



Royal Berkshire
NHS Foundation Trust

Public Board - 24 May 2023

MEETING
24 May 2023 09:00

PUBLISHED
22 May 2023

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
	24/05/23		09:00
1. Apologies for Absence and Declarations of Interest (Verbal) 1.1. Will Orr		Graham Sims	
2. Patient & Staff Story (Verbal)		Janet Lippett	09:00
3. Health & Safety Moment (Verbal)		Nicky Lloyd	09:30
4. Minutes for Approval: 29 March 2023 and Matters Arising Schedule		Graham Sims	09:45
5. Acting Chief Executive Report		Janet Lippett	09:50
6. Integrated Performance Report		Don Fairley	10:00
7. Strategies:			
7.1. People Strategy		Don Fairley	10:10
7.2. Finance Strategy		Nicky Lloyd	10:20
8. Operating Plan 2023/24		Janet Lippett	10:30
9. Joint Forward Plan		Janet Lippett	10:35
10. NHS Self-Certification		Caroline Lynch	10:40
11. Board Assurance Framework/Corporate Risk Register			10:45
11.1. Board Assurance Framework		Caroline Lynch	
11.2. Corporate Risk Register		Eamonn Sullivan	

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
	24/05/23		09:00
12. Minutes of Board Committee Meetings and Committee updates:			10:55
12.1. Finance & Investment Committee: 23 March & 20 April 2023		Sue Hunt	
12.1.1. Finance & Investment Committee Annual Review of Effectiveness			
12.2. Quality Committee: 12 April 2023		Helen Mackenzie	
12.2.1. Quality Committee Annual Review of Effectiveness			
12.3. Charity Committee: 19 April 2023		Bal Bahia	
12.4. Audit & Risk Committee Annual Review of Effectiveness		Peter Milhofer	
13. Work Plan		Caroline Lynch	
14. Date of Next Meeting: Wednesday 26 July 2023 at 09.00			

Board of Directors

Wednesday 29 March 2023

09.00 – 11.00

Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Graham Sims	(Chair)
Dr. Bal Bahia	(Non-Executive Director)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Priya Hunt	(Non-Executive Director)
Dr. Janet Lippett	(Acting Chief Executive)
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)
Miss. Kerrie Brent	(Interim Corporate Governance Officer)
Dr. Bannin De Witt Jansen	(Interim Corporate Governance Officer)
Mrs Caroline Lynch	(Trust Secretary)

Apologies

Mr. Don Fairley	(Chief People Officer)
Mrs. Sue Hunt	(Non-Executive Director)

There were five Governors and ten members of staff present.

36/23 Patient and Staff Story

The Chief Medical Officer read a letter received from a recently bereaved relative who described the excellent standard of care their mother had received during and at the end of their life in the Intensive Care Unit. The Board noted that the staff had both cared for the patient as well as providing support to the family. The letter acknowledged the ICU team as well as housekeeping and estates teams.

The Chief Nursing Officer introduced the Intensive Care Unit (ICU) Critical Care team who gave a presentation on the redevelopment and recent achievements of the Unit. The Board noted that the team had won the Intensive Care Society's ICU Team of Year Award and had been awarded University Department of Critical Care status and commended them for their outstanding achievements.

37/23 Health and Safety Moment

The Chief Finance Officer introduced the Deputy Director of Estates and Facilities who provided an overview of the on-going estates projects in relation to the issue of asbestos. The Deputy Director of Estates and Facilities highlighted that asbestos was safe until the fibres were disturbed, therefore, building and renovation works involving areas known to contain asbestos required appropriate and safe management. The Board noted that in a recent inspection

conducted by the Health and Safety Executive (HSE), inspectors had taken photos of the ongoing building works at the Trust with the aim of using these as examples of best practice in managing asbestos. The Chief Finance Officer emphasised that the Trust had ongoing communications with staff advising against carrying out minor works or piercing walls and other fixtures as this could release asbestos fibres. The Chief Finance Officer also highlighted that walls, ceilings and other surfaces known to contain asbestos were clearly marked with warning stickers to keep staff, patients and visitors safe.

The Board thanked the Deputy Director of Estates and Facilities for the presentation and their commitment to keeping patients, staff and visitors safe.

38/23 Minutes for Approval from 25 January 2023 and Matters Arising

The minutes of the meeting held on 25 January 2023 were agreed as a correct record and signed by the Chair. There were no matters arising.

39/23 Acting Chief Executive Report

The Acting Chief Executive highlighted that demand for urgent and emergency services remained high. Emergency Department (ED) attendances had slightly reduced although bed occupancy had been high due to patient acuity, infection control and prevention processes as well as challenges in discharge pathways, particularly in regard to residential care settings. The Acting Chief Executive advised that there were ongoing discussions with system partners to address these issues.

The Board queried whether any further details from the NHS England Emergency Care Improvement Support Team (ECIST)'s inspection of the ED could be provided. The Acting Chief Executive advised that the feedback had been positive and the Trust had received recognition of the strong performance of the ED team against national benchmarks. Areas of improvement highlighted included the use of a discharge lounge and changes to patient flow through the ED; both recommendations had been implemented by the Trust.

The Acting Chief Executive advised that the Trust was expected to meet the national requirement to have no patients waiting over 78 weeks on Referral to Treatment (RTT) pathways and was significantly ahead of the national requirement regarding 52-week waits. It was expected that the Trust would continue to meet these targets throughout the remainder of the year.

The Acting Chief Executive advised that the Trust remained in Tier 2 of the NHS England assurance regime for performance against national standards. However, work carried out over the past six weeks had significantly improved diagnostic stages of high volume cancer pathways and pathology testing turnaround times. The Trust was expected to be able to exit the assurance programme. The Acting Chief Executive highlighted that the significant improvements made by the Trust had been recognised by the Integrated Care System and NHS England.

The Acting Chief Executive advised that industrial action by junior doctors from 13 March to 16 March had taken place. However, further action was planned for April 2023. The British Medical Association (BMA) also planned to ballot Consultants regarding industrial action in April 2023.

The Acting Chief Executive highlighted that, following discussions with UK government and the Royal College of Nursing (RCN), the NHS Staff Council had announced an 'offer in principle' to Agenda for Change (AfC) Trade Unions. The AfC Unions had entered a consultation period with their members to discuss the offer and all planned industrial action has been paused during this time.

The Board queried lessons learned from the junior doctors' industrial action. The Chief Medical Officer advised that a debrief with staff had taken place and it was considered that the hospital had functioned well without significant concerns. The Chief Medical Officer highlighted that changes to workload patterns, including completing workload earlier in the evening and having more consultants available to the front-line had been significantly beneficial. Therefore, the Trust was reviewing whether to implement some of these changes on a business as usual basis. The Chief Medical Officer advised that Consultant industrial action would be more challenging to manage as they were senior decision-makers and strike action was planned to occur immediately after a Bank Holiday. The Acting Chief Executive advised that Consultants had agreed to provide a Bank Holiday service.

The Acting Chief Executive advised that the actions set out in the Regulation 28 Prevention Future Deaths (PFD) order issued to the Trust in February 2023 had been completed and a final response would be submitted to the Coroner in advance of the 56-day deadline. Legal advisors had issued a medium risk warning in relation to another Maternity inquest listed in March 2023 that related to an infant death in 2019. The Coroner found that the infant had died of natural causes. However, incidental quality issues were found during the investigation. Both cases had been discussed with the Quality Committee.

The Maternity 'Vision and Strategy' that had been developed with the involvement of 100 staff and users of the service in 2022 was launched in March 2023. The Acting Chief Executive highlighted that NHS England had recognised the strategy as best practice during a recent review of the Trust's Maternity Unit.

The Acting Chief Executive highlighted the extremely positive results of the recent staff survey in which the Trust had ranked 8th in the country on the measure 'recommendation of the organisation as a place to work.' The Trust benchmarked favourably against performance in the ICS. A full summary report would be submitted to the next People Committee. The staff survey results had been disseminated to Care Groups and directorates to develop their improvement plans to further strengthen the Trust's performance.

The Board queried whether the Trust's performance in the staff survey was due to the Continuous Quality Improvement (CQI) Strategy. The Acting Chief Executive advised that the CQI had very recently launched in the Trust so performance was likely due to the culture and ethos within the Trust.

The Acting Chief Executive advised that the Acute Provider Collaborative (APC) continued to make progress in delivering the Elective Recovery Programme across the Buckinghamshire, Oxfordshire and Berkshire (BOB) ICS. The Elective Recovery Programme was expected to continue into 2023/24.

The Acting Chief Executive advised that the University of Reading had announced that it would not pursue Medical School status due to the financial cost and the number of new medical schools established in the region. However, the University and the Trust continued to collaborate on several work streams intended to develop and deliver innovative and transformative healthcare training across a number of healthcare roles.

The Acting Chief Executive advised that the Staff Park and Ride service to and from Mere Oak was also now available to patients and visitors. The expanded CT suite on the Reading site was also open and the first patients had been welcomed to the new discharge lounge. Additionally, enhanced x-ray facilities were now available at Townlands Hospital and the CT facilities at Bracknell Healthspace had been upgraded.

The Board queried whether a review of the New Hospital Programme's Strategic Outline Case (SOC) would be required if the case was approved. The Chief Finance Officer confirmed that a review would be required as the SOC had been submitted some time ago and the financial assumptions would require review and refresh to ensure they remained relevant and appropriate.

40/23 Integrated Performance Report (IPR)

The Chief Operating Officer provided an overview of the report. Challenges with staffing, particularly in Endoscopy had resulted in some national targets not being met. Reduced staffing levels in Endoscopy had affected cancer waiting times and the number of stranded patients had increased due to challenges in some of the discharge pathways. The Chief Operating Officer highlighted that the Trust was committed to addressing the issues.

The Board queried whether further recruitment of international nurses to address staff vacancy levels was possible if funding was available. The Chief Nursing Officer advised that the key metric for consideration with international nurses was how quickly the Trust could get them entered on the UK register and working at the top of their licence. The Chief Nursing Officer advised that ensuring international nurses were able to practice safely in the UK required wraparound care, one-to-one and mandatory training, induction and familiarising them with the UK healthcare system. The Chief Nursing Officer highlighted that the average cost of preparing an international nurse to work at the top of their licence in the UK was appropriately £11,000.

The Board queried whether there were plans to identify long-term, sustainable solutions to address the Trust's current financial position. The Chief Finance Officer advised that a new Committee had been established for this purpose and the Trust was working with ICS partners in the ICS to share best practice, ensure collaboration and avoid duplication of effort. Identifying sustainable solutions and using resources efficiently whilst ensuring highest quality patient care remained a priority for the Trust in the new financial year.

The Board commented that feedback received at a recent governor meeting had highlighted a patient in ED had considered that staff had been focussed specifically on discharging patients and queried whether there had been any work carried out to improve the patient experience in ED. The Board noted that approximately 400-450 patients presented to ED each day with only 65-70 patients being admitted to the hospital. Therefore, it was a busy environment and it was important to maintain patient flow. However, it was recognised that whilst a large proportion of those presenting might have sought treatment in alternative and more appropriate care settings, a reasonable percentage would have required investigation but not necessarily admission. The Board agreed that it was important for staff to balance maintaining flow with appropriate and sensitive consideration of the people who required further investigation and further work was ongoing.

The Board queried the increased number of complaints and sought clarification as to whether there was any intention to move to a more sophisticated statistic that would elaborate on the factors that caused the complaints. The Chief Operating Officer advised the Trust watched a number of metrics as taken in combination, the causes for some issues could be identified; for example, the increase in the number of complaints occurred at the same time as the increase in the number of bed days. The Trust also observed national inpatient survey results in addition to its own metrics and patient complaint statistics were discussed with the Quality Committee.

The Board queried the delays in patient discharges and asked how many were due to circumstances similar to that described in the patient story and how many were due to issues in hospital processes. The Chief Operating Officer advised that factors contributing to delayed discharge and stranded patients included no onward packages of care, particularly in residential care settings and wards being closed due to infection prevention and control processes. A new initiative had found that discharging patients before midday significantly enhanced patient

admission times; therefore, a proposal to approve an early discharge process would be submitted to the Quality Committee.

41/23 People Strategy

The Chair advised that the People Strategy had been reviewed and approved by the People Committee and recommended that the Board approve the strategy. The Chair suggested that the Chief People Officer should be invited to the next Council of Governors to present the People Strategy. **Action: D Fairley**

The Board approved the People Strategy. It was agreed that the People Strategy should be presented to the next People Committee in order to develop a high level summary that would be presented at the Board in May 2023. **Action: D Fairley**

42/23 Minutes of Board Committee Meetings and Committee updates:

The Board received the following minutes:

- Audit & Risk Committee 11 January 2023 & 8 March 2023
- Charity Committee 18 January 2023
- Finance & Investment Committee 19 January 2023 & 20 February 2023
- People Committee 9 February 2023
- Quality Committee 6 March 2023

The Board approved the Audit & Risk Committee Terms of Reference. The Board approved the People Committee Annual Review of Effectiveness and Terms of Reference.

43/23 Board Work Plan

The work plan was noted.

44/23 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 24 May 2023 at 09.00am.

SIGNED:

DATE:

Board Schedule of Matters Arising and Outstanding Actions

Agenda Item 5

Board Date	Board Minute	Subject	Decision	Owner	Update
29 March 2023	41/23	People Strategy	<p>The Chair suggested that the Chief People Officer should be invited to the next Council of Governors to present the People Strategy.</p> <p>The Board approved the People Strategy. It was agreed that the People Strategy should be presented to the next People Committee in order to develop a high level summary that would be presented at the Board in May 2023.</p>	<p>D Fairley</p> <p>D Fairley</p>	<p>Item scheduled for Council of Governors 27 September 2023</p> <p>Completed. Item on the agenda.</p>

Title:	Acting Chief Executive Report
Agenda item no:	5
Meeting:	Board of Directors
Date:	24 May 2023
Presented by:	Janet Lippett, Acting Chief Executive
Prepared by:	Caroline Lynch, Trust Secretary

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

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

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

Publication			
Published on website		Confidentiality (Fol) Private	Public <input checked="" type="checkbox"/>

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 compared with historic levels. Levels of Emergency Department (ED) attendance fell in April and the Trust met the 2023-24 national performance expectation against the 4hr standard, with over 76% of patients seen, treated and admitted or discharged over the month. 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 continues to perform well and is ahead of national expectations for the end of 2023-24, with a handful of patients now waiting over 52 weeks on Referral To Treatment (RTT) pathways at the end of last month. The Trust unfortunately experienced some disruption to elective services during the period of junior doctor industrial action but teams are working to ensure patients' appointments are rescheduled as quickly as possible.
- 1.3 The Trust remains in tier 2 of NHS England's assurance regime for performance against national cancer standards. However, progress has been sustained in minimising the number of patients waiting over 62 days on cancer pathways. Further progress against this national expectation will depend on mitigating capacity risks in key diagnostic modalities, particularly endoscopy.

Critical Incident

- 1.4 The Trust suffered a major power outage in the early hours of Sunday 23rd April, owing to water ingress in a plant room serving Battle block. This resulted in a loss of power to ward areas across this block and also to key outpatient service areas in the same block and in North Block. A critical incident was called and established procedures enacted to oversee the immediate response to the outage, particularly to ensure all patients could continue to be safely cared for. A large number of staff worked tirelessly to ensure impact on patients was minimised and we are very grateful for their extremely hard work in challenging circumstances. The Trust diverted all ambulance arrivals for 48 hours to neighbouring Trusts and we are also very grateful to those organisations for their extended support.
- 1.5 Power was successively restored via temporary generators to all areas over the following week, and a further key stage in recovery was completed over the weekend of 13th and 14th May, ensuring that resilience in the form of back-up generator supply is in place. Full restoration of mains power is expected to take several weeks and is being overseen by a dedicated recovery group. A separate investigation has started into the cause of the outage.

Industrial Action and Agenda for Change (AfC) Pay Award

Strike Action:

- 1.6 The most recent BMA (junior doctor) strike action was for 96 hours and took place for shifts starting between 06:59 on Tuesday 11th April and 06:59 on Saturday 15th April 2023. No further strike dates have been announced by the BMA at present. The Trust understands that the BMA are currently in discussions with the Government regarding junior doctor pay.

The most recent RCN strike action took place from 8 pm Sunday 30th April to midnight on Monday 1st May. The RCN mandate for strike action has now expired.

The strike occurred over a bank holiday weekend and following comprehensive planning and normal bank holiday cadence, the industrial action had minimal disruption to elective activity. Patient safety was a priority and was maintained through continued dialogue with the RCN and Trust staff who are RCN members.

The Trust received special dispensation to avoid industrial action in areas affected by the critical incident. Approximately 60 RBFT staff eligible to strike took industrial action over this period.

Pending Ballots:

The RCN will be balloting members on support for further strike action. The ballot will run from 23rd May to 25th June. If successful, the mandate will be for a further 6 month period.

The BMA will be balloting its Consultant membership for strike action. The ballot will run from 15th May to 27th June 2023.

1.7 Pay Award for AfC Staff:

Following the NHS Staff Council vote held on 2nd May 2023, the Government has announced it will implement the pay deal negotiated with the AfC unions.

The pay increase includes payment to staff for 2022-2023:

- a 2% increase and
- an “NHS backlog bonus” which varies by pay band

These two payments are one-off (non-consolidated) and non-pensionable and are on top of the 2022/23 consolidated pay increase already paid to staff. The pay increase also covers the pay award for 2023-2024 where there will be a 5% increase for all pay bands (plus an uplift to the Band 1 spot rate and the entry point for Band 2 – an increase of 10.4%). The pay increases will be implemented in the June 2023 with the 2023-2024 increase backdated to 1st April 2023.

Emergency Preparedness, Resilience and Response (EPRR)

- 1.8 The NHSE/I been informed for assurance purposes that in 2022-2023, the Trust remains substantially compliant with 45 of the 46 core standards. An estate development plan is in place to address the one outstanding standard.

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

Care awards: Nominations and Nominees

- 2.1 This year's CARE Awards covered 14 categories spanning sustainability and patient care to leadership and collaboration. A record-breaking number of nominations were received with more than 675 entries submitted by staff and volunteers across the Trust. In March, these entries were shortlisted to just five for each category, 70 in total. All nominees were contacted and sent a copy of their nomination.

All shortlisted nominees were invited to attend the CARE Awards ceremony at Reading Town Hall on Friday 26 May 2023 and will enjoy a drinks reception, dinner and will find out who has won the awards in each category.

Volunteers Supper

- 2.2 The Acting Chief Executive and members of the Executive Team will be attending the Volunteers Supper on 7 June 2023 to thank our volunteers for their outstanding contribution to the Trust. The event is taking place during Volunteers' Week (1-7 June) and is the first one that the Trust has held since before Covid. All volunteers (over 300) were invited and approximately 100 are expected to attend the event at The Eating Hub.

International day of the Midwife

- 2.3 On Friday 5 May, we celebrated the International Day of the Midwife (IDM) with the 215 Trust midwives who help to deliver nearly 400 babies every month. The Trust hosted a social media 'takeover' day with [videos and thank you messages](#) from our midwives in different areas of the community and hospital. The maternity team also held a celebration event at the Oasis for Trust midwives and maternity staff.

National survey patient food

- 2.4 The Trust took joint first place in this year's national NHS PLACE survey for patient and staff catering. The 70 members of the catering team who cook one million meals a year, were recognised for the choice of food on offer, round the clock availability, meal times, and the quality of food provided to patients on wards. The Trust scored 99% in the Patient-Led Assessments of the Care Environment initiative (PLACE) with scores given by a team of assessors made up of members of the public and staff.

3. Deliver in Partnership

University of Reading Partnership

- 3.1 In the last couple of months the Trust has benefited from the opening of the new Clinical Simulation and Training Suite, on the University of Reading's (UoR) Whiteknights campus. Feedback received from the first teams to use the centre has been very positive, and staff are proud to see a dedicated teaching space in a new, purpose built and modern environment.
- 3.2 The Health Innovation Partnership (HIP) with UoR currently has its 7th Recognition of Excellence Scheme round open and is due to close in late July. The Collaboration Innovation Fund will open later this year and will be supported by an educationally focused event in September to inspire and encourage collaborations.

4. Strategic Objective 4: Cultivate Innovation and Improvement

Da Vinci Surgical Theatre Robots

- 4.1 The Trust has recently invested £6million of NHS England funding on two multi-purpose Da Vinci theatre robots for use in urology and bariatric surgery. Their use means surgery is less invasive and patients' recovery time is shorter, leading to improved flow through the hospital. 50 members of staff have been trained to use them and they were used in surgery for the first time in April.

Workvivo

- 4.2 In April, the Trust launched its new internal communications platform Workvivo to replace the existing staff intranet and Facebook group. The platform is accessible to all staff, on any device and combines important information with a social feed.

The launch of the platform was successful with 74% of staff having already accessed the platform, and 13% of users also having downloaded the Workvivo app. In total, there have been 365 posts on the platform, 550 comments, 3,300 likes and 595,000 impressions.

The platform allows the Trust to communicate with specific departments and groups and collect insight into how the content is received. These functions have already proved useful; in the recent critical incident, the Trust was able to send out a push notification to all staff.

Over the coming weeks, the focus for platform is to widen access to groups yet to login to the platform, make it easier for staff to access important applications and gradually retire the previous intranet and Facebook group.

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

- 5.1 The Trust has delivered the £(16.73)m deficit forecast approved by the Board of Directors and submitted to NHS England in Q4. Income at £576.56m was ahead of plan by £26.53m, and £32.14m ahead of forecast. The Trust has not recognised any additional Elective Recovery Fund (ERF) income as at M12 YTD as activity levels did not achieve 104% of 2019/20 levels. The core element of ERF has been recognised as part of our agreed contractual values with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

Pay expenditure at £355.41m is £(33.16)m adverse to plan and £(26.14)m adverse to forecast, £(9.69)m and £(2.67)m respectively when removing the one off items noted below. In March 2023, the Trust was given an estimate of £10.68m by NHS England (NHSE) for the non-consolidated Agenda for Change pay award, for which we have accrued both income and cost in line with NHSE guidance. As in prior years, there has been a Month 12 adjustment to reflect the centrally funded employer pension contributions, which for 2022/23, is £12.79m. This is recognised as both income and cost, and is the additional 6.3% taking overall employer contributions to 20.68%

Non-pay expenditure (including PDC, Depreciation, Interest and impairments) at £245.57m is £(18.39)m adverse to plan, and £(13.45)m adverse to forecast. Included in this position is an impairment on property value as a result of the year end revaluation, £8.23m.

The Trust delivered its capital programme for 2022/23 adding £37.37m in fixed assets. Over a five-year period the Trust has now delivered £200.77m of capital projects. The value of the Trust's balance sheet has marginally increased since March 2022 as the deficit revenue position and impairment offset the net capital additions.

The closing cash position is £44.4m, a decrease of £10.5m in the month of March, and still in excess of the £18m cash floor established at budget setting, driven by higher levels of supplier payments.

The plans for revenue, cash and capital for 2023/24 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 have a much reduced capital plan in 2023/24 as we balance this while maintaining sufficient liquidity during a second year of deficit.

Title:	Integrated Performance Report
Agenda item no:	6
Meeting:	Board of Directors
Date:	24 May 2023
Presented by:	Don Fairley, Chief People Officer
Prepared by:	Executive Team

Purpose of the Report	The purpose of this report is to provide the Trust Board with an analysis of quality performance to the end of April 2023.
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Report History	n/a
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What action is required?	
Assurance	
Information	The Board is asked to note the report
Discussion/input	
Decision/approval	

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

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

Publication			
Published on website		Confidentiality (FoI) Private	Public <input checked="" type="checkbox"/>

Integrated Performance Report

April 2023

Improving together to deliver
outstanding care for our community



April 2023 performance summary

The data in this report relates to the period up to 30th April 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 Junior Doctors. 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 **the diagnostic waiting standard and Cancer waiting times** standards continues to fall below national standards, driven by high levels of demand and capacity challenges in diagnostic pathways. 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 19 patients were **waiting more than 52 weeks**. The Trust has met all 22/23 RTT requirements. Reporting focus to the board will now shift from the longest waits to wait to first OPA, which is regarded as the largest driver of excess waiting times. The Trust also met the 23-24 national expectation this month for performance against the 4hr ED standard.

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.

Financial performance at Month 1 is in line with the year to date plan.

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

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

Our Strategy: Improving Together

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

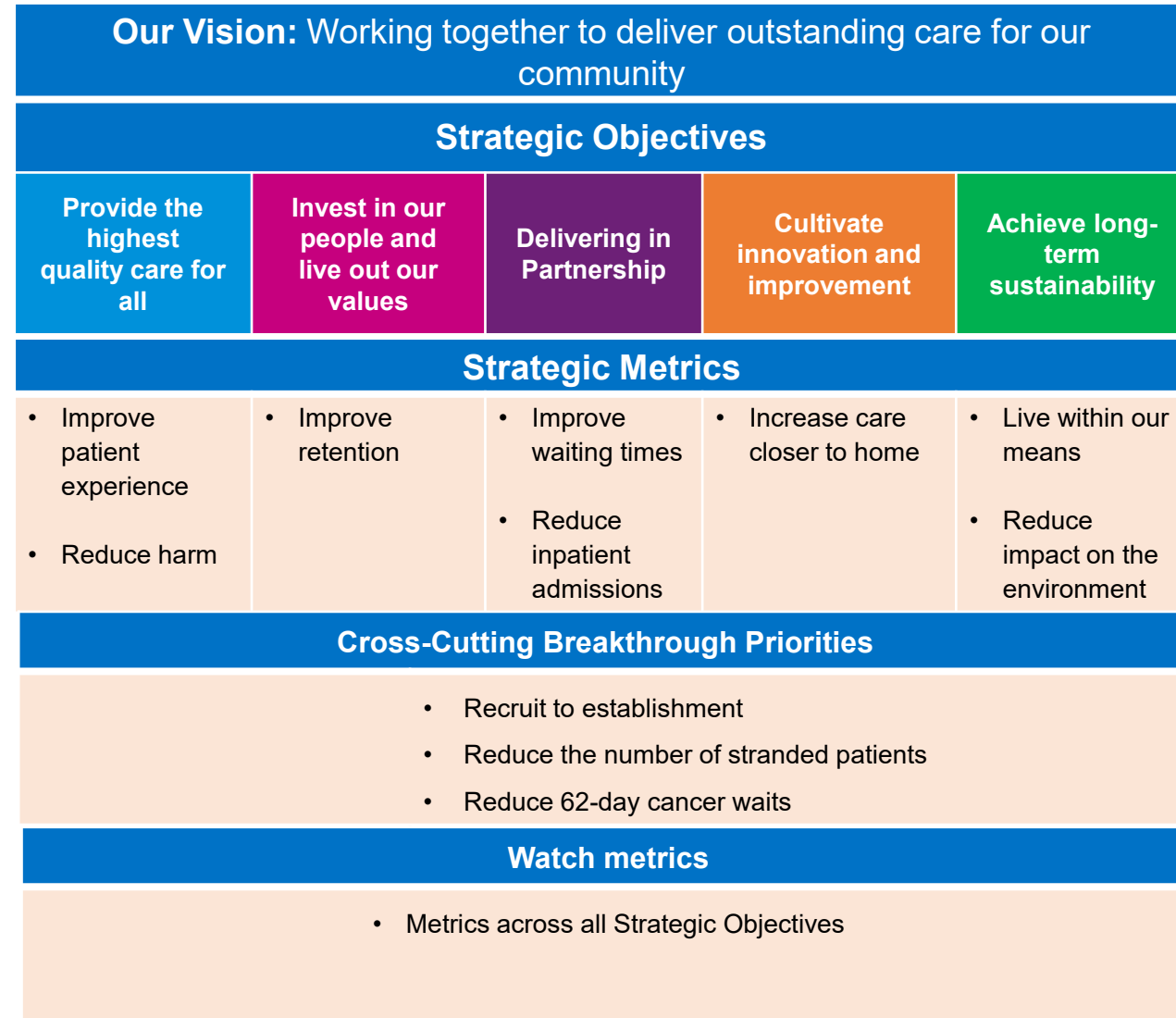
Achieving Our Strategy and becoming an outstanding organisation relies on each and everyone of our staff identifying ways we can improve the care we deliver to patients everyday and ways in which we can reduce waste, inefficiency and variation.

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

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

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

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



Guide to statistical process control (SPC)

Introduction to SPC:

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

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

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

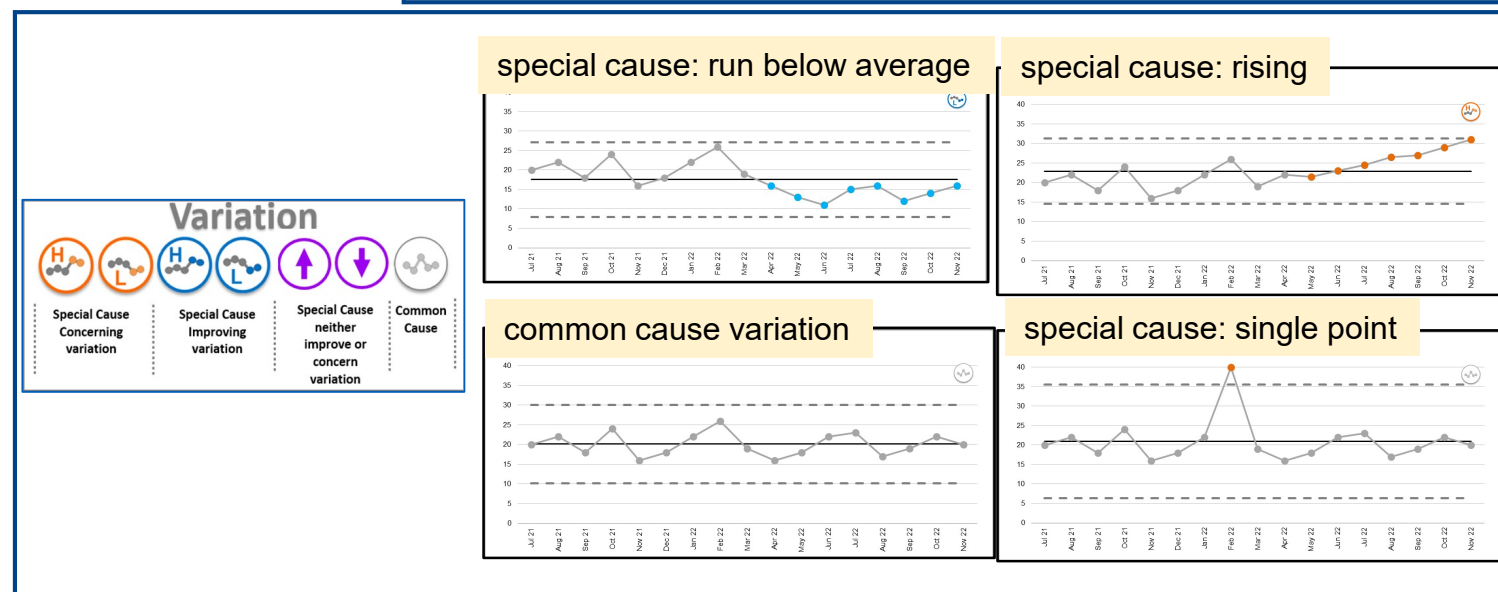
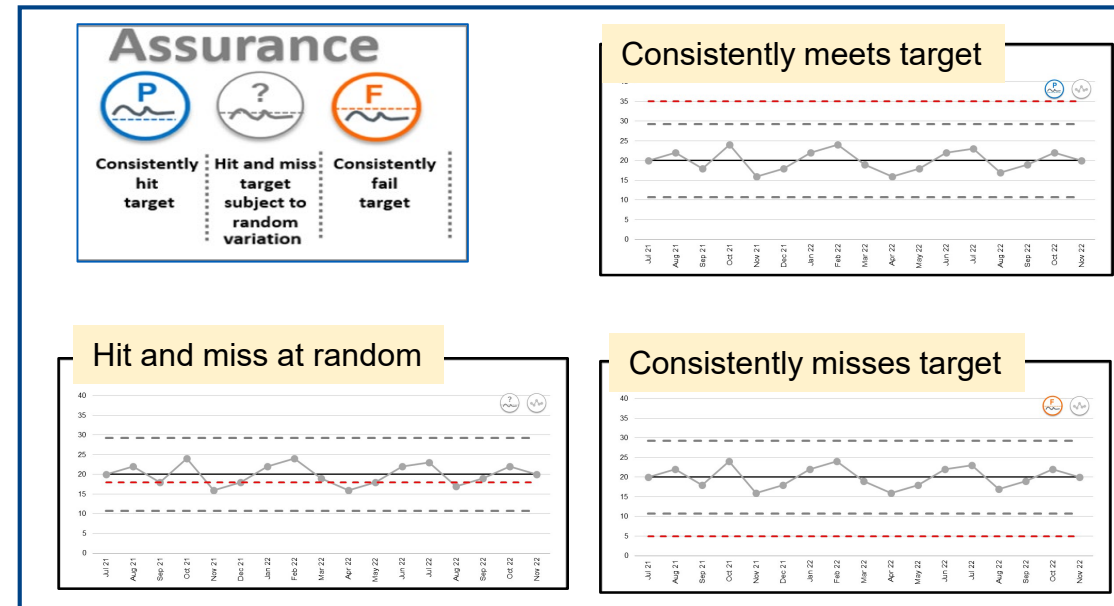
- The variation is routine, expected and stable within a range. We call this 'common cause' variation, or
- The variation is irregular, unexpected and unstable. We call this 'special cause' variation and indicates an irregularity or that something significant has changed in the process

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

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

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

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



Strategic Metrics

Strategic objective: Provide the highest quality care for all

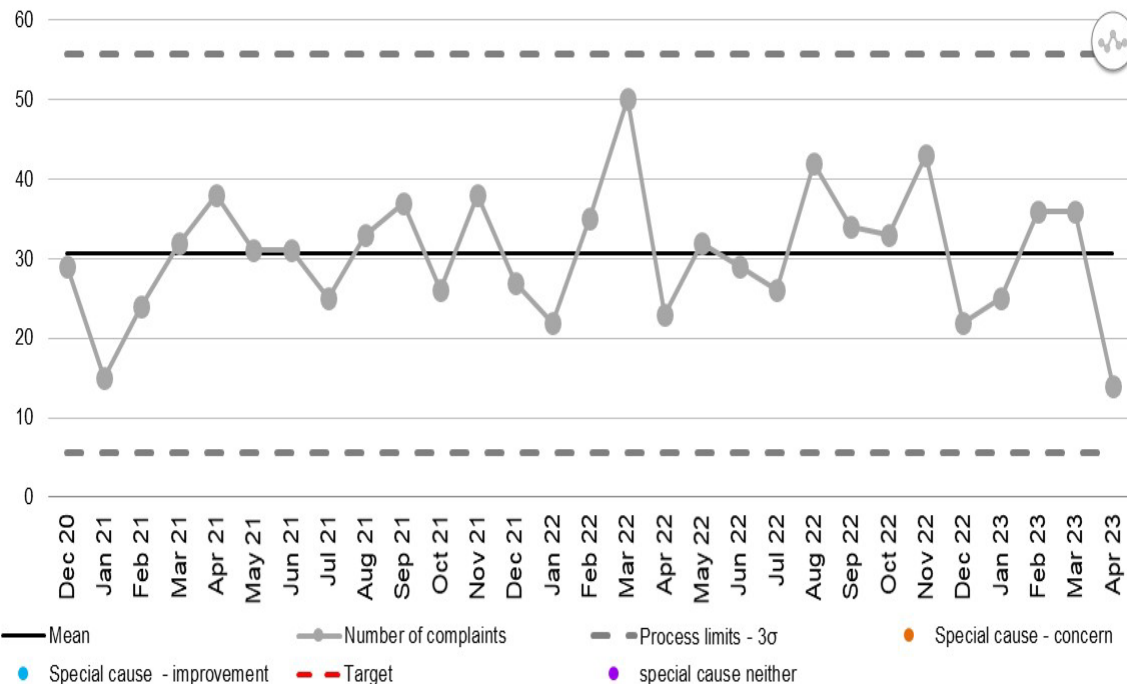
Strategic metric: Improve patient experience

Board Committee:
Quality committee

SRO: Eamonn Sullivan

Assurance	Variation
N/A	

Number of complaints - Trustwide starting 01/12/20



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:

The Trust experienced a significant drop in formal complaints this month (14) with the top two themes being clinical treatment and communication. The complaint response rate continues to be achieved for a second month. In parallel, we are now focusing on our actions with data presented below

Hotspots:

- Complaints - Head & Neck (1) Gastro (2)
- PALs - Head & Neck (31) / Maternity & Obstetrics (23) - Administration. Head and Neck were highlighted as a hotspot last month and this has been raised with the care group

Overdue Complaint Responses /Reopened Complaints:

- 4 overdue complaints for Urgent Care and 10 reopened complaints outstanding
- No overdue complaints for Networked Care but 2 reopened complaints outstanding
- 3 overdue complaints for Planned Care, (1 x 40 day) & 2 reopened complaints outstanding

Complaint Action Tracker:

- Networked Care - 1 complaint with an open action however this remains within set timeframe
- Planned Care - 78 complaints each with open actions on the tracker, 66 (85%) of these complaints have actions that are overdue
- Urgent Care - 23 complaints each with open actions on the tracker, 12 (52%) of these 23 complaints have actions that are overdue

Actions:

- Continuous Patient Advice and Liaison Service (PALS) monitoring to gauge current issues. Triangulation meetings continue with Patient Safety to identify Trust wide themes
- Current deep dive into complaint processes with view to develop CQI process
- Deep dive into theme of 'communication' to begin identifying areas for improvement (Q2 23/24)
- Implementation of improvement plans from process mapping to streamline both PALs and complaint process (Q3 23/24)

Risks:

- Clinical pressures and ability of IOs to undertake response

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Number of complaints received	43	22	25	36	36	14
Complaints turnaround time within 25 days (%)	72%	59%	74%	56%	80%	75%

Strategic objective: Provide the highest quality care for all

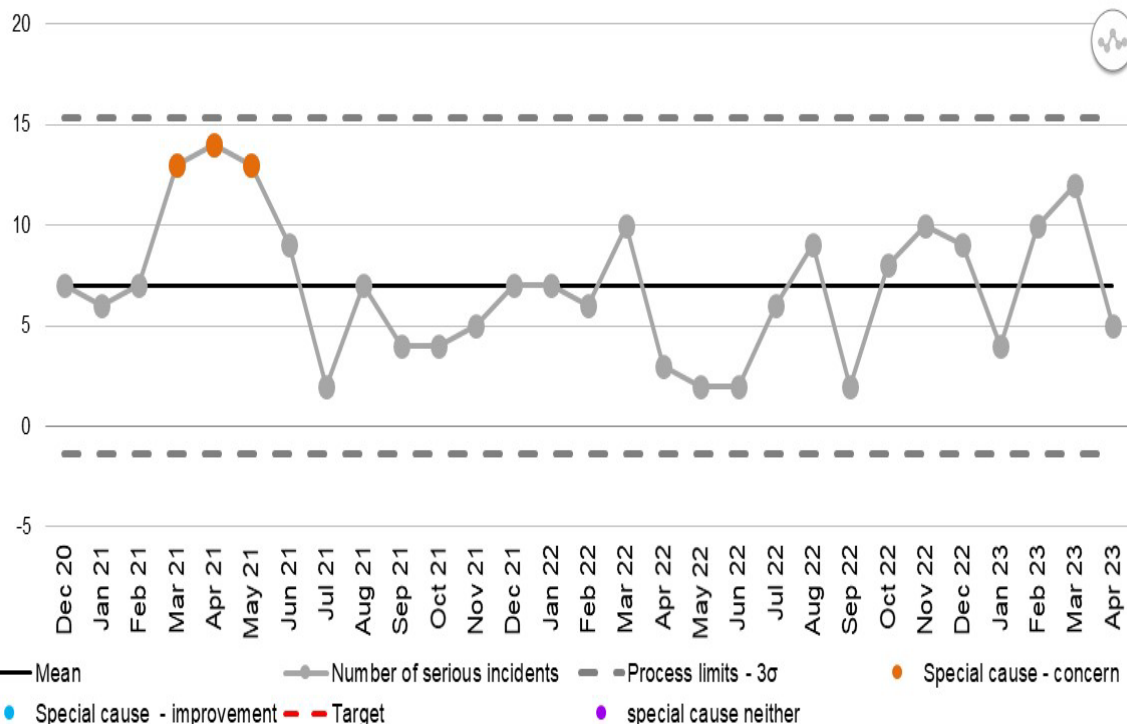
Strategic metric: All declared serious incidents (SI's)

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 5 serious incidents in April 2023. Urgent Care (3), Planned Care (0), Networked Care (1) and Corporate (1). This is a significant decrease from the 12 SI's reported in March, however, it should be noted that due to bank holidays and staff strike action, opportunities to hold the formal process meetings where SI's can be declared were reduced. This month saw pressure damage and treatment delay causing harm as the main themes with 2 of each being reported, as well as 1 VTE which we know is an emerging theme.

