NHS Berkshire

Name of Meeting	Paper Number
Cluster Board Meeting in Public	***CB/11/28***
Title of Paper	
Integrated Quality Report	
Date of Paper	**Date of Meeting**
16 September 2011	**27 September 2011**

Purpose of Paper

To provide the Cluster Board with an overview of the quality of care that the PCT commissions from:

Heatherwood and Wexham Park Hospitals NHS Foundation Trust (HWPFT)
Royal Berkshire NHS Foundation Trust (RBFT)
Berkshire Healthcare NHS Foundation Trust (BHCFT)

Summary

This report considers acute, mental health and community health services. Each of these is reviewed against patient safety, clinical effectiveness and patient experience. The performance if each organisation is detailed and, where appropriate and if data is available, compared to other organisations within South Central SHA.

Data and information are received through contract monitoring of the Quality Schedule (Schedule 3 Part 4a,b,c and Schedule 18.2), through Provider Clinical Governance Committees and from other Quality Leads across South Central.

It should be noted that with regard to Heatherwood and Wexham Park NHS Foundation Trust (HWPFT) data is only available to Commissioners on key quality indicators contained within the Deed of Variation signed 31st March 2011 and July's data. The Trust has refused to release data for the first quarter of the year relating to quality indicators which were not in the original DoV. Hence the report includes information obtained from other sources including the Strategic Health Authority and clinical

networks (Cancer, Maternity and Stroke).

Early areas of concern for RBFT for this contract year are pressure ulcers and electronic discharge. The trust has submitted a remedial action plan for both areas, and a contract query notice has been issued on discharges. There is also concern in the system that the trust is already above their C Diff trajectory, and meetings are being convened to look at this. There have been a number of maternity SIs, which appear to be unrelated in terms of trends. The PCT is awaiting the results of investigations before drawing any conclusions or taking action.

The quality of services at HWPFT shows a mixed set of findings for the first 5 months of this year with some sustained improvements in the following areas:
• Below the trajectories set for HCAIs (MRSA and C.diff)
• Reduction in the number of serious incidents
• Reduction in the incidence of pressure ulcers
• Reduction in falls and severity of falls per 100,000 bed days
• Improvement in achieving all the cancer targets

Areas where improvements need to be made:
• VTE with Q1 data demonstrating 56% compliance; worst performer in South Central
• Stroke performance in particular the failure of targets associated with direct admission to a stroke unit, 90% of time spent on a stroke unit; CT scans within an hour, therapy assessments and TIA performance
• Birth to midwife ratios to be improved – although plans are in place
• C-section rate @26% for July; there is a need to demonstrate improvement in this area which has eluded the Trust for the past 18 months
• Demonstrable evidence of implementation of the O&G recommendations

Recent reports of Serious Incidents in A&E / AMU and Maternity Services give some cause for concern as the Trust was demonstrating a downward trend in the number of SI reported. Preliminary details have been made available to commissioners to be followed up by full investigations incorporating root causes analysis.

Concerns continue about the number of suicides reported recently by BHCFT, and work will be done on understanding the reasons for these once root cause analysis reports are received. Poor results on the CQC Community Mental Health Survey are also concerning, and this is dealt with in a separate Board paper. Pressure ulcers remain a concern in Community Health but improvement progress is being demonstrated in recent data.

Recommendations	
The Board is asked to:	- Note the contents of the report
Has the content of this paper been discussed with GPC leads and if so what was the outcome?	
No.	
Financial implications	

None, other than those associated with CQUINs. It is too early in the year to draw many conclusions about final CQUIN payments.
Has an Equality Impact Screening been undertaken? If so please attach
n/a
Please list any other committees or groups where this paper has been discussed
Areas within this paper were discussed at the Quality and Risk Committee on 2 September 2011.

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1. Serious Incidents / Never Events

Serious incidents are monitored by commissioners to ensure that patients are being kept safe and that trusts learn from incidents and make improvements to prevent recurrence whenever possible. It is difficult to make comparisons between the incidences of Serious Incidents in trusts; this is because of case mix and of inevitable difference in reporting cultures.

During the period 1 April 2011 and 30 August 2011 there have been **124** SUIs reported

- **31** reported by Royal Berkshire NHS Foundation Trust
- **13** reported by Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- **65** reported by Berkshire Healthcare Foundation Trust (total)
    - **19** reported by Berkshire Healthcare Foundation Trust Mental Health
    - **46** reported by Berkshire Healthcare Foundation Trust Community Health
- **10** reported by NHS Berkshire
    - **8** reported by East
    - **2** reported by West
- **5** reported by South Central Ambulance Service of which **0** related to patients/services in the NHS Berkshire area.

The table below splits the SUIs reported by month during 2011/12 and by trust:

	RBFT	**HWPFT**	**BHCT Mental Health**	**BHCT Community Health**	**NHS BE**	**NHS BW**	**SCAS**
Apr	8	2	5	10	1	0	2
May	5	2	4	13	3	1	0
Jun	8	2	1	6	4	0	1
Jul	5	1	6	5	0	1	0
Aug	5	6	4	12	0	0	2
Sep							
Oct							
Nov							
Dec							
Jan							
Feb							
Mar							
TOTAL	**31**	**13**	**19**	**46**	**8**	**2**	**5**

The types of acute serious incidents that were reported are:

- Grade 3 pressure ulcers
- Grade 4 pressure ulcers
- Communicable disease
- C Diff outbreak
- C Diff Death
- Maternity - Intrauterine death
- Maternity -Child death
- Maternity – Maternal death
- Maternity - Intrapartum Death
- Maternity – unexpected neonatal death
- Suicide
- Drug incident
- Unexpected death (including A&E)

- Fall
- Delayed diagnosis
- Electrical failure
- Accident while in hospital
- IT system failure

There were four serious incidents reported by HWPFT during August and early September relating to A&E. The cases involved patients admitted to A&E and transferred to another location (AMU / Minor injuries), where clerking and observations were undertaken. The three patients died and investigations have commenced to understand the reasons for their deaths.

- Clinical leads appointed to lead SI investigations including full root cause analysis
- A 'Deep Dive' meeting undertaken on 31st August chaired by Director of Nursing; attendees included all nursing lead investigators who will bring time lines and all other relevant paperwork, a detailed analysis has been undertaken of staffing levels during this period. All SI's will be looked at to ensure any themes are addressed; a joint action plan will be produced as well as individual action plans.
- All Senior duty nurses (out of hours senior cover) have been asked to 'eye ball' all patients when they visit ward areas
- Medical staffing being looked at divisional level
- A three month trial has commenced where only registered nurses (RN) monitor and record patients vital signs

In addition a serious incident was reported on 2nd September as HWPFT experienced severe capacity issues, resulting in 9 ambulances queuing to off load patients. There were no beds in the organisation, resulting in 18 patients waiting for a bed in the A & E department. This caused the A&E department to become unsafe.

A discussion took place between the Director of Nursing and the Quality and Governance Manager (Jo Greengrass) in connection with the incidents and particularly the recording of vital signs to ensure that patients do not deteriorate; the quality of observations and clerking and the induction and training of junior doctors has been discussed and analysed as part of the investigation. The Director of Nursing has ensured that registered nurses would be undertaking the observations rather than junior doctors, this procedure will be trialled for three months. The Director of Nursing considers that those registered nurses trained in observation techniques and recognition of the vital will provide assurance that patients' vital signs are recorded correctly. An evaluation will be undertaken of this procedures effectiveness will be undertaken. Additionally the investigations will look into capacity issues associated with A&E and transfer of patients to other locations such as AMU and Minor Injuries during times of excessive pressure in A&E. Assurances on the procedures that are put in place to ensure that patients are appropriately monitored and observed in these locations have been sought from the Trust.

A serious incident panel has been organised for 13th October to undertake a 'deep dive' into the three incidents to fully understand the series of events leading up to the serious incident and root causes (following to PCT representatives to attend CG, JG and CC).

The detail of the investigations will now be reported to the Quality and Risk Committee. The September CQRG meeting will address A&E capacity issues and the serious incidents reported by the Trust.

The types of mental health serious incidents that were reported are:

- Suicide by outpatient (in receipt)
- Unexpected death of inpatient
- Suspected suicide
- Abscond
- Slips/trips/falls
- Serious incident by outpatient (in receipt)
- Serious self inflicted injury (outpatient

The types of community health serious incidents that have been reported are:

- Grade 3 Pressure Ulcers
- Grade 4 Pressure Ulcers

- Fracture resulting from a fall
- Novovirus
- Suicide (downgraded as community input not relevant)
- Unexpected death

As part of the Berkshire East SI process, a Root Cause Analysis (RCA) investigation is undertaken to ensure all necessary lessons are learnt and shared both internally and externally with the Trust's partner agencies. There is a panel meeting for serious incidents held on bi-monthly basis. The PCT's Quality and Governance Manager and Clinical Executive Committee member participate in the Panel to gain assurance of the investigation and learning outcomes. The action plans arising from such investigations are monitored at divisional level and at the Trust's Patient Safety Committee as well as PCT commissioners. In addition, the Trust reports all Grades 3 and 4 pressure ulcers to the local Safeguarding Adults Partnership Board.

Once the clustering process is complete the SI process will be reviewed and streamlined across all providers.

2. Suicides

There have been 10 suicides between 1/1/2010-1/8/2011, there were 11 reported on STEIS but one was closed when it became clear that the person was under the care of OBMH. There was also a suicide recorded by community services but the care given by the sexual health service did not contribute to their death. There was also a lady who went AWOL and was found dead following being hit by a train, this has not been included in the data as the coroner did not record a suicide verdict.

Of the 10 suicides 2 have been closed by Berkshire East CEQAG, 4 the reports have been received from BHFT and are being reviewed by the commissioners, 2 are to go to the CEQAG meeting in August for closure and 3 the deadline date for the report has not been reached.

A 72 hour report is sent to the commissioners from BHFT but this does not give very much more detail than what has been recorded on STEIS. For grade 1 serious incidents the investigation findings have to be sent to the commissioner within 45 working days unless an extension is requested. Grade 2 allows for up to 6 months for completion of the investigation but again this can be extended as in the case of serious case reviews. Throughout this process the commissioners can ask questions, challenge the findings and influence the action plan as well as requesting an independent investigation. A Suicide report is also included in the quality schedule.

Of the 10 suicides all were outpatients; there were 8 males and 2 females. The method used to commit suicide was 5 people hung themselves, 2 died of an overdose. Other methods used were being hit by a train, cutting their wrist and knife injuries.

Ethnicity – 7 were white British, 1 white other and 2 not stated.

Area of residence – 3 from Newbury, 2 Bracknell, 2 Slough 2 reading and 1 RBWM. Last year the RBWM had a cluster of 5 suicides but there did not appear to be any connection following close analysis.

3. Healthcare Acquired Infections

a. MRSA and MSSA

Staphylococcus aureus is a bacterium that commonly colonises human skin and mucosa (e.g. inside the nose) without causing any problems. It can also cause disease, particularly if there is an opportunity for the bacteria to enter the body, for example through broken skin or a medical procedure.

If the bacteria enter the body, illnesses which range from mild to life-threatening may then develop. These include skin and wound infections, infected eczema, abscesses or joint infections, infections of the heart valves (endocarditis), pneumonia and bacteraemia (blood stream infection).

Most strains of *S. aureus* are sensitive to the more commonly used antibiotics, and infections can be effectively treated. Some *S. aureus* bacteria are more resistant. Those resistant to the antibiotic meticillin are termed meticillin-resistant *Staphylococcus aureus* (MRSA) and often require different types of antibiotic to treat them. Those that are sensitive to meticillin are termed meticillin-sensitive *Staphylococcus aureus* (MSSA). MRSA and MSSA only differ in their degree of antibiotic resistance: other than that there is no real difference between them.

RBFT and HWPFT were set annual limits of 1 case of MRSA within the contract year 2011/12. Heatherwood and Wexham Park contract allows for 2 cases before penalties are imposed. The benchmarking data below shows performance across other acute trusts in the north of South Central.

Table 2: Acute Trusts MRSA[1]

Trust	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
Royal Berkshire NHS Foundation Trust	0	0	0	0									0
Heatherwood and Wexham Hospitals NHS Foundation Trust	1	0	0	0									1
Oxford Radcliffe NHS Trust	0	1	0	0									1
Nuffield Orthopaedic NHS Trust	0	0	1	0									1
Buckinghamshire Hospital NHS Trust	1	0	0	0									1
Basingstoke & North Hampshire NHS Foundation Trust	0	0	0	0									0
Frimley Park Hospital NHS Foundation Trust	0	0	0	0									0

[1] Data taken from Health Protection Agency data

Table 3: Acute Trust MSSA[2]

Trust	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
Royal Berkshire NHS Foundation Trust	1	0	0	2									3
Heatherwood and Wexham Hospitals NHS Foundation Trust	1	2	0	0									2
Oxford Radcliffe NHS Trust	1	6	6	1									14
Nuffield Orthopaedic NHS Trust	0	1	0	0									1
Buckinghamshire Hospital NHS Trust	1	0	1	1									3
Basingstoke & North Hampshire NHS Foundation Trust	0	0	2	0									2
Frimley Park Hospital NHS Foundation Trust	2	2	0	1									5

The routine collection of MSSA data is new across the country and as such should be treated with caution until a full baseline year has been collected. The Health Protection Agency advise that users of these data should exercise caution when comparing data between different months. Fluctuations in the data can occur for a number of reasons and high fluctuations may not necessarily indicate an outbreak - for instance, organisational changes, variations in the patient populations being treated and seasonality can also cause large variation in counts. Consideration of the numbers without the context cannot indicate the reasons or the significance of the fluctuations.

b. Clostridium Difficile (C Diff)

Clostridium difficile infection is the most important cause of hospital-acquired diarrhoea. *C Diff* is an anaerobic bacterium that is present in the gut of up to 3% of healthy adults and 66% of infants. However, *C Diff* rarely causes problems in children or healthy adults, as it is kept in check by the normal bacterial population of the intestine.

