

# Quality Report

2024 -25







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# Glossary of Technical Terms/Acronyms

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

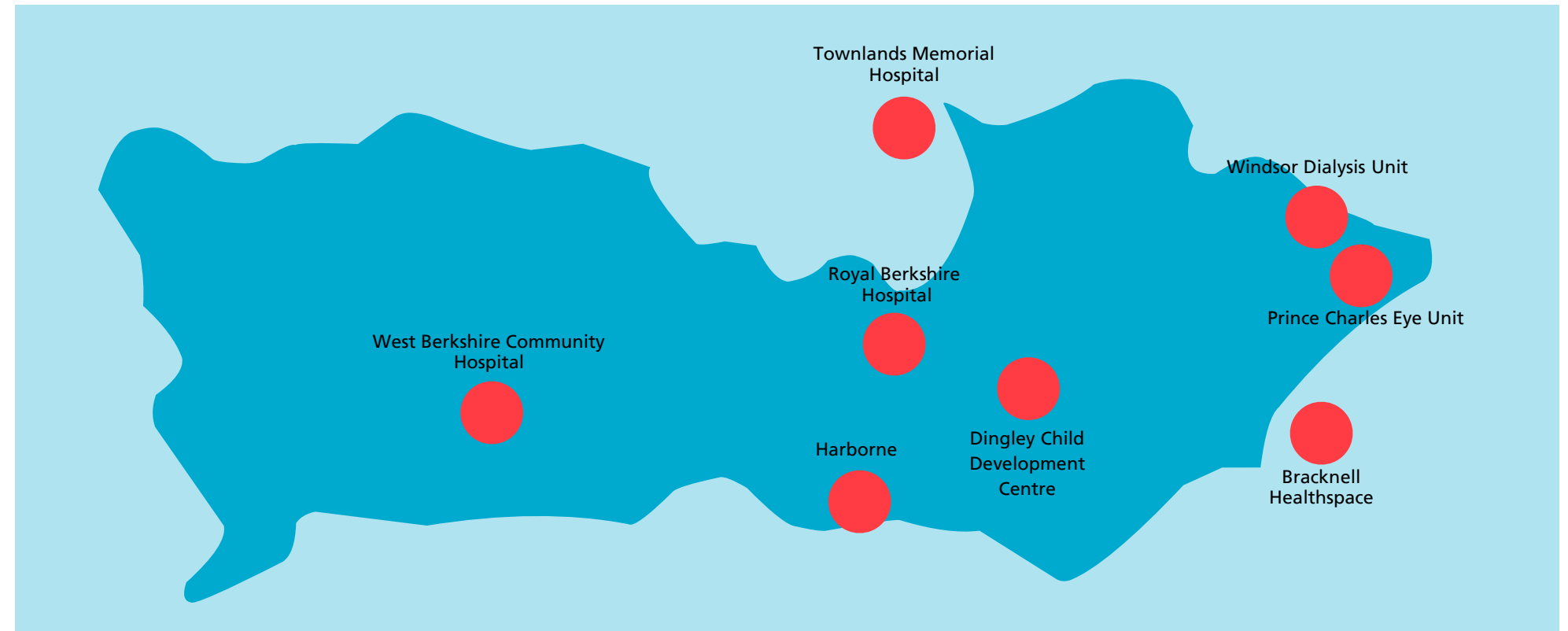
# Introduction

## 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**



# Chief Executive Statement on Quality

At the Trust, providing high quality care and patient safety is at the forefront of everything we do. While we continue to adapt to financial, operational or infrastructural challenges, we never compromise on the safety, dignity, or quality of care we provide. This guiding principle underpins every decision we make and every action we take.

This year we have seen significant transformation again, marked by growing demand, persistent pressures on our Emergency Department, and delayed progress on long-anticipated estate redevelopment. Yet, as a Trust with deep roots, delivering care since the 19th century, we are no strangers to adapting to change. Our teams continue to respond with agility and resilience, innovating to meet complex health needs while holding firm to our commitment to safe, high-quality care.

We have taken a proactive approach to improve patient pathways and safety outcomes. Our Single Point of Access service and the new Urgent Care Centre have enabled thousands of patients to bypass the Emergency Department, accessing more appropriate and timely care. Similarly, our Improving Together quality programme has delivered tangible results through targeted Rapid Improvement Weeks and continuous staff-led innovation.

We are nearing completion of our new urology surgical unit which will open in the summer 2025 and will see a vast improvement for our patients and provide a better environment for our staff.

Our unwavering focus on learning from incidents and reducing harm has been recognised nationally. We are proud to be ranked the top Acute Trust in England across 13 areas in the NHS Staff Survey - including staff feeling empowered to improve services, valued by the organisation, and confident in reporting and learning from near misses.

While our financial position remains extremely challenging, we are resolute that these pressures will not undermine safe care. We are pursuing targeted efficiency savings, driving digital transformation, and partnering across the health system to reduce avoidable delays, all with quality as the non-negotiable foundation. Our commitment extends beyond hospital walls too, with community-based services such as liver health checks, mobile HIV testing, and outpatient surgery continuing to expand.



# Chief Executive Statement on Quality

Clinical research and innovation also play a vital role in our quality agenda. From virtual reality stroke rehabilitation trials to pioneering osteoarthritis treatments, we are at the forefront of shaping safer, evidence-based future care. Our full Global Clinical Site Accreditation and growing academic partnerships reinforce our role as a national leader in research excellence.

Despite working in facilities that, in some cases, date back to the 1830s, our teams continue to deliver exemplary care. While the delay in building a new hospital is deeply disappointing, we are investing in estate improvements, such as new MRI and respiratory diagnostic facilities, to ensure environments are as safe, modern, and effective as possible for patients and staff.

As we look ahead, we remain focused on reducing long waits, improving emergency flow, and ensuring care is delivered in the right setting. Every clinical and corporate team has a role to play in driving these improvements, and our monthly performance reviews track our progress using shared metrics. This dedication from colleagues was reflected in the national annual CQC Inpatient Survey, which looks at how patients experience care while staying in hospital, we were rated as the most improved Trust and ranked in the top five overall out of 131 trusts included.

Quality care and patient safety are not standalone ambitions, they are embedded in every part of our strategy, culture, and daily operations and are reflected in our values of Compassionate, Aspirational, Resourceful and Excellent. I am immensely proud of the dedication and compassion our staff show in delivering high quality care, and I remain confident in our ability to meet every challenge with integrity, collaboration, and a steadfast commitment to those we serve.

Steve McManus

Chief Executive



# Part 1: Our Vision and Quality Priorities 2025/26

## **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 have implemented the Improving Together programme which builds on the agility, innovation and transformation shown by our staff, during the challenging times following 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 which are linked to our strategic objectives and driver metrics, for the coming year, details of which are outlined in the following pages.

Progress against these priorities will be tracked through bi-monthly performance meetings with the Quality Priority leads and monitored on a quarterly 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 2025/26

This year our Quality Priorities are directly aligned to strategic measures and metrics identified in the Trust Improving Together programme. All have an executive Lead and an active work programme behind it and are also aligned to the Quality Strategy. You can see in the table below how the priority projects are aligned:

Strategic Objective	Metric	Project	Quality Priority Domain
Providing highest quality care for all	Driver metric – Planned & Urgent care	Deteriorating Patient	Patient Safety
Deliver in partnership	Strategic metric	Reduce 62 day waits for treatment for cancer patients	
Providing highest quality care for all/Deliver in partnership	Breakthrough priority	Reduce average Length of Stay (LOS) for non-elective patients	Clinical Effectiveness
Providing highest quality care for all	Breakthrough priority	Increasing Outpatient (OP) Activity	
Providing highest quality care for all	Driver metric – Network Care	Increasing the number of patients who were up & dressed in day clothes	
Providing highest quality care for all/Deliver in partnership	Driver Metric – Chief Nursing Officer	Roll out of the Clinical Accreditation Scheme	Patient Experience
Providing highest quality care for all	Strategic metric	Involving patients in their care	

Further detail on each of the projects is provided over the following pages



# Part 1: Our Vision and Quality Priorities 2025/26

## Patient Safety

### 1. Prevention, recognition and escalation of the deteriorating patient

Timely recognition and escalation of patient deterioration is essential for ensuring patient safety and improving patient outcomes. This project continues the work carried out in the previous year but with a specific focus on patients within the emergency and elective care pathways. The aim is to ensure timely completion of essential patient safety assessments when a patient is admitted to the ward in order to identify and prevent patient deterioration.

#### *Performance measure:*

Completion of sepsis, VTE risk and vital signs assessments (target range 95 – 100%)

### 2. Reduction of waiting times for treatment for cancer patients

Ensuring timely, equitable access to care when cancer is suspected is essential as it ensures effective treatment can be initiated. Improving access is a key priority for our organisation and there are a number of initiatives planned to improve performance in this metric.

#### *Performance measure:*

The percentage of patients with confirmed cancer receiving first definitive treatment within 62 days of referral to the Trust. The national target is 85%, with an ambition of 75% for 2025/26.

## Clinical Effectiveness

### 1. Reduce the average Length of Stay (LOS) for non-elective (NEL) patients

Reducing the length of time patients spend in hospital has several benefits including maximising the use of our limited bed base for those patients that need it most, whilst also reducing patient harm and improving ambulance handover times and ED performance.

#### *Performance measure:*

Reduction in average length of stay for non elective patients (including those with a length of stay of 0 days)

# Part 1: Our Vision and Quality Priorities 2025/26

## 2. Increasing outpatient activity

The first outpatient appointment is the largest and most modifiable aspect of the elective pathway and is the biggest contributor to waiting times delays. Increasing appointments would ensure patients can embark on their treatment pathway earlier. To support our patients and deliver our financial plan we are seeking to increase outpatient appointments to 19,000 per month.

*Performance Measure:*

Increasing the volume of first outpatient activity (OPA), including outpatient procedures, being undertaken (target 19,000 per month)

## 3. Deconditioning (#EndPJParalysis)

Inactivity in inpatients can lead to deconditioning, which causes loss of fitness and muscle tone. Getting patients up and dressed is one way to help ensure patients are able to mobilise and avoid the problems associated with deconditioning.

*Performance Measure:*

Increasing the proportion of patients on Network care wards who were dressed (target 50%)

## Patient Experience

### 1. Shared Decision Making

Shared decision making ensures that patients are supported to make the decisions that are right for them so it is vital that patients feel confident that they are involved in all decisions about their care.

*Performance measure:*

Achieve 95% target of patients completing the Friends and Family Test (FFT) Trust-wide who feel that they have been 'listened to and involved in decisions about their care'

### 2. Clinical Accreditation Scheme

Clinical Accreditation schemes use a set of standards to assure the quality of services and promote a sense of pride and promoting a positive quality improvement culture. As well as identifying areas for improvement they can also acknowledge areas of excellence. This project will build on the work done in this year, where the scheme was piloted in 4 clinical areas, with a focus on rolling out the scheme across the Trust.

*Performance measure:*

- Plan for a further 6 in-patient areas to be accredited 2025/26, the trajectory in the following year is to accredit 12 in-patient areas.
- Pilot the out-patient and specialist team accreditation with 3 areas 2025/26



# Part 2: Statements of Assurance from the Board

During 2024-25 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 2024-25 represents 100% of the total income generated from the provision of relevant health services by the Royal Berkshire NHS Foundation Trust for 2024-25.

