Royal Berkshire
NHS Foundation Trust

Public Board - 27 November 2024

MEETING
27 November 2024 09:00 GMT

PUBLISHED
22 November 2024

Agenda

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Seminar Room, Trust Education Centre, Royal Berkshire Hospital	27 Nov 2024	09:00 GMT

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2	Patient Story (Verbal)	Janet Lippett	09:00	-
3	Staff Story (Verbal)	Dom Hardy	09:20	-
4	Health and Safety Moment (Verbal)	Don Fairley	09:40	-
5	Minutes for Approval: 25 September 2024 & Matters Arising Schedule	Graham Sims	10:00	3
6	Minutes of Board Committee Meetings and Committee Updates:		10:05	-
6.1	Finance & Investment Committee: 19 September 2024 & 16 October 2024	Mike O'Donovan		12
6.2	People Committee: 30 September 2024	Parveen Yaqoob		20
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Royal Berkshire NHS Foundation Trust

Minutes

Board of Directors

Wednesday 25 September 2024
09.00 – 11.45
Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Mr. Steve McManus	(Chief Executive)
Mr. Don Fairley	(Chief People Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Catherine McLaughlin	(Non-Executive Director)
Dr. Minoo Irani	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Mr. Andrew Statham	(Chief Strategy Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In attendance

Mrs. Caroline Lynch	(Trust Secretary)
Dr. Bannin De Witt Jansen	(Head of Corporate Governance)

Apologies

Mr. Graham Sims	(Chair)
Dr. Bal Bahia	(Non-Executive Director)
Mrs. Priya Hunt	(Non-Executive Director)

There were four Governors, and six members of staff present.

The Chair welcomed Minoo Irani to his first meeting as a Board member.

126/24 Patient Story

The Chief Nursing Officer introduced the patient story which focused on a carer's interview with the mother of a 16-year old patient called Kaitlyn who presented her story at the Public Board in March 2024. The Board watched a short video interview given by Kaitlyn's mother, Carly, on her experiences of being a carer for a child recovering from hip surgery on an adult ward. Carly explained that communication with the pre-operative team and administrative teams had been good but there had not been an opportunity to communicate with ward staff directly before Kaitlyn's admission. Carly felt that this would have prepared staff for Kaitlyn's specific needs as a child with autism. Carly had previously been advised that she would have open access to stay with Kaitlyn during post-surgical recovery; however, the family were subsequently advised that open access on an adult ward was not permitted. This was subsequently resolved. Carly experienced other challenges during her daughter's recovery including being unable to use bathroom facilities located on the ward. She explained feeling extremely conscious of disturbing patients' rest when she needed to leave the ward during the night. Carly highlighted that both she and Kaitlyn were unclear about Kaitlyn's medication regime and would have benefited from clear information on the medications given and their purpose. Carly highlighted that she and her

family appreciated being included in the Trust's programme of work to improve patients and carers' experiences.

The Associate Chief Nurse for Patient Experience, Workforce & Education and the Carer's Lead for Patient Experience & Liaison provided an overview of the work ongoing in the Trust to support patients and their carers during hospital visits and inpatient stays. A carers' passport had been developed which collated details in relation to patients and carers' needs during a hospital visit or stay. Carers were offered a badge which enabled ward staff and clinical teams to easily identify carers present on the ward and a monthly carers' café, attended by representatives from the Carers' Partnership, had been implemented.

The Board queried feedback had been provided on the carers' passport. The Carer's Lead advised that feedback had been very positive. The passport enabled staff to support patients and their carers from the start of their hospital stay. The passport also identified which patients were carers for other members of their family.

The Board queried whether the Trust was using its digital systems to maximise opportunities to support patients and carers. The Carers' Lead advised that the Electronic Patient Record (EPR) enabled staff to record whether a patient had a carer or was a carer themselves. Future work would consider how to maximise the use of digital systems to improve the experience further.

The Board queried whether the Trust website provided enough information to patients in relation to a hospital visit or stay. The Carers' Lead advised that a comprehensive booklet was provided to all patients requiring a hospital stay. However, options for including this information on the Trust website would be considered.

The Board queried whether additional training and education was required in relation to supporting transitions from paediatric to adult care. The Associate Chief Nurse highlighted that training provision was ongoing and Oliver McGowan training had been implemented across the Trust as part of the Mandatory and Statutory Training (MAST) requirements. The Board agreed that an item would be added to the Quality Committee work plan in relation to supporting transitions of care. **Action: C Lynch**

The Board thanked the team for their presentation.

127/24 Staff Story

The Chief Operating Officer introduced Claire McIntyre and from the Hysteroscopy Outpatient service and Hannah Hammer, Head of Transformation. The Head of Transformation provided an overview of Rapid Process Improvement Workshop (RPIW) methodology which was used to effect change and improvement in the Outpatient Hysteroscopy service. The Board noted that a rapid improvement project had been carried out over 5 days in the outpatients' hysteroscopy service that had resulted in several positive outcomes. The Charge Nurse for Gynaecology highlighted that several positive outcomes had been achieved including a cost efficiency saving made from improvements in the management and ordering of clinical supplies, reduction in delays to appointments and interventions through better signage and consultations with patients ahead of the appointment day and the installation of an information screen which streamed information about undergoing a hysteroscopy. The new process included a telephone consultation with a doctor three days in advance of attending an appointment. Patients reported that this reduced their anxiety about having the procedure done and enabled ward staff to quickly identify patients who were not going to attend their appointments. This reduced the length of medical consultations on the day of the procedure and enabled patients on the waiting list to take up appointments that would otherwise have resulted in a DNA (Did Not Attend) outcome.

The Charge Nurse highlighted that the rapid improvement project had been a highly positive experience that resulted in tangible benefits and improvements for patients and staff.

The Board queried whether there were any further opportunities for improvement. The Charge Nurse advised that the team were highly motivated to progress work in other services in the Gynaecology department but staff required protected time to plan and carry out this type of work. The Charge Nurse highlighted that they continued to use their improvement board to achieve smaller improvements and for problem-solving and routinely engaged in Improvement Huddles.

The Board queried whether the team had identified any improvements that they could not implement due to financial or other limitations. The Charge Nurse advised that the cost efficiencies made in the management of clinical supplies had enabled the team to implement other changes that had not previously been possible due to financial limitations.

The Board queried what advice or learning they could share with other teams. The Charge Nurse advised that teams should embrace opportunities to make change and to build relationships with teams outside their own department who could assist them with this.

128/24 Health & Safety Moment

The Chief People Officer introduced Holly Coles, the Vaccination Centre Service Lead. Holly provided an overview of the creation and onward development of the Trust's Vaccination Centre. Holly highlighted that the vaccination centre had been set up in response to the Covid-19 pandemic to offer staff vaccinations against coronavirus. The Trust ranked 15 out of 217 trusts nationally for uptake of covid-19 vaccinations and achieved the highest uptake in the region. Since then, the vaccination centre had expanded its service to support specialist services which included vaccines for monkey pox and specialist referrals for paediatric and stem cell treatment patients across the Integrated Care Board (ICB). More recently, the vaccine centre led a targeted programme of vaccinations for staff working with children to prevent the transmission of pertussis (whooping cough). The centre was due to progress a new initiative to invite 6000 women to receive a vaccine for respiratory syncytial virus (RSV). The Board noted that the centre had participated in the NHS England digital trial of the Record A Vaccination (RAV) system. The Vaccination Centre also offered patients the choice to be vaccinated at one of four Trust sites in line with the Trust's strategic objective to provide care closer to home and meet the travel to care performance metric.

The Board noted the achievements of the Vaccination Centre and agreed that further opportunities for Holly to link into the national team should be progressed. **Action: S McManus**

129/24 Minutes for approval: 31 July 2024 and Matters Arising Schedule

The minutes of the meeting held on 31 July 2024 were agreed as a correct record and signed by the Chair. The Board received the matters arising schedule.

130/24 Minutes of Board Committee Meetings and Committee Updates

Audit & Risk Committee 10 July 2024 and 11 September 2024

The Chair of the Audit & Risk Committee advised that the external audit had been completed and both the finance team and external audit partner had incorporated the lessons learned in next year's audit plan. The internal audit partner had submitted the final report on the Cyber Security Governance and Human Factors audits. The outcome was significant assurance with minor improvements required. The Committee had reviewed the Trust's risk framework and received good assurance that it was robust. The Chair highlighted that counter fraud provisions were being updated in line with national updates.

Finance & Investment Committee 17 July 2024 and 28 August 2024

The Chair of the Finance & Investment Committee advised that the Trust had recorded a £10.3m deficit at the end of month three. A significant overspend on medical supplies was identified and actions had been taken to address this. The Committee had reviewed and discussed the progress of the turnaround programme and efficiency schemes. The Committee had also discussed the forecast outturn and the Trust's cash revenue position. The Chair highlighted that the Committee had approved the process for the 2024/25 business planning round. The Committee had reviewed and recommended its revised Terms of Reference for approval. The Board approved the terms of reference.

Charity Committee 14 March 2024, 1 May 2024 and 16 August 2024

The Chair of the Charity Committee provided a short narrative to the Chair. The Board noted that the charity's expenditure continued to be greater than its income and was therefore performing well. The charity continued to generate income during challenging financial times and had made good progress with both the major donors and corporate partnership programmes. The Committee had approved the Charity Strategy for 2024-2028. The Committee had reviewed and recommended its revised Terms of Reference for approval. The Board approved the terms of reference.

131/24 Chief Executive's Report

The Chief Executive advised that that the recently published Darzi report had set out the significant challenges faced by the National Health Service (NHS). These included long waiting lists for elective procedures, increased demand and outdated buildings. The Chief Executive acknowledge the significant effort of Trust staff in continuing to strive to provide high quality safe care in the context of the challenges that were described in detail in the report. The Chief Executive noted three major shifts in the government's perspective from hospital provided care to community-based services, from illness to prevention and from analogue to digital systems. The Chief Executive highlighted that these were all reflected in both the Trust's strategy and Clinical Services Strategy.

The Trust expected to receive the Care Quality Commission (CQC)'s final report of its inspection of the Trust's radiotherapy department in the coming week. The Chief Executive advised that the CQC had carried out an inspection of maternity services across England and the Trust had retained its 'good rating'. The Chief Executive also highlighted the publication of an interim national report on the operational effectiveness of the CQC itself and emphasised that the Trust continued to maintain a strong relationship with the regulator. The final report was anticipated later this year.

The Chief Executive highlighted that the new government had completed its review of the New Hospital Programme; however, the outcomes were unlikely to be announced until after the Chancellor's Autumn Statement at the end of October.

The Chief Executive acknowledged the significant effort involved in the development of the Trust's 2024 winter plan. The Trust had been commissioned to run an Urgent Care Centre (UCC) on site with the support of external partners. This service would open on 1 October 2024 would direct patients who do not require Emergency Department (ED) treatment to the most appropriate point of care for their presentation.

The Chief Executive advised that the What Matters 2024 (WM24) programme had highlighted the role of the Trust's CARE values and their impact on staff experience of working in the Trust. The NHS Staff Survey 2024 was due to be launched imminently and results were anticipated to build on the findings of the WM24 programme. The results from both initiatives would be provided to staff across the Trust and would inform the Trust strategy refresh.

The Chief Executive highlighted that the Elderly Care team and Occupational Health and Wellbeing team had been shortlisted as finalists for the Health Service Journal's annual awards.

The Chief Executive advised that the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) was due to update partners on the outcomes of the recent consultation on its proposed ICB Operating Model. The BOB ICB had also formally announced the appointments of a permanent Chief Executive, Dr. Nick Broughton and ICB Chair, Priya Singh.

The Chief Executive highlighted that nine departments within the Trust had achieved University Department of Excellence status with two further applications submitted for consideration.

The Chief Executive highlighted the developments in relation to the Trust's radiology department which formed part of the Community Diagnostic Centre (CDC). The hub would provide comprehensive diagnostic services across the community.

The Chief Executive advised that the Trust's financial position continued to be challenging. The Trust's financial turnaround programme team were working with staff across the Trust to identify and secure cost efficiency savings wherever possible. Due to the Trust's ongoing financial situation, NHS England had placed the BOB ICS into an Investigation & Intervention (I&I) regime. PwC, an external consultancy firm, had been commissioned to carry out the review. This would be carried out in September and October 2024. The Trust had already placed itself in internal financial turnaround earlier in the year and had been working with an external partner, KPMG, to identify and deliver an efficiency savings programme. The Chief Executive advised that the Trust had begun its business planning process for 2025/26.

The Board queried how balance was being achieved between focus on Building Berkshire Together (BBT) and business planning. The Chief Strategy Officer advised that all resource focused on BBT was funded by the New Hospital Programme and further funding for this resource had been confirmed. The BBT team were working on the analysis of the future demand on the hospital and its implications for patients, delivery of care, community and system partners and staff. Understanding and quantifying the demand on services and the existing site was required regardless of a new hospital build.

The Board queried when doctors would receive the back pay agreed as part of the national pay resolution. The Chief People Officer advised that this would be paid in October 2024.

The Board queried what support was available to staff across the Trust in light of the challenging financial environment. The Chief People Officer advised that the Trust had held its financial position in Month 5 and it was hoped that this would remain stable. The workforce controls applied in corporate areas had impacted positively on pay spend and safe staffing levels were being maintained. Any staff feedback in relation to the impact of the financial position collated via the What Matters 24 programme and the Staff Survey would be reviewed and actions taken forward.

132/24 Integrated Performance Report (IPR)

The Chief Nursing Officer introduced the report and highlighted that performance in patients being listened to and decisions about care was at its highest in six months at 94.3% against the 95% target. Work was ongoing to ensure that the Friends & Family Test (FFT) was advertised widely and clearly across the Trust. A thematic review of adverse feedback was underway to identify areas for improvement. Once completed the findings would be reported to the Patient Experience Committee and reviewed at the Board Quality Committee. Incidents per 1000 bed days had remained within the expected range and were the highest percentage reached in the last six months.

The Chief Nursing Officer highlighted that the stability rate had remained consistent at 90% and was supported by continued stable performance in vacancy, turnover, bank and agency use. Mandatory and Statutory Training (MAST) compliance had reached 94% exceeding the 90% target. Appraisals compliance was the highest achieved yet at 88%. The response rate for What Matters 2024 (WM24) had reached 4600 staff which exceeded the target of 4,500. These performance measures evidenced the significant effort invested in staff development and retention. Key themes from both the 2023 NHS Staff Survey and WM24 would be shared with staff.

The Chief Nursing Officer highlighted that Emergency Department (ED) performance had reached 75.89% against the 78% target to be achieved by March 2025. ED continued to experience high daily attendances with several days seeing in excess of 400 patients. On average, 99 patients were seen in the minors' patient pathway. Ambulance waiting times had reduced. The length of Stay metric remained below target; however, both average bed occupancy and number of patients stranded in hospital had reduced.

The Chief Nursing Officer advised that both 62- and 28-day cancer performance were on track with the Trust's planned trajectories. Elective activity had remained within process limits but above 2019/20 and 2023/24 activity levels. Six patients had waited longer than 65 weeks. The Chief Nursing Officer advised that the elective activity metric was impacting positively on the care closer to home metric; however, the Trust remained mindful of the impact on travel distance in relation to the move of any specialties to specific single sites.

The Diagnostic Waiting Times & Activity (DM01) metric continued to be below target at 80.4% against the 99% target with longer waits experienced in the Endoscopy pathways. The recent performance review meetings demonstrated how teams continued to drive down these waiting times and a fifth endoscopy room was due to become available from October 2024 which should reduce waiting lists further. Other mitigations in place included the Risk Assessed Targeted Initiatives (RATI) work and the Vitalis insourcing contract.

The Chief Nursing Officer advised that the Trust had posted a £12.86m deficit since the end of Month 4 and was £2.12m behind its re-phased plan at Month 5 compared to the full year planned deficit of £14.5m. Key issues related to income non-pay spend which was higher than plan by £11.4m. Income was ahead of plan at £7.96m and pay was favourable to plan by £0.80m largely as a result of controls on temporary spend and workforce control panels for corporate areas. A range of control measures were in place including ongoing pay controls, elective income delivery and continued focus on grip & control measures to reduce non pay expenditure. Corporate directorates had been asked to identify an additional £1m savings. .

The Chief Nursing Officer highlighted that total energy consumption remained stable and the Trust continued to focus on backlog maintenance.

The Board noted that the Patient Safety Incident Reporting Framework (PSIRF) provided less detail that the previous Serious Incidents report and queried what assurance could be provided in relation to ensuring all incidents were investigated. The Chief Nursing Officer advised that patients and their families were involved in every incident investigation as part of the Trust's Duty of Candour. Further work was in progress to refine the methodology for PSIRF.

The Board queried whether the rate of medication incidents remained within tolerance limits. The Chief Nursing Officer confirmed that it was within the tolerance limit and the Trust continued to benchmark within range. However, work was in progress to identify root causes.

A query was raised as to whether stay conversations continued to be held with new starters. The Chief People Officer confirmed that that the stay conversations initiative continued to run. Further work was ongoing to increase the number of career development discussions for staff in the first year of their post. This work formed part of the Trust's wider work on retention.

The Board noted the rate of sickness absence and queried whether plans were in place to address this. The Chief People Officer advised that the sickness absence rate had remained consistent and the Trust continued to benchmark well against other trusts. Programmes of work as part of financial turnaround and staff wellbeing aimed to reduce this rate over the coming months. The Chief Executive highlighted that work aimed to reduce seasonal peaks and a number of mitigations, including the staff vaccination programme, were being operationalised to achieve this.

The Board queried whether other causes, aside from capacity, contributed to the underperformance in elective activity to nationally-set standards. The Chief Operating Officer advised that environmental, estates, facilities and equipment issues in theatres, unforeseen delays and patient decisions to postpone their appointments outside of the target deadline date were other factors that impacted performance.

The Board queried whether it was time to consider alternative approaches to measuring productivity. The Chief Strategy Officer advised that work was underway to scope the Trust's productivity agenda and what measures this should include. This work would include collaboration with system and community partners. The Chief People Officer advised that productivity measures formed a key programme of work within the Trust's financial recovery plan.

The Board queried whether the Trust had become an outlier in relation to its increased time to hire rate. The Chief People Officer advised that the Trust benchmarked well against other trusts on this metric and was not an outlier.

The Board questioned whether the NHS 111 service had impacted on ED attendance. The Chief Operating Officer advised that there was no evidence as yet. Conversely, as NHS 111 could refer patients directly to the ED, this had resulted in a number of patients who did not require ED treatment being directed to the department.

The Board queried the support available from Place partners. The Chief Operating Officer advised that the Trust worked closely with the South Central Ambulance Service (SCAS) in relation to patient triage and was working with primary care partners in relation to the operation of the UCC and maximising the availability of inpatient beds at community level.

133/24 Operational Trajectories 2024/25

The Chief Operating Officer introduced the report and highlighted that the Trust was expected to meet the target trajectory for ED performance by March 2025 as a result of the opening of the Urgent Care Centre. The Chief Operating Officer advised that on days of significant attendance volume, performance against the ED target could not be maintained due to the limitations of physical space in the ED which impacted patient flow. Careful consideration would be required in the next business planning round in relation to the Trust's capacity and capability to deliver some of the national standards.

The Board queried whether staff would be given access to master waiting lists. The Chief Operating Officer advised that this work would be progressed quickly over the coming weeks.

