

Title of meeting							
Date of Meeting				Paper Number			
Title				Joint Quality Committee Chair's Quality and Performance Report and Scorecard M04			
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 (M04)

Key to Organisation Abbreviations:

HWPB – 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

STANDARD	Providers on Trajectory	Providers over Trajectory	CCGs on Trajectory	CCGs over Trajectory
C Diff (Local Trajectories)	FPH, BHFT, ASPH	HWPB, RBFT	B&A, Slough & WAM	Nil
	Provider Exception Summary:			
	<p>HWPB:</p> <ul style="list-style-type: none"> • Further 5 cases in M04; total of 13 cases so far this year against trajectory of 20 (5 cases per quarter) • Restructure of Infection Control Team underway with appointment of new Infection control nurse. • Review of antibiotic prescribing policy underway, with community services' involvement • Trust is providing a briefing on progress to September Clinical Quality Review Meeting (CQRM) on Sept 23rd. <p>RBFT:</p> <ul style="list-style-type: none"> • 1 case in M04. Totalling 10 for year so far against annual trajectory of 27. 			

STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
18 Weeks Admitted (90%)	ASPH	HWPH, FPH, RBFT,	Nil	B&A, Slough, WAM
Provider Exception Summary:				
<p>HWPH and FPH:</p> <ul style="list-style-type: none"> • HWPH achieved the admitted standard again for M04. Admitted standard has been achieved at Trust level for 4 consecutive months • FPH have achieved the admitted standard up to M03. Data for M04 specific to Frimley South site is not yet available for the Trust but it is believed to be below the 90% standard. <p>ASPH:</p> <ul style="list-style-type: none"> • Admitted standard achieved by ASPH in M04 a sustained improvement on non-achievement in M01 <p>RBFT:</p> <ul style="list-style-type: none"> • Performance has remained low (60%) since M01, with reduction in backlog remaining static. • Original trajectories of achieving the aggregated standards by August 2015 unattainable. • A revised trajectory has been submitted mid-September and actions pertaining to this are under discussion with the Trust by both East and West Berkshire CCGs and NHSE. • Actions focus on 6 key areas : Data quality; Data management systems; Reporting and patient tracking; Operational processes; Specialty action plans; Education and training • Progress is closely monitored fortnightly by NHSE and the CCGs during a fortnightly meeting / call. • The area impacting East Berkshire patients remains Ophthalmology (at both RBFT and Prince Charles Eye Unit); mainly cataract procedures. 				
CCGs Exception Summary:				
<p>All 3 CCGs in M04 did not achieve the 18 weeks non admitted standard in the main due to:</p> <ul style="list-style-type: none"> • Continuing issues with Ophthalmology at RBFT, however the backlog appears to be static with slight improvement evident. • General surgery at Frimley North with recruitment of 8th surgeon still ongoing. The post has gone to advert again as no suitable candidate was found during last round. • ENT at Frimley North due to complex nose surgery and availability of specialist surgeon. Although this is an improving picture • Trauma & Orthopaedics (T&O) at Frimley Health <ul style="list-style-type: none"> ○ Bed capacity for orthopaedic elective patients at Wexham Park impacted by demand for priority trauma patients. ○ Reallocation of x8 new beds of which x6 to be ring fenced for elective T&O cases now in place (Sept 15). ○ Additional Orthopaedic Consultant to be recruited. ○ Stronger links with Hillingdon for spinal surgery 				

STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
18 Weeks Non-Admitted (95%)	HWPH, FPH, RBFT, ASPH	Nil	All	Nil
	Provider Exception Summary: <ul style="list-style-type: none"> All achieving 			
STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
18 Weeks Incomplete (92%)	HWPH, FPH & ASPH	RBFT	All	Nil
	Provider Exception Summary: <ul style="list-style-type: none"> All achieving 			
STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
RTT greater than 52 weeks	FPH & ASPH	HWPH & RBFT	B&A, WAM All	Slough
	Provider Exception Summary: <ul style="list-style-type: none"> Slough CCG reports x 2 patients that have exceeded 52 weeks, both at HWPH. One patient is a vascular patient transferred from Oxford requiring further review and diagnostics, thus exceeded 52 weeks for treatment. Patient now treated in August and closed. Second patient was an ENT complex nose patient, also now treated in August and closed. RBFT have numerous 52 week patients, mainly in breast, no east Berkshire patients are affected. 			

STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
6 Week Diagnostic Waits (<1 %)	HWPH	FPH, ASPH	Slough, WAM	B&A
	Provider Exception Summary:			
	<p>FPH:</p> <ul style="list-style-type: none"> Continued failure to meet standard, performance in non-obstetric ultrasound and ECHO has improved in July but underperformance is still primarily due to endoscopy delays. Staff shortages continue to delay recovery with recruitment of endoscopists ongoing. Performance is monitored closely by Wessex NHSE, B&A CCG and North East Hants & Farnham (NEHF) CCG in order to resolve the delays. A Contract Performance notice has been issued by NEHF to address the poor performance and a remedial action plan has been developed and submitted for review and approval by NHSE and the CCGs. <p>ASPH:</p> <ul style="list-style-type: none"> Additional endoscopy capacity using external Specialist GPS resources commenced in mid-June and its impact is noted with WAM performance now achieving the standard. From a Trust perspective the backlog was reduced ahead of trajectory by 4%. There remains risk however as additional pressure on follow-up capacity within Gastroenterology and Upper and Lower GI surgery will exist. The Trust is working with its contracted supplier to avoid unnecessary follow-up requests. The Trust is flagging that RTT performance remains at risk in the event that the demand for follow-up significantly exceeds supply, resulting in delay to outpatient appointments and the potential for additional breaches which is being closely monitored. 			
	CCG Exception Summary:			
	<p>B&A CCG :</p> <ul style="list-style-type: none"> Continue to not meet standard, due to endoscopy waits at FPH. See above section on FPH for explanation. 			
STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
A&E 4 hour waits (95%)	HWPH, FPH, RBFT	ASPH	n/a	n/a
	Provider Exception Summary:			
	<p>ASPH:</p> <ul style="list-style-type: none"> Missed the 95% standard for July at 93.2%, which is 0.13% ahead of trajectory. The Trust attends fortnightly meetings with the Systems Resilience Group (SRG). Delays caused by Delayed Transfers of Care (DTCs) and Complex Discharges are continuing to be recorded at a very high level impacting A&E performance. Implementation of a dedicated Urgent Care System Recovery programme is currently underway in conjunction with NW Surrey CCG to improve hospital patient flow. Key actions of the Urgent Care System Recovery programme include the following work streams : <ul style="list-style-type: none"> Revision of the ED Acute Referral to Specialty Policy to expedite clinical specialty review 			

	<ul style="list-style-type: none">○ Revision of Standard Operating Procedures to include innovation (Rapid Assessment & Treat, Acute Hub & Point of Care testing) - Initiatives to reduce patient ward Length of Stay & Early Supported Discharge○ Reduce Delayed Transfers of Care & Complex Discharges (including creation of an Integrated Discharge Team) - Create an Urgent Care Centre as the front door triage to A&E, &○ Create a Paediatrics Assessment Unit co-located with Paediatrics ED - Local health & social care providers (led by NW Surrey CCG) have engaged with change management consultants, Alamac.
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STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving (list)	CCGs Not Achieving
Cancer 2 Week Waits (cancer data a month in arrears) (93%)	HWPH, ASPH	RBFT, FPH	Slough, WAM, B&A	Nil
	Provider Exception Summary:			
<p>Royal Berkshire NHS Foundation Trust (RBFT):</p> <ul style="list-style-type: none"> Standards not met. Fortnightly meetings between the Trust, NHS England (NHSE) and CCGs to resolve the performance issues. Action plans from the Trust are now submitted to NHSE and the CCGs. Actions include : <ul style="list-style-type: none"> Capacity & Demand review Dermatology Consultant recruitment to 3 posts Breast Surgeon recruitment % cover for Maternity Leave 5th Endoscopy Room & 6 day working One stop hysteroscopy service. One stop clinics for breast and urology Outsourcing of dermatology 2WW <p>Frimley Park Hospital (FPH)</p> <ul style="list-style-type: none"> Early data indicates that FPH did not achieve 2WW in July for first time this year. This has been explored further at CQRM and indications are that the breach related to one patient. 				
STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
Cancer 31 day waits (cancer	HWPH, FPH, ASPH	RBFT	Slough, WAM, B&A	Nil
	Provider Exception Summary:			

