

TITLE	Royal Berkshire NHS Foundation Trust 2013/14 Quality Account Consultation document
FOR CONSIDERATION BY	Health and Wellbeing Board on 30 January 2014
WARD	None Specific

Royal Berkshire NHS Foundation Trust 2013/14 Quality Account Consultation Background

Quality is at the heart of the services that the Royal Berkshire NHS Foundation Trust provides for patients and service users. The safety of our patients drives how we deliver our services and we are committed to continuously improving quality of care.

- In order to embed this culture of continuous quality improvement we are developing our priorities for the next five years. These will form the key objectives of our Quality Improvement Strategy. In order to ensure that our standards of care are representative, we are seeking your views in relation to these priorities.
- We are also developing the key priorities for 2014/15 to be included in our Quality Accounts. We are asking that you let us know which of our priorities you would most like to see reflected in our Quality Account for next year. We will take your views into account in developing the six priorities we will report on publically. These priorities should include at least one from each aspect of quality of care: patient safety, clinical effectiveness and patient experience.
- When we have finalised our priorities we will decide on the appropriate metrics that will allow these to be measured and reported, ensuring that we can demonstrate improvement in our goals.

In developing our quality improvement goals we have also undertaken a Structured Listening exercise with our staff which has helped us capture the quality improvement aspirations of all our staff.

How you can help us

We have listed below all of the key quality improvement priorities that we are considering. We would like your views on:

1. whether you feel that these priorities are appropriate and whether there are others that you wish to see included; and
2. which of the indicators you would like us to focus on in 2014/15 as part of our Quality Account (maximum of six, with one from each domain). The proposed measures of quality improvement in the Quality Account should, where possible, be specific and measurable, realistic and achievable within a year.

We would like to have your response by 31 January 2014. You may feedback your responses to:

- John Taylor, Acting Commercial Director (Email: john.taylor@royalberkshire.nhs.uk Tel: 0118 322 8777)

If you would like someone from the Trust to attend any meetings where you wish to discuss the above please let us know.

Patient Safety	Tick Box	Clinical Effectiveness	Tick Box	Patient Experience	Tick Box
Hospital Acquired Infections: Reduce the incidence of Clostridium difficile.		To reduce the rate of emergency & elective readmissions.		Improve staff attitude & behaviours.	
Reduce surgical site infection rates in orthopaedics.		Improve availability and quality of medical records.		Reducing length of stay through delayed transfers of care and improved discharge planning.	
Reduce the number of medication errors.		Integration of elderly care/end of life care pathways across acute & community to improve care.		Improve administration systems (to improve booking processes, reduce cancellations).	
Reduce harm by improving performance in the 4 Safety thermometer areas:- <ul style="list-style-type: none"> • Venous thromboembolism • Urinary tract infections • Pressure ulcers • Falls 		Reduce Maternity C-section rates.		Improve responding quickly and appropriately to complaints and responding to survey results.	
Improve clinical presence /staffing levels at weekends and night (7 day working).		Mortality: To improve weekend HSMR		Improve signage around the sites, and improve environment through reducing maintenance issues.	
Improve performance in mandatory training.		Improve the accuracy of clinical coding.		Reduce prescribing times on discharge.	
Increase the rate of reporting of incidents.		Reduce waiting times to ensure treatment received at the right time.		Improve the availability of car parking at the main site.	
				Improve patient information regarding treatment & care (verbal & written).	

FEEDBACK from: [Organisation/Contact]

Domain	Priority	Comments
Patient safety		
Clinical effectiveness		
Patient experience		

Royal Berkshire NHS Foundation Trust Benchmarking

Measures

The Table below shows the proposed Royal Berkshire NHS Foundation Trust (RBH) quality outcomes. Attached to these are the measures that Public Health Services for Berkshire have used to benchmark current RBH performance on these outcomes accompanied by the data source used. Data not directly available to Public Health Services for Berkshire or where no existing measure has been identified are labelled as 'N/A'. The description of the measures used includes a description of the areas used as a benchmark for RBH performance.

Table 1: RBH proposed outcomes and measures used to assess current performance

Patient Safety	Data Source	Measure
Hospital Acquired Infections: Reduce the incidence of Clostridium difficile.	Health Protection Agency Financial Year - Monthly counts of C. difficile infection by Acute Trust for patients aged 2 years and over - Trust Apportioned only 2012/13	Monthly counts of C. difficile infection Thames Valley Acute Trusts (4)
Reduce surgical site infection rates in orthopaedics.	Public Health England. Surveillance of Surgical Site Infections in NHS hospitals in England 2012/13	Mandatory surveillance of SSIs following orthopaedic surgery - number of operations, infections and rates by surgical category Thames Valley Acute Trusts (4)
Reduce the number of medication errors.	National Reporting and Learning System Organisation Patient Safety Incident Reports 1st October 2012 - 31st March 2013	Total incidents per 100 admissions a percentage of incidents due to medication errors – large Acute Trusts

<p>Reduce harm by improving performance in the 4 Safety thermometer areas:-</p> <ul style="list-style-type: none"> • Venous thromboembolism • Urinary tract infections • Pressure ulcers • Falls 	<p>Health and Social Care Information Centre - NHS Patient Safety Thermometer July 2012 to December 2013 (inclusive). Analysis taken from Thermometer Dashboard developed by NHS Quality Observatories</p>	<p>VTE - risk assessments (% of those eligible) VTE – patients given prophylaxis (% of those eligible) % patients with catheter in situ with UTI % patients with any grade of pressure ulcer % patients suffering from a fall which resulted in any degree of harm</p> <p>South Central SHA</p>
<p>Improve clinical presence /staffing levels at weekends and night (7 day working).</p>	<p>N/A</p>	
<p>Improve performance in mandatory training.</p>	<p>NHS Staff Survey 2012</p>	<p>Percentage completing training in previous 12 months</p> <p>Thames Valley Acute Trusts (4)</p>
<p>Increase the rate of reporting of incidents.</p>	<p>National Reporting and Learning System Organisation Patient Safety Incident Reports 1st October 2012 - 31st March 2013</p>	<p>Median number of days between incidents occurring and being reported to the NRLS –</p> <p>large Acute Trusts</p>
<p>Patient Experience</p>	<p>Data Source</p>	<p>Measure</p>
<p>Improve staff attitude & behaviours.</p>	<p>NHS Staff Survey 2012</p>	<p>Percentage reporting high job satisfaction</p> <p>Thames Valley Acute Trusts (4)</p>
<p>Reducing length of stay through delayed transfers of care and improved discharge planning.</p>	<p>NHS England Monthly SitReps November 2013</p>	<p>Number of delayed transfers of care</p> <p>Thames Valley Acute Trusts (4)</p>

