

# Quality Account Highlights

## 2016-2017



A word cloud graphic with a blue background. The most prominent words are 'understanding' and 'specialist'. Other visible words include 'community', 'making a difference', 'dedication', 'safe', 'health', 'service', 'local', 'enthusiastic', 'demand', 'trust', 'care', 'help', 'care', 'understanding', 'right', 'place', 'making a difference', 'specialist', 'dedication', 'safe', 'health', 'service', 'local', 'enthusiastic', 'demand', 'respect from the heart', 'personal', 'community', 'people', 'together', 'help', 'care', 'understanding', 'right', 'place', 'making a difference', 'specialist', 'dedication', 'safe', 'health', 'service', 'local', 'enthusiastic', 'demand', 'are understanding', 'right', 'place', 'making a difference', 'specialist', 'dedication', 'safe', 'health', 'service', 'local', 'enthusiastic', 'demand', 'nal community', 'people', 'together', 'help', 'care', 'understanding', 'right', 'place', 'making a difference', 'specialist', 'dedication', 'safe', 'health', 'service', 'local', 'enthusiastic', 'demand'.

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# What is a Quality Account?

- All NHS Trusts must, by law, publish an annual Quality Account **detailing the quality of services they provide.**
- Aims to **increase public accountability and drive quality improvements** in the NHS.
- Its **contents are mandated** by NHS England and, for Foundation Trusts such as ours, by NHS Improvement.
- Looks back on **how well we have done in the past year at achieving our goals.**
- Looks forward to the year ahead and **defines what our priorities for quality improvements will be**
- Developed with **stakeholder engagement** and this is the 6<sup>th</sup> annual BHFT Quality Account you will have been **invited to review and comment on** since 2011

# Overview of Highlights

## 1. Patient Experience

There has been an increase in most areas in the percentage of patients rating the care they receive from us as 'good' or 'very good.'

## 2. Patient Safety

Targets have been met in reducing pressure ulcers developed due to a lapse in care by the trust and reducing falls by patients in our hospitals

## 3. Clinical Effectiveness

The trust continues to demonstrate that relevant NICE Technology Appraisals are available and greater than 80% of all NICE guidance is met.

## 4. Zero Suicide Initiative Launched

Focusing on challenging the culture relating to suicide and on giving people skills to address situations when people are at their most vulnerable,

## 5. Care Quality Commission (CQC)

The trust continues to be rated as 'Good' by the CQC and is committed to maintaining and improving on this rating

## 6. Service Improvements

Many more successful improvements have been implemented across the trust

**The trust has set quality priorities for 2017/18 in the in the areas of**  
- Quality Improvement - Patient Safety -Clinical Effectiveness -Patient Experience

# 1. Patient Experience

There has been an increase in most areas in the percentage of patients rating the care they receive from us as ‘good’ or ‘very good’

Type of Service	Percentage of Patients Rating the care they Receive as ‘Good’ or ‘Very Good’	
	2015/16	2016/17 (at end of Q3)
Community Mental Health	82%	86%
Community Physical Health	91%	93%
Mental Health Inpatients	81%	75%
Patients in Community Hospitals	95%	96%

## 2. Patient Safety

Trust targets relating to **the reduction of pressure ulcers due to a lapse in care by the trust** are being met:

Location of care and Category of pressure ulcer	Number of pressure ulcers due to a lapse in care by the trust	
	Annual Target- (fewer than)	Total number (at end of Q3)
Community Cat. 2 pressure ulcers	24	<b>13</b>
Community Cat. 3 and 4 pressure ulcers	12	<b>7</b>
Inpatient Cat. 2, 3 and 4 pressure ulcers	15	<b>0</b>

## 2. Patient Safety

Trust targets relating to **the reduction of falls by inpatients** are being met:

Type of Ward/ Unit	Rate of falls per 1000 bed days	
	Annual Target (fewer than)	Ward/ Unit Rate (at end of Q3)
Older People's Mental Health Wards	8	<b>7.18</b>
Community Health Wards	8	<b>4.87</b>
Adult Mental Health Wards and Berkshire Adolescent Unit	5.2	<b>0.42</b>
Learning Disability Units	5.2	<b>1.00</b>

# 3. Clinical Effectiveness

Trust targets relating to the **implementation of NICE guidance** is being met

	Percentage of NICE Guidance Implemented	
Type of NICE Guidance	Target Percentage	Guidance implemented (at end of Q3)
1. NICE Technology Appraisals  Includes guidance on pharmaceuticals that <u>must</u> be available for prescribing	100%	<b>100%</b>
2. All NICE Guidance  Includes guidelines on whole pathways of care, e.g. dementia	80%	<b>85%</b>

# 4. Zero Suicide Project

The trust has launched its **zero suicide initiative** this year, with a focus on:

- **Challenging the culture relating to suicide** and
- **Giving people skills to address situations when people are at their most vulnerable**



## 5. CQC Rating

The trust continues to be rated as **‘Good’** by the CQC

and is committed to **maintaining and improving on this rating**

## 6. Other Service Improvements

Many successful improvements have been implemented across the trust, including:

- The **Westcall Out of Hours GP Service** have implemented a **successful sepsis project**
- The **Adult Learning Disability Service** have established a **mortality Clinical Review Group**
- **All trust memory clinics are now accredited** by the Memory Services National Accreditation Programme (MSNAP)
- A **new Intensive Management of Personality Disorders and Clinical Therapies Team (IMPACTT)** has been established
- **Mental health inpatient** services have run a **successful “failure to return from leave” project**
- **Child and Adolescent Mental Health Services (CAMHS)** have started a **new Eating Disorders Service**

## 7. Setting Quality Priorities for 2016-17

- To implement the **trust quality improvement initiative** to link in with aspects of quality, safety, effectiveness and experience
- Patient Safety- **falls and pressure ulcers**
- To continue implementing the **zero suicide initiative**
- Implementation of **trust priority NICE guidance**
- To review and report on **mortality**
- To continue to prioritise and report on **patient satisfaction** and make improvements.
- To improve on **national patient and staff survey results**
- To continue to **prioritise learning from complaints**
- To continue to implement the **patient leadership programme.**