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**TRUST BOARD**

Title:	<b>Key Issues and escalation points from the February 2018 Clinical Operational Boards</b>
Action:	<b>FOR DECISION/DISCUSSION/NOTING</b>
Meeting:	<b>14 March 2018</b>

**Purpose:**

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

The table in Annex A summarises the overall monthly contractual Key Performance Indicator (KPI) position as at the end of January 2018, by Commissioner, that are calculated and known monthly. In addition, this report also includes Annex B which is a summary of quarterly-reported iCaSH, School-aged immunisations and Child Health indicators as at the end of quarter 3. 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
Authors:	Dr David Vickers Anita Pisani Mark Robbins Taff Gidi	Medical Director Deputy Chief Executive Director of Finance and Resources Assistant Director of Corporate Governance
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:

N/A

### 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.
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	
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**

**Summary**

Ambulatory Care services continue to perform well in most areas.

Mandatory training compliance has increased to 97%., with 96% for information governance. Appraisal levels are at 91%.

Ambulatory Board 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.

Friends and Family Feedback is at 98% with over 3300 returns in November and December.

The Board received a report from Sarah Saul, MSK Manager, on progress of the Service Redesign within the service. The Board noted the significant reduction in the number of patients breaching 18 weeks waiting time.

The Board congratulated the MSK service on achieving their target of 30 patients recruited into the BOOST Trial, exploring treatment for patients with spinal trouble and noted the research team from Oxford University had asked the service to recruit further patients reporting “your team have already made such an outstanding contribution to BOOST”.

The Board received an annual review of information governance incidents, noting that these were, with one exception, no harm and that many related to lack of information in referrals to the Trust.

The Board received an annual thematic review of risks. In discussion it was noted that the Trust needed to develop a way of recording issues in relation to service redesign and development separate from operational and strategic risks.

There is a risk scoring 12 which relates to the Breydon iCaSH Clinic in Great Yarmouth - “There is a ‘Risk of injury to patients, staff and visitors in the event of a fire alarm or other emergency evacuation. The automated doors installed at the main entrance to the clinic have been assessed as unfit for purpose during repeated fire risk assessments. They do not allow emergency egress.’ It has been identified that the mechanism for the doors needs changing which will enable the doors to open and close as initially designed. The Board was informed this work was to be undertaken within the next three weeks. **Update:** The Head of iCaSH has confirmed that this work has now been undertaken. A new fire risk assessment has now been ordered to assess whether the door now complies with the requirements.

**Escalation Points**

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.

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

**Luton Adult and Children's Clinical Operational Board**

**Summary**

The Board thanked all teams for their hard work and dedication over the Christmas and New Year period. A number of teams and individuals went the extra mile throughout this period. The Board took the opportunity to congratulate Sally Shaw – Service Manager/Lead Nurse for Luton Integrated Discharge Team – who won January's Shine a Light Award.

Significant improvements seen in overall mandatory training performance. Adults – 97% and Children's Services 95% with Children's services also achieving 100% safeguarding supervision. Appraisal levels 93.8% for Adults; 93.86% for Universal Children's and 98.15% for Specialist Children's.

Adult services have had three quality site visits from colleagues from Luton Clinical Commissioning Group. Visits have taken place with District Nursing; TB/Respiratory and DVT/Anticoagulation and Phlebotomy services. Positive feedback has been received for each and in particular the Treatment Centre teams were warmly congratulated on how caring and well led their services were.

The Board received a review of all information governance incidents since April 2017. 103 incidents had taken place with 41 of these being attributable to other organisations. The Board noted that no incidents were reported as causing harm.

The Board also received an annual thematic review of risks. Themes identified were challenges of recruitment and retention and negotiating changes to service specifications in response to increase in need and demand.

The Unit had to pay over the agency cap in 2 services during 2017/18. These services were Community Paediatrics and Integrated Discharge team. Waivers for these were in place with authorisation from Director of Finance and Chief Nurse/Medical Director as appropriate.

Service Plans for 2018/19 have been updated for both Adult and Children Services and objective setting had commenced.

The Board received an update on the work that the 'Thinking Differently about Pressure Ulcers' group have been undertaking. An action plan is in place and due to the important nature of this work for the Adults Unit, the Board agreed to receive regular updates on progress at future meetings.

Pressures within Community Paediatrics were discussed in detail. A draft business case was expected from the Commissioner in response to the capacity review presented in December. It was agreed that the Service Director would provide support to the Clinical Lead and Head of Service to ensure that immediate pressures and risks within the service were appropriately addressed. The service continues to work on reducing the impact on children of demand outstripping supply. However, current trajectory indicates that the service may start to experience 18 week breaches in April 2018.

**Escalation Points**

1. Audiology – 6 week diagnostic breaches continue. All actions reported previously continue to be in place, although locum support has been challenging. This has led to slippage with breaches now expected to cease 18<sup>th</sup> March 2018.