Improve administration systems (to improve booking processes, reduce cancellations).	Health and Social Care Information Centre Outpatient Patient Activity 2012/13 (outpatient cancellations)	Number of outpatient cancellations Thames Valley Acute Trusts (4)
Improve responding quickly and appropriately to complaints and responding to survey results.	Health and Social Care Information Centre Written Complaints 2012/13	Number of written complaints Thames Valley Acute Trusts (4)
Improve signage around the sites, and improve environment through reducing maintenance issues.	N/A	
Reduce prescribing times on discharge.	N/A	
Improve the availability of car parking at the main site.	N/A	
Improve patient information regarding treatment & care (verbal & written).	NHS Surveys Inpatients and AAE 2012 Maternity 2010 Outpatients 2011	Results of questions relating to patient information on NHS surveys All Trusts - average
Clinical Effectiveness	Data Source	Measure
To reduce the rate of emergency & elective readmissions.	Health and Social Care Information centre Emergency re-admissions to hospital within 28 days of discharge 2011/12	Number of spells which were re-admissions within 28 days Thames Valley Acute Trusts (4)
Improve availability and quality of medical records.	N/A	

Integration of elderly care/end of life care: pathways across acute & community to improve care.	Public Health England National End of Life Intelligence Network End of Life Care Profiles (Berkshire West PCT data – data by Acute Trust published later in the year)	Percentage of deaths in hospital Terminal admissions admitted as a emergency Terminal admissions aged 85 and over Terminal admissions lasting 8 days or longer Average number of bed days ending in death England
Reduce Maternity C-section rates.	Health and Social Care Information Centre Maternity Statistics 2012/13	Percentage of deliveries via c-section Thames Valley Trusts (4), South Central SHA, England
Mortality: To improve weekend HSMR	CQC Intelligent Monitoring Indicators (HSMR calculated by Dr Foster) 2013	Standardised in-hospital deaths All Trusts
Improve the accuracy of clinical coding.	N/A	
Reduce waiting times to ensure treatment received at the right time.	NHS England Waiting Times data November 2013	Proportion of patients seen within 18 weeks Thames Valley Trusts (4)

Benchmarking summary

The table below summarises RBH performance on these measures (full analyses are included at the end of the document).

Table 2: RBH current performance

Patient Safety	Measure	RBH Performance
Hospital Acquired Infections: Reduce the incidence of Clostridium difficile.	Monthly counts of C. difficile infection Thames Valley Acute Trusts (4)	Comparable to other Thames Valley Acute Trusts

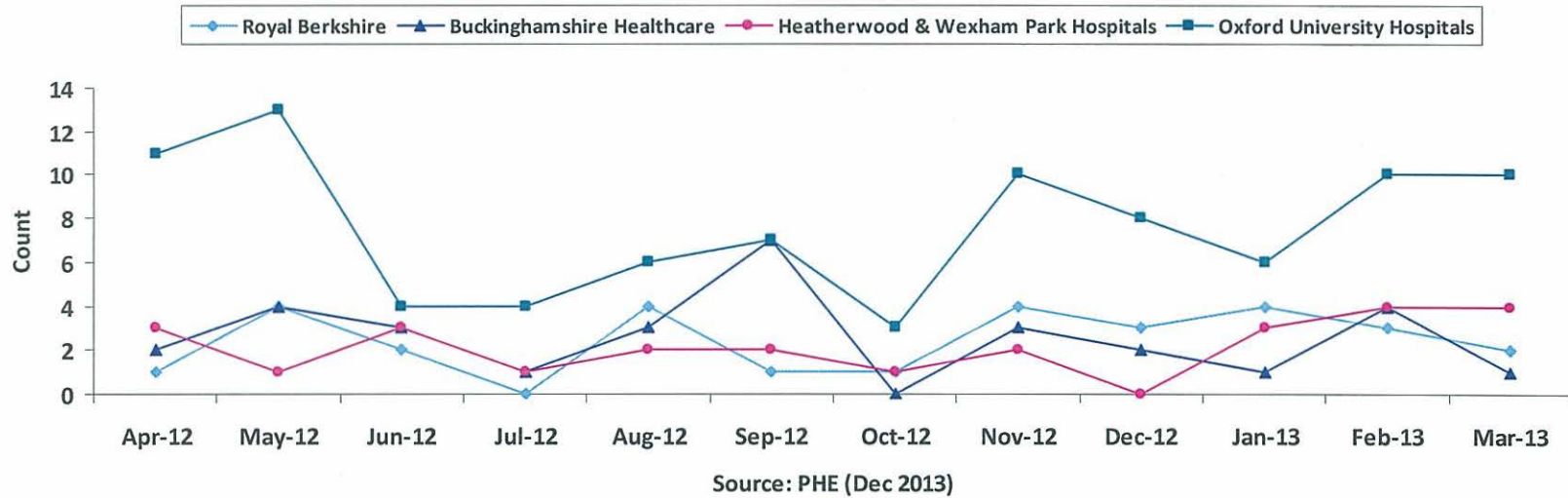
Reduce surgical site infection rates in orthopaedics.	Mandatory surveillance of SSIs following orthopaedic surgery - number of operations, infections and rates by surgical category 2012/13 Thames Valley Acute Trusts (4)	6 reported category 7 surgical site infections. Second highest of the Thames Valley Trusts for percentage of inpatient and re-admissions (not statistically significant)
Reduce the number of medication errors.	Total incidents per 100 admissions a percentage of incidents due to medication errors – large Acute Trusts	6.34 per 1000 admissions total incidents reported compared to 7.27 for all large Trusts. 14.63% of all incidents were medication errors compared to 10.16% for all large Trusts.
Reduce harm by improving performance in the 4 Safety thermometer areas:- <ul style="list-style-type: none"> • Venous thromboembolism • Urinary tract infections • Pressure ulcers • Falls 	VTE - risk assessments (% of those eligible) VTE – patients given prophylaxis (% of those eligible) % patients with catheter in situ with UTI % patients with any grade of pressure ulcer % patients suffering from a fall which resulted in any degree of harm South Central SHA	Data quality reliable from December 2012. Increase in patient risk assessed and give prophylaxis. Higher than national and regional benchmarks Decrease in new VTEs – now comparable with regional and national benchmarks Static proportion of patients with catheter in situ with UTI – comparable to benchmarks Decrease in pressure ulcers – comparable to benchmarks Steady decrease in falls – higher than benchmarks
Improve performance in mandatory training.	Percentage completing training in previous 12 months Thames Valley Acute Trusts (4)	Health and safety – highest of Thames Valley Trusts (90%) Equality and diversity – 2 nd highest (70%) Handling aggression – highest (46%) Infection control – highest (85%) Handling confidential information – second lowest (74%) Delivering patient service – lowest (39%) Any other training – highest (84%)

Increase the rate of reporting of incidents.	Median number of days between incidents occurring and being reported to the NRLS – large Acute Trusts	23 median days between incidents occurring and reporting to NRLS compared to 33 for all large Trusts
Patient Experience	Measure	
Improve staff attitude & behaviours.	Percentage reporting high job satisfaction Thames Valley Acute Trusts (4)	Highest proportion of staff reporting to be always enthusiastic about their job
Reducing length of stay through delayed transfers of care and improved discharge planning.	Number of delayed transfers of care Thames Valley Acute Trusts (4)	2 nd lowest number of DTOC attributed to NHS, second highest attributable to social care (Thames Valley Trusts)
Improve administration systems (to improve booking processes, reduce cancellations).	Number of outpatient cancellations Thames Valley Acute Trusts (4)	Second highest percentage of outpatient appointments resulting in cancellation (10%) of Thames Valley Trusts
Improve patient information regarding treatment & care (verbal & written).	Results of questions relating to patient information on NHS surveys All Trusts - average	All not significantly different to national average
Clinical Effectiveness	Measure	
To reduce the rate of emergency & elective readmissions.	Number of spells which were re-admissions within 28 days Thames Valley Trusts (4)	10.22% 2 nd lowest out of four Thames Valley Trusts
Integration of elderly care/end of life care: pathways across acute & community to improve care.	Percentage of deaths in hospital Terminal admissions admitted as a emergency Terminal admissions aged 85 and over Terminal admissions lasting 8 days or longer Average number of bed days ending in death England	Deaths in hospice higher than national average; terminal admissions admitted as emergency lower than national average. No significant differences for other indicators.

