

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL  
30 JUNE 2016**

---

**QUALITY ACCOUNTS 2015/16  
Assistant Chief Executive**

**1 PURPOSE OF REPORT**

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to note the comments on the Quality Accounts sent by the Panel to the four NHS Trusts providing most health services to Bracknell Forest residents, and two Trusts' responses to the Panel's comments.

**2 RECOMMENDATION**

**That the Health Overview and Scrutiny Panel:**

- 2.1 Notes the comments on the Quality Accounts sent by the Panel to the four NHS Trusts providing most health services to Bracknell Forest residents, and the responses received.**

**3 SUPPORTING INFORMATION**

- 3.1 The Department of Health (DOH) requires NHS service providers to submit their final Quality Account to the Secretary of State by 30 June each year. The requirement is set out in the Health Act 2009, as amended. A Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public. Quality Accounts are seen to be an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.
- 3.2 The DOH Publication '*Guidance To Support Local Authorities And Their Partners To Deliver Effective Health Scrutiny*', of June 2014 states that the Quality Accounts submitted by providers of NHS services should contain observations of Overview and Scrutiny committees.
- 3.3 One of the agreed recommendations of the Panel's Working Group on the implications of the Francis Report, in 2014 was that the Panel should formally comment on the Quality Accounts of the NHS Foundation Trusts providing most of the NHS services for Bracknell Forest residents.
- 3.4 The Panel's comments on the Quality Accounts of the four NHS Trusts are attached, together with the responses received from two of the Trusts.

Unrestricted

**ALTERNATIVE OPTIONS CONSIDERED/ ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS/ EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / OTHER OFFICERS/ CONSULTATION – Not applicable**

Contact for further information

Richard Beaumont – 01344 352283

e-mail: [richard.beaumont@bracknell-forest.gov.uk](mailto:richard.beaumont@bracknell-forest.gov.uk)

Quality Accounts 2015-16: Comments by Bracknell Forest Council's Health Overview & Scrutiny Panel

**Royal Berkshire NHS Foundation Trust**

1. We are pleased to see that the Quality Account (QA) generally presents the RBFT as a caring organisation. The QA also shows that the Trust is making good progress on some of the issues which matter most.
2. We note that the Care Quality Commission's latest inspection ratings are at pages 69-70, but suggest that, throughout the QA, there should be references to those areas which the CQC identified as requiring improvement.
3. We support the Trust's priorities for 2016/17, and would make the following observations/suggestions:
  - a) P17, Priority1 (Clinical staffing) – We are supportive of the Trust's drive to recruit permanent staff, and would observe that all NHS Trusts in Berkshire are experiencing staff shortages to various extents, and this extends to the Primary care sector too. Our concern is that the Trust's 'Golden hello' payments, for example, could lead to a 'bidding war' between NHS organisations locally, to no net benefit to the NHS overall, and an increase in NHS costs.
  - b) Recruitment of overseas nurses is concerning as the fact that they have to return if they do not earn enough, must affect the long term effectiveness.
  - c) P21- it would be helpful to explain what the Trust did to reduce the 'active patient' list by 20%. Was this due to people having left the area, for example?
  - d) P24 – Is there any insurmountable difficulty in aiming for 100% compliance with basic record keeping standards? The 90% target looks rather weak for this essential area. Further, only meeting 6 of the 10 basic standards (P37) shows that more progress is needed.
  - e) P25 – We suggest that the Medicines Optimisation initiative is a major driver in improving antimicrobial stewardship, and should be referred to under Priority 5.
  - f) P28 and elsewhere – We would encourage the Trust to set quantified Performance measures, for example the reductions in the abandoned call rate and in complaints are currently for unspecified amounts.
  - g) P29 - We suggest that a linkage is made to the extensive work by the Berkshire Healthcare Trust and local authorities in assisting people suffering from dementia. We commend the idea of 'Twiddlemuffs'. Could the QA say how nurses know patients have signs of dementia, e.g. is there a 'butterfly' or sign put on the bed? This would help communication, understanding and strategies.
4. The performance on Thrombolysis (P35) is exceptionally good and we commend the Trust for that achievement.
5. We are concerned at the still-birth rate (P44), and it would be helpful to spell out what the learning points and actions have been.
6. How confident is the Trust that it will achieve its 2016/17 priorities when it did not fully achieve 5 of its 6 priorities in 2015/16 (P49)?
7. It is good to see the increased consultant hours in the maternity service (P50), but we would like to see these delivered by permanent staff rather than the – more expensive – Locums planned by the Trust.

