

<b>Title of meeting</b>								
<b>Date of Meeting</b>		<b>Paper Number</b>						
<b>Title</b>		East Berkshire Providers Quality Report : August to September 2015						
<b>Sponsoring Director</b> (name and job title)		Sarah Bellars, Director of Nursing						
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)								
<b>Author(s)</b>		Jo Greengrass, Deputy Director of Nursing						
<b>Purpose</b>		To inform the Governing Body of the Quality commissioned services.						
<b>The Governing Body is required to (please tick)</b>								
<b>Approve</b>		<b>Receive</b>			<b>Discuss</b>		<b>Note</b>	x
<b>Risk and Assurance</b> (outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)								
<b>Legal implications/regulatory requirements</b>								
<b>Public Sector Equality Duty</b>								
<b>Links to the NHS Constitution</b> (relevant patient/staff rights)								
<b>Strategic Fit</b>								
<b>Commercial and Financial Implications</b> (Identify how the proposal impacts on existing contract arrangements and have these been incorporated?  Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)				Date Deputy CFO sign off .....				



<p><b>Quality Focus</b> (Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</p> <p>Include date the Director of Nursing has signed off the quality implications)</p>	<p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b> Outline the clinical engagement that has been undertaken</p>	
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	
<p><b>NHS Outcomes</b> Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p><b><u>Executive Summary</u></b> (summary of the paper and sign-posting the reader to the key sections within the report / paper)</p> <p>The Quality Report complements the Chair’s Report by looking at the key issues in the previous two months, by providing a background to the issues, assurances given by the providers and mitigating actions. The data will be reviewed from an improvement science approach, identifying any trends. Some of the lower activity providers may still only have a narrative report. Not all providers will be discussed at each report as this will depend on when the CQRM was held. Not all providers have monthly CQRMs.</p> <p>As defined in the Clinical Commissioning Group (CCG) Quality Strategy, the CCGs use a range of processes for monitoring and improving the patient experience, safety of patients and staff and the quality of its services. These processes currently include:</p> <ul style="list-style-type: none"> <li>• Performance against the CQUINs and Quality Schedule from provider organisations</li> <li>• Incident &amp; near miss reporting (including serious incident investigations)</li> <li>• Complaints &amp; compliments</li> <li>• Patient Advice and Liaison Service (PALS) contacts</li> <li>• Patient and Public Involvement and experience</li> <li>• Review at Clinical Quality Review Meetings (CQRM)</li> </ul>	



The purpose of this paper is to report key Quality issues identified and reported for August to September 2015 where available for key Providers of health services, via the quality monitoring processes.

This Quality Report aims to provide an overview of the quality and safety of health services commissioned by the three CCGs in East Berkshire. Patient Experience will be reported separately.

Main NHS and Independent Providers in Berkshire East reported in this paper are :

Non- Acute Trusts :

- Berkshire Healthcare NHS Foundation Trust (BHFT)
- SCAS

Acute Trusts:

- Frimley Health (FHFT) :
- Heatherwood and Wexham Park Hospital (HWPH)
- Frimley Park Hospital (FPH)
- Royal Berkshire NHS Foundation Trust (RBFT)
- Ashford and St Peters Foundation Trust (ASPH)
- London Contracts

Independent Hospitals / Providers

- BMI Princess Margaret Hospital
- Spire Thames Valley Hospital
- BUPA Henley Unit
- Berkshire Urgent Care Centre (BUCC)

### **Recommendation(s)**

For the Governing Body to review the performance of Providers in East Berkshire.



# Quality Report

**August to September 2015**

**For the CCGs in East Berkshire**

**November 2015**

## Contents

Glossary.....	6
Introduction.....	8
Non Acute Trusts .....	8
Berkshire Healthcare NHS Foundation Trust.....	8
South Central Ambulance Service NHS Foundation Trust.....	14
Acute Trusts.....	17
Frimley Health NHS Foundation Trust .....	17
Heatherwood & Wexham Park Hospitals (HWPH) .....	17
Frimley Park Hospital (FPH).....	28
Ashford & St Peters Hospital .....	33
London Contracts .....	36
Independent Providers .....	37
BMI Princess Margaret Hospital, Spire Thames Valley & BUPA Henley Suite .....	37
Bracknell Urgent Care Centre.....	38

## 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
SI	Serious Incident	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.
SALT	Speech and Language Therapy	Assessment and therapy delivered by Speech and Language Specialists

## Introduction

This report provides data from August and September 2015. The report complements the Chair's Report by looking at the key issues in the previous 2 months. The analyses are presented through charts with the relevant data mapped over (if possible) a 12 month timescale, along with a narrative providing background to the issues, assurances given by the Providers and mitigating actions. The data is reviewed from an improvement science approach, identifying any trends and actions that have supported a change. Some of the lower activity providers may still only have a narrative report. Not all providers will be discussed at each report as this will depend on when the CQRM was held as not all providers have monthly CQRMs.

## Non Acute Trusts

### Berkshire Healthcare NHS Foundation Trust

Looked After Children							
Bracknell Forest							
		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Within 20 Miles	Initial Assessments	100%	50%	100%	100%	100%	100%
	Initial Assessment Threshold	78%	78%	78%	88%	88%	88%
	Under 5 Review	100%	100%	100%	100%	100%	
	Under 5 Review Threshold	68%	68%	68%	78%	78%	78%
	Over 5 Review	100%	90%	100%	100%	100%	100%
	Over 5 Review Threshold	68%	68%	68%	78%	78%	78%
Outside 20 Miles	Initial Assessments	0%			0%	100%	0%
	Under 5 Review	100%					100%
	Over 5 Review	50%		0%	0%		0%

**RBWM**

		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Within 20 Miles	Initial Assessments	100%	100%	71%	100%	50%	50%
	Initial Assessment Threshold	61%	61%	61%	71%	71%	71%
	Under 5 Review	100%	0%	100%	100%	100%	100%
	Under 5 Review Threshold	66%	66%	66%	76%	76%	76%
	Over 5 Review	100%	82%	100%	100%	100%	100%
	Over 5 Review Threshold	66%	66%	66%	76%	76%	76%
Outside 20 Miles	Initial Assessments						
	Under 5 Review	0%					
	Over 5 Review	0%		0%	0%	50%	

**Slough**

		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Within 20 Miles	Initial Assessments	70%	71%	100%	60%	80%	86%
	Initial Assessment Threshold	60%	60%	60%	70%	70%	70%
	Under 5 Review	50%	77%	100%	100%	100%	100%
	Under 5 Review Threshold	75%	75%	75%	85%	85%	85%
	Over 5 Review	50%	40%	100%	100%	100%	78%
	Over 5 Review Threshold	75%	75%	75%	85%	85%	85%
Outside 20 Miles	Initial Assessments	0%	0%		0%	100%	
	Under 5 Review		0%	0%	100%	0%	33%
	Over 5 Review	100%		25%	66%	33%	60%

N.B. Individual blank cells mean there were no assessments due in that month

**Background**

BHFT were not completing Health Assessments for Looked After Children within the necessary timescales. To enable improved monitoring of the timeliness of assessments these indicators were added to the Quality Schedule. An improvement trajectory was agreed for the assessments undertaken by BHFT, to reach 90% of assessments completed within the timeframes by the end of 2015/16.

There has been a noticeable improvement in most of the indicators, with the majority of indicators within 20 miles being at 100% since June 2015. Non-achievement of the improvement trajectory is escalated to the Director of Nursing in the three East Berkshire CCGs when this indicates a cause for concern.

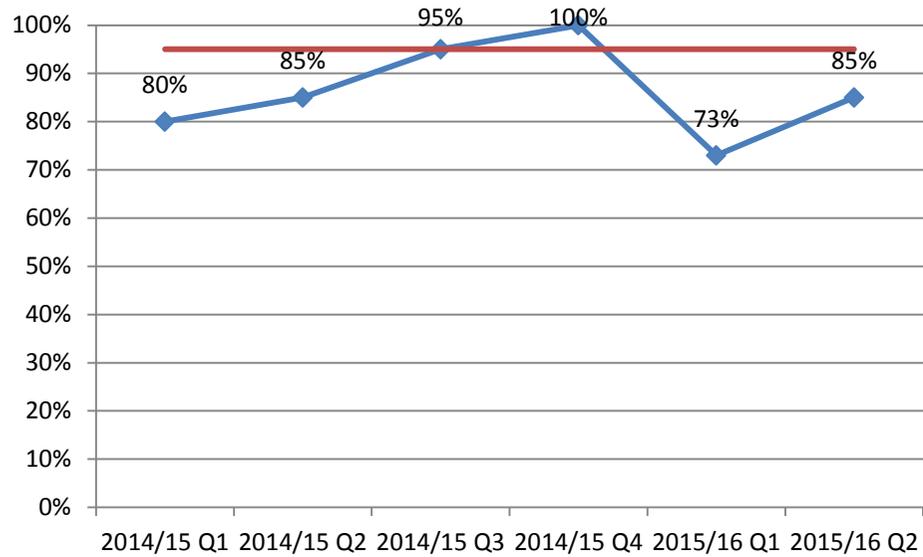
**Assurance**

The timeliness of assessments continues to be monitored through the Quality Schedule each month, and is reported to Joint Quality Committee via the quarterly Safeguarding Scorecard.

