

Title of meeting							
Date of Meeting				Paper Number			
Title				Joint Quality Committee Chair's Quality and Performance Report and Scorecard M07			
Sponsoring Director (name and job title)				Sarah Bellars, Director of Nursing			
Sponsoring Clinical / Lay Lead (name and job title)							
Author(s)				Jo Greengrass, Deputy Director of Nursing			
Purpose				To inform the Governing Body of the current Quality and Performance position of commissioned services			
The Governing Body is required to (please tick)							
Approve	<input type="checkbox"/>	Receive	<input type="checkbox"/>	Discuss	<input type="checkbox"/>	Note	<input checked="" type="checkbox"/>
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>							
Legal implications/regulatory requirements							
Public Sector Equality Duty							
Links to the NHS Constitution (relevant patient/staff rights)							
Strategic Fit							
Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i> <i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i>				Date Deputy CFO sign off			



<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Date Director of Nursing sign off.....</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	
<p>Consultation, public engagement & partnership working implications/impact</p>	
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p><u>Executive Summary</u> <i>(summary of the paper and sign-posting the reader to the key sections within the report / paper)</i></p> <p>The Chair's Quality and Performance Report acts as an Executive Summary for the Quality and Performance Scorecard, highlighting the key issues therein.</p>	
<p><u>Recommendation(s)</u></p> <p>N/A</p>	



Overview of Achievement – Key Standards in Quality & Performance (M07)

Key to Organisation Abbreviations:

HWPH – Heatherwood and Wexham Park Hospital sites (part of Frimley Health NHS Foundation Trust)

FPH – Frimley Park Hospital (part of Frimley Health NHS Foundation Trust)

BHFT – Berkshire Healthcare NHS Foundation Trust

RBFT – The Royal Berkshire NHS Foundation Trust

ASPH – Ashford and St Peter's Hospitals NHS Foundation Trust

B&A – Bracknell and Ascot Clinical Commissioning Group

WAM – Windsor, Ascot and Maidenhead Clinical Commissioning Group

SCAS – South Central Ambulance Service

Note: Provider RTT data on the scorecard prior to M05 was reported based on performance for patients in the east of Berkshire only. From M05, the data also shows performance by the provider as a whole, without geographical limitation.

STANDARD	Providers on Trajectory	Providers over Trajectory	CCGs on Trajectory	CCGs over Trajectory
C Diff (Local Trajectories)	BHFT, ASPH	HWPH, FPH, RBFT	B&A, Slough & WAM	Nil
	Provider Exception Summary:			
<p>HWPH:</p> <ul style="list-style-type: none"> Continues to be over trajectory. However x1 case was reported for M07 signifying some possible improvement & impact of new Infection Control Specialist Nurse now in post at the Trust. The case reported did not have an associated lapse in care. Cumulative at M07 is 19 cases versus annual target of 20. C Diff action plan being progressed, with focus on re-embedding infection prevention and control fundamentals. HWPH presented a comprehensive anti-microbial stewardship report and action plan to the November CQRM outlining steps being taken to guide and audit prescribing practice, including increasing antimicrobial ward rounds and integrating guidelines with those in use at the Frimley Park site. <p>FPH</p> <ul style="list-style-type: none"> Total of x5 cases have been reported in M07, with two cases highlighting lapses in care. This puts the Trust over their site-specific trajectory. CQRM agenda is focussing on infection prevention and control and seeking assurances on actions. At the December meeting pharmacy gave a verbal update on progress with antimicrobial stewardship and stated that their actions are in line with those presented by HWPH (see above). This work is being overseen by the overarching Trust-wide Drugs and Therapeutics Committee. 				