## CQUIN payment framework

For the 2024/25 contract year, the CQUIN programme was paused nationally. The financial incentive reflected 1.25% as a proportion of the API based contract value primarily aligned to the fixed element of Acute contracts was moved in to unit prices with no option for Commissioners to 'claw-back' funding. The equivalent income would be circa £3.9m  
No Commissioners enacted a non-mandatory local CQUIN requirement.

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

Amendments to the 2023/25 NHS Payment Scheme to take effect from 1 April 2024:

Amendment	How the amendment has been implemented	Changes between proposed amendment and amendment implemented
Pause the nationally mandated CQUIN incentive scheme	<ul style="list-style-type: none"><li>NHSPS document: API rules updated to remove references to adjustments for CQUIN criteria achievement.</li><li>Annex D: References to CQUIN updated to reflect pause</li><li>NHS provider payment mechanisms: References to CQUIN updated to reflect pause</li></ul>	No



# Part 2: Statements of Assurance from the Board

## 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 2024-25, 62 national clinical audits and 3 national confidential enquiries covered relevant health services that the Royal Berkshire NHS Foundation Trust provides. During 2024-25 the Trust participated in 92% national clinical audits (57/62) 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 participated in and for which data collection was completed during 2024-25 are listed in Annex 2, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

## Results of National Clinical Audits and National Confidential Enquiries

The reports of 21 National Clinical Audits and National Confidential Enquiries were reviewed by the provider in 2024-25 and the Royal Berkshire NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

### National Emergency Laparotomy Audit Report (NELA) December 2021/March 2023 (*published October 2024*)

This is a national audit which looks at the quality and outcomes of care experienced by patients undergoing an emergency laparotomy (an operation usually used for people with severe abdominal pain to find the cause of the problem). Participation in this audit identified the following actions which will be monitored through the appropriate specialty clinical governance process:

- Introduction of new guideline, alongside an EPR prompt and information posters
- Introduce risk documentation prompt on eConsent module and EPR post operative risks
- Explore a trial or purchase of cardiac output monitor for intra-operative care

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:

# Part 2: Statements of Assurance from the Board

## National Hip Fracture Database 2023/24 (*published September 2024*)

This 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 and was placed in the top performing quartile for a number of different measures:

- Overall length of stay of 15.9 days, considerably lower than the national average of 20.5 days
- Nearly all patients (99.1%) underwent an assessment by a senior geriatrician within 72 hours of presentation, in comparison to the national average of 87.1%
- Patients received prompt assessments

## 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 29 local clinical audit and quality improvement projects were reviewed by the provider in 2024-25 and the Royal Berkshire NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

### Bed Rail Risk Assessments

Bed rails are ultimately designed to keep patients safe but can also be a safety hazard if not used appropriately. The Occupational Therapy team carried out an audit to ensure that bed rail risk assessments were completed appropriately and documented on the patient's electronic record. Actions developed out of the findings included:

- Development of a universal risk assessment template
- Clinician education and training
- Development of information handouts

Actions will be monitored through the appropriate specialty clinical governance meeting.

# Part 2: Statements of Assurance from the Board

## Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by the trust in 2024-25 that were recruited during that period to participate in research approved by a research ethics committee was 3182 participants into 89 National Institute for Health (NIHR) research studies

An example of one of the pioneering studies reporting this year is the **Urommune project**, which has been described as a “game changer” providing effective relief for patients suffering recurrent urinary tract infections (UTI).

Around half of women and 20 percent of men suffer UTIs, which can be debilitating and particularly dangerous for older people, causing irregular heartbeat, high blood pressure, and triggering potentially lethal falls. At present ongoing and recurrent UTIs are treated with antibiotics, but with antibiotic-resistant infections on the rise drug treatments are becoming less effective.

In a long-running trial, 89 patients were asked to spray a pineapple-flavoured vaccine under their tongue every day for three months and then followed up for nine years by clinicians. Nearly half of the participants (48 per cent) remained entirely infection-free during the nine-year follow-up. Forty per cent of the trial participants reported having second doses of the vaccine after one or two years.

Dr Bob Yang, Consultant Urologist at the Royal Berkshire NHS Foundation Trust, who co-led the research, said: “Before having the vaccine, all our participants suffered from recurrent UTIs, and for many women, these can be difficult to treat. Nine years after first receiving this new UTI vaccine, around half of the participants remained infection-free.”

“Overall, this vaccine is safe in the long term and our participants reported having fewer UTIs that were less severe. Many of those who did get a UTI told us that simply drinking plenty of water was enough to treat it.”

*“Many of our participants told us that having the vaccine restored their quality of life.”*



# Part 2: Statements of Assurance from the Board

## 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 2024-25.

The Royal Berkshire NHS Foundation Trust has had one CQC inspection during 2024-25:

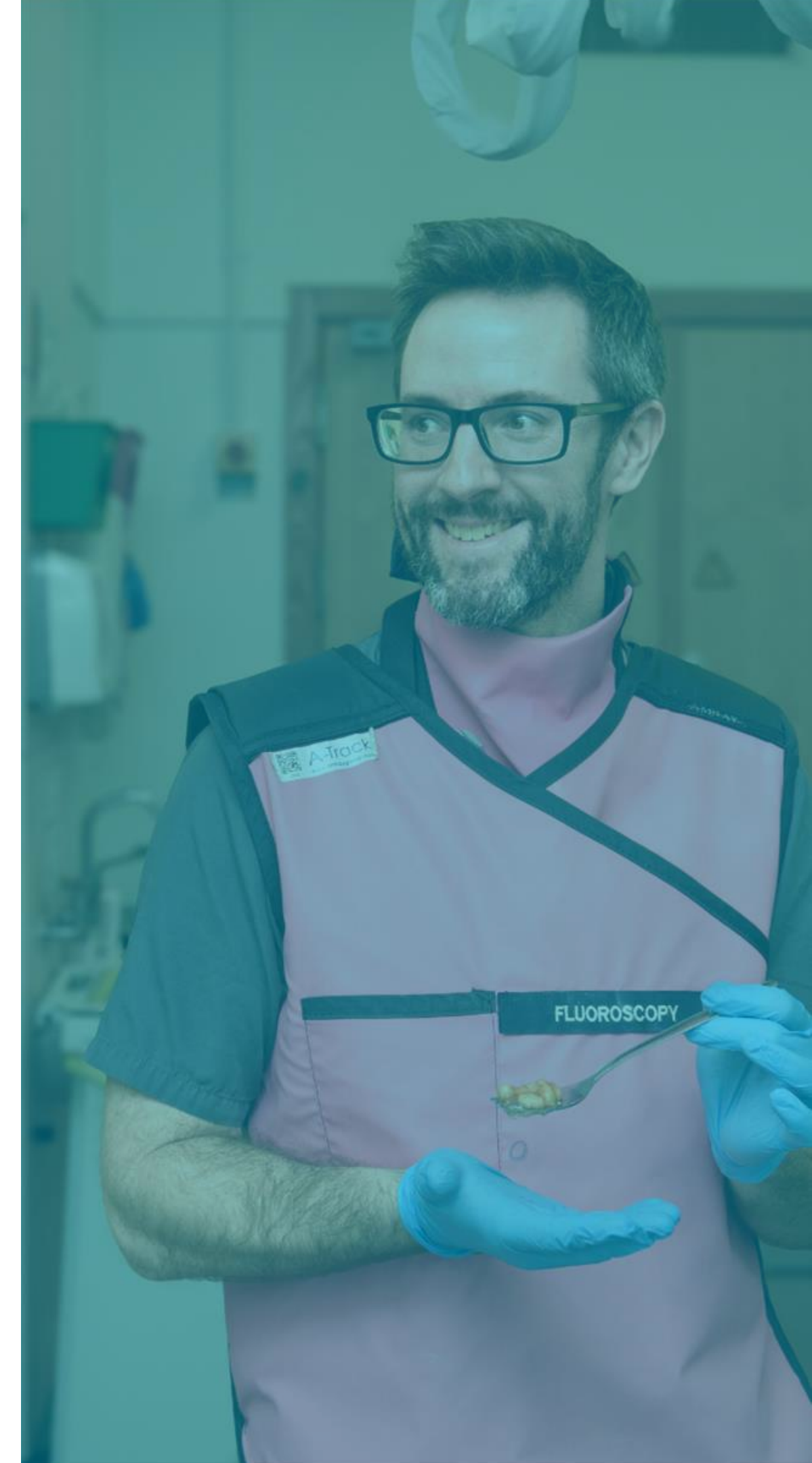
A routine inspection which was part of a national cycle involved the imaging services within the Radiotherapy service at Berkshire Cancer Centre at the Royal Berkshire Hospital were inspected during 22 July 2024 and 5 September 2024 by the CQC to assess compliance with Ionising Radiation (Medical Exposure) Regulations IR[ME]R. There were no regulatory breaches and the action plan addressing two issues from the inspection and the inspection process has been formally closed by the CQC

A Reading Local Authority Joint Targeted Area Inspection of domestic abuse care involved CQC inspectors reviewing maternity and emergency services at the Royal Berkshire Hospital during an inspection March 2025. At the time of writing, the Trust is working with partner organisations to follow up actions identified within the post-review report.

A West Berkshire Borough Council Joint Ofsted/CQC thematic review of children not in full time education took place in February 2025. At the time of writing, the post-review report has not been published.

Reading Borough Council had an adult social care CQC inspection during December 2024 in which key stakeholders within the RBFT were interviewed as a key partner organisation. The assessment process began in July 2024. At the time of writing, the inspection report has not been published.

Wokingham Borough Council's CQC adult social care assessment process began in October 2024. Key RBFT stakeholders were not interviewed as part of the inspection process but were asked to give written feedback and at the time of writing, the Borough Council is awaiting the report.



# Part 2: Statements of Assurance from the Board

## NHS number and general medical practice code validity

The Royal Berkshire NHS Foundation Trust submitted records during 2024 - 25 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:

- 99.89% for admitted patient care
- 99.90% for outpatient care and
- 98.90% 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

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## 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 2025. The Trust attained the Approaching Standards classification for the year ending June 2024.

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## Clinical coding error rate

The Royal Berkshire NHS Foundation Trust was not subject to a Payment by Results clinical coding audit during 2024 - 25.

# Part 2: Statements of Assurance from the Board

## Data Quality and Assurance

In 2024- 2025 the Royal Berkshire NHS Foundation Trust took the following actions to improve data quality:

- The Data Quality and Assurance team provide Data Quality support to users of all modules of the Electronic Patient Record including data clean up processes for operational, reporting, information areas.
- Successfully implemented the Service Now ticket system into the Data Quality team, aligning with the rest of Digital, Data and Technology (DDaT) and improving management, efficiency and effectiveness of the Data Quality team.
- Monitoring and escalating compliance issues with the DQMI (Data Quality Maturity Index) national assessment.
- Data Quality assessment RAG ratings 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 as required.
- 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.
- Ongoing monitoring of the Data Quality KPI dashboard, including escalating issues, formulating actions and developing new KPIs as required.
- Audits were performed throughout the year, reviewed by the DQSG (Data Quality Steering Group) and DQAG (Data Quality and Assurance Group) recommendations made for areas of particular data quality concern regarding Did Not Attend audits for Outpatients, Outpatient Procedure capture review audits, Out of Hospital deaths and Co-morbidities – improve capture in EPR.
- Continuous support and improvement of Maternity Services Data Set (MSDS) data in line with developments in national requirements throughout 2024/25.
- DQA Risks and Issues log maintained, reviewed and actioned by DQSG/DQAG.
- 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 clinician build, Radiology, Emergency Inpatient with Waiting list, missing demographic data etc.
- Supported the RBFT and University of Reading's RMD-Health AI initiative for Rheumatology from a Data Assurance perspective.



