

Integrated Quality and Performance Report

M06 2018-19 Report (September)

Governing Body

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Month 06 Report

This is the month 06 (September 2018) report as this is the latest month for which nationally verified and provider data is available.

Some services can be tracked more frequently and where more recent performance is known it may be included or commented on in the report.

There may also be incidences where data is not available, and therefore the most recent is presented within the report.

Please note, this is a public report.

2. Quality Dashboard: Patient Safety

Theme	Indicator	Measure	Data frequency	Target	Period	RBFT	HHFT	GWH	BHFT	
Patient Safety	Number of never events	Number of never events = zero	Monthly	0	Sep-18	1	0	1	0	
					Q2	1	0	3	0	
					17/18	2	1	0	0	
					YTD	2	0	4	0	
	RBFT - The Trust reported 1 Never Event in September – retained guide wire in Cardiology. Investigation is underway. HHFT - Nil reported by Trust in Sep-18. GWH - One Surgical Procedure incident Never event reported by the Trust in Sep-18. This is the third incident of this type that has been raised by the Trust since Aug 2018. Following a review of patients who had undergone a surgical fixation of their forearms identified that this patient has had a reconstruction plate fitted and not a DCP as per the clinical plan. BHFT - Nil reported by Trust in Sep-18.									
	Number of serious incidents	Number of reported serious incidents	Monthly	N/A	Sep-18	6	3	1	9	
					Q2	13	29	5	19	
					17/18	66	46	27	75	
					YTD	34	45	17	36	
	RBFT - Trust reported 6 SIs in Sep-18 (One Apparent/actual/suspected self-inflicted harm SI, one Diagnostic incident, 2 Sub-optimal care of the deteriorating patient, one Surgical/invasive procedure incident and one Treatment delay). BHFT - Trust reported 7 Mental Health and 2 Community West SIs in Sep-18 (One Abuse/alleged abuse of adult patient by staff, 5 Apparent/actual/suspected self-inflicted harm SIs, one Diagnostic incident including delay SI, one slip/trips/fall, one Sub-optimal care of the deteriorating patient SI). HHFT - Trust reported 3 SIs in Sep-18 (One pressure ulcer, one slip/trip/fall and one treatment delay). The lead CCG are monitoring SIs closely following the noted increase reported during in August (17). Investigations are currently on-going, However, Indicative themes appear to be around workforce issues which was identified as part of the CQC inspection in June and September. A robust action plan is being monitored via HHFT board level and CQRM. Quality assurance visits have been planned to gain further assurances. Action planning meetings have been set up to ensure actions are being embedded. GWH - Trust reported one SI in Sep-18 (Surgical/invasive procedure incident).									
Reportable Pressure ulcers G3 & G4	Number reported	Monthly	N/A	Sep-18	0	0	0	0		
				Q2	0	6	2	0		
				17/18	5	3	6	2		
				YTD	2	11	10	0		
RBFT- Nil reported by Trust in Sep. BHFT - Nil reported by Trust in Sep, learning summit paper presented by the Trust within the ICS SI panel HHFT - Nil reported by Trust in Sep. GWH - Nil reported by Trust in Sep.										
Falls (as SI's)	Number reported	Monthly	N/A	Sep-18	0	1	0	1		
				Q2	0	5	0	1		
				17/18	16	19	1	7		
				YTD	2	12	0	4		
RBFT - No falls reported in Sep. BHFT - One fall reported in Sep. HHFT - One fall reported in Sep. GWH - No falls reported in Sep.										
C.diff	Number of Clostridium Difficile	Monthly	As per provider	Sep-18	1	1	1	1		
				Q2	4	11	8	0		
				17/18	23	24	25	0		
				YTD	10	12	16	1		
RBFT -1 Trust apportioned case of Clostridium difficile (C.diff) was reported for September 2018. The total number of cases reported to date for 18/19 stands at 10, against an upper limit of 26 for the full year. HHFT - 1 cases in month HHFT had fallen within trajectory for 2018/19. BHFT -To date one case reported in September in West on Ascot Ward, lapse in care identified. GWH - 1 case of Clostridium Difficile was attributed to Acute Services at GWH during September 2018. Co-amoxiclav continues to be a high use antibiotic and other treatment options being explored by Antimicrobial working group. Work has commenced as a QI project looking at antimicrobial usage within Planned Care and Unscheduled Care to reduce the amount of broad spectrum antibiotics used.										
MRSA	Number of MRSA Bacteraemia	Monthly	0	Sep-18	0	0	0	0		
				Q2	0	0	0	0		
				17/18	2	0	0	0		
				YTD	0	0	0	1		
Nil reported for all providers for September 2018										

VMP M06

VMP M06

3. Quality Dashboard: Patient Experience

Theme	Indicator	Measure	Data frequency	Target	Period	RBFT	HHFT	GWH	BHFT
Patient Experience	Mixed sex accommodation (MSA) breaches	Number of breaches = 0	Monthly	0	Sep-18	41	11	0	0
					17/18	1565	109	148	0
					YTD	466	99	6	0
					RBFT - Reporting has changed from July to exclude the Observation Bay. BHFT - Reported no MSA breaches in September HHFT - The Trust had 5 mixed sex breaches in month, these occurred in the Endoscopy Unit.. The trust has developed a stand alone MSA policy due to be ratified following the recommendations from the recent CQC inspection. GWH - There were no MSA breaches reported in September 18.				
	Complaints	Number of complaints received	Monthly (month in arrears)	N/A	Sep-18	23	71	104	26
					17/18	228	552	1240	204
					YTD	130	427		105
	RBFT - Of the complaints closed in September; 2 were well founded, 1 was partially well founded and 2 were unfounded. BHFT - Trust had 26 formal complaints in September 8 were about community health services, 18 about mental health services. GWH - 196 concerns and complaints were received during September 2018 a decrease on last month. Top service areas which received the majority of concerns, complaints for September 2018 Booking Centre 13 (7%), Orthopaedic OPD 12 (6%), Gastro 11 (6%), Urology 10 (5%). Top themes highlighted from Concerns and Complaints for September 2018: Cancelled 25 (13%), Communication 22 (11%), Waiting time 20 (10%), Behaviour of staff 17 (9%), Telecommunications 16 (8%).. HHFT - There has been an increase in complaints in month, a deep dive is underway. A review of closed complaints noted a particular theme around staff attitude. Bespoke training is being targeted to specific staff groups with use of actors and front house staff to receive training in responding to emails and managing difficult phone call conversations.								
	Clinical concerns	Percentage of concerns responded to within 30 working days	Monthly (month in arrears)	>90%	Aug-18	100.0%			100%
					YTD	-			85.0%
RBH- response rate has reduced to 89% in the month of August. Response from the Trust remains outstanding at the time of writing. BHFT - 1 due closure in September and responded (100%).									

