Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Quality Account for Health and Wellbeing Board

Meeting Date	6th March 2014
Title	2014 Quality Account Q3
Purpose	The 2014 Quality Account is due to be published in June 2014. This paper provides an update on progress with regard to Quality Account priorities and mandated information at the end of Quarter 3. The paper sets out the format for the final Quality Account. It should be considered by the Board as an early draft rather than a final document for publication. Areas which have not been completed are highlighted and are dependent upon receipt of year end detail. The Trust welcomes any comments from the Board and will also consider any suggestions for improvement of clarification which may be incorporated into the final document, including with respect to the quality priorities for 2014/15
Business Area	All localities
Executive Director	Medical Director
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improves patient experience and outcomes of care.
CQC Registration/Patient Care Impacts	The CQC requires registered healthcare providers to regularly assess and monitor the quality of the services provided. They must use Quality governance and improvement activities to ensure that action is taken to protect people who use services from risks associated with unsafe care, treatment and support.
Resource Impacts	N/A
Legal Implications	NHS foundation trusts must publish a quality account each year, as required by the NHS Act 2009, and in the terms set out in the *NHS (Quality Accounts) Regulations 2010* as amended by the *NHS (Quality Accounts) Amendments Regulations 2011* and the *NHS (Quality Accounts) Amendments Regulations 2012* (collectively "the Quality Accounts Regulations").
SUMMARY	The Quality Account sets out progress on quality priorities for the year and plans for quality priorities for next year with respect to clinical effectiveness, patient experience and patient safety. Other mandated areas for quality reporting such as research, clinical audit and board assurance statements, as well as additional quality performance data are included in section 3. The draft quality account with Q3 data will be presented to various stakeholders for consultation prior to the publication of the full year quality account and comments will be included in the final published document.
ACTION REQUIRED	The Health and Wellbeing Board is asked to note the draft Quality Account for Berkshire Healthcare NHS Foundation Trust, to make any recommendations for improvement or clarification and to provide any comments for inclusion in the final published document.

Document Control

Version	Date	Author	Comments
1.0	14.02.2014	Amanda Mollett Head of Clinical Effectiveness & Audit	
2.0	17.02.2014	Justin Wilson, Medical Director	
2.1	26.02.2014	Justin Wilson, Medical Director Following Trust Quality and Assurance Committee	

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Quality Account 2014

Quarter 3 Report

What is a Quality account?

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. Our Quality Account looks back on how well we have done in the past year at achieving our goals. It also looks forward to the year ahead and defines what our priorities for quality improvements will be and how we expect to achieve and monitor them.

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Quality Account Summary 2014

To be added to and updated in Q4

97% of patients in community health wards rated the care as good or better 76% for mental health wards. This is an improvement

98% of community health inpatients and minor injuries unit patients would recommend the service to friends and family. 72% of mental health inpatients. This is an improvement.

Compliments recorded each month have doubled during the year.

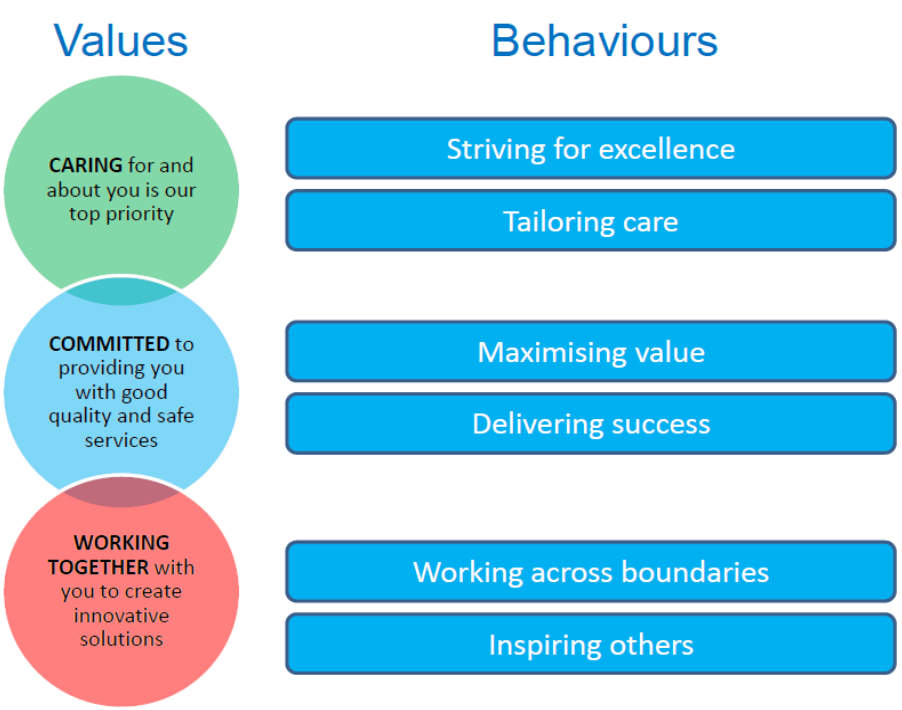
Number of complaints per month have not altered significantly overall

69% of staff would agree or strongly agree that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation (National average 59%). This is an improvement.

71% of staff agree or strongly agree that care of patients / service users is my organisation's top priority (National average 63%). This is an improvement.

Use of Recovery tools for patients on the Care Programme Approach have not improved in Q3. An action plan is being implemented to resolve this.

Berkshire Healthcare NHS
NHS Foundation Trust



1. Statement on Quality from the Chief Executive (early draft)

Berkshire Healthcare NHS Foundation Trust provides specialist mental health and community health services to a population of around 900,000 within Berkshire. We operate from more than 100 sites across the county including our community hospitals, Prospect Park Hospital, clinics and GP Practices. We also provide health care and therapy to people in their own homes.

The vast majority of the people we care for are supported in their own homes. We have 252 mental health inpatient beds and almost 200 community hospital beds in five locations and we employ more than 4,000 staff.

The health and social services in Berkshire face real challenges to maintain high quality care with increasing demands and limited resources. We are committed to working with others to develop innovative transformational solutions.

I want Berkshire Healthcare to deliver quality health services that work together to make a difference to individuals, their families and their communities. We can only do this by getting to know our communities and the people in them so we can deliver the best services to meet their health needs.

As Chief Executive I rely on patients, carers and their families to tell me when we are getting it right and when we get it wrong. I think that listening to the people we support and learning from them is the only way I can be sure that we are providing the best care. We will focus during the next year on further improving involvement of patients and carers to make the care we provide as good as possible.

Our staff are dedicated to ensuring the best outcomes for our patients their families, so I also rely on them to help me understand what the issues are and how we can improve our care. We have worked very hard to develop and listen to staff during the past year. They have come up with excellent solutions through our 'Listening into Action' programme to remove obstacles to providing the best care. I am very pleased that staff engagement levels are among the top 20% of similar Trusts in the country and we aim to build upon this success to further improve care for the people we serve.

Our vision

The best care in the right place: developing and delivering excellent services in local communities with people and their families to improve their health, well-being and independence.

The way we go about our work is defined by our values – which were developed after talking with our patients and their carers, our staff, our commissioners and our partners. These shared values are the foundation on which quality performance is built.

A theme running through our quality account and quality strategy is the achievement of improvements across both mental and physical health services. This means our community health services adopting a model of care similar to our mental health model, focused on early intervention, case management and admission avoidance.

Equally, our mental health services will align and integrate, where appropriate, with community health services, for example in providing better care for older people and for children. We are strengthening primary care partnerships in the provision of core services and integrating our services with social care and acute services, organised around patient need.

We are also working to use technology to drive quality and productivity improvements. We are building on our telehealth and mobile working initiatives to support clinicians and drive innovation.

This quality account is a vital tool in helping to support the delivery of high quality care. The information provided in this report is, to the best of my knowledge, accurate and gives a fair representation of the current services provided.

Julian Emms CEO

2.1 Priorities for Improvement 2013/14

This section of the Quality Account details our achievements to date against the 2013/14 priorities and information on the quality of services provided by the Trust during 2013/14.

2.1.1 Patient Experience

In 2013/14 we aimed to ensure patients and carers had a positive experience of care and were treated with dignity and respect

We asked patients:

1 "How likely are you to recommend our service /ward to friends and family if they needed care or treatment."

2 How do you rate the service you received? Very Good, Good, Adequate, poor, very poor

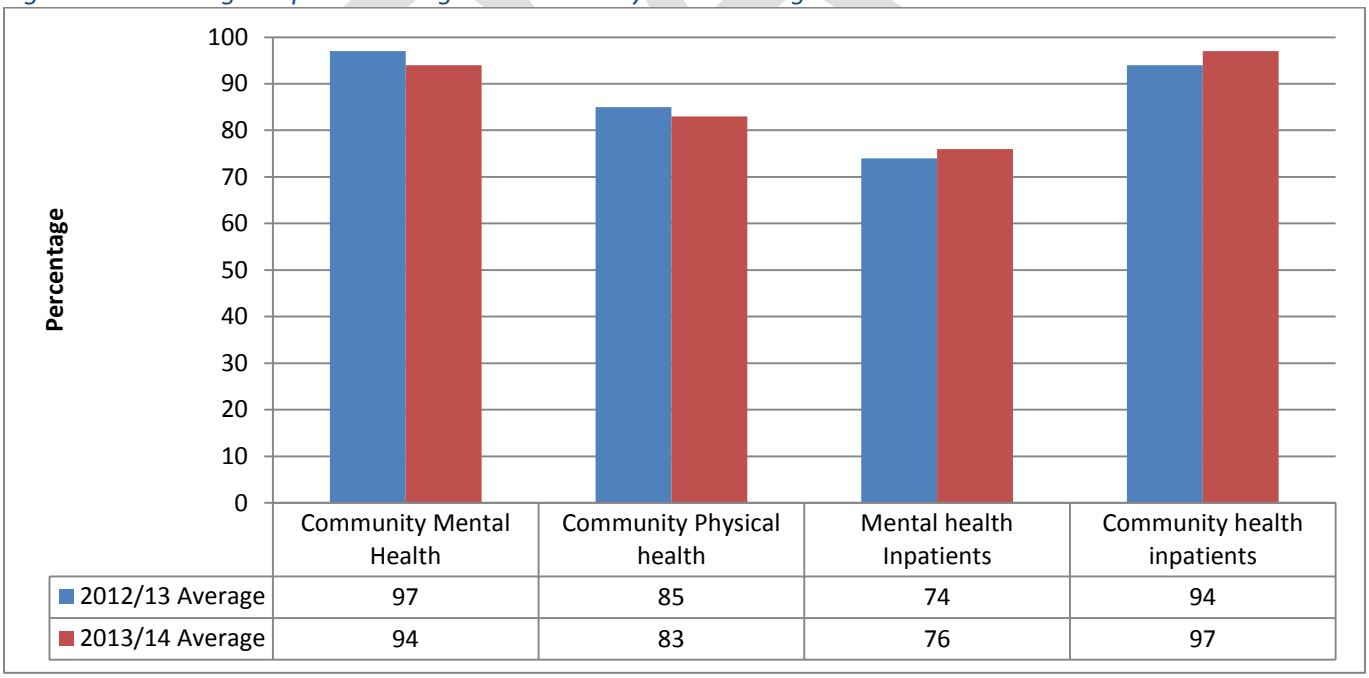
Our goal was to show an increased rate of positive experience over time. Figure 1 below shows the percentage of patients who rated the service they received as very good or good. To date at Q3 a slight decrease in community services and a slight increase in hospital (inpatient) services rated as good or better.

Figures 2 show over 90% of patients who had stayed in a community hospital or visited the minor injuries unit (MIU) at West Berkshire Community Hospital would recommend the services they received to their friends or family.

Figure 3 shows that over 80% of people who had received either physical or mental health care in the community would recommend the service to their friends or family members. Over 70% of people who had been an inpatient and received care for their mental health would recommend the services they received.

Further details on the number or compliments and complaints we received together with actions we have taken can be found in part 3 (p33).

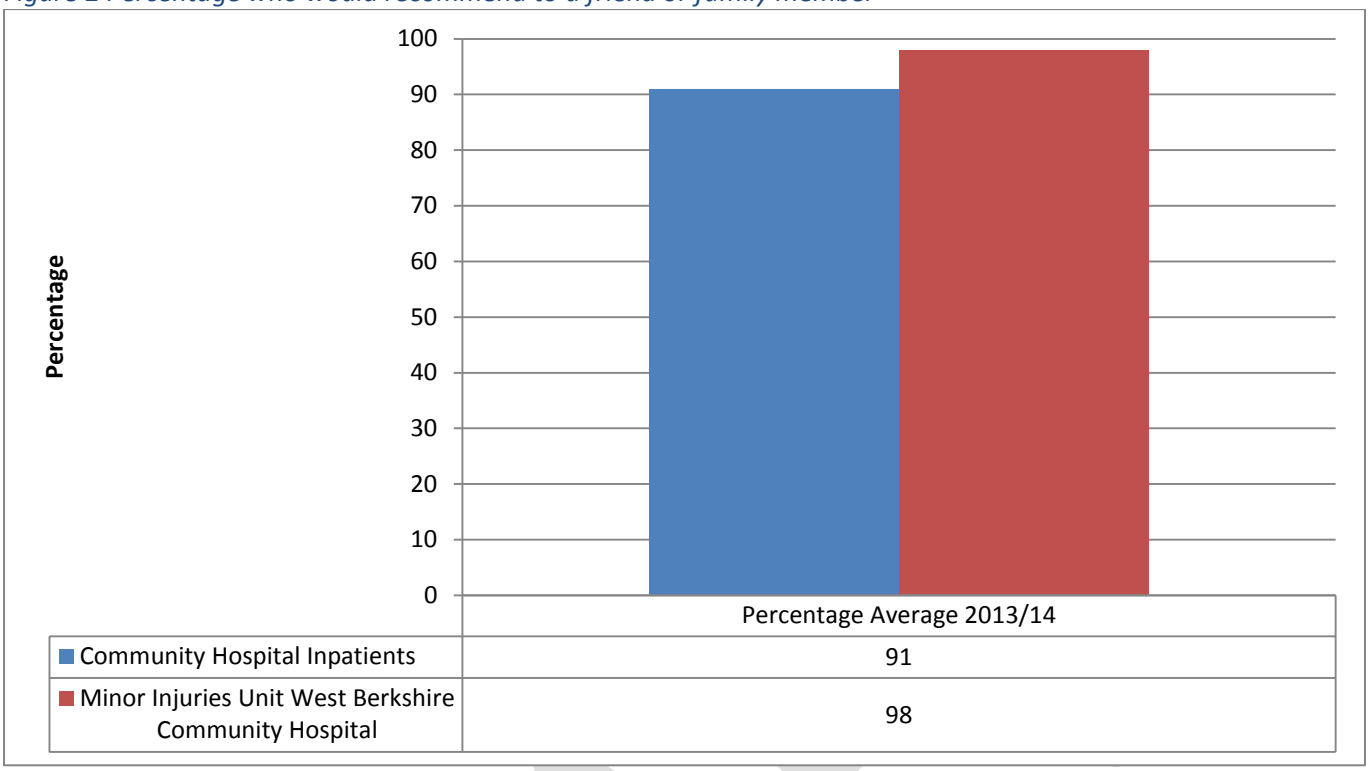
Figure 1. Percentage responses rating the service they received as good or better



	Community Mental Health	Community Physical health	Mental health Inpatients	Community health inpatients
2012/13 Average	97	85	74	94
2013/14 Average	94	83	76	97

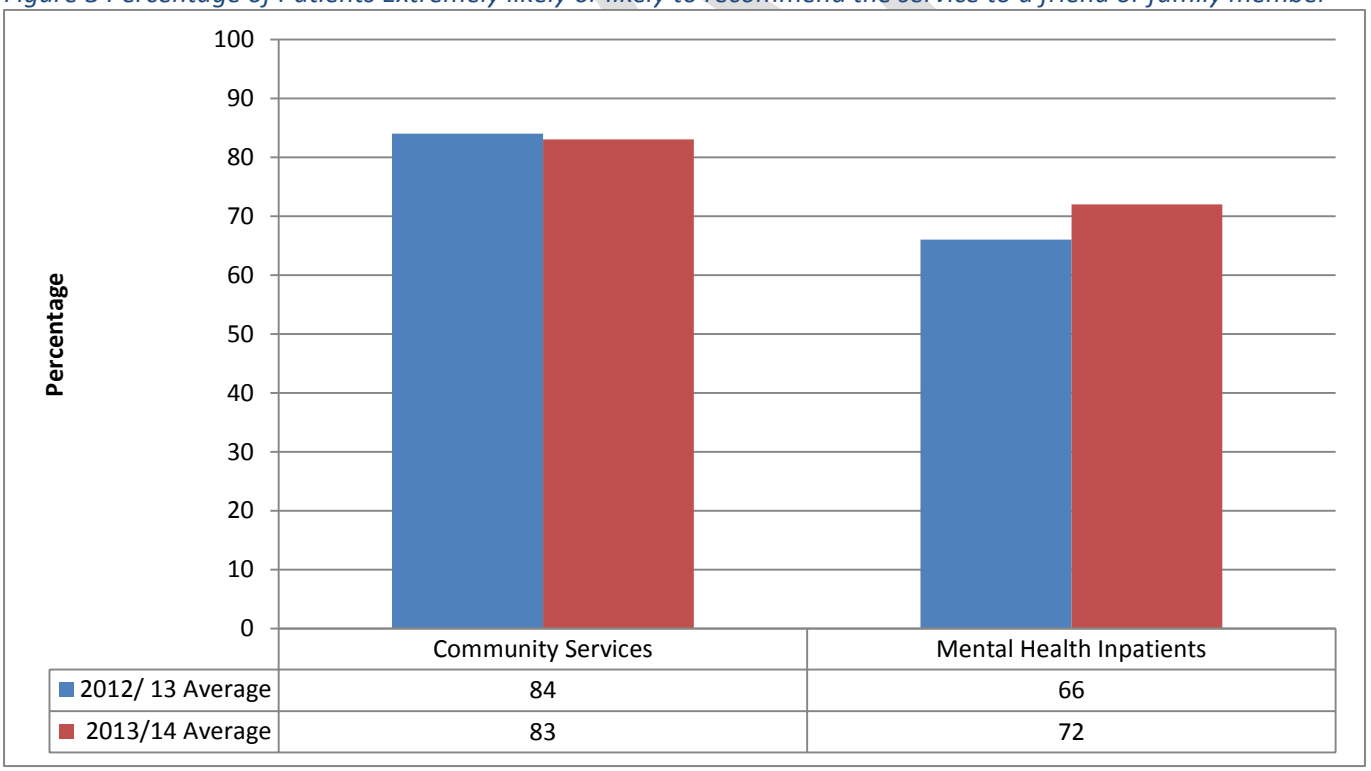
(Year end average rounded to nearest whole number. 2012/13 Community mental health results only include learning disability and older people's services as data for adult and child services are unavailable. CMHT and ECT included for 2013/14)

*Figure 2 Percentage who would recommend to a friend or family member **



** Acute methodology used for Inpatients and MIU although not mandated for non-acute trusts.*

*Figure 3 Percentage of Patients Extremely likely or likely to recommend the service to a friend or family member ***



(Q1, 2 and 3 average (red) compared with full year average for 2012/13(blue)

***Increased number of both physical and mental health community services participated in 2014 compared to 2013*

National Community Mental Health Survey

The national report was published in September 2013 Service users aged 18 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1 July 2012 and 30 September 2012. Responses were received from more than 13,000 service users nationally (29%).The Trust response rate was 31%.

