



Royal Berkshire
NHS Foundation Trust

Public Board - 25 January 2023

MEETING
25 January 2023 09:00

PUBLISHED
24 January 2023

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Seminar Room, Trust Education Centre, Royal Berkshire Hospital	25/01/23		09:00
1. Apologies for Absence and Declarations of Interest (Verbal)		Graham Sims	
2. Health & Safety Moment (Verbal)		Nicky Lloyd	09:00
3. Patient Story (Verbal)		Will Orr	09:15
4. Staff Story (Verbal)		Eamonn Sullivan	09:30
5. Minutes of 30 November 2022 and Matters Arising Update		Graham Sims	09:45
6. Acting Chief Executive Report		Janet Lippett	09:50
7. Integrated Performance Report (IPR)		Dom Hardy	10:00
8. Health and Safety Annual Report		Nicky Lloyd	10:20
9. Minutes of Board Committee Meetings and Committee updates:			10:25
9.1. Workforce Committee 10 November 2022		Priya Hunt	
9.2. Finance & Investment Committee: 17 November 2022 and 12 December 2022		Sue Hunt	
9.3. Charity Committee 23 November 2022 and Terms of Reference		Bal Bahia	
9.4. Quality Committee 7 December 2022		Helen Mackenzie	
9.5. Audit & Risk Committee- 12 December 2022		Peter Milhofer	
10. Work Plan		Caroline Lynch	
11. Date of Next Meeting (Verbal): Wednesday 29 March 2023		Graham Sims	

Minutes

Board of Directors

Wednesday 30 November 2022

09.00 – 11.05

Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Graham Sims	(Chair)
Dr. Janet Lippett	(Acting Chief Executive)
Dr. Bal Bahia	(Non-Executive Director)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Sue Hunt	(Non-Executive Director)
Mrs. Priya Hunt	(Non-Executive Director)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Peter Milhofer	(Non-Executive Director)
Dr. Will Orr	(Acting Chief Medical Officer)
Mr. Eamonn Sullivan	(Chief Nursing Officer)

In attendance

Mrs. Heather Allan	(Director of IM&T)
Mrs Suzanne Emerson-Dam	(Deputy Chief People Officer)
Mrs. Kemi Makun	(Interim Deputy Trust Secretary)
Mr. Andrew Statham	(Director of Strategy)
Mrs. Hannah Travers	(Acting Trust Secretary)

Apologies

Mr. Don Fairley	(Chief People Officer)
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There was one governor and one member of staff present.

148/22 Patient Story

The Acting Chief Medical Officer introduced Emma Vaux, Consultant Nephrologist and Clinical Lead for the Acute Renal Unit. Emma introduced the video of a patient who had been diagnosed as a child with Alpos Syndrome, a congenital kidney disease. The Board noted that Sam's family had a long history of requiring dialysis and this had increased his anxiety of what his future would be like. Physical ailments of Alpos Syndrome included hearing and sight loss as well as a decline in kidney function. Sam now wears a hearing aid and has had both lenses in his eyes replaced.

Sam spoke about a negative experience with a consultant following his diagnosis of Alpos Syndrome and he explained it as a 'time bomb' of not knowing when his kidneys would stop working. This had a negative psychological impact on him. Sam continued to build a relationship with the Renal team over the next twenty years and the team regularly monitored Sam's condition. During 2019, Sam's kidney function had deteriorated to 17% and he was waiting for a kidney transplant. However, Sam continued to be positive about his future and had engaged in a cycling charity event in the UK and Europe to raise funds for research and development. In the previous two years, Sam had also raised circa £24k for the Alpos Syndrome Charity.

The Board discussed the importance of staff using language carefully when speaking to patients about treatment pathways.

149/22 Staff Story

Emma provided an overview of the Renal Unit and highlighted the work of the multi-disciplinary team that enabled patients to be seen on site as well as monitored from home. The service also ranked in the top 10 Renal Centres in the UK for home based therapies. Emma highlighted that, during the first wave of Covid, the unit had the highest rate of patient deaths. A detailed review had been undertaken to identify the reasons for this including demographics of the renal population. Learning from the review was implemented and, during the third wave of Covid, the Trust was in the top quartile for mortality rates. The team had looked at innovative ways of working and throughout the Covid pandemic had no patients waiting for treatment. A Kidney Digital hub had also been developed with funding from the Royal Berks Charity to provide personalised health literacy for renal patients in four different languages. There was also diet sections that could be personalised for different patient groups. It was anticipated this would be expanded to other specialities across the Trust. The Renal Unit also worked collaboratively with colleagues in relation to research and development and had been accredited 'university department' status.

The Board noted that the renal team were reviewing options to increase home dialysis services as this had a positive impact on patients' health and wellbeing. Psychology support was also being sought to support treatment pathways.

The Board thanked Emma for her presentations.

150/22 Health and Safety Update

The Chief Finance Officer highlighted that Health and Safety procedural documents were all compliant. Work was in progress to develop videos to make policy documents more user friendly for staff.

The Board noted that work also continued on reporting near miss incidents and an update on common themes would be provided at a future meeting. The Chair highlighted the positive messaging of reporting near miss incidents on Datix that had been included in the monthly patient safety and quality staff newsletter.

151/22 Minutes for Approval and Matters Arising Schedule

The minutes of the meeting held on 28 September 2022 were agreed as a correct record and signed by the Chair

The Board noted the matters arising updates. All actions had been completed.

152/22 Acting Chief Executive Officer Report

The Acting Chief Executive provided an overview of operational pressures on the emergency care pathways. There continued to be an increased attendances at the Emergency Department (ED). The Urgent Treatment Centre (UTC) was due to open on 5 December 2022 and would provide 100 appointments daily. The Trust was working in partnership with HCRG, the provider of the UTC and a communications plan for the opening of the UTC had been developed and would be promoted across multiple media platforms.

The Acting Chief Executive highlighted the Royal College of Nursing (RCN) had confirmed industrial action would take place on the 15 and 20 December 2022 at the Trust. The Chief Nursing Officer advised that the Trust continued to work with the local RCN to discuss

derogations and ensure industrial action did not impact on patient care. The Trust would implement incident response processes to manage both days of industrial action.

The Acting Chief Executive advised that the annual staff survey had closed and it was anticipated there had been an increase in staff responses in comparison to the previous year. The outcome of the survey was awaited and the results would be provided to the Workforce Committee. The Acting Chief Executive highlighted that the Trust's Education Strategy had been launched in November 2022 and focused on five key domains including community and partnerships, technological, digital and knowledge empowerment, inclusion, leadership and talent and inter professional learning, innovation and improvement. Performance trajectories for the strategy would continue to be reviewed by the Workforce Committee.

The Acting Chief Executive provided an overview of Royal Berks Charity appeal that had been launched to raise funds to support the refurbishment and sound proofing of the bereavement suites on the maternity wards at the Royal Berkshire Hospital. The Charity was also hosting a 'Christmas at the Minster' event for the Charity appeal on 1 December 2022.

The Acting Chief Executive advised that the Trust had attended a Tripartite meeting hosted by Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board (BOB ICB) and provided an overview of the challenges and actions planned in relation to urgent and emergency care performance, performance against national cancer standards and achieving the year end forecast.

The Chief Finance Officer provided an overview of the Trust's financial performance and highlighted that income was behind plan as the Trust had not achieved additional value weighted activity to access Electric Recovery Funding (ERF). Pay and non-pay expenditure were also adverse to plan as a result of staffing requirements and clinical supplies. The Board noted that the Trust had reported a £10.17m deficit year to date and that actions were progressing to reduce the run rate of expenditure.

The Board sought clarity on actions that were in place in the event of patients queuing outside the Emergency Department (ED) during winter. The Chief Operating Officer highlighted that the size of the ED waiting room had been increased in the previous year. In addition, patients attending with minor injuries could be diverted to alternative venues such as the UTC. Patients could also wait in other areas of the hospital and would be contacted when they were due to be seen by a clinician.

153/22 Integrated Performance Report

The Chief Operating Officer provided an overview of the patient safety and experience metrics and highlighted the positive progress achieved against the Safeguarding Level 3 training standard that was 89% compliant during October 2022. There had been an increase in same sex accommodation breaches in October related to infection control measures and operational pressures.

The Board discussed compliance against the complaints 25 day response standard. The Chief Nursing Officer highlighted response rates across Care Groups were challenged as there had been an increase in the complexity of complaints. However, this had been included as an Improving Together priority for all Care Groups and work was in progress to reduce response times.

The Board noted that mortality rates remained in expected ranges in comparison to the previous month. An alert related to schizophrenia and related disorders had been highlighted and was being reviewed. Compliance against the Stroke Sentinel National Audit Programme had also decreased and actions were being progressed to improve the position. The Board noted the Midwife to Birth ratio was compliant at a ratio of 1:25.

The Chief Operating Officer highlighted the Trust was not compliant against the national 4 hour ED waiting time standard as this had been impacted by an increase in the number of attendances at ED. An additional escalation bay had been implemented to support ambulance handovers. Pathology response time for samples had improved. Performance against the DM01 standard remained challenged as a result of workforce capacity constraints and high demand for MRI and endoscopy modalities.

Staff Health Checks had launched in October and approximately 700 staff had booked a health check within 48 hours of appointments becoming available. Staff flu vaccinations was 46% and Covid vaccinations 48%. Communications continued to be issued in order to increase vaccine uptake.

The Chief Nursing Officer highlighted compliance against the appraisal standard had reduced in October compared with previous months. However, weekly reminders were issued to staff. Compliance against the Mandatory and Statutory Training (MAST) training standard had improved and letters of expectation had been sent to staff that were not compliant. A review of the appraisal platform was also in progress to ensure ease of use and letters of expectation would also be provided to managers for staff that had not completed an appraisal within the previous year.

The Chief Finance Officer highlighted there had been a 50% increase in violence and aggression against staff. This was predominantly in the elderly care wards. However, there had also been an increase in violence and aggression in paediatrics. Additional training was being considered as it was anticipated this harm to staff was a major concern and the training would increase the opportunities for de-escalation of incidents and well as reducing the opportunities for incidents to occur.

The Chief Finance Officer provided an overview of the financial position and highlighted that work was ongoing to reduce the run rate. The Board noted that NHS England had published the re-forecast protocol in November 2022 and that it was anticipated trusts would be asked to re-forecast following the Month 9 financial position.

The Board noted the metrics on the Integrated Performance Report would be refreshed from December 2022 to incorporate the Improving Together metrics. **Action: D Hardy**

154/22 Quarter 2 Performance Trajectory Review

The Chief Operating Officer provided an overview of the operational performance trajectories and highlighted the Trust had achieved the Cancer 32 day standard. However, additional work was required to achieve the cancer 2 Week Wait (2WW) standard as there had been an increase in demand. The DM01 standard was also challenged and work was ongoing to increase compliance. A site by site cancer review was being undertaken by the Cancer Steering Group to support short-term actions and longer term planning to address the growing demand and capacity constraints for cancer pathways.

155/22 Winter Plan

The Chief Operating Officer introduced the Winter Plan that aligned with the BOB ICB winter plan, and highlighted that additional performance indicators had been included. The Board noted the Winter Plan would be reviewed to consider whether further actions should be included following the industrial action in December 2022.

The Board approved the 2022/23 Winter Plan.

156/22 Acute Provider Collaborative Memorandum of Understanding (MOU)

The Director of Strategy provided an overview of the Acute Provider Collaborative MOU. Work with system partners would continue to develop workstreams to support the collaborative work and would include digital capabilities. The Board discussed the importance of having a similar collaborative at PLACE. The Board approved the MOU.

157/22 Maternity Update

The Chief Nursing Officer provided an overview of the Kirkup Report that had been published following the review of Maternity Care at East Kent Hospital. The report highlighted four key areas for review including monitoring safe performance, improving standards of clinical behaviour, organisational behaviour and team working.

The Chief Nursing Officer highlighted actions had been progressed to review Trust's maternity care pathways, including a refresh of the maternity metrics on the Integrated Performance Report. A review of maternity governance was in progress and the Director of Midwifery would attend the Quality Committee to provide an update on maternity and obstetrics going forward. In addition, the maternity strategy was being reviewed to ensure that work from the Kirkup and Ockenden reviews was included within the strategy.

The Chief Nursing Officer highlighted that the NHS England Ockenden visit had taken place in October 2022 and the outcome of the visit was still awaited.

158/22 Safer Staffing Report

The Chief Nursing Officer introduced the report that had been discussed in detail at the Executive Management and Workforce committees.

The Chief Nursing Officer highlighted recruitment and retention issues were a national challenge. However, temporary staff were utilised to ensure safe staffing was provided across Care Groups. The Board noted additional recommendations set out in the report to consider additional staffing would be included in the proposals for investment as part of 2023/24 budget setting. In addition, a business case for a lead Allied Health Professional (AHP) at the Trust was also being developed.

The Board approved the Safer Staffing Report.

159/22 Standing Orders

The Acting Trust Secretary introduced the Standing Orders that had been reviewed as part of the annual review cycle. The Audit & Risk Committee had reviewed and recommended to the Board for approval. No changes had been made. The Board approved the Standing Orders.

160/22 Minutes of Board Committee Meetings and Committee Updates

The Board received the following minutes:

- Audit & Risk Committee 13 July, 14 September and 9 November 2022
- Finance & Investment Committee 22 September 2022 and 20 October 2022
- Workforce Committee 15 September 2022
- Charity Committee 19 October 2022

The Chair of the Finance & Investment Committee advised that the Committee had reviewed the Trust's financial performance for Month 7 and received an update on the 2022/23 capital plan at the meeting in November 2022. The protocol to re-forecast had also been published by NHS England during November 2022.

The Chair of the Charity Committee highlighted the Royal Berks Charity event 'Christmas at the Minster' that was scheduled to take place on 1 December 2022.

The Board noted that an update on the Trust's People Strategy and Safer Staffing had been reviewed at the Workforce Committee.

161/22 Board Work Plan

The work plan was noted.

162/22 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 25 January 2023 at 09.00am.

SIGNED:

DATE:

Board Schedule of Matters Arising and Outstanding Actions**Agenda Item 5**

Board Date	Board Minute	Subject	Decision	Owner	Update
30 November 2022	153/22	Integrated Performance Report	The Board noted the metrics on the Integrated Performance Report would be refreshed from December 2022 to incorporate the Improving Together metrics.	D Hardy	Completed - Revised Integrated Performance Report to be presented at January Board of Directors meeting.

Title:	Acting Chief Executive Report
Agenda item no:	6
Meeting:	Board of Directors
Date:	25 January 2023
Presented by:	Janet Lippett, Acting Chief Executive
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	<ul style="list-style-type: none"> To update the Board with an overview of key issues since the previous Board meeting. To update the Board with an overview of key national and local strategic environmental and planning developments This includes items that may impact on policy, quality and financial risks to the Trust.
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Report History	None
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What action is required?	
Assurance	
Information	For information and discussion: The Board is asked to note the report
Discussion/input	
Decision/approval	

Resource Impact:	None
Relationship to Risk in BAF:	
Corporate Risk Register (CRR) Reference /score	
Title of CRR	

Strategic objectives This report impacts on (tick all that apply)::			
Provide the highest quality care for all			✓
Invest in our people and live out our values			✓
Deliver in Partnership			✓
Cultivate innovation and improvement			✓
Achieve Long Term-Sustainability			✓
Well Led Framework applicability:			Not applicable <input type="checkbox"/>
1. Leadership <input type="checkbox"/>	2. Vision & Strategy <input type="checkbox"/>	3. Culture <input type="checkbox"/>	4. Governance <input type="checkbox"/>
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>	7. Engagement <input type="checkbox"/>	8. Learning & Innovation ✓
Publication			
Published on website		Confidentiality (Fol) Private	Public ✓

1. Strategic Objective 1: Provide the Highest Quality Care for all

Operational Status

- 1.1. The Trust remains busy overall and demand for urgent and emergency services has remained high over the previous six weeks, with a year-on year 25% increase in Emergency Department (ED) attendances for December 2022. Significant levels of respiratory disease, flu, Covid, RSV, have accounted for much of this increase but prevalence has fallen since the start of the year.
- 1.2. Rates of bed occupancy have been very high (typically well over 95% on any given day) owing to numbers of patients admitted and high levels of acuity among those patients. This, together with necessary infection prevention and control measures, have in turn created periods of sustained high pressure on bed availability and resulted in delays through ED and in handing over patients conveyed by ambulance, though these pressures have eased in recent days in line with reductions in respiratory disease rates.
- 1.3. The Urgent Care Centre opened in central Reading at the start of December 2022 and has consistently seen daily attendances of 60 to 70 people with work continuing to use all available capacity. This may be contributing to a small reduction in ED attendance levels in January 2023 to date compared with Quarter 3 levels. Elective services have continued throughout this period with a minimal level of cancellations owing to industrial action or occasional capacity constraints.

Industrial Action

- 1.4. The Royal College of Nursing (RCN) undertook took industrial action on two days in December 2022 and the Trust worked in partnership with the RCN to ensure the strike was planned for. Those areas that were able to, applied for derogation and the Trust was able to run reduced services safely. Ballot lines were respectful and peaceful and were well attended throughout the two days. 180 staff were recorded absent due to strike on 15 December and 189 staff were recorded as absent due to strike on 20 December 2022. There was a slight increase in sickness absence on each day.
- 1.5. The Trust was not included in the industrial action on 18 and 19 January 2023. However, the RCN has announced that the Trust will be part of the next round of national strike days on 6 and 7 February 2023 and work is underway to ensure plans are put in place to support this.
- 1.6. Industrial action by South Central Ambulance Service (SCAS) was planned for in a different way with clinicians working nearer to front door services to be able to identify patients more quickly should they have attended for assistance via a non-expected route. Ambulance calls and attendances were lower during strike days and remaining services coped well. The GMB have set out further industrial action on the 6 and 20 February and March 2023.
- 1.7. The Chartered Society of Physiotherapists (CSP) will also be undertaking industrial action on the 26 January and 9 February 2023. Trust physiotherapy staff have been asked to take action on the 26 January only and this will affect 63 staff. The Trust is currently in discussion with the CSP Regional Representatives to ascertain levels of derogation and to ensure affected services and their stakeholders have effective plans in place to minimise the effect on patient care.

2. Strategic Objective 2: Invest in our people and live out our values

NHS Staff Survey 2022

- 2.1. The 2022 National Staff Survey Results are still under national embargo and will remain so until mid-February 2023. In terms of our response rate, in-year improvements and benchmarked performance, indications are that we have further built on the strong foundations and performance reported in our 2021 survey results. Full early insights report will be presented to the Workforce Committee in February 2023.

Hardship Fund

- 2.2. Additional support has been provided to staff related to financial wellbeing that has included seminars and this will continue during 2023. Additional services including early access to salary payments, low cost loans and additional staff benefits have also been provided. In addition, the Royal Berks Charity has also approved funding to support a Trust membership to the Cavell Nurses Trust to enable nursing staff to access grants. Staff also have access to gym facilities, at the Oasis staff health and wellbeing centre.
- 2.3. We are also considering a food bank drop off with donations being donated to local food banks. Further consultation is also ongoing to review the feasibility of low cost staff breakfast meal deal, free breakfast cereal at the Oasis centre and a staff laundry service.

3. Deliver in Partnership

Integrated Care Partnership Workshops

- 3.1. I had the opportunity to meet with our counterparts from across the Berkshire West health and care system to take stock on the progression of integrated care and our ambitions and priorities for the year ahead. Collectively we recognised that a combination of operational pressures and the priority to support the development of the Integrated Care System had resulted in a slowing of our progress in the last 12 to 18 months.
- 3.2. We will be identifying a work programme for 2023/24 that will make a tangible difference in meeting the needs of our patients. This is likely to focus on joint action to reduce the costs of high cost onward care and providing capacity to meet the need for urgent care.

4. Strategic Objective 4: Cultivate Innovation and Improvement

- 4.1. In the last month the Trust has begun to trial “tap and go” log in to computers and applications in Kennet and Loddon wards. This is proving to be successful in streamlining and improving safety in the process of drawing up and administering IV drugs. We will shortly expand this to all staff on these two wards for a wider exploration of the benefits of this technology on a broader group of staff and are seeking to trail it in other clinical areas over the next few months.
- 4.2. We have also implemented self-check in for patients attending outpatient appointments at West Berkshire Community Hospital on the pilots in Ophthalmology and Community Paediatrics. Colleagues in Ears, Nose and Throat (ENT) also performed the first scarless thyroid operation in the UK in December 2022 continuing our rich history of innovation at the Trust.

