

Reading LINK

Local Involvement Network

Reading LINK

Reading LINK welcomes the opportunity to be involved in the Quality Accounts process for 2010/11. As a continuing process from 2009/10, the Trust are demonstrating their commitment to quality improvements and accountability to the public.

Reading LINK note the example provided of the 'Think Glucose' project (page 1) and welcomed this work, which has provided improvements in the care for patients living with diabetes. The work of Think Glucose had some focus on continuity of care between primary care and secondary care, which relates to early work that LINK carried out around local diabetes care in 2009/10.

LINK note that Priority 1 Improving patient experience also extends to out-patients and welcomes improvements across these services, as local people have identified to LINK that out-patient services at the Royal Berkshire Hospital are a priority for improvement. With 500,000 outpatient appointments per year at the Trust, this potentially affects a significant number of people.

LINK welcome the aspirations set out to improve communications particularly around the discharge process, pharmacy and transport both play a large part in delayed discharges as does inter departmental communication as well as communication with patients, families and other agencies. So this should all help to improve the patient experience. There is often one fundamental flaw i.e. staff did not read/pass on communications/ recognise their part in making the discharge process

work, this maybe an area the Trust may want to consider for staff training and staff appraisals which should be carried out.

Across the priorities LINK note the balance between patient experience and clinical care, which is important. In priority 3 Improving care for patients with dementia, LINK note the beginning of longer term work being invested in by measuring and understanding more fully the requirements of this growing group of patients in the acute setting.

Reading LINK note the good progress made against the 2010/11 targets but also the challenges that lie ahead for the Trust for 2011/12 priorities, in addition to continually meeting other requirements such as the Essential Standards of Quality and Safety set by the Care Quality Commission.

The LINK response has been sent on behalf of the LINK Board. As one of the LINK Board members is also a Governor of the Foundation Trust, his interest has been declared and he has not contributed to that response.

Reading Overview and Scrutiny Committee

Reading OSC did not consider the Royal Berkshire foundation trust draft quality accounts

Wokingham Involvement Network (Link)

On behalf of Wokingham Involvement Network (Link) I have read the Royal Berkshire NHS Foundation Trust Draft Quality Accounts for 2010/2011 and find them well written and clear to understand.

In particular it is good to see that the discharge processes are being closely monitored as this is an area which in the past has led to many complaints and some confusion. More information, verbal and written, for patients and carers is definitely needed including who/where to contact after the patient has left the hospital.

It is also good to see that the patient experience programme, aiming for better understanding between staff and patients, for both in-patients and out-patients, is being successful and this includes the personal touch of senior staff making phone calls to anyone entering a formal complaint (people like to know their complaint has genuinely been noted).

In general the reports seems well balanced and covers a wide range of monitoring for hospital improvement which, with the accumulation of more data, should enable The Trust to reach its aims.

Again this year Wokingham Link were pleased to be invited to give their views on the Hospital's areas of priority for the coming year.



Royal Berkshire NHS Foundation Trust's Council of Governors

1. The Council of Governors has been fully engaged in the process for the preparation of the Quality Account 2011/12 and has had the opportunity to comment on, in particular, priorities for 2011/12 and their ranking.
2. The Council of Governors fully supports the four quality priorities identified for 2011/12. The Council considers that they reflect key quality issues affecting the Trust. The Council endorses the reasoning behind the selection of each of the priorities.
3. The Council particularly welcomes the commitment to enhance the patient experience by improving communication, with a particular focus on the discharge process. Governors recognise, from engagement with Trust members, our overall review of complaints received and from our work in the community in general, that this is an area in which considerable progress can be made to enhance the patient experience.
4. The Council is also delighted with the progress that has been made in reducing the levels of *Clostridium difficile* and MRSA in the Trust. We are pleased that, with MRSA now reduced to a very low level, *Clostridium difficile* will receive a continuing focus in 2011/12.



Additional Trust Statement following the inclusion of the External Review Statements

The above statements were considered at the Special Clinical Governance Board Committee meeting on 16 May 2011. The Quality Accounts are an evolving process and as such we are looking at how we can develop stakeholder engagement, so that we can ensure that we target our priorities on delivering high quality care for our patients. Some of the specific quality issues raised here are included in our wider quality agenda as part of the Trust's vision and values; we are only able to focus on a limited number of priorities in these Quality Accounts. Therefore, no changes have been made to the body of the Quality Accounts following these comments, but these areas will be reviewed as part of our general approach to quality improvement.

Appendix 1: Part 2b Board Quality Assurance Statements

The Board is satisfied that, to the best of our knowledge based on information reviewed on serious incidents, patterns of complaints, other metrics and scorecards, the Care Quality Commission's Quality and Risk Profile and our

assessment against Monitor's Quality Governance Framework, that we have and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to our patients.

The aim of these Board Quality Assurance Statements is to give information to the public, which will be common across all Quality Accounts. This section is expressed as a series of statements from our board, which relate strongly to the drive for quality improvement. These statements serve to offer assurance to the public that our organisation as a whole is:

- Performing to essential standards (such as meeting CQC Registration), as well as going above and beyond this to provide high quality care
- Measuring our clinical processes and performance (for instance, through participation in National Clinical Audits)
- Involved in national cross-cutting projects and initiatives aimed at improving quality, for instance, through recruitment to clinical trials or through establishing quality improvement and innovation goals with the commissioner using the CQUIN payment framework

The content and wording of these statements is set in the Regulations for Quality Accounts, such that it is not possible for us to alter them, although we can add additional information.

Please note that data presented in the Quality Accounts 2010/11 may not correlate with data, targets or averages presented in the Quality Accounts 2009/10 due to changes in benchmarking, external audit data reports etc. However, we have a clear Information Quality Assurance process that reviews these changes and ensures that we are

accurately presenting information in these accounts. The assurance for these Quality Accounts comprises four elements:

1. Board assurance based on the review and assurance undertaken by the Risk Management Committee, Clinical Governance Board Committee and Audit Committee.
2. External assurance (by KPMG auditors) on the content of the Quality Accounts to ensure it is in line with Monitor guidance and not inconsistent with other specified information
3. External assurance on two mandated performance indicators (MRSA or *Clostridium difficile* and Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers) in the Quality Accounts
4. Assurance on one local performance indicator (agreed by the foundation trust's governors) in the Quality Accounts

Review of services

During 2010/11 the Royal Berkshire NHS Foundation Trust provided and/ or sub-contracted 33 NHS services. The 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.

