NHS
Bracknell and Ascot
Clinical Commissioning Group

NHS
Windsor, Ascot and Maidenhead
Clinical Commissioning Group

NHS
Slough
Clinical Commissioning Group

Quarterly Quality Report

Q2 2014/15

For the CCG's in East Berkshire

January 2015

Contents

Glossary

Abbreviation	Full Term	Definition
CAMHS	Children Adolescent Mental Health Service	The secondary care mental health service for children and adolescents.
CHC	Community Health Clinic	For people who are living at home but need some rehabilitation
CQC	Care Quality Commission	It is the independent regulator of health and adult social care services across England. Their responsibilities include registration, review and inspection of services and their primary aim is to ensure that quality and safety are met on behalf of patients.
CQN	Contract Query Notice	This is the first stage of the formal performance management clause and is normally raised where either the provider or commissioner's performance is a concern. A CQN requires the recipient to respond within 10 working days and normally to provide a remedial action plan to address the concern.
CQRM	Clinical Quality Review Meeting	A meeting between the commissioner and provider of health services to review all the quality measures.
DN	District Nursing	Nurses working on the community and visit people in their own homes.
MDT	Multi-Disciplinary Team	A team made up of a number of different health/social care professionals, for example doctors, nurses, physiotherapist and social workers.
MHL	Mental Health Liaison	This service provides mental health risk assessments for people presenting at A & E.
OQV	Observational Quality Visit	A visit to a service or ward by the commissioners to observe patient care.
RACC	Rapid Access Community Clinic	At clinic that provides a treatment plan following assessment for people who are living at home but their health has deteriorated and would otherwise have to go in to hospital
SIRI	Serious Incident Requiring Investigation	Very serious incidents that are investigated either internally or externally and reported nationally.
Never Event		Serious, largely preventable patient safety incidents that should not occur if the available preventable measures have been implemented.

CQUIN	Commissioning for Quality and Innovation	National quality indicators agreed locally with the commissioners against which the Trust is measured. They cover areas of safety effectiveness and patient experience and can be innovative solutions to difficult problems.
MRI	Magnetic resonance imaging	It is a medical imaging technique used in radiology to investigate the body for disease
CT	Computerised tomography	It is a technology that uses computer processed X-rays to produce images by virtual slices of parts of the body
HDU	High Dependence Unit	A ward that is for people who need more intensive observation treatment and care than is possible on a general ward.
FFT	Family and Friends Test	A national programme which asks patients whether they would recommend for example hospital wards maternity and A&E to their friends and family if they needed similar care or treatment
Commissioning		A process of acquiring/buying services to meet the health needs of the local population.
KPI	Key performance indicator	A type of performance measure which helps an organisation to define and measure their progress.

Executive Summary

Berkshire Healthcare NHS Foundation Trust (BHFT)

Outpatient Letters to GP's

A CQN (Contract Query Notice) has been issued in Q1 to the Trust in relation to Outpatient letters to GP's to be sent in 5 working days. The Trust submitted a remedial action plan and has completed a piece of work in Q2 to define what services/clinics are requiring outpatient letters.
Implementation of this action plan is now in progress.

Medication Management

A medication errors report was submitted in Q2 which highlighted missed dose medication errors in some areas, with an elevated number of "blank boxes" in Sorrell Ward and Windsor Wards noted. The Trust highlighted a successful pilot on Bluebell Ward requiring each blank box to be reported on Datix and an initiative on Rose Ward where medication is dispensed with two nurses present. These approaches are to be implemented on other wards to drive improvement. The Commissioners requested a re-audit to provide assurance of improvement in all areas.

Leg Ulcer Clinic

Clinical Concerns had been raised regarding clinical care and capacity of this tier 2 pilot leg ulcer service provided by BHFT. A patient in Bracknell and Ascot had experienced a lapse in care resulting in an acute admission to Frimley Park Hospital with a deteriorating leg ulcer. BHFT are investigating this incident as a serious incident requiring investigation. The clinic was also visited by the Deputy Director of Nursing and the BA CCG Project manager. Best practice was observed at the clinic but some areas of improvement were identified; clinical and managerial leadership and infection control within the clinic environment. Following the visit the findings were fed back to the manager of the pilot and locality manager.

Observational Quality Visits (OQV) at BHFT

OQV were made to the Rapid Access Community Clinic (RACC) and Community Health Clinic (CHC) and Mental Health Liaison, Wexham Park Hospital (Service provided by BHFT) during Q2.

The Rapid Access Community Clinic (RACC) and Community Health Clinic (CHC) were noted to be a well led and organised service with a clear purpose. With no immediate actions identified requiring attention.
The Visiting Team was impressed with the cleanliness of the facility and the prompt responses offered by RACC to support admission avoidance.

The RACC team reported that referral rates could be improved in some areas. GP Registrars appear to be the best referrers into the service, and it has been noted that the referral rate of practices improves when GP Registrars move to that new practice.

The Mental Health Liaison (MHL) service provides initial Mental Health input to patients on the Wexham Park Hospital site. The MHL team highlighted that there has been an increase in demand over recent years, in particular at weekends. The visiting team was impressed with the dedication of the MHL team.

It was acknowledged that BHFT had provided extra support for the MHL team through a Consultant Psychologist, and that the team had identified a gap in CAMHS knowledge and had worked to obtain training and support.

South Central Ambulance Service (SCAS)

CQC inspected South Central Ambulance Service in September. No rating was given as this inspection was part of the first wave of inspections of ambulance services. A number of best practice observations and areas for improvement were highlighted.
The main areas of concern were around governance arrangements and learning from incidents; infection control practices; ensuring equipment is regularly checked and that equipment for children is available; delivery of training in dementia care and learning disability awareness; and complaints to be responded to within 25 days.

Reduced performance in response times for Red 1 and 2 calls is evident and is as a result of numerous factors including introduction of NHS Pathways generating more red calls in conjunction with winter pressures. SCAS are likely to breach the Red 1 and 2 threshold for Q3 resulting in Monitor intervention.

Ambulance handover times are under pressure and winter monies have been used to introduce Hospital Ambulance Liaison Officers (HALO), to facilitate smooth and timely handovers with A&E Coordinators.

A downward trend is noted in the time taken for 999 calls to be answered. SCAS have established the root cause to be staff vacancies. A recruitment drive has been undertaken and they are now over establishment.

Complaints remain above expected numbers, in particular regarding attitude and behaviour of staff. SCAS believe that a cultural change is required and plan to deliver customer training through the induction process and at every training contact. Response time to complaints is also an issue as highlighted by the CQC.

Safeguarding training compliance for both adults and children remains below threshold. SCAS are addressing this shortfall with additional training sessions with the aim to achieve 80% compliance by year end.

The first Thames Valley wide CQRM was held in December, which was well attended by SCAS and representatives from partnering CCGs. One of the key issues raised by commissioners was the poor submission of quality data. SCAS have committed to the submission of a much improved Quality Schedule.

Heatherwood & Wexham Park Hospital (HWPH)

CQC and Acquisition by Frimley Park Foundation Trust (FPH)

On the 1st of October 2014 HWPH was acquired by FPH and now known as Frimley Health. From the 1st October there will be two Quality Boards, one for each site. Quality and Performance data will continue to be reported separately by site (HWPH and FPH) with the addition of joint metric reporting representing the organisation as a whole.
The CQC action plan is now absorbed into a new Recovery Plan; this was presented to East Berkshire Joint Quality Committee on November 26th with further work on the plan requested by the committee. The recovery plan will include the issues contained within the CQC action

plan and will be monitored by the Joint Oversight Committee. The final Recovery plan is to be presented in January 2015 to the East Berkshire Joint Quality Committee.

A&E 4 Hour Performance

HWPH following the "Spring to Green" event in July reported A&E performance was in the green. However this was not sustained due increased activity and declaration of black status. This has resulted in the Trust not meeting the A&E performance target for August.

As compliance remains fluctuating in response to increasing demand an Emergency Department Recovery Plan has been submitted with detailed actions and objectives to address the 4 hour wait breaches. This plan is awaiting sign off and further feedback is due at January 2015 Clinical Quality Review Meeting (CQRM) meeting.

Cancer Beaches
Performance of 62 day wait for cancer treatment was improving during Q2 but still not at the required level of 85%.
The Trust continues to report that this is primarily regarding the urology and breast pathways. Detailed action plans were submitted by the Trust in August addressing this underperformance. The Trust has also submitted an overarching cancer plan that takes a broader review of demand and capacity by Specialty to ensure the Trust is right sized in both diagnostics and surgical areas.

Radiology
Radiology Department delays continue to be a cause for concern. These delays are also impacting cancer wait times due to Magnetic resonance imaging (MRI) request delays. Monthly updates are submitted to CQRG meeting to report on progress to address the issues regarding administrative delays in reporting and staff shortages but progress has been slow as a result of the restructure.
At a recent CQRM the Radiology Manager, now responsible for both sites, verbally presented the FPH seven point recovery plan for Radiology, which will be monitored at future CQRM's.

Cancelled Appointments
The "No Capacity List" highlighted as a result of a Serious Incident Requiring Investigation (SIRI) Investigation is still a cause for concern and appears not to be reducing. Patients not being followed up are a growing number and the Trust is unable to provide the commissioners with a definite number to quantify the problem.

Following the acquisition the Trust has viewed this issue as a top priority and has instigated additional resource in the form of a team of people to update and validate the "no capacity lists" for outpatient appointments. This focus is creating significant traction and movement. This issue is closely followed at monthly CQRM's to ensure that significant progress is made swiftly.

Cancelled Operations
HWPH have sustained reduced rate of cancelled operations in July and August at 1.2% but are still not compliant with a threshold of 0.8%.
However operations cancelled within 72 hours of admission doubled in Sept 14, but preliminary figures show a reduction again in October.
Plans have been approved to create a second Theatre Admission Lounge for x8 new trolley spaces to free up space in Recovery preventing delays in Theatre. This remodelling is expected to be completed early in the New Year.

Stroke
The Contract Query Notice (CQN) issued in response to poor stroke performance at the Trust has been in place since April 2014 with actions due by November 2014. This has now been closed due to actions identified now completed.

The actions outlined in the CQN will take some time to show effect as the data is based on patient discharged. Computerised tomography (CT) scanning capacity remains an issue with only one operational CT scanner but the Trust have identified that purchase of a second scanner is a high priority post acquisition and a business case is currently being prepared.

A new Stroke Unit opened in December, providing improved day areas for patients to enjoy and a rehab/gym area. The facility was visited by the Director of Nursing East Berkshire CCG's and is considered a huge improvement in the provision of acute stroke and rehab care.

Maternity
The lower C-section rate reported in June, July & August was unfortunately not sustained with the rate rising to over 30% in September.

The Head of Midwifery, now responsible for both sites, is reviewing the current maternity action plan sharing best practice identified across both sites. A new refreshed integrated improvement Maternity action plan is due for presentation at the January CQRM developed with a "fresh pairs of eyes". The Head of Midwifery from FPFT is now spending 3 days a week at HWPH to observe practices in order to identify good and bad practices at both sites and share learning.

Infection Control
CDiff cases currently are just above the trajectory for the year, due to 5 cases reported in September.
Zero cases of MRSA have been reported during 2014/15 to date.

Falls
Falls continue to be a priority for the Trust in 2014/15, both falls with and without harm. The Falls Work Programme was presented at the July CQRM detailing a number of initiatives to reduce inpatient falls. An update is due at January CQRM.

In the recent Patient Safety report falls per 1000 bed days are still above the target of 4.8, currently at 6.19. No recent update on action progress was provided and this has been requested.

Frimley Park Hospital (FPH)

Acquisition Update

Following the acquisition of HWPH by FPFT to form Frimley Health Foundation Trust on 1st October 2014, work is underway to create a new structure for Governance and Quality. FPH structure is to be adopted across the Frimley Health organisation with a Service/Department structure rather than a Divisional structure. A Committee structure was shared with Commissioners in December 2014 with two Quality Boards operating, one for each site. These were beginning to form and the first meetings taking place in December /January 2014.

CQC

Following the issue of the CQC Outstanding rating the subsequent summit meeting, feedback was positive and that the Trust indicated that the rating for each service had been achieved with robust evidence behind it.
Services for Children and Young People were identified as requiring improvement with inadequate skill mix and staff upskilling were highlighted as issues by the CQC. An action plan has been developed by FPFT to address the findings highlighted by the CQC.

A&E

In Q2 the unprecedented numbers presenting at A&E continued as reported in Q1 and August was a difficult month, however the Trust was complaint overall for the quarter.

FPH reported 8% increase in A&E attendances in August. The Trust believes that it is Berkshire patients that are driving this increased activity, with Bracknell Urgent Care Centre impacting Wokingham patients.

A&E 7 day re-attendances had doubled in August, with one patient contributing to 1% of re-attendances. The Trust was reviewing ambulatory care service with headaches being a top issue that could be redirected. This issue will continue to be monitored via the CQRM.

Discharge

The concerns raised previously regarding discharges from FPH as a result of clinical concerns being raised by GP practices in Berkshire and Hampshire are still ongoing. Following presentation by the Frimley Park Discharge Working Group in Q1 detailing the work programme they have in place, the CCG's are now collating evidence of discharge issues to share with the Trust for action.

Stroke

The Trust had received the results of an independent review into their Stroke services conducted by the Royal College of Physicians, covering both FPH and HWP sites which gave very positive feedback on both HWPH and FPH.
FPH received a "B" score. In order to obtain an "A" score the unit requires to have more admitted patients.

The main performance issue currently with stroke services at the Trust is the ability to deliver the number of required images. Stroke Coordinators are providing additional support to improve performance in this indicator.

As from November/December the Trust will have 3 Stroke Consultants in post, with radiology capacity increasing in January, which it is envisaged will positively impact performance.

Maternity

C-section rate was rising in quarter 2 but have since stabilised to below the threshold of 23%.

The Trust reports significant increase in birth rate and due to this increase the Maternity unit was closed for 6 hours in October with three women diverted to other maternity units. Capacity worsened due to closures of Royal Berkshire Hospital and Southampton. Completion of the building work is delayed due to issues with final handover of building The Midwife Led Unit will be open and offering a full suite of services from February 2015.

Safeguarding Training

The Trust's current performance in adult safeguarding training is still below threshold.
The Lead Nurse for Adult Safeguarding has been in post since July 2014 and is accelerating the training programme. An additional Band 6 Nurse had been appointed to help deliver 4 training sessions a week from January 2015 onward.
Progress with delivery of Prevent training is also slow with no delivery of Prevent WRAP training in Q1 or Q2. The new Adult Safeguarding Lead has been identified as the Prevent Lead for the Trust and is in progress with organising training for targeted members of staff**.**

Infection Control

MRSA
The Trust continues to have reported only one case so far in 2014/15 (April 2014). MRSA is a standing item on the monthly CQRM meeting agenda where cases are reviewed. This is significant improvement on previous year.