Reduce Maternity C-section rates.	Percentage of deliveries via c-section Thames Valley Trusts (4), South Central SHA, England	Above 25%. Higher than England and South Central average. Joint highest in Thames Valley
Mortality: To improve weekend HSMR	Standardised in-hospital deaths All Trusts	Higher than expected
Improve the accuracy of clinical coding.		
Reduce waiting times to ensure treatment received at the right time.	Proportion of patients seen within 18 weeks Thames Valley Trusts (4)	94% seen within 18 weeks. Below 92% NHS operation standard.

Hospital Acquired Infections: Reduce the incidence of Clostridium difficile

Monthly counts of C. difficile infections by Acute Trust for patients aged 2 years and over, April 2012 to March 2013



Reduce surgical site infection rates in orthopaedics

NHS trust	Category	Year	No. surveillance qtrs in which Trust participated	Surgical Site Infections								
				No. operations	Inpatient				Inpatient and re-admission			
					No.	%	95% LCI*	95% UCI*	No.	%	95% LCI*	95% UCI*
Buckinghamshire Healthcare NHS Trust	6	2012/13	4	372	0	0.00	0.00	0.99	4	1.08	0.29	2.73
	7	2012/13	4	417	1	0.24	0.01	1.33	3	0.72	0.15	2.09
	15	2012/13	1	82	1	1.22	0.03	6.61	3	3.66	0.76	10.32
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	6	2012/13	4	246	0	0.00	0.00	1.49	1	0.41	0.01	2.24
	7	2012/13	4	337	0	0.00	0.00	1.09	1	0.30	0.01	1.64
Oxford University Hospitals NHS Trust	6	2012/13	1	246	2	0.81	0.10	2.91	2	0.81	0.10	2.91
	15	2012/13	1	125	2	1.60	0.19	5.66	2	1.60	0.19	5.66
Royal Berkshire NHS Foundation Trust	7	2012/13	3	297	1	0.34	0.01	1.86	5	1.68	0.55	3.88

Source: Public Health England. Surveillance of Surgical Site Infections in NHS hospitals in England

Reduce the number of medication errors

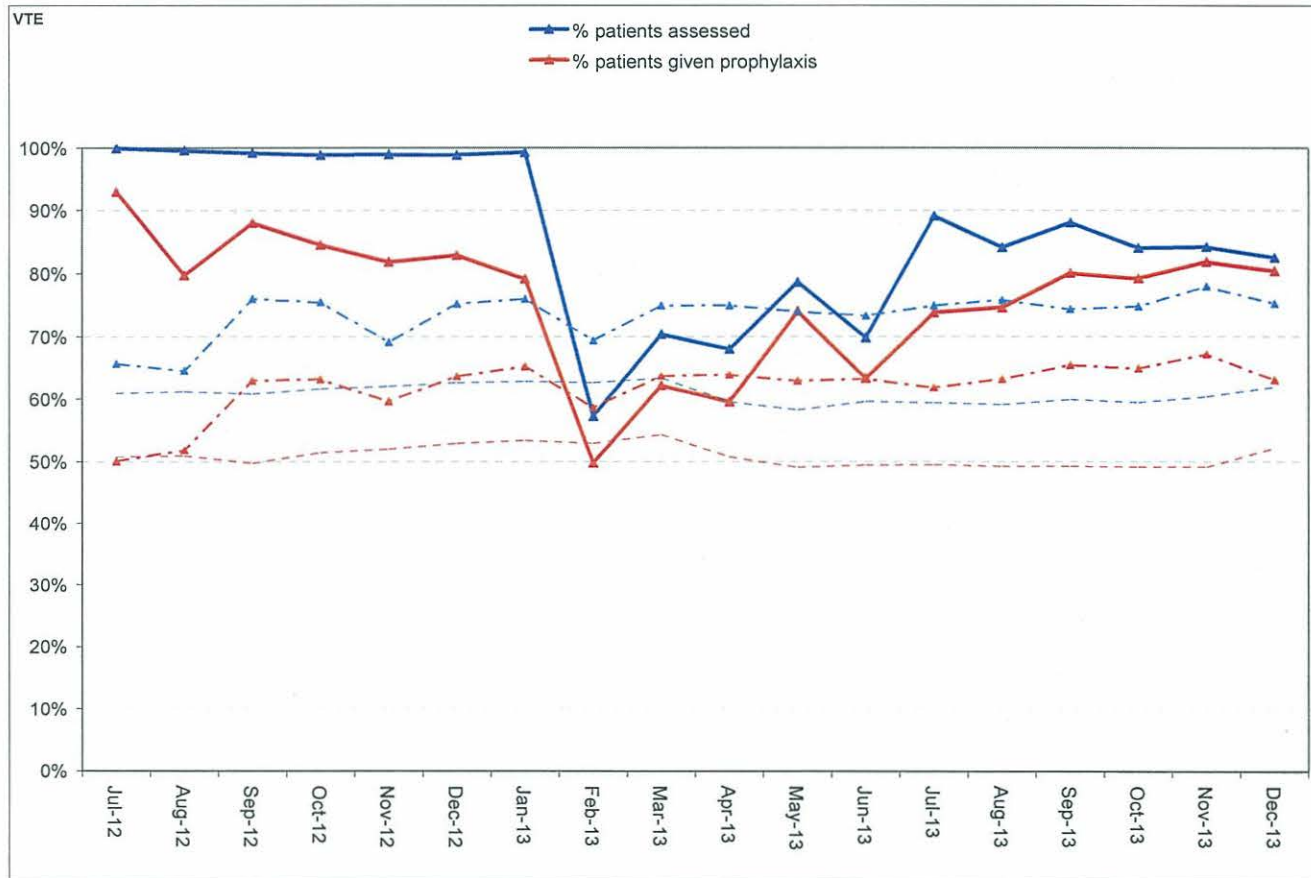
Organisation name	Number of months reported (1-6)	Median number of days between incidents occurring and being reported to the NRLS	Number of incidents occurring	Rate per 100 admissions	Medication	
					N	%
ROYAL BERKSHIRE NHS FOUNDATION TRUST	5	23	2904	6.34	425	14.63
All Large Acute organisations		33	172681	7.27	17545	10.16