	RBFT: <ul style="list-style-type: none"> 3 cases in M07. Totalling 22 for year so far against annual trajectory of 27. ASPH <ul style="list-style-type: none"> 2 cases reported in M07. Totalling 8 against annual trajectory of 17. 			
STANDARD	Providers Achieving	Providers not Achieving y	CCGs Achieving	CCGs not Achieving
MRSA (< zero)	BHFT, ASPH, FPH, RBFT	HWPB	B&A, Slough & WAM	Nil
	Provider Exception Summary:			
	<p>HWPB reported a MRSA bacteraemia for M07. It has been identified as being unavoidable via the Post Infection Review process. The bacteraemia occurred as a consequence of undertaking essential interventions that were required to effectively diagnose and treat the patient's medical condition. The patient was successfully treated for the MRSA bacteraemia</p>			
STANDARD	Providers Achieving Incomplete Standard	Providers Not Achieving Incomplete Standard	CCGs Achieving Incomplete Standard	CCGs Not Achieving Incomplete Standard
18 Weeks	HWPB, FPH, RBFT, ASPH	Nil	B&A, Slough, WAM	Nil
	Provider Exception Summary:			
Admitted (90%) Non Admitted (95%) Incomplete (92%)	<p>Note: from 1/10/15 - the Incomplete RTT Standard is now the only measurable RTT standard nationally to which penalties apply. In addition the admitted standard reported in Trust performance reports is unadjusted and as such will report lower figures than previously as validation not applied. For the purpose of this report achievement will be based on the Incomplete Standard only with narrative on Admitted & Non-admitted where appropriate.</p> <p>All acute Trusts are achieving the Incomplete Standard in M07.</p> <p>However Frimley Health is only just achieving the Incomplete standard and has been identified as an outlier in South Region following the application of a "stress test" by Wessex and South central Area Teams. As a result of this FHFT have responded assuring that the 92 % standard will be met up to and including March 2016.</p> <p>Specialties not achieving at FPH include ; General Surgery, T&O, General Medicine and Gastroenterology Specialties not achieving at HWPB include; General Surgery, T&O, Plastic Surgery and Dermatology,</p> <p>RBFT following a prolonged period of non-achievement of the incomplete standard are now in compliance.</p>			
	CCGs Exception Summary:			

	All 3 CCGs in M07 achieved the 18 weeks Incomplete standard			
STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
RTT greater than 52 week (<0)	FPH & ASPH	HWPH, RBFT	B&A	WAM, Slough
Provider Exception Summary:				
<p>Four 52+ week waiters reported in M07, these are :</p> <ul style="list-style-type: none"> • WAM reports a 52+ week patient at RBFT in ophthalmology at the Prince Charles Eye Unit in M06 as a result of an incorrect clock stop identified in September. Patient received treatment on 08.10.15. This is the same patient reporting also in M07 • WAM reports a 52+ week patient at HWPH in M07 where a patient on referral from Rheumatology to Orthopaedics - an incorrect clock stop was applied. Patient now referred to Pain Dept. but has chosen to wait for an injection until after Xmas – TCI (to come in) date 4th Jan 16 • Slough patient referred to Guys and St Thomas' for Pain Management. Referral was accepted by electronic vetting system it was not transferred to iPMS (patient administration system), thus patient was not offered an appointment within 18 weeks. Once error was discovered Trust contacted the patient to discuss current pain and how the Dept. could support them. Following this contact the patient declined further treatment and the referral was closed. Patient has chronic history of headaches and though no new or additional clinical risk was identified as a result of this delay it is recognised that psychological distress will impact everyday life as a result of the condition. • Slough patient referred to ENT specialty at Royal Surrey Hospital on Incomplete pathway. Following initial treatment patient declined further treatment and was discharged back to GP. No harm was reported and delay was as a result of the patient delaying treatment. Awaiting further feedback from Guildford and Waverly CCG regarding circumstances of the delay that led to the 52 week wait. 				
STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
6 Week Diagnostic Waits (<1 %)	HWPH, ASPH	FPH	Slough, WAM	B&A
Provider Exception Summary:				
<p>FPH:</p> <ul style="list-style-type: none"> • Performance for B&A for October was 1.78% a significant improvement on September's figure of 3.72%. • The Trust's recovery action plan (RAP) agreed with Commissioners and NHS England continues to progress well with reduction in backlog evident. On track to meet trajectory by end November 2015 (reported in December M08). • The continued issues are now largely due to delays in non-obstetric ultrasound as a result of changes to the Radiology system. 				
CCG Exception Summary:				

