Royal Berkshire
NHS Foundation Trust

Public Board - 24 January 2024

MEETING

24 January 2024 09:00 GMT

PUBLISHED
23 January 2024

Agenda

Location	Date	Time
Seminar Room, Trust Education Centre, Royal Berkshire NHS Foundation Trust	24 Jan 2024	09:00

	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest(Verbal)	Graham Sims		-
2	Patient Story (Verbal)	Katie Prichard-Thomas	09:00	-
3	Staff Story (Verbal)	Janet Lippett	09:20	-
4	Health & Safety Moment (Verbal)	Don Fairley	09:40	-
5	Minutes for Approval: 29 November 2023 and Matters Arising Schedule	Graham Sims	10:00	3
6	Minutes of Board Committee Meetings and Committee updates:			-
6.1	Finance & Investment Committee: 16 November 2023	Mike O'Donovan	10:05	10
6.2	Audit & Risk Committee: 16 November 2023 & 29 November 2023	Mike McEnaney	10:10	13
6.3	Charity Committee: 22 November 2023	Bal Bahia	10:15	18
6.4	Quality Committee: 6 December 2023	Helen Mackenzie	10:20	22
7	Chief Executive's Report	Steve McManus	10:25	28
8	Integrated Performance Report	Dom Hardy	10:45	34
9	Building Berkshire Together	Steve McManus	11:15	53
10	Quality Strategy 2023/28	Katie Prichard-Thomas	11:30	60
11	Assessment of Freedom to Speak Up Guardian Arrangements	Katie Prichard-Thomas	11:40	77
12	Standing Orders	Caroline Lynch	11:45	105
13	Work Plan	Caroline Lynch	11:50	123
14	Date of Next Meeting: Wednesday 27 March 2024at 09.00am			-

Board of Directors

Wednesday 29 November 2023
09.00 – 12.00
Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Graham Sims	(Chair)
Dr. Bal Bahia	(Non-Executive Director)
Mr. Don Fairley	(Chief People Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Priya Hunt	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In attendance

Dr. Bannin De Witt Jansen	(Head of Corporate Governance)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Andrew Statham	(Director of Strategy)

Apologies

Mr. Steve McManus	(Chief Executive)

There were three Governors and six members of staff present.

182/23 Patient and Staff Story

The Chief Medical Officer provided an overview of the Hospital Public Health Priorities (HPHP) Programme. The HPHP programme, which started in October 2021 and completed in July 2023, was designed to prevent and tackle health inequalities as part of the NHS Long-Term Plan 2019.

The Chief Medical Officer highlighted the achievements of two projects in the programme, Smoking Cessation in maternity services and Women and Birthing People Seeking Sanctuary. The Seeking Sanctuary initiative had enabled pregnant women and birthing people with refugee status to access health and social care services, including antenatal classes.

The Chief Medical Officer introduced the teams who presented to the Board, the outcomes of two projects carried out as part of the HPHP initiative.

The Staff Health and Wellbeing Operational Lead provided an overview of the Staff NHS Health Checks project which offered NHS staff over the age of 40 free health checks. Eight-hundred and thirty-nine health checks had been carried out to date. Sixty-four percent of staff who underwent a health check were referred to their GP for at least one health concern and 30% had been referred for two or more health concerns. The project had received funding to continue for a further 12 months.

A member of Trust staff, Alan Stead, spoke about his positive experience of participating in the staff health check project. Alan explained that whilst he was subsequently referred on to his GP, it had been an opportunity to find out about the health risk which allowed him to make relevant changes now to avoid ill-health in the future.

The Board asked Alan how he felt finding out about his health concerns during the health check. Alan explained that he considered himself to be fit and well and the outcome had initially been a surprise; however, it had given him a chance to make changes in the present to prevent future ill-health and had raised awareness among his family of the importance of protecting and maintaining good health.

The Board asked what actions were being taken to encourage more staff to undertake health checks. The Staff Health and Wellbeing Operational Lead advised that the team had visited all Trust sites as well as the vaccine centre to ensure they could facilitate as many staff as possible. Work was ongoing to identify additional ways to encourage staff to sign up. The Chief Medical Officer advised that the Trust had established an on-site GP service which enabled staff to see a GP on-site. Other initiatives were in progress to ensure staff health and wellbeing. Staff health and wellbeing was also routinely reviewed by the Board People Committee.

The Clinical Director of Perioperative Pathway presented the results of a project that aimed to improve patient experience on perioperative pathways. Two Health Coaches provided an overview of their work which focused on providing specialised support for patients who were waiting for surgery. Health Coaches supported patients across a range of health needs including weight management, alcohol and smoking cessation, pain management and mental health.

The Board watched a short video of one patient's experience as a participant in the project and the support they received from their Health Coach. The patient explained that their experience of the Health Coach initiative had been very positive and had enabled them to make changes ahead of surgery, manage anxiety during the waiting period and had kept them informed of their progress in the waiting list. The patient explained that the Health Coach had made a significant difference to their experience of care provided by the Trust, particularly as initial contacts had not been positive.

The Board queried if plans were in place to make Health Coaches part of business as usual care provision on surgical pathways in the Trust. The Clinical Director of Perioperative Pathways advised that additional funding had been provided to extend the project and next stages included the recruitment of additional Health Coaches and a Health Promotion and Prehabilitation Manager. Future work included a six-month post-surgical review of patients to assess whether lifestyle and other changes were sustainable over time. The Chief Medical Officer advised that the recruitment of a Public Health Consultant was in progress and this post-holder would direct and lead on future work on this project.

The Board thanked the teams and the staff and patient representatives for their presentations.

183/23 Minutes for Approval 27 September and Matters Arising Schedule

The minutes of the meeting held on 27 September 2023 were agreed as a correct record and signed by the Chair.

The Board received the matters arising scheduled. All actions had been completed.

184/23 Chief Executive's Report

The Chief Medical Officer introduced the report. The Thirlwall Inquiry, set up as a consequence of the Letby trial, was underway and all NHS Trusts with neonatal unit had been requested to

provide evidence to the inquiry via a questionnaire. The Trust was collating evidence for submission to the inquiry on 18 December 2023.

Dr Henrietta Hughes and Ruth May, Chief Nursing Officer for England, along with other regional and Integrated Care Board (ICB) partners had visited the Trust to speak to families and staff about the Call4Concern services. Although the Trust has being used an exemplar for this service, now a requirement for NHS Trusts under 'Martha's Rule', the Chief Nursing Officer was leading work to improve and update the service in light of recently published guidance and recommendations.

The Chief Medical Officer advised that the national pay disputes had reached a potential resolution for consultants; however, the British Medical Association (BMA) intended to proceed with ballots of junior and staff grade doctors.

Work to address the ongoing increase in incidents of violence and aggression against staff was ongoing and the Trust was working closely with system partners across the ICB and Thames Valley Police to progress this.

The NHS Staff Survey was due to close shortly and the Trust had exceeded its response rate of last year and achieved the highest response rate in its history. The final results will be publicly available in three months' time.

The Trust's seventh cohort of Henley Business School candidates had started the Chartered Management Degree Apprenticeship (CMDA). The Chief Medical Officer advised that to date, 158 Trust staff had achieved the qualification with 112 staff going on to achieve a promotion, secure a higher role in a senior leadership position or move into new roles in the Trust.

The Clinical Skills Suite, a joint venture between the University of Reading and the Trust, opened in October 2023 with a showcase event that provided stakeholders with an opportunity to view and experience the state-of-art features that included a high tech Anatomage table and a 3D anatomy visualisation and virtual dissection tool for teaching anatomy and physiology.

The Chief Medical Officer advised that Elderly Care, Rheumatology and Urology had been awarded University Department of Excellence status. This brought the total number of Trust departments that had achieved this status to nine. This achievement offered new opportunities to staff and departments across the Trust, for example, the appointment of Professor Mark Little as Chair of the Research Committee for the British Society of Interventional Radiology (BSIR).

The first phase of the £3m refurbishment of the Intensive Care Unit (ICU) had been completed. Work in this phase included the completion of a new ICU reception and waiting area for visitors and families and redevelopment of the staff office and female changing rooms. The remaining phases of the redevelopment will continue over the next nine months.

The Trust's financial position continued to be challenging; however, the Trust had received confirmation of its share of additional funding to address the impact of Industrial Action which amounted to £4.77m. This additional funding, in addition to the Trust's sustained effort to deliver efficiency savings has placed the Trust on track to deliver its income and expenditure plan of a £10.05m deficit for the year ending 31 March 2023.

The Board met in October 2023 and approved three focus areas for the Trust's future work on the New Hospitals Programme. These included working with system partners in Berkshire West and the Integrated Care System to review the assumptions developed in the original SOC, the completion of a qualitative and quantitative appraisal of the effects of alternative location for the New Hospital and a review of the sustainability of alternative sites for the New Hospital.

The Board queried whether there was signage throughout the Hospital to advise patients, staff and visitors that violence and aggression would not be tolerated. The Chief Medical Officer

advised that signage was present throughout the Trust. In cases where patients required life-saving treatment, the Trust had a legal duty to provide care; however, in cases where life-saving care was not required, staff were not obligated to tolerate violence, aggression and other inappropriate behaviours during the course of their work. Previous work carried out by the Trust had identified that a significant number of incidents were due to patients with mental health concerns and the Trust was working with its partner, Berkshire Healthcare Trust to support patients with these concerns and reduce the number of incidents. The Chief People Officer advised that part of the substantial work to support staff health and wellbeing was raising awareness of the processes available to Trust staff to challenge violence and aggression.

The Board asked what changes were required to the Call4Concern programme and whether there were any resource implications for the Trust. The Chief Nursing Officer advised that the Trust was considering rebranding the service to highlight this was part of the Martha's Rule recommendations. At present, the service received an average of 16 calls a month; however, the national focus on this campaign was likely to raise public awareness and lead to an increase in service use. The service was available 24 hours a day so there would be resource implications for the Trust in expanding this service. Service information was currently only available in English so translation into other languages was also required.

The Board asked if ethnicity data was collected in relation to staff who experienced incidents of violence and aggression. The Chief People Officer advised that this data was routinely collected and discussed in detail by the Board's People Committee.

The Board asked if the Trust had received any additional funding for winter. The Chief Operating Officer advised that no additional funding had been received; however, the Trust had received additional funding to offset the cost of the ongoing industrial action.

185/23 Integrated Performance Report (IPR)

The Chief Finance Officer received the report. The Trust had seen significant improvement in its recruitment and retention rates as a result of the ongoing work by the Human Resources directorate.

The Trust's financial position remained challenging as the demand for services continued to exceed the Trust's funding. The Trust continued to advise and signpost patients to alternative, appropriate sources of care provision. With the additional £4.77m received to offset the cost of industrial action, the Trust remained on target to achieve delivery of its £10.05m deficit plan.

The Trust remained behind national targets for cancer two-week waiting times and continued to sustain its efforts to address this.

The number of complaints received by the Trust had increased over the previous three months and work was ongoing to resolve these and to audit the system to ensure that resolved issues were marked as closed on the system.

The Board queried what actions were being carried out to address complaints. The Chief Nursing Officer advised that a thorough review of complaints, including the larger context in which they arose and the departments where they frequently occurred was underway. This, in addition to the work on the Patient Experience Framework, was intended to both to reduce number of complaints received and the time required to resolve them. The Chief Operating Officer advised that assurance was also sought from the Care Group via performance review meetings which enabled the Trust to better understand the specific context and circumstances in which a complaint has been raised and the reasons for any delays in addressing these. The Board agreed that an update would be provided at the next Public Board of Directors meeting.

Action: K Prichard-Thomas

The Board queried whether the Trust could be confident it would reach its target of seeing 76% of patients attending the Emergency Department (ED) within 4 hours. The Chief Operating Officer advised that the Trust had agreed with NHS England that the 76% target would be achieved by March 2024; however, the Trust would remain challenged to achieve that currently due to the combined pressures of industrial action, increased demand for services and winter illnesses. To address these issues, the Trust had streamlined patient flow through the ED, more patients were being seen and treated in other areas of the Trust, whilst non-life threatening issues were being triaged to the Minor Injuries Unit. Although the Trust remained challenged, the care and safety of patients continued to be assured.

The Board asked when the outcomes of the Care Quality Commission (CQC) would be available. The Chief Nursing Officer advised that a brief report would be available in the next week with the final report would be available in three months.

The Board queried whether the Urgent Care Centre (UCC) was being used to capacity. The Chief Operating Officer advised that 100 appointments a day were being booked at the UCC and the new booking system made it easier for Trust staff to book patients directly into that service. This reduced the number of patients waiting to be seen in the ED and enabled patients to be seen and treated in services better suited to their ambulatory care needs.

The Board raised a query in relation to the capacity provided by the Virtual Hospital and spoke sites. The Chief Operating Officer advised that over ten pathways were available and approximately 100 patients a day were being referred. The Trust was working with Berkshire Healthcare to increase the number of patients being treated in other appropriate services, including primary care providers, to reduce the number of patients being admitted to ED. Overall, admissions to ED had reduced by 25-30% over the past 3-4 years due to the significant transformation work to improve patient flow; however, the level of demand for emergency services continued to increase.

The Board queried the progress of the Trust's efficiency savings plan and how this would be achieved. The Chief Finance Officer advised that the Trust had reviewed its procurement portfolio, was sharing information with other Trusts on savings schemes and had made changes to the way it approached valuations and appreciations and these had enabled the Trust to remain on track to deliver its £10.05m deficit plan.

The Board raised a query in relation to when quarterly carbon emissions reporting would begin. The Chief Finance Officer advised that the informatics team were currently extracting data to create the report. Once the final format had been agreed, quarterly reporting would commence.

186/23 Winter Plan

The Chief Operating Officer introduced the report. Elements of the winter plan had already been implemented and risk assessments for areas not typically used for in-patient services but which may need to be redeployed in the event of excessive demand had been carried out. The Board noted that the winter plan had proceeded through various stages of review and approval through the Executive Management Committee and Quality Committee.

The Board approved the Winter Plan.

187/23 Health & Safety Annual Report

The Chief Finance Officer introduced the report. The Board queried the long-term vacancy of the Health & Safety Advisor and what actions were being taken to recruit a replacement. The Chief Nursing Officer advised that a replacement had been recruited but did not go on to take up the position for personal reasons. An internal candidate was currently progressing through

the Trust's staff development pathway under the supervision and management of the Head of Risk and would take up the post on completion.

The Chief Nursing Officer advised that the Health and Safety Annual Report reflected the Corporate structure for health and safety; however, there were additional roles in health & safety and risk in each care group, therefore the Annual Report did not reflect the entirety of the Trust-wide network for both risk and health and safety.

The Board approved the Health & Safety Annual Report.

188/23 Minutes of Board Committee Meetings and Committee updates

The Board received the following minutes:

- Charity Committee 7 September 2023
- Finance and Investment Committee 21 September 2023 and 18 November 2023
- Audit & Risk Committee 7 September 2023 and 8 November 2023
- People Committee 13 September 2023 and 9 November 2023
- Quality Committee 14 September 2023

189/23 Work Plan

The Committee noted the work plan. The Trust Secretary advised that this would be updated for the next meeting to provide a full 12 month forward plan. **Action: C Lynch**

190/23 Date of the Next Meeting

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

SIGNED:

DATE:

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

Board Date	Board Minute	Subject	Decision	Owner	Update
29 November 2023	185/23	Integrated Performance Report (IPR)	The Chief Nursing Officer advised that a thorough review of complaints, including the larger context in which they arose and the departments where they frequently occurred was underway. This, in addition to the work on the Patient Experience Framework, was intended to both to reduce number of complaints received and the time required to resolve them. The Board agreed that an update would be provided at the next Public Board of Directors meeting.	K Prichard-Thomas	Update on complaints to be provided at the meeting.
29 November 2023	189/23	Work Plan	The Committee noted the work plan. The Trust Secretary advised that this would be updated for the next meeting to provide a full 12 month forward plan	C Lynch	Completed. Item on Agenda.

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Thursday 16 November 2023
12.10 – 13.10
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)

In Attendance

Mr. Mike Clements	(Director of Finance)
Mr. Benny Goodman	(Director of Operations, Networked Care)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)

Apologies

Mr. Dom Hardy	(Chief Operating Officer)

165/23 Declarations of Interest

There were no declarations of interest.

166/23 Minutes for Approval: 18 October 2023 & Matters Arising Schedule

The minutes of the meeting held on 18 October 2023 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule. All items were completed or scheduled on the work plan.

167/23 October 2023 Financial Update

The Director of Finance introduced the report and advised that financial performance was broadly on plan in the month and overall, £3.62m behind plan year to date at Month 7. £7.33m of the £30.10m capital plan had been delivered to date. Cash was £33.58m.

The Director of Finance advised that Service Level Agreements (SLAs) were being reviewed to ensure the Trust was recovering costs of delivery and/or only paying for costs of services received. However, this would not be a material amount.

The Committee discussed the income from the lighthouse laboratory and noted that this was a non-recurrent benefit. The Chief Finance officer explained that the Berkshire Surrey Pathology Services (BSPS) rented the Lighthouse Laboratory and had a rolling arrangement with the Department of Health & Social Care (DHSC). However, the Trust was seeking to query future use of the space with BSPS.

The Committee discussed high-cost drugs. The Director of Operations, Networked Care, advised that this had been discussed with the Integrated Care Board (ICB) in relation to potential savings being identified.

The Committee noted the variance in relation to Allied Health Professionals (AHP) and administrative and management pay spend. The Director of Finance confirmed that the current focus was on areas within the Trust with the highest variance to budget and this included reviewing pay spend for all staff groups as well as triangulating this with workforce data.

[Section exempt under s.43 FOI Act]. A report would be submitted to the Executive Management Committee for review ahead of submission to the Committee.

Action: N Lloyd

The Committee discussed pay spend and the national challenge in relation shortage of occupational therapists and subsequent impact on temporary pay spend. The Committee noted that nursing pay was impacted by the need for 1:1 care in the Intensive Care Unit (ICU) as well as use of the escalation area and the need for additional staffing for that area. It was agreed that future report would include a year-to-date bridge on pay spend.

Action: N Lloyd

168/12 Forecast Outturn 2023/24

The Director of Finance advised that the forecast outturn for 2023/24 had been updated with Month 7 results. A range of scenarios had been included in the report including the current run rate of spend as well as the announcement of additional funding for industrial costs. The Chief Finance Officer advised that the Trust anticipated receipt of [Section exempt under s.43 FOI Act] funding for industrial action costs and this had been included in the forecast position. A further assumption was that there would be no claw back of Elective Recovery Funds (ERF). It was anticipated that the Trust would achieve the forecast position of a £10.05m deficit at year end.

The Chief Operating Officer advised that activity plans were being reviewed. However, there was a risk in the event of additional activity being undertaken and income being received for this. The Chief Executive provided an overview of discussions held with the ICB as well as regional and national in relation to the need to carry out additional elective activity to reduce waiting lists.

The Committee agreed that, subject to the operations data being updated, a recommendation should be submitted to the Board to approve the forecast outturn for 2023/24. **Action: M O'Donovan**

Due to the date of the submission being required by 22 November 2023 an additional Board meeting would need to be scheduled. **Action: C Lynch**

169/23 2023 National Cost Collection Submission

The Director of Finance introduced the report and advised that the Trust was compliant with the requirements of the 2023 NHS England approved costing guidance and approval was sought to delegate authority to the Chief Finance Officer for the Trust's submission. The Committee noted approved the proposal.

170/23 Key Messages for the Board

Key messages for the Board included:-

- Recommendation to approve the Forecast Outturn for 2023/24
- Approval of delegated authority to the Chief Finance Officer for the Trust's 2023 National Cost Collection submission

171/23 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 17 January 2024 at 11.00am.

SIGNED:

DATE:

Audit & Risk Committee

Wednesday 16 November 2023
11.00 – 11.55
Boardroom, Level 4, Royal Berkshire Hospital/Video Conference Call

Members

Mr. Mike McEnaney	(Non-Executive Director) (Chair)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)

In attendance

Advisors

Mr. John Oladimeji	(Manager, Deloitte)
Mr. Ben Sherriff	(Associate Partner, Deloitte)
Mr. James Shortall	(Local Counter Fraud Specialist) (LCFS)
Mr. Neil Thomas	(Partner, KPMG)

Trust Staff

Mr. Mike Clements	(Director of Finance)
Mrs. Angela Gardiner	(Group Financial Controller)
Dr. Bannin De Witt Jansen	(Head of Corporate Governance)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Mr. Graham Sims	(Chair of the Trust)

Apologies

161/23 Declarations of Interests

There were no declarations of interest.

162/23 Annual Report and Accounts 2022/23: HFMS Ltd

The Committee noted that minor items were being finalised in relation to the HFMS Ltd Annual Report and Accounts for 2022/23. An additional meeting of the Committee would need to be scheduled to receive this item. **Action: C Lynch**

163/23 Annual Report and Accounts 2022/23: Royal Berks Charity

The Chief Finance Officer introduced the report and highlighted that for the first year there had been a net decrease in funds and therefore further information had been generated. Closing funds at year end were £4.7m. The Associate Partner, Deloitte advised that valuations had been reviewed in line with other valuations. The Committee noted that the Royal Berks Charity had received a donation from HFMS Ltd for the first time. The Committee noted that the Charity Commission had written to the Trust in relation to the reserves held. The Chief Finance Officer advised that the Charity had a 3-year plan in relation to reserves and had advised the Charity Commission of this.

The Committee queried the increase in staff salary costs. It was agreed that the Chief Finance Officer would confirm the details. **Action: N Lloyd**

The Committee agreed that a recommendation should be submitted to the Charity Committee to approve the Annual Report and Accounts. **Action: N Lloyd**

164/23 Internal Audit Progress Report

The Committee noted that, since the last meeting, KPMG had completed and finalised reports on quality governance, Integrated Board reporting and the additional review on IM&T supplier purchasing.

The Partner, KPMG, advised that the Integrated Board Reporting review had been issued with a 'significant assurance with minor improvement opportunities' rating; one amber rating and four green. The Committee discussed the amber rating in relation to ESR and finance data. The Director of Finance advised that the finance and workforce teams had recently met to progress the recommendations in the report.

The Chief Finance Officer confirmed that the Executive leads were the Chief Operating Officer and Chief People Officer. The Committee recommended that future reports should identify the Executive Lead for each internal audit review. **Action: N Thomas**

The Partner, KPMG, highlighted that the Quality Governance review had been issued with a 'significant assurance with minor improvement opportunities' rating; two amber and six green ratings. The Chair noted that the Quality Assurance & Learning Committee submitted an exception report to the Quality Committee.

The Chief Finance Officer confirmed that internal audit recommendations were monitored monthly by the Executive Management Committee (EMC). Any high-risk audit reports would be submitted to the Board.

[Section exempt under s.43 FOI Act]. The Chief Finance Officer advised that the internal audit plan for 2024/25 included a review during Quarter 1.

The Chief Finance Officer advised that an internal audit had been undertaken by the previous internal auditors, PwC, on Estates Management. However, the recommendations had not been agreed with management. It was proposed that KPMG would be asked to review the recommendations made by PWC and the appropriateness of these assessed with the Trust's responses. The Committee approved the proposal.

165/23 Declaration of Interests Update

The Head of Corporate Governance highlighted that, to date, 75% of decision-making staff had completed a declaration of interest for 2022/23. The next phase would be a targeted approach to the remaining decision-making staff. In line with best practice, the target was to achieve 80% compliance by the end of 2023/24. [Section exempt under s.40 (2) FOI Act]. **Action: C Lynch**

166/23 NHS Code of Governance Compliance

The Head of Corporate Governance introduced the report that set out a review of compliance with the new Code of Governance and highlighted six areas of current non-compliance including two Non-Executive Directors serving beyond six years during 2022/23. The Trust

would be required to comply with the provisions or explain the deviation in the Annual Report for 2022/23.

167/23 Standing Orders Review

The Trust Secretary introduced the Standing Orders (SOs) that were due for review as part of the annual cycle. The Chair recommended that the SOs were reviewed against the new Code of Governance and submitted to the January meeting. **Action: C Lynch**

168/23 Trust Seal Update

The Committee noted that in accordance with section 9 and 10 of the Trust's Standing Orders, the Trust's official seal had been affixed to 14 documents and signed by combinations of two signatories from among the Chief Finance Officer, the Acting Chief Executive, the Chief Operating Officer and the Trust Secretary since 1 March 2023.

169/23 Committee Work Plan

The Trust Secretary confirmed that the work plan would be updated to remove the Cyber Security updates as this would be monitored by the Digital Hospital Committee.

Action: C Lynch

170/23 Key Messages for the Board

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

- Good outcomes in relation to internal audit reports
- Recommendation to the Charity Committee to approve the Royal Berks Charity Annual Report and Accounts 2022/23
- Review of compliance with the new NHS Code of Governance received

171/23 Reflections of the Meeting

The Chief Executive led a discussion.

172/23 Date of Next Meeting

It was agreed that the next scheduled meeting would be held on Wednesday 10 January 2024 at 9.30am.

Chair:

Date:

Audit & Risk Committee

Wednesday 29 November 2023
16.00 – 16.15
Boardroom, Level 4, Royal Berkshire Hospital/Video Conference Call

Members

Mr. Mike McEnaney	(Non-Executive Director) (Chair)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)

In attendance

Advisors

Mr. John Oladimeji	(Manager, Deloitte)
Mr. Ben Sherriff	(Associate Partner, Deloitte)

Trust Staff

Mr. Mike Clements	(Director of Finance)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

173/23 Declarations of Interests

[The Director of Finance and the Trust Secretary declared an interest in relation to their roles in HFMS Ltd].

174/23 Annual Report and Accounts 2022/23: HFMS Ltd

The Chief Finance Officer introduced the report and highlighted the statement of financial position as at 31 March 2023 was total assets of £3.78m and total liabilities of £7.4m. The Committee noted that the level of income related to the Lighthouse Laboratory at Bracknell Healthspace. The Trust contracted on an annual basis with Berkshire Surrey Pathology Service (BSPS) in relation to this.

The Associate Partner, Deloitte, highlighted the summary of correct and uncorrected misstatements. The Committee noted that tax advice for HFMS Ltd was provided by KPMG. The company's currently tax lability was £420k per annum.

The Committee agreed that a recommendation should be submitted to HFMS Ltd Board to approve the Directors Annual Report and Financial Statements and to authorise a director of HFMS to sign the letter of representation to the external auditors. The Committee agreed that a recommendation would be submitted to Trust Board to authorise the Chief Finance Officer to sign a letter to the directors of HFMS Ltd confirming that the Trust would provide financial support for the next 12 months.

The Chief Finance Officer advised that a review of governance reporting to the Trust from HFMS Ltd was being developed. It was agreed that the Chief Finance Officer would meet

with the new members of the Committee to provide an overview of HFMS Ltd.
Action: N Lloyd

The Committee discussed the delay to receiving the HFMS and Royal Berks Charity Annual Report and Accounts. The Chief Finance Officer confirmed that, as part of lessons learned from the previous year audit delays, a joint detailed audit and year-end financial statements schedule would be submitted to the January meeting. This schedule would streamline the process and reduce errors. **Action: N Lloyd**

The Committee noted that a new Financial Controller was being recruited and the level of technical accounting expertise would be increased.

175/23 Key Messages for the Board

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

- Recommendation to the HFMS Board to approve the Annual Report and Accounts for 2022/23.
- Recommendation to authorise the Chief Finance Officer to sign a letter confirming that the Trust would provide financial support to the Directors of HFMS Ltd for the next 12 months.

176/23 Date of Next Meeting

It was agreed that the next scheduled meeting would be held on Wednesday 10 January 2024 at 9.30am.

Chair:

Date:

Royal Berkshire NHS Foundation Trust

Minutes

Charity Committee

Wednesday 22 November 2023
10.00 – 12.00
Boardroom, Level 4/Video Conference Call

Present

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

Apologies

Ms. Adenike Omogbehin	(Staff Representative)

In attendance

Dr Bannin De Witt Jansen	(Head of Corporate Governance)
Mr. Graham Sims	(Chair of the Trust)
Ms. Monica Srivastava	(Charity Grants Manager)

31/23 Declarations of Interest

There were no declarations of interest.

32/23 Minutes for Approval 7 September 2023 and Matters Arising Schedule

The minutes of the meeting held on the 7 September 2023 were agreed as a correct record subject to the following amendment:

Minute 22/23: Finance Update: The third sentence would be amended to read 'The Director of Finance advised that the investment strategy and the appointment of an investment adviser would ensure funds were invested.

The Committee received the matters arising schedule.

Minute 21/23 Charity Director's Report: The Committee agreed that a letter to retailers would be drafted in the next two weeks to ensure that letters were disseminated to retailers ahead of the festive period. The Charity would use the ethical business practices criteria to identify suitable retailers who could be approached for donations and other support.

Action: J Warrior

33/23 Charity Director's Report

The Charity Director advised that the Royal Berks Charity had been named Thames Valley Chamber of Commerce Charity of the Year and had also been chosen as Charity of the Year for a second, consecutive year by Reading Buses. This would assist the Charity in developing new community and corporate partnerships and strengthening existing relationships. Several local businesses had already offered support in the form of fundraising, gifts-in-kind, marketing and promotion and volunteering. The Charity team was due to attend the Reading Professionals Charity Afternoon event which was anticipated to raise between £10k to £14k.

Two large estates projects, the £450k cardiology expansion and £111k paediatric playroom refurbishment, had been postponed until the new financial year due to lack of capacity in the ward areas to enable these works to be undertaken with minimal impact to patient care.

The Charity Director advised that whilst income had increased across a number of income streams, it remained significantly below target. Although attendance at events had increased, income remained low due to decreased individual giving and fundraising.

The Committee queried whether the Charity's financial plan was feasible given its consistently low rate of income. The Charity Director advised that the Charity had several challenges with increasing income. A difficult economy had resulted in decreased individual giving whilst the cost of hosting and organising larger events such as Walk for Wards, had increased. The Charity team were reviewing event planning to ensure costs were maintained and opportunities to increase income were maximised. The Charity Events Calendar for 2024 was being finalised and would be shared with the Committee. **Action: J Warrior**

The Committee noted that whilst a number of grants had been approved in Quarter 2, these were for lower amounts than projects approved in Quarter 1. The Committee queried the Charity's plans for identifying larger estates projects and fundraising for equipment. The Charity Director advised that the governance processes in relation to achieving approvals for fundraising and other projects were complex, lengthy and led to delay. On occasion, clinical teams had secured funds to purchase the equipment from other sources resulting in the Charity cancelling approved fundraising projects. Cancelled fundraisers required all donations to be returned to donors. The Charity team was actively working with staff and departments across the Trust to identify suitable fundraising opportunities and projects which could be funded. The Charity intended to focus on a few large-scale projects which would also help achieve its financial plan.

The Committee agreed that the Charity Director would be invited to attend the Trust's Quarterly Finance and Capital Review in November 2023. **Action: M Clements**

The Committee agreed that the Charity would submit a list of trusts and Foundations to which applications would be submitted in 2024/25 for agreed projects. **Action: J Warrior**

The Committee agreed that the Charity Director would work with the Communications Team to use WorkVivo to raise awareness of the Charity, fundraising and project grant opportunities. **Action J Warrior**

The Committee requested that the Charity Director's Report named the commercial donors and companies that the Charity had linked with and a list circulated to Committee members. **Action J Warrior**

34/23 Dissolution of linked charities

The Charity Director advised that the Royal Berks Charity profile on the Charity Commission website showed it as an umbrella organisation comprised of 17 linked charities. Capsticks, the Trust solicitors firm, had drafted a Resolution of Dissolution document for submission to the Charity Commission. This would enable the Charity Commission to update their records and website to reflect the Charity's current structure.

The Committee approved the Resolution for Dissolution of linked charities, for final approval by the Charity Board.

35/23 Unrestriction and amalgamation of restricted funds

The Charity Director advised that several restricted funds existed as a result of the transfer of undertakings of Reading & District Hospitals Charity in 2017. The restrictive nature of these funds had inhibited spend and as a result, expenditure from these funds had been slow.

The Committee agreed to recommend the proposal for the unrestriction and amalgamation of these funds to the Charity Board. **Action: B Bahia**

36/23 Finance Update

The Committee received the report. The Charity was holding £4.4m in funds. However, a tender would be submitted in November 2023 for the services of an investment strategy company to assist the Charity with investment planning.

The Committee requested that future finance reports were aligned with the Charity Director's Report. The Committee also recommended that, the finance report should include the percentage of total funds that was net expenditure and the percentage of total funds that were being deployed. These changes would enable the Committee to measure performance year on year. **Action: M Clements**

37/23 Knowledge and Development Terms of Reference

The Committee agreed the Terms of Reference subject to the inclusion of the Charity Director as a required member for quoracy. **Action: J Warrior**

38/23 Work Plan

The Committee noted the work plan.

39/23 Key Messages for the Board

The Committee agreed the following key messages:

- The Committee congratulated the Charity for achieving Thames Valley Chamber of Commerce Charity of the Year status and for being elected Charity of the Year for a second consecutive year by Reading Buses.
- The Committee noted that the Charity was due to attend a fundraising event at the Reading Professionals Charity Afternoon and were hosting the Royal Berks Charity Christmas Concert.
- The Committee approved the Resolution of Dissolution for Linked Charities document

- The Committee agreed to recommend the approval of the unrestriction and amalgamation of restricted funds to the Charity Board.
- The Committee approved the Knowledge & Development Terms of Reference subject to a minor amendment requiring that the Charity Director was required to achieve quorum.

40/23 Reflections of the Meeting

The Chair led the discussion.

41/23 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 7 February 2024 at 10.00am.

SIGNED:

DATE:

Royal Berkshire NHS Foundation Trust

Minutes

Quality Committee

Wednesday 6 December 2023
11.00 – 13.00
Boardroom, Level 4

Members

Dr. Bal Bahia	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Acting Chief Executive)
Mr. Mike O'Donovan	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In Attendance

Miss. Kerrie Brent	(Corporate Governance Officer)
Mrs. Christine Harding	(Director of Midwifery) (from minute 156/23 to minute 158/23)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive Officer)

Apologies

Mrs. Helen Mackenzie	(Non-Executive Director)

153/23 Declarations of Interest

There were no declarations of interest.

154/23 Minutes from the previous meeting: 14 September 2023 and Matters Arising Schedule

The minutes of the meeting held on 14 September 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.

155/23 Serious Incident Themes including Maternity Serious Incidents (SIs) report

The Chief Nursing Officer introduced the report and advised that there had been seven SIs reported in October 2023; one related to Maternity and one related to a Never Event in Planned Care of wrong site surgery. A further two Never Events were expected to be reported for November 2023. It was noted that the Trust trended comparatively to previous years.

Treatment delays were the highest reported incident as expected. However, a further trend identified related to hypoglycaemic episodes. Immediate learning had been implemented including actions plans and it was agreed that as part of lessons learned a Trust-wide policy

would be developed in relation to hypoglycaemia. A thematic review was being developed and would be submitted to the next meeting. **Action: K Prichard-Thomas**

The Committee discussed Improving Together and how the learning from Never Events was embedded and applied Trust-wide and not just in the specific departments that they occurred. It was agreed that a Board 'go and see' visit related to this would be organised. **Action: C Lynch**

156/23 Final Report on Maternity SIs and Complaints

The Chief Nursing Officer introduced the report that provided an overview of the independent assessment carried out for maternity SIs and complaints for the period covering 2020, 2021 and 2022. The Committee noted that 2020/21 was during the Covid-19 pandemic.

The Committee noted the encouraging conclusion that highlighted the following:

- There was an encouraging trend in reduction in the number of SIs per year although the themes remain largely the same, albeit with reducing numbers corresponding to the reducing numbers of cases.
- All of the incidents had multiple factors identified.
- The theme that probably needs most attention is around holistic risk assessment, situational awareness and team communication.
- The maternity department fully investigated SIs with appropriate referrals made to the HSIB.
- Senior staff from maternity and patient safety appear to have a good working relationship with HSIB and meet regularly to review SIs.
- There had been an encouraging trend in reduction in the number of HIEs.
- In terms of complaints, there has been an encouraging reduction in complaints in 2022. However, caution may need to be exercised as it is noted there is often a significant time lapse between the time of the concern occurring and the compliant being made.
- From analysing the complaints, it could be surmised that this is due to women being overwhelmed in the early days after birth or not feeling able to revisit what happened until sometime later.
- Complaints about care on Iffley ward appear to have improved significantly.
- All of the complaints had a corresponding response letter that appeared to address the concerns raised and birth reflections are offered to women.
- There were no inquests in 2022.
- In terms of ethnicity, no groups have been identified as being marginalised in their care.

The Committee noted the recommendations that included:

- To undertake improvement programmes to address overarching themes of risk assessment, situational awareness and team communication.
- To ensure that there is a programme of audit to monitor if changes in practice arising out of the action plans have occurred in practice. This should be reported to and monitored by the relevant governance committees and reported to the Trust Board.
- To consider collecting data for other protected characteristic such as disability, marriage/civil partnership and sexual orientation.

The Committee queried whether there was a cultural reluctance to contact the offsite consultant. It was confirmed that this was not the case as the Trust had a resident consultant and several actions had been implemented including a change in senior

leadership and culture. However, the concern was in relation to the escalation times of the consultant on site making an early decision to open a 2nd theatre.

The Committee agreed that good assurance had been provided in relation to maternity services investigating serious incidents and complaints appropriately, and responding to recommendations from inquests following of the Ockenden report and that any action plans were being reviewed regularly and reported back to the Quality Assurance and Learning Committee (QALC).

The Committee noted that following review of process in relation to storage of placentas in accordance with the coroners request the audit confirmed that the Trust was 100% compliant; with a further audit planned for 6 and 12 months.

157/23 Maternity Items

The Chief Nursing Officer provided a high-level overview of the feedback received from the Care Quality Commission (CQC) team following an announced 1-day inspection in November 2023. Overall, feedback had been positive. The inspection had focused on the safe and well-led domains and the CQC team had advised that staff had been welcoming, proud, open and transparent. One urgent action related to exit security of two wards on Level 4 of the maternity unit. The risk assessment had been updated and an entry had been made on the risk register within 24 hours of the visit. The CQC had sought assurance on mitigating controls and were content that the necessary actions were being taken.

Additional information was also provided in relation to staff training competency in relation to registered midwifes providing emergency caesareans to women outside of the recovery environment after the first 30 minutes as well as the monitoring of fridges.

The Committee recognised that the department had felt well supported through the process by the senior leadership and executive teams.

Feedback had been shared with the Maternity Department and the draft report was expected in 10-12 weeks.

The Committee received and noted the following reports:

- Perinatal Quarterly Surveillance Report Q2 2023-24 (PQSM)
- Perinatal Mortality Quarterly Report Q2 2023-2024
- Quality Assurance and Learning Committee Exception (QALC) Report
- Obstetric Medical Workforce

It was agreed that going forward reports would be reviewed to ensure that there was no patient identifiable information. **Action: K Prichard-Thomas**

The Committee noted that a review of the quality governance structure including the terms of reference and reporting structures would be undertaken. An update would be provided at the next meeting. **Action: K Prichard-Thomas**

158/23 Quality Strategy 2023-2028

The Committee noted that the Quality Strategy was aligned to the Trust's Improving Together Strategy supporting the delivery of "working together to provide outstanding care for our community" as well as an update of the engagement that had been undertaken.

The Committee noted the five key ambitions of the Quality Strategy

- Gaining 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

The Chief Executive advised that the 'What Matters' programme would be re-launched in 2024 that would consider the suite of strategies.

