NHS
Royal Berkshire
NHS Foundation Trust

Our Quality Account

Working together to deliver outstanding care for our community

2022 - 2023

Compassionate Aspirational Resourceful Excellent

Chief Executive Statement on Quality

Although the Covid pandemics from the last few years have faded to the back of the public's minds, we're still facing equally demanding times as we continue to tackle the backlogs brought on by Covid.

Over the past 12 months we've worked hard to manage built up demand for our services, at the same time as maintaining 'business as usual' through further Covid outbreaks, high levels of scarlet fever, flu and other respiratory illnesses. During our busy winter period, ED attendances increased by 8.4 percent compared to the previous quarter, while staff turnover rates hover around 15 percent.

Along with other Trusts, additional factors that have added to our patient backlog challenge include staff shortages, insufficient funding, run-down infrastructure and industrial action.

In planning strike action, we are grateful that our nurses, junior doctors and allied health professionals work closely with us to balance their democratic right to strike with continuing to plan and prioritise high quality patient care.

Despite these challenges, our ED department scored very well in a national survey reviewing how many people have to wait more than 12 hours before being admitted, transferred or discharged. The figures show we recorded 1.3%, topped only by London's Guy's & St Thomas' at 1.1%.

The Trust has also come top in a national survey of patient food. We're the best acute trust in the country when it comes to providing excellent food to our patients – and staff.

Our Infection Prevention and Control team continues to ensure that we have a strong emphasis on preventing avoidable infections, reducing antibiotic resistance and maintaining high standards of cleanliness. We are committed to ensuring that we allocate appropriate resources to protect patients, their relatives, staff and visiting members of the public.

Last summer we launched our refreshed Clinical Services Strategy following several years of major changes to the way we provide services to our patients. Some changes were prompted by the pandemic and others by the changing health needs of our communities and the different ways people now expect or need their care to be delivered. The Clinical Services Strategy incorporates all these changes and ensures we have a framework in place to help guide our work over the coming years. The Strategy outlines ways we will adjust and enhance how we deliver care,

so it is flexible and inclusive, as close to people's homes as possible and provided in a more 'joined up' way with our partners across all the local health and social care agencies.

The Strategy will guide our future investment in workforce and digital developments to make sure that we have the staff and technology to deliver. It also outlines ways we will tackle health inequalities, and focuses on health prevention to help people stay well and manage their own care where appropriate.

Last summer was also the time when there were big changes in the local healthcare system. The new BOB ICB (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) brought in more integrated working between primary, secondary and social care, giving us access to a highly skilled multidisciplinary workforce, thereby maximising the opportunities created by large-scale and system-wide partnership working.

We are committed to the ICB core objective of ensuring that all the local health and care organisations work together effectively to deliver joined up services with care closer to home wherever possible.

Our 'Seeking Sanctuary' project in partnership with Berkshire West Public Health and midwives aims to help anyone under maternity care, plus their partners and children, who identifies as a refugee, asylum seeker or undocumented migrant, plus those trafficked or fleeing Ukraine.

During these difficult times, our focus on quality and delivering outstanding care for our patients continues. Our vision remains: 'To work together to provide outstanding care for our community'. We have recently refreshed our Trust strategy to deliver this, and everyone in the Trust is working towards four collective priorities:

- recruit to establishment
- reduce number of stranded patients
- reduce 62 day cancer waits
- deliver £15m of efficiency savings

To help us achieve these goals, we're rolling out our Improving Together continuous quality improvement programme across the Trust. The Improving Together programme will empower staff to deliver sustainable improvements in their area of the Trust, and will be the focus of our improvement and recovery energy for the next year to 18 months.

Glossary of Technical Terms & Acronyms

ACM	Aggregate Contract Monitoring
ACP	Advanced Care Planning
AMU	Acute Medical Unit
BOB	Buckinghamshire, Oxfordshire & Berkshire
CC	Compassionate Companions
CCG	Care Commissioning Group
COHA	Community Onset Healthcare Associated
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DSP	Data Security and Protection
DQ	Data Quality
DQSG	Data Quality Surveillance Group
ED	Emergency Department
EPR	Electronic Patient Record
FFT	Friends and Family Test
FICM	Faculty of Intensive Care Medicine
FTSU	Freedom To Speak Up
FY3	Foundation Year 3
GOSW	Guardian of Safe Working Hours
HAP	Hospital Acquired Pneumonia
ICB	Integrated Care Board
ICS	Berkshire West Integrated Care System
ICU	Intensive Care Unit
IPC	Infection, Prevention and Control
LD	Learning Disabilities
LFT	Liver Function Test
ME	Medical Examiner
MEO	Medical Examiner Officer
MSG	Mortality Surveillance Group
NEWS2	National Early Warning Score (NEWS)
NIHR	National Institute for Health & Care Research
NHS	National Health Service
NHSD DQAF	NHS Digital's Data Quality Assessment Framework
NICE	National Institute for Health & Care Excellence
HOHA	Hospital Onset Healthcare Associated
NOK	Next of Kin
PPE	Personal Protective Equipment
PODs	Points of Delivery
PROMS	Patient Reported Outcome Measures
RBFT	Royal Berkshire Foundation Trust
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RRT	Referral to Treatment
SDEC	Same Day Emergency Care
SEND	Special educational needs and disability
SHMI	Standardised Hospital-Level Mortality Indicator
SIs	Serious Incidents
SIRI	Serious Incident Requiring Investigation
SJR	Structured Judgement Review
SSU	Short Stay Unit
TRiM	Trauma Risk Management
VTE	Venous Thromboembolism
WTE	Whole Time Equivalent

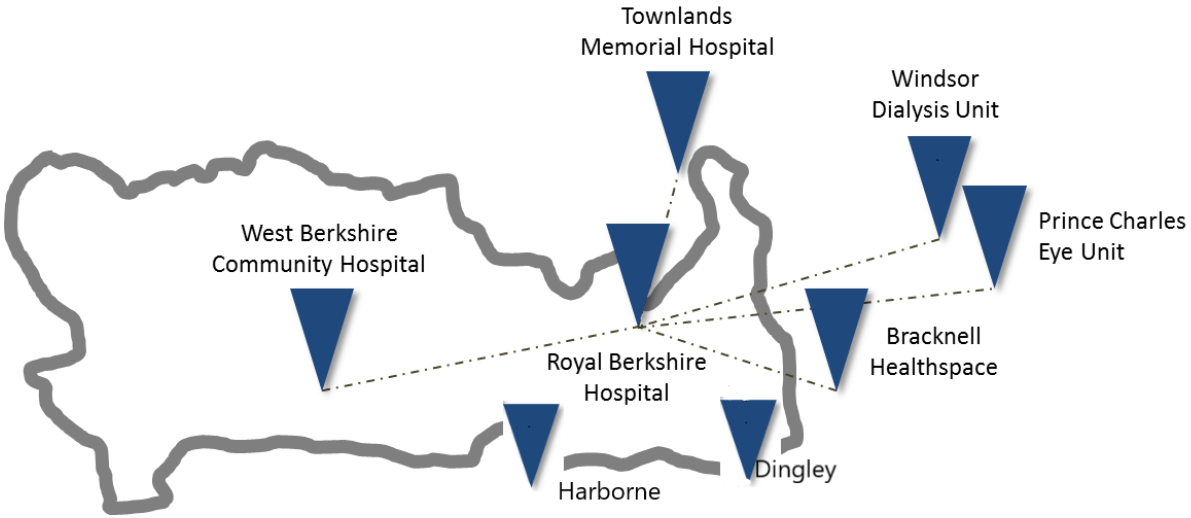
Contents

Introduction

The Royal Berkshire NHS Foundation Trust is the main provider of secondary care services for the population of West Berkshire, and also serves people in East Berkshire and bordering areas.

Our specialist centre is the Royal Berkshire Hospital in Reading, a large district general hospital with the expertise to treat patients requiring urgent or hyper-acute care. Additionally, we have a number of community sites in Windsor, Bracknell, Henley-on-Thames and Thatcham where we deliver ambulatory care and diagnostics.

We are a designated specialist centre in renal, cancer, bariatric care, heart attack and stroke. We also provide specialist care as part of a care network through a local neonatal unit, maternity unit, an interventional radiology unit and a trauma unit. We are part of the critical care and vascular care networks. We employ more than 6000 staff from over 80 different nationalities. Each year we are responsible for efficiently and effectively spending more than £400m of NHS resources on the services we provide. As a founder member of the Berkshire West Integrated Care System (ICS), we are one of NHS England's demonstrator sites for integration between primary, community, mental health and acute healthcare services.



Part 1 – Our Vision and Quality Priorities 2023/24

The Trust's Vision Statement is:

Working together to provide outstanding care for our community

Ensuring safety and quality of care for every patient is our top priority. We are ambitious about the quality of care we provide. We want all our services to be outstanding every day of the week. We also strive to be one of the safest and most caring NHS organisations in the country. With this aim the Trust is committed to fostering a culture of continuous quality improvement and as such has implemented the Improving Together programme which builds on the agility, innovation and transformation shown by our staff during the pandemic. Building on our CARE values, our long history of improvement and our commitment to developing our people, the Improving Together programme is our approach to embedding continuous quality improvement across the Trust.

Improving Together will refresh our quality management approach, providing coaching and tools for leaders across the organisation to manage performance in real time. By making the strategy measurable and rolling out the Improving Together Management System, every Care Group, Directorate, Specialty, Team and individual across the Trust will focus on delivering improvement that matters most to their patients and staff, aligned to the strategic objectives. We will enable and equip staff in every area of the Trust to manage and improve the quality of care to patients and deliver patient experiences and outcomes that are "outstanding every day, everywhere". We will use simple processes that can be built into everyone's working day so staff can drive small improvements to quality and cost that collectively make a large difference. As part of this approach a number of priorities and associated measures drawing on the feedback from clinical and non-clinical staff, patients, and our community have been identified and as such the Quality Priorities for 2023-24 are aligned with these measures.