In addition, a special review of Maternity Services was implemented during 2010/11, and the leading clinicians were closely involved in setting new CQUIN targets for 2011/12. Our midwife to mother ratio has been increased and our results from the National Maternity survey 2010 indicate that the Trust has made significant improvements in care since the 2007 survey.

The income generated by the NHS services reviewed in 2010/11 represents 100 per cent of the total income generated from the provision of NHS services by the Royal Berkshire NHS Foundation Trust for 2010/11.

Awards

HQIP Award for Stroke Our commitment to providing quality care was recognised when the Trust won two awards in April 2010 at the HQIP (Healthcare Quality Improvement Partnership) annual conference awards ceremony. Our audit submission: 'National Sentinel Stroke Audit – Changing practice, changing attitude' won the Local Improvement Following National Audit Participation award and the Gold award for the best audit of all submissions – we were the only Trust to win two awards!



CHKS Quality of Care Award We were awarded the CHKS 2010 Quality of Care Award in May. The CHKS Quality of Care Award is based on a number of criteria and, unlike other awards, is not judged by a convened panel, but is data-driven using publicly available datasets, with every NHS acute trust included in the analysis. We have been shortlisted again for this same award in 2011; the winners will be announced on 10 May 2011.

Patient Safety Awards

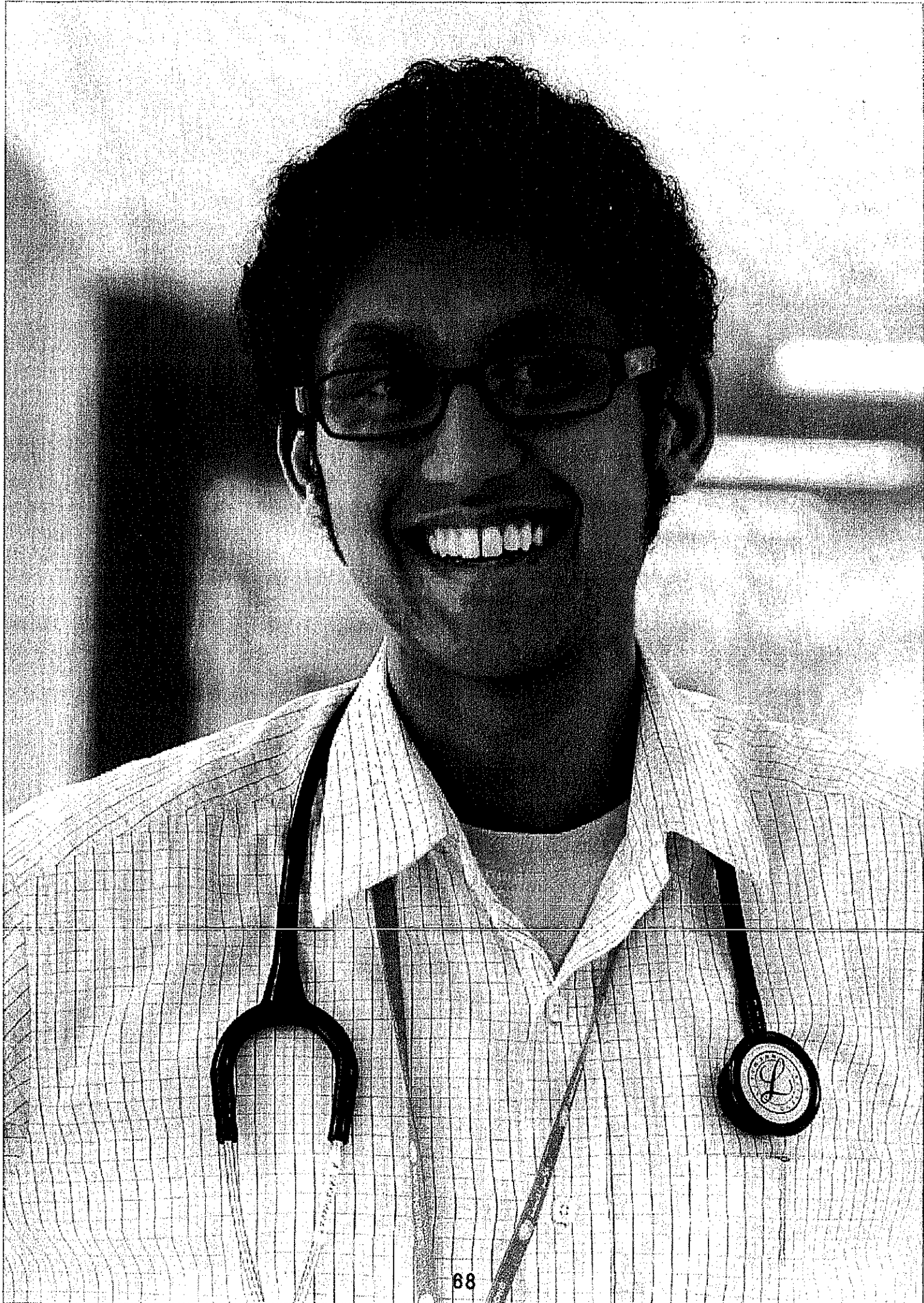
In November 2010, we won the Health Service Journal Patient Safety Award for our work on "Getting it right for every patient every time — timely antibiotics for patients with neutropenic sepsis".

Neutropenic Sepsis is a serious complication of chemotherapy and during 2010 the staff in the Emergency Department, the Clinical Decision Unit, Oncology, Haematology and Microbiology worked with local GPs, South Central Ambulance Service, and our patient representative to ensure that patients who might possibly have Neutropenic Sepsis were given intravenous antibiotics within an hour of coming to hospital. Our data since January 2010 showed that use and monitoring of the care bundle resulted in an increase in antibiotic administration within one hour from 20% to 94%.



In March 2011, we triumphed at the Nursing Times and Health Service Journal Patient Safety Awards where we picked up the award for Patient Safety in Critical / Intensive Care for the introduction of the pioneering 'Call 4 Concern' helpline.

An early warning hotline was set-up so that relatives can by-pass normal channels if they spot a dip in the condition of a critically ill patient. The 24 hour service means the team can assess the situation and flag it up to doctors and nurses if it is serious. It also offers an extra reassurance if scans, tests or operations have been delayed.



Participation in clinical audits

Clinical audits are really important in stimulating quality improvement in the Trust, enabling us to use the information obtained to take action to make improvements. The value that we gain from audit is in our use of the data and relevant local and national learning to drive improvement.

