



Safe – February/March 2018

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

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



Cambridgeshire
Community Services
NHS Trust

Incidents: Overview

Serious Incidents

During February and March 2018 one Serious Incident was declared which related to an elderly gentleman, living at home who sustained an injury to his arm when he attempted to get out of bed. The care input from our teams involved routine visits for monitoring pressure ulcer prevention. A number of actions were initiated immediately including audit of other patients on the community nursing caseloads with similar equipment in place. Full Root Cause Analysis is in progress.

Two Serious Incident investigations were finalised; both of these incidents are part of wider Serious Case Reviews. Learning from these incidents included ensuring that an escalation process was in place, policies and procedures were followed at all times, professional curiosity and understanding of risks were central to ensuring a safe plan of care was in place and accurate and timely record keeping was required at all times. This

Degree of harm

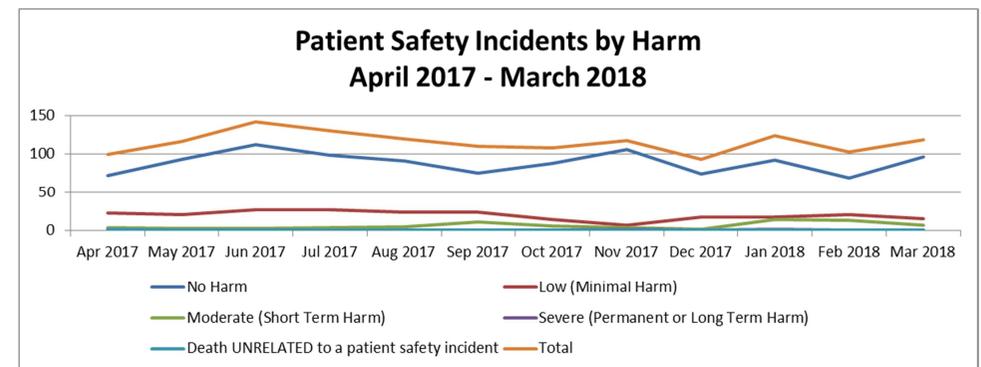
During February and March 2018 there were 20 moderate harm incidents reported (13 in February and seven in March). Of the February incidents, 10 occurred within Luton Adults' Services, nine of which were pressure ulcer and one was a patient accident (SI). The remaining three were in Cambs childrens services and related to clinical assessment. Of the March incidents, five occurred within the Luton Adult Services and all related to pressure ulcers. The remaining two incidents were within the iCaSH Suffolk service and related to clinical assessments.

In addition to the reviews being carried out for the moderate harm incidents the Trust

implemented two internal root cause analysis investigations (one in iCaSH Norfolk, clinical assessment and one in Luton Adults Service which was a suspected deep tissue injury) and one thematic review of four pressure ulcers which were deemed to require further scrutiny. The initial learning identified from these incidents is a failure to carry out assessments in a timely manner.

Learning from previous incidents

Learning from incidents is shared with teams via newsletters, governance meetings, leadership forum and via the learning pages on the intranet. As mentioned above, a key learning theme is the importance of carrying out assessments in a timely manner and this will be shared widely and teams assisted to apply this to their individual service portfolios.



Safeguarding

Serious Case Reviews

	Luton				Cambs/P'boro				Norfolk			
	Dec 17	Jan 18	Feb 18	Mar 18	Dec 17	Jan 18	Feb 18	Mar 18	Dec 17	Jan 18	Feb 18	Mar 18
Case Reviews On-going	2	2	2	2	2	2	2	1	5	7	7	9
Case Reviews Concluded	0	0	0	0	0	0	0	1	1	0	0	0
Domestic Homicide Reviews On-going	2	2	2	2	1	0	0	0	0	0	0	0
LADOs on-going	0	0	0	1	0	0	0	0	0	0	0	0
Unexpected Child Deaths	0	0	0	0	0	0	1	1	1	0	1	1
Safeguarding Adult Reviews	0	0	0	0	0	0	0	0	0	0	0	0

Norfolk continues to have the highest number of Serious Case Reviews (SCR). A decision was made at the SCR Panel that the concluded SCR in Cambridgeshire will not be published due to the potential identification of the children. One of the Luton Domestic Homicide Reviews has been completed and we are awaiting publication of the final overview report.

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 has exceeded the national target of 85% training compliance across both levels. As of March 2018, the Trust's compliance for both levels is:

Trust Prevent Basic Awareness Training	99%
Trust WRAP Training	86%

The Prevent team is also working closely with the Trust's Safeguarding teams to develop table top exercises and design a 'practical tips' booklet which will help staff work with the Prevent Strategy.

Safeguarding Training

Level 3 training

At the end of March 2018, overall Trust wide compliance with Level 3 Safeguarding Training was below compliance at 88%. A number of actions have been put in place to support individual teams with compliance. As previously reported a new model for Ambulatory Care and Specialist services has been adopted and planning is progressing to deliver the new model of twice a year training and supervision.

Safeguarding Training Overall Compliance = 91%		
	Feb 18	Mar 18
Level 1	98%	↔98%
Level 2	98%	↔98%
Level 3	88%	↔88%
Level 4	100%	↔100%
SOVA	96%	↔96%
Mental Capacity Act	94%	↓93%
Deprivation of Liberty Safeguards	94%	↓93%

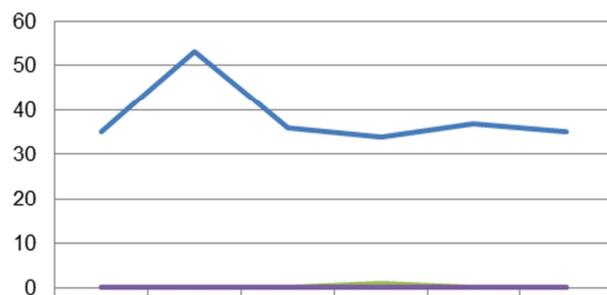
Safeguarding Supervision

Safeguarding supervision compliance has dipped during February and March at 91% and 94% against a target of 95%. This was due to a number of factors including staff sickness and adverse weather conditions where staff focused on direct delivery of clinical services and deferred a number of supervision sessions. Compliance is anticipated to improve going forward into 2018/19.

Work is ongoing to improve the quality of recording of safeguarding children supervision. A number of improvements were identified through our Internal Audit review of practice across our Childrens services. The actions are being monitored by our Named Nurses and re audit planned following completion of all actions and recommendations.

Safeguarding Supervision		
	Feb 18	Mar 18
Luton	93%	100%
Cambridgeshire	96%	93%
Norfolk	94%	90%
Overall compliance	94%	91%

Information Governance Incidents reported and investigated in month

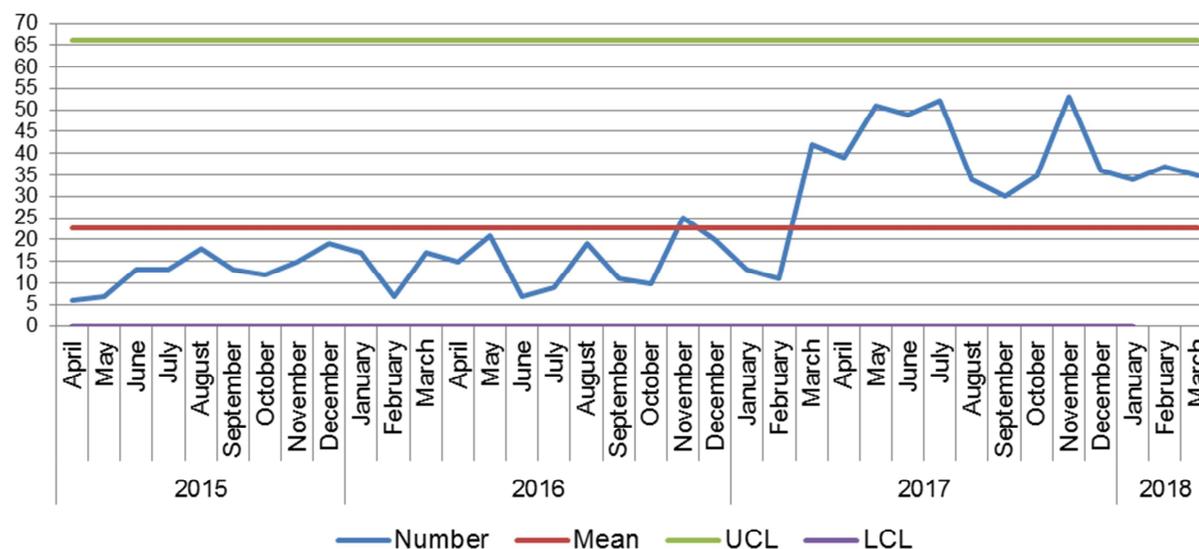


	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
IG Incident	35	53	36	34	37	35
RCA Internal Investigation	0	0	0	0	0	0
Declared as SI & to ICO in month	0	0	0	1	0	0
External RCA concluded in a month	0	0	0	0	0	0

In the previous report, one Information Governance (IG) Serious Incident was highlighted regarding fax transmission of patient information to an incorrect recipient. This was subsequently reported to the Information Commissioner’s Office (ICO). The ICO has requested further information regarding the incident in order to gain assurance that our systems and processes are robust. Progress will be reported through the IG Steering Group.

