Royal Berkshire
NHS Foundation Trust

Public Board - 31 July 2024

MEETING
31 July 2024 09:00 BST

PUBLISHED
25 July 2024

Agenda

Location	Date	Time
Seminar Room, Trust Education Centre, Royal Berkshire Hospital	31 Jul 2024	09:00 BST

	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest (Verbal)	Graham Sims		-
1.1	Helen Mackenzie			-
2	Patient Story (Verbal)	Janet Lippett	09:00	-
3	Staff Story (Verbal)	Nicky Lloyd	09:20	-
4	Health and Safety Moment (Verbal)	Don Fairley	09:40	-
5	Minutes for Approval: 29 May 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: 22 May 2024 & 19 June 2024	Mike O'Donovan		10
6.2	Quality Committee: 3 June 2024	Parveen Yaqoob		16
7	Chief Executive Report	Steve McManus	10:20	22
8	Integrated Performance Report	Andrew Statham	10:40	27
9	Work Plan	Caroline Lynch	11:10	54
10	Date of Next Meeting: Wednesday 25 September 2024 at 09.00am			-

Board of Directors

Wednesday 29 May 2024
09.00 – 11.50
Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Graham Sims	(Chair)
Mr. Steve McManus	(Chief Executive)
Dr. Bal Bahia	(Non-Executive Director)
Mr. Don Fairley	(Chief People Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Priya Hunt	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In attendance

Mrs. Caroline Lynch	(Trust Secretary)
Mr. Andrew Statham	(Director of Strategy)

There were six Governors and seven members of staff present.

The Chair reminded the Board and visitors that Purdah rules currently applied.

75/24 Health & Safety Moment

The Chief People Officer introduced Simon and Jess from the Emergency Department (ED). Jess highlighted that, 74 violence and aggression incidents had been raised from June 2023 to November 2023 and 85 incidents raised from December 2023 to April 2024. The main themes related to mental health patients, drugs and alcohol, night shifts with junior staff and the reception team experiencing increasing numbers of violence and aggression. Jess advised that 3 red cards and amber cards had been issued to patients. Jess highlighted that the incidents included racial and homophobic verbal abuse, sexual comments towards staff as well as verbal abuse towards the reception team. Jess provided an overview of an incident when the ED team had been pre-alerted by the police that a patient with multiple stab wounds was on route. However, friends of the patient and the assailant also arrived. The police had to remove the knife from the assailant.

The Board noted processes implemented included highlighting to the team that any form of violence and aggression should not be tolerated. One security officer was now based in the ED during the day and two security officers for the night shift. Security officers had body cameras and, as a result of this, staff felt safer with this support. Simon highlighted that the team wanted to provide the best patient care. However, they had to be reactive to the environment. Discussions were on-going in relation to staff wearing body cameras and the team were working with Thames Valley Police. The Chief People Officer advised that the use of personal alarms was being considered as well as fixing CCTV cameras and call bells in the department. Discussions were also on-going with system partners in relation to mental heath

support for patients. However, there was a capacity challenge with Berkshire Healthcare Foundation Trust as mental health patients were currently transferred out of area due to the lack of a mental health unit locally. The Chief Executive highlighted that there was a new area commander at Thames Valley Police and that the new commander would work with the department to provide support.

Simon advised that the ED team were a strong, large team and they had wellbeing champions as well as areas for staff to decompress. The Board thanked the team for their presentation and agreed this was an area to continue vigilance

76/24 Patient Story

The Chief Nursing Officer introduced Clare and Chandan from the Paediatric team. Clare provided an overview of 16-year-old patient with complex needs that included a severe learning disability and was non-verbal. He had recently had a change to his epilepsy medication and was reviewed in the Paediatric observation bay and later discharged. He was then re-admitted the next morning and had a CT scan under general anaesthetic that identified acute pancreatitis and possible pancreatic necrosis. He spent three weeks in the Intensive Care Unit (ICU) and then was transferred to Lion Ward. The move was planned with his Mum who had raised concerns with some of the process. The patient episode was discussed at the Paediatric Multi-Disciplinary Team (MDT) meeting and, following a root cause analysis, it was declared as a serious incident. The Board noted the learning from this included providing training to staff in relation to pain assessment/pain perception in children with complex needs as well as listening effectively to parents. Clare advised that Mum had called the Call for Concern team every day and this had provided her with reassurance. The Board watched the video of Mum and her son saying a big thank you to the team.

Learning from this incident had been shared at a national forum. The patient did not have a health passport in place as he had not previously been seen as an inpatient and it was concluded that this would have been helpful. The Chief Executive highlighted that, as Martha's rule was implemented, the Trust would need to do more in terms of the patient voice, for example, implementing a basic question of 'how do you feel today?'. The Chief Nursing Officer advised that the incident had been discussed at the morbidity and mortality meeting and reported to the patient safety team which demonstrated the open and honest culture of the paediatric senior leadership team. The Board thanked Clare and Chandan for their presentation.

77/24 Staff Story

The Director of Strategy introduced Niall and Lucy from the Communications team and Crista, an award winner. Niall highlighted that the Staff Compassionate, Aspirational, Resourceful and Excellent (CARE) awards was an annual event to recognise staff and volunteers. For 2024 there were 12 award categories. Lucy thanked the Board for their involvement in the event and advised that over 600 nominations had been received. On the evening itself 240 people attended, and more than 12,000 members of the public had been engaged via social media. A new award for 2024 was the 'People's Choice' and more than 1,456 votes had been received for this.

Crista had won the 'outstanding compassion in care' award and advised that she felt very rewarded and the event provide an opportunity to meet staff outside of work. Crista advised that winning the award motivated her to work harder. The Board queried whether there was a way to recognise all the staff that had been nominated but hadn't won. The Director of Strategy advised that this would be considered. **Action: A Statham**

The Board thanked the team for their presentation.

78/24 Minutes for approval: 27 March 2024 and Matters Arising Schedule

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

79/24 Minutes of Board Committee Meetings and Committee updates

Charity Committee: 17 January and 1 May 2024

The Chair of the Charity Committee advised that the Royal Berks Charity had been selected as the Thames Valley Chamber of Commerce's Charity of the Year for 2024. The Committee had received £139k in grants and donations and had spent £1.2m. The Committee had reviewed the draft Charity Strategy including the proposal for a lottery and ideas had been provided to the Charity Director.