During 2010/11, 44 national clinical audits and 5 national confidential enquiries covered NHS services that Royal Berkshire NHS Foundation Trust provides. During that period Royal Berkshire NHS Foundation

Trust participated in 88.64% 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 2010/11, along with those for which data collection was completed during 2010/11, 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.



Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Peri- and Neonatal						
Perinatal mortality (CEMACH)	Yes	12/12	100%	Perinatal Mortality 2008 report published July 2010	Perinatal Mortality has been reviewed at the Clinical Governance Board in May 2010.	<p>A protocol is being developed regarding the delayed delivery of surfactant.</p> <p>A trigger tool has been developed for the neonatal unit. Trigger observation charts are in use on post natal wards and this is audited annually.</p> <p>The sepsis protocol is being reviewed.</p> <p>Action planning for 2010 report is in progress and will be reported to the Clinical Governance Board.</p>
Neonatal intensive and special care (NNAP)	Yes	436/436	100%	June 2010	National audit report recommendations will be considered when local audit results are available.	Action plan will be developed when local audit results are available.
Children						
Paediatric pneumonia (British Thoracic Society)	Yes	0/0	0% submitted in national audit. Local audit underway, local results will be compared and benchmarked with national results.	November 2010	National audit report recommendations will be considered when local audit results are available.	Action plan will be developed when local audit results are available.

Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Paediatric asthma (British Thoracic Society)	Yes	0/0	0% submitted in national audit. Local audit underway, local results will be compared and benchmarked with national results.	June 2010	National audit report recommendations will be considered when local audit results are available	Action plan will be developed when audit results are available
Paediatric fever (College of Emergency Medicine)	Yes	48/48	100%	Reports due to be published in April 2011.	Report not yet published	Action planning in progress.
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	Yes	The Trust offered to be an early adopter unit although was not recruited. Main data collection starts in 2011/12.	-	New national audit: no report published in 2010	Report not yet published	Action plan will be developed when audit results are available.
Paediatric intensive care (PICANet)	No					
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	No					
Diabetes (RCPC National Paediatric Diabetes Audit)	Yes	No data collection in 2010/11	No data collection in 2010/11	No report published in 2010.	Report not yet published	Action plan will be developed when audit results are available.
Acute care						
Emergency use of oxygen (British Thoracic Society)	Yes	123/ denominator not defined		2009/10 data reported in June 2010	2009/10 report published in June 2010. Reviewed by Respiratory Clinical Governance December 2010. 2010/11 report not yet published.	2010/11: action plan in progress.

Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Adult community acquired pneumonia (British Thoracic Society)	Yes	2009/10 data collection: 70 patients submitted / denominator not defined 2010/11 data collection: The Trust did not participate in this round of the audit. There was a small gap between the report being received and the next round of audit therefore it was decided to focus on implementing the findings of the previous round of the audit. This was agreed at by the Chief Medical Officer in in September 2010 and discussed at the Clinical Audit Committee in December 2010.		November 2010	December 2010 Clinical Audit Committee	A care bundle for Community Acquired Pneumonia has been developed and is being implemented across the Trust; this should improve microbiology investigations and reduce the interval between chest Xray and antibiotics. The Respiratory Department is working with portering and radiography to reduce the time between admission and chest Xray. The Trust is working with GPs to improve assessment and timely referral into hospital. Junior doctors are being educated about the use of IV drugs to ensure prescribing is in line with guidance. Efforts are being made to increase the percentage of patient who had a senior review within 6 hours of admission by improving awareness, communication and documentation.
Non Invasive ventilation (NIV) - adults (British Thoracic Society)	Yes	29/40	72.5%	November 2010	Report published in November 2010. Response/action plan reviewed in Respiratory clinical governance in December 2010, this will be submitted to Clinical Audit Committee in June 2011.	
Pleural procedures (British Thoracic Society)	Yes	18/21	86%	2009/10 June 2010		Action plan for 2010/11 in progress.

Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Cardiac arrest (National Cardiac Arrest Audit)	Yes	133/133	100%	No report published in 2010. 1st quarter report published February 2011.	No report published in 2010. 1st quarter report published February 2011.	Action planning in progress. Work is underway to improve the data quality of audit data returned. The Resuscitation team are working to improve the insertion of laryngeal mask airways and increase confidence of staff through training.
Vital signs in majors (College of Emergency Medicine)	Yes	50/50	100%	Report not yet published		Action plan will be developed when audit results are available.
Adult critical care (Case Mix Programme)	Yes	National audit data collection still underway (data entry deadline June 2011)		Report not yet published		Action plan will be developed when audit results are available.
Potential donor audit (NHS Blood & Transplant)	Yes	152/167	91%	March 2009	November 2010 Clinical Governance Board	Action plan monitored by the Organ and Tissue Donation Committee
Long Term Conditions						
Diabetes (National Adult Diabetes Audit)	Yes	2009/10 data collection: 1391/1391 2010/11 data collection still underway (deadline 30/09/11)	100%	Report now received for 2008- 9 data (in summer 2010)	September 2010 Clinical Governance Board	Following the previous year's audit report noting non-typical incidence of diabetic ketoacidosis (DKA), two local audits have been carried out on this subject. Improvements to identification and management of DKA. The frequency of Young Adult Clinics will be increased to weekly from November. The Insulin Pump clinic has already increased frequency to weekly. The Diabetes Centre is involved in implementing Think Glucose, a national project to improve the care of inpatients with diabetes.

Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Heavy menstrual bleeding (RCOG National Audit of HMB)	Yes	Data collection in progress (deadline 31 January 2012)	-	New national audit: no report published in 2010	-	Action plan will be developed when audit results are available.
Chronic pain (National Pain Audit)	Yes	Data collection in progress (deadline to be confirmed)	-	Report not yet published	-	Action plan will be developed when audit results are available.
Ulcerative colitis & Crohn's disease (National IBD Audit)	Yes	Data collection in progress: deadline 31 August 2011	-	No data collection in 2009/10. No report published in 2010.	2008/9 audit reported to Clinical Governance Board in July 2009.	Action plan will be developed when audit results are available.
Parkinson's disease (National Parkinson's Audit)	Yes	The Trust did not participate in this round of the audit. There was a small gap between the report being received and the next round of audit: therefore it was decided to focus on implementing the findings of the previous round of the audit. This was agreed at The Clinical Audit Committee in September 2010.	0%	17th May 2010	September 2010 Clinical Audit Committee.	Examples of recent work include the 'Get it on Time' campaign (completed audit cycle, presentations, workshops), research on use of laser canes for Parkinson's patients and an audit on use of anti-psychotics in Parkinson's patients. This work and the action plan from the previous national audit are monitored by the Parkinson's Disease Group.
COPD (British Thoracic Society/ European Audit)	Yes	40/53	75%	Report not yet published	Report not yet published	Action plan will be developed when audit results are available.

