Royal Berkshire
NHS Foundation Trust

Public Board - 27 September 2023

MEETING
27 September 2023 09:00

PUBLISHED
25 September 2023

Agenda

Location	*Date*	*Owner*	*Time*
Seminar Room, Trust Education Centre, Royal Berkshire Hospital	27/09/23		09:00

1. Apologies for Absence and Declarations of Interest (Verbal)	Graham Sims	
2. Patient & Staff Story	Steve McManus	09:00
3. Health & Safety Moment	Nicky Lloyd	09:30
4. Minutes for Approval: 26 July 2023 and Matters Arising Schedule	Graham Sims	09:45
5. Chief Executive Report	Steve McManus	09:50
6. Integrated Performance Report	Janet Lippett	10:20
7. Annual Revalidation Report	Janet Lippett	10:50
8. Fit and Proper Persons Update	Don Fairley	11:00
9. Changes to the Trust Constitution	Caroline Lynch	11:15
10. Minutes of Board Committee Meetings and Committee updates:		
10.1. Audit & Risk Committee: 12 July 2023	Peter Milhofer	11:20
10.2. Finance & Investment Committee: 20 July 2023	Sue Hunt	11:25
11. Work Plan	Caroline Lynch	11:30
12. Date of Next Meeting: Wednesday 29 November 2023 at 09.00		

Board of Directors

Wednesday 26 July 2023
09.00 – 11.30
Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Graham Sims	(Chair)
Mr. Steve McManus	(Chief Executive)
Dr. Bal Bahia	(Non-Executive Director)
Mr. Don Fairley	(Chief People Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Priya Hunt	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Peter Milhofer	(Non-Executive Director)
Prof. Parveen Yaqoob	(Non-Executive Director)

In attendance

Dr. Bannin De Witt Jansen	(Interim Corporate Governance Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Ms. Hannah Spencer	(Deputy Chief Nurse)
Mr. Andrew Statham	(Director of Strategy)

Apologies

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

There were six Governors and 16 members of staff present.

59/23 Patient and Staff Story

The Chief Medical Officer introduced Dr Gordon Macdonald, Trainee Leadership Board Programme Lead, and the Trainee Leadership Board. Dr Macdonald provided an overview of the purpose of the trainee leadership programme which provided staff with the opportunity to examine and propose ideas addressing a Trust breakthrough priority.

Three subgroups of the Trainee Leadership Board delivered presentations identifying potential areas of improvement in relation to the Trust's breakthrough priority 'recruit to establishment'. Presentations covered the following topics: staff recruitment, talent pipeline and market context and sustainable recruitment.

The Board thanked the Trainee Leadership Board for their presentations and agreed that the findings were informative and useful.

The Board queried how the Trust could enhance its recruitment processes in relation to Equality and Diversity. The Trainee Leadership Board advised that current processes facilitated diverse recruitment via open days, interview and application processes and initiatives like the T-Learn scheme. Offering apprenticeships would enable more individuals from local communities to explore careers in healthcare without the financial burden of completing a university degree. Recruitment from local communities could potentially reduce turnover as these staff were more

likely to be well-settled and less likely to move. Mentoring schemes within the Trust could also support staff to succeed in their placements and encourage progression into substantive roles.

It was agreed that the Trainee Leadership Board's findings would be reviewed to identify where staff awareness could be raised in relation to mechanisms already in place within the Trust and ensure that areas for improvement were addressed. This work would be submitted to the People Committee for discussion and review and feedback returned to the Trainee Leadership Board. **Action J Lippett**

The Board agreed to raise staff awareness of the public Board of Directors and Council of Governors meetings through Trust-wide communications. **Action C Lynch**

Members of the Trainee Leadership Board were presented with certificates of completion by the Chief Executive and the Chair.

60/23 Health & Safety Moment

The Chief Finance Officer introduced the BOB ICS Interim Director of Safeguarding. The Board watched a video describing staff experiences of violence and aggression, the staff training available to enable the de-escalation or avoidance of such behaviours and the work of the staff wellbeing team in supporting staff who experienced trauma and distress as a result of their experiences.

The Board noted that increased incidents of violence and aggression against NHS staff was recognised as a national trend across the NHS. Root cause analysis of incidents within the Trust identified that the majority of incidents related to non-wilful violence and aggression carried out by patients with dementia, delirium and mental health conditions.

To protect staff and other patients from incidents of wilful (intentional) violence and aggression, the red card scheme had been introduced and a new security team employed. Security staff in the Emergency Department (ED) were trialling the use of bodycams. These initiatives had shown early positive results. An external consultant was updating staff training to ensure this reflected best practice. Training for CAT Teams was being developed in light of the increased incidents of verbal assault on staff responsible for cancelling, postponing and rescheduling patient appointments.

The Trust was also working with the South Central Ambulance Service (SCAS) to develop best practice protocols for the management of patients who regularly reoffended against ambulance and ED staff. Work was ongoing across Trusts in the Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care Board (ICB) to drive national discussion.

The Board queried whether a root cause for increased wilful violence had been identified. The Interim Director of Safeguarding advised that increased societal and financial pressures caused by the pandemic and delays to scheduled appointments as a result of the ongoing waves of industrial action had contributed to an increasingly confrontational general population. This trend had been identified in various community and local authority organisations and children's services and was not unique to the NHS or individual trusts.

The Board thanked the Interim Director of Safeguarding for their presentation and agreed that good assurance had been provided in regard to the mitigations in place to address this issue.

61/23 Minutes for Approval 24 May and Matters Arising Schedule

The minutes of the meeting held on 24 May 2023 were agreed as a correct record and signed by the Chair.
The Board received the matters arising scheduled. All actions had been completed.

62/23 Chief Executive's Report

The Chief Executive highlighted that building works to accommodate two new CT scanners on the RBH site was due to complete in 2022 and the new cone-beam CT scanner had been deployed on the West Berkshire Community Hospital (WBCH) site. The Chief Executive highlighted the significant amount of work undertaken to source, purchase and install large-scale equipment upgrades and acknowledged the work of teams to deliver this.

The Chief Executive highlighted the significant impact and pressures on Trust staff, finances and operations caused by industrial action. Two listening events staff had been scheduled to gather feedback on the impact of these pressures and facilitate the development of further mitigations to support teams.

NHS England had published the NHS Long Term Workforce Plan (LTWP) and the Trust was currently in discussions with the University of Reading to identify future training opportunities. The LTWP would form the focus of a future Board Seminar. **Action: D Fairley**

The Chief Executive highlighted that the Trust continued to build on and strengthen its partnerships with other organisations and across the community. Recent meetings were held with Wokingham Hospital, Reading Health & Wellbeing Board and West Berkshire Health & Wellbeing Board (HWB) to update those organisations on Trust activity, challenges and highlights.

The Trust Open Day held on the 1 July had been very successful, resulting in the recruitment of 18 new members of staff including: 6 midwives, 9 adult nurses, 2 paediatric nurses and 1 nursing associate. A further 8 candidates were progressing through recruitment processes. Trust representatives continued to attend Open Days at a number of universities, most recently, London South Bank University in June 2023.

The Trust's Improving Together programme continued to progress despite heightened financial and other pressures caused by industrial action. The Trust continued to make decisions that balanced progress with its breakthrough and strategic priorities with the need to maintain safe levels of care whilst strike action continued. Geo-surveys to assess site suitability for the potential new hospital development. Updates on progress and other aspects of the programme would be discussed in future public Board meetings. **Action: N Lloyd**

The Chief Executive advised that staff training on how to run quality improvement (QI) projects had been launched and completed projects highlighted on Workvivo. This training was available monthly to all staff. A new workspace on WorkVivo had been created to share news about upcoming events and provide a resource of Improving Together tools to assist staff with projects.

The Chief Executive advised that the Trust had laid its Annual Report and Accounts in Parliament on 20 July 2023.

A query was raised in relation to the Trust's provision and plan for mitigating the consequences of ongoing industrial action. The Chief Operating Officer advised that each day of industrial action reduced the Trust's operational capacity by 20%. The Chief Medical Officer, Chief Nursing Officer and Chief Operating Officer had carried out listening events with their teams to identify ways to support staff during periods of industrial action. Industrial action had resulted in additional staff spend as the Trust was required to maintain safe services throughout.

A query was raised in relation to how staff were supported to use the new Improving Together tools efficiently. The Chief Medical Officer advised areas with high uptake were those where the leadership teams were actively supporting staff to engage. The Executive team were engaging with care groups in relation to areas of low participation.

A query was raised in relation to whether ongoing Patient Experience and Engagement Team (PEET) funding had been secured. The Chief Executive advised that the PEET team had been working with the Local Integration Board to scale up their work and there had been sufficient interest to suggest ongoing opportunities for the team.

A question was raised in relation to ongoing collaboration with the West Berkshire Health & Wellbeing Board (HWB). The Chief Executive advised that Trust representatives had met with the HWB to discuss issues of interest to the HWB and wider programmes of work including the New Hospital Programme and Building Berkshire Together.

A further query was raised as to whether the HWB could assist the Trust with the ongoing challenges in relation to the availability of staff accommodation. The Chief People Officer advised that the Trust had carried out research across the BOB ICS on the cost of living and other societal and financial pressures that affected staff recruitment and retention. This highlighted a complex problem necessitating collaboration with local authorities, private housing associations and other key stakeholders to ensure optimal solutions and outcomes. The Trust intended to use this work to drive discussion at national level to progress solutions.

The Board noted a query in relation to whether any useful lessons had been learned in relation to working with the BOB ICS. The Chief Executive advised that the Trust was progressing work on the Joint Forward Plan (JFP) with other BOB ICB partners and part of this would involve feedback on ICS working.

63/23 Integrated Performance Report (IPR)

The Chief Operating Officer introduced the report and highlighted the ongoing challenges of supply and demand in relation to cancer waiting standards and availability of staff and resources were highlighted. Gastrointestinal and cancer diagnostic pathways remained pressured. However, the installation of two new CT scanners was imminent. Work was ongoing with primary care and other partners to reduce the variability in Fit Test outcomes to ensure the accuracy of all referrals to the Trust.

Emergency Department (ED) high attendance had transitioned from a trend to business as usual (BAU) and the Trust was considering long-term transformation plans in relation to this.

Solutions to help achieve cost efficiencies had emerged from ongoing discussions by the Executive Management and Efficiency and Productivity Committees. Stringent and effective workforce controls were in place to reduce agency spend and further work to address gaps continued. The Chief Finance Officer advised that whilst good progress on cost efficiencies had been made, the Trust continued to ensure that all cost efficiency decisions supported safe services and high quality care.

A query was raised in relation as to whether higher ED attendance was unique to the Trust and whether any root causes for the ongoing high attendance had been identified. The Director of Strategy advised recent analysis identified Berkshire as having had the highest rate of population growth in the South East of England. The population was typically younger working adults with young children and expectations of 24 hour available healthcare. Additionally, substantial variability in the application of the Fit Test and gastrointestinal referrals among primary care had significantly increased the number of referrals to the Trust. The Trust continued to work with ICB partners and primary care providers to develop feasible solutions. A BOB ICS Tripartite meeting would be scheduled for October 2023 to ensure ongoing progress.

The Board noted that the Walk In Centre had opened yet ED attendance remained high and had not reduced as anticipated. The Chief Operating Officer advised that the centre offered 100 available slots daily and averaged 60-70 walk-ins a day. High attendance at ED was due largely to inappropriate referrals and attendance by parents of young children who required

appointments sooner than could be provided by their general practice. Part of the ongoing discussions with primary care and other providers would address how the needs of this population would be met.

A query was raised in relation to progress made in promoting the Trust to future potential staff. The Chief Operating Officer advised that the Trust had progressed its digital marketing initiative and had promoted its rebranding across the community. Several events had been held at the Oasis Staff Health & Wellbeing Centre to showcase the facilities, support and opportunities available at the Trust. Staff Survey responses highlighted what staff found supportive and motivational and what contributed to a positive work experience and culture. The Staff Survey had also identified areas of opportunity and further improvement.

A query was raised in relation to the management of DM01 cancer waiting list pressures. The Chief Operating Officer advised that temporary solutions were in place to ensure safe practice. However, long term solutions were required. New scanners would maximise productivity and work was ongoing with primary care providers to ensure that virtual appointments did not result in referrals that would not have been made had a face-to-face appointment taken place. The Chief Medical Officer highlighted that significant controls were in place to ensure appropriate triage and clinical prioritisation so that patients referred from primary care are seen by medical staff in the Trust and appropriately prioritised based on experienced clinical assessment. Artificial Intelligence software was being used to screen data to identify red flags and assist with prioritisation. The Trust was committed to providing a diagnosis as soon as possible to ensure timely treatment and reduce distress for patients waiting for an outcome.

The Board queried the lengthy delays reported in dealing with patient complaints. The Chief Operating Officer advised that work was ongoing with patient services to ensure that complaints were closed once dealt with to avoid inaccurate reporting on the IPR. A thorough review of the patient complaints process was underway and outcomes would be used to reform procedures.

64/23 Minutes of Board Committee Meetings and Committee updates

The Board received the following minutes:

- Audit & Risk Committee 3 May 2023
- Finance and Investment Committee 18 May and 22 June 2023
- People Committee 19 May 2023
- Quality Committee 15 June 2023

65/23 Work Plan

The work plan was noted.

66/23 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 27 September 2023 at 09.00am.

SIGNED:

DATE:

Board Date	Board Minute	Subject	Decision	Owner	Update
26 July 2023	59/23	Patient and Staff Story	a) It was agreed that the Trainee Leadership Board's findings would be reviewed to identify where staff awareness could be raised in relation to mechanisms already in place within the Trust and ensure that areas for improvement were addressed. This work would be submitted to the People Committee for discussion and review and feedback returned to the Trainee Leadership Board.	JL	Feedback was discussed with the Lead for the Trainee Leadership Board.
			b) The Board agreed to raise staff awareness of the public Board of Directors and Council of Governors meetings through Trust-wide communications.	CL	Completed. Communications were issued via the weekly staff briefing. A number of staff have contacted the Foundation Trust inbox expressing interest in attending Board meetings.

26 July 2023	62/23	Chief Executive's Report	c) NHS England had published the NHS Long Term Workforce Plan (LTWP) and the Trust was currently in discussions with the University of Reading to identify future training opportunities. The LTWP would form the focus of a future Board Seminar.	DF	The LTWP has been added to the Board Seminar work plan.
			d) The Trust's Improving Together programme continued to progress despite heightened financial and other pressures caused by industrial action. The Trust continued to make decisions that balanced progress with its breakthrough and strategic priorities with the need to maintain safe levels of care whilst strike action continued. Geo-surveys to assess site suitability for the potential new hospital development. Updates on progress and other aspects of the programme would be discussed in future public Board meetings.	NL	Completed. An update on BBT progress will be included as part of the Chief Executive's report at every public Board meeting.

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Title:	**Chief Executive Report**
Agenda item no:	5
Meeting:	Board of Directors
Date:	27 September 2023
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

Lucy Letby Conviction

1.1 In light of the guilty verdict in the highly publicised Lucy Letby case, NHS England have released an initial statement outlining areas of already changed practice and areas of impending change. Whilst is it expected the national inquiry will confirm further areas for action and change, an initial review and assurance paper was submitted to Quality Committee this month reviewing current internal processes in place and areas for action and improvement. It is acknowledged that latter years have seen the implementation of several national additional safety nets that are in place within the trust (Freedom To Speak Up [FTSU], Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries [MBRRACE], National Perinatal Mortality Reporting [PMRT]).

1.2 Immediate actions taken following publication of the verdict included the meeting teams directly involved in perinatal care, internal communications via my Blog, meetings with the Chief Nursing Officer's matrons and discussion of proportionate response, team support, impact and next steps and all hands discussions.

1.3 The report further reviewed neonatal assurance mechanisms, vulnerable patient assurance mechanisms and wider trust assurances. The conclusion of which was that there is evidence of a robust review framework in place at the Trust for both reporting and reviewing when things go wrong including the use of external assurance structures such as Healthcare Safety Investigation Branch (HSIB), MBRRACE and Care Quality Commission (CQC). Evidence suggests there is a positive culture of speaking up and raising concerns throughout the organisation. Whilst important to wait for the official enquiry findings, the Trust is committed to being proactive in implementing any required interventions or safeguards to ensure our services remain safe and staff feel empowered to raise any concerns.

Martha's Rule

1.4 Throughout September 2023, there has been significant media interest in relation to the introduction of 'Martha's Rule' that would give patients the right to a second opinion. The Trust has been featured heavily in the coverage for our Call 4 Concern programme – a helpline through which families can raise issues or flag concerns about the care of patients, aimed at helping prevent deterioration. The Trust was the first in the UK to set up such a service and has been featured positively in national media coverage as an example for other hospitals to emulate.

1.5 As a result of the Trust's successful Call 4 Concern programme, RBFT has been invited to join the Department of Health and Social Care's Policy Sprint to implement Martha's Rule across the NHS in England.

Industrial Action

1.6 For the most recent September period of industrial action involving junior doctors and consultants, the Trust has had to reschedule 391 outpatient appointments and 56 inpatient and day case procedures. In total across all 11 separate IA periods, covering 34 days, for all staff groups since the first strike in December 2022 (by the RCN), 4162 outpatient appointments and 657 inpatient and day case procedures have been rescheduled.

1.7 These figures do not reflect appointments that were not made on strike dates once dates were announced and so do not reflect the considerable impact felt by patients and staff across the organisation in terms of delays and significant additional workload. Nor do they fully illustrate the significant financial impact from payment of additional sessions to cover essential services nor the loss of activity on these days which has to be re-provided, often at premium rates. The current identified additional cost of ensuring safe staffing levels during the periods of industrial action for the current financial year amount to £1.1 million.

Winter Planning

1.8. The winter plan will be finalised and presented to public Board in November. All the interventions over winter contribute towards the two key ambitions for UEC performance of:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24

1.9. Our 3 key objectives are to continue to;

- Sustain our elective recovery programme, including our cancer recovery
- Maintain our ability to treat patients with emergency medical and surgical care needs safely; and
- Retain our ability to treat patients with infection, minimising spread.

1.10. The plan delivers the High-impact priority interventions drawn from the UEC recovery plan that lead to a safe and effective service to patients, these have a particular focus on attendance and admission avoidance through expansion of same day and virtual services.

