

TITLE	Maintaining and Improving Quality During Transition Berkshire PCT Cluster Quality Handover Document Version 3 January 2013
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 22 January 2013
WARD	None Specific

**Maintaining and improving quality
during transition
BERKSHIRE PCT CLUSTER QUALITY
HANDOVER DOCUMENT
VERSION 3
January 2013**

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1. EXECUTIVE SUMMARY

This Quality Handover document provides an overview of healthcare services in Berkshire and sets out for successor organisations the key risks, challenges, achievements and ambitions for quality and patient safety in Berkshire, in preparation for handover from the Berkshire PCT Cluster on 31 March 2013.

The contents cover:

- The context of transition
- *The organisation of the local health care system*
- Key personnel
- Governance
- Quality profile
- Patient Experience
- Risk register
- Communication of plan

This document is the first version of the Quality handover document and comments will be sought from stakeholders and receiving organisations. The handover process will continue to evolve during the transition in response to comments made and additional requests by receiving organisations for information.

The document has been drawn up to meet the quality and patient safety needs of the receiving organisations. It also provides information on quality and patient safety that is needed by other organisations, for example in relation to public health.

This document will be updated as appropriate with comments and actions as a consequence of the exchange of intelligence with receiving organisations. Receiving organisations include Clinical Commissioning Groups, Commissioning Support Units, Local Area Teams, Local Authorities, Health and Wellbeing Boards and others.

The Quality Teams in Berkshire, Buckinghamshire and Oxfordshire have been working together for five years. In 2010 a MOBBB (Milton Keynes, Oxfordshire, Berkshire East and West and Buckinghamshire) Quality Group was established which standardised the core quality schedules in contracts and reduced duplication of work. This group also shared good practice and tackled concerns from providers. With the transfer of Milton Keynes to the East Midlands SHA this work continued through the South Central Commissioning for Quality Group currently chaired by the Assistant Director of Quality from the Berkshire cluster. Clustering into a Buckinghamshire and Oxfordshire cluster and a single Berkshire cluster made these arrangements even more resilient and used the strengths of the individuals in these small teams to the maximum benefit of the whole health economy.

These systems and processes will be built on in the development of the Commissioning Support Unit. The Quality Team in NHS Berkshire has actively contributed to the development of the Central Southern Commissioning Support Unit and responded to the consultation on structures.

This document is designed to complement the quality handover documents of neighbouring PCT Clusters, and the SHA South of England Quality Handover document. Benchmarking data from Oxfordshire and Buckinghamshire Cluster PCT is included where available. This reflects the collaborative approach to the production of the Quality Handover document and the joint working that has taken place over a number of years.

The data and information will continue to be reviewed, added and amended up until the final version is approved by the PCT Cluster Board on 26 March 2013. The yellow highlighting tool has been used to help distinguish where data and information is still being finalised.

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2. CONTEXT

The Health and Social Care Act 2012 describes the new structures and processes which will be in place by 1st April 2013 to commission healthcare in England. This reorganisation differs from previous reorganisations in that there is no one successor body, functions and individuals will move to a variety of different organisations. It is therefore important that robust arrangements are in place for the maintenance of quality both during transition and into the future. Evidence shows that to maintain a safe system of health and social care it is important to have clarity of role and responsibility at all times. This document describes how NHS Berkshire, as the 'sending' organisation and the various 'receiving' organisations will ensure that the quality of care is maintained during transition and how organisational memory will be assured into the future.

The National Quality Board report, *Maintaining and Improving Quality during the Transition: safety, effectiveness, experience* (March 2011) set out a range of recommendations for Boards aimed at sustaining quality during the transition. One of the themes identified by the report was the potential risks to quality posed by the loss of organisational memory during a time of transition. This theme has also been raised during the inquiry into the failings at Mid Staffordshire NHS Foundation Trust. There is an expectation that a formal handover on quality and safety should take place with the same discipline and rigour that occurs in financial handovers.

The National Quality Board report, *How to Maintain Quality during the Transition: Preparing for handover* (May 2012) reviewed lessons learned from the handover process that took place in 2011.

The Berkshire Cluster has set up a Transition Committee to co-ordinate the transition of the various functions to receiving organisations and to assure the Cluster Board that safe transition is being achieved.

The NHS Constitution sets out the behaviours and values of all staff working in the NHS. These behaviours and values will form the core of the new organisations. In Berkshire we wish to not only handover information on how to minimise risk, but also the ambition for continuous quality improvement. We aim to implement our Duty of Candour by sharing our handover documents with the public through presentation at a Cluster Board meeting. The handover documents will be based on the principles of transparency, honesty and probity.

Key issues for quality transition:

- To ensure that during transition the needs of the patient remain the key focus for the health and social care economy.
- To maintain clear lines of accountability at all times to ensure early warning of any concerns about the quality of care.
- To maintain clear communication channels with staff and patients and to make time to listen to what they are saying.
- To set up systems whereby hard and soft intelligence on quality is shared with the receiving organisations.

This quality handover document provides an overview of the quality of services in Berkshire and incorporates key issues for Clinical Commissioning Groups in Berkshire.

A Central Southern Commissioning Support Unit is being established to support Clinical Commissioning Groups; this will serve Bath, **Berkshire**, Buckinghamshire, Oxfordshire, Gloucestershire, Swindon and Wiltshire.

Commissioning of primary care services will be undertaken by the NHS Commissioning Board, Thames Valley Local Area Team.

Specialised services will be commissioned by three specialised commissioning hubs, including Thames Valley and Wessex (commissioned by Wessex Local Area Team).

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3. TRANSITION LEAD

The Transition Lead responsible for the Quality Handover document is the PCT's Director of Nursing, Marion Andrews-Evans. Sara Whittaker, Assistant Director of Quality is the author of the Quality Handover document. Dr David Buckle, Medical Director is the PCT's Lead for Quality.

Marion Andrews-Evans
Marion.Andrews-Evans@berkshire.nhs.uk
07833 058996

Sara Whittaker
sara.whittaker@berkshire.nhs.uk
07500 097169

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4. THE ORGANISATION / SYSTEM

4.1 Berkshire West

Berkshire West Primary Care Trust is a statutory body which came into existence on 1st October 2006. The principal place of business of the Primary Care Trust is 57-59 Bath Road, Reading, Berkshire.

Currently there are four Clinical Commissioning Groups covering the populations in Newbury & District, North and West Reading, South Reading, and Wokingham. These form the West Federation of CCGs in Berkshire. Traditionally the practices have demonstrated low levels of referrals and prescribing compared to the rest of the country. The generally affluent and healthy population with low prevalence of health conditions has meant low levels of funding for the health system. Despite this the health economy has remained in balance with robust financial plans across all organisations and the PCT has been the top performing PCT across South Central for World Class Commissioning.

About the area

The estimated population in Berkshire West in 2008 was 457,500 and the GP registered population is about 507,500.

West Berkshire makes up over half of the geographical area of the county of Berkshire, and is largely rural. Reading is a relatively small geographic area but combines some very affluent communities with more deprived neighbourhoods. Reading is England's top performing urban area and its economy is expected to grow by 3.4 per cent per year until 2020, putting it top of the UK growth list. Wokingham borough is an affluent area with good economic prospects, high levels of economic activity and high average earnings. The borough is ranked the second least deprived local authority area in England according to the Index of Multiple deprivation 2007.

There are three Unitary Authority areas covering the PCT boundaries (although not co-terminous):

- West Berkshire District Council – local MP Richard Benyon (Conservative)
- Reading Borough Council – local MPs Robert Wilson (Conservative) & Alok Sharma (Conservative)
- Wokingham – local MP John Redwood (Conservative)

4.2 Berkshire East

Berkshire East Primary Care Trust (PCT) was established in October 2006. Its principal place of business is King Edward VII Hospital in Windsor.

There are 3 Clinical Commissioning Groups within the PCT covering the populations in Windsor & Maidenhead, Slough, and Bracknell & Ascot. These form the East Federation of CCGs in Berkshire.

Berkshire East comprises both rural and urban areas within three unitary authority areas and five main towns; Slough, Windsor, Maidenhead, Bracknell and Sandhurst.

There are three unitary authorities covering the area:

- Bracknell Forest Council – local MP Philip Lee (Conservative)
- Royal Borough of Windsor & Maidenhead Council – local MPs Windsor Adam Afriyie MP (Conservative) Maidenhead – Theresa May (Conservative)
- Slough Borough Council – local MP Fiona MacTaggart (Labour)

The Office of National Statistics ONS 2010 estimated *resident* population of NHS Berkshire East at July 2011 was 406,700 (202,800 males and 203,900 females). This is considerably larger than the sum of all three local authority areas which was 393,800 (based on ONS mid-year estimates for 2010). This is because the resident GP population includes the two Englefield wards. No ONS mid-year estimates have been released for 2011 as the census results will reshape local estimates substantively in July 2012. The registered population in 2010 was 396,378.

In Berkshire health care is provided to the community by primary health care services comprising:-

4.3 General Practice

Across Berkshire there are 107 GP practices - 62 of these work under a GMS contract; this is a nationally negotiated but locally sensitive and managed contract. 42 Practices have a PMS contract; this is a locally agreed and managed contract. 2 practices have APMS contracts; these are also locally agreed and locally managed contracts. 1 practice has an EAPMS contract.

4.4 Out of Hours Service

WestCall is the organisation that provides urgent NHS GP services to all patients in Berkshire West during the times that normal GP surgeries are closed. WestCall operates two Primary Care Centres, one in Reading and one in Newbury. This service is commissioned from Berkshire Healthcare Foundation Trust.

East Berkshire Primary Care (Out of Hours Services) is the organisation that provides urgent NHS GP services to all patients in Berkshire East during the times that normal GP surgeries are closed. It operates three primary care centres at Heatherwood Hospital, Herschel Medical Centre and St Marks Hospital.

4.5 Dental

The PCT commissions NHS services from 129 dental practices, of which 4 provide orthodontic services only.

4.6 Community Pharmacies

There are 147 community pharmacies in Berkshire, some of which are commissioned to provide enhanced services as follows: EHC, Sexual Health, Chlamydia, NRT, Needle Exchange and Supervised Consumption.

4.7 Opticians

There are 104 optician premises in the Berkshire area, ranging from individual or partnership practices to the large body corporates.

4.8 Acute providers

Table of Main Acute Providers to Berkshire 12/13

Provider	Services	Lead Commissioner
Royal Berkshire NHS Foundation Trust	General acute & maternity	Berkshire West
Heatherwood & Wexham Park NHS Foundation Trust	General acute & maternity	Berkshire East
Great Western Hospitals NHS Foundation Trust	General acute & Maternity	Wiltshire
Basingstoke & North Hampshire Hospital NHS Foundation Trust	General acute & maternity	Hampshire
Oxford Radcliffe Hospitals NHS Trust	General acute & maternity	Oxfordshire
Nuffield Orthopaedic	Orthopaedic	Oxfordshire
Frimley Park Hospital	General acute	Hampshire
Ashford & St Peters	General acute	Surrey

4.9 Tertiary & Specialist Services

Management of contracts with providers in London, and specialist commissioning (including blood stem cell transplantation, renal services and spinal cord care) is carried out on behalf of Berkshire by the South of England Specialist Commissioning Board. The Specialist Commissioning Board is established as a joint subcommittee of each of the PCT Boards which are party to the arrangement.

4.10 Mental Health Services

Berkshire Healthcare NHS Foundation Trust is the key provider of mental health services to Berkshire residents. A small number of patients with specialist conditions, such as forensic psychiatry, are placed with independent providers.

Provider	Services	Lead Commissioner
Berkshire Healthcare NHS Foundation Trust	Mental Health	Berkshire East

4.11 Community Services

Community services, such as physiotherapy, podiatry, speech and language therapy, dietetics, occupational therapy and community and specialist nursing are mainly provided by Berkshire Healthcare NHS Foundation Trust. These services were transferred to the Trust from the PCT itself in April 2011 as part of the Transforming Community Services work programme. As part of the same programme, provision of end of life care for the West of Berkshire was transferred to Sue Ryder from the PCT in April 2011.

Emergency and non-emergency patient transport services are commissioned from South Central Ambulance Service.

Table of main community providers to Berkshire 12/13

Provider	Services	Lead Commissioner
Berkshire Healthcare NHS Foundation Trust	Community services	Berkshire East
Sue Ryder Care	End of life care	Berkshire West
TVIC Dermatology	Dermatology	Berkshire
SCAS - Non emergency Patient Transport	Non-emergency transport	As required
SCAS -emergency Patient Transport	Emergency transport	As required
Surrey Community Health Services	Community services	Surrey

4.12 Other Independent & Voluntary Sector

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5. KEY PERSONNEL

In May 2011 Berkshire East and West Boards adopted a Memorandum of Understanding and Scheme of Delegation for the new Cluster Board. At its June 2011 meeting a revised Standing Orders and Standing Financial Orders were approved.

The **Cluster Board** is constituted as follows:

Role and Name	Future destination
PCT Chair of Berkshire East & Berkshire West (Sally Kemp)	
NED Audit Chair - Berkshire East (Tony Dixon)	
NED Audit Chair - Berkshire West (David George)	
NED - Berkshire East and West (Tony Devine)	
NED – Berkshire East and West (Wendy Bower)	
NED – Berkshire East (Nasreen Bhatti)	
NED – Berkshire West (Clive Wiggett)	
NED – Berkshire West (Saby Chetcuti) non-voting	
Chief Executive (Charles Waddicor)	
Director of Finance & Performance (Janet Meek)	Berkshire West CCGs Federation – Chief Financial Officer
Director of Public Health East (Pat Riordan) (Board position rotated between East & West DPH)	Public Health England (Secondment basis)
Director of Public Health West (Janet Maxwell)	Bristol Local Authority
Medical Director and Accountable Officer (David Buckle)	
Director of Nursing and Governance (Marion Andrews-Evans)	
Director of Joint Commissioning – Non voting member (Bev Searle) (until 1 October 2012)	Berkshire Healthcare NHS Foundation Trust
Director of Joint Commissioning – Non voting member (Julie Curtis) (Interim from 1 October 2012)	

Business Critical Staff:

Role and Name	Future destination
Assistant Director Continuing Healthcare - Liz Rushton	
Assistant Director Human Resources – Jonna Hussey (Interim)	
Assistant Director Communications and Engagement - Corrine Yates	
Head of Corporate Governance - Steph Bennett	
Head of Patient Experience - Malcolm Mackenzie	Head of Patient Experience - Central Southern Commissioning Support Unit
Designated Doctor, Child Protection - Louise Watson	
Designated Nurse, Child Protection - Jenny Selim	
Head of Commissioning, Children & Young People - Sally Murray	Central Southern Commissioning Support Unit
Head of Commissioning, Mental Health & Learning Disability -	Central Southern

Role and Name	Future destination
Nick Buchanan	Commissioning Support Unit
Assistant Director Primary Care East - Jacky Walters	
Assistant Director Primary Care West - Maureen McCartney	Operational Director, North and West Reading CCG
Deputy Director of Finance and Performance - Nigel Foster	Chief Finance Officer, CS CSU
Associate Director of Informatics - Catherine Mustill	Associate Director of Information and Analytics, CSCSU
Associate Commercial Director – Gail Newmarch (Interim)	
East GP Quality Lead/Deputy Medical Director (East Berkshire PCT) - Dr Jackie McGlynn	Bracknell CCG Lead and East Federation Quality Lead
Head of Performance - Debbie New	Berkshire West CCGs – Head of Performance
Transition Lead – Jen Sanger (Interim)	
Assistant Director of Quality – Sara Whittaker	Associate Director for Quality - Central Southern Commissioning Support Unit

People/organisations proposed to be in receipt of the final Quality Handover document:

- CQC
- Monitor
- CCG Chairs
- CCG Accountable Officers
- Central Southern Commissioning Support Unit
- Local Area Office Director
- Public Health England
- Local Authorities
- Health Scrutiny Panels
- LINKS – West Berkshire, Reading, Wokingham, Slough, Bracknell Forest, RBWM
- Berkshire Healthcare NHS Foundation Trust
- Heatherwood and Wexham NHS Foundation Trust
- Royal Berkshire NHS Foundation Trust
- Independent Providers
- Health and Well Being Boards
- NHS Trust Development Authority
- Local Education Training Board (part of Health Education England)

6. GOVERNANCE

The Quality Handover document will be approved in public by the PCT Cluster Board before final handover to the receiving organisations. During the development phase the Board will receive assurance from the Transition Committee that appropriate information is being assembled in a

timely way and is shared and discussed face to face with key individuals in the receiving organisations.

7. TIMEFRAME

PCT Cluster Board Meeting Date - 26 March 2013.

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8. QUALITY PROFILE

8.1 Triangulation

The information contained in this Quality Handover document has been triangulated with the Care Quality Commission Quality Risk Profiles; external reports and reviews by regulating bodies, Royal Colleges, and peer review teams.

The first draft will be shared with the provider organisations and future drafts will be shared with LINKs and other patient groups to ensure the information reflects the perception of patients and carers. The table below details the current programme for sharing the Quality Handover with partners and key stakeholders:

Organisation	Meeting
East Berkshire LINKS	14 November 2012
West Berkshire LINKS	5 December 2012
Wokingham Health Scrutiny Panel	22 January 2013
Royal Borough of Windsor and Maidenhead Health Scrutiny Panel	22 January 2013
Bracknell Forest Health Scrutiny Panel	24 January 2013
West Berkshire Health and Wellbeing Board	14 February 2013 tbc
Wokingham Health and Wellbeing Board	14 February 2013 / 14 March 2013 tbc
Bracknell Forest Health and Wellbeing Board	21 February 2013 tbc
Reading Health and Wellbeing Board	15 March 2013
Slough Health Scrutiny Panel	18 March 2013
West Berkshire Health Scrutiny Panel	19 March 2013
Slough Health and Wellbeing Board	Dates to be confirmed
Royal Borough of Windsor and Maidenhead Health and Wellbeing Board	Dates to be confirmed

Arrangements for sharing with organisations, detailed in Section 5, will be developed further during early 2013.

8.2 Ambition for quality

At the start of 2012 the NHS Berkshire PCT Cluster Board and Berkshire-wide Clinical Commissioning Groups recognised their joint role in putting quality and safety at the centre of what the PCT and clinical commissioners aimed to do throughout 2012-13. One of the key objectives of this has been to continuously improve the quality of services and therefore the experience of patients.

High Quality Care for All, the final report of the NHS Next Stage Review (2008) set out ambitious commitments for making quality improvement the organising principle of the NHS. It defined quality as having three dimensions: ensuring that care is safe, effective and provides patients with the most positive experience possible.

The strategic approach had four objectives that were addressed at every stage of the commissioning cycle. These objectives were:

1. To ensure that services being commissioned are safe, personal and effective

2. To ensure the right quality mechanisms are in place so that standards of patient safety and quality are understood, met, and effectively demonstrated
3. To provide assurance that patient safety and quality outcomes and benefits are being realised, and recommend take action if the safety and quality of commissioned services is compromised
4. To promise the continuous improvement and innovation in the safety and quality of commissioned services

8.3 Specific Challenges in Primary Care Clusters¹

Challenges for all Primary Care Trust clusters in maintaining quality during the transition include:

- maintaining the focus on improving quality of care through improved patient safety, clinical effectiveness, the patient experience and access to care;
- delivery of quality and productivity plans for 2012/13 and beyond;
- ensuring compliance with national standards including waiting times, single sex accommodation and healthcare-associated infections;
- ensuring the establishment of successful clinical networks and senates;
- supporting Clinical Commissioning Groups in developing and maintaining constructive relationships with local HealthWatch, patients and the public;
- maintaining a focus on public health delivery of health improvement and health protection, including NHS Health Checks, smoking cessation and emergency planning;
- supporting Health and Wellbeing Boards in developing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies;
- ensuring the smooth transfer of staff, skills, knowledge and information to new bodies.

Specific challenges for the Berkshire Primary Care Trust cluster are detailed below:

- Take forward plans to resolve the service configuration, quality, performance and financial sustainability at Heatherwood and Wexham Park Hospitals NHS Foundation Trust.
- Take forward improvements in quality, performance and financial sustainability in the wider Berkshire health economy.

8.4 CQUIN priorities for 2012/13

Nationally mandated

- i. **VTE Risk Assessment** – 90% achievement on a month by month basis.
- ii. **Responsiveness to personal needs of patients** which requires improvement on an aggregate score on the CQC national inpatient survey.
- iii. **Improving diagnosis of dementia in hospitals** – requires 90% of patients over 75 to be screened dementia, risk assessed and referred if appropriate.

¹ As identified by the SHA South of England *Maintaining and improving quality during transition: handover document*. Version 1 – draft 13 September 2012

- iv. **Use of the NHS Safety Thermometer** – The NHS Safety Thermometer is an improvement tool that allows NHS organisations to measure harm in four key areas (pressure ulcers, urine infection in patients with catheters, falls and VTE) and the proportion of patients who are “harm free”. The CQUIN will reward submission of data generated from the use of the tool.

Local CQUIN priorities

Acute (RBFT)

- v. **High Impact Innovations** - four areas of development in line with *Innovation Health and Wealth* (Young People’s Digital Diabetes Clinic, Intraoperative Fluid Management Technologies, Digital by Default and Child in a Chair in a Day)
- vi. **Improvement in Management of Unscheduled Care** – incentivise the appropriate diversion of patients who present at the Emergency Department and Clinical Decision Unit, with conditions that can be treated in the Community.
- vii. **Reduction in elective admissions** - encourage the trust to work alongside and support GP colleagues in their gatekeeping role, and incentivise the trust to perform to an agreed level of activity, to move from current activity towards national mean.
- viii. **Sepsis** – increase the percentage adult emergency admissions to the Emergency Department and Clinical Decision Unit (ED and CDU) with a diagnosis of sepsis, who receive intravenous antibiotics within 1hr of medical assessment.
- ix. **Maternity** -for the Trust to deliver one to one care in labour 100% of the time
- x. **End of Life** – improving achievement of preferred place of death
- xi. **HIV** - for the Trust to improve the current rate of testing, and prepare the Trust for routine testing of all acute medical patients, regardless of clinical indicator diseases, in 2013/14.

Acute (HWPFT)

- xii. **High Impact Innovations** – two areas of development in line with *Innovation Health and Wealth* (Intraoperative Fluid Management Technologies, and Digital by Default)
- xiii. **Improvement in Management of Unscheduled Care** - incentivise the appropriate diversion of patients who present at A&E, with conditions that can be treated in the Community.
- xiv. **End of Life** – improving recording of expressed preferred place of death and understanding reasons for non-achievement of preferred place of death.
- xv. **Fractured Neck of Femur** – improving the #NoF pathway by improving the time to surgery following diagnosis and the recovery experience postoperatively.
- xvi. **Gastroenterology** - incentivises the development of appropriate protocols in secondary care, specifically in relation to Gastroenterology

Mental Health and Community (BHFT)

- xvii. **High Impact Innovations** - three areas of development in line with *Innovation Health and Wealth* (Assistive Technologies, Carers of People with Dementia and Digital by Default)
- xviii. **Long Term Conditions** - Recognising the increase in unplanned admissions to acute settings across the country for patients with chronic conditions, and BHFT’s role in reducing this.
- xix. **Physical Health Screening for those with a Mental Health Diagnosis** – increase the percentage of service users on the Care Programme Approach (CPA) and all adult psychiatric inpatients to be offered a physical health check

- xx. **Practice to Support Recovery** – increase the percentage of people on CPA to have been offered to use of the tools, the Mental Health Recovery Star or WRAP (Wellness Recovery Action Plan).
- xxi. **End of Life** – improving achievement of preferred place of death
- xxii. **Improving Carer Experience of Mental Health Services** - increasing awareness of carers of people who use mental health services, to build relationships with them and to offer information and support.
- xxiii. **Improving Access to Psychological Therapies for People for have problems with Psychosis** - each locality to establish a psychosis forum for clinicians led by an experienced practitioner in the psychological treatment of psychosis.
- xxiv. **Improving the Outcomes for Children and their Families**– through the allocation of a lead professional and the development of an information sharing protocol.
- xxv. **Primary Care Engagement** – increasing GP satisfaction levels within selected aspects of community health and mental health service delivery.

8.5 Care Quality Commission Registration and Compliance

Royal Berkshire NHS Foundation Trust

August 2012

CQC made an unannounced visit on the 17 August 2012. It was a themed review and looked at Dignity and Nutrition for older people. They visited two of the elderly care wards and were looking at the following outcomes:

- Outcome 1 - Respecting and involving people who use services
- Outcome 5 – Meeting nutritional needs
- Outcome 7 – Safeguarding people who use services from abuse
- Outcome 13 – Staffing
- Outcome 21 – Records

All the patients the CQC spoke with said they were treated kindly and with respect. Most said the doctors had discussed their treatment with them.

Patients said the meals were "good" or "very good." They said they had different options to choose from and were served their preferences. They said portion sizes were sufficient.

Most patients thought there were enough staff but said they were always busy.

The CQC reported that all the standards reviewed were being met by the Trust.

March 2012

The CQC visited the termination of pregnancy service to review:

- Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential.

They did not speak to people who used this service as part of this review. The visit was to check that current practice ensured that no treatment for the termination of pregnancy was commenced unless two certificated opinions from doctors had been obtained.

The Trust was compliant with the regulation which was the subject of this review in relation to the maintenance of HSA1 forms.

November 2011

The Care Quality Commission undertook an inspection at the Royal Berkshire Hospital on Castle ward (acute medicine - respiratory) Burghfield (care of the elderly) and the Clinical Decision Unit. The following outcomes were reviewed:

- Outcome 4 (Care & welfare of people who use services)
- Outcome 7 (Safeguarding people who use services from abuse)
- Outcome 14 (Supporting workers)

Patients told the CQC that they were generally happy with the quality of care provided by the hospital. They said staff maintained their dignity and privacy at all times. Members of staff were patient, kind and helpful and quick to respond to calls for assistance and staff provided patients with sufficient information about their care and offered those appropriate choices in relation to their treatment.

The Trust was found to be compliant with the three outcomes inspected and no formal follow-up action was issued to the Trust.

Heatherwood and Wexham Park NHS Foundation Trust

June 2012

CQC carried out a visit on 21 June 2012, to check the provider's records, observe how people were being cared for, and look at records of people who use services. They talked to staff, reviewed information from stakeholders and talked to people who use services. They reviewed the following outcomes:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 05 - Meeting nutritional needs
- Outcome 06 - Cooperating with other providers
- Outcome 11 - Safety, availability and suitability of equipment
- Outcome 16 - Assessing and monitoring the quality of service provision

The inspection concluded that the Trust was compliant in all six outcomes.

November 2011

A review of the Maternity Unit at Wexham Park Hospital was undertaken to review the following outcomes:

- Outcome 1 (Respecting and involving people who use services)
- Outcome 4 (Care and welfare of people who use services)
- Outcome 13 (Staffing)
- Outcome 14 (Supporting Staffing)
- Outcome 16 (Assessing and monitoring the quality of service provision)

The CQC were told that people had made a choice to attend the Wexham Park Hospital as the service was thought to be good, and was close to home with good facilities.

They found that the information that was provided was in sufficient detail to assist in making choices about birth arrangements. Service users told the CQC that staff always treated them with dignity and respect, and that they were caring and supportive.

The overall impression expressed to the CQC was that there was a high standard of service and declared that the Trust was meeting all the essential standards of quality and safety.

June 2011

Wexham Park Hospital (all areas)

The Care Quality Commission (CQC) carried out a review of Wexham Park Hospital in June 2011.

The following outcomes were reviewed:

- Outcome 04: Care and welfare of people who use services
- Outcome 07: Safeguarding people who use services from abuse
- Outcome 20: Notification of other incidents

The CQC received complementary comments regarding staff and the level of kindness and caring nature. Negative comments related to the attitude of some staff toward patients and appearing as lacking enthusiasm for the work to be done.

Some patients indicated that they were not kept informed sufficiently about the changes in treatment and what would be happening next. In addition to this, patients receiving care at the time of visit had not been made aware of their personalised plan of care.

Moderate concerns were identified for all 3 outcomes and action plan was put in place.

HWPFT sent action plans and further evidence to CQC and following a further visit the Trust was found to be compliant.

June 2011

Heatherwood Hospital

CQC also carried out a review at Heatherwood Hospital to review the following outcomes:

- Outcome 04: Care and welfare of people who use services
- Outcome 08: Cleanliness and infection control
- Outcome 20: Notification of other incidents

During the visit the CQC spoke to patients on ward 8, rehabilitation and ward 4, orthopaedics. Patients provided mainly positive feedback about their experiences at the hospital, including complementary comments about staff. They were told by a patient that, "Nothing is too much trouble." Another patient said, "Staff are prepared to give good care to all the patients."

There were variations in the level of delivery of care that reflected individual preferences and choices expressed by patients. One patient indicated that he had at times felt rushed and that there was a degree of nursing impatience. However, overall, the patients were happy about the care delivered and they felt encouraged, safe and supported.

Moderate concerns were identified for 2 outcomes. Actions were taken by the Trust and following a further visit the Trust was found to be compliant.

June 2011 - Dignity and Nutrition for Older People review

The CQC inspected 100 NHS hospitals between March 2011 and June 2011. The selection was partly based on what they already know about a trust's performance and partly at random. All the inspections were unannounced.

Wexham Park Hospital had an inspection in June 2011. The findings were as follows:

- Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.
- Outcome 5: Food and drink should meet people's individual dietary requirements.

Overall they found that Wexham Park Hospital was meeting both these essential standards and the overall CQC Report was good.

April 2011

The Care Quality Commission undertook an inspection in the Obstetrics and Gynaecology department at Heatherwood and Wexham Park NHS Foundation Trust on 25 April 2011 and the following outcomes were reviewed:

- Outcome 01 – Respecting and involving people who use services
- Outcome 04 – Care and welfare of people who use services
- Outcome 14 – Supporting staff
- Outcome 16 – Assessing and monitoring the quality of service provision

The inspection identified that the Trust was meeting all the standards and found to be compliant with the four outcomes inspected.

Berkshire Health Care Trust (Campion Unit)

January 2012

The Care Quality Commission (CQC) undertook an inspection at Prospect Park Hospital's Campion unit (short term placements for people with learning disabilities for assessment and treatment who present with additional difficulties around their mental health/ or challenging behaviour/complex needs) as part of a targeted inspection programme of services that care for people with learning disabilities. The following outcomes were reviewed:

- Outcome 4 (People should get safe and appropriate care that meets their needs and supports their rights).
- Outcome 7 (People should be protected from abuse and staff should respect their human rights) were reviewed.

The CQC found that Campion Unit were meeting all the essential standards of quality and safety they reviewed but, to maintain this, suggestions for improvement were made.

Outcome 4:

The CQC found that assessment and treatment of people's needs was effective, allowing for a short admission period. The majority of comments received from relatives about the care delivered were positive. Minor concerns were raised with regards to patient care plans. The CQC define minor concerns to mean "people who use services are safe but are not always experiencing the outcomes relating to this essential standard". Each patient has a copy of their individual care plan created during initial assessment and reviewed on a regular basis. It was found that care plans were "generally well written" but "none of them were created in an easy read format". Concerns were therefore raised "that people using the service may not be able to understand their care plans." Not all of the people using the service were literate.

Outcome 7:

People should be protected from abuse and staff should respect their human rights.

Campion Unit is compliant with Outcome 7. The CQC concluded people were being protected by Trust policies, staff training and individual behavioural support guidelines.

Berkshire Health Care Trust

October 2011

The CQC visited and reviewed the four outcomes that BHFT were not previously compliant with. These were:

- Outcome 07 – Safeguarding people who use services from abuse
- Outcome 12 – Requirements relating to workers
- Outcome 16 – Assessing and monitoring the quality of service provision
- Outcome 20 – Notification of other incidents

The CQC found that BHFT were compliant in all these areas in the services visited.

Little House in Bracknell has also been visited by CQC as part of their review of services for people with learning disabilities. The following outcomes were reviewed:

- Outcome 04 – People should get safe and appropriate care that meets their needs and supports their rights
- Outcome 07 – Safeguarding people who use services from abuse

The CQC found that Little House was meeting all essential standards of quality and safety that were reviewed.

Berkshire Health Care Trust

April 2011

The Care Quality Commission (CQC) undertook an inspection of Berkshire Health Care Trust. The Trust was not compliant with the following standards that were reviewed:

- Outcome 07 – Safeguarding people who use services from abuse
- Outcome 12 – Requirements relating to workers
- Outcome 16 – Assessing and monitoring the quality of service provision
- Outcome 20 – Notification of other incidents

Outcome 7:

The Trust has not made suitable arrangements to ensure that patients are safeguarded against the risk of abuse, is not taking reasonable steps to identify the possibility of abuse and prevent it before it occurs and is not responding appropriately to allegations or incidents of abuse.

Overall the CQC found that improvements were needed for this essential standard.

Outcome 12:

People should be cared for by staff who are properly qualified and able to do their job. The Trust does not have effective recruitment procedures to ensure that people, employed to carry on the regulated activity, are of good character and the Trust does not ensure that all information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 is obtained and available in respect of people employed.

Overall the CQC found that improvements were needed for this essential standard.

Outcome 16:

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.

The CQC found that the Trust has not developed and put in place effective systems that enable the registered person to regularly assess and monitor the quality of the services provided in carrying on of the regulated activities against the requirements of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2010, or to identify, assess and manage risks related to the health, welfare and safety of patients and others who may be at risk.

The CQC found that there is no effective system in place, at trust or location level, that enables the trust to identify, monitor and analyse individual incidents of patient to patient abuse for trends or for risks to patients from incidents of patient to patient abuse that result in, or have the potential to result in, harm to another patient.

Overall the CQC found that improvements were needed for this essential standard.

Outcome 20:

The service should notify the Care Quality Commission, without delay, of important events that affect patients' welfare, health and safety. The Trust has failed to notify the Commission (or National Patient Safety Agency), without delay, of incidents specified in regulation 18 (1) and (2)(b)(e) of the Care Quality Commission (Registration) Regulations 2009.

The CQC are taking further action to protect the safety and welfare of people who use services.

The CQC asked the provider to send a report, in relation to Outcomes 7, 12 and 16 setting out the action they will take to improve.

The Trust was declared compliant with all standards in December 2011.

Berkshire Health Care Trust (Charles Ward in St Mark's Hospital, Maidenhead)

December 2010

The CQC carried out a planned review of Charles Ward in St Mark's Hospital, Maidenhead in December 2010. For four of the essential standards they were not satisfied that Charles Ward at St Mark's Hospital was compliant. Two areas of particular concern where Charles Ward was not compliant with essential standards were:

- Outcome 16 - Assessing and monitoring the quality of service provision
- Outcome 20 - Notification of other incidents

As a result of concerns raised in this review, CQC also then carried out a review of BHFT as a whole over concerns identified for the same four essential standards. It was found that the Trust had considerable delays in notifying the authorities about incidents.

The Trust received a warning from the CQC regarding their registration status. After submitting the above information warning was lifted and the Trust has maintained full compliance since March 2011.

Following a further review in April 2011, the CQC found that the Trust had made the improvements required. All actions are now completed and significant improvements have been made resulting in the CQC declaring that the trust is now compliant.

8.6 Monitor Ratings

Monitor ratings				
Organisation:	Year:	Financial Risk Rating	Governance Risk Rating	Detail:
RBFT	2012/13 Q2	3	Amber Green	The governance risk rating for this foundation trust was amended from AMBER-RED to AMBER-GREEN in November 2012 due to the trust returning to compliance with healthcare target(s) in quarter 2 2012/13
HWPFT	2012/13 Q2	1	Red	The trust was found in significant breach of a term of its authorisation in July 2009, due to a failure to comply with its general duty to exercise its functions effectively, efficiently and economically. This was as a result of a rapid decline in its financial and operational performance. The trust will be subject to enhanced monitoring until Monitor determines that it is no longer in significant breach of its authorisation.
BHFT	2012/13 Q2	3	Green	
OUH				<i>Not applicable</i>
BHT				<i>Not applicable</i>
Oxford Health	2012/13 Q1	4	Green	The Financial risk rating for this foundation trust was amended from 3 to 4 in August 2012 due to an improvement in the trust's financial position.