The results of the survey show once again an improvement in performance, with the Trust demonstrating improvement in 13 areas, remaining the same in 32 areas and worsening in 2.

http://www.nhssurveys.org/Filestore/MH13/MH13_BM/MH13_Berkshire_Healthcare_NHS_Foundation_Trust_RWX.pdf

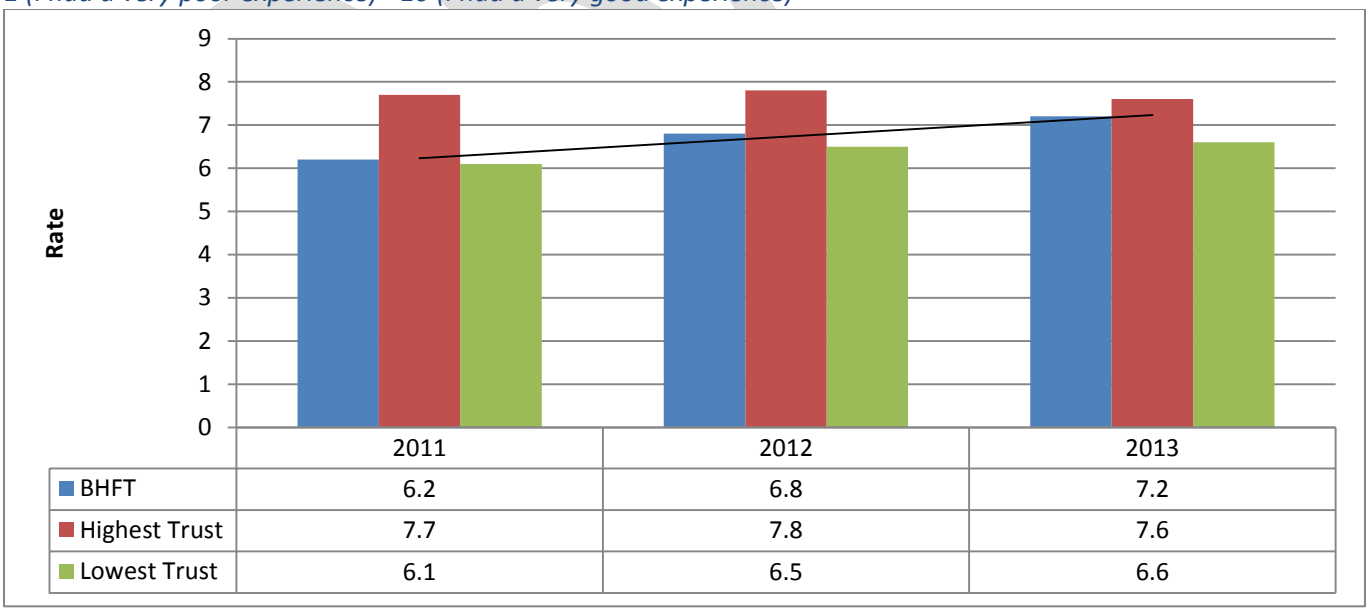
On review of our performance against trusts within NHS South of England we have moved our position significantly. For the overall experience section the Trust was 5th out of 16 regional trusts.

The Care Quality Commission (CQC) rate the Trust 'about the same' as most other trusts (Neither worse nor better).

Actions taken to improve quality:

- Results published across the trust
- Results to be shared with and disseminated into teams for information and discussion.
- Patients written to informing them who their Care Co-ordinator or Lead Professional is, enclosing a copy of the most current care plan
- Psychological skills training programme rolled out between September 13 and March 2014 to the Community Mental health workforce based on the Cognitive Behavioural Skills (CBT) training.
- Improved the advertisement of medicine information sources to staff, patients and their carers.

Figure 4 Overall, how would you rate the care you have received from the Trust in the last 12 months 1 (I had a very poor experience) - 10 (I had a very good experience)



	2011	2012	2013
BHFT	6.2	6.8	7.2
Highest Trust	7.7	7.8	7.6
Lowest Trust	6.1	6.5	6.6

Figure 5 Areas highlighted by the CQC as a significant increase in satisfaction

	2011 Score	2012 Score	2013 Score	2013 Lowest National Score	2013 Highest National Score
In the last 12 months, has a mental health or social care worker checked with you how you are getting on with your medication?	6.6	6.3	7.7	6.8	8.6
Do you know who your Care Co-ordinator (or lead professional) is?	7	5.4	6.8	5.5	8.2
Were you given a chance to express your views at the (care review) meeting?	8.5	7.7	8.6	7.5	9.1
In the last 12 months, did anyone in NHS mental health services ask you about any physical health needs you might have?	6	4.6	5.6	4.8	6.9
Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?	5.8	5.5	6.7	5.5	7.5

Whilst the CQC analysis did not identify any areas where there has been a significant decrease in satisfaction, upon reviewing the results in comparison with 2012 there are areas where satisfaction has decreased. These are shown in Figure 6.

Figure 6 Areas with a decrease in satisfaction in comparison with the 2012 survey

	2011 Score*	2012 Score	2013 Score	2013 Lowest National Score	2013 Highest National Score
Were the purposes of the medication explained to you?	8.3	8.2	7.7	6.1	9.1
Were you given information about the medication in a way that was easy to understand?	7.4	6.7	6.4	4.7	6.7
Section Score (Talking Therapies) *1	-	7	6.3	6.2	8.2
Did you find the NHS talking therapy you received in the last 12 months helpful?	6.6	7	6.3	6.2	8.2
Section Score (Day to Day living)*2	-	5.2	4.9	4	6.2

**calculations changed from percentage to scores *2 – the scoring methodology for a number of questions within this section has changed for the 2013 survey. The individual question scores for 2012 have been amended and updated however the 2012 section score results have not been revised*

These results suggest that the Trust has made significant improvements in care coordination, involving patients in care planning and in supporting mental health patients with physical health needs, although further improvement is required to be among the best Trusts in these areas. The organisation needs to work hard to maintain high standards with respect to providing accessible information about medicines for patients. There is a need to improve access to talking therapies for people with more severe mental health problems – those on a 'care programme approach'. The Trust is well positioned to respond positively to this as it provides very well regarded talking therapy services (improving access to psychological therapy) across Berkshire.

2013 National Staff Survey

The figure below shows how the Trust compares with other mental health/learning disability trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged.

Figure 7 shows the trust's score of 3.83 for overall staff engagement was in the highest (best) 20% when compared with trusts of a similar type.

These Key Findings relate to the following aspects of staff engagement:

- staff members' perceived ability to contribute to improvements at work
- their willingness to recommend the trust as a place to work or receive treatment
- the extent to which they feel motivated and engaged with their work

The trusts score for recommendation as a place to work or receive treatment (figure 9) was significantly higher than 2012 and in the highest (best) 20% when compared to other similar trusts.

Figure 7

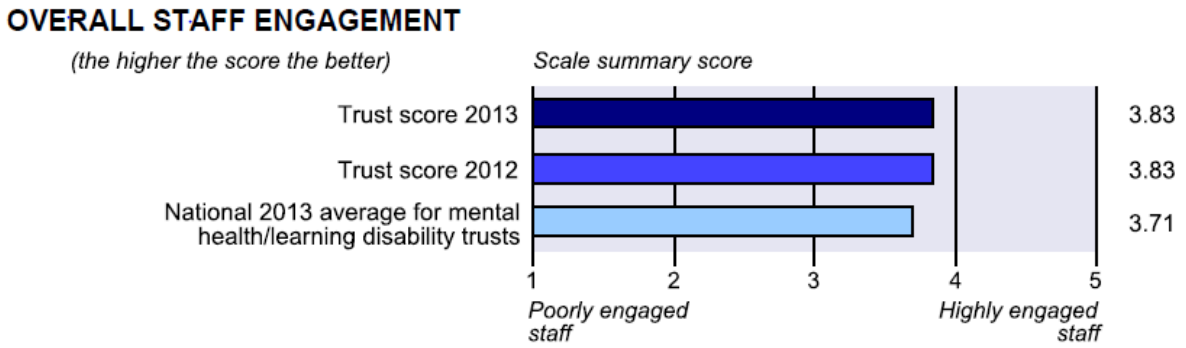


Figure 8

		Your Trust in 2013	Average (median) for mental health trusts	Your Trust in 2012
Q12a	"Care of patients / service users is my organisation's top priority"	71	63	62
Q12b	"My organisation acts on concerns raised by patients / service users"	75	71	69
Q12c	"I would recommend my organisation as a place to work"	62	53	58
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	69	59	64
KF24.	Staff recommendation of the trust as a place to work or receive treatment (Q12a, 12c-d)	3.75	3.54	3.61

Figure 9

Listening into Action LiA

Our Listening into action (LiA) programme is of central importance as a key means of engaging our staff. It aims to achieve a fundamental shift in the way the Trust works and leads, putting clinicians and staff at the centre of change for the benefit of our patients, staff and the Trust as a whole. It is all about:

- Changing the way we work for the benefit of our staff, patients and the organisation
- Connecting and bringing people together across the boundaries
- Empowering staff to get on and make the changes we all want to see
- Collaborating to come up with good ideas and then quickly turning them into action
- Celebrating our successes and using our stories to inspire others
- Sharing ownership and responsibility for improving care for our patients and working lives for ourselves

The LiA process is now becoming an accepted way of working together to solve issues in the organisation. The 'Big Conversations' between staff and the Chief Executive which identify issues requiring change, the action taken as a result and provision of prompt feedback to staff, all build confidence that concerns raised will be acted upon, and enable staff to get involved in making changes themselves.

We are able to measure the impact of our work to increase staff engagement through the in – house 'pulse' surveys, as well as the national staff survey. Our pulse surveys have shown us to be performing well – improving our scores on all questions asked since last year, with above average scores in comparison to the 24 other Trusts taking part in LiA. Our biggest improvements have been that more staff feel valued for the contribution they make and the work they do (up 21% on last year), and more staff believe we provide high quality services (up 22 %)

'Quick wins' and 'enabling our people schemes' have delivered improvements in key areas identified by staff such as communication, recruitment, care pathways, mobile working and protected reflective time for staff. The three waves of pioneer teams have introduced many high impact changes at team level which have made a real difference to patient care.

Excellent Manager Programme

Our organisational Development Strategy identified the requirement to support our managers in their development and performance – recognising the crucial importance of effective management at all levels.

In response to this, our own 'Excellent Manager' programme has been developed and is being implemented. It is important to emphasise that this programme was developed by talking to people about what they wanted and needed, and also by listening to what people said in the LiA Big Conversations. Through this programme we are aiming to align good management skills and practice with our new values based framework for appraisal. We firmly believe that designing the programme around the needs of our staff is the most significant factor in the success of the programme – which has received exceptional feedback from participants so far.

Talent Management

As part of our Organisation Development strategy the Trust identified Talent Management as a key priority, and we have subsequently become one of the organisations participating in a national talent management pilot, overseen by the NHS leadership academy.

This provides a way of identifying early potential, a mechanism for individuals to signal their intent, insight into where there are gaps in talent development and a way of ensuring business continuity and being prepared for unanticipated departures / absences. The process is aligned with and driven by the new values based appraisal system.

2.1.2 Patient Safety

Aim: To protect patients from avoidable harm.

The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a snapshot of harm once a month from;

1. Pressure ulcers
2. Falls
3. Urinary infection in patients with catheters
4. VTE (venous thromboembolism)

The trust wanted to reduce the amount of harm by identifying and learning from our incidents and to demonstrate continued improvement in relation to these important patient safety measures.

These four harms were selected as the focus by the Department of Health's Quality Innovation productivity prevention (QIPP) Safe Care programme because they are common, and because there is a clinical consensus that they are largely preventable through appropriate patient care.

The concept of Harm Free Care was designed to bring focus to the patient's overall experience. Data has been collected for all the eligible patients seen on one day of the month. Data is collected on a monthly basis from the inpatient community hospital wards, older people's mental health wards, learning disabilities units and community teams, and all community nursing and older people's mental health nursing. There has been significant improvement in the data accuracy with teams being challenged when the data submission sheet is not correctly completed

Figure 11 shows the percentage of harm free care per month compared to the national harm free figure.

On average during quarter 3, 91.96 % of patients received harm free care compared with 89.29% in Quarter 2.

There has been a gradual increase in the percentage of patients who receive harm free care. The national average is 93.5%. The Trust may have a lower number of harm free patients due to the significant number of old pressure ulcers. This means that patients have acquired the pressure ulcers in another setting before coming in to the care of the Trust.

The numbers of harm free care have increased since the training of staff on the correct definitions of the harms and the increase in the number of patients surveyed. The majority of patients only have one harm.

Appendix C details the individual charts depicting the level of harm from Pressure ulcers, Falls, Urinary infection in patients with catheters, and VTE (venous thromboembolism. The charts demonstrate the number of harms that each patient acquired.

The majority of patients who suffer a harm recorded for the month only have one harm

Pressure ulcers remain the highest harm. However since May there has been a reduction in the number of pressure ulcers reported.

There has been a reduction on the MEAN number of pressure ulcers which have developed on our wards over the last 6 months from the previous 6 months.

The Pressure Ulcer strategy is focused on zero tolerance of new pressure ulcers and the impact of this will be monitored at the pressure ulcer strategy group. There is new training for all clinical staff; all new pressure ulcers are reviewed by the ward and Deputy Director of Nursing at a monthly meeting. There is also to be a patient awareness raising campaign.

There have been 3 wards that have not had a developed pressure ulcer for 90.

The next 6 months will be monitored to assess whether the pressure damage prevention campaign had made a difference to the number of pressure ulcers across the trust. The trust compares favourably with other community trusts on their new harms.

