



**Royal Berkshire**  
NHS Foundation Trust

# Public Board - 29 March 2023

MEETING  
29 March 2023 09:00

PUBLISHED  
24 March 2023

# Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Seminar Room, Trust Education Centre, Royal Berkshire Hospital	29/03/23		09:00
1. Apologies for Absence and Declarations of Interest (Verbal) 1.1. Sue Hunt		Graham Sims	
2. Patient & Staff Story (Verbal)		Eamonn Sullivan/ Will Orr	09:00
3. Health & Safety Moment (Verbal)		Nicky Lloyd	09:30
4. Minutes for Approval from 25 January 2023 & Matters Arising Schedule		Graham Sims	09:45
5. Acting Chief Executive Report		Janet Lippett	09:50
6. Integrated Performance Report		Dom Hardy	10:00
7. People Strategy		Don Fairley	10:10
8. Minutes of Board Committee Meetings and Committee updates:			
8.1. Audit & Risk Committee 11 January & 8 March 2023 8.1.1. Terms of Reference		Peter Milhofer	10:20
8.2. Charity Committee 18 January 2023		Bal Bahia	10:25
8.3. Finance & Investment Committee 19 January & 20 February 2023		Peter Milhofer	10:30
8.4. People Committee 9 February 2023 8.4.1. People Committee Annual Review of Effectiveness 8.4.1.1. Terms of Reference		Priya Hunt	10:35
8.5. Quality Committee 6 March 2023 8.5.1. Terms of Reference		Helen Mackenzie	10:45

# Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Seminar Room, Trust Education Centre, Royal Berkshire Hospital	29/03/23		09:00
9. Work Plan		Caroline Lynch	
10. Date of Next Meeting: Wednesday 24 May 2023 at 09.00		Graham Sims	

## Board of Directors

Wednesday 25 January 2023

09.00 – 11.00

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. Don Fairley	(Chief People Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Priya Hunt	(Non-Executive Director)
Mrs. Sue 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)
Prof. Parveen Yaqoob	(Non-Executive Director)

### In attendance

Mrs. Heather Allan	(Director of IM&T)
Mrs Caroline Lynch	(Trust Secretary)
Mr. Andrew Statham	(Director of Strategy)

There was two Governors and four members of staff present.

### 01/23 Health and Safety Moment

The Chief Finance Officer introduced the Fire Safety Officer who presented a video of the actions taken by the nursing team on Dorrel Ward in response to a fire on 13 October 2022.

The Fire Safety Officer advised that the Trust had a Local Emergency Evacuation Plan (LEEP) for each ward, and that these were reviewed annually. Each plan had a 'Responsible Person' and outlined the procedure in the event of a fire. Compliance with the annual review of evacuation plans was currently 99%. The Deputy Director of Estates reiterated the importance of LEEPs as well as the importance of ensuring fire exits were clear and fire doors being closed to secure compartmentalisation.

The Chair queried how agency staff were made aware of fire procedures. The Board noted that the Nurse in Charge in each ward was responsible for the induction for agency staff on that ward. The Board also noted the procedure for raising and escalating fire alerts. As a result of the issue on Dorrell Ward, wall mounted boilers in all wards had been checked for safety. The Deputy Director of Estates informed the Board that after the investigations, the Fire Brigade had written to the Trust, commending the staff on the actions taken in the handling of the fire on Dorrell Ward.

The Board commended the staff for their diligence and thanked the Fire Safety Officer and the Deputy Director of Estates for attending.

### 02/23 Patient Story

The Acting Chief Medical Officer introduced the Clinical Lead for AMU/SDEC who gave a presentation on the Same Day Emergency Care (SDEC) service.

The Board noted that the SDEC service ensured that patients who would otherwise be admitted to a hospital bed, could be rapidly assessed, diagnosed, treated and discharged on the same day. There were three five bedded bays in the Short Stay Unit (SSU) that had been converted to a waiting area, assessment and treatment area. The SDEC was open 7 days a week from 8am to 10pm and had dedicated nursing and medical staff.

The Board noted two cases in which patients that would have otherwise occupied bed space for some days, had been seen and discharged to receive care outside the hospital. Attendance at SDEC was increasing and impact had already resulted in a decrease in admissions in AMU.

The Board discussed risks associated with the SDEC service, the challenges faced by the team, including capacity, the linkages required, and the pathways being developed for SDEC service to operate efficiently. It was noted that most of the referrals to SDEC were from Primary Care.

The Board thanked the Clinical Lead for AMU/SDEC for the presentation and their drive in developing the SDEC service.

### **03/23 Staff Story**

The Chief Nursing Officer welcomed the Associate Chief Nurse, Patient Experience, Workforce and Education who presented a video in relation to Junior Carers.

The video highlighted the Trust's efforts to provide the community with insights into how the NHS worked. The Junior Carers' initiative involved the Trust working with two schools from some of the deprived areas of Reading, targeting children between the ages of 8- 10 and was started in 2019. The programme provided children with the opportunity to learn more about the hospital as well as being made aware of careers available in the NHS. The children also provided interesting feedback to the hospital on various issues.

The Board noted the initiative could also be used to raise health awareness in the community and discussed how this could be promoted as an NHS 'good news' story.

The Board noted thanked the team for the presentation.

### **04/23 Minutes for Approval and Matters Arising Schedule**

The minutes of the meeting held on 30 November 2022 were agreed as a correct record and signed by the Chair

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

### **06/23 Acting Chief Executive Report**

The Acting Chief Executive reported on the pressures experienced in urgent and emergency services over the past six weeks, with a year-on year 25% increase in Emergency Department (ED) attendances for December 2022. The Urgent Care Centre had opened in central Reading at the start of December 2022 and had seen daily attendances of 60 to 70 people. This may have had a contributory effect on the reduction in ED attendance levels seen in January 2023. A combination of the reduction of the seasonal diseases and the reduction of respiratory diseases, including Covid could also have contributed.

The Acting Chief Executive advised that the Royal College of Nursing (RCN) had taken industrial action in December 2022. The Trust had worked in partnership with them to ensure the strike was planned for. The Trust had not been included in the industrial action on 18 and 19 January 2023. However, the RCN had announced that the Trust would be part of the next round of national strike days on 6 and 7 February 2023. Work was underway to ensure plans were put in place to support this.

The Acting Chief Executive highlighted that South Central Ambulance Service (SCAS) staff were also planning to take further industrial action on 6 and 20 February and during March 2023. The Chartered Society of Physiotherapists (CSP) were also planning to take industrial action on the 26 January and 9 February 2023. Trust physiotherapy staff had been asked to take action on the 26 January only and this would involve 63 staff.

The Acting Chief Executive reported that the 2022 National Staff Survey Results were still under national embargo until mid-February 2023. However, the Trust's response rate was better than the 2021 survey results.

The Acting Chief Executive updated the Board on the meeting with counterparts from across the Berkshire West health and care system to take stock on the progression of integrated care and ambitions and priorities for the year ahead. Progress had been slow mainly due to system pressures.

The Acting Chief Executive highlighted new innovations within the Trust. The Trust had begun to trial "tap and go" log in to computers and applications in Kennet and Loddon wards. The Trust had also implemented self-check in for patients attending outpatient appointments at West Berkshire Community Hospital in Ophthalmology and Community Paediatrics. The Ear, Nose and Throat (ENT) team also performed the first scar-less thyroid operation in the UK in December 2022.

The Acting Chief Executive provided an overview of the financial position. At Month 9, year to date, the Trust had a deficit of £14.33m, which was £14.78m behind plan. Income was £5.72m behind plan, mainly as a result of the non-achievement of additional Elective Recovery Funding (ERF). A meeting during February would be held to agree the formal re-forecast of the year end position, based on the Month 10, January 2023 year to date position, in alignment with other organisations across Buckinghamshire, Oxfordshire and Berkshire Integrated Care System (BOB ICS). The Trust had also recognised £7.8m of capital expenditure at Month 9, December year to date, which was behind plan. However, the Trust expected to deliver the full capital programme by the end of the financial year.

The Board discussed the lessons learned from the recent industrial action in December 2022 and queried whether there were any safety concerns. The Chief Executive advised that the Trust continued to work with RCN on the derogations for the day, and there were no patient safety concerns. Staff remained motivated despite the situation. The Chief People Officer assured the Board that the staff survey results showed that morale amongst staff remained high. It was noted that whilst there were no concerns in relation to safety, the industrial action would have an impact on the operational capacity and the financial position.

The Board queried the safety impact of the new technological innovations. The Acting Chief Executive provided assurance that there was a culture of safety within the Trust especially as staff used their badges for access. The Board also recommended that there be an alternative to the self-check in service to ensure patients that did not have digital access would not be disadvantaged.

The Chief Operating Officer presented the IPR and thanked the Executive team for their support in the development of the new IPR. The Chief Operating Officer outlined the steps taken in the development of the IPR and drew the Board's attention to three metrics.

The Chief Operating Officer reported that the 'Average waiting times in diagnostics (DM01)' had increased to 7.3 weeks, continuing the trend of longer waiting experienced for the past two years. The Trust remained significantly behind the '99% within 6-week' standard (71% - December 2022). Actions being taken to mitigate this included increasing MRI capacity through the deployment of relocatable scanners and taking advantage of temporarily increased CT capacity on the Reading site whilst seeking further national funding for permanent scanners, the recruitment of Gastroenterologists and training of nurse endoscopists.

The Chief Operating Officer reported that the Emergency Department (ED) Performance against 4 hour target had decreased slightly. In December 2022 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 continued a downward trend seen over the past 12 months. Demand continued to be a primary issue for performance with attendances in December 2022 almost 25% higher than in December 2021. Actions being taken to mitigate this included continuing to embed the zonal working within the Emergency Department, and employing GPs within ED to support the triage and treatment of patients presenting with ambulatory conditions.

The Chief Operating Officer advised that the 62 days cancer wait metric continued to be challenged. In November 2022, 60.1% of patients on a cancer pathway were treated within 62 days against a target of 85%. As of 15 January 2023, 18.7% of patients on the waiting list had waited more than 62 days against a target of 12% and the overall number of patients who had waited more than 62 days continued to increase. The main issues were extended pathology reporting times, reduced referrals during the Christmas period and delays in the communication of benign results in urology, gynaecology, skin and Head & Neck. The Trust's mitigating action was to extend histopathology capacity at all stages, reducing demand by undertaking triage, increasing capacity in the team and outsourcing work wherever possible.

The Board discussed the metrics and the challenges and underscored the importance of system working to mitigate some of the challenges. The Chair of the Quality Committee reported that the Committee would undertake a detailed review into the 'Average waiting times in diagnostics' and was also monitoring same sex accommodation breaches and the increase in C Diff. infection rates.

The Board noted there was one 'Never Event' in December 2022. This was still under investigation and details would be discussed once the investigation was concluded.

The Board discussed staff turnover within the Trust and noted that this had stabilised at circa 15% for the last six months, having peaked in Quarter 3 2021/22. The current performance remained above the renewed target of 12% and above the average of the last two years at 14.2%.

## **08/23 Health and Safety Annual Report**

The Board received the Health and Safety Annual report that had been reviewed by the Audit and Risk Committee and recommended for approval.

The Board queried the structure of the Health and Safety team. It was noted that Health & Safety was included in a number of staff job descriptions across a number of directorates. This was being reviewed by the Chief People Officer.

The Board approved the Health and Safety Annual Report.

## **09/23 Minutes of Board Committee Meetings and Committee Updates**

The Board received the following minutes:

- Workforce Committee:10 November 2022
- Finance & Investment Committee:17 November 2022 and 12 December 2022
- Charity Committee 23 November 2022 and Terms of Reference
- Quality Committee: 7 December 2022
- Audit & Risk Committee:17 November 2022 and 12 December 2022

The Board approved the Charity Committee Terms of Reference.

**10/23 Board Work Plan**

The work plan was noted.

The Board thanked the Deputy Trust Secretary for the support over the last six years as this would be her last Board meeting.

**11/23 Date of Next Meeting**

It was agreed that the next meeting would be held on Wednesday 29 March 2023 at 09.00am.

**SIGNED:**

**DATE:**



<b>Title:</b>	<b>Acting Chief Executive Report</b>
<b>Agenda item no:</b>	6
<b>Meeting:</b>	Board of Directors
<b>Date:</b>	29 March 2023
<b>Presented by:</b>	Janet Lippett, Acting Chief Executive
<b>Prepared by:</b>	Caroline Lynch, Trust Secretary

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

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

<b>Strategic objectives</b> 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			✓
<b>Well Led Framework applicability:</b>			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 ✓
<b>Publication</b>			
Published on website		Confidentiality (FoI) Private	Public ✓

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

### Operational Status

- 1.1. Overall, the Trust remains busy and demand for urgent and emergency services has remained high. Levels of Emergency Department (ED) attendance have fallen slightly in the last month but remain at higher than historical levels. Rates of bed occupancy remain high (typically well over 95% on any given day) owing to high levels of acuity among admitted patients, necessary infection prevention and control measures to address outbreaks, and challenges on some discharge pathways, especially to residential care settings. Work continues with system partners to address these issues.
- 1.2. For elective performance, the Trust remains on track to meet the national requirement to have no patients waiting over 78 weeks on Referral To Treatment (RTT) pathways by the end of this month. In fact, there will be almost no patients waiting over 52 weeks by this point, significantly ahead of national requirements. This is in spite of disruption over recent months from industrial action. This level of performance will be sustained through the coming year.
- 1.3. The Trust remains in tier 2 of NHS England's assurance regime for performance against national standards. However, significant progress has been made over the last six weeks in reducing the number of patients waiting over 62 days on cancer pathways. This is the result of major improvement work on the diagnostic stages of high volume cancer pathways, and in particular, on reducing turnaround times for pathology tests. This improvement is expected to continue over the next month and should enable the Trust to exit the assurance regime.

### Industrial Action

- 1.4. The British Medical Association (BMA), Junior Doctors, undertook industrial action for a period of 72 hours from 13 March through to 16 March 2023. The BMA have now indicated that they are willing to enter talks following the completion of their initial period of industrial action.
- 1.5. The BMA are preparing to formally ballot Consultants regarding industrial action from early April 2023. This follows a consultative ballot of Consultants in which 86% of senior hospital doctors indicated they would back strike action (with a turnout of more than 60%).
- 1.6. Following discussions between the Royal College of Nursing an 'offer in principle' was announced by the Staff Council.

The 'offer in principle' is made up of the following parts:

- 2022/23: a non-consolidated payment made up of two parts; a 2% non-consolidated award for all staff plus an additional non-consolidated backlog bonus.
  - 2023/24: a consolidated pay uplift of 5%
  - A series of measures to support the protection, retention and career development of the NHS workforce.
- 1.7. The Agenda for Change (AfC) trade unions will now consult with their members. It is envisaged that this consultative process will take approximately three to four weeks. During

this period of consultation, and pending any final decisions from their members, the AfC trade unions have agreed to pause all planned industrial action.

### Prevention of Future Deaths (PFD)

- 1.8. Following the Rule 28 PFD order issued to the Trust in February 2023 the three actions are ahead of schedule and a full response will be issued to the Coroner in advance of the 56 day deadline. Our legal advisors have issued a medium risk warning related to another Maternity inquest listed for the 22 March 2023 in relation to an infant death that occurred in 2019. The infant died of natural causes. However, there were incidental quality issues found upon investigation at that time. Both cases have been discussed with the Quality Committee.

### Maternity Strategy Launch

- 1.9. Following presentation at the Quality Committee in March 2023, the Maternity 'Vision and Strategy' document was launched within the Trust as well as to our community partners. The Strategy was formed through three 'Maternity Summits' involving nearly 100 staff and users of the service across 2022. The Strategy was deemed best practice by NHS England (NHSE) at a recent review of the Trust's Maternity Unit.

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

### NHS Staff Survey 2022

- 2.1. The 2022 NHS Staff Survey results were released on 9 March 2023. Again, Trust performance has improved and we have further enhanced our position as one of the very best acute trusts in terms of our people experience at work that the survey describes. Some key highlights:
- (i) Our highest ever response rate - 57% (13% higher than the median response rate for our benchmark group and bucking the national trend of declining response rates)
  - (ii) On the headline measures of 'recommendation of the organisation as a place to work' and 'happy with the standard of care provided by this organisation' – the Trust is ranked 8<sup>th</sup> best in the benchmark group of 124 Acute Trusts
  - (iii) The best performer in our benchmark group on a range of key questions including
    - Care of Patients/service users is my organisations top priority
    - My organisation acts on concerns raised by patients/service users
    - I am able to make improvements happen in my area of work
  - (iv) The Trust is top 10 performer in 4 People Promise Themes - (a) Staff Engagement (3<sup>rd</sup> Best) (b) We have a voice that counts (8<sup>th</sup> best), (c) We are Safe and Healthy (8<sup>th</sup> best) and (d) We are always learning (10<sup>th</sup> best). The Trust is better than average in all People Promise themes ad sub themes
  - (v) Strong improvement in themes that were not quite as strong in last year's survey, particularly in relation to areas of focus including recognition and reward, opportunities to develop and compassionate and inclusive culture.

- 2.2. A full summary report will be presented to the next People Committee. Granular Trust data at care group, directorate and speciality level has been cascaded and the improvement planning process to further enhance our position and respond to local data trends within the organisation, is underway.

### **3. Deliver in Partnership**

#### Acute Provider Collaborative (APC)

- 3.1. The APC has continued to make progress in delivering the Elective Recovery Programme across the Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care System (ICS). Collectively, we are on target to meet the expectation for the end of March 2023 of having no patients waiting more than 78 weeks on Referral To Treatment (RTT) pathways. We have also made progress towards the nationally-set access standard for 2023/24 of eliminating waits of more than 65 weeks. This has been achieved through a combination of focused effort by each trust complemented by ICS wide task and finish groups for specialties with the greatest delivery challenge.
- 3.2. This work programme will continue through 2023/24 as a core part of the APC's portfolio, with final expectations being agreed through the planning round currently in progress. Other priorities for the APC will be to develop and agree governance and accountability arrangements in the next few months, oversee the work to explore the potential for EPR convergence across the acute providers within the BOB ICS, and support delivery of efficiency work across the ICS where aspects of this work are particularly relevant to acute providers. The Director of the APC, Naomi Radcliffe, has been appointed and is now in post.

### **4. Strategic Objective 4: Cultivate Innovation and Improvement**

#### Medical school developments

- 4.1. Earlier this month the University of Reading (UoR) concluded that it would not be able to progress the development of a medical school due to a range of factors including the financial cost and the position of a number of new medical schools in our region. The Executive Team will be developing an update for the Board as to how we progress our ambitions to support medical training in light of this development.

Whilst making its announcement, UoR has clarified that it remains committed to its health-related teaching and research in collaboration with the Trust. Both the Trust and UoR consider that the future NHS workforce will need innovative and transformative healthcare training across a wide range of roles, rather than just simply training doctors. Joint work in this area is progressing well.

More broadly both organisations are committed to strengthening the positive partnership we have developed over a number of years. We will build on the range of joint working projects already underway to bring lasting benefits to the wider community. Our Clinical Simulation Training Suite on the University campus will open soon and we are making good progress on data science initiatives.

### Travel and Transport

- 4.2. In the last month we have been able to open the successful staff park and ride services to patients and visitors. The newly designated 300 service, that is being supported by the Trust and funding from Reading Borough Council provides a direct service from Mere oak and Thames Valley Park to the Reading site Monday to Friday 7am to 7pm and expands the options available to patients and visitors coming to our Reading site.

### Facilities development

- 4.3. Over the last month we have been able to open our expanded CT suite on our Reading site and welcome our first patients in to the newly relocated discharge lounge. We have also enhanced x-ray facilities at Townlands Hospital and upgraded the CT facilities at Bracknell Healthspace.

## **5. Strategic Objective 5: Achieve Long Term Sustainability**

### Financial Position

- 5.1. We re-forecast at Month 10, our likely year-end position, to be a £16.73m full year deficit based on our Month 10, January 2023 position, in alignment with other organisations across BOB ICS. We continue to work collaboratively with National and Regional NHSE Finance teams, as well as the ICS Finance Team, to achieve the optimal outcome for the Trust and the ICS. The year to date deficit position of £15.84m is £0.01m favourable to the year to date forecast position of £15.85m.
- 5.2. The Trust has recognised £19.27m of capital expenditure at Month 11, February 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 £54.9m, an increase of £14.8m 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.
- 5.3. The plans for revenue, cash and capital for the year ahead have been evolving against a backdrop of a Trust, and System deficit for 2022/23. We are planning to recover a breakeven position over the next two to three years and will have a consequently much reduced capital plan in 2023/24 as we balance this while maintaining sufficient liquidity during a second year of deficit.

### Building Berkshire Together Site Redevelopment Programme

- 5.4. We welcomed the New Hospital Programme team to site for a visit on 22 March 2023. There is no announcement yet about funding. We are continuing to seek external stakeholder feedback through the 'Building Berkshire Together' survey on social media, face-to-face events and via Trust communications. We have now received over 3,500 responses on shaping the hospital redevelopment, and we are keen to encourage wider participation across our community. [www.buildingberkshiretogether.co.uk/survey](http://www.buildingberkshiretogether.co.uk/survey)

<b>Title:</b>	<b>Integrated Performance Report</b>
<b>Agenda item no:</b>	6
<b>Meeting:</b>	Board of Directors
<b>Date:</b>	29 March 2023
<b>Presented by:</b>	Dom Hardy, Chief Operating Officer
<b>Prepared by:</b>	Executive Team

<b>Purpose of the Report</b>	The purpose of this report is to provide the Board with an analysis of quality performance to the end of February 2023
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<b>Report History</b>	Executive Management Committee – 27 March 2023
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<b>What action is required?</b>	
Assurance	
Information	The Board is asked to note the report
Discussion/input	
Decision/approval	

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

<b>Strategic objectives</b> 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				
<b>Well Led Framework applicability:</b>			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"/>	
<b>Publication</b>				
Published on website		Confidentiality (FoI)	Private	Public <input checked="" type="checkbox"/>



# Integrated Performance Report

March 2023

Improving together to deliver  
outstanding care for our community



# February 2023 performance summary

The data in this report relates to the period up to 28th February 2023. During this time the Trust continued to experience high levels of demand across Non-elective pathways and continued to reduce the pandemic related elective backlog. The Trust was affected by Industrial Action by the RCN and the CSP. Despite the sustained pressure, our staff have continued to provide high quality, safe care and our **highest quality of care indicators (pages 6 & 7)** remain at expected levels.





















As in previous months, the Trust remains challenged across the **Deliver in Partnership** objectives (pages 9-12), Performance against **A&E and Cancer waiting times** continues to fall below national standards, driven by high levels of demand and challenges in diagnostic pathways. Performance against the **diagnostic waiting standard** has continued to deteriorate. While actions are in place to address these areas, performance is likely to remain challenging for the first part of 2023/24.

Continued progress has been made in reducing the longest waits for elective care (page 9), and at the end of the month only 27 patients were **waiting more than 52 weeks**. The Trust is seeking to make further progress to restore pre-pandemic waiting time standards and is focusing efforts on waiting times for first outpatient appointments.

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 £15.84m 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	<b>Improve patient experience:</b> Number of complaints	
	7	<b>Reduce harm:</b> Number of serious incidents	
Invest in our people and live out our values	8	<b>Improve retention:</b> Turnover rate	 
Delivering in partnership	9-11	<b>Improve waiting times:</b> Reduce Elective long waiters (Incomplete RTT 52wks)	
		Average wait times for diagnostic services	 
	Emergency Department (ED) performance against 4hr target	 	
12	<b>Reduce inpatient admissions:</b> Rate of admission (LoS>0)	 	
Cultivate innovation and improvement	13	<b>Increase care closer to home:</b> Proportion of activity delivered at RBH	 
Achieve long-term sustainability	14	<b>Live within our means:</b> Trust income and expenditure	
	15	<b>Reduce impact on the environment:</b> CO2 emissions	N/A
Breakthrough priorities	17	<b>Recruit to establishment</b> (Vacancy %)	 
	18	<b>Improve flow:</b> Reduce the number of 7 day stranded patients	 
	19	<b>Support patients with cancer</b> 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.

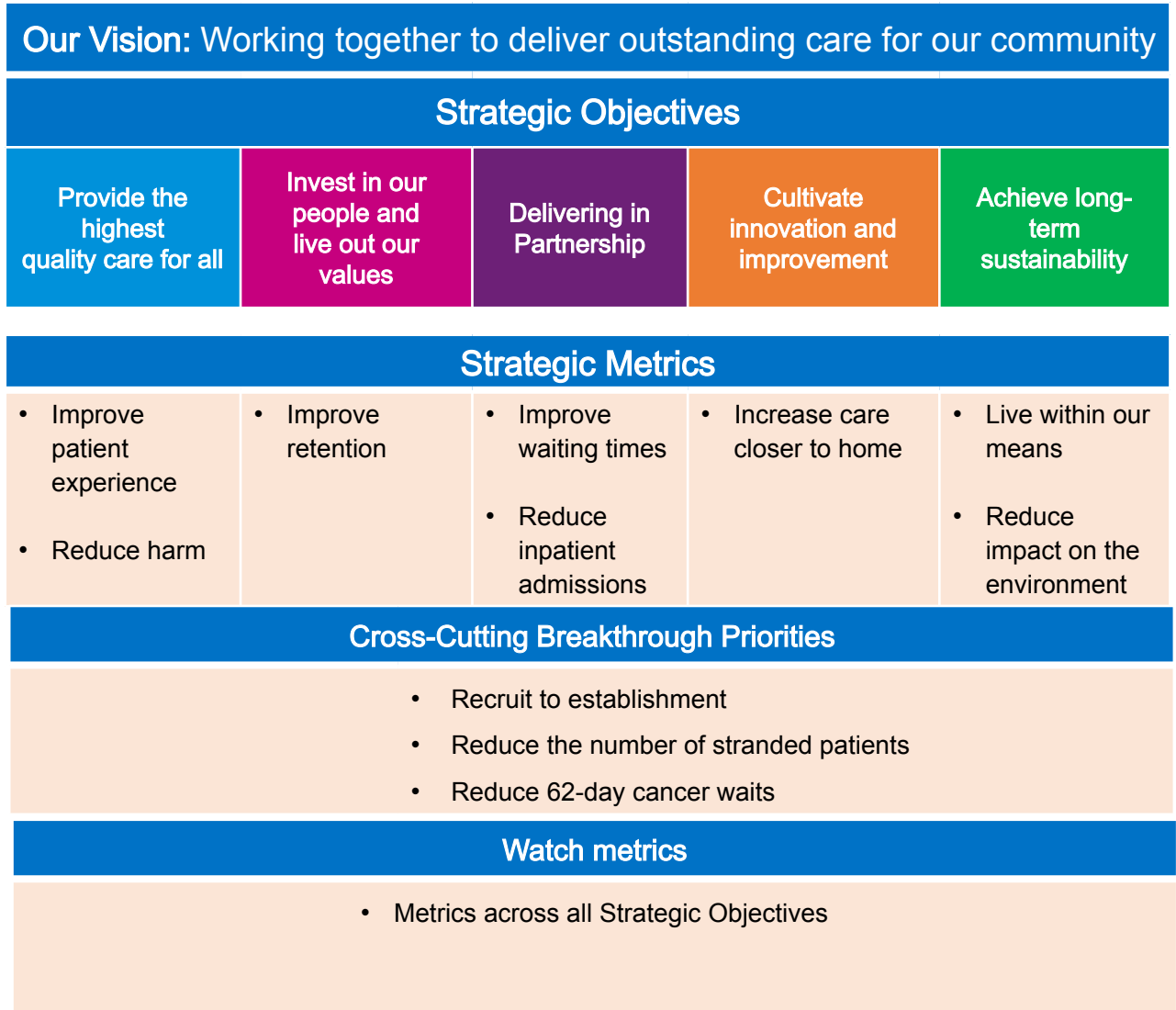
Achieving Our Strategy and becoming an outstanding organisation relies on each and everyone of our staff identifying ways we can improve the care we deliver to patients everyday and ways in which we can reduce waste, inefficiency and variation.

