NHS
Royal Berkshire
NHS Foundation Trust

Quality Report

2023 -24

Compassionate Aspirational Resourceful Excellent

Contents

Glossary of Technical Terms/Acronyms

Royal Berkshire NHS Foundation Trust

ACM	Aggregate Contract Monitoring
ACP	Advanced Care Planning
AMU	Acute Medical Unit
BOB	Buckinghamshire, Oxfordshire and Berkshire
CC	Compassionate Companions
CCG	Clinical 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	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
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
POD	Point of Delivery
PROMS	Patient Reported Outcomes 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
SJR	Structured Judgement Review
SSU	Short Stay Unit
TRiM	Trauma Risk Management
VTE	Venous Thromboembolism
WTE	Whole Time Equivalent

Introduction

Royal Berkshire
NHS Foundation Trust

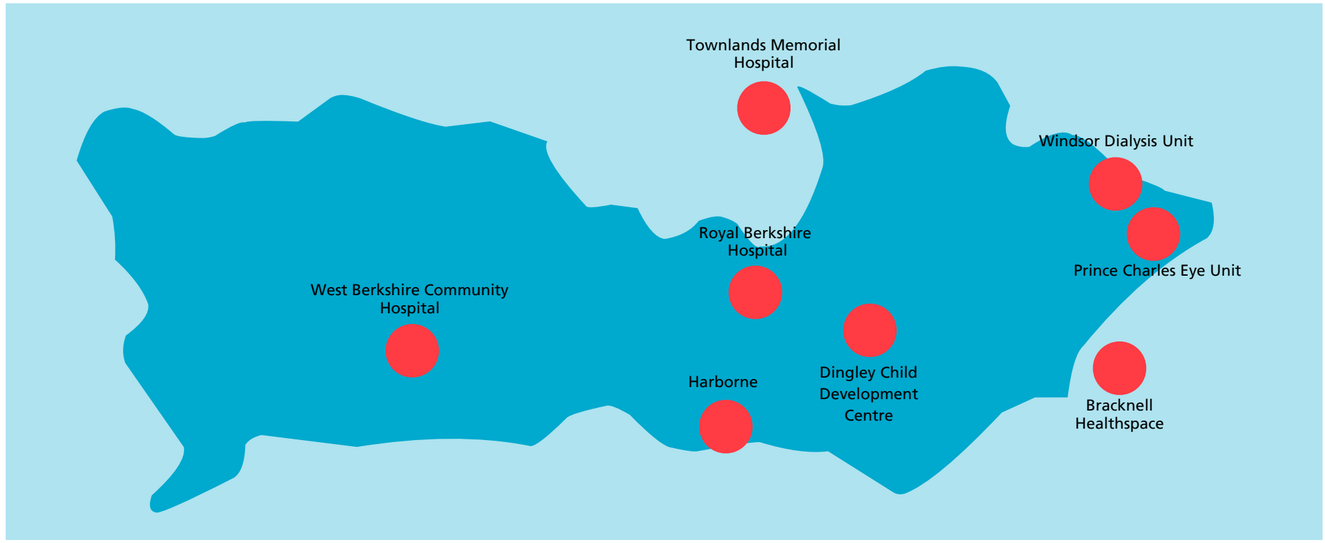
Our community we serve

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.

We serve more than 1 million residents through Berkshire and South Oxfordshire



Compassionate Aspirational Resourceful Excellent

Chief Executive Statement on Quality

Royal Berkshire
NHS Foundation Trust

Much like previous years, the last twelve months has brought a unique set of demands for the trust. While previously we responded to the challenges of Covid-19 and the subsequent backlog it led to, this year saw us grapple with maintaining patient services and safety in the face of unprecedented industrial action.

The impact of industrial action has been significant: with one in eight days affected. This pressure has been compounded by continued rise in demand for services. The front door to our hospitals - our Emergency Department - now averages more than four hundred attendances a day, with a record-breaking 675 attendances on a single day in June 2023.

However, despite these pressures our teams came together, planned ahead, and helped us meet our dual goals of providing safe, high-quality care, and enabling staff to exercise their democratic right to strike.

We have also taken strong action to achieve our four collective priorities of recruit to establishment, reduce number of patients with delayed transfers of care, reduce 62-day cancer waits for patients, and deliver £15m in efficiency savings – all of which enable us to provide high-quality, outstanding care for our patients.

Our continued efforts to offer a comprehensive health and wellbeing offer to our staff has seen our vacancy rate drop to its lowest level in several years – 11.1%. This means we have more staff in post, ensuring we have sufficient and consistent levels of staffing in place.

As an organisation, we are always learning and striving to do better than the day before. In the past year, we have been preparing to implement the new national Patient Safety Incident Response Framework which provides great opportunities to learn from patient safety incidents; we have expanded capacity within our Freedom to Speak Up team making it easier for staff to raise concerns; and have continued to rollout our continuous quality improvement programme – Improving Together – to clinical and non-clinical teams in the trust.

Sixty-two day cancer waits remain a challenge with 68.1% of patients starting treatment within this referral period. However, we are doing significant amounts of work to reduce cancer waiting times with investment in new CT scanners at Royal Berkshire Hospital, a new Endoscopy suite, and working with our partners across Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System to make the most of the capacity we have across that geography.

Chief Executive Statement on Quality

Royal Berkshire NHS Foundation Trust

We have been working hard ensuring our elective waiting times are as low as possible, and for example in December 2023, just 17% of patients waited longer than 18 weeks for treatment – which is the best for any acute trust in England.

We have also made improvements to reduce the number of stranded patients in our hospitals. Most notably, with the expansion of our Discharge Lounge which started as just five chairs to a dedicated space with room for 18 patients including those who are unable to sit out of bed.

As always, our Infection Prevention and Control team work tirelessly with colleagues across the organisation to maintain high standards of cleanliness, reduce antibiotic resistance, keep patients and staff informed, and prevent avoidable infections. This trust-wide approach has been successful with us achieving more than a 95% compliance rating with hand hygiene.

Despite many challenges over the past year, we have also seen recognition for our work in maintaining and championing patient safety. In November, our Maternity Department received an inspection from the CQC where we not only maintained our rating of 'Good' overall but saw the Safety domain rise from 'Requires Improvement' to 'Good'. The CQC report in particular highlighted good management of infection risks, learning from safety incidents, and engagement with the community we serve. Alongside this, outstanding areas of practice were identified in relation to partnership working with the local voluntary and public health partners, initiatives to address health inequalities through training and through work on the midwifery led unit early labour room.

Additionally, on a national level, the death of thirteen-year-old Martha Mills saw calls for *Martha's Rule* to be implemented across the NHS: giving patients and their families the right to a second opinion if their condition worsens. We are proud that our Call 4 Concern service is being used as the model for Martha's Rule as it is rolled out to trusts. First introduced at Royal Berkshire NHS Foundation Trust in 2009, it gives patients and their families the ability to request a review of a patient if they notice a deterioration or issue that may have been missed by the clinical team. Such patient-centred care is at the heart of safety at our trust and it is fantastic to see it recognised nationally.

So, if the last few years have demonstrated anything, it is that it is hard to predict what obstacles or challenges may lie ahead. However, by staying true to our values of Compassionate, Aspirational, Resourceful and Excellent – which each express the importance of quality – and always maintaining our focus on working together to provide outstanding care for our community – we know we our teams can continue to provide high quality care for all.

Steve McManus

Chief Executive

Part 1: Our Vision and Quality Priorities 2024/25

Royal Berkshire NHS Foundation Trust

Our vision: 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 over the last couple of years 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 has refreshed our quality management approach, providing coaching and tools for leaders across the organisation to manage performance in real time. By making the programme measurable and rolling out the Improving Together Management System, every Care Group, Directorate, Specialty, Team and individual across the trust can focus on delivering improvement that matters most to their patients and staff, aligned to the strategic objectives. We are enabling and equipping 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”. Using simple processes that can be built into everyone’s working day means staff can drive small improvements to quality and cost that collectively make a large difference. It is important to acknowledge that performance and quality are inextricably linked and as such strategic priorities, and other key improvement metrics are monitored through our Integrated Performance Report. The importance of monitoring the delivery of quality care to our patients and families cannot be understated and therefore alongside the Improving Together programme, the trust have identified 7 key improvement priorities for the coming year, details of which are outlined in the following pages.

Progress against these priorities will also be monitored on a bi-monthly basis through a quality dashboard presented to the Quality Governance 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.

Part 1: Our Vision and Quality Priorities 2024/25

Royal Berkshire NHS Foundation Trust

PATIENT SAFETY

1. Introduction of Patient Safety Incident Response Framework (PSIRF)

The patient safety incident response framework (PSIRF) will go live at RBHFT in April 2024. There is a focus on developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. As part of PSIRF we are moving to a different way of reviewing and learning from incidents, with new methodologies.

The introduction of the PSIRF framework has 4 key aims: compassionate engagement and involvement of those affected by patient safety incidents, application of a range of system-based approaches to learning from patient safety incidents, considered and proportionate responses to patient safety incidents, supportive oversight focused on strengthening response system functioning and improvement.