1.11. Further developments to ease congestion in ED and improve flow at peak times (and support performance against the standards above) include increased access to a dedicated Emergency CT scanner, implementation of a rapid results lab in pathology and the re-opening of the ED Observation bay to deliver a dedicated older peoples emergency care area and a safe observation space for our mental health attendees.

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

Covid & Flu Vaccination campaign

2.1 Our Covid and Flu vaccination campaign started on the 11 September 2023 having been bought forward at the request of NHS England in response to circulating levels of covid and the new variant of interest. In the first week of the campaign Holly Coles and the team gave 503 Covid vaccines and 473 flu vaccines. We have several initiatives in place to encourage take up such as “tag a jab” and virtual badges and the arrival of the over 65s flu vaccine will accelerate our vaccination rates in inpatients and senior staff.

Fit and Proper Persons Test

2.2 In August, 2023, NHS England published a revised Fit and Proper Person Test (FPPT) Framework in response to the recommendations made by Tom Kark KC in his 2019 Review of the FPPT as it applies under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Framework builds on what is in place in the existing regime. Changes include an update to the set of core elements for the FPPT assessment of all board members (now including information about training and development and any disciplinary findings relevant to the FPPT assessment) and the introduction of recording information relating to the testing requirements on ESR.

The Framework will be effective from 30 September 2023 and NHS organisations are expected to use it for all new board level appointments or promotions and for annual assessments for all board members going forward from that date. An update will come to the Trust Board in March 2023.

Staff survey launch

2.3 The annual NHS Staff Survey launches next week. It is an opportunity for our staff to speak honestly about working at the Royal Berkshire NHS Foundation Trust and make their voice heard.

Last year, we had our highest ever response rate with more than 3,400 members of staff sharing their feedback on what they enjoyed at working at the trust, and what we could be doing better. This year we want to hear from even more staff – whether it is good, bad or something in between. All feedback is invaluable in helping us improve the experience of working here.

Staff feedback last year led to improvements in health and wellbeing with health checks and in-house staff psychological support, promotion of inclusion with the launch of the See Me First campaign, encouraging positive behaviours with the launch of our Leadership Behaviours Framework, tackling aggression towards staff with enforcement of our red and amber card warning system; and providing more recognition with the re-launch of long service awards.

3. Strategic Objective 3: Deliver in Partnership

Buckinghamshire, Oxfordshire & Berkshire Integrated Care Board (BOB ICB)

3.1 The BOB Integrated Care Board has welcomed new members to the executive team, and I have recommenced my role as Partner Member for NHS and Foundation Trusts. Matthew Tait was appointed into position of Chief Delivery Officer, having joined the ICB in July 2020 as deputy ICS lead and most recently Interim Chief Delivery Officer. Dr Hannah Iqbal has been appointed as Chief Strategy and Partnerships Officer, previously Director of Strategy and Partnerships at Oxford University Hospitals. Raj Bhamber has also been appointed as Interim Chief People Officer.

4. Strategic Objective 4: Cultivate Innovation and Improvement

Rapid Response Laboratory

4.1 The Trust's (RBFT) Pathology team has this month moved to their new state-of-the-art Rapid Response Lab at the Royal Berkshire Hospital, enabling them to provide a faster, more reliable pathology testing service for patients. This will bring efficiencies for patients who are undergoing laboratory analysis for Biochemistry, Haematology and Blood Transfusion tests. Designed by the Trust's Pathology team in conjunction with Estates, the new rapid response lab is located in a large open plan space which is a significant improvement on the area the team previously worked in. The team worked with their architects during the planning stage to give their input on the laboratory layout. This has resulted in a more spacious, open plan workspace, with better workflow allowing them to work together more efficiently.

4.2 The long-awaited opening of this modern rapid response lab is the culmination of a multi-million-pound investment for RBFT Pathology, and the result of months of planning, collaboration, building works, installations and testing. As part of the move to new premises, the new lab is kitted out with new analytical equipment, replacing the old unreliable equipment the team were using.

Improving Together

4.3 The Improving Together Team launched the next round of training on 20 September 2023 focussing on frontline teams who face winter pressures and impact patient flow. In total, 9 teams and approximately 65 team representatives are taking part in this wave, increasing the total number of frontline teams trained to 33. Alongside our frontline teams, five directorates will also be trained at the end of September, completing the directorate leadership deployment.

Embedding Equality, diversity and inclusion in Education and Learning experience

4.4 The Trust and the University of Reading hosted an event on 18 September 2023 celebrating our collaborations within the sphere of Education and Learning particularly those embedding Equality, Diversity and Inclusivity. Attendees heard from Dana Kelly about her experiences of the PGCert programme and how that translated into inclusive simulation sessions in the brand-new Clinical Simulation Training Suite. Lyndsey Seasman spoke about her momentous journey from a Band 2 to Band 8b Directorate Manager, citing the Henley Business School BA in Applied Management as instrumental. Hannah Johnson spoke about the Medical Support Worker programme and the support from the UoR languages department in helping the MSWs improve their communication skills. It was a great celebration of our partnership working and the breakout groups discussed lots of exciting ideas for the future.

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

5.1 The pressure of urgent and emergency care demand, improving elective recovery and improving access standards within cancer and diagnostics in the context of continued industrial action is continuing to be present. We are supporting our staff to deliver high quality services, while recognising the impact of ongoing industrial action. We are continuing to work with our teams to recruit to substantive positions and thus reduce the need for temporary labour, and to work with budget managers and suppliers to secure savings in non-pay expenditure.

Building Berkshire Together

5.2 We continue to work closely with the New Hospital Programme (NHP) team to progress our plans for the redevelopment of our hospital and an improved built environment for delivering healthcare to the communities we serve.

5.3 The focus for the Building Berkshire Together (BBT) internal engagement in August and September 2023 has enabled us to submit a response to the 'Sprint'- a request from the NHP to determine to what extent our various options for hospital redevelopment could be delivered within the announced indicative funding, applying the 'Hospital 2.0' principles of, for example, Modern Methods of Construction (MMC) and single rooms throughout, rather than shared bays for inpatients.

5.4 Externally, we are continuing to engage with key stakeholders ensuring we continue to speak at our local Councils' Health and Wellbeing Boards, Health Overview Scrutiny Committees and to local community leaders to explain the current status of the programme and ensure a clear message is provided.

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Title:	**Integrated Performance Report (IPR)**
Agenda item no:	6
Meeting:	Board of Directors
Date:	27 September 2023
Presented by:	Janet Lippett, Chief Medical 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 August 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	✓

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Integrated Performance Report

August 2023

Improving together to deliver
outstanding care for our community

Improving Together

Our Strategy: Improving Together

Royal Berkshire NHS Foundation Trust

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

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

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

For the next five years, we will focus on five **Strategic Objectives**. To track our progress on these we have identified 8 **Strategic Metrics**. Each of our clinical and corporate teams are in the process of identifying how they contribute to the delivery of these metrics and our monthly performance meetings will focus on action we can take together to make progress. For the remainder of 22/23 we have identified 4 **Breakthrough Priorities** that we are looking for rapid improvement on. We have chosen these areas as data has shown us that progressing these areas will make a substantial impact on one or more strategic metrics.

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

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

Our Vision: Working together to deliver outstanding care for our community

Strategic Objectives

Provide the highest quality care for all	Invest in our people and live out our values	Delivering in Partnership	Cultivate innovation and improvement	Achieve long-term sustainability

Strategic Metrics

• Improve patient experience • Reduce harm	• Improve retention	• Improve waiting times • Reduce inpatient admissions	• Increase care closer to home	• Live within our means • Reduce impact on the environment

Breakthrough Priorities

- Recruit to establishment
- Average LOS for non-elective patients (inc. zero length of stay)
- Reduce 62-day cancer waits
- Delivery of £15m efficiency target

Watch metrics

- Metrics across all Strategic Objectives

August 2023 performance summary

Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 31st August.

During this time, the Trust continued to experience high levels of demand across non-elective pathways. For 6 days in August, the Trust was affected by junior doctor and consultant industrial action which resulted in the cancellation of over 660 outpatient appointments and over 130 inpatient and daycase procedures. Despite the sustained pressure, our staff have continued to provide high quality, safe care and our **highest quality of care indicators (pages 6&7)** remain at expected levels.

The Trust remains challenged across the **Deliver in Partnership** objectives (pages 9-12) and performance against **the diagnostic waiting standard and Cancer waiting times** standards continue to fall below national standards. The former continues to deteriorate, driven by high levels of demand and capacity challenges and whilst actions including contracting for insourcing capacity are in place to address these areas, performance will remain challenged during 2023/24.

While the Trust continues to perform well on the national **elective care standard,** the challenges referenced above are starting to impact on performance. Current performance levels will be challenged during the remainder of the year, and the level of challenge will increase into 2024-25 as capacity for routine outpatient appointments remains significantly reduced.

The Trust's **vacancy rate** (page 17) remains above target but has fallen for the 4th month in a row. However, the **rate of turnover** (page 8) has fallen further still below target, reflecting the increased focus on this area from across the organisation - at its lowest for over a year.

Financial performance at Month 5 is £1.30m behind plan driven by continued spend on workforce (including industrial action cost £1.06m) and supplies and challenges in unlocking efficiency savings. Additional focus has been placed on this area by Trust senior management as indicated by the new breakthrough priority.

Strategic Objectives	Page	Strategic Metric	SPC flag
Provide the highest quality care for all	6	**Improve patient experience:** Number of complaints	
	7	**Reduce harm:** Number of serious incidents	
Invest in our people and live out our values	8	**Improve retention:** Turnover rate	P, L
Delivering in partnership	9-11	**Improve waiting times:** Reduce Elective long waiters Average wait times for diagnostic services Emergency Department (ED) performance against 4hr target	P F, H F
	12	**Reduce inpatient admissions:** Rate of admission (LoS>0)	H
Cultivate innovation and improvement	13	**Increase care closer to home:** Proportion of activity delivered at RBH	F, H
Achieve long-term sustainability	14	**Live within our means:** Trust income and expenditure	F
	15	**Reduce impact on the environment:** CO2 emissions	P
Breakthrough priorities	17	**Recruit to establishment** (Vacancy %)	F, H
		Improve flow: Average LOS. Not reported this month as new operational reporting under review	
	18	**Support patients with cancer** Reduce 62 days cancer waits incomplete	F
	19	Delivery of £15m efficiency target	F
Watch metrics	21-30		N/A

Royal Berkshire
NHS Foundation Trust

Strategic Metrics

Guide to statistical process control (SPC)

Royal Berkshire NHS Foundation Trust

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

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

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

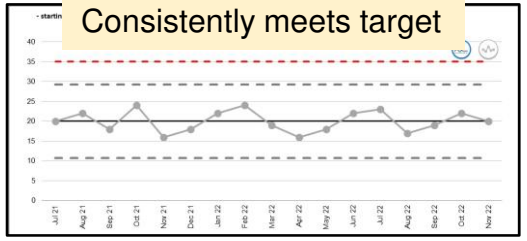
- The variation is routine, expected and stable within a range. We call this '*common cause*' variation, or
- The variation is irregular, unexpected and unstable. We call this '*special cause*' variation and indicates an irregularity or that something significant has changed in the process

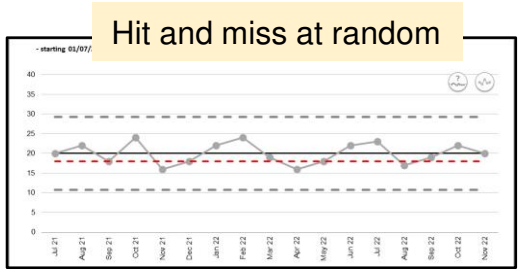
Each chart shows a VARIATION icon to identify either common cause or special cause variation. If special cause variation is detected the icon can also indicate if it is improving (blue) or worsening (orange).

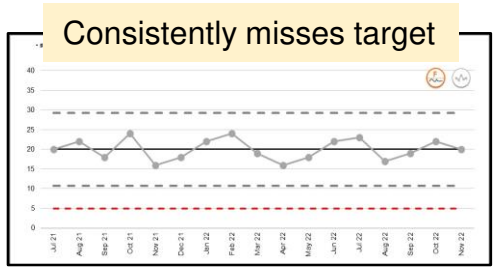
Where we have set a target, the chart also provides an ASSURANCE icon indicating:

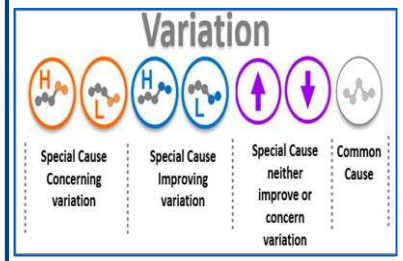
- If we have consistently met that target (blue icon),
- If we hit and miss randomly over time (grey icon), or
- If we consistently fail the target (orange icon)

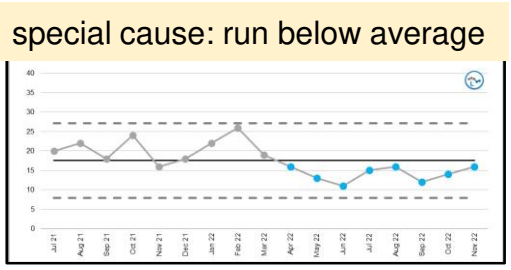
For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.

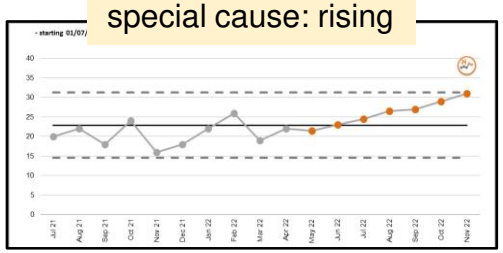


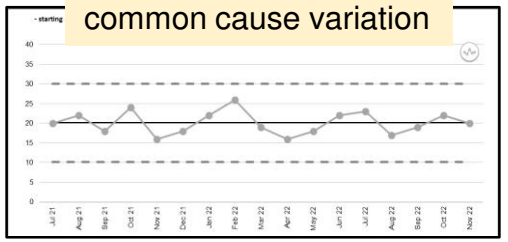


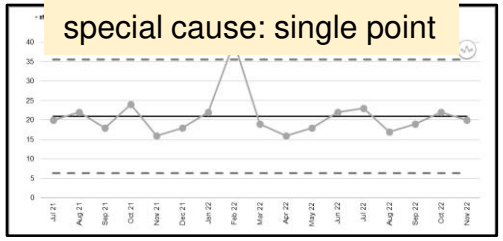






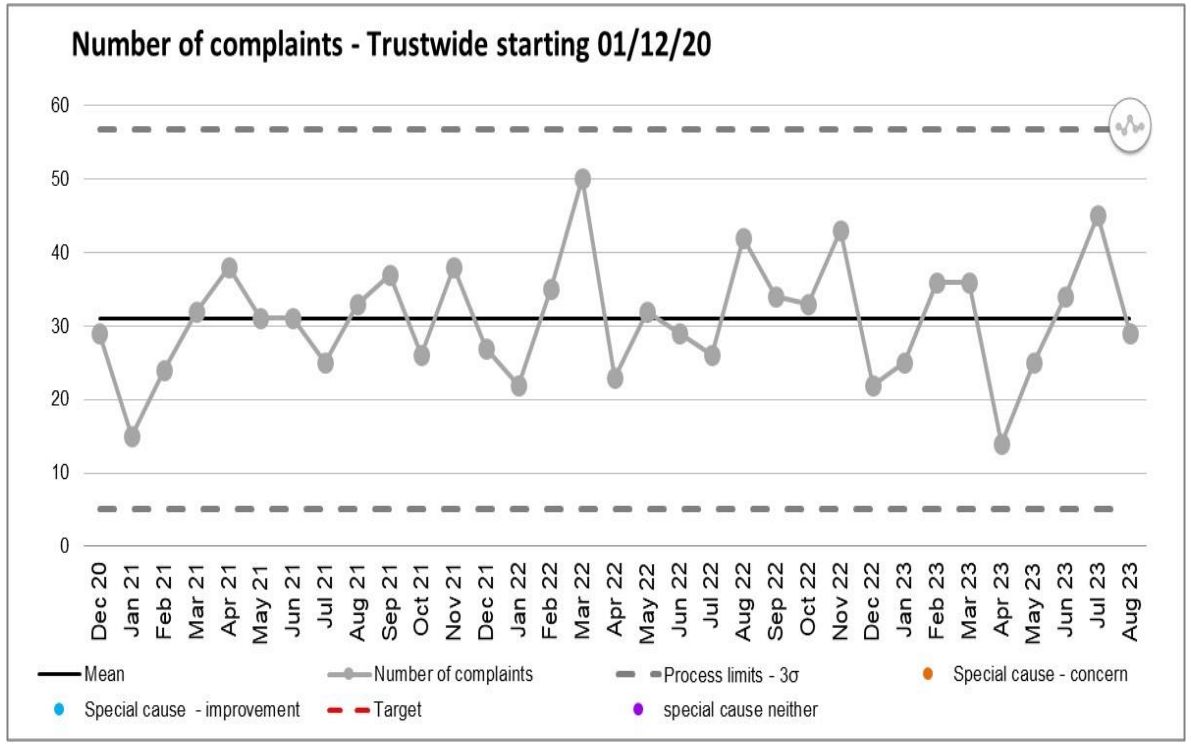






Strategic objective: **Provide the highest quality care for all**

Strategic metric: Improve patient experience



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Number of complaints received	36	14	25	34	45	29
Complaints turnaround time within 25 days (%)	80%	75%	75%	77%	61%	70%
No. of Vulnerable persons complaints		0	1	1	0	2

Board Committee: Quality committee

SRO: Hannah Spencer

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust

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

Hotspots:
- Complaints – Trauma & Orthopaedics (7)
- PALS – Trauma & Orthopaedics (24), Emergency Department (21)

Overdue Complaint Responses / Reopened Complaints:
- 15 overdue complaints for Urgent Care and 11 reopened complaints outstanding
- 2 overdue complaint for Networked Care and 6 reopened complaints outstanding
- 3 overdue complaint for Planned Care and 7 reopened complaints outstanding

Complaint Action Tracker:
- Currently we have 190 open actions on the Trust complaint tracker with 66% 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.

