

Title of meeting								
Date of Meeting		Paper Number						
Title		East Berkshire Providers Quality Report : June to July 2015						
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 Quality commissioned services.						
The Governing Body is required to (please tick)								
Approve	<input type="checkbox"/>	Receive	<input type="checkbox"/>	<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 Quality team have responded to the Governing bodies reflections on the previous Quality reports and are now providing a bi-monthly report. This new Quality report will complement the Chairs report by looking at the key issues in the previous 2 months, by providing a background to the issue, 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"> • Performance against the CQUINs and Quality Schedule from provider organisations • Incident & near miss reporting (including serious incident investigations) • Complaints & compliments 	



- Patient Advice and Liaison Service (PALS) contacts
- Patient and Public Involvement and experience
- Review at Clinical Quality Review Meetings (CQRM)

The purpose of this paper is to report key Quality issues identified and reported for April to May 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

June to July 2015

For the CCGs in East Berkshire

September 2015

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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 June and July 2015. The report compliments the Chairs report by looking at the key issues in the previous 2 months. This analysis provided through a chart with the relevant data over if possible a 12 month timescale, by providing a background to the issue, assurances given by the Providers and mitigating actions. The data will be 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.

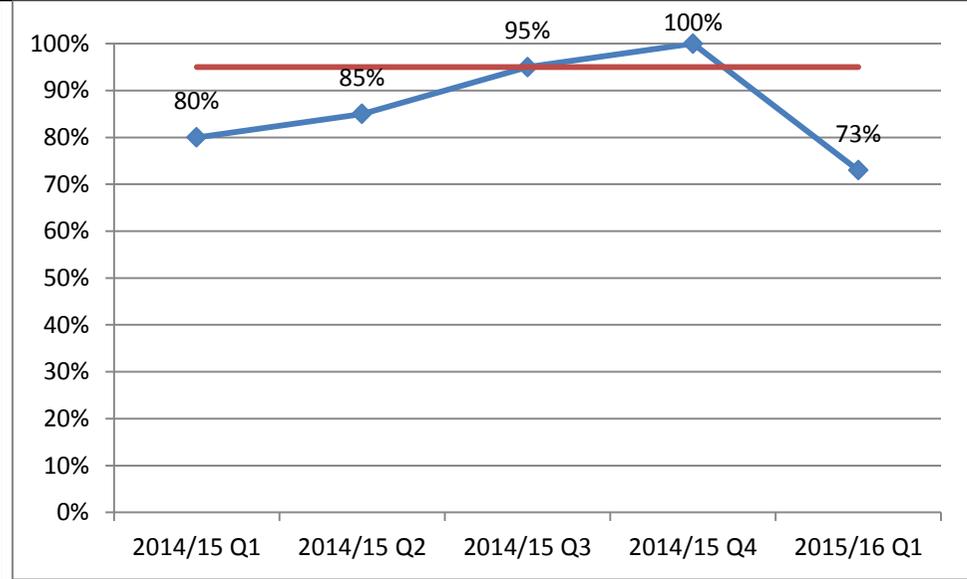
Non Acute Trusts

Berkshire Healthcare NHS Foundation Trust

Looked After Children					
Bracknell Forest			RBWM		
		Apr-15	May-15	Jun-15	Jul-15
Within 20 Miles	Initial Assessments	100%	50%	100%	100%
	Initial Assessment Threshold	78%	78%	78%	88%
	Under 5 Review	100%	100%	100%	100%
	Under 5 Review Threshold	68%	68%	68%	78%
	Over 5 Review	100%	90%	100%	100%
	Over 5 Review Threshold	68%	68%	68%	78%
Outside 20 Miles	Initial Assessments	0%			0%
	Under 5 Review	100%			
	Over 5 Review	50%		0%	0%
		Apr-15	May-15	Jun-15	Jul-15
Within 20 Miles	Initial Assessments	100%	100%	71%	100%
	Initial Assessment Threshold	61%	61%	61%	71%
	Under 5 Review	100%	0%	100%	100%
	Under 5 Review Threshold	66%	66%	66%	76%
	Over 5 Review	100%	82%	100%	100%
	Over 5 Review Threshold	66%	66%	66%	76%
Outside 20 Miles	Initial Assessments				
	Under 5 Review	0%			
	Over 5 Review	0%		0%	0%

Slough		Apr-15	May-15	Jun-15	Jul-15
Within 20 Miles	Initial Assessments	70%	71%	100%	60%
	Initial Assessment Threshold	60%	60%	60%	70%
	Under 5 Review	50%	77%	100%	100%
	Under 5 Review Threshold	75%	75%	75%	85%
	Over 5 Review	50%	40%	100%	100%
	Over 5 Review Threshold	75%	75%	75%	85%
Outside 20 Miles	Initial Assessments	0%	0%		0%
	Under 5 Review		0%	0%	100%
	Over 5 Review	100%		25%	66%
<i>N.B. Individual blank cells mean there were no assessments due in that month</i>					
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.					
Assurance			Mitigating Actions		
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.			Through an increased profile, BHFT are delivering more assessments in a timely manner and liaising with Social Services to work to ensure that information is received by the Looked After Children team earlier to aid in booking assessments.		

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, an action plan has been produced and an update will be provided as part of the Q2 submission.

