

Royal Berkshire NHS Foundation Trust



#thanky

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Welcome
Royal Berkshire Hospital - Main Entrance

All Wards
and Departments



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Quality Report 2020-21

Chief Executive Statement on Quality



Never before has the importance we place on quality been so crucial to the way we work. The need to provide the best quality healthcare during the height of the most serious pandemic of a generation has been both a huge challenge and a major learning curve for everyone in the health and social care sector.

The unpredictable and sometimes unknown elements of COVID forced us to implement massive changes - not just to the way we work, but to the where, how and why we work in certain ways. Many staff, including those returning from retirement, had to quickly undergo intensive re-training and others were swiftly re-deployed to support colleagues within the organisation. Many moved to other Trust sites or to local Independent Sector (IS) hospitals to enable key services to continue during the first and second waves of the pandemic. I would like to place on record here our thanks to our IS partners, along with those in Primary Care, Berkshire West Clinical Commissioning Group (CCG), the Berkshire West Integrated Care Partnership (ICP), the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS), our local authority, community and social care partners for their tireless support during these very difficult times.

Quality, and the absolute need to maintain the very highest standards of infection control in our hospitals and within the wider health and care community, was at the forefront of all this work. Thanks to our ingrained and well established quality standards and procedures, we were fully prepared for the challenges presented during this relentless period of activity and change.

We swiftly established hot and cold wards and ED areas to keep staff and patients safe and, wherever possible, patients needing attention were assessed and monitored virtually. Remote wards were successfully established and provided real time, active surveillance of patients with both COVID and long term conditions. We also achieved a significant increase in digitally delivered services, most notably in outpatient assessments and clinically triaged GP referrals, and here the importance of maintaining quality of care was imperative.

The work of our discharge teams has been crucial in maintaining the continuation of safe, high quality healthcare. We established a new 'Complex Discharge Liaison Team' to ensure appropriate care is maintained for our patients once they leave hospital. This team is now training ward staff so they are able to facilitate discharges themselves, supplemented by ten new Patient Flow Coordinators.

Throughout the pandemic we notched up some really momentous achievements – not least the ability to maintain a range of key services like cancer, diagnostics and crucial

elective work, despite the massive extra pressure this placed on our teams. Managing to keep these vital services running at the height of a pandemic was no mean feat - alongside our own stringent quality control requirements, we had to adhere to very rigid COVID restrictions around hot and cold wards; supervise intensive and time consuming deep cleans of all areas and regularly doff and don very restrictive and cumbersome PPE. All, of course, absolutely necessary, but also an added burden on very stressed and fatigued teams.

However, this tireless commitment to keep on top of services, and in the second wave we ran all our services apart from routine elective ones which are now recovering fast, did put us in a very strong position as we eased out of COVID. But whilst the demands of the pandemic reduced, there was no let up in the pressure as we worked at pace to restore all services at all our sites and tackle waiting times and bottle necks in the system. Our commitment to quality was crucial to the resumption of 'business as usual' both in terms of keeping our patients and staff feeling safe and protected, and also ensuring the re-introduction of services and people's access to facilities was done in a safe and secure manner with patients reassured of the highest standards of clinical care and treatment.

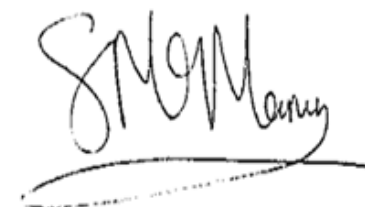
Another achievement, despite the pandemic, was further success in our Digital Hospital work with Pharmacy, Maternity, Theatres and Anaesthetics going live this year along with the Patient Portal allowing patients to view appointments and

update their records. All further evidence of our commitment to offering patients and staff access to high quality and easily accessed patient care.

The learning gained from the last 12 months is already being woven into our Quality Strategy to ensure we capture and develop our experiences and use them to shape even more dynamic and robust healthcare services, and this is evidenced in some of our key priorities for the next 12 months:

- To strengthen the learning from deaths and incident review processes across the Trust
- To improve recognition and management of the deteriorating patient
- To improve the care pathway and treatment of patients with sepsis and neutropenic sepsis
- To reduce hospital acquired pneumonia (HAP)
- To implement the "Compassionate Companions" volunteer programme
- To implement the "Treat Me Well" campaign to support patients with learning disabilities in hospital

I am pleased to present our 2020/21 Quality Report and confirm that, to the best of my knowledge, the information contained within this report is accurate.

A handwritten signature in black ink, appearing to read 'Simon Murray', with a long horizontal flourish underneath.

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Introduction

The Royal Berkshire NHS Foundation Trust is the main provider of hospital services for the population of Reading, Newbury, Wokingham and the towns and villages of west Berkshire. At our heart we are a local hospital that works with NHS and social care partners to provide excellent healthcare services for over 500,000 people who live in our catchment area. We also provide specialist hospital services beyond the county's borders.

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 5,500 staff from 39 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.



Our Vision & Quality Priorities 2021-22

The Trust's Vision Statement is:

Working together to provide outstanding care for our community

Ensuring safety and quality of care for every patient is our top priority. We are ambitious about the quality of care we provide. We want all our services to be outstanding every day of the week. We also strive to be one of the safest and most caring NHS organisations in the country.

This year's Quality Report sets out our priorities for improving the quality of our care delivery in the forthcoming financial year. We have developed these quality priorities through:

- Analysis of themes arising from internal quality indicators (complaints, incidents, clinical audits, outcomes data);
- Patient engagement – seeking the views of our governors and patient leaders at the annual Patient Standing Conference and Patient Leader Network;
- Staff engagement – seeking the views of all of our staff (who may also be our patients);

- Key stakeholder engagement – seeking the views of our regulators, Healthwatch and other community partners via an online survey;
- Ensuring alignment with national priorities and those defined by the Academic Health Science Network patient safety collaborative.