Key Performance Measures:

- The implementation and embedding of PSIRF across the trust which will be assessed quantitatively through the number of rapid reviews (RR), swarm huddles, after action reviews (AAR), multidisciplinary round table review (MDT) and thematic reviews.
- Increase in number of staff compliant with patient safety syllabus levels 1 and 2, with a percentage increase each month

2. Call4Concern

Following the Introduction of Marthas Rule, the Royal Berkshire Foundation Trust is seen as an exemplar organisation as we were early adopters of Call4Concern (a patient safety service enabling patients and families to call for immediate help & advice if they are concerned about their loved ones).

The Royal Berkshire Foundation Trust has been selected to be one of the first 100 trusts to roll out Martha's Rule. We will be required to provide data to NHSE regarding our performance in relation to Martha's Rule/Call4 Concern. This provides us with an opportunity to review our Call4Concern processes and ensure we supporting our patients', families and staff according to the national guidance.

Key Performance Measure:
To be confirmed after the national team have released the data requirements

Part 1: Our Vision and Quality Priorities 2024/25

Royal Berkshire NHS Foundation Trust

CLINICAL EFFECTIVENESS

1. Clinical Accreditation

The aim of clinical accreditation is to provide assurance of the clinical standards and quality of care delivered to patients within clinical environments. Traditionally this has focussed on the inpatient wards, but we are aiming to deliver a programme which includes out-patient areas as well as specialist teams.

The trust collects qualitative and quantitative data to demonstrate performance, the aim with the clinical accreditation programme is to aggregate all of this data into a standardised format. We aim to synchronise this with the CQC assurance programme to avoid repetition for the clinical teams, but still provide adequate assurance for the organisation.

Key Performance Measures:
- *To have agreed the new proposal for the Clinical Accreditation Programme (CAP)*
- *To monitor the progress of the roll out of the CAP*
- *To monitor individual clinical areas progress towards submission and final accreditation*

2. Deteriorating Patient

Timely recognition and escalation of patient deterioration is essential for ensuring patient safety and improving patient outcomes. Accurate identification allows for timely intervention and reduces the risk of critical events such as cardiac arrest or respiratory failure. Additionally, it facilitates targeted treatment by providing accurate resourcing for acutely unwell patients.

Key Performance Measure:
- *Patients must have a full set of observations recorded and repeated within the time frames set out in the Royal College of Physicians (RCP) National Standards*
- *Patients with a NEWS* 5 or 6 will be assessed by Clinician or Critical Care Outreach Nurse within 60 minutes of escalation*
- *Patients with a NEWS ≥ 7 are assessed within 30 mins*

**A tool that uses a number of bedside observations to detect early warning signs of deterioration in patients*

Part 1: Our Vision and Quality Priorities 2024/25

Royal Berkshire NHS Foundation Trust

3. Monitoring and reducing the incidence of catheter associated urinary tract infection (CAUTI)

Catheter-associated urinary tract infection (CAUTI) is one of the most common hospital-acquired infections and the use of urinary catheters is associated with several complications and increased mortality and morbidity. Reducing the number of patients being treated for CAUTI will also reduce antimicrobial consumption, therefore reducing the risk of antimicrobial resistance as part of the National Action Plan "Confronting Antimicrobial Resistance 2024 to 2029" and other Health Care Associated Infections such as C.difficile.

Reducing CAUTI (as part of the wider management of continence) requires a multifaceted approach, part of which includes ensuring compliance with our trust Catheter insertion protocol, but primarily understanding our trust CAUTI rate per 1000 catheter days, as at present our true rate of CAUTI cannot be measured. Therefore, in order to reduce the risk of CAUTI, we would need the following in place:

- Formation of a trust-wide Continence Steering group
- Accurate data as to the true number of Urinary Catheters being inserted at the RBFT (reliant on ALL catheter insertions being accurately documented on EPR)
- Ability to be able to pull this data from EPR (number of catheters being inserted / Catheter days) utilising the Informatics team
- Introduction of CAUTI on to the Care Group monthly reporting schedule

Key performance measure:

- *Reduction of incidence of CAUTI (Number to be confirmed with IPCC)*

Part 1: Our Vision and Quality Priorities 2024/25

Royal Berkshire NHS Foundation Trust

PATIENT EXPERIENCE

1. Health Inequalities

The Health Inequalities Committee has agreed that the focus for Berkshire should be implementing measures to address preventable premature deaths from Cardio Vascular Disease (CVD). It is looking at an expanded NHS health check model in order to identify and support those at increased risk. It wants to expand the offer beyond the current mandated Public Health offer (age range of 40-74) and to offer them to adults in areas or community groups particularly at risk. It hopes to offer an inclusive and broad range of support, including mental health and information and advice as well as checks and conversations about health. This proposal also aims to build on what is already strong and working effectively in the community rather than focusing on what is wrong.

Key Performance Measure:

- *Deliver over 5,200 NHS health checks to individuals in community groups or locations considered at higher risk across Reading by March 2025, with a particular focus on CVD.*
- *Deliver a coproduced awareness campaign – a range of resources developed with communities to raise understanding around CVD and awareness of the programme.*
- *Follow on support for up to 1000 people who will benefit from prevention activities and who may not engage without additional support.*
- *Deliver small grants programme with a focus on improving access.*
- *Deliver a community research project to capture experiences of participants and help shape this and future programmes.*

2. Friends & Family Test (FFT)

The patient experience team have included 6 new questions to gain a fuller understanding of how patients felt during their experience with us. We will monitor the responses from these new questions and act on any required improvements.
We have moved to a digital platform for our Friends and Family test, we will monitor the compliance as part of the focused Quality Priority.

Key Performance Measure: The following measures will be monitored in terms of response rates and results will be used to drive any identified improvements

1. I was treated with kindness, dignity, and respect.
2. I was listened to, well informed, and involved in decisions about my care.
3. I had confidence and trust in the staff that treated me.
4. I was happy with the environment I was treated in
5. If you had any additional needs, did we meet these for you?
6. I felt safe during my visit / stay at the hospital.

Part 2: Statements of Assurance from the Board

Royal Berkshire NHS Foundation Trust

During 2023-24 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 2023-24 represents 100% of the total income generated from the provision of relevant health services by the Royal Berkshire NHS Foundation Trust for 2023-24.

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 2023-24, 53 national clinical audits and 3 national confidential enquiries covered relevant health services that the Royal Berkshire NHS Foundation Trust provides. During 2023-24 the Trust participated in 94% national clinical audits (50/53) 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 2023-24 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 2023-24, 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.

Part 2: Statements of Assurance from the Board

Royal Berkshire NHS Foundation Trust

Results of National Clinical Audits and National Confidential Enquiries

The reports of 30 National Clinical Audits and National Confidential Enquiries were reviewed by the provider in 2023-24 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) 2022/23 ***(published July 2023)***
This is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute, community hospitals and mental health inpatient facilities across the country. Participation in this audit identified the following actions:

- HIP research project "Excellence in end-of-life care" established and in progress (prompted by 2021 NACEL findings) to better understand family / carer experience and improve this through participatory action research.
- 'Fresh eyes approach' initiative (from Hospice UK) to consider environment and experience of carers visiting hospital.
- Bereavement phone call from Hospital Palliative Care Team to offer support following death to all those who die at RBH (excluding maternity / ICU – service already in place) – to start April 23
- Communication skills training developed to teach intermediate level skills in addition to Sage and Thyme foundation level training available to all staff
- End of life care facilitator to commence April 2023 to role model and support ward staff in provision of EOL care
- Multi-professional education strategy in development 2023-24 to address needs identified

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 2022/23 (*published September 2023*)
This audit is a clinically led audit of hip fracture care and secondary prevention with care audited against standards defined by the British Orthopaedic Association (BOA) and British Geriatrics Society (BGS). The Trust performed very well in this audit in particular:

- 99.2% of patients had a perioperative assessment which compares to the national average of 86%, placing the Trust in the top performing quartile of Trusts
- Top performing Trust for patients receiving a nerve block and being admitted to an appropriate ward
- Overall length of stay is 16.3 days, considerably lower than the national average of over 21 days and placing the Trust in the top performing quartile.

Part 2: Statements of Assurance from the Board

Royal Berkshire NHS Foundation Trust

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 32 local clinical audit and quality improvement projects were reviewed by the provider in 2023-24 and the Royal Berkshire NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Antibiotic Prescribing

This audit aimed to review antibiotic prescribing practice on Hopkins and Dorrell wards for a number of minor conditions e.g. urinary tract infection (UTI) or tonsillitis. The audit was carried out in real time and practice was evaluated against NICE guidance & trust policy. Whilst good practice was noted in terms of documentation of antibiotic allergies and antibiotics were prescribed according to microbiological tests where available, actions identified to further improve include:

- Update trust guidelines to include recommended course length for a number of conditions
- Develop new guidelines for eye infections such as bacterial conjunctivitis and corneal ulcer

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by the trust in 2023-24 that were recruited during that period to participate in research approved by a research ethics committee was 4,697 participants into 106 National Institute for Health (NIHR) research studies

CQUIN payment framework

For the 2023/24 contract year, the CQUIN financial incentive reflected 1.25% as a proportion of the API based contract value primarily aligned to the fixed element of Acute contracts was £3.8m No Commissioners enacted a process of retrieval of funding for 2023-24 recognising ‘best endeavours’ to achieve in all cases.