Public/Patient Engagement

CCGs have a number of routes for gaining Public and Patient Engagement information which include reports by partner organisations, such as Patient Participation Groups and Healthwatch, in support of the Patient Engagement Strategy which are presented to the Governing Body. Additionally within the Clinical Quality forums there are patient stories presented by the provider and a discussion relating to this regarding assurance actions taken where required.

4. Quality Dashboard: Clinical Effectiveness

Theme	Indicator	Measure	Data frequency	Target	Period	RBFT	HHFT	GWH	BHFT
Clinical Effectiveness	VTE assessment	Achieved for at least 95% of patients	Quarterly	95%	Q2	96.5%	95.9%	99.8%	
	RBFT - Above target for VTE assessment. HHFT - above target for VTE assessment. GWH - maintains above target for VTE assessment								
	Fractured neck of femur	% in theatre within 36 hours	Monthly	85%	September	68.1%			
	The Neck of Femur (NOF) performance continues to be a challenge with a consistent pattern of contributing factors ie patients on anticoagulants requiring a 48 hour period to come off them, weekend capacity including the sub-speciality issue and a high volume of patients attending. Key improvements recently have been investment in the additional TPN (training role) and administrative support in October. This remains under constant review by the Trust and actions taken to reduce breaches of this standard wherever possible. A full report examining the options for improvement will be considered at the Quality Committee in December.								
	Staff turnover	Staff turnover rate (%)	Quarterly	Provider target	Q2	14.6%	13.1%	11.0%	16.6%
RBFT -There has been a slight increase in turnover this month of 0.5% giving a figure of 14.9%. The Trust are exploring new ways of finding out why staff decide to leave to help us address the reasons HHFT - Turnover at 13.20% has reduced from the previous month which was 13.67% which is at its highest level in the last 12 months. GWH - Turnover has been slowly reducing across Q1 and Q2 to the 11% target set internally within GWH. BHFT - Retention programmes are progressing. The premia being paid for PICU is seeing staff move from other wards.									
Sickness absence	Sickness absence rate against provider target (%)	Quarterly	Provider target	Q2	3.3%	3.77%	3.7%	3.8%	
RBFT- A small reduction in the sickness rates this month, in line with last August so seasonally consistent. HHFT - The end of month sickness rate in September is 3.77% and slightly lower than the reported position at the end of August (3.80%). GWH - Sickness rates have reduced and are slightly above the internal target of 3.5%, this is in line with seasonal variation and last year's sickness rates. BHFT - The Trust wide sickness rates for Q2 show a stable position at 3.84%.									

4A. Quality Dashboard: Clinical Effectiveness

Theme	Indicator	Measure	Data frequency	Target	Period	RBFT	HHFT	GWH	BHFT
Clinical Effectiveness	Vacancies	Vacancy rates (%)	Quarterly	Provider target	Q2	7.9%	12.2%	9.5%	9%
	<p>RBFT - The vacancy rate remains the same this month at 8.3%. We have 41 new starters currently booked in to join the Trust in October, with another 180 going through pre-employment checks with the aim of starting before the end of the financial year. The Trust attended a recruitment fair in Dublin with a number of offers being made. The Trust are holding their next nursing open day on 3rd November. We continue our Philippines recruitment, with 26 arriving and starting at the Trust so far</p> <p>GWH - Currently the Trust is showing vacancies of 9.5%, equivalent to 419 WTE. This position has improved from Q1, and is due to recruitment of newly qualified nursing and medical staff.</p> <p>HHFT - Septembers vacancy levels have marginally increased by 0.36% since August and up 2.74% since 2017. Recruitment campaigns via social media to target a wider audience led to an increase in a number of enquiries by registered nurses and one converted to a staff nurse role unfortunately. However feedback from the campaign reported similar conversion rates in other trusts and is testimony to the difficulties faces in recruiting registered nurses in our locality.</p> <p>BHFT - Trust vacancy rate for Q2 on average is 9.6%</p>								
	Agency spend % of total staff cost	Agency staff (%)	Quarterly	Provider target	Q2	3.9%			4%
	<p>RBFT -Agency spend has reduced by 0.4%, to 3.7% of total pay costs, the lowest this financial year. Tighter controls have been implemented and all other avenues explored before releasing shifts to agencies. As we head into winter pressures we need to ensure that we keep control of the demand</p> <p>BHFT - Agency spend as a % of total staff costs for Q2 July to Sept was 3%.</p> <p>GWH - Agency spend was lower across Q2 2018/19 than for Q2 2017/18. The spend in July and August was above the agency spend target, however this was mostly counteracted by lower agency spend in August.</p> <p>HHFT - Agency expenditure increased in month to £773k. The Trust is currently £0.4m above the NHSI Agency Cap, and targeted reductions in Medical agency continue to under deliver.</p>								
	Appraisals	Staff with annual appraisal (%)	Quarterly	Provider target	Q2	87.5%	63%	80.8%	94.1%
	<p>RBFT - Appraisal compliance weakened in the month by over 1% point to 85.8% – mainly due to the training effort that went into launch of digital hospital. Planned Care dropped below 90 % for the first time in a year and Urgent care were also down over 1% point in the month</p> <p>HHFT - Appraisal rates remain a challenge due to workforce pressures and dropped by 4% in month. This is being closely monitored and a target of 95% by end of December has been set by HHFT.</p> <p>GWH - Appraisal rates have decreased slightly again in September to 80.8% compared to 81.45% August and 82.16% in July. The Trust has implemented a working group to review appraisal process following the announcement of the pay awards and link with appraisal from the 1st April 2019. The new pay award system will drive increased compliance.</p> <p>BHFT -At the end of Quarter 2, the trust compliance with the appraisal process is 94.1%.</p>								
	Safeguarding training - Children	Appropriate level of training according to contact with children	Quarterly	Level 1 95%	Q2	92.5%	81.0%	No Data	91.0%
				Level 2 85%	Q2	81.5%	81.0%	No Data	91.0%
	<p>RBFT - Compliance for Level 1 child safeguarding training for non-clinical staff remains below the agreed target. New methods of delivering level 1 Safeguarding training child and adult to hard to reach staff groups will be introduced in Q4. Safeguarding children level 3 training - a well-attended level 3 training day was held on 10 October 2018.</p> <p>HHFT - Compliance target is set to 80% and has been achieved.</p> <p>GWH - Safeguarding training data was not available at the time of this report.</p> <p>BHFT - BHFT achieved trust figures Safeguarding Children Level 1 92.72% and Safeguarding Children Level 2 92.58% in Q2.</p>								
	All staff should have training in safeguarding of Adults (to include introductory DoLS & MCA)	Safeguarding adults level 1	Quarterly	95.0%	Q2	92.4%	80.0%	No Data	93.0%
<p>RBFT - There continues to be focus on circulating compliance figures to Care Group and Corporate Directors, exception reporting and data quality.</p> <p>HHFT - Compliance target is 80% and has been achieved.</p> <p>GWH - Safeguarding training data was not available at the time of this report.</p> <p>BHFT - BHFT trust figures achieved 94.62% in staff training safeguarding adults in Q2.</p>									