Source: Berkshire HealthCare Foundation Trust Patient Safety Thermometer feedback Quarter 23 report 2013/14

Figure 11 –Percentage of Harm free care

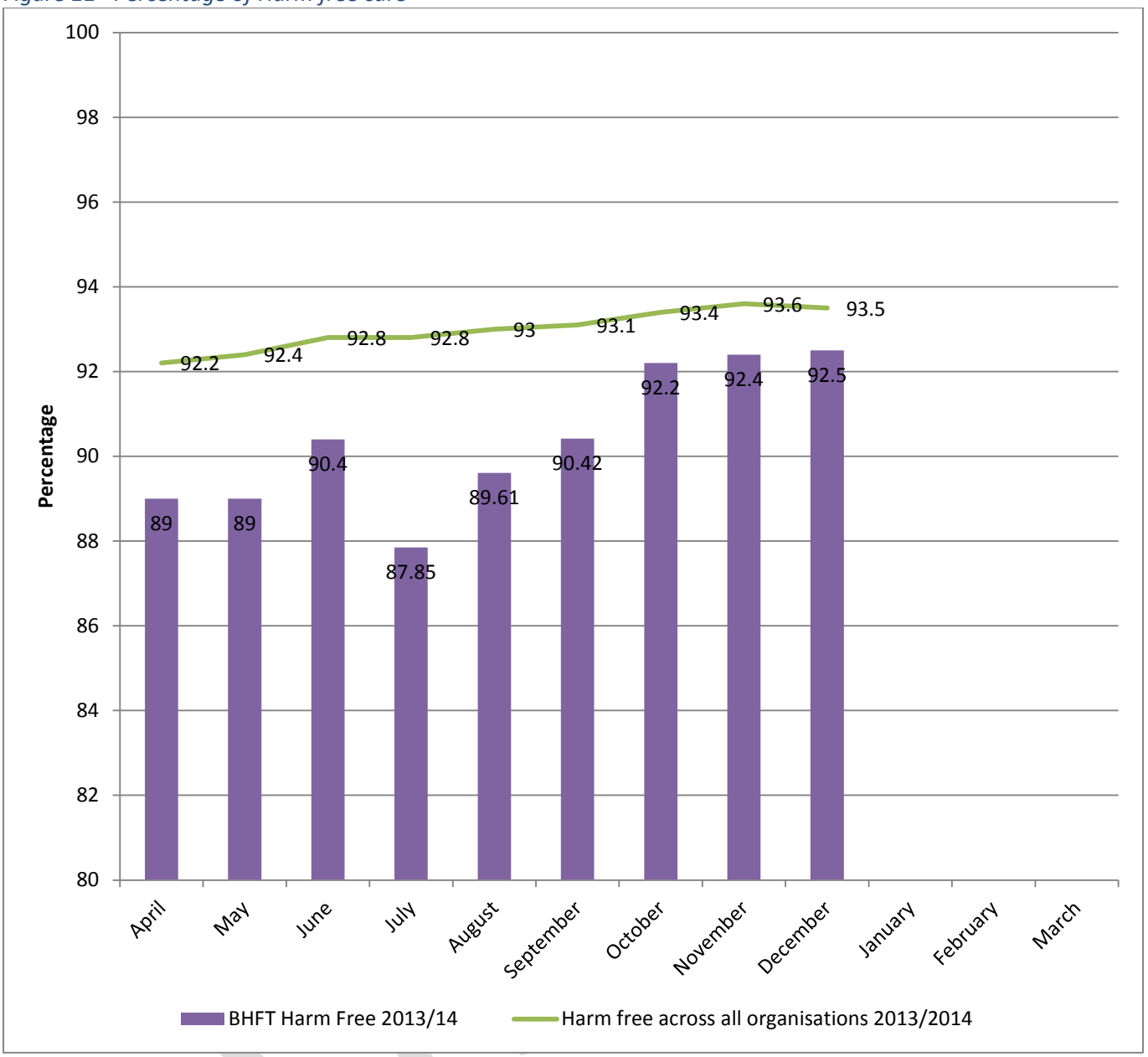
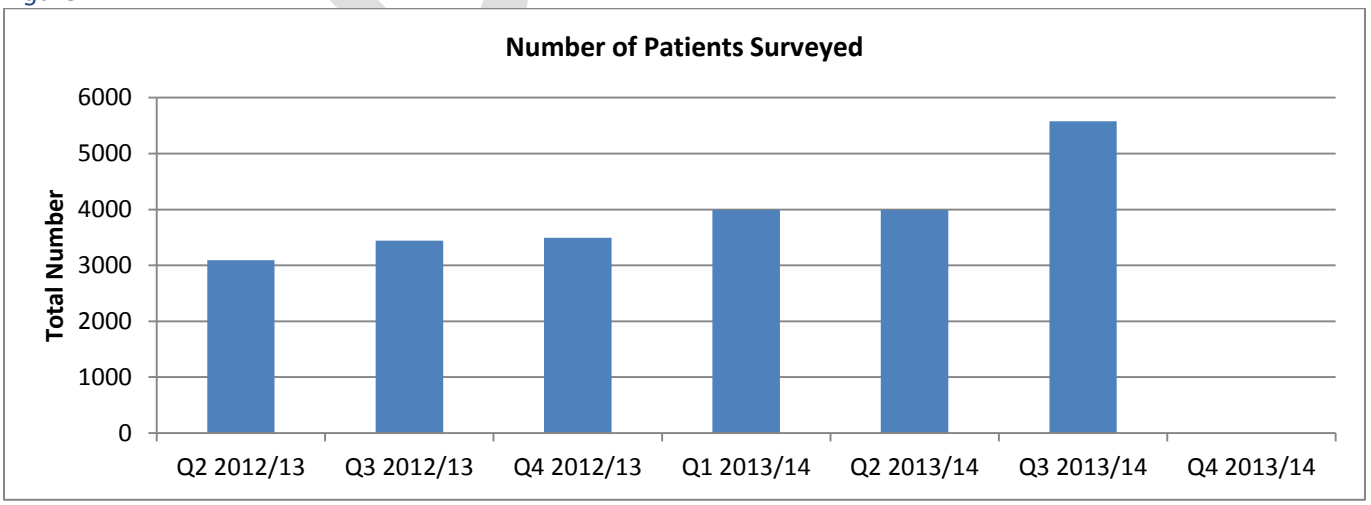


Figure 12



2.1.3 Recovery

Mental Health

Aim: To enable people to recover from episodes of ill health and enhance their quality of life.

Primary Measures:

1. To continue to offer the mental health recovery star and Wellness Recovery Action Plans (WRAP) with improved uptake for people with enduring mental health problems.

During 2012/13 the Trust focussed on the training of staff in the use of the mental health Recovery Star and

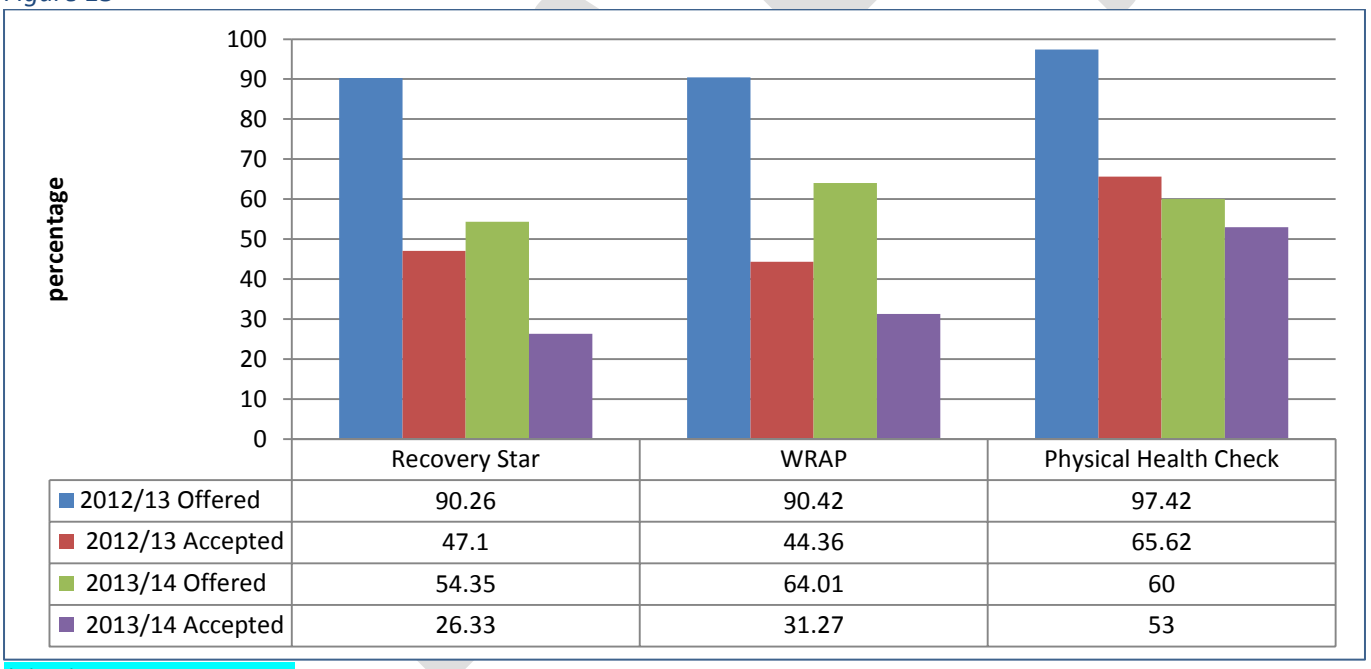
(CPA) are being offered the use of these tools in their care plans. The aim is to build on these metrics and seek ways to demonstrate improvements in the recovery outcomes for patients during the next year. Wellness Recovery Action Plans (WRAPs) and ensuring that patients on an enhanced Care Plan Approach

Figure 13 shows that there has been a decline in Q3 of the number who were offered and who accepted both Recovery star 54% and WRAP 64% of clients were offered the use of a Recovery Star and WRAP, of these26% (38% Q2) and 31% (42% Q2) retrospectively accepted the offer and proceeded to engage with the method of recovery. An action plan is being put in place led by the West Berkshire Locality Director to resolve this before the end of the year.

To be updated Q4

60% of clients have been offered a physical health check to date and of those 53% have accepted.

Figure 13



	Recovery Star	WRAP	Physical Health Check
2012/13 Offered	90.26	90.42	97.42
2012/13 Accepted	47.1	44.36	65.62
2013/14 Offered	54.35	64.01	60
2013/14 Accepted	26.33	31.27	53

* (Q3) to be updated Q4

Physical Health

The process of engaging people in their care, supporting them to take control and get the most out of life with a long term condition (LTC) is the central thread of the LTC strategy. Planning care in this way is more proactive and meets individuals' full range of needs. Patients who are better able to self-manage also have fewer contacts with health services.

Aim: To enable people to recover from episodes of ill health and enhance their quality of life.

Primary Measures:

1. To demonstrate for people with long term conditions that wellbeing outcomes are measured and associated plans implemented to help people make the most of their lives.

Three LTC which are reported on within this account are:

1. Heart Failure
2. Cardiac Rehabilitation
3. Neuro rehabilitation

Heart Failure

Heart failure affects over 1% of the population causing symptoms of breathlessness, oedema and fatigue and has a negative effect on quality of life worse than many long term conditions (Hobbs et al. 2002).

Treatments are led by physical symptoms and yet the National Institute for Health and Clinical Excellence and others state treatment plans need to be individualised and should consider all aspects of physical and psychological health (NICE, 2010).

The Heart Failure Service began to use an assessment tool to measure and monitor quality of life in heart failure patients from January 2012.

An internal audit of patients under the care of the Berkshire Healthcare NHS Foundation Trust Heart Failure Service showed that although asked if they have a history of depression, there was no evidence to illustrate quality of life had been assessed. Therefore a measurement tool was needed to assess and monitor quality of life in heart failure patients to meet key service outcomes of improving quality of life and developing patient centred plans of care.

Over the last year the tool has become established within the assessment process and is routinely used by all specialist nurses in the team. Analysis of scores revealed 41% of patients have a poor quality of life (Figure 14) and a breakdown of domains into physical and emotional components showed that those who had high sub scores also scored highly in their overall assessment.

420 patients have been assessed and these results and graphs remain fairly static. Although number are small, the team is are now beginning to record scores on discharge and it can be seen that there is a reduction in poor quality of life scores from 41% to 17% and 'good' quality of life has increased from 31% to 50% (Figure 15)

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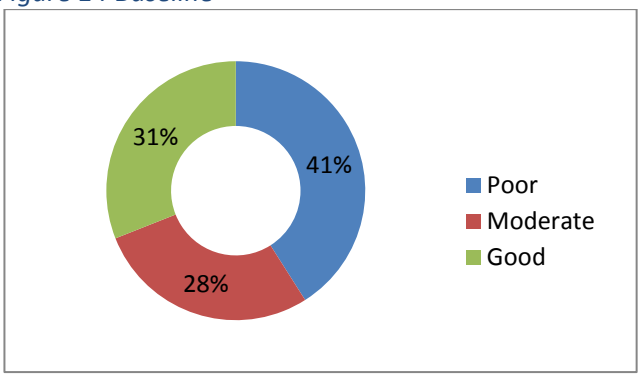
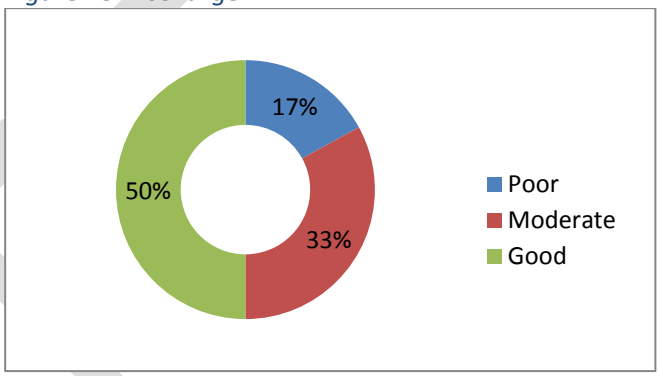
Figure 14 Baseline



Minnesota Living with heat Failure tool

Figure 15 Discharge



The results show that poor quality of life is an on-going issue for patients living with heart failure. In the next month our first Living Life with Heart Failure Course is starting, this is a new initiative with the IAPT Talking Health Team and as is open to all of our heart failure patients. The course is 6 weeks long and is intended to help them cope with their diagnosis. It will start in the Reading locality. Over the next year the service aims to address this with the following:

1. Enhancing the service to provide appropriate psychological support allowing the heart failure team to adhere to NICE guidelines of individualised care planning considering physical and psychological health, and meet local service outcomes of improving quality of life.
2. Heart failure nurses to complete appropriate IAPT training.
3. Work with local colleagues to develop pathways for onward referral where needed.
4. Ensure all patients have their quality of life assessment repeated on discharge from the service.
5. Long term patients to have their quality of life assessed every six months to monitor the effectiveness of interventions whether physical or psychological.

Cardiac Rehabilitation

There is evidence that exercise-based cardiac rehabilitation: is effective in reducing total and cardiovascular mortality and hospital admissions in people with coronary heart disease and reduces all-cause and cardiovascular mortality rates in patients after myocardial infarction (MI heart attack) when compared with usual care, provided it includes an exercise component significantly reduces hospitalisation for chronic heart failure and significantly improves quality of life and exercise tolerance for people with heart failure.

The aim of the programme is to reduce the risk of subsequent cardiac problems and to promote a return to a full and normal life. The Figure 16 (April 2013/Oct 2013) shows that 281 (69%) of patients achieved an increase in their level of fitness by at least 10% with a further 65 (16%) achieving a partial improvement (0-10%).Pre and post scores 'achieved' represents a 10% or more improvement in patients level of fitness after the intervention of cardiac rehab, Partially achieved means a 0-10% improvement in patients level of fitness after the intervention of cardiac rehab

Neuro rehabilitation

The National Service Framework (NSF) for Long-term Neurological Conditions requires rehabilitation resources to be available at all stages in a neurological condition, in both community and hospital Settings. The Neuro-Rehabilitation team works with people aged 18 and above with acquired and long-term neurological conditions, helping them to achieve maximum independence in all aspects of daily life

The Neuro-Rehabilitation team works with people aged 18 and above with acquired and long-term neurological conditions, helping them to achieve maximum independence in all aspects of daily life
The Canadian Occupational Performance Measure (COPM) is an individualized, client-centred measure designed for use by occupational therapists to detect changes in a client's outcomes in areas of self-care productivity and leisure. The Figure 17 shows that 78% of patients achieved their outcome goals.