When certain antibiotics disturb the balance of bacteria in the gut, *C Diff* can multiply rapidly and produce toxins which cause illness.

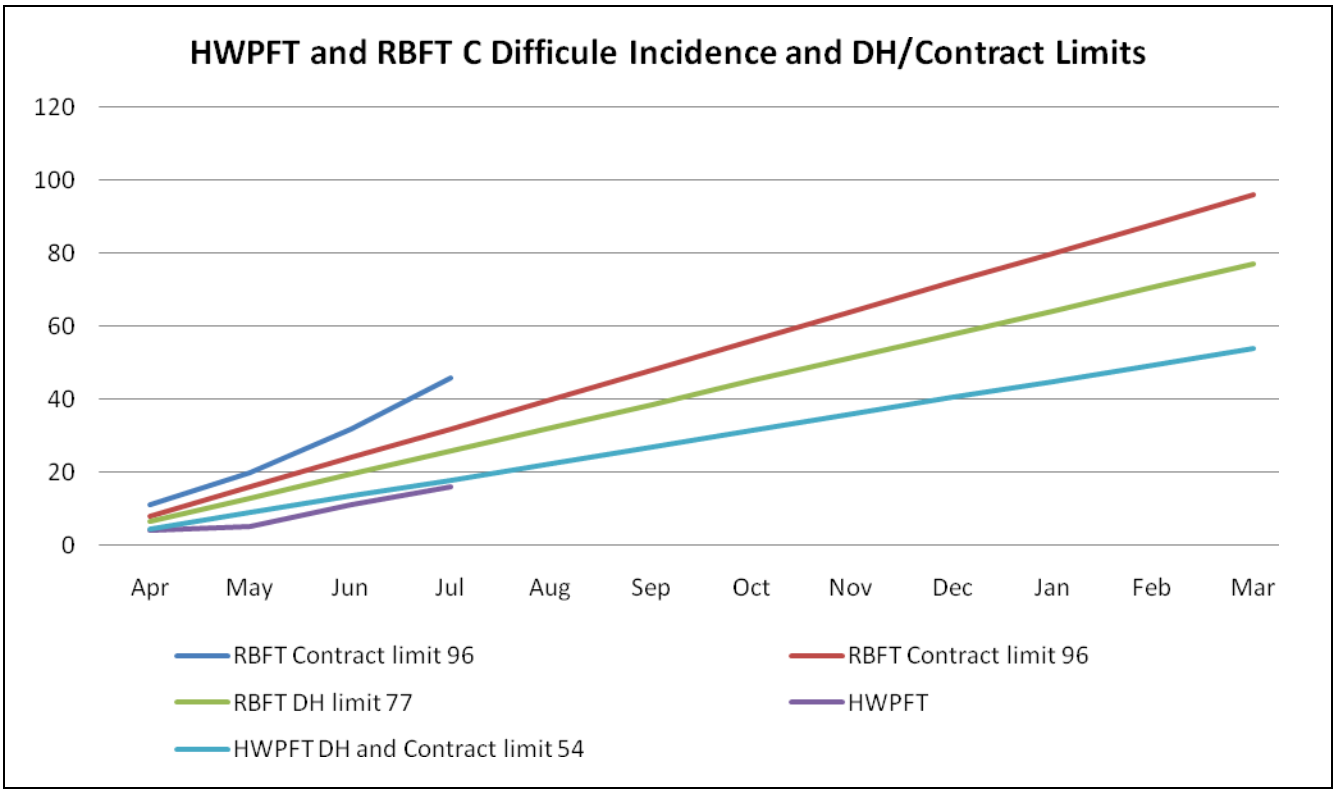
C DIff infection is usually spread on the hands of healthcare staff and other people who come into contact with infected patients or with environmental surfaces (e.g. floors, bedpans, toilets) contaminated with the bacteria or its spores. Spores are produced when *C Diff* bacteria encounter unfavourable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

Different testing methods means that comparison based on the figures below should be approached with caution.

[2] Data taken from Health Protection Agency data

Table 4: Acute Trusts C Difficile[3]

Trust	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
Royal Berkshire NHS Foundation Trust	11	9	12	14									46
Heatherwood and Wexham Hospitals NHS Foundation Trust	4	1	6	5									16
Oxford Radcliffe NHS Trust	5	5	8	7									25
Nuffield Orthopaedic NHS Trust	0	0	0	0									0
Buckinghamshire Hospital NHS Trust	8	5	7	11									31
Basingstoke & North Hampshire NHS Foundation Trust	1	4	3	4									12
Frimley Park Hospital NHS Foundation Trust	2	4	1	1									8



[3] Data taken from Health Protection Agency data

RBFT are already over their trajectory for C Diff incidence 2011/12. HWPFT remain below trajectory. RBFT contacted the PCT's public health consultant in the West requesting a meeting to discuss a health economy approach to tackling this increased incidence. This meeting will take place on 4 October. One of the PCT's PH trainees is also conducting a literature review into effective interventions to reduce C Diff incidence, and these results of this will be discussed in the meeting.

c. E-coli

The Department of Health (DH) has asked NHS acute Trusts to report episodes of *Escherichia coli* bacteraemia to the HPA through the established enhanced mandatory surveillance Data Capture System (DCS); with effect from 1 June 2011.

HWPFT reported that for the month of June there were 20 cases reported and for the month of July 19. It is noted that the Trust is reporting E-coli cases for Primary Care Organisations (PCO) health economy wide. Commissioners are checking the E-coli definition to ensure that the Trust is reporting appropriately, as their numbers appear out of kilter with RBFT.

RBFT reported 5 cases between 1 June and 31 July.

4. Pressure Ulcers

Pressure ulcers are the most frequent serious incident across South Central. They are associated with significant morbidity and have a large impact on NHS resources and a proportion are avoidable.

RBFT
The RBFT achieved their 2010/11 CQUIN on pressure ulcers where they were incentivised to reduce the number of grade 3 and 4 hospital acquired pressure ulcers to no more than 15 over the financial year. These ulcers are acquired by patients whilst in hospital after 72 hours of admission/transfer (with documentation in notes on admission that no evidence of a grade 3 or 4 pressure ulcer was present on admission).

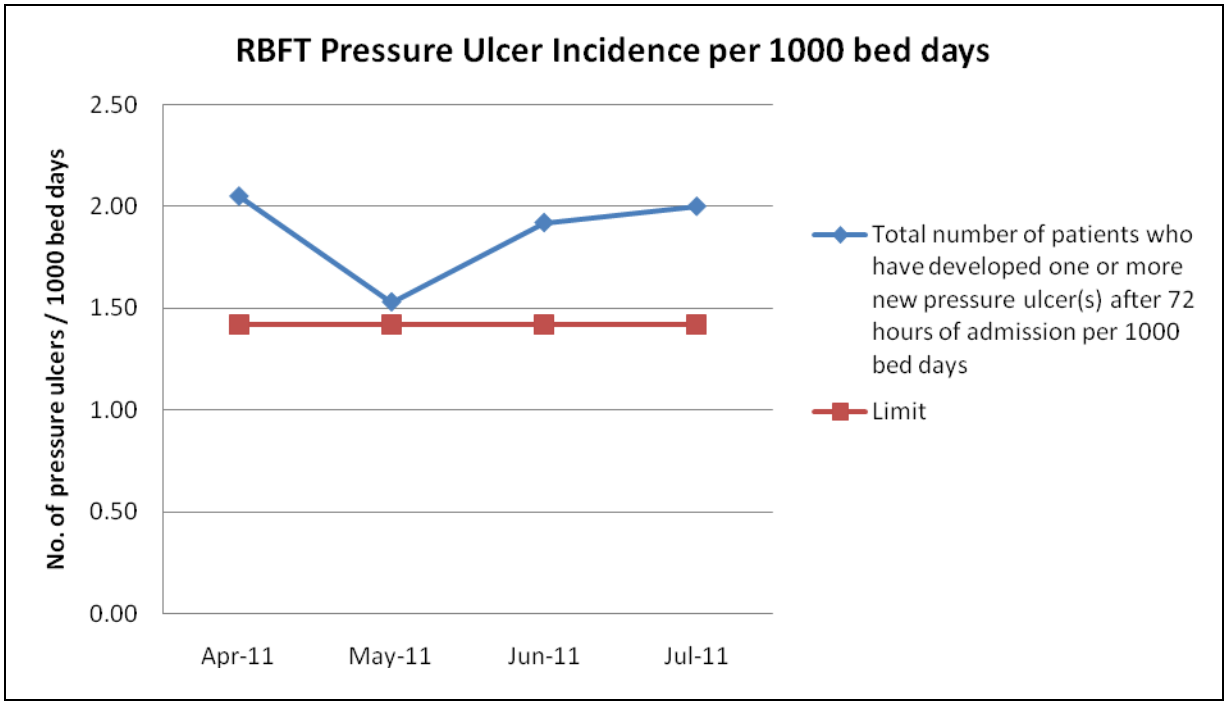
Table 4 below shows pressure ulcers data for RBFT for 2011/12. Grade 3 and 4 pressure ulcers are now reported as SIs and investigated according to root cause analysis methodology.

Table 4: Monthly total of HAPUs by grade Apr 11-Mar 12

Month	Grade 2	Grade 3	Grade 4	Monthly Total
Apr-11	33	2	2	**37**
May-11	27	0	2	**29**
Jun-11	30	1	1	**32**
Jul-11	30	0	2	**32**
Aug-11				
Sep-11				
Oct-11				
Nov-11				
Dec-11				
Jan-12				
Feb-12				
Mar-12				
Cumulative Total	**120**	**3**	**7**	**130**

This year there is no CQUIN money associated with pressure ulcers but RBFT are required to keep pressure ulcers to a low level, and this is measured by the number of pressure ulcers per 1000 bed days. This allows

more robust comparison between organisations. RBFT have breached the limit of 1.42 in the first three months of the year, and have produced an action plan detailing how they will improve performance against this standard. This is being monitored by the Quality and Risk Committee. Themes for action include: risk assessment; communication between primary, secondary care and care homes; obtaining equipment in a timely fashion; and documentation.



HWPFT
From September 2010 – April 2011the Trust reported 3 grade 3 and 6 grade 4 pressure ulcers with 4 pressure ulcers classified as borderline 3-4. There is only one grade 3 pressure ulcer reported by the Trust during the first quarter 2011-12 (April to June).

HWPFT achieved its pressure ulcer CQUIN for 2010-11 with only 11 grade 4 pressure ulcers set against a maximum threshold target of 15.

HWPFT has a strong track record in the treatment and management of pressure tissue damage; a campaign entitled *No needless skin damage* was launched in 2010 with the Trust achieving positive results in reducing the incidence of hospital acquired pressure ulcers. All occurrences of pressure ulcers (grade 2, 3 and 4) are reported as incidents and those which are assessed as grade 3 / 4 are automatically categorised as Serious Incidents (SIs).

BHCFT
The table below shows the number of grade 3 and grade 4 pressure ulcers that have been reported as SUIs for Berkshire Healthcare NHS Foundation Trust during the period 1st April 2011 to 21st July 2011.

	BHCT Mental Health		BHCT Community Health	
	Grade 3 PU	**Grade 4 PU**	**Grade 3 PU**	**Grade 4 PU**
April 2011	0	0	7	2
May 2011	0	0	9	2
June 2011	0	0	1	3
July 2011	0	0	1	2
August 2011				
September 2011				
October 2011				
November 2011				
December 2011				
January 2012				
February 2012				
March 2012				
TOTAL				

Berkshire East and West Community Health teams have been using lessons learnt from root cause analysis to produce action plans to address the increasing numbers of pressure ulcers that are developing.