While the data shows an improvement, trends continue to centre on perceived confidentiality breaches (eight in February and five in March). On reviewing incidents over the past six months, no particular trends have been identified. All incidents are investigated and outcomes discussed at the Information Governance Steering Group.

Number of IG incidents received each month



Infection Prevention and Control

Surveillance: February – March 2018 Compliance = 0

Trust area	C.Diff (post 72 hours)	2017-2018 total to date
Cambridgeshire	0	0
Luton	0	0

There were no confirmed MRSA bacteraemia or Extended Spectrum Beta-Lactamases (ESBL) bacteraemia reported during February and March 2018.

E.coli (*Escherichia coli*)

As part of the Trust's mandatory surveillance we have not been informed of any positive blood cultures from our children's inpatient areas or participated in any investigations in relation to our other services during this reporting period.

Incidents

There were ten incidents reported in this period: three dirty needle stick injuries (including one from a cleaning contractor), one clean needle incident (needle pricked a parent's finger as they moved their hand from their child's arm). The remaining six were minor incidents such as waste not collected; sharps not disposed of immediately after use, clinical areas not cleaned appropriately. Appropriate actions were taken in all cases.

Environmental audits

Ten sites were audited during this period: Holly Inpatients, Special Care Baby Unit (SCBU), Speech and Language Therapy (SALT) based at the Princess of Wales Hospital, Musculoskeletal (MSK) Services at Brookfields Hospital and North Cambs Hospital) and Dental Access Centres at Ely, Huntingdon, Cambridge, Peterborough and Wisbech. Common themes were monitoring and rotation of stock and general appearance and tidiness of areas. The reports have been shared and action plans developed with the service leads with overall oversight by the Trust's Infection Prevention and Control Committee.

Clinical Audits (Essential Steps and High Impact Interventions)

All teams submitting their clinical audit data achieved 100% for February and March. Details are discussed at the Trust's Infection Prevention and Control Committee. We are

Staff Seasonal influenza 2017-18 vaccination programme

- The National requirement for NHS Trusts is to vaccinate 75% of frontline healthcare workers; at the close of the campaign for 2018, 62.4% of eligible Trust staff had been vaccinated.
- The Trust is also participating in the national CQUIN scheme for flu vaccination of frontline healthcare workers which involves those clinical staff in services commissioned by Cambridgeshire & Peterborough CCG and Luton CCG.

Dept	MSK	OZC	Holly / Acute Services	Specialist Children's Services	Luton C&YP	Luton Adults
Uptake %	76%	78.6%	69.2%	58.3%	57.4%	62.6%

- A start and finish group has met to identify how the Trust can improve staff uptake for the 2018/19 campaign. A number of actions will be undertaken prior to the 2018/19 programme
- A number of people across the country caught flu despite receiving the vaccine and therefore a revised vaccine is to be used nationally for 18/19 which contains protection against 4 strains rather than 3 (quadrivalent influenza vaccine (QIV) rather than the trivalent vaccine (TIV)).

Focus on Clinical Waste

It has been identified that some community nursing staff are unsure of their local procedure for collecting infected clinical waste from patients' homes. The Trust's waste policy is being updated and additional operational guidance will be provided for clinical settings and community staff with specific details pertinent to where they work. This is being jointly undertaken by the Trust's Estates, Clinical Medicines and IPaC teams in collaboration with the Serco Waste Manager.

Safer Staffing

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

Context

This approach is not sensitive to variations in staffing levels on a daily basis and therefore can mask individual dips in compliance. Therefore, the Paediatric Matron also undertakes a review of staffing levels but takes a more detailed approach to identify when specific reductions in staffing has an impact on the ward. The commentary below reflects the analysis of this and therefore the percentages reflect her approach and differ slightly from the nationally reported data. Work continues to develop a further refined methodology which takes into account the age and acuity of patients on the ward when considering the safe staffing position.

Special Care Baby Unit (SCBU)

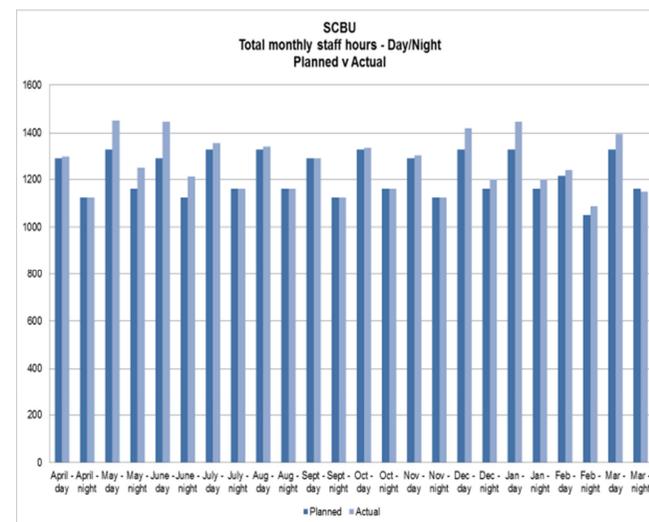
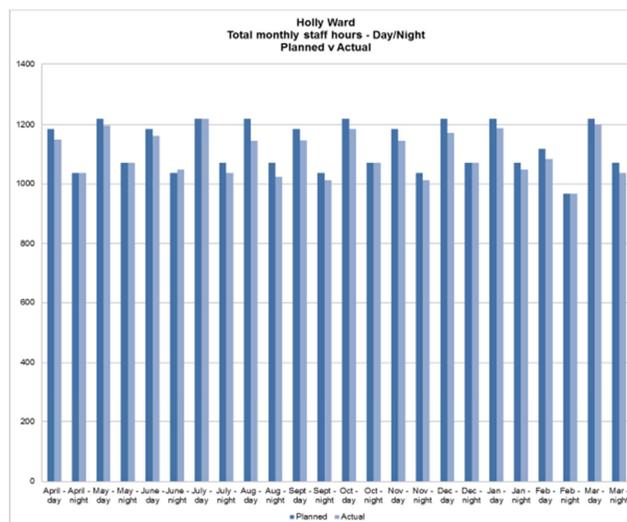
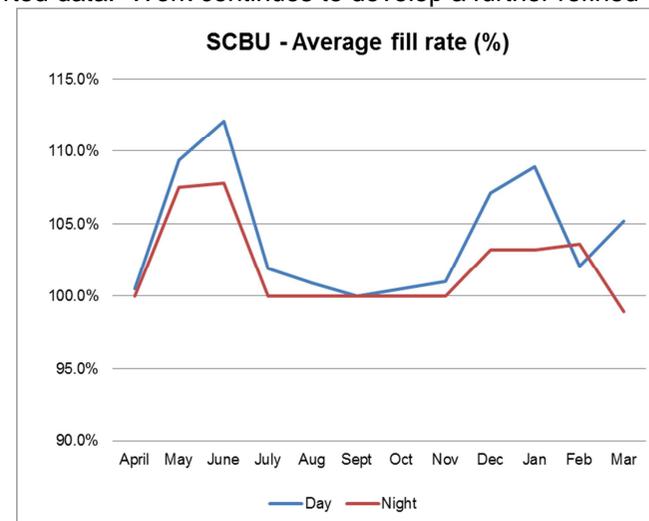
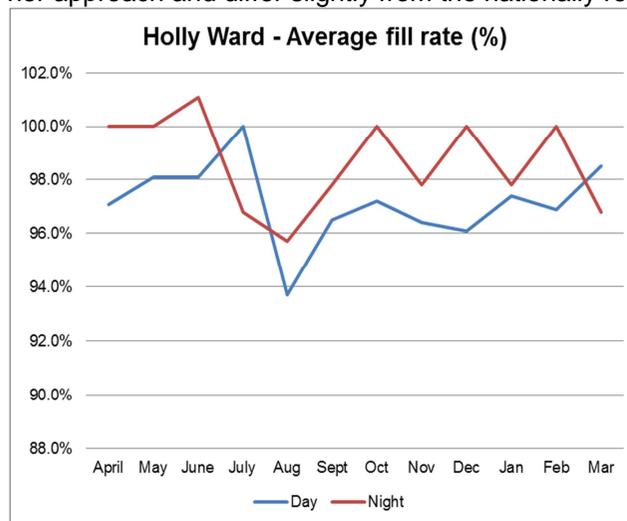
During February, SCBU achieved 103% compliance against the RN nursing levels and 100% against the total number of staff on duty. There was a decrease in the use of bank and agency staff due to successful recruitment and the Unit is now recruited to its funded establishment.

In February the Unit was restricted to the Neonatal Network on 17 occasions and there were no internal closures in the month. There were no SBAR escalation reports submitted in month.

During March, SCBU achieved 102% compliance against the RN nursing levels and 98% against the total numbers of staff on duty. There was one night shift with only two RNs on duty due to short notice sickness of the rostered nursery nurse. As the unit was at moderate acuity and capacity it was not necessary to restrict admissions to maternity services. All staff managed to report for duty during the adverse weather conditions at the beginning of the month.