Data Source: Monitor Website

Monitor publishes its assessment of financial and governance risk in all Foundation Trusts on its website. Governance risk, which takes into account quality, is rated using a traffic light scale.

Key

Governance risk rating

- Red - Likely or actual significant breach of terms of authorisation
- Amber-red - Material concerns surrounding terms of authorisation
- Amber-green - Limited concerns surrounding terms of authorisation
- Green - No material concerns

Financial risk rating

1. Highest risk - high probability of significant breach of authorisation in short-term, e.g. <12 months, unless remedial action is taken
2. Risk of significant breach in medium-term, e.g. 12 to 18 months, in absence of remedial action
3. Regulatory concerns in one or more components. Significant breach unlikely
4. No regulatory concerns
5. Lowest risk - no regulatory concerns

8.7 Quality Impact Assessment of Provider Cost Improvement Programmes

Following the submission of the Annual Operating Plans and cost improvement programmes for 2012/2013 a risk based review was undertaken by the South of England clinical teams under the leadership of the Director of Nursing and Medical Director to gain assurance that there would be no adverse impact on the quality of services.

For those plans with total savings of more than 5.5% of total trust income additional assurance was sought. No providers in Berkshire were required to provide this additional assurance.

8.8 Providers

8.8.1 Royal Berkshire NHS Foundation Trust – Overview

Royal Berkshire NHS Foundation Trust is a large general hospital providing acute medical and surgical services to Reading, Wokingham and West Berkshire and specialist services to a wider population across Berkshire and its borders. It employs nearly 5000 staff and has been a Foundation Trust since June 2006.

The Trust provides services from the following bases:

- Royal Berkshire Hospital, Reading with just under 700 beds and capacity for over 200 day patients.
- The Prince Charles Eye Unit, Windsor, provides eye services to the patients of East Berkshire
- Dialysis services at a dedicated unit in Windsor.
- West Berkshire Community Hospital - day surgery unit and acute outpatients department.
- Royal Berkshire Bracknell Clinic – cancer, renal and outpatient services.
- Townlands Hospital, Henley – outpatient services.

Quality initiatives

RBFT hosts the Patient Safety Federation and has been a strong champion for the programme since it began: <http://www.patientsafetyfederation.nhs.uk/>

RBFT participates in the Productive Care Programme, specifically in the Productive Ward and the Productive Operating Theatre.

The Trust has a comprehensive system of Clinical Governance, which has quality improvement at its heart. The Commissioner attends the Trust's Clinical Governance Committee, allowing an extra level of assurance to be attained.

The Trust participated in an early pilot of the national NHS Safety Thermometer.

Achievements

In 2011/12 the Trust won the Health Service Journal's (HSJ) National Patient Safety Award. This was awarded for an initiative to prevent hospital acquired pneumonia in patients which led to a 60 per cent reduction in cases.

In 2012/13:

- for the third year in a row they have been named as one of the fastest hospitals in the country for treating heart attack patients. This is for the number of patients who receive a primary angioplasty within 150 minutes of calling 999.
- the regulator for health and social care, the Care Quality Commission registered the Trust to practice 'without conditions' at each of its sites.
- they have remained MRSA free since March 2010.
- The trust was named as one of CHKS 40 Top Hospitals.
- a member of staff was named Gastroenterology Nurse of the Year and also won the Pride of Reading Healthcare Worker category.
- the team working with diabetic patients won three silver Quality in Care (QiC) awards.
- in December 2011 the first dialysis patient completed treatment in his own home. This scheme is currently running as a pilot and means that some patients no longer need to come into hospital three or four times a week.

Key issues

Healthcare Acquired Infections

The Trust struggled for a number of years to meet *Clostridium Difficile* targets set by the Department of Health. *C Diff* infection is the most important cause of hospital-acquired diarrhoea. Associated significant clinical risks include associated mortality, associated morbidity and high cost to healthcare.

C Diff infection is usually spread on the hands of healthcare staff and other people who come into contact with infected patients or with environmental surfaces (e.g. floors, bedpans, toilets) contaminated with the bacteria or its spores. Spores are produced when *C Diff* bacteria encounter unfavourable conditions, such as being outside the body. They are very hardy and can survive on clothes and environmental surfaces for long periods.

Politically there is high profile focus from both the Department of Health and the Strategic Health Authority on incidence of *C Diff* in Berkshire. New testing methods for 2012/13 (only 'excretors' not 'carriers' have to be mandatory reported) mean that all organisations are testing in the same way, and RBFT's figures have benefited from this. The Trust is reporting 17 cases at the end of Q3 2012/13 against a target of 77 cases for the year. This is as a result of a robust zero tolerance approach in addition to changes in the reporting mechanism. However, the joint focus on infection control will be maintained to ensure that changes in practice are effective in controlling the spread of infection.

Current Actions:

RBFT participated fully in the jointly run Symposium on Infection Control in February 2012 facilitated by the Director of Public Health for Berkshire East.

RBFT now hold a Joint Infection Control Meeting which the Director of Public Health for Berkshire East attends. This meeting is chaired by the Trust's Chief Executive.

Joint Senior Governance (senior meeting between the Trust, CCGs and PCT) has antibiotic prescribing and the *C Diff* recovery action plan as standing items on the agenda.

A Public Health Consultant (West) attends the Trust's internal Infection Control Meeting.

A *C Diff* zero tolerance campaign has been initiated in Berkshire.

An Infection Control Nurse post for the Community has been approved.

A detailed analysis is underway to investigate the prescribing patterns, over time of Antibiotics and Proton Pump Inhibitors across primary and secondary care in Berkshire. The aim of the ongoing epidemiological analysis is to investigate the relationship between cases of *C Diff* and risk factors including, prescribing of the four Cs (3rd generation Cephalosporins, Ciprofloxacin, Clindamycin and Co-amoxiclav) and Proton Pump inhibitors.

UPDATE AGAIN BEFORE MARCH 2013

Cancelled Appointments

During 2012 the PCT received a number of GP concerns regarding patient experience of cancelled appointments with the Trust:

- A 2 week wait patient was not seen appropriately, attending the appointment to find no paperwork and it was therefore cancelled.
- Experiences of patients arriving for appointments where the clinic isn't expecting them, even when Choose and Book shows that they should be.
- Experience of patients appointments being cancelled short notice and re-booked for 3-4 weeks ahead.

Additionally NHS Berkshire PALS has received 10 queries since May 2012 that relate to appointments at RBFT.

The issue was raised with the Trust in August 2012. RBFT responded that the issue was down to the implementation of the new Electronic Patient Record (EPR) system. Significant change to infrastructure, systems, processes and daily operational activities have been made. The Trust anticipated a number of "bedding in" challenges and as a result a small number of patients have experienced issues relating to appointments. The Trust has written to apologise to all patients who have experienced issues.

As an organisation the Trust has stated that they are acutely aware of the impact both on patients and GP colleagues. Additional clinics have been set up with extra administrative support to try to

resolve this. Ghost clinics appearing on the system has been resolved. PALS are dealing with patients on an individual basis.

Current Actions:

The Trust has produced a comprehensive overview of what happened, what actions they have taken to resolve the issue and detailed who within the Trust individual GPs can call for assistance if they are still being faced with patients who have had unacceptable cancelled appointments. This was disseminated to all Berkshire GPs at the end of 2012.

At the end of 2012 there had been a reduction in the number of patients reporting cancelled operations (resulting from issues with the EPR system) to their GPs however this issue will continue to be monitored closely.

UPDATE AGAIN BEFORE MARCH 2013

VTE Risk Assessments

The Trust implemented a new patient management system/electronic patient record (EPR) on 18 June 2012. The process for recording VTE risk assessments changed and unfortunately as a result performance fell below the national target of 90% of all patients receiving a VTE risk assessment.

2012 Data: April - 90.1%, May - 91.0%, June - 66.7%, July - 82.5%, Aug - 86.4%, Sept - 88.1%, Oct - 91.1%.

UPDATE AGAIN BEFORE MARCH 2013

Current Actions:

RBFT responded to the issues by producing a Proactive Remedial Action Plan (RAP) setting out the actions and measures that the Trust would be taking to ensure performance was rectified. The action plan was approved by the interim Chief Medical Officer and Care Group Boards. The Care Groups are monitored against this internal RAP and will be held accountable through the Trust's Executive Performance Meetings. Progress and updates will be shared with Commissioners against the plan in line with the Performance meeting schedule.

The issue was discussed with the action plan at the Clinical Quality Review Group meeting with RBFT on 5 September 2012.

As at October 2012 the Trust recovered its position and is achieving the threshold of 90%.

UPDATE AGAIN BEFORE MARCH 2013

Cancer 2 week waits

The percentage of patients who have been seen within 2 weeks of GP referral for suspected cancer at RBFT has been below the 93% standard during the first 5 months of the year:

2012 Data: April 91.4%, May 94.7%, June 88.7%, July 90.4%, August 87.9%, September 91.0%, October 94.8% (YTD 91.4%)

The poor performance is as a result of increased two week wait referrals as a result of the bowel cancer campaigns earlier this year. The performance has also been affected by patient choice, especially during holiday periods, and the implementation of the new patient administration system resulting in the booking process being more complicated at RBFT and also clinic times have taken longer as a result of the changed system so less patients have been booked per clinic.

A meeting took place with RBFT and Thames Valley Cancer Network on 14 December 2012. A detailed action plan is in place at RBFT which addresses capacity issues in areas of sub-speciality underperformance. Some work is required around long term demand and capacity modelling and the Cancer Network are going to support the Trust in January to complete some capacity modelling. October saw an improvement in performance that we hope will be sustained.

A&E Performance

The percentage of patients who have spent 4 hours or less in A&E at RBFT has been below the 95% standard for Quarter Two of 2012/13 at 94.6% and Quarter One only marginally achieved the indicator at 95.1%. The poor performance is as a result of patient flow issues through the hospital and also through the whole system. There are a significant number of medically fit patients in the hospital who do not need to be there which affects the patients that need to be admitted to hospital from A&E. The Quarter Three position up until 2nd December is 95.6% so is on track to achieve the quarterly target assuming performance continues at the current rate.

A number of short term initiatives are being put in place to support improved patient flow. Examples of this include:

- Funding allocated to support complex social care patients who do not meet the CHC criteria
- Further investment into the Patient Transport Service to support discharges from the hospital
- Increases in community bed numbers
- Pilot of a twilight community nursing service
 - Increased number of Emergency Nurse Practitioners and Consultants within the A&E department

In addition to short term initiatives to support the winter period, QIPP schemes are being developed for 2013/14 to further improve the patient flow for Berkshire West patients.

The Emergency Care Intensive Support Team (ECIST) are being brought into do a review of RBFT processes in relation to urgent care and this will also pick up system wide issues to support discharges from RBFT. Fortnightly System Resilience meetings are also in place to ensure all initiatives are being implemented and delivered appropriately.

8.8.2 Heatherwood and Wexham Park NHS Foundation Trust – Overview

Heatherwood and Wexham Park Hospitals NHS Foundation Trust is a district general hospital that serves a population of more than 450,000 people from the areas of Ascot, Bracknell, Maidenhead, Slough, Windsor and south Buckinghamshire.

The Trust employs approximately 3625 full and part-time permanent staff who deliver a wide range of quality healthcare services from two main sites; Heatherwood Hospital in Ascot opened in 1923, and Wexham Park Hospital in Slough opened in 1968. The Trust also provides outpatient clinics, a breast screening and diagnostic service, a chest clinic and other diagnostic tests at King Edward VII Hospital in Windsor, outpatient services and diagnostic tests at St Mark's Hospital in Maidenhead, and outpatient services at Chalfont's and Gerrards Cross Hospital, and Fitzwilliam House in Bracknell.

Heatherwood and Wexham Park Hospitals NHS Trust became a Foundation Trust in June 2007.

Quality initiatives

HWPFT participates in the Patient Safety Federation: <http://www.patientsafetyfederation.nhs.uk/>

HWPFT participates in the Productive Care Programme, specifically in the Productive Ward and the Productive Operating Theatre.

Enhanced Recovery is an innovative programme of care that supports patients during the recovery phase from surgery. After a successful trial in elective hip and knee surgery, the Trust now offers the Enhanced Recovery programme in elective colorectal and gynaecological surgery:

- 75% of patients are now discharged 4 days after undergoing a hip or knee replacement
- 75% of patients who have had a vaginal or abdominal hysterectomy are discharged within 3 days
- Patients who have had an excision of Rectum or a colectomy will be discharged within 7 days

Achievements

- Heatherwood and Wexham Park Hospitals NHS Foundation Trust was rated one of the CHKS 40 Top Hospitals (2011/12). The CHKS Top Hospitals Programme, now in its eleventh year, is the only data-driven set of awards in the UK using analysis of nationally available data sets to determine winners in each category. Performance is judged across a range of patient safety indicators including mortality rates, emergency readmissions and length of stay.
- Wexham Park Hospital attracted a worldwide audience of thousands in March 2012 by hosting the UK's first live webcast of robotic prostate surgery as part of National Prostate Cancer Awareness Month. The webcast was streamed around the world to GPs, surgeons and members of the public and is the first of its kind in the UK. The aim of the webcast was to showcase the latest advances in prostate cancer surgery and to highlight the latest techniques available to patients on the NHS.

Key issues

Maternity

Concerns have been raised about the quality of care within HWPFT's maternity service. Caesarean Section rates were high throughout 2011/12 with an average of 27.9%, against a limit of 23.5%. Current performance for 2012/13: April 26.1%, May 28.2%, June 28.3%, July 27.1%. August 24.60% September 25.70% October 28.2% November 23.2%.

An external review was carried out in 2010 following concerns raised by the Commissioners (Berkshire East PCT). As these concerns still existed in 2012, and there were 6 maternity serious incidents requiring investigation (SIRIs) reported between April 2011 and December 2011 (4 Intrapartum deaths and 2 Unexpected Neonatal deaths) an additional external review was carried out in 2012.

The CQC reviewed the service in April 2012 and found no concerns.

Current Actions:

The Berkshire East CCG Federation Clinical Quality Lead is a member of the Trust's Obstetrics and Gynaecology Steering Group, which monitors the Trust's detailed action plan.

In addition a PCT/Trust meeting was held on 25 April 2012, to discuss the PCT Cluster Board and clinical commissioner's concerns following receipt of the 2012 external review. After reviewing actions and discussing issues at length, it was felt the meeting illustrated the robust and transparent approach the Trust was taking. Actions were felt to be positive and important for the long-term aim of improving the quality of care delivered by the service. It was noted that culture change will take at least 18 months to completely take effect. Positive improvements in the quality of care provided may not be seen immediately.

A further meeting was held in November 2012 where the Trust updated the PCT on the progress of the action plan based on the recommendations following the external report. This includes the following changes:

- A new Clinical Leader and senior General Manager has been appointed.
- All staff have been trained and assessed as competent in the use of CTG monitoring.
- The Consultant Midwife has now commenced in post and will be focusing on high risk births, Labour Ward and associated pathways.
- The Department currently has two Consultants involved in the delivery of PROMPT training (practical obstetric multi-professional training) with the Practice Development Team.
- STAN monitoring has ceased to be used in the Unit.
- A review of job plans has been undertaken and the Department now provides 98 hrs Consultants cover on the Labour ward.

At the end of November performance on c-section rates had significantly improved with the Trust achieving 23.2% which is below the limit of 23.5%.

UPDATE AGAIN BEFORE MARCH 2013

A&E

Between April 2011 and March 2012 there were 8 SIRIS involving the Accident and Emergency department and Acute Medical Unit (AMU) at HWPFT. These have been categorised as: 4 x Unexpected deaths, Other – increase in demand of the unit causing the unit becoming unsafe, and 3 x Sub optimal care of the deteriorating patient.

Current Actions:

There have been continued conversations and correspondence between the Trust and the PCT/CCG commissioners. A HWPFT consultant attended the October East Federation CCG Quality Committee to discuss measures that the Trust is taking to better manage the care of the deteriorating patient. Assurance was provided on a range of actions that have been implemented or are planned including:

- Allocating consultants to each ward rather than each patient being under the care of the admitting consultant.
- Improvements to weekend handovers.
- A&E consultants now have a team job plan rather than individual which supports more consistent cover for ward rounds.
- A&E handover process has been changed so that some staff remain on the unit which avoids a backlog of patients forming during handover.
- Step down wards are no longer used.
- Plans are in place to expand AMU; this will enable the most appropriately skilled staff to be able to continue care for the more vulnerable patients who need to stay on the AMU longer.
- A monthly mortality meeting takes place to review selected cases and look at whether anything could have been done differently, what decisions were made and why. Junior doctors attend these.
- Real time IT system to be rolled out across the hospital which will further improve handover.

The committee were assured that the changes are being clinically led and felt that the Trust was very open and transparent. CCG leads have been invited to attend unannounced walkabouts within A&E.

UPDATE AGAIN BEFORE MARCH 2013

Stroke

HWPFT operates an acute and rehabilitation service for stroke. For the national target of percentage of patients who spend 90% of time on stroke unit (target 80%), the Trust missed this target during 2011/12 for 8 months of the year. 2012/13 performance has been much more positive: April 84%, May 81%, June 96.7%, July 80%, August 81%, September 75%, October 78%, November 81%.

Additionally the Trust did not meet the national target of percentage of patients admitted to a stroke unit within 4 hours (target 95%), during 2011/12 and is still not meeting this for 2012/13: April 68.4%, May 62.5%, June 83.3%, July 72.5%, August 74% September 53%, October 67%, November 81%.

Current Actions:

The Trust has identified the following issues affecting direct admittance to the stroke unit: delay awaiting medical clerking; waiting on a bed in the stroke unit; late referral; and late diagnosis.

A new stroke consultant is meeting with the A&E consultants to discuss the stroke pathway. He has started training sessions with the junior doctors on stroke diagnosis all aiming to get admitted to stroke bed within 4 hours. He is also meeting with the Consultant in Stroke at Frimley Park Hospital to discuss Early Supported Discharge (ESD).

The Stroke Team is preparing Pathway Training for ward staff to include: the referral process and out of hours Stroke Consultant cover.

UPDATE AGAIN BEFORE MARCH 2013

Patient Experience

In the 2011 CQC Staff Survey, HWPFT's score of 3.46 was in the lowest (worst) 20% when compared with trusts of a similar type. This was a decrease on the 2010 year's score of 3.48.

The following were the bottom four ranking areas that the Trust compared least favourably with other acute trusts in England:

- Staff intention to leave jobs
- Staff recommendation of the trust as a place to work or receive treatment
- Percentage of staff reporting good communication between senior management and staff
- Percentage of staff experiencing physical violence from staff in last 12 months

In the CQC Inpatient Survey for 2011, the Trust results meant that they hold the worst performance across South Central with an aggregate score of 63.

Current Actions:

The Trust's Deputy Director of Nursing and Director of HR attended the July East Federation CCG Quality Committee to talk through current actions being taken by the Trust to improve patient and staff experience.

An Insight Survey (in-house quarterly) was conducted with staff in June 2012, with a 33% response rate. Key areas for action included: work pressures/resources, procurement processes, staff development/career progression, organisational change/decision making, targets and finances, management, communication, bullying/blame, staff engagement, and car parking. Positive areas included: Heatherwood, New CEO, training and development and working together/team work.

Key Outcomes: workshop session – executive team and key staff representatives, facilitated staff focus groups, CEO-led E&D Steering group, development of health and wellbeing strategy, supported development including action learning sets, re-establishment of recognition programmes, support from the South of England Quality Improvement Initiative.

UPDATE AGAIN BEFORE MARCH 2013

8.8.3 Berkshire Healthcare NHS Foundation Trust - Overview

Berkshire Healthcare NHS Foundation Trust provides mental health and community health services for the people of Berkshire. They provide this care in the patient's home or as close to home as possible. Where necessary, inpatient mental health care is available through wards at Prospect Park Hospital, Wexham Park Hospital, Heatherwood Hospital and St Marks Hospital².

For people with physical health problems which cannot be managed at home there are community hospital beds at St Marks Hospital, Upton Hospital, Wokingham Hospital and West Berkshire Community Hospital. Some services are also based at King Edward VII Hospital. The Trust started providing community health services in April 2011 taking over this service from the Primary Care Trusts. Before April 2011 the Trust only provided mental health services. As such the Trust doubled in size at the beginning of the year and has a much larger range of services including, community nursing (for helping people at home with physical health problems), health visitors (specialist nurses supporting families with young children at home), school nursing and speech and language services, out of hours GP service for West Berkshire, sexual health services, community dental services, specialist diabetes services and end of life care.

The Trust has engaged in programmes involving clinicians, patients and other partners to improve the services they provide in mental health and community health and to use the available resources better. These service improvement initiatives are called 'Next Generation Care' for mental health services and 'Tomorrow's Community Health' for community health services. Next Generation Care was implemented at the end of 2011 after over 2 years of planning.

Quality initiatives

Productive Ward achievements to date include:

- Wokingham Hospital has reduced expenditure on dressings by working out acceptable stock levels and stopping same day delivery. The prices of all dressings are also displayed on shelving. Expenditure on dressings was reduced from £453 in September 2011 to £71 in February 2012.
- Wokingham has also halved the cost of continence products by identifying which products are used, better storage and education on the use of pads.
- 'Patient Status at a Glance' (PSAG) boards for each of the three wards at Oakwood have helped with the communication of the patient's journey from admission to discharge and reduced the length of time staff take to find information. Oakwood is using an admission pack and will soon complete a discharge pack. Through this work, length of stay has been reduced dramatically.
- West Berkshire Community Hospital's Highclere ward reduced expenditure through work on distribution and use of disposables by £450 in January compared to previous months.
- Highclere occupational therapists have completely re-organised their office which has resulted in better management of space for equipment and stationery and easier communication between staff.

² Inpatient beds in the East are currently subject to transfer to Prospect Park Hospital.

- Improvements have been made to ward handovers, so they take less time and staff are getting off duty promptly. Audits at Wokingham have shown it's possible to save 74 shifts a year by decreasing handover time.

WRAP (Wellness Recovery Action Planning) - Mental Health

WRAP is a self-management and recovery system. People are supported to create their own wellness recovery action plan, setting out their goals, what help they need to get there, what helps keep them well and what puts their mental health at risk. WRAP aims to increase the person's sense of control over their mental health problems, increase personal empowerment, improve quality of life and assist people in achieving their own life goals and dreams

In 2011/12 the Trust had a target of 75% of people to be offered to participate in the recovery system. 89% of people have been offered use of the tool during the year with 29.5% accepting and taking place. The Trust is now working on increasing take-up.

Performance of Talking Therapies (IAPT)

In 2011/12 BHFT were required to achieve a standard of 45% of patients treated within Talking Therapies services reaching Recovery, as defined in the Improving Access to Psychological Therapies (IAPT) service model. BHFT achieved 48% in East and 56% in West.

Star Wards

Star Wards is a project which works with mental health trusts to enhance mental health inpatients' daily experiences and treatment outcomes. Star Wards is a service user led initiative, based on individual experience and from consultation with service users who use inpatient services.

The Trust was set a standard of 80% of those surveyed in Q4 2011/12 to demonstrate satisfaction with Star Wards implementation (based on 3 patient questions). The Trust achieved 81%.

Achievements

- In 2012 mental health inpatient wards at Prospect Park Hospital (PPH), Reading and St Mark's Hospital, Maidenhead received "excellent" ratings from the Royal College of Psychiatrists' Accreditation for Inpatient Mental Health Services (AIMS) scheme. The achievement of excellence, which is a recognition of the high standards of organisation and patient care, was awarded to Jasmine Ward (PPH) for the second time, to Daisy Ward (PPH) and to Charles Ward (St Mark's). Jasmine and Charles Wards are two of only 15 older adults' wards which were awarded an excellent score in England and Wales, and Daisy Ward is one of only 41 acute mental health wards to achieve an excellent rating.
- A pan-Berkshire team from Community Health services won £50,000 to set up a befriending service for learning disabled people. The service will be based on a secure, staff managed database which matches up users with friends of similar interests and suitable events they can attend, as well as provide information about accessing clubs and other activities, quiet times at pools and cheap cinema tickets. It aims to improve mental health and confidence for service users.
- In 2011 the West Berkshire Community Hospital and the Oakwood Unit at Prospect Park scored top marks in the National Patient Safety Agency's (NPSA) annual PEAT (Patient Environment

Action Teams) assessments of food, cleanliness, infection control and patient environment. The Trust's other six facilities scored 'excellent' and 'good' – the top two scores – in all cases and the food received top marks in seven units.

Key issues

Suicides

Suicide is the main cause of premature death in people with mental illness. Nationally there are three main areas of concern:

- Inpatients dying by suicide whilst being off the ward without permission;
- The transition from inpatient to community care;
- The management of risk and risk assessment.

From the categories reported on the national SIRI database (Serious Incidents Requiring Investigation), between 1 January and 31 December 2012, BHFT have reported the following:

- 15 suicides (2 inpatient) (1 whilst on Section 17 leave)
- 4 attempted suicides (all inpatients)
- 1 suspected suicide
- 12 unexpected deaths (2 inpatient, 1 of which died whilst on home leave)

Current Actions:

On initial review of data for 11/12 BHFT has a lower numbers of suicides/unexpected deaths in South Central compared to other mental health trusts. BHFT had 14 incidents and the trust with the highest number had 54 incidents during the same period.

A commissioner meeting took place on the 11 October 2012 with CCG mental health representatives to look in detail at the investigation reports for a subset of the serious incidents to ascertain whether there are any themes associated with the incidents. The following concerns were identified

- Robustness of risk assessments taking place
- Trust response to urgent suicide risk referrals from GPs
- Safeguarding considerations with vulnerable individuals
- Assessment of suicide risk
- Multi agency working with complex individuals (social care/ mental health)

Work is underway to look at ways to address the above concerns including potential CQUINs for 2013/14 to incentivise improvements.

A regional suicide benchmarking project is also planned for 2013. Hosted by Oxford Health, the project aims to enable regional bench marking of suicides of patients in contact with secondary mental health services, with a view to establishing and sharing best practice particularly in relation to risk management, standardised assessment, and interventions.

UPDATE AGAIN BEFORE MARCH 2013

GP Engagement/Liaison

As part of the Trust 2010/11 CQUIN scheme, a survey of GPs undertaken to establish awareness , understanding and satisfaction with mental health services offered in Berkshire. In 2011/12 there was a CQUIN with a requirement for improvement on the 2011/12 results.

The survey was undertaken via Survey Monkey and all GP practices were informed of the survey and a reminder sent out. The percentages for the “very satisfied” and “quite satisfied” have been added together. This has also been done for the “not very satisfied” and “very unsatisfied” to gain some understanding on whether there has been improvement since the last survey. The chart below shows the results from 87 GPs in 2012 and 93 in 2011.

Service	2010/11 Satisfied	2010/11 Not Satisfied	2011/12 Satisfied	2011/12 Not Satisfied	Conclusion
CAMHS	43%	54.8%	51.2%	42.8%	There has been an improvement in those that are satisfied and in those that are not satisfied with the service.
BAU	29%	28%	36.5%	22.4%	There has been an improvement in those that are satisfied and in those that are not satisfied with the service..
Adult Inpatient	59.2%	24.8%	52.4%	23.2%	There has been a reduction in those satisfied with the service but an improvement in those that are not satisfied.
Adult CMHT	59.2%	38.8%	47.7%	44.2%	There has been a reduction in those satisfied and an increase in those who are not satisfied with service.
Eating Disorder service	36.5%	33.4%	36.5%	31.8%	There is no change in those that are staisfied with the service and an improvement in those that are not satisfied with the service.
Psychiatric intensive care	6.5%	7.5%	14.2%	12.9%	There has been an improvement in those that are satisfied but an increase in those that are not satisfied with the service.

Service	2010/11 Satisfied	2010/11 Not Satisfied	2011/12 Satisfied	2011/12 Not Satisfied	Conclusion
IAPT	85%	15.4%	86%	8.8%	There has been an improvement in those that are satisfied and in those that are not satisfied with the service.
Psychology	34.4%	34.4%	43.6%	27.3%	There has been an improvement in those that are satisfied and in those that are not satisfied with the service.
Older adult CMHT	73.1%	23.7%	66.1%	16.1%	There has been a reduction in those satisfied with the service but an improvement in those that are not satisfied with the service.
Older Adult inpatient service	31.2%	16.1%	38.2%	7.3%	The has been an improvement in those that are staisfied and an improvement in those that that are not satisfied with the service.

From the 10 mental health services surveyed the data shows that when compared to the previous year:

- 6 out of the 10 areas show improvement in those satisfied
- 5 out of the 10 areas show improvements in those satisfied and improvement in those not satisfied
- 8 out of 10 areas show an improvement in those not satisfied with the services
- 3 out of 10 show improvement in one of the measures but not the other
- 1 out of 10 shows same level of satisfaction and improvement on those not satisfied
- 1 out of 10 shows deterioration in those satisfied and those not satisfied. (Adult CMHT)

The Trust has stated in the clinical quality review meetings with the PCT that they are committed to improving GP perceptions of their services. A meeting was held in September 2012 with mental health and community health CCG leads and the following actions were agreed:

1. Audit of urgent referrals to CPE be conducted.
2. Letters back to GPs will state waiting times for treatment.
3. A follow up survey later in the financial year at a CCG level will be conducted with further improvement expected.
4. Clinical interface group between GPs and BHFT Clinicians will be held.

UPDATE AGAIN BEFORE MARCH 2013

8.8.4 Independent Hospitals

The PCT holds NHS contracts with a number of independent hospitals which have been approved by the Department of Health to provide treatment to NHS patients. All contracts will expire in June 2014, where they will have to be renegotiated with the providers. Deed of variations will be required in April 2013 in line with the national NHS contract.

The independent hospitals in the Berkshire West area are Spire Healthcare, Ramsay and Circle and in the Berkshire East area, Spire Healthcare and BMI.

Spire Healthcare - Reading

Spire Healthcare Reading provides services from the Dunedin hospital base on Bath Road Reading. They are registered with the CQC without conditions.

Spire Healthcare has a fully trained and equipped medical team working 24 hours a day to deal with any medical emergencies. Below gives a summary of the hospital facilities.

Total number of beds	50
Single rooms	29
Endoscopy suite	Yes
Radiology services	Yes
Operating theatres	2
High dependency unit	Yes

GPs can refer NHS patients using Choose and Book, or if there is an urgent request then referrals can be sent via a secure fax.

Spire provides Out-Patient consultations, diagnostics and In-Patient treatment to NHS patients in the following specialities working within the limits of the procedures of limited clinical value policy:

- Ear, Nose and Throat
- Gastroenterology
- General Surgery
- Gynaecology
- Pain management
- Trauma and Orthopaedics
- Urology

They have clear criteria of which NHS patients can be seen as well as specifying those who are excluded. The exclusion list includes:

- Anyone under the age of 18 years old.
- Anyone with a Body Mass Index greater than 40.
- Anyone with an acute psychiatric disorder.
- A patient that is deemed to be a high anaesthetic risk.
- A patient where a potential cancer diagnosis may be made.

Quality of services

The provider is monitored on the quality of services through the contract quality schedule and through national and local Commissioning for Quality and Innovation schemes (CQUINs). These are discussed at quarterly performance management meetings between the provider and the commissioner.

Achievements for 2011/12

- 100% of all inpatients were assessed for VTE and received appropriate prophylaxis.
- 97% of all patients would recommend the provider as a place for treatment.
- No Serious Incidents Requiring Investigation were reported.
- No falls were reported.
- No grade 2, 3, or 4 pressure ulcers developed during in-patient stays.
- The provider achieved 100% bookable appointments via the Choose and Book system.

CQUINs for 2012/13

The provider has agreed to the following CQUINs for 2012/13:

National CQUINs

- VTE - % of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool.
- Patient Experience - The indicator will be a composite, calculated from 5 survey questions. Each describes a different element of the overarching patient experience theme.
- National Safety Thermometer - monthly surveying all appropriate patients (as defined in the NHS Safety Thermometer guidance) to collect data on four outcomes (pressure ulcers, falls, urinary tract infection in patients with catheters and VTE).

Local CQUINs

- Smoking - To improve health by ensuring that all NHS inpatients who smoke are identified and provided with advice on quitting and referral to the Stop Smoking Service.
- Phlebitis Score- Percentage of adult NHS inpatients who have undergone surgery and have a peripheral cannula are assessed using the Visual Infusion Phlebitis Score.

Any Issues identified

The provider has identified that only 70% of staff are trained in safeguarding for vulnerable adults, they have an action plan in place and aim to have all staff trained by October. This will be monitored in the quality meetings.

UPDATE AGAIN BEFORE MARCH 2013

Ramsay Berkshire Independent Reading

Ramsay provides services from the Berkshire Independent hospital base in Wensley Road, Reading. They are registered with the CQC without conditions.

Ramsay has a fully trained and equipped medical team working 24 hours a day to deal with any medical emergencies. Below gives a summary of the hospital facilities.

Total number of beds	70
Single rooms	52
Endoscopy suite	Yes
Day surgery	Yes
Radiology services	Yes
Operating theatres	3
High dependency unit	Yes

GPs can refer NHS patients using Choose and Book, or if there is an urgent request then referrals can be sent via a secure fax.

Ramsay provides Out-Patient consultations, diagnostics and In-Patient treatment to NHS patients in the following specialities working within the limits of the procedures of limited clinical value policy:

- Ear, Nose and Throat
- Gastroenterology
- General Surgery
- Gynaecology
- Pain management
- Trauma and Orthopaedics
- Urology

They have clear criteria of which NHS patients can be seen as well as specifying those who are excluded. The exclusion list includes:

- Anyone under the age of 18 years old.
- Anyone with a Body Mass Index greater than 40.
- Anyone with an acute psychiatric disorder.
- A patient that is deemed to be a high anaesthetic risk.
- A patient where a potential cancer diagnosis may be made.

Quality of services

The provider is monitored on the quality of services through the contract quality schedule and through national and local CQUINs. These are discussed at quarterly performance management meetings between the provider and the commissioner.

Achievements for 2011/12

- 100% of all inpatients were assessed for VTE and received appropriate prophylaxis.
- No reported cases of MRSA bacteraemia.
- 100% of all in-patients have a pain management plan and reviewed regularly following surgery.
- 100% of patients who have had a Modified Early Warning Score (MEWS) risk assessment on admission to hospital.
- No grade 2, 3, or 4 pressure ulcers developed during in-patient stays.
- The provider achieved 100% bookable appointments via the Choose and Book system.

CQUINs for 2012/13

The provider has agreed to the following CQUINs for 2012/13:

National CQUINs

- VTE - % of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool.
- Patient Experience - The indicator will be a composite, calculated from 5 survey questions. Each describes a different element of the overarching patient experience theme.
- National Safety Thermometer - monthly surveying all appropriate patients (as defined in the NHS Safety Thermometer guidance) to collect data on four outcomes (pressure ulcers, falls, urinary tract infection in patients with catheters and VTE)

Local CQUINs

- Smoking - To improve health by ensuring that all NHS inpatients who smoke are identified and provided with advice on quitting and referral to the Stop Smoking Service.
- WHO checklist - Percentage of NHS Daycase/Inpatients who are undergoing a surgical procedure who have the WHO Checklist completed prior to surgery.
- Phlebitis Score - Percentage of adult NHS inpatients who have undergone surgery and have a peripheral cannula are assessed using the Visual Infusion Phlebitis Score.

Any Issues identified

Ramsay have reported during 2012-13 one never event – wrong site surgery. This is under investigation and the PCT is awaiting the Root Cause Analysis report following the investigation.

UPDATE AGAIN BEFORE MARCH 2013

Circle Reading (contract commenced September 2012)

Circle Reading provides services from the hospital base on Drake Way in South Reading. They are registered with the CQC without conditions.

Circle has a fully trained and equipped medical team working 24 hours a day to deal with any medical emergencies. Below gives a summary of the hospital facilities.

Total number of beds	30
Single rooms	30
Endoscopy suite	Yes
Day Surgery	20 pods
Radiology services	Yes
Operating theatres	5
High dependency unit	Yes

GPs can refer NHS patients using Choose and Book, or if there is an urgent request then referrals can be sent via a secure fax.