The Committee agreed that a recommendation should be submitted to the Board to approve the Quality Strategy. **Action: B Bahia**

159/23 Cancer Performance

The Chief Operating Officer provided an overview of the underlying performance challenges to achieve the national 62-day cancer standards. The number of patients remaining on cancer pathways for more than 62-days had fluctuated over a two-year period but remained above historic low levels, at or below 100 patients. The Chief Operating Officer advised that turnaround times for samples sent to Histopathology had improved. However, there had been an increase in patients waiting over 62-days. Initial analysis suggested that the impact of losing 40 days of outpatient, diagnostic and surgical capacity as a result of industrial action was the main cause for deterioration. The Committee received the breakthrough priority metric for reducing 62-days cancer waits.

The Committee noted that insourcing capacity to support Gastrointestinal (GI) and Urology services had proved effective and this had a positive impact on performance. From initial review, additional capacity had returned to two-weeks from the extended five weeks. However, it was anticipated that the overall impact on the 62-day target would not be recognised for a further few months.

An update was provided in relation to the recent discussions at the Executive Management Committee (EMC) where the recommendation to use a combination of waiting list initiatives and continued insourcing to help reduce the backlog of patients waiting for elective appointments had been approved. EMC considered that introducing a new higher fixed rate for approved waiting list initiatives as well as additional shifts across ED and other emergency pathways in addition to using a combination of waiting list initiatives and continued insourcing would help reduce the backlog. £600k of additional funding had been allocated to the Trust for elective recovery to support cancer pathways. The Operational Management Team (OMT) had recently met to agree the governance, cost and timeframe. It was anticipated that a positive impact would be recognised later in the year.

The Chief Operating Officer highlighted that delivery of this metric over the next year and in the subsequent years would form part of the business planning discussions for 2024/25.

The Committee agreed that good assurance had been provided that positive actions were being implemented to improve compliance towards the national 62-day cancer performance. However, the on-going challenges with further industrial action strikes planned where further loss of activity was expected was recognised.

160/23 Legal Claims

The Committee received the report that highlighted that 153 claims were open as at the end of October 2023. It was noted that, based on 2022/23, new cases received by the Trust had decreased from 60 in 2019/22 to 51 in 2022/23 and the number of cases closed each year had improved to 58 in 2022/23. The Committee discussed the changes to the Legal Services team including the substantive recruitment of the Head of Legal Services. The Committee the comparison of the number of Obstetrics claims reported to NHS Resolution by financial year in comparison with the acute hospital trusts with maternity departments and all trusts nationally. It was agreed that the Chief Nursing Officer would provide clarification in relation to the graph that identified all trusts as it was considered that not all trusts had a maternity department and therefore the graph did not provide assurance of national benchmarking. **Action: K Prichard-Thomas**

161/23 Quality Impact Assessment (QIA) Process

The Committee discussed the current QIA process and agreed that the controls should be improved. A report would be submitted to the meeting in February 2024 that outlined a systematic approach to Equality and Quality Impact Assessments (EQIAs) including the development a Trust-wide policy. **Action: K Prichard-Thomas**

162/23 Corporate Risk Register

The Committee noted the clinical risks on the Corporate Risk Register. However, noted that the entries were outdated. The updated register would be circulated to the Committee. **Action: C Lynch**

163/23 Board Assurance Framework (BAF)

The Committee received the BAF and noted that, following a change in executive portfolios strategic objective two and five had been updated. Strategic objective one and four would be reviewed with the Chief Medical Officer and Chief Nursing Officer. **Action: C Lynch**

164/23 Watch Metrics

The Committee received the watch metrics.

165/23 Work Plan

The Committee noted the work plan.

166/23 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- Good assurance received in relation to the review of Maternity SIs and Complaints in 2020, 2021 and 2022
- Encouraging initial high-level feedback received from the CQC inspection
- Recommendation to the Board to approve the Quality Strategy 2023-2028
- The need for a review of the quality governance structure
- Good assurance received in relation to the plan to address cancer performance standards despite being challenged due to on-going industrial action.
- The need for a review of the EQIA process and Trust-wide process
- Watch Metrics were reviewed.

167/23 Reflections of the Meeting

The Trust Secretary led the discussion.

168/23 Date of Next Meeting

It was agreed that the next meeting would be held on Monday 5 February 2024 at 10.00.

SIGNED:

DATE:

NHS
Royal Berkshire
NHS Foundation Trust

Title:	**Chief Executive Report**
Agenda item no:	7
Meeting:	Board of Directors
Date:	24 January 2024
Presented by:	Steve McManus, Chief Executive
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	• 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.

Report History	None

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 ☐	
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 (FoI)		Private		Public	✓

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

Thirlwall Inquiry

1.1 The Thirlwall inquiry was established in October 2023 to examine events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby (LL) of murder and attempted murder of babies at the hospital.

1.2 All trusts with neonatal units have been asked to submit evidence to the inquiry by way of a questionnaire. These covered questions related to the Inquiry terms of reference:

- The experience of parents of the babies named in the indictment.
- The conduct of clinical and non-clinical staff and management, as well as governance and escalation processes in relation to concerns being raised about LL and whether these structures contributed to the failure to protect babies from her.
- The effectiveness of governance, external scrutiny and professional regulation in keeping babies in hospital safe, including consideration of NHS culture.

1.3 We submitted our questionnaire responses on 5 January 2024 having had them approved by both the Chief Medical Officer and the Director of Operations for Urgent Care as per the request.

Martha's Rule

1.4 The Trust continues to progress the work relating to Call 4 Concern. The working party is making good progress on improving the effectiveness of Call 4 Concern within the trust, including the accessibility of the service for all service users. The policies and procedures are being updated to reflect the current service provided and gathering and interpreting appropriate data is a focus for the group to ensure activity and themes are captured.

1.5 Alison Schofield, Lead for Critical Care Outreach is attending the national "Martha's Rule" working group. The groups will focus on maintaining momentum and supporting the expansion of Martha's Rule across England during 2024.

Operational Status /Industrial Action

1.6 Teams across the organisation have worked extremely hard over the last month to maintain safe, high quality acute and emergency services during two periods of junior doctor industrial action, through an already busy seasonal period. We are extremely grateful to all colleagues who have taken on additional shifts to ensure this has happened. As a result we have not needed to submit any derogations requests. The Trust continued to have high rates of junior doctors taking strike action, with typically 85-90% of rostered doctors walking out on each strike day. 1157 appointments and 191 inpatient and day case operations were postponed because of strike action before and after Christmas, with activity to treat cancer and emergency patients prioritised to go ahead; teams continue to work hard to reschedule as many of these patients as possible, and also supporting staff who have taken on additional duties to recover from their excess workload.

1.7 In spite of this, performance against the 4-hour ED standard has remained stable during the month to date, an improvement on December's performance. Actions taken as part of the

Trust's Winter Plan have been effective in mitigating risks and enabling flow. This has also enabled us to maintain elective services in full outside periods of industrial action.

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

Violence and Aggression

2.1 Joint work is underway by the Chief Nursing Officer and Chief People Officer to review and develop a clear strategy and set of priorities against the NHS standard for violence & aggression which includes a framework for delivery. In October 2023, a listening event with staff was completed. Themes from this event have been prioritised and feed into this improvement work stream and plan. Immediate priorities such as an increased security presence in ED and the implementation of body worn cameras for our security team have been achieved. Closer partnership working with Thames Valley Police and the Police Commissioner continues with the consideration of a service level agreement and plans to explore implementation of operation cavell, a pilot scheme to improve prosecution rates in criminal investigations following assaults on NHS workers.

2.2 Berkshire Healthcare Foundation Trust have been commissioned from January to June 2024 to provide conflict resolution training and a Health Education England (HEE) virtual training programme focussing on trauma informed care and conflict will be assigned to all new employees to be completed on induction. Meanwhile, an options appraisal including outline costings for the tiered model of training is under development.

Staff Survey

2.4 The 2023 NHS Staff Survey fieldwork period closed with the Trust delivering its highest ever response rate. The results of the survey remain under strict embargo until the end of February 2024, but early insights are indicative of continued in year improvement and the further strengthening of what was already a very positive benchmarked position relative to the National average.

Equality, Diversity & Inclusivity (EDI)

2.5 Following on from the Board Development Session on 14 December 2023 and follow up CEO team discussions, our work to develop our EDI vision and constituent deliverables continues. As early priorities, we are working to develop and strengthen our staff networks in terms of governance, accountability, and capacity. In February 2024, we will launch our reinvigorated Reverse Mentoring programme and will also recruit into the third cohort of our Aspiring Ethnic Minority Senior Leader programme – providing up to 16 experiential secondment opportunities for aspiring talent to work alongside senior colleagues and access bespoke development.

Global Conflict

2.6 Earlier this month I met colleagues Dr Shafak Toufeeq, Dr Ahmed Aldouri and Ahmed Zyada to discuss their petition which highlights the extreme circumstances the healthcare system is facing in Gaza. The focus of our meeting was entirely on the humanitarian cost of war and the impact on all the innocent people caught up in this dreadful situation.

2.7 I have addressed these events, as well as those in the Ukraine, in my staff blogs and vlogs, as have our Chaplaincy Spiritual Wellbeing team. We are mindful that these conflicts often

hit close to home for many of our staff (and our patients), and the purpose of my messages has been to raise awareness of the expert wellbeing support we provide, including psychological counselling. Following my discussions with Shafak, Ahmed and Ahmed, we are exploring further opportunities to provide additional support to staff impacted by catastrophic world events. I was pleased that they acknowledged the importance of the Trust's CARE values and behaviours which I believe provide a strong framework to help support our staff through these extremely volatile, uncertain and challenging times.

2.8 Many of our patients, their families and our communities will also be impacted by these events and I believe that by adhering to our CARE values and behaviours our staff are well placed to demonstrate understanding, compassion and a willingness to listening to others – acknowledging and respecting different viewpoints.

3. Strategic Objective 3: Deliver in Partnership

3.1 The Chair and Chief Executive Office of Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board (BOB ICB) will be attending the private board session later today to discuss our work together and specifically the work on going around the:

- Primary care strategy
- BOB ICB organisational development programme
- Unified Executive of Berkshire West Health and Care priorities
- Acute Provider Collaborative development

3.2 I'm pleased with the opportunity to work in partnership with the ICB in shaping these interrelated projects that directly impact on our current and future operation and financial pressures.

3.3 The ICB recently published their draft system primary care strategy with the aim of better co-ordination between various service providers. We are keen to explore how RBFT can support the delivery of the strategy and look forward to seeing how it develops further.

3.4 As part of the organisation development work the ICB have committed to developing their role in allocating resources between places and partners, overseeing service quality and providing a system level perspective on decision-making in an efficient way.

3.5 As the system matures, the work of both the Acute Provider Collaborative and Berkshire West Partnership will be important in tackling the long-term pressures the system faces and we will be supporting and investing in their development

4. Strategic Objective 4: Cultivate Innovation and Improvement

<u>Improving Together</u>

4.1 The Improving Together Team started wave 6 in January 2024, focusing on clinical frontline and corporate teams. This wave takes the total number of clinical frontline teams trained to 42 and number of corporate directorate and frontline teams to 13. Due to the accelerated roll-out in 2023, the Trust now has 33 improvement huddles taking place, with a further 12 expecting to be introduced by March 2024. 2024 will also see the annual refresh of the Trust's integrated performance report to ensure Trust-wide alignment with the 2024/25 priorities.

<u>Health Data Institute</u>

4.2 Over the last 4 years the Trust has been actively engaged in the health data analytics and research space working in partnership with both industry and academic partners such as University of Reading and Henley Business School. With its academic and industry partners we are now looking to harness the significant clinical data held by the Trust to drive innovation and research for the betterment of patient care in terms of safety, experience and outcomes with the establishment of a Reading Health Data Institute (RHDI). The institute will serve as a central hub for fostering collaborations between RBFT and its academic, industry and healthcare partners and ultimately contribute to the advancements of health data research, advanced analytics and personalised healthcare in the NHS.

4.3 The strategic case was approved by the Executive Management Committee earlier this month. Plans are progressing and we hope to have the new data institute in place from April 2024. We have also held positive discussions with colleagues from Thames Valley Secure Data Environment (SDE).

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

5.1 The Trust income and expenditure position continues to be adverse to plan, year to date at the end of M09, December 2023. With three months of the year remaining, we are still seeking a route, albeit with risks, to deliver the income and expenditure plan of a £10.05m deficit for the year ending 31 March 2023. As noted earlier, we experienced industrial action by junior doctors in December and January which was not foreseen when completing our forecast, and as yet, there has been no indication that additional funding will be available to cover the additional costs of this. We continue to experience increased demand for the provision of services and continuing challenges in recruitment and retention of staff.

By the end of December, we had filed the statutory audited financial statements for HFMS Ltd (our trading subsidiary) and the Royal Berks Charity, with Companies House and the Charity Commission respectively, well ahead of filing deadlines. Deloitte, our external auditor, has already commenced interim audit work for the year ended 31st March 2024.

2024/25 planning arrangements

5.2 The Trust is continuing to progress planning for the next financial year and beyond, aligning and refining activity modelling, workforce assumptions and financial resources. We are building on the current year's programme of efficiencies for the following year, developing transformational programmes, working to ensure that the income base is sufficient to cover the costs of delivery, as well continuing rigorous expenditure controls. We understand that NHSE Planning Guidance, which was expected to be published before Christmas, will be available in late January 2024. In the meantime, we are planning on the assumption that we will need to restore elective access performance across our services and continue progressing improvements to the timeliness of urgent care delivery.

Building Berkshire Together (BBT)

5.3 In December 2023 we met with the senior leadership of the New Hospital Programme (NHP) to discuss or progress towards a new hospital. Following that meeting we have revised the programme of work for BBT with a view to accelerating our progress in 2024. Further detail is in the report on the agenda. As that work develops Alison Foster (BBT Programme Director) and Andrew Statham, Senior Responsible Officer (SRO) will be providing the Board with regular updates.

NHS
Royal Berkshire
NHS Foundation Trust

Title:	**Integrated Performance Report (IPR)**
Agenda item no:	8
Meeting:	Board of Directors
Date:	24 January 2024
Presented by:	Dom Hardy, Chief Operating Officer
Prepared by:	Executive Team

Purpose of the Report	The purpose of this report is to provide the Board with an analysis of quality performance to the end of December 2023.

Report History	N/A

What action is required?	
Assurance	
Information	The Committee 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							✓
Invest in our people and live out our values							✓
Deliver in partnership							✓
Cultivate innovation and improvement							✓
Achieve long-term sustainability							
Well Led Framework applicability:						Not applicable ☐	
1. Leadership ☐		2. Vision & Strategy ☐		3. Culture ☐		4. Governance ☐	
5. Risks, Issues & Performance ☐		6. Information Management ☐		7. Engagement ☐		8. Learning & Innovation ☐	
Publication							
Published on website		Confidentiality (FoI)		Private		Public	✓

NHS
Royal Berkshire
NHS Foundation Trust

Integrated Performance Report

December 2023

Improving together to deliver
outstanding care for our community

Improving Together

December 2023 performance summary

Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 31st December during which the Trust experienced significant pressures across non-elective care and 3 days of Junior Doctor Industrial Action undertaken.

Despite these pressures, the Trust currently continues to perform well on the RTT **elective care standard**, with under 20 patients waiting over 52 weeks on those pathways. However, the sustained challenges are impacting on performance and, there is a significant risk that this and the combination of workforce and financial pressures will continue to challenge performance into 2024-2025.

The Trust remains challenged across other **Deliver in Partnership** objectives. We remain significantly behind the 99% within 6-week **diagnostic waiting standard** with Endoscopy and Echocardiography driving our long wait position. **Cancer performance** standards continue to fall below national standards, with 70% of patients meeting the 62-day standard in December.

The Trust's **rate of turnover** (page 6) has continued to improve, reflecting the increased focus on this area from across the organisation. The Trust's vacancy rate now sits at 7.91%, rapidly approaching the breakthrough priority target of 7%.

Financial performance as at Month 9 YTD is £1.84m behind plan driven by continued spend on workforce. We are currently preparing for the formal reforecast requested across the NHS at Month 10, we are currently on track albeit, with risks to deliver our budgeted full year financial position of £10.05m deficit. Efficiency savings are on track and due to be delivered in full by year end.

As in previous months, a number of **watch metrics** are outside of statistical control. Most relate to the operational pressures experienced in the Trust and are expected to improve in line with strategic metrics. A final set relate to mandatory training and appraisal completion which have been a focus of performance meetings with directorates.

Strategic Objectives	Page	Strategic Metric	SPC flag
Provide the highest quality care for all	4	**Improve patient experience:** Number of complaints	
	5	**Reduce harm:** Number of serious incidents	
Invest in our people and live out our values	6	**Improve retention:** Turnover rate	P, L
Delivering in partnership	7-9	**Improve waiting times:** Reduce Elective long waiters; Average wait times for diagnostic services; Emergency Department (ED) performance against 4hr target	P, F, H, F, L
	10	**Reduce inpatient admissions:** Rate of admission (LoS>0)	H
Cultivate innovation and improvement	11	**Increase care closer to home:** Proportion of activity delivered at RBH	F, H
Achieve long-term sustainability	12	**Live within our means:** Trust income and expenditure	F
	13	**Reduce impact on the environment:** CO2 emissions	P
Breakthrough priorities	15	**Recruit to establishment** (Vacancy %)	F, H
	16	**Improve flow:** Average LOS for non-elective patients (inc. zero length of stay)	
	17	**Support patients with cancer** Reduce 62 days cancer waits incomplete	F, H
	18	Delivery of £15m efficiency target	?
Watch metrics	20-29		N/A

Royal Berkshire
NHS Foundation Trust

Strategic Metrics

Strategic objective: **Provide the highest quality care for all**

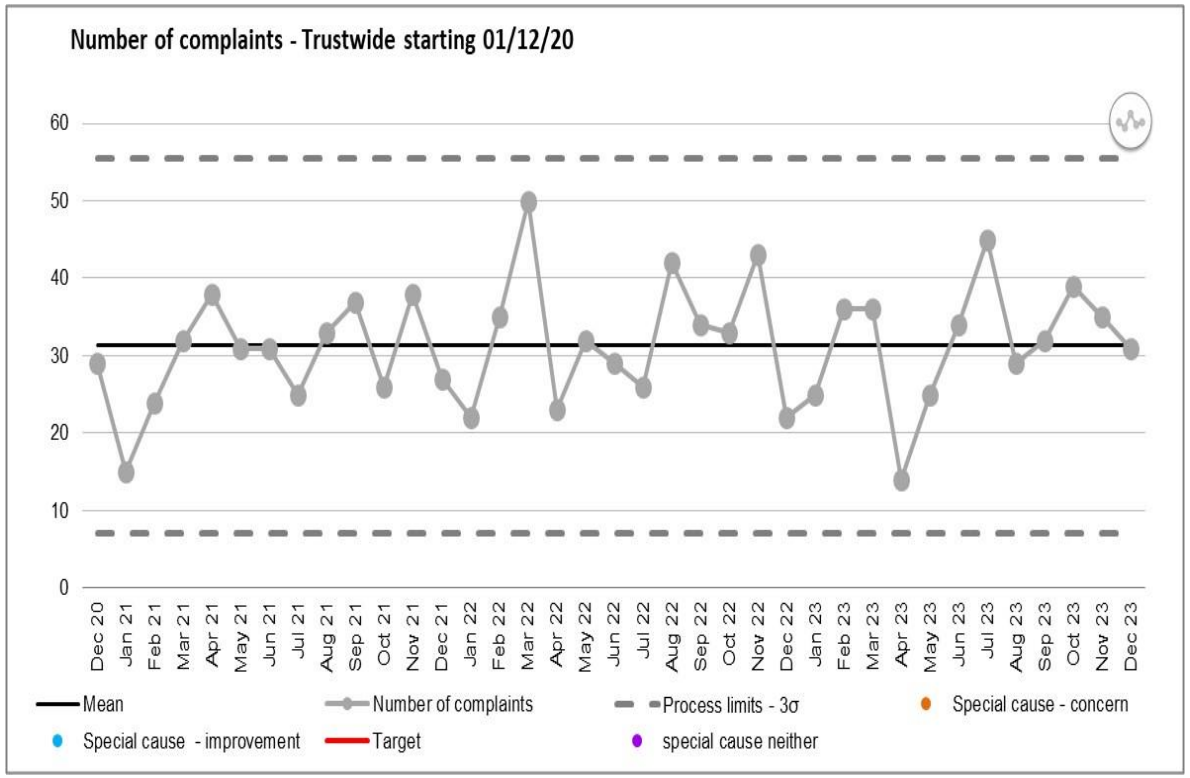
Strategic metric: Improve patient experience

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Number of complaints received	45	29	32	39	35	31
Complaints turnaround time within 25 days (%)	61%	70%	65%	50%	52%	50%
No. of Vulnerable persons complaints	0	2	3	3	1	2

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 received 31 formal complaints this month with the top two themes being clinical treatment and communication.

Hotspots:
Complaints – Gastroenterology 2, Paediatrics 2
Patient Advice and Liaison Service (PALS) - Emergency Department (32) and Ophthalmology (15)

Overdue Complaint Responses / Reopened Complaints:
23 overdue complaints for Urgent Care and 12 reopened complaints outstanding
4 overdue complaints for Networked Care and 3 reopened complaints outstanding
6 overdue complaints for Planned Care and 5 reopened complaints outstanding

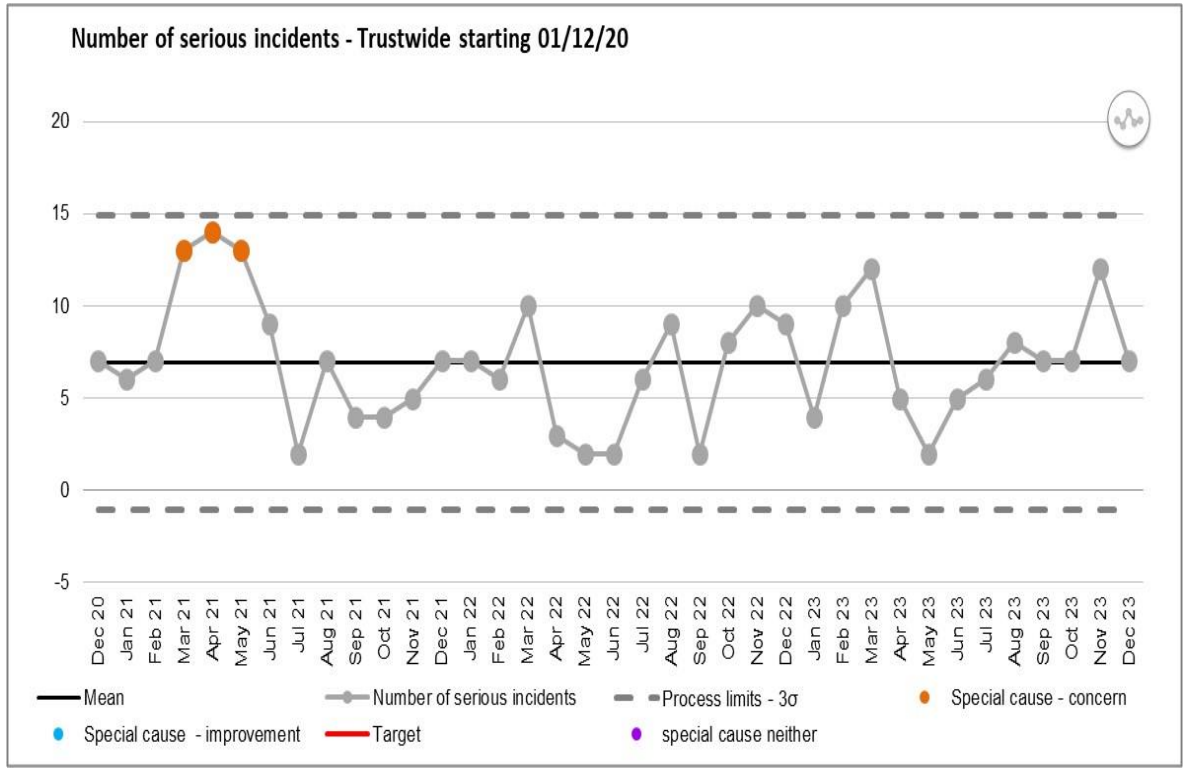
Complaint Action Tracker:
Currently we have 178 open actions on the tracker with 76% of those actions overdue. The team are working with the care groups to reduce this number. Please note the reporting has changed to open actions rather than complaints with an open action, hence the increase in numbers. Each complaint has at least 3 actions.

Actions:
- Continuous PALS monitoring to gauge current issues
- Weekly CNO, CMO, Patient Experience & Safety Huddles to identify Trust wide theme
- Feed into communication working group **(Q4 23/24)**
- Complaint structure review completed, increase complaints senior leadership **(Q4 23/24)**
- KPMG review action plan **(Q3 24/25)**
- Transformation rerun complaints response data to highlight delays & plan **(Q4 24/25)**
- CNO/Care Group overdue complaints meetings & CNO driver metric (**Q4 24/25**)

Risks:
- Care Group capacity - the impact of Investigating Officers (IOs) to undertake responses and completion of actions in a timely manner due to ongoing capacity within the Trust

Strategic objective: **Provide the highest quality care for all**

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



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Number of serious incidents reported	6	8	7	7	12	7
Serious Incidents related to vulnerable persons	0	0	0	0	1	1

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

NHS Royal Berkshire NHS Foundation Trust

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:
- 7 Serious incidents (SI's) were reported in December 2023, 2 in Planned Care, 1 in Networked Care and 4 in Urgent Care which includes 1 Maternity and of which 1 Never Event with no patient harm
- Treatment delay featured in 3 of the SI's reported in December which is a continuing theme.
- Duty of Candour was met in all cases and learning shared
- Key learning themes from December SI's include EPR system usability and the refinement of a digital escalation process, raising awareness through safety huddles of post falls management, embedding of the new maternity care cards which support the triage midwife to give appropriate advice, and a continued focus on assurance and improvement of the World Health Organisation (WHO) checklist with a themed learning 'celebration day' planned in January.

Actions:
- Transition from SI Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation continues with a target transition by **1st April 2024.**
- RBFT PSIRF draft plan and policy have been completed in collaboration with the ICB, and a pilot with PSIRF pilot areas will be undertaken in the next 4 weeks.
- Actions including a refined process for digital escalation and WHO checklist audit and education activities are ongoing in response to the Never Event thematic analysis
- Responsive and pro-active improvement work continues across the Trust including Falls and Pressure Ulcers, Hypoglycaemic awareness, the Deteriorating Patient workstream and Venous thromboembolism (VTE) education and awareness.

Risks:
- Patient safety team resource constraints – additional workload created by PSIRF implementation
- Risk of patient harm following the most recent industrial action, in addition to current winter pressures.

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

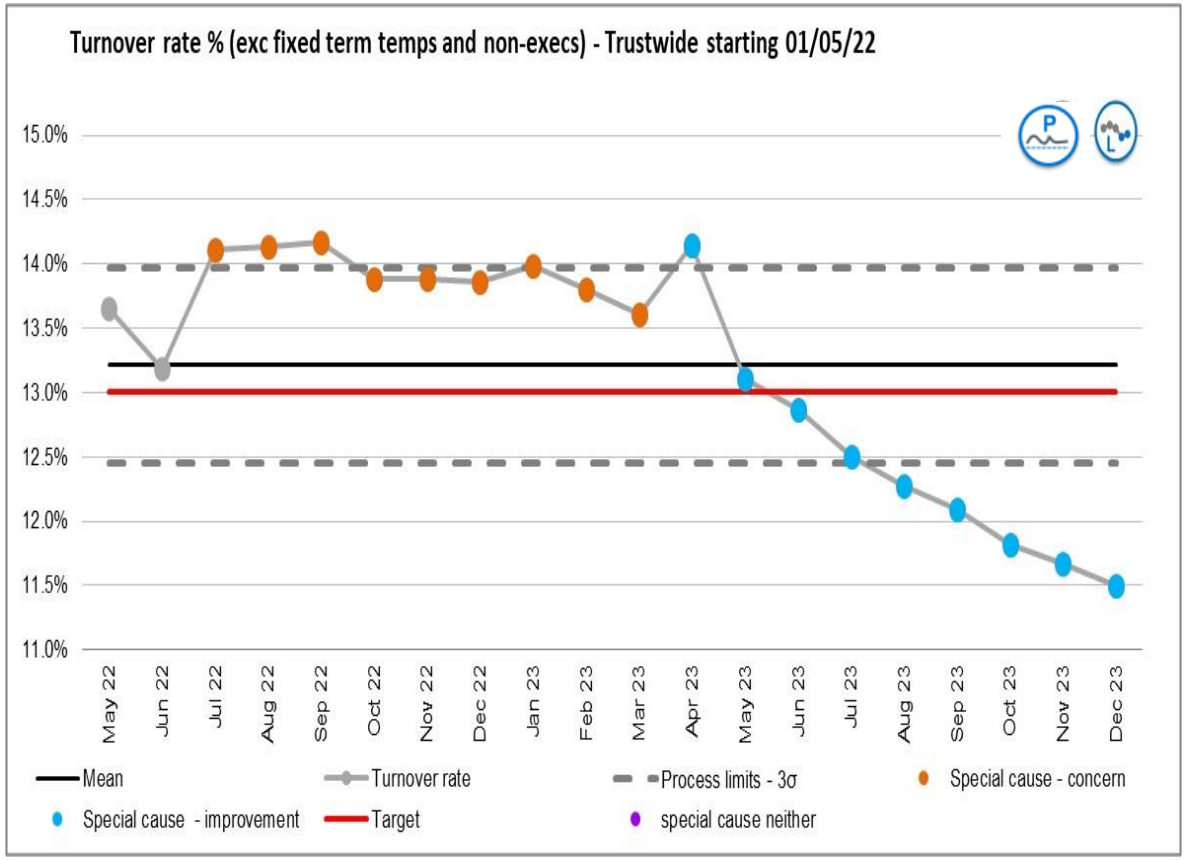
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
P	L

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Staff turnover rate	12.50%	12.28%	12.09%	11.82%	11.67%	11.50%

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 in 2024/25. This will be continually monitored and reviewed.

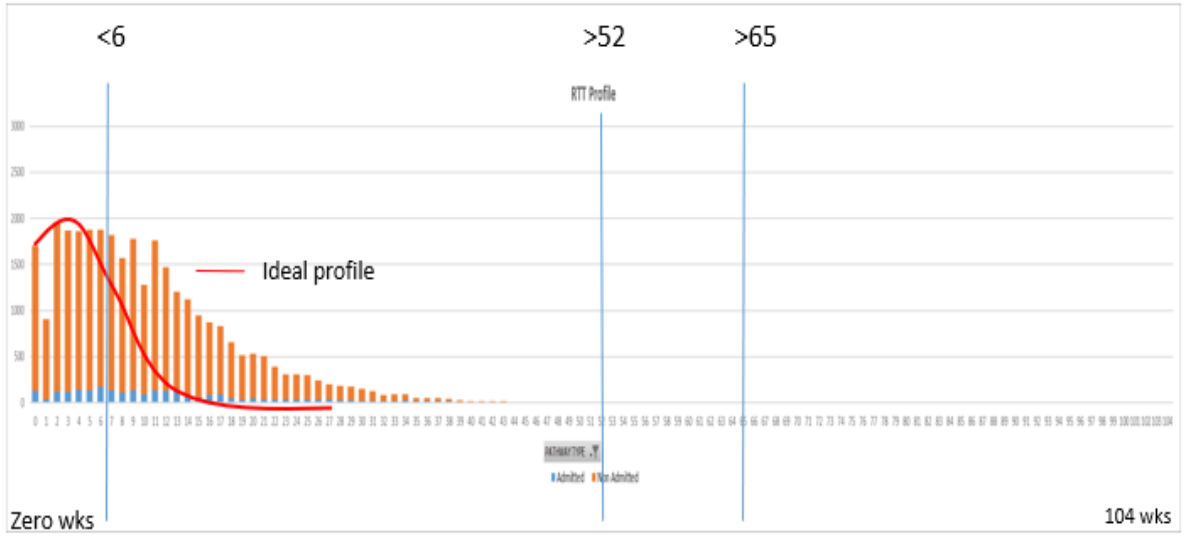
- **How are we performing**:
- Turnover has continued to reduce over the last eight months to reaching our ambition of 11.50% (excluding fixed term/temp)
- New starter 4 & 8month questionnaire report now circulated to PCP and Care Groups.
- Care Group turnover performance improvements have been sustained for several months and therefore turnover driver metrics at Care Group level are being closed out.
- Turnover in OT will continue to be a local driver metric for Specialist Medicine
- RISE beginning to have an impact at Care Group level, bringing greater focus to appraisal conversations and mini talent review boards.

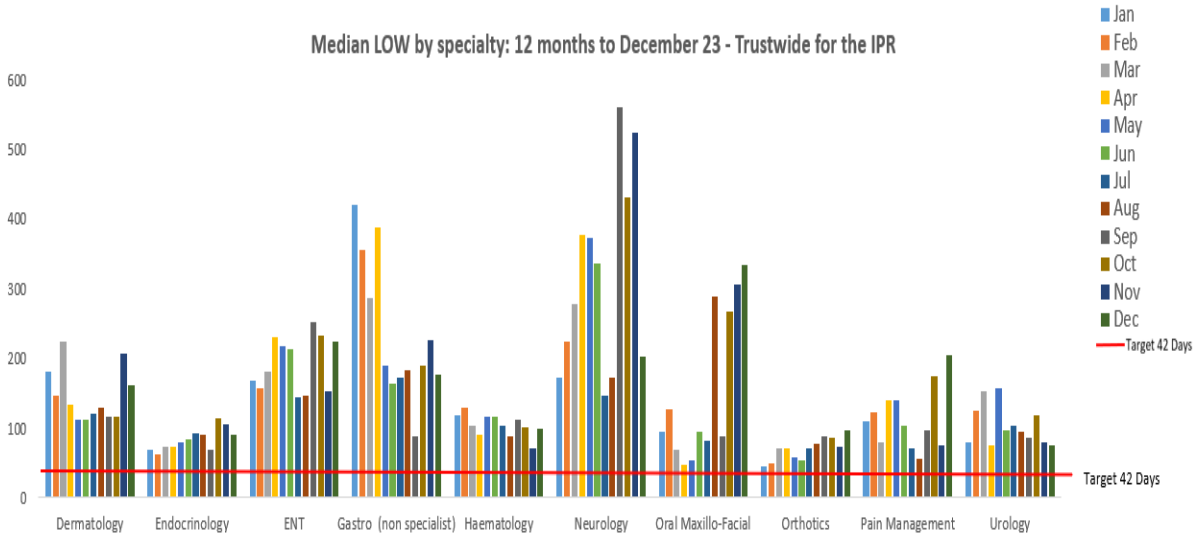
- **Actions:**
- Actionable themes from 4&8month survey being developed and incorporated into care group people plans.
- Work underway on probationary reviews and clarity around developmental posts
- Retention work/interventions under evaluation and SOP's being developed.
- Focus on staff health and wellbeing including recent Health check data and financial support across Care Groups.
- EM Aspiring Leaders Programme, over 10 placements currently confirmed..

- **Risks:**
- Lack of financial influence on retention
- Environmental factors a constant challenge i.e. cost of living

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce Elective long waiters





Board Committee:
Quality Committee

SRO: Dom Hardy

Assurance	Variation
	N/A

Royal Berkshire NHS Foundation Trust

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 >65 week waits by March 24. We want to exceed these standards and eradicate waits over 52wks consistently during 2023-24.

How are we performing:
- The Trust is maintaining a low number of >52 week wait RTT pathways (<20)
- However, whilst the Patient Tracking List (PTL) size is comparable to 2019 we are seeing the impact of IA and local rate card extending the waiting time profile. The <18 PTL volume is now 55% higher than Jan 23 and continuing to increase. Without intervention we expect to see the numbers >18 and >52 begin to increase through Q4 and an increase in tip over volume for >52 and >65 from May 24
- First outpatient appointment (OPA) and diagnostic waiting times are the primary drivers for extended waiting times against the RTT standard. Maintaining our position and making further improvement to the RTT profile will be achieved through shortening **stages of treatment** across the elective pathway, in particular waiting times to 1st OPA

Actions:
- 6 month targeted programme of work to improve EPR encounter information underway as part of the Master-WL programme – expected completion **Apr 24**
- Investigating opportunities to increase capacity to support whole pathway transfers in order to decrease first OPA demand
- Work with each specialty to understand capacity and identify where alternative delivery methods can add value and where appropriate convert slots from follow-up to first
- Deployment of fully integrated e-Triage and referral management solution has been delayed. Sign off of the technology with NHSE has now been confirmed and early user deployment is underway.