8. We are very pleased to see that the Trust is now achieving the waiting time targets for Referral to Treatment and A&E, which are demanding (P59). However, we are concerned that the waiting time target for cancer treatment was badly missed; we note the measures being taken to address this important issue.
9. The commentary on delayed discharge (P62) could usefully refer to the degree of collaboration with Social Care departments. The number of discharges after 21.00 is very worrying. Could the QA say how GPs are alerted to these discharges? Who checks them on and checks their understanding of the medication? In our recent survey of GPs serving Bracknell Forest residents, this was an area of criticism of RBFT. Also the communication regarding the results of tests done in the hospital and the outcomes are not always relayed to GPs.
10. We are concerned at the persistent rate of 'Did Not Attend' (DNA) cases (P65), which cause a waste of the Trust's limited time. Whilst accepting that this is for reasons largely outside the Trust's control, we suggest the QA should state what the Trust is doing to minimise this waste, for example by directly following up people who repeatedly DNA.
11. We find it alarming that 27% of staff reported that they had been the victim of harassment, bullying or abuse from other members of staff (P68). We think this must impact directly on the Trust's ability to retain staff, which given the shortages of staff in some disciplines is clearly a problem. The measures being taken by the Trust do not seem to address the underlying organisational culture, which must be a major factor here.
12. On data, there should be explicit reference to the degree of information exchange with other relevant authorities concerned with patient care. There have definitely been some good improvements in data, but still a lot is missing.
13. We suggest that the QA should refer to the property estate, ease of access and patient facilities whilst waiting. In our view, maintenance of the property estate, particularly Brants Bridge, requires reviewing, as does the physical environment overall.

---

**Re: Royal Berkshire NHS Foundation Trust Quality Accounts 2015-16**

Thank you for the detailed response from Bracknell Forest's Health Overview and Scrutiny Committee regarding our proposed Quality Accounts 2015-16. Please see below our response to your specific questions and comments:

2. The CQC ratings are derived from the CQC inspection which took place in March 2014. Since that time an extensive remedial action plan has been worked through and significant progress has been made in all areas (discussed in the CQC rating section p.62). Therefore, we do not feel it would be pertinent to include additional references throughout in the 2015/16 Quality Account to the areas identified by the CQC as requiring improvement.

3a) This is a valid point but unfortunately we have had to respond to what our neighbouring trusts are doing. We have the added challenge of not being able to give London fringe weighting as our neighbouring trusts can, making it very difficult to recruit in Reading where the cost of living is so high and leaving us in a very vulnerable position.

3b) We currently only actively recruit overseas nurses from the EU and the proposal to send nurses back if they were not earning £35K did not apply to EU nurses. This decision of the

government on the £35K rule has been reviewed and nursing and midwifery remain on the shortage workforce list. We need to continue to actively recruit overseas nurses as there is an inadequate supply in the UK.

3C) Further detail added as suggested:

- “Reduced our active patient list by 20%. This has been achieved through improved scrutiny of patient lists, greater senior leadership involvement, additional staffing capacity on a temporary basis, and specialty-level improvements in capacity and process.”

