Royal Berkshire
NHS Foundation Trust

Public Board - 26 March 2025

MEETING
26 March 2025 09:00 GMT

PUBLISHED
24 March 2025

Agenda

Location	Date	Time
Seminar Room, Trust Education Centre, Royal Berkshire Hospital	26 Mar 2025	09:00 GMT

	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest (Verbal)	Graham Sims		-
1.1	Bal Bahia, Dom Hardy, Janet Lippett, Parveen Yaqoob			-
2	Patient Story (Verbal)	Katie Prichard-Thomas	09:00	-
3	Staff Story (Verbal)	Nicky Lloyd	09:20	-
4	Health and Safety Moment (Verbal)	Don Fairley	09:40	-
5	Minutes for Approval: 29 January 2025 & Matters Arising Schedule	Graham Sims	10:00	3
6	Minutes of Board Committee Meetings and Committee Updates:		10:05	-
6.1	People Committee: 3 December 2024 & 6 February 2025	Catherine McLaughlin		10
6.1.1	Committee Review of Effectiveness and Terms of Reference			21
6.2	Quality Committee: 4 December 2024 & 3 February 2025	Helen Mackenzie		26
6.2.1	Committee Terms of Reference			39
6.3	Finance & Investment Committee: 22 January 2025 & 19 February 2025	Mike O'Donovan		42
7	Chief Executive's Report	Steve McManus	10:25	49
8	Integrated Performance Report	Don Fairley	10:55	56
9	Performance Metrics Review	Andrew Statham	11:25	84
10	2024 Staff Survey Results	Don Fairley	11:35	93
11	Corporate Risk Register	Katie Prichard-Thomas	11:45	101
12	Board Nominations & Remunerations Committee Terms of Reference	Caroline Lynch	11:50	105
13	Work Plan	Caroline Lynch		112
14	Date of Next Meeting: Wednesday 28 May 2025 at 09.00am			-

Board of Directors

Wednesday 29 January 2025
09.00 – 11.35
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)
Dr. Minoo Irani	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Mr. Andrew Statham	(Chief Strategy Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In attendance

Mrs. Caroline Lynch	(Trust Secretary)

There were six Governors, ten members of staff and one member of the public present.

01/25 Patient Story

The Chief Nursing Officer introduced Sharon Herring, Associate Chief Nurse, Patient Experience, Workforce & Education. Sharon introduced Abbi Enock who shared her story regarding her husband David following a complaint she had raised about his care.

Abbi provided an overview of her life with her husband David. They had been together for 40 years. David had been fit and well until her had suffered symptoms in 2018. In 2019 he had been diagnosed with Motor Neurone Disease (MND). Abbi explained that both she and her husband's approach was to focus on life. David continued to work after his diagnosis and had managed to stabilise his weight loss. The couple had linked with an organisation called Healing ALS that provided a holistic approach and had helped both David's and Abbi's health and wellbeing. Abbi highlighted the different stance taken by Healing ALS in comparison to the NHS. Abbi advised during a video call with a clinician, David had been asked how he was planning to die which devastated the couple and following a neurology check-up appointment the couple had been left in despair.

Abbi highlighted a few occasions where she had not been engaged about David's care which she knew in detail and highlighted a time where she had been asked to provide an original copy of her Power of Attorney (PoA) documentation which in itself had caused significant distress as well as taking her away from David's beside. The couple had also been asked to agree to a Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR) which they had refused.

Abbi explained that she had sat at her husband's beside for one month and the respiratory and Speech & Language Therapy (SLT) teams had provided support. In the end David died of sepsis during the Covid pandemic. The Board noted that one nurse had messaged Abbi to highlight that Abbi had taught her so much. Abbi decided her mission statement was to both help herself and others people with MND and hoped that Healing ALS would become part of mainstream thinking.

Sharon Herring thanked Abbi for highlighting David's case to the Trust as this had challenged thinking and how messages were delivered to patients and their loved ones. Abbi had been invited to a multidisciplinary team meeting in order to share David's story. It was agreed that the Chief Nursing Officer would confirm whether the Trust recommended Healing ALS to patients. **Action: K Prichard-Thomas**

The Chief Executive advised that the Trust was committed to learning from clinical experience and including patient feedback in meetings was part of the Trust's Call 4 Concern. In addition, as part of Martha's rule a formal interaction involved staff ensuring that they asked patients 'how they were feeling' each day. The Chief Medical Officer highlighted that medics were taught that a diagnosis of MND resulted in a short life expectancy and it would be useful for David's case to be highlighted as part of the Schwartz round process in order to challenge thinking and highlight the need to ensure views of patients and their families were considered.

The Board thanked Abbi for her story and the Chair enquired about her own health and wellbeing. Abbi reported this was good.

02/25 Staff Story

The Chief Operating Officer introduced Jon Rees, Head of Performance who provided a presentation on the e-Triage application. Jon explained that the project started from Henley Business School and used automation to streamline the referral process. This enabled clinicians to triage referrals electronically and removed the need to access the referral system via a SmartCard. This enabled improved prioritisation of patients and also supported reduction of patient waiting times. Jon explained that currently the app was live in 65% of services across the Trust for referrals and Advice & Guidance and a Trust-wide roll out would be completed before the end of March 2025.

The Board noted that the app was being developed by the Trust working with Toca and commercial benefits for the Trust were noted. Jon advised that three other trusts within the Integrated Care System were also looking to implement the app. Development included integrated with patient communication applications such as the patient portal and NHS app. In addition, options for Primary Care were being explored. The Board noted that a funding would be required to complete this work. The Chief Executive highlighted the benefits in relation to population health management across the system. The Board thanked Jon for his presentation.

03/25 Health & Safety Moment

The Chief People Officer introduced Ruchika Walton, Lead Psychologist of the Staff Psychology Support Service. Ruchika highlighted the Trauma Risk Management (TRiM) framework and advised that this was a way of supporting staff after a potentially traumatic experience and early intervention was key. Over 700 staff had been referred to the Trust's TRiM service and a number of staff had undertaken training in order to be able to provide peer to peer support. Some of the staff referred to the service had also been referred onto other support systems.

295 members of staff had been offered one-to-one trauma support with the aim of normalising their response to trauma. In some cases there was a need to focus on reflection and therefore

staff may not necessarily need to be referred to the service. Certain teams in the Trust had standardised TRiM processes in place, eg, the Emergency Department (ED).

Information about the service was publicised on the Trust's intranet Workvivo and posters were displayed around the organisation and there was a need to maintain promotion of the service.

The Board queried whether the effectiveness of the service was evaluated. Ruchika explained that, whilst data was collected, due to the confidentiality and sensitivity of the data, it was not always possible to seek outcome feedback. The Board thanked Ruchika for her presentation.

04/25 Minutes for approval: 27 November 2024 and Matters Arising Schedule

The minutes of the meeting held on 27 November 2024 were agreed as a correct record and signed by the Chair. The Board received the matters arising schedule. All actions had been completed.

05/25 Minutes of Board Committee Meetings and Committee Updates

Finance & Investment Committee 20 November 2024

The Chair of the Finance & Investment Committee advised that the November meeting the Committee had noted that Month 7 was a £15.5m deficit forecast versus a planned deficit of £6.74m. There were on-going discussions regarding income and challenges on non-pay spend. Weekly Board meetings had been implemented to focus on the Trust's financial position and the need for cash support had been discussed. £6.1m had been received from the Integrated Care Board (ICB) to enable the Trust to meet all liabilities due in January 2025. The Trust had delivered £13.4m of its efficiency savings programme in November 2024 against a target of £25.2m and KPMG had been engaged to provide support for the programme. The Committee had also discussed and recommended the ICB acute contract for 2024/25 and novation of the outpatient pharmacy dispensing contract to the Board for approval.

Audit & Risk Committee 21 November 2024 and 8 January 2025

The Chair of the Audit & Risk Committee advised non-NHS debt recovery had been discussed by the Committee and this was pertinent due to the Trust's cash position. A review of end-to-end processes with debtors' risk assessed at the beginning of the process would be undertaken to improve the recovery rate. The Committee had received an internal audit report on digital mature risk assessment. The Committee had also reviewed internal audit actions noting that a number were overdue, and the Executive Management Committee was also monitoring this.

The Committee had reviewed and recommended the HFMS Ltd and Charity Annual Report & Accounts for approval. A review of planning for the year-end audit had been undertaken in order to improve processes for the year ahead. The Chair of the Audit & Risk Committee advised that the external audit contract tendering process would be undertaken during 2026/27 and highlighted the challenging market as a number of large firms were not tendering for NHS contracts.

Charity Committee 13 December 2024

The Chair of the Charity Committee advised that the Committee had discussed the difficult financial climate and the impact on obtaining donations. Areas of success included major donors and sponsors, for example, Thames Valley Chamber of Commerce and Reading Buses Charity of the year. The Committee had also discussed the administration costs for the Charity team noting that the increase in running costs of the Charity versus to decrease in fundraising and had recommended a benchmarking exercise be undertaken. The Committee had also discussed the need for a major fundraising appeal project and different proposals for fundings were being developed.

The Board noted that the amount of reserves held by the Charity had reduced successfully noting that this had been a concern raised by the Charity Commission previously. The

06/25 Chief Executive's Report

The Chief Executive commended the work of the clinical, operational, leadership and on-call teams for their preparation and planning for their work to continue to provide high quality care during a challenging period. As part of the preparation to develop the Winter Plan challenges had been mitigated via service redesign of Emergency pathways. The Chief Executive also acknowledged the work of other teams in relation to maintaining elective services and achieving improvements against the cancer standards.

The Board noted that the Chief Nursing Officer had hosted a visit from the Care Quality Commission (CQC) focused on End-of-Life care and the Emergency Department (ED) pathway. The Chief Executive highlighted the importance of the relationship between the Trust and the CQC. The Board noted that these areas were chose as recommendations from the Dash review.

The Chief Executive advised that the Trust's had also hosted a visit from NHS England national team supported by Holly Coles and Dwayne Gillane. This provided an opportunity for the vaccination team to highlight the partnership working with colleagues across the Buckinghamshire, Oxfordshire & Berkshire (BOB) system to embed the service run by the Trust.

The Chief Executive advised that the 2024 Staff Survey results were currently embargoed until late February 2025. However, early insights indicated that the Trust was on target to maintain it's response rate if not improve upon. The final survey results would be presented to the Board in March 2025. **Action: D Fairley**

The Chief Executive highlighted the work undertaken since the Summer of 2024 in relation to the Trust's smoke-free site initiative that commenced on 1 January 2025. Environmental audits had been undertaken and the Trust had provided support to both patients and staff to access to stop smoking.

The Board noted the work of the Royal Berks Charity throughout the year and, in particular, the excellent Christmas concert held at the Reading Minster that raised funds for the Charity as well as connecting the Trust with the community. The Chief Executive highlighted the Trust's Christmas gift appeal success and thanked the generosity of donors that ensured all our inpatients received a gift on Christmas Day.

The Chief Executive advised that there was a strong focus on the Trust's run rate of spend and this would continue in the last quarter of 2024/25. The Chief Strategy Officer was working on the Trust's business planning returns and this would be submitted at the end of March 2025. It was anticipated that national planning guidance was due to be published imminently. The Board noted as part of the Trust's business planning submission a Board to Board would be held with NHS England (NHSE). The Chief Executive advised that the National Cost Collection exercise demonstrated that the Trust was relatively efficient as an organisation and system-wide transformational change was required to achieve sustainability.

The Chief Executive highlighted that the Government's review of the New Hospital Programme (NHP) had been announced on 20 January 2025 noting that this had acknowledged the Trust's position of a new build on a new site whilst delaying the scheme until 2037 to 2039. This was disappointing for the Trust's community, patients and staff. The Trust would continue to work with the ICB in relation to prioritising the current Reading site. The Board expressed its thanks to the Building Berkshire Together (BBT) team for the work undertaken to date noting this work would be used in the future. The Chief Strategy Officer advised that the Executive Management Committee had discussed the need to review the impact of the delay and well as continue to move more services to other Trust sites and would need support from both the ICB and regional

team in relation to the consequence of remaining on the current Reading site. The Board noted that there could potentially be several changes of government from now until 2037.

07/25 Integrated Performance Report (IPR)

The Chief Operating Officer introduced the report and advised that the improving retention metric continued to trend well. Lots of work had been undertaken in relation to this and this supported the Trust's financial sustainability, for example, timely recruitment processes.

The Trust's performance against the 4-hour ED performance standard had reduced during December 2024 and had further deteriorated during January 2025. The Urgent Care Centre (UCC) had been successful with between 80 to 90 patients being referred there daily. ED performance had deteriorated despite several measures implement due to the increase in cases of Flu. The Chief Operating Officer confirmed that Westcall provided 15 additional appointment slots at the UCC after 6.30pm and, therefore, patients could be referred directly to Westcall.

The Chief Operating Officer highlighted the Trust's performance against the 62-day cancer standard metric was better than other trusts and workstreams would be implemented following receipt of funding from the Thames Valley Cancer Alliance. Challenges remained in lower gastrointestinal, skin and gynaecology and there was a focus on these areas. Further detail on this standard would be discussed with the Quality Committee. **Action: D Hardy**

The Chief Operating Officer advised that the distance travelled by patients' metric would be changed to a new metrics of reducing time to first out patient appointment. This was part of the on-going work to refresh the IPR metrics for 2025/26.

The Board discussed the Trust's financial position and the level of confidence in relation to achieving the year end plan. The Chief Finance Officer advised that there had been significant uncertainty throughout the year and income settlements had not yet been resolved. However, the forecast had been developed by teams and there was assurance that Care Groups and corporate areas were tracking to forecast. Meetings had also been held with budget holders to reiterate the need to deliver on budget and approval levels had been raised to senior level only as well as several other financial controls implemented. The Board discussed the need to ensure learning from the current year was carried forward for 2025/26 as well as the need to deliver the forecasted deficit.

The Chief People Officer advised that non-recurrent savings schemes would be reviewed to ascertain if any were recurrent and this had been discussed with budget holders. This was important as a significant savings programme would be needed for 2025/26. The Chief Strategy Officer confirmed that efficiencies were being discussed as part of the business planning process for 2025/26. The Board noted that clinicians were involved as part of the efficiency savings discussions.

08/25 Trust Strategy Refresh

The Chief Strategy Officer introduced the report and advised that good progress had been made in relation to review of local, regional and national policy documents. The Board noted that since the Trust Strategy was launched in 2022 the Strategy would be refreshed to include the Trust's progress it's Improving Together programme, the 2024 Staff survey results and would recognise government policy shifts. Prevention, wellness and equality would be reflected in the refresh and the Trust's need to deliver on productivity. The Board noted the internal and external engagement plan set out in the report.

The Chief Strategy Officer confirmed that the Strategy refresh would reflect the current environment the Trust was in but would not specifically reference the financial challenge. The Board discussed the importance of the engagement process and that the Clinical Services Strategy underpinned the Trust Strategy.

09/25 Standing Financial Instructions (SFIs)

The Chief Finance Officer introduced the SFIs that were reviewed on an annual basis and had been submitted to the Audit & Risk Committee as well as being reviewed by Counter Fraud and External Audit. The Audit & Risk Committee had recommended the revised SFIs for approval.

The Board approved the SFIs subject to the scheme of delegation for the Chief Executive being reduced by £1 as well as references to the temporary financial controls recently implemented.

Action: N Lloyd

10/25 Standing Orders

The Board received the recommendation from the Audit & Risk Committee and approved the Standing Orders.

11/25 Work Plan

The Board received the work plan for 2025.

12/25 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 26 March 2025 at 09.00

SIGNED:

DATE:

Public Board of Directors Matters Arising Schedule **Agenda Item 5**

Date	Minute Ref	Subject	Matter Arising	Owner	Update
29 January 2025	01/25	Patient Story	It was agreed that the Chief Nursing Officer would confirm whether the Trust recommended Healing ALS to patients.	K Prichard-Thomas	The Neurology service confirmed signposting patients, families and carers to the UK Motor Neurone Disease Association and TuVida for carers and Citizens Advice Bureau.
29 January 2025	06/25	Chief Executive's Report	The final 2024 staff survey results would be presented to the Board in March 2025.	D Fairley	Item on the agenda
29 January 2025	07/25	Integrated Performance Report (IPR)	The Chief Operating Officer highlighted the Trust's performance against the 62-day cancer standard metric was better than other trusts and workstreams would be implemented following receipt of funding from the Thames Valley Cancer Alliance. Challenges remained in lower gastrointestinal, skin and gynaecology and there was a focus on these areas. Further detail on this standard would be discussed with the Quality Committee.	D Hardy	A review of this metric has been scheduled on the Quality Committee work plan.
29 January 2025	09/25	Standing Financial Instructions (SFIs)	The Board approved the SFIs subject to the scheme of delegation for the Chief Executive being reduced by £1 as well as references to the temporary financial controls recently implemented.	N Lloyd	Completed.

Royal Berkshire NHS Foundation Trust

Minutes

People Committee

Monday 3 December 2024
14.00 – 12.00
Video Conference Call

Members

Prof. Parveen Yaqoob	(Non-Executive Director) (Chair)
Mr. Don Fairley	(Chief People Officer)
Dr. Minoo Irani	(Non-Executive Director) (from minute 52/24)
M. Catherine McLaughlin	(Non-Executive Director)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

In Attendance

Miss. Kerrie Brent	(Corporate Governance Officer)
Mrs. Suzanne Emerson-Dam	(Deputy Chief People Officer)
Mr. Dwayne Gillane	(Associate Director Occupational Health and Wellbeing)
Steve McManus	(Chief Executive Officer) (until minute 54/24)
Ms. Jess Palmer	(Guardian of Safe Working) (for minute 54/24)
Mr. Pete Sandham	(Associate Director for Staff Experience and Inclusion)

Apologies

Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Helen Mackenzie	(Non-Executive Director)

49/24 Declarations of Interest

There were no declarations of interest.

50/24 Minutes: 30 September 2024 and Matters Arising Schedule

The minutes of the meeting held on 3 September 2024 were approved as a correct and would be signed by the Chair subject to the inclusion of the Deputy Chief People Officers' attendance.
Action: K Brent

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

Minute 43/24 (21/24): Guardian of Safe Working: The Chief People Officer would follow sharing the success of the Trust's out of hour's food provision service with other providers in the ICB with the Director of Estates & Facilities. **Action: D Fairley**

Minute: 38/24: Guardian of Safe Working Report: It was noted that work was in-progress to undertake an urgent review with the medical rota teams to understand the data. An update would be provided at the next meeting. **Action: D Fairley/J Lippett**

51/24 Chief People Officer Report

The Chief People Officer introduced the report and advised that the Trust had implemented phase 1 of moving circa 300 agenda for change band 2 Healthcare Assistants to Band 3 in October 2024, backdated to 1 April 2024. Phase 2 of the programme would commence in January 2025 and would focus on negotiating any outstanding back pay. Subject to reaching an agreement in time, the arrears would be paid to staff in April 2025. Work was on-going to review and consider members of staff that had been promoted proceeding 1 April 2024 that would not ordinarily be included.

An update was provided in relation to the collective consultation for increasing non-clinical staff notice periods that had now completed. The majority of feedback received was supportive of the proposed increase in notice periods and no counterproposals were received. Therefore, the Trust would amend the notice periods with effect from 1 January 2025. Feedback had since been provided to trade unions and communication about the change would be circulated to all staff on Workvivo today.

The Committee noted that there had been a positive increase in active coaches and mentors. The total was now 45 with a further 13 individuals currently undertaking the level 4 Coaching Professional qualification. In addition, the coaching and mentoring platform was due to launch in November 2024 on the Learning Matters system.

The Chief People Officer highlighted that positive feedback had been received from Thames Valley Chambers of Commerce (TVCC) in relation to the Trusts' What Matters Engagement Programme and the opportunity to share this more broadly. It was noted that there was an opportunity to develop long-term commercial opportunities by providing services and expertise on a larger scale. It was agreed that this was also the case for a number of organisational development programmes, including the Improving Together methodology and the People Promise work.

The Committee received a detailed update on the changes made to the work related stress policy to target sickness absence and encourage proactive management and moving from reactive to prevention measures.

The Chief People Officer confirmed that the results were awaited for the NHS Staff Survey 2024 and would reported once received.

52/24 Chief People Officer Metrics

The Chief People Officer introduced the performance against driver metrics for Quarter 2. Good improvement had been made in turnover and job plans as well as agency and temporary staffing costs that was the lowest in the South East region.

The Committee noted that challenges remained in stability and turnover less than 12 months. In addition, although the Trust was not outlier, challenges remained in high sickness absence. Work was on-going to reduce this further to reduce temporary staffing costs.

The Chief People Officer confirmed that the actual appraisal rate was 89% and not 93% as reported. The error was related to a view over 13 months due to planning timeliness of reporting and capacity. It was recognised that the Care Groups had specifically been focusing on appraisal rates and the improvement had been reflected in the figures. Appraisal masterclasses continue to target appraiser's knowledge gaps and appraisal chasing continues to target those of noncompliance. In addition, some technology issues were identified and a review of system

issues and processes was underway. The Committee agreed that the learning and success from the Care Groups should be shared more widely. **Action: D Fairley**

An update was provided as to the on-going Recognising Individuals Successes and Excellence (RISE) Talent Management programme and succession planning work. The Committee noted that the aim was to ensure that the programme was rolled out to all bands and pathways in 2025 as well as development and promotions aligned to the pathways. In addition, there was a need for flexibility in the system to tailor conversations to individual circumstances that included end of career and retirement conversations and how the Trust could support individuals transitioning.

The Committee queried what the measures of success were for the smoking cessation and up the anti-programmes. The Chief People Officer confirmed that the overall indicators formed part of the People Strategy. In addition, the inclusion of local pedometers was suggested to identify and track people experiencing direct discrimination at work as part of the up the anti-programme.

The Committee noted the inclusion of a productivity metric on the dashboard. However, it was noted that the metric required further work that was on-going to ensure the metric was clear and highlighted what good looked like and how this would be measured. The review would also consider external partners' views.

The Committee discussed the reporting measures for the smoking cessation programme and the importance of reflecting this. The Chief Nursing Officer highlighted that the Trust continued with the tobacco dependency plan as well as continued connections with Director of Public Health in Reading and Datix reported incidents. On a larger scale, smoking rates nationally, locally and as an organisation were being reviewed to provide an indictor measure. In addition, qualitative measures in relation to behaviours and reputational impact were being considered in how the Trust could be an anchor institute to promoting health.

It was noted that evidence from staff health and wellbeing checks suggested that levels of staff that smoked was not significant. However, this did not correlate with walk-arounds carried out by the Chief Nursing Officer.

The Committee discussed how this programme would be tracked and whether the focus would be on prevention work and health promoting hospital or through a health and wellbeing focus.

The Committee agreed that the metrics highlighted good interventions and identified important areas for focus in the next quarter in achieving the Trusts' overall People Strategy.

53/24 People Strategy 2023/27 Progress Report

The Associate Director of Staff Experience and Inclusion provided an overview of the year-end delivery position. Overall, the strategy performance summary evidenced a strong first year, with the majority of measures trending positively. The Committee received the summary of the key outcomes that highlighted good improvements in; experience, turnover, health and wellbeing services, as well as the overall driver metrics. Areas of challenge where further focus remained was in sickness absence rates and staff leaving to pursue education training outside the Trust. In addition, although improvements had been identified in Global Majority representation in senior Agenda for Change roles it was agreed that further focus at pace was required to progress the ambition.

The Committee noted that a number of metrics awaited the outcome of the 2024 NHS Staff Survey. Updates on performance against metrics and a work plan would be submitted to the meeting in February 2025. **Action: P Sandham**

The Committee suggested that the strategy be considered for a Board seminar session as well as contribute to the overall Trust strategy review and trainee leadership board programme next year. **Action: D Fairley**

54/24 Guardian of Safe Working Report

The Guardian of Safe Working introduced the report and highlighted that exception reports in quarter 1 was at 159. This was an increase relative to the previous quarter, but comparable to 2023/24 figures. Late finishes and missed breaks remained the most common reasons for reporting. Further work was underway to understand management of rota gaps.

The Guardian of Safe Working highlighted that exception reports remained high. However, work was on-going to understand the data. Once confirmed, an update would be provided to the Committee. **Action: J Lippett**

The Committee queried whether benchmarking and insights had been gained from other trusts. The Guardian of Safe Working confirmed that contact had been made with the Guardian of Safe Working for Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust to discuss how they are managing this.

The Committee acknowledged that administrative support to the Guardian of Safe Working was limited.

55/24 Equality Diversity and Inclusion Update

The Associate Director of Staff Experience and Inclusion introduced the report and highlighted that challenge remained in global majority representation in senior roles and was a driver metric for the department. Work continued with the Chief Nursing Officer as stratification identified a lower average in Nursing, Midwifery and Allied Health Professional roles; this work included significant expansion to coaching and mentoring, a review of the recruitment selection process and sponsorship.

The Committee noted the update in relation to work in response to the NHS Sexual Safety in Healthcare Charter.

The Associate Director of Staff Experience and Inclusion noted that the delivery of the six National High Impact actions set out in the NHS Equality, Diversity and Improvement (EDI) plan was progressing well as and highlighted the areas for focus over the next three months. One area related to audit and assurance that board members had specific EDI related objectives that the Trust had decided to extend further to include leaders in band 8a positons. This would be undertaken as a stratified random audit. The Committee noted that all appraisals had a specific related requirement to demonstrating EDI improvement.

56/24 Board Assurance Framework

This item was deferred and would be submitted to the next meeting. **Action: K Brent**

57/24 Corporate Risk Register

The Chief Nursing Officer introduced the risk register that had been reviewed in length at the Integrated Risk Management Committee (IRMC) in October 2024. The Committee discussed and agreed the recommendation to close risk 5611 related to the industrial action as it was

agreed that this was no longer an immediate risk. However, any risk related to GP strikes that had an impact on specific departments would be held on department risk registers.