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

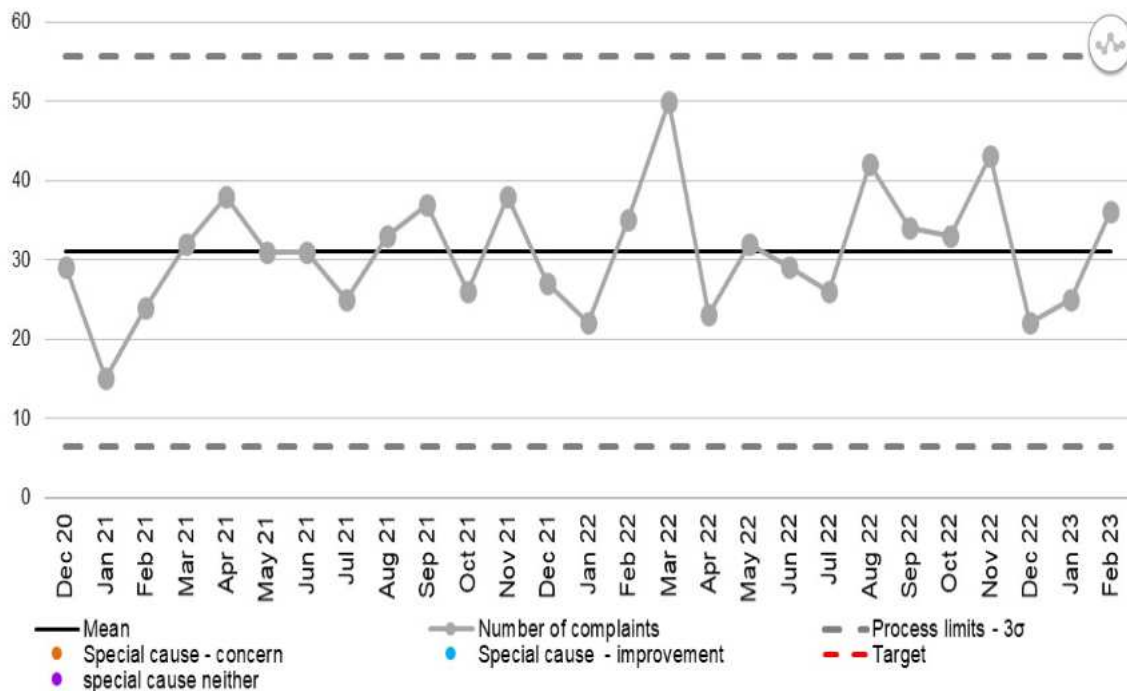
Strategic metric: Improve patient experience

Board Committee:  
Quality committee

SRO: Eamonn Sullivan

Assurance	Variation
N/A	

Number of complaints - Trustwide starting 01/12/20



	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of complaints received	34	33	43	22	25	36
Complaints turnaround time within 25 days (%)	68%	68%	72%	59%	74%	56%

**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 36 formal complaints received in February 2023, an increase from the 25 received in January. This variation remains within quarterly trends. The top two themes were Clinical Treatment (16) and Communication (12). 40 compliments, 190 PALS and 8 GP pals concerns were received.

27 complaints were closed of which, 8 well founded, 8 partially well founded and 4 were unfounded. The severity rating was: 1 High, 7 Moderate, 9 Low and 10 Very low.

**Hotspots this month:**

- PALS – Anticoagulation (Warfarin Clinic) capacity and access
- Complaints -General Surgery, 3 related to admin issues, with the other relating to care

48% of responses were received in the Complaints Team within 15 working days of receipt of complaint (against a target of 75% or above). 56% of complaints were closed within 25 working days, which is a 18% point decrease in comparison to January 2023.

**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
- Care group action plans implemented (Q4 22/23)
- Current deep dive into complaint processes with view to develop CQI process
- Supporting Care Groups with their improvement plans (Q1 23/24)
- Deep dive into theme of ‘communication’ to begin identifying areas for improvement (Q2 23/24)
- Process mapping underway to streamline both PALS and complaint process (Q1 23/24)

**Risks:**

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

Strategic objective: Provide the highest quality care for all

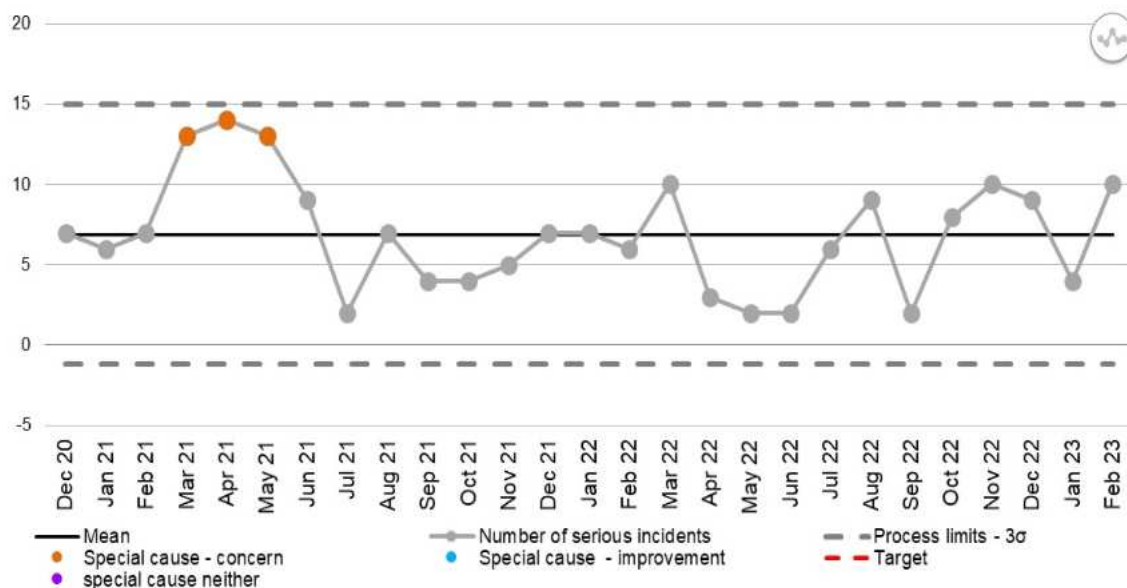
Strategic metric: All declared serious incidents (SI's)

Board Committee:  
Quality committee

SRO: Eamonn Sullivan

Assurance	Variation
N/A	

Number of serious incidents - Trustwide starting 01/12/20



**This metric measures:**

Our objective is to 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 10 serious incidents in February 2023. Urgent Care (3), Planned Care (5), Networked Care (1) and Corporate (1). In this period we have seen a reduction in SIs relating to falls and pressure damage, and an increase in SIs relating to waiting times.

Duty of Candour was met in all incidents and learning disseminated. Key learning themes from February SI's include reviewing decision-making processes around delayed follow ups, particularly very high risk patients, improving the quality of referrals and enhancing patient education and patient initiated follow up.

Although pressures continue and the Trust remains under significant strain, it is important to note that the majority of patients continue to receive excellent and timely care.

**Actions:**

- Transition from Serious Incident Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation is ongoing. **Q4 22/23**
- Round table review of waiting times/delays on serious incident trends
- Working with care-groups on their improvement plans including SI actions
- Target transition by **September 2023**

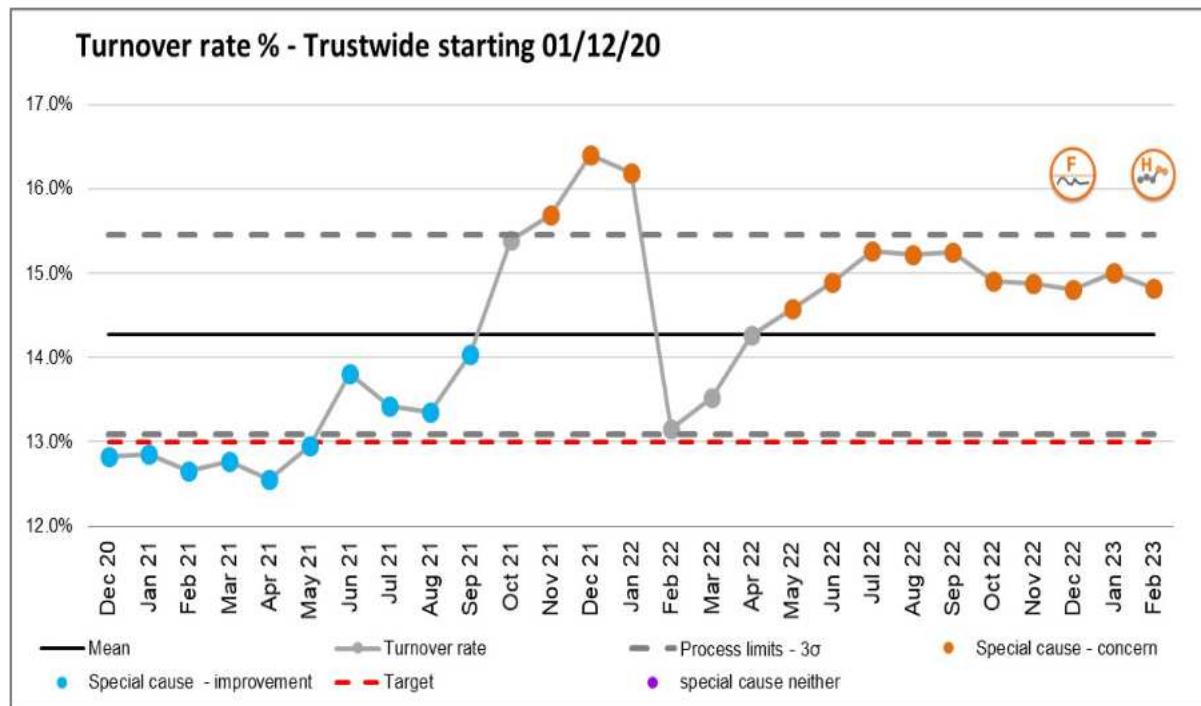
**Risks:**

- Patient Safety Team resource constraints– although successfully recruited for 2 key posts, proposed start dates are May 2023, heavy workload may result in extended investigation deadlines to maintain responsiveness to serious incidents
- Increased demand on service capacity impacting upon increased risk of incidents occurring

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of serious incidents reported	2	8	10	9	4	10

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

Strategic metric: Improve retention



	Sept-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Staff turnover rate	15.25%	14.90%	14.88%	14.80%	15.00%	14.82%

Board Committee:  
Workforce Committee

SRO: Don Fairley

Assurance	Variation

### 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 rate has stabilised at c.15% for the last 6 months, 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%) Trust turnover in 2021 was c.12.5% and c14.9% in 2022 just below pre pandemic level. PCP and R&R work continues to try to retain our skilled workforce whilst maximising staff career pathways where possible  
NSS data shows Staff Intention to Leave remains consistent at 47% over 21/22

### Actions:

- 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 ongoing work
- Therapies Workforce Transformation piece of work continues as this is the area with the biggest turnover. (PCP/R&R team involved)
- Benchmark data on retention levels and recruitment time to hire from other SE Trusts. - **Key retention work linked to Nursing Paeds and Radiology teams ongoing**
- Work to begin in developing staff survey action planning approaches linked to positive staff survey responses
- NCG PCP working with Impact Team on Exit Interview process across all care groups
- NCG piloting Stay Interviews to link with stability work
- Culture and Behaviours piece of work to improve retention in CAT8 and Therapies started
- Ongoing work with Pharmacy and Pathology.

### Risks:

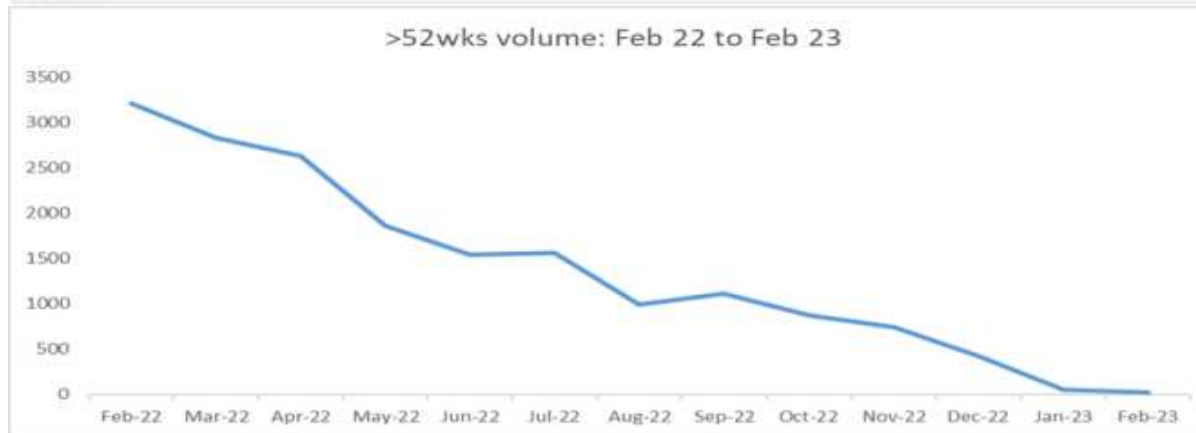
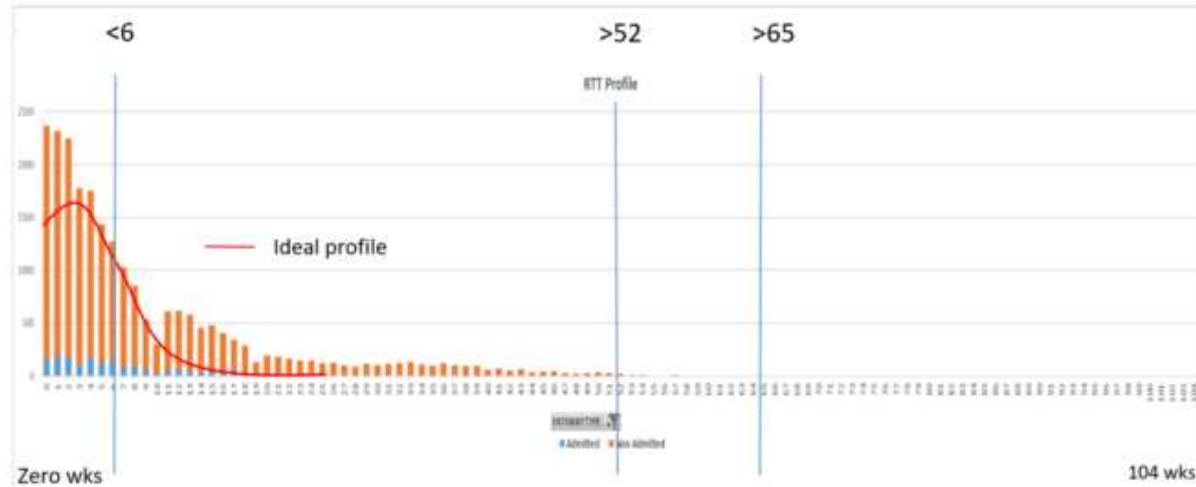
- Lack of financial influence on retention
- Environmental factors a constant challenge i.e. cost of living
- NHS less attractive since the pandemic – need to focus on attraction as part of the ongoing Impact work

## Strategic objective: Deliver in partnership

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

Board Committee:  
Quality Committee  
SRO: Dom Hardy

Assurance	Variation
	N/A



### 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 consistently during 2023-24.

### How are we performing:

- The Trust is ahead of RTT trajectory for >52wk (27), >65wk (2) and >78wk (0)
- We seek to maintain the low level of >52 week pathways for the remainder of 22/23 and reduce the length of wait at each pathway stage, eradicating 'tip over' into >52 week waits and a continued increase in the proportion of pathways waiting less than 18 weeks 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 driver 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 in the second half of the year.
- 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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Trust Performance	1110	875	739	420	51	27
Ave Wait to first seen	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Trust Performance	57.7	60.5	62.2	60.3	63.0	61.0

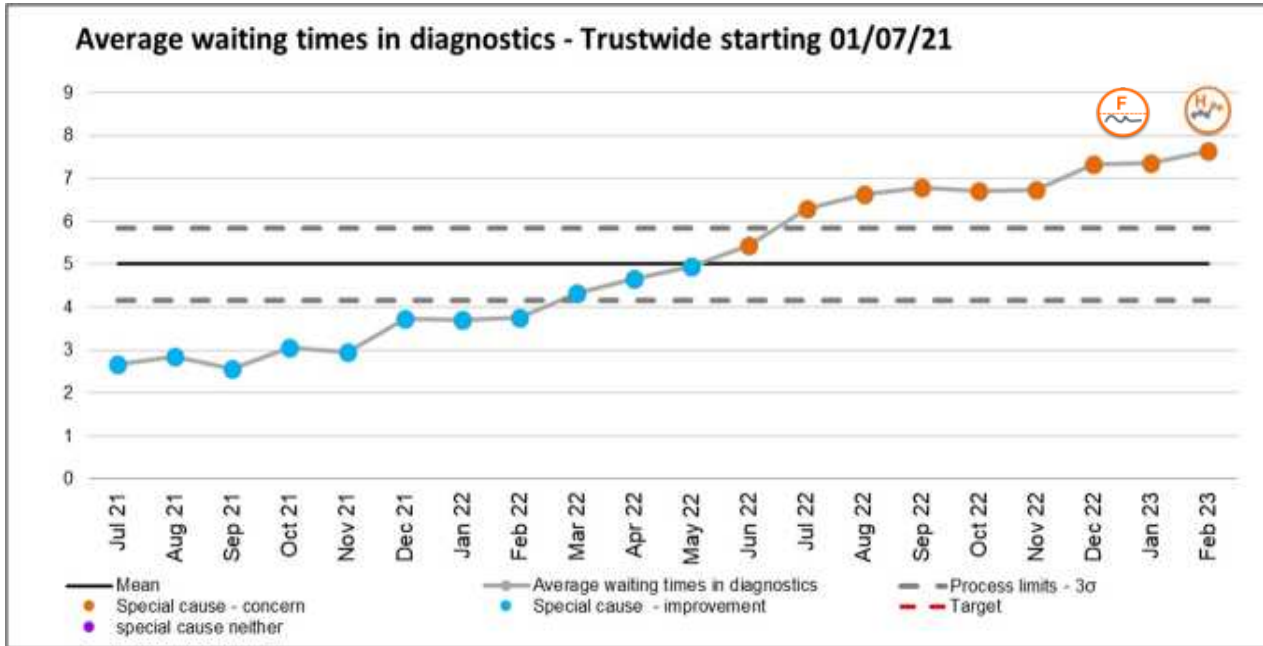
## Strategic objective: Deliver in partnership

Strategic metric: Average waiting times in diagnostics DM01

Board Committee:  
Quality Committee

SRO: Dom Hardy

Assurance	Variation
	



### This measures:

Our objective is to reduce the number of patients experiencing excess waiting times for diagnostic services, which is a key driver for cancer, RTT, post inpatient procedure and surveillance pathways. We measure our performance through the average length of time patients have been on the waiting list and the end of each reporting month.

### How are we performing:

We remain significantly behind the 99% within 6-week standard, driven primarily by MRI and Endoscopy. With Endoscopy driving the longest waits.

### Actions: Focus on Endoscopy

- **Recruitment** – Nurse Endoscopist and Physician Associate roles in place. Training underway. Impact expected later in the year. 2x locum consultants due to start in March and June, providing 2-4 lists per week in place of WLI. Recruitment for 6 day working underway
- **Process** – Redesigning of the GP referral proforma to refine referral criteria. Attendance at GP training event. Continued prioritisation of cancer pathways. Trailing ring fenced 'urgent' lists
- **Outsourcing/Insourcing** – Aim to extend outsourcing of surveillance colonoscopies to BIH. Awaiting outcome of insourcing tender process aimed at providing outpatient and weekend endoscopy capacity
- **Long Term** – Business case submitted to the national endoscopy capital programme requesting equipment to increase scope capacity at WBCH site, and refurbishment of current RBH decon space within the unit to create enough recovery space to run the 5 existing rooms (this will require trust revenue investment for nursing staff, but will increase capacity by 20% at RBH site)

### 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

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
<b>Average wait all modalities (wks)</b>	<b>6.79</b>	<b>6.70</b>	<b>6.73</b>	<b>7.34</b>	<b>7.35</b>	<b>7.65</b>
<b>Imaging</b>	3.40	4.29	3.35	4.28	3.65	3.15
<b>Physiological Measurement</b>	2.89	2.35	2.84	3.95	4.40	7.26
<b>Endoscopy</b>	16.01	17.90	18.40	18.25	19.04	21.16
<b>Cancer</b>	1.95	2.40	2.35	3.18	2.41	2.87
<b>Urgent</b>	10.42	9.87	9.93	11.23	10.70	12.06
<b>Routine</b>	6.74	6.49	6.50	6.98	7.01	7.13



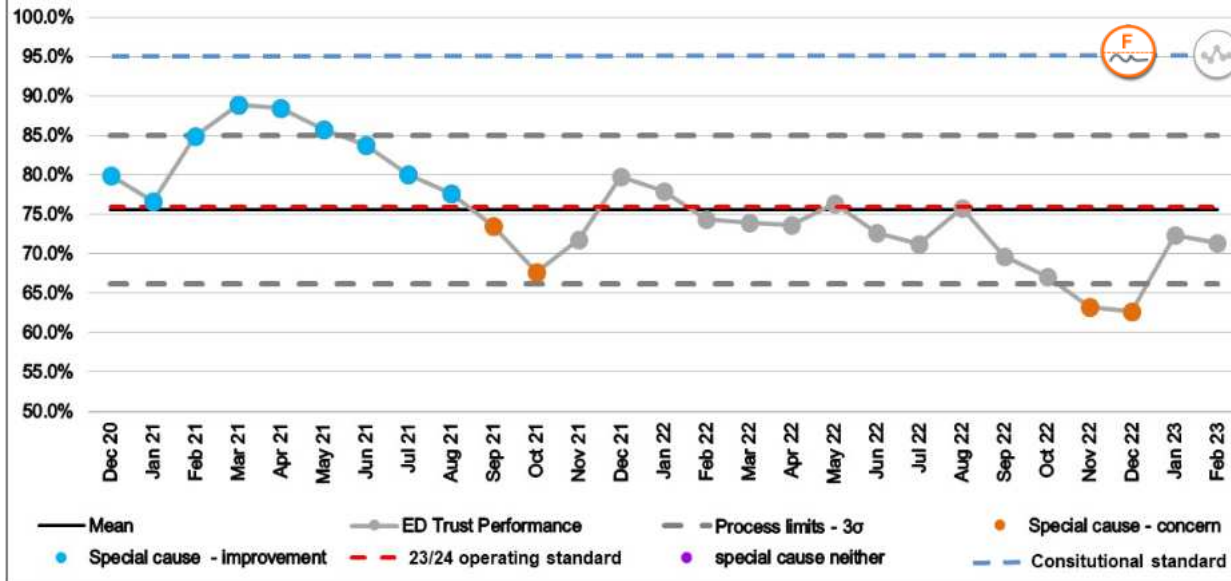
## Strategic objective: Deliver in partnership

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

Board Committee:  
Quality Committee  
SRO: Dom Hardy

Assurance	Variation

ED Trust Performance against 4 hour target- Trustwide starting 01/12/20



### 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 February 71.4% of patients were seen within 4 hours. Our performance remains below target and further improvement work is needed to meet the new 76% standard. Despite additional resources injected into the area, fluctuating demand and acuity creates frequent bottlenecks and continues to be a primary driver for performance with attendances in February 2023 12% higher than in pre-pandemic February 2020. In addition estate for 'Fit to Sit' patients and triage remains a challenge.

A comprehensive action plan is in place to address and sustain improved performance on this metric. This is reviewed monthly at the Urgent Care Group performance review meeting.