5. Independent Providers

Theme	Indicator	Measure	Data frequency	Target	Period	Ramsay	Circle	Spire	Sue Ryder	
Patient Safety	Number of serious incidents	Number of reported serious incidents	Monthly	N/A	Sep-18	0	0	0	0	
					Q2	0	0	0	0	
					17/18	0	0	2	0	
					YTD	0	0	0	0	
	Nil SIs reported by any Independent Providers.									
	Number of never events	Number of never events = zero	Monthly	N/A	Sep-18	0	0	0	0	
					Q2	0	0	0	0	
					17/18	0	0	0	0	
					YTD	0	0	0	0	
	None reported.									
	Falls (as SI's)	Number reported	Monthly	N/A	Sep-18	0	0	0	0	
					Q2	0	0	0	0	
					17/18	0	0	0	0	
					YTD	0	0	0	0	
	There have been no falls reported by any Providers for Sep 2018.									
	Reportable Pressure ulcers G3 & G4	Number reported	Monthly	N/A	Sep-18	0	0	0	0	
Q2					0	0	0	0		
17/18					0	0	0	0		
YTD					0	0	0	0		
None reported.										
Clostridium Difficile	Number of Clostridium Difficile	Monthly	0	Sep-18	0	0	0	0		
				17/18	0	0	0	0		
				YTD	0	0	0	0		
MRSA	Number of MRSA Bacteraemia	Monthly	0	Sep-18	0	0	0	0		
				17/18	0	0	0	0		
				YTD	0	0	0	0		
Mixed sex accommodation (MSA) breaches	Number of breaches = 0	Monthly	0%	Sep-18	0	0	0	0		
				YTD	0	0	0	0		
No mixed sexed breaches were reported or infection control incidents.										

5A. Independent Providers

Theme	Indicator	Measure	Data frequency	Target	Period	Ramsay	Circle	Spire	Sue Ryder	
Clinical Effectiveness	Vacancies	Vacancy rates (%)	Quarterly	Provider target	Q2	4.7%	14.1%	5.3%	9.0%	
	Sickness Absence	Sickness absence rate (%)	Quarterly	Provider target	Q2	4.7%	2.6%	2.7%	2.0%	
	Appraisals	Staff with annual appraisal (%)	Quarterly	Provider target	Q2	80.3%	100.0%	100.0%	100.0%	
	Ramsay - Trajectory agreed internally to reach 90% target for Q3 and cascaded to Heads of Departments. Sickness and absence monitored monthly, no trends identified.									
	Circle - A recruitment campaign is on-going which Circle Reading has approached a recruitment agency to focus on several of the hard to recruit roles both within Circle Reading and Circle Rehabilitation.									
	Spire - Ward vacancies are being covered using agency, bank staff or nurses allocated from other wards. Theatre vacancies are being covered by agency and bank. Oncology pharmacy being covered by agency.									
	Sue Ryder - Community teams are at full establishment. Nurse vacancies on-going, with posts out to advert and interview date set.									
	VTE assessment	Achieved for at least 95% of patients	Monthly	95%	Q2	100%	100%	95.2%	90%	
	VTE risk assessment remains on target, Sue Ryder have									
	Transfers to acute trust	Unplanned transfer to an Acute	Quarterly	N/A	Q2	1	3	0		
Ramsay - Patient transfer to acute following a fall, decision made to transfer via ambulance in line with Ramsay Transfer of critical patients. Learning has been identified following a review.										
Circle - Two patients transferred following a known complication post surgery. RCA's have been undertaken and learning identified.										
Safeguarding training - Children	Appropriate level of training according to contact with children	Monthly	95.0%	Sep-18	98%	75%	93.1%	78%		
Safeguarding training Adults (to include introductory DoLS & MCA)	Safeguarding adults	Monthly	95.0%	Sep-18	99%	75%	94.2%	73%		
Circle - There has been an improvement on training compliance and Circle are aiming to achieve 95% compliance by the end of Q3.										
Sue Ryder - Continued focus to increase compliance with a focus on managers to ensure staff are released to carry out training.										