# Part 2: Statements of Assurance from the Board

## Learning from deaths

The Royal Berkshire NHS Trust Hospital continues to experience an increasing number of patients accessing services for medical care. The majority of these patients receive appropriate treatment, recover, and are discharged either to their homes or to alternative care settings. Unfortunately, and inevitably, a proportion of patients will die during their admission. While most of these deaths are expected and considered to be unavoidable, a small number may involve aspects of care that were sub-optimal and which could have contributed to the outcome, or that offer important opportunities for learning and improvement.

The Trust is fully committed to the continuous monitoring and enhancement of the quality of care it provides, through a structured and systematic mortality review process. In order to identify recurring themes, areas requiring improvement, and examples of best practice, both case note reviews and more detailed investigations are undertaken where appropriate. These processes enable the identification of contributory factors and root causes, from which lessons can be drawn and disseminated both within the organisation and across the wider health care system.

All adult in-hospital deaths and since September 2024 most community deaths are subject to initial scrutiny by a Trust-appointed Medical Examiner (ME). The ME conducts a review of the patient's medical records, consults with the clinician responsible for the patient at the time of death, and engages with the patient's next of kin. The ME then agrees the cause of death with the qualified authorised practitioner (QAP), determines whether a referral to the Coroner is warranted, and assesses whether the case requires further review or investigation.

Where further review is indicated, the death can undergo a Structured Judgement Review (SJR), which provides an objective assessment of the care provided. Other investigative processes can be adopted but the Mortality Team oversee the SJR process. Each SJR concludes with a formal grading of the overall standard of care. In instances where care is assessed as "more likely than not" to have contributed to the patient's death, a comprehensive investigation is undertaken by the Patient Safety Team within the Patient Safety Incident Response Framework (PSIRF). The outcome and final grading are reviewed and ratified by the Mortality Surveillance Committee (MSC).

Emerging themes, learning points, and identified areas for improvement are reported on a monthly basis to the MSC. Additionally, as part of the Trust's internal quality assurance processes, a random sample of 20 deaths not initially subject to SJR is also reviewed to ensure the robustness and consistency of the mortality review programme.

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 discussed at the Case Review and Triangulation (CRaT) meeting to identify if further investigation is required as well as being reviewed at the MSC to identify learning and themes to share within the Trust. Learning and good practice is shared trust wide.

# Part 2: Statements of Assurance from the Board

## Learning from deaths

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 discussed at the Case Review and Triangulation (CRaT) meeting to identify if further investigation is required as well as being reviewed at the MSC to identify learning and themes to share within the Trust. Learning and good practice is shared trust wide.

During 2024/25, 1502 of the Trust's adult patients died, along with 20 paediatric deaths. The total deaths by quarter are given in Annex 3.

In 2024/25 295 case record reviews and 6 investigations in relation to the 1522 deaths have been undertaken. Out of the 6 investigations, 3 of these mortality cases were subjected to both a case record review and an appropriate level of investigation under PSIRF . The number of deaths in each quarter for which a case record review and/or a Patient Safety (PS) investigation were carried out are given in Annex 1. There were no deaths in 2024/25 that were graded as a grade 3, whereby there was suboptimal care and different care would have reasonably expected to have changed the outcome.

### **Over the last year key learning themes identified have included:**

- Importance of clear documentation & communication. This includes:
  - The recognition of the limitations caused by lack of visibility of contemporaneous notes, and communication between clinicians, care providers including GPs, Mental Health, Social Services, SCAS and the Trust
  - The problems of copy and paste of historical note entries in electronic notes; copied content may not always be relevant to the current patient encounter, can be outdated or inaccurate, and can make the notes unnecessarily long and difficult to navigate
  - The understanding of patient's family and Next of Kin is not necessarily what Clinicians believe they have understood.
- Importance of ongoing clinical review of an unwell patient to revisit investigation results and determine evidence to support working diagnosis
  - When a patient is not responding to treatment for a specific diagnosis, there is a need to revisit the diagnosis, and to reassess treatment
  - Questioning why a result is indeterminate (e.g TB), and what can be done to determine its significance in a patient's care
- Impact of Radiology reporting errors on clinical care
- Understanding NEWS warning score implications (and inclusion of confusion assessment), understanding when to escalate a deteriorating patient, to whom, and a decision as to where they are best cared for
- Immense system pressures remain, particularly in ED, impacting delivery of patient care, and at the same time commendable response of ED staff to pressure, continual commitment to delivering a high standard of care, and demonstrating remarkable resilience
- The importance of gaining meaningful engagement from all clinicians with the Mortality review process

# Part 2: Statements of Assurance from the Board

## Learning from deaths

### Actions taken to address learning points include:

- The Service has now extended to providing written feedback to GPs on the learning from a SJR of their patient in line with addressing our known gap in recommended Learning from Deaths process
- Trust driver metric being developed to address Confirmation bias and how this impacts clinical practice by leading to premature diagnosis, overlooking alternative causes, and potentially causing harm.
- The importance of clear and thorough documentation, the use of communication tools (e.g. SBAR & BRAN) for documentation of decision making and its context highlighted through Specialty Clinical Governance process and Clinical Governance Leads workshop
- Trust driver metric being developed to address role of senior decision making and holistic assessment MDT for complex patients without a diagnosis and falling between care /cancer pathways and MDTs.
- Assure radiology governance reporting error rates of Trust and of Everlight (OOH service)
- Care groups to define how specialties within their division provide assurance on how scan reports are reviewed within their department
- The ongoing development of Mortality Review tools to enable standardised review processes across the Trust.
- Triangulation of cases and 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.
- Working with the Patient Experience Team to feed into staff education on communication and highlight the difference between what the NOK experiences and the communication we thought we had provided.

### 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 Associate Medical 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.
- The ongoing development of the way we host bereavement meetings to enable the NOK concerns to be answered



# Part 3: Our Quality Performance 2024/25

## Quality Priorities 2024/25

We have made good progress with all our quality priorities for 2024/25. The trust remains challenged with operational pressures and elective recovery. 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 2025/26 priorities or form one of the work streams for improving together.

### Summary of performance

	Priority	Quality Targets	Achievement	Overall Achievement
Patient Safety	Introduction of Patient Safety Incident Response Framework (PSIRF)	Number of rapid reviews, swarm huddles, after action reviews, multidisciplinary round table review & thematic reviews.		
		Increasing number of staff compliant with patient safety syllabus levels 1 and 2		
	Call4Concern	C4C calls received		
		Number of Total CCORS		
		Average consultation time (mins)		
Clinical Effectiveness	Clinical Accreditation Scheme	Agree the new proposal for the CAS		
		To monitor the progress of the rollout of the CAS		
		To monitor individual clinical areas progress towards submission and final accreditation		
	Deteriorating Patient	Patients must have a full set of observations recorded and repeated in line with National Standards		
		Patients with a NEWS* 5 or 6 will be assessed by Clinician or Critical Care Outreach Nurse < 60 minutes		
		Patients with a NEWS ≥ 7 are assessed within 30 mins		
	Monitoring and reducing the incidence of catheter associated urinary tract infection (CAUTI)	Formation of a trust-wide Continence Steering group		
		Establishing accurate data and establishing robust reporting from EPR		
		Introduction of CAUTI to the Care Group Reporting Schedule		

# Part 3: Our Quality Performance 2024/25

## Summary of performance

	Priority	Quality Targets	Achievement	Overall Achievement
Patient Experience	Health Inequalities	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.		
		Follow on support for up to 1000 people who will benefit from prevention activities and who may not engage without additional support.		
	Friends and Family Test	Monitor response rates & results in additional questions to drive improvement		

## Patient Safety

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

The Patient Safety Incident Response Framework (PSIRF) has significantly transformed patient safety at our hospital, embedding system-based learning, proportionate responses, and compassionate engagement. Over the past year, governance has strengthened, frontline engagement has improved, and investigative methodologies have been simplified and are being piloted. Challenges remain, particularly in training compliance and the rollout of the National Patient Safety Syllabus (NPSS), but progress continues.

Key achievements include enhanced staff and patient involvement, use of diverse investigation approaches, and improved incident triage using real-time dashboards. Efforts are ongoing to address overdue investigations while fostering continuous learning. Patient Safety Partners (PSPs) play a vital role in engagement, but recruitment and governance processes require refinement. Staff survey feedback on PSIRF implementation highlights the need for accurate data reporting, transparent communication, and structured training for all levels of staff. Moving forward, priorities include expanding education and developing local training, ensuring that our PSIRF processes are aligned with Safeguarding & Infection, Prevention & Control processes, and strengthening patient and family involvement in safety initiatives. The PSIRF Policy & Plan are being reviewed and the priorities are likely to change.

# Part 3: Our Quality Performance 2024/25

## 2. Call4Concern

Royal Berkshire Hospital's implementation of Call4Concern (C4C), a patient safety initiative that allows patients and families to request urgent help, strengthened over 2024/25. The service aligns with the recent National introduction of Martha's Rule, and emphasis in areas such as maternity services, paediatrics and emergency medicine has resulted in the strengthening of the C4C service. Trust performance data is reported to NHS England (NHSE) to evaluate effectiveness and ensure alignment with national guidelines.

Insights from the last year show an overall increase in C4C activity, peaking with 34 activations in March 2025, indicative of sustained engagement with the programme. The majority of calls are received from family, friend or carers of inpatients and this is reflected in the development of new communication materials alongside patient leaders within the trust. As the National Martha's Rule programme enters it's second year, emphasis on embedding across the trust, inclusive of maternity, paediatrics and emergency medicine, continues with commitment to developing the team delivering C4C with training and support.

## 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. The aim of this project was to develop and roll out a new accreditation scheme, which would be able to be used in out-patient areas and specialist teams as well as inpatient wards.

Good progress has been made this year. Significant stakeholder engagement was carried out and in March the new process was piloted across 4 sites with the exciting news that all 4 sites were awarded "Gold" status. This was a considerable achievement and testament to the hard work of those teams. The pilot scheme is currently under evaluation and will then be rolled out across the rest of the organisation in early summer.

Performance was to be measured by completion of a number of actions which are included in the table on page 21. Although these actions are ongoing considerable progress has been made and will continue into next year when the project continues to be a priority for the trust.



*Photo: Staff receiving their certificates on behalf of their ward teams at the Nursing & Midwifery Conference (May 2025)*



# Part 3: Our Quality Performance 2024/25

## 2. Deteriorating Patient

Recognising and responding to patient deterioration promptly is crucial for maintaining patient safety and enhancing outcomes. Early and accurate identification enables timely intervention and supports more effective treatment by ensuring appropriate resources are directed towards patients who are critically unwell. After achieving the National CQUIN target of 30% in 2023/24, compliance with NEWS  $\geq 7$  assessments within 30 minutes has shown significant improvement, rising from 32% in July 24 to 86% in March 25. Compliance for NEWS 5–6 assessments has generally increased, reaching 75% in Mar 25.

Compliance with full observation sets fluctuates but remains between 52% and 74%, indicating a need for further consistency. As part of the wider Deteriorating Patient action plan, focus continues on frequency and accuracy of vital signs collection to support the wider deteriorating patient programme.

This project will be taken forward as one of the priority projects for this year.