Risks:
- Repeated industrial action is significantly impacting the elective programme – continuing loss of activity resulting in longer waits for routine OP appointments and an increase in 52 week waits
- Sustained increased demand across the cancer pathway (Urology, Dermatology and Gastro) displacing routine workload
- Implementation of capped rates having significant impact on Trust's ability to provide additional capacity

Strategic objective: **Deliver in partnership**

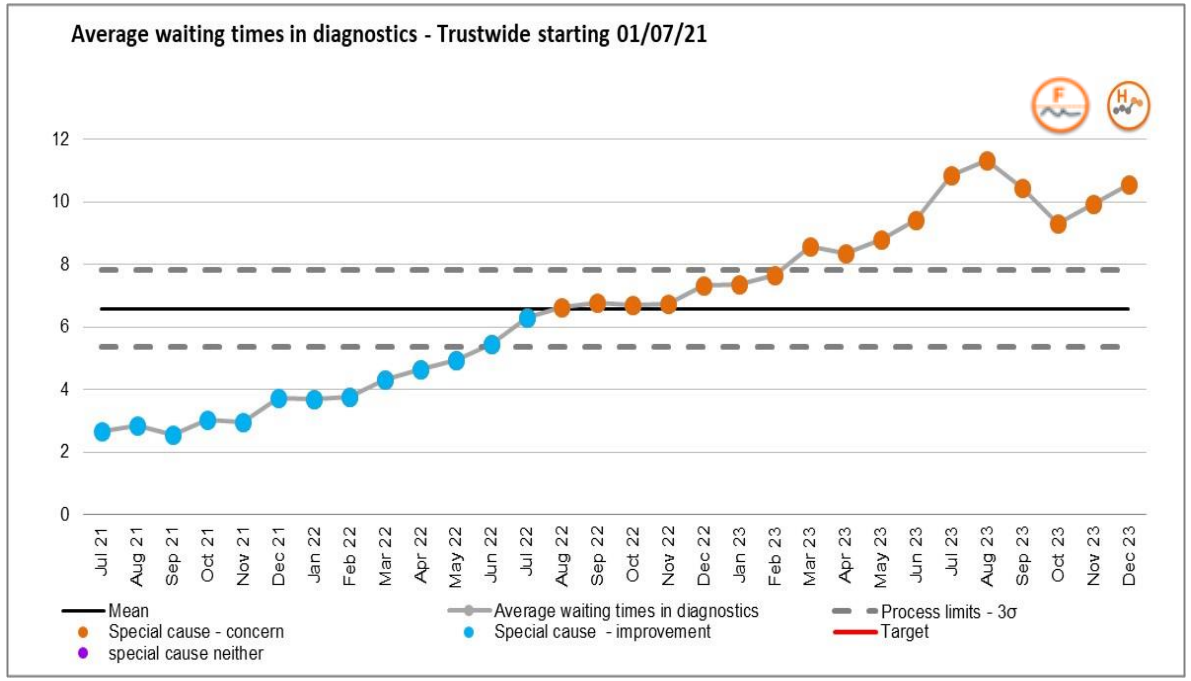
Strategic metric: Average waiting times in diagnostics DM01

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Average wait all modalities (wks)	**10.84**	**11.33**	**10.44**	**9.32**	**9.94**	**10.55**
Imaging	3.80	3.96	3.18	2.57	2.14	3.14
Physiological Measurement	7.47	7.33	8.04	6.78	9.73	10.67
Endoscopy	27.58	28.15	27.51	27.70	29.06	28.78
Cancer	3.66	2.77	2.29	2.02	1.85	3.27
Urgent	16.83	17.25	15.39	14.80	15.28	15.69
Routine	9.65	10.30	9.83	8.39	8.99	9.49

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
- Average waits remain significantly extended, driven primarily by Endoscopy and Echocardiography
- These modalities make up c. 85% of total >6 week waits. The majority of these being in the longest wait backlog (90% of total >13 weeks), however this decreased slightly in the most recent months report
- Clinical triage and prioritisation is in place. However, improvement to performance is linked to substantial increases in capacity and resource over 24/25

Actions:
- As previously reported at public 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
- In the short term, work is being insourced for gastroenterology, with medium term options being explored i.e., use of theatres and CDC
- We have also introduced a time-limited additional sessional rate for the remainder of this year and this is enabling additional clinics to be undertaken

Risks:

Endoscopy
- Cancer pathway demand is continuing to grow, and expected to grow further
- Waiting times for non-cancer work grow as a result or prioritising cancer work
- Capped rates for additional consultant sessions

Physiological Measurements (PM)
- Cardiology may see continued decline in DM01 performance due to workforce capacity

Strategic objective: **Deliver in partnership**

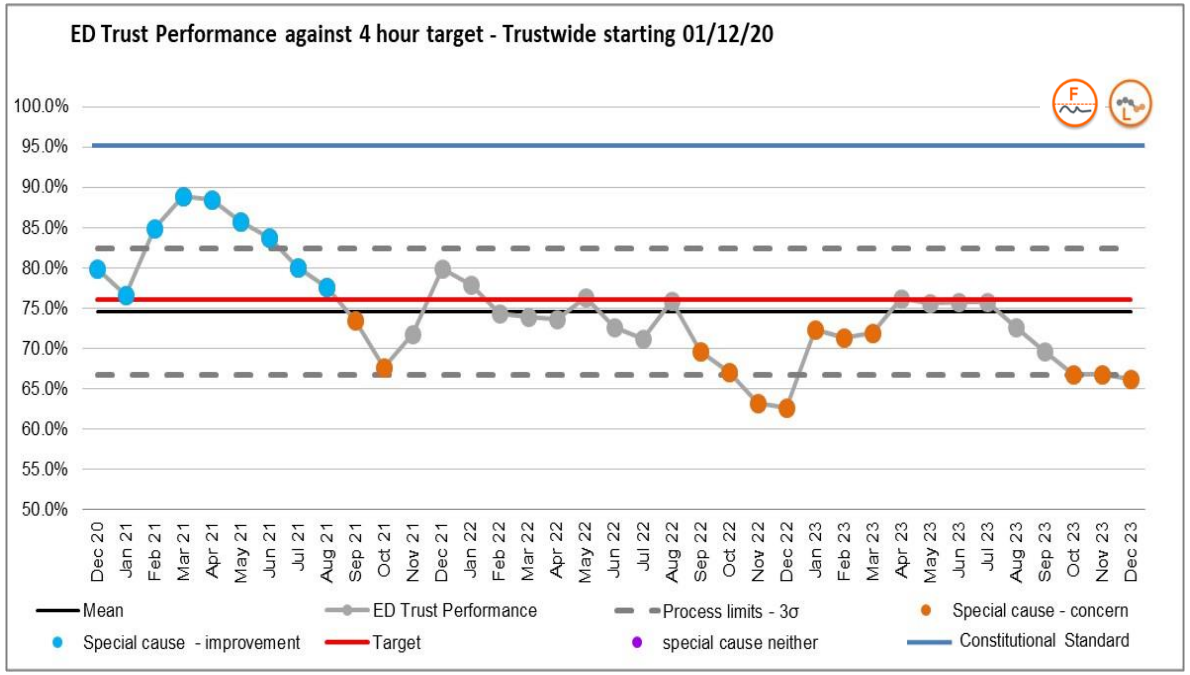
Strategic metric: Performance against 4hr A&E target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	L

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
4hour Performance (%)	75.83%	72.60%	69.66%	66.74%	66.80%	66.21%
Total Attendances	14864	13984	14606	15133	14832	14411
Total Breaches	3592	3831	4431	5033	4924	4869
4hour Performance (%) 2022	71.19%	75.85%	69.64%	67.08%	63.23%	62.65%
Total Attendances 2022	14444	13872	14182	15533	15196	15352
Total Breaches 2022	4162	3350	4306	5114	5587	5734

This measures:

Our objective is to reduce the number of patients experiencing excess waiting times 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%, NHS England has set Trusts a target of consistently seeing 76% of patients within 4 hours by the end of March 24

How are we performing:

- In December 66.21% of patients were seen within 4 hours. High daily attendances continue with an average of 399 per day and greater than 400 attendances for over half the month
- ED Minors Unit activity reduced to an average of 79 patients per day in December
- The team achieved the quality performance standard for 29/31 days. Actively pushing to increase use of EDMU and throughput to alleviate main department challenges
- >60 & >30min handover performance show improvement. >60min breaches have significantly reduced in month. Further improvement challenged with decision to admit (DTA) capacity issues

Actions:

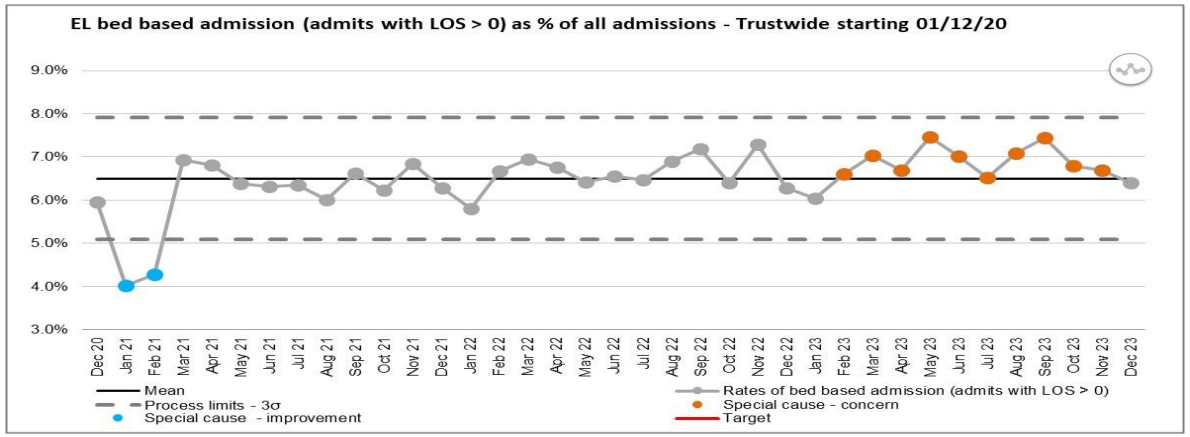
- Reading Urgent Care Centre appointment booking via EMIS® fully functioning. With greater focus on utilisation.20% increase of slot utilisation
- ED Triage collaborative work with KPMG to be translated in to workstreams for further improvement opportunities. Triage 2 now open
- Single Point of Access programme continues focus on GP referrals via ED with further roll out planned for January
- Continued focus on streaming patients to Results chairs to relieve pressure in main department.
- Focus on improving ambulance handover times

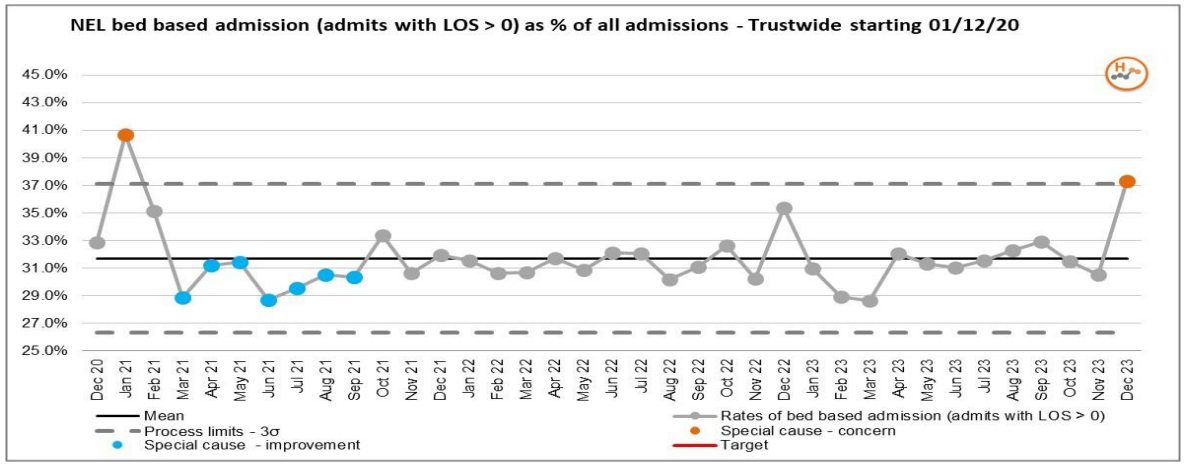
Risks:

- Significant increase in Mental Health demand as well as incidences of Violence & aggression towards staff
- Significant space constraints of the current ED facility
- Demand continues to grow in excess of population growth and funding
- Dependence on specialties to see referred patients in a timely manner

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce inpatient admissions





% of admissions with Los>0	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Elective	6.5%	7.1%	7.4%	6.8%	6.7%	6.4%
Non-elective	31.6%	32.3%	32.9%	31.5%	30.5%	37.3%

Board Committee: Quality Committee

SRO: Dom Hardy

EL Variation	NEL Variation

Royal Berkshire NHS Foundation Trust

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 underling 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 (e.g. 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 (average 85%) and non-elective overnight rate (average 31%) are all relatively stable.

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

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

Strategic objective: **Cultivate Innovation and Improvement**

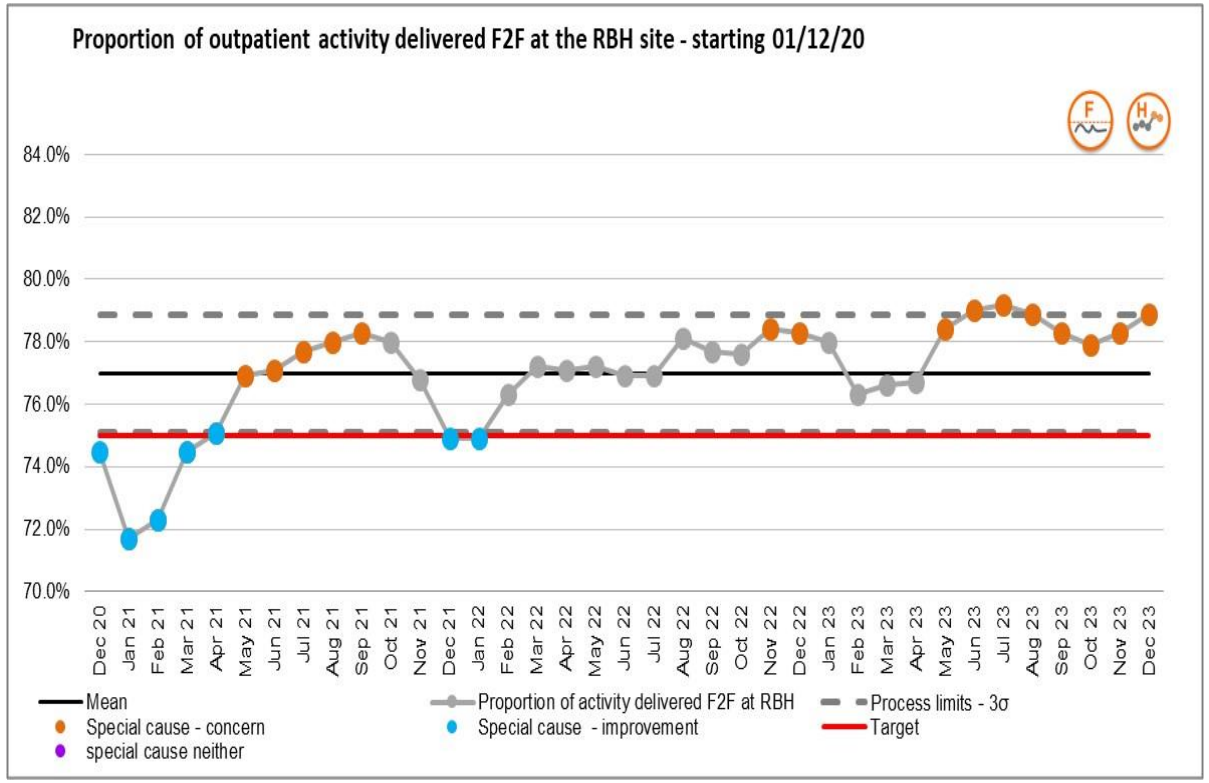
Strategic metric: Increase care closer to home

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
% of all care provided from RBH site	79.2%	78.9%	78.3%	77.9%	78.3%	78.9%

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 in 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 tracking the volume of outpatient care that is delivered face to face (F2F) at the RBH site as we believe that delivery of our clinical services strategy should result in this proportion falling as we take advantage of our investments

How are we performing:
Since 2017 the proportion of the Trust's activity delivered from the RBH site has fallen from 95% to under 80% driven by increased use of our sites in Henley, Bracknell and Newbury and because of an expansion in digital services such as virtual hospital and remote consultations

In December, 78.9% of all contacts in the Trust were delivered face-to-face from the RBH site – a small increase in performance from November and still above the 75% target. In recent (and coming) months, this metric is likely to have been impacted by industrial action.

Actions:
The Executive Management Committee are progressing a range of measures as part of the planning for 24/25 to support the delivery of our clinical services strategy including:

- Progressing Community Diagnostics Centres
- Extending our work with the patient portal
- Space review at Bracknell, Windsor, Henley and Newbury
- Exploring opportunities for MDT delivery with primary care
- Identification of service improvements aligned to our CSS with system partners

Risks:

- Our drive to increase the number of first Outpatient 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 ongoing Industrial action on activity across the Trust

Strategic objective: **Achieve long-term sustainability**

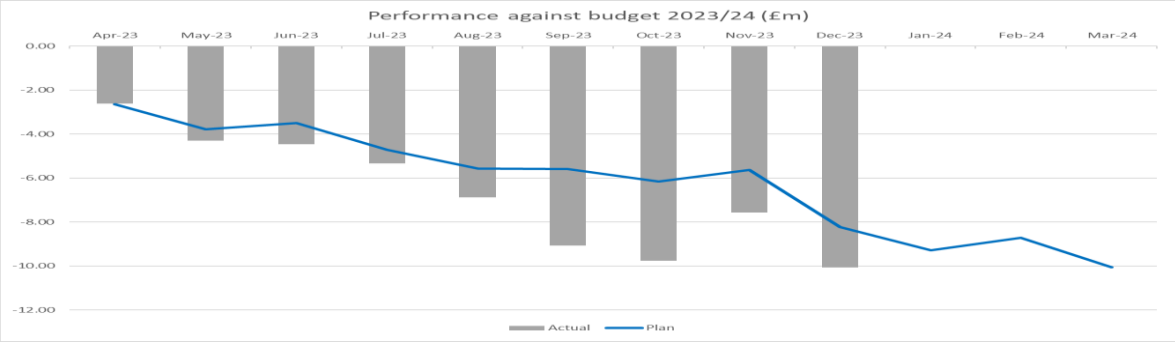
Strategic metric: Trust income & expenditure performance

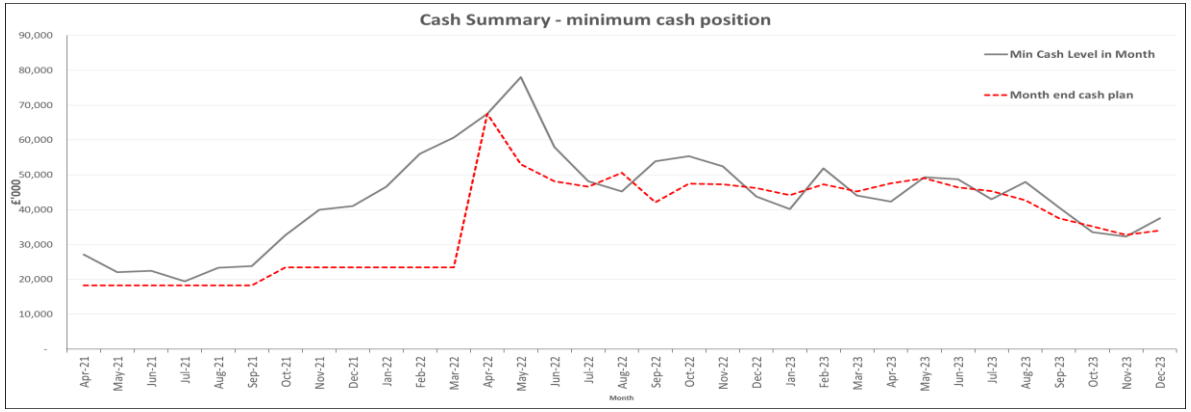
Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust





	Year to date				Full Year
	Actual	Plan	Variance against plan	RAG	Plan
Income (incl pass through)	£449.20m	£434.24m	£14.97m		£579.11m
Pay	£267.94m	£259.44m	-£8.50m		£345.31m
Non Pay (incl pass through)	£185.88m	£176.77m	-£9.11m		£235.53m
Other	£5.09m	£6.25m	£1.16m		£8.32m
Surplus/(Deficit)	-£10.05m	-£8.22m	-£1.83m		-£10.05m
Exclude donated Asset Effect, centrally funded PPE and Impairment	-£0.01m	£0.00m	-£0.01m		£0.00m
Adjusted Financial Performance (NHSE Plan)	-£10.06m	-£8.22m	-£1.84m		-£10.05m

This measures:
Our objective is to live within our means. We have set a budget of a £10.05m full year 2023/24 deficit as the first step on our return to a break-even position.

How are we performing:
Month 09 YTD, financial performance is a £(10.06)m deficit, £(1.84)m worse than plan. Income is ahead of plan by £14.97m, the variance is primarily driven by £4.77m income from NHSE to cover the impact of industrial action to M07 YTD, the over performance in high-cost drugs £3.28m, in addition, £4.74m is accrued income for the incident (Insurance settlement).

The Pay position is £(8.50)m adverse to plan YTD, this includes the Lighthouse costs of £1.51m (this is offset by income), and the additional cost of industrial action of £1.24m YTD that has been incurred from April to October 2023, and netted off with the income received in M09. In addition, the Trust has incurred £0.17m in December 23 relating to industrial action which is currently unfunded.

Non-Pay costs are £(9.11)m at M09 YTD, after excluding the April power outage costs of £4.71m , Lighthouse cost of £2.16m and £1.63m of pass through drugs (offset by income), the residual net non-pay overspend is £0.61m.

Actions:
- Focus is needed to make run-rate reductions in pay expenditure
- We continue to identify further savings delivery across specific contracts and spend areas
- Workforce controls have been implemented for several months and are ongoing
- We now have identified the £15m of risk adjusted efficiency savings delivery in year, of which £11.30m has been delivered at M09 YTD – further savings are now needed to offset the expenditure running in excess of budget
- The focus is now to identify schemes that are recurrent and could be taken forward to the next financial year 2024/25

Risks:
- Prolonged and further Industrial Action across different staff groups, as well as no resolution yet achieved for Junior Doctors' dispute
- Sourcing further savings to address the YTD overspend and absorb any further spending in excess of budget levels between now and the end of the year

Strategic objective: **Achieve long-term sustainability**

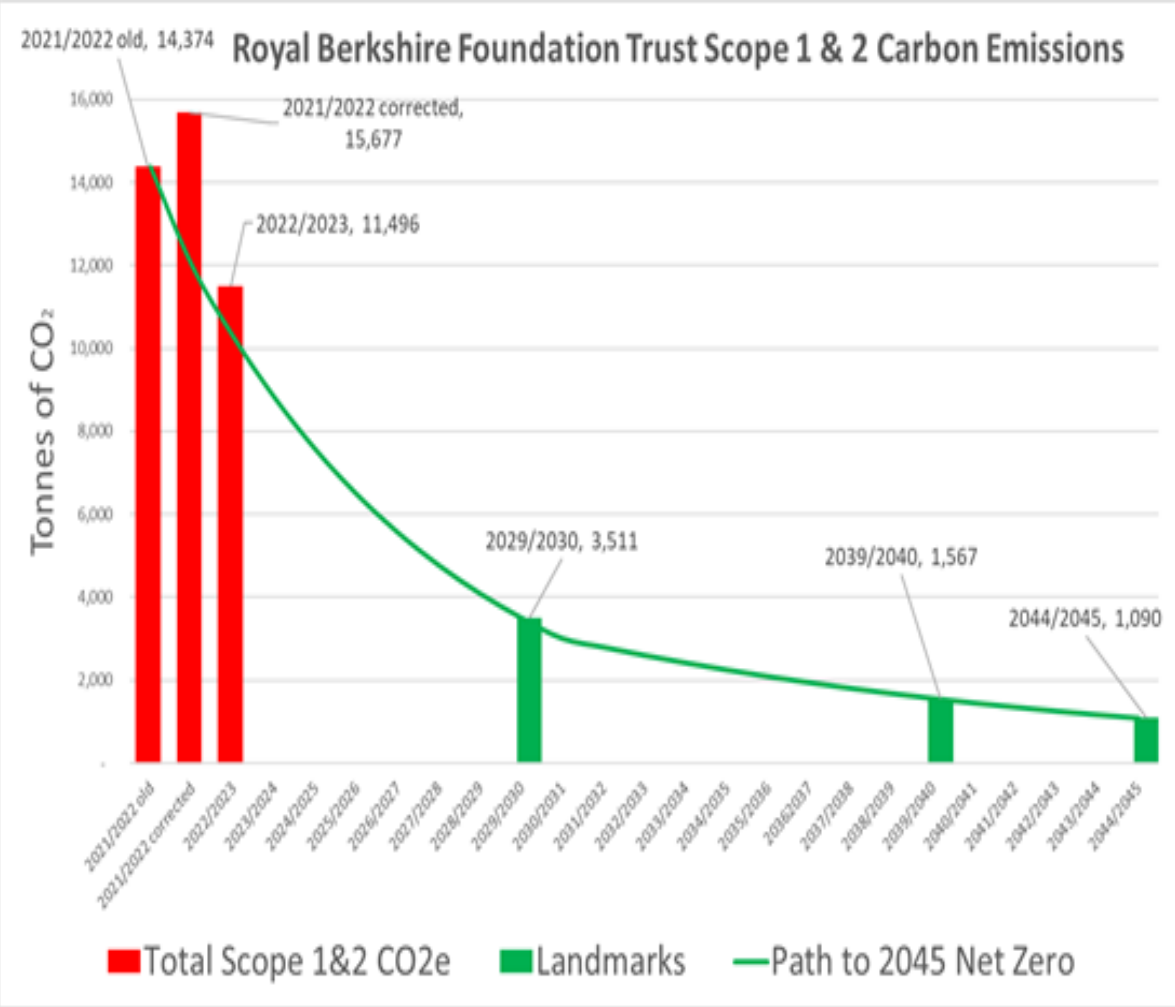
Strategic metric: CO2 emissions

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Validation
P	N/A

Royal Berkshire NHS Foundation Trust



This measures:
Our ambition is to reduce the impact we have on the environment and deliver on our net zero goal for 2040. We have finalised the 2022/23 full year report and are progressing establishing quarterly in year reporting. We are exploring how we benchmark our performance against other organisations and our own planned trajectory, in conjunction with other organisations across BOB ICS.

How we are performing:
The data for energy use has been collated from the properties owned by the Trust. The total 2022/23 RBFT carbon footprint for scope 1 and 2 emissions (The NHS Carbon Footprint) was calculated as 11,496 tonnes of CO2, compared to the updated, 15,677 tonnes for 2021/2022. These emissions included electricity imported, Energy Centre (main site) and wider Trust estates gas utilisation accounting for Combined Heat and Power (CHP), generators, medical gases; inhalers; refrigerant Fugitive F-Gas and fleet vehicles.

Battle and North Block are now back on mains power, so no longer on generator power fueled by diesel from the power outage from the 23rd April 23 which has adversely impacted on the Trust total Carbon footprint compared to prior years where the majority of power has been generated by the CHP.

Actions:
Executive Management Committee (EMC) has considered a strategic filter of programmes of work for the year ahead and endorsed its support to prioritise supporting our Net Zero Carbon ambition
The CEO has commissioned a proposal for resourcing environmental sustainability work and the Chief Finance Officer (CFO) is progressing this ahead of Q4

Risks:
- Lack of in year reporting poses a risk on certainty as to achievement of our Green Plan
- Achievement at pace of major net zero actions requires investment
- Dedicated PMO resource is required to continue momentum and funding for this is not yet secured

Breakthrough Priorities

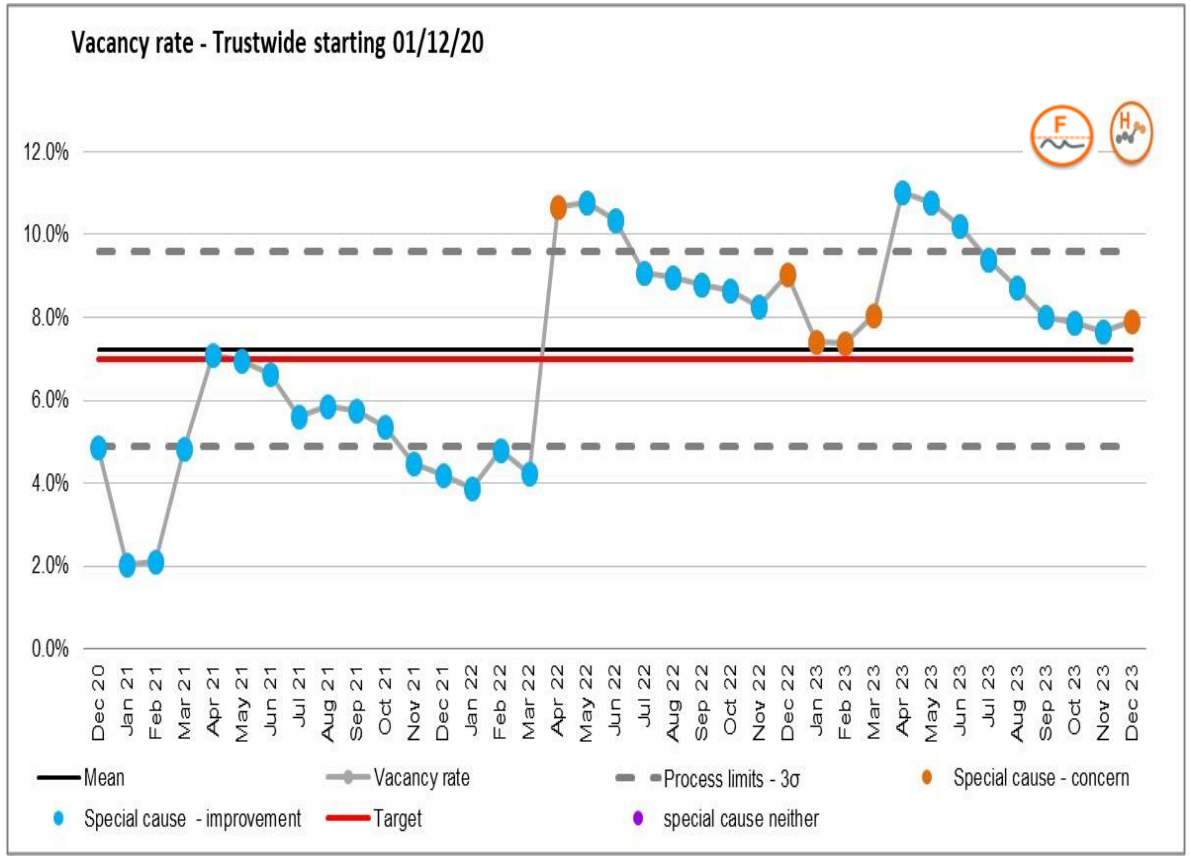
Breakthrough priority metric:
Vacancy rate

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Trust Performance	9.38%	8.74%	8.03%	7.86%	7.67%	7.91%

**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*

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.

- **How are we performing:**
- 73 vacancies went to advert, a total of 112 candidates were shortlisted for interviews
- 101 offers were made across the Trust through domestic recruitment
- No internationally recruited nurses were on boarded in December the final 25 of the 2023/24 cohort will arrive in Q4
- December has shown a slight increase caused by increase in WTE due to winter pressures

- **Actions:**
- Work to align ESR to Budgets discussed and workplan being drawn up between Finance and Workforce Information teams
- Work has started to align TRAC with current vacancies underway using Care Group trackers initially working with Directors of Nursing (DONs) due to discrepancy in budgets and ESR
- Discussions to look at recruitment processes and capacity/capability of recruitment team supported by the Transformation Team – work to commence January 2024
- Incentive Payment Guidance has been drafted and shared with Care Groups to be discussed at January Operational Management Team (OMT)
- Formal escalation process now in place for placement of internationally recruited staff to meet the Trust's pastoral requirements
- Review of HCA pipeline – waiting list has been cleansed 20 waiting to be placed. Wards continue to place individual adverts to be discussed at January R&R Meeting
- Nursing Open Days for 2024 arranged starting in March 2024
- Hot spot areas to be highlighted to focus on in 2024 – People & Change Partner (PCPs) and Retention Team

- **Risks:**
- Environmental factors – High cost of living
- Neighbouring Trusts paying incentives for specialist roles and High Cost Area Allowance (HCA) payments making moves to RBHFT less attractive

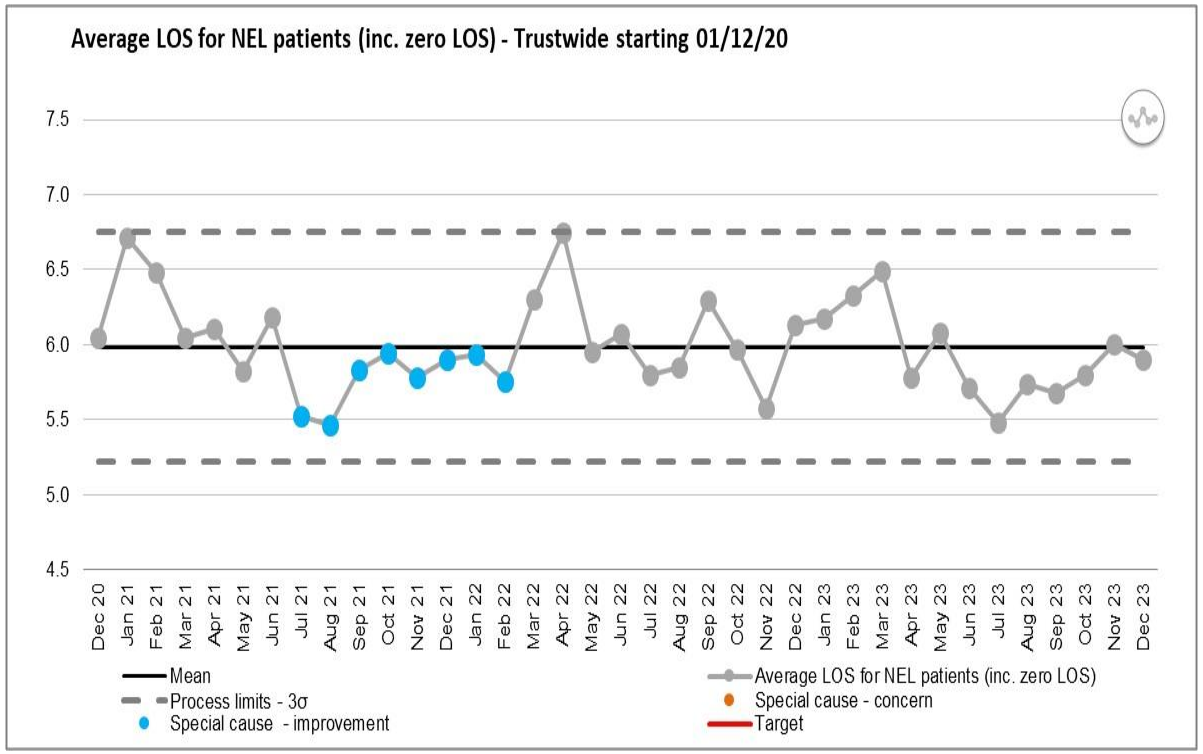
Breakthrough priority metric:
Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Ave LOS for NEL patients (inc. zero LOS	5.5	5.7	5.7	5.8	6.0	5.9

This metric measures:

Our objective is to reduce the average Length of Stay (LOS) for non-elective patients to:

- Maximise the use of our limited bed base for the patients that need it most
- Reduce the harm caused to patients due to unwarranted longer stays in hospital, including from infection
- Positively impact ambulance handover times and Emergency Department performance
- Minimise the costs associated with excess stays in hospital beyond what is clinically appropriate

How are we performing:

- Following a recent increase, the LOS for non-elective patients has reduced to 5.9 days on average. This is a return to pre-COVID norms
- This recent change is driven primarily by an increased number of patients with a short stay of 1-2 days.

Actions:

A holistic patient flow programme is underway, involving various workstreams to tackle the key elements of the pathway including:

- Minimising admission rates and unwarranted variation
- Reducing unnecessary moves between the wards
- Improving processes that facilitate discharge, through training days and communications
- Identifying and tackling the cultural changes required to support effective patient flow

Risks:

- Patient flow is impacted by many factors that are difficult to control and this means that while progress can be made it does not always result in observable change to the metric
- It will take time to embed any changes to patient flow which can then be sustained for the long term. The risk is therefore a loss of momentum and motivation from wider teams
- There are a wide variety of stakeholders to bring on board with this project and the capacity of the team is limited. The challenging aim is for Trust-wide changes in culture and practice

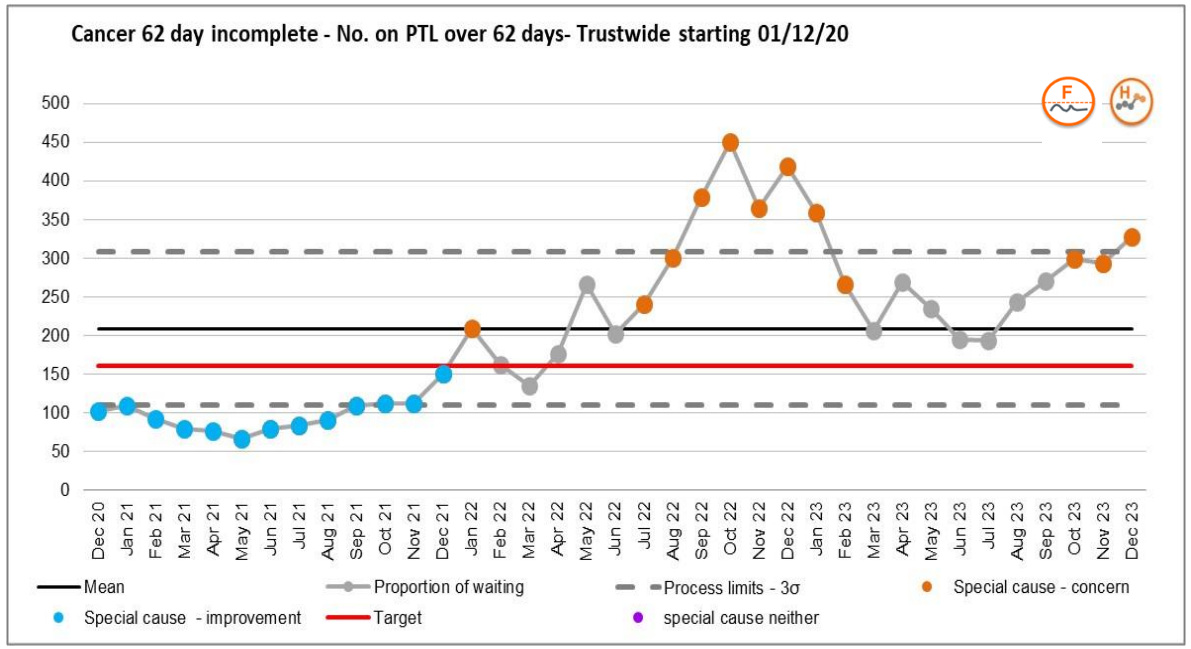
Breakthrough Priority metric:
Reduce 62 days cancer waits

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Trust Performance	75.10%	70.70%	62.00%	63.90%	69.10%	70.10%
Total Cancer PTL list	2325	2379	2377	2451	2219	2207
No. on PTL > 62 days	194	244	270	299	294	327
Incomplete - % on PTL over 62 days	8.3	10.3	11.6	12.2	13.2	14.8
Cancer 28 day Faster Diagnosis	78.1	79.9	75.2	74.8	75.7	77.5

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 total number of patients on an incomplete cancer patient tracking list (PTL) waiting >62 days. This is also the principal metric NHS England are using nationally and the target is 161 patients by March 2024. We are also tracking the proportion of patients treated within 62 days. The national target is 85%

How are we performing:
- In Nov, 69% of patients on a cancer pathway were treated within 62days (85% standard)
- Dec performance is un-validated at 70%
- The total number of patients on the PTL >62 days is very high, predominantly within skin, gynae and gastro (100, 102 & 141 patients respectively, cum. 75% of the total >62)
- Overall PTL size has increased following the Cancer Waiting Times (CWT) updated guidance as reported to the board last month. (impact c. 90 pathways)
- 31 day is unlikely to pass with several additional lists via the Risk assessed targeted initiatives (RATI) process coming on stream which will address backlog but will result in more breaches in Jan and Feb
- Skin and gastro are largely driving poor cancer performance across Thames Valley Cancer Alliance (TVCA) in Swindon, Buckinghamshire and Oxford too

Actions:
- Insourcing capacity in Gastrointestinal (GI) and urology
- RATI process in place – additional activity agreed for skin, gynae, GI and urology
- 2ww demand tool developed and shared to inform business planning
- Head and Neck (H&N) one stop US is live to help meet the 28 day target
- New Cancer Action Group (CAG) process started 16th Jan following the process review and feedback from teams/fishbone review
- Exploring locum support in skin and additional OUH capacity for plastics

Risks:
- RATI process seems to have traction, may not have sufficient funds to meet all needs
- Funding from TVCA is non-recurrent and will add pressure to budgets next year
- Limited recovery after industrial action within skin and gynaecology particularly

Breakthrough Priority metric:
Living within our means - Delivery of £15m efficiency target