Circle provides Out-Patient consultations, diagnostics and In-Patient treatment to NHS patients in the following specialities working within the limits of the procedures of limited clinical value policy:

- Ear, Nose and Throat
- General Surgery
- Trauma and Orthopaedics
- Urology

They have clear criteria of which NHS patients can be seen as well as specifying those who are excluded. The exclusion list includes:

- Anyone under the age of 18 years old.
- Anyone with a Body Mass Index greater than 40.
- Anyone with an acute psychiatric disorder.
- A patient that is deemed to be a high anaesthetic risk.
- A patient where a potential cancer diagnosis may be made.

Quality of services

No quality data is available as the contract only started in September 2012.

UPDATE AGAIN BEFORE MARCH 2013

The provider has agreed to the following CQUINS for 2012/13:

National CQUINS

- VTE - % of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool
- Patient Experience - The indicator will be a composite, calculated from 5 survey questions. Each describes a different element of the overarching patient experience theme.
- National Safety Thermometer - monthly surveying all appropriate patients (as defined in the NHS Safety Thermometer guidance) to collect data on four outcomes (pressure ulcers, falls, urinary tract infection in patients with catheters and VTE).

Local CQUINS

- Falls - Percentage of patient falls to be below 3% and a proactive prevention group established to reduce the risk.
- Phlebitis Score - Percentage of adult NHS inpatients who have undergone surgery and have a peripheral cannula are assessed using the Visual Infusion Phlebitis Score.

BMI Princess Margaret, Windsor

BMI Princess Margaret (PM) Windsor provides services from the Princess Margaret hospital base on Osborne Road, Windsor. They are registered with the CQC without conditions.

BMI PM has a fully trained and equipped medical team working 24 hours a day to deal with any medical emergencies. Below gives a summary of the hospital facilities:

Total number of beds	78
Single rooms	78
Endoscopy suite	Yes
Radiology services	Yes
Operating theatres	4
High dependency unit	Yes – 2 beds

GPs can refer NHS patients using Choose and Book, or if there is an urgent request then referrals can be sent via a secure fax.

BMI PM provides Out-Patient consultations, diagnostics and In-Patient treatment to NHS patients in the following specialities working within the limits of the procedures of limited clinical value policy:

- Breast Surgery
- Dermatology
- Gastroenterology
- General Surgery
- Pain management
- Plastics
- Trauma and Orthopaedics
- Urology

They have clear criteria of which NHS patients can be seen as well as specifying those who are excluded. The exclusion list includes:

- Children under the age of 18
- the physical status of the referred NHS patient: BMI would not be able to treat patients with unstable ASA3 and above; where the procedure is to be undertaken with general anaesthetic; or
- Where the NHS patient will require general anaesthetics, the NHS patient has a Body Mass Index of more than forty (40). Patients with BMI in excess of 40 (forty) will be reviewed on individual basis.
- patients requiring treatment for cancer who should be referred directly on to the appropriate cancer pathway

Quality of services

The provider is monitored on the quality of services through the contract quality schedule and through national and local CQUINs. These are discussed at quarterly performance management meetings between the provider and the commissioner.

Achievements for 2011/12

- 100% of all inpatients were assessed for VTE and received appropriate prophylaxis
- No Serious Incidents Requiring Investigation were reported
- No grade 2, 3, or 4 pressure ulcers developed during in-patient stays

CQUINs for 2012/13

The provider has agreed to the following CQUINs for 2012/13:

National CQUINs

- VTE - % of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool
- Patient Experience - The indicator will be a composite, calculated from 5 survey questions. Each describes a different element of the overarching patient experience theme.
- National Safety Thermometer - monthly surveying all appropriate patients (as defined in the NHS Safety Thermometer guidance) to collect data on four outcomes (pressure ulcers, falls, urinary tract infection in patients with catheters and VTE)

Local CQUINs

- Smoking - To improve health by ensuring that all NHS inpatients who smoke are identified and provided with advice on quitting and referral to the Stop Smoking Service
- Pain - Pain scores are documented in patient's notes with every set of observations
- Discharge letters - Electronic submission of discharge letter from consultant to GP within 5 days

Any Issues identified

None Identified.

Spire Healthcare Thames Valley

Spire Healthcare Thames Valley provides services from the Thames Valley hospital base on Wexham Street Wexham and the Spire Windsor clinic on Highbury Place, Windsor. They are registered with the CQC without conditions.

Spire Healthcare has a fully trained and equipped medical team working 24 hours a day to deal with any medical emergencies. Below gives a summary of the hospital facilities:

Total number of beds	45
Single rooms	45
Endoscopy suite	No
Radiology services	Yes
Operating theatres	2
High dependency unit	Yes

GPs can refer NHS patients using Choose and Book, or if there is an urgent request then referrals can be sent via a secure fax.

Spire provides Out-Patient consultations, diagnostics and In-Patient treatment to NHS patients in the following specialities working within the limits of the procedures of limited clinical value policy:

- Ear, Nose and Throat
- Gastroenterology

- General Surgery
- Gynaecology
- Oral surgery
- Pain management
- Trauma and Orthopaedics
- Urology

They have clear criteria of which NHS patients can be seen as well as specifying those who are excluded. The exclusion list this includes:

- Children under the age of 18
- the physical status of the Referred NHS patient: BMI would not be able to treat patients with unstable ASA3 and above; where the procedure is to be undertaken with general anaesthetic; or
- Where the NHS patient will require general anaesthetics, the NHS patient has a Body Mass Index of more than forty (40). Patients with BMI in excess of 40 (forty) will be reviewed on individual basis
- patients requiring treatment for cancer who should be referred directly on to the appropriate cancer pathway

Quality of services

The provider is monitored on the quality of services through the contract quality schedule and through national and local CQUINs. These are discussed at quarterly performance management meetings between the provider and the commissioner.

Achievements for 2011/12

- 100% of all inpatients were assessed for VTE and received appropriate prophylaxis.
- 96% of patients rated the care received good or above.
- No Serious Incidents Requiring Investigation were reported.
- 98% compliant in hand hygiene audits.
- No post-operative infections or return to theatre within 48 hours.
- No grade 2, 3, or 4 pressure ulcers developed during in-patient stays.

CQUINs for 2012/13

The provider has agreed to the following CQUINs for 2012/13:

National CQUINs

- VTE - % of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool
- Patient Experience - The indicator will be a composite, calculated from 5 survey questions. Each describes a different element of the overarching patient experience theme.
- National Safety Thermometer - monthly surveying all appropriate patients (as defined in the NHS Safety Thermometer guidance) to collect data on four outcomes (pressure ulcers, falls, urinary tract infection in patients with catheters and VTE).

Local CQUINS

- Discharge letters - Electronic submission of discharge letter from consultant to GP within 5 days
- Phlebitis Score - Percentage of adult NHS inpatients who have undergone surgery and have a peripheral cannula are assessed using the Visual Infusion Phlebitis Score.

Any Issues identified

The provider has reported a Serious Incident Requiring Investigation which involved a confidential information leak. The investigation is taking place and has already highlighted a few issues around transportation of notes between two sites.

DRAFT

8.8.5 Primary Care

Primary Care Commissioning will form part of the Local Area Team (LAT), structure in the new NHS Commissioning Board arrangements. This involves a period of transition between now and 1st April 2013, where there is significant focus on ensuring that all 510 existing contracts are stable and up to date in order for transfer. This work is progressing well and is expected to meet its milestones. A specific group meets monthly to ensure that risks are identified and the work is on track.

As well as this preparatory work there is business as usual with the important responsibility of ensuring that services delivered to patients are safe and of a high quality. This involves meeting with individual contractors, dealing with issues of underperformance and sharing areas of good practice. Regular newsletters are produced across Berkshire to keep in touch.

All Primary Medical contract providers will have to be registered with the Care Quality Commission for the first time by 31st March 2013. In addition, Primary Medical contractors are busy focussing on the establishment and authorisation of Clinical Commissioning Groups (CCGs).

CCGs and practices are currently working to complete the agreed requirements for the 2012-13 Quality Outcomes Framework (QOF) Quality and Productivity (QP) indicators. In the West these are aligned with CCG priorities to reducing elective referrals and non-elective admissions. CCGs and practices are currently working to complete the agreed requirements for the 2012-13 QOF QP indicators. In the East the QP indicators are aligned to working to QIPP targets on elective referrals and non – elective admissions. CCGs are working to manage the QP targets with practices.

The PCT's *Programme of Contract Review Visits* is continuing. There is currently a focus on East practices found to be outliers on the quarterly Practice Profile documents. Documents are now produced quarterly for all practices in East and West Berkshire. Of the 107 practices across Berkshire, 17 practices have been visited since January 2012 (and 43 since the programme began), and it is currently intended to visit a further 19 practices by March 2013.

As well as assuring compliance with key contractual requirements, the visits look to agree actions for improvement on indicators where performance is below expected levels. Completion of actions is tracked and their impact on performance is then assessed. 31 practices currently have follow-up actions in place and progress on these is reported to the GP Commissioning and Contracting Group.

Key aspects of the contract visit have included:

- Improvement in QOF achievement
- Improvement in Childhood Immunisation
- More practices providing Enhanced Services
- Improvement in practice websites to included more information for patients on performance of the practice

Other areas of development include:

- Electronic Mapping of practice boundaries – for the first time all practice boundaries are being mapped electronically to create an electronic database. This will allow all NHS bodies to identify which practices are responsible for geographical area and ensure that patients can access GP services.
- Bringing contracts up to date – all practices have been issued with revised contract documentation to ensure that contracts are up to date before the transfer to NHS Commissioning Board
- Work has also been undertaken to facilitate the transfer of Local Enhanced Services to the CCGs and the Local Authorities in advance of April 2013.

The **GP Clinical Governance Group** receives a regular update from visits and visiting teams are made aware of any other issues about practices raised through this group. Visits have been arranged to 3 practices following concerns identified at their Contract Review Visit.

Dental Services

The PCT has continued to achieve improvements in **Patient Access** with 434,779 patients accessing NHS Dental services in the 2 years up to the end of November 2012. This is a growth of 73,034 patients (20.2%) when compared to the start of the Dental Access Programme in March 2009. Most of the new patients attending NHS Dentists have returned from the private sector.

Further to Social Marketing research carried out in 2010, the PCT is now pursuing schemes to improve access for the more hard to reach groups. This includes a mobile service travelling to the more deprived parts of the county. This **'Toothbus'** provided free NHS check-ups for nearly 500 patients, identifying oral health issues and signposting patients to local practices. It has received very favourable local publicity including a TV report. The service covered Reading, Slough and the rural parts of West Berkshire in the period up to November 2012.

The PCT is also working with practices and local authorities to pilot the provision of **Dental Services to Care Homes**. The service, which commenced in 7 care homes in December 2012, provides health assessments, treatments and work with the care home providers to support residents to improve their oral health.

The dental team has been working with the other two PCTs in the Thames Valley Local Area Team to develop a **new Orthodontic contract** to take effect from 1st April 2013. The proposed contract will combine service and quality payments. The KPIs for the quality payments will incentivise contractors to optimise resources for patient treatments, to complete treatments, use best practice treatments, achieve effective clinical outcomes and achieve patient satisfaction with their treatment. Contract offers were made to contractors across the Thames Valley at the end of November 2012.

The Thames Valley PCTs have introduced criteria in relation to specialist referrals for **Restorative Treatments** (Endodontic, Periodontal and Prosthodontic) with common criteria, prior approval and the use of Any Qualified Providers for these services. The criteria were approved by the PCT in September with implementation on 1st October. The 4 PCTs in the Thames Valley are now working together on commissioning services from Any Qualified Providers so that if an application is approved, the referring practices can refer to one of the providers on the list of Qualified Providers.

Current contracts for the commissioning of Oral Surgery services cease on 31st March 2013. The Berkshire PCTs are pursuing a procurement to align the service to be commissioned across the county to take effect from 1st April 2013. The PCTs are also working with the Oxfordshire PCT and the Oxford Health Foundation Trust to pilot the commissioning of a triage service that can support access to the service across the Thames Valley.

The 4 PCTs in the Thames Valley have introduced common approaches to the commissioning of Community Dental Services with establishment of PDS contracts and are aiming to move to Cost and Volume contracts in 2013/14. Alongside this, the PCTs are working with the CDS providers to develop care pathways to achieve best fit to the local dental care systems.

The Berkshire PCTs have recently commissioned additional Dental Practice Adviser support to carry out a programme of practice visits and decision making in relation to applications for Restorative treatments.

There have been two Significant Untoward Events with Dental practices this year, which have been followed up with the practices concerned with the lessons learned communicated to the wider Dental community via the PCT's 'Dentistry Matters' newsletter.

Thames Valley PCTs have been identified as a national pilot site for the development of **Local Professional Networks (LPNs)**. The LPNs are designed to act as the vehicle for developing clinical leadership in dental commissioning. Three clinical members have been appointed, engagement events held and work has commenced on the implementation of the work programme to be pursued up to 31st March 2013.

Community Pharmacy

The Department of Health published the new Pharmaceutical Regulations 2012 on 23rd July 2012 and these came into force on 1st September 2012. The regulations govern the rules on dealing with new applications for Pharmacies and also the NHS Pharmacy contract and services provided as part of the contract.

The main **changes to the Regulations** are as follows:-

- All future applications for new Pharmacies will be based on the PCTs Pharmaceutical Needs Assessment which was published in 2010. This details services currently provided and identifies any needs within the area.
- The new regulations remove a number of exemption categories that currently exist in the 2005 Pharmaceutical Regulations. These were:
 - Pharmacies wanting to provide 100 hours of opening
 - Pharmacies wanting to open in "out of town complexes"
 - Pharmacies wanting to provide a "one stop shop"

Previously it was almost impossible to refuse such requests even if they seemed completely inappropriate.

- The new regulations have also introduced a new performance management system for monitoring of the pharmacy contract. This allows the PCT to issue remedial and breach

notices where compliance has been a problem including withholding of financial payments proportionate to the issue.

The annual **Contract Compliance** visits for Pharmacies for 2012/13 is underway. All 153 Pharmacies have completed the self-assessment questionnaire and Pharmacies with outstanding actions have been issued with an action plan to carry out the remaining actions with a specific deadline. They are being followed up rigorously to ensure they are fully compliant with all aspects of Clinical Governance and the contract. A number of Pharmacies have been selected for a contract compliance visit following assessment using a risk matrix and as part of the PCT rolling programme. Seventeen visits have been carried out under this process. In addition there have been 7 Clinical Governance visits relating to dispensing errors, concerns raised by GPs, failure to complete self-assessment questionnaire. All were issued with action plans which have satisfactorily been completed.

A **new pilot flu vaccination service** started on the 1st November in 17 Pharmacies in the Berkshire West area. This will be for those patients under 65 who are in the 'clinically at risk' categories and has been extended from 1st December to include any remaining over 65s who remain unvaccinated. The service is to complement services already offered by GP Practices and will give patients further choice and accessibility to flu vaccination services.

Quality of primary care and primary care practitioners

Quality of primary care and primary care practitioners is monitored via the Primary Care Clinical Governance Group and the Primary Care Practitioners Performers Group (PCPPG) respectively and through the robust management of the Berkshire Performer Lists and the GP Appraisal scheme.

The **Clinical Governance Group** meets monthly and considers triangulated data relating to complaints, GMC queries, Significant Events and incidents. Reports benchmark performance by area and practice population size and facilitate the early identification of potential risk. Clinical Governance visits are initiated where concerns are raised, either via the work of the Group or as output from the contract review visits. To date, 9 clinical governance visits have been completed or scheduled this year. The Clinical Governance Group also oversees the review of primary care incidents reported via the Datix system or from safeguarding teams. 17 such cases have been reviewed this year with significant event analyses and learning outcomes identified and implemented.

The **Primary Care Practitioners Performers Group** meet, bi-monthly, to consider cases of individual performer concerns. As at December 2012, there are 1,545 performers on the performer's lists across East and West Berkshire. The breakdown is as follows:

Performer Group	East	West
Medical (incl GP Registrars)	410	455
Dental	249	206
Ophthalmic	106	119
Total	765	780

In 2012/13, the PCPPG has considered 25 cases and agreed actions delivering a range of outcomes which support quality and safety for our patients. 60% of these cases related to medical performers, 20% to dental, 12% to pharmacy and 8% to ophthalmic.

The PCT has currently one Pharmacy Contractor that is undergoing an NCAS assessment and the PCT is awaiting the formal report from NCAS on this Contractor.

The Group also considers applications to the various performer's lists which have been referred by the Thames Valley Primary Care Agency (TVPCA), who manage the list process on behalf of the PCT Cluster, as queries have been identified and performer list monitoring and cleaning. In 2012/13 it has considered 74 cases, 21 of which are new applications and 53 are cases where it has been identified that the performer is no longer working in the Berkshire area.

8.8.6 Offender Health – Her Majesty's Prison and Young Offenders Institute Reading

The Health Care service at HMP & YOI Reading provides offenders with access to the same quality and range of health care services as the general public receives. This includes primary care, mental health and public health components.

The objectives of the health care service are to provide:

- Equitable access for young offenders to primary care services
- Equitable access for young offenders to mental health services liaising with external agencies to ensure integration back into the community
- Improved access to Mental Health services supporting non re-offending behaviours
- Collaborative working within the prison environment with offender management and safer custody colleagues

The Primary Care Services Include:

- GP Surgery clinics (daily excluding Sundays)
- Reception Screening
- Medical response to all alarm calls
- Secondary screening following the initial Screening in reception
- Twice weekly dentist clinics
- Monthly optician appointments
- Weekly sexual health clinics (provided by an external Consultant and specialist nurses)
- Twice daily medication/treatment room clinics supported by the use of Patient Group Directions where required
- Five times daily medication administration for prescribed / regular medications
- Support early morning prisoners attending court
- Pharmacy Clinic held to offer help and support with any medicine queries supported by Medicines Management advice and support
- Chlamydia screening
- Immunisation Clinics offering MMR, Hepatitis B, Hepatitis A and Men C to all offenders.
- Hepatitis C screening
- Sexual Health provision and education

- Smoking cessation
- Physiotherapy
- Routine treatments including
 - Dressings
 - Ear syringing
 - Removal of sutures
 - Healthcare advice
- Additional healthcare support to isolated and vulnerable offenders
- Discharge packs
- Suturing
- Minor ailment triage
- Support to the Mental Health services based on clearly defined policies and procedures
- General health responses and support to all prisoners

Overall this approach provides a holistic, multi-faceted young-person centred approach to health care allowing focus on the specialist skills necessary to work with vulnerable young men and enabling a more consistent approach to transition back into the community.

Mental Health services include:

- Crisis intervention/resolution
- Primary Mental Health access and follow up
- Short term focussed work using cognitive behaviour therapy approach
- Urgent mental health assessments for high risk individuals i.e. Assessment, Care in Custody, and Teamwork (ACCT)
- Reception screening for all new receptions
- Comprehensive initial assessments which support other specialist services
- Facilitating mental health act (1983) transfers
- Case management of severe enduring mental illness using the Care Programme Approach
- Brief solution therapy
- Early intervention in psychosis
- ACCT (suicide and self harm procedures)
- Support for safer custody and those most vulnerable and needy.
- Medication review at request of general practitioner i.e. treatment resistance depression
- Mental health assessment by a psychiatrist
- Responsible medical officer for transfers
- Multi disciplinary reviews of high risk individuals
- Court reports/other report for clients receiving service from the team
- Medical management of ADHD
- Group work to include: (relevant to the client group)
 - Sleep therapy
 - Anger management
 - Anxiety
 - Coping skills
- Teaching – i.e. mental health awareness for

- Healthcare staff
- Prison officers

Public Health services include:

Overall responsibility for co-ordinating public health data and statistical information

- Smoking Cessation awareness and education to support primary care
- Sexual health awareness and education
- Immunization and vaccination awareness and education
- Education on Blood Borne Viruses (BBV's)
- Healthy lifestyle and coping skills workshops
- Oral hygiene education and dental triage
- Health promotion days run alongside Department of Health, Health Promotion Calendar i.e.
 - World AIDS day
 - Healthy eating week
 - Diversity
- Developing Infection control awareness, treatment and use of established pathways
- Liaise with communicable disease agencies to ensure education and awareness including Tuberculosis
- Staff training and awareness
- Established links with external Health Promotion agencies
- Parenting skill workshops
- Support group work in conjunction with Safer custody and Mental Health team where appropriate
- Health Promotion Awareness and Education
 - Healthy Eating
 - Healthy Lifestyle
 - Parenting skills
 - Health Promotion Events in line with national guidance

These services are commissioned from Berkshire Healthcare NHS Foundation Trust who sub contract elements of the primary care service out (e.g. GP and dental care). Substance misuse service is also provided by the Trust (under a separate Service Level Agreement) although this is currently out for re-tendering (not expected to be re-commissioned until 2013/14).

Prison Health Performance and Quality Indicators

Ind.No	Subject Area	Rating
1.1	Patient safety	Green
1.2	Healthcare environment	Green
1.3	Medicines management	Green
1.4	Chronic disease and long term conditions care (incorporating GMS Quality Outcomes Framework)	Green
1.5	Discharge planning	Green
1.6	Clinical governance	Green
1.7	Corporate governance	Amber
1.8	Information governance	Green
1.9	Financial governance	Green
	Accepted Finance Plans based on PHDP and Prison Healthcare Budget	Yes
	Spend against budget is transparent and maintained within acceptable limits	Yes
	Prison and PCT processes are in place to review expenditure against plan	Yes
1.10	Workforce plan	Green
1.11	Equality and Human Rights	Amber
1.12	Service user involvement	Green
1.13	Health needs assessment	Green
1.14	Access and waiting times	Green
1.15	Prison dentistry	Green
1.16	Substance Misuse Activities - IDTS	Green
1.17	Alcohol Screening, Intervention and Support	Green
1.18	General health assessment	Green
1.19a	Services for Children and Younger people (under 18s only)	N/A
1.19b	Services for Older Adults (not YOI Estate)	N/A
1.20	Services for Adult Women	N/A
1.21	Primary care mental health	Green
1.22	Suicide prevention	Green
1.23	Care Programme Approach Audit	Green
1.24	Access to specialist mental health services	Green
1.25	Section 117	Green
1.26	Mental Health transfers	Green
1.27	Learning Disability	Amber
1.28	Hepatitis B Vaccination of Prisoners	Green
1.29	Hepatitis C	Green
1.30	Health Promotion	Amber
1.31	Sexual Health	Green
	Means of accessing condoms	Yes
	Access social/life skills modules on SRE education or similar	Yes
	Access to GUM clinic in prison	Yes
	Access to chlamydia screening programme	Yes
	Access to barrier protection and lubricants	Yes
1.32	Communicable disease control	Green
	TOTAL GREEN	26
	TOTAL AMBER	4
	TOTAL RED	0

Data Source: PHPQI Submission – 26 June 2012

8.8.7 South Central Ambulance Service NHS Foundation Trust

South Central Ambulance service are contracted to provide both a 999 emergency service and Non Emergency Patient Transport Service to the residents of Berkshire. Compliance with national standards is monitored both via the lead Commissioner (Hampshire) and within the Cluster. In Berkshire West performance is monitored at monthly review meetings and at the CCG Federation Urgent Care Programme Board. SCAS face challenges in meeting national response time targets for the Berkshire Cluster. SCAS are a key partner in the Urgent Care Programme Board which looks at their role in the wider urgent care system. Berkshire West works continually with SCAS on clinical effectiveness and access and the Berkshire Division has one of the highest non conveyance rates in the country at around 40%. The conveyance of GP urgent cases is currently being reviewed with SCAS establishing a control desk to improve this flow. Berkshire West continually work with SCAS in recognising their potential to become far more than a conveyance service and are always looking at the potential for SCAS to access alternatives pathways to A&E and develop their 'hear and treat' service.

The most significant patient safety challenge is achieving the ambulance handover delays target. Berkshire West and the Royal Berkshire NHS Foundation Trust have worked hard with SCAS on this issue during 2012 and performance has improved. This focus needs to remain in 2013 in light of new guidance on zero tolerance to long handover delays.

8.8.8 NHS 111 implementation

SCAS have been awarded the contract to run a two year pilot of NHS 111 for the Berkshire Cluster and this will commence in Spring 2013. Patient safety underpins provision of this service and the DH will undertake robust tests of the Clinical Governance arrangements before the service goes live. Once the service is live daily reporting to the DH commences and the patient dispositions and pathways will be continually reviewed. Compliance with the National Quality standards forms part of the agreed service specification and performance against all NQR standards will be robustly monitored. NHS 111 forms part of the work programme of the CCG led Urgent Care Programme Board and is seen as both an enabler for the urgent care QIPP programme and a driver for improved commissioning of urgent care services.

8.9 Patient Experience

Patients tell us that they care about their experience of care as much as clinical effectiveness and safety. They want to feel informed, supported and listened to so that they can make meaningful decisions and choices about their care. They want to be treated as a person not a number and they value efficient processes.

The Government has made it clear that patient experience is a crucial part of quality healthcare provision. The NHS Constitution, the Outcomes Framework 2011/12 and the NICE Quality Standards for patient experience and service user experience in adult mental health all reinforce the need for patient centred care.

NHS Berkshire Cluster has consistently concentrated on patient experience of commissioned services as part of its overall approach to quality.

Quantitative and qualitative data on patient experience is gathered via contracts with providers, and this is triangulated with a range of other quality data and information. The PCT has a history of LINKS representatives sitting on PCT Quality Committees, and both East and West CCG Federation Quality Committees now have equivalent representation.

Most of the data gathered via contracts with providers is reflected in the sections below. Bespoke patient experience surveys are sometimes requested from providers if quality issues are identified through triangulation of other quantitative data.

8.9.1 National Patient Survey Results

The Care Quality Commission's most recent Inpatient Survey was undertaken between October 2011 and January 2012.

Heatherwood and Wexham Park NHS Foundation Trust

HWPFT had a response rate of 51% compared to a national average of 53%. The surveys sent out related to care that was provided by the Trust during August 2011. This was the Trust's busiest month and capacity was stretched with a major incident in relation to this declared.

The results of the survey showed a number of areas where the Trust were one of the worst performing including:

- The general care that was provided
- The wait to be transferred to a bed once a decision for admission had been made
- Cleanliness of the wards
- Privacy when being examined
- Noise at night on the wards
- No help at mealtimes if required
- Doctors washing hands between patients

As a result of the In-Patient survey the Trust are focusing on five key improvement areas:

- Improving communication between staff, patients and family as well as other departments in the hospital.
- Addressing privacy when discussing patient's condition and whilst having treatment.
- Reducing delays in discharge and involving the patient. Improving the flow of information to other agencies on discharge.
- Ensuring the ward environment is clean and quiet and improving the admission process to reduce waits for beds.
- Joint working between all staff to improve the overall quality of care delivered.

The Trust has already started work to address these issues by introducing CQC walkabouts, protected mealtimes, recruitment to nursing vacancies and an agency ban in general areas. They have introduced the enhancing your experience programme and started a "real time" project to look at discharge.

The Trust has acknowledged that there is a lot of work needed to improve the results, and attended the East CCGs Federation Quality Committee in July 2012 to talk in detail about the challenges and issues faced.

Royal Berkshire NHS Foundation Trust

RBFT had a response rate of 54% compared to a national average of 53%. The surveys sent out related to care that was provided by the Trust during July and August 2011.

The results of the survey showed a number of areas where the Trust was about the same in performance to the majority of trusts including:

- The level and details of information given regarding condition and treatment
- Privacy when being examined and treated
- The length of time being on the waiting list prior to admission for elective care
- The hospital not changing admission dates once agreed
- Single sex accommodation and bathroom areas
- Availability of hand gels on the ward

The following is a list of areas where improvements could be made:

- Choice of admission dates
- Noise from other patients on the wards at night
- Quality of food
- Delayed discharges
- Being informed of the side effects of medicines
- Being asked the views of the quality of care they received

Priorities for improvement for 2012/13:

- Providing a positive patient experience by improving staff attitude and communication
- Patient experience – improve staff awareness of respect and dignity

The Trust has also introduced Patient Experience Executive Walk-arounds in outpatient areas as well as inpatient wards, as these provide real time monitoring and the opportunity for instant resolution of outpatient issues.

During 2012, the Trust will also be re-instating quarterly outpatient meetings where clinical leads and other staff share ideas to develop new and innovative solutions for outpatients.

Berkshire Healthcare NHS Foundation Trust

The Care Quality Commission (CQC) published the results of the 2012 community mental health patient survey in August 2012. BHFT has historically scored poorly on this survey and the Commissioners have worked closely with the Trust on actions and improvements.

In 2012 the Trust achieved a response rate of 32%, which was in line with the national response rate for the survey. This is a significant improvement upon the 2011 survey, when the Trust achieved a response rate of 25%. The demographic characteristics were in line with the responses received

nationally, and there were no significant respondent percentages within the categories of gender, age, ethnicity, religion or sexuality to note.

The CQC survey consists of 38 questions, categorized within nine Sections. A score for each question is calculated out of 10. There were some questions that were not included within the 2012 survey that were in the 2011 survey, and as part of the CQC methodology, questions with less than 30 responses are omitted from the results. The survey uses a Red / Amber / Green rating of:

Red – Lower than the majority of Trusts i.e. within lowest 20% nationally

Amber – About the same as the majority of Trusts i.e. within the average 60% nationally

Green – With the best performing Trusts i.e. within top 20% nationally

In the 2012 survey the Trust scored generally the same as other trusts in the following 6 areas; health and social care workers; medication; talking therapies; care plans; crisis care and day to day living. The Trust scored worse than other trusts in 3 areas these were: care co-ordinator; care review; and overall. The results from the 2012 survey are shown below covering the above categories in more detail.

Health and Social Care Workers

The Trust's overall score for this section was 8.5 out of 10 in 2012 and 8.2 in 2011. Although there is an improvement in the score this improvement is not statistically different. The Trust scores in comparison to other Trusts in the 2012 survey are also generally about the same.

Specific scores for each question in this section are listed below:

Question	2012 Result	2011 Result
Did this person listen carefully to you?	8.7	8.5
Did this person take your views into account	8.3	8.1
Did you have trust and confidence in this person?	8	7.6
Did this person treat you with respect and dignity	9.3	9.2
Were you given enough time to discuss your condition	7.9	7.5

Medications

The Trust's overall score for this section was 6.6 out of 10 in 2012 and 7.0 in 2011. Although there is a decrease in the score it is not statistically different. The Trust scores in comparison to other Trusts in the 2012 survey are also generally about the same.

Specific scores for each question in this section are listed below:

Question	2012 Result	2011 Result
views were taken into account in deciding which meds	6.9	6.9
Were the purposes of the medication explained to you?	8.2	8.3
Were you told about possible side effects of the medication?	5.0	5.9

Were you given information about the medication in a way that was easy to understand	6.7	7.4
In the last 12 months, has a mental health or social care worker checked with you how you are getting on with your medication	6.3	6.6

Talking Therapies

The Trust's overall score for this section was 7.0 out of 10 in 2012 and 6.6 in 2011. Although there is an improvement in the score this increase is not statistically different. The Trust scores in comparison to other Trusts in the 2012 survey are also generally about the same.

Specific scores for each question in this section are listed below:

Question	2012 Result	2011 Result
Did you find the NHS talking therapy you received in the last 12 months helpful?	7.0	6.6

Care co-ordinator

The Trust's overall score for this section was 7.9 out of 10 in 2012 and 7.9 in 2011. The Trust score on this section remain the same. The Trust scores in comparison to other Trusts in the 2012 survey are also generally worse.

Specific scores for each question in this section are listed below:

Question	2012 Result	2011 Result
Do you know who your Care Co-ordinator is?	7.6	7.0
Can you contact your Care Co-ordinator if you have a problem?	8.3	8.4
How well does your Care Co-ordinator (or lead professional) organise the care and services you need?	8.0	8.2

Care Plan

The Trust's overall score for this section was 6.6 out of 10 in 2012 and 6.5 in 2011. Although there is an improvement in the score this increase is not statistically different. The Trust scores in comparison to other Trusts in the 2012 survey are also generally the same.

Specific scores for each question in this section are listed below:

Question	2012 Result	2011 Result
Do you understand what is in your NHS care plan	6.2	7.0
Do you think your views were taken into account when deciding what was in your NHS care plan?	6.5	7.5
Does your NHS care plan set out your goals?	5.8	5.4
Have NHS mental health services helped you start achieving these goals?	7.0	6.5
Does your NHS care plan cover what you should do if you have a Crisis?	6.8	6.4

Have you been given (or offered) a written or printed copy of your NHS care plan?	7.3	6.2
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Care Review

The Trust's overall score for this section was 6.9 out of 10 in 2012 and 7.3 in 2011. There is a decrease in the score and this decrease is statistically different. The Trust scores in comparison to other Trusts in the 2012 survey are generally worse.

Specific scores for each question in this section are listed below:

Question	2012 Result	2011 Result
In the last 12 months have you had a care review meeting to discuss your care	7.5	6.5
Were you told that you could bring a friend, relative or advocate to your care review meetings?	7.1	9.0
Before the review meeting, were you given a chance to talk to your care co-ordinator about what would happen?	6.8	6.4
Were you given a chance to express your views at the meeting?	7.7	8.5
Did you find the care review helpful?	6.4	7.0
Did you discuss whether you needed to continue using NHS mental health services?	6.0	6.2

Crisis Care

The Trust's overall score for this section was 5.8 out of 10 in 2012 and 4.4 in 2011. There is an increase in the score and this increase is statistically different. The Trust scores in comparison to other Trusts in the 2012 survey are generally the same.

Specific scores for each question in this section are listed below:

Question	2012 Result	2011 Result
Do you have the number of someone from your local NHS mental health service that you can phone out of office hours?	6.1	4.4
The last time you called the number, did you get the help you wanted?	5.5	-

Day to Day Living

The Trust's overall score for this section was 5.2 out of 10 in 2012 and 5.3 in 2011. There is an decrease in the score and this decrease is not statistically different. The Trust scores in comparison to other Trusts in the 2012 survey are generally the same.

Specific scores for each question in this section are listed below:

Question	2012 Result	2011 Result
Has anyone in NHS mental health services ever asked you about your alcohol intake?	6.1	6.0

Has anyone in NHS mental health services ever asked you about your use of non-prescription drugs?	4.0	4.6
In the last 12 months, did anyone in NHS mental health services ask you about any physical health needs you might have?	4.6	-
In the last 12 months, have you received support in getting help with your physical health needs?	4.4	4.0
In the last 12 months, have you received support in getting help with your care responsibilities?	4.0	3.7
In the last 12 months, have you received support in getting help with finding or keeping work?	6.0	5.9
In the last 12 months, have you received support in getting help with finding and/or keeping your accommodation?	6.1	6.7
In the last 12 months, have you received support from anyone in NHS mental health services in getting help with financial advice or benefits?	6.5	6.1

Overall

The Trust's overall score for this section was 6.2 out of 10 in 2012 and 6.0 in 2011. There is an increase in the score and this increase is not statistically different. The Trust scores in comparison to other Trusts in the 2012 survey are generally worse.

Specific scores for each question in this section are listed below:

Question	2012 Result	2011 Result
Overall, how would you rate the care you have received from NHS Mental Health Services in the last 12 months?	6.8	6.2
Have NHS mental health services involved a member of your Family or someone else close to you, as much as you would like?	5.5	5.8

The Trust has advised that they will be implementing the following actions:

- Each year prior to the survey, a letter which includes all the key information and a copy of the care plan, will be sent to each service user so that they are potentially more able to complete the survey
- Continuing the care pathways work
- Introduce supervisor and peer review of care plans
- As many service users only come into contact with services through out-patients the Trust will consider how they can influence patient experience in this single session
- Communicate regularly with patients and staff about the choice and medication website

A detailed action plan has been requested from the Trust, and discussions will be on-going between the Trust, CCG colleagues and PCT commissioners and quality leads.

8.9.2 CQC Staff Survey results

In the results of the 2011 CQC National NHS Staff survey each trust was given a summary score. This score is calculated by converting staff responses to particular questions into number. The minimum score is always 1 and the maximum score is 5. For the 2011 survey the national average for all trusts was 3.62.

