



Royal Berkshire
NHS Foundation Trust

Public Board - 29 November 2023

MEETING

29 November 2023 09:00 GMT

PUBLISHED
25 November 2023

Agenda

Location		Date	Time	
Seminar Room, Trust Education Centre, Royal Berkshire NHS Foundation Trust		29 Nov 2023	09:00	
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1	Apologies for Absence and Declarations of Interest (Verbal)	Graham Sims		-
2	Patient & Staff Story	Janet Lippett	09:00	-
3	Health & Safety Moment	Don Fairley	09:40	-
4	Minutes for Approval: 27 September 2023 and Matters Arising Schedule	Graham Sims	10:00	3
5	Chief Executive's Report	Steve McManus	10:05	9
6	Integrated Performance Report	Nicky Lloyd	10:25	15
7	Winter Plan	Dom Hardy	10:55	36
8	Health & Safety Annual Report	Nicky Lloyd	11:15	53
9	Minutes of Board Committee Meetings and Committee updates:		11:20	-
9.1	Charity Committee: 7 September 2023	Bal Bahia		87
9.2	Finance & Investment Committee: 21 September 2023 & 18 October 2023	Mike O'Donovan		91
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11	Date of Next Meeting: Wednesday 24 January 2024 at 09.00am			-

Board of Directors

Wednesday 27 September 2023

09.00 – 11.20

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)
Mrs. Sue 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)
Ms. Hannah Spencer	(Acting Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In attendance

Miss. Kerrie Brent	(Interim Corporate Governance Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Andrew Statham	(Director of Strategy)

Apologies

There were five Governors, seven members of staff and four members of the public present.

126/23 Patient and Staff Story

The Director of Strategy introduced Claire Manton, Matron Trauma and Orthopaedics, Melanie Gager, Clinical Director Intensive Care Unit (ICU) and Helen Challand, Director of Nursing, Planned Care. The Board watched a video of Hurley Ward that highlighted the work the team had been doing as part of the Improving Together Programme. The video exemplified how the team carried out their daily improvement huddle meetings, a 15 minute get together in their work area to discuss improvements and the positive impact and changes that had been implemented for clinical services and patient care as a result of the programme.

The Matron for Trauma and Orthopaedics provided an overview of the training provided and the difference the improvement huddles had made to the daily operations and overall team morale over the 3-month period. Many ideas had been put forward by various members of staff, led by and implemented by the individuals themselves, including an improved staff break out area. Wide-spread engagement was noted from all levels of staff within the ward that enabled all members of staff to have a voice and be heard. The Board noted that the initiative was led by the ward's driver metrics that had evidently improved.

The department had found it challenging to progress on certain improvements due to other contributing services that were not within their control or with departments that had not yet embedded the Improving Together process or were at different stages of implementation. The Board considered that training programme should be progressed as quickly as possible.

However, it was noted that there was a high demand and lack of capacity to deliver the training. It was suggested that teams should also be encouraged to participate in other department's improvement huddles when they had items relating to that department.

The Chief Executive highlighted that areas like the Portering team had already started to understand the methodology through time spent on the wards and were keen to apply the principles to their own departments.

The Board thanked the team for their presentation.

127/23 Health & Safety Moment

The Chief Finance Officer introduced John Salt, Head of Estates Development and Alec Ryan, Health and Safety Lead who presented an overview of the importance of Health & Safety on construction sites when carrying out Trust projects.

The presentation highlighted industry findings in relation to injuries to construction workers that included 30 fatal injuries to construction workers in the United Kingdom during 2021/22 and on average around 59,000 non-fatal injuries to construction workers a year. 50% of deaths reported between 2017 and 2022 related to falls working from a height.

The Board was presented with a visual demonstration of safety equipment used by construction workers on site including safety hats, goggles, boots, harnesses, and gloves as well as processes and procedures of use.

The Board discussed the near miss reporting culture of construction workers at Trust sites. It was agreed that data reporting was an area for improvement as it had proved challenging to ensure that all construction workers followed the same health and safety procedures, as they were not directly employed by the Trust. It was suggested that contractual agreements should be reviewed to ensure that it was compulsory that contractors working on site adhered to the Trust policies and procedures on near miss reporting. **Action: N Lloyd**

The Board thanked the team for the presentation.

128/23 Minutes for Approval 26 July 2023 and Matters Arising Schedule

The minutes of the meeting held on 26 July 2023 were agreed as a correct record and signed by the Chair.

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

129/23 Chief Executive's Report

The Chief Executive highlighted the significant focus and on-going work to raise awareness of speaking up in light of the recent guilty verdict of Lucy Letby case. The Trust was committed to safety and ensuring there was culture where people could speak up. The Quality Committee had reviewed in detail measures and processes in place and, following the Kark review, the NHS England (NHSE) Fit & Proper Persons Test (FPPT) guidance had been updated to include more robust requirements for senior leaders. The Chief Executive advised that he and Chief Nursing Officer had immediately met with the neonatal team as well as families of babies in the neonatal unit. In addition, the Chief Nursing Officer had held meetings with matrons in terms of support, impact and next steps for staff.

Assurance was sought that the right processes were in place to prevent incidents from occurring at the Trust such as those in the Lucy Letby case. It was confirmed that both formal and informal systems and processes had been reviewed rigorously and that the Board was well sighted on any incidents that occurred within the Maternity department. There was also several

Freedom to Speak Up champions across the Trust and more staff would be trained over the coming months. An annual update report providing assurance that concerns raised were acted upon was submitted to the Audit & Risk Committee.

The Chief Executive also highlighted the media coverage in relation to the introduction of Martha's rule that would provide patients with the right to seek a second opinion. The Trust had featured heavily in the coverage for its Call4Concern programme led by the Critical Outreach team and the Chief Executive had been asked to contribute to the development of the national policy. Dr Henrietta Hughes, the Patient Safety Commissioner for England, was due to visit the Trust to both see the Call 4 Concern programme in action as well as learn about the Trust's overall safety culture overall. The Chief Executive advised that NHS Staff Survey would also be launched in October 2023.

The Board discussed the Call4Concern programme and whether call records and outcomes were maintained. The Chief Medical Officer advised that data was collected in relation to volume and concerns that enabled the Trust to specifically draw out any themes. However, further work could be done in relation to feedback.

The Board noted the significant impact and pressures on Trust staff, finances and operations as a result of the industrial action. Circa 5000 appointments had been affected since 1 January 2023 and the impact on patients had been quite significant. The current identified additional cost of ensuring safe staffing levels during the periods of industrial action for the current financial year was £1.1m.

A query was raised in relation to staff morale caused by the industrial action. The Chief Medical Officer advised that August had been particularly challenging for staff and services. However, the most recent strike day had been uneventful with no reported issues for staffing. It was noted that this remained an area of focus for the Trust as well as at a national level. However, it was anticipated the impact on staff would increase as the action continued. The Trust would continue to support staff during periods of industrial action.

The Trust's financial position remained challenged, heightened by the pressure on emergency care demand, improving elective recovery and improving access standards with cancer and diagnostics in the context of continued industrial action. The Trust continued to work with teams to recruit to substantive positions to reduce the need for temporary labour, as well as work with budget managers and suppliers to secure savings in non-pay expenditure. Planning for 2024/25 had commenced including use of resources.

A £15m savings programme had been identified for 2023/24 with a planned deficit of £10m and breakeven achieved in 2024/25. The Chief Executive highlighted the challenge in relation to reduction of cancer and elective waiting lists considering the need to achieve savings.

The Chief Executive highlighted that the Winter Plan would be submitted to Board in November 2023. **Action: D Hardy**

The Board noted that the Covid and Flu Vaccination campaign had resulted in over 1000 members of staff vaccinated in the first week of its launch.

The Board noted that the Trust's Pathology team had moved to their new Rapid Response Lab at the Royal Berkshire Hospital, enabling them to provide a faster, more reliable pathology testing service for patients. This would bring efficiencies for patients who were undergoing laboratory analysis for Biochemistry, Haematology and Blood Transfusion tests.

The Trust and the University of Reading hosted a showcase event on the 18 September 2023 focusing on Equality, Diversity and Inclusivity and celebrating collaborations within the sphere of

Education and Learning as well as looking at staff groups and progression to thrive in opportunity.

The Building Berkshire Together (BBT) team continued to actively engage with local authority partners in relation to options appraisal for the New Hospital Programme within the announced indicative funding, as well as further public engagement and future opportunities.

A question was raised in relation to Covid-19 patients at the Trust. The Chief Operating Officer advised that there had been a slight uptake in patients testing positive. However, numbers had not been of a level of concern at this stage.

An update was provided on the positive number of substantive appointments made in the Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care Board (ICB). The Trust was progressing working with partners in the system in relation to early intervention and prevention with communities and recognition on Health Equalities was a big focus.

130/23 Integrated Performance Report (IPR)

The Chief Medical Officer introduced the report that had been discussed in detail at the Executive Management Committee. The Trust was maintaining its position in relation to quality metrics despite the ongoing challenges and impact of industrial action, with complaints and serious incidents (SIs) reported as expected and the turnover rate reduced positively for the third consecutive month.

The Trust was ahead of trajectory maintaining a low number of patients waiting over 52 weeks. However, repeated industrial action would significantly impact the elective programme and loss of activity was likely to affect this metric without continued focus.

The Trust remained behind the 99% target at 11.33 weeks compared to the 6-week DM01 standard. Most patients waiting beyond 6 weeks related to endoscopy services. This was likely to remain a challenge in the coming months due to both increasing demand and capacity constraints.

72.60% of patients had been seen in the Emergency Department (ED) within 4 hours compared to a target of 76% with a high number of attendances and constrained space in the current facility. This was a reduction when compared to July 2023. The on-going improvement plan with building works was near completion, as well as final preparations for the Older People's ED go-live in October 2023 and the Rapid Response Lab (RRL) and dedicated CT scanner. However, there would be an anticipated challenge during the winter months.

Delays to the Reading Urgent Care Centre (UCC) booking system were noted, with a targeted new go-live date to be confirmed ahead of Winter. The Board noted the contract for the UCC was due for renewal in March 2024. It was noted that the Trust had raised concerns that a review was required ahead of the contract renewal.

The Chair of the Quality Committee advised that the Committee had received assurance on the current position and mitigations in place in relation to the elective waiting lists. The Chief Operating Officer advised that all referrals were triaged, and patients were seen in order of clinical need. A fail-safe mechanism had been implemented to ensure that any patients experiencing long waits was reassessed to ensure that there was no deterioration as a result of delays.

The Chief Finance Officer advised that there had been a £1.3m deterioration against plan in Month 5 financial position with key factors being the impact of the industrial action and the Agenda for Change pay award. The focus was now the delivery of the savings programme and identifying savings for 2024/25. The Trust had delivered £3.48m of the £21m full year capital programme. The Board noted that the Quarter 2 forecast would be submitted to the Finance &

Investment Committee in November 2023.

Action: N Lloyd

A query was raised in relation to how the Trust's financial position compared to the ICB at this point in the year. The Chief Finance Officer advised that, collectively the ICB was not on plan at Month 5 and work was on-going to improve this.

The Board noted that August performance for 62-day cancer waits was un-validated at 66% with the total number of patients above 62 days increasing to 242 mainly within dermatology, gynaecology and gastroenterology. Dermatology was significantly challenged in 31-day performance. Funding had been received from Thames Valley Cancer Alliance to improve cancer waits and it was noted that this position was recognised nationally with the industrial action having a significant impact.

131/23 Annual Medical Revalidation and Appraisal Report 2023

The Board approved the annual report for 2022/23 that would be signed by the Chief Executive. It was agreed that future reports could be approved by the People Committee.

Action: J Lippett

132/23 Fit & Proper Persons Report

The Board received the new requirements for the Fit and Proper Persons Test that included a timeline of completion. The Board approved the recommendation.

A further update would be submitted to the Board in March 2024.

Action: D Fairley

133/23 Changes to the Trust Constitution

The Board discussed the recommended changes to the Composition of the Governors as set out in the Trust's Constitution. It was suggested that a replacement Partner Governor organisation representing people from ethnic minority backgrounds should be explored.

The Board approved the proposed changes to the Constitution. The recommendation would be submitted to Council of Governors for approval.

Action: C Lynch

134/23 Minutes of Board Committee Meetings and Committee updates

The Board received the following minutes:

- Audit & Risk Committee 12 July 2023
- Finance and Investment Committee 20 July 2023

135/23 Work Plan

The Committee noted the work plan.

136/23 Date of the Next Meeting

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

SIGNED:

DATE:

Board Schedule of Matters Arising and Outstanding Actions

Agenda Item 4

Board Date	Board Minute	Subject	Decision	Owner	Update
27 September 2023	127/23	Health & Safety Moment	It was suggested that contractual agreements should be reviewed to ensure that it was compulsory that contractors working on site adhered to the Trust policies and procedures on near miss reporting.	N Lloyd	Our suppliers are required to adhere to Trust policies and procedures which is included as standard clause in our supply contracts.
27 September 2023	129/23	Chief Executive's Report	The Chief Executive highlighted that the Winter Plan would be submitted to Board in November 2023.	D Hardy	Item on the agenda
27 September 2023	130/23	Integrated Performance Report (IPR)	The Board noted that the Quarter 2 forecast would be submitted to the Finance & Investment Committee in November 2023.	N Lloyd	Completed. Item submitted to the Finance & Investment Committee 16 October 2023.
27 September 2023	131/23	Annual Medical Revalidation and Appraisal Report 2023	The Board approved the annual report for 2022/23 that would be signed by the Chief Executive. It was agreed that future reports could be approved by the People Committee.	J Lippett	Noted and completed. Report signed and submitted.
27 September 2023	132/23	Fit & Proper Persons Report	A further update would be submitted to the Board in March 2024.	D Fairley	Item added to work plans for 2024.
27 September 2023	133/23	Changes to the Trust Constitution	The Board approved the proposed changes to the Constitution. The recommendation would be submitted to Council of Governors for approval.	C Lynch	Completed. Item submitted to the Council of Governors for approval on 27 September 2023.

Title:	Chief Executive Report
Agenda item no:	5
Meeting:	Board of Directors
Date:	29 November 2023
Presented by:	Steve McManus, Chief Executive
Prepared by:	Caroline Lynch, Trust Secretary

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

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

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

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

Thirwell Inquiry

- 1.1 The Thirlwall inquiry was established in October 2023 to examine events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby (LL) of murder and attempted murder of babies at the hospital.
- 1.2 The government recently published inquiry terms of reference and these cover three main areas for investigation:
 - The experience of parents of the babies named in the indictment.
 - The conduct of clinical and non-clinical staff and management, as well as governance and escalation processes in relation to concerns being raised about LL and whether these structures contributed to the failure to protect babies from her.
 - The effectiveness of governance, external scrutiny and professional regulation in keeping babies in hospital safe, including consideration of NHS culture.
- 1.3 NHS England has requested all trusts with neonatal units to provide evidence as part of the inquiry through a questionnaire. The Medical Director and a non-clinical director with responsibility for the Trust's neonatal services will be completing the questionnaire with support from key multi professional team leads who are already identified. The questionnaire looks to seek effective practice examples as well as areas of difficulty. Work is underway to ensure evidence is submitted by 18 December 2023.

Martha's Rule

- 1.4 Throughout October and November 2023, media interest continued in relation to the introduction of 'Martha's Rule' that would give patients the right to escalate concerns about their care. Dr Henrietta Hughes visited the Trust to see Call4Concern in action and talk to staff and a patient. The Trust was asked by the Secretary of State to contribute to the policy development. Policy sprints led by the Patient Safety Commissioner have concluded and recommendations have been published and shared with the former Secretary of State. A response is awaited alongside a timeline for implementation. Recommendations included:
 - In the first instance all acute & specialist Trusts caring for inpatients must have a structured approach to obtain information relating to a patient's condition at least daily
 - All staff in Trusts have 24/7 access to a rapid review from a critical care outreach team
 - All patients, their families, carers and advocates must have the same access to a 24/7 rapid review from a critical care outreach team which they can contact via mechanisms advertised around the hospital and more widely if they are worried about a patient's condition
- 1.5 The Trust hosted a visit on 13 November 2023 from Ruth May, Chief Nursing Officer (CNO) for England, Andrea Lewis, NHS England (NHSE) Regional Chief Nurse and Rachael Corser, ICB Chief Nurse after the CNO England requested to hear more about our Call 4 Concern service at the Trust. The visit was supported by one of our patient leaders and their relative who had first-hand experience of the safety net and comfort the service brought them. The British Medical Journal (BMJ) also interviewed our clinicians involved in leading the service and we expect that article to be released over the next month.

- 1.6 The Chief Nursing Officer has established a working group to consider the recommendations and continue to improve the effectiveness of the Call 4 Concern service at the Trust.

Operational Status and Winter Planning

- 1.7 The Trust is currently experiencing extremely high demand for urgent and emergency care services, with attendances at the Emergency Department matching the historically high levels of 2022. This pressure has caused a deterioration in performance against the 4-hour standard. Actions have been agreed to address this including strengthening the leadership team in the department. This is a core part of the Trust's winter plan – published as part of this month's Board papers – which sets out a series of steps to ensure safe, high-quality care can be maintained during a period of high seasonal pressure.
- 1.8 Industrial action in October 2023 placed further pressure on already stretched elective services. The Trust is therefore taking steps to ensure sufficient capacity is in place to maintain current good performance in eliminating waits of over 65 weeks for routine elective care.

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

Violence and Aggression

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

Staff Survey

- 2.2 As at 20 November 2023, our Staff Survey Response Rate was 57.42% (3699 respondents). This eclipses last year's final response rate and is our best, with one week still to go. The current acute trust average response rate is 41.9%. Focus will be continued until the survey closes on 24 November 2023 to further improve on our position. The results of the Staff Survey are normally available three months after the survey has closed.

Recognising Individual's Success and Excellence (RISE) Programme

- 2.3 In October 2023, we launched our new talent management programme, called RISE. This is an initiative to develop talent and to invest in our people and achieve the organisation's strategic priorities. The RISE programme promotes recognition, and encourages robust, inclusive, high quality and meaningful learning.
- 2.4 The launch is a phased approach for Band 8As and above that have been rated GOLD in their annual appraisals. There are 70 individuals identified as GOLD that provides them access to a range of learning and development opportunities i.e. Henley Business School. The identified talent feeds into succession planning and Talent Review Boards for flight

risks, retirees and business critical positions. The roll-out of RISE will continue over the coming months.

RBFT/Henley Business School Leadership Development Programme

- 2.5 This autumn we commenced our 7th cohort of colleagues who are undertaking the Henley Business School Chartered Management Degree Apprenticeship (CMDA) that continues to use the Trust's apprenticeship levy to invest in leadership capability. To date, 158 individuals have embarked on the CMDA programme over six cohorts which are intentionally multidisciplinary and have varied levels of staff from across the Trust.
- 2.6 Cohorts 1 - 3 have completed with outstanding grades, resulting in 26 x 1st, 36 x 2.1 and 4 x 2.2. One 'proxy' measure of success is the number of people promoted from the cohorts; in total across all 6 cohorts a total of 112 people (71%) have either been promoted to a higher role in a senior leadership position or have had a lateral move, increasing skills, shared knowledge and development stretch. All individuals who have commenced on this leadership flagship programme have either been on a Gold or Green 'stretch' pathway of the RISE Talent Management programme.

3. Strategic Objective 3: Deliver in Partnership

Clinical Simulation Suite

- 3.1 The Clinical Simulation Suite, a joint venture between the Trust and the University of Reading (UoR), was officially opened on the 2 October 2023 by Robert Van de Noort (UoR Vice Chancellor) and myself. An evening event attended by stakeholders showcased the suite and provided attendees the opportunity to network with potential collaborators as well as experiencing the high tech Anatomage table, a 3D anatomy visualisation and virtual dissection tool for teaching anatomy and physiology. The suite will enable staff and students at the Trust to learn alongside university healthcare students in a state-of-the-art simulated ward and consulting room environment. The known benefits of multi-professional simulated learning are significant and include safer patient care.
- 3.2 This month three new Trust departments have achieved University Department of Excellence status.. This significant accolade requires demonstration of excellence in clinical care, research and education; judged to a high standard by experts from Trust and UoR. We are delighted that Elderly Care, Rheumatology and Urology have joined our existing University Departments bringing the total to nine University Departments of.
- 3.3 A recent achievement by Professor Mark Little, Consultant Interventional Radiologist, demonstrates the doors that University Department status opens. Mark is now Chair of the Research Committee for the British Society of Interventional Radiology (BSIR); this national role leads a committee tasked with defining the research landscape of UK Interventional Radiology. Mark says "I really think that the collaboration between the Trust and University of Reading has made this possible. Nationally the optics have shifted from Reading Radiology DGH to the University Department of Radiology. This combined with the financial backing from HIP, integration with University departments, and research track record has enabled "little old Reading" to compete with the traditional Teaching Hospitals".

4. Strategic Objective 4: Cultivate Innovation and Improvement

Intensive Care Unit (ICU) Development

- 4.1 The first phase of the £3m redevelopment of the ICU is now complete. This has created a new, dedicated ICU reception for visitors to the unit as well as an improved waiting area for visitors. Staff office and female changing facilities have also been refurbished. The next two phases to improve the clinical infrastructure of the unit will be completed over the next 9 months.

New CT Scanners

- 4.2 In the last month a 4th CT scanner has also been installed in the main radiology department on the Reading site. This completes the multi-million-pound expansion of our CT scanning capability on the site and means that outpatients, inpatients and ED patients have dedicated scanners, reducing delays and improving the efficiency of these distinct pathways.

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

- 5.1 The Trust income and expenditure position continues to be adverse to plan, year to date at the end of M07, October 2023. However during November 2023, the Trust welcomed the confirmation from Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care System (ICS) of its share of additional funding, announced on 8th November by NHSE, to address the impact of Industrial Action experienced up to October 2023. This amounts to £4.77m of additional income for the Trust, and assurances of no clawback of income by BOB ICS, together with significant Trust focus on the delivery of efficiency savings, have meant that the Trust Board has been able to confirm that it is on track to deliver its income and expenditure plan of a £10.05m deficit for the year ending 31 March 2023. This is not without risks and is in parallel with increased demand for the provision of services and continuing challenges in recruitment and retention of staff, and inflationary pressure on non-pay expenditure.

2024/25 planning arrangements

- 5.2 The Trust is progressing planning for the next financial year and beyond, including on activity modelling, workforce assumptions and the financial resources needed to deliver returning to access standards and supporting the development of the health promoting hospital, by exploring ways for resources to be mobilised to support our population to stay well, rather than only to support when they are unwell. A further programme of efficiencies for the following year is being developed, to enable transformational savings to be delivered and for the Trust to secure sufficient income to return to financial balance.

Building Berkshire Together (BBT)

- 5.3 Over the past months the BBT programme team have been conducting a review of the options for a new hospital presented in our Strategic Outline Case in light of developments within the Trust, the local healthcare system and the New Hospitals Programme. The Board discussed the initial findings of this work at its meeting in October 2023 and approved three focus areas of work for the remainder of the financial year. These are:

- With system partners in Berkshire West and the BOB ICS, review the assumptions regarding population growth, activity transfers and productivity developed in the SOC to confirm whether they are consistent with the joint forward plan
- To conduct a qualitative and quantitative appraisal of the effects of alternative locations for the New Hospital on patients, staff, partner providers and the local economy
- To conduct a review of the suitability of alternative sites for the New Hospital, and to include within this assessment an assessment of the suitability of the existing site.

5.4 We have begun to scope out how we engage stakeholders including patients, staff, governors, members and partners in this work and through our BBT channel will be sharing details of how to get involved shortly.

Title:	Integrated Performance Report (IPR)
Agenda item no:	6
Meeting:	Board of Directors
Date:	29 November 2023
Presented by:	Nicky Lloyd, Chief Financial 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 October 2023.
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Report History	n/a
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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	<input checked="" type="checkbox"/>
Invest in our people and live out our values	<input checked="" type="checkbox"/>
Deliver in partnership	<input checked="" type="checkbox"/>
Cultivate innovation and improvement	<input checked="" type="checkbox"/>
Achieve long-term sustainability	<input type="checkbox"/>
Well Led Framework applicability:	Not applicable <input type="checkbox"/>
1. Leadership <input type="checkbox"/>	2. Vision & Strategy <input type="checkbox"/>
3. Culture <input type="checkbox"/>	4. Governance <input type="checkbox"/>
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>
7. Engagement <input type="checkbox"/>	8. Learning & Innovation <input type="checkbox"/>

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

Integrated Performance Report

October 2023

Improving together to deliver
outstanding care for our community



October 2023 performance summary

The data in this report relates to the period up to 31st October during which the Trust experienced significant pressures across non-elective care and industrial action.

For 3 days in October, the Trust was affected by consultant industrial action (IA), including 3 days of joint action, resulting in the cancellation of almost 800 outpatient appointments and almost 100 inpatient and daycase procedures. With the total number of days of industrial action now at 40 since December 2022, this has continued to impact operational performance.























Despite these pressures, the Trust currently continues to perform well on the **elective care standards**. However, the sustained challenges are impacting on performance and, there is a significant risk that this and the combination of workforce and financial pressures will continue to challenge performance into 2024-2025.

The Trust remains challenged across other **Deliver in Partnership** objectives. Performance against **the diagnostic** waiting standard has improved following targeted action by radiology. **Cancer performance** standards continue to fall below national standards.

The Trust's **vacancy rate** (page 17) and, the **rate of turnover** (page 8) have both continued to improve, reflecting the increased focus on this area from across the organisation.

Financial performance at Month 7 is £3.62m behind plan driven by continued spend on workforce including industrial action, inflation affecting the cost of supplies, and the timing of delivery of efficiency savings. Following the confirmation of additional funding from NHSE to support providers with the costs of industrial action, and assurances by ICB partners relating to removal of the risk of any income claw back, the Board has confirmed that it remains on track to deliver its financial plan for the year.

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

Strategic Objectives	Page	Strategic Metric	SPC flag
Provide the highest quality care for all	6	Improve patient experience: Number of complaints	
	7	Reduce harm: Number of serious incidents	
Invest in our people and live out our values	8	Improve retention: Turnover rate	 
Delivering in partnership	9-11	Improve waiting times: Reduce Elective long waiters Average wait times for diagnostic services Emergency Department (ED) performance against 4hr target	   
	12	Reduce inpatient admissions: Rate of admission (LoS>0)	 
Cultivate innovation and improvement	13	Increase care closer to home: Proportion of activity delivered at RBH	 
Achieve long-term sustainability	14	Live within our means: Trust income and expenditure	 
	15	Reduce impact on the environment: CO2 emissions	
Breakthrough priorities	17	Recruit to establishment (Vacancy %)	 
	18	Improve flow: Average LOS for non-elective patients (inc. zero length of stay)	
	19	Support patients with cancer Reduce 62 days cancer waits incomplete	 
	20	Delivery of £15m efficiency target	 
Watch metrics	22-31		N/A

Our Strategy: Improving Together

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

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

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

For the next five years, we will focus on five **Strategic Objectives**. To track our progress on these we have identified 8 **Strategic Metrics**. Each of our clinical and corporate teams are in the process of identifying how they contribute to the delivery of these metrics and our monthly performance meetings will focus on action we can take together to make progress. For the remainder of 22/23 we have identified 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.