Finance & Investment Committee: 20 March and 17 April 2024

The Chair of the Finance & Investment Committee advised that the Committee had reviewed the Trust's financial performance for 2023/24 as well as the draft budget for 2024/25. For 2023/24, the Trust had incurred a full year £7.5m deficit and had delivered its capital programme of £40m and achieved a savings programme of £16m, £1m higher than the £15m target. Of the savings made last year, £6m was recurrent for 2024/25. The budget for 2024/25 was currently a £14.5m deficit with a capital programme of £22m and an efficiency programme of £24.5m, including £3m derived from the ICB efficiency savings programme.

The Committee would be focused on efficiency and productivity and the finance report was being refreshed to ensure this renewed focus.

Quality Committee: 19 April 2024 and Annual Review of Effectiveness

The Chair of the Quality Committee advised that the Committee had discussed the transition to the Patient Safety Incident Response Framework (PSIRF) and had agreed Trust quality priorities for 2024/25. In addition, the Committee had reviewed the clinical metrics from the Integrated Performance Report (IPR) and noted the alignment of the PSIRF metrics with the IPR. The Committee had also received good assurance from the Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries (MBRACE-UK) report.

The Committee also recommended approval of its annual review of effectiveness. The Board approved the annual review of effectiveness subject to the amendment of section 3.2 in relation to attendance by directors at meetings. **Action: C Lynch**

People Committee: 2 May 2024

The Chair of the People Committee highlighted that the interim Chair of the Integrated Care Board (ICB), Sim Scavazza had attended the meeting and the Chair of the People Committee had also attended the ICB People Committee.

The Committee had approved the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) annual updates, and the Staff Networks leads had attended the meeting for these items. The Committee had also noted that the Trust had engaged with 'Differing Minds' to review its end-to-end recruitment processes to support the further developing recruitment of neurodiverse candidates.

The Chair of the People Committee highlighted that the Trust had launched its hot food provision for staff working out of hours and this had been recognised as good practice and a recommendation to share the process with other trusts in the ICB.

The Board noted that Care Groups had included appraisal compliance as a key metric and appraisals were also linked with the Talent Management Framework. The Chair of the People Committee highlighted that the benchmarking process across the ICB for nursing and midwifery staff had been undertaken, although the process had been difficult, this would enable some clinical services to be benchmarked although there were several national tools and professional judgement used as part of the process.

Audit & Risk Committee: 8 May 2024

The Chair of the Audit & Risk Committee advised that the National Counter Fraud Authority (CFA) had visited the Trust on the day the Committee had met. The Board noted that the National CFA had highlighted a reporting issue by the Trust's Local Counter Fraud Specialist (LCFS). The LCFS had highlighted information governance concerns in logging issues directly onto the national system until a full investigation had been carried out. The Chief Finance Officer had raised this issue at a national level, and supported the recommendations of the counter fraud specialist to not log issues until it had been established that they were not vexatious.

The Audit & Risk Committee had also received an update on the year-end audit and noted that processes were smoother than in the previous year. The Committee had received good assurance from two internal audit reports of 'significant assurance with minor improvements' on the Data Security & Protection Toolkit (DSPT) and implementing Cerner modules. The Committee had also received the Head of Internal Audit Opinion (HOIA) that was 'significant assurance with minor opportunities'.

The Chair of the Audit & Risk Committee advised that the Committee would be focusing on overdue internal audit recommendations at its next meeting. There had been an issue with access to the KPMG's system following an upgrade to the Trust's security system. However, this had now been rectified.

80/24 Chief Executive's Report

The Chief Executive introduced the report and highlighted that ED performance remained challenged. However, it was important to recognise the on-going work with Berkshire West Primary & Urgent Care teams to co-design a new Primary Care Service that would be co-located with ED for the Winter. The Chief Operating Officer advised that Berkshire West ICB had agreed a funding allocation for Emergency & Urgent Care and it was anticipated that there would be a good resolution to this.

The Chief Executive highlighted the recent successful staff CARE awards event and acknowledged the support of partners from Thames Valley Chamber of Commerce, Berkshire Healthcare Foundation Trust (BHFT) and South Central Ambulance Service (SCAS) presenting awards on the evening. The Chief Executive advised that Beth Huff had presented the Patient Safety Award in memory of her late father, Richard Huff, who was a Patient Leader at the Trust.

The Board noted that, to date, circa 2,000 colleagues had engaged on the What Matters 2024 Programme. The Chief Executive advised that, as noted from the Health & Safety story earlier in the meeting, the team in ED as well as other areas of the Trust had reported an increase in the number of violence and aggression incidents from patients and relatives.

The Chief Executive provided an overview of the work to strengthen the Acute Provider Collaborative (APC) and, to this effect, a formal APC Board with both Executive and Non-Executive Director involvement had been established. The APC would oversee a number of work programmes including elective recovery as well as configuration of clinical services. The APC Board would report to the Trust Board on a regular basis.

The Chief Executive highlighted that the Trust had become the first NHS organisation to receive full Global Clinical Site Accreditation by the International Accrediting Organisation for Clinical Research (IAOCR). Both internal and external communications via social media to celebrate this had been undertaken. The Chief Medical Officer advised that one of the benefits included attracting approaches from commercial companies to undertake clinical trials.

The Chief Executive advised that, in relation to the Trust's challenging financial position, work was on-going on planning arrangements for 2024/25 and, as discussed at the Finance & Investment Committee, the Trust's income and expenditure plan would be a £14.5m deficit with a £24.5m savings programme. The Trust had declared itself as in internal turnaround and the Chief People Officer would be leading this work. The Chief Executive advised that there was a strong culture in the Trust, and, although it would be a challenging year with the financial position, staff would be support using the Improving Together programme as well as the Trust's CARE value of 'resourceful'. Priorities would be established to ensure teams were focussed on the right areas.

81/24 Integrated Performance Report (IPR)

The Chief Medical Officer introduced the IPR and highlighted that this was the first IPR using the new strategic objectives for 2024/25. Further work was needed in terms of graphical representation as well as including targets for some of the metrics.

The Board noted that the new metric of 'I was listened to' had a 95% target and currently performance was at 93% in April 2024. The Chief Medical Officer highlighted that response rates were currently low and work was on-going to ascertain whether digital feedback could be implemented to improve this. The new metric of 'learning from incidents to reduce harm' measured patient safety incidents per 1,000 bed days and the aim was to maintain the employment stability measure at 50%. The Board noted that the Chief Nursing Officer had reviewed the Trust's incident reporting level with NHS England (NHSE) and the patient safety team, and the Trust benchmarked well.

The Chief Medical Officer highlighted that the Trust's trajectory for 2024/25 was that the ED performance target would not be met. The focus was on improving flow in and out of the ED department, targeted discharge dates and reducing ambulance waiting times. The Chief Operating Officer advised that, approximately 80 to 100 patients were presented at ED on a daily basis that did not need ED treatment. Therefore, the proposal to co-locate an urgent care was required to improve ED performance.