The Committee noted that the IRMC reviewed and approved the HR Risk Register.

58/24 Work Plan

The Committee received the work plan

59/24 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- Noted the launch of the coaching and mentoring platform in November 2024
- Noted the changes made to the work related stress policy to target sickness absence and encourage proactive management and moving from reactive to prevention measures
- Good progress made in year one of the People Strategy 2023/27 and the priority actions for progression of ambitions
- Good progress made in the delivery of the six National High Impact actions set out in the NHS Equality, Diversity and Improvement (EDI) plan and the inclusion of staff at band 8a
- Noted the improvement in appraisal rates achieved by the Care Groups through specific driver metric focus

60/24 Reflections of the Meeting

The Associate Director for Staff Experience and Inclusion led a discussion.

61/24 Date of the Next Meeting

It was agreed that the next meeting would be held on Thursday 6 February 2024 at 13.00pm

Chair:

Date:

Royal Berkshire NHS Foundation Trust

Minutes

People Committee

Thursday 6 February 2025
13.00 – 15.00
Boardroom, Level 4

Members

Prof. Parveen Yaqoob	(Non-Executive Director) (Chair)
Mr. Don Fairley	(Chief People Officer)
Dr. Minoo Irani	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
M. Catherine McLaughlin	(Non-Executive Director)

In Attendance

Ms. Karolyn Baker	(Associate Chief Nurse, Workforce, Improvement & Standards) (for Minute 08/25)
Miss. Kerrie Brent	(Corporate Governance Officer)
Mr. Dwayne Gillane	(Associate Director Occupational Health and Wellbeing)
Ms. Christine Harding	(Director of Midwifery) (for Minute 08/25)
Ms. Jess Palmer	(Guardian of Safe Working) (for Minute 06/25)
Ms. Candice Reed	(Head of Learning and Engagement Services and Co-Chair of Women's+ Network) (Observing)
Mr. Pete Sandham	(Associate Director for Staff Experience and Inclusion)
Mr Graham Sims	(Chair of the Trust)

Apologies

Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

01/25 Declarations of Interest

There were no declarations of interest.

02/25 Minutes for Approval: 3 December 2024 and Matters Arising Schedule

The minutes of the meeting held on 3 December 2024 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 included on the agenda.

Minute 50/24 (43/24) (21/24): Guardian of Safe Working: The Chief People Officer would follow sharing the success of the Trust's out of hour's food provision service with other providers in the ICB with the Director of Estates & Facilities. **Action: D Fairley**

Minute 50/24 (38/24): Guardian of Safe Working: It was noted that work remained in-progress to undertake an urgent review with the medical rota teams to understand the data. An update would be provided at the next meeting. **Action: D Fairley/ J Lippett**

Minute 53/24: People Strategy 2023/27 Progress Report: A Board seminar session was being considered as part of 2025/26 planning on the topic of 'people' as well as the Strategy.

Action: D Fairley

03/25 Chief People Officer Report

The Chief People Officer introduced the report and highlighted that the Trust had recently signed the NHS England Memorandum of Understanding (MOU) for the statutory and mandatory training (StatMand) programme. The programme aim was to optimise, rationalise and redesign statutory and mandatory training across all NHS organisations to improve staff experience, deliver better outcomes and reduce the time burden, particularly when moving around the NHS. A national staff announcement was planned later this month.

The Committee noted that following the Government's announcement that the National Living Wage would increase to £12.21 from 1 April 2025, NHS Employers had advised that those staff in Agenda for Change bands 1 and 2 and those on the entry point of Band 3 would receive an advance payment of the 2025/26 pay award from 1 April 2025.

The Chief People Officer confirmed that notice had been given to end the contract with Patchwork E-Rostering effective 8 February 2025. However, this did not impact the contract with Patchwork Bank for filling bank shifts. Options were being explored that included the possibility of working with Buckinghamshire Healthcare NHS Trust who had developed their own product. The Chief People Officer confirmed that stakeholder engagement would be considered as part of the procurement process.

The Committee noted the on-going work as part of the Scaling People Services and Acute Provider Collaborative (APC) to review Corporate services that would include the sharing of services and system-wide improvements and transformation. The recruitment and on-boarding services had been identified as the first service for scaling opportunities.

The Committee acknowledged the national decline in uptake for Flu and COVID vaccines. However, noted that the Trust uptake position to date was 47% for Flu and 35.7% for COVID that was slightly lower than the previous year, although the Trust was a high performer nationally.

The Committee discussed the external funding for Staff Health Checks that was due to end in March 2025. Options had been explored. However, no further funding had been procured to maintain the service. It was concluded that the service would be maintained via the Occupational Health department. However, this would be at a reduced rate. In addition, the data collected would be used to further progress targeted work streams such as diabetes.

The Associate Director for Staff Experience and Inclusion confirmed that tracking of progress was on-going in relation to the Global Majority Aspiring Leaders Programme. It was anticipated that there would be a 40% to 50% transition rate of moves to senior posts.

04/25 Chief People Officer Metrics

The Chief People Officer introduced the driver metrics for Quarter 3. Overall, turnover rate was improving. However, work was on-going to progress this as well as stability to improve the rates. There was also a continued focus on staff costs due to the Trust's financial position.

The Committee noted the increase in sickness absence rate was 4.04% in-month and remained above the Trust target of 3.3%. However, the increase had been anticipated due to the winter months and seasonal illnesses. Coughs, colds and flu remained the highest cause of absence in

December 2024. Although, mental health was the highest cause of absence overall for Quarter 3. The Employee Relations team continue to undertake a focussed approach to sickness absence management as part of the Improving Together programme. In addition, COVID and flu vaccinations uptake had been compared and there was a lower uptake in certain areas that would be targeted. The Committee noted that the Trust benchmarked well to average against other trusts.

It was noted that the Health and Safety Executive (HSE) had recently rejected claims that the University of Birmingham had taken reasonable action to prevent work-related stress after complaints were made by the union. The Committee noted that the Trust was in a good place in comparison and noted the range of preventative measures being applied, including risk assessments, referrals to Occupational Health, the Employee Assistance Programme (EAP), seasonal packs, health and wellbeing initiatives and supporting managers.

The Committee noted that 11% of employees had still not had their appraisal completed following the reduced target of 90%. The Chief People Officer advised that there was continued focus to improve this with a number of areas identifying improving these rates through driver metrics and the Improving Together Programme. However, it was agreed that further focus and intervention was required in specific areas, including medics. This would be progressed through the Executive Management Committee. **Action: D Fairley**

The Committee queried whether the uptake in staff exit surveys had increased following the work completed to re-model the surveys. The Associate Director for Staff Experience and Inclusion would provide an update at the next meeting. **Action: P Sandham**

The Committee noted the targeted intervention for areas with high turnover rates.

05/25 NHS Staff Survey Results

The Chief People Officer provided a high level overview of the 2024 Staff Survey results that were currently embargoed until late February 2025. Early insights indicated that the Trust had received the best ever results being the top overall performing out of 61 trusts in the country for the Picker sample. Although there was an overall national decline, the Trust's position had improved and continuous improvement had been noted against both the trajectory and benchmarked position.

Key areas demonstrating biggest in year improvements included reporting culture, immediate managers, reasonable adjustments, appraisals and advocacy measures being satisfaction with standard of care provided and recommendation as place to work.

The biggest average score in year deteriorations related to corporate services, estates, application infrastructure and digital, data and technology (DDaT). However, it was acknowledged that due to the current financial position and the on-going consultation in DDaT this was anticipated.

The Committee noted the importance of communication and recognition of follow up work. It was noted that the full report would be submitted to EMC and Trust Board in March or April 2025 following the National publication of data in late February 2025 and a detailed analysis and improvement plan would be submitted to the next meeting. **Action: D Fairley**

06/25 Guardian of Safe Working Report

The Guardian of Safe Working introduced the report and highlighted that there had been a reduction in the number of reports between November 2024 and January 2025. The Committee noted that this was an encouraging position considering the current circumstances.

A Medical Services Manager had been appointed to the Medical Rota team that would directly support the Guardian of Safe Working.

It was noted that in relation to vacancies there was an increase of 10 F1s this academic year, as the Trust agreed to host "placeholder F1s" due to oversubscription nationally to the Foundation Programme. However, there were three F2 posts unfilled as two planned to leave the programme. It was noted that all posts were being actively recruited with targeted start dates of February 2025.

The Guardian of Safe Working highlighted that work was progressing with Buckinghamshire Healthcare NHS Trust and Oxford University Hospitals to compare data in the South East Region as there was no national benchmark.

National guidance regarding the changes to exception reporting proposed in the recent offer to resident doctors was awaited from the British Medical Association (BMA) and NHS employers. The aim of the changes was to simplify the process of exception reporting and reduce perceived barriers, including removing the clinical supervisor element administrators to accept anything less than two hours.

The Committee queried whether safe working hours was reviewed as part of appraisal discussions. The Guardian of Safe Working confirmed that resident doctors completed annual reviews of competencies often conducted outside the Trust as part of the training programme and therefore this was not discussed specifically at appraisals. The Chief Medical Officer confirmed that any issues that arose in particular organisations were flagged and individual discussions were held with departments. In addition, as part of the resident doctor survey department actions plans are developed. Other routes included Freedom To Speak Up and via the Joint Local Negotiating Committee (JLNC).

The Committee was assured that safe working hours were being appropriately monitored.

07/25 Gender Pay Gap Report

The Associate Director of Staff Experience and Inclusion introduced the report and highlighted the gender pay gap position for the financial year 2023/24 had identified a mean gender pay gap of 19.96% and a median pay gap of 10.9%. This represented a decrease of 1.23%, the lowest gap reported since reporting requirements commenced in 2017.

The Committee noted that structural workforce composition was the key factor affecting the reported position. In particular Medical and Dental staff made up the vast proportion of the 500 highest hourly rates at 84% compared to 79% in 2023. 48.6% of the top 500 rates were male medics. The male composition of the Trust overall was 24%. The exclusion of Medical and Dental staff from the overall analysis would result in no gender pay gap.

The Committee noted that the Trust mean gender bonus pay gap position was improving and a 0% median gender bonus pay gap was maintained.

The Committee agreed that continued focus on improvements through the delivery of the actions as set out in the improvement plan 2025-2027 was important. The Committee agreed that there was a need to identify specific targets in Medical and Dental. In addition, work was on-going to engage with the staff network to develop a delivery plan.

The Committee approved the publication of the 2024 Gender Pay Gap report and was assured that a plan was in place to address the pay gap whilst recognising the challenges.

Action: D Fairley

08/25 Nursing & Midwifery Safer Staffing Review

The Associate Chief Nurse, Workforce, Improvement & Standards introduced the report and highlighted the outcome of the bi-annual national mandated review of safer staffing and skill mix. Recommendations had been considered and triangulated with the care quality indicators, the Safer Nursing Care Tool (SNCT) recommendations over two data periods as well as professional judgement. As a result of this process, several recommendations had not been progressed. All recommendations were professional recommendations from a quality and safety perspective and would be aligned with planning discussions for 2025/26. It was noted that some element of risk could be considered in relation to the recommendations made. However, there were also some that provided a cost saving opportunity.

The Committee noted the recommendations had been presented to the Executive Management Committee in December 2024 where it was suggested that each recommendation should be considered by Care Groups as part of planning and budget discussions for 2025/26.

In addition, the Director of Midwifery presented the recommendations in relation to Birth-rate plus in Maternity, undertaken every three years, whereby the team had been asked to produce an Equality Impact Assessment (EQIA) on the impacts of not progressing the recommendations. There was some opportunity to review whether these recommendations could be phased or funding through other means. The Committee noted the significant increase in acuity of women that required additional midwifery care due to complexities.

The Committee acknowledged the risk to not achieving the Maternity Incentive Scheme (MIS) funding in the event of recommendations not being implemented by the end of the next financial year. However, the Committee was assured that the process was being conducted in a robust way.

09/25 Board Assurance Framework

The Committee received the Board Assurance Framework.

10/25 Committee Annual Review of Effectiveness and Terms of Reference

The Committee approved the annual review of effectiveness subject to the addition of Minoo Irani and Catherine McLaughlin attendance to section 3 bullet point 3.2 **Action: C Lynch**

The Committee approved the terms of reference for approval by the Board. **Action: P Yaqoob**

11/25 Work Plan

The Committee received the work plan

12/25 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- Received good assurance on the initial 2024 Staff Survey Results indicating the Trust was the top performing trust nationally in the Picker sample
- Noted key improvements and areas of deterioration in the preliminary results from the 2024 Staff Survey and the required focus on key areas, including Corporate Services for further insight
- Received good assurance that safe working hours were appropriately monitored and addressed
- Approved the publication of the 2024 Gender Pay Gap report, noting the targeted action plan in place
- Noted the robust process to consider the implementation of recommendations identified in the Safer Staffing review as part of 2025/26 planning and budget discussions
- Recommended approval of the Committee Annual Review of Effectiveness and Terms of Reference

13/25 Reflections of the Meeting

Minoo Irani led a discussion.

14/25 Date of the Next Meeting

It was agreed that the next meeting would be held on Thursday 1 May 2025 at 14.00pm

Chair:

Date:

People Committee Annual Report 2024/25

Parveen Yaqoob
Chair, People Committee

Caroline Lynch
Trust Secretary, People Committee

1 Summary

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

2 Governance

2.1 The role of the Committee is to keep abreast of the external environment and the workforce consequences and implications and support the development of the people strategy and ensure strategic priorities are being addressed.

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

2.3 The People Committee monitor workforce metrics; review areas of concern and report issues and plans to address them to the Board. The Committee requests and reviews reports and positive assurances from executives on the overall arrangement for Human Resources, workforce planning and learning and development.

2.4 Priya Hunt was Chair of the People Committee until September 2024. Parveen Yaqoob was appointed Chair from September 2024.

2.5 The Committee's terms of reference were approved by the Board in March 2024. The Committee maintains an annual work plan.

3 Meetings and Membership

3.1 The Committee met formally on four occasions between February 2024 and December 2024.

- 15 February 2024
- 2 May 2024
- 30 September 2024
- 3 November 2024

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

Member	Maximum Number of Meetings	Number Attended
Priya Hunt	3	3
Parveen Yaqoob	4	4
Don Fairley	4	4
Katie Prichard-Thomas	4	4
Janet Lippett	4	3
Catherine McLaughlin	2	2
Minocher Irani	2	2

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

Director of Organisational Development, Engagement and Inclusion, Head of Workforce Information and Systems and the Associate Director of Occupational Health & Wellbeing.

4 Assurance

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

- Guardian of Safe Working Annual Report
- People Strategy Operational Delivery Plan
- NHS Staff Survey Results
- Nursing & Midwifery Safer Staffing Review
- Occupational Health Annual Report
- Workforce Race Standard Equality Annual Report
- Workforce Disability Standard Equality Annual Report
- Medical Revalidation Annual Report
- Gender Pay Gap Report
- People Strategy

4.2 The Committee also received regular quarterly reports including:

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

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

- MAST and appraisal compliance
- What Matters 2024
- Recruitment driver metrics
- Exit Interviews and Surveys

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

- Mandatory and Statutory Training (MAST)
- Care Group Appraisal Compliance Rates
- Recruitment & Retention
- Violence & Aggression
- Talent Management and Succession Planning
- National Sexual Safety At Work Charter
- Smoking Cessation Project

People Committee

Terms of Reference

Constitution and Membership

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

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

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

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

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

Attendance

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

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

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

Frequency of Meetings

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

Monitoring

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

The Committee will conduct an annual review of its effectiveness with its terms of reference and submit any findings and proposals for changes to the Board of Directors for consideration.

Duties

The main duties of the group will be:

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

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

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

To support the development of the People strategy, develop and monitor key measures to ensure strategic priorities are being addressed.

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

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

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

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

Reporting

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

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

Reviewed by the Committee:

Approved by the Board:

Quality Committee

Wednesday 4 December 2024
10.00 – 12.00
Boardroom, Level 4

Members

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Dr. Bal Bahia	(Non-Executive Director)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In Attendance

Miss. Kerrie Brent	(Corporate Governance Officer)
Mrs. Christine Harding	(Director of Midwifery) (for minute 77/24)
Mr. Atul Kapila	(Research and Innovation Director) (for minute 83/24)
Ms. Alexandra Luke	(Director of Operations, Planned Care)
Ms. Leslie Mokogwu	(Head of Research and Innovation) (for minute 83/24)
Mr. Mike O'Donovan	(Non-Executive Director)

Apologies

Mrs. Caroline Lynch	(Trust Secretary)

71/24 Declarations of Interest

There were no declarations of interest.

72/24 Minutes from the previous meeting: 30 September 2024 and Matters Arising Schedule

The minutes of the meeting held on 30 September 2024 were approved as a correct record and signed by the Chair.

The Committee noted the matters arising schedule. All matters were either completed or included as items on the agenda.

Minute 50/24: Minutes 34/24 Serious Incidents including Maternity (SIs) last report: DH confirmed that a risk had been added to the Corporate Risk Register for some time in relation to addressing large numbers of unprocessed maternity messages in Cerner message centre. Jon Swinburn, Deputy Chief Clinical Information Officer (CCIO) had been identifying any historic or otherwise validated in the system messages that could be removed. Further to this, the Operational Management Team (OMT) meeting were identifying individuals with high volume messages in message centre for review.

Minute 51/24: Patient Safety Incident Reporting Framework (PSIRF) Thematic Review Quarter 2 (including Never Events): JL advised that lessons learned would be captured as part of the thematic analysis of PSIRF. In addition, JL confirmed that any learning identified from patient incidents was collated and shared with the organisation.

73/24 Patient Safety Report

KP-T introduced the report and highlighted the progress made against Call 4 Concern and Martha's Rule and the on-going work to progress the Worry and Concern working group and questionnaire.

No specific trends had been identified in comparison to quarter one 2024/25 PSIRF thematic review. It was noted that an end of year evaluation and review had been commissioned. General feedback from clinical teams had been positive and they felt they were recognised. KP-T noted that the focus was to develop a robust training plan across the organisation that was proportionate to the level of involvement that individuals had in PSIRF.

The Committee agreed that in addition to Call 4 Concern statistics it would be useful to provide case studies that demonstrated the outcomes and learning from the service. KP-T confirmed that this would be considered for future reporting. In addition, a safety summit that triangulated all safety learning would be developed. **Action: K Prichard-Thomas**

The Committee queried whether the data provided granular detail on what routes of escalation had been taken ahead of reporting to the Call 4 Concern service for learning purposes. KP-T confirmed that although this was not the national focus at this stage this could be undertaken. However, resource was constrained.

The Committee noted the Clinical Accreditation Scheme (CAS) that would commence as a pilot in January 2025. The scheme would involve all of the clinical areas and would align with other assurance programmes, such as the CQC peer review process and university accreditation scheme.

The Committee received assurance that appropriate response and action had been undertaken in relation to the recently declared never events.

74/24 Integrated Performance Report (IPR) Quality Watch Metrics

The Chief Medical Officer introduced the watch metric and highlighted that the Trust had met its current C.Diff (Cumulative – Trust Apportioned) target for the year that was 39. It was recognised that this did not reflect a good position heading into the winter period. However, an error in data submission had been identified that had resulted in why the Trust had received the target. This was currently being discussed with NHS England regional teams in the attempt to obtain a revised target. However, the Trust was not confident that this would result in a revised target and therefore would result in performing over trajectory for 2024/25. In relation to this, good work had been undertaken in antimicrobial stewardship as well as an action plan generated to further progress reducing antimicrobial prescribing in line with other organisations. However, the Committee acknowledged that that there was a significant difference in target the Trust had compared with others. It was noted that this had formed part of discussions with NHS England regional teams.

The Committee noted that there had been a positive 50% reduction in endoscopy waits for patients and the significant work undertaken to achieve this.

Complaints response times remained an issue, although improvements had been recognised and it was anticipated that this reflected where the team had been addressing a backlog and going forward improvement was expected.

75/24 Quality Governance Committee Exception Report

The Committee received the report and noted the areas for escalation, violence and aggression, complaints and procedural documents compliance. It was reflected that further work was required to improve these areas and that it would be helpful to received next steps as part of the report.

76/24 62 Day Cancer Standard

The Chief Operating Officer introduced the report and highlighted the position of 80.3% reported performance against the 75% target in December 2024. The Committee noted that the target was planned to increase to 77% next year and the Trust was confident that it would continue to achieve the standard. The Committee noted the actions highlighted in the report to either remedy performance by pathway or further improve it.

The Director of Operations, Planned Care highlighted that the anticipated focus for 2025/26 was the 31-day target driven by the Faster Diagnosis Standard (FDS) data; the position was currently at 93.9% against a target of 96%. Three areas of focus had been identified; a business case had been developed to expand the number of beds and days for chemotherapy that would be funded by Newbury Cancer Charity for year 1. A review of the Trusts surgical capacity in gynaecology and urology would be undertaken in January 2025 as well as, training provided to teams to understand the 31-day target. In addition, a review of the radiotherapy would be conducted to ensure the service it was efficient and there was good oversight, as well as, progressing the work to introduce a new linac.

The Committee queried whether the radiotherapy department was sufficiently staffed. The Director of Operations, Planned Care confirmed that there were a number of vacancies unfilled. However, work was on-going to improve clinical career progression planning and skill mix.

The Committee noted that the review of administration support as well as clinical support would consider how the service used its resource more effectively.

The Chief Operating Officer noted that gynaecology have recently reviewed programmed activity resource to support a job plan for a surgeon who could both supplement existing capacity and make sure that lists go ahead. In addition the team were reviewing the frequency of Multidisciplinary Team (MDT) meetings.

The Chief Operating Officer highlighted that at present the Trust was dependent on insourced capacity and RATI premium rated sessions to supplement the capacity required, particularly in Endoscopy. The focus would be to pay normal rates to sustain performance and improve it. In light of the financial position, Equality Impact Assessments (EQIAs) had been reviewed in relation to this expenditure at the Efficiency & Productivity Committee where it was decided that the Trust would not take steps to further limit this but would reduce the Vitalis insourcing contract marginally the remainder of the year. However, this would be subject to a further review. Although, it was acknowledged that this was a risk there was mitigations in place.

77/24 Maternity Quality Assurance including Quarter 2 Perinatal Mortality Report

The Committee discussed the birth rate plus recommendations and it was noted that a report would be submitted to the Executive Management Committee. The Chief Nursing Officer confirmed that the recommendations would consider the Trust financial position as well as equality and safety. However, the Committee noted that not implementing the birth-rate plus recommendations might be detrimental to the Trust declaring compliance with the Maternity Incentive Scheme (MIS) in 2026/27.

The Director of Midwifery highlighted that a report had been received from the Maternity Neonatal Safety Improvement Programme (MNSI) with no safety recommendations. The report noted a number a of safety prompts that were not causative to the outcome. These would be responded to in the same way as safety recommendations and an action plan would be developed.

The Committee noted that the MIS declaration for 2025/26 was due to conclude. It is expected that the Trust will be fully compliant again.

The Director of Midwifery advised that the safer staffing and birth-rate plus review evidenced that the complexity of mothers had significantly increased. It was noted that this was a trend across organisations.

The Committee recognised the on-going issues with the bleep system. However, were satisfied that mitigations and actions as well as monitoring and reporting were adequate and funding had been allocated to address this with a new bleep system.

The Director of Midwifery noted that the BOB ICB were well informed in relation to neonatal nursing staff levels and regular meetings were held with both the neonatal network and the BOB ICB. A review of impact and data was being collated to present to the ICB.

78/24 Children & Young People Strategy

The Committee received the strategy that had been updated following review at this and various other Committees. The Committee noted that a number of stakeholders had been involved in the development of the strategy and assurance was provided that it aligned to the national Darzi review and the NHS long-term plan. The Committee noted the importance of ensuring that this strategy was considered as part of the overall strategy refresh work for the Trust currently in progress to ensure alignment. The Chief Nursing Officer confirmed that delivery plans were in development and a session had been organised with the Youth Forum to further develop the delivery objectives.

The Committee approved the Children & Young People Strategy.

Action: K Prichard-Thomas

79/24 Steris Update

The Chief Medical Officer provided a verbal update. It was noted that the Portman Road site was running on three autoclaves that was adequate to maintain flow of surgical equipment. The teams continued to hold daily meetings to discuss equipment requirements for the operating lists as a precaution through the changeover period. In additional three meetings a week were held with the national team to raise and escalate any issues as well as discussions in relation to back pay of the Fast Track costs.

Endoscopy go-live from the new site in Loverock Road took place on 25 November 2024. Unfortunately, 10 patients had to be cancelled in the immediate go-live period due to logistics issues that have since been resolved. A date had recently been received for the go-live date from Steris for the Loverock Road site on 21 December 2024. It was noted that this would be managed through theatres and the Directorate Managers following a review of lists and kit needed for this period and there was a suspected decrease in the demand over the Christmas period. The Trust was also assured that Steris had organised engineering support for all that period other than Christmas and Boxing Day including a business continuity plan of diverting to Chessington supplies as well as continuing to use the three old autoclaves at Portman Road.

The Director of Operations, Planned Care confirmed that learning from Endoscopy go-live had been considered and would be implemented for lists would planned for January 2025.

80/24 Quality Strategy Update

The Chief Nursing Officer presented the year one strategy position. The Committee noted that good progress had been achieved in the launch of the strategy and aligning this to the Improving Together methodology. Work continued in the delivery of the strategy and was evidenced in the ambition dashboards. However, it was noted that further work was required to refine the dashboards and include existing collected data to evidence assurance and progress against each ambition. The Committee agreed that once refined, the dashboard should form future reporting with an overall summary page.

81/24 Legal Services Report

The Chief Nursing Officer introduced the report and highlighted the overall improvement within the Legal Services team. It was noted that the Trust did not have any outlying specialties when comparing with national data and averages, although it was recognised that there was further opportunity to triangulate themes and embed best practice and learning in relation to complaints and incidents.