3d) The difficulty with the basic record keeping standards is the huge volumes of records that are created and updated on a daily basis in the Trust. Whilst the standard is 100% compliance in all aspects of record keeping, under pressure we acknowledge that occasionally these standards slip. We are working hard to raise awareness of the importance of the record keeping standards and to increase accountability of all staff for the quality of their own record keeping. We set a 90% target as a stretch target from the 85% compliance for 2015-16 as we felt this would be an encouragement to our staff to aim for what is an achievable improvement. Assuming we are successful, the longer term plan would be to increase this target year on year until we reach 100% compliance. The Trust improved in its performance in 6 out of the 10 basic standards from 2014-15, rather than only complying with 6 standards. I note this section was not clear about this and have added some additional graphics to show this more explicitly.

3e) Further detail added as suggested:

“We have:

- as part of the wider medicines optimisation initiative, promoted and increased medication incident reporting and learning, ensured a process for medicines reconciliation is in place, and implemented a patient-centred approach to medicines management.

We plan to:

- improve medicines reconciliations within 24 hours of admission in all areas through increased resources and technicians
- develop IT systems to support e-prescribing”

3f) We agree that quantified performance measures are preferable. Several of the measures we have chosen this year are part of either national CQUIN schemes or Quality Schedule Targets. These are currently being finalised and/or some of these schemes set targets based on a baseline from Quarter 1 2016-17. We are therefore unable to include these specific targets at this stage but any that are agreed prior to publication will be added.

3g) Further detail added as suggested:

“Our elderly care team have links with Berkshire Healthcare Trust and the dementia advisor in Bracknell. It is planned that moving forward these links and collaborations will be extended.

The Trust uses a “forget me not” sign above the beds to indicate patients with cognitive problems who need help with communication (whether that be because of dementia or a delirium).”

5) Further detail added as suggested:

“Following the still birth review, the detailed learning points and actions were as follows:

- Review of the Trust guideline on monitoring fetal movements
- Implementation of Monitoring of Intrauterine growth restriction (IUGR) babies Oxford Academic Health science network guideline
- Greater involvement of consultant delivered care in complex cases

- Continued monitoring at Perinatal Mortality and Morbidity Meetings”

6) The Trust recognises that progress against our quality priorities for 2015-16 was disappointing. However, the main focus for the Trust last year was on recovering our financial position and shoring up our infrastructures in order to have a stable position from which to move forward. We acknowledge that the quality improvement activity of the Trust was also spread too thinly last year. In 2016-17 we have aligned our quality priorities with the national CQUINs in order to have a more focused effort and use the limited capacity we have to maximum effect for improvement. We are therefore optimistic that the quality targets we have set ourselves this year will be fully achieved.

7) The recruitment strategy of the Trust is always to recruit permanent staff to fill vacancies. However, where necessary, if the Trust is struggling to fill permanent positions, locums will be used in order to ensure that services remain safe and effective for our patients.

9) An average of 7.9% of our patients were discharged after 21:00 in 2015-16. Interrogation of this data shows that 80% of these patients were under 60 years old, of which the largest group were maternity patients (one third). A risk assessment would be made for any patient being discharged out of hours to ensure that it was safe and in the best interests of the patient. As these patients are not complex discharges they would not require social care involvement.

GPs are alerted to discharges through electronic discharge letters (EDLs) completed on patient discharge. Work is ongoing, as described in the Quality Account, to improve the timeliness and completion of EDLs. The new discharge information envelope which is currently being piloted across the Trust should also help to improve communication for patients on discharge.

10) Further detail added as suggested:

“The reasons for patients not attending clinics or scheduled operations are multi-factorial. Work has taken place to improve administration systems since the implementation of the administrative services review, for example, to improve theatre scheduling to give a greater time period between pre-op assessment and theatre for patient optimisation. This work will continue for 2016-17 alongside a programme to look at improving DNA rates for outpatient clinics.

The improvement of our administration systems will continue as a quality priority for 2016-17. However, as DNA rates are partially based on factors outside of the Trust’s control, more direct performance measures have been chosen to measure this priority in 2016-17.”