Source: National Reporting and Learning System Organisation Patient Safety Incident Reports

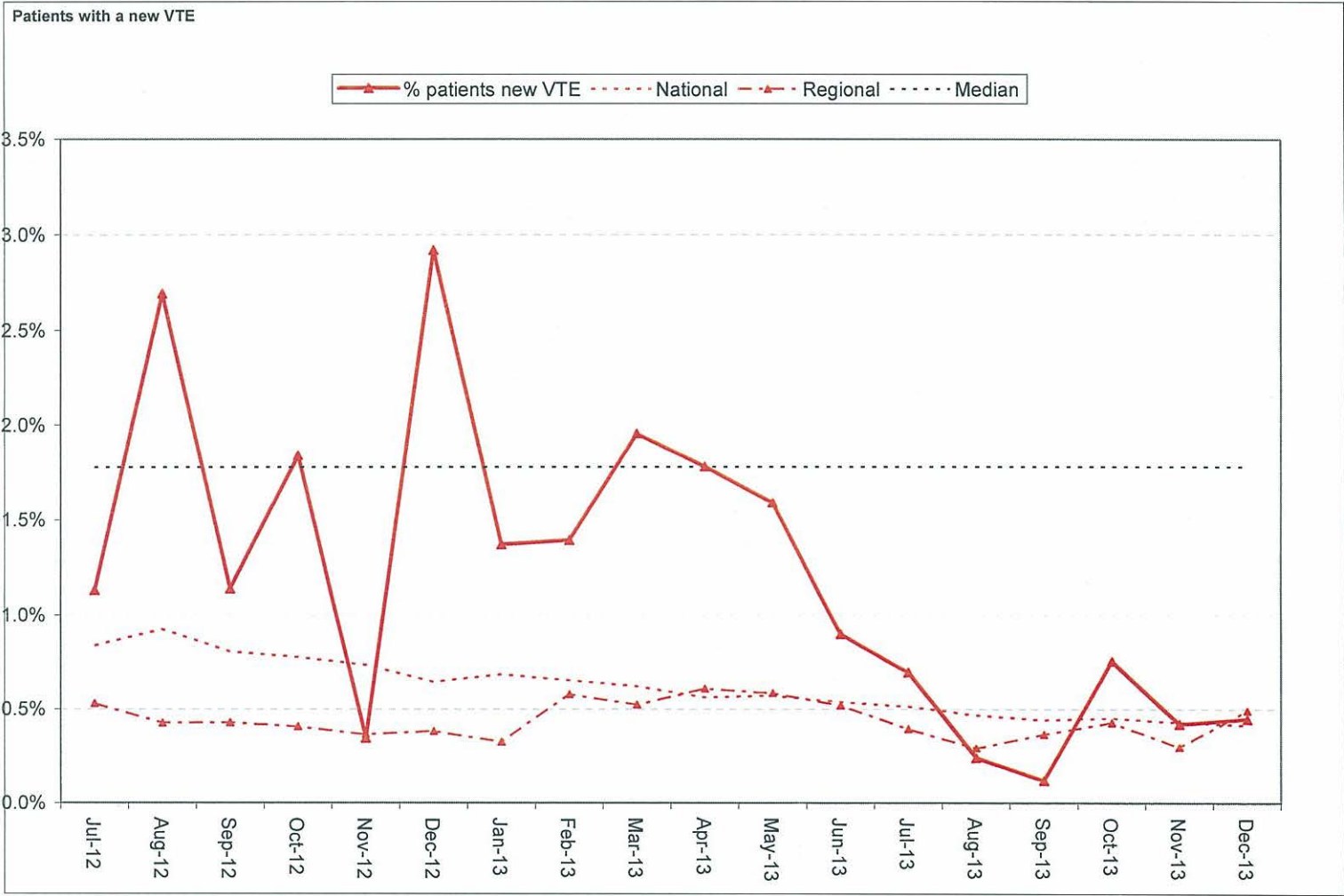
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Reduce harm by improving performance in the 4 Safety thermometer areas:-

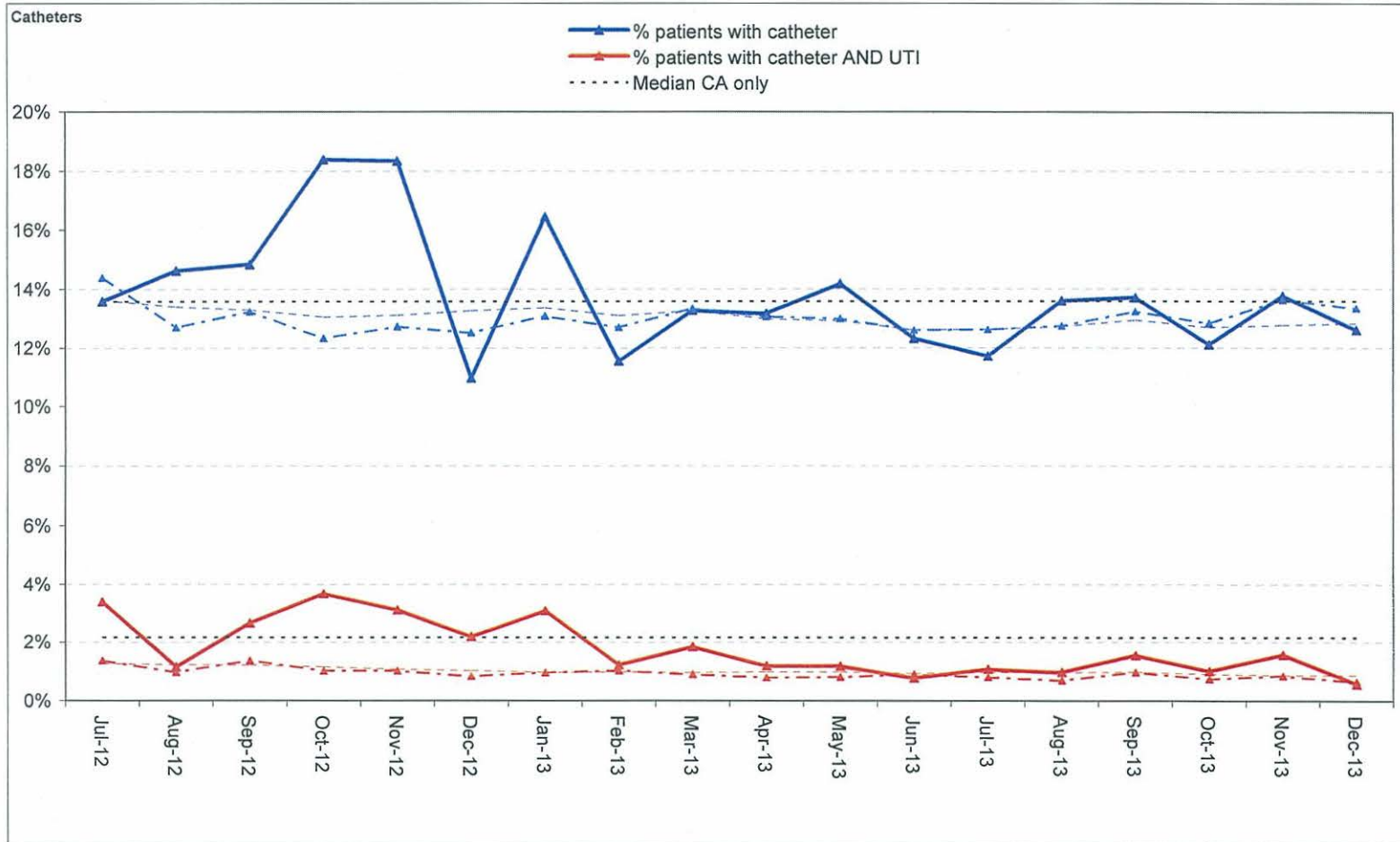
- Venous thromboembolism (RBH = bold line, regional benchmark = dash line and marker, national benchmark = dot line)