The Chief Nursing Officer highlighted the rising complexity, particularly in relation to inquests and the financial impact and resource.

The Committee discussed the increasing insurance premium rates and the need for work reduce this. It was noted that weekly meetings were held with the Head of Legal, Head of Complaints and Head of Safety to triangulate significant incidents and complaints to identify opportunities for improvement. This work would be shared with the care group governance leads.

The Committee discussed the lack of clarity in relation to the figure that indicated a larger number of birth injuries when benchmarking against other trusts. However some trusts noted in the data do not provide maternity services. The Committee agreed that further work was required to understand what the data was portraying and what actions should be taken as a result of this. **Action: K Prichard-Thomas**

82/24 Equality Impact Assessments (EQIA) Update

The Chief Nursing Officer introduced the report and highlighted the significant work undertaken to develop a policy and robust process for Quality Impact Assessments across the Trust with support from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). As part of this, further guidance and an options process had been implemented for those EQIAs that had a quality impact. Good assurance had

been received from the Care Groups and a EQIA tracker had been developed. In addition, in light of the Trust financial positon, a further review of those EQIAs partially or not progressed would be revisited for consideration for 2025/26.

The Committee discussed future reporting and agreed that one table would be developed that could be presented both at this Committee and the Finance & Investment Committee that reflected that EQIAs were being considered from both a quality and financial perspective. **Action: J Lippett/K Prichard-Thomas**

83/24 Research & Innovation Annual Update

The Committee received the presentation. The Head of Research and Innovation highlighted that the annual patient survey had indicated strong performance over the last year with 86% of patients indicating that they would take part in another research study. Areas for improvement had been identified in dissemination or access to study outcomes. This would be an area of continued focus for the department including capturing benefits.

The Head of Research highlighted that circa 4700 participants had been recruited in 2023/24 across 28 specialities. A number of areas had been identified for future progression of research activity including surgery and dermatology.

The Committee noted the positive Global Clinical Site Accreditation (GCSA) accreditation achievement as well as the fact the Trust was the first NHS trust to achieve this. The accreditation had provided an independent quality assurance of the Trusts research processes as well as providing further visibility nationally specifically for commercial sponsors.

The Committee noted a number of on-going innovative opportunities and commercial studies that would benefit patients in having access to treatment as well as generate income. The ambition for income generation included increasing the number of clinicians engaged and the number of participants on trials. Any additional income generated from commercial research would be beneficial to the Trust's overall financial position and had a trajectory of 20% year on year growth.

The Research and Innovation Director noted that a 56 people had attended the Reading Pathological Society event at the University of Reading last week to discuss the Health Data Institute. It was highlighted that £1.8m had been identified for a data project focused on triaging GP referrals.

The Committee noted the driver metrics set by the department through participating in the Improving Together programme.

The Committee noted that future reporting would be focused on performance against metrics within the Research and Innovation Strategy 2023/28.

84/24 Paediatric Audiology Services NHS England Quality Review

The Committee received the report that noted the background for a review of all Paediatric Audiology services. The Trust Paediatric Audiology service was reviewed in 2024 and rated good for quality and a risk level of 'no risk'.

The Committee noted that although the Trust would like to respond to requests for mutual aid it would be challenging to find any resource while supporting the Trust's own caseload in a challenged staffing capacity.

85/24 Final CQC IR[ME[R Report

The Committee received the report that provided positive external assurance and noted the action plan. The Chief Nursing Officer would report back once the action plan had been completed. **Action: K Prichard-Thomas**

86/24 Safeguarding, Mental Health, Learning Disabilities & Autism Annual Report

The Committee received the annual report that provided good assurance on the processes in the Trust over the previous year.

The Committee approved the Safeguarding, Mental Health, Learning Disability and Autism Annual Report for 2023/24. **Action: K Prichard-Thomas**

87/24 Work Plan

The Committee noted the work plan.

88/24 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- Noted the immediate actions taken in response to the recently declared never events
- Received good assurance on Cancer standard performance, action plans and trajectories
- Approved the Children & Young People Strategy
- Approved the Safeguarding, Mental Health, Learning Disability and Autism Annual Report for 2023/24.
- Received good external assurance on CQC IR[ME[R Report and action plan
- Received good external assurance on Paediatric Audiology Services following NHS England Quality Review
- Assurance received on Steris the planned go-live process
- Continued growth recognised in Research and Innovation
- Assured that there was a comprehensive EQIA process in place

89/24 Reflections of the meeting

The Chief Operating Officer led the discussion.

90/24 Date of the Next Meeting

It was agreed that the next meeting would be held on Monday 3 February 2025 at 10.00am.

SIGNED:

DATE:

Royal Berkshire NHS Foundation Trust

Minutes

Quality Committee

Monday 3 February 2025
10.00 – 11.25
Boardroom, Level 4

Members

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mr. Graham Sims	(Chair of the Trust)
Prof. Parveen Yaqoob	(Non-Executive Director)

In Attendance

Ms. Christine Harding	(Director of Midwifery) (for minutes 07/25 and 08/25)
Ms. Jessica Higson	(Director of Nursing, Networked Care)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Dr. Bal Bahia	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)

01/25 Declarations of Interest

There were no declarations of interest.

02/25 Minutes from the previous meeting: 4 December 2024 and Matters Arising Schedule

The minutes of the meeting held on 4 December 2024 were approved as a correct record and signed by the Chair.

The Committee noted the matters arising schedule.

Minute 78/24: Children & Young People Strategy (CYP Strategy): The Trust Secretary confirmed that the CYP Strategy did not require submission to the Board.

Minute 79/24: Steris Update: The Chief Medical Officer confirmed that whilst there had been some issues with the service, for example, theatres had reported some items had not been available and there had been some staffing issues . However, regular meetings were being held and issues were being managed via contract discussions. The Trust had managed to avoid any theatre cancellations via a fast-track service being provided to the Trust and was in negotiation to ensure this was at no extra cost, No patients had been disadvantaged because of the issues. The Chief Operating Officer advised that this topic would be discussed with the Care Group at the Performance Review Meetings and an update would be circulated to the Committee. **Action: D Hardy**

Minute 82/24: Equality Impact Assessments (EQIA) Update: The Committee noted that any exception reporting in relation to EQIAs would be reported to the Committee. Otherwise, the EQIA tracker would be submitted via the Finance & Investment Committee.

03/25 Patient Safety Report

The Director of Nursing, Networked Care introduced the report and highlighted that the Clinical Accreditation Scheme (CAS) pilot had commenced in January 2025 and included one ward per Care Group.

The Committee noted that in relation to Call 4 Concern/Martha's rule, the Trust was one of 143 trusts in the phase one of Martha's rule roll out across the NHS. As part of the 'worry and concern' element, a patient wellness questionnaire was being piloted on Dorrell Ward, followed by Kennet & Loddon then onto other wards. The Committee noted the Call 4 Concern calls data and considered it was encouraging to note that there was an increase in families feeling able to raise concerns.

The Director of Nursing, Networked Care highlighted the Quarter 3 Patient Safety Incident Reporting Framework (PSIRF) review. The Committee noted that 32% of incidents related to recognition of the deteriorating patient.

The Committee considered it was assured on the governance process in relation to PSIRF. However, it was recommended that, as part of the annual review, that a benchmarking exercise would be undertaken to ascertain whether the Committee was receiving the same information as other trusts within the system. **Action: K Prichard-Thomas**

The Director of Nursing, Networked Care confirmed that in relation to Call 4 Concern in the event of a significant patient safety issue being identified by the Outreach team this would be recorded on the Datix risk management system. It was agreed that clarification as to type of data being recorded by the Outreach team would be obtained.

Action: K Prichard-Thomas

04/25 Integrated Performance Report (IPR) Quality Watch Metrics

The Chief Medical Officer introduced the report and highlighted that, in relation to the hip fracture surgery within 36 hours of admission, national audit data for 2023 the Trust's performance was 57.4% in comparison with national figure of 57.9% and in 2024 the rolling 12-month performance was 52% against a national figure of 58%. Whilst the national data demonstrated a reduction in performance, the Trust's performance was static. The Committee noted that statistically the Trust was not outlier and there were various reasons for delays such as patients being too sick, additional scanning being required, no space on operating lists or lack of availability of the correct type of surgeon. The Chief Medical Officer would continue to monitor this metric.

The Chief Operating Officer advised that the 62-day and incomplete 104-day cancer standards metrics had improved considerably. DM01 performance had improved following improvements particularly in endoscopy waiting times.

05/25 Quality Governance Committee Exception Report

The Committee received the report and noted the update from the Mortality Surveillance Group stating that the number of outstanding Structure Judgement Reviews (SJRs) had reduced significantly.

The Committee discussed the section related to Cancer Harm Review that stated that there were a number of cases waiting for assessment and these would be reviewed by the Chief Medical Officer. The Chief Medical Officer highlighted that the PSIRF methodology was useful as this meant that incidents could be grouped and reviewed for themes.

The Trust Chair highlighted the mental health exception report and queried whether there was an update on the action plan, particularly due to the current challenging financial situation of the Trust and mental health patients being cared for in the Emergency Department (ED) for long periods. The Chief Operating Officer confirmed that the ED and Berkshire Healthcare Foundation Trust (BHFT) senior team for mental health had met in December 2024. Following this, as a review of the ED assessment unit was undertaken and some minor works were being carried out to enable mental health patients to be safely admitted into an area separate from the main ED department. This would provide a better environment for patients awaiting a mental health placement. The Director of Nursing, Networked Care, advised that mental health patients were reviewed at the joint Quality Governance meeting with BHFT on a regular basis. BHFT mental health teams were engaged with both the Trust's bed management and ED teams.

The Committee noted that the Trust's Joint Advisory Group (JAG) accreditation had been temporarily suspended. The Chief Medical Officer advised that she had met with the accreditation team and they would undertake a re-assessment in 6 months. An issue had been identified regarding data quality and further information had been requested. The Chief Medical Officer advised that the Bowel Cancer Screening Programme had been informed accordingly and a further update would be provided to the Committee in due course. **Action: J Lippett**

The Committee noted the policy compliance section. The Chief Medical Officer advised that the Quality Governance Committee continued to monitor compliance and this related to policy documents being delayed via the renewal process. Compliance was reported monthly by the Corporate Governance team.

The Committee acknowledged the improved content of the exception report.

06/25 Maternity & Adult Inpatient Surveys

The Committee received the key findings and issues from the following:

- 2023 Adult Inpatient Survey
- 2024 Urgent and Emergency Care Survey
- 2024 Maternity Services Survey
- 2024 Children and Young People (CYP) Survey

The Committee was assured that action plans developed were aligned to the results. It was recommended that the timeframe for the completion of actions should be added to the action plans. **Action: K Prichard-Thomas**

07/25 Maternity Quality Assurance including Quarter 3 Perinatal Mortality Report

The Director of Midwifery advised that a more detailed report had been reviewed by the Maternity and Neonatal Safety and Compliance Committee and other committees and the report submitted to the Committee provided a summary of current perinatal issues. The Director of Midwifery advised that there had been an incident of a mother with an unplanned breach presentation that had resulted in a severe disability of the child. Learning and actions from the incident had been shared and were in progress. The Chief Executive and Director of Midwifery had personally met with the family.

The Director of Midwifery advised that during Quarter 3 2024/25 the Trust's perinatal death rate was 5.09 per 1000 births with an annual rate of 3.86 per 1000 births. There were six perinatal deaths during Quarter 3 2024/25 and following review there were no E or D grades. Issues had been identified. However, none of which would have impacted on the

outcome. The Committee noted Equality Diversity & Inclusion (EDI) data for the year was being reviewed.

The Director of Midwifery highlighted challenges in relation to ultrasound scanning and antenatal screening due to capacity issues in the teams. Plans to manage scan capacity had been reviewed and mitigations were in place although the risk had been included in the Urgent Care risk register.

The Committee considered that the report was comprehensive and provided assurance on actions in relation to safety recommendations.

08/25 Maternity Incentive Scheme (MIS)

The Director of Midwifery introduced the report and highlighted that the Trust had achieved all standards for the MIS. The evidence had been shared and reviewed with the Chair of the Committee and the Chief Nursing Officer and assurance provided to the Chief Executive who had signed the declaration on behalf of the Board.

The Director of Midwifery highlighted two safety elements for 2025/26 standards that potentially created a risk; these were Safety Actions 4 (Midwifery workforce) and 5 (Neonatal workforce) as both required ongoing support to comply with BirthRate + and British Association of Perinatal Medicine (BAPM) standards. The Committee noted that the risks associated with Safety Action 5 were as a result of a national shortage of neonatal staff and a plan to mitigate the risk was being implemented and had been agreed by the Local Maternity System (LMS).

The Committee commended the team for the work involved in achieving all standards for the MIS and noted the risks for 2025/26 with this being considered as part of that year's financial planning process.

09/25 Patient Relations Update

The Committee received the report that set out the complaints, concerns and compliments received by the Trust during Quarter 2 2024/25. The Director of Nursing, Networked Care, advised that the three longest complaints set out in the report related to neurology. However, one had now been approved and the remaining two would be completed imminently. The delays related to capacity challenges in the neurology team.

The Committee noted that 17 overdue complaints related to staff shortages due to sickness in the complaints team as well as roles being held due to the financial position of the Trust.

The Director of Nursing, Networked Care, highlighted that round table meetings would be held with all the Care Group leads to escalate overdue complaints and recognise good practice and these were attending by the Chief Nursing Officer and Associate Chief Nurse for Patient Experience.

The Committee noted the Patient Advice and Liaison Concern (PALs) recovery plan. A new Head of Complaints had been appointed and was leading this. The plan aimed to reduce outstanding PALs and progress would be monitored and reported weekly. The Committee noted these were historic PALs dating from 2020 to 2022.

The Chief Executive highlighted that corporate area had held positions due to the Trust's financial position and as part of the business planning for 2025/26 the implications of holding vacancies would need to be considered. It was important for the Board to consider these implications and/or manage expectations.

10/25 Learning Disability Progress Report

The Director of Nursing, Networked Care introduced the report and highlighted that the Learning Disability team formed part of the Safeguarding team. The team had seen an increase in referrals as well as increased complexity.

The Director of Nursing, Networked Care highlighted that the Learning from Lives and Deaths (LeDeR) reviews were monitored by Buckinghamshire, Oxfordshire & Berkshire (BOB) and any learned was provided back to the Trust through the Safeguarding Strategy Committee and the Mortality Review Group.

The Committee noted a review of the Learning Disability team's capacity was being undertaken and there was full awareness of the Trust's financial position. Work on-going by the Learning Disability team to offer training and support to ward areas. The Committee agreed it was important that all staff were aware of their responsibility to recognise and be able to treat all patients as individuals.

11/25 Autism Progress Report

The Director of Nursing, Networked Care introduced the report that set out progress in relation to the current patient service provision as well as planned further improvements. The Director of Nursing, Networked Care, advised that there was a need to work with the patient experience team on how to engage further with people with lived experience of Autism.

The Committee noted the progress report and it was agreed that a further update would be scheduled on the work plan. **Action: K Prichard-Thomas**

12/25 Health Data Institute (HDI)

The Chief Medical Officer introduced the report that set out an update on the development of the HDI at the Trust. The work of the Health Data Institute was monitored by the Digital Hospital Committee. The Chief Medical Officer advised that Year 1 and 2 of the programme had been met with Year 3 of the delivery plan being progressed.

The Committee noted that the HDI was part of the Thames Valley & Surrey sub-national Secure Data Environment and this ensured data security arrangements were in place. The Chief Medical Officer highlighted that there was further public engagement to be undertaken and staff to be recruited. One of the University Professors was working with the University accredited departments in the Trust to progress data research.

The Committee considered it was assured on the systems and processes in place for the HDI. It was noted that the information governance team would assess the potential for any data breach. The Committee recommended that the HDI could be a Board story for the future. **Action: J Lippett**

13/25 Review of Committee's Terms of Reference

The Trust Secretary introduced the terms of reference as part of the annual review cycle. The Committee agreed that a recommendation would be submitted to the Board to approve the terms of reference subject to amending the number of times a year the Committee met and clarification of the need for two members of the Executive to attend.

Action: C Lynch

14/25 Work Plan

The Chief Operating Officer would confirm the dates for updates on Cancer, Referral To Treatment and ED performance being scheduled on the Committee work plan.

Action: D Hardy

It was agreed that the Trust Secretary would confirm when the refreshed Clinical Services Strategy would be submitted to the Committee. **Action: C Lynch**

15/25 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- Noted that Martha's rule had increased the number of patients/families/carers contacting Call4Concern
- PSIRF update received highlighting recognition of deteriorating patient as the largest theme and the Committee assured that actions were in place
- JAG accreditation (endoscopy) suspended for 6 months and action plan to improve data quality in progress
- Received three national patient survey results with good assurance that action plans were in place to address improvements. Overall, the results were good.
- Full compliance achieved for MIS standards with risk areas identified for 2025/26
- Complaint response times continue to be challenged in a small number of departments, work is progressing to address this and the PALs delivery plan was noted
- Good progress with the HDI and milestones met for Years 1 & 2. Good assurance received regarding data management systems and processes.
- Terms of reference recommended for approval

16/25 Reflections of the meeting

The Director of Nursing, Networked Care led the discussion.

17/25 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 3 April 2025 at 10.00am.

SIGNED:

DATE:

Quality Committee

Terms of Reference

Constitution and Membership

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

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

(a) appropriate structures, processes and controls are in place to assure quality in clinical care and the patient experience

(b) the key risks to safety and quality of clinical services are recognised and are being addressed to ensure their resolution in a timely manner.

The Committee will review and scrutinise papers and recommend to the Board as necessary.

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

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

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

Attendance

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

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

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

Frequency of Meetings

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

Monitoring

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

The Committee will conduct an annual review of its effectiveness with its terms of reference and submit any findings and proposals for changes to the Board of Directors for consideration.

Duties

The Committee will:-

(a) monitor the Quality Account including related actions and their impact

(b) receive regular reports from the Quality Governance Committee on the actions being taken to ensure effective clinical governance in the Trust

(c) examine issues of concern escalated by the Quality Governance Committee or its sub-committees or referred by the Board in respect of clinical governance matters in the Trust, consider action plans to deal with them and monitor their effectiveness

(d) develop an annual work programme setting out key areas for attention in the coming year including, as a minimum:-

- regular updates on the implementation and effectiveness of clinical outcomes, quality improvement, patient safety and patient experience
- regular updates on progress against the Quality Account objectives
- the implementation of actions plans following relevant regulatory inspections
- gaps in assurance as identified on the Board Assurance Framework.

(e) review KPIs and other metrics through the quality account dashboard, including those in respect of learning from serious incidents and never events, to provide assurance to the Committee and the Board in respect of the effectiveness of the clinical governance in the Trust

(f) identify areas of significant risk to clinical safety, patient outcomes and patient experience, set priorities and place actions using the Board Assurance Framework

(g) review clinical risks included in the Corporate Risk Register in terms of the effectiveness and timeliness of mitigating actions taken and to report to the Board and to the Audit & Risk Committee

(h) receive periodic assurance reports on the progression of the Improving Together programme.

(i) ensure that actions for improvement identified in incident reports, reports from HM Coroner and other similar documents are addressed

(j) identify areas for improvement in respect of learning from incidents and complaints, from the results of national and local patient surveys/PALS and ensure appropriate action is taken

(k) oversee the system within the Trust for obtaining and maintaining any licences relevant to clinical activity in the trust (e.g. Human Tissue Authority)

(l) monitor the Trust's compliances with the national standards of quality and safety of the Care Quality Committee, and NHS Improvement's licence conditions relevant to patient safety and quality

(m) Review clinical audit plans and related improvement including recommendations from external bodies being incorporated by the Trust (e.g. National Confidential Enquiry into Patient Outcomes and Death or Care Quality Commission)

(n) Review the implications of confidential enquiry reports for the Trust and to endorse, approve and monitor the internal action plans arising from them.

(o) Receive regular reports related to maternity services including Healthcare Safety Investigation Branch (HSIB) investigations.

Reporting

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

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

Reviewed by the Committee: 3 February 2025

Approved by the Board:

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 22 January 2025
11.00 – 12.40
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Andrew Statham	(Chief Strategy Officer)

In Attendance

Mrs. Helen Challand	(Deputy Director of Financial Turnaround)
Mr. Mike Clements	(Director of Finance)
Mr. Don Fairley	(Chief People Officer)
Ms. Alexandra Luke	(Director of Operations, Planned Care) (up to minute 03/25)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Mr. Graham Sims	(Chair of the Trust)
Dr. Jon Simmons	(Care Group Director, Planned Care) (up to minute 03/25)
Ms. Jo Bevan	(Director of Finance, Planned Care) (up to minute 03/25)

Apologies

01/25 Declarations of Interest

There were no declarations of interest.

02/25 Minutes for Approval: 20 November 2024 & Matters Arising Schedule

The minutes of the meeting held on 20 November 2024 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 170/24: BOB ICB Acute Contract & Other Acute Contracts: The Committee noted that Advice & Guidance income was still being discussed with the Integrated Care Board (ICB). No resolution had yet been achieved. This had been escalated to both regional and national NHS England (NHSE) colleagues.

03/25 Finance Update & Capital Programme

The Chief Finance Officer advised that Month 9 financial performance was £17.53m deficit; £2.08m behind the forecast deficit of £15.45m.

A total of £13.7m of capital had been delivered year-to-date against a full programme of £48.58m. The Committee discussed the impact on cash. [s43, FOI Act applied].

[s43, FOI Act applied]

[s43, FOI Act applied]

The Director of Finance, Planned Care, advised that the Care Group was £5.3m overspent at Month. [s43, FOI Act applied]. There had been an improved position in relation to drug spend. Theatres had the largest non-pay spend due to a significant number of consumables used. [s43, FOI Act applied] New measures had been put in place to isolate spend related to theatre loan kits as well as working with procurement to challenge contracts.

The Care Group Director, Planned Care, advised that the significant work had been undertaken. However, the Care Group was underfunded in their budget. The Committee noted allocations previously held at corporate level versus held at Care Group level were being discussed as part of planning for 2025/26.

It was agreed that the Chief Finance Officer would provide a further update to the Board the following week setting the risks to achieve the forecast deficit position. This would include the benefits achieved by the additional controls implemented to control costs.

Action: N Lloyd

The Committee discussed the challenge of the increase in activity and the need to ensure that the Trust received income related to this.

04/25 Business Planning 2025/26

The Committee noted that the Chief Executive and Chief Strategy Officer had held meetings with finance colleagues and the majority of the team in relation to planning for 2025/26. [s43, FOI Act applied]. The Committee noted that proposed budgets would be the same as 2024/25 with inflation.

The Chief Strategy Officer highlighted that the first planning submission was required to be submitted to NHS England (NHSE) during February 2025 and there would be a planned Board to Board meeting with NHSE ahead of the final submission in March 2025. [s43, FOI Act applied].

[s43, FOI Act applied].

The Chief Executive advised that further work was being undertaken in relation to budget setting during the first week of February 2024. An efficiency and productivity report had been issued and this would be reviewed and aligned to the Trust's governance process.

Action: A Statham

The Committee noted that this report demonstrated that the Trust was typically in the top quartile in relation to efficiency and productivity. It was agreed that the Chief Strategy Officer would circulate the top 10 clinical risks and the impact on patients.

Action: A Statham

05/25 Financial Improvement Plan

The Chief People Officer advised that a total of £25.84m savings had been identified year-to-date, £19.64m of which had been delivered. The Committee noted that this was the highest savings programme achieved by the Trust.

The Chief People Officer advised that good progress had been made against the target of £30.85m and work continued to deliver identified savings as well as de-risking some of the schemes. Whilst additional workforce controls had been implemented the benefits of these would not be seen until February and March 2025.

The Committee noted that 61.2% of the savings for 2024/25 were non-recurrent and 38.8% were recurrent. This was an improved position. The Chief People Officer advised that non-recurrent savings related to workforce, bank and agency spend as well as holding vacancies. The majority of workforce savings related to vacancies being held and budget holders had been asked to consider whether these vacancies could be removed in 2025/26. The Chief People Officer highlighted that £10m recurrent savings had already been identified for 2025/26 compared with £3m at the beginning of the 2024/25 financial year. The Committee requested ~~for~~ that further assurance should be provided at the next meeting in relation to what further efficiencies would be delivered during Month 10 to Month 12.

Action: D Fairley

The Committee discussed the need for transformational change at system level to achieve significant savings. The Chief Executive advised it was important to define what transformational change was part of the business planning process for 2025/26 and highlighted that the Trust, as demonstrated by the National Cost Collection data, was 10% more efficient compared to other organisation in the system.

The Committee considered that, as part of the scheduled weekly Board meeting, it would be useful to have sight of in-month run-rate movements, in particular, temporary staffing.

Action: N Lloyd

06/25 Insurance 2025/26

The Chief Finance Officer introduced the report that set out the Trust's NHS Resolution contributions for 2025/26. [s43, FOI Act applied]**.**

This was a total of £26.40m for cover across all schemes for the financial year 2025/26.

The Committee noted that Maternity Incentive Scheme (MIS) actions were reviewed by the Quality Committee.

The Committee agreed that a recommendation should be submitted to the Board to approve the payments for 2025/26. **Action: M O'Donovan**

07/25 Key Messages for the Board

- Financial performance discussed noting £21m deficit forecast at risk and the need to maximise actions within the Trust's control
- Business Planning 2025/26 discussed and Board to note the need for Board-to-Board meeting with NHSE in March 2025.
- [s43, FOI Act applied]
- Recommendation to approve the Insurance for 2025/26

08/25 Date of Next Meeting

It was agreed that the next meeting would be scheduled for Wednesday 19 February 2025 at 11.00am.