The results for the Berkshire Cluster providers are below.

Royal Berkshire NHS Foundation Trust

RBFT scored 3.71 which was an improvement on the 2010 result of 3.63. The Trust remained in the highest (best) 20% when compared with trusts of a similar type.

The following were the top four ranking areas from the survey where the Trust compares most favourably with other acute trusts in England:

- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- Percentage of staff receiving job-relevant training, learning or development in last 12 months
- Percentage of staff suffering work-related stress in last 12 months
- Percentage of staff agreeing that their role makes a difference to patients

The following were the bottom four ranking areas that the Trust compared least favourably with other acute trusts in England:

- Percentage of staff having well-structured appraisals in last 12 months
- Percentage of staff appraised in last 12 months
- Percentage of staff appraised with personal development plans in last 12 months
- Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell

The list below highlights the four key findings where staff experiences have improved the most at RBFT since the 2010 survey:

- Percentage of staff appraised with personal development plans in last 12 months
- Percentage of staff appraised in last 12 months
- Quality of job design (clear job content, feedback and staff involvement)
- Percentage of staff working extra hours

Heatherwood and Wexham Park NHS Foundation Trust

The Trust's score of 3.46 was in the lowest (worst) 20% when compared with trusts of a similar type. This was a decrease on the last year's score of 3.49.

The following were the top four ranking areas from the survey where the Trust compares most favourably with other acute trusts in England:

- Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

- Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month
- Percentage of staff appraised with personal development plans in last 12 months
- Percentage of staff appraised in last 12 months

The following were the bottom four ranking areas that the Trust compared least favourably with other acute trusts in England:

- Staff intention to leave jobs
- Staff recommendation of the trust as a place to work or receive treatment
- Percentage of staff reporting good communication between senior management and staff
- Percentage of staff experiencing physical violence from staff in last 12 months

This list below highlights the four key findings where staff experiences have improved the most at Heatherwood and Wexham Park Hospitals NHS Foundation Trust since the 2010 survey:

- Percentage of staff appraised in last 12 months
- Percentage of staff appraised with personal development plans in last 12 months
- Perceptions of effective action from employer towards violence and harassment
- Fairness and effectiveness of incident reporting procedures

Berkshire Healthcare NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust scored 3.71 which was an improvement on the 2010 result of 3.70. The Trust remained in the highest (best) 20% when compared with trusts of a similar type.

The following were the top four ranking areas from the survey where the Trust compares most favourably with the other mental health/learning disability trusts in England:

- Percentage of staff suffering work-related stress in the last 12 months
- Staff motivation at work
- Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months
- Percentage of staff receiving health and safety training in the last 12 months

The following were the bottom four ranking areas that the Trust compared least favourably with other mental health/learning disability trusts in England:

- Percentage of staff appraised with personal development plans in the last 12 months
- Percentage of staff appraised in the last 12 months
- Percentage of staff working extra hours
- Percentage of staff receiving job-relevant training, learning or development in the last 12 months

The list below highlights the three key findings where staff experiences have improved the most at Berkshire Healthcare NHS Foundation Trust since the 2010 survey:

- Percentage of staff experiencing discrimination at work in last 12 months
- Fairness and effectiveness of incident reporting procedures

- Percentage of staff having equality and diversity training in last 12 months

8.9.3 Internal survey results

Berkshire Healthcare NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust undertook a Bespoke Mental Health Service User Survey between November 2011 and January 2012. This was in response to the Trust's poor results in the Care Quality Commission (CQC) patient survey, in August 2011. The Trust took steps to put in place an action plan to improve results. The bespoke survey used a number of questions from the National Service User Survey undertaken in 2011.

The sample for the survey was generated at random from all clients on the CPA register, and also those not on CPA but still receiving specialist care and treatment from all services and teams in the Trust and who were seen between 1st June and 31st August 2011. The results from the survey are shown below covering 4 broad areas of: care and treatment; health and social care workers; care co-ordinators, care plans, care reviews & crisis care; and overall satisfaction.

Care and Treatment

56% of those surveyed said their last contact with the service was in the last month compared to 23% in the 2011 CQC survey. Between 2011 and 2012 the Trust changed its contact regime so that the frequency of contact in the county now matches closely the pattern of contact nationwide; the Trust is no longer an outlier.

The Trust is committed to ensuring that all service users needing regular contact with the service are seen at appropriate intervals in line with their condition. The Trust will maintain this change of approach and scheduling of contact.

Health and Social Care Workers

67% of service users said they definitely had trust and confidence in the staff member they saw. Overall BHFT scores about trust and confidence in health professionals in comparison to 2011 have remained about the same. The Trust scores in comparison to other Trusts in the 2011 survey on trust and confidence in health professionals are also generally about the same.

BHFT are committed to ensuring that service users' views are taken into account and they are engaged with when discussing their condition and care with health or social care workers. BHFT are implementing advanced communications training for key staff, as a means of addressing issues of trust and confidence voiced by service users.

Care Co-ordinators, Care Plans, Care Reviews & Crisis Care

In the Trust's 2012 bespoke survey of patients, progress has been made in improving the organisational scores. The following key points arose:

- The proportion of service users knowing who their care co-ordinator/lead professional was rose from 40% in 2011 to 72% in 2012;
- The proportion saying they were given or offered a copy of their care plan in the last year

rose from 18% to 42%;

- The proportion of service users who had a care plan setting out their goals rose from 36% to 45%;
- The proportion of service users with a care plan who said the plan covered what they should do in a crisis rose from 43% to 52%;
- The proportion of service users who knew they had had at least one care review rose from 29% to 65%; and,
- The proportion of service users who knew the out-of-hours number rose from 41% to 56%.

The results above indicate that the plans put in place by the Trust are having a positive effect on awareness.

The Trust have committed to a continuation of the process in the following areas to maintain and improve performance:

- Ensure that all service users are told who their care co-ordinator is, and how to contact them when necessary.
- Ensure that all care plans contain information about goals and crisis management if appropriate, and are regularly updated with updates independently audited to ensure compliance with Trust policies.
- Discuss with professionals ways of ensuring that understanding of the contents of care plans is improved.
- Ensure that all service users have access to a current written or printed copy of their Care plan.
- Ascertain whether the incidence of care reviews is in line with expectations.
- Review the out-of-hours access arrangements given the proportion of service users who did not have a telephone number in the local service to contact if they needed to.

Overall satisfaction

The Trust's score on the overall rating of care has improved when compared with CQC national results since 2011. The improvement in overall care ratings between 2011 and 2012: the proportion of respondents thinking that care is "Excellent" or "Very Good" rose from 48% in 2011 to 58% in 2012; and the proportion thinking that care was "Fair", "Poor" or "Very Poor" dropped from 33% to 21%.

Heatherwood and Wexham Park NHS Foundation Trust

In the 2011 CQC Staff Survey, HWPFT's score of 3.46 was in the lowest (worst) 20% when compared with trusts of a similar type. This was a decrease on the 2010 year's score of 3.49.

In the CQC Inpatient Survey for 2011, the Trust results meant that they hold the worst performance across South Central with an aggregate score of 63.

Subsequent to these results, the Trust is conducting a quarterly in-house survey to actively monitor staff perception of working and receiving care in the Trust. Results from June 2012, with a 33%

response rate indicated that key areas for action included: work pressures/resources, procurement processes, staff development/career progression, organisational change/decision making, targets and finances, management, communication, bullying/blame, staff engagement, and car parking. Positive areas included: Heatherwood, New CEO, training and development and working together/team work.

8.9.4 Net promoter scores / NHS Choices

NHS Choices provides patients and the public with snapshot information about the full range of healthcare providers. Alongside indicators such as “number of weeks MRSA free” and “quality of the environment”, members of the public are invited to leave comments on their experience of care with the provider. Healthcare providers are additionally given the option to respond to the comments as they are made in a public forum.

The Berkshire Cluster Quality Team has historically monitored this qualitative information, in a move to enhance the range and depth of patient experience information that is considered within the PCT. People posting on the website rate healthcare providers according to set criteria such as environment, dignity and respect, and whether they are involved in decisions about their care, and are also able to leave their own comments.

The information below covers the entire data posted on NHS choices, since the service started, unless otherwise stated.

Royal Berkshire Hospital

Total number of patients posted on NHS choices – 149

Total number of patients that would recommend the Trust – 59 out of 80 - 73%

Patient survey score for cleanliness of wards – 9.06 out of 10

Patient survey score for overall care – 8.26 out of 10

Positive comments (since June 2012):

- *I was fortunate to see a doctor in the Pain management clinic who really took the time to understand my concerns regarding my long term back pain.*
- *The Royal Berkshire Hospital provided me with first rate care and attention, not just on the date of my operation but also appointments leading to my operation were also first class.*
- *Best hospital I've ever been to. Truly brilliant!*
- *Staff were polite and helpful*
- *Liked the staff and doctors on Dorrell Ward. They were very caring and professional. The nurses explained everything they were doing for me. I could not have had a better experience on Dorrell Ward. I would like to thank all the staff who cared for me.*
- *I was so happy with the doctor who served us. My mum had injured her foot and he was so supportive and brilliant. He told us all of the needed information along with additional information. I was so pleased with the service!*
- *Medical staff – Doctors and Nurses as always brilliant - excellent - caring etc. Let down by receptionists see below.*

Negative comments (since June 2012):

- *Disastrous*
- *Worst possible experience. Never again. - I would not ever recommend this hospital. In fact I would refuse to be treated here again.*
- *Why do the receptionists think it is acceptable to talk amongst themselves when dealing with patients - even though I was the other side of the counter I might as well have been on Mars! I am not really interested in listening to the receptionists gossiping about each other - I learnt that "...is pregnant ..." "...it's been a bad week...." One of the receptionists told another that she had been trained to undertake a computer function but could not remember how to do same.*
- *Spoken to by a consultant pediatrician in an aggressive and rude manner. He shouted at me for bringing my 4 month old son to A&E as there was nothing wrong with him. My son hadn't been feeding properly for days. I got no help, no suggestions of what to do, nothing.*
- *We appreciate the fact that it isn't your fault if there are not enough Drs but there were many, many nurses on shift and nobody communicated to the people who had been waiting 3+ hrs (having been told only a 90 minute wait) that there would be an even longer delay because of several ambulance emergencies.*
- *The new booking system is a joke. This needs sorting out ASAP. Double booked, cancelled appointments, it's unacceptable.*

Heatherwood Hospital

Total number of patients posted on NHS choices – 29

Total number of patients that would recommend the Trust – 10 out of 11 = 91%

Patient survey score for cleanliness of wards – 8.5 out of 10

Patient survey score for overall care – 8 out of 10.

Positive comments (since June 2012):

- *I was treated within half an hour. My ailment was assessed accurately and I was given pain relief which worked within 24 hours.*
- *The Orthopedic Unit staff was at all times professional, approachable, cheerful, compassionate and caring. They made a traumatic experience for me manageable. I couldn't have wished to have been in better hands. I would be very happy to return to the Orthopedic Unit at Heatherwood. I was treated with dignity at all times and especially when I needed assistance dressing for my discharge the next day.*

No areas highlighted negatively (since June 2012).

Wexham Park Hospital

Total number of patients posted on NHS choices – 107

Total number of patients that would recommend the Trust – 32 out of 45 = 71%

Patient survey score for cleanliness of wards – 8.5 out of 10

Patient survey score for overall care – 8 out of 10

Positive comments (since June 2012):

- *I must comment on the efficient and pleasant manner of all staff - from the receptionists and the triage nurses in both hospitals and finally the nurse who removed the item. I know that both hospitals were not very busy at that time but I have say that the level of service was exceptional. Well done NHS.*
- *I liked how kind and caring everyone was, they made me feel relaxed and offered me drinks the whole way through. The medical care was excellent; you can tell they knew their stuff!*
- *The most wonderful nurse collected Dad from A&E and put her arm around him in the most assuring way it bought a tear to my eye. He was then admitted over night to reduce a buildup of fluid. When Mum and I collected Dad the following afternoon he was happy and couldn't stop telling us about the staff that worked their socks off all night without a single moan. Well done to everyone who works at WPH my gratitude to you all.*

Negative comments (since June 2012):

- *Waiting times and lack of explanation.*

Berkshire Healthcare NHS Foundation Trust

There have been two comments left on NHS choices during Q1 of 2012/13 in relation to BHFT they are as follows:

Location of Service	Comment	Action Taken
Mental Health Services – the location was not specified	The patient shared their experience of the mental health services from July 2010 and concerns re staff apathy.	The comments were fed back to the Locality Director and Clinical Director. The patient was encouraged to contact the Trust to discuss their experience in more detail but assured that the issues they raised would be investigated.
Mental Health Services – the location was not specified	The patient had been an inpatient during April 2012 and explained that there had been concerns around the attitude of staff and the supply of medication.	The patient was encouraged to contact the Trust to enable their experience to be investigated in more detail. The limited information that was available was shared with the locality management and reinforces the Trust's commitment to review customer service training and look more closely at issues around staff attitude.

The Trust has a rating of 5 out 14 who rated the Trust under this measure 'would recommend the Trust to a friend' (35%).

8.9.5 Friends and Family State of Readiness

Improving patient experience is a key priority in the Government's vision and is set out in the White Paper 'Equity and Excellence'. The 2012/13 Operating Framework made clear the priority for the NHS to put the patient centre-stage and to have a focus on improving patient experience:

"NHS organisations must actively seek out, respond positively and improve services in line with patient feedback. This includes acting on complaints, patient comments, local and national surveys and results from "real time" data techniques.

The national patient experience surveys should continue to be monitored and acted upon. In addition, as part of the National Standard Contract we shall expect each local organisation to carry out more frequent local patient surveys, including using "real time" data techniques, to publish the results – including data on complaints – and to respond appropriately where improvements need to be made."

Within this policy context, there will be a clear focus within the emerging NHS structures and organisations on prioritising the patient experience when commissioning care. Clinical Commissioning Groups will be expected to commission care from organisations that improve the quality of patient experience through better insight provided by individual patient feedback. Organisations providing NHS care will be expected to demonstrate that they are collecting, publishing and quickly responding to patient feedback.

On the 25th May 2012, the Prime Minister announced the introduction of the 'Friends and Family' test to improve patient care and identify the best performing hospitals in England. The introduction of the test was based on recommendations from the Nursing and Care Quality Forum who also made a number of other proposals after consulting frontline nurses, care staff and patients.

The Prime Minister said:

"To really make sure that patients get the right care, we're moving ahead quickly on one of their [the Nursing and Care Quality Forum] main recommendations: the friends and family test. In every hospital, patients are going to be able to answer a simple question: whether they'd want a friend or relative to be treated there in their hour of need. By making those answers public we're going to give everyone a really clear idea of where to get the best care – and drive other hospitals to raise their game."

All healthcare providers commissioned in Berkshire were asked in September 2012 to complete a 'State of Readiness Survey' to indicate whether they were already using a 'Friends and Family test' and to identify gaps in their systems and processes that will need to be closed before the introduction of the test on 1 April 2013.

All providers ask questions in their internal patient experience surveys about whether they would recommend the hospital as a place to receive care. This is asked of all patients who have been in-patients. This is in line with what the national test will be, although the final wording of the question has not yet been agreed so providers are understandably reluctant to change wording until final guidance is published.

The providers give out their internal patient experience questionnaires on discharge using either an electronic device or a paper form. Providers vary from on the day of discharge to up to 6 weeks post-discharge as to when they ask the patient to complete and return the survey. All providers are able to track individual response down to ward level and all providers give feedback on the results.

All providers are currently able to provide the information in a variety of languages but work needs to be done to ensure the opportunity to answer the questions is offered to people with learning disabilities or people with visual impairment.

RBFT offer patients in the emergency department the opportunity to answer the question via paper survey, website, kiosks and QR (Quick Response) devices. HWPFT do not currently offer this to patients in their emergency departments, and will need to develop systems to do so should the national test require this.

No providers currently use external sources to evaluate the responses.

8.9.6 Quality Accounts

2012/13 Quality Account Priorities³

RBFT

- Providing a positive patient experience by improving staff courtesy and communication, measured by reducing the average (mean) number of complaints received relating to behaviour and attitude from 4.76 to 4.3 and by increasing the weighted score from the rolling inpatient survey for the question: "Involved as much as desired in decisions about care and treatment" from an average of 83 to an average of 85 for April 2012-March 2013.
- Improving the Outpatient Experience by doubling patient participation in the online NHS Choices feedback (from 31 to 62 responses per year) by March 2013.
- Decreasing hospital-associated infections by reducing the numbers of patients who are infected with *Clostridium difficile* while in hospital to less than 77 patients by March 2013.
- Reducing harm from sepsis by ensuring that at least 70% of patients (in the Emergency Department and Clinical Decision Unit) with a diagnosis of sepsis receive antibiotics within an hour by March 2013.

HWPFT

- Objective 1 - To ensure the early assessment of patients with cognitive impairment
- Objective 2 - To ensure that patients receive the appropriate VTE prophylaxis
- Objective 3 - To develop and launch the enhanced recovery programme for fractured neck of femur.
- Objective 4 - To increase the percentage of mothers attempting vaginal birth after caesarean section.
- Objective 5 - To improve the patient referrals and outpatient appointments booking system

³ Taken from Provider Quality Accounts which are published on individual Trust websites.

- Objective 6 - To improve the patient pathway (to reduce the number of operations cancelled on the day)
- Objective 7 - To improve the documentation of preferred place of death

BHFT

- Patient experience – Patient and staff recommendation to a friend or relative of the standard of the service / overall rating
- Recovery and Wellbeing – Recovery or Wellbeing Star (or equivalent) implementation and outcomes for people with mental health problems and long term conditions.
- Physical and mental health – Psychiatric liaison and health psychology contacts.
- Clinical effectiveness – NICE implementation across the whole Trust
- Health Inequalities – Health visitor numbers and deployment in deprived areas.

8.9.7 Complaints data and information

The total number of formal complaints received by providers in 2012/13 of Q1 is 114 for RBFT, 117 for HWPFT and 58 for BHFT. Both acute trusts have received a greater number of complaints compared to the same period of last year. BHFT are below their internal threshold for the expected number of complaints for this period.

Royal Berkshire NHS Foundation Trust

The total number of formal complaints received increased during July by 81%. Of the 47 complaints received in July, 25 related to clinical treatment (16 medical, 8 nursing, 1 midwife), 11 related to communication (including behaviour and attitude), and 11 to administration.

The Trust Memory Check reports identify patient safety events that have occurred in each year that are organisational failures due to multiple factors. Incidents are identified from those reported as Serious Incidents and describe the event and recording lessons learned. These reports are passed to the Executive for ratification before being presented at the Clinical Governance Board. Greater detail on specific themes and learning complaints has been requested from the Trust.

Heatherwood and Wexham Park NHS Foundation Trust

During Q1 2012/13 HWPFT received a total of 117 complaints. This is an increase of 42 compared to the same quarter of last year.

The consistent themes across the divisions are:

- Treatment and Diagnosis - *not happy with treatment 20%, delay in treatment, 8% results not available 3% and delay in diagnosis 4%*
- Communication - *communication with family 14%, patient/family unable to speak to someone 5%, lack of communication with patient 2%, incorrect/inaccurate information communicated 4%*
- Professional Conduct - *attitude/behaviour of staff 17%, staffing issues 2%, requests/needs not responded to 1%*
- Discharge – *discharge inappropriate 2%, discharge not co-ordinated with patient/family/carer/third party 3%*

- Appointment issues – *change in booking process 2%, long wait to receive an appointment 2%*

Examples of learning from feedback:

- The Trust has provided and continues to provide training on discharge planning.
- Any patient who returns to the Emergency Department(ED) with the same clinical complaint, within one week of initial attendance will be seen and assessed by a senior Doctor.
- Recommendations for the use of ultrasound scans in the ED to identify underlying organ injury in patients with low level rib fractures are being introduced by the Lead Consultant.
- Ensure patients are able to discuss their concerns outside of the procedure room and that staff explain as per protocol the effects that may be experienced following any procedure and that the patient understands.
- Staff to ensure patients understand reasons why admission is not necessary.
- Staff to ensure patients are given information on the criteria for ambulance transport
- The Coronary Care Unit (CCU) information letter is to be re-launched within the Aacute Medical Unit (AMU) and given to all patients awaiting an inpatient angiogram so that they are aware of the treatment pathway and the timescales.
- Named consultant and medical secretary contact numbers to be sent to all parents of children with on-going care needs.
- Introduction of the Learning Disability link nurse who can support the ward staff with looking after patients with learning disability, can liaise with carers and ensure that the learning disability traffic light assessment tool is completed.
- Patients with repeated admissions to A&E should be assessed and advice sought from the consultant on call and considered for inpatient investigation.
- Nursing staff to be clear in communicating to patients that it is possible for patients to see the doctor should this be necessary and to keep patients informed when this will happen.
- Staff reflection on patient experience and learning outcomes developed for the ward from these complaints and comments.
- Development of communication boxes to support staff looking after patients with disabilities such as blindness, deafness or other communication issues.
- An additional fail safe procedure has been implemented to ensure that all clinic lists are cross checked and separated into routine follow up or further review/recall patients.
- Mental health nurses are working throughout the Trust to support staff with the management of patients with challenging behaviour as a result of mental health problems

The training from the 'Enhancing Your Experience' programme has been drafted and is currently being reviewed as to how best it can be delivered across the Trust. This will help to skill staff to communicate better and understand the impact certain behaviours, both positive and negative, can have. It is hoped that along with the launch of the Trust's values, which have been compiled based on feedback from both staff and patients, improvements over time will be seen in relation to poor attitude and communication.

Posters for confidentiality and consent have been drafted and sent to the legal department and also the Child Protection lead for approval. Once approved, these will then be displayed in paediatric

areas. This is a major part of 'You're welcome' and will be useful in educating the adult doctors in what teenagers expect.

Berkshire Healthcare NHS Foundation Trust

BHFT received 58 formal complaints in quarter one. In addition, the Trust has received two formal complaints that are being led by RBFT and the PCT, which involve services managed by the Trust. The three services with the highest number of direct formal complaints received by the Trust during quarter one (and the themes of their complaints) were:

Child and Adolescent Mental Health Services (CAMHS) –WAM (four) and Bracknell (two) received the highest number of complaints

- Accessibility of service
- Inaccuracies of information contained within reports

CHS – District Nursing (Bracknell one, Wokingham three) and Oakwood Ward (two) received the highest number of complaints

- Care and Treatment - this generic theme covers a number of elements of patient experience including communication, patient property and the quality of contact from staff
- Quality of dressings
- Staff knowledge of equipment

West Call – five direct complaints received and one complaint being led by the PCT

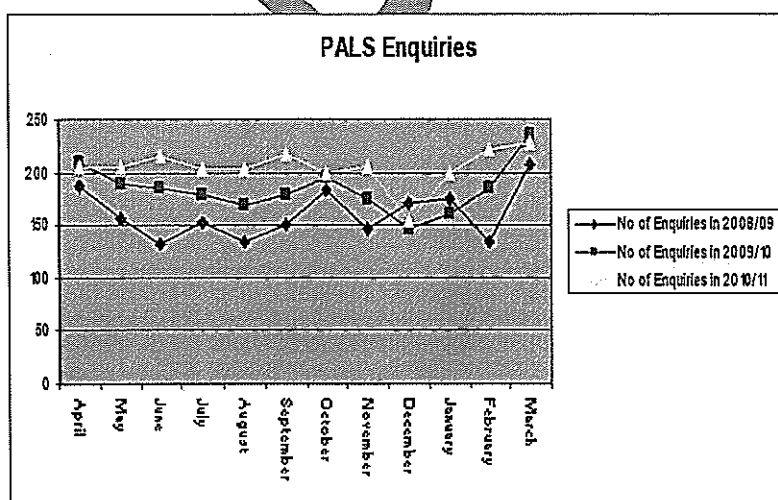
- Delays – four of the complaints contained elements around delays in waiting for Doctors.

8.9.8 PALS data and information

Royal Berkshire NHS Foundation Trust

The total number of PALS enquiries received in 2011/2012 was 2423 which is small decrease on the 2010/11 PALS figure of 2460.

Total Number of PALS Enquiries per month (2008-2011)



The table below shows the top 5 themes for 2010/11. Almost half (44%) of PALS enquiries related to administration, typically these were about appointments or the need for information. Communication and clinical treatment enquiries made up the majority of the rest. Half of the PALS enquiries were made by telephone, with visits to the office and emails equally making up most of the rest.

Subject Areas/Themes for PALS Enquiries

THEME	2010/2011
Administration	1073
Communication	633
Clinical Treatment	443
Building, Environment and Equipment	109
Personal Care	99
Others	103
Total	2460

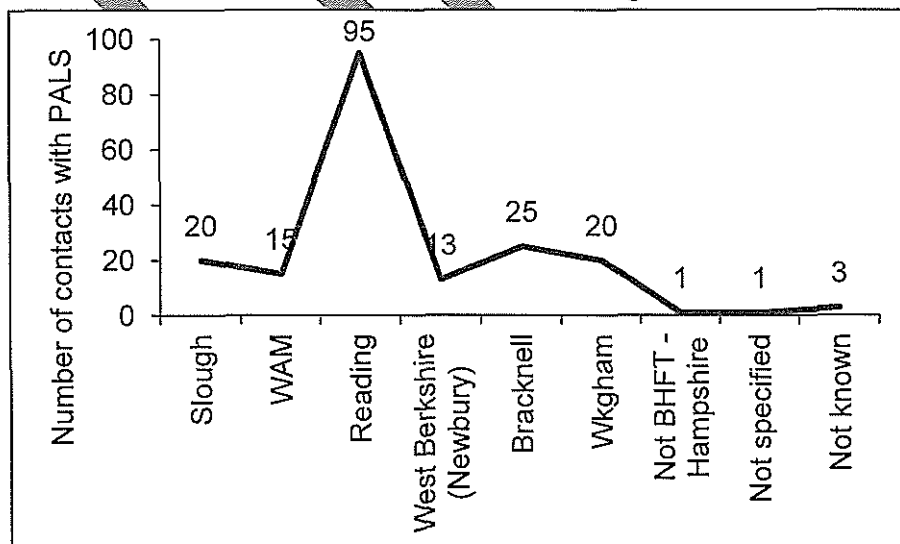
During 2011/12 the Patient Advice and Liaison Service handled 2,423 enquiries. The breakdown is currently being reviewed.

Heatherwood and Wexham Park NHS Foundation Trust

PCT does not currently hold an overview of this data. This is being sought from the provider.

Berkshire Healthcare NHS Foundation Trust

The graph overleaf shows that there were 193 contacts with PALS during quarter one, 2012/13.



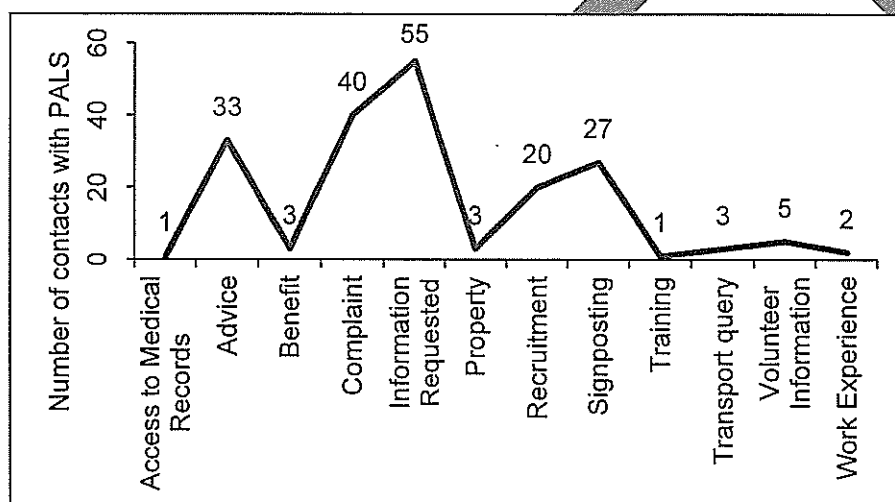
Data for quarter one 2012/13 is broken down by location of PALS service not the service locality the enquiry related to. This led to the spike in Reading on the chart above. Future data will be broken

down into location of service the enquiry relates to and this will be reflected in the final Quality Handover document.

Action being taken:

- A Business Case is under review to introduce the web based Datix module for PALS which will enable greater reporting functionality for the service. This will include being able to report on informal complaints resolved within 24 hours and those which take greater than 20 days to resolve, in line with the Complaint Regulations 2009.
- There have been concerns raised at the Trust’s Patient Experience and Engagement Group about the accessibility of PALS across the organisation. The Patient Advice and Liaison Officer and Head of Service Engagement and Experience are actively reviewing the service to ensure that it is equitable across the Trust.

The graph below demonstrates the types of contacts with PALS during quarter one.



Action to be taken:

- As 14% of the contacts with PALS within quarter one were in relation to recruitment, work experience and volunteer opportunities within the Trust, PALS are to review the information that is held within the service to ensure that a consistent level of information is available across the services and that they are signposted to the appropriate area. This will also be fed back to the Communications Team as PALS are being seen as a point of contact for such a wide spectrum of issues.
- PALS to ensure that contacts of this type are used as an opportunity to inform the enquirer of the benefits of becoming a member of the Trust.

8.9.9 PCT Cluster Complaints and PALS information (2011/12)

Under the Complaints Regulations 2009, patients are able to choose whether to complain directly to the NHS provider (e.g. an acute trust, dentist or GP) or to the commissioning PCT. The data below is for PALS queries and complaints received and handled by the PCT Cluster as a commissioning body.

	Q1 East	Q1 West	Q2 East	Q2 West	Q3 East	Q3 West	Q4 East	Q4 West	Total
Number of PALS Enquiries	395	395	388	403	393	417	466	569	East 1642 West 1784
Number of formal complaints	29	18	33	22	15	9	29	33	East 106 West 82

PALS

The most frequent enquiry method has been via the telephone, with 89% in the East and 81% in the West. Email use is increasing with 8% enquiries received by this method in the East and 14% in the West. The remaining contacts are via personal callers or letters.

The most common subject of the enquiry is:

- Information request 50%
- Access to services 15%
- Care and treatment 9%
- Financial issues/policy 7%

The patient experience team have assisted a significant number of patients with their individual issues and has also been able to support changes to service within the PCT.

In the East, the team provided the Public Health team with a list of parents who had enquired about BCG immunisation for their children in the high risk SL1 postcode area. As a result of this feedback, a number of catch-up clinics were arranged in association with the acute provider, to produce a positive outcome.

In the West, enquiries relating to dentistry ran to nearly 700 (40% of the activity level). In addition to supporting new patients registering with a dental surgery, the team determined a problem that new patients were experiencing difficulty in accessing an emergency appointment. Following discussions with the primary care team, a letter was sent to all practices reminding them of their contractual requirements, which eased the issue significantly.

Across the County, the team supported the initiative launched by Public Health team in raising breast screening awareness in the over 70 age group. This resulted in just over 170 enquiries and the team were able to reassure callers as to the rationale behind the mail out and assist them in making a screening appointment.

Complaints

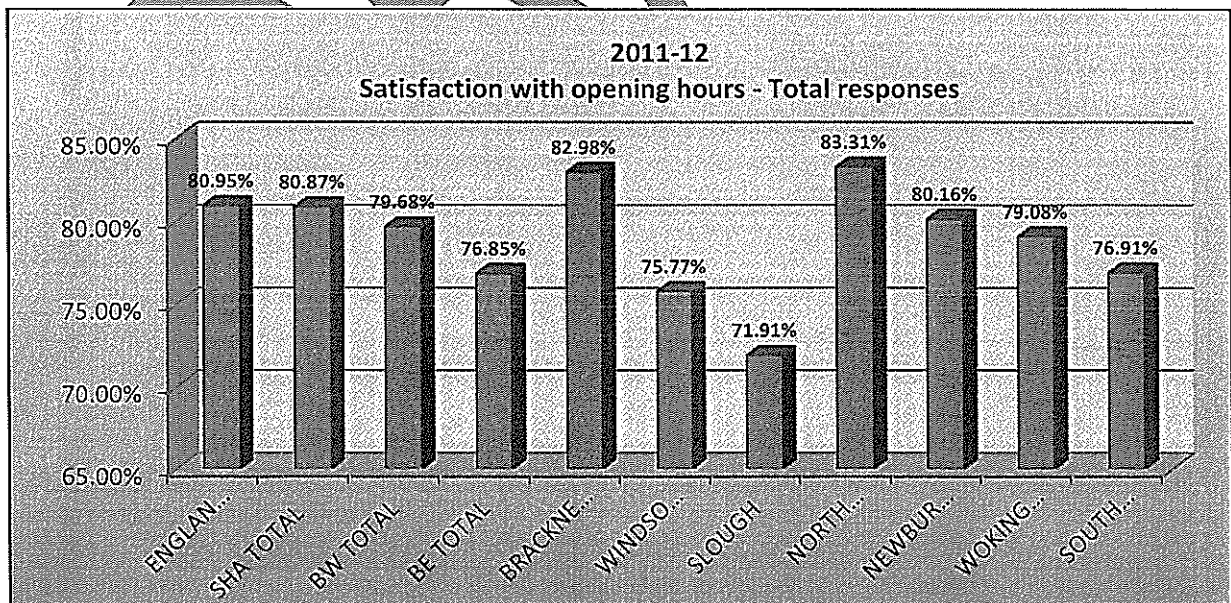
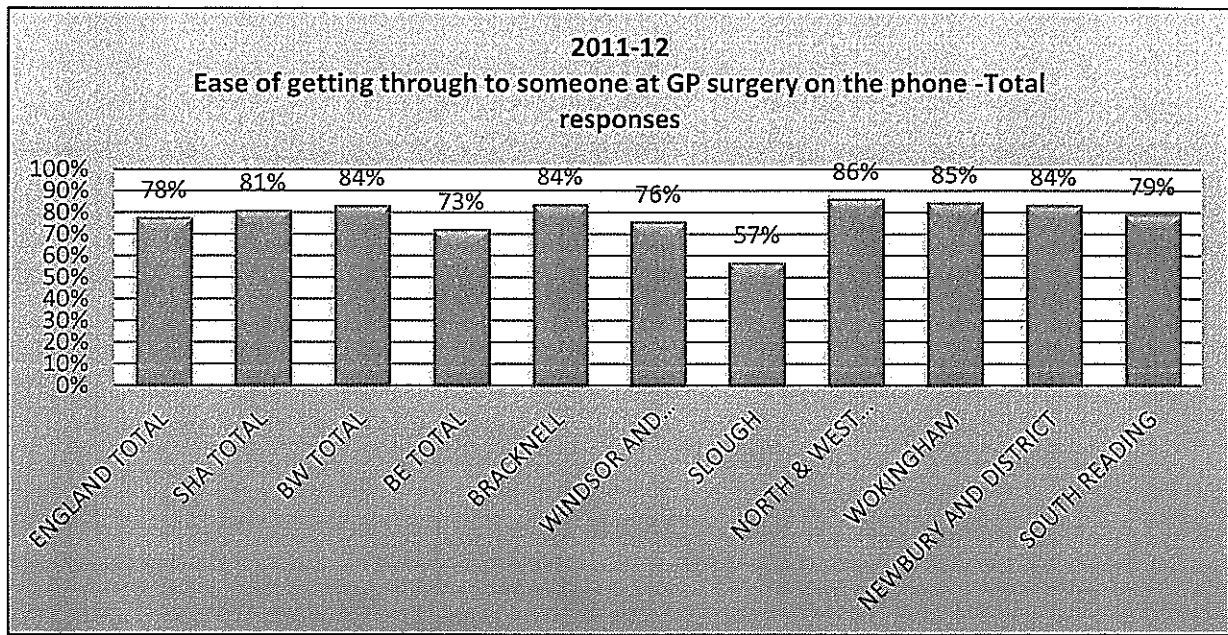
A total of 188 formal complaints were received by the PCT. All were acknowledged within the required three day period.