6. Maternity - RBFT Maternity Dashboard Summary

Theme	Indicator	Goal	Red flag	17/18 Outturn	Jul-18	Aug-18	Sep-18
MLU	% of deliveries on MLU	20%	<15%	17%	20%	17%	17%
	Transfer rate Primips	<40%	>45%	42%	70%	41%	37%
	Transfer rate multips	<13%	>15%	13%	5%	11%	19%
	Total transfer rate in labour	<25%	>32%	28%	28%	25%	28%
Home Births	% of deliveries	4%	<2%	2%	2%	3%	2%
	Transfer rate Primips	<45%	>46%	70%	50% (1)	100% (2)	100% (1)
	Transfer rate multips	<12%	>13%	25%	16% (1)	0%	22% (2)
	Total transfer rate in labour	25%	>32%	38%	25%	18%	33%
Method of delivery	Intention for vaginal birth after caesarean section (VBAC)	55%	<50%	56%	42%	57%	56%
	Vaginal birth after caesarean section (VBAC)	65%	<60%	64%	61%	67%	82%
	Total % of instrumental deliveries	20%	>25%	15.47%	15.11%	16.91%	18.64%
	Total number of primary caesarean sections	<17%	>20%	13.04%	No data	No data	No data
	Elective rate	<12%	>14%	14%	16.07%	16.18%	12.85%
	Emergency rate	14%	>16%	13%	11.75%	12.99%	12.09%
	Total caesarean rate	26%	30%	27%	27.82%	29.17%	25.37%
Support in labour	Midwife: birth ratio	01:30	>01:30	01:32	01:30	01:30	01:31
	Weekly hours of dedicated senior obstetric cover on delivery suite	168	<90	117	154	154	154
Maternal morbidity	ITU admissions in obstetrics	1 per month	>1 per month	2	1	2	0
	Postpartum hysterectomies	0	>1 per month	0	0	0	0
	Massive PPH >2L	4 per month	>6 per month	7	1.4% (6)	1.2% (5)	2.27% (9)
	Shoulder dystocia	<4	>10	7	2.4% (10)	3.9% (16)	3.13%(7)
Neonatal morbidity	Number of cases of Meconium aspiration	0	>5	1	2	4	1
	Number of term babies admitted to SCBU/NNICU unexpected	<6%	>6%	4.3%	3.00%	3.30%	3.00%
	Perineal suturing commenced within 1 hour of delivery (excluding 3rd and 4th degree tears)	90%	80%	86.3%	No data	No data	No data
Education and training	Education and training - midwifery attendance at maternity specific mandatory training days	80%	<75%	91.2%	81%	81%	84%
	Education and training - medical attendance at maternity specific mandatory training days	80%	<75%	81.3%	78%	81%	71%
Governance	Number of serious incidents	0	>1	1	1	1	0
	Number of complaints	0	>5	2	2	2	0
Suspension of services	Number of occasions MLU service suspended for 4 hours or more	<3	4	8	3	12	3
	Number of occasions home birth service suspended	0	>1	0	0	0	0
	Number of women affected	0	1	0	1 (2 homebirths at same time)	0	0
	Number of times unit implemented diversion policy	0	>1	3	0	1	2
	Number of times unit attempted to divert but unable as no other unit can accept	0	>1	1	0	0	0
	Number of women diverted	0	1	3	0	0	2

The data table details areas of concern and further monitoring by exception with inclusion of increase or decrease in performance.

There were 2 unit diversions in September and 2 women diverted to other maternity units for delivery. Both diversions were as a result of insufficient midwives for the activity at the time.

Number of Births in September was 402 and deliveries 397. Based on month 1-6 figures the annual delivery rate is predicted to be approximately 4900. The trend is for a reducing birth rate and a review of resources.

7. SCAS

Theme	Indicator	Measure	Data frequency	Target	Period	999 Frontline	999 EOC	TV IUC (111)	PTS	
Clinical Effectiveness	Staff turnover	Staff turnover rate (%)	Quarterly	Provider target	Q2	15.0%	26.0%	14.9%	20.0%	
	<p>999 - Frontline recruitment significantly behind plan driven by a lower starting position, lower recruitment and higher attrition. EOC - Call Taker recruitment now on plan but awaiting work effective sign off post coaching. Over recruitment of ECTs will enable future pull through to dispatch roles. Improving position for Clinical Support Desk. 111 -The Trust is working hard to ensure the revised forecast and reach the plan. The focus is currently ensuring they have enough staff to deliver the service during the winter pressures. The home working pilot for clinicians is working well and they are looking to increase these numbers in due course. Work is being undertaken to investigate dual 999 and 111 roles to encourage staff retention. PTS - Overall staff numbers are improving as detailed below in the vacancies section. A policy has been put into place to limit the number of Ambulance Care Assistants each quarter who can leave the role into an Emergency Care Assistant role within 999.</p>									
	Sickness absence	Sickness absence rate against provider target (%)	Quarterly	Provider target	Q2	6.3%	6.2%	9.2%	6.5%	
	<p>999 - Sickness absence has increased within 999 during the summer months, and into September, this is mostly driven by an increase in long term sickness. No themes have been identified. PTS - There has been an increase in long terms sickness in September. There are no trends identified and all staff are being managed under appropriate policies. 111 - Sickness absence remains higher than other areas of SCAS, there was a peak noticed during the summer months and into September, and this is being monitored and staff managed under appropriate policies</p>									
	Vacancies	Vacancy rates (%)	Quarterly	Provider target	Q2	24%	12%	13%	10%	
	<p>999 - Recruitment is proceeding with both local recruitment days and overseas recruitment. Recruitment into EOC is challenging due to local employment conditions, there is low unemployment in the Oxford/Bicester area. EOC- Attrition in EOC remains higher than plan and as with frontline, we need to understand why this is by using innovative solutions prior to an individual making the decision to leave. 111 - SCAS have begun recruiting Service Advisors who are able to provide simple information to callers relating to available services, SCAS are also reviewing the possibility of Call Handlers to work in the Service Advisor role after taking a challenging call in order to support the Call Handlers and hopefully improve retention. The use of Home Working is being implemented within IUC and clinicians are being recruited on home working contracts. PTS-Recruitment - the Trust are over filling the courses to take consideration of the potential attrition. An extra course has been added to support achievement of the plan.</p>									
	Appraisals	Staff with annual appraisal (%)	Quarterly	Provider target	Q2	92.0%	89.0%	83.0%	95.0%	
	<p>Appraisal compliance has increase to 92% which although still under the target of 95% of all appraisals completed, continues to increase each month. The Trust have identified that there are a number of appraisals which are overdue in departments, however appraisals which weren't due to be completed have been undertaken.</p>									
	Complaint Responses	The provider will ensure that complaints are resolved in line with Trust policy (within 25 days, or otherwise agreed timescale)	Monthly	95%	Sep-18	100.0%	100.0%	100.0%		
	HCPF / Clinical Concerns Responses	The provider will ensure that clinical concerns are resolved in line with Trust policy (within 25 days, or otherwise agreed timescale)	Monthly	95%	Sep-18	83.3%		100.0%		
<p>Responses for the IUC and PTS services were both within the agreed timescales. For the 999 service, complaint responses were within the agreed timescales. For Clinical Concerns, the performance is on trajectory against the agreed Recovery Action Plan will be monitored at the December CQRM.</p>										
Safeguarding training - Children	Appropriate level of training according to contact with children	Quarterly	Level 1	Q2	97.0%	97.0%	99.0%			
			95%	Q2	88.0%	86.0%	97.0%			
<p>SCAS have maintained their high performance with Safeguarding Children training</p>										
All staff should have training in safeguarding of Adults (to include introductory DoLS & MCA)	Safeguarding adults level 1	Quarterly	90.0%	Q2	96.6%	97.0%	99.0%			
<p>SCAS have maintained their high performance with Safeguarding Adult training</p>										

7. SCAS

Theme	Indicator	Measure	Data frequency	Target	Period	SCAS
Patient Safety	Number of serious incidents	Number of reported serious incidents	Monthly	N/A	Sep-18	0
					Q2	2
					17/18	16
					YTD	4
	Falls (as SI's)	Number reported	Monthly	N/A	Sep-18	0
					Q2	0
					17/18	1
					YTD	0
Nil reported in Sep-18.						