### Actions:

- Reading UCC appointment utilisation currently sits between 50-60%. Maximising ED slot allocation remains a challenge without a IT booking system yet agreed. RUCC expected patient conditions guidance in development to aid patient redirection at Triage
- Developing plans to alleviate, in particular, zone B delays & provide additional ambulatory care in additional zone
- Renewed team focus on performance, and better understanding drivers behind capacity challenges e.g. attendance and patient needs

### Risks:

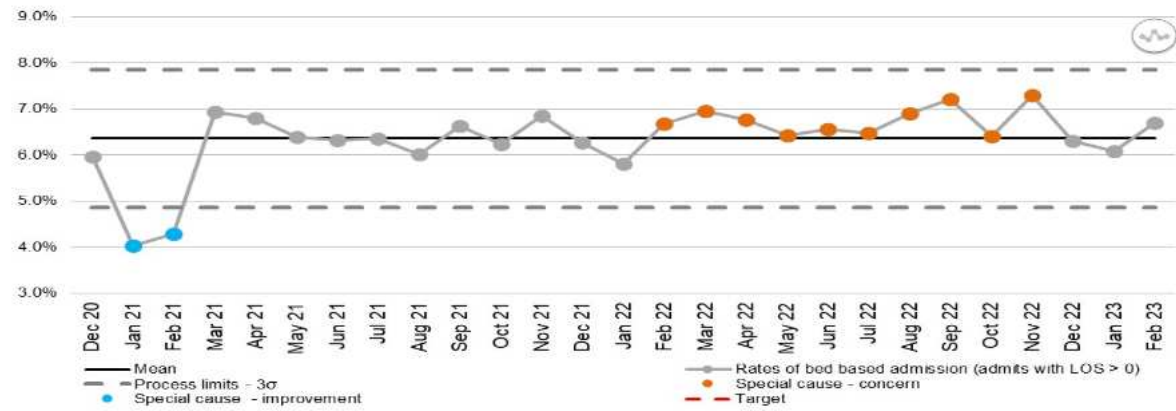
- Demand continues to grow in excess of population growth and funding.
- Space constraints of the current ED facility.
- Staff sickness and burnout.
- Capacity challenges in pathology and diagnostics.
- Dependence on specialties to see referred patients in a timely manner
- Significant financial cost of strike action

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
4hour Performance (%)	69.64%	67.08%	63.23%	62.65%	72.31%	71.36%
Total Attendances	14182	15533	15196	15352	13556	13392
Total Breaches	4306	5114	5587	5734	3753	3835
Total Attendances 2019	11933	12697	12559	12272	12258	11571
Total Breaches 2019	1887	2270	3073	2931	2246	2241

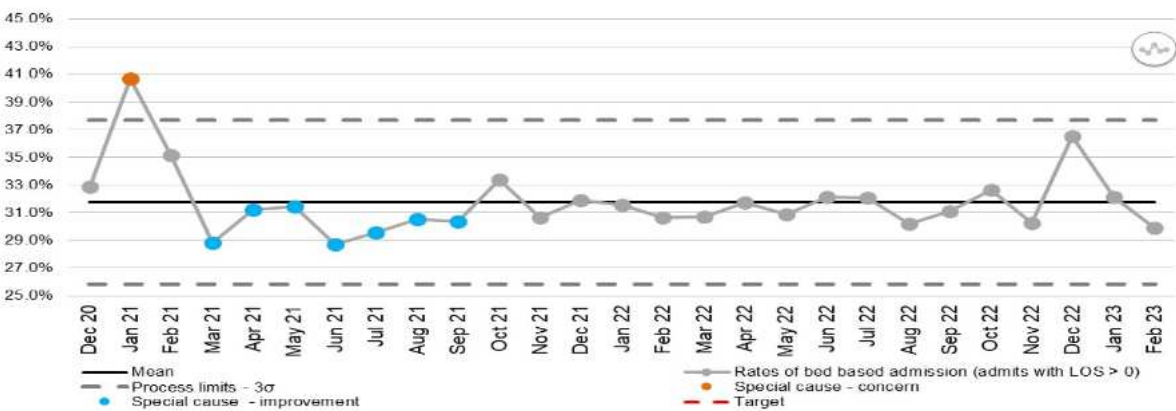
## Strategic objective: Deliver in partnership

### Strategic metric: Reduce inpatient admissions

**EL bed based admission (admits with LOS > 0) as %ge all admissions- Trustwide starting 01/12/20**



**NEL bed based admission (admits with LOS > 0) as % of all admissions- Trustwide starting 01/12/20**



% of admissions with Los>0	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
<b>Elective</b>	7.2%	6.4%	7.3%	6.3%	6.1%	6.7%
<b>Non-elective</b>	31.1%	32.7%	30.3%	36.5%	32.1%	29.9%

Board Committee:  
Quality Committee  
SRO: Dom Hardy

Variation	Variation

#### 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

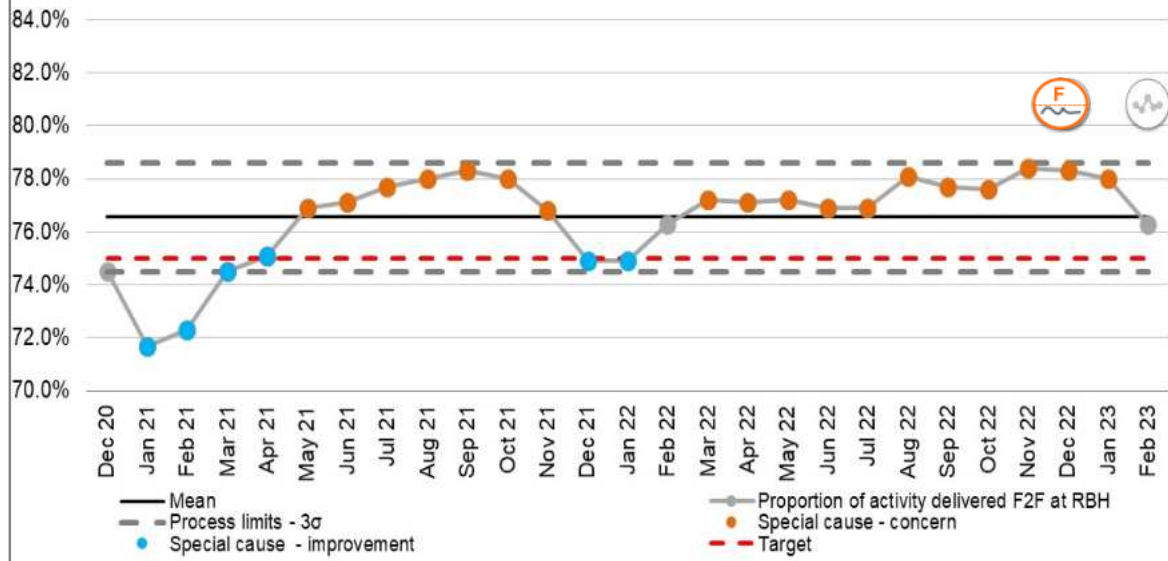
Board Committee  
Quality Committee

SRO: Andrew Statham

Assurance	Variation



Proportion of activity delivered F2F at RBH- Trustwide starting 01/12/20



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 February 2023 the proportion of care delivered from the RBH site was 76.3%. This represented a 1.7 percentage point improvement from January. Key drivers of this change have been an improvement in volume of activity delivered by telephone or on-line, and the on-going impact of reduced ED attendances as a result of the Reading UCC.

Actions:

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

- Working with system partners to extend the impact of the Reading Urgent Treatment Centre and exploring wider opportunities to support on the day demand (Q1 2023/24)
- Progressing Community Diagnostics Centres (Q3 2023/24)
- Implementing patient portal to support patients in managing their appointments(Q1 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)

Risks:

- Our drive to increase the number of first OP appointments to support delivery of elective waiting times is likely to result in a higher volume of face to face activity
- Digital and telephone appointments create additional requirements for clinicians
- Capacity within primary care to support demand for urgent care from patients

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
% of all care provided from RBH site	77.7%	77.6%	78.4%	78.3%	78.0%	76.3%

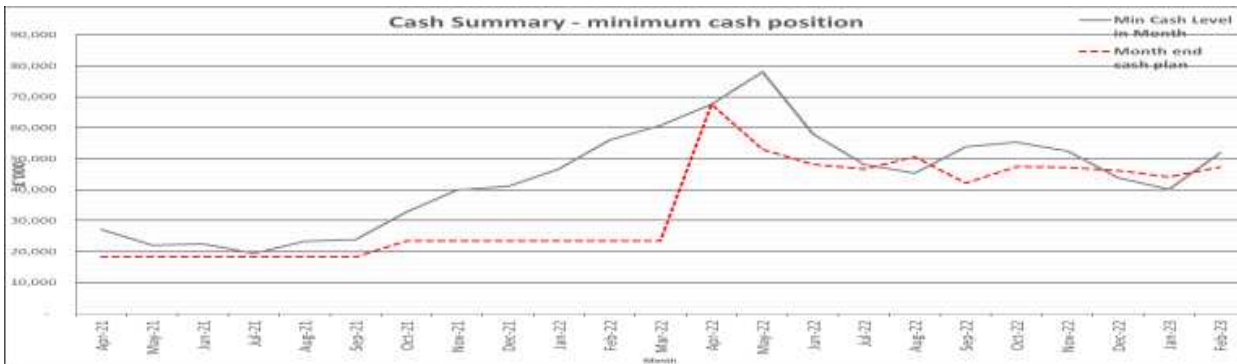
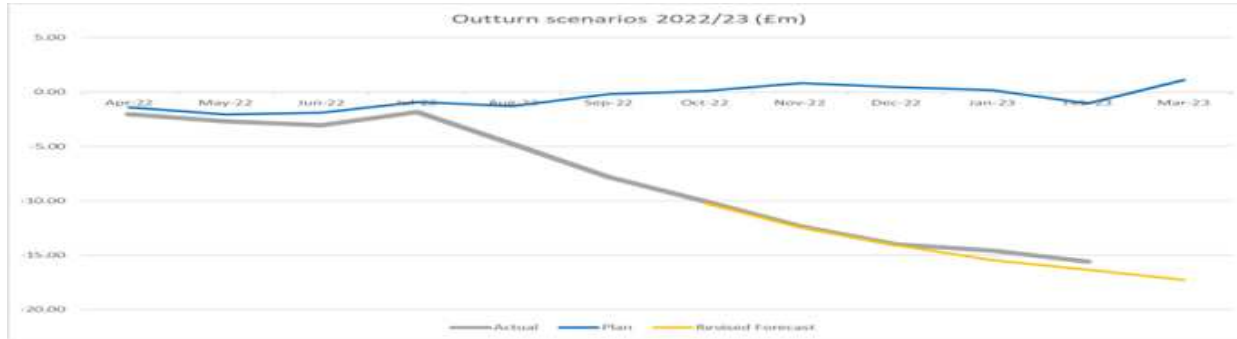
Strategic objective: Achieve long-term sustainability

Strategic metric: Trust income & expenditure performance

Board Committee  
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation



	Year to date						Full Year
	Actual	Plan	Variance against plan	RAG	Forecast	Variance against forecast	Plan
Income (incl pass through)	£500.39m	£502.39m	£2.00m	●	£498.73m	£1.66m	£550.03m
Pay	£304.42m	£295.44m	£8.97m	▲	£301.62m	£2.80m	£322.25m
Non Pay (incl pass through)	£204.05m	£199.20m	£4.85m	▲	£204.71m	£0.66m	£217.08m
Other	£7.53m	£9.01m	£1.49m	◆	£8.47m	£0.94m	£9.83m
<b>Surplus/(Deficit)</b>	<b>£15.60m</b>	<b>£1.27m</b>	<b>£14.33m</b>	◆	<b>£16.07m</b>	£0.47m	£0.87m
Donated Asset Effect	£0.23m	£0.22m	£0.45m	◆	£0.22m	£0.45m	£0.24m
<b>Adjusted Financial Performance (NF)</b>	<b>£15.84m</b>	<b>£1.05m</b>	<b>£14.79m</b>	◆	<b>£15.85m</b>	£0.01m	£1.10m

**This measures:**

Our objective is to live within our means. At the start of the year we anticipated making a small surplus on our operating expenditure. From the start of the year, the activity levels required for ERF have not been met and the run rate of expenditure has exceeded budget. This was mitigated in Q1 by non recurrent income, however during Q2 we were forecasting deterioration by year end and since the end of Q2 have been reviewing our likely outturn position, formally forecasting during Feb based on our M10 Jan position a forecast outturn of £(16.73)m deficit.

**How are we performing:**

Month 11, February 2023, YTD financial performance is behind plan by £(14.79)m, a deficit of £(15.84)m. This is £0.01m better than the £15.85m YTD forecast. Performance is on track to deliver the £16.73m full year forecast outturn.

Income is behind plan by £(2.00)m which is principally due to lower than expected elective activity which has restricted our access to additional Elective Recovery Fund Income. Income is £1.66m better than forecast.

The Pay position is £(8.97)m adverse to plan YTD, £(2.80)m adverse to forecast. Non Pay costs are over budget YTD by £(4.85)m, £0.66m better than forecast. There continues to be pressure in Clinical Supplies and Services, £(5.38)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 have agreed and are overseeing the delivery of the forecast including additional measures identified to achieve this position

**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 contract
- Impact of strike action upon the pay spend due to increased reliance on temporary staffing
- Achievement in full of 'green actions' to deliver £16.7m improved forecast
- Any further unexpected events in Q4 outside of scope of earlier forecast

Strategic objective: Achieve long-term sustainability

Strategic metric: CO2 emissions

Board Committee  
Finance & Investment  
  
SRO: Nicky Lloyd

Assurance	Validation
N/A	N/A



**This measures:**  
Our ambition is to reduce the impact we have on the environment and deliver on our net zero goal for 2040. We are currently working on ways to set up ways to measure our performance during the year to regularly measure our performance and are exploring how we benchmark our performance against other organisations and our own planned trajectory.

**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 March year end performance to be published in April 2023

**Actions:**

- The CFO chaired a national seminar (week commencing 20 February) with the purpose to further agreement for the content for the net zero carbon reporting across NHS organisations
- A supplier has been engaged by the Trust to provide training as well as the year end data for comparison benchmarking, so that ongoing data production will be in house
- The Trust business case proforma is being reviewed and the impact on net zero carbon as a consideration for decision making will be included in the next version


**Risks:**

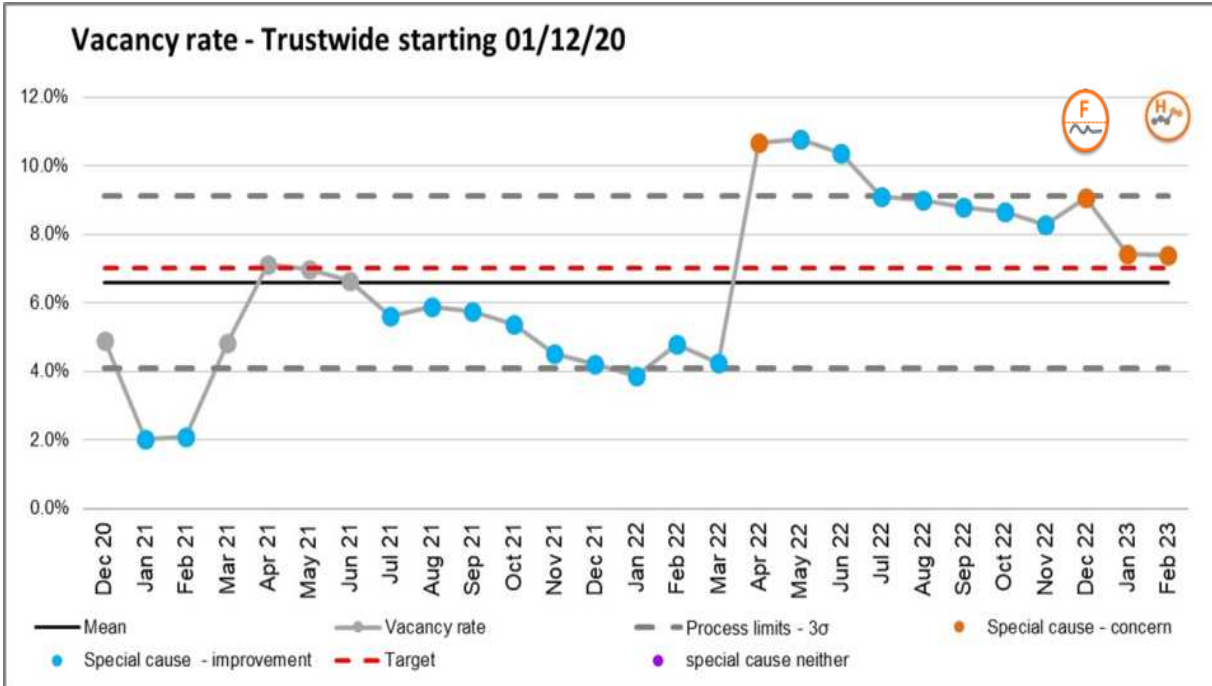
- Lack of in year reporting poses a risk on certainty as to year end achievement of Year 1 of our Green Plan
- Achievement at pace of major net zero actions requires investment and the Trust's deficit position means that prioritisation of expenditure may not permit the net zero agenda to be progressed at the pace intended, particularly regarding capital expenditure
- Dedicated PMO resource is required to continue momentum and funding for this is not yet secured

# Breakthrough Priorities

**Breakthrough priority metric:  
Vacancy rate**

**Board Committee:  
Workforce Committee**  
**SRO: Don Fairley**

Assurance	Variation
	



**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 February we authorised 89 vacancies to go out to advert a total of 126 candidates were shortlisted for interviews.  
  
In February we had 95 offers made across the trust for domestic recruitment. 25 offers in Nursing and Midwifery. 25 offers in Additional Clinical Services. 15 offers in Administration and Clerical. 5 offers in Allied Health Professionals. 3 offers in Estates and Ancillary. 5 offers in Healthcare Scientists 5 offers. 19 offers in Medical and Dental.  
In February we had 4 international nurses and 1 ODP arrive in the UK to work at the Trust, and we interviewed 23 HCA candidates, resulting in 20 candidates accepting an offer.

**Actions:**

- Reviewing HCA assessments with BOB ICS as we try to 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. A fall in vacancy rates is expected with the introduction of the Turbo Retention Team

**Risks:**

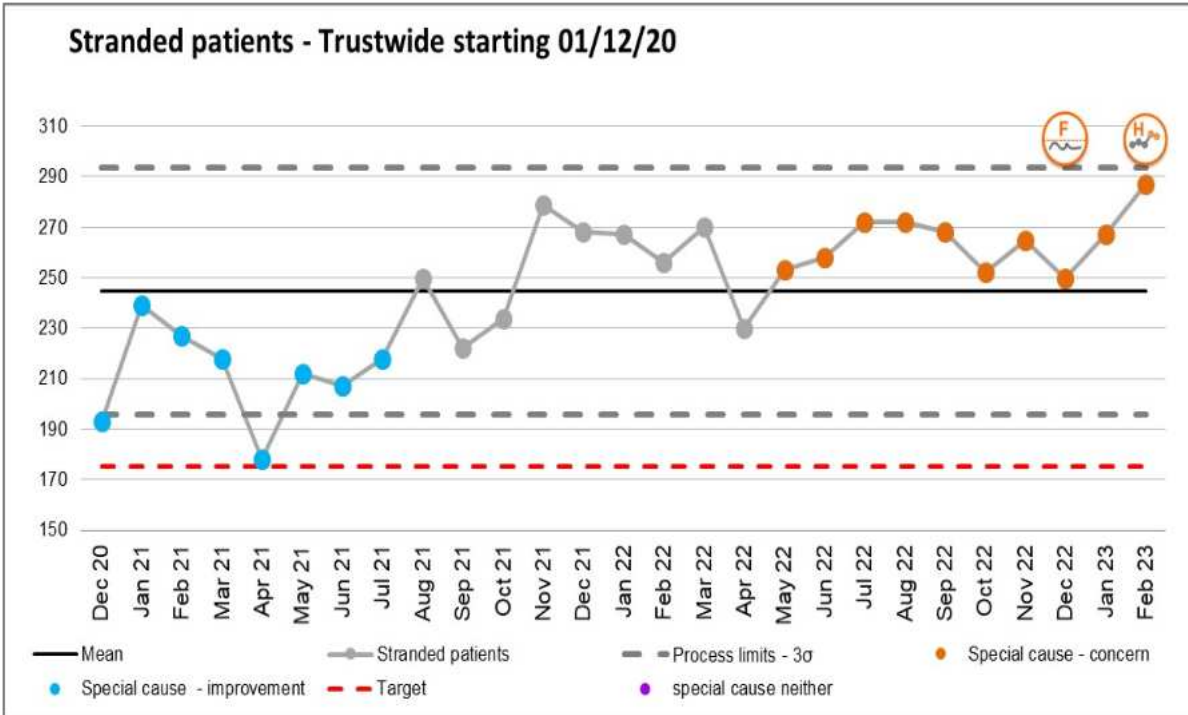
- Affordable housing in the local area
- Certain hard to fill post such as occupational therapy (OT's) and speech and language therapist are proven to be difficult to recruit from overseas
- Coming up against more and more other NHS trusts offering international nurses a salary starting at a band 4 then 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

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
<b>Trust Performance</b>	8.80%	8.64%	8.27%	9.05%	7.41%	7.37%

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

Board Committee:  
Quality Committee  
SRO: Dom Hardy

Assurance	Variation



**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.

Despite this our medically optimised list for supported discharge pathways(1-3) has been stable , 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:**

- Ensure the stranded patient list and medically optimised match and capture accurate patient pathway information
- .Ensure current weekly review meeting is action orientated and delivers plans to discharge patients
- 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
- Ensure importance of 'number' is an active part of daily operations meeting

**Risks:**



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

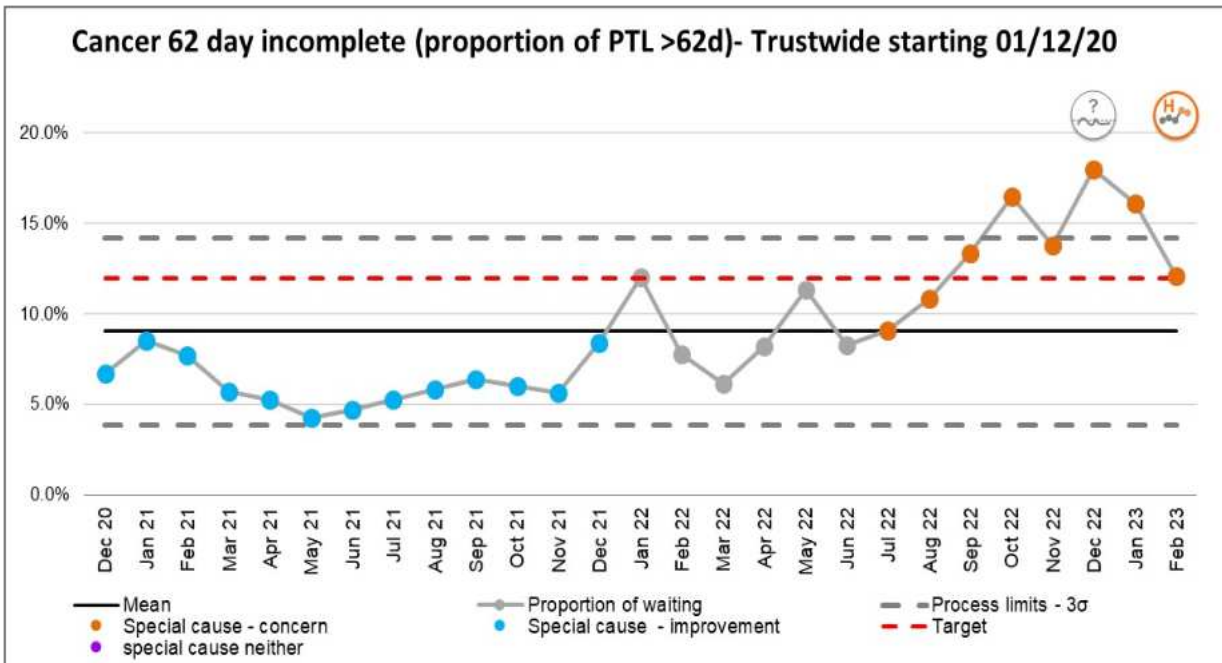
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
<b>Number of stranded patients</b>	268	252	265	250	267	287



**Breakthrough Priority metric:**  
Reduce 62 days cancer waits

**Board Committee:**  
Quality Committee  
  
**SRO: Dom Hardy**

Assurance	Variation
	



**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 January 23 65.2% of patients on a cancer pathway were treated within 62days against a target of 85%.  
February performance is incomplete and un-validated so the 56.5% is not reflective of what the final February performance.  
As of the end of Feb the total number of patient on the PTL >62 days shows a decrease in patients and sits at 266. This is expected to continue to fall with the ongoing work within pathology and diagnostics over the coming months. Although challenges still remain in the Urology, GI and Gynaecology pathway which are the main drivers for patients over 62 days.

