

QUALITY ACCOUNT 2009/10





Part 1

Statement on Quality from the Chief Executive of Berkshire Healthcare NHS Foundation Trust

High quality care is the primary aim of Berkshire Healthcare Foundation Trust. The Trust has been rated as excellent for quality of services by the HCC/CQC for the past 3 years and is committed to maintaining and improving levels of quality. The focus this year has continued to be on providing high quality care and support in the community, close to the patient's home, and avoiding hospital admission wherever possible. Community provision has included Early Intervention Teams for young people with psychotic illness; Home Treatment Teams for adults of working age and older people offering alternatives to admission and teams providing Assertive Outreach services. To provide effective care close collaboration with social services, community providers, voluntary groups and primary care has been essential. Working with patients towards recovery, ensuring they are fully involved in their care and enabling the people who use our services to lead fulfilled lives is, increasingly, the aim.

One of the key areas for development during the year has been our 'Talking Therapies' services which improve access to psychological therapies in primary care. These have been provided in West Berkshire initially and are now being developed in East Berkshire. They provide hundreds of people in Berkshire with quick access to evidence based psychological treatments in primary care, supporting GPs in tackling mental health problems early and preventing more serious illness.

Where inpatient care is required we have aimed to further enhance the experience for patients, effectiveness of interventions and safety. During the past year the Trust has extended the accreditation of wards with the Royal College of Psychiatrists to include those for older people in addition to adult wards. Accreditation for the Psychiatric Intensive Care Unit (PICU) is also being sought. The Trust has aimed to provide services for patients as close to home as possible and placements 'out of area' have been monitored closely with a view to providing such services outside Berkshire only where there is a clinical imperative. Plans for enhancing the quality of the inpatient environment include the development of new services in some areas and fully utilising the space available at Prospect Park Hospital. Options for development will involve public consultation in 2010/11.

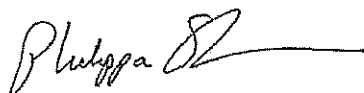
In order to provide effective services for patients it is vital that staff are happy with their working environment and receive the appropriate support and training to carry out their role. Berkshire Healthcare provides some excellent education and training opportunities for staff. The collaboration with Reading University and the Charlie Waller Foundation to provide training in evidenced based psychological interventions maintains very high standards. The training experience for higher psychiatry trainees has been rated as excellent. We have worked hard to ensure that all staff engage

with statutory and mandatory training. The further development of supervision and appraisal with a clinical focus is a key priority.

The Trust is embarking, in consultation with key stakeholders, on a process of transformational change to deliver 'Next Generation Care' - enhancing patient experience, clinical effectiveness and safety whilst improving financial efficiency. Ongoing high profile clinical audit, systematic evaluation and organisational learning are central to achieving this. Maintaining the patient at the centre of all we do; treating people who use our services, carers, colleagues and partners with dignity and respect and providing services which are easy to access and navigate remain key underlying principles driving service development.

We can confirm that the information provided in this report is, to the best of our knowledge, accurate. The report gives a fair representation of the current services provided and the priorities for enhancing these in the year ahead. Underlying the improvements in quality during the year have been the 'local quality accounts' developed by specific services within the Trust. Each service has prioritised at least three areas for improvement incorporating patient experience, clinical improvement and patient reported outcome measures. Although it is not possible to provide details on all these initiatives for quality improvement in this report it is important to recognize that the drive to provide ever improving care for patients comes from the clinicians working with patients every day as well as from the Trust Board and commissioning organisations. The 'local quality accounts' will be made available to staff via the Trust intranet to facilitate shared learning across the organisation.

We are confident that through the publication of this account, the pursuit of quality will be consolidated as the driving force behind developments within the Trust. The priorities set out here will act as catalysts for achieving the many additional improvements identified in our quality schedule for the coming year.



Philippa Slinger CEO
Berkshire Healthcare NHS Foundation Trust



Part 2

Priorities for improvement and statements of assurance from the Board

A. Priorities for improvement

The quality measures reported on for 2009/10 (part 3) will continue to be monitored during 2010/11. The key priorities for improvement during this year, consistent with our objectives under Next Generation Care were informed by patient feedback as part of the preparation for the Programme. They will be:

1. **Dignity and respect** – ensuring that people who use our services are treated consistently well and remain at the centre of all we do. This will be supported through fostering positive interactions between colleagues.

Initiatives: Improvement in this area is a key objective of the Next Generation Care programme. In order to monitor and evaluate progress, a number of initiatives have been put in place including a programme of 'mystery shopper' type evaluations. Questions on Dignity and Respect have been included in Patient Experience Trackers (PETs) for the majority of services within the Trust. Some variation between services remains. Questions on being treated with dignity and respect by psychiatrists and nurses are included in the national inpatient survey.

A Culture & Values team has been working with staff members to more clearly understand these issues and seek ways to change attitudes and behaviours where necessary. Harmonious working relationships lead to a working environment which results in high levels of both staff *and* consumer satisfaction. The Culture and Values work stream is looking at how we increase staff engagement and satisfaction through a consistent motivational approach to managing people. These interactions between colleagues are likely to affect the way people who use our services are treated.

Primary measures:

PET question 'I was treated with dignity and respect'.

April 2011 target: Below 1% strongly disagree. Below 2% disagree or strongly disagree.

National surveys

April 2011 target: Year on year improvement. Top 50% of Trusts for 2010.

Majority (>50%) of patients reporting they are always treated with respect and dignity by staff.

Supplementary measures:

National staff survey Key findings (KF) 3, 27 and 34-37 (Appendix 1).

2010/11 target: Year on year improvement. Above 85% of staff feeling valued by work colleagues. Below 10% of staff experiencing harassment.

Staff satisfaction ratings (KF 34 – 37)

2010 target: better than average ratings in all four measures in 2010.

2011 target: Best 20% ratings in 3 out of 4 staff satisfaction ratings.

2. **Patient safety** - with inpatients feeling safe on the ward

Initiatives: The patient survey in 2009 for the Trust indicated that only a minority of patients (41%) always felt safe in hospital. Staff are striving to improve the environment, increase incident reporting and quality of interactions on the wards to help patients to feel safer. To monitor how safe patients feel, a question has been included to address this in Patient Experience Trackers (PET) for inpatients ('Did you feel safe on the ward?').

Primary measure:

PET question 'Did you feel safe on the ward?'

2010/11 target: Quarterly improvements in positive PET responses.

April 2011: The majority (>50%) of inpatients should strongly agree. Below 15% disagree or strongly disagree.

National inpatient survey: the Trust should score better than most Mental Health Trusts on this measure with more than 50% of patients always feeling safe and fewer than 15% not feeling safe.

Supplementary measures: Trust Scorecard. The Trust Board currently receives reports on a wide range of patient safety incidents (e.g. safeguarding children audit, infection control annual report and serious untoward incidents (SUIs) and a scorecard that provides specific metrics. The metrics on the Trust Scorecard have been analysed and adjusted against key incident areas in mental health services in conjunction with an improved Quality Framework Structure. These prioritised metrics will be included and monitored during 2010/11.

3. **The experience of people who use our services** - for patients to experience an accessible, seamless service with the right care being provided first time.

Patients should be involved in their care, feel listened to and know how to get help in a crisis. The experience of patients is monitored using Patient Experience Trackers and using national patient surveys for community and inpatients. Key measures of patient experience are included in the Patient Experience Trackers such as:

I felt sufficiently involved in the decisions made regarding my care
(84%) n=2291

I felt listened to during my appointment (86%) n=4046

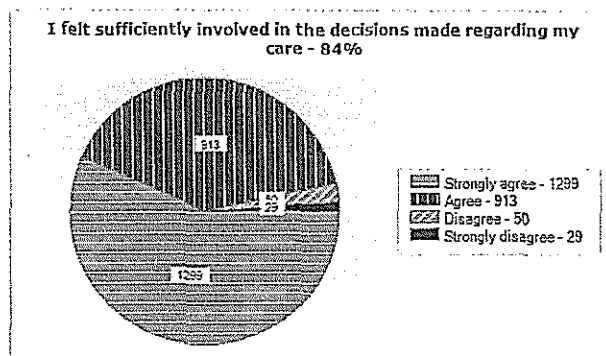
I know how to get help in a crisis (83%) n=4046

I was satisfied with this experience (83%) n=1463

These questions and others related to patient experience will continue to be utilized to give prompt feedback to teams so that deficits can be tackled early.

Primary measures: as a Trust we aim to increase the use of PETs in all service areas and increase the proportion of patients agreeing and strongly agreeing with these statements. The objective:

April 2011 target: Below 1% responding 'strongly disagree' for these key questions.



PET report example

4. **Clinical Effectiveness** – Implementing universal supervision and appraisal for clinical staff to drive, monitor and enhance best clinical practice, incorporate NICE guidelines and optimal professional standards.

Primary measures:

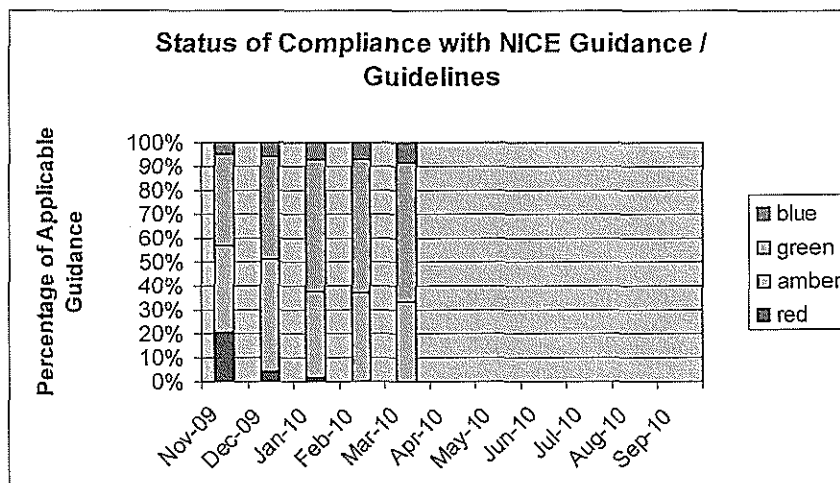
April 2011 target: 90% of clinical staff have a Personal Development Plan incorporating improved clinical effectiveness and be up to date with statutory and mandatory training.

National staff survey 2010 Key findings 11-16 (Appendix 1): All six measures better than average.

Supplementary measures: Implementation of NICE guidelines – Trust RAGB rating

April 2011 target: No red ratings, below 20% amber ratings, all NICE technology Appraisals green or blue.

Status of Compliance with NICE guidelines at end of 2009/10:



5. A focus on 'recovery' and working collaboratively with the people who use our services to maximise independence, helping them to lead an optimised lifestyle.

Primary measures:

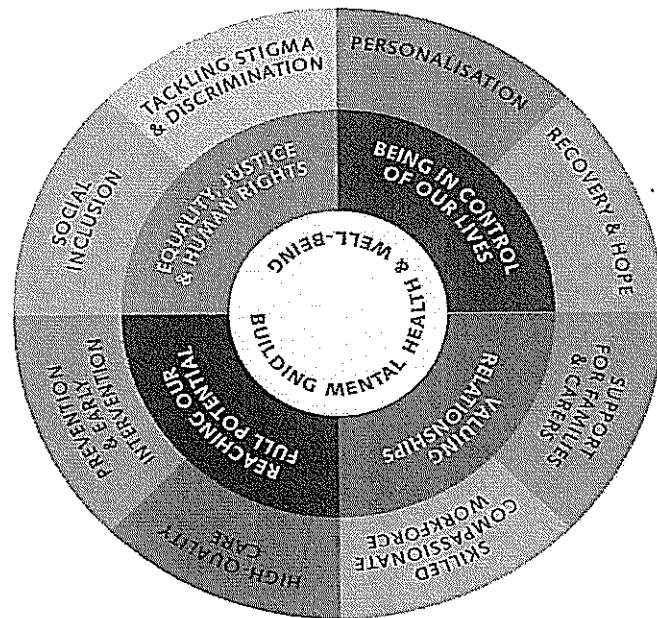
Accommodation and employment outcomes for people on Care Programme Approach (CPA).

2010 target: Accommodation outcome above 50%. Employment outcome above 10%

Supplementary measures:

April 2011 target: The Mental Health Recovery Star and Wellness Recovery Action Plan will be used for 50% of adults under CPA in the community.

Further recovery and re-enablement focussed outcome measures will be identified.



New Horizons: towards a shared vision for mental health. Department of Health: Mental health Division 2009



B. Statement of assurance from the Board

During 2009/10 Berkshire Healthcare Foundation Trust provided and/or sub-contracted 18 NHS services. The Trust Board has reviewed all the data available to them on the quality of care in all 18 of these NHS services. The income generated by the NHS services reviewed in 2009/10 represents 100% of clinical services and 79% of the total income generated from the provision of NHS services by Berkshire Healthcare Foundation Trust for 2009/10.

The data reviewed aims to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience. Further improvements in the metrics used and processes in place to gather good quality data in these areas is planned for 2010/11. The key quality performance indicators presented to the Board have been further reviewed, particularly in the area of patient safety. Details of a selection of the measures monitored monthly by the Board which are considered to be most important for quality reporting purposes are included in Part 3. There was a thorough review of outcome measures used in June 2009 so data from this date is presented.

John Hedger
Chair Berkshire Healthcare NHS Foundation Trust

Audit

During 2009-2010 three national clinical audits and one national confidential enquiry covered NHS Services that Berkshire Healthcare NHS Foundation Trust provides. During that period Berkshire Healthcare NHS Foundation Trust participated in 100% of the national clinical audits and national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquires that Berkshire Healthcare NHS Foundation Trust was eligible to participate in during 2009-2010 are as follows:

<u>POMH: prescribing topics in mental health services</u>
<u>National Falls and Bone health Audit</u>
<u>National Audit of Psychological therapies for Anxiety & Depression</u>
<u>National Confidential Enquiry Into Suicide and Homicide by People with mental illness</u>

The national clinical audits and national confidential enquires that Berkshire Healthcare NHS Foundation Trust participated in during 2009-2010 are as follows:

POMH: prescribing topics in mental health services
National Health Promotion in Hospital audit
National Audit of Psychological therapies for Anxiety & Depression (registration only, data collection to start May 2010)
National Falls and Bone health Audit - Organisational Audit (for 2010/11, registration only, data collection to start September 2010)
National Confidential Enquiry Into Suicide and Homicide by People with mental illness

The national clinical audits and national confidential enquires that Berkshire Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2009-2010 are listed (see table A) alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table A

Topic	Number of Cases %				
POMH: prescribing topics in mental health services	100% (5/5 eligible topics) 100% (221/221 eligible patients, with available data)				
	Topic	Date/Month	Number of patients	Number of patients eligible	% of patients included
	8 Medicines Reconciliation	March 2009	35	35	100%
	2 metabolic side effect monitoring	April 2009	18	(1/6 locality - Newbury)	NA ¹
	9 Antipsychotic use in LD	June 2009	96	96	100%
	6 side effects for people on depots	Sept 2009	13	(1/6 locality - slough)	NA ²
	1e high dose Antipsychotic use	Jan 2010	90	90	100%
¹ Can not calculate whole population as retrospective data unavailable.					
² Can not calculate as records do not include community prescribing data					
National Health Promotion in Hospital (NHPH) audit	100% (100/100 required patients)				
National Falls and Bone health Audit - Organisational Audit	100% (1/1 eligible topics)				
National Confidential Enquiry Into Suicide and Homicide by People with mental illness	100% (25/25 required patients*)				
* data over three years					

The reports of 7 national clinical audits were reviewed in 2009-2010 by Berkshire Healthcare NHS Foundation Trust. These were the 5 POMH reports, the initial findings from the NHPH audit (awaiting final report from organisers), and the Falls and Bone Health Audit.