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

- 5.1. At Month 9, December 2023 year to date, the Trust has reported a deficit of £14.33m, which is £14.78m behind plan. Income is £5.72m behind plan, largely as a result of the non-achievement of additional Elective Recovery Funding (ERF). Pay expenditure, at £245.55m, is £5.15m adverse to plan, largely as a result of vacancies, sickness, and higher levels of demand for services than foreseen when budgets were set. Non-pay expenditure, including Public Dividend Capital (PDC), depreciation and interest at £174.56m is £3.13m adverse to plan.
- 5.2. We intend to re-forecast our likely year end position, based on our Month 10, January 2023 position, in alignment with other organisations across Buckinghamshire, Oxfordshire and Berkshire Integrated Care System (BOB ICS). We are working collaboratively with National and Regional NHS England (NHSE) Finance teams, as well as the ICS Finance Team, to achieve the optimal outcome for the Trust and the ICS.
- 5.3. The Trust has recognised £7.8m of capital expenditure at Month 9, December year to date, which is behind plan. However, we expect to deliver our full programme by the end of the financial year. The cash and liquidity position remains strong at £43.81m, a decrease of £9.89m in the month, and well in excess of the £18m cash floor requirement established at budget setting, as we continue to return to normal trading terms across our supplier base.

Building Berkshire Together Site Redevelopment Programme

- 5.4. In the first week after its launch, we have already had just over 600 responses to the 'Building Berkshire Together' survey through social media and via Trust communications. This survey is to ask for views on shaping the hospital redevelopment, and we are keen to encourage wider participation across our community.
www.buildingberkshiretogether.co.uk/survey

Title:	Integrated Performance Report
Agenda item no:	7
Meeting:	Board of Directors
Date:	25 January 2023
Presented by:	Dom Hardy, Chief Operating Officer
Prepared by:	Executive Team

Purpose of the Report	The purpose of this report is to provide the Board with an analysis of quality performance to the end of December 2022.
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Report History	Executive Management Committee - 23 January 2023
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What action is required?	
Assurance	
Information	The Board is asked to note the report
Discussion/input	
Decision/approval	

Resource Impact:	None
Relationship to Risk in BAF:	n/a
Corporate Risk Register (CRR) Reference /score	4241 Compliance to National Standards for Access 4176 Staff Recruitment 4178 Mandatory Training 4182 Risk to achieving strategic objective of financial sustainability
Title of CRR	See above

Strategic objectives This report impacts on (tick all that apply)::				
Provide the highest quality care for all				✓
Invest in our people and live out our values				✓
Deliver in partnership				✓
Cultivate innovation and improvement				✓
Achieve long-term sustainability				
Well Led Framework applicability:			Not applicable	
1. Leadership <input type="checkbox"/>	2. Vision & Strategy <input type="checkbox"/>	3. Culture <input type="checkbox"/>	4. Governance <input type="checkbox"/>	
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>	7. Engagement <input type="checkbox"/>	8. Learning & Innovation <input type="checkbox"/>	
Publication				
Published on website		Confidentiality (FoI)	Private	Public <input checked="" type="checkbox"/>

Integrated Performance Report

January 2023

A decorative graphic on the left side of the page, featuring large, overlapping, curved shapes in purple, teal, and yellow, with circular accents in the same colors.

**Improving together to deliver
outstanding care for our community**



December 2022 performance summary

The data in this report relates to the period up to 31st December 2022. During this time the Trust continued to experience demand pressures in excess of 2019-20 levels across Non-elective pathways and continued to reduce the pandemic related elective backlog.

Despite the sustained pressure, our staff have **continued to provide high quality, safe care**, and both our experience and harm indicators remain at normal levels. (Pages 6-7). However, the Trust has not met the national and local targets within the **Deliver in Partnership** objective (pages 9-12) resulting in all the metrics alerting. The same pressures are limiting the Trust's progress in delivering **care closer to home** (page 13).

Good progress continues to be made in reducing the average wait for elective care, but high levels of demand and challenges in maintaining flow through the hospital continue to impact performance against the **4hr standard**. Waiting times for **diagnostic services** (page 10) and especially MRI, Endoscopy and Pathology, continue to be challenged and are impacting on our **cancer performance**. Actions to address this are set out in the Breakthrough priority on cancer (page 19).

The Trust's **workforce turnover rate** (page 8) and **vacancy rates** (page 17) remain above target, having been suppressed during the pandemic. The Trust has invested in additional resources to support recruitment and retention and this will be a focus of the People directorate for the next few months.

The combination of elevated demand for our services, challenges in recruiting and retaining staff and inflationary pressures has resulted in the Trust recording a **financial deficit** of £14.3m in the year to date (page 15). Remedial actions are in place to mitigate this but the Trust does not expect to deliver its planned surplus for the year.

A range of watch metrics are alerting this month which will be discussed by the quality, workforce and finance committees. The majority of alerting metrics are closely related to strategic metrics. A further set relate to action the Trust has in place to enhance completion of mandatory training and timely appraisals.

Strategic Objectives	Page	Strategic Metric	SPC flag
Provide the highest quality care for all	6	Improve patient experience: Number of complaints	
	7	Reduce harm: Number of serious incidents	
Invest in our people and live out our values	8	Improve retention: Turnover rate	
Delivering in partnership	9-11	Improve waiting times: Reduce Elective long waiters (Incomplete RTT 52wks)	
		Average wait times for diagnostic services	
	Emergency Department (ED) performance against 4hr target		
	12	Reduce inpatient admissions: Rate of admission (LoS>0)	
Cultivate innovation and improvement	13	Increase care closer to home: Proportion of activity delivered at RBH	
Achieve long-term sustainability	14	Live within our means: Trust income and expenditure	
	15	Reduce impact on the environment: CO2 emissions	N/A
Breakthrough priorities	17	Recruit to establishment (Vacancy %)	
	18	Improve flow: Reduce the number of 7 day stranded patients	
	19	Support patients with cancer Reduce 62 days cancer waits incomplete	
Watch metrics	21-30		N/A

Our Strategy: Improving Together

Our Strategy Improving Together defines how we work together to deliver outstanding care for our community over the next 5 to 10 years.

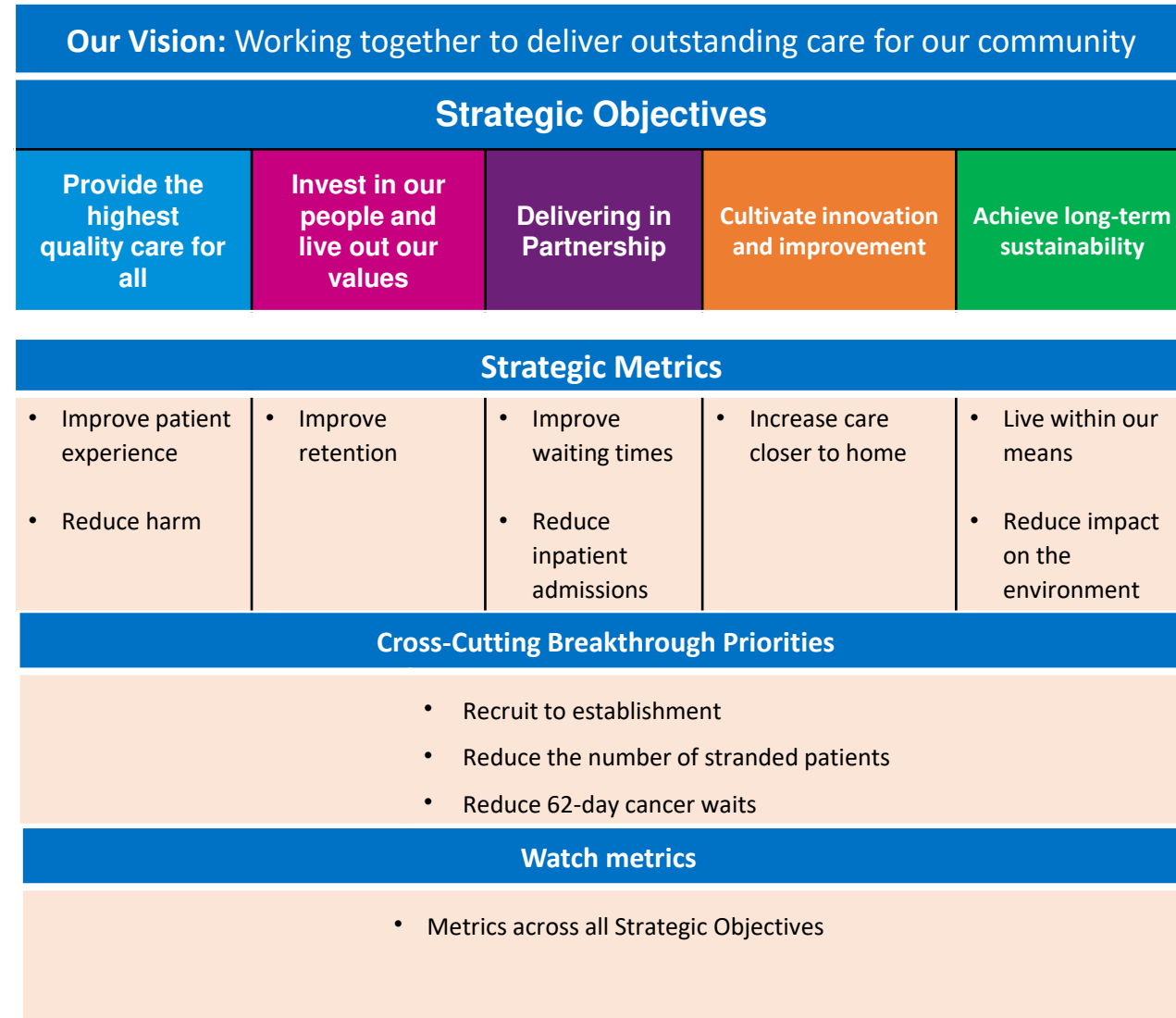
Achieving Our Strategy and becoming an outstanding organisation relies on each and everyone of our staff identifying ways we can improve the care we deliver to patients everyday and ways in which we can reduce waste, inefficiency and variation.

To support this we are rolling out our **Improving Together** Programme. This program provides clarity on where we need to focus, support to staff to make real improvements and training, coaching and resources to our teams.

For the next five years, we will focus on five **Strategic Objectives**. To track our progress on these we have identified 8 **Strategic Metrics**. Each of our clinical and corporate teams are in the process of identifying how they contribute to the delivery of these metrics and our monthly performance meetings will focus on action we can take together to make progress. For the remainder of 22/23 we have identified 3 **Breakthrough Priorities** that we are looking for rapid improvement on. We have chosen these areas as data has shown us that progressing these areas will make a substantial impact on one or more strategic metrics.

Each month we will use data in this **Integrated Performance Report** to measure how much progress we have made on our strategic metrics and breakthrough priorities. For areas that are yet to reach our expectations we will set out the actions we are taking to improve performance further.

Alongside our priority indicators we will also report on a wider set of metrics, highlighting any indicators that we are paying closer attention to. At times these **Watch Metrics** may require us to reset our areas of priority focus. We will use a series of statistical measures and qualitative insight to guide us in this decision and will flag where we believe additional focus is required.



Guide to statistical process control (SPC)

Introduction to SPC:

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action. The Improving Together methodology incorporates the use of SPC Charts alongside the use of Business Rules to provide aggregated view of how each KPI is performing with statistical rigor.

The main aims of using statistical process control charts is to understand what is different and what is normal, to be able to determine where work needs to be concentrated to make a change.

A SPC chart plots data over time and allows us to detect if:

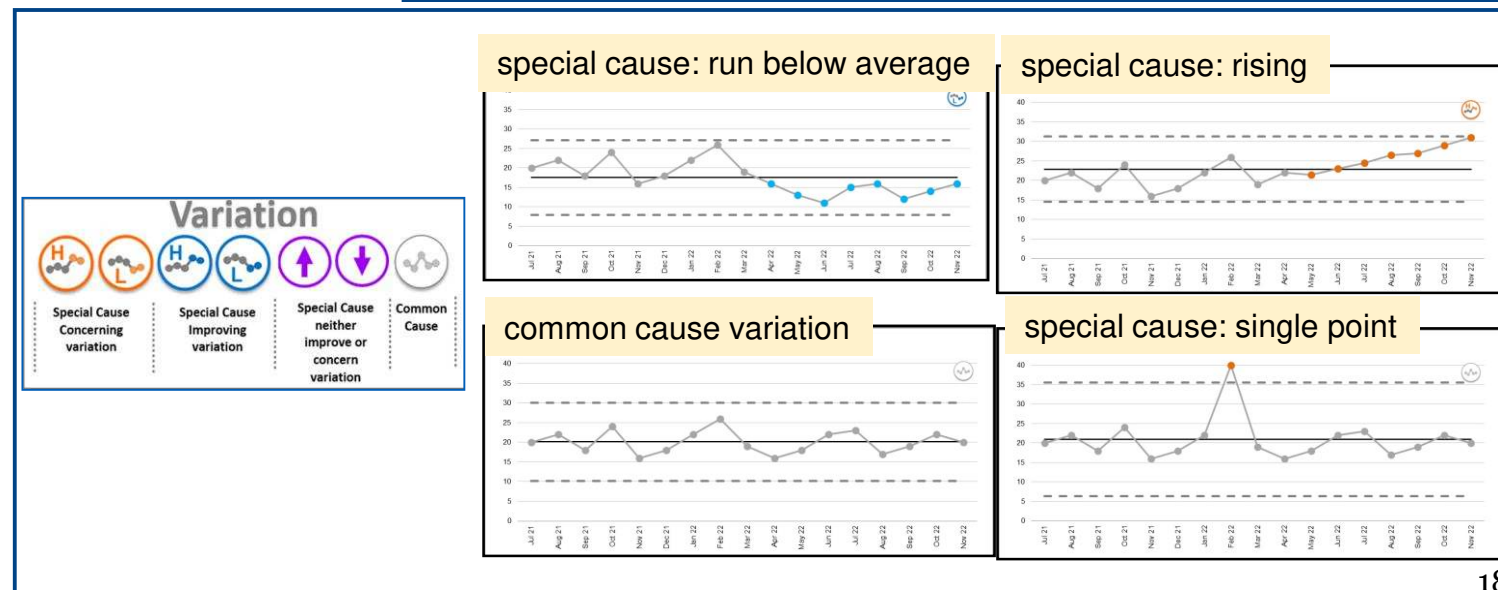
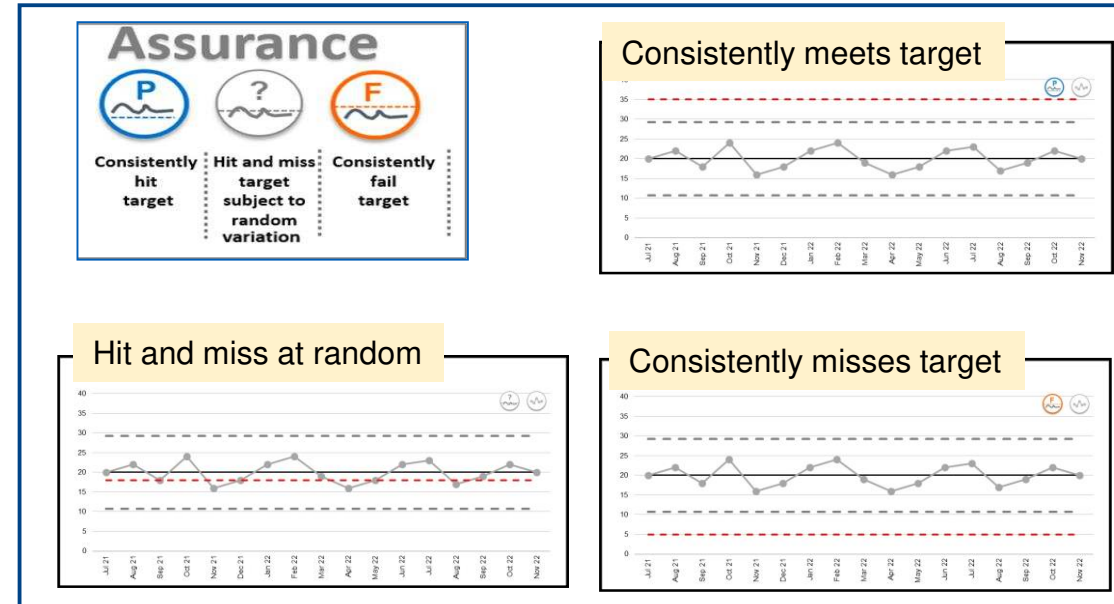
- The variation is routine, expected and stable within a range. We call this 'common cause' variation, or
- The variation is irregular, unexpected and unstable. We call this 'special cause' variation and indicates an irregularity or that something significant has changed in the process

Each chart shows a VARIATION icon to identify either common cause or special cause variation. If special cause variation is detected the icon can also indicate if it is improving (blue) or worsening (orange).

Where we have set a target, the chart also provides an ASSURANCE icon indicating:

- If we have consistently met that target (blue icon),
- If we hit and miss randomly over time (grey icon), or
- If we consistently fail the target (orange icon)

For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.



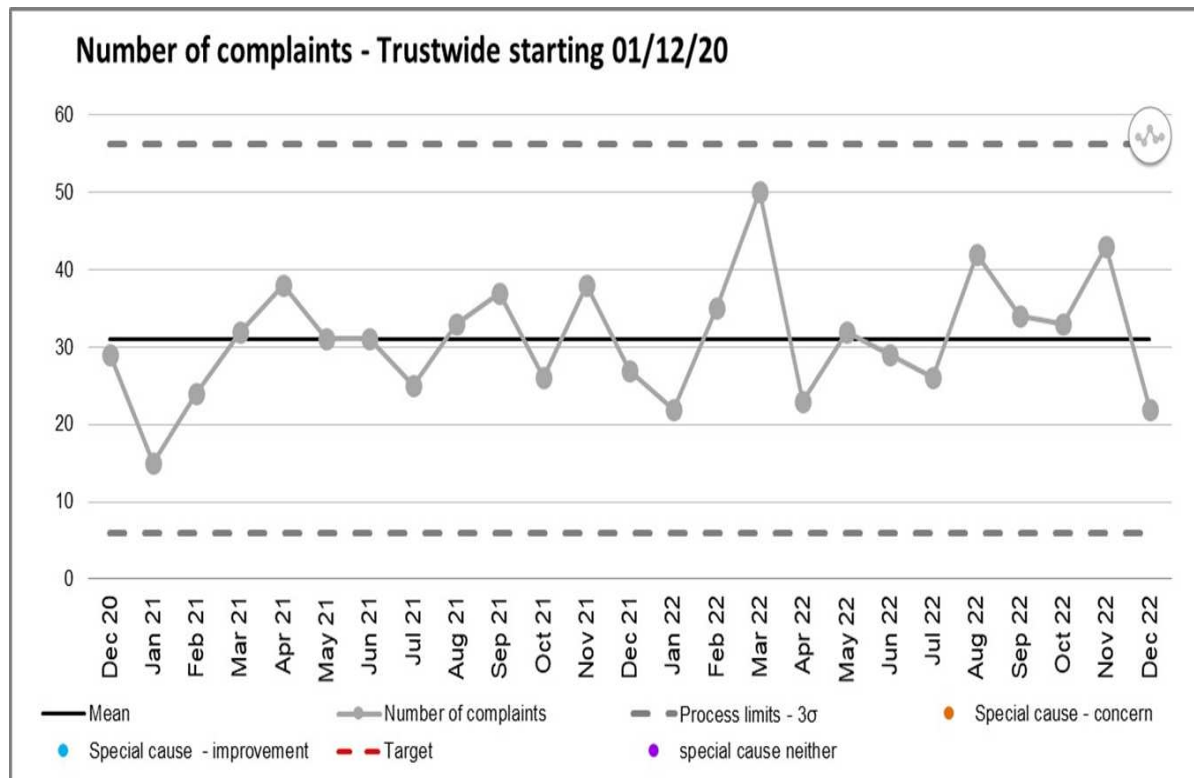
Strategic Metrics

Strategic objective: Provide the highest quality care for all

Strategic metric: Improve patient experience

Assurance	Variation
N/A	

Board Committee:
Quality committee
SRO: Eamonn Sullivan



This metric measures:

Our objective is to improve the experience of receiving care within the Trust. We are working towards developing a holistic measure of patient experience that can provide regular timely information on how we are performing. Whilst that is in development, we are using the number of complaints received by the Trust within the calendar month.

How are we performing:

There were 22 formal complaints received in Dec, a 48% decrease from the 43 received in Nov 2022. This variation remains in normal levels. The top two themes were Clinical Treatment (10) and Communication (9). 23 compliments and 3 GP pals concerns were received.

