	0	1	0	0	3	3	3
	RED	3	2	3	3	4	3	3
	% GREEN	0%	33%	0%	0%	43%	50%	50%
Bedfordshire LAs (Healthy Child Programme and oral health promotion)							6	6
							4	4
							60%	60%
Bedfordshire CCG (ambulatory services)	GREEN	0	1	0	0	1	1	1
	RED	3	2	3	3	2	2	2
	% GREEN	0%	33%	0%	0%	33%	33%	33%
Bedfordshire CCG (children's Services)							2	2
							0	0
							100%	100%
NHS England (school-aged immunisation service)	GREEN	10	10	9	9	8	8	9
	RED	1	1	0	0	1	1	0
	% GREEN	91%	91%	100%	100%	89%	89%	100%
TRUSTWIDE	GREEN	79	77	76	78	79	83	88
	RED	12	14	15	15	15	15	14
	% GREEN	87%	85%	84%	84%	84%	85%	86%