Vulnerable persons complaints:
- There were 2 complaints received in August 2023

Actions:
- Continuous Patient Advice and Liaison Service (PALS) monitoring to gauge current issues
- Triangulation meetings continue with Patient Safety to identify Trust wide themes
- Current deep dive check in planned September 23 **(Q3 23/24)**
- Deep dive into theme of 'communication' to identify areas for improvement **(Q3 23/24)**
- Implementation of improvement plans from process mapping to streamline both PALs and complaint process **(Q3 23/24)**

Risks:
- Industrial Action - the impact of planning, during and recovery compromising Investigating Officers (IOs) ability to undertake responses and completion of actions

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

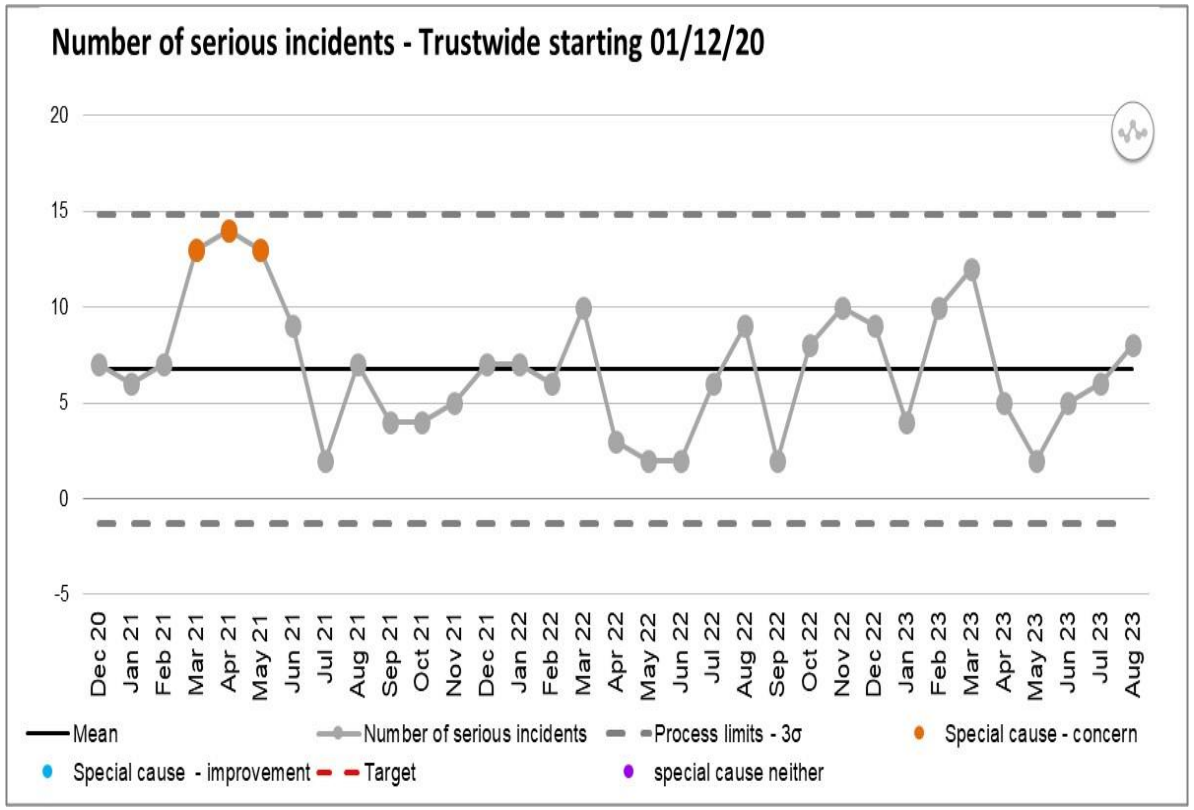
Strategic metric: All declared serious incidents (SI's)

Board Committee: Quality committee

SRO: Hannah Spencer

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Number of serious incidents reported	12	5	2	5	6	8
Serious Incidents related to vulnerable persons		0	0	0	0	0

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:
8 Serious incidents (SI's) were reported in August 2023, 1 in Planned Care, 1 in Networked Care, 1 in Corporate. 5 in Urgent Care which includes 2 Maternity incidents and 1 in Radiology which was reported as a Never Event.

Incidents relating to Treatment delays are continuing upward trend with 2 out of the 8 SI's in August falling into this category. The SI's reported by Maternity were referred to the Healthcare Safety Investigation Branch and one will be investigated through the Perinatal Mortality Review Tool process. Duty of Candour was met in all cases and learning shared.

Key learning themes from August SI's include a review of the use of acronyms and abbreviations in Radiology, increased security presence in the Emergency Department and the implementation of a local pressure ulcer task and finish group. Improvements to failsafe and risk stratification processes continue to address long waiting lists that can lead to treatment delay. Pro-active engagement has been undertaken with the CQC as the Never Event is reviewed.

Actions:
- Transition from SI Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation continues with a target transition by **March 2024**
- Draft patient safety profiling has been completed and shared with Executive Management Committee (EMC)
- Transition to LFPSE (NHS learn from patient safety events system) by **September 2023**
- Working with Care Groups on improvement plans including SI actions and overdue DATIX

- **Risks:**
- Patient Safety Team resource constraints – additional workload created by PSIRF implementation
- Sustained high levels of reported incidents of violence and aggression against staff

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

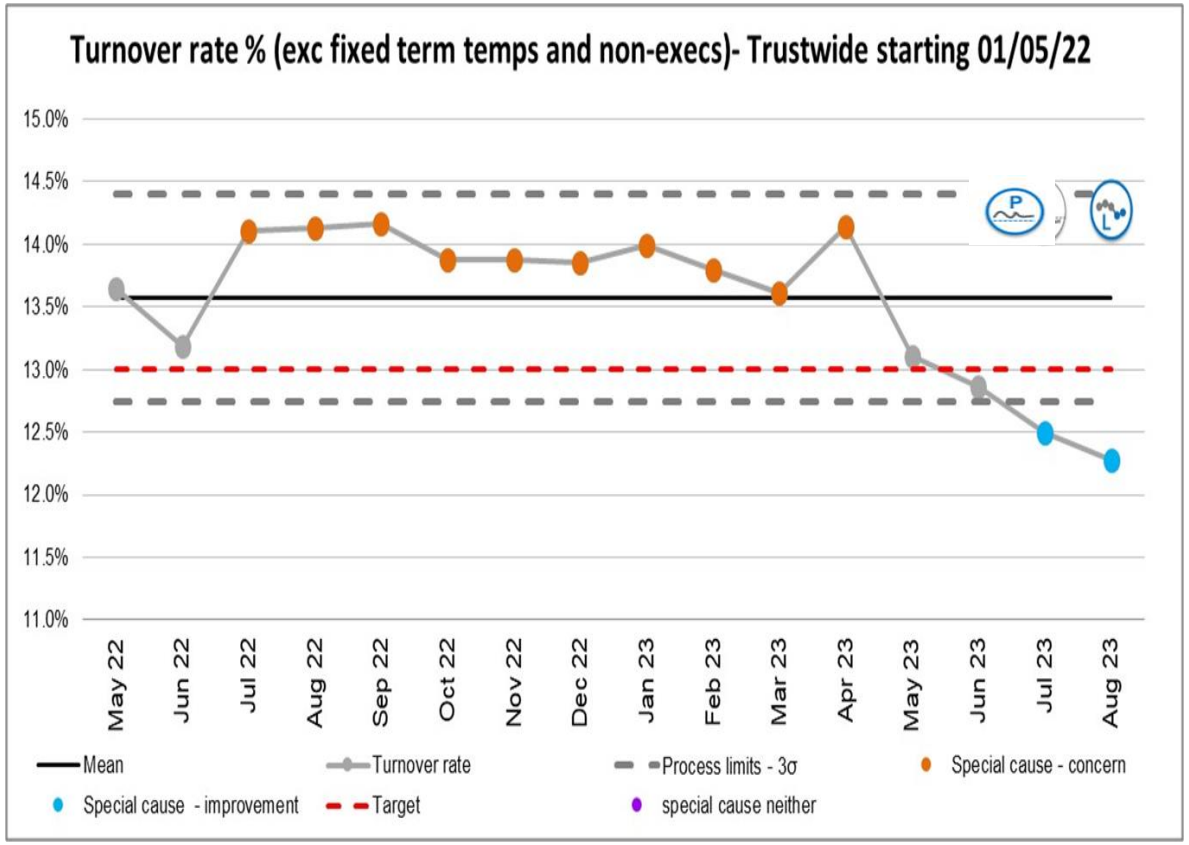
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
P	L

Royal Berkshire NHS Foundation Trust



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Staff turnover rate	13.61%	14.14%	13.11%	12.87%	12.50%	12.28%

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. This will be continually monitored and reviewed.

How are we performing:
Turnover currently sitting at 12.28% (excluding fixed term/temp) denoting a reduction for the fourth month from 12.50% in July 23.
There has been a substantial improvement in Nursing and Midwifery turnover from 19% to 9% in midwifery, due to sustained work with midwifery partners in their retention team.
Nursing turnover peaked at 13% but has reduced to 10% in part due to the focused work on leavers in the first 0-24 months.
Feedback from Hurley has been completed and shared with Matron and Director of Nursing. ICU Elderly care baseline report has been fed back with further actions identified. Awaiting data analysis from 0-12 months new and exit interview to derive actionable themes.

Actions:
- Staff survey 2023 Implementation plans in place
- Devised and implemented 5 Point Plans for 2023 Staff Survey for areas with a response rate less than 57% in 2022 to increase response rates in line with 70% target
- Leavers' questionnaire (exit interviews) data evaluation underway
- Explored options to facilitate and support HCSW's to aid retention
- Devising career pathways to provide new developmental training opportunities with the Trust

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

Strategic objective: **Deliver in partnership**

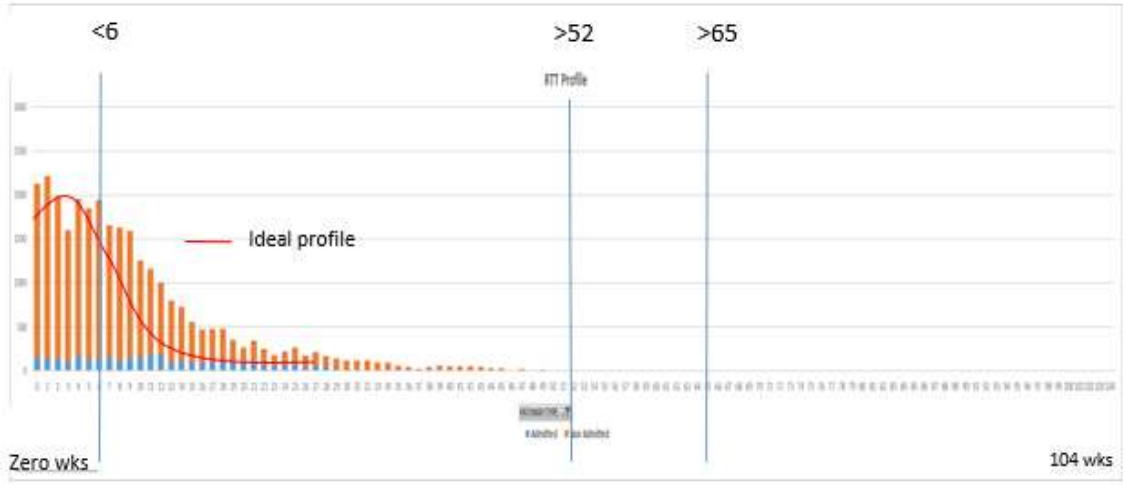
Strategic metric: Reduce Elective long waiters

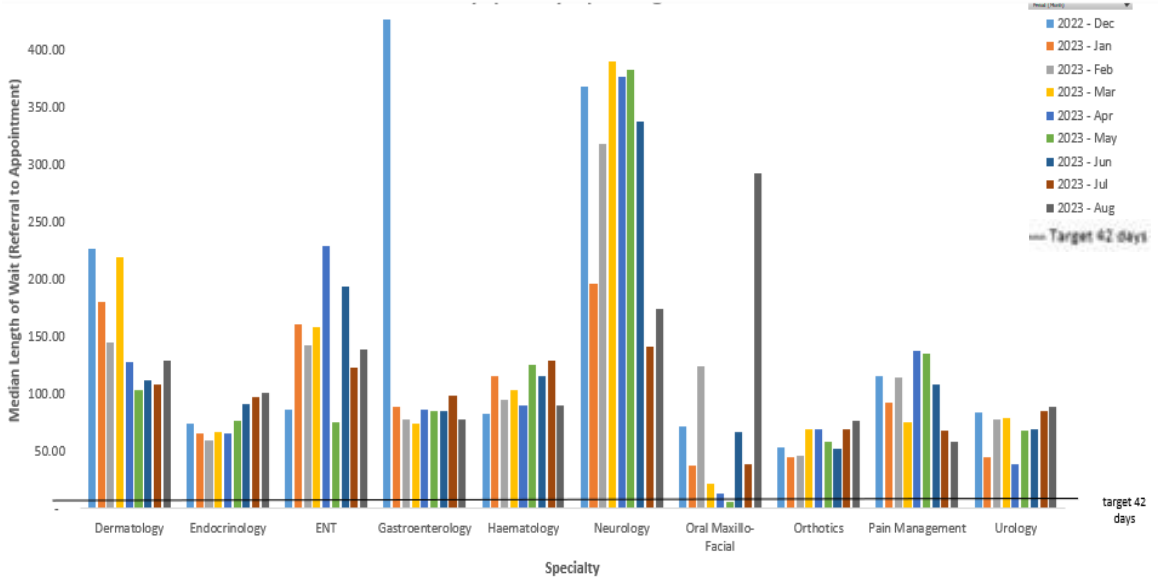
Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
P	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
- The Trust is maintaining a stable PTL size that is comparable to 2019. However we are seeing an increasing risk to >52 / >65 week waits in 2024/25
- Maintaining our position and f making urther improvement to the RTT profile will be achieved through shortening stages of **treatment** across the elective pathway, in particular waiting times to 1st OPA
- Routine 1st OPA are currently extending well beyond the ideal 6 week horizon. The chart provided shows the median waiting times for patients booked in the relevant month

Actions:

- 6 month targeted programme of work to improve EPR encounter information underway as part of the Master-WL programme.
- Investigating opportunities to increase capacity to support whole pathway transfers in order to decrease first OPA demand.
- Work with each specialty team to understand capacity position, identify where alternative delivery methods can add value and where appropriate convert follow-up slots to first slots
- Deployment of fully integrated e-Triage and referral management solution. Expected Oct 23 (Automated data entry, increased A&G, decreased duplication and improved outpatient booking instructions)

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 52week 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**

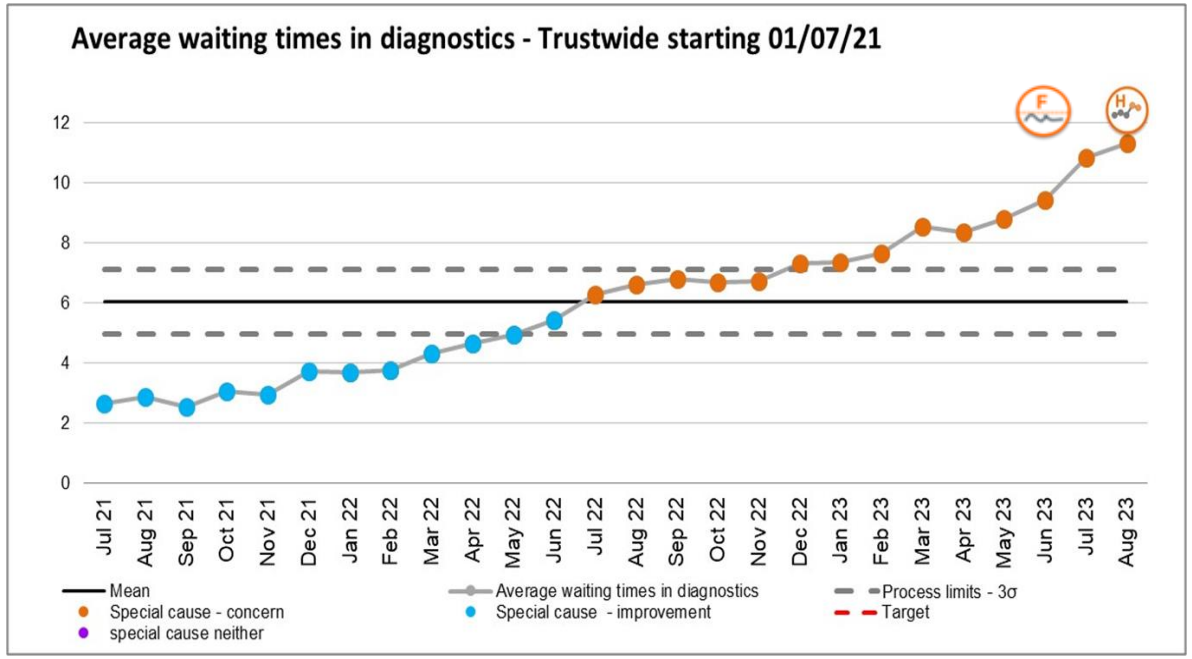
Strategic metric: Average waiting times in diagnostics DM01

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Average wait all modalities (wks)	**8.56**	**8.37**	**8.80**	**9.42**	**10.84**	**11.33**
Imaging	3.42	3.90	3.44	3.20	3.80	3.96
Physiological Measurement	7.25	7.18	8.42	9.02	7.47	7.33
Endoscopy	22.93	21.62	22.83	26.07	27.58	28.15
Cancer	3.31	3.14	3.00	2.59	3.66	2.77
Urgent	13.39	13.25	13.61	14.76	16.83	17.25
Routine	7.83	7.71	8.13	8.63	9.65	10.30

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

How are we performing:
- We remain significantly behind the 99% within 6-week standard, driven primarily by Endoscopy, MRI and CT
- Endoscopy is driving the longest waits across the Trust which represent the majority of the >6 week patients. This will remain a challenge in the coming months owing both to increasing demand and capacity constraints
- In August we have seen a further reduction in the total waiting list size. However we are continuing to see an increase in the number of >13 week waits, likely the result of the need to focus on increased cancer demand negatively impacting the routine pathway