Duty of Candour was met in all incidents and learning disseminated. Key learning themes from April SI's include localised PU prevention training; signposting clinicians to VTE assessment and improving the quality of documentation.

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. Target transition by **September 2023**
- Transition to LFPSE (NHS learn from patient safety events system) by **September 2023**
- Working with care-groups on their improvement plans including SI actions and overdue DATIX
- Continuing improvement work via round table learning events focused on treatment delay
- Continuation of focused VTE improvement work across all areas

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 incident
- Peak in Ophthalmology patients suffering harm from treatment delay anticipated
- Potential delay in identifying patient harm from the recent power outage 'critical incident'

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Number of serious incidents reported	10	9	4	10	12	5

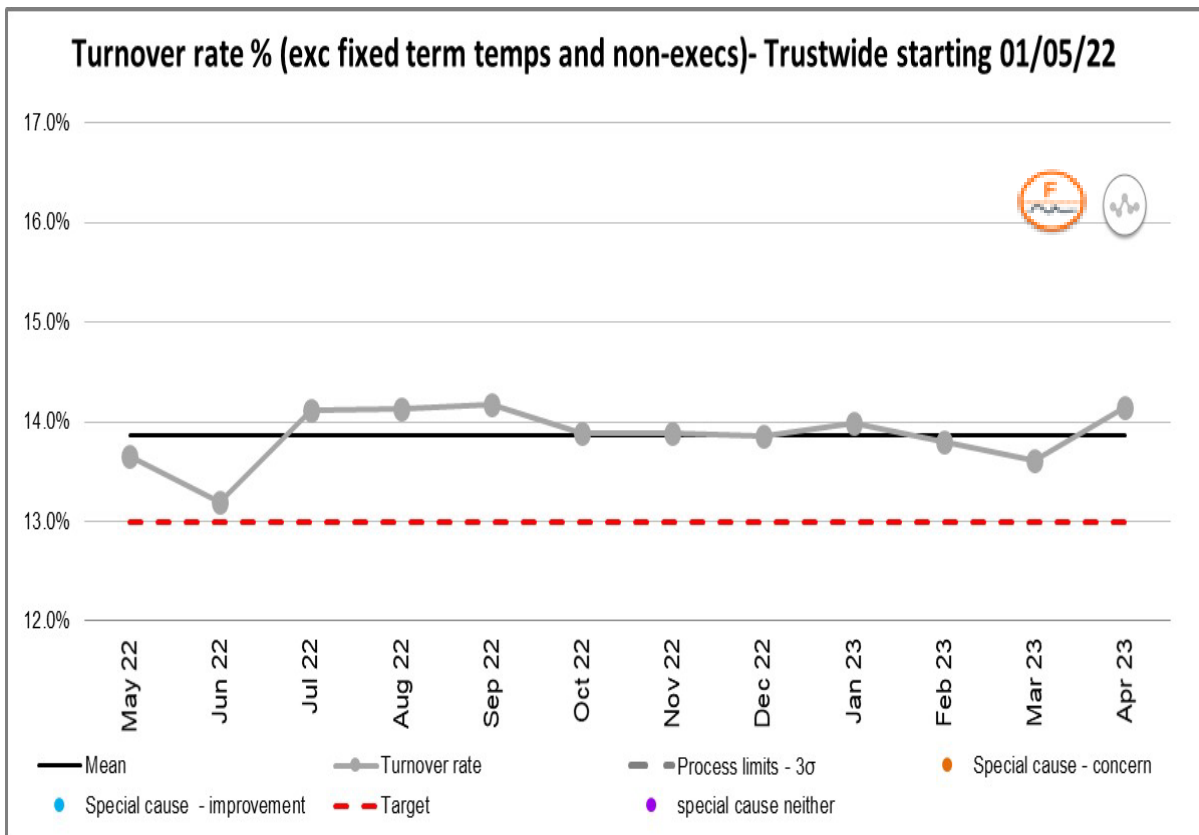
Strategic objective: Invest in our people and live out our values

Strategic metric: Improve retention

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 11.5% but this level will be continually monitored and reviewed in line with CQI methodology.

How are we performing:

Turnover currently sitting at 14.14% (excluding fixed term/temp). This has risen from 13.6% in March 23. The target aim in 22//23 is 13% (12.5% – 23/24 & 11.5% - 24/25) to be reviewed depending on how interventions impact stability. Hotspot areas have been agreed with the Care Groups and work is starting to look at what is causing turnover and how vacancy rates can be improved. There is a need to greatly improve the number of staff who want to stay and develop in the Trust, to create a more engaged & happier workforce, improved job satisfaction & the stability of the organization. Frequency of length of stay across the Trust shows highest no of leaves in 0-12 months. Interventions Trust wide will therefore seek to address this also.

Actions:

- Hotspot areas (AMU, Respiratory, Pharmacy, PCEU, T&O) engagement on-going
- Methodology developed for hotspot engagement
- Staff survey data analysed and triangulated with hotspot data
- Leavers questionnaire (exit interviews) and process review completed and launch pending
- Stay questionnaire and process to implement developed and launch pending
- Paediatrics Listening Event completed, analysis and next steps pending
- Pathology pulse response planning in progress collaborating with BSPS, Pathology, OD team
- Reviewing report of Star workshop-How can we better utilise a non-registered workforce to address R&R challenges within BSPS
- Therapies restructure proposal being presented to OMT
- Meeting with teams to discuss challenges in climate and behaviours, planning next steps with Triumvirates

Risks:

- Lack of financial influence on retention
- Tension between data that suggests turnover problems vs local narrative
- 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

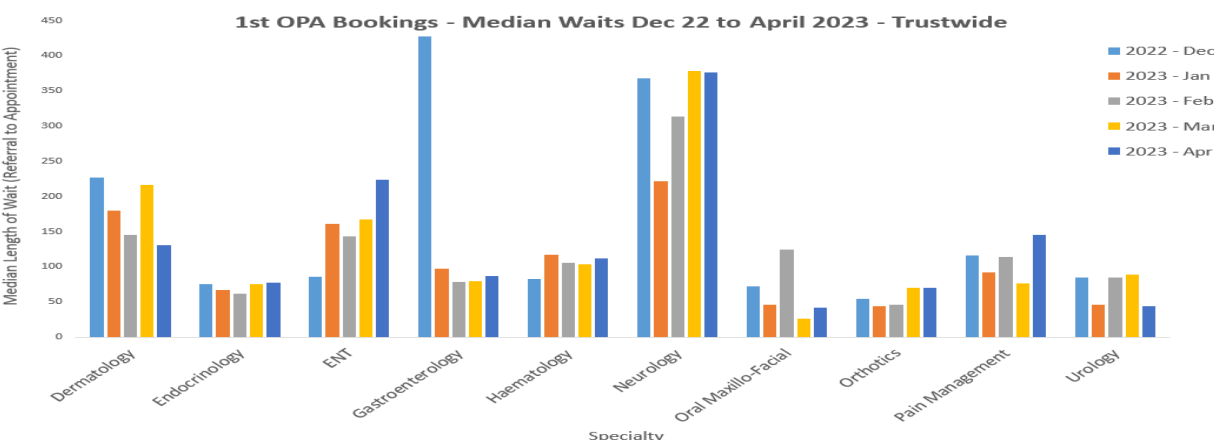
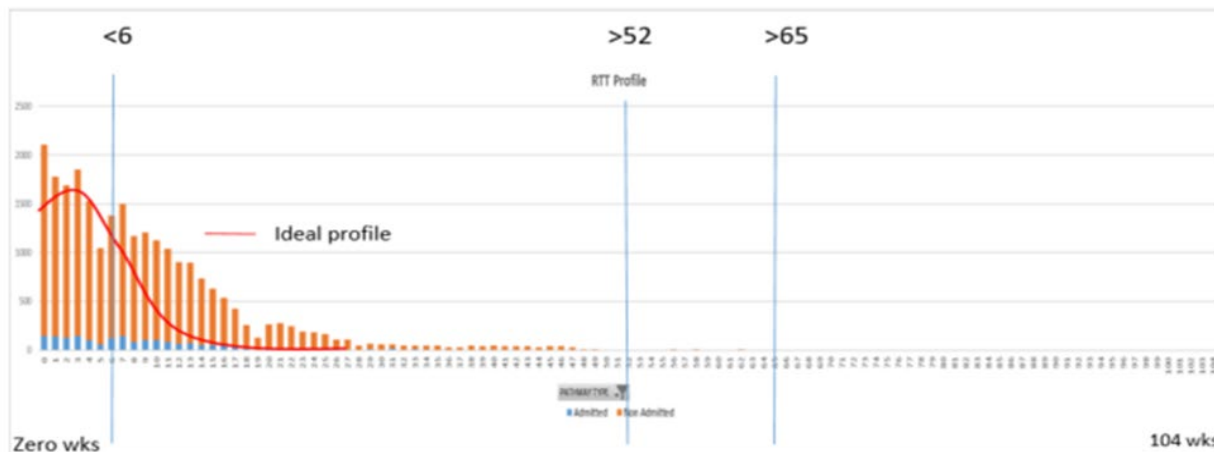
	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Staff turnover rate	13.88%	13.86%	13.99%	13.80%	13.61%	14.14%

Strategic objective: Deliver in partnership

Strategic metric: Reduce Elective long waiters

Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation
	N/A



1 st OPA Bookings - Median Waits	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Urgent Care	20.0	28.0	27.0	26.0	26.0	34.0
Planned Care	11.0	14.0	9.0	8.0	10.0	20.0
Networked Care	63.0	85.0	78.0	69.0	77.5	91.0

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 has closed 22/23 ahead of RTT trajectory
- >104. Zero vs. Zero planned
- >78. Zero vs. Zero planned
- >52. 19 vs. 50 planned
- Total PTL. 23862 vs. 25000 planned
- While the Trust is performing well against typical waiting times driver metrics (DNA, cancellation, activity), the waiting times to routine first assessment are an exception and are considered the largest driver of long waiting times
- 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
- Into 23/24 we will reduce waiting times within the early pathway stages as we seek to eradicate the longest waits. We will also deploy a range of tools focused on early risk identification and prioritisation support

Actions:

- Wait to first seen to become core care group driver metric, and as the biggest contributor to extended waiting times, will replace the >52 week reporting in the IPR strategic metric page from next month. Median waits for all 1st OPAs booked in April has been provided
- 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 (referral cleanse Apr/May)
- Deployment of fully integrated e-Triage and referral management solution (commence User Acceptance Testing May 23) - vastly improved data quality for referrals and outpatient booking data
- Continue Subject Matter Experts (SME) led RTT validation process / preparatory work for RTT migration to Master-Wait List (M-WL) and clinical pathway specific M-WL interventions development

Risks:



- Potential impact 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 as present. Work underway to deploy source data cleansing tool

Strategic objective: Deliver in partnership

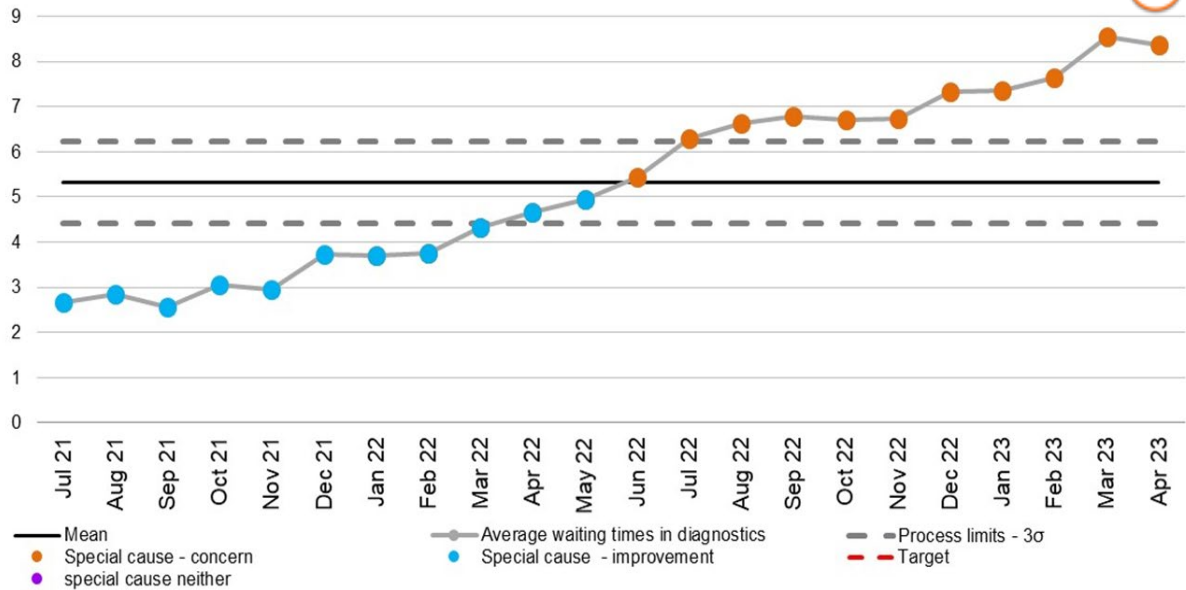
Strategic metric: Average waiting times in diagnostics DM01

Board Committee:
Quality Committee

SRO: Dom Hardy

Assurance	Variation
	

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



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. Driven by sustained increases in demand, in particular via cancer pathway, and physical capacity and resource constraints.

Actions:

We expect performance for endoscopy modalities to deteriorate further owing to the introduction of new capped rates for additional sessions

- As previously reported to the Board, the Endoscopy service have a comprehensive plan for recruitment, capacity and utilisation that is being worked through. However these are focused upon the long term. Short term outsourcing/insourcing opportunities are being discussed
- Within imaging, MRI rental scanner is being extended for 2 days pw to 5 days pw from 22/05/23. Outsourcing to ISP is in place. A project is in place for a 2x scanner facility at CDC site with a provisional go live of Q1 24/25. In the short term, extended 7 day working is underway to replace capacity lost through electrical breakdown.

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

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Average wait all modalities (wks)	6.73	7.34	7.35	7.65	8.56	8.37
Imaging	3.35	4.28	3.65	3.15	3.42	3.90
Physiological Measurement	2.84	3.95	4.40	7.26	7.25	7.18
Endoscopy	18.40	18.25	19.04	21.16	22.93	21.62
Cancer	2.35	3.18	2.41	2.87	3.31	3.14
Urgent	9.93	11.23	10.70	12.06	13.39	13.25
Routine	6.50	6.98	7.01	7.13	7.83	7.71

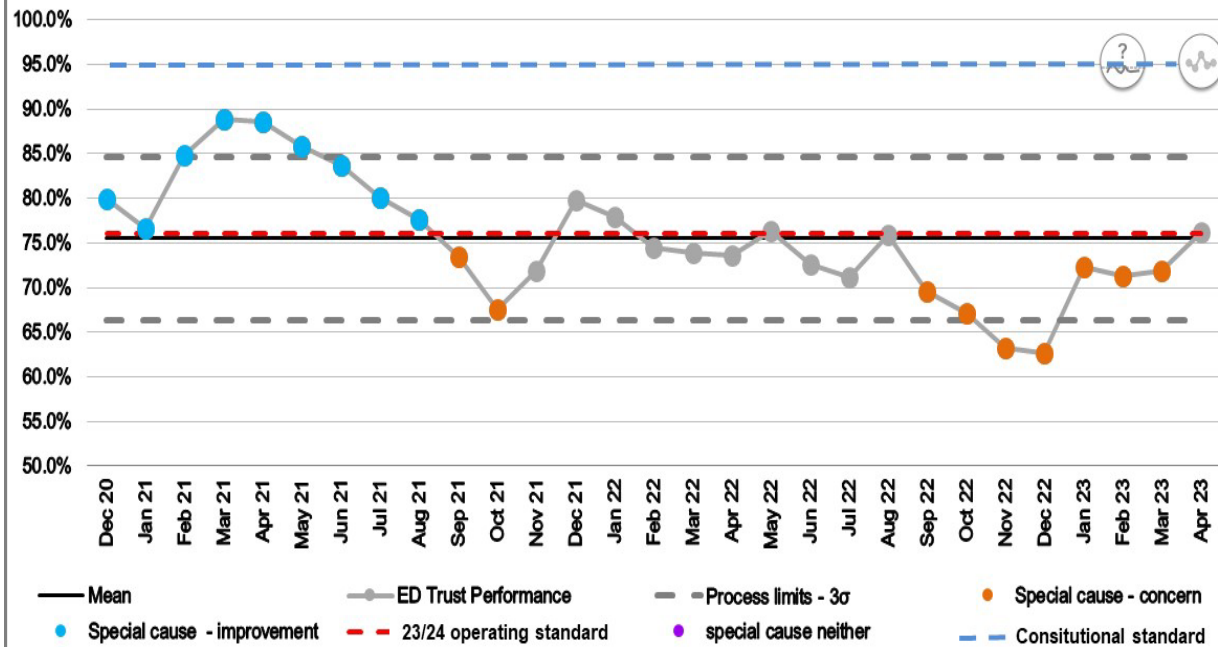
Strategic objective: Deliver in partnership

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



	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
4hour Performance (%)	63.23%	62.65%	72.31%	71.36%	71.92%	76.20%
Total Attendances	15196	15352	13556	13392	15253	13444
Total Breaches	5587	5734	3753	3835	4283	3200
Total Attendances 2020	12559	12272	12258	11571	8926	5975
Total Breaches 2020	3073	2931	2246	2241	1402	698

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 April 76.2% of patients were seen within 4 hours. Whilst a notable improved performance, we are mindful this was in the context of the department receiving 12% fewer attendances
- EDMU saw an ave of 91 patients per day & achieved the 95% standard for 28/30 days in April
- >60min SCAS handover breaches significantly improved upon March result, though mindful of the data impact from full divert during the Power outage incident
- Day-to-day performance remains variable & further efforts are focussed on reducing this as well as working with external partners and other Trust specialties to improve pathway efficiencies

Actions:

- SCAS meeting held to discuss improvement opportunities & actions - dual handover audits planned to check/establish better processes
- With Zone F now 'live', we are operationally fine-tuning the pathway and ensuring data collection captures the impact on performance
- Exploring efficiencies outside of ED such as Pathology and Radiology turnaround times
- Reading UCC appointment utilisation remains at approx. 60%. Digital booking system installation planned for June 23
- Scheduled mini-Breach audits at timed intervals throughout the day to ensure maximum data is validated before daily publication
- Weekly ED Action meetings now scheduled, also incorporating input from key specialties

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 and staff resilience cost of strike action

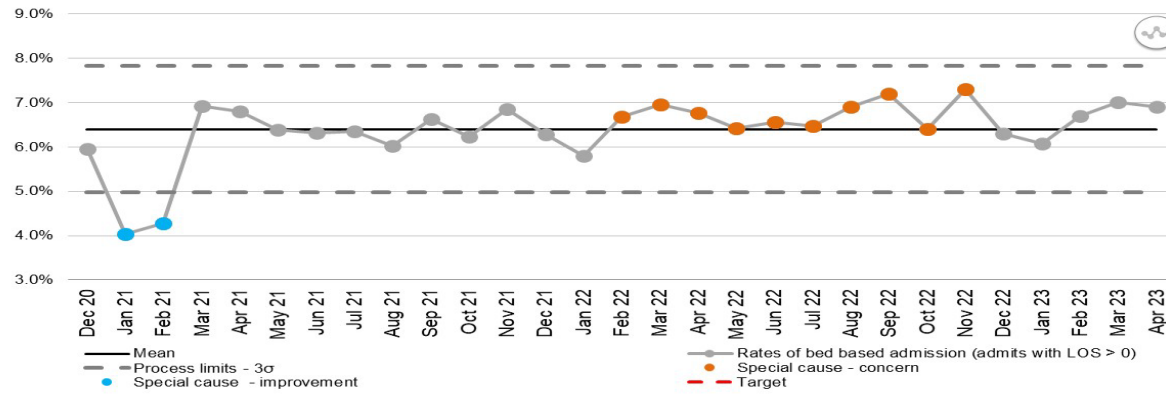
Strategic objective: Deliver in partnership

Strategic metric: Reduce inpatient admissions

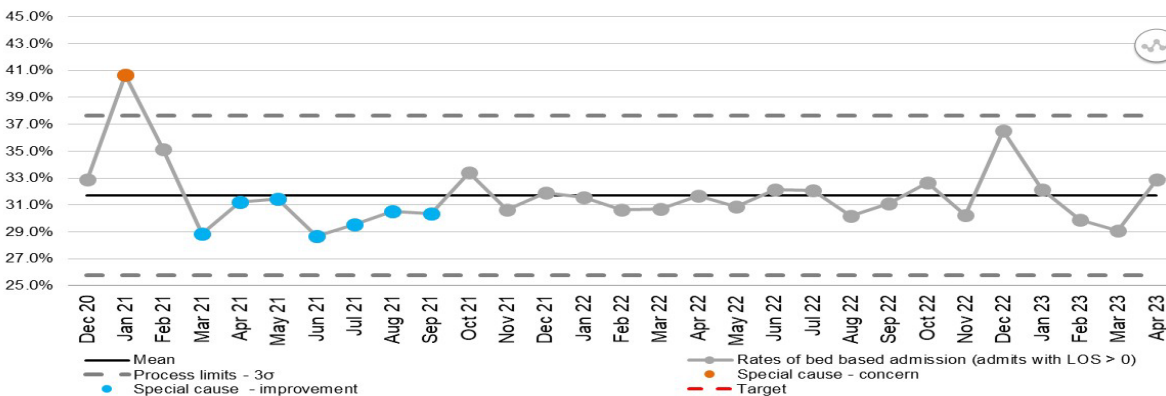
Board Committee:
Quality Committee
SRO: Dom Hardy

EL Variation	NEL Variation

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



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 non-elective 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



% of admissions with Los>0	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Elective	7.3%	6.3%	6.1%	6.7%	7.0%	6.9%
Non-elective	30.3%	36.5%	32.1%	29.9%	29.1%	32.9%

Strategic objective: Cultivate Innovation and Improvement

Strategic metric: Increase care closer to home

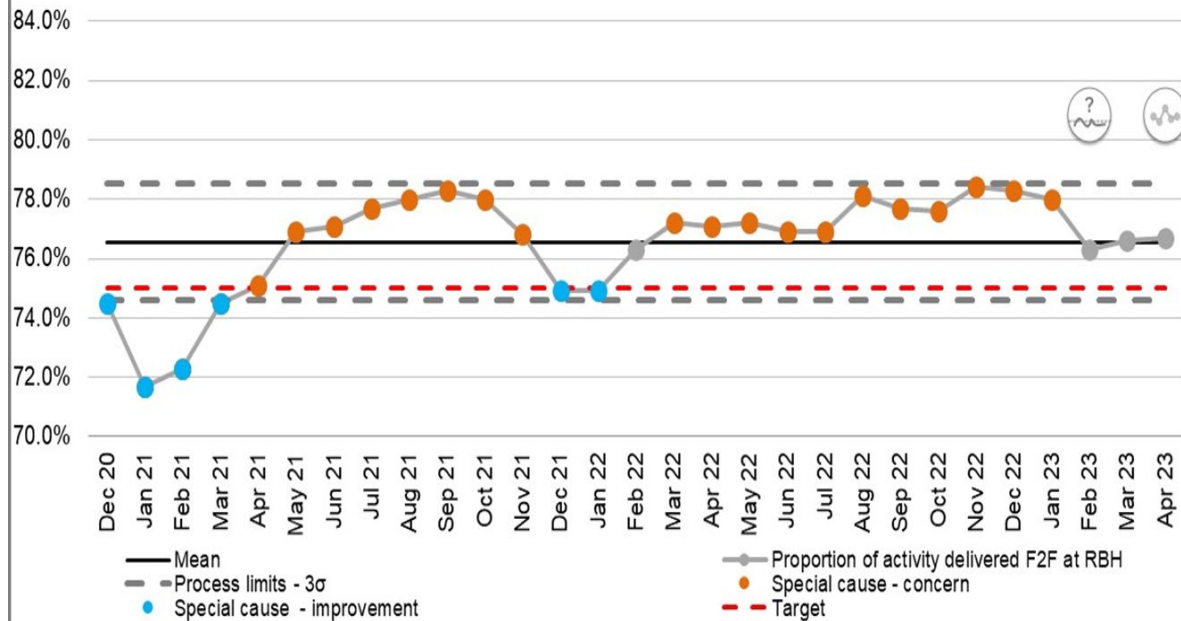
Board Committee
Quality Committee

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 April the proportion of care delivered from the RBH site was 76.7%. This is in line with performance in February and 1.3%points better than 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:

- 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:

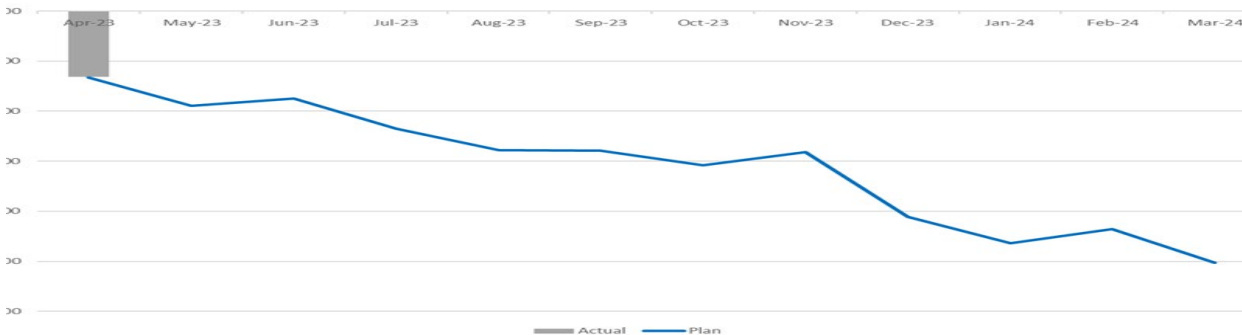
- Our drive to increase the number of first OP appointments to support delivery of elective waiting times is likely to result in a higher volume of face to face activity
- Digital and telephone appointments create additional requirements for clinicians
- Capacity within primary care to support demand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

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
% of all care provided from RBH site	78.4%	78.3%	78.0%	76.3%	76.6%	76.7%

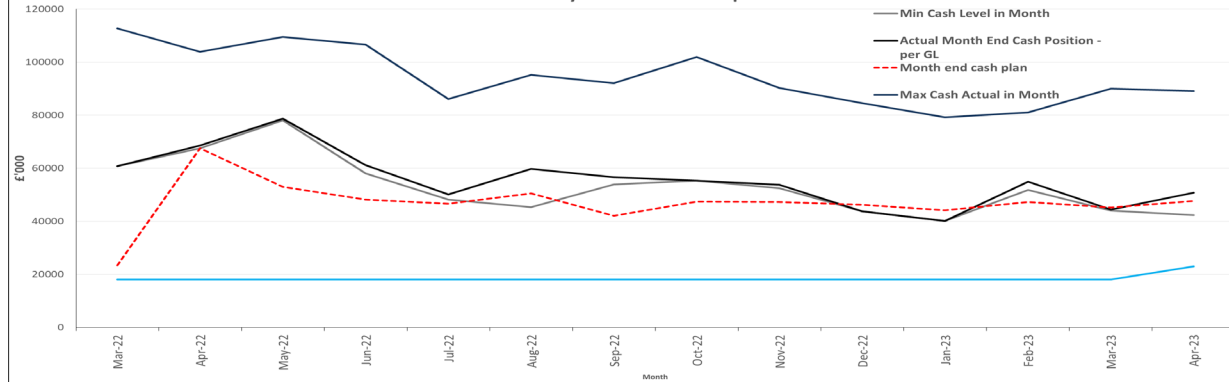
Strategic objective: Achieve long-term sustainability

Strategic metric: Trust income & expenditure performance

Performance against budget 2023/24 (£m)



Cash Summary - minimum cash position



	Year to date			Full Year
	Actual	Plan	Variance against plan RAG	
Income (incl pass through)	£46.88m	£44.59m	£2.29m	£560.34m
Pay	£29.25m	£27.30m	£1.96m	£333.00m
Non Pay (incl pass through)	£19.78m	£19.21m	£0.57m	£236.92m
Other	£0.51m	£0.74m	£0.22m	£8.79m
Surplus/(Deficit)	£2.66m	£2.65m	£0.01m	£18.37m
Exclude donated Asset Effect, centrally funded PPE and Impairment	£0.04m	£0.00m	£0.04m	£0.00m
Adjusted Financial Performance (NHSE Plan)	£2.62m	£2.65m	£0.03m	£18.37m

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance

Variation



Royal Berkshire
NHS Foundation Trust

This measures:

Our objective is to live within our means. Our plan at the end of Month 1 for the year is to deliver a deficit of £18.37m. *See below for update to budget position for year.

How are we performing:

Month 01 YTD, April 2023, financial performance is a £(2.62)m deficit, in line with YTD plan.

Income is ahead of plan by £2.05m which is principally due to phasing of the plan and £0.54m recognised in M01 to cover agenda for change (AFC) non-consolidated pay awards. Activity levels continue to be challenging principally due to industrial action during month 1.

The Pay position is £(1.96)m adverse to plan YTD, including the item above and the increased accrual for CEA (Clinical Excellence Awards) of £0.96m, in line with the national guidance. Non Pay costs are over budget YTD by £(0.57)m for the month due to timing of savings programmes.

Actions:

- The Trust is analysing the largest overspend areas and where whole time equivalents (WTE) have increased year on year, not aligned with activity levels, particularly in the use of temporary workforce through bank and agency
- The Efficiency and Productivity Committee has now been established and is overseeing the delivery of the £15m efficiency programme required to deliver the 2023/24 budget, the CEO chairs this committee
- During May 23, the Trust has resubmitted its annual plan reflecting a £10.05m deficit following the confirmation of additional funding and confirmed price increases for energy cost. A recommendation to May F&I Committee is to increase the planned capital spend from £13m to £21m (still within Capital Department Expenditure Limit (CDEL) £27m allocation) with distribution of the new £8m CAPEX budget to be determined by EMC based on a risk appraised rationing approach

Risks:

- Activity passing through the Emergency pathway increases
- 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
- Identification and delivery of the full £15m savings programme
- Culture change required to focus on living within our means post COVID-19

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 new financial 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:

Expecting draft information for March year end performance to be published in late May 2023 for inclusion in June 2023 IPR and Board Report

Actions:

- 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 during 2023/24
- The Trust business case proforma/policy is being reviewed and the impact on net zero carbon as a consideration for decision making will be included in the next version



Risks:

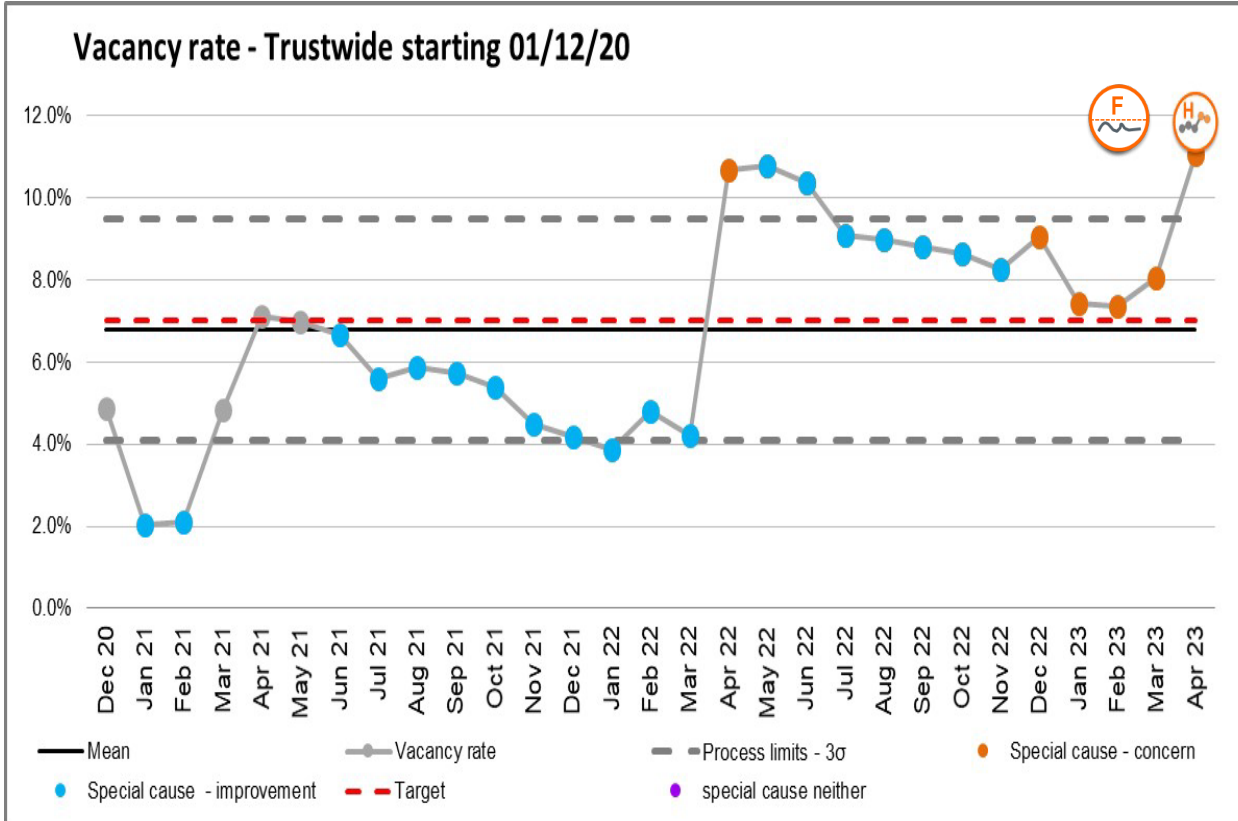
- Lack of in year reporting poses a risk on certainty as to year end achievement of Year 1 of our Green Plan
- Achievement at pace of major net zero actions requires investment and the Trust's deficit position means that prioritisation of expenditure may not permit the net zero agenda to be progressed 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 23.*

How are we performing:
In April we authorised 91 vacancies to go out to advert, a total of 110 candidates were shortlisted for interviews.
In April we had 156 offers made across the Trust for domestic recruitment. 35 offers in Nursing and Midwifery. 25 offers in Additional Clinical Services. 13 offers in Administration and Clerical. 16 offers in Allied Health Professionals. 4 offers in Estates and Ancillary. 7 offers in Healthcare Scientists. 11 offers in Medical and Dental.
In April we had 10 international nurses that landed in the UK to work at the Trust, and we interviewed 20 HCA candidates, resulting in 6 candidates accepting an offer.