SIGNED:

DATE:

Finance & Investment Committee Part I

Wednesday 19 February 2025
11.30 – 12.40
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Minoo Irani	(Non-Executive Director)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

In Attendance

Mr. Mike Clements	(Director of Finance)
Ms. Rebecca Cullen	(Associate Director of Strategy & Performance)
Mr. Don Fairley	(Chief People Officer)
Ms. Emily Feja	(Chief Digital Information Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Mrs. Tracey Middleton	(Director of Estates & Facilities)

Apologies

Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Andrew Statham	(Chief Strategy Officer)

17/25 Declarations of Interest

There were no declarations of interest.

18/25 Minutes for Approval: 22 January 2025 & Matters Arising Schedule

The minutes of the meeting held on 22 January 2025 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 05/25: Financial Improvement Plan: It was agreed the action related to staff costs was no longer required as weekly Board meetings had now been stood down.

19/25 Finance Update & Capital Programme

The Director of Finance advised that Month 10 financial performance was a deficit of £18.66m; £11.85m behind the year-to-date budget of £6.81m and £430k ahead of the forecast. However, following the reforecast of £20.52m agreed by the Board, this variance was £20k ahead. Pay spend continued to be challenged with expenditure of £328.61m year to date, adverse to plan by £0.23m. The Chief Nursing Officer advised that the Directors of Nursing had reviewed the data and there had been less bank use in Maternity and Emmer Green this year. During the Winter period whilst there had only been short

periods of escalation space used, there had been continued sickness as well as high acuity in the Intensive Care Unit (ITU) and crowding the Emergency Department (ED). There had been some supernumerary elements due to new starters in the Maternity unit, although the maternity team had a plan to reduce this. The Chief People Officer advised that whilst pay had increased in Month 10 in comparison to Month 9 costs were still within the pay bill. Workforce controls implemented including reduction of overtime was anticipated to be reflected in February and March 2025. However, sickness and acuity could not be predicted.

The Committee discussed the non-pay performance that was £29.91m adverse to plan. This was offset by pay and income. The Committee noted that the forecast outturn was based on the current run rate as well as a suite of actions that were due to be carried out.

The Director of Finance highlighted that capital plan for 2024/25 had been revised to £41.28m including Charity funded items and a recommendation to the Board was requested to approve the revised capital plan. The Committee noted that part of the cash forecast related to the drawn down of Public Dividend Capital (PDC) and therefore the capital programme being full spent had been taken into account.

The Committee noted that an application for cash support would need to be sought in March 2025 for receipt in April 2025 and a recommendation to the Board was requested to support this.

The Committee agreed that a recommendation should be submitted to the Board to approve the revised capital plan for 2024/25 and to approve the application for cash support in March 2025 to receipt in April 2025. **Action: M O'Donovan**

20/25 Financial Improvement Plan

The Chief People Officer introduced the report and advised that good progress had been achieved with £21.97m of efficiency savings identified as at Month 10. The current focus was to close the gap to the target of £26.39m. Of the savings identified for 2024/25, 38% were recurrent providing £10m of savings for 2025/26. The Committee queried the risk of achieving the target savings of £26.39m. The Chief People Officer confirmed that there was a high level of confidence to achieve the target as circa £2m of savings were due to be delivered by the end of February 2025; these were mostly based on procurement workstreams. The Committee noted that the target of £26.39m had been included in the forecast outturn position for 2024/25.

The Committee discussed the recurrent savings of £10m identified for 2025/26. The Chief People Officer advised that this was based on work carried out with teams throughout the year. However, the business planning and budget setting process would need to be concluded first.

21/25 Productivity Analysis

The Associate Director of Strategy & Performance introduced the report and advised NHS England (NHSE) had published a report on productivity and efficiency opportunities for providers. The data had been sourced from Model Hospital and the National Cost Collection (NCC) process from 2023/24. The Trust had the lowest NCC index in Buckinghamshire, Oxfordshire & Berkshire (BOB) and 11% lower than the national average. For clinical areas, providers were assumed to be able to make a 2% improvement in costs. The total clinical and operational productivity opportunity for the Trust was £11m and £14.2m of efficiency opportunity. It was recommended that the Trust should agree to take two thirds of the opportunity in clinical areas and 50% of the corporate position with further work being undertaken to refine the position of the next months. The

Committee noted that the Acute Provider Collaborative were undertaking the corporate services workstream and were current considering recruitment followed by other areas.

The Chief People Officer confirmed that the NHSE productivity report had been discussed with the ICB and the Trust had confirmed it would be used as part of the business planning process as well as the need for the ICB to act on the results in the report.

The Chief Operating Officer advised that Care Groups reviewed activity and costs as part of their development of driver metrics. However, it was important to ensure all teams had access to data as well as an overview of income. The Chief Finance Officer advised that service line reporting was part of the finance directorate review. It was agreed that the timeline for this being available to teams would be confirmed. **Action: N Lloyd**

The Committee accepted the recommendation and agreed that regular reviews of productivity progress would be useful. **Action: A Statham**

22/25 Business Planning 2025/26

The Associate Director of Strategy & Performance introduced the report and advised that delegated authority was being sought for the Chief Executive to submit the first planning return for 2025/26 to the ICB.

[s43, FOI Act applied]

The Committee agreed that the first planning return should be submitted to the ICB and narrative should be submitted alongside setting out the Trust's efficiency. Separately it was recommended that the Trust should query with the ICB whether allocations were reflective of this and copy of this would be circulated to the Board. **Action: A Statham**

23/25 Minutes for Approval: 22 January 2025 & Matters Arising Schedule

The minutes of the meeting held on 22 January 2025 were approved as a correct record and signed by the Chair subject to the following amendment:

Minute 03/25: Finance Update & Capital Programme: The first sentence of paragraph 5 would be amended to state: **'**activity was only paid at 85% of tariff' rather than 'income'.

24/25 Key Messages for the Board

Key messages for the Board included:

- Month 10 financial performance noted with forecast outturn of £20.52m deficit.
- Recommendation to approve the revised capital plan of £41.28m
- Recommendation to apply for revenue support in March 2025
- Financial improvement plan of £26.39m 2024/25 noted with £10m recurrent savings identified for 2025/26.
- Approval for Chief Executive to submit business plan for 2025/26 of £69.5m to the ICB.

25/25 Date of Next Meeting

It was agreed that the next meeting would be scheduled for Wednesday 19 March 2025 at 11.00am.

SIGNED:
DATE:

NHS
Royal Berkshire
NHS Foundation Trust

Title:	**Chief Executive Report**
Agenda item no:	7
Meeting:	Board of Directors
Date:	26 March 2025
Presented by:	Steve McManus, Chief Executive
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	• To update the Board with an overview of key issues since the previous Board meeting. • To update the Board with an overview of key national and local strategic environmental and planning developments • This includes items that may impact on policy, quality and financial risks to the Trust.

Report History	None

What action is required?	
Assurance	
Information	For information and discussion: The Board is asked to note the report
Discussion/input	
Decision/approval	

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

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

Introduction

It has been a very busy time in the NHS this last month. Internal emphasis has been on the planning process for 2055/26 and saying goodbye to our outgoing Chair and welcoming our new Chair. Externally there has been some seismic changes announced with the abolition of NHS England (NHSE) and merging some of its core functions into Department of Health & Social Care (DHSC).

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

Operational Performance

1.1 The Trust remains operationally extremely busy as we approach the end of 2024/25. For elective care the focus continues to be on maintaining the highest level of activity we can in order to exit the year in the best position possible. The Trust remains on target to deliver, as planned, against national performance expectations for cancer standards, diagnostics, and elective care. Reaching the expected 78% performance against the 4-hour emergency access standard for this month will require an improvement in performance during the latter half of this month.

1.2 A review of the Trust's performance over winter is being undertaken during this month. Further details will be available in due course. In summary, the data suggests that despite a high rate of flu, admissions did not increase overall, use of escalation space was minimised, and the number outliers largely remained low, but the number of patients experiencing delays in admission from the Emergency Department (ED) increased slightly. The conclusions from the review will be used to inform transformation priorities for 2025/26.

Healthwatch Reading & Wokingham

1.3 We were pleased to host a well-attended meeting on the 13 March 2025 with our partners from Healthwatch, ACRE (Alliance for Cohesion and Racial Equality) and Reading Refugee Support Group (RRSG). The aim of the follow up meeting was to update them on work we have done in relation to Overseas Visitors and to make Trust communications, especially our website, more accessible to members of the global majority. Our Director of Midwifery, Christine Harding, also outlined some of our current work around Equity, Diversity and Inclusion including 'Seeking Sanctuary', a specialist maternity clinic giving extra support to refugees and asylum seekers and Sharon Herring, Associate Chief Nurse updated about the trialling of a new service with 24/7 access to an online translator on screen.

1.4 Healthwatch, ACRE and RRSG have kindly agreed to support and amplify messaging from our new Up the Anti campaign aimed at tackling racism which launches next month and we look forward to continuing to work with these key partners. The partnership work about overseas visitors will feature as a case study in the Healthwatch annual report alongside a joint impact statement that is currently under development.

Care Quality Commission (CQC)

1.3 Following the Radiotherapy service's CQC Ionising Radiation [Medical Exposure] (IR[ME]R) inspection between 22 July & 5 September 2024 all post inspection actions are completed and the finalised action plan is due for final approval via the March Quality Governance Committee and noted in Quality Committee in April 2025. The Trust continues to monitor and respond to CQC enquiries raised by the CQC from additional intelligence streams such as Learn From Patient Safety Events (LFPSE) portals and public enquiries.

1.4 The outcome of the CQC's assessment of Reading Local Authority Adult Social Care provision, in which key stakeholders within the Trust were interviewed during December 2024 has been delayed by the CQC and we await further feedback. In March 2025, Wokingham Local Authority Adult Social Care provision CQC inspection commenced, Trust interviews were not required although written feedback was requested to be shared. The BOB ICB Joint Targeted Area Inspection (CQC/Ofsted/HMICFRS) of domestic abuse and impact on children is currently ongoing and inspectors were on site at RBFT from 10 March 2025 focusing on the Emergency Department, Safeguarding Teams and the Maternity Service. Latest updates from these inspections will be provided through Quality Governance Committee and Quality Committee.

1.5 We held a quarterly CQC engagement meeting with regional relationship managers on 16 January 2025 followed by a planned visit by CQC managers to departments providing front-door end of life care. A question-and-answer session with staff working within the Palliative Care Team and front-life staff who provide end of life care was also held. Positive feedback about the Trust's end of life services was given by CQC managers. As part of the CQCs ongoing engagement process, CQC managers have asked to observe a Trust Board meeting and Quality Committee annually.

1.6 The Trust continues to provide feedback into the CQC's national consultation and engagement programme "The CQC way" led by the CQC's new Chief Executive Julian Hartley and will inform a new draft single assessment framework.

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

Staff Survey Results 2024

2.1 The 2024 NHS Staff Survey results were officially released on the 13 March 2025. The Trust's performance, reflected through the views and responses of over 3700 Trust colleagues who participated, is exceptionally strong**.**

2.2 Our ongoing improvement journey continues (contrary to National Trends) and our overall benchmarked position is that of one of the very best acute trusts in England across all survey themes. In a number of staff experience strands, the Trust was the very best performer both regionally and nationally. The survey results provide positive assurance on the cultural health and quality of staff experience at the Trust. Full and further details on the 2024 staff survey are included on the main agenda.

Behaviours Framework – 2025 Refresh

2.3 In addition to the NHS Staff Survey a hugely important feedback mechanism for us in the Trust is our What Matters programme. During the 2nd half of last year, there were over 4600 contributions to the conversation about values and behaviours at the Trust. Listening to and responding to staff feedback is so important, so we were pleased last week to launch our refreshed 2025 Behaviours Framework – refreshed in direct response to staff feedback from the What Matters 2024 campaign.

2.4 Our Behaviours Framework, since its initial launch over 7 years ago, has become an essential guiding light across the organisation, setting out in practical terms what it looks and feels like to be part of the RBFT family and setting out the expectations we have of each other in our day to day lives at work. Through What Matters 2024, we heard that colleagues feedback around awareness, lived experience and ongoing relevance of our values and behaviours was very positive. What was important still is - so because of this the 2025 Framework has had a 'light touch' refresh. The new version is still very recognisable from the old form and picks up on a range of themes from your feedback. To highlight some of the developments:

- Behaviours to promote and drive inclusion are more prominent
- There is greater emphasis on open, clear communication and acknowledging the impact of our words and actions on each other
- There is more focus on building a culture of continuous learning; embracing change and contributing to our improvement efforts
- Accessibility improvements to the resource

Up The Anti Programme Launch

2.5 A further output responding to both Staff Survey and What Matters feedback, launching on the 31 March 2025 is our Up the Anti Campaign. Up the Anti is a people centred programme of work to drive forward the principles and practices of an Anti-Discrimination culture across the RBFT over the next 12 months. It is about building on our solid foundations and recognising we can be better. It is about how we continuously drive the shift from passive to active, from unaware to self-aware, from reactive to proactive to realise a truly anti-discriminatory culture. Through equipping leaders and colleagues in the organisation with skills, education and self-awareness we aim to further forge a culture of inclusion at the Trust and take the step from being one of the best, to the very best in this arena.

Royal Visit

2.6 We were honoured to welcome HRH the Prince of Wales to the Trust and show him round the Oasis Staff health and wellbeing centre and garden. His visit was part of an NHS Charities Together initiative to mark the 5th anniversary of Covid being declared a global pandemic. It gave us the opportunity to showcase some of the extensive health and wellbeing support we offer our staff and which received such a high rating in the latest NHS Staff Survey. A number of staff had the opportunity to meet the Prince and talk about their experiences of Covid and the lasting impact it has had on them and their families and the Prince showed real sensitivity and sincerity whilst talking to them. An extremely encouraging consequence of the visit has been the way many other colleagues, who were not present, have begun to open up and discuss their experiences of working through Covid and we are looking at whether we can do more to capture this and support staff who might feel that they are now ready to talk.

3. Strategic Objective 3: Deliver in Partnership

Mutual Aid

3.1 Working through the Acute Provider Collaborative (APC), the Trust continues to provide capacity to treat patients from the Oxford University Hospitals (OUH) to support their performance improvement against elective standards. In the short term, teams including urology, oral surgery and gynae are taking long-waiting patients. For the medium to long-term, the Trust has agreed that patient referrals for urology from 3 OX postcodes (OX 10, 11

and 49) will by default be referred to RBFT rather than the OUH. The expectation is that this will extend to other specialties during the year. In addition, all 3 trusts in the APC have agreed to collaborate closely to treat patients on 'high value, low complexity' pathways for urology, gynaecology and ENT.

Strategic Partnership Review

3.2 Our Health Innovation Partnership with the University of Reading is halfway through its 5-year strategy and for the last 9 months we have been undertaking an independent external review of the achievements and impacts (including its predecessor the Joint Academic Board) and a forward look to assist with our strategy for the future.

3.3 The Partnership has thrived in its early stages of development from 2018-24 and currently comprises 5 pillars of strategic activity, Research, Education, Advanced Analytics, Commercialisation and Estate. Through its broad-based initiatives to stimulate collaboration, a wide portfolio of early-stage collaborative links has been initiated; mainly in the research pillar, but with elements of collaboration across all pillars to varying degrees.

3.4 The report recommendations describe a dual approach going forward, in which the main emphasis should be to build depth that benefits patients in Areas of Shared Focus (ASF) that have emerged to date, whilst in parallel maintaining a scaled-back element of support for new opportunities to emerge and mature as the potential focal points for the future. We will focus resources and support around the ASFs to drive their development towards success at scale. These ASFs broadly correlate to the research clusters of Cardiology, Critical Care, Emergency Medicine, Rheumatology, Radiology; where we have University Departments of Excellence and have recently appointed our Joint Professors.

3.5 The review was approved by the Strategic Partnership Board and the next step will be to work through the recommendations and develop an implementation plan

4. Strategic Objective 4 – Cultivate Innovation & Improvement

Health Data Institute

4.1 The Health Data Institute (HDI) is coming to the end of its first year and has been reviewing its progress against its year one objectives. Whilst recruitment has been slower than would like, two of the three key personal are now in place and some additional support has been procured on an interim basis.

Key achievements include:

a) Establishing a data pipeline to send sample data to the TVS subnational SDE. Data transmission has been tested to ensure accuracy, validity and speed of transfer. Information governance – global and internal DPIA approved covering RBFT data transfer. SARA (cybersecurity evaluation) also approved internally.
b) Leadership management and governance: set up and functioning through project selection groups and the HDI steering group structure.
c) Advanced analytics projects – pipeline of 25 projects which provide clinical and operational benefits to RBFT.
d) Academia and research projects – building on a solid positive strategic partnership with Reading University, the HDI is collaborating with five PhD students currently engaged in data projects with further opportunities arising with new student cohort in spring 2025. In the process of engaging with the 5 Joint Professors and the 10 University Departments.
e) During Q4 of 2024/25, the HDI has made good progress in increasing its presence in the commercial space. Discussions are based around shared value and increasing resource into the HDI as well as potential bottom-line revenue.

4.2 Progress is well underway for the achievement of year two and three objectives which include dissemination of a Trust-wide Artificial Intelligence (AI) policy document, completing and operationalising an advanced analytics project, continuing to market the HDIs value propositions more widely and to further engage with academics and industry partners, publish the HDI web-platform and transferring even greater volumes of data to a fully functioning Thames Valley & Surrey (TVS) Secure Data Environment (SDE).

Trust Strategy Refresh

4.3 This month we launched the engagement period for our Trust Strategy refresh, which will take place between now and July 2025. Our refreshed Trust Strategy will be co-produced with our staff and volunteers, our patients and community, and our partner organisations.

4.4 Our Strategy Steering Group, comprising of staff from across the organisation and patient representatives, are guiding the work. There is an exciting calendar of engagement opportunities, as well as digital and paper surveys to capture thoughts and ideas.

4.5 We are looking forward to working together to ensure our Trust Strategy reflects the voices and needs of our patients, local communities, staff and volunteers.

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

5.1 We continue to be at a distance to our planned financial position, with a month 11 year-to-date deficit of £19.79m compared to the year-to-date deficit plan of £6.69m, an adverse variance of £13.09m. Our full year plan is a deficit of £6.1m, and our full year forecast outturn is a deficit of £20.52m. Expenditure has exceeded income all year so far, and this continues to impact our cash levels. We have further enhanced our 'grip and control' measures to deliver our savings targets and secure lasting reductions to our run rate of expenditure. We are working closely with BOB ICS, Regional and National teams to progress our revenue and cash positions.

5.2 We have delivered £22.93m of our capital expenditure year to date at the end of February towards the total plan for the year of £41.55m with a number of large construction schemes underway for completion in Q4.

5.3 We are progressing our planning for 2025/26, and there are a number of actions still underway to finalise this, to model the implications of these options on the range and scale of services we offer, as well as how our services are delivered

Building Berkshire Together

5.4 Following the government's announcement on 20 January 2025 that the Programme will not receive funding beyond 31 March 2025 up to 1 April 2030, significant progress has been made to ensure the structured closure of the BBT Programme by the end of Q1 2025/26. Redeployment strategies are actively being implemented to retain critical skills within the workforce, while redundancy costs are being rigorously controlled to minimize financial impact.

5.5 A formal funding request has been submitted as part of the business case process to secure land for future development. Establishing a viable site remains a top priority to mitigate the risk of further delays or escalating costs.

5.6 An additional funding request has been submitted to support a comprehensive 15-Year Plan aimed at addressing urgent infrastructure challenges and clinical risks resulting from the programme delay. This plan aims to incorporates investment strategies, system transformation and the long-term development of hospital facilities to meet evolving healthcare demands.

5.7 The NHP team have informed us this funding request alongside other Wave 2 and Wave 3 schemes requires Ministerial approval, and given the complexity of the process, a decision is anticipated to take several weeks. Active engagement with key stakeholders is ongoing to advocate for the urgency of this request, including a discussion with Minister Karyn Smyth on 12 March organised by Wokingham MP Clive Jones.

5.8 High-level discussions have been held with MPs and senior local council leadership regarding the establishment of a dedicated cross-sector taskforce. This taskforce will play a pivotal role in driving innovation, securing alternative funding streams, and fostering multi-sector collaboration to address long-term healthcare infrastructure needs. The BBT team is developing a detailed options paper in collaboration with key stakeholders to define the scope, objectives, and strategic approach of this initiative.

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Title:	**Integrated Performance Report (IPR)**
Agenda item no:	8
Meeting:	Board of Directors
Date:	26 March 2025
Presented by:	Don Fairley, Chief People 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 February 2025

Report History	New report

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

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

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

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Integrated Performance Report

February 2025

Improving together to deliver
outstanding care for our community

Improving Together

Guide to statistical process control (SPC)

Royal Berkshire NHS Foundation Trust

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

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

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

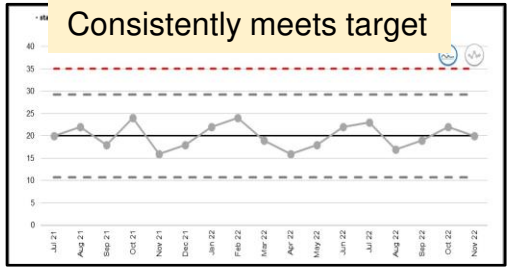
- The variation is routine, expected and stable within a range. We call this '*common cause*' variation, or
- The variation is irregular, unexpected and unstable. We call this '*special cause*' variation and indicates an irregularity or that something significant has changed in the process

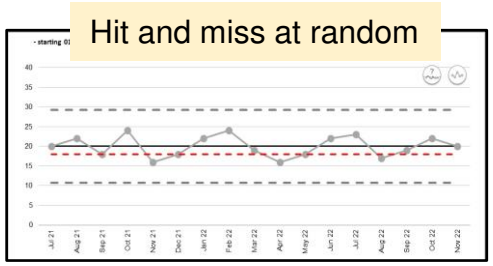
Each chart shows a VARIATION icon to identify either common cause or special cause variation. If special cause variation is detected the icon can also indicate if it is improving (blue) or worsening (orange).

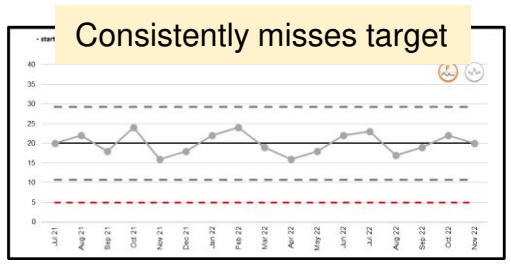
Where we have set a target, the chart also provides an ASSURANCE icon indicating:

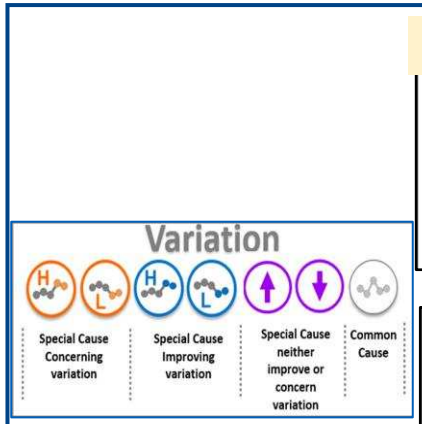
- If we have consistently met that target (blue icon),
- If we hit and miss randomly over time (grey icon), or
- If we consistently fail the target (orange icon)

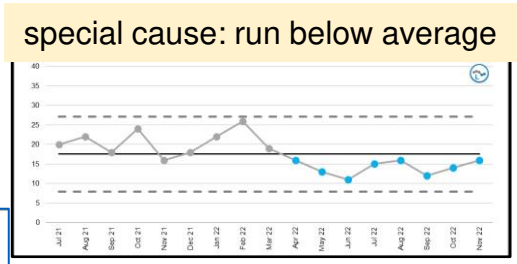
For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.