The Chief Medical Officer advised that the 62 day cancer performance target was 70% and April performance, currently pre-validated, was 64.6%. Risk areas included skin, gynaecology and gastroenterology. However, the overall number of patients on the Patient Tracking List (PTL) was reducing. A weekly performance meeting had been put in place to monitor the metric of maximising elective activity. However, data was 6 weeks in arrears.

The Chief Medical Officer advised that Month 1 financial performance was £0.45m off plan and an internal turnaround process led by the Chief People Officer had been established. The Board noted the metric to reduce carbon emissions was to reduce by 7% on an annual basis. However, this remained a challenge due to the age of the estate. The Trust had been awarded a £1.7m grant to decarbonise Bracknell Healthspace. The Chief Finance Officer advised that the Trust's Green Plan update was being completed and would be submitted to the Board in July 2024. **Action: N Lloyd**

The Board noted that a target would need to be developed for the metric related to 'distance travelled by our patients'. The Director of Strategy advised that the use of virtual appointments was increasing. However, there was a need to offer a range of options for patients including face to face appointments.

The Chief Medical Officer provided an overview of the Trust's breakthrough priorities.

The Chief Medical Officer highlighted that, overall, the Trust was monitoring 111 metrics and only 10 of these were currently alerting that were linked to the Trust's strategic and breakthrough priorities.

82/24 Operational Plan Trajectories 2024/25

The Chief Operating Officer introduced the report that set out the operational trajectories for 2024/25. The Chief Operating Officer advised that the Executive Management Committee had discussed the trajectory in relation to ED performance and the need for an Urgent Care Centre to be in place and, that the trajectory would be revised, in the event of this. Nationally ED performance had deteriorated. However, the Trust should be aspirational and aim to achieve the 95% standard. The Board discussed the need for communications to educate the public in terms of where to go for minor illness rather than ED.

83/24 Building Berkshire Together (BBT)

The Director of Strategy advised that a report had been submitted to the New Hospital Programme (NHP) on site viability highlighting two points; one that the current funding offered was not sufficient to address the long term needs of the population served by the Trust and the funding allocation would also need to be reviewed as the site viability report had highlighted significant challenges with the current site in terms of value for money on any redevelopment.

The Board noted that an engagement exercise would be undertaken with patients and staff on alternative sites for the new hospital. However, the Purdah period would impact on the commencement of qualitative and quantitative impact assessment.

It was agreed that the appendix referenced in the report would be circulated to the Board.

Action: C Lynch

84/24 NHS England (NHSE) Self-Certification 2023/24

The Chief Finance Officer introduced the report that set out the self-certification statements that were prepared on an annual basis. The Chief Finance Officer confirmed the rationale in relation to the 'Continuity of services condition 7 - Availability of Resources' rating.

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

85/24 Work Plan

The work plan would be updated to schedule an update on the Green Plan for the July 2024 meeting. **Action: C Lynch**

86/24 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 31 July 2024 at 09.00.

SIGNED:

DATE:

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

Date	Minute Ref	Subject	Matter Arising	Owner	Update
29 May 2024	77/24	Staff Story	The Board queried whether there was a way to recognise all the staff that had been nominated [for a CARE award] but hadn't won. The Director of Strategy advised that this would be considered.	AS	Completed. This will be incorporated into the design of next year's CARE Awards.
29 May 2024	79/24	Minutes of Board Committee Meetings and Committee updates: Quality Committee: 19 April 2024 and Annual Review of Effectiveness	The Committee also recommended approval of its annual review of effectiveness. The Board approved the annual review of effectiveness subject to the amendment of section 3.2 in relation to attendance at meetings.	CL	Completed. Attendance section corrected.
29 May 2024	81/24	Integrated Performance Report (IPR)	The Trust had been awarded £1.7m grant to decarbonise Bracknell Healthspace. The Chief Finance Officer advised that the Trust's Green Plan was being finalised and would be submitted to the Board in July 2024.	NL	Reporting energy usage is now included within the Integrated Performance Report (IPR). The Trust's Green Plan refresh has been deferred to September due to annual leave.
29 May 2024	83/24	Building Berkshire Together (BBT)	It was agreed that the appendix referenced in the report would be circulated to the Board.	CL	The appendix has been uploaded to the Board portal as well as updated on the Trust website.
29 May 2024	85/24	Work Plan	The work plan would be updated to schedule an update on the Green Plan for the July 2024 meeting.	NL	The Trust's Green Plan refresh has been deferred to September due to annual leave and added to the Work Plan.

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 22 May 2024
11.00 – 11.50
Boardroom, Level 4, Royal Berkshire Hospital

Members

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

In Attendance

Mrs Catherine Bradbrook	(Personal Assistant)
Mr. Mike Clements	(Director of Finance)
Dr. Bannin De Witt Jansen	(Head of Corporate Governance)
Mr. Don Fairley	(Chief People Officer)
Mr. Steve McManus	(Chief Executive)
Mr. Andrew Statham	(Director of Strategy)

Apologies

Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

73/24 Declarations of Interest

There were no declarations of interest.

74/24 Minutes for Approval: 17 April 2024 & Matters Arising Schedule

The minutes of the meeting held on 17 April 2024 were approved as a correct record and signed by the Chair. The Committee received the matters arising schedule. All actions had been completed or included as agenda items.

75/24 April 2024 Finance Update

The Director of Finance advised that Month 1 financial performance was a deficit of £1.96m; £0.45m behind the year-to-date budget of £1.52m. Pay was £0.49m adverse to plan and non-pay was £2.56m adverse to plan.

The Committee noted that there was a need to develop the savings programme and the need for budget holders to reduce their run rate of spend. The Committee discussed potential interim reporting measures, for example, temporary staffing expenditure. The Director of Finance confirmed that this was being reviewed to ensure forecasting oversight ahead of month end. Non-pay workstreams were also on-going to enable the Trust to run rate of spend ahead of year-end. The Committee noted that further work was required to review where the Trust had funded additional posts, for example, as part of the safer staffing review to ensure these areas were not impacting the overspend.

The Committee agreed that further assurance was required on the income profile for the Trust including the reason for the overspend, what actions were being taken to addressed this and what the position would be at month end. **Action: N Lloyd**

The Committee noted that bank staff spend was high and the Chief Operating Officer would be meeting with Care Group to clarify the position in relation to planned activity.

The Committee discussed the cash position noting that in Month 1 the cash floor had been reached. [Section exempt under s.43 FOI Act] The Committee requested that a cash flow report should be submitted going forward to each meeting. **Action: N Lloyd**

The Chief Finance Officer highlighted that the capital plan would likely change on a monthly basis as activity and work schemes were agreed and confirmed.