Further details are available electronically at: https://www.england.nhs.uk/nhs-standard-contract/cquin/

Part 2: Statements of Assurance from the Board

Royal Berkshire NHS Foundation Trust

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”.

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 2023-24.

The Royal Berkshire NHS Foundation Trust had two CQC inspections during 2023-24:

- Imaging services at the Royal Berkshire Hospital were inspected on 9 August 2023 by the CQC to assess compliance with Ionising Radiation (Medical Exposure) Regulations IR(ME)R. On 7 November 2023 the CQC stated that it was satisfied that the actions taken, or are intending to take, will address the recommendations made following the inspection with a view to maintaining compliance with IR(ME)R in the future and the inspection process was formally closed.

- Maternity services at the Royal Berkshire Hospital were inspected as part of CQC’s national maternity services inspection programme with an on-site inspection taking place at the Royal Berkshire Hospital on 21 November 2023. The programme aims to provide an up-to-date view of the quality of hospital maternity care across the country, and a better understanding of what is working well to support learning and improvement locally and nationally. Following the inspection, the overall rating for maternity services at Royal Berkshire Hospital remains good. The rating for safe has increased from requires improvement to good. Well-led has been re-rated as good. This inspection didn’t rate how effective, responsive or caring the service is. The ratings for maternity services did not change the overall ratings for the hospital or trust; both remain rated as good.

Ofsted jointly with the CQC carried out the following reviews of children’s services during 2023-24 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;
October 2023 - Wokingham Advanced Progress Plan review meeting with CQC and Ofsted advisors (following up on Statement of action from joint inspection in January 2019) noted good progress across the system with additional actions given for ongoing review.

Part 2: Statements of Assurance from the Board

Royal Berkshire NHS Foundation Trust

NHS number and general medical practice code validity

The Royal Berkshire NHS Foundation Trust submitted records during 2023 - 24 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:

- 99.87% for admitted patient care
- 99.92% for outpatient care and
- 98.68% 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)

The trust attained the Approaching Standards classification for the year ending June 2023.

Following national guidance from NHS Digital the Data Security and Protection toolkit is due to be submitted on 30 June 2024.

Clinical coding error rate

The Royal Berkshire NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023 - 24.

Part 2: Statements of Assurance from the Board

Royal Berkshire NHS Foundation Trust

Data Quality and Assurance

In 2023- 2024 the Royal Berkshire NHS Foundation Trust took the following actions to improve data quality:

- The Data Quality and Assurance team offer third line support to users of all modules of the Electronic Patient Record including support for data clean up processes and support for operational, reporting, information areas and the EPR back office
- The NHSE DQMI (Data Quality Maturity Index) monitors our compliance level in this national assessment and the trust is consistently in the top 100
- The trust's reporting portals continue to be upgraded to reflect changes in data and reporting requirements across the trust.
- Data Quality elements are now present in the Integrated Performance Report (IPR) and Performance Review Meeting (PRM) metrics giving assurance and improving DQ issues with ongoing DQ assessments being carried out
- Outpatient enabling programme continues - transformation of service delivery: referral, triage, booking pathways and configuration
- Review and cleansing of waitlists continues in conjunction with referrals using the same solutions
- Regular monitoring and clean-up is now in place, with support and feedback to users where necessary, to maintain the veracity of the waitlist data.
- Monthly meetings continue to enhance communication with the Operational 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 meetings for regular review, monitoring and action
- Audits were performed throughout the year, reviewed by the Steering Group and recommendations made for areas of particular data quality concern regarding Depth of Coding, CNS Oncology Tel Appts, Trauma & Orthopaedic surgical activity, Musculoskeletal referral data set, user recording within the outpatient outcome page in EPR and user recording of outpatient procedures for completeness, validity and accuracy
- Clinical Coding: External audit regarding missing co-morbidities was completed with reassuring results and confidence in coding processes and capture of data in EPR
- Continuous support and improvement of Maternity Services Data Set (MSDS) data in line with developments in national requirements throughout 2023/24
- DQA Risks and Issues log maintained, reviewed and actioned by DQSG/DGAG
- ISNs (Information Standard Notices) received from NHSE Digital are collated, reported and monitored by DQSG/DQAG and escalated if necessary to DSG
- Business as Usual monthly audits are carried out on the EPR build, Radiology Day cases, patient waitlists, missing demographic data, ED readmissions etc.

Part 2: Statements of Assurance from the Board

Royal Berkshire NHS Foundation Trust

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 review by the Patient Safety Team to determine what learning response might be appropriate to that incident. If a full Patient Safety Incident Investigation (PSII) is required, then the report will be brought to the Patient Safety Incident Review Group (PSIRG) for discussion, agreement and grading. Once agreed, the report will then be taken to the Mortality Surveillance Group (MSG) for final grading. The themes and learning points are reported quarterly to the MSG also 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 2023/24, 1537 of the Royal Berkshire NHS Foundation Trust's adult patients died, along with 9 paediatric deaths. The total deaths by quarter are given in Annex 3.

In 2023/24, 364 case record reviews and 8 investigations in relation to the 1546 deaths have been undertaken. The 8 investigations undertaken included: child death reviews, serious incidents (SI) reviews and local root cause analysis.
In 6 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.
2 deaths 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.

Part 2: Statements of Assurance from the Board

Royal Berkshire NHS Foundation Trust

Learning from deaths

In order to ensure that all opportunities for learning from deaths are maximised the process of how investigations align with the Mortality review process changed last year. From April 2023, all investigations that involve a patient death are reviewed by the Mortality Surveillance Group for final grading & only then will be classed as "completed". This has meant that the number of completed investigations reported last year was not comparable to that reported in previous years.

Over the last year key learning themes identified have included:

- Risk identified within the Emergency Department (ED) about the responsibility of medically expected patients. This included aspects of care escalation of red flags and abnormal findings.
- Immense system pressures, particularly in ED, recognised to impact delivery of patient care, and at the same time commendable response of ED staff to pressure. This is demonstrated with the continual commitment to delivering a high standard of care, and demonstrating remarkable resilience
- Importance of clarity around the specialty team and the responsibility of the ward team to the patient to ensure continuity of care.
- Work has been undertaken to strengthen the Sepsis pathway, with changes made in the Sepsis Committee with a focus on learning workgroups. This should reinforce support for staff across the organisation. Cases that are reviewed by the Mortality Surveillance Group are shared for learning at the Sepsis Committee.
- Importance of clear documentation & communication including within the Ambulatory Care Pathway.
- Learning around drug and therapeutic processes, with particular focus on weekend reviews, and rare medications
- The importance of collaboration with particular focus on anticoagulation.
- Importance of the clear pain assessment and analgesia titration for patients who have dementia.
- Importance of ensuring the completion of Mental Capacity Assessments for patients.

Part 2: Statements of Assurance from the Board

Royal Berkshire NHS Foundation Trust

Learning from deaths

Actions taken to address learning points include:

- Call for concern scheme developed by Critical Care Outreach being promoted in ED.
- Reinvigorating the trust multi-professional deteriorating patient working group
- Learning shared with the Sepsis and AMS Learning group to further disseminate learning into the wider sepsis and antimicrobial stewardship group team
- A review completed in ED to ensure Sepsis pathways are followed.
- Pharmacy to provide ongoing review of rare medications through the Medicine Safety Delivery Group.
- Review of the process to taking blood for international normalised ratio (INR) when patients are on dialysis.
- Increased training in acute areas of the trust regarding the Abbey Pain Scale and pain assessment for patients with dementia.
- 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.
- Data collection within the mortality service has been strengthened to enhance learning from deaths and collaborative working.
- Developing feedback from Structured Judgement Reviews to Next of Kins.
- Strengthening the collaborative working partnerships with shareholders to ensure learning is disseminated and utilised to optimise patient care

Part 3: Our Quality Performance 2023/24

Royal Berkshire NHS Foundation Trust

Quality Initiatives 2023/24

We have made good progress with all our quality priorities for 2023/24. The trust remains challenged with operational pressures and elective recovery following the pandemic. The continuing roll out of the "Improving Together" continuous quality improvement programme the trust has adopted has provided a platform for ensuring all staff are involved in quality improvement projects which are aligned to the trust strategic priorities. The priorities that have been achieved will continue as business as usual. Those priorities where the required level of compliance has not been achieved will follow through into the 2024/25 priorities or form one of the work streams for improving together.