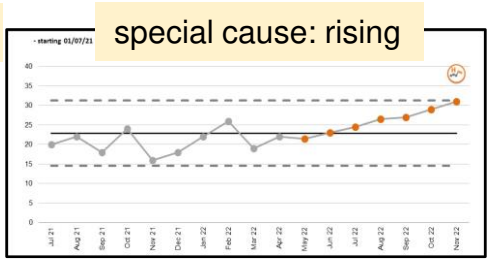


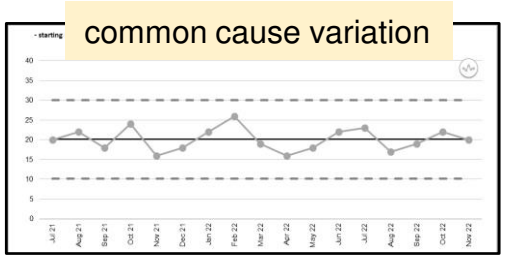


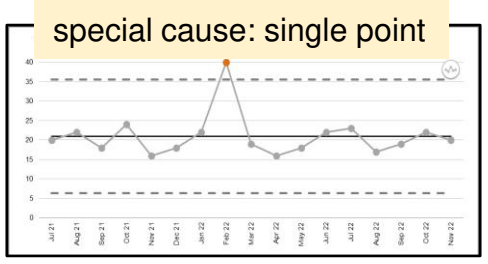












February 2025 performance summary

Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 28th February

The key messages from the report are:

- **Accident & Emergency performance** remains lower than our summer period performance but is beginning to improve as we come out of winter. The onsite Urgent Care Centre (UCC) which opened on 1st October, is now seeing a high number of patients with minor illness, this has led to some improvement in performance during January and February. The department remains challenged with high acuity and flow across the whole RBH site
- **Cancer performance** - performance against the 28-day and 62-day standards remained above the Trust's planned trajectory for 2024-25
- **Financial performance** at month 11 is a YTD deficit of £19.79m, an adverse variance of £13.09m to the YTD plan of £6.69m deficit. We have recognised £23.94m of efficiency savings delivery in M11 YTD. We continue to be part of the NHSE Investigation and Intervention regime and are actively working with BOB ICB and NHSE as we implement further actions to improve our financial performance for the remainder of this financial year and beyond. The Trust Board has committed to a full year deficit forecast outturn of £20.52m. We are also working closely with national, regional and ICB teams to secure sufficient cash, required in Q1 2025/26 and beyond, due to underlying deficits at the Trust
- This month we have seen 16 of the 114 **watch metrics** measure outside of statistical control (2 more than last month). There are three new alerting metric this month

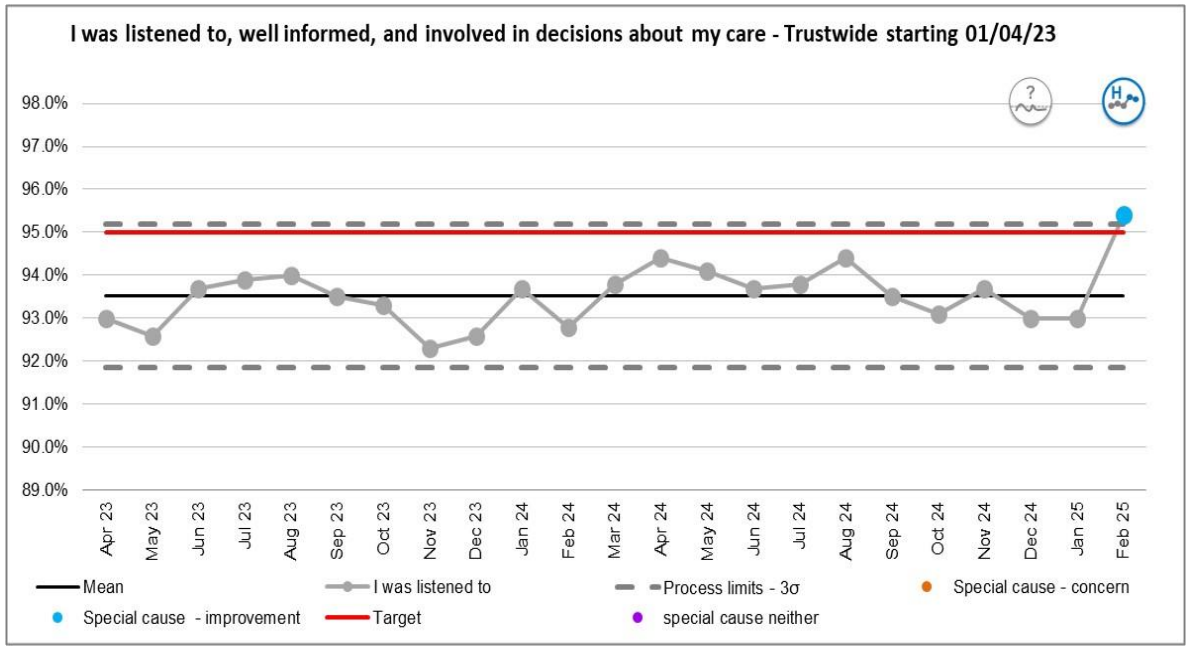
Variance \ Assurance	P	?	F	No Target
H		•I was listened to (FFT) Page 5	•Stability Rate (%) Page 7	
L				
		•62 day cancer standard (%) Page 9 •Total Elective Activity (No.) Page 10 •Ave LOS for non-elective patients (inc zero LOS) Page 15 •Total Volume of first OP activity Page 16	•Emergency Department (ED) performance against 4hr target Page 8 •Distance travelled by our patients (OP) (average miles) Page 11	•Patient Safety incidents/1000 bed days Page 6 •Identified efficiency savings against full year plan (£30.85m) Page 17
H				•Energy Consumed (1000 kWh) Page 13
L			•Trust income and expenditure Page 12	

Royal Berkshire
NHS Foundation Trust

Strategic Metrics

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

Strategic metric: I was listened to, well informed & involved in decisions about my care



	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
I was listened to, well informed & involved in decisions about my care (FFT)	93.5%	93.1%	93.7%	93.0%	93.0%	95.4%
Inpatient (IP) FFT response rate (%)	22.0%	31.0%	25.3%	22.8%	26.5%	26.6%
Outpatient (OP) FFT response rate (%)	5.5%	8.8%	8.8%	7.2%	5.5%	6.6%
Maternity FFT response rate (%)	7.0%	7.8%	8.7%	7.0%	5.6%	8.3%

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
?	H

Royal Berkshire NHS Foundation Trust

This measures: The percentage of patients completing the Friends and Family Test (FFT) Trust-wide who feel that they have been 'listened to and involved in decisions about their care'

How are we performing:

- We have successfully achieved our target of 95% patients feeling listened to, well informed and involved in decisions about their care for this question. February overall score 95.4%. However, the Emergency Department (ED) (83.31%) and Paediatrics (children) (83.33)% still require further support to reach the 95% target
- Outpatients were our highest performing area with a score of 98%

Actions and next steps

- Patient Experience team to support the areas not reaching the 95% target by supporting thematic analysis to identify and develop actions for improvement
- Identify a more efficient way to analyse data (April 25)
- Investigate AI for future thematic analysis (May 25)
- To continue to drive response rates in all areas

Risks:

- Satisfaction scores reduced due to Trust capacity and long waits in ED

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

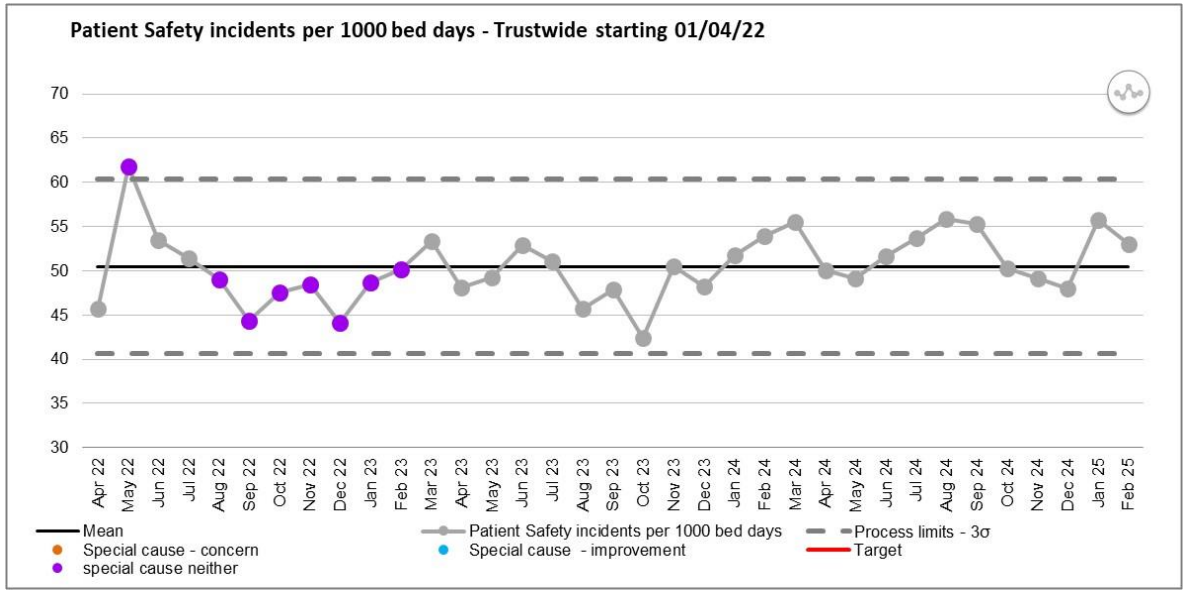
Strategic metric: Learning from incidents to reduce harm

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Patient Safety incidents per 1000 bed days	55.30	50.27	49.12	47.95	55.77	53.04
Patient Safety incidents/100 admissions	11.24	10.37	9.75	10.51	11.78	10.70
No. of Deteriorating patient incidents	16	18	12	4	11	2
FFT question: I felt safe during my visit to the hospital (%)	91.30%	91.40%	91.50%	91.30%	92.00%	91.40%
Medication incidents per 1000 bed days	5.49	5.77	4.78	6.32	5.34	5.59

This measures: Patient Safety incidents per 1000 bed days across all units. With the change to the patient safety incident response framework (PSIRF) the focus is on the stability of our incident reporting

How are we performing:

- In month, the level of incidents reported are above the mean rate and within process limits
- Patient's perception of their safety remains stable above 90% and one of the highest percentages in last six months
- Deteriorating patient data validation process robust with confidence in coding the data correctly now
- Focus remains on embedding PSIRF and evaluating year 1 implementation

Actions and next steps

- PSIRF ward to board training proposal being presented at EMC April 2025
- Quarter 4 thematic analysis under review and will be finalised April 2025
- Year one PSIRF engagement and evaluation commenced, aim to complete by May 2025
- Continued focused work on triangulation of learning capture across patient safety, quality governance, complaints and legal claims underway

Risks:

- Vacancy in Head of Patient Safety post – post now recruitment
- Non-mandated but required training, conflict in time management and staff priorities
- Progressive methodology of PSIRF produces risk of uncaptured learning for those cases that fall in-between investigative process requirement
- Trust wide learning workstreams and additional incident review processes to mitigate
- Lack of national benchmarking due to individual trust datasets and different stages of PSIRF progression

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

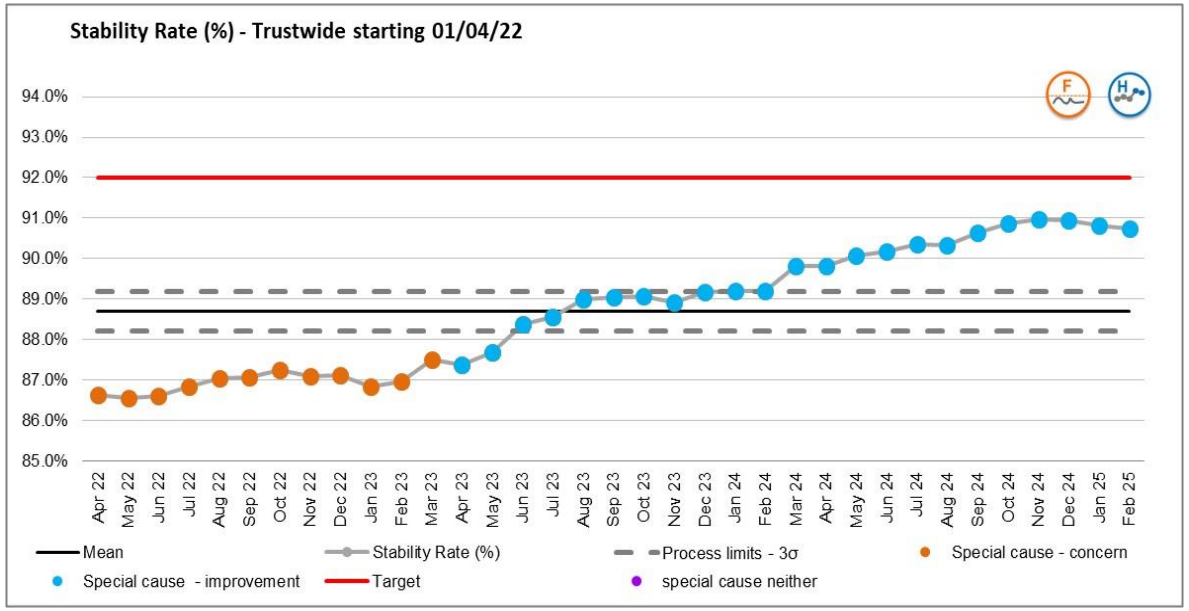
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Stability Rate (%)	90.64%	90.88%	90.97%	90.95%	90.82%	90.75%
Turnover rate %	9.70%	9.40%	9.37%	9.33%	9.20%	9.18%
Vacancy rate	6.39%	6.49%	6.19%	6.55%	6.34%	6.20%
Sickness absence (rolling 12 month)	3.65%	3.69%	3.70%	3.74%	3.83%	Arrears

This measures: Stability measures the % of total staff in post at a point in time who have more than one year of service at the Trust.

How are we performing:

- Stability rate has remained largely static in month, a review of our performance would place us in the top 35% of acute Trusts, we will continue to aim for 92%+ which is aiming for top decile
- Reviewing corporate driver metrics to identify what focus could materially influence our retention rate
- Appraisal compliance rates dropping off

Actions and next steps:

- Reviewing staff survey data as proxy measures that link to stability and influence the turnover
- Scoping the 2025 Global Majorities Aspiring Leader Programme to reflect the current challenges relating to backfilling staff
- Renewed focus on appraisal compliance at Directorate performance review meetings
- Directorates working on staff survey improvement plans ready to present to Care Group Boards in April

Risks:

- Thorough analysis of 2024 Staff Survey results will identify trends and risks to retention across a range of underpinning factors including staff engagement; Health and Wellbeing; job satisfaction etc
- Challenge from Care groups on releasing staff for Global Majorities

Strategic objective: **Deliver in partnership**

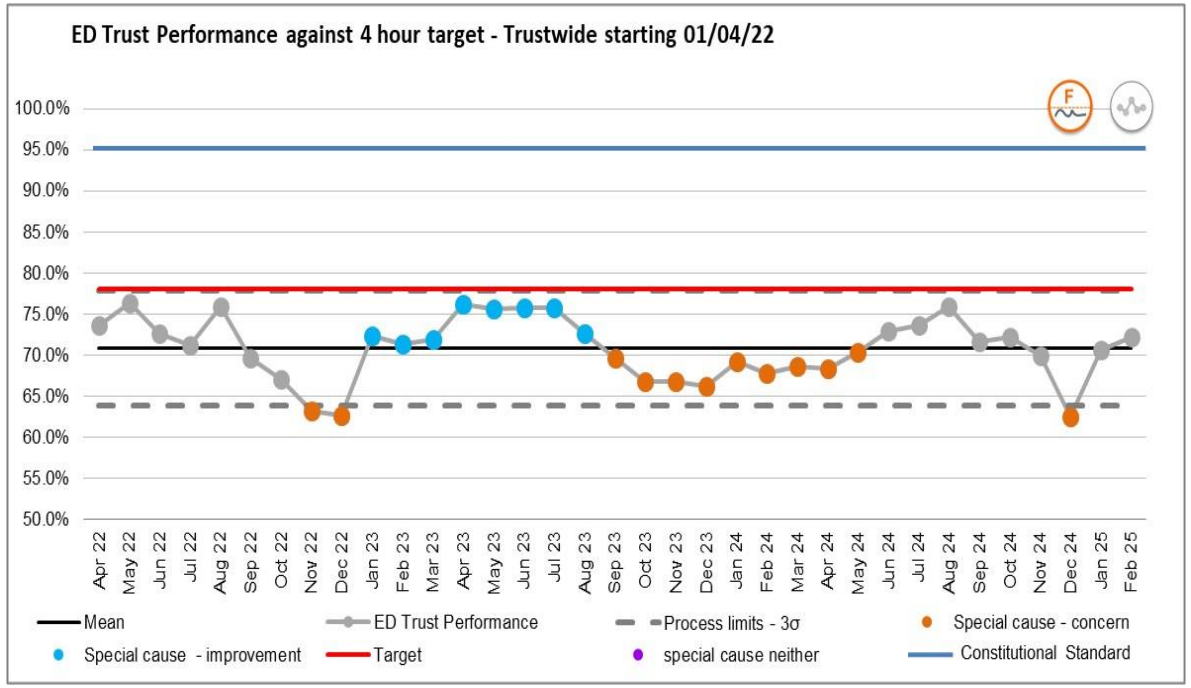
Strategic metric: Performance against 4hr A&E target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
4hour Performance (%)	71.64%	72.22%	69.87%	62.47%	70.64%	72.27%
Total Attendances	14636	16506	15595	15843	15932	14684
Total Breaches	4151	4586	4699	5303	4678	4062
Ambulance Handover: 30 Minutes	290	316	416	451	492	280
12 hours from arrival in ED (%)	4.74%	4.87%	4.95%	7.41%	8.47%	5.32%

This measures: The number of patients experiencing excess waiting times (>4hr) for emergency service. While the constitutional standard remains at 95%, NHS England has set the target of consistently seeing 78% of patients within 4 hours by the end of March 2025

How are we performing:

- 72.27% all types of patients were seen within 4 hours. We continue to not achieve the 78% target (ED/Eye Casualty/Urgent Care Centre (UCC)
- Daily attendances average 368 per day with 5 days >400
- UCC daily average of 73 with weekday seeing 90 plus. Especially on Monday's and Friday's. UUC using 90% Westcall to use 80% of available capacity
- Single Point of Access assisting with redirecting ambulances to alternative pathways, which assists with a slight reduction attending ED
- Type 1, ED Department performance against the 78% trajectory remains below plan, with mitigating actions being taken

Actions and next steps:

- Escalation plan being followed to reduce patient wait. Additional Consultant cover some days
- Focus on reducing the number of queuing ambulances continues

Risks:

- Significant increase in Mental Health demand as well as incidences of violence and aggression towards staff; and associated costs
- Demand for ED sustained, above the anticipated UCC volume
- Dependence on specialties to see referred patients in a timely manner – especially given increased acuity in December

Strategic objective: **Deliver in partnership**

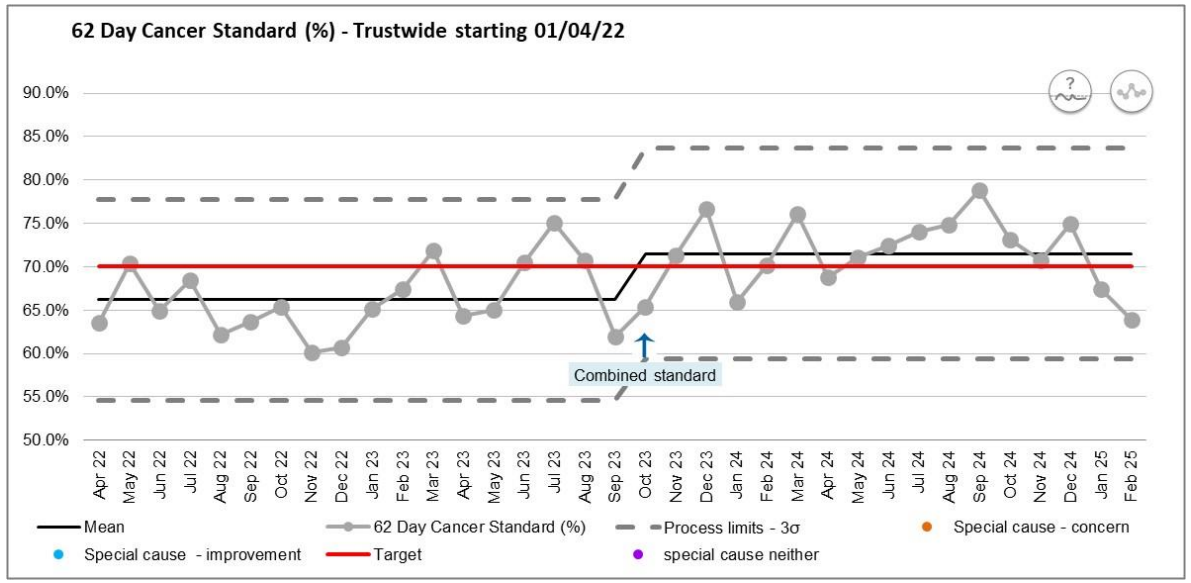
Strategic metric: Reduce waits of over 62 days for Cancer patients

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
	

Royal Berkshire NHS Foundation Trust



	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Cancer 62 day %	78.8%	76.3%	70.7%	77.0%	68.6%	63.9%
No. on PTL over 62 days	257	247	255	231	233	210
% on PTL over 62 days	9.7%	9.0%	10.0%	10.0%	9.9%	8.0%
Cancer 28 day Faster Diagnosis	76.4%	80.3%	80.0%	81.4%	80.0%	82.2%

*In October 2023, the way the Trust reported the 62 day cancer standard changed to a **combined standard** incorporating 2 week wait, screening and consultant upgrades.

This measures: The percentage of patients with confirmed cancer receiving first definitive treatment within 62 days of referral to the Trust. The national target is 85%, with an ambition of 70% for 2024/25.

How are we performing:

- In January 68.6% of patients were treated within 62 days. February's unvalidated performance is 63.9%. This figure is likely to improve post-validation
- The total number of patients on the Patient Tracking List waiting over 62 days at the end of February was 210, down from 233 in January. Predominantly within Lower Gastrointestinal, Gynaecology & Urology
- January's performance was slightly below the 70% ambition for 2024/25

Actions and next steps:

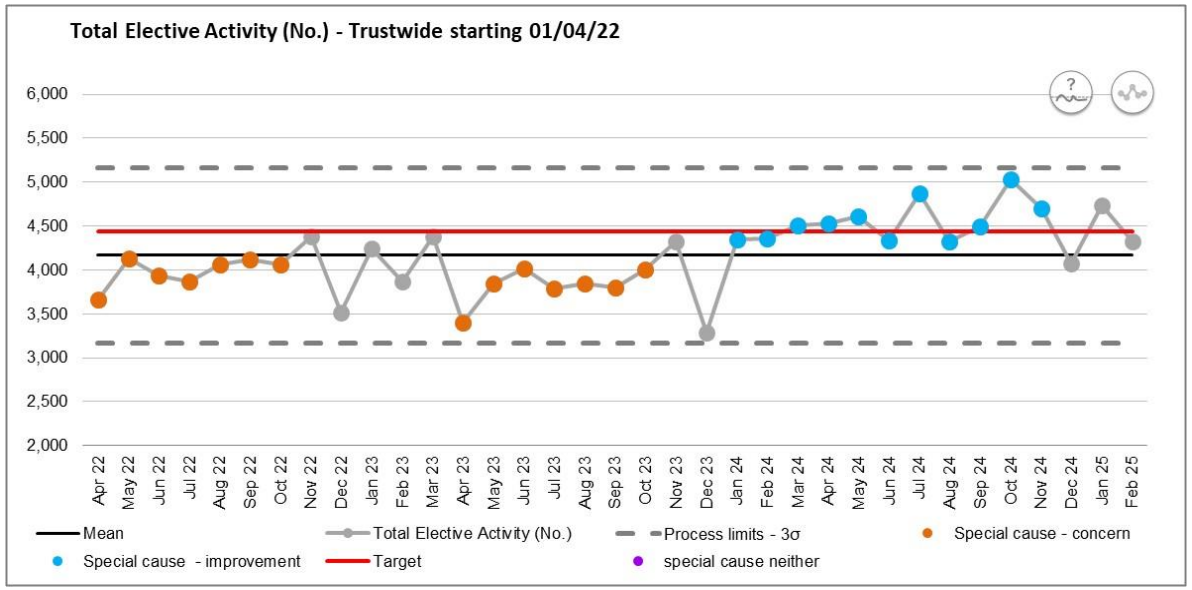
- Implement workstreams which have received additional funding from Thames Valley Cancer Alliance to be spent by the end of the financial year, across Gastroenterology, Urology & Dermatology
- Secure additional theatre capacity for inpatient hysteroscopies within Gynaecology
- Implement new nurse-led triage protocol in Gastroenterology

Risks:

- Continued delays to some parts of pathways in Gynaecology, Gastroenterology and Urology
- High reliance on insourcing/outsourcing
- Service Level Agreement for delivery of plastics capacity from Oxford University Hospitals (affecting the skin pathway)

Strategic objective: **Deliver in partnership**

Strategic metric: Maximising Elective Activity



	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Total Elective Activity (No.) (provisional)	4,496	5,031	4,705	4,068	4,738	4,326
% of plan for Daycases (cumulative)	104.05%	103.84%	103.91%	103.60%	103.80%	103.51%
% of plan for Inpatients (cumulative)	97.38%	96.42%	96.88%	95.85%	95.99%	96.25%
% of plan for Outpatient Attendances (News & Follow Ups (cumulative)	103.50%	103.49%	103.51%	102.66%	103.07%	102.72%
Patients waiting > 65wks	4	2	0	1	0	0

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
	

Royal Berkshire NHS Foundation Trust

This measures: The volume of elective activity taking place within the Trust. Targets will be aligned to submitted plans and Elective Recovery Fund (ERF) expectations.

How are we performing:

- Crude/local data continues to indicate performance above 2019/20 and 2023/24 activity levels. We remain above our elective activity target
- Actual Value Weighted Activity (VWA) performance has not been released by NHSE. However, we remain above plan and expect to be performing above the VWA expectation

Actions and next steps:

- Focus has turned to provision of the 25/26 plan and what this will mean for activity and performance with regards to funding expectations for next year
- Focus remains on delivering more activity across the board but with a particular focus on first outpatient, recovery of endoscopy waiting times and maximizing theatre efficiency
- Work across operational and coding teams continues to improve capture of outpatient procedures in clinic. This remains been critical to driving the improvement in performance

Risks:

- Calculation of VWA is nationally derived and difficult to replicate making monitoring very challenging

Strategic objective: **Cultivate Innovation and Improvement**

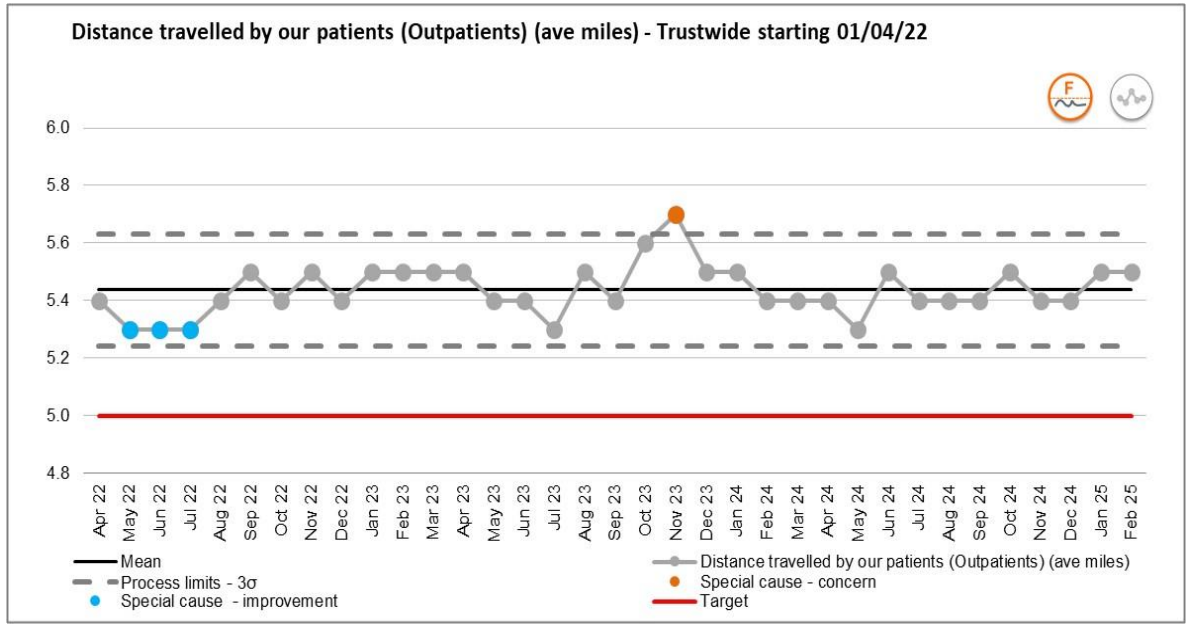
Strategic metric: Distance travelled by our patients (outpatients)

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Distance travelled by our patients (average miles) (Outpatients including Virtual Attendances)	5.4	5.5	5.4	5.4	5.5	5.5
Number of Virtual attendances	10255	10897	9699	8724	10346	9361
Advice & Guidance (A&G) activity	1440	1813	1601	1523	1682	1516
Face to face (FTF) activity at non RBH sites	9246	10133	9799	8122	9955	9278

This measures: We are tracking the **average miles travelled** for patients that attended an outpatient (OP) appointment, including virtual appointments. Delivering our strategy would result in this metric falling over time.