The Quality Priority projects listed below were originally developed for the 2020-21 financial year. Due to the COVID outbreak, we were not able to complete the planned improvement work. In April 2021, these priorities were reviewed and it was agreed that these remain key areas for improvement and therefore these will be the Trust's priorities for 2021-22.

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



Patient Safety Quality Priorities 2021-22

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

The Trust has developed central processes for mortality review over the past 4 years. In 2021-22 we want to ensure these are as effective as possible. We will improve the quality and timeliness of reviews through increased training which will be extended to nursing and therapy staff groups to ensure multidisciplinary engagement. We plan to improve feedback processes to next of kin to ensure they are fully supported, informed and involved in the reviews. We also wish to triangulate learning from mortality reviews with themes and learning coming from incident investigations. We aim to develop innovative ways of disseminating learning to our frontline staff through a variety of multi-media approaches. These will include: visual prompts such as safety boards in ward areas; staff and patient video stories; development of case-studies; and the use of Twitter and Facebook for the dissemination of key safety messages and good practice.

Key Performance Measures:

- 1) Implementation of process for feedback to next of kin from mortality reviews
- 2) To maintain top 3 trust performance in Staff Survey measure: *"When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again"*
- 3) To achieve top 10 trust performance in staff survey measure: *"We are given feedback about changes made in response to reported errors, near misses and incidents"*

2. To improve recognition and management of the deteriorating patient

In 2019-20 the Trust partially achieved its improvement aims around recognition of the deteriorating patient, with an increase in implementation of ReSPECT decisions and regular reviews of patients who had suffered cardiac arrests. However, we did not achieve our aim of ensuring all patients with a NEWS2 score of 6+ had an appropriate treatment plan in place. In 2021-22 we are therefore focussing on this element of care performance. A deep dive of the factors which lead to patients not being recognised/ escalated appropriately will be undertaken through analysis of the themes emerging from relevant serious incident investigations and mortality reviews and a Trustwide survey to junior staff groups. Once this has been completed, a bespoke action plan will be devised to address any specific areas of concern raised. It is anticipated that this project will take place over a 2-year period, with the scoping and action planning taking place in year 1, and the implementation of improvement actions taking place in year 2.

Key Performance Measures:

- 1) Completion of Trust-wide staff survey
- 2) Development of a Trustwide action plan to address issues
- 3) Collection of baseline data

Clinical Effectiveness Quality Priorities 2021-22

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

This priority has featured in the Trust quality priorities since 2016. Whilst the Trust is proud of its improvements around sepsis care over the last 5 years, we feel there is more that can be done. In 2021-22, the Trust will continue its aim of increasing compliance with taking of blood cultures for red flag sepsis cases, particularly in ward areas. This year, we will also focus specifically on neutropenic sepsis. We are aware that the pathway for our suspected neutropenic patients has been suboptimal, with many experiencing delays in ED before receiving antibiotics whilst suitable isolation facilities were found. During COVID a new temporary pathway was implemented in an attempt to divert oncology/ haematology patients from ED unless haemodynamically unstable. This year we hope to evaluate this pathway and make the improvements more permanent, as well as optimizing the pathway for patients who do need to attend ED.

Key Performance Measures:

- 1) 90% red flag sepsis cases to have blood cultures taken in ED
- 2) 80% red flag sepsis cases to have blood cultures taken in ward areas
- 3) Improved compliance with antibiotics within 1 hour for neutropenic patients

4. To reduce hospital acquired pneumonia (HAP)

The Trust is currently showing a higher than average prevalence of HAP, an acute lower respiratory tract infection acquired after admission to hospital. Whilst HAP can be effectively treated with antibiotics if accurately diagnosed in a timely manner, it is associated with a high mortality rate in our most vulnerable patients. In 2021-22, we will implement a quality improvement programme comprising of 3 main elements:

- HAP prevention: improving patient mouth care; positioning patients at 30-45 degrees and mobilising where possible; and improving hand hygiene.
- HAP diagnosis: improving diagnosis of HAP through improved clinical understanding and diagnostic testing.
- HAP treatment: ensuring patients receive the correct antibiotics for HAP to ensure effective treatment.

It is planned to pilot this campaign on Elderly Care wards and then to roll out across the Trust once improvement has been demonstrated.

Key Performance Measures:

- 1) Reduction in overall HAP incidence rates in Elderly Care
- 2) Improvement in appropriate antimicrobial prescribing:
 - *increase use of Benzylpenicillin / decrease use of Temocillin*

5. To implement the “*Compassionate Companions*” volunteer programme

The Compassionate Companions (CC) programme aims to offer comfort care and companionship at the bedside of palliative care patients that have been identified as being on their own. A thorough training programme and support framework has been developed for volunteers to the Programme. Over the next 12 months, the first cohorts of volunteers will be trained and the initiative piloted on the specialist palliative care beds on our elderly care rehab unit, Hurley Ward. The Ward nursing staff will identify and refer eligible patients to the programme. Ongoing support will be provided for the volunteers and feedback from staff on the wards as well as the volunteers themselves will be sought. On successful completion of the pilot phase, the intention will be to roll out the programme across the Trust.