**Mitigating Actions**

An escalation framework has been developed between the Looked After Children team, and the local authority to allow cases where the information has not been provided to the Looked After Children team in a timely manner.

**Falls assessment within 24 hours of admission for all patients on older adult mental health wards**



**Background**

BHFT had achieved the threshold for the number of falls assessments completed within 24 hours in Q3 and Q4 of 2014/15. Performance then dropped to 73% in Q1 2015/16, with an improvement in Q2 2015/16 to 85% although this does not meet the threshold.

**Assurance**

The completion of falls risk assessments will be monitored by the Quality Schedule on a quarterly basis.

**Mitigating Actions**

BHFT implemented an action plan which has resulted in an improvement, but not to the required threshold. An updated action plan has been requested for the next CQRM, and contractual action will be considered if the threshold is not achieved by Q3.

### CQC Community Mental Health Survey 2015

Question Area	Score for Section		
	2014 Report	2015 Report	
Health and social care workers	7.8	7.6	→
Organising care	8.5	8.5	→
Planning care	7.2	6.9	↓
Reviewing Care	7.2	7.3	→
Changes in who people see	6.1	6.6	↑
Crisis care	6.4	6.7	↑
Treatments	7.2	6.8	↓
Other areas of life	4.8	4.7	→
Overall views and experiences	7.3	7.2	→
Overall experience	6.9	6.8	→

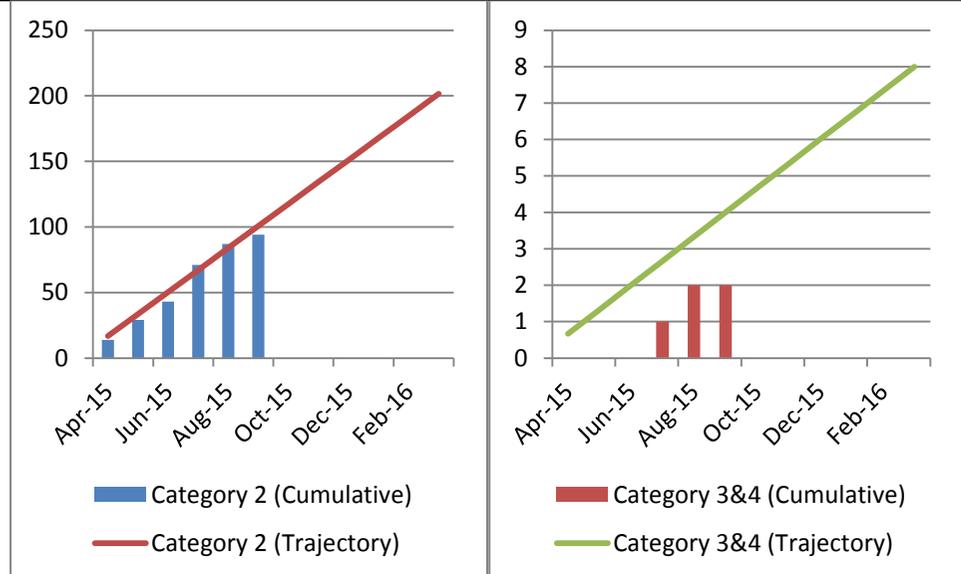
The community mental health survey is an annual survey conducted by the CQC. It represents the experiences of over 13,000 people who received specialist care or treatment for a mental health condition in 55 NHS trusts in England, with the 2015 report detailing responses from questionnaires sent between February and July 2015 in relation to care received between September and November 2014.

BHFT overall scored similar results to the 2014 community mental health survey, with slight improvements to crisis care and changes in who patients see. There were slight decreases for care planning and treatments. Overall BHFT's results were rated as about the same as a similar provider.

The only area BHFT scored worse than similar providers was in relation to help finding support for finding or keeping accommodation.

A detailed action plan is already in place at BHFT in relation to a deep dive into CMHT earlier in the year, many of these actions are also relevant to the CQC survey. BHFT will be working with local authorities in order to understand what action can be taken in relation to providing help finding support for finding or keeping accommodation.

## Reduction in Community Pressure Ulcers



**Background**

BHFT have agreed to include indicators in the Quality Schedule to reduce the number of all category 2 pressure ulcers in the community by 15%, and avoidable category 3 & 4 pressure ulcers in the community by 20%.

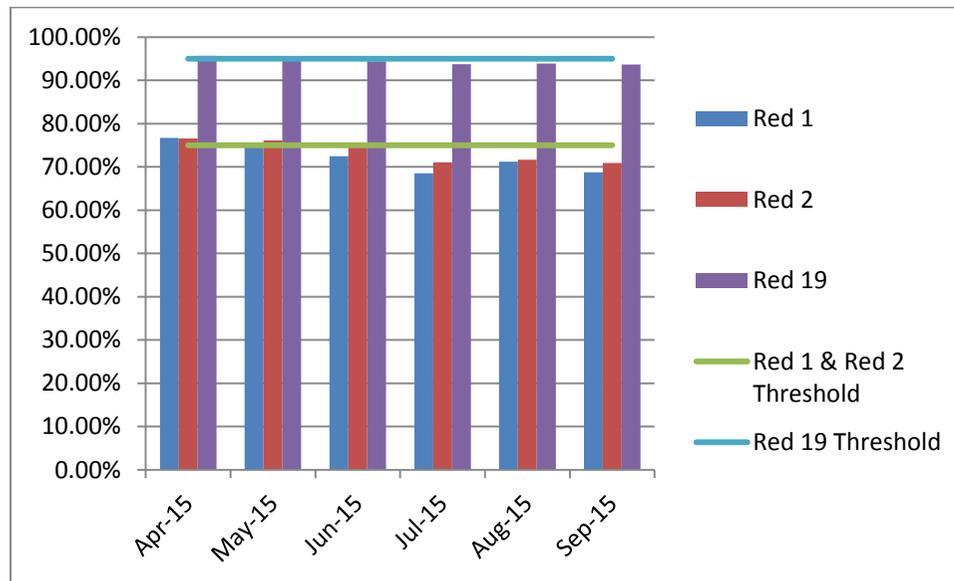
**Assurance**

BHFT are on trajectory to reduce the category 2 pressure ulcers by 15%, and are exceeding their trajectory to reduce avoidable category 3 & 4 pressure ulcers by 20%.

## South Central Ambulance Service NHS Foundation Trust

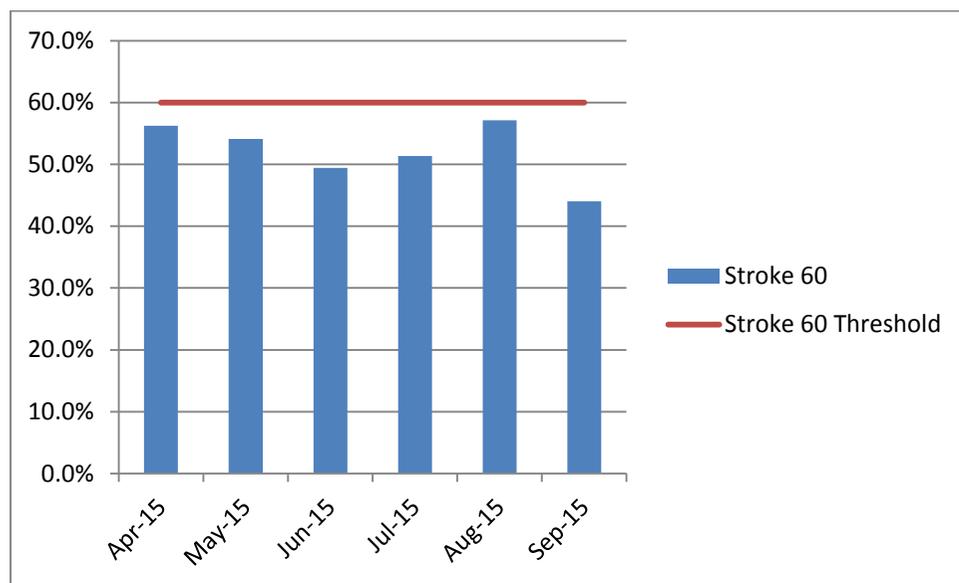
SCAS have been issued with two Contract Performance Notices (CPN) during October 2015, though this report is reviewing August and September data it was important that the CPN were reported to the committee in a timely manner. These relate to response times for Red 1, Red 2 and Red 19 calls, and for Stroke 60 minutes.

