

TRUST BOARD

Title:	Key Issues and escalation points from the April 2018 Clinical Operational Boards
Action:	FOR DISCUSSION
Meeting:	9 MAY 2018

Purpose:

This report contains a summary of the key issues discussed and escalation points for the Trust Board to either be informed about, or act upon based on the Clinical Operational Boards terms of reference.

The table in Annex A summarises the overall monthly contractual Key Performance Indicator (KPI) position for the last financial year (April 2017 – March 2018), by Commissioner, that are calculated and known monthly. The details of the escalated KPI's are included in the Clinical Operational Board escalation points below, where appropriate.

Recommendation:

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

	Name	Title
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Executive sponsor:	Matthew Winn	Chief Executive

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	Each Clinical Operational Board considers the impact of quality effectiveness and patient feedback in the holistic analyses of performance. This report includes an update on the quality site visits from Luton Clinical Commissioning Group.

Collaborate with other organisations	The inter-relationships with a host of other NHS and local government organisations are key to the performance of every service line.
Be an excellent employer	The achievement of recruitment targets, training and appraisal rates and staff welfare are key discussion point in every Clinical Operational Board. The report includes an update on mandatory training rates and a thematic review of risks in Luton identified recruitment and retention as a key challenge.
Be a sustainable organisation	Report includes an update on the financial performance of different services. Report also includes an update on 2018/19 Cost Improvement Plans and agency usage.

Trust risk register

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

Legal and Regulatory requirements:

NHS Constitution

Diversity and Inclusion 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.							
Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups	Not covered in this report							
Using the national 'A Call to Action on Bullying and Aggression', internally take action to promote our Zero tolerance policy and address bullying and aggression when it occurs.	Not covered in this report							
Ensure that the Workforce Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified. In particular, we will seek innovative methods to have co-opted representation on the Trust Board from more diverse backgrounds.	Not covered in this report							
Are any of the following protected characteristics impacted by items covered in the paper; None								
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"/>

Ambulatory Care Clinical Operational Board

<p style="text-align: center;">Summary</p>	<p>The Board noted services continue to perform well in most areas and that services are delivering financial expectations with underspends in the majority of services. All cost improvement plans are delivering as expected and robust plans for 2018/19 are in place.</p> <p>Division overall mandatory training compliance is currently 97% with IG currently 98%.</p> <p>The Divisional financial position is showing underspends in the majority of the services with all CIP schemes delivering to plan and schemes well developed for 2018/19.</p> <p>Division wide Friends and Family (F&F) feedback is 97.85% for February. Noting F&F in Dental was 100%.</p> <p>The Board was pleased to learn that the Lillie clinical system upgrade was successfully carried out in iCASH Bedfordshire, completing the full upgrade of the Service to Lillie 7.2.0.</p> <p>The Board noted that iCASH Peterborough continued to face challenges, though there had been a slight improvement, mainly due to the reduction in absence of Clinical Nurse Specialists. The most positive point was that the service had supported Commissioners to write a proposal for their Board for an additional £110,000 funding.</p> <p>The Board received a presentation on the experience Express Test service in iCASH, with data showing the uptake of the Service.</p> <p>The Board received a review of all incidents in Dental Services together with progress on actions and was assured all actions were either complete or on track for completion.</p> <p>The Board was interested in the work undertaken in Dynamic Health to produce a multi-language cauda equina leaflet, which the Chartered Society of Physiotherapists, the professional body, was looking to launch nationwide.</p> <p>The Board received a Thematic Review of Patient Experience including Incidents, Complaints and Compliments from September 2017 to February 2018 and noted that good evidence of action been taken to address issues and also that these sources of feedback from patients offered assurance on the quality of services.</p> <p>The Forward View updates across the Division included, upcoming bid activity in Dentistry and Sexual Health, the collaboration of the Oliver Zangwill Centre and Bedfordshire ABI Stroke and Neuro Rehab, the continued programme of service improvement and redesign in MSK.</p>	
<p style="text-align: center;">Escalation Points</p>	<ol style="list-style-type: none"> 1. There are a number of iCaSH KPI's in Peterborough and Bedfordshire which are red. There is an action plan for each KPI. There are also negotiations with the Peterborough commissioner regarding the increasing activity being delivered by the service versus the access targets. Specific proposals have been made to commissioners to either fund additional activity or change the target to enable the service to deliver within the contract sum. 2. Overall for the Division Mandatory Training is compliant, however there are 2 areas which have been marginally non-compliant for 2 months or more, Safeguarding Children Level 3 and Manual Handling. The Safeguarding performance was due to improve in Dynamic Health due 8 members of staff now booked onto training in March. 3. The monthly Stability (% of employees over one year which remains constant) KPI remains non-compliant at just below 85% against the target of 86.5%. The monthly performance is below target in a number of service areas and this is being addressed with a range of mitigation plans specific to the service issues 	<p style="text-align: center;">1</p>
<p>The Trust Board is not being asked for any action at this point on these escalation points.</p>		