data a month in arrears)	<p>RBFT:</p> <ul style="list-style-type: none"> • Did not achieve 31 day for diagnosis to first definitive treatment for all cancers. • Action plans from the Trust are now submitted to NHSE and the CCGs. Actions include : <ul style="list-style-type: none"> - Weekly Cancer PTL (Patient Treatment Lists) complied and discussed at weekly meeting chaired by Director of operations. - Executive led cancer task force with CCG participation to develop cancer recovery plans - Review of all 62 day pathways inserting key diagnostic milestones - Radiology 7 day working for CT & MRI. - 5th Endoscopy Room - Substantive onco-plastic breast surgeon - Outsource urological appointments/tests until One Stop Clinic agreed CCGS. - Dermatology See and Treat Clinics <p>Note: this also applies to RBFT breaches of the 31- and 62-day standards below.</p>			
STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
Cancer 62 day waits (cancer	HWPH, FPH	RBFT, ASPH	Slough, WAM, B&A	Nil
Provider Exception Summary:				

data a month in arrears)	<p>RBFT:</p> <ul style="list-style-type: none">• Did not achieve the 62 day wait from Urgent GP referral to first definitive treatment for cancer. <p>Note : see actions listed above for RBFT</p> <p>ASPH:</p> <ul style="list-style-type: none">• 62 day standards continue not to be met• The Trust recording the highest number of treatments ever in a single month. Preliminary breach analysis demonstrates a higher than usual incidence of complex pathways (patients undergoing multiple diagnostic tests and/or ambiguity over the primary site of cancer)• Multiple delays to treatment at tertiary centres and due to patient illness and unavailability also featured in July's breaches.• The Trust continues to deliver its Cancer Improvement Action Plan which aims to further address the recent issues regarding cancer performance. <p>FPH</p> <ul style="list-style-type: none">• Early M04 data indicates that FPH did not achieve the 62 day wait from Urgent GP referral to first definitive treatment for cancer.• 4 pathways are underperforming. Gynaecology this is due to complex diagnostics and use of tertiary site. Low numbers• Haematology – patients delayed as result of being referred by another specialty. Review of admin processes underway.• Head and neck impacted due to radiotherapy taking up to 30 days. Low numbers• Lung – with one patient form a cohort of 5 failing the standard. <p>Conformed data to follow.</p>
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STANDARD	Providers Achieving	Providers Not Achieving	CCGs Achieving	CCGs Not Achieving
Mixed Sex Accommodation (MSA)	HWPH, FPH,	ASPH, RBFT	Slough, WAM	B&A
	Provider Exception Summary:			
	ASPH: <ul style="list-style-type: none"> The breach occurred overnight in CDU with 3 patients affected (1 male & 2 female). The nurse in charge of one of the patients misunderstood use of a cubicle and believed any gender could use this cubicle. This was incorrect. Staff communication has been enhanced to prevent a reoccurrence. Privacy and dignity were maintained at all times. None of the patients affected were from East Berkshire. 			
	RBFT: <ul style="list-style-type: none"> Data submitted indicates 17 breaches but this is an extraordinary figure and is pending data validation. Update to follow. 			
	CCG Exception Summary:			
Stroke % patients spent 90% of time in Specialist Unit (80%)	Providers Achieving		Providers Not Achieving	
	RBFT, ASPH		HWPH	
	Provider Exception Summary:			
	HWPH: <ul style="list-style-type: none"> Not meeting <u>any</u> of the stroke standards. Figures for this indicator: April 69.0%, May 67.0%, June 47.0% , July 70% (for other indicators – see below) Consistently low scores reflected in the Sentinel Stroke National Audit Programme (SSNAP) data. CCGs giving strong challenge and have received an updated action plan at August CQRM. Consultant ED presence is not included in the model currently operated by HWPH. Stroke co-ordinator role in place but nursing vacancies mean difficult to cover 24/7. 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. CCGs have been assured that Trust Board is sighted on the continued issues and the improvement plan but overall this remains a significant concern and high on the CQRM monthly agenda. 			
	Providers Achieving		Providers Not Achieving	

