



Royal Berkshire
NHS Foundation Trust

Public Board - 26 July 2023

MEETING
26 July 2023 09:00

PUBLISHED
21 July 2023

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
Seminar Room, Trust Education Centre, Royal Berkshire NHS Foundation Trust	26/07/23		09:00
1. Apologies for Absence and Declarations of Interest (Verbal)		Graham Sims	
1.1. Eamonn Sullivan			
2. Patient & Staff Story		Janet Lippett	09:00
3. Health & Safety Moment		Nicky Lloyd	09:40
4. Minutes for Approval: 24 May 2023 and Matters Arising Schedule		Graham Sims	10:00
5. Chief Executive Report		Steve McManus	10:05
6. Integrated Performance Report		Dom Hardy	10:30
7. Minutes of Board Committee Meetings and Committee updates:			
7.1. Audit & Risk Committee: 3 May 2023		Peter Milhofer	11:00
7.2. Finance & Investment Committee: 18 May 2023 & 22 June 2023		Sue Hunt	11:05
7.3. People Committee: 19 May 2023		Priya Hunt	11:15
7.4. Quality Committee: 15 June 2023		Helen Mackenzie	11:20
8. Work Plan		Caroline Lynch	
9. Date of Next Meeting: Wednesday 27 September 2023 at 09.00			

Minutes

Board of Directors

Wednesday 24 May 2023

09.00 – 11.00

Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

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

In attendance

Mrs. Heather Allan	(Director of IM&T)
Miss. Kerrie Brent	(Interim Corporate Governance Officer)
Dr. Bannin De Witt Jansen	(Interim Corporate Governance Officer)
Mrs Caroline Lynch	(Trust Secretary)
Mr. Andrew Statham	(Director of Strategy)

Apologies

Dr. Will Orr	(Acting Chief Medical Officer)
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There were five Governors, ten members of staff and one member of the public present.

45/23 Patient and Staff Story

The Acting Chief Executive introduced the Research and Development Team who provided an overview of a new, five-year Research and Innovation Strategy. The team had been rebranded and were now called Research and Innovation (R&I). The team highlighted that the new strategy had a clear focus on expanding the Trust's commercial research portfolio and increasing the R&I team. The team continued to build strong collaborations and partnerships with the University of Reading and other commercial and non-commercial research partners and had recently moved to the new TriNetX research platform that would facilitate research participant recruitment, particularly for commercial clinical trials.

The team also had a focus on promoting research engagement within the Trust and planned to visit wards and other clinical areas to raise awareness of opportunities for participating in research activities with both staff and patients. The R&I team also planned to promote research activity at all the Trust sites.

The team provided an overview of research studies that were currently on-going within the Trust. These included the national Infinity Lock Study and the RIGHT Trial. The RIGHT Trial was the first of its kind and aimed to explore enhanced care versus standard care to support

children that were adopted or living in care that experienced psychological distress and/or difficulty establishing and maintaining relationships.

Gordon, a patient at the Trust and a research participant in a current clinical trial, provided an overview of his experience of being a research participant at the Trust. Gordon spoke of the problems that he had experienced with his sense of smell over the last decade and that most of the available, licenced treatments had not been successful. Gordon's had been referred to the R&I team as a potential participant in a clinical trial that was testing a new treatment. Gordon explained that the R&I team had been very welcoming and had answered all his questions about taking part in the study. Gordon was enrolled in the study and had been using the new treatment. Gordon explained that, since taking the new medicine, his symptoms had disappeared and his quality of life has improved. Gordon highlighted that he did not realise that the NHS or the Trust conducted research trials and that more patients should be made aware of opportunities to take part in research studies through their General Practice and other healthcare professionals. Gordon explained that becoming a research participant not only helped his own symptoms and improved his life but was an enjoyable and positive experience that he would recommend to other patients.

The Board queried how patients and participants were recruited to research studies. The team explained that, in some cases, patients were referred to them by clinical staff and in other cases, patients could be approached directly by a research nurse or another member of the R&I team. Patients were always provided with a participant information sheet and a verbal summary of the study. This process provided patients with information about the study including why the study was being carried out, what patients would be required to do if they took part and provided patients with the opportunity to ask any questions or voice any concerns and have them addressed by the team. In the event of patients agreeing to take part, they signed a consent form and were enrolled in the study as a participant.

The Board queried whether outcomes of their research were published. The Director of Research and Innovation explained that currently most of the research the Trust engaged in was multicentre, meaning that another organisation had the legal and financial responsibility for running the trial. This meant that they would also publish the results of the trial. The Trust would publish the results of any studies that they initiated and were responsible for carrying out and a publication list was produced by Library Services.

The Board requested that a recent publications list was circulated to the Board.

Action: C Lynch

The Board queried whether there was an intention to encourage more Trust staff to undertake training in research to expand the Trust's capacity to run more of its own research. The Director of R&I explained that the R&I team were currently developing a training programme for Chief Investigators and Principal Investigators to further their understanding of conducting research in the NHS and the requirements for setting up clinical research in the NHS and gaining the relevant permissions. The team planned to finalise course details later in the year.

The Board thanked the team for their presentation.

46/23 Health and Safety Moment

The Chief Finance Officer introduced the Head of Clinical Engineering and the Deputy Head of Procurement who provided an overview of the systems and processes that ensured the appropriate procurement, management and maintenance of medical equipment in the Trust.

The Head of Clinical Engineering highlighted that the Clinical Engineering and Procurement teams worked together to manage and maintain an inventory of 18,700 items across all Trust sites from the earliest stages of procurement through to the end of the life of the item and its safe disposal. Clinical Engineering managed an annual budget of £6m and in April 2023, had

commissioned £185,000 of new equipment. The procurement team managed around 200 contracts worth approximately £170m.

The Board noted that the Clinical Engineering team were responsible for training and supporting 3000 users of medical equipment across all Trust sites and ensuring that all staff were informed of any safety notices and updates from manufacturers. The Head of Clinical Engineering explained that the Trust decommissioned medical equipment safely through auction, donation or an approved waste disposal stream.

The Deputy Head of Procurement explained that all medical equipment was sourced and purchased in accordance with the Trust's tender and market testing processes. This enabled equipment being purchased at the best possible price and ensured that service and maintenance contracts provided value for money.

The Board thanked the Head of Clinical Engineering and the Deputy Head of Procurement for their presentation.

47/23 Minutes for Approval from 29 March 2023

The minutes of the meeting held on 29 March 2023 were agreed as a correct record and signed by the Chair.

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

48/23 Acting Chief Executive Report

The Acting Chief Executive advised that Emergency Department (ED) attendances had reduced in April 2023 and the Trust had met the 2023/24 national performance expectation against the 4 hour standard. Elective recovery performance remained ahead of national expectations with only a few patients waiting over 52 weeks on the Referral To Treatment (RTT) pathway.

The Acting Chief Executive provided an overview of the critical incident, as a result of which the Trust had experienced a major power outage on Sunday 23 April 2023. This had been as a result of flooding in the plant room that supplied electricity to the Battle and North Blocks. Trust staff and resources were mobilised quickly to ensure patient safety and continuity of care. Staff, including night shift teams, had experienced highly challenging circumstances to ensure the impact on patients, families and other visitors was minimised. The Acting Chief Executive acknowledged all Trust staff for their commitment and hard work during the incident and highlighted the generous support and resources provided by partner organisations and neighbouring trusts.

Temporary generators had been installed as an interim measure and the recovery working group had completed key stages of the recovery work over the weekend of 13 and 14 May 2023. Reconnection to mains power was anticipated to take several weeks.

The Acting Chief Executive advised that the junior doctors' industrial action had lasted 96 hours over Tuesday 11 April and Saturday 15 April 2023. No further strike action had been announced by the British Medical Association (BMA) in relation to junior doctors. However, a ballot of the BMA consultants would take place from 15 May to 27 June 2023. The Royal College of Nursing (RCN) also planned to ballot their members between 23 May and 25 June 2023 on further strike action and if successful, would extend the mandate for a further six months.

The Board noted that the Government had announced it would implement the pay deal negotiated with the Agenda for Change (AfC) unions that would result in a 2% pay increase and a one-off non-consolidated payment for staff in 2022/23. The increase also covered the 2023/24 pay award that would provide a 5% increase for all pay bands plus an uplift to the Band 1 spot rate and the entry point for Band 2. The pay increases would be implemented in June 2023 with the 2023/24 increase backdated to 1 April 2023.

The Acting Chief Executive highlighted that there had been more than 675 nominations for the 2023 staff CARE awards submitted by staff and volunteers across the Trust. Seventy staff had been shortlisted across a wide variety of categories. The awards ceremony would be held at Reading Town Hall on 26 May 2023 and nominees had been invited to attend a drinks reception and dinner. The Trust was also due to hold a Volunteers Supper on the 7 June 2023 to thank volunteers for their significant contribution to the Trust. This would be the first event held since the start of the Covid pandemic. One hundred volunteers were expected to attend the event.

The Trust had also celebrated the International Day of the Midwife on Friday 5 May 2023. A special event had been held at the Oasis Staff Health and Wellbeing Centre to acknowledge the 215 midwives and the maternity team who helped to deliver nearly 400 babies every month.

The Acting Chief Executive highlighted that the Trust had been placed joint first in the 2023 national NHS Patient-Led Assessments of the Care Environment (PLACE) survey for patient and staff catering. The catering team had been recognised for the choice of food offered, out of hours availability and quality, amongst other things. The Trust had achieved a score of 99%.

The Acting Chief Executive provided an overview of developments with community partners. The new Clinical Simulation and Training Suite at the University of Reading had opened and Trust staff feedback had been very positive. Staff appreciated having access to a dedicated teaching space in a modern, purpose-built environment. The Collaboration Innovation Fund was due to open in late 2023 and would be supported by an education focused event in September 2023 to inspire and encourage collaborations.

Fifty Trust staff have been trained to use the two new multi-purpose Da Vinci theatre robots for use in urology and bariatric surgery. The robots had been used for the first time in April 2023. The Trust had also launched a new internal communications platform, Workvivo, to replace the existing intranet. Workvivo combined a social feed with access to other Trust information such as patient leaflets and information about Trust services. The platform was available to all Trust staff and user data demonstrated 74% of Trust staff had accessed Workvivo.

The Acting Chief Executive provided an overview of the Trust's financial position. The Trust had delivered the £(16.73)m deficit forecast approved by the Board and submitted to NHS England in Quarter 4 and had also delivered its capital programme for 2022/23 adding £37.37m in fixed assets. The Trust planned to recover a breakeven position over the next two to three years.

The Board queried whether the Trust still employed staff at Band 1. The Chief People Officer confirmed that some staff were still employed on a Band 1 contract. However, this banding was closed to new starters.

49/23 Integrated Performance Report (IPR)

The Chief Operating Officer provided an overview of the report. There had been a significant reduction in patient complaints as well as a reduction in the number of serious incidents in April 2023. The Chief Operating Officer highlighted that it had been a number of bank holiday days as well as industrial action in April 2023 that had reduced opportunities to hold formal process meetings where SIs could be reported. The Trust remained challenged in performance against the national diagnostic waiting standard and Cancer Waiting Times standards remained below national standards. This was as a result of high levels of demand and challenges in staff capacity and the diagnostic pathways. Controls and mitigations were in place. However, performance was expected to continue to be challenging into 2023/24. The Trust remained significantly behind the 99% within 6-week standard and this was largely due to physical capacity and resource constraints in the MRI and Endoscopy pathways.

Staff turnover had increased from 13.6% in March 2023 to 14.14% in May 2023. Trust data demonstrated that most staff left within 12 months of their start date. Work was ongoing to

examine the reasons for turnover and how vacancy rates could be improved. A comprehensive review of staff survey data and the leavers' process was underway and the Recruitment and Retention team were conducting stay conversations with new staff at 4 and 8 months after their start date. The Trust was also looking at ways to help line managers support staff to settle in their new roles.

The Trust was required to deliver a £15m savings target and reduce the run rate of spend. An Efficiency and Productivity Committee had been established to explore ways to deliver cost savings whilst ensuring the delivery of safe and high quality patient care.

The Board queried what actions were being taken to address the increased incident rate of SIs in ophthalmology. The Chief Operating Officer advised that the glaucoma service had been adversely impacted by the Covid pandemic and had resulted in a significant backlog of patients. This had reduced from over 1000 last year to 90 and the team were currently reviewing all patient cases for any harm.

The Board queried whether patients were able to contact the service in the event of them not receiving correspondence about appointments. The Chief Operating Officer advised that there were a number of processes in place to ensure that patients were contacted about their appointments and follow-ups and patients were able to call the service if they had not received an appointment or were concerned in any way.

The Board noted that the Trust recruited international nurses on a band 3 salary progressing to entry level Band 5 on completion of the Objective Structured Clinical Examination (OSCE) training whereas other NHS trusts offered starting salaries at Band 4 progressing to the top of band 5 and queried the Trust's approach. The Chief People Officer advised that other trusts often required international nurses to pay back the costs of the OSCE training and examinations whereas trust did not. However, the Trust was reviewing whether there was any requirement for practice change in regard to the Trust's recruitment processes for international nurses.

The Board noted that the upwards trajectory of DM01 diagnostics was concerning and queried what plans were in place to improve this position. The Chief Operating Officer advised that improvements were unlikely to take place in the first Quarter of 2023/24 as demand was increasing whilst capacity in critical services was reduced. The Chief Operating Officer highlighted that, although the Trust was challenged to ensure patients were seen in the optimal two-week window, patients were seen within a reasonable and safe timeline.

The Board acknowledged the reduction in patient complaints and requested an update on patient experience work streams. The Chief Operating Officer advised that work was ongoing with Patient Leaders to establish best ways of measuring this that would enable the Trust to benchmark and remain within Care Quality Commission (CQC) principles.

The Board discussed staff appraisal compliance. The Chief People Officer advised that this had recently been discussed at the People Committee. 86% of appraisals had been completed. However, the Trust remained committed to achieve its target of 90%. An online application had been launched to enable the appraisals process to be much easier.

50/23 People Strategy

The Board received the summary of the People Strategy that had been approved at the May Board. It was noted that the People Committee had reviewed the summary.

51/23 Finance Strategy Refresh

The Board received the Finance Strategy and noted that this had been reviewed and recommended for approval by the Finance & Investment Committee. The Board approved the Finance Strategy refresh.

52/23 Operating Plan 2023/24

The Board approved the Operating Plan 2023/24.

53/23 Integrated Care System (ICS) Joint Forward Plan (JFP)

The Director of Strategy advised that the purpose of the ICS JFP was to set out what was required to progress on the deliverables and objectives of the ICS strategy. The Joint Forward Plan would be presented to the Council of Governors meeting on the 24 May 2023 to seek their views and input.

The Board discussed whether there would be further opportunities to review the development of the plan before it was finalised. The Board also discussed and agreed that the plan required greater clarity of detail in relation to individual providers' contributions to the plan, the processes to enable providers to deliver the objectives as well as funding provisions. The Board supported the plan subject to feedback being provided to the ICS as to clarity required on how the system working would function to deliver to the plan.

Action: J Lippett

54/23 NHS Self-Certification 2022/23

The Chief Finance Officer introduced the report that set out the self-certification statements that were prepared on an annual basis.

The recommendation was that the Board should answer the statements as 'confirmed'. The Board approved the recommendations in relation to each of the statements.

55/23 Board Assurance Framework and Corporate Risk Register

The Board noted the updated Board Assurance Framework and the Corporate Risk Register.

56/23 Minutes of Board Committee Meetings and Committee updates

The Board received the following minutes:

- Finance and Investment Committee 23 March and 23 April 2023
- Quality Committee 12 April 2023
- Charity Committee 19 April 2023

The Board approved the Finance and Investment Committee Annual Review of Effectiveness, the Quality Committee Annual Review of Effectiveness and the Audit and Risk Committee Annual Review of Effectiveness.

57/23 Board Work Plan

The work plan was noted.

58/23 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 26 July 2023 at 09.00am.

SIGNED:

DATE:

Board Schedule of Matters Arising and Outstanding Actions

Agenda Item 4

Board Date	Board Minute	Subject	Decision	Owner	Update
24 May 2023	45/23	Patient and Staff Story	The Board requested that a recent publications list was circulated to the Board.	C Lynch	Completed. Publications list circulated on 24 May 2023.
24 May 2023	53/23	Integrated Care System (ICS) Joint Forward Plan (JFP)	The Board discussed whether there would be further opportunities to review the development of the plan before it was finalised. The Board also discussed and agreed that the plan required greater clarity of detail in relation to individual providers' contributions to the plan, the processes to enable providers to deliver the objectives as well as funding provisions. The Board supported the plan subject to feedback being provided to the ICS as to clarity required on how the system working would function to deliver to the plan.	J Lippett	Completed. Feedback has been submitted and comments from the board have been incorporated in the work plan on the Joint Forward Plan (JFP).

Title:	Chief Executive Report
Agenda item no:	5
Meeting:	Board of Directors
Date:	26 July 2023
Presented by:	Steve McManus, Chief Executive
Prepared by:	Caroline Lynch, Trust Secretary

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

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

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

Publication					
Published on website		Confidentiality (Fol)	Private	Public	✓

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

- 1.1 Sustaining delivery of our services for patients, and meeting national operational standards, is dependent on easy access to a range of diagnostic services. Demand for these services continues to grow and the Trust is ensuring that it deploys additional capacity to meet this demand. This is especially true for imaging modalities where we continue to expand our range of scanning technology. Building on the installation of two brand new CT scanners on the RBH site in 2022, work will be complete later this month in the main radiology department to enable the installation of two further CT scanners, one that is already on site, and a further new scanner made available late this year from national programmes.
- 1.2 At West Berkshire Community Hospital (WBCH) we have also recently been able to deploy a new cone-beam CT scanner to support maxilla-facial and dental work, and we expect to start and conclude our installation programme for two new MRI scanners by the end of the financial year. This is in addition to the installation of a new CT scanner on our Bracknell site and the deployment of a further relocatable MRI scanner at WBCH.

Industrial Action

- 1.3 For the most recent July period of industrial action involving junior doctors and consultants, the Trust has had to reschedule 303 outpatient appointments and 50 inpatient and day case procedures. In total across all 9 separate IA periods, covering 27 days, for all staff groups since the first strike in December 2022 (by the RCN), 3771 outpatient appointments and 601 inpatient and day case procedures have been rescheduled. These figures do not reflect appointments that were not made on strike dates once dates were announced and so do not reflect the considerable impact felt by patients and staff across the organisation in terms of delays and significant additional workload. Nor do they fully illustrate the significant financial impact from payment of additional sessions to cover essential services nor the loss of activity on these days which has to be re-provided, often at premium rates.
- 1.4 The IA is also having an increasing human cost on our staff. This quote from one of our Clinical Leads is particularly poignant. *“On behalf of my team, I wanted to ensure I underlined the human costs consultants are bearing as a result of the relentless unresolved junior docs IA. We are not ok here, and feel a satisfactory resolution is now urgent. Thank you for your support and for ensuring this is reflected and articulated externally”*. The executive, as senior leaders, are escalating this feeling through the correct channels and we have a listening exercise planned for next week for both clinical and non-clinical staff.

Care Quality Commission (CQC) Engagement

- 1.5 The Trust had its first formal CQC engagement meeting in June 2023. Feedback from this event was positive. Going forward, these meetings will now be scheduled by the CQC every one to two months.
- 1.6 The Trust’s new lead CQC inspector, Samantha Harrison, will be attending the Trust for an ‘immersion day’ in August 2023. This is not a formal inspection and is at the invitation of the Trust to induct our new CQC team. We have been informed that we can expect a Maternity CQC inspection as part of the planned National Maternity CQC review in the summer of 2023.

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

NHS Long Term Workforce Plan (LTWP)

- 2.1 NHS England published the NHS Long Term Workforce Plan (LTWP), marking a substantial step forward in the ongoing efforts to shape the future of the healthcare workforce. The LTWP sets out three priority areas; train, retain and reform. It is significant because the plan is candid and ambitious about the scale of the need for an expanded healthcare workforce.
- 2.2 Implementation is key and there is a shared responsibility between local and national leaders. There needs to be clarity as to priorities and the profile of investment (which is committed for the first five years of the plan). Investment will also be needed in local infrastructure and capacity to support the significant increase in workplace learning over the next ten years.
- 2.3 There are real and welcome ambitions in implementing the plan to accelerate the areas of innovation that employers have delivered in previous years. This includes new and enhanced roles and ways of working, widening access via apprenticeships, and degree apprenticeships in particular, and addressing regional imbalances in supply and education. The LTWP will be the topic for a future Board Seminar.