134/24 Trust Strategy/Clinical Services Strategy Refresh

The Chief Strategy Officer introduced the report and advised that the main drivers for the strategy refresh were changes in the health and social care landscape, stronger partnerships with key partners across the system and wider community, the government-commissioned review of the National Health System (NHS) and What Matters 24 findings. The Chief Strategy Officer highlighted that as the original pillars of the strategy remained relevant and aligned with the drivers of change detailed in the Darzi report, the refresh intended to build on its existing pillars rather than replace them. The refresh of the Clinical Services Strategy (CSS) focused on

identifying opportunities where step changes could be made to ensure the Trust delivered its quality agenda.

The Board queried whether the strategies could be combined and whether there would be any benefit to this. The Chief Strategy Officer advised that the Trust strategy focused on whole organisation approach and strategic objectives rather just encompassing clinical delivery. However, there was an opportunity to consider combining strategies.

135/24 Board Assurance Framework

The Trust Secretary introduced the report and highlighted that Strategic Objective 4 had been amended as requested by the Audit & Risk Committee. Strategic Objective 5 had been updated following the BOB ICS being in the Investigation and Intervention regime.

136/24 Corporate Risk Register

The Board received the Corporate Risk Register noting that this had been reviewed in detail by the Audit & Risk Committee.

137/24 Work Plan

The Board received the work plan. The Trust Secretary advised that the medical revalidation report had been removed as this was reviewed by the Executive Management and Board Quality Committee.

The following amendments were requested:

- The Executive Lead for Building Berkshire Together (BBT) would be changed to the Chief Strategy Officer
- The Executive Lead for the Royal Berks Charity (RBC) would be changed to the Chief Finance Officer
- The Executive Lead for Health & Safety would be changed to the Chief People Officer.

It was agreed that the Children & Young Person's Strategy would be scheduled on the work plan for 2025. **Action: C Lynch**

138/24 Date of Next Meeting:

It was agreed that the next meeting would be held on Wednesday 27 November 2024 at 09.00

SIGNED:

DATE:

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

Date	Minute Ref	Subject	Matter Arising	Owner	Update
25 September 2024	126/24	Patient Story	The Board agreed that an item would be added to the Quality Committee work plan in relation to supporting transitions of care.	C Lynch	Item on the agenda for December 2024.
25 September 2024	128/24	Health & Safety Moment	The Board noted the achievements of the Vaccination Centre and agreed that further opportunities for Holly to link into the national team should be progressed.	S McManus	Completed. Contacts links have been established.
25 September 2024	137/24	Work Plan	It was agreed that the Children & Young Person's Strategy would be scheduled on the work plan for 2025.	C Lynch	Completed.

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 16 October 2024
11.50 – 13.00
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Mrs Katie Prichard-Thomas	(Chief Nursing Officer)
Mr. Andrew Statham	(Chief Strategy Officer)

In Attendance

Mr. Don Fairley	(Chief People Officer)
Dr. Bannin De Witt Jansen	(Head of Corporate Governance)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive) (from minute 156/24)
Mr. Numair Padela	(PwC) (Observer)
Mr. Thoko Santu	(PwC) (Observer)

Apologies

153/24 Declarations of Interest

There were no declarations of interest.

154/24 Minutes for Approval: 19 September 2024 & Matters Arising Schedule

The minutes of the meeting held on 19 September 2024 were approved subject to the following amendment:

Minute 133/24: Process for Revenue Cash Support: The fourth line of the second paragraph would be amended to read: This included £14.05m for the Trust and it was anticipated this would be received mid-October 2024.

155/24 Business Planning 2025/26

The Chief Strategy Officer introduced the report and advised that there had been good engagement from teams with the business planning process. However, there would need to be further discussions following the first iteration of plans, particularly in relation to affordability and quality. The Committee noted that all acute providers in the Buckinghamshire, Oxfordshire & Berkshire (BOB) Integrated Care System (ICS) considered that block elements of contracts would need to be rebased based on urgent and emergency increases in demand. The business planning process was ahead in timing in contrast to the previous year and work was on-going with the finance team to review those areas where change and improvement had been anticipated.

The Chief Strategy Officer highlighted the challenge of the Trust achieving activity standards due to the Trust's budget not being aligned to this. The Committee noted that clarity was required from the ICB in relation to budget allocations for 2025/26. The Chief Strategy Officer advised that discussions with Care Groups included generation of ideas for recurrent opportunities for cost savings as well as setting out where the Trust expected improvements to be achieved. Staff communications were also setting expectations that the Trust would need to achieve cost savings to address the deficit position as well as planning in line with the current budget received for 2024/25. A further update would be provided to the Committee in November 2024 with a final version submitted to the Committee in January 2025 with governors engaged on the process during February 2025.

Action: A Statham

156/24 September 2024 Finance Update & Capital Programme

The Chief Finance Officer introduced the report and advised that the Month 6 year to date financial performance was a deficit of £6.45m, £1.12m behind the adjusted planned deficit of £5.34m. The Trust's year to date position on the delivery of its Capital Plan was £5.16m.

The Trust's financial position had been adjusted for Month 6 and for the remainder of the year in line with NHS England guidance following its provision of revenue deficit cash support funding to systems with deficit plans. The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) had received £60.0m to ensure a breakeven plan for 2024/25. The Trust received £14.06m of this allocation resulting in an adjusted deficit plan position of £0.45m, improved from the original plan of a deficit of £14.50m. The Trust's cash holding position as at 16 October was £72.0m, including the £14.06m deficit revenue cash funding and the funding for the backdated pay award for Agenda for Change (AfC) and Very Senior Managers (VSMs) staff, and before the payroll and payroll taxes and pension contributions and suppliers had been paid.

The Committee noted the significant overspend on clinical supplies and other non-pay spend and the mitigations in place to address this. The Chief Finance Officer advised that the review of loan kits usage and ongoing work with Steris to review decontamination costs had made a significant difference in reducing the rate of spend on clinical supplies. This was in addition to ongoing work being conducted by the procurement team to ensure appropriate cost efficiencies in relation to drug supply. The Chief Finance Officer advised that a number of root causes of the significant overspend had been identified and included an increase in the volume of activity which was not covered by income and which created a corresponding increase in the consumption of clinical supplies and the inclusion of inflation clauses contained in a number of clinical supply contracts. The Trust was looking to address the issue of increased activity volume and demand exceeding income as part of the Investigation and Intervention (I&I) process and through the rebasing of the BOB System and Acute Provider Collaborative contracts for the 2025/26 financial year. Ongoing work in procurement as part of the financial turnaround and wider national changes in the procurement regulations would look to ensure the Trust could increase the level of protection against inflationary uplifts and budget setting would reflect inflation rates. The Chief Finance Officer advised that whilst inflation rates had been reflected in the original budget, the headline rate of inflation had been exponentially higher than expected. The Committee discussed and agreed that whilst the Trust was progressing work to increase protection against the kind of inflation increases seen this financial year, it was not possible to completely mitigate against this risk.

The Chief Executive highlighted the progress made by the Trust to identify and secure cost efficiencies, noting the significant progress in reducing spend on agency and bank staff in the nursing cohort. The Chief Nursing Officer advised that twice-daily staffing meetings were being held to ensure safe staffing levels were maintained whilst the use of bank and agency staff was reduced. The Chief Nursing Officer highlighted that whilst maternity

remained over budget in this area, new substantive staff were due to start imminently and would eliminate the requirement for additional support from agency and bank staff. The Committee noted that income was ahead of plan by £9.28m at £317.32m and discussed whether this position would likely continue. The Chief Strategy Officer advised that this was largely due to the deficit funding received. The Chief Finance Officer advised that further clarity on income would be circulated to the Committee. **Action: N Lloyd**

157/24 Forecast Outturn 2024/25

The Chief Finance Officer advised that the report reflected differences in income assumption due to the contract dispute with the ICB. Work was on-going with ICB partners to agree a resolution to this, supported by NHSE regional finance team and regional director and internal audit report jointly commissioned by the Trust and the ICB. The Chief Finance Officer highlighted that the Trust was not required to submit a formal reforecast to NHSE at this stage in the year and that it had been produced to enable the Trust to understand its current position as well as any risks to deliver given the trajectory set out. The Committee discussed the best-case scenario. The Chief Executive advised that the Trust was still working with best endeavours towards its original plan and the report set out the pressures and challenges of delivering that position. The Chief Strategy Officer highlighted that the Trust had made good progress in securing Elective Recovery Funding (ERF) and corporate areas had identified a further £1m of efficiency savings. The Chief People Officer advised that, as part of the turnaround programme, there was now a £25.2m savings target, since the Trust was also aiming to secure £4m of savings previously identified as system savings that were unlikely now to be realised other than by the Trust delivering these. The Committee noted that the increasing challenge was Care Group performance that was currently off plan, and this was being monitored at both monthly performance meetings as well as part of the turnaround programme.

[Section exempt under S.43 FOI Act]

The Committee noted that forward cash projections were impacted positively by the receipt of deficit funding. The Trust had received 7/12ths of £14.06m funding to date by the end of Month 7. The Chief Finance Officer advised that cash flow forecasts were reviewed on a daily and weekly basis. The Committee agreed that a recommendation should be submitted to the Board to agree a cash floor of £3m as this reflected the reality of the current situation. However, the intention was to improve the financial position.

Action: M O'Donovan

158/24 Financial Improvement Plan

The Chief People Officer advised that the Trust had delivered £11.18m savings to date and had identified £19.02m. The Chief People Officer advised that, workforce controls had been escalated and Equality & Quality Impact Assessments (EQIAs) were being developed for review and consideration by the Efficiency & Productivity Committee during October 2024, including unpalatable proposals that could impact on services. The Chief Executive advised that, to date, as there had been no efficiencies identified at a system level, the Trust was required to address some challenging decisions. However, system opportunities would be required for 2025/26. The Committee noted that, despite system wider opportunities not materialising, the Trust was in a good position in being confident of achieving its original internal savings target. It was agreed that the Chief Finance Officer would provide further information to the Chair in relation to the margin earned on additional income. **Action: N Lloyd**

159/24 Long Term Resources Model (LTRM)

The Chief Strategy Officer introduced the report that set out the plan for the development of the LTRM. Funding for this had been sourced from the New Hospital Programme (NHP). A supplier had been appointed to assist with the development of the LTRM. Weekly meetings were in progress and early outcomes would be provided to the Committee going forward. The Chief Strategy Officer advised that a Board seminar session had been scheduled to review the LFTM and obtain Board feedback.

The Committee noted that the LTRM was crucial to determine when the Trust could reach a break-even position.

160/24 Work Plan

The Committee received the work plan.

161/24 Key Messages for the Board

Key messages for the Board included:

- Month 6 financial position noted and revised capital programme of £34.25m for 2024/25
- Forecast update received based on current position noting that work was ongoing to improve the financial position
- Financial improvement plan had identified £19.2m of savings to date with further work ongoing to identify further opportunities
- Business planning for 2025/26 update received and LTRM discussed with further input from Board planned for December 2024.

162/24 Reflections of the Meeting

The Chief Strategy Officer led a discussion.

163/24 Date of Next Meeting

It was agreed that the next meeting would be scheduled for Wednesday 20 November 2024 at 11.00am.

SIGNED:

DATE:

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Thursday 19 September 2024
13.00 – 14.35
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Mr. Graham Sims	(Chair of the Trust)

In Attendance

Ms. Helen Challand	(Head of Improvement & Turnaround)
Mr. Don Fairley	(Chief People Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Mr. Andrew Statham	(Chief Strategy Officer)

Apologies

Ms. Priya Hunt	(Non-Executive Director)

128/24 Declarations of Interest

There were no declarations of interest.

129/24 Minutes for Approval: 17 July 2024 & 28 August 2024 Matters Arising Schedule

The minutes of the meetings held on 17 July and 28 August 2024 were approved as a correct record and signed by the Chair. The Committee received the matters arising schedule.

Minute 130/24: Month 4 Finance Update**:** The Chair advised that he had received correspondence from the Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care Board (ICB) Turnaround Director in relation to the outcome of KPMG audit review. [Section exempt under S.43 FOI Act] A further discussion would be scheduled for the Board meeting on 25 September 2024. **Action: S McManus**

130/24 Terms of Reference

The Trust Secretary introduced the terms of reference and advised that the membership section had been updated to include the Chief Strategy Officer and for Chief Nursing Officer, Chief Medical Officer, and Chief Operating Officer to alternate their attendance. The Committee considered that the membership should state, as previously, that the Chief Nursing Officer and Chief Medical Officer should alternate their attendance with the Chief Operating Officer attending each meeting.

The Committee agreed that a recommendation should be submitted to the Board to approve the revised terms of reference as discussed. **Action: M O'Donovan**

131/24 August 2024 Finance Update & Capital Programme

The Chief Finance Officer introduced the report and advised that Month 5 year to date financial performance was a deficit of £12.86m; £2.12m behind the adjusted planned deficit of £10.74m. The Chief Finance Officer highlighted the actions being taken including strengthened pay controls and actions in relation to non-pay to reduce the run rate of spend as well as renegotiation of contract prices on key contracts. It was anticipated that there would an improvement in the second half of the financial year.

The Committee noted that additional approvals had been implemented in relation to non-pay spend as well as the removal of several items from the procurement system. The Chief Finance Officer advised that use and approval of loan kits was being reviewed specifically. The Committee requested further detail to be provided in the next report in relation to non-pay spend, particularly clinical supplies. **Action: N Lloyd**

Income was ahead of plan by £7.96m at £258.39m and work continued to deliver the full value of Elective Recovery Fund (ERF) income. There had also been a review of corporate budgets.–Corporate areas had been asked to provide an additional £1m contribution to the efficiency savings programme.

The Committee discussed income versus expenditure and noted that drug spend was a net contributor. [Section exempt under S.43 FOI Act] The Committee requested that the next update should identify the drivers of the improved income position and the extent to which they were recurrent. **Action: N Lloyd**

The Chief Executive advised that, as part of the grip and control process in the efficiency savings programme, Care Groups would need to achieve their best case forecast position and directorate level reviews had been undertaken by the Executive team. Corporate areas had also been challenged to extend their contributions to the efficiency programme by an additional £1m. The Chief Executive advised that all areas had also been advised that they needed to consider efficiencies for 2025/26.

The Chief Finance Officer advised that £4.36m of capital expenditure had been delivered year to date. Spend was at a rate lower than planned. The Committee discussed the balance between capital spend and cash position. The Chief Finance Officer confirmed that the cash position was monitored daily. The closing cash position for Month 5 was £15.63m.

The Chief Finance Officer confirmed that capital expenditure allocated from 2023/24 including in the 2024/25 programme included the South Block Annexe replacement as the building was not yet in use. The Committee noted that all liabilities were included in the cash forecast based on due payment dates. A refreshed forecast would be submitted to the Committee in October 2024. **Action: N Lloyd**

132/24 Financial Improvement Plan

The Chief People Officer introduced the report and highlighted that a £21.18m risk adjusted savings programme had been developed to date against a target of £25.2m. This had been updated following corporate reviews. However, several actions were on-going including the need to verify the Berkshire Surrey & Pathology Services (BSPS) reduced spend; follow up meetings with scheme leads to discuss the stretch target as well as verification with the finance team.

The Committee noted that a peer review was being undertaken with colleagues Buckinghamshire Healthcare NHS Trust (BHT) and fortnightly workforce assurance meetings had been implemented with the Integrated Care Board (ICB).

The Chief People Officer highlighted the structure of the blue and red teams and their focus. The Head of Improvement & Turnround advised that the terms of reference for both the Efficiency & Productivity Committee (E&PC) and Efficiency & Productivity Delivery Group (E&PDG) had been updated. The E&PDG would meet fortnightly to monitor workstream progress and provide support for the Senior Responsible Officers (SROs). The Committee queried how the change was being approached by the organisation. The Head of Improvement & Turnaround highlighted that using the Improving Together (IT) methodology for the efficiency programme had enabled schemes to be progressed, as well as providing oversight and rigour from various directorates. Teams understood their budget positions and had a range of interventions planned to achieve progress and were being coached to do this.

The Committee discussed whether specific individuals would be held accountable for delivery of savings. The Chief Executive advised that the Trust's financial recovery programme would build on the current culture in the Trust and using IT methodology staff would be supported to make decisions within the scope of their accountability. Each of the savings workstreams had an SRO and their objectives would be agreed as part of their appraisals.

The Committee discussed the £4m savings target allocated to the Acute Provider Collaborative and queried how this was profiled in the Trust's savings programme. The Chief People Officer advised that the Trust's savings programme had been increased to include this figure.

The Committee noted that the new schemes within the efficiency programme were recurrent with the exception of £0.9m. The Chief People Officer confirmed that a dashboard to provide progress as well as details of each of the savings programme would be developed. The next update to the Committee would also include an Executive summary.

Action: D Fairley

133/24 Process for Cash Revenue Support

The Chief Finance Officer introduced the report that set out the mechanisms for organisations to obtain cash support. This included the process as well as the criteria required to apply.

The Chief Finance Officer advised that the Trust had received communications from NHSE in relation to deficit support funding. The ICB had been offered £60m and 97% of this funding would be distributed to partner organisations in the system. [Section exempt under S.43 FOI Act] The Chief Finance Officer highlighted that clarity was being sought that the Trust would receive the full amount at this time.

The Chief Finance Officer highlighted that the Board had set cash floor of £23m but this had not been maintained. [Section exempt under S.43 FOI Act] The Chief Finance Officer advised that the Trust would obtain clarity of deficit funding in October 2024 and the cash revenue forecast would be updated for the October meeting including an update as to whether the Trust would need to apply for cash support. **Action: N Lloyd**

The Committee discussed the Trust's position in relation to being able to meet its liabilities. It was agreed that a further discussion would be scheduled for the September Board meeting. **Action: N Lloyd**

The Chief Executive advised that the BOB ICB was the first system in the South East region to be put under the Intervention and Investigation regime. PwC had been engaged to undertake a review over a 4-week period. This included a significant data capture and a series of interviews across all organisations in BOB. Oversight of the Trust's governance and oversight of the cost efficiency programme were included as part of the review.

134/24 Key Messages for the Board

Key messages for the Board included:

- Month 5 position noted at £12.83m deficit year to date
- Further information to be received at the next meeting in relation to clarity on deficit funding.
- Committee had requested additional detail on clinical supplies
- Noted NHSE confirmation of funding for advice and guidance was awaited.
- Capital spend below planned rate but noted linked to cash position with further review at the next meeting in relation to the Trust being able to meet its liabilities
- Recommendation to approve the Terms of Reference

135/24 Date of Next Meeting

It was agreed that the next meeting would be scheduled for Wednesday 16 October 2024 at 11.00am.

SIGNED:

DATE:

Royal Berkshire NHS Foundation Trust

Minutes

People Committee

Monday 30 September 2024
10.00 – 12.00
Video Conference Call

Members

Mrs. Priya Hunt	(Non-Executive Director) (Chair)
Mr. Don Fairley	(Chief People Officer)
Dr. Minoo Irani	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
M. Catherine McLaughlin	(Non-Executive Director)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In Attendance

Miss. Kerrie Brent	(Corporate Governance Officer)
Ms. Val Davis	(Associate Director for Resourcing and Relations)
Mr. Dwayne Gillane	(Associate Director Occupational Health and Wellbeing)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Pete Sandham	(Associate Director for Staff Experience and Inclusion)
Ms. Emily Stannard	(People Promise Manager) (from item 41/24 to 42/24)

Apologies

Mrs. Helen Mackenzie	(Non-Executive Director)

33/24 Declarations of Interest

There were no declarations of interest.

34/24 Minutes: 2 May 2024 and Matters Arising Schedule

The minutes of the meeting held on 2 May 2024 were approved as a correct and would be signed by the Chair subject to amendment of the job titles of the Staff Forum attendees.