11) The Trust’s results for this standard are in line with the national average for acute Trusts and therefore this should not be a major factor in staff retention. However, the Trust takes the harassment and bullying of staff very seriously and a key priority for us this year will be the development of a clear behavioural framework that sets unequivocal standards on how we expect staff to behave in a manner that is consistent with our organisational values. This will be supported by a range of interventions including regular senior management communications reinforcing zero tolerance of bullying and harassment. It is hoped that this will address the underlying organisational culture.

13) The Quality Accounts are designed to be a review of the quality of our clinical services looking at the domains of patient safety, clinical effectiveness and patient experience. Estate and maintenance issues are therefore outside the scope of this report.

Unrestricted

I have reattached the updated version of the Quality Accounts for your information. In light of our comments and amendments, we would like to invite you to give a statement to be included in our external stakeholder statements. If you wish to submit an updated statement, I would be grateful if you could return this by **Friday 6 May 2016**.

If you have any additional queries, please do not hesitate to contact me.

Kind regards,

Katie Elcock  
Head of Governance & Improvement  
Royal Berkshire NHS Foundation Trust

**Frimley Health NHS Foundation Trust Quality Accounts 2015-16: Comments by  
Bracknell Forest Council's Health Overview & Scrutiny Panel**

General Comments

1. The Trust has performed very well in 2015/16, and we particularly congratulate you on the huge achievement of a 'Good' rating from the Care Quality Commission for Wexham Park Hospital.
2. The direct feedback the Panel has received from inpatients and outpatients at the Trust's hospitals during 2015/16 has been consistently positive.
3. We are heartened by the commitment and vision being shown by the Trust, for example on the much-needed redevelopment of the Heatherwood Hospital site.
4. Our Health Overview and scrutiny Panel was pleased to meet the FHT Chief Executive in 2015 to discuss the Trust's progress and plans, and to have attended the CQC Quality Summit at Wexham Park in 2016.
5. We note that a Bracknell Forest Councillor has worked actively as an FHT Governor throughout 2015/16.

Specific Comments

6. Page 6: We are concerned that – in common with most NHS Trusts in southern England – FHT has a fairly high staff vacancy rate (of 15%). This puts pressure on permanent staff, and it requires more expensive agency/bank staff, who are not able to give as good continuity of patient care. Nevertheless, we can see that FHT is doing what it can to fill those vacancies.
7. Page 21: Given the importance of the Duty of Candour, we suggest that the QA should include some details about the positive benefits that this has brought to patient care.
8. Page 28: We congratulate the Trust on the achievements regarding Sepsis at Wexham Park Hospital.
9. Page 30: It is encouraging to see the improvement in clinical record keeping, but we consider that the 67% compliance rate is too low, so further improvement is needed on this important area.
10. Pages 35-39: We would like to see some recognition of the joint working with local authorities' social care teams on the issue of patient discharge.
11. Page 40: The Panel supports the Trust's top three priorities for 2016/17, and we particularly commend the compassionate approach being taken to End of Life Care.
12. Page 41: a bullet point could be included on page 41, relating to Discharge Planning, "To ensure patients and carers are fully briefed on discharge and arrangements made for ongoing treatment post discharge."
13. Page 57: We were unaware that the CQC had taken enforcement action against the Trust in 2015/16, and suggest that summary details of that are included in the Quality Account.



14. Page 57: Could the Trust explain what was the impact of the failure to meet some Information Governance standards?
15. Page 61: The Panel is concerned that the above-average rates of re-admission to hospital for adults may point to some patients possibly having been discharged too early. This was mentioned to us as a concern by some of the GP Practices we surveyed in 2016.
16. Page 80: It is very important for Ward F14 to be brought into use as soon as possible, not least because dementia patients can be disruptive in non-dementia wards.
17. We suggest that the Quality Accounts should contain some information on the rate of 'Did Not Attend' (DNA) cases, which cause a waste of the Trust's limited time, and is a matter of concern nationally.