Assurance

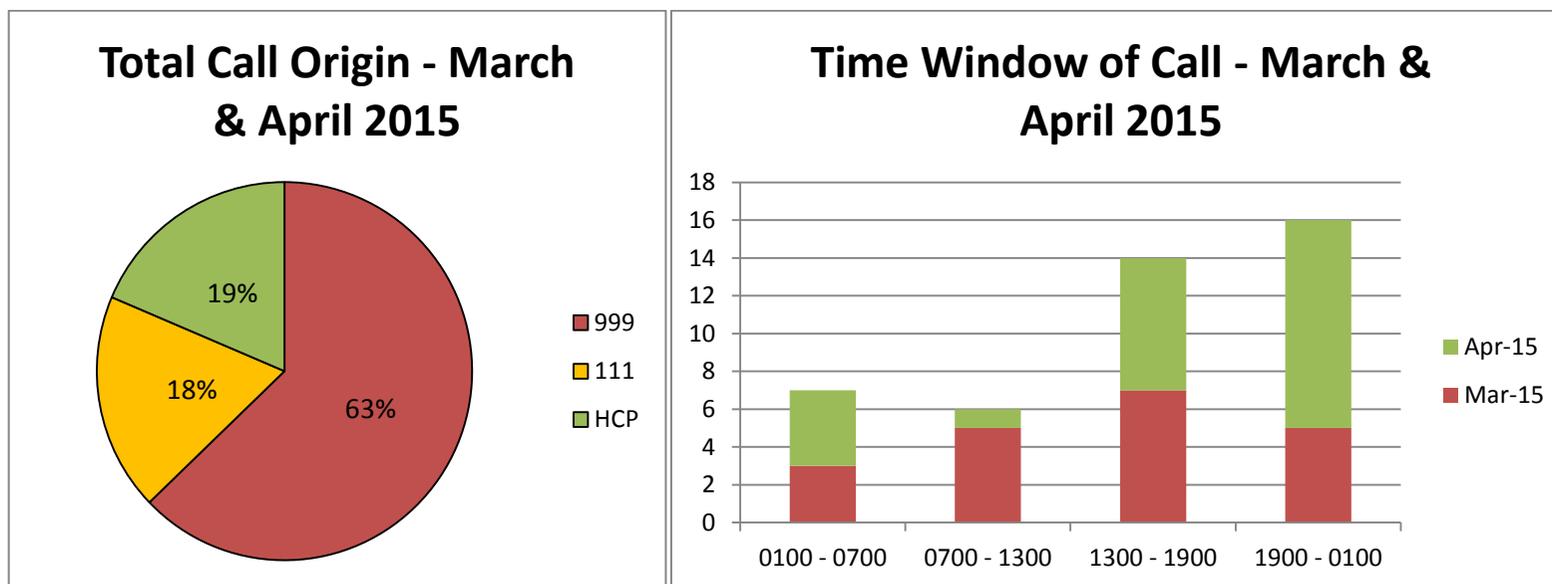
The completion of falls risk assessments will be monitored by the Quality Schedule on a quarterly basis.

Mitigating Actions

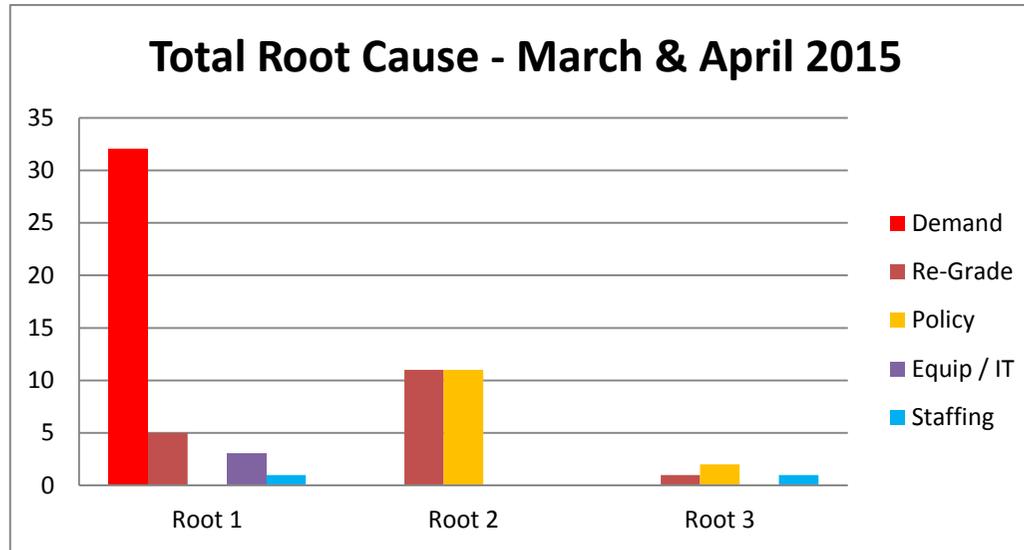
BHFT have implemented an action plan where the Nurse in Charge will check to ensure that falls risk assessments are completed within 3 hours of admission, there will also be daily checks of records and escalation of any cases of non-compliance.

South Central Ambulance Service NHS Foundation Trust

South Central Ambulance Service (SCAS) have undertaken an audit on Long Waits. Forty three long waits in March and April 2015 were reviewed to identify the origin of the call, if the priority of the call was regraded and the root cause for the long wait.



Approximately two-thirds of the calls originate in the 999 service, with the remainder split between NHS111 and the Health Care Professional line. The majority of the calls (30) are received between 1pm and 1am, 72% of the calls are originally graded for a Green response of between 30 and 60 minutes. Half of the calls are then subsequently regraded, the majority due to either a welfare check by a SCAS Emergency Operations Centre clinician, or due to a change in the patient's condition.