Action: C Lynch

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

Minute 21/24: Guardian of Safe Working: The Chief People Officer confirmed that the success of the Trust's out of hour's food provision service would be shared with other providers in the ICB.

Action: D Fairley

Minute 22/24: Workforce Race Equality Standard (WRES) Annual Report: The Associate Director of Staff Experience and Inclusion advised that twelve additional senior leaders had been recruited as mentors to facilitate the relaunch of the reverse mentoring programme. There was a need for further mentors that would be recruited early in 2025 to manage demand.

Action: P Sandham

35/24 Chief People Officer Report

The Chief People Officer introduced the report. The Committee noted the summary of national pay awards agreed for agenda for change staff, doctors and very senior managers.

The Committee received a detailed summary in relation to the review of bullying and harassment levels experienced by ethnic minority staff at the Trust compared to white staff. Although the Trust reported positive in year reductions, the level remained higher than expected. It was recognised although the Trust compared well to the NHS acute average; the average was deemed too high. Work was on-going to improve this.

It was noted that the third cohort of Aspiring Global Majority Senior Leader programme had commenced with 10 delegates; an expansion to the 2023 enrolment. The programme would last for 6 months and would consist of secondments for two days a week working alongside senior leadership teams across a range of directorates. The Committee agreed that this was positive. It was suggested that feedback from monitoring including how impact and success were measured in diversity of staff relative to a baseline.

The Committee received the detailed action plan following an external review of recruitment processes carried out by Differing Minds to support the Trust becoming a more neurodiverse inclusive employer. Differing Minds reviewed documentation provided by the Trust to applicants from the advert through to the final offer letter, communication between applicants and the Recruitment team as well as the process of applying for a role through to interview. In addition, a training session was provided to the Recruitment team from Differing Minds to understand the cognitive differences of neurodiversity. Work continued to implement the recommendations and action plan.

The Committee queried staff morale due to the financial turnaround environment. The Chief People Officer and Chief Medical Officer provided assurance that although it was a challenged environment good feedback had been received at the most recent Senior Leaders Forum that the messaging was clear and that when carrying out ‘go and see’ visits as part of the Improving Together programme staff were aware of the Trust’s financial position and knew where the efficiency saving opportunities were in each area. However, the Trust recognised and was mindful of the on-going pressure and resource burnout and anticipated that this may be reflected in this year’s Staff Survey results.

36/24 Chief People Officer Metrics

The Chief People Officer introduced the performance against Driver Metrics for Quarter 1 and highlighted that the actual percentage of appraisal completion was 88% that was an improvement towards the target of 90%. It was noted that employee turnover within 12 months was 25%; with a target of 20%. Focus and work continued at pace in relation to new starters and a detailed analysis on stay surveys and interviews had commenced and focused on on-boarding, probation as well as support at 4 and 8 months.

The Committee noted a significant increase in employee pay costs in Estates & Facilities compared to figures in 2023/24. However, this related to the in-housing the service that generated an overall saving.

The analysis of pay costs as proportion of total income and total costs from 2020 to 2024 remained consistent at 60% and demonstrated the recruitment efforts and a net gain in relation to staff in post.

The Committee discussed the measures of productivity and whether they required updating. It was agreed that the discussion would be held at the Finance & Investment Committee.

The Committee noted that the Chief Nursing Officer was leading the smoking cessation programme with the smoke free hospital ambition funded by NHS England. The aim was for the Trust to be a smoke free site by 1 January 2025. It was noted that this largely relied on culture change. A communications plan to engage both visitors and staff had been developed as well as banners and signage around the Trust. The Trust was also working with Smoke Free Berkshire who were providing weekly presence in the Oasis Staff Health & Wellbeing centre. Other initiatives included, tobacco dependency substitutes for patients, coaching staff to have conversations with an element of judgement and caution. The Chief Nursing Officer noted that the use of the Trust policies would help encourage professional standards.

It was queried as to whether staff were comfortable to challenge people smoking on site. The Chief Nursing Officer advised that this was down to judgement and the focus should be asking people to move to an appropriate location rather than to stop and it was deemed more difficult to have conversations with members of the public than staff.

37/24 What Matters Programme

The Associate Director of Staff Experience and Inclusion provided an overview of the What Matters 2024 programme that concluded on 11 September 2024 and the 10 key headlines. The Committee noted the positive summary that the programme was strong and received 4,637 contributions surpassing the target of 4,500. The conclusion provided assurance of the health of the organisational values, with awareness, lived experience and on-going relevance generating positive feedback from staff.

It was noted that the next steps would include translating the data insights forward into the 'What Matters: What Next' phase through the development and delivery of a continuous improvement plan, the core focus of which was reported in response to identified challenges. The continuing focus on driving a positive prevailing organisational culture as well as the focus on the Improving Together programme provide the two key vehicles to respond to identified challenges.

The Committee noted the despite the general morale and impact of the financial positon, a strong percentage of staff; 88% agreed that they were able to deliver the highest quality care in their role.

It was noted that no themes were identified in relation to Workforce Disability Equality Standard (WDES) and this would be an area of focus for the staff survey.

The Trust Secretary queried the feedback of 'bureaucracy' identified as a barrier for the value 'Aspirational'. It was noted that this related to front line staff having difficulty in progressing new ideas. The Trust Secretary highlighted that the Innovation Group had been established specifically for the review of any innovative ideas. It was considered that this would need to be communicated to staff.

38/24 Guardian of Safe Working Report

The Chief Medical Officer introduced the report. Reporting rates and exception reports remained in line with those reported previously. It was noted that the DRS4 system would be replaced in the next few months by DRS5 that would improve the functionality and accuracy of exception

reporting. Visibility and trends would be improved by developing a dashboard which can be shared on the Trust intranet.

The Committee noted the fine fund that had been used to fund the Doctors' Mess refurbishment.

There had been an increase of reporting in Trauma and Orthopaedic surgery that had also triangulated in other reporting routes and was a concern. Work was on-going to support the department to make changes. The Committee queried whether this was in relation to increased reporting. However, it was noted that this department had flagged as an area of concern in a number of reporting routes.

The Committee noted that underreporting remained an issue. However, reporting levels were reasonable and there had been an improvement in the culture of reporting. This was also discussed at induction.

It was suggested that a benchmarking exercise was completed. Although, it was recognised that this would differ, a review against a trust in similar size to the Trust would be considered.

The Chief People Officer queried the vacancy position and whether this was accurate. It was agreed that an urgent review with the medical rota teams would be undertaken to understand the data. **Action: D Fairley/J Lippett**

39/24 Occupational Health Annual Report 2023/24

The Committee received the annual report. The Associate Director, Occupational Health provided an overview of the Trust's Occupational Health & Wellbeing activity over the past calendar year. The Committee noted that the figures indicated a 60% increase in referrals demand on the service when compared to figures before the Covid-19 pandemic. Musculoskeletal and mental health conditions continued to be the most prevalent reasons staff are seen by Occupational Health.

The Committee noted positive feedback in relation to the Physiotherapy service and the staff Health & Wellbeing team who won a Thames Valley Chamber of Commerce award this year.

The Trust's Vaccination service continued to deliver both staff covid and flu vaccination campaigns achieving second highest covid vaccine uptake and fifth highest Flu vaccine uptake in the south east region. Nationally, the team achieved fifth highest for covid and twenty-fifth for Flu vaccine uptake. The vaccination team had also expanded into the patient vaccination space providing vaccines to patients in care homes and housebound patients. The Committee noted that in 2024/25 campaigns delivered included a new Respiratory Syncytial Virus (RSV) campaign for pregnant women whilst also supporting the team with the vaccination campaign for staff in maternity and paediatrics. The team continued to work on plans to potentially launch a travel vaccination service for staff and the public in the near future.

40/24 Staff Survey Improvement Plan after

The Associate Director of Staff Experience and Inclusion introduced the report and highlighted that the annual survey had recently launched on 25 September 2024. The Trust aimed to succeed last years' best ever response rate and maintain the high performance reported by staff through.

The Committee received assurance on the delivery against the key themes from the 2023 Staff Survey Improvement Plan specifically in relation to Equality, Diversity and Inclusion (EDI) and violence and aggression

41/24 National Sexual Safety Charter

The Chief People Officer introduced Emily Stannard, People Promise Manager who provided an overview of the NHS Sexual Safety Charter and the Trust's actions to deliver on its commitments to zero tolerance of sexual behaviours towards the workforce. The report set out the priority actions to progress the Trust's commitment.

It was noted that, based on 2023 Staff Survey response, 3.31% of staff reported having been the target of unwanted behaviour of a sexual nature in the workplace from staff/colleagues. This was lower than the acute national average. In addition, 7.95% reported receiving this from patients, service users, relatives and the public that was slightly worse than the national average of 7.73%.

The People Promise Manager noted that as part of our commitment to full delivery of the charter commitments, a baseline assessment had been conducted and identified a range of areas of good practice whilst also elevating areas requiring future focus to further embed key commitments in the charter. The Trust was the 5th best organisation for raising concerns and responding to them as well as providing its offering of Occupational Health and Freedom to Speak Up. Reports related to patients was reviewed by the violence and aggression steering group.

A full action plan had been developed to take forward a key range of areas to further advance sexual safety in the workplace. The key themes for ongoing development include; training, culture and awareness, data triangulation, elevated prevalence rates in some services and monitoring and governance.

The Committee queried whether there was a level of underreporting. It was anticipated that the figures could worsen as the Trust raised the profile to encourage reporting. The Chief Medical Officer confirmed that feedback from a national campaign meeting of 'surviving in scrubs' campaign would be provided to the People Promise Manager. **Action: J Lippett**

The Committee noted the improvement plan and the focus on delivery.

42/24 Annual Medical Revalidation & Medical Appraisal Report 2023/24

The Committee received the annual report that provided assurance on the positive progress made during 2023/24 and actions to progress in 2024/25. The Chief Medical Officer advised that 94% of doctors' appraisal had been completed within the 15-month national target. Maternity leave and sickness absence had resulted in a slightly higher number of deferrals. The Chief Medical Officer noted that the criteria has also heavily focused on organisational culture and feedback would be provided that it did not feel appropriate to gain assurance on organisational culture within the context of this report.

The Committee recommended that the Chief Executive should sign the statement of compliance on behalf of the Trust Board. **Action: J Lippett**

43/24 Nursing and Midwifery and AHP Safer Staffing Review

The Chief Nursing Officer introduced the report that provided an overview of the outcome of the bi-annual mandatory nursing, midwifery & Allied Health Professionals (AHP) safer staffing skill

mix review. The review was undertaken in June 2023 and May 2024 post budget setting with the Directors of Nursing to confirm budgets and provide assurance that workforce plans remain at the appropriate level and agreed recommendations from the previous review have been actioned.

The Committee noted that the bi-annual review demonstrated the robustness and leadership of processes within the Trust in relation to safer staffing levels within Nursing, Midwifery and the AHP workforce. The processes utilised within the review were compliant with the evidenced based recommendations from the National Quality Board Guidance (2016) and the Developing Workforce Safeguards (2018) and had focused on effective workforce planning whilst observing the need for financial stability and control. It was noted that a full Safer Staffing Skill Mix review would be undertaken in October 2024 to inform budget setting 2024/25. The potential opportunities from the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Safer Staffing benchmarking process had been fully explored as part of the review. The Chief Nursing Officer provided assurance that all areas assessed were safely and effectively staffed and establishments aligns with budget envelopes.

44/24 Talent Management Update

The Chief People Officer provided an update in relation to the Recognising Individuals Successes and Excellence (RISE) Talent Management programme and succession planning. It was noted that the phased rollout continued with Band 6 for all pathways in November 2024, followed by all other bands and pathways in 2025. A review of what this meant for each individual pathway as well as the value of discussion was underway. It was anticipated that it would take a year before the Trust would be able to review the data output and overview for the entire organisation. Work continued to refine the process as managers got used to having talent management conversations as part of appraisal discussions. To date 81% of staff awarded a 'gold' pathway were female reflecting that the future workforce of senior managers in years to come. A further comprehensive review would be undertaken in 2025 by staff group.

At senior level, the Trust continued to rollout the Leadership Behaviours Framework that would form part of the assessment for senior managers as well as the rollout of the 360 feedback tool across all.

It was noted that a talent review board was scheduled in November 2024 and a pilot of smaller talent review boards was being tested in care groups and directorates.

45/24 Work Plan

The Committee received the work plan. It was agreed that an update on the Health and Wellbeing Strategy would be added to the work plan in December 2024 and an Occupational Health report in May 2025. **Action: C Lynch**

46/24 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- The need to closely monitor staff for burnout in light of the challenged financial position.
- The need for continued focus on the appraisal compliance rate
- Received good assurance on the Occupational Health Annual Report 2023/24
- Received good assurance on the Annual Medical Revalidation & Medical Appraisal Report 2023/24

- Received good assurance on the Nursing and Midwifery and AHP Safer Staffing Review
- Received good assurance on the Trust actions to deliver on its commitments to zero tolerance of sexual behaviours towards the workforce National Sexual Safety Charter

47/24 Reflections of the Meeting

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

48/24 Date of the Next Meeting

It was agreed that the next meeting would be held on Tuesday 3 December 2024 at 10.00am

Chair:

Date:

Quality Committee

Monday 30 September 2024
12.30 – 14.00
Boardroom, Level 4

Members

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Dr. Bal Bahia	(Non-Executive Director)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Minoo Irani	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Dr. Catherine McLaughlin	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)

In Attendance

Mrs. Christine Harding	(Director of Midwifery) (for minute 55/24)
Dr. Bannin De Witt Jansen	(Head of Corporate Governance)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Prof. Parveen Yaqoob	(Non-Executive Director)

49/24 Declarations of Interest

There were no declarations of interest.

50/24 Minutes from the previous meeting: 3 June 2024 and Matters Arising Schedule

The minutes of the meeting held on 3 June 2024 were approved as a correct record and signed by the Chair.

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

Minute 34/24 Serious Incidents including Maternity (SIs) last report: The Chief Operating Officer advised that the action in relation to the processing of the message centre in Cerner was ongoing and an update would be provided at the next meeting. **Action: D Hardy**

51/24 Patient Safety Incident Reporting Framework (PSIRF) Thematic Review Quarter 2 (including Never Events)

The Chief Nursing Officer introduced the report and highlighted that a review of the methodology would be carried out after Quarter 2 reporting. The thematic review report had been updated to include Never Events and other investigations and these would be reflected in the Quarter 2 report that would be submitted to the Committee for review.

The Chief Nursing Officer advised that Never Events were reported through the Integrated Performance Report (IPR) and via the weekly NED Brief. The Committee discussed whether the Trust was an outlier for the number of Never Events. The Chief Medical Officer advised that a review of the data suggested that this was potentially the case as all included Never Events had been correctly categorised. The Chief Nursing Officer advised that the system Quality Governance Group report had not identified the Trust as an outlier. The outcomes of the national and regional Never Events consultation that closed in May 2024 were not yet available.

The Committee discussed the potential root causes of Never Events and whether these might be the result of staff feeling under pressure. The Chief Medical Officer advised that whilst this was possible, some investigations were ongoing, and the final analysis had not been completed. The Chief Nursing Officer advised that the PSIRF methodology would enable the Trust to identify these trends and themes and take forward any learning.

The Committee noted the PSIRF report and discussed whether it provided sufficient detail in relation to patient incidents. The Chief Nursing Officer advised that PSIRF was still in the very early stages of implementation and only one report had been produced using the new framework. The progression of quarterly reporting would enable the Trust to identify emerging themes and trends. The Committee agreed that a comparison of the two reporting methods would be carried out after the second PSIRF report was available to ensure that the new framework provided the same level of assurance in relation to patient incident reporting. **Action: K Prichard-Thomas**

The Committee agreed that further assurance was required in relation to the processes in place for ensuring that lessons learned from patient incidents were actioned. The Chief Medical Officer advised that this work had already been commissioned and a report would be submitted to the Committee for review. **Action: K Prichard-Thomas**

52/24 Integrated Performance Report (IPR) Watch Metrics

The Chief Medical Officer introduced the report and advised that negatively trending watch metrics were due to operational challenges. Performance on the metric for neck of femur fractures seen within 36 hours was low and was being actively monitored. Analysis of the breach reports on this metric showed that many patients who were not treated within the 36 hour target were patients who were too frail to undergo surgery within the target time. Additionally, a higher number of patients were referred for hip replacements rather than repair. Most patients who were not treated within 36 hours were treated within 38 hours and therefore were not waiting for a significant period. All patients were monitored closely to ensure they remained well whilst waiting for surgery. The Chief Medical Officer highlighted that the Trust continued to benchmark well against other trusts.

53/24 Quality Governance Committee Sub-Group Report

The Committee noted the report. It was agreed that the Organ Transplant Annual Report would be included in the next Quality Governance Sub-Group Report. **Action: J Lippett**

54/24 DM01 Performance

The Chief Operating Officer introduced the report and provided an overview of the challenges in relation to increasing the substantive workforce within the diagnostic pathways. A national shortage of endoscopy staff had made recruitment significantly challenging. The Chief Operating Officer advised that whilst the Trust had invested in

training other health professionals to carry out endoscopy procedures, these staff often left the Trust to take up positions elsewhere that were more highly remunerated.

The Committee noted the report, the risk to the cancer pathways and the particular challenges in relation to endoscopy staff.

55/24 Perinatal Quality Surveillance Model Report (Quarter 1)

The Director of Midwifery introduced the report and advised that feedback received in relation to an incident of cord prolapse had been implemented and foetal monitoring processes updated. The Trust remained within national benchmarking targets for perinatal mortality. The Director of Midwifery advised that the Trust retained good oversight of perinatal and neonatal mortality.

The Committee discussed the Trust being an outlier for incidents of babies born with hypoxic-ischaemic encephalopathy (HIE). The Director of Midwifery advised that the data reported by the national neonatal network was significantly different to that produced by the Trust. However, Trust data indicated a higher rate of incidence of HIE that was not due to reporting differences and work was ongoing to address this. The Director of Midwifery advised that staff were encouraged to report near misses as these provided opportunities for service and process improvement and enabled any baby who experienced a hypoxic event to be fast-tracked for treatment to prevent any ischaemic events. The Committee discussed the processes in place for individual staff in cases where clinical guidelines were not followed. The Director of Midwifery advised that reflective discussions were carried out with the individuals concerned.

56/24 IRMER CQC Inspection

The Chief Nursing Officer provided an overview and advised that the Care Quality Commission (QCC) had completed their review of the radiotherapy service. Findings from interviews conducted with the leadership team and individuals from the radiotherapy team were being triangulated with data from Datix and other reported incidents. The Chief Nursing Officer highlighted that no warnings had been issued but areas for improvement including factual accuracy in reporting methods had been identified. The final report was due imminently and the Trust would have ten days to respond. The Chief Nursing Officer advised that all lessons learned would be actioned. **Action: K Prichard-Thomas**

57/24 Patient Relations Quarterly Update

The Chief Nursing Officer introduced the report. Work was ongoing to close complaints involving the Ombudsman and roundtables were underway to progress work with care teams to improve the complaints process. The Chief Medical Officer advised that the Ombudsman had recently changed the criteria to increase the threshold for complaints requiring their involvement. This was intended to enable the Ombudsman to work through its significant workload backlog and limit their involvement to the most serious complaints. The Chief Medical Officer advised that there was therefore a likelihood that some complaints might be returned to the Trust for management through internal processes.

58/24 National Inpatient Survey

The Chief Nursing Officer provided an overview and advised that the Trust was continuing to work through the national data anomaly. The Chief Nursing Officer highlighted that the inclusion of the new questions in relation to Virtual Wards was important given that the Trust was moving more care towards Virtual Ward provision. The results of the survey were

embargoed until December; however, a final report would be submitted to the Committee for review. **Action: K Prichard-Thomas**

The next national inpatient survey would focus on paediatrics.