7A. SCAS 999

Patient Safety	Asthma care bundle	Improving patient outcomes by compliance with evidence based care bundles	Monthly	95%	Sep-18	95.7%
	Febrile convulsions in children		Monthly	95%	Sep-18	83.3%
	Single limb fractures		Monthly	75%	Sep-18	53.9%
	STEMI		Monthly	85%	Aug-18	75.0%
There has been an upward trajectory with compliance with care bundles since the implementation of a technical fix within the electronic patient record in May 2018. This has improved due to a screen which ensures that staff are reminded to enter all of the information that is required for the care bundle. Progress will continue to be monitored via the CQRM.						
Patient Safety	Falls Risk Assessments and Referrals to Appropriate Services	Falls Risk Assessment Tool (FRAT) Completed	Monthly	95%	Sep-18	55.6%
		Referral to appropriate service	Monthly	95%	Sep-18	55.6%
Compliance with the FRAT assessment and referral process remains poor, a Thames Valley wide workshop took place October bringing together Commissioners, Falls Service providers and SCAS who agreed on a common referral process. SCAS are currently reviewing the data quality in relation to referrals to other services, and this will be included in the data from month 7.						
Clinical Effectiveness	Conveyance of patients detained under a Section 136	Conveyance within 30 minutes of call	Monthly	75%	Sep-18	58.3%
		Conveyance within 60 minutes of call	Monthly	90%	Sep-18	91.7%
Revised indicators have been agreed with SCAS regarding the conveyance of patients who are detained under a section 136. This has introduced a new indicator of patients who are conveyed within 60 minutes, and this indicator has been achieved since May 2018, which is providing assurance that patients are not waiting for prolonged periods of time.						

8. Quality Dashboard - Quality Assurance Visits

Trust/ Organisation	Area	Date	Recommendations	Trust response
RBH	Hopkins Ward	26th September	<ul style="list-style-type: none"> • To scope the possibility of speciality led training for community nurses e.g. suprapubic catheter care in order to up skill/support and prevent non elective admissions/readmissions • For the CCG to enquire regarding specialist nephrostomy dressings availability within primary care setting to support discharge of patients • Ensure ward all computers are available for use by 02/10/2018. 	

CCG Quality Assurance Visits undertaken in October - Nil

CQC Visits:

BHFT- The trust was overall rated good by the CQC with its well led assessment rated as outstanding

BHFT - Westcall was rated overall requires improvement during their recent CQC inspection

SCAS- The CQC published their report in November giving SCAS an overall rating of 'Good'.

HHFT - The Trust was overall rated as requires improvement by the CQC following an inspection in September 2018. There is a robust action plan which is being developed in conjunction with the lead CCG to ensure the Trust meets the requirements for the areas of improvements. The CQC report can be downloaded from: <https://www.cqc.org.uk/provider/RN5>

9. Urgent Care Performance

Indicator		Target	Org	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	YTD
A&E	Percentage of patients admitted transferred or discharged within 4 hours of their arrival at an A&E department	>=95%	RBFT	93.3%	96.1%	96.5%	95.6%	95.8%	93.7%	95.2%
			GWH	90.0%	93.5%	91.0%	91.7%	93.0%	92.1%	91.9%
			HHFT	89.5%	85.8%	85.6%	84.2%	81.0%	85.6%	85.3%
<p>Year to date performance remained above 95% in September but has since been more challenged. A new operating model for ED streaming has been agreed and will commence from 1st December. RBFT have finalised their winter plan including ED controls and escalation plan to minimise breaches, front door huddles to maintain flow, increased acute medical presence in ED and continued focus on ambulatory care pathways.</p>										
Indicator		Target	Org	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	YTD
DT0C	Delayed Transfers of Care (Provider)	<3.5%	RBFT	4.9%	3.8%	3.9%	3.8%	4.6%	3.8%	
			BHFT	13.5%	10.4%	13.1%	11.9%	10.2%	11.6%	
	Stranded Patients (7 Days +)	230	RBFT	Data not available	237	201	244	224	222	
	Stranded Patients (21 Days +)	75	RBFT	Data not available	79	59	62	70	92	
	Delayed Transfers of Care (UA)	796	Reading UA			1015 (Q1)			1231 (Q2)	
		935	West Berkshire UA			1140 (Q1)			1093 (Q2)	
		960	Wokingham UA			927 (Q1)			591 (Q2)	
<p>DT0C performance improved in September after the challenges experienced in August with all LAs meeting their BCF targets for the month. Reporting against the new locally agreed DT0C codes is now in place giving a greater level of granularity on reasons for delay. The focus continues on stranded patients (patients remaining in an acute bed for more than 7 days for any reason) and a workshop is being held in November to agree a system wide target facilitated by the LGA. The BW Delivery Group will be reviewing the High Impact Model action plan at their November meeting.</p>										