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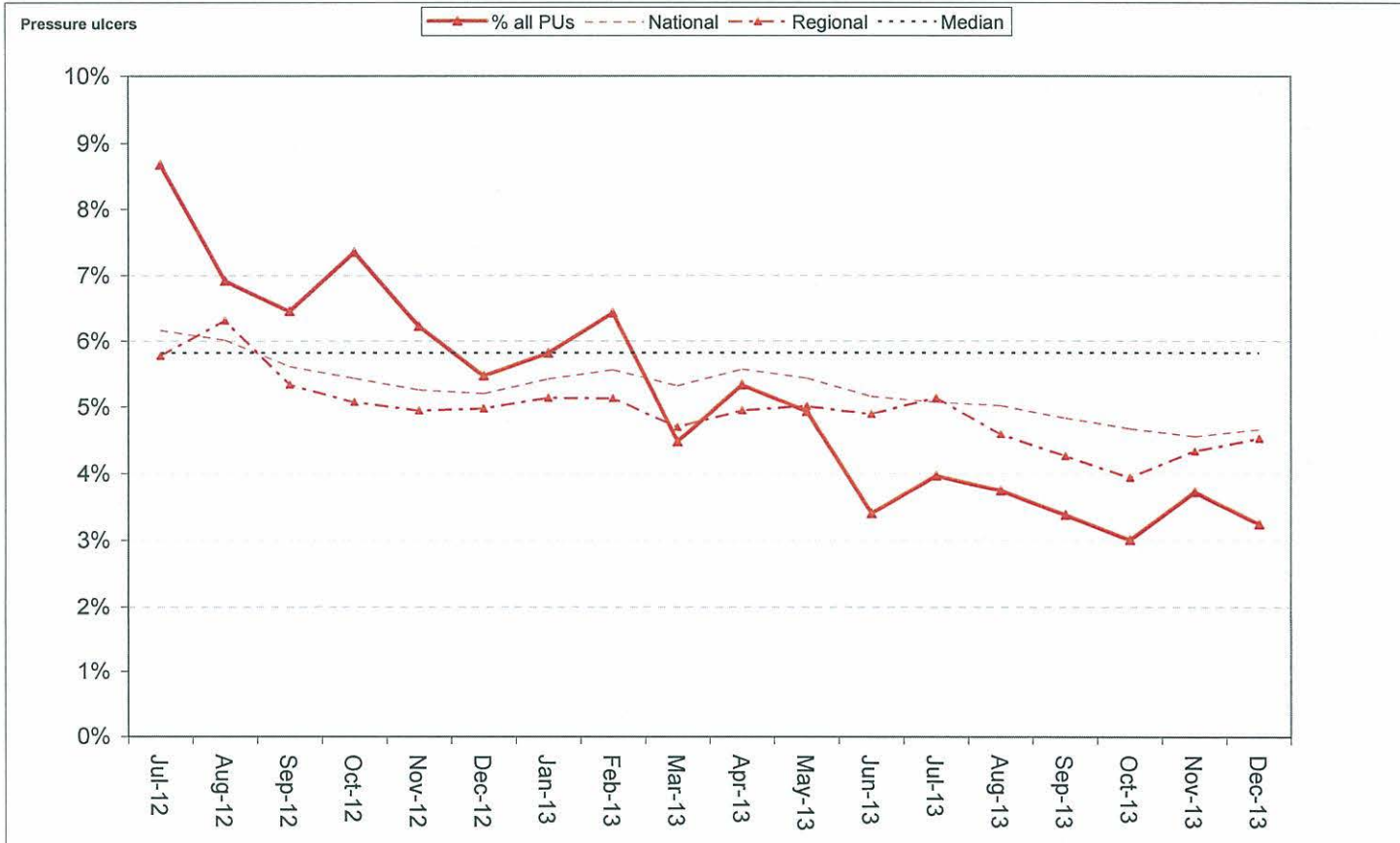


- Urinary tract infections (RBH = bold line, regional benchmark = dash line and marker, national benchmark = dot line)



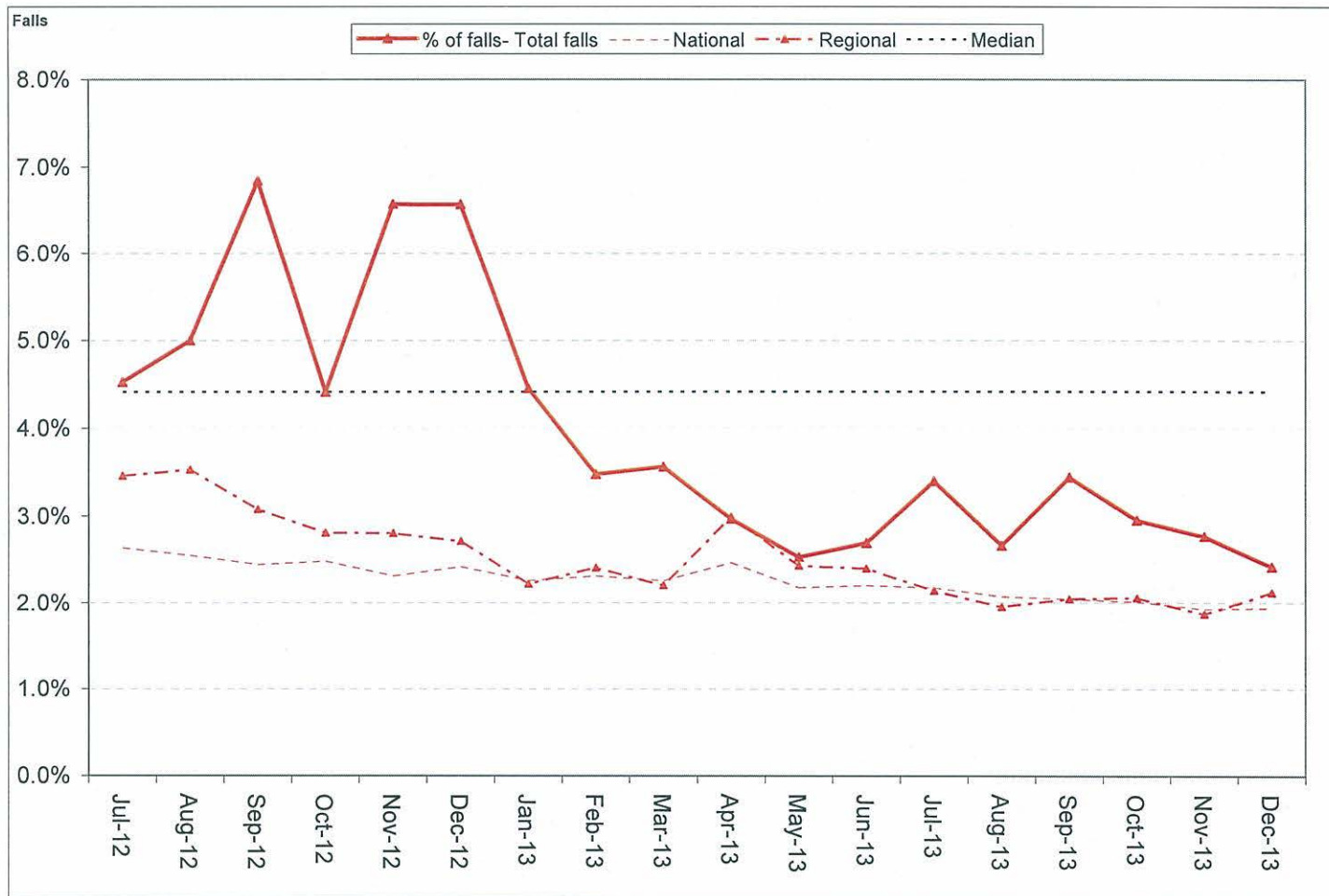
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- Pressure ulcers(RBH = bold line, regional benchmark = dash line and marker, national benchmark = dot line)