In conclusion, the Panel considers that, on all important measures, the Trust is performing exceptionally well. On behalf of the residents of Bracknell Forest who we represent, we are very appreciative of the high quality patient care and health services provided by the Trust.

Quality Accounts 2015-16: Comments by Bracknell Forest Council's Health Overview & Scrutiny Panel

**Berkshire Healthcare NHS Foundation Trust**

1. We commend the Trust's achievement of a 'Good' inspection rating from the Care Quality Commission in April 2016. Notwithstanding that the CQC found the need for some improvements, this was a creditable outcome for the Trust.
2. There are no references in the Quality Account (QA) to a significant national initiative on Medicines Optimisation, other than a brief reference to insulin on page 17. It is important to educate patients to take all the medicines prescribed for them, and we consider there is a connection between this and – for example - the Trust's priority of falls prevention, also Crisis Resolution (page 26).
3. There are no references in the QA to a significant NHS initiative across East Berkshire: New Vision of Care.
4. It would be helpful if the QA could refer to what BHFT do to support Drug and Alcohol Action Teams (DAAT) clients who are at risk of Mental Ill-Health?
5. What is meant by 80% of NICE guidance having been implemented? How does the Trust measure that (page 3), and what systems are in place to ensure implementation of the guidance (page 28)?
6. The Panel is supportive of the Trust's quality priorities for 2016/17 (page 3), particularly the focus on suicide prevention given the increase in suicides (page 36). However, we do have some reservations:
  - a) The priorities should include reference to the Child and Adolescent Mental Health service. There has been a long-running under-resourcing and under-performance in this area, which has been of constant concern to the Panel. This is reinforced by the high level of complaints about the service (see page 8).
  - b) It is hard to see why falls prevention is a priority if there were very few falls resulting in harm - unless Figure 9 on page 12 is understating the prevalence of harmful falls?
7. The considerably lower patient feedback scores from mental health inpatients (page 6, Figure 1) are alarming. What are the reasons for that, and how is the Trust acting on this?
8. We commend the Trust's attention to patient satisfaction, and their performance on that (page 7).
9. What is the reason for the very small number of Friends and Family test responses from carers (page 8) and can this be improved upon?
10. (Page 10 and the recently released NHS staff survey results) We are very concerned about some features of the 2015 staff survey results, which together point to a common theme of a detached leadership, and a 'vicious cycle' of low staff morale, unacceptable behaviour between staff, and over-worked staff. Specifically, staff respondents say:
  - a) There is only 41% satisfaction with senior management engagement;
  - b) 88% reported errors/near-misses/incidents in the last month;
  - c) 79% say they have worked extra hours;
  - d) 40% say they have suffered work-related stress;
  - e) 20% of staff have experienced harassment, bullying or abuse from other staff;

f) Only 38% of staff responded to the survey.

In our view, all this would have undermined staff retention and the Trust's ability to recruit new staff; which in turn would have worsened staff shortages (see page 14), and consequently the burden on the staff in post and the need to engage more costly agency/ bank staff. The Trust should set out how it intends improving the underlying organisational culture and these specific matters.

11. We commend the Trust's initiative on Diabetes awareness (page 16), and observe that this has a link to medicines optimisation.
12. We commend the Trust's initiative on care for dementia patients and their carers, and the sharing of learning in that regard (page 23).
13. Were patients aware that their records were being passed on to the Secondary Uses Service (page 34)?
14. We are concerned about the high and increasing level of medication errors (page 39). We have drawn attention to this in a previous Quality Account, and there is a connection to medicines optimisation. The Trust should describe the medical consequences of these errors and set out how it intends reducing the error rate.

---

### **Berkshire Healthcare NHS Foundation Trust Response:**



The Trust welcomes the feedback from Bracknell Forest Council Health Overview and Scrutiny Panel and for the suggestions to help improve the final report.