- 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 (new endoscopy process)
  - 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 and SE region

- 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
  - 2ww demand levels remain high
  - New endoscopy booking process will increase 2ww breaches in the short term
  - Prioritisation of non-malignant pathways may result in adverse impact on other pathways

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
<b>Trust Performance</b>	63.7%	65.4%	60.1%	60.7%	65.2%	56.5%
<b>Total Cancer PTL list</b>	2840	2731	2651	2328	2232	2191
<b>No. on PTL &gt; 62 days</b>	379	450	365	419	359	266
<b>Incomplete - % on PTL over 62 days</b>	13.35	16.48	13.77	18.00	16.10	12.10
<b>Cancer 28 day Faster Diagnosis</b>	67.70	71.00	69.80	72.5	65.8	72.4

# 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 February 2023:

In the last month 34 of the 120 metrics exceeded their process controls. This included 13 which missed local targets or standards and 20 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

- Patient safety incidents per 100 admissions
- Friends and Family survey (FFT) - OP attendance
- Conflict resolution training
- Fire safety training
- Doctors manual handling training
- Friends and Family survey (FFT) - Maternity
- Anaesthetics attendance at maternity specific training
- Ethnicity progression disparity ratio
- Rolling 12 month sickness absence
- Appraisal rates
- Cancer Incomplete 104 day waits
- % of patients seen by a stroke consultant within 14 hours of admission
- Weekend Discharges

## Exceeded statistical tolerances

- C.diff cumulative cases
- FFT – OP attendances
- Mixed sex accommodation breaches
- Stroke Door to needle time
- Nursing and AHP manual handling training
- Stability rates %
- Sickness and absence
- Appraisals
- Ambulatory care NEL admissions
- Average NEL LOS (excluding 0 LOS)
- 62 day screening referrals
- Incomplete 104 day waits for cancer treatment
- % 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 - first treatment
- % patients waiting more than 31 days - subsequent surgery
- % OP treated virtually
- Income v plan
- A&E actual vs. Plan
- Cash position
- Agency spend % of total staff cost

# Strategic Objective: Provide the highest quality care for all

## Watch metrics

SROs: Eamonn Sullivan

Will Orr

Metric	Variation	Assurance	Trending	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Never Events				0	0	0	0	0	2	0	0	0	1	0	0
All Serious Incidents (SI)				10	3	2	2	6	9	2	8	10	9	4	10
Patient Safety incidents/100 admissions				10%	10%	11%	11%	11%	11%	10%	11%	10%	11%	11%	11%
Pressure ulcer incidence per 1000 bed days				0	0	0	0	0	0	0	0	0	0	0	0
Category 2 avoidable pressure ulcers				1	2	2	1	0	4	2	3	0	2	2	1
Category 3 or 4 avoidable pressure ulcers (SI)				3	0	1	1	0	1	0	2	1	0	0	1
Patient Falls per 1 000 bed days				5	4	4	4	5	4	5	3	4	4	4	4
Patient falls resulting in harm (SI) avoidable				1	0	0	0	0	1	1	3	2	1	0	0
No. of DOLS applications applied for				28	14	20	17	23	19	18	17	17	21	22	21
No. of detentions under the MH act to RBH				4	4	3	5	4	2	2	5	8	6	2	2
% of staff: Safeguarding children L1 training				91%	91%	94%	94%	94%	94%	93%	94%	94%	95%	95%	93%
No. of child safeguarding concerns by the Trust				151	138	173	159	128	122	121	0	0	0	173	147
No. of adult safeguarding concerns by the Trust				41	25	34	45	42	39	35	25	36	24	21	27
No. of safeguarding concerns against the Trust				4	4	2	6	4	4	6	2	6	7	3	4
Unborn babies on child protection (CP) / child in need plans (CIP)				32	33	39	39	22	41	36	38	31	34	36	41
C.Diff (Cummulative)				36	3	5	11	19	24	28	30	32	33	42	45
C.Diff lapses in care				2	2	2	4	4	2	1	2	0	0	3	0
MRSA				1	0	0	0	1	1	0	0	0	0	0	0
Ecoli (trust acquired) infections				3	5	6	9	11	7	9	18	8	12	19	3
MSSA surveillance (trust acquired)				2	6	3	2	3	5	5	2	4	2	5	3

# Strategic Objective: Provide the highest quality care for all

## Watch metrics

SROs: Eamonn Sullivan

Will Orr

Metric	Variation	Assurance	Trending	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
No. of complaints				50	23	32	29	26	42	34	33	43	22	25	36
Response time to complaints				60%	67%	63%	40%	62%	68%	68%	68%	72%	59%	74%	56%
No. of compliments				38	31	42	44	15	38	18	43	49	23	46	40
FFT Satisfaction Rates Inpatients: i. Inpatients				99%	99%	99%	100%	99%	98%	98%	96%	99%	99%	99%	99%
FFT Satisfaction Rates Inpatients: ii. ED				100%	99%	80%	74%	83%	86%	83%	80%	81%	80%	89%	85%
FFT Satisfaction Rates Inpatients: iii. OPA				94%	95%	94%	93%	93%	94%	95%	94%	95%	95%	95%	95%
Mixed sex accommodation - breaches				97	71	53	87	146	68	89	213	131	410	456	390
Crude mortality				1.4	1.4	1.9	1.5	1.5	1.5	1.4	1.7	1.3	2.2	2.0	1.4
HSMR				88.2	88.3	89.3	89.8	90.4	88.9	86.6	86.3	85.8	Arrears	Arrears	Arrears
SMR				92.0	92.1	92.1	92.2	92.3	90.0	87.9	87.7	86.8	Arrears	Arrears	Arrears
SHMI				1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	Arrears	Arrears	Arrears	Arrears
Door to needle time <60mins				100%	100%	100%	100%	100%	100%	100%	89%	75%	100%	100%	50%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)				89%	86%	89%	82%	91%	86%	86%	80%	82%	87%	82%	68%
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes				76%	100%	93%	88%	100%	100%	67%	80%	90%	92%	92%	Arrears
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes				67%	90%	75%	86%	64%	63%	100%	100%	67%	64%	100%	Arrears
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes				92%	100%	92%	100%	82%	88%	100%	100%	89%	73%	100%	Arrears

# Strategic Objective: Provide the highest quality care for all

## Watch metrics

SROs: Eamonn Sullivan

Will Orr

Metric	Variation	Assurance	Trending	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
RIDDOR reportable Incidents				3	0	0	0	0	2	0	0	3	0	2	0
Abuse/V&A (Patient to staff)				43	46	49	44	34	59	33	85	65	59	38	42
Body fluid exposure/needle stick injury				8	13	3	12	7	14	15	19	6	14	14	9
Environment Related Incidents				19	6	13	21	18	9	12	7	10	15	9	7
Manual Handling non patient every 3 years				89%	91%	92%	92%	93%	93%	92%	92%	92%	91%	92%	91%
Conflict Resolution				88%	86%	89%	88%	84%	85%	87%	88%	88%	87%	85%	87%
Fire (Annual)				86%	87%	89%	90%	89%	90%	89%	89%	89%	88%	89%	89%
Nursing and AHP Manual handling training every 3 years				87%	85%	87%	89%	88%	88%	87%	87%	86%	85%	82%	85%
Doctors manual handling training every 3 years				56%	59%	61%	63%	62%	62%	59%	57%	56%	55%	54%	57%
Health and Safety Training				88%	87%	88%	90%	91%	92%	91%	91%	91%	92%	92%	92%
Health and Safety inspections/advisory visits				2	3	1	1	0	0	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	Variation	Assurance	Trending	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
FFT Response Maternity				11.1%	10.0%	5.1%	5.2%	3.1%	7.2%	7.8%	10.6%	6.2%	7.5%	11.0%
No. of complaints - Maternity				0	2	1	3	5	3	2	2	3	3	3
Complaints - % response in 25 days				50%	67%	0%	50%	100%	40%	67%	60%	100%	67%	100%
Number of Serious Incidents in the Maternity Service				0	0	0	4	0	1	0	1	0	0	2
% bookings with ethnicity documented / recorded				99.6%	99.4%	99.3%	99.6%	99.4%	99.2%	99.6%	99.2%	99.2%	99.8%	100.0%
% women with a documented CO result at booking				89.0%	82.0%	68.0%	58.0%	87.0%	77.0%	73.0%	78.0%	81.7%	90.8%	90.4%
% women with a documented CO result at 34-36 weeks				72.5%	72.0%	58.0%	77.0%	67.0%	72.0%	77.0%	93.0%	96.9%	90.3%	93.0%
% of pre-term (less than 34+0), singleton, live births receiving a full course of antenatal corticosteroids, within seven days of birth				0.0%	60.0%	75.0%	33.0%	40.0%	50.0%	0.0%	43.0%	16.6%	66.0%	0.0%
Post Partum haemorrhage > 1500mls				2.8%	3.1%	3.5%	2.4%	2.8%	3.4%	3.3%	3.9%	3.0%	4.2%	3.8%
Percentage of term babies admitted to Neonatal Unit				5.7%	3.8%	6.5%	4.0%	3.9%	6.1%	5.9%	4.3%	5.2%	5.6%	Arrears
Percentage of Perinatal Deaths				0.8%	0.3%	0.3%	0.5%	0.4%	0.4%	0.4%	0.3%	0.4%	0.4%	0.4%
Number of occasions MLU service suspended for 4 hours or more				4	5	27	22	22	20	11	6	25	4	8
Midwifery staffing vacancy rate				15.4%	15.9%	14.0%	16.0%	18.5%	18.5%	19.0%	13.7%	14.4%	12.4%	16.3%
Midwifery staffing turnover				16.3%	17.3%	19.1%	19.6%	17.6%	16.3%	15.0%	15.5%	14.1%	14.6%	15.0%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring				90.8%	94.0%	94.0%	93.0%	92.0%	91.8%	94.4%	96.6%	95.1%	96.0%	94.3%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring				69.8%	88.0%	90.0%	91.0%	55.0%	79.6%	85.4%	100.0%	98.1%	100.0%	93.8%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT				71.7%	80.0%	90.0%	92.0%	50.0%	51.0%	66.7%	93.9%	94.5%	91.8%	91.7%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT				84.9%	88.0%	91.0%	90.0%	90.0%	92.0%	92.2%	97.1%	97.9%	97.1%	97.1%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT				18.4%	18.4%	18.4%	18.4%	18.4%	21.1%	28.9%	95.0%	92.7%	95.0%	86.5%

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

Watch metrics:

SRO: Don Fairley

Metric	Variation	Assurance	Trending	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Ethnicity Progression Disparity ratio between middle and upper pay bands													2.0	1.9	2.0
Stability rates %				83.8%	81.8%	81.8%	81.7%	82.5%	81.6%	81.5%	81.2%	82.0%	81.8%	81.8%	81.7%
Rolling 12 month Sickness absence				3.7%	3.9%	4.1%	4.1%	4.1%	4.2%	4.2%	4.2%	4.2%	4.3%	4.1%	Arrears
% Fill rate of Registered Nurse Shifts (RN)				96.4%	93.0%	92.9%	91.1%	93.3%	96.4%	99.0%	95.9%	99.8%	96.9%	97.0%	91.2%
% Fill rate of Care Support Worker Shifts (CSW)				86.5%	92.2%	90.4%	93.0%	92.3%	99.3%	97.9%	100.2%	95.8%	95.7%	94.7%	94.1%
Completed Mandatory Training				86.7%	87.3%	88.3%	89.8%	90.0%	90.8%	89.4%	89.5%	89.2%	89.0%	88.7%	89.1%
Appraisals				84.6%	83.4%	84.9%	86.6%	86.4%	86.2%	83.4%	79.1%	80.0%	78.4%	77.8%	78.6%
Nurse Staffing Red Flags				41	53	31	72	56	71	46	32	33	59	20	31



# Strategic Objective: Delivering in partnership

## Watch metrics






















SRO: Dom Hardy

Metric	Variation	Assurance	Trending	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
12hr DTA (Trolley Waits)				0	0	0	0	0	0	0	0	0	0	0	0
Percent of Ambulatory Care of Non elective Admissions				14.8%	14.0%	14.9%	13.9%	15.6%	17.7%	13.6%	13.4%	11.3%	2.3%	0.9%	0.6%
Average non-elective length of stay - excluding 0 day LOS (Length of Stay)				6.3		6.0	5.8	5.9	6.4	6.2	6.1	5.9	6.6	6.6	6.7
Urgent Operations Cancelled 2nd time				0	0	0	0	0	0	0	0	0	0	0	0
62 Day screen Ref				90.9%	100.0%	83.8%	100.0%	53.8%	69.2%	86.7%	78.6%	70.0%	73.3%	82.4%	82.4%
Incomplete 104 day waits				36	39	29	43	38	46	66	97	78	93	80	92
Fractured Neck of Femur: Surg in 36 hours				50.0%	43.2%	52.3%	57.1%	64.1%	56.5%	80.5%	60.7%	58.3%	40.4%		
Seen by Stroke Consultant within 14 hours				73.0%	71.0%	64.0%	57.0%	72.0%	65.0%	65.0%	62.0%	61.0%	65.0%	58.0%	58.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival				68.0%	69.0%	70.0%	63.0%	85.0%	69.0%	61.0%	58.0%	74.0%	63.0%	51.0%	58.0%
Proportion of stroke patients scanned within 12 hours of hospital arrival				98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	97.0%	96.0%	98.0%	97.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)				100.0%	14.0%	30.0%	25.0%	43.0%	30.0%	34.0%	21.0%	32.0%	30.0%	30.0%	33.0%
Average Length of Stay (LOS) from admission to discharge (days)				14	16	18	9	17	14	19	17	14	14	9	7
Door to needle time <60mins				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	89.0%	75.0%	100.0%	100.0%	50.0%
No. of weekend discharges				497	547	621	510	630	587	535	634	526	546	504	457
No. of patients staying >21 days				97	88	83	87	91	111	110	96	90	64	83	101

# Strategic Objective: Delivering in partnership

Watch metrics










SRO: Dom Hardy

Metric	Variation	Assurance	Trending	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Cancer 2 week wait: cancer suspected				91.9%	88.8%	92.5%	85.5%	85.8%	89.7%	82.8%	86.3%	91.8%	92.4%	91.4%	94.1%
Cancer 2 week wait: breast patients				91.4%	96.4%	97.2%	94.7%	95.4%	93.1%	92.6%	100.0%	98.9%	100.0%	97.6%	100.0%
Cancer 31 day wait: to first treatment				92.8%	97.0%	97.8%	96.1%	97.1%	93.0%	96.6%	97.0%	96.9%	97.1%	95.9%	96.3%
Cancer 31 day wait: drug treatments				100.0%	98.4%	97.8%	98.9%	98.5%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%
Cancer 31 day wait: surgery				100.0%	92.9%	90.0%	92.9%	83.3%	87.2%	90.3%	88.1%	88.9%	85.7%	88.6%	92.6%
Cancer 31 day wait: radiotherapy				89.1%	71.8%	84.1%	85.1%	94.0%	94.2%	92.2%	89.6%	84.7%	87.1%	84.4%	88.5%
62 day consultant upgrade: all cancers				100.0%	100.0%	33.3%	76.9%	100.0%	88.1%	74.1%	75.0%	81.9%	77.3%	84.6%	92.0%

# Strategic Objective: Cultivate Innovation and Improvement

## Watch metrics

SRO: Andrew Statham

Metric	Variation	Assurance	Trending	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Cancelled Ops not re-scheduled < 28 days (%)				0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% OP appointments done virtually				22.8%	22.9%	22.8%	23.2%	23.1%	22.0%	22.6%	22.5%	21.8%	21.9%	22.0%	23.7%
New to follow up ratio				1.80	1.80	1.90	1.90	1.90	2.00	1.90	1.80	1.90	1.90	1.70	1.80
Number of OPPROC				8867	6478	6910	6406	6673	7123	6928	6969	8963	7454	8259	7646
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	Variation	Assurance	Trending	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Pay cost vs Budget				0.16	-1.57	0.04	0.30	-0.73	-0.33	-1.38	-1.34	0.39	-0.53	-0.35	-0.35
Non pay cost vs Budget				-0.37	0.54	-0.49	0.29	2.93	-2.33	-3.27	-0.31	-0.02	-1.82	-1.22	-1.22
Income vs Plan				30.55	0.52	0.34	-1.33	-1.89	-0.05	0.63	-0.95	-3.48	0.49	1.09	1.09
Daycase actual vs Plan				-0.31	-0.19	0.34	-0.30	-0.27	0.07	0.16	0.04	0.19	-0.16	-0.27	0.40
Elective actual vs Plan				3.33	-0.43	-0.31	-0.60	-0.55	-0.05	-0.02	-0.25	0.02	0.01	0.01	-0.28
Outpatients actual vs Plan				-0.33	-0.36	0.21	-1.26	-0.86	0.36	-0.14	-0.45	0.20	-0.23	-0.50	0.24
Non-elective actual vs plan				0.34	0.41	0.91	0.22	0.27	1.52	0.99	1.30	0.17	1.04	0.03	1.39
A&E actual vs plan				0.23	0.54	0.99	0.82	0.41	0.80	0.79	0.61	0.58	0.84	0.35	0.86
Drugs & devices actual vs plan				0.41	0.19	-0.06	0.56	-0.49	-0.27	0.80	0.49	1.12	0.51	0.25	0.46
Other patient income				0.16	-0.10	0.37	-0.35	0.00	-0.26	0.07	0.12	-0.32	-0.15	-0.06	0.34
Delivery of capital programme				21.43	0.00	0.00	1.61	0.76	0.91	-0.97	2.45	1.72	1.32	4.91	6.56
Cash position				60.76	68.59	78.68	61.17	51.01	59.80	56.65	55.35	53.70	43.81	40.14	54.88
Agency spend % of total staff cost				3%	4%	4%	3%	3%	5%	4%	4%	5%	4%	4%	4%
Creditors				-88	-99	-114	-95	-88	-91	-80	-87	-86	-74	-76	-83
Debtors				30	30	22	22	24	17	16	18	18	16	21	16

<b>Title:</b>	<b>People Strategy: 2023 – 2027</b>
<b>Agenda item no:</b>	7
<b>Meeting:</b>	Trust Board
<b>Date:</b>	March 2023
<b>Presented by:</b>	Don Fairley (Chief People Officer)
<b>Prepared by:</b>	Pete Sandham (Associate Director – Staff Experience and Inclusion)

<b>Purpose of the Report</b>	To submit the People Strategy 2023-2028 for Board Approval
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<b>Report History</b>	Various engagement forums to develop strategic content, including: (1) People Committee (10.11.22 and 09.02.23) (2) Executive Management Committee (10.10.22 and 09.01.23) (3) CEO Team (07.02.23) (4) Various Care Group, Professional and Occupational Leads Forums and Staff Forums.
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<b>What action is required?</b>	
Assurance	
Information	
Discussion/input	
Decision/approval	✓

<b>Resource Impact:</b>	<i>None</i>
<b>Relationship to Risk in BAF:</b>	<i>Failure to be a Great Place to Work</i>
<b>Corporate Risk Register (CRR) Reference /score</b>	<i>N/A</i>
<b>Title of CRR</b>	<i>Links To 4176/4177 - Staff Recruitment and Retention</i>

<b>Strategic objectives</b> This report impacts on (tick all that apply)::	
Provide the highest quality care	✓
Invest in our staff and live out our values	✓
Drive the development of integrated services	✓
Cultivate innovation and transformation	✓
Achieve long-term financial sustainability	✓
<b>Well Led Framework applicability:</b>	
Not applicable <input type="checkbox"/>	
1. Leadership ✓	2. Vision & Strategy ✓
3. Culture ✓	4. Governance <input type="checkbox"/>
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>
7. Engagement ✓	8. Learning & Innovation ✓

<b>Publication</b>			
Published on website	✓	Confidentiality (FoI)	Private
		Public	

## 1 Executive Summary

- 1.1 This paper and associated People Strategy is presented for approval following an extensive period of stakeholder engagement which has shaped its strategic direction.
- 1.2 Since the early engagement feedback session at the November '22 People Committee a range of engagement sessions have been conducted with EMC, Care Group Board Leadership and Management Teams; Professional and Occupational Lead forums in amongst other staff platforms.
- 1.3 The key focus of the engagement has been to ensure alignment of proposed strategic and programme themes with organisational workforce imperatives – both of today and tomorrow. This strategy reflects key feedback strands received throughout the engagement period.
- 1.4 The feedback sentiment that the 'road to the future needs to be built on strong enabling foundations' encapsulates the fundamental principle building block upon which the strategy is built.
- 1.5 The strategy develops a strong future focus whilst recognising the need to continue to improve and excel in delivering on the fundamental essentials in key areas such as staff experience, health and wellbeing, inclusion, people processes etc.
- 1.6 The strategy focuses our prioritisation, phasing and quantification of our delivery ambitions across the people agenda in the period ahead
- 1.7 In terms of **next steps**:
  - Formal Launch of Strategy w.b 15<sup>th</sup> or 22<sup>nd</sup> May 2023 with accompanying Communications Plan
  - The following work still needs to be completed prior to formal launch (but not impacting on the material substance of strategy content):
    - Design and look to reflect Improving Together and Corporate identity
    - List of abbreviations, appendices, contents page etc
    - Strategy on a page to summarise key message
  - Progress updates on strategy delivery to be scheduled into People Committee and EMC work plans
  - Granular Implementation Plan to be completed

## 2 Conclusion

- 2.1 The committee is requested to APPROVE the strategy

## 3 Appendices

- (i) People Strategy (2023-2027)

# DRAFT People Strategy 2023-2027

V4 -06.03.23



**Royal Berkshire**  
NHS Foundation Trust



# Background and Context

Building on the strong foundations and performance of our first People Strategy (2017-2022), this Strategy refresh sets out the fundamental enabling role of our people in delivering our Trust strategic ambitions.

Building on our progress and organisational maturity, we recognise that those things that were important, are still so. This strategy aims to further grow our ambitions in the people arena in pursuit of our aim to be one of the best places to work in the NHS.

Our operating environment remains challenging with ever increasing demands on our services and our people. Coupled with significant challenges in our external environment and their impacts on our people – it is more important than ever that we focus on how we support, develop, motivate and grow our staff.

Evolving from our first People Strategy, we recognise that the road to the future needs to be built on strong enabling foundations. This sentiment is encapsulated in the **5 Ambition Themes** within this strategy. We recognise the need to continue and elevate our focus on peoples **Experience at Work** in its broadest sense as fundamental enabler of driving retention, responding to evolving expectations and demands of work and nurturing our people as part of the RBFT family. Despite our good progress in the **Inclusion** arena, to accelerate our improvements we recognise a need for sharper, more deliberate focus on EDI. We understand that our operating context requires an unrelenting focus on our peoples **Health and Wellbeing** and **Learning and Development**. Supporting today's delivery and enabling tomorrow's, our focus on the **Future** recognises our need to respond to workforce supply, demand, productivity and transformation challenges through development, planning, innovation and partnerships in pursuit of the ambitions set out in our Clinical Services Strategy.

Our starting point is good...our destination is even better.



# Executive Summary



Royal Berkshire  
NHS Foundation Trust

## What we are looking to achieve:

- A place where people want to work, stay and grow whose experience at work is ranked amongst the best in the NHS.
- Reduce our vacancy and turnover rates
- A place where everyone fulfils their potential
- To enable all our people to live a healthy, active and fulfilling lives by investing in and enhancing their wellbeing at work.
- An inclusive culture that celebrates and drives the power of diversity as a source strength and equity in leadership representation is achieved
- Enable our people to innovate, work differently and deliver their maximum value and productivity gains.
- Create sustainable pipelines and a flexible workforce to meet today and tomorrows needs

## Key work programmes that will deliver our ambitions:

- Retention and Recruitment Impact programme
- Healthy Workplaces
- Workforce Transformation and Redesign
- Improving Together
- 'RISE' Talent Management
- Education Strategy
- People Function: Process and Service Improvements
- Workforce Supply
- Enhancing Capability
- Inclusive Culture Programme

## How we will know we're successful:

- A top 10% performer in range of NHS Staff Survey Measure relating to engagement, wellbeing, inclusion, learning and recommendation as a place to work
- Utilisation rates and subsequent impact of our HWB programme through improving workforce well being metrics
- Deliver our vacancy, turnover, apprenticeship and leadership development targets
- Deliver demonstrable evidence of the impact of our Improving Together programme
- 10% clinical time released through workforce optimisation
- Increase our workforce supply pipelines
- 25% of our Senior Leadership Population will be from Ethnic Minority backgrounds and equity in the likelihood of being appointed and progressing will be achieved.

## Key enablers:

- The strong foundation provided by our values and reported positive staff experience
- Continued investment required in People Services team to fuel our focus on retention, experience, inclusion and developing talent
- The imperative to integrate education, workforce and business planning
- Existing strong educational, community and system partnerships as platform for future growth
- Requirement for reliable workforce demand and supply data intelligence
- Technological and Estate enhancements and advancements to support workforce development, innovation and staff experience
- The imperative for people processes that help, not hinder

Compassionate

Aspirational

Resourceful

Excellent

# Introduction

Our People Strategy 2023-2027 is a key enabler driving the delivery of our Trust Strategy and Clinical Services Strategy. It sets out, over the next 5 years, how we will enable and equip our people to flourish in pursuit of delivering outstanding care for our community.

Our previous People Strategy served us well and has shaped the values driven, highly engaged, innovative organisation that the RBFT is today. This new strategy evolution continues the journey and reaffirms those things that are important to us at the RBFT. These include an unrelenting focus on Health and Wellbeing, Learning and Inclusion; our drive to deliver the excellent experience at work our amazing people deserve and recognition of our need to grow, evolve and innovate to meet the demands of the future. These areas of focus are captured in our strategy and represented through **5 simple ambitions and 9 headline delivery programmes** which together set out our future priorities.

Our values were born from our original people strategy and this strategy evolution once again is built upon our founding value principles of Compassion, Aspiration, Resourceful and Excellent.

Amazing people deliver amazing things everyday at the RBFT and this strategy sets out our headline aims and programmes of work that will take us further in our journey to become the best place to work in the NHS.

## How this will support our Improving Together mission:

Our people are the heartbeat of our Improving Together mission and this strategy with its focus on growth, development, engagement, empowerment and innovation sets out how we will create the conditions, mindsets, capabilities and capacity within our people to deliver our mission of Improving Together

# People Strategy – Summary Overview

## Our Vision

“We recruit, support, motivate and develop our people to become the best and most inclusive place to work in the NHS.”

## Ambition Themes

Your Experience	Your Learning	Your Health and Wellbeing	Your Inclusion	Your Future
A place where people want to work, stay and grow whose experience at work is ranked amongst the top 10% in the NHS	A place where everyone fulfils their potential, we work with our partners to deliver opportunities for people to learn and grow their skills	To enable all our people to live a healthy, active and fulfilling lives by investing in their wellbeing	An inclusive culture that celebrates and drives the power of diversity as a source strength	We enable our people and services to work differently and create a sustainable and flexible workforce to meet future service needs.

## Headline Programmes

Recruitment and Retention Impact	Healthy Work and Workplace	Workforce Transformation and Redesign	Improving Together	‘RISE’ Talent Management	Education Strategy Delivery	People Function: Process and Service Improvements	Workforce Supply	Inclusive Culture Programme
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People Strategy 2023-2028 – Summary of Key Programmes delivering our People Ambitions						Key Alignment to People Strategy Theme...	
Key Programmes	Key Programme components	Experience	Learning	HWB	Inclusion	Future	
		<ul style="list-style-type: none"> <li>Staff Engagement (What Matters/People Pulse surveys) and Employee Value Proposition and branding</li> <li>Improving Stability and reduce numbers leaving in 1<sup>st</sup> year - on-boarding, induction enhancements and service deep dives and targeted intervention</li> <li>Excel in essential needs – flexible working and reward systems, working environments, pastoral care, cost of living response, career development</li> </ul>	R		R		R
<ul style="list-style-type: none"> <li>Staff psychological support service and associated emotional and mental health wellbeing programmes</li> <li>Public Health priorities including Staff Health Check programme, staff health inequalities and community engagement links</li> <li>Reducing our peoples experience of violence, aggression and bullying from patients, service users and each other.</li> <li>Integrating Health and Wellbeing into the design of work</li> </ul>	R		R	R			
<ul style="list-style-type: none"> <li>Optimising Workforce –Realising full value of roles and take ‘non clinical tasks out of clinical roles’. Expanded roles and upskilling</li> <li>Workforce Activity and Productivity Planning. NHS National Workforce Plan Implementation</li> <li>Technological and digital enhancements driving productivity - E rostering, Job Planning, automation, virtual ward and remote monitoring expansion</li> <li>Enhanced integration of our volunteer and contingent workforce</li> </ul>		R	R		R		
<ul style="list-style-type: none"> <li>Knowledge Management programme roll out to drive rapid capture and spread of improvement knowledge, learning and expertise</li> <li>Leadership Behaviours Framework integrated and embedded</li> <li>Workforce Driver Metric Delivery programme including (1) Time to Hire (2) Progression Disparity Ratios (3) R&amp;R (4) Staff Experience</li> <li>Cultivate leadership mind-sets that drive engagement, involvement and improvement – Leadership Devolvment and expanded coaching/mentoring capacity</li> </ul>	R			R	R		
<ul style="list-style-type: none"> <li>Inclusive and representative succession planning framework with talent review boards across the whole organisation</li> </ul>		R		R	R		
<ul style="list-style-type: none"> <li>Long term Training Needs Analysis and Educational Planning supporting future business needs</li> <li>Inter professional education</li> <li>Career progression and pathways for all our people</li> <li>Digital skills and Data Science capacity</li> </ul>		R			R		
<ul style="list-style-type: none"> <li>Overhaul of our key processes - Recruitment and Selection processes and EDI training.</li> <li>Grow People function capacity and capability and develop commercial opportunities to sell out services to enable re-investment</li> <li>Predictive and prescriptive analytics to support workforce development and staff experience</li> <li>Expanding our portfolio of learning opportunities linked to EDI and management action on staff HWB</li> </ul>	R	R	R	R	R		
<ul style="list-style-type: none"> <li>Strengthen and develop sector leading footprint in the post 16-18 locality labour market – T levels; direct hire apprenticeships, graduate programmes.</li> <li>Clinical School Development - Educational partnerships with UoR to deliver demand- led programmes to support workforce and service development.</li> <li>Coherent and future focussed workforce planning combing supply and demand intelligence and National Workforce Plan implementation</li> <li>New roles developed and fully integrated with onward pathways in place e.g Physician Associates, ACP’s, NA’s, MSW’s, A&amp;C and facilities apprenticeships</li> </ul>		R			R		
<ul style="list-style-type: none"> <li>Structural and governance enhancements to elevate and embed EDI profile and focus trust wide.</li> <li>Invest in and grow and amplify our Staff Networks</li> <li>Representative Leadership Structures – role exposure; progression and positive action development opportunities</li> </ul>				R	R		

# Ambition 1: Your Experience

A place where people want to work, stay and grow whose experience at work is ranked amongst the top 10% in the NHS

## Our Aims:

- Develop a motivated and empowered workforce generating engagement, retention and reputation as employer of choice in our ICS and Nationally.
- A values based culture where everyone is welcomed, belongs, respected, recognised and cared for as part 'the RBFT family'

## Key Programmes:

- Retention and Recruitment Impact Programme (2023-2025)
- Education Strategy Delivery (2022-2027)
- Improving Together and Workforce Driver Metric Delivery (2023 and ongoing)
- Healthy Work and Workplaces (2023-2026)
- People Function: Process and Service Improvements (2023/24)

## Measuring Our Success:

- Deliver our vacancy rate target of no more than 4% by 2025
- Reduce turnover rates to 11.5% by 2025
- A top 5% performer in the NHS Staff Survey Measure of Staff Engagement by 2026 (and every year thereafter)
- A top 10% performer in staff recommendation of the Trust as a place to work (by 2025 and every year thereafter)
- Delivery of the Improving Together Programme and Workforce Driver Metric Delivery (2023 and ongoing)

## Key Enablers:

- Strong foundation of values and behaviours in the organisation
- People policies and processes that help not hinder
- High levels of recruitment and attraction
- Strong employee experience as evidenced through NHS Staff Survey Results
- Investment required in People Services team to fuel our focus on retention, experience and developing talent
- Partnerships with neighbouring trusts to collectively rather than competitively drive improvements

# Ambition 2: Your Learning

A place where everyone fulfils their potential, we work with our partners to deliver opportunities for people to learn and grow their skills

## Our Aims:

- Our Learning offer drives improved retention and upskills our workforce
- We enhance capability: (1) Upskilling (2) Performance (3) Leadership
- Embed a Knowledge management culture
- Increase workforce supply through education channels and community partnerships creating new, diverse pipelines into employment
- Grow and develop Talent through our RISE Talent Management Programme

## Key Programmes:

- Workforce Supply - Educational Pipelines and Planning (2023-2027)
- Improving Together - Leadership and Management development (ongoing)
- RISE Talent Management (2023)
- Education Strategy Delivery (2022-2027) – Enhancing Capability

## Measuring Our Success:

- < 2.5% of total leavers, leave in order to pursue education/training outside the Trust – by 2025
- Representative and inclusive talent pipelines (by 2024)
- 100+ Apprenticeships per annum including 30 direct hire apprentices
- 100+ leadership development programmes enrolments per annum
- By 2025 - A top 10% performer in the staff survey theme ‘We are always learning’
- Knowledge Management Impact Evaluation (2025/6)
- By 2024 – 30 % of all fixed term supervisory, managerial or leadership opportunities are filled as secondment opportunities for development with accompanying ‘follow on’ plan.