The root cause for the delay has then been produced, which has shown that overall demand at SCAS has impacted on the waits, with SCAS being at a recognised escalation level in 68% of these cases, and no escalation level was recorded in the remaining 32%. The secondary root causes, are split between calls being regraded, and policy barriers. Policy barriers include protected resources and protected meal breaks. The average wait time is detailed below.

	Average Wait Time
March 2015	1:55
April 2015	2:04

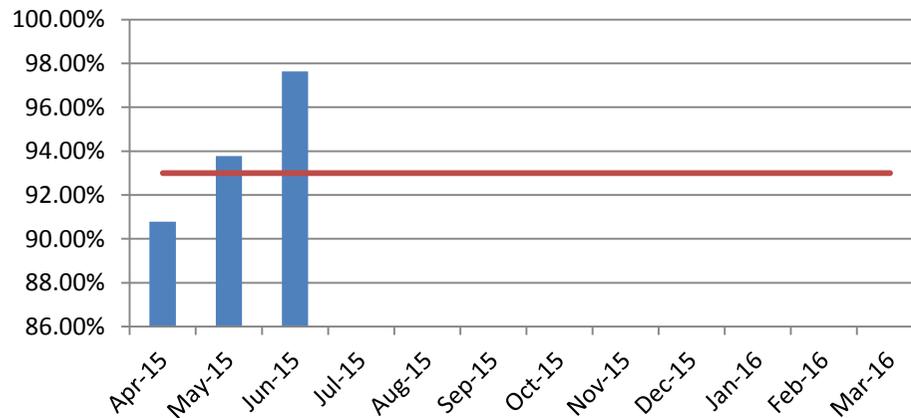
Acute Trusts

Frimley Health NHS Foundation Trust

Heatherwood & Wexham Park Hospitals

Issue: Improved Performance on Two Week Wait Cancer Referrals (93% Operating Target)

Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment



Background

HWPH breached the 93% operating target in April 2015 (91% achieved). From discussions at CQRM the Trust indicated that the Easter bank holidays and patient choice had impacted performance. Commissioners were monitoring whether performance on this indicator recovered, and whether the issues cited by the Trust impacted on the 31 and 62 day indicators. Since April, HWPH have achieved improved figures, achieving above target on this indicator and maintaining compliance with 31 and 62 day indicators. (Note: Cancer waits data is in arrears, so the data here is up to June 2015.)

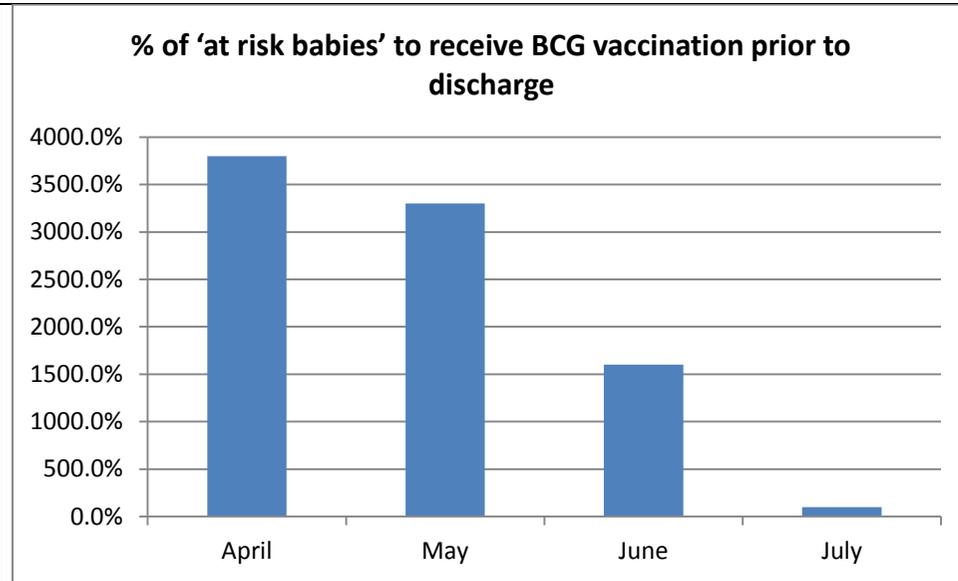
Assurance

- Continued scrutiny of performance on all cancer waiting time indicators via contract management.
- CQRM will be sighted on specific tumour pathway improvement plans (in development).
- Berkshire East Cancer Steering Group
- Slough CCG Cancer Project

Mitigating Actions

- Trust has provided an information leaflet for use by GPs to advise patients of the importance of attending an appointment offered within two weeks.
- Slough CCG ACE project (Acceleration, Coordination and Evaluation)
- Cancer training and education for Slough practices, via masterclasses and STEPS events
- Consideration being given to roll out of similar initiatives in the B&A and WAM CCGs.

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.