The Trust undertakes a programme of local audit on clinical performance which is reported to the Trust Board. A total of 41 local clinical audits were registered as complete in 2009/10 by Berkshire Healthcare NHS Foundation Trust.

Research

The number of patients receiving NHS services provided or sub-contracted by Berkshire Healthcare NHS Foundation Trust in the year April 2009 to March 2010 that were recruited during that period to participate in research approved by a research ethics committee was as follows:

224 to 24 studies included in the National Institute for Health Research (NIHR) Portfolio.

During 2009/10 the number of active Portfolio studies recruiting in Berkshire Healthcare NHS Foundation Trust increased from 11 to 23. All the Portfolio studies were supported by Thames Valley Comprehensive Local Research Network (TVCLRN) or the Mental Health (MHRN) or Dementias and Neurodegenerative Diseases Research Network (DeNDRON). This increasing level of participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

There was an increase in the total number of studies active in Berkshire Healthcare NHS Foundation Trust, from 28 in April 2009 to 41 in March 2010, including Portfolio studies, other funded research not included in the Portfolio, and student and trainee research. The Research Passport scheme has been fully implemented in the Trust since April 2009, and is the sole means of researchers employed in higher education obtaining either Honorary Research Contracts or Letters of Access. Where appropriate, research is established and managed under either the model Clinical Trials Agreement or the model agreement for non-commercial research. The planned recruitment for 2009/10 for non-Portfolio studies was 275.

CQUINS

The Trust's CQUIN payment of £390k, 0.5% of £78m was due to be paid for the achievement of quality objectives agreed with both NHS Berkshire West and NHS Berkshire East (see table B). The lesser amount of £382,500 was paid as indicator 1 (older peoples service pathway redesign) was not considered to be fully achieved in East Berkshire.

Table B – CQUIN indicators (2009/10)

Indicator 1	Older Adult Community, Inpatient and Day services: - review/redesign pathway <i>Value: 20% of 0.5% of the annual contract value</i>
Indicator 2	Intensive Care Unit: Service pathway, review/redesign to ensure maximum usage of resource <i>Value: 20% of 0.5% of the contract value</i>

Indicator 3	Mother & Baby service provision: service pathway review/redesign <i>Value 15% of 0.5% of the annual contract value</i>
Indicator 4	Patient outcome measurement: Planned introduction and embedded use of HONOS or client group specific outcome measures for all client groups <i>Value: 15% of 0.5% of the annual contract value</i>
Indicator 5	Out of Area placement: Review and improve as necessary reporting metrics for client group and associated budget allocation <i>Value: 10% of 0.5% of the annual contract value</i>
Indicator 6	Achievement of 75% of all national and locally agreed priorities (Schedule 3 Parts 4 A & B of the Trust contract with the local Primary Care Trusts) <i>Value: 20% of 0.5% of the annual contract value</i>

For 2010/11 there are a total of 8 CQUIN goals divided into 19 indicators. The Trust's CQUIN payment of £1.15m, 1.5% of £77m is to be paid for the achievement of quality objectives agreed with both NHS Berkshire West and NHS Berkshire East. Further details of the agreed goals for 2010/11 and for the following 12 month period are available on request from the information office.

Care Quality Commission

Under the new registration system from April 2010 all NHS Trusts must show that they meet new essential standards of quality and safety to be registered with the CQC. Registration is a license to operate. Berkshire Healthcare NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions. The locations where Berkshire Healthcare NHS Foundation Trust carries out its registered activities are:

- Berkshire Adolescent Unit
- Fitzwilliam House
- Heatherwood Hospital
- Little House
- Prospect Park Hospital
- St Mark's Hospital
- Wexham Park Hospital
- 93-95 Papist Way

The activities that the Trust is registered to carry out and any conditions that apply are:

1. Assessment or medical treatment for persons detained under the Mental Health Act 1983.
2. Treatment of disease, disorder or injury.

Berkshire Healthcare NHS Foundation Trust is not subject to periodic review by the Care Quality Commission. Berkshire Healthcare NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Care Quality Commission has not taken enforcement action against Berkshire Healthcare NHS Foundation Trust during 2009/10.

Berkshire Healthcare NHS Foundation Trust's score for 2009/10 for information quality and records management assessed using the information governance toolkit was 76%.

NHSLA Risk Management Standards for Mental Health & Learning Disability Trusts

The Level 1 Assessment of key standards undertaken in November 2009 confirms that the Trust has been successful in achieving Level 1. The pass mark at each level is 40 out of 50 criteria. These scores described in the table below indicate that the organisation was successful in achieving compliance at Level 1 of the standards, scoring 49/50.

Standard	1	2	3	4	5
	Governance	Competent & Capable Workforce	Safe Environment	Clinical Care	Learning from Experience
Score	10/10	10/10	10/10	9/10	10/10
Compliance achieved per standard	Yes	Yes	Yes	Yes	Yes
Overall compliance achieved	Yes 49/50				

Quality of data

Berkshire Healthcare NHS Foundation Trust did not submit records during 2009/10 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. Berkshire Healthcare Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

KPMG, the Trust's external auditors, will carry out an audit of these Quality Accounts.

The key measures for data quality scrutiny this year by Monitor relate to:

- 7 day follow up
- Minimising delayed transfers of care
- Crisis Response/Home Treatment Teams gate keeping of inpatient admissions



Part 3

Other information

The key performance indicators for quality monitored by the Board on a monthly basis are included below. These include key indicators for patient safety, clinical effectiveness and patient experience, measures of employment and accommodation outcomes for people on CPA; measures of equality for people with learning disability and measures of data quality including the completeness of the Mental Health Minimum Data set. These were chosen to support the prioritised quality objectives set in the 2009/10 annual report and annual plan and match the National Priorities set for the year.

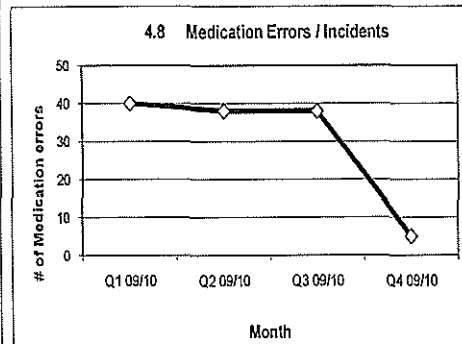
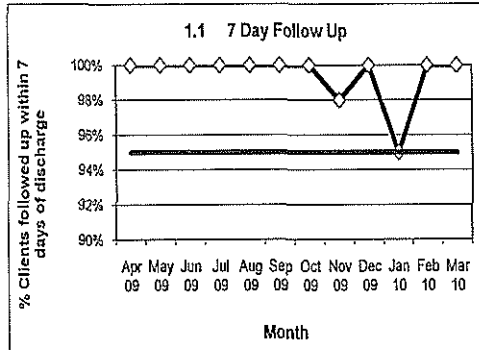
Domain/Metric	Units	Target	2009/10 Total / End of Year	Comments
Patient Safety				
7 day follow up	%	95%	99%	Follow up on discharge
Never Events	#	Green	0	No inpatient suicides
Medication Errors / Incidents	#	Green	121	Reducing trend
Infection Control (MRSA Bacteraemia)	#	0	0	No MRSA during year
Core standards declared as compliant	#	24	24	100% compliance for declaration
Infection Control (C.Difficile)	#	0	0	No C.Difficile during year
Clinical Effectiveness				
Minimising delayed transfers of care	%	7.5%	2%	Consistently achieved target
CR/HTT gate keeping of inpatient admissions	%	90%	99%	Consistently achieved target
Numbers of drug users in effective treatment	# vs. 08/09 # for same period	91%	79%	Drop in 4 th quarter coincides with discontinuation provider status for SMS
Readmission rate	%	< 10%	7%	Target achieved but rising trend
Patient Experience				
Experience of patients	Progress vs. action plan	Green	Green	
Complaints received	#	N/A	67	Rise in March 10

Complaints resolved within 25 days of agreed action plan with complainant	#	100%	N/A	90% in March 10
Compliments	#	N/A	32	Cumulative total
PETs: No of Responses	#	1164	4874	Monthly target
PETs: Satisfaction rating	#	65% - 100%	N/A	Cumulative year end total
Average length of stay - Acute	# days	30	35	Consistently > 80%
PEAT: Environment	#	4	4	Rising trend
PEAT: Food	#	4	4	Above target for most of year
PEAT: Privacy and Dignity	#	4	4	Satisfactory
Waiting times (by Locality / Service)				
Bracknell	weeks	< 18	4 to 12	Improvement during year
Newbury	weeks	< 18	4 to 5	
Reading	weeks	< 18	4 to 8	
Slough	weeks	< 18	2 to 12	
WAM	weeks	< 18	0 to 6	
Wokingham	weeks	< 18	4	
CAMHS	weeks	< 18	0 to 18+	
Specialist Services	weeks	< 18	0 to 18+	
Outcomes				
Accommodation outcomes for people on CPA	%	21.5%	90.9%	Consistently achieved target
Employment outcomes for people on CPA	%	3.4%	12.9%	Consistently achieved target
Data Quality				
Completeness of MHMDS	%	99%	98%	Drop from 100% in last 3 months
Data quality on ethnic group	%	85%	98%	
Information Governance / Security breaches	#	95% level 0 incidents	19	
Data entry time	#days	5	8	Falling trend during year. Achieved target in March
Equality & Diversity				
Best practice in MH services for people with LD	x out of 48	42	40	
Access to healthcare for people with learning disabilities	x out of 24	21	20	

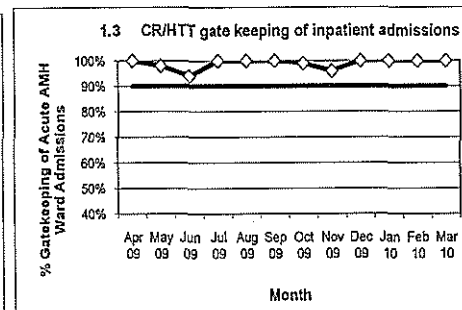
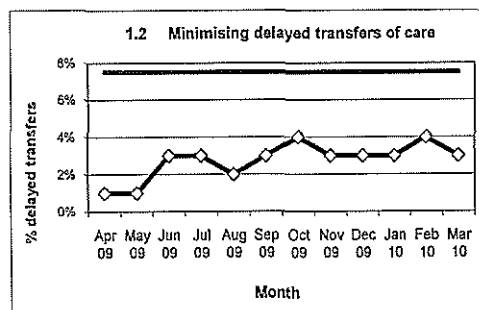
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Quality Performance Graphs (examples)

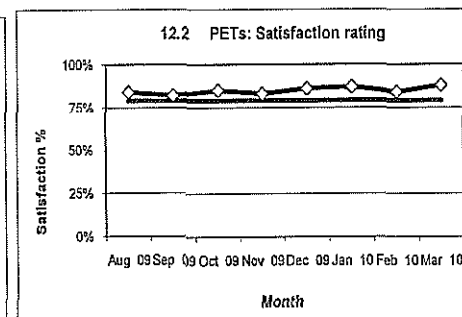
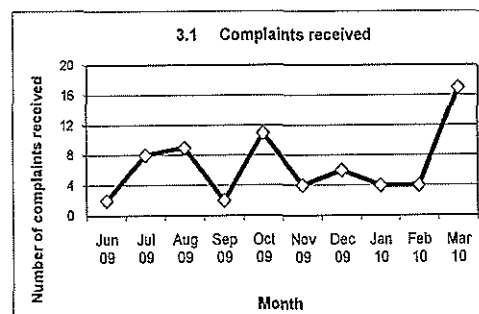
Patient Safety



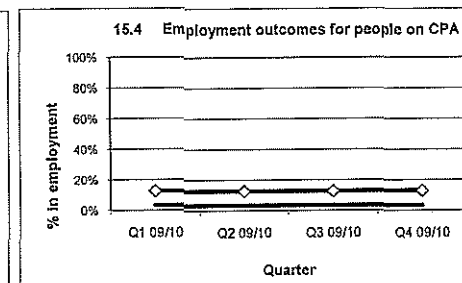
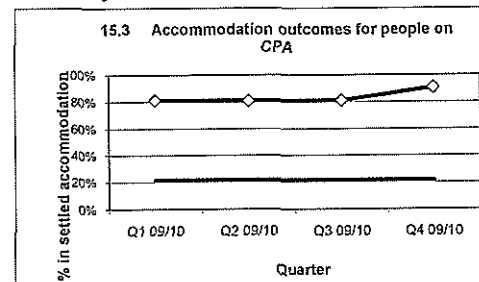
Clinical Effectiveness



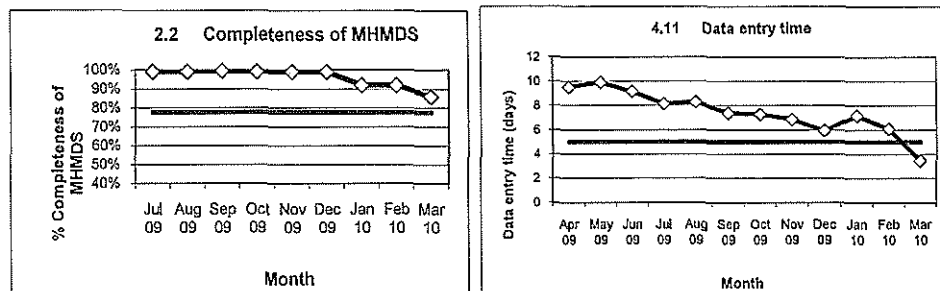
Patient Experience



Recovery Outcomes



Data Quality



Local Quality Reports

All services within Berkshire Healthcare Foundation Trust have chosen key local measures for quality improvement. Each includes patient reported outcome measures, patient experience measures and clinical improvement measures. It is not possible to report on all local measures but details for respective services are available on request. Frequent choices during the past year have related to the implementation of Health of the Nation Outcome measures and the use of Patient Experience Trackers in each service. There has been further progress in gaining accreditation for inpatient Mental Health Services as detailed below. The Trust's Electro Convulsive Therapy service was also 'approved with excellence' by the Royal College of Psychiatrists.