37 complaints were closed (up 15% on 32 closed in Nov) of which, 7 were well founded, 9 were partially well founded and 8 were unfounded. We are awaiting outcomes for 13 complaints. The severity rating was: 2 Red (high), 7 Amber (moderate), 14 Yellow (low) and 14 Green (v. low).

43% of responses were received in the Complaints Team within 15 working days of receipt of complaint (against a target of 75% or above). 59% of complaints were closed within 25 working days, which is a 13% point reduction in comparison to November. Key drivers for this are winter pressures and sickness levels. Outstanding actions percentage overdue for each Care Group - Networked Care 20%, Planned Care 89%, Urgent Care 98%.

Actions:

- Weekly/fortnightly meetings reinstated with care groups and directorates (**Q4 22/23**)
- Continuous Patient Advice and Liaison Service (PALS) monitoring to gauge current issues. Triangulation meetings commenced **18/01/23** with Patient Safety to identify Trust wide themes.
- Current deep dive into complaint processes with view to develop CQI process.
- Supporting Care Groups with their improvement plans (**Q1 23/24**)


Risks:

- Winter pressures and ability of IOs to undertake responses.
- Staffing levels due to continued Trust wide sickness

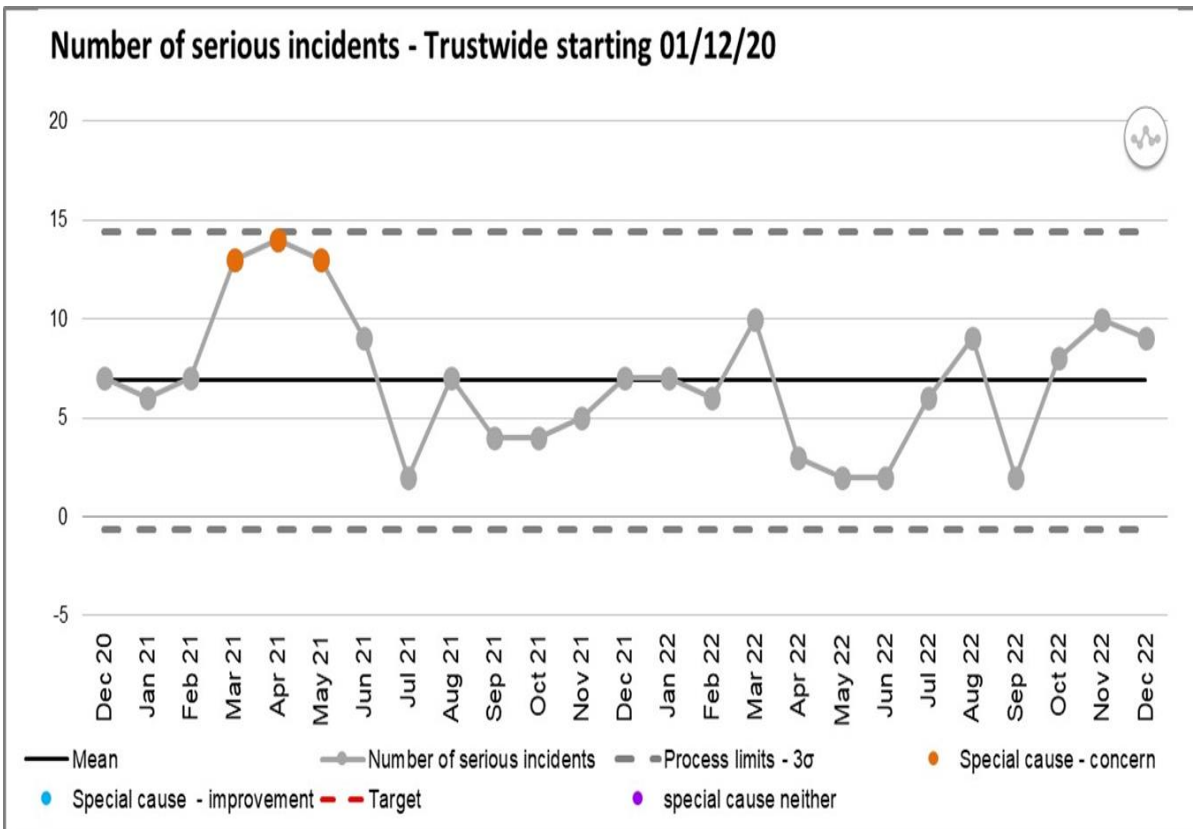
	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Number of complaints received	26	42	34	33	43	22
Complaints turnaround time within 25 days (%)	62%	68%	68%	68%	72%	59%

Strategic objective: Provide the highest quality care for all

Strategic metric: All declared serious incidents

Assurance	Variation
N/A	

Board Committee:
Quality committee
SRO: Eamonn Sullivan



This metric measures:
Our objective is reduce avoidable harm across all our services. The metric we have chosen to assess or progress in this measures the number of reported serious incidents in the Trust in the month. The data relates to the date we are reporting date rather than the incident date.

How are we performing:
We reported 9 serious incidents in December. Urgent Care (3), Networked Care (1), Corporate (3) Planned Care (2). The number of incidents is an insignificant slight decrease month on month from November and remains within the expected range. One of the incidents was classified as a Never Event. This related to wrong site surgery.

Duty of Candour was met in all incidents and learning disseminated. Key learning themes from December SI's include improving referrals and communication with tertiary centres, maximising effectiveness of safety huddles, reviewing multidisciplinary team EPR documentation, pressure ulcer categorisation and improving the transfer of care to community hospitals.

We typically see an increase in incidents reported in Q4 due to high volumes of Emergency Department (ED) attendances, the continued impact of COVID-19 backlog and increased capacity of the organisation.

Actions:

- Transition from Serious Incident Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation is ongoing. **Q4 22/23**,
- Develop processes for Incidence response by decision making, define how system effect will be monitored, develop processes for reporting cross system issues and define how system effectiveness will be monitored.
- Target transition by **September 2023**.

Risks:

- Winter pressures impacting upon increased risk of incidents occurring.
- Patient Safety Team resource constraints– recruiting for Planned care Patient Safety Lead

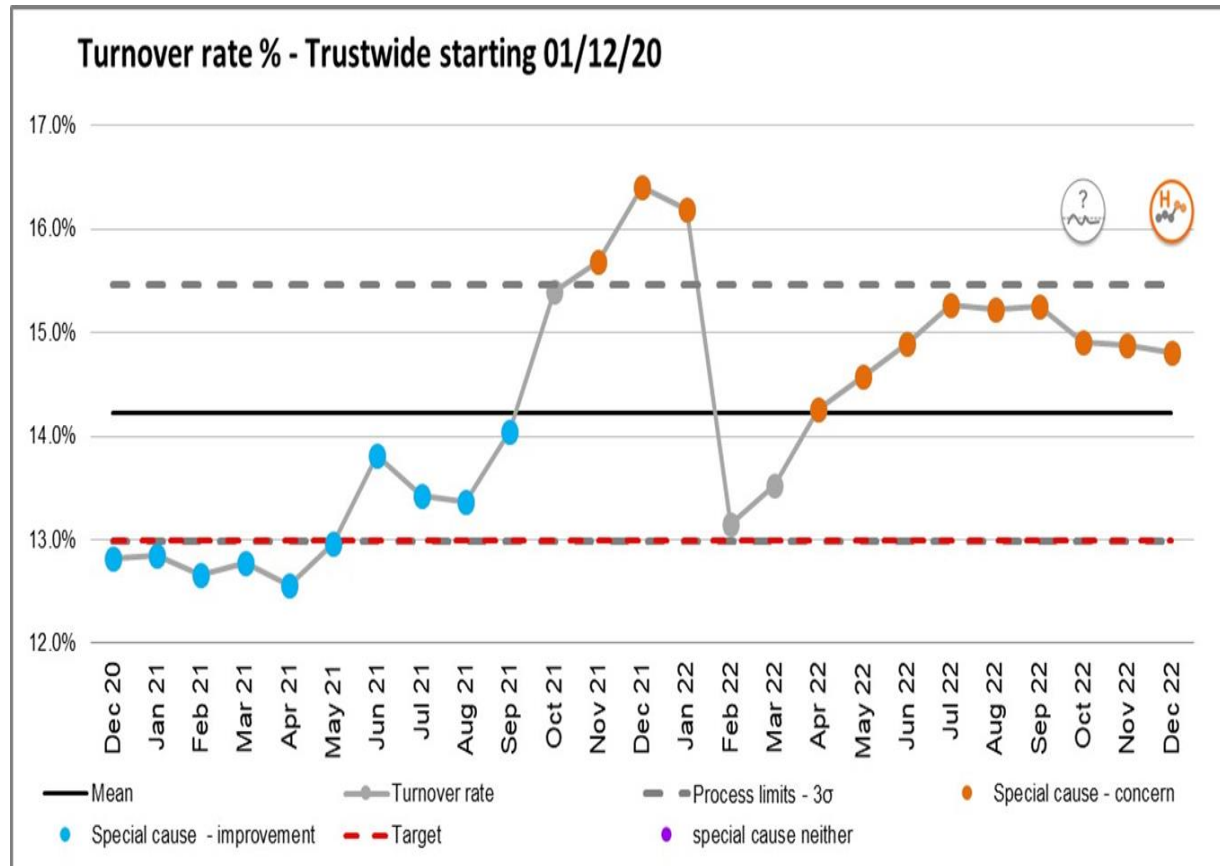
	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Number of serious incidents reported	6	9	2	8	10	9

Strategic objective: Invest in our people and live out our values

Strategic metric: Improve retention

Assurance	Variation

Workforce Committee



This metric measures:

Our vision is to improve the retention and stability of staff within the Trust as we know this helps us to avoid the use of bank and agency staff (which impacts on both quality and financial objectives). We have chosen to measure Turnover Rate which is defined as number of Whole Time Equivalent (WTE) leavers in the month divided by the average of the WTE of staff in post in the month. The Trust has an ambition to reduce turnover to 12% but this level will be continually monitored and reviewed in line with CQI methodology.

How are we performing:

Turnover has stabilised at c.15% for the last 6 months (last month 14.8%) having peaked in Q3 21/22. Current performance remains above reviewed target (12%) and persistently above the average of the last two years (14.2%)

Exit interview data indicates that the higher than desired rate of turnover relates to staff relocating, retiring, or moving on to progress elsewhere, much of which was suppressed through the COVID-19 pandemic.

Actions:

- The Trust has invested in additional resources dedicated to recruitment and retention (R&R). The team will be formally in place on January 31st whilst two key members transition from current roles. **(Jan 31st 2023)**
- Driver metrics are being developed and aligned to the Improving Together work and the priorities of the Care Groups; specific projects and measurable data will be presented as part of this work. **(Mid Feb 2023)**
- Therapies Workforce Transformation piece of work continues as this is the area with the biggest turnover. (PCP/R&R team involved)
- Source benchmark data on retention levels and recruitment time to hire from other SE Trusts. **(Feb 2023)**
- Work to begin to develop action planning approach for Staff Survey results **(Jan 31st 2023)**


Risks:

- Lack of financial influence on retention
- Environmental factors a constant challenge i.e. cost of living
- NHS less attractive since the pandemic – need to focus on attraction as part of the turbo work

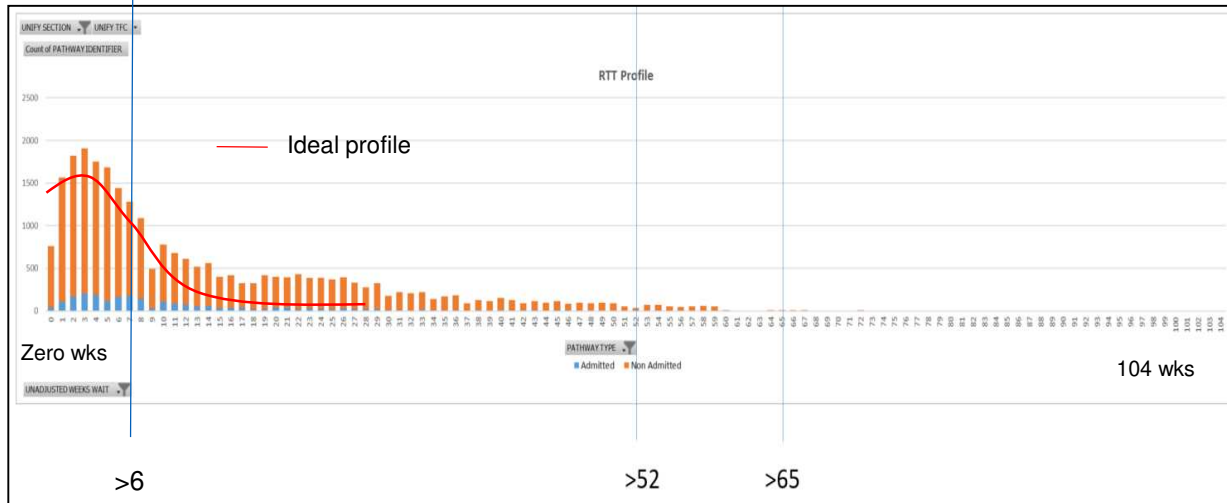
	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Staff turnover rate	15.3%	15.2%	15.3%	14.9%	14.9%	14.8%

Strategic objective: Deliver in partnership

Strategic metric: Reduce Elective long waiters (Incomplete RTT 52wks)

Assurance	Variation
	N/A

Board Committee:
Quality Committee
SRO: Dom Hardy

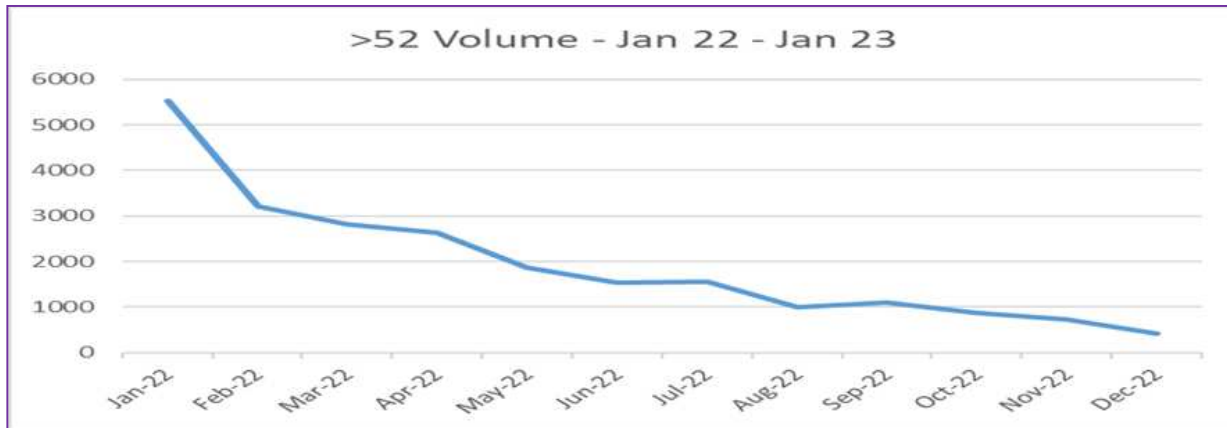


This metric measures

Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment Time standards. Nationally there is an expectation that we eradicate >78wk waits by end March 2022 and >65 week waits by March 24. We want to exceed these standards and eradicate waits over 52wks by the March 24.

How are we performing:

- The Trust is marginally behind trajectory for >52wks however significant progress has been made over the course of the past 12 months by focusing on treating patients with long waits and series of data quality cleansing exercises. The Trust has one of the best >52wk performances regionally.
- We expect performance to continue to improve for the remainder of 22/23 and the focus is now turning to ensuring sustainable eradication of >52 week waits through 23/24.
- While the Trust is performing well against typical waiting times driver metrics (DNA, cancellation, activity), the exception is the long average waits to routine first OPA.
- This correlates with the RTT profile which shows outpatient waits extending beyond the ideal profile. As a result, attention will now turn to reducing wait to first seen to reduce overall RTT waiting times



Actions:

- Average wait to first seen outpatient appointment to become core care group driver metric and reported as a watch metric in the IPR
- Work with each specialty team to ensure capacity in place to provide sufficient outpatient capacity, and to convert follow-up appointments to first seen appointments
- Improve quality, granularity and timeliness of referral and first outpatient data.
- Development of fully integrated e-Triage and referral management solution underway (pilot Q4 22/23) - vastly improved data quality for referrals and therefore outpatient booking data
- Continue Subject Matter Experts (SME) led RTT validation process / preparatory work for RTT migration to M-WL and clinical pathway specific M-WL interventions development.

Risks:

- Potential impact of winter pressures and industrial action on elective programme – resulting in longer waits for routine outpatient appointments.
- Waits to routine first outpatient appointments do not reduce during the first half of 23-24 with the result that our >52 week wait backlog increases
- Wait to First OPA – Historic DQ challenges limit the granularity and usefulness of information available to operational teams. Work underway to design and expedite source data cleansing.

Incomplete RTT: 52wks	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Trust Performance	1556	988	1110	875	739	420
Ave Wait to first seen	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Trust Performance	59.7	58.4	57.7	60.5	62.2	60.3

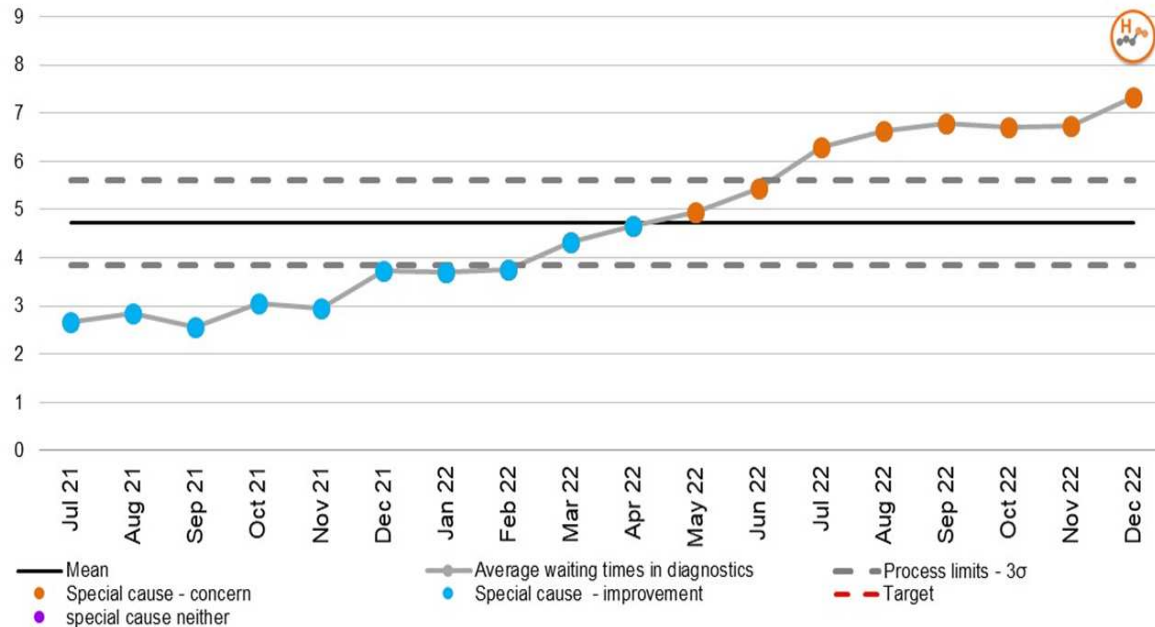
Strategic objective: Deliver in partnership

Strategic metric: Average waiting times in diagnostics DM01

Assurance	Variation
N/A	

Quality Committee

Average waiting times in diagnostics - Trustwide starting 01/07/21



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Average wait all modalities (wks)	6.29	6.62	6.79	6.70	6.73	7.34
Imaging	3.47	3.44	3.40	4.29	3.35	4.28
Physiological Measurement	4.79	3.09	2.89	2.35	2.84	3.95
Endoscopy	13.56	14.88	16.01	17.90	18.40	18.25
Cancer	2.98	2.18	1.95	2.40	2.35	3.18
Urgent	13.51	10.04	10.42	9.87	9.93	11.23
Routine	10.65	6.60	6.74	6.49	6.50	6.98

This measures:

Our objective is to reduce the number of patients experiencing excess waiting times for diagnostic services, which is a key driver for both cancer and RTT performance. We measure our performance through the average length of time patients on the patient treatment list at the end of the month have experienced

How are we performing:

In December the average time our patients had been waiting for a diagnostic test increased to 7.3 weeks, continuing the trend of longer waiting we have been experiencing for the past two years. As a result, we remain significantly behind the 99% within 6-week standard (71% - Dec 22). There are no modalities achieving the standard.

Imaging (MRI) is driving the highest proportion of waits between 6 and 13 weeks. With Endoscopy driving very long wait volume (>13 weeks).