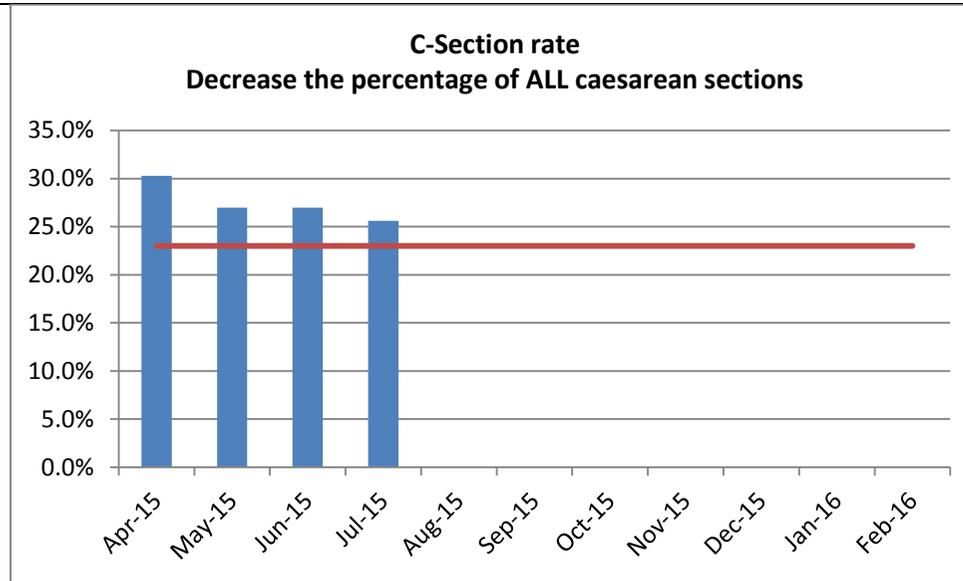
Assurance

- Raised at CQRM and discussed in detail at the Obstetrics and Gynaecology Group.
- Discussed at the Service and Performance forum and TB meeting.
- Trust confirmed process for ensuring BCG vaccine will be administered to those babies most at-risk. An updated on these arrangements and numbers of babies followed-up has been requested for the September CQRM.

Mitigating Actions

- Scheduled clinics to maximise vaccine use.
- Targeting follow-ups to prioritise the most at-risk babies.

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 quarter 4. The 27% interim target was achieved in May and June, and further improvement was seen in July 2015, the Trust achieving 25.6%. This is positive progress.

Assurance

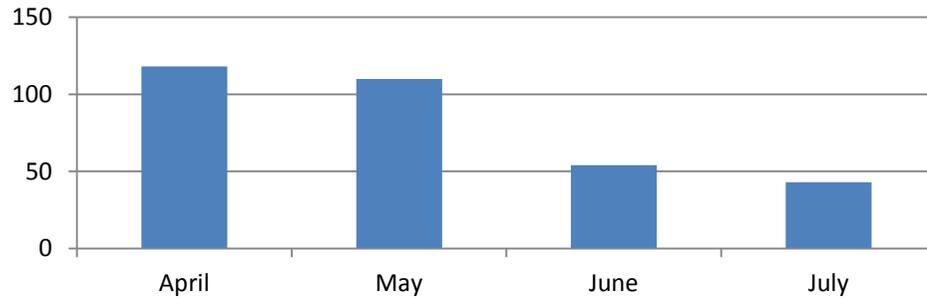
- Regular item for discussion at the CQRM with the action plan being regularly reviewed and updated.
- Detailed presentation of the progress on the action plan at the Obstetrics and Gynaecology Group.

Mitigating Actions

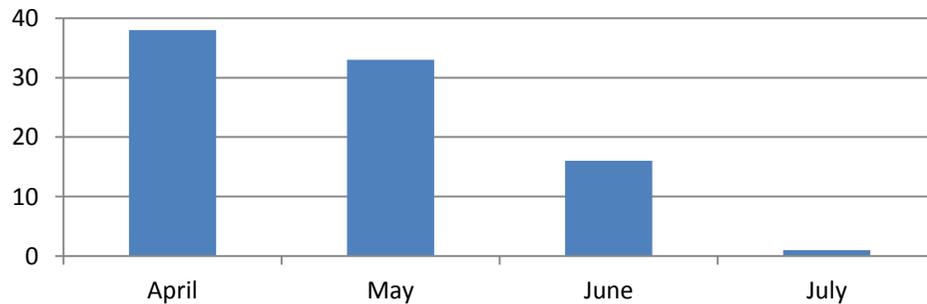
- Updated maternity action plan.
- Increased consultant presence on the Labour Ward.
- Greater consultant obstetrician oversight of all decisions to perform emergency C-section.
- Focus on instrumental delivery, supported by the purchase of new ventouse machine.

Issue: Ambulance handovers at A&E exceeding threshold times

A+E Ambulance Handovers - number exceeding 30 minutes



A+E Ambulance Handovers - number exceeding 60 minutes



Background

These targets have been consistently breaching, but the Trust has cited an issue of data validation with SCAS. The Trust says that new processes would both ensure escalation of any delays and enable agreed HWP/SCAS validated figures to be produced to give an accurate picture of performance (see assurances and mitigating actions below). Recent co-ordination between HWP and SCAS correlates with an improvement in performance figures, particularly for the 60 minute measure. The first jointly validated figures are expected in September.

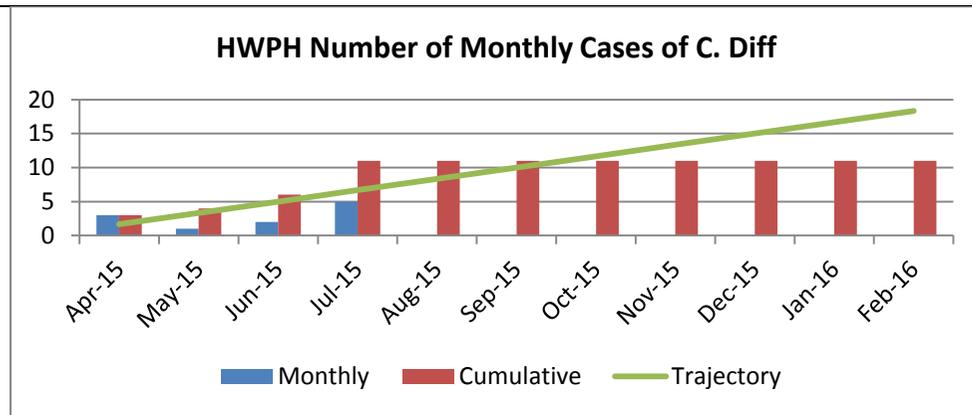
Assurances

HWP will submit figures that have been jointly validated with SCAS via their next Quality Schedule submission.