CDiff
FPH have up to the end of Q2 reported x6 cases of CDiff, against a trajectory of x15.
This rate continues to be below the trajectory for the year which allows 1.25 cases per month. No lapses in care have been attributable in all 6 cases of CDiff,

Falls

FPH have reported a significant number of serious falls totalling x9 cases reported between April and September 2014. With the current trajectory the outturn for 2014/15 will exceed that of 2013/14.
The Trust recognises serious falls as a priority for 2014/15 and is working on the implementation of its overarching "Falls Improvement Plan" presented in quarter 1.

The number of total falls within the Trust has fallen by 20% but serious falls has not significantly decreased. HWPH experience far fewer serious falls and FPH are looking to HWPH for opportunities to learn and adopt different practice.

Pressure Ulcers

An increase in grade 2 pressure ulcers has been identified. Assurance was given at a recent CQRM that grade 2 pressure ulcers had been discussed at the Trusts Heads of Nursing meeting and that the Trust was aiming to address concerns via the Ward Sisters.

No specific trends had been identified in connection with the rise in pressure ulcer incidence but the National Stop Pressure day is planned for November and the Trust was planning to utilise the day to revisit and re-educate staff with the support of Tissue Viability Nurses.

Royal Berkshire NHS Foundation Trust (RBFT)

A&E
Following steady improvements in A&E, the Trust breached in September due to peak in demand reflected nationally. The Trust subsequently recovered their position in October.

RBFT have ensured that all ambulance handovers take place within 60 minutes, but continue to breach the handover in 30 minutes of ambulance arrival to A&E, which is the greater challenge.

Infection Control
CDiff & MRSA
The Trust has reported zero cases of MRSA in Q1 and Q2.

The Trust has reported 8 CDiff cases in Q 2 and 4 in Q1. This rate is below the trajectory for the year. It has been agreed with the CCG that a number of these cases are due to lapses in care. Learning from the investigations has been shared with the relevant Care Groups.

Choose and Book
The Choose and Book service continues to breach against the requirement to provide routine, urgent and two week wait appointments. A CQN was issued in relation to this. A revised action plan has been submitted to Commissioners, the main focus of which is on Neurology and Cardiology.

Maternity
The Trust has submitted Remedial Action Plans in response to CQC findings, detailing how they plan to improve staffing levels in maternity, % deliveries on Rushey and also % Homebirth rate, as these are the indicators still underperforming.
The breach related to Births on Rushey is regarding insufficient numbers of midwives. The proposed action plan focuses on securing additional funding, recruiting staff and exploring configuration options to support the reopening of the two rooms closed on Rushey.
The homebirth rate is already improving through an 'Early Labour Assessment at Home' project, which is being implemented at the beginning of November.

RBFT has sustained its reduction in the C Section rate since its peak of 33.18% in February 2014 to 27.32% in Q1 with the rate having further reduced to 24.83% in Q2.

Cancer waits
The Trust has not achieved cancer targets in Q1 and Q2. The CQRM will monitor the action plan with trajectories for improvement to address this underperformance. The issues centre on capacity in a number of specialties, including upper and lower GI, head and neck, colorectal and urology. In addition CT scanning capacity issues are also impacting performance.

Falls
The Falls Steering Group has developed a Trust Wide Action Plan in response to the rising number of serious falls with harm reported as SIRI's during 2014/15. A reduction in the number of falls with harm has been noted in September and October.

Cancelled Operations
A CQN was issued following breaches against this indicator. An action plan was developed which predicted a September recovery that has been achieved in October.

The Trust has continued to fail to ensure that patients who have their operation cancelled are offered a new slot or to offer the procedure through an alternative provider within 28 days, particularly in Ophthalmology. A new departmental manager is now in place and has introduced measures to ensure that all staff are clear about the necessary requirements and processes.

Safeguarding Training
The Trust failed to achieve Safeguarding Children Level 3 training compliance by 31st October, as per the CQN action plan. A revised trajectory and action plan has been requested.

Ashford & St Peter's Hospital NHS Foundation Trust (ASPH)

A&E
Capacity issues continue to impact A&E performance with fluctuating compliance in quarter 2 and in October. The Trust continues to work to resolve the issues in A&E and meet regularly with the CCG and other health and social care partners to address these system wide issues.

Cancer Breaches
Cancer targets have breached the thresholds since July 2014. Delays in the urology pathway have mainly contributed to the poor performance.

ASPH in response to poor cancer performance held a summit in July on the comprehensive cancer pathway improvement in urology. The review identified that delayed diagnosis is a key factor, and a diagnostic pathway mapping was produced. Work to improve pathways for prostate cancer patients and also around de-centralisation of cancer services is on-going.

Stroke
Stroke performance consistently is below required thresholds.
The main issue is hospital capacity issues impacting on availability of the specialist beds and the ability to ring fence beds. The Trust is exploring ways to improve patient flows for stroke patients led by the Medical Director with weekly performance monitoring.

Infection Control

MRSA
Zero cases of MRSA for Q1 and Q2 2014 have been reported at ASPH

C-Diff
ASPH have reported 9 cases of CDiff in quarter 2 in excess of trajectory set.
Of the 3 cases in August, one was unavoidable and the remaining two involved potential opportunity to provide a different antibiotic, but was not considered a lapse in care.
Of the 3 cases in September no lapses in care were noted.

Pressure Ulcers
Pressure ulcer incidence in Q1 was contributing significantly to an elevated number of reported SIRI's currently at the Trust in Q1. In August the Trust has now reported over 100 days without either a grade 3 or stage 4 hospital acquired pressure ulcer and there were no SIRIs for pressure ulcers in either June or July. The Tissue Viability Team is providing hands-on tailored support to wards to reduce incidence of pressure ulcers.
However this improvement was not sustained in September and the Trust are again reviewing their action plan.

BMI Princess Margaret Hospital (PMH)

BMI reported two incidents in Q2 2014 involving the following: 1) Operation cancelled as patient on admission stated that they had been experiencing chest and arm pain. Referral made to cardiologist and anaesthetic decision not to proceed with surgery.
2) Failed Day case – post nerve block injection. Patient experienced pain and required stronger analgesia and as a result was discharged the following day.
Both have been fully investigated and outcomes shared with the patients concerned.

Two complaints were received regarding NHS patients in Q2: 1) Nurse attitude towards a patient but this was unsubstantiated due to discrepancies in information given by both parties. Apologies given to the patient concerned; 2) Patient controlled analgesic pump failed to work some time after surgery and response to detect repair was considered too slow. BMI investigated these complaints and have taken satisfactory action to resolve them.

As an output of the Quality Schedule improvements, a process for sending electronic patient discharge letters to GP's has been developed by BMI to ensure more timely transmission of discharge information to the GP.

Progress with 2014/15 CQUIN's has been pleasing with achievement of the FFT National CQUIN regarding extension to Day Cases and Outpatients and submission of Safety Thermometer data with zero harms. In addition progress with the two local CQUINs in Q2 regarding 1) Enhanced Recovery for Hip/Knee Arthroplasty and 2) Peripheral Line Care Bundle completion have been on track.

Spire Thames Valley

Spire TV reported zero incidents and zero complaints relating to NHS patients in Q2.

Review of Q2 Quality Schedule revealed the following issues 1) VTE risk assessment review in 24 hours achieved in 60% of cases and prophylaxis overall is given on average within 19-22 hrs of surgery against an internal target of 12 hours. An agreement has been reached that this will be the subject of a local CQUIN in 15/16 to drive improvement 2) Safeguarding Data – Adults and Children training figures reported at 50% in Q1 have risen to 72% in Q2, whilst still below threshold this is progressing in the right direction.

In addition the development of GP electronic summary discharge letters is in progress where GP discharge summary letters will be sent within 24hours.

Infection control issues following Observational visit in June 2014, regarding damaged equipment and replacement of curtains in HDU have been resolved.

Progress with 2014/15 CQUIN's is satisfactory with achievement of the National CQUIN schemes of FFT and Safety thermometer in Q2. Spire TV have 2 local 2014/15 CQUIN

scheme involving: 1) Discharge by 10am to improve flow through hospital and facilitate interface with care arrangement improving patient experience. This has been achieved but patient feedback has led to discharge by 11am now being the norm as 10 am was deemed too early; 2) Peri-operative temperature monitoring to aid enhanced recovery by maintaining normo-thermia post-surgery and reduce risk of SSI is on track in Q2

Appendix 1: Non Acute NHS Trusts

Berkshire Healthcare NHS Foundation Trust

Outpatient Letters to GP's

A CQN (Contract Query Notice) has been issued to the Trust in Q1 in relation to Outpatient letters to GP's to be sent in 5 working days. The Trust was found not to be currently compliant and timescales for sending letters and that the time varied greatly between services. There were a number of contributory factors identified that resulted in the varying time letters were sent to GP's. These factors included the complexity in mental health of multi-professional assessments which could take two weeks to generate but there were also a number of administrative issues which caused delay.

The Trust submitted a remedial action plan and has completed a piece of work to define what services/clinics require outpatient letters.

For Community Health Service outpatient clinics letters will be with the GP within 3 working days, where any of 4 criteria below apply for clinical relevance:

- Medication changes
- Significant results
- All changes in diagnosis need to be communicated in a timely manner
- Changes in Risk level for the patient

For Mental Health services changes to medication and significant results from medical investigations are the only requirements to generate a letter to be sent to the GP. Significant changes in diagnosis or risk level that may affect GP care is to be communicated immediately by phone or letter as required.

A list of Services that would be included in this arrangement were agreed with the Trust and will be included in forthcoming contract documentation.

Medication Management

A medication errors report was submitted by the Trust as part of the Q2 submission. The Trust were asked to provide further information to commissioners in light of concern regarding 2 severe medication errors and also the extent of missed dose medication errors in some areas.

It transpired that the two 'severe' medication errors have been downgraded to minor. The consequence of the error had been incorrectly assessed which had brought about a change to ensure that they are now reviewing the incidents much sooner, in an effort to prevent unnecessary alarm.

Concerns were raised about Sorrell Ward and Windsor Ward having such a high percentage of patients who had at least one blank box on their medicine chart. At Q2 CQRM the Trust was asked for assurance that learning had taken place.

The Trust had been participating in the Improving Safety in Mental Health Collaborative (ISMHC) for the past 16 months. The 'Getting Medicines Right' Work stream aims to reduce medication adverse events by 50% as measured by:

- Number of blank boxes (no signature, no code) on medication charts
- Number of missed doses due to prescribed medicines being unavailable
- Agreed critical medicines administered at, or within 2 hours of being prescribed
- Patients having full medicines reconciliation completed within 12 hours of admission to an inpatient unit

Bluebell Ward was selected as a pilot and has been audited for all the measures but with targeted efforts on blank boxes. A Trust-wide audit of blank boxes in June 2014, showed Bluebell Ward was the best performing of all Wards with the lowest rate of blank boxes.

The Practice Development Lead and Pharmacist described a process to commissioners at the Q2 CQRM whereby Ward Managers have been working to reduce the numbers of missed dose medication. The above initiative on Bluebell Ward requires each blank box to be reported on Datix and the omission raised with the nurse administrating medication. On Rose Ward two nurses now dispense medication. These approaches have been beneficial and the Trust plans to implement on other wards. The CQRM asked for a re-audit to provide assurance of improvement in all areas.

Falls Assessment
In Q1 the Trust breached against the requirement to complete a falls assessment within 24 hours of admission for all patients on older adult mental health wards achieving 80%. This subsequently improved to 85% in quarter 2, but still falls short of the required threshold of 90%.

Infection Control
Zero cases of C Diff have been reported year to date
Zero cases of MRSA have also been reported year to date

Leg Ulcer Clinic
BHFT have been commissioned to provide a tier 2 pilot leg ulcer service in East Berkshire. Clinical Concerns had been raised regarding clinical care and capacity of this service. A patient in Bracknell and Ascot had experienced a lapse in care resulting in an acute admission to Frimley Park Hospital with deteriorating leg ulcer.

BHFT commenced an investigation into this particular lapse in care. The incident has been logged as a SIRI. The Deputy Director of Nursing and the BACCG project manager conducted a visit to the leg ulcer clinic in Skimped Hill on 9th January 2015 to investigate firsthand the issues concerning clinical quality that had been raised.

Best practice was observed at the clinic during the visit and the patients were positive about the service. However, issues were identified regarding leadership both clinically and managerially. In addition issues with capacity and the environment were identified. For example:

- There were a number of infection control issues with an unsuitable cloth chair being used by the staff member

- Inadequate sluice area. It was understood that there is to be building work carried out to address this
- The Staff Nurse did not have senior input at the clinic and it was not clear who she would escalate an issue to should it arise
- The clinic was currently full and a new session was planned to start on Monday to address capacity issues. However as staffed by District nurses this would impact the DN service and staffing levels

Following the visit the findings were fed back to the manager of the pilot and locality manager.

Safeguarding
The compliance in relation to safeguarding training for children and adults is reported as follows:

Table: BHFT Safeguarding Training 2014

Clinical Indicator	Threshold	Apr	May	June	Jul	Aug	Sep	Oct
All staff should have an appropriate level of training in safeguarding, according to their contact with children.	Safeguarding children level 1 – 95%	88%	89%↑	91%	91%	91%	92%	92%
	Safeguarding Children level 2 – 85%	89%	90%↑	91%	92%	92%	96%	93%
	Safeguarding Children level 3 – 85%	86%	89%↑	90%	91%	91%	100%	89%
All staff should have training in safeguarding of Adults , according to their contact	Safeguarding Adults level 1 > 90%	91%	91%	92%	94%	92%	93%	93%

Compliance in relation to safeguarding children 'level 1' training has been static since June. Although not compliant commissioners acknowledge that this is a reasonable level of performance as the Trust continues work to achieve threshold.

BHFT Observational Quality Visits

Rapid Access Community Clinic (RACC) and Community Health Clinic (CHC)

Rapid Access Community Clinic (RACC) and Community Health Clinic (CHC) were visited by the Quality Team in August 2014. The RACC and CHC were noted to be a well led and organised service with a clear purpose.
The Visiting Team was impressed with the cleanliness of the facility and the prompt responses offered by RACC to support acute admission avoidance.
The RACC service allows a response to a referral within 15 minutes; the patient can then be seen within 2 hours at the RACC or through a domiciliary visit. The patient could also be offered a planned appointment at CHC within 48 hours. Patients will then either be given advice and treatment to manage their condition with appropriate Community referrals, or

may be admitted to an acute or community hospital. The RACC has direct admission rights to Henley Suite and Highways in Slough.
The integrated way of working by RACC and CHC is beneficial for the frail elderly population which is the main cohort of patients seen by this service.