Fig 16

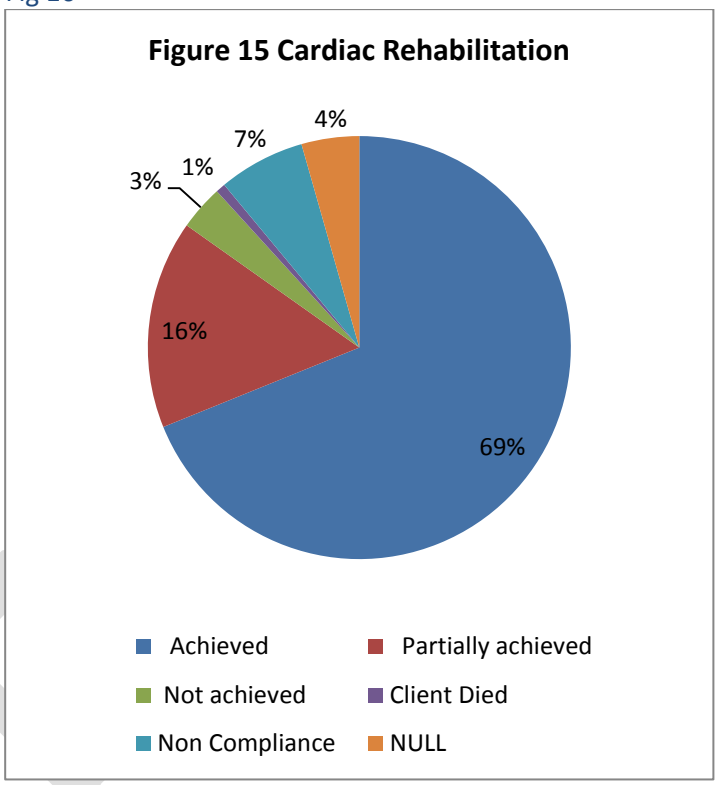
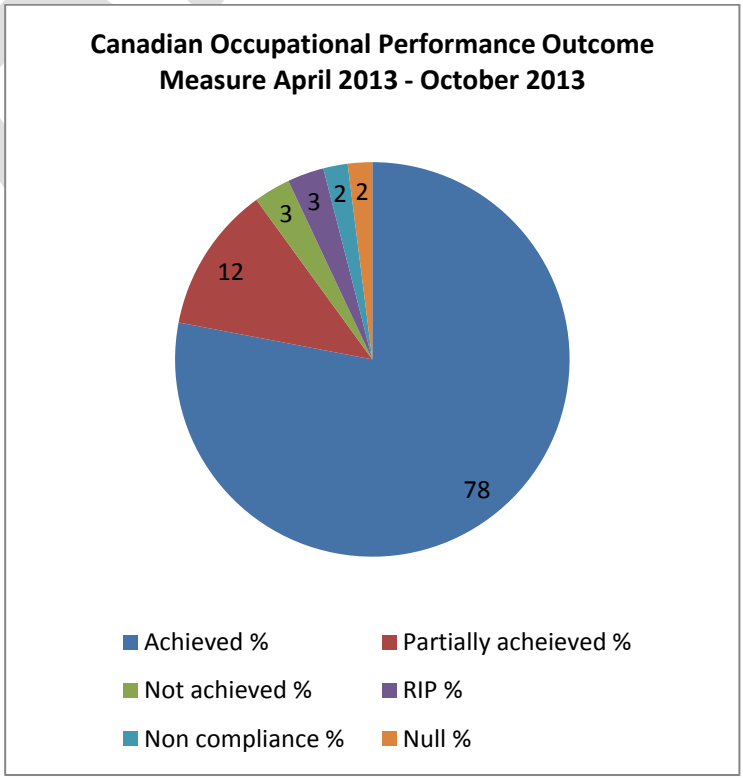


Figure 17



2.1.4 Dementia and Mental Health in acute hospitals

Aim: To improve dementia care and mental health liaison for people in acute hospitals in Berkshire.

Primary Measures:

1. Training of acute hospital staff across Berkshire to improve dementia awareness. To train 3000 staff (cumulative) to support admission avoidance and reduce length of stay as well as improving quality of care.

There has been progress on development of the older people's mental health liaison team in East Berkshire. There are regular ward rounds on care of the elderly wards in Wexham Park Hospital; which includes supporting those patients with:

- Self-harm and attempted suicide.
- Behavioural problems associated with dementia: aggression; agitation; wandering.
- Functional mental health disorders: mania; psychosis; psychotic depression and severe depression with poor food and fluid intake.
- Delirium
- Discharge planning for complicated delayed discharges.
- Complex capacity assessments requiring specialist second opinion

In addition to the improved management of dementia patients in the hospital. The referral rate has increased, with more referrals for functional psychiatric problems. Heatherwood and Wexham Park Foundation Trust have introduced dementia awareness training for their staff. Further outcomes will be available by year end (Q4)

In the West of the county Berkshire West Clinical Commissioning Groups (CCGs) have agreed to fund an expanded Hospital and Community based liaison services for 2014/15. The hospital based service will be located within the Royal Berkshire Foundation Trust Hospital and brings together the current older peoples health liaison team, A&E liaison and the children's and adolescents mental health self-harm post, which with additional investment will form an integrated Hospital liaison service.

The Community Liaison service will incorporate the Medically unexplained symptoms (MUS) service, and will focus on supporting timely discharge of patients from the Royal Berkshire Foundation Trust, and improving outcomes for people with long term conditions who are reviewed through integrated cluster teams. The East and West clinical commissioning groups have confirmed funding for 2014/15 to consolidate and further develop the liaison psychiatry initiatives in the community that began in 2012. The funding will enable the consultant liaison psychiatrist to continue collaborative working with primary care and acute trusts in Berkshire.

In brief, the community initiatives include:

- Providing specialist intervention for medically unexplained symptoms in collaboration with clinical health psychology, IAPT and general practitioners to reduce inappropriate healthcare utilisation. The project received 70 referrals in year 1 and 65 referrals (ongoing) in year 2.

- Outpatient assessment and management of patients with medically unexplained neurological symptoms (MUS). This weekly clinic at the Royal Berkshire Bracknell Clinic has received 70 referrals since it was set up in August 2012.

- Outpatient assessment and management of patients with respiratory long term conditions (LTC) and comorbid psychological distress. This weekly clinic at King Edward VII chest department has received 55 referrals since it was set up in February 2013.

- Primary care liaison in the form of assessment and management of complex patients with medically unexplained symptoms and physical/psychological comorbidity as part of the Common Point of Entry service. This initiative includes assessments in all 6 localities across Berkshire and has received 103 referrals since it was set up in June 2012.

- Education and training of general practitioners, acute care clinicians and mental health professionals in the management of complex conditions with physical and psychological overlay.

2.1.5 Health Inequalities

The Trust is increasingly focussed on developing its contribution and commitment to tackling health inequalities. Ensuring fair access to services, enabling children and young people to maximise their capabilities and have control over their lives, contributing to fair employment and good work for all and strengthening ill health prevention.

Aim: To ensure that service provision is targeted to population need.

Primary Measure:

1. A baseline assessment to identify where action is required for adult services. It is anticipated that the focus will be within the Reading and Slough localities and the needs of diabetic patients
2. Allocation of further additional health visitor resources to reflect the population need and levels of deprivation.

Following a workshop in May, all localities within BHFT have set objectives. The following list highlights developments:

•**Slough** mapping of diabetes clinic attendance and other diabetes patients usage of services is on track. Data due in Quarter 4.

•**Reading** locality working jointly with Berkshire Diabetic Eye Screening service to improve awareness and ethnicity recording so that mapping of diabetes patients in Reading can be undertaken accurately in the future; the relationship between diabetes prevalence and disadvantage/ diabetes and ethnicity has been analysed. The locality is also developing a project to educate Reading based CMHT patients who are also diabetic about the management of their condition. Data due in Quarter 4.

•**Bracknell** seeking additional funding to provide young SHaRON (web-based peer support to young parents); recording of perinatal patient data on track, analysis against baseline delayed; scheduled IAPT support provided on monthly basis to children's centres; outstanding data reports requested for quarter 4.

•**Wokingham** specialist health visitor (HV) is making good progress engaging the local Gypsy, Roma and Traveller (GRT) community across a number of settlements; significant success reported by HV in tackling Measles, mumps and rubella (MMR) immunisation rates, and raising awareness of major health conditions and providing other support/equipment; outstanding data reports requested for quarter 4.

The 'Family First' initiative in Wokingham involves health visitors, school nurses, child, adolescent and adult mental health, social services and other partners working with troubled families. The group has worked with about 80 families so far with impressive outcomes:

Health: members of all but one of the families have underlying health needs, either physical or emotional, which were previously untreated.

Criminality and antisocial behaviour: All but two of the families identified for criminality and antisocial behaviour have stopped offending completely.

Education: School attendance for the young people of statutory school age has increased from an average of 20% to over 85%

Employment: 41% of families now have an adult who has entered employment (many for the first time)

•**Windsor and Maidenhead** are focussing on the physical health needs of mental health patients and are developing a web-based database to facilitate the monitoring of physical health care for this group.

Quote – 'Since being involved in the MH Forum I have learned more about the things I can get involved in. I enjoy working on Community Mapping. When I get out and about I feel I am doing something worthwhile. Sometimes you think life is a lump of coal, but if you chip away slowly you will find a glimmer of the nugget of gold'

•**West Berkshire** face-to-face Learning Disability training for clinicians on-going, Trust-wide training needs identified and roll out planned for November 2013; improvement in recording LD data evidenced; Easy read Podiatry information being piloted. Reports on LD patient satisfaction requested for quarter 4.

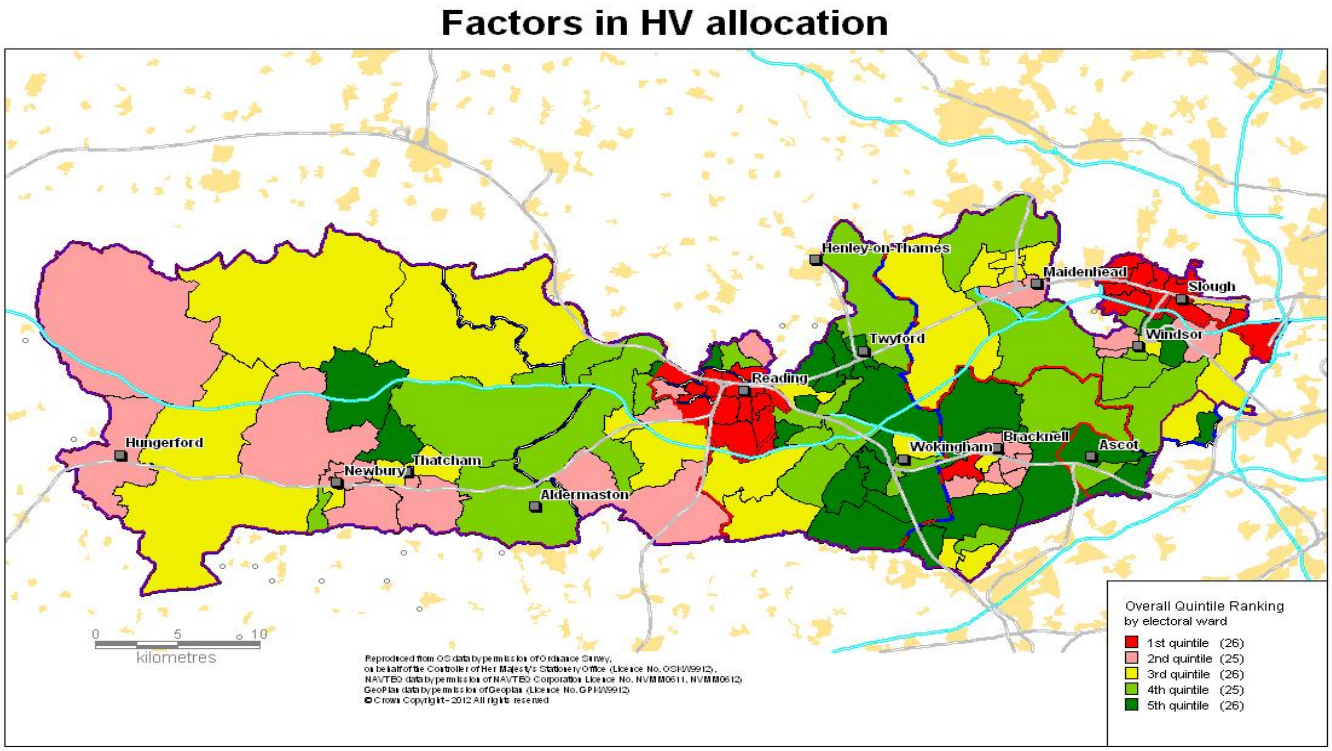
•**Mental Health Inpatients and Urgent Care** - Urgent care questionnaire on cultural competence being undertaken; tools being sourced for inpatient teams based on patient satisfaction data. Awareness raising conferences taking place in November 2013 (South Asian culture/mental health) and Spiritual care/mental health conference being planned for February 2014. Reports on patient data and patient satisfaction requested for quarter 4.

Health Visiting

The planned allocation of the 24 new health visitor posts for 2013/14 this year was based on the commissioner's decisions and the deprivation in each locality. However it became apparent in the year that the Trust was in danger of not meeting the target of recruitment so the decision was made to take on new staff to whichever area they wanted to work to ensure we did not lose them. This has been successful and we have retained the vast majority of staff trained and expect to meet the March 2014 target (some staff still in recruitment process so cannot finalise this yet.)

In 2014/15 we will be using this year's allocation of new staff to rectify any mismatch of staff to need arisen due to this change in recruitment using the overall deprivation and incorporating the version of the model below (Figure 18).This will be done following confirmation of posts for this year . The end result will be that by March 2015 the new HV posts will be allocated to ensure that all caseload sizes reflect the appropriate needs of the locality

Figure 18



2.2 Priorities for Improvement 2014/15

The Trust's first goal is to provide accessible, safe and clinically effective services that improve patient experience and outcomes of care. In March 2014 (subject to ratification) the Trust is formally launching its Quality Strategy (Appendix A note) both the strategy and quality priorities linked to it will enable us to deliver this goal. Below are the 2013/14 priorities alongside the proposed development of the priority for 2014/15.

2.2.1 Patient Safety

In 2013/14 we aimed: To protect patients from avoidable harm

Primary Measure: The NHS Safety Thermometer.

1. Pressure ulcers
2. Falls
3. Urinary infection in patients with catheters
4. Treatment for VTE (Venous Thromo-Embolism)

Outcome: To reduce the amount of harm by identifying and learning from our incidents. To demonstrate continued improvement in relation to these important patient safety measures

Proposed for 2014/15

In 2013 we participated in the South of England Improving Safety in Mental Health Collaborative. This programme has been set up to improve safety in mental health. The aim of the programme is to develop and build a culture of patient safety and quality improvement with the support of a Patient Safety Faculty with expertise in Improvement Science. The programme focuses on four key areas to reduce harm to users of mental health services.

Aim: to continue to protect patients from avoidable harms

Primary Measure:

1. To have a positive patient safety culture within the trust.
2. Safe and reliable delivery of mental health care

Outcome:

1. Increased positive staff survey response to questions regarding incidents and learning.
2. Deaths as a result of self-harm in patients in receipt of care from community teams reduced to zero or greater than 300 days between such events by March 2015;
3. Severe harm in patients on inpatient wards reduced to zero or greater than 300 days between such events by March 2015;
4. Severe harm in patients in receipt of care from community teams reduced to zero or greater than 300 days between such events by March 2015;

Additional Option

For 2013/14 we reported on pressure ulcers within the patient safety thermometer. For 2014/15 we will focus particularly on Pressure ulcers, building on our pressure ulcer prevention campaign 'Under Pressure – our journey from inevitable to zero'. Pressure ulcer prevention champions have been appointed as part of this campaign. We will prioritise a clear outcome with respect to this.

Primary measure:

Our aim is to achieve no developed pressure ulcers on community and mental health wards. We will report on the number of days without a developed pressure ulcer on each of our wards and aim to exceed 120 days on all wards during 2014/15.

2.2.2 Clinical Effectiveness

In 2014 we aimed: To enable people to recover from episodes of ill health, enhance their quality of life and improve dementia care for people in acute hospitals in Berkshire.

Primary Measures:

1. To demonstrate for people with long term conditions that wellbeing outcomes are measured and associated plans implemented to help people make the most of their lives.
2. To continue to offer the mental health recovery star and Wellness Recovery Action Plans (WRAP) with improved uptake for people with enduring mental health problems.

Outcome: Increased rate of uptake over time for recovery star and WRAP

Primary Measures:

1. Training of acute hospital staff across Berkshire to improve dementia awareness.

Outcome: To train 3000 staff (cumulative) to support admission avoidance and reduce length of stay as well as improving quality of care.

Proposed 2015

Aim: to provide services based on best practice

Primary Measures:

1. Implementation of the National Institute for Health and Care Excellence (NICE) Quality Standards to include but not exclusive to:

a. Self-Harm
b. ADHD
c. Dementia

2. Implementation of PH48: Smoking cessation in secondary care: acute, maternity and mental health services.
3. Increasing access to psychological therapies in secondary care this will include mapping of skills within the workforce training and supervision of staff.

Outcomes: In line with NICE recommendations we will strive for 100% against quality measures within the quality standards and aim to fully implement smoke free services for 2015. Details of a CQUIN in relation to increasing access to psychological therapies are being negotiated with commissioners. The outcome will be included as a quality account priority in line with a request from Trust Governors.

2.2.3 Health Inequalities

In 2014 we aimed: To ensure that service provision is targeted to population need.

Primary Measure:

1. A baseline assessment to identify where action is required for adult services. It is anticipated that the focus will be within the Reading and Slough localities and the needs of diabetic patients
2. Allocation of additional health visitor resources to reflect the population need and of deprivation.

Proposed 2015

Aim: to ensure that services are based on need.

Primary Measure:

1. Following the identification of the baseline assessments by services in 2014 to ensure that the actions identified are implemented.
2. Local health inequalities initiatives will be reported on
3. Achievement against the target of 185 whole time equivalent health visitors by April 2015 allocated to best meet population need.

2.2.4 Patient Experience

In 2014 we aimed: To ensure patients and carers have a positive experience of care and are treated with dignity and respect

Primary Measure: Friends and Family test

1 "How likely are you to recommend our service /ward to friends and family if they needed care or treatment."