The breakdown of complaints received by the PCT in the East relate to GP surgeries (47%), acute providers (10%), dentistry (9%), commissioning (8%) and Continuing Care (7%).

For the West the breakdown is GP surgeries (41%), acute providers (16%), dentistry (11%), and commissioning (9%).

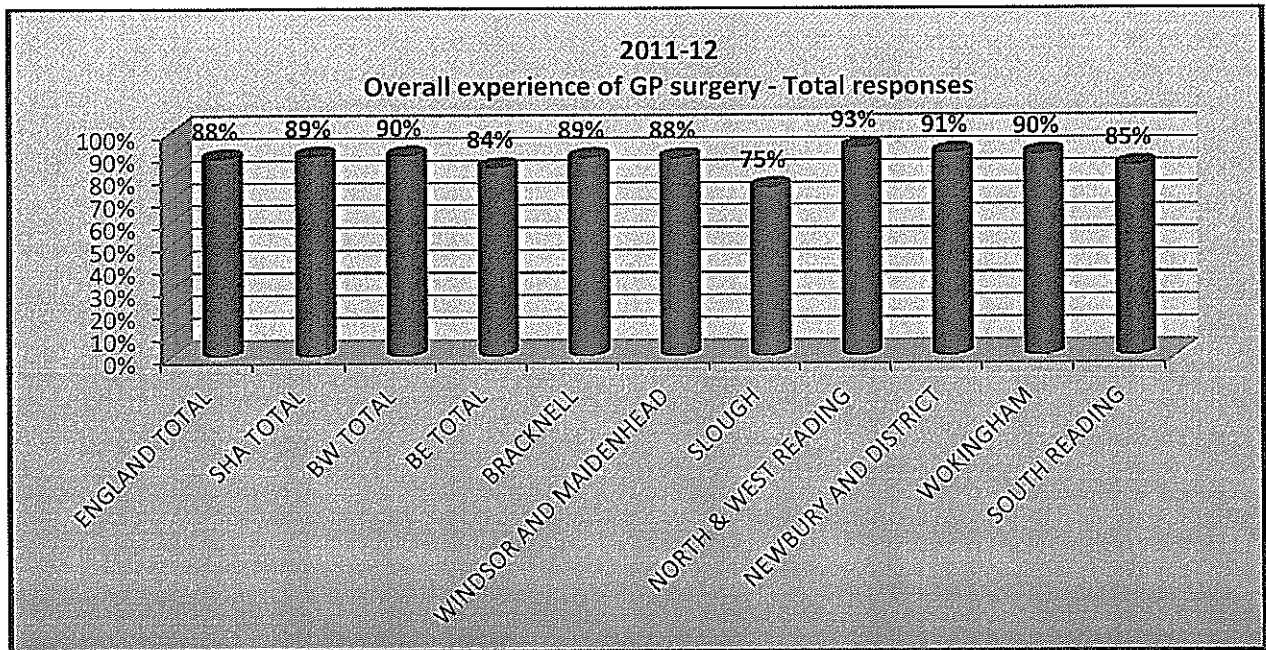
8.9.10 GP Patient Survey results

Results from national GP Patient Survey data (July 2011-March 2012) have been analysed and shared with the PCT Cluster Board and Clinical Commissioning Boards. Overall patients express a high level of satisfaction in their experience of GP surgeries across Berkshire, with five of the seven CCGs exceeding the England average. Bracknell and North/West Reading CCGs achieved above the English average to all questions.

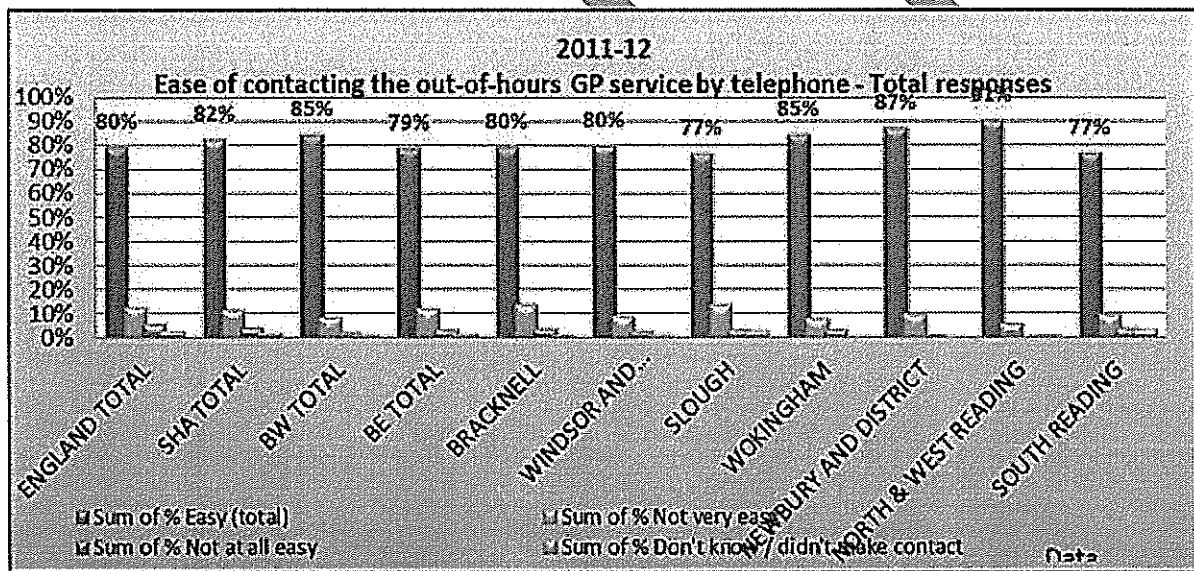
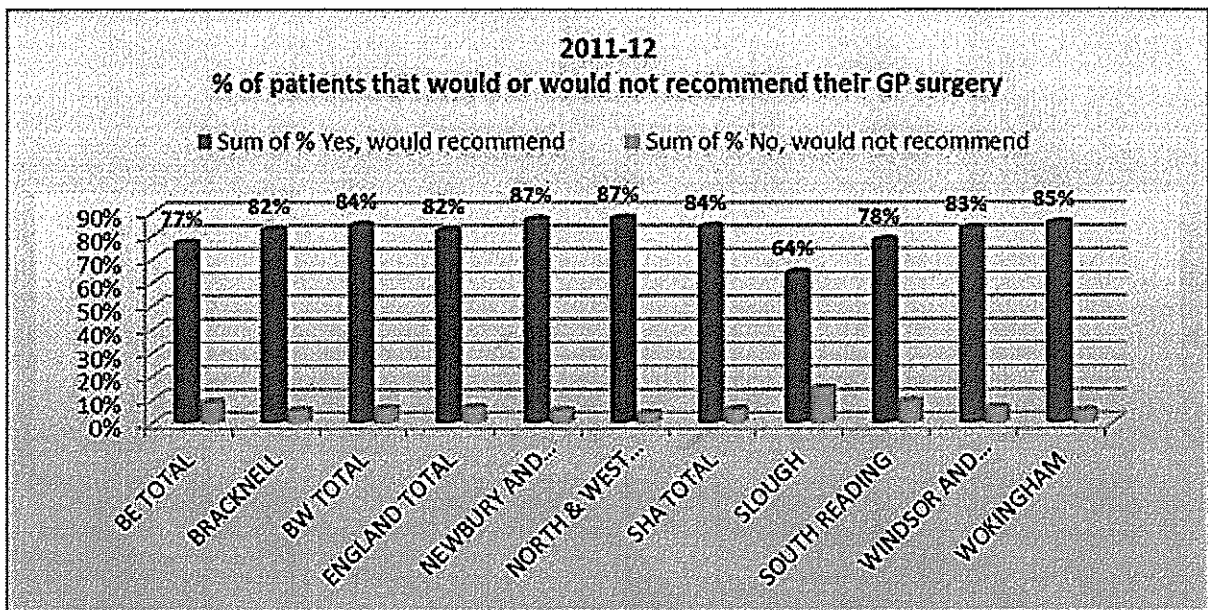


Slough CCG results are below England average across all questions and continue to present the highest area of challenge. There are some areas of specific concern when comparing Slough CCG

and the England average: telephone access (57% vs. 78%), overall experience of GP surgery (75% vs. 88%), and recommending GP practice (64% vs. 82%). Slough CCG has recently reviewed and assessed its offer of appointments and collectively it does meet the national average of 5 consultations per registered patient per year. However, the CCG is committed to improving the patient experience and is now looking at variance and has commissioned a productive general practice programme aimed to assist practices to review their appointments systems. It will also work with patient groups to improve appointment systems and enable patients to access them appropriately.

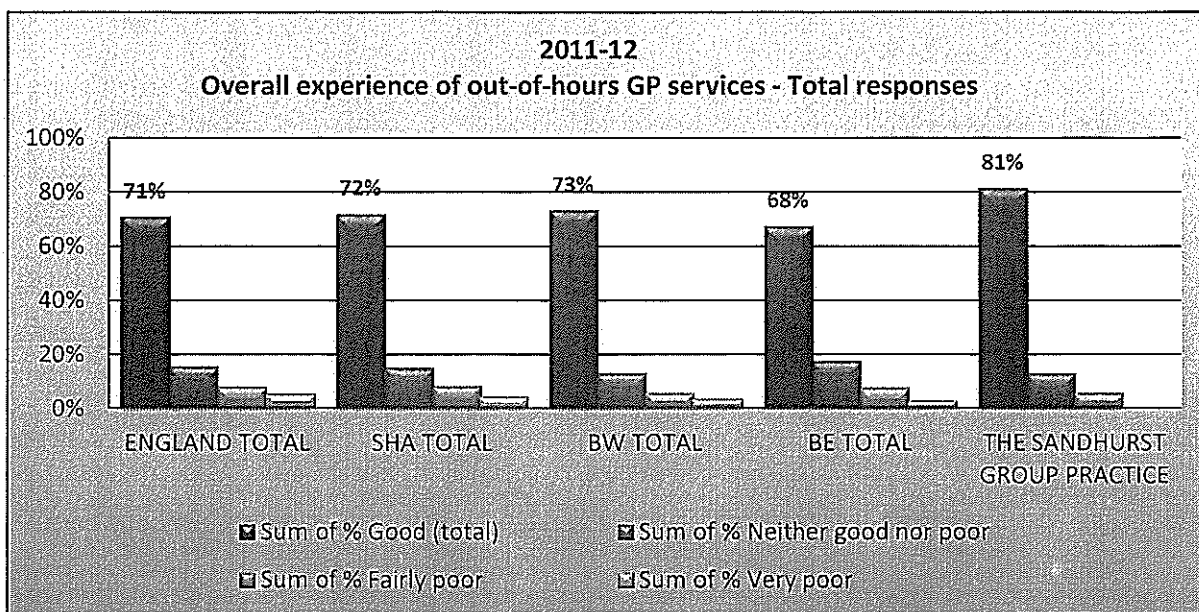


Across Berkshire, patient feedback on the whole reflects a positive experience of the GP surgeries with 5 of the 7 CCGs having over 80% of their patients state that they would recommend their surgery to others. There will be some variance within CCGs and the PCT is working with individual practices through a series of contract and clinical governance visits to address areas where improvements can be made.



Patients across Berkshire have a high level of satisfaction with the GP Out of Hours Service with in excess of 79% finding it easy to contact and around 70% having an overall positive experience.

Responsibility for the commissioning of GP Out of Hours service's across Berkshire will transfer from Primary Care to CCGs from 1 April 2013. Discussions are currently underway to ensure that this is a smooth transfer and that patients receive a seamless service. This is running concurrently with the establishment of the '111' service which will be closely linked to the Out of Hours.



8.9.11 Real time patient experience data

Berkshire Healthcare NHS Foundation Trust

Patient experience trackers (PETs) have been used across BHFT as a means of monitoring patient experience enabling timely change and improvements in quality of services. The Trust has reviewed and changed its PET systems across all services in the last quarter of 2011/12 so only data from the first three quarters are available.

Mental Health PETs Question	Agree / strongly agree 2010/11	Agree / strongly agree 2011/12	Strongly disagree 2010/11	Strongly disagree 2011/12	Improvement
Treated with Dignity & Respect?	96%	98%	3%	1%	Improved
Did you feel safe on the ward	73%	76%	12%	9%	Improved
Listened to?	95%	92%	2%	3%	Not improved
Involved in Care?	95%	92%	1%	3%	Not improved
Care Plan / Review?	78%	74%	6%	4%	Not improved
Know care coordinator?	91%	93%	4%	3%	Improved

Ensuring that patients accessing mental health services feel they are treated with respect and dignity and that patients on the mental health wards feel as safe as possible have been key objectives for the Trust during the past 2 years.

Patient Experience tracker results from community health services across Berkshire suggest high levels of overall satisfaction.

As part of the Trust's commitment to capturing patient experience, new electronic patient feedback devices are being rolled out across the Trust in 2012/13. Community Inpatient and Mental Health Inpatient areas have been receiving devices as part of a roll out during quarter one, with remaining areas across the Trust to follow. Some services continue to capture patient experience information through electronic devices that have previously been used, kiosks and paper surveys.

These devices contain five core questions which are asked across the organisation to enable comparison, in addition to service specific questions and demographic information. The five corporate questions are:

- How do you rate the overall care with us?
- If required, how likely are you to recommend this service to a friend or family member?
- Do you feel that you have been treated with dignity and respect?
- Do you feel you were given all the information you needed?
- Staff were polite and approachable?

Heatherwood and Wexham Park NHS Foundation Trust

The PCT does not have current data on HWPFT's use of patient experience trackers. This is being sought.

Royal Berkshire NHS Foundation Trust

RBFT have only just introduced trackers and data will be shared in the final version of the Quality handover in March 2013.

8.9.12 Patient Experience at the Interface between NHS Services

The NHS Future Forum report on Integration recommended that new patient experience measures should be developed to evaluate patients' experiences across whole journeys of care.

There is currently no single bespoke measure of patient experience of integration in or across the NHS. Developing measures of integration is difficult due to the very large number of potential patient journeys. But this publication highlights the data sources already available that can help NHS organisations assess experience of integrated care locally.

The Department has identified seven core questions that relate to integration of care that are already asked in existing surveys. NHS organisations can use the answers to these questions to develop a sense of how patients feel about integration between services locally at present. The seven core questions are:

Question	Source
How well does your care co-ordinator (or lead professional) organise the care and services you need?	Community Mental Health Survey 2011
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Adult Inpatients 2011

Did you receive copies of letters sent between hospital doctors and your family doctor (GP)? (Or the equivalent outpatient question – depending on response rate).	Adult Inpatients 2011
Did the doctor seem aware of your medical history?	Adult Outpatients 2011
In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)?	GP survey 2011-12
Did the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care?	Cancer survey 2010
Care at Home. When s/he was at home in the last three months of life, did all these services work well together?	National Bereavement (VOICES) Survey

When looking at specific results to questions, the results support what is already known from overall results to national surveys. Berkshire Healthcare Trust score below the standardised national figure on whether the care co-ordinator organised the care and services that the service user needed (81.7 for BHFT; 83.6 national).

RBFT scored above the standardised national figure for all questions relating to care provided by them except for whether the doctor seemed aware of the patient's medical history in outpatients (86.9 for RBFT; 89.5 national). HWPFT scored below the standardised national figure for all questions that related to care they deliver.

8.10 Safeguarding

8.10.1 Safeguarding: Transition

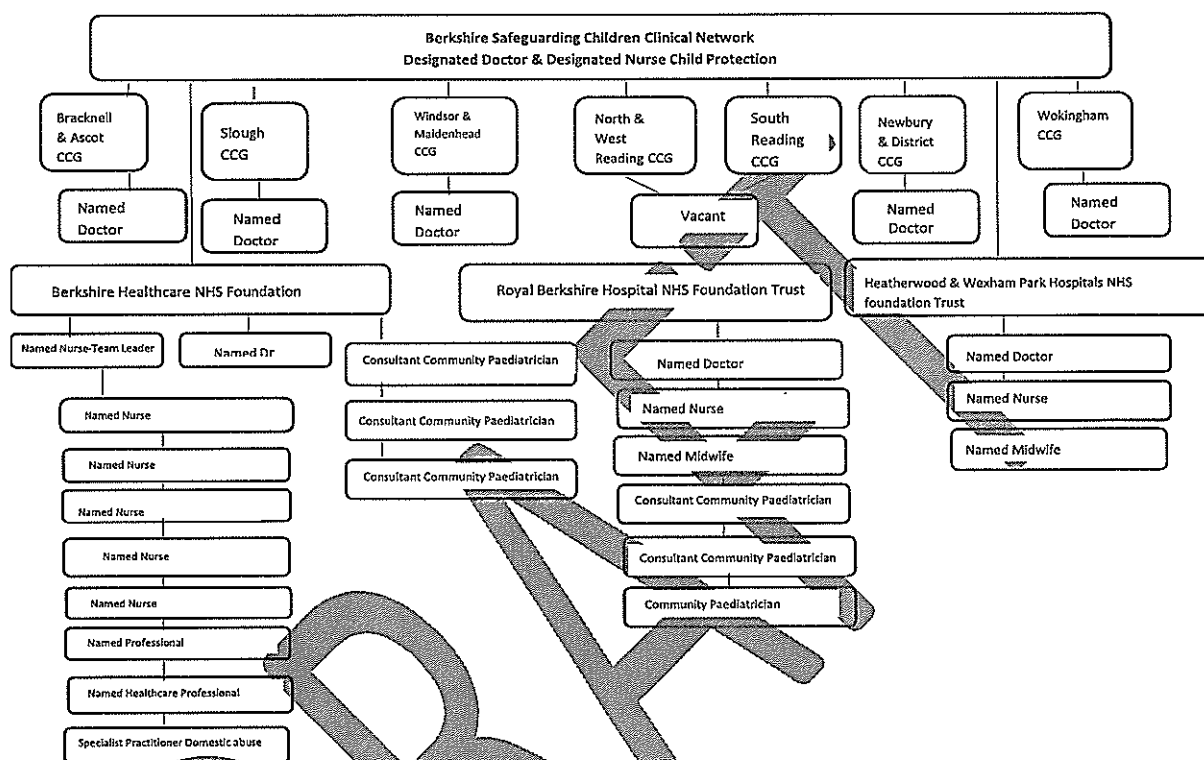
Until 1 April 2013 the statutory NHS responsibility and accountability for safeguarding sits with the NHS Berkshire PCT Cluster. The Interim Director of Joint Commissioning remains the statutory Executive Lead for Safeguarding for Berkshire. This role is supported by the Designated Nurse for Child Protection and Designated Doctor for Child Protection and Unexpected Deaths in Childhood. Membership of the LSCBs includes the Director of Joint Commissioning (or Representative) and this will continue until 31st March 2013.

Local arrangements for a Berkshire wide network approach to recruitment, retention and support of Designated and Named Professionals have now been agreed and all aspects of the new Framework will be fully operational in January 2013. The proposed arrangements will provide:

- A Designated Doctor and Nurse working across Berkshire supported by:
 - Four Consultant Paediatricians (two East and two West) providing one session each for specified responsibilities.
 - An identified Community Paediatrician in each Council/LSCB area to provide support and advice to the relevant Council and LSCB, with the support of the Designated Doctor as required.
 - Named Doctors in Berkshire Healthcare NHS Foundation Trust, the Royal Berkshire NHS Foundation Trust and Heatherwood & Wexham Park Hospital NHS Foundation Trust and a Named GP for each Council/LSCB area.

- Named Nurses in Berkshire Healthcare NHS Foundation Trust, the Royal Berkshire NHS Foundation Trust and Heatherwood & Wexham Park Hospital NHS Foundation Trust., which each also have a Named Midwife.
- Designated Doctor and Designated Nurse for Looked After Children

The diagram below illustrates the Pan Berkshire Designated Clinical Professional Network for the Safeguarding of Children.



8.10.2 Safeguarding: Proposals for Future Arrangements Post April 2013

NHS bodies have a statutory duty to make arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. They are statutory members of Local Safeguarding Children Boards (LSCBs) under section 13 of the Children Act 2004 and have a statutory duty to cooperate under section 10 of the Act. These statutory duties will transfer from PCTs and SHAs to CCGs and the NHS Commissioning Board in April 2013. CCGs will be required to demonstrate how they address their responsibilities in fulfilling their legal duties under the Children Act (2004). The statutory responsibilities of NHS providers for safeguarding children will not change as a result of the Health and Social Care Act.

In September 2012, The NHS Commissioning Board published “Arrangements to secure children’s and adult safeguarding in the future NHS. The new accountability and assurance framework – interim advice”⁴.

This states that CCGs will need to demonstrate as part of their authorisation process, that they have appropriate systems in place for discharging their responsibilities in respect of safeguarding from April 2013. This includes securing the expertise of a designated doctor and nurse for safeguarding

⁴ <http://www.commissioningboard.nhs.uk/files/2012/09/interim-safeguarding.pdf>

children and for looked after children and a designated paediatrician for unexpected deaths in childhood.

The guidance also confirms that where the designated professionals are currently employed within PCTs, it is expected that their employment will transfer to a CCG. Where the designated professionals (most likely the designated doctor) are employed within a provider organisation, the CCG will need to have a service level agreement (SLA) with the provider organisation that sets out the practitioner's responsibilities and the support they should expect in fulfilling their designated role. This will be in place by 31st March 2013.

In addition, the NHS Commissioning Board will have a Director of Nursing in each Local Area Team (locally, this will be at Thames Valley level – Berkshire, Buckinghamshire and Oxfordshire). The Director of Nursing will have the lead responsibility for safeguarding for both adults and children. They will convene Local Safeguarding Networks bringing together the safeguarding leads and other key stakeholders.

CCG Governing Body Roles and Responsibilities

The NHS Commissioning Board (NHSCB) and CCGs will have identical duties to those of PCTs, i.e. to have regard to the need to safeguard and promote the welfare of children and to be members of LSCBs. The revised version of *Working Together* will set out expectations as to how these duties should be fulfilled together with the new Accountability Framework being developed by the National Commissioning Board.

Safeguarding functions must be explicit and embedded within the duties of CCG boards – Clinical Commissioning Groups and the National Commissioning Board will be statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and vulnerable adults. This includes specific responsibilities for Looked After Children (LAC) and for supporting the Child Death Overview process.

Discharging CCG Governing Body Safeguarding Duties

CCGs will need to demonstrate that they have appropriate systems in place for discharging their responsibilities in respect of safeguarding, including:

Plans to Train Staff in Recognising And Reporting Safeguarding Issues.

CCG Governing Body Safeguarding Training is in the process of being arranged and the training will be completed by the end March 2013. The training will include the staff members of the CCG Management Team.

GPs in Berkshire West have received Child Protection Training and Newbury & District CCG and Wokingham CCG have recently received an update in Safeguarding by the Designated Doctor and Designated Nurse.

CCG Governing Body Lead for Safeguarding

It has been agreed that the CCG Governing Body Executive lead for Safeguarding is the Nurse Director. In November 2012, the CCGs recruited to the position of Nurse Director. The Nurse Director is a member of all the CCG Boards in Berkshire West. The role sits in the Federation and will

be the lead Executive for Safeguarding. The following provides details of activities and how the role will discharge the safeguarding responsibilities of the CCG Governing Bodies:

Proposed Activities

- Member of CCG Boards as lead for Safeguarding
- Member of Local Children's Safeguarding Boards as CCG Representative
- Member of the Federation Quality Committee to ensure safeguarding issues are reported and understood
- Member of the NHS Berkshire Wide Safeguarding Group
- Member of any Improvement Boards (where necessary)

Nurse Director Responsibilities relating to Safeguarding

- Line management responsibility for Designated Nurse and Doctor
- Safeguarding for Children and Adults: Provide support to:
 - Any Serious Case Reviews including IMRs
 - all Berkshire West Ofsted/CQC Safeguarding and Care of Looked After Children Inspections
- SIRI reporting and investigation
- Provide the lead for Quality and performance of Quality including reviews with all Providers.
- Provision of Quality and Safety Performance Reports to the CCG Boards
- Lead on requests from the Local Area Team (LAT) e.g. Winterbourne Assurance, Health Self-Assessment Framework for People With Learning Disabilities

Current arrangements as set out in section 1 will remain until the Nurse Director is in post. Once in post, the Director of Joint Commissioning will transfer the responsibilities to the Nurse Director but will retain the NHS statutory accountability until 31st March 2013.

Effectiveness and Assurance

From 1st April 2013 CCGs will have a statutory duty to be members of Local Safeguarding Children Boards (LSCBs) working in partnership with local authorities to fulfil their safeguarding responsibilities.

It is suggested that the CCG Board Nurse Director will be informed by the designated nurse as soon as the LSCB determines that a serious case review is to be commissioned. The CCG lead will also receive written confirmation from the LSCB. The designated nurse and designated doctor will represent the CCG at the serious case review panel and continue the currently determined process for undertaking the SCR. This process is defined in the document Working Together to Safeguard Children (2010)

The Nurse Director will provide a monthly update report on safeguarding adults and children safeguarding to the CCG Boards. The Board will also receive notification of safeguarding alerts, Serious Case Reviews (SCRs) and partnership reviews affecting local patients from the Nurse Director. The CCGs Federation Quality Committee has responsibility for oversight of safeguarding adults and children.

8.10.3 Adult Safeguarding Alerts

The number of adult safeguarding alerts has been increasing over recent years. It is thought that four key contributory factors to this increase are:

- The work of local NHS Trusts in raising awareness of adult safeguarding issues, and development of referral pathways.
- The new referral hub for Thames Valley Police and the increase in Police Officers' awareness of adult safeguarding issues.
- An increase in media coverage of adult safeguarding issues, which has led to increased awareness of the general public.
- An increase in demand for adult social care and health services, resulting in a proportional increase in safeguarding referrals.

The vast majority of safeguarding alerts concern older people and people with a physical disability. The next largest group of alerts relate to people with a learning disability.

Alerts concerning residential or nursing homes are usually communicated to the PCT from Local Authorities or the Strategic Health Authority. On one occasion in the last year, contact was made by the Care Quality Commission. Checks are then carried out to confirm whether there are patients for whom the PCT commissions treatment and care living in the relevant home. When this is confirmed, arrangements are made to review the safety and wellbeing of the patients. Occasionally it is necessary to move the patients to an alternative placement if their safety cannot be assured, or if it has been decided to close the home.

Work is currently in progress to ensure that the alert process is effectively transferred into CCG and CSU structures, so that the CCGs can effectively discharge their responsibility for patients who are receiving care which is commissioned by the CCG.

8.10.4 Serious Case Reviews / Domestic Homicide Reviews (Adults)

Safeguarding Adults Partnership Boards have responsibility for deciding whether or not to undertake a Serious Case Review (SCR). One potential SCR is currently being considered in Slough (an Individual Management Review (IMR) has already been undertaken and submitted with respect to this case) and one other has taken place in Berkshire in the last year.

When a SCR is required, investigating officers are identified in each NHS organisation from which a patient has received services, who then undertake an IMR. In the case of Primary Care, a review (including medical notes review and compilation of a chronology) is undertaken by one of the NHS Berkshire GP Quality leads and reviewed by the Medical Director prior to inclusion in the IMR. The IMR is then signed off by the Director Lead for Safeguarding and submitted to the Safeguarding Adults Board.

One Domestic Homicide Review has been required this year. These reviews are commissioned by Community Safety Partnerships and conducted in accordance with Home Office guidance. Recommendations of this review will be reported following the completion of formal processes.

Recommendations and actions for commissioners from Serious Case Reviews will be handed over in face-to-face meetings with relevant receiving organisations. The location of action plans at point of handover will be detailed in Section 11.

8.10.5 Serious Case Reviews (Children)

A key function of Local Safeguarding Children Boards' (LSCBs) is to undertake reviews of cases where abuse or neglect of a child is known or suspected, a child has died or been seriously harmed, and there is cause for concern about the way in which agencies worked together to safeguard the child.

Three serious case reviews were undertaken in Berkshire during 2011. Each case is subject to criminal proceedings and therefore details are not included. Thematic learning from the cases has been shared with GPs via a newsletter and presentations at training events.

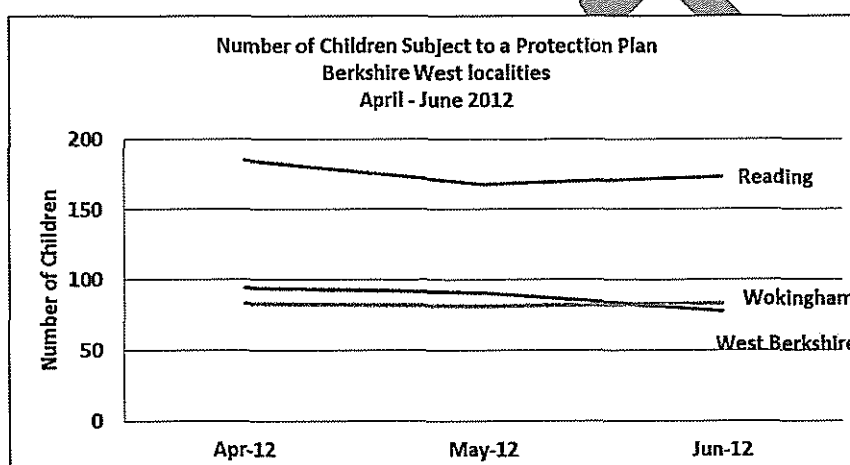
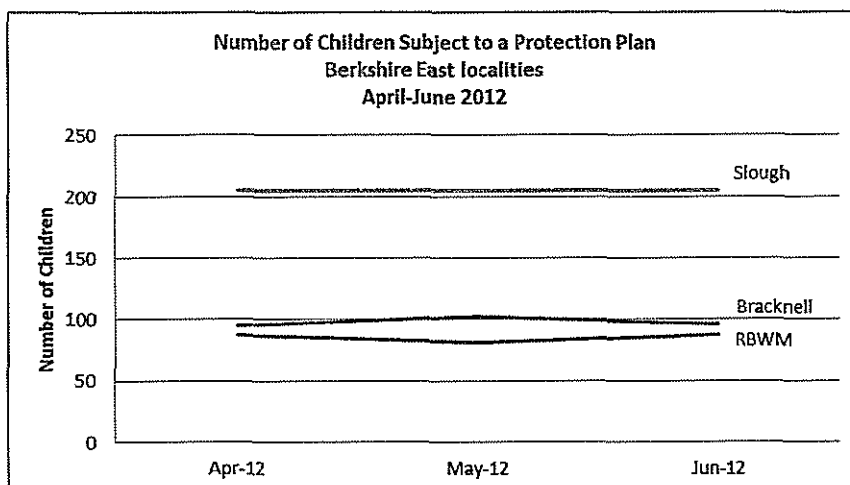
The quality of IMRs, recently submitted on behalf of health services in Berkshire, was evaluated by Ofsted to be adequate or good. The health overview reports were evaluated as being of good quality.

If cases do not meet the criteria for a SCR the LSCB may elect to undertake a partnership review of a case if it considers that there is multi-agency learning from the case. There are currently no partnership reviews in progress although a number have been completed across Berkshire recently and reported via the LSCBs and learning from the reviews is disseminated within provider organisations.

Recommendations and actions for commissioners from Serious Case Reviews will be handed over in face-to-face meetings with relevant receiving organisations. The location of action plans at point of handover will be detailed in Section 11.

8.10.6 Number of Children subject to a Child Protection Plan

The following tables illustrate the numbers of children subject to a child protection plan in the first quarter of the 2012/13 in each of the localities across Berkshire East and West. The areas of Reading and Slough continue to have more children subject to a child protection plan than any of the other four areas. These Council areas also have a significantly higher number of referrals than their Berkshire neighbours. The highest category of abuse continues to be that of neglect. This is reflected in national statistics for category of abuse.



8.10.7 Joint OFSTED and CQC Inspections (Looked After Children and Safeguarding)

Ofsted and CQC completed their joint, announced, inspections of local arrangements for safeguarding and looked after children in Berkshire in July 2012.

Reports of the outcome of these inspections are available on the Ofsted and CQC websites. The table below provides a summary of CQC judgements. Areas of good practice across the health economy, in safeguarding children were identified by inspectors. Action plans are in place to address areas for improvement in services. The action plans are monitored at the PCT safeguarding children & adults meetings, chaired by the PCT Director of Joint Commissioning.

Joint OFSTED/CQC Reviews into LAG			
LA	Last Inspection Date	Overall Rating	Being Healthy Rating
Reading	February 2012	Adequate	Inadequate
Wokingham	July 2010	Adequate	Adequate
West Berkshire	July 2012	Good	Adequate
Bracknell Forest	October 2011	Good	Good
RBWM	March 2012	Adequate	Adequate
Slough	April 2011	Adequate	Good

Joint OFSTED/CQC Reviews into Safeguarding			
LA	Last Inspection Date	Overall Rating	Contribution of Health Agencies to Keeping Children & Young People Safe Rating
Reading	February 2012	Adequate	Adequate
Wokingham	July 2010	Adequate	Not Assessed
West Berkshire	July 2012	Adequate	Good
Bracknell Forest	October 2011	Good	Good
RBWM	March 2012	Adequate	Adequate
Slough	April 2011	Inadequate	Good

Data Source: PCT Monitoring and OFSTED Inspection Reports

A joint action plan is in place between the Local Authority (LA), health providers and commissioners for both safeguarding and Looked After Children (LAC). A needs assessment and service review of health services for Looked After Children across Berkshire has been undertaken and a draft strategy is with partners for sign off. A pan-Berkshire multi agency strategic group has been set up to monitor the quality of health services for LAC. An update against actions relating to the 'inadequate' rating in Reading will be included in the final version of the Quality Handover document in March 2013.

Although the health contribution of health agencies to keeping children safe was rated as "good" in Slough, the overall rating was "inadequate". Therefore, an independently chaired Safeguarding Improvement Board was established, which is accountable to the Department of Education. Regular progress reports are submitted, which reflect satisfactory progress. The PCT is represented on this group by the Director of Joint Commissioning.

A revised inspection programme will commence in April 2013. It is proposed that these inspections will be unannounced, will take place over a two week period and will include inspectors from Ofsted, CQC and HM Inspectorate of Constabularies. The revised inspection framework will focus specifically on a child's journey through services. Inspectors may request to accompany practitioners on visits to children and families in their homes or at other places where services are provided for children. These inspections will take place at a minimum interval of three years. The revised inspection framework will not specifically include services for looked after children as these services will now be inspected separately at a minimum interval of four years.

Preparation will be required to ensure adequate performance within the new performance framework – which will be led by the CCG and NHS Provider Trust Board leads, Designated and Named Professionals.

8.10.8 Providers with formal CQC warnings in place

No providers have current CQC warnings in place.

8.11 Learning Disabilities

8.11.1 Winterbourne Assurance

The BBC transmitted a Panorama programme in May 2011 that uncovered the mistreatment and assault of adults with a learning disability and autism at the hands of unmanaged staff at Winterbourne View. Following this programme South Gloucestershire's Adult Safeguarding Board commissioned a Serious Case Review.

From this review, NHS South of England produced 115 recommendations that have been collated from the following reports of which 45 relate to the NHS and the local authorities:-

- Winterbourne View Hospital: A Serious Case Review
- Report of the NHS Review of Commissioning of Care and Treatment at Winterbourne View
- Care Quality Commission, Internal Management Review of Regulations of Winterbourne View
- Care Quality Commission, Learning Disability Services, Inspection Programme, National Overview
- Out of Sight, Mencap and Challenging Behaviour Foundation

The main focus in these recommendations is develop robust contractual agreements with a firm process for reviewing and tracking individuals in NHS and local authority funded placements. In addition ensuring a cohesive communication process for raising alerts to safeguard the well-being of vulnerable adults with a learning disability and autism.

NHS Berkshire developed a process to address these recommendations through forming a Learning Disabilities Steering Group that comprises representation from the six unitary authorities, Berkshire Health Care NHS Foundation Trust, Acute Trusts and PCT Commissioners.

The Steering Group will also address the requirements of letter issued on 28th November 2012 by the NHS Chief Executive, Sir David Nicholson that requires immediate action for Primary Care Trusts (PCTs) to ensure they identify all people with learning disabilities or autism, who also have a mental health condition or challenging behaviour, and who are in NHS-funded care. After completing this exercise PCTs will be required to make specific handover arrangements to ensure that every Clinical Commissioning Group (CCGs) knows whose care they are responsible for, and what they will need to do to review their care.