	B&A CCG :			
	<ul style="list-style-type: none"> Continue to not meet standard. See above section on FPH for explanation. Backlog is reducing. 			
STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
A&E 4 hour waits (95%)	RBFT, FPH	HWPH, ASPH	n/a	n/a
Provider Exception Summary:				
<p>HWPH and FPH</p> <ul style="list-style-type: none"> FHFT did not achieve the 95% standard for October at 94.8% HWPH narrowly missed the standard at 94.3% (same as for September) FPH achieved 96.3% and thus met the standard. Performance is considerable improved when compared to same period last year Focus is on improving discharge and flow through the hospital to facilitate continued performance at the front door HWPH met the standard for November - provisional unvalidated results FPH narrowly missed the standard for November, however the Trust as a whole met the 4 hr standard <p>ASPH:</p> <ul style="list-style-type: none"> The Trust performance in M07 against the 4 hour A&E target remained below the recovery trajectory remaining at 88.8%. Combined performance with Ashford is at 91.4%. September's A&E attendances were higher than the previous month but are comparable to same period last year. Admissions via A&E for the month were comparable to that of September and to figures reported for same period a year ago. The 0-15 age group & 75+yr age groups shave the highest YTD increases. Number of attendances remains static but level of acuity and frailty has increased. Progress is reported on implementing the dedicated Urgent Care System Recovery programme of improvements in conjunction with NW Surrey CCG to improve hospital patient flow, although the introduction of the Urgent Care Centre has been delayed until March 2016 Trust is focussing on improving patient flow with 10am daily meeting on all wards to review discharges planned and provide challenge and support to enable further discharges; Appointment of a Senior Patient Flow Manager to oversee site management & establishing a consistent and disciplined approach to capacity management throughout the day; Protection of Medical Assessment Unit (AMU) capacity where possible to ensure there are beds available to transfer patients from A&E when required. This has remained significantly challenging but has proved very effective when we have been able to sustain it. 				
STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
Provider cancellation of	RBFT	HWPH, FPH	NA as local Trust Standard	NA as local Trust Standard
Provider Exception Summary:				

<p>Elective Care operation for non-clinical reasons either before or after Patient admission (0.8% for HWPB + FPH; 0.5% for RBFT)</p>	<p>HWPB:</p> <ul style="list-style-type: none"> 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 0.8% threshold was no longer being breached. The figure for September was, however, nearly double the agreed threshold; at 1.57% and in October the figure was higher again, at 1.88%. The September breach was, as discussed last month, largely 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 was resolved within 24 hours. The October breach was due to a total loss of water supply at the WPH site on 23rd October 2015, which resulted in widespread cancellations on the day. If these rises were due to transient factors (as detailed above), we should see a return to threshold or below in the November data. This will be monitored. <p>FPH:</p> <ul style="list-style-type: none"> It has just been identified that FPH breached the target for October by 0.2% and this will be followed up with the provider via NE Hants and Farnham CCG. 			
<p>STANDARD</p>	<p>Providers Achieving</p>	<p>Providers Not Achieving</p>	<p>CCGs Achieving (list)</p>	<p>CCGs Not Achieving</p>
<p>Cancer 2 Week Waits (cancer data a month in arrears) (93%)</p>	<p>HWPB, FPH, ASPH</p>	<p>RBFT</p>	<p>B&A, Slough, WAM</p>	<p>Nil</p>
<p>Provider Exception Summary:</p>				
<p>Note: monthly cancer data is for guidance only as not refreshed. Quarterly data represents the accurate position on performance</p>				
<p>Royal Berkshire NHS Foundation Trust (RBFT):</p>				
<ul style="list-style-type: none"> Standard for urgent 2 week referral by GP continues not to be met primarily as a result of Dermatology waits. Meeting held 17th November between Trust and CCGs with action plan agreed. Modelling is now underway to ascertain the trajectory as a result of the agreed action plan. Action that will have the biggest impact is new "see and treat" clinics all day on a Friday that are MDT based that should see between 75-100 patients each week. However staffing is considered fragile. Other actions agreed are review of referral proforma and communication/training of GPs. More detailed information on this issue will be prepared for the January meeting of the Quality Committee. Standard for 2 week wait for breast symptomatic also continues not to be met but only by a small margin and is ahead of planned trajectory Cancer action plans from the Trust with recovery trajectories are now submitted to NHSE and the CCGs. Recovery of performance not expected until March 2016. Recovery trajectory now reported with and without Dermatology. Task and Finish groups set up to review Dermatology service provision in acute and community. 				
<p>STANDARD</p>	<p>Providers Achieving</p>	<p>Providers Not Achieving</p>	<p>CCGs Achieving</p>	<p>CCGs Not Achieving</p>
<p>Cancer 31 day</p>	<p>HWPB, FPH, ASPH</p>	<p>RBFT</p>	<p>Slough</p>	<p>B&A, WAM</p>