As well as being monitored through the Improving Together programme, progress against these priorities will also be monitored on a bi-monthly basis through a quality dashboard presented to the Quality Assurance and Learning Committee, chaired by the Chief Medical Officer/ Chief Nurse; and the Quality Committee, a Board sub-committee chaired by one of our Non-Executive Directors. This will allow appropriate scrutiny against the progress being made with these quality improvement initiatives, and also provides an opportunity for escalation of issues. This will ensure that improvement against each priority remains a focus for the year and will give us the best chance of achievement.

Patient Safety Quality Priorities 2023-24

1. Initial safety assessments

The delivery of individualised patient care and evidence-based nursing interventions are essential aspects of effective patient assessment and care planning. Currently compliance of ward core patent safety assessments completed within 4hrs of admission across the wards are below agreed trust standards. These assessments provide a baseline assessment of risk factors associated with patient harm and enable recognition of deterioration or change from baseline levels.

Key Performance Measure: To achieve at least 90% compliance for the indicators below

MUST	Must assessments completed within 48hrs of admission to hospital or 24hrs of admission to ward Must care plan initiated to medium to high risk patients
PRESSURE ULCER	Waterlow assessment completed within 4hrs of admission/transfer to ward Pressure Ulcer Care Plan initiated for at risk patients
FALLS	Falls assessment completed within 4 hours of admission to ward Falls Care Plan completed for all patients identified as being at risk
CATHETER	Catheter care plan completed for all patients with a urinary catheter on ward
THINK GLUCOSE	Blood sugar recorded within 1hr of admission to ward

2. Recognition of patient deterioration

Recognition of Deterioration remains an important focus across the Trust. Rapid identification of deterioration allows for timely interventions, resource optimisation, and increased quality of care. Recognising deterioration effectively promotes patient safety, reduces errors, and enhances communication among healthcare teams. This project will focus on improving the identification, timeliness and responsiveness for patients who deteriorate and become an unplanned admission to the critical care unit.

Key Performance Measures: 10 - 30 % compliance with identification, recording and timely response to deterioration
5 % reduction in unplanned admissions to ICU from the ward areas.

Clinical Effectiveness Quality Priorities 2023-24

1. Reduce the % of "term" babies admitted to Neonatal Intensive Care Unit (NICU)

There is overwhelming evidence that separation can have a huge impact on bonding and feeding. The Trust is working to ensure that we keep mother and babies together to reduce harm by separation.

Key Performance Measure: < 5% of term babies admitted to NICU

2. Surgical site infection (SSI) surveillance

The Trust has a zero tolerance approach to avoidable infections and puts infection prevention and control at the heart of good management and clinical practice. The Trust is committed to ensuring that appropriate resources are allocated for effective protection of patients, their relatives, staff and visiting members of the public. Emphasis is placed on the prevention of healthcare associated infection, the reduction of antibiotic resistance and the maintenance of high standards of cleanliness. As part of the Trusts' Infection Prevention & Control strategy, Surgical Site Infection Surveillance (SSIS) is undertaken by an SSIS Nurse, who is part of the Infection Prevention & Control Team.

As per national mandatory guidance, NHS Trusts undertaking orthopaedic surgical procedures are required to undertake a minimum of three months' surveillance for each individual patient SSIS in at least one of a number of orthopaedic categories.

Key Performance Measure:

- *Implementation of a bimonthly Surgical Site Surveillance Committee.*
- *Specialty A3 thinking taking place: hip fracture, lower gastrointestinal, elective orthopaedics and overall general surgery pathways.*
    - *Top 5 improvement actions to be agreed by specialities*
    - *Overarching action plan and subspecialty actions to be confirmed*
- *Initial review undertaken by the SSISN / IPCT for all suspected SSIs.*
- *Introduction of an IPC Post Infection Review (PIR) meeting*

Patient Experience Quality Priorities 2023-24

1. Improve compliance with hand hygiene audits

Preventing healthcare-acquired infections is one of the most important things the RBFT can do for its patients and hand hygiene is regarded as the most effective way of preventing infections. At the RBFT, hand hygiene audits ("checks") are undertaken at least monthly in all clinical areas and spot checks are also undertaken by the Matrons to monitor if staff undertake hand hygiene at the correct moments when providing care to their patients. The results help to identify problem areas where hand hygiene practice needs to be improved by for example providing staff education/training, or improved access to hand hygiene resources are required (such as the availability of hand rub dispensers or the location of a wash basin). It also enables RBFT to benchmark our performance against other organisations.

The Trust also continues to monitor compliance with the DoH initiative 'bare below the elbow' (BBE) with all staff working in clinical areas. The requirement for clinical staff to be 'bare below the elbow' is discussed at all training sessions and compliance is monitored during hand hygiene audits, with results reported to care group boards and the Infection Prevention & Control Committee.

Key Performance Measure: >95% compliance

2. Improve complaints response turnaround time

It is important to respond to complaints in a timely manner (within the 15 working day internal target wherever possible), to increase people's confidence that their complaints are being taken seriously, to ensure that there is a timely resolution to their concerns and to ensure that services are being improved as a result of their experience.

Key Performance Measure: At least 75% of complaints are responded to within 25 working days.


RESEARCH AND
DEVELOPMENT


NHS

Part 2: Statements of Assurance from the Board

Statements of Assurance from the Board

During 2022-23 the Royal Berkshire NHS Foundation Trust provided and/or sub-contracted 34 relevant health services.
The Royal Berkshire NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.
The income generated by the relevant health services reviewed in 2022-23 represents 100% of the total income generated from the provision of relevant health services by the Royal Berkshire NHS Foundation Trust for 2022-23.

Participation in national clinical audits and national confidential enquiries

National clinical audit provides assurance that the care being delivered by our services is of the highest quality in terms of clinical effectiveness, patient outcomes and patient experience, compared to both national best practice standards and other service providers nation-wide. Where the care being delivered does not meet these standards, it provides a stimulus for improvement in the quality of treatment and care. In addition, national clinical audit provides a measure for organisations to be compared with other care providers across the country. National confidential enquiries are national reviews of high-risk medical or surgical conditions, which produce recommendations to be implemented to improve the quality of care being delivered to patients.
During 2022-23, 52 national clinical audits and 3 national confidential enquiries covered relevant health services that the Royal Berkshire NHS Foundation Trust provides.
During 2022-23 the Trust participated in 92% national clinical audits (47/51) and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.
The national clinical audits and national confidential enquiries that the Royal Berkshire NHS Foundation Trust was eligible to participate in during 2022-23 are listed in Annex 2.
The national clinical audits and national confidential enquiries that the Royal Berkshire NHS Foundation Trust participated in, and for which data collection was completed during 2022-23, are listed in Annex 2 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Results of National Clinical Audits and National Confidential Enquiries

The 11 National Clinical Audits and National Confidential Enquiries were reviewed by the provider in 2022-23 and the Royal Berkshire NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Audit of Care at the End of Life (NACEL) 2021/22 (published July 2022)

- Introduce pilot scheme to enable bereavement phone call and support following death (initially limited to those known to the Hospital Palliative Care Team)
- Workstream to be established to address improvements to include key members across trust including porters / housekeeping / patient representatives / catering / clinical staff
- Work with patient experience team to explore resources already in place and further develop
- Focus teaching within education sessions to ward staff / End of Life champion teaching
- Communications throughout trust to highlight importance and resources available

In addition to being a driver for quality improvement work, national audit also provides assurance about the quality of care being delivered where the Trust is already performing to the highest standard, or where significant improvements have been made year on year. In some cases, the Trust is one of the highest performers in the country. Some of the highlights of our national audit performance are given below:

National Hip Fracture Database (published September 2022)

- 75.9% of patients were admitted to an Orthopaedic wards within 4 hours, placing the Trust considerably above the national average of 18.7% and within the top quartile for the fifth consecutive year

- 99.1% of patients had a perioperative assessment which compares to the national average of 88.1%, placing the Trust in the top performing quartile of Trusts

- Overall length of stay has decreased from 14.8 days in 2020 to 13.1 days, considerably lower than the national average of 18.1 days and placing the Trust in the top performing quartile.

Results of Local Clinical Audits and Quality Improvement Projects

Local-level clinical audit and quality improvement projects tend to be more specialised and smaller in scope than the national audit projects. These have the advantage of rapid cycles of data collection and quality improvement work; this means patients can promptly experience the benefits of the change.

The reports of 38 local clinical audit and quality improvement projects were reviewed by the provider in 2022-23 and the Royal Berkshire NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Management of venous thromboembolism

This audit assessed the investigation and management of patients with venous thromboembolism (VTE) a condition that occurs when a blood clot occurs in the vein. The care of patients with a pulmonary embolism (PE) or deep vein thrombosis (DVT) were reviewed against associated evidence based best practice guidance (NICE guideline NG158). Whilst good practice around appropriate anticoagulation prescribing was noted, the following actions to improve other elements of care were identified:

- Review and update Pulmonary Embolism guideline
- Introduce Pulmonary Embolism pathway & guideline on EPR
- Increase capacity in Haematology to follow up thromboses

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2022-23 that were recruited during that period to participate in research approved by a research ethics committee was 6,470 participants into 87 National Institute for Health (NIHR) research studies

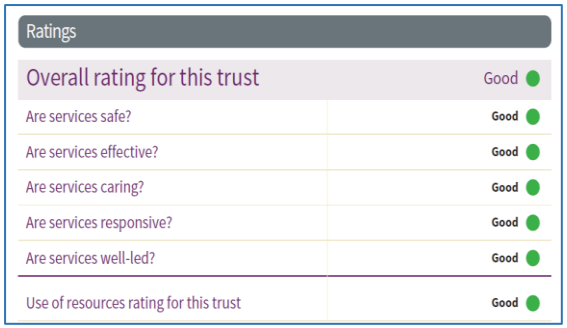
CQUIN payment framework

None of the Royal Berkshire NHS Foundation Trust income in 2022-23 was conditional on achieving quality improvement and innovation goals agreed between Royal Berkshire NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.
The CQUIN financial incentive was changed from previous years (1.25% as a proportion of the fixed element of payment) and was earnable on the five most important indicators for each contract, as agreed by commissioners.
No Commissioners enacted a process of retrieval of funding for 2022-23 recognising 'best endeavours' to achieve in all cases.

Further details of the agreed goals for 2022/23 and for the following 12-month period are available electronically at:
https://www.england.nhs.uk/nhs-standard-contract/cquin/

CQC registration compliance

The Royal Berkshire NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "Good".
The Royal Berkshire Hospital location is currently rated as "Good".