76/24 Budget & Capital Plan 2024/25

The Committee noted the current budget position was a £14.5m deficit for 2024/25. Recent discussions with the Integrated Care Board (ICB) were to contain the ICB deficit to £60m. The Trust had been asked to contribute an additional £1m to the system savings. The Trust's savings programme was £15m and £4.3m of plans had already been identified. Further clarity was awaited in relation to how any additional monies received by the ICB would be allocated proportionately to the individual trust's deficit plans.

The Committee discussed the capital programme 2024/25. The Capital Investment Group had already approved £18.29m of the total £31.59m plan (including PDC funded £8.41m). Additional funding would be sought where possible. However, the capital plan was constantly monitored and assessed against the Corporate Risk Register.

77/24 2024/25 Financial Improvement Plan

The Chief People Officer provided an overview of the plan to use data-driven approach to the financial turnaround. The 'red' team would oversee the savings plans and the 'blue team would provide oversight of the delivery of the programme as well as check and challenge and escalation. [Section exempt under s.43 FOI Act] One of the key data areas was workforce growth and acuity and activity were also being reviewed. Overall, the Trust was required to deliver a significant reduction in full time posts, a £2.4m reduction in bank and agency spend as well as reducing doctors' sessional spend through the Patchwork system. The financial turnaround plan would be embedded with Improving Together methodology and aligned with the third module of What Matters 2024 programme: 'resourceful'.

It was agreed that the work plan would be updated to include an update on financial turnaround programme at each meeting. **Action: C Lynch**

78/24 Key Messages for the Board

Key messages for the Board included:

- Month 1 year-to-date revenue position £450k behind budget
- Income and expenditure plan for 2024/25 now agreed with ICB and recommended approval for a £14.5m deficit with an internally funded capital programme of £22m.
- Financial improvement plan received and alignment with the Improving Together and What Matters 2024 programme noted.

79/24 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 19 June 2024 at 11.00am.

SIGNED:

DATE:

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 19 June 2024
11.00 – 12.10
Boardroom, Level 4, Royal Berkshire Hospital

Members

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

In Attendance

Mr. Don Fairley	(Chief People Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Mr. Andrew Statham	(Director of Strategy)

Apologies

Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

93/24 Declarations of Interest

There were no declarations of interest.

94/24 Minutes for Approval: 22 May 2024 & Matters Arising Schedule

The minutes of the meeting held on 22 May 2024 were approved as a correct record and signed by the Chair. The Committee received the matters arising schedule.

Minute 75/24: April 2024 Finance Update: The Chief Finance Officer advised that a cashflow forecast had not been included in the Finance report. However, this would be circulated to the Committee. **Action: N Lloyd**

The Chief Finance Officer advised that the Trust had been informed it would receive £14.06m deficit funding. However, currently it was not clear as to whether this would be a lump sum or phased.

95/24 May 2024 Finance Update

The Chief Finance Officer advised that Month 2 financial performance was £2.24m behind plan. The ten areas with the highest variances had been set out in the report. The main issues of variance included pay that was £1.13m adverse to plan. Additional actions were being taken to reduce bank and agency spend. Workforce control panels for both Care Groups and corporate areas were also in place to review requests for recruitment. Further work was required with those areas that had significant overspend. The Chief Operating Officer advised that the Chief Nursing Officer was reviewing staffing levels in relation to Intensive Care Unit (ICU) spend. [Section exempt under s.43 FOI Act] Tighter controls were also being implemented in relation to rota management by Networked Care and this

was being shared with other Care Groups. The Committee noted that new actions on pay spend included a pool of availability of bank staff had been developed to reduce reliance on agency. Requests for agency staff now had to be approved by the Directors of Nursing.

The Committee discussed cost improvement programmes (CIPs) and noted that these were not shown in the pay lines. The Chief Finance Officer advised that the Care Group Directors of Finance were currently working on this. This would be discussed at the performance review meetings and would be reflected in the Quarter 1 Forecast.

The Chief Finance Officer highlighted non-pay spend by area and advised that authorisation levels had now been reduced so that any spend higher than £25k required a second approver. The Committee noted that endoscopy and diabetes consumables were being reviewed. The Committee queried whether drugs income was aligned with drug spend. The Chief Medical Officer advised that there was an approval process for high-cost drugs that was reinstated in June 2024, and this involved several challenges and appeals. The Chief Medical Officer advised that there was a system-level cost improvement programme on drugs.

The Committee discussed the current savings programme variance of £3.40m. The Chief Finance Officer advised that profiling of efficiencies had been requested from Care Groups and they had advised it would be a flat line only. The Committee noted that £4m was being held in 'corporate other' for system level efficiencies. This had also been profiled in 12 sections but would need to be amended. The Chief Executive ~~highlighted~~ proposed that the Trust ~~would need to~~ profile its savings consistent with other providers in the system and the Acute Provider Collaborative (APC) as currently the Trust's position appeared worse than other system partners, whose profiles were weighted more to the latter part of the financial year. The Efficiency & Productivity Committee (EPC) would monitor the trajectory for savings delivery as well as identifying further savings.

The Chief Operating Officer advised that the Trust was on target in relation to its activity plan. Months 1 and 2 were ahead of plan and it was anticipated that this would be increased during Month 3. The Committee noted that, during the upcoming industrial action, any cancellation of elective activity would require Care Group Director approval. The Committee noted that, contrary to the figures shown in the report, the Trust was not below plan in relation to outpatient activity. This was due to a delay in coding. It was agreed that an updated position would be reflected in the next report.

Action: N Lloyd

The Committee discussed the development of an Urgent Care Centre on the Reading site. The Chief Operating Officer advised that the service would be run by a General Practitioner, and it was anticipated that this could then enable a reduction of the staffing model for the Emergency Department (ED).

The Chief Finance Officer highlighted that cash in the month had been below the cash floor agreed by the Board due to a delay in payment from commissioners. However, this had been paid in Month 3. A daily review of cash was in place. The Committee noted that the full allocation of capital for 2024/25 had not yet been agreed and as discussed and agreed with the Board, £3m only had been allocated. In addition, it was not anticipated that there would be a large capital spend in the next 3 months. The Chief Finance Officer highlighted that as national funding was made available to the Trust a refreshed capital plan would be submitted to the Committee as required.

96/24 Key Messages for the Board

Key messages for the Board included:

- Actions to manage pay and activity were being put in place.
- Income position not up to date due to delay in coding
- Profiling of cost improvement programmes would be submitted to the next meeting and the EPC would be monitoring this
- Activity was on plan
- Capital controls in place
- Escalation of approvals in relation to non-pay spend

97/24 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 17 July 2024 at 11.00am.