waits (cancer data a month in arrears)	Provider and CCG Exception Summary:			
	<p>Note: monthly cancer data is for guidance only as not refreshed. Quarterly data represents the accurate position on performance</p> <p>Royal Berkshire NHS Foundation Trust (RBFT):</p> <ul style="list-style-type: none"> Standard for 31 day all cancers and surgery was not met in M07 in 4/33 cases <p>CCGs Performance at CCG level in M07 has improved on that reported in M06</p> <ul style="list-style-type: none"> WAM did not achieve 31 day wait (Radiotherapy) with 3/21 patients breaching at RBFT B&A did not achieve 31 day wait (Radiotherapy) with 2/20 patients breaching at RBFT 			
STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
Cancer 62 day waits (cancer data a month in arrears)	HWPH, FPH, ASPH	RBFT	Slough, WAM, B&A	Nil
waits (cancer data a month in arrears)	Provider Exception Summary:			
	<p>Note monthly cancer data is for guidance only as not refreshed. Quarterly data represents the accurate position on performance</p> <p>RBFT:</p> <ul style="list-style-type: none"> Standard for 62 day wait for urgent GP referral was not met in M07 in 23/87 cases Standard for 62 day wait for referral from a routine screening service was not met in M07 in 1/9 cases <p>Trust is still confident with overall recovery to date.</p>			
	CCG Exception Summary :			
	<ul style="list-style-type: none"> All x3 CCGs achieved for M07, an improvement on M06 performance 			

STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
Mixed Sex Accommodation (MSA)	HWPH, FPH, RBFT	ASPH	B&A, Slough, WAM	Nil
	Provider Exception Summary:			
	<p>ASPH:</p> <ul style="list-style-type: none"> X7 breaches occurred in October form x2 separate occasions. Quality report received from the Trust indicates that on the 23rd October there were three breaches on SDU as a result of the Trust being unable to meet the needs of these patients in any other area and none of the patient concerned could step down to ward bed. On 30th October there were four breaches on HDU (High Dependency Unit); one female patient (level 1) required step down to SDU - there were no beds available and no-one to step out of SDU. This patient's needs could not have been safely met in any available area so remained in HDU. <p>RBFT:</p> <ul style="list-style-type: none"> Previous breaches reported in M05, M06 & M07 now resolved as zero breaches reported for October. Action taken in mid-September to review the patient position before the night shift each day in order that they pre-empt issues that may happen with night-time admissions would appear to have had a positive impact 			
	CCG Exception Summary:			
<p>B&A and WAM CCG:</p> <ul style="list-style-type: none"> All x3 CCGs reported zero breaches this month 				
STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
Ambulance Response Times RED 1 RED 2 CAT 19 Calls	Nil	SCAS	Nil	Nil
	Provider Exception Summary:			
<ul style="list-style-type: none"> SCAS failed ambulance response times in Q2 with performance significantly dropped on previous months. Main causative factors are migration to iCAD system and staff shortages. Response to this by TV CCGs has been swift with issue of Contract Performance Notice (CPN) requiring a remedial action plan and trajectory for recovery. Recovery to achieving the standard is outlined in action plan and will not be until April 2016. M07 data is encouraging with improvement across all x3 response times indicators Red 1, Red 2 and 19 minute and is on planned improvement trajectory 				
STANDARD	Providers Achieving		Providers Not Achieving	
Stroke % patients spent 90% of time in Specialist Unit	HWPH, RBFT, ASPH; no data for FPH		-	
	Provider Exception Summary:			
<p>HWPH:</p> <ul style="list-style-type: none"> This is the first time HWPH have successfully met this indicator in 2015/16, with a score of 88% - an excellent result. 				