Board Committee
Finance & Investment

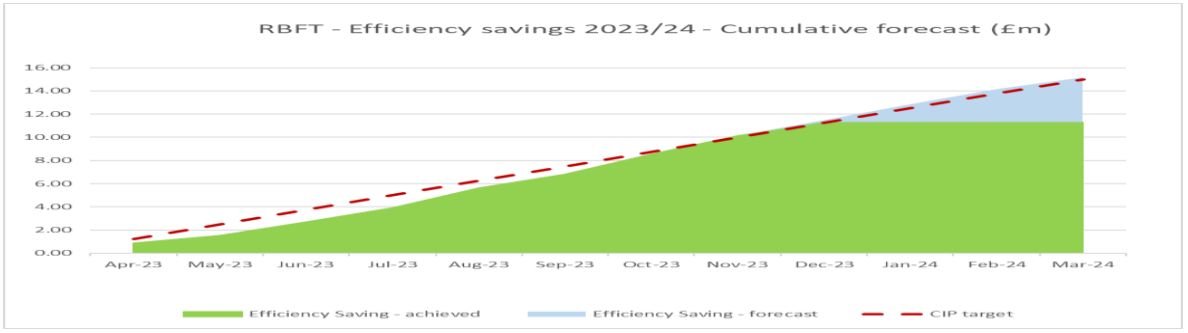
SRO: Nicky Lloyd

Assurance	Variation
	

Royal Berkshire NHS Foundation Trust

Efficiency saving by Care Group - £m																								
Area	Target	Full year	In year	Risk adjusted	Gap	M01 planned £m	M02 Planned £m	M03 Planned £m	M04 Planned £m	M05 Planned £m	M06 Planned £m	M07 Planned £m	M08 Planned £m	M09 Planned £m	M01 actual £m	M02 actual £m	M03 actual £m	M04 actual £m	M05 actual £m	M06 actual £m	M07 actual £m	M08 actual £m	M09 actual £m	YTD_M09 delivered
Urgent Care	4.14	5.38	5.05	4.00	(0.14)	0.27	0.27	0.26	0.30	0.31	0.32	0.32	0.32	0.32	0.29	0.18	0.51	0.35	0.47	0.23	0.15	0.56	0.12	2.86
Planned Care	4.53	4.34	3.94	3.31	(1.22)	0.09	0.10	0.21	0.47	0.25	0.24	0.23	0.19	0.18	0.09	0.09	0.21	0.46	0.28	0.38	0.55	0.34	0.38	2.78
Networked Care	3.70	2.25	2.09	1.75	(1.95)	0.08	0.08	0.08	0.26	0.08	0.14	0.14	0.14	0.14	0.08	0.12	0.08	0.28	0.08	0.11	0.16	0.09	0.06	1.07
CEO	0.09	0.06	0.05	0.05	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	- 0.01	0.01	0.00	0.00	0.01	-	-	0.01	0.02
COO	0.01	0.01	0.01	0.01	0.00	-	-	-	-	-	0.00	0.00	0.00	0.00	-	-	-	-	-	-	-	-	-	-
CMO	0.08	0.44	0.44	0.31	0.23	0.04	0.04	0.04	0.04	0.04	0.04	0.02	0.02	0.02	-	-	-	-	0.03	-	0.14	0.02	0.07	0.26
CNO	0.22	0.42	0.42	0.18	(0.04)	-	-	-	-	-	-	-	-	0.14	-	-	-	-	-	-	-	-	0.14	0.14
Estates and Facilities	1.02	1.52	1.47	1.13	0.11	0.06	0.06	0.07	0.05	0.17	0.09	0.09	0.09	0.09	0.07	0.06	0.09	0.05	0.20	0.18	0.16	0.08	0.04	0.93
IM&T	0.64	1.09	0.91	0.96	0.32	0.02	0.02	0.02	0.02	0.17	0.04	0.04	0.04	0.04	0.05	0.02	0.02	0.01	0.25	0.05	0.15	0.08	0.07	0.70
Finance	0.17	0.27	0.22	0.16	(0.01)	0.02	0.01	0.00	0.00	-	0.01	0.02	0.02	0.02	0.02	0.01	-	-	-	-	-	-	-	0.03
CPO	0.17	0.22	0.20	0.20	0.03	0.00	0.00	0.00	0.01	0.01	0.03	0.03	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.02	0.14	0.03	0.04	0.25
Strategy & Transformation	0.07	0.31	0.31	0.24	0.17	0.01	0.01	0.01	0.01	0.01	0.02	0.02	0.02	0.02	0.01	0.01	0.01	0.01	0.00	0.01	0.08	0.01	0.01	0.16
R&D	0.06	0.29	0.24	0.24	0.18	0.06	-	-	-	0.13	-	-	-	-	0.06	-	-	-	0.13	-	-	-	-	0.19
Trustwide	0.10	4.28	4.37	2.44	2.34	0.02	0.02	0.15	0.14	0.25	0.26	0.25	0.25	0.25	0.19	0.17	0.16	0.03	0.24	0.05	0.12	0.31	0.06	1.31
Travel and Transport	-	0.42	0.34	0.11	0.11	-	-	-	-	0.01	0.01	0.01	0.01	0.01	-	-	-	-	-	0.03	-	-	-	0.03
Other procurement				0.04							-	-	-		0.01	0.02	0.08	0.03	0.03	0.08	0.08	0.10	0.15	0.57
Total	15.00	21.29	20.05	15.13	0.09	0.67	0.62	0.86	1.30	1.44	1.21	1.17	1.13	1.27	0.88	0.68	1.16	1.23	1.70	1.16	1.75	1.61	1.14	11.30

Efficiency saving by Care Group - £m						
Area	Risk adjusted	YTD_M09 delivered	M10 forecast £m	M11 forecast £m	M12 forecast £m	Total forecast £m
Urgent Care	4.00	2.86	0.27	0.27	0.26	0.79
Planned Care	3.31	2.78	0.01	0.05	- 0.31	- 0.24
Networked Care	1.75	1.07	0.13	0.13	0.16	0.43
CEO	0.05	0.02	0.01	0.01	0.01	0.03
COO	0.01	-	-	-	0.01	0.01
CMO	0.31	0.26	0.02	0.02	0.01	0.05
CNO	0.18	0.14	0.01	0.01	0.02	0.04
Estates and Facilities	1.13	0.93	0.08	0.08	0.03	0.19
IM&T	0.96	0.70	0.02	- 0.09	0.02	- 0.05
Finance	0.16	0.03	0.02	0.02	0.07	0.10
CPO	0.20	0.25	0.02	0.02	- 0.09	- 0.05
Strategy & Transformation	0.24	0.16	0.03	0.03	- 0.01	0.05
R&D	0.24	0.19	-	-	0.05	0.05
Trustwide	2.44	1.31	0.28	0.28	0.33	0.89
Travel and Transport	0.11	0.03	0.03	0.03	0.03	0.08
Other procurement	0.04	0.57	0.44	0.44	0.44	1.33
Total	15.13	11.30	1.37	1.30	1.03	3.70



This measures:
Our objective is to live within our means, in order to achieve this objective, the Trust has set an efficiency target of £15m for the financial year 2023/24.

How are we performing:
The plan is to deliver £15m of cash releasing efficiency savings in 2023/24, of which £21.29m is so far identified for the full year and £20.05m of in year effect. We have risk assessed this at £15.13m, £11.30m has been delivered in YTD M09, compared to straight line phased plan of £11.25m..

Actions: .
- Scheme leads continue to work on additional programmes to improve the In year and risk assessed values
- The focus has shifted to identifying recurrent schemes to deliver impact in 2024/25
- While we have identified the financial level of savings required to meet the assumptions of our 2023/24 plan, these to date have been largely opportunistic/one off savings achieved by mechanisms such as holding or delaying filling vacancies. We are working with budget holders to explore how these savings can be sustained into the following financial year and beyond through permanent workforce/transformation redesign

Risks:
- Given the level of overspend at month 9 YTD, there is a requirement to recover the 2023/24 financial position to achieve the £10.05m deficit plan
- Developing recurrent savings to underpin 2024/25 budgets is an area of focused

Watch Metrics

Summary of alerting watch metrics

Royal Berkshire NHS Foundation Trust

Introduction:

Across our five strategic objectives we have identified 127 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

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

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

Alerting Metrics December 2023:

In the last month 20 of the 127 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, 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.

For this month there are 2 new alerting metrics:
- Abuse/V&A (Patient to Staff)
- Conflict Resolution

Provide the highest quality of care for all

- VTE inpatient compliance
- Never Events
- Ecoli
- Mixed sex accommodation breaches
- FFT Response – OPA
- Abuse/V&A (Patient to Staff)
- Conflict Resolution
- FFT Response – Maternity

Invest in our staff and live out or values
- Ethnicity progression disparity ratio
- Rolling 12 month sickness absence
- Appraisal rates

Deliver in Partnership
- 12 hrs from arrival in ED
- Ambulatory care NEL admissions
- % of patients seen by a stroke consultant within 14 hours of admission
- % patients with high TIA risk treated within 24 hours
- Cancer 2 week wait: cancer suspected
- Cancer Incomplete 104 day waits

Cultivate innovation and improvement
- % OP treated virtually

Achieve long term sustainability
- Pay Cost vs Budget
- Non Achievement of Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice

Strategic Objective: **Provide the highest quality care for all**

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Never Events			0		1	1	1	1
Patient Safety incidents/100 admissions			7.00%		10.06%	10.82%	11.59%	10.99%
Pressure ulcer incidence per 1000 bed days			1.00		0.09	0.00	0.10	0.09
Category 2 avoidable pressure ulcers			5		4	13	2	2
Category 3 or 4 avoidable pressure ulcers (SI)			0		0	0	0	0
Patient Falls per 1 000 bed days			5.00		4.01	4.91	3.04	4.36
Patient falls resulting in harm (SI) avoidable			-		0	1	0	1
No. of DOLS applications applied for			-		16	35	24	21
No. of detentions under the MH act to RBH			-		5	2	2	6
% of staff: Safeguarding children L1 training			90.00%		94.40%	95.10%	95.20%	94.70%
No. of child safeguarding concerns by the Trust			-		116	100	121	119
No. of adult safeguarding concerns by the Trust			-		29	33	30	24
No. of safeguarding concerns against the Trust			-		0	2	3	7
Unborn babies on child protection (CP) / child in need plans (CIP)			-		44	54	41	34
C.Diff (Cumulative)			44		24	28	31	33
C.Diff lapses in care			-		0	1	1	1
MRSA			0		0	0	0	0
Ecoli (trust acquired) infections			-		6	11	12	12
Ecoli (trust acquired) infections (Cumulative)			92		80	91	99	85
MSSA surveillance (trust acquired)			-		5	4	3	2
Hand Hygiene			-		97.67%	97.02%	96.39%	
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance			95.00%		81.00%	Arrears	Arrears	
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions			0		1	Arrears	Arrears	

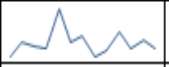
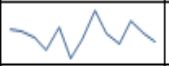
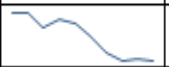
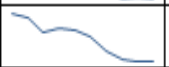
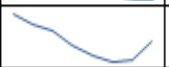
Strategic Objective: **Provide the highest quality care for all**

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
No. of compliments			-		35	50	36	23
FFT Satisfaction Rates Inpatients: i.Inpatients	H	?	99%		98%	96%	96%	99%
FFT Satisfaction Rates Inpatients: ii.ED		?	99%		81%	79%	81%	80%
FFT Satisfaction Rates Inpatients: iii.OPA	L	F	99%		95%	95%	95%	95%
Mixed sex accommodation - breaches	H	?	0		366	363	256	410
Crude mortality	L		-		1.40	1.50	1.60	2.20
HSMR	L		-		Arrears	Arrears	Arrears	87.0
SMR	L		-		Arrears	Arrears	Arrears	87.7
SHMI	L		-		Arrears	Arrears	Arrears	0.97
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes		?	97%		93%	94%	Arrears	92%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes		?	86%		57%	73%	Arrears	64%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes		?	82%		71%	87%	Arrears	73%

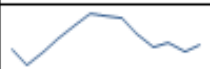
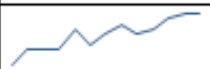
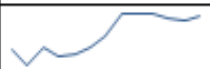
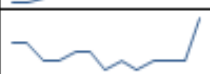
Strategic Objective: **Provide the highest quality care for all**

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
RIDDOR reportable Incidents			-		0	1	0	0
Abuse/V&A (Patient to staff)			-		43	66	61	59
Body fluid exposure/needle stick injury			-		15	28	20	14
Environment Related Incidents			-		12	25	24	15
Manual Handling non patient every 3 years	H	?	90%		92%	93%	95%	91%
Conflict Resolution	H	F	90%		88%	87%	88%	87%
Fire (Annual)	H	F	90%		91%	92%	92%	88%
Nursing and AHP Manual handling training every 3 years		?	90%		89%	89%	90%	85%
Doctors manual handling training every 3 years	H	F	90%		92%	93%	95%	55%
Health and Safety Training	H		-		95%	95%	95%	92%
Slips and Trips			-		1	1	6	3
Musculoskeletal - Inanimate object	L		-		3	2	2	2
Total non clinical incidents reported	H		-		285	222	284	266

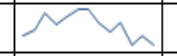
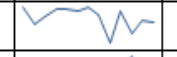
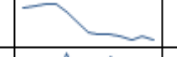
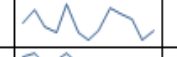
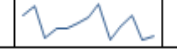
Strategic Objective: **Provide the highest quality care for all**

Maternity Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
FFT Satisfaction Maternity		?	99.0%		86.5%	87.2%	95.0%	99.0%
FFT Response Maternity		F	50.0%		4.0%	6.0%	4.0%	6.2%
Complaints - % response in 25 days		?	78.0%		25.0%		33.0%	100.0%
Number of Serious Incidents in the Maternity Service		?	1		0	2	1	0
% bookings with ethnicity documented / recorded			-		86.1%	91.7%	100.0%	99.2%
% women with a documented CO result at booking	H	?	95.0%		91.2%	90.0%	89.2%	81.7%
% women with a documented CO result at 34-36 weeks		?	95.0%		87.2%	92.0%	91.0%	96.9%
% of pre-term (less than 34+0),singleton, live births receiving a full course of antenatal corticosteroids, within seven days of birth		?	80.0%		100.0%	33.0%	0.0%	16.6%
Post Partum haemorrhage>1500mls		?	3.5%		2.6%	3.3%	3.3%	3.0%
Percentage of term babies admitted to Neonatal Unit			5.0%		4.0%	5.2%	Arrears	5.2%
Percentage of Perinatal Deaths		?	0.5%		0.2%	0.4%	0.4%	0.4%
Number of occasions MLU service suspended for 4 hours or more			-		28	21	13	25
Midwifery staffing vacancy rate	L		-		10.1%	8.5%	7.5%	14.4%
Midwifery staffing turnover	L	?	14.0%		8.1%	8.9%	8.1%	14.1%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring		?	90.0%		95.9%	91.2%	93.2%	95.1%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring		?	90.0%		81.4%	89.5%	93.5%	98.1%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT		?	90.0%		85.7%	73.7%	81.8%	94.5%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT	L	P	90.0%		94.2%	90.9%	91.1%	97.9%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT	H	F	90.0%		92.6%	85.7%	86.8%	92.7%

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

Watch metrics:

SRO: Don Fairley

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Ethnicity Progression Disparity ratio between middle and upper pay bands		F	1.66		1.95	1.98	1.99	
Stability rates %	H		-		84.4%	84.1%	99.0%	81.8%
Rolling 12 month Sickness absence	L	F	3.3%		3.5%	3.5%	Arrears	4.3%
% Fill rate of Registered Nurse Shifts (RN)		P	90.0%		98.0%	100.1%	99.2%	96.9%
% Fill rate of Care Support Worker Shifts (CSW)	H	?	90.0%		102.3%	115.2%	111.8%	95.7%
Completed Mandatory Training	H	?	90.0%		92.3%	91.4%	92.8%	89.0%
Appraisals	H	F	90.0%		81.7%	83.5%	87.5%	78.4%
Nurse Staffing Red Flags			-		64	55	43	59

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

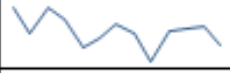
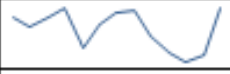
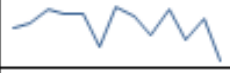
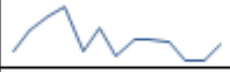
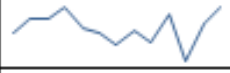
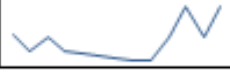
Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
12 hours from arrival in ED (%)	H	?	2%		5%	5%	6%	4%
12hr DTA (Trolley Waits)			-		0	0	0	0
Percent of Ambulatory Care of Non elective Admissions	L		-		1.0%	0.5%	0.5%	2.3%
Average non-elective length of stay - excluding 0 day LOS (Length of Stay)			-		6.7	6.5	6.0	6.6
Urgent Operations Cancelled 2nd time			-		0	0	0	0
Fractured Neck of Femur: Surg in 36 hours		?	75.0%		62.0%	Arrears	Arrears	40.4%
Seen by Stroke Consultant within 14 hours		F	95.0%		52.0%	52.0%	54.0%	65.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	L	?	90.0%		67.0%	61.0%	53.0%	63.0%
Proportion of stroke patients scanned within 12 hours of hospital arrival		P	90.0%		100.0%	100.0%	100.0%	96.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)		?	80.0%		92.0%	85.0%	80.0%	87.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)	L	F	90.0%		17.0%	19.0%	14.0%	30.0%
Average Length of Stay (LOS) from admission to discharge (days)		?	14		17	8	16	14
Door to needle time <60mins		?	95.0%		83.0%	92.0%	100.0%	100.0%
No. of weekend discharges		?	783		546	516	680	545
Rate of Emergency readmissions within 30 days of discharge	L		-		Arears	Arears	Arrears	16.1
Rate of Emergency readmissions within 30 days of discharge - Paediatrics (<16ys)	H		-		Arears	Arears	Arrears	9.8
Rate of Emergency readmissions within 30 days of discharge - Adults (16yrs+)	L		-		Arears	Arears	Arrears	17.4

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

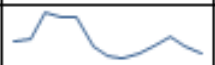
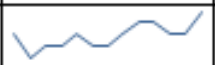
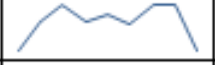
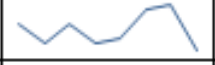
Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Cancer 2 week wait: cancer suspected	L	?	93.0%		61.3%	60.8%	66.3%	92.4%
Cancer 2 week wait: breast patients		?	93.0%		98.0%	98.3%	96.6%	100.0%
Cancer 31 day wait: to first treatment		?	96.0%		90.2%	91.5%	98.8%	97.1%
Cancer 31 day wait: drug treatments	L	?	98.0%		100.0%	98.0%	95.5%	100.0%
Cancer 31 day wait: surgery	L	?	94.0%		81.0%	90.2%	71.8%	85.7%
Cancer 31 day wait: radiotherapy		?	94.0%		95.5%	94.7%	96.3%	87.1%
62 day consultant upgrade: all cancers			-		74.1%	73.8%	79.7%	77.3%
62 Day screen Ref		?	80.0%		54.5%	79.5%	91.7%	73.3%
Incomplete 104 day waits	H	F	0		118	91	120	93

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Cancelled Ops not re-scheduled < 28 days (%)		P	5%		0%	0%	0%	0%
% OP appointments done virtually	L		-		22.1%	21.6%	21.1%	21.9%
New to follow up ratio	H		-		1.9	1.9	2.1	1.9
Number of OPPROC			-		9410	9721	7325	7454
Number of MDT OP			-		719	717	529	
Clinic room utilisation (esp utilisation at non RBH sites)			-		35%	36%	29%	
Number of PIs	↑		-		89	96	100	50
Number of active research trials	↑		-		104	111	118	98
Number of projects supported by HIP	↑		-		54	54	54	50

Strategic Objective: **Achieve long-term sustainability**

Watch metrics

SRO: Nicky Lloyd

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Pay cost vs Budget (£m)			-		-0.39	-1.77	-1.11	-0.53
Non pay cost vs Budget (£m)			-		-1.31	-1.20	-1.58	-1.82
Income vs Plan (£m)			-		1.48	4.54	2.74	0.49
Daycase actual vs Plan (£m)			-		-0.13	0.18	-0.23	-0.16
Elective actual vs Plan (£m)			-		-0.21	0.16	0.06	0.01
Outpatients actual vs Plan (£m)			-		0.25	0.60	-0.51	-0.23
Non-elective actual vs plan (£m)			-		-0.52	-0.26	0.48	1.04
A&E actual vs plan (£m)			-		0.14	0.21	-0.12	0.84
Drugs & devices actual vs plan (£m)			-		0.12	0.27	0.07	0.51
Other patient income (£m)	H		-		0.14	0.25	0.12	-0.15
Delivery of capital programme (£m)	L		-		2.25	2.29	1.22	1.32
Cash position (£m)			-		33.58	32.29	37.89	43.81
Agency spend % of total staff cost (%)	L		-		2.2%	2.2%	2.2%	4.0%
Creditors (£m)	↓		-		-72.60	-72.83	-75.15	-74.48
Debtors (£m)	↑		-		24.09	26.64	24.15	16.22
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD	↑	F	95.00%		57.45%	58.40%	58.30%	
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month	H	F	95.00%		65.72%	66.45%	56.80%	

Royal Berkshire
NHS Foundation Trust

Title:	**Building Berkshire Together (BBT) Programme**
Agenda item	9
Meeting:	Board of Directors
Date:	24 January 2024
Presented by:	Andrew Statham, Director of Strategy
Prepared by:	Alison Foster, Programme Director, BBT

Purpose of the Report	To update the Board on developments in the New Hospital Programme (NHP), the Trust work programme for the next six months

Report History	Finance and Investment Committee – 17th Jan

What action is required?	
Assurance	
Information	Note the progress of the Trust Programme to align NHP with the Trust Preferred Way Forward (PWF)
Discussion/input	
Decision/approval	

Resource Impact:	
Relationship to Risk in BAF:	
Corporate Risk Register (CRR) Reference /score	4183 Management of Estates Infrastructure/Backlog Maintenance/20 4182 Risk to achieving strategic objective of financial sustainability/20 4459 Staff welfare and support to ensure workforce resilience/9 4177 Staff Retention/9
Title of CRR	See above

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 ☐			
1. Leadership ☐	2. Vision & Strategy x	3. Culture ☐	4. Governance ☐				
5. Risks, Issues & ☐ Performance	6. Information ☐ Management	7. Engagement ☐	8. Learning & ☐ Innovation				
Publication							
Published on website		Confidentiality (FoI):	Private	x	Public		

1. Introduction

1.1. In June 2023, the Trust Board approved a Preferred Way Forward (PWF) of a new hospital on a new site and asked the BBT Programme to progress the work involved in appraising this option.

1.2. In October 2023, the Board further requested the BBT Programme accelerate progress in understanding the impact on staff and the local population of a move to a new hospital on a new site. The Board also asked to engage with the New Hospital Programme (NHP) to secure alignment with the Trust on the Trust PWF and funding requirements.

1.3. In December 2023, a progress report on the challenges to building on the RBH site was presented to the NHP to gain alignment from the NHP to the Trust PWF position.

1.4. The NHP has now requested that additional information be submitted which provides an independent review of the evidence on the viability of the current site for redevelopment and if a move to an alternative site is recommended, that information on when the hospital should and could move should be provided. This will involve detailing the issues and costs of

a) building on current site with the constraints highlighted and within the current allocation
b) moving to a new site using information on site options currently being explored
c) remaining on current site until after 2031
d) readiness to move to a new site sooner than 2031

1.5. This report will be delivered to the Trust Board in Spring 2024, ahead of submission to NHP who will then assess the evidence.

1.6. This paper provides an overview of the proposed programme of work to support this alignment and seeks endorsement to commence the procurement of the external advisers required for three parts of the work programme (site viability report, second alternative site due diligence and an Impact Assessment of a move to another site). The external advisers will be funded from the NHP allocation.

1.7. The paper also reports on progress towards the next steps of the business case process which will be the requirements needed for the resubmission of our Strategic Outline Case (SOC) in light of new guidance issued in December 2023. An overview of the key work areas is provided in **Appendix 4.**

2. Site Viability Report

2.1. In December 2023 the Trust report to the NHP described the challenges affecting development on the current RBH site. The report outlined the implications for delivering the onsite Strategic Outline Case (SOC) options for the new hospital.

2.2. Following a meeting with the Trust to discuss the report, the NHP requested that the Trust prepare a site viability report which explores:

a) Whether it is the right decision for patients and taxpayers to build a new hospital on the RBH site, covering the practicalities, timescales, value for money and quality outcomes of a couple of on-site scenarios including:
   - the Trust's redevelopment options set out in the SOC updated for current site conditions and H2.0; and
   - a rebuild option that focuses redevelopment on the south end of the existing site;
b) the operational challenges and capital costs of maintaining the existing site to an acceptable level over the next decade, including the costs of maintaining the existing

built environment and any likely developments needed to protect quality and safety and to meet likely patient demand; and

c) a reasonable timescale for relocating the RBH to an alternative site and any preconditions or enablers to supporting a more rapid move (e.g. acceleration of land purchase or consultation).

2.3. The BBT team has prepared a brief with NHP and NHS England (NHSE) and Integrated Care System (ICS) estates and finance colleagues for the preparation of the site viability report, to be delivered to the NHP in Spring 2024 and are appointing independent external advisers to produce this work. This will be funded from NHP drawdown funding.

3. Alternative Site Due Diligence

3.1. In recognition of that the Trust's preferred way forward is a new hospital on a new site, the programme team has employed advisors to conduct a site search.

3.2. In the next couple of weeks we will be launching an engagement exercise with the public and other key stakeholders to help us develop the criteria by which the Board should use to appraise potential sites.

4. Proposed Impact Assessment Scope & Deliverables

4.1. To support us to understand the impact on patients, staff and partner organisations of a move away from our current site we will undertake an Impact Assessment over the next 6 months. The outputs of this exercise will Impact help us prepare for further engagement and consultation if required and will help us to understand what we will need to do to mitigate any adverse effects a move away from the current site might create.

4.2. The scope and plan for the Impact Assessment has been informed by and benchmarked against recent Impact Assessments undertaken by other NHS trusts and is due to commence in January 2024 (see **Appendix 2)**. The main features of the scope are:

a) identification of a broad range of stakeholders to collaborate in the Impact Assessment;
b) collaborative development with stakeholders of criteria against which to score each site (including a Criteria Evaluation survey);
c) active engagement with stakeholders to score the alternative sites against each of the criteria;
d) detailed quantitative analysis of the results of the scoring;
e) analysis of multiple aspects of impact of a move to each site: and
f) reporting and validating the outcomes of the assessment.

4.3. The Impact Assessment report will provide information which will be used to draft the Pre-Consultation Business Case ("PCBC").

4.4. The work associated with this exercise is significant and will need a combination of internal and specialist external resources to deliver it.

5. Proposed approach to public and stakeholder communication

5.1. The nature of communications and engagement with stakeholders needs to adapt to each stage of the evolving BBT programme. The previous communications strategy covering 2021-23 focused on building the brand and raising awareness of the programme through a variety of channels, including: establishing the website, setting up social media channels, engaging with key stakeholders and building a trusted network of community leaders. It also

engaged with public on the options shortlisting process which supported the Trust Board decision on the PWF.

5.2. The updated communications strategy and plan focus on continued strategic and targeted engagement in the progression of the Trust PWF and will involve engagement in the development of site selection criteria and in understanding the impact of moving to different sites. Work is already underway across the Berkshire West and South Oxfordshire footprint to establish more formal governance processes ahead of an anticipated public consultation process around a move to a new hospital on a new site such as the establishment of a Joint Health Overview Scrutiny Committee (JHOSC) to support this engagement. A JHOSC will cover a larger footprint than Berkshire West considering patient flow geography and it is also worth noting that the timing around establishment will be dependent on local and national elections.

5.3. The high-level plan including key messages, tactics, and timelines is attached as Appendix 3.

6. Progressing development of the updated SOC

6.1. The Trust issued its Strategic Outline Case ("SOC") for the new hospital in December 2020. The SOC included detailed assumptions for the expected future demand for the Trust's services, which informed the required capacity and cost of the new hospital.

6.2. The NHP has issued a standardised process for reviewing and updating these assumptions which the Trust will commence from March 2024. The objective of the work, which involves system partners and internal stakeholders, is to model the future expected capacity requirements of the new hospital and, hence, the required accommodation, design and cost.

6.3. The BBT team is proposing a three-part approach to developing the demand and capacity assumptions, comprising:

a) a review of the macro assumptions affecting population demographics, patient need, productivity and efficiency together with the application of the NHP Hospital 2.0 assumptions affecting transformation and design (e.g 100% single rooms). The review will also incorporate the NHP central assumptions;
b) a review of Model of Care changes and transfers of care to community services. The assumptions will be in line with the ICB Joint Forward Plan; and
c) a review of the impact of the ICB strategy on the new hospital from an acute services perspective.

Proposed plan, deliverables and sign-off process

6.4. The plan for the work in the demand and capacity assumptions is set out in **Appendix 1.** The deliverables will be:
a) an assumptions data book containing the detailed assumptions required for the demand and capacity model with a Trust owner for each;
b) a demand and capacity model which forecasts the capacity requirements for the new hospital over the next 30 years.

6.5. The BBT Programme Team are also developing a full programme and resource plan to deliver all the required elements of the updated SOC. This will be taken through Finance and Investment Committee (F&I) in February ahead of submitting to NHP for funding approval.

7. Other matters

7.1. The NHP have issued a Readiness Framework which includes guidance on areas such as team capability and organisational governance structures required to deliver large infrastructure programmes. We are working with the NHP on a self-assessment process and will report to Finance and Investment Committee (F&I) over the coming months on any learnings.

8. Conclusion

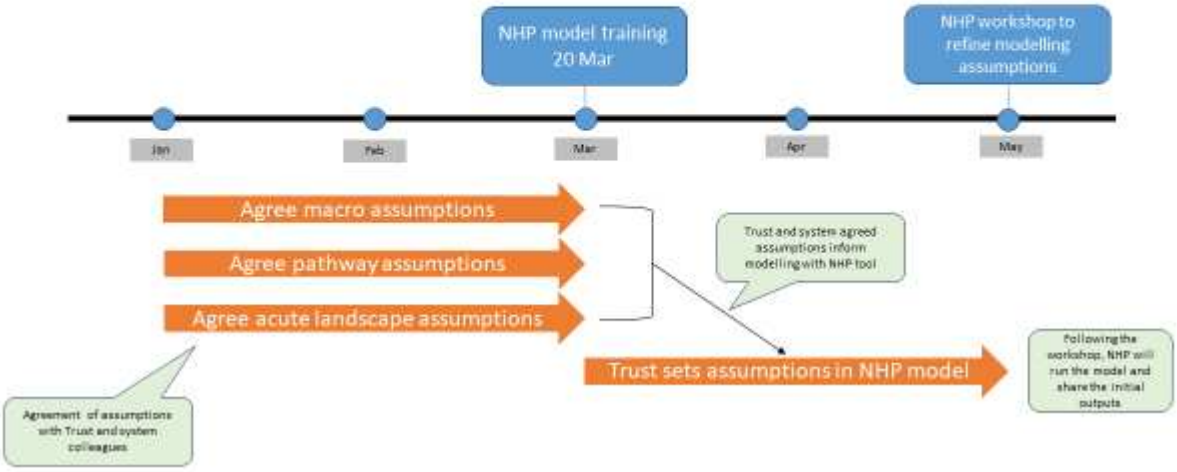
8.1. The Trust Board are asked to:

a) Note the proposed programme of work to support NHP alignment to Trust PWF
b) Endorse next steps of the programme as outlined

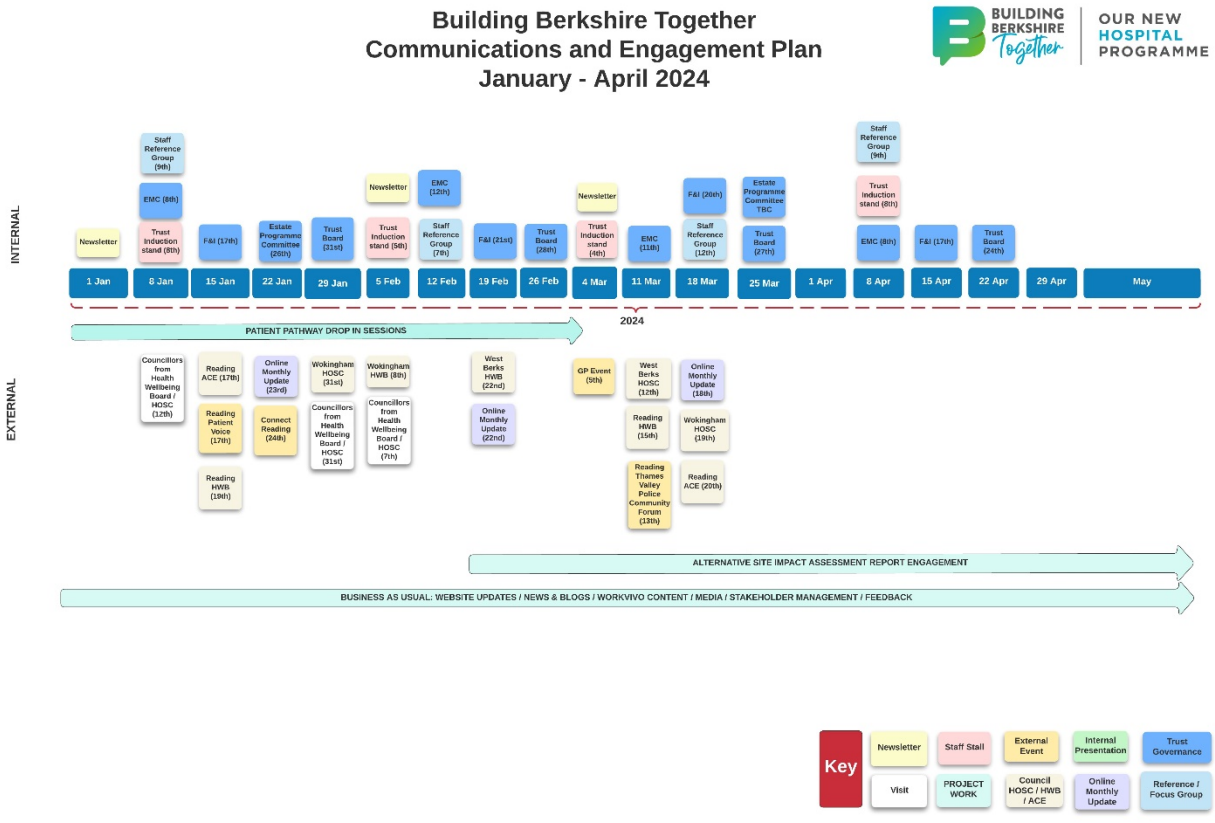
Appendices

1. Demand and capacity assumptions plan
2. Impact Assessment plan – attached
3. High level communications plan
4. High Level Programme Plan

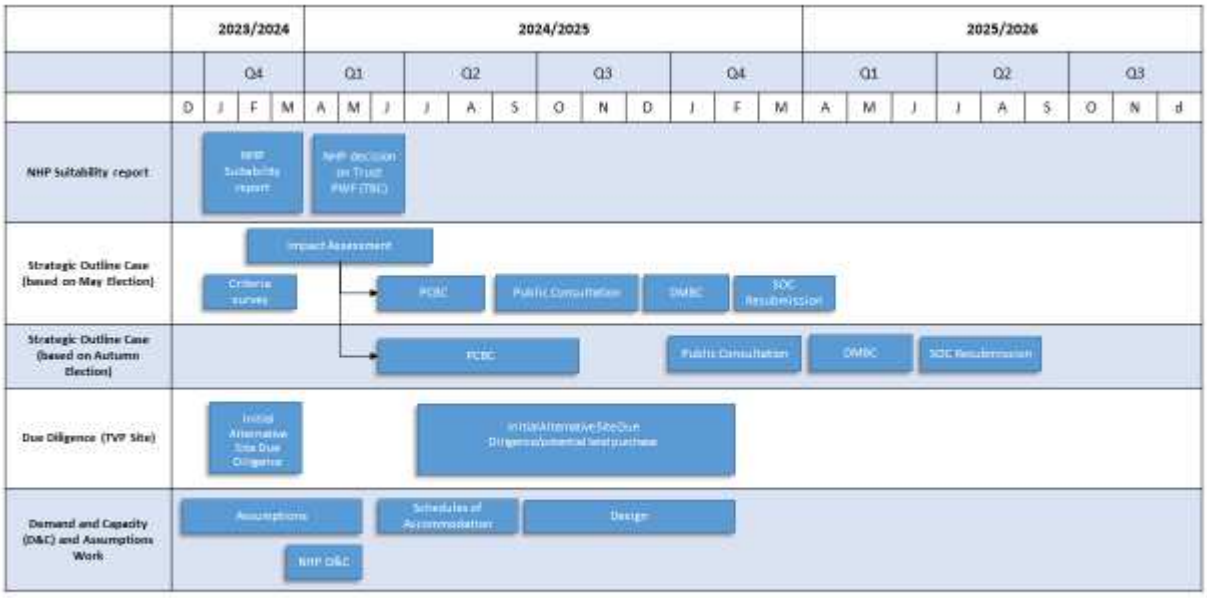
Appendix 1 – Plan for demand and capacity assumptions



Appendix 3 – Communications plan overview



Appendix 4 – High Level Programme Plan



NHS
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Title:	**Quality Strategy Update**
Agenda item no:	10
Meeting:	Board of Directors
Date:	24 January 2024
Presented by:	Katie Prichard-Thomas, Chief Nursing Officer
Prepared by:	Hannah Spencer, Deputy Chief Nurse Karolyn Baker, Associate Chief Nurse, Workforce, Improvement & Standards

Purpose of the Report	To review draft Trust Quality Strategy 2023-2028

Report History	Executive Management Committee – 28 November 2023 Quality Committee – 6 December 2023

What action is required?	
Assurance	
Information	The Committee 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	✓
Invest in our people and live out our values	✓
Deliver in partnership	✓
Cultivate innovation and improvement	✓
Achieve long-term sustainability	

Well Led Framework applicability:			Not applicable ☐
1. Leadership ☐	2. Vision & Strategy ☐	3. Culture ☐	4. Governance ☐
5. Risks, Issues & Performance ☐	6. Information Management ☐	7. Engagement ☐	8. Learning & Innovation ☐

Publication						
Published on website		Confidentiality (FoI)	Private		Public	✓

1 Background

1.1 A Quality Strategy is important as it outlines an Organisations vision and aims and demonstrates its commitment to continue to providing high quality care.

1.2 The Quality Strategy is one of the 6 key enabling strategies supporting the delivery of the Trust's vision of "working together to provide outstanding care for our community". As 'quality' covers all aspects of the organisation there are inevitably some elements of the strategy which overlap with the aims and objectives of the other enabling strategies.

2 The New Strategy

2.1 The new strategy will align with all the trust strategies to ensure we have a cohesive approach within the organisation. The new Quality Strategy will reflect our strategic aims relating to quality to ensure our community including staff, patients, families, and our local partners have comprehensive understanding of our ambitions. Appendix 1

2.2 As well as aligning with Improving Together, this iteration will align with other "quality" reporting requirements, e.g. Quality Priority projects and CQUIN's to ensure there is a joined up approach to quality across the Organisation.

2.3 Staff members, patient leaders and governors participated in a survey to obtain their views regarding "What quality means to you". These suggestions have been incorporated into the strategy's key objectives.

2.4 The new draft strategy includes 5 new ambitions:

- Gaining 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.

2.5 We engaged with the care groups through their governance and business meetings to obtain feedback regarding our ambitions and to ensure we had included all the key programmes which we enable us to achieve our goals.

2.6 We also collaborated with the digital teams to make sure we are maximising the benefits we can achieve through our digital platforms and innovations.

2.7 The completed strategy document will be disseminated across the organisation using a variety of approaches/communication routes to ensure all staff have clear sight of this important strategy.

3 Conclusion and Next Steps

3.1 The Board is asked to approve the report.

4 Attachments

4.1 The following are attached to this report:

(a) Appendix 1 – New Quality Strategy 2023-2028

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Our Quality Strategy

Working together to deliver outstanding care for our community

2023 - 2028

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Where our quality strategy fits in...

Royal Berkshire NHS Foundation Trust

Our **quality strategy** is one of a number of enabling strategies which build towards the Royal Berkshire Foundation Trust's vision of providing outstanding care for our community.