Strategic Metrics

Guide to statistical process control (SPC)

Introduction to SPC:

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

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

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

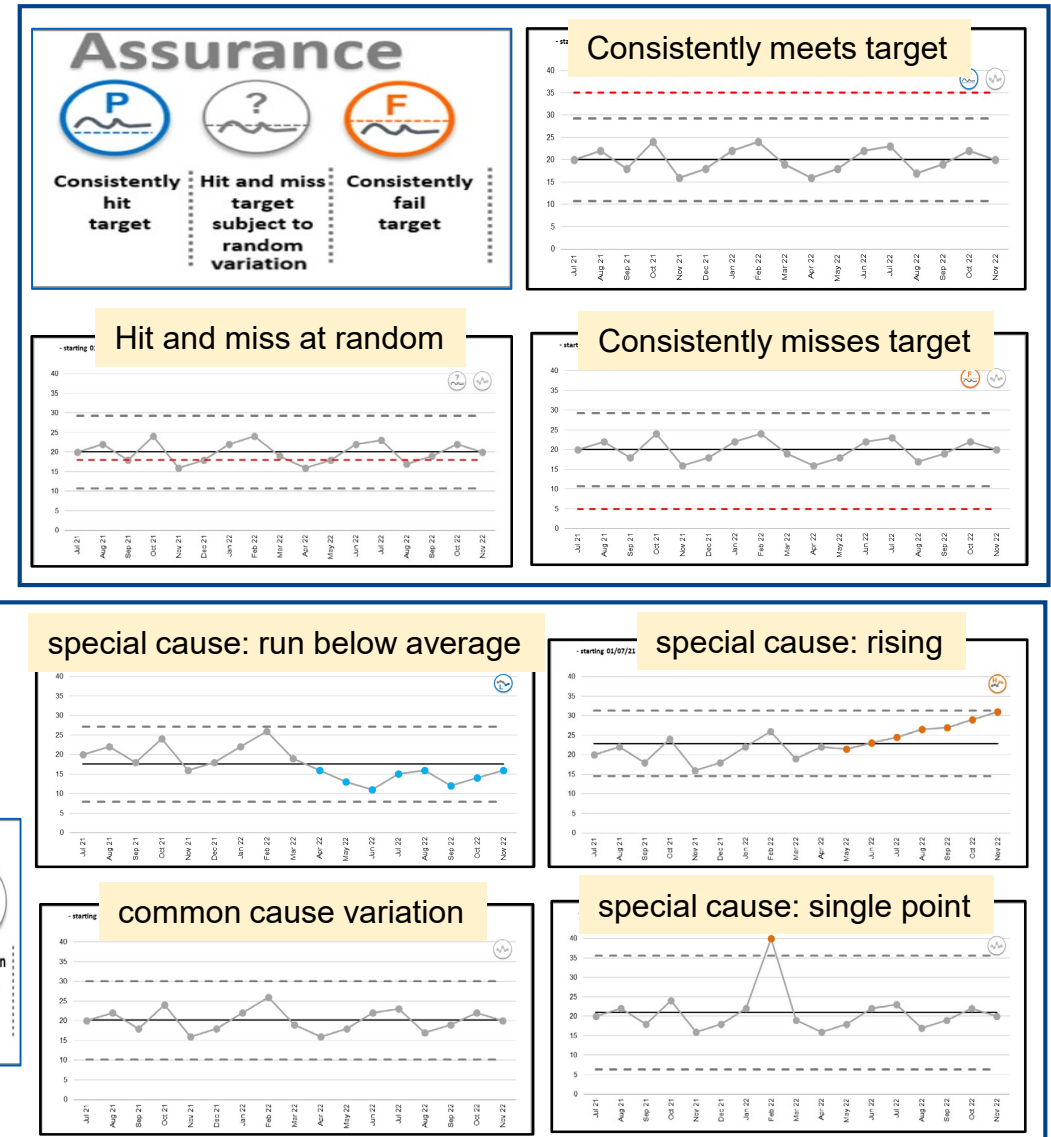
- The variation is routine, expected and stable within a range. We call this 'common cause' variation, or
- The variation is irregular, unexpected and unstable. We call this 'special cause' variation and indicates an irregularity or that something significant has changed in the process

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

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

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

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



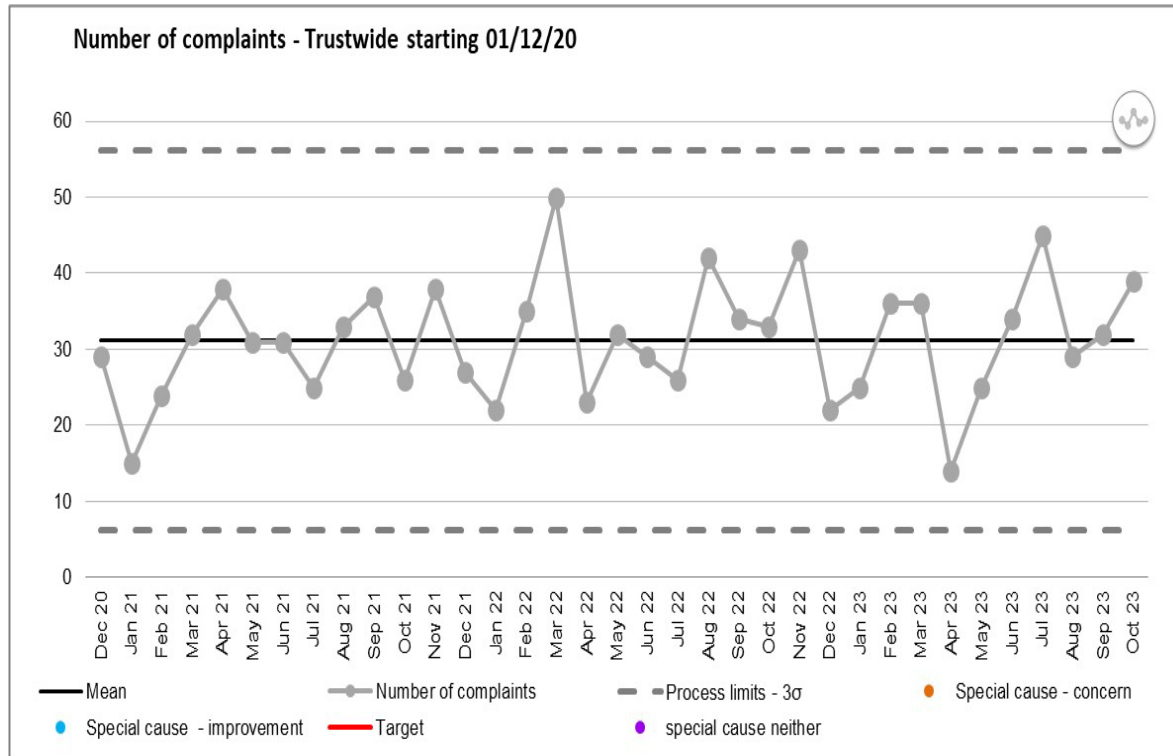
Strategic objective: Provide the highest quality care for all

Strategic metric: Improve patient experience

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	



	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Number of complaints received	25	34	45	29	32	39
Complaints turnaround time within 25 days (%)	75%	77%	61%	70%	65%	50%
No. of Vulnerable persons complaints	1	1	0	2	3	3

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

Hotspots:

Complaints – Maternity 7
Patient Advice and Liaison Service (PALS) – Trauma & Orthopaedics (20), Emergency Department (16)

Overdue Complaint Responses / Reopened Complaints:

12 overdue complaints for Urgent Care and 16 reopened complaints outstanding
2 overdue complaints for Networked Care and 7 reopened complaints outstanding
7 overdue complaints for Planned Care and 4 reopened complaints outstanding

Complaint Action Tracker:

Currently we have 238 open actions on the tracker with 50% of those actions overdue. The team are working with the care groups to reduce this number. Please note the reporting has changed to open actions rather than complaints with an open action, hence the increase in numbers. Each complaint has at least 3 actions.

Actions:

- Continuous PALS monitoring to gauge current issues
- Triangulation meetings continue with Patient Safety to identify Trust wide themes
- Current deep dive check is planned autumn 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**)
- KPMG internal audit **Q3 23/24**

Risks:

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

Strategic objective: Provide the highest quality care for all

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

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance

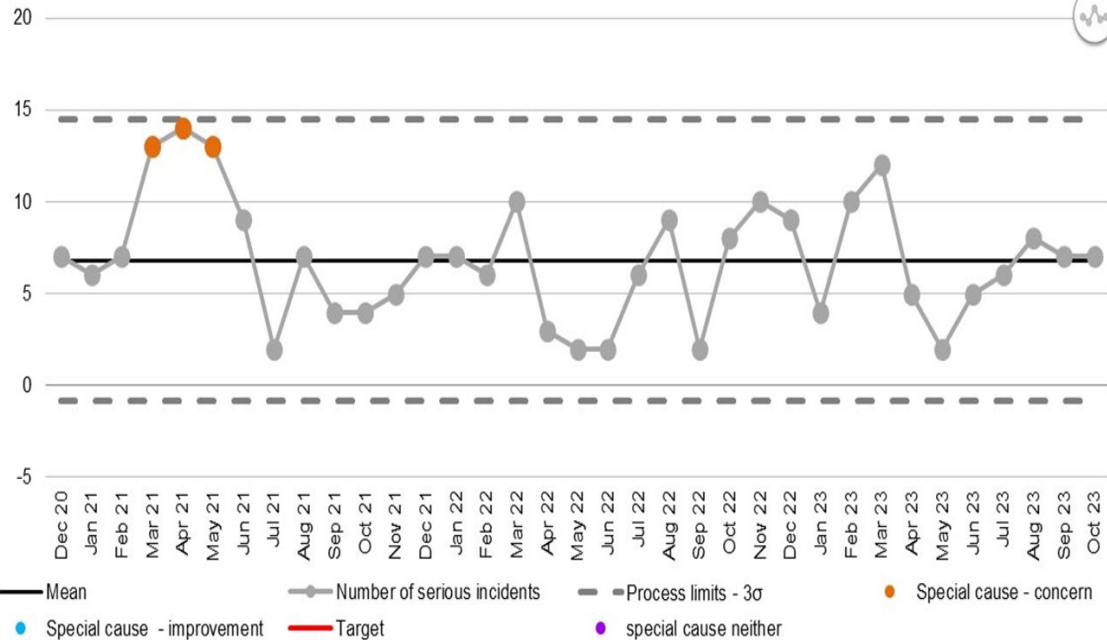
Variation

N/A



Royal Berkshire
NHS Foundation Trust

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



This metric measures:

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

How are we performing:

- 7 Serious incidents (SI's) were reported in October 2023, 3 in Networked Care and 2 in Urgent Care which includes 1 Maternity incident. Of the 2 SI's reported in Planned Care, 1 was a Never Event
- Treatment delay was the highest reported incident in 2022/23 and as anticipated this trend is continuing as the post-covid recovery and industrial action endures, with 3 out of the 7 SI's in October falling into this category. A further trend is the increase in reported incidents involving hypoglycaemic episodes, for which a responsive action plan is in progress
- Duty of Candour was met in all cases and learning shared
- Key learning themes from October SI's include review and update of surgical site re-marking process, raised awareness of hypoglycaemia policy and assurance of cancer harm processes

Actions:

- Transition from SI Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation continues with a target transition by **1st April 2024**
- A series of PSIRF Seminars were successfully undertaken during October, over 200 staff attended and interactive sessions to consult on patient safety focus priorities gained almost 2000 connections
- On **1st November 2023** the Learning from Patient Safety Events (LFPSE) new national system successfully went live. There has been no decrease in reporting across the Trust since launch

Risks:

- Patient Safety Team resource constraints – additional heavy workload created by PSIRF implementation
- Recurring risk of spike in Patient harm due to treatment delay from Ophthalmology due to temporary closure of Prince Charles Eye Unit



	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Number of serious incidents reported	2	5	6	8	7	7
Serious Incidents related to vulnerable persons	0	0	0	0	0	0

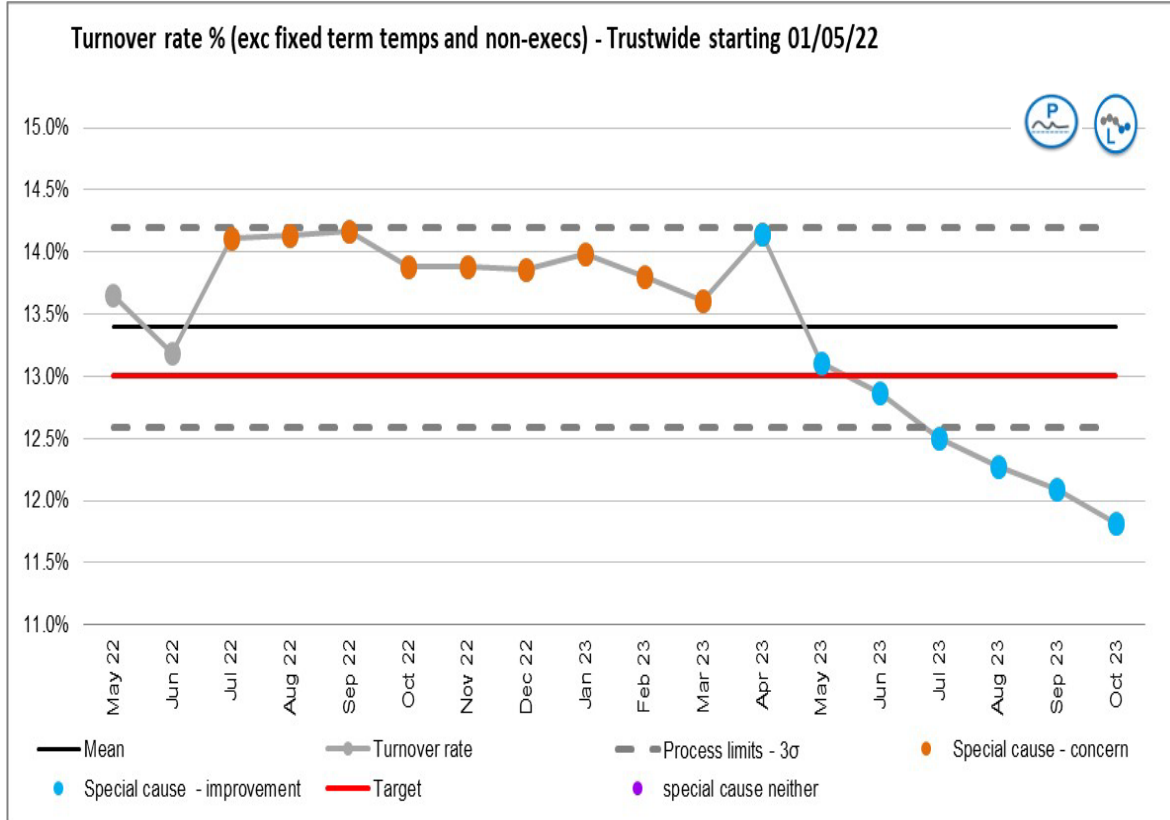
Strategic objective: Invest in our people and live out our values

Strategic metric: Improve retention

Board Committee:
People Committee

SRO: Don Fairley

Assurance	Variation
	



This metric measures:
Our vision is to improve the retention and stability of staff within the Trust as we know this helps us to avoid the use of bank and agency staff (which impacts on both quality and financial objectives). We have chosen to measure Turnover Rate which is defined as number of Whole Time Equivalent (WTE) leavers in the month divided by the average of the WTE of staff in post in the month. The Trust has an ambition to reduce turnover to 11.5 in 2024/25. This will be continually monitored and reviewed.

How are we performing:
Turnover has continued to reduce over the last six months to 11.82% (excluding fixed term/temp) from 12.09% in September 23. Nursing turnover peaked at 13% but has reduced further to 8.1% in part due to the focused work on leavers in the first 0-24 months. Awaiting data analysis from exit interviews and 0-12 months new starter questionnaires to derive actionable themes.

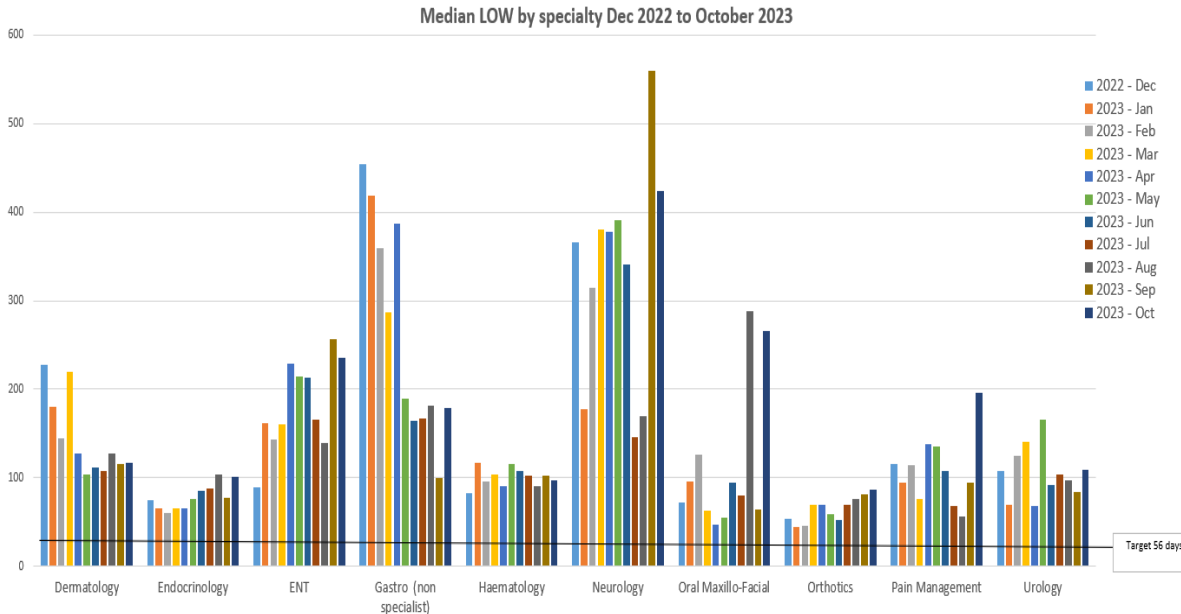
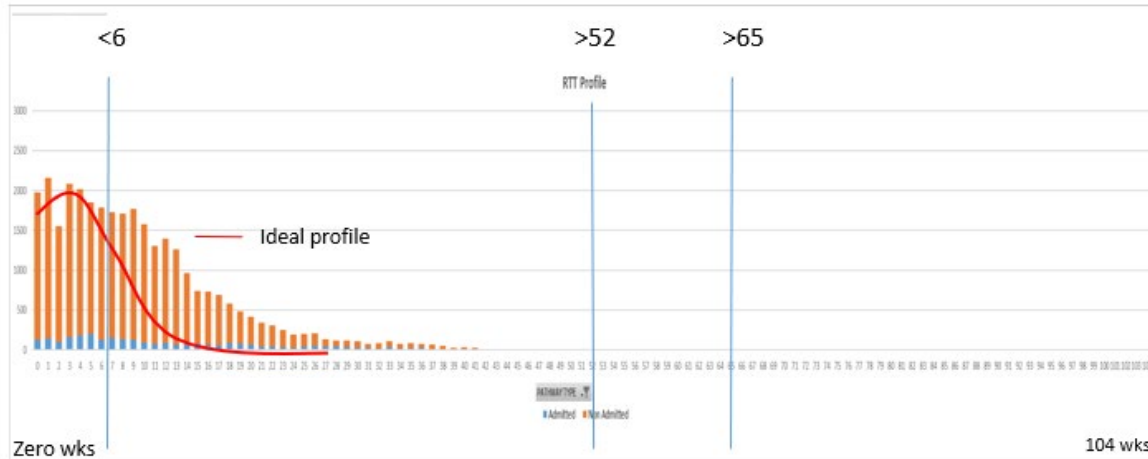
- Actions:**
- Retention plans developed in hotspot areas
 - Stay survey now in use to gain intelligence and help improve staff experience
 - Evaluation underway of data from Leavers' questionnaire and Exit Interviews
 - Career pathways development continues to provide new developmental training opportunities with the Trust

- Risks:**
- Lack of financial influence on retention
 - Environmental factors a constant challenge i.e. cost of living
 - Access to survey for clinical teams

	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Staff turnover rate	13.11%	12.87%	12.50%	12.28%	12.09%	11.82%

Strategic objective: **Deliver in partnership**

Strategic metric: **Reduce Elective long waiters**



Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation
	N/A

This metric measures

Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment Time standards. Nationally there is an expectation that we eradicate >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 (<30)
- However, whilst the Patient Tracking List (PTL) size is comparable to 2019 we are seeing the impact of IA and local rate card extending the waiting time profile and the PTL size is beginning to increase
- Without intervention we expect to see the numbers >52 begin to increase through Q4 and an increase in tip over volume for >52 and >65 from May 24
- First outpatient appointment (OPA) and diagnostic waiting times are the primary drivers for extended waiting times against the RTT standard. Maintaining our position and making further improvement to the RTT profile will be achieved through shortening **stages of treatment** across the elective pathway, in particular waiting times to 1st OPA

Actions:

- 6 month targeted programme of work to improve EPR encounter information underway as part of the Master-WL programme – expected completion **Apr 24**
- Investigating opportunities to increase capacity to support whole pathway transfers in order to decrease first OPA demand
- Work with each specialty 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 has been delayed. We require NHSE sign off across multiple parts of the technology solution, the last sign off is expected **Nov 23**. Go live now expected to be **Dec 23**



Risks:

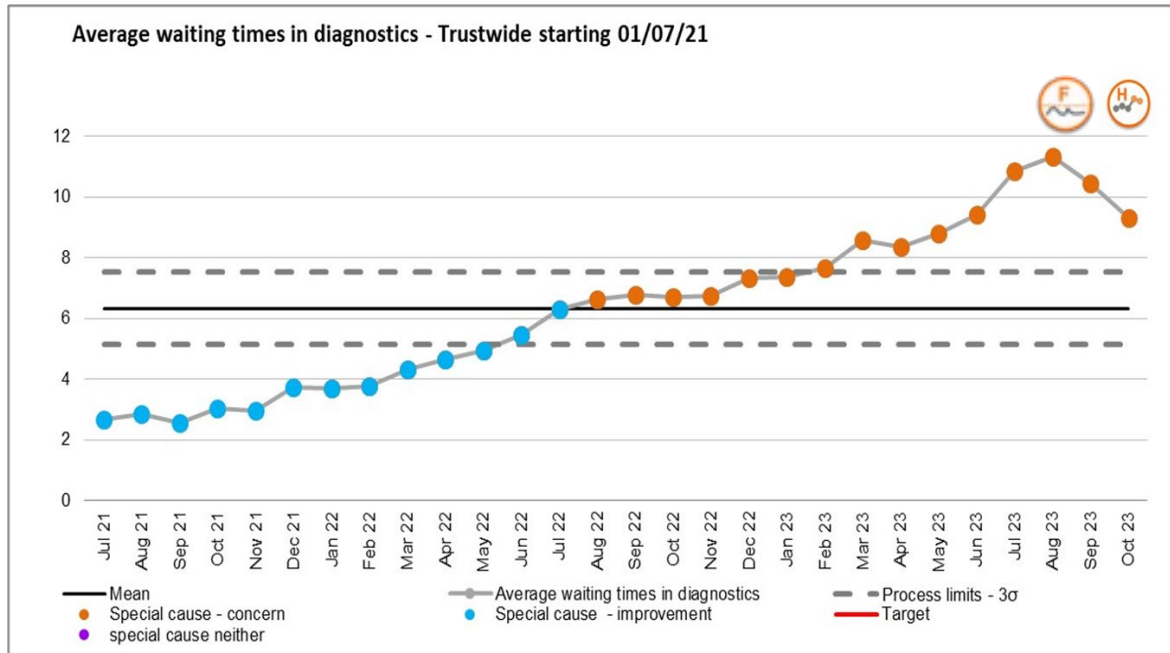
- Repeated industrial action is significantly impacting the elective programme – continuing loss of activity resulting in longer waits for routine OP appointments and an increase in 52 week waits
- Sustained increased demand across the cancer pathway (Urology, Dermatology and Gastro) displacing routine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

Strategic objective: Deliver in partnership

Strategic metric: Average waiting times in diagnostics DM01

Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation
	



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 (74% up from 69%)
- Endoscopy and Echocardiography are driving our longest wait diagnostic pathways, however this has not increased over previous months
- We have seen significant improvement in both CT and MRI waiting lists in the October figures, with MRI now meeting the 99% standard
- The impact of MRI/CT has lowered the overall diagnostic waiting list size considerably, resulting in an increase to Trustwide performance percentage

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

	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Average wait all modalities (wks)	8.80	9.42	10.84	11.33	10.44	9.32
Imaging	3.44	3.20	3.80	3.96	3.18	2.57
Physiological Measurement	8.42	9.02	7.47	7.33	8.04	6.78
Endoscopy	22.83	26.07	27.58	28.15	27.51	27.70
Cancer	3.00	2.59	3.66	2.77	2.29	2.02
Urgent	13.61	14.76	16.83	17.25	15.39	14.80
Routine	8.13	8.63	9.65	10.30	9.83	8.39

Risks:

Endoscopy

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

Physiological Measurements (PM)

- Cardiology may see continued decline in DM01 performance due to workforce capacity

Strategic objective: Deliver in partnership

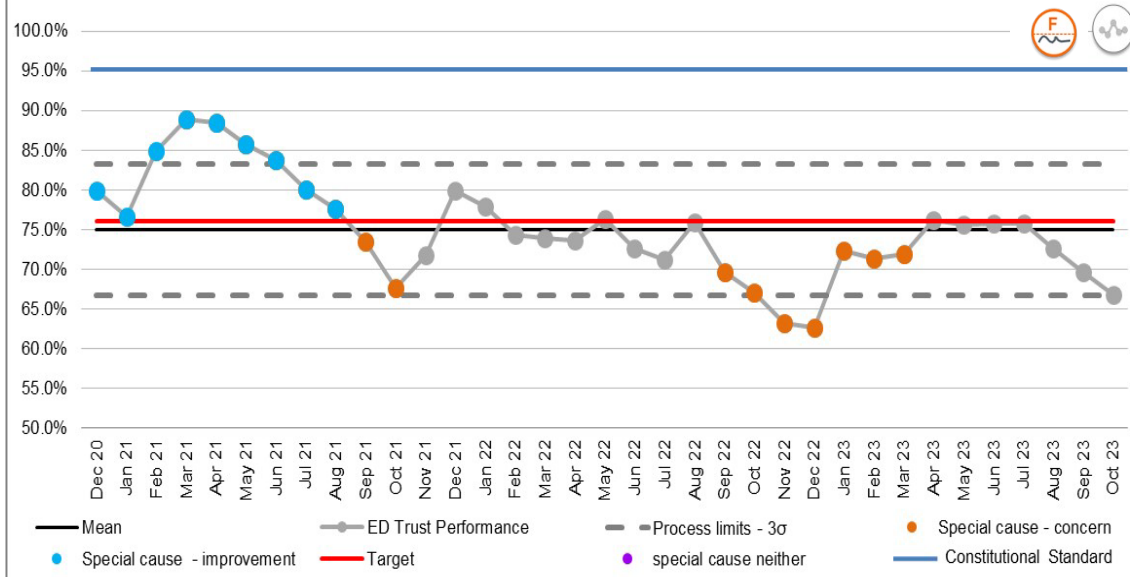
Strategic metric: Performance against 4hr A&E target

Board Committee:
Quality Committee

SRO: Dom Hardy

Assurance	Variation

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



	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
4hour Performance (%)	75.62%	75.76%	75.83%	72.60%	69.66%	66.74%
Total Attendances	15179	15168	14864	13984	14606	15133
Total Breaches	3701	3677	3592	3831	4431	5033
4hour Performance (%) 2022	76.37%	72.66%	71.19%	75.85%	69.64%	67.08%
Total Attendances 2022	14850	14935	14444	13872	14182	15533
Total Breaches 2022	3509	4083	4162	3350	4306	5114

This measures:

Our objective is to reduce the number of patients experiencing excess waiting times for emergency service. We measure this through the percentage of patients who attend the Emergency Department (ED) and are seen within 4 hours of their arrival. Delivering against this standard requires cooperation across both the hospital and with partners in the wider health and care system. While the constitutional standard remains at 95%, NHS England has set Trusts a target of consistently seeing 76% of patients within 4 hours by the end of March 24

How are we performing:

- In October 66.74% of patients were seen within 4 hours. High daily attendances continue with an average of 412 per day and greater than 400 attendances for over half the month
- ED Minors Unit activity remains consistent at 101 patients per day in Oct. The team achieved the quality performance standard for 24/31 days. Plans underway to increase use of EDMU and throughput to alleviate main department challenges
- South Central Ambulance Service (SCAS) >60 & >30min handover performance has significantly dipped this month, once again reflecting flow challenges within the department and onward

Actions:

- Older Peoples' ED continues with good occupancy. Forthcoming key stakeholder meeting to confirm terms of use and optimize throughput of appropriate patients
- Reading Urgent Care Centre appointment booking via EMIS® now live. Difficulties remain regarding patients accepting re-direction. Ops meetings continue to discuss challenges
- ED Triage steering group follow-up meeting to review impact of actions to date & further optimise triage process
- Single Point of Access programme continuing. Initial focus on GP referrals via ED

Risks:

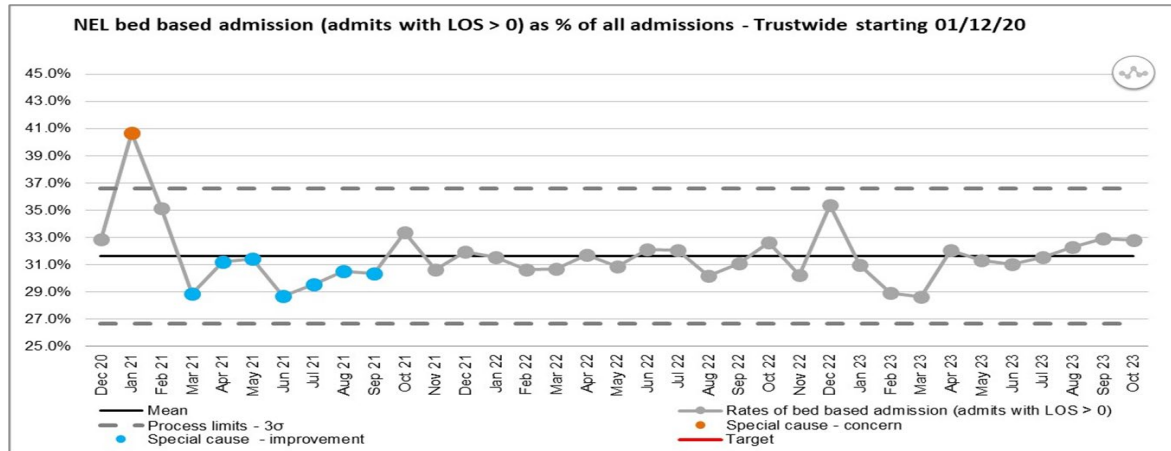
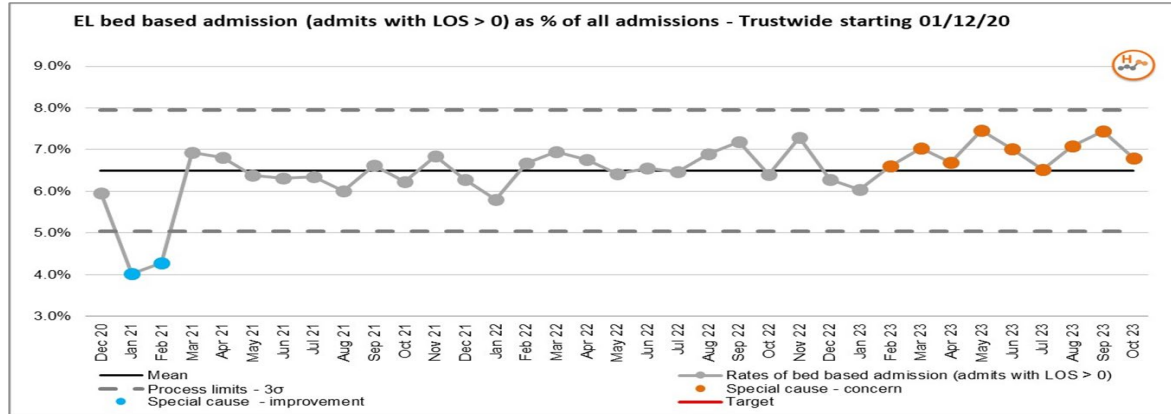
- Significant increase in MH demand as well as incidences of Violence & aggression towards staff
- Significant space constraints of the current ED facility
- Demand continues to grow in excess of population growth and funding
- Capacity challenges in pathology and diagnostics
- Dependence on specialties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