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, with medium term options being explored i.e., use of theatres and CDC
- Within imaging, MRI rental scanner is being extended for 2 days pw to 5 days pw from 22/05/23. Outsourcing to independent sector providers is in place. A project is in place for a 2x scanner facility at CDC site with a provisional go live of Q1 24/25. In the short term, extended 7 day working is underway to replace capacity lost through electrical breakdown

Risks:

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

Imaging
- Capacity for MRI and in CT continues to lag behind demand

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

Strategic objective: **Deliver in partnership**

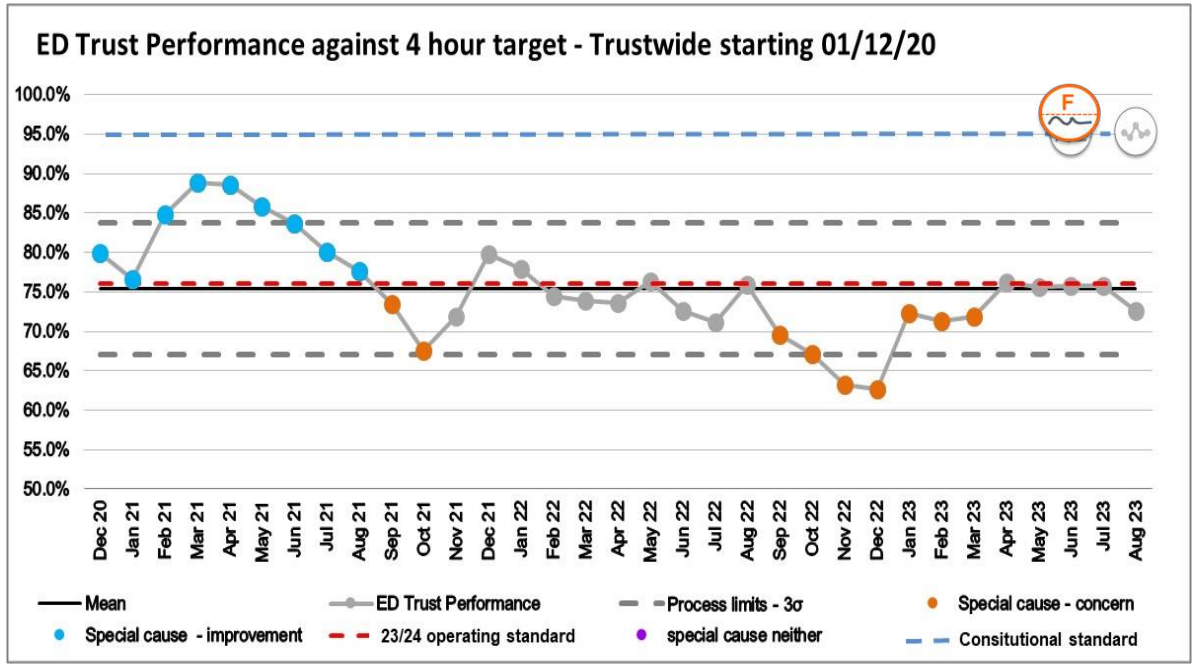
Strategic metric: Performance against 4hr A&E target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
4hour Performance (%)	71.92%	76.20%	75.62%	75.76%	75.83%	72.60%
Total Attendances	15253	13444	15179	15168	14864	13984
Total Breaches	4283	3200	3701	3677	3592	3831
4hour Performance (%) 2022	73.94%	73.64%	76.37%	72.66%	71.19%	75.85%
Total Attendances 2022	14675	13577	14850	14935	14444	13872
Total Breaches 2022	3825	3579	3509	4083	4162	3350

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 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.

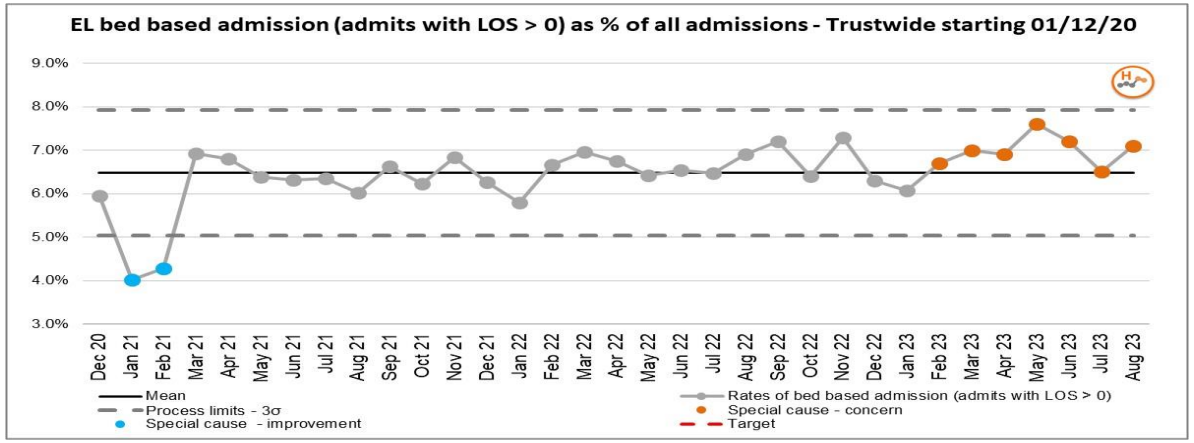
How are we performing:
- In August 72.60% of patients were seen within 4 hours. Whilst the average daily attendance for the month was slightly lower than in previous months (379), we have seen rising acuity with a rising number of mental health and alcohol related cases.
- Emergency Department Minors Unit activity reduced to an average of 92 patients per day in August. The team achieved the quality performance standard for 28/31 days.
- South Central Ambulance Service (SCAS) >60 & >30min handover performance has dipped reflecting flow challenges both within the dept and onward.

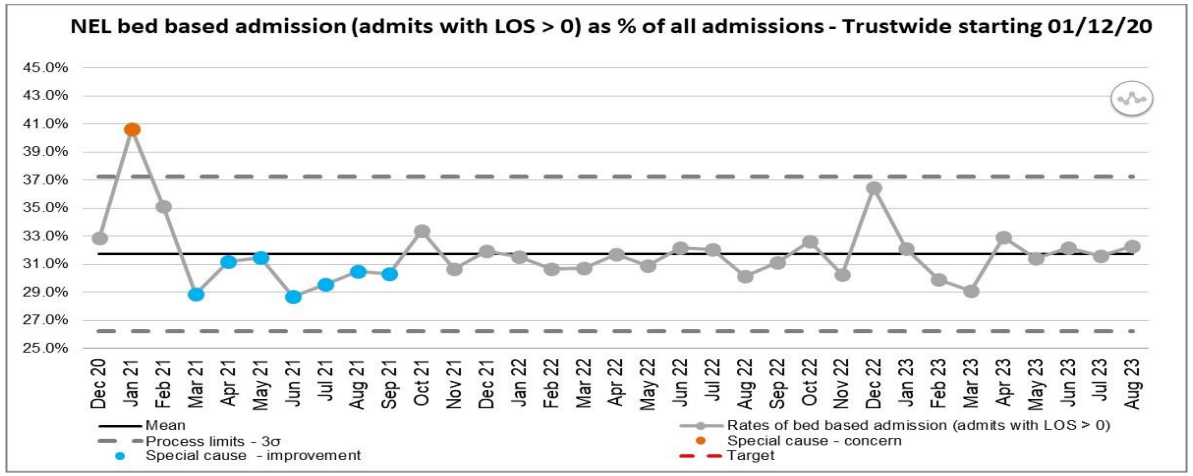
Actions:
- Final preparations for Older Peoples' Emergency Department go-live in early **October 23**
- TINA dashboard work continuing with further safety metrics to be added in the forthcoming weeks to enable staff to quickly identify issues and escalate appropriately.
- Reading Urgent Care Centre appointment booking via EMIS®– configuration issues preventing go-live. New go-live date TBC whilst issues being diagnosed by IT.
- Key medical staffing actions include locum consultant adverts to cover forthcoming long-term absence, and expansion of Advanced Clinical Practitioner workforce .
- Further ambulance handover audit work has been carried out. Key findings to be discussed with SCAS colleagues in **September 23**

Risks:
- Demand continues to grow in excess of population growth and funding
- Staffing resource to support additional areas safely
- Space constraints of the current ED facility
- Capacity challenges in pathology and diagnostics
- Dependence on specialties to see referred patients in a timely manner
- Continued financial and staff resilience cost of strike action

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce inpatient admissions





% of admissions with Los>0	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Elective	7.0%	6.9%	7.6%	7.2%	6.5%	7.1%
Non-elective	29.1%	32.9%	31.4%	32.2%	31.6%	32.3%

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**

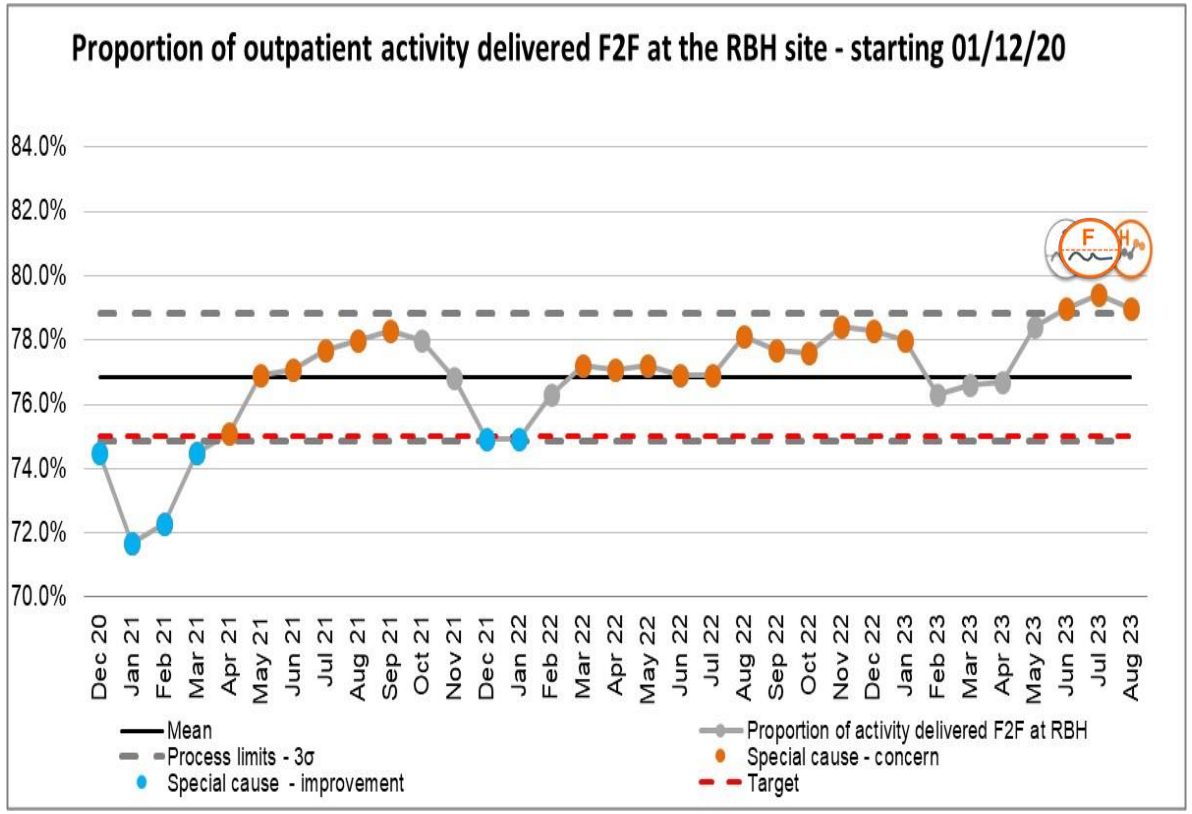
Strategic metric: Increase care closer to home

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
% of all care provided from RBH site	76.6%	76.7%	78.4%	79.0%	79.4%	79.0%

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 out patient 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 August, the proportion of care delivered from the RBH site was 79.0%. This was 0.4% percentage points below June and remains an increase on the position 12 months ago. In recent 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 (**Q3 2023/24)**
- Extending our work with the patient portal **(Q4 2023/24)**
- Working with clinicians to improve update of digital care platforms (Digital Hospital)
- Space review at Bracknell, Windsor, Henley and Newbury **(From Q3 2023/24)**
- Exploring opportunities for MDT delivery with primary care. **(From Q2 23/24)**

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**

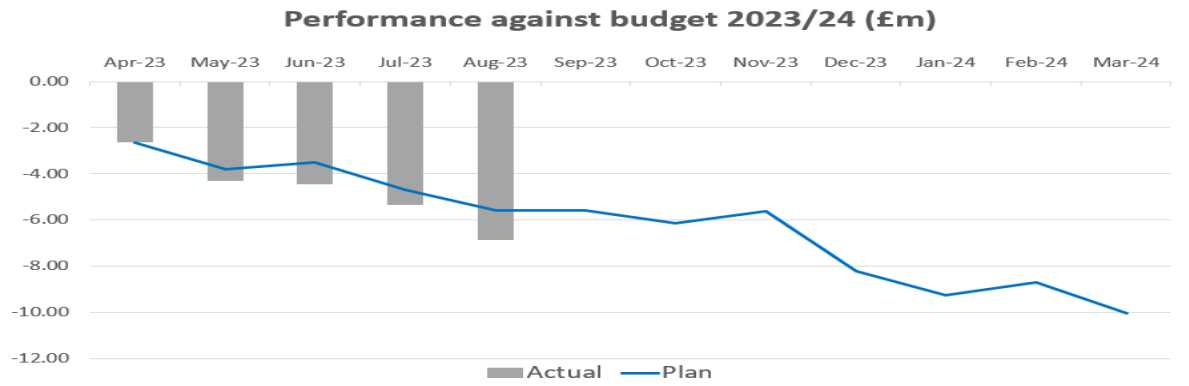
Strategic metric: Trust income & expenditure performance

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)	£244.72m	£238.62m	£6.09m		£574.36m
Pay	£146.97m	£142.41m	-£4.56m		£340.67m
Non Pay (incl pass through)	£101.46m	£98.30m	-£3.16m		£235.42m
Other	£2.76m	£3.48m	£0.72m		£8.32m
Surplus/(Deficit)	-£6.83m	-£5.57m	-£1.26m		-£10.05m
Exclude donated Asset Effect, centrally funded PPE and Impairment	-£0.05m	£0.00m	-£0.05m		£0.00m
Adjusted Financial Performance (NHSE Plan)	-£6.87m	-£5.57m	-£1.30m		-£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 05 YTD, financial performance is a £(6.87)m deficit, £(1.30)m worse than plan. Income is ahead of plan by £6.09m, the variance is partly driven by the accrual for AFC pay award, confirmed post planning, in addition, £1.47m is accrued income for the incident (Insurance settlement), and £1.24m of medical staff pay awards in line with guidance.

The Pay position is £(4.56)m adverse to plan YTD, this includes the additional cost of industrial actions of £1.06m that occurred in April, May, June, July and August 23. Overall pay run rate remained consistent with quarter one allowing for the impact of the medical pay award, reflecting the positive impact of increased scrutiny on rotas and booking of bank and agency shifts.

Non-Pay costs are over budget YTD by £(3.16)m driven by the delays in mobilising of savings programmes. The M05 position, includes £1.47m related to the power incident, with a corresponding income amount which has been accrued in expectation of the settlement of our insurance claim.

Actions:
- Focus is needed to make run-rate reductions.
- We are working to develop for further savings delivery across specific contracts
- Additional workforce controls have been implemented and ongoing
- The Efficiency and Productivity Committee has received updates on the progress towards the £15m savings programme. We now have £14.84m of risk assessed delivery in year of which £5.23m has been delivered at M05 YTD
- Focus is now needed to deliver the plan savings and identify schemes that are recurrent and could be taken forward to the next financial year 2024/25

Risks:
- Higher than budgeted sickness levels
- Inflationary pressure is occurring where the Trust is not in fixed price contract
- Impact of future strike action, and the costs of reproviding the lost capacity
- Identification and delivery of the remainder of the full £15m savings programme

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

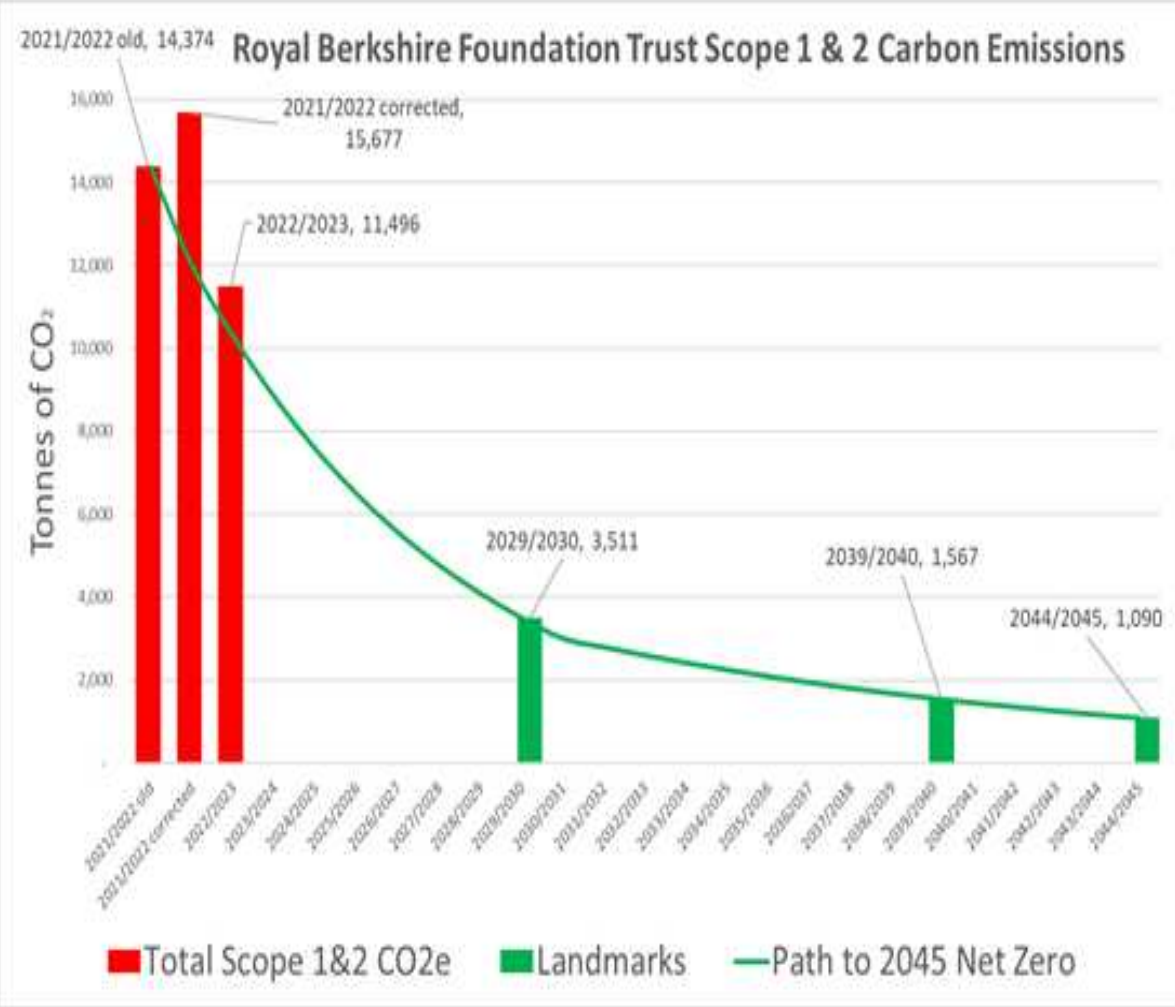
Strategic metric: CO2 emissions

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 setting up quarterly in year reporting during the year to regularly measure our performance. 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.