The root cause of extended waits is principally increased demand across modalities, particularly in gastroenterology and imaging modalities

Actions:



- Continue to prioritise cancer pathway demand
- Increase MRI capacity through deployment of relocatable scanners and take advantage of temporarily increased CT capacity on the RBH site while seeking further national funding for permanent scanners
- Recruitment of Gastroenterologists and training of nurse endoscopists

Risks:

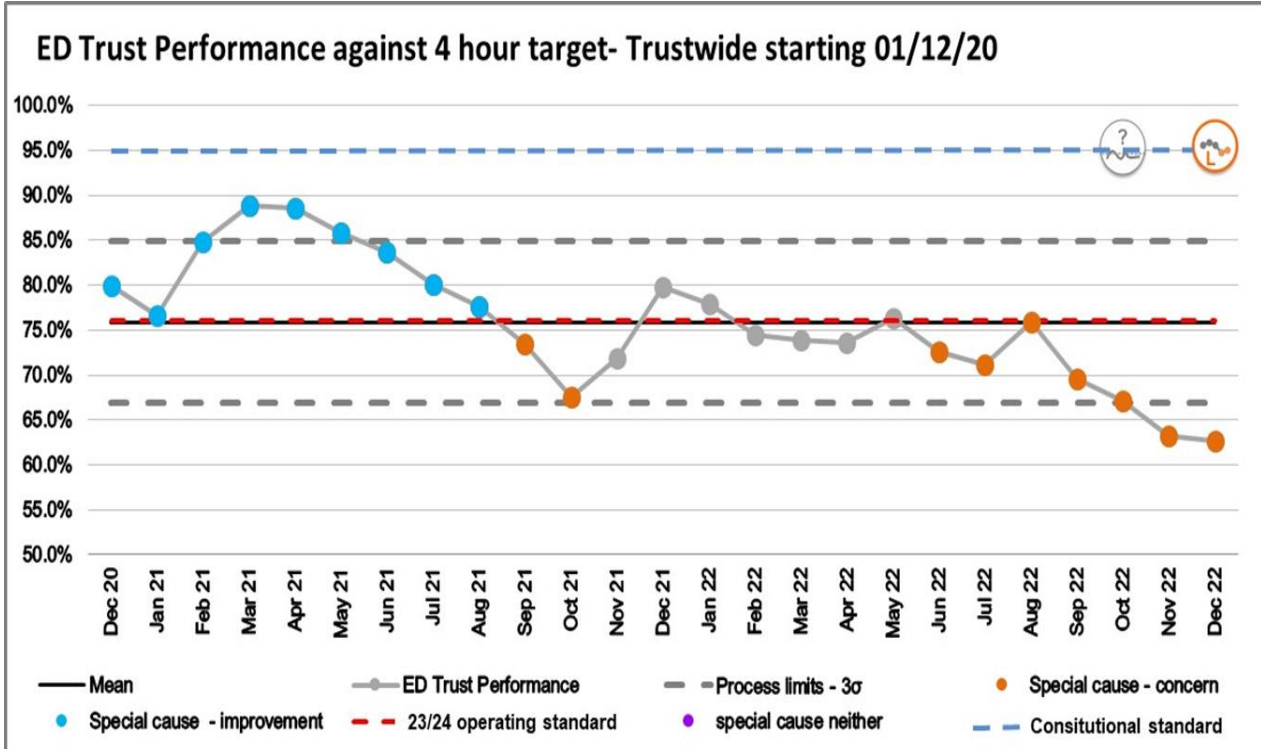
- Endoscopy
 - Cancer pathway demand is continuing to grow, and expected to grow further
 - Waiting times for non-cancer work grow as a result of prioritising cancer work
- Imaging
 - Capacity for MRI and in CT continues to lag behind demand
- Physiological Measurements (PM)
 - Cardiology may see a decline in DM01 performance going forward. We no longer have a locum and two members of staff are due to leave

Strategic objective: Deliver in partnership

Strategic metric: Emergency Department (ED) Performance against 4hr target)

Assurance	Variation
	

Quality Committee



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
4hour Performance (%)	71.19%	75.85%	69.64%	67.08%	63.23%	62.65%
Total Attendances	14444	13872	14182	15533	15196	15352
Total Breaches	4162	3350	4306	5114	5587	5725
Total Attendances 2019	12895	12002	11933	12697	12559	12272
Total Breaches 2019	1273	1521	1887	2270	3073	2931

This measures:
 Our objective is to reduce the number of patients experiencing excess waiting for emergency service. We measure this through the percentage of patients who attend the Emergency Department (ED) and are seen within 4 hours of their arrival. Delivering against this standard requires cooperation across both the hospital and with partners in the wider health and care system.

While the constitutional standard remains at 95%, NHSE has set Trusts a Target of consistently seeing 76% of patients within 4 hours by the end of March 24.

How are we performing:
 In December 62.7% of patients were seen within 4 hours. This was slightly lower than the 63.23% of patients seen in 4 hours in November and continues a downward trend seen over the past 12 months.

Demand continues to be a primary driver for performance with attendances in December 2022 almost 25% higher than in December 2021. The vast majority of attendance growth has been amongst patients with mild or moderate conditions.

Actions:

- Continuing to embed the zonal working within the Emergency Department
- Employing GPs within ED to support the triage and treatment of patients presenting with ambulatory conditions
- Continuing to address interface issues with pathology and radiology
- Working to increase our use where appropriate of the Reading UCC. Current utilisation of our appointment allocation is currently around 25-30% by implementing booking via EMIS system.

Risks:

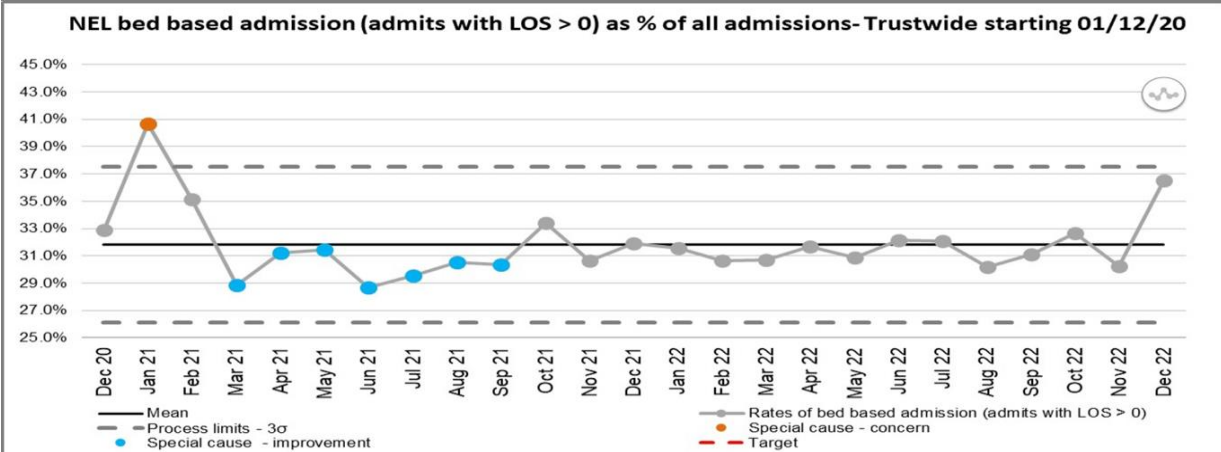
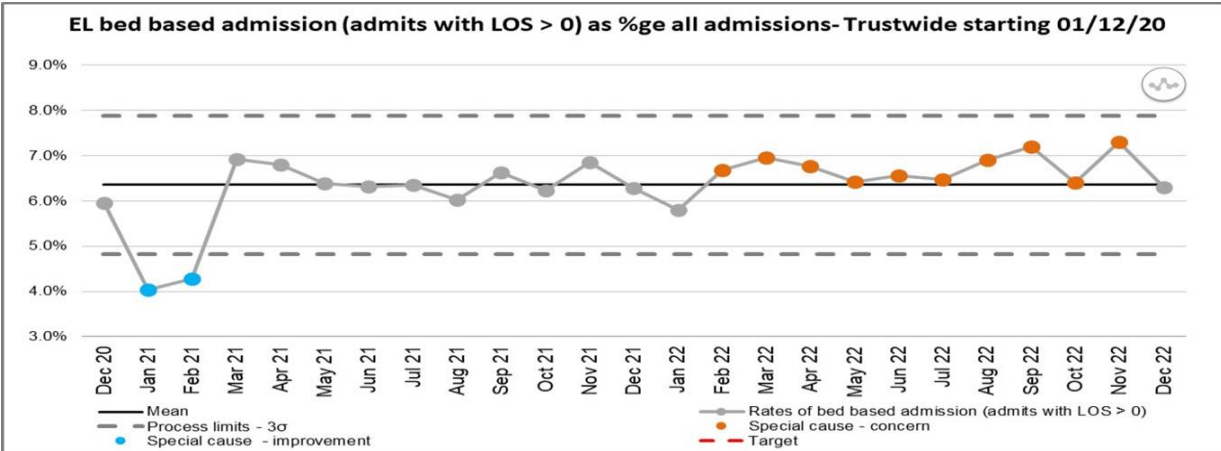
- Demand continues to grow in excess of population growth and funding
- Space constraints of the current ED facility.
- Staff sickness and burnout
- Capacity challenges in pathology and diagnostics

Strategic objective: Deliver in partnership

Strategic metric: Reduce inpatient admissions

Variation	Variation

Quality Committee



% of admissions with Los>0	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Elective	6.5%	6.9%	7.2%	6.4%	7.3%	6.3%
Non-elective	32.1%	30.2%	31.1%	32.7%	30.3%	36.5%

This measures:
 Our objective is to reduce the need for patients to be admitted to a hospital bed as we know that unnecessary admission impacts on patient outcomes. We are seeking to progress this through a combination of improving the underlying health of our population, working in partnership with community providers to maximise admission avoidance programmes and implementing change to our non-elective and elective pathways such as same day emergency care and day-case procedures.

We are measuring our progress by monitoring the proportion of our elective and nonelective admissions that result in an overnight stay in the hospital and are looking for this metric to decline overtime.

How are we performing:
 This metric is a work in progress. There are several factors which require further investigation (eg variability of bed numbers (elective/non-elective) and occupancy)



However, volume analysis of the past 12 months shows daycase volume, overnight stays volume, daycase rate (avg 85%) and non-elective overnight rate (avg 31%) are all relatively stable.

- Actions:**
- For elective admissions, review GIRFT data as part of Theatres Efficiency programme and ensure day case rates are at optimal levels;
 - For non-elective admissions, continue to pursue Same Day Emergency Care (SDEC) and virtual hospital work to increase numbers of admissions avoided; and develop a hospital-wide patient flow programme to reduce inpatient length of stay and expedite timely discharge

- Risks:**
- Theatre utilisation work does not have sufficient impact on increasing day case rates, resulting in more and longer inpatient stays for patients on elective pathways;
 - Admission avoidance work and patient flow programmes do not sufficient impact on avoiding admissions and reducing length of stay, resulting in high bed occupancy, slow flow, and delays for patients at all stages

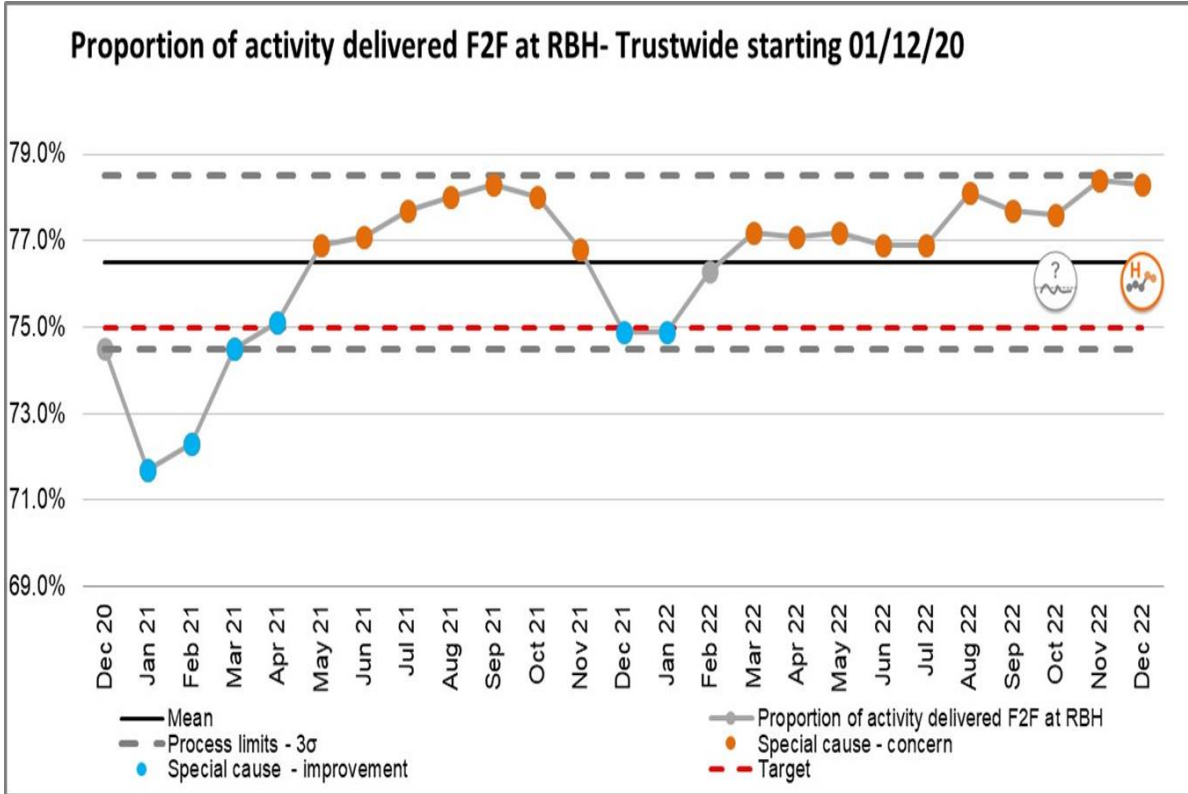
Strategic objective: Cultivate Innovation and Improvement

Strategic metric: Increase care closer to home

Assurance	Variation
	

Board Committee
Quality Committee

SRO: Andrew
Statham



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
% of all care provided from RBH site	76.9%	78.1%	77.7%	77.8%	78.4%	78.3%

This measures:

Our objective is to deliver as much care as possible at locations close to patients own homes or places of residence. This will ensure that all our communities benefit from high quality care, we will be able to reduce unnecessary journeys and we will make best use of our digital and built infrastructure. We are currently developing a way of measuring the distance travelled by patients to their care. In the intervening time we are tracking the volume of care delivered face to face at the RBH site as we believe that delivery of our clinical services strategy should result in this proportion falling through our investment in delivering care from our other sites and digital infrastructure.

How are we performing:

In December the proportion of care delivered from the RBH site was 78.3%. This was the 11th month in a row that the proportion of care delivered from the RBH site has been in excess of the 75% target. Key drivers for this are, the high volume of ED attendances, continued impact of covid backlog (which results in more face to face attendances) and persistent challenges in encouraging patients and clinicians to take advantage of our other hospital facilities and digital environments.

Actions:

The Executive Management Committee are progressing a range of measures to improve our performance including:

- Working with system partners ensure the Reading Urgent Treatment Centre supports the demand pressures faced in the Emergency Department (**Q4 2022/23**)
- Progressing our Community Diagnostics Centres at West Berkshire and Bracknell (**Q3 2023/24**)
- Working with clinicians to improve update of digital care platforms (**Digital Hospital Programme 23-24**)
- Exploring opportunities for MDT delivery in partnership with primary care (**Q2 23/24**)
- Enhancing our measure of care closer to home (**Q4 22/23**)

Risks:

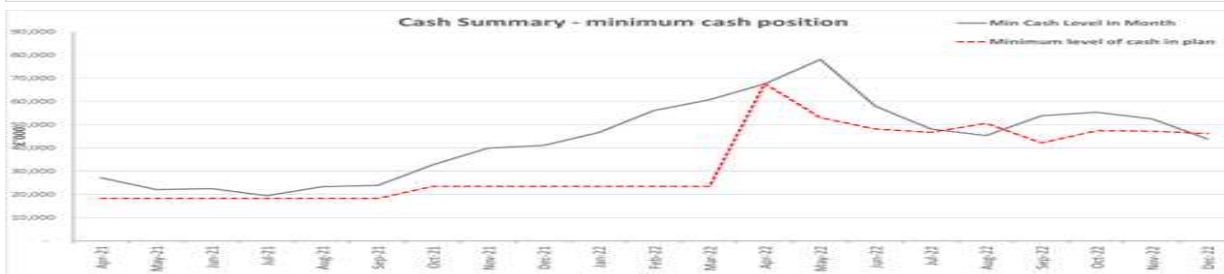
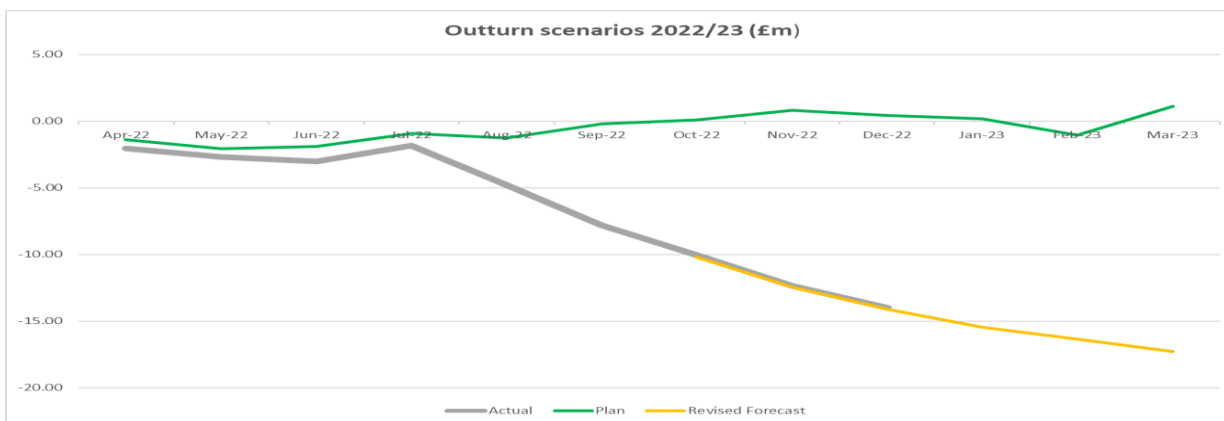
- Sustaining early impact of the UCC capacity on ED attendances
- Work F2F activity paused in COVID may take longer to recover than expected
- Digital and telephone appointments create additional requirements for clinicians and admin teams resulting in productivity drag

Strategic objective: Achieve long-term sustainability

Strategic metric: Trust income & expenditure performance

Assurance	Variation

Board Committee
Finance & Investment
SRO: Nicky Lloyd



I&E	Actual (ytd £m)	Plan (ytd £m)	Variance to plan (ytd £m)	Q2 Forecast (ytd £m)	Variance to Q2 forecast (ytd £m)	Change in variance v prior month
Income	407.11	412.82	-5.72	407.35	-0.24	▼
Pay	246.55	241.40	-5.15	245.82	-0.73	▼
Non-Pay	168.26	163.78	-4.49	168.56	0.30	▼
Other	6.29	7.38	1.09	7.06	0.77	▲
Surplus/ (deficit)	-13.99	0.27	-14.26	-14.09	0.10	▲
Donated asset effect	-0.33	0.19	-0.52	0.19	-0.52	▼
Adjusted financial position	-14.33	0.46	-14.78	-13.90	-0.42	▼
Cash and Capital Plan	Actual (ytd £m)	Plan (ytd £m)	Variance to plan (ytd £m)	Q2 Forecast (ytd £m)	Variance to Q2 forecast (ytd £m)	Change in variance v prior month
Cash holdings	43.81	46.19	-2.38			▼
Capital expenditure	7.80	26.09	-18.29	9.52	-1.72	▼

This measures:
Our objective is to live within our means. We are measuring this by tracking our progress on delivering our income and expenditure budget. At the start of the year we anticipated making a small surplus on our operating expenditure.

How are we performing:
Month 09, December 2022, YTD financial performance is behind plan by £(14.78)m, a deficit of £(14.33)m. This is a deterioration in month of £(1.90)m.
Income is behind plan by £(5.72)m which is principally due to lower than expected elective activity income which has restricted our access additional Elective Recovery Fund Income.
The Pay position is £(5.15)m adverse to plan YTD. Non Pay costs are over budget Month 9 YTD by £(4.49)m. There continues to be pressure in Clinical Supplies and Services, £(3.18)m overspent YTD against budget. This is partly caused by the use of outsourced support in Radiology and Ophthalmology, an increase in consumables and prostheses in Theatres, and Drugs.