Outcome: to show an increased rate of positive experience over time

Proposed 2015

Aim: To continue to ensure patients and carers have a positive experience of care and are treated with dignity and respect.

Primary Measures.

1. Friends and Family Test
2. Learning from compliments and complaints

Outcome: to show an increased rate of positive experience over time

As part of this we will also report on measures to demonstrate that people with learning disabilities, cognitive and memory problems are having a positive experience of care and treated with respect and dignity.

Improving patient Involvement will be a key theme for the Trust during 2014/15. Initiatives to further enhance this will be developed and implemented following a presentation to the Board at the start of the year. Examples being considered include:

1. 'Listening into action' events with staff to identify the best ways to remove barriers to better patient and carer involvement in their clinical areas.
2. 'Listening into action' events with patient and carer groups to improve care.
3. Closer association with key local and national patient representative groups and charities to help improve the development of services.
4. The employment of a patient involvement lead and champion reporting directly to the Chief Executive and sharing best practice across the Trust and beyond.
5. Increased involvement of experts through experience on key quality groups and committees.
6. Enhanced patient quality feedback systems to encourage and respond to suggestions for improvement.

Monitoring of Priorities for Improvement.
By the end of June 2014 we will have agreed the detailed action plans and improvement targets that will deliver the priorities. They will be monitored on a quarterly basis by the Quality Assurance Committee as part of the Quality report and the Board of Directors will be informed of performance against agreed targets. We will report on our progress against these priorities in our Quality Account for 2015.

2.3 Statements of Assurance from the Board

During 2013/14 the Trust provided 72tbc NHS services. The Trust Board has reviewed all the data available to it on the quality of care in all 72 of these NHS services. The income generated by the NHS services reviewed in 2012/13 represents 100% of clinical services and 89% of the total income generated from the provision of NHS services by the Trust.

The data reviewed aims to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience. Improvements in the metrics used and processes in place to gather good quality data in these areas were implemented early in 2013/14. The key quality performance indicators presented to the Board have been further reviewed. Details of a selection of the measures monitored monthly by the Board which are considered to be most important for quality accounting purposes are included in Part 3. These incorporate more than three indicators in each to the key areas of quality.

2.4 Clinical Audit (Q3 to be revised Q4)

During 2013/14, 10 national clinical audits and 1 national confidential enquiries covered relevant healthcare services which Berkshire Healthcare Trust provided.

During 2013/14 Berkshire Healthcare NHS Foundation Trust participated in 100% (n=8) national clinical audits and 100% (n=1) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in (figure 20)

The reports of 3 (100%) national clinical audits were reviewed in 2013/14. This included 2 national audits that collected data in 2011/12 or 2012/13 that the report was issued for in 2013/14. (figure 20)

The national clinical audits and national confidential enquiries that Berkshire Healthcare Foundation Trust participated in, and for which data collection was completed during 2013/14, are listed in table 1 alongside the number of cases submitted to each audit or enquiry as a percentage of the number registered cases required by the terms of the audit or enquiry.
Local Audits

- Registered – 157
- Completed- 56 (may have started in previous year)
- Active – 159 (may have started in previous year)
- Awaiting action plan - 19

The reports of 51 local clinical audits were reviewed by the Trust in 2013/14 and Berkshire Healthcare Foundation Trust intends to take actions to improve the quality of healthcare. (NB: Projects are only noted as 'completed' after completion of the action plan implementation, which is why there are more local projects 'reviewed' than total 'completed').

The reports of all the national clinical audits were reviewed in 2013/14 and Berkshire Healthcare Foundation Trust intends to take actions to improve the quality of healthcare.

Full details Actions planned by the Trust, as a result of these national and local audits, will be included in the final Trust Quality Account for 2013/14.

2.5 Research (Q3 to be revised Q4)

The number of patients receiving NHS services provided or sub-contracted by the Trust that were recruited to end of December 2013/14 to participate in research approved by a research ethics committee was as follows:

241 patients were recruited from 61 active studies, of which 115 were recruited from studies included in the National Institute of Health Research (NIHR) Portfolio and 126 were from non-Portfolio studies.

Figure 19 R&D recruitment figures 2013/14 Q3

Type of Study	No of Participants Recruited	No of Studies
NIHR Portfolio	115	28
Student	111	26
Other Funded (not eligible for NIHR Portfolio & Own Account (Unfunded)	15	7

The Trust has been active in the development of the Oxford Academic Health Science Network (AHSN) and has been particularly focussed on ensuring that community and mental health services are prominent in the priorities of the network.

The Oxford AHSN incorporates a 'Best Care' programme which involves a series of clinical networks. Mental health networks have been developed within the AHSN with respect to dementia; improving access to psychological therapies for depression and anxiety; early intervention in mental health and physical/mental health comorbidities.

Linked to these developments there has been further close collaboration with the University of Reading including the opening of the Berkshire Memory and Cognition Research Centre.

Figure 20

National Clinical Audit and Patient Outcomes Programme (NCAPOP) Audits	
National re-audit of schizophrenia (NAS) (2013)	Data collected October 2013 111 patients submitted, across adult and CAMHS
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Data collected November 2013 – January 2014 Data submitted for 1 GP surgery, out of 1 relevant GP surgery (170 patients 100%)
Epilepsy 12 audit (Childhood Epilepsy)	No relevant patients –Nil return
Non-NCAPOP audits	
Prescribing for ADHD (March 2013)	Data collected March-April 2013 126 patients submitted, across adult and CAMHS
Prescribing anti dementia drugs	Data collected October 2013 88 patients submitted, across adult and CAMHS
Monitoring of patients prescribed lithium	Data collected June 2013 104 patients submitted.
Use of antipsychotic medication in CAMHS	January 2014 Data collection currently in progress. Minimum of 10 patients per locality to be submitted.
National Memory Clinics Audit	Data collected July-September 2013 6 clinics submitted, out of a relevant 6 (100%)
National Confidential Inquiries	
National Confidential Enquiry into Suicide and Homicide for people with Mental Illness (NCISH)	8 (100%)
Other audits reported on in-year (data collected in previous year(s)	
National Audit of Schizophrenia (2011)	Involved 80 patients in a case note review, with 30 service user responses and 22 carer responses to survey. Initial Trust level report received April 2012 and final national report December 2012. Reviewed April 2013
Prescribing antipsychotic medication for people with dementia	Data collected Sept 2012 1,016 patients submitted, across older adult teams east and west.

2.6 CQUIN

A proportion of the Trust's income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and the Primary Care Trusts, NHS Berkshire through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2013/14 and for the following 12 month period can be found in Appendix F and G

The income in 2013/14 conditional upon achieving quality improvement and innovation goals is £4,074,898. The associated payment received for 2012/13 was £4,100,918.

2.7 Care Quality Commission

The Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions. The Care Quality Commission has not taken enforcement action against Berkshire Healthcare Foundation Trust during 2013/14. Berkshire Healthcare Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

The CQC inspected three of our services during 2013/14;

1. Sorrell Unit (Psychiatric Intensive Care Unit) at Prospect Park Hospital,
2. Ryeish Green Children's Respite Unit
3. Berkshire Adolescent Mental Health Unit (BAU) at Wokingham Community Hospital.

Sorrell Unit was assessed as being compliant with three of the five 'Outcomes' assessed, but received an improvement notice in respect of Outcome 1 (Respecting and involving people who use services), and Outcome 2 (Consent to care and treatment). For Outcome 1, the CQC said, "It was not clear if people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care". For Outcome 2, the CQC said, "It was not clear that care and treatment was planned and delivered in a way that ensured people's safety and welfare". On this latter point, the CQC wanted to see improvement in the quality and triangulation of risk assessments, care planning and progress notes recorded on the Trust's clinical record keeping system. BHFT has put actions in place to address these issues.

Ryeish Green and BAU were assessed as meeting all of the Essential Standards inspected.

The Trust received a CQC Mental Health Act (1983) Monitoring Visit during the reporting period. This visit, the first of its kind involving BHFT, involved the CQC engaging multiple agencies and service users to evaluate standards of assessment and detention of mental health patients in accordance with the Act. The assessment identified areas of good practice and positive feedback, alongside developmental issues to be addressed by BHFT, its commissioners and partner agencies.

The Trust had an internal CQC inspection programme for 2013/14 which was delivered to provide assurance to the Executive and Board that CQC compliance with the essential standards is maintained across all services, and to highlight any risks to compliance.

The current CQC Quality & Risk Profile (Appendix D) published on 31st January 2014. Shows one change since the last profile published in November 2013. Outcome 11: (R16) Safety, availability, and suitability of equipment has improved from a high green to a low green rating.

2.8 Data Quality

Berkshire Healthcare Foundation Trust submitted records during 2013/14 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS Number was:
99.9% for admitted patient care
99.9% for outpatient care.

The percentage of records which included the patient's valid General Practitioner Registration Code was:
99.8% for admitted patient care
95.1% for outpatient care.
87.8% for emergency care (Minor Injuries Unit)

Information Governance

Berkshire Healthcare Trust Information Governance Assessment Report overall score for 2013/14 was (66%) and was graded (Amber).

The Information Governance Group is responsible for maintaining and improving the information governance

Toolkit scores, with the aim of being satisfactory across all aspects of the IG toolkit for Version 11. An action plan is being agreed to achieve this for the Version 11 final response which is due March 2014. Progress against the actions is monitored by the Information Governance Group.

One aspect of information governance includes clinical coding. A clinical coding audit in December 2013 revealed correct primary diagnosis and secondary diagnosis coding of 86% and 72% respectively for mental health. This is a marked improvement on previous clinical coding audits.

Data Quality

Berkshire Healthcare Foundation Trust has taken the following actions to improve data quality.

The Trust has invested considerable effort in improving data quality. An overarching Information Assurance Framework (IAF) provides a consolidated summary of every performance information line and action plans.

Data quality audits were carried out on all lines that were rated as low ('red') quality in the IAF. The findings of these data quality audits were shared with the Data Quality Group and the Trust Senior Management Team

The key measures for data quality scrutiny mandated by the Foundation Trust regulator Monitor and agreed by the Trust Governors are (Full descriptions Appendix X to be added):

- 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within 7 days of discharge from hospital
- Admission to inpatients services having access to crisis resolution home treatment teams
- Medication Errors STC

BHFT was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission

3.1 Review of Quality Performance 2013/14 (Q3)

In addition to the key priorities detailed, the Trust Board receives monthly Performance Assurance Framework reports related to key areas of quality. These metrics are closely monitored through the Trust Quality Governance systems including the Quality Executive Group and the Board Audit Committee. They provide assurance against the key national priorities from the Department of Health's Operating Framework and include performance against relevant indicators and performance thresholds set out in the Compliance Framework.

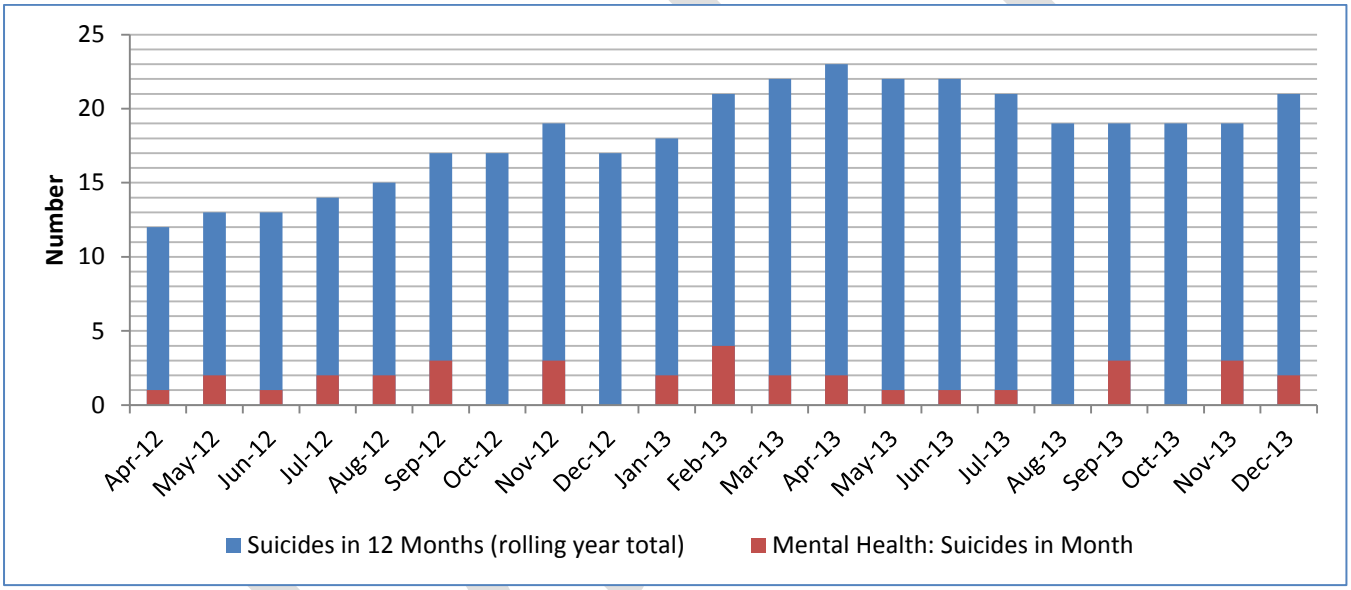
Patient Safety

Berkshire Healthcare aims to maximise reporting of incidents whilst reducing the severity levels of incidents through early intervention and organisational learning. Organisations that report more incidents usually have a better and more effective safety culture.

Never Events

None reported at Q3

Figure 21 Suicides



Suicide rates for those in contact with the Trust appear to have plateaued at around 19 per year. Clinicians have worked hard to improve processes for assessing and managing risks for patients in relation to suicide and self-harm. There have been no inpatient suicides during 2013/14. All suicides occurred in the community.

Absence Without Leave (AWOL)

There have been fluctuations in patients AWOL from the ward and in episodes of absconding. There has not, however been any clear trend in these areas. Three AWOL incidents relate to an older adult client on new Orchid Ward. One client was responsible for two awol incidents from Bluebell ward - On Bluebell ward there is a pilot project to see the impact of having the ward door unlocked for periods during each day, however in both these instance the client ran away from staff whilst on an escorted walks. This same client was also responsible for one of the absconsion from Bluebell ward in December 2013, by kicking open the fire door

AWOLS - information to add in here from the patient safety project Q4 Patient Safety Manager JG

Slips Trips and Falls

The number of slips, trips and falls across the Trust has remained stable at around 225 per quarter. 3 falls resulting in fracture have occurred during the first half of the year.