Strategic objective: Deliver in partnership

Strategic metric: Reduce inpatient admissions

Board Committee:
Quality Committee
SRO: Dom Hardy

EL Variation	NEL Variation



% of admissions with Los>0	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Elective	7.5%	7.0%	6.5%	7.1%	7.4%	6.8%
Non-elective	31.3%	31.0%	31.6%	32.3%	32.9%	32.8%

This measures:

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

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

How are we performing:

This metric is a work in progress. There are several factors which require further investigation (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

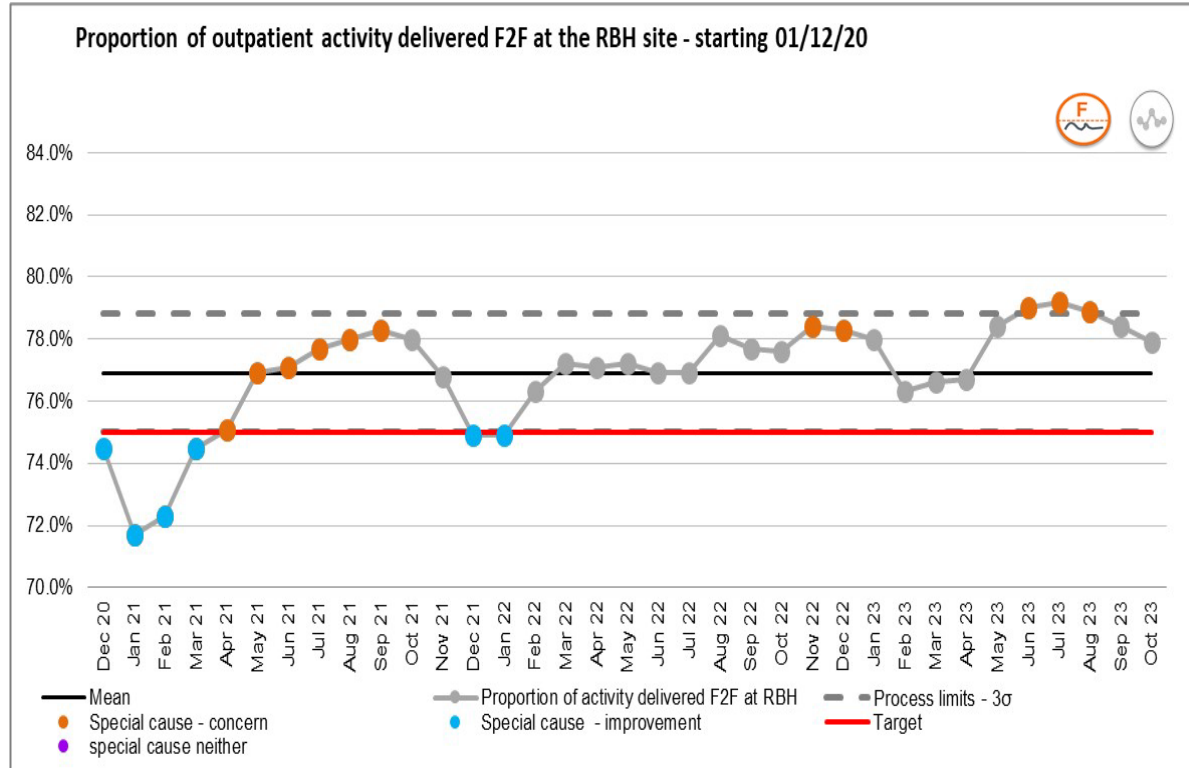
Strategic objective: Cultivate Innovation and Improvement

Strategic metric: Increase care closer to home

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation



This measures:

Our objective is to deliver as much care as possible at locations close to patients own homes or places of residence. This will ensure that all our communities benefit from high quality care, we will be able to reduce unnecessary journeys and we will make best use of our digital and built infrastructure.

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

How are we performing:

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

In October 77.9% of all contacts in the Trust were delivered face to face from the RBH site. While this was a small improvement from August performance, we continue to fail to hit the 75% target. 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
- Extending our work with the patient portal
- Space review at Bracknell, Windsor, Henley and Newbury
- Exploring opportunities for MDT delivery with primary care
- Identification of service improvements aligned to our CSS with system partners

Risks:

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

	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
% of all care provided from RBH site	78.4%	79.0%	79.2%	78.9%	78.4%	77.9%

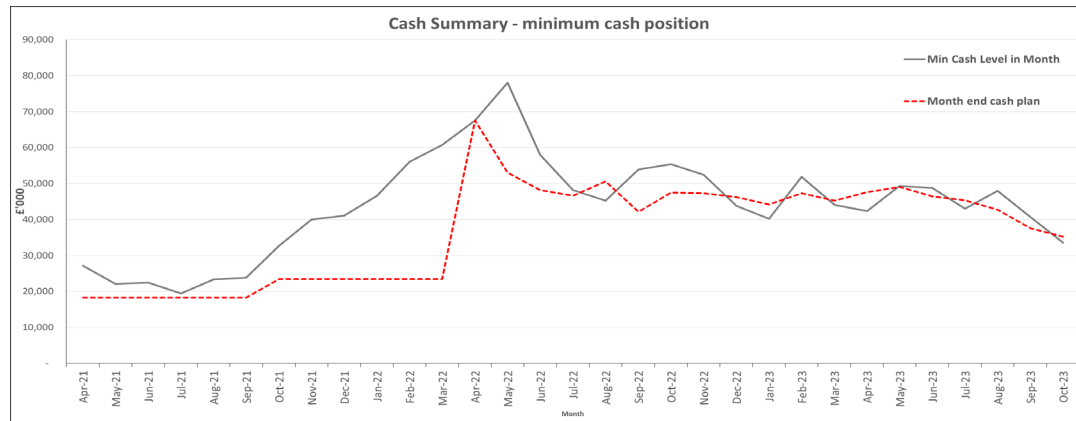
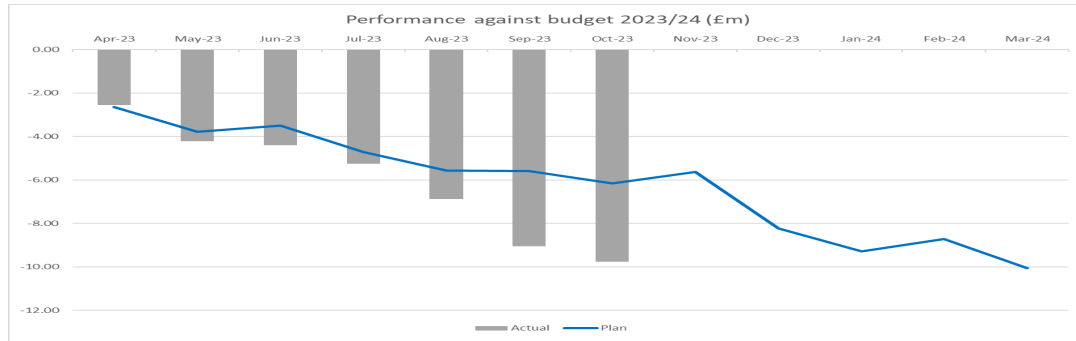
Strategic objective: Achieve long-term sustainability

Strategic metric: Trust income & expenditure performance

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation



	Year to date			Full Year
	Actual	Plan	Variance against plan RAG	Plan
Income (incl pass through)	£345.99m	£338.30m	£7.69m 🟡	£579.11m
Pay	£207.49m	£201.87m	£5.62m 🟡	£345.28m
Non Pay (incl pass through)	£144.05m	£137.72m	£6.34m 🟡	£235.56m
Other	£3.87m	£4.86m	£0.99m 🟠	£8.32m
Surplus/(Deficit)	£9.78m	£6.16m	£3.62m 🟠	£10.05m
Exclude donated Asset Effect, centrally funded PPE and Impairment	£0.01m	£0.00m	£0.01m 🟠	£0.00m
Adjusted Financial Performance (NHSE Plan)	£9.77m	£6.16m	£3.62m 🟠	£10.05m

This measures:

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

How are we performing:

Month 07 YTD, financial performance is a £(9.77)m deficit, £(3.62)m worse than plan.

Income is ahead of plan by £7.69m, the variance is partly driven by over performance in high-cost drugs £3m, in addition £3.61m is connected to an insurance claim for the power outage incident.

The Pay position is £(5.62)m adverse to plan YTD, this includes additional pay costs to cover shifts worked during industrial action of £1.24m YTD that have been incurred from April to October 2023.

Non-Pay costs are over budget YTD by £(6.34)m partly driven by and equal and opposite £3.61m of costs in connection with the incident (matched by income noted above), some specific non pay pressure and slightly delayed delivery of efficiency savings, which we expect to be fully achieved by the end of the year.

Actions:

- Budget holders are continuing to sustain focus on delivery of services within budgeted expenditure
- We are identifying further savings delivery across specific contracts and spend areas
- Workforce controls continue to operate and are enabling further savings delivery
- Having identified the £15m of risk assessed efficiency savings we are now pursuing further savings in excess of this to mitigate YTD overspend in certain areas and further risks of overspend for the balance of the year
- We are starting to identify schemes to form the basis of the 2024/25 efficiency programme and enable a return to financial balance

Risks:

- Higher than budgeted sickness levels
- Inflationary pressure is occurring where the Trust is not in fixed price contract
- Impact of future industrial action, and the costs of re-providing the lost capacity
- Sourcing further savings to address the YTD overspend and absorb any further spending in excess of budget levels between now and the end of the year
- Clarifying the absolute amount of additional income available following the 8th Nov NHSE announcement
- Claw back of income assumed in our 2023/24 plan: our forecast assumes no claw back

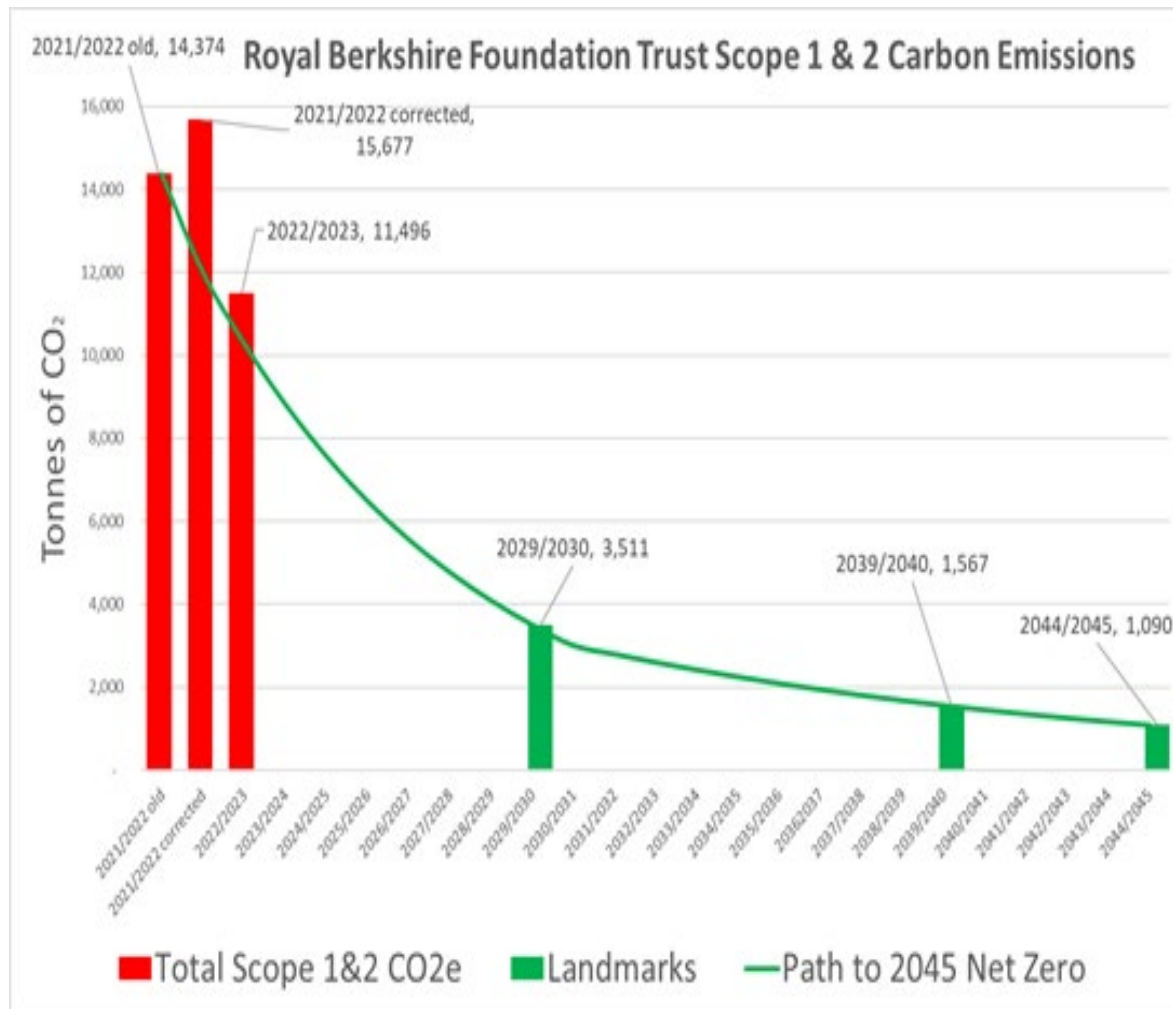
Strategic objective: Achieve long-term sustainability

Strategic metric: CO2 emissions

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Validation
	N/A



This measures:

Our ambition is to reduce the impact we have on the environment and deliver on our net zero goal for 2040. We 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 review of executive portfolios is currently underway as well as strategic priorities and as such the resources and focus available / required to deliver the required reduction of CO₂ emissions

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

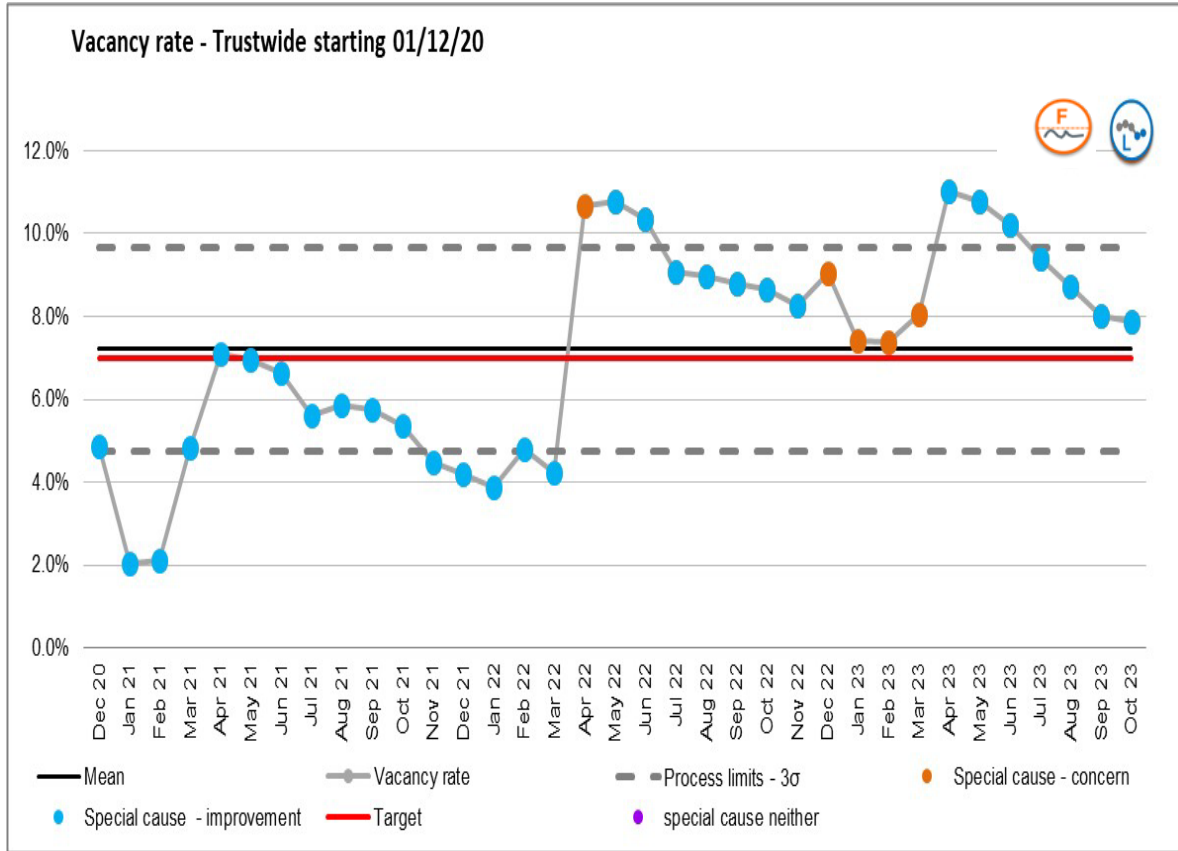
Breakthrough Priorities

Breakthrough priority metric:
Vacancy rate

Board Committee:
People Committee

SRO: Don Fairley

Assurance	Variation
	



This metric measures:

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

How are we performing:

- October's vacancy rate is currently sitting at 7.86%, showing a consistent downward trajectory since April 2023. This means we are still on target to achieve our target percentage by the end of this financial year
- 86 vacancies went to advert, a total of 112 candidates were shortlisted for interviews
- 106 offers were made across the Trust through domestic recruitment
- 13 international nurses and 1 midwife arrived. 26 Health Care Assistant candidates accepted job offers

Actions:

- Inclusive recruitment work continues with the Recruitment, EDI and Digital Marketing teams
- Attraction and Retention Incentive Scheme Guidance has been drafted and will be shared with Care group Directors (CGDs)
- 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
- A recruitment tracker in place between Recruitment and Planned Care to understand real time vacancies. Urgent and Networked Care to follow
- Work to monitor SIP/vacancies against NHSP usage to start
- All Band 2 roles to be considered for Apprenticeships PCPs to monitor
- Nurse & Midwife Open Day, Admin interviews through Career Camp and recruitment event at Reading Job Centre Plus targeting candidates who have found it difficult to return employment planned for **Nov 2023**
- A "my experience of working at RBH" flyer with QI code to current vacancies in development to be used at all Meet PEET events
- Work to reduce Time to Hire continues

Risks:

- Environmental factors – High cost of living
- Neighbouring Trusts paying incentives for specialist roles and Health Care Assistant (HCA) payments making moves to RBHFT less attractive

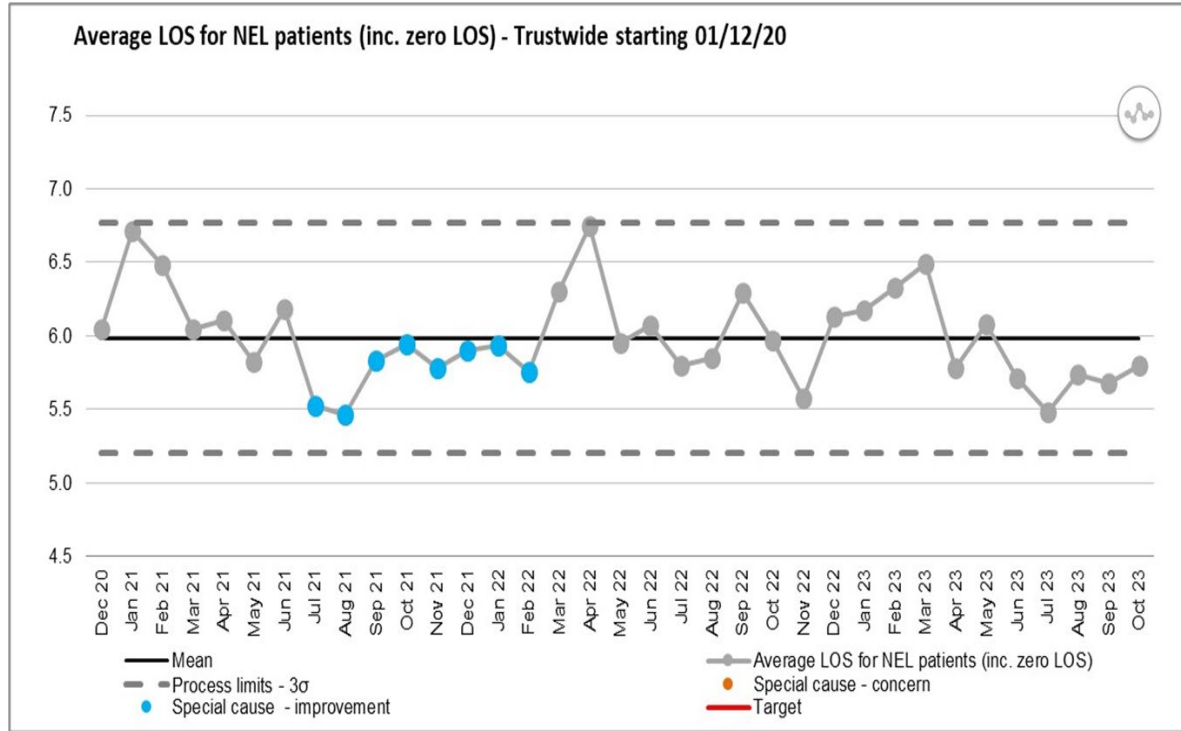
	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Trust Performance	10.79%	10.22%	9.38%	8.74%	8.03%	7.86%

**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*

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

Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation
N/A	



This metric measures:

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

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

How are we performing:

- The 2-year trend is a reducing LOS for non-elective patients to 5.8 days on average, which is a return to pre-COVID norms
- This is driven in part by a recent increase in the number of patients with a 1-day LOS and a reduction in the proportion of patients staying over 14 days before discharge

Actions:

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

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

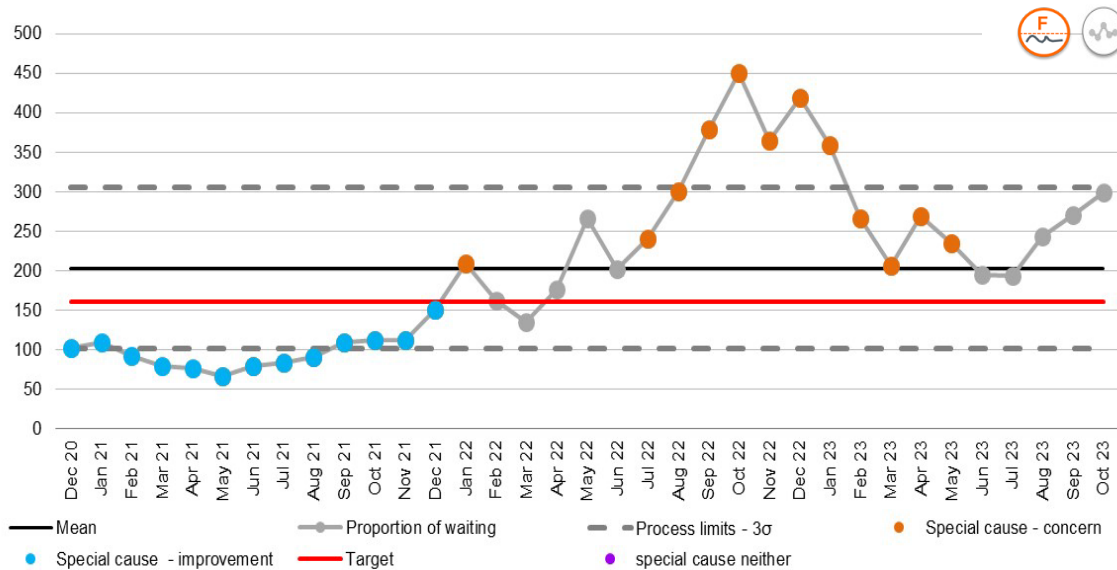
Risks:

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

	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Ave LOS for NEL patients (inc. zero LOS)	6.1	5.7	5.5	5.7	5.7	5.8

Breakthrough Priority metric: Reduce 62 days cancer waits

Cancer 62 day incomplete - No. on PTL over 62 days- Trustwide starting 01/12/20



	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Trust Performance	65.00%	70.50%	75.10%	70.70%	62.00%	62.50%
Total Cancer PTL list	2152	2316	2325	2379	2377	2451
No. on PTL > 62 days	235	195	194	244	270	299
Incomplete - % on PTL over 62 days	11.1	8.7	8.3	10.3	11.6	12.2
Cancer 28 day Faster Diagnosis	73.0	77.5	78.1	79.9	75.2	74.8

Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation

This measures:

We have identified our cancer waits as a breakthrough priority because of the underlying performance challenges in this areas and the impact on patient care delays to this pathway can cause. We are tracking our progress by measuring the 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 Sept, 62% of patients on a cancer pathway were treated within 62days
- Oct performance is un-validated at 62.5% and the total number of patients on the PTL >62 days shows an increase to 270 predominantly within skin, gynae and gastro
- The metric will change following the Cancer Waiting Times (CWT) updated guidance and will rise by ~90 patients
- Industrial Action (IA) impact in skin particularly will mean failing the 31 day 1st treatment target in Oct with some spillover into Nov
- Skin and gastro are largely driving poor cancer performance across Thames Valley Cancer Alliance (TVCA) in Swindon, Buckinghamshire and Oxford too

Actions:

- Insourcing capacity, now live, to support Gastrointestinal (GI) and urology
- Locum, Specialty registrar (SPR) acting up and specialty doctor recruitment in GI
- New prostate pathway implemented from August to meet 28 day standard and reduce time to MRI and biopsy (impacted by MR failure)
- Head and Neck (H&N) one stop US was agreed at the charity board 7th Sept
- Working across directorates to quantify the cancer capacity gap based on 2ww growth forecasts for the Operational Management Team (OMT) **4th Dec.**
- New fishbone analysis from the Cancer Action Group to be discussed **21st Nov**

Risks:

- Doctors Rate card significantly affecting clinic and list capacity – depending on referrals and department actions, this will likely continue to drive the >62 day upwards
- Funding from TVCA is non-recurrent and will add pressure to budgets next year
- Limited recovery after industrial action within skin and gynaecology particularly
- October changes to Cancer Guidance will increase >62 day waits by ~90 patients

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

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation

Efficiency saving by Care Group - £m																				
Area	Target	Full year	In year	Risk adjusted	Gap	M01 planned	M02 Planned	M03 Planned	M04 Planned	M05 Planned	M06 Planned	M07 Planned	M01 actual	M02 actual	M03 actual	M04 actual	M05 actual	M06 actual	M07 actual	YTD_M07 delivered
Urgent Care	4.14	4.55	4.23	3.97	(0.17)	0.27	0.27	0.26	0.30	0.31	0.32	0.32	0.29	0.18	0.51	0.35	0.47	0.23	0.15	2.18
Planned Care	4.53	4.34	3.94	3.28	(1.25)	0.09	0.10	0.21	0.47	0.25	0.24	0.23	0.09	0.09	0.21	0.46	0.28	0.38	0.55	2.06
Networked Care	3.70	2.25	2.09	1.73	(1.97)	0.08	0.08	0.08	0.26	0.08	0.14	0.14	0.08	0.12	0.08	0.28	0.08	0.11	0.17	0.93
CEO	0.09	0.06	0.05	0.05	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	-	0.01	0.01	0.00	0.01	-	0.02
COO	0.01	0.01	0.01	0.01	0.00	-	-	-	-	-	0.00	0.00	-	-	-	-	-	-	-	-
CMO	0.08	0.40	0.40	0.27	0.19	0.03	0.03	0.03	0.03	0.03	0.03	0.02	-	-	-	-	0.03	-	0.14	0.17
CNO	0.22	0.24	0.23	0.15	(0.08)	-	-	-	-	-	0.02	0.02	-	-	-	-	-	-	-	-
Estates and Facilities	1.02	1.37	1.33	0.98	(0.04)	0.05	0.05	0.06	0.04	0.16	0.08	0.07	0.07	0.06	0.09	0.05	0.20	0.18	0.16	0.81
IM&T	0.64	1.09	0.91	1.06	0.42	0.02	0.02	0.02	0.02	0.17	0.04	0.04	0.05	0.02	0.02	0.01	0.25	0.05	0.15	0.55
Finance	0.17	0.27	0.22	0.25	0.08	0.02	0.01	0.00	0.00	-	0.01	0.02	0.02	0.01	-	-	-	-	-	0.03
CPO	0.17	0.22	0.20	0.20	0.03	0.00	0.00	0.00	0.01	0.01	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.02	0.14	0.38
Strategy & Transformation	0.07	0.31	0.31	0.24	0.17	0.01	0.01	0.01	0.01	0.01	0.02	0.02	0.01	0.01	0.01	0.01	0.00	0.01	0.08	0.33
R&D	0.05	0.29	0.24	0.24	0.18	0.06	-	-	-	0.13	-	-	0.06	-	-	-	0.13	-	-	0.39
Trustwide	0.10	4.18	4.27	2.80	2.70	0.02	0.02	0.15	0.14	0.25	0.31	0.30	0.19	0.17	0.16	0.03	0.24	0.05	0.12	0.95
Travel and Transport	-	0.42	0.34	0.11	0.11	-	-	-	-	0.01	0.01	0.01	-	-	-	-	-	0.03	-	0.03
Other procurement	-	-	-	-	-	-	-	-	-	-	-	-	0.01	0.02	0.08	0.03	0.03	0.08	0.08	0.32
Total	15.00	20.00	18.77	15.35	0.35	0.66	0.60	0.84	1.28	1.43	1.26	1.22	0.88	0.68	1.16	1.23	1.70	1.16	1.75	8.55

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 was to deliver £15m of cash releasing efficiency savings in 2023/24, of which £20.00m is so far identified for the full year and £18.77m of in year effect. We have risk assessed this at £15.35m, £8.55m has been delivered in YTD M07, October 2023 compared to straight line phased plan of £8.75m, a shortfall of £0.20m YTD. We are expecting to achieve at least the risk adjusted £15.35m planned for 2023/24.