The Committee agreed that dates for completion would be added for each action in the action plan. **Action: K Prichard-Thomas**

59/24 Draft Winter Plan

The Chief Operating Officer introduced the report and highlighted that work was ongoing to increase the detail in relation to the possible outcomes mitigations were anticipated to provide. The Chief Operating Officer advised that the new approach to winter planning and operations focused on the continuity of standard processes with the requirement for additional activity and mitigations to ensure patient flow. In line with this approach, this year's winter plan did not provide for the escalation of patients to suboptimal areas within the Trust that were not designed to provide inpatient care. The Chief Operating Officer highlighted that standard processes for managing high patient volume would be actioned to manage peak periods of activity during November – January. Additionally, the Trust's public communications campaign would emphasise that people should only present at the Emergency Department (ED) if they were experiencing an emergency.

The Committee agreed that this was an appropriate and pragmatic approach.

The Chief Operating Officer advised that, on average, 130 patients a day were seen through the Virtual Wards. A review of patients who presented to the Virtual Wards pathway identified a number that could safely be seen by other providers and those who would have benefited from an earlier discharge. Further work was ongoing to identify methods of redirecting these patients to more appropriate points of are and for ensuring timely discharge. This was anticipated to free up an additional ten bed spaces per day on this pathway.

The Chief Operating Officer advised that the annual Covid and flu staff vaccination programme had started and the accompanying communications campaign was live on WorkVivo.

The Committee approved the winter plan and recommended it to the Board for approval. **Action: H Mackenzie**

60/24 Improving Together Update

The Chief Medical Officer provided an overview and highlighted that an e-learning package had been implemented and all staff who had not able to attend the immersive in-person training would have completed some e-learning. A communications strategy had been developed to promote the positive outcomes of any projects and initiatives to encourage other teams to consider improvement projects in their own areas and ensure best practice and other learning was shared across the Trust.

The Committee discussed how the Improving Together programme aligned with the Trust's ongoing savings efficiencies programme. The Chief Medical Officer advised that Improving Together was aligned with the Trust's financial improvement and CIP programmes. Members of the Improving Together team were actively assisting care group and other teams to develop their A3s as part of the financial turnaround programme.

61/24 Health Data Institute Update

The Chief Medical Officer introduced the report and advised that it had been resubmitted for review as there had previously been some concerns in relation to the use of patient data. A Head of Research & Data Analytics had been appointed and shortlisting was ongoing for data scientist roles. Data testing had been progressing with the Thames Valley Shared Data Environment team and this was progressing positively. A public communications campaign in relation to the use of non-identifiable patient data for research purposes had commenced.

The Trust Secretary noted that any public communication was required to reference and link to the Trust's privacy policy on the main website. It was agreed that the Trust Secretary would ensure that the communications campaign referenced the Trust's privacy policy.
Action: C Lynch

The Committee discussed whether the HDI initiative was at risk due to the Trust's challenging financial position. The Chief Medical Officer advised that the HDI's business case provided appropriate financial sustainability and the initiative should start to receive commercial income in Year 2 of operation.

62/24 Corporate Risk Register

The Committee discussed the risk in relation to the Steris Decontamination contract and whether the Trust was satisfied that a business continuity plan was in place. It was agreed that the Chief Nursing Officer would discuss this with the Director of Estates & Facilities and an update provided at the next meeting. **Action: K Prichard-Thomas**

The Committee discussed the mortuary expansion. The Chief Operating Officer advised that this work had started.

63/23 EQIA Update

The Chief Nursing Officer introduced the report and highlighted the progress achieved with the ongoing improvement and implementation of the QIA policy and processes. Further EQIAs would be completed in relation to the Trust's financial turnaround programme. These EQIAs would provide assurance that the impact of any proposed changes and savings efficiencies were not adversely impacting on quality or safety. The system provided a route of escalation to BOB system level; however, no EQIAs had required this approach to date.

Further refinement of the EQIA policy and process was required and this work was ongoing. The Committee agreed that good assurance had been received in relation to the development of a framework for EQIAs. However, further work was required to ensure the policy and process was embedded throughout the organisation. It was agreed that further updates on progress would be submitted to the December meeting for review.
Action: K Prichard-Thomas

64/24 Patient Relations Annual Report 2023/24

The Committee received the Patient Relations Annual report for 2023/24.

65/24 Patient Experience Annual Report 2023/24

The Committee received the Patient Experience Annual report for 2023/24.

66/24 Infection Prevention & Control Annual Report 2023/24

The Committee received the Infection Prevention & Control report for 2023/24.

67/24 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- The PSIRF report illustrated that a similar number of incidents had been investigated as in previous years. The number of Never Events (NEs) was noted and would be reported in the Quality Account.
- Good assurance was received in relation to DM01 performance and the challenges in the cancer pathway and Endoscopy staffing were discussed.
- Work was underway to investigate the discrepancy in reporting on neonatal mortality by the Neonatal Network that reported that the Trust's neonatal death rate was high when it was actually lower than the national average.
- The Committee received the draft winter plan and recommended it to the Board for approval.
- The Committee received assurance in relation to the implementation of a framework for EQIAs. Work was ongoing to progress delivery.
- The Committee received the following reports:
    - Patient Relations Annual Report 2023/24
    - Patient Experience Annual Report 2023/24
    - Infection Prevention & Control Annual Report 2023/24

68/24 Work Plan

The Committee noted the work plan.

69/24 Reflections of the meeting

Bal Bahia led the discussion.

70/24 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 4 December 2024 at 10.00am.

SIGNED:

DATE:

NHS
Royal Berkshire
NHS Foundation Trust

Title:	**Chief Executive Report**
Agenda item no:	7
Meeting:	Board of Directors
Date:	27 November 2024
Presented by:	Steve McManus, Chief Executive
Prepared by:	Caroline Lynch, Trust Secretary

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

Report History	None

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

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

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

Publication						
Published on website		Confidentiality (FoI)	Private		Public	✓

New Government

The Secretary of State for Health and Social Care has formally launched engagement with the public and National Health Service (NHS) regarding the development of a 10-year NHS plan. This is set to build on the recent Darzi review and the three areas of focus stated by the new Government for the NHS regarding a shift from analogue to digital; hospital to community and illness to prevention.

Our current Trust Strategy and Clinical Service Strategy iterated since 2018 puts the Trust in a strong position regarding the new Government aims for the NHS as this has been our strategic direction for how we deliver services in partnership with our community over the recent years. The Trust through the Chief Strategy Officer commissioned a further review of the Trust Strategy and Clinical Services Strategy into 2025 that will set out further areas of delivery in line with the New Government ambitions for the NHS.

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

Operational update

1.1 Trust teams are continuing to work extremely hard to treat high numbers of patients. As this month's Integrated Performance Report (IPR) shows, October saw the highest ever number of patients attend ED in a single month, the same month that the Urgent Care Centre (UCC) opened. Through positive partnership with our GP alliance we will continue to develop the benefits of an onsite UCC as part of our Winter Plan. High volumes of elective activity were also completed, resulting in improved performance against key metrics, including against the main cancer standards.

1.2 Preparations for the main winter period continue. The final winter plan is also on the agenda for this Board meeting, with the aim of meeting 3 primary objectives:

- there is enough capacity to safely care for non-elective patients in an appropriate area
- elective activity is protected
- effective management of seasonal infections / illness

while at the same time supporting our staff through the expected peaks of activity.

New Clinical Facilities

Ambulatory Surgical Unit South Block

1.3 Work has begun on construction of the new ambulatory surgery unit at the South Block end of the Royal Berkshire hospital site. The shell for the new building was brought on site and erected over just a week earlier this month. Construction work will be completed by March 2025 and operational by the first quarter of 2025/26.

Intensive Care Unit (ICU) Refurbishment

1.4 The refurbishment of Intensive Care Unit hit a new milestone this month with the opening of a completely refurnished and redesigned pod for patients to improve the working environment for staff, and clinical space for patients.

1.5 The pod houses eleven of the twenty-one beds in the Intensive Care Unit. The changes to the refurbished facilities include new direct access between both clinical areas, improved staff rest facilities, a new pharmacy, new patient side rooms which utilise smart privacy glass, increased natural lighting, and a new clinical education and simulation space.

1.6 Overall work on the ICU is set to be completed by Spring 2025 which will include a new quiet room, handover room and clinical side room. Refurbished offices and visitor areas were completed in 2023.

Human Tissue Authority (HTA) Inspection of Mortuary Services

1.4 On the 24 October 2024 the HTA inspected our mortuary services and processes around care of the deceased. The team were hosted by Dave Ridgewell and the team and a number of mortuary staff and others such as our portering staff were interviewed as part of the inspection. Although the final written report is awaited, we can report the inspection went very well.

1.5 The inspections said “Thank you for your hospitality during our site visit yesterday. It was lovely to meet the team at Royal Berkshire. We were very impressed during our site visit and saw lots of fantastic work and care for the deceased”. The inspectors particularly commended the traceability process for bodies and samples and the high level of security in the mortuary. Of the 72 assessed standards follow up work is required on 11 of them; this is less than the normal average of 15 found at other sites.

1.6 A written report will be received in due course and the team are well underway to completing the remaining 11 standards required.

Industrial Action

1.7 No further industrial action for hospital base staff is proposed, however, the GP industrial action continues with a work to rule/contract approach. This is having a small but manageable impact on referral practices into mainly elective care services.

1.8 We are using the above as an opportunity to review referral proformas in a number of services; ensuring they provide us with the necessary information for safe triage, whilst also ensuring they are labour unintensive to complete and avoid duplication.

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

Staff Survey 2024

2.1 The 2024 NHS Staff Survey launched across the Trust on the 25.09.24. We are seeking to increase our response rate for a 5th successive year, beyond last year’s record 60% response rate and have set an aspirational target of 70%. Last year’s results placed the Trust as the Top performing Acute Trust in the South East and one of the top acute trusts in England across a range of measures.

2.2 As of the 18.11.24, our response rate currently stands at 51.03% (3,379 respondents). This is 10% higher than the acute trust average and currently positions us a top quartile performer in terms of response rate. The survey closes on 29 November 2024.

2.3 During this final period through a range of measures there will be; final e-mail reminders; push notifications through Workvivo; trust wide communications; survey countdown in addition to local leadership focussing on below average engagement. We retain focus on driving up response rates and ensuring that every colleague has their opportunity to have their say.

Health Service Journal (HSJ) awards

2.4 On Thursday 21 November 2024, two teams from the Trust – Occupational Health and Wellbeing, and an Elderly care-led Multidisciplinary team attended the Health Service Journal Awards. They had been shortlisted in the Staff Wellbeing, and Patient Safety categories respectively, and were shortlisted from more than 1350 entries, across 26 categories, with the opportunity to showcase the work they are doing for colleagues and patients. Whilst they didn't win an award it is fantastic that they were shortlisted.

3. Strategic Objective 3: Deliver in Partnership

Acute Provider Collaborative

3.1 The Acute Provider Collaborative continues to play a role in supporting our three trusts to act on the common challenges across the system. We are currently focused on elective recovery, clinical service transformation and productivity and efficiency improvements in corporate services.

3.2 We have started implementation of a joint Fracture Liaison Service to proactively identify and treat over 5,000 patients at risk of osteoporosis who are missed across our system due to variation in care. Our clinical leads are working together to deliver an integrated, data-driven service that will avoid more than 1,000 fractures and £11m of costs over five years by significantly improving patient outcomes and experience.

3.3 The Elective Care Board is developing a plan to reduce the elective waiting list across all providers and recover the 18-week RTT standard by improving productivity for high volume, low complexity (HVLC) procedures. By making best use of our elective hubs, we will improve the quality of non-complex surgical care and reduce unwarranted variation in our trusts, equalising waits across the system.

3.4 We recognise the challenges of the financial context in which we are operating and we will launch a Corporate Services Programme Committee in the New Year (a sub-committee of the APC Board). The Committee will have Executive representation and lead on identifying and implementing productivity and efficiency improvements across our corporate functions, starting with a business case for Scaling People Services, which is a national priority area.

Improving Together

4.1 On 15 October 2024 our Chief Strategy Officer and Chief Medical Officer joined KPMG colleagues at the annual national Management Consultancies Association (MCA) Awards. As finalists in the "People and Leadership" category for the implementation and trust wide roll out of our Improving Together programme, the team were treated to a glittering evening hosted by William Hague.

4.2 Excitement mounted as the finalists were read out and to the teams delight, they won! These awards are the highlight in the management consultancies year and recognise the value of true partnership working and its achievements

4.3 Our second Rapid Process Improvement Workshop (RPIW) took place in October focusing on the 'To Take Out (TTO) drug prescribing and delivery process. This also demonstrated great team work as colleagues in pharmacy and portering in particular came together to look at how they could streamline processes ensuring patients receive their discharge medications quicker on the day of discharge, thereby improving patient flow and bed occupancy.

Health Innovation Partnership (HIP)

4.4 The Ophthalmology Department became our 10th department to achieve University Department of Excellence status by demonstrating excellent in Clinical Care, Education and Research. Providing a detailed and informative portfolio of evidence and hosting the judging panel on a site visit they were able to meet the high standards set for achievement of this accolade. An award ceremony will take place and the team will receive a plaque to display in full sight of patients and staff. They will also receive support to enable them to host a PhD student to further their research potential.

4.5 This month we appointed five of our most research active consultants form our University Department specialities as University Professors. Recruited to the same standard as regular University Professors they demonstrated exceptionally high research credentials and portfolios.

The new Professors are:
Neil Ruparelia – Professor of Cardiovascular Medicine
Mark Little – Professor of Radiology
Toni Chan – Professor of Rheumatology and Translational Medicine
Liza Keating – Professor of Emergency Medicine
Matt Frise – Professor of Intensive Care Medicine

4.6 An inaugural lecture is planned for next year with these posts expected to further expand research collaboratives with the University of Reading; resulting in an even greater impact on advancing medical science and attracting industry investment.

4. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

5.1 We have further strengthened our 'Grip and Control' measures and are seeing continued reductions in the use of temporary workforce spend, and are strengthening controls in non-pay expenditure to ensure reductions in non-catalogue spend. The overall financial position of the Trust continues to be extremely challenged, and we are continuing to focus on securing all of the activity required to earn sufficient income, driving further efficiencies from our corporate services directorates and secure the full delivery of savings targets.

5.2 The Trust has incurred a year-to-date deficit of £15.49m at the end of Month 7, October 2024, compared to a full year revised deficit plan of £6.1m, and adverse variance of £8.76m. The plan has been adjusted to reflect prorata full year deficit funding of £14.06m being allocated to the Trust, being its share of the £60m full year deficit funding allocated to BOB ICS overall for 2024/25. The actual performance and plan have both been impacted by reflecting the BOB ICB contract difference adjustment, which has reduced our full year expected income by £11.3m and requires us to secure an additional £5.65m of further savings above our £25.2m savings target. We are also negotiating with the ICB to secure payment for Advice & Guidance activity carried out by the Trust.

5.3 Both the Trust and BOB ICS have been reviewed by NHSE in the form of the Investigation and Intervention (I&I) regime, and PwC have carried out a targeted review during September and October 2024. We have participated fully in this as a further route to ensure that we are taking every opportunity to deliver our financial plan, and intense NHSE scrutiny is continuing for both the Trust and BOB ICB.

NHS
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Title:	**Integrated Performance Report (IPR)**
Agenda item no:	8
Meeting:	Board of Directors
Date:	27 November 2024
Presented by:	Nicky Lloyd, Chief Finance Officer
Prepared by:	Executive Team

Purpose of the Report	The purpose of this report is to provide the Committee with an analysis of quality performance to the end of October 2024

Report History	New report

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

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

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

NHS
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Integrated Performance Report

October 2024

Improving together to deliver
outstanding care for our community

Improving Together

Guide to statistical process control (SPC)

NHS Royal Berkshire NHS Foundation Trust

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

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

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

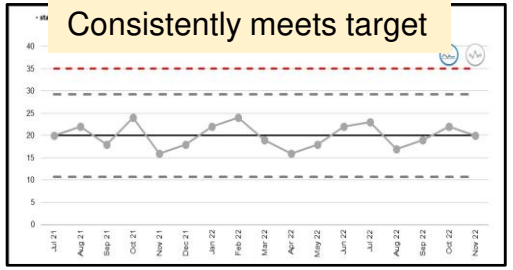
- The variation is routine, expected and stable within a range. We call this '*common cause*' variation, or
- The variation is irregular, unexpected and unstable. We call this '*special cause*' variation and indicates an irregularity or that something significant has changed in the process

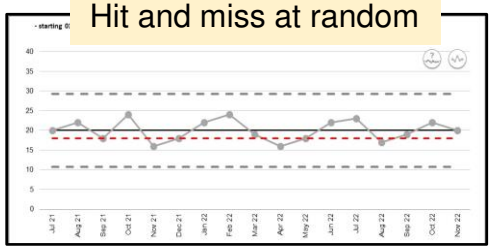
Each chart shows a VARIATION icon to identify either common cause or special cause variation. If special cause variation is detected the icon can also indicate if it is improving (blue) or worsening (orange).

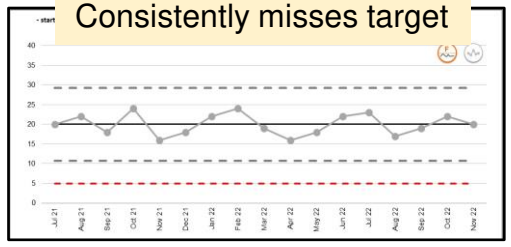
Where we have set a target, the chart also provides an ASSURANCE icon indicating:

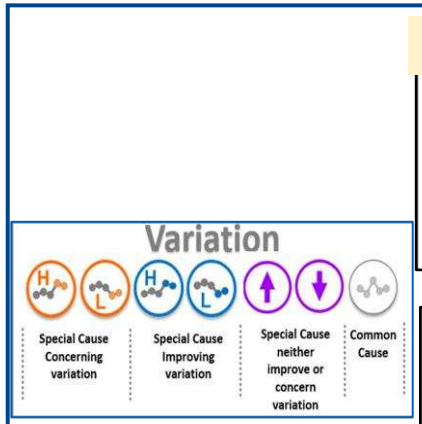
- If we have consistently met that target (blue icon),
- If we hit and miss randomly over time (grey icon), or
- If we consistently fail the target (orange icon)

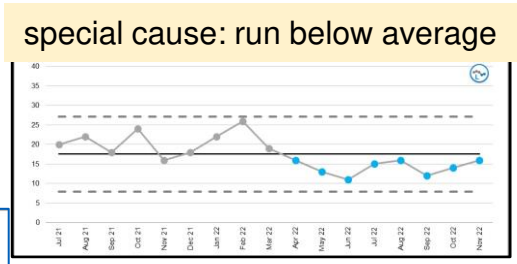
For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.