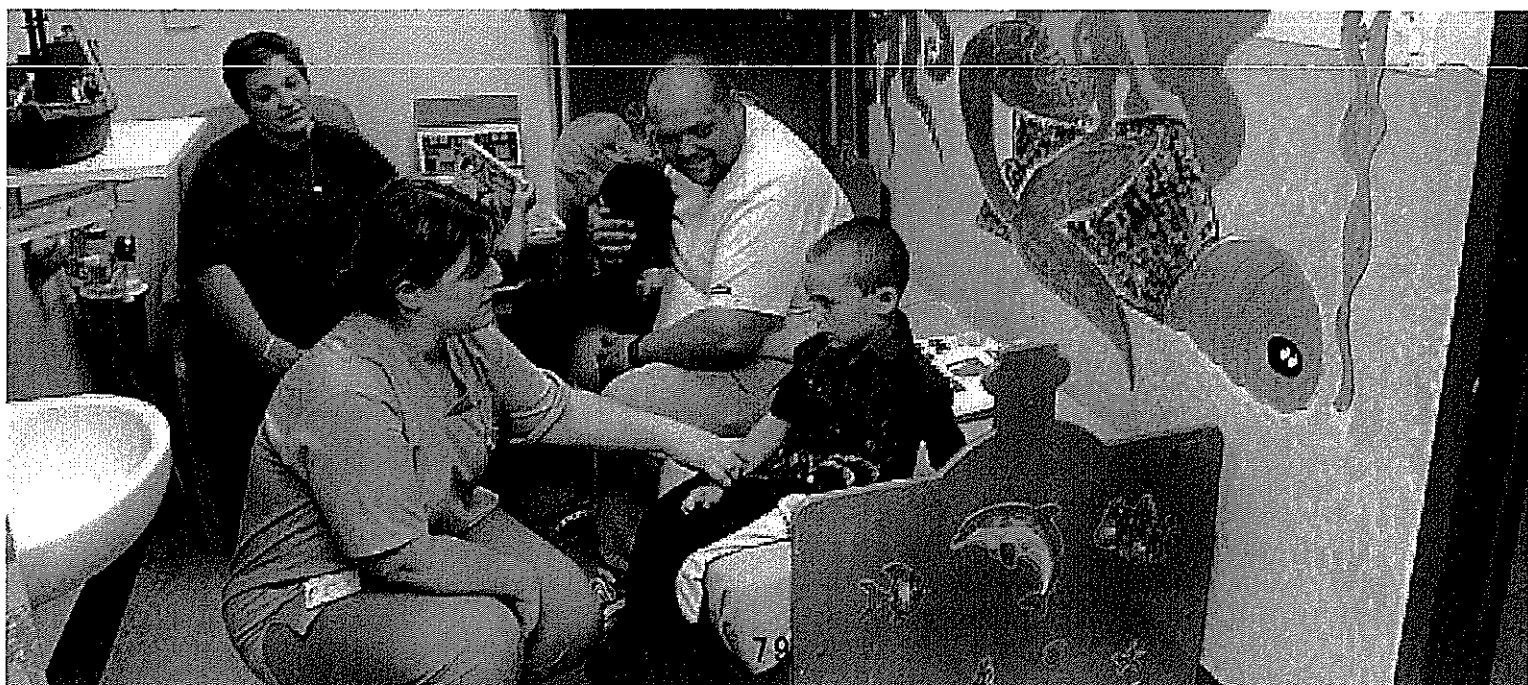
Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Adult asthma (British Thoracic Society)	Yes	31/36	86%	June 2010	2009/10 report reviewed by Clinical Audit Committee in March 2011. 2010/11 report not yet published.	2010/11 report: Action plan in progress
Bronchiectasis (British Thoracic Society)	Yes	The Trust did not participate in this round of the audit.	0%	Report not yet published. Publication date to be confirmed.	Report not yet published	Action plan will be developed when audit results are available
Elective Procedures						
Hip, knee and ankle replacements (National Joint Registry)	Yes	814/814	100%	September 2010	No	Action planning in progress
Elective surgery (National PROMs Programme) 1) hip replacements 2) knee replacements 3) hernia 4) varicose veins	Yes	Hip replacements: 512 = 70.90% Knee replacements: 433 = 59.20% Groin hernia: 517 = 63.70% Varicose veins: 31 = 37.80% All procedures: 1493 Data not complete due to December 2010 to March 2011 data not available.		2010	September 2010 Clinical Governance Board.	The 2010 annual PROMs report did not provide any clinical data or data on patient experience. The report detailed demographics, the differences between deprived areas and how men v women view their overall health. The report was reviewed and it was agreed that there were no recommendations for implementation.
Cardiothoracic transplantation (NHSBT UK Transplant Registry)	No					
Liver transplantation (NHSBT UK Transplant Registry)	No					
Coronary angioplasty (NICOR Adult cardiac interventions audit)	No					
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	Yes	37/76	49%	Report published in July 2010	No	Action planning in progress

Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Carotid interventions (Carotid Intervention Audit)	Yes	5/10	50%	Report published in July 2010	No	Action planning in progress
CABG and valvular surgery (Adult cardiac surgery audit)	No					
Cardiovascular disease-						
Familial hypercholesterolaemia (National Clinical Audit of Mgt of FH)	Yes	5 adult & 1 paed = 6/6	100%	Site specific report published: 8/12/2010	3 March 2011 Clinical Governance Board.	Expanding our FH service would need to be done in agreement with the Commissioners = discussions are underway at Strategic Health Authority level.
Acute Myocardial Infarction & other ACS (MINAP)	Yes	2010/11 Data collection in progress (deadline 31 May 2011)	2010/11 Data collection in progress (deadline 31 May 2011)	September 2010	Monthly MINAP meetings help with Emergency Department to monitor results.	Clinical team to advise
Heart failure (Heart Failure Audit)	Yes	2010/11 Data collection in progress (deadline 31 May 2011)	2010/11 Data collection in progress (deadline 31 May 2011)	Report published 9/12/10.	March 2011 Clinical Audit Committee	The data capture requirements of this audit have been noted in process mapping for the anticipated arrival of an Electronic Patient Record (EPR) to ensure continued participation is possible. The Heart Failure Lead Clinician is on the EPR board. Heart Failure community nurses have been employed (5 WTE) for patients with a confirmed diagnosis.
Pulmonary hypertension (Pulmonary Hypertension Audit)	No					

Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Acute stroke (SINAP)	Yes	178/401	44%	No national or site report generated in 2010.		All new stroke admissions to have food and fluid charts for at least 3 days regardless of their MUST (nutritional screening tool) score. This is to ensure that all patients have adequate nutrition and fluid.
Stroke care (National Sentinel Stroke Audit)	Yes	60/60	100%	Organisational Audit report published: August 2010	November 2010 Clinical Governance Board	<p>The Trust is to become a hyper acute stroke service, to include provision of a 24/7 thrombolysis, a seven day per week TIA service, recruiting a second Consultant Stroke Physician to provide this and to help provide a daily Stroke Consultant ward round, bed modelling and increasing nurse staffing levels to at least the national average. Findings from the audit were used in planning the proposed service.</p> <p>There is now a bed reserved on Acute Stroke Unit (ASU) at all times for assessment with pathway of direct admission from Emergency Department to Stroke Unit.</p> <p>The Vascular Network funded one telemedicine unit which will allow patients to be promptly visually assessed in Emergency Department by a senior doctor, continuous physiological monitoring (CPM) units and a mobile monitor were secured from a bid to Vascular network for ASU.</p> <p>An additional Clinical Psychologist has been employed. A referral book for Clinical Psychology is being used to identify patients suitable for assessment from the ward and MDT meetings.</p> <p>A Stroke Research Nurse has been appointed.</p> <p>Provision of patient information leaflets in outpatients has been reviewed.</p>

Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Renal Disease						
Renal replacement therapy (Renal Registry)	Yes	578 / denominator not defined		No report published in 2010.		
Renal transplantation (NHSBT UK Transplant Registry)	No					
Patient transport (National Kidney Care Audit)	Yes	138 patients consented to complete a questionnaire (87 from RBH and 51 from Windsor)	The final number of questionnaires returned for RBH and Windsor will be made available when the report is published in June 2011.	Report to be published March 2011		Action plan will be developed when audit results are available
Renal colic (College of Emergency Medicine)	Yes	50/50	100%	Report not yet published. Publication date to be confirmed.	Report not yet published. Publication date to be confirmed.	Action plan will be developed when audit results are available
Cancer						
Lung cancer (National Lung Cancer Audit)	Yes	2009/10 data collection: 193 / 193 2010/11 data collection underway deadline 30 June 2011	2009/10 data collection: 100% 2010/11 data collection still underway (deadline 30/6/11)	Report on 2008/9 data collection published in 2010. Awaiting report for 2009/10 data (due August 2011)	2008/9 report reviewed at March 2010 Clinical Governance Board	Work is underway to improve Data Quality, completeness and accuracy, including improving capturing of relevant data items at MDT meetings. Work is underway to improve communication with ward teams.
Bowel cancer (National Bowel Cancer Audit Programme)	Yes	199/ 213	92%	Annual report 2010	17 March 2011 Clinical Audit Committee	Work is underway to improve Data Quality, completeness and accuracy of data.
Head & neck cancer (DAHNO)	Yes	68/68	100%	April 2010	16/12/10 Clinical Audit Committee 13/1/11 Clinical Governance Board	Work is underway to improve Data Quality. Completeness of data entry, enhancing MDT discussion and documentation in medical records.

Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Trauma						
Hip fracture (National Hip Fracture Database)	Yes	463/463	100% of initial cases	September 2010	November 2010 Clinical Governance Board	<p>Introduction of a daily Orthogeriatrician attendance at the orthopaedic trauma meeting and an "elderly trauma" ward round.</p> <p>Twice weekly Orthogeriatrician ward rounds of trauma inpatients and weekly MDT meetings.</p> <p>Introduction of a separate Orthogeriatric Rehabilitation Ward with appropriate patients transferring post-operatively.</p> <p>Protocols for management of elderly trauma patients have been standardised.</p> <p>All elderly trauma inpatients, operative and non-operative, receive falls and bone health assessments.</p> <p>Consultant input has been increased so all trauma lists including weekends have consultant cover.</p> <p>A to Z of Anaesthesia for Elderly Trauma Patients has been issued.</p> <p>Post-operative Mobilisation Policy.</p> <p>The physiotherapists set up a teaching and training programme for nursing staff.</p>



Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Severe trauma (Trauma Audit & Research Network)	Yes	2010/11: 210/337	62%	Abdominal /spinal report published August 2010. Head injuries report published November 2010.	Head injuries: action plan in progress, to be discussed at Trauma Committee The Trauma Committee reports to the Clinical Governance Board on an annual basis, last report November 2010	Abdominal /spinal: action plan developed.
Falls and non-hip fractures (National Falls & Bone Health Audit)	Yes	65 clinical cases (100%)	65	Report not yet published	Awaiting report –	Preparing key points for response
Psychological Conditions						
Depression & anxiety (National Audit of Psychological Therapies)	No					
Prescribing in mental health services (POMH)	No					
National Audit of Schizophrenia (NAS)	No					
National Audit of Dementia (TBC)	Yes	45/45	100%	November 2010	January 2011 Clinical Governance Board	A Funding for a Mental Health Liaison Team for Older People (MHLTOP) will provide inreach for patients with dementia across the Trust. A pathway or protocol for the management of inpatients with dementia is being developed. A Discharge Coordinator with special responsibility for patients with dementia has been identified and has joined the Dementia Steering Group. A care bundle has been developed for patients exhibiting Behavioural and Psychological Symptoms of Dementia (BPSD). An information leaflet has been developed for patients with a suspected but unconfirmed diagnosis of dementia. An 'Information About Me' booklet has been developed with input from the Patient Panel to collect information about a patient which will help staff caring for patients with dementia. A Dementia Toolkit has been developed.

Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Blood transfusion						
O neg blood use (National Comparative Audit of Blood Transfusion)	Yes	29/29	100%	No Trust-specific report published.	No Trust-specific report published. Trust undertook its own analysis that was discuss at the Transfusion Committee.	Improved stock control to ensure use of blood by expiry date. Emergency O positive units available for men and women above 55 years old.
Platelet use (National Comparative Audit of Blood Transfusion)	Yes	26/26	100%	No Trust-specific report published	Trust undertook its own analysis that was discuss at the Transfusion Committee in January 2011.	Additional audit undertaken in September 2010 looking at all platelet transfusions. The policy for platelet transfusions in haematology patients is being revised. The need for regular patient review and better documentation is being highlighted to staff.
National Confidential Enquiries						
Parenteral Nutrition	Yes	No data collection in 2010/11		Report published in July 2010	Reviewed by Clinical Governance Board in November 2010	Actions are being monitored by the Nutrition Committee and include: appointment of a nutrition support CNS, drafting of a parenteral nutrition protocol (in final revision) improving the use of nutrition screening (many initiatives in progress), standardised proforma for requesting parenteral nutrition, paediatric and surgical involvement with Nutrition Committee improved, central venous catheter care bundle developed, audit of use of parenteral nutrition on ICU in progress.

Title	Relevant	Numerator/ Denominator	Percentage	Date report published (2010 calendar year)	Reports reviewed by Board (2010/11)	Actions taken to improve quality of services
Elective and Emergency Surgery in the Elderly	Yes	24/25	96%	Report published in November 2010	Report reviewed by Clinical Governance Board in January 2011	Business case for elderly care sessions to support a surgical liaison service to be developed. Pain management guidelines to be included in next revision of general surgical handbook Audit of anaesthetic charts to be undertaken. Protocol for management of intra-op hypotension in development
Paediatric Surgery	Yes	No appropriate cases identified		Report not yet published		Action plan will be developed when audit results are available.
Peri-operative Care	Yes	115/ denominator to be advised	To be confirmed	Report not yet published		Action plan will be developed when audit results are available.
Cardiac Arrests	Yes	3/3	100%	Report not yet published		Action plan will be developed when audit results are available.
Cosmetic Surgery	No					
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	No					

Reviewing reports of national clinical audits

The reports of 20 national clinical audits were reviewed by the provider in 2010/11, the Royal Berkshire NHS Foundation Trust intends to take the actions listed above to improve the quality of healthcare provided listed in the above table.

Reviewing reports of local clinical audits

The reports of 61 local clinical audits were reviewed by the provider in 2010/11 and The Royal Berkshire NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided: promoting good documentation and the documenting of advanced care planning, enhancing documentation for consent to sharing information and next of kin, improving the completion of charts/checklists and care bundles, increasing accuracy and thoroughness of clinical coding, improve timeliness of samples, developing a care bundle for *Clostridium difficile*, improving use of drug charts, developing training and education programmes, a pharmacist-led intervention to raise awareness of this important side effect could reduce inappropriate prescriptions, developing training and education programmes, enhancing communication between staff, teams and across organisational boundaries, nutrition link nurse on each ward to be identified, roll out of nutrition care bundle, making the recovery area of theatres more child friendly.

National audits

The Trust's overall performance in the Hip Fracture Database (2009 report) was very good. We did particularly well in the combined standard of surgery within 36 hours, with falls and bone health assessments coming 10th of the 129 hospitals included in the report. The main area for improvement is in patients getting to the orthopaedic ward within 4 hours of arrival in the Emergency Department.

Research

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. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. We are committed to research as a driver for improving the quality of care and patient experience.

The number of patients receiving NHS services provided or sub-contracted by Royal Berkshire NHS Foundation Trust in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was in excess of 1311.

The Royal Berkshire NHS Foundation Trust was involved in conducting 2 clinical research studies in Stroke during 2010/11: Whitehall 11 study - The role of depression in stroke and CLOTS 3 - To establish the effectiveness of intermittent pneumatic compression to prevent post stroke DVT in patients. Over the calendar year, the stroke mortality rate (as measured by the Standardised

Mortality Ratio Acute cerebrovascular disease (clinical codes: G46, I60-I64, I66) data from the Dr Foster RTM database) decreased from the previous year from 100.7 to 85.9. This improvement in patient health outcomes in Royal Berkshire NHS Foundation Trust demonstrates that a commitment to clinical research leads to better outcomes for patients.

In February 2011, there were 26.75 WTE staff in National Institute for Health Research (NIHR) funded research roles and a generic research team model was successfully implemented providing a flexible and responsive workforce. Many other clinical staff supported research at Royal Berkshire NHS Foundation Trust during 2010/11 which was approved by a research ethics committee. These staff participated in research covering 18 clinical specialties.

In 2010/11, four members of Trust staff became National Institute for Health Research (NIHR) trained Good Clinical Practice (GCP) facilitators and are currently running training sessions for researchers nationally and locally.

In the 2010 calendar year, a total of 162 articles were published where Trust staff were listed as authors (including full reports, abstracts, poster presentations, letters and case reports). This shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS. Our engagement with clinical research also demonstrates our commitment to testing and offering the latest medical treatments and techniques.

Goals agreed with commissioners Use of the CQUIN payment framework

The CQUIN framework was established to ensure that the wider determinants of health inequalities and associated risk factors can be addressed through commissioning for quality improvements. Our engagement with the CQUIN framework demonstrates that we are keen to help ensure that our improvements can have impact beyond our Trust boundaries and so improve patient pathways across the whole of the local health economy. Reporting on the CQUINs within these Quality Accounts, also allows us to show transparency about where we have agreed quality improvement and innovation goals with our commissioners, and that we are earning part of our income by making these improvements.

A proportion of Royal Berkshire NHS Foundation Trust income in 2010/11 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.

Further details of the agreed goals for 2010/11 and for the following 12 month period are available electronically at www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

Description of goal	Monitoring Frequency	Target	Result	Potential Value of CQUIN (£K)	Estimated Value Achieved
VTE assessment on adult inpatients and daycases	Q4 2010/11	90%	90.05%	364	364
Patient Experience feedback	Survey from July/Aug 2010	67 to get 80% 69 to get 90% 70 to get 100%	66.7	364	0
Pressure ulcer reduction	End of Q4 2010/11	<= 25 grade 3 or 4 hospital acquired pressure ulcers	22	364	364
Acute Myocardial Infarction (heart attack) Care Bundle	Average across Q4 2010/11	87%	96.6% (Feb latest position)	121	121
Heart Failure Care Bundle	Average across Q4 2010/11	60%	51.1% (audit only partially completed)	121	121
Compliance with Hip and Knee surgery prophylactic treatment protocol	Average across Q4 2010/11	87%	92%	121	121
Compliance with Pneumonia treatment protocol	Audit Mar 11	77% of care bundles show 100% completion	80% (data being validated)	121	121
Diabetes: assessment of adult inpatients with a secondary diagnosis of diabetes.	Average across Q4 2010/11	Part 1: 50%, 65%, 80% result in payment of 35%, 40%, 45% Part 2: 50%, 65%, 80% result in payment of 35%, 40%, 45% If 80% achieved in both measures then CQUIN payment is 100%	Part 1: 94% Part 2: 100%	515	515
Falls reduction	Audit Mar 11	80% are 100% completed at March audit	92%	309	309