(80%)	<ul style="list-style-type: none"> • However, overall stroke performance continues to be an issue of significant concern with the overall SSNAP score for the site, which is based on many more indicators, remaining low. • As per previous reports, the action plan continues with the following key steps: <ul style="list-style-type: none"> ○ 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 24/7 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. <p>FPH:</p> <ul style="list-style-type: none"> • Data for this indicator not currently available – requested via NE Hants & Farnham CCG. 	
STANDARD	Providers Achieving	Providers Not Achieving
Stroke % patients admitted to Specialist Unit within 4 hours (95%)	No data for RBFT	HWPH, FPH, ASPH
Provider Exception Summary:		
<p>HWPH:</p> <ul style="list-style-type: none"> • See commentary above. <p>FPH</p> <ul style="list-style-type: none"> • The site has not been meeting this target and this looks to be largely due to challenges with patient flow / bed availability. The service is co-opting 8 extra beds but still faces a challenge in meeting its aim to ensure at least one bed is ring-fenced at all times. However, this does have to be seen in the context of an excellent latest performance by FPH in the overall SSNAP indicators, their score having risen to grade 'A'. <p>ASPH:</p> <ul style="list-style-type: none"> • ASPH scored 67% in October; a drop following the improvement seen in the previous month. • NW Surrey CCG issued a formal contract query notice in relation to this indicator. • An action plan remains underway to improve stroke performance which includes a number of additional activities to upskill A&E and Urgent Care colleagues, with regular monitoring and feedback of breaches to reduce re-occurrence. • Main causes: bed availability – stroke beds being taken up by other non-elective patients; referral delays from supporting teams in A&E, MSSU & MAU. 		

	<ul style="list-style-type: none"> Interdependency between this and the A&E recovery plan; being monitored collectively through A&E recovery meetings. <p>RBFT:</p> <ul style="list-style-type: none"> No data available for this indicator. 	
STANDARD	Providers Achieving	Providers Not Achieving
Stroke % patients receiving swallow screen within 4 hours (95%)	No data for FPH, RBFT, ASPH	HWPB
	Provider Exception Summary:	
	<p>HWPB:</p> <ul style="list-style-type: none"> HWPB are working to upskill more healthcare professionals to undertake swallow screening and want to extend stroke co-ordinator cover to 24/7. <p>FPH</p> <ul style="list-style-type: none"> No data for M07 at this point but the site is working to upskill more healthcare professionals to undertake swallow screening and is aiming to increase the number of stroke co-ordinators which will help boost achievement for this indicator. As per above, FPH is doing very well overall with the latest SSNAP score a grade 'A'. 	
STANDARD	Providers Achieving	Providers Not Achieving
Maternity C-Section rate (23%)	(No data for ASPH)	HWPB, RBFT, FPH
	Provider Exception Summary:	
	<p>HWPB:</p> <ul style="list-style-type: none"> 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 successfully achieved below this target % until September. October saw the rate rise to 28.5% and this will be monitored in the following months to establish whether a trend emerges. <p>FPH:</p> <ul style="list-style-type: none"> The % had risen each month from 23.1% in April to 26.8% in July but settled at between 25% and 26% from M05, ending the upward trend. In October it fell to 23.75 which is positive. <p>RBFT:</p> <ul style="list-style-type: none"> RBFT have fluctuated but have been consistently above (worse than) the 23% threshold. They hit a high of 31.1% in August but the rate has dropped since then (28.0% in October). 	
STANDARD	Provider(s) Reporting:	
	RBFT (Nov 2015), HWPB (Nov 2015)	

Never Events	<p>RBFT Serious Incident Reference 2015/37070: Maternity Unit - Retained vaginal swab post forceps delivery Never Event Type: Retained foreign object post-procedure Date of Incident: 25/11/2015 (identified 30/11/2015) Date Reported: 30/11/2015 Synopsis: Retained vaginal swab post forceps delivery. Patient reports feeling clinically well, has been commenced on prophylactic antibiotics and advised to see GP for review and to seek medical advice if having symptoms of infection. Investigation in progress.</p> <p>The following was included in last month's report: HWPH Serious Incident Reference 2015/35881: Incident of incision on wrong side due to incorrect X-Ray label Never Event Type: Wrong Site Surgery Date of Incident: 11.11.15 Date Reported: 17.11.15 Synopsis: Patient admitted with fracture to right hip however left hip was opened in theatre. On discovering no fracture the patient was given a repeat X-ray and confirmed fracture of right hip which was subsequently repaired. Initial findings indicate that the error was caused by an incorrect X-ray label. Currently under a full root cause analysis investigation.</p>
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