Luton & Bedfordshire Clinical Operational Board

Summary

The Board welcomed Bedfordshire Community Health Services colleagues to their first Clinical Operational Board. Bedfordshire Children and Specialist Services will commence reporting to this Board from June 2018 following their transfer to the Trust on 1 April 2018.

The Division has sustained improvements made in mandatory training and appraisal rates. Appraisal compliance across the Division was currently between 94.92% - 99.08%.

Two members of staff from the expanded Children's Continuing Care Team attended the Board to share their experiences of working in the Trust. It was great to hear how comprehensive the induction programme for new staff joining this team is.

Luton Adult Services have undergone a formal Care Quality Commission inspection. Five inspectors spent two days in the adult teams visiting the Treatment Centre, Luton and Dunstable Hospital, The Poynt and spending time with colleagues on home visits. Verbal feedback received was positive and the service now awaits the formal report and ratings. Expected late May 2018.

The Board was informed that the Division overall was forecasting a breakeven position for 2017/18. It was noted that the financial pressures had significantly increased this year as additional investment had been required within Community Paediatrics, which was circa £400,000.

The Board discussed the continued pressures within Community Paediatrics. The service continues to clinically prioritise patients, however, is forecasting 18 week breaches from mid-April 2018. Feedback from Commissioners was expected imminently following the recent business case to establish a system wide solution to manage the pressures of related clinical pathways. The Board noted that a risk in relation to these pressures was currently scored at 16.

The Board noted that a number of teams / services were reporting recruitment and retention challenges. A review is currently underway to identify what further actions need to take place to mitigate these risks. Actions in relation to this will be taken forward by Service Leads, supported by the workforce team.

The Board received an update on progress in patient engagement activity across the Division. This showed a significant increase over the last 6 months in our friends and family response rate.

The Board noted that the FNP service had been decommissioned as at 31 March 2018. It received a comprehensive report from Ginny Lomax – FNP supervisor summarising the service achievements over the past 2 years, 7 months and the actions that had been taken to ensure a safe and effective transfer of all clients to universal and targeted services. The Board would like to formally thank Ginny for her support and leadership during this difficult period.

Escalation Points

1. Audiology – 6 week diagnostic breaches. The service is currently forecasting compliance from mid-late May 2018. Lack of resources has led to further slippage. The Board was informed that a meeting with Bedford Hospital and the Luton and Dunstable Hospital was planned for May 2018 to explore potential of networking services, which would provide greater resilience.
 2. BCG vaccinations – the team continue to implement the agreed back-log plan (reduced to 1535 from 2141 in February). Commissioners have agreed with the Luton and Dunstable Hospital that from June 2018 they will undertake the vaccination for all babies who have a hospital stay. This accounts for around 34% of eligible babies. Discussions continue with Commissioners around longer term plan for all eligible babies.
 3. Cost Improvement Plan 18/19 – The Division continues to work on identifying its full plan for the coming year. It was agreed that this work would be undertaken during April-June 2018 and that a final position would be reported to the Trust Board in July 2018.
 4. Adult Diabetes Service – reporting Red for % of service users on incomplete non-emergency pathways waiting no longer than 18 weeks. This Service has not met this KPI for 3 months, due to staff absence. However, is now back on track to achieve this going forward.
 5. Community Paediatrics – red rated KPI for 2 months in relation to letters being sent out to GP's within 5 working days following 1st outpatient appointment. This is due to the increased demands on these services.
 6. Harm Free Care Indicator – red rated for 6 consecutive months, however it had significantly improved to 94.05% against a target of 96%. New harm free care indicator reporting 98.8% which is above target. The Board received a detailed update on work to prevent and reduce the incidents of pressure ulcers which should enable sustained delivery of the new harm free care indicator.
 7. Workforce metrics – sickness levels continue to be red rated. All cases being managed appropriately and levels remain lower than previous years. Stability levels remain red rated for 2 months or more within Adult Services.
 8. Performance – Healthy Child Programme – 1year and 2.5 year checks continue to be red rated. Work is continuing with the Commissioner to agree final service model.
- Risk register – Community Paediatric pressures currently scoring 16. This risk will be reduced once a system wide solution has been agreed with Commissioners and/or additional funding has been secured to enable the team to recruit additional capacity.