9. Urgent Care Performance

Indicator	Target	Org	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	YTD
Cat 1 - Number of incidents	-	BW CCG	313	261	329	274	270	283	1,730
		Thames Valley	1,411	1,440	1,470	1,433	1,375	1,390	8,519
Cat 1 (Mean) - Category 1 calls mean time taken for a response to arrive	<= 00:07:00	BW CCG	00:06:31	00:06:58	00:06:28	00:06:59	00:06:56	00:07:23	
		Thames Valley	00:06:41	00:06:46	00:06:46	00:06:55	00:07:16	00:07:20	
Cat 1 (90th Percentile) - Category 1 calls - 90th percentile taken for a response to arrive	<=00:15:00	BW CCG	00:11:22	00:13:07	00:11:05	00:12:47	00:12:30	00:13:33	
		Thames Valley	00:12:21	00:12:24	00:12:53	00:12:38	00:13:24	00:13:46	
Cat 2 - Number of incidents	-	BW CCG	2,303	2,451	2,300	2,618	2,493	2461	14,626
		Thames Valley	11,415	11,863	11,573	12,449	12,179	12018	71,497
Cat 2 (Mean) - Category 2 calls mean time taken for a response to arrive	<=00:18:00	BW CCG	00:13:48	00:13:57	00:14:27	00:15:34	00:14:21	00:15:40	
		Thames Valley	00:13:57	00:14:29	00:14:14	00:15:22	00:15:26	00:15:58	
Cat 2 (90th Percentile) - Category 2 calls - 90th percentile taken for a response to arrive	<=00:40:00	BW CCG	00:28:00	00:28:07	00:29:48	00:31:32	00:28:56	00:31:55	
		Thames Valley	00:26:47	00:28:37	00:27:38	00:29:58	00:30:01	00:31:38	
Cat 3 - Number of incidents	-	BW CCG	1,476	1,493	1,539	1,522	1,495	1488	9,013
		Thames Valley	7,389	7,784	7,926	8,177	7,590	7601	46,467
Cat 3 (Mean) - Category 3 calls mean time taken for a response to arrive	No target	BW CCG	00:46:17	00:52:18	00:51:51	00:58:51	00:49:40	00:54:32	
		Thames Valley	00:45:46	00:47:40	00:46:02	00:52:45	00:52:09	00:52:11	
Cat 3 (90th Percentile) - Category 3 calls - 90th percentile taken for a response to arrive	<=02:00:00	BW CCG	01:43:00	02:07:06	01:56:17	02:23:16	01:57:50	02:07:00	
		Thames Valley	01:42:47	01:50:39	01:46:58	02:00:35	02:00:50	01:57:54	
Cat 4 - Number of incidents	-	BW CCG	133	145	139	145	121	104	787
		Thames Valley	726	779	709	655	571	510	3,950
Cat 4 (Mean) - Category 4 calls mean time taken for a response to arrive	No target	BW CCG	01:11:28	01:08:02	01:16:56	01:17:12	01:19:55	01:19:01	
		Thames Valley	01:10:28	01:10:30	01:05:59	01:18:02	01:10:27	01:17:11	
Cat 4 (90th Percentile) - Category 4 calls - 90th percentile taken for a response to arrive	<=03:00:00	BW CCG	02:42:41	02:37:30	02:40:28	02:43:46	03:06:46	02:59:58	
		Thames Valley	02:42:05	02:37:57	02:32:07	02:55:29	02:45:29	02:40:45	
SCAS continue to meet the vast majority of new ARP targets for Berkshire West despite predicting that Q2 would be more challenging.									

12. Urgent Care Performance

Indicator	Target	Org	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	YTD
The percentage of abandoned 111 calls (callers hang up before they get through) abandoned after 30 Seconds	<5%	BW CCG	3.2%	1.2%	1.8%	2.7%	3.3%	4.4%	2.8%
		Thames Valley	3.2%	1.3%	1.7%	2.6%	3.4%	4.4%	2.8%
The percentage of 111 calls answered within 60 seconds	>=95%	BW CCG	79.1%	86.5%	85.7%	79.1%	82.3%	77.2%	81.7%
		Thames Valley	79.7%	86.5%	86.0%	79.2%	82.8%	77.7%	82.0%
Transfer to 999 - % 111 calls to Ambulance Dispatch	<10%	BW CCG	9.7%	10.7%	10.4%	11.2%	11.5%	12.2%	10.9%
		Thames Valley	9.2%	9.5%	10.0%	10.2%	11.1%	11.4%	10.2%
Transfer to 999 - % 111 calls to Ambulance Dispatch (Cat 1 & Cat 2)	<10%	BW CCG	5.4%	5.9%	5.8%	6.2%	6.7%	7.0%	6.2%
		Thames Valley	5.4%	5.3%	5.6%	5.6%	6.3%	6.4%	5.8%
Transfer to 999 - % 111 calls to Ambulance Dispatch (Cat 3 & Cat 4)	<10%	BW CCG	4.3%	4.8%	4.6%	5.0%	4.7%	5.2%	4.8%
		Thames Valley	3.9%	4.2%	4.4%	4.6%	4.8%	5.0%	4.5%
Referral to Emergency Disposition - Percentage of patients advised to attend Emergency Department (ED) from NHS 111 (Cat 1 & Cat 2) NCI-10 (Line 16)	<5%	BW CCG	8.4%	8.7%	8.6%	8.0%	7.1%	7.0%	8.0%
		Thames Valley	7.7%	7.2%	7.9%	6.8%	6.4%	6.3%	7.2%
Referral to Emergency Disposition - Percentage of patients advised to attend Emergency Department (ED) from NHS 111 (Cat 3 & Cat 4) NCI-10 (Line 17)	<5%	BW CCG	0.8%	0.9%	1.1%	1.2%	1.0%	1.3%	1.0%
		Thames Valley	1.7%	2.6%	2.2%	2.4%	2.1%	2.2%	2.1%
Warm Transfers - calls transferred while patient on the call (LQR14) NCI-11	>85%	BW CCG	21.5%	19.0%	13.5%	9.8%	10.1%	9.3%	13.8%
		Thames Valley	21.0%	18.9%	13.9%	9.8%	10.9%	8.6%	13.8%
Warm Transfer waiting time (60 secs) NCI-12	99%	BW CCG	97.8%	99.0%	96.9%	97.3%	97.1%	97.1%	97.7%
		Thames Valley	99.3%	99.1%	98.2%	98.8%	97.1%	62.7%	93.6%
Warm Transfer time taken for call back (LQ15) 10 mins (P1 and P2) NCI-13	>85%	BW CCG	28.7%	28.3%	23.4%	20.7%	24.6%	17.7%	23.6%
		Thames Valley	29.7%	28.0%	23.8%	21.1%	24.6%	18.8%	24.1%
<p>Call answering performance remained challenged in September despite demand being within the seasonally modelled range. SCAS are looking at how they utilise their bank and agency staff to ensure they are being targeted at times of peak demand. The new Service Advisor role (Band 2) is now established and working well and should support recruitment and provide opportunities for career progression. SCAS have asked Conduit, their partner, to increase the number of call handling hours being provided to support performance. Recruitment is going well but attrition is running very high at 47% over the last six months.</p>									