Actions:

- The Trust is analysing the largest overspend areas and where whole time equivalent (WTE) has increased year on year, not aligned with activity levels, particularly in the use of temporary workforce through bank and agency.
- Forensic reviews of expenditure are being conducted by the Finance teams alongside the Directorates to clarify outstanding non-pay liabilities
- Executive Management Committee (EMC) and Trust Board are overseeing the delivery of the forecast and measures identified to achieve a year end outturn of a deficit of £17.27m.

Risks:

- Activity passing through the Emergency pathway continues to increase
- Higher than budgeted sickness levels
- Inflationary pressure is occurring where the Trust is not in fixed price contracts
- Impact of strike action upon the pay spend due to increased reliance on temporary staffing
- Achievement in full of 'green actions' to deliver £17.27m improved forecast
- Any further unexpected events in Q4 outside of scope of earlier forecast

Strategic objective: Achieve long-term sustainability

Strategic metric: CO2 emissions

Assurance	Validation
N/A	N/A

Board Committee
Finance & Investment
SRO: Nicky Lloyd



This measures:

Our ambition is to reduce the impact we have on the environment and deliver on our net zero goal for 2040. At present we do not have a way of regularly measuring on our performance in this area but are exploring how we might do this and benchmark our performance against other organisations

How are we performing:

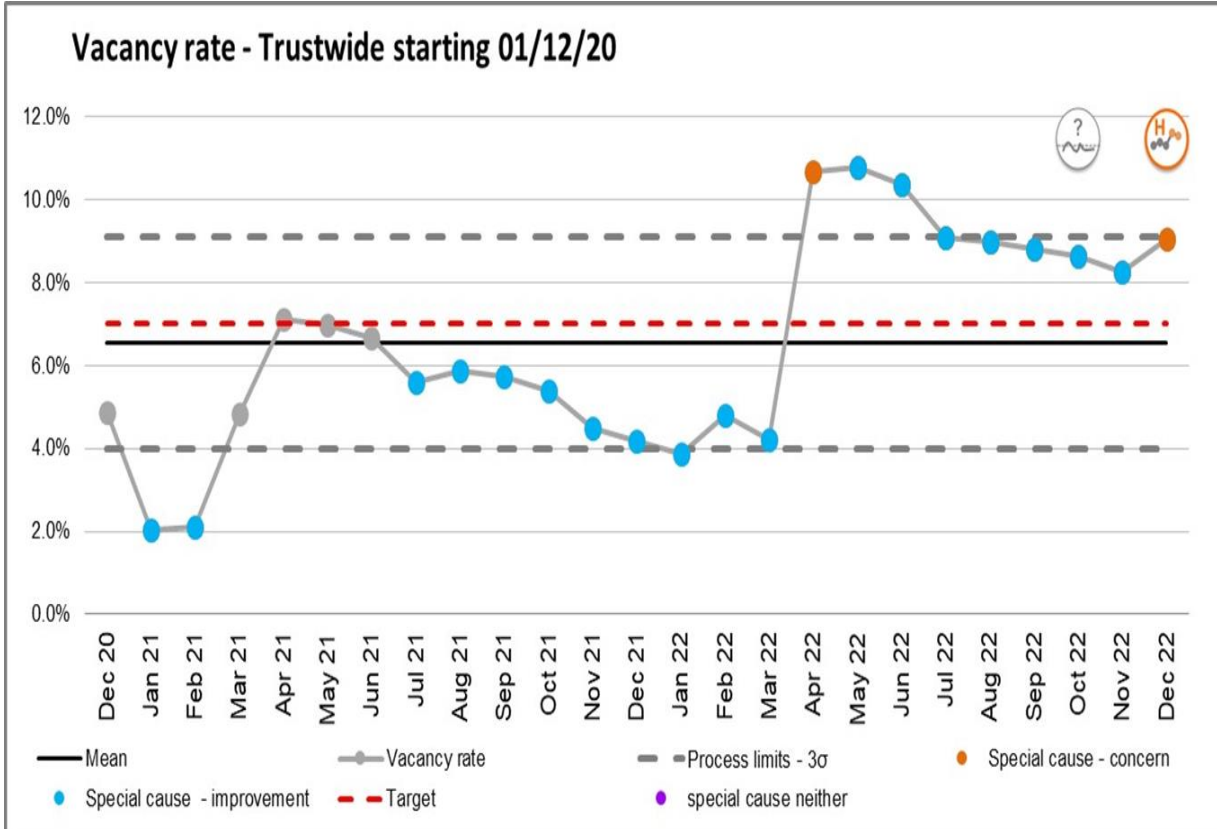
Green actions are in development, in conjunction with NHSE and HFMA national teams, to show consistent reporting measures across trusts to enable benchmarking
Expecting draft information for January reports, published in February 2023

Actions:

Risks:

Breakthrough Priorities

**Breakthrough priority metric:
Vacancy rate**



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Trust Performance	9.09%	8.99%	8.80%	8.64%	8.27%	9.05%

Assurance	Variation

Workforce Committee

This metric measures:

We are seeking to make significant inroads into our vacancy rate as we know that having substantive staff in role will provide quality and financial benefits across the organisation. We are tracking our progress by monitoring the unfilled substantive full time equivalent (FTE) as a percentage of the total staffing budgeted FTE.

**please note: there was an increase in establishment between FYs 21/22 & 22/23 which is why there is a significant increase in the vacancy rate from March 22 to April 22.*

How are we performing:

In December the vacancy rate increased by 0.8% points to 9% In the month we authorised 105 vacancies to go out to advert a total of 213.7 candidates shorted listed for interviews. In December we had 134 offers made across the trust for domestic recruitment.

Nursing and Midwifery 42 offers, Additional Clinical Services 23 offers, Administrative and Clerical 22 offers, Allied Health Professionals 14 offers, Estates and Ancillary 5 offers, Healthcare Scientists 1 offer, Medical and Dental 27 offers.

In December we had 20 international arrivals: 19 Nursing and 1 Radiographer.

No HCA assessments were held in December.

Actions:



Reviewing HCA assessments with BOB ICS and we are trying uniform how we recruit into these types of roles.

Currently working on social media campaign with BOB ICS across all of our networks around Healthcare / Support worker recruitment across our areas including SCAS.

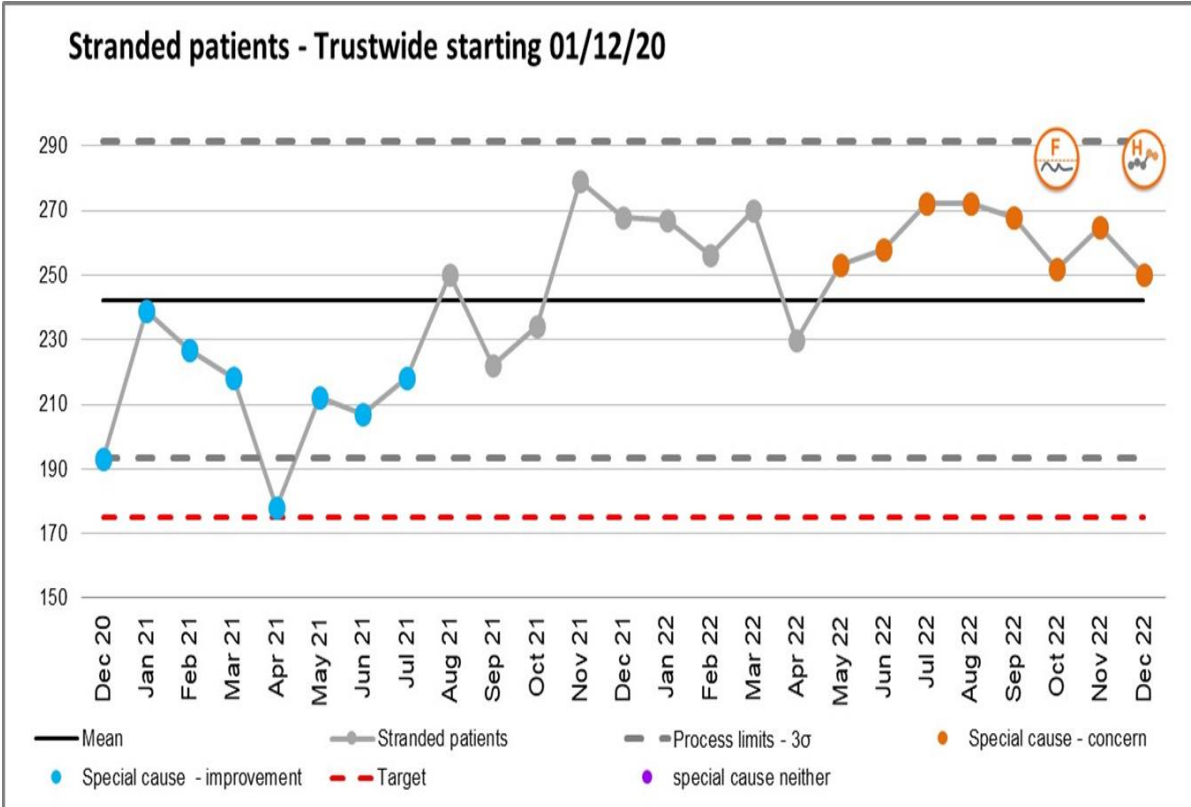
Risks:

- Affordable housing in the local area.
- Certain hard to fill post such as occupational therapy (OT's) and speech and language therapist are proven to be difficult to recruit from overseas.
- Coming up against more and more other NHS trusts offering international nurses a salary starting at a band 4 then going to top of Band 5 when the nurse completes Objective Structured Clinical Examination (OSCE) training. As a trust we recruit international recruitment of nurses (IRN) at top of band 3 until they pass OSCE and then they go to entry level band 5 salary international recruitment.
- Philippine job order is still going through approval review with POLO office – until this is approved we are unable to recruit anyone from the Philippine candidates over to the UK.

Breakthrough priority metric:
Reduce the number of 7 day stranded patients

Assurance	Variation
	

Quality Committee



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Number of stranded patients	272	272	268	252	265	250

This measures:
We have identified improving patient flow as a breakthrough priority for 2022/23 because of the impact that poor flow has on patient experience, quality and safety, staff experience and costs. We are tracking our performance by monitoring the volume of stranded patients in the hospital at the end of the month.

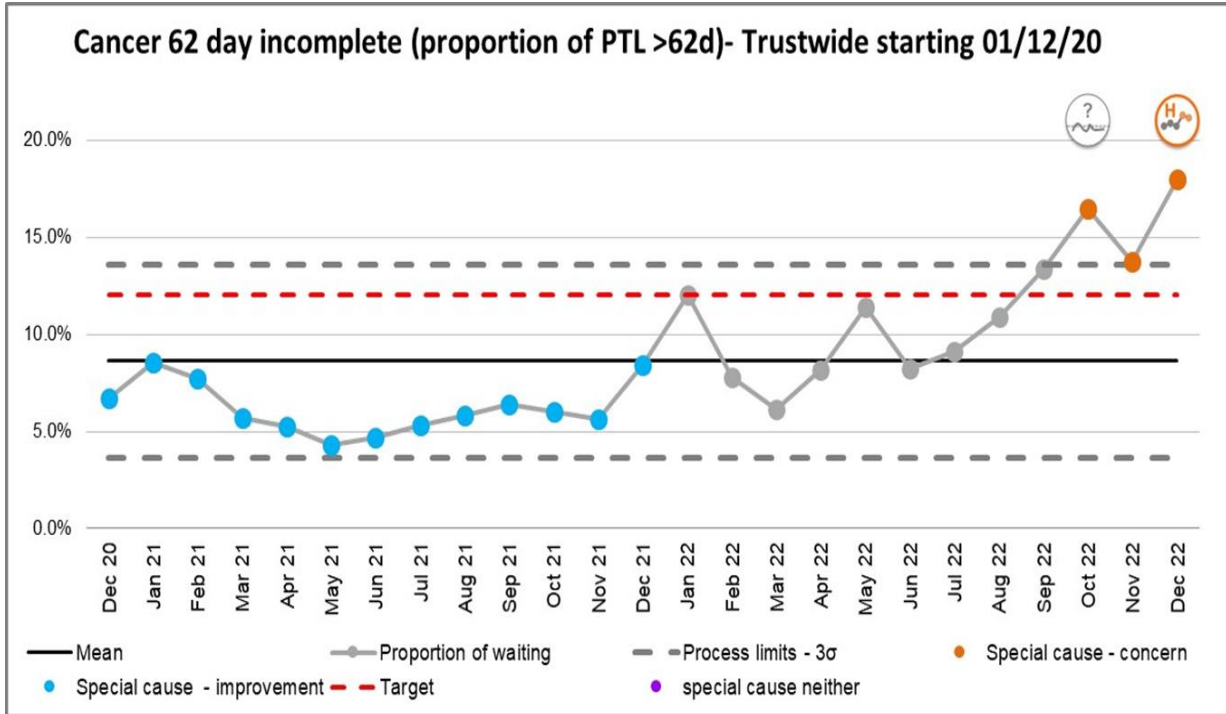
The 'stranded patient metric' is defined as the number of beds occupied by patients who have been in hospital 7 days or more. A proportion of these will have a truly serious illness and need to be in hospital that long. However, a significant proportion will have spent 7 or more days in hospital because of unnecessary waits in the system, either internal or external to the Trust. Within RBFT an internal target of no more than 175 patients over 7 days was agreed as this significantly reduced bed occupancy enabling flow from ED and capacity to proactively manage infection, prevention and control issues

How are we performing: Increasing
The number of patients over 7 days has consistently run behind target with increasing numbers of patients waiting over 21 days. At the end of December there were 250 stranded patients in the hospital
Despite this our medically optimised list has decreased, along with our average length of stay. This would indicate the delays could be attributed to internal delays, complexity of patients or reporting issues

- Actions:**
1. Ensure the stranded patient list and medically optimised match and capture accurate patient pathway information
 2. Ensure current weekly review meeting is action orientated and delivers plans to discharge patients
 3. Understand through weekly meetings what our internal delays are and work with service deliverers to remove blockages – this will be an extensive programme of work.
 4. Ensure importance of 'number' is an active part of daily operations meeting

- Risks:**
1. Increasing complexity of patients requiring admission (current same day emergency services removing 'simple' patients from admission pathways)
 2. Use of EPR as a tool to capture accurate information which does not match requirements of discharge team
 3. Inability to resolve internal delays

Breakthrough Priority metric: Reduce 62 days cancer waits



	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Trust Performance	68.5%	62.2%	63.7%	65.4%	60.1%	-
Total Cancer PTL list	2635	2770	2840	2731	2651	2328
No. on PTL > 62 days	240	301	379	450	365	419
Incomplete - % on PTL over 62 days	9.11%	10.87%	13.35%	16.48%	13.77%	18.00%
Cancer 28 day Faster Diagnosis	75.5%	72.0%	67.7%	71.0%	69.8%	72.5%

Assurance	Variation

Board Committee:
Quality Committee
SRO: Dom Hardy

This measures:

We have identified our cancer waits as a breakthrough priority because of the underlying performance challenges in this areas and the impact on patient care delays to this pathway can cause. We are tracking our progress by measuring the proportion of patients on an incomplete cancer patient tracking list (PTL) waiting >62 days as a percentage of the total 2ww cancer list. This is also the principal metric NHS England are using nationally.

How are we performing:

In November 60.1% of patients on a cancer pathway were treated within 62days against a target of 85%. As of 15 Jan 18.7% of patients on our waiting list have waited more than 62 days against a target of 12% and the overall number of patients who have waited more than 62 days has continued to increase reaching 431.

The main drivers are extended pathology reporting times, reduced referrals during the Christmas period (reduced denominator) and communication of benign results in urology, gynae, skin and H&N

Actions:

- Our principal action here is to extend as far as possible histopathology capacity at all stages – reducing demand, increasing capacity in the team (including to remedy current consultant vacancies) and outsourcing work wherever possible.
- Over 2000 pathology have been outsourced in the last 2 months, and we have begun trialling benign resection outsourcing
- We are also working to ensure diagnoses are communicated to patients as quickly as possible to ensure they can be taken off the cancer PTL
- We are also increasing imaging capacity, particularly in MRI, to bring down waiting times
- Additional scrutiny at weekly Tuesday Cancer Action Group in conjunction with TVCA.

Risks:

- As the backlog in pathology reduces, more patients will need clinical review to manage their next steps. High risk that cancers will be prioritised and the non-malignant numerator will increase.
- Delayed pathology reporting may impact adjuvant treatment, next steps and complaints
- 2ww demand has recovered from Christmas to pre-Dec levels which remain high
- Prioritisation of non-malignant pathways may result in adverse impact on other pathways

Watch Metrics

Summary of alerting watch metrics

Introduction:

Across our five strategic objectives we have identified 120 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

Should a metric exceed its process controls we undertake a check to determine whether further investigation is necessary and consider whether a focus should be given to the metric at our performance meetings with teams.

If a metric be significantly elevated for a prolonged period of time we may determine that the appropriate course of action is to include it within the strategic metrics for a period.

Alerting Metrics December 2022:

In the last month 21 of the 120 metrics exceeded their process controls. This included 12 which missed local targets or standards and 9 which exceeded statistical tolerances. These are set out in the table opposite.

A number of the alerting relate to the operational pressures experienced in the Trust and the focus being given to enhancing flow and addressing diagnostic and cancer performance is expected to have impact on these metrics as well as the strategic metrics covered in the report above, this includes those relating to cancer, stroke and mixed sex accommodation.

Others alerting metrics are aligned to strategic metrics including patient experience, serious incidents and financial performance.