The main areas where improvement was required are under the categories of:

- Communication
- Documentation
- Safeguarding
- Education and training
- Service delivery
- Equipment
- Triage

The following actions are in process:

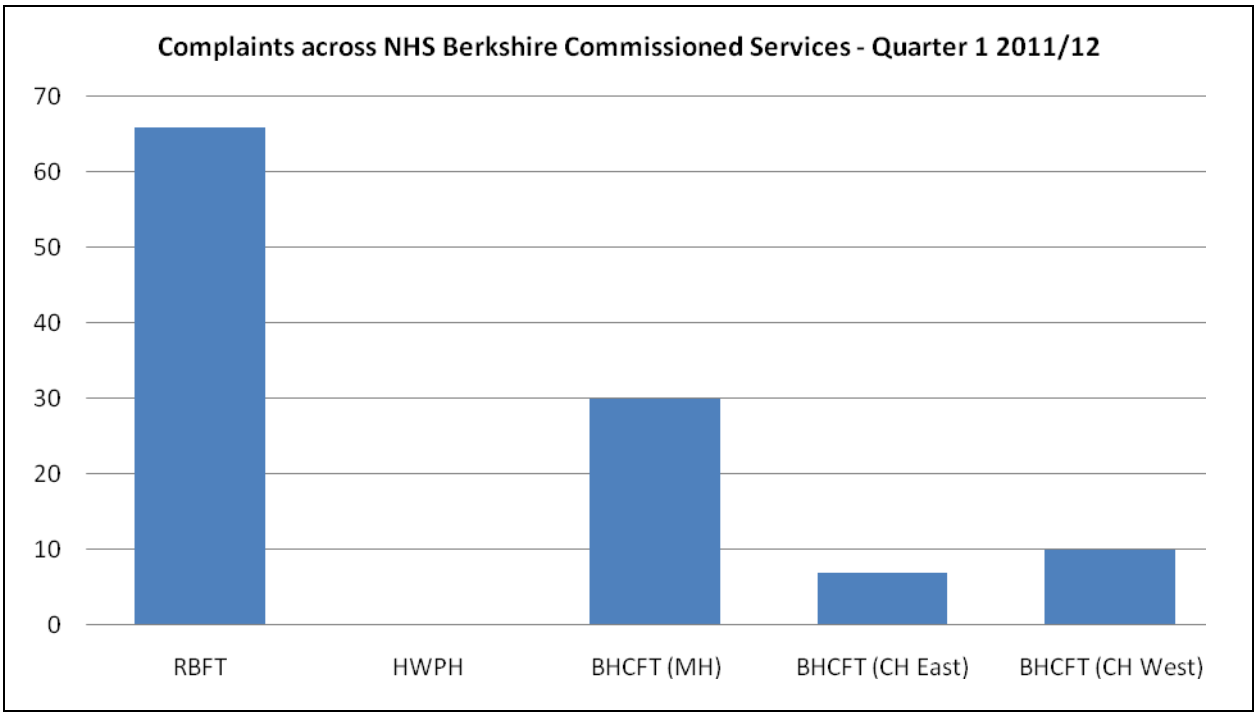
- New mandatory training to be launched with No Needless Skin Breakdown week – tie all training and launch together across East and West – Sept 2011.
- Pressure Ulcers training must be mandatory for all community and nursing staff and healthcare assistants
- For all Community Nursing staff to be aware of this action plan and progress against this and to be aware of any new problems/lessons learned through the root cause analysis meetings
- To ensure that staff follow the NICE guidelines on the prevention and treatment of pressure ulcers and the PCT Tissue Viability Policy.
- Health Care Assistants still awaiting training for MUST and Waterlow
- All Datix forms related to pressure ulcers are sent directly to Tissue Viability inbox, where they are reviewed at the earliest opportunity by the TV Team. Nurses should still be contacting the TVN's to report all grade 2 and above verbally. All category 3's and 4's are followed up by TVN's.
- All Datix forms related to pressure ulcers are sent directly to Tissue Viability inbox, where they are reviewed at the earliest opportunity by the TV Team. Nurses should still be contacting the TVN's to report all grade 2 and above verbally. All category 3's and 4's are followed up by TVN's.
- BCES - Review by an independent body looking into improving overall service.
- Patient choice in regards to following pressure relieving advice to be clearly documented in patients care plan and risks to be explained to patient (and documented) at every visit
- Raise awareness of all aspects of safeguarding including institutional neglect. Staff to be aware of the Vulnerable Adult Policy.

- For staff to ensure that all appropriate documentation is fully completed in the patients care plan. Waterlow, MUST assessments to be completed on the 1st visit and every 3 months or as condition changes.
- For an information sheet to be produced to be handed to patients and their relatives, explaining how to use pressure relieving equipment installed in their homes.
- For information about wheelchair cushions to be shared with all staff at meetings and staff to be aware of risk of bottoming out.
- Staff to contact the ward prior to a vulnerable patients admission to ensure that appropriate pressure relieving equipment is in place ready for admission
- Each problem to be identified as separate problems.
- When plaster casts are removed, staff are expected to check the whole of the limb for any pressure damage
- For staff to inform Care Agencies/carers/family to check pressure areas and report any changes to the DN's immediately.

In the East a pressure ulcer care pathway has been developed working across the health economy. This is to be launched at the 'no needless skin breakdown' week in October. The PCT commissioned this work alongside the pressure prevalence study. This is unable to be reported upon at present due to inaccuracy in the data analysis and has been returned to the audit department for resolution.

The commissioners have worked very closely with the Tissue Viability nurse from BHFT to report any category 3 or 4 pressure ulcers in nursing homes. This has led to a number of homes being scrutinised through the safeguarding process by the Local Authority.

5. Patient Experience



As previously noted, HWPFT have not supplied Q1 data.

The number of complaints received by RBFT has risen slightly in June, but is still significantly lower than last year. Of the 26 received in June, 16 complaints related to clinical treatment; 10 of these were about doctors and were about nurses/midwives. The Surgical Division received the most complaints in June (16). A query has been raised with RBFT regarding whether there are any trends in the Surgical Division complaints.

The Quality Team has recently strengthened relationships with LINks and has reached agreement regarding the sharing of information regarding the PCT's providers. Reading LINk have provided the following information:

Review of Appointment System at the Eye Clinic (LINk Report and Recommendations issued in 2010). RBH have accepted recommendations made and are working to improve the appointment system. LINk are monitoring progress against these recommendations and this was discussed in detail at a meeting on 12th July.

Review of Access to Consultants for MS (LINk Report and Recommendations issued in 2010). RBH accepted recommendations and have worked to improve the experience of patients accessing the consultants/nurse specialists. LINk are monitoring progress against recommendations and this was discussed in detail at a meeting on 12th July. Recommendations have been met.

Reading LINk Community Survey completed in Sept 2010 – Highlighted Hospital Outpatient appointments as a common area for concern. LINk Board have agreed to monitor improvements being made to the appointment system in the eye clinic and then review the situation at the RBH with the broader picture of out-patient appointments and people's experiences.

Reading LINk have been involved in the ThinkGlucose project that has been running over the past year at RBH, with some good outcomes.

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

The Quality Team have recently started monitoring this qualitative information, in a move to enhance the range and depth of patient experience information that is considered within the PCT. NHS Choices is unregulated and as such should be only be considered alongside other data and information that is validated. This allows patient experience to be triangulated with other types of data and information.

People posting on the website rate the hospital according to set criteria such as environment, dignity and respect, and whether they are involved in decision about their care, and are also able to leave their own comments. 12 comments have been posted about the RBFT since January 2011. Of these 12, 6 rated the care as good and 6 rated the care as bad. 6 comments were received about A&E (4 good, 2 bad); 3 comments were received about Maternity (3 bad).

Areas highlighted negatively included a dirty environment, not being treated with dignity and respect, a lost appointment for a scan, rude staff, a missed fracture and poorly managed anxieties for a pregnant woman who had previously miscarried. The environment in the maternity unit came in for criticism twice, focussing on the dirty environment, visiting hours not being enforced, lack of privacy and too much noise at night. One poster commented: "In the 21st century this is a disgrace... shabby treatment delivered in shabby surroundings."

Areas highlighted positively included an exceptionally clean environment in A&E, appointments kept to time, and friendly staff. Comments of particular note included a mother who loved the fact that there was a separate A&E for children where the staff are lovely, and a patient visiting A&E who stated: "I was most impressed with the service and treatment I received. The nurse was fantastic – polite, gentle, just the right amount of concern, explained things in a way I understood and sent me away feeling reassured."

Generally for the RBFT these comments reinforce mixed quality of care, with a slight negative bias in maternity; although it should be noted that comments were predominantly about the environment rather than care delivered.

Pie chart 5.1

Your results at a glance

Have we improved since the 2009 survey?

A total of 67 questions were used in both the 2009 and 2010 surveys. Compared to the 2009 survey, your Trust is:

- Significantly BETTER on 10 questions
- Significantly WORSE on 2 questions
- The scores show no significant difference on 55 questions

How do we compare to other trusts?

The survey showed that your Trust is:

- Significantly BETTER than average on 2 questions
- Significantly WORSE than average on 8 questions
- The scores were average on 57 questions

Following on from the Board quality report which highlights the results from HWPFT In-patient survey and particularly the number of areas that were designated as RED and border line between amber and red; the CQRG Chair, Dr. Jackie McGlynn asked the Trust to formally present its findings (at the June CQRG meeting) from the survey and the work being undertaken to improve patients' experience of the Trust.

HWPFT had asked Picker to provide an in-depth analysis of the findings and identify those areas where the Trust had improved on its position in 2009 and how its results compared to other Trusts. Picker provided a detailed analysis; whilst the Trust improved on its own performance in 2009 with regard to 10 questions; the Trust was also significantly worse than other Trusts in 8 questions for the 2010 survey.

Picker highlighted positive aspects of the patient experience.

- Overall: rating of care was good/excellent 89%
- Overall: doctors and nurses worked well together 89%
- Doctors: always had the confidence and trust 76%
- Hospital: hand-wash gels visible and available for patients and visitors to use 92%
- Care: always enough privacy when being examined or treated 86%
- Surgery: risks and benefits clearly explained 81%

Picker identified the areas for improvement

- Discharge delayed by 1 hour or more
- Not asked to give views on quality of care
- Nowhere to keep personal belongings safely
- Could not always find staff member to discuss concerns with
- Planned admission: not given choice of admission date

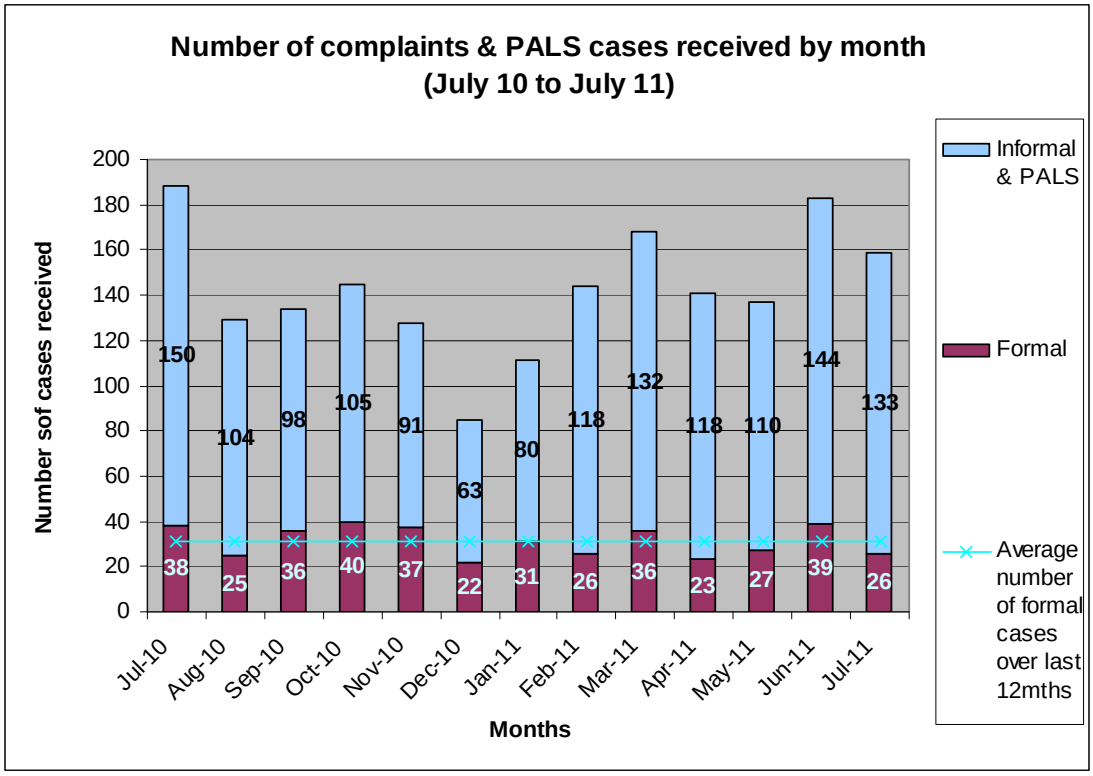
- Planned admission: not offered a choice of hospitals
- Hospital food was fair or poor
- Not enough opportunity for family to talk to doctor
- Discharge: family not given enough information to help

The Trust confirmed that plans are in place to tackle the issues identified with 5 separate workstreams set up for 2011/12:

- Communication
- Discharge
- Equipment / facilities
- Food & nutrition
- Appointments

Each of the working groups comprises divisional representatives and patient representatives to provide a balance view and input into the changes being made. The working groups reported to the Patient Experience committee. The Slough LINk carried out protected meal time audits on various wards and at different mealtimes during May 2011. The results of these audits will be reported to the September CQRG meeting.