Summary of performance

	Priority	Quality Targets	Achievement	Overall Achievement
Patient Safety	Initial safety assessments	To achieve at least 90% compliance for completion of safety assessments: MUST, Pressure Ulcer, Falls, Catheter & Think Glucose	Not achieved	Not achieved
	Recognition of patient deterioration	10 - 30 % compliance with identification, recording and timely response to deterioration	Achieved	Achieved
		5% reduction in unplanned admissions to ICU from the ward areas	Partially achieved	
Clinical Effectiveness	Reduce the % of "term" babies admitted to Neonatal Intensive Care Unit (NICU)	< 5% of term babies admitted to NICU	Achieved	Achieved
	Surgical site infection (SSI) surveillance	Implementation of a bimonthly Surgical Site Surveillance Committee.	Achieved	Achieved
		Top 5 improvement actions to be agreed by specialities	Achieved	
		Specialty A3 thinking taking place	Achieved	
		Overarching action plan and subspecialty actions to be confirmed	Achieved	
		Initial review undertaken by the SSISN / IPCT for all suspected SSIs.	Achieved	
		Introduction of an IPC Post Infection Review (PIR) meeting	Achieved	
Patient Experience	Improve compliance with hand hygiene audits	>95% compliance	Achieved	Achieved
	Improve complaints response turnaround time	At least 75% of complaints are responded to within 25 working days	Partially achieved	Partially achieved

Part 3: Our Quality Performance 2023/24

Royal Berkshire NHS Foundation Trust

PATIENT SAFETY

Initial safety assessments

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

There has been significant improvement within some areas within the trust regarding the initial safety assessments, however the trust level performance remains below the target of 90%. The care groups had this quality priority as a driver metric and reported the compliance through their performance review meetings. Whilst the overall Trust compliance of 90% has not been achieved, it is important to acknowledge some individual areas have achieved the target, particularly in terms of the MUST score. The nursing team have worked with the informatics team to ensure the data reported is accurate, the senior nursing teams increased the awareness of the importance in these safety assessments and seen improvements in all areas, however there is still work to do to ensure compliance. As part of the Clinical Accreditation Programme the ward teams will remain focused achieving the 90% compliance as this will form part of their journey to achieve accreditation.

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 focused on improving the identification, timeliness and responsiveness for patients who deteriorate and become an unplanned admission to the critical care unit.

During 2023/24, our quality improvement efforts were well adopted by clinical teams, with staff increasingly recognising the critical importance of promptly identifying patient deterioration. We successfully met our target of more than 30% each quarter, demonstrating consistent progress. However, two key areas for further improvement have been identified: ensuring comprehensive NEWS documentation, particularly concerning temperature and consciousness levels, and enhancing the timeliness of our response to escalation. By addressing these areas, we aim to further improve patient outcomes and reinforce our commitment to high-quality care.

Unplanned admissions to ICU increased by a total of 7.03% over the 12 month period, with a number of factors which may have influenced this. Further investigation into the acuity and length of stay of patient admitted to ICU would add context to this data

Part 3: Our Quality Performance 2023/24

Royal Berkshire NHS Foundation Trust

CLINICAL EFFECTIVENESS

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.

Avoiding Term Admissions to the Neonatal Unit (ATAIN) has been a focus for the maternity unit over the past year. In addition to the obvious important priority of avoiding the separation of the mother and baby, focus on this is embedded within the Maternity Incentive Scheme and there are national and regional targets set at 5% and 6% respectively.
Due to the focused attention on ATAIN through collaborative multidisciplinary work by midwifery, obstetric and neonatal teams the rate has seen a significant drop over the last year. This year's improvement has been positively impacted by the introduction of the Improving Together methodology and trust Board oversight.
2021 – 22 the average ATAIN rate was 5.2%
2022 – 23 the average ATAIN rate was 5.1%
2023 – 24 the average ATAIN rate was 4.3%
The next step is for a formal quality improvement project to be launched in May 2024 using Improving Together methodology. This will be a joint project between maternity and neonatal teams with the aim of improving the recognition of the deteriorating patient; both mother and baby.

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.

Quality improvement focused work continues to improve SSI across all surgical pathways, currently the trust is monitoring lower gastro intestinal (6.1%) and total knee replacement (currently under review) pathways. This work has shown a reduction in SSI rates across the total hip replacement (0.7%) pathway and allows shared learning across all surgical pathways. SSI monitoring will continue across the organisation as a national requirement. The focus on surgical pathways will change across the year, the next pathway for review will be maternity, learning will be shared from the work carried out so far.

Part 3: Our Quality Performance 2023/24

Royal Berkshire NHS Foundation Trust

PATIENT EXPERIENCE

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.

The trust has achieved the required level of hand hygiene compliance during the last year. The Clinical areas have maintained a continuous focus on hand hygiene during the year, this has been demonstrated in the sustained level of compliance that has been achieved.

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.

The organisation is committed to listening and responding to our patients. The compliant response time was a strategic metric for 2023/24, we reported the compliance through the Trust integrated performance report, which maintained the focus on this quality priority. To fully understand the blocks to achieving 75% compliance deep dives were undertaken and improvement plans put in place. The policy for the management of complaints has been reviewed to ensure we are managing complaints and patient safety issues in a cohesive way in order to manage the patients and families' expectations.

Part 3: Our Quality Performance 2023/24

Royal Berkshire
NHS Foundation Trust

Governance & Strategy

Effective clinical governance is essential in order to continually assess, monitor and improve the quality and safety of the care provided to patients. It provides assurance to stakeholders that services provided are safe, effective and patient centred.

In 2023, the trust's Governance processes were reviewed by external auditors focussing on two elements of the framework; processes and structures and measurement, including consideration of:
- How clear roles and responsibilities in relation to quality governance are defined
- How processes for escalating and resolving issues and managing quality performance are designed and operating; and
- How the Board engages with key stakeholders on quality including, patients and staff.

The report findings indicated that the trust had robust governance arrangements in place assigning the trust a rating of "significant assurance with minor improvement opportunities". An action plan to address those improvement opportunities was developed and has been implemented, including an alignment of key Committees in the trust to maximise effective governance.

The Quality Strategy, which is the framework for how the trust ensures it delivers quality services over the next 5 years, has been refreshed this year. The revised strategy is driven by the introduction of the Improving Together programme – a Continuous Quality Improvement approach, widely used across the NHS.

Patient Safety

Achievements within the patient safety team for 2023/2024 include coordinating and writing the patient safety incident response framework (PSIRF) plan and policy, providing education across the Trust related to patient safety including seminars related to (PSIRF), and continuing to support a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame.

The patient safety team have reviewed over 17,000 incidents and coordinated 73 serious incident reviews (SI) including 2 that were downgraded, and 71 root cause analysis investigations (RCA), supporting teams across the Trust to minimise patient safety incidents and drive improvements in safety and quality through learning.

Part 3: Our Quality Performance 2023/24

Royal Berkshire NHS Foundation Trust

Improving Together

Improving Together is a continuous Quality Improvement approach being embedded across the organisation and is aligned to our strategic objectives and NHS IMPACT Strategy. Through building a systematic and iterative approach quality improvement work will become business as usual and promote a culture of continuous improvement.

Improving Together has now been running for 24 months and continues to build on the foundation of What Matters, the CARE values and Leadership Behaviours framework. During 2023/24 Improving Together has delivered 6 training waves, across Frontline, Directorate and Corporate teams. This includes 42 frontline teams and 90 Care Group and Directorate leaders. The teams who have completed their training are now fully embracing regular improvement huddles within their areas, driving positive change for patients and staff. The roll out over the past 12 months has been quicker than any other trust in the country and puts the organisation in a strong position to continue embedding Improving Together principles. The completion of the NHS IMPACT assessment has provided the trust with clarity over which domains need to be focused on and developed over the next 12 months.

During 2023/24, the Improving Together team also delivered a period of accelerated training & coaching to frontline areas impacted by winter pressures.

The focus of 2024/25 will be to continue the frontline roll-out at a more traditional pace and to directly support the progress of a selected breakthrough priority that requires concentrated and aligned improvement efforts.

Some examples of improvement work in 2023/24 can be seen below

Impact of an effective board round in patient flow and early discharge from a medical ward (Patient Facing)

This project planned to standardise the board rounds at the Royal Berkshire Foundation Trust, with the aim to discharge 33% of patients before midday from inpatient departments. This project was piloted on Castle Ward. After implementation of the pilot there was an increase in time to discharge date setting and timely discharges. This led to an observation checklist being created and integrated into EPR accessible to all staff. Benefits included that patients were happier as able to better pre plan for their discharge & there was a reduction in the length of patients' hospital stays.

Part 3: Our Quality Performance 2023/24

Royal Berkshire NHS Foundation Trust

Monitoring for side effects of Sulphasalazine Monotherapy

This local Quality Improvement project aimed to retrospectively review blood results to determine the frequency of abnormalities in patients stable on sulfasalazine & ensure our patient cohort would be safe to discontinue monitoring. Implementation of this project would reduce pressure on services, reduce costs and enhance patient experience. From the data reviewed, 129 patients had no adverse haematological reaction such as Leukopenia or Neutropenia. Only 5 patients (3.8%) had abnormal ALT results that were found unrelated to Sulfasalazine. It was recommended to discontinue monitoring of bloods after one year of being established on treatment with Sulfasalazine. Benefits included that patients were happier as able to better pre plan for their discharge & there was a reduction in the length of patients' hospital stays.