## 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 reduces 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) required a multifaceted approach, part of which includes ensuring compliance with our trust Catheter insertion protocol, the formation of a trust-wide Continence Steering group but primarily establishing accurate trust CAUTI data.

Whilst the intended Trust CAUTI rate cannot be identified at this stage the team have concentrated on establishing a rate for E.coli Bacteraemia CAUTI and from January 2025 moved to a rate per 100000 bed days, to enable comparison with other trusts within the region / nationally. Progress has also been made to enable the automatic extraction of data from the electronic patient record and the trust- wide Continence Steering group has been established, and care group reporting has been introduced.

This work will continue as part of the workplan for the Infection control team going forward.

# Part 3: Our Quality Performance 2024/25

## Patient Experience

### 1. Health Inequalities – Community Wellness Outreach Programme

The aim of this project was to offer cardiovascular checks to all adults in areas or community groups particularly at risk of health inequalities. The checks focus on cardiovascular health, as well as providing an opportunity to have broader conversations about health, including mental wellbeing. The project also offers an inclusive and broad range of support through community and voluntary sector partners. This project built on work the Meet PEET team had already been effectively delivering in the community. The project was a pilot whose target and approach evolved over time, but from January 2024 to April 2025, Meet PEET's nurses conducted over 3000 health checks in target cohort groups. As a result, they have identified and helped people deal with, or prevent, a large number of current and future health issues. The service was also enhanced this year by enabling the results of the health checks to be electronically transferred directly to the patient's GP records, which is particularly important if health issues identified need follow up appointments with the GPs.

This project has been extended into 2025/26 and whilst a specific Health Inequalities project is not one of the identified priorities for the coming year, we will be exploring the theme of inequalities in the identified individual projects. This project is just one workstream related to Health Inequalities, see page 38 for information about other workstreams.

### 2. Friends & Family Test (FFT)

In order to gain a better understanding of patient experience additional questions were introduced to the friends & family test, a recognized NHS feedback tool. Responses & participation rates were regularly monitored, however with overall trust satisfaction scores for the period as 93.5% it was felt that reviewing comments from both poor and positive comments and identifying themes would be more informative when attempting to identify areas for improvement. Comments were reviewed by the team but being a manual process proved very time consuming. The team are now exploring the use of an AI tool which it is anticipated will speed up the process and then theming data will be shared with clinical teams to enable improvements to be made.

Patient feedback continues to be an important focus for the trust and the involvement of patients in their care using FFT data is being taken forward in the form of a key reporting metric and one of the Quality Priorities for 2025/26.

# Part 3: Our Quality Performance 2024/25

## Improving Together

Improving Together is a continuous Quality Improvement delivering the components outlined in NHS IMPACT and is a delivery vehicle for our Trust 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 been running for nearly 3 years. During that time, all Executives, Care Group Leadership, Corporate Leadership, 95% of Directorate Management teams and approximately 28% of both clinical and non-clinical frontline teams have been trained and coaching in the Quality Management System (QMS). This equates to 82 teams out of approximately 290 teams trust wide.

The roll out over the past 12 months has been steady with a focus on aligning all improvement work to the Trust's Strategic measures and Breakthrough Priorities (BTPs). During this period there has all been more emphasis on "Go & See" which has been modelled by the Executive Team. "Go and See" is an initiative where trust leaders "go and see" teams at work and see firsthand the Improving Together process in action. The "Go & See" visits have allowed teams to further embed the fundamentals of the QMS and have created cross collaboration opportunities with fellow colleagues from across the Trust and at other organisations.

During 2024/25 the Improving Together Team have been developing an eLearning Course to support the wider roll out and staff awareness of the programme. The first two modules within this learning platform will be mandatory for all staff from introduced and will give a basic overview of the Improving Together principles and methodology. Over 2024/25, the Trust's patient leader participation with the programme has increased and a menu of patient involvement in improvement initiatives being developed for 2025/2026.

Some examples of improvement work in 2024/25 can be seen below:

### Rapid Process Improvement Workshops (RPIWs)

Improving Together introduced and ran 3 successful Rapid Process Improvement Workshops (RPIWs) in 2024/2025. The teams involved in the RPIWs were taught Lean tools (tools/techniques to enhance efficiency) and used them to eliminate waste and streamline their chosen process during the workshop. They are a pivotal way of supporting and delivering operational improvement.

The first RPIW took place in August with Gynaecology, looking to improve and streamline their outpatient hysteroscopy process. The second took place in October, looking at improving the medication TTO ("To Take Out") turnaround time with Pharmacy and the Portering team. Both RPIWs resulted in notable improvements and highlighted impressive collaboration and teamwork. Patient leaders also engaged and helped run both workshops.

They have highlighted the impact of Lean improvement tools and the improvement culture the process creates. During 2025 / 26 the team will be running a further 6 workshops.



# Part 3: Our Quality Performance 2024/25

## 6s

6S is a methodology which helps organisations promote efficient working environments alongside establishing a sustainable culture of safety. The value of 6S was recognised in the first Trust RPIW with gynaecology. Financial savings, both 'soft' and 'hard' can be realised with 6S, including one-off stock savings and recurrent reduction in the volume of monthly orders. In December 2024, the Improvement team in collaboration with the Turnaround Team, ran a 6S pilot on Redlands ward. The Redlands team engagement should be commended, and improvements made to the maintenance of their stock and organisation of their store cupboard is commendable. The 6S methodology is now a Trust-wide project and is planned to be rolled out throughout the Trust in 2025/26.

### Striving for appropriate Dexamethasone prescribing in every tonsillitis patient (Quality Improvement Project)

Clinical experience has demonstrated a problem of excess prescribing of IV dexamethasone in the management of tonsillitis, in contrast with the BMJ Best Practise guideline which advises only a single dose. The clinical implications includes prolonged hospital stay and adverse side effects. The aim of the project was to improve the number of once only dexamethasone prescriptions and in cases where more than one dose has been prescribed, to increase the number that had been prescribed under the guidance of a senior Ear, Nose & Throat (ENT) clinician. A teaching session educating staff on this guidance, along with a poster was distributed to ENT and general surgery junior doctors.

The results showed a **21% increase** in appropriate once only dexamethasone prescribing and a **19% increase** of ENT senior reviews for those patients who had received more than one dexamethasone dose. In conclusion the This project improved patient care by reducing the number of inappropriate dexamethasone prescriptions. The positive impact highlights the need for education on this guidance, and we plan to extend the intervention to our ED colleagues.

### RBH Quality Improvement Conference

On 24 May, the Trust held its annual Junior Doctor Quality Improvement Conference, and the event saw 26 projects / posters submitted and was a chance to share & celebrate the brilliant Improvement work taking place throughout the organisation. Prizes were awarded for Patient Safety, Quality Improvement Project (QIP) of the Year and RBH QIP innovation Prize.

The RBH Project of the Year QIP 2024 was awarded to Dr Axelle Lavigne & Dr Bob Yang for their '**Geriatric overactive bladder & Botulinum toxin A: feasibility & tolerability in the outpatient setting under local anaesthetic**'. Their project focuses on treating Urinary incontinence which significantly impacts the lives of older adults increasing their susceptibility to falls, social isolation and long-term care.



# Part 3: Our Quality Performance 2024/25

## Patient Experience

### CQC Inpatient Survey

The National Inpatient Survey results for 2024/25 were released this year. The survey looks at how patients experience care while staying in hospital and asks people to give their opinions on a different elements of the care they received, including quality of information and communication with staff, whether they were given enough privacy, the amount of support given to help them eat and drink, and on their discharge arrangements.

Based on the responses returned by patients who stayed with us, out of the 131 NHS acute trusts in England, we ranked fourth. And we are also, joint most improved Trust based off last year's results.

Thanks to all the hard work of our staff, of 38 questions where a direct comparison could be drawn from 2023/24 results, we improved in 31. Areas of particular improvement include:

- Being treated with respect and dignity while in hospital.
- Overall experience while in hospital.
- Being offered food that met dietary requirements they had.
- Overall rating of hospital food.
- Feeling involved in decisions about their care and treatment.
- Getting a member of staff to help when needed.
- Discussing any equipment or changes needed at home upon discharge.
- Being given enough notice before being discharged.
- Knowing what would happen next with care after discharge.

Katie Prichard-Thomas, Chief Nursing Officer, said, "I'm so proud of colleagues right across the Trust. Their care, compassion, and dedication to our patients, is reflected in these results. Patient voice matters, and I'm grateful to everyone who has taken the time to share their feedback with us. It helps us to understand what's going well, and where we can make further improvements to their experience with us.

"The areas where we've improved are wide-ranging, which against a national backdrop of challenges, with both the demand on our services, and the complexity of the care patient's need increasing, is especially encouraging."

During 2024/25 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.





# Part 3: Our Quality Performance 2024/25

## Spiritual Healthcare

The Spiritual Healthcare Team provide religious, spiritual, and pastoral support for patients, families, friends, and visitors. Staff, including volunteers, are supported through visits and spontaneous encounters. The team participates in a number of initiatives and meetings across the Trust in order to identify patients who might need additional support and to provide advice on aspects of faith-specific care. They also debrief on ward incidents to ensure continuous learning.

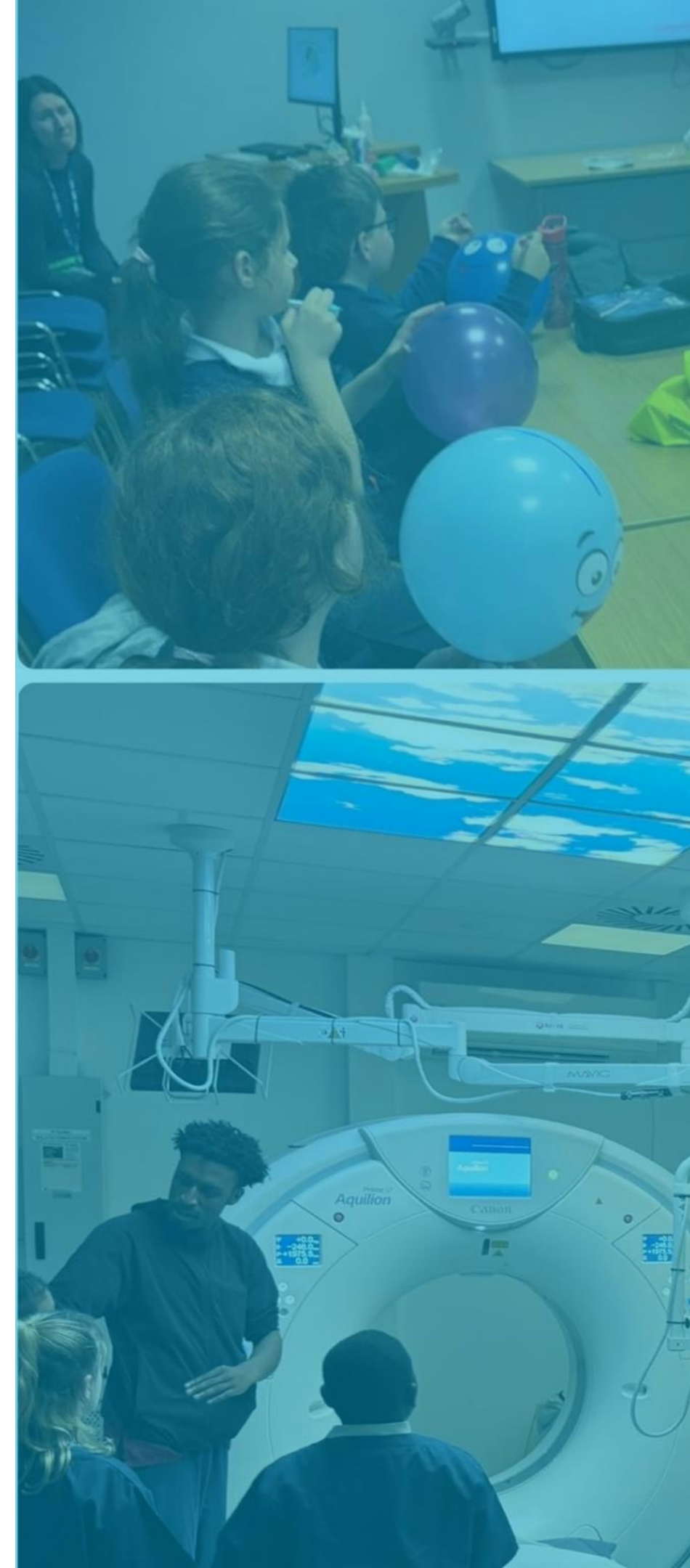
The team provides support for key life events that happen for patients, staff and visitors; including funerals, marriage celebrations, baby blessings, memorial services, Remembrance day services, ecumenical communion, prayer meetings and shout-outs on the hospital radio. The team have marked many religious and cultural festivities that are representative of The Thames Valley's diverse culture and various religions including Christmas and Easter services and the Ramadan gatherings like The Big Iftar.