Mitigating Actions

- New Standard Operating Procedure agreed between HWP and SCAS to ensure fast and effective escalation of delayed handovers at time of occurrence.
- Regular HWP / SCAS liaison meetings.
- In-ambulance medical and nursing triage happening when ambulances waiting outside A+E.
- Joint data-validation between HWP and SCAS.

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



Background

- The HWPB site has been set a target of no more than 20 C. diff cases in 2015/16.
- Current performance at July 2015 is 11 cases, which would indicate a trajectory towards 33 cases for 2015/16.

Assurance

- CQRM monitoring implementation of revised anti-microbial stewardship arrangements. Update due at September CQRM.

Mitigating Actions

- Review of antibiotic prescribing policy underway, with community services' involvement

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.

Assurance

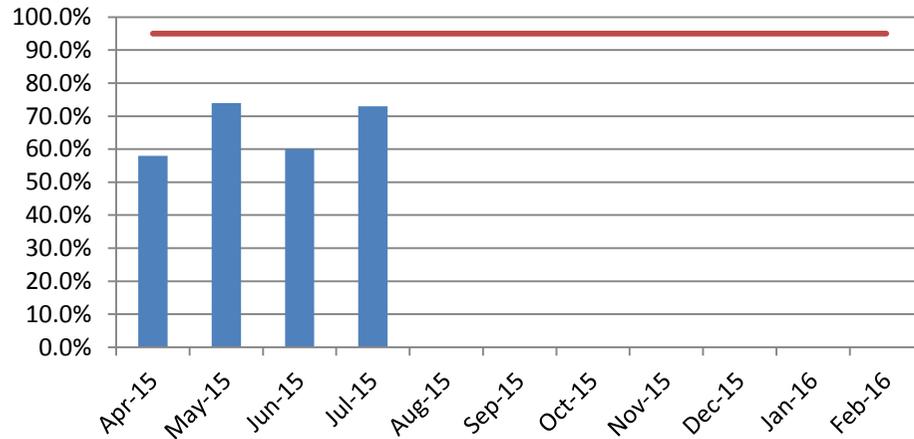
Validated training figures split by site are expected for October 2015 CQRMs (FPH and HWPB).

Mitigating Actions

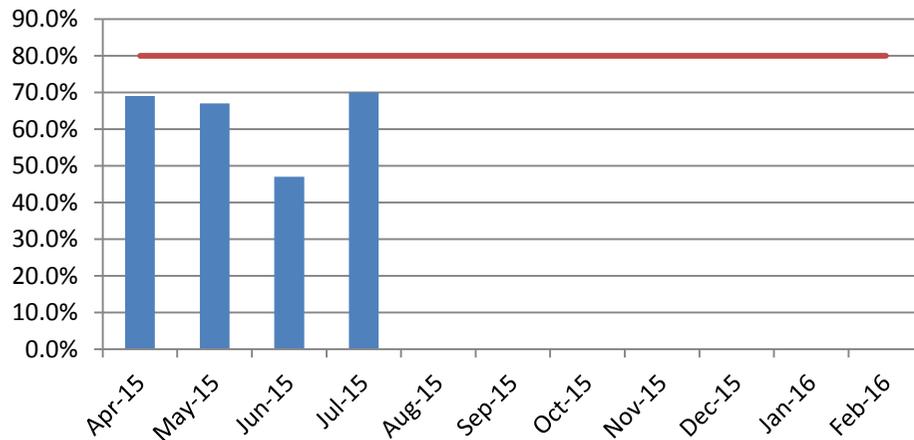
Money identified for Level 2 and 3 training at Wexham Park and external trainer appointed. Targeted training being delivered as a priority for high risk areas – MAU / AMU, ED, Elderly Medical.

Issue: Stroke targets not being met

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



% 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.

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.

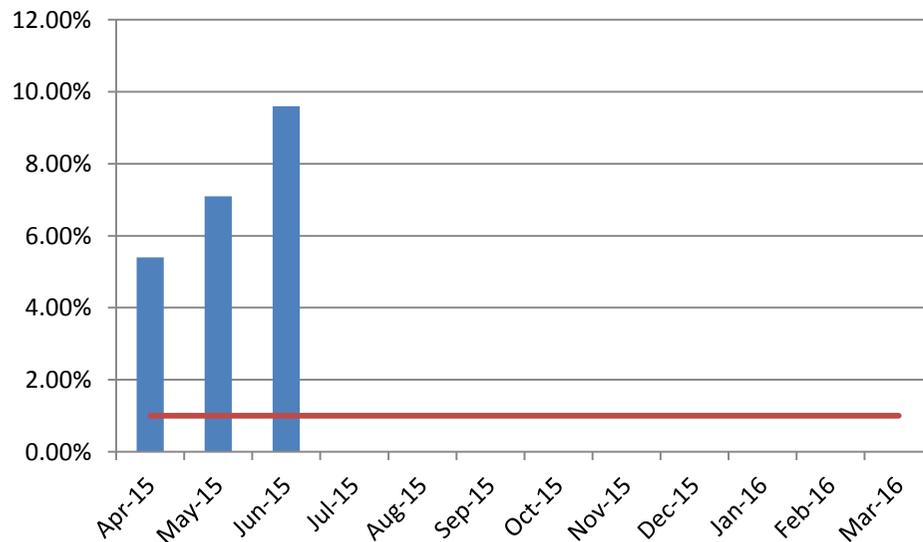
Mitigating Actions

- 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 (but nursing vacancies mean difficult to cover 24/7).
- 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 HWPB).
- Trust to facilitate discussions with the relevant Local Authorities and CHC teams around decreasing the length of stay in the acute setting.