Efficiency saving by Care Group - £m								
Area	Risk adjusted	YTD_M07 delivered	M08 forecast	M09 forecast	M10 forecast	M11 forecast	M12 forecast	Total forecast
Urgent Care	3.97	2.18	0.29	0.29	0.30	0.31	0.28	1.47
Planned Care	3.28	2.06	0.06	0.06	0.09	0.10	0.16	0.47
Networked Care	1.73	0.93	0.09	0.10	0.13	0.13	0.21	0.67
CEO	0.05	0.02	0.01	0.01	0.01	0.01	0.01	0.03
COO	0.01	-	-	-	-	-	0.01	0.01
CMO	0.27	0.17	0.02	0.02	0.02	0.03	0.01	0.10
CNO	0.15	-	-	-	-	-	0.15	0.15
Estates and Facilities	0.98	0.81	0.01	0.16	0.04	0.06	0.12	0.15
IM&T	1.06	0.55	0.02	0.02	0.02	0.02	0.02	0.10
Finance	0.25	0.03	0.01	0.01	0.01	0.01	0.06	0.12
CPO	0.20	0.18	0.02	0.02	0.02	0.02	0.06	0.01
Strategy & Transformation	0.24	0.13	0.02	0.04	0.03	0.03	0.01	0.10
R&D	0.24	0.19	-	-	-	-	0.05	0.05
Trustwide	2.80	0.95	0.27	0.32	0.27	0.27	0.58	1.71
Travel and Transport	0.11	0.03	0.00	0.00	0.03	0.03	0.03	0.08
Other procurement	-	0.32	0.20	0.20	0.21	0.23	0.73	1.58
Total	15.35	8.55	1.03	1.26	1.17	1.24	2.11	6.80

RBFT - Efficiency savings 2023/24 - Cumulative forecast (£m)



Actions:

- Scheme leads continue to work on additional programmes to improve the in year and risk assessed values
- The focus has shifted to identifying recurrent schemes to deliver impact in 2024/25
- While we have identified the financial level of savings required to meet the assumptions of our 2023/24 plan, these to date have been largely opportunistic/one off savings achieved by mechanisms such as holding or delaying filling vacancies. We are working with budget holders to explore how these savings can be sustained into the following financial year and beyond through permanent workforce/transformation redesign
- We now have a strong rhythm of meetings exploration of opportunities and validation of savings ideas across all budget areas to capture viable schemes and track onward delivery
- The Chief Finance Officer (CFO) hosted a BOB ICS CFO and deputies 'efficiency ideas savings event' on 10th November and this has generated significant further potential savings to be explored at the Trust particularly schemes that have already yielded significant savings at other organisations. An update will be provided next month once these have been explored

Risks:

- Given the level of overspend at month 7 YTD there is a requirement for savings higher than planned to offset this. Any further over spending against plan for the balance of the year will require offset by further savings in order to deliver the planned year end deficit

Watch Metrics

Summary of alerting watch metrics

Introduction:

Across our five strategic objectives we have identified 123 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 October 2023:

In the last month 19 of the 126 metrics exceeded their process controls. These are set out in the table opposite.

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

Other alerting metrics are aligned to strategic metrics including patient experience, delivery of OP by telephone or digital and financial performance.

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

For this month there is one new alerting metric:

- % bookings with ethnicity documented / recorded

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
- Ecoli
- Mixed sex accommodation breaches
- FFT Response – Maternity
- % bookings with ethnicity documented / recorded

Invest in our staff and live out our values

- Ethnicity progression disparity ratio
- 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)
- Non Achievement of Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

Metric	Variation	Assurance	Target	Trending	Aug-23	Sep-23	Oct-23	Oct-22
Never Events			0		1	0	1	0
Patient Safety incidents/100 admissions			7.00%		10.72%	10.76%	10.06%	10.72%
Pressure ulcer incidence per 1000 bed days			1.00		0.10	0.05	0.09	0.14
Category 2 avoidable pressure ulcers			5		2	1	4	3
Category 3 or 4 avoidable pressure ulcers (SI)			0		0	0	0	2
Patient Falls per 1 000 bed days			5.00		3.85	3.93	4.01	3.47
Patient falls resulting in harm (SI) avoidable			-		0	0	0	3
No. of DOLS applications applied for			-		23	16	16	17
No. of detentions under the MH act to RBH			-		2	2	5	5
% of staff: Safeguarding children L1 training			90.00%		94.70%	93.80%	94.40%	93.60%
No. of child safeguarding concerns by the Trust			-		129	148	116	141
No. of adult safeguarding concerns by the Trust			-		26	28	29	25
No. of safeguarding concerns against the Trust			-		1	1	0	2
Unborn babies on child protection (CP) / child in need plans (CIP)			-		35	30	44	38
C.Diff (Cumulative)			44		23	24	24	30
C.Diff lapses in care			-		3	0	0	2
MRSA			0		0	0	0	0
Ecoli (trust acquired) infections			-		18	18	6	18
Ecoli (trust acquired) infections (Cumulative)			92		56	74	80	65
MSSA surveillance (trust acquired)			-		6	5	5	2
Hand Hygiene			-		97.48%	97.47%	97.16%	
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance			95.00%		82.00%	80.20%	81.00%	
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions			0		2	3	1	

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

Metric	Variation	Assurance	Target	Trending	Aug-23	Sep-23	Oct-23	Oct-22
No. of compliments			-		31	60	35	43
FFT Satisfaction Rates Inpatients: i.Inpatients			99%		99%	99%	98%	96%
FFT Satisfaction Rates Inpatients: ii.ED			99%		85%	82%	81%	80%
FFT Satisfaction Rates Inpatients: iii.OPA			99%		95%	95%	95%	94%
Mixed sex accommodation - breaches			0		349	234	366	213
Crude mortality			-		1.40	1.40	1.40	1.73
HSMR			-		Arrears	Arrears	Arrears	86.3
SMR			-		Arrears	Arrears	Arrears	87.7
SHMI			-		Arrears	Arrears	Arrears	0.98
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes			97%		95%	78%	Arrears	80%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes			86%		83%	50%	Arrears	100%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes			82%		100%	50%	Arrears	100%

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

Metric	Variation	Assurance	Target	Trending	Aug-23	Sep-23	Oct-23	Oct-22
RIDDOR reportable Incidents			-		1	3	0	0
Abuse/V&A (Patient to staff)			-		53	37	43	85
Body fluid exposure/needle stick injury			-		15	10	15	19
Environment Related Incidents			-		18	18	12	7
Manual Handling non patient every 3 years			90%		90%	90%	92%	92%
Conflict Resolution			90%		89%	87%	88%	88%
Fire (Annual)			90%		90%	91%	91%	89%
Nursing and AHP Manual handling training every 3 years			90%		90%	90%	89%	87%
Doctors manual handling training every 3 years			90%		90%	90%	92%	57%
Health and Safety Training			-		94%	94%	95%	91%
Slips and Trips			-		0	1	1	2
Musculoskeletal - Inanimate object			-		2	3	3	4
Total non clinical incidents reported			-		345	219	285	258

Strategic Objective: Provide the highest quality care for all

Maternity Watch metrics

SROs: Katie Prichard-Thomas
Janet Lippett

Metric	Variation	Assurance	Target	Trending	Aug-23	Sep-23	Oct-23	Oct-22
FFT Satisfaction Maternity			99.0%		96.6%	96.7%	86.5%	96.2%
FFT Response Maternity			50.0%		7.0%	9.0%	4.0%	7.8%
Complaints - % response in 25 days			78.0%		75.0%		25.0%	67.0%
Number of Serious Incidents in the Maternity Service			1		1	1	0	0
% bookings with ethnicity documented / recorded			-		100.0%	95.1%	86.1%	99.6%
% women with a documented CO result at booking			95.0%		90.7%	91.2%	91.2%	73.0%
% women with a documented CO result at 34-36 weeks			95.0%		83.4%	95.5%	87.2%	77.0%
% of pre-term (less than 34+0), singleton, live births receiving a full course of antenatal corticosteroids, within seven days of birth			80.0%		50.0%	66.6%	100.0%	0.0%
Post Partum haemorrhage >1500mls			3.5%		3.1%	3.0%	2.6%	3.3%
Percentage of term babies admitted to Neonatal Unit			5.0%		6.8%	5.7%	Arrears	5.9%
Percentage of Perinatal Deaths			0.5%		0.3%	0.4%	0.2%	0.4%
Number of occasions MLU service suspended for 4 hours or more			-		15	16	28	11
Midwifery staffing vacancy rate			-		16.3%	13.6%	10.1%	19.0%
Midwifery staffing turnover			14.0%		9.4%	8.9%	8.1%	15.0%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%		98.5%	97.2%	95.9%	94.4%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%		85.2%	94.1%	81.4%	85.4%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT			90.0%		96.3%	94.9%	85.7%	66.7%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT			90.0%		98.5%	94.8%	94.2%	92.2%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT			90.0%		85.7%	89.3%	92.6%	28.9%

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

Watch metrics:

SRO: Don Fairley

Metric	Variation	Assurance	Target	Trending	Aug-23	Sep-23	Oct-23	Oct-22
Ethnicity Progression Disparity ratio between middle and upper pay bands			1.66		1.98	1.96	1.95	
Stability rates %			-		82.2%	84.0%	84.4%	81.2%
Rolling 12 month Sickness absence			3.3%		3.6%	3.6%	Arrears	4.2%
% Fill rate of Registered Nurse Shifts (RN)			90.0%		94.2%	94.7%	98.0%	95.9%
% Fill rate of Care Support Worker Shifts (CSW)			90.0%		101.2%	103.4%	102.3%	100.2%
Completed Mandatory Training			90.0%		92.8%	91.9%	92.3%	89.5%
Appraisals			90.0%		81.2%	80.1%	81.7%	79.1%
Nurse Staffing Red Flags			-		45	46	64	32

Strategic Objective: Delivering in partnership

Watch metrics

SRO: Dom Hardy

Metric	Variation	Assurance	Target	Trending	Aug-23	Sep-23	Oct-23	Oct-22
12 hours from arrival in ED (%)			2%		2%	3%	5%	3%
12hr DTA (Trolley Waits)			-		0	0	0	0
Percent of Ambulatory Care of Non elective Admissions			-		1.4%	1.1%	1.0%	13.4%
Average non-elective length of stay - excluding 0 day LOS (Length of Stay)			-		7.4	7.4	6.7	6.2
Urgent Operations Cancelled 2nd time			-		0	0	0	0
Fractured Neck of Femur: Surg in 36 hours			75.0%		56.8%	50.0%	Arrears	60.7%
Seen by Stroke Consultant within 14 hours			95.0%		70.0%	63.0%	52.0%	62.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival			90.0%		73.0%	69.0%	67.0%	58.0%
Proportion of stroke patients scanned within 12 hours of hospital arrival			90.0%		100.0%	94.0%	100.0%	98.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)			80.0%		87.0%	96.0%	92.0%	80.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)			90.0%		25.0%	33.0%	17.0%	21.0%
Average Length of Stay (LOS) from admission to discharge (days)			14		14	15	17	17
Door to needle time <60mins			95.0%		83.0%	100.0%	83.0%	89.0%
No. of weekend discharges			783		464	557	545	622
Rate of Emergency readmissions within 30 days of discharge			-		Arears	Arears	Arrears	16.3
Rate of Emergency readmissions within 30 days of discharge - Paediatrics (<16ys)			-		Arears	Arears	Arrears	9.7
Rate of Emergency readmissions within 30 days of discharge - Adults (16yrs+)			-		Arears	Arears	Arrears	17.6

Strategic Objective: Delivering in partnership

Watch metrics





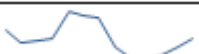

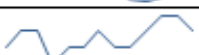











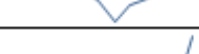
SRO: Dom Hardy

Metric	Variation	Assurance	Target	Trending	Aug-23	Sep-23	Oct-23	Oct-22
Cancer 2 week wait: cancer suspected			93.0%		79.2%	78.9%	61.4%	86.3%
Cancer 2 week wait: breast patients			93.0%		95.2%	97.9%	98.0%	100.0%
Cancer 31 day wait: to first treatment			96.0%		94.3%	91.6%	88.5%	97.0%
Cancer 31 day wait: drug treatments			98.0%		100.0%	100.0%	96.8%	100.0%
Cancer 31 day wait: surgery			94.0%		83.3%	94.2%	73.8%	88.1%
Cancer 31 day wait: radiotherapy			94.0%		92.9%	83.2%	93.5%	89.6%
62 day consultant upgrade: all cancers			-		80.8%	80.6%	66.2%	75.0%
62 Day screen Ref			80.0%		68.0%	86.7%	54.5%	78.6%
Incomplete 104 day waits			0		70	91	118	97

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

Metric	Variation	Assurance	Target	Trending	Aug-23	Sep-23	Oct-23	Oct-22
Cancelled Ops not re-scheduled < 28 days (%)			5%		0%	0%	0%	0%
% OP appointments done virtually			-		21.1%	21.6%	22.1%	22.5%
New to follow up ratio			-		2.0	2.0	1.9	1.8
Number of OPPROC			-		9016	9226	9366	6969
Number of MDT OP			-		678	645	719	
Clinic room utilisation (esp utilisation at non RBH sites)			-		30%	31%	35%	
Number of PIs			-		84	86	89	46
Number of active research trials			-		98	100	104	96
Number of projects supported by HIP			-		50	50	54	50

Strategic Objective: Achieve long-term sustainability

Watch metrics

SRO: Nicky Lloyd

Metric	Variation	Assurance	Target	Trending	Aug-23	Sep-23	Oct-23	Oct-22
Pay cost vs Budget (£m)			-		-1.35	-0.67	-0.39	-1.34
Non pay cost vs Budget (£m)			-		-0.66	-1.86	-1.31	-0.31
Income vs Plan (£m)			-		1.17	0.11	1.48	-0.95
Daycase actual vs Plan (£m)			-		-0.16	-0.11	-0.13	0.04
Elective actual vs Plan (£m)			-		-0.23	0.36	-0.21	-0.25
Outpatients actual vs Plan (£m)			-		-0.17	0.84	0.25	-0.45
Non-elective actual vs plan (£m)			-		-0.89	0.94	-0.52	1.30
A&E actual vs plan (£m)			-		-0.06	0.45	0.14	0.61
Drugs & devices actual vs plan (£m)			-		0.29	0.49	0.12	0.49
Other patient income (£m)			-		0.24	0.21	0.14	0.12
Delivery of capital programme (£m)			-		3.48	1.60	2.25	2.45
Cash position (£m)			-		47.96	40.67	33.58	55.35
Agency spend % of total staff cost (%)			-		2.3%	2.3%	2.2%	4.0%
Creditors (£m)			-		-84.52	-75.40	-72.60	-86.72
Debtors (£m)			-		20.91	21.01	24.09	17.60
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%)			95.00%		55.25%	55.84%	57.45%	

Title:	RBFT Winter Plan 2023/24
Agenda item no:	7
Meeting:	Board of Directors
Date:	29 November 2023
Presented by:	Dom Hardy, Chief Operating Officer
Prepared by:	Mandy Claridge, Director of Operations, Urgent Care Group

Report History	Executive Management Committee – 28 November 2023 Quality Committee (Draft) – 14 September 2023 Executive Management Committee (Draft) – 11 September 2023 Operational Management Committee (Draft) – 4 September 2023
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What action is required?	The Board of Directors is asked to approve the winter plan for 2023/24.			
Assurance	Information	Discussion/input	<input checked="" type="checkbox"/>	Decision/approval

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

1. Winter planning 23-24: national expectations

1.1. NHS England set out requirements for winter planning for 2023-24 in a letter in late July 2023. This built on the national delivery plan for Urgent and Emergency Care (UEC) services published in January this year. The national expectation is that winter planning for this year will focus on:

- High-impact priority interventions drawn from the UEC recovery plan that lead to a safe and effective service to patients. All systems will be asked to deliver these.
- Clear roles and responsibilities for each part of the system so that both shared and individual organisational accountability is clear.
- Returns from systems on system-level resilience and surge planning, to avoid systems becoming overwhelmed at times of peak demand and a narrative return against key lines of enquiry.

1.2 All the interventions over winter should contribute towards the two key ambitions for UEC performance of:

- 76% of patients being admitted, transferred, or discharged from the Emergency Department (ED) 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

2. RBFT winter plan

2.1. RBFT's winter plan is attached at appendix 1. importantly, it retains the same 3 key objectives as previous years – spanning all the activity that needs to be delivered through this period:

- 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 Covid, Flu and RSV, minimising nosocomial spread.

2.2. It draws on key learning from last year (summarised on slide 3), progress already this year in key areas (such as expanded SDEC and virtual hospital capacity) and is well-aligned with the national expectations referenced above: slides 5-8 set out internal work that directly addresses work in the 10 high impact intervention areas defined nationally.

2.3. Particular developments that will 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:

- an older people's ED, providing a dedicated area for frailty services within the department;

- a mental health observation bay; and
- chairs for patients requiring complex diagnostics which extend their stay outside of the 4-hour window.

2.4 This plan will mitigate some of the known risks related to increased urgent and emergency attendances, driven by seasonal illness. Work will continue tactically to mitigate known other risks including the possibility of industrial action during the winter period, and any likelihood of specific, unusually high levels of seasonal illness.

3. RBFT current position

3.1. RBFT's performance against the 4 hour quality metric above was stable during the first part of 2023-24 but has deteriorated in the last 2 months owing to increased seasonal operational pressures. This month's Integrated Performance Report (IPR) provides more detail.

3.2. The actions summarised above in para 2.3 have been implemented, in line with the plan. A range of other capacity-increasing steps have also been funded (from within the existing Trust budget) for the remainder of the financial year. These steps have helped mitigate the pressures currently being experienced but further actions have now been taken to stabilise performance and ensure patients continue to have access to safe, high quality care in our ED. This particularly includes strengthening the ED leadership team to enable them to focus on the improvements required.

3.3. In addition, the Operational Management Team (OMT) reviewed the implementation of the plan on 20.11.23. The 2 main issues discussed were the use of escalation areas for inpatients, and flow through the organisation. On the former, clear standard operating procedures have been agreed and implemented for use of escalation areas. This has helped clinical and operational leaders use these areas more effectively. On the second issue, the group agreed that further focus on improving flow would help expedite discharges; steps taken include identifying additional therapy and pharmacy capacity to support timely discharges, continuing to maximise use of the discharge lounge to create bed capacity earlier in the day, and working with system partners to extend services including increased Westcall (GP out of hours) capacity.

4. System winter planning

4.1. An integrated system UEC strategy is already being implemented in place and actions monitored through the Berkshire West Urgent Care Board (BWUCPB).

4.2. The BWUCPB has developed the Berkshire West winter plan drawing on lessons learnt from last winter and shared across the system in a recent workshop. The Trust will continue to work effectively with partners over the winter period; there has already been good evidence of timely system support to RBFT from partners on days in the last month when operational pressures have been especially acute.

5. Next steps

5.1. The Board of Directors is asked to **approve** the RBFT Winter Plan 2023/24.

6. Attachments

Appendix 1 – RBFT Winter Plan 2023/24

Winter Plan 2023/24

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- **NHSE Delivering operational resilience across the NHS this winter July 2023**; sets out the national approach to **2023/24 winter planning**, and the key steps across all parts of the system to meet the challenges ahead
- NHSE published a two-year plan to deliver improvements for patients across the **integrated Urgent and Emergency Care (iUEC)** pathway in January 2023. This plan, along with **the Primary Care Recovery Plan, Elective Recovery Plan** and the broader strategic and operational plans and priorities for the NHS, is believed to support a **strong basis to prepare for this winter**
- **System preparation** has been set in 4 areas of focus to help prepare for winter
 1. Continue to deliver on the UEC Recovery Plan by **ensuring high-impact interventions are in place**
 2. **Completing operational and surge planning** to prepare for different winter scenarios including responding to peaks in demand driven by external factors whilst ensuring winter plans protect and deliver elective and cancer recovery objectives,
 3. **ICBs should ensure effective system working across all parts of the system**, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector. To assist system working this winter, an updated specification for System Co-Ordination Centres and an updated Operational Pressures Escalation (OPEL) Framework will be published for a consistent and co-ordinated approach to managing pressures across all systems.
 4. **Supporting our workforce** to deliver over winter recognising how hard staff have worked, ensuring vaccination in place, protecting staff through appropriate testing for infection and continuing to improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise

What worked well...

SDEC and Virtual reducing admission requirements and therefore outliers

Ring-fenced elective capacity

Single Director responsible for daily flow

- Consistency meant prompt de-escalation
- Single point of contact for system partners and could support on complex issues
- System touchpoints calls organised promptly as required

Ambulance Handover bay

What were the challenges...

Monies allocated late so external initiatives slow to take off
Single Director responsible for daily flow

- Reduced ownership of 'flow' and safety

Infection and Prevention Control issues when POCT not available; Noro/ CPE unnecessary precautionary bed closures

Discharge flow disjointed with discreet teams working in silo and no one team owning the complete pathway or recognising their role as part of the total patient pathway

Regular escalation in SDEC reduced productivity

UCC opened late with no booking process for patients to be diverted away from ED

What could we do differently for winter 23-24...

More Point of Care availability

Protect SDEC areas from escalation

Increase Virtual capacity

Increase system/ partner awareness and sharing of risk

Clear escalation processes across the system that is not person specific

Shared ownership of the risk of patients being held in ED

What initiatives/planning is already underway for 23-24...

Patient Flow programme to create a shared ownership

Increasing Virtual ward capacity

Ring-fenced SDEC

OPED and Frailty through refurbished Obs bay in ED and

Short stay unit supported by Virtual Ward and the Rapid

Access in the Community

EMIS bookable system for ED

Roles and Responsibilities for flow agreed and published

Face to face Action based capacity and flow management

The **winter planning** guidance is inline with our own **Trust Winter Operational Aims**

- **Sustain** (and continuously improve on) 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 **Covid, Flu and RSV**, minimising nosocomial spread

Berkshire West System ambitions for the winter period

- To maintain **patient safety** at all times
- To **adequately prepare** for and respond to periods of increased demand
- To work towards an acute bed occupancy of no **more than 90%**
- To ensure **community bed** capacity is fully utilised
- To minimise ambulance handover delays and avoid delays **of over 30 minutes**
- To ensure delivery of the **elective care recovery** and restoration trajectory
- To protect **Same Day Emergency Care** and acute frailty services
- To create sufficient capacity to manage infection control challenges including the impact of **Covid-19 and influenza**
- To reduce the number of patients in beds who no longer meet the **Criteria to Reside**
- To **balance** clinical risk **across the wider system**

Continue to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place



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	Action:	
1.	Same Day Emergency Care: reducing variation in SDEC provision by operating a variety of SDEC services for at least 12 hours per day, 7 days per week.	RBFT Action In place
2.	Frailty: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.	RBFT Action in place
3.	Inpatient flow and length of stay (acute): reducing variation in inpatient care and length of stay for key pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.	RBFT Action in place
4.	Virtual wards: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital, and improve discharge.	Partnership RBFT and BHFT
5.	Single point of access: driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.	Partnership RBFT and BHFT
6.	Acute Respiratory Infection Hubs: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.	System response with support from RBFT
7.	Community bed productivity and flow: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.	BHFT action in place
8.	Urgent Community Response: increasing volume and consistency of referrals to improve patient care, ease pressure on ambulance services, and avoid admission.	BHFT action in place
9.	Care Transfer Hubs: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.	BW Whole system response
10.	Intermediate care demand and capacity: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.	BW Whole system response

Since the publication of the **UEC recovery plan** intervention programmes have been delivered and monitored through the **Berkshire West Urgent Care Programme Board**. Some interventions are solely the responsibility of **RBFT** most are planned to be **delivered in partnership**

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High-impact interventions RBFT Actions



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1.

Same Day Emergency Care: reducing variation in SDEC provision by operating a variety of SDEC services for at least 12 hours per day, 7 days per week.

Through improving together the Trust set an aspiration to achieve 50% of their emergency demand to be seen and treated on the same day. Maintaining this is part of our continuous improvement, and the benefit is now recognised across the Trust with reduced numbers of patients **requiring inpatients beds** on a daily basis. The challenge for the winter is to **protect the environments from escalation**.

New **escalation triggers** and processes have been agreed through **Operational Management** Team meeting, departmental actions to reduce pressure have been updated and collated within the **Safety and Capacity Optimisation Protocol (SCOP)**. Any escalation into **Same Day Emergency** environments across both surgery and medicine will require Director sign off.

2.

Frailty: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.

The Trust has long been successful in delivering **Frailty services within the Emergency Department (ED)** and Same day elderly care services through the **Interface Geriatric service**.

From September it is planned to bring the two services further together with the introduction of an **Older People's ED** within the refurbished old observation bay in ED, and **dedicated frailty beds** within the Short Stay Unit. Both of these services will be supported by closer working relationships with our community partners, with co delivery of virtual services including hospital at home through the Rapid response team.

From that date it is planned that **Older people** will be seen and **assessed earlier in their pathway** and then moved to the appropriate pathway Previous pilots in the area saw a **reduction in admission, readmission and attendance**

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High-impact interventions RBFT Actions



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3.

Inpatient flow and length of stay (acute): reducing variation in inpatient care and length of stay for key pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.

A full programme of work is being undertaken across the hospital, improving the data to enable **effective decision making**, supporting **productive ward rounds**, consistent delivery and training for our **discharge coordinators and ward leaders to minimise discharge delays** and early discharge with use of our **discharge lounge**

It is expected this will reduce variation in inpatient care and **length of stay** for key integrated urgent and emergency care (iUEC). **Improve delivery of 4 and 12 hour trolley waits, minimise bed occupancy** including reducing occupancy prior to Christmas

4.

Virtual wards: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital, and improve discharge.

A new **Clinically Led Berkshire West (BW)** Programme Board has been established to take forward the potential of the virtual and hospital at home services **removing walls between** organisations and delivering pathways of care for patients that may need to transit between care providers at differing points of their condition.

The challenging targets for numbers of patients receiving care within the **virtual ward have been achieved** and through joint working BW looking to maximise any opportunity **to avoid hospital admission** and care for patients within their own home. Currently across BW 120 patients are carried for within their own home (including Nursing Home) and a further **stretch target is currently being developed** to increase the numbers of patients on frailty pathways

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5.

Single point of access: driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.

A successful **Clinical Assessment Unit (CAS)** pilot has been continued within community and primary care which support clinical assessment of 111 calls triaged to primary care. To compliment this the Trust are developing a **Single Point of Access** within the Acute Hospital.

The aim is to provide clinical assessment of those patients deemed to require **Acute Care**, referred by our primary, community or ambulance providers, ensuring they access the right services first time, these may be **virtual, outpatients, SDEC, or ED**

Linking with successful models across the South East, and building on existing Trust services, it is expected that a pilot will commence in October led by **the Clinical Site Team and the Virtual service**. The pilot phase is expected to support assessment of medical referrals, from **Primary Care, ED and SCAS**, by a Senior Nurse. Successful models have proven, that dedicated resource to **take a referral** ensure patients are steered onto correct pathways and relieves some pressure from our medical teams, trying to receive calls whilst managing patient care.

6.

Acute Respiratory Infection Hubs: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures

A continuation of the **successful work** previously implemented with direct referral to Virtual monitoring, or inpatient services through paediatrics or respiratory specialists

Completing operational and surge planning



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Completing operational and surge planning to prepare for different winter scenarios including responding to peaks in demand driven by external factors whilst ensuring winter plans protect and deliver elective and cancer recovery objectives,

Elective Care

One of our Operational Priorities of the Winter plan is to **Sustain (and continuously improve on) our elective** recovery programme, **including our cancer recovery**. We aim to deliver this through;

- **Ring-fenced** elective capacity
- **Protected oncology** bed base
- Weekly cancer recovery **action based** meeting
- Weekly **harm reviews** to ensure no patient waiting will suffer harm and processes are in place to manage patients waiting an extended time
- Increased validation of the total

Currently surgical care is **Specialty delivered** with segregation of emergency and elective flow being managed by specialty, a robust tried and tested plan is in place if isolation of the surgical pathway is required (as in the height of the COVID pandemic) and will be enacted to **maintain elective and cancer care**

Escalation

RBFT is space confined therefore **no additional bed** space is available for surges in activity. The plan relies on **increasing SDEC** and our **virtual** offerings and partnership working with our Community colleagues. For times of extreme pressure the Trust limited escalation **plans and triggers** have been reviewed and plans in place complemented by the improved admission avoidance initiatives. **Safety and Capacity protocol** and actions have been reviewed and in place to ensure robust action when flow is limited. **Space for escalation** has been identified in BDU and Jim Shahi, **SDEC** medicine and surgery will remain ring-fenced along with the elective surgical bed base.