The Spiritual Health Care Team have also built a team of around 40 Patient Companion volunteers who support patients across the hospital, including those at the end of life, patients receiving radiotherapy, chemotherapy and dialysis, as well as Forces Companions who work specifically with veterans. Currently the Patient Companions support around 45 patients a month. They have regular training days and workshops for volunteers, with update training, peer support and guest speakers offering their expertise. The service is managed by the Spiritual Health Care team and the rota of volunteers respond to requests from hospital teams from 8am to 8pm 7 days a week.

The team have also recently established a Trust Mindfulness Group, to support the wellbeing of staff and volunteers across the Trust. Spiritual Healthcare for all continues to be at the heart of all the team do – They honour the diverse traditions and milestones of the multicultural community they are privileged to serve.

## Pets as Therapy

Companion animals can have a powerful impact on people's wellbeing so over the last year the trust has approved the pets as therapy policy and introduced a Pets as Therapy programme. There are now 5 PAT registered volunteers and dogs who regularly visit the hospital and go to areas like ED, ICU, and the Oasis staff centre. The team will be further promoting this service in the coming months. The project has been a big hit so far with one elderly patient smiling widely said 'this is the first time in a very long while someone has paid this much attention to me' after he was visited by one of the dogs.





# Part 3: Our Quality Performance 2024/25

## Awards

This year has also brought with it a real flurry of successes for the different talented teams across our organisation. Here are just a few examples of our award winning teams:

Colleagues in the Haematology team at the Trust scooped a national award for their commitment to patients living with myeloma. Earlier this year, the team were presented with the Myeloma UK Clinical Service Excellence Programme (CSEP) Award in recognition of their outstanding care and dedication to patients living with the incurable blood cancer. The team were praised for their efforts to improve patients' quality of life, eagerness to listen to their needs, as well as their commitment to raising the bar for treatment and providing compassionate care.

Dr Pratap Neelakantan, Consultant Haematologist and Myeloma lead at Royal Berkshire Hospital, said: "Our myeloma service is extremely proud to have received this award. This recognition is a testament to the team's dedication, hard work, and unwavering spirit. Our engagement with patient leaders and effective communication have been crucial in achieving this milestone.



# Part 3: Our Quality Performance 2024/25

A partnership project led by Henley Business School, University of Reading, and piloting at the Royal Berkshire NHS Foundation Trust, and Oxford University Hospitals Trust has been awarded a grant of £1.2 million for the development of RMD-Health – a machine learning system designed to significantly improve the early detection and referral of rheumatic and musculoskeletal diseases (RMD). The three-year project, funded in part by the National Institute of Health Research (NIHR), will fully develop the product ready for regulatory approval and commercialisation.

With up to one-third of the UK population affected by RMD, these diseases, including inflammatory arthritis (IA), are a leading cause of disability and one of the biggest contributors to sick days and unemployment. The need for accurate identification is critical yet IA can be difficult to detect and can present with non-specific symptoms.

Professor Weizi (Vicky) Li, project lead and Professor of Informatics and Digital Health at Henley, says: “With an estimated annual cost of £1.8 billion in sick leave and work-related disability for rheumatoid arthritis alone, the current RMD referral system faces huge challenges.

We’re introducing a machine learning-based decision support system enabling doctors to refer patients more accurately and promptly, ultimately leading to quicker and more effective treatment.”

With only 40 per cent accuracy in suspected early IA referrals by GPs in 2019-2021, there is a significant burden on secondary care clinicians who must sift through large volumes of referrals and attend unnecessary appointments. Delays in assessing referrals contribute to delayed patient access to the right clinics and treatments and often result in repeated GP consultations.

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In September last year, colleagues from our Dermatology Department attended the national Quality in Care (QiC) Dermatology Awards, and picked up a **‘highly commended’ award in the ‘Dermatology Team of the Year’** category.

Dr Rachel Fisher (Dermatology consultant) Teena Mackenzie (nurse consultant) Dr Faisal Siddiqui (GPwER) Lindsay Yap (Dermatology pharmacist) Sonu Tamang (Dermatology nurse) and Pechie Blyth (Dermatology CAT8 team member) represented the Trust and the team at the event.

The dermatology team see between 450-500 patients per week in outpatients and cover a huge range of conditions including skin cancers, dermatology surgery, inflammatory conditions including eczema, psoriasis and urticaria, and urgent dermatological conditions for example infections and vasculitis, as well as reviewing patients on the acute wards on a daily basis.

They were praised by the judges for being dynamic and driven, consistently putting patients at the forefront of their care and embodying compassion and expertise. And judges were particularly impressed with the way the team collaborate with primary care and other hospital specialties. The skin cancer MDT educational days the team run, and how they’ve embraced getting involved in large research projects were also highlighted.

# Part 3: Our Quality Performance 2024/25

Royal Berkshire NHS Foundation Trust has been recognised as European leader in research and development after winning a European Site Spark Award.

The Trust's Research and Innovation department was the winner of the Innovation in Commercial Research Award at the European Site Spark Awards held in Lisbon, Portugal.

The [Site Spark Award](#), run by the Society for Clinical Research Sites (SCRS), celebrates research sites that embrace innovation and drive advancements in clinical trials. Sites are recognised for ingenuity and impact, rewarding research sites that implement cutting-edge technologies, promoting diversity, and inclusivity as well as the development of unique recruitment methods.

Royal Berkshire received the award in recognition of its commitment to expanding commercial research. Over the past several years, the Trust has seen a 1200% increase in recruitment to commercial studies, and a 180% growth in the number of commercial studies run at the Trust. Patients have benefitted with access to cutting-edge treatments that can improve, extend or save lives. Additionally, the Trust has successfully introduced commercial research in new specialties such as ENT, Respiratory, and Dermatology.

This is the latest recognition for the Trust's excellence in research. In 2024, Royal Berkshire NHS Foundation Trust become the first NHS organisation to receive full Global Clinical Site Assessment (GCSA) certification by the IAOCR - independently assessing the Trust against global best-practice standards.

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## Quality Initiatives

Every day across the Trust our staff are participating in lots of quality initiatives. The next few pages outline a few of the initiatives, starting with a couple of projects run by the Maternity team.

### ATAIN

A project which aims to avoid babies that are full term needing admission to the neonatal unit. The Quality Improvement Project was started in 2024 (although had been previous monitored as a metric). As part of the project a multidisciplinary working party was established and other actions initiated with the result that these actions are already showing improvement with the rate reducing from 7.4% to 4.3%.





# Part 3: Our Quality Performance 2024/25

## Introduction of Family Bays

The Maternity team had received feedback about partners not being able to stay on the postnatal ward. A co-produced project, run with MNVP (Maternity & Neonatal Voices Partnership), was launched in March 2024 starting with the creation of 2 family bays on Iffley ward. Charity support was provided enabling the purchase of reclining chairs. After receiving very positive feedback in November 2024 the project was expanded to include Marsh ward. The team are looking forward to receiving feedback about the service in the next Maternity survey.

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## Swallow Screening Tool

A project was run by the Adult Speech & Language Therapy (SLT) team to improve management of patients with swallowing difficulties. Assessments to detect dysphagia (swallowing difficulties) in patients, with prompt recognition and management associated with improved outcomes, reduced hospital stay and risk of aspiration pneumonia. To enable staff to carry out these assessments they needed a tool that's rapid and easy to use, and that they feel confident using.

Issues had been identified with the current assessment including:

- Difficulties co-ordinating competency sign off and releasing nurses for SLT led training
- The time-consuming nature with completing the various steps of the screen followed by a mealtime observation
- The restriction to certain wards at RBH and other wards requesting a screening tool

After robust research a trial of the Yale Nurse-Led Swallow Screen Protocol was conducted on 6 wards across the care groups in the summer of 2024. Feedback forms were obtained from nurses which demonstrated that 100% reported that the screen was easy and quick to complete, 100% felt well informed of who the screen is suitable for, and 100% agreed that they feel confident using the screen as part of their practice moving forward.

The SLT team are now in the process of training wards trust-wide in this new, efficient and simple swallow screen. We look forward to receive further feedback from our nursing colleagues and monitor the positive impact on patient outcomes.

## Phagenyx

The adult SLT team have recently introduced Phagenyx as a treatment for patients with dysphagia (difficulty swallowing).

Phagenyx is a therapy offered for patients with swallowing difficulties, which is primarily caused by reduced or lack of sensation within the throat. It involves a tube being passed via the nose into the stomach which has two small electrodes on it that sit within the throat (or pharynx). Speech and Language Therapists visit the patient for usually only six sessions and deliver electrical stimulation to the throat with the hope that it can restart neural pathways in the brain responsible for pharyngeal sensation.

So far 12 treatments have been completed with an 83% success rate. Many patients were unable to eat and drink anything orally prior to the treatment and have been discharged from hospital care on modified or regular diet and fluid consistencies. We have successfully avoided more invasive feeding methods in the majority of these patient's which has allowed them to be discharged home with an improved quality of life. "



# Part 3: Our Quality Performance 2024/25

## Trauma and Orthopaedic Shoulder Soft Tissue Clinics

A recent trial was run by the Orthopaedics team to review the management of shoulder dislocations with the aim of improving the patient pathway.

The original pathway meant that patients attending A&E with a shoulder dislocation were referred into virtual fracture clinic (VFC). From there an MRI scan was automatically ordered and they were followed up by the fracture clinic team to discuss results. From fracture clinic, patients would then often be additionally referred into the elective shoulder service for review, having to wait up to three months for this appointment. Patients were therefore exposed to unnecessary scans and appointments were duplicated and treatment delayed.

The new pathway that was trialled meant that patients would be immediately referred from VFC to Physiotherapy for early input, and then into a dedicated soft tissue clinic run by Advanced Physiotherapy Practitioners (APPs) specialising in shoulders, approximately one month post injury.

With the specialist APP input, MRI scans were only ordered from the soft tissue clinic if clinically indicated, and early Physiotherapy intervention meant patients regained function of the shoulder sooner. For some patients, this new approach meant only one appointment was required – i.e. a 'one stop shop'.