Accreditation scheme for Adult Acute Inpatient services

Accreditation for Acute Inpatient Mental Health Services (AIMS) is an initiative from the Royal College of Psychiatrists. A set of research based standards are used through a peer review process to identify high quality within inpatient settings. The process is aimed at helping wards to demonstrate compliance with the Healthcare Commission's Standards for Better Health and support NICE guidance. The Trust completed its accreditation of all 4 acute adult inpatient in 2008/09 and for older peoples' inpatient areas during 2009/10.

Bluebell Ward, Prospect Park Hospital	Accredited to April 2012
Daisy Ward, Prospect Park Hospital	Accredited to April 2012
Ward 10, Wexham Park Hospital	Accredited to June 2012
Ward 12, Heatherwood Hospital	Accredited to June 2012
St Mark's Hospital	Accredited to Dec 2013
Jasmine Ward, Prospect Park Hospital	Accredited to Feb 2014 (excellence)
Rowan Ward, Prospect Park Hospital	Accredited to Feb 2014
Ward 14, Heatherwood Hospital	Accredited to Dec 2013

Additional Quality Reports are available in relation to research activity, education and training, the Thames Valley Health and Innovation Cluster, occupational therapy developments, Nursing Observed Illness Intensity Scale (NOISS) implementation on Sorrel ward (Psychiatric Intensive Care Unit - PICU) as well as child and adolescent services, adult, older people's services and specialist services. A report on the improvements in implementing the Recovery model in adult services across Berkshire has been prepared and the 'Recovery Showcase' was a useful forum for sharing ideas and best practice during 2010. The development of 'Talking Therapy' services improving access to psychological therapies is a key initiative enhancing quality for patients in Berkshire and a detailed report on this service for 2009 can be provided on request. These Local Quality Accounts will be made available on the Trust intranet site with a view to shared learning across the Trust.



Appendix 1

NHS Staff Survey – description of key findings included in BHFT Quality Accounts

Key Finding No.	Description	BHFT Priority
3	Percentage of staff feeling valued by their work colleagues	Dignity & Respect
11	Percentage of staff feeling there are good opportunities to develop their potential at work	Clinical Effectiveness
12	Percentage of staff receiving job-relevant training, learning or development in last 12 months	Clinical Effectiveness
13	Percentage of staff appraised in last 12 months	Clinical Effectiveness
14	Percentage of staff having well structured appraisals in last 12 months	Clinical Effectiveness
15	Percentage of staff appraised with personal development plans in last 12 months	Clinical Effectiveness
16	Support from immediate managers	Clinical Effectiveness
27	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Dignity & Respect
34	Staff job satisfaction	Dignity & Respect
35	Staff intention to leave jobs	Dignity & Respect
36	Staff recommendation of the trust as a place to work or receive treatment	Dignity & Respect
37	Staff motivation at work	Dignity & Respect

Appendix 2

A draft copy of the Quality Account was provided to each of the Commissioning Primary Care Trusts, Overview and Scrutiny Committees and Local Involvement Networks in the areas covered by Berkshire Healthcare Foundation Trust. The following statements and questions were received in response:

Statements from Primary Care Trusts

11 June 2010

NHS Berkshire West response to the Berkshire Healthcare NHS Foundation Trust Quality Account

NHS Berkshire West has reviewed the Berkshire Healthcare NHS Foundation Trust's Quality Account. The Quality Account provides information across the priorities of dignity and respect, patient safety, patient experience, clinical effectiveness and focus on recovery. There is evidence that the Berkshire Healthcare NHS Foundation Trust has relied on both internal and external assurance mechanisms.

The PCT is satisfied as to the accuracy of the data contained in the Account.

The PCT works with the Trust on quality of care in a number of forums, and continues to develop good working relationships across the trust. Specific areas of engagement on quality issues include measures covering patient experience, patient outcomes, clinical effectiveness and patient safety.

The PCT notes the Trust's focus on patient safety and experience in response to views expressed in the 2009 Patient Survey and supports the trust concentrating on this important area.

Data quality remains a challenge for many mental health trusts in England and the PCT welcomes the foundation trust's continued, important work on improving the quality of data made available to the commissioners.

The PCT is pleased that the Trust has earned the majority of their CQUIN payments as this means that the quality of care has improved. The PCT is disappointed that the trust did not fully achieve their CQUIN in relation to Older People pathway review and redesign, but is encouraged by the Trust's Royal College of Psychiatrist's accreditation for their older adult wards and in supporting this important area of healthcare, the PCT has made available CQUIN payments for 2010/11 for implementing training for staff who care for people with dementia.

CQUINS for 2010/11 have been agreed, and these will again challenge the Trust to provide the best care possible. Areas of focus are: improving quality of service through use of the patient experience, implementing the Productive Mental Health Ward, achieving consistent standards of healthcare provision across Berkshire, improving transition between Child and Adolescent Mental Health Services (CAMHS) and adult services, and offering a diagnosis service for adults on the autistic spectrum.

NHS Berkshire West and the Berkshire Healthcare NHS Foundation Trust are forging closer ties, with the Boards of both organisations meeting recently to mark the start of more joint working.

24 June 2010

NHS Berkshire East Response to the Berkshire Healthcare NHS Foundation Trust Quality Account

NHS Berkshire East has reviewed the Berkshire Healthcare NHS foundation Trust's Quality Account. The Quality Account provides information across the priorities of dignity and respect, patient safety, patient experience, clinical effectiveness and *focus on recovery*.

The PCT is satisfied as to the accuracy of the data contained in the Account.

The PCT works with the Trust on quality of care in a number of forums, and continues to develop good working relationships across the trust. Specific areas of engagement on quality issues include measures covering patient experience, patient outcomes, clinical effectiveness and patient safety.

The PCT notes the Trust's focus on patient safety and experience in response to views expressed in the 2009 Patient Survey and supports the trust concentrating on this important area.

Data quality remains a challenge for many mental health trusts in England and the PCT welcomes the foundation trust's continued, important work on improving the quality of data made available to the commissioners.

The PCT is pleased that the trust has earned the majority of their CQUIN payments as this means that the quality of care has improved. The PCT is disappointed that the trust did not fully achieve their CQUIN in relation to Older People pathway review and redesign, but is encouraged by the Trust's Royal College of Psychiatrist's accreditation for their older adult wards and in supporting this important area of healthcare, the PCT has made available CQUIN payments for 2010/11 for implementing training for staff who care for people with dementia.

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NHS Berkshire East and the Berkshire Healthcare NHS Foundation Trust are forging closer ties, with the Boards of both organisation meeting recently to mark the start of more joint working.

Overview and Scrutiny Committees

Draft copies of the Quality Account for Berkshire Healthcare Foundation Trust were sent to the Chairs of Health Overview and Scrutiny Committees for Bracknell, West Berkshire, Slough, Reading, Wokingham and Windsor, Ascot and Maidenhead Councils. A number of questions of clarification relating to the services provided by the Trust have been raised which will be addressed with these committees.

Statement from Local Involvement Networks LINKs

22 June 2010

Statement on behalf of Slough, Windsor, Ascot & Maidenhead, Bracknell, West Berks and Wokingham help & care LINKs.

Many thanks for the opportunity to comment on the Quality Account.

The only comment I would make on behalf of the 5 LINKs is in Priority 3 - experience of people who use our services - Would you consider including a supplementary measure to state that the Trust aims to meet twice a year with the 6 Local Involvement Networks in each of the unitary authorities to share feedback from service users, issues they have raised and a work plan of each of the LINKs, exploring possible joint working.

Quality Accounts 2009/10



Part 1: Statement on quality

These Quality Accounts are a summary of our performance against the selected quality measures published in our 2009 Quality Report along with four new quality priorities for 2010.

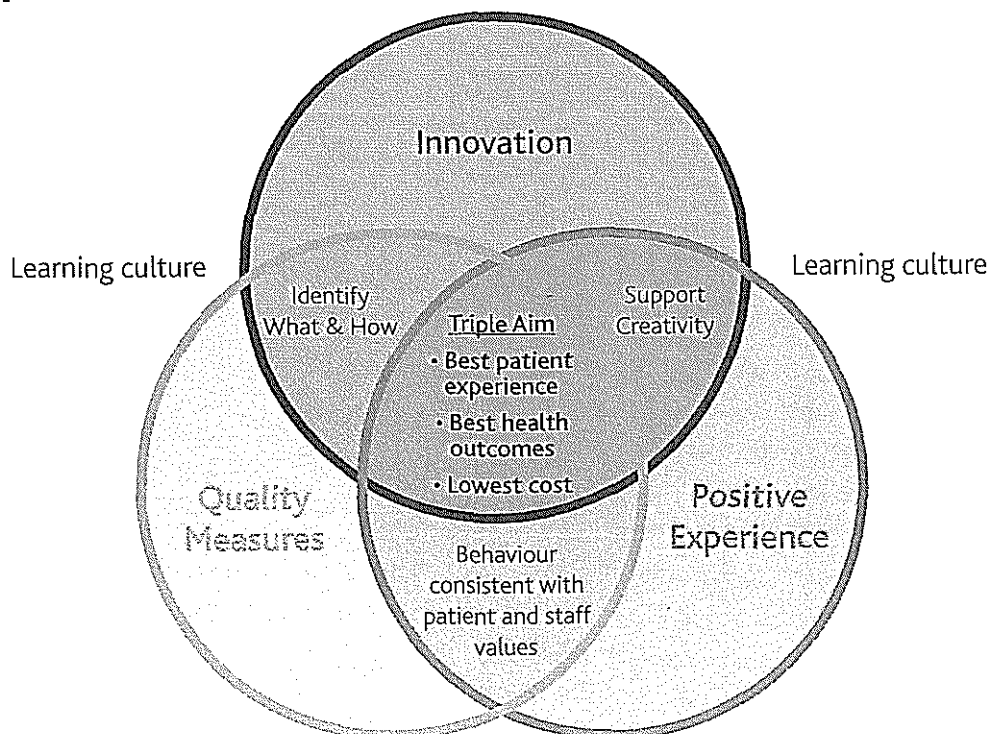
The quality principle is at the heart of everything we are doing to improve patient safety, the patient experience and the effectiveness of the care we deliver.

Our organising principle is high quality care for all driven by innovation that is developed with healthcare partners and patients, with the triple aim of providing the:

- best patient experience
- best health outcomes
- lowest cost

During 2009, we have continued with our programme of quality improvement projects where staff have identified and implemented changes to ensure safe, personal and professional care to every patient, every time. This continual improvement is part of our total quality management approach to improving the patient experience.

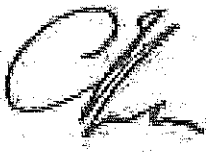
We are confident that through the dedication and skill of our staff and the commitment that we all have, from Board to ward and back again, we will achieve our vision of being the first choice provider of specialist clinical services for patients in our community. This vision is underpinned by our commitment to quality of care and patient safety.



We recognise that there will always be challenges to meet and we will continue to strive for the highest quality in all care that we provide, putting our patients first in everything we do.

We are therefore very pleased to have the opportunity to publish these Quality Accounts and to confirm our personal commitment to them.

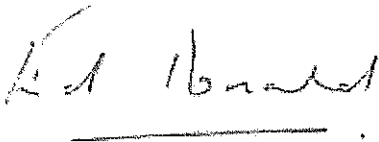
To the best of our knowledge the information in this document is accurate.



Colin Maclean
Chair



Jonathan Fielden
Chief Medical Officer



Edward Donald
Chief Executive



Nigel Davies
Chief Nurse and Director of Public
and Patient Affairs



About the Trust

The Royal Berkshire NHS Foundation Trust provides acute hospital services to residents in the west of Berkshire, and cancer, eye and renal services to the whole of Berkshire as well as some highly specialist services. Our vision is to be the first choice provider of specialist clinical services for patients in our community by meeting our objectives:

1. Exceeding our customer and patient's service expectations
2. Providing more services, in more places, closer to home, for more people
3. Investing in success so that our services will be in the top 10% nationally
4. Bringing together key providers to form a viable modern healthcare system
5. Making sure that people know what we do and why we are the best

Our current position

Innovation for quality and patient safety improvement continues to drive the development of clinical standards, with the emphasis on exceeding the expectations of our patients by placing them first. We have again achieved compliance with all the Care Quality Commission's core standards for better health and have successfully registered with the Care Quality Commission without conditions. This registration includes the Royal Berkshire Hospital in Reading as well as Prince Charles Eye Unit in Windsor, West Berkshire Community Hospital and our specialist renal unit in Windsor.

In addition, we are registered to provide specialist anaesthetic and recovery services to Prospect Park Hospital in Reading and Broadmoor Hospital in Crowthorne. Alongside these sites outpatient clinics are run at locations across Berkshire to help take care closer to home for our patients and we have invested in technology such as mobile MRI scanners that support this approach.

We have surpassed many of the Department of Health's existing commitments and risen to the challenge of meeting the new national priorities. Our Emergency Department performance is among the best in the country and has continued to ensure that more than 98% patients wait less than four hours from arrival to admission, transfer or discharge. We have also exceeded infection control targets with continual reductions in MRSA and Clostridium difficile.

We continue to develop quality indicators to assess the services we provide to ensure that they are fit for purpose and accessible to all. The Trust is keen to use national benchmarked indicators that reflect the quality of care that we provide. Alongside these national indicators, we want to use the Quality Accounts to demonstrate improvement measurements in other areas, particularly those locally agreed with our Council of Governors and partnership organisations, such as primary care trusts and local authorities.

Safety and quality through innovation

As part of our cultural change and commitment to increasing patient safety, the Trust has signed up to the National Patient Safety First Campaign and the South Central Patient Safety Federation and is participating in the Leading Improvement in Patient Safety Programme. The importance of patient safety was further emphasised with the appointment in 2009 of two consultant patient safety leads and the head of patient safety. Along with the head of nursing standards they form the Patient Safety Team. We firmly believe that patient safety is not about numbers, percentages, statistics, trajectory, or likelihood of risk, it is about individuals – our patients and our staff.

Our patient safety aim is to provide safe, personal, and professional quality of care every time for every patient, by reducing the rate of preventable harm and death by 50% by 2012, as measured using the global trigger tool (GTT) reviews. The GTT enables us to accurately identify adverse events and measure them over time – a useful way to tell if the changes we are making are improving patient safety. We have implemented a number of patient safety initiatives trust-wide including:

- the introduction of care bundles for catheter care and neutropenic sepsis
- the monthly review of 20 random healthcare records to identify any harm (GTT)
- a six-monthly review of healthcare records of patients who have died
- Patient Safety Executive Walkarounds on wards
- the production of an educational Neutropenic Sepsis DVD
- “Call 4 Concern” a direct hotline to the Outreach Team for patients and carers to ring if they have a problem or concern with their care.