- Actions:**
- Reviewing new HCA assessment 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
 - Successful overseas recruitment trip to India recruiting for AHP / OTs

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Trust Performance	8.27%	9.05%	7.41%	7.37%	8.04%	11.04%

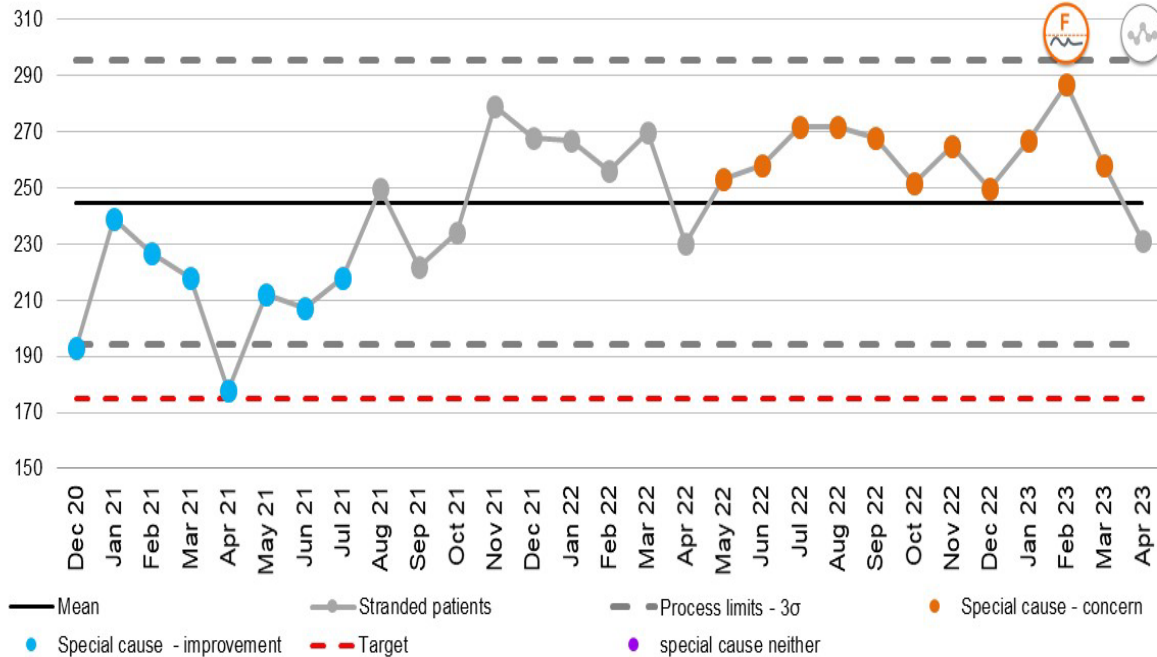
- Risks:**
- Affordable housing in the local area is urgent requirement
 - Coming up against more competitive relocation packages to the UK
 - Coming up against more and more other NHS trusts offering international nurses a salary starting at a band 4 then going to top of Band 5 when the nurse completes 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

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

Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation

Stranded patients - Trustwide starting 01/12/20



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: Decreasing

There has been a recent improvement in the number of patients with a LOS of over 21 days and further work is planned to target wards with a discharge 'Task Force' in the coming weeks. The HDT medically optimised list /discharge -ready 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. The refinement of reasons for 'deferral' has seen more equipment delays and this has been highlighted to commissioners.

Actions:

- Weekly review of LOS over 7 days remains in place
- The reasons for protracted LOS (over 21 days) is being captured and themes identified (and addressed wherever possible)
- Work has commenced to improve recording of delays through EPR
- Pathway 1-3 referral form to be added to EPR
- DC Task Force to focus on Whitley ward w/c 22nd May

Risks:

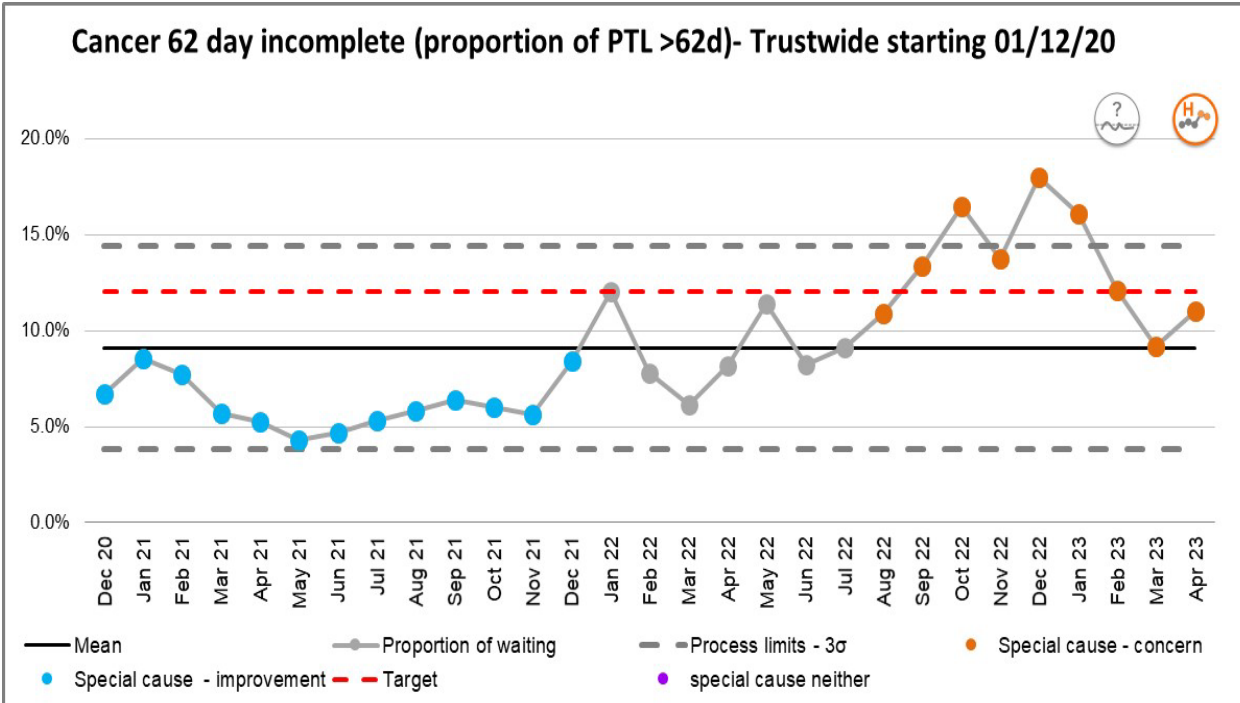
- Increasing complexity of patients requiring admission (current same day emergency services removing 'simple' patients from admission pathways)
- Use of EPR as a tool to capture accurate information which does not match requirements of discharge team
- Inability to resolve internal delays
- Inability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

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Number of stranded patients	265	250	267	287	258	231

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 Mar 23, 71.9% of patients on a cancer pathway were treated within 62days against a target of 85%.

April performance is incomplete and un-validated at 59.3%. As of the end of April the total number of patient on the PTL >62 days shows an increase at 256 driven by bank holidays (lower referrals), industrial action and reduction in WLI capacity in gastro.

Going forward, the rate card will likely have a very high negative impact on cancer performance (particularly surgery and gastro).

National focus is moving to total number of patients waiting more than 62 days – we need to be **<200 by March 24.**

Actions:

- Our principal action is to extend as far as possible histopathology capacity at all stages – reducing demand, increasing capacity and outsourcing work wherever possible
- Several '000 pathology reports have been outsourced since October with additional breast capacity recently added
- £300k additional TVCA funding secured for short-term capacity in gastro
- Ask put in for a £5m funding for cancer via the ICB
- We are increasing imaging capacity, particularly in MRI, to bring down waiting times
- Additional scrutiny at weekly Tuesday Cancer Action Group in conjunction with TVCA & 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 & 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
- Large negative impact of the consultant rate card on additional sessions

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Trust Performance	60.1%	60.7%	65.2%	67.40%	71.90%	59.30%
Total Cancer PTL list	2651	2328	2232	2191	2252	2275
No. on PTL > 62 days	365	419	359	266	207	256
Incomplete - % on PTL over 62 days	13.77	18.00	16.10	12.10	9.2	11.3
Cancer 28 day Faster Diagnosis	69.80	72.5	65.8	72.4	72.3	76.8

Watch Metrics

Summary of alerting watch metrics

Introduction:

Across our five strategic objectives we have identified 117 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 April 2023:

In the last month 31 of the 117 metrics exceeded their process controls. 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.

Other alerting metrics are aligned to strategic metrics including patient experience, serious incidents, maternity safety, delivery of OP by telephone or digital 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.

Provide the highest quality of care for all

- Patient safety incidents per 100 admissions
- Friends and Family survey (FFT) Satisfaction - OP attendance
- Friends and Family survey (FFT) Response – Maternity
- Mixed sex accommodation breaches
- Anaesthetics attendance at maternity specific training
- Conflict Resolution Training
- Fire (Annual) Training
- Doctors manual handling training

Invest in our staff and live out our values

- Ethnicity progression disparity ratio
- Rolling 12 month sickness absence
- Appraisal rates
- Stability rates %

Deliver in Partnership

- Ambulatory care NEL admissions
- Average NEL LOS (excluding 0 LOS)
- % of patients seen by a stroke consultant within 14 hours of admission
- % patients with high TIA risk treated within 24 hours
- Door to needle time
- Cancer 2wk wait: cancer suspected
- Cancer 31 day wait: drug treatments
- Cancer 31 day wait: surgery
- Cancer Incomplete 104 day waits

Cultivate innovation and improvement

- % OP treated virtually

Achieve long term sustainability

- Daycase actual vs. Plan
- A&E actual vs. Plan
- Drugs and devices vs. Plan
- Cash position

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Eamonn Sullivan

Will Orr































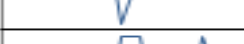
Metric	Variation	Assurance	Trending	Feb-23	Mar-23	Apr-23	Apr-22
Never Events				0	1	0	0
Patient Safety incidents/100 admissions				10.58%	11.38%	11.69%	10.21%
Pressure ulcer incidence per 1000 bed days				0.06	0.05	0.11	0.11
Category 2 avoidable pressure ulcers				1	1	2	2
Category 3 or 4 avoidable pressure ulcers (SI)				1	0	2	0
Patient Falls per 1 000 bed days				3.95	4.72	3.94	4.43
Patient falls resulting in harm (SI) avoidable				0	3	0	0
No. of DOLS applications applied for				21	42	22	14
No. of detentions under the MH act to RBH				2	5	1	4
% of staff: Safeguarding children L1 training				93.40%	94.20%	95.20%	91.00%
No. of child safeguarding concerns by the Trust				147	176	151	138
No. of adult safeguarding concerns by the Trust				27	41	33	25
No. of safeguarding concerns against the Trust				4	4	3	4
Unborn babies on child protection (CP) / child in need plans (CIP)				41	43	43	33
C.Diff (Cumulative)				46	53	2	3
C.Diff lapses in care				1	1	0	2
MRSA				1	0	0	0
Ecoli (trust acquired) infections				3	13	9	5
MSSA surveillance (trust acquired)				3	1	2	6

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Eamonn Sullivan

Will Orr








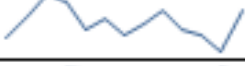



















Metric	Variation	Assurance	Trending	Feb-23	Mar-23	Apr-23	Apr-22
No. of compliments				40	36	98	31
FFT Satisfaction Rates Inpatients: i.Inpatients				99%	100%	99%	99%
FFT Satisfaction Rates Inpatients: ii.ED				85%	81%	88%	99%
FFT Satisfaction Rates Inpatients: iii.OPA				95%	94%	95%	95%
Mixed sex accommodation - breaches				390	399	177	71
Crude mortality				1.40	Arrears	Arrears	1.42
HSMR				Arrears	Arrears	Arrears	88.30
SMR				Arrears	Arrears	Arrears	92.10
SHMI				Arrears	Arrears	Arrears	1.02
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes				100%	100%	Arrears	100%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes				85%	67%	Arrears	90%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes				92%	83%	Arrears	100%

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Eamonn Sullivan

Will Orr

Metric	Variation	Assurance	Trending	Feb-23	Mar-23	Apr-23	Apr-22
RIDDOR reportable Incidents				0	0	0	0
Abuse/V&A (Patient to staff)				44	45	39	46
Body fluid exposure/needle stick injury				9	14	10	13
Environment Related Incidents				7	1	15	6
Manual Handling non patient every 3 years				91%	93%	93%	91%
Conflict Resolution				87%	88%	90%	86%
Fire (Annual)				89%	89%	91%	87%
Nursing and AHP Manual handling training every 3 years				85%	84%	84%	85%
Doctors manual handling training every 3 years				57%	59%	61%	59%
Health and Safety Training				92%	93%	94%	87%
Health and Safety inspections/advisory visits				0	0	0	3

Strategic Objective: Provide the highest quality care for all

Maternity Watch metrics

SROs: Eamonn Sullivan

Will Orr





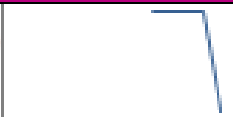







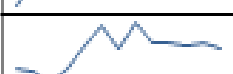


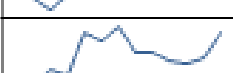


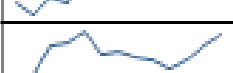





Royal Berkshire
NHS Foundation Trust

Metric	Variation	Assurance	Trending	Feb-23	Mar-23	Apr-23	Apr-22
FFT Satisfaction Maternity				96.4%	96.6%	93.9%	97.7%
FFT Response Maternity				11.0%	8.7%	10.0%	11.1%
No. of complaints - Maternity				3	8	2	0
Complaints - % response in 25 days				100%	50%	71%	50%
Number of Serious Incidents in the Maternity Service				2	0	0	0
% bookings with ethnicity documented / recorded				100.0%	100.0%	100.0%	99.6%
% women with a documented CO result at booking				87.6%	93.1%	94.1%	89.0%
% women with a documented CO result at 34-36 weeks				93.0%	96.0%	96.0%	72.5%
% of pre-term (less than 34+0), singleton, live births receiving a full course of antenatal corticosteroids, within seven days of birth				0.0%	83.3%	75.0%	0.0%
Post Partum haemorrhage >1500mls				3.8%	3.4%	3.2%	2.8%
Percentage of term babies admitted to Neonatal Unit				5.2%	2.3%	Arrears	5.7%
Percentage of Perinatal Deaths				0.4%	0.4%	0.3%	0.8%
Number of occasions MLU service suspended for 4 hours or more				8	10	11	4
Midwifery staffing vacancy rate				16.3%	13.2%	14.3%	15.4%
Midwifery staffing turnover				15.0%	14.9%	13.5%	16.3%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring				94.3%	92.8%	99.5%	90.8%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring				93.8%	95.7%	100.0%	69.8%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT				91.7%	95.7%	85.4%	71.7%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT				97.1%	97.0%	98.1%	84.9%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT				86.5%	88.7%	88.7%	18.4%



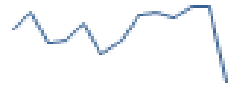


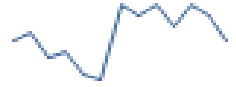








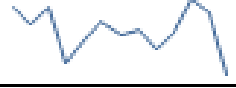











Strategic Objective: Invest in our people and live out our values







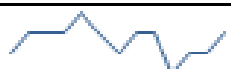

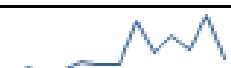
Watch metrics:

SRO: Don Fairley

Metric	Variation	Assurance	Trending	Feb-23	Mar-23	Apr-23	Apr-22
Ethnicity Progression Disparity ratio between middle and upper pay bands				2.0	2.0	1.94	
Stability rates %				81.7%	82.9%	82.2%	81.8%
Rolling 12 month Sickness absence				4.1%	4.0%	Arrears	3.9%
% Fill rate of Registered Nurse Shifts (RN)				96.2%	97.0%	95.8%	93.0%
% Fill rate of Care Support Worker Shifts (CSW)				94.1%	94.9%	98.9%	92.2%
Completed Mandatory Training				89.1%	89.9%	90.5%	87.3%
Appraisals				78.6%	82.7%	82.8%	83.4%
Nurse Staffing Red Flags				31	69	34	53

Metric	Variation	Assurance	Trending	Feb-23	Mar-23	Apr-23	Apr-22
12 hours from arrival in ED (%)				4%	3%	2%	2%
12hr DTA (Trolley Waits)				0	0	0	0
Percent of Ambulatory Care of Non elective Admissions				0.6%	0.6%	1.1%	14.0%
Average non-elective length of stay - excluding 0 day LOS (Length of Stay)				6.7	6.9	6.8	6.7
Urgent Operations Cancelled 2nd time				0	0	0	0
Fractured Neck of Femur: Surg in 36 hours				55.6%	62.5%	59.5%	43.2%
Seen by Stroke Consultant within 14 hours				58.0%	65.0%	63.0%	71.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival				58.0%	69.0%	69.0%	69.0%
Proportion of stroke patients scanned within 12 hours of hospital arrival				97.0%	90.0%	100.0%	100.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)				68.0%	69.0%	84.0%	86.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)				33.0%	19.0%	21.0%	14.0%
Average Length of Stay (LOS) from admission to discharge (days)				17	16	20	16
Door to needle time <60mins				50.0%	100.0%	79.0%	100.0%
No. of weekend discharges				456	435	565	547

Metric	Variation	Assurance	Trending	Feb-23	Mar-23	Apr-23	Apr-22
Cancer 2 week wait: cancer suspected				94.1%	94.1%	76.1%	88.8%
Cancer 2 week wait: breast patients				100.0%	98.9%	96.5%	96.4%
Cancer 31 day wait: to first treatment				97.3%	98.7%	95.9%	97.0%
Cancer 31 day wait: drug treatments				98.9%	100.0%	94.7%	98.4%
Cancer 31 day wait: surgery				94.4%	91.8%	81.5%	92.9%
Cancer 31 day wait: radiotherapy				94.8%	88.5%	89.8%	71.8%
62 day consultant upgrade: all cancers				89.1%	92.7%	78.8%	100.0%
62 Day screen Ref				83.3%	90.9%	50.0%	100.0%
Incomplete 104 day waits				92	80	76	39

Metric	Variation	Assurance	Trending	Feb-23	Mar-23	Apr-23	Apr-22
Cancelled Ops not re-scheduled < 28 days (%)				0%	0%	0%	0%
% OP appointments done virtually				23.7%	23.4%	23.3%	22.9%
New to follow up ratio				1.80	1.80	1.90	1.80
Number of OPPROC				7656	9331	7187	6478
Number of MDT OP				0	0	0	0
Clinic room utilisation (esp utilisation at non RBH sites)				0	0	0	0
Number of PIs				0	0	0	0
Number of active research trials				0	0	0	0
Number of projects supported by HIP				0	0	0	0

Strategic Objective: Achieve long-term sustainability

Watch metrics

SRO: Nicky Lloyd

Metric	Variation	Assurance	Trending	Feb-23	Mar-23	Apr-23	Apr-22
Pay cost vs Budget (£m)				-0.35	-24.18	-1.96	-1.57
Non pay cost vs Budget (£m)				-1.22	-13.46	-0.57	0.54
Income vs Plan (£m)				1.09	28.53	2.29	0.52
Daycase actual vs Plan (£m)				0.40	0.22	0.41	-0.19
Elective actual vs Plan (£m)				-0.28	-0.27	-0.43	-0.43
Outpatients actual vs Plan (£m)				0.24	0.18	0.62	-0.36
Non-elective actual vs plan (£m)				1.39	-0.03	-0.24	0.41
A&E actual vs plan (£m)				0.86	0.69	0.32	0.54
Drugs & devices actual vs plan (£m)				0.46	0.49	0.48	0.19
Other patient income (£m)				0.34	-0.50	0.00	-0.10
Delivery of capital programme (£m)				6.56	18.10	0.35	0.00
Cash position (£m)				54.88	44.40	50.81	68.59
Agency spend % of total staff cost (%)				4%	4%	3%	4%
Creditors (£m)				-83	-94	-97	-99
Debtors (£m)				16	37	23	30

Title:	People Strategy Summary: 2023 – 2027
Agenda item no:	7.1
Meeting:	Board of Directors
Date:	24 May 2023
Presented by:	Don Fairley, Chief People Officer
Prepared by:	Pete Sandham, Associate Director – Staff Experience and Inclusion

Purpose of the Report	To provide the Board of Directors with a summary of the People Strategy 2023-2028
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Report History	
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What action is required?	
Assurance	✓
Information	✓
Discussion/input	
Decision/approval	

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

Strategic objectives 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	✓
Well Led Framework applicability:	
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 ✓

Publication			
Published on website	✓	Confidentiality (FoI)	Private
			Public

People Strategy 2023-2027

Our Vision, Ambition Themes and Headline Programmes

Introduction: Our Starting Point

- The foundation of our first People Strategy 2018-2023
- A strong people centred organisational culture....

People Promise Theme from the 2022 NHS National Survey	2022 National Ranking of RBFT (Bracketed figure – 2021 ranking)
We are compassionate and inclusive	15 (20 th)
We are recognised and rewarded	12 (29 th)
We each have a voice that counts	8 (17 th)
We are safe and healthy	8 (8 th)
We are always learning	10 (12 th)
We work flexibly	12 (27 th)
We are a team	14 (17 th)
Staff Engagement	3 (8 th)
Morale	14 (17 th)
I would recommend my organisation as a place to work	8 (18 th)
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	8 (11 th)

Compassionate | Aspirational | Resourceful | Excellent



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.

Key Delivery Programmes

- Underpinning our 5 Ambitions are 9 headline delivery programmes of work....

Headline Programmes

Recruitment and Retention Impact	Healthy Work and Workplace	Inclusive Culture Programme	Improving Together	Workforce Supply
Workforce Transformation and Redesign	'RISE' Talent Management	People Function: Process and Service Improvements		Education Strategy Delivery

Headline Programmes	Year 1: 2023/24 (extracts)
Recruitment and Retention Impact	<ul style="list-style-type: none"> Improving Stability - workforce intelligence, pastoral care, on-boarding + induction and accommodation enhancements Deep dives, service level retention plans, targeted hot spot interventions
Healthy Work and Workplace	<ul style="list-style-type: none"> Reducing incidence of Violence and Aggression: Promoting Positive Behaviours Workstream. Staff Psychology service development and delivery
Workforce Transformation and Redesign	<ul style="list-style-type: none"> Technological and digital enhancements driving productivity - E rostering, Job Planning, automation, virtual ward and remote monitoring expansion Workforce Activity Planning and NHS Workforce Plan implementation New role development and upskilling to support service delivery
Improving Together	<ul style="list-style-type: none"> Reducing Time to Hire & Progression Disparity Ratios. Delivering our Turnover target of 13% and staff experience enhancement Leadership Behaviours Framework integrated and embedded
'RISE' Talent Management	<ul style="list-style-type: none"> Launch RISE Talent Management Programme Trust Wide
Education Strategy Delivery	<ul style="list-style-type: none"> Funding model - expansion of Nursing Degree apprenticeships Clinical Skills suite launch and optimized utilisation
People Function: Process and Service Improvements	<ul style="list-style-type: none"> Recruitment and Selection – Overhaul to deliver enhanced inclusion focus Reducing Time to Hire of recruitment process
Workforce Supply	<ul style="list-style-type: none"> 16-18 labour market – Focus on T level expansion (30+ per annum) International Recruitment target delivery for Nursing and Therapies 100+ apprenticeship starts (10% of which are direct apprentice hires)
Inclusive Culture Programme	<ul style="list-style-type: none"> Structural and governance enhancements to elevate and embed EDI profile Health Equalities programme and priorities

Where our People Strategy will take us.....



Royal Berkshire
NHS Foundation Trust

What we are looking to achieve:

- Peoples 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

Compassionate | Aspirational | Resourceful | Excellent



Title:	Finance Strategy Refresh
Agenda item no:	7.2
Meeting:	Board of Directors
Date:	24 May 2023
Presented by:	Nicky Lloyd, Chief Finance Officer
Prepared by:	Nicky Lloyd, Chief Finance Officer

Purpose of the Report	To present the refreshed Trust Finance Strategy to the Board of Directors for approval
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Report History	EMC - May 2023 Finance and Investment Committee - May 2023 Trust Board Seminar - February 2023 Senior Leaders - February 2023 Finance Matters Quarterly Away events - October 2022, January 2023, April 2023
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What action is required?	
Assurance	
Information	
Discussion/input	
Decision/approval	For Approval

Resource Impact:	This maps the route to achieve financial sustainability
Relationship to Risk in BAF:	
Corporate Risk Register (CRR) Reference /score	4182
Title of CRR	Achieving Financial sustainability

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

Publication			
Published on website		Confidentiality (Fol)	Private
			Public

1 Summary

The Finance Strategy, as a supporting strategy to the overall Trust 'Improving Together' strategy, has been refreshed. This has been achieved over the last eight months through the collaborative efforts of the Finance Directorate, on three separate quarterly 'Finance Matters' sessions, Executive Management Committee, Senior Leaders and the Trust Board.

It sets out our roadmap for the next 5 years to achieve financial sustainability, through five financial pillars:

1. Finance Matters
2. Productivity and Sustainability
3. Procurement and Partnership
4. Commercial
5. Charity

2 Conclusion

Trust Board is asked to **APPROVE** the Finance Strategy.

3 Attachments

Appendix 1 – Our Finance Strategy

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Our Finance Strategy

2023 - 2028



Executive Summary

What we are looking to achieve

- The Trust's Finance Strategy provides the bedrock for a sustainable financial performance into the future.
- We will set a trajectory to a financial position that enables us to deliver the objectives of the Trust and its supporting strategies.
- In order to achieve this strategic ambition, we need to achieve an Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA) of 10%.
- Net zero carbon by 2030 as committed by the Trust Board in the Trust Green Plan launched in 2022.

How we will know we're successful

- Development of a budget that delivers the strategic objectives; breakeven or better revenue budget when allowing for the costs of the other enabling strategies.
- Delivery of this agreed budget, with NHS income augmented by other income streams.
- A capital programme that allows us to provide a built environment as a platform which supports outstanding patient and staff experience and safety, at the same time reducing the backlog maintenance.
- Measurable reduction in carbon on a trajectory to net zero.

What we will do

- Finance Matters
 - Continue our core Organisational Development programme which ensures the Trust has the skills to be resourceful, deliver budget, lead with future focussed forecasting, with processes operated right first time and deliver financial sustainability.
- Productivity and Sustainability
 - Support the organisation to increase productivity to top decile of acute Trusts.
- Procurement and Partnership
 - Secure deals that mitigate the impact of inflation and add social value.
- Commercial
 - Make contributions from our commercial activities equivalent to 1% of NHS income value.
- Charity
 - Support the Trust through targeted investments in revenue and capital that allows the Trust to make best use of resources.

Key enablers

- Model Hospital benchmarking.
- Service Line Reporting and Patient Level Information and Costing systems output on a regular basis to work with services on improving financial viability of service lines.
- Improving Together methodology embedded in the directorate and wider organisation with focus on driver metrics and watch metrics.
- All decision-making requires evidence of an affirmative statement of carbon reduction and how this will be measured.
- Executive Management Committee (EMC) engagement cascading down to budget holder accountability to support delivery.

Introduction

The Trust's Finance Strategy builds the bridge from deficit to an EBITDA of 10%, which will enable us to deliver on our strategic priorities.

This strategic plan has been developed to ensure that there is a sustainable financial base to the Trust's overarching and supporting strategies. The workstreams described encompass both the finance directorate and the wider Trust direction and will be in place throughout the life of the Trust strategy. The plan also addresses wider sustainability considerations which support the delivery of the Green Plan, taking us toward net zero carbon by 2030, with particular focus on the next five years.

Financially, the Trust has a history of achieving the plan it has set, often through one-off, non-recurrent income items. The Trust was able to halve its underlying deficit in 2019/20 and maintained financial balance during 2020/21 and 2021/22 with additional funding available as part of the national Covid response and recovery. However, 2022/23 has marked a departure, with a deterioration in financial performance driven by reduced activity levels in most pathways, Emergency Department (ED) attendances being the notable exception, and the non-delivery of savings ambitions. These factors, coupled with high inflation and sickness levels exceeding those assumed in budget setting have led to a £16.73m deficit for 2022/23. Running a deficit revenue position will not enable the Trust to achieve its strategic objectives.

Whilst the Finance Strategy most obviously aligns with our 'Resourceful' value, the delivery of the strategy is critical to living all of our values. Delivery enables us to be 'Compassionate' whilst being hugely 'Aspirational' and striving for 'Excellence'.

The Finance Strategy underpins the achievement of Improving Together. Delivery of the strategy enables the Trust to deliver outstanding care for our community whilst improving our impact on the environment and local economy.

How this will support our Improving Together mission:

This strategy requires change, innovation and continuous improvement in order to achieve it. The current financial and carbon positions require a fundamental shift in mind-set to address this. This strategy sets out steps that support this journey; embedding rigorous adherence to a getting it 'right first time culture', improvement in productivity and sustainable practice, working collaboratively to deliver the best value for money, maximising the non-NHS Pound and using the Royal Berks Charity to drive even harder at improved experience and outcomes for staff and patients.



Our vision for the future

Strategic Principles

Financial Pillars	We will provide the highest quality care	Invest in our people and live out our values	Deliver in partnership	Cultivate innovation and improvement	Achieve long-term sustainability
Finance Matters	<ul style="list-style-type: none"> By enabling all or our people to have high quality financial information to make informed decisions about the allocation of resources. 	<ul style="list-style-type: none"> Learning and development of the finance team, budget holders and all those involved in organisational financial stewardship. 	<ul style="list-style-type: none"> As part of a financially balanced integrated Care System, we can ensure that resources are directed to support the delivery of high quality services to the citizens we serve. 	<ul style="list-style-type: none"> Improving Together. 	<ul style="list-style-type: none"> Annual planning/budget setting Performance review cycle Capital programme delivery assurance cycle Quarterly forecasting cycle
Productivity and Sustainability	<ul style="list-style-type: none"> By reducing our carbon emissions, we will help to ensure cleaner air for the citizens who live near to and use our services 	<ul style="list-style-type: none"> Green rewards encourage staff to log the active decisions they have taken to reduce carbon at work and at home 	<ul style="list-style-type: none"> The Green Plan, in partnership with other local anchor institutions, Reading Borough Council and University of Reading 	<ul style="list-style-type: none"> Service Line Reporting and Patient Level Information and Costing roll out The Green Plan Model Hospital benchmarking 	<ul style="list-style-type: none"> Service Line Reporting and Patient Level Information and Costing roll out The Green Plan Data Quality Model Hospital benchmarking
Procurement and Partnership	<ul style="list-style-type: none"> Contract management which encompasses end to end 'Procure to pay' (P2P) cycle 	<ul style="list-style-type: none"> Ensuring our people have the right support, skills training and capacity to help drive our objectives. 	<ul style="list-style-type: none"> Continued and increased involvement in national, regional and ICS work 	<ul style="list-style-type: none"> New income generating commercial partnerships, including those which support innovation and better outcomes for our patients 	<ul style="list-style-type: none"> Contract database of all non pay contracts for active management of contract retendering/renewals and complete coverage of non-pay spend
Commercial	<ul style="list-style-type: none"> We will be implement the commercial strategy for the sole objective of generating improvements in patient diagnosis, treatment and care across the 5 – year period and beyond. 	<ul style="list-style-type: none"> We will strive to continue to develop the commercial capability and capacity of the Trust over the 5 – year period. 	<ul style="list-style-type: none"> We will strive to position the Trust to diversify and increase its revenue in an ethical, collaborative manner. Current networks will be maintained and developed. New networks and partnerships will be explored, assessed and developed on a case – by – case basis. All networks and commercial relationships will be managed within applicable NHSE&I and national regulatory framework requirements. 	<ul style="list-style-type: none"> We will seek to develop innovative commercial and contractual arrangements to encourage timely, feasible, exciting business development. We will, over the 5 – year period, strive to move and maintain the commercial culture ratio to a 75%/25% proactive/reactive setting. 	<ul style="list-style-type: none"> We will strive to make an annual, net positive, ring – fenced contribution to the financial sustainability of the Trust. The target is a maximum of 1% of qualifying Trust revenue by year 5. The target is to be achieved on a phased basis across the 5 – year period, subject to annual review.
Charity	<ul style="list-style-type: none"> Through ongoing delivery of our stewardship programme, we will keep our supporters and service users at the heart of all we do 	<ul style="list-style-type: none"> We will create opportunities to develop our knowledge and skills to deliver the charity strategy in an ethical and inclusive way 	<ul style="list-style-type: none"> We will work collaboratively with colleagues across the Trust to identify need and with our supporters to meet these 	<ul style="list-style-type: none"> Improving Together – CQI We will engage with local/national partners to support delivery of projects that enhance the care and experience for our patients, visitors and staff 	<ul style="list-style-type: none"> Diversify our income streams to help future proof income Live within our means Seek best value for money in all we do

Ambition 1 - Finance Matters (Business as usual)

The Finance Directorate's core OD offering which supports the organisation in fulfilling its strategic objectives



Our Aims

- ✓ Financial sustainability
 - ✓ Recurrent breakeven or better revenue position (EBITDA of 10% in order to achieve this)
 - ✓ Fund a capital programme at least equal to the Trust's cash generation (depreciation in the revenue position)
 - ✓ Maintain cash above 50% of monthly operating costs
- ✓ Resourceful
 - ✓ Efficiency programme is embedded into base budgets and delivered
- ✓ Delivering budget
- ✓ Future focused forecasting
 - ✓ To deliver accurate and timely revenue and capital forecasts as part of an Long Term Financial Model
- ✓ Right first time processes – to ensure our time and effort is value added

Key Programmes

- Annual planning/budget setting.
- Performance review cycle.
- Capital programme delivery assurance cycle.
- Improving Together.
- Learning and development across the organisation in financial stewardship
- Accountability framework with earned autonomy to reward compliance and reduced autonomy/ consequences for non-compliance.
- Quarterly forecasting cycle.

Measuring Our Success

- Agreed revenue budget at breakeven or better and it is delivered.
- Cash is maintained above the agreed floor and the capital programme is delivered.
- Forecasts produced with associated action plans where scenarios suggest non-delivery of plan.
- LTFM delivered and utilised for future planning rounds and sensitivity analysis of available options.
- Deadlines are met, with no or minimal need for re-work.

Key Enablers

1. Planning system available and embedded.
2. EMC engagement cascading down to budget holder accountability to support both delivery and forecasting.
3. Improving Together.
4. Availability of resource to deliver capital programme.
5. Learning and development programme.
6. Compliance with specified processes, and reporting of non-compliance. with actions taken to improve compliance.



Ambition 2 - Productivity and Sustainability

This pillar aims to improve productivity and deliver services sustainably into the future

Our Aims

- To improve the productivity of the organisation by increasing the amount of activity delivered in a defined capacity and returning to pre-pandemic levels where a like for like comparison is possible. The Finance directorate will support with data analysis and facilitation of workshops to highlight unwarranted variation and develop models exploring different solutions.
- This means that we will be able to achieve top decile of acute Trusts.
- To improve the utilisation of resources across the organisation and ICS to minimise our impact on the environment.

Measuring Our Success

- Resource expended per weighted activity unit (WAU) (including non-financial metrics such as care hours per patient day, capacity utilisation etc).
- Reduction in 'cost per...' analysis in Corporate Services Benchmarking
- Carbon footprint of all departments (floor area occupied, use of printing and paper etc).

Key Programmes

- Service Line Reporting and Patient Level Information and Costing roll out
- Improving Together.
- Development and measurement of the Trust wide Green Plan at department level.
- Data Quality - Capture of data at source to better enable understanding of activity, complexity and other drivers.
- Trend analysis to show how costs and activity have changed over time to enable efficiency opportunities to be explored.
- Focus on reduction and removal of waste, waiting and unwarranted variation.

Key Enablers

1. Model Hospital.
2. Service Line Reporting and Patient Level Information and Costing systems output on a regular basis.
3. Improving Together methodology embedded in the directorate and wider organisation.
4. All decision-making requires an affirmative statement of carbon reduction and how this will be measured.

Ambition 3 - Procurement and working in partnership

This ensures that the Trust secures high quality services from suppliers and value for money for the taxpayer



Royal Berkshire
NHS Foundation Trust

Our Aims

- Aggregation and Collaboration: To further develop and identify new key strategic partnerships both regionally and nationally.
- Sustainability - Resilience and Financial Sustainability in our Supply Chain: To provide assurance to our stakeholders our supply chain provides value for money as well as assure patient care is not impacted by supply chain disruption.
- Net Zero Carbon: To deliver a net zero carbon supply chain in line with NHSE guidelines by 2030.
- Social Value: To further increase and support the Trust's Anchor Institution status, as well supporting our people.
- Innovation: To support and identify opportunities to drive innovation across our supply categories and supply chain. Continuously improve and identify improved ways of working.

Key Programmes

- Net Zero Carbon: Review of supply chain and sourcing to achieve our net zero carbon target.
- Aggregation and Collaboration: BOB ICS, Regional and National working across a range of strategic and tactical programmes. Identifying new supply partnership opportunities.
- Resilience and Financial Sustainability: Review, Refresh, Reform and Redesign financial and commercial issues, risks and opportunities.
- Social Value: Tackling local economic inequalities by encouraging and raising awareness of local supply opportunities to the Trust. Embed social value into the Trust's supply chain: set a minimum 10% weighting in all sourcing activity decisions and review of the current supply chain.

Measuring Our Success

- Monthly reporting on compliance and governance of our supply chain and stakeholders.
- Contracts database with full coverage of non pay spend to support active contract management and timely retendering/market testing/renewals etc.
- Track level of engagement and contract awards to the local supply chain.
- Measure our supply chain's net zero position each quarter against agreed KPIs and targets.
- Rollout and embed all applicable strategies and programmes which underpin our strategy, aims and objectives.

Key Enablers

1. Sufficient workforce with the right support, training and capacity to enable accurate analysis of spend, contracts and market to report upon agreed metrics and KPIs.
2. Continued and increased involvement in national and regional programmes.
3. New income generating commercial partnerships, including those which support innovation and better outcomes for our patients.

Ambition 4 - Commercial

The Commercial Strategy will strive to make an annual, net, positive, ring-fenced contribution to the financial sustainability of the Trust throughout the five years.



Royal Berkshire
NHS Foundation Trust

Our Aims

- The Commercial Strategy will continue to develop the commercial capability, capacity, effectiveness and positioning of the Trust in order to diversify and grow, in a feasible and ethical manner, the revenue and capital income that it generates from ethical sources other than its core NHS contracts.

Measuring Our Success

- Target, ring-fenced, revenue receipts from the Key Programmes for Financial Year, 2023/24:£200,000,2024/25:£400,000,2025/26:£600,000, 2026/27:£800,000,2027/28:£1,000,000
- Increase in number and/or type,and/or complexity of commercial revenue - generating arrangements.
- Status, phasing and conversion rate of prospects/deal pipeline.
- Current Transactions -Conclude during FY2023/24 (i) New Scanner Facility; (ii) New Clinical Training and Education Suite;(iii) Cancer /Diagnostic Centre.