Description of goal	Monitoring Frequency	Target	Result	Potential Value of CQUIN (£K)	Estimated Value Achieved
Maternity Care	1. All yr 2010/11 2. Average across Q4 2010/11 3. July-10	1. 65% Normal Births. 2. 24% C-Section. 3. Take part in review	1. 60% 2. 27% 3. Achieved	515	52
Staying Healthy smoking cessation	End of Q4 2010/11	Part 1: 95% Part 2: 300 referrals Part 3: 95%	1. 23.4% 2. 638 3. data not available	206	0
Quality of Stroke Care	Average across Q4 2010/11	1. 80% scanned 2. 90% assessed 3. 75% rehab	1. 93% 2. 100% 3. Physio 95.3%, OT 77.6%, S< 82.4%	515	515
Specialist Commissioning					
Patient Experience feedback	Survey from July/Aug 2010	67 to get 80% 69 to get 90% 70 to get 100%	66.7	27	0
Renal home therapy	Mar-11	25 to get 80% 26 to get 90% 27 to get 100%	26.4%	108	97
VTE assessment on adult inpatients and daycases	Q4 2010/11	90%	90.05%	27	27
Special Care Baby Unit	Mar-11	0.72	0.74	108	0
Total values				3906	2726

- Patient Experience feedback improved from a score of 65.8 in 2009/10 to 66.7 in 2010/11. However, the CQUIN for this goal is based on the Trust reaching an absolute value of 67 and so PCT payment for this improvement has not been achieved.



What others say about the Royal Berkshire NHS Foundation Trust

Statements from the CQC

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 the Royal Berkshire NHS Foundation Trust during 2010/11.

Royal Berkshire NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2010/11:

- On 10 March 2011, a planned review of compliance was completed by the CQC on the Royal Berkshire Hospital location which included two unannounced inspections on 7 December 2010 and 7 January 2011 at that site.
- On 30 March 2011, a planned review of compliance was completed by the CQC on the West Berkshire Community Hospital location. This review included an unannounced inspection on 14 December 2010 at that site.

The CQC found that the Royal Berkshire Hospital was meeting all the essential standards of quality and safety that were reviewed but considered that to maintain this position, some improvements would be required to be made within 10 of the 16 core outcomes detailed on the next page.

Royal Berkshire Hospital

Outcome	Description	CQC concern
1	Respecting & involving people who use services	Some patients did not feel involved in decision making and criticised communication and poor attitudes of some staff.
4	Care and welfare of people who use services	Communication with and between some groups of staff and inappropriate attitudes of a minority of staff. Care plans do not always cover all care and treatment required or information about transfer or discharge arrangements. The number of patients developing serious pressure sores.
5	Meeting nutritional needs	The Trust has stated that improvements are needed to ensure that patients at risk of malnutrition and those who are required not to have any food or drinks before surgery or other procedures are clearly identified.
7	Safeguarding people who use services from abuse	The Trust has identified that patients and their relatives are not given information about identifying and reporting safeguarding concerns. Some reported incidents of the poor behaviour of staff on some wards, particularly at night.
10	Safety & suitability of premises	Inadequate storage arrangements for equipment that is not in use. Some areas of the hospital are unreasonably cold, particularly within the A&E Department. Some patients within A&E are assessed in the corridors and others may have to stand whilst waiting to be seen.
11	Safety and availability of equipment	There was no evidence that the Trust monitors the implementation of patient safety alerts across the hospital.
12	Requirements relating to workers	The high number of staff employed without undertaking a CRB check.
13	Staffing	High vacancy rate for non medical staff, radiography staff, clinical biochemistry staff and qualified pharmacists.
14	Supporting workers	Attendance at mandatory training is variable. Most staff have not received a staff appraisal or PDP.
21	Records	Lack of communication with staff regarding audit findings and how these are used to improve practice.

The CQC found that the West Berkshire Community Hospital was meeting all the essential standards of quality & safety that were reviewed but considered that to maintain this position, some improvements would be required to be made within 5 of the 16 core outcomes:

West Berkshire Community Hospital

Outcome	Description	CQC concern
7	Safeguarding people who use services from abuse	A small number of staff had not received training and told the CQC they were not aware of how to find the Trust's safeguarding policies and procedures.
11	Safety and availability of equipment	There was no evidence that the Trust monitors the implementation of patient safety alerts across the hospital.
12	Requirements relating to workers	The high number of staff employed without undertaking a CRB check.
14	Supporting workers	Most staff have not received a staff appraisal or PDP.
16	Assessing and monitoring the quality of service provision	Trust wide assessment and monitoring systems do not show how the quality of care provided specifically at the West Berkshire Community Hospital is monitored. While clinical governance arrangements are in place, audit findings are also not always communicated to staff to identify what they do well and where they need to improve.

These concerns have been reviewed and a detailed gap analysis and improvement action plan for both the Royal Berkshire Hospital and the West Berkshire Community Hospital was submitted to the CQC on 27 April 2011. These actions will be monitored by the Trust Board and the CQC during 2011/12.

in these reviews. The CQC has yet to contact the Trust about the Review of Dignity and Nutrition for Older People or the Review of Meeting the physical health needs of people with learning disabilities and meeting the Physical Health Needs of People with Mental Illness.

The Royal Berkshire NHS Foundation Trust has participated in 2 special reviews in 2010/11 (shown by * below). No specific action was required by the CQC in relation to the Trust's performance

Special Reviews

- Review of services for people who have had a stroke and their carers*
- Review of support for families with disabled children 2009/10*
- Dignity & Nutrition for Older people (February– May 2011)
- Reviews of 'Meeting the physical health needs of people with learning disabilities' and 'meeting the physical health needs of people with mental illnesses' 2009/10.

There have been no specific investigations by the Care Quality Commission (including the Hygiene Code) in 2010/11.