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Further Actions



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Infection Control Issues

Further work is underway to review the benefit of **extending point of care testing** within the Trust to prevent unnecessary bed closure whilst waiting for results

Point of Care testing is proposed for **CPE, Noro virus, Sepsis, meningitis, pneumonia** in addition to **Flu, RSV and COVID**

Improving Diagnostics

In September 2023

- A purpose built **Rapid Results Lab** will open to smooth the process of blood tests
- A dedicated **CT scanner** for Emergency Work staffed 24/7 will open in September 2023
- **Observation chairs** will become available within the ED, allowing patients waiting for complex series of results whilst avoiding admission to an inpatient bed to wait in comfort

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ICBs should ensure effective system working across all parts of the system,



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ICBs should ensure effective system working across all parts of the system, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector. **To assist system working** this winter, an updated specification for **System Co-Ordination Centres** and an updated **Operational Pressures Escalation (OPEL) Framework** will be published for a consistent and co-ordinated approach to managing pressures across all systems.

Current Position

- The Trust is submitting a live data feed of **ED position via SHREWD** to the **system Co-ordination centre**. As yet this information has not been used to inform system wide decision making
- It is planned to **add bed flow** this winter and work is currently underway with informatics to develop an accurate **bed status**.
- **System escalation calls** remain part of the **Berkshire West** approach to delivering support in partnership
- Greater emphasis **on action to deliver** is currently being reviewed through System lessons learnt workshops from last year, an example of this is the 'pull model' community bed flow being developed with the creation of Community Matrons
- The system awaits **the new OPEL framework** to ensure current actions are appropriate within the Trust the OPEL framework
- A new **Mental Health assessment** area will open within ED, designed to support a safe place for some of our most complex patients. The **Psychological medical service and CAHMs** teams will continue to support 24/7. Planned changes in **police response** is planned to be mitigated with joint training across the BW system
- Surges in demand for both **Adult and Paediatrics Intensive Care** will be monitored across the BOB system with transfer services in place to support

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OPEL Framework

The revised framework is very Acute focused and data will be available via live Shrewd reporting

OPEL parameter	Score						
	0	1	2	3	4	5	6
Mean ambulance handover time	<15 min	15-30 min	30-45 min	45-60 min	>60 min		
ED all-type 4-hour performance	>95%	76-95%	60-76%	45-60%	≤60%		
ED all-type attendances	≤2%	>2-10%	>10-20%	>20%			
Majors and resuscitation occupancy (adult)	≤80%		>80-100%	>100-120%	>120%		
Median time to treatment	≤60 min	>60-90 min	90-120 min	>120 min			
% of patients spending >12 hours in ED	≤2%	>2-5%	>5-10%	>10%			
% G&A bed occupancy	≤92%		>92-95%	>95-98%	>98%		
% of open beds that are escalation beds	<2%	2-4%	4-6%	>6%			
% of beds occupied by patients no longer meeting criteria to reside	≤10%		>10-13%	>13-15%	>15%		

An assessed score of 20 would place this hospital into OPEL 2. This is identified as a 'Medium' clinical risk and therefore the action cards for OPEL 2 both co-ordinated and followed.

Aggregated OPEL Score	OPEL	Clinical Risk	Response
0-11	OPEL 1	Low	See OPEL 1
12-22	OPEL 2	Medium	action card (and local policy/ protocols)
23-33	OPEL 3	High	
34-44	OPEL 4	Very High	

Supporting our workforce to deliver over winter recognising how hard staff have worked, **ensuring vaccination** in place, protecting staff through **appropriate testing for infection** and continuing to improve **retention and staff attendance** through a systematic focus on all elements of the NHS People Promise

Current Position

- **Vaccination** plans under development with access to **volunteer** vaccinators if required
- **Testing** for patients and staff in **high risk** environments continues and this is reviewed by **our IPC team** on a daily basis with robust **outbreak management** processes
- **Retention team** in place and working closely with teams where **high turnover** is being experienced
- **Robust sickness monitoring** and return to work processes in place
- **Health and wellbeing** leads in place with **emphasis on promoting** our staffs welfare with **access to new** wellbeing centre now available
- Consistent with previous years **Winter rosters** will be completed in advance to ensure **safe staffing levels** are provided and in place to meet surges in demand

Title:	Health & Safety Annual Report
Agenda item no:	8
Meeting:	Board of Directors
Date:	29 November 2023
Presented by:	Nicky Lloyd, Chief Finance Officer
Prepared by:	Dawn Estabrook, Head of Risk

Purpose of the Report	To provide the Board of Directors with the Health & Safety Annual Report for 2022-2023
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Report History	Health & Safety Committee 18 October 2023 Executive Management Committee 23 October 2023 Audit & Risk Committee 8 November 2023
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What action is required?	
Assurance	
Information	
Discussion/input	✓
Decision/approval	✓

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

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

Publication				
Published on website		Confidentiality (Fol)	Private	✓ Public

1 Executive Summary

This discussion paper provides the Board with a copy of the Health & Safety Annual Report for the period 1st April 2022 to 31st March 2023

2 Background

The Trust Health & Safety annual report for 1st April 2022 to 31st March 2023 was reviewed at the Health & Safety Committee on 18th October 2023

The report includes an overview of Health & Safety activities and assurance and areas of priority for 2023-2024

3 Conclusion

The Board is asked to review and approve the Health & Safety Annual Report

4 Attachments

The following are attached to this report:

(a) Appendix 1 – Trust Annual Health & Safety Report for 2022-2023

HEALTH & SAFETY
ANNUAL REPORT
For the year ended 31st March 2023

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Executive Summary

The attached report sets out the Health & Safety summary report for the year ended 31st March 2023.

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

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

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

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

Nicky Lloyd

Chief Finance Officer & Chair of Health & Safety Committee

October 2023

Executive Summary

The attached report sets out the Health & Safety summary report for the year ended 31st March 2023.

The information and data has been provided by the subject matter experts and Trust leads for the Health & Safety operational areas. The report was disseminated to the Health & Safety Committee in December 2023

The Trust's Health & Safety Committee continued to meet every two months during 2022/23, being chaired by the Trust's Chief Finance Officer, who is also the Executive Lead for Health & Safety. The Health & Safety Committee work plan is reviewed annually to ensure adequate representation and reporting from the sub-speciality groups.

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

The Trust has seen a decrease in reporting of Health & Safety incidents in the reporting year with the exception of an increase in incidents of aggression from patients to staff. This decrease in incidents reported is an indication of the return to pre-pandemic levels.

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

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

The Trust significantly increased its capacity of fit-testing during 2022/23 with the procurement of fit-tester from Ashfield five days a week. The provision is regularly monitored by the Head of Risk and reported to the Health & Safety Committee. The contract will be reviewed in January 2024.

The H&S advisor left in September 2022 and the post remains vacant at the time of reporting. All references throughout the report to this post should be read in the context that this vacancy has not yet been filled.

1. Health & Safety – Performance

2.1 Incident Reporting

The Trust Health & Safety Advisor, escalating to the Head of Risk if appropriate, reviewed all Health & Safety incidents. The Health & Safety Advisor and Head of Risk investigated all incidents reportable under RIDDOR; with action plans being monitored within existing governance processes (both relevant to the business unit or Health & Safety)

2.1.1. Total Health & Safety Incidents Reported

Total Incidents reported	
2021/22	1487
2022/23	1412

The small decrease in incident reporting is reflective of the pandemic during 2021/22 and the return to previous reporting patterns.

Key themes identified included increased reporting of verbal aggression and near misses across; other topics include needle-stick injuries and exposure to bodily fluids.

Key Learning	➤ Data indicates that the Trust's incident reporting knowledge and culture remains high	
Key actions 2023/24	➤ Review KPIs (incident type) monitored by the Health & Safety Committee.	
Lead for action and deadline	H&S Advisor (starting in post December 2023)	To be implemented at Health & Safety Committee in 23/24

2.1.2. Incidents reported under RIDDOR

Incidents meeting RIDDOR reporting criteria reported	
2021/22	28
2022/23	7

The decrease in reporting of reportable dangerous occurrences has been reviewed by the Head of Risk. All potential RIDDOR reportable incidents have been reviewed by the H&S Advisor and Head of Risk with no discernible themes identified.

RIDDOR Criteria	Cause	2022/23
Absence >7 days	Strain/Sprain	2
Specified Injury	Fall From Height (same incident)	2
	Slip, Trip, Fall (fractured wrist)	1
	Physical assault (fractured wrist)	1
Dangerous Occurrence	Potential exposure to asbestos	1

As per Trust protocol, all the incidents reported are investigated and submitted for review (prior to reporting) to the Chief and Deputy Chief Nurse and Chief Finance Officer/Executive Lead for Health & Safety.

Key themes of RIDDORs reported included injuries caused by aggressive/confused patients.

Key Learning	➤ Delays in the incident's initial reporting (via DATIX) hinders the ability to report RIDDORs in a timely manner;	
Key actions 2023/24	<ul style="list-style-type: none"> ➤ Monthly RIDDOR review paper to be submitted to EMC; ➤ Review KPIs (incident type) monitored by the Health & Safety Committee; ➤ Ongoing work with Care Groups to increase earlier identification of potential RIDDOR incidents and monitoring of actions taken. 	
Lead for actions and deadline	<p>Head of Risk</p> <p>Head of Risk & H&S Advisor (starting in post December 2023)</p>	<p>Monthly RIDDOR review paper submitted to EMC – completed and submitted.</p> <p>Ongoing work with Care Groups to increase earlier identification of potential RIDDOR incidents and monitoring of actions taken.</p>

	H&S Advisor (starting in post December 2023)	Review KPIs - to be implemented at Health & Safety Committee October 2023
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2.1.3. Violence & Aggression

Violence & Aggression incidents reported	
2021/22	544
2022/23	615

The number of reported incidents of violence against Trust shows a significant increase on the previous year. Part this increase can be seen by the rise in the number of violent incidents where mental health and dementia is a contributing cause.

Burghfield Ward suffered the highest level of recorded violent acts showing an increase of 51 incidents compared year on year. Management action was taken in March 2023 which has seen a significant reduction in violent incidents on the ward in 2023/2024 to date.

All violent incidents are followed up and staff are consulted with about on-going management and care of patients and a continuous presence of security officers is facilitated when deemed necessary.

There has been a 27% decrease in the recorded number of patient restraints carried out to keep staff and patients safe last year. On 20 separate occasions Police attendance on site to assist with managing challenging behaviour was requested. This remains constant from the previous year.

Some staff attending conflict resolution training courses have reported that they have experienced verbally aggressive behaviour from their work colleagues. 15 such incidents were formally recorded.

New contract for a security services provider (Croma) has been in place since December 2022 and improvements are starting to be seen in competency of Security Officers and improved reporting.

In summary below outlines the specific actions taken to reduce the likelihood of violence and aggression harm towards our staff

- Zero Tolerance Steering Group changed its name to Promoting Positive Relationship committee in line with NHSE guidance, continued to meet quarterly and report against its work plan to the H&S Committee
- Zero tolerance intranet page launch
- Development of a monthly standardised data dashboard report from Datix, the incident reporting system. This data is used to identify areas for

deep dives, development and monitoring of speciality action plans e.g. Burghfield/Elderly Care, and the Emergency Department (ED).

- Development and roll out of a shorter form on Datix to report ‘staff abuse’ and to make reporting less of an onerous task.
- Embedded Yellow/Amber/Red (YAR) card/letter process in ED
- Individualised care and management plans - Challenging Behaviour Risk assessment tool and care plan built into EPR
- Security Staff – stab prevention vests and body worn cameras introduced
- Decision to introduce body worn cameras for clinical staff to be introduced during 2024
- Personal Infrared Transmitter (PIT) Alarms in place in high risk wards/departments e.g. ED/AMU/SSU/Sidmouth
- Presentation to Trust Board during Health & Safety moment and plans for further work outlined and endorsed.

Key Learning	<ul style="list-style-type: none"> ➤ Reporting supports the idea of a decrease in staff acceptance that violence and aggression incidents are a “part of the job”; ➤ Actions implemented during 2021/22 appear to have produced improvements when dealing with challenging patients; ➤ Increasing cases of V&A involving paediatric patients and/or verbal V&A between staff; 	
Key actions 2023/24	<ul style="list-style-type: none"> ➤ Occupational Health advice and guidance is being included in the Conflict Resolution training course. ➤ Body worn cameras available for use by Security Officers and will be available to Emergency Department staff in July 2023. ➤ Conflict Resolution Training now includes situation awareness guidance. 	
Lead for actions and deadline	Trust Security Advisor	To be implemented by Q3 2023/24

2.1.4. Work Environment

Work Environment incidents reported	
2021/22	307
2022/23	256

The figure above shows a distribution of the 256 incidents attributed to Estates and Facilities during the period of April 22 – March 23. Of those, the majority (65) were related to security; either aggressive behaviour, thefts and CCTV requirements by the police.

Health Technical Memoranda (HTMs) give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.

The highest number of incidents related to the estate were related to environmental temperature being too hot or too cold. Pipework leak incidents were reported together with faulty tea boilers.

Key Learning	<ul style="list-style-type: none"> ➤ Compliance reporting by previous estates service contractor was poor, leading to the cancellation of several EMAG meetings. ➤ Capital projects planned will address, medium to long term, several of the causes that triggered incidents reported; 	
Key actions 2022/23	<ul style="list-style-type: none"> ➤ Continued collaboration between Risk (Health & Safety) and Estates (Capital Projects and Operational Estates) teams; 	
Lead for actions and deadline	Head of Risk & Health & Safety Advisor (starting in December 2023)	Ongoing collaboration in place

2.1.5 Needlestick Injury / Bodily Fluid exposures

The number of injuries sustained remains comparable over the past few years with no high-risk injuries sustained during 2022/23. Butterfly needles appear to be the most common device involved in needlestick injuries and Occupational Health are going to liaise with the Sharps group to look into the use of butterfly needles and the current devices available for staff to use.

The Trust continues to have a robust policy and procedure in place to manage inoculation injuries. Occupational Health have recently delivered a training session to the specialist practitioners in the Emergency Department on how to manage inoculation injuries and the appropriate use of HIV post exposure prophylaxis.

The Trust 'sharps working group' meets on a regular basis to monitor all issues related to sharps including injuries sustained, devices used, training required, infection control etc. and provides regular assurance reports to the Trust Health and Safety Committee.

Key Learning	<ul style="list-style-type: none"> ➤ The sustained reporting is indicative of an understanding of the importance of near miss and exposure to bodily fluids reporting; 	
Key actions 2022/23	<ul style="list-style-type: none"> ➤ Review KPIs (incident types) monitored by the Health & Safety Committee; 	
Lead for action	H&S Advisor (starting in post December 2023)	To be implemented at Health & Safety Committee Q3 2023

and deadline		
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2.1.6. Slips, Trips, Falls

Slips, Trips and Falls incidents reported	
2021/22	66
2022/23	20

A decrease in incidents is noted and it is recognised, however, that slips/trips/falls rarely occur due to a single factor – most likely, these are the result of a combination of factors, in which the injured person plays a significant role in causing and/or mitigating the likelihood and severity of a fall.

Key Learning	<ul style="list-style-type: none"> ➤ Slips/trips/falls are caused by the combination of multiple factors, however, two should be highlighted: personal factors and the presence of liquids on the floor; ➤ Extensive actions have been carried out to ensure that the access to construction sites, onsite, remain secure and protected from access by unauthorised persons; ➤ Incidents frequently result in reportable and non-reportable absences from work; 	
Key actions 2022/23	<ul style="list-style-type: none"> ➤ Review KPIs (i.e. incident types) monitored by the Health & Safety Committee; ➤ Collaborative work with Estates Operations and Capital Project leads for health and safety; 	
Lead for action and deadline	<p>H&S Advisor (starting in post December 2023)</p> <p>H&S Advisor and Head of Risk</p>	<p>Review of KPIs to be implemented at Health & Safety Committee April 2024</p> <p>Collaborative work ongoing</p>

2.1.7. Musculoskeletal / Manual Handling

Musculoskeletal / Manual Handling incidents reported	
2021/22	62
2022/23	24

The decrease in manual handling incidents in 2022/23 compared to 21/22 is more reflective of the reporting rates pre-pandemic.

Key Learning	➤ It is believed that the number of incidents reported, despite increasing, may not accurately reflect the number of incidents and near misses experienced within work environment (i.e. reporting focuses only on significant near misses and moderate/high harm incidents);	
Key actions 2022/23	➤ Review KPIs (i.e. incident types) monitored by the Health & Safety Committee; ➤ Ongoing collaborative work between Occupational Health and Manual Handling	
Lead for action and deadline	H&S Advisor (starting in post December 2023) & Manual Handling Team H&S Advisor (starting in post December 2023) & Manual Handling Team	Review of KPIs to be implemented at Health & Safety Committee April 2024 Ongoing

Conclusions

The decrease in incidents reported is an indication of return to pre-pandemic levels. It is noted that the H&S Advisor post was vacant from September 2022 and potential reduced visibility of H&S representatives may have had an impact on reporting levels and the Head of Risk is addressing this in 2023/24.

2.2 Training

2.2.1. Health & Safety Training

	End 2021/22	End 2022/23	
Training compliance	88%	93%	▼

The Health & Safety training compliance increased during 2022/23. It is noted that this coincides with the return to face to face H&S training (from e-learning implemented in 2020 due to the pandemic restrictions) as part of the Combined Mandatory Training Programme for staff.

Ad-hoc sessions are available for key groups of staff who would struggle to access e-Learning.

Additionally, the Trust should provide Health & Safety training that is adequate for the role of manager/supervisor. Due to limitations in terms of resources, this training programme was not implemented in 2022/23.

Key actions 2023/24	<ul style="list-style-type: none"> ➤ Ad-hoc sessions to be organised, pending availability, for Catering and Housekeeping departments; ➤ Communication package will be implemented (actions to be agreed); ➤ Training needs analysis and training programme to be reviewed; ➤ Health & Safety training programme for managers to be implemented; 	
Lead for action and deadline	H&S Advisor (starting in post December 2023) & Manual Handling Team Head of Risk	Communication package and implementation of training programme from April 2024

2.2.2. Manual Handling Training

	End 2021/22	End 2022/23
Inanimate Load - Training compliance	88.6%	93%
Clinical Staff (non-Medical) – Training compliance	86.5%	84%
Clinical Staff (Medical) – Training compliance	56.4%	61%

Manual Handling training compliance has remained consistent to year ending 21/22. This has been despite short-staffing in the team due to sickness and post absences.

E-Learning remains the primary method of training delivery for non-clinical manual handling training. However, staff involved in high-risk tasks (e.g. porters, housekeeping, catering) are trained face to face. Additionally, porters are trained every two years at the request of Portering supervisors.

Key actions 2023/24	<ul style="list-style-type: none"> ➤ Email reminders to be sent to non-compliant staff; ➤ Review training delivery; ➤ Review and explore the possibility of income generation ➤ Implementation of reviewed training delivery to achieve alignment with Skills For Health 	
Lead for action and deadline	Manual Handling Team & Head of Risk	<p>Monthly e.mail reminders in place</p> <p>Re-review of delivery to start from April 2023 when MH team at full capacity</p> <p>Potential income generation identification will start from April 2023 when MH team at full capacity</p>

Conclusions

The Manual Handling Team continue to provide a blended approach to training to enable flexibility and compliance with the legal requirements balanced with the Core Skills Training Framework.

2.2.3 Fire Safety training

	End 18/19	End 19/20	End 20/21	End 21/22	End 22/23
Training compliance	85.0%	81.0% ▼	88.6% ▲	87% ▼	89.1 ▲

89.1% of all staff completed their MAST fire safety training (all staff members are required to attend the training).

The Trust was interviewing for a Deputy Fire Safety Advisor at the end of March 2023.

The Fire Safety Advisor has trained 515 on Fire Evacuation drills. The Trust has trained 251 people (April 22- March 23). The total fire marshals at the end of March 23 was 464. Local Emergency Evacuation Plans (LEEPs) were 80% in date.

2.3 Assorted Indicators

2.3.1. Litigation

Personal injury claims are time constrained under the Limitation Act 1980 to three years after the accident or 'discovery' of the accident, meaning that after this time, the court has the power to refuse the claim ⁽¹⁾. The table below outlines the claims made under the Employers' Liability (EL)/Public Liability (PL) schemes in 2022/23.

	Number
Claims successfully defended and withdrawn	1 EL incident occurred in 2020; Slip/Trip/Fall 1 PL incident occurred in 2019; Slip/Trip/Fall 1 PL incident occurred in 2019; Slip/Trip/Fall 1 PL incident occurred in 2021; Slip/Trip/Fall 1 PL incident occurred in 2021; Slip/Trip/Fall 1 PL incident occurred in 2006; Breach of HRA
Successfully defended having been listed for trial	0

Claims settled due to early admission	0
Claims settled where court proceedings issued (2)	1 EL incident occurred in 1999; Asbestos/Mesothelioma.
Payment in court	1 EL incident occurred in 2015; slip/trip/fall.

There are presently 8 claims made against the Trust during this period, which are continuing to be investigated and/or have not settled. These relate to 2 Assault claims (2022); 4 Slip/Trip/Falls (2020 & 2022); 1 Breach of COSHH (2020); 1 Hit by Object (2022)

2.3.2 Corridor Clutter

During 2022/23, the Portering service continued to perform nightly patrols of the corridors removing and relocating items.

‘Clear the Clutter’ events were arranged by the Waste Team providing a ‘no fuss’ opportunity for staff to take time to consider their working environment and to dispose of unwanted items from wards and departments.

To support the ongoing “Waste on Line” facility on the Estates and Facilities Management (EFM) Help Desk, additional short-term storage was provided to accommodate unwanted items, providing the opportunity to avoid disposal of otherwise re-usable items.

The Waste team coordinator continued to make regular inspections of corridors and stairwells and took appropriate action to ensure corridors are kept free from clutter.

The Facilities Manager provided regular assurance reports to the H&S Committee

Annual Pre Acceptance Waste Audit

The Pre –Acceptance Waste Audit was undertaken 28th-29th March 2023.

Conclusion: There are no actions required by the Hospital to ensure the continued acceptance of clinical waste for disposal.

The Audit made eight best practice recommendations: It is recommended that the Royal Berkshire Hospital:

- Display posters at the point of generation.
- Ensure that the sack colour matches the bin label.
- Ensure infectious and offensive waste bins are labelled.
- Ensure each area has access to cable ties to seal the sacks.
- Remind staff of the swan neck method to close the clinical sacks.
- Introduce domestic waste bins into areas that do not have them.

- Review the position of domestic waste bins in relation to hand washing basins.
- Review the provision and size of wheelie bins used at ward level to temporarily store

2.3.3 Interaction with regulators

During the year of 202/23, one interaction with regulatory bodies took place which was an unannounced visit to the QA Labs Asbestos Removals Project.

The HSE confirmed no letters of intervention were required and the project was well planned and executed with high standards of RAMS (Risk Assessment Method Statement) in place and full adherence to regulations.

2.3.3 Quality & Auditing (Internal)

	End 2021/22	End 2023/23
No. of Internal Audit	7	1

The Health & Safety standards of all areas where RBFT staff work are included within the Trust's auditing programme, including third party facilities. Additionally, through the auditing programme, we support similar auditing programmes carried out by Trusts who have staff working in premises under RBFT control.

Due to limited departmental capacity, these audits have been carried out by exception and based on request/need. The area audited during 2022/23 was Dingley Centre which was undertaken alongside the Fire Safety Officer.

Key Learning	<ul style="list-style-type: none"> ➤ Communication between Health & Safety/Risk and business units leads are required; ➤ Further collaborative work with other NHS Trusts should be considered to advance Health & Safety auditing in areas not owned by RBFT; ➤ An in-depth review of the Trust's auditing programme is required; 	
Key actions 2023/4	<ul style="list-style-type: none"> ➤ Propose and review options available to increase Health & Safety operational capacity to deliver the Trust's Health & Safety Auditing programme; 	
Lead for action and deadline	H&S Advisor (starting in post December 2023) & Head of Risk	Options to be presented to Health & Safety Committee in April 2024

2.3.4 Departmental visits and Advisory

Due to departmental capacity restrictions, departmental visits and advisory work has been provided ad hoc and on a 'request only' basis. Pre-COVID, these used to occur bi-weekly, and it is the intention of the department to reintroduce this approach.

The following visits were undertaken at satellite sites:

- West Berkshire Community Hospital - Outpatients Dept.
- West Berkshire Community Hospital –Theatre department
- West Berkshire Community Hospital X-ray department
- Prince Charles – Windsor hospital

And an additional 14 Royal Berkshire Hospital site areas have been visited by Manual Handling team.

Main themes identified during these visits and/or advisory work are: Estates backlog maintenance, support for staff to care for bariatric patients and support for the health & safety of patients/staff (for example, return to work post-injury).

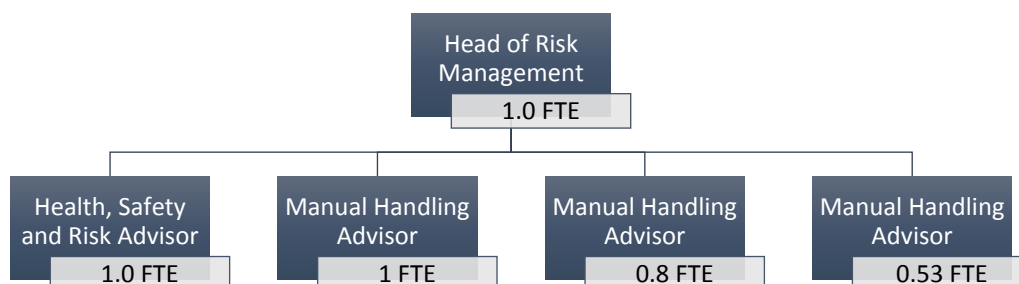
Key actions 2023/24	➤ Reinstate proactive departmental visits during 2023/24;	
Lead for action and deadline	Manual Handling Team & Health & Safety Advisor (starting in December 2023)	Departmental visits to start from April 2024 when MH team at full capacity

3 Health & Safety – Team

Topic Lead	<ul style="list-style-type: none"> ➤ Dawn Estabrook (Head of Risk) ➤ Health, Safety and Risk Advisor left September 2022 ➤ Piotr Jalowiec (Manual Handling Advisor); ➤ Rebecca Anstee (Manual Handling Advisor); ➤ Jackie Bunting (Manual handling Advisor) – left July 2022 ➤ AnnaMaria Bernardi (Manual Handling Advisor) started Dec 2022
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3.1 The Risk Team

The current structure of the Risk Team is outlined below:



3.2 Health & Safety Committee

The Trust’s Health & Safety Committee continued to meet every two months during 2022/23, being chaired by the Trust’s Chief Finance Officer, who is also the Executive Lead for Health & Safety. The Health & Safety Committee work plan is reviewed annually to ensure adequate representation and reporting from the sub-speciality groups.

4 Health & Safety – Workstreams

4.1 Health & Safety – Management

4.1.1. Assurance & Monitoring

As part of the work plan for 2021/22, a need to review assurance and monitoring conducted at the Health & Safety Committee was identified. The objective of this review would be two-fold:

- A review of Health & Safety Key Performance Indicator (KPI) monitoring;
- A review of the assurance structures upon which conclusions about compliance are drawn.

Unfortunately, due to the post of H&S advisor being vacant for the last six months of 22/23 the planned work has had to be paused.

Target	Evidence	Objectives	Status
KPI reporting & Monitoring	KPI Dashboard	<ul style="list-style-type: none"> ➤ Gain resource allocation efficiencies by automatizing the process of monitoring of performance indicators; ➤ Review adequacy of available existing performance indicators; 	Completed
	KPI Report	<ul style="list-style-type: none"> ➤ Review KPI reporting paper to focus on key findings and learning reported to the Health & Safety Committee; 	Paused – will restart from April 2024

Assurance reporting & Monitoring	Assurance reporting tool	➤ Development of a comprehensive assurance monitoring tool, to be used to report compliance & assurance at each Health & Safety Committee;	Paused – will restart from April 2024
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Key actions 2023/24	<ul style="list-style-type: none"> ➤ Review the KPI report; ➤ Progress with the introduction of the Assurance Reporting tool; 	
Lead for action and deadline	H&S Advisor (starting in post December 2023) & Head of Risk	To be recommenced in April 2024

4.1.2. Quality & Auditing (Internal)

Due to the H&S team limited capacity proactive auditing has had to be paused. This will be reinstated once the H&S Advisor post is recruited to.

Key actions 2023/4	<ul style="list-style-type: none"> ➤ Discuss and assess the possibility of, at service level, including inclusion of Health & Safety internal auditing on the risk register; ➤ Introduce Assurance Reporting tool; ➤ Establish current state of Ward Accreditation programme; ➤ Review auditing programme – particularly, frequency of initial and repeat audits AND number of areas to be audited; 	
Lead for action and deadline	H&S Advisor (starting in post December 2023) & Head of Risk	To be recommenced from April 2024

4.2 Health & Safety Culture Staff Survey

Due to departmental capacity restrictions, the Health & Safety Staff Culture survey was not carried out. This initiative started in 2018/2019, being performed at least annually, as a tool to gather insight on the workforces views regarding the Trust's Health & Safety performance.