Pay award

- 2.4 The government has confirmed that it has accepted the headline recommendations of the independent Pay Review Bodies in full.

Doctors and Dentists:

- 6% increase to national salary pay scales
- A further consolidated uplift of £1,250 for doctors and dentists in training.
- Uplifting the pay scales of specialist and associate specialist (SAS) doctors on the pre-2021 contracts, consultants, salaried dentists and salaried GPs by 6% on a consolidated basis.
- Uplifting the salaries of SAS doctors on the 2021 contract (c.4000 doctors) by 3% on a consolidated basis. This is on top of the increase for 2023/24 that is already agreed as part of the current multi-year pay deal.

Senior managers:

- The government has also accepted the pay recommendations of the Senior Salaries Review Body (SSRB) in full. In doing so, commitments have been made to:
- Uplift the salaries for very senior managers (VSMs) and executive senior managers (ESMs) in the NHS by 5%
- Recommend that 0.5% of the ESM and VSM pay bill in each employing organisation is used as a pot to address specific pay anomalies.

We anticipate that NHS England and the Department of Health and Social Care will issue further information on the implementation of these recommendations shortly.

Zero Tolerance of Violence and Aggression to Staff

- 2.5 Our staff continue to experience unacceptably high levels of violence and aggression in the course of their working day, while treating patients. We are taking action against those who continue to behave in this way, while also supporting staff to receive enhanced skills training to de-escalate situations before harm occurs.

3. Deliver in Partnership

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

- 3.1 Nick Broughton has started as BOB ICB. Nick has been completing the process of senior hires to the ICB team as well as meeting with teams across the system. Nick has arranged a time to come and visit the Trust and the senior team over the summer.

Engagement Events

- 3.2 Trust representatives continue to build on strong relationships with partner organisations and in the community and have attended meetings with Wokingham Hospital, Reading Health & Wellbeing Board and West Berkshire Health & Wellbeing Board (HWB). A Trust representative joined the ICB Berkshire West Place Executive Director at the South Reading Patient Voice meeting to update on work going on across Buckinghamshire, Oxfordshire and Berkshire West (BOB). On 25 July 2023, I held a private meeting with councillors from the three Berkshire West (BW) local authorities who are chairing their Health and Wellbeing Boards and Health Overview and Scrutiny Committees. In addition, I also hosted a briefing with a number of the Berkshire West MPs to update them on Trust activity, challenges and achievements.
- 3.3 As part of our wider engagement around recruitment, we held another successful recruitment Open Day on 1 July, which recruited 18 people including: 6 midwives, 9 adult nurses, 2 paediatric nurses and 1 nursing associate. Conversations are ongoing with a further 8 candidates including physiotherapists, interventional radiographers and healthcare assistants (HCAs). This followed on from the March 2023 Open Day which saw 27 new staff appointed. As part of our recruitment drive we are visiting a number of universities and most recently attended a career open day at London South Bank University in June 2023 to engage with final year students.
- 3.4 We are also continuing to build the network and focusing on under-represented communities by linking with the Patient Experience and Engagement Team (PEET) team and accompanying them at large local events whilst also taking the opportunity to speak to those that invite us to attend their talks.

4. Strategic Objective 4: Cultivate Innovation and Improvement

- 4.1 The Improving Together management system continues to be implemented across the Trust, whereby teams are using a data-led approach to identify key driver metrics aligned to the delivery of the Trust's strategy, breakthrough priorities and regulatory requirements. This will ensure that all staff are clear on their contribution to the Trust's strategy, are confident in using data to drive decisions and all staff are involved in improvement through regular huddles.

- 4.2 The Transformation team have completed training with Care Groups and four Corporate Departments. Wave 2 of corporate, wave 3 of directorate and wave 4 of frontline team training commenced in June 2023. By the end of the calendar year all clinical directorates will have identified their key drivers of improvement aligned to our Trust priorities, with the triumvirate multi-disciplinary teams receiving training on improvement tools, go and see processes and leadership behaviours. By the end of 2023/24 the team aim to cover 51% of teams in the Trust which is significantly more than any other organisation within the same timeframe.
- 4.3 Feedback from the Improving Together training and approach has been positive with staff seeing it as important to facilitate improvements but also as key to their own development as leaders.
- 4.4 In parallel to rolling out the management system, the team are seeking to share learning from the successful QI projects on Workvivo (working in partnership with the Learning and Knowledge Services), a Buckinghamshire, Oxfordshire and Berkshire (BOB) Quality Improvement (QI) event in November 2023 and to integrate the approach into the junior doctor training working with the Chief Registrars. All staff can book onto the monthly Foundation Training to learn how to run their own improvement project whatever their profession, band and team. There is also an Improving Together space on WorkVivo sharing news about upcoming events, useful QI tools and resources and a space to register QI projects and request support.

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

- 5.1 As can be seen from the Finance report, we continue to balance the challenging aspects of urgent and emergency care demand, improving elective recovery and improving access standards within cancer and diagnostics in the context of continued industrial action, whilst supporting staff to deliver high quality services impacted by ongoing industrial action. We are working with our teams to reduce the need for temporary labour, and to secure savings through our supply chain for non-pay expenditure.

Building Berkshire Together

- 5.2 We continue to work closely with the New Hospital Programme (NHP) team to progress our plans for the redevelopment of our hospital. We welcomed the announcement of the indicative allocation of funding for our scheme, and are working through what this level of investment can achieve in the creation of an improved built environment for delivering healthcare to the communities we serve.
- 5.3 The focus for the Building Berkshire Together (BBT) internal engagement in June and July 2023 has been to share the outcome of the first phase of the Clinical Model work and talk to teams about its transferability to other pathways. This was well received and provided a good opportunity to talk to our Care Group and Directorate Managers about the whole programme. We relaunched monthly BBT Staff Reference Group meetings and are developing a six-month plan of talks and discussions to encourage feedback and participation from a wider group of staff and ensure good representation.
- 5.4 Externally, we have been managing the communications in relation to the whole programme funding announcement in May 2023 and the media interest it has attracted. The National Audit Report has also elicited questions from the public about the future of the programme and what this means for the Trust. We are focusing on key stakeholders ensuring we speak at local Councils Health and Wellbeing Boards, Health Overview Scrutiny Committees and to

local community leaders to explain the current status of the programme and ensure a clear message is provided.

Annual Report & Accounts

- 5.5 Following our annual year-end audit our Annual Report & Accounts 2022/23 were laid before Parliament on 19 July 2023. Planning for our Annual General Meeting is now on-going and will be held on Wednesday 20 September 2023 at Green Park. In order to enable as many of the public to attend we are providing a hybrid facility and our Patient Experience and Engagement Team (PEET) will be at the venue providing health checks ahead of the event.

Title:	Integrated Performance Report
Agenda item no:	6
Meeting:	Board of Directors
Date:	26 July 2023
Presented by:	Dom Hardy, Chief Operating Officer
Prepared by:	Executive Team

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

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

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

Integrated Performance Report

June 2023

Improving together to deliver
outstanding care for our community



June 2023 performance summary

The data in this report relates to the period up to 30th June. During this time the Trust experienced high levels of demand across Non-elective pathways. The Trust was affected by Industrial Action by the Junior Doctors. Despite the sustained pressure, our staff have continued to provide high quality, safe care and our **highest quality of care indicators (pages 6&7)** remain at expected levels.

As in previous months, the Trust remains challenged across the **Deliver in Partnership** objectives (pages 9-12). Performance against **the diagnostic waiting standard and Cancer waiting times** standards falls below national standards and the former continues to deteriorate, driven by high levels of demand and capacity challenges. While actions are in place to address these areas, performance will remain challenged during 2023/24.

The Trust continues to perform well on the national **elective care standard** with the number of patients waiting over 52 weeks on RTT pathways remaining at very low levels. This will come under pressure during the remainder of the year as the impact of capacity lost to industrial action takes effect.

The Trust's **vacancy rate** (page 17) remains above target, having been suppressed during the pandemic. However the rate of turnover has fallen further and now is below target, reflecting the increased focus on this area from across the organisation.

Financial performance at Month 3 is £0.97m behind plan driven by continued spend on workforce and supplies and challenges in unlocking efficiency savings. Additional focus has been placed on this area by Trust senior management as indicated by the new breakthrough priority reported on for the first time this month.

Data on our progress towards our **net zero** ambition is included for the first time in this report. Over the past year we have been able to reduce our carbon emissions by 27% largely as a result of the de-steaming programme undertaken by our estates team.

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

2 completion of **mandatory training and timely appraisals**.

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

Our Strategy: Improving Together

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

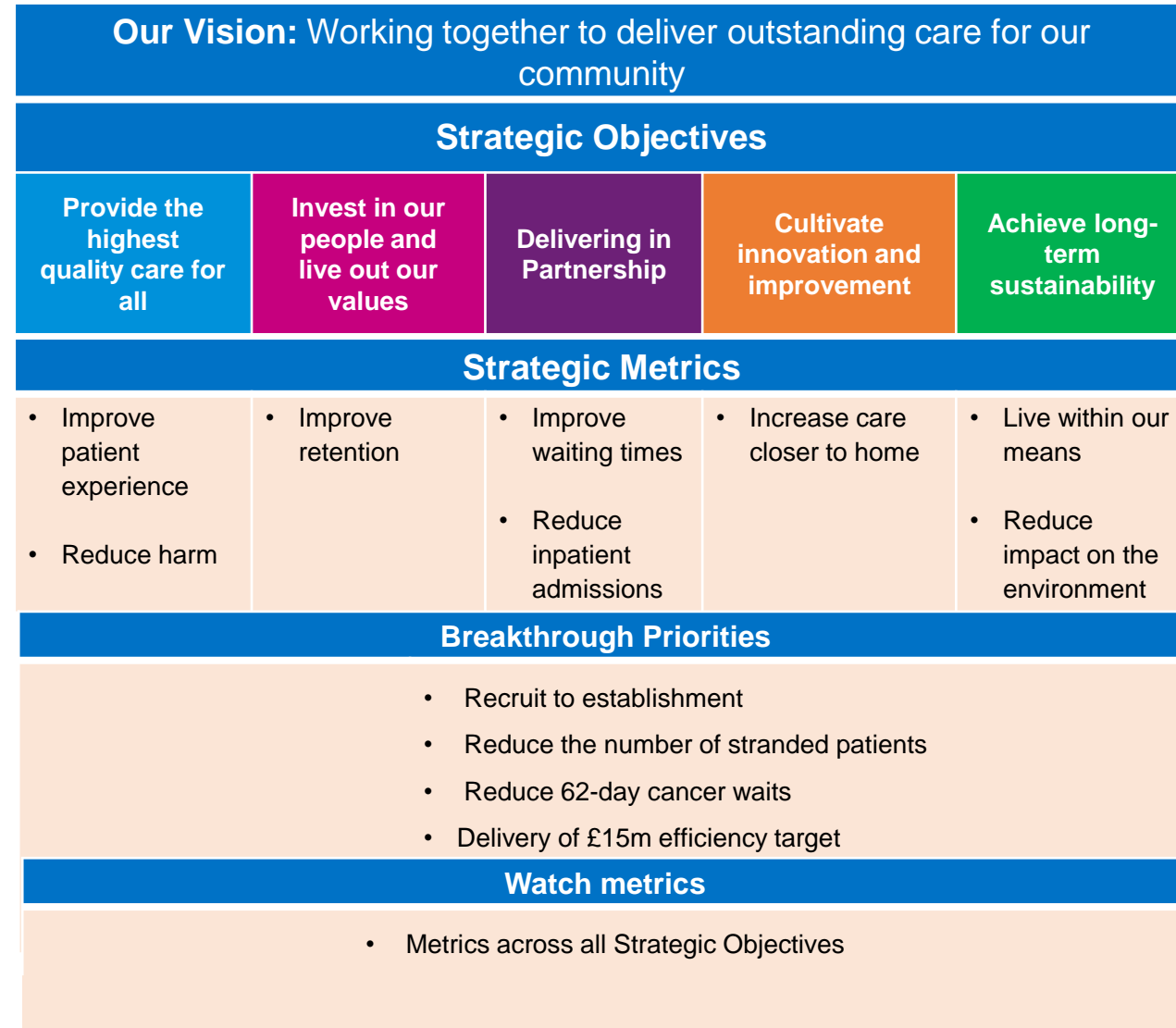
Achieving Our Strategy and becoming an outstanding organisation relies on each and everyone of our staff identifying ways we can improve the care we deliver to patients everyday and ways in which we can reduce waste, inefficiency and variation.

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

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

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

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



Guide to statistical process control (SPC)

Introduction to SPC:

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

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

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

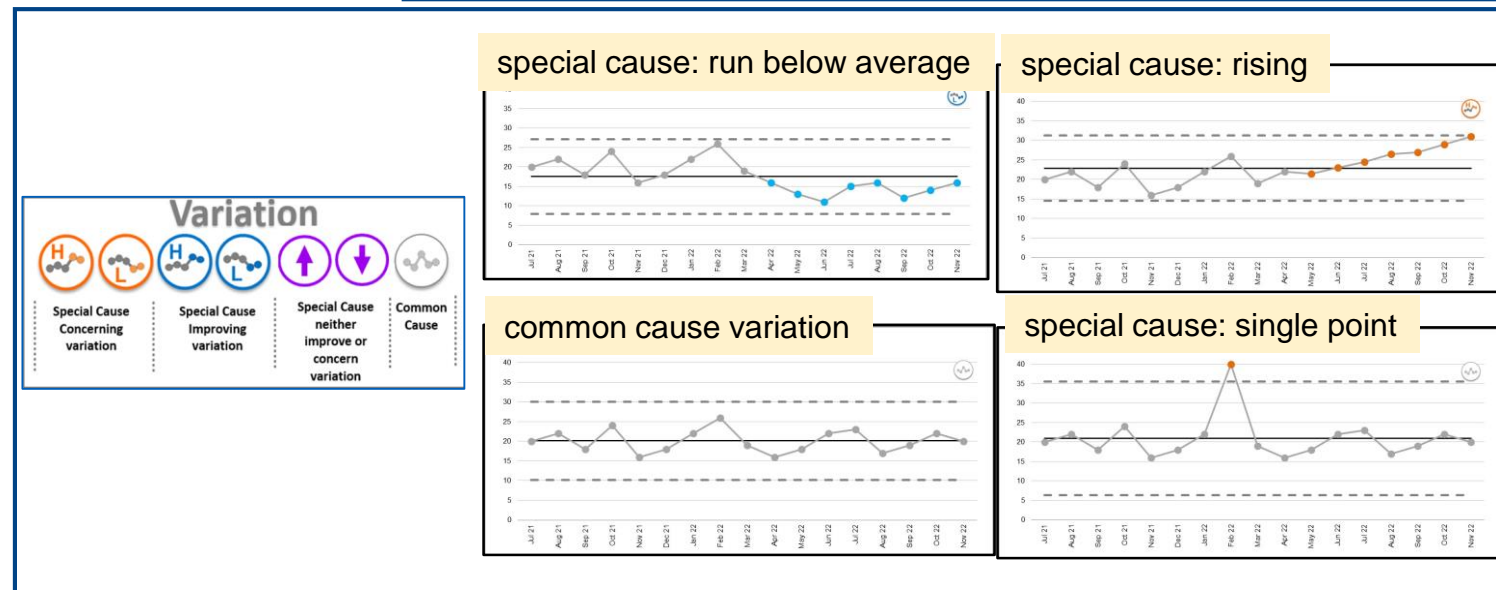
- The variation is routine, expected and stable within a range. We call this 'common cause' variation, or
- The variation is irregular, unexpected and unstable. We call this 'special cause' variation and indicates an irregularity or that something significant has changed in the process

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

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

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

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



Strategic Metrics

Strategic objective: Provide the highest quality care for all

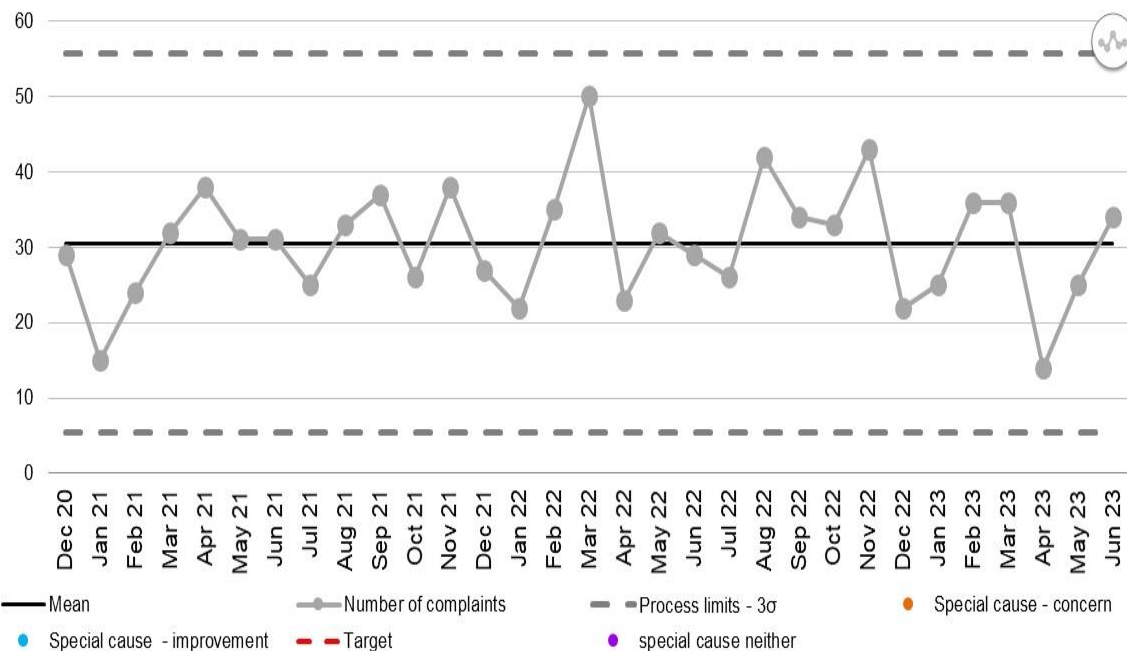
Strategic metric: Improve patient experience

Board Committee:
Quality committee

SRO: Eamonn Sullivan

Assurance	Variation
N/A	

Number of complaints - Trustwide starting 01/12/20



This metric measures:

Our objective is to improve the experience of receiving care within the Trust. We are working towards developing a holistic measure of patient experience that can provide regular timely information on how we are performing. Whilst that is in development, we are using the number of complaints received by the Trust within the calendar month.

How are we performing:

The Trust received 34 formal complaints this month with the top two themes being clinical treatment and communication.

Hotspots:

- Complaints – Maternity and Obstetrics (4)
- PALS – Trauma and Orthopaedics (29), Emergency Department (28) and Neurology (12)

Overdue Complaint Responses / Reopened Complaints:

- 3 overdue complaints for Urgent Care and 11 reopened complaints outstanding
- 1 overdue complaint for Networked Care and 3 reopened complaints outstanding
- 2 overdue complaints for Planned Care and 9 reopened complaints outstanding

Complaint Action Tracker:

- Currently we have 82 open actions on the trust complaint tracker with 72% of those actions overdue. The team are working with the care groups to reduce this number.

Vulnerable persons complaints:

- 1 complaint received in June relating to a vulnerable adult in Elderly Care – relating to concerns about care, visiting arrangements and not being able to attend ward rounds as a care partner.