How are we performing:

- In February, the average distance travelled was 5.5 miles. While this remains in the standard range, we are still not achieving our target of 5 miles or less
- Use of non-RBH sites has been variable over the last 6 months with no positive or negative trend

Actions and next steps

- Outpatient scheduling pilot now live at West Berkshire Community Hospital, Townlands and Bracknell sites. Plan to further roll out to general outpatients on the RBH site by the end of March. Did Not Attend (DNA)/Was Not Brought (WNB) mitigations in place, plan to add additional slots in clinics to areas with consistently high DNA/WNB rates

Risks:

- Activity plan risks (see deliver in partnership)
- Ability to deliver some activity from non-RBH sites
- Additional costs of multisite delivery e.g. costs associated with equipment and staff travel

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

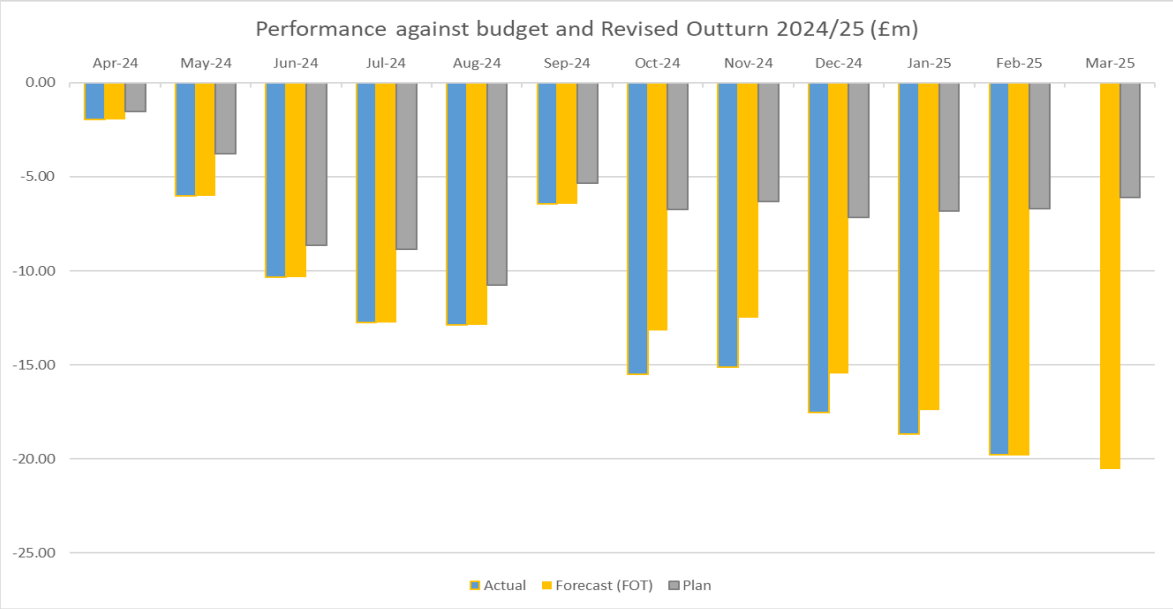
Strategic metric: Trust income & expenditure performance

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
F	L

Royal Berkshire NHS Foundation Trust



Metric Description	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Income as % of plan	102.28%	99.24%	106.71%	105.04%	106.96%	105.45%
Pay as a % of plan	99.71%	100.30%	101.14%	99.61%	102.23%	102.51%
Non-Pay as a % of plan	101.79%	146.70%	110.34%	122.78%	123.34%	115.98%
Cost Improvement Plans (CIP) delivered (cumulative) (£)	£11.18m	£13.38m	£17.70m	£19.64m	£21.97m	£23.94m
Value weighted activity actual in month (£m)	£32.13m	£29.37m	£32.50m	£34.83m	£35.17m	£34.72m
Bank and Agency Spend actual (cumulative) (£m)	£11.53m	£13.41m	£15.26m	£16.88m	£18.65m	£20.39m

This measures: Our performance against our financial plan for the year.

As part of our return to financial sustainability we now have a revised plan for 2024/25 for a £6.10m deficit for the year.

How are we performing:

- The YTD deficit is £(19.79)m, with a revised full year plan of £(6.10)m, following the contract difference agreement with the ICB; at YTD M11 2024/25 the deficit is now £(13.09)m behind revised plan
- Income is ahead of plan by £18.93m YTD
- Pay is adverse to plan by £(1.05)m YTD
- Non-pay is higher than plan by £(27.66)m YTD partially offset by favourable income variances

Actions and next steps

- Plans are in development for 2025/26 efficiencies, and we need to identify the required level of schemes to ensure delivery
- We have reviewed the viability of planned additional activity by end of March 2025 to ensure we will be paid for all work done
- We are meeting with Commissioners, regional finance team and national finance teams to secure sufficient cash for trading into Q1 2025/26 and beyond against a backdrop of the projected end of year cash position and cash requirements in 2025/26

Risks:

- Continued run rate of expenditure in excess of planned levels, and its impact on cash
- Achievability of remaining savings forecast and collection in full of all activity income

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

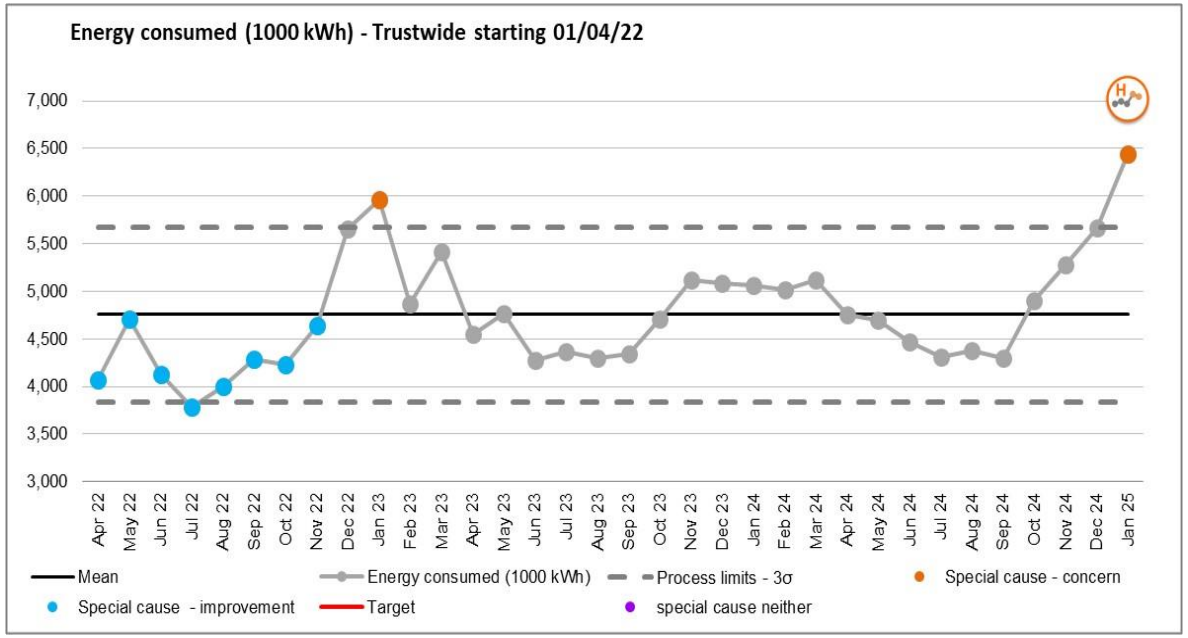
Strategic metric: Energy consumed (1000 kWh)

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



Total electricity and gas consumption in kWh by month for all sites

	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Energy used (1000 kWh)	4294	4899	5280	5661	6443	Arrears
Electricity (1000 kWh)	178	158	275	176	448	Arrears
Gas (1000 kWh)	4116	4740	5005	5485	5995	Arrears

*This metric will always be reported one month in arrears due to the date that we receive a detailed invoice from our energy suppliers

This measures: We are monitoring our progress on carbon emissions by tracking our energy consumption in kWh in the month*.

How are we performing:

- In January, the site experienced colder temperatures, with an average 3.4°C drop compared to December and an increase in the site heat demand. The higher heating demand resulted in increased gas consumption (5995 MWh in Jan vs. 5485 MWh in Dec)
- The increased electricity import from the Grid across the main site is due to the maintenance constraints at on-site electricity generation (CHP-energy centre) that began in early January and lasted for several weeks till now. Hence, on site electricity generation at CHP dropped from 1415 MWh to 1146 MWh. Consequently, electricity imports rose significantly (448 MWh vs. 176 MWh). However, the site's electricity demand has remained almost the same, without any significant increase

Actions and next steps

- Continue review of Trust estate regarding future low Carbon skills funding and Public Sector Decarbonisation Scheme opportunities
- Continued reduction of energy consumption by refining Building Energy Management System controls
- There is unlikely to be sufficient resource to develop out NZC delivery due to budget constraints. Confirmation of this will be achieved during budget setting

Risks:

- Ageing Royal Berkshire Hospital plant and local infrastructure limitations
- Lack of dedicated resource to progress NZC ambitions

Royal Berkshire
NHS Foundation Trust

Breakthrough Priorities

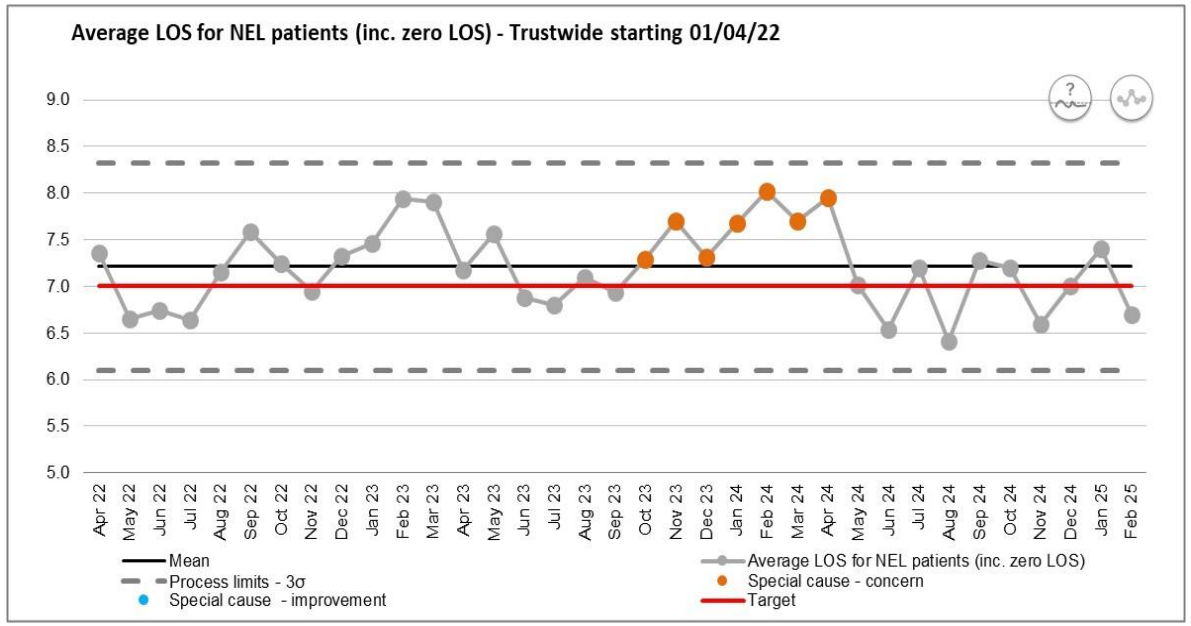
Breakthrough priority metric: Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Ave LOS for NEL patients (inc. zero LOS	7.3	7.2	6.6	7.0	7.4	6.7
Bed Occupancy (%)	89%	85%	85%	87%	90%	87%
No. of patients with zero day LoS	609	606	568	521	504	500
Ave number patients > 7 days	246	237	232	236	256	241
Ave number patients > 21 days	79	78	73	67	78	83
Ave no. of patients through discharge lounge per day	15	14	17	17	19	17

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

- Maximise use of our limited bed base for patients that need it most
- Reduce harm from unwarranted longer stays in hospital
- Positively impact ambulance handover times and ED performance

How are we performing:

- The average LOS in recent months has remained relatively low. Average for the last 6 months, has been lower than last year by c. 0.46 days which equates to c. 26 beds/day
- The aim is to reduce to below 7 days through spring and into summer
- This position will be supported by further improved forecasting and planning of Discharge

Actions and next steps

- Continued drive for improved accuracy of TDD (over 60% consistently)
- Furthering use of the discharge lounge for non-elective admitted patients especially before 10am with patients already booked on transport
- Joined up operational process across RBH and BHFT
- System-working for complex and Community Hospital discharges being addressed by operational leaders
- Working with Health Data Institute to identify drivers of LOS

Risks:

- Cultural norms around ward practice prove harder to change than we hope with key staff groups stretched and less able to engage in actions
- Complexity across the Trust and externally hides successful improvement
- Community Teams disagree with RBFT patient assessment

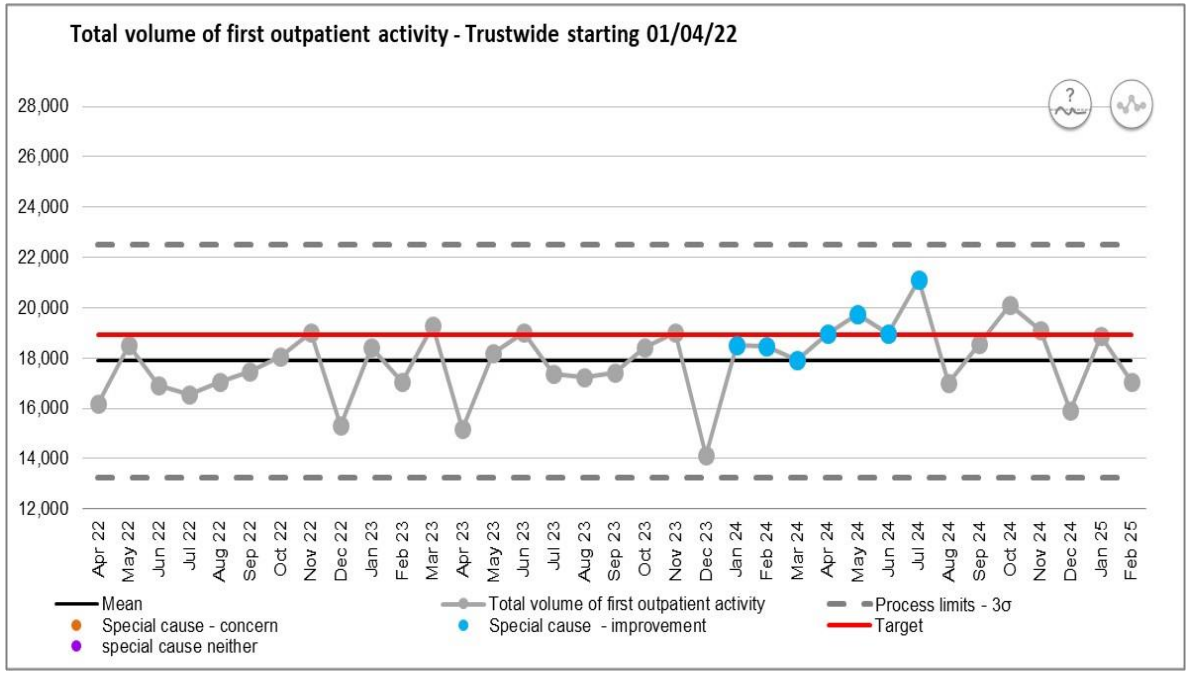
Breakthrough priority metric: Total Volume of first Outpatient (OP) Activity

Board Committee: Quality Committee

SRO: Andrew Statham

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Total Volume of first outpatient activity	18,538	20,096	19,121	15,923	18,862	17,054
% OP 1st + OPPROC vs. Total OP Activity (46% target)	48.08%	48.30%	48.27%	47.76%	47.71%	47.76%
1st OP DNA/WNB rate	7.2%	6.9%	6.7%	6.9%	6.8%	6.7%
1st OP patient cancellations (%)	5.0%	4.9%	5.2%	5.0%	5.6%	5.0%
First / Follow up rate	1.9	1.9	1.9	2.1	2.1	2.1

This measures: The volume of first outpatient activity (OPA), including outpatient procedures, being undertaken. First OPA is the largest and most modifiable aspect of the elective pathway and is the biggest contributor to waiting times delays. To support our patients and deliver our financial plan we are seeking to increase our OPA to 19k per month.

How are we performing:

- Work continues to progress to increase first OPA and reduce waiting times and will remain a key deliverable for 2025/26
- Activity reporting allows a 6 week data capture window. We would expect January and February to increase prior to freeze

Actions and next steps

- Outpatient (OP) transformation actions focusing on improving scheduling efficiencies and better use of clinical space have been agreed
- Work is underway to determine first OP activity requirements for 25/26 to recover waiting times to desired levels, supporting delivery of the RTT 52 week expectation, as well as reduced cancellation and DNA
- Through 24/25 the Trust has encouraged the use of eTriage (Advice & Guidance and Triage). Analysis is underway to re-assess DNA and First / Follow Up Rates with this taken into account, to be more inclusive of all 1st encounter work

Risks:

- Discussion with ICS underway related to funding of additional activity in 25/26. This could reduce our ability to provide the activity required in order to meet latest expectations for RTT and OPA activity

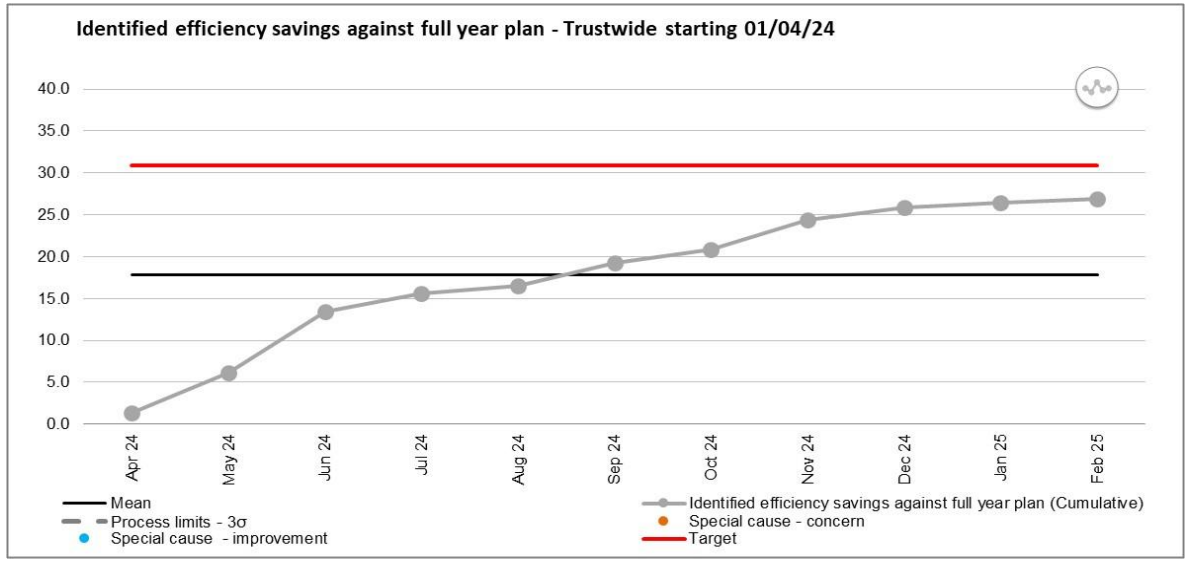
Breakthrough priority metric:
Identified efficiency savings against full year plan (£30.85m)

Board Committee: People Committee

SRO: Dom Hardy

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



This measures: The achievement of our efficiency savings plans against the full year plan of £30.85m:

- 38.5% of the schemes identified are recurrent,
- 61.5% of the schemes identified are non-recurrent

How are we performing:

- We revised our efficiency target to £30.85m from £25.20m following contract review in month 7
- YTD-M11 we have identified £26.86m an increase of £0.47m on M10
- 84.37% of the schemes are on track to be delivered by March 2025 and 5.58% are medium risk

	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Cumulative identified efficiency savings against full year plan (£30.85m)	£19.20m	£20.86m	£24.36m	£25.84m	£26.39m	£26.86m
Total Delivery against identified efficiency savings (%)	58.23%	64.14%	72.66%	76.01%	82.23%	89.13%
Delivery against identified efficiency savings: Medicines Management (%)	51.43%	59.87%	66.92%	74.01%	82.87%	88.72%
Delivery against identified efficiency savings: Procurement (%)	25.01%	39.50%	49.07%	58.12%	67.84%	76.62%
Delivery against identified efficiency savings: Workforce and Productivity (%)	71%	78%	82%	84%	90%	95%

Actions and next steps:

- De-risking delivery of existing schemes
- Ensuring all PwC investigation and intervention recommendations have been actioned
- Ensure NHSE Grip & Control recommendations have been delivered
- Focus has now shifted to the identification of next year 2025/26 efficiency savings

Risks:

- £3.99m unidentified schemes
- Increase in activity demand due to winter pressure

Royal Berkshire
NHS Foundation Trust

Watch Metrics

Summary of alerting watch metrics

Royal Berkshire NHS Foundation Trust

Introduction:

Across our five strategic objectives we have identified 114 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

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

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

Alerting Metrics February 2025:

In the last month 16 of the 114 metrics exceeded their process controls, 2 more than last month. These are set out in the table opposite.

New Alerting Metric(s) can be found below:

- Ecoli (Trust Apportioned) Bloodstream Infections (Cumulative)
- Complaints turnaround time within 25 days (%)
- No. of patients waiting >52wks

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 infection control.