To achieve our quality vision we will need to ensure we have:

- Happy, supported and high performing staff, delivered through our **people strategy.**
- A robust research and innovation culture, delivered through our **research and innovation strategy.**
- Strong digital and data capabilities, delivered through our **digital strategy.**
- A sustainable financial base, delivered by our **finance strategy.**
- An environmentally conscious organisation, delivered by our **green plan.**

Our **quality strategy** therefore looks to outline an approach to quality improvement that can underpin these aims, as well as highlight key Trust wide ambitions that will have the biggest impact on the quality of care provided.

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Executive summary

What we are looking to achieve

- Every care group, directorate, specialty, team and individual across the Trust focuses on delivering improvement that matters most to their patients and staff, aligned to our strategic objectives.
- Royal Berkshire Foundation Trust is rated outstanding by the Care Quality Commission.
- Deliver optimal outcomes by ensuring clinically effective, timely, holistic and equitable care, this will be evidenced by our participation in the GIRFT programme, national audits, quality priorities, CQUINs and by key performance indicators.
- Every patient and carer who accesses our services will have a positive experience.
- Staff and volunteers feel valued and feel empowered to deliver improvements.
- Services meet patient needs while reducing waste.

How we will know we're successful

- The Improving Together Quality Management System will ensure every care group, directorate, specialty, team and individual across the Trust will focus on aspects that deliver improvements that matter most to patients, their families and our staff. The priorities reported through our performance review meetings will indicate whether we are achieving our aims.
- In addition, performance in statutory/ national frameworks such as
    - CQUINs
    - National Audits
    - Quality Priorities
    - CQC
    - National surveys (Friends and Family Test, Patient Reported Outcome Measures, Staff survey etc.)
- Achievement of outstanding rating by CQC

What we will do

- We will continue to implement the Improving Together Quality Management System throughout the organisation to improve the capabilities and confidence of our staff in relation to QI and share learning
- We will implement our Clinical Services Strategy
- We will use the care values & leadership framework to nurture a culture of openness, transparency & learning
- We will regularly review progress towards achievement of our ambitions through existing reporting structures e.g Quality, Learning & Assurance Committee and annual Quality Account

Key enablers

- Our people, including staff, patients and volunteers are essential in enabling us to achieve our ambitions through delivery of key programmes.
- Working collaboratively with our Integrated Care System (ICS) and community partners to maximise opportunities for provision of integrated care
- Available technology is fully utilised to help us achieve our goals.
- The continuing development of a culture where all staff embody & demonstrate leadership behaviors

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Introduction

“Working together to deliver outstanding care for our community”

Quality runs through everything we do at RBFT, it is part of everyone’s role. Delivering high quality care is what we strive to do day in, day out, from introducing groundbreaking, award winning innovative treatments to being recognised as providing outstanding care.

We are ambitious and always striving to improve, demonstrated by the recent introduction of a continuous quality improvement programme (the Improving Together approach) across the organisation. The programme will foster a culture of quality improvement across the whole organisation that builds on the agility, innovation and transformation shown by our staff during the pandemic. We will focus on delivering improvement that matters most to patients and staff, aligned to our strategic objectives. We will enable and equip our staff to manage and improve the quality of care to patients and deliver patient experiences and outcomes that are “outstanding every day and 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.

Much was achieved under the previous Quality strategy including the introduction of accreditation and quality metrics, all contributing to our current CQC grading of "good". This new strategy will build on those foundations and go further to take the Trust to a rating of "outstanding" from the CQC. There are a reduced number of priorities, these have been decided in collaboration with our clinical and non-clinical staff, patients, and our community which will allow us to focus improvement on the things that matter most.

This new strategy comes at a time when there are big changes within the NHS with increased partnership working, national changes to how patient safety incidents are managed alongside the ever changing nature of healthcare provision. The strategy will harness these changes and use them to drive forward our quality agenda. It is aligned with the other enabling strategies and builds on our CARE values, our long history of improvement and our commitment to developing our people.

The ambitions focus on the fundamental areas of maintaining safety, maximising patient outcomes, improving the experience of all users whilst maintaining maximum efficiency of all our resources, all with the golden thread of Improving Together running through each ambition. Accomplishment of our ambitions will be driven by a diverse range of programmes.

How will this support our Improving Together mission:

Our quality strategy places continuous improvement at the heart of it’s mission.

Golden Thread Ambition – Improving Together

Royal Berkshire NHS Foundation Trust

We will ensure every individual across the Trust will focus on delivering improvement that matters most to their patients and staff, aligned to our strategic objectives, and these improvements are sustained.

Our Aims

- Improving Together underpins our approach to quality across the organisation. We will build a systematic and iterative approach to quality improvement that is embedded across every care group, directorate, specialty, team and individual across the Trust and is aligned to our strategic objectives
- We will ensure quality improvement projects become business as usual and promote a culture of continuous improvement by delivering a comprehensive training programme to all staff

Measuring Our Success

- We will see an improvement in our strategic metrics through the alignment and meeting of breakthrough priorities and driver metrics
- Our ambition is for all teams to have undertaken Improving Together training to identify their top priorities for their service
- All teams will be undertaking at least weekly improvement huddles
- The organisation will have Performance Review Meetings that focus on the improvement priorities at care group, corporate and directorate level across the Trust
- A suite of Improving Together training programmes at multiple levels open to all across the Trust

Key Programmes

Embedding the Improving Together Quality Management System aligning breakthrough and driver metrics to strategic objectives by:

- Regular performance review meetings
- Improvement huddles rollout
- Rollout of "Our Leadership Behaviours"
- A3 thinking problem solving training

Key Enablers

- Improving Together team
- Performance and Management Information Dashboards
- Integrated Performance Report
- Executive support & leadership including involvement in the "Go and See" approach

Ambition 1 - Safety

The Royal Berkshire Foundation Trust will be CQC rated **outstanding** for safety.

Our Aims

- To identify & reduce patients' exposure to avoidable harm by ensuring the patient safety incident report framework is embedded across the organisation
- Nurture a culture of transparency and openness so that all opportunities for learning, both positive and negative, and improvements are identified and maximised

Measuring Our Success

- The CQC assesses the Trust as outstanding for safety
- Delivery of improvement outlined in patient safety breakthrough priorities & driver metrics as part of Improving Together programme
- Increased number of learning opportunities
- Reduced seriousness of patient harm incidents

Key Programmes

- Patient Safety Incident Response Framework (PSIRF)
- Multi-disciplinary safer staffing programme
- New safe working practices e.g. all hands Friday
- Fundamentals of care programme
- Clinical area accreditation
- Learning from Deaths
- Call for Concern

Key Enablers

- RBFT Leadership Behaviours Framework
- Fully embedding the change in how patient safety incidents are managed across the organisation, placing learning at the centre of our safety culture
- Utilising a variety of platforms & approaches to effectively communicate across the organisation
- Enhance EPR & supplementary clinical systems to support optimal real-time flow of patients from point of first contact to discharge so our patients receive their care at the right time in the right place with minimal delays/disruption
- Revamp of aging Infrastructure to a "State of the Art", fully resilient & future-proof estate to provide a stable platform for all hospital systems
- Robust Governance reporting structure

Safe staffing levels so staff can carry out care to the standard they know they are capable of

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Ambition 2 – Optimal Outcomes

We will deliver optimal outcomes by ensuring clinically effective, responsive, holistic and equitable care.

Royal Berkshire NHS Foundation Trust

Our Aims

- We will continuously monitor and improve our services using all available data and guidance, both internal and external, to ensure patients receive the most innovative and effective treatment and care
- Ensure treatment is accessible, responsive and equitable, reduce variation and eliminate the barriers that prevent patients from receiving optimal care
- We will work with partners across the health sector to streamline patient pathways in order to improve the health of our community

Measuring Our Success

- Delivery of improvement outlined in associated breakthrough & driver metrics as part of Improving Together programme
- Active participation in the Trust Audit programme
- Core20PLUS5 improvement

Key Programmes

- Clinical Model programme
- Health Equalities programme
- Pre-operative Programme
- Patient Flow programme
- Trust Clinical Audit Programme

Key Enablers

- Development and maturity of ICS working
- Access to high quality, reliable data
- Robust NICE dissemination
- Health Promoting Hospitals
- Optimise the use of real-time dashboards as well as decision support & AI tools to provide timely insight to our patients conditions to inform their care provision
- Enhance the dataset & utilisation of our ICS's shared care record, Connected Care, to provide our staff with a comprehensive record of patients data at the point of care
- Robust Governance reporting structure
- Research and Innovation Strategy

"Thorough, compassionate, correct, efficient, prompt care"

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Ambition 3 – Patient and carer experience

Every patient and carer will have a positive experience.

Royal Berkshire NHS Foundation Trust

Our Aims

- Patients receive the most positive experience they possibly can in an environment that is convenient, accessible and inclusive
- Patients and carers will be treated with privacy, involved in decisions in care, and communicated to in a way that is understandable and compassionate
- Feedback from users is responded to in a timely manner and is used to identify learning opportunities and drive service improvement
- We will engage across all our different communities

Measuring Our Success

- Delivery of improvement outlined in associated breakthrough & driver metrics as part of Improving Together programme
- Improve complaint response turnaround time
- Improving Friends and Family Test scores
- Increased overall position in national mandated patient experience surveys
- Increased number of compliments

Key Programmes

- Care closer to home programme
- Ensure compliance to the Accessible Information Standards
- Patient Experience Engagement Programme
- Same Day Access Programme
- Patient communications programme
- Health in youth programme
- Call for Concern

Feeling safe, nurtured & respected as well as good medical treatment

Key Enablers

- Learning and development team
- Learning Disability and Autism Working Group
- Increase our remote monitoring tools capabilities to facilitate transition to Patient Initiated Follow UP (PIFU) & Virtual Hospital care as appropriate
- Enhance and optimise our patient communication channels to allow our patients to access their care in a safe way that suits their needs
- Trust-wide rollout of a user-friendly patient portal that allows patients to self-service their appointments, view their electronic record, access test results and support self-management of their conditions
- Robust volunteer service working collaboratively with the clinical teams to enhance patient care
- Patient Experience Engagement Team
- Patient Portal supporting 2 way communication with patients

Ambition 4 - Staff and Volunteer experience

Staff and volunteers will have a positive experience and feel empowered to deliver improvements.

Royal Berkshire NHS Foundation Trust

Our Aims

- Invest in staff and volunteers, supporting them to make lasting improvements to services, fostering an inclusive environment where they are valued and contribute to the development of the organisation
- Staff have opportunities to develop their talent and are given the skills, tools and training to enable them to deliver a first-class service
- Effective leadership and care values are promoted and championed across the organisation

Measuring Our Success

- Delivery of improvement outlined in associated breakthrough & driver metrics as part of Improving Together programme
- Improved staff survey metrics

Key Programmes

- Civility saves lives programme
- Equality, Diversity & Inclusion programme
- Volunteer services and support development
- Patient leader programme
- Listening events relating to specific staff and volunteer issues

Providing staff with the right direction & environment that is conducive to the healing journey of the patient

Key Enablers

- RBFT Charity
- ICS partners
- Clinical Services Strategy
- Ensure our corporate IT systems remain optimal and future-proof
- People Strategy delivery
- Executive Leadership team
- National workforce programme
- Learning and Development team
- Our volunteers

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Ambition 5 – Efficient, resourceful, and sustainable

Services will meet patient needs while reducing waste.

Royal Berkshire NHS Foundation Trust

Our Aims

- Meet our budget forecasts, ensuring everyone takes responsibility to reduce waste and realise productivity improvement & efficiency opportunities
- Collaboration across Clinical Services and with the wider Healthcare community to identify service efficiency opportunities
- Utilise technology to streamline and improve patient pathways and treatment
- To support staff to provide good quality services where we "get it right first time"

Measuring Our Success

- Delivery of improvement outlined in associated breakthrough & driver metrics as part of Improving Together programme
- Delivery of budget forecasts
- Increased Theatre utilisation
- Increase % of patients discharged on the same day
- Proportion of care that is delivered close to a patients home address
- Number of departments achieving and maintaining accreditation

Key Programmes

- Support all departments to achieve and maintain NHSE Accreditation
- TERBO Programme (Theatres)
- Deliver financial productivity and efficiency programme (CIPs)

The availability, accessibility & timely provision of caring services in response to individual needs ...

Key Enablers

- Finance Team and Finance Strategy implementation
- Improving Together Programme, specifically implementation of the Foundation Practitioner training across the Trust
- Clinical Services Strategy
- Leadership Behaviours Framework
- Digital strategy
- Integrated Performance Report
- Improved data utilisation in decision-making e.g Model Hospital
- Increased use of remote monitoring, virtual wards
- Partnership working to improve efficiency and avoid duplication of efforts
- Getting it right first-time programme resources

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Quality Strategy 2023-2028 – Summary of Key Programmes delivering our Quality Ambitions

	Key Programmes	Key Programme components
SAFETY	**Improving Together**	• Roll out of improvement huddles to drive rapid capture and spread of improvement knowledge, learning and expertise • Leadership Behaviours Framework integrated and embedded • Breakthrough and Driver Metric Delivery programme, particularly 1) Improve patient experience 2) Reduce avoidable harm
	Patient Safety Incident Response Framework	• Development and delivery of a Patient Safety Incident response policy and plan reflecting the shift in focus to learning • Development and delivery of PSIRF communication & training strategy • Rollout of new practices and processes across the organisation
	Learning from Deaths	• Support compliance with the standards relating to the SJR completion within 6 weeks • Ensure the themes from the learning from deaths programme is disseminated throughout the organisation. • Support the mortality team with sensitive feedback to next of kin who have raised concerns through the learning from deaths programme • Incorporating Paediatircs and community deaths into the Trust processes. • Working with the local system to incorporate shared learning across the Integrated Care Board
	Safer Staffing	• Action plan formulated to address any gaps related to compliance with the Developing Workforce Safeguards (2018) • Twice yearly Nursing & Midwifery Skill mix review • New AHP process for safer staffing
	Fundamentals of Care	• Programme led by Associate Chief Nurse for Workforce, Standards & Improvement focused on areas where improvements are required.
OPTIMAL OUTCOMES	**New Clinical Model programme**	• Analyse hospital demand and potential shifts in activity to non-acute settings. • Work with system partners to develop optimum pathways that reduce unwarranted variations in care, improve quality of care and maximise patient outcomes.
	Health Equalities programme	• A number of projects to be launched and overseen by the Health Promotion & Equity Committee
	Pre-operative Programme	• Develop a digital solution for risk stratification of patients on waiting list • Development of a database for recording / reporting patient pathways and outcomes integrated with EPR • Development of communication channels containing health & wellbeing resources for patients on the peri-op pathway & for staff • Development of robust referral pathways for prehabilitation streams; Weight management, Alcohol, Fitness, Pain, Smoking, Mental Health, Nutrition, Opiates
	Flow programme	• Data analysis and hypothesis testing of challenges for patient flow • Development of programme of improvement • Embedding new flow practices

	Key Programmes	Key Programme components
PATIENT EXPERIENCE	**Patient Experience Engagement Programme**	• Mini health checks in the local community, to start conversations about health. • Specialist groups/focused work – working with diverse groups of the community with particular needs
	Same Day Access Programme	• Improve timely access to primary care as a system by introducing a segmentation approach in general practice and triage patients based on need.
	Patient communications channels programme	• Transform the way we communicate with our patients by streamlining all communication channels • Enable self-managed care pathways.
	Health in youth programme	• Engagement programme aimed at listening to, involving and inspiring younger people in healthcare including: • Junior Carers initiative, working with a school to offer 9-10 year old pupils opportunity to become health ambassadors for a year including visits to the hospital with specialists providing health awareness sessions. • Hospital tours for 15-16 year olds to inspire an interest in health sector jobs for their future careers, utilising the opportunity to provide some key health promotion information. • The Youth Forum aimed at 15-24 year olds to provide insights and feedback to Trust programmes and influence strategic direction. One of the Youth Forum members has become our Youth Governor.
STAFF & VOLUNTEER	**Civility saves lives programme**	• Civility saves lives training based on the principles of the civility saves lives movement • TED talk is shared with audiences and best practice is explored • Participants explore the cost of incivility and how Trust CARE values compliment civility saves lives
	Equality and Diversity programme	• Structural and governance enhancements to elevate and embed EDI profile and focus trust wide. • Invest in and grow and amplify our Staff Networks • Representative Leadership Structures – role exposure; progression and positive action development opportunities
	Volunteer services and support development	• Provides an additional free diverse resource with volunteers offering their time and skills to improve patient and staff experience • Often providing services we wouldn't be able to offer without their commitment and dedication. • Includes Buggy Service, Welcoming, Pharmacy running, ED trolley service, ward helping, Hospital Radio, Medical Museum • Also coordinate generous donations to the Trust from community to make a difference to patient stays, from knitted blankets, sleep packs, goodie bags to our Christmas Gift Tree Appeal.
	Patient leader programme	• Source of trained volunteers who can provide the patient voice on committees, projects and at a strategic level • Sit on interview panels, mentor the Executive team and provide input and resources to projects Trust wide. • Two cohorts a year of new Patient Leaders. Represent the diversity in our patient population. • Bring a wealth of experience and knowledge from other sectors, industries and community groups.
EFFICIENT	**Clinical area accreditation Programme**	• New process and documentation for clinical area accreditation • Pilot site for the new accreditation programme • Roll out of the accreditation programme through the organisation
	TERBO Programme (Theatres)	• Increase operating theatre capacity by improvements made before the day of surgery. • Analyse and reduce on the day cancellations. • Analyse and reduce delayed theatre starts. • Introduction of.6-4-2 theatre booking. • Staff retention initiatives
	Deliver financial productivity and efficiency programme (CIPs)	• Deliver Breakthrough and Driver Metric programme, particularly Trust income & expenditure performance • Living within our means

Roadmap

Royal Berkshire NHS Foundation Trust

	Year 1	Year 2	Year 3 - 5

Improving Together	• Improving Together management system implementation for all clinical and corporate teams.
	• Improving Together rollout:
	  • Wave 1 – November 22 to February 23
	  • Wave 2 – March 23 to May 23
	  • Wave 3/4 – June 23 to August 23
	  • Wave 5 – September to December 23
	• Continue Trust wide A3 thinking training.
		• Improving Together rollout:
		  • Wave 6 – January 24 to April 24
		  • Wave 7 – April 24 to June 24
		  • Wave 8 – June 24 to September 24
		  • Wave 9 – September 24 to November 24
		• Develop Sustainability Plan for Improving Together.
		• Develop Leading Change program.
			• Embed Improving Together through the sustainability plan.
			
			• Leading Change Programme rollout.

Safety	• PSIRF - Diagnostic and discovery phase, and governance and quality aspects and formulation of PSIRF. • Commence engagement with AHP team re workforce planning. • Engagement with clinical teams regarding fundamentals of care.	• Embedding into business as usual • Continue with AHP workforce planning, establish a skill mix review for AHP's. • Commence engagement with medical team re workforce planning. • Embed the fundamentals of care into clinical practice.	• Review, amend and add new "Key Programmes" to reflect progress and arising challenges.
Optimal Outcomes	• Develop a new integrated clinical model, high volume, high impact pathways that are transferable to similar pathways of care. • Ensure 76% of patients wait no more than four hours in A&E. • Eliminate waits of over 65 weeks for elective care. • Increase the % of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition.	• Review the initial 5 integrated pathways and use learnings to expand across new areas. • Support development of Primary Care Clinical Services Strategy.	• Apply robust outcomes tracking and reduction in variation, using high quality and accurate data to drive positive change.

Roadmap

Royal Berkshire NHS Foundation Trust

	Year 1	Year 2	Year 3 - 5
Patient and Carer experience	• Launch joint clinics with primary care at locations closer to our patients. • Developing new partnerships with Reading Voluntary Action Group (RVAG), the aim is to deliver 5200 NHS health checks in 2024/25	• Expanding the work with RVAG to deliver specific health promotion to communities where health inequalities have been identified.	• Sustain and improve the access to NHS health checks through the partnership with RVAG.
Staff and Volunteer experience	• Career progression and development focus through Education Strategy. • Launch RISE Talent Management Programme Trust Wide. • Embed Our Leadership Behaviours Framework.	• Cultivate leadership mind-sets that drive engagement, involvement and improvement • Increased coaching and mentoring capacity	• Delivery of our turnover target of 11.5% by 2025/6.
Efficient, resourceful, and sustainable	• Establishment of CEO led efficiency group to secure Trust savings plan. • Service Line Reporting and Patient Level Information and Costing roll out. • Learning and Development across organisation of financial stewardship.	• Continued delivery of efficiency savings to achieve top 10% Model Hospital benchmarked performance	• Sustain breakeven revenue position and restore capital expenditure to previous levels.

Royal Berkshire
NHS Foundation Trust

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

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Email: foundation.trust@royalberkshire.nhs.uk

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Royal Berkshire
NHS Foundation Trust

Title:	**Freedom to Speak Up Reflection and Planning Tool**
Agenda item no:	11
Meeting:	Board of Directors
Date:	22 January 2024
Presented by:	Katie Prichard-Thomas, Chief Nursing Officer
Prepared by:	Sharon Herring, Associate Chief Nurse Hazel Hardyman, Freedom to Speak Up Guardian Don Fairley, Chief People Officer Katie Prichard-Thomas, Chief Nursing Officer

Purpose of the Report	This report outlines the trust board assessment of its Freedom to Speak Up arrangements. NHSE asked all trust boards to be able to evidence this by the end of January 2024.

Report History	N/A

What action is required?	The Committee is asked to note the report.
Assurance	✓
Information	✓
Discussion/input	✓
Decision/approval	✓

Resource Impact:	None
Relationship to Risk in BAF:	Failure to invest in our staff and live out our values and provide the highest quality of care.

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 ☐
1. Leadership ✓ ☐	2. Vision & Strategy ☐	3. Culture ✓ ☐	4. Governance ✓ ☐
5. Risks, Issues & Performance ☐	6. Information Management ☐	7. Engagement ✓ ☐	8. Learning & Innovation ☐

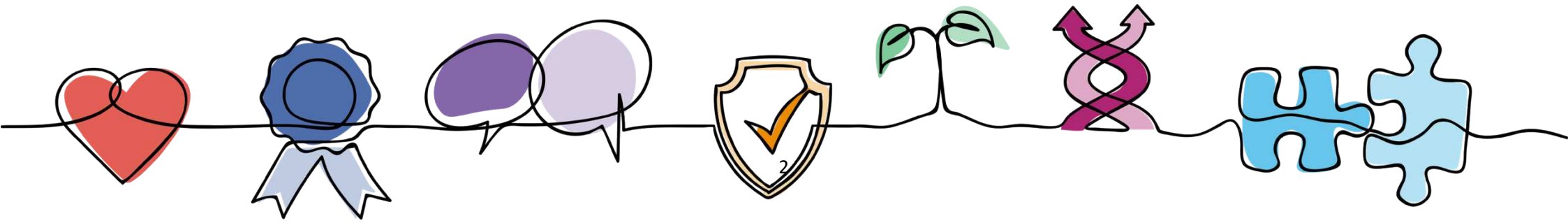
Publication						
Published on website		Confidentiality (FoI)	Private		Public	✓

National Guardian
Freedom to Speak Up

NHS

Freedom to Speak up

A reflection and planning tool



Introduction

The senior lead for FTSU in the organisation should take responsibility for completing this reflection tool, at least every 2 years.

This improvement tool is designed to help you identify strengths in yourself, your leadership team and your organisation – and any gaps that need work. It should be used alongside Freedom to speak up: A guide for leaders in the NHS and organisations delivering NHS services, which provides full information about the areas addressed in the statements, as well as recommendations for further reading.

Completing this improvement tool will demonstrate to your senior leadership team, your board or any oversight organisation the progress you have made developing your Freedom to Speak Up arrangements.

You may find that not every section in this tool is relevant to your organisation at this time. For this reason, the tool is provided in Word format to allow you to adapt it to your current needs, retaining the elements that are most useful to you.

If you have any questions about how to use the tool, please contact the national FTSU Team using england.ftsu-enquiries@nhs.net

The self-reflection tool is set out in three stages, set out below.

Stage 1

This section sets out statements for reflection under the eight principles outlined in the guide. They are designed for people in your organisation's board, senior leadership team or – in the case of some primary care organisations – the owner.

You may want to review your position against each of the principles or you may prefer to focus on one or two.

Stage 2

This stage involves summarising the high-level actions you will take over the next 6–24 months to develop your Freedom to Speak Up arrangements. This will help the guardian and the senior lead for Freedom to Speak Up carry out more detailed planning.

Stage 3

Summarise the high-level actions you need to take to share and promote your strengths. This will enable othersin your organisation and the wider system to learn from you.

Stage 1: Review your Freedom to Speak Up arrangements against the guide

What to do

- Using the scoring below, mark the statements to indicate the current situation.

  1 = significant concern or risk which requires addressing within weeks

  2 = concern or risk which warrants discussion to evaluate and consider options

  3 = generally applying this well, but aware of room for improvement or gaps in knowledge/approach

  4 = an evidenced strength (e.g., through data, feedback) and a strength to build on

  5 = confident that we are operating at best practice regionally or nationally (e.g., peers come to use for advice)

- Summarise evidence to support your score.
- Enter any high-level actions for improvement (you will bring these together in Stage 2).
- Make a note of any areas you score 5s in and how you can promote this good practice (you will bring these together in Stage 3).

Principle 1: Value speaking up

For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top.

Statements for the senior lead responsible for Freedom to Speak Up to reflect on	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	4
I have led a review of our speaking-up arrangements at least every two years	Yes
I am assured that our guardian(s) was recruited through fair and open competition	Yes
I am assured that our guardian(s) has sufficient ring-fenced time to fulfil all aspects of the guardian job description	2
I am regularly briefed by our guardian(s)	4
I provide effective support to our guardian(s)	4

Enter summarised commentary to support your score.

Regular meetings scheduled with FTSU Guardian, NED, CEO, CPO, CNO and Associate Chief Nurse that are well attended. Plans to develop overview template to promote & improve utilisation of time during these meetings ensuring that national policy changes, themes and escalations are shared. These meetings by design support the triangulation of information and therefore help embed the organisations speaking up culture & reinforce how this is interlinked with patient safety.

Associate Chief Nurse / FTSU team capacity / review underway aimed at increasing budgeted establishment to increase total FTSU hours across the organisation from 0.6 wte to 1 wte.

Regular reviews taken over the last 4 years:

2019 – Key action to recruit independent Band 8a FTSU guardian with no other conflict of interest in the organisation (0.4WTE).

2021 – Update of all documentation post Covid-19.

2023 – Update of all documentation, development of FTSU ambassadors, and review of capacity of FTSU guardian with proposal for 1 wte.

Weekly 1:1 meetings with Associate Chief Nurse to discuss individual FTSU cases. This creates a further opportunity for triangulation with patient safety / quality governance indicators with a potential for escalation. Psychological support available when the FTSU guardian requires professional support.
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1. FTSU guardian & Associate Chief Nurse developing overview template to promote effective discussion & escalation of changes / key themes. Lead: FTSUG. Completion Date: Jan 2024.
2. CNO budget review with aim of increasing overall FTSU guardian capacity to 1 wte (0.60 wte Band 8a & 0.40 wte Band 7). Lead: ACN. Completion Date: March 2024.

Statements for the non-executive director lead responsible for Freedom to Speak Up to reflect on	**Score 1–5 or yes/no**
I am knowledgeable about Freedom to Speak Up	4
I am confident that the board displays behaviours that help, rather than hinder, speaking up	4
I effectively monitor progress in board-level engagement with the speaking-up agenda	4
I challenge the board to develop and improve its speaking-up arrangements	3
I am confident that our guardian(s) is recruited through an open selection process	5
I am assured that our guardian(s) has sufficient ringfenced time to fulfil all aspects of the guardian job description	4/5
I am involved in overseeing investigations that relate to the board	N/A
I provide effective support to our guardian(s)	3
Enter summarised evidence to support your score. Quarterly meetings scheduled with the FTSU guardian. Attends monthly meetings with the Execs and FTSUG.	

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1. More involvement in the speaking up agenda to increase knowledge and awareness around the Trust. Lead: NED Completion Date: July 2024.
2. Execs are well engaged, Non-Execs are not directly involved in the process except for the Non-Exec Dir lead responsible for FTSU. Agree with CEO/Chair the right way to increase engagement of the non-execs in the speaking up agenda. Lead: CEO/Chair. Completion Date: July 2024.

Principle 2: Role-model speaking up and set a healthy Freedom to Speak up culture

Role-modelling by leaders is essential to set the cultural tone of the organisation.

Statements for senior leaders	Score 1–5 or yes/no
The whole leadership team has bought into Freedom to Speak Up	4
We regularly and clearly articulate our vision for speaking up	4
We can evidence how we demonstrate that we welcome speaking up	4
We can evidence how we have communicated that we will not accept detriment	4
We are confident that we have clear processes for identifying and addressing detriment	4
We can evidence feedback from staff that shows we are role-modelling the behaviours that encourage people to speak up	4
We regular discuss speaking-up matters in detail	4

Enter summarised evidence to support your score.

Senior leadership teams within the care group work alongside the FTSU team to promote speaking up, actively listen to concerns and work with their teams to resolve. Senior Care Group Leadership teams use this as a mechanism for triangulating key safety themes and use this feedback as one mechanism for feedback alongside others such as Call for Concern, Exit Interview feedback, Patient Safety related incident themes.

FTSU team regularly asked to meet with teams and promote a culture of speaking up within departments.

Successfully recruited 20 FTSU ambassadors from various specialties with the leadership teams from those departments allowing staff time to attend FTSU meetings with the guardian, promote the vision/culture for speaking up and subsequently listening to members of staff concerns. All FTSU ambassadors undertake FTSU management training. This promotes an open culture where staff are engaged to speak up and raise concerns through this avenue or others available e.g. discussion with line manager, appraisal, behaviours framework.

Leaflets produced for staff explaining the secure confidential nature of the FTSU process. Full HR support for those experiencing detriment. Training provided by FTSU guardian to team where staff have experienced detriment. FTSU and the secure nature of the process explained in corporate induction.

Feedback from case studies demonstrates that people are encouraged to speak up.

High-level actions needed to bring about improvement (focus on scores 1 ,2 and 3)

1. Review 2023 staff survey and response of speaking up in the organisation. Lead: FTSUG Completion Date: July 2024.

Statements for the person responsible for organisational development	Score 1–5 or yes/no
I am knowledgeable about Freedom to Speak Up	Yes
We have included creating a speaking-up culture (separate from the Freedom to Speak Up guardian process) in our wider culture improvement plans	Yes
We have adapted our organisational culture so that it becomes a just and learning culture for our workers	Yes
We support our guardian(s) to make effective links with our staff networks	Yes
We use Freedom to Speak Up intelligence and data to influence our speaking-up culture	Opportunity to develop

Enter summarised evidence to support your score.

- The CPO participates in monthly F2SU meetings to review cases, identify themes etc.
- The Trust started to implement the Just and Learning Culture back in 2020. Policies have been re-written through the JLC lens and we have a number of examples of JLC in action e.g. People Practices Management Reviews with improvement plans, Investigation Reviews and Lessons Learnt Follow up Reports.
- The guardian has engaged with staff networks, including our Pride and Ethnic Minority Network.

Leadership Behaviours Framework – Our new framework from 2022 embraces the enabling leadership behaviours of civility, inclusion and humility underpinning a culture where people can speak up.

2022 Staff Survey Evidence:

- Organisation acts on concerns raised by patients/services users – RBFT Best Acute Trust performer.

- Safe to speak out about anything that concerns me at this organisation RBFT - 68.2% (Best Acute 73.6% Average 60.3% Worst 49%)
- If I spoke out about something that concerned me, I am confident my organisation would address my concern RBFT - 58.2% (Best Acute 63.9% Average 47.2% Worst 33.7%)

What Matters Programme – We have a well-established staff engagement programme since 2017 that provides opportunities for organisation wide big conversations to connect with staff voices across. The next iteration, What Matters 2024 will follow later this year.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Opportunity to further bring FTSU insights into cultural improvement programmes Lead: CPO Completion Date: July 2024.
2. What Matters 2024 programme launch Lead: CPO Completion Date: July 2024

Statements about how much time the guardian(s) has to carry out their role	Score 1–5 or yes/no
We have considered all relevant intelligence and data when making our decision about the amount of ring-fenced time our guardian(s) has, so that they are able to follow the National Guardian's Office guidance and universal job description and to attend network events	3
We have reviewed the ring-fenced time our Guardian has in light of any significant events	3
The whole senior team or board has been in discussions about the amount of ring-fenced time needed for our guardian(s)	3
We are confident that we have appropriate financial investment in place for the speaking-up programme and for recruiting guardians	3

Enter summarised evidence to support your score.

FTSU time reviewed over last 4 years with time increased for service delivery. However, it is evident that further time is required to support Kirkup, Thirwell and the equality agenda.

The FTSU service is currently 2 days per week for an organisation of over 6000 employees. FTSU has seen an increase in cases.

	Q1	Q2	Q3	Q4
2020/21	13	6	8	2
2021/22	8	12	18	0
2022/23	0	20	11	13
2023/24	13	15	15	

To support the service and developing the FTSU culture it is evident more time to support the service fully is required.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Review CNO budget to support an increase in the FTSU service to meet the needs of the organisation. Proposed and 1wte (0.60wte Band 8a & 0.40wte Band 7). Lead: ACN. Completion Date: March 2024.

Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so

Regular, clear and inspiring communication is an essential part of making a speaking-up culture a reality.

Statements about your speaking-up policy	Score 1–5 or yes/no
Our organisation's speaking-up policy reflects the 2022 update	5
We can evidence that our staff know how to find the speaking-up policy	4

Enter summarised evidence to support your score.

Raising concerns policy revised December 2023 and available via policy hub on work vivo and this policy was updated alongside HR/OD in timely manner to reflect the national changes.

Actively promote FTSU month and other roadshows across all sites to raise FTSU awareness, although this is restricted with the number of hours FTSU currently has it is anticipated this will improve in 24/25. See above plan to increase to a 5 day service.

Speakupulance from SCAS utilised for the last 3 years encouraging the FTSU culture.

Increase in FTSU cases reflects the ongoing promotion of the service.

FTSU training given to our volunteer patient leaders.

FTSU is an important avenue of many that are available and promote to support an open culture, where staff are engaged directly to speak up and raise concerns i.e. C4C, staff induction (see the day 1 programme-all focused on CARE values, speaking up) rolling What Matters programme (and note plans to repeat What Matters 2024), appraisal format, behaviours/leadership behaviours framework and the work on civility (civility saves lives).

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Increase number of roadshows across the organisation with increased resource. Lead: FTSUG Completion Date: Jan 2024 and onwards.
2. Increase FTSU ambassadors to 30 to include ambassadors for Estates and Facilities. Lead: FTSUG Completion Date: July 2024

Statements about how speaking up is promoted	Score 1–5 or yes/no
We have used clear and effective communications to publicise our guardian(s)	4
We have an annual plan to raise the profile of Freedom to Speak Up	3
We tell positive stories about speaking up and the changes it can bring	3
We measure the effectiveness of our communications strategy for Freedom to Speak Up	3

Enter summarised evidence to support your score.

Advertised on workvivo and utilised FTSU October to further promote the service.

Joint work with SCAS using their Speakupulance on site.

Guardian and ambassadors routinely visit departments across the site. All visits recorded to track progress.

FTSU guardian bases herself in different location across the 7 sites and can be contacted via FTSU phone line, email or via Teams.

Staff stories are part of the FTSU service promotion.

FTSU ambassador embedded within the communications team and developing the effectiveness of the FTSU communications strategy

FTSU service actively promoted via the patient safety team and on all patient safety newsletters

FTSU regularly mentioned in CEO blog

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Work with Communications FTSU ambassador to review and ensure our communication plan is effective. Lead: FTSUG & FTSUA Communications. Completion Date: March 2024

Principle 4: When someone speaks up, thank them, listen and follow up

Speaking up is not easy, so when someone does speak up, they must feel appreciated, heard and involved?

Statements about training	Score 1–5 or yes/no*
We have mandated the National Guardian's Office and Health Education England training	2 – available but not mandatory
Freedom to Speak Up features in the corporate induction as well as local team-based inductions	4 – yes video
Our HR and OD teams measure the impact of speaking-up training	Not routinely
Enter summarised evidence to support your score. FTSU is incorporated as face to face or video training in corporate induction. FTSU guardian responsive to departmental training on request. All training documented to see evidence of increase in concerns raised. When a member of staff speaks up, they are listened too, valued and involved in agreeing the next steps in terms of actions required. They are sign posted to relevant support services and they are re contacted / followed up with by the FTSUG/A.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1. Ongoing promotion of training offerings Lead: CPO Completion Date: Ongoing.	

Statements about support for managers within teams or directorates	Score 1–5 or yes/no
We support our managers to understand that speaking up is a valuable learning opportunity and not something to be feared	4
All managers and senior leaders have received training on Freedom to Speak Up	3
We have enabled managers to respond to speaking-up matters in a timely way	3

We are confident that our managers are learning from speaking up and adapting their environments to ensure a safe speaking-up culture	4

Enter summarised evidence to support your score.

- All staff receive FTSU training on induction which is focused on CARE values (1 day).
- All staff, managers and senior leaders have access to Freedom to Speak Up Training via the Learning Matters Platform.
- The FTSU guardian offers training and support to managers and teams on request.
- Our aim is to embed FTSU ambassadors throughout the directorates to support both managers and teams.
- Annual appraisal process linked to behaviours / leadership framework.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Ongoing promotion of training offerings. Lead: CPO Completion Date: Ongoing.

Principle 5: Use speaking up as an opportunity to learn and improve

The ultimate aim of speaking up is to improve patient safety and the working environment for all NHS workers.

Statements about triangulation	Score 1–5 or yes/no
We have supported our guardian(s) to effectively identify potential areas of concern and to follow-up on them	4
We use triangulated data to inform our overall cultural and safety improvement programmes	3

Enter summarised evidence to support your score.

- The FTSU guardian works closely with the Patient Safety and Patient Experience Teams to understand, triangulate, share and escalate themes / trends.
- Call for Concern - this service provides a helpline for patients and families to contact the Critical Care Outreach team if they are concerned about ongoing care of a patient or deterioration. It creates a safety net for our patients.
- Regular meetings and professional relationships developed between FTSUG, CEO, CNO, NED & ACN supporting early escalation of concerns.
- Continued focus on the development of an open & transparent safety culture that is linked to our CARE values and behaviours framework. For example, Excellent – Speak up if I feel something is not right. Take personal responsibility for contributing to the safety culture of the Trust.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Develop a robust system to ensure all themes from the FTSU log are effectively triangulated with HR / OD and safety programmes. Lead: FTSUG / CPO Completion date: June 2024.

Statements about learning for improvement	Score 1–5 or yes/no
We regularly identify good practice from others – for example, through self-assessment or gap analysis	3
We use this information to add to our Freedom to Speak Up improvement plan	3
We share the good practice we have generated both internally and externally to enable others to learn	4
Enter summarised evidence to support your score. Regular review of improvement programme for FTSU service FTSU guardian networks with local, SE region and national FTSU guardians through their network. Attend NGO webinars and annual conference. Plans to utilise this self-assessment to generate 2024 improvement plan.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1. Annual review of our improvement programme for FTSU. Lead: FTSUG. Completion Date: June 2024.	