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Number of complaints received	25	36	36	14	25	34
Complaints turnaround time within 25 days (%)	74%	56%	80%	75%	75%	77%
No. of Vulnerable persons complaints				0	1	1

Actions:

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

Risks:

- Clinical pressures and ability of Investigating Officers (IOs) to undertake responses and completion of actions

Strategic objective: Provide the highest quality care for all

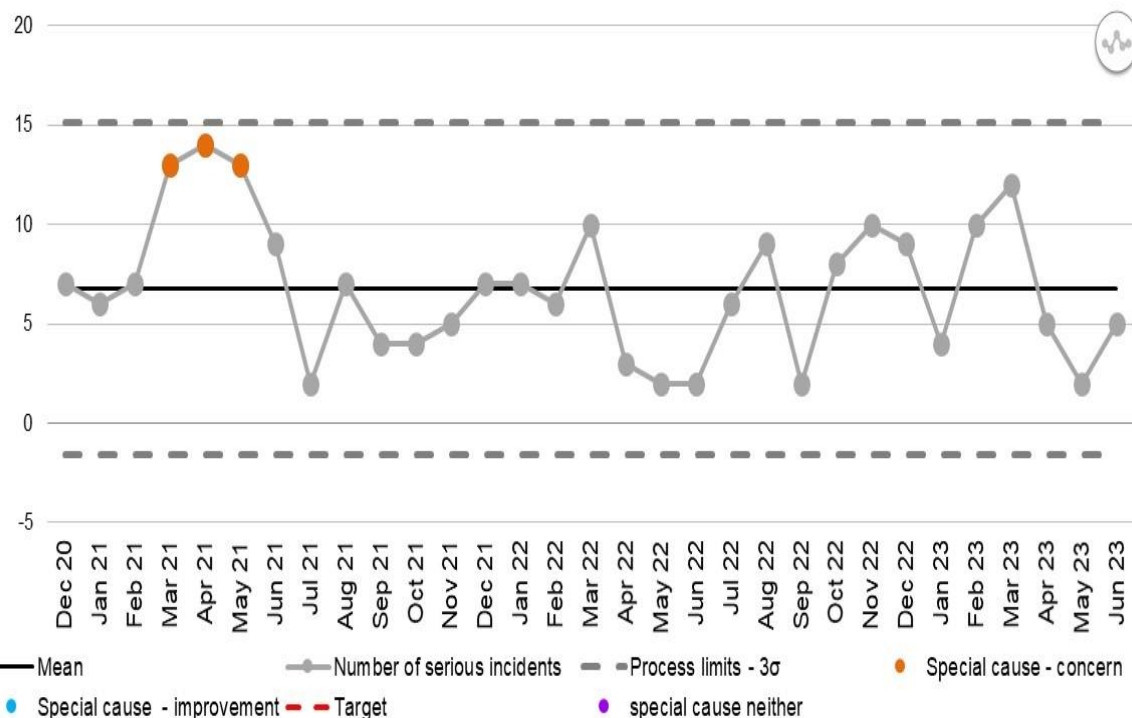
Strategic metric: All declared serious incidents (SI's)

Board Committee:
Quality committee

SRO: Eamonn Sullivan

Assurance	Variation
N/A	

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



This metric measures:

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

How are we performing:

5 Serious incidents (SI's) were reported in June 2023, 3 in Urgent Care and 2 in Planned Care. Treatment delay was the highest reported incident in 2022/23 and as anticipated this trend is continuing as the post-covid recovery endures, with 3 out of the 5 SI's in June falling into this category. Although Pressure ulcers (PU's) have fallen significantly year on year, 2 of the 5 SI's reported in June were PU's.

Duty of Candour was met in the majority of incidents and learning disseminated. Key learning themes from June SI's include Trust wide PU prevention training with emphasis on the accurate documentation of care plan discussions and management of pressure relieving equipment. Opportunities to improve patient risk stratification processes for long waiting lists within specialities are also being explored.

Actions:

- Transition from Serious Incident Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation is ongoing and a project plan has now been developed with a target transition by **March 2024**, piloting January 2024
- Transition to LFPSE (NHS learn from patient safety events system) by **September 2023**
- Working with Care Groups on improvement plans including SI actions and overdue DATIX
- Responsive and pro-active improvement work continues across the Trust including Venous thromboembolism (VTE), PU and Falls

Risks:

- Patient Safety Team resource constraints – additional workload created by PSIRF implementation requires additional resource to ensure responsiveness to serious incidents is maintained. Options for Improving Together support is currently being explored
- Continued peak in Ophthalmology patients identified suffering potential harm from treatment delay due to completion of the fail safe officer waiting list review. A group SI is ongoing
- Future harm from delayed treatment and diagnostics disruptions in the recent power outage

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Number of serious incidents reported	4	10	12	5	2	5
Serious Incidents related to vulnerable persons				0	0	0

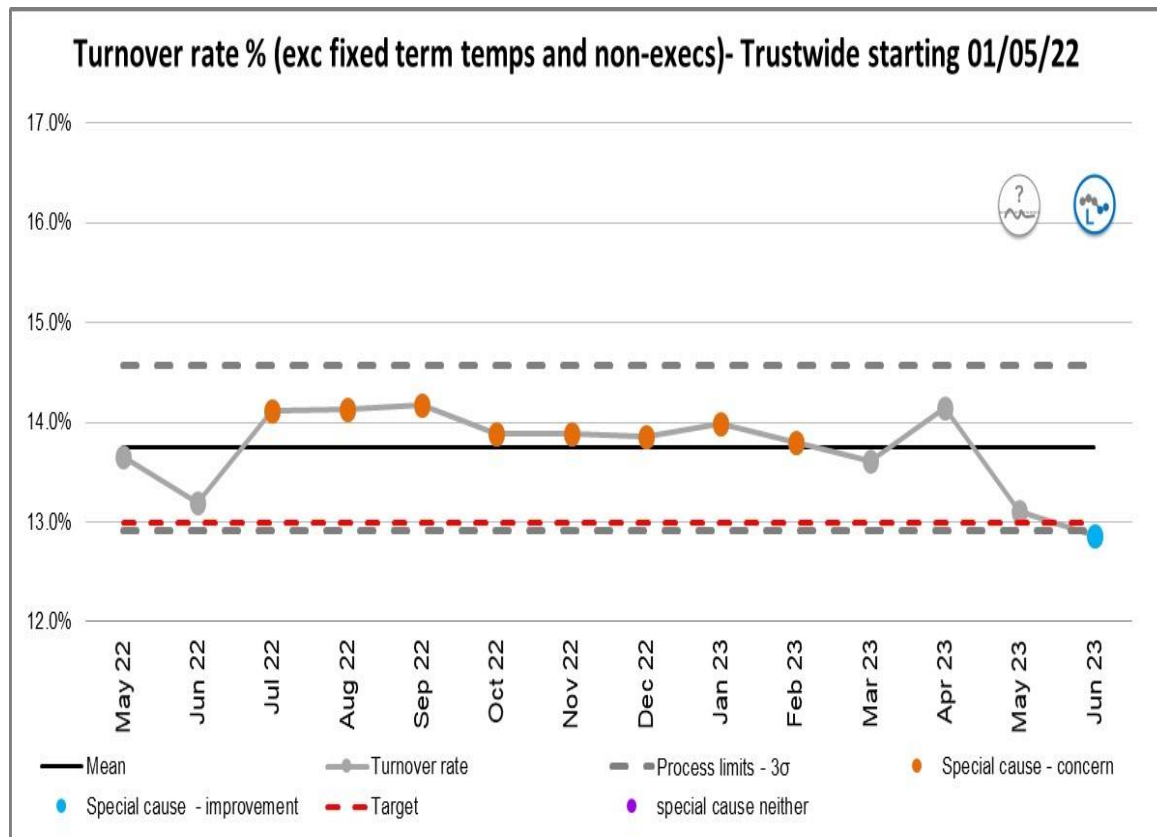
Strategic objective: Invest in our people and live out our values

Strategic metric: Improve retention

Board Committee:
People Committee

SRO: Don Fairley

Assurance	Variation



This metric measures:

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

How are we performing:

Turnover currently sitting at 12.87% (excluding fixed term/temp) denoting a reduction for the second month from 14.14% in April 23 and 13.11% in May. There is active work taking place across hotspot areas (Pharmacy, T&O,) with further engagement in a number of other services such as Elderly Care and ICU. The exit interviews and stay conversations are now active and being implemented across teams. Data analysis will follow. Data deep dives are under way in the cohort of staff that fall within 0-12 months employment as the highest number of leavers fall in this category. Branding support is active across areas that are struggling to recruit.

Actions:

- Staff survey Improvement Plans have been finalised with Care Groups, delivery underway
- Staff survey 2023 planning in progress to increase response rates and engagement
- Leavers questionnaire (exit interviews) data evaluation underway
- Paediatrics Listening Event completed, analysis and next steps due for implementation in **July 23**
- Career conversation training dates booked across care groups
- Hurley retention activity shared with care group board and action plan in place

Risks:

- Lack of financial influence on retention
- Local review of staff turnover will highlight where specific action will be focused
- Environmental factors a constant challenge i.e., cost of living
- NHS less attractive since the pandemic – need to focus on attraction as part of the ongoing Recruitment impact work

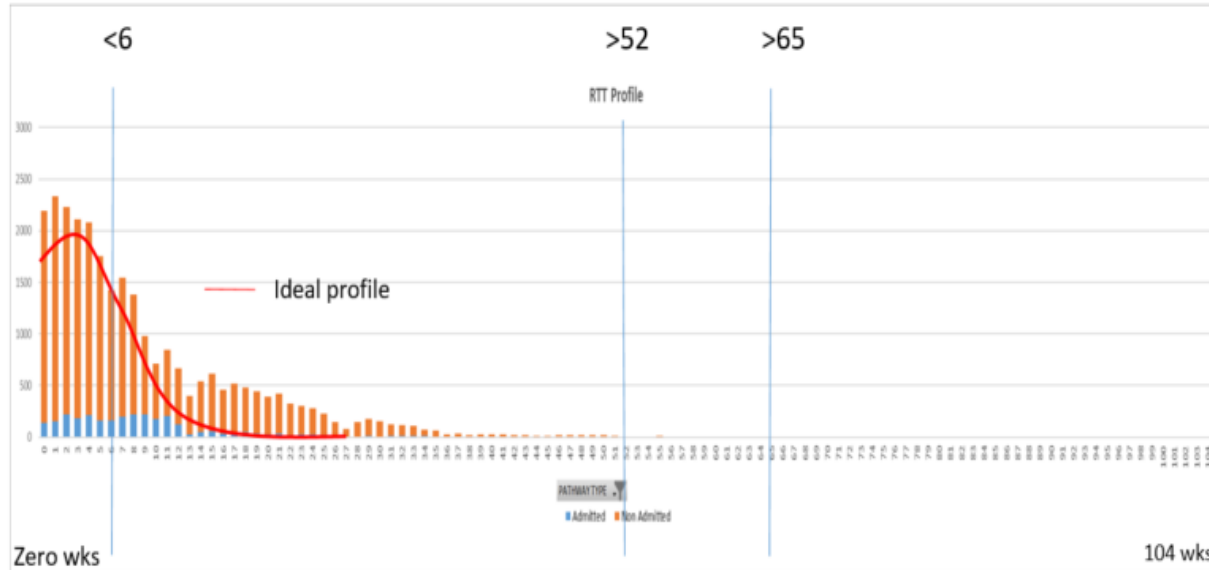
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Staff turnover rate	13.99%	13.80%	13.61%	14.14%	13.11%	12.87%

Strategic objective: Deliver in partnership

Strategic metric: Reduce Elective long waiters

Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation
	N/A

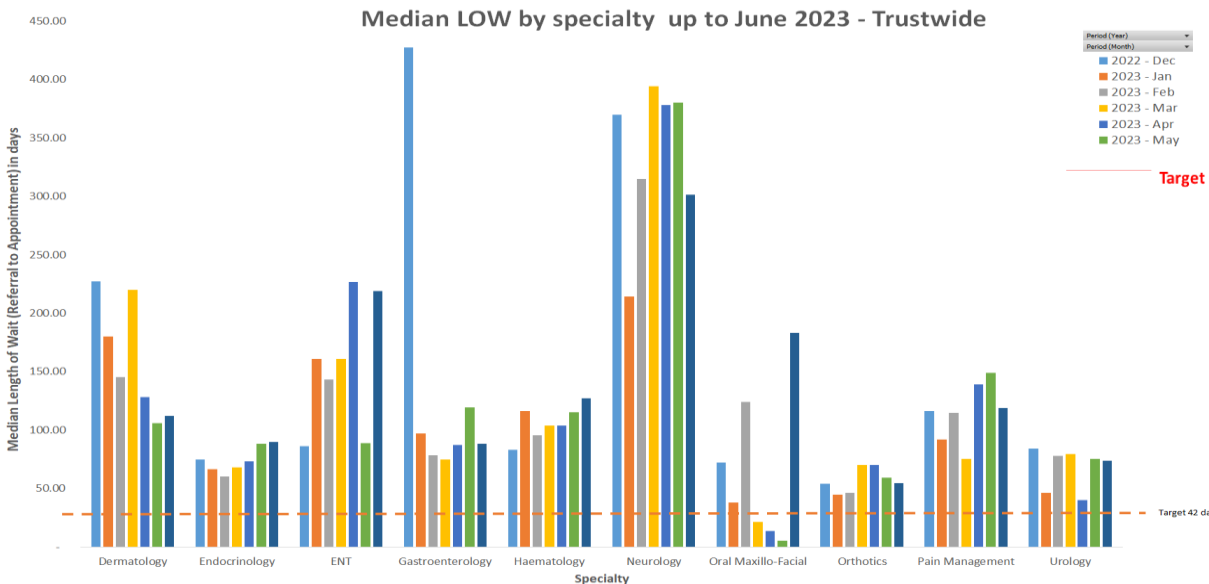


This metric measures

Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment Time standards. Nationally there is an expectation that we eradicate >65 week waits by March 24. We want to exceed these standards and eradicate waits over 52wks consistently during 2023-24.

How are we performing:

- The Trust is maintaining a low number of >52 week wait RTT pathways
- The Trust is maintaining a stable PTL size that is comparable to 2019
- However, waiting times remain extended beyond the ideal
- Maintaining this position and further improvement to the RTT profile will be achieved through shortening stages of **treatment** across the elective pathway, in particular waiting times to 1st OPA
- Routine 1st OPA are currently extending well beyond the ideal 6 week horizon. The chart provided shows the median waiting times for patients booked in the relevant month
 - e.g. The median booking time in Neurology from referral in June 23 was 300 days. This indicates a significant capacity/resource challenge and signals that these patients could become RTT long waits in a years time if no intervention is made.



Actions:

- Median waits for all 1st OPAs booked in June has been adopted across the care group and board reporting
- Work with each specialty team to understand capacity position, identify where alternative delivery methods can add value and where appropriate convert follow-up slots to first OPA slots
- Phase 2 operational data cleansing and process investigation is underway. (Improved visibility within GPAS/booking functions)
- Deployment of fully integrated e-Triage and referral management solution. User Acceptance Testing expected to complete in Aug 23. (Automated data entry, increased A&G, decreased duplication and improved outpatient booking instructions)
- Exploring options to insource/outsource contracts that would increase operational capacity in constrained services, such as Gastroenterology

Risks:

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

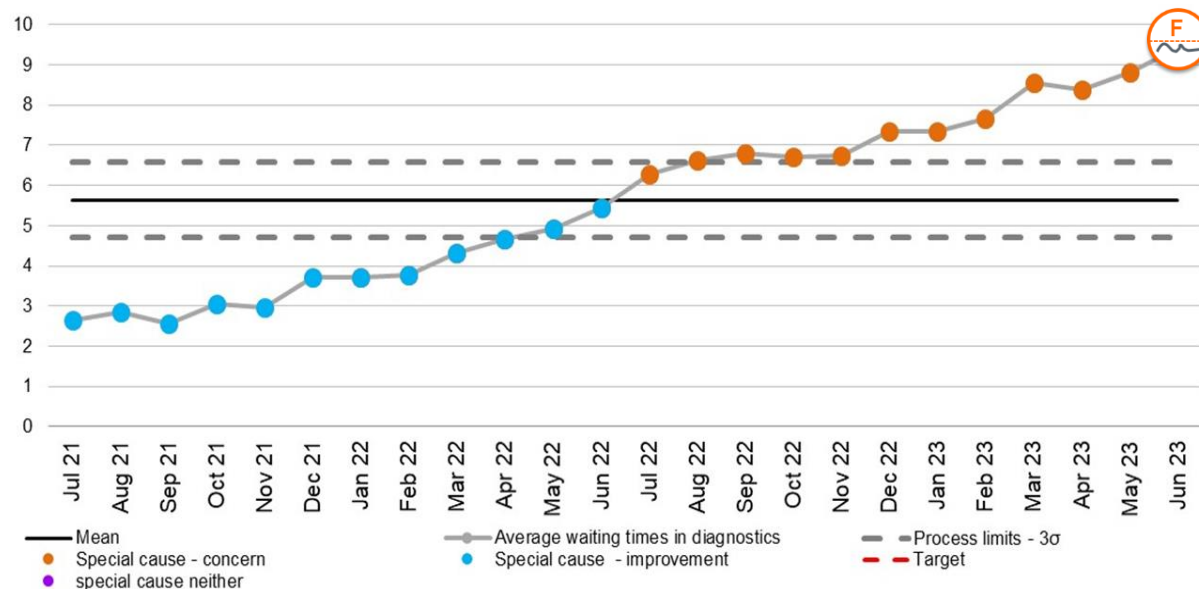
Strategic objective: Deliver in partnership

Strategic metric: Average waiting times in diagnostics DM01

Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation
	

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



This measures:

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

How are we performing:

- We remain significantly behind the 99% within 6-week standard, driven primarily by Endoscopy and MRI, albeit MRI has been showing a month on month improvement.
- Endoscopy is driving the longest waits across the Trust which represent the majority of the >6 week patients. This will remain a challenge in the coming months owing both to increasing demand and capacity constraints.
- Performance in June shows a small reduction in both the total diagnostic waiting list size, in both < and > 6 weeks groups. However there is no movement in the >13 week cohort (which has not grown either).