Frimley Park Hospital

Issue: Diagnostic waits exceeding 6 week threshold

6 Week Diagnostic Waits (target <1 %)



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 is establishing a recovery trajectory and will confirm this with NHS England.

Mitigating Actions

- Recruitment of endoscopists is underway.
- Contingency plans being scoped; a plan involving use of Heatherwood endoscopy is one option but the initial proposal from FHFT has not been accepted as it would not include Frimley-based consultants for patients.

Safeguarding Training below threshold

Safeguarding Children training June 2015

	Level 1	Level 2	Level 3	Level 4	Overall compliance
Meets requirement	1128	2252	496	2	3878
Does not meet requirement	1030	2815	508	3	4356
Total Requiring	2158	5067	1004	5	8234
% Compliance	52%	44%	49%	40%	46%

Adult safeguarding training figures as at 1 July 2015 with a total head count of 8275 staff for Frimley Health NHS Foundation Trust

Level of Training	Total applicable to	Total number trained	Percentage compliant
Level 1	4362	2515	57.66%
Level 2	3583	624	17.42%
Level 3	329	54	16.38%
Level 4	1	1	100%

Background

The Commissioners have not been sighted until the July CQRM on the FPH safeguarding training figures following the move over to the WIRED system for recording training for staff. At the July CQRM the report showed that the training figures were not good. WIRED system still making it impossible to break down training figures by site, and very time consuming to break down by professional group. The figures shown are the latest available, with further data for all FHFT sites not expected until October 2015.

Assurance

Validated training figures split by site are expected for October 2015 CQRMs (FPH and HWPB).

Mitigating Actions

Training sessions being held x3 weekly at FPH. Targeted training being delivered as a priority for high risk areas – MAU / AMU, ED, Elderly Medical.

Choose and Book

Clinical Concerns had a number of incidents reported to it on Choose and Book. This involved the management and administration of Choose and Book and the consequent delay in referrals. The Trust had an improvement plan and to also move to NHSe electronic platform. Following the implementation of NHSe there were significant technical problems with the new NHSe electronic platform. On Day 3 of implementation the contingency plan had to be invoked and the Trust had to ask GPs to go back to paper and fax through the referrals. There is however no evidence there was any impact on patient safety / quality. The Trust has moved services gradually back to the platform and no quality impact has been identified to date. An increase in complaints and PALs contacts relating to appointments during Q1 is being explored further to assess relationship with this issue and with Endoscopy delays.

Never Event

FPH Never Event ref 2015/26880 – Occurred in June 2015 – reported in July 2015:

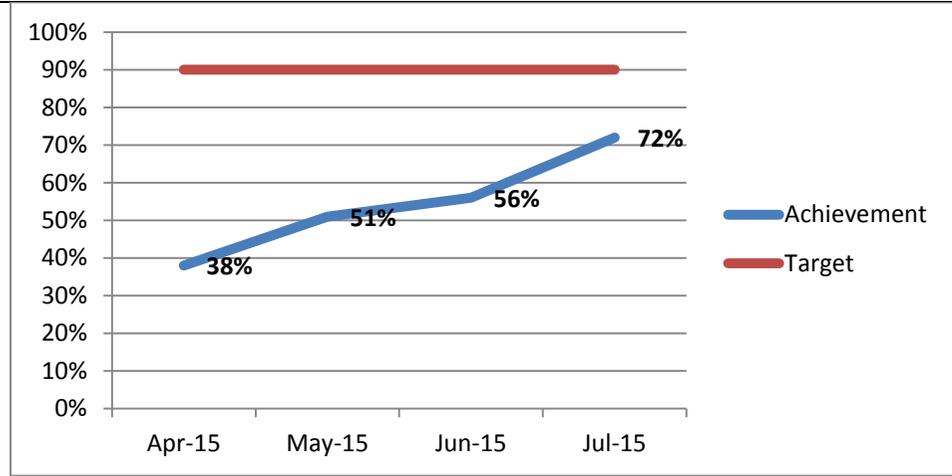
- Technically, “Wrong Site Surgery”; surgery commenced on the wrong patient (Ascot patient).
- Summary of facts provided via 72 Hour Report; comprehensive investigation report pending.
- Patient A and Patient B both due for same procedure on same day - insertion of Endovascular Aneurysm Sealing System (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.

Royal Berkshire NHS Foundation Trust

At the September Quality Committee meeting Debbie Daly the Director of Nursing for CCG's in the west of Berkshire is to present a paper on the Quality of services at the Royal Berkshire NHS Foundation Trust including the cancer waits action plan. A detailed paper is submitted to the committee.

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

ASPFT have been underachieving with this target. The main contributing factor is bed state capacity issues including unavailability of ring fenced beds. A further factor was delays in decision making about referral to the Stroke Unit.