Figure 22 Absent Without Leave (AWOL) and Absconsions on a Mental Health Act (MHA) Section

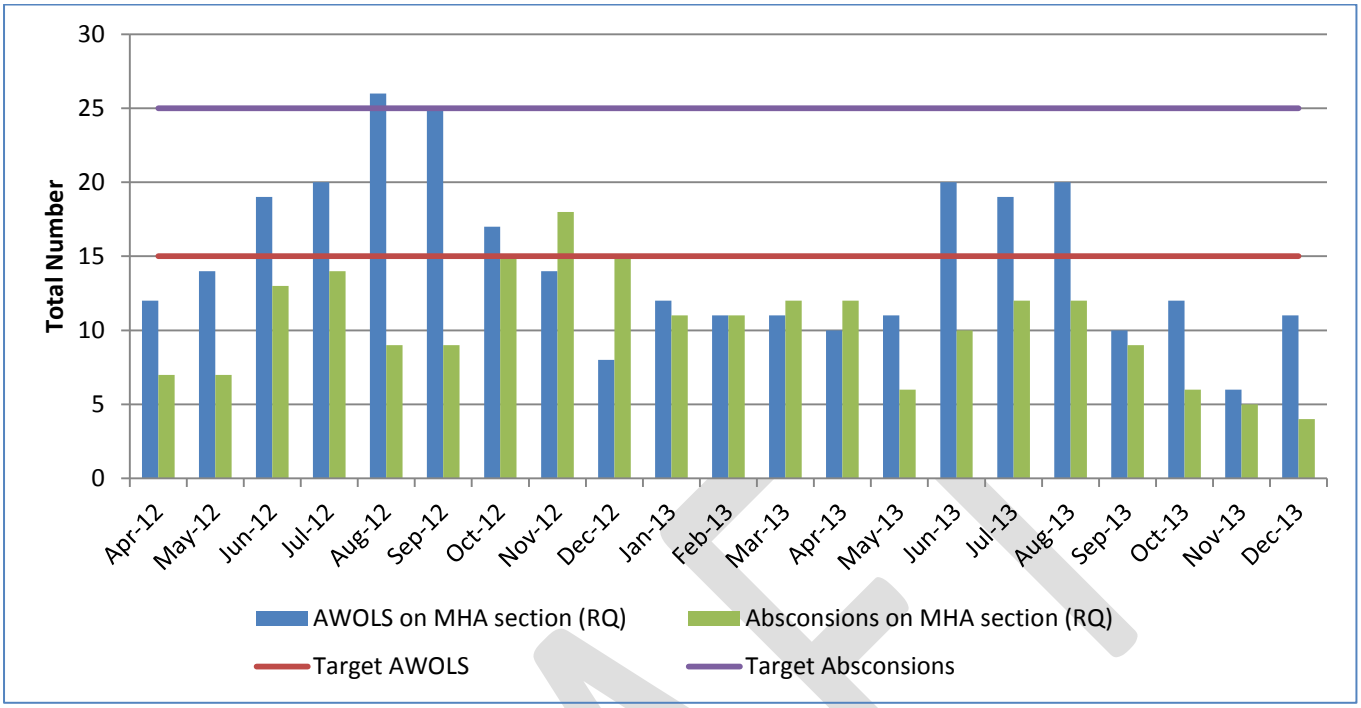


Figure 23 Total number of Slips Trips & Falls Incidents against those resulting in fracture

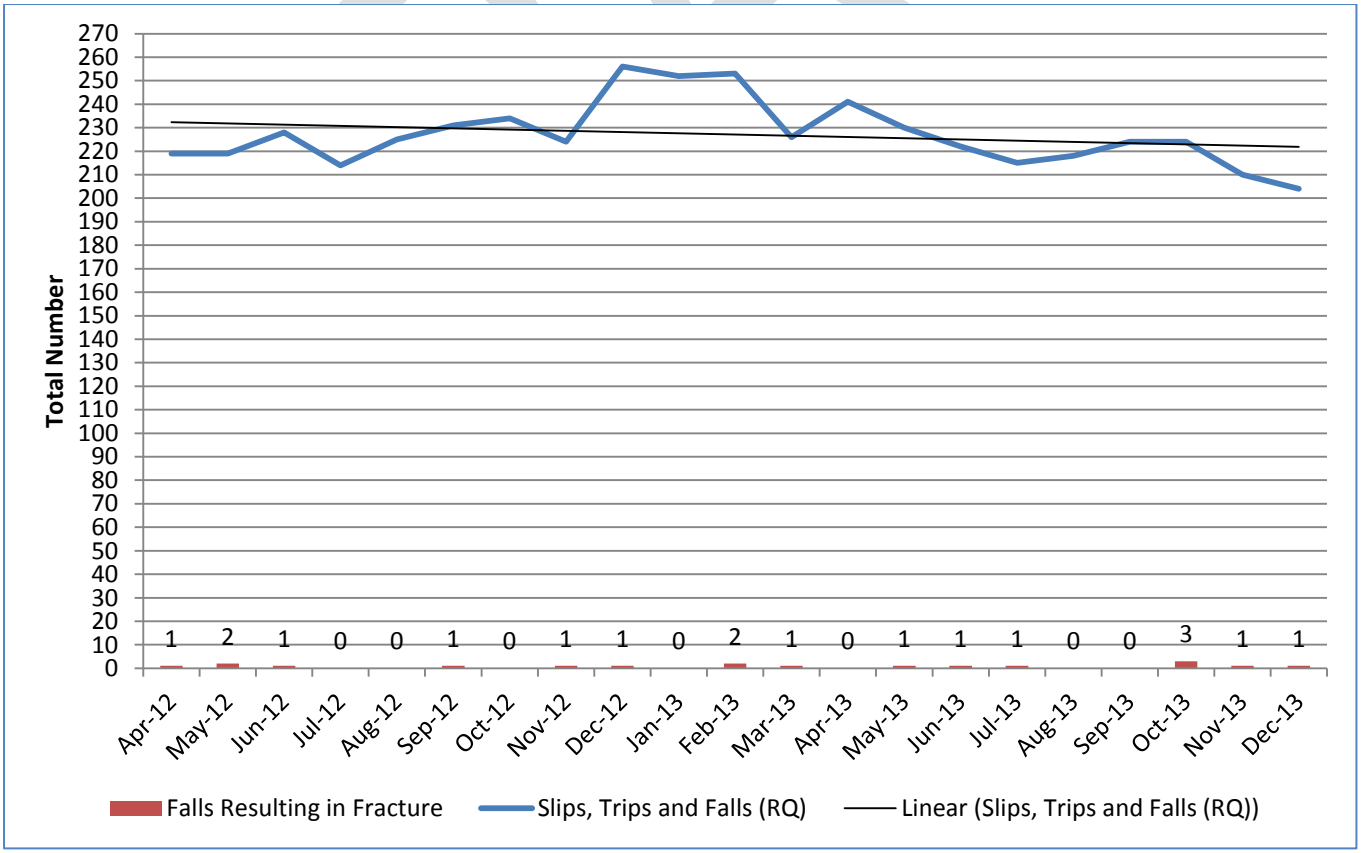
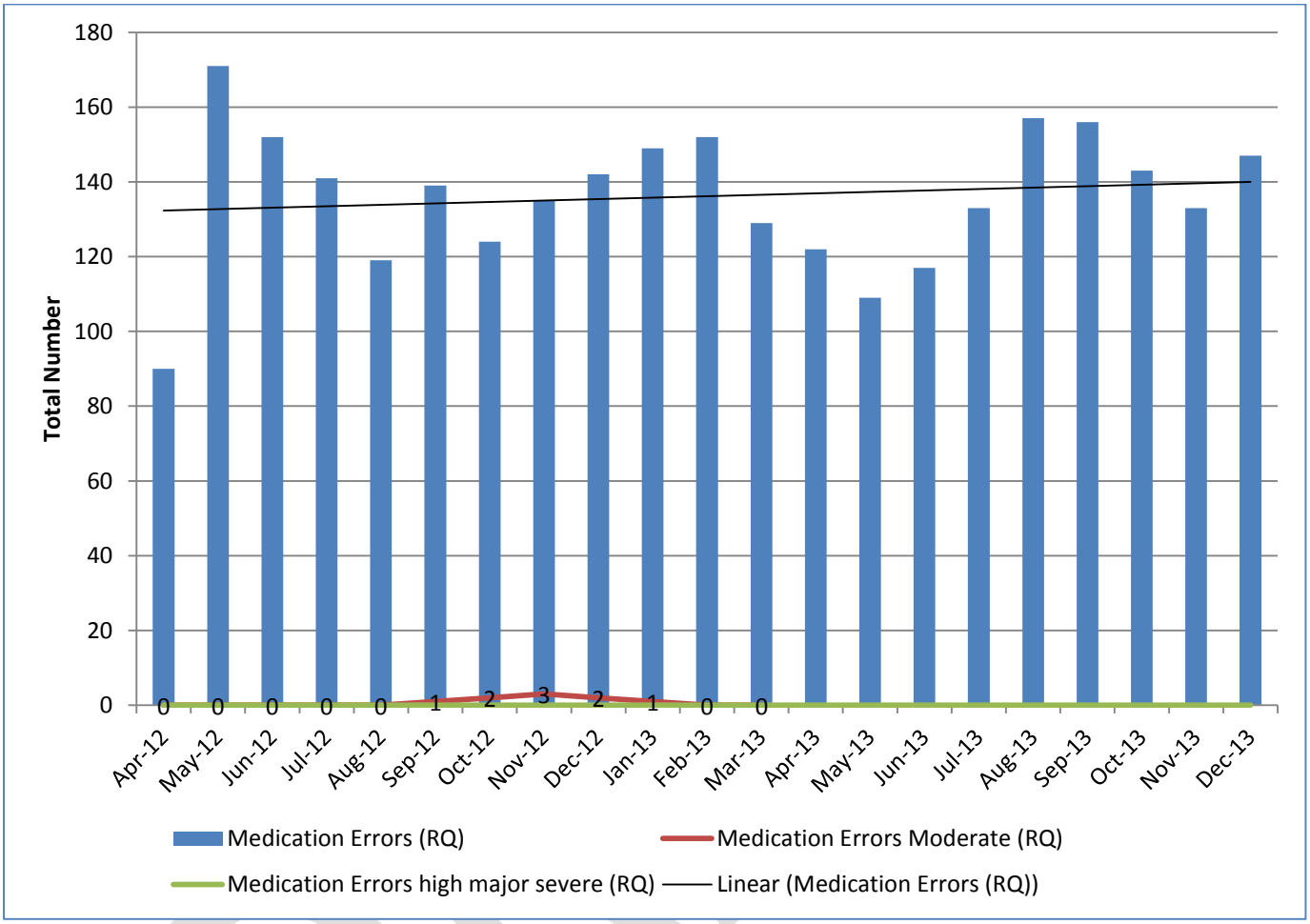


Figure 24 Medications Errors
(No errors resulted in moderate or severe harm)



Medication errors

The number of medication errors reported has fluctuated on average around 140 (117 – 156) per quarter with no clear trend. The Trust aims to maximise the reporting of errors but reduce the occurrence of serious errors which cause harm to patients. To date 420 medication errors have been reported none of which have resulted in moderate or severe harm to patients.

Pressure Ulcers

The number of grade 3 and 4 Pressure Ulcers reported has increased in the first half of the year due to a change in reporting thresholds (including inherited pressure ulcers). – No new grade 3 pressure ulcers were reported in December 2013, Q1 55 in total, Q2 81 in total Q3 41in total [This will be revised to incorporate latest analysis of pressure ulcer data Q4].

Physical Assaults

There has been some reduction in physical assaults on staff by patients during the first half of the year with a slight increase in patient on patient assaults.