There continues to be a decrease in the overall wte required through staff working excess hours and bank/agency workers in March. There remains one member of the Band 5 nursing team on long term sick leave. All current nursing vacancies have been recruited into with candidates already in post or awaiting pre-employment checks.

The Unit was restricted to the Neonatal Network on only one occasion in March 2018 and there were no internal closures in the month. There were no SBAR escalation reports completed and no in-utero or ex-utero transfers for non-clinical reasons.



Holly Ward Inpatients

In February, overall compliance rates were reported nationally as 96.91% for day shifts and 100% for night shifts. During this period, there were three amber rated day shifts that required support from the Registered Nurse from day case. There was one episode of restriction reported through the SBAR escalation process due to the ward being at full capacity.

In March, RNC overall compliance rates for inpatients were reported nationally as 98.52% for day shifts. There was one Sunday shift with only two RNCs on duty however the RN from the Paediatric Assessment Unit (PAU) was able to support the inpatient area.

RNC compliance for night shifts was reported as 96.77% and there were two red shifts reported which occurred at the beginning of March when adverse weather conditions were experienced. On one of these nights only one RN was able to travel into work, therefore two RNs from the day shift stayed on site to provide an on-call service and the ward was restricted to further admissions overnight. The medical team supported the RN on duty by remaining on the ward and acting as second checkers for medications. The following night only two RNs managed to get into work due to the continued adverse weather. Both these shifts were reported via the SBAR and Datix systems and resulted in restricted admissions overnight, however no Emergency Department (ED) breaches were reported as 'awaiting paediatric bed' during these times. There was one CAMHS breach on a night in March which was reported as 'delay in ED referral' and on the following night two breaches that did not require admission and both children were discharged from ED.

There were five further periods of restriction in March reported via the SBAR process and two ED breaches reported as 'awaiting a paediatric bed'.

There are currently 3.0wte vacancies within the Band 5 registered nursing establishment plus 2.0wte Band 5 registered nurses on maternity leave. Two further staff are due to commence maternity leave in late summer. Recruitment has resulted in conditional offers to two candidates who have both accepted the posts. One of these is a student qualifying in August. Further interviews have taken place resulting in conditional offers to a further 1.61wte experienced RNCs. A 1.0wte Band 5 will be returning from a career break on 1 May 2018.

Medicines Safety

There were a total of 63 incidents reported in Q4, compared with 78 in Q3. Chart 1 shows the breakdown between the Directorates. Of these 35 were attributable to CCS. All were classed as 'no harm' except three that were 'low harm'. One of these occurred in the Luton Adult Services where a patient with a penicillin allergy was prescribed penicillin and subsequently developed a rash. It transpired that the allergy was documented on the GP SystemOne records, but the share was not applied due to an apparent oversight by the GP. The other two low-harm incidents occurred in Holly Ward: a local anaesthetic cream remained in situ for longer than required and caused irritation; and a medicine required four times per day was given three times per day for a few days, with no apparent consequences.

Chart 2 shows the breakdown of the Trust incidents by specialty. Ten of the 15 incidents reported in the Children's Specialist Service were on Holly Ward. No themes were detected, just general governance issues.

Chart 1 (All Incidents)

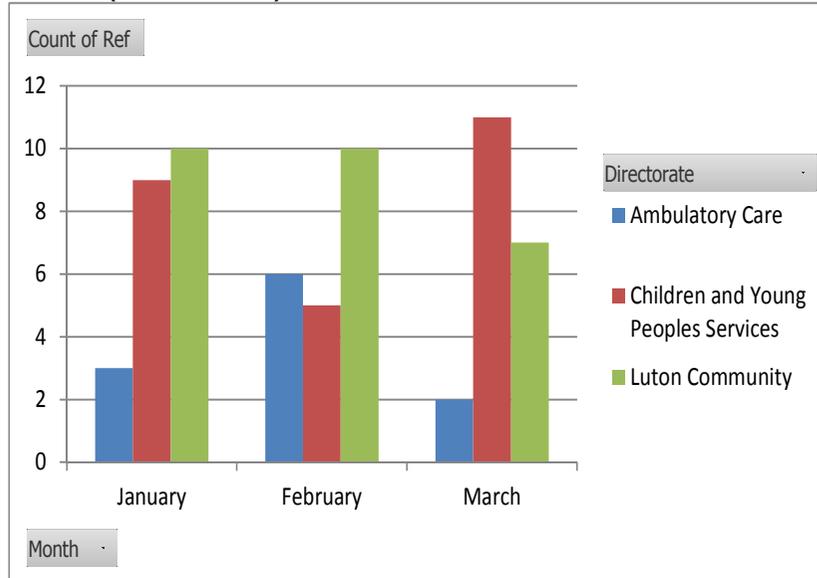
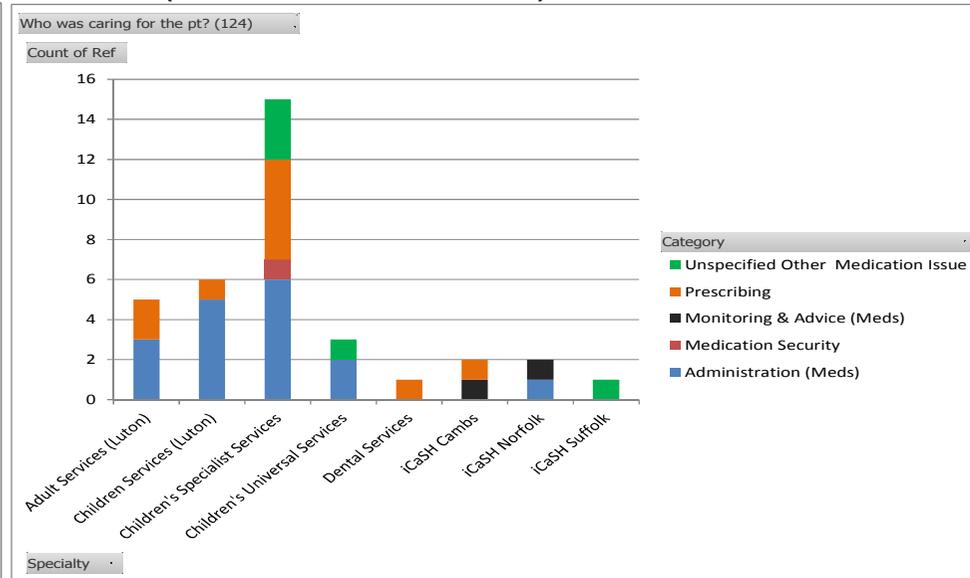


Chart 2 (Incidents attributable to CCS)



The most commonly reported incident was 'wrong dose' (seven of the 35 CCS incidents), including three wrong doses prescribed on Holly Ward. The most common categories are below. It is notable that the number of missed doses has diminished compared with previous reports. Incidents are discussed at weekly 'Druggles' which have been introduced to reflect on possible changes to practice that might be required. Overall trends are overseen at the Paediatric Acute services Governance meetings.

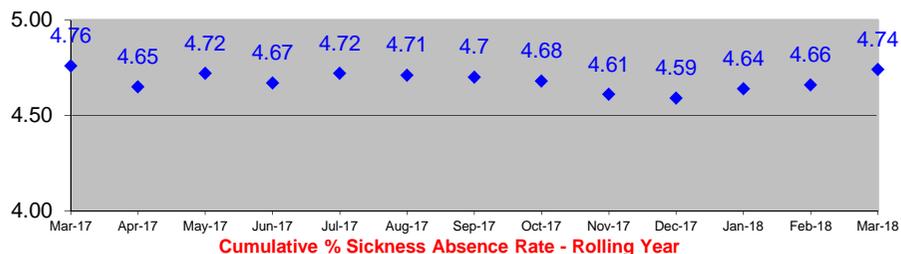
Expired Medication	3
Incorrect or Inappropriate Prescription	5
Medication Omitted	3
Wrong Dose	7
Wrong Frequency/Rate/Time	3



Effective – February/March 2018

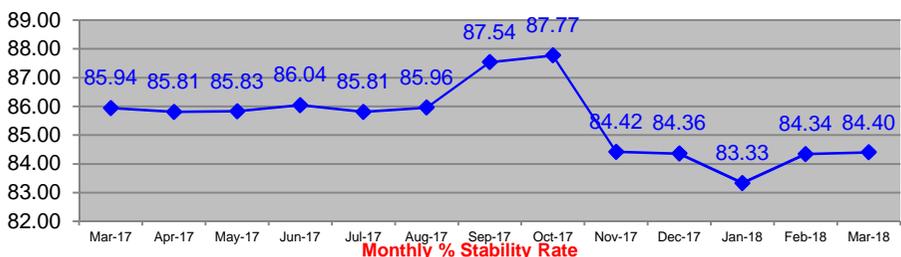
By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Workforce



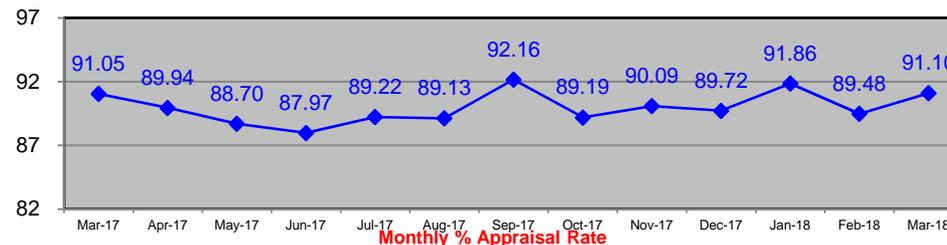
SICKNESS ABSENCE

- The cumulative rolling (12 months) sickness rate increased from 4.66% in February to 4.74% in March 2018.
- In March, 3.08% of sickness absence was long term and 2.47% short term sickness.
- The highest sickness rate was in the Ambulatory Care Community Unit (6.47%). The lowest (3.74%) was in the Corporate Unit.
- The highest reason for absence was 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.