Both Battle and North Block continue to run on generator power fueled by diesel from the power outage from the 23rd April 23 which will adversely impact on the Trust total Carbon footprint compared to prior years where the majority of power has been generated by the CHP.

Actions:
- A paper was considered at EMC in August to agree next steps to resource continued pace of carbon reduction, and the resourcing for this strategic metric is under review

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 and the Trust's deficit position means that prioritisation of expenditure may not permit the net zero agenda to be progressed at the pace intended, particularly regarding capital expenditure
- Dedicated PMO resource is required to continue momentum and funding for this is not yet secured

Royal Berkshire
NHS Foundation Trust

Breakthrough Priorities

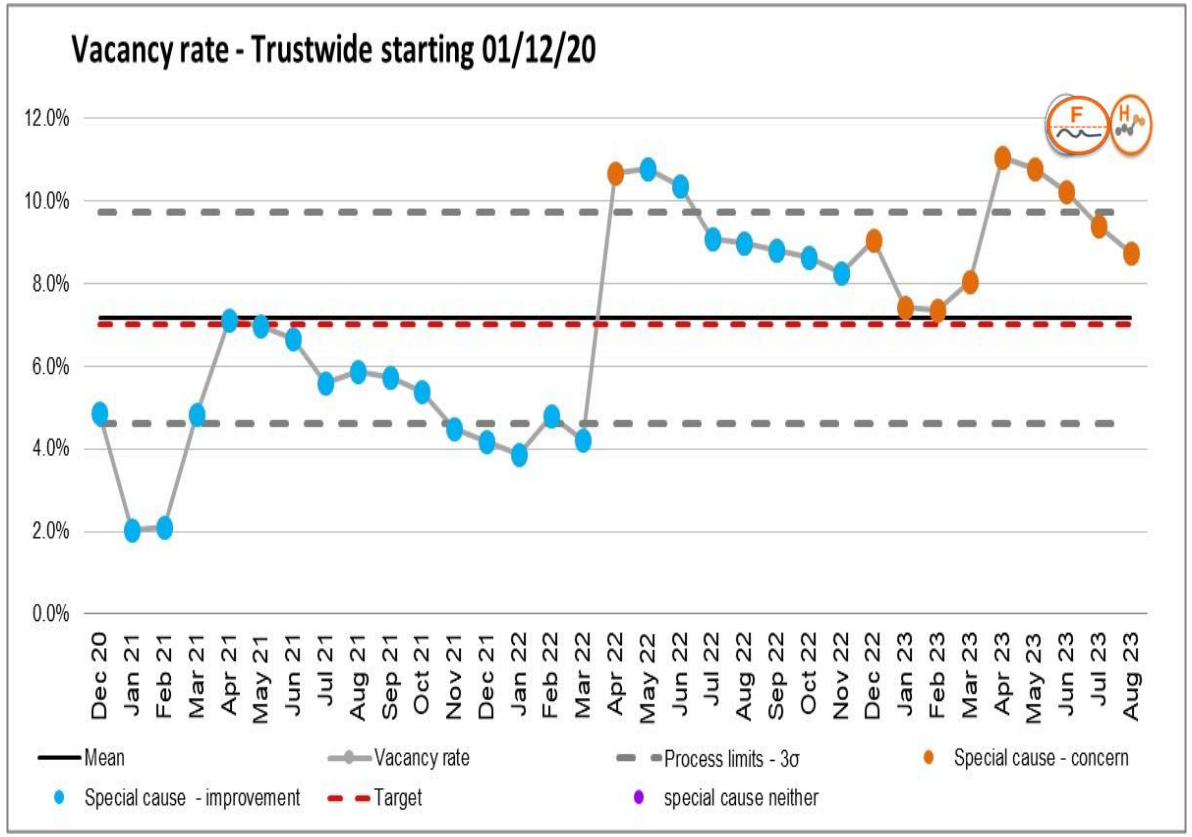
Breakthrough priority metric:
Vacancy rate

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Trust Performance	8.04%	11.04%	10.79%	10.22%	9.38%	8.74%

**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:
- We continue to see a downward trajectory for vacancy rates since April 2023. Taking into account the increase in establishment in the previous 2 years if we continue to increase recruitment activity, particularly international recruitment together with the reduction in turnover and the work to look at the recording of budgeted WTE in ESR we are likely to approach target % by the end of this financial year.
- 79 vacancies went to advert, a total of 112 candidates were shortlisted for interviews
- In total, 90 offers were made across the Trust through domestic recruitment
- 17 international nurses and 2 midwives arrived
- 14 Health Care Assistant candidates accepted job offers

Actions:
- Work is continuing with the EDI and Digital Marketing teams with training undertaken by the Recruitment team
- Attendance at local job fairs and careers events
- A non-clinical open evening being planned in conjunction with Reading Job Centre Plus (targeting candidates aged 50+)
- Links in place with The Princes Trust to enhance HCSW recruitment campaigns, specifically targeting candidates aged 18-30
- Social media campaigns continue to target areas where recruitment is proving difficult
- Work continues in challenging agency/NHSP spend to reduce expenditure
- The 'Golden Handshake' and 'Refer a Friend' initiatives are being reviewed
- Finance and Workforce Information establishing a working group to look at the recording of budgeted WTE in ESR to facilitate more accurate reporting of vacancies

Risks:
- Affordable housing in the local area is an urgent requirement
- Competition from neighbouring Trusts offering higher pay rates and incentives to hard to recruit roles and International recruits may affect current pipelines

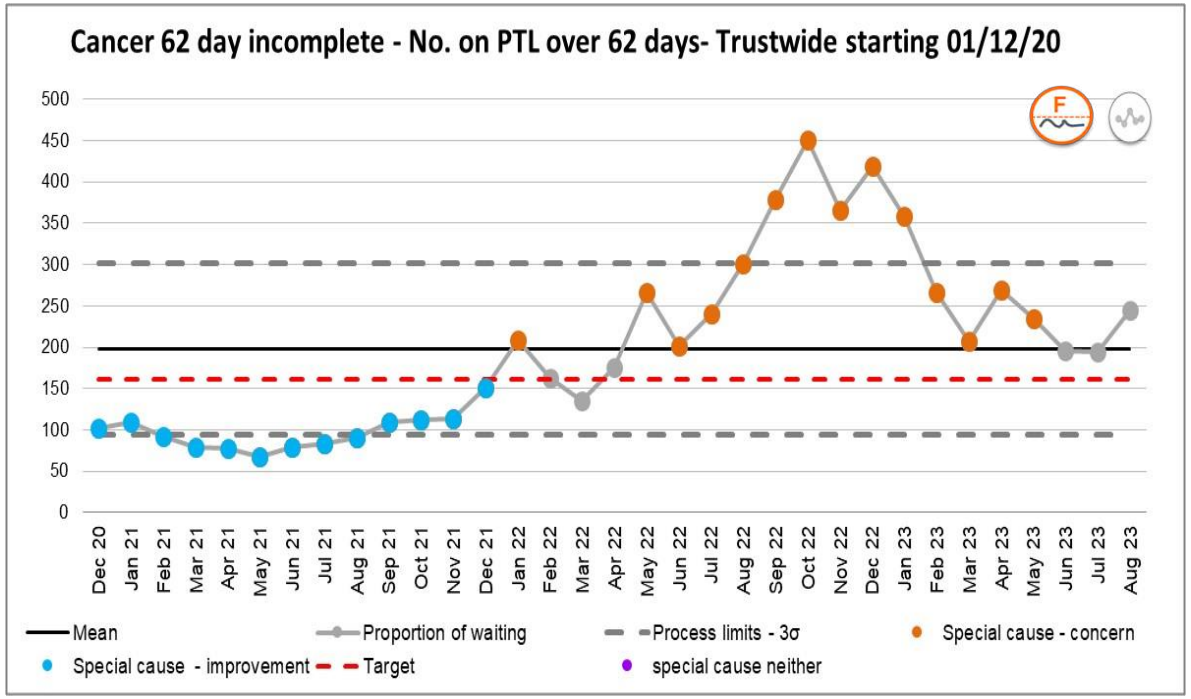
Breakthrough Priority metric:
Reduce 62 days cancer waits

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Trust Performance	71.90%	64.30%	65.00%	70.50%	75.10%	66.20%
Total Cancer PTL list	2252	2275	2152	2316	2325	2379
No. on PTL > 62 days	207	269	235	195	194	244
Incomplete - % on PTL over 62 days	9.2	11.9	11.1	8.7	8.3	10.3
Cancer 28 day Faster Diagnosis	72.3	76.0	73.0	77.5	78.1	79.9

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 July, 75% of patients on a cancer pathway were treated within 62days
- August performance is un-validated at 66% and the total number of patients on the PTL >62 days shows an increase to 242 predominantly within skin, gynae and gastro
- Industrial Action (IA) impact in skin particularly will mean failing the 31 day 1st treatment target in Sept/Oct depending on recovery timescales. This is likely to be RBFT's lowest ever 31 day performance.
- Skin and Gastro are largely driving poor cancer performance across Thames Valley Cancer Alliance (TVCA) in Great Western Hospital, Buckinghamshire and Oxford University Hospitals

Actions:
- Insourcing capacity to support gastrointestinal (GI) and urology pathway work
- £300k additional funding for GI secured from TVCA. Additional £470k funding from further bids submitted to TVCA
- New prostate pathway implemented from August to meet 28 day standard and reduce time to MRI and biopsy
- Head and Neck (H&N) one stop US was agreed at the charity board 7th Sept
- Additional scrutiny at weekly Tuesday Cancer Action Group in conjunction with TVCA
- 2ww demand forecast sent to teams for incorporation in business planning

Risks:
- Doctors Rate card significantly affecting clinic and list capacity (huge impact in GI) and likely to see continued growth in patients >62 days as a result
- Funding from TVCA is non-recurrent and may add pressure to budgets next year
- Industrial action with skin and gynaecology particularly

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

Board Committee
Finance & Investment

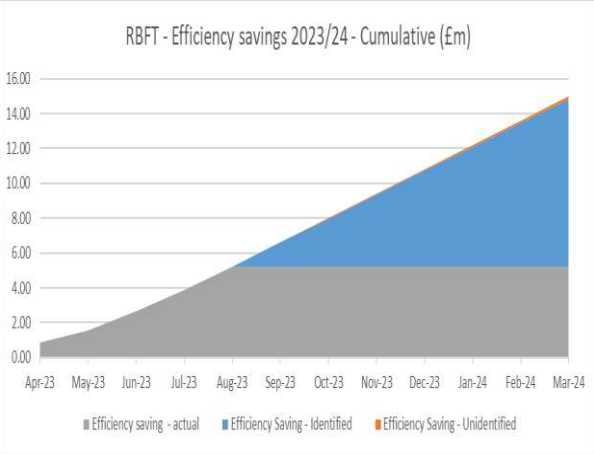
SRO: Nicky Lloyd

Assurance	Variation
F	

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	M01 actual £m	M02 actual £m	M03 actual £m	M04 actual £m	M05 actual £m	YTD_M05 delivered
Urgent Care	4.14	4.31	4.01	3.89	(0.25)	0.25	0.25	0.25	0.32	0.32	0.28	0.17	0.51	0.40	0.45	1.82
Planned Care	4.53	4.23	3.83	3.23	(1.30)	0.08	0.09	0.20	0.46	0.24	0.08	0.09	0.21	0.46	0.25	1.09
Networked Care	3.70	2.16	2.02	1.62	(2.08)	0.07	0.07	0.06	0.24	0.06	0.08	0.12	0.08	0.24	0.04	0.56
CEO	0.09	0.06	0.05	0.05	(0.04)	0.00	0.00	0.00	0.00	0.00	0.01	- 0.01	0.01	0.00	0.00	0.01
COO	0.01	0.01	0.01	0.01	0.00	-	-	-	-	-	-	-	-	-	-	-
CMO	0.08	0.38	0.38	0.30	0.22	0.04	0.04	0.04	0.04	0.04	-	-	-	-	-	-
CNO	0.22	0.24	0.23	0.15	(0.08)	-	-	-	-	-	-	-	-	-	-	-
Estates and Facilities	1.02	0.87	0.83	0.67	(0.35)	0.05	0.05	0.06	0.04	0.04	0.07	0.06	0.09	0.05	0.08	0.35
IM&T	0.64	0.86	0.60	0.79	0.15	0.02	0.02	0.02	0.02	0.17	0.05	0.02	0.02	0.01	0.16	0.26
Finance	0.17	0.27	0.22	0.29	0.12	0.02	0.01	0.00	0.00	-	0.02	0.01	-	-	-	0.03
CPO	0.17	0.18	0.16	0.15	(0.02)	0.00	0.00	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.02
Strategy & Transformatior	0.07	0.31	0.31	0.25	0.18	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.04
R&D	0.06	0.29	0.29	0.29	0.23	0.06	-	-	-	0.13	0.06	-	-	-	0.13	0.19
Trustwide	0.10	4.40	4.52	3.04	2.94	0.04	0.04	0.17	0.16	0.26	0.21	0.19	0.18	0.05	0.26	0.88
Travel and Transport	-	0.42	0.34	0.11	0.11	-	-	-	-	0.01	-	-	-	-	-	-
Total	**15.00**	**18.97**	**17.79**	**14.84**	**(0.16)**	**0.63**	**0.58**	**0.81**	**1.29**	**1.30**	**0.87**	**0.68**	**1.09**	**1.22**	**1.37**	**5.23**



Efficiency saving by work stream area - £m

Category	SRO	Full year £m	In year £m	Risk adjusted	YTD_M05
Budget Management	Nicky Lloyd	7.01	7.13	6.41	3.32
Workforce Controls	Don Fairley	5.17	5.04	3.36	0.96
Procurement	Eamonn Sillvan	2.95	1.90	1.90	-
Medicines Optimisation	Janet Lippett	1.24	1.24	1.24	0.47
Operational Efficiency	Dom Hardy	1.51	1.48	1.20	0.26
Commercial and Income Generation	Andy Statham	0.19	0.14	0.09	-
Estate & Capital projects	Nicky Lloyd	0.61	0.58	0.37	0.05
R&D	Janet Lippett	0.29	0.29	0.29	0.19
Total		**18.97**	**17.79**	**14.84**	**5.23**

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 £18.97m is so far identified for the full year and £17.79m of in year effect. We have risk assessed this at £14.84m, £5.23m was delivered in YTD M05, August 2023 compared to straight line phased plan of £6.25m, a shortfall of £1.02m, YTD.