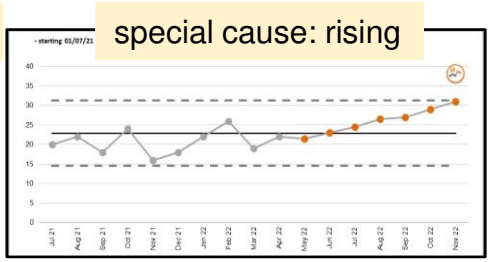


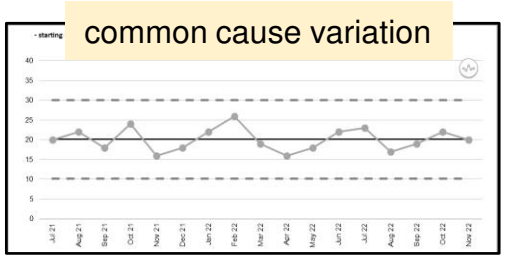


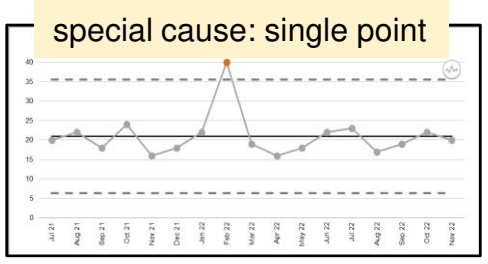












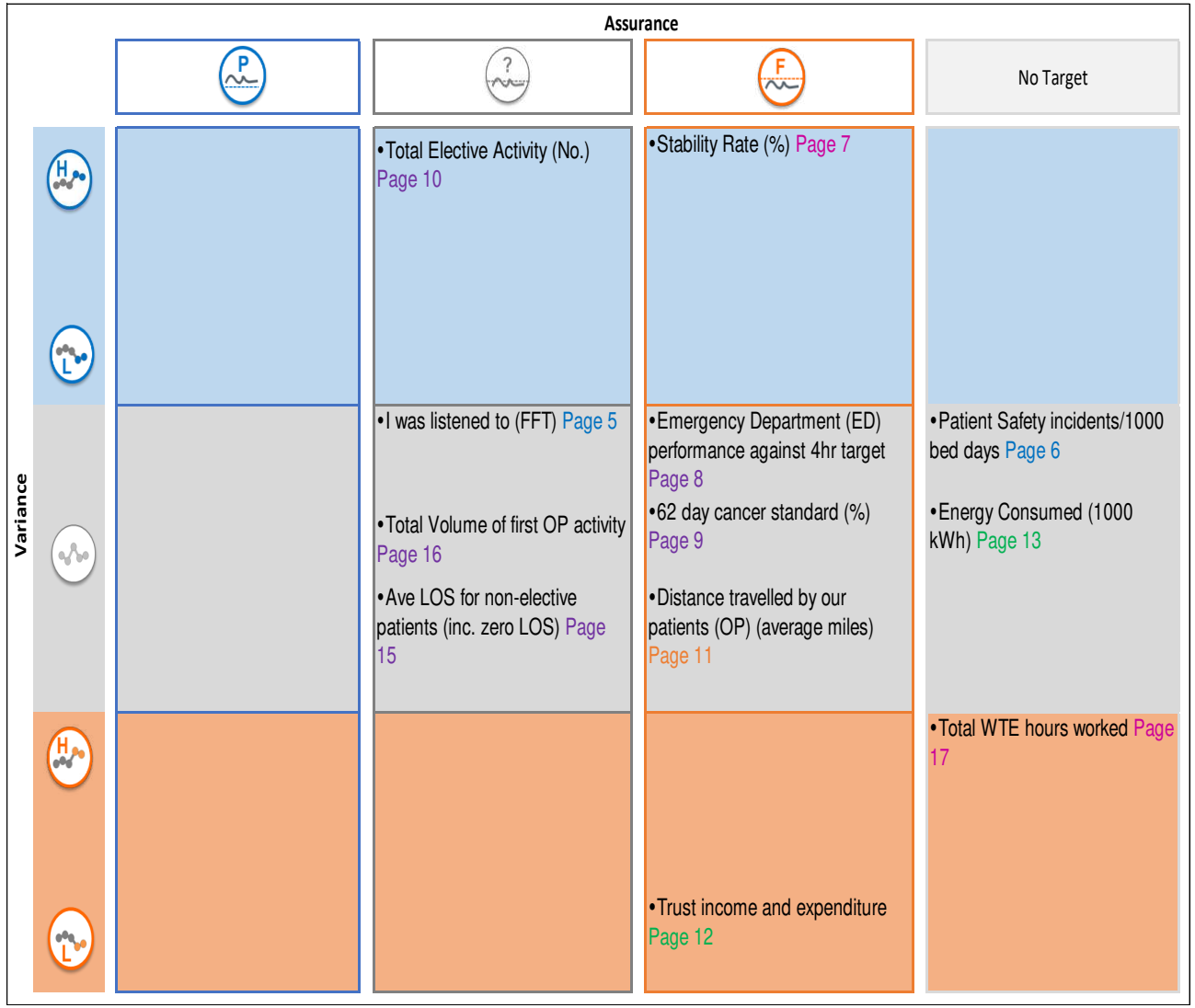
October 2024 performance summary

Royal Berkshire NHS Foundation Trust

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

The key messages from the report are:

- **Accident & Emergency performance** has deteriorated since the summer period. The onsite Urgent Care Centre (UCC) which opened on 1st October, has supported the streaming of less unwell patients but as yet this has not led to a sustained improvement in performance owing to continuing high levels of attendance.
- **Cancer performance** has seen a recovery in 28 day Faster Diagnosis Standard which is expected to be maintained going forwards. 62 day performance continues to steadily improve. Both 28 & 62 day performance continues to exceed internal target trajectories.
- The Trust continues to maintain a low number of long wait (>52) patients on the RTT **elective care standard.**
- **Financial performance** continues to cause concern. In October, we have revised our full year deficit plan of £0.45m to £6.10m, following the 2024/25 contract agreement with the ICB. Non-pay expenditure remains high and further controls are being enacted to address this. Year to date M07, the deficit is £15.49m, compared to the YTD deficit of £6.45m in M06. This is driven by a reduction in the BOBICB contract income of £6.60m and Advice & Guidance income of £2.52m not yet recognised pending ICS agreement.
- This month we have seen 15 of the 114 **watch metrics** measure outside of statistical control. There are no new alerting metrics this month.

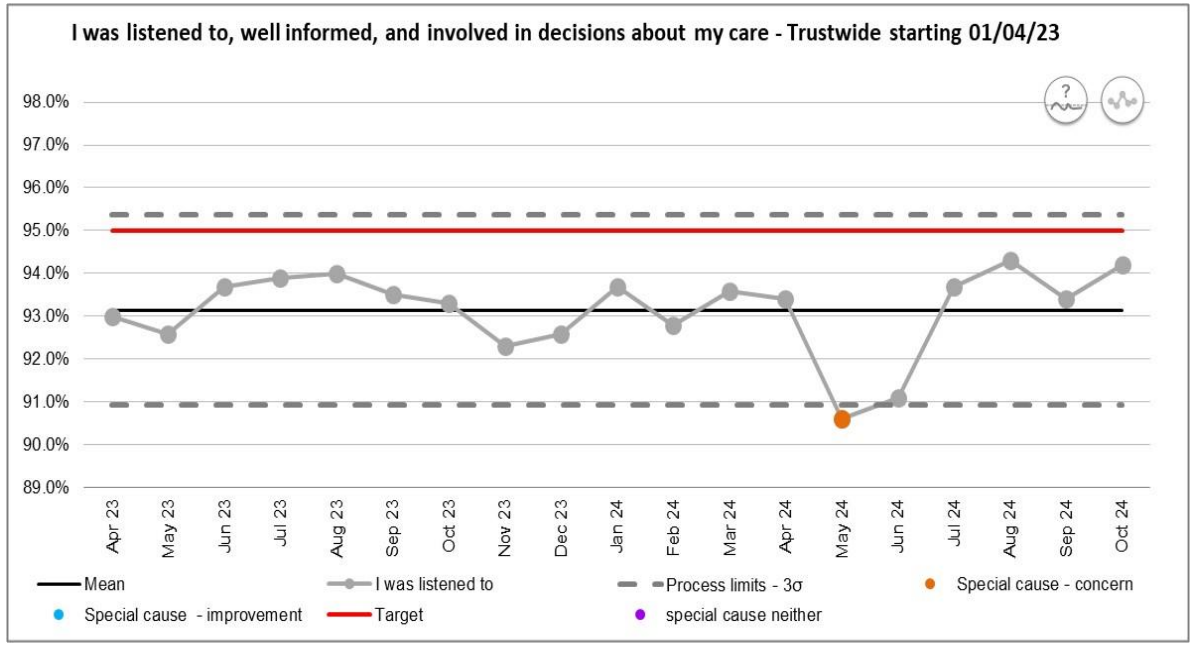


Royal Berkshire
NHS Foundation Trust

Strategic Metrics

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

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



	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
I was listened to, well informed & involved in decisions about my care (FFT)	90.6%	91.1%	93.7%	94.3%	93.4%	94.2%
Inpatient (IP) FFT response rate (%)	20.6%	22.7%	28.0%	33.8%	22.0%	31.0%
Outpatient (OP) FFT response rate (%)	9.0%	8.2%	8.1%	8.1%	5.5%	8.8%
Maternity FFT response rate (%)	4.10%	6.50%	5.50%	6.40%	7.04%	7.80%

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
	

Royal Berkshire NHS Foundation Trust

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

How are we performing:

- We are not achieving our target of 95% of patients feeling listened to, well informed and involved in decisions about their care
- FFT overall trust response rate for Oct 24 was 9.3%, an increase on Sept 24 from 6.26%

Actions and next steps

- Continue monthly analysis and work with areas with low responses
- Use qualitative data to investigate why patients feel this way
- Instructions on how to see adverse comments in IQVIA will be included in FFT FAQs and information document on Workvivo (Dec 24)
- Patient Experience Lead met with Planned Care Lead to discuss their Adverse Comment themes – to be reported at Dec Patient Experience Committee and next Care Group to be decided
- Discharge Lounge to ensure FFT cards marked with ward name if feedback relates to ward patient has stayed on
- Ongoing use of old version FFT cards cannot be entered/counted despite ongoing comms. Re-disseminate message via Directors of Nursing (Nov 24)

Risks:

- Delay to the recruitment of patient experience administrator, advert now out but impact on all FFT data input, analysis and actions remain until position filled and trained

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

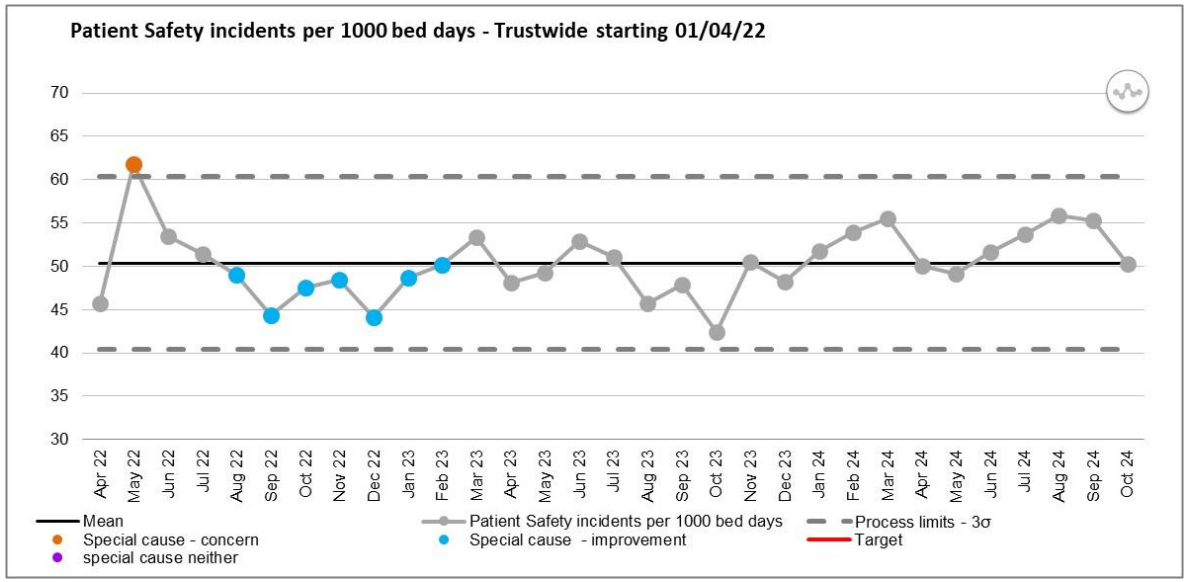
Strategic metric: Learning from incidents to reduce harm

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
Patient Safety incidents per 1000 bed days	49.18	51.68	53.73	55.87	55.30	50.27
Patient Safety incidents/100 admissions	10.67	10.82	10.52	11.29	11.24	10.37
No. of Deteriorating patient incidents	12	14	12	14	16	18
FFT question: I felt safe during my visit to the hospital (%)	86.0%	91.6%	92.0%	91.8%	91.3%	91.4%
Medication incidents per 1000 bed days	5.77	5.70	6.06	6.59	5.49	5.77

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

How are we performing:

- Levels of incident reporting are trending above the mean rate, reflecting a good safety culture
- Patient's perception of their safety has dropped
- Other insight metrics remain stable
- Focus remains on embedding awareness and use of PSIRF trust wide

Actions and next steps

- Q2 review completed - planning for what PSIRF Trust wide development looks like
- Map and deliver Trust wide PSIRF training for those with additional roles
- Continue to refine definitions of incidents to identify trends in Q3
- Remain with current priorities for Q3
- Focus to improve compliance with PSIRF online training modules

Risks:

- Gap in service imminent - Head of Patient Safety
- Non-Mandated but required training, conflict in time management and staff priorities
- Progressive methodology of PSIRF produces risk of uncaptured learning for those cases that fall in-between investigative process requirements
- Lack of national benchmarking due to individual trust datasets and different stages of PSIRF progression

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

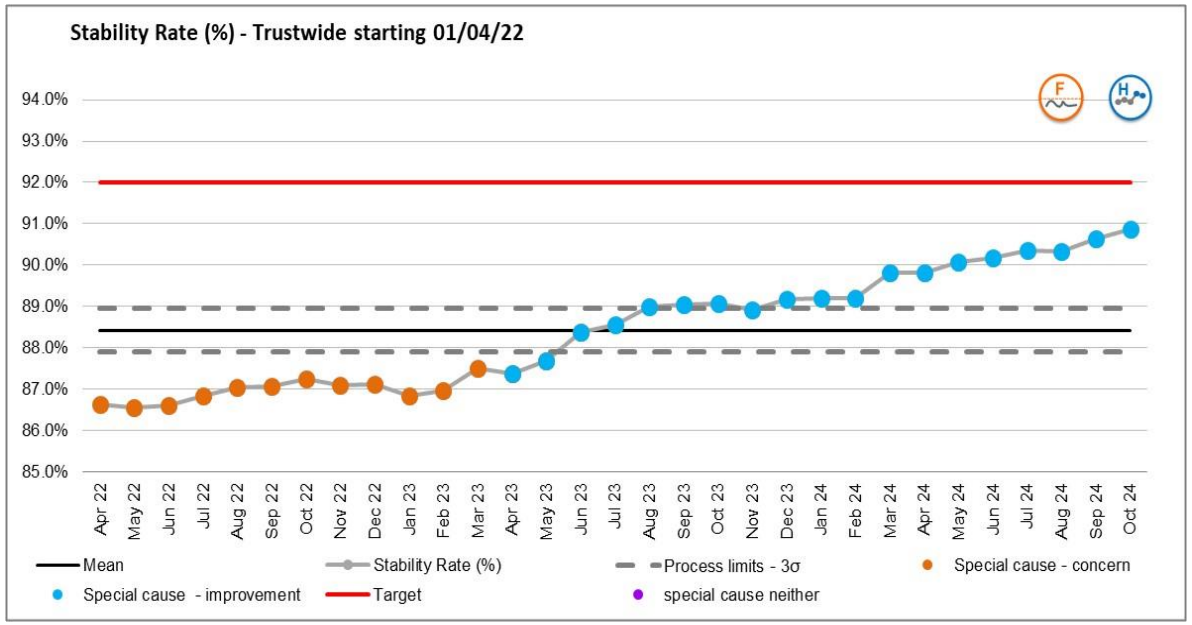
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
Stability Rate (%)	90.08%	90.17%	90.36%	90.32%	90.64%	90.88%
Turnover rate %	10.35%	9.96%	9.95%	9.80%	9.70%	9.40%
Vacancy rate	6.46%	6.71%	5.84%	6.68%	6.39%	6.49%
Sickness absence (rolling 12 month)	3.55%	3.60%	3.64%	3.64%	3.65%	Arrears

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

How are we performing:

- We are yet to achieve our target of 92% but the stability rate continues to improve towards our target
- Staff Survey has launched, response rate target response rate 70%
- Grip and Control Processes being coordinated to improve workforce controls

Actions and next steps:

- National Staff Survey, weekly reports being circulated. Key priority is to focus efforts in areas that offer the most significant opportunities (based on response rate and potential pool of respondents)
- A review of the 'expired' and 'due date' Fixed Term Contracts (FTC) with a clear case as to why the contract should continue beyond the end date
- Review of 'recurrent' vacancies. Any post that has been vacant for more than 6 months will be reviewed to determine whether it is still required
- Recruitment & Retention (R&R) payments: staff groups who are still in receipt of some type of R&R payments will be reviewed within the care groups. A clear case will need to made as to why the premia should continue

Risks:

- Staff survey response is plateauing, renewed efforts required to continue on the trajectory toward 70%

Strategic objective: **Deliver in partnership**

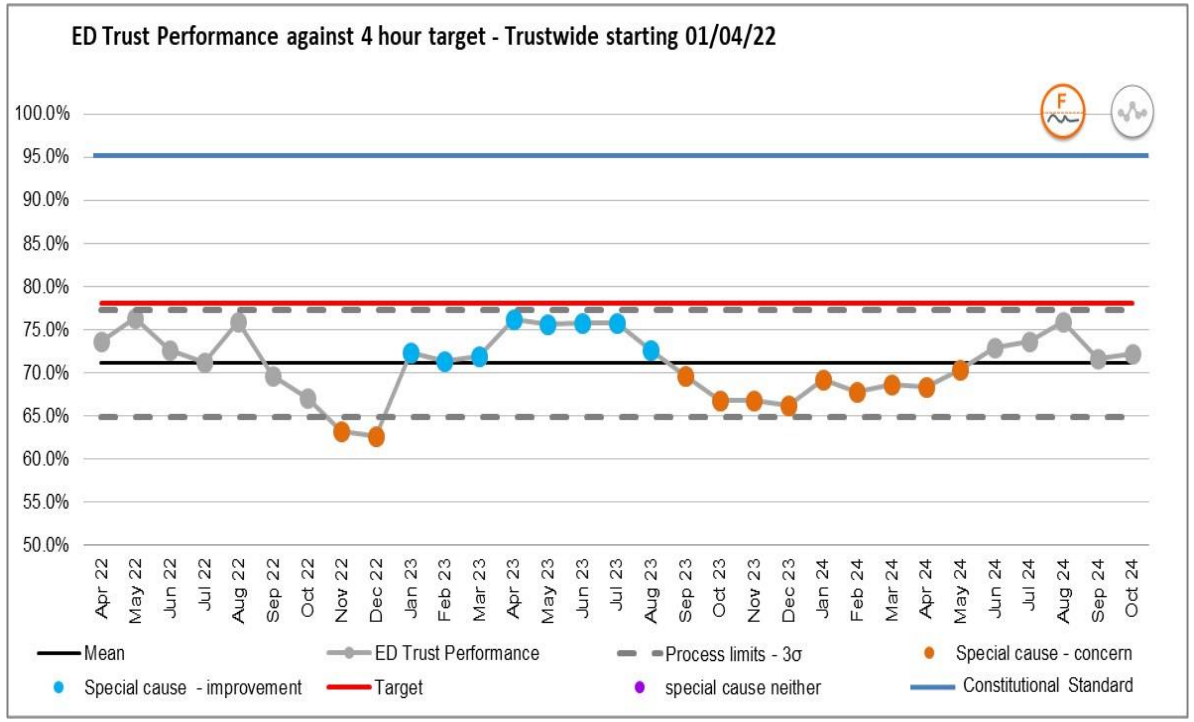
Strategic metric: Performance against 4hr A&E target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
4hour Performance (%)	70.40%	72.91%	73.59%	75.89%	71.64%	72.22%
Total Attendances	15531	14890	15428	14030	14636	16506
Total Breaches	4597	4033	4074	3382	4151	4586
Ambulance Handover: 30 Minutes	327	301	290	210	290	316
12 hours from arrival in ED (%)	4.9%	3.3%	3.7%	3.0%	4.7%	4.9%