Provide the highest quality of care for all

- C.diff (Cumulative – Trust Apportioned)
- Ecoli (Trust Apportioned) Bloodstream Infections (Cumulative)
- Complaints turnaround time within 25 days (%)

Invest in our staff and live out or values

- % of staff from global majority backgrounds in senior AFC Bands 8a and above
- Rolling 12 month Sickness Absence
- Appraisals

Deliver in Partnership

- Proportion of patients with high risk TIA fully investigated and treated within 24 hours
- Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival
- Cancer – Incomplete 104 days
- Diagnostics Waiting < 6 weeks (DM01) (%)
- No. of patients waiting >52wks

Cultivate innovation and improvement

- % OP treated virtually

Achieve long term sustainability

- Debtors (£m)
- Cash Position (£m)
- Non pay cost vs Budget (£m)
- Better Payment Practice Code

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

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-24	Jan-25	Feb-25	Feb-24
Never Events			0	0	0	0	1
Pressure ulcer incidence per 1000 bed days			1.00	0.05	0.00	0.06	0.10
Category 2 avoidable pressure ulcers			5	1	0	1	2
Category 3 avoidable pressure ulcers			0	1	2	0	0
Category 4 avoidable pressure ulcers			0	0	0	0	0
Unstageable avoidable pressure ulcers			0	0	0	0	0
Patient Falls per 1 000 bed days			5.00	4.83	4.37	3.44	3.78
Patient falls resulting in harm (PSIRF methodology applied)			-	0	3	0	0
No. of DOLS applications applied for			-	25	22	19	23
No. of detentions under the MH act to RBH			-	2	2	2	2
% of staff: Safeguarding children L1 training			90.00%	96.80%	97.00%	96.80%	96.30%
No. of child safeguarding concerns by the Trust			-	140	139	135	148
No. of adult safeguarding concerns by the Trust			-	28	34	34	44
No. of safeguarding concerns against the Trust			-	4	3	6	4
Unborn babies on child protection (CP) / child in need plans (CIP)			-	46	42	44	43
C.Diff (Cumulative – Trust Apportioned)			39	44	49	52	40
C.Diff lapses in care			-	3	2	2	4
MRSA			0	0	0	0	0
E.coli (Trust Apportioned) Bloodstream Infections			-	7	6	13	12
E.coli (Trust Apportioned) Bloodstream Infections (Cumulative)			92	77	83	96	119
MSSA surveillance (trust acquired)			-	3	3	3	0
Hand Hygiene			95.00%	95.70%	96.98%	96.85%	96.44%
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance			95.00%	94.80%	95.70%	Arrears	95.00%
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions			0.00	1.30	2.40	Arrears	3.17

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

Maternity Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-24	Jan-25	Feb-25	Feb-24
No. of compliments			-	77	165	Arrears	60
FFT Satisfaction Rates Inpatients: i.Inpatients			95%	95%	94%	97%	94%
FFT Satisfaction Rates Inpatients: ii.ED			95%	75%	81%	80%	80%
FFT Satisfaction Rates Inpatients: iii.OPA			95%	95%	96%	96%	96%
Mixed sex accommodation - breaches			0	339	628	264	326
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes			97%	78%	91%	Arrears	100%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes			86%	80%	78%	Arrears	89%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes			82%	100%	100%	Arrears	89%
No. of Patient Safety Incident Investigations (PSII)			-	0	1	0	
No. of SWARM huddles			-	0	3	0	
No. of After Action reviews			-	2	1	4	
No. of Multidisciplinary Team (MDT) reviews			-	1	2	1	
No. of Thematic reviews			-	1	0	1	
Number of Complaints			-	21	22	33	26
Complaints turnaround time within 25 days (%)			80%	73%	78%	43%	48%

Mortality Metrics	Variation	Assurance	Target	Aug-24	Sep-24	Oct-24	Oct-23
Crude mortality (previous periods)			-	1.00	1.30	1.20	1.40
HSMR			100.0	96.7	97.7	97.0	82.6
SMR			100.0	97.0	97.5	97.5	83.5
SHMI			1.00	1.02	1.02	1.04	0.98

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

Maternity Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-24	Jan-25	Feb-25	Feb-24
FFT Satisfaction Maternity			95.0%	96.5%	95.6%	97.5%	98.0%
No. of complaints - Maternity			3	1	1	4	2
Number of Patient Safety Incident Investigations (PSII)			-	0	0	0	0
% bookings with ethnicity documented / recorded			-	99.8%	99.5%	98.0%	100.0%
% women with a documented CO result at booking			95.0%	83.0%	84.9%	88.1%	88.3%
% of women with a documented CO result at 36 weeks			95.0%	81.2%	85.0%	88.1%	91.6%
% of pre-term (less than 34+0), live births receiving a full course of antenatal corticosteroids, within seven days of birth			80.0%	0.0%	57.0%	100.0%	28.6%
Post Partum haemorrhage>1500mls	L		3.5%	1.1%	1.1%	0.3%	2.0%
Percentage of term babies admitted to Neonatal Unit			5.0%	5.0%	5.8%	4.3%	5.4%
Percentage of Perinatal Deaths			0.5%	0.3%	0.3%	0.4%	0.3%
Number of occasions MLU service suspended for 4 hours or more	L		-	2	2	4	5
Midwifery staffing vacancy rate	L		-	0.0%	0.0%	0.0%	10.2%
Midwifery staffing turnover	L		14.0%	9.5%	9.2%	11.1%	9.0%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring	H		90.0%	99.6%	97.6%	98.8%	94.4%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%	95.7%	97.6%	92.6%	97.0%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT			90.0%	96.7%	86.4%	76.9%	95.0%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT	H	P	90.0%	98.9%	98.1%	96.5%	94.6%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT	H		90.0%	100.0%	86.3%	78.4%	93.0%

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

Watch metrics:

SRO: Don Fairley

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-24	Jan-25	Feb-25	Feb-24
% of staff from global majority backgrounds in senior AFC Bands 8a and above		F	25.00%	19.55%	19.42%	19.95%	19.31%
Rolling 12 month Sickness absence		F	3.3%	3.7%	3.8%	Arrears	3.5%
% Fill rate of Registered Nurse Shifts (RN)		P	90.0%	96.7%	99.5%	96.6%	100.0%
% Fill rate of Care Support Worker Shifts (CSW)		P	90.0%	105.0%	105.4%	105.1%	112.9%
Completed Mandatory Training	H	P	90.0%	93.0%	92.7%	92.9%	92.4%
Appraisals	H	F	90.0%	89.1%	86.5%	87.6%	82.4%
Nurse Staffing Red Flags			-	42	41	33	15

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

Watch metrics:

SRO: Don Fairley

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-24	Jan-25	Feb-25	Feb-24
RIDDOR reportable Incidents			-	5	4	0	0
Abuse/V&A (Patient to staff)			-	64	54	55	72
Body fluid exposure/needle stick injury			-	15	20	18	21
Environment Related Incidents			-	20	26	19	17
Conflict Resolution		?	90%	88%	89%	89%	88%
Fire (Annual)		?	90%	91%	90%	91%	92%
Nursing and AHP Manual handling training every 3 years	H	?	90%	91%	91%	91%	91%
Doctors manual handling training every 3 years	H	F	90%	94%	91%	91%	93%
Health and Safety Training	H		-	97%	97%	96%	96%
Slips and Trips			-	2	3	1	2
Musculoskeletal - Inanimate object			-	1	4	3	3
Total non clinical incidents reported			-	113	130	223	251

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-24	Jan-25	Feb-25	Feb-24
Fractured Neck of Femur: Surg in 36 hours			75.0%	42.9%	Arrears	Arrears	70.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival			90.0%	56.0%	48.0%	59.0%	47.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)			80.0%	84.0%	76.0%	78.0%	65.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)			90.0%	77.0%	86.0%	90.0%	19.0%
Cancer 31 day wait: to first treatment			96.0%	97.7%	90.7%	96.0%	92.0%
62 Day screen Ref			85.0%	78.9%	75.6%	69.2%	86.7%
Cancer Incomplete 104 days			0	70	71	55	103
Average waiting times in diagnostic (DM01) services			6	5	4	5	8
Diagnostics Waiting < 6 weeks (DM01) (%)			99.0%	87.4%	86.6%	90.4%	79.9%
18 Weeks: incomplete pathways (%)			92.0%	82.1%	80.1%	78.7%	83.0%
No. of patients waiting >52wks			0	27	41	23	11

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-24	Jan-25	Feb-25	Feb-24
% OP appointments done virtually			40.0%	19.4%	20.1%	20.0%	20.9%
Number of OPPROC			-	11808	13588	12353	9647
Number of MDT OP			-	697	742	740	649
Number of PIs			-	127	128	129	106
Number of active research trials			-	158	160	161	123
Number of projects supported by HIP			-	58	58	63	63

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

Watch metrics

SRO: Nicky Lloyd

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-24	Jan-25	Feb-25	Feb-24
Pay cost vs Budget (£m)	H		-	0.13	-0.73	-0.82	-3.50
Non pay cost vs Budget (£m)			-	-4.23	-4.27	-2.88	-2.91
Income vs Plan (£m)			-	2.57	3.63	2.81	5.18
Daycase actual vs Plan (£m)	H		-	0.83	0.52	0.68	0.37
Elective actual vs Plan (£m)	H		-	0.42	0.24	0.33	0.18
Outpatients actual vs Plan (£m)			-	0.13	-0.45	-0.16	0.63
Non-elective actual vs plan (£m)			-	-0.26	-0.07	-0.07	0.14
A&E actual vs plan (£m)			-	0.04	0.04	0.04	0.16
Drugs & devices actual vs plan (£m)			-	1.17	1.51	1.06	0.77
Other patient income (£m)			-	0.05	0.11	-0.17	0.24
Delivery of capital programme (£m)			-	1.58	2.93	6.25	3.84
Cash position (£m)	L		-	6.17	12.32	13.00	33.47
Agency spend % of total staff cost (%)	L		-	1.1%	1.0%	1.0%	2.2%
Creditors (£m)			-	-70.51	-75.83	-75.38	-80.29
Debtors (£m)			-	46.52	47.23	45.11	34.47
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD		F	95.00%	78.80%	75.90%	76.40%	58.00%
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month	H	F	95.00%	76.20%	76.60%	74.20%	60.40%

Royal Berkshire
NHS Foundation Trust

Title:	**Integrated Performance Report Annual Recommendations for Approval**
Agenda item no:	9
Meeting:	Board of Directors
Date:	26 March 2025
Presented by:	Andrew Statham, Chief Strategy Officer
Prepared by:	Rebecca Cullen, Associate Director of Strategy and Performance

Purpose of the Report	To seek approval of the Annual IPR Refresh recommendations

Report History	Executive Management Committee 24 February 2025 Private Board 26 February 2025 Executive Management Committee 24 March 2025

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

Resource Impact:	None
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:				
1. Leadership ✓	2. Vision & Strategy ✓	3. Culture ✓	4. Governance ✓	
5. Risks, Issues & Performance ✓	6. Information Management ✓	7. Engagement ✓	8. Learning & Innovation ✓	

Publication						
Published on website		Confidentiality (FoI)	Private		Public	✓

Executive Summary

In November 2024, the Executive Management Committee (EMC) agreed the IPR annual review process for 2025/2026.

As discussed in November, for this IPR refresh, we do not envisage a major restructure of the metrics. A lighter-touch approach is proposed to reflect:

- The extensive refresh undertaken for 2024/2025, including some changes in-year. The new metrics are still felt to be bedding in – consistency with these metrics is important for supporting their delivery;
- That our Trust Strategy refresh will be happening this year (2025) so the following IPR refresh is likely to see considerable change.

In February, EMC and Board provided feedback on the emerging recommendations and they have been adjusted to reflect those discussions.

The Appendix shows the alignment between our proposed recommendations and the FY2025/2026 NHS England Planning Guidance.

The Board are asked to approve the final recommendations set out in this paper for Strategic Metrics; Breakthrough Priorities; and Watch Metrics.

1. Strategic Metrics

1.1. The IPR presents RBFT's 5 Strategic Objectives, with 8 Strategic Metrics identified at present to track progress against them. Each Strategic Metric page also includes 3-5 Insight Metrics. These metrics are chosen to give further insight into the performance.

1.2. The below tables outline the current strategic metrics under each strategic objective, and the recommendations for Board approval.

SO1: Provide the highest quality care for all
Strategic Metric: I was listened to, well informed & involved in decisions about my care: FFT question response
Recommendation: No change to strategic metric recommended
Strategic Metric: Learning from incidents to reduce harm: Patient Safety incidents per 1000 bed days
Recommendation: No change to strategic metric recommended, but to adjust the insight metrics to remove medication incidents (to watch metrics) and add in Total Calls for Concern (patient and family).

SO2: Invest in our people and live out our values
Strategic Metric: Improve retention: Stability rate
Recommendation: No change to strategic metric recommended

SO3: Delivering in partnership
Current Strategic Metric: Improve Waiting Times: Performance against 4hr A&E target
Recommendation: No change to strategic metric recommended, but addition of average daily type 1 attendance in place of total monthly attendance insight metric and renamed to 'Performance against 4-hour emergency pathway target'
Strategic Metric: Improve Waiting Times: Reduce waits of over 62 days for Cancer patients
Recommendation: No change to strategic metric recommended
Strategic Metric: Maximising Elective Activity: Volume of activity taking place at the Trust
Recommendation: Change strategic metric to 'Maximising Elective Activity: Achievement of the <18 week Referral to Treatment standard'. Insight metrics to be: Total Elective Activity; % of plan for daycases (cumulative); % of plan for inpatients (cumulative); and % of plan for outpatient attendances (news and follow-ups) (cumulative).

SO4: Cultivate Innovation and Improvement
Strategic Metric: Increase care closer to home: Distance travelled by our patients (outpatients)
Recommendation: No change to strategic metric recommended

SO5: Achieve Long-Term Sustainability
Strategic Metric: Live within our means: Trust income and expenditure
Recommendation: No change to strategic metric recommended, with addition of cash position into insight metrics.
Strategic Metric: Reduce impact on the environment: Energy consumed (1000 kWh)
Recommendation: Current strategic metric to be moved to the Watch Metrics and replaced with a Productivity metric given the NHS planning guidance (appendix). Productivity strategic metric suggested is 'activity/wholetime equivalent' with insight metrics requiring further discussion, but should include activity/whole-time equivalent gap against pre-COVID-19 levels (adjusted for case mix) to directly include the ask of the 25/26 planning guidance. Care groups and teams recommended to use their best fit productivity metric in PRMs as the metrics, and opportunity, will vary across teams.

2. Breakthrough Priorities

2.1. Breakthrough priorities are objectives and metrics identified for rapid improvement. The tables below outline the 3 breakthrough priorities and the recommendations for discussion.

BTP: Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)
Recommendation: No change to breakthrough priority recommended

BTP: Total Volume of first Outpatient (OP) Activity
Recommendation: No change to breakthrough priority recommended but change insight metrics to the following: Percentage of patients that are waiting more than 12 weeks; Number of patients waiting more than 18 weeks; Number of patients waiting over 52 weeks; Percentage outpatients that did not attend/were not brought, and percentage triage within 2 working days for all GP referrals (including 2 week wait, urgent and routine).

BTP: Month-on-month identified efficiency savings against full year plan (£30.85m)
Recommendations: No change to breakthrough priority recommended as metric new from November 2024 but new insight metric to be added to reflect recurrent/non-recurrent savings.

3. Watch Metrics

3.1. Alongside the priority indicators, the IPR also reports on a wider set of 114 watch metrics, highlighting any indicators requiring extra attention. A series of statistical measures and qualitative insight is used to guide decision making where additional focus is required.

3.2. Many of the Watch Metrics are chosen due to their regulatory or professional guidance and can be changed in-year if required by the SRO. Over the past year, additional watch metrics added to the report include avoidable pressure ulcers and percentage of staff from global majority backgrounds in senior AFC Bands 8a and above.

3.3. For 2025/2026, SROs have made minimal recommendations due to the extensive review last year. But the changes recommended are as follows:

- Maternity watch metrics updated to reflect most recent regulatory and professional guidance.
- Additional FFT response rates inclusion for daycase and Children and Young People.

4. Next steps

4.1. Further to approval at Board, the refreshed IPR metrics will be undertaken for April 2025 data.

4.2. The time series for all metrics to be reset to April 2023 to give full 24 months data.

5. Recommendation

5.1. The Board are asked to approve the recommendations set out in this paper for the Strategic Metrics; Breakthrough Priorities; and Watch Metrics.

Appendix: NHS Planning Guidance 2025/2026

Priority	Success measure	Where captured?
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65 per cent nationally by March 2026, with every trust expected to deliver a minimum 5 per cent point improvement. (Against the November 2024 baseline, with all providers required to increase their referral-to-treatment (RTT) performance to a minimum of 60 per cent and performance on wait for first appointment to a minimum of 67 per cent).	SO3 – Strategic Metric
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72 per cent nationally by March 2026, with every trust expected to deliver a minimum 5 per cent point improvement.	BTP – Insight Metric
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1 per cent of the total waiting list by March 2026.	SO3 – Strategic Metric
	Improve performance against the headline 62-day cancer standard to 75 per cent by March 2026.	SO3 – Strategic Metric
	Improve performance against the 28-day Cancer Faster Diagnosis Standard to 80 per cent by March 2026.	SO3 – Insight Metric

Priority	Success measure	Where captured?
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78 per cent of patients admitted, discharged and transferred from emergency departments (EDs) within four hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from EDs within 12 hours across 2025/26 compared to 2024/25.	SO3 – Strategic Metric
	Improve category 2 ambulance response times to an average of 30 minutes across 2025/26.	N/A
Improve access to general practice and urgent dental care	Improve patient experience of access to general practice as measured by the ONS Health Insight Survey.	N/A
	Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more.	N/A
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds.	N/A
	Increase the number of children and young people (CYP) accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019.	N/A

Priority	Success measure	Where captured?
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10 per cent reduction	N/A
Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26.	SO5 and BTP
	Reduce agency expenditure as far as possible, with a minimum 30 per cent reduction on current spending across all systems.	SO5 – Insight Metric
	Close the activity/whole-time equivalent gap against pre-COVID-19 levels (adjusted for case mix).	SO5 – Insight metric
Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the three-year delivery plan.	Maternity Watch Metrics
	Reduce inequalities in line with the Core20PLUS5 approach for adults and CYP.	Ongoing Health Inequalities Work

Priority	Success measure	Where captured?
		Programme including IPR
Address inequalities and shift towards prevention	Increase the percentage of patients with hypertension treated according to NICE guidance, and the percentage of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance.	N/A

Royal Berkshire
NHS Foundation Trust

Title:	**2024 NHS Staff Survey Results**
Agenda item no:	10
Meeting:	Board of Directors
Date:	March 2024
Presented by:	Don Fairley, Chief People Officer
Prepared by:	Pete Sandham, Associate Director – Staff Experience and Inclusion

Purpose of the Report	To provide a high level Trust overview of the RBFT results from the 2024 NHS Staff Survey following the publication of the full National Data set on the 13 March 2025.

Report History	

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

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

Strategic objectives This report impacts on (tick all that apply)**:**	
Provide the highest quality care	✓
Invest in our staff and live out our values	✓
Drive the development of integrated services	✓
Cultivate innovation and transformation	✓
Achieve long-term financial sustainability	✓

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

Publication						
Published on website	✓	Confidentiality (FoI)	Private		Public	

1 Executive Summary

1.1 The 2024 NHS Staff Survey results were officially released on the 13th March 2025.

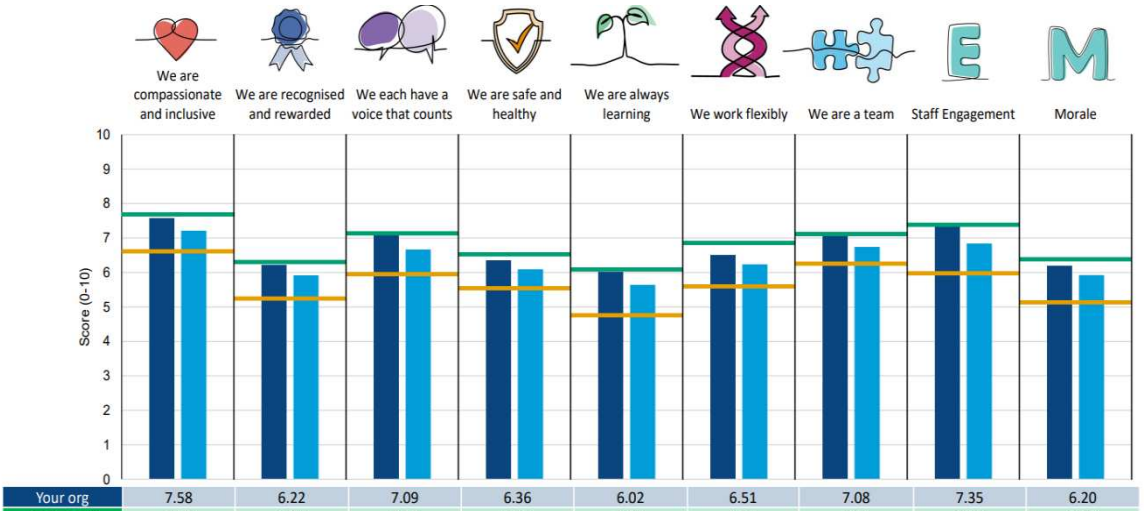
1.2 3734 staff engaged with the survey at the RBFT (81 fewer than in 2023), delivering an overall response rate of 57%. 2024 Acute Trust median response rate was 49%

1.3 The in-year performance trend at the RBFT is one of improvement. Benchmarked performance places the Trust as one of the top performers Nationally.

1.4 The 2024 survey was once more aligned to the 9 Primary People Promise Themes and 21 constituent sub themes set out in the National People Plan.

1.5 In year, Trust performance on 7 primary themes has further improved from what was already strong performance in 2023. Two themes are static from 2023 ('Morale' and 'We are Safe and Healthy').

1.6 The positive Trust Trend runs counter to the National Average Trend, which has seen performance in 5 themes deteriorate, 3 improve and 1 remain static. Summary of our performance across the 9 Key Themes is set out in the graphic below



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.58	6.22	7.09	6.36	6.02	6.51	7.08	7.35	6.20
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	3719	3717	3675	3668	3504	3692	3713	3720	3720

1.7 In terms of Nationally Benchmarked Performance, the Trust is a top decile performer in 8 of the 9 themes. The only theme where performance is marginally outside of the top 10% is 'Flexible Working' (top 12%). Nationally the Trust is a top 3 performer in three themes ('Staff Engagement', 'We each have a voice that counts' and 'We are a Team')

1.8 The RBFT is the top performing Acute Trust in the South East in 4 out of the 9 themes, including the 'We are Safe and Healthy' and 'Morale' (themes where our in year overall performance in year has remained static).

1.9 The Trust has the 6th highest staff recommendation rate as a place to work Nationally and the highest in the South East Acute Trusts

1.10 Summary ranked benchmarked performance on each primary theme relative to all Acute providers at National and Regional level is set out in the table below. **The National benchmark ranking is out of 122 Acute Trusts, the South East benchmark is out of 17 Trusts.**

**People Promise themes are scored Nationally on a 0-10 scale, where a higher score is more positive than a lower score*

People Promise Themes within the 2024 National Staff Survey	2024 RBFT Scores* and 23/24 Trend (Bracketed)	2024 RBFT Ranked National position and 23/24 Trend (Bracketed)	2021 RBFT Ranked National position	South East Region Ranking of RBFT 2024
We are compassionate and inclusive	7.58 (+0.05)	**7 (+4)**	17	2
We are recognised and rewarded	6.22 (+0.04)	**8 (+4)**	25	2
We each have a voice that counts	7.09 (+0.01)	**2 (+2)**	13	1
We are safe and healthy	6.36 (0)	**5 (-1)**	7	1
We are always learning	6.02 (+0.13)	**7 (+8)**	11	3
We work flexibly	6.51 (+0.09)	**14 (+3)**	24	3
We are a team	7.08 (+0.07)	**3 (+5)**	14	2
Staff Engagement	7.35 (+0.05)	**2 (+1)**	7	1
Morale	6.20 (0)	**12 (-3)**	14	1
Headline Recommendation Rates				
I would recommend my organisation as a place to work	72.9% (+1.5%)	**6 (-)**	17	1
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	79.2% (+1.7%)	**7 (+1)**	21	2

1.11 The 9 primary survey themes are comprised of 21 sub themes. In year performance has improved in 16 of the sub themes, static on 1. Biggest improvements are reported in the following sub themes (1) Compassionate Leadership (2) Line Management and (3) Inclusion. 4 themes are reporting a marginal deterioration in year and include 'Work Pressure' and 'Negative Experiences'. Full sub theme details are provided in Appendix 1

1.12 Underpinning primary themes and subthemes is the question level granular data. Based on 2024 performance, the Trust is the top National Acute performer on a range of staff experience markers, including:

- I feel my role makes a different to patients
- I am satisfied with the extent to which the organisation values my work
- I am able to make improvements happen in my area of work
- My organisation takes positive action on health and wellbeing
- The team I work in often meets to discuss the team's effectiveness
- When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again

1.13 The 2024 survey results provide positive assurance on the cultural health of the organisation as reported by nearly 4000 Trust colleagues. The four year data trend evidences significant improvement in staff experience at the Trust.

1.14 Maintaining our excellent standing requires maintaining our focus. Triangulating 4 year trend data, in year progress and relative benchmarked position identifies the following areas (whilst recognising them as top quartile performers Nationally) as opportunities for focussed improvements over the next period (1) Negative Experiences (2) Diversity & Equality (3) Work Pressure (4) Appraisals

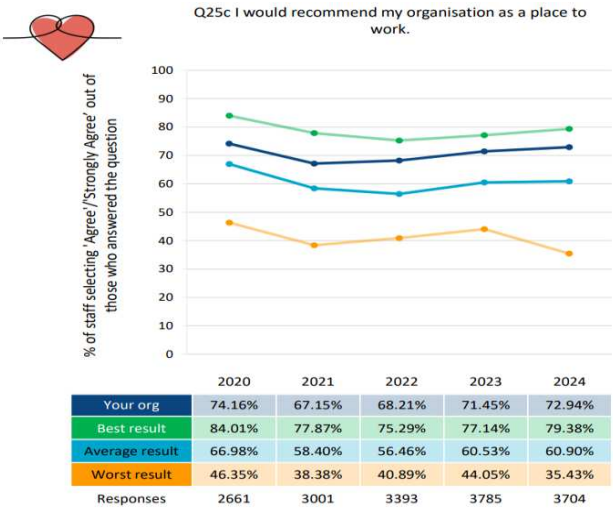
1.15 A high level Trust thematic improvement plan has been developed *(Appendix 1).*

2 Key Issues

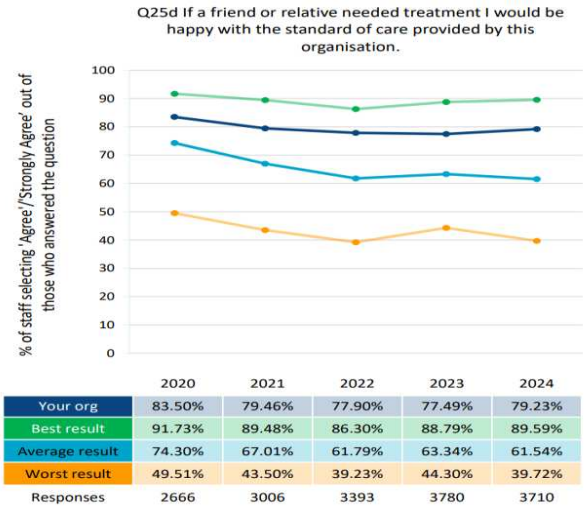
2.1 The following section extracts key headlines, focussing on the Trust level position, whilst also picking up granular question level trends of note that risk being masked by a sole focus on high level thematic performance.

2.2 Recommendation Rates

Headline recommendation rate of the Trust as a place to work has improved in year (6th Highest Nationally) as has overall staff satisfaction with the standard of care provided by the Trust (7th best Nationally). The Trust is the 3rd best National performer in staff agreeing that Care of Patients is the organisations top priority.