Actions:
- Chief Finance Officer (CFO) continues to lead the review with budget holders across all three care groups using data packs which triangulate workforce, activity and spend in recent years as well as identifying any legacy COVID-19 costs. This work will continue to iterate to secure full delivery of 2023/24 savings targets and restoration of on budget income and expenditure performance by year end.
- Scheme leads continue to work on additional programmes to improve the In year and risk assessed values
- Weekly meetings with the leads to identify and track the savings
- All directorates continue to review the Model Health System data for areas of high cost relative to other Trusts
- Workforce controls and activity vs.cost growth is ongoing to identify deliverables that can further close the gap to target

Risks:
- Some schemes that have been identified as carrying high risk and there is a gap between the amounts identified and the required total of £15m. The team are working with the Senior Responsible Officers (SROs) and leads to mitigate the risks

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 122 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 September 2023:

In the last month 17 of the 122 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 new alerting metrics include:
Unborn babies on child protection (CP) / child in need plans (CIP)
FFT Response - Maternity

Provide the highest quality of care for all

- Unborn babies on child protection (CP) / child in need plans (CIP)
- VTE inpatient compliance
- Clostridium difficile (C.Diff) cumulative
- Mixed sex accommodation breaches
- FFT Response - Maternity

Invest in our staff and live out or values

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

Deliver in Partnership

- 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 31 day wait: surgery
- Cancer 31 day wait: radiotherapy
- Cancer Incomplete 104 day waits

Cultivate innovation and improvement

- % OP treated virtually

Achieve long term sustainability

- Non pay cost vs Budget (£m)

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

Watch metrics

SROs: Hannah Spencer

Janet Lippett

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Jun-23	Jul-23	Aug-23	Aug-22
Never Events			0		0	1	1	2
Patient Safety incidents/100 admissions			7.00%		9.27%	10.83%	10.72%	10.52%
Pressure ulcer incidence per 1000 bed days			1		0.00	0.00	0.10	0.20
Category 2 avoidable pressure ulcers			5		0	0	2	4
Category 3 or 4 avoidable pressure ulcers (SI)			0		2	0	0	1
Patient Falls per 1 000 bed days			5		4.58	4.67	3.85	3.89
Patient falls resulting in harm (SI) avoidable			-		0	0	0	1
No. of DOLS applications applied for			-		28	30	23	19
No. of detentions under the MH act to RBH			-		4	9	2	2
% of staff: Safeguarding children L1 training			90.00%		95.50%	95.00%	94.70%	93.90%
No. of child safeguarding concerns by the Trust			-		166	160	0	122
No. of adult safeguarding concerns by the Trust			-		36	35	26	39
No. of safeguarding concerns against the Trust			-		4	4	1	4
Unborn babies on child protection (CP) / child in need plans (CIP)			-		44	42	35	41
C.Diff (Cumulative)			44		12	20	23	24
C.Diff lapses in care			-		4	6	0	2
MRSA			0		0	0	0	1
Ecoli (trust acquired) infections			-		9	10	18	7
Ecoli (trust acquired) infections (Cumulative)			92		28	38	56	38
MSSA surveillance (trust acquired)			-		3	5	5	5
Hand Hygiene			-		97.02%	96.72%	97.42%	
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance			95.00%		83%	81%	Arrears	
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions			0		2	3	Arrears	

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

Watch metrics

SROs: Hannah Spencer

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Jun-23	Jul-23	Aug-23	Aug-22
No. of compliments			-		56	22	31	38
FFT Satisfaction Rates Inpatients: i.Inpatients	H	?	99%		99%	99%	99%	98%
FFT Satisfaction Rates Inpatients: ii.ED		?	99%		84%	85%	85%	86%
FFT Satisfaction Rates Inpatients: iii.OPA	L	?	99%		95%	96%	95%	94%
Mixed sex accommodation - breaches	H	?	0		216	173	349	68
Crude mortality			-		1.40	1.40	1.40	1.47
HSMR	L		-		Arrears	Arrears	Arrears	88.90
SMR	L		-		Arrears	Arrears	Arrears	90.00
SHMI	L		-		Arrears	Arrears	Arrears	0.98
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes		?	97%		100%	93%	Arrears	100%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes		?	86%		55%	83%	Arrears	63%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes		?	82%		92%	92%	Arrears	88%

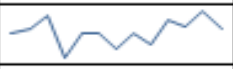
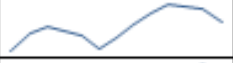
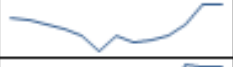
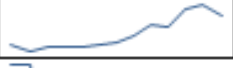
Strategic Objective: **Provide the highest quality care for all**

Watch metrics

SROs: Hannah Spencer

Janet Lippett

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Jun-23	Jul-23	Aug-23	Aug-22
RIDDOR reportable Incidents			-		0	6	1	2
Abuse/V&A (Patient to staff)			-		45	54	53	59
Body fluid exposure/needle stick injury			-		16	21	15	14
Environment Related Incidents			-		18	23	18	9
Manual Handling non patient every 3 years			90%		91%	89%	90%	93%
Conflict Resolution			90%		91%	91%	89%	85%
Fire (Annual)			90%		90%	91%	90%	90%
Nursing and AHP Manual handling training every 3 years			90%		87%	90%	90%	88%
Doctors manual handling training every 3 years			90%		91%	89%	90%	62%
Health and Safety Training			-		95%	96%	94%	92%

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

Maternity Watch metrics

SROs: Hannah Spencer

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

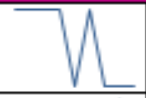
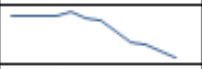
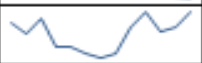
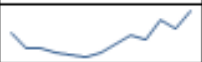
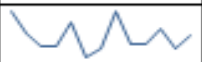
Metric	Variation	Assurance	Target	Trending	Jun-23	Jul-23	Aug-23	Aug-22
FFT Satisfaction Maternity			99.0%		97.0%	96.4%	96.6%	93.4%
FFT Response Maternity			50.0%		12.0%	9.0%	7.0%	3.1%
Complaints - % response in 25 days			78.0%		0%	33%	75%	100%
Number of Serious Incidents in the Maternity Service			1		0	1	1	0
% bookings with ethnicity documented / recorded			-		100.0%	99.8%	100.0%	99.4%
% women with a documented CO result at booking			95.0%		99.0%	90.3%	90.7%	87.0%
% women with a documented CO result at 34-36 weeks			95.0%		97.0%	94.0%	83.4%	67.0%
% of pre-term (less than 34+0),singleton, live births receiving a full course of antenatal corticosteroids, within seven days of birth			80.0%		60.0%	0.0%	50.0%	40.0%
Post Partum haemorrhage>1500mls			3.5%		3.4%	3.3%	3.1%	2.8%
Percentage of term babies admitted to Neonatal Unit			5.0%		4.7%	5.3%	Arrears	3.9%
Percentage of Perinatal Deaths			0.5%		0.0%	0.5%	0.3%	0.4%
Number of occasions MLU service suspended for 4 hours or more			-		21	14	15	22
Midwifery staffing vacancy rate			-		15.3%	15.5%	16.3%	18.5%
Midwifery staffing turnover			14.0%		9.5%	9.1%	9.4%	17.6%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%		91.0%	93.2%	98.5%	92.0%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%		94.0%	91.8%	85.2%	55.0%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT			90.0%		100.0%	95.9%	96.3%	50.0%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT			90.0%		97.0%	97.0%	98.5%	90.0%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT			90.0%		92.0%	95.8%	85.7%	18.4%

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	Jun-23	Jul-23	Aug-23	Aug-22
Ethnicity Progression Disparity ratio between middle and upper pay bands	H	F		1.66		2.02	2.02	1.98	
Stability rates %	L			-		82.4%	83.2%	82.2%	81.6%
Rolling 12 month Sickness absence	L	F		3.3%		3.7%	3.7%	Arrears	4.2%
% Fill rate of Registered Nurse Shifts (RN)		P		90.0%		94.8%	94.7%	94.2%	96.4%
% Fill rate of Care Support Worker Shifts (CSW)	H	?		90.0%		98.0%	98.8%	101.2%	99.3%
Completed Mandatory Training	H	?		90.0%		92.0%	91.2%	92.8%	90.8%
Appraisals		F		90.0%		82.1%	81.3%	81.2%	86.2%
Nurse Staffing Red Flags				-		52	30	45	71

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

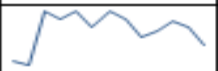
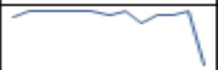
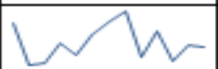
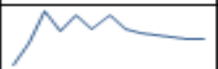
Metric	Variation	Assurance	Target	Trending	Jun-23	Jul-23	Aug-23	Aug-22
12 hours from arrival in ED (%)			2%		2%	1%	2%	2%
12hr DTA (Trolley Waits)			-		0	0	0	0
Percent of Ambulatory Care of Non elective Admissions			-		1.4%	1.8%	1.4%	17.7%
Average non-elective length of stay - excluding 0 day LOS (Length of Stay)			-		7.0	7.2	7.4	6.4
Urgent Operations Cancelled 2nd time			-		0	0	0	0
Fractured Neck of Femur: Surg in 36 hours			75.0%		48.5%	63.3%	Arrears	56.5%
Seen by Stroke Consultant within 14 hours			95.0%		63.0%	78.0%	70.0%	65.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival			90.0%		53.0%	68.0%	73.0%	69.0%
Proportion of stroke patients scanned within 12 hours of hospital arrival			90.0%		98.0%	96.0%	100.0%	100.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)			80.0%		82.0%	90.0%	87.0%	86.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)			90.0%		30.0%	26.0%	25.0%	30.0%
Average Length of Stay (LOS) from admission to discharge (days)			14		13	10	14	14
Door to needle time <60mins			95.0%		100.0%	100.0%	83.0%	100.0%
No. of weekend discharges			783		444	590	464	580
Rate of Emergency readmissions within 30 days of discharge					Arrears	Arrears	Arrears	16.8
Rate of Emergency readmissions within 30 days of discharge - Paediatrics (<16ys)					Arrears	Arrears	Arrears	9.5
Rate of Emergency readmissions within 30 days of discharge - Adults (16yrs+)					Arrears	Arrears	Arrears	18.2

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Jun-23	Jul-23	Aug-23	Aug-22
Cancer 2 week wait: cancer suspected			93.0%		84.5%	75.1%	79.2%	89.7%
Cancer 2 week wait: breast patients			93.0%		98.4%	97.6%	95.2%	93.1%
Cancer 31 day wait: to first treatment			96.0%		98.0%	98.3%	92.2%	93.0%
Cancer 31 day wait: drug treatments	L		98.0%		98.9%	100.0%	89.7%	98.7%
Cancer 31 day wait: surgery	L		94.0%		95.7%	91.1%	79.5%	87.2%
Cancer 31 day wait: radiotherapy			94.0%		92.9%	93.3%	86.5%	94.2%
62 day consultant upgrade: all cancers	H		-		75.8%	81.1%	80.6%	88.1%
62 Day screen Ref			80.0%		65.2%	75.0%	68.0%	69.2%
Incomplete 104 day waits	H	F	0		72	70	70	46

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Jun-23	Jul-23	Aug-23	Aug-22
Cancelled Ops not re-scheduled < 28 days (%)		P	5%		0%	0%	0%	0%
% OP appointments done virtually	L		-		21.0%	20.6%	20.9%	22.0%
New to follow up ratio	H		-		1.8	1.9	2.0	2.0
Number of OPPROC			-		9461	8476	9009	7123
Number of MDT OP			-		725	650	678	
Clinic room utilisation (esp utilisation at non RBH sites)			-			33.0%	30.0%	
Number of PIs			-		78	80	84	40
Number of active research trials			-		93	95	98	99
Number of projects supported by HIP			-		50	50	50	

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

Watch metrics

SRO: Nicky Lloyd

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Jun-23	Jul-23	Aug-23	Aug-22
Pay cost vs Budget (£m)			-		0.07	-0.57	-1.35	-0.33
Non pay cost vs Budget (£m)			-		-0.60	-0.16	-0.66	-2.33
Income vs Plan (£m)			-		0.13	1.33	1.17	-0.05
Daycase actual vs Plan (£m)			-		0.16	-0.38	-0.16	0.07
Elective actual vs Plan (£m)	L		-		-0.05	-0.67	-0.23	-0.05
Outpatients actual vs Plan (£m)			-		0.46	-0.48	-0.17	0.36
Non-elective actual vs plan (£m)			-		-0.49	-2.07	-0.89	1.52
A&E actual vs plan (£m)			-		0.19	0.05	-0.06	0.80
Drugs & devices actual vs plan (£m)	H		-		0.47	0.71	0.29	-0.27
Other patient income (£m)			-		0.14	-0.01	0.24	-0.26
Delivery of capital programme (£m)			-		2.09	1.61	3.48	0.91
Cash position (£m)	L		-		53.95	43.04	47.96	59.80
Agency spend % of total staff cost (%)			-		2%	2%	2%	5%
Creditors (£m)	↓		-		-92	-87	-85	-91
Debtors (£m)			-		20	24	21	17

Royal Berkshire
NHS Foundation Trust

Title:	**Annual Medical Revalidation and Appraisal Report 2023**
Agenda item no:	7
Meeting:	Board of Directors
Date:	27 September 2023
Presented by:	Dr Janet Lippett, Chief Medical Officer
Prepared by:	Dr Carl Waldmann, Revalidation Lead Sue Townley, Revalidation and Appraisal Co-ordinator

Purpose of the Report	• To provide an annual report to the Board for 2022/2023. • For the Responsible Officer (RO) to provide assurance to the Board that the statutory functions of the RO are being fulfilled and that the designated body can demonstrate both compliance with the requirements and improvement over time. • The Chief Executive is asked to sign the Statement of Compliance by 31/10/2023 on behalf of the Trust Board which confirms that the Trust is in compliance with the regulations.

Report History	EMC - 29/08/2023 People Committee – 13/09/2023

What action is required?	
Assurance	✓
Information	✓
Discussion/input	
Decision/approval	✓

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 ☐

Publication						
Published on website		Confidentiality (FoI)	Private		Public	

1 Executive Summary

1.1 The purpose of this report is to provide assurance to the board on the requirements for compliance with the Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation regulations and key national guidance.

1.2 The report aims to provide assurance of compliance and evidence of continual improvement at the Trust over time and will help the designated body in its pursuit of quality improvement.

1.3 There were 477 doctors with a prescribed connection to the Royal Berkshire NHS Foundation Trust as of 31st March 2023.

2 Recommendations

2.1 The Board is asked to review and approve the annual board report which will be shared with the higher level responsible officer.

2.2 The Chief Executive is asked to sign the 'Statement of Compliance' by 31/10/2023 confirming that the Trust is in compliance with the regulations.

3 Designated Body Annual Board Report - Section 1 - General:

The Board of the Royal Berkshire NHS Foundation Trust can confirm that:

3.1 An appropriately trained licensed medical practitioner is nominated or appointed as a Responsible Officer.

(a) **Action from last year:** N/A

(b) **Comments:** Dr Janet Lippett, was appointed Acting Chief Executive Officer (CEO) from 24/10/2022 to 02/07/2023. Dr Will Orr was appointed Acting Chief Medical Officer/Responsible Officer (CMO/RO) from 24/10/2022 to 02/07/2023. Dr Janet Lippett resumed the role of CMO/RO from 03/07/2023.

(c) **Action for next year:** There are no further anticipated changes.

3.2 The Designated Body provides sufficient funds, capacity and other resources for the Responsible Officer to carry out the responsibilities of the role.

(a) **Action from last year:** To continue to explore opportunities to increase the number of appraisers at the Trust.

(b) **Comment:** The Responsible Officer is supported by the Revalidation and Appraisal Committee which meets monthly to discuss capacity and resources including ways to increase the number of appraisers at the Trust. An appeal for additional appraisers resulted in five additional appraisers joining the appraiser pool, another one has joined the group of retired appraisers and two potential appraisers will undertake training in the autumn. The Trust continues to pay for the Allocate system which facilitates on-line appraisals and e360.

(c) **Action for next year:** To continue with existing measures.

3.3 An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

(a) **Action from last year:** No action required

(b) **Comments:** This is maintained on GMC Connect. A system is in place to ensure the records are checked monthly and that doctors connected on GMC are included in Trust processes.

(c) **Action for next year:** To continue to ensure compliance.

3.4 All policies in place to support medical revalidation are actively monitored and regularly reviewed:

(a) **Action from last year:** The Medical Appraisal Policy is due for review in July 2023.

(b) **Comments:** The Medical Appraisal Group are currently reviewing the policy.

(c) **Action for next year:** Confirm policy has been reviewed and ratified at the Trust's Policy Approval Group (PAG).

3.5 A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

(a) **Peer review undertaken?** Initial discussions were delayed due to Covid-19 and doctor's strikes but have now recommenced.

(b) **Action from last year:** Resume discussions with colleagues from other Trusts.

(c) **Comments:** N/a

(d) **Action for next year:** Discussions with other Trusts have now resumed. Although there is no requirement to have a peer review, the Trust is planning a multi-Trust peer review with Frimley Health NHS Foundation Trust, Oxford University Hospital and Buckinghamshire Healthcare NHS Foundation Trust to discuss a range of topics related to our appraisal and revalidation systems. The provisional date for meeting is late September 2023, to be held at Wexham Park Hospital.

3.6 A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

(a) **Action from last year*:*** To strengthen links with the HR department and continue to improve the processes for locum or short-term placement doctors by contacting them as early as possible, ensuring they have access to systems for collecting supporting information and preparing for appraisal.

(b) **Comments:** The Trust has explored several ways to continue to support locally employed doctors (LEDs) as there have been a number of changes over the previous year including the fact the numbers of LEDs employed by the Trust have increased and the Medical Appraisal Guide Model Appraisal Form (MAG form) has been discontinued by NHS England.

(c) **Action for next year:** The Trust Revalidation and Appraisal committee agreed to increase existing measures to support locum and short-term placement doctors working at the Trust by adding them to the on-line system for both their annual appraisal and Patient and 360 Colleague feedback surveys.

4 Section 2: Effective Appraisal

4.1 All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

(a) **Action from last year:** To review the revised Medical Appraisal Guide 2022 and incorporate it into the appraisal process. To ensure any amendments are included on the e-appraisal form by the Trust's appraisal toolkit provider, Allocate Software.

Comments: The new simplified appraisal form recommended by the Academy of Medical Royal Colleges (AoMRC) was incorporated into the Trust's appraisal system by

Allocate Software.

(b) **Action for next year:** To ensure LED's are fully integrated into the Trust's appraisal processes by including them in the online system provided by Allocate.

4.2 Where in Question 4.1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

(a) **Action from last year:** To continue Trust processes and include an update at each monthly Revalidation and Appraisal meeting.

(b) **Comments:** The number of doctors with an overdue appraisal are discussed at the monthly meeting and the Trust's escalation processes are initiated where appropriate.

(c) **Action or next year:** To continue existing measures.

4.3 There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

(a) **Action from last year:** The Trust's "Medical Appraisal Policy" is due for review in July 2023.

(b) **Comments:** The review and ratification are in progress.

(c) **Action for next year:** Confirm policy has been reviewed and ratified at the Policy Approval Group (PAG).

4.4 The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

(a) **Action from last year:** To explore other opportunities to increase the number and skill mix of appraisers in the Trust. This includes the possibility of non-medical appraisers as recommended at the June 2022 RO Network meeting and to review existing payment methods which currently consists of 0.25 PA for 10 appraisals included in their job plan and payment to retire and return appraisers on Patchwork. The Revalidation and Appraisal group will also contact external training provider Miad Healthcare to explore the possibility of face-to-face training at the Trust.

(b) **Comments:** Regular appeals for new appraisers continue and opportunities to include non-medical appraisers such as Physician Associates (PA's) continue to be explored. Several appraisers carry out more than 10 appraisals to cover the number of doctors needing appraisals. Appraisers nearing retirement are also approached although there is a cost associated with this.

(c) **Action for next year:** To continue as above.

4.5 Medical appraisers participate in on-going performance review and training /development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent).

(a) **Action from last year:** Medical appraisal refresher training was held on 02/09/2022. The training was facilitated delivered by Miad Healthcare at an off site venue close to the Trust**.**

(b) **Comments:** N/a

(c) **Action for next year:** Plans to arrange appraiser training in the early Autumn 2023 are currently being discussed and will be carried out by the Trust Appraisal Lead with support from HR.

4.6 The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent

governance group.

(a) **Action from last year:** To repeat the audit of all feedback questionnaires and discuss any concerns or issues at the monthly Revalidation and Appraisal meeting.

(b) **Comments:** Regular audit continues to be in place.