The RACC team reported that referral rates could be improved in some areas. GP Registrars appear to be the best referrers into the service, and it has been noticed that the referral rate of practices improves when GP Registrars move to that new practice.

No actions for immediate attention were identified

Mental Health Liaison, Wexham Park Hospital (Service provided by BHFT)

The Mental Health Liaison (MHL) service was visited by the Quality Team in November 2014. The service provides initial Mental Health input to patients on the Wexham Park Hospital site. The service used to cover only A&E, but now also provides InReach services onto wards where needed.

The Liaison team provides adult mental health services, and also supply cover for CAMHS during out of hours. The team is also part of the Crisis Response team and so may also be required to visit a patient off the hospital site. BHFT have made a Consultant Psychologist available to the MHL team to provide support and supervision to the team.

The MHL team highlighted that there has been an increase in demand over recent years, in particular on Friday evenings and Saturdays when patients may feel more vulnerable as other services are closed. These patients then present to A&E and are seen by the Mental Health Liaison team.

The visiting team was impressed with the dedication of the MHL team.

It was acknowledged that BHFT had provided extra support for the Mental Health Liaison team through a Consultant Psychologist, and that the team had identified a gap in CAMHS knowledge and had worked to obtain training and support.

There were no issues or concerns raised during the visit.

South Central Ambulance Service – 999 (SCAS)

CQC Inspection
The CQC inspected South Central Ambulance Service during 8-12 September 2014.
The inspection included the emergency service and PTS (Patient Transport Service). The 111 service provided by the Trust was not inspected on this occasion.
Ratings were not provided for the Trust because this inspection was part of the first wave of ambulance inspections conducted by the CQC. The Quality Summit will take place early in January.

A number of outstanding examples of practice were reported, for example;

- Staff demonstrating outstanding care and compassion to patients despite sometimes working in very difficult and pressured environments
- The trust had introduced a lifesaving automatic external defibrillator (AED) locator mobile phone application. By using GPS, this app locates the nearest AED in the event of a cardiac arrest. In total, the app identified over 800 AEDs across four counties

- The Trust has a clinical lead in mental health and learning disability. This role was unique among ambulance trusts
- The trust provided an innovative learning resource to their frontline staff using the educational resource centre and film centre at Bracknell

Areas for improvement noted by the CQC were as follows.

The Trust must take action on the following to improve:

- Staff uptake of statutory and mandatory training to meet Trust targets.
- Staff in EOC (Emergency Operations Centre) and Patient Transport service (PTS) are to understand the Mental Capacity Act 2005
- All EOC and PTS staff receive safeguarding training to the required level so that they are able to recognise signs of abuse and ensure there are robust arrangement in place for staff to report concerns within the agreed timescale.
- Emergency call takers answering calls, and the emergency medical dispatchers dispatch an ambulance within target times

The Trust should take action on the following to improve:

- Procedures for incident reporting continue to improve. There must be timely investigation of incidents, staff must receive feedback and learning must be shared
- The risks around IT vulnerability in the EOC and PTS are to be appropriately managed.
- Infection control practices are followed at ambulance stations and the Trust is to ensure that vehicles are effectively cleaned and deep cleaned.
- Ensure there are suitable arrangements to ensure that equipment is regularly checked and fit for purpose
- Increased awareness of lone working in PTS ambulances
- Ensure appropriate equipment is available for children
- Ensure Staff in PTS receive appropriate training on dementia care, learning disabilities and all staff continue to received training in mental health conditions
- Pain relief to continue to be appropriately administered for patients with segment elevation myocardial infarction (STEMI) and pain relief for children is effectively monitored.
- Ensure that all complaints are responded to within the trust's target of 25 days
- Ensure there are better governance arrangements within EOC and PTS to share information with staff, so that staff can raise concerns and risks are appropriately identified, assessed and managed.

Ambulance attendance performance

Ambulance attendance compliance relating to emergency calls can be seen in yellow tables below.

Ambulance call category descriptors Cat Red 8	The percentage of Category Red (immediately life-threatening) calls reached within 8 minutes – the target is 75%.
Cat Red 19	The percentage of Category Red (immediately life-threatening) calls where a vehicle able to transport the patient has arrived within 19 minutes – the target is 95%.
Cat Red 1	Red 1 call are the most time critical of Red call and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions such as airways

	obstruction.
Cat Red 2	Red 2 calls are serious but less immediately time critical and cover conditions such as stroke and fits.

September 2014

Thames Valley				
Month to Date: September 2014	% of RED 1 Incident within 8 Minute Target (75%)	% of RED 2 Incidents within 8 Minute Target (75%)	% of RED 8 Incidents within 8 Minutes	% of RED 19 Incidents within 19 Minute Target (95%)
North Cluster	73.8%↑	75.5%↑	75.4↑	95.4%↓
SCAS overall Response	75.9%↑	76.4%↑	77.7%↔	95.8%↓

October 2014

Thames Valley				
Month to Date: October 2014	% of RED 1 Incident within 8 Minute Target (75%)	% of RED 2 Incidents within 8 Minute Target (75%)	% of RED 8 Incidents within 8 Minutes Target	% of RED 19 Incidents within 19 Minute Target (95%)
North Cluster	69.0%↓	73.9%↓	73.75%↓	94.2%↓
SCAS overall Response	70.5%↓	74.5%↓	77.7%↔	95.1%↓

There are a number of contributory factors accounting for the reduced performance in response times. The move to NHS Pathways in 999 automatically generates more red calls and this was expected. However, this in addition to winter pressures has resulted in unprecedented demand and SCAS are currently running at heightened escalation levels. This is likely to be compounded by the fact that many acute Trusts have declared Black status, resulting in longer handover delays. There is also a potential for Trusts to divert patients, having a further impact on SCAS's ability to meet thresholds.
SCAS met the Red 1 and 2 thresholds for Q2 but will breach for Q3. This will result in Monitor intervention. The Trust has an internal action plan which they have agreed to share, though we are not yet in receipt of it.

Ambulance Handover Times
Winter monies have been allocated to support the ambulance service to reduced handover times. This has been utilised through the introduction of Hospital Ambulance Liaison Officers (HALO). Their purpose is to facilitate smooth and timely handovers and involves monitoring of ambulance queue boards, attending bed meetings and working closely with A&E coordinators. SCAS reported that this has been a successful addition.

Call answer times
There was a downward trend in the time taken for 999 calls to be answered from 89% in April down to 78.6% in October against a threshold of 95%. SCAS have established the root cause to be the number of staff vacancies. Since then a recruitment drive has been undertaken and they are now over establishment and plan to remain so in order to allow

resilience in the system. SCAS reported that they are now seeing an upward trend in the call response time during Q3.

Complaints
The number of complaints remains above expected numbers. Complaints about staff attitude and behaviour still remain a key theme, as reported in the last Patient Experience report. SCAS believe that a cultural change is required in order to ensure significant improvements. Their approach is to deliver customer training through the induction process then use every training contact as an opportunity to include an element of customer service training. Response time to complaints is variable as such the Trust plan is to issue a league table of response times to managers as a means of driving improvement in complaint handling.

The Trust is now able to analyse complaints by severity of harm and that harm relating to complaints is at a low level.

Electronic Patient Record (EPR)
SCAS are currently rolling out a hand held software solution across the organisation. The facility has substantial benefits in terms of emergency ambulance crew's ability to access information and record the assessments and care delivered as well as the audit functionality if offers. EPR will be rolled out across the Thames Valley area as follows:

- January 2015 – Berkshire & SE Hampshire
- March 2015 – Oxfordshire
- April 2015 – Buckinghamshire

Safeguarding
Safeguarding training compliance remains below threshold. Safeguarding Adults training was reported as 62% in October, though face to face training continues with the aim to achieve 80% compliance by year end. SCAS reported through December CQRM that safeguarding children level 2 compliance has improved to 86% (against threshold of 95%) for front line 999 staff, which demonstrates significant improvement.

Quality monitoring processes
The first Thames Valley wide CQRM was held in December. This was well attended by SCAS and representatives from partnering CCGs. One of the key issues raised by commissioners was the poor population of the Quality schedule, therefore the information reviewed for CQRM was predominantly from the provider Integrated Performance Report. Since then SCAS have submitted a much improved Quality Schedule submission.

Clinical Indicators

Limb Fracture Care Bundle Compliance
Compliance against this indicator is variable. The Trust explained that this is due to relatively small numbers (in the region of 50). Monitoring of distal pulse is the element of this bundle where compliance fails against. SCAS have informed commissioners that although they acknowledge that there are still improvements to be made, they perform well nationally when compared to other Ambulance Trusts and sit in the top quartile.

Stroke
SCAS are currently compliant against the stroke care bundle indicator. However performance has fallen against the "60 minute to stroke centre" indicator. SCAS fell below threshold in September and October.
There is currently a pilot being undertaken in Buckinghamshire, whereby all suspected stroke patients are being taken to Stoke Mandeville Hospital. SCAS have raised concerns that this may impact on their stoke conveyance times overall. Progress of the pilot and any potential impact will be explored at the next CQRM.

STEMI

Compliance with STEMI (Segment Elevation Myocardial Infarction) bundle remains below desired thresholds and has taken a relative decline since Q2. However, they report in line with the national requirement timetable, which is 4 months in arrears. The key area of non-compliance relates to administration of analgesia. An extensive training programme has been undertaken, which has recently come to an end. SCAS believe this has resulted in an improvement, though due to the data lag this may not be evident for another couple of months. This will be closely monitored through CQRM.

Appendix 2: Acute NHS Trusts

Frimley Health Foundation Trust (FHFT)

Heatherwood & Wexham Park Hospital (HWPH)

CQC and Acquisition by Frimley Park Foundation Trust (FPFT)

On the 1st of October 2014 HWPH was acquired by FPFT. The new organisation is known as Frimley Health Foundation Trust.
Arrangements for Quality monitoring and oversight are now finalised by the Trust to include a Governance Framework outlining the Governance and Committee structures. From the 1st October there will be two Quality Boards, one for each site and all Board member posts are now recruited to. Eventually it is envisaged that there will be one Quality Board as the integration progresses. Structures in both organisations are very different with HWPH being Divisionally led and FPFT being Departmental and thus implementation of changes are complex.
Quality and Performance data will continue to be reported separately by site (HWPH and FPH) with the addition of joint metric reporting representing the organisation as a whole.
The CQC action plan is now absorbed into a new Recovery Plan as HWPH have moved out of "special measures" as a result of the acquisition. The new Recovery Plan was presented to East Berkshire Joint Quality Committee on November 26th. The recovery plan will include the issues contained within the CQC action plan and will be monitored by the Joint Oversight Committee.
Some discussion regarding cancer wait times trajectories were held and the Recovery Plan was not signed off at the 26th November meeting as more detail was requested.
Updated recovery plans for Cancer, Emergency Department and Referral to Treatment (RTT) have been received subsequently in December with an additional Quality Improvement Plan. The revised Recovery plan is to be presented to January 2015 Joint Quality Committee.

A&E 4 Hour Performance

HWPH after a promising start in early July post the "Spring to Green" event where A&E performance was green, the Trust then experienced a busy July with black status declared.

Compliance with A&E 4 hour wait target in September met the threshold of 95%. However capacity and increased activity in A&E during October and November would indicate that this performance will not be sustained.

Table: HWPH A&E 4 Hr Wait Times

Clinical Indicator	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct
Total time spent in A&E Department	95% of patients waiting less than 4hrs	88.4%	86.8%	91.8%	96.4%	93.9%	95.7%	94.5%

A CQN (Contract Query Notice) issued to the Trust in May is progressing and monitored by the CCG's with regard to A&E wait times performance. A remedial action plan is now agreed and being implemented with concluding action dates due in October 2014.

Assistance from NHS ECIST (Emergency Care Intensive Support Team) who specialise in providing support in performance improvement and quality assurance has been sought in order to input positively to the development of remedial actions in response to the CQN.

The main elements of the remedial action plan are:

- Introduction of a new medical model across the Trust urgent care pathways to provide more senior cover at the front door which is in progress
- Further development of Ambulatory Care Services
- Complete Spring to Green event in June and repeat in December; both now completed
- Improve flow from ED in to the hospital by increasing bed availability
- Improve access to radiological investigations
- Improved discharge management
- Independent review of appropriateness of admission and point prevalence study of delayed discharges

As compliance remains fluctuating in response to increasing demand an Emergency Department Recovery Plan has been submitted with detailed actions and objectives to address the 4 hour wait breaches. The actions proposed are designed to address insufficient level of understanding of ED peak demand pressures and waiting times including a review of operational demand flows to gain a clearer understanding that will underpin a robust escalation/response during peaks. This plan is awaiting sign off and further feedback is due at January 2015 CQRM meeting.

% patients re-attending A&E after 7 days has breached the threshold of 5% on a number of consecutive months. The Trust were asked to review the underlying causes of these re-attendances and report back to CQRM. This they have done but the data did not reveal any themes that could lead to positive actions. The Trust subsequently committed to drilling down further with this data to establish any themes. Further data has been shared with the CCG and data for Month 09 is indicating that the % patients re-attending have for the first time fallen below the 5% threshold. This will continue to be monitored at CQRM.

Cancer Beaches

Performance of 62 day wait for cancer treatment was improving toward the end of Q2 but still not at the required level of 85%, but this target has subsequently deteriorated again in August & September.

The Trust continues to report that this is primarily due to the urology and breast pathways. Detailed action plans were submitted by the Trust in August to address this underperformance. The Trust has since also submitted an overarching cancer plan that takes a broader review of demand and capacity by Specialty to ensure the Trust is right sized in both diagnostics and surgical areas. Capacity issues with MRI and CT scanners continue to impact on meeting targets. The process was changed in September to shorten waiting times with earlier booking of MRI slots. A business case for a second scanner for Wexham Park site is being prepared.

This overarching Cancer plan details many actions around the following areas :

- Choose and Book 2WW
- Cancer Pathway reviews

- Implementation of Cancer Peer Review 2013 Recommendations
- Implementation of the outcomes of the KPMG review
- MDT co-ordinators to have consistent approach to the management of their patients/caseloads
- Review & Design of Clinical Governance Arrangements
- Root cause analysis to identify trends in breaches
- Improvements to the robustness of data reporting
- Early identification of potential breaches arising from patient choice and improved proactive communication with GPs
- Delivery timely reporting of pathology results
- Delivery of improved clinical engagement; barriers to this therefore need to be addressed on a consistent basis

The Trust have committed at the Contract Performance meeting to share cancer data that excludes Breast and Urology to give assurance that reported cancer issues are restricted to these two specialties.
The results of this analysis revealed that based on August data

- If breast patients are excluded compliance would be at **89%**
- If urology patients excluded compliance would be at **84%**

This shows that it is breast and urology that are driving the underperformance.
The Breast action plan is impacting and for September the 62 day wait indicator is on target.
Action taken to resize the breast service appears to be the correct action.
Urology however is not experiencing the same success as a result of implementation of its action plan and remains non-compliant. The Trust aims to mirror actions taken in the breast service to urology to deliver the same improvement.
No further update was provided at the CQRM meeting in November as a result of the restructure.