Key Performance Measures:

- 1) Two training programmes to be run throughout the year
- 2) To have 10 fully trained, active volunteers by the end of the year
- 3) To have 30% of referrals to the CC programme covered by the end of Quarter 3 rising to 50% by the end of Quarter 4
- 4) To have 50% volunteer rota coverage by the end of Quarter 4

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

The national “Treat Me Well” Campaign aims to improve the treatment patients with learning disabilities (LD) receive in the NHS, through better communication, more time, and clearer information. These simple, reasonable adjustments, can make a huge difference to the experience of care as well as the clinical outcomes for patients and their carers. In 2021-22, we intend to:

- develop a system to flag patients electronically on our patient administration system
- rollout the national ‘hidden disabilities’ scheme using sunflower lanyards to identify patients with additional needs
- improve ‘conflict resolution training’ across the Trust in order to equip staff with skills and strategies to recognise, de-escalate and manage challenging behaviours

Key Performance Measures:

- 1) LD awareness presentation to 90% of relevant clinical governance meetings
- 2) Implementation of flagging on EPR for LD patients
- 3) Launch of hidden disabilities sunflower lanyard scheme
- 4) To pilot ‘Maybo’ training in 2 areas and identify 3 trainers to be accredited



Statements of Assurance from the Board

During 2020-21 the Royal Berkshire NHS Foundation Trust provided and/or sub-contracted 33 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 2020-21 represents 100% of the total income generated from the provision of relevant health services by the Royal Berkshire NHS Foundation Trust for 2020-21.

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. National clinical audit also 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 2020/21 51 national clinical audits and 1 national confidential enquiry covered relevant health services that the Royal Berkshire NHS Foundation Trust provides.

During 2020/21 the Trust participated in 92% of the national clinical audits (47/51) and 100% of the 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 2020-21 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 2020-21, 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. The National Audit Programme was suspended in March 2020 in order that staff could be diverted to front line activity. The Trust has endeavoured to continue participation in these audits but this was not possible in all cases.

Results of National Clinical Audits and National Confidential Enquiries

The reports of 7 National Clinical Audits and National Confidential Enquiries were reviewed by the provider in 2020/21 and the Royal Berkshire NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Paediatric Diabetes audit (published March 2020)

- Programme of peer support activities and structured education programme in order to support children and young people devised
- Business case developed in order to provide more accessible Psychology support to children and young people

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

National Hip Fracture Database (published January 2021)

- 99.1% of patients received a peri-operative medical assessment (top quartile)
- 99.3% of patients received a delirium assessment (top quartile)

- 99.8% of patients were documented not to have developed a pressure ulcer (top quartile)
- 82.5% of patients were not delirious when tested post operatively (top quartile)
- 77.7% of patients had returned to their original residence within 4 months of their operation (top quartile)

Results of Local Clinical Audits and Quality Improvement Projects

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

The reports of 17 local clinical audit and quality improvement projects were reviewed by the provider in 2020/21 and the Royal Berkshire NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Improving the documentation of babies with neonatal jaundice

Neonatal jaundice is a common and usually harmless condition that causes yellowing of the skin and whites of the eyes due to the build-up of bilirubin in the blood. Babies with this condition can be cared for across the 2 different teams, the Midwifery and Paediatric teams so excellent documentation is key. The introduction of standardised

documentation and a targeted education plan led to a significant improvement in the quality of documentation including all babies' records having a documented management plan.

Local improvement work was temporarily halted during the year so that clinical teams could dedicate their time to front line services. It is envisaged that local improvement work for the coming year will be reinitiated.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2020-21 that were recruited during that period to participate in research approved by a research ethics committee was 4758 into 54 studies.

CQUIN payment framework

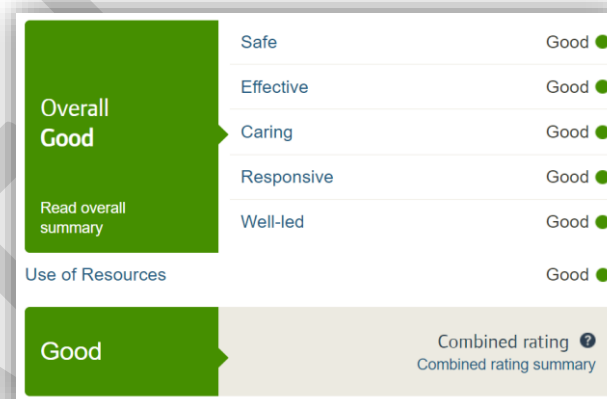
The CQUIN scheme was put on hold during the COVID pandemic for 2020-21.

The monetary total for the associated payment in 2019/20 was £3,754,311.

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

CQC registration compliance

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



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 2020-21.

The Royal Berkshire NHS Foundation Trust has participated in a special review by the Care Quality Commission relating to the following areas during 2020-21: Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) review in Berkshire Cancer Centre (conducted 10 February 2021) and was issued an Improvement Notice regarding compliance with

Regulation 8 (3) Accidental or Unintended exposure. The Royal Berkshire NHS Foundation Trust had made the following progress by the 31 March 2021 in taking such action: the Trust was deemed compliant with the Improvement Notice.

NHS number and general medical practice code validity

The Royal Berkshire NHS Foundation Trust submitted records during 2020-21 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:

- 99.86% for admitted patient care
- 99.79% for outpatient care and
- 99.00% for accident and emergency care.

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

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

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

Following national guidance from NHS Digital the Data Security and Protection toolkit is due to be submitted on the 30 June 2021.

Clinical coding error rate

The Royal Berkshire NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020-21.

Data quality

In 2020-2021 the Royal Berkshire NHS Foundation Trust took the following actions to improve data quality:

- Global PAS (GPAS): In preparation for the upgrade to GPAS a data cleansing exercise has been undertaken. Regular monitoring and clean-up is now in place, with feedback to users where necessary, to maintain the veracity of the data.
- The NHS Digital's Data Quality Assessment Framework (NHSD DQAF) for (Healthcare) Providers: self-assessment indicated a good compliance level of 86%. An action plan has been developed to improve further. Regular monitoring of the Data Quality Maturity Index developed by NHSD is

taking place on a monthly basis with remedial actions to improve where indicated.