Figure 25 Newly Acquired Pressure Ulcers

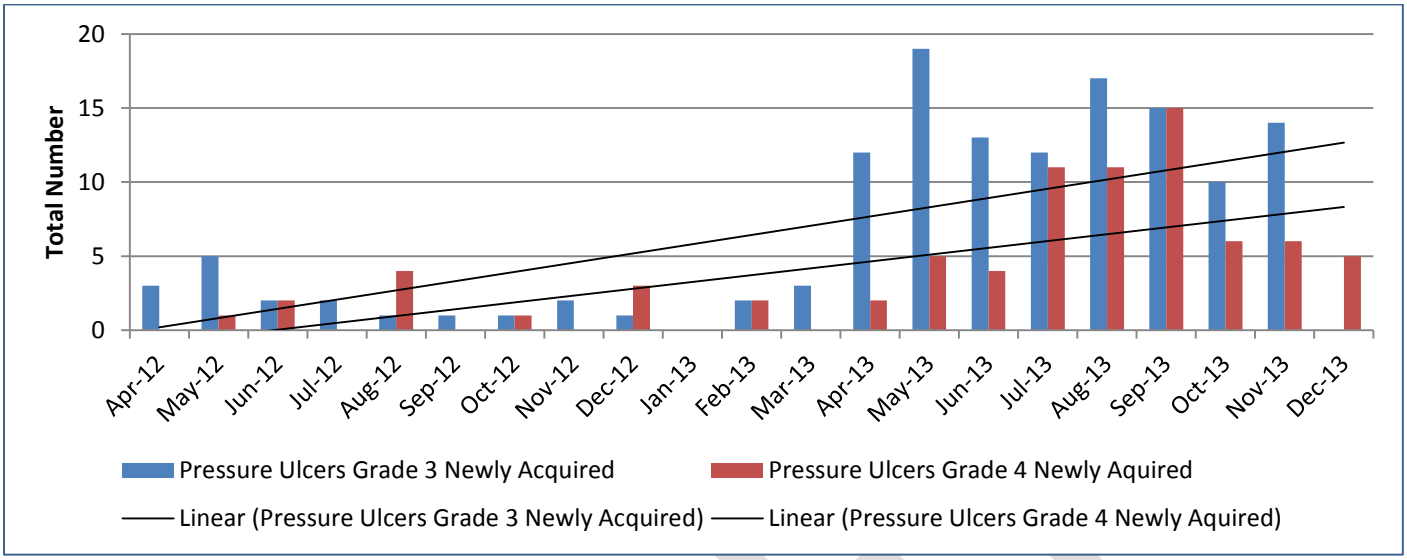


Figure 26 Patients to Patient and Patient to Staff Physical Assaults

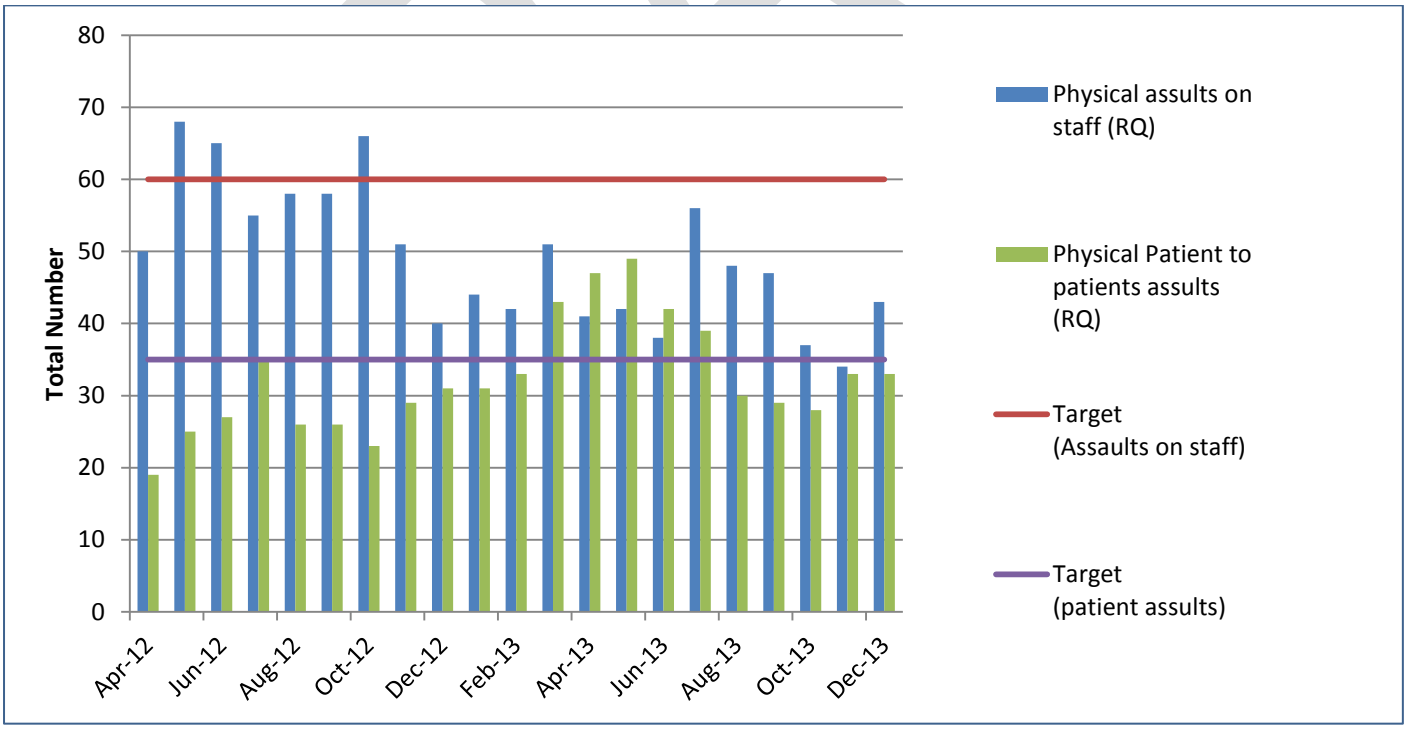


Figure 27 Compliments

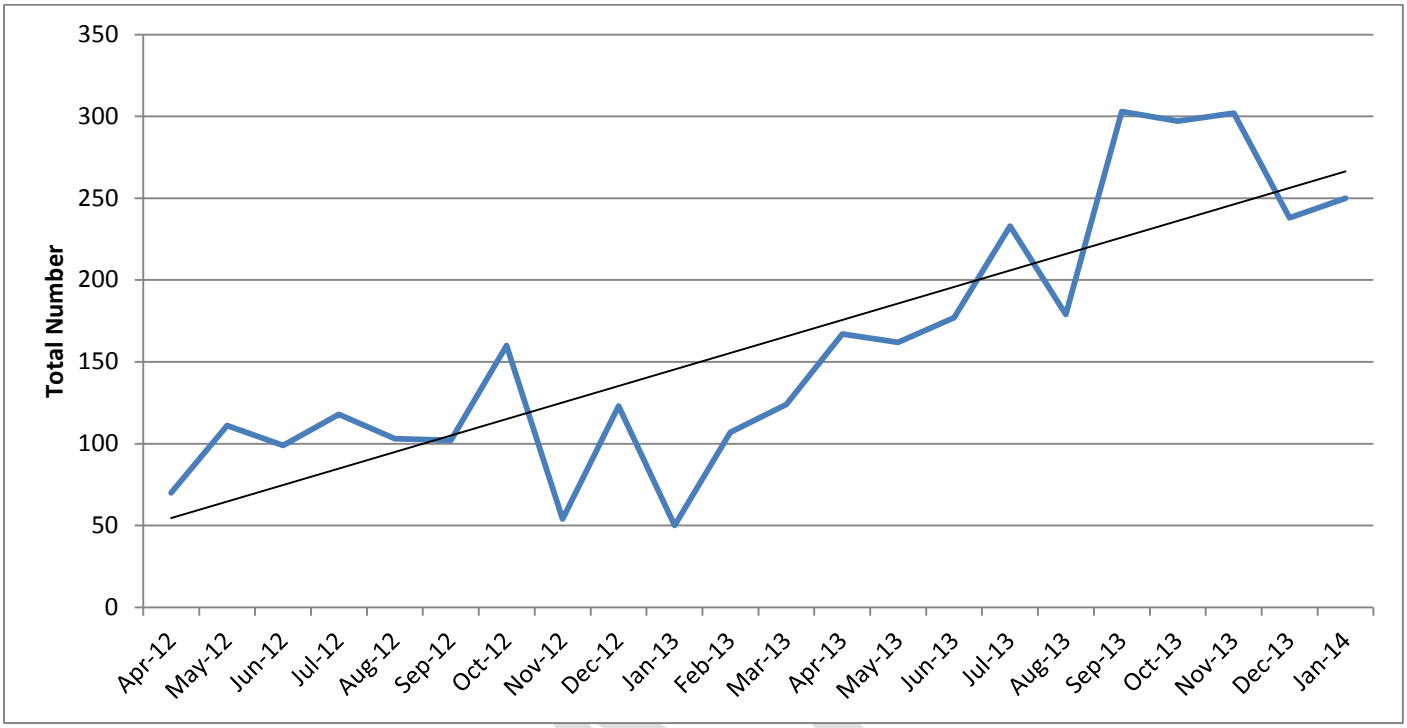
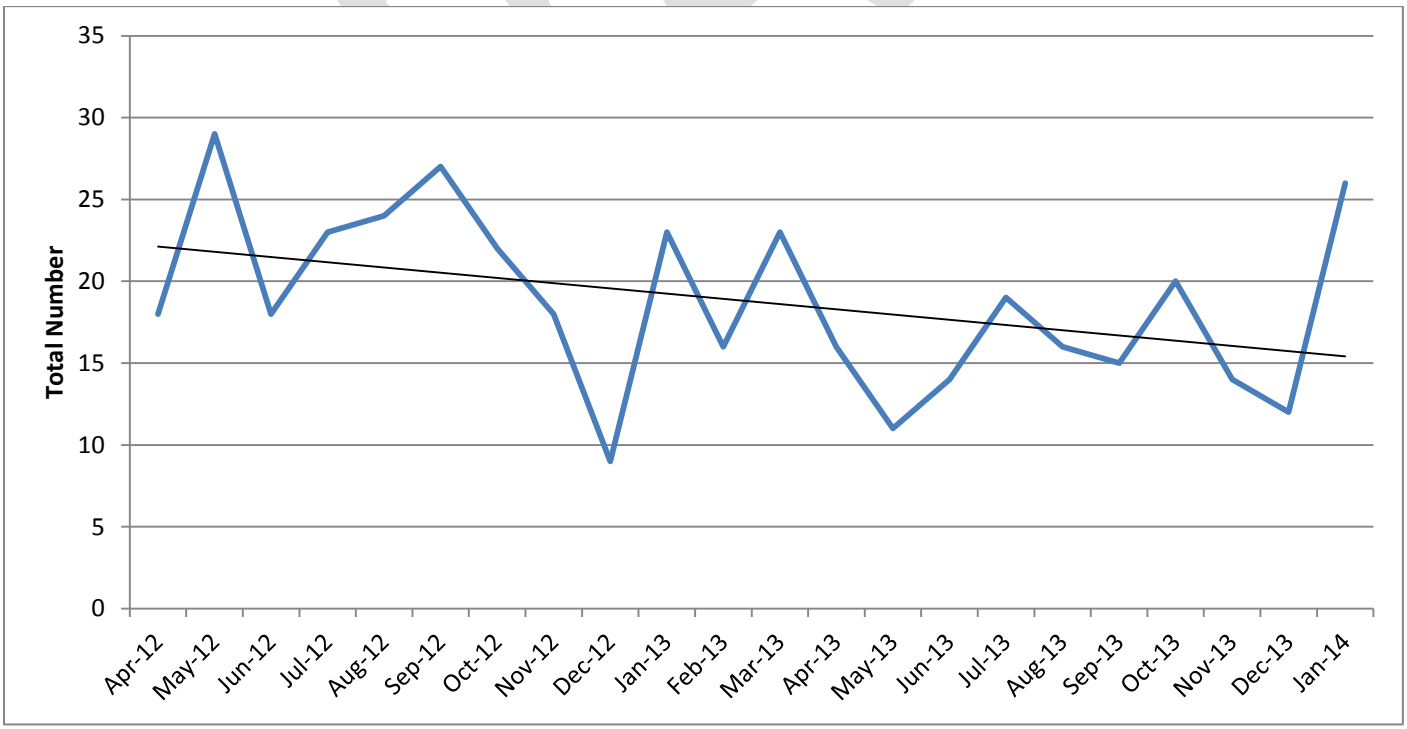


Figure 28 Complaints



Compliments and Complaints

The Trust is committed to improving patient experience, using complaints and other forms of feedback to better understand the areas where we perform well and those areas where we need to do better

The response rate within 25 working days for formal complaints is 51%. The response rate including those re-negotiated with complainants has increased to 75% for quarter three, and was 89% during December 2013. The average number of days to respond to a complaint was 29 days in November and 32 days in December2013.

The main themes from the complaints are care and treatment, communication and access to services.

Actions identified to improve the service we provide to our service users and their carers arising from complaints continue to be discussed at the Locality Patient Safety and Quality Groups. Whilst learning from individual complaints is led by the Service, it is recognised that themes need to be recognised and addressed by Localities.

You Said	We Did
Poor feedback around the general perspective of the service provided by the **Slough Walk-in Health Centre**.	This has been discussed in staff meetings and also on informal individual basis to encourage changes in approach to patients. The appointment booking system has been changed to allow a more structured approach. The times of Practice Nurse clinics have changed to include out of normal working hours. There has also been a change in the way people are surveyed in order to get more balanced feedback.
Many patients are not aware that the **Palliative Care Team** are available at the weekend.	This feedback was shared at the team meeting and agreed that there would be a concentrated effort to inform patients. This will also be monitored in future questionnaires.
On **Ward 12 (MH Inpatients)** there are constant issues with the remote control and it would be helpful to have some things to do.	Extra resources such as arts and crafts materials, games and TV remote controls have now been provided for the ward.
Quicker appointments needed on referral to **Community Dental**.	Service now contacting patients to explain long waits and offering appointments at different clinics if would like to be seen quicker.

Monitor Authorisation

Performance in relation to metrics required by Monitor, the Foundation Trust regulator, has achieved the required targets. This relates to mental health 7 day follow up (97.07%), delayed transfer of care (2.2%), community referral to treatment compliance (98.3%), Care Programme Approach review within 12 months (96.4%) and new early intervention in psychosis cases 102 (154 12/13).

Figure 29	2010/11	2011/12	2012/13	2013/14	National Average	Highest and Lowest
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period	98%	96%	**95.8%**	**97.07% (Q3)**	**97.4% (12/13) to be updated March 14**	-

Berkshire Healthcare trust considers that this percentage is as described for the following reasons:

In line with national policy to reduce risk and social exclusion and improve care pathways (CQC 2008) we aim to ensure that all patients discharged from mental health in patient care are followed up (either face to face contact or by telephone) within 7 days of discharge, this is agreed and arranged with patients prior to discharge to facilitate our high level of compliance.

Berkshire Healthcare trust has taken the following actions to improve this percentage, and so the quality of services:

Berkshire Healthcare trust meets the minimum requirement set by Monitor of 95% follow up through the implementation of its Transfer and Discharge from Mental Health and learning Disability In-patient Care Policy. In addition the data is audited as part of the independent assurance process for the Quality Account and any actions identified through this are fully implemented to ensure that we maintain our percentage of compliance.

Figure 30	2010/11	2011/12	2012/13	2013/14	National Average	Highest and Lowest
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	100%	94%	97.6%	**97.7%(Q3)**	**98.2% (12/13) to be updated March 2014**	-

Berkshire Healthcare trust considers that this percentage is as described for the following reasons:

Crisis resolution and home treatment (CRHT) teams were introduced in England from 2000/01 with a view to providing intensive home-based care for individuals in crisis as an alternative to hospital treatment, acting as gatekeepers within the mental healthcare pathway, and allowing for a reduction in bed use and inappropriate in-patient admissions. An admission has been gate kept by the crisis resolution team if they have assessed the patient before admission and if the crisis resolution team was involved in the decision making-process, which resulted in an admission.

Berkshire Healthcare trust has taken the following actions to improve this percentage, and so the quality of services, by:

The Trust Admissions policy and procedures provides a clear framework to ensure that no admissions are accepted unless via the urgent care service and has increased our percentage compliance.

Figure 31	2011/12	2012/13	2013/14	National Average	Highest and Lowest
The percentage of patients aged— (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period *The data presented here includes only emergency readmissions within 28 days (67) in the last 6 months as a percentage of discharges (527) in the same period and excludes any readmissions coded as planned.*	9%	12%	**11.4% (Q3)**	***To be published March 2014-***	***To be published March 2014-***

Berkshire Healthcare trust considers that this percentage is as described for the following reasons:
We have a lower bed base than average and this can cause the readmission rate to be higher than in other Trusts.

Berkshire Healthcare trust intends to take the following actions to improve this percentage, and so the quality of services:
Further work will be done by the relevant Service Improvement Group to work on the high level of readmissions, to identify why the trust has seen an increase and to identify actions to reduce it.

Figure 32	2011/12	2012/13	2013/14	National Average	Highest and Lowest
The indicator score of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	3.55 65%	3.61 64%	**3.76** **69%**	**3.54** **59%**	

Berkshire Healthcare trust considers that this data is as described for the following reasons:
The Trust's score is better than average and improving year on year. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. Advocacy of recommendation along with staff involvement, and staff motivation are strong indicators of the level of staff engagement with in the trust. ***To be updated following publication of national figures***
Berkshire Healthcare trust has taken the following actions to improve this data, and so the quality of services, by:
Implementing a five year Organisational Development strategy which has at its heart the achievement of high levels of staff engagement and through that high quality care and service delivery. The specific objectives of the strategy, to be implemented in stages over five years are: To enable every member of staff to see how their job counts, to listen and involve staff in decisions that impact their areas of work, to provide support for their development, and to develop our clinical and managerial leaders. In this, Berkshire Healthcare Trust has signed up to the national Pioneer initiative – Listening into Action – aimed at engaging and empowering staff in achieving better outcomes for patient safety and care. ***To be updated following publication of national figures***

Figure 33(New section score for 2012/13)	2011/12	2012/13	2013/14	National Average	Highest and Lowest
Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	-	8.5	8.7	*Not published*	*8.0 Lowest* *9.0 Highest*

Berkshire Healthcare trust considers that this data is as described for the following reasons:
The Trusts score is in line with other similar Trusts and shows a continued commitment to improving service user experience
Berkshire Healthcare trust has taken the following actions to improve this data, and so the quality of services, by:
Being committed to improving the experience of all users of their services. Data is collected from a number of sources to show how our users feel about the service they have received. Actions are put in place to improve both an individual's experience and if required to change the service provision.

Figure 34	2011/12	2012/13	2013/14	National Average	Highest and Lowest
The number of patient safety incidents reported	3995	3661	2789	-	-
Rate of patient safety incidents reported within the trust during the reporting period per 1000 bed days	19.7	30.2	TBC	26.8	TBC
The number and percentage of such patient safety incidents that resulted in severe harm or death	29 (0.7%)	42 (1%)	28 (1%)	1.3%	-
*NRLS report 1st October 2012 – 31st March 2013**Trust figure					

Berkshire Healthcare Trust considers that this data is as described for the following reasons:
The percentage of incidents reported relating to severe harm or death is in line with national averages for similar Trusts, as set out in benchmarking reports published by the NHS Commissioning Board. Among these 28 cases were 13 suicides of people in the community who were either using mental health services or had been in contact within the previous six months. There were no inpatient suicides. The remaining 15 cases were unexpected deaths of community mental or physical health patients (including community wards) where suicide not suspected, an attempted suicide in the community, and two patient falls.
Berkshire Healthcare trust has taken the following actions to improve this percentage, and so the quality of services, by the following:
Promotes the reporting of all incidents, with an emphasis on learning from near misses and minor incidents in order to prevent more serious issues arising. Ensures that all serious incidents are thoroughly investigated and the findings used to create improvement plans to enhance the quality of its services. Serious incidents requiring investigation are also reported to commissioners and the Care Quality Commission to ensure transparency and external scrutiny of safety and quality. We have robust processes in place to capture incidents. However there are risks at every Trust relating to the completeness of data collected for all incidents (regardless of their severity) as it relies on every incident being reported. Whilst we have provided training to staff and there are various policies in place relating to incident reporting, this does not provide full assurance that all incidents are reported. We believe this is in line with all other Trusts. There is also clinical judgement in the classification of an incident as "severe harm" as it requires moderation and judgement against subjective criteria and processes. This can be evidenced as classifications can change once they are reviewed. Therefore, it could be expected that the number of severe incidents could change, so the figure reported could change from that shown here due to this review process.

Figure 35 Annual Comparators (Q3)	Target	2010/11	2011/12	2012/13	2013/14	Commentary
Patient Safety						
CPA review within 12 months	95%	-	97.6%	97.9%	**96.4%**	For patients discharged on CPA in year
Never Events	0	0	0	1	**0**	Full year
Infection Control (MRSA bacteraemia)	< 2 per annum	0	1	0	**0**	Full year
Infection Control (C.*difficile*)	<10 per annum (reduced from <19)	0	15	5	**3**	Full year
Medication errors	Increased reporting	179	574*	562	**420**	Cumulative total
Clinical Effectiveness						
Minimising delayed transfers of care	7.5%**	1.86%	3%	1.1%	**2.22%**	All delays in year
Mental Health: New Early Intervention cases	99	-	155	154	**102**	Year to date
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	N/A	99.6%	99.9%	**99.9%**	Year average
Completeness of MHMDS (Mental Health Minimum Data Set)	1) 97% 2) 50%	1) 99% 2) 86%	1) 99.6% 2) 97.9%	1)99.8 2)98.62	**1)99.8** **2)97.27**	New Monitor target for Identifiers 97% for 2012/13, target for 2011/12 was 99%. Year Average
Patient Experience						
Referral to treatment waiting times – non admitted -community	95%***	N/A	99.9%	99.9%	**98.33%**	Consultant led services in East CHS, Diabetes, and Consultant Led Paediatric services Year average
Access to healthcare for people with a learning disability	Score out of 24	22	22	22	**Green**	CM to confirm still 22 at Q4
Complaints received	<25 per month	134	232	250	**137**	Cumulative in year
Complaints	100% Acknowledged within 3 working days 80% Responded within 25 working days	100%	100%	91.3%		Final quarter

*Community Health services joined the Trust**Delayed transfers of care (Monitor target) is Mental Health delays only (Health & Social Care), calculation = number of days delayed in month divided by OBDs (Inc HL) in month. New calculation used from Apr-12***.Waits here are for consultant led services in what was East CHS, Diabetes, and Consultant Led Paediatric services from referral to treatment (stop clock). Notification has been received from NHS England to exclude Sexual Health services from RTT returns and so they have been excluded here (Included 2012/13).