Actions:

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

Risks:

Endoscopy

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

Imaging

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

Physiological Measurements (PM)



- Cardiology may see a decline in DM01 performance going forward. We no longer have a locum and two members of staff are due to leave

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Average wait all modalities (wks)	7.35	7.65	8.56	8.37	8.80	9.42
Imaging	3.65	3.15	3.42	3.90	3.44	3.20
Physiological Measurement	4.40	7.26	7.25	7.18	8.42	9.02
Endoscopy	19.04	21.16	22.93	21.62	22.83	26.07
Cancer	2.41	2.87	3.31	3.14	3.00	2.59
Urgent	10.70	12.06	13.39	13.25	13.61	14.76
Routine	7.01	7.13	7.83	7.71	8.13	8.63

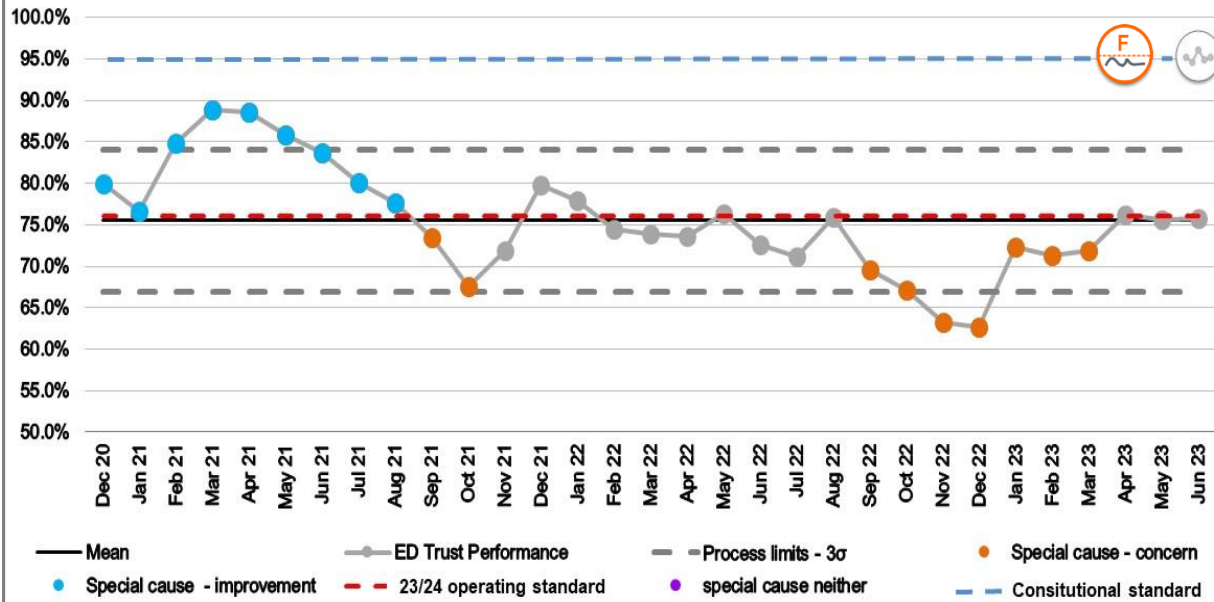
Strategic objective: Deliver in partnership

Strategic metric: Performance against 4hr A&E target

Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation
	

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



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
4hour Performance (%)	72.31%	71.36%	71.92%	76.20%	75.62%	75.76%
Total Attendances	13556	13392	15253	13444	15179	15168
Total Breaches	3753	3835	4283	3200	3701	3677
4hour Performance (%) 2022	77.92%	74.42%	73.94%	73.64%	76.37%	72.66%
Total Attendances 2022	13260	12488	14675	13577	14850	14935
Total Breaches 2022	2928	3195	3825	3579	3509	4083

This measures:

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

How are we performing:

- In June 75.76% of patients were seen within 4 hours. This demonstrates a consistent performance in the face of over half of June seeing a daily attendances of >400.
- EDMU workload is increasing with an average of 114 patients per day in June. Despite the increasing volume, EDMU dropped below the 95% standard on just one date in June
- Reduction in >60 mins SCAS handover breaches but there remains further opportunity to work towards pre-pandemic level of breaches where there is a similar number of ambulance arrivals.
- Daily and monthly Sitrep indicating more stable performance

Actions:

- Zone F (ambulatory) waiting room continuing to open Mon-Fri as default unless staffing resource is significantly limited.
- TINA & LUTO real time waiting time screens now in several ED areas. Collaborating with informatics to enable TINA (live notifications) zone-specific KPIs.
- Continued focus on Escalation plans to support performance RAG triggers.
- Reading UCC appointment booking – EMIS go-live planned for 1st August. Will enable greater visibility of appointment usage as well as follow up of patients.
- Weekly ED Action meetings continue with input from key specialties
- Go live with new rapid response lab now scheduled for **4th Sept** with dedicated CT coming on stream in main radiology during **Q2**

Risks:

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

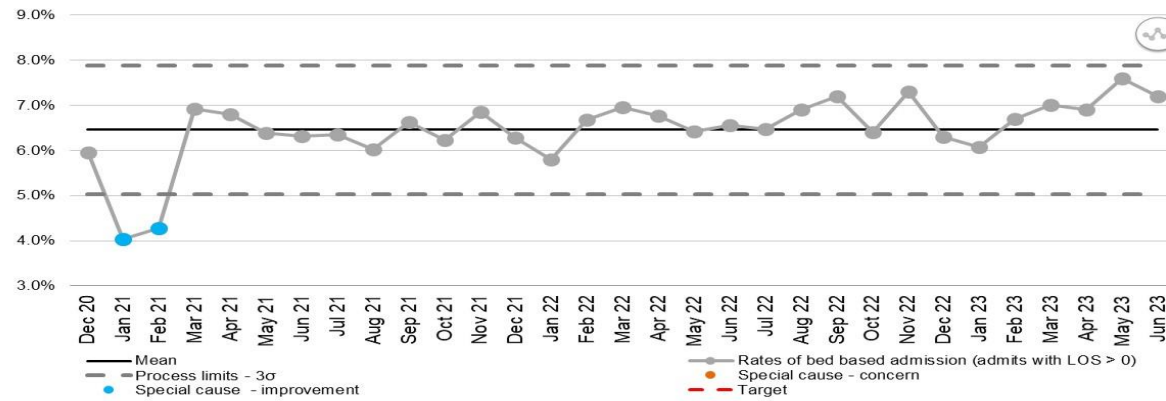
Strategic objective: Deliver in partnership

Strategic metric: Reduce inpatient admissions

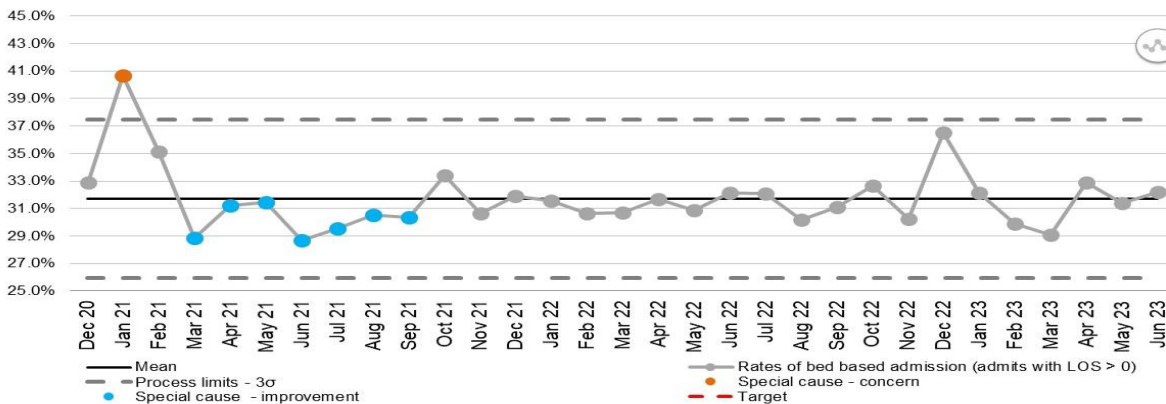
Board Committee:
Quality Committee
SRO: Dom Hardy

EL Variation	NEL Variation

EL bed based admission (admits with LOS > 0) as %ge all admissions- Trustwide starting 01/12/20



NEL bed based admission (admits with LOS > 0) as % of all admissions- Trustwide starting 01/12/20



% of admissions with Los>0	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Elective	6.1%	6.7%	7.0%	6.9%	7.6%	7.2%
Non-elective	32.1%	29.9%	29.1%	32.9%	31.4%	32.2%

This measures:
Our objective is to reduce the need for patients to be admitted to a hospital bed as we know that unnecessary admission impacts on patient outcomes. We are seeking to progress this through a combination of improving the underlying health of our population, working in partnership with community providers to maximise admission avoidance programmes and implementing change to our non-elective and elective pathways such as same day emergency care and day-case procedures.
We are measuring our progress by monitoring the proportion of our elective and non-elective admissions that result in an overnight stay in the hospital and are looking for this metric to decline overtime.

How are we performing:
This metric is a work in progress. There are several factors which require further investigation (e.g. variability of bed numbers (elective/non-elective) and occupancy).
However, volume analysis of the past 12 months shows daycase volume, overnight stays volume, daycase rate (average 85%) and non-elective overnight rate (average 31%) are all relatively stable.

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



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

Strategic objective: Cultivate Innovation and Improvement

Strategic metric: Increase care closer to home

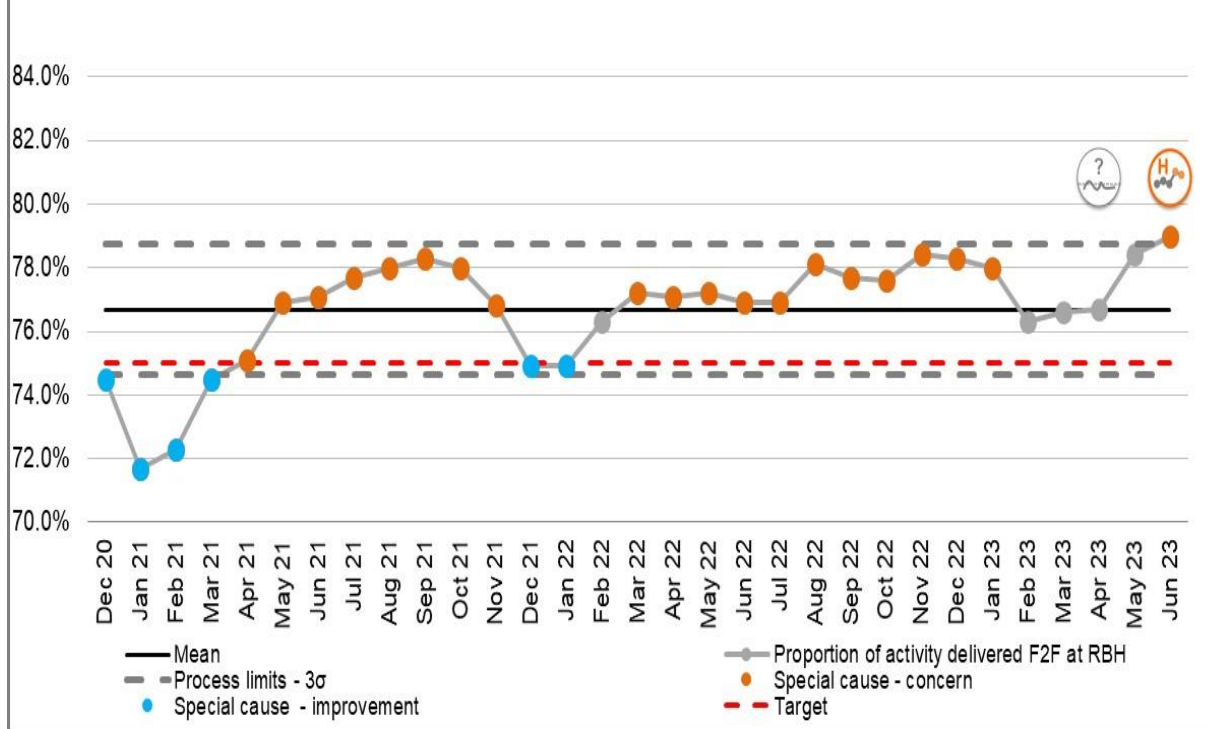
Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
	



Proportion of activity delivered F2F at RBH- Trustwide starting 01/12/20



This measures:

Our objective is to deliver as much care as possible at locations close to patients own homes or places of residence. This will ensure that all our communities benefit from high quality care, we will be able to reduce unnecessary journeys and we will make best use of our digital and built infrastructure. We are currently developing a way of measuring the distance travelled by patients to their care. In the intervening time we are tracking the volume of care delivered face to face at the RBH site as we believe that delivery of our clinical services strategy should result in this proportion falling through our investment in delivering care from our other sites and digital infrastructure.

How are we performing:

In June the proportion of care delivered from the RBH site was 79.0%. This was 2.3% percentage points above April and an increase on the position 12 months ago. In the same period there has been a reduction in the proportion of OP appointments delivered virtually which may relate to our focus on delivering advice and guidance and reducing follow up appointments. Equally the period of industrial action will have impacted performance

Actions:

The Executive Management Committee are progressing a range of measures to improve our performance including:

- Progressing Community Diagnostics Centres (**Q3 2023/24**)
- Implementing patient portal to support patients in managing their appointments (**Q1 2023/24**)
- Working with clinicians to improve update of digital care platforms (Digital Hospital Programme 23-24)
- Exploring opportunities for MDT delivery in partnership with primary care (**Q2 23/24**)

Risks:

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



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
% of all care provided from RBH site	78.0%	76.3%	76.6%	76.7%	78.4%	79.0%

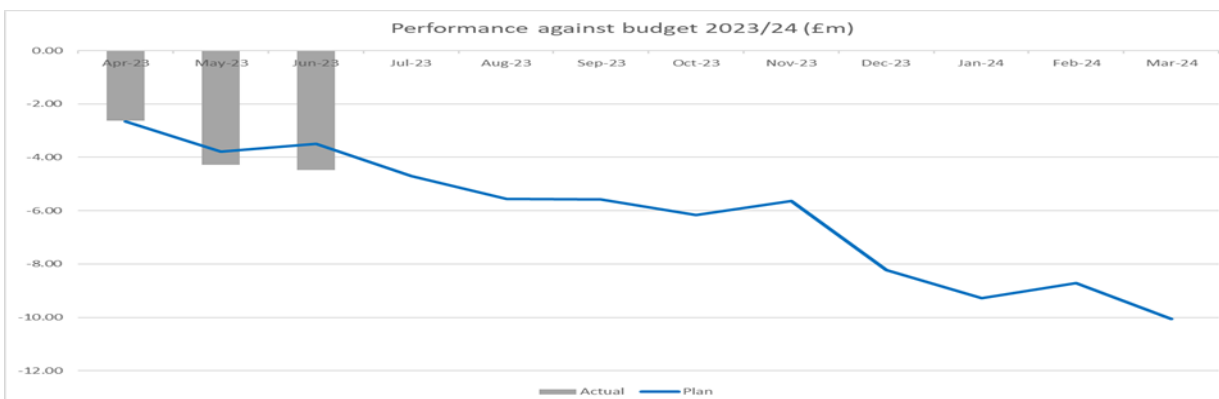
Strategic objective: Achieve long-term sustainability

Strategic metric: Trust income & expenditure performance

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
	



	Year to date				Full Year
	Actual	Plan	Variance against plan	RAG	Plan
Income (incl pass through)	£145.44m	£141.85m	£3.59m	▲	£574.18m
Pay	£87.19m	£84.55m	£2.64m	▲	£340.01m
Non Pay (incl pass through)	£60.93m	£58.59m	£2.34m	▲	£235.43m
Other	£1.70m	£2.21m	£0.50m	◆	£8.79m
Surplus/(Deficit)	£-4.39m	£-3.50m	£-0.89m	◆	£-10.05m
Exclude donated Asset Effect, centrally funded PPE and Impairment	£-0.08m	£0.00m	£-0.08m	▲	£0.00m
Adjusted Financial Performance (NHSE Plan)	£-4.47m	£-3.50m	£-0.97m	◆	£-10.05m

This measures:

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

How are we performing:

Month 03 YTD, June 2023, financial performance is a £(4.47)m deficit, which is £0.97m worse than plan YTD.

Income is ahead of plan by £3.59m, the variance is partly driven by the accrual for AFC pay award, confirmed post planning.

The Pay position is £(2.64)m adverse to plan YTD, this includes the additional cost of junior doctors' industrial actions of £0.39m that occurred in April, May and June 23.

Non Pay costs are over budget YTD by £(2.34)m driven by the delays in mobilising of savings programmes. YTD-M03 position includes £0.88m related to the power outage incident, a corresponding income amount has been accrued in expectation of the settlement of our insurance claim.

Workforce actions have been taken which have seen a reduction in temporary staff usage at M03 compared to M02. The £0.32m reduction in bank spend, offset by an £0.17m increase in agency spend, month on month, shows the positive net impact taken by budget holders to reduce the run rate of expenditure.

Actions:

- Focus is needed to make further run-rate reductions. We are working with a third party to develop proposals on a contingent fee basis for further savings delivery across specific procurement contracts
- Additional workforce controls have been implemented
- The Efficiency and Productivity Committee has received updates on the progress towards the £15m savings programme. We now have £11.25m of risk assessed delivery in year of which £2.19m has been delivered at M03 YTD
- Analysis of the correlation between activity growth and workforce growth over the last 3yrs will be concluded allowing us to better understand the reasons for continuing this level of staffing

Risks:


- Higher than budgeted sickness levels
- Inflationary pressure is occurring where the Trust is not in fixed price contract
- Impact of strike action
- Identification and delivery of the full £15m savings programme

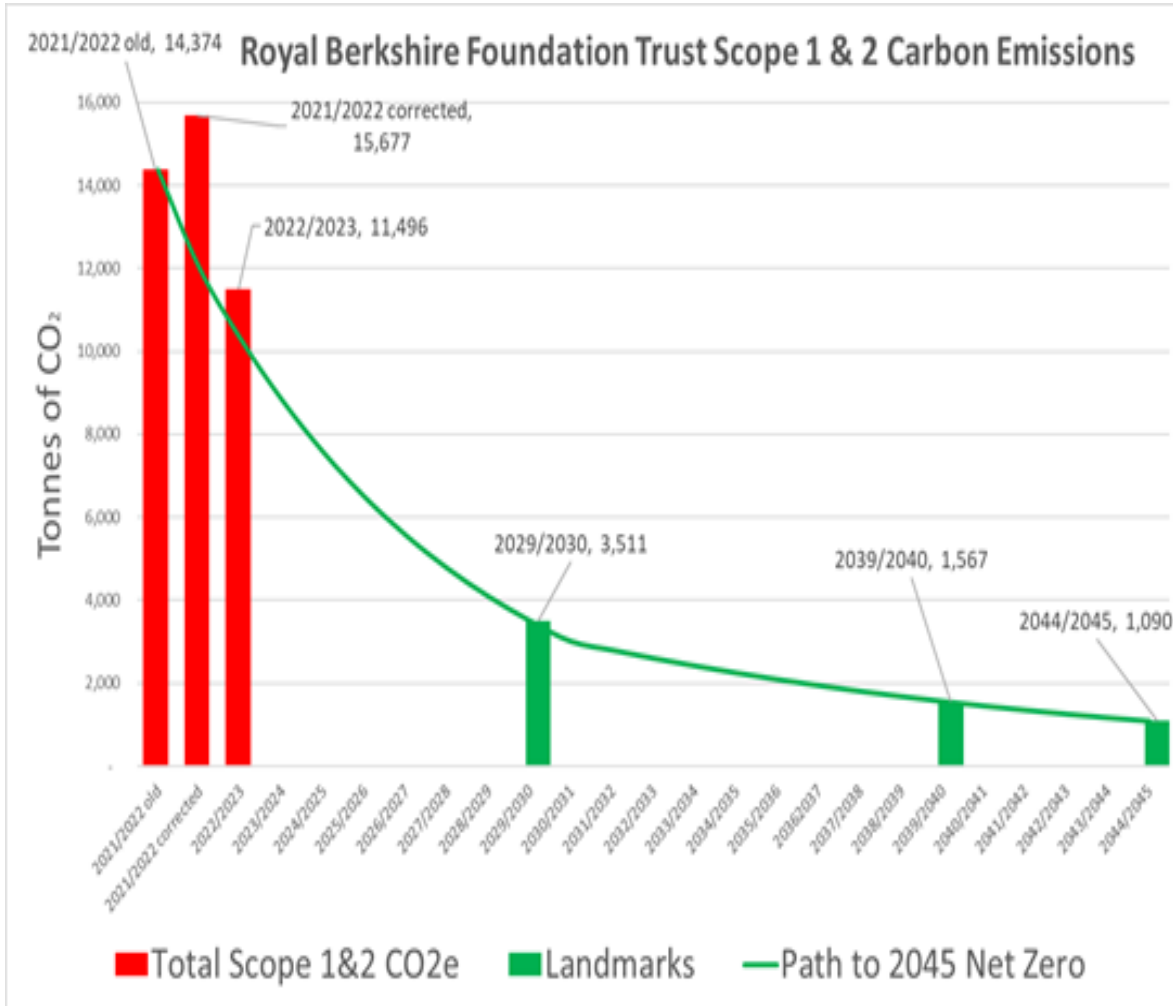
Strategic objective: Achieve long-term sustainability

Strategic metric: CO2 emissions

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Validation
	N/A



This measures:

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

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

Actions:

- A paper is being considered at Finance Committee / EMC in July to agree next steps to resource continued pace of carbon reduction

Risks:

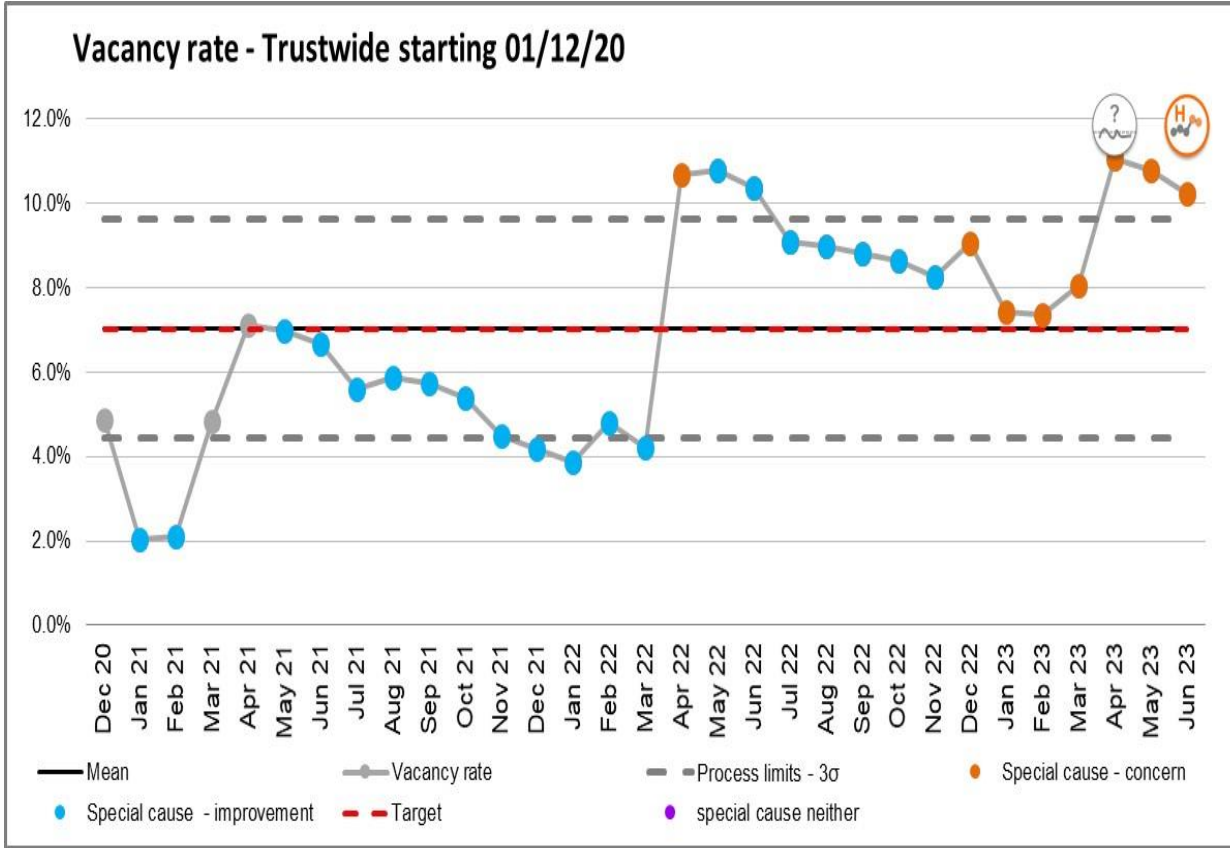
- Lack of in year reporting poses a risk on certainty as to achievement of our Green Plan
- Achievement at pace of major net zero actions requires investment and the Trust's deficit position means that prioritisation of expenditure may not permit the net zero agenda to be progressed at the pace intended, particularly regarding capital expenditure
- Dedicated PMO resource is required to continue momentum and funding for this is not yet secured

Breakthrough Priorities

Breakthrough priority metric:
Vacancy rate

Board Committee:
People Committee
SRO: Don Fairley

Assurance	Variation



This metric measures:

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

**please note: there was an increase in establishment between FYs 21/22 & 22/23 which is why there is a significant increase in the vacancy rate from March 22 to April 23*

How are we performing:

- Vacancy rate continues at statistically high rate. In June we authorised 74 vacancies to go out to advert, a total of 117 candidates were shortlisted for interviews
- In June 203 offers were made across the Trust for domestic recruitment. 11 offers in Nursing and Midwifery. 35 offers in Additional Clinical Services. 12 offers in Administration and Clerical. 14 offers in Allied Health Professionals. 1 offers in Estates and Ancillary. 3 offers in Healthcare Scientists. 103 offers in Medical and Dental
- In June we had 21 international nurses, 5 Midwives and 3 Radiographers that landed in the UK to work at the Trust, and through our international recruitment campaign we carried out 84 interviews, with in 55 nursing posts being offered
- Also in June we interviewed 23 HCA candidates, resulting in 16 candidates accepting

Actions:

- Social media campaigns for targeted areas where recruitment is proving difficult
- Clinical open day arranged for July 2023
- Working on a non-clinical open day for Autumn/Winter 2023
- Reviewing vacancy rates with appointing managers to assist them in recruiting to establishment alongside working with temporary staffing to challenge agency/NHSP spend in order to reduce expenditure
- Pastoral accreditation award documentation has been submitted

Risks:

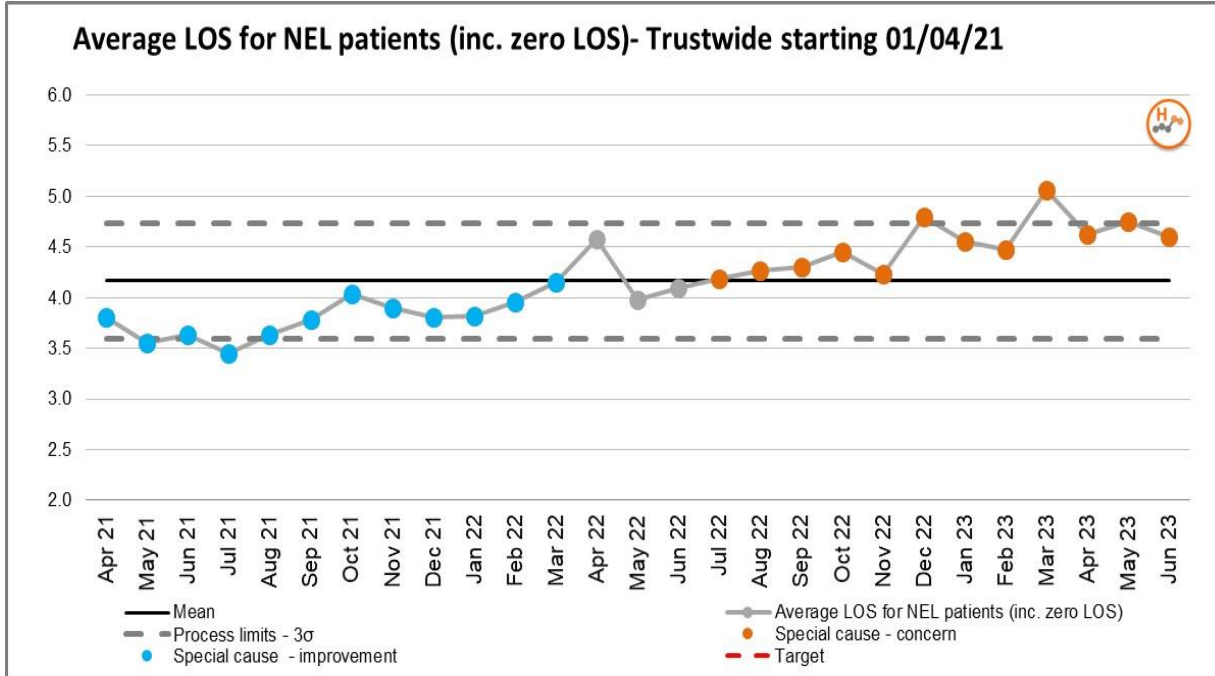
- Affordable housing in the local area is urgent requirement
- We are encountering competitive relocation packages from other Trusts and are aware that other Trusts have higher headline wage offers to international recruits

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Trust Performance	7.41%	7.37%	8.04%	11.04%	10.79%	10.22%

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

Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation
N/A	



This metric measures:

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

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

How are we performing:

- The 2-year trend is an increasing LOS for non-elective patients to 4.6 days on average, which is a return to pre-COVID norms. This is driven in part by a reduction in the number of same day discharges because fewer are admitted, as well as by an increase in the small number of patients with a very long stay
- Additionally, the time that patients have been waiting for a community package of care, once medically optimised for discharge, has increased

Actions:

A holistic patient flow programme has been launched, involving various workstreams to tackle the key elements of the pathway including:

- The impact of varying admission rates
- Reducing unnecessary moves between the wards
- Improving processes that facilitate discharge
- Identifying and tackling the cultural change required to support effective patient flow

Risks:

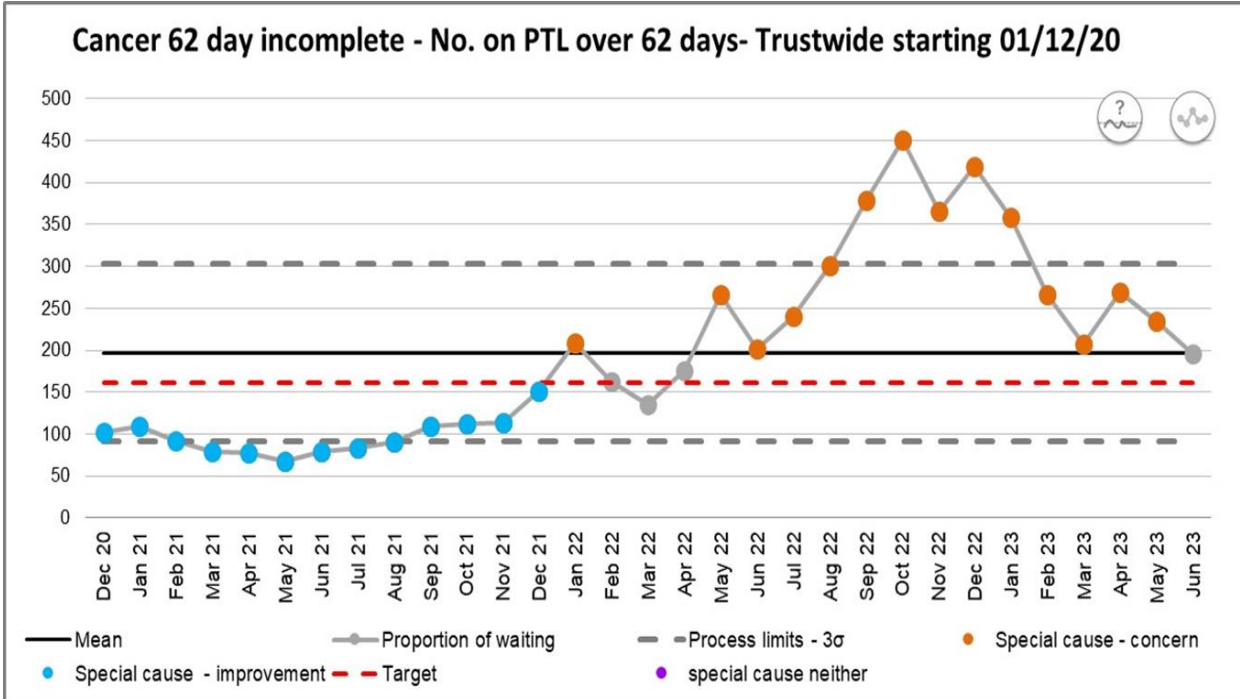
- Patient flow is impacted by many factors that are difficult to control and this means that while progress can be made it does not always result in observable change to the metric
- It will take time to embed any changes to patient flow which will then be able to be sustained for the long term. The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

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Ave LOS for NEL patients (inc. zero LOS)	4.56	4.47	5.06	4.63	4.75	4.60

Breakthrough Priority metric:
Reduce 62 days cancer waits

Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation



This measures:
We have identified our cancer waits as a breakthrough priority because of the underlying performance challenges in this areas and the impact on patient care delays to this pathway can cause. We are tracking our progress by measuring the total number of patients on an incomplete cancer patient tracking list (PTL) waiting >62 days. This is also the principal metric NHS England are using nationally.

- How are we performing:**
- In May, 65% of patients on a cancer pathway were treated within 62days against 85% target
 - June performance is incomplete and un-validated at 68%. As of the end of June the total number of patient on the PTL >62 days shows a decrease at 207 largely due to histology improvements
 - Going forward, the revised rate card for doctors is expected to impact negatively on cancer performance (particularly surgery and gastro). In addition on-going industrial action is likely to have significant impact in July in dermatology and general surgery

- Actions:**
- Exploring options via insourcing activity in GI
 - Assessment in progress for using lower power (1.5T) MRI for prostate patients
 - Additional funding request has been submitted to TVCA (beyond the £5m included in budgets this year across the ICS).
 - Recruitment of a clinical oncologist – starting August 2023. Next recruitment planned for November to start Jan 24
 - Additional scrutiny at weekly Tuesday Cancer Action Group in conjunction with Thames Valley Cancer Alliance (TVCA) & NHS South East (SE) region

- Risks:**
- As the backlog in pathology reduces, more patients will need clinical review to manage their next steps. High risk that cancers will be prioritised and the numerator will increase
 - 2ww demand levels remain high from some localities
 - Doctors Rate card in lower GI and upper GI pathways.
 - Prioritisation of non-malignant pathways may result in adverse impact on other pathways

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Trust Performance	65.2%	67.40%	71.90%	64.30%	65.00%	68.00%
Total Cancer PTL list	2232	2191	2252	2275	2152	2316
No. on PTL > 62 days	359	266	207	269	235	195
Incomplete - % on PTL over 62 days	16.10	12.10	9.2	11.9	11.1	8.7
Cancer 28 day Faster Diagnosis	65.8	72.4	72.3	76.0	73.0	76.9

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

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation

Efficiency saving by Care Group - £m												
Area	Target	Full year	In year	Risk adjusted	Gap	M01 planned £m	M02 Planned £m	M03 Planned £m	M01_actual £m	M02_actual £m	M03_act ual £m	YTD_M03 delivered
Urgent Care	4.14	4.09	3.80	3.68	(0.46)	0.28	0.28	0.28	0.26	0.15	0.49	0.90
Planned Care	4.53	3.27	2.63	2.49	(2.04)	0.09	0.11	0.11	0.06	0.07	0.19	0.32
Networked Car	3.70	1.54	1.45	1.09	(2.61)	0.11	0.11	0.11	0.07	0.10	0.06	0.23
CEO	0.09	0.06	0.05	0.01	(0.08)	0.00	0.00	0.00	0.00	-	0.01	0.01
COO	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00	-	-	-	-
CMO	0.08	0.13	0.13	0.05	(0.03)	0.00	0.00	0.00	-	-	-	-
CNO	0.22	0.17	0.16	0.10	(0.12)	0.01	0.01	0.01	-	-	-	-
Estates and Faci	1.02	1.27	1.05	0.98	(0.04)	0.08	0.08	0.08	0.07	0.06	0.06	0.19
IM&T	0.64	0.79	0.53	0.72	0.08	0.03	0.03	0.03	0.05	0.03	0.03	0.11
Finance	0.17	1.01	0.96	1.03	0.86	0.02	0.01	0.13	0.17	0.14	-	0.31
CPO	0.17	0.68	0.66	0.61	0.44	0.06	0.06	0.06	0.00	0.00	0.00	0.01
Strategy & Tran	0.07	0.49	0.49	0.41	0.34	0.02	0.02	0.02	0.01	0.01	0.01	0.04
R&D	0.06	0.06	0.06	0.06	0.00	0.01	0.01	0.01	0.06	-	-	0.06
Trustwide	0.10	0.99	0.99	-	(0.10)	-	-	-	-	-	-	-
Total	15.00	14.55	12.97	11.25	(3.75)	0.69	0.71	0.84	0.77	0.58	0.85	2.19

This measures:

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

How are we performing:

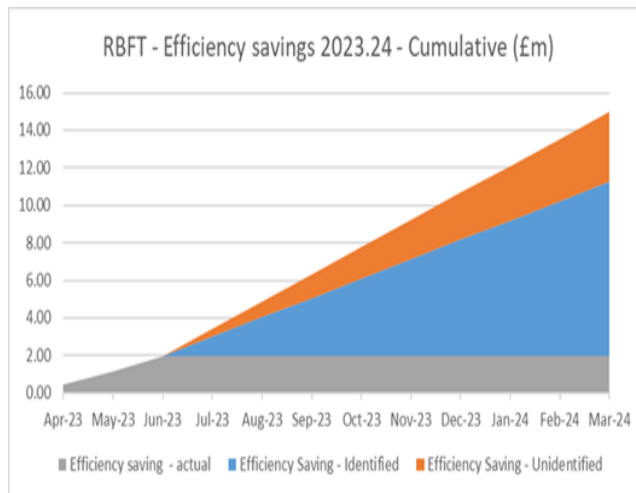
The plan is to deliver £15m of cash releasing efficiency savings in 2023/24, of which £14.55m is so far identified for the full year and £12.97m of in year effect. We have risk assessed this at £11.25m, £2.19m was delivered in YTD M03, June 2023 compared to straight line phased plan of £3.75m, a shortfall of £1.56m, YTD.

Actions:

- Scheme leads continue to work on additional programmes to improve the in year and risk assessed values
- The transformation team continue to support the care groups and corporate teams to complete Quality Impact Assessments (QIAs) and scoping documents
- Weekly meetings with the leads to identify and track the savings
- All directorates continue to review the Model Health System data for areas of high cost relative to other Trusts
- The actions above describing workforce controls and activity vs.cost growth will be assessed to identify deliverables that can further close the gap to target

Risks:

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



Efficiency saving by work stream area - £m				
Category	Full year	In year	Risk adjusted	YTD_M03
Budget Management	6.16	6.01	5.78	1.68
Workforce Controls	2.46	2.42	1.37	0.24
Procurement	2.95	1.78	1.76	-
Medicines Optimisation	0.51	0.51	0.51	0.05
Operational Efficiency	1.54	1.50	1.15	0.12
Commercial and Income Generation	0.37	0.32	0.32	-
Estate & Capital projects	0.51	0.38	0.30	0.04
counterparty SLA - from or to local trust	0.00	0.00	0.00	-
maintenance contracts for Clinical engi	0.00	0.00	0.00	-
R&D	0.06	0.06	0.06	0.06
Unidentified	0.00	0.00	0.00	-
Total	14.55	12.97	11.25	2.19

Watch Metrics

Summary of alerting watch metrics

Introduction:

Across our five strategic objectives we have identified 122 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

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

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

Alerting Metrics June 2023:

In the last month 29 of the 122 metrics exceeded their process controls. These are set out in the table opposite.