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

How are we performing:

- 72.22% of patients were seen within 4 hours. We continue to not achieve the 78% target
- High daily attendances continue, increased average 406 per day with 16 days >400 compared with 411 per day in Oct 2023
- Total attendances have increased this month due to the opening of Urgent Care Centre (UCC) and Westcall (urgent out of hours primary care)
- ED Minors Unit activity increased to an average of 102 patients per day
- >60 & >30 minutes ambulance handover some improvement. Further improvement challenges with decision to admit and capacity issues
- Type 1, ED Department & Type 2, Eye Casualty Departments performance against the 78% trajectory remains below plan, with mitigating actions being taken

Actions and next steps

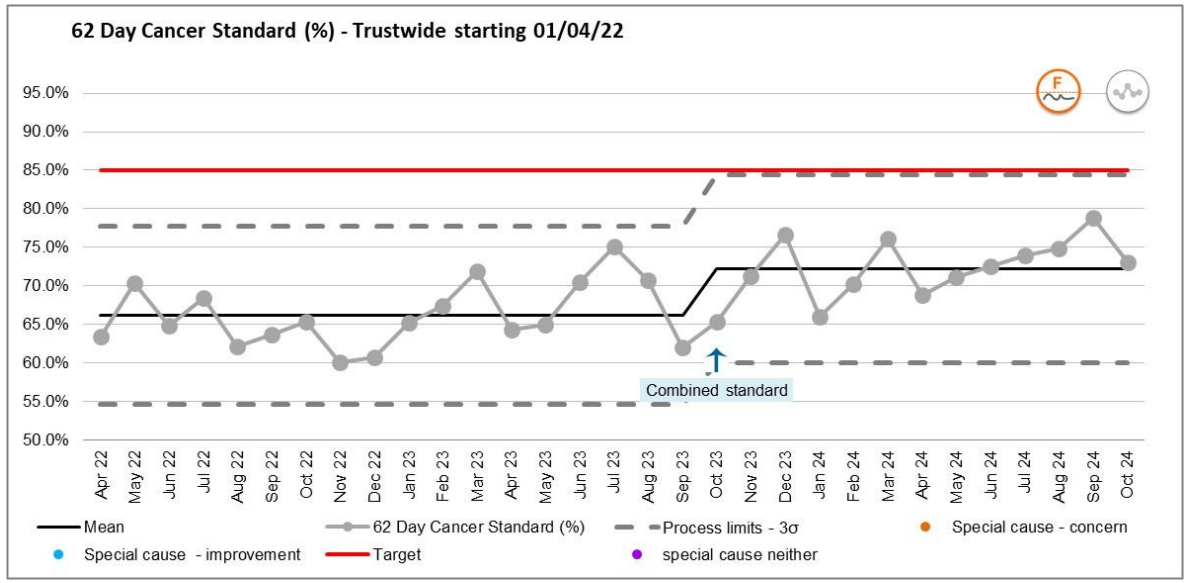
- UCC started on RBH site 1st Oct 2024 seeing an average of 44 patients a day. We continue to work on improving utilisation.
- Focus on reducing the number of queuing ambulances continued

Risks:

- Significant increase in Mental Health demand as well as incidences of violence and aggression towards staff; and associated costs
- Significant space constraints of the current ED facility
- Dependence on specialties to see referred patients in a timely manner

Strategic objective: **Deliver in partnership**

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



	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
Cancer 62 day %	71.1	72.5	74.0	74.8	78.8	73.1
No. on PTL over 62 days	334	307	304	330	257	247
% on PTL over 62 days	10.2	9.8	10.7	11.8	9.7	9.0
Cancer 28 day Faster Diagnosis	65.1	64.6	75.3	74.5	76.6	80.7

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

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	

NHS Royal Berkshire NHS Foundation Trust

This measures: The percentage of patients with confirmed cancer receiving first definitive treatment within 62 days of referral to the Trust. The national target is 85%.

How are we performing:

- In September 78.8% of patients were treated within 62 days. October's unvalidated performance is 73.1%. This remains below the national target but above agreed NHSE performance expectations for 2024-25 and is likely to improve post-validation
- The total number of patients on the Patient Tracking List waiting over 62 days decreased from 257 to 247 from September to October, predominantly within Lower Gastrointestinal, Gynaecology & Urology
- Overall performance against the 28-day and 62-day standards continues to exceed the Trust's trajectory for 2024-25

Actions and next steps:

- Implement new nurse-led triage protocol in Gastroenterology
- Establish outsourcing in Dermatology and continue insourcing in Endoscopy
- Complete review of bladder pathway within Urology
- Implement one stop clinic for Gynaecology ultrasound scan pathway

Risks:

- Not recovering sufficiently in Gynaecology, Gastroenterology and Urology
- High reliance on insourcing/outsourcing
- Service level agreement (SLA) for delivery of plastics capacity from Oxford University Hospitals (Skin). SLA in discussion, looking at long term options

Strategic objective: **Deliver in partnership**

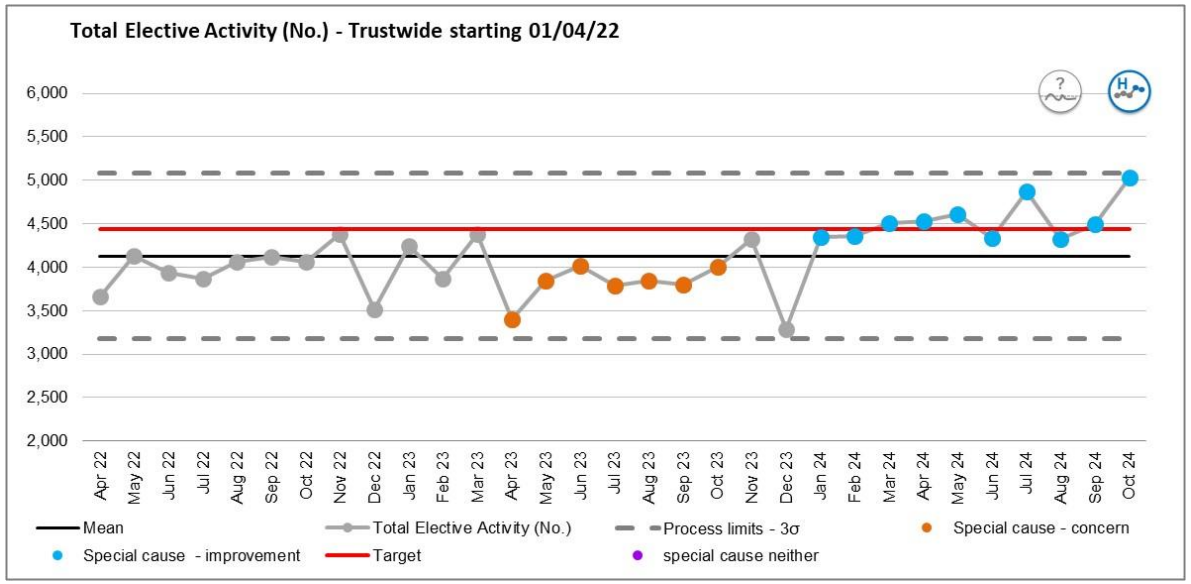
Strategic metric: Maximising Elective Activity

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	H

Royal Berkshire NHS Foundation Trust



	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
Total Elective Activity (No.) (provisional)	4611	4339	4,875	4,322	4,496	5,034
% of plan for Daycases (cumulative)	112.30%	108.30%	105.89%	104.87%	104.05%	103.85%
% of plan for Inpatients (cumulative)	105.30%	103.20%	98.72%	98.27%	97.38%	96.39%
% of plan for Outpatient Attendances (News & Follow Ups (cumulative)	109.40%	106.90%	106.26%	104.11%	103.50%	103.44%
Patients waiting > 65wks	0	2	5	6	4	2

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

How are we performing:

- Crude/local data indicates performance above 19/20 and 23/24 activity levels. We remain above our elective activity target
- Actual Value Weighted Activity (VWA) performance has not been released by NHSE. However, we remain above plan and expect to be performing above the VWA expectation

Actions and next steps:

- Internal monitoring of expected performance (excluding Non-Elective Recovery Fund (ERF) activity shows the Trust is meeting its plan for both Inpatient and Outpatient activity
- Focus remains on delivering more activity across the board but with a particular focus on first outpatient and maximizing theatre efficiency
- Work across operational and coding teams underway to improve capture of outpatient procedures in clinic has been critical to driving the improvement in performance

Risks:

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

Strategic objective: **Cultivate Innovation and Improvement**

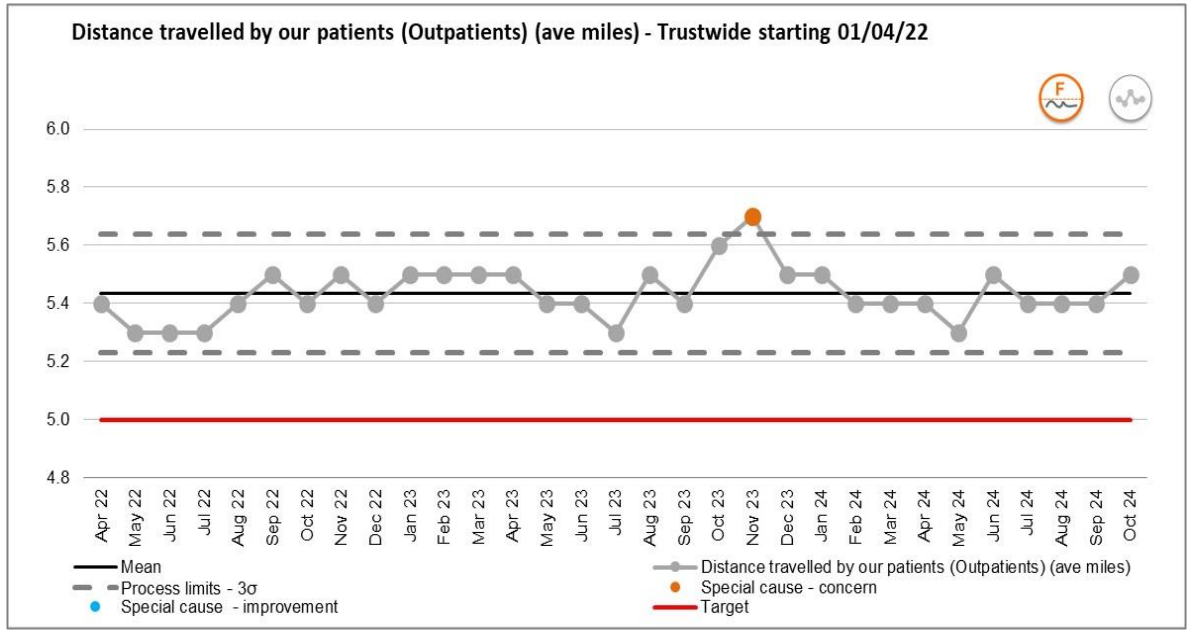
Strategic metric: Distance travelled by our patients (outpatients)

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
Distance travelled by our patients (average miles) (Outpatients including Virtual Attendances)	5.3	5.5	5.4	5.4	5.4	5.5
Number of Virtual attendances	10473	9623	10463	9136	10255	10897
Advice & Guidance (A&G) activity	2161	1994	2250	1957	1838	1813
Face to face (FTF) activity at non RBH sites	8183	8261	9272	8450	9246	10133

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

How are we performing:

- In October, the average distance travelled was 5.5 miles. While this remains in the standard range, we are still not achieving our target of 5 miles or less
- Use of non-RBH sites has also remained constant over the period but increased in month for the second month

Actions and next steps

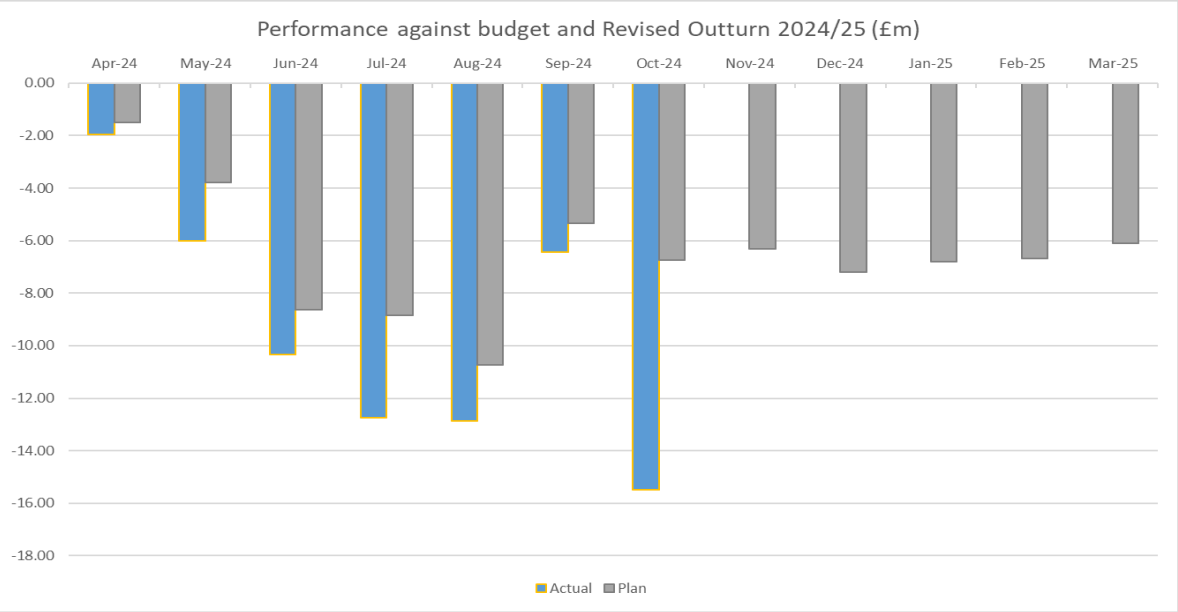
- Outpatient transformation programme is now live, including workstreams on reducing 'did not attends/was not brought', reducing cancellations and increasingly timely bookings to maximise clinic capacity and make best use of clinical space across all our sites

Risks:

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

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

Strategic metric: Trust income & expenditure performance



Metric Description	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
Income as % of plan	103.30%	99.02%	99.41%	109.14%	102.28%	99.24%
Pay as a % of plan	102.07%	96.19%	96.40%	101.46%	99.71%	100.30%
Non-Pay as a % of plan	114.69%	101.48%	114.86%	112.31%	101.79%	146.70%
Cost Improvement Plans (CIP) delivered (cumulative) (£)	£1.96m	£3.47m	£6.56m	£9.98m	£11.18m	£13.38m
Value weighted activity actual in month (£m)	£37.76m	£34.23m	£37.58m	£33.31m	£32.13m	£29.37m
Bank and Agency Spend actual (cumulative) (£m)	£3.99m	£5.79m	£7.72m	£9.75m	£11.53m	£13.41m

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
F	L

Royal Berkshire NHS Foundation Trust

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

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

How are we performing:

- The YTD deficit has deteriorated to £(15.49)m, with a revised full year plan of £(6.10)m, following the contract agreement with BOBICB; at YTD M07 2024/25 the deficit is now £(8.76)m behind revised plan
- Income is ahead of plan by £8.87m YTD
- Pay is favourable to plan by £0.78m YTD
- Non-pay is higher than plan by £(18.79)m YTD partially offset by favourable income variances

Actions and next steps

- Stepping up of further 'grip and control' measures to restrict non-pay, non-catalogue expenditure to curtail future overspends, and continued focus on delivery of savings (currently circa £20.86m identified against a revised target of £30.85m)
- Operational teams to continue focus on delivery, capture and coding of additional activity required for £11.60m additional Elective Recovery Fund (ERF) (and margin)
- We are building our financial recovery planning into 2025/26 as part of the overall planning process

Risks:

- Continued run rate of expenditure in excess of plans
- Delivery of required activity plans/potential future Industrial Action

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

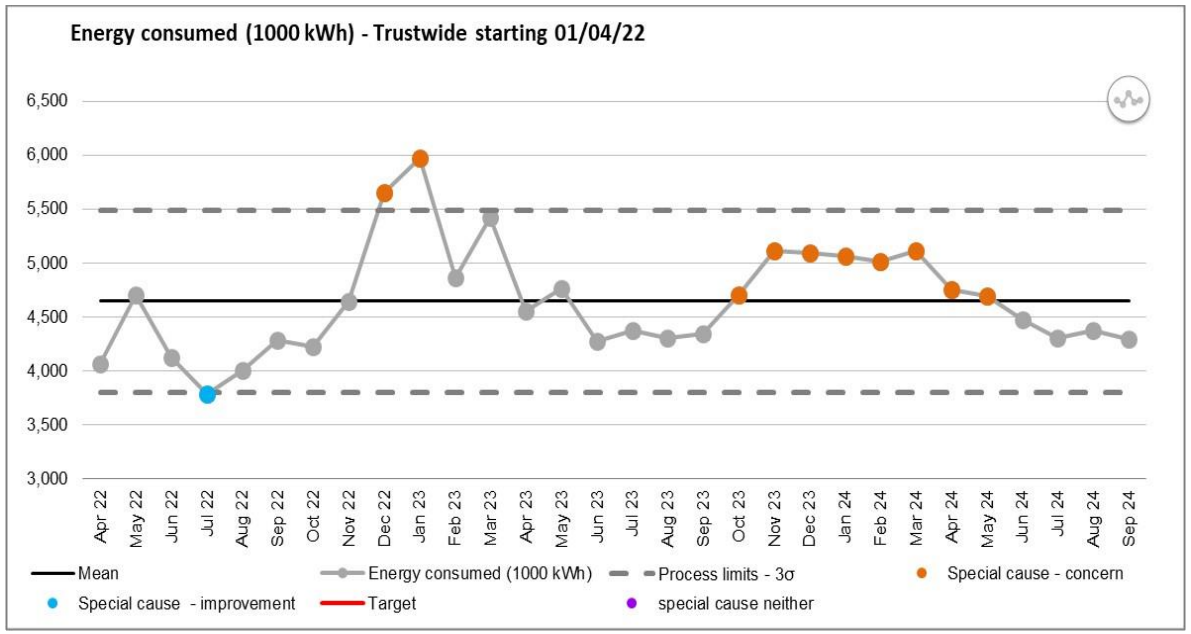
Strategic metric: Energy consumed (1000 kWh)

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



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

	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
Energy used (1000 kWh)	4695	4474	4310	4372	4294	Arrears
Electricity (1000 kWh)	126	162	247	118	178	Arrears
Gas (1000 kWh)	4569	4312	4063	4254	4116	Arrears

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

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

How are we performing:

- Our total energy consumption for September remains steady. Another slight increase in gas consumption was offset by a reduction in electricity consumed
- The RBH Combined Heat & Power plant continued to perform well, generating 1,307,263 kWh of electricity for the RBH site for September
- This reduced our total Trust monthly imported electrical consumption to 178 (1000 kWh)