Key actions 2023/24	➤ Reinstate Health & Safety culture survey during 2023/24	
Lead for action and deadline	H&S Advisor (starting in post December 2023) & Head of Risk	To be initiated from April 2024

4.3 Health & Safety – Respiratory Protective Equipment

Brief Background

Historically, the Trust maintained fit-testing services by deploying, as part of flu season response, volunteer RBFT staff trained to fit-test (with ‘train the trainer’ training provided by a supplier). As a result of COVID-19, it became apparent that this approach was insufficient to meet fit-testing needs, not only due to COVID-19, but also against other harmful/potentially harmful biological agents (e.g. meningitis, flu, MERS, etc.).

The Trust significantly increased its capacity of fit-testing during 2022/23 with the contracting of a fit-tester from Ashfield Healthcare Ltd for five days a week.

During the summer of 2021, the DHSC released a number of principles to which each NHS Trust must adhere. These principles reflect HSE and BSIF¹ standards on fit-testing, which have underpinned the changes/improvements implemented since April 2021.

Work has been ongoing during 2022/23 to accurate input and monitor fit-testing data on the Learning Matters platform to enable the Trust to report through the EPRR resilience and readiness framework. This is expected to be completed during 2023/24.

Key Learning	<ul style="list-style-type: none"> ➤ Ashfield Healthcare Ltd provision of fit-tester is a temporary contract with review six monthly. ➤ Standard used to monitor compliance during 2021/22 proved stricter than that required by DHSC; ➤ Requirement to fit-test staff is set to remain in place, in alignment with HSE standards; however, staff who will be required to fit-test requires review once Learning Matters platform adapted. ➤ Work is required to further align Trust’s fit-testing and BSIF/HSE guidance; 	
Key actions 2023/24	➤ Introduction of a 2 year fit-testing expiry (in line with DHSC/BSIF/HSE standards);	

	<ul style="list-style-type: none"> ➤ Benchmark fit-testing with neighbouring organisations (with the objective of accepting testing records); ➤ Review the in-house provision of fit-testing; 	
Lead for action and deadline	Head of Risk	During 2023/24

4.5 Multidisciplinary – Welfare, Wellbeing & Work Environment

The Trust continue to provide a comprehensive health and wellbeing (HWB) offering to staff. Significant investment in HWB has been come to fruition in the past year with the new ‘Oasis’ Staff health and wellbeing centre opening in September 2022.

The Oasis provides a range of facilities to staff including

- Gym & changing/shower facilities
- Lounge with garden access
- Meeting/conference room
- Exercise room
- TV room
- Activity room – currently utilised for the ‘Staff health checks +’ programme
- 2 Quiet rooms
- Kitchen with free tea and coffee facilities.

The Staff HWB operational lead and the HWB coordinator are both based in the Oasis and help oversee the running of the Oasis and work to increase staff engaged with the centre. Since Jan 2023, the Oasis has seen over 1,900 staff visiting the centre at least once (approx. 30% of all staff). The facilities have been in regular use, with approx. 12,000 ‘swipes’ to access the building recorded.

The staff health and wellbeing Garden, located behind the Oasis opened in spring 2023 and provide a green space in addition to a mini-forest, pond, and paths interwoven around the various trees, shrubs, bushes. The final section of the garden continues to be developed and will become an allotment style area with edible fruits also grown.

The garden project is overseen by Reading International Solidarity centre who also engage with local volunteer groups.

A staff health check+ programme commenced in October and offers staff >40yrs old a health check and advice on menopause to date 657 staff have undergone a health check with a number of health conditions identified. A total of 425 staff (64.7%) of staff were advised to see their GP for further assessment following their health check.

Our Trauma Risk Management (TRiM) network remains in place, with 235 staff referred to the service following their exposure to a traumatic event in 2022/23, with 14 of these being referred for onward support with a qualified Psychologist due to their potential risk of developing Post Traumatic Stress Disorder (PTSD).

A new lead clinical psychologist has been recruited as part of a new psychology staff support service. Work is ongoing to recruit further staff to the team to develop the service and provide a range of support to our staff.

Currently the service is focusing on team interventions and supporting a number of teams identified through previous work, with support.

The quarterly HWB care pack continues to be provided and provide a comprehensive summary of Health & Wellbeing support services currently available to staff locally, regionally and nationally. The care pack have a different focus each quarter and including information on:

- The Oasis Staff HWB Centre
- Seasonal HWB topics including Skin care, Mental wellbeing, Asbestos awareness, Tuberculosis awareness, Sun awareness, Cancer awareness
- Employee assistance programme
- Trauma Risk Management (TRiM) support
- Wellbeing conversations
- Health, Safety and Wellbeing Champions
- Financial Health and Wellbeing support
- An extensive range of Health and Wellbeing apps

Our Trust Employee Assistance Programme has sustained a utilisation rate at over 10%, this is encouraging to see and provide evidence of how well engaged this service is for our staff.

A celebration day was held in June 2023 for our Health Safety and Wellbeing (HSWB) Champions network, this provided the opportunity to bring as many champions as possible together to network and thank them for the support they give their colleagues. The network has grown further and there are now 177 HSWB Champions in place across the Trust, representing a coverage of 81% across all geographical areas and departments.

The cycle village adjacent to the Oasis continue to provide secure parking and shower/changing facilities for those who wish to cycle to work.

Staff HWB is well supported by the Trust Non-Executive Director Wellbeing Guardian and the Chief People officer both of whom provide oversight on the activities being undertaken to support the health and wellbeing of staff.

First Aid

Clinical areas have wide access to qualified first aiders and first aid equipment/stocks. However, following an incident in a non-clinical area, the need to improve provision of first-aid training to non-clinical areas was identified. Following discussions with the resuscitation team, it was identified that changing resuscitation training level 1 would enable the training of first aiders in house and the Health & Safety team is currently working in collaboration with the resuscitation team to initiate training delivery.

The Trust's Occupational Health department provides a statutory health surveillance (for both Skin and Respiratory Health surveillance), reporting key findings to area managers.

Key actions 2023/24	<ul style="list-style-type: none"> ➤ Promote and support the development of the Health, Safety and Wellbeing Champions network; ➤ Support the further development and use of 17a Craven Road; ➤ Support the rollout of first aider training during 2023/24 	
Lead for action and deadline	<p>Staff Health & Wellbeing Operational Lead</p> <p>H&S Advisor (starting in December 2023)</p>	<p>Ongoing promotion and support of Health, Safety & Wellbeing Champions network in place</p> <p>Ongoing development and use of 17a Craven Road in place</p> <p>Provision of first aider training secured with Trust Resus Team. Awaiting H&S advisor start to promote and roll-out from April 2024.</p>

4.6 Multidisciplinary – Chemical and Biological Hazardous Substances

Brief Background

Since 2020/21, the Trust has significantly increased its work to improve its management arrangements that seek to protect staff from chemical and biological exposures. As a result, Health & Safety, Infection Control & Prevention and Occupational Health regularly work collaboratively to improve the Trust's Safety Standards.

To improve COSHH management further, an options paper was produced in 2021/22 for the Health & Safety Committee, focusing on the acquisition of

technological resources, which will increase the pace in which COSHH management improvements are implemented at the Trust.

Because of the activities described above, further work has been identified. This work can be divided into the following themes:

- Current incident monitoring processes do not support clear identification of COSHH incidents;
- Strategically and operationally, the lack of a COSHH centralised database hinders assurance processes;
- COSHH incident management and COSHH assessor information and training requires review;
- Potential financial performance gains may be achieved by the implementation of PPE standardisation process.

Key Learning	<ul style="list-style-type: none"> ➤ The current resources available to monitor and manage COSHH management arrangements are at near peak capacity, therefore, further improvements may require acquisition and/or deployment of additional resources; ➤ Current incident monitoring processes may limit the Trust’s awareness of COSHH related incidents; 	
Key actions 2023/24	<ul style="list-style-type: none"> ➤ KPI review to be carried out during 2023/24; ➤ Business case for the acquisition of COSHH specialist software to be presented during the summer of 2023/24 ➤ Review of departmental capacity; 	
Lead for action and deadline	H&S Advisor (starting in April December)	Action plan to be presented to H&S Committee in April 2024.

4.8 Radiation Protection – Radiation Safety

Patient incidents involving radiation are reviewed, in diagnostic and interventional radiology, with patient doses calculated, actions reviewed and advice regarding whether the incident should be escalated to the CQC or not. It can be seen in the graph below that in 2021/22 the number of incidents has decreased slightly compared with 2020/21 and was below the 5 year mean. One incident in 2022 was reportable to the CQC and was later closed by them (inferring that they found our management of it acceptable).

No staff incidents involving ionising radiation were reported in 2022/23 there were 1 staff incident, but the level of dose involved was too low to be reported to the regulator. Staff doses are always fully investigated with the staff dose determined by Medical Physics to inform the decision as to whether the incident needs reporting to the HSE.

Serious incidents involving ionising radiation, MR, UV phototherapy and lasers are reported to, and reviewed by, the Radiation Protection Committee

There is a formalised organisational structure of radiation protection management operating in the Trust. The legal requirement is that a Radiation Protection Adviser (RPA) is appointed by the Trust, who in turn, recommends the appointment of a trained Radiation Protection Supervisor (RPS), and a deputy, ideally, to each department using ionising radiation. There is currently 100% compliance for RPA and RPS cover.

There is a similar system with Lasers with Laser Protection Adviser (LPA) and Laser Protection Supervisor (LPS) appointments 100% filled in 2022/23.

In 2022/23 there were 225 training episodes (that includes all the sessions a single staff member attends when attending multiple training sessions) in safety and legislation was delivered by the Radiation Protection Section to RBFT staff.

In 2022/23, there were 7 personal dose ‘over-exposure’ notifications requiring investigation from ~4,000 personal dosimeters issued. All of these notifications under-went ‘light-touch’ investigations and none were found to be reportable to the HSE.

4.9 Health & Safety – Noise

To the best of the knowledge of all authors and contributors to this document, no noise assessments are regularly carried out or concerns raised (with the exception of disruption caused by capital investment work).

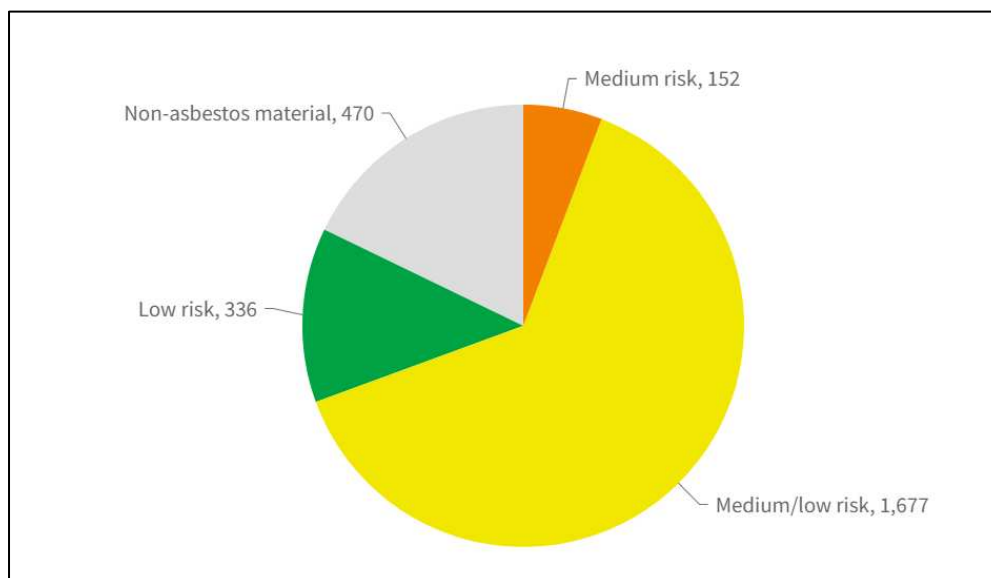
In late 2022/23, a need to review this work stream was identified; however, due to capacity, progress on this subject has been limited.

Key actions 2023/24	<ul style="list-style-type: none"> ➤ Collaborative work with the Estates teams to identify potential areas of concern; ➤ Produce an options paper to the Health & Safety Committee – for Q2 2023/24; 	
Lead for action and deadline	H&S Advisor (starting in December 2023)	Review and options and action plan to H&S Committee in April 2024

4.10 Estates (Health & Safety) – Asbestos

An asbestos management survey has been carried out in 7612 locations, with 69 still not accessible, which constitutes 0.9% of all areas.

Currently, the Trust has 1152 items were identified as medium risk, 1677 items were identified as Medium or low risks, as this depends on the condition of the item. The asbestos inspections are due for re-inspection in October 2023.



4.11 Estates (Health & Safety) – Water Safety

The Water Safety Group (WSG) continues to meet on a bi-weekly basis to monitor and review compliance and results, in accordance with the Trust Water Safety Management Policy (Including Legionella and Pseudomonas Aeruginosa) CG096. The group is satisfied that water treatment is under satisfactory control and governance of our new service provider HydroX and the Trust RP for Water Safety. We continue to removed point of use filters where possible, compliant with the Trust Water Safety Policy.

Legionella counts have showed a general decrease across the hospital, but there are still specific areas that are causing issues: Eye block level 4, North

block, Battle block and maternity, all related to hot water recirculation issues and identified as capital projects for next financial year.

Pseudomonas water sampling demonstrate the current trend of a reduction in overall positive results. A detailed breakdown of Legionella and Pseudomonas results by ward is reviewed at WSG meetings.

4.12 Estates (Health & Safety) – Temperature & Ventilation

Work environment temperature management remains one of the major topics of concern raised by staff and one of the main triggers for incident reporting. Actions taken include:

Installation of portable air scrubbers has taken place in several areas in ED, including patient's waiting areas.

Portable air conditioners have been purchased during 22/23 to deal with high temperature complaints from wards with no mechanical ventilation. A program to service them will be in place for the next financial year (April 23- onwards).

Works to renovate ICU including ventilation have commenced in 2023.

Maternity environmental conditions:

A refurbishment of the maternity General South Air Handling Unit (AHU) has started at the end of the financial year. This AHU serves corridors and some offices in all floors of Maternity, which will help to regulate the temperature, following the refurbishment of the North side AHU in 2022.

Roof leaks: Repeated roof leaks in King Edward ward in North block were caused by small and not cleared gutters.

Roof leaks in Bracknell have been identified and costed in order to start in 2023/2023.

4.13 Multidisciplinary – Electrical Safety

Electrical Safety – Clarifications

In accordance with the Electrical Equipment (Safety) Regulations 1994 - regulation 9 – all electrical appliances purchased by the Trust still require CE Marking. All changes to UK legislation enacted so far, as part of European Union Withdrawal Agreement, have not altered the requirement for equipment to meet CE marking standards.

In addition, there is no clear legal obligation to perform Portable Appliance Testing (i.e. PAT Testing). However, statutory instruments broadly agree on the need to check regularly the functioning of electrical equipment, of which PAT testing is a fundamental part.

PAT testing continues in the Trust as part of Estates Maintenance. Clinical equipment is not included in this service.

Maternity HV supply (HV switchgear and transformers) was upgraded by end of March 2023. This was done to improve capacity, resilience and reliability to the Maternity Block supply. The increased supply capacity will allow for the future upgrade of the LV supplies so that all electrical supplies become essential.

South Block: each of 3 switchboard is limited by the generator supply capacity (600 A). Switch board SMSB 1/1 has been observed to operate near this limit. Continuous monitoring is in place, upgrading the generator supply is not on 23/24 capital projects, however, a possible solution is to improve the heating system which will reduce the use of electrical radiators.

5. Health & Safety – Assurance

Health & Safety Governance Process

In addition to the health and safety governance processes, the Board receives assurance on 'health and safety topics' via the following governance routes:

Audit & Risk Committee is the Trust Board subcommittee to which the Health & Safety Committee reports. Health & Safety updates are also provided to the **Executive Management Committee** (EMC), which meets bi-weekly, and comprises the senior leadership of the Trust. There are occasions when there may be particular areas of interest to other committees, and in these circumstances, for example, those that are directly related to the management of staff e.g. work related stress, the working time directive, young workers, pregnant workers, extracts of reports will be made available to the **Workforce Committee**.

The Health & Safety Committee receive monitoring reports regarding compliance on patient and staff safety matters from other groups and committees which meet regularly, such as water management, medical gases etc.

Compliance reporting to the Trust Board continues for health & safety related topics via the monthly Integrated Performance Report.

Health & Safety Policies

The Trust Health & Safety Policy (CG113) was reviewed and approved in June 2023

The Trust Health & Safety Policy Management Arrangements for First Aid (CG208) & Lone Working (CG043), Hazardous Substances (CG206) were reviewed and approved in June 2023

Bodily Fluid Exposures/Needle Stick Injuries

The Trust Prevention and Management of Sharps, Needle stick and Bodily Fluid Exposure Injuries Policy was reviewed and approved in December 2021

Display Screen Equipment

The Trust Display Screen Equipment Policy (CG270) was reviewed and approved in March 2022

Dermatitis and Latex

The Trust Policy for the Prevention and Management of Work Related Skin Disorders in Trust Employees was reviewed and approved in March 2022

Manual handling/Musculoskeletal

The Trust Policy & Procedural Arrangements for the Management of Moving and Handling (CG079) was reviewed and approved in June 2023

Medical Equipment

The Trust Medical Equipment Policy (CG548) is in date and due for review in December 2023. The Medical Equipment Procedural Guidance documents (CG558, CG556, CG555, CG554 & CG557) were reviewed and approved in December 2021

Radiation

There are a number of enforcement agencies responsible for overseeing the Trust's management of radioactive materials including the CQC, the HSE, the Police and the Environment Agency.

The Trust Radiation Policy (CG102) is due for review in April 2023

Violence and Aggression

The Trust Preventing, Minimising and Managing Aggressive and Violent Behaviour including Restraint Policy (CG669) was reviewed and approved in January 2022

The Estates Management Assurance Group (EMAG) continues to meet on monthly basis and monitor progress on issues highlighted via engineering assurance reports provided by CBRE on statutory / Health Technical related matters. A report is provided to each Health & Safety Committee.

Asbestos

The Trust Asbestos Management Policy & Protocol (CG212 & CG350) were reviewed and approved in February 2022

Control of Contractors

The Trust has delegated the control of building and maintenance contractors to its principal estates and maintenance contractor, CBRE, and reviews its performance on a monthly basis.

Electrical High Voltage and Low Voltage

The Trust Electrical Safety at Work Policy (CG449) was reviewed and approved in August 2022

Fire

The Trust Fire Safety, Prevention and Compliance Policy and Protocols Document (CG105 and CG348) were reviewed and approved in June 2023

Pressure Systems

The Trust Management and Control of Pressure Systems Policy (CG450) is due for review in October 2023

Traffic Management

The Trust Policy Procedural Arrangements for the Management of Internal and External Pedestrian Routes (CG035) is due for July 2023.

Waste

The Trust Waste Management Policy (CG095) was reviewed and approved in August 2022

Water

The Trust Water Safety Management Policy and Corporate Procedures (CG096) was reviewed in September 2022.

6. Health & Safety – 2023/4 and beyond

It is noted that during 2022/2023, a number of areas of work were not able to be delivered as intended, as a result of the operational pressures and re-focus of priorities and limited capacity of the team. These areas of work include regular auditing of ward areas and ability to be proactive rather than reactive.

Because of the increasing volume, value and complexity of Estates projects, maintenance and new capital projects, there is a need for ongoing and increasing health and safety involvement and monitoring at an early stage of programmes.

Areas of work identified for the health and safety and manual handling teams during 2023/24 include:

- Review of the training provision of manual handling, health & safety and risk throughout the Trust including the development of a management competency
- Production of short films to bring the Health and Safety policies to life, by short introductions spoken by subject matter experts, available on the intranet alongside the policies themselves

7. Conclusion

The Board is asked to **NOTE** the Health & Safety annual report for the year ended 31st March 2023.

Charity Committee

Thursday 7 September 2023

13.00 – 15.00

Boardroom, Level 4/Video Conference Call

Present

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

In attendance

Dr Bannin De Witt Jansen	(Interim Corporate Governance Officer)
Mr. Graham Sims	(Chair of the Trust)
Ms. Kate Martin	(Corporate Fundraising Manager) (for minute 23/23)

19/23 Declarations of Interest

[The Trust Secretary and the Director of Finance declared an interest in relation to Healthcare Facilities Management Services (HFMS) Ltd that had made a £600,000 donation to the Charity. Therefore, they did not participate in minute item 24/23 Grant Applications for Approval.

20/23 Minutes for Approval 19 April 2023 and Matters Arising Schedule

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

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

21/23 Charity Director's Report

The Charity Director provided an overview of the report. Events held in celebration of the 75th anniversary of the NHS had been successful and raised £15,000 in donations. The renal unit had received a single legacy donation of £60k and the Charity team were working with the

ward team to develop the spending plan. The Charity Director advised that income received in Quarter 1 would not appear in the financial statements until Quarter 2 therefore statements presented at the next meeting would show progress towards target. Total legacy income received for Quarter 1 was £67,406 and a further £400k was anticipated.

The Charity Director highlighted that there were 100 staff Charity Champions based across all Trust sites. Charity Champions promoted the Charity and highlighted fundraising and other events. The Charity team planned to carry out contact mapping exercises with Charity Champions and Trust staff to identify potential new donors and opportunities for corporate sponsorships.

The Committee discussed the promotion of corporate sponsorships. The Charity Director advised that social media was used to promote the charity and to engage with potential donors and sponsors. The most recent large donation was received from a private company and had been used to renovate playrooms in the paediatric wards. The Committee discussed whether openly acknowledging donors and sponsors in public areas within the hospital would help raise awareness of corporate donors and encourage more companies to support the Charity. The Charity Director advised that donors were explicitly acknowledged on items of equipment, rooms and other facilities they had contributed to or funded through their donations. However, as these were located in specific wards or patient areas, they were only visible to patients, families and visitors to those areas. The Committee recommended that donors and corporate sponsors were acknowledged in a central area within the hospital and in public walkways to increase visibility.

Action: J Warrior

The Committee suggested holding fundraising events linked to high profile national events such as sporting events to encourage fundraising. The Committee also suggested that the Charity team explored the feasibility of holding fundraising auction events whereby local retailers and businesses could be contacted to donate goods and services for auction. All donors would be publicly acknowledged.

Action: J Warrior

22/23 Finance Update

The Director of Finance advised that the Charity had received £322,000 of undesignated income. To date, £300k had been spent but £4.5m in funds remained. The Director of Finance advised that the investment strategy and the appointment of an investment adviser would ensure funds were spent.

23/23 Major Donors Strategy

The Corporate Fundraising Manager provided an overview of the strategy. The major donor strategy focused on building and establishing relationships with donors and corporate sponsors by understanding their personal and professional interests and their motivation to support the Charity and the Trust. [Section exempt under s.43 FOI Act]

The Trust Secretary advised that the Charity needed to complete a Data Processing Impact Assessment (DPIA) for the Harlequin database to ensure the collection, processing and storage of donors' personal and other data was compliant with the Data Protection Act. The Committee agreed that the Charity team would liaise with the Information Governance team to complete the DPIA and seek advice in relation to seeking donors' consent to collect personal data.

Action: J Warrior

The Charity Director advised that the Charity had attracted new corporate sponsors including Reading Buses, Premier Heating and Parkers Estate Agents. Work was ongoing to identify other potential corporate sponsorships.

The Corporate Fundraising Manager requested support from Committee members with regards to contact mapping. [Section exempt under s.43 FOI Act]

[Section exempt under s.43 FOI Act]

24/23 Grant Applications for Approval

The Committee approved the following applications:

Fund Type	Application	Decision
Ward	ENT Ultrasound Townlands Hospital	The Committee approved the application subject to confirmation that all required signatures had been obtained and the total funding amount was confirmed.
Ward	InfoFlex Urology	The Committee approved the application.
General	Knowledge & Development	The Committee approved the transfer of £150k.
General	MEETPEET	The Committee approved the application.
General	The Eating Hub	The Committee deferred its decision pending resubmission of the application. The Committee agreed that the application required accurate costings for construction costs, furniture and furnishings and contingency costs. In addition, the application needed to demonstrate value for money (VFM). [Section exempt under s.43 FOI Act].
General	Oasis Health & Wellbeing Garden	The Committee deferred its decision pending resubmission of the application. The Committee agreed that the application required accurate costings of the specific work to be carried out to demonstrate VFM. The Committee agreed that maintenance costs would not be funded as the garden was a Trust asset. [Section exempt under s.43 FOI Act].
General	Doctors Overnight Accommodation	The application was not approved. The Committee agreed that providing doctors with suitable overnight accommodation was a Trust responsibility and required funding through appropriate Trust funds.

The Committee agreed that in relation to the Knowledge & Development Fund, the needs analysis carried out by the Charity Director should be submitted to the Education Committee for review and agreed the annual transfer of £150k to keep the fund topped up.

Action: Jo Warrior

25/23 Fundraising Appeal Proposals

The Committee did not approve the fundraising appeal for the Berkshire Cancer Centre Radiotherapy Equipment. The Committee agreed that equipment failure that impacted on patient treatment was a priority issue for the Trust to resolve.

The Committee approved the remaining fundraising appeals and recommended that the Charity Team fundraise for one item of equipment at a time. **Action: Jo Warrior**

26/23 Investment Strategy

The Director of Finance advised that the tender process for an investment adviser had received four expressions of interest. The Director of Finance and Charity Director would review these and an update would be submitted to the next meeting. **Action: M Clements**

27/23 Work Plan

The Committee noted the work plan.

28/23 Key Messages for the Board

The Committee agreed the following key messages:

- The Charity would consider ways to increase publicity in relation to donors and corporate sponsorships
- The Charity team would explore the feasibility of holding fundraising auction events
- Letters requesting support for the Charity would be sent to local retailers and retailers on Trust hospital sites from the Chair of the Trust and Chief Executive respectively
- The Charity Director would complete a DPIA for the Harlequin database and seek advice from the IG team in relation to donors' personal data.
- The Committee approved four applications for funding.
- The Committee approved two fundraising appeals.

29/23 Reflections of the Meeting

Adenike Omogbehin led the discussion.

30/23 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 22 November 2023 at 10.00am.

SIGNED:

DATE:

Minutes

Finance & Investment Committee Part I

Thursday 21 September 2023

9.30 -10.50

Boardroom, Level 4, Royal Berkshire Hospital

Members

Mrs. Sue Hunt	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Peter Milhofer	(Non-Executive Director)
Mr. Graham Sims	(Chair of the Trust)
Ms. Hannah Spencer	(Acting Chief Nursing Officer)

In Attendance

Mr. Mike Clements	(Director of Finance)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Mrs. Priya Hunt	(Non-Executive Director)
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127/23 Declarations of Interest

There were no declarations of interest.

128/23 Minutes for Approval: 20 July 2023 & Matters Arising Schedule

The minutes of the meeting held on 20 July 2023 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 106/23: June 2023 Financial Update: The Committee noted that a Quality Impact Assessment (QIA) process was in place in relation to the savings programme and those QIAs that scored high would be reviewed by the Chief Medical Officer and Chief Nursing Officer and reported to the Quality Committee.

129/23 August 2023 Financial Update

The Director of Finance advised that Month 5 year to date was £1.3m behind plan. Pay was £4.56m adverse to plan due to industrial action, medical pay awards and timing of the delivery of the efficiency programme. Non-pay was £3.16m adverse to plan. The Director of Finance advised that additional resource had been engaged in the finance team to support the delivery of savings and review of non-pay.

The Committee noted that £3.48m of capital spend had been delivered to date with £3.08m committed. Confirmation of additional Public Dividend Capital (PDC) funding had been received which increased the capital programme to £30.84m.

The Chief Finance Officer highlighted that the savings programme was £15.08m risk adjusted. However, work was on-going to identify further savings as well as phasing delivery of current schemes. An update on the phasing of the savings programme would be provided in the report to the next meeting. **Action: N Lloyd**

The Committee noted the year-to-date income position did not include the effect of any NHS England seeking return of any Elective Recovery Funding due to under performance of qualifying activity. The Chief Finance Officer provided of an overview of the guidance and the current discussions in relation to this.

The Chief Operating Officer highlighted that the loss of activity because of the continuing industrial action was impacting on diagnostics as well as inpatient elective activity. There was a risk that there was a lack of capacity to address this, therefore, insourcing/outsourcing was being considered. The Committee discussed the consequences of this on patients waiting for treatment.

The Committee were assured that the savings programme was progressing. The Director of Finance advised that the Efficiency & Productivity Committee was considering the focus of future meetings should be on developing 2024/25 savings programmes.

The Chief Operating Officer advised that IM&T capital spend had been de-prioritised and re-prioritised to mitigate the most significant risks. A business case would be developed in relation to the New Hospital Programme (NHP) enabling bid for the data centre and telecoms.

The Chief Finance Officer provided an overview of the work in relation to North Block East Wing and advised that in the event of further capital required, the capital programme would be re-prioritised.