### Red 1, Red 2 and Red 19 Response Times



Red 1 and Red 2 calls require an emergency response within 8 minutes; Red 19 calls require an emergency response within 19 minutes. Performance has decreased with all three standards not being met since June 2015 with a deteriorating position. An action plan focusing on increasing staff and vehicle capacity, alongside reviewing processes, has been produced and agreed by the Contract Review Meeting. SCAS are expecting response times to be back on track by March 2016.

## Stroke 60



Stroke 60 requires patients who are FAST (Face, Arm, Speech Test) positive to be transported to a Hyper-Acute Stroke Unit within 60 minutes of the call. Performance for SCAS has not achieved this threshold in 2015/16, and overall this has decreased to 44% in September. An action plan focusing on time to arrival on scene, identification of patients and time to leaving scene to transport to a HASU has been produced by SCAS and agreed at the CRM.

## Healthcare Practitioner (HCP) Long Waits

The issue of long waits for response to Healthcare Practitioner ambulance calls has been raised and discussed with other Thames Valley Commissioners. A Clinical Lead from Slough CCG already had plans to visit the Bicester Operations Centre with the Contract Lead from SCW CSU to discuss these delays. Clinical Leads from the other areas in Thames Valley will join this meeting to enable a discussion on a Thames Valley Wide basis.

Where information on HCP Long Waits is provided to the Quality team, these are being collated in order to enable ongoing monitoring of the situation locally.

## **Care Bundles**

SCAS is not achieving the thresholds in relation to care bundles for Acute ST-elevation Myocardial Infarction (STEMI), asthma, febrile convulsions in children, and single limb fractures.

For STEMI care bundles, SCAS have advised that the reason for non-compliance is administration of analgesia and recording of two pain scores. A Clinical Memo was issued by SCAS in May 2015 to remind ambulance crews to fully complete the bundle, as this indicator is not compliant an action plan has been requested by Thames Valley Commissioners.

## **Quarter Two Information**

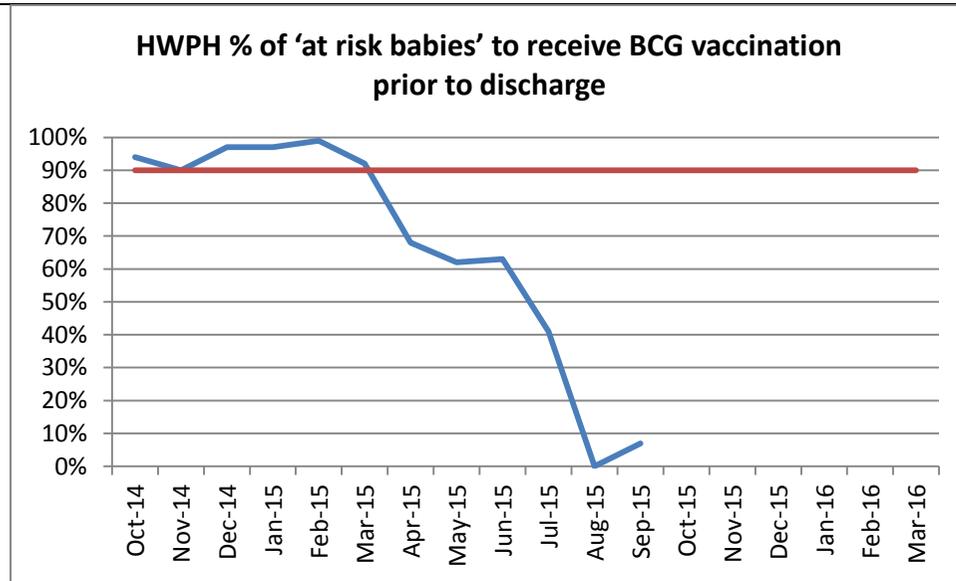
Upon receipt of the quarter two submission, there were a number of Quality Schedule items not received and the CQUIN submission was not received. The CQUIN submission was received by Berkshire West CCGs after the required date, and the Quality Schedule items remain outstanding. It was agreed with the Thames Valley Commissioners that an Information Breach would be issued to SCAS giving five working days for the missing information to be provided.

## Acute Trusts

Frimley Health NHS Foundation Trust

Heatherwood & Wexham Park Hospitals (HWPH)

### Issue: National Shortage of BCG vaccinations – Maternity



#### Background

A national shortage of the BCG vaccine was identified in Q4 2014/15. This has led to the Trust significantly breaching the 90% target throughout 2015/16 to date, as the vaccine was unable to be sourced. The vaccination cannot be administered by GPs or Health Visitors therefore babies must be vaccinated on the Maternity Ward or at the Chest Clinic. Changes in eligibility for administering the vaccine by Public Health England means that the acute trust has responsibility up to three months (as opposed to 28 days) for the at risk babies. The focus is on risk mitigation / follow-up of unvaccinated babies as supplies become available.

#### Assurance

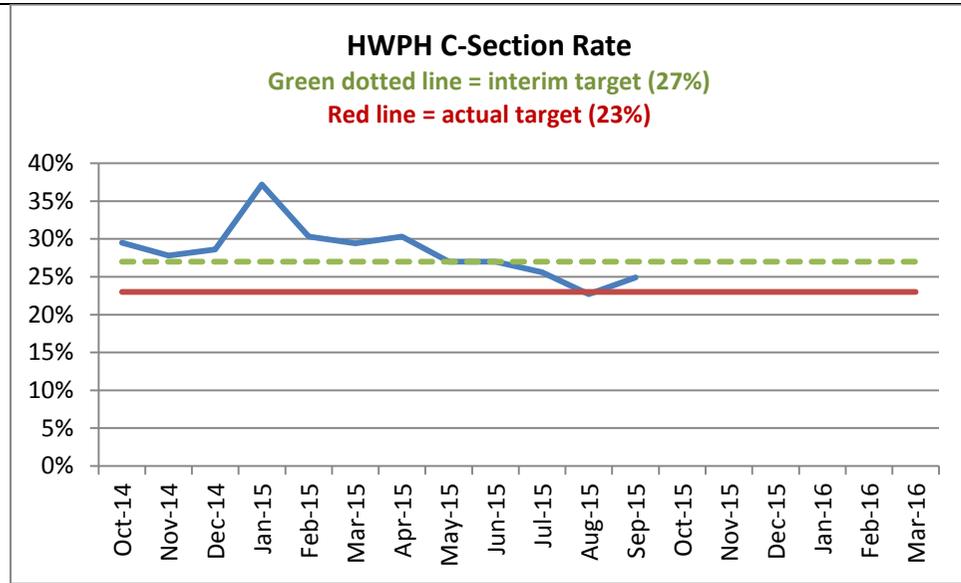
- Raised at CQRM and discussed in detail at the Obstetrics and Gynaecology Group.
- Discussed at the Service and Performance forum and TB meeting.
- Latest update from the Trust: *We are running catch up clinics 3 times a week to vaccinate babies who did not receive the vaccine prior to discharge as well as vaccinating babies as they are discharged from the ward. It is expected that it will take approximately 3 to 4 months before all babies who did not receive the vaccine at discharge is captured.*

#### Mitigating Actions

- Catch up clinics 3 times a week to vaccinate babies who did not receive the vaccine prior to discharge
- Vaccinating babies as they are discharged from the ward.

--	--

**Issue: Maternity – C-Section rates above the agreed threshold**



**Background**

The C-Section rate has remained above the trajectory for a number of quarters. The target remains at 23% but a decreasing trajectory of 0.5% per quarter was agreed for 2015/16 to facilitate consistent improvement to 27% by the end of 2015/16 Quarter 4. The 27% interim target was achieved in May 2015 and the Trust has successfully achieved below this target % since then. This is a positive achievement.

**Assurance**

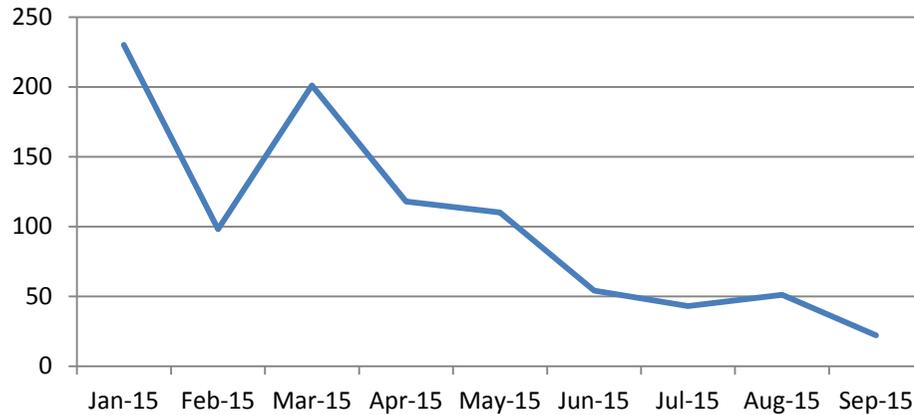
- Regular item for discussion at the CQRM with the action plan being regularly reviewed and updated.
- Detailed presentation of the progress on the action plan at the Obstetrics and Gynaecology Group.

