

Month 8 Berkshire East Federation – Quality and Performance Highlight Report

National Non- Financial– Standards Achieved

- **Cancer Standard:**
 - 2 week wait - All CCG achieved
 - 31 week wait- B&A & WAM achieved all waits. Slough achieved all expect Subsequent treatment where treatment is a course of radiotherapy
 - 62 day wait – B&A achieved All Cancer Two Month Urgent Referral to Treatment Wait and Referral from screening service to first definitive treatment for all cancers. **No data submitted for “First definitive treatment following a consultant’s decision to upgrade the priority of the patient”**
- **MRSA** –All CCGs had no cases
- **C Diff** – All CCG’s had no breaches
- **18 Weeks Admitted** –WAM CCG, Frimley.H ,
- **Non- Admitted & Incomplete** – All CCGs, Frimley.H, ASPHFT.
- **RTT 52 weeks: Admitted & Incomplete** –B&A, WAM, Frimley.H, ASPHFT
- **Non admitted** – All CCGs, Frimley.H, ASPHFT
- **A&E waiting time (total time spent in A&E)** - achieved by RBFT (96.29%), Frimley.H (95.31%)
- **Ambulance Response Time :**
 - Red 1 – Slough CCG
 - Red 2- SCAS, Slough CCG
 - 19 Minute Transportation Time – SCAS, All 3 CCGs
- **Mixed Sex accommodation** – No Breaches
- **Activity:**
 - Elective day cases FFCEs- All CCGs
 - First outpatient attendances following GP referral in general and acute specialties- B&A CCG
 - A&E Attendances type 1 & all– B&A CCG
 - GP written referrals for 1st OP- B & A CCG

National Non- Financial– Standards Breached

- **Cancer Standard:**
 - 31 day wait –Subsequent treatment where treatment is radiotherapy - Slough CCG
 - 62 day – All Cancer 2 month urgent referral to treatment wait –Slough CCG & WAM CCG
 - 62 day wait- referral from screening service to first definitive treatment for all cancers – WAM
- **18 Weeks Admitted – BOA CCG & Slough . ASPHFT**
- **RTT 52 weeks: Admitted & Incomplete** – Slough CCG
- **Diagnostic waits – All three CCGs**

	Colonoscopy	CT	Cytoscopy	Echocardiog raphy	Flexi- sigmoidosco py	Gastroscopy	MRI	Non- obstreic Ultra sound	dexa scan	Total
B & A	15	2	4	8	6	12	1	23		71
Slough		5				1		42	2	50
WAM		4					1	30		35

- **A&E waiting time (total time spent in A&E)** - not achieved by ASPHFT (85.74%)
- **Ambulance Response Time :**
 - Red 1 – SCAS, B&A and WAM CCG
 - Red 2- B&A and WAM CCG
- **Activity**
 - Elective Ordinary Admissions – All CCGs
 - Non- elective – All three CCGs
 - First outpatient attendances following GP referral in general and acute specialties- Slough & WAM CCGs
 - A&E Attendances Type 1 & all– Slough CCG & WAM CCG
 - GP written referrals for 1st OP- Slough CCG, WAM CCG
 - Other referrals for a first outpatient appointment in general and acute specialties- All CCGs

Actions to Improve underperformance

Cancer performance (lead Rachel Wakefield): performance against the three national standards has been variable for each CCG; however r 2WW has been achieved for the last two months. The 31 day and 62 day standard is not been achieved. The main provider Frimley North did not achieve the 62 Cancer waits specifically for Urology and for the 62 day standard that a plan is in place with Frimley North but guaranteed sustainability of this target will not be achieved until October 2015 due to the issues that need to be addressed within Urology. Consequently clinical quality meeting is being set up with the Frimley North clinical lead and with CCG Director of nursing to agree further actions for improvements.

18 week (lead Rachel Wakefield): the main reason for this underperformance is due to Frimley North having a backlog of patients on the admitted & non admitted pathway, national funding has been provided to all CCG to reduce long waiters and the deployment of this money with Trusts with a higher number of 18 week breach patients has resulted in an underperformance against standards which NHS England are aware of and endorse. There is a remedial action plan to bring performance back in line with national standards and/ or contracted targets. The delivery of the plan is monitored on a fortnightly basis. Frimley North as a provider have achieved the following performance: Admitted at 90.31% against a target of 90%, Non –admitted at 95.16% against a target of 95%, Incomplete at 93.88% against a target of 92% and for There is an improvement plan which outlines the actions needed to achieve sustainable delivery- see appendix 2. The Royal Berkshire Hospital NHS Trust continues to have problems with their data recording and as a consequence no information has been received and therefore there is a risk to CCG reported position because of this. To note ASPHFT has not achieved the admitted target 89.29%, non- admitted- 96.94%, incomplete -97.55%.

Diagnostic waits (lead Rachel Wakefield): required performance of <=1% diagnostic waits was not achieved by all three CCGs. B&A CCG achieved 4.02%, (71 breeches), which is an increase of 2.02 % from last month, Slough CCG achieved -2.66%, (50 breeches) and WAM CCG achieved 2.06%, (35 breeches). The reason for underperformance is that there have been 156 breeches at Frimley North, Remedial action plan is in place to bring performance in line with national standards and contracted targets. Frimley North has an action plan in place and the delivery of the action plan is monitored at the CQRG on monthly basis. An updated plan is being submitted by the end of December 2014. Frimley North has set the trajectory to achieve the standard by March 2015.

A & E four hour performance-(lead Rachel Wakefield): Frimley North achieved 95.31%. Frimley Health has an improvement plan to provide a clear working plan intended to deliver and sustain targeted improvements across the organisation’s unscheduled care services. The overriding principle is to ensure that care and treatment are provided in line with standards and expectations of patient experience, safety, quality and efficiency. The Wexham System SRG has invested in additional system wide projects which are led by the Acute, Community and other partner agencies to assist in achieving the A&E 95% performance standard by improving capacity within the A & E facilitate discharge and provide packages of care in the community.

Activity (lead Rachel Wakefield): The three CCGs are currently over performing against activity indicators against plan and this is monitored closely and the following actions to improve on the performance is ongoing: 1) referral data is shared with all member practices, peer review is provided for outlier practices for referrals and non- elective activity, ACG tool is being used to identify high risk patients and these are then referred and managed in the community by integrated care teams. It should be noted that elective over performance is likely to as a result of additional activity funded nationally to reduce long waiters.