Key Programmes

- Retail Strategy – with target revenue receipts of c.£400k per annum.
- Pouring Rights – develop and structure enhanced revenue options.
- Data –(i) define and refine the RBFT data offer; (ii) develop and exploit the NHSE driven transition from open market to Secure Data Environments (SDE); (iii) Review, develop and approve for policy(ies) for proper, recognition and evaluation of Trust staff data provided to third party suppliers.
- Advertising – develop and exploit channels for revenue generating digital and non-digital promotion.
- Naming Rights – update, develop and structure options in conjunction with partners and/or stakeholders.
- Knowledge Assets – develop and implement an RBFT Intellectual Property Policy.
- Utilisation of Corporate services - develop, on a case by case basis, use of HFMS Ltd.
- Partnerships Business Development – continue to develop and expand effective partnerships at local, regional, national and international level.
- Grant funding applications – develop proposals for an identifiable, properly resourced structure to compile, submit and manage applications for grant funding.
- Innovation – assist the development of structures, processes and funding to encourage a sustainable, inclusive innovation culture across RBFT.
- Commercial awareness training – develop, deliver and market commercial awareness training programmes for RBFT and other NHS Staff.
- NHS graduate management trainees – continue to deliver the ground-breaking commercial placements; work with NHSE /HEE to develop this element of the Scheme.
- Private patient income - develop/grow scope, availability, quality and revenue.
- Building Berkshire Together – provision of strategic commercial input and guidance to the OBC, FBC and implementation phases of the project on an on demand basis.

Key Enablers

1. Development of a culture where commercial activities are recognised as supportive of patient care.
2. A macroeconomic environment that facilitates commercial activities and a reasonable appetite for risk to pursue these opportunities.
3. Recruitment to and growth of the commercial team.
4. Provision of a £1 million commercial investment drawdown facility to be utilised for developing commercial opportunities and to provide seed corn funding support selected early – stage innovation.
5. Collaborative, integrated approach to working with colleagues in all sectors covered by the Key Programmes and especially with Procurement, Estates, R&D, IM&T, Transformation and the Trust Executive/Board.
6. Collaboration with partners different sectors on a case – by – case basis.
7. Access to existing contracts data bases within RBFT.
8. Development of an effective CRM approach across RBFT.
9. Continuation of current membership of third – party organisations.
10. Access to seed corn funding from time – to time, evaluated on a case – by case basis.

Ambition 5 - Charity

To raise funds and make best use of charitable donations to enhance the care and experience of patients and staff on projects that support the Trust objectives



Our Aims

- Develop opportunities to increase unrestricted income.
- Develop a grants and foundations income stream to support specific projects e.g. wellbeing garden.
- Cultivate a pipeline of high net worth individuals (HNWI).
- Consolidate to reduce the number of funds held to provide greater opportunity for spend.
- Improve reporting and publicity on the impact of charitable funded projects and the value they provide.
- Identify, fully cost and launch a capital appeal >£1M that aligns with the new hospital programme.

Key Programmes

- Diversifying income streams – research and implement new fundraising schemes and improve stewardship of individual giving to help develop and future proof income.
- Grants and foundation funding – develop strategy, research grant giving organisations, create a pipeline of appropriate organisations, identify suitable projects and submit applications.
- Major donor strategy – Fully embed major donor stewardship programme.
- Amalgamation of funds – Develop a more structured approach to the amalgamation of funds and gain approval and support for implementation from the Charity Committee.
- Evaluation of charitable spend – implement and embed a system that will support more consistent and in-depth capture of data to better evaluate charitable funded projects and promotion.
- Appeals – implement a structured approach to engage with colleagues across the Trust to identify potential appeals and upcoming projects to create a pipeline of asks that can be tailored to our supporters as needed.

Measuring Our Success

- Grow unrestricted income into the general fund by 5% 2023/24 and ongoing in line with Charity Strategy and Income Generation Plan – taking into account the rising cost of living.
- Grants and Foundations Strategy developed and income target achieved in line with Charity Income Generation plan.
- Regular reporting of engagement with HNWI and outcomes.
- Reduce funds held by 25% by end of 2023/24 – re-evaluate programme at end of this period.
- Production of bi-annual newsletter to supporters and annual impact report.
- Launch of capital appeal 2023/24.

Key Enablers

1. Development of a culture where charity activities are recognised as an enabler of Trust objectives.
2. Collaborative approach and engagement with Trust colleagues and exec team to support key programmes of work.
3. Link in with care group senior management during capital planning to help identify appropriate spend requirements for upcoming financial year that are enhancements to current provisions.
4. Implement investment protocol, Pennies from Heaven and recycling/IT disposal schemes.
5. Identify a range of campaigns/appeals/areas (create a 'shopping list') to present to potential HNWI/corporates/community supporters.
6. Ensure team structure, finance SLA and growth of fundraising volunteer base best supports our aims and maximises efficiency.
7. Explore potential of development grant from NHS Charities Together to support post focussed on growth of grants and foundation income stream.
8. CQI work streams/support from Trust Innovation and Transformation Team.

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SWOT Analysis

Ambition 1 - Finance Matters (Business as usual)

The Finance Directorate's core OD offering which supports the organisation in fulfilling its strategic objectives



Strengths

- Established programme, with clear branding, and dedicated time, in place since April 2019.
- Reinforced by directorate quarterly away half day OD events.
- Clear objectives which map to Trust strategic Objectives.

Weaknesses

- Lack of organisation wide compliance with financial processes, particularly highlighted during and post the implementation of new financial ledger system (E Fin) during April 2022 across the Procure To Pay (P2P) cycle.
- Need to continue to retrain budget holders in basic financial skills, procurement processes and adherence to Standing Financial Instructions.

Opportunities

- Re-invigoration of the programme in 2023/24.
- Improving Together focus on development of driver metrics to distil effort and impact on a smaller number of high level measures (driver metrics).
- Establish appropriate watch metrics at all levels across the directorate to enable prompt intervention if and when required.
- Simplify all P2P processes and make short training films available to augment face to face training.

Threats

- Capacity to complete all of the improvement work required.



Ambition 2 - Productivity and Sustainability

This pillar aims to improve productivity and deliver services sustainably into the future

Strengths

- Staff engagement in sustainable ideals.
- Wide range of data sources available.
- Skill set within the team to utilise the data.

Weaknesses

- Organisation culture over the last 3 years has been in responding to the pandemic without focus on efficiency.
- Leaders recently joining the NHS may be unfamiliar and uncomfortable with the need to reduce spend and return to austere NHS financial regime.
- Culture of 'Good enough, better if' has added circa 840 whole time equivalent (WTE) into the organisation while activity levels (other than ED attendances) have dropped significantly.
- Availability of Service Line Reporting (SLR) and Patient Level Costing information (PLICS).
- Capacity in team to produce output.
- Lack of joined up data leading to many versions of the truth.

Opportunities

- Re-invigorate SLR and PLICS within the team and organisation.
- The need to identify improvement opportunities in this area presents a willing customer base.

Threats

- Macro-economic environment produces short termism within regulator and organisation preventing 'investment' in longer term priorities.
- Insufficient income available to commissioner (BOB ICS) to rebase cost of emergency demand.
- System accountability requires alignment across different organisations which may require funding to be diverted to other trusts.



Ambition 3 - Procurement and working in partnership

This ensures that the Trust secures high quality services from suppliers and value for money for the taxpayer

Strengths

- Developed an ability to adapt to external challenges quickly.
- Team are engaged in strategic and transformation work.
- Processes are patient led.

Weaknesses

- Resourcing and capacity challenges.
- Lack of longer term upskilling.
- Market Change and requirement to adapt to situations out of our Control.

Opportunities

- Develop innovation culture that constantly seeks out better ways to deliver services.
- Generation of new income.
- Utilising system working to collaborate with our community & regional partners.
- Transformation of Inventory Management.
- Adopting new technologies.

Threats

- Government Regulations changing with new regime with effect 1st April 2024.
- Legal Challenges in an increasingly commercially aware market.
- Volatile Market post EU exit and high inflation levels.



Ambition 4 - Commercial

The Commercial Strategy will strive to make an annual, net, positive, ring-fenced contribution to the financial sustainability of the Trust throughout the five years.

Strengths

- Anchor Institution status, participation and recognition.
- NHS Foundation Trust status.
- “Can do, will do” approach.
- Highly aspirational.
- In touch with the community it serves.
- Excellent, effective networks both within and outside the NHS.
- Improving commercial capability.

Weaknesses

- Internal and external capacity constraints.
- Transactions cost remain too high and can deter new market entrants (NHS – wide challenge not limited to RBFT).
- Ad hoc investment funding availability hinders effective commercial targeting.
- Basic business systems remain inadequate to run both NHS and non – NHS business in tandem.
- Internal and external market intelligence gathering, sharing and assimilation is fragmented and disorganised.

Opportunities

- Improve Trust – wide commercial confidence and competence.
- Weave “commercial” into the fabric of improved patient outcomes.
- Drive opportunities and deals by setting clear, realistic, feasible objectives on a case – by – case basis.
- Build the Trust brand strength.
- Increase and improve use of/ collaboration with NHSE&I commercial initiatives, e.g, Secure Data Environment (SDE), NHS Exporting.
- Building Berkshire Together – still the largest, potential public sector investment in the region. All sectors see the economic multiplier benefits and want to be involved.
- BOB ICS Commercial aggregation.

Threats

- Mergers and acquisitions among other Trusts.
- Delays to Private Patient business development caused by circumstances outside RBFT’s immediate control.
- Easier public transport access to London, and higher NHS salaries, resulting in deteriorating recruitment and retention.
- Volatility, Uncertainty, Complexity, Ambiguity at national and international level.
- Unintended consequences for Berkshire of “Levelling – Up” policy elsewhere.
- Potential Economic Recession.

Ambition 5 - Charity

To raise funds and make best use of charitable donations to enhance the care and experience of patients and staff on projects that support the Trust objectives.



Strengths

- Approachable team.
- Knowledgeable expertise.
- Cause – NHS – always need additional support above and beyond government funding.

Weaknesses

- Track record of spending funds.
- Scale of charity size compared to other NHS organisations.

Opportunities

- Local community affinity with the NHS.
- Access to staff and patient/visitor community.
- Location in central Reading on hospital site.
- Increase marketing & local coverage.
- Increase age range and other diversity of volunteers.
- Large fundraising campaign.

Threats

- Crowded market with other charities at greater scale securing donations.
- Rising cost of living reducing disposable income of donors.
- Other charities on the hospital site.

Roadmap

	Year 1	Year 2	Year 3	Year 4	Year 5
Finance Matters	<ul style="list-style-type: none"> Budget developed setting out 3 year plan LTFM commenced building on the budget of 2023/24 for the longer term model, incorporating the other enabling strategies Continued L&D for Finance Matters 	<ul style="list-style-type: none"> Compliance on watch and driver metrics delivering improvements in line with trajectory 	<ul style="list-style-type: none"> Return to breakeven revenue position and continued compliance on watch and driver metrics 	<ul style="list-style-type: none"> Sustain breakeven revenue position and restore capital expenditure to previous levels. 	<ul style="list-style-type: none"> Sustain breakeven revenue position and restore capital expenditure to previous levels.
Productivity and Sustainability	<ul style="list-style-type: none"> Establishment of CEO led efficiency group to secure Trust savings plan SLR and PLICS rolled out to organisation Improving Together work streams developed and first wave commence Directorate green plan 	<ul style="list-style-type: none"> Improving Together second wave Continued delivery of efficiency savings to achieve top 10% Model Hospital benchmarked performance 	<ul style="list-style-type: none"> Continued delivery of efficiency savings to achieve top 10% Model Hospital benchmarked performance 	<ul style="list-style-type: none"> Continued delivery of efficiency savings to achieve top 10% Model Hospital benchmarked performance 	<ul style="list-style-type: none"> Continued delivery of efficiency savings to achieve top 10% Model Hospital benchmarked performance
Procurement	<ul style="list-style-type: none"> Contract Management and non-pay spend governance Fully uploaded contracts database and a programme of regular supply reviews. Refreshed BAU process and reporting in place by the end of year 1 95% compliance target 	<ul style="list-style-type: none"> Inventory Management: Assess and identify opportunity to improve and transform logistics and Inventory Management. Fully agreed business case and SOP ready to implement by Y3 70% of wards with a fully embed IM system 	<ul style="list-style-type: none"> Innovation – Collaboration: Identify and fully embed at least one key strategic partnership with a supplier to support innovation which will support new ways of working within the Trust. 1-5% of suppliers support more than one innovation initiatives 	<ul style="list-style-type: none"> Sustainability / Social Value: RBFT supply chain has 10% made of local suppliers Over 50% of our supply chain delivers financial sustainable models and efficiencies 	<ul style="list-style-type: none"> Net Zero Carbon: Agreed year on year targets to reduce supply chain targets inline with guidelines from NHSI/E 3 x major projects in place and embed which support the national and Trust wide Net Zero Carbon Policy

	Year 1	Year 2	Year 3	Year 4	Year 5
Commercial	<ul style="list-style-type: none"> Complete "Current Transactions" for: (i) Clinical Training & Simulation Suite, by 30/04/23; ;(ii) New Scanner Facility at West Berkshire Community Hospital by Dec. 2023; (iii) Cancer/Diagnostic Centre by 30/06/23. Each transaction is monitored by RBFT project – specific management & delivery teams. Further develop /implement Retail Strategy Project Plan, by 31/12/23, with newly – appointed RBFT Retail Programme Steering Group. Scope/Develop RBFT data proposition for revenue Develop/implement phase 1 Commercial Awareness Training Programme with RBFT TEC plus external 3rd Party, by 31/12/23. Commercial team recruitment and development by 31/08/23. Full year revenue impact target:£200,000. 	<ul style="list-style-type: none"> Develop and refine opportunities and procedures for the utilisation of Corporate Structures , internal (RBFT) and external 30/06/24 in conjunction with relevant corporate stakeholders and external advisers. Redevelop Pouring Rights proposition for RBFT. RBFT Retail outlet management decision and implementation as Trust BAU by 30/06/24. Knowledge Asset management - develop and refine methods and procedures for identification, protection , commercial exploitation, by 31/12/24. Private Patients strategic positioning for next phase of development, by 30/06/24. Other "Key Programmes"- monitoring and case – by – case development throughout the year. Full year revenue impact target: £400,000. Cumulative target:£600,000. 	<ul style="list-style-type: none"> Review, amend, add new "Key Programmes" to reflect progress to date and updated SWOT analysis. Full year revenue impact target: £600,000. Cumulative target: £1,200,000. 	<ul style="list-style-type: none"> Review, amend ,add new "Key Programmes" to reflect progress to date and updated SWOT analysis. Full year revenue impact target: £ 800,000. Cumulative target:£ 2,000, 000. 	<p>Review, amend, add new "Key Themes to reflect progress to date and updated SWOT analysis. Full year revenue impact target:£1,000,000. Cumulative target £ 3,000,000.</p>
Charity	<ul style="list-style-type: none"> Grants and Foundations strategy launched Launch capital appeal 	<ul style="list-style-type: none"> Implementation of fund consolidation Launch community lottery 	<ul style="list-style-type: none"> Capital appeal completion and work underway 	<ul style="list-style-type: none"> Review strategy and consider launch of next major appeal 	<ul style="list-style-type: none"> Capital appeal completion and work underway

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

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Title:	Trust Operational Plan 2023/24
Agenda item no:	8
Meeting:	Board of Directors
Date:	24 May 2023
Presented by:	Janet Lippett, Acting Chief Executive Officer
Prepared by:	Thomas Wright, Strategy Manager

Purpose of the Report	To inform the Board of Directors of the Trust Operational Plan for 2023/24
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Report History	EMC reviewed and approved draft plan 13 February 2023 Finance & Investment Committee – 18 May 2023
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What action is required?	
Assurance	
Information	NOTE the operational plan has been prepared
Discussion/input	
Decision/approval	APPROVE the operational plan

Resource Impact:	Operational planning is aligned to our budget submissions as submitted to BOB ICB
Relationship to Risk in BAF:	
Corporate Risk Register (CRR) Reference /score	
Title of CRR	

Strategic objectives This report impacts on (tick all that apply):							
Provide the highest quality care for all				✓			
Invest in our people and live out our values				✓			
Deliver in partnership				✓			
Cultivate innovation and improvement				✓			
Achieve long-term sustainability				✓			
Well Led Framework applicability:			Not applicable <input type="checkbox"/>				
1. Leadership	X	2. Vision & Strategy	<input type="checkbox"/>	3. Culture	<input type="checkbox"/>	4. Governance	<input type="checkbox"/>
5. Risks, Issues & Performance	<input type="checkbox"/>	6. Information Management	<input type="checkbox"/>	7. Engagement	<input type="checkbox"/>	8. Learning & Innovation	<input type="checkbox"/>
Publication							
Published on website	No	Confidentiality (FoI)	Private	X	Public		

1 Executive summary

- 1.1 The Trust has now submitted its final activity, finance and workforce plans for 2023/24 to the ICB and NHS England (NHSE). These plans take into consideration the priorities and operational planning guidance issued by NHSE. The guidance set out three key tasks for the next financial year, the most immediate being to recover core services and improve productivity.
- 1.2 The Trust expects to achieve the targets set in the operational guidance and has agreed contractual income level for 2023/24 with BOB ICS.
- 1.3 As in previous years there was no NHSE requirement to submit a Trust level operating plan narrative, however in keeping with previous years we have developed this narrative. We shared a draft version of this narrative to EMC on the 13th February and engaged our governors 22nd February.
- 1.4 As a result of plans and budgets being finalised, we are sharing the final draft for comment and approval.

2 Attachments

- 2.1 Appendix 1 – Operating Plan 2023/24



Royal Berkshire
NHS Foundation Trust

Royal Berkshire NHS Foundation Trust
Operating Plan 2023/24

- 1.1. The Royal Berkshire NHS Foundation Trust's (RBFT or the Trust) operating plan for 2023/24 provides a high-level overview of the Trust's priorities and key work programmes for 2023/24, how we will manage those programmes and the impact we expect them to have on achieving Our Strategy: Improving Together.
- 1.2. RBFT is the main provider of hospital services for the people of Reading, Newbury, Henley, Wokingham and the surrounding villages of Berkshire West and South Oxfordshire. We deliver care from a network of facilities across the area including facilities in Bracknell, Henley-on-Thames, Thatcham and Windsor (See Figure 1 below).

Figure 1: Principal Service delivery locations for RBFT



- 1.3. The Trust provides a full range of services, which you may expect to find in a local hospital serving a catchment area of just over 600,000 people. In addition, we provide specialist Cancer, Cardiology and Renal services that serve a wider population of up to 1 million. At our heart we are a local hospital that works with NHS and social care partners to provide excellent healthcare services for those who live in our host commissioners' area and beyond.
- 1.4. The information contained in this document has supported and is aligned to the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) plan for 2023/24 and the plans of our local and regional commissioners.
- 1.5. The plan is informed by the planning guidance issued by NHSE in December 2022 and by previous guidance issued to NHS Trusts and Foundation Trusts. It

incorporates the focus area for acute Trusts identified in by NHSE in the guidance which include:

- Recover core services and productivity
- Tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- Improve performance against the core diagnostic standard.
- Reduce adult general and acute bed occupancy.
- Improve A&E waiting times.
- Make progress delivering the key ambitions in the Long Term Plan (LTP), and continue transforming the NHS for the future.

1.6. Locally, a number of processes have supported the production of the document, these include:

- The Trust business and budgetary planning process that commenced in Autumn 2022 across care group and corporate divisions;
- Review of our performance data and patient, staff and other stakeholder feedback;
- Discussions with the Berkshire West Integrated Care Partnership (BWICP) and the BOB ICS;
- Engagement with Governors at their meeting on 22nd February 2023.

1.7. At the time of writing, January 2023, we are operating in a challenging environment with high demand for our services, an ongoing high level of respiratory infection, capacity constraints in social care and increased costs due to inflation. Guidance issued in December 2022 sets out how we are to recover services over 2023/24 and 2024/25, and make continued progress toward the NHS Long Term Plan.

1.8. Over the course of the pandemic, we have built and strengthened existing partnerships and this year have become a member of the statutory Integrated Care Systems (ICS). We have refreshed our Strategy to reflect our new ways of working and have launched our revised Clinical Services Strategy. On top of this the Trust is embedding our approach to continuous quality improvement – Improving Together – to help achieve performance improvement across the organisation from ward to board. These new horizons have shaped our priorities and programmes for the year.

1.9. In line with previous Trust operating plans this document is divided into 5 sections:

1. **Introduction:** A scene set for the operating plan;
2. **Strategic context:** Background on the environment the Trust operates within;
3. **Priorities for 2023/24:** Our goals for 2023/24 and how they support Our Strategy: Improving Together and the ICS plan;
4. **Activity and finance:** Information on our planned level of activity, the resources we have secured and our efficiency programmes;
5. **Governance:** Our mechanisms for oversight and governance of the 2023/24 plan.

2. Strategic Context

Improving Together

- 2.1. In 2022, the Trust launched Our Strategy: Improving Together, which was culmination of a process of engagement with staff, patients and other stakeholders. This built on the foundations of our previous 'Vision 2025' strategy.
- 2.2. Our Strategy explores where we currently are, where we want to be, and, taking into consideration the changing environment we face, how we can get there.
- 2.3. Our strategy identifies our vision, mission, and our five strategic priorities that will help us to deliver on this. Each of the strategic priorities are supported by three goals and a range of enabling activities to drive our progress. These are underpinned by a set of metrics and targets derived by ongoing work in continuous quality improvement. Together with our CARE values and supporting strategies, this framework will support us in delivering our strategy and in achieving our mission.
- 2.4. The themes laid out in these strategies have informed our operating plan.

Figure 2: Our Strategy: Improving Together



Clinical Services Strategy

2.5. In 2022 we also launched our new refreshed Clinical Service Strategy (CSS). This strategy aims to:

- Capture the learning from new ways of working during the COVID-19 pandemic.
- Define how services might be optimally delivered and configured to guide the developing vision for our estate.
- Support the continued development of integrated care and response to the NHS Long Term Plan.
- Move towards prevention, improving health inequalities and access to healthcare.
- Identify where we need to invest resources into the enablers such as digital, equipment and workforce.

2.6. Informing the CSS is a set of common themes that emerged from discussions with the clinical, nursing and operational leaders of over 30 services. As these themes took shape, they formed the basis of a working document that captured the evolving direction of travel for the new CSS.

2.7. The new CSS recognises that people in our community are living longer, but frequently have an increasing number of complex physical, social and mental health needs. There has also been general shifts in population behaviours that have led to a growing desire for more immediate access to care, more information around their care and greater involvement in decision making.

2.8. This means our CSS is designed around pathways that more explicitly wrap our care around the patient journey and are organised to deliver the right level of care, through the right channel, at the right time. We also look to promote personalised care by harnessing the power of digital innovation, while ensuring it is accessible and inclusive to all and delivered by highly trained multidisciplinary teams.

2.9. Together, these aims set the direction for the development of our clinical services, and have therefore extensively informed the formulation of this operating plan.

Our role in the wider health and care system.

2.10. The Trust appreciates that to best support patients we need to work beyond the boundaries of our buildings and engage with others who can provide their specialist input and bring additional resources to bear.

2.11. Accordingly, we have continued to build on years of close partnership with our key local stakeholders through work with the local Berkshire West Place Partnership (BWPP) and the regional Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS). These networks provide an opportunity for the Trust to work in new ways to improve care whilst delivering a more efficient service.

2.12. The Trust has continued to work collaboratively with colleagues within BWPP and the BOB ICS to identify areas for improvement where a collaborative multi-organisation response can enable positive change for our staff, patients and wider population.

2.13. Outside of these arrangements, the Trust works with a range of other systems, including the Cancer Alliances and Thames Valley Clinical network. The Trust also has good engagement with the Primary Care Networks (PCNs) and seeks to strengthen these arrangements further in 2023/24.

Key Achievements from 2022/23

2.14. The Trust has seen a number of achievements this year which has included:

Provide the highest quality of care for all

- Working in collaboration with our ICB we were able to open the urgent care service in Reading town centre allowing local people with easy and quick access to healthcare if they have an urgent medical need.
- The elective recovery programme made significant progress in reducing long waits across the Referral to Treatment performance standard and the referral to treatment patient treatment list reduced to near pre-pandemic levels.
- Two new CT scanners were acquired for the Reading site helping address the increased demand for imaging.

Invest in our staff & live out our values

- The Trust opened a staff Health and Wellbeing Centre which will act as a central hub for staff to easily access health and wellbeing services; it contains exercise facilities, quiet rooms for relaxation and wellness and rehabilitation services and activities.
- The Trust offered COVID-19 boosters and Flu vaccination to all staff.

Deliver in Partnership:

- 2022 saw further cementing of our relationship with the University of Reading (UoR) with the creation of the Clinical Skills Suite at the Whiteknights campus. The partnership's past successes were demonstrated through our annual showcase event in October 2022.
- Partnership working has resulted in us moving part of our pathology services to the University of Reading's Harbourne Building, located in the Health and Lifesciences zone providing even more opportunities for our communities to work together to create solutions for patient benefit.
- Two departments achieved University recognition, Berkshire Kidney Unit: University Department of Renal Medicine and University Department of Critical Care Medicine.
- The Trust continued to strengthen ties with its partners in primary care with the recruitment of a new Primary Care Partnership Manager.

Cultivate innovation & transformation

- The Trust's Research and Development (R&D) team have played a key role in a range of national projects over the last 12 months including, including various National Institute for Health Research (NIHR) funded research streams.
- Recognition of Excellence Scheme (RoES) was successfully initiated with six departments awarded and recognised, with two departments successfully re-validated.

Achieve long-term sustainability

- Installation of hydrogen-ready boilers, believed to be the first use of this technology in the NHS, has helped the Royal Berkshire Hospital site on our journey to net zero carbon.

Operational Performance

2.15. The 2022/23 the RBFT has continue to focus on safe delivery of services and appropriate prioritisation of patients as we balance the need to reduce waiting times and improve services, against a backdrop of increasing demand and on the day challenges.

- Performance against ED 4-hour (95%) standard remains significantly compromised, largely driven by unprecedented levels of demand through the department and more recently complicated as a result of significant winter pressures. Whilst performance against the standard had dipped to the lowest levels recorded by the Trust in a number of years, this is comparable with local benchmark organisations. Whilst attendance numbers have remained high conversion to admission has remained low, signaling that performance is being driven by this increased demand, predominantly in Minors. Throughout the year the Trust has recorded zero 12 hour (trolley) waits.
- The 2022/23 elective programme has made significant progress in reducing long waits across the Referral to Treatment performance standard. Through a combination of validation and operational focus on the individual stages of treatment the RTT PTL has reduced to near pre-pandemic levels and the over-all profile of the patient treatment list is reducing.
- Performance against the headline RTT standard (92% <18 weeks) has improved from 57% in April 22 to 77% in Jan 23. Noting that across the same period to total size of the PTL has seen a 50% reduction.
- The Trust has zero pathways waiting above 104 weeks and has maintained a low number of pathways >78 weeks throughout the year, with the expectation to have zero >78 before the end of 22/23.
- The number of >52 week waits is currently below 100, which is expected to be maintained through 23/24 as we continue to focus on removing the causes of long waits, in particular long waits to first Outpatient Appointment.
- The Trust has seen success from taking a two-pronged approach to reducing the over-all waiting list size and profile, focusing on the treatment of the longest waits whilst also increasing outpatient capacity in order to clear the impact of COVID-19 (backlog) within the early stages of a patients pathway. Reducing the time to assessment and decision making is felt to be the most effect approach to managing risk within the waiting list and is driving the Trust towards a sustainable recovery.
- The Diagnostic Monitoring (DM01 – 99%) standard remains significantly compromised, in particular across Endoscopy modalities. The Trust has continued to prioritise cancer pathways awaiting diagnostic test which, as result of capacity and resource constraints, continues to impact the routine waiting times. The Trust is working closely with independent sector providers and the ICS to maximize use of additional capacity, including the installation of two new MRIs installed at West Berkshire Community Hospital.

- The Trust has seen a significant increase in referral numbers on the Two Week Wait Cancer Pathway (c.50%) which has driven delays across the 14 day 2WW, diagnostics and over all 62 day treatment standards. This has been further complicated by a large reduction in pathology workforce/capacity which has resulted in extended turnaround times for these test results. This has resulted in a significant inflation of the cancer PTL size (proportionally higher in the >63 day cohort) and a reduction in performance against the 28 day faster diagnosis standard.
 - Analysis has shown that this increase in Cancer PTL size is reflective of an increase number of patients that will be removed with a non-cancer diagnosis and directly attributable to extended turnaround times for pathology results. Measures have been put in place to prioritise clinically expected cancers for faster turnaround of results, reducing the risk for the most urgent patients. Outsourcing of pathology reporting has been put in place at the end of Q3 and is expected to remain in place whilst the Trust seeks to recruit into the now vacant consultant pathologist roles.
 - The Trust is seeking to resolve the pathology turnaround challenges as quickly as possible to ensure that cancer patients are being informed and managed in a timely fashion but also, importantly, that non-cancer patients are being informed and directed to other, non-cancer pathways as quickly as possible.
 - The Trust continues to perform well against the 31 day decision to treat to treatment standard, which is felt to be a good indicator of performance for the
- 2.16. In 2023/24 the Trust will continue to balance the need to work within a challenging environment and elective recovery as we seek to optimize our digital estate to go further faster with our recovery aims. Risk management, patient safety and patient/staff experience will be key drivers to recovery against the national elective access standards.
- 2.17. Within the ED pathway specifically, the Trust will continue to drive improvement through the use of SDEC models and maximizing the estate to support both the 4 hour standard and ambulance handover standards.
- 2.18. Within the routine elective pathways, the focus will be to balance reducing the backlog whilst bearing down on waiting times and optimising each stage of the pathways. Work to develop a master waiting list and an enhanced referral and triage process is nearing completion. This will provide a stable base to build from and enable both traditional performance recovery but also the implementation of improved processes and transformation opportunity.
- 2.19. Work within the cancer pathway will focus on maintaining stability in the waiting list and good performance against key cancer pathways, whilst addressing issues within pathology to reduce delays in the non-cancer communication pathway. This will be balanced against work, through collaboration with others within the ICP, ICS and TVCA to work towards parity of performance across the region.

Quality performance

- 2.20 Despite challenges of the recovery programme and a combination an escalation in Flu, COVID-19 and RSV during 2022/2023, there were many

triumphs and successes in the Trust. Further to excellent and compassionate care delivered every day the Trust made great strides in improvement:

- In recent years the Trust was the first hospital in Thames Valley to use Artificial Intelligence (AI) software in stroke diagnosis and continues to utilize this trail blazing AI. To date, 2000 patients have benefitted from this treatment, the benefits of which include a more rapid return to independent living. The stroke team have been shortlisted as finalists for two HSJ Digital awards for their pioneering work.
- The Maternity Team has been recognised and included as a best practice case study in the national Maternity plan
- To optimize the care of our sickest patients the deterioration dashboard was launched across the Trust as part of larger digital development. This work has been well received nationally when shared at both the NHS Digital Conference and the NHS Data and Information Virtual Conference.
- The Renal Medicine and Critical Care Units were presented with University Department of Excellence Awards joining Radiology, Stroke Medicine and the Emergency Department who already hold University Department status. The honour is in recognition of excellence in clinical outcomes, collaborative research and development, and staff professional development. The Cardiology team, originally granted the award in 2019 had their status renewed this year (the award is granted for 3 years).
- The Trust is working with colleagues at South Central Ambulance Services to improve the care of stroke patients, participating in a project called GoodSAM, The project improves stroke pathways by allowing hospitals to communicate directly with Paramedics so the stroke assessment can be started before the patient comes into hospital therefore speeding up the treatment process.
- Launched this year, the patient portal is available to all outpatients of the Trust over the age of 18, and offers patients a range of benefits including being able to view their letters, appointments, health metrics and test results online as well as allowing patients to reschedule and cancel appointments without staff involvement
- As part of an overarching improvement plan, the Vascular Access team have been running a project looking at the on-going care and maintenance of vascular access devices. Regular auditing alongside staff education/teaching has resulted in a reduction in device associated infections & complications.
- The Virtual Ward service continues to grow and develop its clinical pathways and in the last 12 months, almost 1,400 patients have been transferred into our Virtual Ward, where the benefits of being out of the hospital clearly impact of the patient experience and helps to reduce risk of nosocomial complications.
- The Virtual team have also triaged over 3,200 of our most vulnerable immunosuppressed patients, that have developed COVID-19 infection, to assess the use of COVID-19 therapeutics.

2.21 The Trust received a 'GOOD' Use of Resources rating, following a visit from NHSE/I and CQC in summer 2019 and, whilst not inspected since. The Trust has a Reference Cost Index of 0.996, indicating that it is in line with the level of efficiency seen in the NHS, despite the elevated estates costs.

2.22 Our financial performance, in common with most district general hospitals, remains challenging. For 2022/23, the Trust is forecasting a deficit position.

2.23 This position is largely driven by three factors:

- Non-elective activity has been significantly higher than expected and contracted for. As a result we have incurred expenditure that we are unable to receive income for.
- The Trust targeted over performance on Elective care which would have resulted in additional income over its core contract. A combination of pressures from the non-elective demand and staffing sickness has means that we were unable to secure this funding.
- Staffing and supply costs remained high due to constraints in the labour market and inflationary pressures.

2.24 The Trust continues to work with Buckinghamshire Oxfordshire & Berkshire West ICS colleagues at organisational and system level, on the required level of funding to ensure financial stability for the organisation.

2.25 The Trust retains the strategic objective of a return to an underlying breakeven financial position and is developing plans to deliver this in its Finance Strategy.

Key challenges for 2023/24

2.25 As the Trust enters 2023/24, we are conscious of a number of internal and external challenges. These include:

- Recovering core service standards that have been impacted by the pandemic
- Recovering our productivity levels to pre-pandemic levels
- Supporting our staff and volunteers in recovering from their experiences during the pandemic
- Implementing continuous quality improvement (our Improving Together approach)
- National shortages in clinical and associated professionals within the Trust and our system partners; and
- Advancing our participation in the New Hospital Programme to tackling our aging and inflexible estate
- The Trust has set a deficit position of £10.05m. Delivering this position, and to achieve our capital programme ambitions in full, requires achievement of a £15m cost efficiency programme.

3 Priorities for the year ahead

ICS priorities for 2023/24

3.1 In July 2022 Integrated Care Systems (ICS) became statutory bodies, resulting in Integrated Care Boards (ICB) becoming NHS bodies.

3.2 Discussions are in place to discuss the priorities at a place level, informed by ICS priorities as well as local interests. Figure 3 below outlines the current proposed priorities and how as a Trust we will work in partnership with local services and primary care to achieve them.

Figure 3: BOB ICS Priorities 2023-2028

Priority area	Proposed improvement	RBFT Involvement
<p>To support people to stay healthy</p>	<ul style="list-style-type: none"> • Reduce the overall number of smokers in Buckinghamshire, Oxfordshire and Berkshire West, especially in our most deprived areas. • A reduction in the proportion of people who are overweight or obese. • Reduce the proportion of people drinking alcohol at levels that are harmful to their health and wellbeing. • Take action to address the social, economic and environmental factors that influence our health. • Protect people from infectious disease by preventing infections in all our health and care settings and delivering national and local immunisation programmes. 	<ul style="list-style-type: none"> • Through our clinical teams we will support people to stop smoking by directing them to smoking cessation services. • Work together in place based multi-agency partnerships to improve physical activity levels and reduce obesity. • Ensure clear pathways for identifying and supporting people who misuse alcohol. • Implement our Green Plan to reach our net zero ambitions • Ensure robust infection control measures amongst our staff and in all health and care settings. • We will support immunisation programmes.
<p>To help all children achieve the best start in life.</p>	<ul style="list-style-type: none"> • Improve early years outcomes for all children, particularly working with communities experiencing the poorest outcomes. • Improve emotional, mental health and wellbeing for children and young people • Improve the support for children and young people with special educational needs and disabilities, and for their families and carers. • Support young adults to move from child centred to adult services. 	<ul style="list-style-type: none"> • Implementation of our Maternity Strategy. • Implementation of Ockenden recommendations. • Associate Director of Nursing for Children and Young People will support priority through their crisis membership of the Children's Mental Health and Emotional Health and Well-Being programme's working group.

<p>To support people and communities to stay healthy for as long as possible.</p>	<ul style="list-style-type: none"> • Reduce the number of people developing cardiovascular disease (heart disease and stroke) by reducing the risk factors, particularly for groups at higher risk. • Improve mental health by improving access to and experience of relevant services, especially for those at higher risk of poor mental health. • Increase cancer screening and early diagnosis rates with a particular focus on addressing inequalities in access and outcomes. 	<ul style="list-style-type: none"> • Cardiology team are providing clinical and operational leadership. • The trust has made it a priority to meet cancer standards.
<p>To support people to live healthier, independent lives for longer</p>	<ul style="list-style-type: none"> • Support older people to remain healthy, independent, and connected within their communities. • Provide joined up care for people as they grow older, and as their long-term conditions advance and care needs become more complex. • Improve support for carers. 	<ul style="list-style-type: none"> • We are strengthening ties with primary care partners. • Active membership of Place and System committees. • Collaborating with local partners to implement a new clinical model focused on joined up care.
<p>To help people access our services at the right place and right time.</p>	<ul style="list-style-type: none"> • Develop strong integrated neighbourhood teams so that people's needs can be met in local communities. • Reduce and eliminate long waits for our planned services, and address variation in access across the system. • Support the consistent development of our urgent care services to reduce demand and support timely access. 	<ul style="list-style-type: none"> • Elective backlog recovery work • Support from RBFT, including strategy and transformation teams to implement new ways of working. • Engagement with our place partners to prioritise Same Day Access

Trust wide priorities for 2023/24

3.3. For the next five years, we will focus on five Strategic Objectives to achieve our vision to provide outstanding care for our community. Each of these objectives is listed below along with the Strategic Metrics we have identified to drive delivery of these strategic objectives and improve patient, staff and organizational performance.