Maternity Assessment Unit (MAU) Triage

The Birmingham Symptom Specific Obstetric Triage System (BSOTS) is a safety tool which enables teams to clinically prioritise pregnant women attending the assessment unit and is considered the Gold Standard for maternity triage by national bodies. It was introduced in the Assessment Unit in October 2023 and required a complete redesign of the current day assessment unit including staffing models, repurposing of rooms and introduction of new processes.
Target levels for the project were set with the aim that at least 80% of women attending MAU would have a face to face triage within 15 minutes of arrival and should they be subsequently seen, by a midwife, in the correct timeframe according to the severity of their symptoms (80% target).
The changes implemented have resulted in an improvement in the proportion of women seen within 15 minutes of arrival for face-to-face triage increasing from 61% in October 2023 to 73% in February 2024.

The team will continue to work towards meeting and surpassing the 80% targets.

RBH Quality Improvement Conference

On 26 May 2023 the trust held a Junior Doctor Quality Improvement Conference, the event saw 25 projects / posters submitted and was a chance to share & celebrate the brilliant Improvement work taking place throughout the organisation. Prizes were awarded for the best projects, the first prize went to the Elderly Care team for their project 'Mind The HAP', which focuses on preventing hospital acquired pneumonia (HAP). Due to the success of this event another conference has been organised for 2024.

Part 3: Our Quality Performance 2023/24

Royal Berkshire
NHS Foundation Trust

Patient Experience

During 2023/24 there were a number of initiatives which have already had or will have a positive impact on patient experience and support patients to better access and benefit from health care services.

For example, the work of the trust's Meet PEET (Patient Experience Engagement Team) expanded. This team delivers engagement activities working in partnership with our community and often targets those groups and individuals who are most affected by health inequalities. One of the key components of this initiative is delivering health checks in community settings. These provide an opportunity for individuals to build trust with health care professionals and can identify any potential issues which need to be addressed. At the start of the 2023/24 year, the team were delivering mini health checks. These included blood pressure, blood glucose and BMI checks and general health conversations. Between April 23 and December 23, the team had undertaken 435 mini checks. The checks showed that over 23% had high or very high blood glucose, over 58% recorded either High or very High BMI, and over 21% had high or very high blood pressure. Following these checks with our specialist nurses, service users will have been guided on healthy eating and lifestyle changes. For any particularly high levels, the nurses will have advised patients to make GP appointments.

The value of this work was recognised later in the year, when new funding from the ICB resulted in a more ambitious programme of work led by Reading Borough Council. This built on the success of the Meet PEET mini health check initiative, but this new programme – the Community Wellness Outreach programme - set a target of 5,200 new NHS health checks to be achieved by June 2025. These checks are the standard NHS health checks currently offered to 40–74-year-olds. This programme has expanded those eligible, to all adults, and has built on the mini checks so they now include Cholesterol and other lifestyle questions. The results of the assessments are also being transferred to patient records so primary care colleagues can follow up with any individuals with issues that need to be address. Up until the end of March 2024, 364 additional full NHS health checks had been completed by the Meet PEET team, in partnership with Reading Voluntary Action, our community partners. In these checks, 21.4% had high or very high blood glucose, 63.2% had high or very high BMI, and 28.8% had high or very high blood pressure. In addition, 16.8% had a high Q Risk score of over 20% and 15.4% had a medium risk score of between 10% and 20% - this is an indication of their risk of developing Cardiovascular Disease in the next 10 years.

As well as the health check programme, Meet PEET covers other engagement activities, for example, large engagement sessions with our Gurkha population. In the last year they have run sessions with over 120 Gurkhas in attendance, on topics like diabetes and kidney care.

Part 3: Our Quality Performance 2023/24

Royal Berkshire NHS Foundation Trust

Patient Experience

There is also a growing *#Health4yth* youth engagement programme. This includes the innovative Junior Carers programme where the trust works closely with a primary school from an area of deprivation and selects school children (aged 8-10 years) as Health Ambassadors. They then regularly visit the hospital to receive health promotion talks and experiences which they can feed back to their friends and family. The programme has expanded in the last year to cover two schools.

There is also a growing Youth Forum for 16–25-year-olds. We currently have 21 young people recruited to the forum. The forum will offer them the opportunity to get more involved in hospital projects, provide a youth voice to committees and steering groups, and get them involved in other volunteering. The #Health4yth programme also has a growing hospital tour programme aimed at 14 -16 year olds which provides young students with an insight into different careers in the NHS and aims to influence their career choices at a young age. In 2023/24 there were 9 school tours provided and 108 students attended.

Other achievements in the last year have included compliance with the Accessible Information Standard. NHS England through this standard, outlines a consistent method to finding, recording, highlighting, sharing, and meeting communication and support needs of patients, service users, carers and parents with a disability, impairment, or sensory loss. This required significant work on EPR (Electronic Patient Record) to create technical solutions to identify patients with these needs. The next phase is to build staff engagement through training and raise awareness amongst staff. This is also linked to the Staff Notice Campaign, which aims to encourage staff to stop and reflect about how they engage and communicate to patients, carers, service users, and their families. Through a mixture of videos, bulletins, posters, and an interactive activity/quiz, the plan is to inform staff of the Accessible Information Standard requirements, and share provisions in place in the trust to support patients living with sensory loss, disabilities, or impairment.

Part 3: Our Quality Performance 2023/24

Royal Berkshire
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Awards

This year has also brought with it a real flurry of successes from our talented Catering colleagues coming out as the top Acute trust in the PLACE survey for their food, our ICU colleagues being awarded 'ICU Trust of the Year', Josh Hawkins in our Portering Team being recognised for patient focus at the 'My Porter' awards, our Acute Stroke Team winning for digital innovation at the 'Our Health Heroes' award, Research colleagues winning at the Thames Valley Health Research Awards, Chinwe Lawrence-Uchenna, Senior staff nurse in ADSU at the trust being awarded the Florence Nightingale Medal, Bernice Boore being presented with the Chief Nurse's Award, The Vascular Access Improvement Group who were awarded the Infection Prevention Society Impact Gold Award, and Antoni Chan and Kathryn Rigler who received NASS Changemaker Awards.

Patient Led Assessment of the Care Environment (PLACE)

PLACE assessments are a required annual appraisal of the non-clinical aspects of NHS and independent and private healthcare settings, undertaken by teams of staff and members of the public (known as patient assessors). The team must include a minimum of 2 patient assessors, making up at least 50 per cent of the group.

PLACE assessments provide a framework for assessing quality against common guidelines and standards in order to quantify the facility's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability. The results of the assessments are shared with the Care Quality Commission, who use the information in their monitoring of provider compliance with the essential standards of quality and safety, and to inform inspection of relevant standards.

The Trust PLACE assessment took place in December 2023 with 32 assessments of different locations including 12 wards, 9 outpatient departments, 2 emergency department areas, communal and external areas and 7 food assessments were carried out.

The results were very positive and the trust benchmarked very well, above the national average on all 8 domains with an action plan developed to address any identified areas for improvement.

Part 3: Our Quality Performance 2023/24

Royal Berkshire NHS Foundation Trust

AccessAble

AccessAble is a service aimed at providing people with a wide range of disabilities information about navigating public spaces, including hospitals and healthcare settings, by offering detailed guides on the accessibility features of these locations in order to help them plan their visits more effectively. Information provided includes details about parking, entranceways, internal layouts, and available facilities, all aimed at helping individuals with specific access needs plan their visits more effectively.
In addition to their venue guides, AccessAble also provides support to the Trust in ensuring that change projects consider the views of people with disabilities and where possible amend designs.

In 2023/24 AccessAble reviewed 150 areas over the different locations across the Trust:

- Royal Berkshire Hospital 118 areas
- Townlands Memorial Hospital 4 areas
- Dingley Child Development Unit 1 area
- West Berkshire Community Hospital 10 areas
- Windsor Dialysis Unit 2 areas
- Prince Charles Eye Unit 6 areas
- Bracknell Healthspace 9 areas

The review follows the journey of a visitor from arriving at the building or car park to accessing the service in the specific location and included routes into buildings, location, size of lifts, locations of toilets and accessible toilets and the design of the layout and equipment in the toilets; size of doors that need to be passed through and images of the location. For some locations alternative routes were assessed to offer more suitable routes depending on the individual's needs.

Future/Next steps

Planning has commenced for the launch of detailed information on the website including with stakeholders on site.
AccessAble is already well used by people visiting the hospital. There are plans to increase awareness of the site, to ensure that this is shared as part of the planning for people on their journey into the healthcare environment.