(c) **Action for next year:** The annual audit is in progress and ASPAT scores of appraisal outputs will be fed back to appraisers along with qualitative feedback from appraisees to appraisers. The results will also be shared and reviewed at the Revalidation and Appraisal group meeting.

4.7 Appraisal Data

Total number of doctors with a prescribed connection as at 31 March 2023	477
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	406
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	71
Total number of agreed exceptions*	17
Total number not yet due – new starters with less than 12 months service during the period:	33
Total overdue#	21

*mainly maternity leave, sickness

#a number of these are already booked in

5 Section 3 – Recommendations to the GMC

5.1 Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

(a) **Action from last year:** To review processes to make early recommendations for doctors who are due for revalidation in the next 12 months.

(b) **Comments:** The Revalidation Lead and Revalidation & Appraisal Coordinator, prepare for revalidation dates up to a month or two in advance for the Responsible Officer to recommend Revalidation.

(c) **Action for next year:** To continue current processes.

5.2 Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

(a) **Action from last year:** To continue current processes.

(b) **Comments:** To continue to ensure LED's and locums are aware of the requirements for revalidation at an early stage and that that they are given support to engage with the system. In the event of a deferral due to insufficient evidence, continue to ensure this is completed well in advance of the new date.

(c) **Action for next year:** To continue as above.

6 Section 4 – Medical Governance

6.1 This organisation creates an environment which delivers effective clinical governance for doctors.

(a) **Action from last year:** To continue to monitor compliance.

(b) **Comments:** N/a

(c) **Action for next year:** None

6.2 Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

(a) **Action from last year:** The Health and Wellbeing Centre is nearing completion and we hope to open in a couple of months' time.

(b) **Comments**: Any concerns raised regarding doctors competency are dealt with either informally or with reference to the 'Maintaining High Professional Standards in the Modern NHS". All doctors complete a formal Trust colleague and patient feedback process and reflect on the outputs with their appraiser, at least once every 5 years as per GMC guidance. The Health and Wellbeing Centre is now open and provides a dedicated space with rest facilities for staff and volunteers.

(c) **Action for next year:** To continue as above.

6.3 There is a process established for responding to concerns about any licensed medical practitioner's fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

(a) **Action from last year:** To continue current processes.

(b) **Comments:** N/a

(c) **Action for next year:** None.

6.4 The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.

(a) **Action from last year:** An audit of concerns in relation to medical staff will be prepared and reported to the Revalidation and Appraisal group.

(b) **Comments:** This has been discussed at the Revalidation and Appraisal meeting and the Acting CMO/RO initiated discussions with the Interim Head of Medical Workforce.

(c) **Action for next year:** Although there have been some delays due to changes in staffing in medical HR, the newly appointed permanent Head of Medical HR joins the Trust in October 2023 and this action will therefore be completed in the Autumn.

6.5 There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

(a) **Action from last year:** To continue current processes.

(b) **Comments:** N/a

(c) **Action for next year:** To continue to ensure compliance.

6.6 Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice are fair and free from bias and discrimination (Ref GMC governance handbook).

(a) **Action from last year:** We have registered our interest in the NHS Resolution "Our Compassionate Conversations" programme an in-house workshop for up to 20 delegates at the Trust.

(b) **Comments:** The Trust's policies and procedures continue to ensure equity and fairness.

(c) **Action for next year:** None

7 Section 5 – Employment Checks

7.1 A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

(a) **Action from last year:** To continue to ensure compliance.

(b) **Comments:** N/a

(c) **Action for next year:** None

8 Section 6 – Summary of comments, and overall conclusion

8.1 General review of actions since last Board report

- **To explore other opportunities to increase the number and skill mix of appraisers in the Trust.** The Trust has increased the number of appraisers at the Trust and continues to explore the possibility of including non-medical appraisers such as Physician Associates (PA's). Options for in-house training of appraisers are also being considered.

- **Aim to precipitate revalidation recommendations in view of the GMC's amendments to revalidation notice periods whereby recommendations can be made a year ahead of the deadline.** Doctors approaching revalidation are contacted at an early stage to commence multi-source feedback and to ensure they comply with mandatory and statutory training requirements.

- **To strengthen links with the HR department in relation to doctors on short-term and zero hours contracts.** Further progress will be made once the permanent Head of Medical HR joins the Trust in October 2023.

8.2 Actions still outstanding

A number of actions have been delayed due to Covid-19 and doctor's strikes. These include:

- To resume discussions for a peer review of appraisal and revalidation processes with colleagues from other Trusts. Discussions with other Trusts have now resumed and will be taken forward.

- Audit of concerns about doctors completed and discussed at the Revalidation and Appraisal meeting and presented to board workforce committee. This will be completed once the newly appointed Head of Medical HR starts in October 2023.

8.3 Current issues

(a) To continue to recruit a sufficient supply of trained appraisers.

8.4 New Actions:

- Confirm that the "Medical Appraisal Policy" has been reviewed, ratified and published on the Trust intranet.
- To provide further support to locally employed doctors (LED's) by setting them up on Allocate for both their appraisal and multi-source feedback.
- To ensure locally employed doctors (LED's) are fully integrated into the Trust's appraisal processes and provided with access to all relevant information.
- Appraiser refresher training to be delivered by the Trust Appraisal Lead with support from HR and will be arranged in the Autumn 2023.
- ASPAT scoring is in progress and will be fed back to appraisers along with qualitative feedback from appraisees. Results and outcomes will be shared and discussed at a Revalidation and Appraisal meeting in early Autumn 2023.

8.5 Overall Conclusion

. The Board is asked to take assurance on the positive progress made during 2022/23.

9 Section 7 – Statement of Compliance:

The Board of The Royal Berkshire NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief Executive

The Royal Berkshire NHS Foundation Trust

Name: Steve McManus _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _

Role: Chief Executive

Date: _ _ _ _ _ _ _ _ _ _

Royal Berkshire
NHS Foundation Trust

Title:	**Fit and Proper Persons Test**
Agenda item no:	8
Meeting:	Board of Directors
Date:	27 September 2023
Presented by:	Don Fairley, Chief People Officer
Prepared by:	Val Davis, Associate Director for Resourcing and Relations

Purpose of the Report	To update the Board of Directors on the new requirements for the Fit & Proper Persons Test.

Report History	New report

What action is required?	
Assurance	
Information	
Discussion/input	✓
Decision/approval	✓

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

Strategic objectives This report impacts on (tick all that apply)**:**	
Provide the highest quality care	✓
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	

1 Introduction

In August, 2023, NHS England published a revised Fit and Proper Person Test (FPPT) Framework in response to the recommendations made by Tom Kark KC in his 2019 Review of the FPPT as it applies under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The review highlighted areas that needed improvement to strengthen the existing regime. Full details are available on NHS England's website: NHS England » NHS England Fit and Proper Person Test Framework for board members

The Framework builds on what is in place in the existing regime. Changes include an update to the set of core elements for the FPPT assessment of all board members (now including information about training and development and any disciplinary findings relevant to the FPPT assessment) and the introduction of recording information relating to the testing requirements on ESR.

As is currently the case, NHS organisations must be able to demonstrate, annually, that they have carried out a formal assessment of the FPPT for each board member. The framework introduces a requirement for the Trust Chair to submit an annual return to the NHS England Regional Director. The recommendation is that Trusts should consider carrying out the assessment alongside the appraisal cycle.

A standard board member reference is being introduced, which organisations must complete and retain locally, whether or not a reference has been requested by a prospective employer.

An NHS Leadership Competency Framework is due to be published in the next few weeks. This will provide guidance for the competence categories against which a board member should be appointed, developed, and appraised.

The Framework will be effective from 30 September 2023 and NHS organisations are expected to use it for all new board level appointments or promotions and for annual assessments for all board members going forward from that date. It should be read alongside the NHS Constitution, NHS People Plan, People Promise and forthcoming NHS Leadership Competency Framework.

2 Purpose

The purpose of the new Framework is to strengthen individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS and improving patient care.

It is a core element of a broader programme of board development, effective appraisals and values-based (as well as competency-based) appointments – all of which are part of the good practice required to build a 'healthy' board.

The Framework will help board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations.

3 Applicability

The Framework applies to executive and non-executive directors of integrated care boards (ICBs), NHS trusts and foundation trusts, NHS England and the CQC, interim as well as permanent appointments where greater than six weeks and those who are called “directors” within Regulation 5. Previously RBHFT have chosen to apply FFPT to all members of the CEO Team i.e. all Board attendees.

If they wish, trusts can extend the framework to cover other senior managerial positions for example, to those individuals who may regularly attend board meetings or otherwise have significant influence on board decisions. The annual submission requirement is, however, limited to board members only.

4 What is new?

The new framework builds on what is already in place. Key points are highlighted below.

4.1 A strengthened annual assessment

A strengthened annual assessment has been introduced for all Board members. The new checklist is included as Appendix 1 of this paper. (It forms appendix 7 of the framework.) The key developments are a review and record of:

- training and development
- disciplinary findings relevant to the FPPT assessment, including those arising from grievances, complaints and speaking up issues against the board member, behaviours not in accordance with organisational values/behaviours/local policies
- employment tribunal judgement check where the board member was implicated, and the issue relates to FPPT

4.2 Submission process

An annual summary signed off by the Trust Chair must be submitted to the Regional NHS England director by 31 March each year. The first submission is required by 31 March 2024.

4.3 Updates in the NHS Electronic Staff Record (ESR).

- New data fields in ESR record the testing of relevant information about board members’ qualifications and career history, and that the Chair has reviewed and signed off as complete for each individual.
- Supporting documents/records in relation to FPPT will be held locally by each individual NHS organisation in compliance with GDPR and the NHS Records Management Code of Practice.
- Personal data in ESR relating to FPPT will not routinely be accessible beyond an individual’s own organisation. There are no substantive changes to data controller arrangements from those already in place for ESR.
- A Data Protection Impact Assessment (DPIA) has been drafted by NHS England setting out the relevant lawful basis for processing data on ESR.
- Organisations must communicate with board members whose details will be included in ESR which allows directors the opportunity to object. A template privacy notice is available to use.

- The duty to store information relevant to the annual assessment (as set out in the checklist) will apply to existing directors (as they will have to comply with the assessment each year) and not only new appointees/promotions.

4.4 A new standard board member reference template

For board members who leave their position, organisations must complete and retain locally the new board member reference, whether or not a reference has been requested by a prospective employer. The completed reference should be retained locally in an accessible archive.

4.5 An NHS Leadership Competency Framework

This will provide guidance for the competence categories against which a board member should be appointed, developed and appraised. This is expected to be published in the next few weeks.

5 Roles and responsibilities

The roles and responsibilities of the new framework are set out below.

5.1 Chairs of NHS Organisations

- Have overall accountability for arrangements in the organisation
- Ensure assessments carried out for board members on appointment and annually and at any time that something new comes to light.
- Ensure that the board member reference is completed for any board member who leaves for whatever reason, regardless of whether or not a reference has been requested.
- Conclude on assessments for the whole board (Executive Directors (EDs), Non-Executive Directors, permanent/temporary, voting/non-voting)
- Submit annual summary to relevant regional director.

5.2 Senior Independent Director (SID)

- Carry out FPPT assessment of the Chair

5.3 Company Secretary

- Support Chair in establishing arrangements for the FPPT. Specifically:
  - Accessing and entering information onto ESR.
  - Testing elements of FPPT assessment and recording outcome and evidence for the Chair to review and conclude.
  - Complete annual submission form.

5.4 CEO

- Carry out initial assessment of FPPT for EDs and share with the Chair.
- Support for the Chair.

5.5 NHS Regional Directors

- Oversight role covering:
- Appointment and initial FPPT assessment.
- Receipt of annual FPPT submission.
- Disputes and appeals.

5.6 NHS England Central Team

- Being established to support the process going forwards.

6 Quality assurance and governance

Every three years, organisations should undertake an internal audit to assess the processes, controls and compliance supporting the FPPT assessments.

External quality assurance checks will be conducted by the CQC, NHS England and an external/independent review.

- The CQC's role is to ensure NHS organisations have robust processes in place to adequately perform the FPPT assessments, and to adhere to the requirements of Regulation 5 of the Regulations.
- NHS England has oversight through receipt and review of the annual FPPT submissions to the relevant NHS England regional director from NHS organisations

7 Next steps

From 30 September 2023:

- Use the new board member reference template for references for all new board appointments.
- Complete and retain locally the new board member reference for any board member who leaves their position.
- Use the new NHS Leadership Competency Framework as part of the assessment process when recruiting to board level roles. (This is due by September 2023.)

By 31 March 2024

- First full FPPT annual review for board members, including individual self-attestations completed.
- Annual submission form to regional director.
- Privacy notices issued to Board members.
- ESR updated.
- CPO to review any local policies, contract and settlement agreement templates which may require amendment to enable compliance with the Framework.

By end Q1 2024/25

- A new board appraisal framework will also be published, incorporating the Leadership Competency Framework, by March 2024. NHS England will ask Trusts to use this for all future annual appraisals of board directors from this point.

8 Action required from the Board/Committee

8.1 The Board is requested to:

- Approve the recommendation as set out above
- Note the next steps; an update will come to Trust Board in March 2024.

9. Appendices

Appendix 1 Fit & Proper Persons Test (FPPT) Checklist is attached.

Appendix 7: FPPT checklist

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
First Name	✓	✓	✓	x – unless change	✓	✓	Application and recruitment process.	Recruitment team to populate ESR. For NHS-to-NHS moves via ESR / Inter-Authority Transfer/ NHS Jobs. For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.
Second Name/Surname	✓	✓	✓	x – unless change	✓	✓		
Organisation (ie current employer)	✓	x	✓	N/A	✓	✓		
Staff Group	✓	x	✓	x – unless change	✓	✓		
Job Title Current Job Description	✓	✓	✓	x – unless change	✓	✓		
Occupation Code	✓	x	✓	x – unless change	✓	✓		
Position Title	✓	x	✓	x – unless change	✓	✓		
Employment History Including: • job titles • organisation/ departments • dates and role descriptions • gaps in employment	✓	x	✓	x	✓	✓	Application and recruitment process, CV, etc.	Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, do not need to be explained. The period for which information should be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that a career history of no less than six years and covering at least two roles would be the minimum. Where there have been gaps in employment, this period should be extended accordingly.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Training and Development	✓	✓	✓	✓	✓	*	Relevant training and development from the application and recruitment process; that is, evidence of training (and development) to meet the requirements of the role as set out in the person specification. Annually updated records of training and development completed/ongoing progress.	* NED recruitment often refers to a particular skillset/experience preferred, eg clinical, financial, etc, but a general appointment letter for NEDs may not then reference the skills/experience requested. Some NEDs may be retired and do not have a current professional registration. At recruitment, organisations should assure themselves that the information provided by the applicant is correct and reasonable for the requirements of the role. For all board members: the period for which qualifications and training should look back and be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that key qualifications required for the role and noted in the person specification (eg professional qualifications) and dates are recorded however far back that may be. Otherwise, it is suggested that a history of no less than six years should be the minimum. Where there have been gaps in employment, this period should be extended accordingly.
References Available references from previous employers	✓	✓	✓	x	✓	✓	Recruitment process	Including references where the individual resigned or retired from a previous role
Last Appraisal and Date	✓	✓	✓	✓	✓	*	Recruitment process and annual update following appraisal	* For NEDs, information about appraisals is only required from their appointment date forward. No information about appraisals in previous roles is required.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Disciplinary Findings That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement	✓	✓	✓	✓	✓	✓	Reference request (question on the new Board Member Reference). ESR record (high level)/ local case management system as appropriate.	The new BMR includes a request for information relating to investigations into disciplinary matters/ complaints/ grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT. This question is applicable to board members recruited both from inside and outside the NHS.
Grievance against the board member	✓	✓	✓	✓	✓	✓		
Whistleblowing claim(s) against the board member	✓	✓	✓	✓	✓	✓		
Behaviour not in accordance with organisational values and behaviours or related local policies	✓	✓	✓	✓	✓	✓		
Type of DBS Disclosed	✓	✓	✓	✓	✓	✓	ESR and DBS response.	Frequency and level of DBS in accordance with local policy for board members. Check annually whether the DBS needs to be reapplied for. Maintain a confidential local file note on any matters applicable to FPPT where a finding from the DBS needed further discussion with the board member and the resulting conclusion and any actions taken/required.
Date DBS Received	✓	✓	✓	✓	✓	✓	ESR	
Date of Medical Clearance* (including confirmation of OHA)	✓	x	✓	x – unless change	✓	✓	Local arrangements	
Date of Professional Register Check (eg membership of professional bodies)	✓	x	✓	✓	✓	x	Eg NMC, GMC, accountancy bodies.	

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Insolvency Check	✓	✓	✓	✓	✓	✓	Bankruptcy and Insolvency register	Keep a screenshot of check as local evidence of check completed.
Disqualified Directors Register Check	✓	✓	✓	✓	✓	✓	Companies House	
Disqualification from being a Charity Trustee Check	✓	✓	✓	✓	✓	✓	Charities Commission	
Employment Tribunal Judgement Check	✓	✓	✓	✓	✓	✓	Employment Tribunal Decisions	
Social Media Check	✓	✓	✓	✓	✓	✓	Various – Google, Facebook, Instagram, etc.	
Self-Attestation Form Signed	✓	✓	✓	✓	✓	✓	Template self-attestation form	Appendix 3 in Framework
Sign-off by Chair/CEO	✓	x	✓	✓	✓	✓	ESR	Includes free text to conclude in ESR fit and proper or not. Any mitigations should be evidence locally.
Other Templates to be Completed								
Board Member Reference	✓	✓	x	x	✓	✓	Template BMR	To be completed when any board member leaves for whatever reason and retained career-long or 75th birthday whichever latest. Appendix 2 in Framework.
Letter of Confirmation	x	✓	✓	✓	✓	✓	Template	For joint appointments only - Appendix 4 in Framework.
Annual Submission Form	x	✓	✓	✓	✓	✓	Template	Annual summary to Regional Director - Appendix 5 in Framework.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Privacy Notice	x	✓	x	x	✓	✓	Template	Board members should be made aware of the proposed use of their data for FPPT – Example in Appendix 6.
Settlement Agreements	x	✓	✓	✓	✓	✓	Board member reference at recruitment and any other information that comes to light on an ongoing basis.	Chair guidance describes this in more detail. It is acknowledged that details may not be known/disclosed where there are confidentiality clauses.