The steering group will look to complete this work before formal handover to CCGs in April 2013 and the primary aim for this group will be to provide assurance on key deliverables that are listed overleaf:

No	Descriptor	Task	Deliverable	Lead	Timeframe
1	Review the recommendations of the serious case review to provide assurance for people with a learning disability in residential placements	The Learning Disability steering group to oversee and develop actions to address the recommendations of the serious case review and report output to the CCGs	Develop a series of meeting with the steering group to align specific responsibilities for people to lead and action. Meet safeguarding lead to identify actions for LA's	Lead Commissioner for LD	On-going
2	NHS Contract for all 'spot purchased' patient placements which includes prominently both quality and safety measures, and in particular a requirement for the commissioner to be informed directly of any untoward incident.	Review all NHS funded learning disability placements and ensure that there are contracts between providers and commissioners. Develop a consistent contractual framework to safeguard the well-being of people with a learning disability. Contracts to include robust governance arrangements to achieve value for money demonstrating effectiveness and clear outcomes	Collate information related to individual NHS funded placements through CHC and local authorities to identify gaps in contractual agreements and consolidate these arrangements through issuing contracts to providers	Lead Commissioner for LD	31 st March 2013
3	Health and Social Care Reviews	Collate information related to NHS funded placements through joint agreements with local authorities and Continuing Healthcare to identify review date Collate information related to the review process framework through gathering information from Local authorities and continuing health care to develop an overarching health and social care review process to achieve consistency across all health and social care organisations	Conduct a gap analysis in the provision of individual reviews and provide costings for ensuring that all individuals in placements have had a review from October 2012 to 31 st March 2013 Develop a cohesive and consistent framework for reviewing individual placements that is embedded across all health and social care organisations	Lead commissioner for LD & Head of Learning Disabilities for BHFT Lead Commissioner for LD and the steering group	31 st January 2013 25 th January 2013
4	Safeguarding Alert Process	Consolidate and roll out the newly formed alert process to all NHS, Partnership Boards, CCGs and social care organisations	Roll out the NHS alert process to all stakeholders	Adult Safeguarding Lead – Quality team	To be agreed

Risks

Risk	Mitigating action	Responsible officer
Lack of compliance and commitment of the steering group to support the PCT to complete the above tasks	Continue to operate the LD steering group meetings to address the recommendations of the serious case review and develop a clear process for communicating key actions with all the stakeholders	LD Commissioning Manager
Identification of people in NHS funded placements'	This exercise has already been rolled out and information is being collated by the LD Commissioner	LD Commissioning Manager and Head of LD for BHFT
Cost and resources for conducting individual reviews by March 2013	LD Commissioning Manager to identify costs and numbers of patients that will be reviewed	Interim Director for Joint Commissioning
Contractual agreements with providers	Identify an effective contractual framework to agree with providers to include key performance indicators through effective communication and collaborative operations with all stakeholders	BHFT, Local Authorities and the PCT
Safeguarding process	PCT to ensure that the NHS alert process is agreed through all 6 unitary authorities, Acute Trusts, BHFT and the community teams to adopt a consistent approach to raise safeguarding alerts	Interim Adult Safeguarding Manager - Quality team

Monitoring Arrangements

The Learning Disability Commissioning Manager will arrange series of meetings with the 6 unitary authority partnership leads, the community learning disability teams and providers to complete the above tasks, track activity and report outcomes to the Head of Mental Health Commissioning and the Director for Joint Commissioning to update the CCGs

8.11.2 Learning Disability Health Self-Assessment Framework

The Learning Disability Health Self-Assessment Framework (LDSAF) is being implemented nationally by the DH as part of 'Valuing People Now' (2009) and the 'Six Lives Report'⁵. The framework is designed to enable PCTs to have a better understanding of the needs, experiences and services provided for people with learning disabilities in their area, through data collection and consulting with people with learning disabilities and family carers.

Each year Primary Care Trusts across the country have to complete an Annual Learning Disability Health Self-Assessment Framework. This is an important report that explores how well Commissioners and providers are meeting the health needs of people with learning disabilities and their families. In order to ensure that the report is an accurate reflection of people's real experience, the Primary Care Trust (PCT) made sure that the views of people with learning disabilities and families are included. The assessment gathered information of people's experience of access to health, people with complex needs, safeguarding, quality and governance. The 2012-13 assessment was based on providing assurance against the following national reports:-

- (i) Death by Indifference – MENCAP
- (ii) Six Lives Report
- (iii) NHS Operating Framework
- (iv) Winterbourne View Hospital – A Serious Case Review

Methodology

The PCT formed a Learning Disability Health Assessment Steering Group that comprised representatives from the 6 unitary authority Partnership boards, Provider services, Berkshire Healthcare NHS Foundation Trust, voluntary organisations and the PCT.

This group ran two pan-Berkshire meetings to gather information from service users, carers and professionals and to draw information about people's experiences of LD services. These meetings were an opportunity to celebrate the good work in Berkshire and identify gaps.

The process gave the LDSAF steering group an opportunity to discuss good practice within mainstream and specialist service health care practice, sharing direct feedback from people with learning disabilities and family carers about their experiences.

NHS South of England has commissioned the Health and Social Care Partnership (HSCP) to arrange and support the validation process for the LD HSAF 2012-13 submissions. This will be a two-part process and will differ to previous years to reflect the changing nature of the health system architecture and to provide an opportunity for greater involvement from Learning Disability Partnership Boards.

⁵ Six lives: the provision of public services to people with learning disabilities. Parliamentary and Health Service Ombudsman 2009.

Stage 1

In previous years the SHA ran face to face validation meetings between commissioners, people with learning disabilities and family carers. In its place, HSCP will provide a written summary of Berkshire's submission, including any issues it identifies. A final version will be agreed between PCT commissioners and HSCP including recommendations and timescales for use in the second stage of the validation process.

Stage 2

This will be run through scheduled Learning Disability Partnership Board meetings where possible. At a future Partnership Board meeting, CCG leads and PCT leads will be invited to share the final validation report with their local Partnership Board. It is intended that at this meeting, people with learning disabilities and family carers will have an opportunity to ask questions about the plans of local health commissioners as CCGs take on local responsibility. Therefore, this meeting will also serve as a 'handover' from PCTs to CCGs.

The HSCP will advise the PCT and the Partnership board of the time-scales of their visits.

A copy of the full HSAF is available, please refer to Section 11 for details.

8.12 Health Visiting

A growing body of evidence – including recent reviews by Tickell (2011), Field (2010) and Marmot (2010) – indicate that the first few years of life play a significant and formative role in shaping people's health, wealth and future happiness.

Health visitors have an invaluable part to play during this period – they are experts in public health, and are responsible for ensuring that children get all the usual health and development checks to make sure they are well, and progressing properly. They pick up any physical problems with the child that might need further care, such as sight, language or hearing problems, and can intervene early to address any issues before they become serious. They also deal with the needs of parents at that time, providing advice about relationship issues, breastfeeding, bonding, isolation or postnatal depression.

The new service vision for health visiting, which the taskforce will help to develop, sets out a 'service offer to families', which provides four levels of help and support – from a universal service for all, through to specific help for those who need it

The investment in the health visiting profession, and the plan to increase the workforce by over 50% by 2015, emphasises the importance of their role. The importance of good health and development in the early years is being recognised across the board, and reaches across both the health and education sectors.

8.12.1 Health Visiting trajectories

Berkshire East Health Visitors FTE	Mar-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar-13
Health Visitors SIP FTE Plan	56.2	53.4	53.4	53.4	52.4	52.4	52.4	52.4	59.7	57.7	57.7	57.7	59.7
Health Visitors SIP FTE Actual	52.6	53.2	53.2	53.4	52.4	52.3	54.2	54.5	55.5				
of which - Qualified CPT's	6.0	6.0	6.0	6.0	6.0	6.0	7.0	7.0	7.0				
Qualified CPT's leaving	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
of which - RTP	0.0	0.0	0.0	0.6	0.6	0.6	0.6	0.0	0.0	0.0	0.0	0.0	0.0
Difference H.V. Plan : H.V. Actual	-3.6	-0.2	-0.2	0.0	0.0	-0.1	1.8	2.1	-4.2	-57.7	-57.7	-57.7	-59.7

All numbers expressed as FTEs

FNPs - Family Nurse Partnerships HVs - Health Visitors CPTs - Community Practice Teachers

RTP - Return to Practice Health Visitors Flexible Staff FTE - Bank, Agency, Overtime, Excess Hours, etc

Berkshire East achieved an actual figure of 55.5 wte against the 59.7 wte plan requirement in November 2012. This was due in part to two existing members of staff who left their posts in November and another successful interviewee withdrawing their interest. Berkshire Healthcare NHS Foundation Trust is working on recruiting further trainees to post in January 2013 which should reduce the gap from planned position considerably.

Berkshire West Health Visitors FTE	Mar-12	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar-13
Health Visitors SIP FTE Plan	58.7	58.7	59.9	59.9	59.9	59.9	59.0	70.0	71.0	71.0	71.0	71.0	72.9
Health Visitors SIP FTE Actual	60.7	60.9	58.7	56.8	58.4	57.6	64.3	63.7	63.1				
of which - Qualified CPT's	7.4	7.4	7.4	7.4	8.1	8.1	8.1	8.1	8.1				
Qualified CPT's leaving	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
of which - RTP	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Difference H.V. Plan : H.V. Actual	2.0	2.2	-1.2	-3.1	-1.5	-2.3	+5.3	-6.3	-7.9	-71.0	-71.0	-71.0	-72.9
Flexible Staff FTE	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
Total Health Visitors FTE	60.7	61.2	58.7	56.8	58.4	57.6	64.3	63.7	63.1	0.0	0.0	0.0	0.0
Family Nurse Partnership Nurses	0	0	0	0	1	1	5.8	5.8	5.8				

of which - FNP's, also H.V.'s	0.0	0.0	0.0	0.0	0.0	0.0	3.0	3.0	3.0				
of which - FNP's, not H.V.'s	0.0	0.0	0.0	0.0	1.0	1.0	2.8	2.8	2.8				

Berkshire West achieved an actual figure of 63.1 wte against the 71.0 wte plan requirement in November 2012. The baseline number of Health Visitors required in Berkshire West changed in 2012 resulting in an additional 4.9 wte being required than originally planned for. The West CCG Federation has authorised a revised growth trajectory in response. In October 2012, 0.6 wte HV embarked on a career break. In November 2012, 0.6 wte HV retired. Some of the existing band 6 HVs have moved into the Family Nurse Partnership (FNP) roles within the area as these are promotions. 2 students who graduated locally have taken up posts in neighbouring areas. It was hoped that external HVs might be attracted into the FNP posts in Berkshire West. 2.8 wte of the new FNP positions have been taken up by midwives and community mental health practitioners which makes a well balanced team. One of the midwives plans to undertake a HV return to practice course which, when completed will boost HV numbers further. Berkshire Healthcare NHS Foundation Trust is working on recruiting further trainees to post in Q4 of 12/13 which should reduce the gap from planned position considerably.

Increase in training places and other initiatives to achieve growth

Berkshire Healthcare NHS Foundation Trust will continue to fully utilise their training space provision to ensure the system is best placed to meet the required growth trajectory to 2015. In Berkshire East 9 further students have been appointed to commence training in 2013. In January BHFT will re-advertise for 8 additional trainees to make a total of 20 to commence in September 2013. There is a requirement for 9 additional trainees in January 2014.

There are 20 currently HVs training in Berkshire West with a further 19 due to start the course in January 2013. Additional training places have been commissioned from Oxford Brookes University and have all been filled. Recruitment remains pro-active. 4 HVs are due to qualify in January 2013. BHFT has worked with the SHA and Oxford Brookes University to expedite registration (previously to happen in March, now Jan/ early Feb). A further cohort of students is due to graduate in September 2013.

Commissioners routinely meet with BHFT to review their recruitment plans and progress against this. Additionally it is clear that BHFT promote innovative recruitment and retention practices to ensure Health Visiting staff are incentivised to work in Berkshire.

Where HVs will be allocated

A Berkshire wide service specification is in place for BHFT within which there are teams which operate across the localities of Slough, Bracknell, Windsor & Maidenhead, Reading, Wokingham and West Berkshire. Allocation of additional health visitors to date has been proposed on the level of greatest need and deprivation as outlined within the JSNA, discussion with CCGs, and also understanding the present allocation of staff within BHFT.

The table below outlines the changes in caseload and nature of work that will occur to 2015 as a result of the investment in health visitors.

EAST

Increased number on targeted caseload within universal partnership plus post working with vulnerable families together with increase in universal antenatal assessment to all first time mothers. Reduced caseload, increased packages of care and fewer midwifery discharges	April 2012
Core HCP will be fully delivered once all mothers receive antenatal visit. Increase focus on uptake of the 9 month and 2 year reviews with all 'transfer in' clients receive a home visit	January 2014
More delivery to targeted groups focussed in areas such as community development, domestic violence, post natal depression, antenatal classes and breastfeeding support.	January 2015

WEST

Extend the capacity of the Family intervention Programme to deliver enhanced packages of care for targeted families	From April 2012
Commission FNP- 5WTE practitioners plus administrator	Supervisor in post from Q2 2012 Service starts Q3
Increase packages of care for Looked After Children Increase coverage of antenatal visit from targeted to universal	Q3 2012 Q4 2012
Extend coverage of 6-12 month visit from targeted to universal Extend enhanced packages of care to women at greater risk of Post Natal Depression Increase packages of care for Looked After Children Extend FNP by a further 2 practitioners	Q3 2013 Q3 2013 Q3 2013 Q3 2013
Full delivery of the Healthy Child Programme including additional enhanced packages of care where required	January 2015

Risks to continued achievement of growth plan

R1	Berkshire Healthcare Foundation Trust fail to recruit staff to support the planned growth	Berkshire Healthcare Foundation Trust to submit recruitment and retention plan to SHA as part of current monitoring arrangements BHFT have provided recruitment and retention plan to the SHA and have committed to long term HV training places to provide necessary graduates for recruitment at key take up points.	Green
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R2	PCTs will be measured routinely in relation to the submitted Health Visitor Growth Plan	PCT commissioners and providers are meeting monthly to continually assess workforce growth as well as plans to retain existing staff. Next meeting with PCT / SHA /BHFT is January 23 rd 2013.	Green
R3	Risk that members of existing team may migrate to other newly established or expanding sites. For example nurses may move to closer London areas because of pay weighting allowance	This is continually assessed within overall BHFT recruitment and retention plan. BHFT are being encouraged to offer flexible packages to staff to retain their services.	Green
R4	Continued funding to support Provider recruitment of Health Visitors.	PCT confirmed commitment to 2015 HV growth plan in December 2011.	Green
R5	Although provider-led workforce initiatives will help to address capacity concerns, this may be insufficient to meet the planned increased trajectory without additional commissioner investment over the next 3 years	SHA are continually briefed on progress of plan and risks to delivery. This will inform the decisions the National Commissioning Board make regarding future investment in their role as overall commissioning lead in this programme.	Green

R6

Aside from the main Health Visitor function, BHFT also employ small numbers of HVs in other service provision such as Family Nurse Partnership and the Looked After Children's team. In the case of the FNP team, as their remit is also transferring to the National Commissioning Board (NCB), their interdependency with the overall HV growth programme is not a risk.

The Looked After Children's team will continue to be commissioned by CCGs via the Berkshire Healthcare NHS Foundation Trust community contract. Therefore 2 different sets of commissioners will have an interest in the staff complement of a service that will sit with the CCGs but whose numbers will count towards the target managed by NCB in the future. This issue will be raised further by commissioners at the SHA meeting on 23 January 2013.

8.12.2 Family Nurse Partnerships

The Family Nurse Partnership Programme has been in operation in Berkshire East since 2007 after being chosen as a Wave 1 pilot site, offering a highly intensive early intervention programme for first time teenage mothers. Continued investment is allowing the project to continue as previously operated across Berkshire East, with the Family Nurse Advisory Board providing an additional level of governance and chaired by a PCT commissioner. The Board will have key stakeholder input from the DH, Local Authorities, FNP practitioners as well as client representation. Quarterly data (by locality where possible) was provided from first Board meeting onwards together with the existing FNP Annual Report. It is hoped that the expertise of the 'East' team will help the newly established Berkshire West team quickly deliver better outcomes for young first-time mothers.

The most recent FNP Board had DH attendance which commended the Berkshire East site and stated the site was one of the best commissioned services in the country.

The Family Nurse Partnership Programme became operational in operation in Berkshire West from Q3 2012/13.

The Family Nurse Advisory Board provides an additional level of governance and is chaired by a PCT commissioner. The Board has key stakeholder input from the DH, Local Authorities, FNP practitioners as well as client representation.

The FNP programmes are interdependent with the overall Health Visitor growth programme as the team is made up of HVs counted within the overall numbers of HVs employed in Berkshire. Additionally the commissioning responsibility of this programme will transfer to National Commissioning Boards from 1st April 2013. Commissioners are in dialogue with the SHA to ensure smooth transition of this programme.

DRAFT

9. BENCHMARKING DATA

9.1 Domain 1 - Preventing people from dying prematurely

9.1.1 Acute Hospital Mortality

Acute Hospital mortality		
Organisation:	Year:	Summary Hospital-level Mortality Indicator (SHMI):
Royal Berkshire NHS Foundation Trust	Jan 2011 – Dec 2011	1.072
Heatherwood and Wexham Park NHS Foundation Trust	Jan 2011 – Dec 2011	0.9997
Oxford University Hospitals	Jan 2011 – Dec 2011	1.0014
Buckinghamshire Healthcare Trust	Jan 2011 – Dec 2011	1.1091

Data Source: NHS Information Centre website

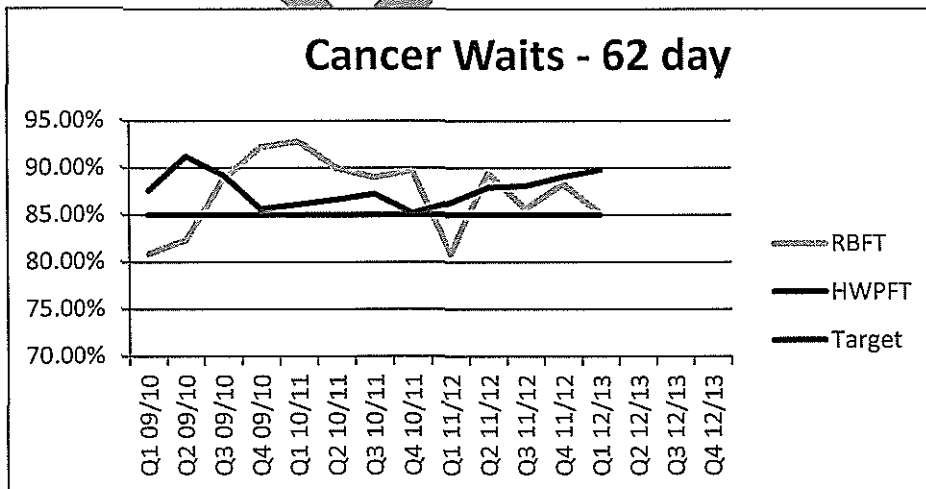
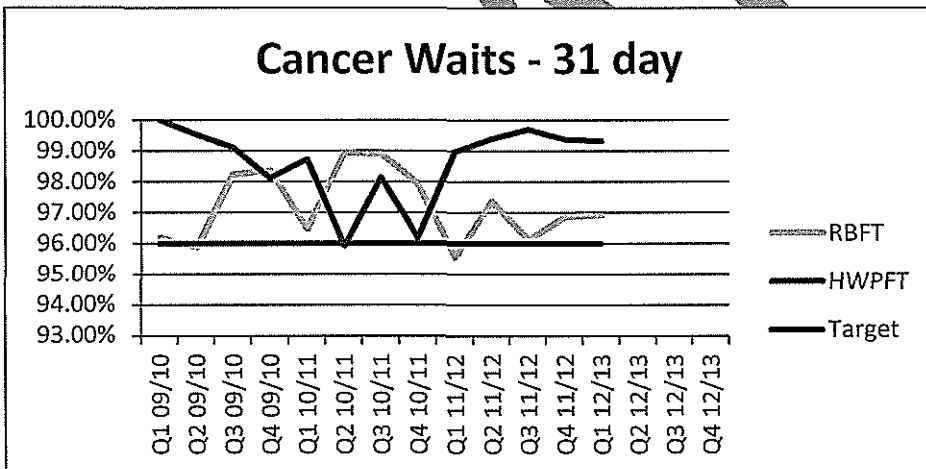
SHMI is a mortality indicator that represents the ratio of observed deaths to expected deaths. Based on information coded within patient notes (age, sex, co-morbidities and a variety of other factors), an algorithm calculates an expected number of deaths that it would expect to see of patients that attend an acute hospital. A ratio of higher than 1 represents a higher than expected mortality rate, however, as this is a calculated value, the algorithm allows for a tolerance and will report a Trust as having a higher than expected mortality rate if it is statistically significantly higher than the national average. Whilst this is a calculated measure and is susceptible to provide a false picture if information is not correctly coded, it is a measure that can be used in conjunction with others to identify if a Trust is providing a good quality service.

All acute providers in the Thames Valley area have a SHMI mortality rate which is "as expected".

9.1.2 Waiting times – cancer patients

Waiting times – Cancer patients								
	BW PCT		RBFT		BE PCT		HWPFT	
	31 day wait	62 day wait	31 day wait	62 day wait	31 day wait	62 day wait	31 day wait	62 day wait
Q1 12/13	97.11%	85.71%	96.92%	85.14%	98.05%	90.78%	99.32%	89.79%
Q4 11/12	97.01%	88.29%	96.86%	88.31%	97.52%	84.93%	99.37%	89.04%
Q3 11/12	96.05%	85.25%	96.11%	85.65%	98.88%	85.42%	99.69%	88.10%
Q2 11/12	97.18%	88.93%	97.37%	89.48%	99.19%	88.28%	99.39%	87.93%
Q1 11/12	95.99%	83.17%	95.56%	80.87%	98.42%	82.69%	98.97%	86.30%
Q4 10/11	97.78%	88.83%	97.94%	89.76%	96.44%	85.92%	96.18%	85.20%
Q3 10/11	98.90%	88.33%	98.92%	89.00%	99.02%	85.95%	98.14%	87.24%
Q2 10/11	98.88%	90.04%	98.95%	90.00%	97.17%	84.40%	95.93%	86.64%
Q1 10/11	96.72%	92.13%	96.48%	92.81%	98.79%	83.16%	98.73%	86.14%
Q4 09/10	98.63%	93.41%	98.37%	92.25%	98.07%	82.20%	98.13%	85.66%
Q3 09/10	97.82%	89.30%	98.24%	88.79%	98.18%	84.11%	99.11%	89.25%
Q2 09/10	96.63%	83.17%	95.87%	82.35%	98.92%	91.30%	99.53%	91.21%
Q1 09/10	97.23%	81.82%	96.19%	80.94%	99.66%	88.70%	100.00%	87.61%

Data Source: PCT Performance Management Team



Waiting times for cancer are an indicator of whether early detection and treatment of cancer is being achieved. The national cancer waiting time standards are:

- NHS Cancer Plan two week standard from urgent referral to first hospital assessment – 93%;
- Cancer Reform Strategy two week standard from referral for breast symptoms whether cancer is suspected or not to first hospital assessment – 93%;
- NHS Cancer Plan 31 day standard from decision to treat to first treatment – 96%;
- NHS Cancer Plan 62 day standard from urgent referral to first treatment standard – 85%;
- Cancer Reform Strategy 62 day standard from urgent referral from NHS Cancer Screening Programmes (breast, cervical and bowel) to first treatment for cancer – 90%.

There are a number of national standards relating to Cancer wait times. Illustrated in the table and graphs above are two of these standards. The 31 day standard here relates to the percentage of patients who have received their cancer treatment within 31 days of a diagnosis of cancer. The 62 day standard relates to the percentage of patients who have received their cancer treatment within 62 days of the initial referral. So within these 62 days, the patient should receive their initial outpatient appointment and also any diagnostic tests or further outpatient appointments as well as the first definitive treatment.

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9.2 Domain 2 – Enhancing the quality of life for people with long term conditions

9.2.1 Data from the Quality Observatory

Data from the East Midlands Quality Observatory Acute Dashboards is in the process of being analysed and reviewed. This will be included in the final version of the Quality Handover document.

Key messages from Quality Observatory data:				
Acute Trust Quality Dashboard – Indicators listed under “Enhancing Quality of Life for People with Long-Term Conditions” Summer 2012				
Quarter 4, 2011/12	RBFT Value	HWPFT Value	National Mean	Comments
% of emergency admissions for >65 years old with dementia	15.30%	15.80%	15.60%	
LOS (days) for patients >65 years old admitted in an emergency with dementia	15.5	15.5	14.9	
LOS (days) for patients >65 years old admitted in an emergency	10.4	10.2	10.3	
Ambulatory care sensitive conditions - % of emergency admissions for cellulitis and DVT	1.54%	1.53%	1.46%	
% of admission with zero day LOS for emergency ambulatory care conditions	21.20%	42.90%	41.20%	

Data Source: Acute Trust Quality Dashboard, Release 4, Summer 2012.

Mental Health

9.2.2 The number of new cases of psychosis served by early intervention teams

The number of new cases of psychosis served by early intervention teams				
	BW PCT	BE PCT	BHFT	South Central
Q1 2012/13	22	30	52	
Q4 2011/12	75	79	153	520
Q3 2011/12	55	55	109	
Q2 2011/12	41	46	86	
Q1 2011/12	28	19	47	

Data Source: PCT Monitoring

Psychosis is a debilitating illness with far-reaching implications for the individual and his/her family. It can affect all aspects of life - education and employment, relationships and social functioning, physical and mental wellbeing. Without support and adequate care, psychosis can place a heavy burden on carers, family and society at large. The mean age of onset of psychotic symptoms is 22 with the vast majority of first episodes occurring between the ages of 14 and 35. The onset of this disease is therefore often during a critical period in a person's development.

Early treatment is crucial because the first few years of psychosis carry the highest risk of serious physical, social and legal harm. One in ten people with psychosis commits suicide - two thirds of these deaths occur within the first five years of illness. Intervening early in the course of the disease can prevent initial problems and improve long-term outcomes. If treatment is given early in the course of the illness and services are in place to ensure long-term concordance (co-operation with treatment), the prospect for recovery is improved. There is evidence that early intervention can be helpful in reducing suicidal behaviour.

Early intervention in psychosis services provide quick diagnosis of the first onset of a psychotic disorder and appropriate treatment including intensive support in the early years. A fully operational early intervention service typically serves a total of 450 people, but the caseload builds up over a 3-year period. (The service covers a population of 1 million, in that population there would be expected to be 150 new cases per year, and each person who is taken on by an early intervention service will remain on the caseload for 3 years.) As set out in the 2009/10 NHS Operating Framework, each PCT is required to continue to deliver its locally agreed share of the 7,500 people to be taken on as new cases by early intervention services throughout England.

The data presented above represents a cumulative figure with the overall target set as 48 cases in the West, and 51 cases in the East (99 in total for the Trust). This target was met in 2011/12, and performance for 2012/13 shows the Trust to be on track for this financial year.

9.2.3 % of inpatient admissions that have been gate-kept by Crisis Resolution/Home Treatment Teams

% of inpatient admissions that have been gate-kept by Crisis Resolution/Home Treatment Teams				
	BW PCT	BE PCT	BHFT	South Central
Q1 2012/13			97.8%	
Q4 2011/12	95.8%	92.5%	94.4%	97.2%
Q3 2011/12	97.5%	90.9%	94.6%	
Q2 2011/12	100.0%	100.0%	100.0%	
Q1 2011/12	100.0%	100.0%	100.0%	

Data Source: PCT Monitoring

A crisis resolution team (sometimes called a crisis resolution home treatment team) provides intensive support for people in mental health crises in their own home: they stay involved until the problem is resolved. It is designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to informal carers. The NHS Plan target for crisis resolution teams was 335 teams by December 2004, but teams were not required to meet all of the criteria. Meeting all of the criteria, including being available to respond 24 hours a day, 7 days a week, was required by December 2005. In 2009/10, trusts are required to continue providing these services to the required level while also demonstrating that the teams in place are functioning properly as a gateway to inpatient care and also facilitating early discharge of service users.

The BHFT target for this indicator for 2012/13 is 95%, and this is being met in quarter one.

9.2.4 Proportion of people under mental illness specialties on the Care Programme Approach (CPA) who were followed up within 7 days of discharge from psychiatric inpatient care

% of people under mental illness specialties on the Care Programme Approach (CPA) who were followed up within 7 days of discharge from psychiatric inpatient care.			
	BW PCT	BE PCT	BHFT
Q1 2012/13	96.9%	97.4%	98.0%
Q4 2011/12	93.5%	97.2%	95.2%
Q3 2011/12	96.8%	96.9%	97.0%
Q2 2011/12	97.7%	94.3%	96.0%
Q1 2011/12	96.9%	97.4%	97.0%

Data Source: PCT monitoring

Reductions in the overall rate of death by suicide will be supported by arrangements for securing provision by PCTs of appropriate care for all those with mental ill health. This includes action to reduce risk and social exclusion and improve care pathways, it includes action to follow up quickly all those on the care programme approach (CPA) ('enhanced CPA' prior to October 2008) who are discharged from a spell of inpatient care. Guidance to support best practice, including the mental health national service framework and NHS plan is available to support local planning and service delivery. Measures by mental health services to achieve a reduced risk of suicide are also set out in the 'National suicide prevention strategy for England' and 'Preventing suicide: A toolkit for mental health services'.

The standard for this indicator is 95% and BHFT achieved this in quarter one of 2012/13.

Dementia

9.2.5 Reported numbers of people with dementia on GP registers as a percentage of estimated prevalence

Reported numbers of people with dementia on GP registers as a percentage of estimated prevalence		
PCT	2009/10	2010/11
Berkshire West	37.85	38.47%
Berkshire East	36.57	44.13%
Buckinghamshire	34.09	38.70%
Oxfordshire	36.76	41.56%

Data source: 2009/10 - NHS Atlas of Variation (November 2011), 2010/11 - QOF data, Dec 2011 and NEPHO estimates for 2010 (May 2008)

The NHS Atlas of Variation in Healthcare (November 2011) shows the variation in the reported numbers of dementia on general practitioner registers as a percentage of estimated prevalence by Primary Care Trust cluster for 2009/10. Nationally at least 40% of people thought to have dementia have not been diagnosed.

Within NHS South of England generally there are low reported numbers of dementia in comparison to estimated prevalence. Buckinghamshire is identified as having one of the lowest prevalence.

The PCT carries out an annual review of prevalence based on Quality Management and Analysis System (QMAS) Quality Outcomes Framework (QOF) data. This compares prevalence to national rates and local comparators (expected prevalence is not currently considered). Practices with low prevalence on a number of clinical areas may be selected for a pre-payment QOF visit. Such visits include a GP lead who spends time interrogating the practice's clinical system to identify if there are patients missing from disease registers. Where this is the case, actions are set for the practice to conduct further reviews. In addition, prevalence on a number of clinical conditions is discussed with practices at Contract Review Visits. Practices receive these visits as part of a rolling programme. Since the current programme began in 2009, 40 practices have been visited.

Learning Disabilities

9.2.6 % of primary school children in state-funded schools with a statement of SEN

% of primary school children in state-funded schools with a statement of SEN		
LA	Year	%
Reading	2011	1.73
Wokingham	2011	1.85

West Berkshire	2011	1.80
Bracknell Forest	2011	1.72
RBWM	2011	1.91
Slough	2011	1.86
<i>Buckinghamshire</i>	<i>2011</i>	<i>2.18</i>
<i>Oxfordshire</i>	<i>2011</i>	<i>0.87</i>

Data Source: DfE, SFR14/2011

Statements of Special Educational Need (SEN) are awarded by Local Authorities to individual children. Responsibility for funding any required health provision stated in part 3 of the statement of SEN lies with the Local Authority. Local Authorities in Berkshire have contracts with BHFT for the provision of these services e.g. physiotherapy and speech and language therapy.

There are no targets for the number of children who have a statement, although it is generally accepted that around 2% of the population will require a statement of SEN in order to access the curriculum.

The Department for Education and Department of Health plan to reform the 'statementing' process over the next 2 years. It is proposed that there will be a single assessment process leading to a joint education, health and care plan

Primary Care

9.2.7 % of people in the National Diabetes Audit receiving all nine key care processes

% of people in the National Diabetes Audit receiving all nine key care processes						
PCT	2009/10			2010/11		
	% Type 1	% Type 2	Overall	% Type 1	% Type 2	Overall
Berkshire West	16.1	27.2	25.6	25.5	35.9	34.4
Berkshire East	38.5	55.9	53.7	47.6	66.5	64.2
<i>Buckinghamshire</i>	<i>35.2</i>	<i>55.2</i>	<i>52.2</i>	<i>45.3</i>	<i>58.8</i>	<i>52.2</i>
<i>Oxfordshire</i>	<i>39.2</i>	<i>58.3</i>	<i>53.91</i>	<i>45.8</i>	<i>54.6</i>	<i>53</i>

Data Source: NHS Atlas of Variation (November 2011), NDA PCT/LCB Analysis Profiles 2010/11

The Berkshire West CCG Federation Chair Rod Smith, supported by CCG leads, has personally communicated the importance of improving the NDA Rating with all GPs. Following this show of clinical leadership 100% participation is expected in the next NDA audit process.

Additional targeted action, listed below, has also occurred and it is hoped that this will result in improvements in the reported position in future NDA reports.

- Public Health investigated and communicated to leads why a good QOF performance has not resulted in a similar NDA rating. One example of how this has helped using micro albumin as an example, a change in a clinical process has occurred which will ensure we NDA compliance.
- Public Health has produced a GP practice briefing pack which aims to support practices to review their specific NDA rating, with suggested actions as to how they could improve their position. It is hoped that more patients will be reported as having received all nine care processes in the future. This has been incentivised through QOF QP6 & QP7.

The comprehensive programme of work being undertaken to improve the whole Diabetes care pathway in Berkshire West should also support improvements.

In Berkshire East there are a number of key initiatives that are taking place to ensure, not only that people with diabetes receive their 9 annual key care processes, but also to ensure that the overall outcomes for people with diabetes are improved including:

- Working with Diabetes UK and the Department of Health, on a project to improve awareness of diabetes in BME communities (who have the highest risk of developing diabetes). To date 10 community champions have been trained to raise awareness in the communities.
- Improving the standard of care (including annual care processes) provided in GP practices by developing an education pathway and programmes aimed at enhancing the clinical skills for GPs, nurses and other health professionals caring for diabetes patients.
- Working with the CCGs to identify the practices with the poorest diabetes outcomes and then supporting them to make the required changes.
- Recently introduced a multidisciplinary (consultant diabetologist, consultant vascular surgeons, podiatrists, diabetic specialist nurses and dieticians) diabetic foot clinic (feet are one of the 9 key processes) running in Wexham Park Hospital and Bracknell to improve foot care for people with diabetes.
- Recently introduced joint Local Diabetic Specialist Nurses and Dietetic clinics in Bracknell and Slough to improve access and enable diabetic patients to receive their annual checks and recommended care.
- Currently 100% of all diabetic patients are offered screening and work is underway to look at ways to improve uptake of the screening through a number of initiatives including sending patients text reminders, offering additional mop up clinics out of hours and at weekends.
- Implementation of urgent slots to accommodate urgent GP referrals to the specialist diabetes service within two weeks.
- Diabetes health care professionals' helpline introduced to support healthcare professionals to manage diabetes better.
- The effective management of diabetes involves good quality advice and clinical treatments as well as patients who are supported and motivated to make the desired lifestyle changes. For this, we currently have a number of programmes such as the Diabetes Education and Awareness for Life (DEAL) and the Expert Patient Programme; that are available to help patients with diabetes to learn how to live with and better manage their conditions.

