

ANNEX B (i) Cover note for Cambridgeshire Child Health Annual Performance Report June 2018

- 1.0 It is recognised that delivery of the child health mandatory checks has not been performing at a consistent, or satisfactory level for all reported areas. This cover paper summarises the issues and actions related to under-performing areas only.

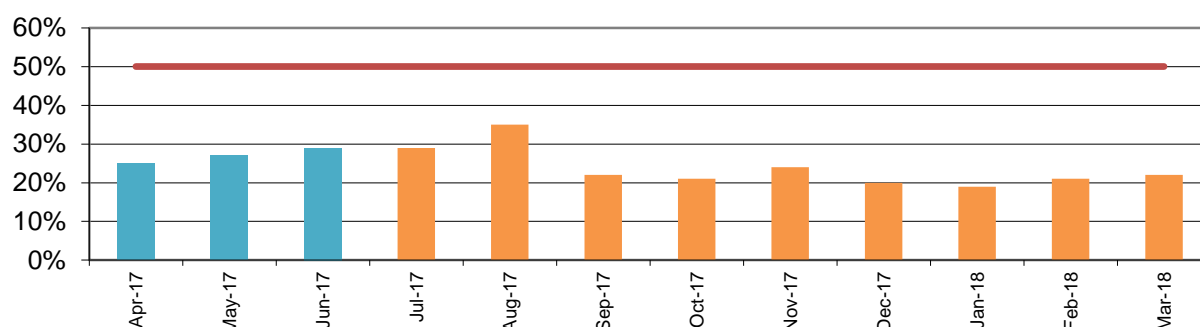
2.0 Workforce:

- 2.1 The level of workforce, in particular Health Visitors continues to be the most significant area of concern in respect of achieving target performance for the Healthy Child Programme.
- 2.2 Mandated checks undertaken by Health Visitors are monitored quarterly except where performance issues occur and do not recover to satisfactory levels. In this instance, more frequent monitoring is undertaken through monthly contact, and further information is requested to provide assurance that sufficient actions are being taken to recover performance. It is recognised that there is a national issue with a wide range of NHS staffing in terms of recruitment and retention compounded by proximal retirement of skilled workforce, and this is reflected locally including the number of Health Visitors. Despite the 2014 call to action, national workforce issues have not been sufficiently resolved.
- 2.3 Locally our provider has had issues with recruitment and retention particularly in East Cambridgeshire, Fenland and City areas. This is reflected in achievement of performance targets here, with south Cambridgeshire second in performance and Huntingdonshire being best performing.
- 2.4 We have requested and received a draft business continuity plan and detailed workforce plans to provide us with an improvement trajectory against a timeline, and reassurance about which elements of the business continuity plan are at risk of being utilised.
- 2.5 The current issues that providers have reported in their workforce plan are:
- the availability of substantive staff in the 0-5 pathway is resulting in increased pressure on the clinicians and low staff morale and reduced performance.
- As such they have worked to stabilise the situation by:
- Hunts locality has offered 2.0wte substantive staff to East Cambs & Fenland leaving 74% of HV capacity.
 - East Cambs & fenland has 21% of substantive staff and this has been uplifted to 74% with the use of long term agency and bank staff.
 - Cambs City & South has 60% substantive staff available uplifted to 72% with the use of long term bank
- 2.6 They have provided us with a detailed workforce plan that gives us a level of assurance that they are focussed on improving performance over the next three months whilst addressing long-term recruitment, management of sickness and leave. We will continue to closely monitor this plan on a monthly basis and seek to improve through the system transformation programme currently at planning stage.

3.0 Overview of exception performance monitoring

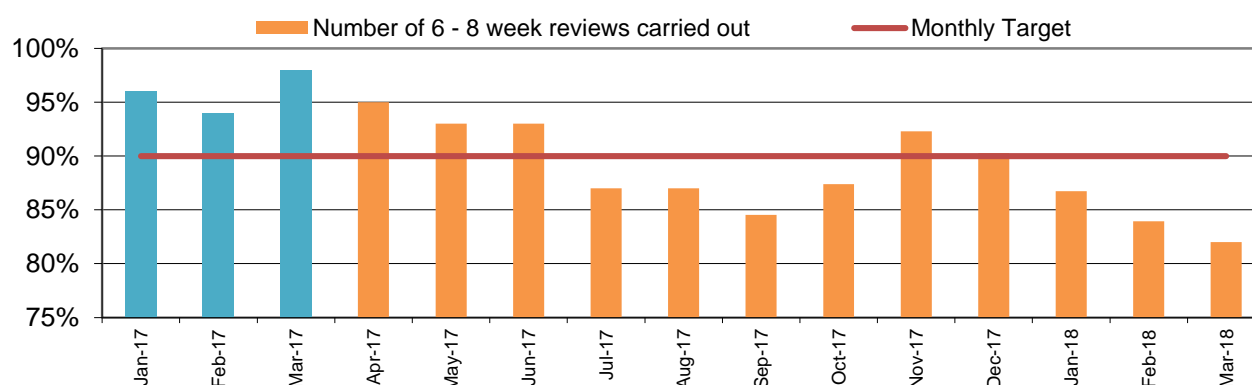
Detailed below are the areas we are currently monitoring closely, these are lifted from the performance report illustrated at a more granular level of monthly performance over the past 12-months. Accepting the workforce issues discussed above, we have also summarised in table format other specific issues and actions that are in place to mitigate