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2. BCG vaccinations – Backlog has reduced to 2141. However, commissioners are still to agree with the Luton and Dunstable Hospital on them undertaking the vaccinations directly. The Service Director has raised this risk directly with the Commissioners and Chief Executive to escalate the Board's concern directly with the Chief Executive of the Hospital. The Medical Director will also discuss with NHS Improvement our concerns again.

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	<p>3. Harm Free Care Indicator – red rated now for 4 consecutive months. However, it was noted that new harm free care indicator was reporting 100%. The Board noted that the pressure ulcer group would be focusing on the improvements required to improve this level of performance and reporting.</p>	I
	<p>4. CIP 2018/19 – current position on the plan was presented to the Board. 54% identified. Further work continues to identify other schemes. High risk schemes previously reported now removed. It was acknowledged that the gap may need to be filled by Trust-wide solutions. Finance lead continues to work with Service Director.</p>	I
	<p>5. Workforce metrics – sickness levels continue to be red rated. All cases being managed as appropriate and levels continue to be lower than previous years. Stability level for Adults and Children Specialist services remain red rated. HR to undertake a review of this indicator.</p>	I
	<p>6. Performance – referrals remain below expected KPI performance for referrals to Live Well Luton weight management services. Discussions continue with Commissioners in relation to redefining this metric for 2018/19.</p>	
	<p>7. Looked After Children – All care leavers are offered a health care leaving service has been red rated for 3 months. Head of Service to undertake internal review to identify what improvement actions are required.</p>	I

**The Trust Board is not being asked for any action at this point.**

## Children and Young People's Clinical Operational Board

### Summary

A review of the directorate risks has taken place and there were a total of 67 risks on Datix. Of these 41 were subsequently closed as they were either resolved or needed updating. All risks of 9 and above are discussed at relevant management teams in Cambridgeshire, Norfolk and Acute and risks of 12 and above continue to be escalated to 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. The likely transfer date is 1<sup>st</sup> November 2018 as per the original contract notice.

Work continues to be undertaken between Cambridgeshire and Peterborough Foundation Trust (CPFT) and the Trust to re-establish trust and a joint approach to align our teams, leaders and resources to develop a truly integrated Children, Young People and Families service.

The Trusts Emotional Health and Wellbeing Practitioner Service went live on 15 January 2018.

Work is progressing to bring together our Healthy Child Programme Teams across Norfolk, Cambridgeshire and Peterborough. A programme Board structure has been implemented to oversee specific projects. The first Joint Board met in January 2018 to agree priorities.

Children's and Young Peoples Service was required to pay over the agency cap in 4 services between April and January 2018. It was agreed that additional agency cap information will be provided on a regular basis to the CYP Board, with reference to percentages of overall staff and agency spend.

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### Escalation Points

1. Despite a continued improvement in performance in this period, the Children Looked After (CLA) service continues to fall below the 20 day target in Cambridgeshire.

2017	October	November	December
<b>No of CLA</b>	25	21	26
<b>Discharged prior to 20d</b>	0	1	6
<b>Remaining CLA</b>	25	20	20
<b>No ≤ 20 d</b>	6	13	11
<b>No &gt; 20 d</b>	19	7	9
<b>% ≤ 20 d</b>	<b>24% *</b>	<b>65%</b>	<b>55%</b>

The CLA health pathway will be a priority in the assessments to be review as part of new programme of service redesign.

2. Performance in the Healthy Child Programme in Cambridgeshire continues to remain off target on 3 of the mandated functions. This will be a key priority to address through our service redesign programme. Local HCP commissioners are in agreement with this approach.

Indicator definition [target]	Nov-17	Dec-17
% Antenatal contact [50%]	29%	23%
% 12 month review by 15 months (account for 100% with exception reporting). [95%]	92%	91%
% Breastfeeding prevalence 6-8 wk (fully/partial) [56%]	53%	51%

