

Title of meeting: East Berkshire CCG Governing Body									
Date of Meeting	14/11/2018			Paper Number	4.1				
Title				Constitutional Standards and Performance Report – By Exception Only					
Sponsoring Director (name and job title)				Sarah Bellars, Director of Nursing					
Sponsoring Clinical / Lay Lead (name and job title)				Jo Greengrass, Associate Director of Nursing – Quality and Safety					
Author(s)				Jo Greengrass, Associate Director of Nursing – Quality and Safety and Chris Sneller, Head of Performance					
Purpose				To raise awareness to the Governing Body on Quality and Performance issues					
The Committee is required to (please tick)									
Decision		Review		Discuss	x	Note		Recommend	
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>				NA					
Legal implications/regulatory requirements				NA					
Has an equality impact screening been undertaken? If so please attach				NA					
Links to the NHS Constitution (relevant patient/staff rights)				Yes					
Strategic Fit				Mandatory performance indicators					
Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i> <i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i>				Date Deputy CFO sign off					

<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Date Director of Nursing sign off.....</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>NA</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p>The report covers, a patient story, infection prevention and control and inspections. It also highlights the CCG decision on FreeStyle Libre. There is also more information on performance.</p>	

Quality Report

November 2018

Sarah Bellars Director of Nursing
East Berkshire CCG

Working together to deliver excellent and sustainable healthcare

Patient Story

- Tragic death of a pregnant slough lady in January 17.
- A practitioner event was held 8th November
- system recommendations developed with frontline staff.
- Bi-polar disorder red flag in pregnancy.
- Staff Curiosity .

Infection Protection and Control

- CCG staff flu campaign ambition to increase last years coverage of 70% to 75%.
- To date no outbreaks in Care homes
- Pharmacies and Practices will receive remaining Adjuvanted Trivalent Flu Vaccine (aTIV) for the over 65 in November. This has been a challenging and confusing year for staff due to the delivery schedule for the vaccine.
- One known incident was where the practice ran out aTIV and offered the Quadivalent Vaccine (QIV). Guidance from NHSE was sort on what to do.
- Weekly communication to the practices and the public from the CCG. Asian Star are having advertising jingles for the next month on flu.
- The CCG is working closely with Providers Public health and NHSE.
- We have shared week 43 data with the practices which is showing a variance in vaccine delivery across practices.

Inspections

- **BHFT as already reported are 'Good' overall with 'Outstanding' in well led**

Summary of the Findings

- The Trust has continued to make improvements
- Staff were proud to work at the Trust and spoke positively about colleagues and managers
- The Trust board was strong and confident in performing its role. The executive team were stable and succession planning was embedded
- The Trust had made further progress in the use of a quality improvement methodology
- Community Nursing had adopted the Quality Management Improvement Programme (QMIS)
- Learning summits, led by the Deputy Director of Nursing, were held of all pressure ulcers within community and mental health inpatient units
- The Trust had addressed most of the areas where improvements were needed from the last inspection
- In wards for people with learning disabilities staff had received training in positive behaviour support and staff were supporting patients. However – Patients with learning disabilities had 10 incidents of rapid tranquilisation in the previous 12 months although there had been 0 incidents from May-November 2017
- The Trust had strong governance systems supported by good quality performance information
- However – Although managers and staff ensure that most staff received individual supervision, this was not the case in a small number of teams

Inspections

The CQC inspected ASPH in June and July 2018; the report was published in October 2018. The overall inspection rating was 'Good' however there were some services that were rated as 'Requires Improvement'

Summary of the Findings

- The Trust must ensure all staff are compliant with infection prevention and control practices and procedures, including hand hygiene, correct use of personal protective equipment and disposal of linen in the A&E department.
- The Trust must ensure casualty care records and initial risk assessments in the A&E department are consistently completed in line with trust policy.
- The Trust must ensure the necessary security arrangements are in place in the children's emergency department to keep children safe, as recommended in the risk assessment undertaken on April 2018.
- The Trust must ensure adequate consultant cover is provided in the emergency department.
- The Trust must ensure prescriptions forms are tracked in line with national guidance and trust policy.
- In the A&E department and medical wards, the trust must ensure that patient identifiable information is not visible to the public.
- The Trust must ensure waste is segregated correctly in line with national guidance throughout the trust.
- The Trust must ensure staff in the A&E department, medical wards and out-patients department at Ashford record medicine fridge temperatures daily and date all liquid medicines when they are opened to ensure medicines remain safe to use.
- The Trust must ensure chlorine tablets are stored in line in line with Control of Substances Hazardous to Health Regulations
- The Trust must ensure fire prevention and management of the environment minimises risk by ensuring all fire exits are kept clear and that staff are aware of their responsibility for this and by maintaining fire doors so they are fit for the purpose of protecting patients and staff in the event of a fire.