Data quality

Statement on relevance of Data Quality and your actions to improve your Data Quality

The Royal Berkshire NHS Foundation Trust recognises that it is a continuous ongoing process to improve and maintain data at a level of quality which ensures it is fit for purpose.

The Royal Berkshire NHS Foundation Trust will be taking the following actions to improve data quality:

1. Compiling a central reference resource of definitions to encourage a common understanding of the data and its meaning
2. Reviewing core operational procedures to ensure standard recording methods
3. Providing a programme of training and support for users, including detailed procedural documentation, as we move over to using the new computer system.

4. Monitoring volume and consistency of data recording in a data quality dashboard
5. Undertaking quality assurance of reports and indicators to consider the level of quality assurance and identify areas for further work.

NHS Number and General Medical Practice Code Validity

The Royal Berkshire NHS Foundation Trust submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

– which included the patient's valid NHS number was:

99.6% for admitted patient care;
99.8% for out patient care; and
96.9% 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's Information Governance Assessment Report overall score for 2010/11 was 82%. This was the highest score within the South Central SHA area.

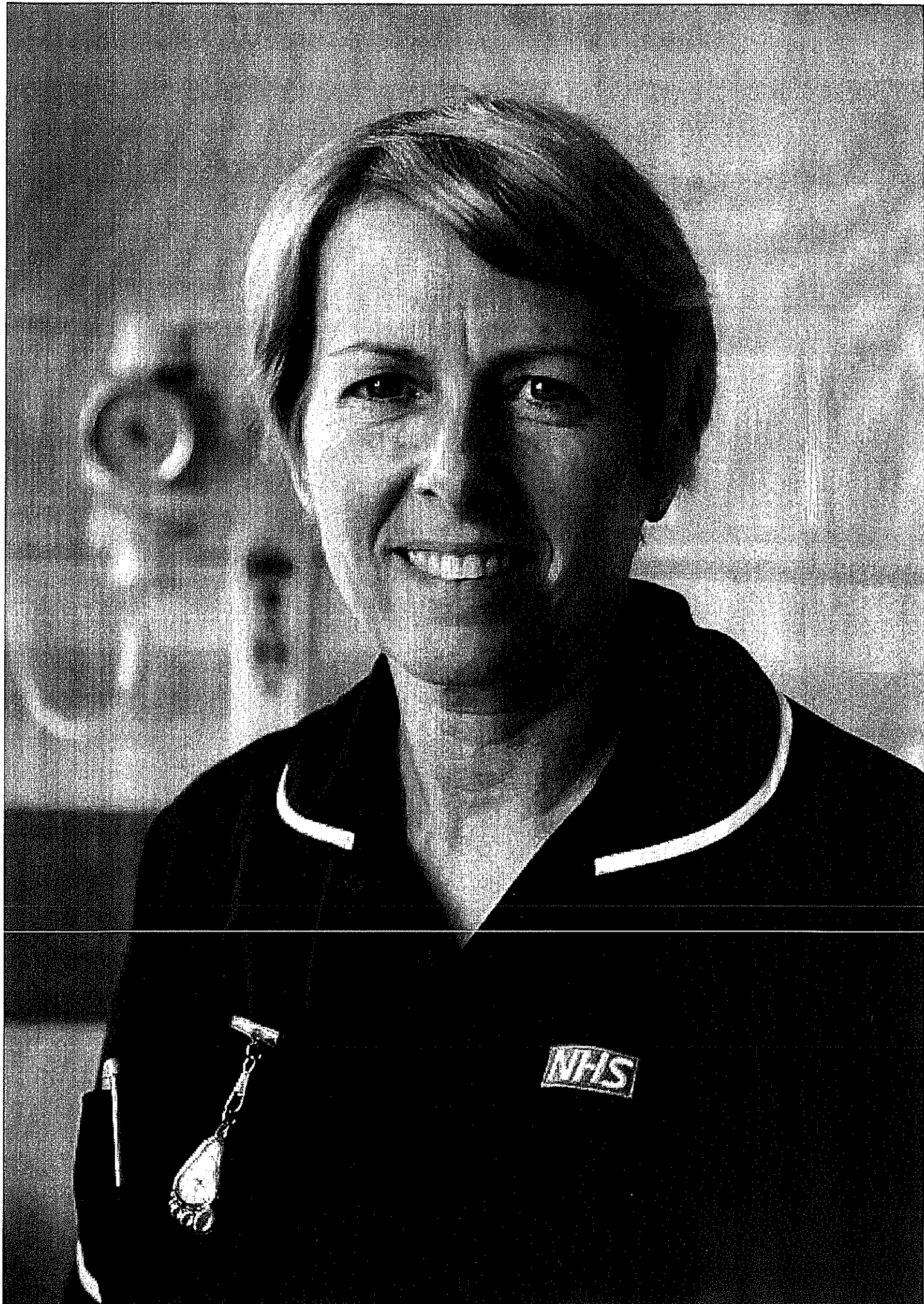
However, along with approximately 65% of Trusts nationally, the Trust was graded as "not satisfactory". This is because the new toolkit requires all individual requirements to be 'passed'. In common with many, the Trust has not yet reached the challenging target of ensuring that 95% of all staff receive mandatory information governance training annually. The Trust is working to improve its current position and has developed an action plan to boost uptake of the training.

Clinical coding error rate

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 21%
Secondary Diagnoses Incorrect 38%
Primary Procedures Incorrect 18%
Secondary Procedures Incorrect 17%.

Please note that the results should not be extrapolated further than the actual sample audited. The Trust has been advised to focus on the auditor's recommendations rather than these baseline percentages, which in themselves can be misleading due to some of the low figures involved. The following services were reviewed within the sample: Trauma and Orthopaedics, General Surgery and Cardiology. The audit included 211 episodes for spells that ended within the audit period 1 September 2010 to 31 October 2010.



Statement of Directors' responsibilities (Monitor requirement)

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.


In preparing the quality report, directors are required to take steps to satisfy themselves that:


- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010-11;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2010 to June 2011
 - Papers relating to Quality reported to the Board over the period April 2010 to June 2011
 - Feedback from the commissioners dated 25 May 2011
 - Feedback from governors dated 13 May 2011
 - Feedback from LINKs dated 4, 6, 9 May 2011
 - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 2009-2010

- The 2010 national patient survey
- The 2009 national staff survey
- The Head of Internal Audit's annual opinion over the trust's control environment dated 23 March 2011
- CQC quality and risk profiles dated December 2010
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

1.6.2011Date.....Chairman

1/6/2011Date.....Chief Executive

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