The Dr Foster Good Hospital Guide published in 2009, reviewed the Trust against a series of indicators representative of Quality Accounts. We scored 4/5 for patient safety with an overall percentage of 68.49%.

In 2009, we were successful in demonstrating compliance with the Level 2 requirements of the Clinical Negligence Scheme for Trusts (CNST) Maternity Clinical Risk Management Standards 2009/10. The Trust’s maternity service was assessed against five standards each containing ten criteria giving a total of 50 criteria, scoring 46 out of 50. The Trust will now work toward achieving Level 3 – the highest possible.

As part of Thames Valley Health Innovation Education Cluster (HIEC) we have committed to improving the quality of healthcare through enhanced education and training for NHS staff, and the implementation of innovative developments in treatment and service delivery. The HIEC brings together NHS organisations, universities, industry and other agencies to ensure that these developments are put into practice more quickly to support high quality healthcare and improved services for local communities.

However, to use innovation to drive forward change will require a continuing cultural shift at the Trust. With accountable leadership and local responsibility for actions we will be adapting and trying new strategies to identify those that provide the best patient outcomes. This will help us achieve high quality care for all our patients, and a positive experience for all.

Enhancing a positive patient experience

Hundreds of different elements contribute to the quality of a patient's experience – from the empathy we show to our patients on each occasion through the appointment letter, a greeting at reception, access to our services as well as the actual care provided.

We have prioritised improving staff attitude and communication in these Quality Accounts. We understand the strong correlation between the experience of our staff in their roles, and the experience they offer our patients and over the coming year we will be stepping up our efforts to engage staff, to develop our shared aims and values and to ultimately improve the experience of our patients.

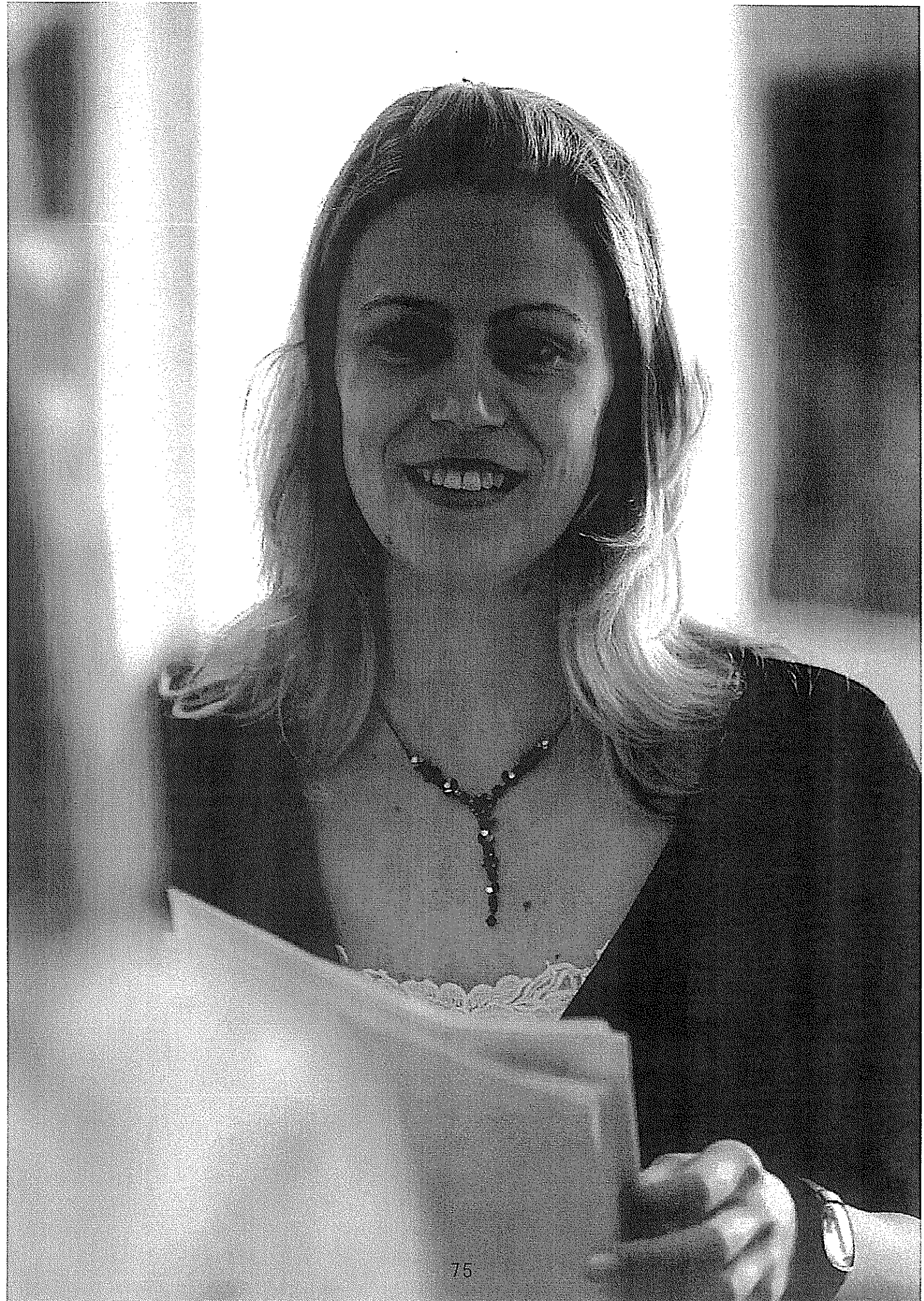
We are committed to providing a positive patient experience at the Trust and part of our approach has included a renewed engagement with our patients through three divisional patient panels, plus a children's panel, a renal patient's panel and a cancer patient's panel. These panels are working partnerships with patients and staff from across the Trust. The panels use their experiences as patients, and engage other patients, to help our staff improve the patient experience and outcomes in their area.

We have also introduced a programme of monthly trust-wide patient surveys which give us overall trends but also an opportunity to identify and address any immediate concerns. The survey includes questions relating to privacy and dignity, timely response to call bells, cleanliness and noise at night – as well as staff communication and attitude.

We are also now undertaking PROMs (Patient Reported Outcome Measures) for four areas of care including hip and knee replacement. These surveys enable patients to categorise their well being before and after care, which gives a direct measurement of whether their health has improved following treatment. This more rounded package of quality measures means that we can identify areas for change and show that we can improve.

Following the Department of Health's Dignity Campaign, we launched our own in 2009, which began with a wide consultation where patients and staff explained what dignity meant to them and what they felt should be provided for our patients in terms of the people who provide care, the place where care is delivered and the process of how care is delivered. One of the focuses of this work is the delivery of single sex accommodation. In 2009, we began to change the ward environments such that single sex accommodation is provided in single sex wards or single sex bays with designated single sex toilet and bathroom facilities.

We know that access to our main Reading town centre site – and in particular parking – can be challenging at key times. We wanted to reduce the anxiety that visitors felt over parking in time to make appointments and, by offering staff off-site parking nearby, we have released 120 additional patient parking spaces which has had a very beneficial impact.



Part 2a: Priorities for improvement

In developing our priorities we have engaged the following stakeholders in this Trust-wide review of quality:

- Trust staff and clinical departments have identified their main quality improvement priorities and initiatives
- Trust Clinical Governance Board and Patient Safety Council have identified priority areas and have reviewed the Quality Accounts
- NHS Berkshire West has identified priority areas for payment (CQUINs) and penalty within the contract's Quality schedule and has reviewed the Quality Accounts
- Trust's stakeholders, including: Patient Panels, Council of Governors, LINKs, OSCs, LSCBs, LDPBs have reviewed a list of priority areas and submitted comments and suggestions for other areas of priority
- Trust patients, public and partner organisations via a variety of feedback mechanisms including "Talk to Us", patient surveys and the NHS Choices website (www.nhs.uk).

The final four priorities were agreed by our Chief Executive Edward Donald, Chief Medical Officer Jonathan Fielden and Chief Nurse and Director of Public and Patient Affairs Nigel Davies and approved by the Board on 27 April 2010.

During our engagement process it was apparent that reducing mortality was an overarching goal for all. Mortality is one of the key indicators used to predict the safety of hospitals. It is measured and compared nationally via the Hospital Standardized Mortality Ratio (HSMR). HSMR compares a Trust's actual number of deaths with

their expected (or predicted) number of deaths. The prediction takes account of factors such as the age and sex of patients, their diagnosis, whether the admission was planned or an emergency, and the length of stay. Standardisation of the ratio helps enable valid comparison between different hospitals serving different communities. If the Trust has an HSMR of 100, that means that the number of patients who died is exactly as it would be expected taking into account the standardisation factors.

We have been working to reduce the mortality in the Trust and have shown improvement over the last year. The HSMR for the Royal Berkshire NHS Foundation Trust in 2008/09 was 108.3 and, although it is statistically within the normal range around the national average of 100, we aim to do better. Our internal data suggests that we have already achieved a fall in 2009/10 but we must wait for external validation of those figures. The HSMR is reviewed each month by our Board. HSMR is also available as annual public updates via the online Dr Foster Good Hospital Guide and is regularly published by the national media.

Reducing mortality even further by improving patient quality of care is a key priority and we have set an ambitious target HSMR of 75 for 2010/11 (as currently benchmarked against the 2008/09 data year).

Three of our four priorities therefore contribute to reducing mortality levels in the Trust. Our priorities are:

Priority 1: Providing a positive patient experience by improving staff attitude and communication

Priority 2: Preventing Venous Thromboembolism (VTE)

Priority 3: Reducing harm from patient falls

Priority 4: Introducing care bundles to reduce mortality

Priority 1: Providing a positive patient experience by improving staff attitude and communication

Why has this been chosen?

The data from complaints show that communication and behaviour from all staff make up 10-35% of all formal complaints each month. Meanwhile, our monthly survey of patients staying in our hospital shows that 87% of patients rated staff as understanding and compassionate, implying that 13% of staff were not. Courtesy, respect and the timeliness of interaction are important qualities, and we want to greatly improve our staff communication and interactions with patients as well as their families and carers.

What improvements are we going to make?

We will develop a patient experience programme across the Trust over the coming year. This programme will engage all staff with the aim of delivering the best care for all our patients - and this will very much include how we can improve in our communications and interactions with our patients and our visitors.

How will we show change?

We will reduce the numbers and percentage of complaints relating to attitude, communication and behaviour by 25% comparing the figures for January

– March 2010 to the same period next year. We will increase the percentage of patients who rated staff as understanding and compassionate from 87% to 90% in the Patient Survey.

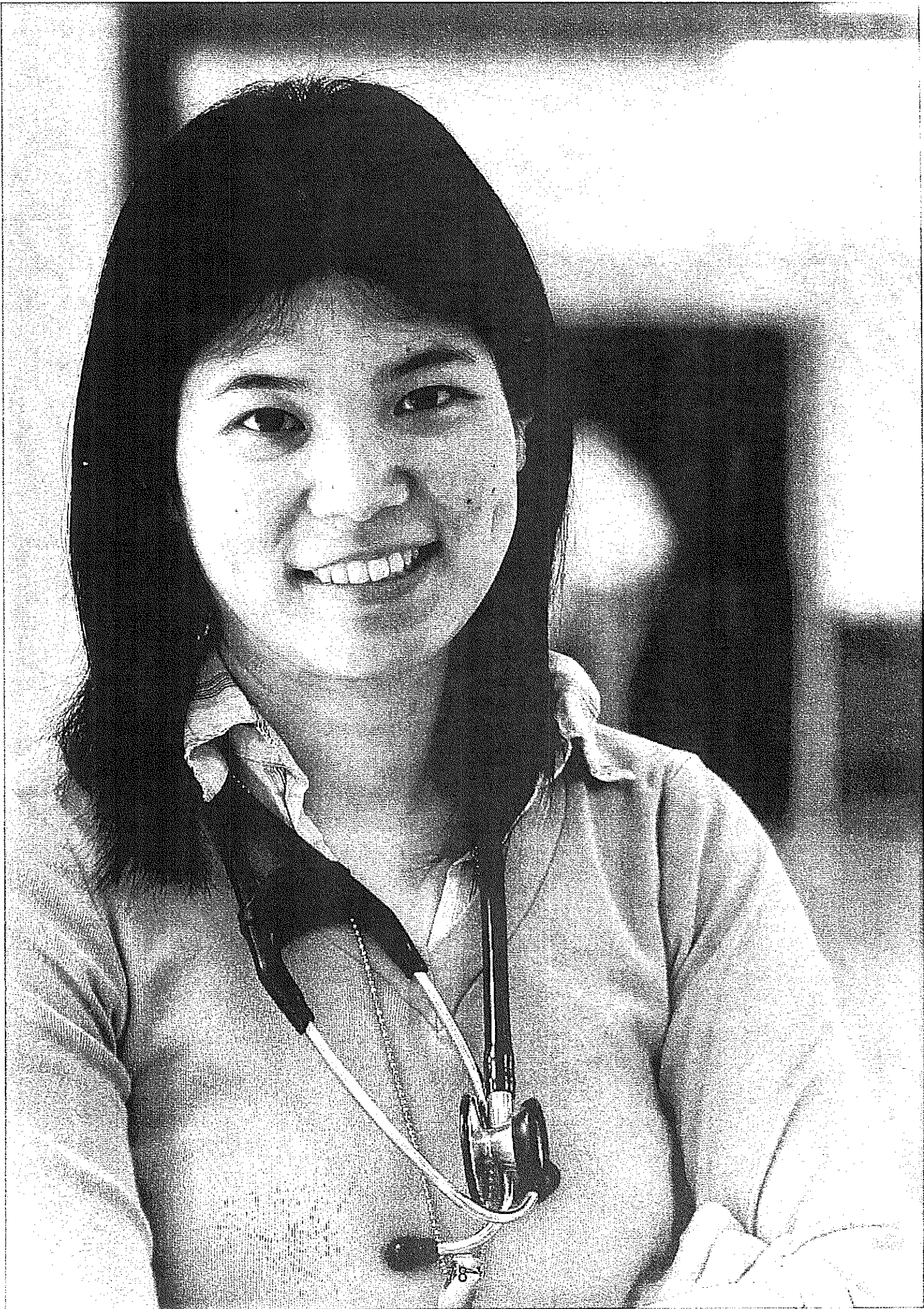
Priority 2: Preventing Venous Thromboembolism (VTE)

Why has this been chosen?

The risk of developing a blood clot in hospital is 1000 times greater than air travel. In the UK it is estimated that 25,000 people die each year from hospital-acquired VTE, which is a greater risk than for those for healthcare associated infection. In the six months from April to September 2009, 368 patients were admitted to the Trust with VTE, 98 developed VTE during their stay and 18 death certificates recorded VTE as one of the causes of death. In 2009, a Trust-wide spot check indicated that 65% of patients had a VTE risk assessment. VTE is a serious problem and was addressed in the NICE guidance (CG92) published in January 2010, which the Trust is implementing. Increased VTE risk assessment has also been endorsed by our PCT as part of the Commissioning for Quality and Innovation (CQUIN) for 2010/11.