The Trust is grateful for the positive comments made in relation to our 'Good' CQC rating, the focus on suicide prevention as a priority for 2016/17, our attention to patient satisfaction and our initiative on diabetes awareness care for patients with dementia.

In relation to specific points made, the Trust responds as follows:

The Trust has considered the comment made in relation to medicines optimisation (point 2 in the submission). As a result, a section on medicines optimisation has been included in the 'Service Improvement' section of the quality account."

In relation to point 3 of the submission, Berkshire Healthcare is committed to the development of the New Vision of Care Programme across the East of Berkshire: this has been established with the twin aims of improving the experience and outcomes of people using health and social care services, alongside making effective use of our collective resources. We are represented on the programme Steering Group by an Executive Director, who is also responsible for the "workforce" work stream. A number of our clinical staff have made a significant contribution, via the Design Group, to the development of the model of care, and implementation planning is now in progress.

In relation to the comment made about supporting Drug and Alcohol Teams (DAAT) clients who are at risk of mental ill health (Point 4 of the submission), BHFT is not commissioned to

provide Drug and Alcohol services. BHFT mental health services would work in collaboration with Drug and Alcohol teams to support patients who suffer from mental illness and also uses drugs and or alcohol.

In relation to the comment regarding implementation of NICE Guidance (point 5 of the submission), the relevant section in the final quality account has been updated to provide an overview of how the Trust measures compliance with this and the systems in place to achieve this

In relation to point 6a of the submission, although a CAMHS improvement goal has not been included for 2016/17, a section on service improvements made in the CAMHS service during the past year has been inserted into the Service Improvements section in the final Quality Account. This section details the steps that CAMHS have taken to improve services, and includes the work undertaken to improve waiting times.

In relation to the comment regarding falls prevention (point 6b of the submission), the Trust considers prevention of falls a high priority for several reasons:

Firstly, The Royal College of Physicians report that falls are the most commonly reported type of patient safety incident in healthcare.

Secondly, although most people who fall in hospital experience no or low physical harm (such as minor cuts and bruises), others suffer severe consequences, such as hip fracture, head injury or, on rarer occasions, a fall will be fatal (falls are the commonest cause of death from injury in the over 65s).

Thirdly, the personal consequences of a fall for the individual can be significant and even 'minor' falls can be very debilitating: individuals can lose confidence and become nervous about falling again. This means they may become unwilling to move about, and as a result become more isolated and more dependent on others. This leads to greater concerns for carers, and an increased likelihood that an individual will need healthcare

In addition, Figure 9 on page 12 of the Quarter 3 Quality Account report that was shared with the Committee provided data from the patient safety thermometer. To give context, we would like to clarify that the patient safety thermometer data relates to falls resulting in harm that occurred within a point in time, and not all falls. This has been clarified in the final Quality Account.

In relation to the Friends and Family Test (FFT) scores for mental health inpatients (point 7 of the submission), a significant proportion of patients admitted for inpatient care are detained under the Mental Health Act and the very nature of this process and their illness makes it less likely that patients will participate in service feedback or provide positive feedback. Equally, if patients are asked if they would recommended the service to a friend or family member they will often feedback 'no' as they would not like their friend or family member to require admission to hospital.

In addition, the wards can see an increase in positive scores from the responses collected from Patient Experience Test (PET) machines, especially around if patients feel safe on the ward. This has seen an improvement every quarter, and especially in relation to the question "do you feel safe on the ward" which is also part of the Safe Ward and In-patient Quality Standard.

The wards are also undertaking the following actions to improve upon patient experience:

- Hosting community meetings to give patients the opportunity to feedback about immediate gripes or concerns so that these can be actioned to improve their stay.
- Providing 'You said – we did' information demonstrating that we are listening and implementing change where possible.
- Increasing therapy provision to engage patients more frequently.
- Looking into utilising some volunteers we have working with us to encourage the use of Patient Experience Test (PET) machines as, whilst on the ward, patients are acutely unwell and have low concentration. However if someone sits with them for a while explaining and asking the questions they are more likely to agree to answer them.