A final set relate to mandatory training and appraisal completion. In addition to the focus on recruitment the Trust has put in place a number of interventions to support improvement action in this area

Missed local target or standard

- Incomplete 104 day waits for cancer treatment
- Patient safety incidents per 100 admissions
- Friends and Family survey - OP attendance
- Friends and Family survey - maternity
- Sickness absence
- Mandatory and statutory training including
- Conflict resolution training
- Fire safety training
- Doctors manual handling training
- Anaesthetics attendance at maternity specific training
- Appraisal rates
- Agency spend as a% of total staff costs

Exceeded statistical tolerances

- C.diff cumulative cases
- Mixed sex accommodation breaches
- Ambulatory care NEL admissions
- % of patients seen by a stroke consultant within 14 hours of admission
- % patients with high TIA risk treated within 24 hours
- % patients waiting more than 31 days for radiotherapy
- % OP treated virtually
- Income v plan
- Delivery of the capital programme

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Eamonn Sullivan

Will Orr



Royal Berkshire
NHS Foundation Trust

Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
Never Events				1	1	0	0	0	0	0	2	0	0	0	1
All Serious Incidents (SI)				7	6	10	3	2	2	6	9	2	8	10	9
Patient Safety incidents/100 admissions				10.86%	10.89%	10.35%	10.21%	10.89%	11.06%	11.32%	10.52%	9.95%	10.72%	10.39%	10.99%
Pressure ulcer incidence per 1000 bed days				0.26	0.06	0.05	0.11	0.11	0.05	0.00	0.20	0.10	0.14	0.00	0.09
Category 2 avoidable pressure ulcers				5	1	1	2	2	1	0	4	2	3	0	2
Category 3 or 4 avoidable pressure ulcers (SI)				1	0	3	0	1	1	0	1	0	2	1	0
Patient Falls per 1 000 bed days				4.38	4.59	4.56	4.43	3.59	3.99	4.66	3.89	4.52	3.47	3.96	4.36
Patient falls resulting in harm (SI) avoidable				0	0	1	0	0	0	0	1	1	3	2	1
No. of DOLS applications applied for				19	19	28	14	20	17	23	19	18	17	17	21
No. of detentions under the MH act to RBH				4	4	4	4	3	5	4	2	2	5	7	6
% of staff: Safeguarding children L1 training				89.8%	91.1%	91.1%	91.0%	93.6%	93.9%	94.3%	93.9%	93.0%	93.6%	94.1%	94.7%
No. of child safeguarding concerns by the Trust				146	120	151	138	173	159	128	122	121			
No. of adult safeguarding concerns by the Trust				46	32	41	25	34	45	42	39	35	25	36	24
No. of safeguarding concerns against the Trust				3	0	4	4	2	6	4	4	6	2	6	7
Unborn babies on child protection (CP) / (CIP)				28	31	32	33	39	39	22	41	36	38	31	34
C.Diff (Cummulative)				30	32	36	3	5	11	19	24	28	30	32	33
C.Diff lapses in care				1	1	2	2	2	4	4	2	1	2	0	0
MRSA				0	0	1	0	0	0	1	1	0	0	0	0
Ecoli (trust acquired) infections				11	9	3	5	6	9	11	7	9	18	8	12
MSSA surveillance (trust acquired)				5	3	2	6	3	2	3	5	5	2	4	2
No. of complaints				22	35	50	23	32	29	26	42	34	33	43	22
Response time to complaints				35.00%	56.00%	60.00%	67.00%	63.00%	40.00%	62.00%	68.00%	68.00%	68.00%	72.00%	59.00%
No. of compliments				47	27	38	31	42	44	15	38	18	43	49	23

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Eamonn Sullivan

Will Orr
















Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22	
	Variation	Assurance														
FFT Satisfaction Rates Inpatients: i.Inpatients				99.32%	99.89%	99.37%	99.20%	99.10%	99.80%	98.72%	98.38%	98.40%	96.40%	99.36%	99.38%	
FFT Satisfaction Rates Inpatients: ii.ED				100.00%	98.15%	100.00%	98.51%	80.43%	73.69%	83.23%	86.02%	83.44%	80.11%	80.91%	80.00%	
FFT Satisfaction Rates Inpatients: iii.OPA				95.25%	94.89%	93.90%	94.54%	94.03%	93.17%	93.36%	94.42%	94.78%	94.49%	94.90%	95.13%	
Mixed sex accommodation - breaches				70	182	97	71	53	87	146	68	89	213	131	410	
Crude mortality				1.8	1.7	1.4	1.4	1.9	1.5	1.5	1.5	1.4	1.7	1.3	Arrears	
HSMR				89.9	89.3	88.2	88.3	89.3	89.8	90.4	88.9	Arrears	Arrears	Arrears	Arrears	
SHMI				1.031	1.021	1.023	1.021	1.025	1.019	1.010	Arrears	Arrears	Arrears	Arrears	Arrears	
SMR				93.4	92.9	92	92.1	92.1	92.2	92.3	90	Arrears	Arrears	Arrears	Arrears	
Door to needle time <60mins				100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	89.00%	75.00%	100.00%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)				93.00%	87.00%	89.00%	86.00%	89.00%	82.00%	91.00%	86.00%	86.00%	80.00%	82.00%	87.00%	
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes				94.11%	100.00%	76.47%	100.00%	93.33%	87.50%	100.00%	100.00%	66.66%	80.00%	90.00%	Arrears	
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes				75.00%	83.33%	66.66%	90.00%	74.99%	85.71%	63.63%	62.50%	100.00%	100.00%	66.66%	Arrears	
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes				93.75%	91.66%	91.66%	100.00%	91.66%	100.00%	81.81%	87.50%	100.00%	100.00%	88.88%	Arrears	
RIDDOR reportable Incidents				3	2	3	0	0	0	0	2	0	0	3	0	
Abuse/V&A (Patient to staff)				57	38	43	46	49	44	34	59	33	85	65	59	
Body fluid exposure/needle stick injury				14	12	8	13	3	12	7	14	15	19	6	14	
Environment Related Incidents				14	26	19	6	13	21	18	9	12	7	10	15	

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Eamonn Sullivan

Will Orr

Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
Manual Handling non patient every 3 years				85.20%	87.00%	88.60%	90.50%	91.70%	91.60%	92.80%	92.60%	91.90%	92.10%	92.00%	91.30%
Conflict Resolution				88.10%	88.40%	87.50%	86.10%	88.80%	88.30%	84.00%	84.70%	87.20%	88.10%	87.50%	87.00%
Fire (Annual)				85.1%	85.5%	85.7%	87.1%	89.4%	89.7%	89.2%	89.9%	88.7%	88.6%	88.7%	88.1%
Nursing and AHP Manual handling training every 3 years				86.9%	86.0%	86.5%	85.4%	87.4%	88.8%	88.4%	87.7%	87.4%	86.6%	86.2%	84.8%
Doctors manual handling training every 3 years				56.7%	55.8%	56.4%	59.1%	61.2%	63.4%	61.9%	62.4%	58.7%	56.6%	55.8%	55.0%
Health and Safety Training				90.5%	90.6%	88.0%	87.0%	88.0%	90.4%	91.0%	91.6%	91.0%	91.4%	91.4%	91.5%
Health and Safety inspections/advisory visits				1	1	2	3	1	1	0	0	0	0	0	0

Strategic Objective: Provide the highest quality care for all

Maternity Watch metrics

SROs: Eamonn Sullivan

Will Orr



Royal Berkshire
NHS Foundation Trust

Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
FFT Response Maternity				11.40%	5.00%	5.10%	11.10%	10.00%	5.10%	5.20%	3.10%	7.20%	7.80%	10.60%	6.20%
No. of complaints - Maternity				2	4	9	0	2	1	3	5	3	2	2	3
Complaints - % response in 25 days				0%	33%	100%	50%	67%	N/A	50%	100%	40%	67%	60%	100%
Number of Serious Incidents in the Maternity Service				1	0	2	0	0	0	4	0	1	0	1	0
% bookings with ethnicity documented / recorded							99.60%	99.43%	99.31%	99.64%	99.37%	99.23%	99.56%	99.17%	99.17%
% women with a documented CO result at booking				49.07%	48.65%	62.17%	89.00%	82.00%	68.00%	58.00%	87.00%	77.00%	73.00%	78.00%	81.70%
% women with a documented CO result at 34-36 weeks				29.73%	41.26%	39.08%	72.50%	72.00%	58.00%	77.00%	67.00%	72.00%	77.00%	93.00%	96.90%
% of pre-term (less than 34+0), singleton, live births receiving a full course of antenatal corticosteroids, within seven days of birth				16.67%	33.30%	50.00%	0.00%	60.00%	75.00%	33.00%	40.00%	50.00%	0.00%	43.00%	
Post Partum haemorrhage>1500mls				0.00%	0.00%	0.00%	2.78%	3.11%	3.49%	2.38%	2.81%	3.37%	3.26%	3.91%	3.02%
Number of term babies admitted to SCBU/NNICU unexpected							5.70%	3.80%	6.50%	4.00%	3.92% (17)	6.1% (26)	5.90%	4.30%	5.20%
Number of Perinatal Deaths							0.80%	0.30%	0.32%	0.48%	0.43%	0.39%	0.37%	0.30%	0.38%
Number of occasions MLU service suspended for 4 hours or more				8	4	5	4	5	27	22	22	20	11	6	25
Midwifery staffing vacancy rate				15.60%	7.30%	10.00%	15.4 % Increase in budget	15.90%	14.00%	16.00%	18.50%	18.50%	19.00%	13.70%	14.40%
Midwifery staffing turnover				15.00%	15.60%		16.30%	17.30%	19.10%	19.60%	17.60%	16.30%	15.00%	15.50%	14.10%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring				86.00%	90.00%	88.17%	90.80%	94.00%	94.00%	93.00%	92.00%	91.79%	94.44%	96.55%	95.10%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring				87.00%	91.00%	96.00%	69.80%	88.00%	90.00%	91.00%	55.00%	79.59%	85.41%	100.00%	98.07%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT				82.00%	86.00%	82.60%	71.70%	80.00%	90.00%	92.00%	50.00%	51.02%	66.66%	93.87%	94.54%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT				97.00%	96.00%	98.40%	84.90%	88.00%	91.00%	90.00%	90.00%	92.00%	92.16%	97.12%	97.89%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT				5.26%	5.26%	5.26%	18.42%	18.42%	18.42%	18.42%	18.42%	21.05%	28.94%	95.00%	92.68%

Strategic Objective: Invest in our people and live out our values

Watch metrics:

SRO: Don Fairley



Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
Ethnicity Progression Disparity Ratio															1:92
Stability rates %				82.55%	83.30%	83.77%	81.83%	81.80%	81.74%	82.51%	81.56%	81.53%	81.20%	81.95%	81.81%
Sickness %				3.61%	3.68%	3.74%	3.88%	4.06%	4.08%	4.09%	4.17%	4.17%	4.17%	4.18%	Arrears
% Fill rate of support worker shifts (CSW)				96.34%	95.57%	96.42%	93.00%	92.85%	91.09%	93.32%	96.35%	98.97%	95.93%	99.75%	96.92%
% Fill rate of registered nurse shifts (RN)				84.15%	83.23%	86.45%	92.24%	90.35%	93.04%	92.31%	99.28%	97.88%	100.21%	95.77%	95.70%
MAST				87.10%	86.93%	86.70%	87.28%	88.31%	89.82%	90.01%	90.75%	89.44%	89.50%	89.16%	89.00%
Appraisals				84.79%	86.46%	84.63%	83.36%	84.90%	86.55%	86.37%	86.19%	83.36%	79.12%	80.03%	78.35
Nurse Staffing Red Flags				83	51	41	53	31	72	56	71	46	32	33	59

Strategic Objective: Delivering in partnership

Watch metrics

SRO: Dom Hardy



Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
12hr DTA (Trolley Waits)				0	0	0	0	0	0	0	0	0	0	0	0
Percent of Ambulatory Care of Non elective Admissions				17.71%	18.91%	14.84%	14.03%	14.92%	13.91%	15.60%	17.73%	13.64%	13.39%	11.30%	2.34%
Average non-elective length of stay - excluding 0 day LOS (Length of Stay)				5.96	6.11	6.33	6.65	5.98	5.80	5.93	6.39	6.18	6.10	5.88	6.55
Urgent Operations Cancelled 2nd time				0	0	0	0	0	0	0	0	0	0	0	0
62 Day screen Ref				81.50%	57.10%	90.90%	100.00%	83.80%	100.00%	53.80%	69.20%	86.70%	78.60%	70.00%	73.30%
Incomplete 104 day waits				37	49	36	39	29	43	38	46	66	97	78	93
Fractured Neck of Femur: Surg in 36 hours				61.00%	73.68%	50.00%	43.18%	52.27%	57.14%	64.10%	56.52%	80.48%	60.71%		
Seen by Stroke Consultant within 14 hours				73.00%	82.00%	73.00%	71.00%	64.00%	57.00%	72.00%	65.00%	65.00%	62.00%	61.00%	65.00%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival				89.00%	90.00%	68.00%	69.00%	70.00%	63.00%	85.00%	69.00%	61.00%	58.00%	74.00%	63.00%
Proportion of stroke patients scanned within 12 hours of hospital arrival				100.00%	100.00%	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.00%	97.00%	96.00%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)				100.00%	80.00%	100.00%	14.00%	30.00%	25.00%	43.00%	30.00%	34.00%	21.00%	32.00%	30.00%
Average Length of Stay (LOS) from admission to discharge (days)				13	12	14	16	18	9	17	14	19	17	14	14
Door to needle time <60mins				100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	89.00%	75.00%	100.00%
No. of weekend discharges				741	614	502	551	628	520	644	597	555	670	593	541
No. of patients staying >21 days				91	92	97	88	83	87	91	111	110	96	90	64
Cancer 2 week wait: cancer suspected				89.50%	94.60%	91.90%	88.80%	92.50%	85.50%	86.00%	89.70%	82.80%	86.40%	91.80%	92.40%
Cancer 2 week wait: breast patients				84.60%	89.20%	91.40%	96.40%	97.20%	94.70%	95.40%	93.10%	92.60%	100.00%	98.90%	100.00%
Cancer 31 day wait: to first treatment				94.70%	97.50%	92.80%	97.00%	97.80%	96.10%	95.40%	91.00%	91.60%	93.20%	93.60%	92.30%
Cancer 31 day wait: drug treatments				97.30%	98.90%	100.00%	98.40%	97.80%	98.90%	90.00%	92.90%	88.20%	92.60%	100.00%	100.00%

Strategic Objective: Delivering in partnership

Watch metrics

SRO: Dom Hardy



Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
Cancer 31 day wait: surgery				92.50%	100.00%	100.00%	92.90%	90.00%	92.90%	75.00%	85.70%	87.50%	73.70%	72.00%	90.50%
Cancer 31 day wait: radiotherapy				95.20%	97.60%	89.10%	71.80%	84.10%	85.10%	88.90%	87.30%	79.20%	82.10%	77.00%	79.60%
62 day consultant upgrade: all cancers				55.60%	75.00%	100.00%	100.00%	33.30%	76.90%	100.00%	87.10%	73.90%	65.45%	85.70%	78.10%

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham



Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
Cancelled Ops not re-scheduled < 28 days (%)				0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
% OP appointments done virtually				21.40%	20.20%	20.20%	20.10%	19.70%	19.70%	19.80%	18.70%	19.30%	19.20%	18.40%	18.60%
New to follow up ratio				1.8	1.8	1.8	1.8	1.9	1.9	1.9	2.0	1.9	1.8	1.9	1.9
Number of OPPROC				7971	7923	8867	6478	6910	6406	6673	7123	6928	6969	8963	7431
Number of MDT OP															
Clinic room utilisation (esp utilisation at non RBH sites)															
Number of PIs															
Number of active research trials															
Number of projects supported by HIP															

Strategic Objective: Achieve long-term sustainability

SRO: Nicky Lloyd



Watch metrics

Metric	SPC Flag		Trending	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22
	Variation	Assurance													
Pay cost vs Budget				-0.13	0.01	0.16	-1.57	0.04	0.30	-0.73	-0.33	-1.38	-1.34	0.39	-0.53
Non pay cost vs Budget				0.00	0.01	-0.37	0.54	-0.49	0.29	2.93	-2.33	-3.27	-0.31	-0.02	-1.82
Income vs Plan				2.98	4.48	30.55	0.52	0.34	-1.33	-1.89	-0.05	0.63	-0.95	-3.48	0.49
Daycase actual vs Plan				0.03	-0.07	-0.31	-0.19	0.34	-0.30	-0.27	0.07	0.16	0.04	0.19	-0.16
Elective actual vs Plan				-0.07	-0.46	3.33	-0.43	-0.31	-0.60	-0.55	-0.05	-0.02	-0.25	0.02	0.01
Outpatients actual vs Plan				-0.25	0.23	-0.33	-0.36	0.21	-1.26	-0.86	0.36	-0.14	-0.45	0.20	-0.23
Non-elective actual vs plan				0.03	0.36	0.34	0.41	0.91	0.22	0.27	1.52	0.99	1.30	0.17	1.04
A&E actual vs plan				0.09	0.14	0.23	0.54	0.99	0.82	0.41	0.80	0.79	0.61	0.58	0.84
Drugs & devices actual vs plan				0.08	0.61	0.41	0.19	-0.06	0.56	-0.49	-0.27	0.80	0.49	1.12	0.51
Other patient income				-0.13	0.01	0.16	-0.10	0.37	-0.35	0.00	-0.26	0.07	0.12	-0.32	-0.15
Delivery of capital programme				1.76	3.67	21.43	0.00	0.00	1.61	0.76	0.91	-0.97	2.45	1.72	1.32
Cash position				45.43	50.32	60.76	68.59	78.68	61.17	51.01	59.80	56.65	55.35	53.70	43.81
Agency spend % of total staff cost				4.60%	4.50%	3.40%	3.70%	3.80%	3.00%	3.40%	5.20%	4.40%	4.00%	4.60%	4.00%
Creditors				-8.08	-73.35	-88.21	-99.34	-114.30	-95.49	-87.86	-90.79	-79.84	-86.72	-86.32	-74.48
Debtors				9.14	31.53	30.37	30.15	21.96	21.82	24.26	16.58	15.64	17.60	17.70	16.22

Title:	Health & Safety Annual Report
Agenda item no:	8
Meeting:	Public Board
Date:	25 January 2023
Presented by:	Nicky Lloyd, Chief Finance Officer & Executive Lead for Health & Safety
Prepared by:	Dawn Estabrook, Head of Risk

Purpose of the Report	To provide the Health & Safety Annual Report for 2021-2022 for approval Executive Summary on page 3-4 of Appendix 1
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Report History	Health & Safety Committee - December 2022 Audit & Risk Committee - 11 January 2023
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What action is required?	
Assurance	
Information	
Discussion/input	✓
Decision/approval	✓

Resource Impact:	
Relationship to Risk in BAF:	
Corporate Risk Register (CRR) Reference /score	
Title of CRR	

Strategic objectives This report impacts on (tick all that apply)::				
Provide the highest quality care for all				
Invest in our people and live out our values				
Deliver in partnership				
Cultivate innovation and improvement				
Achieve long-term sustainability				
Well Led Framework applicability:			Not applicable <input type="checkbox"/>	
1. Leadership <input type="checkbox"/>	2. Vision & Strategy <input type="checkbox"/>	3. Culture <input type="checkbox"/>	4. Governance <input type="checkbox"/>	
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>	7. Engagement <input type="checkbox"/>	8. Learning & Innovation <input type="checkbox"/>	
Publication				
Published on website		Confidentiality (FoI)	Private	Public

1 Executive Summary

This discussion paper provides the Board with a copy of the Health & Safety Annual Report for the period 1st April 2021 to 31st March 2022

2 Background

The Trust Health & Safety annual report for 1st April 2021 to 31st March 2022 was reviewed at the Health & Safety Committee on Wednesday 14th December 2022 and the Audit and Risk Committee on 11 January 2023

Due to the vacant post for the Trust Health & Safety Advisor between September 2022 and April 2023 the preparation of the report has been delayed.

The report includes an overview of Health & Safety activities and assurance and areas of priority for 2022/2023

3 Conclusion

The Board is asked to approve the Health & Safety Annual Report as recommended by the Audit and Risk Committee.

4 Attachments

The following are attached to this report:

- (a) Appendix 1 – Trust Annual Health & Safety Report for 2021 to 2022 (in supplementary shelf)

Executive Summary

The attached report sets out the Health & Safety summary report for the year ended 31st March 2022.

The Trust Board takes very seriously its responsibilities for the health & safety of its staff, patients, contractors and visitors to its sites. Not only is this required by legislation, it is also core to the Trust vision of 'Working together to provide outstanding care to our community' and an enabler to our five strategic objectives. Prioritising health & safety underpins our CARE values of Compassionate, Aspirational, Resourceful and Excellent.

As Chief Finance Officer, I am the Executive lead for Health & Safety, and chair the bi-monthly Health & Safety Committee, which has met throughout the period under review. The Trust Board has a regular dedicated agenda item to hear a health & safety story at public Trust Board.

This report has been produced by a dedicated team of Trust staff from across the governance, risk and health & safety teams, and gives a summary of the wide range of activities undertaken during the last year, as well as a look ahead to future activities. It has also been reviewed and approved by members of the Health & Safety Committee.

I would like to take this opportunity to thank all those involved in producing this report, and also all those who support the Health & Safety work undertaken across the Trust, including colleagues on the Trust Board, members of the Health & Safety Committee and our Health, Safety and Wellbeing champions, who act as focal points across the Trust to communicate and share best practice.

Nicky Lloyd

Chief Finance Officer & Chair of Health & Safety Committee

December 2022

Executive Summary

The attached report sets out the Health & Safety summary report for the year ended 31st March 2022.

The information and data has been provided by the subject matter experts and Trust leads for the Health & Safety operational areas. The report was disseminated to the Health & Safety Committee in December 2022.

The Trust's Health & Safety Committee continued to meet every two months during 2021/2022, being chaired by the Trust's Chief Finance Officer, who is also the Executive Lead for Health & Safety. The Health & Safety Committee work plan is reviewed annually to ensure adequate representation and reporting from the sub-speciality groups.

The Health & Safety Committee report to the Audit & Risk Committee and in addition Health & Safety updates are also provided to the **Executive Management Committee** (EMC), which meets bi-weekly, and comprises the senior leadership of the Trust.

A review of the assurance and monitoring conducted at the Health & Safety Committee was undertaken during 21/22. As a result a KPI Dashboard paper was implemented in April 2021 and an Assurance Reporting tool is in development using as a reference the NHS Employers & HSE Workplace Health & Safety Standards.

The Trust has seen an increase in reporting of Health & Safety incidents in the reporting year with an increase in incidents of aggression from patients to staff and RIDDOR reportable incidents. This increase in incidents reported across all the types (including the reporting of near-misses) is an indication of the improvement in understanding of the importance of reporting and learning from incidents and in turn, the health and safety culture within the Trust.

The main themes across work environment reported incidents continue to be associated with the age of the Trust estate, including water ingress/leaks and damaged building fabric and climate control.

Training for all areas of Health & Safety including Fire Safety, Manual Handling and Conflict Resolution continue to be provided and compliance monitored at Care Group Performance meetings and the Health & Safety Committee. Blended approaches are provided where possible to enable flexibility and compliance with the legal requirements balanced with the Core Skills Training Framework.

The Trust significantly increased its capacity of fit-testing during 2020/21, with the Health & Safety Department assuming a technical advisory role. In April 2021, stakeholders agreed that its role would evolve to manage operational delivery of respiratory protective equipment (RPE) fit-testing/advisory.