3.2 Statement of directors' responsibilities in respect of the Quality Report

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

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

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14; The content of the Quality Report is not inconsistent with internal and external sources of information including:

1. Board minutes and papers for the period April 2013 to June 2014
2. Papers relating to Quality reported to the Board over the period April 2013 to June 2014
3. Feedback from the commissioners dated May 2014
4. Feedback from governors dated 02/02/13, 21/03/13, 16/05/2013
5. Feedback from Local Healthwatch organisations dated May 14
6. The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2014
7. The national patient survey 13/09/2013
8. The national staff survey 25/02/2014
9. The Head of Internal Audit's annual opinion over the trust's control environment dated xx/03/2014
10. CQC quality and risk profiles dated 31/01/2014

The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered; the performance information reported in the Quality Report is reliable and accurate; there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice; the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

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

By order of the Board

NB: sign and date in any colour ink except black

May 2014 Date **John Hedger Chairman**

May 2014 Date **Julian Emms Chief Executive**

Appendix A National Clinical Audits Reported in 2013/14 and results received that were applicable to Berkshire Healthcare NHS Foundation Trust: Actions to Improve Quality

National Audits Reported in 2013/14	Recommendation	Actions to be Taken
Prescribing for ADHD	Under review to be added Q4	Action plan in development
National Audit of Schizophrenia (2011)	While there are many examples of good practice in this area, results from this audit suggest that more work needs to be done to improve communication between clinical teams if these basic requirements for keeping people well are to be delivered. The audit also shows that some patients are receiving more than one antipsychotic drug at a time, something for which there is no clear evidence of benefit except in the minority of situations. Others, whose health does not improve when they are offered standard treatment, do not appear to have been offered psychological and pharmacological treatments that could help them. Further attention needs to be paid to the needs of people who do not respond to the treatment they are initially offered, if the health and quality of life of all people with schizophrenia is to be improved.	Carry out spot check on Rio of documentation of initial assessment data for patients with schizophrenia /schizoaffective disorder being seen via community mental health teams (CMHTs) Emphasise the importance of clinical staff printing and handing out medicines related patient leaflets and discussing options with patient during appointment. Promote availability of medicines management training for doctors Remind clinical staff that they should have access to physical health test data. Circulate summary results and action plan to relevant clinicians Trust wide, in preparation for 2013 re-audit. Review the use of a medicines management algorithm.
Prescribing of antipsychotics for people with dementia	The audit demonstrates that the Trust has markedly reduced prescribing of antipsychotics for people with dementia during the past year and such prescribing occurs at a significantly lower level than in the national sample. The larger sample in 2012 reveals that, with respect to some audit standards, there is a lower level of achievement than indicated in the 2011 audit. Results for these standards, however, are still favourable when compared with national outcomes	Review within specialist old age teams of findings. Checklist implemented to ensure that compliance with best practice is assured with regards to risk benefit for antipsychotic prescriptions and medication review

Appendix B Local Clinical Audits Reported in 2013/14: Actions to Improve Quality Q4 Addition

Local Audits Reported in 2013/14	Recommendation	Actions to be Taken

Appendix C Figure 1 Percentage of all Pressure Ulcers

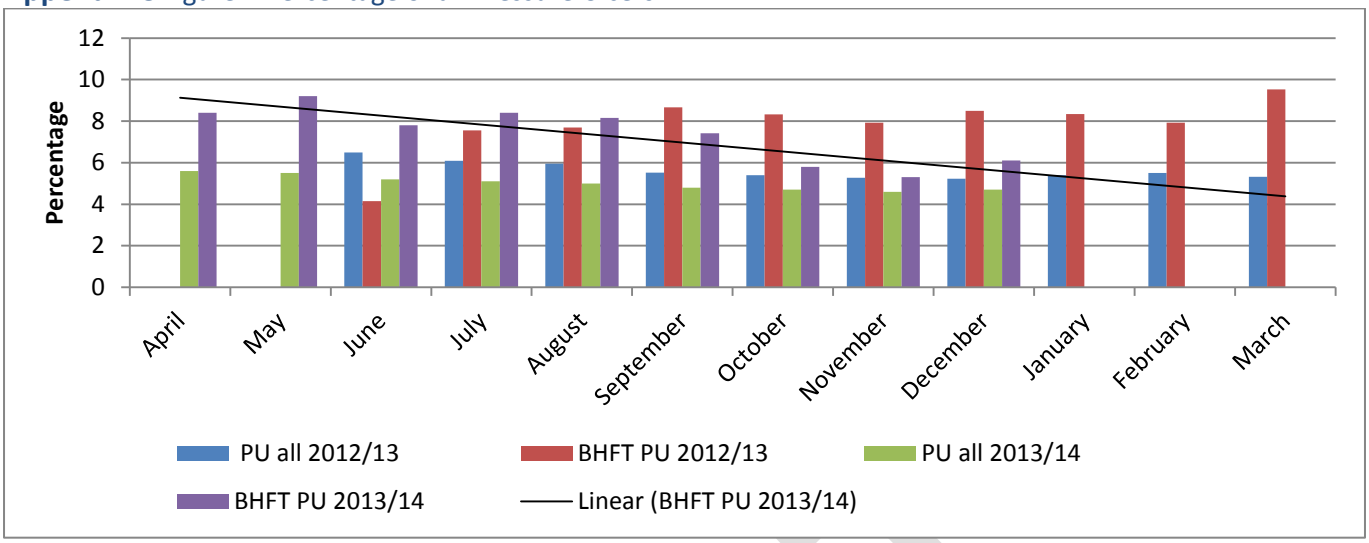
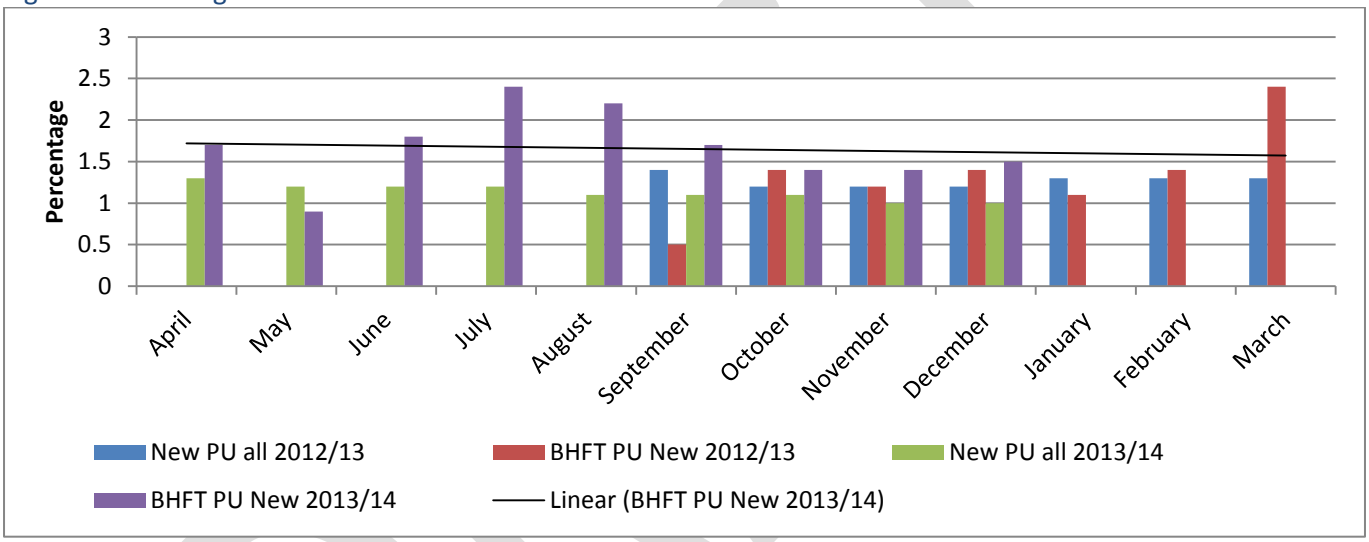


Figure 2 Percentages of New Pressure Ulcers



Note: reporting of new PU started September 2012/13

Figure 3 Percentage of Venous Thromboembolism (VTE)

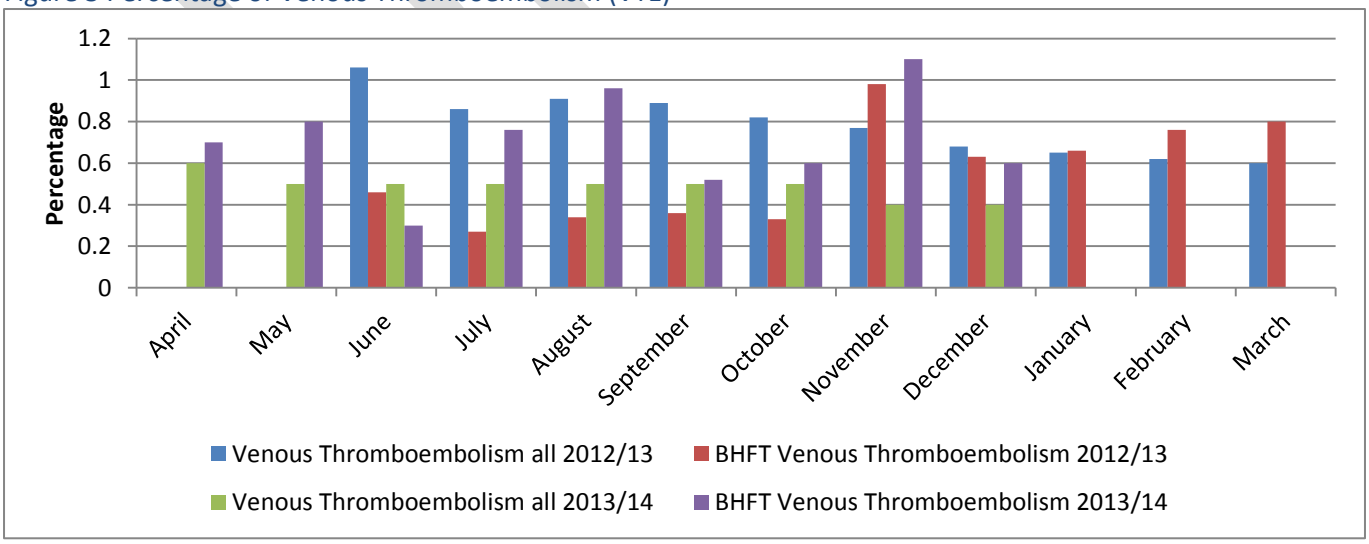


Figure 4 Percentage of Falls with harm

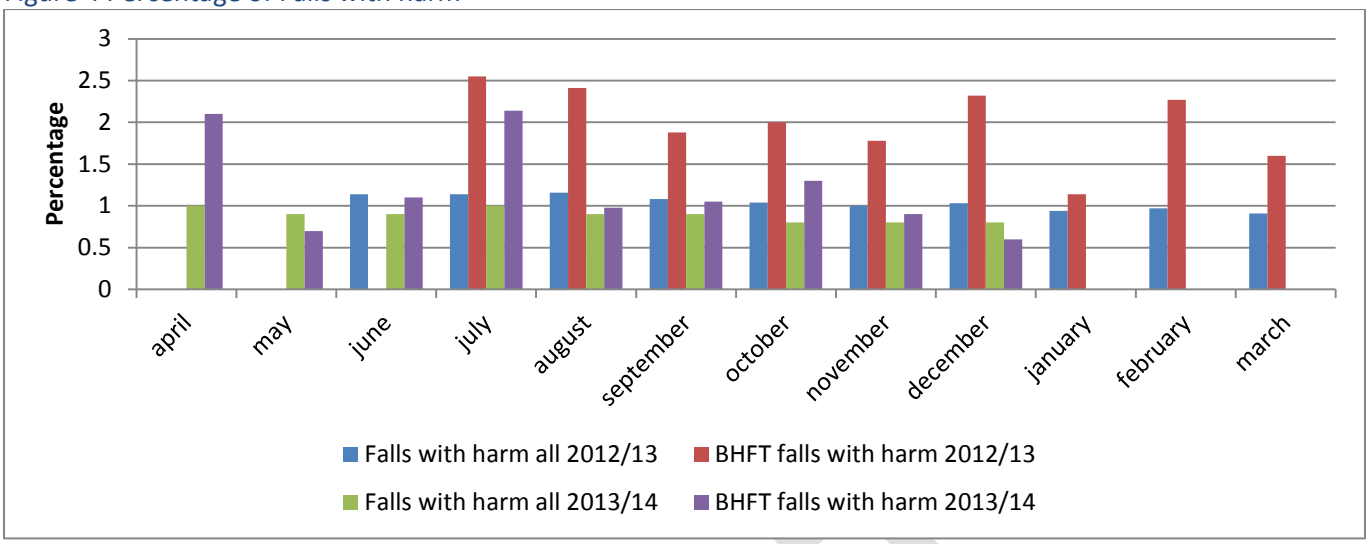
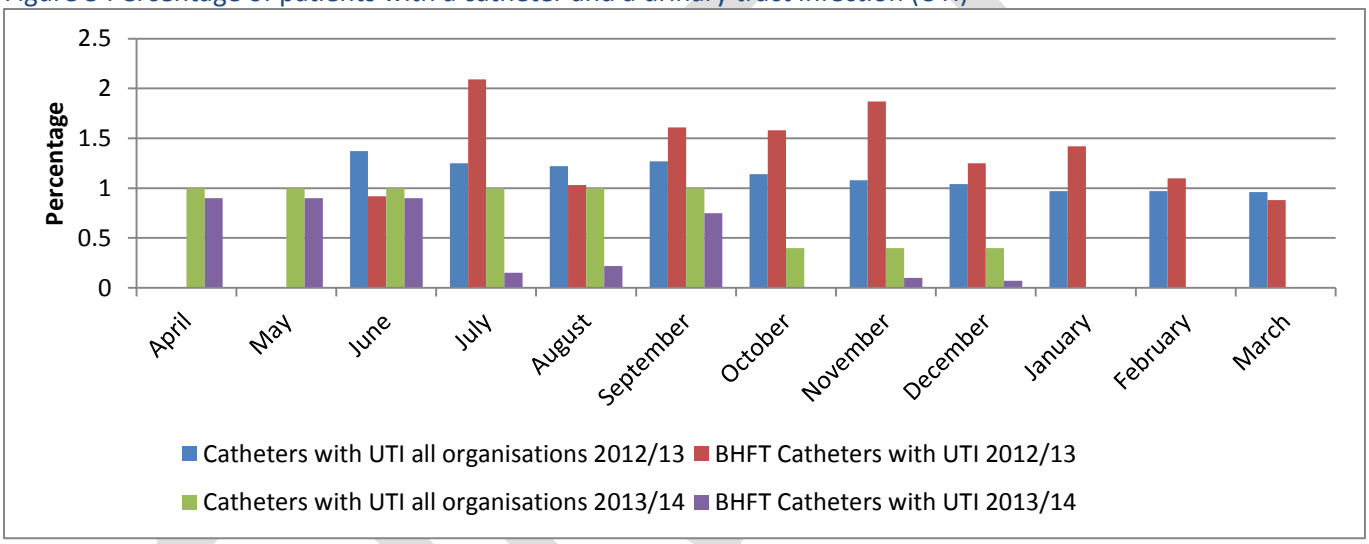


Figure 5 Percentage of patients with a catheter and a urinary tract infection (UTI)



Appendix D

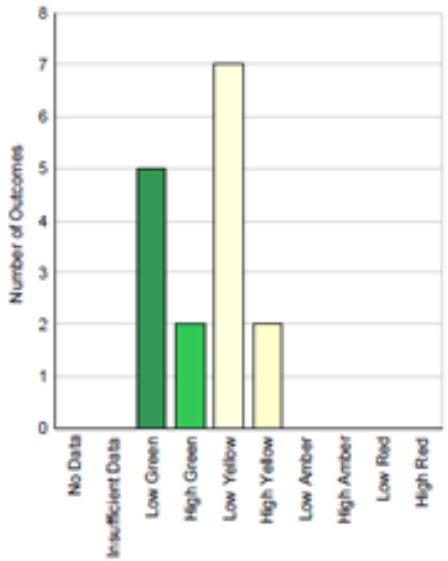
Trust Quality & Risk Profile v5.06 31.01.2014

Quality and Risk Profiles (QRP) enable CQC to assess where risks lie and prompt front line regulatory activity, such as site visits. They do not direct front line regulatory activity. They support teams to make robust judgments about the quality of services. They are used alongside CQC's guidance about compliance, including the judgment framework, and additional information known to inspectors

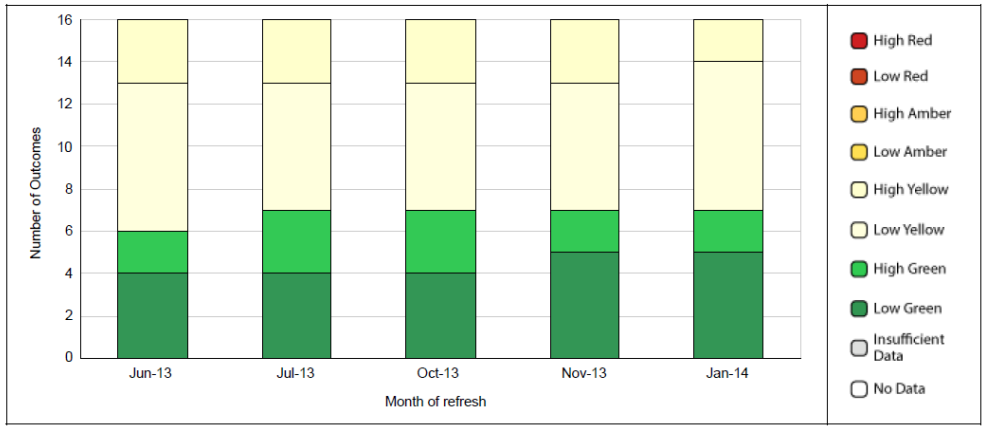
Summary information

Provider type: NHS Healthcare Organisation	
Date registered with CQC	01/04/2010
Number of regulated activities	5
Number of locations	18
Total no. of data items in QRP	992
No. of qualitative data items	168
No. of quantitative data Items	824

Latest risk estimates



Risk Estimates over time



The QRP has been relatively stable during the year and that there are no areas where the CQC considers there to be a high level of risk with regard to the quality of services delivered by the Trust.

Appendix E CQUINs 2013/14 –Quarter 4 final achievements to be added at the beginning of May 2014 following agreement with commissioners.

CQUIN	Title	Indicator description	Value K	Achievement 2013/14
1				
2				
3				
4				
5				
6				
7a				
7b				

Appendix F CQUIN 2014/15 to be added (Subject to final agreement

CQUIN	Title	Indicator description	Value K	Achievement 2013/14
1				
2				
3				
4				
5				
6				
7a				
7b				

Appendix G Glossary to be added Q4

Appendix H Statements from Stakeholders to be added April 2014