Part 3: Our Quality Performance 2023/24

Royal Berkshire NHS Foundation Trust

Staff Wellbeing

RBFT remain committed to prioritising Staff Health and Wellbeing (H&WB), and this is listed as an ambition theme in the recently updated 2023-2027 People Strategy. The provision of the Oasis Staff H&WB Campus remains industry leading and has been showcased as an exemplar project for supporting NHS Staff H&WB at several external conferences throughout 2023. In the 2023 calendar year, over 31,000 visits were recorded to the Oasis Staff H&WB centre and over 5,000 visits were recorded to the Oasis Staff H&WB garden. These visits equated to 3,429 different staff visiting the facilities at least once (over 50% of all staff employed by RBFT).

The Oasis Staff H&WB Centre remains the centre of all Staff H&WB provision, and services on offer include a range of alternative therapies (for a small fee to staff) including yoga, pilates, reflexology and massage. In addition, the Staff H&WB team have launched new on-site services based out of the Oasis, including Citizens Advice and Stop Smoking Support. The centre and garden have also been used frequently as venues for cultural celebration and staff inclusion events such as international nurses day and a celebration event for the Health, Safety and Wellbeing Champions network.

The 2023 staff survey showed that 87% of staff were aware of the health and wellbeing (H&WB) support available to them (up from 84% 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 187 Champions in place, representing 89% coverage (up from 79% in 2023). Health and wellbeing is led by the Chief People Officer and the trust has a non-executive director as a Health and Wellbeing Guardian in an oversight and assurance role.

Our NHS staff health checks programme has been extended until at least September 2024, with 1,132 staff having attended a check, and 699 (62%) referred to their GP for further investigation and/or treatment, with 324 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.

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Royal Berkshire NHS Foundation Trust

Staff Wellbeing

The Staff H&WB provision has also expanded in the previous year, including the introduction of a virtual GP service, improved financial wellbeing support, and improved support for staff approaching and/or going through the Menopause. We have also launched the Staff Psychological Support Service (SPSS), which provides psychologically informed support across the trust with the aim to enhance the psychological safety, health and wellbeing of staff. The SPSS aims to complement existing health and wellbeing provisions across the trust with a proactive focus on psychological safety. Established 14 months ago the SPSS (please note 0.6WTE for 6 months now 1.0WTE) has engaged with approximately 40 services (so far) for team based interventions where feedback has been positive. Ongoing recruitment difficulties limit the expansion of the service. It is anticipated an individual therapeutic pathway will be developed for staff. Recently the SPSS was heavily involved with delivering a Staff Suicide Awareness Symposium which will be repeated during Mental Health Awareness week 13-17 May 2024. SPSS oversees the Trauma Risk Management programme (TRiM) and is developing guidance on Post Event Team Reflections to complement existing clinical debriefing processes to build on cohesion and connection post incident with the aim to enhance psychological wellbeing.

Finally, our occupational health and vaccination team have vaccinated 51.9% of staff with their Covid-19 booster vaccine which is the 2nd highest in the NHS South East region and 15th Nationally. The team also vaccinated 46.9% of staff with a flu vaccine the 9th highest in the NHS South East region and 48th Nationally. The vaccination team continues to work with the BOB region in delivering booster vaccinations including coordinating being a regional referral centre for specialist services for young children and newly immunosuppressed across west Berkshire and Oxfordshire. The team have developed and improved vaccinations for inpatients focusing on those being discharged to a care home unable to consent themselves. The team continue to support vaccinations trust wide for patients including maternity patients as well as some local care homes.

The team are continuing to expand services for 2024/25 with pertussis vaccinations for staff, alongside being commissioned for pertussis vaccinations for maternity patients planned.

Freedom to Speak Up (FTSU)

The Royal Berkshire NHS Foundation Trust is committed to ensuring that staff who have concerns can openly raise these without fear of retribution. 62 concerns have been raised in 2023-24, which is an increase of 18 cases on the previous year. Staff raised their concerns in a variety of different ways and formats including face-to-face, FTSU awareness sessions, telephone calls, emails, virtually using Microsoft Teams and anonymously by letter.

This year has seen a review of the Freedom to Speak Up policy to align with the national policy. The Senior Leadership team reviewed the FTSU Reflection and Planning Tool and developed an action plan to strengthen and improve the speaking up arrangements and culture in the trust.

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Royal Berkshire NHS Foundation Trust

There are 20 FTSU Ambassadors that meet monthly with the FTSU Guardian, they promote a speaking up culture and signpost people to appropriate support.

During October FTSU month, a variety of activities took place, which were supported by the FTSU Ambassadors, including widespread communications to all staff, awareness events at each of the satellite sites, the staff restaurant, 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 and staff wellbeing.

Medical Staffing – Rota Gaps

The Guardian of Safe Working (GOSW) is a semi-independent role within the trust whose role is to act as the champion of safe working hours for doctors in approved training programs; and provide assurance to doctors and employers that doctors are safely rostered and enabled to work hours that are safe and in compliance with the terms and conditions of service. The GOSW works with the Human Resources, Medical Workforce and Medical Rostering teams, the Medical Education department and Clinical Leads to ensure compliance with the terms and conditions and intervene in any issues raised by exception reporting.

The GOSW is responsible for monitoring rota gaps within medical training grade doctors, and ensuring there is an agreed plan to cover these gaps. Data regarding these is taken from exception reports, locum bookings and vacancy reports from the Medical Rostering teams. The GOSW submits a report quarterly to the Board Workforce Committee regarding this data and feedback to individual departments where issues are identified.

In 2023/24 the majority of locum shifts advertised has been for “rota gaps or vacancies” despite just 9.6 WTE vacancies being reported to the GOSW in the data available. Work is ongoing to improve the accuracy of data regarding vacancies so that the GOSW can support departments to ensure adequate cover. It is encouraging that a pro-active approach to vacancies has been taken with the use of locum shifts and locally appointed “F3” doctors.

The above process and regular reports enable the Trust, GOSW and respective teams to monitor the safe working of doctors in training and act on issues including rota gaps in line with the 2016 terms and conditions for doctors and dentists in training.

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Royal Berkshire NHS Foundation Trust

Learning Disability (LD) Standards

The trust continues to benchmark itself annually against the LD standards. People who use the service provide positive feedback which highlights some of the excellent care provided by a variety of health professionals within the organisation. 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) provide awareness sessions on learning disability to Registered Nurses and Midwives, AHPs and Clinical Support Workers who are new to the trust. These sessions incorporate how to support patients with autism as well although there is currently no designated autism service within the trust. The team also attend Clinical Governance meetings following serious incidents involving patients who have a learning disability. The LDLNs enjoy excellent partnership working with the three Community Teams for People with Learning Disability in Berkshire West (Reading, Wokingham and West Berkshire) as well as effective liaison with Bracknell Forest and Windsor & Maidenhead which ensures there is visibility of patients using the trust's services and ensuring that reasonable adjustments are made to ensure equitable access to healthcare here.

The LDLNs are involved with providing evidence to the "Learning from lives and deaths for people with a learning disability and autistic adults (LeDeR)" process and facilitating the transition of young people with a learning disability from paediatric to adult healthcare services.

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 and which results in discussion and actions taking place around issues that affect people with a learning disability.

Part 3: Our Quality Performance 2023/24

Royal Berkshire NHS Foundation Trust

Health Inequalities

The RBFT is committed to ensuring all our patients have access to high quality care and to playing our part in reducing healthcare inequalities in our community. Over the last 12 months we have been focusing on partnerships, accessibility, and prevention.

Partnerships: we have working with our local healthcare providers, voluntary and community groups, and the University of Reading to obtain insight into the key issues for our local population and to consider how we can develop a joined-up approach to tackling health inequalities. This has included a joint research project with the University of Reading to expand the breadth and depth of population data we hold to enable inclusive analysis of areas of focus for healthcare improvement initiatives.

Accessibility: we have improved our electronic patient record systems to enable us to identify and flag patients requiring accessibility support, ensuring we are consistently communicating with these patients in a way which meets their needs. Alongside this, we have rolled out a staff campaign "Not!ce", with the aim of increasing awareness of the difficulties faced by patients with additional needs in navigating our services and how they can best be supported. The Trust has also revamped its website, which now includes a translation and accessibility tool, providing information in different formats to support, for example, patients with neurodiversity, visual impairments, and non-English speakers.

Prevention: improving population health through prevention and early diagnosis of disease is a key element of reducing health inequalities. Projects the Trust is currently running include:

- Developing smoking cessation services for maternity and inpatients. Providing patients with advice, support, pharmacological interventions as well as plugging them in to community services to give them the best chance of reducing tobacco use or hopefully quitting for good.
- Targeted Lung Health check / Liver Health Check/ Hep C Elimination programmes. These involve a focus on community populations at high risk of developing cancers and other conditions, offering them the opportunity to receive testing for early detection and access to treatment pathways where issues are detected. This will greatly improve the clinical outcomes and mortality risk for this patient population.

Annex 1: Core Performance Indicators 2023/24

Royal Berkshire NHS Foundation Trust

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	Jan 23 – Dec 23	Nat Average	NHS Best	NHS Worst
Summary of SHMI (Value)	1.07	1.1184	1.023	1.0268	0.973	1.0015	1.0	0.7202	1.2548
Banding	2	2	2	2	2	2	2	1	3
Deaths coded with palliative care	51%	51%	50%	59%	59%	63%	42%	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.