Inspections

- Bracknell Urgent Care Centre have had an announced CQC visit in October 2018. The CQC was inspecting a number of the services provided by One Medical Group across the country.
- Princess Margaret hospital BMI received in November an unannounced CQC inspection –focus on surgery.
- Heath Hill Surgery have had a visit from CQC in October to review progress against their breaches in the regulations. We are still waiting the outcome of this visit.
- Practices that are going through the registration process are Chapel and Forest Health.

Medicine Optimisation

FreeStyle Libre

- There have been PALS inquires, complaints, MP letters and Councillor enquires about the CCG decision on FreeStyle Libre.
- Consideration was also given to the cost effectiveness of this device for our local health economy. A decision was made by the Quality Committee not to support for this device to be on FP10.
- Patients will be considered under IFR exceptionally
- Meds Ops team providing further information for practices about exceptionality relating to this device.

Constitutional Standards Performance

Key Highlights

The following Constitutional Standards and key indicators are underperforming in M05 and M06 for East Berkshire CCG and its main Providers .

KEY	
↑	Performance is achieving and increased since last reporting period
↓	Performance is achieving but decreased since last reporting period
→	Performance is achieving but remained the same since last reporting period
↑	Performance is not achieving but improved since last reporting period
↓	Performance is not achieving and not improved since last reporting period
→	Performance is not achieving and remained the same since last reporting period

Indicator		Organisation	Target	Performance M05/M06	Change since last Period	Narrative
CHC	28 Day Assessments	15D CCG	80%	21%	↓	In Q2 the service reported 21% of assessments being completed in 28 days against the target of 80%. This drop in performance from Q1 is due a blend of issues which includes poor or incomplete referrals and associated documentation and the increased turnover and use of temporary staff due to high vacancy levels.
	Location of Assessment	15D CCG	<15%	33%	↓	Performance has dropped from 16%. This is largely due to the continued inappropriate levels of referral to CHC by the acute hospital teams as a way of accessing care. A new discharge to assess protocol is being developed which will aim to address this.

Constitutional Standards Performance

Indicator		Organisation	Target	Performance M05/M06	Change since last Period	Narrative
MENTAL HEALTH	Dementia DDR	15D CCG	67%	68.4%	→	Threshold for achievement is 67%. Achieved as a CCG but performance in Slough at M05 is below 67% at 65%. DDR action plan currently being refreshed for Slough locality, and will move to being a priority for the local PRG.
		Slough Locality		65.1%	→	
	IAPT	15D CCG	4.5% for Q2	4.8%	↑	The CCG has recovered performance of the standard in Q2. Slough locality still underperforming due to BAME and transient population. Actions include promotion of IAPT service with GPs at forthcoming education session, and increased LTC referrals.
	CYP Eating Disorders	15D CCG	95%	25% (Routine) 0% (Urgent)	↓	Due to continued demand pressures on the service the CCG and Trust are reporting non achievement for both urgent and routine referrals. A cross Berkshire initiative between East and West CCGs and BHFT is underway to review the ED service with aim of achieving the national wait times.
	CYP Access	15D CCG	32%	16%	→	Performance for Q1 reported at 16%. Data for Q2 not yet available. Achievement is believed to be under reported due to inaccurate data flow to MHSDS. The CCG and partners are refreshing the local CYP transformation plan which will aim to address access. In the meantime short term funding is being made available to stimulate sustainable improvements.
	Out of Area Placements (OAPs)	15D CCG	0	205	↑	ICS trajectory set with NHSE to achieve zero OAPs by 2020/21. Data quality still unreliable but improving. OAPs reduction evident for x3 consecutive months. OAP programme being overseen by the ICS MH programme Board and the UEC Board.