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

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

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

For this month new alerting metrics include:

- No. of DOLS applications applied for
- Clostridium difficile (C.Diff) cumulative
- Non pay cost vs Budget (£m)

Provide the highest quality of care for all

- Mixed sex accommodation breaches
- No. of DOLS applications applied for
- Unborn babies on child protection (CP) / child in need plans (CIP)
- Clostridium difficile (C.Diff) cumulative
- VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance

Invest in our staff and live out our values

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

Deliver in Partnership

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

Cultivate innovation and improvement

- % OP treated virtually

Achieve long term sustainability

- Non pay cost vs Budget (£m)

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Eamonn Sullivan

Will Orr



Metric	Variation	Assurance	Target	Trending	Apr-23	May-23	Jun-23	Jun-22
No. of compliments			-		98	44	56	44
FFT Satisfaction Rates Inpatients: i.Inpatients			99%		99%	99%	99%	100%
FFT Satisfaction Rates Inpatients: ii.ED			99%		88%	84%	84%	74%
FFT Satisfaction Rates Inpatients: iii.OPA			99%		95%	94%	95%	93%
Mixed sex accommodation - breaches			0		177	238	216	87
Crude mortality			-		2.00	1.60	Arrears	1.50
HSMR			-		Arrears	Arrears	Arrears	89.80
SMR			-		Arrears	Arrears	Arrears	92.20
SHMI			-		Arrears	Arrears	Arrears	1.02
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes			97%		100%	93%	Arrears	88%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes			86%		67%	92%	Arrears	86%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes			82%		83%	100%	Arrears	100%

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Eamonn Sullivan

Will Orr

Metric	Variation	Assurance	Target	Trending	Apr-23	May-23	Jun-23	Jun-22
Never Events			0		0	0	0	0
Patient Safety incidents/100 admissions			7.00%		11.69%	10.89%	9.27%	11.06%
Pressure ulcer incidence per 1000 bed days			1		0.11	0.05	0.00	0.05
Category 2 avoidable pressure ulcers			5		2	1	0	1
Category 3 or 4 avoidable pressure ulcers (SI)			0		2	0	2	1
Patient Falls per 1 000 bed days			5		3.94	4.00	4.58	3.99
Patient falls resulting in harm (SI) avoidable			-		0	0	0	0
No. of DOLS applications applied for			-		22	28	28	17
No. of detentions under the MH act to RBH			-		1	2	4	5
% of staff: Safeguarding children L1 training			90.00%		95.20%	95.10%	95.50%	93.90%
No. of child safeguarding concerns by the Trust			-		151	195	166	159
No. of adult safeguarding concerns by the Trust			-		33	44	36	45
No. of safeguarding concerns against the Trust			-		3	2	4	6
Unborn babies on child protection (CP) / child in need plans (CIP)			-		43	45	44	39
C.Diff (Cumulative)			44		2	6	12	11
C.Diff lapses in care			-		1	4	0	4
MRSA			0		0	0	0	0
Ecoli (trust acquired) infections			-		9	10	9	9
Ecoli (trust acquired) infections (Cumulative)			92		9	19	28	20
MSSA surveillance (trust acquired)			-		1	2	3	2
Hand Hygiene			-		97.09%	97.21%	97.02%	
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance			95.00%		71%	73%	82%	
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions			0		3	2	Arrears	

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Eamonn Sullivan

Will Orr

Metric	Variation	Assurance	Target	Trending	Apr-23	May-23	Jun-23	Jun-22
RIDDOR reportable Incidents			-		0	0	0	0
Abuse/V&A (Patient to staff)			-		39	50	45	44
Body fluid exposure/needle stick injury			-		10	18	16	12
Environment Related Incidents			-		15	13	18	21
Manual Handling non patient every 3 years			90%		93%	93%	91%	92%
Conflict Resolution			90%		90%	91%	91%	88%
Fire (Annual)			90%		91%	90%	90%	90%
Nursing and AHP Manual handling training every 3 years			90%		84%	85%	87%	89%
Doctors manual handling training every 3 years			90%		61%	59%	91%	63%
Health and Safety Training			-		94%	93%	95%	90%

Strategic Objective: Provide the highest quality care for all

Maternity Watch metrics

SROs: Eamonn Sullivan

Will Orr



Royal Berkshire
NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Apr-23	May-23	Jun-23	Jun-22
FFT Satisfaction Maternity			99.0%		93.9%	97.5%	97.0%	93.3%
FFT Response Maternity			50.0%		10.0%	12.0%	12.0%	5.1%
Complaints - % response in 25 days			78.0%		71%	50%	0%	0%
Number of Serious Incidents in the Maternity Service			1		0	0	0	0
% bookings with ethnicity documented / recorded			-		100.0%	100.0%	100.0%	99.3%
% women with a documented CO result at booking			95.0%		94.1%	95.6%	99.0%	68.0%
% women with a documented CO result at 34-36 weeks			95.0%		96.0%	95.2%	97.0%	58.0%
% of pre-term (less than 34+0), singleton, live births receiving a full course of antenatal corticosteroids, within seven days of birth			80.0%		75.0%	50.0%	60.0%	75.0%
Post Partum haemorrhage >1500mls			3.5%		3.2%	1.3%	3.4%	3.5%
Percentage of term babies admitted to Neonatal Unit			5.0%		4.3%	3.6%	Arrears	6.5%
Percentage of Perinatal Deaths			0.5%		0.3%	0.3%	0.0%	0.3%
Number of occasions MLU service suspended for 4 hours or more			-		11	7	21	27
Midwifery staffing vacancy rate			-		14.3%	14.1%	15.3%	14.0%
Midwifery staffing turnover			14.0%		13.5%	11.5%	9.5%	19.1%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%		99.5%	92.8%	91.0%	94.0%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%		100.0%	93.8%	94.0%	90.0%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT			90.0%		85.4%	91.7%	100.0%	90.0%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT			90.0%		98.1%	97.6%	97.0%	91.0%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT			90.0%		88.7%	90.6%	92.0%	18.4%

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



























Watch metrics:




















SRO: Don Fairley



Metric	Variation	Assurance	Target	Trending	Apr-23	May-23	Jun-23	Jun-22
Ethnicity Progression Disparity ratio between middle and upper pay bands			1.66		1.94	1.96	2.02	
Stability rates %			-		82.2%	82.0%	82.4%	81.7%
Rolling 12 month Sickness absence			3.3%		3.9%	3.8%	Arrears	4.1%
% Fill rate of Registered Nurse Shifts (RN)			90.0%		95.8%	95.7%	94.8%	91.1%
% Fill rate of Care Support Worker Shifts (CSW)			90.0%		98.9%	100.9%	98.0%	93.0%
Completed Mandatory Training			90.0%		90.5%	90.2%	92.0%	89.8%
Appraisals			90.0%		82.8%	82.1%	82.1%	86.6%
Nurse Staffing Red Flags			-		34	35	52	72

Metric	Variation	Assurance	Target	Trending	Apr-23	May-23	Jun-23	Jun-22
12 hours from arrival in ED (%)			2%		2%	2%	2%	1%
12hr DTA (Trolley Waits)			-		0	0	0	0
Percent of Ambulatory Care of Non elective Admissions			-		1.1%	1.3%	1.4%	13.9%
Average non-elective length of stay - excluding 0 day LOS (Length of Stay)			-		6.8	7.0	6.5	5.8
Urgent Operations Cancelled 2nd time			-		0	0	0	0
Fractured Neck of Femur: Surg in 36 hours			75.0%		59.5%	52.5%	48.5%	57.1%
Seen by Stroke Consultant within 14 hours			95.0%		63.0%	56.0%	63.0%	57.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival			90.0%		69.0%	60.0%	53.0%	63.0%
Proportion of stroke patients scanned within 12 hours of hospital arrival			90.0%		100.0%	95.0%	98.0%	100.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)			80.0%		84.0%	84.0%	82.0%	82.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)			90.0%		21.0%	14.0%	30.0%	25.0%
Average Length of Stay (LOS) from admission to discharge (days)			14		20	17	13	9
Door to needle time <60mins			95.0%		79.0%	86.0%	100.0%	100.0%
No. of weekend discharges			783		566	502	442	510
Rate of Emergency readmissions within 30 days of discharge					Arrears	Arrears	Arrears	16.8
Rate of Emergency readmissions within 30 days of discharge - Paediatrics (<16ys)					Arrears	Arrears	Arrears	9.7
Rate of Emergency readmissions within 30 days of discharge - Adults (16yrs+)					Arrears	Arrears	Arrears	18.2

Metric	Variation	Assurance	Target	Trending	Apr-23	May-23	Jun-23	Jun-22
Cancer 2 week wait: cancer suspected			93.0%		76.0%	85.6%	84.5%	85.5%
Cancer 2 week wait: breast patients			93.0%		96.5%	97.2%	98.4%	94.7%
Cancer 31 day wait: to first treatment			96.0%		92.6%	96.2%	98.5%	96.1%
Cancer 31 day wait: drug treatments			98.0%		97.6%	98.9%	94.7%	98.9%
Cancer 31 day wait: surgery			94.0%		91.7%	78.4%	93.0%	92.9%
Cancer 31 day wait: radiotherapy			94.0%		93.8%	74.8%	85.3%	85.1%
62 day consultant upgrade: all cancers			-		76.9%	85.5%	78.3%	76.9%
62 Day screen Ref			80.0%		76.2%	73.3%	63.6%	100.0%
Incomplete 104 day waits			0		76	74	72	43

Metric	Variation	Assurance	Target	Trending	Apr-23	May-23	Jun-23	Jun-22
Cancelled Ops not re-scheduled < 28 days (%)			5%		0%	0%	0%	0%
% OP appointments done virtually			-		23.3%	21.6%	21.0%	23.2%
New to follow up ratio			-		1.9	1.8	1.8	1.9
Number of OPPROC			-		7231	8934	9445	6406
Number of MDT OP			-		534	654	725	
Clinic room utilisation (esp utilisation at non RBH sites)			-		0	33.0%	30.0%	
Number of PIs			-		74	74	78	40
Number of active research trials			-		94	87	93	96
Number of projects supported by HIP			-		50	50	50	

Watch metrics

Metric	Variation	Assurance	Target	Trending	Apr-23	May-23	Jun-23	Jun-22
Pay cost vs Budget (£m)			-		-1.96	-0.75	0.07	0.30
Non pay cost vs Budget (£m)			-		-0.57	-1.17	-0.60	0.29
Income vs Plan (£m)			-		2.29	1.17	0.13	-1.33
Daycase actual vs Plan (£m)			-		0.41	0.23	0.16	-0.30
Elective actual vs Plan (£m)			-		-0.43	-0.10	-0.05	-0.60
Outpatients actual vs Plan (£m)			-		0.62	0.06	0.46	-1.26
Non-elective actual vs plan (£m)			-		-0.24	-0.73	-0.49	0.22
A&E actual vs plan (£m)			-		0.32	0.16	0.19	0.82
Drugs & devices actual vs plan (£m)			-		0.48	0.46	0.47	0.56
Other patient income (£m)			-		0.00	0.10	0.14	-0.35
Delivery of capital programme (£m)			-		0.35	0.71	2.09	1.61
Cash position (£m)			-		50.81	50.24	53.95	61.17
Agency spend % of total staff cost (%)			-		3%	2%	2%	3%
Creditors (£m)			-		-97	-99	-92	-95
Debtors (£m)			-		23	33	20	22

Audit & Risk Committee

Audit & Risk Committee

Wednesday 3 May 2023

09.30 – 11.30

Boardroom, Level 4, Royal Berkshire Hospital

Members

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

In attendance

Advisors

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

Trust Staff

Ms. Dawn Estabrook (Head of Risk) (from minute 59/23 to 66/23)
Mrs. Angela Gardiner (Group Financial Controller) (from minute 56/23 to 59/23)
Mrs. Nicky Lloyd (Chief Finance Officer)
Mrs. Caroline Lynch (Trust Secretary)
Mr. Graham Sims (Chair of the Trust)

Apologies

49/23 Declarations of Interests

There were no declarations of interest.

50/23 Minutes: 8 March 2023 and Matters Arising Schedule

The minutes of the meeting held on 8 March 2023 were agreed as a correct record and signed by the Chair subject to the inclusion of Mrs. Nicky Lloyd in the attendance section.

The Committee received the matters arising schedule.

The Trust Secretary advised that annual effectiveness reviews of Internal Audit and Counter Fraud had not been carried out during 2022/23 due to the changeover of partners. The annual effectiveness review of External Audit had not been submitted to the meeting as only two responses had been received. The questionnaire would be recirculated and the results submitted to the July meeting. **Action: C Lynch**

The Chair highlighted that a meeting with the Associate Director of Infrastructure to review the Cyber Security update reports had not yet been scheduled. **Action: M Robinson**

Minute 23/03 (06/23): Minutes: 9 November and 12 December 2022 and Matters Arising Schedule: External Audit Progress Report: The Chief Finance Officer advised that the

calculation of IFRS16 would be submitted to the Special Audit & Risk Committee in June 2023.

Minute 25/03 (07/03): Minutes: 9 November and 12 December 2022 and Matters Arising Schedule: Internal Audit Recommendations Update: The Chair highlighted that the current report did not clarify the reasons for delays. It was agreed that this would be included in future reports. **Action: N Lloyd**

The Chair suggested that Hard FM should be considered as part of the internal audit plan for 2023/24. The Chief Finance Officer advised that a six month post implementation review of both Hard FM and decontamination business cases would be submitted to the Finance & Investment Committee. **Action: N Lloyd**

Minute 31/23: Health & Safety Update: The Chief Finance Officer advised that work was ongoing to review the Health & Safety metrics and would be submitted to the July meeting as part of the Health & Safety update. **Action: N Lloyd**

Minute 33/23: Corporate Risk Register/Management of Estates Infrastructure/Backlogged Maintenance: The Chair highlighted that further detail should be included in the Corporate Risk Register in relation to controls and mitigating actions. **Action: D Estabrook**

51/23 Local Counter Fraud Progress Report and Annual Counter Fraud Plan

The LCFS, introduced the report and advised that the conflicts of interest review had been completed and there were no outstanding issues.

The LCFS highlighted the Counter Fraud Risk Assessment. The Committee noted that the top three risks were Cyber, Timecard and Bank Mandate fraud. The Chair queried whether there were segregation of duties in the Trust in relation to bank mandates. It was agreed that the LCFS would confirm. **Action: J Shortall**

The Committee noted the summary of counter fraud work. The LCFS advised that two referrals had been received since the report had been produced. One related to a minor issue of a contractual payment made to the wrong account and of a potential fraud relating to an overseas visitor to maternity.

The LCFS highlighted the draft Counter Fraud Functional Standard Return. The overall rating was Green. The LCFS would liaise with the Chair of the Committee and the Chief Finance Officer to review the final report prior to submission to the NHS Counter Fraud Authority (NHSCFA). **Action: J Shortall**

52/23 External Audit Progress Report

The Associate Partner, Deloitte, advised that there had been various areas where work had been planned to be undertaken prior to year-end. However, this had not been possible as, whilst some information had been received, other information had been received late or remained outstanding. The Associate Partner, Deloitte, confirmed that the Deloitte team were on site three days a week. A number of issues were still being reviewed. The Associate Partner, Deloitte, highlighted that the Agenda for Change settlement was currently unresolved and there were some queries in relation to the fixed asset register following the post implementation review of the E-Fin system.

The Chief Finance Officer highlighted that the Trust had a lower number of vesting certificates in 2022/23.

The Committee discussed the timeline set for Special Audit & Risk and Special Board meetings and whether this would be achievable. The Trust Secretary advised that these dates had been agreed in advance and were scheduled for 15 June and 22 June 2023 accordingly. The Associate Partner, Deloitte, advised that, work was ongoing to meet the timetable. However, achievability was dependent on delivery.

53/23 Internal Audit Annual Plan

The Partner, KPMG, introduced the internal audit annual plan and advised that this has been updated following feedback from the Committee. The Committee noted that Cyber Security review had been scheduled for December 2023. The Partner, KPMG, confirmed that the data quality review would include staff data. The Committee approved the plan for 2023/24.

The Chair suggested that IT procurement should be included in the internal audit plan for 2023/24. The Chief Finance Officer confirmed that this had not been included as a review of IT procurement governance had been undertaken recently and the recommendations would be submitted to the July meeting. **Action: N Lloyd**

The Chief Finance Officer confirmed that Internal Audit, External Audit and Counter Fraud would be briefed on the governance review and a provision had been made in the accounts in relation to the litigation case. However, the original report received was legally privileged and could not be shared in full.

It was agreed that the Trust Secretary would liaise with the Acting Chief Executive in relation to a further update on the process for the IT Governance review. **Action: C Lynch**

54/23 Internal Audit Annual Report

The Partner, KPMG, introduced the annual report and highlighted that the Data Security & Protection Toolkit (DSPT) and Outpatient Data reviews would be submitted to the July meeting. Overall, the Head of Internal Audit Opinion for 2022/23 was 'significant assurance with minor improvements'. The Partner, KPMG, confirmed that the outstanding reviews would change the overall rating.

The Trust Secretary highlighted that a standing agenda item was included at each meeting to enable the Committee to meet privately with either Internal Audit, External Audit or Counter Fraud or all three parties.

55/23 Internal Audit Recommendations Update

The Group Financial Controller advised that there were currently 18 open actions with 10 overdue actions. However, two actions had been completed since the report had been issued to the Committee. There had been one request for an extension to the deadline date. This related to a finding within the Improving NHS Financial Sustainability review. The revised deadline was 30 June 2023. The Committee approved the extension.

The Committee requested that future reports should include the reason for delays for all medium and high audit actions. **Action: N Lloyd**

The Committee noted that any outstanding internal audit actions raised by PwC had been transferred to the KPMG system. The Group Financial Controller confirmed that there had been some delays due to enabling all staff to gain access to KPMG's JIRA system.

56/23 Losses and Special Payments

The Committee noted that, since the last meeting, there had been four payments made for loss of property that totalled £3081.49. There had been one special payment made in relation to legal services totalling £425 and seventeen bad debts had been written off to the value of £248,062.87.

57/23 Use of Single Tenders

The Committee noted there had been fourteen single tenders awarded since the last meeting. The Chief Finance Officer confirmed that 3 day multi profession provision of leadership training related to funding from Health Education England for a particular supplier.

58/23 Non-NHS Debt Report

The Committee noted that non-NHS debt was £8.29m as at 31 March 2023. The Chief Finance Officer advised that there had been a significant amount of work undertaken in relation to debt from other NHS organisations. The Trust had received £2.8m of Elective Recovery Funding in February 2023. It was agreed that the Chief Finance Officer would review the Macmillan outstanding debt.

Action: N Lloyd

The Group Financial Controller advised that a credit controller had been appointed in order to review overseas debt. The Committee noted that the Trust did seek legal advice in relation to outstanding debt and debt recovery processes were undertaken by legal advisors when required. The Group Financial Controller highlighted that, in relation to overseas debt, the Trust had to abide by Home Office rules and could only write off overseas debt in certain circumstances.

The Committee queried the total income received by the Trust from Macmillan. The Chief Finance Officer agreed to confirm this.

Action: N Lloyd

59/23 Bank Account Authorisations

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

60/23 Health & Safety Update

The Committee received the draft minutes of the Health & Safety Committee held on 19 April 2023. The Chief Finance Officer confirmed that Health & Safety metrics from the Integrated Performance Report (IPR) were currently being revised and would be included in the next update.

Action: N Lloyd

The Committee noted a significant number of key messages had been highlighted in the minutes. It was recommended that these should be reduced going forward or the format of the report should be revised to enable the Committee to focus on key issues.

Action: N Lloyd

61/23 Schedule of Significant Contracts

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

62/23 Board Assurance Framework (BAF)

The Trust Secretary introduced the BAF and highlighted the changes made to Strategic Objective 1 as requested by the Quality Committee in March 2023.

63/23 Corporate Risk Register (CRR)

The Committee received the Corporate Risk Register. The Head of Risk advised that each of the risks were reviewed regularly by the relevant Executive lead. However, some reviews were currently outstanding. The Committee requested that further information should be included on the CRR in relation to the various mitigating actions being taken as these were not reflected currently, in particular, in relation to Berkshire Surrey Pathology Services and IT risks.

Action: D Estabrook

The Committee noted that the risk in relation to the geotechnical survey of the site had not been captured on the CRR. However, this had been discussed at the last Integrated Risk Management Committee.

64/23 Declaration of Interests Update

The Trust Secretary introduced the report and highlighted that 86% of staff had submitted declarations of interest for 2022/23. This was the highest compliance rate achieved since implemented at the Trust.

65/23 Cyber Security Update

The Committee received the update and noted the progress on patching and legacy servers. It was agreed that the Trust Secretary would arrange a meeting with the Chair and the Associate Director of Infrastructure to discuss the content of the Cyber updates to the Committee.

Action: C Lynch

66/23 Freedom To Speak Up (FTSU) Guardian Update

The Committee received the report. The Chair advised that he met with the FTSU Guardian on a monthly basis. The Chief Finance Officer highlighted that staff were also able to raise concerns via other routes such via their Trade Union representatives who attended the Health & Safety Committee.

The Committee noted that the FTSU Guardian worked two days a week for the Trust. It was recommended that Committee dates for 2024 should be scheduled to enable the FTSU Guardian to attend a meeting in person.

Action: C Lynch

67/23 Code of Governance Review

The Trust Secretary introduced the annual review that would be incorporated in the Annual Report. It was agreed that section C.3.1 would be updated to state two members of the Committee were independent.

Action: C Lynch

The Trust Secretary highlighted a review would be undertaken against the new guidance for 2023/24.

68/23 Audit & Risk Committee Annual Review of Effectiveness

The Trust Secretary introduced the Committee's annual review of effectiveness. It was agreed that a recommendation would be submitted to the Board to approve the annual review subject to confirmation of the Chair's attendance record.

Action: P Milhofer/C Lynch

69/23 Audit & Risk Committee Work Plan

The Trust Secretary confirmed that the work plan would be reviewed with the Chief Finance Officer.