At Decembers CQRM meeting it was noted and discussed that the figures remain static despite the implementation of the action plan in Urology. The Trust indicated that recent SIRI's in Urology were undergoing further review and not yet submitted to the CCG's for sign off. A panel review is scheduled for January and the Trust believes that these SIRI's will reveal in more detail the underlying causes of the urology cancer wait delays.
The CCG is seeking further assurance that progress is being made.

Table: HWPH *Cancer Wait Times*

Indicator	Apr	May	Jun	Jul	Aug	Sep
% Service users waiting no more than 2 months (62days) form urgent GP referral to first definitive treatment for cancer. Threshold 85%	**86%**	**77.3%**	**73.8%**	**84.6%**	**77.6%**	**78.2%**

Radiology
The Radiology Department delays continue to be a cause for concern. These delays are also impacting on cancer wait times due to MRI request delays.

Monthly updates are submitted to CQRG meeting to report on the progress of the action plan to address the issues regarding administrative delays in reporting and staff shortages but progress has been slow as a result of the restructure.
At Decembers' CQRM meeting the Radiology Manager from FPH, attended and verbally presented his recovery plan for Radiology. The Radiology Manager is now responsible for Radiology across both sites and has been in post for 1 month and is taking the opportunity to review current status and reset the agenda. A seven point recovery plan was presented and entails the following:

1) Introduction of Key Performance Indicators – Improved use of Newton performance tool to understand demand and 'hot spots'.
2) Review of teams – Right Sizing Plan. There remains some reliance on agency staff and existing staffing is a combination of incoming staff, existing staff and agency staff.
3) Review of previous Information received from CQC – in order to inform the direction of future plans.
4) Establish Staffing Model – This is on track for provision of adequate cover with initial implementation of two members of staff on site during 'dark hours' for Emergency Care. In addition extended day working and job planning will result in 7 day working by Jan 2015.
5) Review of Asset Register and Equipment Replacement – It was noted there are a number of single points of failure regarding equipment. There is agreement in principle for a second CT scanner on the Wexham Park site, the first step will be to identify a location for the CT scanner, once established it is envisaged it will be a 3-6 month programme of work and before next winter as a priority.
6) Joint IT systems between sites – Trust acknowledges that this would be a complex project and is a long term vision. It is likely to result in one IT system is retained across both sites and the other is not, to simplify and provide ease of use.
7) Quick wins to Focus on "Today's Work Today" – It is hoped that focusing on completing 'Today's work Today' there will be an improvement in patient flow.

This will remain an agenda item at both CQRM and SIRI Panel in coming months until the backlog has been eliminated. The CCG has requested a written action plan from the Radiology Manager.

Cancelled Appointments
The "No Capacity List" highlighted as a result of a SIRI Investigation is still a cause for concern and appears not to be reducing. Patients not followed up appear to be a growing number and the Trust are unable to provide the commissioners with a definite number to quantify the problem.

Reviews of these "no capacity lists" by specialties have been underway for several months to validate if appointments are overdue/not overdue and if there is any clinical significance as a result of any delay. The concern is that there might be cases of clinical significance within these waiting lists that are not as yet discovered.
The Commissioners have insisted that any patient discovered as having a detrimental effect as a result of delayed follow up must be reported as a SIRI.

Following the acquisition the Trust has viewed this issue as a top priority and have instigated additional resource in the form of a team of people to update and validate the "no capacity lists" for outpatient appointments. This has created significant traction and movement. The data is being cleansed and appointment slots are being found as the need arises. Patients are being directly contacted by phone to arrange an appointment once they have been identified as being in need of a follow up.

In the medium term and to create sustainability, the Trust is utilising the Newton tool to identify more efficient ways of arranging clinic slots. In addition, reviews of the MDT teams and their ways of working to ensure effective and timely communication regarding follow ups is recorded robustly is underway.

This issue is closely followed at monthly CQRM's to ensure that significant progress is made swiftly

Cancelled Operations

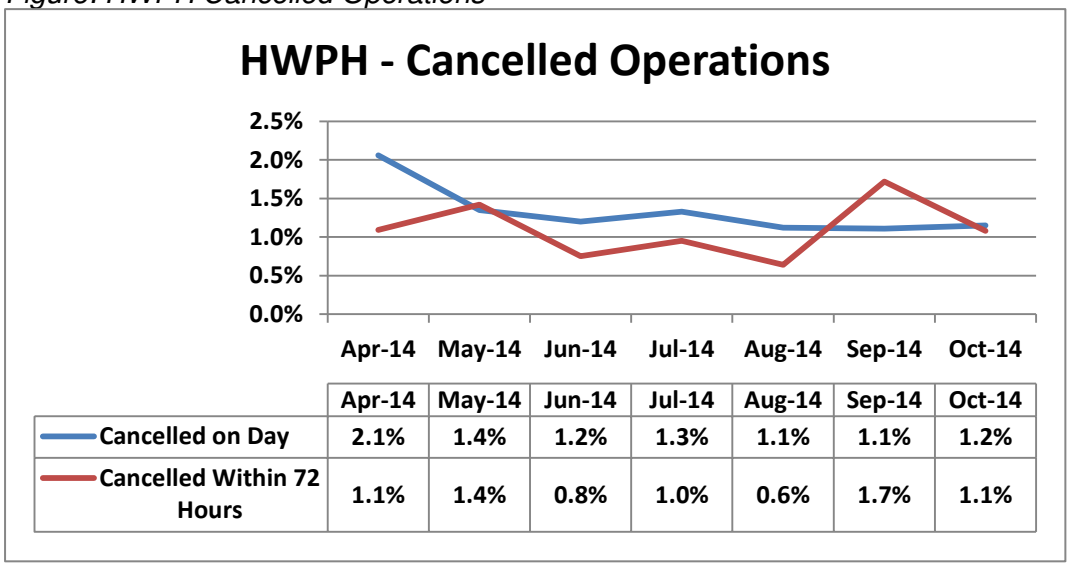
HWPH have sustained reduced rate of cancelled operations in July and August at 1.2% but are still not complaint with threshold of 0.8%.
The Trust also achieved an improved rate of cancelled operations on the day of admission in Sept 14 with a rate of <1% (against threshold of 0.8%). This is the first time this year that this has been achieved and the Trist should be commended for their efforts.

However operations cancelled within 72 hours of admission doubled in Sept 14, but preliminary figures show a reduction again in October.

The main issues identified by the Trust contributing to the poor performance are:

- Lack of Theatre time
- Staffing issues
- No beds

Figure: HWPH Cancelled Operations



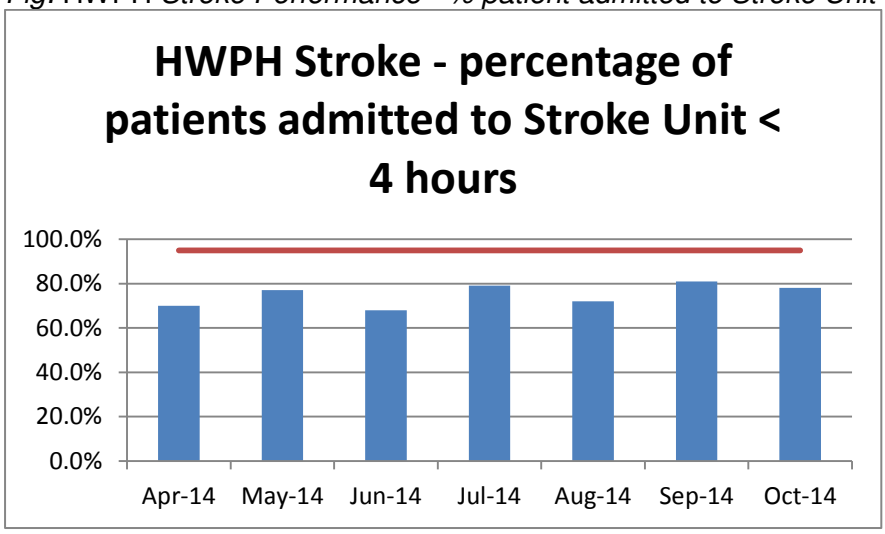
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Cancelled on Day	2.1%	1.4%	1.2%	1.3%	1.1%	1.1%	1.2%
Cancelled Within 72 Hours	1.1%	1.4%	0.8%	1.0%	0.6%	1.7%	1.1%

Plans have been approved to create a second Theatre Admission Lounge for x8 new trolley spaces to free up space in Recovery preventing delays in Theatre. This remodelling is expected to be completed early in the New Year.

Stroke

The CQN (Contract Query Notice) issued in response to poor stroke performance at the Trust has been in place since April 2014 with actions due by November 2014 and this has now been closed due to the actions identified now completed.

Fig: HWPH *Stroke Performance - % patient admitted to Stroke Unit*



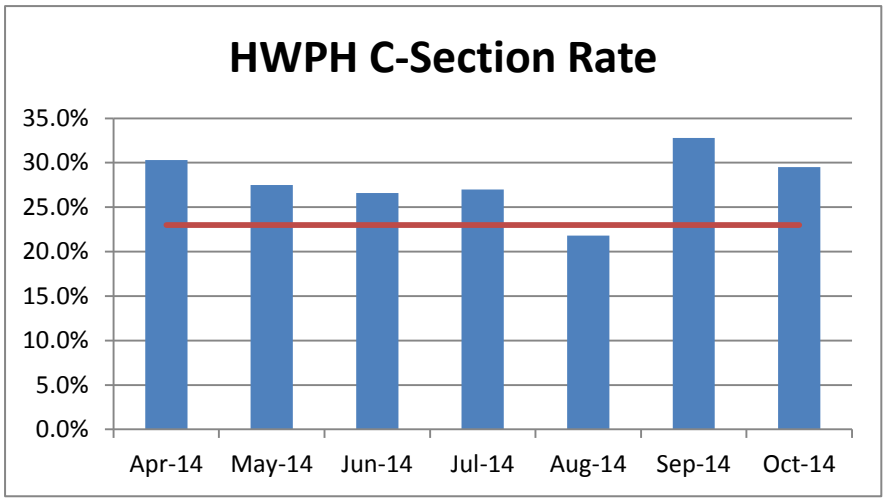
The CQN required the Trust to produce a robust action plan to address this under-performance. Regular reviews of the progress of actions identified from the CQN take place between the Trust and Commissioners.

The actions outlined in the CQN will take some time to show effect as the data is based on patient discharged. As many stroke patients stay for extended periods of time the data is still showing non-compliance.
The actions regarding collaboration with Radiology and increased communication with A&E regarding diagnosis will begin to show improvement in the coming months.
CT scanning capacity remains an issue with only one operational CT scanner but the Trust have identified that purchase of a second scanner is a high priority post acquisition and a business case is currently being prepared.

A new Stroke Unit was due to open in December. Improved day areas for patients to enjoy and a rehab/gym area. The facility was visited by the Director of Nursing East Berkshire CCG's and is considered a huge improvement in the provision of acute stroke and rehab care.

Maternity
The lower C-section rate reported in June, July & August was unfortunately not sustained with the rate rising to over 30% in September.

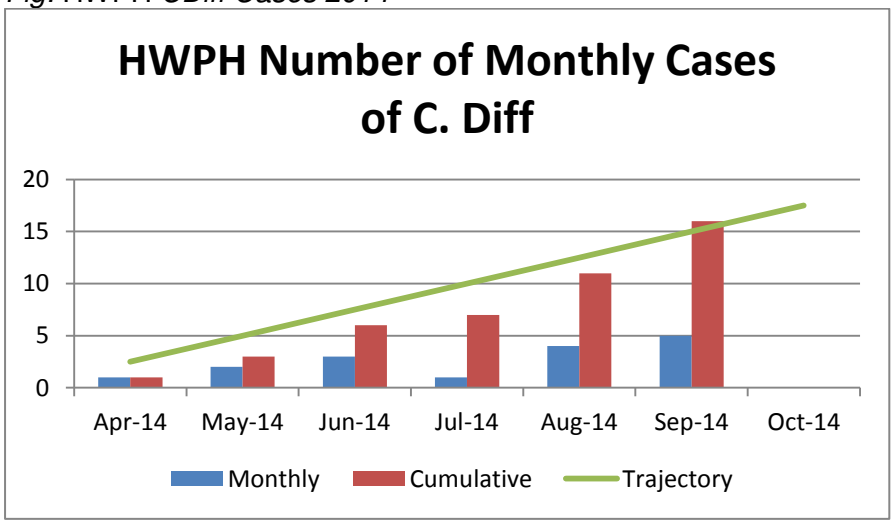
Fig: HWPH *C-Section Rate*



The Maternity Steering group meets monthly with Commissioners to monitor closely the numerous Maternity Key performance indicators (KPI's). The Trust Maternity action plan addresses the previously reported 5 themes is no longer being followed. But instead the new Head of Midwifery, responsible for both sites, is reviewing the current action plan sharing best practice identified across both sites. A new refreshed integration and improvement Maternity action plan is due for presentation at the January CQRM developed with "fresh pairs of eyes".
The Head of Midwifery from FPH is now spending 3 days a week at HWPH to observe practices in order to identify good and bad practices at both sites and share learning.

Infection Control

Fig: HWPH *CDiff Cases 2014*



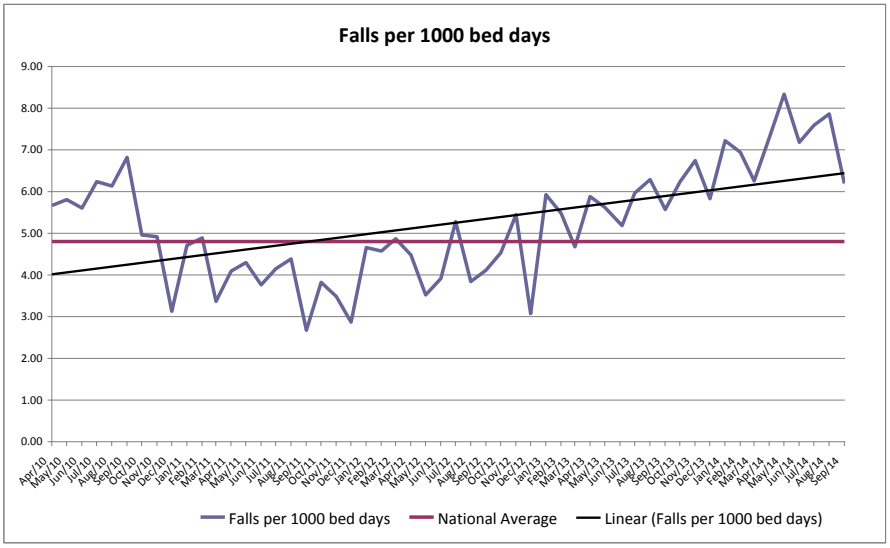
CDiff cases currently are just above the trajectory for the year which equates to no more than 2.5 per month. There were x5 cases of CDiff reported in September which has contributed to this increased reporting.