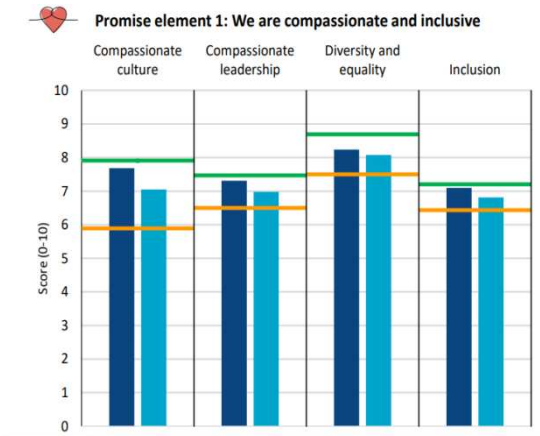
	2020	2021	2022	2023	2024
Your org	74.16%	67.15%	68.21%	71.45%	72.94%
Best result	84.01%	77.87%	75.29%	77.14%	79.38%
Average result	66.98%	58.40%	56.46%	60.53%	60.90%
Worst result	46.35%	38.38%	40.89%	44.05%	35.43%
Responses	2661	3001	3393	3785	3704



	2020	2021	2022	2023	2024
Your org	83.50%	79.46%	77.90%	77.49%	79.23%
Best result	91.73%	89.48%	86.30%	88.79%	89.59%
Average result	74.30%	67.01%	61.79%	63.34%	61.54%
Worst result	49.51%	43.50%	39.23%	44.30%	39.72%
Responses	2666	3006	3393	3780	3710

2.3 We are compassionate and inclusive

The trend of very strong reported evidence of a 'Compassionate and Inclusive Culture' within the Trust continues from 2023. Consistent and strong improvements in immediate managers supporting, listening, caring and taking action to support staff is again noted. Overall measures of 'Compassionate Leadership' and 'Inclusion' are improving, with the 'Diversity and Equality' subtheme showing a fractional in-year drop.



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	7.69	7.31	8.24	7.10
Best result	7.91	7.47	8.69	7.20
Average result	7.05	6.98	8.08	6.81
Worst result	5.89	6.50	7.50	6.44
Responses	3713	3716	3708	3714

Key details

1) 10.5% of staff have **experienced discrimination at work from patients**, relatives or other members of the public This is above the National Average which is 8.8%.
2) **8% of staff reported experiencing discrimination from manager/team leader or other colleagues** (same as 2023) and below the National Average of 9.4%.
3) Views on **fairness of career progression** (22nd best Nationally) and **respecting individual differences** (5th best Nationally) continue to improve in-year.

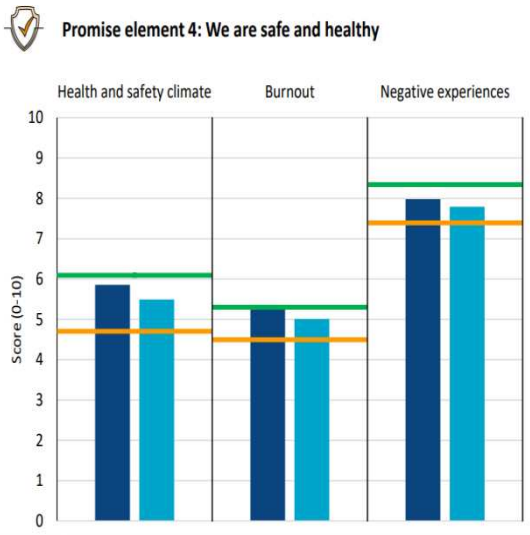
2.4 We each have a voice that counts

The RBFT further improves its position as one of the very best National performers in this theme (2nd best Nationally). The primary theme is made up of two sub themes – (i)Autonomy and Control (ii) Raising Concerns.

Staff feeling '*secure raising concerns about unsafe clinical practice'* (8th best Nationally) and '*confidence that the organisation would address concerns'* (3rd best Nationally) continue to provide good assurance on our safety culture.

2.5 We are safe and healthy

Whilst a theme where performance is static relative to 2023, benchmarked performance remains strong. The headline theme embraces a diverse range of sub-elements including 'Health and Safety Climate', 'Burnout' and 'Negative Experiences'.



	Health and safety climate	Burnout	Negative experiences
Your org	5.86	5.26	7.98
Best result	6.09	5.30	8.34
Average result	5.49	5.01	7.79
Worst result	4.70	4.50	7.39
Responses	3718	3712	3690

Key Details

1) The Trust is the top National performer in staff agreeing that the '*organisation takes positive action on health and wellbeing*' in addition to '*reporting incidents of physical violence at work*'.
2) 12.9% of staff experienced physical violence from patients/relatives or members of the public (a 1% reduction from 2023 and now lower than National Average)
3) Burnout measures (finding work emotionally exhausting; frustration at work etc) are all trending positively in year.
4) Colleagues experiencing Muscular Skeletal problems as a result of work activities has increased (28.4% from 27.2% in 2023). The % Staff feeling unwell due to work related stress has dropped marginally in year (7th lowest Nationally)
5) Level of Bullying and Harassment (where the source is 'patients' has decreased in year but still benchmarks higher than National Average. Where the source is 'managers' it has also decreased in year and benchmarks as the 16th lowest Nationally
6) Staff being subject unwanted behaviour of a sexual nature from either patients or other staff have both decreased in year and benchmark lower than National Average

2.6 We are Always Learning

The Trusts biggest in year improvements are within this theme, driven by (a)*'improvements in opportunities develop career in the Trust*' (6th best Nationally) (b) '*able to access the right learning and development'* (3rd best Nationally) and (c) '*access to clinical supervision*' (6th best).

Whilst measures of appraisal quality benchmark well above National average, opportunities exist to seek to close the gap on the very best performers in this area in terms of '*appraisals helping to agree clear objectives'* (39% agreeing compared to Acute Best of 47%) and '*helping improve how people do their job'* (31% agreeing yes, definitely compared to Acute Best of 42%)

2.7 Staff Engagement

Measures of staff staff motivation -'*looking forward to going to work'* and '*enthusiastic about their job*' are the 2nd and 5th highest Nationally respectively. In involvement measures, the Trust benchmarks as the 2nd highest nationally

2.8 Morale

Headline theme performance is unchanged from 2023, with levels of Staff Morale ranking as the highest in the South East once again. 'Likelihood of Leaving' measures continue to trend and benchmark favourably. The 'Work Pressures' sub theme of 'Morale' is a sub theme where in year performance has dropped, as has our in year ranking and relative ranking compared to 4 years ago.

Key Issues

1) 18.7% of staff note 'will probably look for a job at a new organisation in the next 12 months. The 4 year trend is one of continuous improvement from the 22% reported in 2021. The 2024 position benchmarks nationally as 23rd best.
2) Only 26% staff state they '*never/rarely have unrealistic time pressures'*, a benchmarked position only slightly better than the National average
3) A 1.5% drop in staff agreeing the have adequate materials, supplies and equipment to do their work (60% agreeing in 2024 compared to Acute Best of 71%)
4) 48% of staff that relationships at work are Never/rarely strained (a slight decrease from 2023 and 35th 'best' Nationally)

3 Conclusion

The 2024 survey results provide an overall very positive assurance on the quality of staff experience and the cultural health of the organisation as reported by nearly 4000 Trust colleagues.

The survey results provide evidence of strong and consistent in year improvement; the continuation of our very strong benchmarked position Nationally and in many areas of staff experience – the very best National Performer.

Whilst our in year and benchmarked position is extremely strong, it is still the case that a continued focus on delivering an excellent staff experience is required in order to deliver on our People Strategy Vision to be the best and most inclusive place to work in the NHS.

Specifically, areas requiring continued focus in the year ahead to further drive improvements in the experience for our staff:

- Diversity and Equality
- Negative Experiences
- Appraisals
- Work Pressures

A focussed high level Trust thematic improvement plan has been developed ***(Appendix 1),*** with headline priorities for action. Local results and analysis by Care Group, Corporate, E&F, Directorate and Speciality have already been cascaded and results have been communicated across the organisation. Local development plans developed and delivered by local leaders and managers through engagement with their staff on the key areas 'that matter' are being shaped and will be fully operational by the end of April 2025

4 Attachments : The following are attached to this report:

Appendix 1 - Summary Performance and Ranking across People Promise Sub Themes

Appendix 2 – Trust Level Thematic Improvement (Plan on a Page 2025/26)

Appendix 1: Summary Performance and Ranking across People Promise Sub Themes

People Promise Themes	People Promise Sub Themes	2024 Performance and 23/24 Trend	2024 RBFT Ranking and 23/24 Trend		2021 RBFT Ranking	4 Year trend in Ranking
We are Compassionate and Inclusive	Compassionate Culture	7.69 (+0.04)	4 (-)		9	▲5
	Compassionate Leadership	7.31 (+0.15)	6 (▲16)		32	▲26
	Diversity and Equality	8.24 (-0.01)	30 (▲2)		57	▲27
	Inclusion	7.10 (+0.05)	7 (▲13)		32	▲25
We each have a voice that counts	Autonomy and Control	7.28 (+0.04)	3 (▲3)		12	▲9
	Raising Concerns	6.91 (-0.01)	4 (▲1)		13	▲9
We are Safe and healthy	Health and Safety Climate	5.86 (0.00)	7 (▼2)		11	▲4
	Burnout	5.26 (+0.04)	5 (▲4)		6	▲1
	Negative Experiences	7.98 (-0.02)	16 (▼1)		11	▼5
We are always learning	Development	6.76 (+0.02)	5 (▲2)		12	▲7
	Appraisals	5.25 (+0.23)	20 (▲5)		17	▼3
We work flexibly	Support for Work life Balance	6.65 (+0.10)	5 (▲4)		23	▲18
	Flexible Working	6.37 (+0.08)	24 (▲9)		24	(-)
We are a Team	Team Working	7.01 (+0.02)	2 (-)		11	▲7
	Line Management	7.15 (+0.12)	4 (▲12)		31	▲27
Staff Engagement	Motivation	7.29 (+0.01)	3 (▲3)		19	▲16
	Involvement	7.23 (+0.07)	2 (▲4)		10	▲8
	Advocacy	7.52 (+0.06)	6 (-)		11	▲5
Morale	Thinking about leaving	6.31 (+0.02)	20 (▲7)		31	▲11
	Work Pressure	5.69 (-0.03)	13 (▼7)		10	▼3
	Stressors	6.59 (+0.01)	8 (▲3)		16	▲8

Note: A high ranking (e.g 1st) or high score (10) is always favourable/best. Although this seems counter-intuitive when considering themes such as 'stressors' or 'burnout' – for some survey themes the survey logic and ranking asses the absence, rather than the presence of such factors e.g absence of stressors/negative experiences equates to high ranking.

2024 NHS Staff Survey: Trust Level Thematic Improvement (Plan on a Page 2025/26)				
Priority Sub Theme	**Problem Statement**	**Headline Priority Action**	**When**	**Who**
Diversity and Equality	10.5% of staff have experienced discrimination at work from **patients, relatives or other members of the public**. This is above the National Average of 8.8%.	Launch and deliver our 'Up the Anti' programme - Planned Trust wide OD interventions throughout 25/26 to drive forward an Anti Discrimination culture	April 25	CR
	8% of staff reported experiencing discrimination from **manager/team leader or other colleagues**. This is lower than the National Average of 9.4%.			
Appraisals	Satisfaction with the extent to which appraisals are (a) helping people do their jobs and (b) agreeing clear objectives' is adrift from the 'best in class' performers	Continue to build quality measurements into appraisal conversation with associated reporting, monitoring and escalation process. Enhanced Training in effective objective setting	Q2	NKS
Negative Experiences	12.9% of staff experienced physical violence and 26% harassment, bullying or abuse from patients/relatives or members of the public (both measures reducing in year but unacceptably high)	Continued elevation of our 'No excuse for Abuse' campaign building on improvements seen in 24/25. Stratify and deep dive into data on MSK with targeted proactive, preventative focus on areas including mandatory training, Risk Assessment and HWB support	Ongoing	Various
	28.4% of colleagues experienced Muscular Skeletal (MSK) problems as a result of work activities (a 1.2% increase from 2023). This is 8% higher than the top performer		Ongoing	DE and DG
Work Pressure	48% of staff that relationships at work are Never/rarely strained (a slight decrease from 2023 and 35th 'best' Nationally)	Launch our refreshed Behaviours Framework Re-set our focus on civility at work Rapid Improvement Workshops and Transformation Projects - increasing staff capability through training and learning as well as giving dedicated time to improve specific processes and focus on what adds the most value for the people we serve.	Q1	OD Team
	Only 26% staff state they '*never/rarely have unrealistic time pressures'*, a benchmarked position only slightly better than the National average		Ongoing	Improving Together Team

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Title:	**Corporate Risk Register**
Agenda item no:	11
Meeting:	Board of Directors
Date:	26 March 2025
Presented by:	Katie Prichard-Thomas, Chief Nursing Officer
Prepared by:	Dawn Estabrook, Head of Risk

Purpose of the Report	To update the Board on the Trust's Management of risk including the review of the Corporate Risk Register

Report History	Integrated Risk Management Committee: 13 February 2025 Executive Management Committee: 10 March 2025 Audit & Risk Committee: 12 March 2025 Finance & Investment Committee: 19 March 2025

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

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

Strategic objectives This report impacts on (tick all that apply)**:**	
Provide the highest quality care	✓
Invest in our staff and live out our values	✓
Drive the development of integrated services	✓
Cultivate innovation and transformation	✓
Achieve long-term financial sustainability	✓

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

Publication						
Published on website		Confidentiality (FoI)	Private	✓	Public	

1 Executive Summary

This report provides the Board with an update on the Trust's corporate risks following discussion and scrutiny through Integrated Risk Management Committee (IRMC) meeting in February 2025 as well as the Executive Management Committee (EMC), Audit & Risk Committee and Finance and Investment Committee in March 2025.

2 Corporate Risk Register

The table in Appendix 1 outlines the current corporate risks and outcome of discussion at IRMC together with changes approved since the last report to Board in August 2024.

IRMC approved the closure of the following corporate risks between September 2024 to February 2025 following assurance that sufficient mitigation plans were in place and as approved through Audit and Risk Committee.

Corporate Risk Register Number & Title	IRMC Meeting Closure recommended for approval at A&RC
5611 Industrial Action	October 2024
6301 Building Safety Notice	December 2024
6682 Risk of Listeria Transmission	December 2024
3601 Steris – Risk to Decontamination Service	February 2025

Following the recent government news about the trusts wave position in the new hospital programme all risks with a Building Berkshire Together component will be reviewed in April 2025 and it is expected risk 6320 Building Berkshire Together risk will close.

The Trust Risk Management Policy was reviewed and approved in December 2024 and approved by the Policy Approval Group in February 2025.

The IRMC Work Plan for 2025-2026 was approved at IRMC in February 2025 and outlines the frequency of review of risk registers across corporate and care group areas.

3 Conclusion

The Board of Directors is asked to consider whether the CRR reflects those operational or strategic risks that will impact on the Trust's ability to operate as desired and achieve its strategic objectives.

The Board of Directors is asked to note the attached Corporate Risk Register approved 13 February 2025

4 Attachments

Appendix 1 – Summary of Corporate Risks and changes since August 2024

Appendix 1 – Current Risks Approved in February 2025

Datix ID	Title	Current Risk Rating	Previous Risk Rating	Target Risk Rating	Board Sub-Committee	Outcome of IRMC	Changes since September 2024
4182	Risk to achieving strategic objective of financial sustainability	25	25	4	Finance & Investment	Approved	
5080	Fire Safety	20	20	4	Audit & Risk	Approved	
4183	Management of Estates Infrastructure / Backlogged Maintenance	20	20	6	Finance & Investment	Approved	
6320	Building Berkshire Together	16	16	4	Finance & Investment	Approved	
4241	Compliance with cancer standards due to capacity issues in diagnostic modalities	16	16	6	Quality	Approved	Risk rating reduced from 20 to 16 in December 2024
5654	Lack of mortuary capacity and risk to HTA licence.	16	16	4	Quality	Approved	
4172	ED Capacity & compliance	16	16	6	Quality	Approved	
4839	North Block East Wing	15	15	6	Audit & Risk	Approved	Risk rating reduced from 20 to 15 in October 2024
6302	Failure of Trust central digital connectivity centre	15	15	4	Finance & Investment	Approved	
5995	Failure to achieve elective standards targets	12	12	6	Quality	Approved	Risk rating reduced from 16 to 12 in October 2024

5698	Risk to compliance of DM01 Standard	12	12	4	Quality	Approved	Risk rating reduced from 16 to 12 in October 2024
5601	Potential geological/sink hole risk across RBH Estate	12	12	6	Audit & Risk Finance & Investment	Approved	Risk rating reduced from 15 to 12 in August 2024
6571	Risk of failure of Trust communication platform	12	12	4	Finance & Investment	Approved	
4637	North Block Steel works	12	12	2	Finance & Investment	Approved	Risk rating reduced from 15 to 12 in August 2024
4170	Risk of Cyber-Attack	12	12	1	Finance & Investment	Approved	
6319	Age and condition of Trust lifts	12	12	9	Finance & Investment	Approved	
699	PTL Dashboard - Lack of Access & Information	12	12	4	Quality	Approved	
5697	Violence and aggression against staff	12	12	4	People	Approved	
4460	Outbreaks of infectious conditions	12	12	9	Quality	Approved	
5717	Risk following significant power failure incident	9	9	4	Audit & Risk	Approved	

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Title:	**Board Nominations & Remunerations Committee Terms of Reference**
Agenda item no:	12
Meeting:	Board of Directors
Date:	26 March 2025
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	The Board is asked to approve the revised terms of reference as part of the annual review cycle.

Report History	New report

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

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

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

1 Summary

1.1 The Board Nominations & Remuneration Committee met on 27 November 2024 to review its terms of reference as part of the annual review cycle.

1.2 The following change is to be noted:

- the section related to Clinical Excellent Awards was removed.

1.3 A copy of the revised terms of reference is attached.

2 Conclusion and Next Steps

2.1 The Board is asked to **approve** the revised terms of reference for the Board Nominations & Remuneration Committee.

Board Nominations and Remuneration Committee
Terms of Reference

Constitution and Membership

The Committee will be appointed by the Board to:

a) Oversee a formal, rigorous and transparent procedure for the appointment of the Chief Executive and the other Board Executive Directors.

b) Make decisions on behalf of the Board on Executive and Senior Management Remuneration and remuneration policy.

The Committee will be chaired by the Chairman of the Trust. The membership will include; the Chairman, the Chief Executive (for duties in relation to nominations and remuneration matters relating to Executive Directors) and all other Non-Executive Directors. In the absence of the Chairman, the remaining members present shall elect one of their number to chair the meeting.

The quorum of the Committee will be three members.

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

For the purposes of these terms of reference, the following definitions will apply

- Board Directors – i.e. The Chairman, all Non-Executive Directors, Chief Executive, Director of Finance, Director of Nursing, Medical Director and Director of Workforce and the Chief Operating Officer.

- Executive Director: Any Director, whether a Board member or otherwise, who reports directly to the Chief Executive.

- Senior Manager: Any Manager who is employed on a senior managers Trust contract i.e. not Agenda for Change and reports to an Executive Director.

The Executive lead for the Committee is the Director of Workforce.

Attendance

The Chief Executive and Director of Workforce will attend as appropriate but not when discussions refer to their own remuneration package or conditions of employment.

Other Board Executive Directors will attend as appropriate.

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

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

Frequency of meetings

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

Monitoring

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

The Committee will conduct an annual review of its effectiveness with its terms of reference and submit any findings and proposals for changes to the Board of Directors for consideration.

Nomination Duties

The Committee shall:

1. Regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Board and make recommendations to the Board with regard to any changes

2. Give full consideration to and make plans for succession planning for the Chief Executive and other Executive Board Directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed, in particular on the Board in future

3. Be responsible for identifying and nominating a candidate, for approval by the Council of Governors, to fill the position of Chief Executive

4. Before an appointment is made evaluate the balance of skills, knowledge and experience on the Board, and, in the light of this evaluation, prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates the Committee shall

    i. use open advertising or the services of external advisers to facilitate the search in line with equality legislation and best practice

    ii. consider candidates from a wide range of backgrounds

    iii. consider candidates on merit against objective criteria

    iv. ensure a Fit and Proper assessment is undertaken on successful candidate

5. To consider the engagement or involvement of any suitably qualified third party or advisers to assist with any aspects of its responsibilities.

Remuneration Duties

6. To determine the framework on Board policy for the remuneration of the Trust's Chief Executive, Executive Directors and other such members of the Executive Management Team and staff as it is designated to consider as listed below:

1.1 Annual pay review
1.2 Executive Directors' remuneration
1.3 Chief Executive remuneration
1.4 Consultant Discretionary Awards (scale of award, points and recommendations)
1.5 Special cases on variation of conditions
1.6 Senior Managers' pay

The annual pay review (1.1) will be delegated to the Committee for approval. Items 1.2, 1.3, 1.4 and 1.5 above will be delegated to the Committee to resolve, with power to establish a Sub-Committee to make recommendations in the cases of 1.4 and 1.5. In the case of 1.4 prior approval of the Committee will be sought on the points to be awarded and the process to be followed to determine the allocation of points. Item 1.6 above will be delegated to the Chief Executive (outside managers already described in section 1.2-1.5), to the extent that any decisions on remuneration must be within the Trust's Pay Framework..

The Chief Executive will consider:

(a) the appointment and remuneration of senior managers (1.6 above), interim or other non-permanent staff who report directly to Executive Board Directors/other Executive Directors
(b) reports of engagements of interim or non-permanent Senior Managers who have been contracted by the Trust for more than six months in duration, for more than a daily rate of £500 (highly paid interims)
(c) the approval of posts outside of national terms and conditions that have a salary in excess of £70,000.

In carrying out the duties above, the Committee will:

(a) take into account all factors which it deems necessary. The objective of such policy shall be to ensure that members of the executive management of the Trust are provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the Trust

(b) judge where to position the Trust in relation to other NHS Trusts, being aware of what these organisations are paying

(c) focus on the wider scene, including pay and conditions elsewhere in the NHS, especially when determining salary increases and outside the NHS where the market so determines

(d) consider what compensation commitments (including pension contributions) the Directors' contracts of service will entail, if any, in the event of early termination ensuring compliance with the Treasury code for any such payments

(e) consider whether Directors should be eligible for annual bonuses and what the criteria should be for such schemes

(f) take account of the commitment of the Trust to live within its means.

7. To review the on-going appropriateness and relevance of the Trust's remuneration policy.

8. To approve the design of, and determine targets for, any performance related pay schemes operated by the Trust and approve the total annual payments made under such schemes.

9. To review the design of all incentive plans for approval by the Board. In respect of such plans, to determine each year whether awards will be made and if so, the overall amount of such awards, the individual awards to executive directors and other senior managers and the performance targets to be used.

10. To determine the total individual remuneration package of each Executive Director including bonuses, incentive payments and other forms of remuneration.

11. To have regard to any relevant legal requirements, the provisions and recommendations of the NHS England Code of Governance, the Combined Code and other relevant guidance when determining such packages and arrangements.

12. To review and note from time to time the remuneration trends across the healthcare sector, the public sector and private industry.

13. To oversee any major changes in employee benefits structures throughout the Trust.

14. To ensure that all provisions regarding disclosure of remuneration including pensions are fulfilled.

15. To establish and keep under review the Expenses Policy for Governors.

Termination Duties

16. To ensure that contractual terms on termination, and any payments made, are fair to the individual, and the Trust, that failure is not rewarded and that the duty to mitigate loss is fully recognised.

17. To oversee appropriate arrangements for all termination payments in relation to Executives and other appropriate staff.

18. To approve all severance payments (contracted and non-contracted) for the Chief Executive and Directors.

19. For all staff below Director level approval of contractual severance payments delegated to the Chief Executive and the Director of Finance and Director of Workforce.

20. The Committee will approval non-contractual severance payments over £50,000. Approval for non-contractual severance payments below £50,000 will be delegated to the Chief Executive and the Director of Finance and Director of Workforce.

21. Receive a six-monthly report summarising all payments made for review.

22. To review and approve significant organisational changes in relation to any redundancy costs more than £250K in total and £50k per individual.

23. To review and approve any statutory or regulatory reporting requirements.

Reporting

The minutes of meetings will be formally recorded and submitted to the Board after each meeting. The Committee will review these terms of reference on an annual basis and report to the Board accordingly.

The Committee shall make a statement in the annual report about its activities and the process used to make appointments.

Reviewed by the Committee: 29 November 2023

Approved by the Board:

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Board Work Plan 2025

Focus	Item	Lead	Freq	Jan-25	Mar-25	May-25	Jul-25	Sep-25	Nov-25
Provide the Highest Quality Care to all	Winter Plan	DH	Annually						■
	Ockendon Action Plan Update	KP-T	By Exception						
	Children & Young People Strategy	KP-T	Bi-Annually		■			■	
	Health & Safety Story	DF	Every	■	■	■	■	■	■
Invest in our People and live out our Values	Patient Story	Exec	Every	■	■	■	■	■	■
	Staff Story	Exec	Every	■	■	■	■	■	■
	Health & Safety Annual Report	DF	Annually		■				
Achieve Long-Term Sustainability	Quarterly Forecast	NL	Quarterly	■			■		
	2024/25 Budget	NL	Annually		■				
	2024/25 Capital Plan	NL	Annually		■				
	Operating Plan/ Business Plan 2024/25	AS	Annually						
	The Green Plan	NL	Once						■
Cultivate Innovation & Improvement	Standing Financial Instructions	NL	Annually	■					
	ICP/ICS Update	AS	By Exception						
	Building Berkshire Together	AS	Every	■	■	■	■	■	■
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	■	■	■	■	■	■
	NHSE Annual Self-Certification	NL/CL	Annually			■			
	Standing Orders Review	CL	Annually						■
	Board Work Plan	CL	Every	■	■	■	■	■	■