What improvements are we going to make?

Following the NICE guidance, the Trust is changing its VTE risk assessment and policy with implementation from June 2010. We will be improving our recording introducing it trust-wide, while setting up an electronic way of capturing whether each patient has been assessed. This will require staff training and an update in the drug charts to ensure appropriate prescribing happens after the risk assessments are completed.



How will we show change?

VTE risk assessment and preventative measures will be monitored throughout the year, as will the number of patients who develop VTE. We aim to:

- Increase use of VTE risk assessments from 65% to 90%
- Reduce the numbers of patients who develop VTE in hospital by 25%

Priority 3: Reducing harm from patient falls

Why has this been chosen?

We believe that the number of slips, trips and falls at our Trust must be reduced in order to prevent the harm caused. While a reduction in the number of falls is our goal, it is equally important to ensure that falls are always reported and acted upon so that we can reduce the harm associated with them. We will therefore aim for the successful introduction of the falls care bundle – an auditable checklist - across the whole trust rather than a broad target of a reduction in number of falls.

What improvements are we going to make?

From 1 April 2010, we will be introducing the Falls Care Bundle across the Trust. This care bundle was developed by the Patient Safety 1st Campaign and we were one of the first trusts to pilot it. This care bundle contains ten key areas for review by the team caring for patients at risk of falling. The success of this care bundle in reducing falls is entirely dependent on the completion of all ten actions. It improves the use of multidisciplinary working to reduce falls. It has

Figure 1: Falls care Bundle

also been endorsed by NHS Berkshire West as part of the Commissioning for Quality and Innovation (CQUIN) for 2010/11.

How will we show change?

Our priority for 2010/11 is to successfully introduce the Falls Care Bundle. Therefore, we will be measuring compliance with completion of each of the 10 key areas in the bundle. We are aiming for 80% of these care bundles to be fully completed by March 2011. We will continue to measure the number and seriousness of falls that occur, benchmark our progress against other NHS trusts and report this in next year's Quality Accounts.

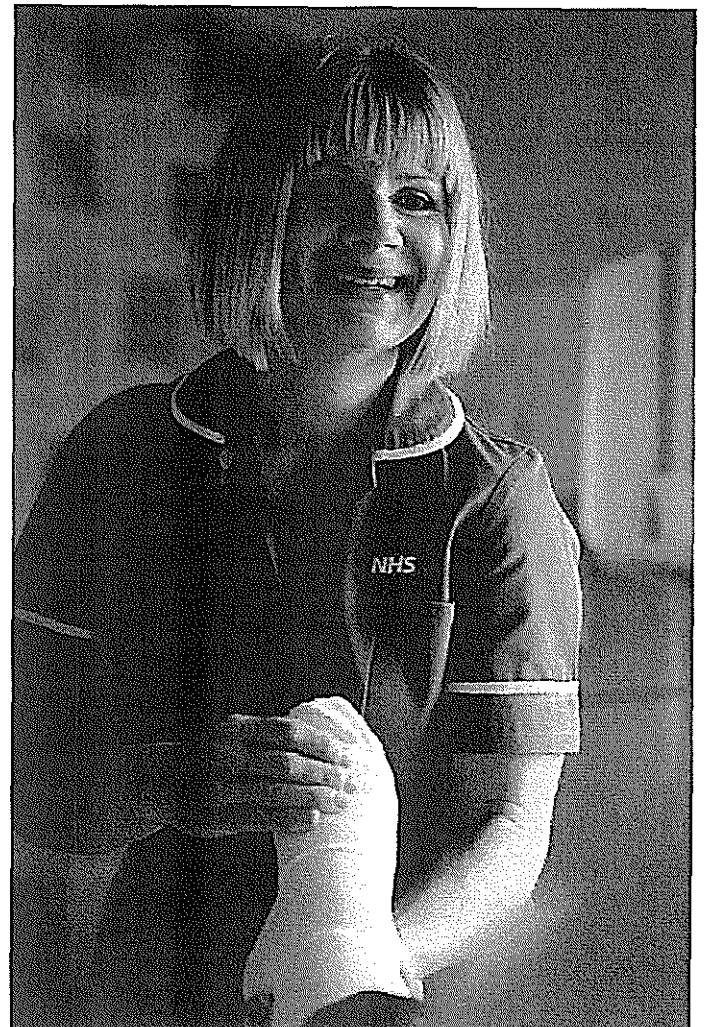
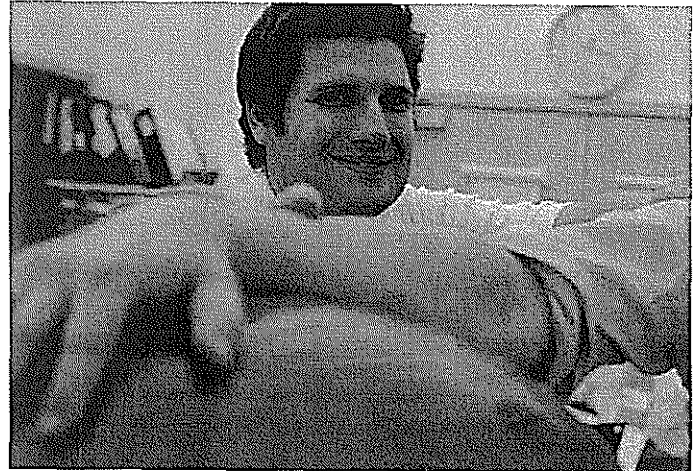
Priority 4: Introducing care bundles to reduce mortality

Why has this been chosen?

Care bundles have been shown to reduce mortality, increase best treatment practice and decrease length of stay. A care bundle is essentially a checklist for a specific condition of five to ten key treatment steps, ensuring that each patient gets the right treatment at the right time. We have already introduced two care bundles for catheter insertion and neutropenic sepsis, so we know that our system of checklists works well.

What improvements are we going to make?

We are going to introduce four care bundles, which will be specifically for acute myocardial infarction, heart failure, naso-gastric tube placement and central venous catheter insertion. Care bundles for acute myocardial infarction and heart failure will ensure that staff clearly record in one place the key steps of care needed for these patients. The naso-gastric tube placement care bundle will ensure that these feeding tubes are not misplaced into the lungs which could cause pneumonia and very serious complications. Central venous catheter insertion is necessary for some critically ill patients to give fluids and drugs. There are known infection and placement risks and the care bundle will help to reduce these. These care bundles are supported by Berkshire West NHS, South Central NHS, National Patient Safety Agency and North West Advancing Quality.

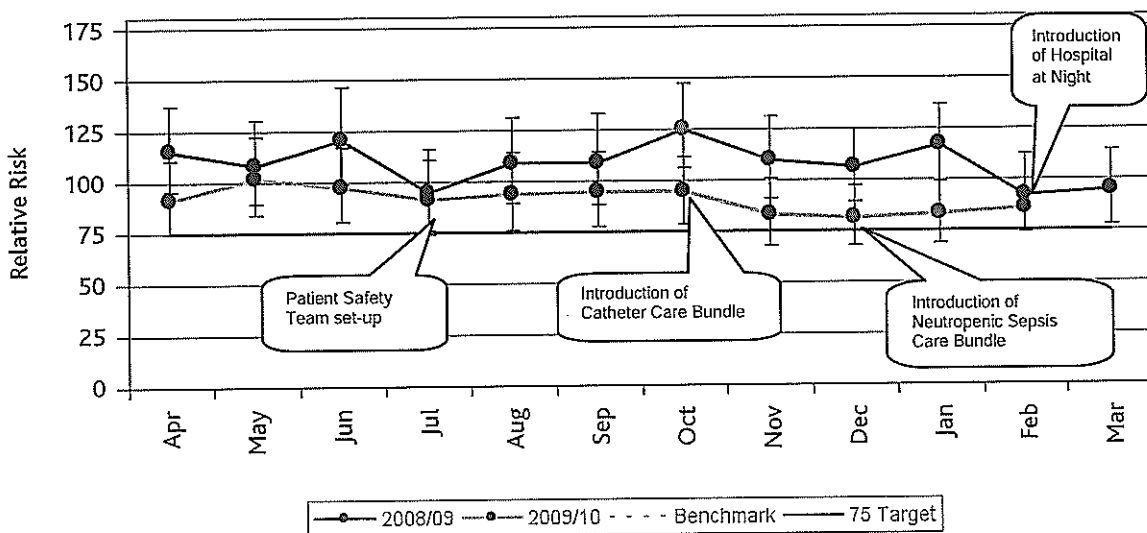


How will we show change?

Our priority for 2010/11 is to successfully introduce these four care bundles. Therefore, we will be measuring compliance with completion of each of the key treatment steps in the bundle. All patients will be treated using the care bundles and we are aiming for a minimum of 60% of patients to have a fully completed care bundles by March 2011.

The HSMR is reviewed each month by our Board. HSMR is also available as annual public updates via the online Dr Foster Good Hospital Guide and is regularly published by the national media. We will continue to report on the HSMR and include an update on progress to our 75 target (as currently benchmarked against the 2008/09 data year) in next year's Quality Accounts.

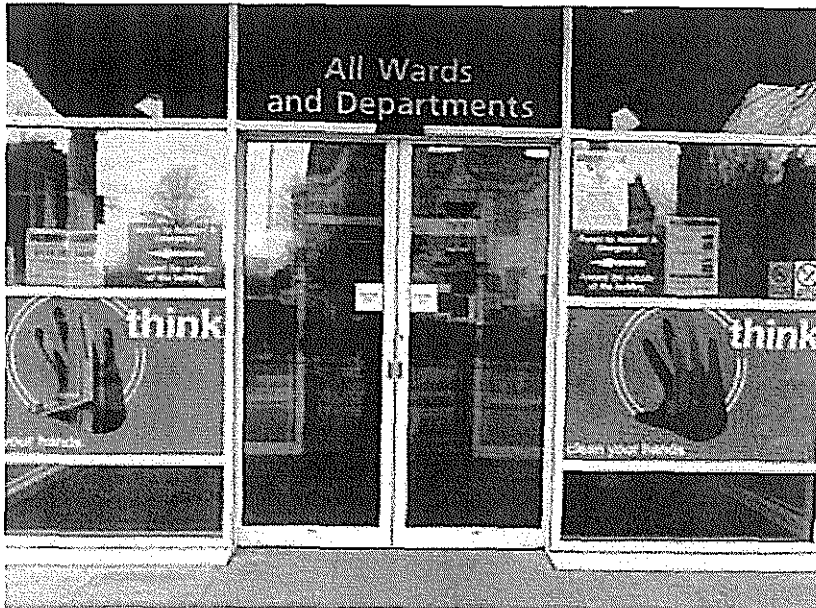
Figure 2: Comparison of 2008/09 and 2009/10 Trust HSMR data by month, showing relevant key events such as care bundle introduction. Hospital at Night is a system that ensures that a dedicated multi-professional team with a full range of skills and competences is available across the Trust out of hours.



Part 2b: Board Quality Assurance Statements

Quality Assurance Statements on specified areas are provided as part of the Quality Accounts to ensure that the accounts are comparable between organisations. These also provide assurance that the board has reviewed and engaged in initiatives that link strongly to quality improvement. These statements are available in Appendix 1.





Part 3: Review of Quality Performance 2009/10

We prioritised our quality of care improvement initiatives for 2009/10, following feedback from a variety of stakeholders. Three priorities were identified and agreed with the previous Chief Executive Professor Ann Sheen, previous Chief Medical Officer Professor Rory Shaw and Chief Nurse and Director of Public and Patient Affairs Nigel Davies.

Priority 1: To reduce healthcare associated infection (HCAI) by exceeding national targets

The Trust continues to take infection prevention very seriously and has been successful in further reducing infection from MRSA and Clostridium difficile. During 2009/10, many further initiatives have been undertaken to reduce HCAs including:

- Rolling programme of cleaning/environmental inspections completed
- Delivery of capital programme for water hygiene
- Deep cleaning commenced June 2009
- Data management programme for infection prevention and control has been delivered and disseminated to ensure that infection prevention and control is everyone's business
- Achieved Department of Health target to screen all emergency admissions for MRSA by March 2010
- Rolling programme of audits have been undertaken
- Introduction of "Think – Clean your hands" signage campaign throughout the Trust

Results of our 2009/10 Priority 1 targets

Detail	PCT 2009/10 Target	RBH 2009/10 Target	2009/10 Result
MRSA bacteraemia (numbers)	<17	<12	8
Clostridium difficile (numbers)	<128	<100	107*

*A new more robust testing system for C. diff was introduced in June 2009. This has meant that more cases are now identified during testing and this has affected the 2009/10 result. The number of trust acquired cases identified using the old testing system would have meant that the C. diff numbers decreased to 54 for April 2009-March 2010.

Priority 2: To increase the number of patients treated by primary angioplasty (PPCI) by 20%

From April 2009, we introduced a round-the-clock PPCI (Primary Percutaneous Coronary Intervention) service to treat heart attack patients. Ambulance crews take patients with suspected heart attacks straight to the cardiac unit for an emergency angioplasty, day or night. This service is good news for Berkshire residents, as the nearest other hospitals providing the treatment are in Southampton and Oxford, which is simply too far for patients with heart attacks to travel when time is against them.

As can be seen in the data below we are now treating nearly all our patients by primary angioplasty, with the majority treated within the hour.

Results of our 2009/10 Priority 2 targets

Detail	2009/10 Target	2009/10 Result
Patients treated by primary angioplasty (PPCI)	48%	98.7%
Call-to-Balloon target of less than 120 minutes	75%	94.9%
Door-to-Balloon target of less than 60 minutes	75%	91.2%

Priority 3: To increase the quality of care for stroke patients by 5%

During 2009/10 we have developed a whole pathway stroke register and stroke case management system, to help us better coordinate the patient pathways. Our aims for 2009/10 were:

- To increase the number of stroke patients who spend more than 90% of their time on the stroke unit by 5% (from 70 to 75%)
- To maintain the number of stroke patients who have a high risk TIA (Transient Ischaemic Attack) that are seen and treated within 24 hours (at 67%)

Results of our 2009/10 Priority 3 targets

Detail	2009/10 Target	2009/10 Result
Stroke patients spend more than 90% of their time on the stroke unit	75%	60%
Stroke patients who have a high risk TIA are seen and treated within 24 hours	67%	68%

We have slightly improved the number of patients who have a high risk TIA who are seen and treated within 24 hours. In 2010/11 we are introducing a 24/7 service for TIA patients that will greatly increase their access to treatment over the weekends.

However, we have not met our target to ensure more patients spend the majority of their time on our stroke unit. This is due in part to changing the admission start time for these patients. The 2008/09 data started with the patient's admission to the Clinical Decision Unit, the 2009/10 data start with the patient's admission to any part

of the Trust. Patient admission for stroke is an area where we still need to improve and work is underway to develop direct admissions to the Acute Stroke Unit (in a similar manner to those admitted directly for cardiac care).