Ratings	
Overall rating for this trust	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good
Use of resources rating for this trust	Good

The Royal Berkshire NHS Foundation Trust has no conditions on its registration. The Care Quality Commission has not taken enforcement action against the Royal Berkshire NHS Foundation Trust during 2022-23.

The Royal Berkshire NHS Foundation Trust has not been subject to any inspections/reviews during 2022-23

Ofsted either independently or jointly with the CQC carried out the following reviews of children's services during 2022-23 in which the Royal Berkshire NHS Foundation Trust as acute healthcare provider was either directly inspected or received the inspection report from the system-wide review;

February 2023 - Wokingham Advanced Progress Plan review meeting with CQC and Ofsted inspectors (following up on Statement of action from joint inspection in January 2019)

NHS number and general medical practice code validity

The Royal Berkshire NHS Foundation Trust submitted records during 2022 - 23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.
The percentage of records in the published data which included the patient's valid NHS number was:

- 99.85% for admitted patient care
- 99.76% for outpatient care and
- 98.79% for accident and emergency care.

which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care and
- 100% for accident and emergency care

Data security & protection (DSP) toolkit attainment levels (previously information governance toolkit)

Following national guidance from NHS Digital the Data Security and Protection toolkit is due to be submitted on the 30 June 2023.
The toolkit standards were met for the year ending June 2022

Clinical coding error rate

The Royal Berkshire NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022 - 23.

Data Quality and Assurance

Good quality information underpins the effective delivery of safe and effective patient care. High quality information supports safe, effective patient care. Reliable data of high quality informs service design and improvement efforts
In 2022-23 the Royal Berkshire NHS Foundation Trust took the following actions to improve data quality:

- Global PAS (GPAS) implemented Oct 21: Regular monitoring and clean-up is now in place, with feedback to users where necessary, to maintain the veracity of the data. The Data Quality team offer third line support to users.
- The NHS Digital's Data Quality Assessment Framework (NHSD DQAF) for (Healthcare) Providers: self-assessment indicated a good and improved compliance level of 95.9% for RBFT with the national average being 74.9%. Regular monitoring of the Data Quality Maturity Index developed by NHS Digital is taking place on a monthly basis with remedial actions to improve where indicated.
- Regular monitoring and clean-up is now in place, with support and feedback to users where necessary, to maintain the veracity of the data. Monthly meetings continue to enhance communication with the Services and Reporting teams.
- Increasing visibility of DQ indicators and standards to senior management and the executive team by the inclusion of Trust and Care Group level Data Assurance Framework dashboard in the Data Quality Steering Group/Clinical Data Quality/Data Quality Assurance Group/Care Group Board meetings for regular review, monitoring and action is ongoing.

- Waiting list data assurance: Phase 1 of Master Waiting List will make visible all entries on a waiting list. Initial approach to cleanse is in progress but will need specific/targeted effort over 22/23 to improve historic inaccuracy and data input processes. SME role is part of the solution but operational ownership of the data entry quality and oversight of input processes will be required. Process mapping to commence in 22/23.

- Audits were performed throughout the year, reviewed by the Steering Group and recommendations made for areas of particular data quality concern regarding Independent Sector activity capture (specifically Urology, General Surgery and Endoscopy) ACM business rules of multi-professional new/follow up, Pre-Operative new/follow up & Maternity Diagnostics for validity and accuracy

- Clinical Coding Improvements were made increasing coded comorbidities (Diabetes/Heart Failure) in line with benchmarking and in collaboration with Connected Care. Audit regarding missing co-morbidities was completed.

- Readmissions – awaiting development of a readmissions dashboard in line with SDEC development in EPR to support and analyse areas of concern with high volumes of readmission

- Continuous support and improvement of Maternity Services Data Set (MSDS) data in line with developments in national requirements throughout 22/23

- Outpatient appointments: ongoing major programme reviewing all outpatient templates that set out the different appointment types in each session. These will be realigned to the service and demand needs so that users have the correct appointments to offer patients. GPAS Steering Group continues to monitor and review outpatient check in/out activity.

- A review was undertaken of outpatient procedure activity in the ACM. An initial technical problem was resolved with Medisoft. Fix applied and data flowing correctly end-to-end.

Learning from deaths

Hundreds of patients come through our doors on a daily basis. Most receive treatment, get better and are able to return home or go to other care settings. Sadly and inevitably, some patients will die. Whilst most deaths are unavoidable and would be considered to be “expected”, there will be a small number of cases where care in hospital was sub-optimal and potentially contributed to the death or provided lessons for the future.

The Trust is committed to continuously monitoring the quality of its care provision through the mortality review process, and to learn from these reviews. In order to identify themes and areas for improvement, as well as areas of good practice, both case record reviews and more in-depth investigations are undertaken where indicated. These allow us to understand contributory factors and root causes, to draw lessons from these experiences, and share learning across the organisation as well as the wider healthcare economy.

All adult deaths are scrutinised by a Trust Medical Examiner (ME). The ME reviews the patient's record, speaks to the doctor who looked after the patient at the time of death, and speaks with the next of kin. The ME will then agree the cause of death with the doctor completing the death certificate, decide whether a referral to the Coroner is required, and whether or not the death needs further investigation or review. All deaths flagged for review undergo a "structured judgement review" (SJR). All SJRs conclude, with a grading on the overall care given to the patient. Any deaths assessed as "more likely than not to have been due to problems in the care provided to the patient" are subject to a full root cause analysis as part of a SI investigation. The final grading is discussed and agreed at the Patient Serious Incident Review Group. The themes and learning points are reported quarterly to the Mortality Surveillance Group (MSG) and as part of a quality control process a random sample of 20 patients who have died where a SJR was not triggered are also assessed.

All SJRs are reviewed at specialty level mortality and morbidity or clinical governance meetings. In addition, any reviews identified as a grade 2 or higher are reviewed at the Mortality Surveillance Group to identify learning and themes to share within the Trust. Learning and good practice is shared trust wide.
During 2022/23, 1669 of the Royal Berkshire NHS Foundation Trust's adult patients died, along with 4 paediatric deaths. The total deaths by quarter are given in Annex 3.

In 2022/23, 355 case record reviews and 3 investigations in relation to the 1673 deaths have been undertaken. The 3 investigations undertaken included: child death reviews, serious incidents (SI) reviews and local root cause analysis.
In 2 of these cases, a death was subjected to both a case record review and an SI investigation. The number of deaths in each quarter for which a case record review and/or an SI investigation were carried out are given in Annex 3.
1 death during the reporting period are judged to have been due to issues in the care provided to the patient. In relation to each quarter the numbers are given in Annex 3.

In order to ensure that all opportunities for learning from deaths are maximised the process of how investigations align with the Mortality review process has changed this year. From this year all investigations that involve a patient death will go to the Mortality review group for final grading & only then will be classed as "completed". This has meant that the number of completed investigations reported this year is not comparable to that reported in previous years.

Over the last year key learning themes identified have included:

- Importance of clear documentation & communication including the recognition of the limitations caused by lack of visibility and communication between clinicians, care providers including GPs, Mental Health, Social Services, SCAS and the Trust
- In the context of system pressures contributing to the pressure of discharging patients, it is even more important to use Trust guidelines to help guide appropriate treatment
- Understanding NEWS warning score implications, understanding when to escalate a deteriorating patient, who to and where they are best cared for
- Patients without family/advocates or of particular ethnicity appear to be more common in deaths where failure to recognise/escalate the deteriorating patient is identified.
- Important areas for patient safety focus across all care groups is consistency in VTE prophylaxis and RESPECT form completion
- Immense system pressures, particularly in ED, impacting delivery of patient care, and at the same time commendable response of ED staff to pressure, continual commitment to delivering a high standard of care, and demonstrating remarkable resilience

Actions taken to address learning points include:

- Trust real-time deteriorating patient dashboard with oversight from the critical care outreach team.
- Reinvigorating the Trust multi-professional deteriorating patient working group
- The importance of clear and thorough documentation, the use of communication tools (e.g. SBAR & BRAN) for documentation of decision making and its context highlighted through Specialty Clinical Governance process and Clinical Governance Leads workshop
- Triangulation of learning themes with Trust patient safety processes to prioritise areas for improvement
- Mechanisms for Integrated Care System learning recognised as an area of priority as ICB quality and governance processes mature

Next Steps

- System learning from deaths to drive collaborative improvement was identified as a critical gap across BOB ICB; following a case presentation at BOB Quality Assurance Committee, the BOB inaugural System Learning from Deaths meeting took place in May 2023. The Trust Medical Associate Director patient safety is co-chair.
- The quarterly Trust Healthcare Records Audit has been strengthened as a tool to drive improvement in documentation in the electronic patient record.
- A robust Trust wide VTE plan has included new real-time VTE assessment reporting, a successful business case for a VTE prevention nurse and anticoagulant pharmacist and implementation of VTE training as a Learning Matters module for all prescribers.

- Ethnicity is now captured real-time in the Trust deteriorating patient dashboard. Ethnicity is reported for each structured judgement review.
- Optimising Trust processes within the electronic patient record for capturing those patients with learning disability and autistic spectrum disorder
- Introduction of electronic completion of the RESPECT form has rolled out successfully across the Trust

Part 3: Our Quality Performance 2022 – 23

Quality initiatives 2022-23

Although the memories of the challenges of the pandemic are fading, 2022-23 bought its own set of challenges. Working to address the supressed demand caused by the pandemic, at the same time as maintaining 'business as usual' through further Covid outbreaks, high levels of respiratory illnesses, increased ED attendances through the winter and high staff turnover rates has meant that we've not fully achieved all the targets set for the quality priority projects in the quality report.

We have, however, made effective and substantial improvements to ensure our patients and their families have received the highest possible care throughout 2022-23 and although the projects will no longer be classed as a "quality priority" for 2023 onwards, each of the quality initiatives will remain a priority for the teams and will continue on a business as usual basis, building on the progress made over the last couple of years.

