



Quality Report March 2019

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Berkshire CCG

The Expert CH Patient!

- 2 years supply of catheter bags and stoma bags in room amongst other things!
- Adhesive removal spray - 11 bottles in wardrobe and not using!
- 2 barrier creams prescribed but not using for the correct indication
- Conotrane barrier cream applied to feet but no one knows why!
- Patient very knowledgeable about his meds but **'no one listens'** to him!



Areas of concern

- Heath Hill
- Never Events

Echocardiogram Reporting

Issue: Echocardiogram results for tests ordered by GPs from Wexham Park Hospital are not being actively 'pushed' from ICE into GP systems (EMIS / Vision)

Risk: If GPs do not actively check for results on ICE then results may be overlooked in Primary Care.

Solution: The EBCCG Quality Team has pushed for a solution for some time; the Wexham Park applications team have now designed a process whereby results will be uploaded to the Electronic Document Management system (DocMan) and pushed through to GPs via this route. The 'go live' date for this process will be confirmed shortly (once Cardiology staff have been trained).

PALS enquiries for Quarter 3

- October 21 33 %
- November 20 31 %
- December 23 36 %
- **Total** **64** **100 %**

The top enquiry theme during Quarter 3 was 'Communication' 22 (34%). There were no trends identified within these cases, which related to a variety of services.

Complaints in Quarter 3

- A total of 36 complaints and MP letters were received an increase of 21 complaints from the previous quarter.
- At the time of the Quarter 3 report six cases had not been closed in the timescale five cases concern the Continuing Healthcare (CHC) Service who have had difficulties in progressing complaint investigations this quarter due to team capacity.
- Of the 27 closed in the Quarter 8 were partially or fully upheld.

IG Incidents

INCIDENT REPORTING 2018-2019								
INCIDENT REF	DESCRIPTION	CATEGORY	RESPONSIBLE ORGANISATION	DEPARTMENT	DATE	LEVEL	STATUS	COMMENTS
SE464	Missing Laptop	FAULT – NEAR MISS	EBCCG	Strat & Ops	08.01.19	NON REPORTABLE	CLOSED	Laptop received.
SE469	Patient data sent in error	NON-FAULT	GP Practice	Primary Care	01.10.18	NON REPORTABLE	CLOSED	
SE470	Patient data sent in error	NON-FAULT	Provider	Secondary Care	12.10.18	NON REPORTABLE	CLOSED	
SE482	Wrong patient details	NON-FAULT	Provider	Secondary Care	05.02.19	NON REPORTABLE	OPEN	Under Assessment
SE485	Missing Data	FAULT – NEAR MISS	EBCCG	CHC	06.02.19	NON REPORTABLE	CLOSED	Data recovered.
SE489	Miss-directed Email	NON-FAULT	Provider	Secondary Care	13.02.19	NON REPORTABLE	OPEN	Under Assessment
SE494	Patient data sent in error	NON-FAULT	Provider	Secondary Care	15.02.19	NON REPORTABLE	CLOSED	

Safeguarding

- Update on Working Together to safeguard-Children 2018

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working Together to Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)

CCG Constitutional Standards Performance Summary M09 and M10

Key Highlights

The following Constitutional Standards and key indicators are underperforming in M09 and M10 for East Berkshire CCG and its main Providers. Data presented available at time of report writing. Some data is therefore in arrears.