Principle 6: Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements

Statements about how our guardian(s) was appointed	Score 1–5 or yes/no
Our guardian(s) was appointed in a fair and transparent way	4/5
Our guardian(s) has been trained and registered with the National Guardian Office	4/5
Enter summarised evidence to support your score. FTSU Guardian recruited externally and interviewed with 2 senior leaders and a FTSU guardian from another organisation. FTSU Guardian has completed all National guardian office training and is given time to attend updates and regional / National NGO meetings. Ambassadors appointed in a fair and transparent process. Ongoing support for FTSU guardian and ambassadors to develop into the role across the organisation.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1. Continue to follow best practice recruitment guidance. Lead FTSUG Completion Date: Ongoing.	

Statements about the way we support our guardian(s)	Score 1–5 or yes/no
Our guardian(s) has performance and development objectives in place	4

Our guardian(s) receives sufficient one-to-one support from the senior lead and other relevant executives or senior leaders	4
Our guardian(s) has access to a confidential source of emotional support or supervision	4
There is an effective plan in place to cover the guardian's absence	3 – will improve
Our guardian(s) provides data quarterly to the National Guardian's Office	5

Enter summarised evidence to support your score.

Monthly meet with the executive team, CEO, CNO, CPO, & NED for FTSU.

Weekly 1:1 meetings with Associate Chief Nurse responsible for FTSU team.

Associate Chief Nurse covers in the absences of the FTSU guardian, although currently looking to expand service. The FTSU guardian has also recruited 20 FTSU ambassadors who also filter and signpost FTSU issues

Agreed emotional support also available as required from Trust Staff psychologist.

Annual appraisal and objective setting.

Good relationships and close links with patient safety, corporate and care group governance teams and governance frameworks.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Expansion of service to have FTSU cover 5 days per week, currently reviewing how we can resource this. Lead: ACN Completion Date: March 2024.

Statements about our speaking up process	Score 1–5 or yes/no
Our speaking-up case-handling procedures are documented	4
We have engaged with managers and other key stakeholders on the role they play in handling speaking-up cases	4

We are assured that confidentiality is maintained effectively	4
We ensure that speaking-up cases are progressed in a timely manner within the teams or directorates we are responsible for	2/3
We are confident that if people speak up within the teams or directorates we are responsible for, they will have a consistently positive experience	3

Enter summarised evidence to support your score.

All cases documented and recorded on a central data base only accessed by FTSU team.

Staff members and ambassadors all record conversations via a FTSU contact form.

Staff survey showed an improvement in staff feeling able to speak up – 67.6% = 2021, 68.2% = 2022. The category 'Medical and Dental staff' reported a drop in confidence from 2021 to 2022.

Time for cases to be resolved is often raised as a concern by staff that speak up.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. FTSU guardian working closely with Deputy Director of Workforce and OD to review cases and timescales. Lead: FTSUG. Completion Date: March 2024 & ongoing.

Principle 7: Identify and tackle barriers to speaking up

However strong an organisation's speaking-up culture, there will always be some barriers to speaking up, whether organisation wide or in small pockets. Finding and addressing them is an ongoing process.

Statements about barriers	Score 1–5 or yes/no
We have identified the barriers that exist for people in our organisation	4
We know who isn't speaking up and why	3
We are confident that our Freedom to Speak Up champions are clear on their role	4
We have evaluated the impact of actions taken to reduce barriers?	2

Enter summarised evidence to support your score.
Incorporated the equality agenda into the FTSU appraisal, to enable us to access those that do not always speak up.

Regularly meet with groups supporting those with protected characteristics and join network forums.

There is clear acknowledgment from the Board and senior leadership teams about how we continue to create safe environments for colleagues to speak up / raise concerns. This improvement work links closely with our EDI strategy & ambitions. We know that there is a cultural link associated with these two issues and we need to continue to develop an open culture that encourages speaking up and supports the individuals in doing this without detriment.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Develop a system to review the impact of those that do not always speak up and how we can address these barriers/inequalities. Lead/s: FTSUG & ACN. Completion Date: June 2024.

Statements about detriment	Score 1–5 or yes/no
We have carried out work to understand what detriment for speaking up looks and feels like	4
We monitor whether workers feel they have suffered detriment after they have spoken up	4
We are confident that we have a robust process in place for looking into instances where a worker has felt they have suffered detriment	4

Our non-executive director for Freedom to Speak Up is involved in overseeing how allegations of detriment are reviewed	4

Enter summarised evidence to support your score.

Feedback requested from all FTSU cases.

Anonymous FTSU survey developed June 2023 and response rate to date 16 (Jul – Dec). Six month review of themes with subsequent action plans to be monitored through audit and risk committee.

HR Systems in place if detriment occurs.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1.

Principle 8: Continually improve our speaking up culture

Building a speaking-up culture requires continuous improvement. Two key documents will help you plan and assess your progress: the improvement strategy and the improvement and delivery plan.

Statements about your speaking-up strategy	Score 1–5 or yes/no
We can evidence that we have a comprehensive and up-to-date strategy to improve the speaking-up culture	4
We are confident that the Freedom to Speak Up improvement strategy fits with our organisation's overall cultural improvement strategy and that it supports the delivery of related strategies	4
We routinely evaluate the Freedom To Speak Up strategy, using a range of qualitative and quantitative measures, and provide updates to our organisation	3
Our improvement plan is up to date and on track	3

Enter summarised evidence to support your score.

National staff survey questions and results.

Staff stories developed for teams and exec board. This can be difficult due to the anonymity requested by some staff.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Review and update improvement plan with actions identified in this planning tool. Lead: FTSUG & ACN. Completion Date: March 2024.

Statements about evaluating speaking-up arrangements	Score 1–5 or yes/no
We have a plan in place to measure whether there is an improvement in how safe and confident people feel to speak up	4
Our plan follows a recognised 'plan, do, study, act' or other quality improvement approach	3
Our speaking-up arrangements have been evaluated within the last two years	3

Enter summarised evidence to support your score.

Change of FTSU guardian, CNO and NED has enabled the service to be reviewed with fresh eyes. Enabling us to identify areas where as an organisation we can improve, such as communication tools and processes.

Use improving together methodology as our QI approach.

FTSU reviewed 2019/2021/2023.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Review and update improvement plan with actions identified in this planning tool. Lead: FTSUG & ACN. Completion Date: March 2024.

Statements about assurance	Score 1–5 or yes/no
We have supported our guardian(s) to structure their report in a way that provides us with the assurance we need	3
We have we evaluated the content of our guardian report against the suggestions in the guide	4
Our guardian(s) provides us with a report in person at least twice a year	4

We receive a variety of assurance that relates to speaking up	4
We seek and receive assurance from the relevant executives/senior leaders that speaking up results in learning and improvement	2

Enter summarised evidence to support your score.

Via the CNO review of the documents submitted for assurance have been updated to meet the needs of the committees. Further review to be undertaken with the recently appointed CNO & NED.

Bi-annual reports submitted to Audit and Risk committee. Contents as described in the national FTSU format.

Currently developing assurance on a page incorporating performance and themes for monthly executive meetings.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

1. Review and update where required all FTSU reports for assurance meetings. Lead: FTSUG. Completion Date: March 2024 & ongoing.

Stage 2: Summarise your high-level development actions for the next 6 – 24 months

Development areas to address in the next 6–12 months	Target date	Action owner
1. FTSU guardian & Associate Chief Nurse developing overview template to promote effective discussion & escalation of changes / key themes	January 2024	CNO/ACN
2. CNO budget review with aim of increasing overall FTSU guardian capacity to 1 wte (0.60 wte Band 8a & 0.40 wte Band 7)	March 2024	CNO/ACN
3. More involvement in the speaking up agenda to increase knowledge and awareness around the Trust.	January 2024	NED/FTSUG
4. Execs are well engaged, Non-Execs are not directly involved in the process except for the Non-Exec Dir lead responsible for FTSU. Agree with CEO/Chair the right way to increase engagement of the non-execs in the speaking up agenda.	July 2024	NED
5. Review 2023 staff survey and response of speaking up in the organisation	March 2024	FTSUG/ACN/CPO
6. Increase number of roadshows across the organisation with increased resource	October 2024	FTUG/Ambassadors
7. Increase FTSU ambassadors to 30 to include ambassadors for Estates and Facilities.	July 2024	FTSUG
8. Work with Communications FTSU ambassador to review and ensure our communication plan is effective	March 2024	Head of Communications/ FTSUG/ACN
9. Review mandating FTSU training for all managers in the organisation.	July 2024	CPO/CNO/ACN
10. Develop a robust system to ensure all themes from the FTSU log are effectively triangulated with OD and safety programmes.	October 2024	FTSU/ Dep CNO/ACN
11. Review raised case to resolution time.	June 2024	Dep Director of workforce/FTSUG

12. Review and update current improvement plan with actions identified in this review and submit with 6 monthly Audit And Risk paper	June 2024	FTSUG/ACN
13. Review and update where required all FTSU reports for assurance meetings	March 2024	FTSUG/NED/CNO/ACN

Development areas to address in the next 12–24 months	Target date	Action owner
1. Provide training for the FTSU ambassadors to reflect the latest NGO guidance (Dec 23)	February 2024 and onwards	FTSUG
2. TRIM training for the FTSUG and FTSUAs.	January 2024 & onwards	SC
3. Develop a system to review the impact of those that do not always speak up and how we can address these barriers/inequalities	October 2024 & onwards	FTSUG/ACN

Stage 3: Summary of areas of strength to share and promote

High-level actions needed to share and promote areas of strength (focus on scores 4 and 5)	Target date	Action owner
1. Feedback from case studies demonstrates that people are encouraged to speak up.	January 2024 onwards	FTSUG
2. Strong local and regional FTSU networks.	January 2024 onwards	FTSUG
3. Roadshows, Speakupulance (SCAS), and Speaking Up Month	January 2024 onwards	FTSUG
4. Volunteer patient leaders/representatives given FTSU training.	January 2024 onwards	FTSUG
5. Recruitment of FTSU ambassadors from all different professions, monthly meetings, and training provided.	January 2024 onwards	FTSUG
6. Visit from Dr Jayne Chidgley-Clarke, National Guardian, in collaboration with SCAS and the Speakupulance.	TBC	FTSUG

Royal Berkshire
NHS Foundation Trust

Title:	**Standing Orders**
Agenda item no:	12
Meeting:	Board of Directors
Date:	24 January 2024
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	The Trust's Standing Orders are reviewed on an annual basis. Some minor typographical amendments have been made. The Audit & Risk Committee recommended the Standing Orders for approval by the Board.

Report History	Audit & Risk Committee 10 January 2024

What action is required?	
Assurance	
Information	
Discussion/input	
Decision/approval	The Board is asked to approve the Standing Orders.

Resource Impact:	None
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 people and live out our values	✓
Deliver in partnership	✓
Cultivate innovation and improvement	✓
Achieve long-term sustainability	✓

Well Led Framework applicability:			Not applicable ☐
1. Leadership ☐	2. Vision & Strategy ☐	3. Culture ☐	4. Governance ☐
5. Risks, Issues & Performance ☐	6. Information Management ☐	7. Engagement ☐	8. Learning & Innovation ☐

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Royal Berkshire
NHS Foundation Trust

Board of Directors

Standing Orders

Agreed:	September 2014
Last Reviewed	January 2024

CONTENTS

INTRODUCTION

Statutory Framework

The Royal Berkshire NHS Foundation Trust (the Trust) is a public benefit corporation authorised by the Independent Regulator of NHS Foundation Trusts under the Health and Social Care Act 2012.

The Trust's principal places of business are:

Royal Berkshire Hospital London Road Reading RG1 5AN	West Berkshire Community Hospital Benham Hill Thatcham Berkshire RG18 3AS
Bracknell Healthspace Eastern Gate Brants Bridge Bracknell Berkshire RG12 9RT	Townlands Memorial Hospital York Road Henley-on-Thames Oxfordshire RG9 2DR
Prince Charles Eye Unit King Edward VII Hospital St Leonard's Road Windsor SL4 3DP	Windsor Dialysis Satellite Unit 1 Maidenhead Road Windsor SL4 5EY
Princes House 73a London Rd Reading RG1 5UZ	Dingley Child Development Centre Erlegh House, Earley Gate, Whiteknights Road, University of Reading Campus, Reading RG6 6BZ.
Harborne Building University of Reading Whiteknights Reading RG6 6AS	

NHS Trusts are governed by statute, mainly the Health and Social Care Act 2012, by their constitutions and by the terms of their authorisation by the Independent Regulator (the Regulatory Framework).

The functions of the Trust are conferred by the Regulatory Framework.
As a body corporate the Trust has specific powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable. The Trust also has a common law duty as a bailee for patients' property held by the Trust on behalf of patients.

Delegation of Powers

Under the Standing Orders relating to the Arrangements for the Exercise of Functions (SO 4) the Board exercises its powers to make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee appointed by virtue of SO 5 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit or as NHS England may direct. Delegated Powers are covered in a separate document (Reservation of Powers to the Board and Delegation of Powers). That document is incorporated within the Standing Financial Instructions (SFIs) and has effect as if incorporated into the Standing Orders (SOs).

1. INTERPRETATION

1.1 Save as permitted by law, and subject to the Constitution, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders (on which he/she should be advised by the Chief Executive or Trust Secretary).

1.2 Any expression to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts shall have the same meaning in this interpretation and in addition:

"ACCOUNTABLE OFFICER" shall be the Officer responsible and accountable for funds entrusted to the Trust. He/She shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

"TRUST" means the Royal Berkshire NHS Foundation Trust.

"BOARD" means the Board of Directors as constituted in accordance with the Constitution of the Trust.

"COUNCIL OF GOVERNORS" means the Council of Governors as constituted in accordance with the Constitution, which has the same meaning as the Board of Governors in the 2003 Act.

"BUDGET" shall mean a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

"CHAIR" is the person appointed by the Council of Governors to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chair of the Trust" shall be deemed to include the Deputy Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

"CHIEF EXECUTIVE" shall mean the chief executive officer of the Trust.

"COMMITTEE" shall mean a sub-committee appointed by the Board.

"COMMITTEE MEMBERS" shall be persons formally appointed by the Board to sit on or to chair specific committees.

"DEPUTY CHAIR" means the Non-Executive Director appointed by the Trust to take on the Chair's duties if the Chair is absent for any reason.

"DIRECTOR" means a member of the Board of Directors.

"HE/SHE & HIS/HERS" shall refer to the appropriate postholder and are to be read as the gender of that post which may change.

"FUNDS HELD ON TRUST" shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept. Such funds may or may not be charitable.

"MOTION" MEANS a formal proposition to be discussed and voted on during the course of a meeting.

"NOMINATED OFFICER" means an officer charged with the responsibility for discharging specific tasks within SOs and SFIs.

"NON-EXECUTIVE DIRECTOR" means a Director, including the Chair of the Trust, who does not hold an executive office of the Trust

"OFFICER" means an employee of the Trust.

"TRUST SECRETARY" means the Trust Secretary or any other person appointed to perform the duties of the Trust Secretary, including a joint, assistant or deputy secretary.

"SFIS" means Standing Financial Instructions.

"SENIOR INDEPENDENT DIRECTOR" means a Non-executive director of the Trust appointed to provide a sounding board for the Chair of the Trust and to serve as an intermediary for the other directors when necessary.

"SOS" means Standing Orders.

2. THE TRUST

2.1 All business shall be conducted in the name of the Trust.

2.2 All funds received in trust shall be in the name of the Trust as corporate trustee. In relation to funds held on trust, powers exercised by the Trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.

2.3 The Trust has resolved that certain powers and decisions may only be exercised or made by the Board in formal session. These powers and decisions are set out in "Reservation of Powers to the Board" (included in the Standing Financial Instructions) and have effect as if incorporated into the Standing Orders.

2.4 **Composition of the Trust Board** - In accordance with the Constitution the composition of the Board of the Trust shall be:

The Chair of the Trust

Up to 7 non-executive Directors

Up to 7 executive Directors including:

- the Chief Executive (the Chief Officer)
- the Chief Finance Officer
- a registered medical or dental practitioner
- a registered nurse or midwife
- up to 3 other executive directors

2.5 **Appointment of the Chair and Non-Executive Directors** – In accordance with the Constitution the Chair and the other non-executive Directors are appointed and removed by the council members at a general meeting. The appointment process followed will be in accordance with the terms of the Constitution.

2.6 In accordance with the Constitution the non-executive Directors of the Trust will appoint and remove the Chief Executive as a director of the Trust. The appointment of the Chief Executive is subject to the approval of a majority of the members of the Council of Governors present and voting at a meeting of the Council of Governors.

2.7 **Terms of Office of the Chair and Non-Executive Directors** – The Chair and the non-executive Directors are to be appointed for a period of office of three years in accordance with the terms and conditions of office decided by the Council of Governors at a general meeting.

2.8 **Terms of Office of Executive Directors** - The Board Nominations and Remuneration Committee of non-executive Directors shall decide the terms and conditions of office including remuneration and allowances of executive Directors.

2.9 **Appointment of Deputy Chair** - For the purpose of enabling the proceedings of the Trust to be conducted in the absence of the Chair of the Trust, the Council of Governors may appoint a non-executive Director to be Deputy Chair for such a period, not exceeding the remainder of his/her term as non-executive Director of the Trust, as they may specify on appointing him/her. If the Chair is unable to discharge their office as Chair of the Trust, the Deputy Chair of the Board of Directors shall be acting Chair of the Trust.

2.10 Any non-executive Director so elected may at any time resign from the office as Deputy Chair by giving notice in writing to the Chair and the Directors of the Trust who may thereupon appoint another non-executive Director as Deputy Chair in accordance with paragraph 2.9.

2.11 **Powers of Deputy Chair** - Where the Chair of the Trust has died or has otherwise ceased to hold office or where he/she has been unable to perform his/her duties as Chair owing to illness, absence from England and Wales or any other cause, references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform his/her duties, be taken to include references to the Deputy Chair.

2.12 **Senior Independent Director role** -

- Be available to Directors, Governors, members of the Trust or other stakeholders if they have concerns relating to matters which contact through the normal channels of Chair of the Trust, Chief Executive, Trust Secretary or Chief Finance Officer has failed to resolve, or for which such contact is inappropriate.

- Attend sufficient meetings of Governors to give them an opportunity to express concerns.

- Convene and chair meetings of the Board, or any part of a Board meeting, at which matters concerning the Chair of the Trust are considered.

3. MEETINGS OF THE BOARD OF DIRECTORS

3.1 **Calling Meetings** - Ordinary meetings of the Board shall be held at such times and places as the Board may determine.

3.2 Meetings of the Board will be called by the Trust Secretary, or by the Chair of the Trust, or by four Directors (a minimum of one Executive and one Non Executive Director) who give written notice to the Trust Secretary specifying the business to be carried out. The Trust Secretary shall send a written notice to all Directors as soon as possible after the receipt of such a request. The Trust Secretary shall call a meeting on at least fourteen but not more than twenty-eight days' notice (except in the case of emergencies) to discuss the specified business. If the Trust Secretary fails to call such a meeting then the Chair or four Directors, whichever is the case, shall call such a meeting.

3.3 **Notice of Meetings** – Save in the case of emergencies or the need to conduct urgent business, the Trust Secretary shall give to all Directors at least fourteen days written notice of the date and place of every meeting of the Board of Directors.

3.4 Before each meeting of the Board, a notice of the meeting, specifying the business proposed to be transacted at it, shall be delivered to every Director, sent electronically or by post to the usual place of residence of such Director, so as to be available to him/her at least 5 clear days before the meeting (or less at the agreement of the Chair of the Committee/Board). 'Clear days' excludes bank holidays and weekends.

3.5 Lack of service of the notice on any director shall not affect the validity of a meeting.

3.6 Failure to serve such a notice on more than 2 Directors will invalidate the meeting. A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post.

3.7 In the case of a meeting called by Directors or the Chair in default of the Trust Secretary , the notice shall be signed either by those Directors or the Chair and no business shall be transacted at the meeting other than that specified in the notice.

3.8 **Setting the Agenda** - The Board may determine that certain matters shall appear on every agenda for a meeting of the Board and shall be addressed prior to any other business being conducted.

3.9 A Director desiring a matter to be included on an agenda shall make his/her request in writing to the Trust Secretary at least 10 clear days before the meeting, subject to SO 3.3. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.

3.10 **Chair of Meeting** - The Chair of the Trust, or in their absence the Deputy Chair of the Board, and in their absence one of the other non-executive Directors in attendance is to chair meetings of the Board.

3.11 If the Chair is absent from a meeting temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If the Chair and Deputy Chair are absent, or are disqualified from participating, such non-executive Director as the Directors present shall choose who shall preside.

3.12 **Annual General Meeting -** In accordance with the Constitution the Trust will hold a members meeting (the "Annual General Meeting") within nine months of the end of the financial year.

3.13 **Notices of Motion** - A Director of the Trust desiring to move or amend a motion shall send a written notice thereof at least 10 clear days before the meeting to the Trust Secretary , who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda subject to SO 3.7.

3.14 **Withdrawal of Motion or Amendments** - A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.

3.15 **Motion to Rescind a Resolution** - Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall bear the signature of the Director who gives it and also the signature of 4 other Directors. When any such motion has been disposed of by the Board, it shall not be competent for any Director other than the Chair to propose a motion to the same effect within 6 months; however the Chair may do so if he/she considers it appropriate.

3.16 **Motions** - The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

3.17 When a motion is under discussion or immediately prior to discussion it shall be open to a Director to move:

- An amendment to the motion.
- The adjournment of the discussion or the meeting.
- That the meeting proceed to the next business. (*)

- The appointment of an ad hoc sub-committee to deal with a specific item of business.

- That the motion be now put. (*)

* In the case of sub-paragraphs denoted by (*) above to ensure objectivity motions may only be put by a Director who has not previously taken part in the debate and who is eligible to vote. No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

3.18 **Chair's Ruling** - Statements of Directors made at meetings of the Board shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting.

3.19 **Voting** - Every question at a meeting shall be determined by a majority of the votes of the Directors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

3.20 All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Directors present so request.

3.21 If at least one-third of the Directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Director present voted or abstained.

3.22 If a Director so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).

3.23 In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.

3.24 The Board may agree that its members can participate in its meetings by telephone, video or computer link. Participation in the meeting in this manner shall be deemed to constitute presence in person at such meeting.

3.25 A resolution in writing signed by all of the Directors entitled to receive notice of a meeting of the Board of Directors shall be as valid and effectual as if it had been passed at a meeting of the Board of Directors duly convened and held and may consist of several documents in the like form each signed by one or more directors.

3.26 A resolution in electronic form sent to all of the Directors entitled to receive notice of a meeting of the Board of Directors by electronic communication (for the purposes of this provision "electronic communication" means a communication transmitted (whether from one person to another, from one device to another or from a person to a device or vice versa) (a) by means of an electronic communications network; or (b) by other means but while in an electronic form) to the electronic addresses notified to the Trust by each of the directors, shall be as valid and effectual as if it had been passed at a meeting of

the Board of Directors duly convened and held provided that each and every director entitled to receive a notice of a meeting of the Board of Directors responds by electronic communication to the electronic address from which the resolution in electronic form was transmitted from, confirming their acceptance of the resolution.

3.27 An acting director who has been appointed formally to carry out a vacant Director's duties during a period of temporary incapacity, shall be entitled to exercise the voting rights of the executive Director. An officer attending the Board to represent an executive Director during a period of incapacity or temporary absence without being formally appointed to the Board may not exercise the voting rights of the executive Director. An officer's status when attending a meeting shall be recorded in the minutes.

3.28 **Minutes** - The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.

3.29 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

3.30 Minutes shall be circulated in accordance with the Boards' wishes.

3.31 **Suspension of Standing Orders** - Except where this would contravene any statutory provision or any direction made by the Secretary of State, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Board are present, including one executive Director and one non-executive Director, and that a majority of those present vote in favour of suspension.

3.32 A decision to suspend SOs shall be recorded in the minutes of the meeting and the circumstances subsequently reviewed by the Audit & Risk Committee.

3.33 A separate record of matters discussed during the suspension of SOs shall be made and shall be available to the Directors.

3.34 No formal business may be transacted while SOs are suspended.

3.35 **Variation and Amendment of Standing Orders** - These Standing Orders shall be amended only if:

- a notice of motion under Standing Order 3.13 has been given; and
- no fewer than half the total of the Trust's non-executive Directors vote in favour of amendment; and
- at least two-thirds of the Directors are present ; and
- the variation proposed does not contravene a statutory provision or direction made by the Secretary of State.

3.36 **Record of Attendance** - The names of the Directors present at the meeting shall be recorded in the minutes.

3.37 **Quorum** -.Seven Directors, including not less than three executive Directors and not less than four non-executive Directors shall form a quorum.

3.38 An officer in attendance for an executive Director but without formal acting up status may not count towards the quorum.

3.39 If a Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see SO 6 or 7) he/she shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. The above requirement for at least two executive Directors to form part of the quorum shall not apply where the executive Directors are excluded from a meeting.

4. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

4.1 The Board may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee, appointed by virtue of SO 5.1 or 5.2 below or by a Director or an officer of the Trust in each case subject to such restrictions and conditions as the Board considers appropriate.

4.2 **Emergency Powers** - The powers which the Board has retained to itself within these Standing Orders (SO 2.3) may in emergency be exercised by the Chief Executive and the Chair of the Trust after having consulted at least two Non Executive Directors. The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the Board for ratification.

4.3 **Delegation to Committees** – The Board shall agree from time to time to the delegation of executive powers to be exercised by committees which it has formally constituted. The constitution and terms of reference of these committees, and their specific executive powers shall be approved by the Board.

4.4 **Delegation to Officers** - Those functions of the Trust which have not been retained as reserved by the Board or delegated to an executive committee or -sub-committee shall be exercised on behalf of the Board by the Chief Executive. The Chief Executive shall determine which functions he/she will perform personally and shall nominate officers to undertake the remaining functions for which he/she will still retain an accountability to the Board.

4.5 The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Board, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board as indicated above.

4.6 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board or the Chief Finance Officer or other executive Director to provide information and advise the Board in accordance with any statutory requirements or the Independent Regulator.

4.7 The arrangements made by the Board as set out in the "Reservation of Powers to the Board and Delegation of Powers" shall have effect as if incorporated in these Standing Orders.

5. COMMITTEES

5.1 **Appointment of committees** - The Board may appoint committees of the Board, consisting wholly or partly of Directors of the Trust or wholly of persons who are not Directors of the Trust.

5.2 A committee appointed under SO 5.1 may, subject to such directions as may be given by the Independent Regulator or the Board appoint committees of the Board consisting wholly or partly of members of the committee.

5.3 The Standing Orders of the Board, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees of the Board.

5.4 Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide. Such terms of reference shall have effect as if incorporated into the Standing Orders.

5.5 All Board sub-committees will be chaired by a non-executive director.

5.6 Committees may not delegate their executive powers to a sub-committee unless expressly authorised by the Board.

5.7 The Board shall approve the appointments to each of the committees which it has formally constituted.

5.8 Where the Trust is required to appoint persons to a committee and/or to undertake statutory functions as required by NHS England, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with applicable statute and regulations and with the guidance issued by NHS England.

5.9 The Committees established by the Board are:

- Nominations and Remuneration
- Audit and Risk
- Quality
- Charity
- Finance & Investment
- People

At least two Non-Executive Directors and two Executive Directors are members of each Committee (other than the Audit & Risk and Charity Committees)

5.10 **Confidentiality** - A member of a committee shall not disclose a matter dealt with by, or brought before, the committee without its permission until the committee shall have reported to the Board or shall otherwise have concluded on that matter.

5.11 A Director of the Trust or a member of a committee shall not disclose any matter reported to the Board or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Board or committee shall resolve that it is confidential.

6. DECLARATIONS OF INTERESTS AND REGISTER OF INTERESTS

6.1 **Declaration of Interests** - Directors must declare interests which are relevant and material to the NHS Foundation Trust of which they are a Director. All existing Directors should declare such interests. Any Directors appointed subsequently should do so on appointment.

6.2 Interests which should be regarded as "relevant and material" are as specified in the Constitution.

6.3 If Directors have any doubt about the relevance of an interest, this should be discussed with the Trust Secretary .

6.4 At the time Directors' interests are declared, they should be recorded in the Board minutes. Any changes in interests should be declared at the next Board meeting following the change occurring.

6.5 Directors' Directorships of companies likely or possibly seeking to do business with the NHS should be published on the Trust's website.

6.6 During the course of a Board meeting, if a conflict of interest is established, the Director concerned should withdraw from the meeting and play no part in the relevant discussion or decision.

6.7 **Register of Interests** – In accordance with the Constitution, the Trust Secretary will ensure that a Register of Interests is established to record formally declarations of interests of Directors.

6.8 These details will be kept up to date by means of, as a minimum, an annual review of the Register.

6.9 All appropriate staff will be asked to declare any interest and a record of interests will be kept.

6.10 The Register of Board interests will be available to the public.

7. DISABILITY OF DIRECTORS IN PROCEEDINGS ON ACCOUNT OF PECUNIARY INTEREST

7.1 Subject to the following provisions of this Standing Order, if a Director of the Trust has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board at which the contract or other matter is the subject of consideration, he/she shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.

The above SO applies if the pecuniary interest relates to the spouse or a cohabiting partner.

7.2 The Board shall exclude a Director from a meeting of the Board while any contract, proposed contract or other matter in which he/she has a pecuniary interest, is under consideration.

7.3 Standing Order 7 applies to a committee or sub-committee of the Board as it applies to the Board and applies to any member of any such committee or sub-committee (whether or not he/she is also a Director) as it applies to a Director.

8. STANDARDS OF BUSINESS CONDUCT

8.1 **Policy** - Staff must comply with the national guidance contained in Managing Conflicts of Interest in the NHS: Guidance for staff and organisations". The following provisions should be read in conjunction with this document.

8.2 **Interest of Officers in Contracts** - If it comes to the knowledge of a Director or an officer of the Trust that a contract in which he/she has any pecuniary interest not being a contract to which he/she is themself a party, has been, or is proposed to be, entered into by the Trust he/she shall, at once, give notice in writing to the Trust Secretary of the fact that he/she is interested therein. In the case of married persons or persons living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.

8.3 An officer must also declare to the Chief Executive any other employment or business or other relationship of his, or of a cohabiting partner, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust. A register of declared interests of staff shall be kept and maintained by means of an annual review.

8.4 **Canvassing of, and Recommendations by, Directors in Relation to Appointments** - Canvassing of Directors of the Trust or members of any committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

8.5 A Director of the Trust shall not solicit for any person any appointment under the Trust or recommend any person for such appointment: but this paragraph of this

Standing Order shall not preclude a Director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

8.6 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

8.7 **Relatives of Directors or Officers** - Candidates for any staff appointment shall when making application disclose in writing whether they are related to any Director or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him/her liable to instant dismissal.

8.8 The Directors and every officer of the Trust shall disclose to the Chief Executive any relationship with a candidate of whose candidature that Director or officer is aware. It shall be the duty of the Chief Executive to report to the Trust any such disclosure made.

8.9 On appointment, Directors (and prior to acceptance of an appointment in the case of executive Directors) should disclose to the Board whether they are related to any other Director or holder of any office under the Trust.

8.10 Where the relationship of an officer or another Director to a Director of the Trust is disclosed, the Standing Order headed `Disability of Directors in proceedings on account of pecuniary interest' (SO 7) shall apply.

8.11 All managers must comply with The Code of Conduct for NHS Managers Directions 2002

9. CUSTODY OF SEAL AND SEALING OF DOCUMENTS

9.1 **Custody of Seal** - The Common Seal of the Trust shall be kept by the Trust Trust Secretary in a secure place

9.2 **Sealing of Documents** - Where a seal is required to be affixed to a document it will be witnessed and sealed by the signature of two of the below

- the Chief Executive
- the Chair of the Trust
- any other Executive Board Director
- Trust Secretary

9.3 As a general guide the seal should be used for:

- all land and property transactions which are required to be executed as a Deed
- any other contract required to be executed under seal rather than as a simple contract

9.4 Before any building, engineering, property or capital document is sealed it must be approved and signed by the Chief Finance Officer (or an officer nominated by him/her) and authorised and countersigned by the Chief Executive (or an officer nominated by him/her who shall not be within the originating Directorate).

9.5 **Register of Sealing** - An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal.

10. SIGNATURE OF DOCUMENTS

10.1 Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.

10.2 The Chief Executive or nominated officers shall be authorised, by resolution of the Board, to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board or committee or sub-committee to which the Board has delegated appropriate authority.

11. MISCELLANEOUS

11.1 **Standing Orders to be given to Directors and Officers** - It is the duty of the Chief Executive to ensure that existing Directors and officers and all new appointees are notified of and understand their responsibilities within Standing Orders and SFIs. Updated copies shall be issued to staff designated by the Chief Executive. New designated officers shall be informed in writing and shall receive copies where appropriate of SOs.

11.2 **Documents having the standing of Standing Orders** - Standing Financial Instructions and Reservation of Powers to the Board and Delegation of Powers shall have the effect as if incorporated into SOs.

11.3 **Review of Standing Orders** - Standing Orders shall be reviewed annually by the Secretary to the Trust. The requirement for review extends to all documents having the effect as if incorporated in SOs. The Board of Directors will subsequently review and approve the Standing Orders annually.

NHS
Royal Berkshire
NHS Foundation Trust

Board Work Plan 2024

Focus	Item	Lead	Freq	Jan-24	Mar-24	May-24	Jul-24	Sep-24	Nov-24
Provide the Highest Quality Care to all	Winter Plan	DH	Annually						■
	Ockendon Action Plan Update	KP-T	By Exception						
	Children & Young People Update	KP-T	Bi-Annually						■
	Health & Safety Story	NL	Every	■	■	■	■	■	■
	Quality & Improvement Strategy	KP-T/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	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	NL	Annually						
	ICP/ICS Update	AS	By Exception						
	Building Berkshire Together	NL	Every			■	■	■	■
Deliver in Partnership	Communications & Engagement Strategy	AS	Once				■		
Other / Governance	Chief Executive Report	SMC	Every	■	■	■	■	■	■
	Board Assurance Framework	CL	Bi-Annually		■			■	
	Corporate Risk Register	KP-T	Bi-Annually		■			■	
	Integrated Performance Report (IPR)	Exec	Every	■	■	■	■	■	■
	IPR Metrics Review	DH/AS	By Exception						■
	NHSI Annual Self-Certification	NL/CL	Annually			■			
	Standing Orders Review	CL	Annually						■
	Fit & Proper Persons Update	DF	Once						■
	Board Work Plan	CL	Every	■	■	■	■	■	■

NHS
Royal Berkshire
NHS Foundation Trust

Integrated Performance Report

December 2023

Improving together to deliver
outstanding care for our community

Improving Together

December 2023 performance summary

Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 31st December during which the Trust experienced significant pressures across non-elective care and 3 days of Junior Doctor Industrial Action undertaken.

Despite these pressures, the Trust currently continues to perform well on the RTT **elective care standard**, with under 20 patients waiting over 52 weeks on those pathways. However, the sustained challenges are impacting on performance and, there is a significant risk that this and the combination of workforce and financial pressures will continue to challenge performance into 2024-2025.

The Trust remains challenged across other **Deliver in Partnership** objectives. We remain significantly behind the 99% within 6-week **diagnostic waiting standard** with Endoscopy and Echocardiography driving our long wait position. **Cancer performance** standards continue to fall below national standards, with 70% of patients meeting the 62-day standard in December.

The Trust's **rate of turnover** (page 6) has continued to improve, reflecting the increased focus on this area from across the organisation. The Trust's vacancy rate now sits at 7.91%, rapidly approaching the breakthrough priority target of 7%.

Financial performance as at Month 9 YTD is £1.84m behind plan driven by continued spend on workforce. We are currently preparing for the formal reforecast requested across the NHS at Month 10, we are currently on track albeit, with risks to deliver our budgeted full year financial position of £10.05m deficit. Efficiency savings are on track and due to be delivered in full by year end.

As in previous months, a number of **watch metrics** are outside of statistical control. Most relate to the operational pressures experienced in the Trust and are expected to improve in line with strategic metrics. A final set relate to mandatory training and appraisal completion which have been a focus of performance meetings with directorates.

Strategic Objectives	Page	Strategic Metric	SPC flag
Provide the highest quality care for all	4	**Improve patient experience:** Number of complaints	
	5	**Reduce harm:** Number of serious incidents	
Invest in our people and live out our values	6	**Improve retention:** Turnover rate	P, L
Delivering in partnership	7-9	**Improve waiting times:** Reduce Elective long waiters Average wait times for diagnostic services Emergency Department (ED) performance against 4hr target	P F, H F, L
	10	**Reduce inpatient admissions:** Rate of admission (LoS>0)	H
Cultivate innovation and improvement	11	**Increase care closer to home:** Proportion of activity delivered at RBH	F, H
Achieve long-term sustainability	12	**Live within our means:** Trust income and expenditure	F
	13	**Reduce impact on the environment:** CO2 emissions	P
Breakthrough priorities	15	**Recruit to establishment** (Vacancy %)	F, H
	16	**Improve flow:** Average LOS for non-elective patients (inc. zero length of stay)	
	17	**Support patients with cancer** Reduce 62 days cancer waits incomplete	F, H
	18	Delivery of £15m efficiency target	?
Watch metrics	20-29		N/A

NHS
Royal Berkshire
NHS Foundation Trust

Strategic Metrics

Strategic objective: **Provide the highest quality care for all**

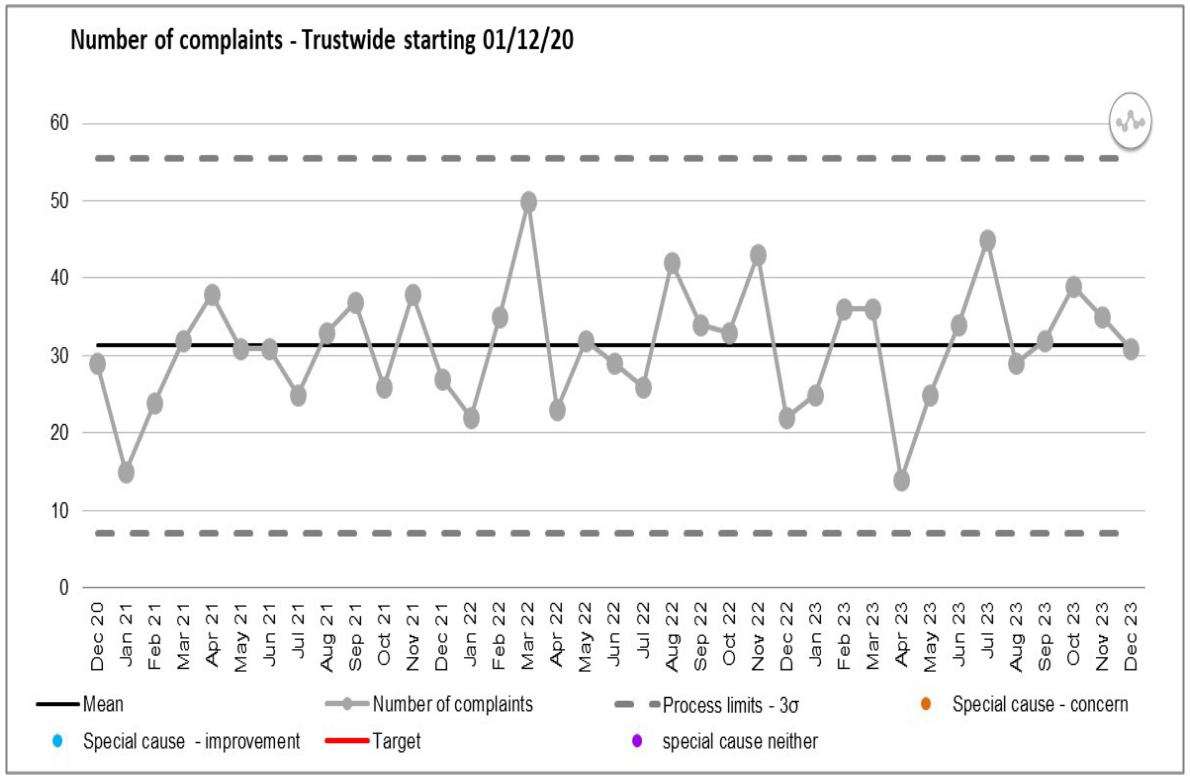
Strategic metric: Improve patient experience

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Number of complaints received	45	29	32	39	35	31
Complaints turnaround time within 25 days (%)	61%	70%	65%	50%	52%	50%
No. of Vulnerable persons complaints	0	2	3	3	1	2

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 received 31 formal complaints this month with the top two themes being clinical treatment and communication.