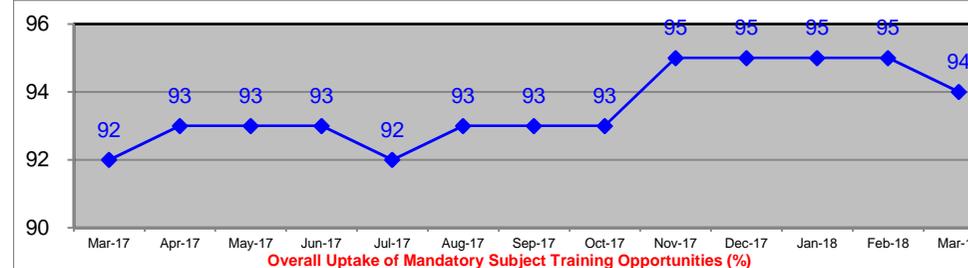
STABILITY

- The Trust's stability rate was 84.40% which compares to a stability rate of 87% for NHS England and 83% for NHS Community Provider Trusts for "all employees" (Source: NHS iView January 2018). NB: CCS stability figures exclude staff on a fixed term contact of less than one year and staff that 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. The Exit Interview process is led by managers and there is also a survey monkey Exit Questionnaire. The HR team reviews the questionnaire feedback and discusses issues with service managers.



APPRAISALS

- The Trust wide rate increased in March and is now above the Trust target of 91%.
- Cambridgeshire Children & Young People (C&YP) Services had the lowest rate (88.95%); Luton C&YP had the highest rate (98.10%).
- All managers and leaders are promoting 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 March and April each year. The new appraisal, career and personal development planning conversation began in September 2017.
- Audits of the quality of appraisals take place.



MANDATORY TRAINING

- Mandatory Training compliance has been stable since September 2016, peaking at 95%. In March this fell by 1% to 94%.
- There are on-going national ESR system and local IT compatibility issues and local workarounds are in place to support staff to undertake the training.
- Central reports reflect e-learning undertaken the day after its completion and within a week for face to face training.

NICE (National Institute for Health & Clinical Excellence)

Relevant guidance for February & March 2018

Title	Service(s)	Actions
QS164 Parkinson's Disease Quality Standard	Luton Adult	Currently with service to check against assessment tool
NG85 Pancreatic cancer in adults: diagnosis and management NICE Guidance	Luton Adult	Currently with service to check against assessment tool
QS93 Atrial Fibrillation Quality Standard	Luton Adult	Assessment tool sent to DVT/Anticoagulant Specialist Nurse and, of the 5 quality statements, 2 were relevant to the Trust. Both statements achieved full compliance as the service was able to evidence through the patient notes.
NG87 Attention deficit hyperactivity disorder: diagnosis and management NICE Guidance	CYPS	Joint audit across CPFT and CCS is going to be initiated
QS39 Attention deficit hyperactivity disorder Quality Standard	CYPS	



Caring – February/March 2018

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



Cambridgeshire
Community Services
NHS Trust

Patient Comments/Feedback

We cannot tell you how grateful we are for everything you have done for us as a family and for taking such wonderful care of us.
Special Care Baby Unit (SCBU)

Great personalized service.
Warm friendly reassuring.
Couldn't fault it at all.
MSK Physiotherapy

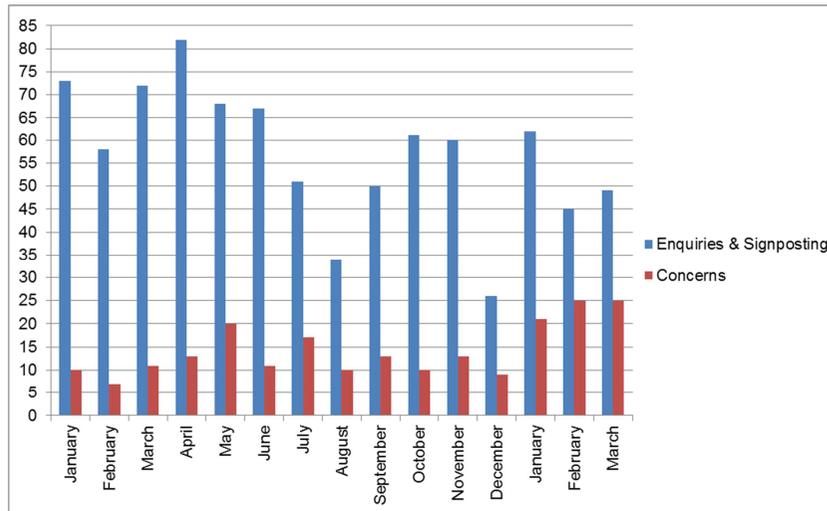
Personable, listened,
welcoming.
Luton Health Visiting

The whole training was done well - I knew nothing about Sensory circuits.
CYPs Occupational Therapy



Patient Advice & Liaison Service (PALS)

There were 70 PALS contacts in February: 45 were enquiries and signposting and 25 raised concerns
In March there were 74 PALS contacts: 49 were enquiries and signposting and 25 raised concerns.



Of the concerns raised in February and March, 22 were about administration. Of these, eight concerned the appointment systems (five in iCaSH and one in each of MSK, Children's Cambs and Children's Luton), seven were about the telephone service (three iCaSH, two MSK and two Dental Services). The remaining seven raised other administration issues (six iCaSH and one dental). Services are reviewing these. The next most frequently occurring subjects in concerns were delays (7) staff attitude (5) and clinical care (5).

Treated me with dignity and compassion.
Luton Integrated Community Nursing

Efficiency, courtesy, respect & professional non judgemental, discreet.
iCaSH Bedfordshire

Thoroughly listened to school and parent concerns.
Community Paediatric Luton

The visit was very reassuring -my health visitor listened to what I had to say all of the time and did not dismiss my concerns.
Cambridgeshire Health Visiting

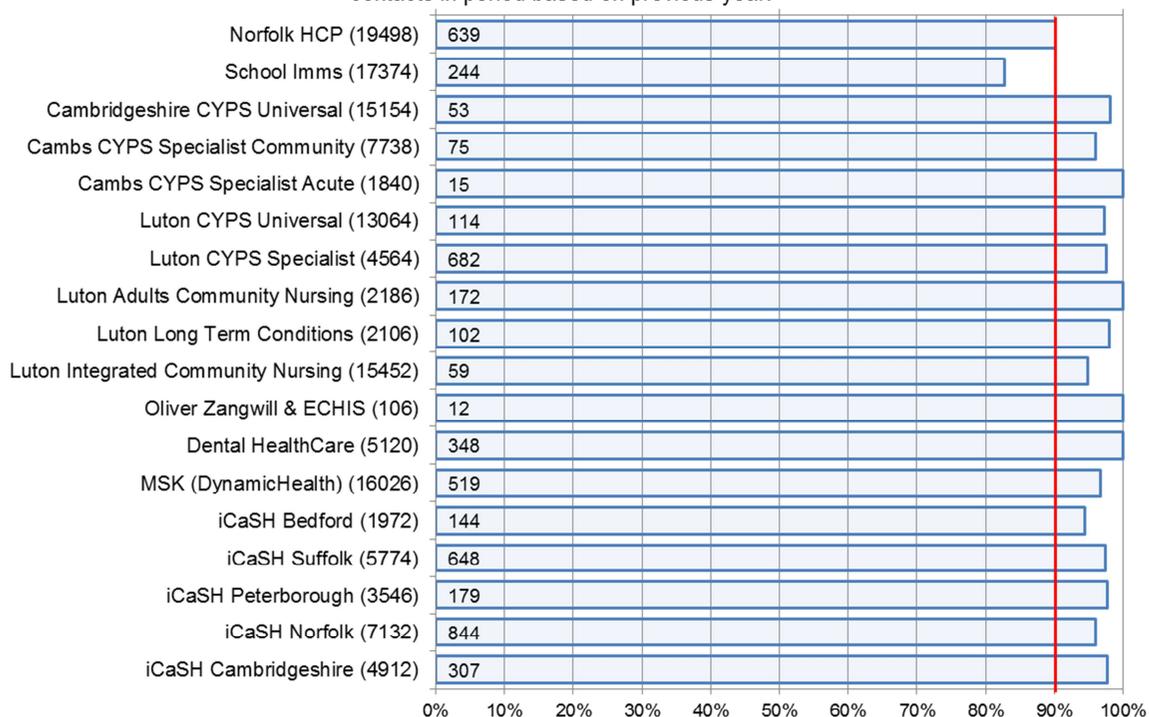
Explaining about the things I was unsure about, I'm able to ask questions.
Norfolk Family Nurse Partnership