In relation to the comment about the small number of carer Friends and Family Test (FFT) responses (point 9 of the submission) the introduction of the FFT to our carers is in addition to existing work that is carried out across our clinical teams. Over 2016/17 we are going to explore how we can link this into existing mechanisms such as the feedback collected as part of our memory clinic accreditation. We have built upon the NHS England guidance by using the FFT with our carers and are committed to continuing to recognise and support the vital role carers have, and we monitor the effectiveness of this through our Carer Strategic Development Group, chaired by our Chief Operating Officer

In relation to the comments made about our 2015 Staff Survey results, we would like to emphasise that the Trust was ranked 5th out of 29 similar Trusts in the area of overall staff engagement. In addition, this year the Trust achieved more scores in the top 20% of similar Trusts than in any other year (14 out of 32 Key findings placed us in the top 20%). The Trust was ranked 1st for staff motivation when compared with the 28 other Trusts against which we were benchmarked.

Although the Trust has scored well in the majority of areas, we accept that there are some areas where we would like to improve our results. Some of these identified areas for improvement are detailed in your response and we would like to take the opportunity to respond to each of these separately:

- a. The Trust score of 43% for Key Finding 6 (KF6)- % reporting good communication between senior management and staff- was better than the average for similar Trusts (33%), better than our 2014 result (39%) and 5% lower than the top scoring trust in our benchmark group of similar Trusts (48%).
- b. The Trust score of 88% for KF29- Percentage of staff reporting errors, near misses or incidents witnessed in the last month- may suggest that staff witnessing potential harm are less likely than staff in other similar Trusts to report it. However, it should be noted that these results only relate to responses from 30 staff. In addition, the recently published NHS Improvement 'Learning from Mistakes League' has highlighted that the Trust has a good culture of openness and transparency, with a ranking of 28th out of 230 Trusts. Finally, the trust was ranked in the top 20% for the other three questions relating to errors and incidents in the 2015 Staff Survey (KF28, KF30 and KF31).
- c. The Trust acknowledges the result showing that 79% of the staff responding to the 2015 survey worked extra hours (KF16). We acknowledge, and are grateful for the hard work of our staff and appreciate that it is undertaken to meet the demands placed on our services. However, we are not complacent about this finding. Although we continue to have high staff engagement scores, we have asked our localities to look into where low staff engagement is linked to long working hours and to identify appropriate actions following this. In addition, the Trust has a policy for time off in lieu which has been commended by the RCN in previous years.
- d. In relation to the score of 40% of respondents stating that they have suffered work related stress in the last 12 months (KF17), our own monitoring of sickness absence has highlighted that this is an increasing problem. The survey results allow us to investigate by locality and this will add to our understanding of root causes and potential solutions. Whilst the nature of some roles brings a level of stress with it, it is recognised that not being able to fill vacancies and having to work with high levels of agency staff can create additional pressures. As part of developing our Health and Wellbeing Strategy, we will look at extending some of the good practice we already have for supporting staff (e.g. SPACE Groups) as well as identifying other support mechanisms. The work of the Agency Programme to set up a central bank will help reduce reliance on agency staff to meet temporary staffing needs. To reduce vacancies, we have a small team working on how we

can make our website pages more persuasive in attracting great applicants to join us. Also, we will pilot financial incentives to help attract staff and will decide in which Recruitment Fairs and Open Days we should invest time and money.