Provide the highest quality care for all:

- Improved patient experience
- Reduced harm incidents

Invest in our people and live out our values:

- Improved retention

Deliver in Partnership:

- Reduced elective long waits
- Reduced waiting times in diagnostics
- Improved Emergency Department (ED) Performance against 4hr target

- Reduced inpatient admissions

Cultivate transformation and innovation:

- Increased care closer to home

Achieve long-term sustainability:

- Reduced CO2 emissions
- Trust Income & expenditure performance

3.4 Aligned to these strategic objectives, we have developed three cross-cutting breakthrough priorities which are things that we wish to make rapid improvement on, over the next 12-18 months. These are:

- Recruit to establishment which will support us to deliver improved quality of care for patients, staff retention and financial performance.
- Reduce the number of stranded patients supporting the reduction in waiting times for inpatients, improving patient experience and care.
- Reduce the number of 62 day cancer waits which will improve patient care, reduce waiting times and improve patient experience.

3.5 Each of our clinical and corporate teams, from ward to board, are identifying what they contribute to the delivery of these metrics and our monthly performance meetings will focus on action we can take together to make progress through our Improving Together management system.

Improvement and Transformation

3.6 We are committed to fostering a culture of continuous quality improvement (our Improving Together approach) that builds on the agility, innovation and transformation shown by our staff during the pandemic. Building on our CARE values, our long history of improvement and our commitment to developing our people, Improving Together is our approach to embedding continuous quality improvement across the Trust. We know staff in our organisation manage and improve quality every day for our patients and the wider community. However it is not always easy for our people to find the time to improve, and focus that improvement on the things that matter most.

3.7 This year we have refreshed and reduced down the number of priorities in our Strategy to help guide our improvement on the things that matter most. We have also developed Our RBFT Leadership Way, which is a number of behaviours we expect from leaders based on the National 'Our Leadership Way' Compact, the principles of continuous improvement and the Civility Saves Lives NHS behavioural evidence base. We have consulted with our staff on the framework and plan to embed it into our appraisal process.

3.8 Improving Together over the next year will refresh our quality management approach, providing coaching and tools for leaders across the organisation to manage performance in real time. By making the strategy measurable and rolling out the Improving Together Management System, every Care Group, Directorate, Specialty, Team and individual across the Trust will focus on delivering improvement that matters most to their patients and staff, aligned to the strategic objectives. We will enable and equip staff in every area of the Trust to manage and improve the quality of care to patients and deliver patient experiences and outcomes that are "outstanding every day, everywhere". We will use simple processes that can be built into everyone's working day so staff can drive small improvements to quality and cost that collectively make a large difference.

3.9 Building on our culture of investing in our people through professional training, we are developing a sustainable approach to Quality Improvement and our commitment to the reduction of health inequalities

and carbon emissions, through the provision of training and coaching to multi-disciplinary teams through our A3 thinking approach. Everyone across the Trust will be empowered with the time and capability to improve care or staff experience. The aim is to ensure all improvement focuses on what matters most to the patient and our communities now and in the future, as we seek to embed the principles of health equality and sustainability into our performance reports and improvement activities.

- 3.10 Starting from the development of our Leadership Behaviours Framework and Our Strategy, we have set out the culture and vision to drive and deliver continuous improvement, based on the best healthcare evidence and practice globally, tailored to our CARE values and our community.
- 3.11 Alongside the everyday processes, the organization will deliver the strategy through a number of corporate project (lasting 12-18 months) and strategic initiatives (lasting 3-5 years). The organization will continue to implement a standardized approach to corporate projects focused on rapid evidence-based improvements for staff and patients. These events focus on internal process improvement, working with multi-disciplinary teams to understand the root cause of issues, removing barriers to improvement and measuring the impact of interventions made both on a proactive and reactive basis.
- 3.12 Our 2023/24 programme of corporate projects is currently being prioritized with the corporate resources to deliver across the Trust. Programmes will have internal and system-wide foci, such as patient flow, theatre utilization as well as diagnostic improvement events. This is continually reviewed and initially is likely to include supporting specific elements of elective recovery and diagnostic improvement. Corporate projects will also include the implementation of the Green Plan, a specific piece on improving retention rates of staff and the Building Berkshire Together business case. The aim is that these events are both proactive and reactive, and hence the programme of RIEs is subject to change to ensure the organisation gets the greatest value from this resource.
- 3.13 In addition to corporate projects the Trust has identified a number of longer-term strategic initiatives (3-5 years) which it will start to develop and deliver in the next year. These include improving system working to gain benefit and developing the workforce supply required to deliver the CSS.

Approach to developing efficiency programmes

- 3.14 The Trust is seeking to move away from the historic mechanism of QIPP as a way to balance the budget. For 2023/24 the Trust will agree a budget value for each area within which to manage its services. This will require a reduction in the current run rate of expenditure. The improvement programmes set out above will support this however responsibility will be with the individual teams to deliver their budget inclusive of run rate reductions. The teams are currently looking at benchmarking and historical data, through the lens of the Improving Together A3 thinking approach, to identify areas of increased productivity and efficiency.
- 3.15 The Trust actively engages with benchmarking, in particular GIRFT and Model Hospital to identify opportunities for reductions in run rates in specialities/departments that are outlying compared to similar trusts. However, as a maturing organisation, we understand that sometimes there is a need to improve the data and that on some issues where we are prioritising improvement, it may be necessary to spend more than other Trusts for a period of time to ensure our services provide excellent quality of care sustainably.

QIA assurance for cost improvement programmes

- 3.16 Quality Impact Assessments (QIA) are completed for all efficiency savings projects, by the project lead or quality improvement lead, supported by the Transformation lead. When a programme or project is created, the QIA is completed by the programme lead and signed off by the Executive lead. Service developments are also Quality Impact Assessed as part of investment decisions to ensure that the Trust is agreeing funding for those developments that have the greatest positive quality impact. The escalated QIAs are discussed by the Operational Management Team Meeting and they decide whether to proceed with mitigations or not to proceed if the quality impact is too great.
- 3.17 There is a clear process and governance structure for Quality Impact Assessments for all cost improvement projects in place, which comes through the Care Group Boards or Operational Management team monthly. The Quality Committee reviews the QIAs for cost improvement projects and post-project QIAs are used to communicate lessons learnt to the Senior Management Team.

Quality priorities for 2023/24

- 3.18 Ensuring safety and quality of care for every patient is the Trust's top priority. We strive to be one of the safest and most caring NHS organisations in the country. The Trust's Quality Strategy (2018-2023) provides the framework for ensuring that 'quality' remains at the heart of the Trust's organisational culture and contains the detail of the quality improvement work programmes taking place across the Trust to meet its ambitious aims. The Quality Strategy will be updated in 2023.
- 3.19 The quality priorities for 2023/24 have been developed from the improving together workflow with the care groups.
- Review of progress against the Quality Strategy aims and previous year's quality priorities
 - Analysis of themes arising from internal quality indicators (complaints, incidents, clinical audits, mortality reviews, outcomes data)
 - Patient engagement
 - Staff engagement
 - Key stakeholder engagement
- 3.20 As a result, the Trust is confident that the priorities selected are those, which are meaningful and important to our community. The Quality Priorities have been proposed as the following:

Patient Safety:

- Initial safety assessments completed within 4 hours of admission
- Surgical site infection surveillance

Clinical Effectiveness

- Number of patients seen in Same Day Emergency Care LOS less than 24 hours
- Reduce the % of term babies admitted to NICU
- Recognition of patient deterioration following completion of ward based assessments

Patient Experience

- Improve compliance with Hand Hygiene throughout the trust

- Improve complaints response time and improve the learning from complaints

3.21 To support the NHS, the CQUIN programme (Commissioning for Quality and Innovation) continues. The trust is collaborating with the ICS to agree which CQUIN's will be part of our contract for 2023/24. The Trust's ambition is to deliver all national agreed CQUINS.

Our approach to tracking progress on our priorities:

3.22 Progress against the aims set out in the Trust's Quality Strategy are monitored on a 6-monthly basis by the Trust Quality Committee (a sub-committee of the Board) chaired by a non-executive director. The specific quality priorities for 2023/24 are monitored on a bi-monthly basis through the Quality Assurance and Learning Committee, chaired by the Chief Nurse / Chief Medical Officer. This in turn reports up to the Quality Committee. This allows appropriate scrutiny against the progress being made with these quality improvement initiatives, and also provides an opportunity for the escalation of issues.

3.23 Progress against the delivery of our strategy have been monitored against a framework on a quarterly basis shared through EMC with the Board. This year we reviewed the format for reporting and confirmed a number of 'True North' metrics to monitor progress against. Structures are being established to support continuous quality improvement and the establishment of an operational management system will provide an opportunity to update the Executive on progress being made across our priorities. These will be in place for 2023/24.

4 Activity and Finance

Activity

- 4.1 It continues to be difficult to predict the healthcare needs of our local population, partly as points of delivery have changed considerably since pre-pandemic times. In 2019/20 we experienced an overall increase in activity on the previous year, whereas in 2020/21 there was significant swings in different activity types as a result of COVID-19 and national guidelines intended to minimise elective activity. Overall this resulted in a reductions in elective pathways whereas critical care was 200% higher than before and virtual outpatient activity increased by 190%.
- 4.2 In 2021/22 elective activity started to recover as a result of national recovery plans linked to specific Elective Recovery funding. At year end elective inpatient and day case activity was 13% and 4% below 2019/20 levels respectively, and outpatient activity was 8% above 2019/20 levels.
- 4.3 In 2022/23 national activity targets were set at 104% of 2019/20, with specific parameters around activity types (notably increases in non-face to face outpatient appointments and a shift towards day-case procedures) to ensure focus is maintained on Elective Recovery. Although activity is currently above 2021/22 levels, it is tracking at 97% average of plan which was set as part of a system wide programme working with BOB ICS partner organisations to ensure alignment and affordability.
- 4.4 At a system level, during 2022/23 we have been able to contribute to reducing the backlog of elective referrals that has arisen during the pandemic. Changes in setting of healthcare provision, accelerated as a result of the pandemic, will continue where appropriate and have been included in 2023/24 activity plans. Demand management workstreams continue to progress with ongoing work to identify the levels of activity required to be undertaken to recover waiting lists.
- 4.5 To develop our plan for 2023/24, our clinical and operational teams have again reviewed their expectations of growth in demand - based on services changes and new delivery points - with the expectation that referrals and activity must return to pre-pandemic levels plus demand growth. Although at present NHSE/I have not finalised its funding regime, there has been a correction of contract values/allocations, the outcome of which has been used to adjust 2023/24 allocation baselines and underpinning convergence trajectories.
- 4.6 These changes will be taken into account when setting 2023/24 contract values, with separate COVID-19 system allocation now moved into core allocations to reflect enduring COVID-related service requirements imbedded in overall planned activity levels compared to historic levels. As BOB ICS plans develop, we will provide details of the impact on our activity and financial plans.

Figure 4.1: 2023/24 Activity Growth Assumptions

Type	<u>Plan</u> <u>22/23</u>	<u>Plan</u> <u>23/24</u>	<u>Change</u>	<u>(%)</u>
Emergency Department Attendance (A&E) Face to Face	152,232	177,350	25,118	16.5%
Outpatient Attendances (excl OPPROCs)	455,317	476,670	21,353	4.7%
Non face to face outpatient "attendances"	125,646	118,274	(7,372)	-5.9%
OPPROCs	112,852	80,280	(32,572)	-28.9%
Non-Elective Activity (incl Obstetrics – NELNE)	61,696	63,014	1,318	2.1%
Elective Activity (incl Daycase)	49,229	47,662	(1,567)	-3.2%

Capacity to deliver the activity trajectory

4.7 The RBFT activity trajectories are a reflection of the operational expectation for demand, and utilisation of core and sub-contracted independent sector capacity

4.8 Based upon the submitted activity trajectories the Trust is confident in achieving the submitted performance trajectories, based upon the assumption external factors do not create significant unexpected loss of capacity or increases in demand.

Expected operational performance

4.9 The Trust has submitted plans which are compliant with the NHSE expectations, in line with the national ask from NHSE. The Trust is continuing to work alongside colleagues across the ICS to ensure activity and performance levels are such that Elective Recovery Funding (ERF) is achieved, noting that failure to draw ERF is likely to have a significant impact on the Trusts 23/23 elective programme and recovery aims.

4.10 Recovery of constitutional standards in elective care will require considerable efforts by all our teams and our partners in the independent sector and is subject to the additional funding recently announced by government. Even with these critical enablers in place it is likely that recovery of pre pandemic elective standards will extend beyond 2023/24, and as such NHSE has set a staggered approach to recovery.

4.11 The Trust is expected to recover constitutional standard to the following level;

- A&E >4 hour. Over 76% by March 24
- RTT. Zero >65 weeks by March 24
- Cancer Faster Diagnosis. >75% by March 24

- 4.12 The Trust expects to achieve, and aims to exceed these expectations.
- 4.13 2023/24 will see the continued partnership working with primary care in order to understand and modify urgent and emergency care demand drivers.

Winter plans

- 4.14 The BW ICP A&E Delivery Board is in place to continue to monitor, evaluate and seek to improve services and support winter planning arrangements. Winter resilience planning for 2023/24 will be based off an evaluation of the 2022/23 plan, and will look to adopt key principles, such as to:
- Providing safe, quality care for patients aiming to reduce multiple moves in patient pathways and maintaining privacy and dignity;
 - Streaming as many patients as possible from front door locations away to Urgent Care providers or to same day emergency care services within the Trust;
 - Treating patients in short stay facilities wherever safe to do so;
 - Robust approach to targeting all delays in patient pathways across the system;
 - Supporting staff at times of pressure;
 - Communication and escalation with system partners as necessary to support system flow;
- 4.15 NHS England's operating guidance for 2023/24 prioritises the reduction of admissions from the Emergency Department (ED). The Trust is tackling the waiting times and admissions in ED with two pathways, that are nationally being rolled out:
- Same day emergency care (SDEC) is one of the ways the NHS is working to provide the right care, in the right place, at the right time for patients. It aims to benefit both patients and the healthcare system by reducing waiting times and hospital admissions, where appropriate. In line with the NHS guidance RBFT committed and adopted a SDEC model for medicine since July 2021. The main objectives of SDEC are to treat more complex patients on the same day; reduce the number of admissions into hospital and to improve the overall flow throughout the hospital.
 - Virtual Hospital provision across both RBFT and BHFT supporting the management of patients virtually in their homes and care homes, with personal monitoring equipment and daily virtual consultations. This service has a focus to seek alternatives to admission for both to emergency patients identified through SDEC, Care homes and provide early supported discharge
- 4.16 Critical to this year's plan will be continuing to progress the improvement opportunities identified in the Berkshire West Urgent Care Strategy, of which progressing a revised approach to the use of sub-acute bed capacity in the system is of primary importance to delivering the 92% occupancy standard for the year.

Revenue budget for 2023/24

- 4.17 The Trust is seeking to set a budget for 2023/24 that forms part of a recovery to an underlying surplus position. By agreeing this budget, the Trust will be able to deliver a capital plan of approximately £21m and protect its cash reserves. Delivering on the budget will be significantly challenging and will require us to deliver on the full extent of our local and regional transformation plans for the year as set out in section 3.
- 4.18 BOB ICS has received funding allocations for 2023/24 and we have an agreed contractual income level for 2023/24.
- 4.19 The financial regime for 2023/24 marks a departure from the previous three years. A new NHS Payment System will be in operation which combines an Aligned Payment and Incentive (API) block for non-elective pathways and activity based payments for elective care. The ICB will receive a fixed amount of funding which will cover these elements and payments to other providers both in and out of system. The specific funding given for COVID-19 is being reduced in 2023/24, whilst funding for elective activity is increasing.

Estates costs

- 4.20 The Trust has built in the continuing costs of occupying the ageing estate and infrastructure, ranging from infection control and fragility of power supply to wards and theatres to the requirement to improve the robustness of sewerage systems. There are increasing running costs, services and maintenance required to manage and respond to these risks.
- 4.21 As part of the Strategic outline case development the Trust undertook a refreshed estate/asset review, based on a 6-facet survey approach and overlaid with detailed surveys and knowledge of the RBH infrastructure. As a result, the reported backlog maintenance figures in the annual Estates Return Information Collection (ERIC) saw a notable increase over previous years. The Trust's approach has been validated by the NHSE/I estates team, this included the risk ownership and management approach at Board level, wider than estates. The Trust will continue to work with the national team, as well as BOB ICS regarding the approach, funding and capital departmental expenditure limit constraints.
- 4.22 The estate related challenges that the Trust faces have been recognised and the estate redevelopment has been included within the Governments Health Infrastructure Plan (HIP2) with investment provided to develop the plans. The Strategic Outline Case (SOC) has had ministerial approval in May 2022. The Trust has progressed to the Outline Business Case (OBC) stage and continues to work closely with the New Hospital Programme team in progressing the case.

- 4.23 A number of key outsourced services are due for review. These include soft facilities management services at Bracknell site, linen and laundry Trust-wide and retail services at RBH and Bracknell sites.
- 4.24 Following the successful tendering of 6 bundled packages for Hard FM service delivery improvements in responsiveness, performance and compliance, as well as reduced costs, will implemented. This includes an increased in-house estates management team to ensure safety and compliance and improvements in efficiency.
- 4.25 Utilities costs are expected continue to rise significantly above inflation and an Energy Manager will be starting with the Trust to work with all Trust departments to try to minimize the financial impact whilst improving performance against the Net Zero targets. Energy is procured through Crown Commercial Services framework agreement and RBFT cannot influence the price of energy, but can control consumption to reduce costs. Capital investment to enable monitoring and control of energy consumption is required.
- 4.26 The supply chain and impact of above inflation increases is expected to continue to have an impact on both FM service delivery and the delivery of capital projects to time and budget. The teams will continue to work to vary and value engineer to ensure the best value outputs.
- 4.27 As referenced in section 3 the Trust has launched a multi-year programme related to utilisation and costs of all aspects of the Trust estate. The Model Hospital benchmark information related to cost and utilisation is helpful to inform and shape this work, as is the joint work the BOB ICS Estates group is developing in this area. All decisions relating to clinical/administrative and support services' relocation/modification requires capital investment in the built environment and services, as enablers. Some works have been achieved in 2022/3, continued investment will be required to maximise the benefit.

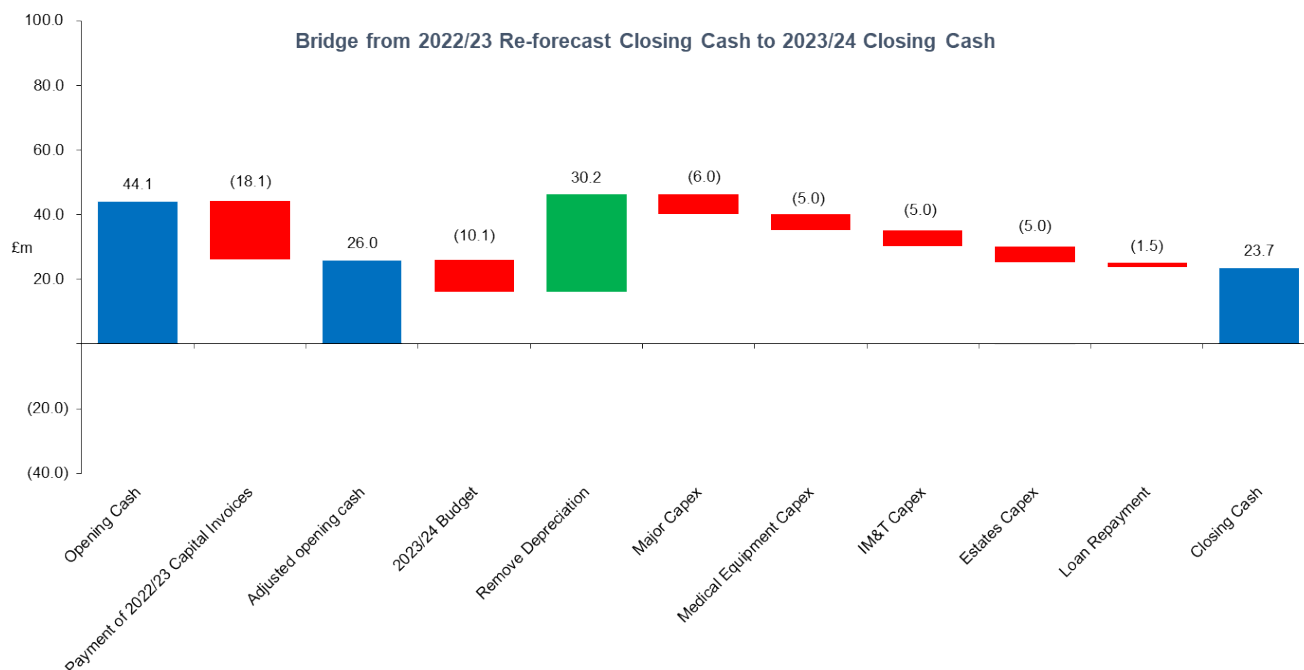
Sale of assets/non recurrent financial items

- 4.28 At the present time there are no planned/identified disposals of assets available to improve the financial position in 2023/24.

Cash and Capital for 2023/24

- 4.29 The development of the operating budget for 2023/24 directly informs the level of available cash to cover operating expenses and consequently for investment in capital. At breakeven in 2023/24 cash is generated to deliver a £30m programme of capital investment in 2023/24. However, it is recognised that improving the revenue position from the 2022/23 outturn to breakeven is not feasible in one year. Consequently, capital will be constrained by the level of targeted deficit. Whilst there is still a backlog of works to be completed the Trust has delivered a five-year programme between 2018/19 and 2022/23 in excess of £200m.

Figure 4: 2022/23 to 2023/24 cash bridge



Procurement

4.30 The Trust Procurement and Logistics department has continued to make significant improvements, with changes to governance, contract management, supply chain management and by aligning our objectives to major national strategic programmes. Our presence in the regional and national procurement arena has grown, reinforcing our commitment to collaboration and partnership working. Our major objectives for 2023/2024 will centre on continuous quality improvement, governance, data analytics, sustainability, social value and building upon supply chain resilience.

4.31 During 2022/2023 the department's primary focus was to adapt and implement major changes to supply and distribution in the fight against global market supply chain and financial disruption. The department ensured supply of all goods, services and works. The department has developed collaborative work within the BOB ICS that has successfully delivered a number of CIP generating contracts across the system. During this time, the Procurement Department also delivered c£64m of capital supply in 2022/2023 and c£30m of capital supply for 2022/2023.

4.32 The Department is a committee member of NHSE/I's Target Operating Model for Procurement advisory boards namely People, Skills and Development and Talent. This falls in-line with our internal departmental focus of recognising talent and developing the next generation of NHS Procurement and Logistics professionals.

4.33 The Trust is committed to continuously improving and delivering best in class supply chain and contract management and governance, as seen with the implementation of a new source to contract system, Atamis, provided by DHSC. The department continues to provide assurance to our stakeholders and community that we deliver value for money through refreshed and updated governance and compliance reports. This includes a monthly report on contract management and supply chain management.

4.34 The department utilises data analytic tools and applications to provide accurate analysis and evaluation of non-pay spend, providing data to support sourcing and contractual decisions. An update of the contract management system (CMS) is underway and forecast to complete with improved functionality and output by April 2023.

- 4.35 Global market and supply chain disruption, inflationary and financial pressures are major areas of risk to the Department, and as such will be at the forefront of activity for the next financial year. In spite of previous external pressures over two years, the Department delivered £2.4m of CIP in 2021/22 and forecast to deliver c£2.5m of CIP for 2022/23.
- 4.36 Other key focus' of the Department throughout 2023/24 and beyond, will be how we support and embed resilience within our supply chain, introducing social value and sustainability working towards the Net Zero Carbon Target for 2024 review where we can reduce our next zero carbon footprint. All whilst aiming to support the local economy and community.
- 4.37 As part of continuous improvement, we have identified an opportunity to transform the Logistics and Inventory Management service with a primary objective to free up clinical time and generate financial benefits. We are in the process of scoping a 'to be' model which we aim to submit with a full transformation business case in Q1 of 2023/2024.
- 4.38 The department has faced recruitment issues during 2022/2023 but expected to be operating with a full establishment by April 2023. As of September 2022, the Ingenica / Atticus support team moved into the Procurement and Logistics Department; an alignment that will support the required transformation of distribution team. The Department also recruited a new Contracts Manager and a Catalogue and Data Reporting role in December 2023.

System Working

- 4.39 The Trust is working with BOB ICS partners across a range of areas including finance and workforce planning, elective recovery and urgent and emergency care. Increasing links are being made across all areas of RBFT operations and corporate services to understand where collaboration will deliver benefits to our patients and taxpayers.
- 4.40 In particular, the Trust is working closely with the two other acute trusts in BOB ICS to consider a move to a formal provider collaborative around elective care with the opportunity to expand into other areas. This provider collaborative could take on delegation and accountability for delivery and improvement of categories of care from BOB ICS.
- 4.41 This is further building on the collaborative work that has taken place over recent years at Berkshire West. The Trust is contributing to a revised set of improvement programmes to deliver more integrated, sustainable care for our local residents working closely with health and care partners.

5 Oversight and governance

The Trust Board

- 5.1 The Trust Board is made up of 13 individuals (7 non-executive directors and 6 executive directors). During 2022/23 there have been a number of changes to the Board:
- Peter Milhofer joined the Trust as a Non-Executive Director in April 2022.
 - Parveen Yaqoob joined the Trust as a Non-Executive Director in January 2023
 - Dr. Janet Lippett was appointed Acting Chief Executive between November 2022 and March 2023
 - Dr. William Orr was appointed as Acting Chief Medical between November 2022 and March 2023
- 5.2 The Board meets in public 6 times a year, with Board seminars being held in alternative months. There are a number of Board committees which help to ensure oversight from ward to board.
- 5.3 To support the Board in the undertaking of its work it has commissioned a programme of Board Development from Integrated Development.

Governors and elections

- 5.4 The Trust has 9,802 members, with public governors representing five local geographic areas, as well as volunteer, staff and partner governors. The Trust recruited seven new governors during 2022/23. There are currently seven vacancies on the Council of Governors. Communications are circulated to all members when elections are launched, as well via internal briefings to staff and in the Trust's membership magazine. Vacancies and election timetables are highlighted at all membership events.
- 5.5 There are 4 Council of Governors and 4 Governor Council Membership Committee meetings scheduled for 2023/24, which are open for public attendance. The Council of Governors meeting are scheduled on the same day as Board meetings, facilitating the flow of information. The Council of Governors and the Board are chaired by Graham Sims, the Trust's Chair. The Trust will hold its Annual General Meeting in September 2023 where the annual report and accounts will be presented to the public.

- 5.6 During 2022/23 a membership event schedule had been arranged to include 4 membership events across Trust sites and in the community.
- 5.7 The Trust held the Annual General Meeting in October 2022 and was well attended by members of the Public, Governors and Staff.
- 5.8 The Trust membership magazine, Pulse, is circulated to members four times a year and highlights events and informative topics related to the Trust and health and wellbeing. There is a regular feature from a Governor and Chair or Non-Executive Director in every edition.
- 5.9 Membership events for 2023/24 had been agreed with governors at the Membership Committee in April 2022. Key topics will include health inequalities relevant to the specific constituencies and virtual treatment pathways
- 5.10 To help Governors fulfil their role, the Trust had designed a three-year governor training and development plan in 2021/22 consisting of 4 topics each year. In addition, the Chair of the Trust circulates a monthly update on events that have taken place and topics related to the Trust that have been in the local news.
- 5.11 The Trust is committed to meaningful engagement with its members and will continue to focus on ensuring that the membership is representative of the population it serves.

Title:	ICS Joint Forward Plan
Agenda item no:	9
Meeting:	Board of Directors
Date:	24 May 2023
Presented by:	Andrew Statham, Director of Strategy, Improvement and Partnerships
Prepared by:	Thomas Wright, Strategy Manager Rebecca Cullen, Associate Director of Strategy and Performance

Purpose of the Report	To inform the Board of Directors of the Buckinghamshire Oxfordshire and Berkshire West Integrated Care System (BOB ICS) Joint Forward Plan and the associated next steps
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Report History	None
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What action is required?	
Assurance	
Information	NOTE the plan that has been prepared.
Discussion/input	COMMENT on the themes and delivery plans.
Decision/approval	APPROVE the plan

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

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

1 Executive summary

- 1.1 This paper presents the most recent draft of the BOB ICB Joint Forward Plan (JFP) (Appendix 1). This is being shared with system partners for endorsement through their respective governance structures throughout May 2023. Following this the JFP will be signed off by the five BOB Health and Wellbeing Boards in June, ready for publication by the 30 of June.
- 1.2 The BOB ICB and its partner Trusts have a statutory requirement to develop a Joint Forward Plan (JFP). It must, as a minimum, describe how the ICB and all its partner Trusts intend to arrange and/or provide NHS services, including delivery of the universal NHS commitments.
- 1.3 Systems have been encouraged to use the JFP to develop a shared delivery plan for the Integrated Care Strategy (Appendix 2).
- 1.4 BOB ICB have now developed their draft JFP document (Appendix 1). It sets out a 5 year ambition with 5 strategic themes that are aligned to the BOB ICS Integrated Care Strategy:
 - Promoting and protecting health
 - Start well
 - Live well
 - Age well
 - Better access to quality services
- 1.5 Each of these themes has a number of priorities and delivery plans. These plans have been developed and/or tested through system networks – e.g. Urgent Emergency Care Programme Board, Mental Health Partnership meeting.
- 1.6 It is intended that the JFP will be updated annually before the start of each financial year. The ICB will review the plan regularly, and use it as the basis for monitoring progress as an Integrated Care System. Assuring delivery of the JFP will be picked up formally through the ICB Board and relevant Board assurance committees.
- 1.7 Members of the Trust executive supported the development of the JFP through participation in working groups and the engagement sessions. The Trust Board reviewed an early summary of the plan at its private meeting in March.

2 JFP structure

- 2.1 The JFP sets out its ambition to: promote prevention, address inequalities, reduce and eliminate long waits, and deliver in partnership.
- 2.2 Priorities for Year 1 (2023/24) of the plan link with priorities and metrics required for the BOB ICS operational plan, and are underpinned by the financial information contained within them. Deliverability of the ambitions within the JFP beyond 2024 will depend upon the financial resources available which are not yet known.
- 2.3 The framework for the JFP is shown below in Figure 1.

Figure 1: ‘Joint Forward Plan on a page’

Our System Vision and Partnerships 01	Everyone who lives in our area has the best possible start in life, lives happier, healthier lives for longer, and can access the right support when it is needed Place based partnerships, Provider Collaboratives, Clinical Networks, VCSE, Communities				
Addressing Our Biggest System Challenges 02	<ol style="list-style-type: none"> 1. A reduction in inequalities in outcomes and experience 2. People are better supported in their communities to live healthier lives 3. Improved accessibility of our services and elimination of long waits 4. A sustainable model of delivery across the BOB system 				
Delivering Our Strategy – Our Service Delivery Plans 03	Promote and protect health: Keeping people healthy and well <ol style="list-style-type: none"> 1. Prevention 2. Inequalities 3. Vaccination and Immunisations 	Start Well: Help all children achieve the best start in life <ol style="list-style-type: none"> 1. Maternity 2. Children and Adolescent Mental Health Services 3. Learning Disabilities 4. Children’s Neurodiversity 5. Children with Long Term Conditions 	Live Well: Support people and communities live healthy and happier lives <ol style="list-style-type: none"> 1. Long Term Conditions (stroke, cardiovascular disease, diabetes, respiratory) 2. Adult Mental Health 3. Adult Neurodiversity 4. Cancer 	Age Well: Stay healthy, independent lives for longer <ol style="list-style-type: none"> 1. Ageing well services (e.g. frailty – community multidisciplinary teams) 	Quality and access: Accessing the right care in the best place <ol style="list-style-type: none"> 1. Primary care 2. Urgent and Emergency Care 3. Planned care 4. Palliative and End of Life Care
Supporting and Enabling Delivery 04	Workforce, Finance, Digital, Estates, Research & Innovation, Net Zero, Quality, Personalised Care, Continuing Healthcare				

3 RBFT engagement

- 3.1 ICS partners have been given opportunities to feedback and contribute to iterations of the draft plan throughout its development.
- 3.2 The Board received the first draft of the BOB ICS JFP at private board on 29 March 2023.
- 3.3 The Director of Strategy, Improvement, and Transformation has been engaged throughout the process via the BOB Director of Strategy meetings and correspondence. The CEO and the Director of Strategy, Improvement and Transformation also attended system-wide workshop on 24th March on behalf of RBFT.
- 3.4 RBFT have provided extensive feedback throughout the process including reflections on the long length and lack of brevity in some areas, which could have an impact on its understanding by our population.
- 3.5 It was also noted that whilst it was encouraging to see some core challenges (such as primary care model transformation) identified in the plan, this commitment needs to be replicated across the other key challenges where we can collectively channel BOB ICS organisations into new ways of working.

4 Public engagement

- 4.1 Members of the public were given an opportunity to feedback on the draft plan from early April 2023 to May 2023 via an online portal, telephone, post or email.
- 4.2 BOB ICS have a series of focus groups in May looking at the different groups of delivery plans associated with the 5 strategy themes.

- 4.3 The ICB also emphasises that they are working on a programme of engagement that will allow our community to share feedback at all times and help shape how plans and services develop.

5 Next steps

- 5.1 ICB and Trust Boards have been asked to formally review and approve the JFP in May 2023, ahead of its circulation to Health and Wellbeing Boards in June. NHS England require formal publication of plans by **30 June 2023**.
- 5.2 In future years, ICBs and their partner trusts will have a duty to update their JFP before the start of each financial year.
- 5.3 The Board is asked to review the plan and feedback whether it will:
- (a) Give unconditional support
 - (b) Give conditional support (and explain what these conditions are)
 - (c) Not support the plan
- 5.4 Due to RBFT's broad agreement with year one priorities and long term ambitions, the Board is recommended to give conditional support to the JFP, based upon the further identification of specific, core challenges and development of detailed plans to address them.

6 Attachments

Appendix 1 – Summary of the Joint Forward Plan.

Appendix 2 - Full draft [Joint Forward Plan](#) found under key documents by following hyperlink.



Joint Forward Plan Summary

May 2023

DRAFT – WORK IN PROGRESS



Welcome and Foreword

We are delighted to introduce our first Joint Forward Plan which details how the NHS aims to deliver and improve our services to meet the health and wellbeing needs of people in our area.

Our organisations exist to improve the health and wellbeing of the people they serve. We fund, plan and deliver NHS services for the people of BOB. We want everyone who lives in our area to have the best possible start in life, live happier, healthier lives for longer, and to be able to access the right support when it is needed

Our ambition and hopes for Buckinghamshire, Oxfordshire and Berkshire West (BOB) communities were first set out in our Integrated Care Strategy, published in March 2023, based on what local organisations and communities told us was important to them.

In this Joint Forward Plan we set out our aim to further develop and improve our services to better meet the needs of our people and communities. We know that we can only do this successfully by working together, in partnership, to deliver change. However, this is not a plan just about the NHS, it is about how the NHS working with councils, charities, education, science and the voluntary sectors will combine the skills and resources to jointly improve the lives and communities of the people we serve.

This integrated approach is about recognising that all our organisations deploy different skills, expertise and resources which if used in a jointly planned and delivered way will have a much greater impact on improving people's lives and community wellbeing.

In developing our Joint Forward Plan we have identified a small number of key challenges that, if addressed, we believe will have the greatest impact on ensuring our services more effectively meet the needs of people in BOB. Meeting these challenges will require us to build on our existing programmes of work in new ways – with greater collaboration across system partners and with our communities - and will require a fundamental change in focus, from a system based on treating illness to one that prioritises prevention and keeping people healthy in their communities.

Alongside our focus on key challenge areas, we have also developed detailed service plans, setting out our ambition and plans for how we intend to develop and deliver our NHS services in BOB over the next five years, in line with our Integrated Care Strategy.

Working in partnership and listening and responding to our communities are fundamental to how we will work. We want to know what people think of the services they experience, what their ambitions and hopes are and how we can support them. We want to understand and reflect the diversity of our populations and ensure our services are responsive to changing lifestyles and different communities' needs.

We will update our Joint Forward Plan on an annual basis, continuously reflecting on feedback from our partners and communities and developing our plans in line with the resources available to us, as we make progress in improving our services and delivering in a sustainable way for the population we serve.

Joint Forward Plan on a Page

<p>Our System Vision and Partnerships</p> <p>01</p>	<p>Everyone who lives in our area has the best possible start in life, lives happier, healthier lives for longer, and can access the right support when it is needed</p>					
<p>Place based partnerships, Provider Collaboratives, Clinical Networks, VCSE, Communities</p>		<p>Addressing Our Biggest System Challenges</p> <p>02</p>			<ol style="list-style-type: none"> 1. An inequalities challenge 2. A model of care challenge 3. An experience challenge 4. A sustainability challenge <p>A reduction in inequalities in outcomes and experience People are better supported in their communities to live healthier lives Improved accessibility of our services and elimination of long waits A sustainable model of delivery across the BOB system (money and people)</p>	
<p>Delivering Our Strategy – Our Service Delivery Plans</p> <p>03</p>	<p>Promote and protect health: Keeping people healthy and well</p>	<p>Start Well: Help all children achieve the best start in life</p>	<p>Live Well: Support people and communities live healthy and happier lives</p>	<p>Age Well: Stay healthy, independent lives for longer</p>	<p>Quality and access: Accessing the right care in the best place</p>	
<ol style="list-style-type: none"> 1. Inequalities 2. Prevention 3. Vaccination and Immunisations 		<ol style="list-style-type: none"> 1. Women’s, maternity and neonatal services 2. Children and Adolescent Mental Health Services 3. Learning Disabilities 4. Children’s Neurodiversity 	<ol style="list-style-type: none"> 1. Long Term Conditions (stroke, cardiovascular disease, diabetes, respiratory) 2. Adult Mental Health 3. Adult Neurodiversity 4. Cancer 	<ol style="list-style-type: none"> 1. Ageing well services (e.g., frailty – community multidisciplinary teams) 	<ol style="list-style-type: none"> 1. Primary care 2. Urgent and Emergency Care 3. Planned care 4. Palliative and End of Life Care 	
<p>Supporting and Enabling Delivery</p> <p>04</p>	<p>Workforce, Finance, Digital, Estates, Research & Innovation, Net Zero, Quality, Safeguarding, Infection Prevention and Control, Personalised Care, Continuing Healthcare, Delegated Commissioning</p>					

1.1 Purpose of the Joint Forward Plan

What is our Joint Forward Plan and what is it for?