All staff understands my needs I'm treated sensitively all and everyone has done the best for me.
Ely Dental

We were made to feel very welcome and kept informed about all aspects of the service. Worked hard to get to know our specific needs and made relevant recommendations.
Oliver Zangwill Centre

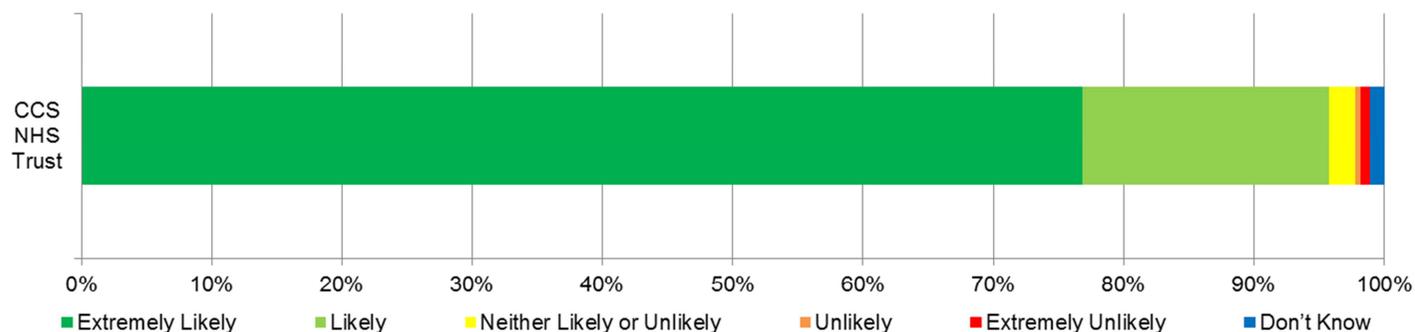
Friends & Family Test (FFT)

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 2500 responses to the FFT question in February and 2656 in March.
- All 18 services received some feedback.
- Four services scored 100%
- The overall Trust score was 95.73%
- Only the School-age Immunisation Service did not exceed the 90% recommend target (82.79%). The not recommend score was not particularly high at 2.05%. Of the 244 responses, 202 were positive, 32 neutral and five negative. The comments associated with the negative responses were about the discomfort of the injection. One suggestion was that they could use their phone as a distraction.

Percentage of each response given to the FFT question for CCS NHS Trust.





Responsive – February/March 2018

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



Cambridgeshire
Community Services
NHS Trust

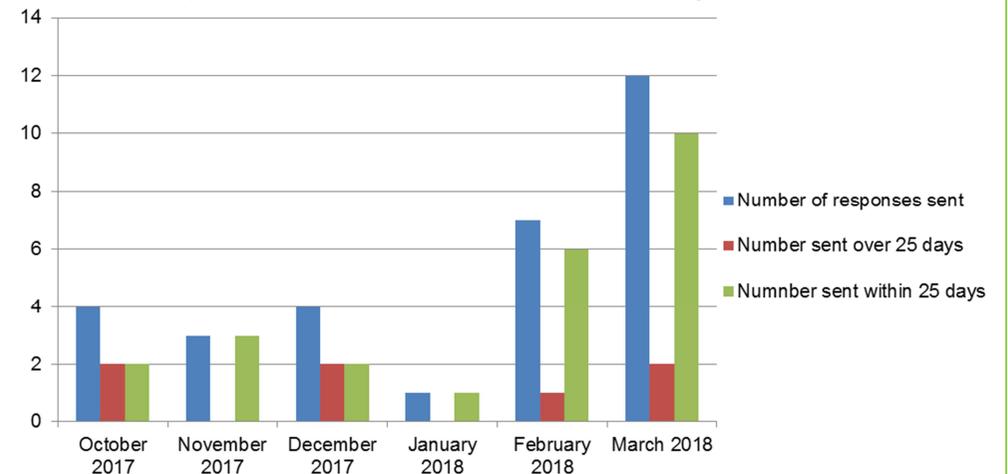
Complaints

Number of complaints received between April 2015 to March 2018



	Dec 2017	Jan 2018	Feb 2018	March 2018
Number of complaints received in month	4	6	11**	8*
Number of complaints closed in month	11	4	2	7
Number of responses sent in month	4	1	7	12
Of responses sent in month number over 25 days	2	0	1	2
Of responses sent in month number within 25 days	2	1	6	10
Percentage of responses sent within target time frame	50%	100%	86%	83%
Number of complaints upheld (of those responded to)	0	0	2	5
Partially upheld (of those responded to)	3	0	3	3
Number of PHSO referrals in month	0	0	0	0
Number of PHSO recommendations received/completed in month	0	0	0	0

Number of responses sent and number sent within target time frame



Responses to complaints

The chart above shows the number of complaints being responded to and the number done so within the 25 working day target over the last six months.

Parliamentary and Health Service Ombudsman (PHSO)

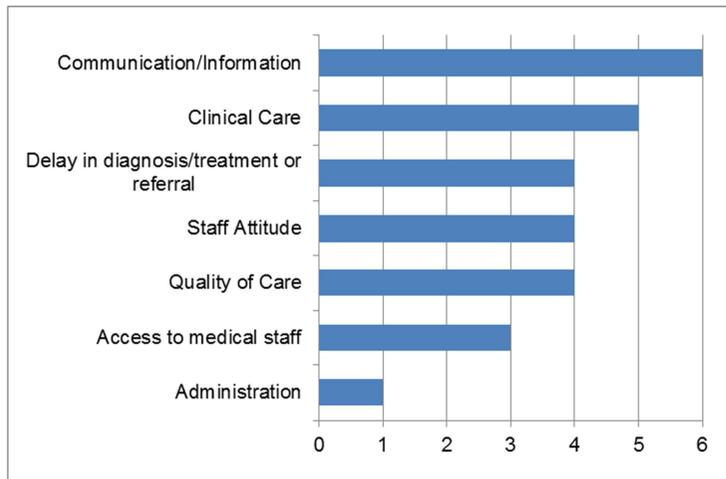
There were no referrals to PHSO or recommendations received in February or March 2018.

Complaint themes and outcomes

There are no apparent trends in the subject and services involved in complaints reported in February and March. Of those responded to in the period seven were upheld and six partially upheld.

*one fewer than previously reported, complaint was changed to a concern. **overall number has not changed as one complaint changed to a concern and a concern became a complaint after initial reporting.

Trends



The subjects identified in complaints received in February and March are shown in the graph. Nineteen complaints were received in the two month period, with 27 issues raised across the subjects shown above. Thematic reviews of patient feedback are discussed at the Clinical Operational Boards and Quality Improvement and safety Committee.



Responsive – February/March 2018

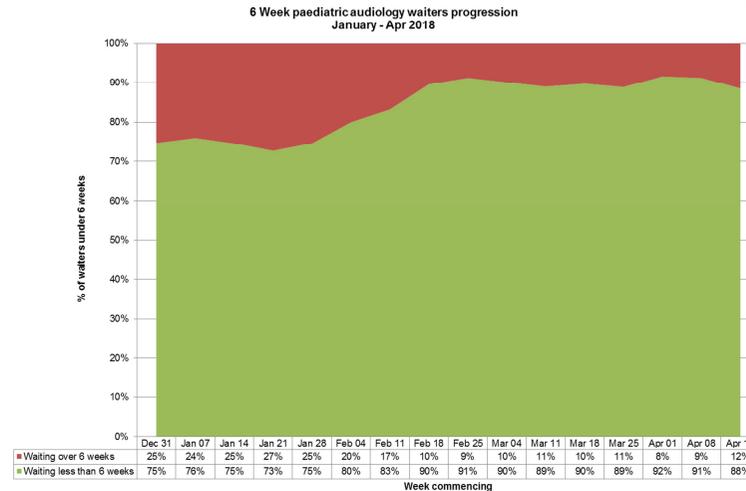
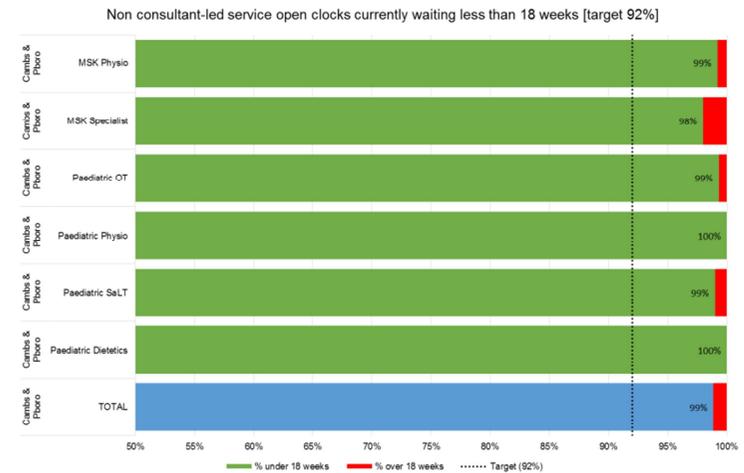
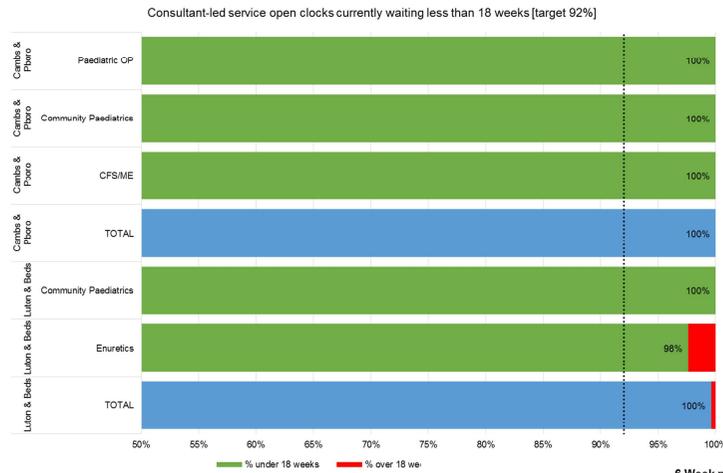
By responsive, we mean that services are organised so that they meet people's needs