Action: C Lynch

70/23 Key Messages for the Board

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

- Internal Audit Plan 2023/24 reviewed and approved
- Counter Fraud Plan Annual Report received
- Further clarity requested on CRR risks and mitigations
- Progress on reduction of Non-NHS debt noted
- FTSU Guardian update received
- Conflict of Interests update received and 86% compliance achieved for 2022/23
- Draft Internal Audit rating received

71/23 Reflections of the Meeting

The Trust Secretary led a discussion. It was agreed that a number of items discussed during the meeting could have been discussed at other forums.

72/23 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 12 July 2023 at 9.30am.

73/23 Private Meeting with Internal Audit

A private meeting with KPMG was not held.

74/23 Private Meeting with External Audit

A private meeting with Deloitte was not held.

75/23 Private Meeting of the Committee

A private meeting of the Committee was not held.

Chair:

Date:

Minutes

Finance & Investment Committee Part I

Thursday 18 May 2023

9.20 – 10.25

Boardroom, Level 4, Royal Berkshire Hospital

Members

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

In Attendance

Mr. Mike Clements	(Director of Finance)
Dr. Janet Lippett	(Acting Chief Executive Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Andrew Statham	(Director of Strategy) (up to minute 75/23)

Apologies

71/23 Declarations of Interest

There were no declarations of interest.

72/23 Minutes for Approval: 20 April 2023 & Matters Arising Schedule

The minutes of meeting held on 20 April 2023 were approved as a correct record and signed by the Chair subject to the removal of third sentence in minute 57/23.

The Committee received the matters arising schedule.

Minute 60/23 (45/23, 27/23, 04/23): Minutes for Approval: 23 March 2023 & Matters Arising Schedule: The Chief Finance Officer confirmed that a procurement benchmarking exercise was being undertaken in relation to Directors' and Officers' insurance cover and would be provided to the June meeting. **Action: N Lloyd**

73/23 Financial Update April 2023

The Chief Finance Officer advised that Month 1 financial position was a £2.62m deficit, £30k ahead of plan. Income was £46.88m which was ahead of plan by £2.29m. Capital expenditure in the month was £0.35m against the £13m full capital programme. Cash was £50.8m. The Chief Finance Office advised that the Efficiency & Productivity Committee had been established to deliver the £15m savings programme.

The Director of Finance highlighted the tracker that had included all saving schemes listed by area. Work was on-going to assign these to the areas whether the savings would be achieved. The Committee noted that savings were not reflected in Month 1 position. They had been phased from Month 3 onwards. The Chief Finance Officer advised that more than £15m efficiency savings would be required in order to maintain a cash floor of £18m.

The Committee noted that budget management was monitored at the monthly Performance Review Meetings. It was agreed that a visual update on savings would be included in future reports. The Chief Finance Officer would liaise with the Chair in relation to this.

Action: N Lloyd

74/23 Integrated Care System (ICS) Budget Discussions 2023/24

The Chief Finance Officer highlighted the updated position of the Trust budget to a deficit of £10.052m and the recommendation for a £21m capital plan for 2023/24. The Director of Finance advised that, following discussions with the ICS, additional funding had become available. Therefore, a revised capital plan was recommended for approval for 2023/24. The Chief Finance Officer advised that the additional £8m would be allocated to the capital programme. However, a risk-based approach would be taken in relation to additional capital funds being allocated to IM&T, medical equipment and estates. The Chief Operating Officer highlighted the need for planning to begin in order to ensure that capital spend could be spent within the financial year. The Chief Finance Officer advised that a capital spend would be phased to ensure it could be spent.

Action: N Lloyd

The Committee noted that the funding allocations to partners within the ICS were not equal and the associated risk. The Chief Finance Officer advised that the allocations were non-recurrent and highlighted that the system deficit had been offset by this non-recurrent funding. This would impact on 2024/25.

The Chief Finance Officer advised that the Long Term Finance Model (LTFM) would be refreshed during Quarter 2 2023/24.

Action: N Lloyd

The Committee agreed that a recommendation would be submitted to the Board to approve the revised budget of a £10.052m deficit and capital programme of £21m for 2023/24.

Action: S Hunt

75/23 Operating Plan 2023/24

The Committee noted the Operational Plan for 2023/24. The Executive Management Committee had reviewed the plan and recommended it for approval. The finance section was yet to be included. The Committee recommended that key challenges should reference the Trust's financial position. Subject to this amendment it was agreed that a recommendation should be submitted to the Board to approve Operational Plan for 2023/24.

Action: S Hunt

76/23 Finance Strategy

The Chief Finance Officer introduced the Finance Strategy. This had been reviewed by the Board at its seminar in February 2023 as well as at the Senior Leaders Forum. It was agreed that a recommendation would be submitted to the Board to approve the Finance Strategy.

Action: S Hunt

The Committee discussed the delivery of the Digital Strategy in relation to the reduced capital programme. The Chief Operating Officer advised that the Digital Hospital Committee had prioritised areas of the Digital Strategy. It was agreed that an update on the Digital Strategy would be scheduled for the Committee.

Action: C Lynch

77/23 Board Assurance Framework (BAF)

The Trust Secretary introduced the BAF. The Trust Secretary confirmed that the Digital Strategy was listed in Strategic Objective 4. However, only Strategic Objective 5 had been included. The Trust Secretary confirmed that these would be included in future updates to the Committee.

Action: C Lynch

78/23 Key Messages for the Board

Key messages for the Board included:-

- Month 1 position noted with focus on £15m cost savings on-going
- Recommendation to approve the revised budget and capital plan for 2023/24
- Recommendation to approve the Operational Plan 2023/24
- Recommendation to approve the Finance Strategy

79/23 Date of Next Meeting

It was agreed that the next meeting would be held on Thursday 22 June 2023 at 9.30am.

SIGNED:

DATE:

Minutes

Finance & Investment Committee Part I

Thursday 22 June 2023

9.20 – 10.10

Boardroom, Level 4, Royal Berkshire Hospital

Members

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

In Attendance

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

Apologies

89/23 Declarations of Interest

There were no declarations of interest.

90/23 Minutes for Approval: 18 May 2023 & Matters Arising Schedule

The minutes of meeting held on 18 May 2023 were approved as a correct record.

The Committee received the matters arising schedule.

Minute 83/23: Finance Strategy: It was agreed that an update on the Digital Strategy would be submitted to the July meeting. **Action: H Allan**

The Acting Chief Executive highlighted that an independent review of the Digital Strategy would be undertaken by the Chief Clinical Information Officer (CCIO) of the Integrated Care Board (ICB). **Action: J Lippett**

91/23 May 2023 Financial Update, Savings Programme 2023/24 and 2023/24 Capital Plan

The Committee received the Month 2 finance updated and noted that the Trust had reported a deficit of £4.29m, £0.5m behind plan. Pay was £2.4m adverse to plan, non-pay was £1.74m adverse to plan and cash holdings were at £50.24m. The Chief Finance Officer highlighted that urgent action was required to achieve the full year plan including acceleration and delivery of the savings plan.

The Committee noted that the costs and insurance receipt in relation to the power outage would be included in the report to the next meeting. **Action: N Lloyd**

The Committee noted that agency use had been reduced. However, further reduction was required. Work was also on-going in relation to a review of Model Hospital and Getting It Right First Time (GIRFT) against both pay and non-pay for any saving opportunities. The Chief Finance Officer advised that the savings programme was currently at £9.34m risk adjusted against a target required of £15m. The Committee considered that the £15m target would need to be increased as further industrial action was anticipated and the costs of this had not been included in budget setting.

The Director of Finance advised that the finance team were monitoring the savings programme for 2023/24 and were relatively reassured that the programme would be delivered. A small amount of savings had been delivered in Month 2. Overall, the savings programme was phased for delivery over the whole year. Work was on-going to reduce the number of savings programmes. The Acting Chief Executive highlighted that a Trust-wide communications had been issued seeking ideas from staff and these were currently being reviewed by the Communications team. However, there was good organisational focus on the need to achieve savings. The Chief Operating Officer confirmed that financial performance was discussed at Operational Management Team (OMT) meetings and further discussed at monthly Performance Review Meetings (PRMs) with Care Groups with a focus on reduction of run rate, for example bank and agency spend.

The Committee noted that the Chief Nursing Officer co-Chaired the Integrated Care System (ICS) Efficiency Group. The Chief Nursing Officer confirmed that there was good presence at the Group from provider trusts.

The Committee noted that robust discussions were on-going in relation to unfunded activity with the ICS as well as the impact on the Trust in relation to the provision of planned care.

The Chief Finance Officer advised that work was on-going in relation to prioritisation of the additional capital funding. This would be undertaken at the Executive Management Committee (EMC). The Chief Finance Officer confirmed that there was no impact of International Financial Reporting Standards (IFRS) 16 on the 2022/23 accounts in relation to the capital plan for 2023/24.

92/23 Key Messages for the Board

Key messages for the Board included:-

- Month 2 financial performance noted with £9.34m risk adjusted savings identified against a target of £15m.
- The need to identify additional savings in excess of the current target as well as noting the on-going work to reduce run rate of spend
- Additional capital funding to increase the capital plan was being prioritised by EMC

93/23 Date of Next Meeting

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

SIGNED:

DATE:

People Committee

Friday 19 May 2023

14.00 – 16.00

Boardroom, Level 4/ Videoconference Call

Members

Mrs. Priya Hunt	(Non-Executive Director) (Chair)
Mr. Don Fairley	(Chief People Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Eamonn Sullivan	(Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In Attendance

Mr. Dwayne Gillane	(Occupational Health Nurse Manager)
Dr. Janet Lippett	(Acting Chief Executive)
Dr Bannin De Witt Jansen	(Interim Corporate Governance Officer)
Mr. Pete Sandham	(Head of Organisational Development, Engagement and Inclusion)
Mrs. Melanie Walker	(People & Change Partner, Networked Care)

Apologies

16/23 Declarations of Interest

There were no declarations of interest.

17/23 Minutes: 9 February 2023 and Matters Arising Schedule

The minutes of the meeting held on 9 February 2022 were approved as a correct record.

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

A query was raised in regard to the number of vacancies in the Medical Workforce Team. The Chief People Officer advised that Head of Medical Workforce appointment had not been successful. However, a six-month interim was currently in post. Additionally, some vacancies remained within the team.

18/23 Chief People Officer Report

The Chief People Officer advised that the Royal College of Nursing (RCN) and British Medical Association (BMA) were currently balloting their members on future industrial action and the outcome of these ballots were expected to be announced at the end of June 2023.

The Chief People Officer advised that time to hire metrics for clinical and non-clinical staff were routinely reviewed by the Retention and Recruitment Impact Team. The team offered Go and See and provided further training and support to areas experiencing high rates of delays in their

time to hire metrics. April data had shown small reductions in the time to hire metrics for some staff groups including Allied Health Professionals and Nursing & Midwifery.

The Committee sought clarification of what period of time was being measured in the time to hire metric. The Chief People Officer advised that this related to the time between the job advertisement going live and the completion of the pre-employment checks for the appointed candidate.

The Committee agreed that Recruitment Driver metrics would be submitted to the Committee for review. The Chief People Officer would agree the frequency of submission with the Trust Secretary and this would be added to the work plan. **Action: D Fairley**

The Chief People Officer highlighted that the Trust's first Apprenticeship Awards ceremony took place in April 2023 and celebrated the successes and achievements of many staff who were currently engaging in apprenticeship schemes across the Trust. Fourteen staff had also achieved the Institute of Leadership and Management (ILM) Level 3 Management qualification.

The first See Me First Steering Group had met on 18 May 2023 to discuss ways of maintaining momentum and engagement in the See Me First initiative and the development of appropriate metrics to measure the initiative's effectiveness in creating cultural change. The Chief People Officer highlighted that as See Me First had been a staff-led initiative, staff groups would be actively involved in plans to progress the campaign and measure its effectiveness.

19/23 Workforce Key Performance Indicators (KPIs)

The Committee noted that staff turnover rate had decreased from 14% to 13.6% since the start of January 2023. The Chief People Officer advised that the Retention and Recruitment Team had been actively supporting staff across all Care Groups and had reviewed the Trust's Exit/Leavers Process. The team were due to start Stay Conversations in the next week that were intended to support new staff in their roles. Stay Conversations would be held with new staff after 4 and 8 months in post to find out what their experiences had been like and identify supportive measures the Trust could implement to support them to continue in post.

The Chief People Officer advised that the rate of completed appraisals increased from 79% in February 2023 to 86% at the end of March 2023. The Trust still aimed to reach its target of 90%. The Committee noted that appraisal rates continued to remain below target and queried whether alternative approaches should be considered. The Chief Nursing Officer advised that winter was a significantly challenging season for appraisal and Mandatory and Statutory Training (MAST) completion due to workload pressures created in this period. The Trust had experienced further delays due to repeated industrial action by the nursing and medical workforce and had also experienced a critical incident. The Trust remained committed to completing staff appraisals. However, the summer period was the ideal opportunity to progress compliance. The Committee queried whether appraisal windows had been considered. The Chief Nursing Officer advised that appraisal windows were not used in the Trust as there was a risk that quality could be compromised if teams felt rushed to conduct multiple appraisals in a reduced timeline.

A query was raised in regard to whether delays in conducting appraisals impacted medical staff. The Acting Chief Executive advised that doctors in training were not affected as their appraisals were carried out as part of their medical training to enable them to move to the next stage of training.

The Committee noted that the Occupational Health Annual Report had been due at the meeting. The Occupational Health Nurse Manager advised that this work was in progress and would be submitted to the next meeting in September 2023. **Action: D Gillane**

In response to a query regarding progress in reducing staff vacancies in Occupational Health, the Occupational Health Nurse Manager advised that a second Occupational Health Consultant had been appointed and new Band 5 Occupational Health Nurse was ready to carry out phlebotomy and pre-employment checks. These appointments would assist in alleviating pressure points within the existing team. The Occupational Health Nurse Manager advised that targets were reviewed at regular team meetings. However, the team also maintained focus on ensuring the quality of their work.

The Committee agreed that the current Occupational Health metrics may not accurately reflect the workload and productivity of the team. It was agreed that the team should meet with the Associate Director of Improvement and Transformation to review Occupational Health KPIs and metrics to ensure that they accurately reflected the workload of the team. **Action: D Gillane**

The Committee discussed the high vacancy rates among technical and specialist staff. The Chief People Officer confirmed that the team were reviewing all staff groups with high levels of vacancies to identify root causes. It was agreed that an update identifying the causes of high vacancy rates in professional, scientific and technical teams would be provided at the next meeting. **Action: D Fairley**

The Chair queried the inclusion of staff costs in the report and what the Committee was being asked to consider. The Chair requested clarification as to whether staff costs were reviewed and discussed by the Finance and Investment Committee. **Action: C Lynch**

The Committee discussed progress in reducing use of agency staff. The Acting Chief Executive advised that the Integrated Care Board (ICB) had introduced a cap on agency fees that harmonised rates for all organisations in the ICB. However, the Trust preferred the use of NHSP Bank staff as rates were close to those paid to substantive staff.

21/23 Guardian of Safe Working Update

The Committee noted that less progress had been made than anticipated. The Acting Chief Executive advised that the new appointee was due to start in post in August 2023 and the post would report directly to the Chief Medical Director. This would provide the post holder with additional support and supervision. The Committee agreed that an update report would be submitted to the next meeting in September 2023 with updates submitted on a quarterly basis thereafter. **Action: C Lynch**

The Committee discussed medical e-rostering and the ongoing challenges with the Doctor Rostering System (DRS). The Committee queried whether the DRS system could be reviewed to ensure that doctors chose the correct rota. The Chief People Officer advised that work was ongoing to ensure that rotas were accurate to ensure appropriate banding and payment and to review whether the DRS system could be reviewed and updated. **Action: D Fairley**

In regard to a query raised on progress made for the provision of hot food out of hours, the Acting Chief Executive advised that a tender process was underway and several suppliers had submitted proposals for consideration. The Chief People Officer agreed to liaise with the Director of Estates and Facilities to confirm the date on which the tender would be completed. **Action: D Fairley**

The Chief Nursing Officer advised that the Trust was currently assessing safe and appropriate locations for microwave stations to enable non-medical staff to heat up food during night shifts.

The Committee discussed an issue raised in the Junior Doctors' Forum in relation to the professional management of Physicians Associates and Junior Doctors. The Acting Chief Executive advised that as Physicians Associates could not prescribe, they were often available to participate in ward rounds and training opportunities whilst junior doctors spent increasing time completing Electronic Discharge Letters (EDLs). Junior Doctors therefore considered they did not have equal or sufficient opportunity to participate in training and clinical experience. It was agreed that it was essential to enable junior doctors' access to training opportunities in order to further their professional competence.

22/23 Workforce Race Equality Standard (WRES) Annual Report

The Head of Organisational Development, Engagement and Inclusion provided an overview of the report. The Chief Nursing Officer advised that the Black, Asian and Minority Ethnic (BAME) Internship had produced strong candidates for senior nurse positions above Band 8a and had enabled some existing staff to progress from Band 7 to Band 8 positions. The success of this programme had also encouraged more candidates to apply and the number of external applications from strong candidates had also increased.

The Committee approved the Workforce Race Equality Standard (WRES) Annual Report.

23/23 Workforce Disability Equality Standard (WDES) Annual Report

The Committee discussed the increase in the number of reports from staff with disabilities in regard to incidents of bullying and harassment from other staff and whether existing policies and initiatives were sufficient to address the issue. The Head of Organisational Development, Engagement and Inclusion advised that this was also a national trend and the Trust was looking at ways to use existing policies and initiatives to address the issue. Members of the Executive Team each sponsored a particular staff group (e.g. LGBT) and the presence of visible, senior champions had been effective in raising awareness and promoting an inclusive approach. The Trust was currently looking at this and the improvement plan among other initiatives, to address this issue. The Head of Organisational Development, Engagement and Inclusion advised that the improvement plan would be submitted to staff networks for engagement and input.

It was agreed that the Chief People Officer and the Head of Organisational Development, Engagement and Inclusion would progress discussion to establish the root causes of the increased number of incidents.

Action: D Fairley

The Committee approved the Workforce Disability Equality Standard (WDES) Annual Report.

24/23 Staff Survey Results 2022 Report and Action Plan

The Committee discussed and acknowledged the positive results of the Staff Survey and noted the areas for improvement. The Committee agreed that the results should be presented to the next Council of Governors meeting.

Action: D Fairley

The Committee agreed that areas for improvement would focus on the increased incidents of violence and aggression experienced by staff from members of the public and the increased reports of bullying and harassment among staff. The Chief Nursing Officer advised that local action plans were being developed and would be submitted to the Executive Management Committee for discussion and review.

Action: D Fairley

25/23 Education Strategy Update

The Committee noted the Education Strategy Update. In response to a query raised in relation to the increase in coaching provision and whether coaching programmes had resulted in any benefits to staff, the Head of Organisational Development, Engagement and Inclusion confirmed that demand for coaching had increased and there were several notable examples of staff progressing within the organisation following their coaching programme. The Acting Chief Executive advised that there had been a significant response to a call for expressions of interest to become a Consultant coach from both currently practicing and retired staff. The coaching programme enabled junior doctors to benefit from the considerable valuable experience of senior doctors that were still practicing as well as those that were retired. The Chief People Officer advised that the second cohort of the Consultant Development Programme launched on the 2 May 2023 and had been well-received.

26/23 Board Assurance Framework (BAF)

The Committee agreed that the Board Assurance Framework would be updated as follows:

- The International Recruitment Programme would be moved from Improvement/Action to Control as this programme had progressed and had been successful.
- The Education Strategy would be moved from Gap in Assurance to Control as it had been developed and was in progress.
- The Health and Wellbeing Centre under construction would be removed from the BAF as this had been completed and was in use.
- The Guardian of Safe Working would be moved from Control to Gap in Assurance as further progress was required.

The Committee agreed that the Chief People Officer and Trust Secretary would meet to discuss the revisions on the BAF and update the strategic objectives in light of the approval of the new People Strategy.