Summary of our Quality Priorities 2022-23

	Priority	Quality Targets	Achievement	Overall Achievement
Patient Safety	**To strengthen the learning from deaths and incident review processes across the Trust**	Strengthened implementation of the feedback process to Next of Kin from structured judgement mortality reviews	**Partially achieved**	**Partially achieved**
		Structured judgement mortality reviews are completed within a 6 week timeframe from being sent to the reviewer	**Partially achieved**	
		Learning and themes that arise from mortality reviews are disseminated across all levels of staff and with appropriate recommendations that result in positive changes to improve patient care	**Partially achieved**	
	To improve recognition and management of the deteriorating patient	To improve staff awareness of high risk patients on wards	**Achieved**	**Partially achieved**
		To improve education & training provision around recognising and managing the deteriorating patient	**Partially achieved**	
		To increase confidence and relationships with Senior Teams / Outreach	**Partially achieved**	
		To improve feedback for staff escalating deteriorating patients	**Partially achieved**	

	Priority	Quality Targets	Achievement	Overall Achievement
Clinical Effectiveness	**To improve the care pathway and treatment of patients with sepsis and neutropenic sepsis**	90% of red flag sepsis cases to have blood cultures taken in ED	**Achieved**	**Partially achieved**
		80% of red flag sepsis cases to have 2 sets of blood cultures taken in ward areas	**Not achieved**	
		Improved compliance with antibiotics within 1 hour for neutropenic patients	**Not achieved**	
		Reduction in time to effective antimicrobial therapy	**Achieved**	
	To reduce hospital acquired pneumonia (HAP)	Reduction in overalll HAP incidence rates in Elderly Care to <5%	**Achieved**	**Achieved**
		Improvement in antimicrobial prescribing: increase use of Benzylpencillin / decrease use of tazocin/temocillin	**Achieved**	
		Improvement in diagnosis of HAP to 75%	**Achieved**	
Patient Experience	**To implement the "*Compassionate Companions*" volunteer programme**	Two training programmes to be run throughout the year	**Achieved**	**Partially achieved**
		To have 20 fully trained, active volunteers by the end of the year	**Achieved**	
		To have at least one Compassionate Companion available every day (7 days) of the week	**Partially achieved**	
		To have 50% of referrals to the CC programme covered by the end of Quarter 2 rising to 75% by the end of Quarter 3	**Achieved**	
	To implement the "*Treat Me Well*" campaign to support patients with learning disabilities in hospital	LD awareness presentation to 90% of relevant clinical governance meetings	**Partially achieved**	**Partially achieved**
		Implementation of flagging on EPR for LD patients	**Partially achieved**	
		Launch of hidden disabilities sunflower lanyard scheme	**Partially achieved**	

1. To strengthen the learning from deaths and incident review processes across the Trust

The Royal Berkshire NHS Foundation Trust is committed to continuously monitoring the quality of its care provision in order to identify themes and areas for improvement around mortality, as well as areas of good practice; to undertake thorough reviews where indicated in order to understand contributory factors and root causes; and to draw lessons from these experiences and share learning across the organisation and with the wider healthcare economy where appropriate in order to improve the quality of care for patients.

Resource issues within the Mortality service, coupled with significant pressures on the clinical teams have prevented the sustained progress of the intended improvements. There has been improvement in terms of increased training and targeted work with those clinical teams where timeliness of review completion did not meet the required standard and improvements have been made to the feedback and support NOK receive following an SJR.

The triangulation of learning from mortality reviews with themes and learning coming from incident investigations has commenced and will be strengthened in the coming year.

2. To improve recognition and management of the deteriorating patient

This priority builds on the progress of previous years. The measure around improving staff awareness of high risk patients on wards was met with the deterioration dashboard launched across the Trust as part of larger digital development in the hospital. This work has been well received nationally when shared at both the NHS Digital Conference and the NHS Data and Information Virtual Conference. Following initial pilot and first three months of implementation at the Trust, the dashboard has been further developed to allow for more nuanced patient selection, inclusion of VTE risk assessment and ethnicity.

Work on the other measures continues and to date have been partially met. To improve education & training provision around recognising and managing the deteriorating patient educational materials are now available via staff eLearning system, and the Deteriorating Patient Policy updated to give more direction on frequency of observations and escalation response. Next Steps are to create a more easily accessible educational hub for educational materials. To increase confidence and relationships with Senior Teams / Outreach a Critical Care Outreach Practice Educator alongside two substantive and two development posts have been appointed. Next steps are to launch a standardised handover form on EPR for staff to standardise handovers, as requested in the staff survey. In order to improve feedback for staff escalating deteriorating patients the link nurse roles for the Clinical Outreach service have been restructured to enable easier feedback provision for staff. This project will continue as business as usual as referenced by the planned next steps mentioned above.

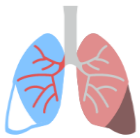
3. To improve the care pathway and treatment of patients with sepsis and neutropenic sepsis

Data collection and subsequent improvements have been impacted by long term staff sickness in a single person sepsis team. Regular teaching for staff and the provision of automatic EPR orders of two sets of blood cultures has facilitated the high levels of of red flag sepsis cases to have blood cultures taken in ED.

Whilst the inpatient ward areas are yet to meet the 80% for target of red flag sepsis cases to have blood cultures taken in ED, there have been overall improvements in performance. Specific education sessions focussing on blood cultures as part of the hospital "Essentials of Care" programme reinforced this practice.

Optimisation of the pathway for neutropenic patients remains challenging. Despite close working between ED, Oncology and Acute Medicine, the lack of available staff and space has impacted the ability to offer a bespoke service for this patient group. In the absence of a separate pathway, improvements had been made to improve the current process for these patients. Increased admission avoidance by the UKONS nurses and effective use of SDEC when appropriate has resulted in fewer attendances to ED by this patient group. Specialist teaching in ED by the Oncology team has been well received and cases discussed in safety huddles and during Clinical Governance. This work will continue as a joint project between the aforementioned teams.

A reduction in both blood culture turn-around-time (TAT) and antimicrobial therapy was achieved following a successful pilot of the Biofire technology in 2022. This enabled 24/7 laboratory service provision for sepsis, pneumonia, meningitis/meningoencephalitis and respiratory illnesses. This technology turned samples around on average 17 hours earlier than traditional methods, resulting in effective treatment (targeted antimicrobials) being delivered on average ten hours earlier to this patient group. As this technology becomes standard practice, focus will be on response to results to further optimise this improvement. Of note, mortality rate of bacteraemic patients who were treated using Biofire was 16.9% which is a reduction on the UK NHS performance indicator of 25%.



4. To reduce hospital acquired pneumonia (HAP)

There has been a substantial reduction in the incidence of HAP within the Elderly care wards alongside an improvement in the management of HAP in line with the TRUST's antibiotic guideline. The HAP steering group has initiated a number of initiatives – including regular education and training for medical, nursing and allied health care professionals. An electronic dashboard has been

created to record the preventative measures i.e. hand hygiene, mouth care and positioning of patients to prevent HAP in each ward. This is helping to target monitoring of preventative measure to reduce incidence further. HAP champions have been introduced on all the wards to drive the clinical care to prevent HAP. In a recent audit (Nov22 – February 23) the diagnostic accuracy has improved to 81% (target 75% - previously 66 % in June 22 and 35 % in 2017) and the average incidence is 3.7 % (target < 5%). The clinical team are working with EPR team to introduce an electronic HAP care plan which would help to improve diagnosis and guide the management of HAP.

Both intravenous (IV) antibiotics are used for indications other than HAP, therefore exclusive usage for HAP is difficult to quantify and monitor however, a falling trend in use of both IV antibiotics alongside a rising trend in use of IV benzylpenicillin has been observed which aligns with the reducing incidence of HAP.

5. To implement the "*Compassionate Companions*" volunteer programme

This programme was initiated by our Spiritual Healthcare Team. It aims to ensure patients receive emotional and spiritual support when nearing the end of their life, by having volunteers spend time with patients who do not have family or friends available so they are not alone. To date, 37 volunteers have been trained and 52 patients supported with 78 hours of care. Whilst most of the quality targets for this project were met, work on this project will continue. In order to have at least one Compassionate Companion available every day of the week, further volunteers are currently being recruited and there will also be a focus on working with wards to increase referrals to the service.

6. To implement the "*Treat Me Well*" campaign to support patients with learning disabilities in hospital

The team have been busy over the last year attending Clinical Governance and training sessions across the hospital to raise awareness of resources available to staff to enable them to support patients with a learning disability. The educational resources provided included 'Your next patient has learning disabilities' leaflet, an updated Intranet page providing education tools and resources which are especially useful for staff outside of regular hours.

Flags are manually added to patient records by the Learning Disability Team, which then feed the reporting functions within the Trust providing visibility of this vulnerable group of patients to senior clinical nursing staff and teams. The Learning Disabilities Lead Nurse also attends weekly staffing meetings in order to highlight vulnerable patients with learning disabilities.

The sunflower lanyard scheme was officially launched by the Trust in July 2022 but has been temporarily on hold and will be relaunched in the near future.

This project will continue on a business as usual basis with future work to include involvement in a national project to improve communication between organisations and exploring automation of flagging patients records utilising the Connected Care system.

Quality Achievements 2022-23

Here are some examples of innovative practice/projects that our teams have provided over the last year all with the aim of improving the quality of care we provide to patients.

Ear, Nose & Throat - Transoral parathyroid surgery

The Trust were the first to perform not just the first case of surgery in the UK, but the first TWO ever cases of transoral parathyroid surgery in the UK. This surgery allows for the safe and total removal of the thyroid or parathyroid glands with no scarring to the neck. This isn't just thanks to advancements in surgery or innovative techniques, but its thanks to hard work and dedication of the team that enabled this to be carried out in our organisation.

Through working with the University and regional ENT partners, the team have brought new research and innovation to the Trust, resulting in quality, safe and better care for our patients. The outcome from this new surgery means patients will not have visible scarring - a reminder of their ailments - and patients will have greater choice in the care we provide, which is what we all strive for!

Virtual Service

The Virtual service provides hospital based care to its patients remotely and in a place they call home. This year the service has continued to grow and develop its clinical pathways.

A large variety of patients are managed by our multidisciplinary team, that includes those with infections, cardiovascular and respiratory conditions as well as an alcohol detox pathway and other general medical conditions.