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- Falls (RBH = bold line, regional benchmark = dash line and marker, national benchmark = dot line)

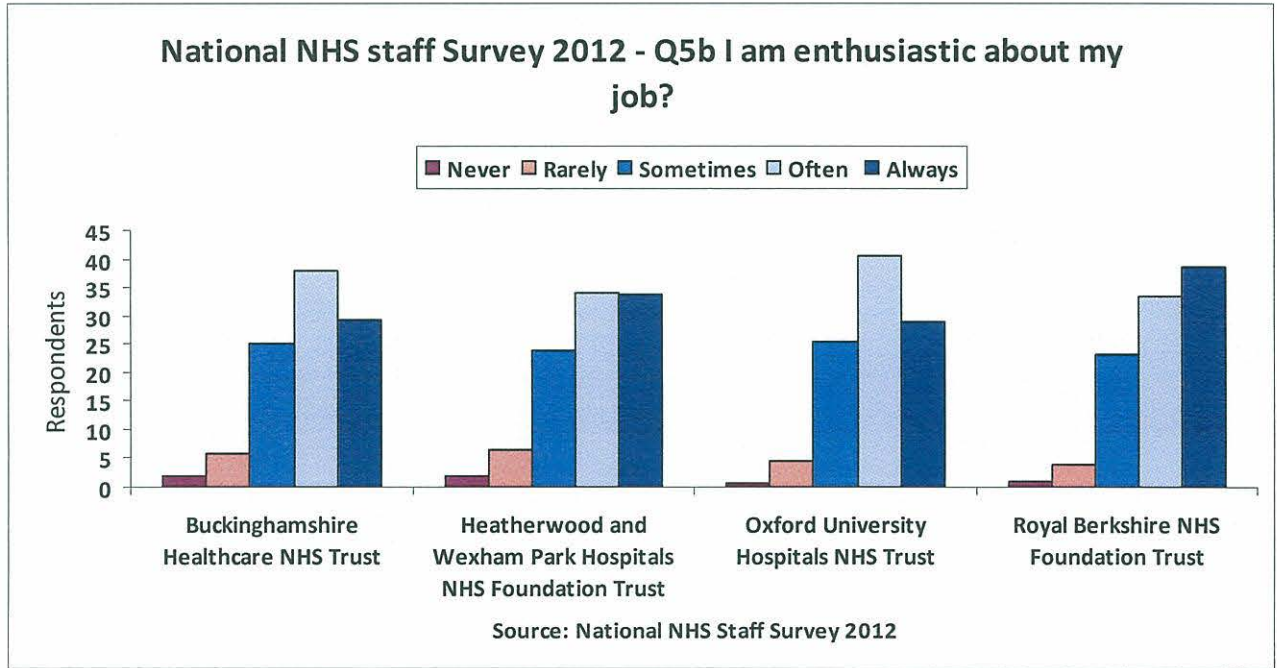


Improve performance in mandatory training

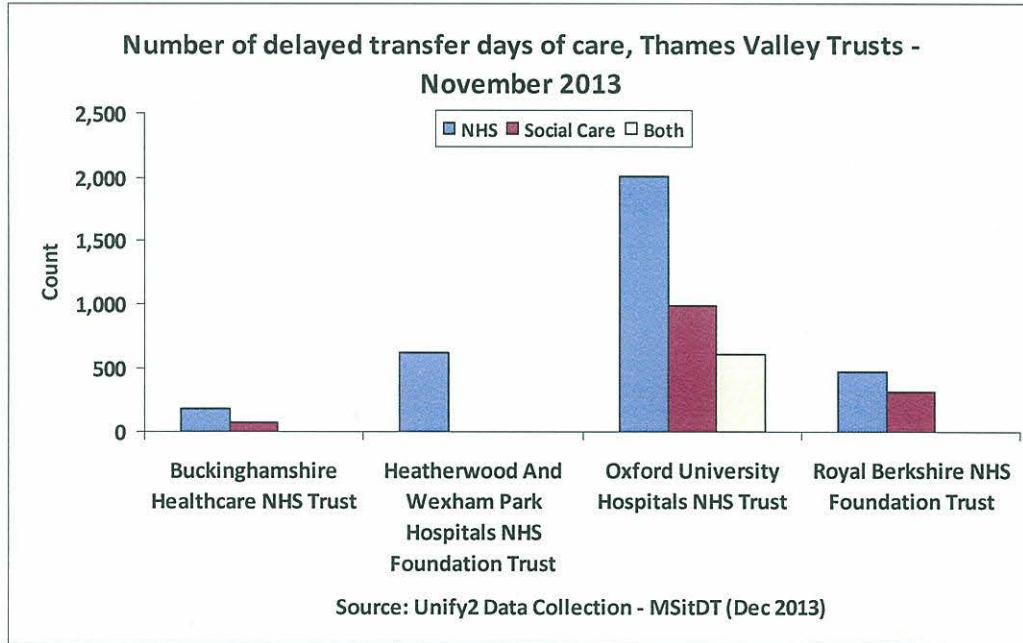
	a) Health and safety training	b) Equality and diversity training	c) How to prevent or handle violence and aggression to staff, patients / service users.	d) Infection control (e.g. Guidance on handwashing, MRSA, waste management, disposal of sharps/needles)	e) How to handle confidential information about patients / service users.	f) How to deliver a good patient / service user experience	g) Any other job-relevant training, learning or development
	Yes, in the last 12 months	Yes, in the last 12 months	Yes, in the last 12 months	Yes, in the last 12 months	Yes, in the last 12 months	Yes, in the last 12 months	Yes, in the last 12 months
Trust	%	%	%	%	%	%	%
Buckinghamshire Healthcare NHS Trust	70	63	37	77	77	57	77
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	63	51	38	58	71	50	71
Oxford University Hospitals NHS Trust	83	83	32	83	81	49	79
Royal Berkshire NHS Foundation Trust	58	45	27	72	60	39	78
Berkshire Healthcare NHS Foundation Trust	90	70	46	85	74	39	84