Zero cases of MRSA during 2014/15 have been reported to date.

Falls
Falls continues to be a priority for the Trust in 2014/15, both falls with and without harm. Falls feature as the improvement parameter chosen by the Trust in the Safety Thermometer National CQUIN. The Falls Work Programme was presented at the July CQRM detailing a number of initiatives to reduce inpatient falls. An update is due at January CQRM.

In the recent Patient Safety report falls per 1000 bed days are still above the target of 4.8, currently at 6.19. No update on the action plan was provided and this has been requested.

Figure: HWPH Falls per 1000 Bed Days



Frimley Park Hospital (FPH)

Acquisition Update
Following the acquisition of HWPH by FPFT to form Frimley Health Foundation Trust on 1st October 2-014, work is underway to create a new structure and Governance and Quality Committees.

FPH structure is to be adopted across the Frimley Health organisation with a Service/Department structure rather than a Divisional structure. A Committee structure was shared with Commissioners in December 2014 with two Quality Boards operating, one for each site. These were beginning to form and the first meetings were taking place in December/January 2014.

CQC
At November CQRM it was reported that following the issue of the CQC report with the Trust being rated as Outstanding the subsequent summit meeting was very positive and that the Trust felt that the rating for each service had been achieved with robust evidence behind it.

Services for Children and Young People were identified as requiring improvement with inadequate skill mix and staff upskilling were highlighted as issues by the CQC. Concerns were highlighted regarding periods of limited staffing where there had been reported an increase in medication incidents in paediatrics. An action plan has been developed by FPFT

to address the findings highlighted by the CQC. This action plan outlines the following main areas of activity:

Improvement Area	Action	Date Due
To review nursing staffing levels & skill mix in Paediatrics (services for children)	• Additional consultant from January 15 • Introduce a late consultant shift 5-9 Saturday & Sunday • Commissioned a review of paediatric services by the Royal College of Paediatricians • Review and approve the proposed skills mix & establishment including funding for a Band 6 dedicated Paediatric Practice Development role	**Nov 2014**
To ensure Paediatric staff have the necessary skills to identify & manage the deteriorating child	• All nursing staff to complete study day on the Management of the Sick Child • Band 6 & 7's to complete Advanced Paediatric Life Support course (APLS) • 6 nurses identified to undertake 1-year Paediatric HDU Course in the next 12 months	**December 2014**
To review how training data is recorded within Paediatrics to ensure that records are accurate	• To ensure that all Paediatric nursing training attendances are recorded on the Trust Training Database, WIRED	**November 2014**

It was noted at Novembers CQRM meeting that the Trust was waiting on a report from a peer review, expected in January, before progressing further with actions.

A&E

There have been A&E pressures due to unprecedented numbers of patients presenting at A&E which resulted in the A&E target being breached in April and May, but the Trust was complaint for Q1 as a whole. In Q2 the pressures continued and August was a difficult month, however the Trust was complaint overall for the quarter.

Fig: FPH A&E 4hr Waits

Clinical Indicator	Threshold	May	Jun	Jul	Aug	Sep	Oct
Total time spent in A&E Department	95% of patients waiting less than 4hrs	94.4%	96.6%	96.2%	94.5%	95.1%	94.2%

FPH reported an 8% increase in A&E attendances in August. The Trust believes that it is Berkshire patients that are driving this increased activity. Bracknell Urgent Care Centre was

having an impact by attracting Wokingham patients but it was East Berkshire patients that were presenting at FPH A&E.

The Trust were planning, post-acquisition, to conduct a communications piece to the public to promote Heatherwood and Wexham Park with a good news story based on the new and refurbished A&E Department, maternity refurbishment, upgrading of building and intent on capital investment.

In addition delays in discharge and arranging packages of care had impacted the flow within the hospital. Continuing Healthcare (CHC) assessment process is long and often causes delays. This is a known issue requiring review and resolution.

Following the acquisition the Trust had begun to make use of the resources available through Heatherwood and Wexham Park. FPH have identified staffing as the biggest issue across the whole health economy impacting on A&E performance .

A&E 7 day re-attendances had doubled in August.

Table: FPH A&E 7 Day Re-attendances

Clinical Indicator	Threshold	Apr	May	Jun	Jul	Aug	Sep	Oct
Unplanned re-attendances within 7 days to A&E Department	<5%	**3.94%**	**7.16%**	**6.29%**	**7.43%**	**6.77%**	**6.81%**	**6.76%**

The Trust indicated at Septembers CQRM that these were due to the following, with one patient contributing to 1% of the re-attendances:

- Unwell
- Abdominal pain
- Chest pain
- Breathing problems
- Lower and upper limb fractures (many different types of presentation)

The Trust were reviewing ambulatory care service with headaches being a top issue that could be redirected. This will continue to be monitored via the CQRM.

Discharge

The concerns raised previously regarding discharges from FPH as a result of clinical concerns being raised by GP practices in Berkshire and Hampshire are still ongoing. Following presentation by the Frimley Park Discharge Working Group in quarter 1 detailing the work programme they have in place, the CCG's are now collating evidence of discharge issues to share with the Trust for action.
Discharge process will be reviewed again in January/February CQRM to allow for data collection and the above work to have an impact.

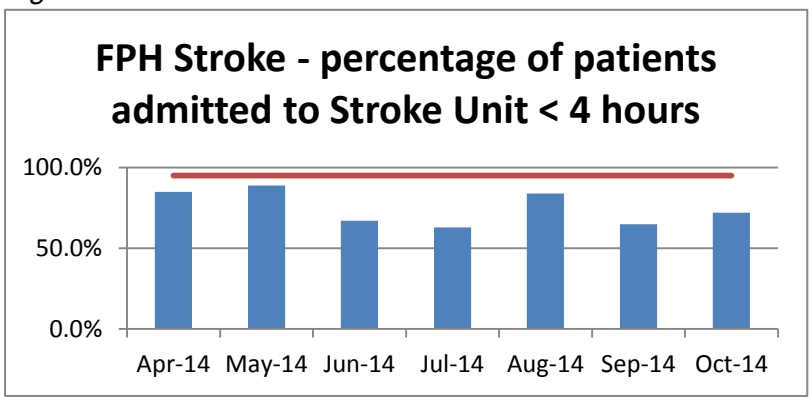
Stroke

The Trust had received the results of an independent review into their Stroke services conducted by the Royal College of Physicians, covering both FPH and HWP which gave a very positive feedback on both HWPH and FPH.
FPH received a "B" score. In order to obtain an "A" score the unit is required to have more admitted patients

The Trust continues to develop the Stroke unit with the vision of becoming a Hyper-acute Stroke Unit (HASU). Joint collaboration between the HWPH site and FPH has begun with sharing of clinical practice and ways of working between services. Although very different services (as hyper acute patients in East Berkshire are seen at Wycombe Hospital in Bucks) the two sites are looking at ways to function more collaboratively.

The main performance issue currently with stroke services at the Trust is the ability to deliver the number of imaging figures required. Additional training was being provided to Stroke Coordinators so that they could provide additional support.
Performance in stroke is improving with the % patients being admitted to the Stroke Unit within 4 hours increasing through Q1 but this has been fluctuating in Q2 due to capacity pressures.

Fig: FPH Stroke Performance: % Patient admitted in <4 hrs

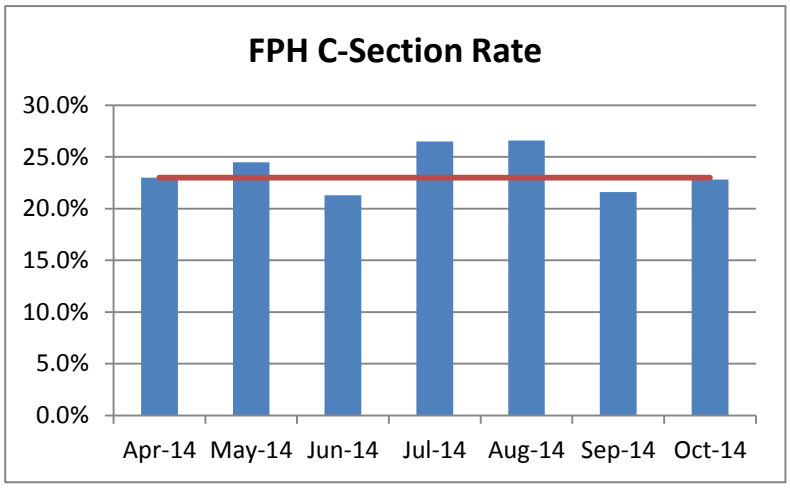


As from November/December the Trust will have all 3 Stroke Consultants in post, with radiology capacity increasing in January which it is envisaged will positively impact on performance.

Maternity

The C-section rate was rising in quarter 2 but has since stabilised to below the threshold of 23%

Fig: FPH Maternity C-Section Rate



The Trust reports a significant increase in birth rate with 537 births in October. The projected end of year birth rate is estimated at 5500 (against 5200 for 2013/14). The Maternity unit was closed for 6 hours in October with x3 women diverted to other maternity units due to the numbers of women in labour already in the unit. Capacity issues worsened due to closures of Royal Berkshire Hospital and Southampton, however despite pressure no avoidable adverse events have been reported.

Completion of the building work is delayed due to issues with the final handover of the building as there was cracking in walls and problems with windows identified resulting in delayed handover on 9/1/15. The Midwife Led Unit will be open and offering full suite of services from February 2015.

Safeguarding Training

The Trust's current position on adult safeguarding training is reported as follows:

Indicator	Threshold	Q1	Q2
Safeguarding Awareness Training (Level 1)	90%	52%	Not reported
Mental Capacity Act (MCA) Training (Level 2)	80%	52%	Not reported
Deprivation of Liberty Safeguards (DoLS) Training (Level 2)	80%	52%	Not reported

The Trust now has in post a Lead Nurse for Adult Safeguarding (July 2014) who is accelerating the training programme. The Trust are experiencing issues with delivery of adult safeguarding training due to the usability of the new training & development system "Wired".
Training in Q2 is ongoing with prioritising the members of staff working in key areas. An additional two thousand staff have been identified as requiring level 2 adult safeguarding training.
An additional Band 6 Nurse had been appointed to help deliver 4 training sessions a week from January 2015 onward.
Commissioners have requested an update on training figures by professional group at Oct CQRM and to date this has not been submitted as a result of the issues with "Wired".
The training position is to be reported at January CQRM
Progress with delivery of Prevent training is also slow with no delivery of Prevent WRAP training in Q1 or Q2. The new Adult Safeguarding Lead has been identified as the Prevent Lead for the Trust and is in progress of organising training for targeted members of staff.

Infection Control

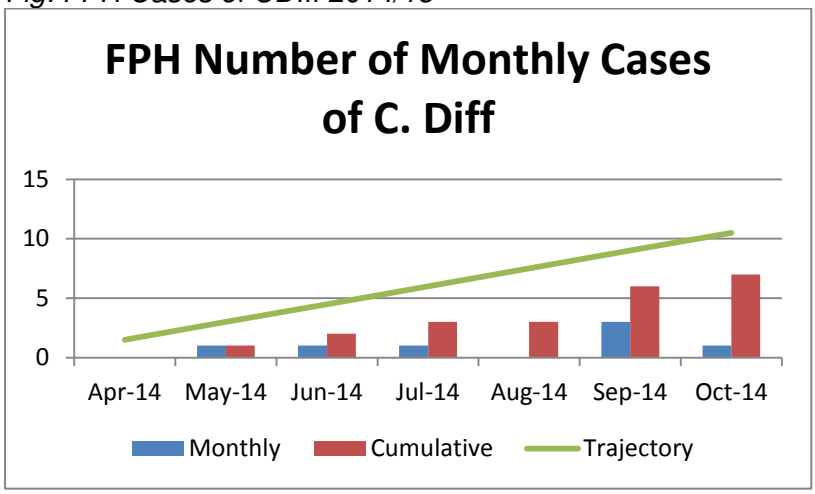
MRSA

Following x4 cases of MRSA reported for the year 2013/14 this has resulted in FPH being an outlier for MRSA, the Trust continues to have reported only one case so far in 2014/15 (April 2014). MRSA is a standing item on the monthly CQRM meeting agenda where cases are reviewed. This is significant improvement on the previous year.

CDiff

FPH have up to the end of Q2 reported x6 cases of CDiff, against a trajectory of x15.
Three cases of CDiff occurred in Sept 2014 with x2 cases on the same Ward (F3). Investigation into this "period of increased incidence" revealed that the cases were different strains and no evidence of cross infection. This rate continues to be below the trajectory for the year which allows 1.25 cases per month. To date no lapses in care have been attributable in all 6 cases of CDiff,

Fig: FPH *Cases of CDIff 2014/15*



Falls

FPH have reported a significant number of serious falls totalling x9 cases reported between April and September 2014. With the current trajectory the outturn for 2014/15 will exceed that of 2013/14.
The Trust recognises serious falls as a priority for 2014/15 and is working on the implementation of its overarching "Falls Improvement Plan" presented in quarter 1.

The number of total falls within the Trust has fallen by 20% but serious falls have not significantly decreased. HWPH experience far fewer serious falls and FPH are looking to HWPH for opportunities to learn and adopt different practice.

A Falls Roadshow took place during October to increase awareness of falls and the referral process for a specialist assessment. Falls resource packs were distributed to all the wards/departments comprising of patient information, staff information, post fall checklist, hydration and the new falls assessment and care plan. In addition there was also a skills blitz day focusing on lying and standing blood pressures and medication reviews.

Pressure Ulcers

An increase in grade 2 pressure ulcers had been noted. Currently performance is just ahead of trajectory of <80 for the year. FPH Head of Quality assured a recent CQRM that grade 2 pressure ulcers had been discussed at the Trusts Heads of Nursing meeting and that the Trust was aiming to address concerns via the Ward Sisters.