Royal Berkshire
NHS Foundation Trust

Title:	**Changes to the Trust Constitution: The Composition of the Council of Governors**
Agenda item no:	9
Meeting:	Board of Directors
Date:	27 September 2023
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Bannin De Witt Jansen, Interim Corporate Governance Officer

Purpose of the Report	• To request the **approval** of a change to the Trust Constitution: Composition of the Council of Governors to include a Youth Governor and amendments to Partner Governors. • This report will also be submitted to the Council of Governors 27 September 2023 for approval.

What action is required?	
Assurance	
Information	
Discussion/input	
Decision/approval	✓

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

Strategic objectives This report impacts on (tick all that apply)::**							
Provide the highest quality care							✓
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	

1 Composition of Council of Governors

2 Section 9.5 of the Constitution sets out the composition of the Council of Governors. The following changes have been discussed extensively with the Governors who are supportive.

3 The following changes are proposed:

- The removal of the Clinical Commissioning Group (CCGs) Partner Governors (2 positions) as the CCGs have been dissolved.
- The removal of the Partner Governor from Alliance for Cohesion and Racial Equality (ACRE) (1 position)
- The appointment of a Youth Governor (1 position).
- The appointment of a Governor representative from Integrated Care Board (ICB) Special Educational Needs and Disability (SEND) (1 position)
- The appointment of a Partner Governor from another charitable organisation within the Trust constituency.

4. Conclusion and Next Steps

The Board of Directors is asked to **approve** the recommended changes to the Trust Constitution.

Audit & Risk Committee

Wednesday 12 July 2023
09.30 – 11.30
Boardroom, Level 4, Royal Berkshire Hospital

Members

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

In attendance

Advisors

Mr. Charles Medley	(Senior Manager, KPMG)
Mr. Ben Sherriff	(Associate Partner, Deloitte)
Mr. Neil Thomas	(Partner, KPMG)

Trust Staff

Ms. Dawn Estabrook	(Head of Risk) (from minute 88/23 to 93/23)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Mike Robinson	(Associate Director of Infrastructure) (for minute 89/23 to 93/23)
Mr. Graham Sims	(Chair of the Trust)
Mr. Andrew Statham	(Director of Strategy (for minute 90/23)

Apologies

83/23 Declarations of Interests

There were no declarations of interest.

84/23 Minutes: 3 May 2023 and Matters Arising Schedule

The minutes of the meeting held on 3 May 2023 were agreed as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 50/23 (25/03, 07/03): Minutes: 9 November and 12 December 2022 and Matters Arising Schedule: Internal Audit Recommendations Update: The Chief Finance Officer confirmed that a post implementation review of Hard FM would be carried out. However, the risk related to Decontamination was being reviewed for inclusion on the Corporate Risk Register

85/23 Local Counter Fraud Progress Report June 2023 and Local Counter Fraud Annual Report and Standard Function Return 2022/23

The Committee received the report and noted that the Trust had achieved an overall 'green' rating for the NHS Counter Fraud Function Standards for 2022/23. The Partner, KPMG, highlighted that it was rate for organisations to achieve all standards. The Chief Finance

Officer confirmed that the Local Counter Fraud Specialist had carried out the review against compliance and had sought and collated evidence to support each of the standards.

The Committee discussed conflicts of interests in relation to contractors. The Trust Secretary confirmed that work was on-going with IT, procurement and HR teams to ensure all contractors declared a conflict of interest on the Trust's platform. **Action: C Lynch**

The Chief Finance Officer highlighted that work was also on-going with the HR and security teams to ensure that contractors were clearly distinguishable from staff via their ID badges. **Action: N Lloyd**

86/23 External Audit Progress Report

The Associate Partner, Deloitte, confirmed that International Financial Reporting Standards (IFRS) 16 calculations had no net impact in relation to the year-end audit of 2022/23 financial statements. Some small differences had been identified in relation to accruals and debtors/creditors and there had been a number of misstatements in the financial statements but this had been set out in the management letter of representation. The Associate Partner, Deloitte, advised that there had been some presentational issues in the notes to the financial statements but these had been discussed and agreed. The Committee noted that outstanding reviews would be resolved later that day.

The Chief Finance Officer highlighted that a number of other organisations were in the same position as the Trust in that they had a deficit in the previous year and were forecasting a deficit in the current year. As a result external audit had included this as a statement of significant weakness. However, the letter of representation in respect of financial sustainability had been agreed with external audit. The Committee discussed the required savings plan for 2023/24. The Associate Partner, Deloitte, advised that, also, in line with other trusts, the Trust had been late to progress its savings plan for 2023/24.

The Committee noted that there would be a lesson learned process undertaken on the production of the Annual Report & Accounts and the output from this would be submitted to the Committee in September 2023. **Action: C Lynch/N Lloyd**

The Trust Secretary confirmed that a review of the NHS Provider Code of Governance would be undertaken and submitted to the Committee in September 2023. **Action: C Lynch**

87/23 Internal Audit Update: Data Protection & Security Toolkit and Data Quality Internal Audit Reports

The Partner, KPMG, introduced the report and highlighted that the Data Protection & Security Toolkit review outcome was 'partial assurance with significant improvements'. The Committee discussed areas highlighted in the report including the assertion to a contract supplier database for those suppliers handling data. The Chief Finance Officer confirmed that a new Deputy Head of Procurement had been appointed and the target date for the completion of contract database suppliers would be met.

The Committee noted that the Data Quality review outcome was 'significant assurance with minor improvement opportunities'. The Partner, KPMG, advised that a broad number of teams had been involved the review as part of the scope. This included both performance and informatics teams.

88/23 Internal Audit Recommendations Update

The Committee noted that 23 of 57 audit actions were overdue. The Chief Finance Officer advised that the actions on travel and transport had been delayed as a result of being incorrectly assigned to the wrong owner. The Committee noted that some overdue actions, for example, Clinical Negligence Scheme for Trusts (CNST), had been completed and required evidence to be uploaded to the Internal Audit platform, JIRA, before the overdue status was updated to state completed.

The Trust Secretary highlighted that there was one extension request in relation to the internal audit action on standardised budget holder performance goals. An extension was requested to 30 September 2023. The Committee approved the request.

89/23 IM&T Governance Review Recommendations

The Committee received the report. The Chief Finance Officer highlighted that 100% of non-pay spend was now on the contracts database. Updates on procurement would be submitted to the Finance & Investment Committee on a quarterly basis. **Action: N Lloyd**

The Trust Secretary confirmed that Board approval of contracts would be monitored via the matters arising schedule and would remain open until confirmation of the date that contracts had been signed was received.

90/23 Critical Incident Risks

The Director of Strategy advised that the review of the recent critical incident was progressing. The Head of Risk had contributed to the review. There were a number of themes identified as discussed previously with the Board including the effectiveness of the learning from the similar incident in 2015. Good practice identified included the response of staff who were on duty at the time of the incident as well as the support they provided to each and patients. This ensured there was a good focus on the needs of patients. Other good practice included the response of the estates team. There had been limited harm to patients and there had been no Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDORs). Learning from the incident included communication on the day from the Gold command process and there had been a variation from policy in relation to the roles of Gold and Silver command. There was no site plan and the team were reliance on their knowledge. There had also been additional complexity due to the handover of Hard FM services.

The Committee noted that costs related to the incident had been variably recorded. Therefore it was anticipated that not all costs would be recoverable. The Director of Strategy advised an administration gap had been identified in relation to learning from the 2015 incident. Whilst the area concerned was a known challenge this had not been captured on the risk register. The Committee noted that the New Hospital Programme team were aware of the incidents and had reviewed the Reading site. It was agreed that the final report of incident review would be submitted to the Committee in September 2023.

Action: A Statham

91/23 Health & Safety Update

The Chief Finance Officer advised that the development of the Health & Safety dashboard had been delayed and would be submitted to the next meeting in September 2023.

Action: N Lloyd

The Committee noted key messages from the Health & Safety Committee including the need for Local Emergency & Evacuation Plans (LEEPs) to be updates as well more Fire Marshals being trained.

The Committee discussed the increase in violence and aggression incidents towards staff. The Chief Finance Officer advised that training had been commissioned for front line staff on how to de-escalate incidents.

The Committee the fire risk rating of 20. The Chief Finance Officer advised that this related to condition of the site in addition to the risk on a building by building basis. The Head of Risk explained that the likelihood rating related to fire doors, regulations as well as any adverse publicity the Trust could face. It was agree that future entries on the Corporate Risk Register should include the elements that, combined, increased the likelihood score.

92/23 Corporate Risk Register: IM&T Risks

The Committee received the Corporate Risk Register and noted the 7 red rated risks. The Head of Risk highlighted that the Chief Nursing Officer had advised that a number of risks were being reviewed, for example, the Integrated Risk Management Committee (IRMC) had proposed that there should be one risk for recruitment and retention and this would set out the risks for different staff groups. The Head of Risk confirmed that the risk related to decontamination was due to the review by IRMC in August 2023.

The Committee discussed the IM&T risk related to Inadequate IT Unified Communication Platform and associated Telecommunication Systems. The Associate Director of Infrastructure advised that, in the event of failure of the system, there were a number of mitigations in place such as radios, mobiles as well as runners. The Committee discussed the risk related to the Data Centre. The Chief Finance Officer advised that an enabling bid for the Data Centre had been submitted the New Hospital Programme team as this required significant investment. The Committee discussed the business continuity plans in the event of a Cyber incident. The Associate Director of Infrastructure advised that a number of areas on the network could be isolated. For example, medical devices were segmented on the network. In addition, alert systems were in place. The Committee noted that there was a high likelihood of disruption. However, there were good mitigations in place.

93/23 Cyber Security Update

The Associate Director of Infrastructure highlighted that the Trust had a new system called Cynerio that identified medical devices and provided an immediate risk profile. A number of devices had been identified. However, the medical engineering database was not yet complete due to resource issues in their team. The IT team were working with the medical engineering team on this. The Associate Director of Infrastructure highlighted that this was an area of innovation for the Trust and a number of local trusts had sought advice in this area. The Committee considered this on-going work provided good assurance.

94/23 Board Assurance Framework (BAF)

The Trust Secretary introduced the BAF and highlighted the changes made following review by the People Committee as well as the Chair of the Finance & Investment Committee and Chair of the Committee.

95/23 Non-NHS Debt Report

The Committee noted that non-NHS debt was £7.7m as at 31 June 2023. The Committee noted that a Credit Controller was now in post to manage overseas debt. The Chair requested that future reports should include full year as well as past year for comparison.

Action: N Lloyd

96/23 Losses and Special Payments

The Committee noted that, since the last meeting, there had been two payments made for loss of property that totalled £1656.40. There had been 37 bad debts written off totalling £131.307.05 related to overseas and private patient debt.

97/23 Use of Single Tenders

The Committee noted there had been 11 single tenders awarded since the last meeting, the majority of which related to specialist works.

98/23 Schedule of Significant Contracts

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

99/23 Bank Account Authorisations

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

100/23 Audit & Risk Committee Work Plan

The work plan was noted.

101/23 Key Messages for the Board

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

- The Trust had achieved an overall 'green' rating for the NHS Counter Fraud Function Standards for 2022/23.
- External Audit report had been received and significant weaknesses noted
- Internal Audit reports on DSP Toolkit and Data Quality noted
- Verbal update on Critical Incident review received
- Health & Safety Committee key messages: LEEPs and need for increase in Fire Marshals
- CRR and IM&T risks reviewed and importance of Cyber security as well as mapping medical devices to the network

102/23 Reflections of the Meeting

Helen Mackenzie led a discussion.

103/23 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 7 September 2023 at 9.30am.

104/23 Private Meeting with Internal Audit

A private meeting with KPMG was held.

105/23 Private Meeting with External Audit

A private meeting with Deloitte was not held.

106/23 Private Meeting of the Committee

A private meeting of the Committee was not held.

Chair:

Date:

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Thursday 20 July 2023
9.30 -11.30
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mrs. Sue Hunt	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Priya Hunt	(Non-Executive Director)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Peter Milhofer	(Non-Executive Director)

In Attendance

Mr. Mike Clements	(Director of Finance)
Dr. Bannin De Witt Jansen	(Interim Corporate Governance Officer)
Dr. Janet Lippett	(Acting Chief Executive Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Graham Sims	(Chair of the Trust)
Mr. Andrew Statham	(Director of Strategy)

Apologies

Mr Eamonn Sullivan	(Chief Nursing Officer)

104/23 Declarations of Interest

There were no declarations of interest.

105/23 Minutes for Approval: 22 June 2023 & Matters Arising Schedule

The minutes of meeting held on 22 June 2023 were approved as a correct record and signed by the Chair subject to the following amendments:

Minute 91/23 May 2023 Financial Update, Savings Programme 2023/24 and 2023/24 Capital Plan: The first sentence would be amended to read: 'The Committee received the Month 2 update and noted that the Trust had reported a deficit of £4.29m, £0.5m behind plan year to date.'

The first sentence of the third paragraph would be amended to read 'The Director of Finance advised that the finance team were monitoring the savings programme for 2023/24 and were relatively assured that the programme would be delivered.'

The Committee received the matters arising schedule.

Minutes for Approval: 22 June 2023 and Matters Arising Schedule: Finance Strategy: The Committee noted that the Digital Strategy review was on-going and was included on the agenda as an item for discussion.

The Chief Finance Officer confirmed that the first £1m of the insurance claim for the recent critical incident would be claimed through NHS Resolution and any amounts in excess of this would be sought from the Trust's commercial insurer.

106/23 June 2023 Financial Update

The Chief Finance Officer advised that the Trust's Income and expenditure position at June year to date was £1m adverse to plan. The additional costs of industrial action and the need to make further progress in the delivery of efficiency savings had contributed to the adverse position. The Chief Finance Officer summarised the progress of several mitigations in place to help support the delivery of the required cost efficiencies. The reduction in the use of temporary staffing, the rate card scheme for temporary staffing shifts, efficiencies in staffing rotas and changes to medicines management and drug spend had resulted in improved figures. Work was ongoing to identify any residual costs arising from Covid-19 for inclusion in the final budget plan. The Director of Finance advised that work would continue with care group budget holders to work through focus areas such as reducing non-pay costs and identifying ways to support the successful delivery of the cost savings plan.

The Chief Finance Officer advised that, in light of the system deficit, the Chief Executive Officer, Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care Board had written to trusts with recommendations in relation to deploying the workforce and other expenditure controls as set out in the NHSE checklist. Most of these mitigations were already in place in the Trust.

The Committee discussed the substantial costs related to the impact from industrial action. This included increased workforce costs to cover the shifts which had been due to be worked by staff who participated in the strikes. The Chief Operating Officer highlighted that there had been 27 days of industrial action over the past few months and each strike reduced the Trust's operational capacity by as much as 25-27%. The Trust had continued to provide safe services throughout all industrial action. However, the adverse impacts on Trust finances, operations and staff were considerable
The Director of Finance advised that an application to the Integrated Care System (ICS) had been prepared to request the recovery of losses caused by industrial action. Trusts in BOB ICS had agreed to use a standardised methodology to calculate costs resulting from industrial action.

The Committee agreed the need for clear and consistent messaging in the public domain of the full and true impacts of industrial action on costs, service provision and staff morale.

The Committee queried which elements of the efficiency programme provided assurance that the Trust would be able to deliver the required cost-savings. The Chief Finance Officer advised that the planned efficiency programme had resulted in a number of early impactful results that provided assurance that the mitigations in place were appropriate.

The Committee queried whether the effects of other mitigations were being assessed and whether these impacted on any of the Watch Metrics. The Chief Finance Officer advised that there had been feedback from gastroenterology staff in relation to the caps on doctors' rates per hour and the services that the Trust was able to provide. The Chief Operating Officer highlighted that the reduction in appetite by doctors to take up additional sessions had reduced the Trust's capacity to reduce the backlogs at pinch points in the cancer diagnostic pathways.
The Trust Secretary advised that Quality Impact Assessments to assess the impact of mitigations on clinical services and care delivery were being reviewed by the Chief Nursing Officer and Chief Medical Officer and would be submitted to the Quality Committee in due course.

Action: E Sullivan

The Committee agreed that the capital expenditure plan required detail in relation to the delivery timetable and the mitigations in place in the event that the Trust was unable to deliver the objectives. The Chief Finance Officer advised that a thorough review of the plan would provide the required detail and identify whether there was a need to limit capital expenditure. Discussions with care groups were ongoing and the finance team were preparing an assessment of where the Trust was in the delivery of the capital expenditure plan against quarterly performance.

The Committee noted that the reforecast of the cost savings budget and capital plan would be submitted to the September meeting. **Action: N Lloyd**

The Committee agreed that the Chair and the Chief Finance Officer would meet to discuss the revised capital plan.

107/23 Key Messages for the Board

Key messages for the Board included:-

- Industrial action resulted in significant adverse impacts on the Trust's finances, operations and workforce and provided a barrier to the delivery of the savings efficiency programme.
- A detailed review of the capital expenditure plan was on-going and would identify the detail in relation to the timetable for delivery and the appropriate mitigations required.
- A budget reforecast would be submitted in September 2023.

108/23 Date of Next Meeting

It was agreed that the next meeting would be held on Thursday 21 September 2023 at 9.30am.

SIGNED:

DATE:

NHS
Royal Berkshire
NHS Foundation Trust

Board Work Plan 2023-24

Focus	Item	Lead	Freq	Jan-23	Mar-23	May-23	Jul-23	Sep-23	Nov-23	Jan-24	Mar-24
Provide the Highest Quality Care for All	Ward + Maternity Skill Mix Review	ES	Annually						■		
	Winter Plan	DH	Annually						■		
	Ockendon Action Plan Update	ES	By Exception								
	Children & Young People Update	ES	Bi-Annually						■		
	Health & Safety Story	NL	Every	■	■	■	■	■	■	■	■
	Quality & Improvement Strategy	ES/JL	Once						■		
Invest in our People and live out our Values	Patient Story	Exec	Every	■	■	■	■	■	■	■	■
	Staff Story	Exec	Every	■	■	■	■	■	■	■	■
	Health & Safety Annual Report	NL	Annually						■		
	People Strategy	DF	Once		■	■					
	Annual Revalidation Report	JL	Annually					■			
Achieve Long-Term Sustainability	Quarterly Forecast	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	ES	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	■	■	■	■	■	■	■	■