Complaints & PALS July 2010 to July 2011

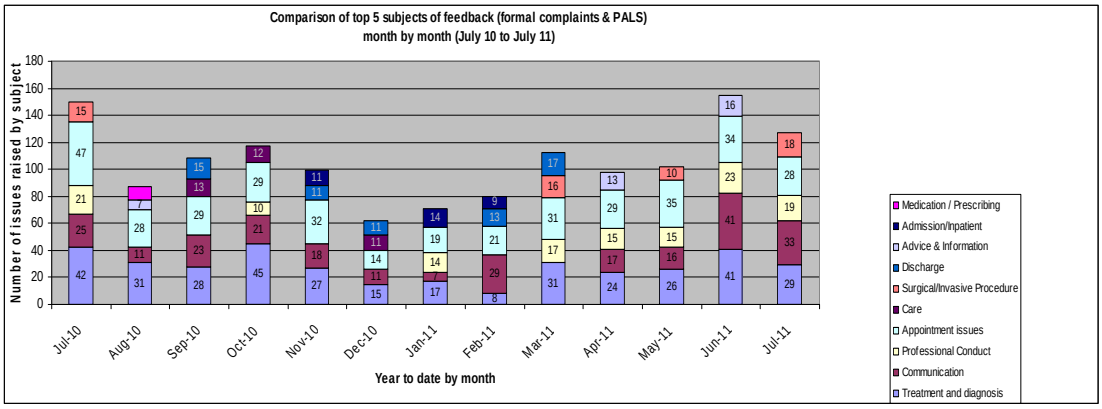


The Trust reported that they had received 26 formal complaints in July this has decreased from 39 in June. The average number received per month over the past year remains fairly static at 31.

During July, two cases had been sent for assessment to the Ombudsman.

Subject of complaints

Analysis of the feedback from complaints and PALS shows that the concerns were regarding the following top 5 subject matters:



Jul-11	
Communication	16%
Treatment and diagnosis	14%
Appointment issues	13%
Professional Conduct	9%
Surgical/Invasive Procedure	9%

It should be noted that previously appointment issues were rated either in first or second place on a month by month basis as the top complaint. Communication and treatment & diagnosis now supersede appointment issues. The Trust received 993 compliments during the month of July from patients satisfied with their care and treatment.

The Trust has provided a summary of the learning and actions that have been taken following complaints and PALS cases. A short selection is given below

- Staff will receive further Hand Hygiene training
- Further observational audits for Infection Control and Hand Hygiene compliance have been arranged
- Reflective practice session with the ward staff, especially regarding communication
- Two substantive Ward Matrons are now in post to provide greater leadership and ensure high standards of patient care and experience are met
- Ward Matron rounds have been introduced across the Trust to encourage any concerns to be raised directly with them
- Ward staff check their call bell systems on a daily basis
- Estates carry out a weekly check with all of the wards to ensure they do not have any issues that have either not been reported or actioned in a timely fashion.
- The correct process for obtaining medication out of hours has been reiterated to all registered nurses across the Trust.
- Sodexo have subsequently revisited the training on:
    - the regeneration process
    - getting Sodexo staff to communicate with the patients as to why their meal uneaten and suggesting alternative
    - need to get the Trust ward team involved in assessing patient needs.

At the September CQRG meeting a presentation will be given by the Head of Patient Experience / complaints and PALS on the work the Trust is undertaking to improve patient experiences including Your Welcome Standards and an update on their Privacy and Dignity Campaign. The next Board report will provide details.

BHCFT collects statistical information on compliments and formal complaints received by Mental Health Services, Community Health Services (East) and Community Health Services (West).

Compliments

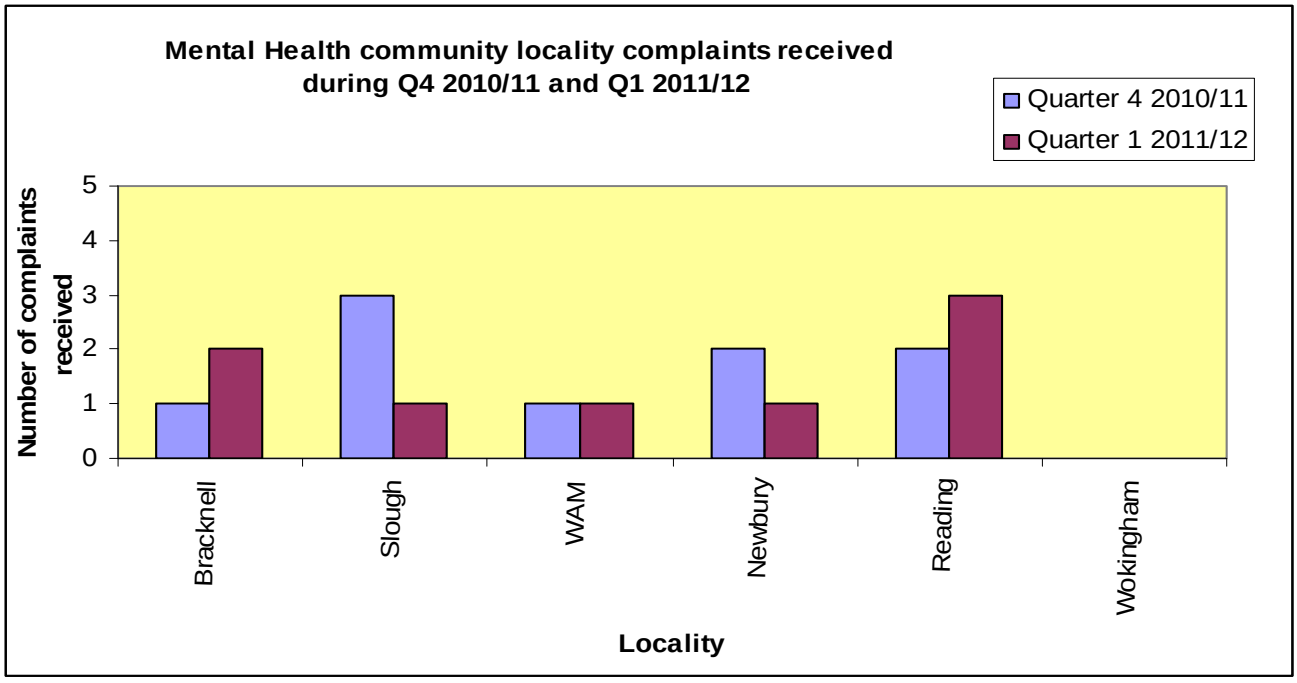
- Mental Health Services - 23 compliments forwarded to the complaints office.
- Community Health Services (East) - 80 recorded compliments forwarded to the complaints office.
- Community Health Services (West) - 43 recorded compliments forwarded to the complaints office.

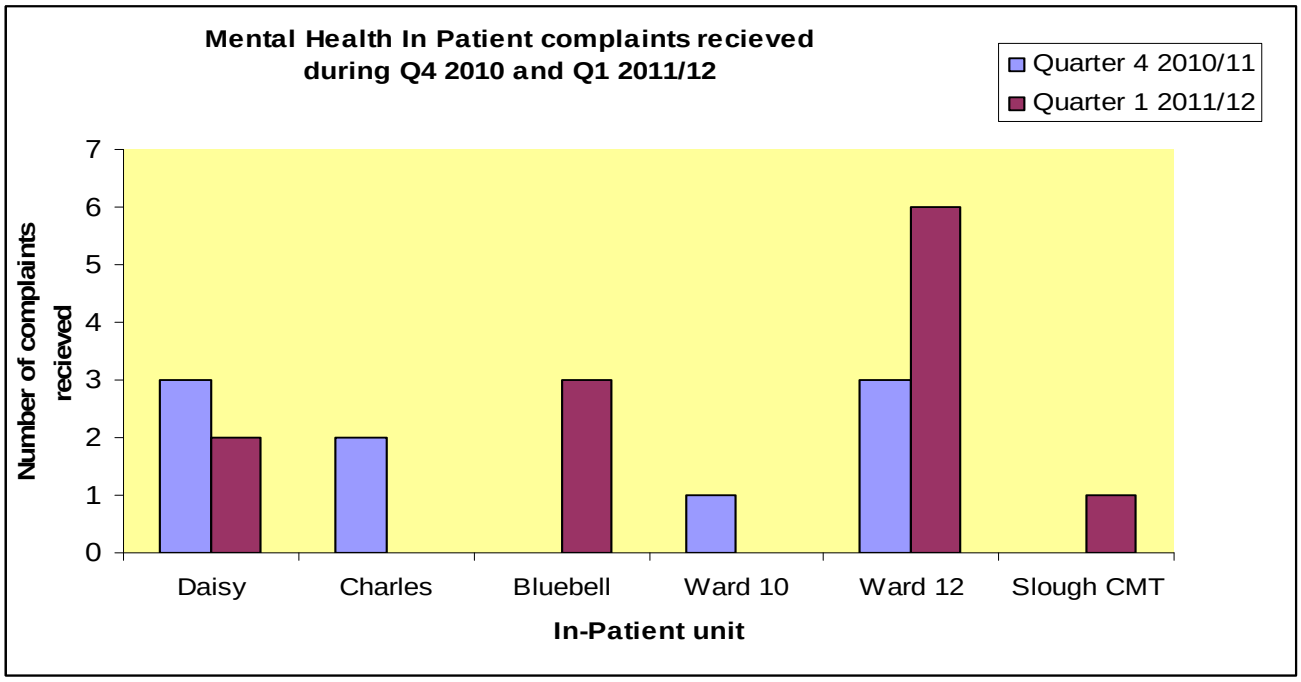
Complaints

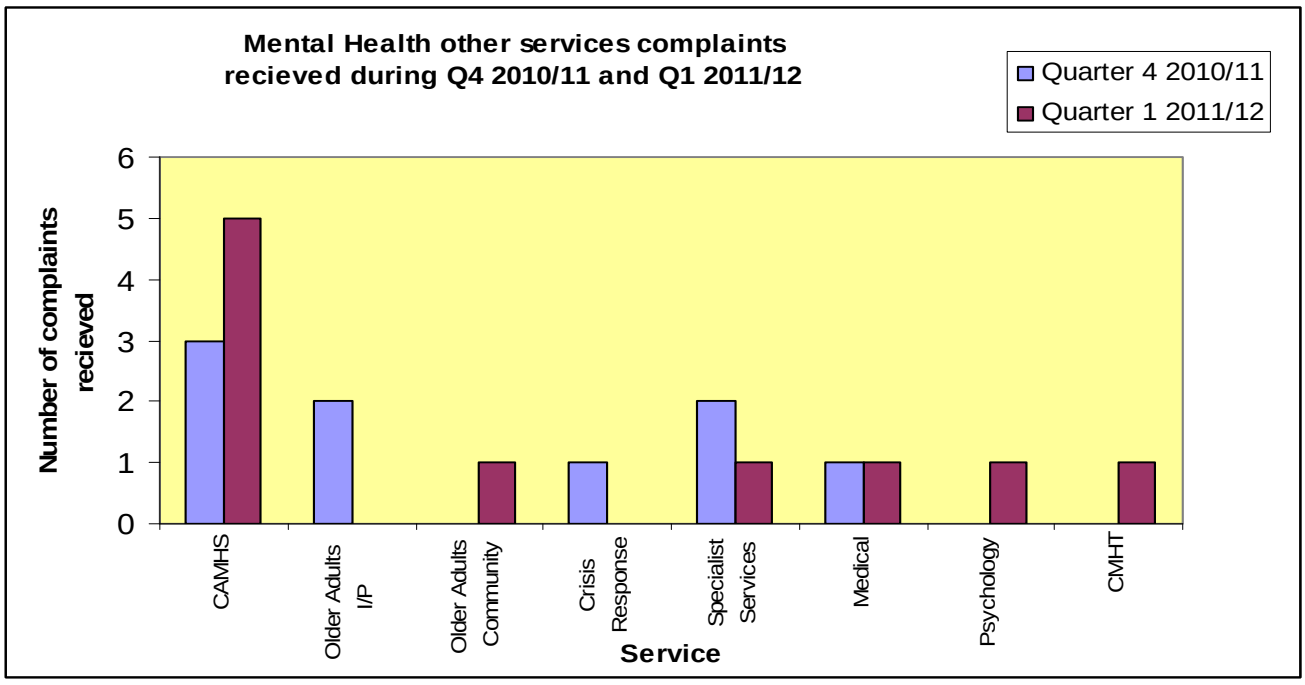
Mental Health Services

During Q1 30 complaints were received. 29 were open to investigation and the remaining one was closed when consent was not received to investigate.