Full results are yet to be obtained as the trial is still ongoing. However early outcomes indicate a significant reduction in scan requests and improved discharge rates. This results in fewer referrals into elective Orthopaedic clinics and surgical interventions, suggesting the clinic could contribute to a large financial saving for the Trust with enhanced patient outcomes.

Whilst awaiting the results in full, suggestions are, that this new clinic and pathway provides more efficient, safe and effective care for patients. It appears more cost efficient and also adheres to guidelines. The project will also be presented at the British Elbow and Shoulder Society Conference in the summer.



# Part 3: Our Quality Performance 2024/25

## Staff Wellbeing

The Trust continues to provide a comprehensive health and wellbeing (H&WB) offering to staff, which is increasingly being recognised externally, headlined by a visit from his Royal Highness Prince William in March 2025. The Prince attended to mark 5-years since COVID-19 was officially declared a pandemic, and to learn more about the staff H&WB offering in place at the Trust, and how charitable funds had been used to create the Oasis Staff H&WB Centre and garden.

Staff H&WB is well supported by the Trust Non-Executive Director HWB Guardian and the Chief People officer, both of whom provide oversight on the activities being undertaken to support the health and wellbeing of staff.

The positive action we are taking to promote and support Staff Health and Wellbeing is reflected in the 2024 NHS Staff Survey Results (released March 2025) which highlighted 71.29% of staff feel that RBFT take a “positive action on Health and Wellbeing” up 0.9% from 2023 and over 16% above the national average. We are proudly rated as the top scoring acute NHS Trusts in the country for this question.

The flagship project for supporting Staff HWB is the ‘Oasis’ Staff health and wellbeing campus, comprising of a centre building, garden and cycle storage facilities.

The Staff H&WB lead and the Staff H&WB coordinator are both based in the Oasis and help oversee the running of the building and work to increase staff engaged with the centre. In 2024/25 financial year, we recorded almost 4,000 different staff visiting the Oasis centre and garden at least once (approx. 60% of all staff). The majority of these staff have visited on a number of occasions, with approx. 47,000 ‘swipes’ to access the building recorded during the previous financial year. The Staff H&WB team continue to make innovative use of this space and in the past year have developed partnerships to enable new on-site support to be provided including Alcoholics Anonymous, Pet Therapy and Mindfulness classes.

The Oasis Garden, located behind the Oasis building opened in spring 2023 and provides a green space in addition to a mini-forest, pond, and paths interwoven around the various trees, shrubs, bushes. The final section of the garden continues to be developed and is due for completion in Summer 2025. This area will become an allotment style area with edible fruits also grown. The garden project is overseen by Reading International Solidarity centre who also engage with local volunteer groups.

Our NHS staff health check+ programme commenced in October 2022 and offers staff >30yrs old a cardiovascular and lifestyle health check, as well as advice on menopause. Working in partnership with Reading Borough Council allowed us to sustain the staff health check+ project up until March 2025. As a result approximately 2,000 staff had a health check completed which identified a number of health conditions where action was required. This resulted in approximately 1,300 staff (≈60%) being advised to see their GP for further assessment following their health check.

# Part 3: Our Quality Performance 2024/25

## Staff Wellbeing

Our Trauma Risk Management (TRiM) network remains in place, with 744 staff referred to the service following their exposure to a traumatic event since January 2022. 299 of these staff were triaged as requiring initial 1-2-1 support, with 28 of these referred for onward professional support following their session due to their potential risk of developing Post Traumatic Stress Disorder (PTSD).

Our Staff HWB Team continue to work closely with colleagues providing other support services to staff across the Trust, with close links to our employee relations team who oversee other staff financial wellbeing benefits such as Salary Finance, pay-day advances, and discount platforms. A recent addition to our staff benefits has been our virtual 'Health Hero' GP service, providing staff with 24/7 access to medical advice and support and video/telephone GP consultations from 8am-10pm without needing to make an appointment with their own NHS GP.

The Staff HWB Coordinator is continuing work to ensure that these services are promoted across all our satellite sites and has developed a timetable to visit all wards and departments at least once each quarter.

Our Health Safety and Wellbeing (HS&WB) Champions network continues to expand, with the aim of creating a network of staff who can be the 'eyes and ears' for staff in their local work area and a point of contact for staff to raise concerns related to Health and Safety and/or HWB. There are now 207 HS&WB Champions in place across the Trust, representing a coverage of 99% across all geographical areas and departments. The staff HWB team are actively working to fill the remaining 3 areas with no HS&WB Champion in place.

The Staff Psychological Support Service (SPSS) established in 2023, continues to provide psychologically informed team support having engaged with over 60 teams to date. Trust wide engagement includes from a range of disciplines and banding which enhances impact. The majority of engagement stems from service led referrals which demonstrates an awareness of the SPSS and a positive reputation is developing across the Trust.

The majority of work has focused on the clinical care groups with Urgent care (34%) and Networked care (31%) being the areas receiving most input from SPSS. Support has also been provided to Planned care (24%), Corporate services (9%) and Estates and Facilities (2%) teams. Feedback is regularly received and influences the service provision.

There are extensive efforts to collaborate on post event de-briefing across the Trust. This includes Post Event Team Reflections (PETR) (offered via TRiM referrals or flagged via Datix review), Post Review Action in maternity and co-facilitated learning sessions with RESUS training team. The aim to enhance psychological safety of staff and in turn improve patient care.

Following a significant event a holistic approach would include a psychologically informed session(s) which is designed to complement clinical debriefs. By focusing on enhancing psychological safety & connection in order to try to make sense of an event and build team cohesion. Being able to contain and normalise responses to a significant event within a timely manner aims to minimise adverse psychological impact on staff.

# Part 3: Our Quality Performance 2024/25

## Staff Survey

Earlier this year the Trust was delighted to learn that it had been ranked as the top acute Trust in England across multiple areas of staff experience in this year's NHS Staff Survey, one of the largest workforce surveys in the world. Our staff are our greatest assets so it's fantastic to see that despite the challenging environment staff feel real improvements are being made to enhance their experience whilst in work. From staff feedback, our Trust has been ranked as the top acute Trust in England in thirteen areas, including:

- Taking positive action on health and wellbeing.
- Staff being able to make improvements in their area of work.
- Staff feeling their work is valued by the organisation.
- Learning from and preventing errors or near misses.
- Staff feeling that their role makes a difference to patients.

We have seen significant improvements in many areas over the past year as a direct result of work taking place around the Trust. More staff report feeling comfortable and confident in reporting physical violence – 79% compared to 70% in 2023. Over the last twelve months we have launched our 'No Excuse for Abuse' campaign aimed at public and staff and made further investments into security around our sites.

The NHS Staff Survey is also vital in helping us understand areas where we can perform better or make improvements to staff experience of working in the Trust. Key areas raised in this year's Staff Survey include experiencing discrimination from members of the public and working additional hours over those contracted. Over the next year, we will continue to look at ways we can improve staff experience of working at Royal Berkshire.

It was brilliant to be ranked as the top acute Trust in England across so many areas, but we know there's always more we can do. This year's results are a fantastic foundation for us to build on and make the Trust an even more fantastic place to work for.

## Freedom to Speak Up (FTSU)

The Royal Berkshire NHS Foundation Trust is committed to ensuring that when people speak up they will be listened to, their concerns followed up, and that they will not experience retaliation for having spoken up. The National Guardians Office published its document 'Detriment Guidance for Guardians' in January 2025. The Trust's Freedom to Speak Up policy was reviewed to align with the guidance.

115 concerns were raised in 2024-25, an increase of 53 cases on the previous year. Concerns were raised face-to-face, at FTSU Awareness sessions, listening events, telephone calls, emails, MS Teams, and anonymously by letter.

In August 2024, the FTSU guardian increased their working days from two to three per week, and a new post of Deputy FTSUG was appointed to in November 2024 for two days per week. The additional resource means that the FTSUGs can work proactively to support people to raise concerns and help identify barriers, promoting the importance and benefits



# Part 3: Our Quality Performance 2024/25

of people being able to speak up. The FTSUGs deliver FTSU Awareness sessions to teams and record attendance on Learning Matters and the Deputy FTSUG attends monthly Trust Induction for new employees.

There is a diverse network of 25 FTSU Ambassadors that meet monthly with the FTSU Guardian, they promote a speaking up culture and signpost people to appropriate support.

'Listen Up' was the theme of October FTSU month. A variety of activities took place supported by the FTSU Ambassadors, and a visit from the South Central Ambulance Service with the Speakupulance, which is an old ambulance converted into an interactive space for FTSU and staff wellbeing.

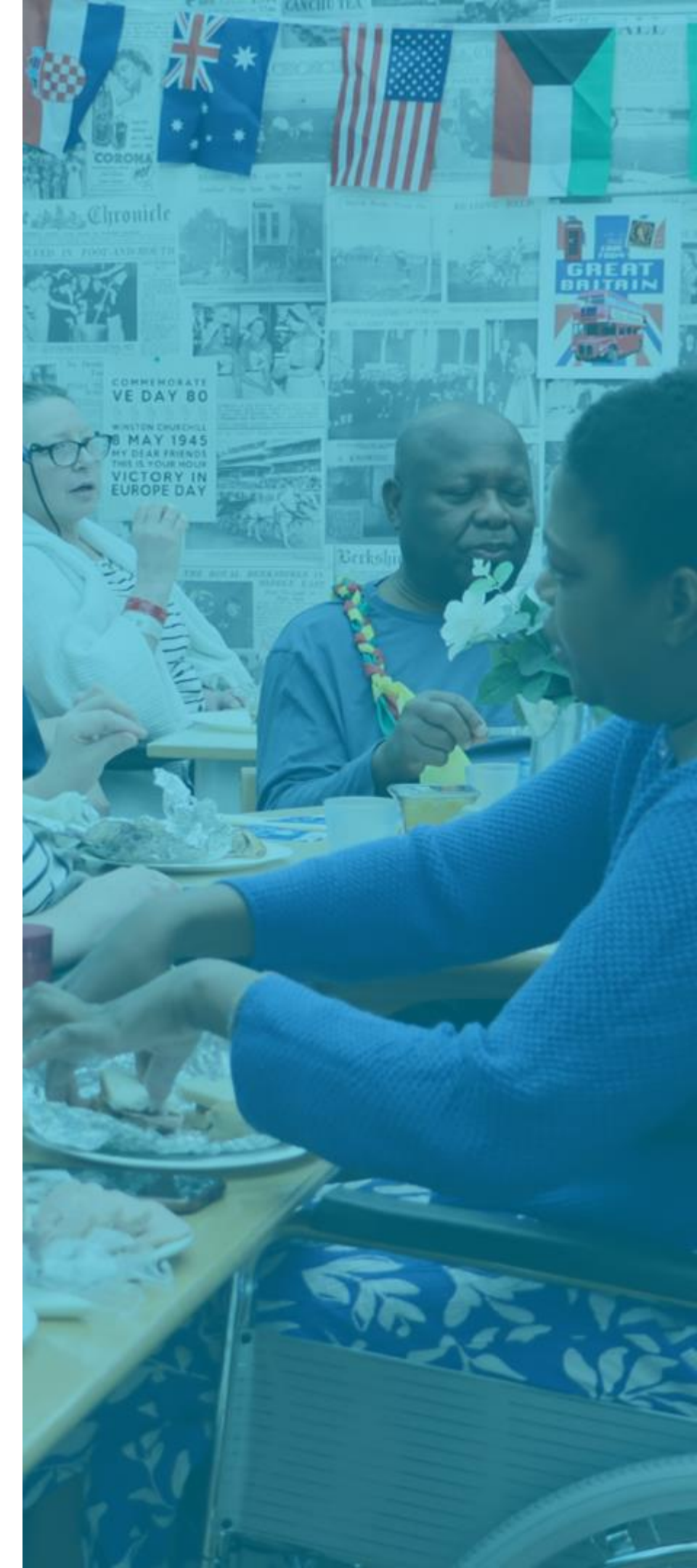
## Health Inequalities

Reducing health inequalities and health promotion both within the hospital and in the community are important to the Trust and as such we have run a number of projects and initiatives across the year. These have included improving translation and interpreting services, the launch of the accessible information standards, equity of care for armed forces and veterans, targeted liver screening and outreach in the deprived areas of the community, specialist maternity clinics for refugees, asylum seekers and their families, sexual health testing in the community with their health van, targeted engagement with young people as part of our Junior Carers programme using the Core20Plus5 paediatric health inequalities approach, collaboration with carers partnership and Age UK and the publication of the carer's charter and passport. In addition, we've created a healthy working environment which integrated health promotion into daily activities for patients, families and staff. More detailed examples of two of our key projects are outlined further down the page.