## Key Enablers:

- Collaboration across the Integrated Education Team
- Education needs integrated with business planning process
- National Workforce Planning guidance, methodology and demand intelligence
- Good educational partnerships as a platform to grow
- Investment in Knowledge Management architecture

# Ambition 3: Your Health and Wellbeing

To enable all our people to live a healthy, active and fulfilling lives by investing in their wellbeing

## Our Aims:

- To create and develop work and workplaces that enhances our peoples health and wellbeing (HWB), with HWB integrated into the design of work
- Promote and provide high quality physical, emotional and mental health support services to our people.
- Reducing our peoples experience of violence, aggression and bullying from patients, service users and each other

## Measuring Our Success:

- Staff survey result demonstrate year on year improvement in recognition by staff of the Trust valuing their Health and wellbeing
  - Maintained /Improve utilisation of support services e.g. EAP, TRiM, Psychology services
  - A top 10% performer in the NHS People Promise Theme 'We are Safe and Healthy' as measured by NHS Staff Survey (by 2026).
  - 66% of all staff over 40 benefit from the Staff Health Check+ programme (2024)
  - Utilisation rates of our new Oasis HWB Centre
  - Levels of reported violence and aggression and B&H towards are staff are in the lowest 10% of all acute trusts (by 2027)
- Reduce our sickness to rates to target levels

## Key Programmes:

- Healthy Work and Workplace (2023 – 2026)
- Work Transformation and Re-design: Integrating HWB into the design of work
- Retention and Recruitment Impact Programme (2023-2025)
- People Function: Process and Service Improvements (2023/24)

## Key Enablers:

Continued Trust investment in health and wellbeing projects  
Engagement from key stakeholders - staff, leaders, patients  
Maintain community groups partnerships  
Utilise National frameworks for benchmarking

# Ambition 4: Your Inclusion

An inclusive culture that celebrates and drives the power of diversity as a source strength

## Our Aims:

- Our leadership structures are representative of the communities we serve
- All of our people have equitable prospects of being appointed into and progressing through our organisation
- Structural and governance enhancements elevate and further embed EDI profile and focus trust wide.
- Invest in, grow and amplify our Staff Networks and EDI delivery capacity

## Key Programmes:

- Inclusive Culture Programme (2023 – 2026)
- People Function: Process and Service Improvements (2023/24)
- RISE Talent Management (2023)
- Improving Together and Workforce Driver Metric Delivery (2023 and ongoing)

## Measuring Our Success:

- By 2027, 25% of our Senior Leadership Population will be from Ethnic Minority backgrounds (16.5% in 2022)
- By 2026 Relative likelihood of Disabled & BAME candidates being appointed from shortlisting the same as non-disabled & white applicants.
- By 2024 – staff’s experience of discrimination at work is amongst the lowest 10% of NHS Acute providers
- By 2027 - staff survey measures of perception of equal opportunities for career progression in the top 20% of NHS Acute providers

## Key Enablers:

- Our enhanced focus on healthcare equalities in our role as a provider of services.
- Inclusion embedded as a fundamental Leadership Behaviour
- Established platforms for staff voices
- Strong benchmarked performance in key National Equality Standards
- Some existing community partnerships to build upon
- Additional investment in our networks and internal delivery capacity to make good on our ambitions



# Ambition 5: Your Future

We enable our people and services to work differently and create a sustainable and flexible workforce to meet future service needs.

## Our Aims:

- Clinical School Development with our further education partners
- Deliver our workforce establishment numbers
- Be at the forefront of workforce enabled service development –virtual wards, remote monitoring, same day emergency care, patient initiated follow up, assistive technology, multi point clinics
- Release clinical time and enable our people to deliver the value of the ‘top of their licence’
- New roles developed and fully integrated including Physician Associates, ACP’s, NA’s, MSW’s, A&C and facilities apprenticeships, diagnostics, non medical consultants etc
- Strengthen and develop sector leading footprint in the post 16-18 locality labour market – T levels; direct hire apprenticeships, graduate programmes.

## Key Programmes:

- Workforce Transformation and Redesign – Optimisation, Innovation and workfroce productivity (2023 and ongoing)
- Retention and Recruitment Impact Programme (2023-2025)
- Education Strategy Delivery (2022-2027)
- Improving Together and Workforce Driver Metric Delivery (2023 and ongoing)
- Workforce Supply (2023 and ongoing)

## Measuring Our Success:

- Develop and deliver our Clinical School
- Extended, new and upskilled roles including supporting 5 Advanced Clinical Practitioners, 15 Physician Associates, 25 non-medical Prescribers, 20 Nursing Associates on an annually recurring basis.
- 100+ Apprenticeships per annum including 30 direct hire apprentices
- 10% clinical time released through workforce optimisation (2026)
- Delivering our workforce establishment (2026)

## Key Enablers:

- Our developing digital and technological enablement
- Our educational partnerships
- Our strong foundation in workforce innovation
- Our Clinical Services Strategy
- Patient Education
- Enabling financial investment

# Our vision for the future



## Aligning our People Strategy Ambitions and programmes to Trust Strategic Principles

PEOPLE STRATEGY AMBITIONS	Strategic Principles				
	We will provide the highest quality care	Invest in our people & live out our values	Deliver in partnership	Cultivate innovation and improvement	Achieve long-term sustainability
<b>1)Your Experience:</b> A place where people want to work, stay and grow whose experience at work is ranked amongst the top 10% in the NHS	Retention and Recruitment Impact Programme (2023-2025)	Healthy Work and Workplaces (2023-2026)	Education Strategy Delivery (2022-2027)	Improving Together and Workforce Driver Metric Delivery (2023 and ongoing)	People Function: Process and Service Improvements (2023/24)
<b>2)Your Learning:</b> A place where everyone fulfils their potential, we work with our partners to deliver opportunities for people to learn and grow their skills	Workforce Supply - (2023-2027)	RISE Talent Management (2023)	Workforce Supply (2023 and ongoing)		Workforce Supply - (2023-2027)
<b>3)Your Health and Wellbeing</b> To enable all our people to live a healthy, active and fulfilling lives by investing in their wellbeing		Healthy Work and Workplace (2023 – 2026) Retention and Recruitment Impact Programme (2023-2025)		Work Transformation and Re-design	
<b>4)Your Inclusion:</b> An inclusive culture that celebrates and drives the power of diversity as a source strength		Inclusive Culture Programme (2023 – 2026) RISE Talent Management (2023)		People Function: Process and Service Improvements (2023/24) Improving Together and Workforce Driver Metric Delivery (2023 and ongoing)	
<b>5)Your Future</b> We enable our people and services to work differently and create a sustainable and flexible workforce to meet future service needs.	Workforce Transformation and Redesign Workforce Supply (2023 and ongoing)	Retention and Recruitment Impact Programme (2023-2025)	Education Strategy Delivery (2022-2027)	Improving Together and Workforce Driver Metric Delivery (2023 and ongoing)	Workforce Transformation and Redesign

# Our Roadmap 2023 – 2027: Key areas of focus to deliver Programmes and Ambitions

Headline Programmes	Year 1: 2023	Year 2: 2024	Years 3-5 2025-2027
<b>Recruitment and Retention Impact</b>	<ul style="list-style-type: none"> <li>Improving Stability - workforce intelligence, pastoral care, on-boarding + induction and accommodation enhancements</li> <li>Employee Value Proposition and branding</li> <li>Deep dives, service level retention plans, targeted hot spot interventions</li> </ul>	<ul style="list-style-type: none"> <li>Predictive analytics to profile and respond to risk of leaving.</li> <li>What Matters Engagement programme</li> <li>Flexible Working and Reward</li> <li>Kindness into Action programme</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of our Turnover Target of 11.5% by 2025/6</li> </ul>
<b>Healthy Work and Workplace</b>	<ul style="list-style-type: none"> <li>Reducing incidence of Violence and Aggression: Promoting Positive Behaviours Workstream.</li> <li>Staff Psychology service development and delivery</li> </ul>	<ul style="list-style-type: none"> <li>Public Health priorities and focus on staff health inequalities</li> <li>Oasis centre and community links</li> </ul>	<ul style="list-style-type: none"> <li>Health and Wellbeing integrated and embedded into the design of work and change programmes</li> </ul>
<b>Workforce Transformation and Redesign</b>	<ul style="list-style-type: none"> <li>Technological and digital enhancements driving productivity - E rostering, Job Planning, automation, virtual ward and remote monitoring expansion</li> <li>Workforce Activity Planning and NHS Workforce Plan implementation</li> <li>ACP's review and development workstream</li> <li>New role development and upskilling to support service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Workforce enabled service development – e.g same day emergency care, patient initiated follow up, assistive technology, multi point clinics</li> <li>Releasing Clinical Time Programme implementation</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced integration of our volunteer and contingent workforce</li> <li>Releasing Clinical Time ongoing delivery</li> <li>By 2025, deliver our workforce establishment numbers</li> </ul>
<b>Improving Together</b>	<ul style="list-style-type: none"> <li>Reducing Time to Hire &amp; Progression Disparity Ratios. Delivering our Turnover target of 13% and staff experience enhancement</li> <li>Leadership Behaviours Framework integrated and embedded</li> </ul>	<ul style="list-style-type: none"> <li>Knowledge Management programme launch</li> <li>Leadership 360 organisation wide adoption</li> </ul>	<ul style="list-style-type: none"> <li>Emergent responding to emergent improvement imperatives</li> </ul>
<b>‘RISE’ Talent Management</b>	<ul style="list-style-type: none"> <li>Launch RISE Talent Management Programme Trust Wide</li> <li>Positive Action Talent Pipelines to promote improved representation – including Band 6 development, and Level 7 Senior Leader apprenticeships</li> </ul>	<ul style="list-style-type: none"> <li>Cultivate leadership mind-sets that drive engagement, involvement and improvement</li> <li>Increased Coaching and Mentoring capacity</li> </ul>	<ul style="list-style-type: none"> <li>RBFT Internal Graduate Programme</li> <li>System wide collaboration across talent pools and talent identification processes</li> </ul>
<b>Education Strategy Delivery</b>	<ul style="list-style-type: none"> <li>Career progression and Development Focus</li> <li>Funding model - expansion of Nursing Degree apprenticeships</li> <li>Clinical Skills suite launch and optimized utilisation</li> </ul>	<ul style="list-style-type: none"> <li>100+ apprenticeship starts (25% of which are direct apprentice hires and 40 T level placements)</li> <li>200+ work experience placements</li> </ul>	<ul style="list-style-type: none"> <li>Recognized provider for NMC OSCE prep programme</li> <li>Training hub across PCN.</li> </ul>
<b>People Function: Process and Service Improvements</b>	<ul style="list-style-type: none"> <li>Commercial opportunities in Leadership and Management Development</li> <li>Recruitment and Selection – Overhaul to deliver enhanced inclusion focus</li> <li>Reducing Time to Hire of recruitment process</li> <li>Inclusive HR charter</li> </ul>	<ul style="list-style-type: none"> <li>Predictive and prescriptive analytics to support workforce development and staff experience</li> <li>Digital skills and Data Science capacity/capability</li> <li>Regular and integrated staff feedback mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>Expanded commercial opportunities across a range of people service specialities</li> <li>Opportunities for integration across ICS in relation to broader people services provision</li> </ul>
<b>Workforce Supply</b>	<ul style="list-style-type: none"> <li>16-18 labour market – Focus on T level expansion (30 per annum)</li> <li>International Recruitment target delivery for Nursing and Therapies</li> <li>Upskilling and role development</li> <li>100+ apprenticeship starts (10% of which are direct apprentice hires)</li> </ul>	<ul style="list-style-type: none"> <li>Future focussed workforce planning combing supply and demand intelligence and National Workforce Plan implementation</li> <li>Expansion and further integration of PA's into the multi professional workforce</li> </ul>	<ul style="list-style-type: none"> <li>Clinical School launch</li> <li>Increasing integration of primary and secondary care workforce with extended reach into community services</li> <li>Sustainable international recruitment model</li> </ul>
<b>Inclusive Culture Programme</b>	<ul style="list-style-type: none"> <li>Structural and governance enhancements to elevate and embed EDI profile and focus trust wide</li> <li>Health Equalities programme and priorities</li> <li>Aspiring Ethnic Minority Leader programmes – increase cohort to 10</li> </ul>	<ul style="list-style-type: none"> <li>Invest in and grow and amplify our Staff Networks</li> <li>EDI education interventions</li> <li>Health Equalities programme and priorities</li> </ul>	<ul style="list-style-type: none"> <li>25% of our Senior Leadership Population will be from Ethnic Minority backgrounds (16.5% in 2022)</li> <li>Increase internal delivery capacity</li> </ul>

**For more information about the Trust, or get in touch or to join the conversation**

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# SWOT Analysis of People Strategy Ambitions

# Ambition 1: Your Experience

WE DO THIS WELL...	WE NEED TO ADDRESS...
<ul style="list-style-type: none"> <li>• RBFT reputation as a local provider with high quality outcomes</li> <li>• CARE Values already well-embedded</li> <li>• High level of recruitment and attracting new staff, including Clinical Support Roles with a successful recruitment programme for overseas nurses</li> <li>• Partnership working with neighbouring Trusts engaging in a shared bank workforce</li> <li>• We have a number of High Performance Working Practices (HPWPs) either already in place, being piloted, or their development is in flight</li> <li>• Participation in annual the NHS staff survey and the ability to benchmark vs other acute Trusts as well as historical RBFT data.</li> <li>• We have established channels of communication between senior leadership and the rest of the Trust – e.g. CEO’s weekly blog and vlog, go and see’s, and staff forums (e.g. Staff Side, BAME, LGBTQ+, Junior Docs, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• High turnover of staff in their first year of employment, particularly Clinical support roles</li> <li>• Variable vacancy rates with peaks in some specialties</li> <li>• Low levels of entry level apprentice roles</li> <li>• Whilst improving, under-representation of BAME staff at a senior level (bands 8 and above)</li> <li>• Availability of affordable accommodation and quality of transport links in Berkshire</li> <li>• Support mechanisms for large volumes of international nurses arriving to work at the RBFT</li> <li>• Opportunities for staff rest and recuperation in the context of recovery activity</li> <li>• No Trust-wide Employee-Engagement or –Experience strategy</li> <li>• Limited/no opportunities to solicit real-time data on employee experience</li> <li>• No or under-developed Trust Employee Value Proposition</li> <li>• Inconsistent employee experiences</li> <li>• Staff struggling with cost of living crisis</li> </ul>
WE HAVE OPPORTUNITIES...	WE ARE CONCERNED ABOUT...
<ul style="list-style-type: none"> <li>• Fully embedding value based recruitment across all activity</li> <li>• ‘Lock in’ transformation resultant from our Covid 19 response - including flexible, remote and smart working and flexible staff deployment</li> <li>• Increase the number of apprenticeship pathways and new apprenticeship roles including entry level apprentices – enhancing our Anchor Institution role</li> <li>• Further, develop workforce-sharing agreements locally, to enable rapid deployment of our people across localities.</li> <li>• Identify how we can expand volunteering opportunities and local community engagement and Government initiatives such as KickStart</li> <li>• Focus on turnover rates through targeted interventions (possibly using CQI as a vehicle)</li> <li>• New roles in HR&amp;OD team (e.g. Retention and Resourcing Partners) with a focus on retention</li> <li>• Opportunities for new technology, particularly artificial intelligence – e.g. in recruitment, chatbot</li> <li>• Solicit real-time feedback on staff experience and then look for opportunities across the whole employee lifecycle to make improvements</li> <li>• Look at the support in place for line managers – and how that support is communicated – to Improve the consistency of staff experience across the Trust</li> </ul>	<ul style="list-style-type: none"> <li>• National supply of main staff groups, including nurses and some medical specialties, is low and will remain so for some years.</li> <li>• Impact of the cost-of-living crisis , particularly on lower-banded staff staff. Long term HWB impacts of Covid 19 and impact on attraction and retention</li> <li>• Rigidity of Agenda for Change pay scales</li> <li>• Proximity to London and impact of competitive salaries and High cost of area supplements</li> <li>• Brexit and its long term impact on supply pipelines</li> <li>• Financial sustainability of key support initiatives introduced through COVID such as pay enhancements; car parking; accommodation etc</li> <li>• Increased turnover rates since height of the pandemic</li> </ul>

# Ambition 2: Your Learning

WE DO THIS WELL...	WE NEED TO ADDRESS...
<ul style="list-style-type: none"> <li>Nationally recognised Trust for Learning and OD provision</li> <li>External partnerships supporting Management and Leadership Development</li> <li>Library, Knowledge and Simulation services</li> <li>Apprenticeship Levy utilisation</li> <li>Collaborative working across the ICS and lead for Culture and Leadership work stream</li> <li>Values and embedded into Appraisal process</li> <li>Offer a wide range of positive psychology and behavioural programmes for all staff to support HWB</li> <li>Utilisation of Learning Matters e-learning platform and support Trust ambitions in digital innovation</li> <li>Successful face to face/ hybrid and blended learning offers to suit all learning styles</li> <li>Multi professional coaching accredited forum</li> </ul>	<ul style="list-style-type: none"> <li>IT infrastructure and differing levels of 'digital literacy' in the organisation.</li> <li>Continuing poor condition of TEC building and accessibility</li> <li>Leadership development for clinicians</li> <li>Development agenda for bands 1-4 and development pipelines in support of Anchor Institution aspirations including Functional Skills Support</li> <li>Support and development pipelines for under-represented groups</li> <li>Integrating Leadership Behaviours Framework across the organisation</li> <li>Rewrite EDI Mandatory training</li> <li>Care Values and Civility, as a common language</li> </ul>
WE HAVE OPPORTUNITIES...	WE ARE CONCERNED ABOUT...
<ul style="list-style-type: none"> <li>Expansion of Knowledge Management across the organisation</li> <li>Driving our Digital agenda approach to L&amp;OD provision where appropriate</li> <li>Retain talent through the RISE Talent Management, building TM pipelines thought succession planning and career development.</li> <li>Build upon the capabilities of the Learning Matters system</li> <li>Reliable and valid measurement of Return on Investment for key development interventions e.g. Leadership</li> <li>Increase Coaching, Mentoring facilitators faculty – internally/Externally</li> <li>Bridge learning gap's identified through the Trust's WM, and staff survey results.</li> <li>Build a 'Learning framework' for all members of staff to support retention and staff engagement</li> <li>Growing partnership with the University of Reading. University Department status and ongoing plans to develop clinical school</li> </ul>	<ul style="list-style-type: none"> <li>Trust capacity to release staff for development programmes in context of emergent uncertainty.</li> <li>Low engagement of L &amp; OD learning provisions from certain areas/departments/groups.</li> <li>Succession plans not in place for all key posts</li> <li>Significant demands and capacity of OD and L&amp;D digital and bespoke learning</li> <li>Appraisal completions across the Trust</li> <li>MAST compliance across the Trust</li> </ul>

# Ambition 3: Your Health and Wellbeing



WE DO THIS WELL...	WE NEED TO ADDRESS...
<ul style="list-style-type: none"> <li>• Significant increase in the Health &amp; Well-Being (H&amp;WB) profile across the Trust , reflected in NSS2020 Survey findings and board engagement</li> <li>• New Oasis staff H&amp;WB centre opened Sept 2022</li> <li>• Broad portfolio of Mental Health support in place to support staff during Covid 19</li> <li>• Large variety of new HWB related interventions to support staff – accommodation; food; staff recognition etc</li> <li>• Communication of H&amp;WB information and COVID-19 related staff guidance, risk assessments, vaccination programme and staff testing</li> <li>• Significant staff engagement on the HWB agenda including engagement and expansion of Health, Safety &amp; Wellbeing (HSWB) Champions network across the Trust</li> <li>• Maintained a high profile and sustained utilisation of the Employee Assistance Programme</li> <li>• Dedicated HWB team and Trust board level Wellbeing guardian in place</li> </ul>	<ul style="list-style-type: none"> <li>• Rising levels of staff experiencing violence at work from patients</li> <li>• Increases in sickness absence and reported levels of work related stress and training for managers on these areas.</li> <li>• Training for managers to support staff with long term health conditions in the workplace</li> <li>• Ensure people working from home can do safely and have support to do so, including having the equipment they need.</li> <li>• Every member of staff has a HWB conversation</li> <li>• Education and training for managers and staff on the effects of the menopause</li> <li>• Availability of 24/7 hot food</li> <li>• Trust HWB strategy to be reviewed and updated</li> </ul>
WE HAVE OPPORTUNITIES...	WE ARE CONCERNED ABOUT...
<ul style="list-style-type: none"> <li>• To recruit dedicated staff clinical psychologist to posts and develop the psychological support available to staff and teams</li> <li>• To maximise the use of the Oasis and the opportunities this offers as a central focus to the HWB agenda</li> <li>• Develop on the strong foundations we have in place to sustain a strong HWB agenda</li> <li>• Engage with Managers to ensure H&amp;WB is part of their staff agenda</li> <li>• Remote and flexible working provisions which enable many staff to achieve more sustainable home and work life balances</li> <li>• To maximise the functions of the COVID vaccination and testing teams</li> </ul>	<ul style="list-style-type: none"> <li>• The ongoing and future impacts of Covid 19 particularly around mental health and associated risks of staff trauma and PTSD, in addition to impact on recruitment for those with significant health conditions</li> <li>• Support for pregnant staff with regards to impact of COVID-19, returning to work post maternity leave, use of keep in touch days</li> <li>• Ability and opportunity for staff to achieve rest and recuperation in context of current pressures and recovery imperatives</li> <li>• Cost sustainability and implications for long term HWB support and providing staff with the services they need</li> </ul>



## Ambition 4: Your Inclusion

WE DO THIS WELL...	WE NEED TO ADDRESS...
<ul style="list-style-type: none"> <li>Established platforms for staff voices such as BAME/LGBT/Carers and Neurodiversity forums</li> <li>Improving (albeit slowly) representative leadership structures</li> <li>Positive benchmarked performance in key National Equality indicators such as Gender Pay Gap Position, WRES, WDES</li> <li>Positive action interventions such as our recruitment into flagship leadership development programmes and our Aspiring Ethnic Minority Senior Leader Programme.</li> </ul>	<ul style="list-style-type: none"> <li>Overhaul our Recruitment process to drive inclusion</li> <li>Proportionally low BAME representation in senior roles, particularly in nursing, relative to overall workforce composition</li> <li>Poorer (in line with NHS position) reported experience at work for staff with disabilities</li> <li>Drive to ensure EDI is fully integrated into our business operations</li> <li>Perceptions of equity of career development opportunities across protected characteristics and manifest through elevated race disparity ratios in progression between some A4C bands.</li> </ul>
WE HAVE OPPORTUNITIES...	WE ARE CONCERNED ABOUT...
<ul style="list-style-type: none"> <li>Improve our links and partnerships within communities and local organisations to enhance our sense of community and pathways into employment.</li> <li>System wide focus and integration across the EDI agenda, particularly through EDS 2022 implementation</li> <li>Strengthen the governance and enhanced voices for our equality staff forums</li> <li>Ensuring our emerging RISE Talent Management process drives inclusion</li> </ul>	<ul style="list-style-type: none"> <li>Internal capacity to deliver and expand the inclusion agenda</li> <li>The pace of which improvements are being delivered</li> <li>Elevated rates of violence and aggression that some staff groups experience at the hands of patients</li> <li>Our structural workforce composition and its role impact in seeking to further effect improvements in our gender pay gap position.</li> </ul>

# Ambition 5: Your Future

We do this well...	We need to address...
<ul style="list-style-type: none"> <li>• Our rapid response to service, workforce and estate reconfiguration evident in our response to the Covid pandemic</li> <li>• Expansion of Medical student placements through Southampton, Oxford and Brunel</li> <li>• Developing digital enablement – enabling expansion and transformation of new models of care e.g virtual clinics etc</li> <li>• Innovative and deepening partnerships with University of Reading</li> <li>• Staff Engagement and overall staff experience measures benchmark very strongly as a staff attraction selling point</li> <li>• Development of new roles such as Assistant Practitioners, Physician Associates (Regional Hub), Nursing Associates, etc.</li> <li>• Systems and structures for International Recruitment</li> </ul>	<ul style="list-style-type: none"> <li>• Direct apprenticeship recruitment - increase both entry level roles and pathways into professional roles</li> <li>• Enhanced portfolio of pathways into employment in pursuit of our Anchor Institution ambitions</li> <li>• Ongoing need to develop a 'digitally skilled' workforce</li> <li>• Ensure out scarce and high value resources are enabled and freed to deliver the greatest value.</li> <li>• Wider and sustainable model of deep dive workforce planning</li> <li>• Breadth and pace of roll out of flexible, remote and smart working provisions</li> <li>• Invest in developing new roles and skills that support our shift towards prevention and management of chronic conditions.</li> </ul>

We have opportunities	We are concerned about
<ul style="list-style-type: none"> <li>• Clinical School development and collaboration with UoR to expand and develop placement opportunities.</li> <li>• Lock in' key areas of the cultural shift evidenced during the pandemic – virtual medicine; discharge processes; remote and smart working</li> <li>• System collaboration to workforce supply challenges including integration opportunities in primary/secondary care workforce and reach into community services</li> <li>• CQI roll out and focus on improvement and transformation.</li> <li>• Digitisation and automation to release staffing capacity</li> <li>• Full scale Adoption of multidisciplinary models of work</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity and capability to develop workforce-related technological solutions</li> <li>• Capacity challenges to eliminate backlogs in elective care and other excessive waits</li> <li>• Declining student application numbers in key areas and delivery of the increased student placement numbers forecasted</li> <li>• Staff retention, particularly High turnover of staff in their first year of employment in a range of roles</li> <li>• Workforce productivity in the context of increasing service demands</li> <li>• The need to drive regional and system collaboration rather than competition.</li> <li>• The cost of living increases in what is already an expensive region.</li> </ul>

## Audit & Risk Committee

### Audit & Risk Committee

Wednesday 11 January 2023

09.30 – 11.45

Boardroom, Level 4, Royal Berkshire Hospital/Video Conference Call

#### 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. James Shortall	(LCFS, BDO)
Mr. Neil Thomas	(Partner, KPMG)

##### Trust Staff

Mrs. Angela Gardiner	(Group Financial Controller) (from minute 07/23 to 12/23)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Tracey Middleton	(Director of Estates & Facilities) (for minute 16/23)
Mr. Andrew Statham	(Director of Strategy) (for minute 04/23)
Mr. Graham Sims	(Chair of the Trust)

#### Apologies

##### **01/23 Declarations of Interests**

There were no declarations of interests.