Hotspots:
Complaints – Gastroenterology 2, Paediatrics 2
Patient Advice and Liaison Service (PALS) - Emergency Department (32) and Ophthalmology (15)

Overdue Complaint Responses / Reopened Complaints:
23 overdue complaints for Urgent Care and 12 reopened complaints outstanding
4 overdue complaints for Networked Care and 3 reopened complaints outstanding
6 overdue complaints for Planned Care and 5 reopened complaints outstanding

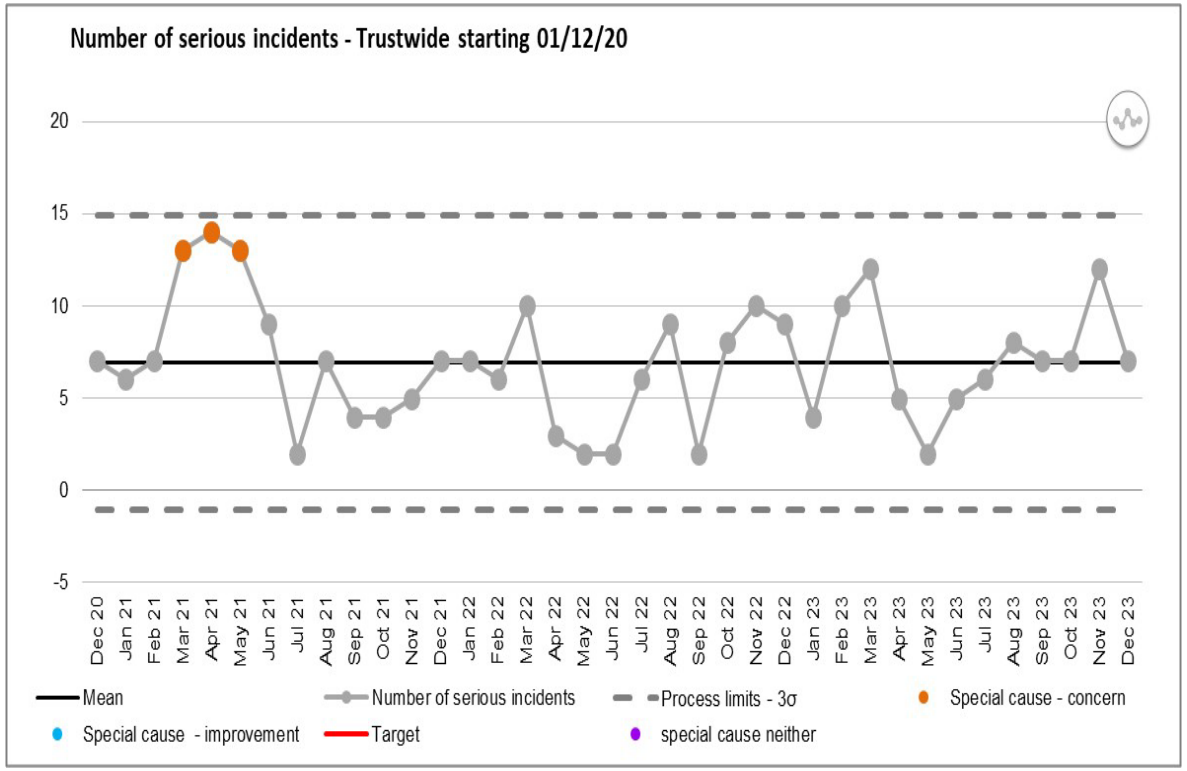
Complaint Action Tracker:
Currently we have 178 open actions on the tracker with 76% of those actions overdue. The team are working with the care groups to reduce this number. Please note the reporting has changed to open actions rather than complaints with an open action, hence the increase in numbers. Each complaint has at least 3 actions.

Actions:
- Continuous PALS monitoring to gauge current issues
- Weekly CNO, CMO, Patient Experience & Safety Huddles to identify Trust wide theme
- Feed into communication working group **(Q4 23/24)**
- Complaint structure review completed, increase complaints senior leadership **(Q4 23/24)**
- KPMG review action plan **(Q3 24/25)**
- Transformation rerun complaints response data to highlight delays & plan **(Q4 24/25)**
- CNO/Care Group overdue complaints meetings & CNO driver metric (**Q4 24/25**)

Risks:
- Care Group capacity - the impact of Investigating Officers (IOs) to undertake responses and completion of actions in a timely manner due to ongoing capacity within the Trust

Strategic objective: **Provide the highest quality care for all**

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



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Number of serious incidents reported	6	8	7	7	12	7
Serious Incidents related to vulnerable persons	0	0	0	0	1	1

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust

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:
- 7 Serious incidents (SI's) were reported in December 2023, 2 in Planned Care, 1 in Networked Care and 4 in Urgent Care which includes 1 Maternity and of which 1 Never Event with no patient harm
- Treatment delay featured in 3 of the SI's reported in December which is a continuing theme.
- Duty of Candour was met in all cases and learning shared
- Key learning themes from December SI's include EPR system usability and the refinement of a digital escalation process, raising awareness through safety huddles of post falls management, embedding of the new maternity care cards which support the triage midwife to give appropriate advice, and a continued focus on assurance and improvement of the World Health Organisation (WHO) checklist with a themed learning 'celebration day' planned in January.

Actions:
- Transition from SI Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation continues with a target transition by **1st April 2024.**
- RBFT PSIRF draft plan and policy have been completed in collaboration with the ICB, and a pilot with PSIRF pilot areas will be undertaken in the next 4 weeks.
- Actions including a refined process for digital escalation and WHO checklist audit and education activities are ongoing in response to the Never Event thematic analysis
- Responsive and pro-active improvement work continues across the Trust including Falls and Pressure Ulcers, Hypoglycaemic awareness, the Deteriorating Patient workstream and Venous thromboembolism (VTE) education and awareness.

Risks:
- Patient safety team resource constraints – additional workload created by PSIRF implementation
- Risk of patient harm following the most recent industrial action, in addition to current winter pressures.

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

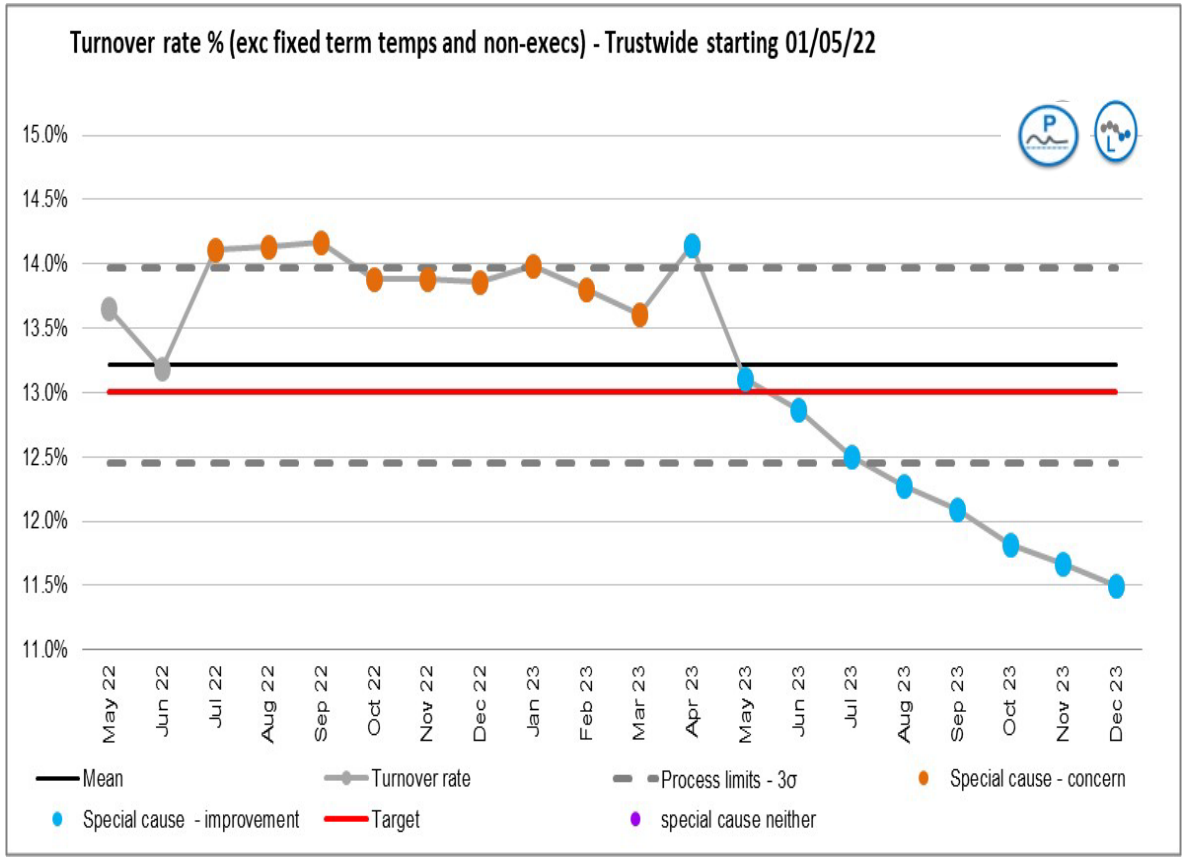
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
P	L

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Staff turnover rate	12.50%	12.28%	12.09%	11.82%	11.67%	11.50%

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 in 2024/25. This will be continually monitored and reviewed.

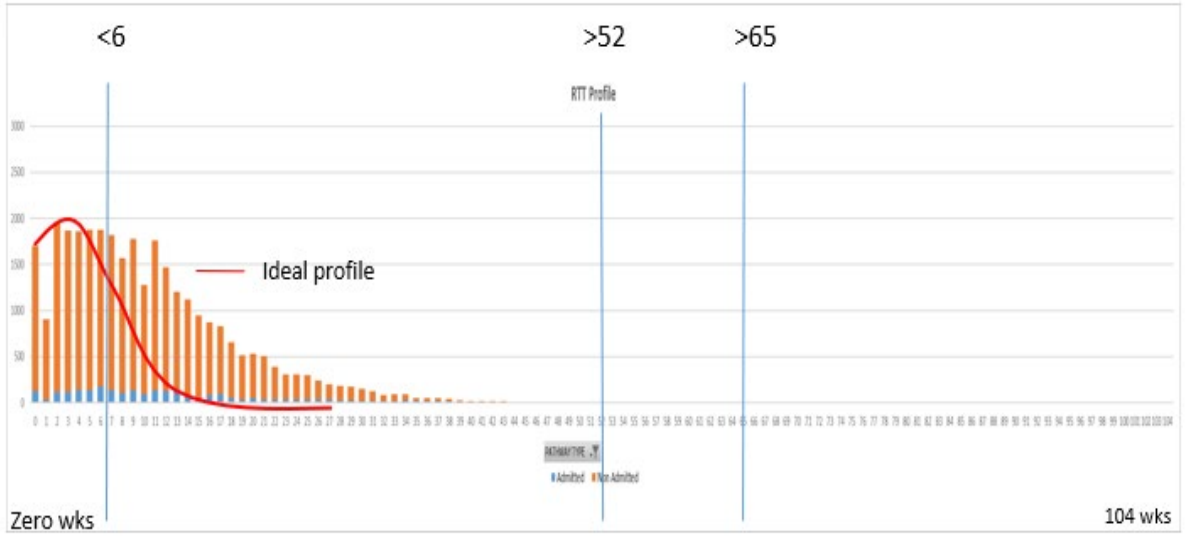
- **How are we performing**:
- Turnover has continued to reduce over the last eight months to reaching our ambition of 11.50% (excluding fixed term/temp)
- New starter 4 & 8month questionnaire report now circulated to PCP and Care Groups.
- Care Group turnover performance improvements have been sustained for several months and therefore turnover driver metrics at Care Group level are being closed out.
- Turnover in OT will continue to be a local driver metric for Specialist Medicine
- RISE beginning to have an impact at Care Group level, bringing greater focus to appraisal conversations and mini talent review boards.

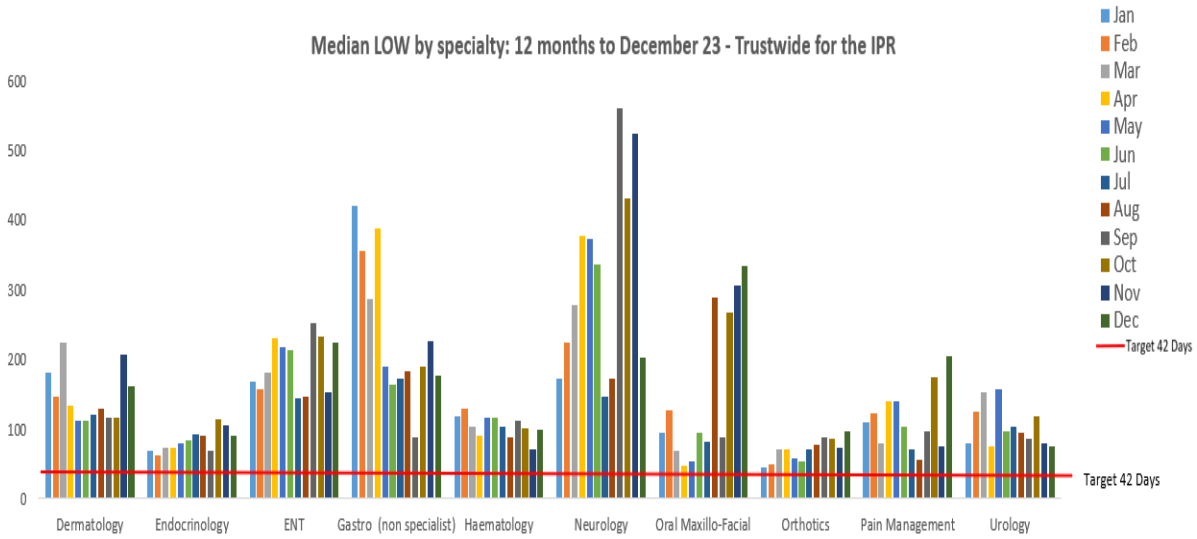
- **Actions:**
- Actionable themes from 4&8month survey being developed and incorporated into care group people plans.
- Work underway on probationary reviews and clarity around developmental posts
- Retention work/interventions under evaluation and SOP's being developed.
- Focus on staff health and wellbeing including recent Health check data and financial support across Care Groups.
- EM Aspiring Leaders Programme, over 10 placements currently confirmed..

- **Risks:**
- Lack of financial influence on retention
- Environmental factors a constant challenge i.e. cost of living

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce Elective long waiters





Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
	N/A

Royal Berkshire NHS Foundation Trust

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 >65 week waits by March 24. We want to exceed these standards and eradicate waits over 52wks consistently during 2023-24.

How are we performing:

- The Trust is maintaining a low number of >52 week wait RTT pathways (<20)
- However, whilst the Patient Tracking List (PTL) size is comparable to 2019 we are seeing the impact of IA and local rate card extending the waiting time profile. The <18 PTL volume is now 55% higher than Jan 23 and continuing to increase. Without intervention we expect to see the numbers >18 and >52 begin to increase through Q4 and an increase in tip over volume for >52 and >65 from May 24
- First outpatient appointment (OPA) and diagnostic waiting times are the primary drivers for extended waiting times against the RTT standard. Maintaining our position and making further improvement to the RTT profile will be achieved through shortening **stages of treatment** across the elective pathway, in particular waiting times to 1st OPA

Actions:

- 6 month targeted programme of work to improve EPR encounter information underway as part of the Master-WL programme – expected completion **Apr 24**
- Investigating opportunities to increase capacity to support whole pathway transfers in order to decrease first OPA demand
- Work with each specialty to understand capacity and identify where alternative delivery methods can add value and where appropriate convert slots from follow-up to first
- Deployment of fully integrated e-Triage and referral management solution has been delayed. Sign off of the technology with NHSE has now been confirmed and early user deployment is underway.

Risks:

- Repeated industrial action is significantly impacting the elective programme – continuing loss of activity resulting in longer waits for routine OP appointments and an increase in 52 week waits
- Sustained increased demand across the cancer pathway (Urology, Dermatology and Gastro) displacing routine workload
- Implementation of capped rates having significant impact on Trust's ability to provide additional capacity

Strategic objective: **Deliver in partnership**

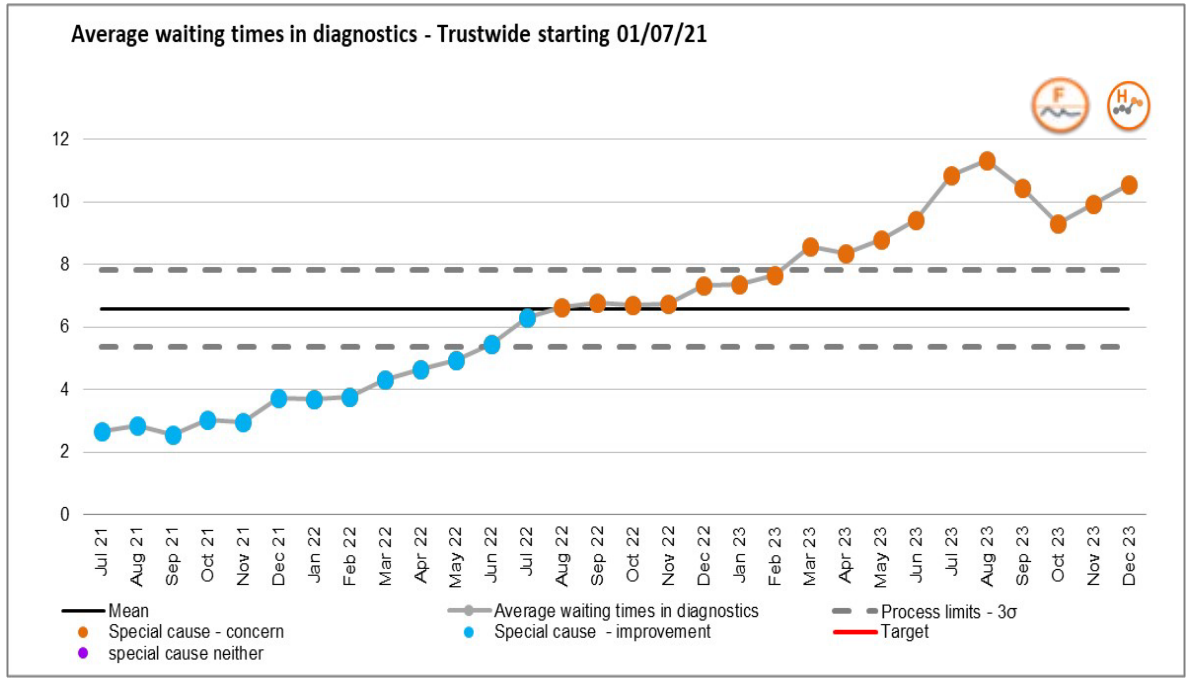
Strategic metric: Average waiting times in diagnostics DM01

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Average wait all modalities (wks)	**10.84**	**11.33**	**10.44**	**9.32**	**9.94**	**10.55**
Imaging	3.80	3.96	3.18	2.57	2.14	3.14
Physiological Measurement	7.47	7.33	8.04	6.78	9.73	10.67
Endoscopy	27.58	28.15	27.51	27.70	29.06	28.78
Cancer	3.66	2.77	2.29	2.02	1.85	3.27
Urgent	16.83	17.25	15.39	14.80	15.28	15.69
Routine	9.65	10.30	9.83	8.39	8.99	9.49

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
- Average waits remain significantly extended, driven primarily by Endoscopy and Echocardiography
- These modalities make up c. 85% of total >6 week waits. The majority of these being in the longest wait backlog (90% of total >13 weeks), however this decreased slightly in the most recent months report
- Clinical triage and prioritisation is in place. However, improvement to performance is linked to substantial increases in capacity and resource over 24/25

Actions:
- As previously reported at public 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
- In the short term, work is being insourced for gastroenterology, with medium term options being explored i.e., use of theatres and CDC
- We have also introduced a time-limited additional sessional rate for the remainder of this year and this is enabling additional clinics to be undertaken

Risks:

Endoscopy
- Cancer pathway demand is continuing to grow, and expected to grow further
- Waiting times for non-cancer work grow as a result or prioritising cancer work
- Capped rates for additional consultant sessions

Physiological Measurements (PM)
- Cardiology may see continued decline in DM01 performance due to workforce capacity

Strategic objective: **Deliver in partnership**

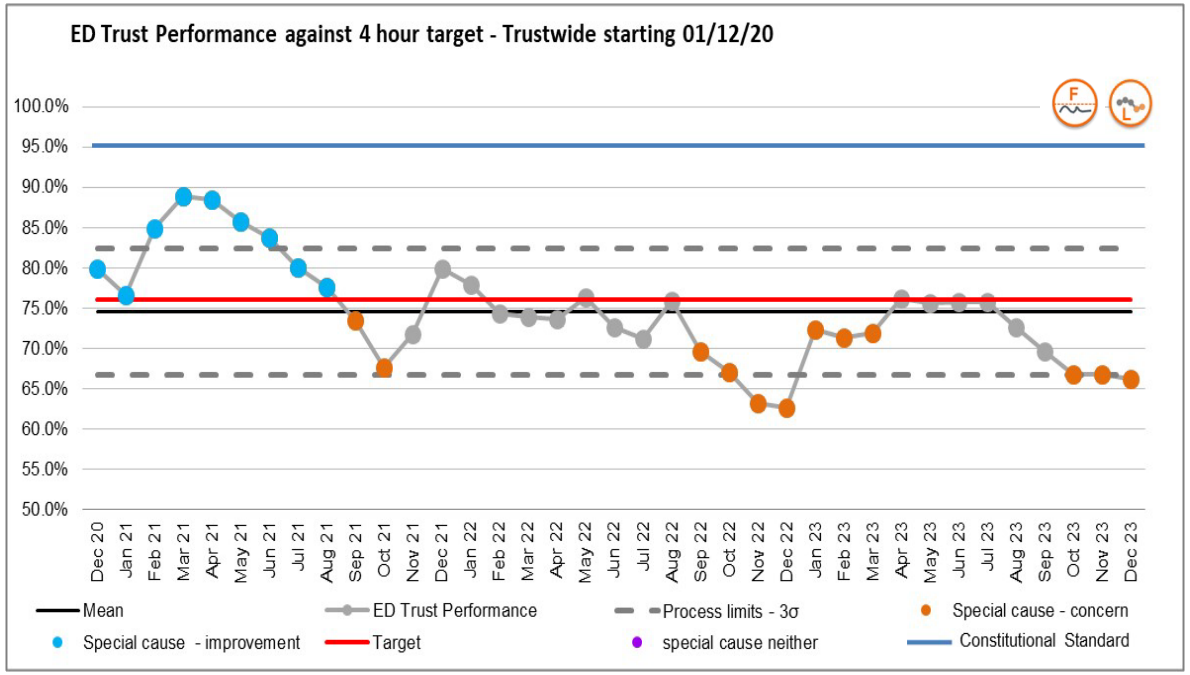
Strategic metric: Performance against 4hr A&E target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	L

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
4hour Performance (%)	75.83%	72.60%	69.66%	66.74%	66.80%	66.21%
Total Attendances	14864	13984	14606	15133	14832	14411
Total Breaches	3592	3831	4431	5033	4924	4869
4hour Performance (%) 2022	71.19%	75.85%	69.64%	67.08%	63.23%	62.65%
Total Attendances 2022	14444	13872	14182	15533	15196	15352
Total Breaches 2022	4162	3350	4306	5114	5587	5734

This measures:

Our objective is to reduce the number of patients experiencing excess waiting times 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%, NHS England has set Trusts a target of consistently seeing 76% of patients within 4 hours by the end of March 24

How are we performing:

- In December 66.21% of patients were seen within 4 hours. High daily attendances continue with an average of 399 per day and greater than 400 attendances for over half the month
- ED Minors Unit activity reduced to an average of 79 patients per day in December
- The team achieved the quality performance standard for 29/31 days. Actively pushing to increase use of EDMU and throughput to alleviate main department challenges
- >60 & >30min handover performance show improvement. >60min breaches have significantly reduced in month. Further improvement challenged with decision to admit (DTA) capacity issues

Actions:

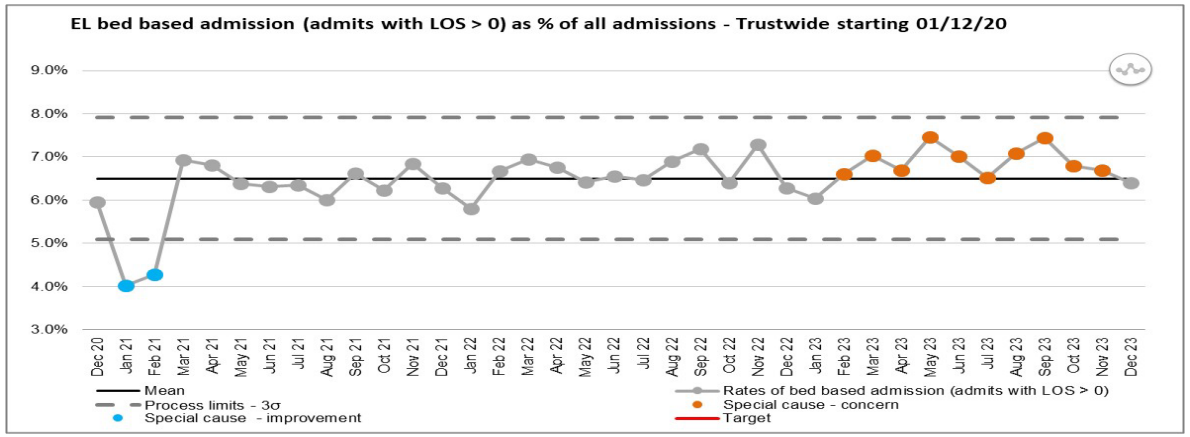
- Reading Urgent Care Centre appointment booking via EMIS® fully functioning. With greater focus on utilisation.20% increase of slot utilisation
- ED Triage collaborative work with KPMG to be translated in to workstreams for further improvement opportunities. Triage 2 now open
- Single Point of Access programme continues focus on GP referrals via ED with further roll out planned for January
- Continued focus on streaming patients to Results chairs to relieve pressure in main department.
- Focus on improving ambulance handover times

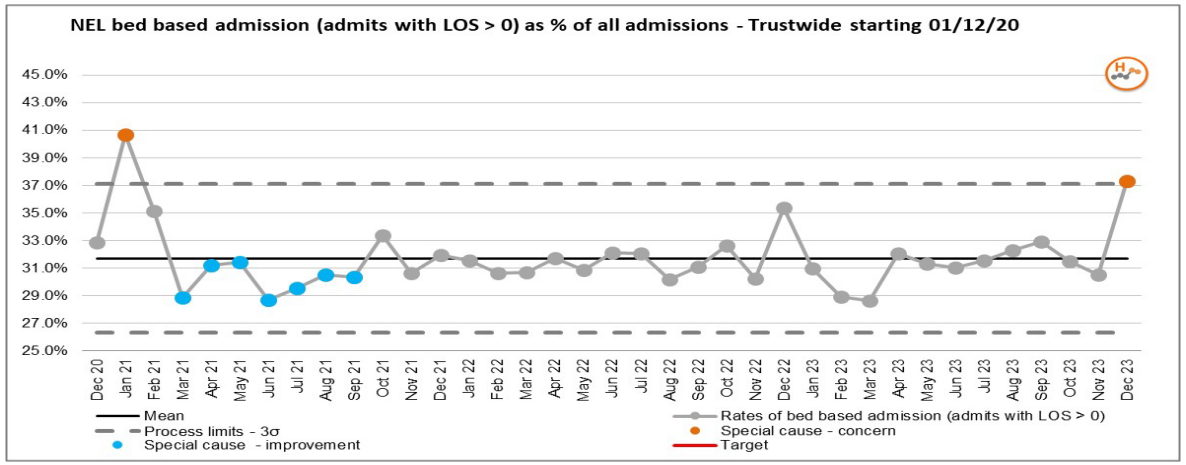
Risks:

- Significant increase in Mental Health demand as well as incidences of Violence & aggression towards staff
- Significant space constraints of the current ED facility
- Demand continues to grow in excess of population growth and funding
- Dependence on specialties to see referred patients in a timely manner

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce inpatient admissions





% of admissions with Los>0	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Elective	6.5%	7.1%	7.4%	6.8%	6.7%	6.4%
Non-elective	31.6%	32.3%	32.9%	31.5%	30.5%	37.3%

Board Committee: Quality Committee

SRO: Dom Hardy

EL Variation	NEL Variation

Royal Berkshire NHS Foundation Trust

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 underling 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 (e.g. 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 (average 85%) and non-elective overnight rate (average 31%) are all relatively stable.

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

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

Strategic objective: **Cultivate Innovation and Improvement**

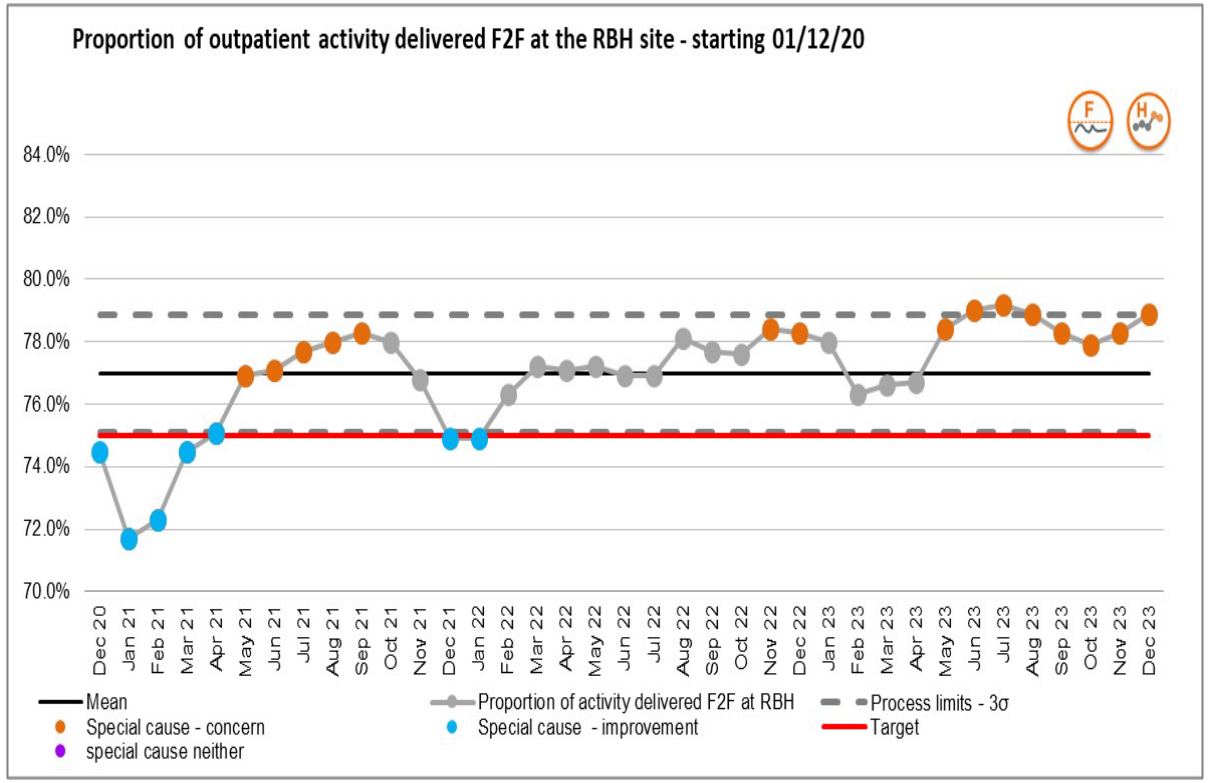
Strategic metric: Increase care closer to home

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
% of all care provided from RBH site	79.2%	78.9%	78.3%	77.9%	78.3%	78.9%

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 in 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 tracking the volume of outpatient care that is delivered face to face (F2F) at the RBH site as we believe that delivery of our clinical services strategy should result in this proportion falling as we take advantage of our investments

How are we performing:
Since 2017 the proportion of the Trust's activity delivered from the RBH site has fallen from 95% to under 80% driven by increased use of our sites in Henley, Bracknell and Newbury and because of an expansion in digital services such as virtual hospital and remote consultations

In December, 78.9% of all contacts in the Trust were delivered face-to-face from the RBH site – a small increase in performance from November and still above the 75% target. In recent (and coming) months, this metric is likely to have been impacted by industrial action.

Actions:
The Executive Management Committee are progressing a range of measures as part of the planning for 24/25 to support the delivery of our clinical services strategy including:

- Progressing Community Diagnostics Centres
- Extending our work with the patient portal
- Space review at Bracknell, Windsor, Henley and Newbury
- Exploring opportunities for MDT delivery with primary care
- Identification of service improvements aligned to our CSS with system partners

Risks:

- Our drive to increase the number of first Outpatient 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 ongoing Industrial action on activity across the Trust

Strategic objective: **Achieve long-term sustainability**

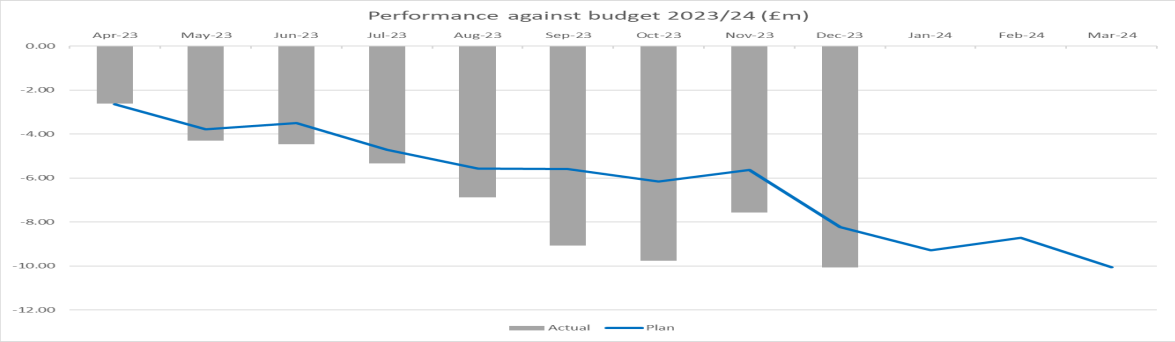
Strategic metric: Trust income & expenditure performance

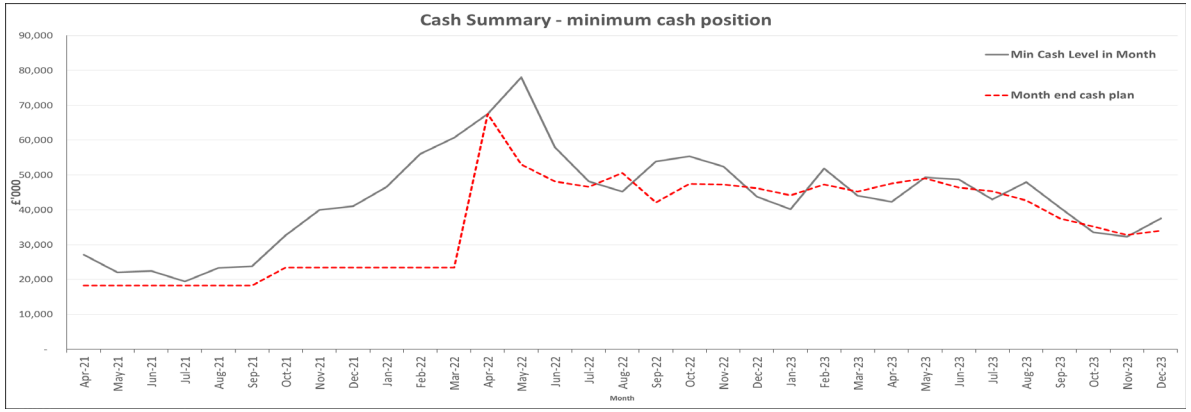
Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust





	Year to date				Full Year
	Actual	Plan	Variance against plan	RAG	Plan
Income (incl pass through)	£449.20m	£434.24m	£14.97m		£579.11m
Pay	£267.94m	£259.44m	-£8.50m		£345.31m
Non Pay (incl pass through)	£185.88m	£176.77m	-£9.11m		£235.53m
Other	£5.09m	£6.25m	£1.16m		£8.32m
Surplus/(Deficit)	-£10.05m	-£8.22m	-£1.83m		-£10.05m
Exclude donated Asset Effect, centrally funded PPE and Impairment	-£0.01m	£0.00m	-£0.01m		£0.00m
Adjusted Financial Performance (NHSE Plan)	-£10.06m	-£8.22m	-£1.84m		-£10.05m

This measures:
Our objective is to live within our means. We have set a budget of a £10.05m full year 2023/24 deficit as the first step on our return to a break-even position.

How are we performing:
Month 09 YTD, financial performance is a £(10.06)m deficit, £(1.84)m worse than plan. Income is ahead of plan by £14.97m, the variance is primarily driven by £4.77m income from NHSE to cover the impact of industrial action to M07 YTD, the over performance in high-cost drugs £3.28m, in addition, £4.74m is accrued income for the incident (Insurance settlement).

The Pay position is £(8.50)m adverse to plan YTD, this includes the Lighthouse costs of £1.51m (this is offset by income), and the additional cost of industrial action of £1.24m YTD that has been incurred from April to October 2023, and netted off with the income received in M09. In addition, the Trust has incurred £0.17m in December 23 relating to industrial action which is currently unfunded.

Non-Pay costs are £(9.11)m at M09 YTD, after excluding the April power outage costs of £4.71m , Lighthouse cost of £2.16m and £1.63m of pass through drugs (offset by income), the residual net non-pay overspend is £0.61m.