July's 'Proportion of patients admitted to a stroke ward within 4hrs' performance has improved to 72% (up from April's 38%, May's 51% & June's 56%).

Assurance

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

The Acute Medicine and Emergency Services Davison will continue to monitor 4 hour breaches weekly and where there are delays in referrals this will be addressed with the clinical team.

A revised escalation protocol for ring-fencing beds within the stroke ward was implemented from mid-June with good effect, although non-elective bed pressures during June & July required stroke ward beds to be used to avoid patients waiting in A&E (including overnight DTA's).

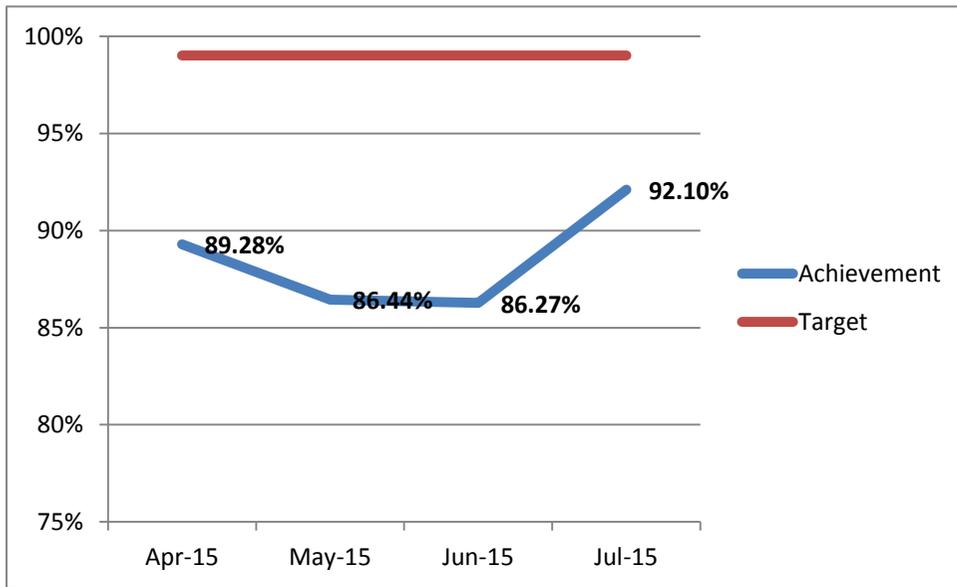
Mitigating Actions

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 colleagues, with regular monitoring & feedback of breaches to reduce re-occurrence

EB4 - Percentage of diagnostic waits < 6 weeks



Background

The Trust missed the 99% target for July (92.1%) specifically as a result of pressures in Endoscopy.

Additional endoscopy capacity using external specialist GPS resources commenced mid-June with good progress reducing the backlog, being 4.1% ahead of the agreed recovery trajectory (88%) at the end of July.

The result of the delivery of additional endoscopy activity over an intensive short term timeframe has resulted in additional pressure on follow-up capacity within Gastroenterology, as well as Upper and Lower GI surgery where these services have scheduled additional capacity to accommodate the rise in requests for follow-ups.

Assurance

NW Surrey CCG are also implementing their own plans for demand management with a GP led revised protocol for reducing endoscopy referrals although this has provided limited benefit thus far with average only 3 referrals per week being prevented (min 14 pw expected).

Mitigating Actions

The Trust is also working with its contracted supplier to avoid unnecessary follow-up requests. Despite this, there remains a risk to RTT performance in the event that the demand for follow-up significantly exceeds supply; the resultant effect would be a delay to outpatient appointments and the potential for additional breaches which is being closely monitored.

London Contracts

	Barts	Chelsea & Westminster	Epsom & St. Heller	Great Ormond Street	Guy's & St. Thomas	Hillingdon	Imperial	Kings	Moorfields	North West London	Royal Brompton	Royal Free	Royal Marsden	RNOH	St. George's	UCLH	Wandsworth
Has this London provider been subject to enforcement action by the CQC?	Red	Yellow	Green	Green	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Green	Green
Has London provider been flagged as a 'quality compliance risk' by Monitor and/or are requirements in place around breaches of provider licence conditions?	Green	Green	Green	Green	Yellow	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Has London provider been subject to enforcement action by the NHS TDA based on 'quality' risk?																	
Does feedback from the Friends and Family test (or any other patient feedback) indicate any causes for concern?																	
Has the provider been identified as a 'negative outlier' on SMHI or HSMR?																	
Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero in the current month?	Yellow	Green	Yellow	Green	Yellow	Green	Yellow	Green	Yellow	Green	Yellow	Green	Green	Yellow	Yellow	Green	Green
Do provider level indicators from the National Quality Dashboard show that the provider has reported more C difficile cases than trajectory?	Yellow	Green	Green	Green	Yellow	Green	Yellow	Green	Yellow	Green	Yellow	Green	Green	Green	Yellow	Green	Green
Do provider level indicators from the National Quality Dashboard show that MSA breaches are above zero?																	
Does provider currently have any unclosed Serious Untoward Incidents (SUIs)?	Yellow	Green	Yellow	Green	Green	Yellow	Green	Green	Yellow	Green	Yellow	Green	Green	Yellow	Green	Green	Green
Has the provider experienced any 'Never Events' during the last quarter?	Yellow	Green	Green	Yellow	Green	Green	Yellow	Green	Yellow	Green	Yellow	Green	Green	Yellow	Green	Green	Green
Is provider meeting the 15% response rates on FFT ?																	