The tables below shows the number of complaints received in mental health per service/locality during quarter 1 of 2011/12 and compares the numbers with Quarter 4 of 2010/11




Mental Health In Patient complaints recieved during Q4 2010 and Q1 2011/12
Quarter 4 2010/11
Quarter 1 2011/12
Number of complaints recieved
0
1
2
3
4
5
6
7
Daisy
Charles
Bluebell
Ward 10
Ward 12
Slough CMT
In-Patient unit


Mental Health other services complaints recieved during Q4 2010/11 and Q1 2011/12
Quarter 4 2010/11
Quarter 1 2011/12
Number of complaints recieved
0
1
2
3
4
5
6
CAMHS
Older Adults I/P
Older Adults Community
Crisis Response
Specialist Services
Medical
Psychology
CMHT
Service

The nature and the number of complaints in Mental Health are:

Nature of the concearns	**Number of Complaints Q1**
Attitude/behaviour of staff	13
Care & treatment issues	10
Admission/discharge/transfer	2
Concern over withdrawal of care package	2
Diagnosis /assessment	2
Detention under MHA /S17 leave of absence	2
Communication	3
Conduct of CPA meeting	1
Allegation of staff smoking on hospital premises	1
Medication/monitoring	3
Request for change in medical team to due alleged language barrier	1
Property	1
Lack of support on discharge	1
Communication	4
Alleged lack of support to family	2

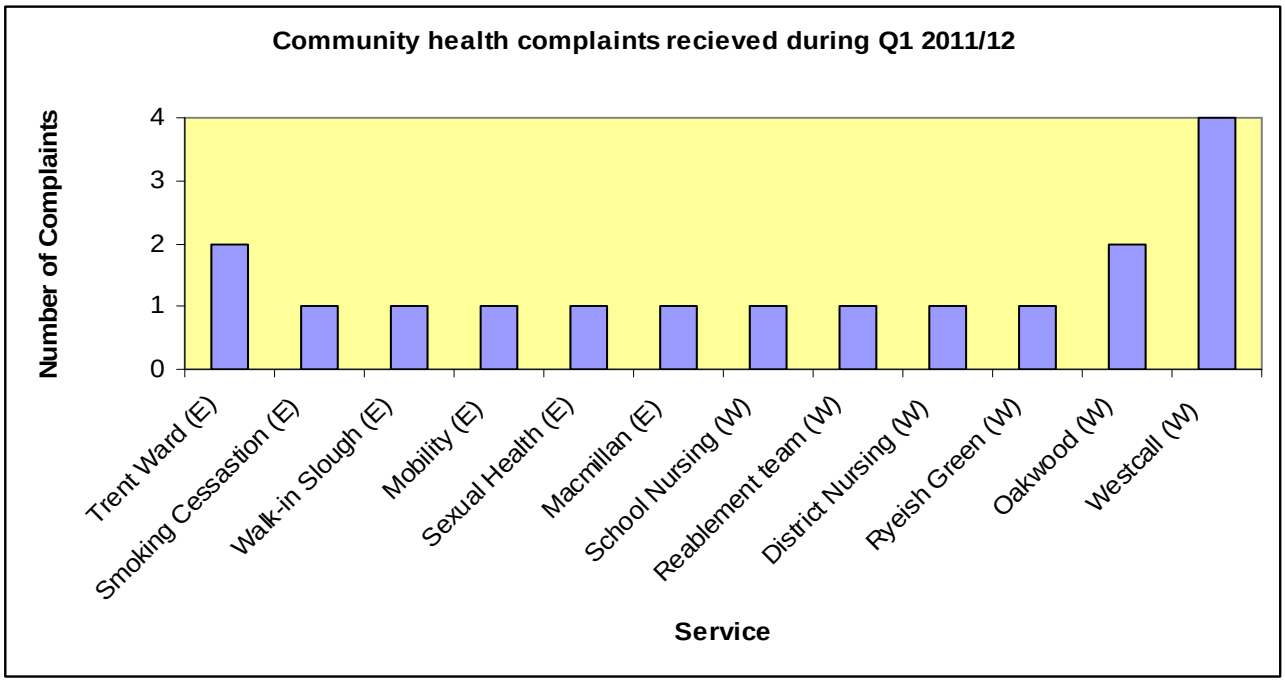
After investigation of the complaint the following outcomes were:

- 6 x Upheld
- 11 x Partially upheld
- 9 x Not upheld
- 3 x Not due for completeion during this quarter
- 1 x Withdrawn

Community Health Services

Seven complaints were received from patients using community health services in the East. Five were open to investigation with the remaining two withdrawn by the complainants. Ten complaints have been received in the West.

The table below shows the number of complaints received in community health per service during Quarter 1 of 2010/11.



The nature and the number of complaints in Community Health are:

Themes of concerns	**Q1**
Attitude/conduct of staff	6
Care & treatment	5
Issues over telephone consultations	1
Concerns that patient not visited following a fall	1
Alleged failure of doctor in diagnosis and treatment	1
Respite care	1
Admission/discharge process	1
Alleged failure to take into account wishes of adolescent and Gillick competency	1
Alleged failure to take into account advice of other professionals	1
Expectations of family re- delivery of service	1
Concerns at difficulty in phone access to clinic	1
Waiting times for clinic	1
Lack of appropriate wheelchair	1
Access to records	1

The outcome of the 17 complaints were:

- 1 x Upheld
- 8 x Partially upheld
- 5 x Not upheld
- 1 x Not due for completeion during this quarter
- 2 x Withdrawn

Collecting and disseminating the themes and good practice gained from the investigations is a core commitment for BHCFT. Locally the issues are taken up and implemented within the service and the learning is shared with the Patient Engagement and Experience Group.
In March 2011 Reading LINk raised concerns with BHCFT about patient safety at Prospect Park Hospital. The individual who referred this issue to reading LINk is concerned about the safety of in-patients in Prospect Park Hospital and feels this does not achieve an acceptable standard, concerned that several suicides have occurred. This triangulates with PCT concerns that have also been raised with the trust. LINk has made information requests to BHCFT and next steps are currently being reviewed.

Additionally Reading LINk are taking forward work with a focus on Social Care and Mental Health as these areas were flagged as areas of concern from the recent LINk community survey. Below is detail from an outline work plan for 2011/12 based on what people have told LINk so far:

Access to services – getting information about services for people to get the help they need and to be able to fully participate in decisions about their care.

Customer Care – how people are treated through their involvement with a service and feeling satisfied when care/support or treatment ends.

Social care services:

- Preventative services (including re-ablement)
- Needs of Carers
- Review of personal care needs
- Non personal Care needs and support
- Provision of information, advice and support
- Personal Budgets

Mental Health Services:

- BHFT Next Generation Care Proposals
- Older People's Mental Health Services
- Dementia services
- Access to Talking Therapies for patients in Reading
- Child and Adolescent Mental Health Services
- Access to mental health services

6. Cardiovascular (Stroke and TIA)

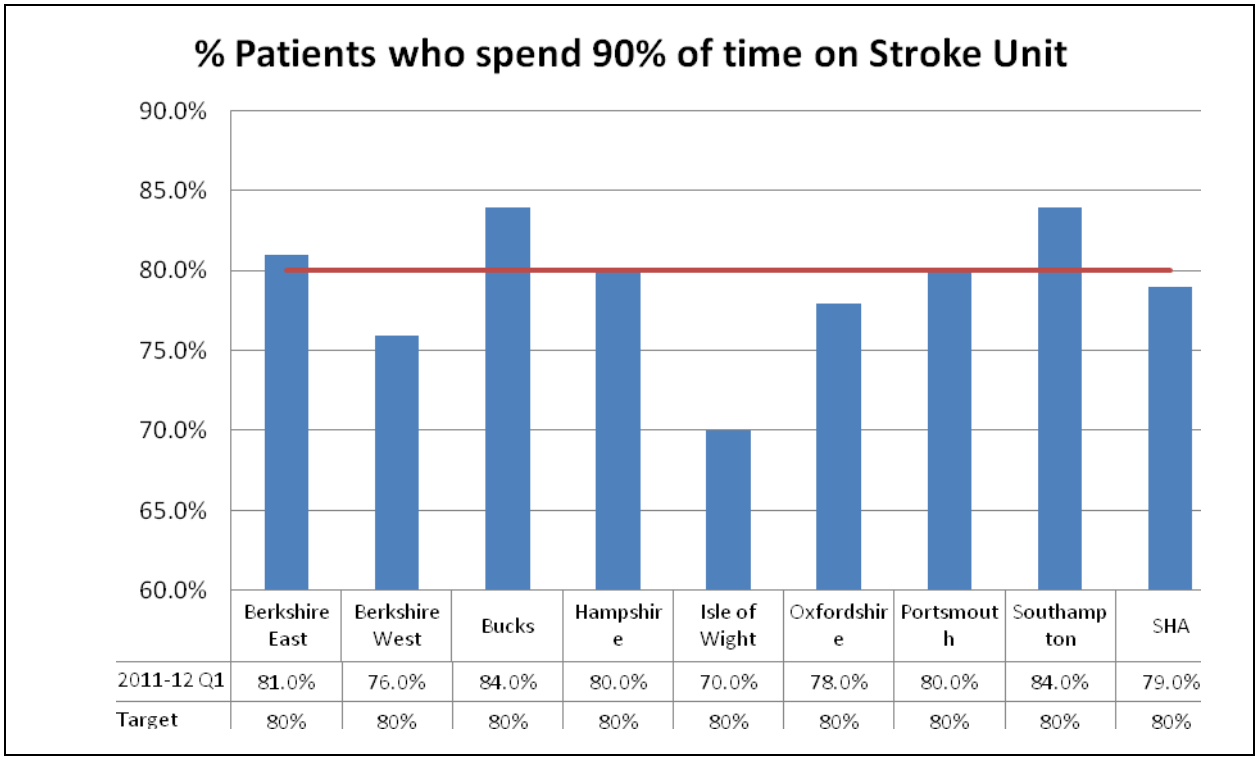
Stroke is defined by the World Health Organization as a clinical syndrome consisting of rapidly developing clinical signs of focal (or global in case of coma) disturbance of cerebral function lasting more than 24 hours or leading to death with no apparent cause other than a vascular origin.
There are two main types of stroke:

- Ischaemic: the most common form of stroke, caused by a clot narrowing or blocking blood vessels so that blood cannot reach the brain, which leads to the death of brain cells due to lack of oxygen
- Haemorrhagic: caused by a bursting of blood vessels producing bleeding into the brain, which causes damage

A Stroke Specification developed by the South Central Stroke Network with representatives from PCTs has been incorporated into HWPFT and RBFT contracts; a range of quality indicators are included in the contract requiring the Trust to report on a monthly basis.

Dr Jackie McGlynn, GP in Berkshire East has been leading on stroke for Berkshire East including participating in the process to assess the bids for hyperacute / acute and rehabilitation centres. On 1st June 2011 a joint service for a hyperacute service between Buckinghamshire Hospitals Trust and HWPFT was established. HWPFT operates an acute and rehabilitation service for stroke.

One Vital Sign stroke indicator remains in the contract: patients to spend at least 90% of their time on a stroke unit. The target for this indicator is 80%, i.e. 80% of all patients spend 90% of their time on the stroke unit.

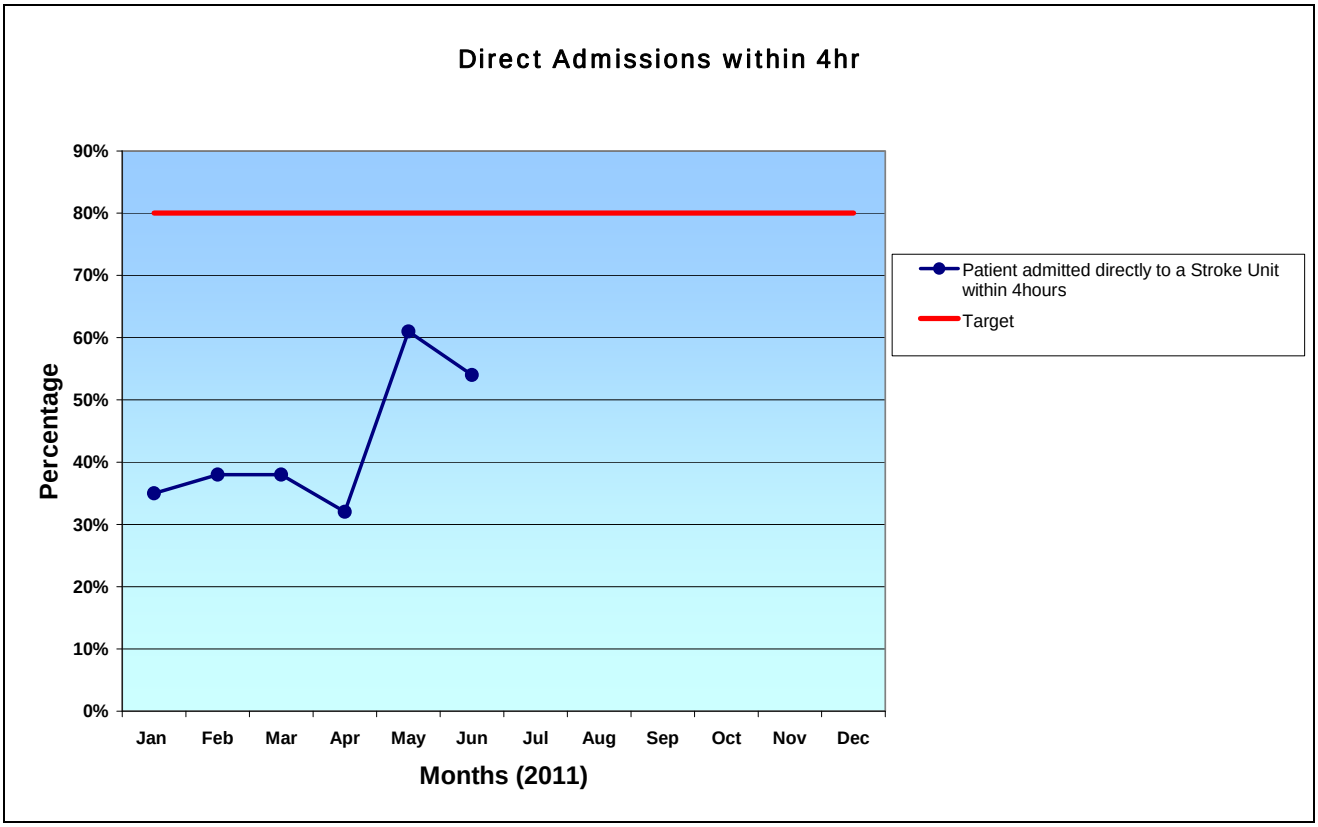


The data in the chart above is for PCT patients, so hospital performance can vary within this PCT data. Data from the South Central Stroke Network is also interrogated alongside the contract data, to give a complete picture.