In March, Care Group representatives joined local colleagues from Public Health in Reading and Wokingham to share their perspectives on where the priorities were for our local communities. Jointly, they discussed whether resources were in the 'right places', focused on the 'right things', and explored how they could progress work in this area. They started to develop an RBFT Health Inequalities / Health Prevention Delivery Plan in conjunction with our Public Health colleagues. In addition, we also focused on Equity of care for Armed Forces and Veterans, the Trust was reaccredited for the third year with Veteran Aware status, community liver checks, which involved patients advanced fibrosis/cirrhosis are invited for liver surveillance and monitored every six months. In relation to carers, we established a Carers status flag on our Electronic Patient Record to support the identification of this under-represented group. We have established a Carer Café for staff, and we have rolled out a new Carers passport and card.

## Meet PEET - Community Wellness Outreach programme

Over the last year the Meet PEET (Patient Experience Engagement Team) has been focusing on the Community Wellness Outreach (CWO) pilot. The programme is an initiative funded by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) which aims to reduce health inequalities for the most vulnerable communities across our region. In Reading,



# Part 3: Our Quality Performance 2024/25

Meet PEET has worked in partnership with Reading Voluntary Action (RVA) to deliver health checks and support through social prescribing in various locations in the community. Meet PEET's nurses have conducted over 3000 full health checks from January 2024 to April 2025, in addition to the mini health checks they were doing previously as briefly outlined in the Quality Priority summary on page 25 . As a result they have identified and helped people deal with or prevent a large number of current and future health issues.

Results have shown that 62% of those who have had a check had high BMI. This was particularly high in those from South Asian, Chinese, Other Asian, Middle Eastern, Black African or African- Caribbean family backgrounds (55%). Results also showed that 21% had high blood glucose and 25% had high blood pressure. The nurses also calculated cardiovascular risk using a tool to assess the likelihood of a patient having a stroke or heart attack in the next 10 years – and results showed that 23% of those having the checks had a greater than 20% risk.

Checks have been positively received both by individuals, community groups and GPs. A recipient of the health check said “Extremely helpful nurse, providing good knowledge and care. Feel good after consultation. Thank you.” Whilst another said “The health check was amazing. It's the first time in a really long time where I've been in a health setting and someone's looked at me as a cohesive thing.”

## Smoking Cessation Project

Tobacco is ranked as the top modifiable risk factor that drives death, disability, ill-health and social inequality in the UK. Smoking caused 96,058 avoidable deaths in England (2019) and it is linked to c. 500,000 hospital admissions each year. Supporting smoking cessation is an opportunity to improve health outcomes for patients, reduce sick days and increase productivity for our staff, and reduce hospital admissions overall.

The smoking cessation project has delivered:

1. An inpatient tobacco dependency service which delivers the CURE smoking cessation service model on all inpatient wards in partnership with Smoke Free Life Berkshire.
2. A staff service - Smoke Free Life Berkshire provide a bookable smoking cessation support service for staff each month and online very brief advise training sessions.
3. RBFT signed the Smoke-free pledge and updated the smoking Policy. 'Proud to be smokefree' signage has been erected around site and an internal comms plan has been implemented with positive engagement.

## Learning Disability 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

# Part 3: Our Quality Performance 2024/25

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, allied health professionals 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 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 also 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.

The LDLNs are also involved with facilitating the transition of young people with a learning disability from paediatric to adult healthcare services.

In the last year a part time learning disability support worker (LDSW) has joined the LDLN service. Their role is to support inpatients with learning disabilities who may be struggling with the hospital environment. They can provide activities as well as a familiar and a reassuring face to our patients and to support AHP/nursing/ medical teams in engaging patients with a learning disability in their care and treatment.

## 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, Medical Rostering, the Medical Education department and Clinical Leads to ensure compliance with the terms and conditions and intervene in any issues raised by exception reporting.

During 2024/ 25 the rates of exception reporting in the trust have remained stable in comparison to the previous financial year, there are between 90 and 150 reports each quarter. These are most commonly for late finishes, and the majority of reports are made by F1 grade doctors.

The GOSW is also 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. Locum bookings have remained stable, and work within the teams involved has improved the quality of information regarding the reason for a locum shift being booked. The trust has employed 10 additional F1 doctors from August 2024 as part of the response to national oversubscription to the Foundation programme.

The GOSW submits a report quarterly to the Board Workforce Committee regarding this data and feedback to individual departments where issues are identified. 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.



# Annex 1: Core Performance Indicators 2024/25

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 where available and for the latest available time periods unless otherwise stated.

## 1. Standardised Hospital-Level Mortality Indicator (SHMI)

Indicator	Jan– Dec 2018	Jan-Dec 2019	Jan – Dec 2020	Jan-Dec 2021	Jan – Dec 2022	Jan – Dec 2023	Jan – Dec 2024	Nat Average	NHS Best	NHS Worst
Summary of SHMI (Value)	1.07	1.1184	1.023	1.0268	0.973	1.0015	1.0484	1.0	0.6991	1.3323
Banding	2	2	2	2	2	2	2	2	1	3
Deaths coded with palliative care	51%	51%	50%	59%	59%	63%	62%	44%	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	2022-23	2023-24	Nat Average	NHS Best	NHS Worst
Hip Replacement (Primary) EQ-5D Adjusted Av Health Gain	0.494	0.452	0.473	*	-	-	0.416	0.458	0.581	0.352
Knee Replacement (Primary) EQ-5D Adjusted Av Health Gain	0.343	0.286	0.343	*	-	-	0.317	0.323	0.405	0.231

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 – 23 could not be provided as reporting numbers were too low.



# Annex 1: Core Performance Indicators 2024/25

## 3. Readmissions with 30 Days

Indicator	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Paediatrics (0-15)	9.6%	10.5%	10.3%	9.7%	10.0%	10.4%	9.5%
National	11.9%	12.5%	12.5%	11.9%	12.5%	12.8%	13.2%
Adults (16+)	14.9%	15.2%	14.6%	16.7%	16.8%	15.5%	14.8%
National	14.1%	14.6%	14.7%	15.9%	14.7%	14.4%	15.1%

NHS Digital data are not available for this indicator for 2022-23 and onwards 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 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.

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

Historically this indicator was based on a composite score of 5 questions from the national inpatient survey. As NHS Digital data was not available similar results for the following questions are included, with a score out of 10:

Indicator	2022	2023	2024	Nat Average	NHS Highest	NHS Lowest
To what extent did staff looking after you involve you in decisions about your care and treatment?	6.9	7.0	7.4	7.1	8.4	6.3
Did you feel able to talk to members of hospital staff about your worries and fears?	7.5	7.6	7.7	7.7	9.2	6.8
Were you given enough privacy when being examined or treated?	9.4	9.6	9.5	9.5	9.9	9.1
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	8.2	7.3	7.6	7.5	9.7	6.1

# Annex 1: Core Performance Indicators 2024/25

## 5. Staff Recommendation Rate (as a provider of care)

The trust participated in the annual staff survey again this year, the survey being 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. Significant improvements in many areas over the past year as a result of work around the Trust, including the launch of the “No Excuse for Abuse” campaign.

The trust has been ranked as the top acute trust to work for in England in 13 areas including:

- *Taking positive action on health and wellbeing.*
- *Staff being able to make improvements in their area of work.*
- *Staff feeling their work is valued by the organisation.*
- *Learning from and preventing errors or near misses.*
- *Staff feeling that their role makes a difference to patients*

Indicator	2019	2020	2021	2022	2023	2024	Nat Average	NHS Best	NHS Worst
Staff recommendation rate	83.9%	83.6%	79.5%	77.9%	77.4%	79.2%	62.5%*	89.6%*	39.7%*

\* 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 action plans to improve the quality of our care and services outlined in this report.

# Annex 1: Core Performance Indicators 2024/25

## 6. Patient Recommendation Rate

Indicator	2017-18	2018-19	2019-20	2021-22	2022-23	2023-24	2024-25	Nat Average	NHS Best	NHS Worst
Inpatient FFT Recommendation rate	100%	99.7%	99.6%	95%	99.0%	97.6%	93.9%	95%	100%	72%
ED FFT Recommendation rate	98%	97.8%	98%	87%	82.4%	82.7%	81.9%	80%	97%	56%

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. \* NHS best and worst are based on data for January 2025

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.

## 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	2024-25*	Nat Average**	NHS Best**	NHS Worst**
Patients risk assessed for VTE	96.1%	96.6%	96.3%	-	-	-	95.9%	96%	91%	100%	12.7%

\* Based on Q1 – 3 data    \*\* Based on Q3 data

National 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 was not reinstated until this year so there is no nationally published data for this indicator for the years 2020 - 2023. Data presented for 2023/24 was 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: data is subject to periodic checks and auditing to ensure accuracy.

The Royal Berkshire NHS Foundation Trust has taken the following actions to improve this proportion, and so the quality of its services, the development of a VTE champion role using physician associates leading to significant improvement on those wards. VTE is now included in the annual EPR training modules for all doctors. The reporting system now feeds directly into the care group rather than the Quality Governance Committee only. The Trust has observed a reduction in cases with an issue with the care from 14 in 23/24 to 10 in 24/25. We have also seen a reduction in VTE occurring within 90 days of hospital admission rates reducing from 2.7 per 1000 ordinary admissions in 23/24 to 1.9 in 24/25.



# Annex 1: Core Performance Indicators 2024/25

## 8. Clostridioides difficile (C.diff)

Indicator	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	Nat Average	NHS Best	NHS Worst
Rate of Healthcare associated C.diff per 100000 bed days	14.7	25.7	24.01	20.02	22.94	17.89	22.52	Not available	Not available	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.

*\*Based on data for Acute Trusts in England 2024/25*

Note 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.

As was the case in previous years, the NHS Standard Contract 2024/25 included quality requirements for NHS trusts and NHS foundation trusts to minimise C.diff rates to threshold levels set by NHS England. To summarise, 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

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, BOB ICB and the UKHSA. It should be noted that nationally, an increase in C.diff cases has also been reported.

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

# Annex 1: Core Performance Indicators 2024/25

## 9. Patient Safety Incidents (PSIs)

Indicator	2022-23	2023-24	2024-25
No of PSIs reported	12063	12107	12239
Rate per 1000 bed days	55.7	51.7	52.4
No of PSIs resulting in severe harm / death	7	16	34
% of PSIs resulting in severe harm or death	0.06%	0.13%	0.28%

NHS England paused the annual publishing of patient safety data while it considered 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.