Over the last 12 months, almost 1,400 patients have been transferred into our Virtual Ward, where the benefits of being out of the hospital clearly impact the patient experience and helps to reduce risk of hospital acquired complications.

Over the last 12 months, the Virtual team have also triaged over 3,200 of our most vulnerable immunosuppressed patients who have developed COVID infection, to assess the use of COVID therapeutics.

Lung Ultrasound

One of our physiotherapists has been leading the way for physiotherapist's within this trust to utilise Lung Ultrasound in their assessments and treatments on our critical care wards resulting in quicker diagnosis and resulting in the patient receiving the correct treatment in a timely manner (chest drain, respiratory physio, Abx), ultimately improving patient outcomes and enhancing care.

Supported and mentored by Consultant colleagues, the Physiotherapist was the first in the trust to achieve FUSIC Lung Ultrasound accreditation, and within the first 40 accredited in the country. Since then she has helped train and mentor other fellow Physiotherapists, Physician Associates, Clinical Critical Outreach nurses and medical Doctors by supervising on the wards and teaching on Ultrasound study days. She has also assisted with rolling out the technology required to capture these images on handheld devices and store them remotely in a cloud.

Planning is now underway to extend this experience on the Paediatric wards.

Women and Birthing People Seeking Sanctuary

The ‘Women and Birthing People Seeking Sanctuary’ clinic is a specialist clinic, developed from a co-production between the RBFT Maternity and Berkshire West Public Health Team, which works to address inequity in maternity services by focusing resources on those that are most likely to experience the poorest outcomes in UK Maternity services. This clinic supports anyone under the seeking sanctuary umbrella which includes; those who are refugees, asylum seekers, those fleeing conflict, undocumented migrants and those trafficked.
These families often experience many health inequalities when accessing NHS services, so the clinic is constructed so that barriers to non-attendance are removed including enabling families to bring their partners and children, face to face interpreters booked for every language in attendance, and transport is provided so attendees from across West Berkshire, Reading and Wokingham can attend.

At the clinic the families can have appointments with many health care professionals and community organisations that come together in the one clinic. The women and birthing people can have a Midwifery check and we have an Obstetrician present to manage any medical issues in the moment, rather than them having another appointment to have an Obstetric review. There is an Easy English teacher providing antenatal education and a wide range of many other groups attend to give information and support including Sexual Health, Compass Recovery College (mental health support), and Refugee Support Group and other professionals and organisations will be invited to the sessions to meet the needs of the group.

The team have been able to escalate concerns through to the Local Authority and beyond on issues affecting the living conditions for these families e.g. poor nutrition in hotel food provision and unsafe baby bottle preparation facilities.
Donations from a local charity, The Cowshed, ensures each family who attends receives a ready-made birth bag to assist them on their journey.

Preliminary findings are positive, with even the interpreters feeding back to us how valuable to service is for their clients. For us, the true success is seeing the families smiling, socialising and accessing services in a place they feel safe.

Renal Service

The Renal multidisciplinary team have been running a number of improvement projects over the last year in order to improve the care of their patients. Under the overarching national work stream KQUIP – Kidney Quality Improvement Partnership, the team have been participating in Transplant First, a project which aims to increase the number of pre-emptive transplants (transplants before someone needs to start renal replacement therapy) in the UK. To date, improvement can be seen in improved documentation and better referral pathways.

As well as this, a number of other quality initiatives have been initiated and achievements include:

- The introduction of a training video for renal patients when starting dialysis. The Haemodialysis patient information video, which is for both low clearance and very new dialysis patients is available on YouTube.
- In order to provide targeted support for issues raised by the patient, enabling the prompt inclusion of other services, including social workers, the team have implemented the use of a holistic tool for all Royal Berkshire Hospital Haemodialysis unit patients
- Improved patient educational resources, including leaflets and induction booklets

Junior Carers

The Patient Experience Team have created an imaginative initiative engaging young children in healthcare called Junior Carers. The Junior Carers initiative is an innovative approach to engage with children at a young age and helps build trust with our healthcare services and influences their choices at a young age. Children become School Health Ambassadors and are given the opportunity to learn more about health issues and health careers. Schools are chosen from deprived areas associated with higher health inequalities to provide those children with opportunities they might not normally be able to access. So far the team have worked with 2 schools in the local area. Junior carers are given their own scrub tops, funded / made by a local charity, fob watches and #hellomynameis… badges which make them feel special.

For the Junior Carers, the initiative is something they can be proud of and inspired by. It develops new skills and confidence and the children have reported positive experiences and expressed an interest in the types of work carried out by the hospital. All said that they talk to their family and friends about the hospital. One said: “I feel proud as a junior carer. The best opportunity in my life”. Another said: “Being a junior carer was really fun. I enjoyed all the hospital trips and when the doctors and nurses came to school… Overall, I think it was an amazing experience. ”

The teachers involved have praised the impact it has had on the children who would not normally be able to access these types of opportunities. They say it engaged children across the school not just the Ambassadors. They also said “We honestly feel so proud to have been a part of the fantastic Junior Carer program right from the start and the children have been so inspired by it. It is something our children will never, ever forget and the skills that they have learned will be skills they can apply to the next stage of their lives and beyond”.

Colleagues in the hospital also shared how valuable they find it to be able to engage with children in health promotion and we have been able to incorporate the children’s feedback into the new hospital build project.

Clinical Skills

With the increasing demands and challenges for clinical competence against a backdrop of rapid staff turnover unique ways for healthcare staff to get safely signed off for skills competency in the clinical areas is a priority. Members of the Practice Development team, developed a unique way of targeting critical nursing skills signoff by offering a drop-in type approach at the Annual Nursing Skills Fair.

The Skills Fair, which was the first of its kind in the trust, offered a range of essential clinical skills for staff to choose from in order to get the necessary sign off. These skills included Cannulation, Venepuncture, and Non-invasive monitoring (CPAP and BiPAP) use. This streamlined process of signing off staff meant staff could dropin whenever there was someone to cover them for at least 5 minutes. The skills fair was not

limited to qualified nurses, but also to care support workers (CSWs) and even doctors who are interested to practice or get signed-off with a certain clinical skill. This approach has resulted in more than 60 individual staff sign offs and will continue on a bi-annual basis. Finally, the concept of the Annual Nursing Skills has inspired other Practice Educators within the Trust to collaborate and create the first Urgent Care Study Day.

Minor operations at Townlands (MOPS)

Introduced in April 2022, the team at Townlands Hospital, Henley-On-Thames have worked to develop their service to continue to help provide care closer to home to the population of Henley and South Oxfordshire. Initially operating for Plastic Surgery, and more recently Ear, Nose & Throat, the service provides minor procedures under local anaesthetic optimising patient experience, hospital service and associated costs leads to more efficient use of resources and benefits for patients and staff.

A simplified pathway to avoid full day surgery admission & discharge, coupled with staggered admission times ensure patients spend less time in the hospital. This has led to extra capacity to provide more sessions, helping to improve procedure rates & waiting times.

Staff well being

The 2022 staff survey showed that 84% of staff were aware of the health and wellbeing (H&WB) support available to them (up from 78% in 2022). Work continues to raise awareness of this support including the recruitment of at least one Health, Safety and Wellbeing Champion across all areas of the Trust. There are currently 165 Champions in place, representing 79% coverage (up from 68% in 2022). Health and wellbeing is led by the Chief People Officer and the Trust has a non-executive director as a Wellbeing Guardian in an oversight and assurance role.

In the last 12-months, Occupational Health have successfully recruited to a number of newly created posts to further support staff H&WB. A Staff H&WB Coordinator has been appointed to support the work of the Staff H&WB Operational Lead in the delivery of the H&WB agenda, and a Clinical Lead Psychologist was appointed for the newly formed Staff Support Service, with recruitment on-going for a second Psychologist. A Staff Health Checks Project lead has also been appointed for a 2-year fixed term period, funded externally via the BOB ICB Stoke Delivery Network and Reading Borough Council.

In October 2022 the Oasis Staff H&WB Centre was formally opened by Sir. John Madejeski. The grade II listed building has been extensively renovated using a donation from local residents, alongside substantial funds raised via the Royal Berks Charity. The Oasis Staff H&WB centre includes a small gym, quiet relaxation rooms, activity rooms, a meeting room, a kitchen and a lounge/social area, toilet and changing facilities and

a lift to ensure inclusive access for all staff. The building is open from 6am-10pm, 7 days a week and is free for all staff to access. The project to create the Oasis campus also included the creation of a dedicated cycle village and restoration of the outdoor garden space which remains on-going led by our partnership with Reading International Solidarity Centre. As well as the facilities in the Oasis Staff H&WB Centre, there are a range of alternative therapies on offer for a small fee to staff including yoga, pilates, reflexology and massage. Since opening the doors to the centre we have recorded over 2,000 different staff members swiping their card to access the building at least once, and there are approximately 9,000 cumulative swipes recorded every month. The Oasis centre is the flagship area for Staff H&WB and has been used for numerous celebration events, with more planned for the future. The Staff H&WB team remain committed to ensuring that the building is well utilised by as many staff as possible and regularly review comments and feedback from staff on how the facilities can be enhanced.

In November 2022, Occupational Health launched a staff health checks programme based on the NHS Health Check model which allows any staff member aged 40+ one free 30 minute health check. Since the launch of the programme, 681 staff have attended an appointment, and 352 (51%) were referred to their GP for further investigation and/or treatment, with 180 of these staff being referred for multiple reasons. From an RBFT perspective, the underlying aim of referring these staff to their GP is for them to receive appropriate treatment and advice in order to effectively manage and/or prevent staff from developing disease which may impact on their ability to regularly attend work and perform their duties to the best of their ability.

Our occupational health and vaccination team have vaccinated 64.2% of staff with their Covid-19 booster vaccine which is the 2nd highest in the NHS South East region and 5th Nationally. The team also vaccinated 48.9% of staff with a flu vaccine the 5th highest in the NHS South East region and 25th Nationally The vaccination team continues to work with the BOB region in delivering booster vaccinations including coordinating covid vaccinations to some inpatients, maternity patients as well as some local care homes.