The **Buckinghamshire, Oxfordshire and Berkshire West (BOB)** Joint Forward Plan (JFP) describes how we intend to balance delivery of the BOB Integrated Care Strategy ambition with the national NHS commitments and recommendations, including the requirements of the 2023/24 operational plans.



This is our first JFP since the BOB Integrated Care Board (ICB) was formally established on 1 July 2022. It is an opportunity for the ICB and its partner trusts to set out how we will arrange and/or provide NHS services to meet our population’s physical and mental health needs. This JFP therefore sets out our five-year comprehensive plan to improve and transform our services, whilst also recognising our most immediate priorities for the year ahead.

This plan will be updated annually before the start of each financial year. Assuring delivery of the Joint forward plan will be picked up formally through the ICB Board and relevant Board assurance committees.

This plan focuses on actions that will be delivered by the NHS in BOB (ICB, NHS Trusts, primary care, etc). As we develop as a system it is expected that future joint forward plans may reflect more fully our wider partnership activities including the role of social care, public health, voluntary and community groups.

We have worked with our partners to develop this plan, including a consultation with our five Health and Wellbeing Boards, whose opinion can be found in Appendix C.

Delivering our Integrated Care Strategy



Our vision is that *everyone who lives in our area has the best possible start in life, lives happier, healthier lives for longer, and can access the right support when it is needed.* We are focusing on five Strategic Themes to help us achieve that vision.

In the JFP, we have considered how our services align to these themes and developed detailed plans for how we should jointly improve and transform these services over the next five years in order to deliver on our strategy.

2023/24 Operational Planning Requirements

In common with health and care services across the country, our system continues to experience a period of sustained pressure. In line with the priorities and requirements of the Operational Planning Guidance issued by NHS England, a detailed operational and financial plan has been submitted for BOB that demonstrates how we will deliver on specific priorities. It also indicates the financial pressure we continue to operate within.

Our plans for the first year of our JFP are aligned to our 23/24 Operational Plan, whilst also identifying our longer term transformation ambitions.

Delivering the JFP within our 2023/24 financial allocation

Our JFP sets a five year ambition across multiple service areas. Although our annual financial envelope across this period will be significant, we do not have clarity on our financial allocations beyond 2023/24.

The commitments included in this plan for 2023/24 are to be delivered within the constraints of the 2023/24 financial envelope. The 2023/24 JFP delivery plans and BOB operational plan ambitions have been developed together to maximise alignment.

The JFP commitments for subsequent years remain subject to our allocation being confirmed. It is recognised that these ambitions will need to be balanced with operational planning requirements yet to be specified. However, this plan is clear on the ambition to move towards a model more focused on prevention and keeping people well in their communities. We anticipate our long term financial planning to support this shift.

Our Biggest System Challenges

Aligning to the BOB
Integrated Care Strategy



Addressing our Inequalities Challenge

Outcome goal: Reduction in inequality of access, experience and outcomes across our population and communities

Where are we now and what action are we already taking?

Across our BOB partnerships, there are already numerous examples of collaborations focussed on reducing inequalities in access, experience and outcomes. Reducing these inequalities is a central ambition of our partnership as set out in the BOB Integrated Care Strategy. In 2023/24 we have activity planned that will accelerate and grow our support to people and communities with greatest needs. These activities include:

- **Increased investment for place based initiatives** - A £4 million new annual investment for 23/24 & 24/25 will be directed towards populations who face the largest health inequalities in access, experience, and outcomes. The funding, devolved to Place, will focus on key ill health prevention reflecting local needs and includes:
 - ✓ Reducing premature mortality through **community outreach programmes** in Berkshire West with local, targeted actions including increasing health checks, BP monitoring and promoting 'active medicine'
 - ✓ Supporting Buckinghamshire's **Opportunity Bucks** programme targeting the 10 most deprived areas in Bucks – actions including health checks for people with severe mental illness, preconception and maternity support for highest risk ethnic communities,
 - ✓ In Oxfordshire supporting specific communities including people who are **homeless**, building partnerships and **increasing community capacity** with VCSE and local partners to deliver local core20plus5 initiatives.
- **Core20Plus5** – an ongoing focus on the priorities identified through our core20plus5 analysis. For example: smoking cessation - Further investment of £835,000 in Tobacco Advisory Services in acute in-patient, maternity and mental health inpatient

We have places where Population Health Management is working successfully already on a small scale (for example, in the Reading West PCN and Banbury Cross Health Centre). We are improving our understanding and outcomes in relation to people with diabetes in our Nepalese community and our most deprived housebound patients. Further detail on these plans are available in the relevant service delivery plans.

Service Plans Reference:

Tackling inequalities is a theme running through all delivery plans. Most actions included in:

- Inequalities & Prevention
- CYP and Adult Mental Health
- Maternity and Neonatal
- Long Term Conditions
- Personalised care

Our longer term transformation approach – Unlocking population health management

We recognise that a more consistent approach to identifying and addressing inequality challenges will be significantly strengthened through the development of a robust approach to **population health management**. Although we have examples across BOB where PHM is used to make decisions, this could be strengthened and spread across the system. We commit to progressing this in 23/24 through the following actions: :

- Create an **integrated data set** across our providers, with data available for analysis to identify opportunities for targeting support to communities and people in BOB
- Establish the right **analytical capability and decision making infrastructure** to clearly understand where the areas of greatest inequalities exist and analyse the causes
- Utilise the Population Health data and analysis to **target activity** in the areas which have the greatest need and where the most impact will be made, with initial rollout in targeted clinical areas.

2023/24 Priority Transformation Milestones

Q1

- Form an ICS Data Leadership and Governance Group with clinician and patient input.
- Completed stock-take of data sets, collection and reporting

Q2

- Define and establish Centre of Excellence for Data including learning and community of practise.
- ICS Data Charter established.

Q3

- Build a team that can work with local teams and produce proof of value analysis.
- Agree shared responsibility between ICS and local system functions

Q4

- Finalise development of a common ICS data architecture.
- Embed culture of data driven transformation is embedded as part of PHM approach.

Addressing our Model of Care Challenge

Outcome goal: People are supported to live healthier lives for longer in their communities

Where are we now and what action are we already taking?

As a system, we recognise that we need to shift to a more **preventative and community-based** approach for health and care services, that better meets the needs of the different populations we serve. We have a range of initiatives already in place to change the way we deliver our care and services in BOB. In 2023/24 we will build on these programmes, setting the foundation for longer term transition. Our activity includes:

- **Earlier identification for those with Long Term Conditions** – we will empower individuals to manage their own health and wellbeing, in particular where they have Long Term Conditions (LTCs). For example - cardiovascular disease is one of the most common causes of deaths in BOB and a major contributor to the gap in life expectancy between people living in our most and least deprived areas. Our plans include some important actions for 2023/24, including:
 - ✓ Better identification and control of Blood Pressure and Cholesterol in primary care
 - ✓ CVD Champions in Primary Care Networks to help deliver CVD prevention and improve community links
 - ✓ Extend delivery of NHS health checks in settings outside of primary care such as places of work and non-health care settings
 - ✓ Deliver consistent messaging around lifestyle changes by increasing the number of staff confidently utilising “Making Every Contact Count
- **Increase the ARRS roles** across the whole of the BOB system – promoting multi-professional partnership working to support our people in our communities, building resilience to pressures and helping people navigate to the right care in the best place (incl. pharmacy, social prescribing, etc.)

People who live in BOB are critical partners in shaping the model of care that we need as a system and we will involve our communities in co-designing our strategies and services, ensuring no individual or group is left out.

Service Plans

Reference:

- Live Well and Age Well Service Plans
- Inequalities & Prevention
- Primary Care
- Planned Care
- Urgent and Emergency Care

Our longer term transformation approach – An integrated approach to primary care

To support people better in their communities we need to materially change the way our primary and community care services operate across the system. In 2023/24 we are therefore committed to developing a **Primary Care Strategy** to confirm how we can develop our primary care services in particular to support a more community-focussed model of care that better meets the needs of our population, balancing continuity of care with same day access where needed.

Through the Primary Care Strategy, and in response to the Fuller review, we anticipate the focus of our delivery in 2023/24 to be:

- **Prevention** – in target areas identified through PHM approach (based on Core20PLUS5), focus on growing and fully utilising new roles like social prescribing link workers
- **Access** – begin to implement a new approach to delivering same-day primary care appointments, both virtual and face to face
- **Continuity** - pilot integrated neighbourhood teams, with a first priority focus on target areas identified through Core20PLUS5 PHM approach.

2023/24 Priority Transformation Milestones

Q1

- Current state analysis, highlighting underlying gaps in data, technology and service provision for Primary Care.
- Identify & accelerate opportunities for integrated neighbourhood team rollout (incl. piloting models for different communities)

Q2

- Stakeholder engagement to agree a vision for primary and community care
- Co-design ways of working for Primary Care in BOB – looking at challenges of workforce, digital, and opportunities for strengthening partnerships.

Q3

- Commence detailed planning and implementation of new ways of working - focusing on the core areas of focus from the Fuller Stocktake – Access, Continuity and Prevention.

Q4

- Publish a Primary Care Strategy with a 5-year roadmap, incl costs and implementation plan
- Confirm timetable for change and start to implement the action plan

Addressing our Experience Challenge

Outcome goal: Ensuring people can access high quality care and support at the right time and in a place they can get to

Where are we now and what action are we already taking?

As a system we continue to experience significant issues with long waits and accessibility of services that negatively impacts the experience of people and communities in BOB. This is the case across many of our services including elective care, primary care and mental health. We do, however, already have a range of key initiatives in place aimed at delivering material improvements for the population we serve, and indeed in several areas have already started to see significant progress. Key interventions that will further develop over 2023/24, that are built into our service plans, include:

- **Achieving a maximum 65 week waits** – Although a very long wait this evidences an ongoing improvement in the BOB position. The system wide **Elective Care Board** will oversee the delivery of collaborative system working to improve patient experience, reduce waits and to deliver more sustainable for those specialties with the longest waits and highest volumes
- **Increase diagnostic capacity** - Further capacity will be developed in our **Community Diagnostics Centres**. In line with national guidance, we will increase activity levels by a minimum of 120% of pre-pandemic levels across 2023/24 and 2024/25 to support the recovery of performance to 95% of patients being treated within 6 weeks by March 2025
- Within Primary Care, we will introduce a new **demand and capacity tool in every practice** helping to understand appointment capacity and flexibility across the region and for each practice to make decision about required capacity.

Service Plans

Reference:

- Urgent and Emergency Care
- Planned Care
- Primary Care
- CYP Mental Health
- Adult Mental Health
- Cancer
- Prevention and Inequalities

Our longer term transformation approach

Whilst we are already making some progress in improving the experience of people in BOB – for example by reducing the size of our waiting lists and eliminating some of our very long waits - we know we need a more transformational approach in the longer term to improve how people experience our services in BOB. To achieve our longer term ambitions, in 2023/24 we will focus on:

- Developing a better and more complete **understanding of demand and capacity** across the system – facilitated through development of the right tools and data
- Using this understanding to make targeted **pathway-specific improvements through the Elective Care Board and Acute Provider Collaborative**, where we know they will have the greatest impact on improving waiting times and accessibility (e.g. ENT, Urology, Outpatients, Theatres), to improve patient experience and outcomes, requiring collaborative work between providers.

2023/24 Priority Transformation Milestones

Q1

- Define demand and capacity problem statement
- Agree with clinical and pathway leads priority areas for analysis and focus
- Understand existing data landscape across system partners

Q2

- Baselining current capacity levels across BOB
- Assessment of available resources and how to deploy
- Evaluation and decision on tools, methodology.

Q3

- Refinement of model to ensure comprehensive capture of system level capacity

Q4

- Analysis of system interventions to determine likely impact
- Utilisation of strategic planning tool to inform flexible use of system capacity, plan development and prioritisation

Addressing our Sustainability Challenge - Workforce

Outcome goal: A sustainable model of delivery in BOB – achieving financial balance with a stable and resilient workforce

Where are we now and what action are we already taking?

In response to the workforce challenges we face in BOB, we have a number of key activities already underway that will continue over 2023/24, including:

- Scoping of the potential benefits that may be delivered through a system-wide **recruitment and retention hub**
- Commissioning research on the **cost-of-living crisis**, how this is impacting our workforce, and the effect on recruitment and retention of our staff to confirm most effective support interventions for our staff
- Rollout of **Kindness, Civility and Respect** training for all staff across NHS partners to improve staff experience and wellbeing
- Established a **Temporary Staffing Programme Board** responsible for overseeing use of agency and bank staff and optimise use of temporary staffing across system partners
- **System Inclusion Group** set up to identify and share best practice and support across system partners on Equality, Diversity and Inclusion.

Service Plans Reference:

- Workforce

Our longer term transformation approach – Co-creating a BOB 5-year People Plan

We will develop a **five-year People Plan** for the Integrated Care System setting out our ambitions for our 'one workforce' which includes those working health, social care, the voluntary, community and social enterprise (VCSE) sector, and unpaid carers.

The plan development will be overseen by BOB ICB's People Committee.

The People Plan will define our system's transformational approach to addressing our workforce challenges – including key areas such as staff experience and wellbeing, use of voluntary and community workers, sharing best practice, career pathways, role design, and staff retention.

As part of our People Plan, in 2023/24 we anticipate the focus of delivery to be:

- Targeted work on the **cost-of-living crisis** – influenced by the research currently underway- and what we can do differently to attract, support and retain our workforce despite these challenges.
- Working with system partners to agree way forward on building workforce stability and mobility across the system through collaborative models of resourcing including establishing a **system-wide recruitment & retention hub**
- Strengthening **staff engagement, experience and wellbeing** (e.g. through flexible working project task and finish group, strengthening of staff networks) to build workforce resilience across the system and optimise collaborative delivery arrangements of occupational health and psychological support services between providers in the ICS.

2023/24 Priority Transformation Milestones



- Build comprehensive understanding across system partners to understand key workforce issues- e.g. through hosting a Q1 Education Summit
- Develop comprehensive workforce intelligence to support appropriate targeting of interventions.



- Undertake a deep dive into the barriers for successful recruitment campaigns
- Build volunteer and reserve capacity.
- Develop and expand apprenticeships.
- Focus on our flexible working offer with the aim of increasing availability



- Develop our full People Plan collaboratively with leaders and people across BOB's health and care system.
- Deep dive into the differences of terms and conditions across the BOB health and care sector, developing alignment proposals



- Finalise our People Plan for publication on 1st April 2024.
- Undertake a full review of all recruitment and retention programmes, developing targeted action plans.

Addressing our Sustainability Challenge - Financial

Outcome goal: A sustainable model of delivery in BOB – achieving financial balance with a stable and resilient workforce

Where are we now and what action are we already taking?

Over the five-year period of this plan, the BOB system will spend approximately £15bn on the provision of NHS care and services. How this money is spent will be critical to the delivery of our ambitions for change across the system. We will need to make bold choices about how money can be used to support and facilitate the changes required. Our long-term financial planning must encourage the shift to a more preventive model that supports people to be healthy for as long as possible in the community.

However, as a NHS system at the end of the 2022/23 financial year we had an out turn deficit of £30.6m (subject to audit) and through our operational and financial planning for the 2023/24 year, we continue to forecast significant financial pressure across our system. Our ambition is to achieve financial balance in 2024/25.

In 2023/24 the **ICS Efficiency Collaboration Group (IECG)**, established to bring together collective opportunities for change and transformation, will contribute to this goal as it seeks to develop a medium to longer term delivery programme improving patient services whilst generating financial savings. To this end the IECG is focussed on productivity gains, underpinned by improvements in areas such as theatre utilisation, reduced follow-ups, delayed transfers of care and length of stay and continued medicines optimisation. This will be supported by robust and efficient support functions which continue to evolve as the ICS develops, within which efficiency initiatives are also being developed to maximise the value for money delivered by those services.

Service Plans Reference:

- Finance

Our longer term transformation approach – Co-developing a 5 Year Finance Strategy

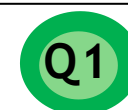
We will develop a **five-year Finance Strategy** for the Integrated Care System setting out our ambitions for a sustainable future across the ICS. The plan development will be overseen by BOB ICS's Chief Finance Officers through the Senior Finance Group.

The Finance Strategy will define our system's financial approach to supporting changes that address our sustainability challenges – including in key areas such as optimisation of estates, effective use of workforce, sharing best practice, maximising productivity.

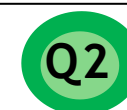
As part of our Finance Strategy, in 2023/24 we anticipate the focus of delivery to be:

- Targeted work on ensuring a **comprehensive understanding of the core cost base and drivers of deficit** position
- Working with system partners committed to a **system wide efficiency plan** that supports the route to a system breakeven position in 24/25 with the programme led by a Chief Finance Officer alongside a clinical executive partner
- To develop a **long-term approach our financial plans** that support system wide delivery of our wider strategic ambition through production of long term financial model that encompasses the whole system position supported by individual organisation detail.

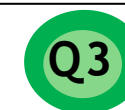
2023/24 Priority Transformation Milestones



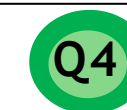
- Finalise Operating Plan for 2023/24
- Review actions required in year to achieve position.
- Launch IECG and improvement targets
- Commence build of long term financial model to include system and individual organisation level detail



- Build on our understanding across our system partners of the key long term pressures within our current financial position.
- Develop comprehensive intelligence to support appropriate targeting of interventions



- Develop our full Finance Strategy collaboratively with leaders and people across BOB's health and care system.
- Deliver initial quick wins and opportunities from the efficiency group that can support the 24/25 system plan and beyond



- Finalise our Finance Strategy for publication on 1st April 2024.
- Undertake the Operating Plan process for financial year 24/25 and a full review of associated impact on the Long Term Finance Model.

2023/24 Delivery Architecture

Oversight of delivery

For the identified challenge areas, the following groups will be used to ensure progress is made with respect to the planned activities.

Challenge Area	Inequalities challenge	Model of Care challenge	Patient experience challenge	Sustainability challenge	
Action proposed to address challenges	Deliver a population health management at scale in BOB	Develop a sustainable primary care strategy	Target Improvements to waiting times and access	Develop a Finance Strategy to support change	Develop a 5 year People Plan
Governance Group to oversee progress	BOB ICB Prevention, Pop. Health & Reducing Health Inequalities Group	TBC (multi-stakeholder group to co-design model)	Elective Care Board	CFOs in Senior Finance Group	ICB People Committee

The governance for all the detailed delivery plans (appendix B), oversight of progress will be through existing governance channels. Each plan will have a named accountable ICB executive.

Progress on all delivery plans will be reported through to the ICB on a twice yearly basis (see governance details in appendix B)

2023/24 Building the foundations for change

- The actions proposed in previous pages are to address the challenge areas are explicitly and deliberately focussed on 2023/24.
- These actions aim to balance activity that will impact people, communities and staff in BOB and the short term with setting a foundation for future change.
- However, longer term action plans are required for each of these areas. These need to be developed jointly between BOB ICB, NHS Partner Trusts, and wider system partners. It is proposed these action plans will be co-developed over the course of 2023/24.
- A **System Transformation Group** will be established to lead this planning.
- The System Transformation Group will:
 - ✓ Receive updates on the 2023/24 challenge areas actions, both short and long term (see pages X-Y) – providing support and challenge as necessary
 - ✓ Meet at least quarterly
 - ✓ Ensure wider engagement in development of longer term plans – both from their representative organisations and from wider stakeholders
 - ✓ Agree, define and scope system priorities that will support the transition to a sustainable BOB Integrated Care System, with a model more focused on prevention and supporting people to be healthy in their communities for as long as possible
 - ✓ Consider future governance arrangements to support long term transformation in BOB

Promoting and Protecting Health – Our Ambition

Promoting and Protecting Health - People living in Buckinghamshire, Oxfordshire and Berkshire West are generally healthier and live longer lives in good health than the national average. However, this can mask variation in access, experience and outcomes of services for certain populations and communities. We need to support people to live healthier lives by improving the circumstances which people live by taking action to tackle the social, economic and environmental factors that affect health.

The Importance of Prevention - It is estimated that between 20-25% of people’s health is determined by the access to and quality of formal health or care services. The circumstances in which people live (e.g., housing, environment, employment, education) have a far greater impact on people’s health and the choices they make. We want to therefore move from a model of care that is based predominantly around treating illness, to one that prioritises prevention and supporting people to live healthier lives in their communities.

Therefore, our Joint Forward Plan identifies our key areas of focus and ambition in improving prevention and addressing inequalities in BOB.

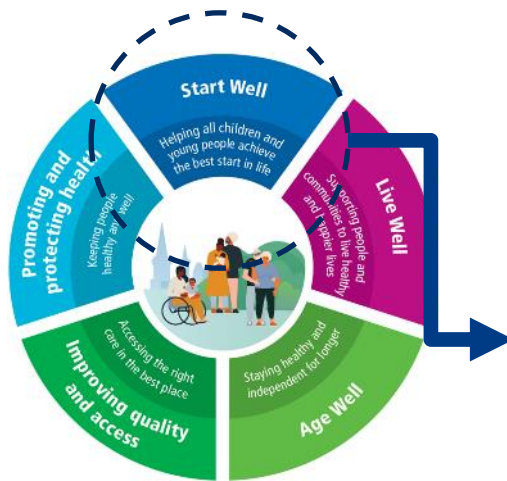


Service Area	Five-year Ambition	Governance & Reporting
Inequalities	<p>Reduce health inequalities (access and experience of services & health outcomes) for our population so that everyone has equal access to appropriate services and support.</p> <p>To enable this, we will provide tailored support to defined populations or groups, particularly those living in deprived areas, certain ethnic groups, LGBTQ+ communities, people with special educational needs and disabilities, people with long-term mental health problems, carers and groups who often are or feel socially excluded.</p>	<ul style="list-style-type: none"> Inequalities & Prevention will be reporting into <i>Prevention, Population health and Reducing health inequalities</i> ICB Exec Lead –Chief Medical Officer
Prevention	<p>Increase primary and secondary prevention work year-on-year, keeping people healthy for as long as possible and delaying a deterioration into poor health.</p>	
Immunisation and Vaccinations	<p>Protect our population from vaccine preventable diseases through the implementation of the national immunisation strategy. We will maximise uptake across all vaccination programs, reduce the occurrence of outbreaks while focusing on addressing local vaccine inequalities.</p>	<ul style="list-style-type: none"> Immunisation and Vaccinations will be reporting into the <i>Vaccine Oversight Board</i> ICB Exec Lead – Chief Nursing Officer

Start Well – Summary of Our Ambition

Start Well- In BOB, we want to ensure that every child and young person gets the best possible start in life. To achieve this, we need to focus right at the beginning, by supporting mothers during and after their pregnancy and then work to ensure each child achieves their early development milestones in a timely fashion to give them the best start to life, their education and future opportunities, setting them up for success in their future.

Therefore, our Joint Forward Plan sets out our five-year ambition and the key actions we will take, working with Local Authorities, VCSE and other partners, to improve and transform maternity and neonatal, children and young people’s mental health and learning disability services across BOB.



Service Area	Five-year Ambition	Governance & Reporting
Maternity and Neonatal	Ensure our maternity and neonatal services in BOB prioritise and provide care which is safer, equitable, personalised, kinder and sustainable and ensuring positive work cultures and behaviours.	<ul style="list-style-type: none"> • Maternity & Neonatal reporting into <i>LMNS Stakeholder & Assurance Group</i> • ICB Exec Lead – Chief Nursing Officer
CYP Mental Health	Improved mental health and wellbeing outcomes for children and young people (ages 0 – 25), living learning and working in BOB. To achieve this, we will take a needs-led and person-centred approach (in line with the thrive framework) to implementation, transformational change and delivery.	<ul style="list-style-type: none"> • CYP MH reporting into the <i>ICB MH Partnership Board</i> • ICB Exec Lead – Chief Nursing Officer
Learning Disabilities	By March 2028, we will have delivered improved physical, mental health and wellbeing outcomes for children, young people and adults with a learning disability and their families/carers.	<ul style="list-style-type: none"> • Governance route in development. • ICB Exec Lead – Chief Nursing Officer
CYP Neurodiversity	By March 2028, we will ensure that all neuro-divergent children and young people will receive the right support, at the right time and in the right place dependant on their needs and not dependant on a diagnosis.	<ul style="list-style-type: none"> • Governance route in development. • ICB Exec Lead – Chief Nursing Officer

Live Well – Summary of Our Ambition

Live Well - We want to support all people and communities in BOB to live a healthier and happier life. There are key factors that can have an impact on people's health and wellbeing, which we need to tackle as a system. To support individuals to make healthy life choices, we will focus on targeted preventative work around health conditions that affect large numbers of people in BOB. We want to support people to manage long term conditions (LTCs) such as heart disease or diabetes, and work with system partners to deliver more integrated care.

Therefore, our Joint Forward Plan sets out our five-year ambition and the key actions we will take to improve and transform support and services for people living with long term conditions and those at risk of developing these conditions.



Service Area	Five-year Ambition	Governance & Reporting
Adults Mental Health	Improved mental health and wellbeing outcomes for all adults and older people living, learning and working in BOB.	<ul style="list-style-type: none"> Adults MH reporting into the <i>ICB MH Partnership Board</i> ICB Exec Lead – Chief Nursing Officer
Adults Neurodiversity	BOB will be an area where Neurodivergent people thrive, and their strengths are embraced.	<ul style="list-style-type: none"> Governance route in development. ICB Exec Lead – Chief Nursing Officer
Cancer	Reduction of the cancer backlog and consistent delivery of the Faster Diagnosis Standard by March 2024. Sustainably meet all Cancer Waiting Times by March 2028, and achieve the National Cancer Ambition of diagnosing 75% of cancers at Stage I & II.	<ul style="list-style-type: none"> ICB Exec Lead – Chief Medical Officer
Long term Conditions - Introduction	<ul style="list-style-type: none"> Improve outcomes in population health and healthcare. Act sooner to help those with preventable long-term conditions. Support people with LTCs to stay well & independent. Provide quality care for those with multiple needs as population ages. Co-produce consistent pathways across ICS to reduce unwarranted variation. Integrate service models to delivered joined up care wrapped around patients' needs. 	<ul style="list-style-type: none"> All LTC service areas reporting into the <i>ICB Clinical Programme Board</i> ICB Exec Lead – Chief Medical Officer
Integrated Cardiac Delivery Network	Reduce the number of CVD events by having a strong focus on prevention and reduce the health inequality gap by using PHM approach. We aim to co-design consistent and integrated pathways and empower patients to live well with CVD and other co-morbidities.	
Integrated Respiratory Delivery Network	Patient-centred, integrated clinical pathways delivering high quality respiratory care that is accessible to all across BOB ICS Supporting people with respiratory disease to live longer.	
Integrated Stroke Delivery Network	A collaborative approach to service improvement of the whole stroke pathway , including prevention, ensuring a patient centred, evidence-based approach to delivering transformational change.	
Integrated Diabetes Delivery Network	We will support the education and training of our workforce we will reduce clinical variation and health inequalities. We will adopt new diabetes care technologies and improve access to services, as well as Improved primary and secondary prevention interventions and supported personalised self-care will enable people with diabetes to manage their health so they can live the life they want to live.	

Age Well – Summary of Our Ambition

Age Well - There is a growing aging population in BOB. We recognise the increased support and care that individuals require as they get older and therefore, the importance of working with system partners to deliver more joined up and personalized care plans. Approximately a quarter of people in the local area are aged over 60 and this number will grow by around 11% in the next five years. We are committed to support older people stay healthy and independent for longer and will ensure our communities are co-designing services with us, to meet their needs. Working in partnership with the individual, their family and carers, we can ensure plans are personalized and maximise the person's independence.

Therefore, our Joint Forward Plan sets out our five-year ambition and the key actions we will take to support older people.



Service Area	Five-year Ambition	Governance & Reporting
Age Well Services	By March 2028, we will be: <ul style="list-style-type: none"> Supporting more people to remain healthy and independent for longer. Providing proactive, personalised and coordinated care for more people who are becoming frail and their health conditions more complex. Supporting more unpaid carers. 	<ul style="list-style-type: none"> Governance route in development. ICB Exec Lead – Chief Nursing Officer/Chief Medical Officer

Improving Quality and Access - Summary of Our Ambition

Improving Quality and Access - In BOB, we will continue to move towards a preventative model of care to prevent-ill health and keep people healthy. As a system, we continue to experience significant issues with elective waits and accessibility of services that is negatively impacting the experience of people and communities in BOB. During our public engagement, we have heard how unfortunately, accessing support or services can sometimes be difficult or slow and through our Joint Forward Plan we are determined to make this better. We want to do more to improve the support we offer to people at all stages of life and support those groups within our communities whose access to, and experience of, services and outcomes is worse than others e.g. minority ethnic groups.

Therefore, our Joint Forward Plan therefore sets out our five-year ambition and focuses on services for people at every stage in life, both improving these services and ensuring everyone, irrespective of their personal characteristics/circumstances can access the support they need at the right time.

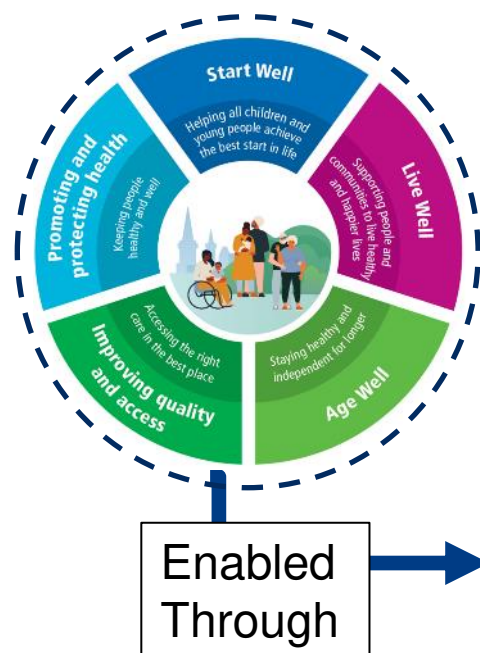


Service Area	Five-year Ambition	Governance & Reporting
Urgent and Emergency Care	By 2028, our ambition is to ensure we get patients the right access to the right care when it's needed, improving the outcomes and the experience of patients, their families and friends and consistently delivery against the operational standards determined by NHSE.	<ul style="list-style-type: none"> Reporting into <i>BOB UEC Programme Board</i> ICB Exec Lead - Chief Delivery Officer
Planned Care	By March 2028 we will aim to sustainably reduce and eliminate long waits for our elective services and address variation in access across the system , recovering to at least pre-pandemic planned care performance levels against NHS Constitutional Standards by March 2028. We aim to improve access to services by enhancing pathways and coordinating approaches across the system, reducing variation and non value-added interventions.	<ul style="list-style-type: none"> Reporting into the <i>BOB Elective Care Board</i> ICB Exec Lead - Chief Delivery Officer
Primary Care	To transform how primary care is delivered in each community/neighbourhood, enabling integrated primary care provision which improves the access, experience and outcomes for communities aligned to their needs . Through the mobilisation of integrated neighbourhood health and care teams, primary care services will become more sustainable, and patients will get the support they need when they need it.	<ul style="list-style-type: none"> Reporting into <i>Primary Care Operational Meeting</i> ICB Exec Lead – Chief Medical Officer
Palliative and End of Life Care	We will deliver high quality, personalised, integrated 24/7 services shaped by those with lived experience for Palliative and End of Life Care (PEoLC) for all ages, across the BOB ICS.	<ul style="list-style-type: none"> Reporting into the <i>ICB Palliative and End of Life Care Board</i> ICB Exec Lead – Chief Nursing Officer

Key Enablers for Delivery - Summary of Our Ambition

Key Enablers for Delivery - Meeting the ambitions of our Joint Forward Plan relies on the us having the right supporting and enabling plans in place as a system to ensure we can deliver effectively. Our enabling plans set out how we will develop the most important elements we rely on in delivering our services, such as having the right number of skilled staff and IT that effectively supports front-line care and a sustainable financial environment where we can invest in the right things. In BOB, we start from a position of strength in some of these areas, for example we have recently completed our system Digital Strategy that will provide the basis for improving our services through better use of digital and data over the next five years, while on others we know we have a lot to do. As well as our enabling plans, we have a number of supporting plans that provide the foundation of delivery of our core services.

We have developed five-year plans across our enabling and supporting plans. Some examples are outlined below:



Service Area	Five-year Ambition	Governance & Reporting
Workforce	By March 2028 we will have an integrated workforce that is looked after, feels valued and respected, is reflective of our communities and made up of the right people in the right roles at the right time delivering health and care services for our communities.	Reporting into the <i>ICB People Committee</i> <ul style="list-style-type: none"> ICB Exec Lead –Chief People Officer
Digital and Data	Improve the lives and experiences of those accessing and working in our Integrated Care System, through building collective digital and data maturity across our partners and providers. By 2025, we will have: <ul style="list-style-type: none"> Enabled safe and informed care by aligning our providers behind a single shared care record. Improved maturity of electronic patient records by converging providers onto platforms which meet national data standards. Equipped our workforce in exploiting the use of digital and data and develop DDaT professions across the ICS. 	<ul style="list-style-type: none"> Reporting into the <i>CIO Forum</i> ICB Exec Lead – Chief Information Officer
Quality	It is our ambition that “Each patient will receive timely, safe, effective care with a positive experience.” We will demonstrate this by delivering on our Quality Strategy and improving against comprehensive system metrics and our CQC and SOF ratings.	<ul style="list-style-type: none"> Reporting into the Chief Nursing officer

Title:	NHS Improvement Self-Certification 2022/23
Agenda item no:	10
Meeting:	Board of Directors
Date:	24 May 2023
Presented by:	Nicky Lloyd, Chief Finance Officer Caroline Lynch, Trust Secretary
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	To approve the self-certification statements for 2022/23
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Report History	N/A
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What action is required?	The Board is asked to approve the self-certification statements for 2022/2023
Assurance	
Information	
Discussion/input	
Decision/approval	✓

Resource Impact:	None
Relationship to Risk in BAF:	Not applicable
Corporate Risk Register (CRR) Reference /score	
Title of CRR	

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

1 Background

- 1.1 The Compliance Framework published by NHS Improvement requires foundation trusts to submit an Annual Plan each year. The Plan is used by NHS Improvement primarily to assess the risk that a foundation trust may breach its Licence in relation to finance and governance. NHS Improvement will also assess the quality of the underlying planning processes.
- 1.2 As part of the submission the Board is required to self-certify against a number of prescribed statements as either 'confirmed' or 'not confirmed'.
- 1.3 If the Board feels it is unable to fully certify a particular statement, the guidance states that the Board
- '...should make an alternative declaration by amending the self-certification as necessary and including any significant prospective risks and concerns the FT has in respect of delivering quality services and effective quality governance and
- ...must provide a commentary explaining the reasons for the absence of a full self-certification and the actions it proposes to take to address it.'
- NHS Improvement may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the Trust.'
- 1.4 The Board of Directors is required to confirm self-certification against the requirements of General Condition G6 and Continuity of services 7 of the NHS Provider Licence and to confirm the self-certification against FT4 and the Training of Governors, as appropriate.

2 Comment

- 2.1 The Board statements are listed in the appendices to this report, together with a commentary, supporting the following declarations:
- *General Condition 6 – Systems for compliance with license conditions* – 'confirmed'
 - *Continuity of services 7 – Availability of resources* – 'confirmed'
 - *FT4 Declaration – Corporate Governance Statement* – 'confirmed'
 - *Training of Governors* – 'confirmed'
- 2.2 The Board is invited to consider whether it is able to certify each statement or whether further evidence is required. Should the Board be unable to fully certify then amendments to the appropriate statement and supporting commentary should be considered.

3 Recommendation

- 3.1 The Board is recommended to self-certify that the four board statements for 2022/23 can be marked as 'confirmed'.

4 Attachments

- 4.1 The following is attached to this report:
- Self-Certification Statement for May 2023

Declarations required by General Condition 6 (GC6) and Continuity of Services 7 (CoS7) of the NHS Provider Licence

Statement	Lead	Commentary
<p>1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)</p> <p>Conditions G6(2): NHS providers must have processes and systems that:</p> <ul style="list-style-type: none"> a) identify risks to compliance with the licence, NHS acts and the NHS Constitution b) guard against those risks occurring <p>Providers must complete a self-certification after reviewing whether their processes and systems were implemented in the previous financial year and were effective (condition G6(3)).</p>	<p>Nicky Lloyd, Chief Finance Officer</p>	<p>Confirmed</p>
<p>3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)</p> <p>(a) After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.</p>		
<p>(b) After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw</p>	<p>Nicky Lloyd, Chief Finance Officer</p>	<p>Confirmed</p> <p>Matters to draw to the attention of NHSI:</p> <p><i>The Trust Board is assured that it will have the necessary Required Resources assuming it is able to deliver the underlying budgeted performance and hence will have access to the incremental ERF monies available. However, should performance deteriorate then it is assumed action will be taken, including a re-</i></p>

Statement		Lead	Commentary
	<p>attention to the following factors (as described in the text box in section 3 below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.</p>		<p><i>phasing of the capital programme, to mitigate the adverse impact on available resources.</i></p> <p>Evidence:</p> <ul style="list-style-type: none"> i. <u>Management resources:</u> <i>Executive roles all held by substantive appointments during 2021/22 and currently (May 2023). Appointments in place for all Non-Exec roles Workforce plan prepared as part of NHSI annual plan, based on budget built specialty by specialty</i> ii. <u>Financial resources and financial facilities:</u> <i>2022/23 Financial forecast delivered. HFMA Financial Sustainability checklist self-assessment completed by CFO and independently verified by Internal Audit as part of national benchmarking exercise of financial controls and effectiveness</i> iii. <u>Personnel:</u> <i>Workforce plan prepared as part of NHSI annual plan, based on budget built specialty by specialty</i> iv. <u>Physical and other assets including rights, licences and consents relating to their use</u> <i>Principal facilities used by the Trust are owned by the Trust. Lease / licence agreements in place for the other facilities</i> v. <u>Working capital</u> <i>Downside cash forecast for 2023/24 and associated mitigating actions prepared and reviewed by Audit and Risk Committee as part of the 2022/23 accounts preparation and review. The Trust Board has set a plan which requires cash holdings to stay above £18m.</i>
<i>Cont'd</i>	<p>(c) In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.</p>	<p>Nicky Lloyd, Chief Finance Officer</p>	

Corporate Governance Statement (FTs and NHS trusts)

1 – Corporate Governance

Statement		Lead	Commentary
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Caroline Lynch, Trust Secretary	Governance arrangements follow best practice and are reviewed against the NHSI Code of Governance and other guidance. The system of governance is subject to review by internal and external audit on an annual basis.
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Caroline Lynch, Trust Secretary	The Audit & Risk Committee receives an update at every meeting from internal or external auditors which includes NHSI advice issued. The Chief Executive’s report to the Board also covers national reports, advice and topics.
3	<p>The Board is satisfied that the Licensee has established and implements:</p> <p>(a) Effective board and committee structures;</p>	Caroline Lynch, Trust Secretary	(a) A Board and Committee structure is in place and terms of reference for each of the committees is reviewed on an annual basis and submitted to the Board for approval.
	(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and		(b) Terms of reference are set for all committees. Matters reserved for the Board, as well as its role in general have been agreed. All directors reporting to the Board have responsibilities set out in job descriptions.
	(c) Clear reporting lines and accountabilities throughout its organisation.		(c) Organisational charts are in place for all corporate and care group directorates which set out reporting lines and accountabilities.