**Mitigating Actions**

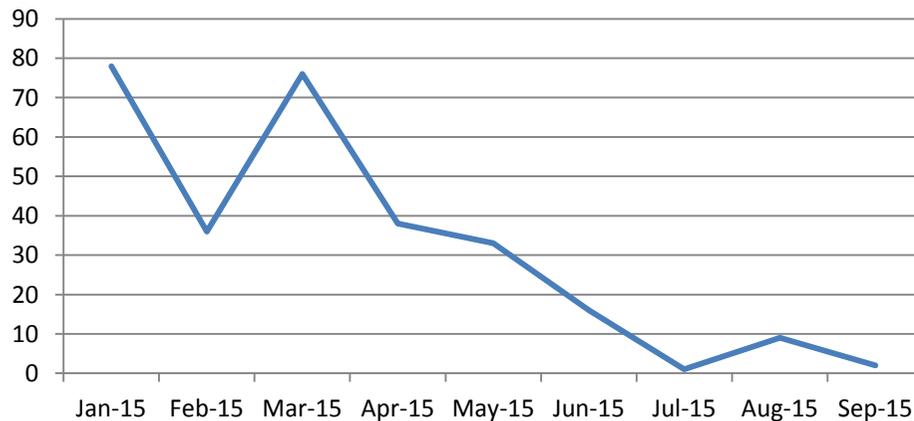
- Updated maternity action plan.
- Increased consultant presence on the Labour Ward.
- Greater consultant obstetrician oversight of all decisions to perform emergency C-section.
- Focus on instrumental delivery, supported by the purchase of new ventouse machine.

**Issue: Ambulance handovers at A&E exceeding threshold times**

**HWPH Number of A+E Ambulance Handovers Exceeding 30 minutes. Threshold = Zero.**



**HWPH Number of A+E Ambulance Handovers Exceeding 60 minutes. Threshold = Zero.**



**Background**

These targets have been consistently breaching, but the Trust has cited an issue of data validation with SCAS.

**Assurances**

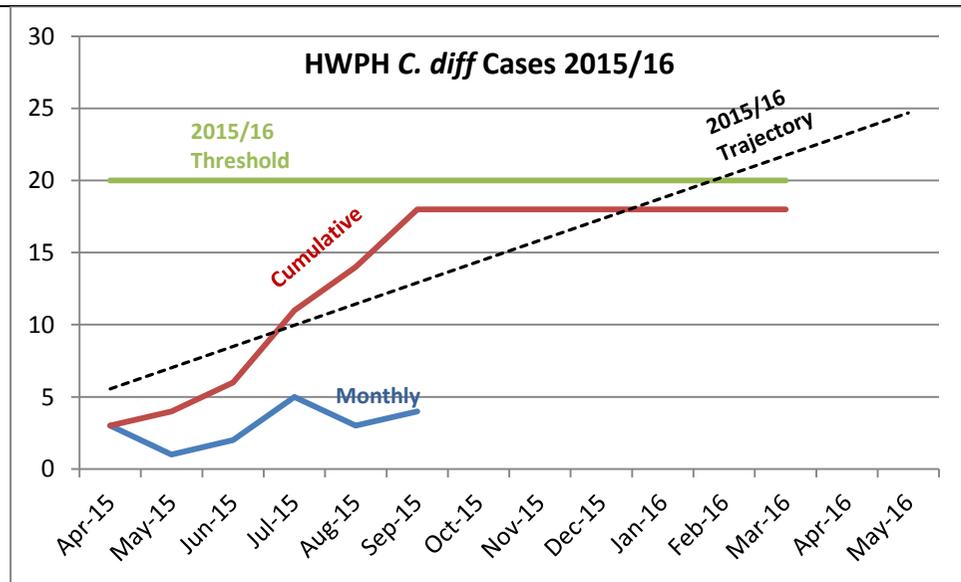
- The CQRM has been monitoring progress on liaison and data validation between HWPH and SCAS at each meeting.
- HWPH has just submitted data for September 2015, which shows much improved figures. They have also retrospectively lowered the figures from April 2015. It is believed that the retrospective changes are as a result of the first tranche of proper data validation, **but the graphs shown here do not include the retrospective changes** pre-September as we are awaiting further information from the Trust on how these were produced.

**Mitigating Actions**

- New Standard Operating Procedure agreed between HWPH and SCAS to ensure fast and effective escalation of delayed handovers at time of occurrence.
- Regular HWPH / SCAS liaison meetings.
- In-ambulance medical and nursing triage happening when ambulances waiting outside A+E.
- HWPH and SCAS have a live electronic handover sign-off system in place.
- A revised escalation protocol has been implemented for delays.
- HWPH are working with SCAS on monthly data validation and have changed their local record-keeping to a daily live system (including crew details) to produce stronger evidence to challenge any data inaccuracies.
- Monthly joint data-validation between HWPH and SCAS.



**Issue: Clostridium difficile (C. diff) cases exceeding trajectory of 20 per year**



**Background**

- The HWPH site has been set a target of no more than 20 C. diff cases in 2015/16.
- Current cumulative performance at September 2015 is 18 cases, which is significantly above the desired trajectory.

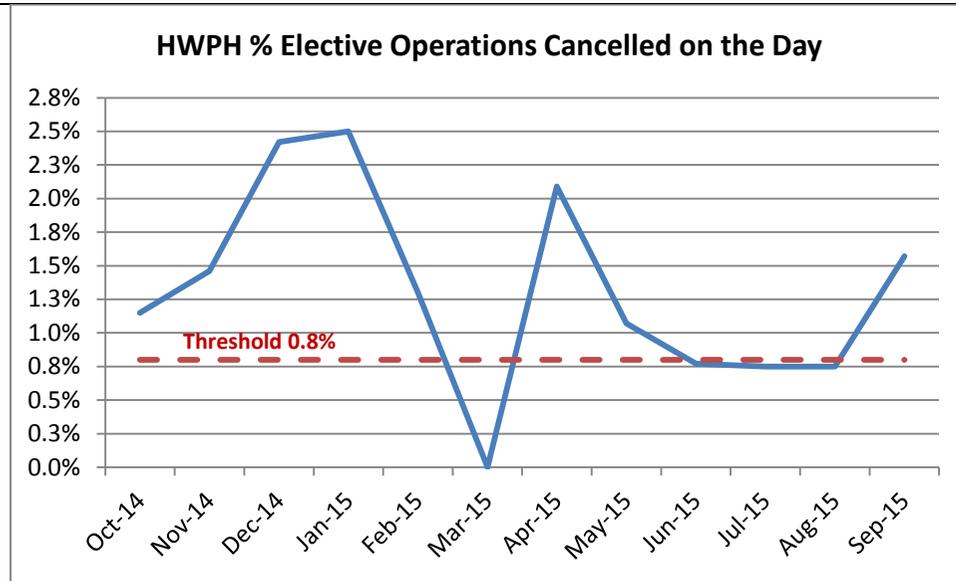
**Assurance**

- CQRM requested and received (in October 2015) a comprehensive C diff action plan from the Trust. This has provided assurance on practical infection prevention and control measures being taken by the Trust.
- CQRM has also requested a paper from HWPH Pharmacy outlining their implementation of revised anti-microbial stewardship arrangements. This is due at the November CQRM.

**Mitigating Actions**

- C diff action plan being progressed, with focus on re-embedding infection prevention and control fundamentals.
- An infection control specialist nurse is now in post.
- Review of antibiotic prescribing policy underway, with community services' involvement.
- Work towards compliance with safety alert on anti-microbial stewardship being monitored by CQRM.

**Issue: Elective Operations Cancelled on the Day**



**Background**

While this has been a problem area for the Trust over during 2014 and early 2015, by June 2015 a sustained improvement had been achieved, and the threshold was no longer being breached. The figure for September was, however, nearly double the agreed threshold.

**Assurance**

The Trust assured the CCGs that the unexpectedly high number of cancellations was due to the failure of a single piece of equipment in Urology at Heatherwood, which led to the cancellation of an entire day's list. This is now resolved. September also saw an unusually high number of trauma cases which were prioritised over elective orthopaedic cases.

**Mitigating Actions**

If the rise was due to transient factors (as detailed above), we should see a return to threshold or below in the October data. This will be monitored.

**Issue: Safeguarding Training**

**Background**

Lack of validated training figures. WIRED system still making it impossible to break down training figures by site, and very time consuming to break down by professional group. Note: This affects all of Frimley Health Foundation Trust, not just HWPB.

**Assurance**

- Validated training figures split by site were expected for October 2015 CQRMs (FPH and HWPB). At the time of writing, the Trust has provided top line figures for HWPB Safeguarding Children and PREVENT training; however, they are still unable to report on Safeguarding Adults figures from WIRED.
- The CCGs continue to request and receive assurances on the training taking place, and Safeguarding has been given a prominent place for discussion on the November CQRM agenda.