9. Urgent Care & Emergency QP Indicators

Indicator		M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	YTD	
	Total A&E Attendances excluding planned follow ups (E.M.12)	Actual	15,271	16,157	15,878	15,873	14,228	14,649	92,056
		Plan	15,193	16,607	15,689	16,464	15,131	15,659	94,743
Quality Premium Indicators Part A	Type I A&E Attendances excluding planned follow ups (E.M.12a)	Actual	8,813	9,327	9,309	9,790	9,011	9,317	55,567
		Plan	9,288	10,151	9,591	10,063	9,250	9,573	57,916
Part B	Total Non - Elective Admissions - 0 LOS (E.M.11a)	Actual	1,154	1,252	1,233	1,208	1,208	1,243	7,298
		Plan	1,064	1,273	1,140	1,148	1,098	1,138	6,861
Part B	Total Non - Elective Admissions - +I LOS (E.M.11b)	Actual	2,487	2,627	2,519	2,509	2,631	2,465	15,238
		Plan	2,392	2,620	2,638	2,592	2,589	2,675	15,506

A&E attendances are under plan for BWCCG. There is a 6% increase in 0 LOS non elective admissions YTD, This is in part due to the work being done at RBFT to improve patient flow through the hospital. This however does impact the achievement of 2018-19 QP indicators around emergency care. This accounts for 70% of the QP allocations.

10. Planned Care

Indicator		M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	YTD
Number of Completed Admitted RTT Pathways (E.M.18)	Actual	1,847	1,975	1,945	2,055	2,021	2,408	12,251
	Plan	2,071	2,522	2,499	2,449	2,011	1,916	13,468
Number of Completed Non-Admitted RTT Pathways (E.M.19)	Actual	5,998	6,808	6,460	6,789	5,659	5,793	37,507
	Plan	6,344	6,494	6,794	6,376	6,270	6,240	38,518
Number of New RTT Pathways (Clockstarts) (E.M.20)	Actual	11,561	11,947	12,115	12,688	11,200	11,561	71,072
	Plan	11,762	12,047	12,490	12,200	10,543	10,307	69,349
Total GP Referrals (G&A) (E.M.7a)	Actual	9,785	11,022	10,907	10,737	10,157	10,721	63,329
	Plan	9,414	9,959	10,650	9,972	9,931	10,050	59,976
Total Other Referrals (G&A) (E.M.7b)	Actual	6,890	4,819	4,640	4,525	4,401	4,781	30,056
	Plan	6,939	7,643	7,820	7,063	7,202	7,396	44,063
Consultant led first outpatient attendances (G&A) (E.M.8)	Actual	15,456	16,649	16,095	16,496	14,682	15,119	94,497
	Plan	15,699	17,457	17,924	16,351	16,685	17,150	101,266
Consultant led follow up outpatient attendances (G&A) (E.M.9)	Actual	27,435	28,433	27,575	28,769	27,235	26,839	166,286
	Plan	26,452	28,374	28,633	27,548	27,009	28,037	166,053
Total elective admissions - Day Cases (E.M.10a)	Actual	3,299	3,664	3,681	3,549	3,278	3,210	20,681
	Plan	3,246	3,568	3,702	3,492	3,417	3,584	21,009
Total elective admissions - Ordinary (E.M.10b)	Actual	622	714	678	668	625	702	4,009
	Plan	726	731	772	764	703	750	4,446

For planned care activity, GP referrals and daycases are higher than plan. This is primarily due to the changes made to the reporting warehouse at RBFT. Overall referrals and elective activity is below plan YTD.

10. Planned Care Performance - Cancer

Indicator ->	2 week wait [E.B.6]	2-week waits (breast symptoms) [E.B.7]	31-day wait (first definitive treatment) [E.B.8]	31-day wait (subs - surgery) [E.B.9]	31-day wait (subs - anti-cancer drug regimen) [E.B.10]	31-day wait (subs - radiotherapy) [E.B.11]	62-day wait (GP referral) [E.B.12]	62-day wait NHS screening [E.B.13]	62-day wait (Upgrade) [E.B.14]	
Target (>=)	93.0%	93.0%	96.0%	94.0%	98.0%	94.0%	85.0%	90.0%	No Target	
Q2	CCG	94.8%	95.8%	97.1%	96.1%	99.1%	95.0%	74.9%	100.0%	87.5%
	Seen	4678	454	666	102	217	240	371	37	16
	Breaches	244	19	19	4	2	12	93	0	2
	RBFT	94.8%	95.9%	97.1%	95.5%	99.1%	94.6%	77.4%	94.4%	92.9%
	Seen	4862	486	688	89	214	335	395.5	36	14
	Breaches	252	20	20	4	2	18	89.5	2	1
GWH	94.5%	96.7%	96.1%	96.2%	100.0%	N/A	82.1%	93.2%	64.3%	
	Seen	3511	364	410	26	76	0	251	66	7
	Breaches	194	12	16	1	0	0	45	4.5	2.5
M6 (Sep)	CCG	95.0%	95.4%	98.7%	93.9%	100.0%	94.7%	79.8%	100.0%	100.0%
	Seen	1504	151	224	33	59	75	119	11	4
	Breaches	75	7	3	2	0	4	24	0	0
	RBFT	95.1%	94.5%	98.7%	96.4%	100.0%	94.5%	83.0%	92.3%	100.0%
	Seen	1568	164	233	28	58	110	126.5	13	4
	Breaches	77	9	3	1	0	6	21.5	1	0
GWH	95.1%	98.2%	97.2%	100.0%	100.0%	N/A	82.2%	93.5%	57.1%	
	Seen	1035	110	143	3	19	0	90	23	3.5
	Breaches	51	2	4	0	0	0	16	1.5	1.5
Q1	BW CCG	94.3%	93.8%	98.1%	93.2%	99.4%	94.4%	84.99%	93.1%	66.7%
	Seen	4439	517	642	73	159	216	373	29	15
	Breaches	252	32	12	5	1	12	56	2	5
	RBFT	94.7%	94.4%	97.8%	94.9%	98.9%	96.3%	86.2%	84.7%	66.7%
	Seen	4647	533	630	59	183	320	369	29.5	12
	Breaches	247	30	14	3	2	12	51	4.5	4
GWH	95.1%	89.9%	99.54%	100.0%	100.0%	N/A	87.4%	96.7%	58.3%	
	Seen	3581	258	431	32	107	0	245.5	60.5	6
	Breaches	176	26	2	0	0	0	31	2	2.5

The performance for 62 day standard has improved in September & Q1 for RBFT, CCG and GWH. For RBFT the performance has dropped as a result of increased referrals via the MPMRI pathway and national issue around recruitment of histopathologists. RBFT is likely to recover performance in October.