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	*	-	0.46	0.53	0.35
Knee Replacement (Primary) EQ-5D Adjusted Av Health Gain	0.343	0.286	0.343	*	-	0.33	0.38	0.23

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 2021 – 22 could not be provided as reporting numbers were too low. Data for RBFT for 2022-23 is not yet available. Best & worst figures are based on ICB level results for 2021 - 22.

Annex 1: Core Performance Indicators 2023/24

Royal Berkshire NHS Foundation Trust

3. Readmissions with 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%	10.4%
National	11.9%	12.5%	12.5%	11.9%	12.5%	12.8%
Adults (16+)	14.9%	15.2%	14.6%	16.7%	16.8%	15.5%
National	14.1%	14.6%	14.7%	15.9%	14.7%	14.4%

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 2023-24 data is October 2024.

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. It has been identified that the inconsistent data capture of Same Day Emergency Care (SDEC) nationally over the last few years is impacting readmission rates. The trust currently captures and submits SDEC data within the data set used for calculation of readmissions as do many other trusts but not all. It is planned that nationally consistent recording and submission of SDEC activity will start within the Emergency Care Data Set (ECDS) data submission later this year in line with an NHS Information Standards Notice (ISN). This should remove the SDEC data from the data set currently captured within trust data and that of other trusts submitting to the national data set used bringing a consistent picture between local and national data.

Annex 1: Core Performance Indicators 2023/24

Royal Berkshire NHS Foundation Trust

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	2023	Nat Average	NHS Best	NHS Worst
The Trust's responsiveness to the personal needs of patients	68.8%	69.6 %	68.8%	75.2%	*	*	*	*	*

As of 2020/21 survey changes have been made to the working & scoring of the questions, therefore results are not comparable with those of previous years.

NHS Digital data is not available for this indicator

Annex 1: Core Performance Indicators 2023/24

Royal Berkshire NHS Foundation Trust

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.

Once again, the trust was rated as one of the best acute trusts to work for in England. As well as achieving our highest ever response rate the trust was especially proud to report on being one of **the top performing trusts for staff experience including**:

- *90.6% of staff say 'I feel that my role makes a difference to patients/service users'.*
- *86.5% of staff say 'Care of patients/service users is my organisation's top priority'.*
- *81.6% of staff say 'My organisation acts on concerns raised by patients/service users'.*
- *70.7% of staff say 'The team I work in often meets to discuss the team's effectiveness'.*
- *70.3% of staff say 'My organisation takes positive action on health and wellbeing'.*
- *62.8% of staff say 'I am able to make improvements happen in my area of work'.*

Indicator	2019	2020	2021	2022	2023	Nat Average	NHS Best	NHS Worst
Staff recommendation rate	83.9%	83.6%	79.5%	77.9%	77.4%	63.4%*	88.8%*	44.3%*

** Acute & Acute Community 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.

Annex 1: Core Performance Indicators 2023/24

Royal Berkshire NHS Foundation Trust

6. Patient Recommendation Rate

Indicator	2017-18	2018-19	2019-20	2021-22	2022-23	2023-24	Nat Average	NHS Best	NHS Worst
Inpatient FFT Recommendation rate	100%	99.7%	99.6%	95%	99.0%	97.6%	94%*	100%*	78%*
ED FFT Recommendation rate	98%	97.8%	98%	87%	82.4%	82.7%	77%*	94%*	58%*

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*	2020-21	2021-22	2022-23	2023-24	Nat Average*	NHS Best*	
Patients risk assessed for VTE	96.1%	96.6%	96.3%	-	-	-	95.9%	-	-	-

Data submission and publication for VTE Risk Assessment figures were paused in March 2020 for acute and community providers during the response to COVID-19 and have not been reinstated so there is no further nationally published data for this indicator. The data presented for 2023/24 is based on trust reporting of VTE risk assessment completion.

The Royal Berkshire NHS Foundation Trust considers that the data are as described for the following reason: VTE risk assessment rates are reviewed by the trust VTE Committee and presented to the trust Leadership Team on a regular basis.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: the appointment of a VTE prevention nurse and anticoagulant pharmacist in October 2023 to support VTE prevention and anticoagulant use in inpatients in the trust, 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. Improvement over the last year has seen the 95% national attainment compliance target met and the improvement in risk assessment completion for key inpatient admitting wards.

Annex 1: Core Performance Indicators 2023/24

Royal Berkshire NHS Foundation Trust

8. Clostridium Difficile (C.diff)

Indicator	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	Nat Average	NHS Best	NHS Worst
Rate of Healthcare associated C.diff per 100000 bed days	14.7	25.7	26.1	22.3	21.8	17.5	-	0*	92.8*

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 2022/23*

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 in previous years, a small number of cases where the stool sample was sent from Berkshire Healthcare Foundation Trust Community Hospitals and would not be apportioned as a COHA, have been incorrectly attributed to the Royal Berkshire NHS Foundation Trust by NHS Digital / UKHSA Data Capture System.

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 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.difficile, identifying lapses in care and actions for improvement.

Annex 1: Core Performance Indicators 2023/24

Royal Berkshire NHS Foundation Trust

9. Patient Safety Incidents (PSIs)

Indicator	2018-19	2019-20	2020-21	2021-22	2022-23
No of PSIs reported	9,431	10,425	11,148	12295	12063
Rate per 1000 bed days	48.91	52.2	69.4	59.8	55.7
No of PSIs resulting in severe harm / death	11	7	83**	9	7
% of PSIs resulting in severe harm or death	0.12%	0.004%	0.7%	0.07%	0.06%

**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.

NHS England have paused the annual publishing of patient safety data while it considers reporting options in light of the recent introduction of the Learn from Patient Safety Events (LFPSE) service which replaces the National Reporting and Learning System (NRLS). There is therefore no comparator data available to report.

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 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) review. 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.

Annex 1: Core Performance Indicators 2023/24

Royal Berkshire NHS Foundation Trust

Single oversight framework

Indicator for disclosure	2023-24 performance
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	82.7%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge Type 1 attendances only	65.7%
All cancers: 62-day wait for first treatment from:	
• **Urgent GP referral for suspected cancer**	67.9%
• **NHS Cancer Screening Service referral**	73.3%
C. difficile: variance from plan	-1
Summary Hospital-level Mortality Indicator	See table 1
Maximum 6-week wait for diagnostic procedures	80.2%

Annex 2:
National Clinical Audits and Confidential Enquiries

Royal Berkshire NHS Foundation Trust

Title	Participation Rate
1. Adult Respiratory Support Audit	34 records - denominator unknown
2. BAUS Nephrostomy Audit	100%
3. Breast & Cosmetic Implant Registry	Continuous data collection
4. Case Mix Programme (ICNARC)	100%
5. Elective Surgery (National PROMs Programme)	Continuous data collection
6. Emergency Medicine QIP – Care of older people	Data collection ongoing – Deadline Oct 2024
7. Emergency Medicine QIP – Mental health self-harm	Data collection ongoing – Deadline Oct 2024
8. Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People	Continuous data collection
9. Falls and Fragility Fractures Audit Programme (FFFAP) – Fracture Liaison Service (FLS)	Continuous data collection
10. Falls and Fragility Fractures Audit Programme (FFFAP) – National Audit of Inpatient Falls (NAIF)	100%
11. Falls and Fragility Fractures Audit Programme (FFFAP) – National Hip Fracture Database (NHFD)	100%
12. LeDeR – learning from lives and deaths of people with a learning disability and autistic people	Continuous data collection
13. National Adult Diabetes Audit – National Diabetes Core Audit	99% (estimate)
14. National Adult Diabetes Audit – National Diabetes Inpatient Safety Audit	Continuous data collection
15. National Diabetes Audit Diabetes (Adult) – National Pregnancy in Diabetes Audit (NPID)	100%
16. National Asthma and COPD Audit Programme (NACAP) – COPD Secondary care	60% (estimate)
17. National Asthma and COPD Audit Programme (NACAP) – Pulmonary Rehabilitation	100%
18. National Asthma and COPD Audit Programme (NACAP) – Adult Asthma Secondary Care	72% (estimate)
19. National Asthma and COPD Audit Programme (NACAP) – Children and Young People's Asthma Secondary Care	85% (estimate)
20. National Audit of Care at the end of life	100%
21. National Bariatric Surgery Registry	100%
22. National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	100%
23. National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	100%
24. National Cardiac Arrest Audit (NCAA)	100%
25. National Cardiac Audit Programme – Cardiac Rhythm Management (CRM)	100%
26. National Cardiac Audit Programme – Myocardial Ischaemia National Audit project (MINAP)	100%
27. National Cardiac Audit Programme National Audit of Percutaneous Coronary Interventions (PCI)	100%
28. National Cardiac Audit Programme – National Heart Failure Audit	77% estimate (based on 21/22 data)