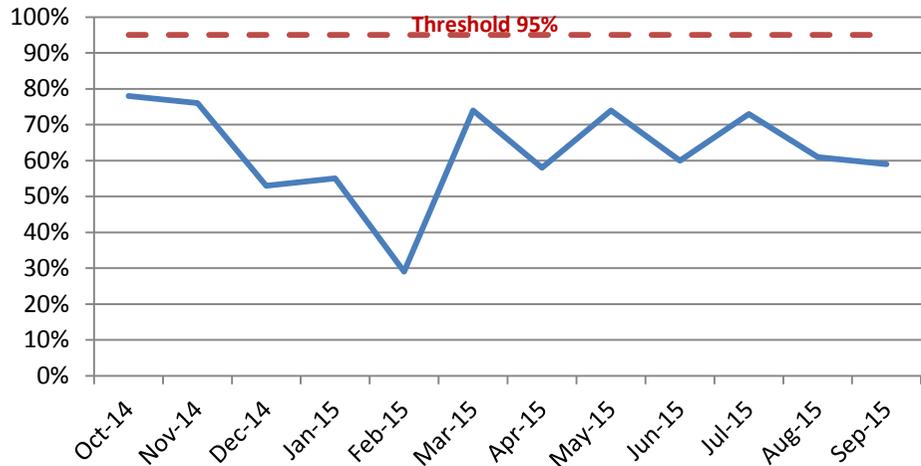
**Mitigating Actions**

- Money identified for Level 2 and 3 safeguarding adults training at Wexham Park and external trainer appointed.
- Targeted safeguarding training being delivered as a priority for high risk areas – MAU / AMU, ED, Elderly Medical.
- CQRM seeking update on improvement trajectory for level 2 and 3 Safeguarding Children training, based on latest figures.

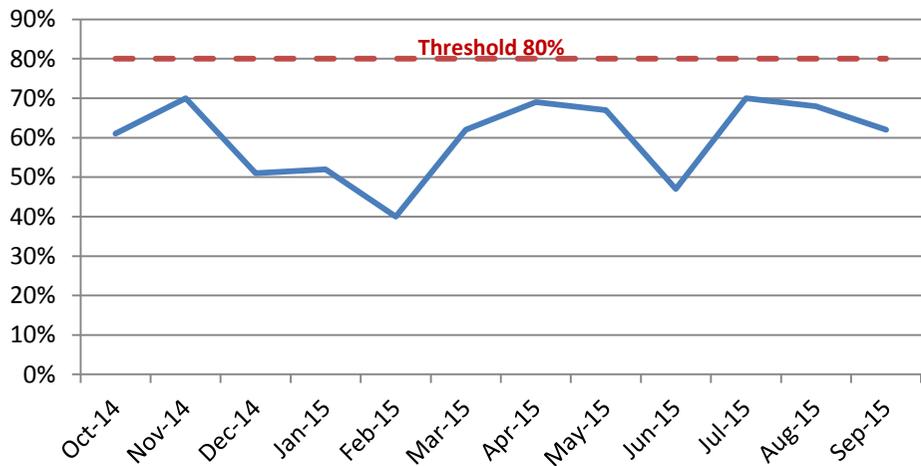


**Issue: Stroke targets not being met**

**HWPH % of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival**



**HWPH % of patients who spend at least 90% of their time on a stroke unit**



**Background**

In November 2014 a CQN was raised regarding underperformance in the key stroke indicators. An action plan was produced and all actions implemented. Poor performance has continued into 2015/16 with the key factors being identified as lack of presence of stroke coordinators in A&E, lack of stroke beds and delayed discharges. With no sign of any sustained improvement up to July 2015, an updated action plan was requested via CQRM. This was received by commissioners in August 2015 and its impact is being closely monitored. Stroke performance continues to be an issue of significant concern and the two indicators shown here are representative of underperformance across a wider set of indicators.

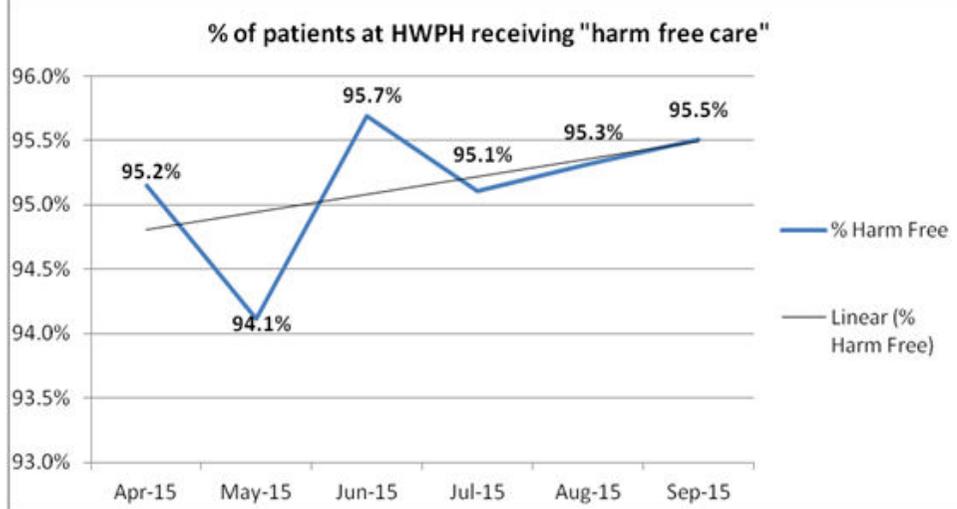
**Assurance**

- Discussed regularly at CQRM with presentation of updates to the action plan
- Updated action plan requested and received August 2015 – focus of latest action plan summarised below.

**Mitigating Actions**

- Work on education of medical staff and senior nurses to aid earlier identification and activation of stroke pathway.
- Bed availability improving with work on hospital throughput.
- Stroke co-ordinator role in place with plan for additional recruitment to allow 24/76 cover.
- Recruitment of an Elderly Care Consultant with an interest in stroke to support the A&E team (However, Consultant ED presence is not included in the model currently operated by HWPH).
- Trust to facilitate discussions with the relevant Local Authorities and CHC teams around decreasing the length of stay in the acute setting.
- The Trust points to uncertainty around plans for a new model of stroke care being commissioned as an exacerbating factor in its failure to meet the required quality thresholds. This commissioning issue is, at time of writing, close to resolution.

**Issue: Safety Thermometer - Harm-Free Care**

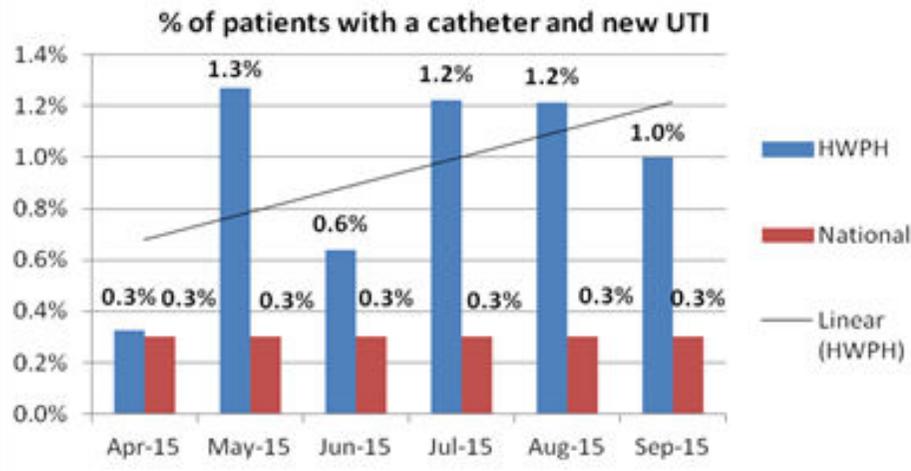


**Background**

HWPB is achieving good results for harm free care, consistently above 95% since June, against a national mean of 94%. Results for falls and pressure ulcers are good. The second chart shows, however, that results for catheter UTIs are significantly worse than the national mean.

**Assurance**

While overall harm free care scores are good, the CCGs have asked the Trust how it is working with wards with consistently lower scores. This will be discussed at CQRM November 2015. Also for discussion at the November CQRM will be further analysis of possible reasons behind the catheter UTI scores.