Constitutional Standards Performance

Indicator		Organisation	Target	Performance M05/M06	Change since last Period	Narrative
URGENT CARE - AMBULANCE	Call Answer	SCAS TV	< 40 s	43 s	↑	Deterioration in performance against threshold of <40 s due to vacancies in EOC. But improvement seen in August. Recovery expected in October following recruitment campaign.
	ARP CAT1 Mean	SCAS TV	7 m	> 7.00 m	→	SCAS reported good response times for fifth consecutive month up to M05. Slight deterioration in CAT 1 mean at 07:16 due to staff shortages. Demand lower than expected and improvement in hospital delays has contributed to sustained performance. Plans for winter in progress but staffing shortages remains a risk.
	ARP CAT2 Mean	SCAS TV	18 m	<18 m		
	ARP CAT3 90th	SCAS TV	2 hrs	<2 hrs		
	ARP CAT4 90th	SCAS TV	3 hrs	<3 hrs		
	Handovers >30 mins	Wexham Park	tbc	98	→	Wexham Park ambulance handovers delays have improved in the first 4 months of 2018/19 but some deterioration is evident in M05. ARP performance is dependent on minimising ambulance hand over delays. FHFT are conducting additional validation as do not recognise SCAS numbers.

Constitutional Standards Performance

Indicator		Organisation	Target	Performance M05/M06	Change since last Period	Narrative
URGENT CARE	A&E 4 hr	FHFT	95%	89.6%	↓	Performance in M06 deteriorated to below 90%, first time since June 2018. Assurance provided to NHSE regarding this decrease both directly and through ICS UEC Board. Comprehensive recovery plan is in place for FHFT.
	MSA	CCG	0	163	→	Consistent position each month. Changes to reporting definitions have resulted in significant increase in breaches. Trust plan to eliminate breaches via estates modifications scheduled for completion by year end.
	DToC	FHFT	<3.5%	6.7%	→	Deteriorating position at Trust against 3.5% standard. UEC Programme Board monitors system and local performance on DToC. Also programmes in place to reduce LOS and extended stay patients which will improve urgent care performance.
	DToC	BFC	9.5	8.5%	→	Some recovery seen in position for SBC and RBWM in M05 against agreed trajectories. See above. Hospital to Home programme combined with BCF programme and ICDMs will all work to improve performance across the localities. BFC achieved assigned trajectory.
		SBC	7	9.3%	↑	
		RBWM	11.2	9.5%	↑	
	Demand Management NEL Admissions	15D CCG	3768	4201	↓	Activity above plan numbers since start of the year. Impact on Quality Premium eligibility for payment as NEL demand metrics now incorporated into payment criteria.
	NEL 0 LOS	15D CCG	1451	1728	↓	
NEL +1 LOS	15D CCG	2317	2473	↓		

Constitutional Standards Performance

Indicator		Organisation	Target	Performance M05/M06	Change since last Period	Narrative
PLANNED CARE	RTT 18 Weeks Incomplete	15D CCG	92%	92%	→	The CCG performance recovered in M05 and is sustained in M06. Pressure remains at Wexham Park, specifically in T&O, with the overall backlog increasing. Concern remains regarding achievement of RTT going forward. Additional wait list initiatives being scheduled to reduce backlog and maintain performance at 92%.
	> 52 weeks	15D CCG	0	2	→	East Berkshire CCG has also reported x2 >52 week cases in M05. 1) Oxford University (T&O). 2) London North West University Healthcare FT (ENT).
CANCER	Cancer 2ww Breast	15D CCG	93%	92.5%	↑	Following achievement in Q1 the CCG have not achieved this standard in M04 or M05 against the 93%. Small numbers and breach reasons involving patient choice.
	Cancer 62 day wait	RBFT	85%	77.3%	→	RBFT have not achieved this standard for two consecutive months against the 85% standard. Increased demand in urology due to new MPMRI pathway coupled to delays with histo-pathology results. RBFT have arranged additional MRI capacity to reduce > 62 day waiters plus more robust clinical review of actions in place for patients waiting. Utilisation of independent sector for non-cancer urological diagnostic caseload releasing on site capacity for cancer pathway diagnostics. Review of histopathology results turnaround is taking place but this is in backdrop of national shortage of pathologists.