RBFT failed to achieve this target in Q1, due to only achieving 68.8% in April. May (81.9%) and June (84.9%) brought performance back up to standard. RBFT have advised the PCT that in April additional therapy provided for 12 beds had been stopped but was now back in place, and that this, in addition to increased A&E demand, may have caused the drop. Berkshire East met this target in Q1, but Wexham Park and Heatherwood Hospital only achieve performance of 71% (Apr), 79% (May), and 77% (Jun). When breaches to this target occur, HWPFT conduct root cause analysis into the reasons. The breaches in June were due to:

- Patients moved out of the Stroke Unit to accommodated new admissions -3 patients
- Patients delayed in A&E and stayed in hospital for less than 48 hrs – 1 patient
- Later referral and no beds available on referral – 1 patient
- Non-referral – 2 patients
- Patients requiring care in a another specialist area – 1 patient

Target 80% of patients to be admitted to a stroke unit within 4 hours
HWPFT are measured in the contract on patients admitted to the stroke unit within 4 hours. Performance for direct admission to a stroke unit within 4 hours – HWPFT achieved 32% for April; 61% for May and 54% for June. July's data has been reported and demonstrates that the Trust has achieved 63% whilst there is some improvement +9% improvement on the previous month, performance is well below target. There is some concern about maintaining and then improving on stroke targets.

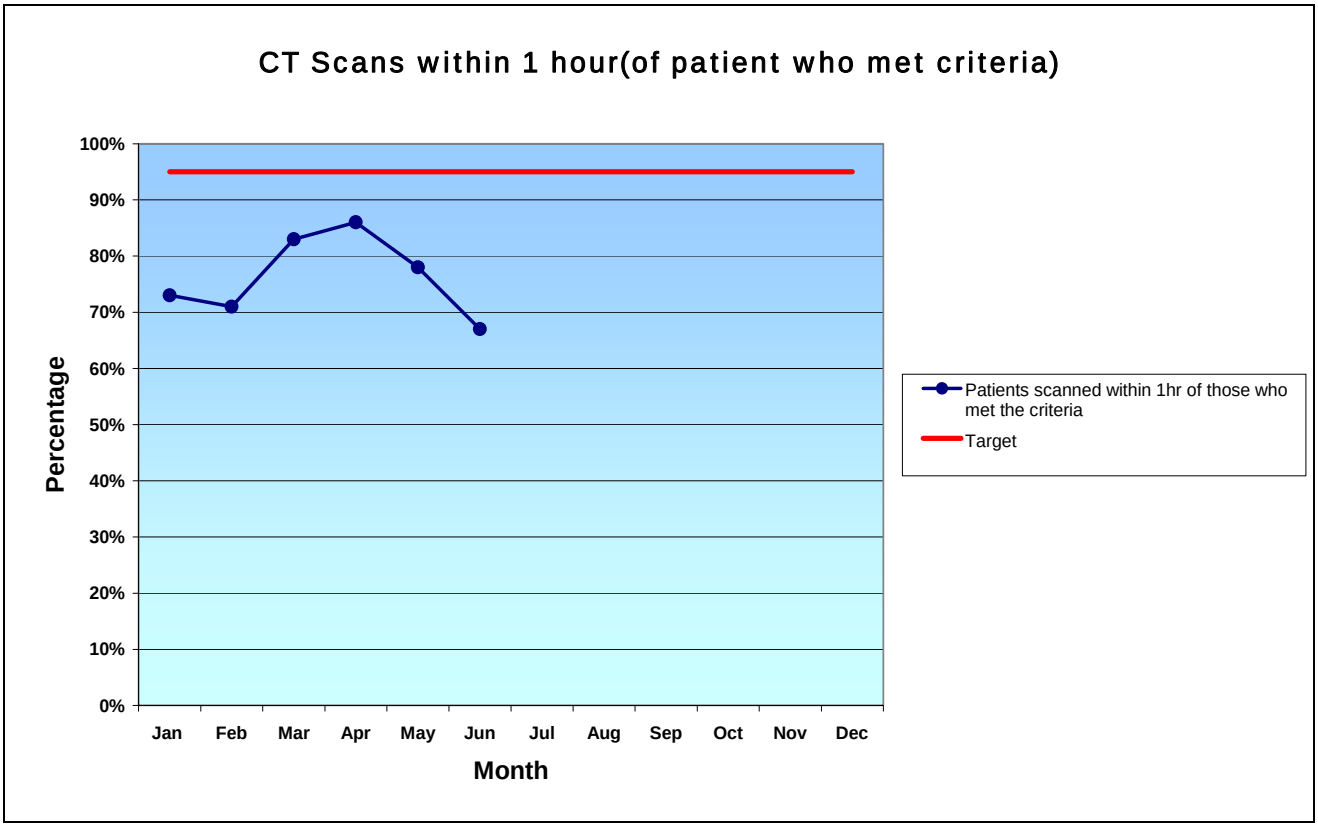


Reasons for breaches in July 2011

- 16 patients were not directly admitted within 4hr
- 5 of these patients breached because they were waiting to be medically clerked
  -of these 5 patients 4 were admitted before the revised protocol

In the early part of 2010/11 HWPFT's performance on stroke targets was poor; with less than 10% of patients admitted directly to a stroke unit in April – May 2010 and less than 30% of those who had been diagnosed as suffering from a stroke spending 90% of their time on a dedicated stroke unit. After a series of meetings with commissioners a stroke action plan and reporting framework was established in July 2010; the preliminary work undertaken by the Trust demonstrated sustained improvement throughout the summer of 2010. However in the latter part of 2010 through to March 2011 stroke data shows a marked deterioration in performance. In March 2011 less than 40% of patients with a primary diagnosis of a stroke had been admitted directly to a stroke unit and less than 70% spent 90% of their time on a dedicated stroke unit. The Trust is ranked 7th out of 9 trusts across South Central for the % of patients who spend 90% of their time on a stroke unit by Q4 (2010/11). An immediate diagnosis of a stroke, admission to a stroke unit and spending 90% or more time on the unit significantly improves the outcomes for patients and reduces their level of disability following a stroke.

It should be noted that for Q1 2011-12 the performance has improved and shows and upward trajectory the graph above shows that the Trust achieved for 68% - April; 79% - May and 77% - June



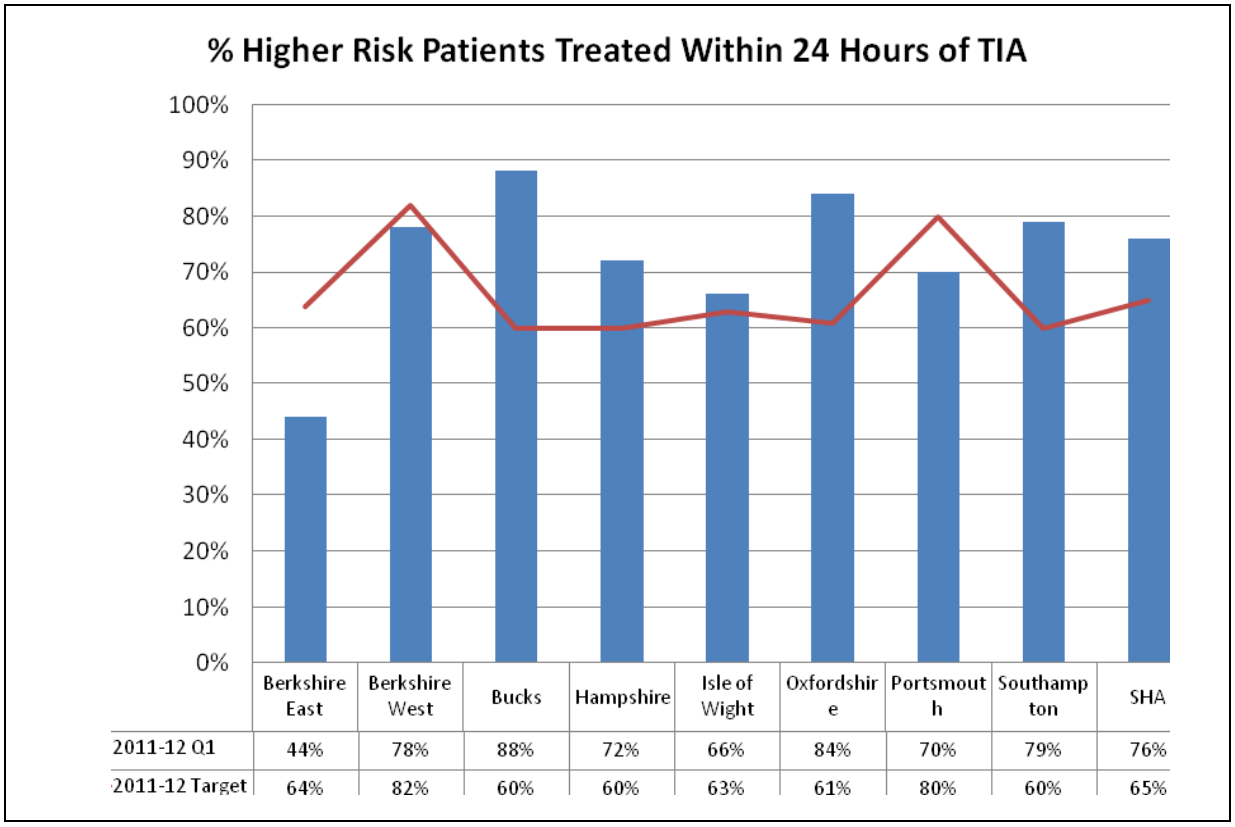
With regard to all other stroke performance measures HWPFT performance was variable in July 2011:

- 80% of patients spend 90% of their time on a stroke unit **–** the Trust reported **85% for June;** awaiting figure for July
- Number of patients scanned within an hour – the Trust **scored 60% against a 95% target** (failed target) and a dip in performance compared to April
- Number of these patients scanned within 24 hours – Trust **scored 93% against a 95% target** (failed the target but above 80% threshold within the contract)
- Number of patients who had a swallow screen within 24 hours of admission - Trust scored **75%** this is a decrease in performance in June the Trust reported **84%% against a 90% target** (failed target)
- Number of patients who received therapy assessment within 24 hours of admission – Trust scored **93% in July** up from June's poor performance **66% against a 90% target** (achieved the target)

The Trust also explained its poor performance with regard to therapy assessments taking place on the weekend and actions that are being taken to resolve the issues

- Three new Acute Stroke Coordinators (therapists) have been recruited and will commence in post in September
- Acute Stroke Coordinators (therapists) will also cover weekend shifts and will carry out the required assessments.

There is one Vital Sign indicator in the contract relating to TIA and the timely scanning of patients. For 2011-12 the SHA target has set different targets for different PCTs (last year the target was 60% across the patch). This is an important target as it aims to reduce the number of patients who go on to have a stroke. Again the data in the chart below is for PCT patients, so hospital performance can vary within this PCT data.



	Berkshire East	Berkshire West	Bucks	Hampshire	Isle of Wight	Oxfordshire	Portsmouth	Southampton	SHA
2011-12 Q1	44%	78%	88%	72%	66%	84%	70%	79%	76%
2011-12 Target	64%	82%	60%	60%	63%	61%	80%	60%	65%

RBFT did not meet their SHA target of 82%, again due to poor performance in April (71.4%). May (83.3%) and June (82.4%) have brought performance back on track.

The HASU based at Wycombe hospital treats Berkshire East patients who have a high risk TIA; if High Risk TIA patients attend HWPFT within 4 hours they are transferred to Wycombe Hospital by ambulance. For April the figures from the HASU are 50% May 0% and for June 60% of high risk TIA patients treated within 24 hours. Buckinghamshire commissioners have confirmed that for July all those patients with a high risk TIA from East Berkshire who have been admitted to the HASU (Wycombe) were treated within 24 hours. The HASU delivered 100% compliance against the target. Berkshire commissioners are awaiting confirmation of the data via the Cardio-vascular Network and Vital Sign target.

Low risk TIA (HWPFT service)
A one-stop Low Risk TIA Clinic is been developed at HWPFT coordinated by an Advanced Nurse Practitioner; the clinic will offer:

- Echocardiogram (if indicated)
- CT head scans
- CTA of carotids
- Consultant review (assessment, review of investigation, results and commence appropriate treatment)
- Provision of secondary prevention, lifestyle, occupational, driving and FAST advice.