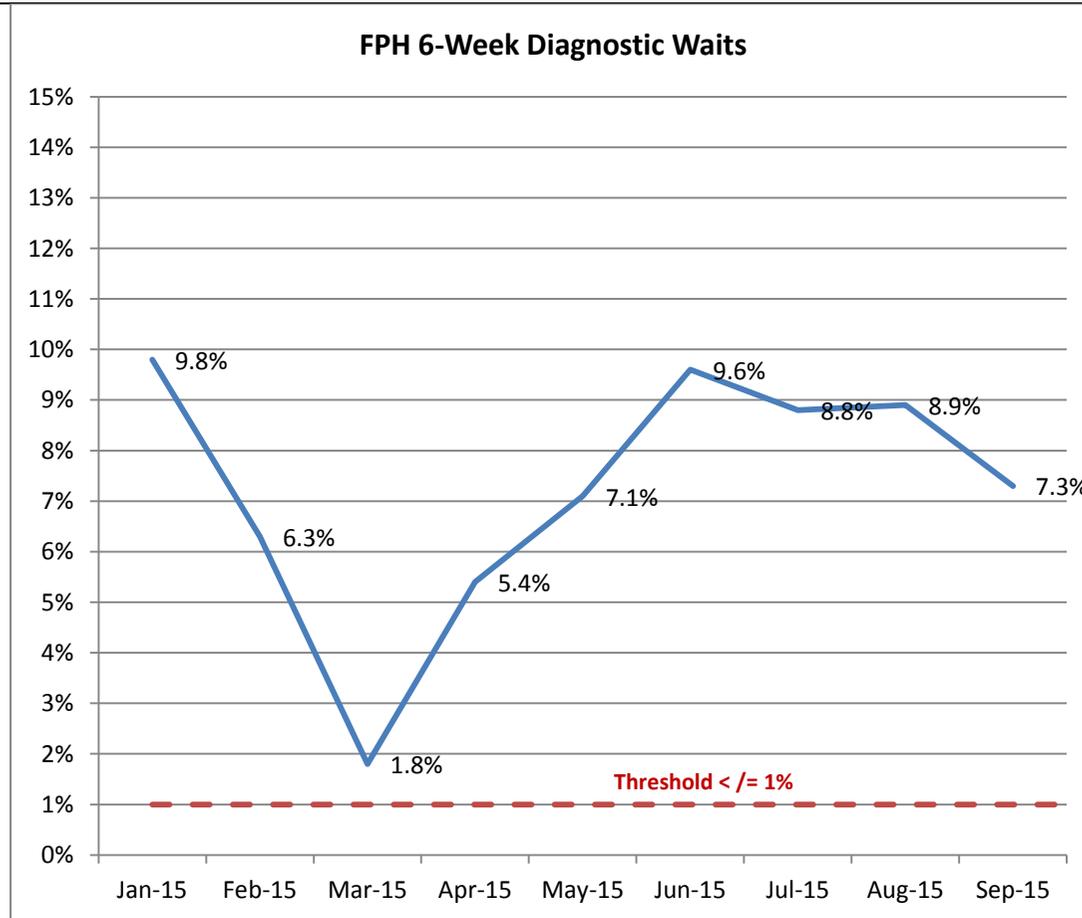


**Mitigating Actions**

Pending discussion at November CQRM.

## Frimley Park Hospital (FPH)

### Issue: Diagnostic waits exceeding 6 week threshold



#### Background

- Continued failure to meet standard, primarily due to endoscopy delays with staff shortages the main contributing factor.
- A Contract Performance Notice (CPN) has been issued to the Trust by North East Hants & Farnham (NEHF) CCG in response to the continuing underperformance.

#### Assurance

- FPH are monitored closely by Wessex NHS England, B&A CCG and North East Hants & Farnham (NEHF) CCG in order to resolve the delays.
- The Trust has put in place a recovery action plan (RAP) agreed with commissioners and NHS England and reports that it is on trajectory to meet the agreed threshold by November 2015.

#### Mitigating Actions

The RAP focuses on:

- Increasing the number of sessions using internal capacity and tertiary providers.
- Recruitment to vacant posts.
- Capacity planning against forecast demand to ensure sustainability.

## **NHS E-Referrals (formerly Choose and Book)**

The Trust had envisaged the process of getting services set up on e-referrals would take a month per specialty, but the process has been taking 8 weeks per specialty. The next areas of focus are pain management and upper/lower gastrointestinal (GI) appointments. An internal steering group meeting has been arranged and a plan for movement of further specialties onto e-referrals will be agreed. Once the plan is in place FPH will be meeting with CCGs individually to discuss.

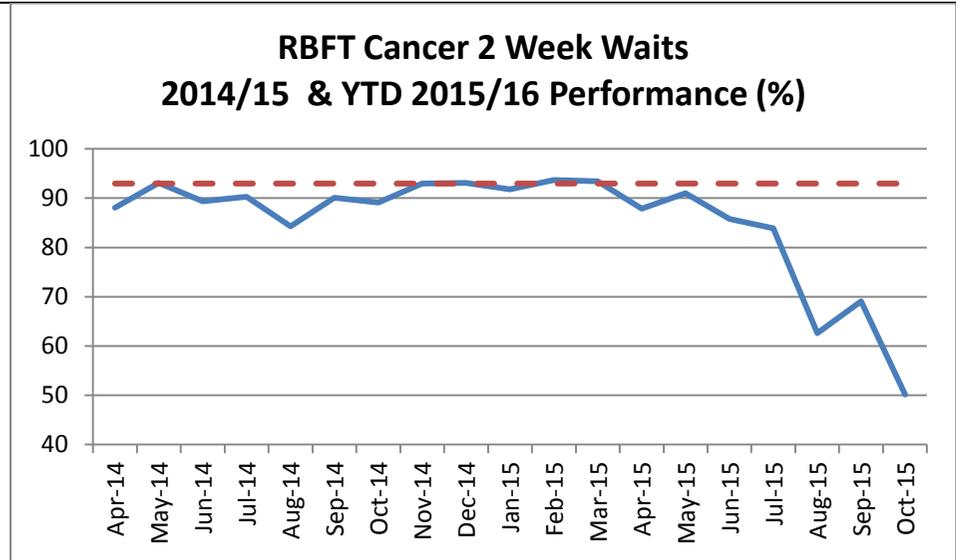
Some clinical concerns have pointed towards bookings delays; where these relate to issues with the e-referrals system the relevant technical leads at FPH have been involved, but the Quality Team has also asked for clarification as to whether there are issues with actual appointment availability in some specialties (beyond diagnostics where there have been known issues).

## **Never Event**

FPH Never Event ref 2015/26880 – Occurred and reported in August 2015

- Technically, “Wrong Site Surgery”; surgery commenced on the wrong patient (Ascot patient).
- Summary of facts provided via 72 Hour Report; comprehensive investigation report due at November 2015 SI Panel.
- Patient A and Patient B both due for same procedure on same day - insertion of Endovascular Aneurysm Sealing System (EVAS) for the treatment of infrarenal abdominal aortic aneurysm.
- It appears that patient A should have been cancelled for this surgery (clinical decision) but patient B was cancelled in error.
- Patient A was anaesthetised, groins opened; prior to the opening of the femoral arteries, it was identified that the graft was for patient B.

**Issue: Cancer waits**



**Background**

Standard for urgent 2 week referral by GP not met consistently since April 2015. Cancer action plans from the Trust with recovery trajectories are now submitted to NHSE and the CCGs. However trajectory for August not met. Recovery of performance not expected until March 2016.

The Trust continues not to achieve the 62 day wait from Urgent GP referral to first definitive treatment for cancer.

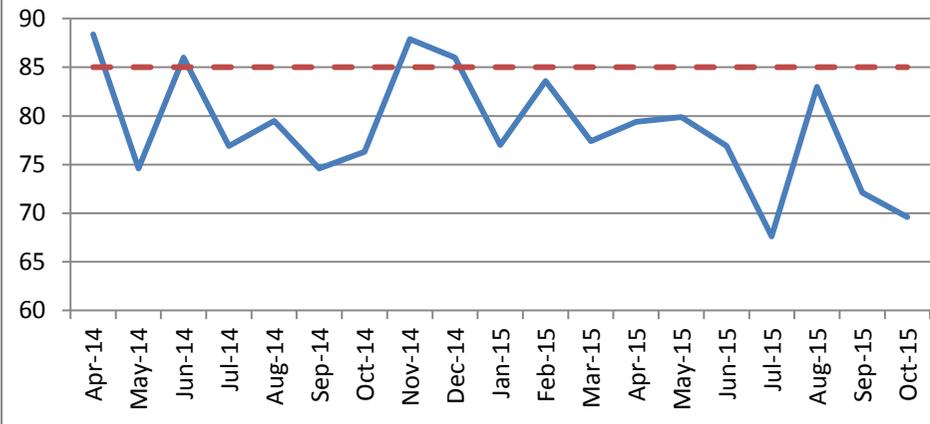
**Assurance**

Fortnightly meetings between the Trust, NHS England (NHSE) and CCGs to resolve the performance issues.