3. Acute services continue to overspend bringing the year to date overspend to £449k.

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	<p>4. Quality Early Warning Trigger Tool (QEWTT) scores 16 and above –</p> <p>There were 3 responses in December that scored 16 and above in Norfolk 0-19, Cambs Universal services and HCP in South Fenland. The main reason is due to staffing shortages where recruitment is ongoing.</p> <p>Mitigation includes managing contacts through the use of the Duty Desk and Chat Health in Cambs.</p>													
	<p>5. Risk ID 1349 - current score 16</p> <p>There is a risk that due to an increase in the number of young people admitted to Holly Ward without a physical health need, the care that young people receive is below the level that the Trust aims to deliver.</p> <p>Update - In January final versions of the CAMHS Risk Assessment for completion in ED and guidelines for Holly Ward nursing staff around supervision and care of young people with mental health issues have been agreed. There are still unresolved issues with the Out of Hours support from the CAMHS Consultants and training for ED and Holly staff in completion of the Risk Assessment and therefore this risk remains high until these are resolved.</p>													
	<p>6. 3 contracted KPI's have scored "red" for 2 consecutive months. Performance in the Healthy Child Programme in Norfolk continues to improve. This will be a key priority to address through our service redesign programme. Local HCP commissioners are in agreement with this approach.</p> <table border="1" data-bbox="304 994 1311 1223"> <thead> <tr> <th>Indicator definition [target]</th> <th>Nov-17</th> <th>Dec-17</th> </tr> </thead> <tbody> <tr> <td>% women that received a face to face antenatal health promotion visit from 28 weeks pregnancy with a HV SCPHN. [90%]</td> <td>87%</td> <td>88%</td> </tr> <tr> <td>% 12 % of all infants at 6-8 week check that are totally or partially breastfed. [47.5%]</td> <td>46%</td> <td>44%</td> </tr> <tr> <td>% eligible families that have applied to receive Healthy Start vouchers [75%]</td> <td>65%</td> <td>64%</td> </tr> </tbody> </table>	Indicator definition [target]	Nov-17	Dec-17	% women that received a face to face antenatal health promotion visit from 28 weeks pregnancy with a HV SCPHN. [90%]	87%	88%	% 12 % of all infants at 6-8 week check that are totally or partially breastfed. [47.5%]	46%	44%	% eligible families that have applied to receive Healthy Start vouchers [75%]	65%	64%	
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	<p>7. The CYP Board were presented with a detailed analysis of appraisal compliance and plans for individual teams to become compliant. Current performance ranged from 100% compliance to 62%, of the 44 teams, 23 are non-compliant. Each team has a plan for addressing its appraisal compliance.</p>													
<p><b>The Trust Board is not being asked for any action at this point.</b></p>														

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





Contract	Rating	2016/17			2017/18											Notes/Implications
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Predicted year-end	
Norfolk County Council	GREEN	26	26	26	23	22	21	19	24	34	29	29	30	29	29	
	RED	7	8	8	10	10	10	13	9	3	3	3	2	3	3	
	% GREEN	79%	76%	76%	70%	69%	68%	59%	73%	92%	91%	91%	94%	91%	91%	
Bedford Borough Council (reporting from Nov 2016)	GREEN	18	18	18	19	19	21	21	21	23	23	24	24	24	24	
	RED	10	10	10	7	7	5	5	5	4	4	3	3	3	3	
	% GREEN	64%	64%	64%	73%	73%	81%	81%	81%	85%	85%	89%	89%	89%	89%	
TRUSTWIDE	GREEN	149	152	151	121	125	135	129	129	142	133	136	139	138	138	
	RED	24	22	23	27	23	27	32	26	17	17	14	13	12	19	
	% GREEN	86%	87%	87%	82%	84%	83%	80%	83%	89%	89%	91%	91%	92%	88%	

5 indicators relating to the FNP service have been moved from monthly to quarterly reporting.

Substantial improvements in chlamydia screening and ISH service testing have moved two indicators from red to green since June.

**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	2016/17				2017/18			Notes/Implications
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	
Cambridgeshire County Council (iCASH)	GREEN	23	21	22	22	22	21	21	
	RED	2	4	1	1	0	1	1	
	% GREEN	92%	84%	96%	96%	100%	95%	95%	
Peterborough City Council (iCASH, also reported monthly)	GREEN	18	16	19	16	17	14	16	
	RED	1	3	0	3	2	5	3	
	% GREEN	95%	84%	100%	84%	89%	74%	84%	
Suffolk County Council (iCASH)	GREEN	14	12	11	11	8	8	8	
	RED	1	1	1	1	0	0	0	
	% GREEN	93%	92%	92%	92%	100%	100%	100%	
Norfolk County Council (iCASH)	GREEN	14	13	14	16	17	17	17	
	RED	0	1	0	0	0	0	0	
	% GREEN	100%	93%	100%	100%	100%	100%	100%	
Norfolk County Council (HCP Family Nursing Partnership)	GREEN					4	4	3	
	RED					1	1	2	
	% GREEN	-	-	-	-	80%	80%	60%	
Norfolk County Council (HCP Healthy Weight service, suspended since Q3)	GREEN			2	2				Service under review by commissioner.
	RED			5	5				
	% GREEN	-	-	29%	29%				
Bedford Borough Council (iCASH)	GREEN					0	1	1	
	RED					3	2	2	
	% GREEN	-	-	-	-	0%	33%	33%	
NHS England (school-aged immunisation service)	GREEN	11	9	11	11	10	10	9	Two KPIs removed for new school year.
	RED	0	2	0	0	1	1	0	
	% GREEN	100%	82%	100%	100%	91%	91%	100%	
NHS England (Child Health)	GREEN	9	9	9	9				Service ceased April 2017
	RED	0	0	0	0				
	% GREEN	100%	100%	100%	100%	-	-	-	
<b>TRUSTWIDE</b>	GREEN	80	80	86	85	74	70	71	
	RED	4	11	2	5	3	7	4	
	% GREEN	95%	88%	98%	94%	96%	91%	95%	