Cambridgeshire
Community Services
NHS Trust

Access – i.e. 18 weeks.

Children's Services have worked hard since January to improve data quality. The backlog of breaching waiters in community paediatrics and paediatric physiotherapy has been completely cleared. Adult MSK is also in a strong position with on-going review of exception reports provide by the Informatics team.





Well-led – February/March 2018

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture



Cambridgeshire
Community Services
NHS Trust

Quality Way/CQC self-assessment & peer review programme

During the last two months, Our Quality Way activity has included the following areas of achievement:

Quality Peer Reviews

- We have completed a peer review in February 2018 with the Holly Ward team based at Hinchbrooke.
- We completed a 'short focused' visit in March 2018 reviewing the Safe/Responsive domains with the 0-19 Healthy Child Programme based in Huntingdon.

Self-Assessments -Action plan

- Services submitted their self-assessment improvement plans as part of Trust wide Housekeeping Action plan in preparation for CQC visit.

Our Quality Way booklets



- Our Quality Way booklets continue to be used across the Trust; they recently formed part of the Bedfordshire staff induction pack which has been distributed to all our new colleagues who joined us on 1 April 2018.
- This booklet is a 'handy size resource' for individual staff members and teams to enable them to reflect on the Our Quality Way framework and, in conjunction with Our Improvement Way, can be used by teams to bring about improvement, however big or small. The booklet has a section to help raise staff awareness of what to expect as part of a visit by any inspection regime, whether this is the CQC, Ofsted, other national peer reviewers as well as our own Our Quality Way Peer Reviews.

Focus for April/May

- Planning the next stage of the Our Quality Way Peer Review programme.
- Preparing a report on the Our Quality Way Review Programme to the Wider Executive Team to reflect on what went well and improvement to carry forward to the next stage.
- Continuing to work with our teams to help them focus on displaying quality data, such as the Trust wide 'Quality Boards' which are an effective way of presenting information for both staff and patients.
- Continuing to develop and improve our services using patient experience and feedback.
- Introducing our new Bedfordshire colleagues to Our Quality Way and Our Improvement Way as part of their Trust wide induction in April.

QEWTT (Quality Early Warning Trigger Tool)

The response rate for the QEWTT in February and March 2018 was the same for both months: 97.6%. The table below shows those teams that had a high score (16+) in February/March, 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 two high scores in February and seven in March. Common themes identified across the services were staffing issues (e.g. sickness and vacancies, anticipated disruption to service delivery in the coming month, IT issues, staff not updating records within 24 hours, poor weather conditions resulting in cancellation of clinics and visits and an increase in the number of formal complaints.

	Team	Dec-17	Jan-18	Feb-18	Mar-18
Luton - Children's Services	Health Visiting Luton Central	13	13	14	14
	Health Visiting Luton South	13	13	13	16
	Health Visiting Luton West	13	14	13	13
	Health Visiting Luton North	10	10	10	16
	Audiology	9	10	10	10
	Community Paediatrics	13	12	12	15
Luton - Adult's Services	Community Nursing - Cavell	4	12	No return rec'd	21
Norfolk HCP	0-19 HCP Breckland Locality	17	17	13	21
	0-19 HCP City Team 1 & 2	11	16	15	17
Cambs C&YP Universal	5-19 School Nursing Service	18	19	22	17
	Cambs City & South Locality Team		15	17	15
	East Cambs & Fenland Locality Team		15	12	13
Cambs C&YP Specialist	Children's Continuing Care	9	14	14	14
	Acute Paediatrics	No return rec'd	No return rec'd	7	4
	Speech & Language Therapy (Cambs)	No return rec'd	No return rec'd	0	2
Ambulatory Care	iCaSH Bedfordshire	12	13	15	16
	Dental Healthcare - Brookfields	6	17	10	10

Community Paediatrics: A rise in their score in March was due to an increase in the cancellation/postponement of clinical care due to lack of available staff. Similar issues as in previous months remained however due to an increase in the demand of the service with no additional resource, children are now being seen in order of agreed clinical priority which will impact on 18 week referral to treatment (RTT). Relevant stakeholders have been informed and an increase in complaints from parents/carers and professionals was anticipated. On-going issues with IT connectivity remained causing delay in accessing and updating clinical records and impacting on mandatory training compliance although guided ESR sessions have been arranged to support staff.

Community Nursing – Cavell: This team was on the Emerging Issues table in the last update mainly due to winter pressures which were anticipated to continue into February. Although no QEWTT return was submitted in February, they submitted a high score in March. The March return explained that patient referrals had continued to increase with no slowdown in the post-winter crisis which has impacted the delivery of patient care. In addition, a number of staff were on sick leave due to work-related pressures and the general morale of the team was low. The Team was supporting three new team members (two newly qualified and one B6 staff member) and additional resource was being provided by bank staff. However, staff continued to additional hours.

Norfolk

Norfolk 0-19 HCP teams: Breckland and Norwich City Teams 1 & 2 remain on the QEWTT table with increased scores (high) in March.

- Breckland Locality's score increased from 13 in February to 21 (high) in March. A number of contributory factors were stated which included team leads on long term sick leave, two days of heavy snow resulting in the cancellation of visits which had to be rescheduled, business continuity plan in place for mandated visits, formal complaint received in month, poor IT connectivity at one base and staff not updating clinical records within 24 hours. It was noted, however, that two other members of the team returned to work on a phased return basis.

Overall QEWTT Scores	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Number of responses received by scoring threshold	25+	0	0	0	0	0	0	0	0	0	0	0
	16-24	4	7	3	5	6	3	1	2	2	4	7
	10-15	17	23	22	15	14	17	19	16	13	14	11
	0-9	72	67	69	76	71	68	66	74	65	59	62
No. of two consecutive non-responses	0	0	0	0	0	0	0	1	1	3	0	0
Number of single non-responses	4	0	2	1	1	4	7	0	12	2	2	2
Total number of responses received	93	97	94	96	91	88	86	92	80	77	80	80
Total number of Teams	97	97	96	97	92	92	93	93	93	82	82	82

Luton Community Unit

Health Visiting:

- All four Luton Health Visiting Teams remained on the QEWTT table in February/March; Luton South & North Teams both had high scores in March.
- All four teams reported similar pressures leading to an increase in staff workload which impacted on their delivery of clinical care. Issues stated included high level of staff absence (maternity/sick leave), vacancies, difficulties in recruiting and retaining staff, the knock-on effect of the decommissioning of the Family Nurse Partnership (FNP) service, IT connectivity issues affecting both completion of mandatory training and ability to update records within 24 hours. In addition, the bad weather conditions in March led to the cancellation of a number of developmental reviews and home visits which then had to be rescheduled.
- Two 0.6wte posts have recently been filled (Central and North teams) and, where necessary, staff have been redeployed to other teams to help reduce the workload and pressures on remaining staff.

Audiology: This team's score has remained constant for the past three months. Key issues remained such as staff on sick leave leading to cancellation of clinics, high use of locums/bank staff to cover weekday, evening and weekend clinics in order to cope with the demand and IT connectivity issues have caused delays in clinics. One B4 Audiology Support Worker vacancy has been filled (awaiting start date) and a Band 8a Clinical Scientist role has been approved and due to be advertised.

- Staff sickness in Norwich City 1 & 2 teams resulted in the cancellation/postponement of clinical care. The team continued to operate under their business continuity plan targeting mandated one year reviews. Additional transfer-ins from Provide (100+ records) were received for review and potential action. Similarly to Breckland, poor weather conditions in this period resulted in the cancellation of visits and clinics.

Cambridgeshire Children & Young People's Services

Cambs School Nursing Service: This service continued to experience staffing issues with a rolling advert in place for school nursing posts. A new bank member of staff has been recruited to work on the duty desk to release capacity for staff to cover caseload work. IT connectivity has

improved with staff being issued with dongles and updated mobile phones. The service remains on the Trust's risk register.