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 Q3	Change since last Period	Narrative
CHC	CHC – 28 Day assessment eligibility decision made within 28 days of receipt of DST checklist	15D CCG	80%	27%	→	<p>CCG failed to achieve in Q3 at 27% of assessments being completed in 28 days. A slight improvement on Q2 position.</p> <p>Drop in performance is due to incomplete referrals, high staff turnover and vacancy levels.</p> <p>The CHC Turnaround Programme now launched is designed to address this poor delivery. The 3 identified work streams are to deliver operational performance and transformation. Regular fortnightly meetings chaired by CCG Director, attended by Quality team and Non –executive Director to provide oversight and scrutiny of risk areas and monitoring of progress.</p> <p>Recruitment drive underway to fill vacant posts.</p>
	CHC – DST Location CHC assessment completed in acute setting	15D CCG	<15%	27% (4/16)	→	<p>Improved performance has not sustained in Q3 with similar performance to that reported for Q2. This is largely due to the continued inappropriate levels of referral to CHC by the acute hospital teams as a way of accessing care.</p> <p>Action's being taken as part of the D2A (Discharge to Assess) protocol include;</p> <ol style="list-style-type: none"> 1) Launch of discharge passport (January) for pathways 0, 1 and 2 (non-complex patents) to facilitate the discharge from Wexham Park hospital. 2) Pathway 3 development (for complex patients currently being referred for CHC assessments in hospital) to ensure discharge prior to CHC assessment in the right place and at the right time with movement between beds minimised 3) Funding without prejudice; ongoing discussions regarding process to mitigate risk for both health and social care budgets 4) Pooled fund to be available from the Better Care Fund to facilitate earlier discharge of patients with complex but short to medium term needs <p>CHC Turnaround programme is in place and oversight is held at Governing Body</p>

Indicator	Organisation	Target	Performance M09 / Q3	Change since last Period	Narrative	
MENTAL HEALTH	Dementia	15D CCG	68.9%	→	Sustained achievement as a CCG, but performance in Slough locality remains lower at 64.7%. Dementia Clinical Leads now in post in all 3 localities and refreshed action plan under development with oversight at local PRG & CCG Mental Health Programme Board.	
		Slough Locality	67%	64.7%		→
	IAPT Access	15D CCG	4.6% (Q3)	5.2%	↑	Q3 performance for IAPT Access sustained achievement. Well above planned trajectory. CCG in good position to achieve IAPT access target of 22% in 2019/20.
	CYP Eating Disorders	15D CCG	95%	31.3% (Routine) 29% (Urgent)	↓	Further deterioration of performance against this standard in Q3. Due to continued demand, BHFT indicating it cannot guarantee routine CYP referrals will be seen in 4 week period. Short term funding now in place to assist with additional recruitment of staff to ease the waiting times and ensure YP can access treatment in a timely way. Cross Berkshire initiative between CCGs and BHFT to review the ED service is complete with consideration of recommendations ongoing at CCG MH Programme Board.
	CYP MH Access	15D CCG	32%	18.9% (Nov 18)	→	Current data represents YTD up to Nov 2018 with little movement from Oct 19 figure. Achievement continues to be under reported due to inability of third sector organisations to flow data to national database MHSDS. Digital solutions are being explored at pace with BHFT and Voluntary Sector providers to resolve, with NHSE involvement. The recently published local refreshed CYP Transformation Plan outlines how the CCG and partners will address increased access.
	Out of Area Placements (OAPs)	15D CCG	0	175 (Nov data)	→	ICS trajectory set with NHSE to achieve zero OAPs by 2020/21. OAPs reduction evident for consecutive months with significant contribution made to achievement of the ICS trajectory by BHFT. Some uplift in numbers of OAPs seen in November but still below agreed trajectory. OAP programme being overseen by the ICS MH Programme Board and the UEC Board.
	Early Intervention in Psychosis	BHFT	53%	90%	→	Standard consistently met.