SIGNED:

DATE:

Quality Committee

Monday 3 June 2024
10.00 – 11.45
Boardroom, Level 4

Members

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

In Attendance

Ms. Karolyn Baker	(Assistant Chief Nurse) (from minute 42/24 to 43/24)
Miss. Kerrie Brent	(Corporate Governance Officer)
Mrs. Christine Harding	(Director of Midwifery) (from minute 37/24 to 39/24)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Graham Sims	(Chair)
Ms. Hannah Spencer	(Deputy Chief Nurse) (from minute 39/24 to 40/24)

Apologies

Dr. Janet Lippett	(Chief Medical Officer)

32/24 Declarations of Interest

There were no declarations of interest.

33/24 Minutes from the previous meeting: 10 April 2024 and Matters Arising Schedule

The minutes of the meeting held on 10 April 2024 were approved as a correct record and signed by the Chair.

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

34/24 Serious Incidents including Maternity (SIs) last report

The Chief Nursing Officer introduced the report and advised that there had been three SIs reported in March 2024; two related to Planned Care and one related to Maternity. Immediate learning had been implemented including action plans.

The Committee noted the results of the quarter four analysis including a trend analysis of SIs reported in 2023/24. Improvement plans had been implemented and were monitored through steering groups. The Committee agreed that the themes highlighted in the report directly correlated to the Trust priorities for 2024/25 including treatment delays and deteriorating patient.

The Committee noted the on-going thematic review and learning from Never Events led by the Chief Nursing Officer and Chief Medical Officer and agreed that once completed an update would be provided to the Committee. **Action: K Prichard-Thomas/J Lippett**

The Chief Nursing Officer advised that the implementation of the Patient Safety Incident Response Framework (PSIRF) was progressing well. The new framework would enable the Trust to easily identify similarities between complaints and SIs using the Trust incident reporting system Datix as well as, weekly team huddles.

The Committee discussed the recent issues that had been highlighted in the press and a Coroner's report in relation to Cerner and the Electronic Patient Record (EPR) system. The Chief Operating Officer advised that the Trust had not experienced any of the issues highlighted. However, there was a low-level risk issue that was on the Corporate Risk Register in relation to the processing of the message centre that the Trust had mitigated against. It was agreed that the Chief Operating Officer would discuss this further for assurance with the Deputy Chief Information Officer and Clinical Chief Information Officer and provide an update. . **Action: D Hardy**

35/24 Quality Governance Committee Exception Report

The Chief Nursing Officer highlighted that the Committee had met on 23 May 2024. Key messages included areas of good assurance and recognition as well as areas of focus for improvement. The Committee agreed that the Chief Nursing Officer should consider the title of this report as it was not considered an exception report.

Action: K Prichard-Thomas

The Committee discussed the standardisation of reporting received from the care groups and agreed that this could be improved. The Chief Nursing Officer would review the template for reports and ensure that the 'So What' and 'What Next' methodology was included. **Action: K Prichard-Thomas**

The Committee acknowledged that cancer harm reviews and delays to treatment remained high and considered whether there were any further actions the Trust could take to reduce this risk. The Chief Operating Officer provided assurance that the Trust was doing all it could and confirmed that a number of actions were in progress to reduce both. However, it was anticipated that the effect would not be realised for some time.

The Committee recognised that the Hospital Standardised Mortality Ratios (HSMR) was significantly lower than expected; whilst the Summary Hospital-level Mortality Indicator (SHMI) remained as expected. A discussion was held in relation to whether the data provided through HSMR and SHMI provided detailed alerts by specialties.

The Chief Nursing Officer advised that further clarification would be sought from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) to enable decision making as to whether the Trust participated in the request of two Commissioning for Quality and Innovation (CQUIN's) as well as whether they aligned with the Trust priorities.

36/24 Integrated Performance Review (IPR) Watch Metrics

The Chief Operating Officer introduced the watch metrics. The Committee received assurance that action plans had been developed to address the following alerting metrics:

- Mixed sex accommodation breaches
- Percentage of term babies admitted to the neonatal unit
- Proportion of patients with high risk TIA investigated and treated within 24 hours

- Diagnostics waiting times over 6 weeks
- Cancer 31 day wait to first treatment

The Chief Nursing Officer provided an update in relation to the on-going review of mixed sex accommodation breaches that included a data driven roundtable exercise. The review focused on data and impact and was anticipated to provide the Trust with a benchmark position. It was acknowledged that a careful balance would be required that considered operational pressures as well as patient safety and patient views. It was noted that the Trust's Improving Together methodology would be used to ensure that the appropriate actions were taken that did not cause unintended risk to safety.

The Committee noted the imminent opening of a fifth Endoscopy suite to address increased capacity on the Reading site.

37/24 Perinatal Mortality Report Quarter 4 2023/24 & Perinatal Quality Surveillance Model Report (PQSM) Q4 2023 – 2024 & Perinatal Quality Surveillance Model Report (PQSM) Month 4 2024

The Director of Midwifery introduced the reports and advised that the perinatal death rate was 3.86 per 1000 births; lower than the national figures available. Three perinatal deaths were reported in Quarter 4. A review had been completed to understand risk factors including benchmarking against MBRACE-UK. However, it was noted that, compared to MBRACE-UK, the Trust did not recognise the same risk factors in relation to ethnicity and it was anticipated that this was a result of the work completed in relation to areas of deprivation and better outcomes for women.

The Committee noted that the six perinatal deaths were reviewed in Quarter 4; of the six, five were graded 'B' and identified that the care issues considered would not have made a difference to the outcome. The other was graded 'D' and care issues identified were considered likely to have made a difference to the outcome and related to physiological impact on the family.

It was noted that a quality improvement project would be progressed in relation to deteriorating patients that would consider work in relation to ATAIN and any associated themes.

It was noted that going forward, a single report would be submitted that included quarterly updates in relation to perinatal mortality. This could then be added as a key message for highlighting to the Board.

38/24 Care Quality Commission (CQC) Improvement Plan

The Committee received the update on the improvement plan developed following the maternity CQC inspection in November 2023. The plan addressed the six 'should do' actions. The Committee noted that the actions had been addressed or were in good progress to be addressed. Progress would continue to be monitored through the Maternity and Urgent Care Clinical Governance meeting, Maternity and Neonatal Safety and Compliance Committee and reported to this Committee.