7. Maternity

Through the Shaping the Future process and discussions between PCT maternity commissioning leads the SHA has identified four priority areas for maternity services for 2011/12. The crucial one from a Quality point of view is:

- **Increasing % of normal births (and decreasing % of caesarean sections)**

RBFT has again been incentivised through the use of CQUIN payments to:

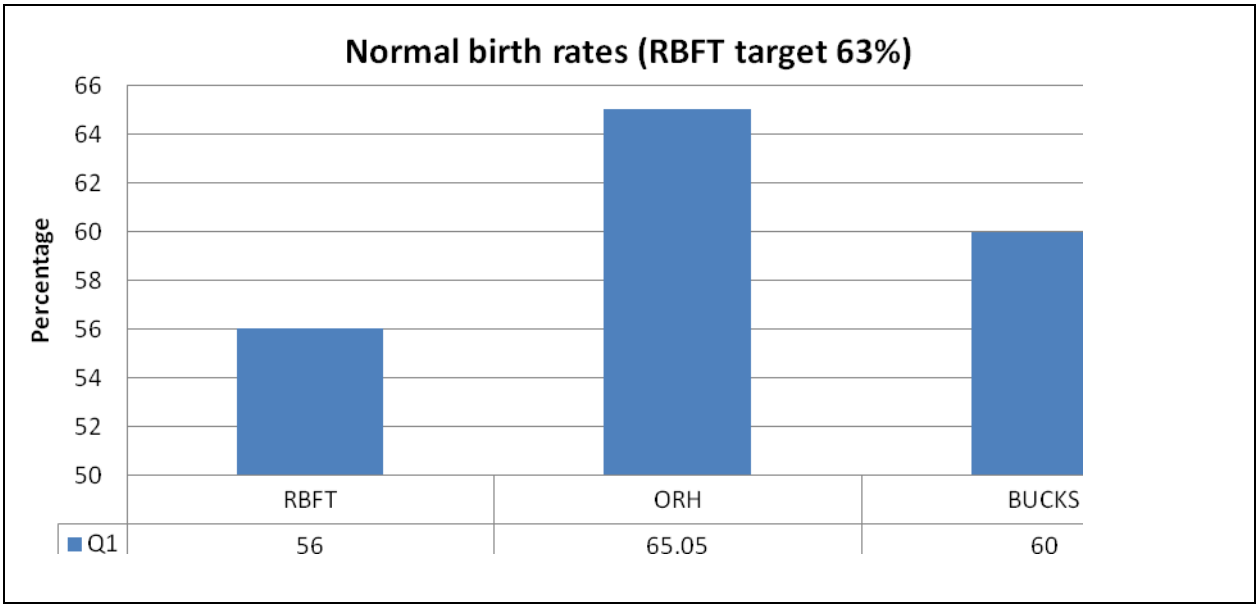
- **Increase the % of normal births** (63% for full payment)
- **Decrease the % of caesarean sections** (24% for full payment)
- **Increase the % of women who achieve a vaginal birth following one previous lower section caesarean section (LSCS)** (70% for full payment)

7.1 Normal Births

Normal birth is defined as vaginal birth without the aid of forceps/ventouse irrespective of whether the labour has been induced or is spontaneous, also includes epidural analgesia and any intervention (i.e. augmentation of labour, continuous electronic fetal monitoring and episiotomy).

Maternity statistics for 2008/09 show that, in England, around 60% of women who had their baby in hospital had a normal birth (HES Online; 2009).

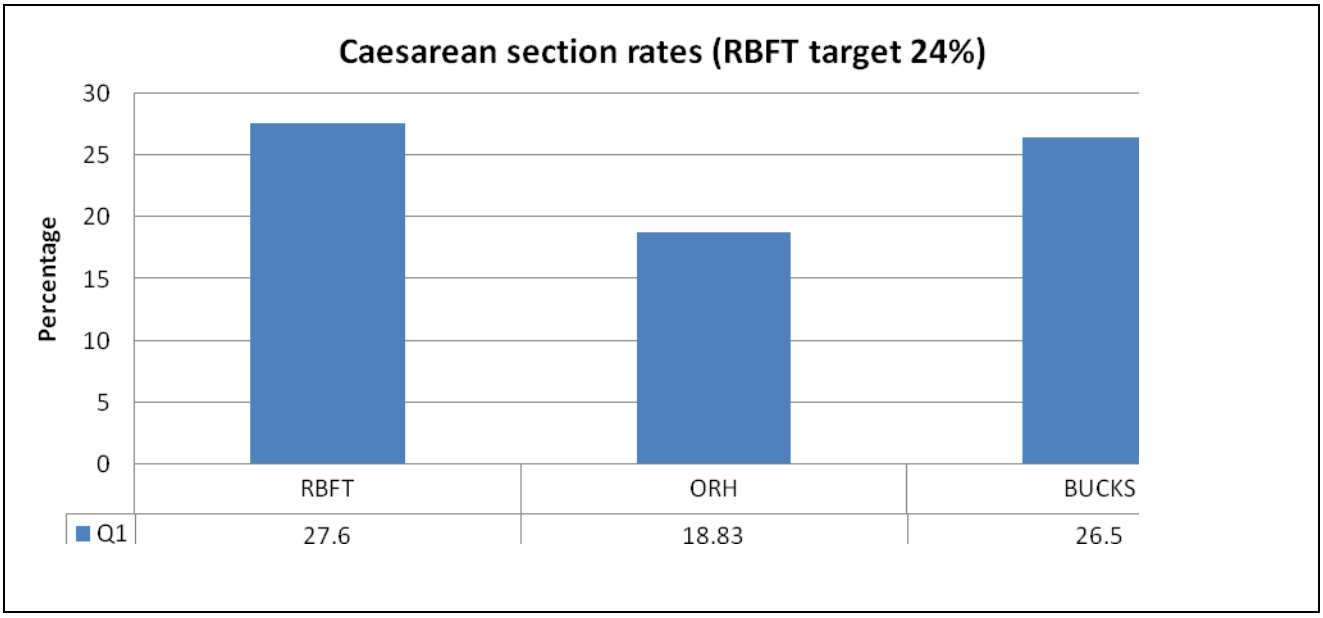
RBFT achieved an average normal birth rate of 58% over 2010/11. Performance in the first quarter of 2011/12 shows that the RBFT continues to struggle to meet this CQUIN target. Further benchmarking data will be added to this chart once it has been received.



7.2 Caesarean Section

The Caesarean section rate reported by Trusts in NHS South Central ranged from 19% to 28.6% in 2009/10. The national average is 24.6% and the NHS Institute has concluded that on the basis of evidence and best practice it is possible for most units to achieve and sustain 20%. Given the health and social profile of the South Central population this is an ambition that should be within our grasp.

RBFT achieved an average c-section rate during 2010/11 of 27%. Performance in the first quarter of 2011/12 shows no improvement in this CQUIN target; performance needs to decrease to 24%. Further benchmarking data will be added to this chart once it has been received.



Berkshire East's 2010/11 c-section rate was 24.9% for all east Berkshire women giving birth at a range of providers (HWPFT, Buckinghamshire NHS Trust and Frimley Park NHS Trust).

Schedule 3 of the contract between HWPFT and NHS Berkshire East stipulates a c-section target of 23.5% for 2011/2. The Trust has had mixed performance in this area during the financial year 2010/11 fluctuating between 22.78% to 28.41%; with an average rate of 25.64% over the previous contract year. There has been little improvement in the c-section rates for 2010/11 compared to 2009/10 as the average for that year was 26%. For July 2011 the Trust reported 'provisional' **c-section rate of 26%;** at the CQRG meeting held in August HWPFT submitted a trajectory whereby improvements will be made month on month to arrive at the target of 23.5% by March 2012.

7.3 Vaginal birth after caesarean (VBAC)

VBAC refers to the practice of delivering a baby vaginally after a previous baby has been delivered through caesarean section (surgically). A caesarean section leaves a scar in the wall of the uterus which is weaker than the normal uterine wall, so if the woman goes into labour in a subsequent pregnancy there is a higher than normal risk of a ruptured uterus. Because of this risk an attempt at normal vaginal delivery was for most of the 20th century was considered unacceptably risky. This opinion was challenged by many studies showing that many women with previous caesarean sections did have successful vaginal deliveries.

The decision to have a trial of VBAC is made by the mother with the advice of her obstetrician or midwife. The decision is guided by an assessment of the known risk factors for complications from a VBAC and from a repeat cesarean and the desires of the mother. In general, an attempt at VBAC is safe if there are no other identified risk factors affecting the mother or baby.

In 2009/10 RBFT average rate of VBAC was 26%. Performance in the first quarter of 2011/12 shows significant improvement to July performance of 66%. They are not yet achieving their CQUIN target of 70% average across Q4.

7.4 One to One Care in Labour – performance measure
A key feature of the Maternity Specification agreed with HWPFT is the establishment, monitoring and improvement of 1:1 care in labour which links to safe staffing levels, reduction in serious incidents, improved outcomes for mother and baby and positive patient experience.

The National Service Framework requires maternity services to develop the capacity for every woman to have a designated midwife to provide care for them in established labour for 100% of the time. To meet this target HWPFT Maternity Services is using part of the NPSA Intrapartum toolkit which will have the facility to identify the

department's ability to supply 1:1 care in labour over 4 hour window in every 24 hour period. The toolkit will offer information and support in the following areas:

- Demonstrate staffing and activity levels on the labour ward which can then be used prospectively to inform planning of staffing and activity and / or escalation procedures
- Support serious incident investigations where information about these measures may contribute towards the understanding of the situation at the time of the incident.

It has been agreed with HWPFT that during Q1-2 the Trust will implement the toolkit and undertake patient experience surveys. The Trust will start to report against the standard in Q3 in relation to this measurement.

7.5 Birth to Midwife ratios

HWPFT reported that for Q4 2010/11 the birth to midwife ratio at Heatherwood was 1:27 and 1:38 at Wexham Park Hospital due a substantial increase in births at Wexham Hospital in March. The Trust has a staff establishment rate of 181 midwives which would bring the ratio to 1:31; however the recruitment and retention of midwives remains challenging for the Trust. HWPFT is continuing with its recruitment and retention campaign and its work with employment agencies to find qualified midwives for posts based at Wexham Park hospital. More recently the Trust has recruited newly qualified midwives from Portsmouth who could not find jobs locally and has plans to recruit 21 WTE midwives from September – January 2012. For July 2011 there are:

- 46 WTE vacancies
- Birth to Midwife ratio 1:38 in July across the Trust (1:41 at Wexham hospital and 1:16 at Heatherwood)
- A number of midwives are being recruited this month which should bring the birth to midwife ratio to 1:33 for October.

Following on from work with the Maternity and Newborn Programme the Trust is participating in the Royal College of Midwives conference with a joint recruitment stall with the SHA. A new post of Consultant Midwife for Normal Births has been approved and additional recruitment will take place for a Safeguarding Lead - Midwife.

RBFT has a birth to midwife ratio of 1:34, which meets the standard set in the contract. They have recently recruited 17 more midwives who are starting between 1 October and the end of November.

7.6 Ninety per cent of women to have booked with maternity services 12 weeks plus 6 days booked

HWPFT reported that for March 2011 they had attained 80.2% which is an improvement on the previous 11 months of that year. The Trust reported at the August CQRG meeting that they had attained a significant improvement by achieving the target for July of **90.1%**. The Trust has undertaken a data cleansing exercise and ensured that they are not counting women who have booked elsewhere and then transferred to HWPFT; following the SHA guidance on calculating this target.

7.7 Planned audits for 2011/12

As part of the Obstetrics and Gynaecology review four key audits have been agreed between HWPFT and commissioners as follows:

- Audit of induction of Labour
- Audit on Monitoring of women during labour using ST waveform analysis
- Water birth audit
- Length of stay audit.

There are a host of routine maternity audits that the Trust will be undertaking and some more specific audits linked to the O&G review (medical working practice and improve systems for medical management audit; audit of clinic information relating to independent clinics; and audit of SI investigation process, adding a 'sign-off' process to ensure leadership, engagement and ownership by the Care Group Clinical Governance).