Improve staff attitude & behaviours

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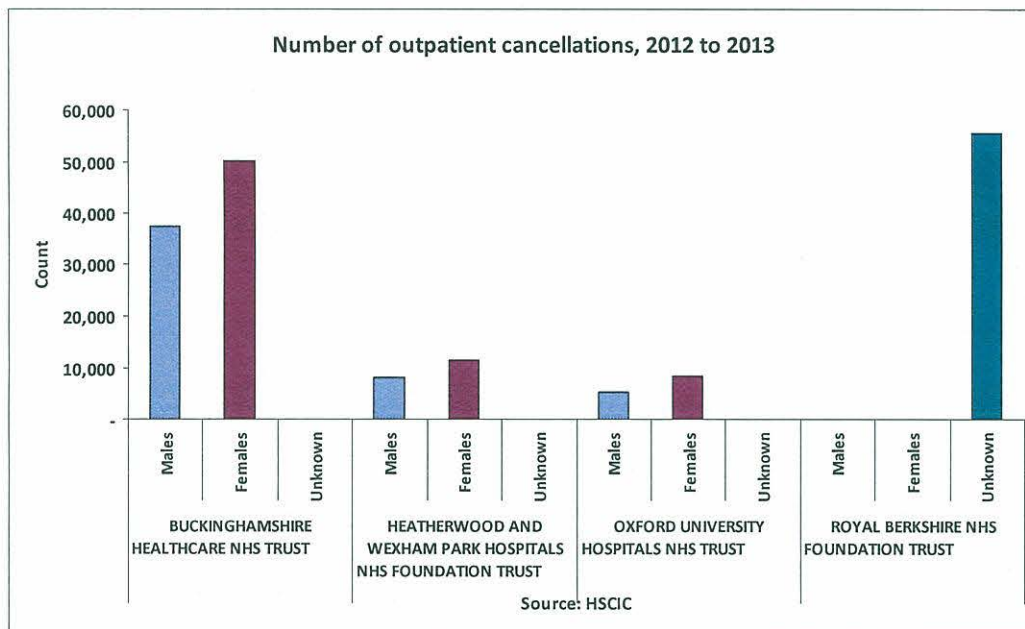


Reducing length of stay through delayed transfers of care and improved discharge planning



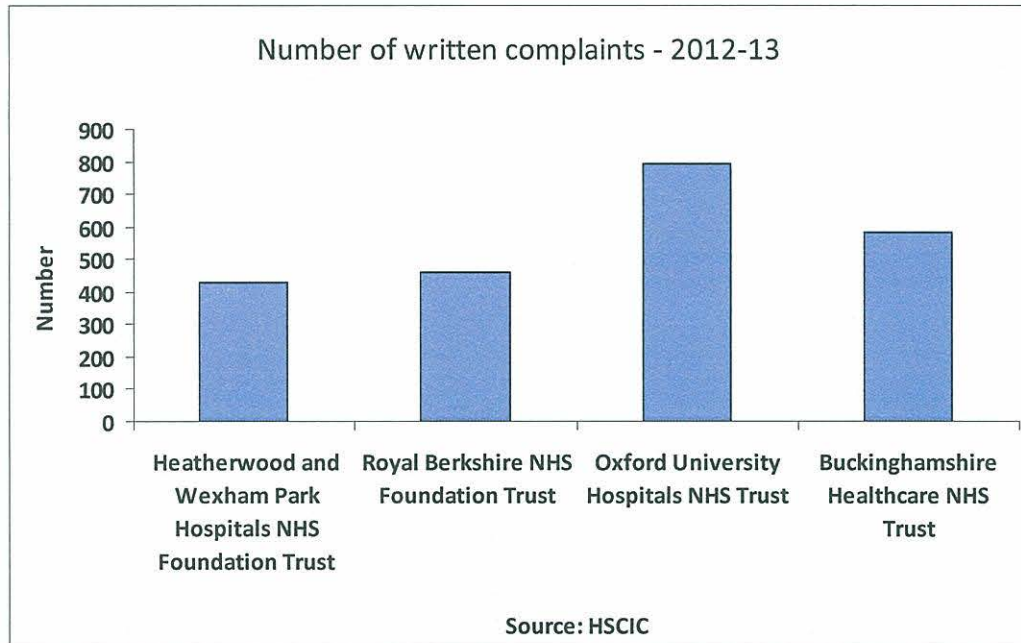
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Improve administration systems (to improve booking processes, reduce cancellations)



Trust	Patient cancellations			
	Males	Females	Unknown	Total
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	13%	13%	18%	13%
HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS FOUNDATION TRUST	5%	4%	-	4%
OXFORD UNIVERSITY HOSPITALS NHS TRUST	1%	2%	7%	1%
ROYAL BERKSHIRE NHS FOUNDATION TRUST	0%	0%	12%	10%

Improve responding quickly and appropriately to complaints and responding to survey results



Improve patient information regarding treatment & care (verbal & written)

Survey	Measure	Comparison to national average
AAE	Q12. Did a doctor or nurse explain your condition and treatment in a way you could understand?	Same
AAE	Q14. If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	Same
AAE	Q18. How much information about your condition or treatment was given to you?	Same
AAE	Q24. Did a member of staff explain why you needed these test(s) in a way you could understand?	Same
AAE	Q26. Did a member of staff explain the results of the tests in a way you could understand?	Same
AAE	Q35. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	Same
AAE	Q36. Did a member of staff tell you about medication side effects to watch for?	Same
AAE	Q37. Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	Same
AAE	Q39. Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?	Same

Survey	Measure	Comparison to national average
AAE	Q40. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the A&E Department?	Same
AAE	Q41. As far as you know, was your GP given all the necessary information about the treatment or advice that you received in the A&E Department?	Same
Inpatients	Q3. While you were in the A&E Department, how much information about your condition or treatment was given to you?	Same
Inpatients	Q24. When you had important questions to ask a doctor, did you get answers that you could understand?	Same
Inpatients	Q27. When you had important questions to ask a nurse, did you get answers that you could understand?	Same
Inpatients	Q31. Did a member of staff say one thing and another say something different?	Same
Inpatients	Q33. How much information about your condition or treatment was given to you?	Same
Inpatients	Q42. Did a member of staff explain the risks and benefits of the operation or procedure?	Same
Inpatients	Q43. Did a member of staff explain what would be done during the operation or procedure?	Same
Inpatients	Q44. Did a member of staff answer your questions about the operation or procedure?	Same
Inpatients	Q45. Were you told how you could expect to feel after you had the operation or procedure?	Same