During 2009/10 we have been auditing six other measures of quality of stroke care, and as can be seen below we have met and exceeded these targets (set by the PCT) for five of these measures. We are working to better these results with the introduction of a care bundle for stroke patients during 2010/11.

Standard details	Target	Results 2009/10
1. Aspirin provided within 24 hours	90%	83%
2. Swallow assessment done within 24 hours	85%	95%
3. Cognitive assessment done within 4 days	80%	85%
4. Patients should have all the occupational therapy sessions they need	50%	57%
5. Patients should have all the physiotherapy sessions they need	50%	71%
6. Patients should have all the speech and language therapy sessions they need	50%	52%

Performance against selected Trust indicators 2009/10

We have maintained the same reporting as last year in order to track our progress.

Indicator	Data Source	2009/10	2008/09	National Average
Patient Safety				
1. Mortality – Hospital Standardized Mortality Ratio (HSMR)	Dr Foster Intelligence	Data not yet available	108.4**	100
2. Incident reporting rate (incidents reported per 100 admissions)*	National Patient Safety Agency	5.2	4.56	5.2
3. Staff who said that they had seen at least one error, near miss or incident that could have hurt staff or patients in the last month	National Staff survey (KF21)	39%	33%	35%
Clinical Effectiveness				
1. Patients treated for more than 50% of their stay in the Stroke Unit	National Audit Sentinel	No data generated for 2009/10***	85%	54%
2. Patients who have a high risk TIA who are seen and treated within 24 hours	Trust coded data (CPI35) / Vital Signs	68%	67%	25%
3. Breastfeeding initiation	Care Quality Commission submission	78.43%	77.78%	71.00%
Patient Experience				
1. Patients who would recommend this hospital to their family and friends	National inpatients survey (J5) (H5)	93%	94%	95%
2. Patients who were treated with respect and dignity	National inpatients survey (J1) (H1)	79%	82%	80%
3. Patients who felt that the hospital was clean	National inpatients survey (B10) (B11)	96%	97%	96%
4. Patients who reported that they were able to find a convenient place to park	National emergency patients survey (Q3)	National Survey not run in 2009/10	83%	74%

* Higher numbers of reported incidents indicate a good Patient Safety culture, not poor performance

** HSMR data are re-benchmarked each year, so 2008/09 data have changed since the 2008/09 Quality Report

*** The National Sentinel Stroke Audit was not run during 2009/10. However, the trust collected data against a more rigorous target of Patients treated for more than 90% of their stay in the Stroke Unit (see 2009/10 Priority 3).

Performance against National Priorities and Core Standards

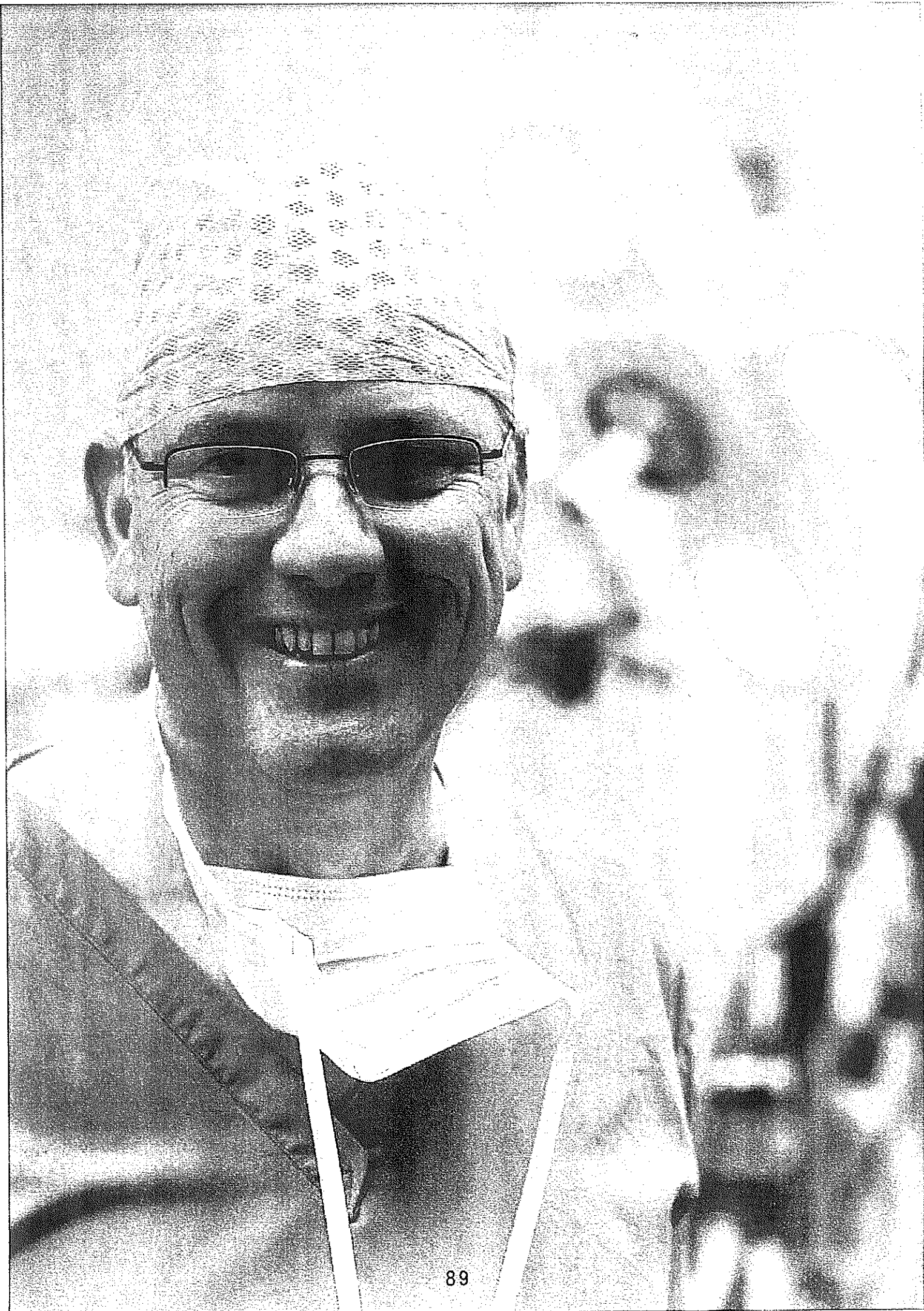
National Standards/Priorities/Commitments	2009/10	2008/09	2009/10 Target
Compliance with Core Standards as declared to the Care Quality Commission	24/24	24/24	24
18 week referral to treatment waiting times** % of patients who were admitted who waited 18 weeks or less	Q1: 94.79% Q2: 94.13% Q3: 91.69% Q4: 92.6%	92.30%	Not yet published
% of non admitted patients with completed pathways, plus the total number of direct access audiology patients with completed pathways who were admitted who waited 18 weeks or less	Q1: 99.75% Q2: 99.67% Q3: 99.66% Q4: 99.74%	99.80%	Data completeness 80-120%
A&E waiting times	98.85%	99.62%	>=98%
Access to genito-urinary medicine (GUM) clinics	100%	100%	>=98%
Access to healthcare for people with a learning disability	4/4 scored for 3 indicators 3/4 scored for 2 indicators 2/4 scored for 1 indicators	New target	Pilot this year for 6 indicators
Cancelled operations % Operations cancelled on day of operation or after admission, cancelled by hospital for non-clinical reasons	0.89%	0.19%	<=0.8% cancelled
% Patients not treated within 28 days of cancelled operation	10.78%	4.76%	<=5% breaches
Cancer diagnosis to treatment waiting times (31 days)**		99.45%	Not yet published
% Patients receiving their first definitive treatment within 31 days of a decision to treat	97.00%		
% Patients receiving subsequent treatment (surgery) within 31 days	97.80%		
% Patients receiving subsequent treatment (drugs) within 31 days	98.9%		
Cancer urgent referral to first outpatient appointment waiting times (2 weeks) **		98.88%	Not yet published
All cancers 2 week wait	93.20%		
All referrals with breast symptoms, regardless of whether cancer is suspected to be seen in 2 weeks	96.08%		

National Standards/Priorities/Commitments	2009/10	2008/09	2009/10 Target
Cancer urgent referral to treatment waiting times (62 days) **		97.79%	Not yet published
% Patients receiving their first definitive treatment for cancer within 62 days of GP or dentist urgent referral	85.40%		
% Patients receiving their first definitive treatment for cancer within 62 days of urgent referral from the national screening service	87.00%		
% Patients receiving their first definitive treatment for cancer within 62 days of urgent referral from a Consultant (consultant upgrade)	95.90%		
Clostridium difficile infections	107*	70	128
Delayed transfers of care	3.38%	5.10%	Not yet published
Engagement in clinical audits	6/6	6/6	5/6
Ethnic coding data quality	88.19%	91.43%	>=85%
Inpatients waiting longer than the 26 week standard	0.021%	0%	<=0.03%
Maternity data quality	3.82%	Data not returned	<=15%
MRSA Bacteraemias	8	8	17
Outpatients waiting longer than the 13 week standard	0.006%	0.001%	<=0.03%
Participation in heart disease audits	100%	100%	100% 66%
Patient experience	Data not yet available	83.21 86.34 75.83 77.07	Statistically banded
Quality of stroke care	73%	79.55% 81.30%	Not yet published
Rapid access chest pain clinic waiting times	99.91%	99.91%	>=98%
Reperfusion waiting times	98.25%	78.38%	Not yet published
Revascularisation waiting times	0%	0%	<=0.1%
Smoking during pregnancy and breastfeeding initiation rates	7.43% 79.11%	7.45% 77.78%	Not yet published
Staff satisfaction	Data not yet available	3.42	Statistically banded

* A new, better method of measuring C. diff was introduced in June 2009 improving our ability to identify cases and thus initiate treatment; however this increased the numbers found

** Some national priorities for 2009/10 have had extra areas of measurement added

An explanation of who the Royal Berkshire NHS Foundation Trust involved in consultation on these Quality Accounts is provided in part 2a.



Annex: External Review Statements

17 May 2010

NHS Berkshire West response to the Royal Berkshire NHS Foundation Trust Quality Account

NHS Berkshire West has reviewed the Royal Berkshire NHS Foundation Trust's Quality Account. The Quality Account provides information across the three domains of quality as set out by Lord Darzi and the nationally mandated elements of a Quality Account are covered. There is evidence that the Royal Berkshire NHS Foundation Trust has relied on both internal and external assurance mechanisms.

The PCT is satisfied as to the accuracy of the data contained in the Account.

The PCT works with the trust on quality of care in a number of forums, and continues to develop good working relationships across the trust.

The PCT notes the trust's focus on providing a positive patient experience by improving staff attitude and communication and supports the trust concentrating on this important area.

Royal Berkshire NHS Foundation Trust have identified in their quality account a number of improvements in relation to quality of stroke care, and the PCT supports this area of work with incentive payments being made available for the trust to earn.

The PCT will be monitoring progress against improvement strategies relating to the Hospital Services Review for Children and Families, but is reassured by actions the Trust has already taken to make child protection training mandatory.

The PCT is pleased that the trust has earned the majority of their CQUIN payments as this means that the quality of care for patients has improved. CQUINS for 2010/11 have been agreed, and these will again challenge the trust to provide the best care possible. Area of focus are: preventing blood clots, patient experience, pressure ulcers, heart failure, hip and knee replacement, heart attacks, pneumonia, diabetes, falls, maternity care, smoking cessation, and stroke.

The PCT is working with the Royal Berkshire NHS Foundation Trust on a review of maternity services. The failure of the Trust to meet their normal births target in 2009/10 has placed a heightened focus on quality in this area, and the PCT has commissioned the Trust to make improvement in both normal birth rates and caesarean section rates for 2010/11.

NHS Berkshire West and the Royal Berkshire NHS Foundation Trust are forging closer ties, with the Boards of both organisations meeting recently to mark the start of more joint working. The biggest challenge to the healthcare system is the number of unscheduled admissions into the hospital and the PCT is working closely with senior managers at the hospital, and primary care representatives to manage people with long term conditions more effectively in the community. We believe this will have a positive impact on the number of people who currently require inpatient hospital care.

CCEA Overview and Scrutiny Panel Reading Borough Council

Reading Borough Council's CCEA Overview and Scrutiny Panel has been unable to consider the Royal Berkshire NHS Foundation Trust's draft Quality Accounts in the timeframe required and has therefore declined the opportunity to provide a statement for inclusion in the final version.

Reading LINK

Local Involvement Network

Statement in response to the Royal Berkshire NHS Foundation Trust Draft Quality Accounts 2009/10.

Reading LINK are pleased to be involved in the Quality Accounts process for 2009/10. It is clear that the Foundation Trust are putting quality at the centre of all they do, implementing improvements and tracking outcomes. Reading LINK have found that RBHFT have been extremely receptive to feedback provided by the LINK and have been very willing to work with LINK on identifying areas within services where improvements can be made.

The Reading LINK note that the priorities selected provide a balance between clinical care and the overall patient experience, which is important. The increase in the car parking spaces is noted, which may help improve the patient experience for some by reducing the anxiety of not being able to park in time for outpatient appointments.

The LINK also notes the Trust's reported figures on mortality, the attention being given to this

issue and will monitor progress in the area. It also maybe worth reporting Hospital Standardized Mortality Ratio (HSMR) in a wider local/national context, where Berkshire West is the highest in the country.

The LINK Board considered the Quality Accounts information from a layperson's perspective and felt that the document was quite lengthy and was aimed at professionals, which the Board appreciates is necessary for reporting to Monitor. Reading LINK Board would suggest that a shorter version with plain English statements about some of the key measures in the Quality Accounts (i.e. mortality rates) would be required for making this information available to patients and the public. For each priority, it maybe useful to include a statement around what the priorities will mean to patients and what patients might expect, this might reflect well as it may be seen as the Trust being very open.