- Data cleansing exercise prior to Cerner integration of Theatres & Anaesthetics and Maternity clinical systems.
- Increasing visibility of DQ indicators and standards to senior management and the executive team by the inclusion of the Data Assurance Framework dashboard in the DQSG for regular review, monitoring and action.
- Waiting list data assurance: work has been undertaken to ensure our waiting lists are accurate, production of a user-friendly dashboard to facilitate operational staff viewing a whole patient pathway with facility to identify anomalies.
- Staff IT Training portal: The DQ and IT training teams have worked together to develop a staff portal providing short videos and supporting written information showing correct procedures for identified repeated errors. This is being developed into a catalogue which can be referred to and links sent to staff to support their learning.

In the first quarter of 2021/22 the main focus for Data Quality and Assurance will be testing final error reports in preparation for GPAS. One of the main advantages of GPAS is so called system 'hardening' which restricts users to use only correct processes; this will fundamentally reduce errors and improve data quality. The following will be undertaken next year:

- Global PAS: support for go-live data clean up processes and support for reporting.
- The NHSD DQAF: to improve our compliance level with this national assessment the Trust will be formalising a Data Quality & Assurance Strategy focussing on supporting the Trust Vision 2025 and objectives.
- Outpatient appointments: there is a major programme underway to review all outpatient templates that set out the different appointment types in each session. These will be realigned to the service and demand needs so that users have the correct appointments to offer patients.
- Further work is planned in 21/22 to include DQ indicators in the Care Group performance reports.

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 here. 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 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. 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.

During 2020-21, 1737 of the Royal Berkshire NHS Foundation Trust's patients died. The total deaths by quarter are given in Annex 3.

By 28 May 2021, 283 case record reviews and 23 investigations have been carried out in relation to the 1737 deaths noted above.

In 3 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation were carried out are given in Annex 3.

2 deaths representing 0.11% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter the numbers are given in Annex 3.

These numbers have been estimated using the Trust's mortality review processes. All adult deaths are scrutinised by a Trust Medical Examiner (ME). The ME reviews the patient records, 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, agree whether it requires referral to the Coroner, and decide whether or not the death needs further investigation or review if any clinical concerns have been noted. All deaths which are flagged for case record review are subject to a "Structured Judgement Review" (SJR). All reviews conclude with a grading on the overall care given to the patient to assess whether there was any suboptimal care and, if so, whether or not this may have contributed to the patient's death. Any deaths assessed as "more likely than not to have been due to problems in the care provided to the patient" are subject to a full root cause analysis as part of a serious incident investigation and the final grading discussed and agreed at the Serious Incident Review Group. The themes and learning points are reported to the Mortality Surveillance Group on a quarterly basis.

Learning and actions taken as a result of mortality reviews:

All mortality reviews are reviewed at specialty level mortality and morbidity or clinical governance meetings. In addition, any reviews with suboptimal care identified are reviewed at the Mortality Surveillance Group to identify learning and themes to share within the Trust.

Over the last year the key learning themes have included:

- Delay in requesting/ obtaining imaging

- Importance of clear documentation
- Venous thromboembolism (VTE) prophylaxis
- Importance of early recognition and escalation of deteriorating patients
- The need to document all communications
- Recognising the dying patient
- Infection control procedures relating to COVID

The Trust also participated in a national Royal College of Physicians COVID-19 research study. The purpose of the study was to describe a national picture of the major themes that have emerged from all participating centres surrounding the care delivered throughout the COVID pandemic. The Trust submitted 15 SJR reviews to this study. The key learning themes for the Trust were:

- Social distancing/PPE in the clinical and non-clinical setting.
- PPE compliance in non-clinical spaces (coffee / staff rooms).
- Asymptomatic infection; initial negative tests followed by a later positive test.

The review did identify notable good practice for the Trust:

- Patient Safety immediate feedback and learning action communication tool, sent to all staff regarding the COVID-19 outbreak
- Frequent COVID-19 outbreak and review meetings.
- Prompt identification of positive patients
- Prompt closure of the wards

Actions taken to address specific and thematic learning points have included:

- Development of a workstream to improve recognition and management of the deteriorating patient as a Trust quality priority (see page 8).
- Development of an IV fluids and electrolyte improvement workstream to prevent harm caused by too much or too little fluid leading to electrolyte abnormalities.
- Continued roll-out of 'safety huddles' across the Trust
- The re-establishment of the End of Life Care Clinical Governance.
- Establishment of quarterly meetings to triangulate learning from risk, mortality, patient safety, complaints and audit.

In addition to these actions and improvement workstreams, any serious incident investigation has a detailed action plan to address specific concerns and learning points unique to those incidents which are followed up by the Patient Safety Team and monitored by the Commissioners. In 2020, the Trust also appointed a Medical Associate Director for Patient Safety and a Lead Mortality Nurse to support the Learning from Deaths programme.

Impact of actions:

- The Medical Examiner system and Learning from Deaths programme in the Trust has been strengthened. This year we have rolled out online SJR training and improved multi-disciplinary team involvement in mortality reviews. A pilot

is currently in progress to improve involvement of families in the mortality review process and the Trust is liaising with its community partners to extend the service to community deaths.

- Safety Huddles are now established within Maternity, ICU, ED and twenty inpatient wards, an improvement from eleven in the previous year. These provide additional opportunities to identify concerns to the multidisciplinary team and prompt earlier reviews.
- Improvement plans for recognition of deteriorating patient and IV fluids/ electrolyte have been developed and will be implemented over the forthcoming year.
- Contribution to national learning and recommendations around COVID through participation in RCP study.