##### **02/23 Minutes: 9 November and 12 December 2022 and Matters Arising Schedule**

The minutes of the meetings held on 9 November and 12 December 2022 were agreed as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

[Section exempt under s.31 FOI Act]

Minute 143/22: Health & Safety Update: The Chief Finance Officer advised that the fire on Dorrell Ward had been caused by a wall mounted boiler that had overheated. The Health & Safety Committee had recommended review of all of these to ensure they had breaker switches and timers installed.

The Chair requested that the timing of the meeting scheduled for March was reviewed to ensure members were available to attend.

**Action: C Lynch**

##### **03/23 Local Counter Fraud Update**

[Section exempt under s.31 FOI Act]

**04/23 KPMG Internal Audit Progress Report**

The Partner, KPMG, introduced the report. The Committee noted that interviews had been carried out in relation to the e-Fin post implementation review and an update would be provided to the next meeting.

The Chair requested that the executive summary in future reports should highlight areas of focus for the Committee. In addition, in the event of delays in relation to audit reviews clarification as to the reason and any significant concern. **Action: N Thomas**

The Committee noted that a detailed review had been carried out in relation to improving NHS financial sustainability. The Partner, KPMG, highlighted that the review had been quantitative and did not require interviews with Non-Executive Directors. A rating of significant assurance with minor improvement opportunities had been issued. The Partner, KPMG, provided an overview of the KPMG ratings.

The Committee received the final report in relation to risk management. A rating of significant assurance with minor improvement opportunities had been issued. The Committee recommended that the target date for completion of audit actions in the report should be reduced. **Action: N Thomas**

The Chair recommended that the Corporate Risk Register should clarify how mitigating actions addressed the current risk until improvement would reduce the risk score. **Action: D Estabrook**

The Committee received the final report in relation to travel and transport. The Partner, KPMG, advised that a rating of partial assurance with improvements required had been issued and there were four high priority recommendations. The Director of Strategy advised that the lessons learned included the need to identify a Senior Responsible Officer (SRO) that had time to carry out this role as well as their other duties. In addition, travel and transport was a major change programme and there was a need to ensure that the Executive Management Committee had appropriate oversight. The Chief Finance Officer advised that, as part of the Continuous Quality Improvement (CQI) programme, oversight of timelines of other on-going projects as well as peak times of work would need to be considered.

The Committee noted that the draft internal audit plan for 2023/24 would be submitted to the March meeting and the Partner, KPMG, would meet with Chair to discuss the plan. **Action: N Thomas**

**05/23 PwC Estates Assurance Internal Audit Report**

The Chief Finance Officer introduced the report and highlighted that the Committee had seen a draft report previously. The Committee noted that the advisory action in the report would be monitored as part of the routine internal audit actions process. The Partner, KPMG, agreed to review the PwC ratings and assign a rating in line with KPMG ratings. **Action: N Thomas**

The Committee noted that internal audit would also review the change in Hard FM services as part of the internal audit plan for 2023/24. **Action: N Thomas**

**06/23 External Audit Progress Report**

The Committee received the report and queried the approach to controls testing. The Senior Manager, Deloitte, provided an overview of the approach and advised that it would be a substantive audit. The Committee noted that both internal and external auditors had reviewed the e-Fin system implementation to ensure to ensure there would be no duplication of works. Feedback would be provided to the Chief Finance Officer and an update would be provided to the Committee in March.

The Committee requested early sight of the calculation of IFRS 16 for the year end audit.

**Action: C Randall**

It was agreed that the Chief Finance Officer would submit the action plan and lessons learned from the 2022/23 audit process to the March meeting as well as the timeline for the current year's audit.

**Action: N Lloyd**

The Trust Secretary would also provide the timeline for the production of the Annual Report to the March meeting.

**Action: C Lynch**

The Committee discussed the approach to IFRS16. The Senior Manager, Deloitte, advised that there were no concerns in relation to this as the work was being carried out already.

The Committee discussed the sustainability element in the Trust's Green Plan. It was agreed that the Chief Finance Officer would brief the Chair in relation to reporting of progress on the Green Plan.

**Action: N Lloyd**

The Committee noted the increase in external auditors' fees. [Section exempt under s.43(2) FOI Act] The Chief Finance Officer confirmed that the fees were in line with the tender awards to Deloitte.

### **07/23 Internal Audit Recommendations Update**

The Group Financial Controller advised that all open audit actions had now been transferred to KPMG's JIRA platform. The Committee noted that 170 actions had been completed and were awaiting review by internal audit as at 31 December 2022. The Partner, KPMG, confirmed that if sufficient evidence had not been provided actions would be changed to open.

The Committee noted that there were 19 overdue actions. The Group Financial Controller highlighted that 11 of these actions related to patient experience and had now been completed. The Chair recommended that future reports should clarify the reason for delays in relation to all medium and high actions.

**Action: N Lloyd**

### **08/23 Bank Account Authorisations**

The Committee noted that there had been no amendments to the Trust's signatory panel for the Trust or the Royal Berks Charity since the last meeting. [Section exempt under s.43 FOI Act]

### **09/23 Non-NHS Debt Report**

The Committee noted that non-NHS debt was £7.966m as at 31 December 2022. [Section exempt under s.43 FOI Act]

### **10/23 Losses and Special Payments**

The Committee noted that, since the last meeting, there had been two payments made for loss of property that totalled £568. There had been no special payments. The Chief Finance Officer confirmed that the damaged bollard in the car park had now been fixed.

### **11/23 Use of Single Tenders**

The Committee noted there had been ten single tenders awarded since the last meeting, the majority of which related to specialist suppliers or specialist works. The Chief Finance Officer highlighted that the percentage of spend on single tenders was not unusual. In addition, a number of specialist suppliers were not on the framework meaning a single tender would be required in these cases.

The Chair recommended that future reports should provide further detail including the timeline undertaken as well as identify the reason for the use of single tenders and generic statements should not be used. In addition, further detail would include the number of single tenders that had been declined. **Action: N Lloyd**

### **12/23 Schedule of Significant Contracts**

The Committee noted that no significant contracts had been awarded since the last meeting.

### **13/23 Health & Safety Annual Report**

The Chief Finance Officer introduced the report that provided a summary of all Health & Safety activity over the year as well as what actions were taken. A summary version of the report would be submitted to the public Board. **Action: N Lloyd**

The Committee noted that the Executive Management Committee monitored Mandatory & Statutory Training (MAST) compliance. Following the amnesty managers would be issued with letters of expectation in relation to action required for those staff not compliant.

The Committee noted that a meeting with the Acting Chief Medical Officer and Chief People Officer was being scheduled in relation to manual handling training to ascertain whether this could be provided as an online option once staff had completed their initial face to face session. **Action: N Lloyd**

The Committee recommended that the Workforce Committee would need to understand the action being taken in relation to MAST compliance.

The Chief Finance Officer provided an overview of the work in relation to the Intensive Care Unit (ICU) and advised that this work had been delayed due to the department being busy.

### **14/23 Health & Safety Update**

The Committee received the update and noted the Health & Safety dashboard. The Chair requested that further clarity was provided in relation to the current rating on the dashboard. The Chair highlighted that there were a significant number of key messages in the report and requested that these should be reduced and only key points summarised. **Action: N Lloyd**

### **15/23 Board Assurance Framework**

The Trust Secretary introduced the BAF and highlighted the changes made to Strategic Objective 4 in relation to the Digital and the Continuous Quality Improvement programme. It was agreed that the Trust Secretary would meet with the Chair of the Committee and the Chair of Finance & Investment Committee to clarify the reporting committee for the risks in Strategic Objectives 4 and 5. **Action: C Lynch**

### **16/23 Corporate Risk Register: Management of Estates Infrastructure/Backlog Maintenance**

The Committee discussed the Health & Safety resource in the Trust. The Chief Finance Officer advised that, whilst the Trust employed a one WTE Health & Safety Advisor and one WTE Head of Risk Management, Health & Safety responsibilities were included in a number of job roles including occupational health, estates, safeguarding and security amongst others.

The Committee noted that the Director of Estates & Facilities had provided a detailed update at the last Integrated Risk Management Committee on this risk. A briefing note would be circulated to the Committee and further discussion would be scheduled for the March meeting. **Action: C Lynch**

The Director of Estates & Facilities provided a brief overview of the work on-going to stabilise North Block East Wing. The Committee noted cameras had been mounted on all angles of the building in order to detect any movement whilst works were carried out. The Committee noted that a sinkhole had also been identified during works carried out on West Drive and there were known sinkholes in the North Block area. Some geotechnical surveys had been carried out for parts of the Reading site as part of capital projects and the Trust had included, as part of its bid for Building Berkshire Together, enabling work funding to complete geotechnical surveys and modelling for the whole site. The Committee considered that a briefing note on the potential geotechnical risks across the site should be provided to the January Board. **Action: T Middleton**

### **17/23 Cyber Security Update**

[Section exempt under s.31 FOI Act]

### **18/23 Audit & Risk Committee Work Plan**

The work plan was noted.

### **19/23 Key Messages for the Board**

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

- The risk of phishing attempts was high and all staff would need to be vigilant
- Learning from the Travel & Transport audit review had highlighted broader learning for all Trust projects going forward
- Internal audit action monitoring was in place by KPMG and would be a key focus for the next meeting
- Approval of the Health & Safety Annual Report
- All Board members to have input into the Internal Audit plan for 2023/24
- Geotechnical risk briefing to be submitted to the Board

### **20/23 Date of Next Meeting**

It was agreed that the next meeting would be held on Wednesday 15 March 2023 at 9.30am.

**21/23 Private Meeting with Internal Audit**

A private meeting with KPMG was not held.

**22/23 Private Meeting with External Audit**

A private meeting with Deloitte was not held.

**23/23 Private Meeting of the Committee**

A private meeting of the Committee was not held.

**Chair:**

**Date:**



## Audit & Risk Committee

### Audit & Risk Committee

Wednesday 8 March 2023

09.00 – 11.10

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) (from minute 28/23)

#### In attendance

##### Advisors

Mr. Ben Sherriff	(Director, Deloitte)
Mr. James Shortall	(LCFS, BDO)
Mr. Neil Thomas	(Partner, KPMG)

##### Trust Staff

Ms. Dawn Estabrook	(Head of Risk) (for minutes 33/23 and 34/23)
Dr. Bannin De Witt Jansen	(Interim Corporate Governance Officer)
Dr. Janet Lippett	(Acting Chief Executive)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Tracey Middleton	(Director of Estates & Facilities) (for minutes 33/23 ad 34/23)
Mr. Graham Sims	(Chair of the Trust)

#### Apologies

#### 24/23 Declarations of Interests

[Peter Milhofer declared an interest in relation to his role as Chair of Reading Buses]

#### 25/23 Minutes: 9 November and 12 December 2022 and Matters Arising Schedule

The minutes of the meeting held on 11 January 2023 were agreed as a correct record and signed by the Chair subject to some minor typographical errors being corrected.

The Committee received the matters arising schedule.

Minute 06/23: External Audit Progress Report: The Committee requested early site of the calculation of IFRS16 for the year end audit. **Action: N Lloyd**

Minute 07/23: Internal Audit Recommendations Update: All future reports should clarify the reason for delays in relation to all medium and high Audit actions. **Action: N Lloyd**

#### 26/23 Counter Fraud Progress Report

The LCFS introduced the report and highlighted that the Trust was engaging in the National Fraud Initiative (NFI) data matching exercise that due for completion in September 2023. The LCFS had undertaken an initial review of payroll matches and four Companies House

matches had been identified in the NFI data sets. The LCFS would follow up these conflicts of interest with the Trust Secretary. **Action: J Shortall**

The Committee noted the priority areas set out in the report. The Committee queried whether there was a need for contractors to declare conflicts of interest. The LCFS advised that any contractors in a decision making position would be required to declare any conflicts of interest. The Trust Secretary advised that currently this was a gap in Trust's processes and work was on-going with the Chief People Officer in order to address this gap. The Trust Secretary would liaise with the LCFS in relation to this requirement. **Action: C Lynch**

### **27/23 Draft Counter Fraud Annual Work Plan 2023/24**

The Committee noted the draft work plan for 2023/24. The LCFS highlighted the plan to provide the Board with Bribery Act awareness training and would liaise with the Trust Secretary to schedule this. **Action: J Shortall**

The Committee approved the plan for 2023/24.

### **28/23 Internal Audit Progress Report**

The Partner, KPMG, introduced the report and highlighted the draft internal audit plan for 2023/24 for input by the Committee.

The Partner, KPMG, highlighted the E-Fin critical incident investigation. Some areas of good practice were noted. However, there were a number of lessons learned. This included the need to consider the resource required for a major change programme as well as senior management team involvement. There was a lack of understanding in relation to how the previous finance system, Oracle, was used across the organisation where staff had identified workarounds. Therefore, with the change to the new system, EFin, this caused disruption as workarounds were no longer possible. Other key points included the need to review the go-live criteria and the depth of training required for key personnel/super users. The Chair queried whether a third party undertook user acceptance training. The Chief Finance Officer advised that this was done internally, rather than by using a third party. The Committee discussed the need to invest resource ahead of a major change programme to ensure change training was provided ahead of the implementation. The Chair queried whether the finance team were resourced appropriately to provide further repeat training and support to budget holders across the organisation. The Chief Finance Officer confirmed that the Director of Finance was reviewing the capacity required and a draft implementation plan for further training of budget holders had been developed. The E-Fin system enabled reporting of reasons why supplier invoices could not be matched to orders, functionality that was not available in the Oracle system. The Chief Finance Officer noted that the level of monthly payments, using BACS payments, to suppliers was now exceeding pre E-Fin levels. **Action: N Lloyd**

The Chief Executive highlighted the concern in relation to cost as a result of the E-Fin incident including the delay to the capital programme as well as the reputation risk to the Trust as a result of the impact on suppliers due to lack of payments received.

The Partner KPMG, highlighted the Safeguarding review. Overall, a rating of significant assurance with minor improvement opportunities had been issued with three medium and two low recommendations. The Committee discussed the key finding in relation to training. The Partner, KPMG, advised that this related to interaction between the safeguarding and the learning and development team.

The Committee discussed the draft Internal Audit plan for 2023/24. The Partner, KPMG, highlighted that the Chief Executive's team had reviewed the plan and provided input. The final plan would be submitted to the next meeting with further detail of each planned review.

**Action: N Thomas**

The Committee queried whether a review of the Hard FM change programme should be included in the plan. The Trust Secretary advised that a 6 month post implementation review would be undertaken as part of the usual business case process. It was agreed that, due to this being a major change programme, regular updates would be provided to the Finance & Investment Committee.

**Action: N Lloyd**

[Section exempt under s.40 FOI Act]

### **29/23 External Audit Progress Report**

The Director, Deloitte, advised that the interim audit work was on-going. The Chief Finance Officer confirmed that teams were aware of the information that would need to be provided as well as the escalation process in the event that information requests were outstanding.

The Committee noted the risk assessment findings and queried the increase of £30.9m right of use assets in relation to leases in respect of decontamination unit. The Chief Finance Officer advised that the business case had been approved by the Finance & Investment Committee. It was agreed that a progress report would be submitted to the Finance & Investment Committee.

**Action: N Lloyd**

The Director, Deloitte highlighted a challenge in relation to the completion of the audit by 31 May 2023 as set out in the current timetable. The Committee noted that the external audit team would be on site during the audit process.

### **30/23 Internal Audit Recommendations Update**

The Committee noted that there were currently 15 open actions with 10 overdue actions. The Committee noted that the longest outstanding actions related to IM&T.

### **31/23 Health & Safety Update**

The Committee received the draft minutes of the Health & Safety Committee held on 15 February 2023. The Chief Finance Officer advised that key points from the meeting included the concerns in relation to the CBRE contract end as well as staff bypassing Clinical Engineering and Procurement teams. The issue of staff bypassing these teams had also been raised at the Medical Equipment Management Committee and related to suppliers approaching medical staff directly with an opportunity to use demonstration equipment. The Chief Executive advised that this related to an established culture. However, the Trust had implemented an Innovations Committee that enabled staff to raise new ideas.

The Chair requested that future updates should also include the Health & Safety metrics from the Integrated Performance Report (IPR).

**Action: N Lloyd**

### **32/23 Board Assurance Framework (BAF)**

The Trust Secretary introduced the BAF and highlighted the changes made to Strategic Objective 4.

### **33/23 Corporate Risk Register/Management of Estates Infrastructure/Backlogged Maintenance**

The Director of Estates & Facilities advised that a six facet survey was carried out by the Trust on a circa 3 yearly basis and the process took six months to complete. The results of this six facet survey as well as knowledge of the issues around the site informed the rating of each of the assets on the backlogged maintenance. The Committee queried whether the mitigations were sufficient in relation to backlogged maintenance. The Director of Estates & Facilities advised that the asset register was continually updated in line with risk processes as well as expertise of the team. It was agreed that the Chief Finance Officer would circulate the most up to date map of the site. **Action: N Lloyd**

The Committee received the Corporate Risk Register. The Head of Risk advised that, following the KPMG audit, the recommendations would be reviewed with the relevant Executive leads. The Director of Estates & Facilities advised that an estates governance group would be established and the estates risk register would be reviewed at this meeting on a monthly basis and reported to the Integrated Risk Management Committee on a quarterly basis.

The Chair recommended that all controls and mitigating actions on the Corporate Risk Register needed further detail. The Head of Risk confirmed that this was one of the KPMG recommendations and would be included in the next update. **Action: D Estabrook**

### **34/23 Bank Account Authorisations**

The Committee noted that there had been no amendments to the Trust's signatory panel for the Trust or the Royal Berks Charity since the last meeting.

### **35/23 Non-NHS Debt Report**

The Committee noted that non-NHS debt was £7.926m as at 28 February 2023. The Chief Finance Officer advised that £2.9m had recently been received from Frimley Health and £0.8m from Oxford University Hospitals. The Chief Finance Officer confirmed that debt write off in the most recent period was zero as this updated review had not yet been completed.

### **36/23 Losses and Special Payments**

The Committee noted that, since the last meeting, there had been three payments made for loss of property that totalled £342.99. There had been two special payments made in relation to legal services totalling £60k. [Section exempt under s.40(2) FOI Act] The Chief Finance Officer confirmed that the Trust was covered by NHS Resolution for such payments and these payments were approved in line with the Trust's Standing Financial Instructions (SFIs).

### **37/23 Use of Single Tenders**

The Committee noted there had been nine single tenders awarded since the last meeting. The Chief Finance Officer confirmed that a single tender had been used for Reading Buses as they were the only commercial bus provider that could be used due to restrictions imposed by the councils concerned. The Committee queried the single tender in relation to

nurse call systems. The Chief Finance Officer confirmed that staff had tested a number of systems and Wandsworth was the most reliable and easy to use and provided the best value for money.

### **38/23 Schedule of Significant Contracts**

The Committee noted that no significant contracts had been awarded since the last meeting.

### **39/23 Cyber Security Update**

The Committee received the update and noted the progress on patching and legacy servers.

### **40/23 Annual Report Timetable**

The Committee received the table. The Trust Secretary highlighted that national guidance had not yet been issued. However, correspondence had been received to state that only two areas had changed from the previous year.

### **41/23 Trust Seal Update**

The Committee noted that in accordance with section 9 and 10 of the Trust's Standing Orders, the Trust's official seal had been affixed to 32 documents and signed by combinations of two signatories from among the Chief Finance Officer, the Acting Chief Executive, the Chief Nursing Officer and the Trust Secretary since September 2021. The Chief Finance Officer advised the majority of these related to Joint Contracts Tribunal (JCT) contracts used for capital building projects, which had become a necessary commercial route due to the lack of bids received for tenders.

The Trust Secretary highlighted that the work plan previously stated updates would be provided by exception only. This would be updated to ensure annual updates were submitted to the Committee. **Action: C Lynch**

### **42/23 Committee Terms of Reference**

The Trust Secretary introduced the terms of reference that were due for review as part of the annual cycle. No changes were proposed. The Committee agreed that a recommendation should be submitted to the Board to approve the terms of reference. **Action: P Milhofer**

### **43/23 Audit & Risk Committee Work Plan**

The work plan was noted.

### **44/23 Key Messages for the Board**

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

- E-Fin incident findings received and lessons learned noted
- Draft internal audit plan for 2023/24 reviewed
- Good assurance received from the Safeguarding internal audit
- Terms of reference recommended for approval
- Backlogged maintenance risk reviewed and concern with the level of risk managed on an on-going basis

### **45/23 Date of Next Meeting**

It was agreed that the next meeting would be held on Wednesday 15 March 2023 at 9.30am.

**46/23 Private Meeting with Internal Audit**

A private meeting with KPMG was not held.

**47/23 Private Meeting with External Audit**

A private meeting with Deloitte was not held.

**48/23 Private Meeting of the Committee**

A private meeting of the Committee was not held.

**Chair:**

**Date:**

## **Audit and Risk Committee**

### **Terms of Reference**

#### **Constitution and Membership**

The Committee will be appointed by the Board to oversee risk and audit issues within the Trust.

The Committee is authorised by the Board of Directors to investigate any activity necessary to gain assurance. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board of Directors to obtain outside independent professional advice and to secure the attendance of individuals with relevant experience and expertise if it considers this necessary whilst still complying with the Trust budget management process.

The Committee is non-executive in nature and will review and scrutinise papers and recommend to the Board and advise as necessary.

The Committee shall be appointed by the Board from amongst the Non-Executive directors of the Trust and shall consist of not less than three members. A quorum shall be two members. One of the members will be appointed Chair of the Committee by the Board of Directors. The Chair of the Trust shall not be a member of the Committee. Substitutes are not permitted.

Members are expected to attend three quarters of meetings in any one financial year.

#### **Attendance**

The Chief Finance Officer and representatives from Internal and External Audit shall normally attend meetings. At least once a year the Committee should meet privately with the External Auditors and the Internal Auditors.

Other directors and staff will be invited to attend as appropriate depending on the topics being discussed.

The Chair and the Chief Executive would attend three meetings annually. The Chief Executive should be invited to attend to discuss with the Committee the process for assurance that supports the Annual Governance Statement. Executive leads will be invited to attend the meeting when a high risk rated report has been submitted to the Committee

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

#### **Frequency of meetings**

The Committee will meet at least six times a year and one meeting must coincide with the financial year end timetable. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

#### **Monitoring**

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 Board of Directors for

consideration. The Committee shall also once a year prepare an annual report. Both reports shall be presented to the Board.

The Committee will review its terms of reference annually and submit them for approval to the Board together with any recommendations for change.

### **Risk Management Duties**

The Committee will co-ordinate and prioritise non-clinical governance and non clinical risk issues. The Committee will ensure development and implementation of the Risk Management Strategy and Policy and risk management systems to:

- Ensure that the risk management system meets the Trust's statutory obligations and other relevant standards
- Ensure risk management systems and policies are effective and are appropriately implemented
- Ensure the Trust Board, staff and other appropriate stakeholders are advised of significant risks.

In fulfilling these functions the Committee will:

1. Provide assurance to the Board in respect of arrangements to ensure data quality in the Trust, including oversight of the data quality policy. To approve, monitor progress and review projects to develop data quality within the Trust.
2. Review the Corporate Risk Register and Board Assurance Framework at every meeting. Thereby reviewing the risk analysis of the Annual Plan through the corporate risk register. Advise on proposed treatment and prioritising, for review and agreement by the Board.
3. Review and respond to information from the Executive Integrated Risk Management Committee on risk concerns and issues escalated from its work, including regular reviews of departmental risk registers. The Risk Manager will provide a report on the work of the Integrated Risk Management Committee to every meeting of the Committee.
4. Recommend the approval of Trust Health and Safety and Risk Management policies to the Board and receive updates at each meeting on the work of the Health & Safety Committee.

### **Audit Duties**

The Committee shall review the effectiveness of financial systems for internal control and reporting and report to the Board of Directors on the levels of assurance.