Statement	Lead	Commentary
<p>4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p>	<p>Nicky Lloyd, Chief Finance Officer</p>	<p>a) The Trust's internal control mechanisms and reporting regime to NHS Improvement ensure that this is closely monitored. The Trust is subject to internal and external audit which also monitors performance in this area. Actions to improve compliance identified in previous years have been implemented. Consequently, the External Auditors are in the process of completing their work in the year-end report compliance with regards to this matter.</p> <p>The Trust received a rating of 'good', in its Use of Resources report from NHS Improvement, carried out during 2019/20.</p>
<p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p>	<p>Eamonn Sullivan, Chief Nursing Officer / Dom Hardy, Chief Operating Officer</p>	<p>b) The Trust Board receives a monthly Integrated Performance Report. This is in addition to specific exception reports on operational issues.</p>
<p>(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p>	<p>Eamonn Sullivan, Chief Nursing Officer</p>	<p>c) The Trust has a governance structure linking the Board, key committees charged with responsibility for oversight of operations (the Quality Committee, Finance & Investment Committee, Audit & Risk Committee and Workforce Committee, Restructuring Oversight Committee), through to the Executive Structure (the Executive, the Executive Management Committee and the Quality Assurance and Learning Committee, Executive performance meetings with Care Group Clinical Governance and performance meetings). There are clearly defined reporting lines and accountabilities between the Board, its Committees and the Executive Management Team within the overall governance structures of the Trust.</p>

Statement	Lead	Commentary
<p><i>Cont'd</i></p> <p>(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p>	<p>Nicky Lloyd, Chief Finance Officer</p>	<p>d) The Trust's Standard Financial Instructions, Business Case Policy annual planning process (including quarterly forecasting) and cash management processes ensure the ability of the Trust to continue as a going concern.</p> <p>In addition, a specific paper to confirm going concern is provided to the Audit & Risk Committee and Board as part of adopting the year end accounts.</p>
<p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p>	<p>Nicky Lloyd, Chief Finance Officer</p>	<p>e) A monthly Integrated Board Performance Report including quality, access, operational performance, staffing information, exception reports and a Chief Finance Officer report is produced for Board which outlines performance at Board level. Prior to the Board, performance is monitored through a monthly performance meeting with the Executive team and care groups. However, the Trust acknowledges that improvements are needed to assure itself as to data quality and has instigated a programmatic approach to doing this which has been routinely monitored by the Audit and Risk Committee of the Board.</p>
<p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p>	<p>Eamonn Sullivan, Chief Nursing Officer</p>	<p>f) The Trust identifies key risks through the Board Assurance Framework and the Corporate Risk Register. This identifies any risk to compliance with the conditions of the license. The Operational Plan sets out key risks.</p>
<p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p><i>Cont'd</i></p>	<p>Nicky Lloyd, Chief Finance Officer</p>	<p>g) The Board monitors delivery against financial plans through its Finance & Investment Committee and through the Board with particular focus on those areas identified of greatest risk. In addition, the Trust undertakes a quarterly forecast as part of our quarterly financial process to assess delivery against Business Plans supported by monthly performance reviews of Care Groups and Corporate Departments.</p> <p>Several iterations of the annual financial plan have been submitted in line with national timetables. The latest submission was made on 4th May 2023, for a deficit plan of £10.052m.</p>

Statement	Lead	Commentary
	(h) To ensure compliance with all applicable legal requirements.	Eamonn Sullivan, Chief Nursing Officer h) Legal obligations on the Trust are brought to the attention of Directors.
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p>	<p>Caroline Lynch, Trust Secretary a) The Nominations and Remuneration Committee has responsibility for overseeing the competence and capability of the management team. On an individual basis, the Trust has an appraisal system.</p> <p>Eamonn Sullivan, Chief Nursing Officer / Will Orr, Chief Medical Officer b) The Board of Directors' leadership of the Operational and Strategic Planning processes includes a focus on quality strategy and plans. The Board Quality Committee regularly monitors delivery of the Quality Strategy and Quality priorities.</p> <p>Eamonn Sullivan, Chief Nursing Officer c) Quality information is produced by Informatics prior to analysis by the Care Groups, Committees and by the Executive. This is triangulated through a collective meeting with all three care groups and the Executive to discuss quality, finance and workforce performance.</p>
<i>Cont'd</i>	(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;	Eamonn Sullivan, Chief Nursing Officer d) A monthly Integrated Board Performance Report including quality, access, operational performance and staffing information and a Finance report is produced for Board which outlines performance at Board level and includes KPIs and scorecard. Metrics are at granular level by theme and by month with a commentary. Prior to the Board, performance is monitored through a monthly performance meeting with the Executive Team and Care Groups to discuss finance, quality

Statement	Lead	Commentary	
		performance and workforce to discuss quality performance. Ward to Board has been developed and the Trust has a ward accreditation scheme. Exception reports are published for consideration of the Board.	
(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and	Eamonn Sullivan, Chief Nursing Officer	e) The Trust drives engagement with key stakeholders through the patient experience committees. Appropriate channels are in place including: Patient Leadership Programme, Patient Standing Conferences, Patient Groups, local and national surveys, Friends & Family Test, PALS, patient stories reported to Board and to our Commissioners. Regular meetings are in place with local Healthwatch. A stakeholder engagement plan ensures all interested parties are actively involved in the identification and selection of the Trust's quality priorities.	
(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Eamonn Sullivan, Chief Nursing Officer	f) At Board level, the Chief Medical Officer and Chief Nursing Officer have joint responsibility for quality issues to the Board, including assurance on quality governance. The monthly Integrated Performance Report identifies and escalates key quality performance issues to the Board. Within the organisation, an incident reporting system is in place, with a structure for the escalation of incidents to speciality Care Group Clinical Governance meetings, the Quality Assurance and Learning Committee and to the Executive and Board Quality Committee.	
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Don Fairley, Chief People Officer	The Trust Board is compliant with the NHS Improvement Code of Governance in respect of appropriate numbers of Non Executives/Executives. The Trust is working to improve workforce planning capability to ensure it has optimal staffing moving forward. Regular skill mix reviews take place and adjustments made where required. The Trust also ensures that robust pre-employment checks on all new staff are carried out.

2 – Training of Governors

Statement		Lead	Commentary
1	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Caroline Lynch, Trust Secretary	A comprehensive induction session is provided for all new governors and for existing governors to refresh their knowledge. A Governor Training and Development Programme for 2022-24 has been developed. The Chair and Trust Secretary meet with governors on a monthly video call. As part of this additional presenters are invited to provide updates to governors. All governors are also given the opportunity to attend NHS Providers days and Governwell programmes where relevant.

Title:	Board Assurance Framework (BAF)
Agenda item no:	11.1
Meeting:	Board of Directors
Date:	24 May 2023
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	To provide the Board with a summary of the Trust's Key risks reviewed by Board Committees. The relevant sections of the BAF continue to be reviewed at the relevant Board Committees.
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Report History	Integrated Risk Management Committee: 8 February 2023 Quality Committee: 6 March 2023 Audit & Risk Committee: 3 May 2023
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What action is required?	
Assurance	
Information	The Board is asked to note the current updated Framework in relation to the assurances, gaps and actions in place to manage strategic risks.
Discussion/input	
Decision/approval	

Resource Impact:	Not applicable
Relationship to Risk in BAF:	Not applicable
Corporate Risk Register (CRR) Reference /score	Not applicable
Title of CRR	Not applicable

Strategic objectives This report impacts on (tick all that apply)::	
Provide the highest quality care for all	✓
Invest in our people and live out our values	✓
Deliver in partnership	✓
Cultivate innovation and improvement	✓
Achieve long-term sustainability	✓
Well Led Framework applicability:	Not applicable <input type="checkbox"/>
1. Leadership <input type="checkbox"/>	2. Vision & Strategy <input type="checkbox"/>
3. Culture <input type="checkbox"/>	4. Governance <input type="checkbox"/>
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>
7. Engagement <input type="checkbox"/>	8. Learning & Innovation <input type="checkbox"/>
<ul style="list-style-type: none"> Board understands the internal and external factors affecting delivery of the plan. Main risks are identified. No significant control issues/ gaps and clear responsibilities. Effective process in place to monitor, understand and address current & future risks 	
Publication	
Published on website	Confidentiality (FoI) Private Public <input checked="" type="checkbox"/>

Trust Board Assurance Framework

April 2023

Summary Board Assurance Framework 2023

Strategic Objective	BAF Risk		Risk Appetite Description	Sub Committee	Lead Director
Strategic Objective 1: Provide the highest quality care for all	1.1	If we allow material lapses in the quality of care, including access to care, the Trust will not meet its regulatory standards for quality and safety	The quality of our services, measured by patient outcomes, safety and experience as well as our ability to be responsive to our patient's is paramount. The Trust has a low appetite to risk that could result in poor quality of care and will seek to avoid taking risks that compromise patient safety. This cautious appetite extends to compliance with Care Quality Commission standards.	Quality Committee	Chief Nursing Officer
	1.2	If we do not deliver our clinical and quality ambitions at the intended pace we will lose opportunities to improve patient outcomes and experience		Quality Committee	Chief Medical Officer
Strategic Objective 2: Invest in our people and live out our values	2.1	If we do not recruit and retain a competent workforce we will fail to deliver on the Trust's strategic objectives	The Trust seeks to be recognised through its values as a great place to work. It will innovate and challenge traditional working practices. As such, it is prepared to take a flexible view on the development of its workforce and conditions of employment. There is a medium appetite for risk where this does not compromise staff and values and be proven to benefit patient and staff safety.	Workforce Committee	Chief People Officer
	2.2	If we fail to uphold our Values (CARE and Diversity & Inclusion) the Trust will not be an employer of choice or considered an exemplar organisation for staff		Workforce Committee	Chief People Officer
Strategic Objective 3: Deliver in Partnership	3.1	If Berkshire West Place and BOB ICS plans and programmes do not deliver the envisaged improvements in care and value the Trust's financial and operational performance will be impacted	The Board is keen to drive the development of integrated care with its local Berkshire West Place and regional (ICS) partners at pace. In doing so, the Board is willing to take decisions where the potential benefits to patients and providers are seen to outweigh risks. It sees the development of new ideas and partnerships as potentially enhancing quality and financial sustainability and so where collectively shared it has a relatively high appetite for integration risk.	Board	Chief Executive (Director of Strategy)
	3.2	If we do not realise the opportunities presented by our strategic partnership with UoR we will not deliver on our education, training and research ambitions		Board	Chief Executive Officer

Strategic Objective 4: Cultivate innovation and improvement	4.1	If we do not continue to invest in digital infrastructure and development we will not be able to deliver Our Strategy and our Clinical Services Strategy and we will face challenges in running a modern efficient healthcare service	The Trust will actively seek and encourage a culture of innovation and improvement. It is willing to accept a relatively high level of risk associated with opportunities where positive quality of care, service delivery and financial benefits and rewards can be anticipated.	Quality Committee	Chief Nursing Officer (Director of Strategy)
	4.2	Failure to realise benefits/secure commercial advantage from innovation and digital investments		Audit & Risk Committee Finance & Investment Committee	Chief Operating Officer
Strategic Objective 5: Achieve long-term sustainability	5.1	If the organisation does not generate sufficient cash to meet its day to day liquidity requirements and capital programme the organisation will fail	The Board's key objective is to be financially sustainable, with its primary concern being the optimal value for money. The Board will view risk and reward and consider return on investment and other benefits or constraints when pursuing business opportunities. There is a low appetite for risk unless the Trust is living within its means.	Finance & Investment Committee	Chief Finance Officer
	5.2	If we do not robustly represent the organisation in national and regional and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System decision making, we will fail to secure sufficient income to deliver Vision 2025 and strategic objectives.		Finance & Investment Committee	Chief Finance Officer
	5.3	If we do not create and maintain a built environment suitable for current and future needs, we risk delivery of Vision 2025. If we do not take action on sustainability agenda we risk impact on the Trust's reputation		Finance & Investment Committee	Chief Finance Officer

Strategic Objective 1: Provide the highest quality care for all

Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective -

- If we allow material lapses in the quality of care, the Trust will not meet its regulatory standards for quality and safety
- If we do not deliver our clinical and quality ambitions at the intended pace we will lose opportunities to improve patient outcomes and experience

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
<ul style="list-style-type: none"> • CQC program 	<ul style="list-style-type: none"> • Well led self-assessment • Peer review process • Core service annual updates • Core service self-assessment • Relationship with lead CQC inspector • CQC Peer Review • IPC BAF 	<ul style="list-style-type: none"> • Mixed sex accommodation monitoring due to COVID 	<ul style="list-style-type: none"> • CQC Action Plan 	<ul style="list-style-type: none"> • Board • Quality Committee
<ul style="list-style-type: none"> • Quality and Clinical Services Monitoring 	<ul style="list-style-type: none"> • Quality account • Clinical audit program • Patient feedback – NHS choices, family & Friends and Inpatient annual survey • GIRFT program • Internal Audit, • External Audit, • Monitoring progress against the CSS and Quality Strategy • IPR • EMC • ED four hour target • Maternity Incentive Scheme • Maternity Strategy • Ockenden and Kirkup Assurance 	<ul style="list-style-type: none"> • Patient Experience Feedback • Health Equalities • ED capacity • National and regional staffing and education 	<ul style="list-style-type: none"> • Implementation of Quality Priority actions • Additional POC testing • New triage process to meet 15 minute assessment target • BW system working • ED rapid quality improvement plan • Maternity inquest lessons learned action plan • Ockenden Action Plan 	<ul style="list-style-type: none"> • Quality Committee
<ul style="list-style-type: none"> • Quality reporting schedule 	<ul style="list-style-type: none"> • Safeguarding annual report • Infection control annual report • Patient relations quarterly reports • Mortality review process • Freedom to speak up reporting to the Board • Bi monthly quality assurance and learning exception report 		<ul style="list-style-type: none"> • Safeguarding Annual Plan • Maternity Board reports 	<ul style="list-style-type: none"> • Quality Committee • Board
<ul style="list-style-type: none"> • Performance management Process 	<ul style="list-style-type: none"> • Monthly Care Group performance meetings • Compliance with national access targets • Integrated performance report • QIA process to monitor impact of QIPP programmes • Elective Recovery Programme 	<ul style="list-style-type: none"> • Quality Impact assessments • patient experience of clinical admin team and communication • elective standards performance • BSPS Performance 	<ul style="list-style-type: none"> • Continuous review of data / metric and exception reports as required • patient flow quality priority deep dive • Referrals subject to clinical triage; patients seen and treated in order of clinical priority; weekly patient harm reduction meeting focused on long waiters • BSPS Improvement Plan 	<ul style="list-style-type: none"> • Quality Committee

<ul style="list-style-type: none"> • Risk management & incident reporting process 	<ul style="list-style-type: none"> • Risk register review including thematic risks reviews • Incident reporting and learning • NRLS reporting • SI thematic review/Learning from inquests • Annual report to the Board • EMC • Emergency preparedness, resilience & response Procedures • Ockenden Report 	<ul style="list-style-type: none"> • Estate not fit for purpose 	<ul style="list-style-type: none"> • Never events action plan • Estates Redevelopment programme 	<ul style="list-style-type: none"> • Quality Committee
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Strategic Objective 2: Invest in our people and live out our values

Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective -

- If we do not recruit and retain a competent workforce, we will fail to deliver on the Trust's strategic objectives
- Failure to not deliver on our Values (CARE and Diversity & Inclusion) will result in the Trust not be an employer of choice or considered an exemplar organisation for staff

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
<ul style="list-style-type: none"> • RBH and ICS People strategy reports • What Matters Programme reports • Annual Staff Survey and resulting action Plan • Chief People Officer quarterly report • Workforce metrics quarterly report 	<p><u>Attracting, Staying, Thriving</u></p> <ul style="list-style-type: none"> • Recruitment and retention framework <p><u>Your Development</u></p> <ul style="list-style-type: none"> • Annual medical revalidation • Annual management revalidation <p><u>Supporting your Health</u></p> <ul style="list-style-type: none"> • Annual Health and Well Being strategy review • Annual Skill Mix Review • Birth Rate Plus • Health, Safety and Wellbeing Champions embedded across the Trust • Guardian of Safe Working quarterly reports <p><u>Everyone Matters</u></p> <ul style="list-style-type: none"> • Behaviours framework and values based people processes • Equality Forums reports <ul style="list-style-type: none"> ▪ Gender ▪ BAME ▪ LGBTQ plus ▪ Disability <p><u>Your Future Workplace</u></p> <ul style="list-style-type: none"> • Digital Strategy • Hybrid Working 	<p><u>Attracting, Staying, Thriving</u></p> <ul style="list-style-type: none"> • Appraisal quality measures • Maternity vacancy rate <p><u>Your Development</u></p> <ul style="list-style-type: none"> • Talent Management framework/succession planning fully embedded • Development of management competencies throughout whole organisation • Education strategy <p><u>Supporting your Health</u></p>	<p><u>Attracting, Staying, Thriving</u></p> <ul style="list-style-type: none"> • International recruitment programme • Targeted recruitment programmes ICS joint initiatives such as shared bank and joint roles • Maternity Plan • Possibilities to address affordable housing and increase available accommodation for staff <p><u>Your Development</u></p> <ul style="list-style-type: none"> • Mandatory training compliance programme • Henley management programme • Middle management programme • ICS programme to promote system wide career development and flexibility • Appraisal compliance plan • MAST and appraisal detailed reviews • Development of education strategy <p><u>Supporting your Health</u></p> <ul style="list-style-type: none"> • Gap analysis • Health and Wellbeing improvement plan • Health and Wellbeing Centre under construction <p><u>Everyone Matters</u></p> <ul style="list-style-type: none"> • Programme of work to drive inclusivity in our cultures and improve the experience of all staff • Programme to tackle poor behaviours • Disability action plan <p><u>Your Future Workplace</u></p> <ul style="list-style-type: none"> • Understanding how the size/composition of the workforce needed to change for the future • Workforce Transformation plan embedded in annual planning process • People Recovery and Hybrid working programmes • Digital Strategy Plan • Inclusivity Culture Action Plan • Staff Experience Action Plan • Hybrid Working Action plan • Staff turnover action plan 	<p>• Workforce Committee responsible for all</p>

Strategic Objective 3: Deliver in Partnership

Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective -

- Our involvement in BW place (BWP) Integrated Care Partnership (ICP) and Integrated Care System (ICS) plans and programmes fail to deliver the envisaged improvements in care and value.
- The Trust's position and understanding of the sustainability agenda

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
<p>ICP and ICS programmes</p> <ul style="list-style-type: none"> • Active involvement of CEO and Director team in BWP and ICS programme governance • Involvement of senior leaders clinicians and managers in service design and programme delivery • Regular bilateral meetings at exec level with BWP and ICS colleagues • ICS and BWP priority work programme and project scopes • University or Reading Programme 	<ul style="list-style-type: none"> • Bi-monthly report to board on progress of ICS and ICP as part of CEO report • ICS and BWP leadership meetings • 2022/23 programmes for ICS and Place reported on to Unified Exec monthly. • Provider representation on ICB and BOB ICP 	<ul style="list-style-type: none"> • Proposal from the ICS on the role of place, its focus, delegated responsibilities and resources and operating model • Place and system transformation schemes for 23/24 • ICB priorities for investment over the next 3-5 years 	<ul style="list-style-type: none"> • Development of the ICS operating plan for 22/23. This will set out programme for managing key commitments and improving outcomes and value • Development of the ICS governance approach – to be set out in MOU agreed with NHS England • Development of the ICS transformation schemes 	<ul style="list-style-type: none"> • Board of Directors • Finance & Investment Committee
<p>Sustainability agenda</p> <ul style="list-style-type: none"> • Trust sustainability assessment 	<ul style="list-style-type: none"> • Discussion of the sustainability assessment (June) 	<ul style="list-style-type: none"> • Formal position statement on sustainability • Understanding of sustainability issues facing the Trust • Trust programme on sustainability 	<ul style="list-style-type: none"> • Establish Trust team to develop the sustainability strategy as part of Vision 2025 reset. This will need to examine the current state position and set out a plan of action for the organisation • Development of sustainability action plan following assessment 	<ul style="list-style-type: none"> • Board of Directors

Strategic Objective 4: Cultivate innovation and improvement

Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective -

- The capability culture and capacity in the organisation to deliver change
- Our continued commitment to invest in and develop our digital environment
- Our ability to realise benefits/secure commercial advantage from innovation, investment and digital investment

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
<ul style="list-style-type: none"> • Improving Together (IT) 	<ul style="list-style-type: none"> • Integrated Performance Report • Quality Committee (QC) Improving Together Update • CQC Well Led report 	<ul style="list-style-type: none"> • Improving Together roll out plan 	<ul style="list-style-type: none"> • Improving Together roll out plan to be agreed by EMC and discussed at QC 	<ul style="list-style-type: none"> • Quality Committee
<ul style="list-style-type: none"> • Trust Transformation Programme 	<ul style="list-style-type: none"> • Quality Committee Improving Together update • Go-live assurances • Digital Strategy 	<ul style="list-style-type: none"> • Confirmation of the Trust Projects for 23/24 and associated benefits 	<ul style="list-style-type: none"> • Review of proposed projects by EMC and discussion at Board Committee 	<ul style="list-style-type: none"> • Quality Committee
<ul style="list-style-type: none"> • Digital Hospital Programme 	<ul style="list-style-type: none"> • Monthly finance reports • Commercial strategy updates 	<ul style="list-style-type: none"> • Approval of DH programme for 23/25 	<ul style="list-style-type: none"> • Approval and Funding of DH programme for 23/25 • Delivery of programme. 	<ul style="list-style-type: none"> • Finance and Investment Committee
<ul style="list-style-type: none"> • Commercial Strategy 		<ul style="list-style-type: none"> • Cycle of reporting on commercial strategy • Commercial capacity within the organisation 	<ul style="list-style-type: none"> • Commercial Strategy to be added to work plan on quarterly basis from June 2021 • Commercial training to be embedded in Continuous Improvement 	<ul style="list-style-type: none"> • Finance & Investment Committee
<ul style="list-style-type: none"> • R&D programme 	<ul style="list-style-type: none"> • R&D updates • Monthly finance reports 	<ul style="list-style-type: none"> • Annual update on R&D to committees • Clarify on next 3 year strategy 	<ul style="list-style-type: none"> • R&D update and proposal on future strategy to come to committee 	<ul style="list-style-type: none"> • Quality Committee

Strategic Objective 5: Achieve long-term sustainability

Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective -

- If the organisation does not generate sufficient cash to meet its day to day liquidity requirements and capital programme the organisation will fail
- If we do not robustly represent the organisation in national and regional and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System decision making, we will fail to secure sufficient income to deliver Vision 2025 and strategic objectives.
- If we do not create and maintain a built environment suitable for current and future needs, we risk delivery of Vision 2025.

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
Finance				
<ul style="list-style-type: none"> • Prioritised Capital Programme • Budget setting process • Standing Financial Instructions (SFIs) • Performance Reviews • Long Term Financial Model • Improving Together Strategy <ul style="list-style-type: none"> • ICS System Finance Group (SFG) 	<ul style="list-style-type: none"> • External Audit annual process • Internal Audit annual review • Counter Fraud Annual Plan • Detailed Monthly and Quarterly submissions to NHS Improvement • Cash flow, revenue & capital forecasting • Daily cash flash reports • Budget approval process • Monthly reports to EMC, Finance & Investment Committee / Board, comparing budget to actual, balance sheet and liquidity position • Quarterly performance meetings with Care Groups and corporate areas, • Post implementation of business case reviews • HFMA Sustainability checklist 	<ul style="list-style-type: none"> • Estates procurement • Development of 5-year financial plan at speciality level • Greater visibility of roll-out of Service Line Reporting • Commercial strategy • Vacancies in procurement team • Post implementation impact of New Ledger System and reporting tools for budget holders • Finance strategy refresh and LTFM refresh 	<ul style="list-style-type: none"> • Actions to address risks identified in Estates Procurement • Implementation of Service Line Reporting at speciality level • Development of 5-year financial model (LTFM) as part of the Clinical Services Strategy • Development of approved Commercial Strategy • Through CQI programme holding budget managers to account to deliver their service within allocated resources. 	<ul style="list-style-type: none"> • Audit & Risk Committee • Finance & Investment Committee
	<ul style="list-style-type: none"> • Representation by Chief Finance Officer (CFO)/Director of Finance (DOF) at SFG • Internal audits on procurement in place – implemented controls on non-pay spend. • BOB ICS wide sharing of financial performance and forecast outturns across all organisations 	<ul style="list-style-type: none"> • Performance management and accountability framework • Improving together methodology being rolled out 	<ul style="list-style-type: none"> • Implementation of performance management framework and upward reporting of highlights from quarterly performance meetings • Establish Improving Together Hub in Princes House as HQ for Improvement actions across Finance Matters 	<ul style="list-style-type: none"> • Finance & Investment Committee
	<ul style="list-style-type: none"> • Focus of ICS programmes with financial improvement • Financial performance of other ICS organisations 	<ul style="list-style-type: none"> • Oversight by CFO/DoF at ICS SFG of proposed improvements • Oversight by CEOs and CFOs of ICS performance 	<ul style="list-style-type: none"> • Finance & Investment Committee 	
Estates & Facilities				
<ul style="list-style-type: none"> • Strategic estates development programme • Estates safety and compliance • Management of backlog maintenance • Food safety/catering standards • Estates Programme Committee <ul style="list-style-type: none"> • Net Zero Carbon Plan approved 	<ul style="list-style-type: none"> • NHS Premises Assurance Model • External Regulator Inspections (e.g. Fire) • MODEL hospital • ERIC submission • Six Facet Survey • Estates management and governance process • Estates Strategy • Hospital redevelopment • Capital prioritisation process • Environmental Health Officer • Audit process • Water Testing & Safety 	<ul style="list-style-type: none"> • Capacity and expertise constraints in the directorate (National shortage of project management with estate skills) • HTM compliance • High and medium critical infrastructure risks • Putting in place plans and communication • Sources of capital for major estate programme and to address backlog maintenance 	<ul style="list-style-type: none"> • Advisory audit to undertaken by internal audit in Q2 2022/23 • Establishment of Estate Compliance Oversight Group to report to Health and Safety Committee • Prioritisation and risk management of backlog maintenance and critical infrastructure risks • Car parking data collection process • Procurement of additional off-site parking spaces 	<ul style="list-style-type: none"> • Finance & Investment Committee • Audit & Risk Committee
	<ul style="list-style-type: none"> • Travel & Transport Plan 	<ul style="list-style-type: none"> • Funding and delivery of Net Zero action plan • Tracking and measurement of in year carbon reduction 	<ul style="list-style-type: none"> • Re-instate visual measurement monthly of carbon reduction achievement via IPR/CFO report 	<ul style="list-style-type: none"> • Finance & Investment Committee

<ul style="list-style-type: none"> • Building Berkshire Together (BBT) 	<ul style="list-style-type: none"> • PMO established 	<ul style="list-style-type: none"> • OBC funding not secured • Full BBT team not recruited 	<ul style="list-style-type: none"> • Revenue/budget setting to consider and reflect allocation and resources • Regular dialogue with New Hospital Programme Team (OBC) • Funding for OBC development costs confirmed • Recruitment of clinical leads in progress
Health & Safety			
<ul style="list-style-type: none"> • Health & safety Policy • Health & safety mandatory training • Risk Assessments / Corporate Risk Register 	<ul style="list-style-type: none"> • Health & safety Committee reporting to IRMC/EMC/Audit & Risk Committee/ Board • Health & Safety dashboard • RIDDOR reporting • Contractor reporting on Specialist compliance on critical estates safety • Health & Safety Moment at Public Board • Big 4 Health & Safety messages 	<ul style="list-style-type: none"> • Manual data collection • Contractor assurance requires validation 	<ul style="list-style-type: none"> • Audit & Risk Committee • Reshaping delivery of hard FM Services • Advisory assurance by Internal Audit.

Title:	Corporate Risk Register
Agenda item no:	11.2
Meeting:	Board of Directors
Date:	24 May 2023
Presented by:	Eamonn Sullivan, Chief Nursing Officer
Prepared by:	Dawn Estabrook, Head of Risk

Purpose of the Report	The Board is asked to note and approve the current Corporate Risk Register.
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Report History	Integrated Risk Management Committee (IRMC) – 13 April 2023 Audit & Risk – 3 May 2023
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What action is required?	
Assurance	✓
Information	✓
Discussion/input	✓
Decision/approval	✓

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

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

1 Executive Summary

This discussion paper provides the Board of Directors with an update on the Trust's corporate risks following the Integrated Risk Management Committee (IRMC) meeting on the 13th April 2023 and the Audit & Risk Committee on the 3rd May 2023

2 Corporate Risk Register

The table below outlines the current corporate risks

Datix ID	Title	Current Risk Rating	Target Risk Rating
4839	East Wing North Block	25	6
4183	Management of Estates Infrastructure / Backlogged Maintenance	20	6
4172	ED Capacity & compliance	20	6
4182	Risk to achieving strategic objective of financial sustainability	20	4
5080	Fire Safety	20	4
4241	Compliance to National Standards for Access	16	6
4503	Inadequate IT Communication Platform and associated Telecommunication Systems	16	4
4637	North Block Steel works	15	2
5601	Potential geological/sink hole risk across RBH Estate	15	6
5698	DM01 Standard	15	4
5205	Lack of Histopathology capacity impacting on provision of timely/high quality care	15	6
5139	Inadequate Datacentre and Resilience in IT Infrastructure / Barrier in the Trust Building Programme	15	5

5611	Industrial Action	12	6
4442	Maternity staffing inadequate leading to poor quality care	12	6
4170	Cyber Security Phase 2	12	4
5685	Maternity Assessment Unit	12	4
4772	BSPS Operational Risk	12	4
5697	Violence and aggression against staff	12	4
4460	Outbreaks of infectious conditions	9	12
4177	Staff recruitment and retention	9	4
4178	Mandatory training Compliance	9	4

A further corporate risk was added on 26.04.2023 pending IRMC approval at June meeting:

5717	Risk following significant power failure incident	12	4
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The Audit & Risk (A&R) Committee continue to undertake a deep dive of corporate risks. At its meeting in April 2023 IRMC noted at that time Audit & Risk had undertaken a detailed review of a significant number of high risks and there were currently no specific risks outstanding.

3 Update on KPMG Actions/Recommendations

The progress and completion of actions identified in the KPMG audit report are tracked through the Trust audit monitoring system and updates are provided at IRMC and Audit & Risk.

4 Items for noting

The IRMC noted the following and approved with no changes at their April meeting:

- IRMC Terms of Reference (minor change requested in role title and otherwise approved)
- Trust Risk Appetite Statement
- Trust Risk Escalation process
- Trust Risk Matrix

5 Conclusion

The Board of Directors is asked to note the above corporate risks.

Minutes

Finance & Investment Committee Part I

Thursday 23 March 2023

9.35 – 10.50

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)
Mr. Peter Milhofer	(Non-Executive Director)
Mr. Eamonn Sullivan	(Chief Nursing Officer)

In Attendance

Miss. Kerrie Brent	(Interim Corporate Governance Officer)
Mr. Mike Clements	(Director of Finance)
Dr. Janet Lippett	(Acting Chief Executive Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Andrew Statham	(Director of Strategy)
Ms. Jo Warrior	(Charity Director)

Apologies

Mrs. Nicky Lloyd	(Chief Finance Officer)
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39/23 Declarations of Interest

There were no declarations of interest.

40/23 Minutes for Approval: 23 February 2023 & Matters Arising Schedule

The minutes of meeting held on 23 February 2023 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 22/23 (04/23): Minutes for Approval: 19 January 2023 and Matters

Arising Schedule: Minute 04/23 Insurance 2023/2024: The Chief Finance Officer was to undertake a benchmarking exercise in relation to NHS Resolution contributions as well as providing confirmation of the definition of ‘director’ would be provided [Section exempt under s.43 FOI Act]

Action: N Lloyd

Minute 29/23: Operational Plan 2023/2024: The Director of Finance advised that the Trust was required to submit a draft plan on 27 March 2023.

41/23 February 2023 Financial Update and Capital Plan 2022/23

The Director of Finance highlighted that February financial performance year to date was £15.84m deficit. The Committee noted that Clinical Excellence Awards (CEAs) were part of the Consultants’ contract, paid annually and the amounts were decided nationally. These had increased during 2022/23. The Acting Chief Executive confirmed that for consultants to

be eligible they had to demonstrate that they had an up to date job plan and appraisal and had completed their mandatory and statutory training.

The Committee discussed the loss of operational capacity as a result of the industrial action during February and March 2023. The Chief Operating Officer advised that circa 1200 inpatient, outpatient, and day case slots had been rescheduled as a result of the February industrial action. However, there had been no impact on Referral to Treatment (RTT).

The Director of Finance advised that other movements in the month included in the fact that it would not be possible to capitalise IT training costs. The Committee noted that capital spend was £19.27m against a plan of £32.30m. The Director of Finance advised that there were ten pieces of equipment that would require vesting certificates. The Committee noted that cash in the month was £54.9m.

42/23 Budget 2023/24

The Chair highlighted that the Committee would need to understand the process, assumptions and deliverability of the proposed budget for 2023/24. The Director of Finance advised that the draft budget had been developed in the autumn of 2022. [Section exempt under s.43 FOI Act] The Committee noted that BOB ICS had, in the last two weeks, received its allocation. The Director of Finance highlighted the bridge from the 2022/2023 forecast outturn position to the draft operating plan for 2023/24. The draft operating plan submitted to the Committee in February 2023 did not reflect non-recurrent funding or rebasing of non-elective activity. This position was a £52.5m deficit.

The Committee discussed the assumption of a 2.2% efficiency saving. [Section exempt under s.43 FOI Act]

The Committee noted that the Executive Management Committee (EMC) had agreed that it would be challenging to deliver a £15m cost efficiency saving [Section exempt under s.43 FOI Act]

The Committee noted that an increase in headcount to deliver increased activity had resulted in a 2% increase in pay costs.

The Acting Chief Executive advised that due to the significantly challenging timelines and assumptions around activity levels involved, there was currently no finalised plan to deliver the £15m cost efficiency saving. The Acting Chief Executive also advised that there had been an attempt to recruit to establishment from December 2022, for example, Medical Support Workers, and it was considered that a reduction in discretionary effort had resulted in the overall growth in the workforce.

The Committee discussed the outturn position for corporate areas and expressed concern in regard to the outturn being used for budget as there was a need to add skilled staff in corporate areas. The Committee noted that the Trust had invested in Emergency Department (ED) and Respiratory staffing in previous years. However, this had not taken place in 2022/2023. The Committee discussed the national assumptions around activity growth being minimal and noted that this had not been experienced previously. They noted a need to recruit additional staff in Endoscopy to meet DM01 national standards. The Director of Finance advised that a clear expectation had been set back in autumn 2022 that the budgets would be challenging.

[Section exempt under s.43 FOI Act]

The Committee agreed that delivering the proposed budget was not achievable and the consequences of this would need to be articulated at national level to NHS England. The

Chief Nursing Officer suggested that there should be a clear narrative included with the Trust's submission of a £23m deficit and the impact of that on quality and safety outcomes.

The Director of Finance advised that it was not possible to set the cash floor at the current level or increase in line with the pre-committed significant amount of capital expenditure already in place.

The Committee discussed the importance of cash being maintained at an appropriate level.

The Committee recognised that additional staff funding was required in corporate areas. The Committee agreed that a recommendation would be submitted to the Board for a draft budget of £23m deficit. **Action: P Milhofer**

43/23 Capital Plan 2023/24

The Committee agreed that the capital plan should explicitly set out the allocations for IT, estates and medical equipment and a revised plan setting out the total costs required to address the capital issues would be submitted to the next meeting. **Action: M Clements**

It was agreed that the Chair would recommend the Capital Plan for 2023/24 to the Board. **Action: P Milhofer**

44/23 Key Messages for the Board

Key messages for the Board included:-

- It would be significantly challenging for the Trust to deliver a £15m cost efficiency saving with a £23m deficit with associated risks and potential consequences for quality and safety outcomes and achieving DM01 national standards
- It was agreed that the consequences of delivery of the cost efficiency saving budget from a deficit position needed to be articulated at national level to NHS England
- The Committee recognised that there was a need for additional staffing in corporate areas
- The Committee supported a draft submission of the 2023/2024 Budget to the Board
- The Committee agreed to recommend the Capital Plan to the Board.

45/23 Date of Next Meeting

It was agreed that the next meeting would be held on Thursday 20 April 2023 at 9.30am.