Actions:
- Focus is needed to make run-rate reductions in pay expenditure
- We continue to identify further savings delivery across specific contracts and spend areas
- Workforce controls have been implemented for several months and are ongoing
- We now have identified the £15m of risk adjusted efficiency savings delivery in year, of which £11.30m has been delivered at M09 YTD – further savings are now needed to offset the expenditure running in excess of budget
- The focus is now to identify schemes that are recurrent and could be taken forward to the next financial year 2024/25

Risks:
- Prolonged and further Industrial Action across different staff groups, as well as no resolution yet achieved for Junior Doctors' dispute
- Sourcing further savings to address the YTD overspend and absorb any further spending in excess of budget levels between now and the end of the year

Strategic objective: **Achieve long-term sustainability**

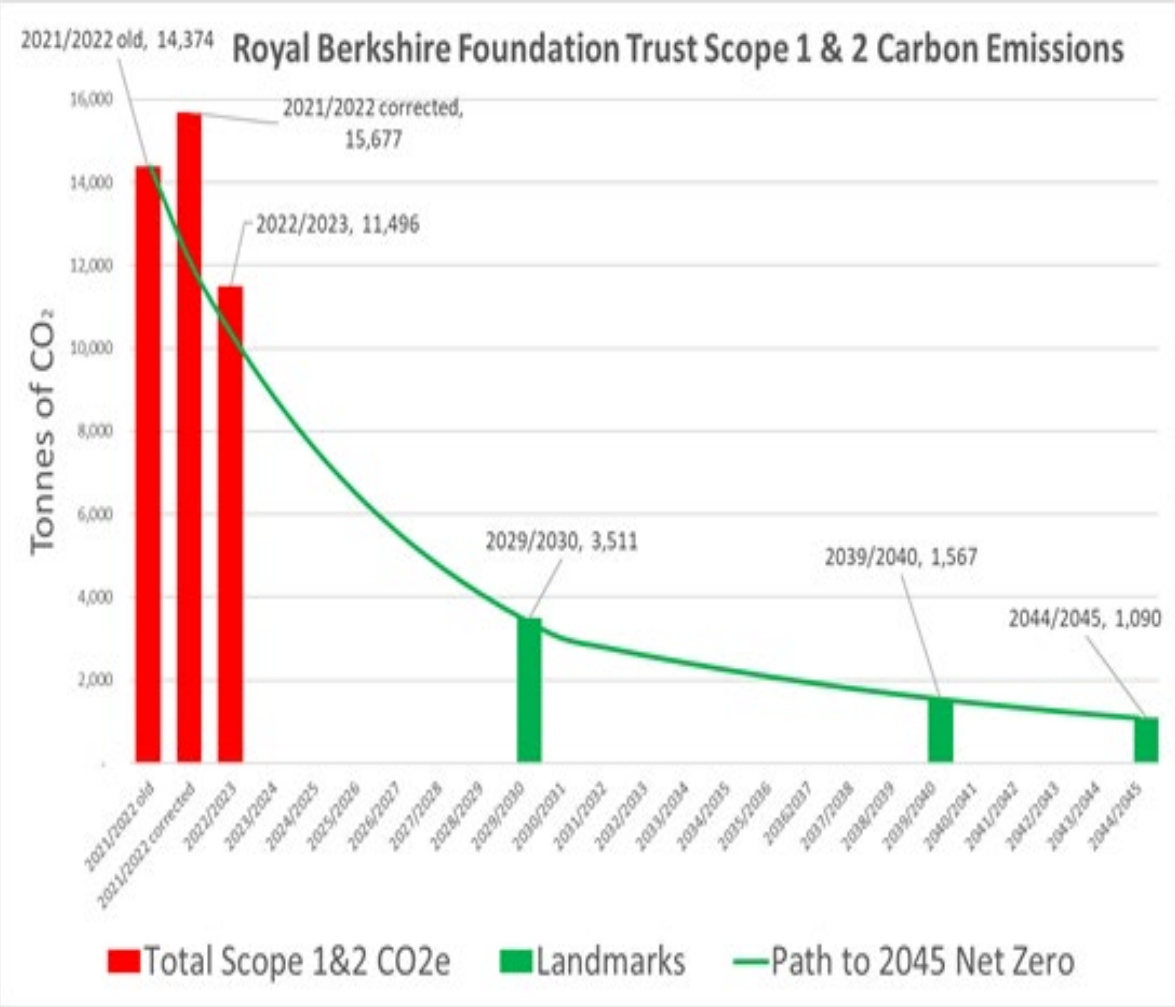
Strategic metric: CO2 emissions

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Validation
P	N/A

Royal Berkshire NHS Foundation Trust



This measures:
Our ambition is to reduce the impact we have on the environment and deliver on our net zero goal for 2040. We have finalised the 2022/23 full year report and are progressing establishing quarterly in year reporting. We are exploring how we benchmark our performance against other organisations and our own planned trajectory, in conjunction with other organisations across BOB ICS.

How we are performing:
The data for energy use has been collated from the properties owned by the Trust. The total 2022/23 RBFT carbon footprint for scope 1 and 2 emissions (The NHS Carbon Footprint) was calculated as 11,496 tonnes of CO2, compared to the updated, 15,677 tonnes for 2021/2022. These emissions included electricity imported, Energy Centre (main site) and wider Trust estates gas utilisation accounting for Combined Heat and Power (CHP), generators, medical gases; inhalers; refrigerant Fugitive F-Gas and fleet vehicles.

Battle and North Block are now back on mains power, so no longer on generator power fueled by diesel from the power outage from the 23rd April 23 which has adversely impacted on the Trust total Carbon footprint compared to prior years where the majority of power has been generated by the CHP.

Actions:
Executive Management Committee (EMC) has considered a strategic filter of programmes of work for the year ahead and endorsed its support to prioritise supporting our Net Zero Carbon ambition
The CEO has commissioned a proposal for resourcing environmental sustainability work and the Chief Finance Officer (CFO) is progressing this ahead of Q4

Risks:
- Lack of in year reporting poses a risk on certainty as to achievement of our Green Plan
- Achievement at pace of major net zero actions requires investment
- Dedicated PMO resource is required to continue momentum and funding for this is not yet secured

Breakthrough Priorities

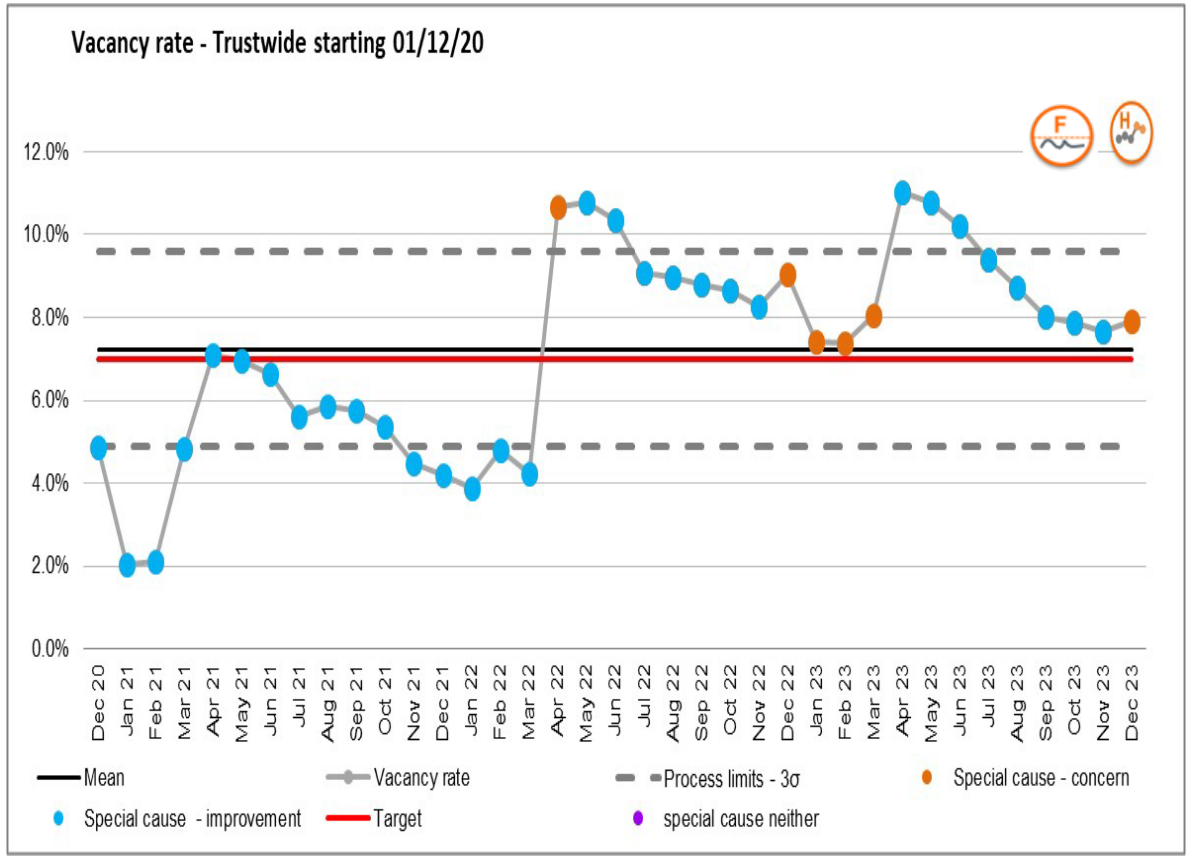
Breakthrough priority metric:
Vacancy rate

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Trust Performance	9.38%	8.74%	8.03%	7.86%	7.67%	7.91%

**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*

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.

- **How are we performing:**
- 73 vacancies went to advert, a total of 112 candidates were shortlisted for interviews
- 101 offers were made across the Trust through domestic recruitment
- No internationally recruited nurses were on boarded in December the final 25 of the 2023/24 cohort will arrive in Q4
- December has shown a slight increase caused by increase in WTE due to winter pressures

- **Actions:**
- Work to align ESR to Budgets discussed and workplan being drawn up between Finance and Workforce Information teams
- Work has started to align TRAC with current vacancies underway using Care Group trackers initially working with Directors of Nursing (DONs) due to discrepancy in budgets and ESR
- Discussions to look at recruitment processes and capacity/capability of recruitment team supported by the Transformation Team – work to commence January 2024
- Incentive Payment Guidance has been drafted and shared with Care Groups to be discussed at January Operational Management Team (OMT)
- Formal escalation process now in place for placement of internationally recruited staff to meet the Trust's pastoral requirements
- Review of HCA pipeline – waiting list has been cleansed 20 waiting to be placed. Wards continue to place individual adverts to be discussed at January R&R Meeting
- Nursing Open Days for 2024 arranged starting in March 2024
- Hot spot areas to be highlighted to focus on in 2024 – People & Change Partner (PCPs) and Retention Team

- **Risks:**
- Environmental factors – High cost of living
- Neighbouring Trusts paying incentives for specialist roles and High Cost Area Allowance (HCA) payments making moves to RBHFT less attractive

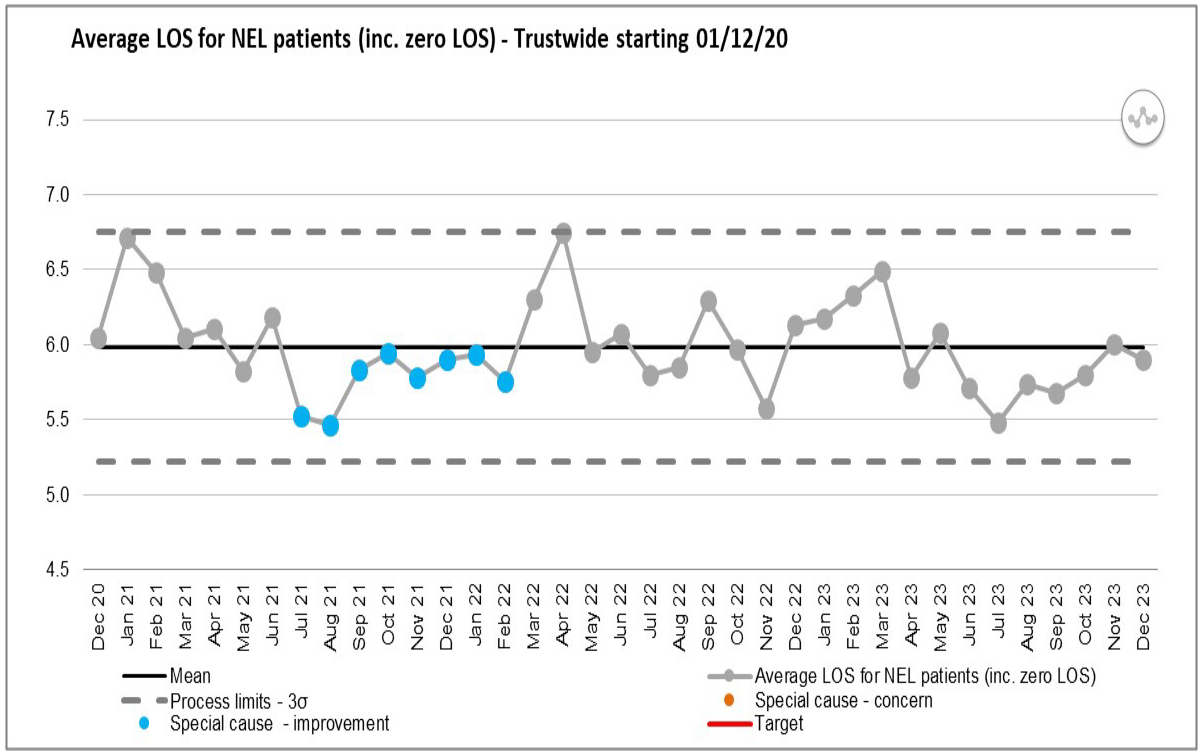
Breakthrough priority metric:
Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Ave LOS for NEL patients (inc. zero LOS	5.5	5.7	5.7	5.8	6.0	5.9

This metric measures:

Our objective is to reduce the average Length of Stay (LOS) for non-elective patients to:

- Maximise the use of our limited bed base for the patients that need it most
- Reduce the harm caused to patients due to unwarranted longer stays in hospital, including from infection
- Positively impact ambulance handover times and Emergency Department performance
- Minimise the costs associated with excess stays in hospital beyond what is clinically appropriate

How are we performing:

- Following a recent increase, the LOS for non-elective patients has reduced to 5.9 days on average. This is a return to pre-COVID norms
- This recent change is driven primarily by an increased number of patients with a short stay of 1-2 days.

Actions:

A holistic patient flow programme is underway, involving various workstreams to tackle the key elements of the pathway including:

- Minimising admission rates and unwarranted variation
- Reducing unnecessary moves between the wards
- Improving processes that facilitate discharge, through training days and communications
- Identifying and tackling the cultural changes required to support effective patient flow

Risks:

- Patient flow is impacted by many factors that are difficult to control and this means that while progress can be made it does not always result in observable change to the metric
- It will take time to embed any changes to patient flow which can then be sustained for the long term. The risk is therefore a loss of momentum and motivation from wider teams
- There are a wide variety of stakeholders to bring on board with this project and the capacity of the team is limited. The challenging aim is for Trust-wide changes in culture and practice

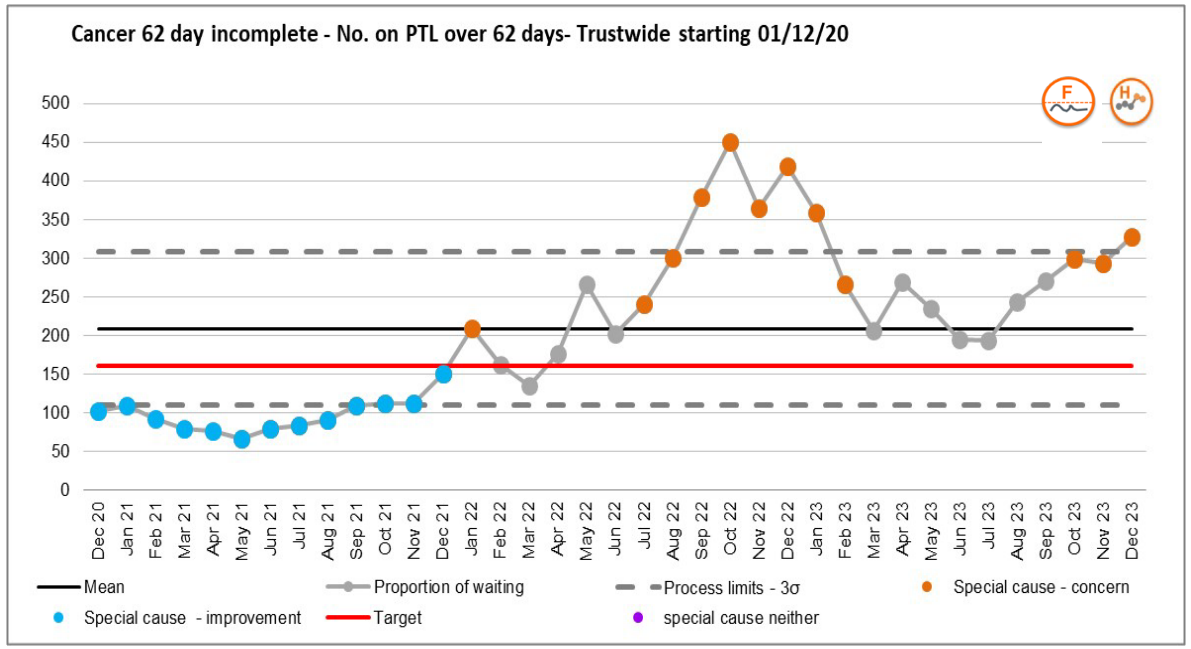
Breakthrough Priority metric:
Reduce 62 days cancer waits

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Trust Performance	75.10%	70.70%	62.00%	63.90%	69.10%	70.10%
Total Cancer PTL list	2325	2379	2377	2451	2219	2207
No. on PTL > 62 days	194	244	270	299	294	327
Incomplete - % on PTL over 62 days	8.3	10.3	11.6	12.2	13.2	14.8
Cancer 28 day Faster Diagnosis	78.1	79.9	75.2	74.8	75.7	77.5

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 total number of patients on an incomplete cancer patient tracking list (PTL) waiting >62 days. This is also the principal metric NHS England are using nationally and the target is 161 patients by March 2024. We are also tracking the proportion of patients treated within 62 days. The national target is 85%

How are we performing:
- In Nov, 69% of patients on a cancer pathway were treated within 62days (85% standard)
- Dec performance is un-validated at 70%
- The total number of patients on the PTL >62 days is very high, predominantly within skin, gynae and gastro (100, 102 & 141 patients respectively, cum. 75% of the total >62)
- Overall PTL size has increased following the Cancer Waiting Times (CWT) updated guidance as reported to the board last month. (impact c. 90 pathways)
- 31 day is unlikely to pass with several additional lists via the Risk assessed targeted initiatives (RATI) process coming on stream which will address backlog but will result in more breaches in Jan and Feb
- Skin and gastro are largely driving poor cancer performance across Thames Valley Cancer Alliance (TVCA) in Swindon, Buckinghamshire and Oxford too

Actions:
- Insourcing capacity in Gastrointestinal (GI) and urology
- RATI process in place – additional activity agreed for skin, gynae, GI and urology
- 2ww demand tool developed and shared to inform business planning
- Head and Neck (H&N) one stop US is live to help meet the 28 day target
- New Cancer Action Group (CAG) process started 16th Jan following the process review and feedback from teams/fishbone review
- Exploring locum support in skin and additional OUH capacity for plastics

Risks:
- RATI process seems to have traction, may not have sufficient funds to meet all needs
- Funding from TVCA is non-recurrent and will add pressure to budgets next year
- Limited recovery after industrial action within skin and gynaecology particularly

Breakthrough Priority metric:
Living within our means - Delivery of £15m efficiency target

Board Committee
Finance & Investment

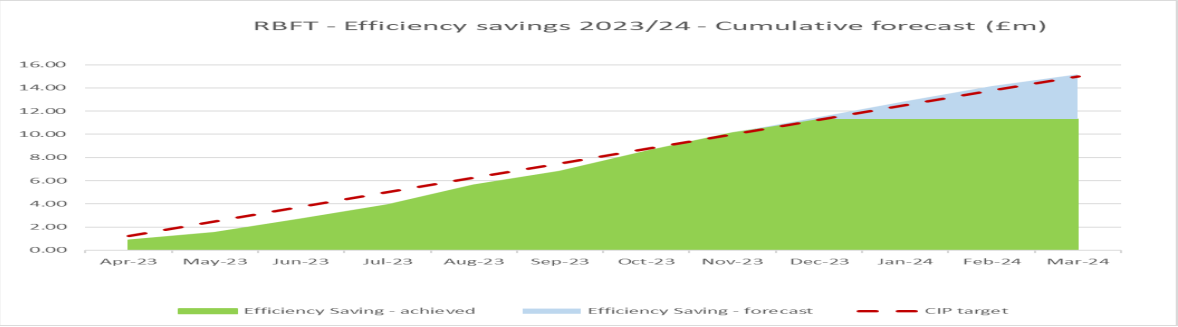
SRO: Nicky Lloyd

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust

Efficiency saving by Care Group - £m																								
Area	Target	Full year	In year	Risk adjusted	Gap	M01 planned £m	M02 Planned £m	M03 Planned £m	M04 Planned £m	M05 Planned £m	M06 Planned £m	M07 Planned £m	M08 Planned £m	M09 Planned £m	M01 actual £m	M02 actual £m	M03 actual £m	M04 actual £m	M05 actual £m	M06 actual £m	M07 actual £m	M08 actual £m	M09 actual £m	YTD_M09 delivered
Urgent Care	4.14	5.38	5.05	4.00	(0.14)	0.27	0.27	0.26	0.30	0.31	0.32	0.32	0.32	0.32	0.29	0.18	0.51	0.35	0.47	0.23	0.15	0.56	0.12	2.86
Planned Care	4.53	4.34	3.94	3.31	(1.22)	0.09	0.10	0.21	0.47	0.25	0.24	0.23	0.19	0.18	0.09	0.09	0.21	0.46	0.28	0.38	0.55	0.34	0.38	2.78
Networked Care	3.70	2.25	2.09	1.75	(1.95)	0.08	0.08	0.08	0.26	0.08	0.14	0.14	0.14	0.14	0.08	0.12	0.08	0.28	0.08	0.11	0.16	0.09	0.06	1.07
CEO	0.09	0.06	0.05	0.05	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	- 0.01	0.01	0.00	0.00	0.01	-	-	0.01	0.02
COO	0.01	0.01	0.01	0.01	0.00	-	-	-	-	-	0.00	0.00	0.00	0.00	-	-	-	-	-	-	-	-	-	-
CMO	0.08	0.44	0.44	0.31	0.23	0.04	0.04	0.04	0.04	0.04	0.04	0.02	0.02	0.02	-	-	-	-	0.03	-	0.14	0.02	0.07	0.26
CNO	0.22	0.42	0.42	0.18	(0.04)	-	-	-	-	-	-	-	-	0.14	-	-	-	-	-	-	-	-	0.14	0.14
Estates and Facilities	1.02	1.52	1.47	1.13	0.11	0.06	0.06	0.07	0.05	0.17	0.09	0.09	0.09	0.09	0.07	0.06	0.09	0.05	0.20	0.18	0.16	0.08	0.04	0.93
IM&T	0.64	1.09	0.91	0.96	0.32	0.02	0.02	0.02	0.02	0.17	0.04	0.04	0.04	0.04	0.05	0.02	0.02	0.01	0.25	0.05	0.15	0.08	0.07	0.70
Finance	0.17	0.27	0.22	0.16	(0.01)	0.02	0.01	0.00	0.00	-	0.01	0.02	0.02	0.02	0.02	0.01	-	-	-	-	-	-	-	0.03
CPO	0.17	0.22	0.20	0.20	0.03	0.00	0.00	0.00	0.01	0.01	0.03	0.03	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.02	0.14	0.03	0.04	0.25
Strategy & Transformation	0.07	0.31	0.31	0.24	0.17	0.01	0.01	0.01	0.01	0.01	0.02	0.02	0.02	0.02	0.01	0.01	0.01	0.01	0.00	0.01	0.08	0.01	0.01	0.16
R&D	0.06	0.29	0.24	0.24	0.18	0.06	-	-	-	0.13	-	-	-	-	0.06	-	-	-	0.13	-	-	-	-	0.19
Trustwide	0.10	4.28	4.37	2.44	2.34	0.02	0.02	0.15	0.14	0.25	0.26	0.25	0.25	0.25	0.19	0.17	0.16	0.03	0.24	0.05	0.12	0.31	0.06	1.31
Travel and Transport	-	0.42	0.34	0.11	0.11	-	-	-	-	0.01	0.01	0.01	0.01	0.01	-	-	-	-	-	0.03	-	-	-	0.03
Other procurement				0.04							-	-	-		0.01	0.02	0.08	0.03	0.03	0.08	0.08	0.10	0.15	0.57
Total	15.00	21.29	20.05	15.13	0.09	0.67	0.62	0.86	1.30	1.44	1.21	1.17	1.13	1.27	0.88	0.68	1.16	1.23	1.70	1.16	1.75	1.61	1.14	11.30

Efficiency saving by Care Group - £m						
Area	Risk adjusted	YTD_M09 delivered	M10 forecast £m	M11 forecast £m	M12 forecast £m	Total forecast £m
Urgent Care	4.00	2.86	0.27	0.27	0.26	0.79
Planned Care	3.31	2.78	0.01	0.05	- 0.31	- 0.24
Networked Care	1.75	1.07	0.13	0.13	0.16	0.43
CEO	0.05	0.02	0.01	0.01	0.01	0.03
COO	0.01	-	-	-	0.01	0.01
CMO	0.31	0.26	0.02	0.02	0.01	0.05
CNO	0.18	0.14	0.01	0.01	0.02	0.04
Estates and Facilities	1.13	0.93	0.08	0.08	0.03	0.19
IM&T	0.96	0.70	0.02	- 0.09	0.02	- 0.05
Finance	0.16	0.03	0.02	0.02	0.07	0.10
CPO	0.20	0.25	0.02	0.02	- 0.09	- 0.05
Strategy & Transformation	0.24	0.16	0.03	0.03	- 0.01	0.05
R&D	0.24	0.19	-	-	0.05	0.05
Trustwide	2.44	1.31	0.28	0.28	0.33	0.89
Travel and Transport	0.11	0.03	0.03	0.03	0.03	0.08
Other procurement	0.04	0.57	0.44	0.44	0.44	1.33
Total	15.13	11.30	1.37	1.30	1.03	3.70



This measures:
Our objective is to live within our means, in order to achieve this objective, the Trust has set an efficiency target of £15m for the financial year 2023/24.

How are we performing:
The plan is to deliver £15m of cash releasing efficiency savings in 2023/24, of which £21.29m is so far identified for the full year and £20.05m of in year effect. We have risk assessed this at £15.13m, £11.30m has been delivered in YTD M09, compared to straight line phased plan of £11.25m..

Actions: .
- Scheme leads continue to work on additional programmes to improve the In year and risk assessed values
- The focus has shifted to identifying recurrent schemes to deliver impact in 2024/25
- While we have identified the financial level of savings required to meet the assumptions of our 2023/24 plan, these to date have been largely opportunistic/one off savings achieved by mechanisms such as holding or delaying filling vacancies. We are working with budget holders to explore how these savings can be sustained into the following financial year and beyond through permanent workforce/transformation redesign

Risks:
- Given the level of overspend at month 9 YTD, there is a requirement to recover the 2023/24 financial position to achieve the £10.05m deficit plan
- Developing recurrent savings to underpin 2024/25 budgets is an area of focused

Royal Berkshire
NHS Foundation Trust

Watch Metrics

Summary of alerting watch metrics

Royal Berkshire NHS Foundation Trust

Introduction:

Across our five strategic objectives we have identified 127 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

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

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

Alerting Metrics December 2023:

In the last month 20 of the 127 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, 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.

For this month there are 2 new alerting metrics:
- Abuse/V&A (Patient to Staff)
- Conflict Resolution

Provide the highest quality of care for all

- VTE inpatient compliance
- Never Events
- Ecoli
- Mixed sex accommodation breaches
- FFT Response – OPA
- Abuse/V&A (Patient to Staff)
- Conflict Resolution
- FFT Response – Maternity

Invest in our staff and live out or values

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

Deliver in Partnership

- 12 hrs from arrival in ED
- Ambulatory care NEL admissions
- % of patients seen by a stroke consultant within 14 hours of admission
- % patients with high TIA risk treated within 24 hours
- Cancer 2 week wait: cancer suspected
- Cancer Incomplete 104 day waits

Cultivate innovation and improvement

- % OP treated virtually

Achieve long term sustainability

- Pay Cost vs Budget
- Non Achievement of Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice

Strategic Objective: **Provide the highest quality care for all**

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Never Events			0		1	1	1	1
Patient Safety incidents/100 admissions			7.00%		10.06%	10.82%	11.59%	10.99%
Pressure ulcer incidence per 1000 bed days			1.00		0.09	0.00	0.10	0.09
Category 2 avoidable pressure ulcers			5		4	13	2	2
Category 3 or 4 avoidable pressure ulcers (SI)			0		0	0	0	0
Patient Falls per 1 000 bed days			5.00		4.01	4.91	3.04	4.36
Patient falls resulting in harm (SI) avoidable			-		0	1	0	1
No. of DOLS applications applied for			-		16	35	24	21
No. of detentions under the MH act to RBH			-		5	2	2	6
% of staff: Safeguarding children L1 training			90.00%		94.40%	95.10%	95.20%	94.70%
No. of child safeguarding concerns by the Trust			-		116	100	121	119
No. of adult safeguarding concerns by the Trust			-		29	33	30	24
No. of safeguarding concerns against the Trust			-		0	2	3	7
Unborn babies on child protection (CP) / child in need plans (CIP)			-		44	54	41	34
C.Diff (Cumulative)			44		24	28	31	33
C.Diff lapses in care			-		0	1	1	1
MRSA			0		0	0	0	0
Ecoli (trust acquired) infections			-		6	11	12	12
Ecoli (trust acquired) infections (Cumulative)			92		80	91	99	85
MSSA surveillance (trust acquired)			-		5	4	3	2
Hand Hygiene			-		97.67%	97.02%	96.39%	
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance			95.00%		81.00%	Arrears	Arrears	
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions			0		1	Arrears	Arrears	

Strategic Objective: **Provide the highest quality care for all**

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
No. of compliments			-		35	50	36	23
FFT Satisfaction Rates Inpatients: i.Inpatients	H	?	99%		98%	96%	96%	99%
FFT Satisfaction Rates Inpatients: ii.ED		?	99%		81%	79%	81%	80%
FFT Satisfaction Rates Inpatients: iii.OPA	L	F	99%		95%	95%	95%	95%
Mixed sex accommodation - breaches	H	?	0		366	363	256	410
Crude mortality	L		-		1.40	1.50	1.60	2.20
HSMR	L		-		Arrears	Arrears	Arrears	87.0
SMR	L		-		Arrears	Arrears	Arrears	87.7
SHMI	L		-		Arrears	Arrears	Arrears	0.97
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes		?	97%		93%	94%	Arrears	92%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes		?	86%		57%	73%	Arrears	64%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes		?	82%		71%	87%	Arrears	73%

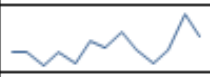
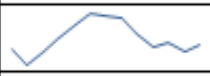
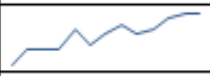
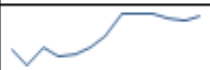
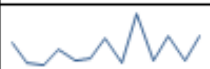
Strategic Objective: **Provide the highest quality care for all**

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
RIDDOR reportable Incidents			-		0	1	0	0
Abuse/V&A (Patient to staff)			-		43	66	61	59
Body fluid exposure/needle stick injury			-		15	28	20	14
Environment Related Incidents			-		12	25	24	15
Manual Handling non patient every 3 years	H	?	90%		92%	93%	95%	91%
Conflict Resolution	H	F	90%		88%	87%	88%	87%
Fire (Annual)	H	F	90%		91%	92%	92%	88%
Nursing and AHP Manual handling training every 3 years		?	90%		89%	89%	90%	85%
Doctors manual handling training every 3 years	H	F	90%		92%	93%	95%	55%
Health and Safety Training	H		-		95%	95%	95%	92%
Slips and Trips			-		1	1	6	3
Musculoskeletal - Inanimate object	L		-		3	2	2	2
Total non clinical incidents reported	H		-		285	222	284	266

Strategic Objective: **Provide the highest quality care for all**

Maternity Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
FFT Satisfaction Maternity			99.0%		86.5%	87.2%	95.0%	99.0%
FFT Response Maternity		F	50.0%		4.0%	6.0%	4.0%	6.2%
Complaints - % response in 25 days			78.0%		25.0%		33.0%	100.0%
Number of Serious Incidents in the Maternity Service			1		0	2	1	0
% bookings with ethnicity documented / recorded			-		86.1%	91.7%	100.0%	99.2%
% women with a documented CO result at booking	H		95.0%		91.2%	90.0%	89.2%	81.7%
% women with a documented CO result at 34-36 weeks			95.0%		87.2%	92.0%	91.0%	96.9%
% of pre-term (less than 34+0),singleton, live births receiving a full course of antenatal corticosteroids, within seven days of birth			80.0%		100.0%	33.0%	0.0%	16.6%
Post Partum haemorrhage>1500mls			3.5%		2.6%	3.3%	3.3%	3.0%
Percentage of term babies admitted to Neonatal Unit			5.0%		4.0%	5.2%	Arrears	5.2%
Percentage of Perinatal Deaths			0.5%		0.2%	0.4%	0.4%	0.4%
Number of occasions MLU service suspended for 4 hours or more			-		28	21	13	25
Midwifery staffing vacancy rate	L		-		10.1%	8.5%	7.5%	14.4%
Midwifery staffing turnover	L		14.0%		8.1%	8.9%	8.1%	14.1%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%		95.9%	91.2%	93.2%	95.1%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%		81.4%	89.5%	93.5%	98.1%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT			90.0%		85.7%	73.7%	81.8%	94.5%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT	L	P	90.0%		94.2%	90.9%	91.1%	97.9%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT	H	F	90.0%		92.6%	85.7%	86.8%	92.7%

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

Watch metrics:

SRO: Don Fairley

Royal Berkshire NHS Foundation Trust

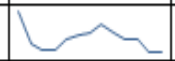
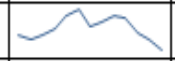
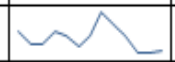
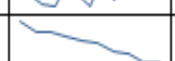
Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Ethnicity Progression Disparity ratio between middle and upper pay bands		F	1.66		1.95	1.98	1.99	
Stability rates %	H		-		84.4%	84.1%	99.0%	81.8%
Rolling 12 month Sickness absence	L	F	3.3%		3.5%	3.5%	Arrears	4.3%
% Fill rate of Registered Nurse Shifts (RN)		P	90.0%		98.0%	100.1%	99.2%	96.9%
% Fill rate of Care Support Worker Shifts (CSW)	H	?	90.0%		102.3%	115.2%	111.8%	95.7%
Completed Mandatory Training	H	?	90.0%		92.3%	91.4%	92.8%	89.0%
Appraisals	H	F	90.0%		81.7%	83.5%	87.5%	78.4%
Nurse Staffing Red Flags			-		64	55	43	59

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

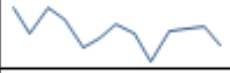
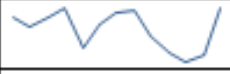
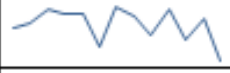
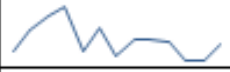
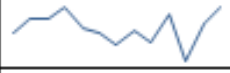
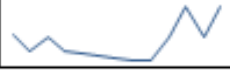
Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
12 hours from arrival in ED (%)	H	?	2%		5%	5%	6%	4%
12hr DTA (Trolley Waits)			-		0	0	0	0
Percent of Ambulatory Care of Non elective Admissions	L		-		1.0%	0.5%	0.5%	2.3%
Average non-elective length of stay - excluding 0 day LOS (Length of Stay)			-		6.7	6.5	6.0	6.6
Urgent Operations Cancelled 2nd time			-		0	0	0	0
Fractured Neck of Femur: Surg in 36 hours		?	75.0%		62.0%	Arrears	Arrears	40.4%
Seen by Stroke Consultant within 14 hours		F	95.0%		52.0%	52.0%	54.0%	65.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	L	?	90.0%		67.0%	61.0%	53.0%	63.0%
Proportion of stroke patients scanned within 12 hours of hospital arrival		P	90.0%		100.0%	100.0%	100.0%	96.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)		?	80.0%		92.0%	85.0%	80.0%	87.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)	L	F	90.0%		17.0%	19.0%	14.0%	30.0%
Average Length of Stay (LOS) from admission to discharge (days)		?	14		17	8	16	14
Door to needle time <60mins		?	95.0%		83.0%	92.0%	100.0%	100.0%
No. of weekend discharges		?	783		546	516	680	545
Rate of Emergency readmissions within 30 days of discharge	L		-		Arears	Arears	Arrears	16.1
Rate of Emergency readmissions within 30 days of discharge - Paediatrics (<16ys)	H		-		Arears	Arears	Arrears	9.8
Rate of Emergency readmissions within 30 days of discharge - Adults (16yrs+)	L		-		Arears	Arears	Arrears	17.4

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

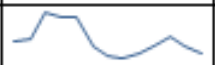
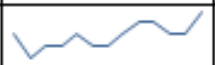
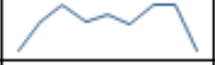
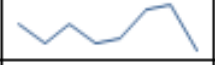
Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Cancer 2 week wait: cancer suspected	L	?	93.0%		61.3%	60.8%	66.3%	92.4%
Cancer 2 week wait: breast patients		?	93.0%		98.0%	98.3%	96.6%	100.0%
Cancer 31 day wait: to first treatment		?	96.0%		90.2%	91.5%	98.8%	97.1%
Cancer 31 day wait: drug treatments	L	?	98.0%		100.0%	98.0%	95.5%	100.0%
Cancer 31 day wait: surgery	L	?	94.0%		81.0%	90.2%	71.8%	85.7%
Cancer 31 day wait: radiotherapy		?	94.0%		95.5%	94.7%	96.3%	87.1%
62 day consultant upgrade: all cancers			-		74.1%	73.8%	79.7%	77.3%
62 Day screen Ref		?	80.0%		54.5%	79.5%	91.7%	73.3%
Incomplete 104 day waits	H	F	0		118	91	120	93

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Cancelled Ops not re-scheduled < 28 days (%)		P	5%		0%	0%	0%	0%
% OP appointments done virtually	L		-		22.1%	21.6%	21.1%	21.9%
New to follow up ratio	H		-		1.9	1.9	2.1	1.9
Number of OPPROC			-		9410	9721	7325	7454
Number of MDT OP			-		719	717	529	
Clinic room utilisation (esp utilisation at non RBH sites)			-		35%	36%	29%	
Number of PIs	↑		-		89	96	100	50
Number of active research trials	↑		-		104	111	118	98
Number of projects supported by HIP	↑		-		54	54	54	50

Strategic Objective: **Achieve long-term sustainability**

Watch metrics

SRO: Nicky Lloyd

NHS
Royal Berkshire
NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Pay cost vs Budget (£m)			-		-0.39	-1.77	-1.11	-0.53
Non pay cost vs Budget (£m)			-		-1.31	-1.20	-1.58	-1.82
Income vs Plan (£m)			-		1.48	4.54	2.74	0.49
Daycase actual vs Plan (£m)			-		-0.13	0.18	-0.23	-0.16
Elective actual vs Plan (£m)			-		-0.21	0.16	0.06	0.01
Outpatients actual vs Plan (£m)			-		0.25	0.60	-0.51	-0.23
Non-elective actual vs plan (£m)			-		-0.52	-0.26	0.48	1.04
A&E actual vs plan (£m)			-		0.14	0.21	-0.12	0.84
Drugs & devices actual vs plan (£m)			-		0.12	0.27	0.07	0.51
Other patient income (£m)	H		-		0.14	0.25	0.12	-0.15
Delivery of capital programme (£m)	L		-		2.25	2.29	1.22	1.32
Cash position (£m)			-		33.58	32.29	37.89	43.81
Agency spend % of total staff cost (%)	L		-		2.2%	2.2%	2.2%	4.0%
Creditors (£m)	↓		-		-72.60	-72.83	-75.15	-74.48
Debtors (£m)	↑		-		24.09	26.64	24.15	16.22
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD	↑	F	95.00%		57.45%	58.40%	58.30%	
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month	H	F	95.00%		65.72%	66.45%	56.80%	