The Director of Midwifery highlighted a concern in relation to one recommendation that was to continue to review the management of recovery care to ensure that it was provided by appropriately trained and competent staff. It was noted that the Trust was confident that women were safe, reviews had been undertaken and mitigations had been implemented, as well as staff trained in recovery skills. However, significant investment on infrastructure of recovery space would be required to further progress this action to be best practice. It

was suggested that constraints on space should be highlighted to the Building Berkshire Together team as well as through the Clinical Services Strategy. **Action: K Prichard-Thomas**

The Committee noted that escalation of deterioration was a big focus for the department including education and a review of processes.

The Director of Midwifery noted that she was due to visit an 'Outstanding' rated trust for shared learning as the aspired position for the Trust remained 'Outstanding'.

It was agreed that an updated report would be submitted in December 2024.
Action: C Harding

39/24 Children & Young People Strategy

The Deputy Chief Nurse introduced the draft refreshed Children & Young People strategy. The Committee noted that engagement had focused on key internal working groups as well external stakeholders within the wider healthcare system including family forums, primary care and representatives from BOB ICB Children & Young People, Mental health, Learning disabilities and autism groups. However, recognised that further engagement specifically with Children & Young People would be required. The refreshed strategy had been developed to align with the Clinical Services Strategy. It was noted that further work was required to ensure the strategy was relevant and easy to understand as well as supporting the Trust's overall strategic objectives. The Committee provided the following feedback:

- The strategy was not easy to understand or follow
- The Committee was unclear on what the starting baseline positon was for improvement as well as what the end goal was
- The format did not follow the standardised strategy format of Trust strategies.
- The inclusion of a simplified strategy on a page was suggested that set clear objectives
- The suggestion of a review of how the various strategies align including the Clinical Services Strategy and Maternity and Neonatal
- Further engagement with public health for the wider system view
- A review as to whether the strategy addressed the delayed waits that are experienced by children

The Chief Nursing Officer agreed to provide an update to the Council of Governors on how the different strategies aligned with each other. **Action: K Prichard-Thomas**

The Committee agreed the ambitions set out in the strategy. The strategy would be further developed and submitted once complete. **Action: H Spencer**

40/24 Paediatric Audiology Improving Quality in Physiological Services (IQIPS) Accreditation (Briefing Note)

The Committee noted the report. Following the review of Paediatric Audiology services in Scotland and England that led to an NHS England improvement programme the Trust had reviewed its service in line with IQIPS. The outcome of the review confirmed that the Trust had maintained its IQIPS accreditation without any concerning recommendations or findings since 2014 and no incidents where detriment or harm had been caused to a child due to delayed, missed diagnosis, or timely follow up care. Minor findings were received and will be managed through a continuous quality improvement project.

The Committee recognised this as a positive outcome and noted that the annual inspection for 2024 would commence imminently. The Committee agreed that the area should be scheduled for a 'Board Go and See' visit. **Action: C Lynch**

41/24 Summary of Patient-Led Assessment of Clinical Environment (PLACE)

The Committee noted the report and acknowledged that the results were above the national average. It was noted that plans had been developed to address any highlighted areas. The Committee recognised a theme of data security and visibility of patient notes.

It was suggested that the report should be highlighted to the Building Berkshire Together team. **Action: C Lynch**

42/24 Quality Account

The Committee received the report that highlighted the summary of progress achieved on the quality priorities for 2023/24 as well as set out the vision and priorities for 2024/25. It was noted that the extensive engagement had been undertaken with stakeholders and the priorities had been set using the Trust Improving Together methodology to align with the overall Trust strategic objectives as well as the national agenda.

It was agreed that the Chief Executive's statement would be amended to acknowledge the constraints on elective waits. **Action: K Baker**

The Committee discussed board awareness of the outcome on clinical accreditation and audits. It was noted that an update was scheduled in September 2024. However, the Committee suggested that this should be reported to the Quality Governance Committee and escalated as a key message to the Committee only.

The Committee approved the Quality Account for 2024/25

43/24 Board Assurance Framework (BAF)

The Committee received the BAF. It was noted that the Trust Secretary had met with the Chief Operating Officer, Chief Medical Officer and Chief Nursing Officer to review the specific sections in relation to the gaps in assurance and improvement and action plans.

It was agreed that the BAF would be updated to reflect the change recently agreed by the Board in relation to one of sections of the risk appetite statement. **Action: C Lynch**

The Trust Secretary advised that a review was outstanding with the Chief Medical Officer in relation to strategic objective 4; specifically the Improving Together section.
Action: C Lynch

44/24 Equality Impact Assessment (EQIA) Update

The Chief Nursing Officer provided a verbal update on the new EQIA policy and standardised template. It was noted that no EQIAs had been received recently. However, it was anticipated that there would be some submissions for review imminently due to need to generate efficiency savings for 2024/25. Although, it was noted that some EQIAs were being submitted regularly to the Workforce Control Panel to support decision making. It was noted that an updated report would be submitted to the next meeting.
Action: K Prichard-Thomas

The Chair highlighted the importance of producing EQIAs in relation to the efficiency savings programme and the impact on safety and quality. The Chief Nursing Officer and Chief Operating Officer provided assurance that programmes of work undertaken did not require an assessment of quality at this stage.

The Chief Nursing Officer advised that Chief Nursing Officers and Chief Medical Officers in BOB ICB had recently met to agree on a system wide EQIA process that would be developed in relation to system changes that may have an impact on each of the services.

45/24 Work Plan

The Committee received the work plan. It was agreed that a review was required in relation to the number of reports scheduled for submission in September 2024.

Action: C Lynch

46/23 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- Treatment delay highest theme of SIs reported in 2023/24
- Received the Care Quality Commission action plan in response to the recent maternity inspection.
- HSMR lower than expected and SHMI as expected
- Approved the Quality Account for 2024/25

47/24 Reflections of the Meeting

Parveen Yaqoob led the discussion.

48/24 Date of Next Meeting

It was agreed that the next meeting would be held on Thursday 5 September 2024 at 2.00pm.

SIGNED:

DATE:

NHS
Royal Berkshire
NHS Foundation Trust

Title:	**Chief Executive Report**
Agenda item no:	7
Meeting:	Board of Directors
Date:	31 July 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	✓

Introduction

Berkshire West now has nine MPs following the General Election on 5 July 2024: 4 Labour, 4 Liberal Democrat and one Conservative. We have invited them to the Trust for a meeting next month to discuss the challenges and achievements of the organisation and enlist their support around Building Berkshire Together (BBT). I propose to hold regular briefings with them. I have also written to retiring MPs Theresa May and Alok Sharma who are both being elevated to the Lords. Both have been valuable allies of the Trust and I hope we can maintain a beneficial working relationship with them.