**Mitigating Actions**

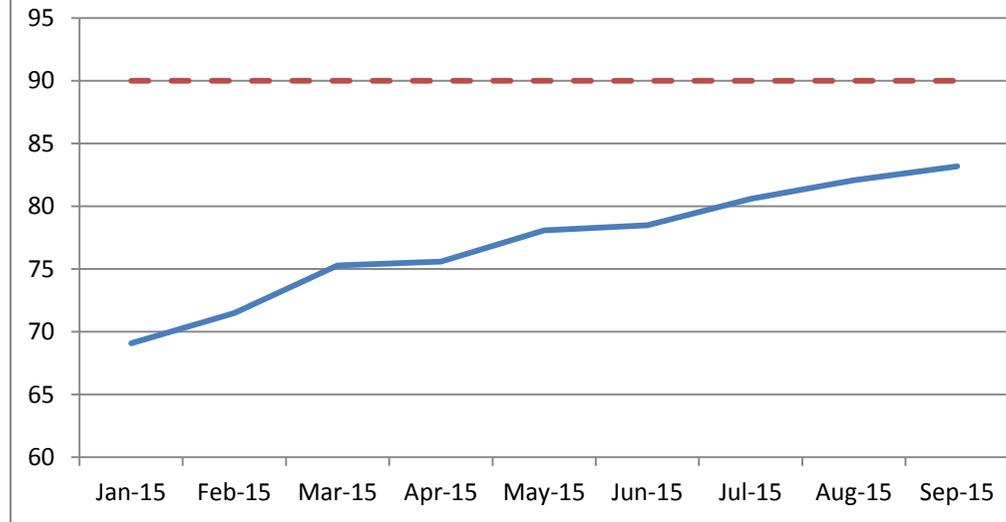
Cancer plans under further review by Strategic Cancer Network to identify any further mitigation to improve performance.

**RBFT Cancer 62 Day - GP Referral  
2014/15 & YTD 2015/16 Performance (%)**



**Issue: 18 weeks admitted and RTT greater than 52 weeks.**

**RBFT RTT 18 Weeks - Admitted  
2015 YTD Performance (%)**



**Background**

Royal Berkshire NHS Foundation Trust had continued not to achieve their target for 18 Weeks Admitted (90%) and RTT greater than 52 weeks.

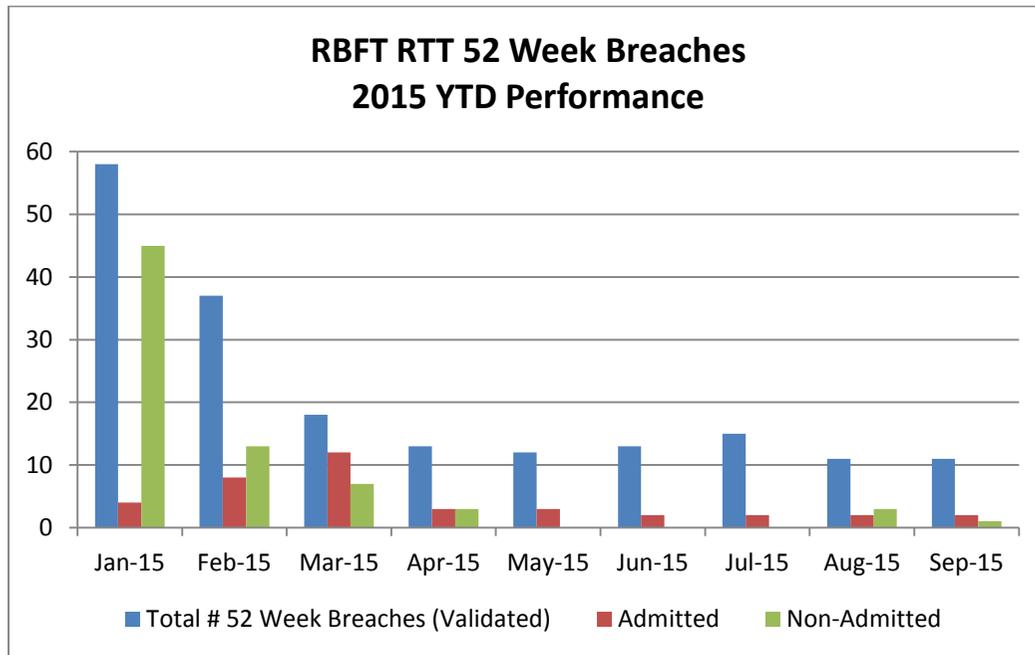
**Assurance**

Progress continues to be closely monitored fortnightly by NHSE and the CCGs during a fortnightly meeting / call. Trust has an action plan for compliance.

**Mitigating Actions**

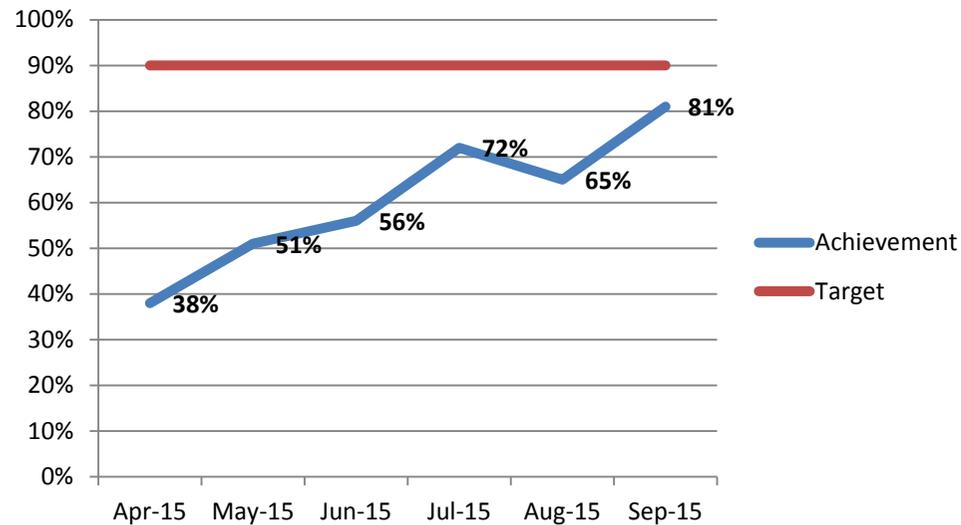
An 8 week programme of targeted waiting list clearance, and for post clearance analysis to develop a sustainable safe backlog metric for internal performance monitoring. Need to consider monitoring mechanisms for admitted and non-admitted, proposal with West CCGs for sign off. PricewaterhouseCoopers data quality review in October 2015.

Actions focus on 6 key areas : Data quality; Data management systems; Reporting and patient tracking; Operational processes; Specialty action plans; Education and training



**Ashford & St Peters Hospital**

**Stroke - Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival underperformance of the target**



**Background**

September's 'Proportion of patients admitted to a stroke ward within 4hrs' performance was recorded at 81%, providing a step change in improvement over previous months.

However, the Trust continued to experience difficulty meeting the KPI due to;  
 (1) non-elective bed pressures within the Trust where stroke ward beds had to be used to avoid patients waiting in A&E (including overnight DTA's), &  
 (2) referral delays from supporting teams in A&E, MSSU & MAU

**Assurance**

Stroke is monitored monthly at the ASPH CQRM. Implementation of the Surrey wide Stroke work is currently being



undertaken.

A revised escalation protocol for ring-fencing beds within the stroke ward was implemented from mid-June with good effect being seen, although non-elective bed pressures require stroke ward beds to be used to avoid patients waiting in A&E (including overnight DTA's). As mitigation, patients expected to stay less than the Trust average were preferred to stay within the stroke ward (creating earlier discharge).

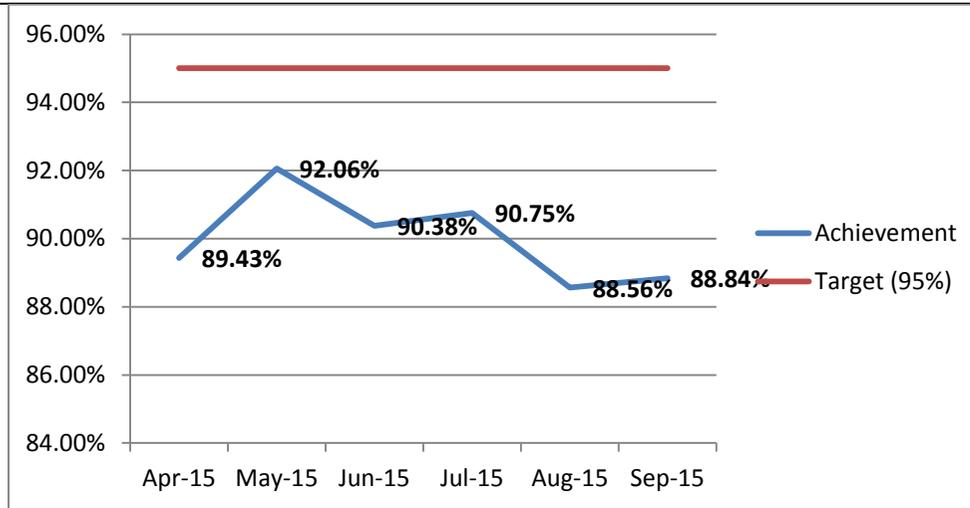
**Mitigating Actions**

As mitigation, patients expected to stay less than the Trust average were preferred to stay within the stroke ward (creating earlier discharge). All patients known to the stroke team had full stroke multidisciplinary input even when admitted after 4 hours. An action plan remains underway to improve stroke performance which includes a number of additional activities to upskill A&E & Urgent Care colleagues, with regular monitoring & feedback of breaches to reduce re-occurrence.