We will continuously monitor the frequency of all mortality review themes to assess the effectiveness of the improvement actions and revise plans where indicated.

Reviews and investigations completed in 2020-21 for deaths in 2019-20:

120 case record reviews and 9 investigations were completed after 31/03/2020 which related to deaths which took place before the start of the reporting period.

1 death, representing 0.06% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Royal Berkshire NHS

Foundation Trust's mortality review processes described above. The total for 2019-20 remains as 1 death which is judged to be more likely than not to have been due to problems in the care provided to the patient.

The complete mortality numbers for 2019-20 and 2020-21 are given in Annex 3.



Summary of our Quality Performance 2020-21



3407
COVID +ve
patients treated
and counting... (as at 6/5/21)

1600
staff swabbed
weekly
at peak of pandemic



180%
increase in ICU beds
at peak of wave 1



308
staff used POCT
drive-through
135 staff identified +ve



166.7%
increase in ICU
nurses per shift
at peak of wave 1



97.2%
staff 1st vaccine
uptake
3rd highest in England

During 2020-21 all efforts were focused on supporting the Trust and the community it serves to manage the COVID pandemic. Therefore, the planned quality improvement projects were not able to take place. During this period, however, our staff demonstrated amazing resilience and innovation in coming up with new ways of working to ensure clinical effectiveness of treatments and the safety of our patients and staff. The Trust is taking time to reflect and understand the lessons learned over the last 12 months and to incorporate some of the transformed ways of working into its business as usual model for 2021-22.

Quality Achievements 2020-21:

Clinical staff who were shielding and therefore unable to undertake their usual frontline duties were quickly redeployed to form a new COVID Team who could respond to the rapidly changing demands of the COVID situation. The Team's responsibilities variously included:

- Monitoring and reporting on the breathing status of all inpatients on a daily basis in order to ensure adequate oxygen supply, NIV machines, ICU beds, and staff to patient ratios across the Trust.
- Prompt, accurate and comprehensive reporting to Public Health England (PHE) to support the national effort in tracking trends and new strains of COVID.
- The delivery of a multifaceted programme of staff testing which helped to identify both asymptomatic COVID

positive staff who could then isolate appropriately and reduce unknowing infection of other staff and patients; and, importantly, COVID negative staff, allowing them to resume their clinical duties as quickly as possible.

To overcome national shortages in personal protective equipment (PPE) during the first wave of COVID, a range of innovative sources of PPE supply were identified. The Trust worked with, among others, Gillette to make visors and the University of Reading to source mask fit testing solutions. We also recruited some local seamstresses to cut and sew material for theatre gowns.

The Trust developed new ways of working to see, diagnose and treat patients away from the RBH site at home or in satellite clinics:

- Ambulatory COVID clinic - patients attending ED with COVID symptoms were assessed and if suitable sent home with pulse oximeters to monitor oxygen levels. Patients were followed up with calls from clinicians for up to 5 days and closely monitored. If required, patients could be asked to return to hospital if further treatment was required, if not, patients were able to stay at home.
- Partnerships were formed with local independent sector health spaces to deliver lifesaving operations as well as outpatient facilities.

- “Lighthouse Laboratory” set up at Bracknell Healthspace. This is a diagnostic testing facility for “Test and Trace” with capacity to process up to 40,000 tests per day.
- An ENT, audiology and plastic surgery hub opened at Townlands to upgrade facilities and provide services off site.
- An online booking app for blood tests was developed to reduce waiting times and contact for patients.
- Opening of Older People’s ED – quieter area in ED with bespoke services tailored to meet older people’s needs to save patients having to move around as much to reduce disorientation, noise and confusion.
- The Hospital Discharge Service explored new ways of working to improve timeliness of discharges, supported by a newly created “Safety Net Team” to follow up discharged patients to ensure they were ok.
- The Theatres Efficiency and Modernisation Project looked at different ways of working to release capacity to catch up with the backlog of operations after the first wave of COVID. There were several procedures identified that were currently undertaken in theatres which could be undertaken in an outpatient setting. In order to achieve this, 10 minor operations rooms across the Trust were upgraded to meet Infection Control standards.
- The Pain Management Team redesigned its group based Pain Management Programme to be delivered virtually including transforming its paper-based patient resources to be the first trust in the country to offer an entirely digital

Programme. This has had excellent patient feedback and aims to free up therapist time by up to 60%.

- Long COVID Clinic – the Trust created a brand new integrated ICP-wide Long COVID service by 1 December 2020. This has had over 500 referrals to date with gratitude and relief expressed by patients that their difficulties have been heard and a plan has been made with health professionals for their ongoing support.
- The Dingley Child Development Centre, which brings together a team of specialists who assess and treat children and young people who need help to overcome a developmental issue or a complex illness, was moved to a site on the University of Reading Campus.

Social distancing during COVID meant necessary visiting restrictions were placed on our inpatient wards. New ways for patients to keep in touch with loved ones were developed:

- Donations of iPads to ward areas to facilitate “virtual visiting” for patients.
- A card messaging service over Christmas and beyond to allow messages to be passed to loved ones from friends and family in hospital.
- “Forget-Me-Not” memory boxes. As loved ones were unable to come into the hospital to collect the personal effects of patients who had passed away, memory boxes were created with forget-me-not seeds and poems alongside the personal effects that were delivered by volunteers to next of kin.

We would also like to acknowledge the tremendous support for our staff from the community over this period.