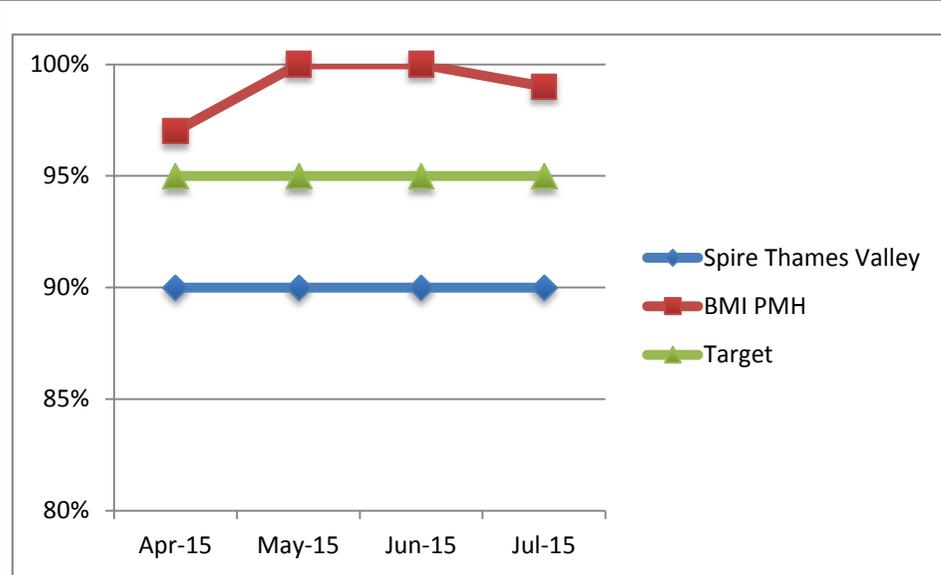
Barts Health NHS Trust were visited by CQC in May 2015 and have been placed into Special Measures as a result of findings at Whipps Cross Hospital. The CQC raised concerns regarding staffing levels, morale and a culture of bullying, high bed occupancy and failure to meet national waiting time standards. Barts Health NHS Trust have to address the Warning Notices by 23 August and will meet with CQC after this to review the changes made.

King's College Hospital NHS Foundation Trust have been issued with a letter from Monitor advising of breaches of the provider's licence conditions, regarding corporate governance and financial management standards. King's College Hospital have been set actions around these breaches, including a short term recovery action plan, a strategic plan for long term sustainability and KPIs to monitor the impact of these plans.

Independent Providers - BMI Princess Margaret Hospital, Spire Thames Valley & BUPA Henley Suite

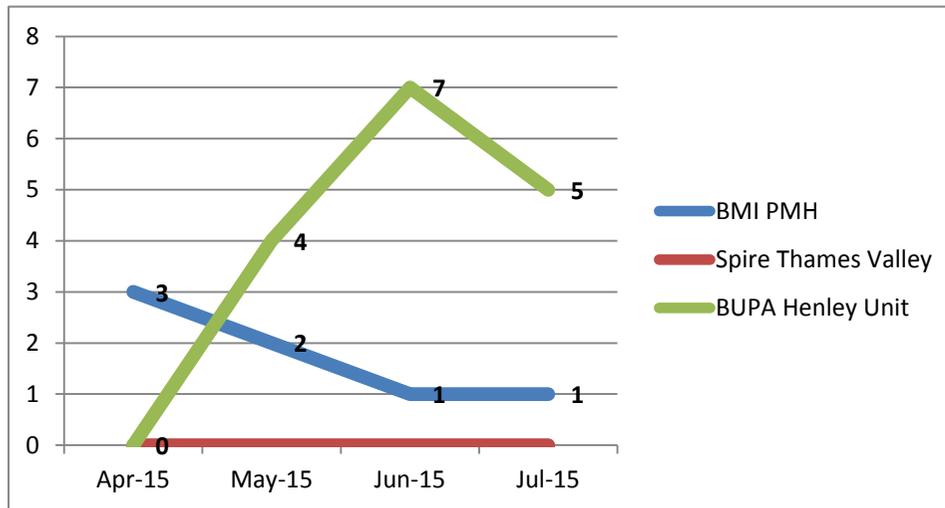
95% VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE (National Quality Requirement)

Not applicable to BUPA Henley Unit as they are not an Acute Service.



The graph shows that BMI Princess Margaret Hospital has achieved above the required national target. Whereas Spire Thames Valley have failed to achieve the target. The provider has stated that this was due to the high usage of agency staff and not having a permanent ward manager in post. To mitigate, the provider has now appointed a new ward manager and reduced the number of agency staff and therefore expects the target to be achieved going forward.

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. In June, an incident was reported where a patient had a nerve root block carried out on the wrong side (left side). Consultant advised patient what had occurred and then undertook procedures on correct side. This was discussed with the provider and it was agreed that it did not meet SI or Never Event criteria. However the hospital has treated this seriously in line with our incident policy and processes. The patient had no ill effects immediately after the injection and was discharged in the evening. Patient has recovered well and the provider has taken the appropriate actions.

BUPA Henley Unit has reported the highest amount incidents for this period. These incidents were all patient falls which did not result in harm.

No SIs
No Never Events

Bracknell Urgent Care Centre

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.

Due to an ongoing issue regarding the time to clinical contact KPIs not being achieved an action plan has been produced by BUCC to implement changes to ensure patients are seen within the specified times. This has been produced with the support of the Quality team and some actions have already been implemented to ensure more timely monitoring of the time patients wait for initial clinical contact.