The Committee will satisfy itself that reporting to the Board of Directors is consistent and subject to audit review, especially as to completeness and accuracy which may include reviewing the performance of the other Board Committees and satisfying itself that the outcomes are adequate.

The Committee will review for the Trust and its subsidiaries:

- The Annual Report and Financial Statements of the Trust
- Associated audit reports to the Annual Financial Statements
- The Annual Financial Statements of the Trust Charitable Funds
- All associated audit reports to the Trust Charitable Funds Annual Financial Statements



- The annual statement of internal control
- External Audit Plan
- Internal Audit Plan
- Corporate Risk Register and Board Assurance Framework (at every meeting)
- Receive updates from the Quality Committee on their review of the clinical risks in the Corporate Risk Register
- Risk and control related disclosure statements (in particular the Statement on Internal Control and declarations of compliance with the CQC Standards), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board of Directors
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements
- the work of local Counter Fraud
- all work related to fraud and corruption
- Freedom to Speak Up reports

### **Additional Issues**

In carrying out its work the Committee will consider the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

### **Relationship with Internal Audit**

The Committee shall ensure that management establishes an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Board of Directors. This will be achieved by:

- an annual review of the effectiveness of internal audit
- review of any resignation and dismissal of internal audit
- approval of the appointment of the Internal Auditor and if internal audit is outsourced to participate in the process for and approval of the selection of internal auditors
- review of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organization
- consideration of the reports of internal audit work (including management's responses), and promoting co-ordination between the Internal and External Auditors.
- satisfying itself that the Internal Audit function has appropriate standing within the organisation.
- reporting to the Board of Directors any issues on the adequacy of Internal Audit resources

The Internal Auditor shall have direct access to the Chairman of the Committee and of the Board.

Management of Internal Audit is the responsibility of the Chief Finance Officer.

### **Relationship with External Audit**

The Committee shall review the work and findings of the External Auditor.

This will include:

- Participating in the process for and the approval of the selection of the External Auditor.
- Submitting the recommendation to the Council of Governors for the appointment of the External Auditors.
- Consideration of the skills, experience and independence of the External Auditor
- Consideration of the performance of the External Auditor,
- Satisfying itself that management has discussed and agreed with the External Auditor, before the audit commences, the nature and scope of the audit as set out in the Annual Plan,
- Discussion with the External Auditors of their evaluation of audit risks and assessment of the Trust
- The review of all External Audit reports, including the annual audit letter before submission to the Board of Directors and any audit work carried outside the annual audit plan.
- The Committee shall review and approve the scope of non-audit services provided by external auditors to ensure there is no impairment of independence

Non audit services will not exceed 40% of the Audit Fee unless specifically authorised by the Committee

Management of External Audit is the responsibility of the Chief Finance Officer.

The Committee will recommend the audit fee to the Board of Directors.

### **Relationship with Counter Fraud Service**

The Committee shall satisfy itself that management establishes an effective counter fraud function that provides appropriate independent assurance to the Board of Directors.

This will be achieved by:

- Reviewing the systems, plans and actions taken to develop an anti-fraud culture
- Reviewing the detailed operational plan
- Consideration of reports produced by the counter fraud service
- Ensuring that the counter fraud function has appropriate standing within the organisation.
- Conducting the annual review of the effectiveness of the counter fraud function.

Management of the Counter Fraud Service is the responsibility of the Chief Finance Officer.

### **Other Sources of Assurance**

The Audit Committee shall satisfy itself that the findings of other assurance reports and studies relating to the Trust, is drawn to its attention by the Board or management, are reviewed and the implications to the governance of the organisation considered. These reports may be instigated by, for example Department of Health bodies, Regulators/Inspectors (e.g. NHS Improvement/ NHS England, Care Quality Commission, NHS Litigation Authority, etc.), and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).

The Committee may request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

## **Annual Financial Reporting**

The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board of Directors focusing particularly on:

- The wording in the Statement on Internal Control and other disclosures
- Any changes in, and compliance with, accounting policies and practices
- Any unadjusted mis-statements in the financial statements
- Major judgemental areas
- Any significant adjustments resulting from the audit.

## **Reporting**

The minutes of meetings will be formally recorded and submitted to the Board after each meeting.

The Committee will review these terms of reference on an annual basis and report to the Board accordingly.

Reviewed by the Committee:

Approved by the Board:

## Charity Committee

Wednesday 18 January 2023

10.00 – 10.30

Boardroom, Level 4/Video Conference Call

### Present

Dr Bal Bahia	(Non-Executive Director) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Michael Clements	(Director of Finance)
Mr. Don Fairley	(Chief People Officer)
Mrs. Sunila Lobo	(Public Governor, Reading)
Mrs. Caroline Lynch	(Trust Secretary)
Ms. Adenike Omogbehin	(Staff Representative)
Ms. Jo Warrior	(Charity Director)

### In attendance

Dr. Janet Lippett	(Acting Chief Executive)
Ms. Hannah Hammer	(Acting Directorate Manager for Cardiology and Sidmouth)
Ms. Paula Horne	(Radiotherapy Services Manager)
Mrs. Chris Lowrie	(Directorate Manager – Berkshire Cancer Centre)
Mr. Tapiwa Songore	(Interim Deputy Trust Secretary)
Ms. Monica Stivastaba	(Charity Fund Manager)

### Apologies

Mr. John Stannard	(Patient Representative)
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### 01/23 Spending Plans for Cardiology

The Acting Directorate Manager for Cardiology and Sidmouth gave a presentation outlining the spending plans for Cardiology. The plans covered planned expenditure on the Cardiac Fund, Jim Shahi Unit (JSU) and Cardiac Care Unit (CCU) funds.

The Committee noted that expenditure in the staff area was to improve the facilities in cardiology and provide an expanded area for staff to meet, rest and decompress. The Committee queried how the plans aligned with the New Hospital Programme. It was noted that the Building Berkshire Together (BBT) team had been consulted before the work commenced and the response had been positive. The Committee sought assurance that the funds would be spent in the timescales indicated given the potential disruption to the department. It was noted that there was reasonable confidence that the projects would be taken forward within the timescales, with the only concern being the need to understand spending the JSU fund.

The Charity Director advised that Cardiology attracted many donations, and developing their department could work as an incentive to other departments to start their own fundraising.

The Chair queried how progress with the cardiology projects would be reported to the Committee. The Charity Director confirmed that progress would be reported through the quarterly report.

### 02/23 Berkshire Cancer Centre (BCC)

The Directorate Manager, Berkshire Cancer Centre gave a presentation on the BCC spending plans. This included an overview of the fund, spending plans and the obstacles in spending funds. The main issues highlighted were resourcing in Estates and IT and procurement procedures.

The Committee noted the plans and discussed how to accelerate processes and utilise funds. The Acting Chief Executive acknowledged that resourcing had been a challenge in estates. However, posts had now been recruited into.

#### Surface Guided radiotherapy system

The Committee noted that a funding request for an additional Surface Guided radiotherapy system had been submitted to the Capital Investment Group (CIG) and approval was sought from the Committee. The request was £288k plus VAT. The Trust Secretary agreed to circulate the report to the Committee in addition to the decision from CIG to the Committee.

**Action: Tapiwa Songore**

The Committee approved the request, subject to approval by the Capital Investment Group.

### 03/23 Declaration of Interests

There were no declarations of interest.

### 04/23 Minutes for Approval: 19 October 2022 / November 2022 and Matters Arising Schedule

The minutes of the meetings held on the 19 October and November 2022 were approved as an accurate record and signed by the Chair.

The Committee received the matters arising schedule. All actions had been completed or scheduled on the work plan.

### 05/23 Charity Director's Report

The Charity Director reported that the charity had exceeded its financial plan for four of its ten income streams. There had been significant support from the community especially when fundraising for particular projects. The Charity had also been chosen as Reading Buses charity of the year 2023. The partnership was worth over £100,000 in advertising, circa £10,000 in fundraising and would provide additional support through volunteering opportunities. The Charity Director advised that this information was currently embargoed as Reading Buses had not yet made a public announcement.

Expenditure had also increased in the quarter and work was underway to follow up on spending plans to boost expenditure and ensure that committed spend took place in the final Quarter. The Committee discussed increasing Charity income, benchmarking expected income and resources required. It was noted that the Finance team would produce metrics for the Charity going forward. The Trust's Commercial Strategy was also being developed.

The Committee discussed reaching out to retail organisations operating within the Trust. It was noted that the Trust's Retail Strategy was being developed and an update would be discussed by the Finance and Investment Committee. It was also noted that the Stewardship

Strategy on managing major donors would be submitted to the next meeting.

**Action: J Warrior**

### Knowledge & Development Fund Summary Report 2022-23

The Committee received the Knowledge & Development Fund Summary Report 2022-23 and noted the comments from some of the beneficiaries. Clarity was sought regarding the administration costs of individual funds. The Director of Finance advised that this was proportionate to the amount of money held in the fund.

The Committee received a recommendation to top-up the Knowledge & Development Fund during the financial year with 25% of future unrestricted legacies received, due to the current unavailability of funds within the General Fund. It was agreed a full proposal with proposed figures would be submitted to the next meeting.

**Action: Jo Warrior**

### **06/23 Finance Update**

The Director of Finance presented the update. The Committee noted that unrestricted income was £808k and expenditure was £1442k. The Committee also noted that the Investment Strategy was being developed and would be submitted to the next meeting. The Strategy would outline how the funds would be invested to earn a return for the Charity.

**Action: M Clements**

### **07/23 Work Plan**

The Committee noted the workplan.

### **08/23 Key Messages**

The Committee agreed the following key messages:

- The Charity's Partnership with Reading Buses
- The Charity had met its fundraising targets
- Spending plans for BCC and Cardiology had been reviewed
- Expenditure was higher than income for the second year in a row.

### **09/23 Reflections of the Meeting**

The Charity Director led the discussion.

### **10/23 Date of Next Meeting**

It was agreed that the next meeting would be held on Thursday 16 March 2023 at 10.00am.

**SIGNED:**

**DATE:**

Minutes

**Finance & Investment Committee Part I**

Thursday 19 January 2023

09.30 – 10.45

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)
Mr. Eamonn Sullivan	(Chief Nursing Officer)

**In Attendance**

Dr. Janet Lippett	(Acting Chief Executive Officer)
Mrs. Caroline Lynch	(Trust Secretary)

**Apologies**

**01/23 Declarations of Interest**

There were no declarations of interest.

**02/23 Minutes for Approval: 12 December 2022 & Matters Arising Schedule**

The minutes of meeting held on 12 December 2022 were approved as a correct record and signed by the Chair subject to the last line of paragraph six of minute 139/22 being amended to read:

[Section exempt under s.43 FOI Act]

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

Minute 139/22: November 2022 Financial Update and Forecast Outturn 2022/23: The Chief Finance Officer provided an overview of discussions with colleagues from the Integrated Care Board (ICB). The Committee noted that the Trust had been asked to reforecast at Month 10. Therefore, an additional Committee and Board would need to be scheduled in February 2023.

**Action: C Lynch**

**03/23 December 2022 Financial Update Including Forecast Outturn & Capital Delivery**

The Committee noted the variance against the forecasted deficit of £17.27m as discussed with the Board in December 2022. The variance was largely as a result of the run rate of pay costs. The Chief Finance Officer advised that a list of green rated actions, as discussed at the last meeting, were being progressed and it was anticipated that these would ensure the £17.27m deficit forecast outturn would be met. In addition, work had

been undertaken by KPMG to review activity changes relative to pay costs increases. The Chief Nursing Officer highlighted that the outcome of this work would need to be reviewed from a clinical perspective. The Committee noted that the Executive Management Committee (EMC) would review the outcome ahead of this being submitted to the Committee in February 2023. **Action: N Lloyd**

The Chief Finance Officer advised that the income allocation for 2023/24 had not yet been issued. The Chief Operating Officer advised that outpatient follow ups would be paid on block in line with the previous year. Therefore, the Trust would need to concentrate on 1<sup>st</sup> outpatient appointments to secure payment for outpatient work.

The Committee discussed the capital programme for 2022/23. Capital expenditure year to date was currently at £7.80m against a year to date plan of £24.09m. The Chief Finance Officer advised that delays were as a result of the impact of the national supply chain and EU Exit. The Trust's position was in line with other trusts. Due to the inflationary costs of materials there were some instances when the Trust did not receive any tender bids from suppliers when works were tendered. The Committee noted that a capital prioritisation process was undertaken and, in the event that some materials were not available, there was an option to bring forward other spend eg medical equipment from 2023/24 plans. The Chief Finance Officer provided assurance that the capital spend for 2022/23 would be completed in full. The Committee discussed the outcome of the Trust not being able to spend the full capital programme. The Chief Finance Officer advised that this could impact the possibility of obtaining capital funding for the following year.

It was agreed that the Chief Finance Officer would submit a report to the next meeting to outline where the Trust had purchased equipment or goods that were stored off site as well as those that were for use during 2023/24. **Action: N Lloyd**

The Chair queried whether the CT scanners were now operational. The Chief Operating Officer advised that fire safety works were still outstanding therefore the equipment was not yet fully operational. The Chief Finance Officer advised that work on the Rapid Response Laboratory (RRL) was progressing. However, this may not be completed during the current financial year.

It was agreed that the Chief Finance Officer would provide an update on the CT scanners, RRL and North Block works at the next meeting. **Action: N Lloyd**

The Chief Operating Officer advised that the final plan and costing in relation to the West Berkshire MRI project were awaited and an update was due to be review by the Executive Management Committee in January 2023. It was agreed an update would be provided to the next meeting. **Action: D Hardy**

#### **04/23 Insurance 2023/24**

[Section exempt under s.43 FOI Act]

#### **05/23 Review of Terms of Reference**

The Trust Secretary introduced the terms of reference that were due for review as part of the annual cycle. It was agreed that the membership of the committee would be reviewed in relation to whether substitutes were permitted towards the quorum. In addition, the duties sections e) and i) would be reviewed in relation to risk as well as the role of Committee in relation to estates compliance. An update would be provided to the next meeting. **Action: C Lynch**



The Committee discussed the finance section of the Integrated Performance Report (IPR). It was agreed that the Chief Finance Officer would meet with the Non-Executive members of the Committee to discuss further.

**Action: N Lloyd**

#### **06/23 Finance & Investment Committee Work Plan**

The Trust Secretary would submit a revised work plan to the next meeting.

**Action: C Lynch**

#### **07/23 Key Messages for the Board**

Key messages for the Board included:-

- Assurance received in relation to completion of the capital programme by year-end.
- Month 9 position £400k adverse variance to forecast. Assurance received to meet the full year forecast of a deficit of £17.27m and completion of the capital spend in full for 2022/23
- Recommendation to approve the insurance and risk pooling premia for 2023/24

#### **08/23 Date of Next Meeting**

It was agreed that the next meeting would be held on 16 February 2023 at 9.30am.

**SIGNED:**

**DATE:**

## Minutes

### Finance & Investment Committee Part I

Monday 20 February 2023

10.00 – 11.05

Boardroom, Level 4, Royal Berkshire Hospital

#### Members

Mrs. Sue Hunt	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Peter Milhofer	(Non-Executive Director)
Mr. Will Orr	(Acting Chief Medical Officer)
Mr. Graham Sims	(Chair of the Trust)
Mr. Eamonn Sullivan	(Chief Nursing Officer)

#### In Attendance

Dr. Janet Lippett	(Acting Chief Executive Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Andrew Statham	(Director of Strategy) (from minute 29/23)

#### Apologies

Mrs. Priya Hunt	(Non-Executive Director)
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#### 26/23 Declarations of Interest

There were no declarations of interest.

#### 27/23 Minutes for Approval: 19 January 2023 & Matters Arising Schedule

The minutes of meeting held on 19 January 2023 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 03/23: December 2022 Financial Update Including Forecast Outturn & Capital Delivery: The Committee noted that the KPMG review provided a high level overview of Whole Time Equivalent (WTE) data correlated with activity levels. This was currently being reviewed by the various operational and clinical teams. The Chief Finance Officer highlighted that the Finance Strategy Refresh had been reviewed at the recent Senior Leaders Forum.

The Chief Finance Officer confirmed that some vesting certificates would be required at year end and details of these would be submitted to the Audit & Risk Committee in due course, following year-end **Action: N Lloyd**

Minute 04/23: Insurance 2023/24: The Chief Finance Officer to undertake a benchmarking exercise in relation to NHS Resolution contributions and submit to the March meeting.

**Action: N Lloyd**

[Section exempt under s.43 FOI Act]

Minute 05/23: Review of Terms of Reference: The Trust Secretary advised that the terms of reference would be reviewed with the Director of Estates & Facilities and submitted to the March meeting. **Action: C Lynch**

### **28/23 January 2023 Financial Update and Capital Plan 2022/23**

The Committee noted that Month 10 revenue position was £0.41m ahead of forecast. The Chief Finance Officer confirmed that this was the financial position as at the end of January 2023 whilst the position discussed by the Board on 13 February 2023 was £0.45m ahead of forecast. [Section exempt under s.43 FOI Act] The capital expenditure year to date Month 10 position was £12.73m. The Chief Finance Officer advised that significant additional public dividend capital (PDC) would be received in Quarter 4.

### **29/23 Operational Plan 2023/24**

The Director of Strategy introduced the draft report and advised that NHS England (NHSE) had published guidance in December 2022. The Committee noted that there was no requirement for the Trust to submit an operational plan at this stage. However, this was still being carried out in line with NHS Constitution. Governors would be engaged on the Operational Plan at their meeting on 22 February 2023.

The Chief Operating Officer advised that the challenged areas for 2023/24 were the same as in the current year. This included DM01 standards, ED standards, Referral To Treatment (RTT) and 62 day cancer standards. Discussions were on-going with the Integrated Care Board (ICB) in relation to the required level of elective activity to be delivered by the Trust.

The Chief Operating Officer advised that the Trust was being challenged by the ICB in relation to ED standards and 62 day cancer standards. The Committee discussed the assumptions including in the operational plan in relation to inflation and activity growth as well as the possible variables in relation to efficiency savings and the deficit position in relation to the overall ICS deficit.

The Committee noted that there may be a requirement to schedule an additional meeting of the Committee and the Board to approve the final submission. **Action: C Lynch**

[Section exempt under s.43 FOI Act] The Chief Finance Officer advised that a number of work streams were already on-going across the ICS in relation to system productivity. Examples included orthopaedic procurement as well as agency and bank rates and estates and facilities.

### **30/23 Key Messages for the Board**

Key messages for the Board included:-

- [Section exempt under s.43 FOI Act]
- Assurance received in relation to capital programme being delivered by year-end

### **31/23 Date of Next Meeting**

It was agreed that the next meeting would be held on 16 February 2023 at 9.30am.

**SIGNED:**

**DATE:**

## Minutes

### Workforce Committee

Thursday 9 February 2023

14.00 – 16.00

Video Conference Call/Boardroom, Level 4

#### Members

Mr. Don Fairley	(Chief People Officer)
Mrs. Priya Hunt	(Non-Executive Director) (Chair)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Eamonn Sullivan	(Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

#### 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)
Mrs Caroline Lynch	(Trust Secretary)
Mrs Heather Murray	(Senior People & Change Partner)
Mr. Pete Sandham	(Head of Organisational Development, Engagement and Inclusion)
Mr. Graham Sims	(Chair of the Trust)
Mr. Tapiwa Songore	(Interim Deputy Trust Secretary)
Dr. Hanna Thomas	(Guardian of Safe Working)

#### Apologies

##### 01/23 Declarations of Interest

There were no declarations of interest.

##### 02/23 Minutes: 10 November 2022 and Matters Arising Schedule

The minutes of the meeting held on 10 November 2022 were approved as a correct record, subject to Chief Nursing Officer being added to the attendance list.

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

##### 03/23 Chief People Officer Update

The Chief People Officer provided an overview of the labour market, the prevailing economic conditions and outlined the recruitment challenges that were being experienced. A business case had been submitted to NHS England for the recruitment of 150 international nurses for 2023/24. The Trust was also working on initiatives to improve the offer in the domestic market.

The Chief People Officer reported that the Trust was directly affected by the Royal College of Nursing (RCN) strikes on 6 and 7 February 2023 and the Chartered Society Physiotherapists (CSP) strike action on 26 January 2023. The Hospital Consultants and Specialists Association

(HCSA) had voted for strike action in England and the British Medical Association (BMA) had announced its intention to conduct a consultative ballot to determine whether they would be prepared to take future industrial action.

The Committee discussed international recruitment and noted that NHS organisations were often competing to recruit in the same market. However, there was scope for working collaboratively although each trust usually had its own priorities and preferences.

The Committee discussed Medical e-Rostering. It was noted that this was being rolled out to all medical staff grades across the Trust and the full roll out was expected to be completed by the Autumn 2023. It was also noted that the system would integrate different systems within the Trust and would help improve reporting. The rollout had been paused temporarily to enable the developer to include additional features. It was agreed that an update on its implementation would be submitted to the meeting in September 2023. **Action: D Fairley**

The Committee noted that some issues were being experienced with DRS system. It was agreed that an update would be submitted to the next meeting. **Action: D Fairley**

The Committee discussed preparations for the Junior Doctors strike and it was noted that unlike the RCN strike, this would be for a period of 72 hours. The Trust was planning ahead and would use the experience from 2016. The main impact was likely to be on Elective Care. However, this was difficult to predict until the derogations had been agreed.

#### **04/23 Workforce Key Performance Indicators (KPIs)**

The Head of Workforce Information & Systems provided an overview of the Workforce Key Performance Indicators (KPIs) and advised that turnover and sickness rates had reduced slightly from the position in November 2022.

The Committee noted the Occupational Health KPIs. However, targets were still not being met. The Occupational Health Nurse Manager outlined some of the actions and improvements being made to increase capacity and manage demand in the service. It was noted that service was performing well in comparison to other trusts.

The Committee noted that appraisals rates were below target. This had been discussed at the Executive Management Committee (EMC) and an action plan was in place. The Committee discussed the appraisal process. It was considered that a 13 month appraisal system could be implemented. It was also agreed that the actions agreed at the EMC would be discussed at the next meeting. Staff appraisal had been scored highly in the Staff Survey demonstrating that staff valued the process. **Action: D Fairley**

The Committee noted the improved performance with MAST and assurance was provided that the actions from the Care Quality Commission (CQC) plan had been completed.

#### **05/23 People Strategy Progress Report**

The Chief People Officer presented the draft People Strategy. Engagement had taken place to develop the key enablers and metrics for the measurements of success. The final draft would be presented to the Board in March 2023.

The Committee commended the team for the work on the People Strategy and noted that the metrics were being benchmarked against the national standards. The Committee noted that the University of Reading was no longer pursuing its ambition to establish a Medical School. The team

were working on other strategic partnership opportunities. The implications of this decision on the achievement of University Hospital status were discussed.

The Committee discussed staff retention. The Chief People Officer reported that contrary to suggestions, London Weighting was not an attraction to staff as some neighbouring trusts that had introduced this still experienced staff shortages. Staff valued the intrinsic elements offered by the area, and housing initiatives were being explored. Staff moving into the area were also assisted with housing.

### **06/23 Guardian of Safe Working Report**

The Guardian of Safe Working provided an overview of the Guardian of Safe Working Report. Exception reporting had increased during the period, and this was the highest level of reporting since the introduction of the Guardian of Safe Working. Key themes were linked to working additional hours to cover shifts.

The Guardian of Safe Working highlighted some of the challenges being faced with reporting including problems with the system and some departments not engaging. It was agreed that the Chief Executive and the Deputy Chief People Officer would facilitate communication with the finance and medical workforce teams. **Action: J Lippett/S Emerson-Dam**

It was also agreed that the Head of Workforce Information and Systems would discuss problems being experienced with the system. **Action: C Kouris**

The Committee noted that other issues, including the provision of hot food during out of hours, were being reviewed.

The Committee noted that the Acting Chief Medical Officer and the Guardian of Safe Working had reviewed the safety concerns raised relating to staff shortages on the Acute Medical Unit. The model of working in the unit was being changed.

### **07/23 2022 Staff Survey Initial Results**

The Chief People Officer advised that the Trust had achieved its highest ever response in the Staff Survey. When benchmarked against other trusts, the trust was ranked seventh in the overall league table of the 65 Acute and joint Community and Acute Trusts. This was an improvement from the 10th position reported in 2021.

The Chief People Officer highlighted key areas that the Trust had achieved good scores. However, further work was required in relation to staff experiencing harassment, bullying and abuse from members of the public as well as staff feeling stressed.

The Committee noted the link between staff satisfaction and safe patient care. A full report would be submitted to the Committee following the National publication of data in late February 2023.

### **08/23 Gender Pay Gap**

The Chief People Officer presented the report providing an overview of the Trust's Gender Pay Gap position for Financial Year 2021/22.

The Trust Gender Pay Gap position as of the 31 March 2022 showed a mean gender pay gap of 20.24% and a median pay gap of 5.3%. Relative to the 2021 data, this represented a decrease of 0.04% in the mean gap and an increase of 4.9% in the median gap. The 2022 mean pay gap was

the lowest ever reported by the Trust and the median gap was the second lowest ever reported. However, this was a deterioration from the record low reported last year.

The Committee discussed the initiatives to improving the position and approved the report for publication. **Action: D Fairley**

#### **09/23 Board Assurance Framework**

The Trust Secretary presented the Board Assurance Framework for review. It was agreed that there was a gap in assurance with the Guardian of Safe Working Report. It was also agreed to amend the gaps in assurance to the *Your Future Workplace*. **Action: C Lynch**

#### **10/23 Corporate Risk Register**

The Chief Nursing Officer presented the report. It was agreed that violence and aggression and the impact of the Industrial Action would be added to the Corporate Risk Register. **Action: E Sullivan**

#### **11/23 Annual Review of Effectiveness and Terms of Reference**

The Committee approved the change of name to the People Committee and recommended the terms of reference for approval by the Board. **Action: P Hunt**

#### **12/23 Work Plan Review**

The Committee noted the workplan.

#### **13/23 Key Messages for the Board**

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

- Industrial action
- People Strategy would be submitted to the March Board
- Staff Survey results
- Guardian of Safe Working Report.

#### **14/23 Reflections of the Meeting**

The Acting Chief Executive led on the discussion.

#### **15/23 Date of Next Meeting**

It was agreed that the next meeting would be held on Wednesday 17 May 2023 at 13:00.

**Chair:**

**Date:**



<b>Title:</b>	<b>People Committee Annual Effectiveness Review 2021/22 and Terms of Reference</b>
<b>Agenda item no:</b>	8.4.1
<b>Meeting:</b>	Workforce Committee
<b>Date:</b>	9 February 2023
<b>Presented by:</b>	Caroline Lynch, Trust Secretary
<b>Prepared by:</b>	Hannah Travers, Deputy Trust Secretary

<b>Purpose of the Report</b>	To provide the Committee with the Workforce Committee Annual Effectiveness Review for 2022/23 and Terms of Reference for review.
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<b>Report History</b>	N/A
<b>What action is required?</b>	
Assurance	
Information	
Discussion/input	
Decision/approval	The Committee is asked to approve the annual effectiveness review and review the Committee Terms of Reference.