10. Planned Care Performance

Indicator	Org	Target	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	YTD
Incomplete RTT pathways (yet to start treatment) waiting 18 weeks or less from referral to hospital treatment	BW CCG	>=92%	92.3%	92.1%	93.0%	92.2%	92.2%	92.3%	92.3%
	RBFT		92.5%	92.2%	93.1%	92.4%	92.6%	92.5%	92.5%
	GWH		87.1%	87.2%	86.8%	86.9%	87.2%	86.4%	86.9%
Both RBFT and Berkshire West CCG have achieved the incomplete standard for September.									
RTT wait over 52 weeks for incomplete pathways	BW CCG	0	2	3	4	5	6	4	
	RBFT		0	0	0	0	0	0	0
	GWH		14	17	19	19	15	12	12
RBFT had no patients waiting more than 52 weeks for first treatment at the end of August. There were 4 patients waiting over 52 weeks at the end of August for Berkshire West, three at OUH (1 Gynaecology, 2 T&O) and one at HHFT (Hampshire).									
Diagnostic tests - the percentage of service users waiting 6 weeks or more from referral for a diagnostic test	BW CCG	<=1%	1.4%	3.2%	3.4%	2.5%	2.2%	1.4%	2.3%
	RBFT		1.7%	2.5%	3.2%	2.4%	1.6%	0.9%	2.0%
	GWH		15.4%	25.1%	21.0%	16.4%	24.9%	12.9%	19.3%
Performance has improved as compared to August for both RBFT and GWH. In September the longest waits were for echocardiography (15) and MRI (7) at RBFT. At GWH, the delays continue to be around the NOUS pathway (16).									
E-Referrals Utilisation	BW CCG	80%	62.2%	55.7%	56.2%	68.9%	71.0%	68.6%	63.7%
E-Referrals Utilisation has improved from previous months as expected due to the switching off of paper referrals programme. The full impact of this will be seen from October.									

11. HCAI

Indicator	Org	Target	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	YTD
Number of cases of Methicillin-resistant Staphylococcus aureus bacteraemia	BW CCG	0	0	0	0	0	0	0	0
There have been no reported cases of MRSA bacteraemias for BWCCG for 2018-19.									
Indicator	Target		M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	YTD
Number of cases of Clostridium Difficile Infection	BW CCG Actual		2	9	6	7	4	7	35
	BW CCG Monthly Limits		7	12	10	11	13	11	53
BWCCG is under its YTD and monthly limits for c-diff infections.									

10. Quality Premium

Indicator		Measure	Rolling YTD upto 2017-18 Q1	2016-17	2015-16	2015	
Cancer	1. Cancers diagnosed at early stage	4% improvement from 2016-17 or >60% achievement in 2017	53.36%	54.55%	51.83%	53.18%	
	BW CCGs did not achieve the targets for 2016-17. This indicator is also part of the national QP requirements and overall staging at early stage has reduced.						
Indicator		Measure	Jul-19	Jul-18	Jul-17	Jul-16	
GP Survey	2. Overall experience of making a GP appointment (GP Survey)	3% improvement on July 2018 or achieve 85%	Data not available	68.8%	73.4%	75.6%	
	QP was not achieved for 2017-18 as it required a 3% improvement on Jul -17 figures. For 2018-19, the target is 3% improvement on July 2018. The figures will be published July 2019.						
Indicator		Measure	Target	Q1	Q2	Q3	Q4
CHC	3.A: NHS CHC eligibility decision completion	Ensure that in more than 80% of cases with a positive NHS CHC checklist, the NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the checklist	>= 80%	95.8%	90.9%		
			Numerator	69	30		
			Denominator	72	33		
	3.B: CHC assessments in acute hospital setting	Less than 15% of all full NHS CHC assessments take place in an acute hospital setting	<= 15%	9%	9%		
			Numerator	2	2		
			Denominator	23	23		
Berkshire West CCG have achieved the targets for CHC measures in Q1 and Q2.							
Indicator		Measure	Q1	Q2	Q3	Q4	
OAP	4. Mental Health - Reduction in number of inappropriate Out of area placements (OAPs) for non-specialist adult acute care	Reduction of total number of bed days relating to OAPs by 33% based on April 2017 data	Actual	335	Data not available	Data not available	Data not available
		Trajectory	436	396	356	316	
		Berkshire West CCG are under plan for the OAP reduction trajectory for Q1.					
Indicator		Measure	Q1 (Rolling 12 months)	Q2 (Rolling 12 months)	Q3 (Rolling 12 months)	Q4 (Rolling 12 months)	
Reducing GNBSIs & Inappropriate Antibiotic	5.A.i: Reducing gram negative blood stream infections (GNBSI)	10% reduction (or greater) in all E coli BSI based on 2016 data	YTD Actual	Data not available	Data not available	Data not available	Data not available
		YTD Target (Mar-18)	Data not available	Data not available	Data not available	Data not available	
	5.A.ii: Collection and reporting of a core primary data set for all E coli BSI	Reporting on all E coli BSI from Q2 onwards using PHE DCS reporting system	Yes	Yes	Data not available	Data not available	
	None of the four CCGs have achieved the targets for E.coli bacteraemia. The objectives for the E.coli bacteraemias have been set on 2016 data. The predominant source of infection seems to be Urinary Tract in the patients.						
	5.B Reduction in the prescribing of Trimethoprim items by each CCG to patients aged 70 years and over	30% reduction (or greater) in Trimethoprim items prescribed to patients aged 70 year and over based on June 15-May 16 data	Actual	4600	Data not available		
			Target	<= 6725	<= 6725	<= 6725	<= 6725
	5.C: Sustained reduction of inappropriate prescribing in primary care	Items/STAR-PU must be equal to or below England 2013-14 mean performance value of 1.161 items per STAR-PU	Actual	0.882	Data not available		
			Target	<=0.965	<=0.965	<=0.965	<=0.965
	GNBSIs are over the target for 2018-19. Berkshire West has achieved both targets for inappropriate antibiotic prescribing for at risk groups.						
Indicator		Measure	Q1	Q2	Q3	Q4	
Local QP	Increase the number of patients on the hypertension register by 1%.	Increase prevalence from 12.4% to 13.4% for Berkshire West CCG	Actual	Data not available	64,637		
		Target	67,076	67,076	67,076	67,076	
		There are three TPP practices missing in the data. These are Lambourn Surgery, Hungerford, and Peppard Road Surgery. This is due to national reporting issues for TPP practices. The quarterly figures are likely to change as a result of this.					