Indicator	Organisation	Target	Performance M09	Change since last Period	Narrative	
URGENT CARE	A&E	FHFT	95%	87.2% (M09) 82.7% (M10)	↓	Performance in M09 & M10 has remained below 90%, with January reporting lowest performance to date (82.7%). Attendances are not increasing, acuity of patients presenting is higher, impacting flow. Staff shortages at Wexham over Xmas were experienced and where possible filled by Agency staff. Assurance provided to NHSE regarding this decrease both directly and through ICS UEC Board, where oversight of the comprehensive FHFT ED recovery sits.
	MSA	CCG	0	436	↓	Trust plan to eliminate MSA breaches via estates modifications scheduled for March 2019. Increased breach numbers reported for December at Frimley Park was due to temporary bathroom closures connected to estates modifications.
	DToc	FHFT	<3.5%	4.5%	↑	Improving position reported for FHFT at both sites. BHFT reporting increased delays for December, the underlying reason for this is being sought from the Trust. Cross system discharge to assess (D2A) protocol within east Berkshire now launched with "Discharge Passport" in place at end of January to support streamlining of processes that currently add delay. UEC Programme Board monitors system and local DToc performance.
	DToc	BFC	9.5	6.1	↓	BFC sustaining good performance. Position slightly worsened for SBC and RBWM in M09. Data issues previously reported now resolved. Discharge to Assess protocol and "Discharge Passport" are now in place and should begin to positively impact delays across the system in Q4.
		SBC	7	9.2	↑	
		RBWM	11.2	12.7	↑	
	UC Demand NEL Adm	15D CCG	4051	4140	↓	Activity above plan for M09 for all 4 Urgent Care demand indicators. Impact on Quality Premium eligibility for payment as NEL demand metrics now incorporated into payment criteria.

Indicator		Organisation	Target	Performance M09	Change since last Period	Narrative
URGENT CARE	Ambulance ARP CAT1 Mean	SCAS TV	7 m	< 7.00 m	→	<p>SCAS reported good performance in response times in M09 for CAT1 and CAT2. Demand lower than expected.</p> <p>CAT 3 performance impacted as higher acuity cases upgraded to CAT2.</p> <p>Private Provider suspension in early December impacted overall performance in east Berkshire but performance recovered later in the month once Private Provider reinstated and staff leave restriction was in place.</p> <p>Workforce presents a significant risk as SCAS are reporting that paramedic recruitment is down and behind plan, with east Berkshire reporting the highest number of paramedic vacancies.</p>
	Ambulance ARP CAT2 Mean	SCAS TV	18 m	<18 m	→	
	Ambulance ARP CAT3 90th	SCAS TV	2 hrs	02:16:59 hrs	↓	
	Ambulance ARP CAT4 90th	SCAS TV	3 hrs	03:08:26 hrs	↓	

Indicator		Organisation	Target	Performance M09	Change since last Period	Narrative
PLANNED CARE	18 Weeks RTT	15D CCG	92%	91.5%	↓	<p>The CCG performance has sustained in M08 but dipped slightly in M09 to below the 92% standard. Recovery is reported in January (M10). Pressure remains at Wexham Park, specifically in T&O, with the overall backlog increasing.</p> <p>Total wait list size is required to be below that of outturn in 2017/18 by March 2019. Currently the CCG is above this number. The Trust is taking steps to reduce the overall wait list to be in line with this expectation.</p>
	52 Weeks	15D CCG	0	3	→	<p>East Berkshire CCG has also reported x3 >52 week cases in M09 & M10.</p> <ol style="list-style-type: none"> 1) Oxford University (T&O). 2) North Bristol Trust (T&O). 3) Queen Victoria Hospital (Plastics)
	Diagnostics Wait 6 weeks	15D CCG	<1%	1.03%	→	<p>Performance in diagnostic waits for East Berkshire CCG is fluctuating in recent months with marginal failures in M08, and M10 attributable to endoscopy at FHFT, endoscopy/MRI at RBFT and endoscopy & neurophysiology at ASPH. Capacity issues / staffing and MRI breakdowns are the underlying reasons. All trusts have mitigating action plans in place and expect recovery in M10/M11.</p>
CANCER	Cancer 2ww Breast	15D CCG	93%	92.1%	→	<p>The CCG have not achieved this standard in M09 but did achieve for Q3. Small numbers and breach reasons involving patient choice.</p>
	Cancer 62 Day Waits	RBFT	85%	80.7%	↓	<p>RBFT did not achieve this standard in M09 but did achieve for Q3 at 85.1%. Recovery is evident following implementation of additional MRI capacity, prioritisation of cancer patients & utilisation of the independent sector for non-cancer diagnostic workload.</p> <p>Increased demand in urology in Q2 due to new MPMRI pathway coupled to delays with histo-pathology results led to this temporary drop on performance.</p>