<b>Resource Impact:</b>	None
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<b>Strategic objectives</b> 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				✓
<b>Well Led Framework applicability:</b>			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"/>	
<b>Publication</b>				
Published on website		Confidentiality (FoI)	Private	Public
				✓

## People Committee Annual Report 2022

Priya Hunt  
Chair, People Committee

Caroline Lynch  
Secretary, People Committee

## 1 Summary

- 1.1 The purpose of this report is to give an update on the work on the People Committee over the past year, and to provide assurance to the Board that the Committee has carried out its obligations in accordance with its terms of reference.

## 2 Governance

- 2.1 The role of the Committee is to keep abreast of the external environment and the workforce consequences and implications, and support the development of the workforce strategy and ensure strategic priorities are being addressed.
- 2.2 The Committee capture and review the views of staff via relevant staff engagement mechanisms and develop effective strategies to respond to feedback.
- 2.3 The People Committee monitor workforce metrics, review areas of concern and report issues and plans to address them to the Board. The Committee requests and reviews reports and positive assurances from executives on the overall arrangement for Human Resources, workforce planning and learning and development.
- 2.4 Priya Hunt was appointed Chair of the People Committee from December 2022. Prior to this, Julian Dixon had been Chair of the People Committee since its establishment in July 2016.
- 2.5 The Committee's terms of reference were approved by the Board in March 2022. The Committee also maintains an annual work plan.

## 3 Meetings and Membership

- 3.1 The Committee met formally on four occasions between February 2021 and December 2021.

- 9 February 2022
- 10 May 2022
- 15 September 2022
- 10 November 2022

- 3.2 The attendance record of members of the Committee is as follows:

<u>Member</u>	<u>Maximum Number of Meetings</u>	<u>Number Attended</u>
Julian Dixon	4	4
Don Fairley	4	4
Priya Hunt	4	3
Sue Hunt	1	1
Eamonn Sullivan or	2	2
Janet Lippett / Will Orr	3	3
Helen Mackenzie	4	4

- 3.3 The Trust Secretary or a nominated deputy has attended all meetings. The Chair of the Trust and the Chief Executive attend two meetings a year. Other Non Executive Directors have also attended the meetings. Other Directors and staff have attended meetings during the course of the year to advise and to respond to questions from the Committee. These

have included the Deputy Chief People Officer, Guardian of Safe Working, Head of Organisational Development, Engagement and Inclusion, Head of Workforce Information and Systems, Occupational Health Nurse Manager and Chief Finance Officer.

## 4 Assurance

4.1 The Committee has received the following annual reports and strategies during the year:

- Guardian of Safe Working Annual Report
- Staff Survey Results
- Safer Staffing Review 2022
- Workforce Race Standard Equality Annual Report
- Workforce Disability Standard Equality Annual Report
- Medical Revalidation
- Gender Pay Gap Report
- Education Strategy
- People Strategy 2022-202

4.2 The Committee also received regular quarterly reports including:

- Guardian of Safe Working
- People Strategy
- Workforce Key Performance Indicators
- Occupational Health
- Board Assurance Framework
- Corporate Risk Register

4.3 The Chief People Officer provided a report on a quarterly basis to provide assurance on key issues that included:

- Covid Vaccinations / Vaccination as a Condition of Deployment (VCoD) Policy
- International Recruitment
- Health care Support Worker Recruitment
- Kickstart – Government Recruitment Programme
- Digital Passport and E-Rostering
- Aspiring BAME Leader Internship Programme and General Management Training Scheme
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System Workforce and People Strategy
- Hybrid Working
- Appraisal Compliance
- Trauma Risk Management (TRiM) Support
- Health & Wellbeing Centre
- Staff Psychology Service
- Industrial Action

- Berkshire & Surrey Pathology Service 'Culture' Programme

4.4 In addition to the regular assurance received from items on the work plan, the Committee has sought and received assurance on the following specific issues:

- Mandatory and Statutory Training (MAST)
- Workforce Health & Safety
- Retention
- Clinical Negligence Scheme for Trusts (CNST)
- Birthrate Plus
- Health, Safety and Wellbeing Champions
- Staff and Associate Specialist and Speciality (SAS) Doctors Charter
- Talent Management and Succession Planning
- Leadership Behaviours Framework
- Health Education England Provider Self Assessment

## **People Workforce Committee**

### **Terms of Reference**

### **Constitution and Membership**

The Committee will be appointed by the Board to develop and oversee delivery of the People Workforce strategy.

The Committee is non-executive in nature and will review and scrutinise papers and recommend to the Board and advise as necessary.

The Committee will be chaired by a non-executive director. The membership will include at least two further non-executive directors, the Chief People Officer and the Chief Medical Officer or Chief Nursing Officer ~~and the Chief Operating Officer~~.

The quorum will be four members and will include at least two non-executive directors and two executive directors.

Members are expected to attend three quarters of meetings in any one financial year.

### **Attendance**

The Chief People Officer will be expected to attend all meetings, The Chief Executive and the Chair will attend two meetings annually.

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

The Committee may invite other staff or external advisors to attend for all or part of any meeting.

### **Frequency of Meetings**

The Committee will meet at least four times a year and at such other times as may be required.

### **Monitoring**

The work of the Committee will be kept under review by the 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 Board of Directors for consideration.

## Duties

The main duties of the group will be:

To keep abreast of the external environment and the workforce consequences and implications.

To capture and review the views of staff via relevant staff engagement mechanisms and develop effective strategies to respond to feedback.

To support the development of the OD strategy to include recruitment and retention, education and training and employee wellbeing, prior to approval by the Board.

To support the development of the [workforce People](#) strategy, develop and monitor key measures to ensure strategic priorities are being addressed.

To identify and monitor key workforce risks and ensure risks are appropriately included in the Board Assurance Framework.

To monitor workforce metrics, review areas of concern and report issues and plans to address them to the Board. The Committee shall request and review reports and positive assurances from executives (directors and managers) on the overall arrangement for Human Resources, workforce planning and learning and development.

To scrutinise systems and controls to ensure statutory and regulatory standards regarding workforce are met.

To monitor workforce and data and review issues in relation to the development and implementation of relevant HR policies.

## Reporting

The minutes of meetings will be formally recorded and submitted to the Board after each meeting.

The Committee will review these terms of reference on an annual basis and report to the Board accordingly.

Reviewed by the Committee:

Approved by the Board:

## Quality Committee

Monday 6 March 2023

10.00 – 12.00

Boardroom, Level 4

### Members

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Mr. Peter Milhofer	(Non-Executive Director)
Dr. Will Orr	(Acting Chief Medical Officer)
Mr. Eamonn Sullivan	(Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

### In Attendance

Dr. Janet Lippett	(Acting Chief Executive)
Mrs. Karolyn Baker	(Assistant Chief Nursing Officer)
Dr. Bannin De Witt Jansen	(Interim Corporate Governance Officer)
Mrs. Alison Drew	(Head of Safeguarding)
Mrs. Angela Forster	(Director of Nursing, Urgent Care)
Mrs. Christine Harding	(Director of Midwifery)
Mrs. Caroline Lynch	(Trust Secretary)

### Apologies

Dr. Bal Bahia	(Non-Executive Director)
Mr. Dom Hardy	(Chief Operating Officer)

### 84/23 Declarations of Interest

There were no declarations of interest.

### 85/23 Minutes: 7 December 2022 and Matters Arising Schedule

The minutes of the meeting held on 7 December 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.

Minute 75/22: Safety & Assurance in the Emergency Department: The Chair queried whether there were any lessons learned that could inform future practice. The Chief Nursing Officer advised that the NHS England Emergency Care Improvement Support Team (ECIST) had visited the Trust as part of a larger piece of work that would inform the development of a national report. The Chief Nursing Officer highlighted that the ECIST team had been complimentary in regards to the Trust's processes and progress in managing ED.

Minute 69/22: Care Group Care Quality Commission (CQC) Update: It was agreed that an update on the Care Quality Commission (CQC) action plan 'must do' actions and a position



statement on Mandatory and Statutory Training (MAST) compliance would be submitted to the next meeting.

**Action: E Sullivan**

### **86/23 Serious Incidents (SI) Thematic Report Including Maternity and Learning from Never Events**

The Committee received the report. The Chief Nursing Officer advised that there had been a theme change in the type of serious incidents (SIs) and Never Events (NEs) occurring in the Trust over the past 12 – 16 weeks. Falls, pressure ulcers, infections and medicine incidents comprised the most common SIs and NEs. However, the most recent incidents had occurred in diagnostic and treatment delays. The Chief Nursing Officer advised that the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) had confirmed that this trend had occurred across the region. Further work, including a roundtable, was planned to investigate harms resulting from wait list delays, particularly in relation to cancer.

The Committee discussed the potential reasons for this change in themes. The Chief Nursing Officer advised that there had been significant effort on staff training and education in relation to pressure ulcer care and falls risk assessment and the reduction in these incidents could in part be due to better awareness of these risks and embedding this learning in clinical practice.

The Committee requested that future reports should set out what actions had been taken in relation to an SI or NE so it was clear which actions could be directly linked to changes in practice.

**Action: E Sullivan**

The Chief Nursing Officer highlighted that due to the number of PFDs received recently, it was likely that the Trust would be on notice for a maternity CQC inspection in April 2023.

The Committee discussed whether there were any concerns in relation to cancer surveillance currently being outsourced to Berkshire Independent Hospital (BIH). The Acting Chief Medical Officer advised that patients on the surveillance pathway outsourced to the BIH were those receiving lifelong monitoring and not those who were at high risk. The Acting Chief Medical Officer advised that further information on the patients included in this list would be reviewed as part of the work on SIs and NEs. The Committee agreed with the proposed work.

The Committee discussed whether there was enough information about the events to inform future learning and practice. The Acting Chief Medical Officer highlighted that follow up training had been carried out with the teams involved to emphasise that safety checklist processes must be carried out for every patient. There was discussion with regard to the significant pressure on clinical teams to manage waiting lists; however, recent work with the Care Group Directorates had emphasised the priority on patient safety.

The Committee agreed that good internal and external assurances had been received on the response to the SIs and maternity incidents.

### **87/23 Maternity Prevention of Future Deaths (PFD) Regulation 28 Report**

The Committee received the report. The Chief Nursing Officer highlighted that 81% of staff had completed the recommended training and the Trust was expected to meet the target in March 2023.

The Chief Nursing Officer anticipated that a formal response to the PFDs would be received from the CQC in late March 2023, with a maternity inspection to follow shortly thereafter.

Capsticks Solicitors had advised the Trust of a national increase in the number of PFDs issued by Coroners.

The Committee discussed Section 5 of the Coroner's Report. The Chief Nursing Officer highlighted that the Coroner's findings ascertained that the infant died of natural causes. However, concerns had been raised in relation to the Trust's response to the investigation. The Chief Nursing Officer clarified that the Trust's statement detailed actions that were intended to be carried out and specified the dates by which they would be completed. However, unexpected technical issues with the placenta fridges had significantly delayed the Trust's ability to complete the intended actions on time. As it was not usual practice to update Coroners on implementation delays, the Coroner would not have been aware of the challenges faced by the Trust. The Committee agreed that, on reflection, sharing this information with the Coroner may have avoided a misunderstanding in relation to the Trust's commitment to carry out the proposed actions and the technical difficulties that had delayed their implementation.

The Committee agreed that the Chief Nursing Officer should clarify with the Coroner whether updates in cases where actions are delayed due to operational challenges would be beneficial.

**Action: E Sullivan**

The Committee discussed the Coroner's concern in relation to the referral of the community midwife to the Nursing and Midwifery Council (NMC). The Chief Nursing Officer confirmed that the Trust had notified the midwife's employer, NHS Professionals (NHSP), of their concerns and that NHSP had referred the individual to the NMC. The Committee discussed that an earlier referral to the NMC would have been appropriate given that serious concerns had been raised about the individual in their previous clinical placement.

### **88/23 Learning Disabilities and Autism (LD&A) Update**

[Section exempt under s.40(2) FOI Act]

The Head of Safeguarding advised that the most recent Learning Disability Benchmarking Audit had highlighted a high readmission rate for LD&A patients compared to the general population and further work to address this was ongoing. The LD&A team were also monitoring incidents and complaints relating to patients with LD&A or both and the findings would be reported to the Board through the Quality Assurance and Learning Committee (QALC) and to the Safeguarding Steering Committee (SSC).

The Committee agreed that further updates should be provided on an annual basis.

**Action: E Sullivan**

### **89/23 Maternity Update**

The Committee received the report. The Director of Midwifery advised that three of the four recommendations from the Ockenden site visit report had been completed. The fourth, the recruitment of a named Obstetrics Lead, was in progress.

The Director of Midwifery advised that the maternity strategy had been implemented and seven work streams prioritised. The Committee discussed a key priority work stream to review ethnicity and meaningful outcomes. The Director of Midwifery advised that this work was at an early stage and intended to expand on a national report, Mother and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE). The MBRRACE report had identified a four-fold difference in maternal deaths amongst women from black ethnic backgrounds and reported fewer meaningful outcomes for women of other ethnic backgrounds. The Director of Midwifery highlighted that the maternity strategy aimed to

identify factors that contributed to meaningful outcomes for women of different ethnic backgrounds as well as those that contributed to poorer outcomes. Early work had started on recording ethnicity for patients at the booking stage.

The Committee discussed whether there were any national recommendations or benchmarks for identifying meaningful outcomes around ethnicity. The Director of Midwifery advised that, as the national programme was still progressing, the report had focused on mortality rates and differential outcomes and detail on meaningful outcomes had not yet been provided.

The Committee recommended that the strategy was presented to the Board as a staff story.  
**Action: E Sullivan**

Further progress updates would be submitted to the Committee on an annual basis.

**Action: C Lynch**

### **90/23 Quality Assurance and Learning Committee (QALC) Exception Report**

The Committee received the report. The Associate Chief Nursing Officer highlighted that significant improvements in patient safety and care had been made in the Vascular Access Team. The Committee agreed that good assurance had been provided in respect to this service.

The Committee requested clarification around the Urgent Care PII incident in the Acute Medicine Unit (AMU) and sought assurance that the matter had been resolved. The Associate Chief Nursing Officer advised that PII was a review carried out by the Infection Control team when increased incidents of infection had occurred. The Chief Nursing Officer advised that the AMU had been inspected by the Infection Control team on four occasions at different intervals and had passed all inspections so the matter had been closed.

The Committee discussed work on Sepsis and the Deteriorating Patient and sought assurance that this work was continuing. The Acting Chief Medical Officer advised that there had been staff capacity challenges. It was agreed that it would be beneficial for this work to be shared among members of the outreach team.

The Committee discussed the maternity vacancy rate. The Chief Nursing Officer advised that two vacancies had since been filled and included the appointment of an experienced Matron who was due to start in post in May 2023.

The Committee agreed that good assurance had been provided in regards to patient safety, patient outcomes and infection control within the Trust.

### **91/23 Equalities Ambitions: summary of patient and staff equalities activity**

The Chief Nursing Officer advised that £2.6m of funding would be made available to the Berkshire West region for cardiovascular health and maternity services. The Trust intended to apply for a portion of this funding.

The Committee discussed the volume of on-going work in relation to patient experience. The Acting Chief Executive highlighted a need to ensure that the outcomes of these initiatives were consolidated into an appropriate plan that specified onwards action and progress. The Committee agreed that collaboration between the Acting Chief Medical Officer and Chief Nursing Officer Care Directorate Groups had enabled further progress of this work.

The Committee discussed whether ethnicity data for patients, other than those in maternity, was recorded and whether this could improve meaningful outcomes. The Acting Chief Medical Officer advised that the Data Quality Group was currently reviewing ways to record this data in the Electronic Patient Record (EPR) and how this could be used to inform clinical practice and delivery of care.

The Committee discussed the importance of encouraging staff to engage in the Sunflower Scheme. However, it was recognised that this could be challenging for some staff and others that may not wish to make a disclosure. The Acting Chief Medical Officer advised that the People Committee had reviewed the outcomes of work on staff perspectives and the Trust had a very active minority staff group. The Trust Secretary highlighted that each staff forum had an Executive Team lead sponsor to ensure that staff voices were heard. The Committee agreed that there were good assurances around the processes in place to ensure that patient and staff voices were heard.

The Committee noted the Equalities Ambitions report.

### **92/23 Cancer Clinical Harm Review**

The Committee received the report. The Committee discussed whether the increased number of referrals had resulted in an increased number of cancer diagnoses and whether this would impact on treatment capacity. The Acting Chief Medical Officer advised that cancer referrals had seen an increase in comparison to pre-Covid numbers. It was considered that this could be due to people presenting at services later due to Covid restrictions and as a result of an ongoing national drive to encourage earlier referrals. The Acting Chief Executive advised that referrals were for diagnostic purposes and not every referral would result in a cancer diagnosis or a requirement for treatment.

The Committee agreed that there was good assurance around the 62-day wait and the reduction of the backlog in cancer harm reviews.

### **93/23 Emergency Department (ED) Review and Assurance Report**

The Committee received the report. The Director of Nursing, Urgent Care, advised that work to improve the ED environment for patients with learning disabilities, mental health and young people had commenced. Changes in the management of the ED Observation Bay had improved patient transfers from ambulances and considerable change had been implemented to improve patient flow and reduce congestion in the ED waiting room.

The Director of Nursing, Urgent Care, advised that a new process of triaging eligible minor illness patients out of ED into another area of the hospital would be trialed in late March 2023. It was anticipated this would improve assessment and treatment times as well as reduce congestion and waiting times in the ED.

The Committee agreed that good assurance had been received in regards to the work carried out to improve patient safety and management in ED. It was agreed that the workplan would be updated to note that a progress update would be submitted to the Committee in 12 months' time.

**Action: C Lynch**

### **94/23 Board Assurance Framework (BAF)**

The Committee recommended that the Health Equalities work was added to Strategic Objective 1. The Trust Secretary agreed to work with the Acting Chief Medical Officer and

Chief Nursing Officer to clarify the description of the work for inclusion on the BAF.

**Action: C Lynch**

The Committee discussed whether the CQC Action Plan should remain on the BAF as much of the work had been completed. The Chief Nursing Officer advised that the plan was still being updated. The Committee agreed that the CQC Action Plan should be moved from Improvement/Action to Control Assurance.

**Action: C Lynch**

The Committee discussed its responsibility for the Digital and IT strategy under Strategic Objective 4. The Trust Secretary advised that this would be discussed with the Director of Strategy as responsibility for the strategy itself lay with the Finance and Investment Committee. However, aspects of the Digital and IT strategy were required to be submitted to the Quality Committee for information.

**Action: C Lynch**

The Committee requested that the formatting of the BAF was amended as some of the responsibilities did not align due to the inclusion of tracked changes.

**Action: C Lynch**

The Committee discussed its responsibility in respect to Estates under Strategic Objective 1 and agreed that whilst the quality of the premises used to deliver care was within the Terms of Reference, the reports would only require noting and there was no responsibility for monitoring.

#### **95/23 Corporate Risk Register**

The Committee noted the report. The Committee discussed the risk rating for Berkshire and Surrey Pathology Services (BSPS) and agreed that the risk rating should be reviewed. The Acting Chief Executive agreed to speak with the Head of Risk to review the risk rating.

**Action: J Lippett**

#### **96/23 Watch Metrics**

The Committee requested that future reports should only include metrics relevant to the Quality Committee for ease of reference. The Committee also requested that future reports include an indicator for each watch metric to enable the Committee to immediately identify whether a trend was increasing, decreasing or remaining stable. The Chief Nursing Officer agreed to liaise with the Director of Strategy to refine the Watch Metrics report for future submissions.

**Action: E Sullivan**

#### **97/23 Quality Account and CQUIN Priorities**

The Committee received the report. The Associate Chief Nurse advised that the Quality Account and CQUIN report had been aligned with priorities identified in the Improving Together programme to ensure consistency and consolidation. The team had made amendments to national drivers that duplicated processes that were already usual practice within the Trust. Feedback was awaited from the Integrated Care Board (ICB) to confirm that the changes aligned with the ICB.

The Chief Nursing Officer highlighted that the national quality improvement programme had generated a large volume of national guidelines and recommendations and there was a need to consolidate this information and develop it into deliverables that clinical staff can embed in clinical practice.

The Committee noted the achievement of the Trust's Winter Flu Vaccine scheme and discussed the small proportion of staff that did not participate. The Acting Chief Executive advised that the vaccine scheme had been designed to minimise burden on staff.

However, it was likely there would always be a proportion of staff that would decline the vaccine.

### **98/23 Terms of Reference**

The Committee approved the revised terms of reference.

### **99/23 Work Plan Review**

The Committee noted the work plan.

### **100/23 Key Messages for the Board**

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

- Assurance received that the concerns raised in the PFD Regulation 28 reports were being addressed.
- Assurance received of the ongoing work to improve health equality and care quality for patients with learning disabilities and autism.
- Assurance provided that the recommendations from the Okenden report had been implemented.
- Update received on the implementation of the maternity strategy and the seven priority actions and work looking at meaningful outcomes and ethnicity had started.
- Assurance provided on the improvements made in the Vascular Access service.
- Update provided on the Equalities Ambitions programme.
- Assurance provided that changes in SI trends were being monitored and actively managed.
- Assurance provided in respect to cancer harms and elimination of the diagnostic backlog.
- Positive ECIST visit of the ED was noted.
- Update provided on a trial to move minor illness patients to Zone F to alleviate waiting times and congestion in the ED and improve patient assessment and management.
- Approval of the CQUINS and the proposal to align this work to the Improving Together programme.
- Approval of the addition of the Equalities Work to the work plan.

### **101/23 Reflections of the Meeting**

The Acting Chief Medical Officer led a discussion on the meeting.

### **102/23 Date of Next Meeting**

It was agreed that the next meeting would be held on Wednesday 12 April 2023 at 10.00am.

**SIGNED:**

**DATE:**

## **Quality Committee**

### **Terms of Reference**

#### **Constitution and Membership**

The Committee will be appointed by the Board to give detailed consideration to all components of the quality of care provided by the Trust including clinical effectiveness, patient safety and patient experience.

The Committee is primarily concerned with the delivery of safe, high quality patient care. This will be achieved through its engagement with the Quality Assurance & Learning Committee and other sub-committees to obtain and provide assurance to the Board that:-

- (a) appropriate structures, processes and controls are in place to assure quality in clinical care and the patient experience
- (b) the key risks to safety and quality of clinical services are recognised and are being addressed to ensure their resolution in a timely manner.

The Committee is non executive in nature and will review and scrutinise papers and recommend to the Board as necessary.

The Committee will be chaired by a Non Executive Director. The membership will include at least two further Non Executive Directors, Chief Medical Officer or Chief Nursing Officer and the Chief Operating Officer.

Members will be expected to attend four out of six meetings.

The quorum of the Committee will be five members, including at least three Non Executive Directors and two Executive Directors.

#### **Attendance**

The Chief Medical Officer or the Chief Nursing Officer are expected to attend all meetings. The Chief Executive and the Chair will attend 3 meetings annually.

Other staff may be asked to attend, including the Care Group Directors, Care Group Directors of Nursing, Head of Pharmacy and Head of Patient Safety, Head of Risk Management, Head of Patient Experience, Head of Research and Development and Deputy Chief Nurse for specific items only.

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

#### **Frequency of Meetings**

The Committee will meet at least six times a year and such other times as may be required.

#### **Monitoring**

The work of the Committee will be kept under review by the 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 Board of Directors for consideration.

## **Duties**

The Committee will:-

- (a) monitor the Quality Account including related actions and their impact
- (b) receive regular reports from the Quality Assurance & Learning Committee on the actions being taken to ensure effective clinical governance in the Trust
- (c) examine issues of concern escalated by the Quality Assurance & Learning Committee or its sub-committees or referred by the Board in respect of clinical governance matters in the Trust, consider action plans to deal with them and monitor their effectiveness
- (d) develop an annual work programme setting out key areas for attention in the coming year including, as a minimum:-
  - regular updates on the implementation and effectiveness of clinical outcomes, quality improvement, patient safety and patient experience
  - regular updates on progress against the Quality Account objectives
  - the implementation of actions plans following relevant regulatory inspections
  - gaps in assurance as identified on the Board Assurance Framework.
- (e) review KPIs and other metrics through the quality account dashboard, including those in respect of learning from serious incidents and never events, to provide assurance to the Committee and the Board in respect of the effectiveness of the clinical governance in the Trust
- (f) identify areas of significant risk to clinical safety, patient outcomes and patient experience, set priorities and place actions using the Board Assurance Framework
- (g) review clinical risks included in the Corporate Risk Register in terms of the effectiveness and timeliness of mitigating actions taken and to report to the Board and to the Audit & Risk Committee
- (h) receive periodic assurance reports on the progression of the Continuous Quality Improvement programme.
- (i) ensure that actions for improvement identified in incident reports, reports from HM Coroner and other similar documents are addressed
- (j) identify areas for improvement in respect of learning from incidents and complaints, from the results of national and local patient surveys/PALS and ensure appropriate action is taken
- (k) oversee the system within the Trust for obtaining and maintaining any licences relevant to clinical activity in the trust (e.g. Human Tissue Authority)



- (l) monitor the Trust's compliances with the national standards of quality and safety of the Care Quality Committee, and NHS Improvement's licence conditions relevant to patient safety and quality
- (m) Review clinical audit plans and related improvement including recommendations from external bodies being incorporated by the Trust (e.g. National Confidential Enquiry into Patient Outcomes and Death or Care Quality Commission)
- (n) Review the implications of confidential enquiry reports for the Trust and to endorse, approve and monitor the internal action plans arising from them.
- (o) Receive regular reports related to maternity services including Healthcare Safety Investigation Branch (HSIB) investigations.

### **Reporting**

The minutes of meetings will be formally recorded and submitted to the Board after each meeting.

The Committee will review these terms of reference on an annual basis and report to the Board accordingly.

Reviewed by the Committee:

Approved by the Board:

**Board Work Plan 2023-24**

Focus	Item	Lead	Freq	Jan-23	Mar-23	May-23	Jul-23	Sep-23	Nov-23	Jan-24	Mar-24
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								
Achieve Long-Term Sustainability	Annual Revalidation Report	JL	Annually								
	Quarterly Forecast	NL	Quarterly								
	2023/24 Budget	NL	Annually								
	2023/24 Capital Plan	NL	Annually								
	Operating Plan/ Business Plan 2023/24	AS	Annually								
	E states 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								
	Building Berkshire Together	NL	By Exception								
Other / Governance	Communications & Engagement Strategy	AS	Once								
	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								