Action: D Fairley

27/23 Corporate Risk Register

The Chief Nursing Officer advised that the number of incidents of violence and aggression against staff had risen by 33%. This increase had been recognised as national trend across the NHS. The highest rates of violence and aggression in the Trust occurred in the following departments and circumstances:

- Children's mental health
- Emergency department (ED)
- Discharge at night
- Movement of patients at night
- Patients with dementia and delirium

The Chief Nursing Officer advised that non-wilful violence and aggression occurred most commonly in children's mental health and dementia services and when managing patients with delirium. Acts of wilful aggression were most commonly experienced in the ED.

Training on managing violence and aggression needed to be tailored to the patient groups that staff were working with as generic training did not suit all patient groups. For example, managing non-wilful violence in children's mental health and dementia services required different skills,

techniques and approaches to addressing wilful violence and aggression from patients in the ED. The Trust was actively seeking to deliver appropriate needs-based training to all staff.

The Chief Nursing Officer highlighted that a new security team had started in the ED. The team were fitted with bodycams and this had reduced the number of incidents of wilful aggression against security staff in the ED. Maternity risk had increased as, although vacancies were being filled, these were largely junior positions. However, the various recruitment and development drives within the Trust were anticipated to improve this over time.

28/23 Work plan

The Committee agreed the following changes to the work plan:

- The Guardian of Safe Working update would be submitted to the September meeting and quarterly updates submitted thereafter.
- The Occupation Health Annual Report would be submitted to the September meeting.

29/23 Key Messages for the Board

The Committee agreed that key issues to draw to the attention of the Board, included:

- Approval of the Workforce Disability Equality Standard (WDES) Annual Report and the Workforce Race Equality Standard (WRES) Annual Report.
- The Committee had reviewed the Workforce KPIs and agreed that appraisals should be prioritised at a suitable time of the year to avoid challenging seasons such as winter.
- The results of the Staff Survey were acknowledged
- The Guardian of Safe Working was moved to Gap in Assurance on the Board Assurance Framework as further progress on this work was required.
- The Committee had received an update on the increased incidents of violence and aggression against staff and plans to reduce/mitigate these.
- The Committee received an update on items on the Corporate Risk Register.

30/23 Reflections of the Meeting

The Occupational Health Nurse Manager led the discussion.

31/23 Date of Next Meeting

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

Chair:

Date:

Minutes

Quality Committee

Wednesday 15 June 2023

10.00 – 11.15

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	(Acting Chief Executive)
Mr. Eamonn Sullivan	(Chief Nursing Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Priya Hunt	(Non-Executive Director)

In Attendance

Dr. Stephen Booth	(Consultant Haematologist) (for minute 125/23)
Dr. Bannin De Witt Jansen	(Interim Corporate Governance Officer)
Dr. Bryn Kemp	(Consultant Obstetrician) (for minute 119/23)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Dr. Will Orr	(Acting Chief Medical Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

116/23 Declarations of Interest

There were no declarations of interest.

117/23 Minutes from the previous meeting: 12 April and Matters Arising Schedule

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

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

118/23 Serious Incident Themes including Maternity SIs report

The Committee received the report. The Chief Nursing Officer advised that top line analysis of Serious Incidents (SIs) data over a four-year period demonstrated that SIs remained in line within national trends. Pressure damage and treatment delays causing harm had emerged as the main themes. A small number of Venous Thromboembolisms (VTEs) had been reported and this had already been recognised as an emerging theme for the Trust. The number of Never Events remained stable.

The Committee sought assurance in relation confirmation of quality standards from the healthcare provider companies that were subcontracted to provide healthcare services on behalf of the Trust. The Chief Nursing Officer advised that legal contracts were in place that required all healthcare providers to be registered with the Care Quality Commission (CQC).

The Committee agreed that the Chief Nursing Officer would progress actions arising from the Healthcare Safety Investigation Branch (HSIB) investigation of maternity SIs.

119/23 Maternity MIS and Perinatal Mortality

The Committee received the Maternity MIS report. The Chief Nursing Officer advised that new NHS Maternity Incentive Scheme (MIS) standards had been published and guidance on the Care of the Newborn Baby, including management of diabetes had been updated. A single delivery plan that included the recommendations from the Ockenden and the Morecambe Bay Investigation (Kirkup) reports would be submitted to the Executive Management Committee (EMC) and an update provided to the Quality Committee.

Action: E Sullivan

Five SIs had been reported as ongoing with four being investigated by the Health Safety Investigation Branch (HSIB). Forward actions arising from the HSIB investigations would be progressed by the Chief Nursing Officer.

Action: E Sullivan

The Chief Nursing Officer reported that the Trust was currently performing under nationally and regionally set targets. The Committee noted that the regional target was much lower than the national target. The Committee acknowledged that the maternity team had made good progress with the programme of the work and assurance had been received in relation to the identification, prevention and management of SIs including those in maternity.

The Committee received the Perinatal Mortality report. Dr Bryn Kemp, Consultant Obstetrician and Emma Griffiths-Rose, Bereavement and Perinatal Mortality Review Lead provided an overview of progress made by the maternity team on addressing the Trust's perinatal and neonatal mortality rates.

Dr Kemp advised that the Trust had recorded higher neonatal and perinatal death rates in 2020. These were 5% higher than the average rates published in the 2020 MBBRACE-UK report. MBBRACE-UK recommended that trusts with higher or anomalous rates of stillbirth and perinatal mortality should analyse their data to ensure the accuracy of these rates and to identify trends, avoidable factors and areas for practice change where necessary.

Following these recommendations, Dr Kemp and his team had been examining Trust data using standardised statistical methodologies to ensure the reliability of data analysis. Dr Kemp advised that these analyses demonstrated an increase in the Trust's stillbirth and perinatal mortality rates between January 2022 and October 2022 that was clearly associated with Trust admissions for Covid-19 infections. This reflected trends identified in published national datasets that confirmed an increase in stillbirth and perinatal mortality associated with Covid-19 infection. The Trust's more recent quarterly perinatal mortality rate was much lower in comparison to recent UK-wide data.

Dr Kemp advised that his team had been working with the informatics team to introduce standardised data handling and statistical analyses to enable the Trust to receive early warning of any trends or areas of concern with regard to patient safety. Dr Kemp advised

that the next quarterly analysis would focus on any associations between perinatal mortality and other factors such as ethnicity and indices of social deprivation.

The Committee agreed that the team had made significant progress with the work and good assurance had been received in relation to the Trust's approach to identifying and managing perinatal mortality and looked forward to receiving an update once the detailed analysis had been completed in July 2023. **Action: E Sullivan**

120/23 Quality Watch Metrics

The Chief Nursing Officer provided an overview of the key metrics. The number of mixed sex accommodation breaches and falls had reduced and Mandatory and Statutory Training (MAST) compliance had improved.

The Friends and Family Test (FFT) response rates had remained good and outcomes were positive. The Chief Nursing Officer advised that hand hygiene and Venous Thromboembolism (VTE) would be added as Watch Metrics to the next iteration of the report.

The Committee agreed that, in addition to the SO1 watch metrics, the SO3 watch metrics would also be routinely submitted to the Committee for review. **Action: C Lynch**

The Chief Nursing Officer highlighted the increased rate of violence and aggression against staff. This had increased by a third in May 2023. Work was ongoing to develop interventions in relation to this.

The Committee queried whether all watch metrics were routinely reviewed at the relevant Committees. The Trust Secretary confirmed that all watch metrics were reviewed by the Executive Management Committee (EMC) and were also published in Public Board papers in the Integrated Performance Report (IPR). The Committee agreed that the governance processes in relation to the review of Watch Metrics was robust.

121/23 Quality Assurance and Learning Committee Exception Report (QALC)

The Committee received the report. The Trust Secretary advised that current compliance levels should be recorded on the procedural documents compliance tracker for the purpose of Care Quality Commission (CQC) audit purposes. A 'real-time' tracker would not be possible. The Committee acknowledged that the governance processes in place for procedural documents compliance was robust and agreed that the Trust Secretary would clarify the requirements for recording compliance with QALC. **Action: C Lynch**

122/23 Reducing Mixed Sex Accommodation (MSA) and Out of Hours (OOHs) transfers

The Chief Nursing Officer advised that work was ongoing to identify specific actions that the Trust would focus on in order to reduce breaches and ensure breach reporting adhered to national guidance.

The Committee queried whether the CQC would view this as satisfactory. The Chief Nursing Officer advised that key decision-makers, including matrons and out of hours teams, needed to be empowered to make appropriate decisions by themselves. This would include having access to accurate, real-time information on bed occupancy within the Trust so that more decisions could be made during the day rather than out of hours when fewer staff were available.

Substantial work was ongoing to identify to reduce the number of transfers and multiple transfers that took place overnight. The Trust's informatics team were providing a report showing all patients moved to wards between 20.00 and 08.00 from assessment areas. The Chief Operating Officer advised that as part of the work to improve hospital flow, the Trust would analyse out of hours patient transfers to identify the volume and type of patients that undergo multiple transfers within the hospital. Multiple transfers were associated with extended length of stay so work was ongoing to reduce unnecessary transfers and ensure appropriate discharge.

The Chief Nursing Officer advised that the new radio-frequency identification (RFID) enabled beds enabled teams to instantly detect when beds became free and the additional capacity provided by the new Discharge Lounge had also improved hospital flow. The Committee agreed that a progress update on mixed sex accommodation and out of hours transfer would be provided at the next meeting. **Action: E Sullivan**

123/23 Surgical Site Infection (SSI) Data and A3 Improvement Work

The Chief Nursing Officer advised that the Trust had received two alerts from the United Kingdom Health Security Agency (UKHSA) that in Quarter 3 and Quarter 4, they had recorded high rates for Surgical Site Infections (SSIs) in Neck of Femur Surgery and Large Bowel Surgery.

To address these issues, a bimonthly Surgical Site Surveillance Committee (SSSC) had been established with Terms of Reference (ToR) based on the Trust's Improving Together Continuous Quality Improvement (CQI) approach. The SSSC Committee was developing new measures to improve processes for Pre-Operative Skin Preparation, Post-Operative Antibiotics, Pre-Discharge Preparation and Anti-Microbial prescribing. These measures would form part of a standardised bundle of care offered to all patients and prevent differentiation in practice across wards. The Chief Nursing Officer highlighted that the Trust was focused on this work as a priority for addressing patient safety and the reputation of the Trust and its surgeons.

The Committee approved the report and agreed that the top five actions would be progressed. The Committee agreed that an update on progress would be provided at the next meeting. **Action: E Sullivan**

The Committee agreed that the Trust Secretary would review the Surgical Site Surveillance Committee ToRs to ensure that they were correctly formatted and included all relevant provisions. **Action: C Lynch**

124/23 Elective Care 2023/24 Priorities

The Chief Operating Officer advised that barriers around diagnostic capacities including in radiology, endoscopy and histopathology continued to challenge delivery of national cancer standards. The new cap on Consultant pay for additional sessions has also resulted in loss of capacity and increased wait times. The Trust continued to work on identifying and implementing appropriate mitigations in order to deliver these standards. The Trust was currently training Physicians Associates (PAs) and recruiting specialty doctors to fill endoscopy sessions. The Acting Chief Executive advised that a number of vacant PA posts had been consolidated into a new Consultant post in Gastroenterology and it was intended that this post holder would provide additional capacity in endoscopy. Other Gastroenterology surgeons had also stepped in to carry out endoscopies.

The Chief Operating Officer advised that the mitigations implemented for radiology and histopathology were starting to produce positive results. Trust continued to progress actions to reduce the number of patients waiting for a long time on the Referral to Treat (RTT) pathway.

The Committee queried the high Did Not Attend (DNA) rate for appointments and queried whether the causes of this were known and what mitigations were in place to address this. The Acting Chief Executive advised that when patients were routed directly from primary care through to testing, there was no opportunity for patients to speak with a clinician from the Trust before testing took place. The Trust therefore relied on primary care physicians to ensure that their patients understood the importance of the tests and the necessity of attending the appointment.

The Committee queried whether DNA rates were shared or discussed with Primary Care physicians. The Acting Chief Executive advised that this did not currently happen. However, DNA rates could be discussed with primary care through the Clinical Interface Groups.

Action: J Lippett

125/23 Venous Thromboembolism (VTE)

Dr Stephen Booth, Consultant Haematologist, provided an overview of the report and progress to date. Dr Booth advised that he had been working with the Trust's informatics team to develop robust datasets to enable the review of VTE incidents across the Trust and implement practice change and learning. An improved system for VTE screening and coding incident was in place and had increased identification, reporting and management of hospital-acquired VTE from approximately 1 event to 15 events a month.

The haematology team had conducted an audit of patient compliance with VTE medications and implemented a robust and improved risk assessment for VTE. Dr Booth advised that day and maternity admissions would be included in routine reporting. However, maternity data had been difficult to obtain as maternity admissions were not recorded on the same EPR data collection system as the rest of the Trust. The EPR team were working to address this.

A VTE prevention training module had been developed for Learning Matters and would be part of required training for junior doctors from June 2023. The Trust Education Committee was considering whether this training should be required for Consultant doctors as well. However, a final decision had not been made. Dr Booth noted that the Trust's work on sepsis prevention and management had demonstrated that having Consultant engagement across specialities, had contributed to the improvements and practice change made in this area. Dr Booth requested support in relation to encouraging Consultants to undertake the short VTE training.

Dr Booth highlighted that the team needed to improve and raise awareness across the Trust with regard to VTE prevention and reporting. It was agreed that the Chief Nursing Officer would assist with the submission of a proposal to the Education Committee and Quality Assurance & Learning Committee (QALC) in relation to consultant and staff education on VTE.

Action: E Sullivan

The Committee noted the significant progress made on VTE and thanked Dr Booth for his report.

126/23 Excellence in End-of-Life Care

Ms Elizabeth Flannery, Consultant Nurse, provided an overview of the report. The Committee noted that referrals to the palliative care team had increased by 69% over the

last ten years and every patient referred was seen by a member of the team within 24 hours. Two substantial posts were being piloted; a Clinical Nurse Specialist (CNS) in Adelaide Ward and Acute Medicine Unit enabled the timely identification of patients with palliative and end of life needs and ensured that these patients received appropriate care whilst in the Trust and were discharged to their preferred place of care. A second CNS was part of the Bereavement Support Call Service and ensured that a follow-up call was placed with the bereaved family of every person who died in the Trust. A guideline for joint working between palliative care and Paediatrics had been drafted and this included support for children transitioning to adult services.

Ms Flannery advised that in the National Audit For End of Life Care (NACEL), the Trust had scored higher than average on most of the quality and outcomes of care measures and had demonstrated improvement on the Trust's 2021 performance. The audit also identified areas for improvement including addressing family/carer needs and improving staff confidence and support. The audit provided good assurance on Trust End of Life Care. Ms. Flannery advised that the team was developing a new End of Life Care Education Strategy to address these areas of improvement and the strategy would incorporate feedback received from the recent NHS Staff Survey.

The Committee noted that the palliative care staff resource in the Trust was slightly below average and there was high turnover in the team.

Funding had been received from the Health Innovation Partnership (HIP) to conduct a research study looking at the provision of consistently good end of life care and to develop a framework to support its delivery. The application was currently proceeding through NHS Research Ethics approval processes.

The Committee acknowledged the progress made in the Trust's delivery of end of life care service.

127/23 Research & Innovation Annual Update

The Research and Innovation Team (R&I) presented their annual update. The Director of R&I advised that a new five-year R&I strategy focussed on the expansion and development of the Trust's commercial research portfolio and the establishment of a dedicated commercial research team.

The Head of R&I provided an overview of the Trust's recruitment performance on multi-centre clinical trials and the annual research income generated. The Trust had made £80,000 in drug cost savings through its participation in commercial clinical trials.

The Head of R&I advised of significant geographical changes to the National Institute for Health Research (NIHR) Research Delivery Networks (RDN). The NIHR Research Delivery Networks had been revised to align with the seven NHS England regions and the geographical boundaries of the Integrated Care Systems (ICS). As a result the Trust's current region, Thames Valley and South Midlands, would cease to exist from the 30 September 2024 and would be replaced with the South East Central RDN. The Head of R&I advised that the University of Southampton would be the hosts of the new RDN and they had already made contact with the Trust. The revised geographical boundary also meant that Milton Keynes would move out of the RDN and would be replaced by Frimley Park.

The Committee noted that the alignment of the RDN and accompanying boundary revisions presented a challenge to the Trust. The Head of R&I advised that the University of

Southampton had contacted the Trust to seek opinion on the revised boundary. However, there seemed to be potential for possible collaborations with the University going forward.

The Head of R&I advised that the results of the recent NHS Staff Survey demonstrated that changes implemented by the management team in response to the previous survey had resulted in improved staff experience of working in the team.

128/23 Quality Account Year-End Report

The Chief Nursing Officer advised that the priorities for 2022/23 had been partially achieved and remaining actions had been carried forward to 2023/24 to ensure their completion.

The Chief Nursing Officer highlighted that the Trust had scored highly in the Friends and Family Test (FFT) for patient satisfaction with the Trust's Emergency Department (ED). This was a significant achievement given the consistently high attendance volume to the department.

The Committee approved the Quality Account.

129/23 Work plan

The Committee agreed that the Winter Plan should be submitted to the EMC.

Action: C Lynch

The Committee agreed that the Trust Secretary would work with the Chief Nursing Officer to revise and update the work plan.

Action: C Lynch

130/23 Key messages

Key messages for the Board:

- The Committee received the report on perinatal and neonatal mortality and understood the Trust's current position and ongoing analysis and actions to progress improvement
- Good assurance was received in relation to progress made on the Maternity Incentive Scheme (MIS) and management of maternity SIs
- The Committee received the quality metrics that exceeded controls and received assurance about the actions to address these
- The Committee received the report on Mixed Sex Accommodation and Out of Hours transfers and understood the Trust's position and progress being made
- The Committee noted the NHS England paper on Elective Priorities and noted the Trust's challenge to deliver against national cancer standards during 2023/24
- Assurance was received in regard to the prevention, reporting and management of hospital-acquired VTE and the ongoing work to improve this
- Good assurance was received in relation to End Of Life Care
- Good assurance was received in relation to the review processes for Surgical Site Infections
- The Committee received an update on the Trust's R&I strategy, its plan to expand the commercial portfolio and noted the revised NIHR RDN boundary
- The Committee was assured that the QALC Procedural Document Compliance tracker was robust and appropriate governance processes were in place
- The Committee approved the Quality Account.

131/23 Reflections of the Meeting

Helen Mackenzie led the discussion.

132/23 Date of Next Meeting

It was agreed that the next meeting would be held on Thursday 14 September 2023 at 10.00.

SIGNED:

DATE:

Board Work Plan 2023-24

Focus	Item	Lead	Freq	Jan-23	Mar-23	May-23	Jul-23	Sep-23	Nov-23	Jan-24	Mar-24
Provide the Highest Quality Care for All	Ward + Maternity Skill Mix Review	ES	Annually								
	Winter Plan	DH	Annually								
	Ockendon Action Plan Update	ES	By Exception								
	Children & Young People Update	ES	Bi-Annually								
	Health & Safety Story	NL	Every								
	Quality & Improvement Strategy	ES/JL	Once								
	Patient Safety Framework	ES	Once								
Invest in our People and live out our Values	Patient Story	Exec	Every								
	Staff Story	Exec	Every								
	Health & Safety Annual Report	NL	Annually								
	People Strategy	DF	Once								
	Annual Revalidation Report	JL	Annually								
Achieve Long-Term Sustainability	Quarterly Forecast	NL	Quarterly								
	2023/24 Budget	NL	Annually								
	2023/24 Capital Plan	NL	Annually								
	Operating Plan/ Business Plan 2023/24	AS	Annually								
	Estates Strategy	NL	Once								
	Finance Strategy	NL	Once								
Cultivate Innovation & Improvement	Standing Financial Instructions	NL	Annually								
	ICP/ICS Update	AS	By Exception								
	Building Berkshire Together	NL	By Exception								
Other / Governance	Chief Executive Report	SMC	Every								
	Board Assurance Framework	CL	Bi-Annually								
	Corporate Risk Register	ES	Bi-Annually								
	Integrated Performance Report (IPR)	Exec	Every								
	IPR Metrics Review	DH	Annually								
	NHS Annual Self-Certification	NL/CL	Annually								
	Standing Orders Review	CL	Annually								
Board Work Plan	CL	Every									