Actions and next steps

- Continue review of Trust estate regarding future low Carbon skills funding and Public Sector Decarbonisation Scheme opportunities
- Continued reduction of energy consumption by refining Building Energy Management System controls
- Plan energy saving Back Log Maintenance Projects during 2025/26
- Executive Management Committee (EMC) received an update report on 11th Nov regarding the status of Net Zero Carbon (NZC) delivery against the green plan. EMC feedback has been incorporated into a paper for Finance and Investment Committee (F&I) on the 20th Nov to seek support through budget setting for refreshed focus on NZC delivery and the resources to enable this

Risks:

- Ageing Royal Berkshire Hospital plant and local infrastructure limitations

Royal Berkshire
NHS Foundation Trust

Breakthrough Priorities

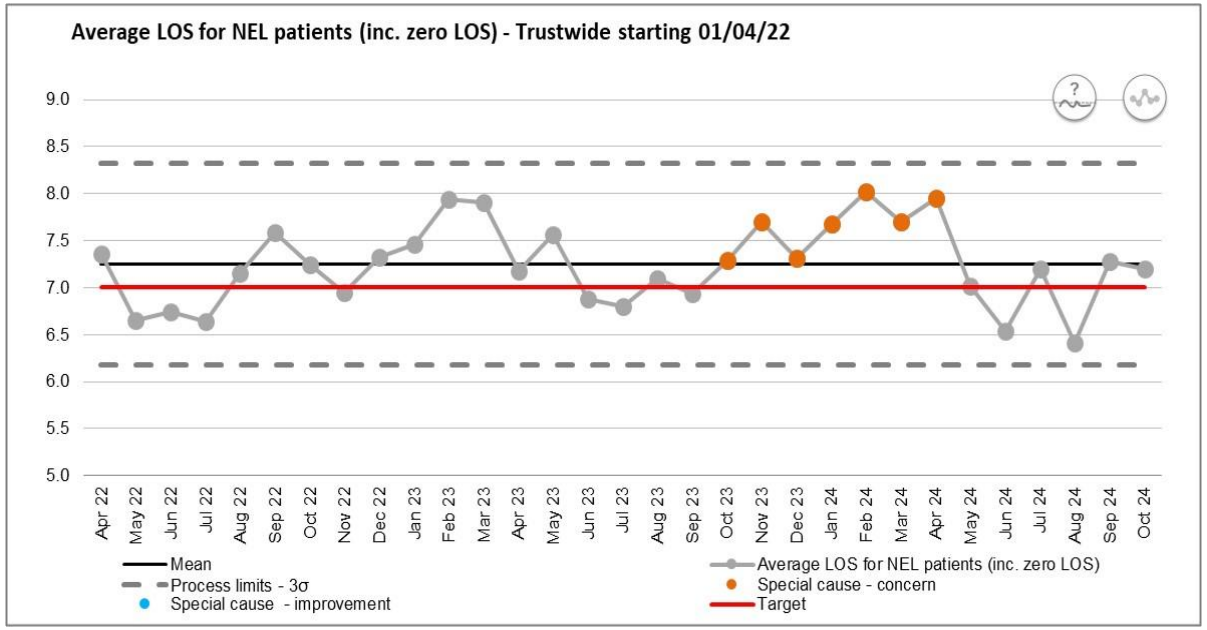
Breakthrough priority metric: Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



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

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

How are we performing:

- The average LOS in recent months has remained relatively low, although slightly inconsistent month on month. On average, over 7 months, it has been lower than last year by ~ 0.14 days which equates to ~ 9 beds
- The aim is to remain close to 7 days through autumn and into winter
- This position will be supported by further improved forecasting and planning of Discharge (via Target Discharge Dates (TDD) accuracy) across the Trust

	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
Ave LOS for NEL patients (inc. zero LOS	7.0	6.5	7.2	6.4	7.3	7.2
Bed Occupancy (%)	90%	89%	88%	84%	89%	85%
No. of patients with zero day LoS	1142	1014	1117	794	609	606
Ave number patients > 7 days	267	253	251	224	251	243
Ave number patients > 21 days	89	91	92	77	83	80
Ave no. of patients through discharge lounge per day	14	15	15	13	15	14

Actions and next steps

- Continued drive for improved accuracy of TDD
- Furthering use of the discharge lounge for non-elective admitted patients
- Improving processes around take-home medications
- System-working for complex and Community Hospital discharges being addressed by operational leaders

Risks:

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

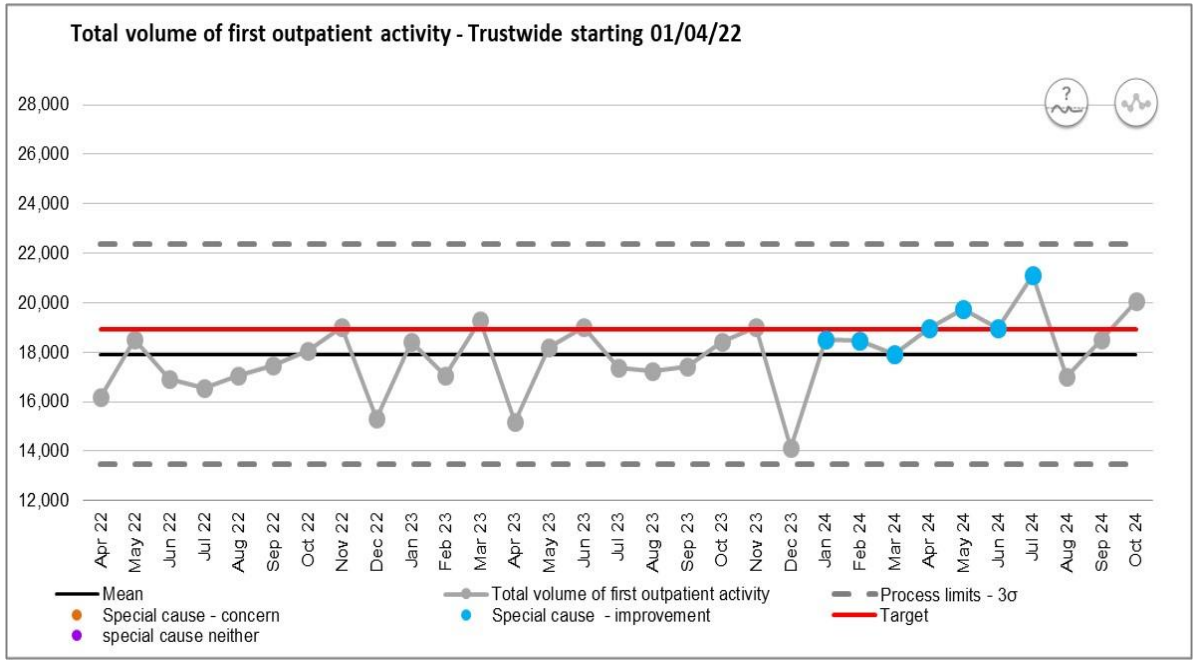
Breakthrough priority metric: Total Volume of first Outpatient (OP) Activity

Board Committee: Quality Committee

SRO: Andrew Statham

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
Total Volume of first outpatient activity	19,734	18,976	21,115	17,011	18,538	20,046
% OP 1st + OPPROC vs. Total OP Activity (46% target)	45.27%	47.60%	49.30%	48.00%	48.08%	48.30%
1st OP DNA/WNB rate	6.9%	7.3%	7.3%	7.6%	7.7%	7.7%
1st OP patient cancellations (%)	4.7%	4.6%	4.7%	4.9%	4.7%	4.2%
First / Follow up rate	2.0	2.0	1.9	2.0	1.9	1.9

This measures: The volume of first outpatient activity (OPA), including outpatient procedures, being undertaken. First OPA is the largest and most modifiable aspect of the elective pathway and is the biggest contributor to waiting times delays.

To support our patients and deliver our financial plan we are seeking to increase our OPA to 19k per month.

How are we performing:

- Work across operational and coding teams underway to improve capture of outpatient procedures in clinic has been critical to driving the improvement in performance
- Did Not Attend/Was Not Brought (DNA/WNB) and cancellation rates remain high and will be the focus of internal performance meetings
- Activity reporting allows a 6 week data capture window. We would expect September and October to increase prior to freeze

Actions and next steps

- Outpatient (OP) transformation actions focusing on improving scheduling efficiencies and better use of clinical space have been agreed at OP transformation group
- Work to reduce wait to first OP expected to reduce DNA/WNB rate
- Continued focus on increasing first OPA activity across all specialties

Risks:

- The impact of the ongoing primary care collective action may increase over time. To date we have seen no impact to referrals or Advice and Guidance

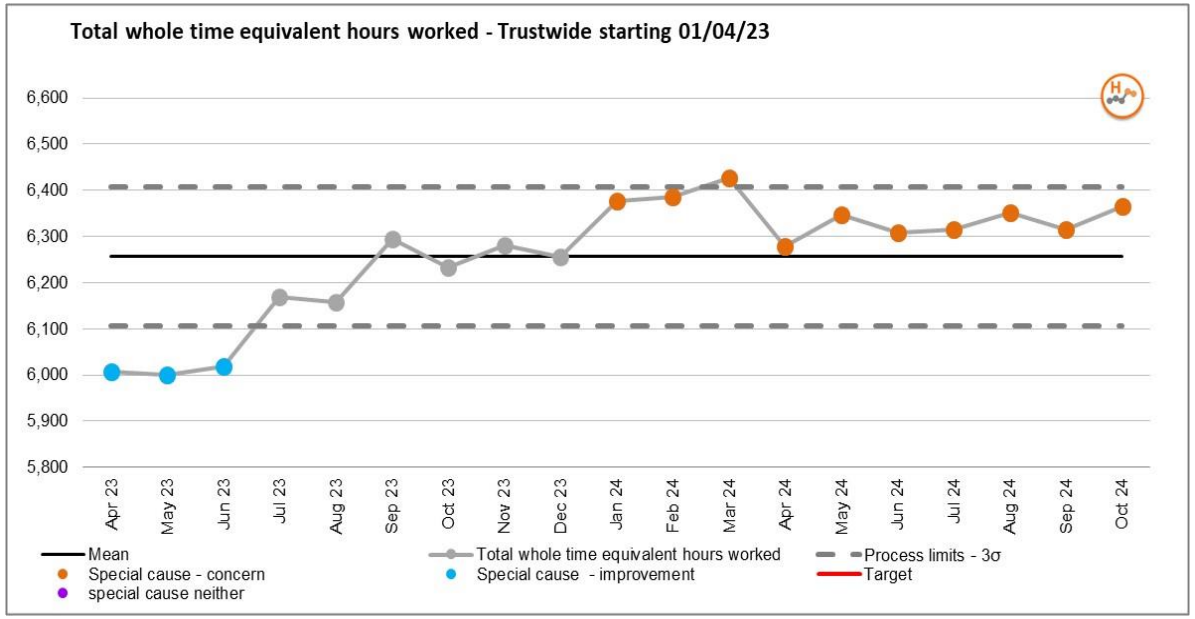
Breakthrough priority metric: Total Whole Time Equivalent (WTE) hours worked

Board Committee: People Committee

SROs: Nicky Lloyd/ Don Fairley

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24
Total WTE hours worked	6346	6309	6315	6352	6316	6366
Substantive WTE	5942	5960	5934	5971	5975	5970
Bank WTE	367	321	352	351	316	361
Agency WTE	36	29	29	30	25	35
Vacancy rate	6.46%	6.71%	5.84%	6.68%	6.39%	6.49%
Ave time to hire (clinical) (days)	55	59	58	61	54	58
Ave time to hire (non-clinical)	55	50	47	47	48	50

This measures: The total WTE hours worked within the Trust, broken down by bank, agency, and substantive workforce. Delivery of our financial plan requires us to make inroads into our total pay costs with a key focus on managing the contingent labour position.

How are we performing:

- The total WTE worked increased month on month by 50 WTE being driven in bank and agency, this is aligned with forecast with acuity and winter pressures increasing across the Trust
- Total agency cost reduced by £383k year on year (YoY) and for the seventh month in a row, total YoY agency reductions now running at £1.7 million. Overall bank and agency cost have reduced by 2.3m YoY
- Time to hire has seen a small increase with additional approval controls in place with Workforce Control Pannels, opportunity within approval times and shortlisting

Actions and next steps:

- Continued review of bank usage and control measures have been put in place with continued reduction of agency usage and controls particular focus on Allied Health Professions rates
- Ongoing review of all non-clinical roles through Workforce Control Panel with new controls in place to include Band 7 clinical roles

Risks:

- Reduction in the use of agency staff may result in specialist roles not being filled e.g. Sonographers

Royal Berkshire NHS Foundation Trust

Watch Metrics

Summary of alerting watch metrics

Royal Berkshire NHS Foundation Trust

Introduction:

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

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

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

Alerting Metrics October 2024:

In the last month 15 of the 114 metrics exceeded their process controls, one less than last month. 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 infection control

There are no new alerting watch metrics this month

Provide the highest quality of care for all
- C.Diff (Cumulative – Trust Apportioned)
- E.coli (Trust Apportioned) Bloodstream Infections
- Complaints turnaround time within 25 days (%)

Invest in our staff and live out or values
- Ethnicity progression disparity ratio
- Rolling 12 month Sickness Absence
- Abuse/V&A (Patient to Staff)

Deliver in Partnership
- Proportion of patients with high risk TIA fully investigated and treated within 24 hours
- Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival
- Cancer – Incomplete 104 days
- Diagnostics Waiting < 6 weeks (DM01) (%)

Cultivate innovation and improvement
- % OP treated virtually

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

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

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Aug-24	Sep-24	Oct-24	Oct-23
Never Events			0	0	0	2	1
Pressure ulcer incidence per 1000 bed days			1.00	0.00	0.11	0.00	0.09
Category 2 avoidable pressure ulcers			5	0	2	0	4
Category 3 avoidable pressure ulcers			0	0	0	1	0
Category 4 avoidable pressure ulcers			0	0	0	0	0
Unstageable avoidable pressure ulcers			0	1	0	0	0
Patient Falls per 1 000 bed days			5.00	3.73	4.16	3.60	4.01
Patient falls resulting in harm (avoidable)			-	0	0	0	0
No. of DOLS applications applied for			-	21	31	28	16
No. of detentions under the MH act to RBH			-	4	0	3	5
% of staff: Safeguarding children L1 training			90.00%	96.60%	97.00%	97.10%	94.40%
No. of child safeguarding concerns by the Trust			-	165	119	172	116
No. of adult safeguarding concerns by the Trust			-	24	34	25	29
No. of safeguarding concerns against the Trust			-	1	1	0	0
Unborn babies on child protection (CP) / child in need plans (CIP)			-	40	51	43	44
C.Diff (Cumulative – Trust Apportioned)			44	25	32	35	24
C.Diff lapses in care			-	0	Arrears	Arrears	0
MRSA			0	0	Arrears	Arrears	0
E.coli (Trust Apportioned) Bloodstream Infections			-	6	10	12	6
E.coli (Trust Apportioned) Bloodstream Infections (Cumulative)			92	45	54	66	80
MSSA surveillance (trust acquired)			-	7	3	1	5
Hand Hygiene			-	97.45%	97.24%	Arrears	97.67%
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance			95.00%	95.60%	95.90%	Arrears	94.30%
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions			0.00	2.13	2.16	Arrears	1.01

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

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Aug-24	Sep-24	Oct-24	Oct-23
No. of compliments			-	70	27	54	35
FFT Satisfaction Rates Inpatients: i.Inpatients			95%	96%	94%	93%	98%
FFT Satisfaction Rates Inpatients: ii.ED			95%	85%	82%	80%	81%
FFT Satisfaction Rates Inpatients: iii.OPA			95%	96%	96%	96%	95%
Mixed sex accommodation - breaches			0	79	152	184	366
Crude mortality			-	1.00	1.30	1.20	1.40
HSMR			-	Arrears	Arrears	Arrears	82.6
SMR			-	Arrears	Arrears	Arrears	83.5
SHMI			-	Arrears	Arrears	Arrears	0.98
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes			97%	100%	100%	Arrears	93%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes			86%	88%	60%	Arrears	57%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes			82%	88%	90%	Arrears	71%
No. of Patient Safety Incident Investigations (PSII)			-	2	1	2	
No. of SWARM huddles			-	5	2	3	
No. of After Action reviews			-	4	1	5	
No. of Multidisciplinary Team (MDT) reviews			-	4	0	4	
No. of Thematic reviews			-	0	0	0	
Number of Complaints			-	24	19	26	39
Complaints turnaround time within 25 days (%)			80%	45%	45%	47%	50%

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

Maternity Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Aug-24	Sep-24	Oct-24	Oct-23
FFT Satisfaction Maternity			95.0%	93.8%	96.4%	94.4%	86.5%
No. of complaints - Maternity			3	4	1	2	7
Number of Patient Safety Incident Investigations (PSII)			-	1	1	0	-
% bookings with ethnicity documented / recorded	H		-	99.8%	99.4%	100.0%	86.1%
% women with a documented CO result at booking			95.0%	87.2%	89.6%	85.5%	91.2%
% of women with a documented CO result at 36 weeks			95.0%	89.0%	88.0%	86.4%	87.2%
% of pre-term (less than 34+0), live births receiving a full course of antenatal corticosteroids, within seven days of birth			80.0%	75.0%	33.0%	75.0%	100.0%
Post Partum haemorrhage>1500mls			3.5%	2.8%	2.9%	1.3%	2.6%
Percentage of term babies admitted to Neonatal Unit			5.0%	5.6%	6.7%	3.6%	4.0%
Percentage of Perinatal Deaths	L		0.5%	0.1%	0.2%	0.3%	0.2%
Number of occasions MLU service suspended for 4 hours or more	L		-	1	4	4	28
Midwifery staffing vacancy rate	L		-	8.3%	5.2%	0.8%	10.1%
Midwifery staffing turnover	L		14.0%	10.6%	9.4%	10.6%	8.1%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%	97.9%	95.8%	95.2%	95.9%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%	82.2%	86.7%	95.5%	81.4%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT			90.0%	71.2%	79.3%	88.1%	85.7%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT		P	90.0%	97.0%	96.7%	98.0%	94.2%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT	H	F	90.0%	91.7%	93.2%	93.2%	92.6%

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

Watch metrics:

SRO: Don Fairley

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Aug-24	Sep-24	Oct-24	Oct-23
Ethnicity Progression Disparity ratio between middle and upper pay bands	H	F	1.66	2.06	2.10	2.19	1.95
Rolling 12 month Sickness absence	L	F	3.3%	3.6%	3.7%	Arrears	3.5%
% Fill rate of Registered Nurse Shifts (RN)	H	P	90.0%	98.1%	97.3%	98.2%	98.0%
% Fill rate of Care Support Worker Shifts (CSW)	H	P	90.0%	109.3%	106.9%	104.5%	102.3%
Completed Mandatory Training	H	P	90.0%	94.0%	93.7%	93.4%	92.3%
Appraisals	H	F	90.0%	87.9%	88.5%	88.7%	81.7%
Nurse Staffing Red Flags			-	31	51	53	64

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

Watch metrics:

SRO: Don Fairley

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Aug-24	Sep-24	Oct-24	Oct-23
RIDDOR reportable Incidents			-	0	0	0	0
Abuse/V&A (Patient to staff)	H		-	82	77	96	43
Body fluid exposure/needle stick injury	H		-	26	19	23	15
Environment Related Incidents			-	16	30	20	12
Conflict Resolution	H	?	90%	93%	93%	94%	88%
Fire (Annual)	H	?	90%	93%	92%	92%	91%
Nursing and AHP Manual handling training every 3 years	H	?	90%	93%	92%	92%	89%
Doctors manual handling training every 3 years	H	F	90%	95%	95%	95%	92%
Health and Safety Training	H		-	97%	97%	97%	95%
Slips and Trips			-	4	3	3	1
Musculoskeletal - Inanimate object			-	3	1	4	3
Total non clinical incidents reported			-	242	297	272	285