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

Urgent Care Centre

1.1 Plans to develop and implement an Urgent Care Centre on the Royal Berkshire Hospital site are progressing, in partnership with Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care Board (ICB), primary care and Berkshire Healthcare FT teams. Temporary arrangements will be in place from October 2024, with a permanent location in place from the start of 2025/26. The aim is to provide primary-care led services for patient with urgent, on-the-day care minor illness needs who would otherwise need Emergency Department treatment.

1.2 The Trust Board has this month approved work to develop the permanent location, with the benefit of £4.2m capital investment from the national Urgent and Emergency Care capital fund. The work will be carried out over the remainder of this financial year and will enable this facility to be run close to the existing Emergency Department as well as providing refurbished accommodation for the current occupants of this space elsewhere on the RBH site.

Formalised arrangements in West Berks MRI

1.4 Terms have now been agreed and signed between the Trust and Philips Healthcare (the contractor for the design and build) which marks a significant milestone for this important new facility at West Berkshire Community Hospital. These ‘state of the art’ facilities will provide local people in Newbury and surrounding areas with access to modern diagnostic healthcare services closer to home.

1.5 Thanks to the generous donations of Newbury and Thatcham Hospital Building Trust, the Peter Baker Foundation, the Greenham Common Trust, and the Storey Foundation, the unit will house the latest generation of MRI scanners in a seismic modular build, the first of its kind in the NHS, and will have the capability to deliver a full range of MRI diagnostics in a community setting.

Industrial Action

1.6 Junior doctors undertook further Industrial Action on 27 June to 2 July 2024. A total number of 10 inpatient elective procedures, 27 Day Cases and 305 Outpatient Episodes had to be rescheduled. The strike rate was high with over 90% of junior doctors rostered to work taking part in the industrial action instead. Disruption was minimal due to the hard work of operational and clinical teams. Junior doctors are currently in talks with the new Secretary of State for Health and Social Care, Wes Streeting and no further dates have yet been announced.

1.7 In June 2024, Specialist, Associate Specialist and Specialty (SAS) doctors accepted a pay offer from the government with a 79% vote in favour.

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

What Matters 2024

2.1 Engagement in our Trust wide 'What Matters 2024' conversation around our organisational values and underpinning behaviours remains strong. With over 3600 contributions to date, we remain well above our target trajectory to connect with 4500 staff voices.

2.2 Insights and feedback received to date from our early focus on the values of Compassion and Aspiration has provided strong assurance in terms of organisational awareness of our values; their ongoing relevance in peoples daily work and also colleagues lived experience of the values in action. Where areas of challenge are emerging, we will develop focussed improvement plans to respond to thematic feedback. On the 29.07.24 we transition into our final module focus on the value of Excellence

2.3 Planning has also commenced for the launch of the NHS National Staff Survey in late September 2024

People Recognition

2.4 Mark Foulkes, Macmillan Lead Cancer Nurse and Consultant Nurse Berkshire Cancer Centre has been awarded an MBE in the King's Birthday Honours List 2024. The award has been made by colleagues at RBFT and centred around his services to patients with cancer.

2.5 Mark has worked with cancer patients for over 30 years and influenced practice nationally. Mark is an inspiration to colleagues, a staunch supporter for Oncology nursing, and a passionate advocate for patients with cancer. His compassion is boundless, and the whole trust are very proud to have him as part of the team at the Royal Berkshire Hospital.

2.6 Sharon Herring, Associate Chief Nurse, was recognised in June 2024 with the Chief Nurse of England's Silver Award for her work in Patient Involvement, Community Engagement & Equalities across our community. Ruth May, NHSE Chief Nurse, made a surprise on-line visit during their Senior Nurses All Hands meeting to make the award personally

2.7 Our Occupational Health team collected the Workplace Health and Wellbeing Award on behalf of the Trust at Thames Valley Chamber of Commerce's Business Awards held on 27 June 2024. The award was given for the range of support we offer on staff health and wellbeing.

3. Strategic Objective 3: Deliver in Partnership

Acute Provider Collaborative (APC)

3.1 In partnership with Oxford University Hospitals NHS Trust and Buckinghamshire NHS Trust, the Trust Board has been progressing work through our Acute Provider Collaborative across the 3 primary workstreams: corporate services; clinical services; and elective recovery. A scheme of delegation is being developed to underpin the APC's governance and will be reviewed by the Trust Board in due course.

Integrated Care Board (ICB) Operating Model

3.2 On 8 July 2024, Buckinghamshire, Oxfordshire and Berkshire re-launched its consultation on a new operating model and staff structure. They have invited partners, stakeholders, patients and staff to comment on these proposals by 4 August 2024. The proposals represent a significant shift in the focus of the ICB team with greater emphasis given to core activities of the ICB central team (e.g. Finance) aligned to the ICBs underlying objectives.

3.3 As a consequence of the strategic intent of the proposals, and the need to live within a headcount constraint, there consequential reordering of resource dedicated to Berkshire West. RBFT will provide feedback on this proposal over coming weeks.

ICB Chief Executive

3.4 The ICB have now undertaken the selection process for a permanent CEO and Chair. Given the recent election period, confirmation is currently awaiting approval from the Department of Health and Social Care before announced.

4. Strategic Objective 4: Cultivate Innovation and Improvement

Health Data Institute

4.1 The Health Data Institute had a soft launch on 11 June 2024 with an announcement via internal communications. A Clinical Director, Will Flannery, has been appointed internally and a Head of Data Research and Advanced Analytics had been appointed externally and is due to start soon. Activities have focused on ensuring an appropriate governance framework is in place and testing data feeds with the Thames Valley and Surrey Secure Data Environment (TVS SDE) hosted at OUH.

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

5.1 The Trust continues to have adverse to plan performance at Month 3 year to date, with a deficit of £10.33m year to date at the end of June, compared to a plan of an £8.63m deficit, an adverse variance of £1.71m. There is significant focus across the NHS on the need to deliver the financial performance in line with budgets agreed in the extended planning round. This is leading to enhanced scrutiny from system, region and national oversight bodies. Significant focus is on reducing the level of temporary workforce costs, reducing the non-pay expenditure, and continued non-clinical vacancy freezes, with enhanced support to secure the required level of efficiency savings. In addition, the Trust is focussing on additional activity performance to deliver enhanced income levels. The organisation continues to be in internal financial turnaround.

Building Berkshire Together (BBT)

5.2 The Trust continues to seek a response from the New Hospital Programme (NHP) Team following the submission of our site viability report in April 2024 on the next steps for BBT, which set out further information requested by NHP on the challenges of developing on the current site. I intend to raise the lack of clarity from NHP with our local MPs when we meet them in the coming days and seek their support for raising the matter with Ministers and the wider government.