This has included:

- Financial support to fund a much needed long-term wellbeing centre for health carers
- Daily donations of hot meals, snacks, face masks and toiletries
- Volunteers delivering medicines and equipment between the Trust's sites as well as acting as 'pharmacy runners' at the hospital and cleaning wheelchairs and other equipment
- People volunteering to run a staff supermarket and pop-up well'
- being staff area
- Volunteers stitching and sewing and creating PPE, scrubs and laundry bags

To see such outpourings of kindness and generosity has really taken us all aback... everyone has been affected in one way or another by this awful pandemic, either becoming ill themselves, caring for poorly loved ones, or furloughed and worried about work and their finances, and for them to want to do something to help us has been both humbling and uplifting. Steve McManus, CEO

Freedom to Speak Up

The Royal Berkshire NHS Foundation Trust is committed to ensuring that staff who have concerns can openly raise their concerns without fear of retribution. The Trust has a Raising Concerns (Whistleblowing Policy) that closely aligns to the NHSI national Freedom to Speak Up Policy and clearly outlines the process for raising concerns.

Staff can raise concerns in a number of ways which include directly to the FTSUG, using a virtual platform (MS Teams), by telephone and via trust email. Should staff suffer any detriment as a result of speaking up, the role of the FTSUG is to support the staff member by escalating this to the Trust board.

In 2021 the Trust recruited a new "Freedom to Speak Up Guardian" (FTSUG) who commenced in post in April. The new FTSUG will oversee a relaunch of the service which will include a more visible presence of the service with new posters and leaflets being displayed in staff areas at all sites throughout the organisation. The content offered to new starters at trust induction will also be reviewed so that new colleagues feel empowered and supported in knowing how to speak alongside learning about the types of things they are able to speak up about. The vital and supportive FTSU Ambassadors role will be reviewed in conjunction with the team so that that this group feel empowered and knowledgeable in being able to sign post and support colleagues to speak up and raise concerns. Lastly, there is a firm commitment to ensuring that there are at least 15 FTSU Ambassadors by the end of the year and this includes having an ambassador at each trust site.

In addition to trust induction, there are plans to run a series of engagement and introductory sessions with staff at all sites across the trust which include face-to-face (where possible during covid-19) meetings, virtual meetings (including coffee mornings) and team meetings so that they are made aware of who the Freedom to Speak Up Guardian and Ambassadors are. These sessions will also give colleagues an opportunity to raise any concerns about what barriers may exist in terms of preventing staff speaking up and raising concerns.

The FTSUG keeps staff informed of the actions taken for any concerns that have been raised with him and feedback is sought from those who raise concerns which includes a key question around suffering detriment. In addition, staff can raise patient safety concerns through our electronic incident reporting system where they are able to request feedback on the reported incident.

To date we have maintained a 100% record of providing feedback to staff.

Seven Day Services (7DS)

The formal NHSE/I audit of seven day services was suspended due to the COVID pandemic in 2020-21 and it has not been a priority in the midst of the extreme pressures for the Trust to collect this data internally. However, in 2020-21 there was a high level of 7 day consultant presence with extended hours in the evenings and at weekends. This is evidenced by our consultant job plans and feedback from our trainee surveys.

Medical Staffing – Rota Gaps

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

Learning Disability Standards

The Learning Disability (LD) Liaison Nurse Service at the Royal Berkshire Hospital supports patients with learning and complex disabilities and their families and carers both on site and providing outreach support at spoke sites. The service aims to improve patient experience and safety and to reduce admissions and length of stay in the acute healthcare setting. The Trust has benchmarked itself against the LD standards and has identified some excellent care in place:

Respecting and Protecting rights:

‘All about me’ booklets and communication booklets are available in all clinical areas. These documents 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.

Double appointments are available for those patients with additional needs, and where possible, reasonable adjustments will be considered on an individual basis to support the least distressing visit to the hospital site.

We have participated in national benchmarking, including seeking the experience from people who have used our service.

Inclusion and engagement:

The learning disability service tries to create a person centred admission to hospital where possible, involving each patient in the planning stages and where it is assessed that they lack capacity, we actively seek family/ friends and independent advocacy to support decisions, for patients where required.

Workforce:

The Trust has safeguarding champions on every ward who attend a yearly conference and take a special interest in vulnerable patients including those with a learning disability.

Learning disability training is available to new nursing, midwifery, allied health professionals and support staff with resources available to access for both staff and patients on the Trust's webpage.

Route to recruit is a programme with Reading College that support placements for local people with a learning disability to work within the hospital. Several people with learning disability have subsequently been employed permanently through this programme. The route to recruit service often supports with training and expert witnesses for supporting service development.



Annex 1: Core Performance Indicators 2020-2021

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 indicated.

1) Standardised Hospital Level Mortality Indicator (SHMI)

Indicator	Jan – Dec18	Jan – Dec19	Jan – Dec20	Nat Average	NHS Best	NHS Worst
Summary of SHMI (Value)	1.07	1.118	1.023	1.00	0.703	1.184
Banding	2	2	2	2	1	3
Deaths coded with palliative care	51%	51%	50%	37%	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.

The Trust saw an increase in its SHMI rate in Jan – Dec 19 which has come down in the last reporting period (Jan-Dec 20). Following an in-depth review of the drivers for the increase in SHMI rates, the Trust developed an action plan which incorporated both data and clinical quality improvement workstreams. This has been worked through over the last 12 months and will continue for 2021-22. The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by:

- Reviewing data capture processes of ‘fixed consultant episodes’
- Improving usability and training in electronic records system
- Ongoing review and development of innovations to improve patient flow and ease capacity
- Strengthening the ‘Learning from Deaths’ programme to drive improvements in clinical care (see *Quality Priority 1*)
- Focused quality improvement work planned on HAP and Sepsis (see *Quality Priorities 3 and 4*)

2) Patient Reported Outcome Measures (PROMS)

Indicator	2017-18	2018-19	2019-20	Nat Average	NHS Best	NHS Worst
Hip Replacement (Primary) EQ-5D Adjusted Av Health Gain	0.494	0.452	0.473	0.459	0.539	0.352
Knee Replacement (Primary) EQ-5D Adjusted Av Health Gain	0.343	0.286	0.343	0.335	0.420	0.215

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

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: monitoring the hip and knee PROMs within the Orthopaedic Clinical Governance and business meetings for hip and knee replacement surgery.