Survey	Measure	Comparison to national average
Inpatients	Q47. Did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain?	Same
Inpatients	Q48. Afterwards, did a member of staff explain how the operation or procedure had gone?	Same
Inpatients	Q54. Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?	Better
Inpatients	Q55. Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	Same
Inpatients	Q56. Did a member of staff tell you about medication side effects to watch for when you went home?	Same
Inpatients	Q57. Were you told how to take your medication in a way you could understand?	Same
Inpatients	Q58. Were you given clear written or printed information about your medicines?	Same
Inpatients	Q59. Did a member of staff tell you about any danger signals you should watch for after you went home?	Same
Inpatients	Q61. Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?	Same
Inpatients	Q62. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Same

Survey	Measure	Comparison to national average
Inpatients	Q63. Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?	Same
Inpatients	Q64. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	Same
Maternity	Dating scan: was the reason for this scan clearly explained to you?	Same
Maternity	Were the reasons for having a screening test for Down's syndrome clearly explained to you?	Same
Maternity	20 week scan: was the reason for this scan clearly explained to you?	Same
Maternity	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	Same
Maternity	After the birth of your baby, were you given the information or explanations you needed?	Same
Maternity	Did you feel that midwives and other carers gave you consistent advice about feeding your baby?	Same
Outpatients	Before your appointment, did you know what would happen to you during the appointment?	Same
Outpatients	Did a member of staff explain why you needed these test(s) in a way you could understand?	Same
Outpatients	Did a member of staff tell you how you would find out the results of your test(s)?	Same
Outpatients	Did a member of staff explain the results of the tests in a way you could understand?	Same

Survey	Measure	Comparison to national average
Outpatients	Before the treatment did a member of staff explain what would happen?	Same
Outpatients	Were you told about any risks/benefits in a way you could understand before the treatment?	Same
Outpatients	Did the doctor explain the reasons for any treatment or action in a way that you could understand?	Same
Outpatients	How much information about your condition or treatment was given to you?	Same
Outpatients	Did a member of staff say one thing and another say something different?	Same
Outpatients	Did a member of staff explain to you how to take the new medications?	Same
Outpatients	Did hospital staff explain the purpose of the medicines you were to take home?	Same
Outpatients	Did a member of staff tell you about medication side effects to watch for?	Same
Outpatients	Was the reason for changing your medication explained in a way you could understand?	Same
Outpatients	Were you told what danger signals to watch for after you went home?	Same
Outpatients	Were you told who to contact if you were worried about your condition or treatment after you left hospital?	Same

To reduce the rate of emergency & elective readmissions

Label	Indirectly age, sex, method of admission, diagnosis, procedure standardised percentage emergency re-admission within 28 days
HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS FOUNDATION TRUST	11.59
ROYAL BERKSHIRE NHS FOUNDATION TRUST	10.22
OXFORD RADCLIFFE HOSPITALS NHS TRUST	11.41
BUCKINGHAMSHIRE HOSPITALS NHS TRUST	9.37

Source: Health and Social Care Information Centre

Integration of elderly care/end of life care: pathways across acute & community to improve care

Indicator Type	PCT	No. Cas...	Value	England...	Current Performance
▶ Population					
▶ Deaths					
▼ Place of death					
23. Percentage of deaths in hospital	Berkshire West	1,710	53.8	54.5 42.2	70.2
24. Percentage of deaths in own home	Berkshire West	669	21	20.3 16	27.2
25. Percentage of deaths in hospice	Berkshire West	198	6.2	5.2 0.1	12.7
26. Percentage of deaths in care home	Berkshire West	532	16.7	17.8 3.7	32.1
▶ Cause of death					
▼ Deaths in hospital					
34. Percentage of terminal admissions that are emergencies	Berkshire West	1,304	81.5	89.7 78.5	97
35. Percentage of terminal admissions aged 85+	Berkshire West	581	36.3	37.8 27.8	49.5
36. Percentage of terminal admissions that are 8 days or longer	Berkshire West	782	48.9	48.8 37.6	57.8
37. Average number of bed days per admission ending in death	Berkshire West	19,602	12	13 8.1	16.2
▶ Care homes					
▶ Spend on end of life care					

Significance compared with England average: higher ● lower ● none ● could not be calculated

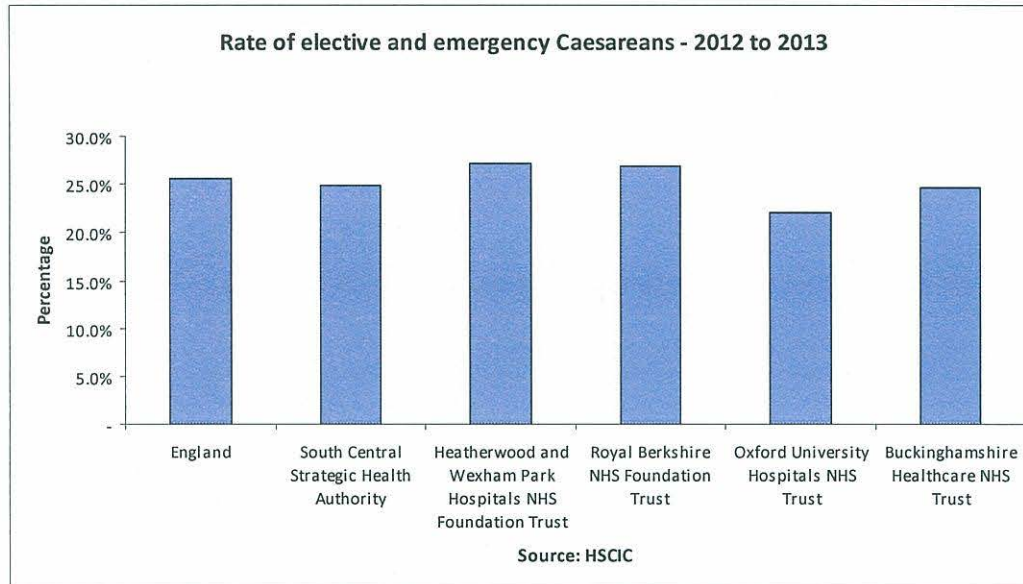
England Average | SHA Value ◆

Q0 to Q1 Q1 to Q3 Q3 to Q4

← →

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Reduce Maternity C-section rates



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Mortality: To improve weekend HSMR

Indicator Name	Indicator Description	Risk band
HSMR	Hospital Standardised Mortality Ratio	Within expected range
HSMRWKDAY	Hospital Standardised Mortality Ratio – patents admitted on weekdays	Within expected range
HSMRWKEND	Hospital Standardised Mortality Ratio – patents admitted on weekends	Higher than expected

Source: CQC Intelligent Monitoring Indicators and Methodology

Reduce waiting times to ensure treatment received at the right time