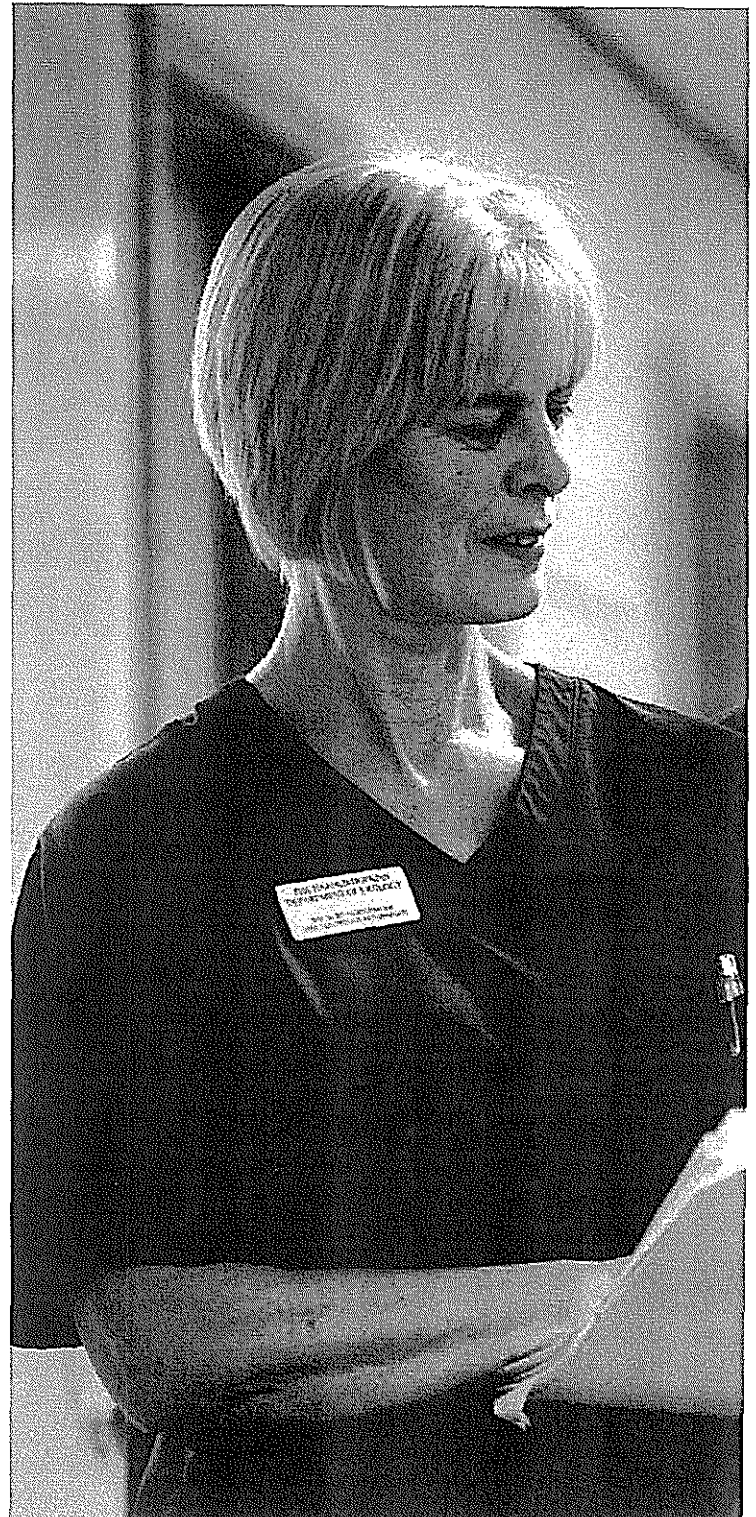
Submitted on behalf of Reading LINK Board
May 2010

Wokingham Local Involvement Network (LINK)

On behalf of the Wokingham Local Involvement Network (LINK) I have read the 'Royal Berkshire NHS Foundation Trust Quality Accounts 2009/10 DRAFT Version' and find them well set-out and easy to read and understand.

During the period covered Wokingham Link has been able to exchange information and maintain a good relationship with The Trust through quarterly Stakeholder Group meetings held at The Royal Berkshire Hospital NHS Foundation Trust. Recently we were pleased to be invited to contribute to a review of the Hospital's areas of priority for the year 2010/11.

Wendy Teeton



West Berkshire LINK

The West Berkshire LINK has been asked to comment on the draft Quality Accounts as provided to us on April 30th 2010.

The comments set out below have not been approved or authorised by the LINK Steering Group as there has been no appropriate meeting during the intervening period.

Priorities for improvement

We note the 4 priorities as set out in part 2a of which three are related to reducing mortality levels.

We approve of any measures for improving patient experience and our only comments are that :

- a) Surveying patients is more likely to yield a true reflection of what patients think if done independently and anonymously. It is highly unlikely to yield honest comments if, for example, the survey were to be conducted on a ward in mid stay.
- b) The choice of patients to survey needs to be done on a weighted random basis so that all departments are covered.

The initiatives regarding VTEs, falls and care bundles all meet with our approval provided that the measures adopted for meeting the stated targets do not result in a diminution of quality in some other unmonitored areas.

With regards to priorities 1,3 and 4, we would urge the trust to improve it's identification of patients with cognitive impairments so that appropriate communication strategies can be adopted. We understand that probably less than half of patients

suffering from dementia are identified in patients records at the hospital.

Finally, with regard to meeting the HSMR targets we would anticipate that increasingly patients will choose, if they can, to die at home rather than in hospital but would regret any change in discharge policy that artificially reduced the numbers dying in hospital in order to "improve" the figures without proper regard to the best interests of patients.

Review of Quality performance 2009/10

We note the progress against targets but have suggested some simple low cost improvements to Ed Donald recently (e.g. install some means of keeping handbags away from toilet floors when using the toilet) that might have a positive effect on reducing C Diff infections.

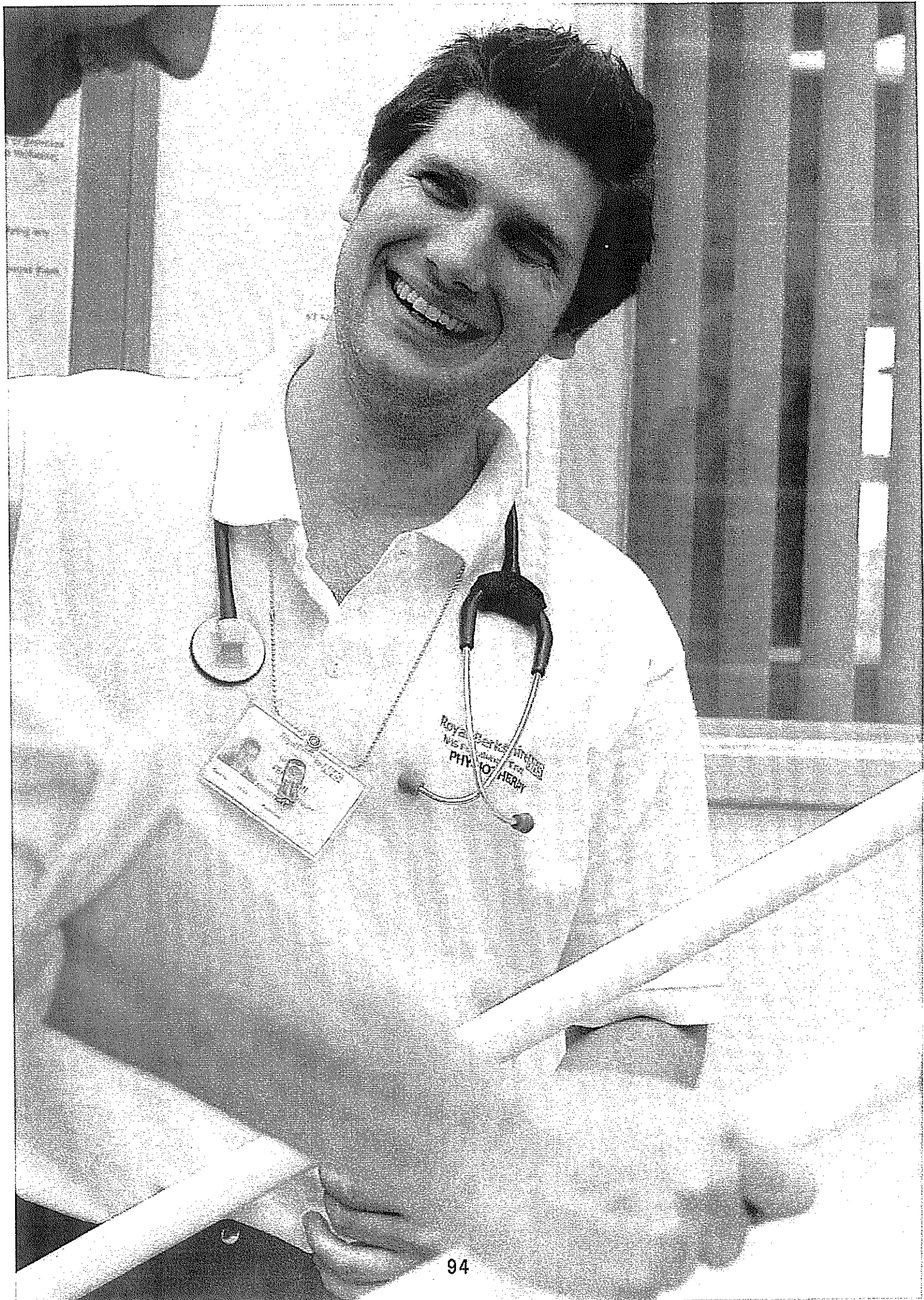
It is heartening to have confirmation of the improvement in the quality of care for heart attack patients and those with strokes and TIAs but are concerned about the trusts ability to invest in improvements in other areas over the next few years.

Performance against Trust Indicators

We note the comparison between 2009/10 and 2008/09 (part 3) but are confused by the 2009/10 Target column. It is difficult for a lay person to comprehend why targets are "Not yet published" when the Q4 figures have been published!

We have no comments on Appendix 1

Tony Lloyd
Chair
W Berkshire LINK



Appendix 1: Part 2b Board Quality Assurance Statements

Please note that data presented in the Quality Accounts 2009/10 may not correlate with data, targets or averages presented in the Quality Report 2008/09 due to changes in benchmarking, external audit data etc.

Review of services

During 2009/10 the Royal Berkshire NHS Foundation Trust provided and/ or sub-contracted 33 NHS services. Royal Berkshire NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services via the Clinical Governance process. The income generated by the NHS services reviewed in 2009/10 represents 100 per cent of the total income generated from the provision of NHS services by the Royal Berkshire NHS Foundation Trust for 2009/10.

In addition, external and formal internal assessments and peer reviews have been undertaken in seven services including: General surgery, Radiology, Paediatrics, Emergency Department, Gynaecology, Pathology and Clinical oncology. The income generated by these seven NHS services reviewed in 2009/10 represents 23 per cent of the total income generated from the provision of NHS services by the Royal Berkshire NHS Foundation Trust for 2009/10.

Awards

The Royal Berkshire NHS Foundation Trust's commitment to providing quality care was recognised when the Trust won two awards at the HQIP (Healthcare Quality Improvement Partnership) annual conference awards ceremony. Our audit submission: 'National Sentinel Stroke Audit – Changing practice, changing attitude' based on 2009/10 work, won the Local Improvement Following National Audit

Participation award and the Gold award for the best audit of all submissions.

The Royal Berkshire NHS Foundation Trust also won the CHKS Quality of Care award for 2009/10. This award made by CHKS, one of the 2 major "quality assessing" organisations in the UK, is based on publicly available datasets from every NHS acute trust. This signifies excellence in high quality care to patients, appropriate to their diagnosis, and is based on a number of criteria including the length of time patients stay in hospital, the rate of emergency re-admissions and whether the care pathway proceeded as originally intended.

Participation in clinical audits

During 2009/10, 35 national clinical audits and 6 national confidential enquiries covered NHS services that Royal Berkshire NHS Foundation Trust provides.

During that period Royal Berkshire NHS Foundation Trust participated in 91.4% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Royal Berkshire NHS Foundation Trust was eligible to participate in during 2009/10, along with those for which data collection was completed during 2009/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table of National Clinical Audits in which the Trust was eligible to participate

Title	Relevant	Numerator/ denominator	Percentage	Reports review by provider
British Thoracic Society: Non-invasive Ventilation	Yes	National audit data collection still underway (data entry deadline 31/05/10)		Report not yet published
British Thoracic Society: respiratory diseases Asthma (annual audit)	Yes	32 / 20	160%	In progress – report not yet published
British Thoracic Society: respiratory diseases Community Acquired Pneumonia	Yes	National audit data collection still underway (data entry deadline 31/05/10)		Report not yet published
British Thoracic Society: respiratory diseases Emergency Oxygen	Yes	50 patients submitted / denominator not defined	100%	In progress – report not yet published
College of Emergency Medicine: asthma	Yes	50 / 50	100%	Report not yet published
College of Emergency Medicine: fractured neck of femur	Yes	50 / 50	100%	Report not yet published
College of Emergency Medicine: pain in children;	Yes	50 / 50	100%	Report not yet published
DAHNO: head and neck cancer	Yes	25 / 25	100%	Report not yet published
Heart Failure Audit	Yes	245 / 245	100%	Report not yet published
ICNARC CMPD: adult critical care units	Yes	474 / 609 Data not complete, as Q4 data not yet available		Report not yet published
MINAP	Yes	416 / 416	100%	Yes
National Audit of Dementia: dementia care	Yes	National audit data collection still underway (deadline 16/07/10)		Report not yet published
National Comparative Audit of Blood Transfusion: 2008 Bedside Transfusion re-audit	Yes	60 / 60	100%	Clinical team to advise
National Comparative Audit of Blood Transfusion: Blood Collection Audit (reported October 2009)	Yes	Audit not undertaken 0/40		No Trust-specific report
National Comparative Audit of Blood Transfusion: use of red cells in neonates & children	Yes	10 / 10	100%	Report not yet published
National Elective Surgery PROMs: four operations 1) hip replacements	Yes	132 / 337 Data not complete as Q4 data not available until 10/06/10		Report not yet published

Title	Relevant	Numerator/ denominator	Percentage	Reports review by provider
National Elective Surgery PROMs: four operations 2) knee replacements	Yes	118 / 346 Data not complete as Q4 data not available until 10/06/10		Report not yet published
National Elective Surgery PROMs: four operations 3) groin hernia	Yes	320 / 378 Data not complete as Q4 data not available until 10/06/10		Report not yet published
National Elective Surgery PROMs: four operations 4) varicose veins	Yes	22 / 31 Data not complete as Q4 data not available until 10/06/10		Report not yet published
National Falls and Bone Health Audit	Yes	60 / 60	100%	Yes
National Joint Registry (NJR): hip and knee replacements	Yes	928 / 928	100%	No
National Kidney Care Audit: patient transport	Yes	Sample selected by national audit: estimated to be 120 / 141 patients	80-90%	Yes
National Kidney Care Audit: vascular access	Yes	National audit to be undertaken in 2010/11		Yes
National Mastectomy and Breast Reconstruction Audit	Yes	107 / 121	88%	Local Report not yet published
National Oesophago-gastric Cancer Audit	Yes	121 / 121	100%	Report not yet published
National Sentinel Stroke Audit	Yes	Organisational audit data submitted. No clinical audit 2009/10		Yes
NBOCAP: bowel cancer	Yes	199 / 199	100%	Report not yet published
NDA: National Diabetes Audit	Yes	1424 / 1427	99.79%	Yes
NHFD: hip fracture	Yes	489 / 489	100%	Yes
NHS Blood & Transplant: Potential Donor Audit	Yes	17 / 74 (potential donors/total deaths under age 75yrs)	23%	Yes
NIAP: Adult cardiac interventions: coronary angioplasty	Yes	582 / 582	100%	No Trust-specific report
NLCA: lung cancer	Yes	National audit data collection still underway (deadline 30/06/10)		Yes (2008/9)
RCP Continence Care Audit	Yes	80 / 80	100%	Report not yet published