H&S Advisor left in September 2022 and fit-testing provision has continued to be provided by the Trust Vaccination Team until March 2023 and business case is in development in January 2023 to sustain service.

The Trust have appointed a new Non-Executive Director as our Wellbeing Guardian and their role is to provide oversight on the activities being undertaken to support the health and wellbeing of staff.

The Oasis Staff Wellbeing zone opened in Summer 2022 providing access to a staff gym, exercise rooms, quiet rooms and a training/meeting room for dedicated health and wellbeing topics.

A new HWB centre garden has also been established to enable an outdoor space to relax, participate in gardening and enjoy break time, whether alone or with colleagues. A new cycle village has also been established adjacent to the new wellbeing centre and is already open for staff to use and offers parking and shower/changing facilities.

The Trust Employee Assistance Programme has achieved its highest ever utilisation, with it now just above 10%, and has been renewed for another year.

The Trust Health Safety and Wellbeing Champion network has continued to grow and the Staff HWB Operational Lead is now liaising with managers and staff in areas to expand the network with the aim of all departments having a champion in place.

The Staff HWB Operational Lead produces a quarterly HWB care pack, which provide a comprehensive summary of 60+ Health & Wellbeing support services currently available to staff,

Minutes

Workforce Committee

Thursday 10 November 2022

14.00 – 16.00

Video Conference Call/Boardroom, Level 4

Members

Mr. Julian Dixon	(Non-Executive Director) (Chair)
Dr Bal Bahia	(Non-Executive Director)
Mr. Don Fairley	(Chief People Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Will Orr	(Acting Chief Medical Officer)

In Attendance

Mrs. Suzanne Emerson-Dam	(Deputy Chief People Officer)
Mr. Dwayne Gilliane	(Occupational Health Nurse Manager)
Mrs. Cindy Kouris	(Head of Workforce Information & Systems)
Dr. Janet Lippett	(Acting Chief Executive Officer)
Mrs. Kemi Makun	(Interim Deputy Trust Secretary)
Mr. Pete Sandham	(Head of Organisational Development, Engagement and Inclusion)
Mrs. Hannah Travers	(Acting Trust Secretary)

Apologies

Mrs. Priya Hunt	(Non-Executive Director)
Mr. Eamonn Sullivan	(Chief Nursing Officer)

53/22 Declarations of Interest

There were no declarations of interest.

54/22 Minutes: 15 September 2022 and Matters Arising Schedule

The minutes of the meeting held on 15 September 2022 were approved as a correct record and would be signed by the Chair, subject to point five of the key messages for the Board being amended to read 'good assurance had been provided on succession planning and an update on the progress of talent management had been received'.

Action: H Travers

The Committee received the matters arising schedule. All items had been completed or included on the agenda.

55/22 Chief People Officer Update

The Chief People Officer provided an overview of recruitment and retention and highlighted that appointments had been made to progress 'turbo charging' of recruitment. Work also continued to recruit clinical staff through international as well as local recruitment pathways.

The Chief People Officer highlighted progress on staff Health & Wellbeing initiatives. This included the appointment of a clinical lead psychologist scheduled to join the Trust in Spring

2023. As a result a staff psychologist support service would be established. Health checks for staff and volunteers aged 40 and over had been provided and approximately 700 appointments had been booked within two days.

The Committee discussed the national industrial action by the Royal College of Nursing (RCN). The Chief People Officer highlighted that derogation exclusions would be reviewed with the RCN to ensure that industrial action did not impact on emergency services. The Committee noted that the date and duration of the industrial action was still outstanding. However, the RCN were required to provide 14 days' notice of any industrial action. There was also a number of other Unions and statutory bodies that were undertaking ballots to consider whether strike action would be recommended. The Committee noted that the Trust was continuing to test scenarios using well established emergency response and preparedness processes and these continued to be reviewed.

The Committee recommended that any potential patient safety concerns would be escalated to the Board ahead of the industrial action.

Action: E Sullivan

The Chief People Officer highlighted that a culture survey in relation to staff morale and behaviour had been provided to staff at Berkshire & Surrey Pathology Service (BSPS) in June 2021. Following the survey a programme had been established that related to senior leadership relationships and development, accountability and decision making, communications, values and behaviours and workforce and staffing establishment. Work had been undertaken with the Blood Sciences service where improvement had been made and included HR workshops, civility and embedding escalation processes in relation to any issues within the team.

56/22 Workforce Key Performance Indicators (KPIs)

The Chief People Officer provided an overview of the Workforce Key Performance Indicators (KPIs) and highlighted that turnover across the Trust had increased. Work continued with specialities where there was a high turnover to support actions to recruit. Pay spend had increased by 6.8% in comparison to the previous year as a result of the National Pay Award as well increased bank and agency spend. The Acting Chief Executive highlighted that pay rates related to medical staff were also being reviewed as pay varied across different specialities for additional bank work.

The Committee noted that sickness absence had also increased to 4.09%. However, this included staff with Covid that were able to work from home.

The Chief People Officer highlighted that Mandatory and Statutory Training (MAST) compliance remained static and letters of expectation would now be issued to managers following the amnesty on MAST training. It was anticipated that letters of expectation would also be issued to managers for appraisals that had not been undertaken.

The Chief People Officer provided an overview of the occupational health KPIs and highlighted that there had been improvements against targets. Seven 'priority' appointments had been made available weekly for staff occupational health appointments and referrals continued to be reviewed to ensure staff where appropriate were prioritised. Compliance against the pre placement questionnaires had decreased due to staff absence. However, work had been undertaken and this was now 95% compliant against the standard.

57/22 Guardian of Safe Working Report

The Acting Chief Medical Officer provided an overview of the Guardian of Safe Working Report and highlighted the exception reporting had increased during the previous quarter and this was the highest level of reporting since the introduction of the Guardian of Safe Working. Key themes linked to missed educational opportunities and additional hours required to cover shifts. The Committee noted that four safety concerns had been raised related to staff shortages on the Acute Medical Unit and Woodley Ward. Lack of support from consultants had also been raised. The Acting Chief Medical Officer would review this with the Guardian of Safe Working.

Action: W Orr

The Acting Chief Medical Officer provided an overview of discussions at the Junior Doctors forum and highlighted that actions were in place to improve reporting on the DRS platform. Work was also ongoing to ensure Junior Doctors received the rotas in advance.

58/22 People Strategy: 2022-2027 Update

The Chief People Officer provided an overview of the progress on the People Strategy and highlighted it was anticipated the strategy would be submitted to the Board in January 2023. Engagement had taken place with the Executive Management Committee to review key enablers and measurements of success. The People Strategy would also align with the Trust Strategy and Clinical Services Strategy.

The Committee reviewed the People Strategy. It was recommended that the impact of the pandemic and other external factors that could impact on workforce recruitment and retention was considered. In addition, it was recommended that the future workforce and potential ambition to become a University Hospital was also included in the People Strategy. **Action: D Fairley**

59/22 Education Strategy Update

The Chief People Officer provided an update on the Trust Education Strategy and highlighted that the Strategy had been formally launched on 7 November 2022. The Committee noted progress against the strategy included additional nursing associate apprenticeships, launch of the leadership behaviours framework and the establishment of a new consultant development programme. The second cohort of staff had also joined the Aspiring Ethnic Minority Senior Leader Programme.

The Committee noted the progress that made on the Education Strategy in the previous three months and the ambitions to support further delivery of the strategy in the future.

60/22 Safer Staffing Review

The Chief Nursing Officer provided an overview of the Safer Staffing Review that followed national guidance from the safer nursing care tool. Four key domains were reviewed that included patient acuity and dependency, data collection, nursing multipliers to support professional judgement and consideration of nurse sensitive indicators. The review followed the same process as undertaken in previous years. However, therapies and midwifery had been included in the review this year.

The Committee noted there had been a high turnover of Allied Health Professionals (AHPs) and work was ongoing to recruit to establishment. In addition, a business case for a lead for AHPs at the Trust was also being developed.

The Committee noted that additional mitigations had been put into place by Care Groups to ensure that safe staff saving was maintained. However, additional recommendations set out in the report to consider additional staffing would be reviewed as part of 2023/24 budget setting.

61/22 Board Assurance Framework:

The Committee reviewed the Board Assurance Framework (BAF). The Committee agreed that the recommendation from the Finance & Investment Committee to include staff and patient experience following the implementation of the new car parking process should be included as a specific improvement/action. However, this had originally related to a patient safety and financial issue. The Chair of the Committee would review the recommendation with the Acting Trust Secretary.

Action: J Dixon

62/22 Corporate Risk Register

The Chief Nursing Officer provided an overview of the Corporate Risk Register and highlighted actions in place to support improvements in the pathology service. This included outsourcing some biopsies to reduce delays in receiving results. The Committee noted that compliance against Level 3 safeguarding adults and prevent training risk had been closed as compliance against this standard was 82%. Work also continued in relation to recruitment and retention and the Committee noted that additional maternity workforce had now been recruited.

63/22 Work Plan Review

The Committee noted the workplan.

64/22 Key Messages for the Board

The Committee agreed that key issues to draw to the attention of the Board, included:

- The Committee noted an update on planned industrial action would be provided to the Board once further information was available.
- The Committee noted the high turnover in Allied Health Professionals and planned action targeted at retention and recruitments in the medium and long term.
- The Committee noted the positive progress made on the Education Strategy.
- The Committee received an update on the annual safer staffing report

65/22 Reflections of the Meeting

The Chair led a discussion and it was agreed that there had been good discussions on topics.

The Chief People Officer, on behalf of the Board, thanked Julian Dixon for his significant contribution to the Trust, including his tenure as Chair of the Workforce Committee, his leadership on Board development and his overall calm and measured approach on all these areas.

66/22 Date of Next Meeting

It was agreed that the next meeting would be held on Tuesday 14 February 2023 at 12.30

Chair:

Date:

Minutes

Finance & Investment Committee Part I

Thursday 17 November 2022

09.30 – 10.00

Boardroom, Level 4, Royal Berkshire Hospital

Members

Mrs. Sue Hunt	(Non-Executive Director) (Chair)
Mrs. Priya Hunt	(Non-Executive Director)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Peter Milhofer	(Non-Executive Director)
Mr. Will Orr	(Care Group Director, Urgent Care)
Mr. Andrew Statham	(Director of Strategy)
Mr. Eamonn Sullivan	(Chief Nursing Officer)

In Attendance

Mr. Mike Clements	(Director of Finance)
Mrs. Nicola Costin Davis	(Care Group Director of Operations, Planned Care)
Mrs. Kemi Makun	(Interim Deputy Trust Secretary)
Mr. Graham Sims	(Chair of the Trust)
Mrs. Hannah Travers	(Acting Trust Secretary)

Apologies

Dr. Janet Lippett	(Acting Chief Executive Officer)
Mr. Dom Hardy	(Chief Operating Officer)

120/22 Declarations of Interest

There were no declarations of interest.

121/22 Minutes for Approval: 20 October 2022 & Matters Arising Schedule

The minutes of meeting held on 20 October 2022 were approved as a correct record and signed by the chair.

The Committee received the matters arising schedule. All actions had been completed or included on the agenda.

Minute 106/22: September 2022 Financial Update: The Chief Finance Officer highlighted that actions to improve the anticipated [Section exempt under s43] deficit position were progressing. Additional financial resources had been recruited temporarily and additional procurement resource continued to be sought. A full review of all accruals and run rate of spend continued to be progressed. However, there continued to be a challenge in relation to pay expenditure due to staff sickness, vacancy rates and staff turnover with a continued increase in demand on the emergency. Non pay inflation had also increased. It was anticipated that levels of average weighted activity included in the budget would not be achieved during 2022/23 [Section exempt under s43].

122/22 October 2022 Financial Update

The Chief Finance Officer advised that year to date financial performance was £10.28m behind plan. Income was £2.73m behind plan and £0.10m ahead of forecast. Pay expenditure was £5.01m adverse to plan and non-pay £2m adverse to plan.

The Committee sought clarity on progress against actions to improve the [Section exempt under s43] financial performance [Section exempt under s43]. The Chief Finance Officer advised that a detailed line by line review of all budgets and run rates of spend was ongoing for all Care Group and Corporate areas. Escalation processes for additional shifts had been implemented and new projects were being reviewed to consider if these could be deferred to 2023/24.

The Committee discussed the increase in pay costs. The Acting Chief Medical Officer highlighted there had been an increase in sickness across medical staff groups. However, there continued to be an increased demand on the Emergency Department (ED) care pathway and temporary staff had been required to ensure safe care was provided.

The Committee recommended that a detailed update on progress against the actions to improve the run rate of spend was provided at the next meeting. **Action: N Lloyd**

The Chief Finance Officer advised that the Finance Strategy was being refreshed and it was anticipated this would be submitted to the Board Seminar in December 2022. The Long Term Financial Model (LTFM) would also be refreshed in the New Year. **Action: N Lloyd**

The Chief Finance Officer highlighted that £500m of additional funding had been provided across the NHS to support care post discharge and it was anticipated this would support a reduction in the need for extended one to one specialising and increase patient flow through the hospital.

The Committee discussed the national industrial action and potential impacts on the Trust's financial performance and compliance against national standards. The Chief Nursing Officer confirmed that confirmation of the industrial action by the Royal College of Nursing was still awaited.

The Committee discussed the plan to re-forecast. The Chief Finance Officer advised the reforecast protocol had been published by NHS England [Section exempt under s43]. The Chief Finance Officer was seeking confirmation of the timeline and would provide an update to the Committee. **Action: N Lloyd**

123/22 Capital Plan Update 2022/2023 (Capital Programme)

The Chief Finance Officer provided an overview of the Capital Plan for 2022/23 and highlighted that programmes continued to be reviewed monthly to seek assurance on delivery.

The Committee sought assurance on the deliverability of the £28m Capital Plan as only £2.31m had been delivered during the year to date. The Chief Finance Officer highlighted that all areas had been requested to ensure that they had robust plans in place for projects to ensure these could be delivered within the financial year or funds would be prioritised for other capital programmes.

124/22 Key Messages for the Board

Key messages for the Board included:-

- The Committee had reviewed the financial position and noted the Trust was £10.28m behind plan at M07.
- The Committee noted the re-forecast protocol had been published by NHS England in November [Section exempt under s43]

125/22 Date of Next Meeting

It was agreed that the next meeting would be held on 19 January 2023 at 9.30am

Signed:

Date:

Minutes

Finance & Investment Committee Part I

Monday 12 December 2022

09.30 – 10.30

Boardroom, Level 4, Royal Berkshire Hospital

Members

Mrs. Sue Hunt	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Priya Hunt	(Non-Executive Director)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Peter Milhofer	(Non-Executive Director)
Mr. Will Orr	(Care Group Director, Urgent Care)
Mr. Andrew Statham	(Director of Strategy)

In Attendance

Mrs. Heather Allan	(Director of IM&T)
Dr. Bal Bahia	(Non-Executive Director)
Dr. Janet Lippett	(Acting Chief Executive Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Graham Sims	(Chair of the Trust)
Mrs. Hannah Travers	(Acting Trust Secretary)

Apologies

Mr. Don Fairley	(Chief People Officer)
Mr. Eamonn Sullivan	(Chief Nursing Officer)

137/22 Declarations of Interest

There were no declarations of interest.

138/22 Minutes for Approval: 17 November 2022 & Matters Arising Schedule

The minutes of meeting held on 17 November 2022 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule. All actions had been completed or included on the agenda.

The Committee noted that the Finance Strategy would be submitted to the Board Seminar in February 2023. **Action: N Lloyd**

139/22 November 2022 Financial Update and Forecast Outturn 2022/23

The Chief Finance Officer provided an overview of Month 8 performance and highlighted that pay was £1.13m adverse to forecast. However, this had been offset by non-pay that was £1.48m better than forecast. The Committee noted the year to date financial performance was £13.25m behind plan. Capital expenditure was £6.48m at Month 8 and monthly meetings had been scheduled to monitor delivery of the capital programme. It was anticipated that CT scanners would be installed before the end of the financial year. The

Committee noted that the run rate of pay continued to increase and a review was being undertaken by KPMG. The Chief Finance Officer highlighted that pay had increased as a result of increased agency rates to support activity, vacancies and staff sickness. The budget had also been adjusted to align with the 2022/23 national pay award.

The Trust's cash position was £53.70m due to the capital programme being behind plan as well as high cash reserves at the beginning of the financial year. The Chief Finance Officer advised suppliers continued to be paid and anticipated costs for the remainder of the year continued to be monitored.

The Committee discussed the capital programme. The Chief Finance Officer advised that feedback was still awaited on the enabling bid submitted by the Trust and this included the telecommunications platform and data centre. The Committee noted that the Health and Social Care Secretary had highlighted a Community Diagnostic Centre (CDC) would be built in Bracknell and further information was being sought in relation to this.

The Chief Finance Officer provided an overview of the letter received from Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board (BOB ICB) [Section exempt under s43]

[Section exempt under s43]. It was anticipated that additional capital would become available nationally in the next quarter.

The impact of the industrial action had not been included on the forecast as the costs for this was currently unknown. The Committee noted that additional tolerance for staff sickness had been included in the forecast as this had increased in Quarter 3. [Section exempt under s43]

[Section exempt under s43]

The Committee noted that an additional Finance & Investment Committee and Board would need to be arranged to review the re-forecast in early January 2023 prior to submission to NHS England. **Action: H Travers**

140/22 Key Messages for the Board

Key messages for the Board included:-

- The Committee had reviewed the financial position and noted the Trust was £13.25m behind plan at Month 8.
- [Section exempt under s43]

141/22 Date of Next Meeting

It was agreed that the next meeting would be held on 19 January 2023 at 9.30am

Signed:

Date:

Minutes

Charity Committee

Wednesday 23 November 2022

09.55 – 10.55

Board Room, Level 4 / Video Conference Call

Present

Dr Bal Bahia	(Non-Executive Director) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Mike Clements	(Director of Finance)
Mr. Don Fairley	(Chief People Officer)
Mrs. Sunila Lobo	(Public Governor, Reading)
Mr. John Stannard	(Patient Representative)
Mrs. Hannah Travers	(Acting Trust Secretary)
Ms. Jo Warrior	(Charity Director)

In attendance

Mr. Graham Sims	(Chair of the Trust)
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Apologies

Ms. Adenike Omogbehin	(Staff Representative)
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26/22 Declaration of Interests

There were no declarations of interest.

27/22 Charity Accounts 2021/22

The Director of Finance provided an overview of the Royal Berks Charity Annual Report & Financial Statements. The Financial Statements had been reviewed by the Audit & Risk Committee and recommended for approval. Income generated for the financial year ended 31st March 2021 was £1,557k and expenditure £1.633k.

The Committee discussed the running costs of the charity. The Charity Director highlighted that a review of staffing was in progress. In addition, it was anticipated that costs would reduce over time as support from corporate and major donor fundraising increased. Alternative schemes to generate income had also been considered that included an initiative called 'pennies from heaven' where staff could donate 99 pence of their salary per month.

The Committee discussed the split of funds between patients and staff. The Charity Director highlighted that an investment protocol had been developed that would set out how the Charity could invest funds when fund advisors did not have funding plans in place or had not spent funds over a set period of time. In addition, a review to consider whether funds could be consolidated into specific funds, such as children and young people would be considered.

Action: J Warrior

The Committee recommend that fund advisors should be invited on a rolling programme to present their fundraising plans to the Committee.

Action: J Warrior

The Committee agreed to:

- Approve and adopt the Annual Report and Financial Statements for the period ended 31 March 2022.
- Authorise the Acting Chief Executive Officer and Chief Finance Officer to sign and date:
 - i. The Statement of Trustee's Responsibilities
 - ii. The Report of the Corporate Trustee
 - iii. The Balance Sheet as at 31 March 2022
- Authorise the Chief Finance Officer to sign the Letter of Representation on behalf of the Corporate Trustee **Action: M Clements**

The Charity Director advised that work was ongoing with the Building Berkshire Together team to review joint fundraising opportunities. The Committee discussed commercial sponsorship being sought for the Building Berkshire Together programme and recommended this was considered as part of the Trust's Commercial Strategy. **Action: D Fairley**

28/22 Work Plan

The Committee noted the work plan.

29/22 Reflections of the Meeting

The Charity Director led a discussion. It was agreed that there had been good discussions on items and the Committee had demonstrated Trust's values and behaviours. In addition, there had been good engagement and a diverse membership.