8. Electronic Discharge

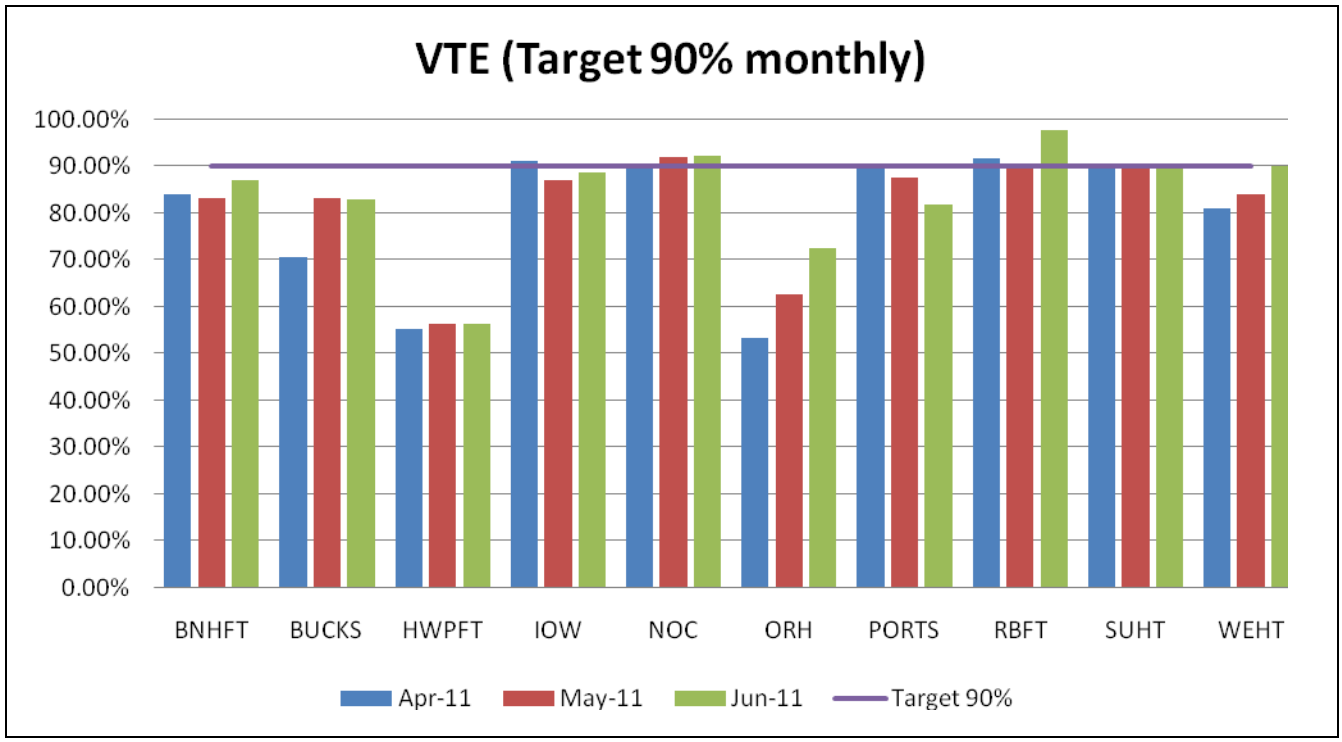
RBFT have been issued with a contract query notice relating to performance against the standard that 98% of inpatient discharge letters must reach the GP within 24 hours. Average performance for the year so far is running at 92%. The trust is met with the PCT on the 1st of September and has submitted draft remedial action plan. This action plan is being monitored via the Clinical Quality Review Group and will be reported to the Quality and Risk Committee.

9. Venous Thromobembolism (VTE)

VTE is a potentially preventable cause of death in hospitalised patients, and treatment of non-fatal symptomatic VTE and related long-term morbidities is associated with a considerable cost to the health service. NICE guidelines specify that clinicians should undertake a risk assessment on their patients and give the appropriate prophylactic treatment.

Even though VTE is a significant patient safety issue, outcome data on VTE is poor – post mortem studies suggest that only 1-2 in every 10 fatal pulmonary emboli is diagnosed. Whilst work is underway to improve reliability of outcome data, the process measure of VTE risk assessment will set an effective foundation for appropriate prophylaxis. This gives the potential to save thousands of lives each year.

There is a national CQUIN associated with VTE. All trusts are required to achieve 90% of all adult inpatients receiving a VTE risk assessment on admission using the national risk assessment tool. This CQUIN is now about sustained performance and trusts must achieve 90% on a monthly basis in order to achieve the CQUIN money.



The SHA have written to all South Central trusts highlighting that performance across the patch is unacceptably variable. The letter acknowledged that there have been some data submission issues with the national tool, and emphasised the importance of resolving this as soon as possible. The approach from the SHA at the moment is one of supporting engagement with the agenda. This will obviously not continue should performance still be low once data collection and submission has been improved.

At the CQRG meeting held in August HWPFT reported that the Trust had achieved 56% for Q1 on VTE and is worst performer on VTE across South Central. The Trust is demonstrating a dip in performance from March 2011 where the VTE rate was reported at 61%. The following measures have been put in place to improve performance:

- Continuous Quality Improvement Lead has been recruited and started in post in August
- VTE lead nurse interviews have been arranged for 26th August
- Launch of VTE marketing and education campaign in August (publicity materials have been made available to commissioners)

- All new F1 and F2 Medical staff have received notification of the requirement for VTE risk assessment to be completed and the e-learning programme has been made mandatory
- Obstetrics department has launched the VTE teaching programme
- Monthly monitoring of CQUINs via the CQRG meetings with CQUINs report a standing item on the agenda.

RBFT continue to sustain their high performance, maintaining just over 90% across quarter 1 and have therefore earned their CQUIN money (approximately £73,687).

10. Mixed Sex Accommodation (MSA)

The elimination of mixed sex accommodation has been a key target for several years. All trusts were required to issue a statement of compliance and are required to report any breaches to the commissioner. RBFT and HWPFT issued statements of compliance by 31 March 2011.

RBFT has declared one breach, but following discussion at the Clinical Quality Review Group this was deemed clinically justifiable and no fine was issued. HWPFT confirmed for the months April – June 2011 there were no breaches.

HWPFT has declared three breaches relating to mixed sex accommodation; the contracting team is currently investigating the breaches which will be formally considered at the CQRG meeting in September with a decision to be made if the breaches were clinical justified.

11. CQC reports / inspections

CQC carried out a planned review of Charles Ward in St Mark's Hospital, Maidenhead in December 2010. Charles Ward at St Mark's Hospital provides a service (23 beds) to adults over the age of 75 in East Berkshire, with either a diagnosis or suspected diagnosis of a mental health condition or problem.

For four of the essential standards they were not satisfied that Charles Ward at St Mark's Hospital was compliant. Two areas of particular concern where Charles Ward was not compliant with essential standards were:

- **Assessing and monitoring the quality of service provision**
- **Notification of other incidents**

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

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

12. Safeguarding

The BE Quality and Governance Manager has been working with a matron from BHFT to assess the cleanliness and infection control risk of the Southern Cross homes in East Berkshire. There have been a number of issues in some homes identified and these have been raised with the CQC and the homes. Each home is developing its own action plan and they will be reassessed in 3 months time. As part of the mental health contract people placed in homes under section 117 are paid for by commissioning but their care monitored by BHFT. BHFT was asked to assist in the reassessment of a number of people in a home who were under section 117 following serious safeguarding concerns. This was carried out, but a clear process for information sharing needs to be identified.

CQC also identified following their visit to Charles Ward that all assaults should be referred to the Local Authorities as safeguarding. This process is being put in to place and will be monitored by the Local Authorities, BHFT and commissioners.

All category 3 and 4 pressure ulcers are raised as safeguarding alerts. The tissue viability nurse from BHFT (community east) refers all inherited pressure ulcers category 3 and 4 to the PCT for reporting as serious incidents.

13. Nutrition

The National Institute for Clinical Excellence (NICE) guidance on *Nutrition Support in Adults* highlights that a nutritional screening tool should be used routinely for people admitted to hospitals and care homes.
An audit of the case notes of all patients admitted to mental health older adult inpatient wards in Quarter 1 revealed that the RIO tool was being used instead of MUST assessment. The table below lists the BHFT In-patient wards in the mental health outlines which tools are being used in which

Ward	**RIO Nutritional Assessments carried out**	**Must Tool Used**	**No Nutritional Assessment**
Jasmine	2	0	11
Rowan	12	0	7
Charles Unit	10	0	10

There has been a number of issues highlighted during the quarter 1 audit including the MUST tool is not available on RIO. RIO does have a nutritional tool for assessment but does not go into the detail that the MUST tool does. Training is taking place for all staff in order for them to use the MUST tool this is to be completed by the end of Quarter 2. All the wards have paper copies of the MUST assessment and once completed will be scanned into the patient's records. The audit will be repeated throughout the year.

100% of all Berkshire community patients (excluding End of Life Patients) that are admitted to an In-Patient bed are assessed using the MUST tool within 48 hours of admission.

16. Cancer targets

HWPFT
Over the past 12 months there have been cancer waiting time breaches at HWPFT which prompted a review by the national Intensive Support Team (IST). The IST review team visited the Trust on 3rd March and the final report was received on 14th April. A follow-up meeting between the Deputy Chief Executive, members of the divisional teams and the IST took place on 21st April to discuss the implementation of the report's recommendations. An Implementation Group was established to oversee the delivery of the recommendations and is chaired by the Deputy Chief Executive, including senior clinicians, divisional representation and the IST.

The report included a host of recommendations grouped around 10 key themes as follows:

- Multi-disciplinary coordinators and meetings
- Cancer tracking and reporting (data analysis, cancer database, producing a PTL)
- Internal monitoring
- Two week wait referrals
- Cancer Access policy
- Two week wait capacity and demand
- Lower GI - the Trust to carry out detailed capacity and demand analysis in LGI

- Urology - the Trust to carry out detailed capacity and demand analysis in Urology at consultant and procedure level and review current allocation to waiting lists
- Head and Neck - the Trust to understand the Head and Neck pathway and create milestones for PTL report
- Breast - Symptomatic and Two Week Wait – to agree a pathway for patients to choose an outpatient appointment within 2 days of referral

Since that time performance has significantly improved and Quarter 1 data April to June (see table below) shows that the Trust is attaining all the cancer targets with the exception of the 62 day Cancer Screening target achieving 74.1% against a 90% standard. At the August CQRG meeting Steph Thorns, Cancer Services Manager provided assurances about the Trust's ability to sustain the improvements made and also to effectively tackle the issues relating to the 62 day cancer screening target.

The July data reported by the Trust demonstrates that they have now achieved all the cancer targets including 62 day screening target (90.9% against 90% standard). It is hoped that performance will be sustained and that plans will be put in place to effectively manage the prospective increase in referrals in January 2012 through to March following on from a Thames Valley wide cancer campaign.

RBFT have also struggled during this contract year to meet the cancer waiting time targets. During Q1, cancer waiting time performance continued to be below the expected standards, especially for the two week wait breast symptomatic target, the 62 days from GP referral target and the 62 days from screening programme target. Contract penalties have been served on the Trust and meetings are in place to follow these through to ensure robust action plans are in place to recover performance.

Cancer Waiting Times Provider Dashboard 2011-12 Quarter 1

Data Status: Final Sign Off - Validated and for NHS Use

	Standard	Measure	SCSHA (excl. M Keynes)	BNHFT	BHT	HWWP	IOWPCT	NOC	ORH	PHT	RBH	SUHT	WEHT
1	Two Week Wait	% Seen < 2 weeks	94.9%	97.3%	98.8%	94.7%	94.3%	100.0%	93.6%	96.4%	91.8%	95.1%	93.1%
	Standard: 93%	Total Seen	17951	729	2232	1766	875	30	3250	3082	2450	2320	1217
2	Two Week Wait Breast Symptoms	% Seen < 2 weeks	86.5%	93.4%	47.9%	93.1%	91.1%		92.9%	93.3%	91.2%	97.5%	97.0%
	Standard: 93%	Total Seen	3001	241	480	408	158		310	599	217	489	99
3	31 Day	% Treated < 31 Days	97.2%	99.6%	95.6%	99.0%	97.7%	100.0%	96.4%	98.1%	95.6%	96.9%	98.4%
	Standard: 96%	Total Treated	4373	251	407	388	177	19	898	729	450	805	249
4	31 Day Subsequent Drugs	% Treated < 31 Days	99.5%	100.0%	98.6%	100.0%	100.0%		99.3%	100.0%	98.9%	100.0%	100.0%
	Standard: 98%	Total Treated	1271	71	144	132	34		294	144	185	243	24
5	31 Day Subsequent Surgery	% Treated < 31 Days	96.3%	100.0%	90.0%	98.1%	93.5%	100.0%	97.1%	96.6%	97.9%	97.0%	94.7%
	Standard: 94%	Total Treated	1019	43	130	105	31	17	170	179	95	230	19
6	31 Day Subsequent Radiotherapy	% Treated < 31 Days	96.3%						95.0%	95.6%	97.0%	98.0%	
	Standard: 94%	Total Treated	1928						638	480	266	544	
7	62 Day	% Treated < 62 Days	86.1%	90.9%	80.0%	86.3%	94.8%	71.4%	85.0%	88.9%	80.9%	87.4%	88.4%
	Standard: 85%	Total Treated	2043.5	87.5	225	171.5	87	7	386	420	230	309	120.5
8	62 Day Screening	% Treated < 62 Days	88.2%	90.0%	92.1%	74.1%	100.0%		83.3%	87.0%	87.2%	94.8%	93.8%
	Standard: 90%	Total Treated	308.5	20	31.5	27	12.5		54	46	47	38.5	32
9	62 Day Consultant Upgrade	% Treated < 62 Days	93.5%	20.0%		97.4%	100.0%	100.0%	100.0%	93.3%	93.3%	91.9%	95.0%
	Standard: 85%	Total Treated	291.5	2.5		58.5	3	1	1	52	15	98.5	60

KEY: Achieving the Standard | Within 5% of the Standard | Below 95% of the Standard

Report Printed: 08/08/2011 - 15:35 Data Sources: Open Exeter Cancer Waiting Times Database FOR NHS USE ONLY