Table: FPH Gd 2 Pressure Ulcers

Clinical Indicator	Threshold	May	Jun	Jul	Aug	Sep
Hospital acquired Gd 2 pressure ulcers	Trajectory <80	**10**	**11**	**8**	**6**	**5**

In addition the National Stop Pressure day was planned for November and the Trust was planning to utilise the day to revisit and re-educate staff with the support of Tissue Viability Nurses.

No specific trends had been identified in connection with the rise in pressure ulcer incidence but a link with an increase in admission from Nursing Homes was being investigated as a possible contributory factor.

Royal Berkshire NHS Foundation Trust (RBFT)

A&E
Following a sustained period of achieving the 4 hour wait threshold, the Trust breached in September. This was due to a peak in demand which was reflected nationally. The Trust subsequently recovered their position in October.

Table : RBFT A&E 4 hr Waits

Clinical Indicator	Provider	Threshold	Quarter 1	Quarter 2
Total time spent in A&E department under 4 hours	RBFT	95%	**95.8%**	**94.7%**

RBFT have ensured that all ambulance handovers take place within 60 minutes, but continue to breach the handover in 30 minutes of ambulance arrival to A&E, which is the greater challenge.

Table: RBFT Ambulance handovers

Clinical Indicator	Provider	Threshold	Quarter 1	Quarter 2
All handovers between ambulance and A&E must take place within 15 minutes.	RBFT	Handover <30 minutes 85% threshold	**83.5%**	**82.4%**
All handovers between ambulance and A&E must take place within 15 minutes	RBFT	Handover <60 minutes	**0↓**	**0**

Infection Control
CDiff & MRSA

The Trust has reported zero cases of MRSA in Q1 and Q2.

The Trust have reported 8 CDiff cases in Q 2 and 4 in Q1. This rate is below the trajectory for the year which allows 40 over the 12 month period. It has been agreed with the CCG that a number of these cases are due to lapses in care. Learning from the investigations has been shared with the relevant Care Groups within the Trust.

Stroke

RBFT are green on all their stroke indicators except the 'door to needle time' within 60 minutes where clinically appropriate. The threshold is 95% within 60 minutes; this target has been met at 100% all year up to August and September where it dropped to 93% and 89%. The Trust reported that they had one breach in August and one in September. Patient numbers are relatively small so one miss can result in a breach. The Trust recovered in October.

Choose and Book

The Choose and Book service continues to breach against the requirement to provide routine, urgent and two week wait appointments. A CQN was issued in relation to this and also an exception notice issued. A revised action plan has been submitted to Commissioners, the main focus of which is on Neurology and Cardiology. Actions include recruitment and creation of additional capacity in order to resolve appointment slot issues. Recovery is anticipated by 28th February 2015.

There is also an action plan in place for review and acceptance of Choose and Book referrals. This includes improvements to the administrative process, and education. The Trust aims to report a position of recovery at the end of December 2014.
Table: RBFT Choose & Book

Indicator	Threshold	April-14	May-14	June-14	July-14	Aug-14	Sept-14
Choose and Book. Provider to review and accept all referrals booked through Choose and Book prior to the appointment date and record within Choose and Book the acceptance plus any alterations or cancellations to appointments and discuss any changes with the patient	95%	**58%**	**46%**	**46%**	**59%**	**53%**	**54%**
Provider to make sufficient Routine, Urgent and Two Week Wait appointment slots available within Choose and Book to match referral volumes	96% Monthly Threshold	**93%**	**92%**	**92%**	**90%**	**91%**	**93%**

Maternity

Below is a summary of those indicators which have notably changed across the past two quarters with regard to Maternity services at RBFT.

Table: RBFT Maternity Indicators

Indicator	Threshold	Q1	Q2
All Mothers screened for smoking status at 12 week assessment, and all smoking mothers to be referred to stop smoking services	98% (monthly)	97.58%	100.00%
% breastfeeding initiation	80% (quarterly)	79.72%	80.40%
% of 'at risk babies' to receive BCG vaccination prior to discharge	90% (monthly)	86.02%	91.59%
The provider will adhere to standards for staffing of maternity services as detailed in Safer Childbirth: Minimum Standards for Organisation and Delivery of Care in Labour and Maternity Matters	01:32	01:31	01:34
% deliveries on Rushey	24% (quarterly)	18.36%	16.05%
% of Homebirths	Qrt 1 = 2% Qrt 2 = 3%	2.39%	1.72%
Decrease the percentage of ALL caesarean sections	No threshold	27.32%	24.83%

The Trust has submitted Informal Remedial Action Plans, detailing how they plan to improve staffing levels in maternity, % deliveries on Rushey and also % Homebirth rate.

Births on Rushey

Births on Rushey breach primarily as a result of insufficient numbers of midwives. The Trust proposed action plan focuses on measures aimed to secure additional funding, recruit staff and explore configuration options to support the reopening of the two rooms closed on Rushey. The Trust has been asked to review the timelines of this action plan. This was an area that had been raised as a concern by the CQC. The maternity department have developed an extensive action plan to address the concerns raised. They have already completed a significant number of actions. The Trust has commissioned an independent review into their services, which they have agreed to share with commissioners when complete. The recruitment drive for midwives continues in order to ensure safe staffing levels.

Homebirth rate

The Trust reported through CQRM that the homebirth rate is already improving through an 'Early Labour Assessment at home' project, which was implemented at the beginning of November. There were fifteen home births (4.8%) and that nine out of the fifteen were within the project area.

SIRI in Maternity
In Quarter 2 there were 3 unexpected admissions to NICU, RBFT have identified there are issues with CTG (cardiotocography) interpretation. An overarching Maternity action plan was presented to the SIRI panel in Quarter 2 which focused on improving CTG interpretation, escalation of concerns relating to CTG and a regular formal review of two CTG cases at the daily 8am handover meeting.

C-Sections
RBFT has sustained its reduction in the C Section rate since its peak of 33.18% in February 2014 to 27.32% in Q1, with the rate having further reduced to 24.83% in Q2.

Cancer waits
The Trust has not been achieving cancer targets as indicated below. The CQRM will monitor the action plan which has been developed by the Trust. A number of Specialities are reporting underperformance including lower and upper GI, colorectal, urology and head and neck. Issues with capacity and recruitment of staff in addition to capacity problems relating to CT scanning have all contributed to this under performance.

Table: RBFT Cancer Waits

Operational Standard	Threshold	Quarter 1	Quarter 2
Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	**93%**	**90.1%**	**88.4%**
Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	**93%**	**87.7%**	**90.1%**
Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	**94%**	**94.5%**	**91.0%**
Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	**85%**	**85.2%**	**78%**

The Trust will be measured against the expected trajectory of improvement in the areas below.

Figure: RBFT Cancer Performance

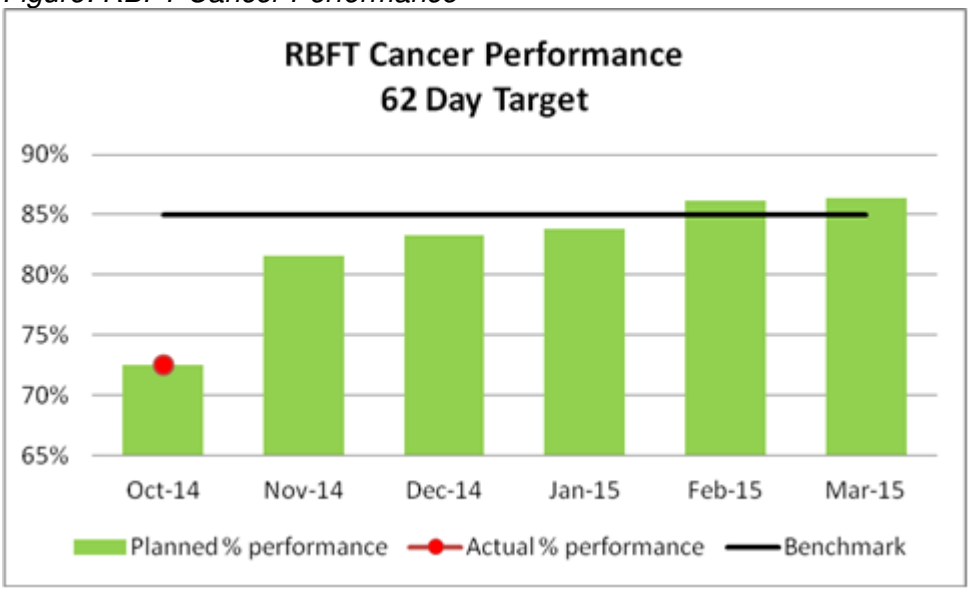
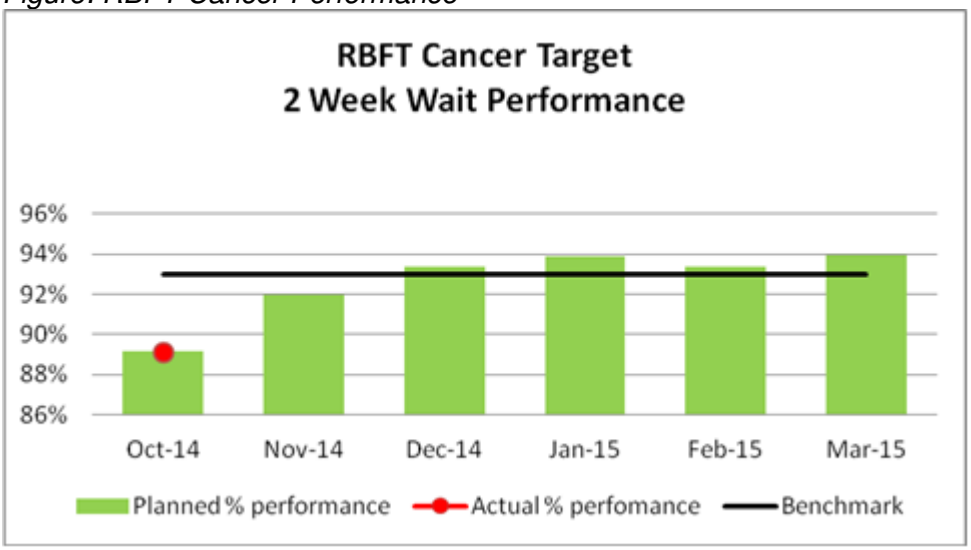


Figure: RBFT Cancer Performance



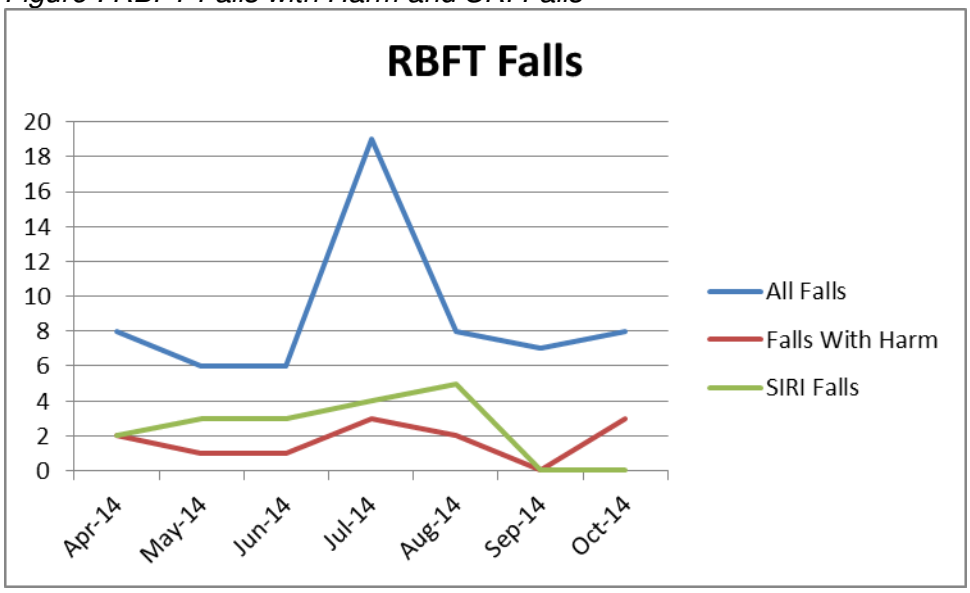
Falls

The Falls Steering Group has developed a Trust Wide Action Plan which addresses the learning from investigations and is being implemented in all areas. The action plan will be monitored at CQRM. The action plan covers

- Knowledge and skills
- Accurate assessment
- Whole health economy working
- Falls prevention
- National standards

There has been a reduction in the number of falls with harm that have been reported as SIRI's over the months of September and October.

Figure : RBFT Falls with Harm and SRI Falls



Medication errors

In line with national requirements RBFT are required to increase their medication incident reporting in order to demonstrate a culture of openness and learning. The Trust failed to achieve trajectory set for Q2 and have since produced an informal action plan in order to focus improvements. The actions are as follows:

- Appoint a Lead Clinician for the Medication Safety Improvement Group
- Appoint an interim Head of Patient Safety to support incident reporting & learning
- Implement Medication Safety Improvement Group to improve the reporting and learning of medication error incidents in the Trust
- Review clinical governance arrangements to ensure multi-professional groups review medication error incidents and improve medication safety locally.
- Analyse the current Trust medication reporting trends and incidents
- Increase medication incident reporting on wards/departments

Cancelled Operations

A CQN was issued following breaches against this indicator. An action plan was developed which predicted a September recovery (to be reported in October). This has been achieved. It has also been agreed that the Trust will report quarterly against this threshold instead of monthly as commissioners acknowledge that one episode of short notice Consultant sickness for example can result in monthly swings.

Clinical Indicator	Threshold	Sept-14	Oct-14
% of elective operations cancelled on the day of surgery for non-clinical reasons	**<0.5%**	**0.66%↑**	**0.34%**

The Trust has continued to fail to ensure that patients who have their operation cancelled are offered a new slot or to offer the procedure through an alternative provider within 28 days. This has mainly been in Ophthalmology. A new departmental manager is now in place

and has introduced measures to ensure that all staff are clear about the necessary requirements and processes.

Safeguarding Training

Table: RBFT Safeguarding Training

Safeguarding Adults and Children compliance			
Clinical Indicator	**Threshold**	**Quarter 1**	**Quarter 2**
All staff should have an appropriate level of training in safeguarding, according to their contact with children.	Safeguarding children level 1 – 95%	95%	91.7 %
	Safeguarding Children level 2 – 85%	71%	73.7%
	Safeguarding Children level 3 – 85% (not including Midwives)	34.7%	60.3%
All staff should have training in safeguarding of Adults , according to their contact	Safeguarding Adults level > 90%	80.7%	84.7%

The Trust failed to achieve Safeguarding Children Level 3 training compliance by 31st October, as per action plan. A CQN had already been issued in relation to this indicator and a first exception notice has now been served. A revised trajectory and action plan has been requested. Updated action plans have also been requested for Safeguarding Children Level 1 and 2 as well as Safeguarding Adults.