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Aug-24	Sep-24	Oct-24	Oct-23
Fractured Neck of Femur: Surg in 36 hours			75.0%	54.5%	Arrears	Arrears	62.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival		F	90.0%	76.0%	73.0%	67.0%	67.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)			80.0%	94.0%	92.0%	87.0%	92.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)		F	90.0%	38.0%	78.0%	84.0%	17.0%
Cancer 31 day wait: to first treatment			96.0%	95.2%	96.5%	95.7%	90.2%
62 Day screen Ref			85.0%	57.1%	94.6%	84.6%	54.5%
Cancer Incomplete 104 days		F	0	75	76	60	118
Average waiting times in diagnostic (DM01) services		P	6	9	8	7	9
Diagnostics Waiting < 6 weeks (DM01) (%)	H	F	99.0%	80.4%	83.0%	81.0%	74.3%
18 Weeks: incomplete pathways (%)	H	F	92.0%	81.8%	82.2%	81.4%	87.8%
No. of patients waiting >52wks	L	F	0	89	23	13	18

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Aug-24	Sep-24	Oct-24	Oct-23
% OP appointments done virtually	L	F	40.0%	20.2%	20.9%	20.5%	22.1%
Number of OPPROC	↑		-	11865	12778	12779	9410
Number of MDT OP	H		-	748	767	785	719
Number of PIs	↑		-	121	123	124	89
Number of active research trials	↑		-	141	147	149	104
Number of projects supported by HIP	↑		-	53	53	53	54

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

Watch metrics

SRO: Nicky Lloyd

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Aug-24	Sep-24	Oct-24	Oct-23
Pay cost vs Budget (£m)	H		-	-0.46	0.09	-0.11	-0.39
Non pay cost vs Budget (£m)			-	-2.44	-0.35	-7.29	-1.31
Income vs Plan (£m)			-	4.57	1.32	-0.40	1.48
Daycase actual vs Plan (£m)			-	0.50	0.22	1.02	-0.13
Elective actual vs Plan (£m)			-	0.40	0.09	0.24	-0.21
Outpatients actual vs Plan (£m)			-	-0.47	-0.84	0.00	0.25
Non-elective actual vs plan (£m)			-	-0.98	-1.21	-0.07	-0.52
A&E actual vs plan (£m)			-	0.05	-0.26	0.39	0.14
Drugs & devices actual vs plan (£m)			-	0.96	0.73	1.02	0.12
Other patient income (£m)			-	0.14	0.14	0.19	0.14
Delivery of capital programme (£m)			-	1.80	0.80	3.29	2.25
Cash position (£m)	L		-	18.92	9.83	21.70	33.58
Agency spend % of total staff cost (%)	L		-	1.3%	1.3%	1.2%	2.2%
Creditors (£m)			-	-84.45	-81.12	-86.05	-72.60
Debtors (£m)			-	52.46	63.28	46.74	24.09
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD		F	95.00%	78.80%	78.77%	79.00%	57.45%
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month	H	F	95.00%	81.20%	78.71%	80.00%	65.72%

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Title:	**RBFT Winter Plan 2024/25**
Agenda item no:	9
Meeting:	Board of Directors
Date:	27 November 2024
Presented by:	Dom Hardy, Chief Operating Officer
Prepared by:	Dom Hardy, Chief Operating Officer David Mossop, Care Group Director, Urgent Care Group

Report History	Plan discussed in draft in multiple committees (OMT, EMC, Quality) during the autumn

What action is required?		Board of Directors is asked to approve the Winter Plan 2024/25.					
Assurance		Information		Discussion/input		Decision/approval	✓

Resource Impact:	

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

Publication							
Published on website		Confidentiality (FoI):		Private		Public	✓

1. RBFT winter plan 24-25

1.1. RBFT's draft winter plan was developed in early autumn and its workstreams have been in implementation since that point. The final plan is attached as appendix 1. Board of Directors is invited to discuss and approve the final plan.

1.2. The plan builds on the same key objectives of previous years with a focus on ensuring:

- Enough capacity to care for Non-elective patients in an appropriate area
- Elective activity is protected
- Effective management of seasonal infections / illness
- Staff are not overstretched, with less reliance on agency and locum staff
- We only admit patients that benefit from in-patient care

1.3. Following engagement with key stake holders and an A3 approach, and based on GIRFT principles as outlined in the Clinical services strategy (CSS), the aims of the plan are to:

- Simplify pathways to get patients to the most appropriate part of the system first time
- Prevent duplication of assessment and documentation
- Bring care forward in the day
- Improve access to senior decision making
- Ensure ready access to key diagnostics – with appropriate timeframes depending on clinical urgency and appropriate gatekeeping
- Deliver a consistent approach – utilising segmentation data from connected care to support decision making (based on Patient Needs Group – PNG)
- Enable assessment areas to utilise firstnet (the EPR system used by ED)
- Support rapid onward flow from assessment areas to the most appropriate ward area – including when a different specialty is identified, following assessment, as the most appropriate. Based on an agreed set of guidelines

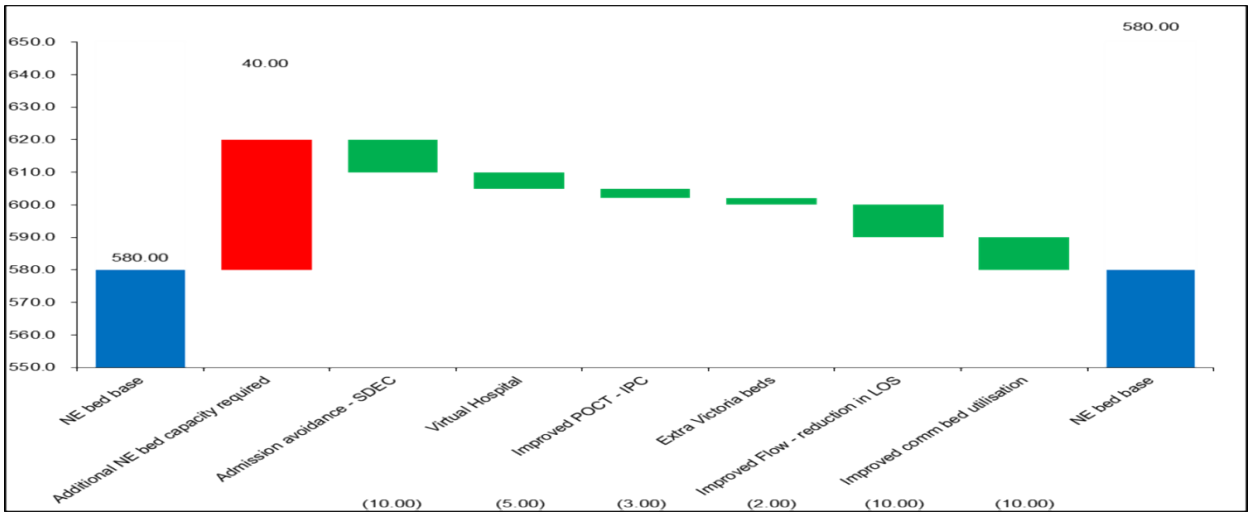
1.4. Utilising this approach, and analysing last winter's performance, the assessment was that there were at least 40 patients each day that were not benefitting from inpatient acute care – they were either waiting for a bed in ED, in escalation areas that do not normally care for inpatients, or outlying in surgical wards or the surgical assessment unit.

1.5. A number of key work streams were identified to deliver these aims with a targeted number of bed reductions associated with each, the cumulative impact of which will be to free up non-elective capacity to enable patients to be cared for in an appropriate area with no / minimal need for escalation areas or care to be delivered for an extended period time in assessment areas / ED.

1.6. The work streams are

- Redirecting patients to the most appropriate service
- Reducing admissions(10 patients)
- Switching in-patient care to outpatient or virtual care (5 patients)
- Keeping beds open (3 patients)
- Reduce length of stay (10 patients)
- Reduce number of patients on the medical optimised for discharge list and utilise community beds optimally (10 patients)

1.7. The graphic below demonstrates how through this approach we can accommodate all the non-elective patients within the current staffed bed base.



1.8. Progress to date has been partially successful; the current estimate is that c70% of the additional capacity has been created, with progress still to make to find the remaining 30%. Some workstreams such as admission avoidance and improved community bed utilisation have not yet had the full expected impact, and so work continues to optimise those pathways. Others such as improved testing for infections have not yet been finalised

1.9. To supplement the original workstreams, OMT approved a proposal this month to increase consultant staffing at the front door during peak months, with the costs to be absorbed in existing budgets. This approach draws on learning from successive bouts of resident doctor industrial action, during which increased consultant presence – with the increase in experience – led to reduced levels of admissions.

1.10. In addition, work to review surge planning across all ward areas has been completed in the last month, supported by improvements in the rhythm of daily operational leadership. The aim here is to clarify expected actions across the RBH site when increased levels of operational pressure are felt, and ensure that operational leaders are able to make, communicate and implement decisions quickly and effectively to create capacity.

1.11. Finally, the RBFT Winter Ready communications campaign was launched earlier this month. Resources can be viewed via this link: https://www.royalberkshire.nhs.uk/winter-ready

2. System winter planning

2.1. This approach builds on and is supported by the work across the UEC pathway in Berkshire West place.

2.2. As part of this, the plan has been shared with the UEC programme board

3. Next steps

3.1. Board of Directors is asked to approve the winter plan.

4. Attachments

Appendix 1 – RBFT Winter Plan 2024/25

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Winter Plan 2024/25

Creating enough capacity to care for Non-Elective patients

Compassionate Aspirational Resourceful Excellent

Problem Statement / Opportunity

Royal Berkshire NHS Foundation Trust

- Too little bed capacity in the acute trust to accommodate all non-elective patients in an appropriate bed / environment
- Patients experienced poor care - long waits in ambulances, in ED, in 'non –ward' escalation areas
- Increased pressure on staff

Where do we want to be?

- Enough capacity to care for Non elective patients in an appropriate area
- Elective activity protected
- Effective management of seasonal infections / illness
- Staff are not overstretched, with less reliance on agency and locum staff
- Only admit patients that benefit from in-patient care

What will we change?

Royal Berkshire NHS Foundation Trust

- Based on GIRFT and CSS principles
  - Simplify pathways to get patients to the most appropriate part of the system first time
  - Prevent duplication of assessment and documentation
  - Bring care forward in the day
  - Improve access to senior decision making
  - Ready access to key diagnostics – with appropriate timeframes depending on clinical urgency and appropriate gatekeeping
  - Consistent approach – utilise segmentation data from connected care to support decision making (based on Patient Needs Group – PNG)
  - Assessment areas to utilise firstnet
  - Rapid onward flow from assessment areas to most appropriate ward area – including when a different specialty is identified, following assessment, as the most appropriate. Based on an agreed set of guidelines

Redirect to most appropriate service

- **Opening co-located UCC on RBH site** (interim model Oct 24, permanent model in April 25)
  - Aim to reduce pressure in ED by redirecting 75 – 100 pts / day form ED
  - Commissioned to see 150 patients / day
  - Primary care led (including streaming component)
  - Funded separately with additional funds
  - Estates work to facilitate delivery of model – short and long term using external funding
  - Note: The evening Westcall ED redirection pathway to continue ofr Q3/4 (additional 15pts / day)

Redirect to most appropriate service

- **Single point of access**
  - Aim for all SCAS crews and primary are teams to call (if not resus patient) prior to arrival to support non conveyance and directing to the most appropriate and lowest acuity setting
  - Increase medical pathways to SDEC
  - Extend to surgical pathways autumn 24
  - Continue to develop alternative pathways with community services and specialty teams

Reduce Admissions

- Reduce admissions by 15% - 10 - 12 patients / day
- Direct access to most appropriate team / senior decision maker – utilising SPoA
- Medical pathways (3 patients)
  - SDEC – changes to bed base, admission criteria and capacity
  - Co-locate medical take team with SDEC team
  - Reduce duplications of clerking / implement Firstnet
- Frailty pathways (3 patients)
  - OPED – develop consistent team
  - Improve links with UCR / community hospital beds

Reduce Admissions

Royal Berkshire NHS Foundation Trust

- Paediatric pathways (2 patients)
  - New consultant led ambulatory service from Sep 24
- Surgical pathways (2 patients)
  - SAU returning to usual bed base from Sep 24
  - Working with SpoA to increase direct routes into SAU and with radiology to review imaging criteria
- Emergency Gynae assessment clinic (1 patient)
  - Start in Sep 24
- Trauma pathways (1 Patient)

Switch inpatient to outpatient / virtual care

Royal Berkshire NHS Foundation Trust

- Aim Pull a further 5 patients into virtual environment that would currently be in an inpatient bed
- Virtual ward services
  - Build links with UCR
  - Quantify no of patients that would othwise have been in a hospital bed, and prioritise pathways that support this
- BDU
  - Aim to increase number of patients that can have care delivered out of BDU
  - Review capacity and demand, hours and days of operation
  - Utilise 7 x 2hr empty slots /day

Keep Beds Open

Royal Berkshire NHS Foundation Trust

- To reduce the beds and bay closures due to infections (CPE, Covid, Flu, Noro and C Diff)
- Reduce outbreaks and cross infections.
- Improve testing (cohort testing) and improve access for test/results and turnaround times for results
- Aim to relieve side room pressures (length of stay) through testing

Reduce Length of Stay

- Aim to reduce LOS by 0.5 days – free up 10 beds
- Break through priority – Flow with aim to reduce LOS by 0.5 days
  - Targeted discharge date
  - Board rounds
  - Work with pharmacy around EDLs / TTO's
  - Promote discharge earlier in the day
  - Utilise Discharge lounge

Reduce number of patients on MFFD list / utilise community bed base optimally

- Aim to utilise the on average 10 empty beds in community hospitals
  - Using beds differently (Pathway 3 initiative)
  - Reducing patient 'choice' as per national guidance
  - Improved patient information around limitation on patient and family 'choice'

- Improve visibility of patients who are not actually DCR
- Making sure DC planning starts on admission with improved information gathering from admission
- Making sure every ward has a DC Coordinator
- Accurate TDD setting to drive DC processes

The Bridge

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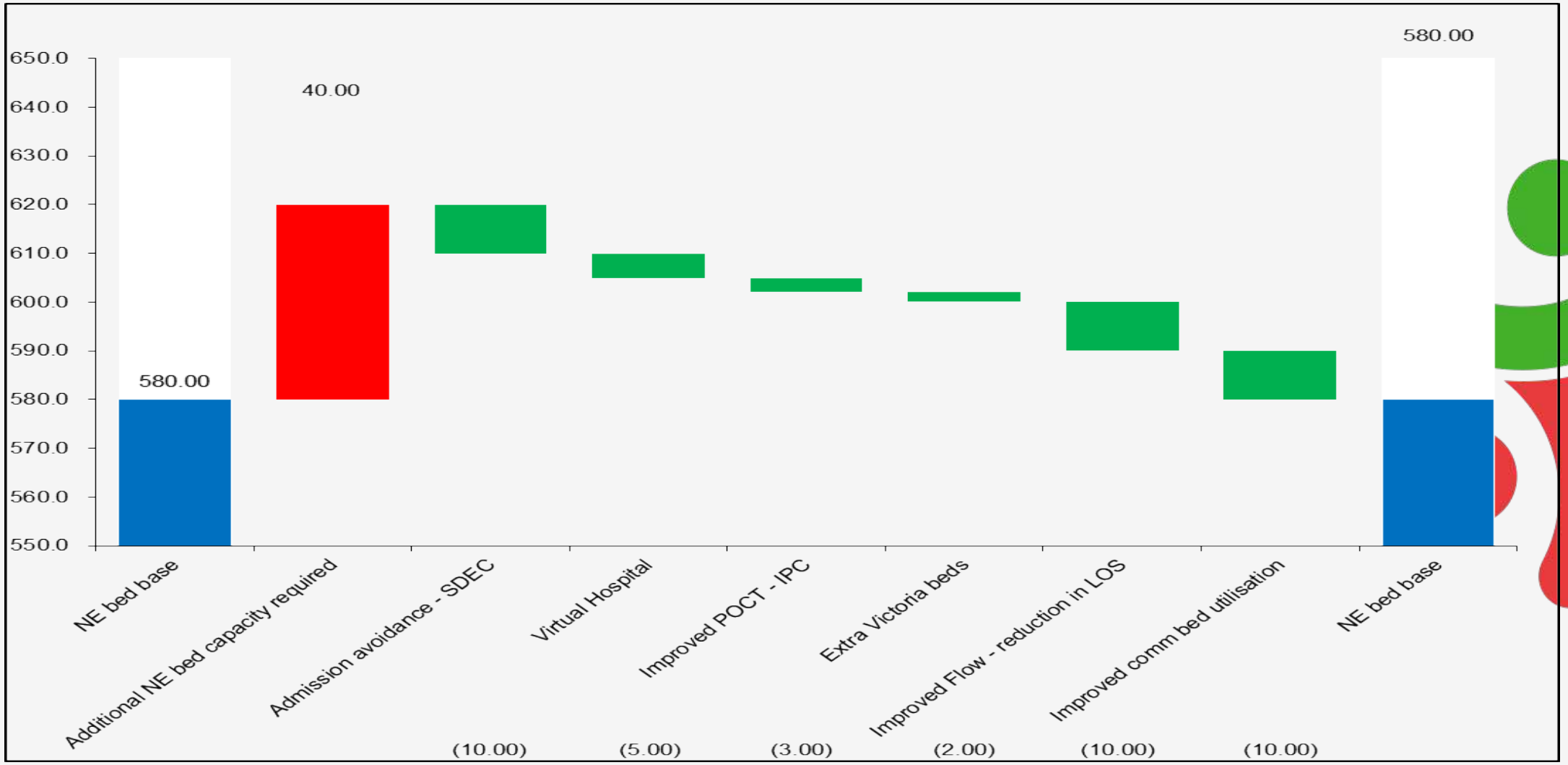

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Board Work Plan 2025

Focus	Item	Lead	Freq	Nov-24	Jan-25
Provide the Highest Quality Care to all	Winter Plan	DH	Annually		
	Ockendon Action Plan Update	KP-T	By Exception		
	Children & Young People Strategy	KP-T	Bi-Annually		
	Health & Safety Story	DF	Every		
Invest in our People and live out our Values	Patient Story	Exec	Every		
	Staff Story	Exec	Every		
	Health & Safety Annual Report	DF	Annually		
Achieve Long-Term Sustainability	Quarterly Forecast	NL	Quarterly		
	2024/25 Budget	NL	Annually		
	2024/25 Capital Plan	NL	Annually		
	Operating Plan/ Business Plan 2024/25	AS	Annually		
	The Green Plan	NL	Once		
Cultivate Innovation & Improvement	Standing Financial Instructions	NL	Annually		
	ICP/ICS Update	AS	By Exception		
	Building Berkshire Together	AS	Every		
Other / Governance	Chief Executive Report	SMC	Every		
	Board Assurance Framework	CL	Bi-Annually		
	Corporate Risk Register	KP-T	Bi-Annually		
	Integrated Performance Report (IPR)	Exec	Every		
	IPR Metrics Review	DH/AS	By Exception		
	NHSE Annual Self-Certification	NL/CL	Annually		
	Standing Orders Review	CL	Annually		
	Board Work Plan	CL	Every		