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Stroke % patients admitted to Specialist Unit within 4 hours (95%)	Nil	HWPH, FPH, ASPH
	Provider Exception Summary:	
	<p>HWPH:</p> <ul style="list-style-type: none"> Figures: April 58.0%; May 74.0%; June 60.0%, July 73.0%. <p>FPH:</p> <ul style="list-style-type: none"> Local threshold is set at 80% by lead commissioner. Current achievement M04 is 77%, an improvement on M03 but still below target. Further intelligence requested and pending (stroke scorecard). <p>ASPH:</p> <ul style="list-style-type: none"> Improvement from 56% to 72% but still below target. NW Surrey CCG have issued a formal contract query notice in relation to this indicator; awaiting action plan from provider. Main causes: bed availability, delayed referrals. Interdependency between this and the A&E recovery plan; being monitored collectively through A&E recovery meetings. 	
STANDARD	Providers Achieving	Providers Not Achieving
Stroke % patients receiving swallow screen within 24 hours (95%)	No data for FPH, RBFT, ASPH	HWPH
	Provider Exception Summary:	
	<p>HWPH:</p> <ul style="list-style-type: none"> Figures: April 72.0%; May 78.0%; June 63.0%, 64.0% 	
STANDARD	Providers Achieving	Providers Not Achieving
Maternity C-Section rate (23%)	No data for ASPH	RBFT, HWPH, FPH
	Provider Exception Summary:	
	<p>HWPH:</p> <ul style="list-style-type: none"> Consistently achieved interim target of 27% in M02 and M03 and improved on this in M04 with 25.6%. Positive progress. C-Section Action Plan routinely scrutinised by commissioners. <p>FPH:</p> <ul style="list-style-type: none"> % has risen each month from 23.1% in April to 26.8% in July – emerging trend for discussion at next CQRM. <p>RBFT:</p> <ul style="list-style-type: none"> Consistently around 27% for M02, M03, M04. Down from 30% M01 	

STANDARD	Provider(s) Reporting:
	FPH
<p>Never Events</p>	<p>FPH Never Event ref 2015/26880 – Occurred in M03 – reported in M04: [Note, this summary was also included in last month's report for early awareness]</p> <ul style="list-style-type: none"> • Technically, “Wrong Site Surgery”; surgery commenced on the wrong patient (Ascot patient). • Summary of facts provided via 72 Hour Report; comprehensive investigation report pending. • 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.
STANDARD	Provider(s):
	BUCC, SCAS
<p>Contract Performance / Information Breach Notices</p>	<p>Bracknell Urgent Care Centre (BUCC): A Contract Performance Notice (CPN) was issued to BUCC as follows: “The Clinical Commissioning Group have been notified that there was no GP cover on 1st July 2015 and 27th July 2015 for part or the whole of the day on each date. One Medicare Ltd were asked about any lack of GP cover in the preceding 3 months at the contract review meeting on 11th August 2015, assurances were provided by Christian Ellwood and recorded in the minutes that there had been no gaps in GP cover.” A subsequent meeting established that there had been an internal communication failure within BUCC and that the assurances given to commissioners had been made in good faith. BUCC is also now able to bring in locums at short notice (they had previously needed central authorisation).</p> <p>South Central Ambulance Service (SCAS): SCAS were issued with an Information Breach Notice by the Berkshire West CCGs in relation to several Quality Schedule items and one CQUIN data submission which had not been received by August 2015. SCAS subsequently responded satisfactorily within the stipulated timescale.</p>