9.2.8 % of diabetic population (Type 1) receiving screening for diabetic eye screening

% of diabetic population (Type 1) receiving screening for diabetic eye screening		
	BW PCT	BE PCT
Q1 2012/13	72.3%	70.2%
Q4 2011/12	73.6%	70.4%
Q3 2011/12	71.4%	68.8%
Q2 2011/12	66.9%	66.0%
Q1 2011/12	71.1%	67.6%
Q4 2010/11	70.6%	68.7%
Q3 2010/11	70.1%	64.9%
Q2 2010/11	68.6%	62.8%
Q1 2010/11	65.4%	63.3%
Q4 2009/10	63.5%	63.5%
Q3 2009/10	61.8%	61.8%

Data Source: <http://transparency.dh.gov.uk/?p=20253>

There is a single Diabetic Eye Screening (DES) service serving all of Berkshire, currently commissioned in Berkshire West with offices based in Wokingham Hospital. The annual screening is undertaken in GP surgeries wherever possible to make it more convenient for patients to attend. There are additional clinics run in some static sites throughout Berkshire which are used for catch up appointments. When a patient is referred for diagnosis and treatment of diabetic retinopathy or maculopathy they attend the Hospital Eye Service which is run at the Royal Berkshire Hospital for the West and the Prince Charles Eye Unit in King Edward VII Hospital, Windsor for the East.

The Berkshire Diabetic Eye Screening Board meets bi-monthly and is chaired by the Lead Commissioner, a Public Health Specialist. Other representatives include the Manager from the Berkshire DES Service, Locality manager from BHFT, the RBFT Ophthalmology Manager, a GP and the Clinical Lead from RBFT. Protocols are in place to govern all aspects of the screening service and Failsafe Officers are employed within the community and the hospital to track all patients. The Board considers data on all the national standards on a quarterly basis, following up and investigating if any standards are not being met. Uptake data from the BDES software is now sent to all GP practices on an annual basis to indicate to them if they are falling below the minimum standard of 70%. These practices are contacted prior to their screening visit to discuss ways of improving their uptake. A small group, which has 2 Practice Managers on it, meets on a monthly basis to discuss how to improve the uptake of the service. The Q1 KPI for uptake of the service was 70.4%, and we are working to improve this to 80%. Additional funding has been made available to BDES to increase the number of screening staff to deal with additional numbers of people with diabetes requiring annual screening.

The BDES Service complies with all aspects of the National Screening Programme and undertakes regular Internal Quality Assurance. All of the staff employed in the screening service are trained and

becoming accredited as required by the English National Diabetic Eye Screening Board (ENDESB). Quarterly monitoring of national KPIs is completed.

Work is currently underway to plan and achieve the implementation of the Common Pathway, whereby surveillance (including Ophthalmic Photographic Diabetic Review and Slit Lamp Biomicroscopy Clinics) will move from the HES into the Screening Service. The aim is for these changes to take place by 31 March 2013.

9.2.9 Anti-dementia drug items prescribed per weighted population in primary care

Anti-dementia drug items prescribed per weighted population in primary care		
PCT	Year:	Rate:
Berkshire West	2009/10	0.038
Berkshire East	2009/10	0.054
Buckinghamshire	2009/10	0.487
Oxfordshire	2009/10	0.857

Data Source: NHS Atlas of Variation (November 2011)

9.2.10 Reported numbers of people with hypertension on GP registers as a percentage of estimated prevalence

Reported numbers of people with hypertension on GP registers as a percentage of estimated prevalence		
PCT	2009/10	2010/11
Berkshire West	55.4	52.2
Berkshire East	53.5	60.6
Buckinghamshire	54.2	57.2
Oxfordshire	53.4	57.8

Data source: 2009/10 - NHS Atlas of Variation (November 2011), 2010/11 - QOF data, Dec 2011 and APHO Disease prevalence estimates

The PCT carries out an annual review of prevalence based on QMAS QOF data. This compares prevalence to national rates and local comparators (expected prevalence is not currently considered). Practices with low prevalence on a number of clinical areas may be selected for a pre-payment QOF visit. Such visits include a GP lead who spends time interrogating the practice's clinical system to identify if there are patients missing from disease registers. Where this is the case, actions are set for the practice to conduct further reviews. In addition, prevalence on a number of clinical conditions is discussed with practices at Contract Review Visits. Practices receive these visits as part of a rolling programme. Since the current programme began in 2009, 40 practices have been visited.

9.2.11 Reported numbers of people with CHD on GP registers as a percentage of estimated prevalence

Reported numbers of people with CHD on GP registers as a percentage of estimated prevalence		
PCT	2009/10	2010/11
Berkshire West	68.7	76.8
Berkshire East	81.1	72.1
<i>Buckinghamshire</i>	<i>90.9</i>	<i>77.2</i>
<i>Oxfordshire</i>	<i>73</i>	<i>75.4</i>

Data source: 2009/10 - NHS Atlas of Variation (November 2011), 2010/11 - QOF data, Dec 2011 and APHO Disease prevalence estimates

The PCT carries out an annual review of prevalence based on QMAS QOF data. This compares prevalence to national rates and local comparators (expected prevalence is not currently considered). Practices with low prevalence on a number of clinical areas may be selected for a pre-payment QOF visit. Such visits include a GP lead who spends time interrogating the practice's clinical system to identify if there are patients missing from disease registers. Where this is the case, actions are set for the practice to conduct further reviews. In addition, prevalence on a number of clinical conditions is discussed with practices at Contract Review Visits. Practices receive these visits as part of a rolling programme. Since the current programme began in 2009, 40 practices have been visited.

9.2.12 % of people who succeeded in gaining access to NHS dentistry services after requesting an appointment

% of people who succeeded in gaining access to NHS dentistry services after requesting an appointment		
Year:	BW PCT	BE PCT
Mar-12	46.9%	50.5%
Mar-11	44.8%	49.2%
Mar-10	43.0%	47.6%
Mar-09	41.0%	45.8%
Mar-08	41.1%	45.2%
Mar-07	43.8%	46.8%

Data Source: PCT Primary Care Commissioning

(Target = 51% for West and 55% for East)

This is part of the national programme to improve NHS dentistry which the PCTs in the Thames Valley Local Area Team area have been pursuing since April 2009. These figures show the growth in the number of patients who have attended an NHS dentist within the previous two years.

9.3 Domain 3 – Helping people to recover from episodes of ill health or following injury

9.3.1 Stroke

There are two key national indicators in relation to stroke performance. The first of these indicators represents how long stroke patients spend on a dedicated stroke unit when in hospital. The target for this indicator is that 80% of stroke patients spend 90% of their stay in hospital on a stroke unit. This ensures the appropriate and adequate specialised stroke care can be received by the patients. In order to achieve this indicator, it is essential that patients are diagnosed quickly and then transferred to the stroke unit straight away rather than any other wards in the hospital.

The second of these indicators relates to high risk Transient Ischaemic Attack (TIA) patients who should receive treatment within 24 hours. A TIA is a mini stroke where patients receive a temporary fall in the blood supply to the brain. Where patients fall into the high risk category and suffer from a TIA, treatment should be received within 24 hours. The target for this indicator is that this happens in 60% of cases. Heatherwood and Wexham Park Hospital do not offer a high risk TIA service and Berkshire East patients therefore usually attend the hyper acute stroke unit in High Wycombe.

Stroke and TIA (By Provider)					
	RBFT			HWPFT	
	% patients spending 90% time on stroke unit	% patients admitted to stroke unit within 4hrs	% High Risk TIA patients scanned and treated within 24 hours	% patients spending 90% time on stroke unit	% patients admitted to stroke unit within 4hrs
Jun-12	80%	46%	90.9%	97.0%	83.0%
May-12	93%	65%	85.7%	81.0%	63.0%
Apr-12	84%	60%	97.0%	84.0%	68.0%
Mar-12	64%		100.0%	89.0%	68.0%
Feb-12	80%		93.3%	81.0%	69.0%
Jan-12	68%		84.6%	70.0%	70.4%
Dec-11	88%		100.0%	75.0%	62.5%
Nov-11	89%		94.7%	79.0%	63.0%
Oct-11	85%		85.9%	81.0%	77.4%
Sep-11	94%		90.5%	79.0%	62.5%
Aug-11	93%		88.9%	77.0%	31.8%
Jul-11	82%		88.2%	87.0%	63.3%
Jun-11	85%		82.4%	85.0%	54.0%
May-11	82%		83.3%		61.0%
Apr-11	69%		71.4%		32.0%

Data Source: PCT Monitoring

Stroke and TIA (by PCT)				
Quarter:	BW PCT		BE PCT	
	% patients spending 90% time on stroke unit	% High Risk TIA patients scanned and treated within 24 hours	% patients spending 90% time on stroke unit	% High Risk TIA patients scanned and treated within 24 hours
Q1 12/13	83.8%	96.5%	88.1%	71.4%
Q4 11/12	71.3%	94.6%	89.4%	81.0%
Q3 11/12	88.3%	95.8%	76.6%	95.2%
Q2 11/12	88.9%	86.8%	86.6%	100.0%
Q1 11/12	77.5%	80.0%	88.4%	42.9%
Q4 10/11	82.5%	87.7%	72.1%	39.4%
Q3 10/11	84.9%	70.0%	81.3%	64.3%
Q2 10/11	68.4%	89.7%	76.9%	51.3%
Q1 10/11	56.3%	75.0%	48.6%	45.8%
Q4 09/10	61.9%	88.6%	49.1%	44.4%
Q3 09/10	73.1%	57.1%	55.6%	100.0%
Q2 09/10	82.8%	59.6%	28.8%	0.0%

Data Source:

http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/Integratedperformancemeasuresmonitoring/DH_119034

9.4 Domain 4 – Ensuring that people have a positive experience of care

9.4.1 National Patient Survey Results

Please see main Patient Experience section (8.6) for commentary and actions.

CQC Inpatient Survey CQUIN aggregate score		
	RBFT	HWPFT
2011	68	63
2010	66.8	65.9
2009	65.5	63.6
2008	68.5	65.3
2007	65.9	67.3
2006	67	62.6
2005	67.8	64.3
2003	64.8	67.5

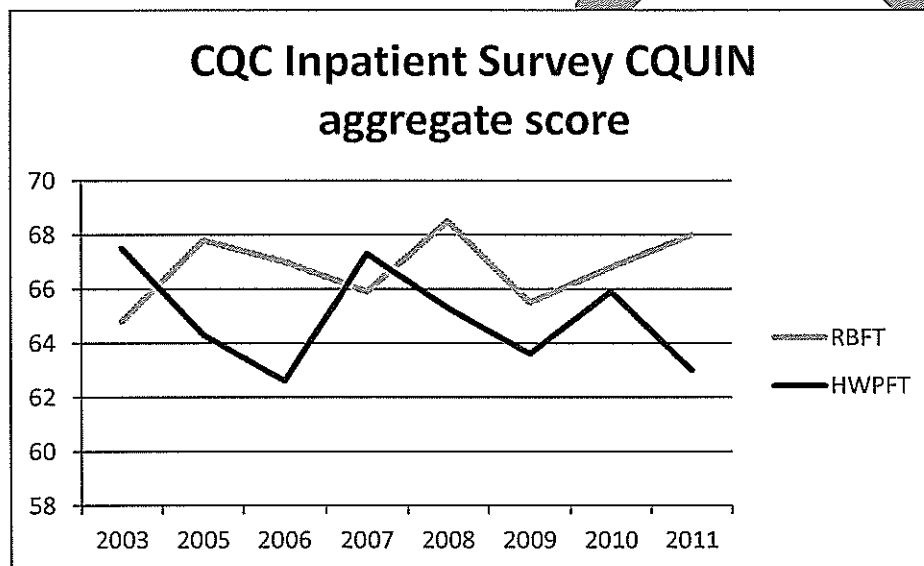
THE CQC Adult inpatient survey is conducted annually between October and January for patients who had an inpatient episode between July and August.

The CQC Inpatient Survey CQUIN aggregate score is an index-based score reflecting positive responses to the 5 questions within the composite indicator. The indicator incorporates questions which are known to be important to patients and where past data indicates significant room for improvement across England.

Each question describes a different element of the overarching patient experience theme: “responsiveness to personal needs of patients”.

The elements are:

- Involved in decisions about treatment/care
- Hospital staff available to talk about worries/concerns
- Privacy when discussing condition/treatment
- Being informed about side effects of medication
- Being informed who to contact if worried about condition after leaving hospital



9.4.2 Net promoter scores (friends and family test)

Net promoter scores (friends and family test)				
Organisation:	Year:	[]	[]	[]
RBFT	2012			
HWPFT	2012			
BHFT	2012			
OUH	2012			
BHT	2012			
Oxford Health	2012			

Data to be added once available – not yet implemented.

9.4.3 Waiting times – referral to treatment and diagnostics

Waiting times - Referral to treatment and diagnostics												
Year / Month:	BW PCT			RBFT			BE PCT			HWPFT		
	% admitted patients 18 weeks	% non-admitted patients 18 weeks	% diagnostic waits over 6 weeks	% admitted patients 18 weeks	% non-admitted patients 18 weeks	% diagnostic waits over 6 weeks	% admitted patients 18 weeks	% non-admitted patients 18 weeks	% diagnostic waits over 6 weeks	% admitted patients 18 weeks	% non-admitted patients 18 weeks	% diagnostic waits over 6 weeks
Jul-12	90.60%	98.40%	0.39%	90.00%	98.50%	0.10%	92.20%	97.70%	0.11%	90.40%	96.90%	0.00%
Jun-12	91.40%	98.80%	0.47%	91.60%	99.00%	0.23%	93.00%	98.20%	0.24%	91.00%	97.20%	0.07%
May-12	92.90%	99.10%	0.27%	93.70%	99.30%	0.00%	92.40%	98.00%	0.05%	90.00%	97.00%	0.03%
Apr-12	93.30%	99.30%	0.30%	94.00%	97.90%	0.00%	86.40%	98.30%	0.16%	80.70%	97.50%	0.00%
2011-12	91.70%	96.40%	0.89%	92.35%	99.50%	0.48%	85.40%	96.60%	0.67%	80.30%	94.20%	0.06%
2010-11	92.90%	95.90%	1.88%	94.00%	99.20%	1.72%	85.90%	96.20%	0.27%	80.90%	93.40%	0.10%
2009-10	92.60%	96.90%	0.14%	93.30%	99.70%	0.03%	90.80%	99.10%	0.16%	89.00%	95.60%	0.08%
2008-09	92.80%	96.90%	-	93.80%	98.20%	-	91.80%	97.60%	-	91.20%	96.40%	-

Data Source: PCT Monitoring

Referral to Treatment waiting times

Admitted is the % of completed pathways that required an admission to hospital for treatment that were treated within 18 weeks. For this measure 90% of patients should be treated within 18 weeks. This treatment would normally be in the form of a day case or elective procedure.

Non-Admitted is the % of completed pathways within 18 weeks that did not require an admission for the pathway to be completed, so this could be treatment in an outpatient setting or the decision not to treat as it is not required at this point in time. The target for this measure is 95% of patients should have their pathways completed within 18 weeks. RTT is often very complex from a data perspective but the key message is that patients should be treated within 18 weeks of referral from a GP. During 2011/12 the PCTs provided some investment to the 2 local providers to ensure improvement of RTT pathways to ensure that any backlogs of patients waiting were eliminated.

Diagnostics

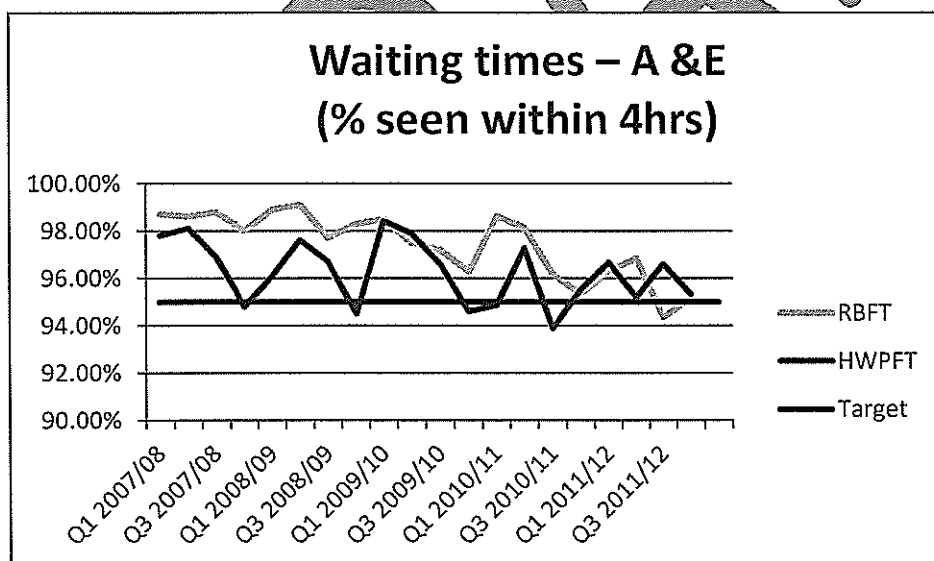
Data is routinely collected on the percentage of patients waiting six weeks or more for a diagnostic test. The 2012/13 operational standard is that less than one per cent of patients should wait six weeks or longer.

9.4.4 Waiting times – A&E

Waiting times – A & E (% seen within 4hrs)		
Quarter:	RBFT	HWPFT
Q1 2012/13	95.10%	95.23%
Q4 2011/12	95.15%	95.33%
Q3 2011/12	94.36%	96.60%
Q2 2011/12	96.85%	95.20%
Q1 2011/12	96.29%	96.67%
Q4 2010/11	95.34%	95.51%
Q3 2010/11	96.19%	93.89%
Q2 2010/11	98.14%	97.28%
Q1 2010/11	98.63%	94.86%
Q4 2009/10	96.30%	94.60%
Q3 2009/10	97.20%	96.60%
Q2 2009/10	97.50%	97.90%
Q1 2009/10	98.50%	98.40%

Data Source:

http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performanceandstatistics/AccidentandEmergency/DH_087977



The national standard is that at least 95% of patients spend 4 hours or less in Accident and Emergency. This means that the patient is either treated and discharged within 4 hours or admitted to a hospital ward for further treatment or investigations within 4 hours of arriving at the A&E department. Performance for this standard is measured on a quarterly basis at a provider level. The two local providers have performed above the 95% target consistently for most quarters of the last few years.

9.4.5 Waiting times – Cancer 2 week waits

Urgent GP referrals for suspected cancer					
Organisation	Year	Total Number of cancer referrals	% seen in 2 weeks	Population	Rate of referrals per 100,000 population
Berkshire West	Q1 2012/13	2415	92.01%	Not Available yet	
	2011/12	8793	95.08%	Not Available yet	
	2010/11	8745	95.54%	471431	1855
	2009/10	7212	93.14%	466718	1545
RBFT	Q1 2012/13	2558	91.79%	N/A	
	2011/12	9599	94.77%	N/A	
	2010/11	9492	95.20%	N/A	
	2009/10	7682	93.68%	N/A	
Berkshire East	Q1 2012/13	1957	95.15%	Not Available yet	
	2011/12	6804	96.77%	Not Available yet	
	2010/11	6214	97.22%	406726	1528
	2009/10	5556	96.83%	399700	1390
HWPFT	Q1 2012/13	2010	94.83%	N/A	
	2011/12	7019	96.85%	N/A	
	2010/11	6487	97.21%	N/A	
	2009/10	5910	97.09%	N/A	
Buckinghamshire	2010/11		98.20%		1754
Oxfordshire	2010/11		To follow		1821

Data Source: PCT Monitoring

There are a number of national standards relating to cancer wait times. Included in the table above is one of these standards. The two week wait standard here relates to the percentage of patients who have received their first appointment within 2 weeks of the GP referral for an urgent referral for suspected cancer. This is an important indicator to ensure that patients are seen quickly when cancer is suspected so that the necessary action can be taken.

9.4.6 Mixed sex sleeping accommodation breaches

Mixed sex sleeping accommodation breaches					
Period:	BW PCT	RBFT	BE PCT	HWPFT	BHFT
May-12	0	0	1*	0	0
Apr-12	0	0	0	0	0
2011/12	10	5	4	3	0
Dec 10 - Mar 11	34	0	14	0	0

* St Georges Healthcare NHS Trust

Data Source:

<http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performanceandstatistics/MixedSexAccommodation/index.htm>

The national target is that there should be no breaches in mixed sex sleeping accommodation.

There has been a significant improvement in all Trusts in the last two years. Comprehensive action plans were worked through by all providers and delivery is monitored regularly through the NHS South of England performance management framework and by Monitor.

Every patient affected is counted as a separate breach, i.e. one female patient admitted to a male bay with four patients will result in five breaches.

9.4.7 Complaints

Complaints data				
Organisation:	2012/13 (Q1)	2011/12	2010/11	2009/10
RBFT	114	383	395	460
HWPFT	117	436	389	372
BHFT	58	238	134	79

Data Source: Trust Board Papers, Quality Accounts, Quality Schedule data.

For narrative see section 8.9.7

9.5 Domain 5 –Treating and caring for people in a safe environment and protecting them from avoidable harm

9.5.1 Healthcare Acquired Infections

Infection rates - MRSA								
	BW PCT		RBFT		BE PCT		HWPFT	
	Actual	Limit	Actual	Limit	Actual	Limit	Actual	Limit
2012/13 (Apr - Jul)	1	4	0	0	2	7	0	1
2011/12	6	7	0	1	6	8	1	1

Data Source:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/StaphylococcusAureus/EpidemiologicalData/MandatorySurveillance/>

Infection rates – C Diff								
	BW PCT		RBFT		BE PCT		HWPFT	
	Actual	Limit	Actual	Limit	Actual	Limit	Actual	Limit
2012/13 (Apr - Jul)	35	194	4	77	15	101	8	37
2011/12	263	194	108	77	123	108	58	53

Data Source: http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1259151898525

The national target is that the number of cases of MRSA and clostridium difficile should decrease in line with the agreed plans of each organisation.⁶

Tackling Clostridium Difficile in Berkshire

Reducing the incidence of Clostridium Difficile (CDiff) infection is a national priority and a priority for Berkshire as incidence rates have been increasing. Recent national and local epidemiological patterns suggest that infection is becoming more common than was previously observed in younger people and in the general community (non-hospitalised) population.

The purpose of this document is to present a summary of actions (not in chronological order) that have been put in place over the past 3 years in Berkshire West to reduce the incidence of Health Care Associated Infections, particularly Clostridium Difficile and MRSA.

⁶ Please note limits shown are for full year.

Actions: Berkshire West

General and clinical leadership

A CDI zero tolerance campaign was initiated in Berkshire led by the Director of Public Health and with some funding from the Cluster. It was launched in February 2012 with a high profile conference/seminar to which key stakeholders across the local economy, national HPA and selected provider Trusts attended. The key expected outcome which was to raise awareness of the issue, adopt best practice, enhance leadership and secure Board-level ownership of the HCAI/CDI challenge across the health economy was met. This was followed in September 2012 by a similar symposium targeted at staff from Nursing/residential homes in Berkshire and this achieved similar outcomes, some of which are still emerging. The lead Director of Public Health for HCAIs engaged in national leadership programme that has local HCAI as a focal item for transformational change. The lead DPH has also been part of an Exec-level joint strategic infection control group where CDI is a standing item. This group meets in the RBH. Public Health is now also a standing attendee at the Trust Infection Control Group meetings that hold at the RBH and where HCAIs are discussed in detail and actions agreed and taken forward.

Root Cause Analysis of MRSA bacteraemia cases and CDiff deaths

We have a system of RCAs for every MRSA bacteraemia and cases where CDI is reported on the death certificate. This system is well established and brings together primary, secondary care clinicians and public health professionals to investigate the root causes for these HCAIs and make recommendations for changes and improvements in practice. Key benefits have emerged from this process including the changes to the electronic discharge letter from RBH which now provides valuable information to guide infection control in the community for patients discharged from hospital care.

Root Cause Analysis of every CDI case

In recognition of the recent shifting pattern of CDI cases occurring more often in community than in the Acute Trust, we have initiated a system of root cause analyses for every CDI case occurring in primary care. To facilitate this, Public Health prepared a simple RCA template for primary care and completed sample RCAs with few primary care clinicians to demonstrate the practicality and value of the RCA as an additional driver for changes in prescribing culture in primary care. More crucially, the RCAs will help to provide further information on risk factors for CDI not previously considered significant.

Antibiotic stewardship in primary care

A significant amount of work has taken place over the last three years to promote antibiotic stewardship in primary care. This has involved iterative reviews and updates to the Berkshire West Antibiotic Prescribing Guidance for Primary Care as well as practice visits by Public Health in liaison with the Medical Director and Medicines Management. This visits targeted practices performing relatively poorly on antibiotic prescribing. Public Health also attended CCG meetings to discuss improved antibiotic stewardship on various occasions. Finally, receiving feedback from GPs as part of practice visits and giving relevant advice on antibiotic prescribing was a key element of our antibiotic stewardship programme.

Antibiotic stewardship in primary care

We have also worked with secondary care clinicians to improve antibiotic stewardship. As part of this, the Trust lead for this strand of work initiated and completed a review of drug charts which now requires all IV antibiotics commenced empirically to be reviewed within 72 hours of commencement.

Epidemiological analyses

Public Health has continued ongoing local data collection, collation and epidemiological analysis to refine existing local knowledge about CDiff, particularly in respect of specific medications with the greatest causal or associative links to the incidence of CDiff.

Improving Community infection control practices

When nursing or residential homes are identified as requiring a visit during root cause analyses for HCAs, these visits are completed by trained personnel on behalf of the Cluster. An Infection Control Nurse post for the community has been approved by the Cluster and the CCGs. This person will be employed by BHFT and will work with care and nursing homes.

In addition, a Specialist Registrar in Public Health is currently doing a survey of Berkshire's nursing homes for knowledge, attitudes and practices in relation to CDiff amongst staff. It is hoped that this work will throw light on gaps and set a baseline for monitoring improvements that accrue from the wider zero tolerance campaign in Berkshire.

HCAI external audit of RBH

This external audit of RBH standards in relation to HCAI was commissioned by the Trust and was completed by Professor Brain Duerden (former DH Chief Inspector of microbiology) and Jan Stevens (former Director of the HCAI team at the DH). The outcome suggested the Trust was doing all that was necessary to reduce HCAs but just needed to do more of those.

Robust auditing in the RBH

This refers to the adoption of the National Specifications for Cleanliness (NSC) cleaning audit tool which jointly audits nursing and housekeeping cleaning. Monthly audits are reported to the Infection control committee and triangulated with patient experience feedback. Since 2012/13, the Trust more aggressively audited antibiotic use, PPI prescription and isolation practice in secondary care.

Cyclical ward deep cleaning

Full decant and early deep clean of all high risk wards:

- "Deep Clean Plus" programme, supported by £750K capital expenditure, to enable 10 wards to be decanted for one week and for estates and maintenance work to be completed associated with the deep clean. This ensured radiators etc. are removed and cleaning was more effective.
- General deep clean of all other clinical areas with a programme completed by the Autumn of 2011
- Repeat deep clean at the end of autumn 2011 of high risk areas cleaned early on in the programme.
- Hydrogen peroxide fogging of all side rooms which had had patients with confirmed *C. diff*.

Renewed focus on PPI use in primary care

We are presently increasing our monitoring of PPI prescription in primary care in relation to practice level CDI incidence. Our epidemiological and prescribing analyses are the mechanisms through which we have done and are continuing to do this.

Actions: Berkshire East

Broad spectrum antibiotics, specifically the four C's (3rd generation Cephalosporins, Ciprofloxacin, Clindamycin and Co-amoxiclav) and Proton Pump Inhibitor usage remain important risk factors and recent evidence suggests a synergistic effect of both classes of drugs in those simultaneously exposed to them.

Progress to date

- Undertaking an enhanced epidemiological analysis to understand the exact exposures that may have predisposed an individual to CDiff infection.
- Berkshire "Zero Tolerance to CDiff" Campaign is underway to reduce the rates of CDiff both in the Community and Acute Trust.
- As part of the Berkshire "Zero Tolerance to CDiff" Campaign a Learning Event with national and international speakers and three Conferences with workshops have been held at Ascot Racecourse, targeted at the different sectors to engage and enhance understanding of integrated working.
- Implementing an integrated approach to tackling rising incidence of CDiff, e.g. RCA across Berkshire.
- Leading Large Scale Change Initiative funded by the NHS Institute of Innovations supporting CDiff Programme. This Programme of work involves health professionals from different health sectors coming together to drive large scale change in the prevention and treatment of CDiff. Team members include GPs, Acute Trusts, Health Protection Agency, Community and Care homes and public health.
- CCG prescribing of antibiotics is being monitored monthly/quarterly; medicines management are offering support to individual practices to reduce elevated rates of prescribing.
- Undertaking clinical audit of individual CDiff cases.

Risks in the project

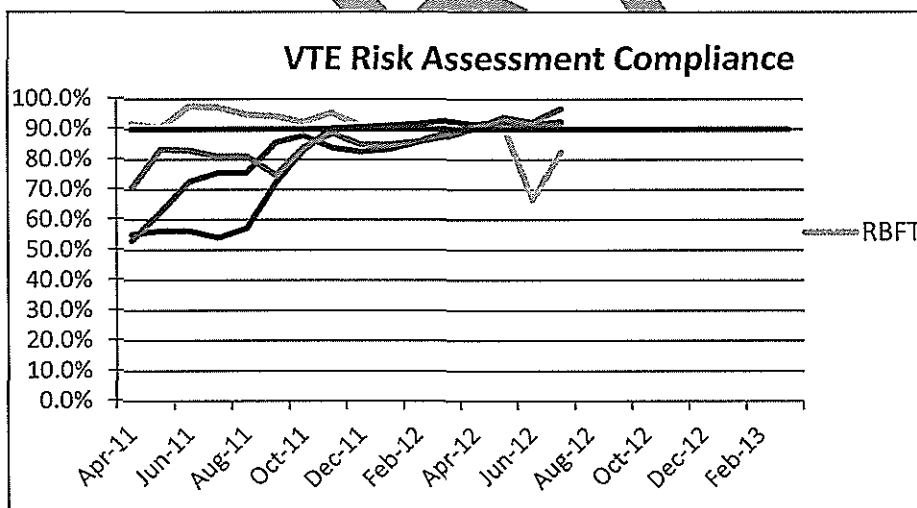
1. Timeliness of availability of data for CDiff cases from the Acute Trusts.

Risk Mitigation

1. Direct conversation with Acute Trust and Medical Directors

9.5.2 VTE

VTE Risk Assessment Compliance				
	RBFT	HWPFT	ORH	BHT
Jul-12	82.5%	92.6%	91.7%	96.9%
Jun-12	66.7%	91.7%	91.6%	92.3%
May-12	91.0%	92.6%	92.3%	94.0%
Apr-12	90.1%	91.6%	90.7%	90.3%
Mar-12	91.4%	92.9%	88.8%	87.7%
Feb-12	91.7%	91.8%	85.9%	86.0%
Jan-12	91.1%	91.3%	83.5%	85.0%
Dec-11	91.0%	90.8%	82.6%	84.9%
Nov-11	95.5%	90.3%	83.9%	88.8%
Oct-11	92.3%	83.2%	87.9%	84.1%
Sep-11	94.4%	72.3%	85.7%	74.8%
Aug-11	94.9%	57.3%	75.7%	81.1%
Jul-11	97.2%	54.1%	75.6%	81.0%
Jun-11	97.6%	56.3%	72.6%	83.0%
May-11	90.4%	56.4%	62.7%	83.8%
Apr-11	91.8%	55.2%	53.2%	70.5%



Data Source: PCT Quality Monitoring

Hospital acquired Venous Thromboembolism (VTE) is an important patient safety issue resulting in significant mortality, morbidity and healthcare resource expenditure. Venous thromboembolism manifests as either deep vein thrombosis or pulmonary embolism and can be difficult to diagnose. In the United Kingdom it is estimated that without appropriate prophylaxis around 25,000 people a year will die from hospital-acquired venous thromboembolism.

The NHS has set a national target that at least 90% of patients within the acute care setting receive a documented venous thromboembolism risk assessment on admission.

HWPFT struggled to achieve this target throughout the first half of 2011/12, but brought performance into line with the national target from November 2011 onwards.

RBFT since the introduction of this indicator have performed highly against this national target. However, performance in 12/13 has fallen, following the introduction of a new patient management system / *electronic patient record (EPR)* on 18 June 2012. Change in internal Trust processes means that VTE risk assessments are now undertaken on the electronic system whilst previously they were undertaken on paper and flagged on the bed management system.

The Trust has produced a remedial action plan setting out actions and measure being taken to ensure performance is rectified.

UPDATE AGAIN BEFORE MARCH 2013

9.5.3 Serious incidents – Grade 1 and Grade 2

Serious Incidents - Grade 1 and 2 (excluding Never Events)		
Organisation	2012/13 (Q1 and Q2)	
	Grade 2	Grade 1
RBFT	0	30
HWPFT	1	10
BHFT - MENTAL HEALTH	4	24
BHFT - COMMUNITY WEST	2	10
BHFT - COMMUNITY EAST	1	11

Data Source: PGT Monitoring

A serious incident is defined as an event or circumstance which resulted in unnecessary damage, loss or harm to a patient, staff, visitors or members of the public, or where a serious service failure did or might have occurred. These incidents extend beyond those that directly impact on patients and include those that may impact in the ability of an organisation to deliver on-going health services.

Serious incidents are reported to the Strategic Executive Information System (STEIS). This is a web based system that allows the logging and tracking of Serious Incidents.

Serious incidents are monitored by commissioners to ensure that patients are being kept safe and that Trusts learn from incidents and make improvements to prevent recurrence whenever possible. It is difficult to make comparisons between the reported levels of Serious Incidents in Trusts because of case mix and differences in reporting cultures.

Action plans are reviewed in Clinical Quality Review Groups or Serious Incident Review Groups with the Trusts.

9.5.4 Never Events

Never Events				
Organisation:	2012/13 (Q1 and Q2)	2011/12	2010/11	2009/10
RBFT	1 (wrong site surgery)	1 (wrong site surgery)	1 (wrong site surgery)	0
HWPFT	1 (retained swab)	0	0	0
BHFT - MENTAL HEALTH	0	0	0	0
BHFT - COMMUNITY WEST	0	0	0	0
BHFT - COMMUNITY EAST	0	0	0	0

Data Source: PCT Monitoring

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. In 2009/10, eight core Never Events were identified. By 2011, a further 17 never events had been added to the national list, with some adaptation of the previous criteria.

In 2011/12 across the three SHAs now making up NHS South of England, 84% of the reported never events occurred within the following three categories:

- retained foreign object post operation (37 incidents, 46% of total);
- wrong site surgery (19 incidents, 24% of total);
- wrong implant / prosthesis (11 incidents, 14% of total).

Local reporting as detailed in the chart above is therefore in line with local and national reporting. Action plans are reviewed in Clinical Quality Review Groups or Serious Incident Review Groups with the Trusts.

9.5.5 Central Alerting System

Central Alerting System	
Organisation:	Outstanding Alerts @ 5 September 2012:
RBFT	<p>EFA/2012/001 - Integral side-stay mechanism window restrictors fitted with plastic spacers and used in many window applications</p> <p>NPSA/2011/RRR003 - Minimising risks of mismatching spinal, epidural and regional devices with incompatible connectors</p> <p>NPSA/2011/PSA001 - Safer spinal (intrathecal), epidural and regional devices Part A: update</p>
HWPFT	<p>EFA/2011/007 - Electrolux (Domestic) absorption pharmacy / drug refrigerators, all models</p> <p>EFA/2011/003 - VIE (Vacuum insulated evaporator) Main storage vessel for bulk medical oxygen supply.</p> <p>NPSA 2011/PSA/003 - The adult patient's passport to safer use of insulin</p> <p>NPSA/2010/RRR018 - Preventing fatalities from medication loading doses</p>
BHFT	<p>MDA/2012/054 - SpeediCath Complete intermittent urinary drainage catheters. Manufactured by Coloplast. Multiple product codes and lot numbers.</p>

Data Source: SHA

The Central Alerting System enables alerts and urgent patient safety specific guidance to be accessed at any time. Safety alerts, emergency alerts, drug alerts, 'Dear Doctor' letters and Medical Device Alerts are available on the Central Alerting System website. They are issued on behalf of the Medicines and Healthcare Products Regulatory Agency, the National Patient Safety Agency, and the Department of Health.