Title	Relevant	Numerator/ denominator	Percentage	Reports review by provider
Renal Registry: renal replacement therapy	Yes	728 / 728	100%	Report not yet published
TARN: severe trauma	Yes	Audit not undertaken 2009/10 Data collection underway April 2010		No Trust-specific report
VSSGBI Vascular Society Database	Yes	Audit not undertaken 2009/10 Data collection underway April 2010		No Trust-specific report
Adult cardiac surgery: CABG and valvular surgery	No			
Congenital Heart Disease: paediatric cardiac surgery	No			
NAPTAD: anxiety and depression	No	Data collection commences in May 2010		Report not yet published
NHS Blood & Transplant: intra-thoracic;	No			
NHS Blood & Transplant: liver	No			
NHS Blood & Transplant: renal transplants	No			
NNAP: neonatal care	No			
PICANet	No			
POMH: prescribing topics in mental health services	No			
Pulmonary Hypertension Audit	No			

Table of National Confidential Enquiries in which the Trust was eligible to participate

Title	Numerator/ denominator	Percentage	Reports review by provider
CEMACH: perinatal mortality	42 / 42	100%	Report not yet published
NCEPOD Peri-operative Care	115 / 352	33%	Report not yet published
NCEPOD Emergency and Elective Surgery in the Elderly NCEPOD	22 / 25	88%	Report not yet published
NCEPOD Surgery in Children	No relevant data to return	Not relevant	Report not yet published
NCEPOD Parenteral Nutrition	21 / 24	87.5%	Report not yet published
CMACE Head injury in children CMACE (Centre for Maternal and Child Enquiries)	34 / 34	100%	Report not yet published

The reports of all 11 national clinical audits and 5 national confidential enquires were reviewed by the provider in 2009/10 and Royal Berkshire NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided: protocols/guidelines/patient information developed, capacity/patient pathway reviewed, recording of relevant data at multi-disciplinary team (MDT) meetings, data completeness and accuracy checked, recording of information improved, enhanced communication, discussion of cases at MDT meetings, mini/local audits undertaken, service development, routine falls assessment implemented, review of medications available.

In addition to those listed in the table above the following national clinical audits were reviewed by the provider: National Audit for the Care of the Dying, Transfusion Action plan FFP Audit, National IBD Audit report and actions, Transfusion Action Plan for O Negative audit, Trauma: Who cares? - Severely Injured Patient Study NCEPOD, Journey in the right Direction - Emergency

Admissions NCEPOD, Sickle Crisis - Sickle Cell and Thalassaemia Study NCEPOD, Perinatal Mortality CEMACH, Systemic Anti-Cancer Therapies (SACT) Study NCEPOD.

The reports of 180 local clinical audits were reviewed by the provider in 2009/10 and Royal Berkshire NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided: training sessions, patient information, clinical governance, documentation systems reviewed/developed.

Research

The number of patients receiving NHS services provided or subcontracted by the Royal Berkshire NHS Foundation Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was in excess of 1038.

The number of patients receiving NHS services provided or sub-contracted in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 1038 (recruitment into NIHR adopted studies only, data reported up to 13 April 2010). This increasing level of participation in clinical research demonstrates Royal Berkshire NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

The Royal Berkshire NHS Foundation Trust was involved in conducting 132 clinical research studies (this also includes student research/ own account work). The Royal Berkshire NHS Foundation Trust completed approximately 40% of these studies (as some studies are still ongoing) as designed within the agreed time and to the agreed recruitment target. The Royal Berkshire NHS Foundation Trust used national systems to manage the studies in proportion to risk. Of the 41 new studies given permission to start 2009/10, 80% were given permission by an authorised person less than 30 days from receipt of a valid complete application. 16 of the studies were established and managed under national model agreements and none of the eligible research involved used a Research Passport (as the Research Passport is not yet available at Royal Berkshire NHS Foundation Trust).

In 2009/10 the National Institute for Health Research (NIHR) supported 70 of these studies through its research networks. The Trust achieved 86.7% of predicted recruitment target (data reported up to 13 April 2010). In the last three years, no publications have yet resulted from Royal Berkshire NHS Foundation Trust sponsored NIHR research; although there were over 100 publications on non-NIHR research, helping to improve patient outcomes and experience across the NHS.

The Royal Berkshire NHS Foundation Trust will be tracking patient participation into all approved studies (not just NIHR adopted studies) as of 1st April 2010.

Goals agreed with commissioners

A proportion of Royal Berkshire NHS Foundation Trust income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between Royal Berkshire NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The table below lists the 2009/10 CQUINs and shows the potential value and the estimated value achieved (as at 14/05/10). The final value achieved will follow agreement of payment by the PCT in June 2010.

ID	CQUIN 2009/10	Potential Value	Estimated Value Achieved
3.4	Falls	£63,683	£63,683
3.5	Nutritional assessments for all patients	£63,683	£63,683
3.6	Hospital Acquired Pressure Ulcers	£63,683	£63,683
3.8	Unplanned returns to theatre within 48 hours	£63,683	£63,683
4.5	National Lung Cancer Audit (LUCADA)	£63,683	£63,683
4.6	National Bowel Cancer Audit (NBOCAP)	£63,683	£63,683
4.10	Stroke patients possibly suitable for thrombolysis, are scanned and thrombolysed within 3hrs of onset of symptoms (measured on arrival at hospital)	£63,683	£31,842
4.1	Patients in whom a haemorrhagic stroke or other contraindication has been excluded have aspirin treatment within 24 hours of admission (excluding those requiring a CT scan)	£63,683	£0
4.1	Patients diagnosed with stroke receive early multidisciplinary assessment – to include swallow screening (within 24 hours) and identification of cognitive and perceptive problems (within 4 working days)	£63,683	£63,683
4.1	Quality of care whilst on the stroke unit. Number of sessions of (1) physiotherapy, (2) speech and language therapy and (3) occupational therapy that each patient receives.	£63,683	£63,683
4.1	Fractured neck of femur – % of patients admitted to hospital with a primary diagnosis of fractured neck of femur who are medically fit for surgery are operated on within 48hrs of admission.	£63,683	£31,842
4.2	Proportion of deliveries that are normal using the Information Centre's definition	£63,683	£0
4.3	% Increase in offering of Hepatitis B immunisation in men who have sex with men attending GUM clinic.	£63,683	£63,683
5.1	The Provider will move towards Real Time Patient Experience Monitoring.	£63,683	£63,683
	Total CQUIN Value	£891,562	£700,514



Partial value was achieved for the CQUINs: stroke thrombolysis and fractured neck of femur operations, where targets were only met for part of the year. No value was achieved for the CQUINs: stroke care and normal births as the targets were not met. Plans to improve in these areas are in place and will be reported on in the 2010/11 Quality Accounts. Information on stroke care is also contained in the 2009/10 Priority 3.

Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from Commercial Directorate at the Royal Berkshire NHS Foundation Trust.

What others say about the provider

The Royal Berkshire NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is Registered without conditions. The Care Quality Commission has not taken enforcement action against Royal Berkshire NHS Foundation Trust during 2009/10

The Royal Berkshire NHS Foundation Trust is subject to periodic reviews by the Care Quality

Commission and the last review on Children's follow-up indicators was on March 2009. The CQC's assessment of the Royal Berkshire NHS Foundation Trust reviewed training for the following staff groups:

- Nurses in emergency care
- Nurses in day case surgery
- Consultant surgeons
- Consultant anaesthetists

Data were submitted for this review by the Royal Berkshire NHS Foundation Trust in February 2008, reflecting the progress made by November 2007.

Nationally, trusts have found some of the targets challenging and while we are not satisfied with our outcomes, we recognize that this is a national issue and that we are ranked within the top 20% across the country for our achievement so far.

The Healthcare Commission (HCC) contacted the Royal Berkshire NHS Foundation Trust prior to publication of the 2009 report; they were impressed with the improvement in the Trust results since the 2005/06 review.

Performance indicator	How performance compares with the 2005/06 review
Nurses in emergency care receive training in:	
Child protection training (to recognise the signs of child abuse and report concerns)	Consistently high performing
Child protection training (to record concerns and know when and who to inform)	Improved
Basic children's life support	Consistently low performing
Nurses in day case surgery receive training in:	
Child protection training (to recognise the signs of child abuse and report concerns)	Consistently high performing
Child protection training (to record concerns and know when and who to inform)	Improved
Basic children's life support	Consistently high performing
Consultant surgeons receive training in:	
Child protection training (to recognise the signs of child abuse and report concerns)	Improved
Basic children's life support	Consistently low performing
Consultant anaesthetists receive training in:	
Child protection training (to recognise the signs of child abuse and report concerns)	Improved
Advanced children's life support	Consistently low performing
Nurses in emergency care receive training in:	
Advanced children's life support	Consistently high performing
Pain assessment	Consistently high performing
Giving pain relief	Improved
Nurses in day case surgery receive training in:	
Advanced children's life support	Improved
Pain assessment	Consistently high performing
Giving pain relief	Improved
Maintaining staff skills:	
Consultant surgeons carrying out work with children undertake enough procedures to maintain their specialist skills.	Consistently low performing
Consultant anaesthetists carrying out work with children undertake enough procedures to maintain their specialist skills.	Consistently low performing
Ensure that there at least one nurse specifically trained to deal with the specialist needs of children in each outpatient unit when it is open.	Consistently low performing

A brief report about how this was achieved was requested the following statement was passed to the Healthcare Commission:

Strategies put into place by the Royal Berkshire NHS Foundation Trust to ensure achievement of KPI's (Key Performance Indicators) in recent HCC Hospital Services Review for Children and Families.

Trust wide engagement including at executive and board level.

- Through Children's Forum.
- All of the training is now mandatory in this Trust.

Child protection training

- Increase in the team to address training.
- Standardised presentation delivered by members of the Child Protection Team.

Resuscitation training

- Robust programme of PILS (Paediatric Immediate Life Support) days for paediatric and A&E staff.
- PLS offered to all members of staff who come into contact with children as an add on to adult BLS (Basic Life Support) on request.
- Ability to offer an internal EPLS (European Paediatric Life Support) following accreditation from the Resuscitation Council.

Other Training

- Flexibilities as to where and when training is offered to specialities e.g. at the end of Clinical Governance Meetings.
- Development of one-hour training for pain assessment tool for nurses following training of the Trust Pain Team at Great Ormond Street Hospital.

The Care Quality Commission confirmed that these results put the Royal Berkshire NHS Foundation Trust in the top twenty Trusts in the country.

The Royal Berkshire NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2009/10:

- Inspection on 28 October 2009 relating to the prevention and control of infections
- Investigation on 12 January 2010 relating to learning disability services
- Investigation request on 10 December 2009 by Dr Foster and 11 January 2010 by CQC, relating to a review of Dr Foster Mortality Outlier data

The Royal Berkshire NHS Foundation Trust took the following action to address the conclusions or requirements reported by the CQC:

Learning disability

The learning disability investigation focussed on complaints received by the Trust involving patients with learning disabilities. Royal Berkshire NHS Foundation Trust has made the following progress by 31st March 2010 in taking such actions in relation to the generic components of the complaints in the following areas:

- Staff communication training in outpatients.
- Patient administration system at Prince Charles Eye Unit now identifies system user.
- Theatre stock levels reviewed
- Vulnerable adult training implemented for junior doctor staff member involved in a complaint
- LD induction sessions for new staff lead by Trust Learning Disability Co-ordinator
- LD awareness sessions for nursing staff led by Trust Learning Disability Co-ordinator

The Care Quality Commission informed the Trust on 30 March 2010, that they have carefully considered the concerns and information they hold which included information provided by informants, the trust and other relevant information such as statistical information and other internal information held by the CQC. The information that the trust supplied gave the CQC more understanding of these issues and the actions the trust had taken. The CQC has relied on the opinion of two independent clinical advisors to review certain information and provided an expert opinion where necessary.

The CQC is satisfied that, on the basis of the information reviewed, the Trust is taking appropriate actions in relation to the concerns raised.

Mortality Review

Dr Foster and the CQC notified the Trust that our mortality data indicated a higher than average mortality rate for therapeutic endoscopic procedures on biliary tracts. The relevant patient records have been reviewed by Senior Consultants, using a standard Mortality Review Template to determine whether harm was caused to patients because of this procedure. In the majority of patients the underlying diagnosis was terminal cancer and the procedure was carried out to provide relief for an obstruction. Therefore, the procedure did not directly result in the patient's deaths, but was part of their palliative care.

The Royal Berkshire NHS Foundation Trust has made the following progress by 31st March 2010 in taking such actions to ensure coding issues are identified by formal review of the Electronic Discharge Letters by Consultants in Medicine.

Infection Prevention and control

The prevention and control of infections CQC inspection, led to the following recommendations which were implemented:

- The Trust must ensure it uses effective arrangements for the decontamination of equipment and these should be detailed in appropriate policies
- The Trust should take immediate action to clean contaminated commodes.
- The Trust must implement effective arrangements for the ongoing decontamination of equipment by 11 December 2009.
- The Trust must have appropriate policies and protocols for isolating patients, and ensure these are followed by 11 December 2009.

The Royal Berkshire NHS Foundation Trust has made the following progress by 31st March 2010 in taking such actions, as identified in a follow-up visit by the CQC on 26 January 2010 which found no evidence that the Trust had breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare-associated infection.

Data quality

The Royal Berkshire NHS Foundation Trust submitted records during 2009/10 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The latest published data are from 01/04/09 to 30/03/10 (the complete year's data will not be available until 01/06/10)



The percentage of records in the published data:

- which included the patient's valid NHS number was:
99.7% for admitted patient care;
99.8% for out patient care; and
94.5% for accident and emergency care.
- which included the patient's valid General Medical Practice Code was:
100% for admitted patient care;
100% for out patient care; and
100% for accident and emergency care

Information Governance Toolkit attainment levels
The Royal Berkshire NHS Foundation Trust score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 87%.

Clinical coding error rate

The Royal Berkshire NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Primary Diagnoses Incorrect: 11.3%
Secondary Diagnoses Incorrect: 6.2%
Primary Procedures Incorrect: 26.0%
Secondary Procedures Incorrect: 17.8%

These results should not be extrapolated further than the actual sample audited. The services reviewed were: Theme - Gynaecology (420), Specialty – Paediatrics (502), Chapter – Immunology, infectious diseases, poisoning, shock, special examination, screening and other healthcare contacts (WA), HRG – Admission with investigation, 19 years and over (NZ08A).