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

Children and Young People's Clinical Operational Board

Summary

The final report from the Quality review of our SCBU unit undertaken by NHS England Quality Team was received and highlights discussed. The report was mainly positive with 'no immediate risks or serious concerns raised'. A number of improvements were highlighted and progress with these will be monitored through the Clinical Operational Board.

Discussions and negotiations continue to take place between the Trust, North West Anglia Foundation Trust (NWAFT) and Cambridgeshire and Peterborough CCG around the transfer of the Trust's acute services to NWAFT. Likely transfer date remains 1 November 2018.

Safety initiatives introduced since the last Operational Board include 'Safety Huddles' (daily oversight of patients at risk of deterioration) and 'Druggles' (weekly learning from medicines incidents and safety alerts aimed at reducing medication errors).

Two previously escalated risk scores decreased to 12 both relating to Holly Ward:

- CAMHS patients admitted to the ward (decreased due to introduction of new risk assessment process involving A/E and agreement with NWAFT regarding guidelines for supervision and care of young people with mental health issues)
- Access control system for entry onto the ward (decreased due to increased management and oversight by NWAFT Estates team)

The Board was updated regarding suspension of payments to the subcontractor for Norfolk profiling development work and will receive ongoing updates on progress.

Our application to the eastern health Sciences Academic Network for funding to develop the Norfolk Knowledge Hub was successful and will support development of interactive digital materials to children, young people and their families.

Work continues to be undertaken between Cambridgeshire and Peterborough Foundation Trust (CPFT) to establish integrated services for families and children.

A summary of Patient experience outcomes was deferred to the June meeting.

A detailed breakdown of appraisal compliance rates for teams was presented and plans to reach compliance were discussed (point 6 below).

Escalation Points

1. Performance for January and February for the Children Looked After (CLA) Service continues to fall below the 20 day target in Cambridgeshire

2017	January	February
No of CLA	30	28
Discharged prior to 20d	8	5
Remaining CLA	22	23
No < 20 d	12	5
No > 20 d	10	18
% < 20 d	55%	22%

Late referrals into the service have affected performance and the ability of the service to respond within timeframe – weekly oversight reporting with Social Care colleagues has just been introduced and anticipated improvements in performance will be monitored.

2. Performance in the Healthy Child Programme in Cambridgeshire continues to remain off target on a number of KPIs – detailed below. The C&YP Board also received a detailed breakdown of the individual locality performance which has enabled a more comprehensive oversight of the impact of staffing issues – the service lead is working with the teams to introduce a business continuity plan process for clinical work and is holding workshops in all localities to review and improve effectiveness of delivery.

	Target	Jan 2018	Feb 2018	NHS benchmarking
Antenatal	50%	25%	24%	
6-8 weeks	90%	87%	80%	85%
1 year (by 12 months)	90%	94%	81%	79%
% breastfeeding status recorded at 6-18 weeks	90%	87%	80%	78%
Breastfeeding prevalence 6-8 weeks	56%	55%	50%	48%

3. Acute services continue to overspend bringing the year to date overspend to £560.

4. Quality Early Warning Trigger Tool (QEWTT) scores 16 and above –

There were 2 submissions in February that scored 16 and above:

- Cambs Universal 5-19 services (22). This reduced post meeting for the March submission to 17 due to reductions in use of temporary Bank workers
- Health Child Programme teams in Cambs City and South (17) which again reduced post meeting to 15 in March.

Both services continue their recruitment drive. Smaller teams are being re modelled to work across wider areas together to increase resilience and local arrangements for flexible working are being reviewed.