The Committee agreed that a recommendation should be submitted to the Board to approve the revised capital plan of £30.84m. **Action: S Hunt**

130/23 Watch Metrics

The Committee received the finance watch metrics. The Chief Finance Officer advised that compliance with the Better Payment Practice Code (BPPC) was 65% in August. BPPC would be added to the watch metrics. **Action: N Lloyd**

The Director of Finance provided an overview of the driver metrics for the finance directorate. The Chair requested that the watch and driver metrics for Finance, IT and Estates should be scheduled for review by the Committee. **Action: N Lloyd/D Hardy**

131/23 Board Assurance Framework (BAF)

The Trust Secretary introduced the BAF. It was agreed that the BAF would be updated as follows:

- Car parking would be moved to the control assurance section
- BPPC would be added
- Net Zero Carbon would be updated

It was agreed that the Trust Secretary and the Chief Finance Officer would meet to update the BAF. **Action: C Lynch**

It was agreed that Phase 1 of the geosite survey results would be submitted to the October meeting. **Action: N Lloyd**

The Chief Finance Officer confirmed that the Long Term Resources Model (LTRM) would be submitted to the October meeting. **Action: N Lloyd**

132/23 Corporate Risk Register (CRR)

The Committee received the CRR. The Trust Secretary advised that the CRR was submitted to the Committee on a quarterly basis. Following an internal audit review each of the risks on the CRR had been allocated to the relevant Board committee. However, in some instances due to the breadth of the risk, some risks had been allocated to more than one Committee. The Committee discussed the process for oversight of the CRR. The Trust Secretary clarified that the Audit & Risk Committee reviewed the CRR at each meeting. It was agreed that clarity would be provided in relation to those risks that were allocated to the Finance & Investment Committee and review of these risks would be scheduled on the work plan accordingly. **Action: C Lynch**

The Committee noted that the risk related to Steris (3610) had been added to the CRR.

133/23 Key Messages for the Board

Key messages for the Board included:-

- Recommendation to approve the revised capital programme of £30.84m for 2022/23.
- Review of the Finance watch metrics with recommendation to submit Finance, IT and Estates driver metrics to a future meeting
- Review of the Corporate Risk register with recommendation to schedule a review of risks specifically allocated to the Committee

134/23 Date of Next Meeting

It was agreed that the next meeting would be held on Thursday 19 October 2023 at 9.00am.

SIGNED:

DATE:

Minutes

Finance & Investment Committee Part I

Wednesday 18 October 2023

9.00 – 10.15

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)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)
Mr. Graham Sims	(Chair of the Trust)

In Attendance

Mr. Mike Clements	(Director of Finance)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Mr. Mike O'Donovan	(Non-Executive Director designate)
Mr. Graham Sims	(Chair of the Trust)

143/23 Declarations of Interest

There were no declarations of interest.

144/23 Minutes for Approval: 21 September 2023 & Matters Arising Schedule

The minutes of the meeting held on 21 September 2023 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 131/23: Board Assurance Framework (BAF): The Trust Secretary confirmed that a meeting had been held with the Chief Finance Officer to update the BAF and this would be submitted to the next meeting. **Action: C Lynch**

145/23 September 2023 Financial Update/Six-Month Forecast

The Chief Finance Officer advised that work was on-going to review financial performance with budget holders with a particular focus on workforce and activity. At Month 6 financial performance was a deficit of £9.06m, £3.48m behind the year-to-date planned deficit of £5.58m. Cash was £40.67m. The Trust had delivered £5.08m of the £30.10m full year capital programme. The Chief Finance Officer advised that there would be a focus on forecast for the remainder of the year. Workforce control panels were in place at both Care Group and corporate level. A key issue for the first six months of the year had been the cost related to industrial action. There had been some non-delivery of savings as well as some one-off benefits. The Committee noted that allocation of further funding by NHS England for industrial action was being sought. However, this was not certain. The Chief

Finance Officer advised that several scenarios for the year-end position would be submitted to the next meeting. **Action: N Lloyd**

The Chief Finance Officer advised that costs for the insurance claim for the critical incident were being finalised and a report was being prepared for the Executive Management Committee (EMC).

The Committee discussed the income profile and noted that there had been significant movement within the month. The Chief Operating Officer advised that finance remained a key focus at each Care Group performance meeting.

The Committee discussed the cash position and the capital programme. The Chief Finance Officer advised that monthly capital spend meetings were in place and spend would be re-prioritised or delayed if required. For example, IM&T capital spend had been reprioritised.

The Committee discussed the challenge of delivery of savings opportunities at system level. The Chief Operating Officer advised that the Trust continued to challenge progress. The Chief Finance Officer confirmed that savings at system level would not be included in the Trust's forecast position.

146/23 Budget 2023/24 Allocation of Growth

[Section exempt under s.43 FOI Act] It was now proposed that £3.7m would be allocated to Care Group budget holders with a further £2.2m allocated to support operational performance over the Winter period. The proposals were supported by both the Operational Management Team (OMT) and EMC. The Chief Operating Officer advised that there had been clinical and operational pressures over the last 6 months and the allocation was related to increases in activity. The Committee discussed whether the allocation could be held back as a potential contribution to further savings. However, it was noted that the Trust was not funded for the current level of activity. The Committee considered that a thorough and considered process had been undertaken by the Executive team and approved the reallocation.

147/23 Long Term Resources Model (LTRM)

The Director of Finance introduced the report and highlighted that the timetable had been aligned with the business planning process for 2024/25. The Committee noted that system level work streams would be considered as part of the development of the LTRM. The Committee was assured that the process was in place and sequencing had been planned.

A Board seminar on the LTRM in the context of the Clinical Services Strategy would be planned for 2024. **Action: N Lloyd**

148/23 Key Messages for the Board

It was agreed there were no key messages that required escalation to the Board.

149/23 Date of Next Meeting

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

SIGNED:

DATE:

Audit & Risk Committee

Audit & Risk Committee

Wednesday 7 September 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. Ben Sherriff (Associate Partner, Deloitte)
Mr. Chris Randall (Senior Manager, Deloitte)
Mr. James Shortall (Local Counter Fraud Specialist) (LCFS)
Mr. Neil Thomas (Partner, KPMG)

Trust Staff

Mr. Mike Clements (Director of Finance)
Ms. Dawn Estabrook (Head of Risk) (from minute 118/23 to 119/23)
Mrs. Angela Gardiner (Group Financial Controller) (from minute 112/23 to 115/23)
Mrs. Nicky Lloyd (Chief Finance Officer)
Mrs. Caroline Lynch (Trust Secretary)
Mr. Graham Sims (Chair of the Trust)
Mr. Eamonn Sullivan (Chief Nursing Officer)

Apologies

107/23 Declarations of Interests

There were no declarations of interest.

108/23 Minutes: 22 June, 28 June and 12 July 2023 and Matters Arising Schedule

The minutes of the meetings held on 22 June, 28 June and 12 July 2023 were agreed as a correct record and signed by the Chair subject to the following amendment:

Minute 89/23: IM&T Governance Review Recommendations: The second sentence would be amended to read: 'The Chief Finance Officer highlighted that 100% of non-pay spend had a contract document.'

The Committee received the matters arising schedule.

109/23 Local Counter Fraud Progress Report July 2023

The LCFS introduced the report and highlighted good progress had been achieved in relation to the national fraud initiative. Work was on-going with the finance and workforce teams in relation to the development of guidance on multiple employment. [Section exempt under s.43 FOI Act]

The Committee discussed the recent sentence against an NHS worker for theft, fraud and bribery. [Section exempt under s.43 FOI Act]

110/23 External Audit Progress Report

The Associate Partner, Deloitte, advised that HFMS Ltd and Royal Berks Charity audits were on-going. A debrief meeting had been held with the finance team following the year end audit and learning would be incorporated into planning for the upcoming year. A further meeting would need to be scheduled with the corporate governance team. Following this, a report would be submitted to the November meeting setting out the lessons learned.

Action: N Lloyd

The Chief Finance Officer advised that preparation would be undertaken in September 2023 to prepare a 6-month financial statements report. This would be submitted to the November meeting.

Action: N Lloyd

111/23 Internal Audit Progress Report

The Partner, KPMG, introduced the report and highlighted that the quality governance review had been delayed as meetings had been cancelled due to on-going industrial action.

The Partner, KPMG, confirmed that an additional review on IM&T supplier purchasing had been scoped and commenced at the request of the Chief Finance Officer. This review would be funded using contingency in the internal audit plan.

The Committee noted that terms of reference for reviews of violence and aggression and integrated Board reporting had been issued and fieldwork was scheduled to commence on week commencing 4 September 2023. The Partner, KPMG, confirmed that the review on integrated Board reporting would include a focus on data.

112/23 Internal Audit Recommendations

The Committee noted that 17 of 68 audit actions were overdue. This included an additional 11 actions from the final internal reports for 2022/23. There were two requests for extensions in relation to estates management and travel and transport. The Committee approved the requests.

The Committee noted that the report had been discussed at the Executive Management Committee (EMC) and the main issue related to being able to access the JIRA system. It was agreed that the next report would clarify where overdue actions related to not having access to the JIRA system.

Action: N Lloyd

113/23 Losses & Special Payments

[Section exempt under s.43 FOI Act]

114/23 Use of Single Tenders

The Committee noted there had been four single tenders awarded since the last meeting. The Chair requested that future reports should identify whether contracts had been approved by the Finance & Investment Committee.

Action: N Lloyd

115/23 Schedule of Significant Contracts

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

116/23 Non-NHS Debt

The Committee noted that non-NHS debt was £7.3m as of 31 July 2023. The Chair requested that future reports should include debt as a percentage of the total year.

Action: N Lloyd

[Section exempt under s.43 FOI Act]

117/23 IM&T Governance Review Recommendations Update

The Committee received the report. The Chief Finance Officer advised that regular meetings were now taking with the Deputy Director of IM&T and the procurement team.

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

The internal audit report would be circulated to the Committee as soon as it was available.

Action: N Lloyd

118/23 Health & Safety Update

The Chief Finance Officer advised that all Local Evacuation and Emergency Plans (LEEPs) were now up to date. The Committee that an issue had been raised in relation to lithium batteries associated with e-bikes and e-scooters being stored on site. A risk assessment was currently being undertaken.

The Chief Finance Officer advised that a training needs analysis for violence and aggression training was being undertaken and extension of staff wearing bodycams was being progressed. In addition, the security contract was being reviewed to include additional support due to the increasing number of security incidents.

[Section exempt under s.43 FOI Act]

[Section exempt under s.43 FOI Act] The Health & Safety dashboard for inclusion in the Integrated Performance Report (IPR) was being developed.

Action: N Lloyd

The Chief Finance Officer confirmed that the Trust had submitted a return to NHS England (NHSE) confirming that the Trust did not have any Reinforced Autoclaved Aerated Concrete (RAAC) buildings on the Reading site. A review of other Trust sites was being undertaken.

Action: N Lloyd

119/23 Corporate Risk Register (CRR)

The Committee noted that three new risks had been added to the CRR:-

- Risk 5654 Lack of mortuary capacity and risk to Human Tissue Authority (HTA) licence
- Risk 5084 Impact on patient flow and discharge due to national and local shortage of Occupational Therapists (OTs)
- [Section exempt under s.43 FOI Act]

The Committee discussed the risk related to lack of mortuary capacity (5654). The Chief Nursing Officer advised that a pre-investigation exercise to expand the mortuary facilities was being undertaken and the works would be carried out in 2024. [Section exempt under s.43 FOI Act] The funding for the works had been secured and the Trust was able to demonstrate it had plans to address the risk.

The Chief Nursing Officer highlighted that risk 5084 had been added to the Corporate Risk Register as the Trust had 30% vacancy rate in OTs.

[Section exempt under s.43 FOI Act]

The Committee discussed the risk related to North Block East Wing (4839). The Chief Finance Officer advised that work was still on-going [Section exempt under s.43 FOI Act] Reading Borough Council had been notified and following a visit had stated they were content with the action being taken by the Trust. It was agreed that an update would be provided in the NED brief and the risk would be discussed further at the Board.

Action: N Lloyd

The Committee reviewed the risk related to BPS (4772) and noted that the risk rating had increased. It was agreed that further detail should be included on the risk register.

Action: D Estabrook

The Committee discussed the risk related to fire safety (5080). The Chief Finance Officer advised that £2m of the capital programme had been secured [Section exempt under s.43 FOI Act] However, to restrict the disruption to operational services works had been carefully planned. It was agreed that further narrative should be added to the risk to provide assurance that the risk was being mitigated and funding had been allocated.

Action: N Lloyd

The Committee recommended that the IT risks would need to be updated with the Deputy Director of IM&T.

Action: D Estabrook

120/23 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.

121/23 Cyber Security Update

The Committee received the update. It was agreed that the report on IT infrastructure assets provided to the July meeting should be submitted to each meeting. **Action: M Robinson**

122/23 External Audit Effectiveness Review

The Trust Secretary introduced the report and highlighted that there had been a very low response rate. As a result of this it was proposed that a revised questionnaire was developed in order to ensure a higher response rate. **Action: C Lynch**

The Associate Partner, Deloitte, requested a discussion with the Chief Finance Officer in relation to some of the comments provided in the review. **Action: N Lloyd**

123/23 Review of Non-Audit Services

The Committee noted that Deloitte were not providing any non-audit services to the Trust.

124/23 Audit & Risk Committee Work Plan

The work plan would be updated to reflect discussions held during the meeting.

Action: C Lynch

125/23 Key Messages for the Board

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

- Three new risks had been added to the Corporate Risk Register and the Committee had reviewed in detail and had recommended further detail was added in relation to mitigating actions.
- The Committee had noted that Internal Audit would be undertaking a targeted review of IM&T [Section exempt under s.43 FOI Act]
- Further assurance was required in relation to Health & Safety and the dashboard would be collated into the Integrated Performance Report (IPR)

126/23 Reflections of the Meeting

The Trust Secretary led a discussion. The Committee agreed that it had been useful to spend time discussing the Corporate Risk Register. This would be considered for future agendas.

Action: C Lynch

127/23 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 8 November 2023 at 9.30am.

128/23 Private Meeting with Internal Audit

A private meeting with KPMG was not held.

129/23 Private Meeting with External Audit

A private meeting with Deloitte was not held.

130/23 Private Meeting with Counter Fraud

A private meeting with the LCFS was held.

131/23 Private Meeting of the Committee

A private meeting of the Committee was not held.

Chair:

Date:

Audit & Risk Committee

Audit & Risk Committee

Wednesday 8 November 2023

09.30 – 11.45

Boardroom, Level 4, Royal Berkshire Hospital

Members

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

In attendance

Advisors

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

Trust Staff

Mr. Mike Clements	(Director of Finance)
Ms. Dawn Estabrook	(Head of Risk) (from minute 139/23 to 142/23)
Mrs. Angela Gardiner	(Group Financial Controller) (from minute 145/23 to 149/23)
Dr. Bannin De Witt Jansen	(Head of Corporate Governance)
Mr. Dom Hardy	(Chief Operating Officer) (for minute 139/23)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Mrs. Tracey Middleton	(Director of Estates & Facilities (minute 139/23 to 142/23)
Mr. Graham Sims	(Chair of the Trust)

Apologies

132/23 Declarations of Interests

[Mike O'Donovan declared an interest in relation to his role at Frimley Health].

133/23 Minutes: 7 September 2023 and Matters Arising Schedule

The minutes of the meeting held on 7 September 2023 were agreed as a correct record and signed by the Chair.

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

134/23 Local Counter Fraud Progress Report

The LCFS advised that work was on-going with the communications team in relation to International Counter Fraud Awareness Week to highlight counter fraud awareness to the Trust. The Chief Finance Officer advised that fraud awareness was a high-profile issue for all organisations. The LCFS would also provide additional bespoke training for the finance directorate and HR teams.

The LCFS advised that progress had been made on the National Fraud Initiative (NFI) work and highlighted the good response from the Trust in relation to a recent suspicious email that was immediately reported to the Cyber Security team.

The Committee noted the issue included in the report in relation to staff fraud in another organisation. The LCFS confirmed that this was not a specific issue for the Trust. [Section exempt under s.43 FOI Act]

135/23 External Audit Annual Plan and External Audit Progress Report

The Associate Partner, Deloitte, introduced the report and highlighted the risks and areas of focus for the 2023/34 audit. This included property valuations, management override of controls, accruals and expenditure and recognition of NHS revenue and capital.

The Chair queried lessons learned from the previous year's audit and preparation for the upcoming year's audit. The Chief Finance Officer highlighted that the challenges for the finance team in the 2022/23 audit was the first year of IFRS16 in addition to the first year of extracting data from the newly implemented e-financials system. The Chief Finance Officer confirmed that the finance team had received IFRS16 training provided from external auditors.

The Head of Corporate Governance confirmed that a timetable for production of the Annual Report and the Financial Statements had been prepared in conjunction with finance colleagues. This would be shared with external auditors for comments and confirmation of timings. The Trust Secretary confirmed that the timetable would be submitted to the Committee in January 2024 for review. **Action: C Lynch**

136/23 Annual Report and Accounts 2022/23: Royal Berks Charity and Healthcare Facilities Management Services (HFMS) Ltd

The Chair noted that the Annual Report and Accounts 2022/23 for both the Royal Berks Charity and HFMS Ltd had not been available for the meeting. An additional meeting would be scheduled for week commencing Monday 13 November 2023 and reports would be despatched on Thursday 9 November 2023. **Action: N Lloyd/B Sherriff**

137/23 Health & Safety Update

The Chief Finance Officer provided an overview of key messages from the Health & Safety Committee. This included a focus on fire safety, fire marshal training and the roll out of evacuation training. The Chief Finance Officer advised that a listening event for staff had been held in relation to violence and aggression against staff.

The Committee noted the issue in relation to Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR). The Chief Finance Officer advised that the Quality Governance team were providing refresher training to ensure that staff focus on reporting the original event on the Trust's Datix system.

The Committee noted that, going forward, Health & Safety would be within the Chief People Officer's portfolio. The Trust Secretary confirmed that discussions were on-going in relation to Health & Safety governance. **Action: C Lynch**

138/23 Health & Safety Annual Report 2022/23

The Committee noted the detailed annual report. The Chief Finance Officer advised that this included the programme of work for the year ahead. A summary report would be prepared for the public Board in November 2023. **Action: N Lloyd**

The Committee discussed incident reporting set out in the report. The Chief Finance Officer advised that the Trust continued to encourage staff to report incidents and there were several routes to do so. It was agreed that the grading of the incidents should be included in the report. **Action: N Lloyd**

The Chief Finance Officer agreed to confirm of the 615 violence and aggression incidents reported for 2022/23 the number that related to mental health issues and patients with dementia. **Action: N Lloyd**

139/23 Corporate Risk Register: Elective Standards

The Committee noted that elective standards: risk 5995 had been added to the Corporate Risk Register. The Chief Operating Officer advised that the Trust was seeking assurance on additional funding for the Trust to deliver access standards. In the event of funding not being available the risk would continue to increase. The Committee noted that the risk related to patients in the early part of their Referral to Treatment pathway. The Chief Operating Officer advised that the DM01 risk had not increased. However, this was being monitored.

The Chief Operating Officer advised that the Trust was awaiting confirmation of funding allocation, and this was essential to enable the Trust to deliver services and meet the national access standards. The Trust had implemented additional insourcing capacity and discussions were on-going with colleagues in the three acute trusts in the Integrated Care Board (ICB) in relation to resourcing and contracting.

The Chief Operating Officer confirmed that all patients awaiting a first appointment were triaged by a consultant to reduce the possibility of any harm.

140/23 Corporate Risk Register

The Head of Risk introduced the report and advised that work was on-going with Executive leads to include deadlines for any mitigating actions. The Committee requested clarification that the target deadline was aligned to the target rating. **Action: K Prichard-Thomas**

The Committee requested that rating related to North Block East Wing; risk 4839 was reviewed by the Integrated Risk Management Committee. **Action: K Prichard-Thomas**

The Committee reviewed the risk related to Management of Estates Infrastructure / Backlogged Maintenance; risk 4183. The Committee recommended that the narrative should be updated to highlight the Trust was addressing the significant risks in relation to backlogged maintenance. **Action: D Estabrook**

141/23 Corporate Risk Register: North Block East Wing

The Committee reviewed the risk related to North Block East Wing; risk 4839. [Section exempt under s.43 FOI Act]

142/23 Corporate Risk Register: North Block Steel Works

The Committee reviewed the risk related to North Block steel works; risk 4637. [Section exempt under s.43 FOI Act]

143/23 Better Payment Practice Code (BPPC) Compliance

The Director of Finance introduced the report and advised that, following the implementation of e-financials the Trust's compliance to BPPC was currently below 60%. [Section exempt under s.43 FOI Act]

144/23 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.

145/23 Non-NHS Debt

The Committee noted that non-NHS debt was £7.365m as of 30 September 2023. The Director of Finance advised that both the Overseas Manager and a Credit Controller were focused on overseas debt. Although the values were high the Trust was recovering overseas debt.

146/23 Losses & Special Payments

[Section exempt under s.43 FOI Act]

147/23 Use of Single Tenders

The Committee noted there had been eleven single tenders awarded since the last meeting. The Committee noted that, typically, single tender waiver spend, was 1.8%. The Chair recommended that future reports should include separately single tenders related to manufacturers' warranty for original equipment suppliers. **Action: N Lloyd**

148/23 Schedule of Significant Contracts

The Committee noted that seven significant contracts had been awarded since 1 April 2023. The Chair recommended that future reports should detail whether contracts were renewals or replacements. **Action: N Lloyd**

149/23 Internal Audit Recommendations

The Committee noted that 11 of 68 audit actions were overdue as at 27 October 2023. The Chief Finance Officer advised that there had been some issues related to staff obtaining access to the Internal Audit platform JIRA due to the Trust's cyber security processes.

The Committee approved the following extensions to internal audit actions deadlines:

- Risk Management – Action NHSP-585, NHSP-591 and NHSP-592 31 December 2023.
- Risk Management – Action NHSP-586 30 April 2024
- Risk Management – Action NHSP-588 30 April 2024.
- HR Business process - Temporary Staffing – Action NHSP-604 28 February 2024

150/23 Cyber Security

The Committee received the report. [Section exempt under s.43 FOI Act]
It was agreed that the refreshed IM&T governance model would be submitted to the Committee for review in due course.

Action: D Hardy

151/23 Freedom to Speak Up (FTSU) Guardian Update & Review of National Guardian Office Reports 2023

The Committee received the FTSU Guardian update that included data submitted to the National Guardian Office from Quarter 1 and Quarter 2 2023/24. The Chief Executive advised he met with the FTSU Guardian, the Chief People Officer, Chief Nursing Officer and the Non-Executive Director lead for FTSU on a monthly basis to review issues raised and actions being taken. The Trust had recently increased the capacity for the FTSU Guardian role and there were also several FTSU Ambassadors across the organisation.

The Committee received the report that summarised four key reports from the National Guardians Office in 2023. The Board would need to evidence the following by the end of January 2024:-

- An update to local Freedom to Speak Up policy to reflect the new national policy template.
- Results of their organisation's assessment of its Freedom to Speak Up arrangements against the revised guidance.
- Assurance that the Trust was implementing its latest Freedom to Speak Up improvement plan.

Action: K Prichard-Thomas

152/23 Internal Audit: IM&T Supplier Purchasing

The Chief Operating Officer advised that the IM&T senior leadership team were currently reviewing all contracts. [Section exempt under s.43 FOI Act] The Chief Operating Officer advised that the Digital Strategy was also being refreshed.

[Section exempt under s.43 FOI Act]

153/23 Critical Incident Review

The Committee received a summary review of the critical incident. A further detailed report would be submitted to the Committee in January 2024.

Action: A Statham

154/23 Key Messages for the Board

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

- Internal Audit team representative not in attendance
- Review of three high risks from the Corporate Risk Register
- IM&T supplier review noted with work on-going in the directorate
- Further meeting to be scheduled to consider the Annual Report & Accounts 2022/23 for HFMS Ltd and Royal Berks Charity.
- Good assurance received on Health & Safety

155/23 Reflections of the Meeting

Helen Mackenzie led a discussion.

156/23 Date of Next Meeting

It was agreed that an additional meeting would be scheduled for week commencing Monday 13 November 2023 to consider the following items:

- Annual Reports & Accounts for HFMS Ltd & Royal Berks Charity
- Internal Audit Progress Report
- Integrated Board Report
- Quality Governance
- Estates Management – Compliance with Regulatory Requirements
- Governance Updates

157/23 Private Meeting with Internal Audit

A private meeting with KPMG was not held.

158/23 Private Meeting with External Audit

A private meeting with Deloitte was not held.

159/23 Private Meeting with Counter Fraud

A private meeting with the LCFS was not held.

160/23 Private Meeting of the Committee

A private meeting of the Committee was held to consider the outcome of the meeting and plans for future meetings.

Chair:

Date:

Minutes

People Committee

Wednesday 13 September 2023

10.00 – 12.00

Boardroom, Level 4/Video conference Call

Members

Mrs. Priya Hunt	(Non-Executive Director) (Chair)
Mr. Don Fairley	(Chief People Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mrs. Hannah Spencer	(Acting Chief Nurse)
Prof. Parveen Yaqoob	(Non-Executive Director)

In Attendance

Dr. Jill Ablett	(Director of Medical Education) for minute 42/23
Mrs Suzanne Emerson-Dam	(Deputy Chief People Officer)
Mr. Dwayne Gillane	(Occupational Health Nurse Manager)
Dr Bannin De Witt Jansen	(Interim Corporate Governance Officer)
Mr. Pete Sandham	(Head of Organisational Development, Engagement and Inclusion)
Ms. Jo Sandy	(Head of Clinical Education & Workforce) for minute 42/23
Mr. Graham Sims	(Chair of the Trust)
Dr. Johanna Thomas	(Guardian of Safe Working) for minute 36/23

Apologies

32/23 Declarations of Interest

There were no declarations of interest.

33/23 Minutes: 9 February 2023 and Matters Arising Schedule

The minutes of the meeting held on 19 May 2023 were approved as a correct record.

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

34/23 Chief People Officer Report

The Chief People Officer provided an overview of the report and advised that the new policy on Senior Managers' remuneration would be circulated to the Committee once confirmed. Work was ongoing to identify options for doctors and staff overnight accommodation.

The Chief People Officer highlighted that work had started on the next cycle of 'What Matters 24' (WM:24). This was a large-scale programme of staff engagement which had started in 2017 and due to start its third cycle in 2024. The WM:24 event was scheduled for Spring 2024.

The Committee discussed whether the repeated occurrences of industrial action could potentially impact on the staff survey results. It was agreed that there was always a risk that survey

responses could reflect stressors from wider issues in relation to national pay disputes and industrial action. To mitigate against this, Trust messaging in relation to the staff survey had focused on requesting feedback from staff on their experience of working for the Trust.

The Chief People Officer advised that listening events had been held with staff across the Trust to ensure that teams had opportunities to provide feedback on how industrial action had impacted them. Trust messaging in relation to the national pay disputes reflected both the right for staff to strike as well as the resulting impact of industrial action. The Trust Executive were engaging at government level to encourage the government and staff unions to reach a resolution and agree the terms of an acceptable pay deal.

The Chief People Officer advised that a new strategy for recruiting Occupational Therapists would be submitted to the Committee in due course. The Acting Chief Nurse advised that there were still delays in recruitment processes for international staff, particularly in relation to occupational health clearance. Delays in recruitment processes impacted on the length of time it took to ensure international staff were acclimatised and familiarised with the UK health system and embedded in their clinical teams.

The Committee discussed the issue of availability of staff accommodation. The Chief People Officer advised that the People directorate was working with Estates and Facilities teams to identify potential options. The issue was complex; however, as this work would require the involvement of local housing authorities, private landlords and other sources as the Trust would not be able to accommodate all new staff. Once initial options had been identified and a way forward was identified, a Senior Responsible Officer (SRO) could be assigned to take the programme of work forward. It was agreed that an update on progress would be provided at the next meeting.

Action: D Fairley

35/23 Recruitment Driver Metrics (RDMs)

The Deputy Chief People Officer provided an overview of the report. The Trust was focused on improving the Time to Hire metric. At present, the average Time to Hire for clinical teams was 10.5 weeks and 8.5 weeks for non-clinical teams. The Trust aimed to reduce both. Work was ongoing to identify solutions to shorten the time taken to authorise job descriptions for advert, to shortlist candidates and achieve occupational health clearance. System prompts were being implemented to remind recruiting managers to progress applications to the next stage of the appointment process.

The Committee queried whether recruitment managers clearly understood recruitment processes and how to progress applications. The Deputy Chief People Officer confirmed that recruiting managers clearly understood the processes and their responsibilities in regard to progressing applications. Feedback received during Board Go and See exercises highlighted that some posts attracted high volumes of applications. Recruiting managers had been advised that candidate shortlisting could be done as applications were received and posts could be closed early. The Deputy People Officer advised that support from HR staff was always available and provided to recruiting managers.

The Committee agreed that recruitment driver metrics would be added as a standing item for each meeting.

Action: C Lynch

The Committee discussed workforce KPIs. The Chief Medical Officer advised that workforce metrics did not accurately report the current situation in relation to consultants' work plans and appraisals. The Chief Medical Officer advised that consultant job plans remained in situ until they were approved. Recent compliance reports demonstrated that 95% of consultant work plans

were approved in-year for 2022/23 and 61% had been approved for 2023/24. The Committee discussed the presentation of the KPIs dashboard and agreed that the Chief People Officer would work with the Director of Strategy to refresh the KPIs dashboard to improve clarity.

Action: D Fairley

The Committee discussed whether (non-medical) staff appraisal processes and forms enabled comprehensive discussions and queried what form of training and support was available to line managers. The Deputy Chief People Officer advised that the Trust offered numerous packages of training including face-to-face, online and individual additional support. There was a strong focus on staff development across the organisation with both staff and managers appreciating the value of these discussions. This feedback had been reflected in the previous staff survey. Time continued to be an issue for both staff and appraising managers and was likely to continue as an ongoing issue due to the backlog created by the industrial strikes.

The Chief People Officer highlighted that appraisals data was available to the People Directorate. Managers with appraisal responsibilities were unable to achieve Gold standard in their own appraisal if they routinely allowed their staff appraisals to elapse.

The Chief People Officer highlighted that the Trust has trialed a number of potential solutions over the years to enable the Trust to reach a 100% appraisal rate. The wellbeing conversations initiative that started recently was intended to set the scene for appraisal and development discussions. The Trust was also considering whether additional coaching for appraisal managers might increase confidence among managers to carry out appraisals.