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.

### Single oversight framework

Indicator for disclosure	2023-24 performance	2024-25 performance
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	82.7%	75%
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge Type 1 attendances only	65.7%	64%
All cancers: 62-day wait for first treatment from:		
• Urgent GP referral for suspected cancer	67.9%	71.6%
• NHS Cancer Screening Service referral	73.3%	74.7%
C. difficile: variance from plan	-1	+16
Summary Hospital-level Mortality Indicator	See table 1	
Maximum 6-week wait for diagnostic procedures	80.2%	92%

# Annex 2: National Clinical Audits and Confidential Enquiries

Project	Workstream	Participation Rate
BAUS Data & Audit Programme	Penile Fracture Audit (SNAP)	100%
	Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices (BAUS I-DUNC)	100%
	Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)	100%
Breast & Cosmetic Implant Registry		Continuous data collection
Case Mix Programme (ICNARC)		100%
Emergency Medicine QIP	Care of older people	Data collection ongoing – Deadline Dec 2025
	Time Critical Medications	Data collection ongoing – Deadline Dec 2025
Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People		Continuous data collection
Falls and Fragility Fractures Audit Programme (FFFAP)	Fracture Liaison Service (FLS)	Continuous data collection
	National Audit of Inpatient Falls (NAIF)	100%
	National Hip Fracture Database (NHFD)	100%
LeDeR – learning from lives and deaths of people with a learning disability and autistic people		Continuous data collection
National Diabetes Audit (adult)	National Diabetes Core Audit	99% (estimate)
	National Diabetes Inpatient Safety Audit	Continuous data collection
	National Pregnancy in Diabetes Audit (NPID)	100%
	Transition (Adolescents and Young Adults) and Young Type 2 Audit	100%
National Audit of Cardiac Rehabilitation		Q4 – 55 records*
National Audit of Care at the End of Life (NACEL)		100%
National Bariatric Surgery Registry		Data collection ongoing
National Cancer Audit Collaborating Centre	National Audit of Metastatic Breast Cancer (NAOMe)	100%
	National Audit of Primary Breast Cancer (NAOPri)	100%
	National Bowel Cancer Audit (NBOCA)	100%
	National Kidney Cancer Audit (NKCA)	100%
	National Lung Cancer Audit (NLCA)	100%
	National Non-Hodgkin Lymphoma Audit (NNHLA)	100%
	National Ovarian Cancer Audit (NOCA)	100%
	National Pancreatic Cancer Audit (NPaCA)	100%
	National Prostate Cancer Audit (NPCA)	100%

\*Data submission previously completed by partner organisation. RBFT data submission commenced January 2025



# Annex 2: National Clinical Audits and Confidential Enquiries

Project	Workstream	Participation Rate
National Cardiac Arrest Audit (NCAA)		100%
National Cardiac Audit Programme	National Heart Failure Audit (NHFA)	100%
	National Audit of Cardiac Rhythm Management (CRM)	Continuous data collection
	Myocardial Ischaemia National Audit project (MINAP)	100%
	National Audit of Percutaneous Coronary Interventions (PCI)	Continuous data collection
National Child Mortality Database		100%
National Comparative Audit of Blood Transfusion	National Comparative Audit of NICE Quality Standard QS138	100%
	National Comparative Audit of Bedside Transfusion Practice	100%
National Early Inflammatory Arthritis Audit (NEIAA)		Continuous data collection
National Emergency Laparotomy Audit (NELA)	Laparotomy	Continuous data collection
National Joint Registry (NJR)		Continuous data collection
National Major Trauma Registry		Continuous data collection
National Maternity & Perinatal Audit (NMPA)		100%
National Neonatal Audit Programme (NNAP)		100%
National Obesity Audit (NOA)		Continuous data collection
National Ophthalmology Database (NOD):	Age-related Macular Degeneration Audit	100%
	Cataract Audit	100%
National Paediatric Diabetes Audit (NPDA)		100%
National Perinatal Mortality Review Tool		100%
National Asthma and COPD Audit Programme (NACAP)	COPD Secondary care	60% (estimate)
	Pulmonary Rehabilitation	100%
	Adult Asthma Secondary Care	72% (estimate)
	Children and Young People’s Asthma Secondary Care	85% (estimate)
Perioperative Quality Improvement Programme		Continuous data collection
Sentinel Stroke National Audit programme (SSNAP)		100%
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme		100%
Society for Acute Medicine Benchmarking Audit		100%
UK Renal Registry	Chronic Kidney Disease audit	100%
	National Acute Kidney Injury Audit	100%

# Annex 2: National Clinical Audits and Confidential Enquiries

Title		Participation Rate
National Confidential Enquiries:		
1. Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)		100%
2. Child Health Clinical Outcome Review Programme (NCEPOD)		100%
3. Medical & Surgical Clinical Outcome Review Programme (NCEPOD)		100%
National Clinical Audits and Confidential Enquiries not participated in:		
British Hernia Society Registry		No data submitted due to lack of resource
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS) Programme		Only partially relevant to Trust services.
National Emergency Laparotomy Audit – No Lap		No data submitted due to lack of resource
National Oesophago-Gastric Cancer Audit (NOGCA)		Only partially relevant to Trust services
National Emergency Laparotomy Audit (No Lap)		No data submitted due to lack of resource
National Clinical Audits and Confidential Enquiries listed in 2024/25 Quality accounts list subsequently postponed/delayed		
National Audit of Dementia		
Emergency Medicine QIP - Adolescent Mental Health		

# Annex 3: Learning from deaths

	Q1 2024-25 (Apr-Jun)	Q2 2024-25 (Jul-Sep)	Q3 2024-25 (Oct-Dec)	Q4 2024-25 (Jan-Mar)	Total 2024-25	Reported in Quality Accounts 2023-24	Additional reviews completed in 2024-25 for deaths in 2023-24	Revised Total 2023-24
Total inpatient/ ED deaths	386	328	387	416	1522	1546	-	1546
Total case note reviews completed *	82	84	91	38	295	364	71	435
Total investigations completed	3	4	0	0	7	8	22	30
Casenote review or investigation completed	84	86	91	38	299	366	84	450
Deaths assessed to be more likely than to be due to problems in care	0	0	0	0	0	2	0	2
% deaths assessed more likely than not due to problems in care	-	-	-	-	–	0.13%	-	0.13%

*\*These figures include all reviews that were carried out – regardless of whether one was required*

# Annex 4: Statement from Commissioners

NHS Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) is pleased to provide a response to the Quality Account 2024/25 submitted by Royal Berkshire NHS Foundation Trust (RBFT).

From our review, we believe the Quality Account has clearly set out both the significant achievements of the Trust in respect of the quality of its services, and a realistic appraisal of the challenges met by RBFT and the wider system. The Quality Account provides information on the services provided by RBFT and progress on the priorities for improvement that were set for 2024/25, giving an overview of the quality of care provided during this period and progress against core quality indicators. It also gives clear evidence of achievements and how the Trust is aiming to maintain or improve the quality of care.

The clinical quality priorities for 2025/26 are also set out in the report. We acknowledge and support the aspiration to maintain high quality services, supported by these priorities. We are pleased to see the ongoing inclusion of recognising the deteriorating patient, addressing cancer waiting times, outpatient appointment capacity, and further improving patient experience through shared decision making.

The National Quality Board definition of quality has six dimensions, including sustainability, equity, and leadership, in addition to the established areas of safety, effectiveness, and experience. It is pleasing to see the commitment to further embedding the national patient safety incident response framework (PSIRF), a positive safety culture and the clinical accreditation scheme. Addressing the sustainability challenge through models of care and stable resilient workforce is a key priority nationally and across BOB. The Trusts focus on staff health and wellbeing and leadership in research and innovation is commended. The ICB are keen to see this continued, and clear alignment between the organisations quality priorities and the overall Integrated Care System goals as set out in our Joint Forward Plan. We are committed to working with the organisation to build upon and achieve further improvements in the areas identified.

We are satisfied that the Quality Account has been developed in line with the national requirements and gives an overall accurate account and analysis of the quality of services.

We would like to recognise in particular, improvements and achievements in the following areas:

- Call4Concern strengthened through implementation in maternity, paediatrics, and the emergency department.
- The single point of access service and new urgent care centre enabling patients to access the right care in the right place at the right time.





# Annex 4: Statement from Commissioners

- A thorough and compassionate approach to learning from deaths.
- Monitoring and reducing the incidence of catheter associated urinary tract infections.
- The 3000 health checks undertaken through the community outreach wellness programme.
- Reduction in term admissions to the neonatal unit and the introduction of family bays in maternity.
- The Improving Together quality programme and rapid improvement weeks.
- Additional questions applied to the friends and family test.
- Improved CQC inpatient survey results.
- The haematology team receiving a national award for the myeloma service.
- Achievement of the European Site Spark award for the research and innovation department.

The Trust is rated “Good” by CQC and received only two actions from the 2024 inspection of imaging services within radiology which have been closed.

## Conclusion

The ICB would like to take this opportunity to acknowledge and praise Royal Berkshire NHS Foundation Trust for their continued commitment to quality improvement and innovation, as well as ensuring that the ICB and partners are actively involved in conversations around the quality and safety of services.

The ICB have attended the Trust’s Quality Meetings throughout the year and are assured of the strength of the organisation’s clinical governance framework. The Trust has also consistently contributed as a partner in the System Quality Groups, bringing expertise, learning, and escalations to these system-wide forums. Alongside the progress reported on the Trust’s main quality priorities, we acknowledge the depth of improvement work reported across all its services.

2024/25 has been a challenging year for health and social care and we know that, as a system, we continue to face significant challenges with capacity and demand across a range of pathways and we value the commitment and expertise that Royal Berkshire NHS Foundation Trust continues to provide in system-wide, regional, and national work to transform services in the face of these challenges.

BOB ICB is looking forward to collaborating with its system partners to develop the national direction of travel for healthcare to future proof the NHS for future generations by working on the following 3 key shifts at the core of the government’s health mission:

- From hospital to community – providing better care close to or in people’s own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care.
- From treatment to prevention – promoting health literacy, supporting early intervention, and reducing health deterioration or avoidable exacerbations of ill health.
- From analogue to digital – greater use of digital infrastructure and solutions to improve care.

Rachael Corser  
Chief Nursing Officer

# 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 2024 to March 2025
  - papers relating to quality reported to the board over the period April 2024 to March 2025
  - the 2022 national inpatient survey published August 2024
  - the 2023 national staff survey published March 2025
  - 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.

# Annex 5: Statement of Directors Responsibility for Quality Report

- 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:

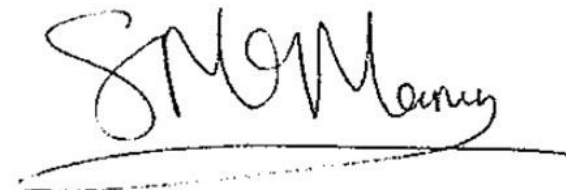
**Chair:** Oke Eleazu

**Date:** 30/06/2025

A handwritten signature in black ink, appearing to read 'Oke Eleazu', with a horizontal line underneath.

**Chief Executive:** Steve McManus

**Date:** 30/06/2025

A handwritten signature in black ink, appearing to read 'SMcManus', with a horizontal line underneath.



**Royal Berkshire**  
NHS Foundation Trust