Cambs City & South Locality Team: Following the merger of health visiting teams into localities in January 2018, only three month's data is available for this locality. In February this team submitted a high score of 17 reducing to 15 in March. Key issues included no substantive team leader in post, staff shortages impacting on ability to deliver face to face contacts, difficulties in recruitment with bank staff in place to help support achievement of targets. An issue with late notifications from NHS Digital of transfer-ins is a potential risk and plans are in place to obtain additional admin and clinical support to manage this. Staff have experienced charging problems with their mobile phones and replacement phones have been requested. In addition, there were issues with the phones at the new Peacock Centre which have been reported to the IT department.

East Cambs & Fenland Locality Team: Following the merger of health visiting teams into localities in January 2018, only three month's data is available for this locality. This team is on the QEWTT table as it has scored within the mid-range for the past three months. Key areas highlighted were no substantive team leader in post, staff vacancies and staff sickness; bank and agency staff have been employed to support the service while attempts to recruit more staff were made. Work continued to support staff to update clinical records within 24 hours and there were plans to increase service user feedback from April.

Children's Continuing Care: This team's score has remained at 14 over the past three months. On-going connectivity issues with carers working overnight in children's homes meant that clinical notes could not be updated within 24 hours. Staff shortages (vacancies and staff sickness) continued to be an issue for the team with posts currently being advertised.

Acute Paediatrics: QEWTT returns for this team have now been received for February/March and show an improved score compared to their last submission in November 2017. Issues identified during February and March related to non-compliance with mandatory training, receipt of a complaint and staff sickness.

Speech & Language Therapy: QEWTT submissions for this team were received in February and March after two months of no returns. Their score remains low but was due to a formal complaint being received in March which was downgraded to a concern following a call by the team manager. The learning was discussed at team meetings so that the situation would be managed better if it re-occurred in the future.

Ambulatory Care

iCaSH Bedfordshire: This team's score has remained high or in the mid-range since May 2017. Staff sickness and vacancies remained an issue leading to further disruptions within the service. The appraisal rate has not improved although plans were in place and compliance was expected to rise. The slight rise in score from the last period was due to a number of complaints received (both formal and verbal) which have been reviewed but no themes were identified.

Dental Healthcare – Brookfields: Although this team's score improved in February/March, sickness absence continued to have had an impact on the team's ability to sustain services leading to clinic closures and increased waiting times for patients. To ease this pressure, staff were re-directed from other clinics to cover services. In the Minor Oral Surgery Service an agency worker has been taken on to support the team. In addition, a formal complaint was received in February and managers were finding it difficult to schedule 1:1 supervision although the service was working hard to address this.

Emerging Issues

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	Team	Dec-17	Jan-18	Feb-18	Mar-18
Ambulatory Care	Dental Healthcare - Wisbech	2	12	7	7
Luton - Adults Services	Cancer & Palliative Care	6	6	No return rec'd	12

Dental Healthcare – Wisbech: This team's has decreased to 7 in February and March. However, staff sickness continued to be a challenge along with ensuring that 1:1 supervision was scheduled.

Luton Cancer & Palliative Care: This team did not submit a QEWTT in February and their March score reflects the issues anticipated in their December/January submission, i.e. disruption to services due to staff on long-term sick leave, maternity leave, retirement and a full time vacancy. The team was working hard to ensure that the workload was managed appropriately to ensure patients care was not compromised.



You Said...
Request for the exercise sheets to be provided in a wider variation of languages.

We Did...
The exercise sheets have been reviewed and are now provided in 10 different languages which reflect the local population.

Patients attending various locations within Suffolk have requested an increase in appointment availability including evenings and weekends. The Teams within this Service have worked together and as of the 1 April 2018 are now able to provide evening and weekend appointments.

New Signage
Following feedback received from a number of patients regarding the lack of signage for the Dynamic Health Service at the Rivergate Centre, the Service has now reviewed the best location for signage taking into account people walking from various locations and also driving. More signage has been ordered and there is an arrangement for these to be put up within the next two months.

You Said...
Ensure Grove Road records are on new system.

We Did...
The majority of old records are the property of the previous provider, however records that did transfer are archived off site and easily recalled as and when required

During an out of hours emergency appointment a patient was unable to have their treatment completed due to the full materials not being available at the Out of Hours site. A trauma kit is now taken to the Out of Hours site in Huntingdon to ensure that this situation does not occur in future.

Staff Engagement and Feedback

The results from the 2017 staff survey, which was sent to all staff to complete were published nationally in March 2018. For the fifth year running staff rated working for the Trust incredibly positively, reflecting the fantastic culture and behaviours our staff have created.

In 27 out of the 32 key findings (KFs) the Trust scored 'better than average' when compared to other community trusts nationally.

The Trust's top ranking scores were:

- Effective use of patient/service user feedback.
- Effective team working.
- Recognition and value of staff by managers and the organisation.
- Support from immediate managers.

The Trust's staff engagement score of 3.97 was the highest score nationally for community trusts and was the 9th highest nationally amongst all NHS Providers.

As a result of the survey, the following actions will take place:

- Continued focus on ensuring all work places are free from any form of bullying and harassment and that all staff do report all potentially harmful errors, near misses or incidents that they witness .
- Introducing a variety of actions that enable a swift resolution of incidents as they occur.
- Supporting staff to have a healthy work life balance, and a focus on mental health and wellbeing. This will include promoting the importance of taking our lunch/rest breaks and finishing work on time.
- Continue to improve the quality of our appraisal conversations and ensure that these conversations are valued.

In addition, comments received from both the national staff survey and our local quarterly staff friends and family surveys are reviewed and grouped into themes and actions to address these are identified on an ongoing basis.



Research

Clinical Research Success

iCaSH in Norwich is now leading recruitment in the Trust and is consistently within the top five nationally for highest numbers of clients being enrolled into the Safetxt study. Our research portfolio has expanded into other clinical areas such as MSK and Paediatrics and MSK at Hinchingsbrooke is also the most successful recruiting site to the BOOST study.

Internships and Fellowships submitted and supported by the Senior Research Fellow:

- **HEE Pre-MSc Internships** – Our five fellows performed their final presentation at the end of March.
- The next stage is the **Pre-doctoral Clinical Academic Fellowship (PCAF)**. A two year, 50% clinical backfill is provided, plus £5,000 Masters and £1,000 towards conferences. Two of our clinicians submitted their PCAF applications, and we are awaiting the outcome.
- The **Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Fellowship Scheme** commenced in January 2018 and is continuing to look at a parent group for children with Generalised Global Developmental Delay.
- **Greenshoots Clinical Research Network (CRN) funded 0.5 PA** – continues publishing the CRN and National Institute for Health Research (NIHR) Paediatric Studies.

National Institute for Health Research (NIHR) Portfolio Studies:

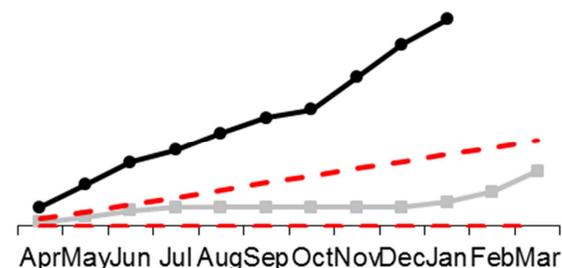
- **iCaSH – Safetxt** (behaviour change study) running in Norwich, Lowestoft, Kings Lynn, Great Yarmouth, Cambridge and Ipswich continue to recruit. Highlights: iCaSH consistently features in the top 5 recruiting sites out of 44 sites nationally (it has been in the second position on two occasions). The total recruitment to date is 288.
- **iCaSH – PrEP (Pre-exposure Prophylaxis) Impact Trial** – HIV prevention medication in those engaging in high risk sexual activity, a national study. iCaSH has nine clinics recruiting (largest number of sites for one trust). Recruitment to date is 122.
- **MSK BOOST** study – top recruiting site in the Country; an additional recruitment of 10 patients has now been agreed with the University of Oxford. Recruitment to date is 36.
- **MSK – Work Patient Reported Outcome Measures (PROMs)** study. Two sites (Cambridge and Huntingdon) have started recruitment. An additional site to assess capacity in 4 weeks (Peterborough).

- **CYPS – PRes Study (HV)** Preventing the return to smoking post-partum. This study is running in the Norfolk Health Visiting service: 19 recruits to date.
- **CYPS – Cost of Autism study (community paediatricians)** – Luton and Huntingdon. Each centre to review the case notes of 20 consecutive children seen who are diagnosed with autism: 13 recruits to date.
- **CYPS – Playing, talking and reading** study in the Speech & Language Therapy Team – recruitment is now taking place: 5 recruits to date.
- **CYPS – FEEDS** survey about services offered to parents of children with eating, drinking and swallowing difficulties. Just opened to recruitment.
- **CYPS & Dental – Pay More Attention** – Great Ormond Street survey about service delivery for children with learning disabilities. Closed end April. Accruals = 62.