Freedom to Speak Up

The Royal Berkshire NHS Foundation Trust is committed to ensuring that staff who have concerns can openly raise these without fear of retribution. 44 concerns have been raised in 2022-23, with a year on year increase since 2020-21. Staff raised their concerns in a variety of different ways and formats over the past year including face-to-face, drop in sessions, telephone calls, emails, virtually using Microsoft Teams and anonymously by letter. August 2022 saw the appointment of a new Freedom to Speak up (FTSU) Guardian, an appointment which saw the launch of new posters, leaflets, guidance documents and updated information for the Intranet page. There are now 17 FTSU Ambassadors following a recruitment campaign.

During October FTSU month, a variety of activities took place including widespread communications to all staff, awareness events outside the staff restaurant and within the Education Centre, and visits from the Guardian to various team meetings. The South Central Ambulance Service visited the Royal Berkshire site twice with their Speakupulance, an ambulance converted into an interactive space including all things related to FTSU. The FTSU Guardians were also joined by the Berkshire, Oxfordshire, and Buckinghamshire You Matter team and the Royal Berkshire Wellbeing team on the second visit.

Seven Day Services (7DS)

The NHSE/I seven day services audit has not been restarted since its suspension in 2020 due to Covid-19. However, the management of services across the seven week is now delivered as business as usual and evaluated through consultant job plans and trainee feedback.

Medical Staffing – Rota Gaps

The Guardian of Safe Working Hours (GOSW) works with the Medical Human Resource team, Director of Medical Education, Clinical Tutors and Service Managers to ensure compliance with Junior Doctor terms and conditions of service in and around the execution and delivery of the approved rotas.

Trainees are allocated at the Deanery level and each department is responsible for managing their own rota and filling any gaps accordingly (the Trust has employed FY3 trainees for this purpose). Based on qualifying exception reports the Guardian of Safe Working submits a quarterly report to the Board Workforce Committee which reports and tracks workload exceptions and reflects these back to individual departments. To date these posts have been successfully filled and trainees have given positive feedback. Within medicine there is also a dedicated rota coordinator who ensures that the gaps are filled internally wherever possible.

The above process and report outcomes enable the Trust, Guardian and respective teams the opportunity to track and address issues and gives assurance that the Doctors in training are safely rostered and their working hours are compliant with the terms and conditions of service in the Junior Doctors' contract, which was updated in 2019.

Learning Disability (LD) Standards

The Trust continues to benchmark itself annually against the LD standards. People who use our service provide positive feedback which highlights some of the excellent care provided by a variety of health professionals within the Trust. A range of communication aids are available for use by staff caring for patients with a learning disability with information available on-line and in hard copy. These resources support individualised care through sharing individual patients' needs and providing toolkits including picture exchange communication systems, Makaton, body maps and various accessible pictures to aid communication. Individualised plans are formulated outlining reasonable adjustments for those patients with a learning disability who require them.
The Learning Disability Liaison Nurses (LDLNs) are currently providing training sessions to clinical areas to highlight 'Treat me Well' and 'Your next Patient has a Learning Disability'. These sessions build on knowledge and practice that are already in place.

The LDLNs are members of West Berkshire LD Partners group which meets monthly and is led by BOB ICB and includes health professionals and the voluntary sector. Discussion and actions take place around issues that affect people with a learning disability.

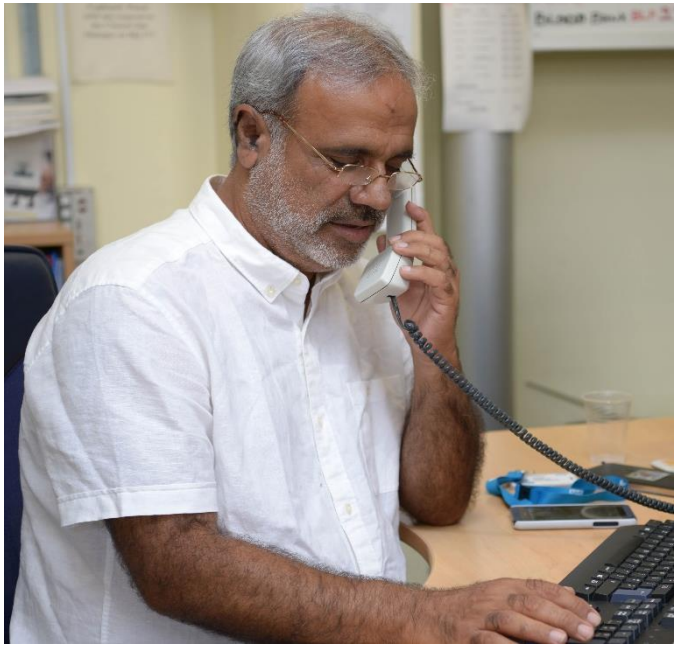
Public Health and Inequalities

Following entering into the commissioning agreement with Berkshire West Public Health and the implementation of the Hospital Public Health Priorities board 18 months ago, four transformation projects are nearing imminent completion and transition into business as usual:

- Staff NHS Health Checks+;
- Maternity Smoking Cessation;
- Pre-habilitation (as part Peri-operative Medicine)
- Women & Birthing People Seeking Sanctuary, which was recognised nationally, alongside being included in NHS England's Three Year Delivery Plan for Maternity & Neonatal Services.

To further this important work within the Trust, agreement has been reached to merge with the Health Equalities Board to form the 'Health Promotion & Equity Committee' in July 2023. A stakeholder event will be held in June to develop its clear vision, aims and objectives to ensure we bring healthcare equity to all areas of our community.


NCKZO



Happy International Nurses Day!

Annex 1: Core Performance Indicators 2022 - 23

The latest data periods given are the latest available data for each indicator. The national averages, NHS best and NHS worst figures are all given for the latest available time periods unless otherwise stated.

1. Standardised Hospital-Level Mortality Indicator (SHMI)

Indicator	Jan18 – Dec18	Jan19- Dec19	Jan 20 – Dec 20	Jan21- Dec21	Jan 22 – Dec 22	Nat Average	NHS Best	NHS Worst
Summary of SHMI (Value)	1.07	1.1184	1.023	1.0268	0.973	1.0	0.7117	1.2186
Banding	2	2	2	2	2	2	1	3
Deaths coded with palliative care	51%	51%	50%	59%	59%	40%	N/A	N/A

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: The Trust mortality data is subject to significant data quality checks and coding review before being submitted nationally for publication.

2. Patient Reported Outcome Measures (PROMS)

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: data is collected by a contracted external organisation and then provided to NHS Digital. The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: monitoring the hip and knee PROMs within the Orthopaedic Clinical Governance and business meetings for hip and knee replacement surgery.

Indicator	2017-18	2018-19	2019-20	2020-21	2021-22	Nat Average	NHS Best	NHS Worst
Hip Replacement (Primary) EQ-5D Adjusted Av Health Gain	0.494	0.452	0.473	*	*	0.5	0.54	0.39
Knee Replacement (Primary) EQ-5D Adjusted Av Health Gain	0.343	0.286	0.343	*	*	0.3	0.39	0.2

In order to respond to the challenges posed by the coronavirus pandemic NHS hospitals in England were instructed to suspend all non-urgent elective surgery for patients for parts of the 2020-21 reporting period. This has directly impacted upon reported volumes of activity pertaining to Hip & Knee replacements reported in PROMS. Data for RBFT for 2020-21 could not be provided as reporting numbers were too low.

Data for 2021 – 22 has not yet been made available.

3. Readmissions within 30 Days

Indicator	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Paediatrics (0-15)	9.6%	10.5%	10.3%	9.7%	10.0%	-
National	11.9%	12.5%	12.5%	11.9%	12.5%	-
Adults (16+)	14.9%	15.2%	14.6%	16.7%	16.8%	-
National	14.1%	14.6%	14.7%	15.9%	14.7%	-

NHS Digital data are not available for this indicator for 2022-23 therefore national comparator data are not available.
Data are subject to change post-year end due to the publication timescales for the Quality Report. Therefore figures may be slightly different to those reported in the previous year. The publication date for 2022-23 data is October 2023.

The figures above are based on 30 Days rather than 28 Days and are taken from the latest published Compendium of Population Health Indicators provided by NHS Digital. The figures exclude patients with Cancer and Obstetrics diagnoses or under Obstetrics, Midwifery or Maternity Treatment Functions.

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: the Trust has completed readmission activity reconciliations with both the CCG and national Secondary Uses Services readmission data extracts and has found its data to be in line with these external readmission sources.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: regularly reviewing the emergency readmissions that appear to be related to the previous admission and ensuring that the care and treatment of these patients is reviewed by the relevant clinical team. Recently it has been identified that the data capture process of Same Day Emergency Care (SDEC) and related assessment units is impacting readmission rates. New patient flow functionality will be put in place this summer within the Trust's EPR system to mitigate this.

4. The Trust's Responsiveness to the Personal Needs of Patients

This indicator is based on a composite score of 5 questions from the national inpatient survey:

- *Were you involved as much as you wanted to be in decisions about your care and treatment?*
- *Did you find someone on the hospital staff to talk to about your worries and fears?*
- *Were you given enough privacy when discussing your condition or treatment?*
- *Did a member of staff tell you about medication side effects to watch for when you went home?*
- *Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?*

Indicator	2018	2019	2020	2021	2022	Nat Average	NHS Best	NHS Worst
The Trust's responsiveness to the personal needs of patients	67.6%	No survey	84.4%	-	*	82.2%	85.0%	58.9%

*This data was not available at the time of writing this report.

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: the data are collected by a contracted external organisation and provided to NHS Digital.

5. Staff Recommendation Rate

The Trust participated in the annual staff survey again this year. The survey is a valuable tool in helping us understand the experience of staff here at Royal Berkshire NHS Foundation Trust. The survey covered topics ranging from engagement, flexible working, safety and morale. Feedback from staff in previous years has led to development of new psychological support for staff, new training for managers on inclusivity, and much more.

As well as achieving our highest ever response rate the Trust was especially proud to report on being **the highest scoring Trust in England in the following areas**:

- 86.6% of you agreed: "Care of patients/service users is my organisation's top priority".
- 80.6% of you agreed: "My organisation acts on concerns raised by patients/service users."
- 67.1% of you agreed: "The team I work in often meets to discuss the team's effectiveness."
- 61.9% of you agreed: "I am able to make improvements happen in my area of work".