- **Antenatal checks – target=50%**



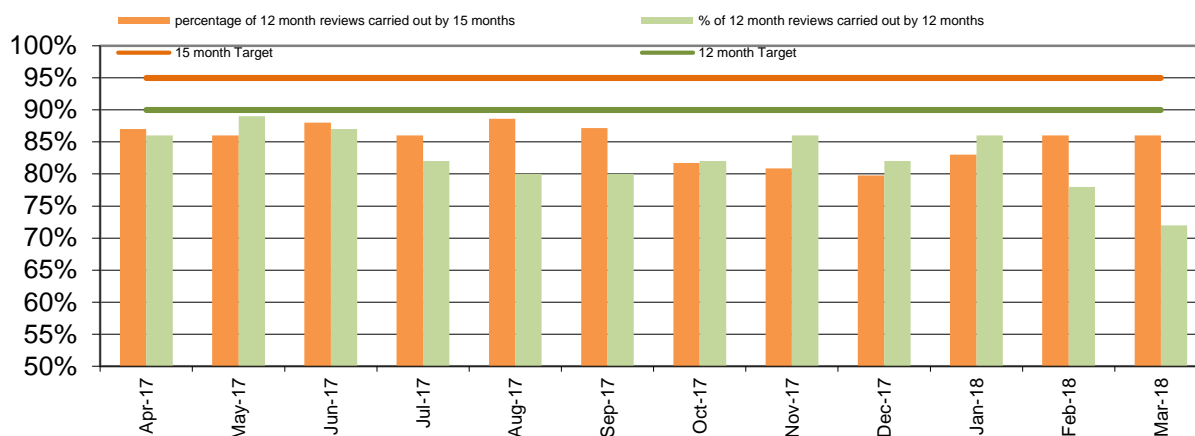
Issue	Action
<p>Performance is significantly below the locally set target of 50% due to</p> <ul style="list-style-type: none"> workforce (addressed as a whole below) and notification issues <p>The intention to target first time mothers (primigravida) and vulnerable mothers has been negatively affected because of the lack of systematic new birth notification being received by Health Visitors</p>	<p>Notification Process</p> <ul style="list-style-type: none"> QEH - all processes agreed and in place. First data set will be shared w/c 2nd July Hinchingbrooke and Peterborough – for Peterborough all processes are in place and due to commence w/c 9th July. Further discussions taking place for Hinchingbrooke as currently no electronic maternity system in use. Clinical lead and Lead midwife in communication. Addenbrookes – Clinical lead for HCP and lead midwife are in discussion to agree a date for an initial meeting for discussion

- **6-8 weeks checks – Target=90%**



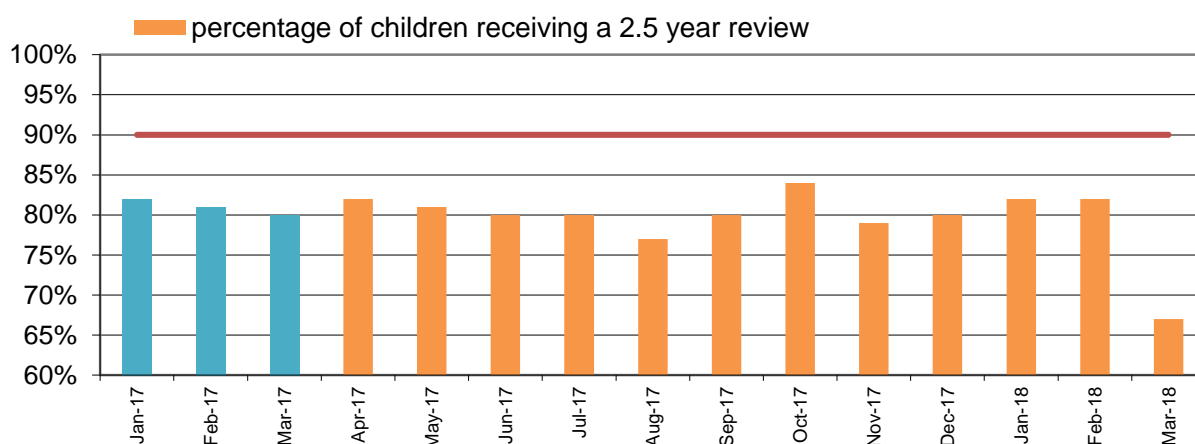
Issue	Action
<p>Between November 2017 and March 2018 we have reported a 10% reduction in performance from 92% to 82% with a target of 90%. The issues relate to workforce (addressed above)</p>	<p>Workforce planning detailed above Universal checks have been offered in a clinic setting and will be monitored.</p>

- **12-month review**



Issue	Action
This review has consistently failed to achieve the performance target over the year the widest variance being 15% percentile points against a 15-month target and 18 percentile points against the 12-month target. Performance is affected by those families who do not take up the check, or who do not attend an appointment	Exception reporting is in place for those parents who do not attend, or do not take up an appointment. A second appointment is sent out and if families do not attend then notification is sent to multidisciplinary teams. Exception reporting is in place for those families who DNA. If these numbers are considered within the calculation, then achievement of targets would be much closer for 15 months.

- **2 -2.5 yr check**



Issue	Action
Excluding the impact of holidays (August 17) and training (March 18) performance against target varies between 6 and 11 percentile points. This is compounded by the number of families who do not attend checks, or fail to take up the offer of a check. These	In addition to the previous comments in respect of follow up, there needs to be consideration by Public Health on actions that can be taken across the system to market and encourage a higher level of attendance/take up of checks

<p>numbers are significant and excluding these from the calculation would bring performance up to 95% except for August 17 and March 18.</p> <p>The issue here relates more to take up of the check</p>	
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