5. The CYP Board were updated with an analysis of improved appraisal compliance and plans for individual teams to become compliant.

	Cambs Universal	Cambs Specialist	Holly Ward	SCBU	Norfolk HCP	School Imms Team
December 2017	84%	86%	81%	97%	85%	95%
January 2018	83.12%	94.08%	87.5%	96.43%	87.54%	93.65%
February 2018	83.91%	91.81%	91.07%	92.59%	76.99%	95.24%

6. CIP 2018/19 – there is a £56,000 shortfall in full year effect of schemes identified against a target of £1.2 Million. The service continues to work to close the gap.

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

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

Annex A - Summary of monthly-reported and tracked indicators

Contract	Rating	2016/17			2017/18												Notes/Implications
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Cambridgeshire and Peterborough CCG	GREEN	25	26	26	11	10	18	18	18	16	16	16	16	16	16	16	Indicators relating to patients receiving assessments within six weeks across all specialist children's services will be revised for 18/19. The CCG has agreed that they should be reported for information only for the rest of the current year.
	RED	2	1	1	1	2	5	5	0	0	0	0	0	0	0	0	
	% GREEN	93%	96%	96%	92%	83%	78%	78%	100%	100%	100%	100%	100%	100%	100%	100%	
Cambridgeshire County Council (iCASH only)	GREEN	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
	RED	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%	
Cambridgeshire County Council Healthy Child Programme	GREEN	18	15	16	8	8	8	5	6	5	8	9	9	9	7	7	
	RED	9	12	11	4	4	4	7	6	7	4	3	3	3	5	5	
	% GREEN	67%	56%	59%	67%	67%	67%	42%	50%	42%	67%	75%	75%	75%	58%	58%	
Peterborough City Council (also included in quarterly results table)	GREEN	17	17	16	16	16	17	15	15	14	17	18	16	16	16	16	
	RED	2	2	3	3	3	2	4	4	5	4	3	5	5	5	5	
	% GREEN	89%	89%	84%	84%	84%	89%	79%	79%	74%	81%	86%	76%	76%	76%	76%	
NHS England (Community Dental Service)	GREEN	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	A new performance reporting framework is under development, which will significantly increase the volume of indicators reported during 17/18. This will require extensive changes to data entered onto the clinical system.
	RED	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	% GREEN	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Luton CCG	GREEN	51	52	52	39	45	46	43	38	42	37	38	40	36	36	39	There has been a substantial decline in achievement of the 6 week hearing diagnostic target. A remedial action plan is in place to bring the service back to achieving the performance target.
	RED	2	1	1	6	1	4	5	8	5	6	5	5	5	5		
	% GREEN	96%	98%	98%	87%	98%	92%	90%	83%	89%	86%	88%	89%	88%	88%	89%	

Suffolk County Council	GREEN	4	4	4	4	4	3	4	4	4	4	4	4	4	4	4	June saw an indicator relating to offering of HIV tests narrowly missed (99% against 100% target). Performance returned to 100% compliance in July.
	RED	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
	% GREEN	100%	100%	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Norfolk County Council	GREEN	26	26	26	23	22	21	19	24	34	29	29	30	31	28	28	5 indicators relating to the FNP service have been moved from monthly to quarterly reporting.
	RED	7	8	8	10	10	10	13	9	3	3	3	2	1	4	4	
	% GREEN	79%	76%	76%	70%	69%	68%	59%	73%	92%	91%	91%	94%	97%	88%	88%	
Bedford Borough Council (reporting from Nov 2016)	GREEN	18	18	18	19	19	21	21	21	23	23	24	24	22	23	23	Substantial improvements in chlamydia screening and ISH service testing have moved two indicators from red to green since June.
	RED	10	10	10	7	7	5	5	5	4	4	3	3	5	4	4	
	% GREEN	64%	64%	64%	73%	73%	81%	81%	81%	85%	85%	89%	89%	81%	85%	85%	
TRUSTWIDE	GREEN	149	152	151	121	125	135	129	129	142	135	138	139	134	132	135	
	RED	24	22	23	27	23	27	32	26	17	17	14	15	16	18	18	
	% GREEN	86%	87%	87%	82%	84%	83%	80%	83%	89%	89%	91%	90%	89%	88%	88%	