MCA, DoLs and Prevent

The Trust are currently reviewing action plans submitted relating to MCA, DoLs, and Prevent, the content of which was challenged by commissioners. In their November board report they reported 86% in October against a threshold of 80%.

The Trust have acknowledged that they need to drill down further into training compliance figures and provide robust and realistic action plans which outline recovery. This has been escalated within the Trust and is being overseen by their Director of Nursing.

Ashford & St Peter's Hospital NHS Foundation Trust

A&E

Fig: A&E Performance at ASPH Jun to Oct 2014

Clinical Indicator	Threshold	Jun	Jul	Aug	Sep	Oct
Total time spent in A&E department	95% of patients waiting less than 4hrs for admitted patients and with the same threshold as non-admitted	95.8%	93.9%	96.3%	95.4%	91.4%

Capacity issues continue to impact A&E performance with fluctuating compliance in quarter 2 and in October. The Trust continues to work to resolve the issues in A&E and meet regularly with the CCG and other health and social care partners to address these system wide issues.

Cancer Breaches

The cancer indicator below has breached thresholds since July 2014. Delays in the urology pathway have mainly contributed to the poor performance illustrated below.

Fig: ASPH Cancer - urgent GP referral to 1st definitive treatment for cancer within 62 days

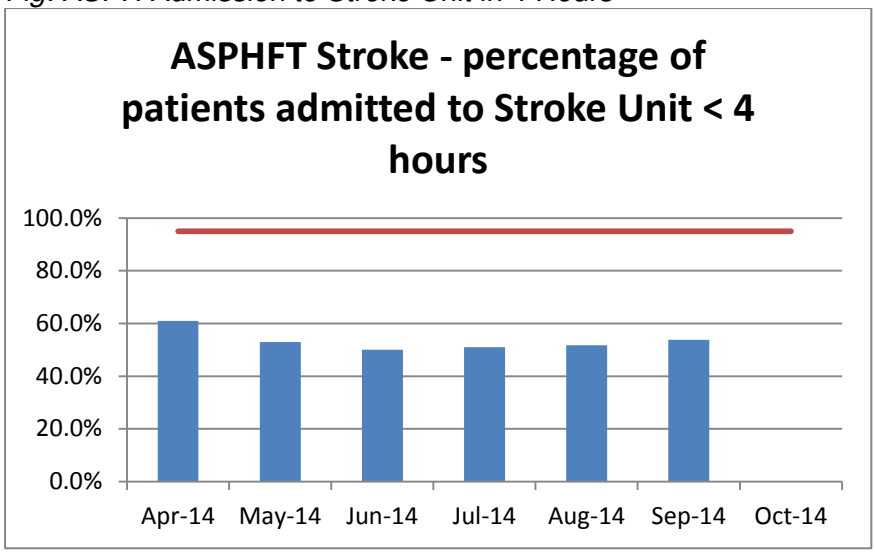
Indicator	Threshold	Jun	Jul	Aug	Sep	Oct
Percentage of patients waiting no more than two months (62 days)from urgent GP referral to first definitive treatment for cancer	Operating standard of 85%	86.2%	63.5%	82.8%	63.8%	81.6%

ASPH in response to poor cancer performance held a summit in July on the comprehensive cancer pathway improvement in urology. The review identified that delayed diagnosis is a key factor, and a diagnostic pathway mapping was produced. Work to improve pathways for prostate cancer patients and also around de-centralisation of cancer services is on-going.

Clinical review of patient records was undertaken and actions were taken where necessary. The Trust has been non-compliant for several months. Notably, data showed a further significant drop in compliance for September achieving only 63%. The CCG requested explanations behind this performance and the Trust has advised that this has been influenced by an increase in urgent cancer referrals. In response, the Trust has indicated that it has strengthened its governance processes and is currently developing a cancer action plan (focusing on performance management processes, workforce re-design, range of clinical pathway redesigns, capacity enhancements). This plan will be provided to the CCG in November.

Stroke
ASPH have consistently breached the admission to Stroke Unit in 4 hours indicator.

Fig: ASPH Admission to Stroke Unit in 4 Hours



The Trust report that all stroke patient not located on the stroke unit (outliers) are receiving specialist care from the stroke team and moved to stroke unit as quickly as possible. The main issue is regarding current wider hospital capacity issues impacting on availability of the specialist beds and the ability to ring fence beds. This has led to subsequent delays in direct admission to the stroke unit. The Trust is meeting the target in relation to patients spending 90% of time in a specialist unit.

NW Surrey CCG clinicians closely monitor the performance and emphasis is given to timely admission to the stroke unit. The CCG Clinical Lead for Quality and Innovation attended the October Clinical Outcomes meeting led by the Trusts Medical Director. This group is exploring ways to improve patient flows for stroke patients. The Trust is monitoring performance weekly and aims to achieve compliance. The CCG will continue to monitor performance through the Clinical Quality Review Meeting and the Contract management Board.

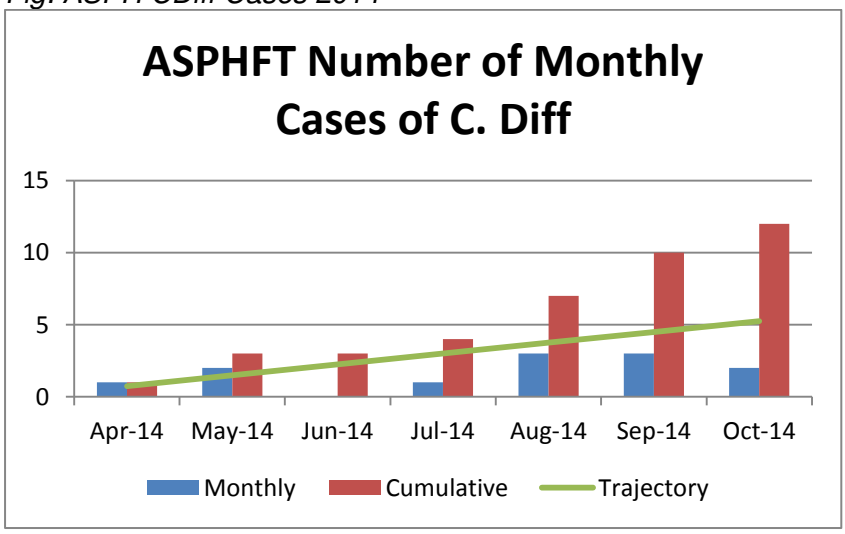
Infection Control
MRSA
Zero cases of MRSA for Q1 and Q2 2014 have been reported at ASPH

C-Diff
ASPH have reported 9 cases of CDiff in quarter 2 in excess of trajectory set.

Of the 3 cases in August, one was unavoidable and the remaining two involved potential opportunity to provide a different antibiotic, but was not a lapse in care.

Of the 3 cases in September no lapses in care were noted.

Fig: ASPH CDiff Cases 2014



To order to continue to reduce the number of hospital infections the Trust has recently become the first Trust in the UK to have a 'SureWash' hand hygiene system following a successful pilot. SureWash involves video and graphics and has the benefit of being used at the frontline on wards to train staff on effective hand hygiene techniques.

Falls

The Trust has set an annual threshold of no more than 58 falls per month. This threshold has been breached in May but showing an improving trend in quarter 2.

Table: ASPH Falls Data Q1 and Q2 2014

	Apr	May	Jun	Jul	Aug	Sept
Total Falls with and without Harm (Trust locally set threshold of 58)	**55**	**61**	**44**	**50**	**53**	**51**
Safety Thermometer Falls with harm (Threshold 0.5%)	**0.2%**	**0.2%**	**0.61%**	**1.18%**	**0.7%**	**1.0%**

During Q2 Safety Thermometer data for falls with harm has continued to rise and been above the threshold of 0.5%.

The Trust had previously outlined a Falls Strategic plan detailing the following activities outlined:

- risk intervention of patients
- patient information on falls risk and prevention
- community training on falls prevention
- visual ward plans
- Falls Champions competences being reviewed
- better use of falls prevention equipment on wards

The combined actions above and that of positive staff engagement in weekly training for multi-disciplinary teams and Trust monthly inductions is improving immediate outcomes with regard to Falls .An Old Persons Stud Day was held on the Wards in September and a

revised Falls and Bedrail Policy is being developed in partnership with the Royal Surrey County Hospital.
Longer term aims are to engage community hospitals and further rollout of the Falls Champions.

Pressure Ulcers

Pressure ulcer incidence is contributing significantly to an elevated number of reported SIRI's currently at the Trust in Q1.
However in August the Trust has now reported over 100 days without either a grade 3 or stage 4 hospital acquired pressure ulcer, and there were no SIRIs for pressure ulcers in either June or July. Pressure ulcers per 1000 bed days of 1.48 in July demonstrates an improvement on 1.97 in June but remains above the limit of 1.19.
Now that higher levels of harm have declined, the Tissue Viability Team is providing hands-on tailored support to wards to reduce incidence of pressure ulcer.

September however reported 2.01 pressure ulcers per 1000 bed day illustrating that the improvement in June and July is not sustained. Improvement actions for reducing pressure ulcers include the following:

- A new continence wipe, "Clinell" has been introduced into the Trust with one of the perceived benefits being the reduction of incontinence associated moisture lesions
- The Trust will be moving to one method of reporting via Datix rather than ward based reporting form during the week commencing 29th September. This will enable Ward Managers and clinical nurse leaders to run reports of both hospital acquired and community acquired pressure ulcers for their areas within any date(s) search

Complaints

Responding to complainants within agreed timescale reduced in August at 85.5% compared to a considerable improvement in July of 98.5%. The dip in timescale performance in August may be associated with deferral until September of responses which required additional time and senior input in order to assure quality. There were also some other changes in process which affected timescales as follows:

The Trust changed the process of the Chief Nurse Review currently done by the Divisional Quality Leads to introducing a panel approach which has been used successfully for the SIRI process

- Some complaints had previously been extended because of the complexity of the cases so it was unreasonable to ask for further extensions
- Divisional Quality Lead cover in the last week of August due to annual leave
- A change in CEO and Chief Nurse posts leading to style and content parameters being considered

Appendix 3: Independent Providers

BMI Princess Margaret

Quarterly contract review meetings including a quality element are conducted with the Provider. A monthly Quality dashboard and a quarterly Clinical Governance report is submitted by the Provider are submitted.

BMI reported two incidents in Q2 2014 involving the following:

• Operation cancelled as patient on admission stated has been experiencing chest and arm pain. Referral made to cardiologist and anaesthetic decision not to proceed with surgery.

• Failed Day case – post nerve block injection. Patient experienced pain and required stronger analgesia and as a result was discharged the following day

Through audit, instigated by a Quality Schedule indicator, an issue regarding antibiotic prescribing has been identified that BMI are now addressing. Two audits were completed by the Pharmacy department i) overall Antimicrobial stewardship and ii) use and prescribing of antibiotics against current guidance.
The report recently shared issues with documentation in prescribing and review of prescribed antibiotics by some Consultants.
Non-compliance in prescribing of antibiotics is to be reviewed by the Pharmacist on individual basis with the prescribing physician / Resident Medical Officer and progress / compliance will be monitored through future audits to be undertaken 2 monthly. This will be monitored through the Quality Schedule.

A process for sending electronic patient discharge letters have been introduced by BMI to replace discharge letters sent by mail to ensure timely information regarding patient management reaches the GP post discharge. BMI will be completing a summary discharge letter to send via secure email to GP practices. This improvement has been driven by Quality Schedule requirements.

Two complaints were received regarding NHS patients in Q2:

- Nurse attitude towards patient but unsubstantiated due to discrepancies in information given by both parties. Apologies given to patient concerned
- Patient controlled analgesic pump failed to work some time after surgery and response to detect repair was considered to slow

Progress with CQUIN's has been pleasing with achievement of the FFT National CQUIN regarding extension to Day Cases and Outpatients and submission of Safety Thermometer data with zero harms.

BMI PMH has 2 local CQUIN 2014/15 schemes involving:

1. Enhanced Recovery for Hip/Knee Arthroplasty involving :
    - Maintaining / ensuring pre and peri-operative temperature monitoring & maintain normo-thermia during surgery to enhance surgical outcomes
    - Implement carbohydrate load drink pre surgery to enhance post-operative outcomes
    - Early mobilisation within 12 – 18 hours greater focus on rehabilitation
    - Discharge within 3.5 days post admission for planned procedure

Progress against 3 out of 4 of these indicators has been good with the exception of carbohydrate load drink pre surgery requiring more engagement with key Consultants to achieve desired target.

2. Peripheral Line Care Bundle involving patients who have a peripheral line inserted have a completed associated care bundle**:**

    - improved use of peripheral line care bundle when inserting a peripheral line in order and to reduce complications, such as, Surgical Site Infections

Progress with this CQUIN is on target

Spire Thames Valley

Quarterly contract review meetings including a quality element are conducted with the Provider.

A monthly Quality dashboard and a quarterly Clinical Governance & Patient Safety report is submitted by the Provider. Spire TV willingly share data on all patients treated at their site and not just restrict to NHS patients. This should be commended as gives a much broader picture of the quality of services provided and patient safety issues.

Spire reported zero incidents relating to NHS patients in Q2.

Summary of issues raised at the Q2 review include;

- VTE risk assessment review in 24hrs only achieved in 60% of cases and prophylaxis overall is given on average within 19-22 hrs of surgery against internal target of 12 hrs. Agreement is reached that this will be the subject of a local CQUIN in 15/16 to drive improvement.
- Safeguarding Data – Adults and Children training figures reported at 50% in Q1 have risen to 72% in Q2, whilst still below threshold is progressing in the right direction.
- GP Electronic summary discharge letters will be in place by Q3. GP secure email addresses being sought to enable sending of summary discharge letters within 24hours
- Unplanned readmissions, although cases reported are not NHS patients there is an indication of an upward trend in Q1 and Q2 2014 equating to double the Spire organisational mean. A review of this data has revealed no trend. Monitoring of this indicator will continue
- Infection control issues following Observational visit in June 2014, regarding damaged equipment and replacement of curtains in HDU have been resolved.

Spire reported zero complaints relating to NHS patients in Q2.

In addition to the National CQUIN schemes of FFT and Safety thermometer, Spire TV have 2 local 2014/15 CQUIN scheme involving:

- discharge by 10am to improve flow through hospital and facilitate interface with care arrangement improving patient experience.