3) Readmissions within 28 Days

Indicator	2018-19	2019-20	2020-21
Adults (16+)	16.54%	16.04%	17.92%
Paediatrics (0-15)	10.20%	10.36%	9.78%

NHS Digital data are not available for this indicator 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 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.

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	2017-18	2018-19	2019-20	Nat Average	NHS Best	NHS Worst
The Trust's responsiveness to the Personal Needs of Patients	70%	68.8%	69.6%	67.1%	84.2%	59.5%

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: ensuring up to date patient information leaflets are available and visible in ward areas; promoting use of translation services; embedding patient knowledge and inclusion within clinical huddles and handovers as part of MDT discussions and planning; updating Trust internet site so that discharge information is available to download; promoting and ensuring the effective use of the discharge envelope scheme; and appointing further patient flow co-ordinator posts to support ward staff with discharge planning.

5) Staff Recommendation Rate

Indicator	2017	2018	2019	Nat Average	NHS Best	NHS Worst
Staff Recommendation Rate	76.7%	79.9%	83.9%	73.4%	92%	50%

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: 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 workstreams and improve communication of our quality achievements with all staff.

6) Patient Recommendation Rate

Indicator	2017-18	2018-19	2019-20	Nat Average	NHS Best	NHS Worst
Inpatient FFT Recommendation Rate	100%	99.7%	99.6%	96%	100%	73%
ED FFT Recommendation Rate	98%	97.8%	98%	85%	99%	40%

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 so there is no further published data for this indicator. Data for the 2019-20 year therefore is incomplete and includes April 19 – Feb 20 data only. National average, NHS best and NHS worst figures are based on Feb 2020 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

Indicator	2017-18	2018-19	2019-20	Nat Average	NHS Best	NHS Worst
Patients risk assessed for VTE	96.1%	96.6%	96.3%	95.5%	100%	71.8%

Data submission and publication for VTE Risk Assessment figures were paused for acute and community providers during the response to COVID-19 from March 2020 so there is no further published data for this indicator. Data for the 2019-20 year therefore is incomplete and includes Q1-3 data only as Jan-Mar 2020 data has not been published. National average, NHS best and NHS worst figures are based on Q1-3 2019-20 figures.

The Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: it is collected electronically and monitored on a monthly basis by the Board.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, by: involving key clinical staff to train others in the importance of risk assessment, collecting the risk assessment data electronically, and monitoring the indicator in the monthly Board performance reports. The Trust also has a VTE Prevention Committee in order to provide a forum to review learning and ensure VTE prevention processes were effectively embedded across the organisation.

8) Clostridium Difficile (C.diff)

Indicator	2017-18	2018-19	2019-20	Nat Average	NHS Best	NHS Worst
Rate of Hospital Onset C. diff	11.2	8.7	13.5	13.6	0	51

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 Royal Berkshire NHS Foundation Trust considers that this data is as described for the following reasons: all positive results are reviewed and verified by the Infection Control Team and a root cause analysis investigation undertaken to identify the contributory factors and actions for improvement.

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 microbial prescribing, environmental cleaning, hand hygiene and prompt isolation of affected patients. In addition, the Director of Infection Prevention and Control chairs the *C.diff* Investigation meeting to review the RCA reports completed for each incidence of *C.diff*, identifying lapses in care and actions for improvement.

9) Patient Safety Incidents (PSIs)

Indicator	2017-18	2018-19	2019-20	Nat Average	NHS Best	NHS Worst
No. of PSIs reported	8,769	9,431	10,426	12,727.49	-	-
Rate per 1000 bed days	42.5	48.91	52.2	49.2	-	-
No. of PSIs resulting in severe harm or death	1	11	7	38.9	1	183
% of PSIs resulting in severe harm or death	0.01%	0.12%	0.004%	0.02%	0%	0.05%

**Based on all non-specialist, acute trusts (England).*

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). Those meeting the criteria have a thorough root cause analysis investigation undertaken and an action plan developed to put mitigation in place to prevent the incident happening again and to share lessons learned across the Trust.

SINGLE OVERSIGHT FRAMEWORK

Indicator for disclosure	2020-21 performance
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	61.1%*
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	88.8%*
<i>Type 1 attendances only</i>	86.6%*
All cancers: 62-day wait for first treatment from: <ul style="list-style-type: none"> Urgent GP referral for suspected cancer NHS Cancer Screening Service referral 	<ul style="list-style-type: none"> 82.7%* 87.5 %*
<i>C. difficile</i> : variance from plan	44 cases – no upper limit set
Summary Hospital-level Mortality Indicator (also included in quality accounts regulations)	See page 28
Maximum 6-week wait for diagnostic procedures	96.1%*

**End of year position (March 21) reported rather than full year performance due to variable collection of data during the COVID pandemic.*