- e. In relation to the finding of 20% of respondents stating that they have experienced harassment, bullying or abuse from other staff (KF26), although this finding is in line with other organisations in our benchmark group, the Trust is clear that it will not tolerate bullying or harassment of any kind. We know there is under-reporting of bullying and harassment from staff against their colleagues. Finding an effective reporting mechanism that staff have confidence in and that works has been a challenge. We will ask the relevant Locality Directors and Professional Leads to look into the areas where the problems seem to be worst. This is a key area of focus for us and one we are determined to get right.
- f. 38% of the Trust staff that were invited to participate in the 2015 staff survey responded to the survey. Although this is lower than the national response rate of 41%, we are grateful to all of our staff that did respond as the results provide us with useful insights and allow us to act upon findings. We think this response rate needs to be seen in context. Every Quarter, since it was introduced, we have invited all staff to respond to a Staff "Friends and Family" Test. We have had a consistently good response rate and constructive feedback from our staff. The results have shown a positive upward trend with the last two quarterly returns showing 81/82% of respondents were likely to recommend the Trust to a friend or family member if they needed care or treatment, and 71% of respondents recommending the Trust as a place to work to a friend or family member.

In relation to data being passed to the Secondary Users Service (SUS) (Point 13 of the submission), please note that sending such data is a national NHS Trust requirement, to submit data to commissioners. SUS is part of the NHS and abides by the strict confidentiality, security and governance of the NHS. Datasets are mandated and, wherever possible, patient identifiers are removed. The NHS number is the prime identifier.

In relation to the comment about the increased number of reported medication errors (point 14 of the submission), please note that a high and increasing rate of medication error reporting is a sign of a healthy learning culture in the organisation and that reporting of such errors is being encouraged as the first step in ensuring a robust safety culture exists. In addition, the ratio of harm to non-harm errors in the Trust has been greater than 0.9 for a number of months (i.e. that patients experienced no harm as a result of the error in greater than 90 out of every 100 patients). The medication errors section of the final quality account has been updated to take these factors into account.

**South Central Ambulance Service NHS Foundation Trust Quality Accounts 2015-16:  
Comments by Bracknell Forest Council's Health Overview & Scrutiny Panel**

General Comments

1. Our Panel was pleased to have continued good levels of engagement with SCAS during 2015/16, and we particularly thank their Chief Executive for his constructive and supportive contact with our Overview and Scrutiny Panel. We met with representatives of SCAS in 2015/16, and we plan to attend the forthcoming Quality Summit on the outcome of the Care Quality Commission (CQC) inspection of SCAS.
2. Generally, we consider that SCAS's performance has held up very well in 2015/16, in the face of relentless increases in demand on the Ambulance Service nationally.
3. We were pleased to see that the outcome of the investigation of newspaper allegations regarding the SCAS 111 service showed the allegations not to be substantiated. This was reinforced by a positive assessment of the 111 Service by the CQC.
4. The Quality Account (QA) would benefit from more detailed information on the Trust's performance and plans.

Specific Comments

5. Page 6 - We commend the Trust's measures to listen directly to patients' views.
6. Pages 10-11 - We support the Trust's priorities for 2016/17.
7. Page 13 – Could the QA expand on what is being done to improve the feedback to staff on reported incidents?
8. Pages 14-15 – We suggest that the actions to manage high intensity users are expanded to include collaborative working with other public bodies such as the Police and Social Services, as it is likely that the same users are likely to make abnormally high demands on other public services too.
9. Page 16 – On priority 3a (complaints response times), we suggest that the Trust should consider introducing a mechanism for responding to first enquiries/ low-level complaints, similar to the PALS service operated by the Hospital Trusts.
10. Page 28 – Whilst accepting that SCAS performance would have been adversely affected by increased call volumes, we are disappointed that ambulance response times were not as fast as the previous year. We suggest that the Quality Account gives some details of the Improvement Plans which you say are in place.
11. Page 38 – The Patient Transport Service clearly requires further improvement, particularly concerning getting patients delivered in time for appointments, and in not leaving patients waiting too long for transport. We suggest that the QA includes more information on how SCAS will improve this.
12. We would encourage the Trust to include information in the QA on:
  - The current situation regarding the training and retention of paramedics;
  - Usage of private sector ambulances; and

## Unrestricted

- Usage and effectiveness of the triage system to screen out unnecessary requests for ambulances.