Commissioners review on-going compliance with alerts and ensure action plans are developed. NHS South of England also includes compliance with National Patient Safety Agency Central Alerts within the performance management system.

RBFT

The Trust remains non-compliant with NPSA/2011/RRR003 (Minimising risks of mismatching spinal, epidural and regional devices with incompatible connectors) and NPSA/2011/PSA001 (Safer spinal (intrathecal), epidural and regional devices). Due to a lack of suitable products on the market the potential for increasing the risk to patients is too high to implement these alerts in their current form at present time. Queries have been raised by the NPSA and SHA about their failure to close these alerts.

MORE NARRATIVE TO BE INCLUDED ONCE RECEIVED. UPDATE AGAIN BEFORE MARCH 2013

9.5.6 NPSA Reporting and Learning System data – Reporting rate

National Patient Safety Agency Reporting and Learning System data			
Organisation:	Reporting period:	Reporting rate per 100 admissions/bed days (also include upper, middle 50% or lower quartile):	Consistency of reporting:
RBFT	Apr 11 – Sep 11	4.7 (Lowest 25%)	
HWPFT	Apr 11 – Sep 11	6.4 (Middle 50%)	
BHFT	Apr 11 – Sep 11	19.1 (Middle 50%)	
ORH	Apr 11 – Sep 11	6.7 (Middle 50%)	
NOC	Apr 11 – Sep 11	10.8 (Highest 25%)	
BHT	Apr 11 – Sep 11	6.3 (Middle 50%)	
Oxford Health	Apr 11 – Sep 11	24.2	
		(Middle 50%)	

Data Source: NPSA Website

Since 2003/04 all NHS Trusts have shared anonymous patient safety incident reports with the National Patient Safety Agency. From these reports Organisation Patient Safety Incident Reports data are published by the National Patient Safety Agency on a six monthly basis. These data cover patient safety incidents occurring in a six month period as reported to the National Reporting and Learning System. In publishing the data the National Patient Safety Agency aims to provide tools to support NHS organisations to analyse and learn from safety incidents to prevent patient harm in the future.

It is a requirement of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010 together with the Care Quality Commission Regulations 2009 that organisations report all patient incidents to the National Reporting and Learning System.

The most recent report in March 2012 covers the reporting period April to September 2011. A higher number of reported incidents from an organisation, specialty or location, does not necessarily mean that the organisation has a higher number of incidents; it may instead reflect an open reporting culture, something the NHS is striving to achieve across all organisations.

The rate of reporting is one measure of the safety culture of an organisation. The more an organisation understands the incidents occurring within it the more that can be undertaken to put systems in place to reduce the likelihood of reoccurrence.

9.5.7 NPSA Reporting and Learning System data – Severity of harm ratio

National Patient Safety Agency Reporting and Learning System data		
Organisation:	Reporting period:	Ratio of severe harm and death to total number of reported incidents:
RBFT	Apr 11 – Sep 11	0.010
HWPFT	Apr 11 – Sep 11	0.013
BHFT	Apr 11 – Sep 11	0.007
ORH	Apr 11 – Sep 11	0.012
NOC	Apr 11 – Sep 11	0.004
BHT	Apr 11 – Sep 11	0.018
Oxford Health	Apr 11 – Sep 11	0.031
South Central	Apr 11 – Sep 11	0.013

Data Source: NPSA Website

This indicator measures the number of incidents reported that result in severe harm or death, as a proportion of the total number of incidents reported. Berkshire providers rates are all equal to or better than the South Central average.

9.5.8 CNST and NHSLA Rating

Clinical Negligence Scheme for Trusts Maternity Standards and NHS Litigation Authority		
Organisation:	NHSLA	CNST - Maternity
RBFT	Level 1 (2011/12)	Level 2 (2009/10)
HWPFT	Level 1 (2011/12), due for renewal Jan 13	Level 1 (2011/12)
BHFT	Level 1 pending re-assessment following restructure	n/a
OUH	Level 1 (2011/12)	Level 1 (2011/12)
BHT	Level 1 (2011/12)	Level 1 (2011/12)
Oxford Health	Level 1 (2011/12)	n/a

Data Source: <http://www.nhsla.com/RiskManagement/>

The NHS Litigation Authority handles negligence claims on behalf of NHS bodies in England. The core of their risk management programme is provided by a range of NHS Litigation Authority standards and assessments. Most healthcare organisations are regularly assessed against these risk management standards which have been specifically developed to reflect issues which arise in the negligence claims reported to the NHS Litigation Authority.

A set of risk management standards exists for each type of healthcare organisation incorporating organisational, clinical and health and safety risks. These are the NHS Litigation Authority Acute, Community, Mental Health and Learning Disability and Independent Sector Standards, NHS Litigation Authority Ambulance Standards and the Clinical Negligence Scheme for Trusts Maternity Standards.

NHS organisations which provide labour ward services are subject to assessment against both the NHS Litigation Authority Acute (or Community) Standards and the Clinical Negligence Scheme for Trusts Maternity Standards.

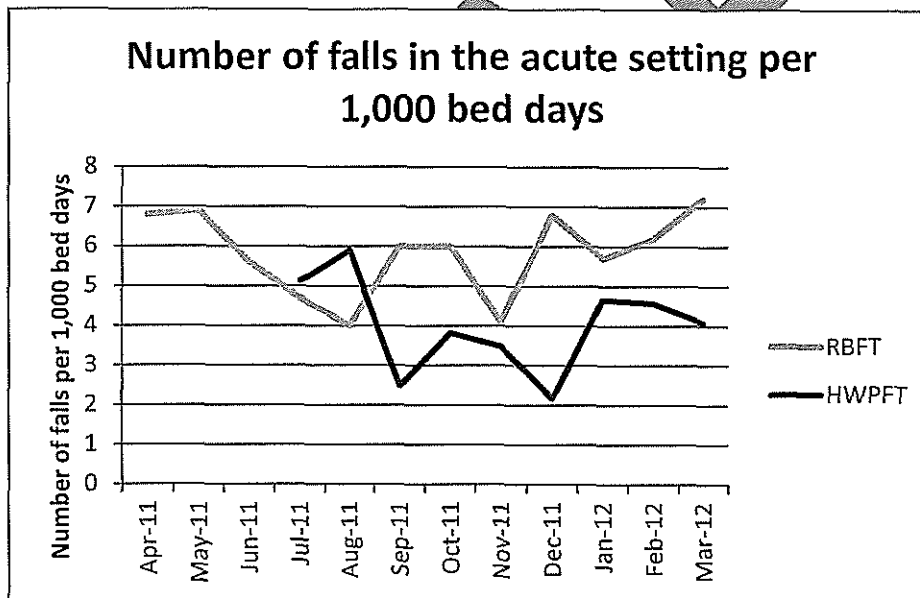
The NHS Litigation Authority standards are divided into three 'levels' one, two and three. NHS organisations which achieve success at level one in the relevant standards receive a 10 per cent discount on their contributions, with discounts of 20 per cent and 30 per cent available to those passing the higher levels.

The Clinical Negligence Scheme for Trusts Maternity standards are also divided into three levels and organisations successful at assessment receive a discount of 10 per cent, 20 per cent or 30 per cent from the maternity portion of their contribution. Level 1 deals with policy development and ensures that organisations have the correct policies to manage across the areas that are mostly reflected in terms of litigation. Level 2 deals with the implementation of the policies developed for level 1 assessment. Level 3 deals with the audit of the implementation of the policies to ensure that they are effective.

Whilst not mandatory, NHS Litigation Authority standards are one measure of quality across a number of key areas. Not meeting the standards (level 0) is an indication that an organisation does not have systems in place to management risk. No organisations are currently at level 0 within NHS South of England.

9.5.9 Inpatient Falls (acute)

Inpatient Falls (rate per 1000 bed days)		
	RBFT	HWPFT
Mar-12	7.2	4.08
Feb-12	6.2	4.57
Jan-12	5.7	4.66
Dec-11	6.8	2.17
Nov-11	4.1	3.48
Oct-11	6.0	3.82
Sep-11	6.0	2.49
Aug-11	4.0	5.90
Jul-11	4.7	5.13
Jun-11	5.6	
May-11	6.9	
Apr-11	6.8	



Data Source: PCT Monitoring

The data above reflects monitoring for 2011/12 when both acute providers established a baseline. For 2012/13 contractual limits were set for RBFT at no more than 5 falls per 1,000 bed days, and HWPFT agreed a limit of 4.8 falls per 1,000 bed days. Data for 2012/13 to be added.

9.5.10 Inpatient Falls (community and mental health)

Falls reported as Serious Incidents		
	2012/13 (Q1 and Q2)	2011/12
	Total	Total
BHFT - MENTAL HEALTH	1	4
BHFT - COMMUNITY WEST	1	7
BHFT - COMMUNITY EAST	1	2

9.5.11 Pressure Ulcers

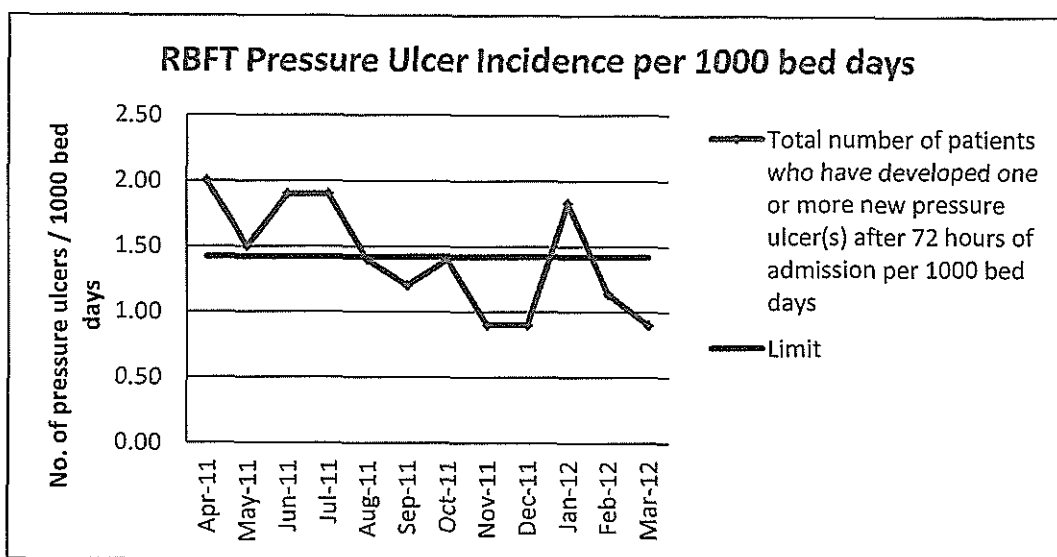
Pressure Ulcers (Grade 3 or 4 reported as SIs)		
Organisation:	2012/13 (Q1 and Q2)	2011/12
RBFT	9	18
HWPFT	2	8
BHFT (MH)	0	1
BHFT (CHS West)	9	41
BHFT (CHS East)	9	40

Data Source: PCT Serious Incident Monitoring

Pressure ulcers are the most frequent serious incident across South Central. They are associated with significant morbidity and have a large impact on NHS resources and a proportion is avoidable.

In 2011/12 RBFT was required to keep pressure ulcers to a low level, and this was measured by the number of pressure ulcers per 1000 bed days. RBFT breached the limit of 1.42 in the first four months of the year, and produced an action plan detailing how they would improve performance against this standard.

Themes for action included: risk assessment; communication between primary, secondary care and care homes; obtaining equipment in a timely fashion; and documentation. The actions taken by the Trust had appeared to be having a positive effect as performance was below the limit for the subsequent 5 months, but unfortunately January saw incidence rise again to 1.83. This reduced back down to 1.14 in February and further to 0.90 in March.



HWPFT has a strong track record in the treatment and management of pressure tissue damage; a campaign entitled *No needless skin damage* was launched in 2010 with the Trust achieving positive results in reducing the incidence of hospital acquired pressure ulcers.

BHFT action plans for East and West community health services for reducing the number of category 3 and 4 pressure ulcers have been amalgamated. The action plan covers the areas of communication, documentation and pressure ulcer care pathway, managing workload and triage education and training and equipment.

The pressure ulcer care pathway and SKIN bundle is being piloted in the community and then will be extended across the Trust. A pressure ulcer and safeguarding protocol is also being piloted to assist in identifying when a pressure ulcer should be reported to the Local Authority safeguarding teams and reported as a serious incident requiring investigation. This has been as a result of joint working between the PCT providers and Local Authorities.

9.5.12 Homicides

Homicide/unlawful killings by people with mental health problems				
Organisation:	Year:	Number of Incidents:	Category:	Independent Investigation Commissioned:
BHFT	2011/12	1	Homicide by community patient	Pending independent investigation decision at multi-disciplinary meeting in September 2012

Data Source: PCT Monitoring

9.5.13 Maternity Services – LSMA report

Maternity services, Local Supervisory Midwifery Authority reports and audits		
Organisation:	2010/11 – SOM Ratio	Key messages from LSA audit:
The NMC set a standard that the supervisor of midwives ratio should reflect local need and will not normally exceed 1:15.		
RBFT	01:20	The ratio has reduced from 1:22 to 1:20 and there is 1 midwife who is suitable to be appointed in the summer of 2011. The LSAMO has held interviews and 5 midwives will commence the programme in October 2012. The LSAMO will work with the SoM team to support their work and their objectives for the 2011/12 year.
HWPFT	01:18	There are no midwives due to complete the course in 2011. In 2011/12 the LSAMO will continue to monitor that all SoMs are able to take their protected time and are able to carry out their role efficiently and effectively. The Trust has commissioned 4 places for the 2011/12 year and the LSA will hold interviews to ensure that there are 4 midwives who will be able to start the course in 2011.
BHT	01:15	
ORH	01:16	At ORH there are currently 2 SoMs who have taken a leave of absence for a year and there are 3 midwives due to complete the course and to be appointed in the summer of 2011. If the SoMs return to the role and all the midwives are appointed then the ratio will be 1:14. The LSAMO has held interviews for the programme and 5 midwives were found to be suitable. The Trust has commissioned 4 places for 2011/12 year and it is hoped that a fifth place can be funded.

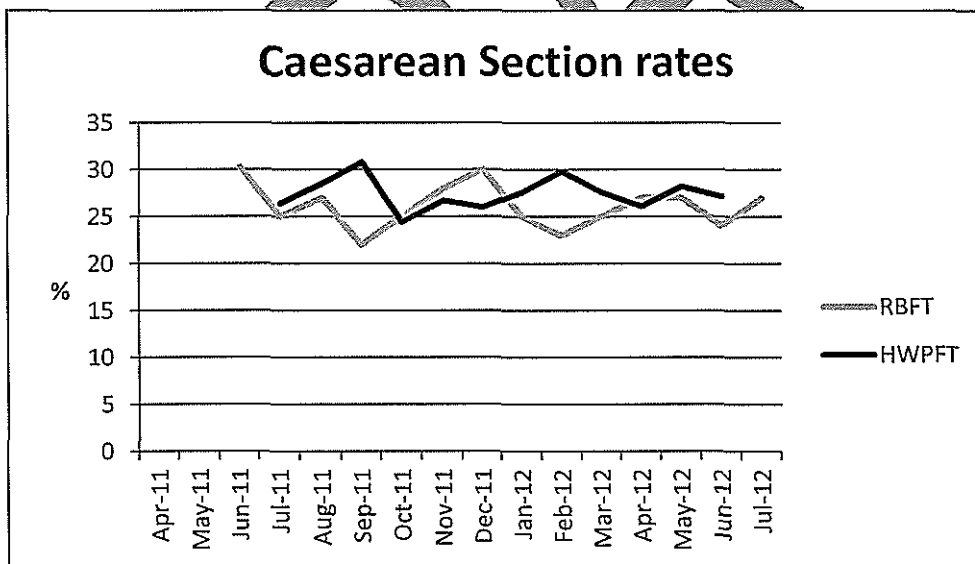
Data Source: South Central LSMA Annual Report 2010/11

Each year each Local Supervising Authority for Midwives sends an annual report to the Nursing and Midwifery Council.

9.5.14 Maternity Services – Caesarean Section Rates

Caesarean Section Rates (%)		
	RBFT	HWPFT
Jul-12	27	
Jun-12	24	27.1
May-12	27	28.2
Apr-12	27	26.1
Mar-12	25	27.6
Feb-12	23	29.8
Jan-12	25	27.6
Dec-11	30	26
Nov-11	28	26.7
Oct-11	25	24.4
Sep-11	22	30.8
Aug-11	27	28.5
Jul-11	25	26.4
Jun-11	30.28	
May-11		
Apr-11		

Data Source: PCT Monitoring



The Caesarean section rate reported by Trusts in NHS South Central ranged from 19% to 28.6% in 2009/10. The national average is 24.6% and the NHS Institute has concluded that on the basis of evidence and best practice it is possible for most units to achieve and sustain 20%.

The chart shows a reasonably similar position for the PCT Cluster’s two main providers. RBFT had made significant progress on this quality indicator and towards the end of 2011/12, for the first time in over 3 years, performance had decreased below the 24% limit. February saw the Trust achieve

23% but this went up to 25% during March (11% elective and 14% for emergency caesarean sections). For 2012/13 performance has increased back up to 27% in July. The PCT has had CQUINS with RBFT on reduction of caesarean section rates for the financial years of 2009/10, 2010/11 and 2011/12. As the CQUIN in 2011/12 was partially achieved for c-sections, a different maternity CQUIN was introduced in 2012/13, focusing on the delivery of 1:1 care in labour. This was felt to give a more rounded picture of the quality of care in the maternity unit. The Trust has also been incentivised to measure and improve the mother's experience of care within the maternity unit.

In the financial year 2010/11 RBFT reported a series of serious incidents relating to maternity care. An external review was commissioned which additionally considered issues such as ensuring a local response to national strategies such as Maternity Matters and the Darzi review, gaining assurance about the quality and safety of care, as well as considering local concerns about staffing capacity and high rates of Caesarean section. This was led by a Public Health Consultant in Berkshire West and reported in July 2010.

Actions from the review are monitored in a joint Maternity Steering Group, and contribute to a detailed programme of improvement with the Trust. Public Health staff from Berkshire West attend this meeting.

Berkshire East has also worked closely on maternity with HWPFT, as similar issues were experienced by this provider. There is a history of close working and monitoring, led by the CCG Federation Clinical Quality Lead who chairs the Clinical Quality Review Group with the Trust. C-section rates at HWPFT have proved equally challenging to bring down with it only dropping below 25% once in the past two years.

Following a series of serious incidents relating to maternity, external reviews were commissioned in 2010, and a follow up review was required in 2012. The CCG's Clinical Quality Lead attends the Trust's Obstetric and Gynaecology Steering group which oversees actions identified from the external review.

There is also an Executive-level meeting which meets periodically to consider progress on actions relating quality of care in maternity at HWPFT, giving high level assurance that the Trust is taking quality improvement in the area seriously.

9.5.15 Participation in South of England safety improvement programmes

Organisation	Participation in programmes
Royal Berkshire NHS Foundation Trust	Productive Ward, The Productive Operating Theatre
Heatherwood and Wexham Park NHS Foundation Trust	Productive Ward, The Productive Operating Theatre
Berkshire Healthcare NHS Foundation Trust	Productive Ward, Productive Mental Health Ward, Productive Community Hospital, Productive Series
Buckinghamshire Healthcare NHS Foundation Trust	Productive Ward, The Productive Operating Theatre, Productive Series
Oxford Health NHS Foundation Trust	Productive Ward, Productive Mental Health Ward
Oxford University Hospitals NHS Trust (Nuffield)	Productive Ward
Oxford University Hospitals NHS Trust (Radcliffe)	Productive Ward, The Productive Operating Theatre
Oxford Learning Disability NHS Trust	Productive Mental Health Ward

Data Source: SHA Quality Handover Document

The implementation of the NHS Institute Productive Ward programme commenced in South Central Strategic Health Authority in 2008. Since then it has spread across all organisations in the region. The programme aims to empower ward teams to identify areas for improvement by giving staff the information, skills and time they need to regain control of their ward and the care they provide.

The South Central Productive Care work stream is led regionally from the Strategic Health Authority and nationally by the Institute for Innovation and Improvement. The steering group is chaired by the Chief Executive of Portsmouth Hospitals NHS Trust and the project is supported by a small project team at the Strategic Health Authority. Productive care is one of 12 national Quality, Innovation, Productivity and Prevention (QIPP) work streams with a focus on improving quality, safety and cost-effective care.

9.5.16 NHS Safety Thermometer

Safety Thermometer			
Organisation:	Patients surveyed for Jun-12	% of patients harm free	Comments
Royal Berkshire NHS Foundation Trust	651	93.10%	
Heatherwood And Wexham Park Hospitals NHS Foundation Trust	507	91.90%	
Berkshire Healthcare NHS Foundation Trust	217	94.50%	
Ramsay Healthcare- The Berkshire Independent Hospital	6	100.00%	
Spire Thames Valley	9	100.00%	
BMI - The Princess Margaret Hospital			Submitting from July 2012
Spire Dunedin	3	100.00%	

Data Source: SHA Quality Handover Document

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. Throughout 2011, the Quality, Innovation, Productivity and Prevention (QIPP) Safe Care coalition and over 160 NHS provider organisations developed and tested the NHS Safety Thermometer. The tool measures four high-volume patient safety issues (pressure ulcers, falls in care, urinary infection (in patients with a catheter) and treatment for venous thromboembolism). It then calculates the proportion of patients who are considered to be free from these four harms. The data is collected by front line staff on one day per month.

For 2012/13, a national Commissioning for Quality and Innovation (CQUIN) is in place to improve the collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and venous thromboembolism.

9.5.17 Clinical Audit

RBFT

43 national clinical audits and 2 national confidential enquiries covered NHS services that Royal Berkshire NHS Foundation Trust provides. The Trust participated in 83.72% of applicable national clinical audits and 100% of national confidential enquiries.

Exceptions:

- Non invasive Ventilation - adults (British Thoracic Society), Pleural Procedures (British Thoracic Society), Adult Asthma (British Thoracic Society), National Audit of Bronchiectasis (British Thoracic Society) - Instead focussed on robust implementation of the National audit recommendations.
- Medical use of blood (National Comparative Audit of Blood Transfusion) - Instead a more relevant local audit was undertaken with results compared to the national benchmark.
- Risk factors (National Health Promotion in Hospitals Audit) - Instead data were collated and reviewed as part of PCT contract.
- Diabetes (Adult) ND(A) - Focussed on Think Glucose, a more relevant local quality improvement initiative

HWPFT

40 national clinical audits and six national confidential enquiries covered NHS services that Heatherwood and Wexham Park Hospitals NHS Foundation Trust provides. The Trust participated in 85% of applicable national clinical audits and 100% of national confidential enquiries.

Exceptions:

- Adult community acquired pneumonia, (British Thoracic Society), CABG and valvular surgery (Adult cardiac surgery audit) as participating in a similar Improving Quality Programme.
- Cardiac arrest (National Cardiac Arrest Audit), Diabetes (National Adult Diabetes Audit) due to staff shortages.
- Ulcerative colitis and Crohn's disease (UK IBD Audit), Bronchiectasis (British Thoracic Society), Acute stroke (SINAP) - not participating in 2011/12

BHFT

The following 4 national clinical audits and 1 national confidential enquiry covered NHS services that Berkshire Healthcare NHS Foundation Trust provides. The Trust participated in 100% of applicable national clinical audits and 100% national confidential enquiries:

- National Parkinson's Audit
- National comparative audit of blood transfusions
- Prescribing in mental health services (POMH) (Various topics)
- National Audit of Schizophrenia
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

Data Source: Trust Quality Accounts

The strategy embodied in the Next Stage Review, 'High Quality Care For All', in 2008, stressed more broadly that quality and quality improvement, including clinical audit, was the at the centre for improving the NHS and launched a stream of activity to drive quality, including work to improve clinical audit.

Participation in National Clinical Audits is additionally published as a statutory requirement in Provider Quality Accounts.

9.5.18 National Staff Survey results – Overall staff engagement score

Staff survey results (overall staff engagement score)				
Organisation:	Year:	Overall Score	Position	National Average
RBFT	2011	3.71	Highest 20%	3.62
RBFT	2010	3.63	Average	3.62
HWPFT	2011	3.46	Lowest 20%	3.62
HWPFT	2010	3.49	Lowest 20%	3.62
BHFT	2011	3.71	Highest 20%	3.61
BHFT	2010	3.70	Above average	3.64

Data Source: National Staff Survey 2010, 2011 Results

9.5.19 National Staff Survey results – Recommendation as a place to work or receive treatment

Staff survey results (KF34 – Recommendation as a place to work or receive treatment)				
Organisation:	Year:	Score	Position	National Average
RBFT	2011	3.67	Highest 20%	3.50
RBFT	2010	3.57	Above average	3.52
HWPFT	2011	3.18	Lowest 20%	3.50
HWPFT	2010	3.15	Lowest 20%	3.52
BHFT	2011	3.53	Above average	3.42
BHFT	2010	3.49	Average	3.49

Data Source: National Staff Survey 2010, 2011 Results

9.5.20 Nurse to bed and doctor to patient ratios

FTE Nurses per bed day (December 2011)				
Organisation:				
RBFT	1.98			
HWPFT	1.67			
BHFT	N/A			
South Central	2.45*			
National	1.85			

Data Source: Acute Trust Quality Dashboard, Release 3, Spring 2012, SHA South of England *Maintaining and improving quality during transition: handover document*. Version 1 – draft 13 September 2012

Doctor to patient ratio				
Organisation:	Year:	[]:	[]:	[]:
RBFT				
HWPFT				
BHFT				
South Central	0.007			

Data Source: SHA South of England *Maintaining and improving quality during transition: handover document*. Version 1 – draft 13 September 2012

Full data to be obtained and included by March 2013

A national quality dashboard is being developed in order to show comparative performance on quality for providers of NHS services. The dashboard will include information on nurse to bed ratio and doctor to patient ratios. These ratios have been calculated in NHS South of England using the metrics that will be applied nationally. The provisional data in the tables below will be confirmed in early 2013 when the national quality dashboard goes live.

9.5.21 Staff sickness

Staff sickness (December 2011)				
Organisation:	Medical	Nursing	Midwifery	Other
RBFT	0.94%	3.50%	4.40%	3.70%
HWPFT	0.35%	3.90%	8.80%	3.90%
BHFT	3.8% (Q3 2011/12)			
National	1.19%	4.70%	5.10%	4.50%

Data Source: Acute Trust Quality Dashboard, Release 3, Spring 2012 and Trust Board papers.

Staff sickness rates provide an insight into staff health and well-being, which in turn has an effect on quality of care.

Data provided by the Health and Social Care Information Centre shows that sickness rates in the South of England are lower than in the rest of the country, with the exception of London. Sickness absence rates in the South of England in March 2012 were between 3.6% and 4.1%.

Overall sickness rates in the NHS fell from 4.4% in 2009/10 to 4.1% in 2011/12.

9.5.22 GP Appraisal and Revalidation

GP Appraisal 2011/12 Year End Audit				
		BE PCT	BW PCT	Total
Doctors on Performers List as at 31/3/12		327	383	710
Doctors who completed their appraisal in Berkshire		343	352	665
Doctors who completed their appraisal elsewhere eg MOD		4	5	9
% of doctors completing appraisal in 2011/12		97%	93%	95%
Doctors whose appraisal was deferred	To Q1 2012/13 due to illness	1	5	6
	For maternity leave	4	9	13
	Due to retirement	2	3	5
	Long term sickness		1	1
Doctors who did not undertake appraisal		3	8	11

Data source: PCT Medical Revalidation Lead

There are robust monitoring arrangements in place to ensure that GPs are undertaking appraisal and that the quality of the appraisal is monitored and benchmarked taking action to improve performance where necessary. In 2011/12 95% of doctors across Berkshire completed their appraisal by the deadline. As at December 2012, 42.5% are complete with the majority due to be completed in February or March 2013. This is the normal pattern experienced for appraisals in Berkshire and we are forecasting a completion rate of 100% which is in line with SHA expectations.

Revalidation regulations officially came into effect in December 2012 meaning that every licensed doctor is now legally required to regularly revalidate and all designated bodies (organisations employing doctors as defined in the legislation⁷). The Berkshire PCT's Cluster Responsible Officer is currently responsible for the revalidation recommendations for the doctors on the performers list though GP Registrars will be revalidated through their Deanery. We have been preparing for the implementation and reporting and monitoring via the Organisational Readiness Self-Assessment tool which is submitted via the SHA. Berkshire is rag rated green on its implementation status.

All level 1 Responsible Officers (ROs) are expected to be revalidated by the SHA Responsible Officers during the first quarter of 2013. ROs have been provided with guidance and the collection of data

⁷ Medical Profession (Responsible Officer) Regulations, 2010

will commence shortly. A dashboard will be used to monitor the performance of ROs and enable a decision to be made by the SHA ROs regarding recommendation for revalidation.

To deliver revalidation, the PCT's clinical governance and appraisal processes need to be robust and both of these have been strengthened over the last 18 months.

An Appraisal Policy has been implemented which includes provision for deferment in cases of ill health, maternity etc which encourages doctors to plan for any absences. All the appraisers in Berkshire have attended top up training and all appraisals completed after 1/09/12 are revalidation ready. Quality Assurance of the appraisal process and the appraisers has been strengthened with appraisers attending regular in house training sessions with feedback on elements of their practice being supplied.

The Clinical Governance group is part of the robust systems which are in place to collect information, investigate and then respond to concerns and specifically reviews issues relating to primary medical contracts and performers. The group undertakes its functions by triangulating information such as complaints, incidents, prescribing, practice profiles, local intelligence, PCT held data from regulatory bodies and previous records. All of this information is held, confidentially, within records which will support the RO in making a revalidation recommendation.

DRAFT

10. RISK REGISTER

Include a copy of the risk register at the point of compiling the handover.

To be inserted for March 2013.

DRAFT

11. DOCUMENT CONTROL

List of document / data sources relevant to this legacy document which should be stored electronically using a secure and approved system for data protection (see chapter five of the guidance). Details of custody and access should be provided. Explain data storage methods, achieve retrieval protocol(s) etc.

To be finalised by March 2013

Subject area	Document Name/Description	Current Location	Current owner/contact point for access
Commissioning quality services from main providers	Quality reports for PCT Board and internal PCT/CCG Quality Committees	Currently in PCT shared folders – to be moved as part of Document Management Transition work-stream.	Lisa Edwards
	Quality and Risk Committee minutes		Lisa Edwards
	East CCG Federation Quality Committee minutes		Lisa Edwards
	West CCG Federation Commissioned Service Clinical Quality Committee		Lisa Edwards
	Non-financial performance indicators reports		Lisa Edwards
	MASTER Quality Spreadsheets		Lisa Edwards
Commissioning Offender Health	Prison Health Performance and Quality Indicator assessment		Sunita Sturup-Toft
	Prison health needs assessment		Sunita Sturup-Toft
	Prison health contract meeting minutes		Sunita Sturup-Toft
	Offender Health Strategic Partnership Board minutes		Sunita Sturup-Toft
Serious Incidents	SI performance monitoring spreadsheet		Lisa Edwards
	Monthly SI figures		Lisa Edwards
	SI reports for East/West Federation Quality Committee		Lisa Edwards

Subject area	Document Name/Description	Current Location	Current owner/contact point for access
	SI Review Group minutes		Lisa Edwards
	SI case files		Lisa Edwards
Primary Care – general	Practice profiles		Maureen McCartney / Jacky Walters
	Practice overview spreadsheet		Helen Clark
	Minutes of GP Clinical Governance meetings		Wendy McClure
	Minutes of Dental Commissioning / Contract and Quality Group		Hugh O'Keefe
	Minutes of Pharmaceutical Commissioning / Contract and Quality Group		Kath Havisham
	Minutes of the Ophthalmic Commissioning / Contract and Quality Group		Hugh O'Keefe
Primary care – individual	Individual case files		Wendy McClure
	Minutes of GP Concerns Group		Wendy McClure
Medical Revalidation	Case files		Wendy McClure
	GP Appraisal data		Wendy McClure
Safeguarding Vulnerable Adults and Children	Serious Case Review reports and action plans		Sam Otorespec / Jenny Selim
	Safeguarding Board Annual Reports		Sam Otorespec / Jenny Selim
	OFSTED Reviews and action plans		Sally Murray
Deprivation of Liberty decisions	DoLS – process, records, policy		Bev Searle / Nick Buchanan
Infection prevention and control	Infection Control Quality and Risk Committee reports		Lisa Edwards
CAS Alerts	CAS Policy – records		Karen Hampton
Complaints	Complaints case files		Malcolm Mackenzie

Subject area	Document Name/Description	Current Location	Current owner/contact point for access
	Datix database (complaints)		Malcolm Mackenzie
Patient Advice and Liaison Service (PALS)	PALS case files		Malcolm Mackenzie
	Datix database (PALS)		Malcolm Mackenzie
Research Management and Governance	Approved Research overview		Lisa Edwards
QIPP	QIPP plans and milestones		Anshu Varma
Incident reporting	Datix database (incidents)		Steph Bennett
Screening	Coverage data		Chris Cook / Asmat Nisa / Angela Snowling / Lesley Wyman
	Quarterly summary of screening reports		Chris Cook
	Screening Oversight meeting		Kelechi Nnoaham
Immunisation	Coverage data		Chris Cook / Rutuja Kulkarni
CCG Performance data	Non-financial performance indicators reports		Debbie New
Individual Funding Requests	IFR case files		Mavis Daniel
Learning Disabilities Commissioning	LD Partnership Board (by Local Authority) minutes		Sarita Rakhra
	Winterbourne Assurance		Sarita Rakhra
	Learning Disability Self Assessments		Sarita Rakhra
Out-of-Hours Commissioning	Out-of-hours annual reports		Jacky Walters
	SHA out-of-hours returns		Jacky Walters
AWP/AQP	Files relating to assessments and decisions		Shairoz Claridge / Georgie Sullivan / Nicky Gurr / Alistair Nixon / Trevor Keable

Subject area	Document Name/Description	Current Location	Current owner/contact point for access
Patient Engagement	Duty to Involve Report 2011/12		Cath Price
Maternity	Berkshire West Maternity Review		Jane Wells
	Berkshire East Maternity Review		Sara Whittaker / Christina Gradowski

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12. ADDITIONAL DOCUMENTS

Links to other relevant material including names of authors / sources of additional information.

List to be developed by March 2013. To include:

- *CQC Quality Risk Profiles*
- *JSNA*
- *Practice Profiles*
- *Quality Accounts*
- *Provider Annual reports*
- *LINKs reports*

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13. FACE TO FACE COMMUNICATION

Confirmation details of the verbal handover/discussions between key staff. This is to include dates, outline notes of issues discussed etc. In the event of confidential / sensitive material being shared with the receiving accountable officer a note should be made of the topic area without detail.

A programme of Face to Face Handover meetings will be devised between October and December 2012, as individuals representing Receiving Organisations are identified.

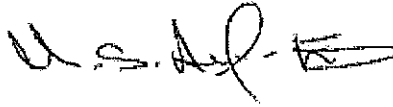
Subject area	Handover between	Date of meeting	Outline of issues discussed	Further actions / meetings

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14. DOCUMENT SIGN-OFF

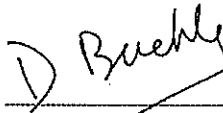
Signed by Transition Lead

Marion Andrews-Evans
PCT Cluster Director of Nursing

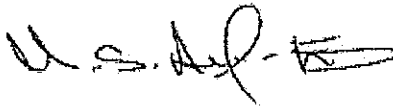


Approved by Medical and Nurse Directors

Dr David Buckle
PCT Cluster Medical Director



Marion Andrews-Evans
PCT Cluster Director of Nursing



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