Annex 2: National Clinical Audits & Confidential Enquiries

a) National Clinical Audits

Title	Participation
1. Antenatal and newborn national audit protocol 2019 to 2022	100%
2. BAUS Urology Audits: Cyto-reductive Radical Nephrectomy Audit	100%
3. BAUS Urology Audits: Renal Colic	25 cases submitted
4. British Spine Registry	*Participated
5. Case Mix Programme (ICNARC)	100%
6. Elective Surgery (National PROMs Programme)	No data available
7. Emergency Medicine QIP - Fractured Neck of Femur	131 – audit requirement met
8. Emergency Medicine QIP - Infection control	106 - audit requirement met
9. Emergency Medicine QIP - Pain in Children	Ongoing – deadline October 2021
10. Falls and Fragility Fractures Audit Programme (FFFAP) - National Hip Fracture Database (NHFD)	100%
11. Falls and Fragility Fractures Audit Programme (FFFAP) – Fracture Liaison Service (FLS)	1158 – denominator unavailable
12. Falls and Fragility Fractures Audit Programme (FFFAP) - National Audit of Inpatient Falls (NAIF)	100%
13. Falls and Fragility Fractures Audit Programme (FFFAP) - Vertebral Sprint audit	Ongoing – deadline June 2021

14. Inflammatory Bowel Disease programme/IBD Registry	*Participated
15. Learning Disabilities Mortality Review Programme (LeDeR)	100%
16. Mandatory Surveillance of HCAI	100%
17. National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme - COPD Secondary care	334 – denominator unavailable
18. National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme - Adult Asthma	125 - denominator unavailable
19. National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Paediatric Asthma	60 - denominator unavailable
20. National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme – Pulmonary Rehabilitation	100%
21. National Audit of Breast Cancer in Older Patients	100%
22. National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	*Participated
23. National Bariatric Surgery Register (NBSR)	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	100%
29. National Diabetes Audit (Adult) - Inpatient Harms (NADIA)	100%

Title	Participation
30. National Diabetes Audit Diabetes (Adult) - National Pregnancy in Diabetes Audit (NPID)	100%
31. National Early Inflammatory Arthritis Audit (NEIAA)	*Participated
32. National Emergency Laparotomy (NELA)	*Participated
33. National Gastro-intestinal Cancer Programme - National Bowel Cancer Audit (NBOCA)	100%
34. National Joint Registry (NJR)	100%
35. National Lung Cancer Audit (NLCA)	100%
36. National Maternity & Perinatal Audit (NMPA)	100%
37. National Neonatal Audit Programme (NNAP)	100%
38. National Ophthalmology Audit (NOD)	*Participated
39. National Paediatric Diabetes Audit (NPDA)	100%
40. National Prostate Cancer audit (NPCA)	100%
41. Perioperative Quality Improvement Programme (PQIP)	*Participated
42. Sentinel Stroke National Audit programme (SSNAP)	100%
43. Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	100%
44. Surgical Site Infection Surveillance Service	100%
45. The Trauma Audit & Research Network (TARN)	100%
46. UK Registry of Endocrine and Thyroid Surgery	100%
47. UK Renal Registry National Acute Kidney Injury programme	100%

**These audits were participated in but we are unable to provide participation figures or rates*

b) National Confidential Enquiries

Title	Participation
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	100%

c) National Clinical Audits and Confidential Enquiries not participated in:

Title	Reason for non-participation
1) National Diabetes Audit – Adult	Only partially relevant to the RBH
2) Oesophago-Gastric Cancer (NOGCA)	Only partially relevant to RBH
3) Society for Acute Medicine's Benchmarking Audit (SAMBA)	Lack of capacity to participate due to COVID pressures
4) BAUS Urology Audits: Female Stress Urinary Incontinence	Lack of capacity to participate due to COVID pressures

d) National Clinical Audits and Confidential Enquiries listed in 2020/21 Quality accounts list but subsequently postponed/delayed

Title
1) National Audit of Care at the End of Life (NACEL)
2) National Audit of Dementia (NAD)
3) NHS provider interventions with suspected / confirmed carbapenemase producing Gram negative colonisations / infections
4) Child Health Clinical Outcome Review Programme (NCEPOD)

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Annex 3: Learning from Deaths

	Q1 2020-21 (Apr-Jun)	Q2 2020-21 (Jul-Sep)	Q3 2020-21 (Oct-Dec)	Q4 2020-21 (Jan-Mar)	Total 2020-21	Reported in Quality Accounts 2019-20	Additional reviews completed in 2020-21 for deaths in 2019-20	Revised Total 2019-20
Total inpatient/ ED deaths	424	345	443	525	1737	1748	-	1748
Total case note reviews completed	23	77	104	79	283	221	120	341
Total investigations completed *	8	6	9	0	23	32	9	41
Casenote review or investigation completed	30	82	112	79	303	216	127	343
Deaths assessed to be more likely than to be due to problems in care	1	0	0	1	2	1	0	1
% deaths assessed more likely than not due to problems in care	0.23%	0%	0%	0.19%	0.11%	0.06%	0%	0.06%

**During the COVID pandemic, cases of 'hospital-acquired' COVID were investigated in clusters as an infection control outbreak in order to learn lessons regarding our infection control practices. These deaths were not individually reviewed and therefore have not been included in the 'investigation' numbers.*

Annex 4: Statements from Commissioners, Overview & Scrutiny Panels, Healthwatch

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Annex 5: Statement of Directors' Responsibility for Quality Report

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

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

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

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2020 to March 2021
 - papers relating to quality reported to the board over the period April 2020 to March 2021
 - feedback from commissioners dated XXX
 - feedback from governors dated XXX

- feedback from local Healthwatch organisations XXX
- feedback from Overview and Scrutiny Committee XXX
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, Q1-3 2020/21
- the 2019 national inpatient survey published July 2020
- the 2020 national staff survey published February 2021
- the Head of Internal Audit's annual opinion of the trust's control environment dated N/A (not subject to Audit this year)
- CQC inspection report dated 07 January 2020

- the Quality Report presents a balanced picture of the Royal Berkshire NHS foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting

guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

Signed:

DRAFT