Annex 2:
National Clinical Audits and Confidential Enquiries

Title	Participation Rate
National Clinical Audits & Registries	
29. National Child Mortality Database	100%
30. National Comparative Audit of Blood Transfusion: 2023 Audit of Blood Transfusion against NICE Quality Standard 138	100% (audit requirement met)
31. National Comparative Audit of Blood Transfusion: 2023 Bedside Transfusion Audit	Data collection ongoing – Deadline Spring 2024
32. National Early Inflammatory Arthritis Audit (NEIAA)	Continuous data collection
33. National Emergency Laparotomy (NELA)	Continuous data collection
34. National Gastro-Intestinal Cancer Audit Programme (GICAP): National Bowel Cancer Audit (NBOCA)	Continuous data collection
35. National Joint Registry (NJR)	Continuous data collection
36. National Lung Cancer Audit (NLCA)	100%
37. National Maternity & Perinatal Audit (NMPA)	100%
38. National Neonatal Audit Programme (NNAP)	100%
39. National Obesity Audit (NOA)	Continuous data collection
40. National Ophthalmology Database (NOD) Audit - National Cataract Audit	Continuous data collection
41. National Paediatric Diabetes Audit (NPDA)	100%
42. National Prostate Cancer audit (NPCA)	100%
43. Perinatal Mortality Review Tool (PMRT)	100%
44. Perioperative Quality Improvement Programme	Continuous data collection
45. Sentinel Stroke National Audit programme (SSNAP)	100%
46. Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	100%
47. Society for Acute Medicine Benchmarking Audit	100%
48. The Trauma Audit & Research Network (TARN)	102 records – denominator unknown
49. UK Renal Registry Chronic Kidney Disease audit	100%
50. UK Renal Registry – National Acute Kidney Injury Audit	100%
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%

Annex 2:
National Clinical Audits and Confidential Enquiries

National Clinical Audits and Confidential Enquiries not participated in:	
National Audit of Dementia	It was agreed not to participate in the latest round of the audit as there was insufficient time to implement changes arising from the publication of results from the previous round before the initiation of the next round of data collection
National Gastro-intestinal Cancer Programme – National Oesophago-gastric cancer	Only partially relevant to RBH
Improving Quality in Crohn's and Colitis (IQICC)	Minimal participation due to lack of resource & technical issues
National Clinical Audits and Confidential Enquiries listed in 2023/24 Quality accounts list but subsequently postponed/delayed	
British Hernia Society Registry	

Annex 3: Learning from deaths

Royal Berkshire NHS Foundation Trust

	Q1 2023-24 (Apr-Jun)	Q2 2023-24 (Jul-Sep)	Q3 2023-24 (Oct-Dec)	Q4 2023-24 (Jan-Mar)	Total 2023-24	Reported in Quality Accounts 2022-23	Additional reviews completed in 2023-24 for deaths in 2022-23	Revised Total 2022-23
Total inpatient/ ED deaths	383	347	398	418	**1546**	**1673**	-	1673
Total case note reviews completed	78*	81*	130	75	**364**	**355***	55	410
Total investigations completed	2	3	3	0	**8**	**3****	25	28
Casenote review or investigation completed	79	81	131	75	**366**	**356**	68	424
Deaths assessed to be more likely than to be due to problems in care	1	-	1	-	**2**	**1**	2	3
% deaths assessed more likely than not due to problems in care	0.26%	0%	0.25%	0%	**0.13%**	**0.06%**	-	**0.18%**

**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.*

Annex 4: Statement from Commissioners

Royal Berkshire NHS Foundation Trust

NHS Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) has reviewed the Royal Berkshire NHS Foundation Trust (RBFT) Quality Account 2023/24, and we believe that it is accurate and meets the requirements of a Quality Account. The account provides a clear picture of the quality of care provided by the RBFT as well as of the ways in which the Trust seeks to understand the quality of care it provides and the huge range of quality improvement, research, and innovation undertaken by the Trust.

Of the 12 actions which make up the 2023/24 Trust quality priorities, ten have been fully completed and two partially completed. The work on the initial safety assessments and 75% complaints responded to in 25 working days is to be commended whilst recognising the operational pressures, and we welcome the continuation of this workstream through the improving together quality improvement initiative for 2024/25.

Reducing health inequalities is a national priority and a key focus for the BOB system, and we are delighted to see that the Hospital Public Health priorities board is transitioning its four key projects into business as usual. In addition, we note the further focus during 2024/25 to address preventable premature deaths from cardiovascular diseases (CVD). We welcome the continuation and further development of this priority in 2024/25. The ICB would also like to see a clearer alignment between the Trust's quality priorities and the overall Integrated Care System goals as set out in the Buckinghamshire, Oxfordshire and Berkshire West Joint Forward Plan.

The National Quality Board now includes the additional dimensions of sustainability and leadership to its definition of quality in addition to the established areas of safety, effectiveness, and experience. We would encourage the consideration of these additional dimensions in the Trust's quality priorities.

We are delighted that the RBFT is seen as an exemplar organisation due to being early adopters of Call4Concern. We wholly support the selection to be part of the first 100 Trusts to roll out Martha's rule. This in turn will provide the opportunity to review the existing Call4Concern processes and ensure the Trust is supporting our patients', families, and staff according to the national guidance. We note the continued commitment to this in the quality priorities for 2024/25, ensuring that the focus continues in these important areas.

The Patient Safety Incident Response Framework (PSIRF) is a new approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The RBFT has embraced this change and has been a leader in Buckinghamshire, Oxfordshire and Berkshire West in making the changes. The new framework shifts the focus from looking at harm to understanding where there is potential for learning. The new approach puts patients at the centre and allows the Trust to focus on the areas where improvement is needed. RBFT has worked with partners across BOB to introduce PSIRF and we look forward to continuing to work together on system-wide safety priorities.

Annex 4: Statement from Commissioners

Royal Berkshire
NHS Foundation Trust

RBFT has a process in place to identify the timely recognition of a deteriorating patient, and we welcome further focus with defined key performance indicators. Equally, we note the ambition of monitoring and reducing the incidences of catheter associated urinary tract infections (CAUTI) due to the increase morbidity and mortality in these patients, alongside appropriate antimicrobial stewardship.
The mortality rates at RBFT remain stable and continue to compare well, with the both Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI) below the expected level. The embedding of the medical examiner system and the development of community medical examiners further increases the potential to learn from deaths. The ICB will continue to work with systems partners to ensure the whole patient pathway is considered, and mortality, in a wider context. We look forward to continued work with the Trust in this area.

The Learning Disability Improvement Standards described in the Quality Account are an important tool for improving the experience and outcomes of people with learning disabilities and/or autism in NHS services. These improvements are crucial to address the differences in access and outcomes for this disadvantaged group. The ICB are delighted to note the impact of the learning disability liaison nurses in increasing awareness Trust-wide. Partnership working is highlighted as essential in ensuring that reasonable adjustments are made to ensure equity to healthcare services.

The Thirlwall Inquiry has been set up to investigate the events at the Countess of Chester hospital following the conviction of Lucy Letby. The RBFT is to be commended for the work it has implemented on Freedom to Speak Up Guardians and supporting an open culture in expanding the capacity within the Freedom to Speak Up team, making it easier for staff to raise concerns. The ICB commends the positive actions following feedback from staff. The Trust has developed psychological support for staff which has had a consistent positive effect on the staff survey, leading to the RBFT being rated as one of the best acute Trusts to work for in England and being one of the top performing Trusts for staff experience.
The RBFT has had two CQC inspections during 2023/24. The imaging services were inspected to assess compliance with ionising radiation and the CQC are satisfied with the actions taken & those in progress. The maternity services were insprected in November 2023 and the overall rating remains ‘Good’, noting that the safety domain has increased from ‘requires Improvement’ to ‘Good’. ICB recognises the national focus on improving maternity services. regulation and the CQC are satisfied with the actions taken and those in progress.

The health landscape continues to be an extremely difficult one. Operational pressures, including industrial action have been considered in this account and the Trust’s efforts to mitigate the impact of these challenges is to be commended. High levels of demand, particularly for urgent care, challenges with staffing and constrained resources have increased and the need for system working and integration is greater than ever.

Rachael Corser
Chief Nursing Officer

Annex 5: Statement of Directors Responsibility For Quality Report

Royal Berkshire NHS Foundation Trust

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 2023 to March 2024
    - papers relating to quality reported to the board over the period April 2023 to March 2024
    - the 2022 national inpatient survey published September 2023
    - the 2023 national staff survey published March 2024
    - 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.

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Annex 5: Statement of Directors Responsibility For Quality Report

Royal Berkshire NHS Foundation Trust

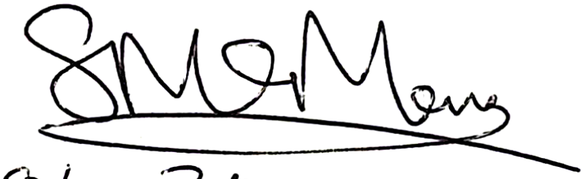
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's 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: 26/6/24

Chief Executive: 

Date: 26-06-24