In addition to scoring the highest in England for the metrics above, we are also **among the best Trusts in the country** for having a 'Compassionate Culture', giving staff 'Autonomy and Control', and encouraging 'Team working'.

Indicator	2019	2020	2021	2022	Nat Average	NHS Best	NHS Worst
Staff recommendation rate	83.9%	83.6%	79.5%	77.9%	61.2%*	86.4%*	39.2%*

* All Acute Trusts

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: the data is collected by a contracted external organisation and provided to NHS Digital.
The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: implementing the action plans to improve the quality of our care and services outlined in this report. We will actively engage staff with these quality priorities and improvement work streams and improve communication of our quality achievements with all staff.

6. Patient Recommendation Rate

Indicator	2017-18	2018-19	2019-20	2021-22	2022-23	Nat Average	NHS Best	NHS Worst
Inpatient FFT Recommendation Rate	100%	99.7%	99.6%	95%	99.0%	95%*	100%*	66%*
ED FFT Recommendation Rate	98%	97.8%	98%	87%	82.4%	80%*	95%*	38%*

Data submission and publication for the Friends and Family Test (FFT) were paused for acute and community providers during the response to COVID-19 from March 2020 therefore data for the 2019-20 year includes April 19 – Feb 20 data only.

**National average, NHS best and NHS worst figures are based on Feb 2023 figures.*

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: the data are collected by a contracted external organisation and provided to NHS Digital.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: encouraging patients to complete the FFT and incentivising the ward staff to strive to improve on their scores through the ward accreditation scheme.

7. Venous Thromboembolism (VTE) Risk Assessment

**2019-20 data based on Q1-3 data as Q4 data not published*

Indicator	2017-18	2018-19	2019-20*	2021-22	2022-23	Nat Average*	NHS Best*	NHS Worst*
Patients risk assessed for VTE	96.1%	96.6%	96.3%	-	-	-	-	-

Data submission and publication for VTE Risk Assessment figures were paused for acute and community providers during the response to COVID-19 from March 2020 and have not been reinstated so there is no further published data for this indicator. Data for the 2019-20 year is incomplete and includes Q1-3 data only as Jan-Mar 2020 data was not published as mentioned above.

Trust methodology for accurately calculating the VTE risk assessment reporting rate from electronic patient records is currently under review, therefore data for 2022-23 is not yet available.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: implementing a standard which requires either prescription of VTE prophylaxis or a risk assessment form justifying omission, development of real time VTE assessment reporting dashboard as part of a wider Trust project and the continued work of the VTE Prevention Committee in order to provide a forum to review learning and ensure VTE prevention processes are effectively embedded across the organisation.

8. Clostridium Difficile (C.diff)

Indicator	2018-19	2019-20	2020-21	2021-22	2022-23	Nat Average	NHS Best	NHS Worst
Rate of Hospital Onset C.diff	8.7	13.5	-	13.1	13.47	-	1*	53.6*

Data are subject to change post-year end due to the publication timescales for the Quality Report. Therefore figures may be slightly different to those reported in the previous year.

**Based on data for Acute Trusts in England 2021/22*

It should be noted that from 1 April 2019, there were changes to the reporting and apportioning process compared to previous financial years,

which has had an impact on the number of cases that were "apportioned" to the Trust, compared to previous years. Prior to 2019/20, the RBHFT objective was set using cases that were detected in the hospital 4 or more days after admission.

Cases are apportioned as follows:

- hospital onset healthcare associated (HOHA): cases detected in the hospital three or more days after admission
- community onset healthcare associated (COHA): cases that occur in the community (or within two days of admission) when the patient had been an inpatient in the trust reporting the case in the previous four weeks

It should be noted that any cases where the stool sample was obtained from West Berkshire Community Hospital is incorrectly attributed to the Royal Berkshire Hospital by NHS Digital.

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: all patients with a verified positive result undergo a Post Infective Review by the Infection Control Team and a root cause analysis investigation is undertaken to identify potential contributory factors and actions for improvement: each reported case also undergoes a review with our Community Healthcare partners including Berkshire Health, Berkshire West ICB and the UKHSA.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: implementing actions focused on appropriate stool sampling, improved Antimicrobial stewardship (including the introduction of AMS rounds on some of our wards), environmental cleaning, hand hygiene and prompt isolation of affected patients. In addition, the C.diff Investigation meeting reviews the RCA reports completed for each incidence of C.diff, identifying lapses in care and actions for improvement.

9. Patient Safety Incidents (PSIs)

Indicator	2018-19	2019-20	2020-21	2021-22	Nat average *	NHS Best*	NHS Worst*
No of PSIs reported	9,431	10,425	11,148	12295	14368	49,603	3,441
Rate per 1000 bed days	48.91	52.2	69.4	59.8	57.5	205.5	23.7
No of PSIs resulting in severe harm / death	11	7	83**	9	58	3	216
% of PSIs resulting in severe harm or death	0.12%	0.004%	0.7%	0.07%	0.4%	0.03%	1.7%

**Data is based on all non-specialist, acute trusts (England).*

**The increase in the Trust number of incidents resulting in severe harm/death in 2020-21 relate to patients diagnosed with covid-19 who sadly died. All deaths where covid-19 was the cause of death have been subject to scrutiny by the Infection, Prevention and Control Team and the Patient Safety Team. When the national criteria relating to deaths involving a Covid-19 diagnosis was met an investigation was completed, the findings escalated and action plans put in place.

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: the Trust encourages an open reporting patient safety culture. All incidents reported are reviewed and validated by the Quality Governance Team prior to upload to the National Reporting and Learning System (NRLS).

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: encouraging the reporting of patient safety incidents.

All severe harm/ death patient safety incidents are subject to potential Serious Incident Requiring Investigation (SIRI). Those meeting the criteria have a thorough root cause analysis investigation undertaken and an action plan developed to put mitigation in place to prevent the incident happening again and to share lessons learned across the Trust.

Single oversight framework

Indicator for disclosure	2022-23 performance
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	87.2%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge *Type 1 attendances only*	70.6%
All cancers: 62-day wait for first treatment from: • Urgent GP referral for suspected cancer • NHS Cancer Screening Service referral	 89.0% 97.0%
C. difficile: variance from plan	-4
Summary Hospital-level Mortality Indicator (also included in quality accounts regulations)	*See page 35*
Maximum 6-week wait for diagnostic procedures	69%

Annex 2: National Clinical Audits & Confidential Enquiries

Title	Participation Rate
National Clinical Audits	
1. Breast & Cosmetic Implant Registry	23 records – denominator unknown
2. Case Mix Programme (ICNARC)	100%
3. Elective Surgery (National PROMs Programme)	1577 records – denominator unknown
4. Emergency Medicine QIP – Pain in Children	199 records
5. Emergency Medicine QIP – Assessing for cognitive impairment in older people	Data collection ongoing – Deadline Oct 2023
6. Emergency Medicine QIP – Mental health self-harm	Data collection ongoing – Deadline Oct 2023
7. Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People	100%
8. Falls and Fragility Fractures Audit Programme (FFFAP) – National Hip Fracture Database (NHFD)	100%
9. Falls and Fragility Fractures Audit Programme (FFFAP) – Fracture Liaison Service (FLS)	2012 records – denominator unknown
10. Falls and Fragility Fractures Audit Programme (FFFAP) – National Audit of Inpatient Falls (NAIF)	100%
11. Gastro-intestinal Cancer Audit Programme – National Bowel Cancer Audit	Data collection ongoing – deadline June 2023
12. LeDeR – learning from lives and deaths or people with a learning disability and autistic people	100%
13. Muscle Invasive Bladder Cancer Audit	6 records – denominator unknown
14. National Adult Diabetes Audit – National Diabetes Core Audit	99% (estimate)
15. National Diabetes Audit (Adult) – National Diabetes Inpatient Safety Audit	100%
16. National Diabetes Audit Diabetes (Adult) – National Pregnancy in Diabetes Audit (NPID)	100%
17. National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – COPD Secondary care	325 records – denominator unknown
18. National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Adult Asthma	231 records – denominator unknown

Title	Participation Rate
19. National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Paediatric Asthma	96 records
20. National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Pulmonary Rehabilitation	100%
21. National Audit of Breast Cancer in Older Patients	100%
22. National Audit of Care at the end of life	100%
23. National Audit of Dementia	100%
24. National Bariatric Surgery Registry	100%
25. National Cardiac Arrest Audit (NCAA)	100%
26. National Cardiac Audit Programme – Cardiac Rhythm Management (CRM)	100%
27. National Cardiac Audit Programme – Myocardial Ischaemia National Audit project (MINAP)	100%
28. National Cardiac Audit Programme National Audit of Percutaneous Coronary Interventions (PCI)	100%
29. National Cardiac Audit Programme – National Heart Failure Audit	77% estimate (based on 21/22 data)
30. National Child Mortality Database	100%
31. National Early Inflammatory Arthritis Audit (NEIAA)	334 records – denominator unknown
32. National Emergency Laparotomy (NELA)	Data collection ongoing – deadline June 2023
33. National Joint Registry (NJR)	100%
34. National Lung Cancer Audit (NLCA)	100%
35. National Maternity & Perinatal Audit (NMPA)	100%
36. National Neonatal Audit Programme (NNAP)	100%
National Paediatric Diabetes Audit (NPDA)	100%
37. National Perinatal Mortality Review Tool	100%
38. National Prostate Cancer audit (NPCA)	100%
39. Perioperative Quality Improvement Programme	221 records – denominator unknown
40. Renal Audits – UK Renal Registry Chronic Kidney Disease audit	100%
41. Renal Audits – National Acute Kidney Injury Audit	100%
42. Respiratory Audits – Adult Respiratory Support Audit	Data collection ongoing – Deadline June 2023
43. Sentinel Stroke National Audit programme (SSNAP)	100%
44. Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	100%

Title	Participation Rate
45. The Trauma Audit & Research Network (TARN)	100%
46. UK Parkinson's audit	Elderly Care – 26 records Neurology – 39 records Physiotherapy – 10 records Occupational Therapy – 10 records Audit requirement met
National Confidential Enquiries:	
1. Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	100%
2. Child Health Clinical Outcome Review Programme (NCEPOD)	100%
3. Medical & Surgical Clinical Outcome Review Programme (NCEPOD)	100%