New service Transfers:

- **Bedfordshire Community – Paediatric Orthoptics.** Trials in collaboration with Moorfields, transfer of **EuPatch** study (patching for lazy eye) in progress. Bedfordshire team has been named as site on applications for new **BALANCE** trial planned for May.
- Luton – **Stroke rehab & Early Support Discharge (ESD)** – reviewing adoption of **RETAKE** trail (Nottingham University), large multicentre randomised controlled trial (RCT) intervention for stroke vocational rehab.

Graph 1. Trust recruitment (n=225) for 2017/18 (black line) against 2016/17 (grey line) and target (red dotted line)



- **Highlight** – Clinical Research Network's set target was **160**. Totalling **550** (subject to finalising data for 2017-18).
- **Quality Improvement Fellowships completed (December)**
One project is being extended due to the delay in acquiring backfill. The other Quality Improvement Fellow (QIF) fellow has had a paper accepted at the World Federation for Neuro-Rehabilitation (WFNR) International Conference on Individualised Outcome Monitoring Framework, co-authored by our Research Practitioner.

Quality Dashboard 2017-18

Standard/Indicator	Description	Contact	Annual target Ceiling or Baseline	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Sparkline	
				CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall	CCS Overall							
SAFETY																	
Patient safety																	
Classic safety thermometer	% Harm free care	H Ruddy	96%	93.33%	90.76%	97.86%	98.54%	98.57%	90.00%	94.25%	95.50%	91.25%	82.35%	94.05%	85.95%		
	% New harm free care		98.5%	99.05%	99.16%	99.29%	99.27%	100.00%	100.00%	100.00%	98.20%	100.00%	92.94%	98.81%	98.35%		
C&YP safety thermometer	% Harm free care		no target	N/A	N/A	73.30%	N/A	85.20%	90.90%	63.60%	92.30%	92.00%	68.80%	66.70%	50.00%		
Incidents																	
New SIs declared requiring investigation	Avoidable pressure ulcers declared as SI in month under CCS Care	L Ward	0	0	0	1	0	0	0	0	0	0	0	0	0		
	Other SIs declared		0	0	1	0	0	1	0	1	0	1	0	0	0		
Number of never events	Number of never events reported in month		0	0	0	1	0	0	0	0	0	0	0	0	0		
Medicines Management	Number of medication incidents reported (CCS)	A Darvill	no target	15	23	31	20	10	11.00%	12	15	14	15	9	10		
	% CCS medication incidents no harm		no target	93%	91%	100%	95%	100%	91.00%	100%	100%	93%	87%	89%	100%		
Infection Prevention & Control																	
MRSA	No of avoidable MRSA bacteraemia cases in year (inpatients)	C Sharp	0	0	0	0	0	0	0	0	0	0	0	0	0		
MRSA Screening	Non-elective (inpatients)		100%	100.00%	100.00%	100.00%	100.00%	100.00%	0 patients required screening	100.00%	0 patients required screening	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	0	0	
Hand hygiene	Compliance with hand hygiene in all Trust inpatient areas		100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Essential Steps	Compliance with spread of infection indicator		100%	100.00%	100.00%	100.00%	100.00%	99.84%	100.00%	99.16%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
EFFECTIVENESS																	
Mandatory training																	
Overall mandatory training	In line with Trust Training Needs Analysis	J Michael	91%	93%	93%	93%	92%	93%	93%	93%	95%	95%	95%	95%	94%		
Safeguarding training (Children)	Level 1: % staff trained		91%	97%	98%	97%	97%	97%	97%	97%	97%	98%	98%	98%	98%	98%	
	Level 2: % staff trained		91%	96%	93%	93%	96%	97%	98%	98%	93%	98%	98%	98%	98%	98%	
	Level 3: % staff trained		91%	89%	91%	90%	90%	91%	91%	90%	91%	88%	89%	88%	88%	88%	
	Level 4: % staff trained		91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Safeguarding training (adults)	SOVA		91%	92%	93%	93%	92%	92%	92%	92%	92%	94%	94%	96%	96%	96%	
	Mental Capacity Act		91%	94%	93%	93%	92%	93%	93%	93%	93%	95%	95%	95%	94%	93%	
	Deprivation of Liberty		91%	95%	95%	95%	95%	87%	87%	84%	92%	92%	95%	94%	93%		
Manual handling	% of staff undertaking manual handling (patients)		91%	87%	81%	88%	87%	88%	88%	92%	93%	93%	93%	90%	91%		
Fire safety	% of staff undertaking fire safety training		91%	90%	90%	88%	89%	91%	91%	92%	93%	93%	94%	94%	93%		
CPR/Resus	% of staff undertaking CPR/Resus training		91%	89%	92%	91%	92%	91%	89%	91%	91%	93%	92%	92%	91%		
IPaC training	% of staff undertaking IPaC training		91%	95%	95%	94%	94%	95%	96%	97%	97%	98%	97%	97%	98%	98%	
Information governance	% of staff undertaking IG training		95%	93%	93%	93%	91%	91%	90%	91%	91%	93%	93%	95%	95%	92%	

				Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	
Standard/Indicator	Description	Contact	Annual target Ceiling or Baseline	CCS Overall	CCS Overall	CCS Overall	CCS Overall	Sparkline								
EFFECTIVENESS																
Safeguarding																
Safeguarding supervisions (Children)	% eligible staff	C Halls	95%	95%	97%	96%	96%	96%	93%	96%	97%	94%	97%	94%	91%	
Workforce/HR																
Sickness	Monthly sickness absence rate	R Moody	no target	3.85%	4.74%	3.63%	4.37%	3.81%	4.28%	4.64%	4.77%	5.90%	6.12%	5.11%	5.56%	
	Short-term sickness absence rate		3.6%	1.60%	2.00%	1.48%	2.19%	1.50%	2.42%	2.09%	2.59%	2.90%	3.20%	2.18%	2.47%	
	Long-term sickness absence rate		no target	2.24%	2.74%	2.15%	2.18%	2.31%	1.87%	2.55%	2.18%	3.00%	2.92%	2.93%	3.08%	
	Rolling cumulative sickness absence rate		4.3% by year end	4.65%	4.72%	4.67%	4.72%	4.71%	4.70%	4.68%	4.61%	4.59%	4.64%	4.66%	4.74%	
Turnover	Rolling year turnover	R Moody	no target	15.34%	15.24%	16.79%	17.04%	17.19%	17.02%	16.62%	16.23%	16.01%	16.60%	15.73%	15.41%	
Bank staff spend	Bank staff spend as % of pay (financial YTD)		no target	0.40%	0.55%	0.65%	0.52%	1.35%	1.34%	1.37%	1.43%	1.51%	1.51%	1.53%	1.56%	
Agency staff spend	Agency staff spend as % of pay (financial YTD)		no target	2.81%	3.04%	3.38%	3.09%	3.15%	3.39%	3.42%	3.59%	3.40%	3.44%	3.47%	3.28%	
Stability	% of employees over one year which remains constant	P Davies/ L Thomas	86.5%	85.81%	85.83%	86.04%	85.81%	85.96%	87.54%	87.88%	84.42%	84.36%	83.33%	84.34%	84.40%	
Appraisals	% of staff with appraisals		91%	89.94%	88.70%	87.97%	89.22%	89.13%	92.16%	89.19%	90.09%	89.72%	91.86%	89.48%	91.10%	
Staff Friends & Family test	Recommending CCS as place for treatment - Quarterly reporting	P Davies/ L Thomas	no target			84.99%			90.49%			Not available in Q3			95.13%	
	Recommending CCS as place to work - Quarterly reporting		no target			71.04%			74.35%						84.14%	
EXPERIENCE																
Patient experience (monthly targets)																
Complaints	Number of formal complaints received in month	D McNeill	no target	8	10	6	13	7	2	3	9	5	7	11	9	
	Of responses sent in month, no. of complaints responded to within 25 days		# / #	4/11	2/9	1/4	0/7	1/14	2/10	2/2	3/3	2/4	1/1	6/7	10/12	
	Percentage of complaints responded to within 25 days		0	36.00%	22.20%	25.00%	0.00%	7.00%	20.00%	50.00%	100%	50.00%	100%	85.71%	83.00%	
Friends & Family test score	Patients who would recommend our services	D McNeill	90%	97.78%	96.38%	95.78%	95.61%	97.28%	96.36%	96.02%	95.80%	97.20%	95.39%	96.20%	95.29%	
	Number of patients surveyed		no target	1755	2678	2890	3007	2351	3163	3740	2883	2320	2755	2500	2656	
QEWTT (Quality Early Warning Trigger Tool)																
QEWTT	Number of responses received by scoring threshold	H Ruddy	25+	0	0	0	0	0	0	0	0	0	0	0	0	
			16-24	4	7	3	5	6	3	1	2	2	4	2	7	
			10-15	17	23	22	15	14	17	19	16	13	14	16	11	
			0-9	72	67	69	76	71	68	66	74	65	59	62	62	
	Number of two consecutive non-responses		0	0	0	0	0	0	0	1	1	3	0	0		
	Number of single non-responses		4	0	2	1	1	4	7	0	12	2	2	2		
	Total number of responses received		93	97	94	96	91	88	86	92	80	77	80	80		
Total number of Teams	97	97	96	97	92	92	93	93	93	82	82	82				