SIGNED:

DATE:

Minutes

Finance & Investment Committee Part I

Thursday 20 April 2023

9.30 – 10.25

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. Eamonn Sullivan	(Chief Nursing Officer)

In Attendance

Mr. Mike Clements	(Director of Finance)
Dr. Janet Lippett	(Acting Chief Executive Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Andrew Statham	(Director of Strategy)

Apologies

54/23 Declarations of Interest

There were no declarations of interest.

55/23 Minutes for Approval: 23 March 2023 & Matters Arising Schedule

The minutes of meeting held on 23 March 2023 were approved as a correct record and signed by the Chair subject to the following amendments:

Minute 41/23: February 2023 Financial Update and Capital Plan 2022/23: The last sentence would be amended to read: 'The Committee noted that cash at the end of the month was £54.9m'.

Minute 43/23: Capital Plan 2023/24: The last sentence would be amended to read: 'It was agreed that the Chair would recommend the Capital Plan of £13m for 2023/24 to the Board'

The Committee received the matters arising schedule.

Minute 40/23 (22/23, 04/23): Minutes for Approval: 19 January 2023 and Matters Arising Schedule: Insurance 2023/2024: The Committee noted the update in relation the Director's and Officer's insurance cover. [Section exempt under s.43 FOI Act] The Chair requested that a benchmarking exercise should be undertaken with other Foundation Trusts on the limit set. **Action: C Lynch**

The Chief Finance Officer would also arrange for the procurement team to undertake a similar benchmarking exercise. **Action: N Lloyd**

56/23 March 2023 Financial Update and Capital Plan 2022/23

The Chief Finance Officer highlighted that the Trust had met its forecast position of a £16.73m deficit at year-end. The Chief Finance Officer highlighted the adjustments in pay in Month 12 that related to accruals for the pay award and pension contributions. Cash at the end of the month was £44.4m.

The Committee discussed the year-end position in relation to the budget for 2023/24. The Chief Operating Officer confirmed that the run rate had not reduced and this would need to be achieved during Quarter 1. Temporary staff and agency costs would be a focus on at the next Performance Review Meetings with Care Groups.

The Chief Finance Officer highlighted that the Trust had also delivered its capital plan of £37.37m and recognised the work of the procurement and estates team in delivering £18m in Month 12. The Committee queried whether the capital programme for 2022/23 had been allocated against the original plan. The Chief Finance Officer advised that the capital plan had broadly been in line with the original plan. However, some elements had been readjusted, for example, fire safety work in estates or other urgent spend required.

The Committee noted that £3m of the £13m capital programme for 2023/24 was already allocated to completion of works started during 2022/23. Therefore, this presented a significant challenge to the Trust.

The Committee noted that the report highlighted underspend on medical equipment; £3.17m against £4.61m. It was agreed that the Chief Finance Officer would confirm the reason for this.

Action: N Lloyd

The Committee discussed the impact of industrial action during 2022/23. It was noted that there had been a significant increase in nursing and medical costs in March as a result of additional staffing required. In addition, there had been a loss of income in the month. It was agreed that it would be useful to collate the actual costs incurred as a result of industrial action.

Action: N Lloyd

The Chief Finance Officer advised that the Trust would not be funded for Covid-related costs during 2023/24. The Committee considered that staff sickness rates had been high at one point and the Trust would have incurred costs for temporary staff. In addition, the Trust would have incurred additional costs as a result of the increased level of demand and the subsequent infection prevention and control measures as well as Flu and other respiratory viruses. It was agreed that this should be highlighted to the national team.

Action: N Lloyd

The Acting Chief Executive advised that it was important to review where additional staff had been engaged throughout the organisation in relation to Covid in order to establish whether these posts were still required. The Acting Chief Executive advised that an Efficiency & Productivity Committee had been established to monitor the £15m savings plan. Updates on the efficiency savings plan would be included in future finance updates to the Committee.

Action: N Lloyd

The Chair highlighted discussions at Integrated Care Board level in relation to 109% of elective activity. The Chief Operating Officer advised that the Trust had explicitly stated that it would be unable to improve its financial position if 109% activity levels were underfunded. It was agreed that the Chief Operating Officer would discuss with the Chair of the Trust.

Action: D Hardy

The Chief Finance Officer advised that the Executive Management Committee (EMC) had discussed the capital programme for 2023/24. The Committee noted that budget for 2023/24 did not support a capital programme of £13m due to the impact on cash. However, if the cash floor was reduced. A prioritisation process, based on risk, would be undertaken in relation to capital spend. The Chief Finance Officer advised that funding for energy inflation was being sought. If received, this would also support a £13m capital programme.

58/23 Key Messages for the Board

Key messages for the Board included:-

- Budget for 2023/24 still unresolved with further submission required on 4 May 2023
- Risk to capital programme for 2023/24 discussed
- Focus on addressing run rate and on cost efficiency plan

59/23 Date of Next Meeting

It was agreed that the next meeting would be held on Thursday 18 May 2023 at 9.00am.

SIGNED:

DATE:

Title:	Finance & Investment Committee Annual Review of Effectiveness 2022/23
Agenda item no:	12.1.1
Meeting:	Board of Directors
Date:	23 May 2023
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Kerrie Brent, Interim Corporate Governance Officer

Purpose of the Report	To provide the Board of Directors with the Finance & Investment Committee Annual Review of Effectiveness for 2022/23.
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Report History	Finance & Investment Committee – 20 April 2023
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What action is required?

Assurance	
Information	The Board of Directors is asked to note the annual effectiveness review
Discussion/input	
Decision/approval	

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

Strategic objectives 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	✓

Well Led Framework applicability:				Not applicable <input type="checkbox"/>
1. Leadership ✓	2. Vision & Strategy ✓	3. Culture <input type="checkbox"/>	4. Governance ✓	
5. Risks, Issues & Performance ✓	6. Information Management ✓	7. Engagement ✓	8. Learning & Innovation <input type="checkbox"/>	

Publication

Published on website		Confidentiality (Fol)	Private	✓	Public	
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Finance & Investment Committee

Annual Review of Effectiveness 2022/23

Sue Hunt
Chair, Finance & Investment Committee

Caroline Lynch
Secretary, Finance & Investment Committee

1 Summary

- 1.1 The purpose of this report is to provide an update on the work on the Finance & Investment 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 give detailed consideration to finance, estates, investments and IT and to recommend to the Board, for approval, any business cases and contracts that fall beyond the delegated approval limits of the Executive team.
- 2.2 The Committee is a sub-committee of the Board. The Chair is responsible for escalating matters which the Committee considers need to be drawn to the attention of the Board when presenting the minutes of the Committee to the next meeting of the Board.
- 2.3 Sue Hunt has been Chair of the Finance & Investment Committee since 2014.
- 2.4 The Committee's terms of reference are to be reviewed for recommendation to the Board at the meeting on 20 April 2023. The Committee also maintains an annual work plan.

3 Meetings and Membership

- 3.1 The Committee met formally on twelve occasions between April 2022 and March 2023.

- 21 April 2022
- 19 May 2022
- 23 June 2022
- 21 July 2022
- 22 September 2022
- 20 October 2022
- 17 November 2022
- 12 December 2022
- 19 January 2023
- 20 February 2023
- 23 March 2023

- 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>
Sue Hunt (Chair)	11	11
Peter Milhofer	11	10
Graham Sims**	11	8
John Petitt	2	2
Priya Hunt	11	10
Chief Finance Officer	11	10
Chief Nursing Officer*	6	5
Chief Medical Officer*	6	6
Chief Executive**	11	11
Chief Operating Officer	11	10

*Either Chief Medical Officer or Chief Nursing Officer required to attend.

** The Chief Executive/Chair of the Trust are only required to attend 6 meetings a year.

3.3 The Trust Secretary or their nominee has attended all 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 Director of Finance, Deputy Director of Finance, Contracts, Director of Strategy and Care Group Director of Operations, Planned Care.

4 Assurance

4.1 The Committee reviewed financial performance at each meeting.

4.2 During 2022/23, the Committee received regular updates at each meeting or regular intervals that included Board Assurance Framework, budget updates, capital plan updates, Insurance, transformation projects, business plans, quarterly forecasts, acute and non-acute contracts updates and contract approvals.

4.3 Other items received throughout the year included Premises Assurance Model Self-Assessment, business rates and Post Implementation Business Case Reviews, commercial updates, model hospital, contract supplier management, operational plans and national cost collection assurance.

4.4 The Committee reviewed a number of projects in relation to value for money.

4.5 The Committee received a number of strategies that included:

- Retail Strategy
- Digital Strategy Update

4.6 In addition to the regular assurance received from items on the work plan, the Committee has sought and received assurance on a number of specific issues/matters detailed below.

- BSPS Governance and Performance
- Corporate Risk Register
- Trust Site Survey
- West Berkshire Community Hospital MRI
- E-Financial System
- Operational Plan 2023/24
- Provision of Apple Hardware Equipment
- Elective Capital Business Case Update
- Cancer Services Development – Rutherford Cancer Centre
- Hard FM Services – Future Service Model and Re-tender

During 2022/23, the Committee reviewed the following business cases and contracts prior to submission to the Board for approval:

Business Cases

- Community Diagnostics Centres 2022/23
- Elective Recovery Capital Investment Programme
- Orthopaedic – Trauma Consumables Contract (BOB ICS Collaboration)
- Procurement of a Theatre Robot

Contracts

- Security Services
- 3M / MModal Voice Recognition and Transcription
- Lighthouse Laboratory
- Hard FM

- Strategy for Sourcing IM&T Contractors
- Oxford University Hospitals
BOB and NHSE Specialised Commissioning Contracts 2022/23

5 Attachments

5.1 The following are attached to this report:

Appendix 1 – Terms of Reference

Quality Committee

Wednesday 12 April 2023

10.00 – 11.15

Boardroom, Level 4

Members

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Dr. Bal Bahia	(Non-Executive Director)
Dr. Janet Lippett	(Acting Chief Executive)
Mr. Eamonn Sullivan	(Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In Attendance

Mrs. Karolyn Baker	(Assistant Chief Nursing Officer) (for agenda item 6)
Miss. Kerrie Brent	(Interim Corporate Governance Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Graham Sims	(Chair)

Apologies

Mr. Dom Hardy	(Chief Operating Officer)
Dr. Will Orr	(Acting Chief Medical Officer)

103/23 Declarations of Interest

There were no declarations of interest.

104/23 Minutes from the previous meeting: 6 March 2023 and Matters Arising Schedule

The minutes of the meeting held on 6 March 2023 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 87/23: Maternity Prevention of Future Deaths (PFD) Regulation 28 Report: The Acting Chief Executive advised that a response had been submitted on 11 April 2023 and staff training compliance was at 98%. The Committee noted that a further replacement of the placental fridges with higher specification was required, although the current fridges are fully functioning.

Minute 93/23: Emergency Department (ED) Review and Assurance Report: It was agreed that the work plan would be updated to note that a progress report would be submitted in 12 months' time unless by exception. **Action: C Lynch**

105/23 Serious Incidents (SI) Thematic Report Including Maternity and Learning from Never Events

The Committee received the report. The Chief Nursing Officer advised that, during February 2023, there had been ten SIs reported, five of which were treatment delays, specifically in relation to Glaucoma and Cancer. A number of measures had been implemented as a result of the learning identified during a recent review exercise, that would be shared across all specialities. The Committee noted the on-going work and standardisation of processes put in place to prevent incidents from recurring. The Chief Nursing Officer highlighted that, as a result of the on-going work on glaucoma management, reviewing historical referrals and follow-ups, it was anticipated that further SIs would be reported in the coming months. A second review was scheduled for 27 April 2023.

The Committee agreed that good assurance had been received in relation to the SI process and noted the actions taken in relation to recent treatment delay incidents.

106/23 Care Quality Commission (CQC) Assurance

The Chief Nursing Officer provided an update in relation to the two 'must-do' CQC actions following the 2019 CQC inspection. It was noted that the Trust's Mandatory and Statutory Training (MAST) compliance was currently compliant with the Trust target of 90%, although it was noted that under the CQC lines of enquiry some services were showing below 90% target and therefore the Trust was cautiously rating itself as partially compliant.

Mixed Sex Accommodation (MSA) performance was complaint with the action required of requiring a policy. Breaches remained high and the Trust has implemented an end-to-end reporting process to improve this. The Committee recognised the operational challenges with implementing the MSA policy post the Covid-19 pandemic, particularly due to the pressures on urgent care and complex infection control issues. A meeting had been organised and an update would be submitted to the next meeting. **Action: E Sullivan**

The Committee noted that the Trust did not currently have a dedicated CQC relationship manager. The Chief Nursing Officer advised that the CQC had committed to inspect every Maternity Unit in England by June 2023. However, the Trust had not received any notification to date. The Chief Nursing Officer provided assurance that intensive weekly preparations continued in the Maternity department in readiness of the inspection and internal inspections were being carried out every six weeks.

The Chief Nursing Officer advised that Peer reviews were on-going with a rolling programme for 2023/24. However, these reviews would be increased to take place on a monthly basis going forward. Following a number of recent reviews, recurrent themes had been identified that would be further reviewed, including medicines management.

The Committee noted that a Board CQC well-led seminar had been scheduled for 26 April 2023 to increase preparedness for well-led inspection.

107/23 Patient Experience Update

The Committee received the report that highlighted the year to date 25-day response rate for complaints was currently 64%; below the Trust target of 75%. Action plans had been developed and work continued to improve this. In addition, processes would be reviewed to ensure they were streamlined using Improving Together (IT) techniques. Detailed reviews would be carried out on emerging complaint themes including Emergency Department (ED)

waiting times, elected misdiagnosis, ward noise level at night, time to discharge and the overall environment of the Trust.

Friends & Family Test (FFT) survey responses had been predominantly positive across all services. However, the response rate within inpatient services had decreased. Despite the decrease, the Trust had been ranked 3rd in South East of England for Inpatient Surveys. National survey responses were in the process of being summarised and peer reviews carried out.

The Chief Nursing Officer highlighted the challenge in relation to the lack of funding available to support the Health Inequalities Programme. Funding had been secured for a small number of projects including health checks within the community. However, further investment was required to continue to prioritise this. A funding application had been submitted to Berkshire West Integrated Care System (ICS).

108/23 Quality Strategy 2018-2023 & Quality Strategy 2023/2028

The Chief Nursing Officer provided a summary of the existing Quality Strategy introduced in 2018. The overall strategy was noted as successful with a number of established work streams developed, robust plans for delivery as well as a number of measures delivered through enabling strategies and monitored through alternative routes. A number of work streams continued to be progressed.

Following the innovative improvements, opportunities and challenges created by the Covid-19 pandemic it was agreed that the strategy should be reviewed and re-launched in 2023. The Committee noted the proposed draft Quality Strategy 2023-2028 aligned with the Improving Together programme, quality priority projects and CQUINs to ensure that there was a cohesive approach to the overall Trust strategic aims relating to quality. A number of stakeholders had been engaged to input to the revised Quality Strategy.

A survey had also been issued to staff, patient leaders and Governors to ask what quality meant to them. As a result, the following strategic objectives had been developed:

- Achieving CQC “outstanding” rating for safety
- Optimising outcomes for patients by ensuring clinically effective, timely, holistic and equitable care.
- Positive experiences for every patient and carer accessing services
- Positive experience for staff and volunteers who will feel empowered to deliver improvements
- Services will meet patient needs, while maximizing efficiency and sustaining quality improvement opportunities

109/23 Quality Watch Metrics

The Committee received the quarterly metrics. It was agreed that future reports would be submitted to each meeting and would include visuals to indicate whether trends were increasing, decreasing or remaining stable. **Action: E Sullivan**

The Committee noted the positive update that Trust was the only trust in Buckinghamshire, Oxfordshire and Berkshire West (BOB) to achieve its C.Diff target. Pressure ulcer incidence and falls remained low.

There had been decrease in stroke performance as a result of a recent infection on the Stroke unit. The Committee received assurance that as pressure reduced, performance should improve.

The Committee reviewed the Maternity metrics, specifically the percentage of term babies admitted to the Neonatal Unit and requested that further assurance was submitted to the next meeting. **Action: E Sullivan**

There had been a decrease of 18% in Maternity Anaesthetic Training attendance. The Committee noted that this was a key element of the Maternity Incentive Scheme. The Chief Nursing Officer advised that the decrease was in relation to a number of new starters and sessions were being organised for large groups of staff to attend.

Doctors Manual Handling training compliance remained low. However, training would now be provided online via the Learning Matters portal in the attempt to improve this.

110/23 Quality Committee Review of Effectiveness Annual Report

The Trust Secretary introduced the annual review of effectiveness. It was agreed that annual report would be submitted to the Board for approval subject to the attendance record section being updated to reflect that Prof. Parveen Yaqoob attended the meeting on 6 March 2023. **Action: C Lynch**

111/23 Terms of Reference

The Committee agreed that a recommendation should be submitted to the Board to approve the terms of reference. **Action: C Lynch**

112/23 Work Plan Review

The Committee noted the work plan.

113/23 Key Messages for the Board

Key messages for the Board included:-

- Assurance received in relation to the Serious Incident process
- Assurance received in relation to the ongoing work and actions taken in reported treatment delay serious incidents.
- Assurance received in relation to CQC preparedness and update on the imminent inspection expected on Maternity Services noted.
- A summary of the Quality Strategy 2018-2023 performance was received and progress on the development of the new 2023-2028 strategy was noted.
- The committee noted the continued impact on rising demand for services.
- A recommendation would be submitted to the Board to approve the annual review of effectiveness and terms of reference

114/23 Reflections of the Meeting

Bal Bahia led a discussion on the meeting.

The Committee agreed that the watch metrics should be reviewed by the Chief Nursing Officer to improve the narrative and the visual trends of metrics. **Action: E Sullivan**

115/23 Date of Next Meeting

It was agreed that the next meeting would be held on Thursday 15 June 2023 at 10.00

SIGNED:

DATE:

Title:	Quality Committee Annual Review of Effectiveness 2022/23
Agenda item no:	12.2.1
Meeting:	Board of Directors
Date:	24 May 2023
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Kerrie Brent, Interim Corporate Governance Officer

Purpose of the Report	To provide the Board with the Quality Committee Annual Effectiveness Review for 2022/23.
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Report History	Quality Committee – 12 April 2023
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What action is required?	
Assurance	
Information	The Board is asked to note the annual effectiveness review.
Discussion/input	
Decision/approval	

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

Strategic objectives 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				
Well Led Framework applicability:				Not applicable <input type="checkbox"/>
1. Leadership ✓	2. Vision & Strategy <input type="checkbox"/>	3. Culture <input type="checkbox"/>	4. Governance ✓	
5. Risks, Issues & Performance ✓	6. Information Management <input type="checkbox"/>	7. Engagement <input type="checkbox"/>	8. Learning & Innovation <input type="checkbox"/>	
Publication				
Published on website		Confidentiality (FoI)	Private	Public

Quality Committee Annual Review of Effectiveness 2022/23

Helen Mackenzie
Chair, Quality Committee

Caroline Lynch
Secretary, Quality Committee

1. Summary

- 1.1. The purpose of this report is to give an update on the work on the Quality 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 give detailed consideration to all components of the quality of care provided by the Trust including clinical effectiveness, patient safety and patient experience.
- 2.2. The Committee receives an exception report from Quality Assurance and Learning Committee at each meeting that sets out the key issues, risks and themes identified by that Committee.
- 2.3. The Quality Committee is a sub-committee of the Board. The Chair is responsible for escalating matters that the Committee considers need to be drawn to the attention of the Board when presenting the minutes of the Committee to the next meeting of the Board.
- 2.4. Helen Mackenzie was appointed Chair of the Quality Committee in January 2019.
- 2.5. The Committee's terms of reference were approved by the Board in March 2023. The Committee also maintains an annual work plan.

3. Meetings and Membership

- 3.1. The Committee met formally on five occasions between April 2022 and March 2023.

- 7 April 2022
- 16 June 2022
- 7 September 2022
- 7 December 2022
- 6 March 2023

- 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>
Helen Mackenzie	5	5
Julian Dixon	4	2
Bal Bahia	4	3
Prof. Parveen Yaqoob	1	1
Chief Nursing Officer	5	5
Chief Medical Officer	5	4
Chief Executive/Acting	3	3
Chair	3	3
Chief Operating Officer	4	4

- 3.3. The Trust Secretary or their nominee has attended all meetings. Other Non-Executive Directors have attended meetings to observe. 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 Nursing Officer, Lead Nurse for Sepsis, Associate Director of Transformation and Improvement, Director of Midwifery, Associate Director of Nursing, Associate Chief Nurse Patient Experience Workforce and Education, Director of Nursing Urgent Care, Assistant Chief Nursing Officer, Head of Safeguarding.
- 3.4. Two external inspectors from the Health Safety Investigation Branch (HSIB) attended part of the meeting in June 2022.

4. Assurance

- 4.1. Items that were reviewed at each meeting or regular intervals include; updates on Serious Incident themes including Maternity, Care Group CQC Self-Assessment Action Plan Update, Quality Assurance & Learning Committee exception reports, Maternity Action Plan including Ockendon Response, Corporate Risk Register, Board Assurance Framework, Legal Services/Claims Update
- 4.2. The Committee received regular updates on Maternity that included Serious Incidents, Maternity Incentive Scheme, Maternity Safety Rounds, Ockenden Action Plan, Maternity Strategy, Maternity Internal Audit Action Plan, Post-Partum Haemorrhage Improvement Project
- 4.3. The following annual reports were received during the year:
- Winter Plan
 - Serious Incident Thematic Annual Report
 - Annual Report on Patient Safety Alerts and Actions Taken
 - Safeguarding Mental Health & Learning Disability Annual Report
 - Infection Prevention & Control Annual Report
 - CNST Incentive Scheme
 - Patient Relation Annual Report
 - Clinical Admin Teams Key Performance Indicators
 - Research and Development Update
 - Quality Key Performance Indicator Review
 - Annual Clinical Governance review
 - Quality Account 2021/22
 - Patient Experience Annual Report 2021/22
 - National Hip Fracture Database (NHFD) Annual Report
 - Annual Clinical Governance Review
 - Complaints Annual Report
 - Integrated Performance Report 2022-23: Review of Key Performance Indicators
- 4.4. The Maternity Strategy was also received during the year.
- 4.5. 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:

- Deteriorating Patient
- CQC Assurance
- Maternity Walkabouts and Freedom to Speak Up
- Maternity Prevention of Future Deaths (PFD) Regulation 28 Report
- Learning Disabilities and Autism (LD&A)
- Equalities Ambitions: Summary of patient and staff equalities activity
- Cancer Clinical Harm Review
- Emergency Department (ED) Review and Assurance Report
- Quality Account and CQUIN Priorities
- Hospital Public Health Programme Board
- Patient Safety Incident Response Framework (PSIRF)
- Cancer Performance (62 Day Standard)
- Industrial Action
- Hip Fracture Time to Theatre Review
- Ockenden Update
- DM01 Update
- Improving Together Programme

Minutes

Charity Committee

Wednesday 19 April 2023

10.00 – 11.00

Boardroom, Level 4/Video Conference Call

Present

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

In attendance

Mrs. Angela Gardiner	(Group Financial Controller)
Dr Bannin De Witt Jansen	(Interim Corporate Governance Officer)
Dr. Janet Lippett	(Acting Chief Executive)
Mr. Graham Sims	(Chair of the Trust)
Ms. Monica Stivastaba	(Charity Fund Manager)

Apologies

Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Mike Clements	(Director of Finance)
Mr. John Stannard	(Patient Representative)

11/23 Declarations of Interest

There were no declarations of interest.

12/23 Minutes for Approval 18 January 2023 and Matters Arising Schedule

Minute 06/23 Finance Update: The Committee discussed current interest rates and queried how investments would be managed. The Group Financial Controller advised that the Trust planned to appoint an investment specialist with appropriate expertise to support the Trust's investment strategy and identify appropriate investments. The specification for the investment company was under review and would go out to tender once finalised.

13/23 Charity Director's Report

The Committee discussed the budget for the Knowledge and Development Fund. The Committee noted that the Knowledge and Development Fund had been set up with £150,000 of funding from the general fund and a further £150,000 had been added in 2020 bringing the total to £300,000. Since 2020, 37 applications totalling £292,516.87 had been approved and the fund now required further investment to continue. The Committee discussed the necessity of the fund and the budget to be allocated. The Chief People Officer advised that the Trust's challenging financial budget for the year 2023/24 had reduced other sources of funding for staff education and development and the Trust required the means to ensure that alternative

opportunities remained available to staff. The Chief People Officer highlighted that there were valuable and appropriate courses for knowledge and skills development for staff that could be funded through the Knowledge and Development fund. The Charity Director clarified that the Knowledge and Development funding could not be used to support Mandatory and Statutory Training (MAST). The Committee agreed that it would be beneficial to retain the Knowledge and Development Fund. However, a needs analysis would be required to enable the Committee to agree an appropriate budget. The Committee agreed that the needs analysis would need to consider the demand for funding as well as identify staff needs.

Action: J Warrior

The Committee also discussed the Terms of Reference (ToRs) for the Knowledge and Development Fund and considered whether these were potentially too restrictive. It was agreed that the ToRs would be reviewed to ensure that spend remained appropriate and that conditions were not too restrictive. The Trust Secretary would work with the Charity Director to do this.

Action: C Lynch

The Committee discussed administration charges. The Group Financial Controller advised that administrative charges covered all operational costs involved in running the Charity including staff salaries, audit expenses and all running costs. The Group Financial Controller highlighted that administrative charges were proportionate to the length of time money remained in the funds. Therefore, the longer funds were held higher administrative costs were incurred. The Group Financial Controller confirmed that the same rate was used across the Trust and it was comparable to rates applied in other foundation trusts. The Committee noted that running costs were agreed on a quarterly basis; some were fixed costs and others variable, which accounted for increases and/or decreases in administrative charges over time.

The Committee discussed the letter received from the Charity Commission that highlighted that the Charity was holding large reserves and required a plan for spend. The Committee agreed that there had been a good rate of spend in the 2022/2023 financial year and that it was important to encourage continued spending as appropriate.

The Charity Director provided an overview of advice received from Capsticks Solicitors in regard to managing the Trust's historical linked charities and streamlining the Charity's number of funds. Capsticks had recommended the dissolution of the linked charities to create individual larger funding sources and amalgamation of smaller funding sources. This would consolidate the Charity's funding portfolio and make it easier to manage. To achieve this, the Trust would be required to complete a Resolution of Dissolution and notify the Charity Commission. Capsticks had also advised that any fund objects developed to guide spending were not excessively restrictive to avoid the Charity retaining large reserves. The Charity Director highlighted that individual Fund Advisors would need to be advised of these changes in advance.

The Committee agreed to the dissolution of historical linked charities and the amalgamation of smaller funds. The Committee agreed that appropriate due diligence would be required prior to the Resolution of Dissolution being effected and smaller funds amalgamated.

Action: J Warrior

The Committee discussed the donation of £650,000 from Healthcare Facilities Management Services Limited (HFMS). The Group Financial Controller advised that HFMS was a subsidiary of the Trust and was permitted to donate funds under corporate tax law as it had retained a positive balance in the 2022/23 financial year. The Group Financial Controller advised that such donations were standard practice in industry and that the donation met legal tax requirements. The Committee discussed the Board Membership of HFMS Ltd. The Trust Secretary advised that work was on-going to review governance, transparency and

accountability in relation to HFMS Ltd Board membership and would discuss the outcome with the Chair of the Trust and Chair of HFMS Ltd once feedback had been received from the Company Secretary's network.

Action: C Lynch

The Committee discussed the 2023/24 budget and fundraising plan. The Committee agreed that there was a lack of ideas for larger projects, including those involving estates and equipment, and that most project applications were smaller in scope and size. The Acting Chief Executive suggested that the Charity Director should liaise with the Medical Equipment Management Committee to identify whether there were any suitable initiatives or projects that could be funded through the Charity. The Acting Chief Executive advised that closer working between the Charity Director and other Trust Committees could also help identify potential projects and suggested that staff may not be aware of what the Charity would fund. The Committee also discussed the need for scanning equipment to reduce pinch points in the cancer diagnostic pathways and that there could be opportunities to fund projects at other sites such as Bracknell and Newbury.

It was agreed that the Trust Secretary should be involved in the production of the Charity Annual Report.

Action: C Lynch

The Committee approved the grant application for the Cardiology Estates Project.

The Committee approved the 2023/2024 Budget and Fundraising Plan.

14/23 Finance Update

The Committee noted the report. The Committee agreed that the rate of spend should continue to ensure that the Charity was utilising funds.

15/23 Workplan

The Committee noted the workplan. It was noted that the Major Donor Strategy was in development and would be submitted for review at the meeting.

Action J Warrior

The Charity Director advised that retail outlets based on the Royal Berkshire Hospital site were bound to a mandatory clause in their contracts that they were to support MacMillan Cancer Support. The Charity Director requested that this was reviewed in future to enable retail outlets to collect donations for the Royal Berks Charity.

16/23 Key messages

The Committee agreed the following key messages:

- The Committee approved the Charity Budget for the 2023/2024 financial year.
- The Committee approved the strategy for the Dissolution of historical linked charities and the amalgamation of charity funds.
- Funding for the Knowledge & Development Fund had been discussed and a needs analysis would be carried out.
- The Cardiology Estates project had been approved.
- The Committee had discussed proposals for identifying larger projects to increase the rate of spend and increase fundraising.

17/23 Reflections of the Meeting

The Chair of the Committee led the discussion.

It was agreed that the Charity had progressed significantly since its inception and that the Charity Director would be allocated more time on future agendas to cover substantive issues.

18/23 Date of Next Meeting

It was agreed that the next meeting would be held on Thursday 27 July 2023 at 10.00am.

SIGNED:

DATE:

Title:	Audit & Risk Committee Annual Review of Effectiveness Report
Agenda item no:	12.4
Meeting:	Board of Directors
Date:	24 May 2023
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Dr Bannin De Witt Jansen, Interim Corporate Governance Officer

Purpose of the Report	To provide the Board with the Audit & Risk Committee Annual Effectiveness Review for 2022/23.
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Report History	Audit & Risk Committee – 3 May 2023
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What action is required?	
Assurance	
Information	The Board is asked to note the annual effectiveness review.
Discussion/input	
Decision/approval	

Resource Impact:	None
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Strategic objectives 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				✓
Well Led Framework applicability:			Not applicable <input type="checkbox"/>	
1. Leadership <input type="checkbox"/>	2. Vision & Strategy <input type="checkbox"/>	3. Culture <input type="checkbox"/>	4. Governance <input type="checkbox"/>	
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>	7. Engagement <input type="checkbox"/>	8. Learning & Innovation <input type="checkbox"/>	
Publication				
Published on website		Confidentiality (FoI)	Private	Public <input checked="" type="checkbox"/>

Audit and Risk Committee Annual Report 2022/2023

Peter Milhofer
Chair, Audit and Risk Committee

Caroline Lynch
Secretary to Audit and Risk Committee

1. Governance

1.1. The Committee met formally on eight occasions during the year:

- 4 May 2022
- 9 June 2022
- 13 July 2022
- 14 September 2022
- 9 November 2022
- 12 December 2022
- 11 January 2023
- 8 March 2023

1.2. The attendance record of members of the Committee is as follows:

<u>Member</u>	<u>Maximum Number of Meetings</u>	<u>Number Attended</u>
Sue Hunt	8	8
John Pettit	1	1
Peter Milhofer	8	7
Helen Mackenzie	8	8

- 1.3. The Chief Finance Officer or equivalent has attended all meetings. The Trust Secretary or a nominated deputy has attended all meetings. The Deputy Director of Finance and Chief Executive or equivalent were regular attendees at meetings. The Chair of the Trust attended four meetings as an observer. Other Directors and staff have attended the meeting during the course of the year to advise and respond to questions from the Committee. These have included the Chief Operating Officer, Head of Risk, the Group Financial Controller, Associate Director of Infrastructure, Director of Strategy, Associate Chief Nurse and the Director of Estates and Facilities.
- 1.4. The Committee reviewed the Corporate Risk Register in detail at five meetings. The Chief Nursing Officer provides a report that incorporates decisions from the Integrated Risk Management Committee. The Committee received updates on the Board Assurance Framework at five meetings.
- 1.5. The Committee has received updates in respect of Freedom to Speak Up and Cyber Security at a number of its meetings. The Committee also received an update on the Charity Annual Report and Accounts for the financial year 2021/2022.
- 1.6. The Committee received update reports on Health & Safety at five meetings and reviewed the Health & Safety Annual Report at the 11 January 2023 meeting.

- 1.7. The Committee has followed a scheduled programme of work over the course of the year. This was developed with our Internal Audit team to ensure that the Committee gives the appropriate level of consideration to all areas within its terms of reference.

2. Internal Audit

- 2.1. PwC completed their work as internal auditor in 2022, submitting their final report in September 2022. KPMG were appointed Internal Auditor from 1 April 2022.
- 2.2. The Committee has continued to oversee the delivery of a robust internal audit programme during 2022/23.
- 2.3. The Internal Audit plan has been delivered within an overall budget of £146,150. As of the date of this report the following reports have been issued in final:

PwC:

- Patient experience / Incident Management, March 2022
- Budget setting, July 2022
- Estates Procurement Follow-Up, July 2022
- Estates Management: Compliance with regulatory requirements, July 2022
- Follow-Up Phase Two, July 2022
- Historic Actions Follow-Up, July 2022
- Cyber Security, September 2022

KPMG

- Risk Management, January 2023
- Travel & Transport, January 2023
- HR Business Process - Temporary Staffing, January 2023
- Safeguarding, March 2023
- Improving Financial Stability, March 2023
- E-Financials post-implementation report, March 2023

- 2.4. The following reports are in progress:

- DSP Toolkit
- Outpatient data

- 2.5. Internal Audit did not provide any non-audit services to the Trust.

- 2.6. The Committee received the Internal Audit plan for 2022/23 at its meeting on 13 July 2022.

- 2.7. The Committee received the annual evaluation of the performance of Internal Audit at its meeting on 16 March 2022.

3. Counter Fraud

- 3.1. The Committee has continued to receive a progress report from the Local Counter Fraud Service at each meeting. The reports have provided a comprehensive briefing to the Committee on the actions being taken to develop a counter fraud culture within the Trust and progress with any investigations.

- 3.2. The Counter Fraud plan for 2023/2024 was submitted to the Audit & Risk Committee in March 2023.
- 3.3. The Committee was due to receive the annual evaluation of the performance of Counter Fraud at its meeting on 12 January 2023. However, this was not reported due to a lack of responses received. This will be repeated during 2023/24.

4. External Audit

- 4.1. Deloitte LLP were appointed as External Auditor in 2016 and were re-appointed for a further three years from April 2022.
- 4.2. The work of the External Auditors and the Committee has been carried out within a framework set by NHS Improvement and the requirements of the National Audit Office's Code of Audit Practice 2020. The work of the external audit has been focussed on the Financial Statements, the Trust's Value for Money arrangements, and considering the consistency of the Annual Report (including the Annual Governance Statement) with information obtained in the audit. The external audit assurance over the Quality Account was not required for 2022/23 by NHS Improvement.
- 4.3. Over the course of the year, Deloitte LLP delivered a range of assurance reports to the Committee including:
 - the ISA260 report outlining the findings of the 2021/22 audit of the Trust's Group 2021/22 financial statements
 - regular progress updates on the delivery of the audit and technical updates to members of the Audit Committee
 - the ISA260 report outlining the findings of the 2021/22 audit of the Royal Berkshire NHS Foundation Trust Charity
 - the ISA260 report outlining the findings of the 2021/22 audit of Healthcare Facilities Management Services Limited.
- 4.4. Deloitte LLP have provided the External Audit work plan, technical updates highlighting NHS FT and health sector issues of relevance and contributed to the 2021/22 Annual Report and Financial Statements reporting process.
- 4.5. There have been no non-audit services provided by Deloitte.
- 4.6. Private meetings with External Audit are scheduled on each agenda and held as required.

4.7. The Committee was due to receive the annual evaluation of the performance of External Audit at its meeting on 16 March 2022. However, due to the lack of responses this will be rescheduled during 2023/24.

5. Monitoring of Processes

5.1. The Committee has, at each meeting, kept under review

- Losses and special payments
- The use of single tenders
- Significant contracts entered into by the Trust
- Levels of non-NHS debt
- New bank account authorisations

5.2. The Committee has reviewed a number of Trust policy and procedural documents, including:

- review of the Trust Standing Orders and Treasury Policy

5.3. The Committee received technical updates as part of its continuing development. Updates received during the year have included:-

- Declarations of Interest Update
- Trust Seal Update

5.4. The Committee Terms of Reference were reviewed at the meeting on the 8 March 2023.

6. Other Items

6.1. The Committee agreed the 2021/2022 financial statements.

6.2. The Committee approved the Annual Report and Accounts for 2021/2022 for submission to the Board.

6.3. The Committee agreed the Charity Annual Report and Accounts for 2021/22 for submission to the Charity Committee.

6.4. The Committee agreed the HFMS Ltd Annual Report and Financial Statements for 2022/2023 for submission to the HFMS 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	Ward + Maternity Skill Mix Review	ES	Annually								
	Winter Plan	DH	Annually								
	Ockendon Action Plan Update	ES	By Exception								
	Children & Young People Update - check	ES	Bi-Annually								
	Health & Safety Story	NL	Every								
	Quality & Improvement Strategy - check	ES/JL	Once								
Invest in our People and live out our Values	Patient Story	Exec	Every								
	Staff Story	Exec	Every								
	Health & Safety Annual Report	NL	Annually								
	People Strategy	DF	Once								
	Annual Revalidation Report	JL	Annually								
Achieve Long-Term Sustainability	Quarterly Forecast - check	NL	Quarterly								
	2023/24 Budget	NL	Annually								
	2023/24 Capital Plan	NL	Annually								
	Operating Plan/ Business Plan 2023/24	AS	Annually								
	Estates Strategy	NL	Once								
	Finance Strategy	NL	Once								
Cultivate Innovation & Improvement	Standing Financial Instructions - check	NL	Annually								
	ICP/ICS Update	AS	By Exception								
	Building Berkshire Together	NL	By Exception								
Deliver in Partnership	Communications & Engagement Strategy - check	AS	Once								
Other / Governance	Chief Executive Report	SMC	Every								
	Board Assurance Framework	CL	Bi-Annually								
	Corporate Risk Register	ES	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									