Progress against this CQUIN is satisfactory with 60% patients discharged by 10am against a Q2 target of 45%. In 2015/16 the target time for discharge will be increased to 11 am as patients have fedback that they feel too rushed in the morning.

- peri-operative temperature monitoring to aid enhanced recovery by maintaining normo-thermia post-surgery and reduce risk of SSI

Progress with this CQUIN is satisfactory in Q2 with trajectories met.

Appendix 4

Acute Trust Comparison Graphs

Fig: C Diff Cases Across Acute Providers East Berkshire

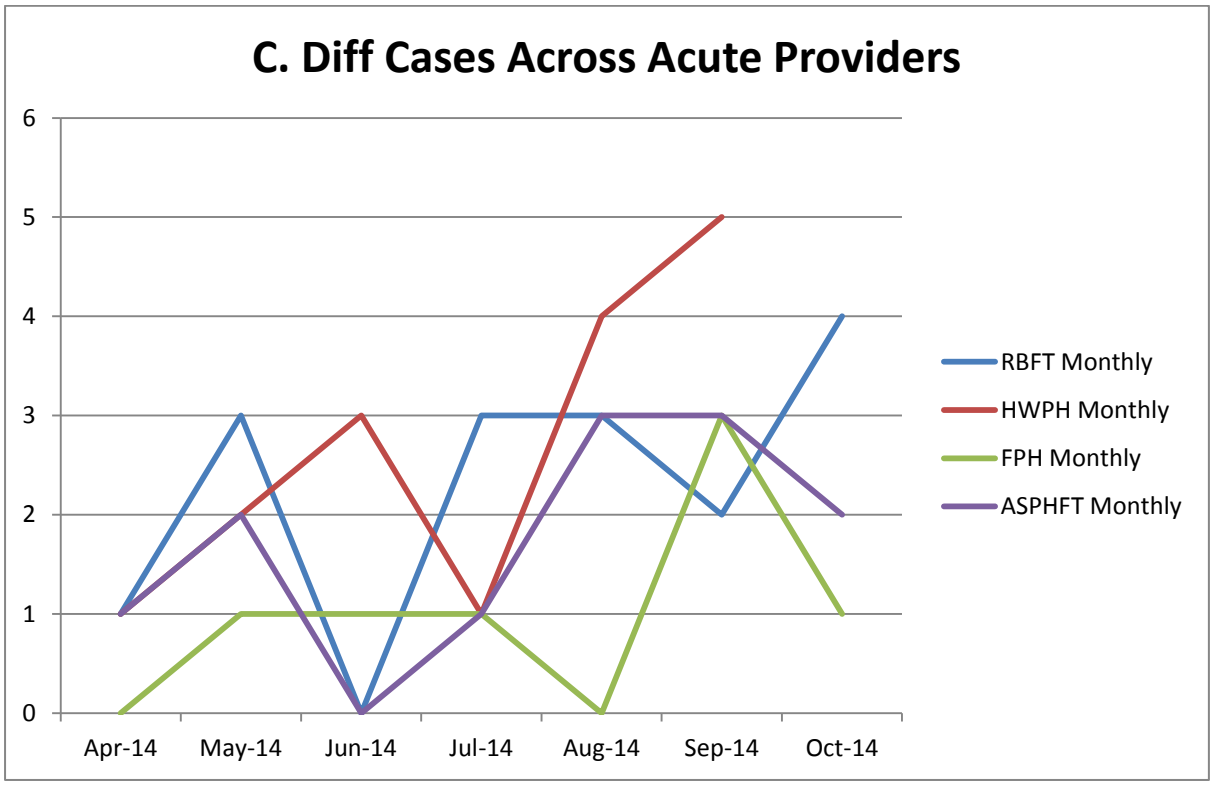


Fig: MRSA Cases Across Acute *Providers East Berkshire*

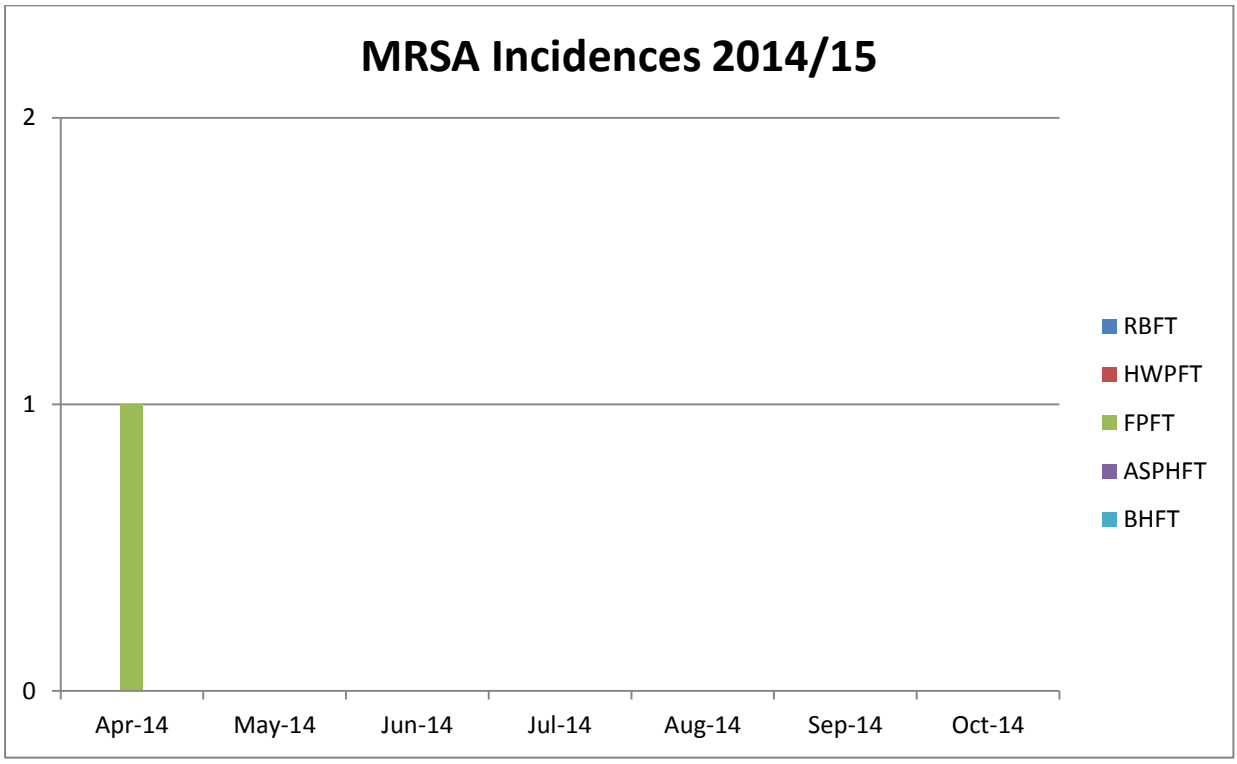


Fig: Stoke Performance Across Acute Providers East Berkshire

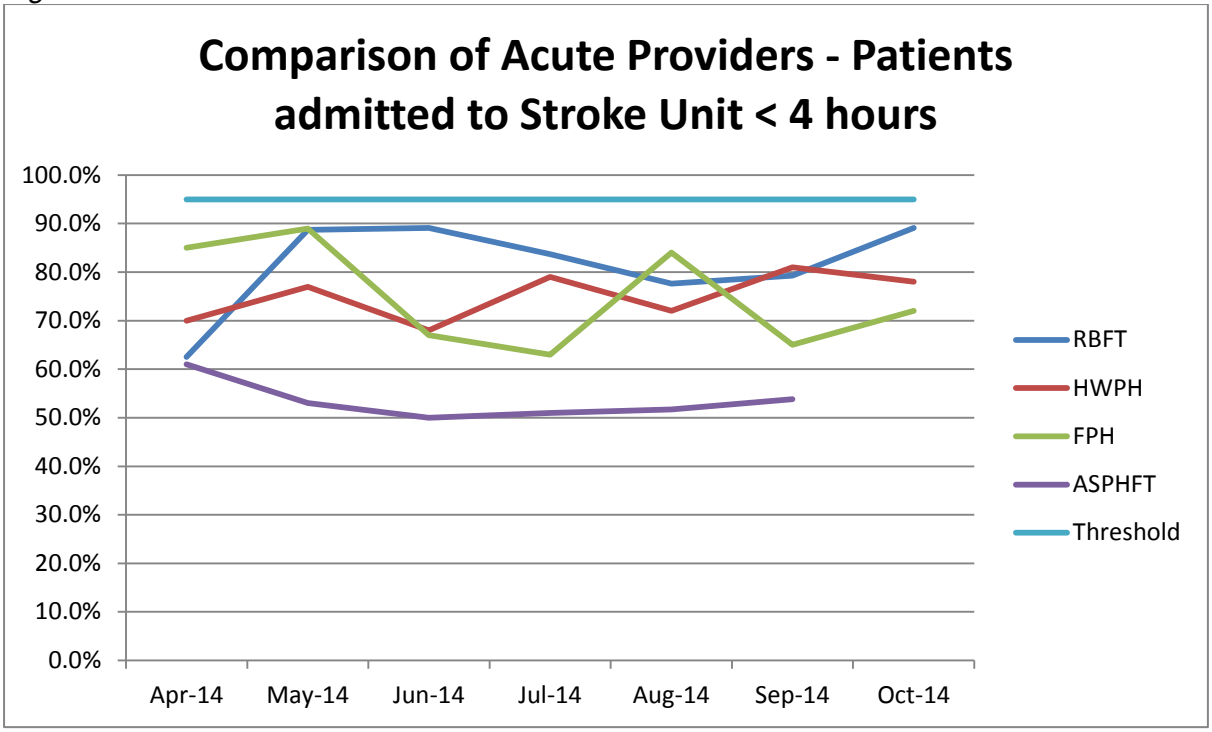
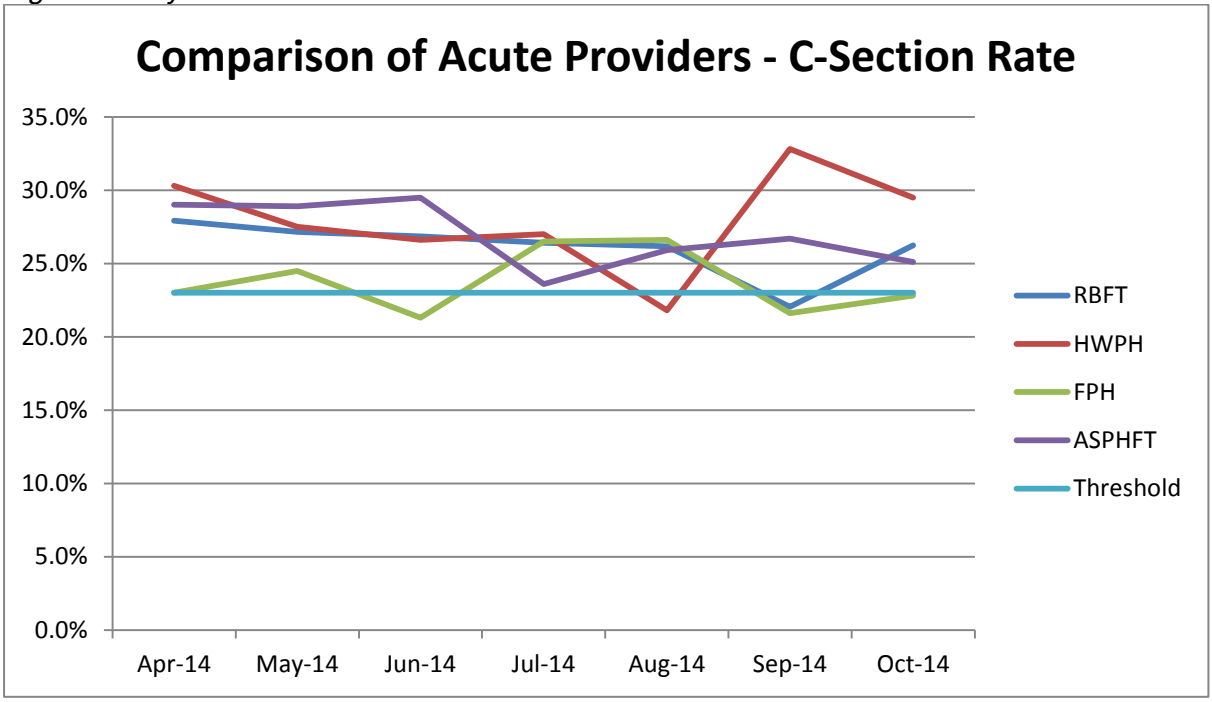


Fig: Maternity C-Section Performance Across Acute Providers East Berkshire



Appendix 5

NHS Choices Data: All Acute Trusts

The following is a summary of data currently published on NHS Choices for our main Trusts in Berkshire East (snapshot taken late December 2014)

Details	NHS Choices users rating	Care Quality Commission Inspection Ratings	Recommended by staff	Open and honest reporting	Infection control and cleanliness	Mortality rate	Food: Choice and Quality
Heatherwood Hospital	 31 ratings	n/a Data not available	 Among the worst with a value of 47.02%	 as expected	 Among the best	 As expected in hospital and up to 30 days after discharge (0.9545)	 91.3% Within the middle range
Wexham Park Hospital	 198 ratings	n/a Data not available	 Among the worst with a value of 47.02%	 as expected	 As expected	 As expected in hospital and up to 30 days after discharge (0.9545)	 90.6% Within the middle range

Ashford Hospital	69 ratings	No rating	Within expected range with a value of 62.19%	as expected	Among the best	As expected in hospital and up to 30 days after discharge (0.9077)	95.1% Within the middle range
St Peter's Hospital	184 ratings	No rating	Within expected range with a value of 62.19%	as expected	As expected	As expected in hospital and up to 30 days after discharge (0.9077)	94.9% Within the middle range
Frimley Park Hospital	216 ratings	Outstanding Visit CQC profile	Among the best with a value of 85.00%	Among the best	Among the best	As expected in hospital and up to 30 days after discharge (0.9118)	88.8% Within the middle range
Royal Berkshire Hospital	240 ratings	Requires Improvement	Within expected range with a value of 74.12%	among the worst	As expected	As expected in hospital and up to 30 days after discharge (1.035)	83.3% Among the worst

Prospect Park Hospital	30 ratings	No rating	Among the best with a value of 69.47%	n/a Data not available	n/a Data not available	n/a Data not available	95.8% Among the best
BMI The Princess Margaret Hospital	3 ratings	No rating	n/a Data not available	n/a Data not available	n/a Data not available	n/a Data not available	n/a Data not available
Spire Thames Valley Hospital	2 ratings	No rating	n/a Data not available	n/a Data not available	n/a Data not available	n/a Data not available	n/a Data not available