National Clinical Audits and Confidential Enquiries not participated in:	
Society for Acute Medicine Benchmarking Audit (SAMBA)	A request to participate was submitted to the National project team but a response was not received hence the Trust could not participate
National Gastro-intestinal Cancer Programme – National Oesophago-gastric cancer	Only partially relevant to RBH
National Ophthalmology Database audit – National Cataract Surgery audit	Data automatically taken from electronic systems – once financial arrangements to participate are completed, data will be submitted
Inflammatory Bowel Disease programme/IBD Registry	Minimal participation due to lack of resource & technical issues
National Clinical Audits and Confidential Enquiries listed in 2022/23 Quality accounts list but subsequently postponed/delayed	
Emergency Medicine QIP – Assessing for cognitive impairment in older people	
Respiratory Audits – Smoking Cessation Audit – Maternity & Mental Health services	

Annex 3: Learning from deaths

	Q1 2022-23 (Apr-Jun)	Q2 2022-23 (Jul-Sep)	Q3 2022-23 (Oct-Dec)	Q4 2022-23 (Jan-Mar)	Total 2022-23	Reported in Quality Accounts 2021-22	Additional reviews completed in 2022-23 for deaths in 2021-22	Revised Total 2021-22
Total inpatient/ ED deaths	414	385	442	432	**1673**	**1619**	-	1619
Total case note reviews completed	104*	81*	102*	68*	**355***	**304*****	61	365
Total investigations completed	1**	1**	1**	0**	**3****	**41*****	9	50
Casenote review or investigation completed	104	81	103	68	**356**	**419*****	68	487
Deaths assessed to be more likely than to be due to problems in care	0	1	0	0	**1**	**0**	0	0
% deaths assessed more likely than not due to problems in care	0%	0.26%	0%	0%	**0.06%**	**0%**	-	**0.06%**

**These figures include all reviews that were carried out – regardless of whether one was required*
***These numbers will differ to previous years as the process and thus the way in which completed investigations are counted has changed.*
**** 2021/22 data could not be validated*

Annex 4: Statement from Commissioners

Executive Summary

Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) has reviewed the Royal Berkshire NHS Foundation Trust 2022/23 Quality Account and provides this formal response on behalf of the associate commissioners of the contract.

The Quality Account 2022/23 provides information across a wide range of quality measures and gives a comprehensive view of quality of care; it furthermore details the upcoming priorities to be undertaken by the Trust during 2023/24. The Quality Account has reinforced the Trusts commitment to being an organisation which embraces continuous learning and improvement through innovation and development.

The ICB is satisfied with the accuracy of the data, as presented at the time, and information contained in the 2022/23 Quality Account Priorities are those which we will continue to support. The Royal Berkshire NHS Foundation Trust's vision statement is *"working together to provide outstanding care to our community"*. The Trust is committed to fostering a culture of continuous quality improvement and as such has implemented the Improving Together programme which builds on the agility, innovation and transformation shown by staff members during the pandemic.

History

The Royal Berkshire NHS Foundation Trust is the main provider of secondary care services for the population of West Berkshire, and also serves people in East Berkshire and bordering areas.
The Royal Berkshire Hospital in Reading is a large district general hospital with the expertise to treat patients requiring urgent or hyper-acute care. Additionally, there are a number of community sites in Windsor, Bracknell, Henley-on-Thames and Thatcham where the delivery of ambulatory care and diagnostics are carried out.
The Trust are a designated specialist centre in renal, cancer, bariatric care, heart attack and stroke. They also provide specialist care as part of a care network through a local neonatal unit, maternity unit, an interventional radiology unit and a trauma unit. They are part of the critical care and vascular care networks. They employ more than 6000 staff from over 80 different nationalities. Each year the Trust are responsible for efficiently and effectively spending more than £400m of NHS resources on the services provided. As a founder member of the Berkshire West Integrated Care System (ICS), the Trust are one of NHS England's demonstrator sites for integration between primary, community, mental health and acute healthcare services.

Quality Account 2022/23

The Quality Account for 2022/23 clearly identified the Trust's successes and challenges to date and highlights areas for further improvement with continuing focus for delivery, a detailed review of the achievements are provided inclusive of areas of challenge and future ambitions. The ICB

support the Trust's openness and transparency and is committed to working with the Trust to achieve further progression and celebrate the successes.

The Trust had selected the below areas to prioritise for quality improvement in 2022/23 across the quality domains of patient safety, effective, responsiveness and caring as detailed below:

Patient Safety: To Strengthen the learning from Deaths and incident review processes across the Trust
It is detailed that within the review of the priority there were three subdomains within this programme. The aims of which are a commitment to continuously monitor the quality of care provisions to identify themes and areas for improvement around mortality, to understand contributory factors and root causes. It is recognised within the review that there has been sustained pressure on the clinical teams which has inhibited full improvement. However, it is noted that there is a commitment to continue with progress in the coming year. This ambition has been partially achieved.

Patient Safety: To improve recognition and management of the deteriorating patient.
This priority builds on the progress of previous years. The measure around improving staff awareness of high-risk patients on wards was met with the deterioration dashboard launched across the Trust as part of larger digital development in the hospital. This work has been well received nationally when shared at both the NHS Digital Conference and the NHS Data and Information Virtual Conference. Following initial pilot and first three months of implementation at the Trust, the dashboard has been further developed to allow for more nuanced patient selection, inclusion of VTE risk assessment and ethnicity. This ambition has been partially achieved.

Effectiveness: To improve the care pathway and treatment of patients with sepsis and neutropenic sepsis
The achievement of this priority has been a challenge for varying reasons, however there have been positives to note. Optimisation of the pathway for neutropenic patients remains challenging. Despite close working between ED, Oncology and Acute Medicine, the lack of available staff and space has impacted the ability to offer a bespoke service for this patient group. In the absence of a separate pathway, improvements had been made to improve the current process for these patients. Increased admission avoidance by the UKONS nurses and effective use of SDEC when appropriate has resulted in fewer attendances to ED by this patient group. This ambition has been partially achieved.

Responsive: To reduce hospital acquired pneumonia (HAP)
It is positive to note that the Trust have reported that there has been a substantial reduction in the incidence of HAP within the Elderly care wards alongside an improvement in the management of HAP in line with the Trusts antibiotic guidelines. There has been a formation of a HAP steering group responsible for initiatives such as; regular education and training for medical, nursing and allied health care professionals. An electronic dashboard has been created to record the preventative measures i.e. hand hygiene, mouth care and positioning of patients to prevent HAP in each ward and is compared to the incidence of HAP for that ward. This explained as assisting with targeted monitoring of preventative measure to

reduce incidence further. HAP champions have been introduced on all the wards to drive the clinical care to prevent HAP. In a recent audit (Nov22 – February 23) the diagnostic accuracy has improved to 81% (target 75% - previously 66 % in June 22 and 35 % in 2017) and the average incidence is 3.7 % (target < 5%). Further work with the EPR team aims to introduce an electronic HAP care plan to improve diagnosis and guide the management of HAP. This ambition has been fully achieved.

Caring: To implement the "Compassionate Companions" volunteer programme

It is detailed that this programme was initiated by the Spiritual Healthcare Team. It aims to ensure patients receive emotional and spiritual support when nearing the end of their life, by having volunteers spend time with patients who do not have family or friends available so they are not alone. To date, 37 volunteers have been trained and 52 patients supported with 78 hours of care. Whilst most of the quality targets for this project were met, work on this project will continue. In order to have at least one Compassionate Companion available every day of the week, further volunteers are currently being recruited and there will also be a focus on working with wards to increase referrals to the service. This ambition has been partially achieved.

Caring: To implement the "Treat Me Well" campaign to support patients with learning disabilities in hospital

It is stated that the team have been focussed on raising awareness of resources available to staff to enable them to support patients with a learning disability. The educational resources provided included 'Your next patient has learning disabilities' leaflet, an updated Intranet page providing education tools and resources which are especially useful for staff outside of regular hours.

Flags are manually added to patient records by the Learning Disability Team, which then feed the reporting functions within the Trust providing visibility of this vulnerable group of patients to senior clinical nursing staff and teams. The Learning Disabilities Lead Nurse also attends weekly staffing meetings to highlight vulnerable patients with learning disabilities.

This project will continue on a business as usual basis with work including involvement in a national project to improve communication between organisations and exploring automation of flagging patients records utilising the Connected Care system. This ambition has been partially achieved.

Overall

The ICB is pleased with the performance and attainment of the stated priorities for 2022/23 and it is recognised that a significant amount of work has been undertaken over the past year, with tangible achievements and successes in addition to noting the challenges faced as detailed above.

Overall, there have been many positive highlights for the Trust as outlined above with the formal stated priorities. Additionally, it is noted that there has been significant achievement in other wide ranging examples of innovative practice/projects that teams have provided over the last year all with the aim of improving the quality of care provided to patients. The ICB has gained assurance via a number of quality forums. Therefore, we remain positive that the Trust is committed to offering high quality and safe care to our patients through innovation and dynamic practices.

The ICB look forward to supporting the successes within the identified quality priorities for 2023/24 across the three domains of patient safety, effectiveness and patient experience, some of which have been derived from direct patient and staff experience, others as stated, locally driven and support the national agenda.

We support the Trust in its continuing focus, and the on-going requirement, to further those improvements and strengthen priorities over the coming financial year through working in partnership within the Integrated Care System.

Rachael Corser
Chief Nursing Officer BOB ICB
June 2023

Annex 5: Statement of Directors Responsibility for Quality Report

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

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

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

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2022 to March 2023
    - papers relating to quality reported to the board over the period April 2022 to March 2023
    - the 2021 national inpatient survey published September 2022
    - the 2022 national staff survey published March 2023
    - the Head of Internal Audit's annual opinion of the trust's control environment dated N/A (not subject to Audit this year)
    - CQC inspection report dated 07 January 2020
- the Quality Report presents a balanced picture of the Royal Berkshire NHS foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board:

Chair: 

Date: **30.06.2023**

Chief Executive: 

Date: **30.06.2023**