36/23 Guardian of Safe Working Update

The Guardian of Safe Working (GSW) provided an overview of the report. The Junior Doctors' Forum continued to identify the availability of hot food out of hours as an issue requiring resolution. The Guardian of Safe Working advised that the financial statements for the Junior Doctors' Fund had not been received and that it was necessary for the GSW to retain oversight of account activity and funding.

The Occupational Health Nurse Manager confirmed that the tender for out of hours catering had been awarded and agreed to confirm when the supply of services would start.

Action: D Gillane

The Chief Medical Officer advised that going forwards, the DRS4 rota system team would assist with the production of the Guardian for Safe Working report going forwards.

The Committee queried whether progress had been made on a previous action to ensure old rotas were closed to ensure that only live rotas were displayed. The Deputy Chief People Officer advised that a representative of DSR4 was currently working on site archiving old rotas and training Trust staff to ensure archiving was maintained going forwards.

The Committee thanked Dr Thomas for her commitment and hard work as the GSW over the tenure of her post. The Chief Medical Officer confirmed that a new post-holder had been appointed.

37/23 Occupational Health Annual Report 2022/23

The Occupational Health Nurse Manager provided an overview of the report. The staff Psychologist recruited to post five months ago had made a significant difference to the service

and had agreed to a five-month trial working full-time. A Band 5 Occupational Health Nurse had also been recruited. The Trust continued recruitment efforts to attract a second psychologist.

38/23 Staff Survey

The Associate Director of Staff Experience and Inclusion provided an overview of the report. The Committee discussed the recent report published by NHS England in relation to the sexual harassment of female surgeons. The Chief Medical Officer reported that the Trust had a number of mechanisms and routes, including Freedom to Speak Up Guardians, through which staff could report concerns or incidents. At present, there had not been any reports of sexual harassment from surgical staff. Trust guidance on reporting concerns would be reissued to all Trust staff and safeguarding events were due to take place shortly. The Committee discussed the results of the staff survey in which a quarter of staff reported that they did not feel confident to speak up. The Chief People Officer acknowledged that this was an area for further development and the Trust was considering the potential for establishing staff champions that would link into the Freedom to Speak Up Guardians.

39/23 Medical Revalidation

The Chief Medical Officer provided an overview of the report. The Chief Medical Officer advised that several consultants who were already substantively employed by the Trust and who were either approaching retirement or looking to reduce their clinical hours had been approached to take up roles as medical appraisers. The Trust was in the process of adding their locally employed doctors onto the medical revalidation register as these were mostly international doctors with a greater need for support and development.

The Committee agreed to recommend the Medical Revalidation report to the Board for approval.

Action: P Hunt

40/23 Talent Management

The Trust was preparing for the launch of the RISE programme. This intended to ensure that once staff were placed in a development pathway, there was a clear pathway of progression. The RISE programme was designed to work alongside the Leadership Behaviours Framework. The Committee discussed whether staff feedback indicated what value staff received from personal and professional development programmes.

The Chief People Officer advised that programme leads actively sought feedback from course attendees and this data was reported to relevant partners, including Henley Business School. The staff development and leadership programmes remained popular with staff as demonstrated by course enrolment and completion rates.

The Committee queried whether staff were given protected time to pursue opportunities for personal and professional development. The Deputy Chief People Officer advised that these opportunities were critical to staff satisfaction, wellbeing and retention and there was ongoing work to ensure that line managers provided staff with protected time to engage in these programmes. The Trust also held staff forums to seek feedback and ideas for further opportunities. The Trust's Study Leave policy was being revised and the changes would ensure that the People Directorate had better oversight into equality of access to these programmes for staff.

41/23 Long-Term Workforce Plan

The Chief People Officer advised that further work was required with partners in the Integrated Care System (ICS) and the South East region to inform the development of the long-term workforce plan. The Committee noted that the Long-Term Workforce Plan was the subject of the forthcoming Board Seminar in October 2023. **Action: D Fairley**

42/23 2023 Provider Self-Assessment (Education Quality) Submission

The Director of Medical Education provided an overview of the report. The report identified that challenges occurred across the Trust and were not unique to a single profession. There was significant support for apprenticeships from Trust staff and line managers. However, the Trust would need to consider how these could be funded. The submission also reported on how international staff and locally employed doctors were recruited, familiarised with the NHS and embedded in their clinical teams. The report identified the need for further work in relation to providing appropriate support for international and locally employed staff.

The Committee agreed to recommend the report to the Board for approval. **Action: P Hunt**

43/23 Birthrate Plus

The Acting Chief Nurse provided an overview of the report and advised that the report was written in April 2023 and no further action was required.

The Committee agreed to recommend the report to the Board for approval.

The Committee agreed that for future reports, national benchmarking measures would be added. **Action: H Spencer**

44/23 Board Assurance Framework (BAF)

The Committee discussed the Board Assurance Framework and agreed the following changes:

- The Provider Self-Assessment (Education Quality) and Medical Revalidation reports would be added under Control Assurance
- The Staff Survey would be added to Control Assurance
- The WRES report would be moved to Control Assurance
- The WDES report would be added to Control Assurance
- Obsolete documents would be removed

The Committee agreed that minutes for the year to date should be reviewed and all approved reports that provided assurance to the Board should be reflected in the BAF. The Committee agreed that references to workforce committee should be changed to People Committee throughout the document. The Committee agreed that the Chair, Trust Secretary and Chief People Officer would meet to discuss amendments and updates to the BAF.

Action: C Lynch

45/23 Corporate Risk Register

The Committee agreed that the risk associated with industrial action could not be reduced as national pay disputes had not reached a resolution in government.

The Committee agreed that the register would be amended to name the specific risks created by industrial action. The following descriptors would be added:

- The ability to provide safe services
- The risk in relation to service provision out of hours, in the evening and at weekends
- The risk in relation to staff morale
- The risk in relation to backlog and capacity.

Action: H Spencer

It was agreed that the next meeting would be held on Wednesday 13 September 2023 at 10:00.

46/23 Key Messages for the Board

- The Committee approved the Medical Revalidation Report
- The Committee approved the 2023 Provider Self-Assessment (Education Quality) Submission
- The Committee discussed the Trust's progress towards the appraisal rate target
- The Committee received the Occupational Health Annual Report
- The Committee approved the Birthrate Plus Report
- The Committee had detailed discussion on appraisals and talent management
- The Committee discussed the impact of ongoing industrial action on staff morale.

47/23 Reflections of the Meeting

The Acting Chief Nurse led the discussion.

48/23 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 9 November 2023 at 10.00am.

Chair:

Date:

Minutes

People Committee

Thursday 9 November 2023

10.00 – 12.00

Boardroom, Level 4

Members

Mrs. Priya Hunt	(Non-Executive Director) (Chair)
Mr. Don Fairley	(Chief People Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Prof. Parveen Yaqoob	(Non-Executive Director)

In Attendance

Dr. Jess Palmer	(Guardian of Safe Working) (for minute 54/23)
Mrs Suzanne Emerson-Dam	(Deputy Chief People Officer)
Mr. Dwayne Gillane	(Occupational Health Nurse Manager)
Dr Bannin De Witt Jansen	(Interim Corporate Governance Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Pete Sandham	(Head of Organisational Development, Engagement and Inclusion)
Mrs. Hannah Spencer	(Deputy Chief Nurse) (for minute 57/23)
Ms. Lauren Sweeney	(People & Change Partner, Planned Care)

Apologies

49/23 Declarations of Interest

There were no declarations of interest.

50/23 Minutes: 13 September 2023 and Matters Arising Schedule

The minutes of the meeting held on 13 September 2023 were approved as a correct record.

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

Minute 34/23: Chief People Officer Report: The Chief People Officer advised that work on addressing the availability of staff accommodation was ongoing with Oxford and other external stakeholders as well as several internal departments including Estates and Facilities. This work had been incorporated into the Trust's Strategic Improvement Programme. The Chief People Officer advised that an interim measure had been implemented to provide international nurses with short-term accommodation; however, focus remained on establishing a sustainable, long-term solution.

Minute 35/23 Recruitment Driver Metrics (RDMs): The Committee agreed that a summary of the recruitment driver metrics would be submitted as a standing item to each meeting.

Action: D Fairley

Minute 36/23 Guardian of Safe Working Update: The Chief Medical Officer advised that work to identify and implement an interim measure to address hot food provision out of hours was being carried out by the Director of Estates and Facilities. Trust staff would be updated on the work in progress via the Staff Bulletin.

41/23: Long-Term Workforce Plan: The Chief People Officer advised that NHS England were holding a regional event on the Long-Term Workforce Plan at which the Trust was leading a case study on Physicians Associates. This presentation would showcase one of the ways in which the Trust was approaching delivery of the Long-Term Workforce Plan.

51/23 Chief People Officer Report

The Chief People Officer introduced the report. National pay disputes remained a national concern and trusts continued to support a resolution to this. The Chief People Officer advised a number of recommendations and actions to progress the Trust's work on Equality, Diversity and Inclusion (EDI) had been approved by the Executive Management Committee and implementation could commence. The Chief People Officer highlighted that the NHS Staff Survey response rate had slowed in the previous week; however, the Trust remained on trajectory to improve its response rate from last year.

A question was raised in relation to how EDI recommendations would be monitored in recruitment and appraisal processes for staff at Band 8a and above. The Chief People Officer advised that objectives for EDI were set during the appraisal process between the line manager and post holder. They could also be set as part of Personal Development Plans (PDP). EDI objectives would be appraised and measured alongside performance. The Trust was developing a transparent quality control process which might include measures such as the requirement for additional review of EDI objectives by a third manager. The Trust was seeking feedback from senior management to inform the review framework.

The Committee sought clarification on progress made to support Black and Minority Ethnic Trust staff. The Head of Organisational Development, Engagement and Inclusion advised that the Trust was currently aligning various initiatives and strands of work already in place in the Trust, such as See Me First to form a strong central narrative across the Trust which supported BME staff and enabled them to experience the Trust as a positive workplace in which they felt valued.

The Committee discussed the concerning trend of increased violence and aggression towards NHS staff. The Chief Medical Officer advised that there were several formal and informal routes through which staff could report incidents of violence and aggression as well as bullying and harassment and racism; however, staff themselves required the confidence to make use of them. The Trust had implemented the red and yellow card scheme to manage violence, aggression and racism from patients and this had been successful in various areas. A challenge remained in the provision of life-saving care for patients who expressed racist views and preferences as the Trust had a legal duty to provide care in spite of these views. However, staff needed to be supported to challenge racist and other inappropriate behaviours from patients who were not receiving life-saving care. The Chief Medical Officer highlighted that the Trust did not tolerate inappropriate behaviours towards BME staff either from patients or other colleagues. The Chief Medical Officer advised that the Trust was using its staff forums to gauge the extent to which staff felt enabled and empowered to support BME colleagues and anti-racist approaches.

The Chief People Officer advised that supporting BME staff was the topic of discussion at the next Board Development Day and that the Trust was currently carrying out some benchmarking with other Trusts to see which approaches they are using. The Committee agreed that good assurance had been provided on the actions taken to progress this work.

52/23 Chief People Officer Metrics

The Chief People Officer introduced the report. The Trust was trending negatively on middle to upper progression disparity ratios and have set focused actions to address this. The Committee queried whether actions set were specific enough to address the issue. The Head of Organisational Development, Engagement and Inclusion advised that ongoing work was being carried out to review why career progression had not advanced and what needed to be done to ensure that career and talent pipelines were as inclusive as possible. Promotion and progression pathways were being examined to ensure there was parity in these processes. There was ongoing work on recruitment pathways to tackle any effects of unconscious bias. These mitigations included curating diverse and representative shortlisting and interview panels.

The Committee reviewed the Watch Metrics. The Deputy Chief People Officer advised that retention was improving and progress was being made on reducing delays to Occupational Health (OH) clearance. The Trust continued to work towards reducing the time to hire for both clinical and non-clinical staff. The Occupational Health Nurse Manager advised that the Trust continued to struggle to appoint the Band 5 and Band 7 staff posts that would provide increased capacity in the team. The Occupational Health Consultant was preparing a report for the Executive Management Committee which proposed a risk-based approach to identifying potential areas where staff might safely start in post whilst waiting for their occupational health appointment. The Occupational Health Nurse Manager advised that significant delays in OH clearance were frequently caused by staff not submitting information required and the single biggest reason for OH delay was obtaining staff immunisation information. The Committee agreed that future reports should include the median statistic for driver metrics to provide a balanced view.

Action: D Gillane

The Committee requested that the driver metrics were reinstated and that one or two would be selected for further review at each meeting.

Action: D Fairley

53/23 People Strategy Delivery Plan

The Chief People Officer introduced the report. The People Strategy Operational Delivery Plan was still under review. Work streams would be further streamlined to ensure that delivery of the strategy's objectives were feasible. Listening events had taken place that identified that the Trust's informal mechanisms for reporting incidents of violence and aggression were being used; however, additional work was being carried out to determine whether any actions were taken forward after the reports had been made. The outcomes of this work would be submitted to the Committee.

Action: D Fairley

The Chief People Officer advised that discussions had taken place with the Chief Executive to identify areas where further improvement and investment was required; this included staff training and the use of bodycams. A report would be submitted to the Executive Management Committee and a final report submitted to the People Committee thereafter.

Action: D Fairley

The Committee agreed that the Chief People Officer would develop an infographic of the routes available to staff for reporting instances of violence and aggression.

Action: D Fairley

54/23 Guardian of Safe Working Update

The Chief Medical Officer introduced the report. The new Guardian of Safe Working (GSW) had started in post and would produce the next Guardian of Safe Working report. The Committee acknowledged and thanked Dr Johanna Thomas for her commitment to the role of GSW, especially during the challenges of Covid.

The Chief Medical Officer advised that junior doctors would be informed of the reasons for the delays in addressing the issue of provision of hot food out of hours and the solutions being implemented to resolve this. The Chief Medical Officer also advised that there had been an increased rate of exception reports received in surgery and the Trust was reviewing what had triggered these reports and what actions had been taken to address this. An update would be provided at the next meeting. **Action: J Lippett**

A benchmarking exercise with other trusts within the Buckinghamshire, Oxfordshire and Berkshire Integrated Care System (BOB ICS) was being carried out to establish an acceptable cut-off for exception reports and a report would be submitted to the Committee for review.

Action: J Lippett

The Chief Medical Officer advised that the Trust was moving to a new roster system which made exception reporting and sign-off easier and a paper was being drafted for review by the Executive Management Committee as there was a small cost associated with migration to the new system.

55/23 Education Strategy Update

The Head of Organisational Development, Engagement and Inclusion introduced the report. The Committee agreed that good assurance had been provided on the progress of the delivery of the strategy's objectives.

56/23 Board Assurance Framework (BAF)

The Trust Secretary introduced the report and advised that the report had been updated to reflect the five core themes of the People Strategy and to focus on controls and assurances to accurately reflect the work of the Committee. The Committee noted that EDI remained a gap in assurance; however, appropriate actions had been added which provided assurance that work was progressing.

The Trust Secretary advised that Health and Safety would be added to reflect the recent changes in Executive portfolios. The Trust Secretary would discuss this with the Chief People Officer and the BAF would be updated. **Action: C Lynch**

The Committee agreed that the Trust Secretary would liaise with the Chief Medical Officer and the Chief Nursing Officer to ensure their requirements were included. **Action: C Lynch**

57/23 Corporate Risk Register

The Deputy Chief Nurse introduced the report. The Deputy Chief Nurse advised that assurance had not been received in relation to a resolution of the national pay disputes. In addition, the British Medical Association planned to ballot staff grade doctors for the first time. Should staff grade doctors strike simultaneously with junior doctors, this would present a significant challenge to the Trust. The Deputy Chief Nurse advised that, as a result, the risk rating should remain unchanged.

The Deputy Chief Nurse advised that roundtables had been carried out with partners from the ICS and the police on the increasing trend of violence and aggression against staff and a final report will be produced. The Corporate Risk Register would be reviewed in line with the outcomes in the final report.

The Committee agreed that the Corporate Risk Register would be amended to ensure references to Workforce Committee were removed and replaced with People Committee.

Action: H Spencer

The Committee agreed that future Board report cover sheets should specifically reference the risks to be discussed at the meeting.

Action: H Spencer

58/23 Work Plan

The Committee received the work plan. The Committee agreed that the work plan would be updated to review the distribution of workload across months and ensure that it reflected the work included on the Board Assurance Framework.

Action: C Lynch

59/23 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- The Committee discussed the Trust's progress and ongoing work on Equality, Diversity and Inclusion
- The Committee received and reviewed the Driver Metrics
- The Committee had reviewed the changes to the Board Assurance Framework and good assurances had been reviewed in relation to the controls and assurances in place and actions to address any gaps
- The Committee received updates on the progress of the People and Education Strategies and good assurances had been received on progress on both
- The Committee held a discussion on the increasing trend in incidents in violence and aggression against staff and ongoing work would be submitted to the Committee for review
- The Committee discussed the Guardian of Safe Working post and good assurance had been provided in relation to the opportunities for developing this role further and the additional support in place for the new post holder.

60/23 Reflections of the Meeting

The Head of Organisational Development, Engagement and Inclusion led the discussion.

61/23 Date of the Next Meeting

It was agreed that the next meeting would be held on Thursday 8 February 2024 at 10.00am

Chair:

Date:

Minutes

Quality Committee

Thursday 14 September 2023

10.00 – 12.00

Boardroom, Level 4

Members

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Dr. Bal Bahia	(Non-Executive Director)
Dr. Janet Lippett	(Acting Chief Executive)
Ms. Hannah Spencer	(Acting Chief Nursing Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Priya Hunt	(Non-Executive Director)
Prof. Parveen Yaqoob	(Non-Executive Director)

In Attendance

Dr Warren Fisher	(Consultant Anaesthetist) (for minute 144/23)
Ms. Hannah Hammer	(Improving Together Implementation Manager) (for minute 144/23)
Mrs. Christine Harding	(Director of Midwifery)
Dr. Bannin De Witt Jansen	(Interim Corporate Governance Officer)

Apologies

Mrs. Caroline Lynch	(Trust Secretary)
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133/23 Declarations of Interest

There were no declarations of interest.

134/23 Minutes from the previous meeting: 12 April and Matters Arising Schedule

The minutes of the meeting held on 12 April were approved as a correct record and signed by the Chair.

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

135/23 Serious Incident Themes including Maternity Serious Incidents (SIs) report

The Committee received the report. The Acting Chief Nursing Officer advised that there had been a slight increase in the number of SIs reported in the month. However, this was expected to improve in the next report. A key theme of SIs reported related to treatment delays. The Acting Chief Nursing Officer advised that, in addition to reviewing internal processes, the Trust was looking at ways to support patients to contact the Trust in the event of not receiving an appointment or a follow-up appointment letter.

SIs caused by the layout and functionality of the Electronic Patient Record (EPR) were to undergo multidisciplinary review to establish whether these cases were localised to a specific care pathway or were a cross-divisional issue. An update will be provided to the next meeting

Action: H Spencer

136/23 Letby Case and Board Assurance

The Acting Chief Nursing officer highlighted that the Trust had been monitoring neonatal mortality since 2011. The Trust was currently reporting in compliance with the Mothers and Babies Reducing Risk through Audits and Confidential Enquiries (MBRACE) model and reported neonatal mortality to the Care Quality Commission (CQC). Mitigations were in place to enable patients and staff to report concerns via the Freedom to Speak Up Guardians and disclosures could also be made directly to the CQC.

The Acting Chief Nursing Officer, Chief Medical Officer and Chief Executive had held a number of listening events and ward walkarounds and were assured that strong formal and informal routes for reporting concerns were in place and staff felt comfortable and willing to disclose any concerns. Work was ongoing in the Trust to ensure appropriate and robust safeguarding for all vulnerable patients regardless of age.

The Committee discussed the recent update to the Fit and Proper Persons Test (FPPT) and welcomed the new requirements. The Chief Medical Officer advised that further learning was likely to arise from the Letby case including in relation to how trusts investigated and addressed complaints and concerns.

The Committee agreed that good assurance had been provided in relation to the systems and processes in place to challenge outliers and to enable staff and patients to report concerns.

137/23 Maternity Items

The Director of Midwifery advised that the telephone triage system in the Maternity Assessment and Triage Service had led to the majority of women categorised as 'Red' on the Red, Amber Green (RAG) rating being seen in the service within 15 minutes. Work was ongoing to review response times further to ensure all women with a red rating were seen within 15 minutes. The Maternity Assessment and Triage Service was likely to form the focus of the anticipated CQC inspection. An update on the service would be provided to the Committee in March 2024. **Action: H Spencer**

The Birmingham Symptom-specific Obstetric Triage System (BSOTS) was being trialled at another foundation trust. The trial was due to conclude shortly and the Trust planned to launch BSOTS in October 2023.

The Committee received and noted the following reports:

- Maternity Incentive Scheme (MIS) Update
- Perinatal Mortality Quarterly Surveillance Report Q1 2023-24 (PQSM)
- Perinatal Mortality Quarterly Report Q1 2023-2024
- Single Delivery Plan Update

The Director of Midwifery advised that one deadline had been missed in the Maternity Incentive Scheme due to industrial action. This had been reported to MBRACE who had confirmed that no action was required.

138/23 Infection Prevention & Control (IPC) Annual Report

The Committee approved the report and agreed that good assurance had been received in relation to the IPC processes within the Trust.

139/23 Safeguarding Annual Report

The Committee approved the report and agreed that good assurance had been received in relation to the safeguarding processes within the Trust.

140/23 Quality Assurance and Learning Committee (QALC) Update

The Acting Chief Nurse advised that Clostridium difficile (C.Diff.) infections remained a challenge for the Trust due to the C.Diff target being lowered at a time when national rates were increasing.

The work of the newly established Surgical Site Infection (SSI) Surveillance Committee has produced positive early results. The UK Health Security Agency (UK HSA) had attended a meeting and noted that engagement with the team had been excellent.

141/23 Patient Experience Annual Report

The Committee approved the report and agreed that good assurance had been received in relation to patient experience within the Trust and opportunities for further development.

142/23 Quality Strategy Update

The Committee received the report and noted that the strategy aligned with the Trust's Continuous Quality Improvement (CQI) processes.

143/23 Clinical Audit Programme Update

The Committee received the report and noted that there had been excellent engagement in the process.

144/23 Improving Together: NHS Impact Self-Assessment

The Improving Together Implementation Manager and Clinical Lead provided an overview of the report. The Executive Management Committee (EMC) had reviewed the report and further work on to specify how the objectives of the Improving Together programme would be delivered had been requested. The team were looking at improving data literacy among Trust staff to enable them to gain maximum value from the programme. The Go and See walkarounds had been valuable in driving leadership behaviours among Trust staff. The programme was progressing well and the next stage of work aimed to bring together the various data flows that support the programme.

The Committee approved the report.

145/23 Draft Winter Plan

The Chief Operating Officer advised that ongoing industrial action had significantly fatigued teams. Concerns were raised in relation to the Trust's ability to manage the additional demands for urgent and emergency care in the winter season, particularly in light of the increasing backlog of elective and routine activity. The Committee agreed that national pay disputes required speedy resolution to ensure that foundation trusts were enabled to manage winter demand and mitigate against the risks of non-delivery of national standards for elective and routine delivery.

The Chief Operating Officer advised that mitigations against the risks of ongoing industrial action had been included in the draft winter plan. The Chief Operating Officer advised that work on the plan was on-going and the Trust was considering how to cluster interventions and how these would be funded.

Discussions were ongoing with other regional teams to ensure that learning from last winter was shared across the system via the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board system winter plan. The Chief Operating Officer advised that the pressures and risks associated with the backlog of elective and routine activity would persist beyond winter and impact on the Trust's ability to deliver on national standards for elective and routine care in 2024/25.

The Committee agreed that the winter plan is recommended to the Board and noted the impact of industrial action on staff and patients. **Action: H Mackenzie**

146/23 Protecting elective activity: NHSE self-certification

The Chief Operating Officer provided an overview of the report. The report had been reviewed by the EMC and three risks had been identified:

- The risk associated with the growing backlog of patients
- The need to reinstate the risk of industrial action on the Corporate Risk Register (CRR)
- The risk associated with data quality in the EPR.

The Chief Operating Officer advised that the Trust was at risk of not meeting national elective standards in 2023/24 with the likelihood of further breaches in the first two quarters of 2024/25. Additional funding would enable the Trust to meet its winter plan objectives and mitigate against the risks associated with the increased backlog of elective and routine care. However, no additional national funding was currently available. The Outpatient Transformation Programme and other mitigations were in place and the Trust was reviewing the quality of patient and clinical data it received to ensure appropriate and timely triage.

A six-month programme of work to improve data quality regarding patient waiting lists had begun and was aimed to confirm all patients in the EPR that were actively waiting for appointments. The Chief Operating Officer advised that the Board had recently approved In-Sourcing and Out-Sourcing solutions in gastroenterology and urology as mitigations to the increasing backlog. This enabled patients to choose their care provider (at cost to the ICB) and opt to pay for their care. However, these mitigations would not fully address the extent of the backlog. The Committee agreed that this risk had been notified to the Board previously.

The Chief Operating Officer advised that discussions with system partners in the ICB and at national level with NHS England were required in order to reach national understanding in relation to how trusts would address the issue of elective and routine backlog.

The Committee agreed that partial assurance had been received in relation to mitigating the risk of the elective and routine activity backlog and approved the Protecting Elective Activity NHS Self-Certification report.

The Committee agreed that the risk of non-delivery of elective standards would be added to the Corporate Risk Register and discussion of the wider issue should be raised with ICB system partners and NHS England. **Action: H Spencer**

147/23 Patient Safety Incident Response Framework (PSRIF) Report

The Acting Chief Nursing Officer advised that the Trust was on target with timelines for the work and the pilot was scheduled to go live in March 2024. Once the programme was live, driver metrics would be added to Watch Metrics under the responsibility of the Chief Nursing Officer.

The Committee approved the report and requested that an update was submitted to the Committee in December 2023. **Acting: H Spencer**

148/23 Corporate Risk Register

The Committee agreed the following:

- Histopathology would be removed from the CRR and reverted to the Networked Care register, with thanks to all those involved in reducing the risk.
- Non-compliance with national standards for elective and routine activity would be added
- The risks associated with data quality in the EPR would be removed from the Planned Care risk register and moved to the CRR
- Risk 4660 Outbreaks of Infectious Diseases would be amended to ensure the target and actual risk figures were reported correctly.

149/23 Watch Metrics

The Chief Medical Officer assured the Committee that the Clinical Outcomes and Effectiveness Committee (COEC) routinely reviewed and accurately tracked mortality data.

150/23 Work Plan

The Committee noted the work plan.

150/23 Key Messages for the Board

Key messages for the Board:

- The Committee approved the Protecting Elective Activity: NHS Self-Certification Assessment and noted the increasing risk of the Trust not delivering on national standards for elective and routine activity
- The Committee noted that the increasing backlog of elective and routine activity would persist beyond the winter season and would likely continue to adversely impact on delivery in 2024/25 and noted the continuation of the Outpatient Transformation Programme.
- The Committee noted progress with the Winter Plan the impact of ongoing industrial action on staff and patients and the need for additional funding.
- The Committee received assurance around the systems and processes to monitor neonatal deaths following the Letby trial and received reports on perinatal and neonatal mortality and surveillance
- Good assurance was received in relation to progress made on the Maternity Incentive Scheme (MIS) and the Maternity Assessment and Triage System
- The Committee received the quality metrics that exceeded controls and received assurance about the actions to address these
- The Committee received assurance in relation to the Trust's formal and informal routes for disclosing and reporting concerns

- The Committee noted the progress of the Improving Together Programme
- The Committee approved the Infection Prevention & Control, Safeguarding and Patient Experience Annual Reports
- The Committee approved the Patient Safety Incident Response Framework (PSRIF) Report.

151/23 Reflections of the Meeting

Helen Mackenzie led the discussion.

152/23 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 6 December 2023 at 11.00.

SIGNED:

DATE:

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	KP-T	Annually								
	Winter Plan	DH	Annually								
	Ockendon Action Plan Update	KP-T	By Exception								
	Children & Young People Update	KP-T	Bi-Annually								
	Health & Safety Story	NL	Every								
	Quality & Improvement Strategy	KP-T/JL	Once								
Invest in our People and live out our Values	Patient Story	Exec	Every								
	Staff Story	Exec	Every								
	Health & Safety Annual Report	NL	Annually								
	People Strategy	DF	Once								
	Annual Revalidation Report	JL	Annually								
Achieve Long-Term Sustainability	Quarterly Forecast	NL	Quarterly								
	2023/24 Budget	NL	Annually								
	2023/24 Capital Plan	NL	Annually								
	Operating Plan/ Business Plan 2023/24	AS	Annually								
	Estates Strategy	NL	Once								
	Finance Strategy	NL	Once								
Cultivate Innovation & Improvement	Standing Financial Instructions	NL	Annually								
	ICP/ICS Update	AS	By Exception								
	Building Berkshire Together	NL	Every								
Deliver in Partnership	Communications & Engagement Strategy	AS	Once								
Other / Governance	Chief Executive Report	SMC	Every								
	Board Assurance Framework	CL	Bi-Annually								
	Corporate Risk Register	KP-T	Bi-Annually								
	Integrated Performance Report (IPR)	Exec	Every								
	IPR Metrics Review	DH/AS	By Exception								
	NHSI Annual Self-Certification	NL/CL	Annually								
	Standing Orders Review	CL	Annually								
	Fit & Proper Persons Update	DF	Once								
Board Work Plan	CL	Every									