30/22 Key Messages

The Committee agreed the following key messages:

- Approval of the Charity Annual Report and Accounts 2021/22
- The Committee had discussed restricted funds that had not been spent and recommended that fund advisors would be requested to present their fundraising plans to future meetings
- The Committee discussed the challenge to spend funds on both patients and staff going forward

31/22 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 18 January 2023 at 10.00am

SIGNED:

DATE:

Charity Committee

Terms of Reference

Constitution and Membership

The Royal Berkshire Hospital Trust Charitable Fund (Charity Registration Number 1052720) is governed by the Trust Deed which was approved by the Trustees. Under the terms of the deed the Charitable Fund is administered and managed by the Trustees, the members of the Royal Berkshire NHS Foundation Trust as a body corporate.

The Trustees derive their authority to act from the Trust deed of the NHS Trust Charitable Fund, approved by the Trustees.

The Corporate trustee is the Board of Directors and they delegate operational accountability to the Head of Charity, monitored by the Charity Committee.

The Committee will be chaired by a Non-Executive Director of the Trust. Additional membership will include the Chief People Officer, Director of System Partnerships, Trust Secretary, Director of Finance, atwo public Governors nominated by the Council of Governors, a staff representative, a patient representative and the Charity Director.

Attendance

The quorum will be four members including the committee Chair, Chief People Officer, Charity Director and one other member.

External advisers may attend as necessary at the request of members. The Chief Executive and the Chair will attend two meetings annually.

The Trust Secretary (or their nominee) will act as a member and secretary to the Committee.

Frequency of meetings

The Committee will meet at least four times a year. Note, the Charity Board will meet twice per year in each case the committee will meet one week before these. The Charity Director will attend the Charity Board.

Monitoring

The work of the Charity Committee will be kept under review by the Charity Board.

The Committee will conduct an annual review of its effectiveness with its terms of reference and submit any findings and proposals for changes to the Charity Board for consideration.

The Committee shall have the delegated authority to act on behalf of the Board of Directors in accordance with the Constitution of the Charity and the Standing Orders, Standing Financial Instructions of the Trust.

The minutes of Committee meetings will be formally recorded and submitted to the Board of Directors.

Committee Duties

The members of the committee are responsible for the oversight and enquiry of the management of the Charitable Funds, through the Head of Charity. They are required to:

- a) satisfy themselves that best practice is followed in terms of guidance from the Charity Commission, National Audit Office, Department of Health and other relevant organisations;
- b) ensure that the appropriate policies and procedures are in place to support the Charitable Funds Strategy and to advise Fund Managers on income and expenditure and that this is reviewed at regular intervals;
- c) develop the Foundation Trust's Charitable Funds Strategy and on an annual basis and recommend changes to the Charity Board where appropriate;
- d) obtain assurance that a separate register of interests is compiled for both Trustees and Fund Managers, and that this is reviewed and updated on a regular basis;
- e) approve fundraising policies that comply with statutory requirements in conjunction with the Charity Board and CFO.
- f) on an annual basis, review and recommend income and expenditure plans, compiled from Fund Managers' detailed plans, ensuring that they complement the strategy.
- g) seek assurance that an effective mechanism exists whereby equipment needs are identified and satisfied, within resource constraints, through an equitable bidding process underpinned by business plans.
- h) receive assurance that all research monies paid into charitable funds meet the criteria for charitable status as specified by the Charity Commission;
- i) review the number of funds on an annual basis and undertake a programme of rationalisation, where appropriate;
- j) keep the equivalent of one year's running costs in reserves

Reviewed by the Committee:

Approved by the Board:

Quality Committee

Wednesday 7 December 2022

11.00 – 13.00

Boardroom, Level 4

Members

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Dr. Bal Bahia	(Non-Executive Director)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Acting Chief Executive)
Mr. Graham Sims	(Chair of the Trust)
Dr. Will Orr	(Acting Chief Medical Officer)

In Attendance

Mrs. Angela Forster	(Director of Nursing, Urgent Care)
Mrs. Christine Harding	(Director of Midwifery)
Mrs. Hannah Travers	(Acting Trust Secretary)
Mrs. Jane Chandler	(Deputy Chief Nursing Officer)

Apologies

Mr. Eamonn Sullivan	(Chief Nursing Officer)
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64/22 Declarations of Interest

There were no declarations of interest.

65/22 Minutes: 7 September 2022 and Matters Arising Schedule

The minutes of the meeting held on 7 September 2022 were approved as a correct record and signed by the Chair.

The Committee noted the matters arising schedule. All items had been completed or included on the agenda.

66/22 Serious Incident (SI) Thematic Report Including Maternity SIs and Learning from Never Events.

The Deputy Chief Nursing Officer provided an overview of the work undertaken in relation to Venous Thromboembolism (VTE) following the death of a patient in Emergency Department (ED). Additional staff were now situated in the waiting room to ensure patients were safe whilst waiting to see a clinician.

The Committee noted that there had been an increase in slips, trips and falls due to an increase in patients presenting with dementia. A review was being undertaken by the Falls Lead nurse to identify whether any further learning could be shared. Learning was also shared with Berkshire Healthcare NHS Foundation Trust.

The Committee discussed a patient who had died of a pulmonary embolism (PE) and this had been included on the death certificate. However, following a post mortem a different cause of death had been identified. Learning from this incident had been shared to advise staff that death certificates should not be issued ahead of any patients identified for post mortem.

67/22 Maternity Update – Maternity Incentive Scheme Update

The Director of Midwifery provided an overview of the Maternity Incentive Scheme (MIS). The Trust was compliant with seven of the ten safety actions. Following a change in national reporting for the neonatal mortality-reporting tool safety action 1 had not been achieved in 2022. However, the process had been reviewed and compliance would be achieved going forward. Safety action 6, related to the saving babies' lives care bundle, would also be compliant by January 2023. NHS Resolution had provided an extension for safety action 8 for staff training and the Trust would be compliant with the safety action prior to the submission in February 2023.

The Committee noted that achieving compliance against the 10 standards was a national issue for trusts that provided maternity services.

68/22 Independent Review of the Action Plan Following the 'AM' Inquest Case

The Director of Maternity provided an overview of the independent review of the action plan undertaken following the inquest into the death of a baby born at home at 40 weeks gestation. The independent review identified a number of recommendations to strengthen the supporting evidence and ensure that changes were embedded into the service. The Director of Maternity confirmed that actions were being progressed. The Chair recommended that an update was provided to the Committee to confirm when all recommendations had been completed.

Action: E Sullivan

69/22 Care Group Care Quality Commission (CQC) Update

The Deputy Chief Nursing Officer provided an overview of the Care Groups self-assessments against the CQC Well Led domains. The Deputy Chief Nursing Officer highlighted areas rated 'outstanding' had been challenged to review whether further work was required.

The Committee discussed the self-assessment ratings as a number of ratings had changed to 'good' or 'requires improvement'. The Deputy Chief Nursing Officer advised that the ratings reflected information provided to the Board and that key themes had included estates, workforce and capacity as a result of increased demand. Peer reviews of Care Groups ratings had been undertaken. In addition, Mandatory and Statutory Training (MAST), appraisal compliance and business as usual processes including disposal of expired medication was being reviewed as some processes had been streamlined during Covid to support patient care. Action plans had been developed to improve ratings across the CQC well led domains.

The Committee noted the report and risks identified by the Care Groups and that action plans were in place to improve ratings.

70/22 Quality Assurance and Learning Committee Exception Report

The Deputy Chief Nursing Officer highlighted the increase in cases of Clostridium difficile (C.Diff). A review was in progress to identify themes. The Committee noted that nationally there had been an increase in cases of C.Diff.

The Deputy Chief Nursing Officer advised that following the publication of the MBRACE mortality data, the Trust had been identified as an outlier for perinatal mortality during 2020. A detailed review was being undertaken to consider whether any additional learning could be shared as perinatal mortality had decreased during 2021-22.

The Committee discussed the two 'must do' actions following the CQC inspection in 2019. In relation to mixed sex accommodation breaches, a policy had been developed that followed national guidance. However, same sex accommodation breaches continued to occur as a result of patient safety and infection control processes and a Datix incident was recorded for each occurrence. Work also continued to increase compliance against Mandatory and Statutory Training (MAST) including a passport system for doctors that worked across different trusts as well as letters of expectation for staff that had not completed their training.

71/22 Hospital Public Health Programme

The Acting Chief Medical Officer provided an overview of the programme and highlighted that a Public Health Consultant had been appointed and this had supported progress of the pilot projects. The Committee noted there had been good feedback on the health checks for staff and all appointments had been booked until March 2023.

A 'one stop shop' service had also been provided for women, babies and their families bi-monthly and provided a safe environment for clinical and social support to address health and social needs. A review of the data was being progressed to identify themes. Further funding was also being sought to continue the service following the pilot project. In addition, the benefits of the 'one stop shop' was also being promoted nationally to other NHS trusts.

The Committee discussed the phasing of the health promoting hospital programme and noted that this aligned with the Clinical Services Strategy. The Committee supported the development of a health promoting hospital programme.

72/22 Patient Safety Incident Response Framework (PSIRF)

The Deputy Chief Nursing Officer provided an overview of the PSIRF. However, the implementation date was still outstanding. The Trust was progressing a number of actions for the 'go live'. This included the appointment of four patient safety partners and nine consultant patient safety incident investigators.

The Committee noted that Serious Incidents (SIs) would no longer be included in the PSIRF. However, as part of Duty of Candour the Trust would continue to provide a Root Cause Analysis (RCA) report to families. The Deputy Chief Nursing Officer advised that stakeholder events would take place in the New Year to raise awareness of the PSIRF and additional education would be required for the public to highlight a SI report would not always be undertaken.

73/22 Learning Disabilities and Autism Update

The Deputy Chief Nursing Officer provided an overview of two Serious Incidents (SIs) that had occurred and that both patients had a learning disability. A RCA was being undertaken and learning from the incidents would be shared across the Trust.

The Committee noted that a Learning Disabilities and Autism Group had been established and would include patients with a learning disability as well as carers to improve the care provided to this cohort of patients. In addition, a 'call for concern' telephone service had been relaunched to raise awareness that family or friends could contact the Trust to raise concerns. The Trust was also a pilot site for the Oliver McGowan training with 50 staff members scheduled to undertake the training in the New Year.

74/22 Infection Prevention & Control (IPC) Board Assurance Framework (BAF)

The Deputy Chief Nursing Officer provided an overview of the IPC BAF and highlighted there had been compliance issues with ventilation and side room capacity in some clinical areas and this had been included on the Corporate Risk Register. Interim actions had been provided where possible to increase ventilation. The Committee noted that national guidance also recommended wards were closed when a Covid outbreak occurred. However, this was not always possible due to capacity issues across the trust. Therefore, this had been reviewed and mitigations put in place by clinical teams.

The Committee recommended the gaps in assurance and mitigating actions were reviewed as some sections of the IPC BAF did not have information included. **Action: E Sullivan**

75/22 Safety & Assurance in the Emergency Department

The Director of Nursing, Urgent Care, highlighted that vacancies in the ED were currently 5.97%. It was anticipated that the nursing establishment would be at a full complement from January 2023 following recruitment of additional nursing staff. An additional practice educator had also been recruited to support overseas nurses as well as a nurse and care support worker to manage the waiting room to ensure safe care was maintained whilst patients waited for review.

A designated area had been allocated for South Central Ambulance Service (SCAS) to offload patients and was staffed collaboratively by the nursing team and members of SCAS. The Director of Nursing, Urgent Care, highlighted that additional funding had been provided to support improvements in the observation bay for patients presenting with mental health issues as well as patients with learning disabilities. The Committee noted there had been an increase in violence and aggression in the ED waiting room. However, the security team responded promptly to support and de-escalate these situations.

The Director of Nursing, Urgent Care, highlighted that alternative options were being considered in order to increase capacity during Winter. This included an enclosed outbuilding for patients as well as a bleeper system. The waiting room had also been extended in the previous 18 months and it was anticipated the opening of the Urgent Treatment Centre would also reduce patients attending ED with minor injuries. The Committee noted that further work would be required in the long term to consider how safe standards were maintained as the number of patients presenting at ED continued to increase.

The Acting Chief Executive highlighted that other trusts in Buckinghamshire, Oxfordshire and Berkshire Integrated Care System had less ambulance handovers and recommended this was reviewed to consider whether any learning could be identified. **Action: D Hardy**

76/22 62 Day Cancer Standard Update

The Chief Operating Officer provided an overview of the 62 day cancer standard and highlighted that 85% of patients with suspected cancer should receive a confirmed diagnosis and start treatment within 62 days of a GP referral. Compliance against the standard was 63.7%. Referrals to the two week wait (2WW) pathway had increased and the Trust was performing well against this standard in comparison to other trusts in the Thames Valley Cancer Alliance. There was an impact on some specialities seeing patients within the timeframe and work was being undertaken to improve performance. This had included an administration issue for gynaecology appointments that had now been resolved. The Committee noted that the 31 day cancer standard was at 96.6%.

The Committee noted pathology services were challenged due to staffing constraints and the volume of specimens that had resulted in an increase in turnaround time for results. This was a national issue. Work was ongoing to recruit additional staff to the service including locums and outsourcing services. Radiology appointments were also challenged due to the increase in demand and images and reporting were being prioritised. Longer term solutions were also being considered for pathology that included digitalisation of pathology in 2022/23. Two additional MRI scanners were also due to be installed at West Berkshire Community Hospital. However, additional staff would need to be trained before appointments could be offered.

Urology patients on the suspected prostate cancer pathway were referred for an MRI scan. However, there had been capacity issues due to the increased demand for appointments. There had also been capacity constraints for surgery. Additional staff continued to be recruited to support these pathways.

The Cancer performance group continued to review performance weekly and cancer harm reviews were reviewed in detail at the Clinical Outcomes & Effectiveness Committee. The Committee noted that 96 patients had waited over 104 days for treatment. However, this included patients that chose to delay their treatment or were awaiting specialist scans.

The Chief Operating Officer highlighted that the Trust was being scrutinised against the proportion of suspected cancer patients on the whole patient tracking list that had waited in excess of 62 days for an appointment. This was not a national reporting standard. However, the Trust had been an outlier on this target. Work had been undertaken and compliance had reduced to 14% in the previous month against a 12% target.

The Committee highlighted that good assurance had been received on the challenges and actions in place in relation to the cancer standards.

The Committee discussed what support was required to support improvements in the cancer standards. The Chief Operating Officer advised that additional help had been sought from the Thames Valley Cancer Alliance for endoscopy. They had also provided an additional staff member and equipment to improve performance against the standards.

77/22 Board Assurance Framework (BAF)

The Committee noted the updates included on the BAF since the previous meeting. The Acting Trust Secretary highlighted that digital and continuous quality improvement programmes on strategic objective four would be reviewed with the executive leads.

Action: H Travers

78/22 Corporate Risk Register

The Chief Operating Officer provided an overview of the Emergency Department (ED) capacity and compliance and lack of histopathology capacity impacting on provision of timely and high quality care. These have been reviewed in detail at the Audit & Risk Committee and the risk ratings had been increased following discussion at the Integrated Risk Management Committee (IRMC).

The Committee noted that the frequency of IRMC meetings had been increased. It was recommended that these were aligned to the frequency of the Quality Committees.

Action: H Travers

The Committee discussed the increase in information requested from NHS England and Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board. The Chair of the Trust would discuss this with the Chairs of the BOB ICB to consider what actions could be minimised to reduce the burden.

Action: G Sims

79/22 Work Plan Review

The Committee noted the workplan.

80/22 Key Messages for the Board

It was agreed that key issues to draw to the attention of the Board included:

- Update received on maternity services and maternity incentive scheme position.
- Update received on the Care Group CQC self assessments
- Update received on performance against the Hospital Public Health key performance indicators and plans to develop a health promoting hospital programme
- Assurance received on learning from incidents for patients that presented with a learning disability
- IPC BAF received
- Assurance received on the ED quality assurance and governance processes
- Assurance received on the 62 day cancer standard and actions to improve performance

81/22 Industrial Action

The Acting Chief Executive provided an overview of the industrial action and highlighted that discussions were ongoing with the local Royal College of Nursing (RCN) to finalise the derogations. The Committee noted derogations had been submitted for 38 areas and this included all wards. Derogations for the Acute Medical Unit (AMU) had been declined and discussions were ongoing to review this. Patients would be advised in advance in the event of appointments being cancelled. A meeting had also been arranged with the regional RCN to raise concerns on the process and legal advice was being sought from Capsticks in relation to the derogations.

The Committee noted that an internal incident would be declared if safe care could not be provided and that staff on strike would need to return to wards.

82/22 Reflections of the Meeting

The Chair led a discussion on the meeting. Feedback included good discussions on items on the agenda and that there had been a good balance on challenge and supportive feedback.

83/22 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 15 February 2023 at 10.00 am

SIGNED:

DATE:

Special Audit & Risk Committee

Special Audit & Risk Committee

Monday 12 December 2022

11.45 – 12.15

Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Peter Milhofer	(Non-Executive Director) (Chair)
Ms. Sue Hunt	(Non-Executive Director)
Mrs. Helen Mackenzie	(Non-Executive Director)

In attendance

Advisors

Mr. Chris Randall	(Senior Manager, Deloitte)
Mr. John Oladimeji	(Manager, Deloitte)

Trust Staff

Mr. Michael Clements	(Director of Finance)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Kemi Makun	(Interim Deputy Trust Secretary)
Mrs. Hannah Travers	(Acting Trust Secretary)

Apologies

160/22 Declarations of Interests

[The Director of Finance declared an interest as a Director of Health Facilities Management Services Limited.]

161/22 Healthcare Facilities Management Services (HFMS) Ltd Annual Report and Accounts 2021/22

The Committee received the HFMS Ltd Annual Report and Financial Statements for the year ended 31 March 2021/22. Current total assets were valued at £41.10m and total liabilities were valued at £22.48m. Net current liabilities were £7.39m. The Committee noted that income had increased as a result of the Lighthouse Laboratory at Bracknell Healthspace. It was anticipated that HFMS Ltd would continue to generate adequate profits and cash flows to meet current and future commitments.

The Committee discussed potential tax charges as HFMS Ltd continued to generate net income. The Director of Finance confirmed that advice was being sought in relation to tax planning including charitable giving. However, it was important that HFMS Ltd continued to retain a level of positive reserves to be sustainable in the future.

The Committee agreed that:

- A recommendation should be submitted to HFMS Ltd Board to approve the annual report and accounts for 2021/22 and to authorise a director of the company to sign the letter of representation to the external auditors
Action: M Clements
- A recommendation should be submitted to the Board to authorise the Chief Finance Officer to sign a letter to the directors of HFMS Ltd confirming that the Trust would continue to give financial support to the company for the next 12 months
Action: N Lloyd

162/22 Key Messages for the Board

It was agreed that key issues to draw to the attention of the Board included:-

- The Committee recommended the HFMS accounts should be submitted to the HFMS Board for approval.

163/22 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 11 January 2023 at 9.30am.

Chair:

Date:

Board Work Plan 2023

Focus	Item	Lead	Freq	Jan-23	Mar-23	May-23	Jul-23	Sep-23	Nov-23
Provide the Highest Quality Care for All	COVID-19 Update	DH/JL/ES	By Exception						
	COVID-19 Recovery Plan	Exec	By Exception						
	Ward + Maternity Skill Mix Review	ES	Annually						
	Winter Plan	DH	Annually						
	Ockendon Action Plan Update	ES	By Exception						
	Children & young People Update	ES	Bi-Annually						
	Health & Safety Story	NL	Every						
	Quality & Improvement Strategy	ES/JL	Once						
	Patient Story	Exec	Every						
Invest in our People and live out our Values	Staff Story	Exec	Every						
	Health & Safety Annual Report	NL	Annually						
	People Strategy	DF	Once						
	Annual Revalidation Report	JL	Annually						
Achieve Long-Term Sustainability	Quarterly Forecast	NL	Quarterly						
	2023/24 Budget	NL	Annually						
	2023/24 Capital Plan	NL	Annually						
	Operating Plan/ Business Plan 2023/24	AS	Annually						
	Estates Strategy	NL	Once						
	Finance Strategy	NL	Once						
	Standing Financial Instructions	NL	Annually						
Cultivate Innovation & Improvement	Research & Development Strategy	JL	Once						
Deliver in Partnership	ICP/ICS Update	AS	By Exception						
	Communications & Engagement Strategy	AS	Once						
Other / Governance	Chief Executive Report	SMC	Every						
	Board Assurance Framework	CL	Bi-Annually						
	Corporate Risk Register	ES	Bi-Annually						
	Well Led Framework Action Plan Update	ES/CL	Bi-Annually						
	Integrated Performance Report (IPR)	Exec	Every						
	IPR Metrics Review	DH	Annually						
	NHSI Annual Self-Certification	NL/CL	Annually						
	Standing Orders Review	CL	Annually						
Board Work Plan	CL	Every							