**EB5 A&E - Within 4 hours of arrival either admitted/transferred/discharged**

**Background**

The Trust missed the 4 hour A&E CCG contract standard in September with St Peters site A&E, GUM & EPU performance



recorded at 88.84% [Monitor performance (including Ashford) = 91.65%]. The Trust's A&E performance delivery was 3.2% below recovery trajectory for September

September's A&E attendances at 7,859 were higher than the previous month, August (7,601) with a daily average of 262 patients attending per day. This figure is comparable with the number of attendances seen during September 2014 (7,732). Admissions via A&E for the month were recorded at 1,906 (daily average = 64) which was higher than August (daily average = 61). Compared to September 2014, the Trust admitted 74 additional patients during the month (average 2.5 per day) compared

**Assurance**

Progress is also being made implementing the dedicated Urgent Care System Recovery programme of improvements that are currently underway in conjunction with NWS Surrey CCG to improve hospital patient flow, although the introduction of the Urgent Care Centre has been delayed until March 2016. Interim support measures are currently being developed.

The Trust has also been working with CCG & system providers agreeing & modelling 2015/16 winter resilience measures.

**Mitigating Actions**

A CPN was issued back in 11/07/2014 (incorporated into a SDIP 2015/16 contract) and 1st Exception Reported requested 19/10/2015 (as RAP trajectory was not met in Aug-Sep). The A&E Recovery Plan and trajectory agreed in 2014/15 was amended to reflect the Trust's commitment to achieve compliance by 31st December 2015. Despite a couple of good months, based on validated data ASPH has now breached the agreed recovery trajectory, with an achievement of 88.6% against a 90.5% target in August 2015. As the Recovery Trajectory within the RAP has now breached, the Trust was required to provide an Exception Report as per the terms of the Contract, this Report should include the following detail:

- A root cause analysis (RCA) of the top 5 breach reasons in the attached analysis with the backing data to substantiate the RCA
- Cross reference of the RCA to the actions in the Recovery Plan (Part 1), with an analysis of their delivery and progress, and why they are not having the expected impact
- Proposal for any amendments or additions required to the actions to address the top 5 breach reasons
- Updated trajectory path to ensure 95% compliance by the agreed date of 31st December 2015.

## London Contracts

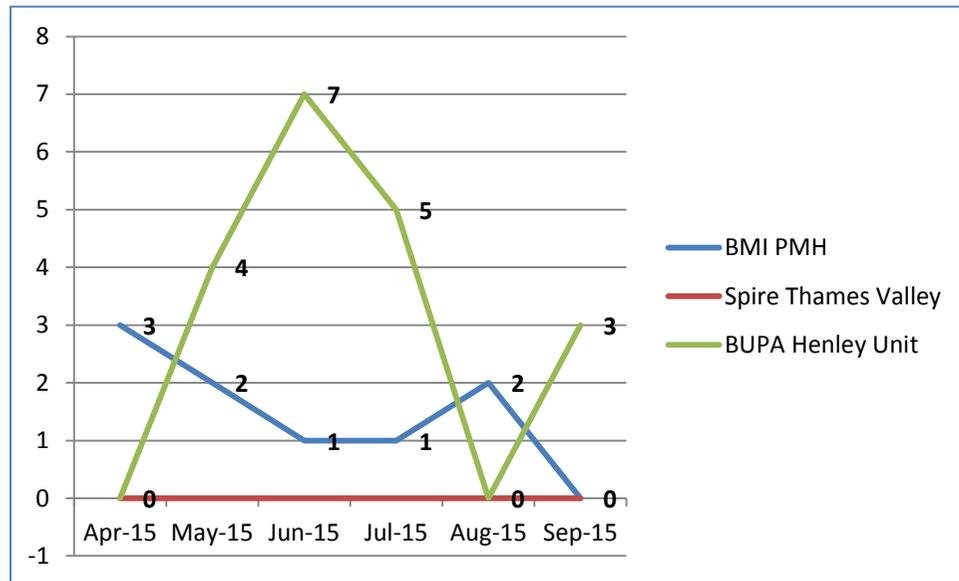
	2015/16 M5			
	MRSA Cases YTD	C.Diff Cases YTD	C.Diff YTD Threshold	Achievement against C.Diff YTD Threshold
Barts Health NHS Trust	7	28	34.2	-6.2
Chelsea and Westminster Hospital NHS Foundation Trust	1	3	2.9	0.1
Epsom and St Helier University Hospitals NHS Trust	9	11	16.3	-5.3
Great Ormond Street Hospital For Children NHS Foundation Trust	1	2	6.3	-4.3
Guy's and St Thomas' NHS Foundation Trust	3	25	21.3	3.8
Imperial College Healthcare NHS Trust	11	28	28.8	-0.8
King's College Hospital NHS Foundation Trust	1	39	30.0	9.0
London North West Healthcare NHS Trust	8	21	15.4	5.6
Moorfields Eye Hospital NHS Foundation Trust	0	0	0.0	0.0
Royal Brompton & Harefield NHS Foundation Trust	0	11	9.6	1.4
Royal Free London NHS Foundation Trust	5	32	27.5	4.5
Royal National Orthopaedic Hospital NHS Trust	0	1	0.8	0.2
St George's University Hospitals NHS Foundation Trust	6	13	12.9	0.1
The Hillingdon Hospitals NHS Foundation Trust	1	7	3.3	3.7
The Royal Marsden NHS Foundation Trust	0	15	12.9	2.1
University College London Hospitals NHS Foundation Trust	4	45	40.4	4.6

Barts Health NHS Trust were visited by CQC in May 2015 and have been placed into Special Measures as a result of findings at Whipps Cross Hospital. The improvement plan for Whipps Cross was noted at the July Board meeting as being broadly on plan. Newham University Hospital and Royal London Hospitals received an inadequate rating from CQC in July 2015 and compliance action plans were submitted to the CQC.

## Independent Providers

### BMI Princess Margaret Hospital, Spire Thames Valley & BUPA Henley Suite

#### Patient Safety Incidents



Spire Thames Valley has reported no patient safety incidents for this period. As part of their Quality submission they only include incidents involving NHS patients.

BMI PMH includes both private and NHS patient incidents and in addition provides a description of the incidents in their quarterly report of the type of incident. 2 incidents were reported in August. The first incident involved a patient who was admitted as day surgery for rotator cuff repair shoulder and required further pain relief resulting in an overnight stay. Patient was well on discharge the following morning failed day case to overnight stay. The second incident involved the transfer out to local NHS Trust post total abdominal hysterectomy. On day 2, the patient failed to have any bowel sounds and required urgent after hours CT scan which was not available at PMH. The patient underwent CT scan and return to theatre for Laparoscopy, adhesiolysis. The patient was kept in hospital for a further week and on discharge home had recovered well.

BUPA Henley Unit has reported the highest amount incidents for this period. Two falls incident and one medication incident where due to pharmacist dispensing the wrong medication. Instead of Medoxyprogesterone, Methylprednisolone was provided. Safeguarding alert was raised and GP has been informed. Pharmacist has provided a written statement and resident was closely monitored for side effects. No harm sustained. Incident was also raised as a safeguarding alert and has since been closed.

No SIs  
No Never Events

## **Bracknell Urgent Care Centre**

### **Background**

There are concerns regarding compliance with the contract, the Quality team are working closely with Bracknell and Ascot CCG and BUCC is under heightened surveillance. A Contract Performance Notice (CPN) was issued due to incorrect information being supplied in a Contract Review Meeting, a meeting was held to discuss this where the correct information was provided and the CPN closed. A further CPN was issued in relation to BUCC not meeting their waiting time KPIs for seeing children within 15 minutes and adults within 30 minutes; a formal action plan was agreed which builds upon an informal action plan which was produced with support from the Quality team.

### **Mitigating actions**

The BUCC are looking at a number of ways to monitor the patient flow. They are reviewing whether a visual displays in the corridor and back office to keep track of our patients."

2. Improvement to Adastral screen to have the 'time waiting' visible on the screen.

3. The rota will be managed by the operations team and clinical lead to ensure the skill mix is in line with the need of the service and types of patients presentations.

4. Develop a skill matrix to inform of gaps and training needs of staff in relation to minor illness and minor injury

5. Monitoring and analysing performance

6. To encourage the team to meet the Service Level agreement based on the KPI.

### **Assurance**

Initial feedback regarding waiting times in October is positive and indicates that BUCC will exceed the threshold for both adult and children's waits following implementation of the actions for improvement.

### BUCC - Time from Booking to Clinical Contact