5.3 In anticipation of a positive response from NHP we have begun the public phase of our impact assessment, seeking views from the public on what a move away from the current site would mean for them and what measures we might need to consider to support them with this change.

5.4 Following review by the Executive Management Committee (EMC) we have identified two potential locations that meet our criteria for a new site (Thames Valley Park and Thames Valley Science Park) that will be the focus of the impact assessment. Work is on-going to identify additional sites that meet a minimum set of criteria for a New Hospital.

Annual Report & Accounts 2023/24

5.5 Following our annual year-end audit our Annual Report & Accounts 2023/24 will be laid before Parliament during July 2024. Planning for our Annual General Meeting is now on-going and will be held on Wednesday 7 October 2024 at the University of Reading. In order to enable as many of the public to attend we are looking to provide a hybrid facility and stands will be available from Building Berkshire Together, Royal Berks Charity, Meet PEET and Research & Innovation teams.

NHS
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Integrated Performance Report

June 2024

Improving together to deliver
outstanding care for our community

Improving Together

Guide to statistical process control (SPC)

Royal Berkshire NHS Foundation Trust

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

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

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

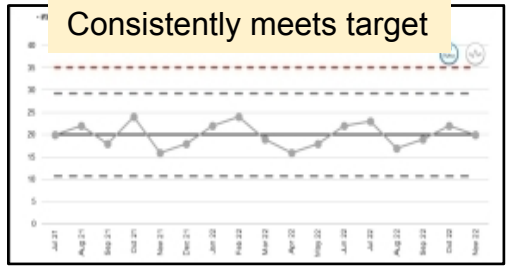
- The variation is routine, expected and stable within a range. We call this '*common cause*' variation, or
- The variation is irregular, unexpected and unstable. We call this '*special cause*' variation and indicates an irregularity or that something significant has changed in the process

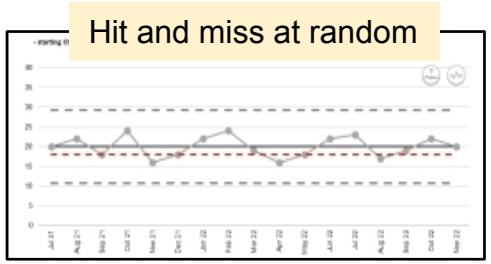
Each chart shows a VARIATION icon to identify either common cause or special cause variation. If special cause variation is detected the icon can also indicate if it is improving (blue) or worsening (orange).

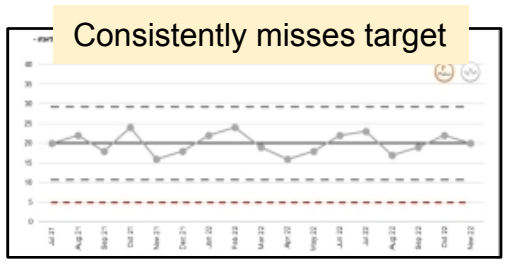
Where we have set a target, the chart also provides an ASSURANCE icon indicating:

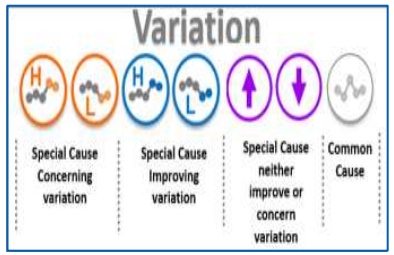
- If we have consistently met that target (blue icon),
- If we hit and miss randomly over time (grey icon), or
- If we consistently fail the target (orange icon)

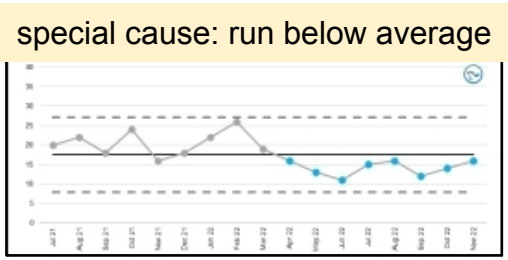
For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.

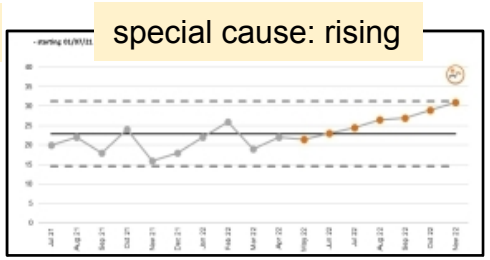


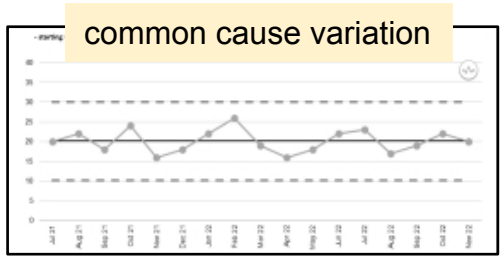


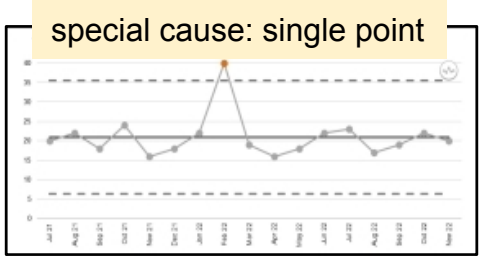












June 2024 performance summary

Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 30th June.

The key messages from the report are:

- **Accident & Emergency performance** remains under significant pressure resulting from ongoing high levels of demand. As a result, we have struggled to make significant improvement against the 4-hour standard.
- **Cancer performance** continue to fall below national standards; our improvement actions are having a positive impact but will take time to deliver significant improvement.
- Despite these pressures, the Trust currently continues to maintain a low number of long wait (>52) patients on the RTT **elective care standard.**
- **Total Whole Time Equivalent hours** worked continues to exceed the target.
- **Financial performance** requires immediate intervention to return to budgets. Following earlier intervention, the expenditure on temporary staffing has continued to reduce. Non pay expenditure remains high and further controls are being enacted to address this. Year to date the deficit is £10.33m, £1.71m behind plan.
- This month we have seen an increase in the number of **alerting watch metrics** with 15 of the 113 metrics currently outside of statistical control. Most relate to the operational pressures experienced in the Trust and are expected to improve in line with strategic metrics in particular with the breakthrough priority focus on improving patient flow.

Royal Berkshire
NHS Foundation Trust

Strategic Metrics

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

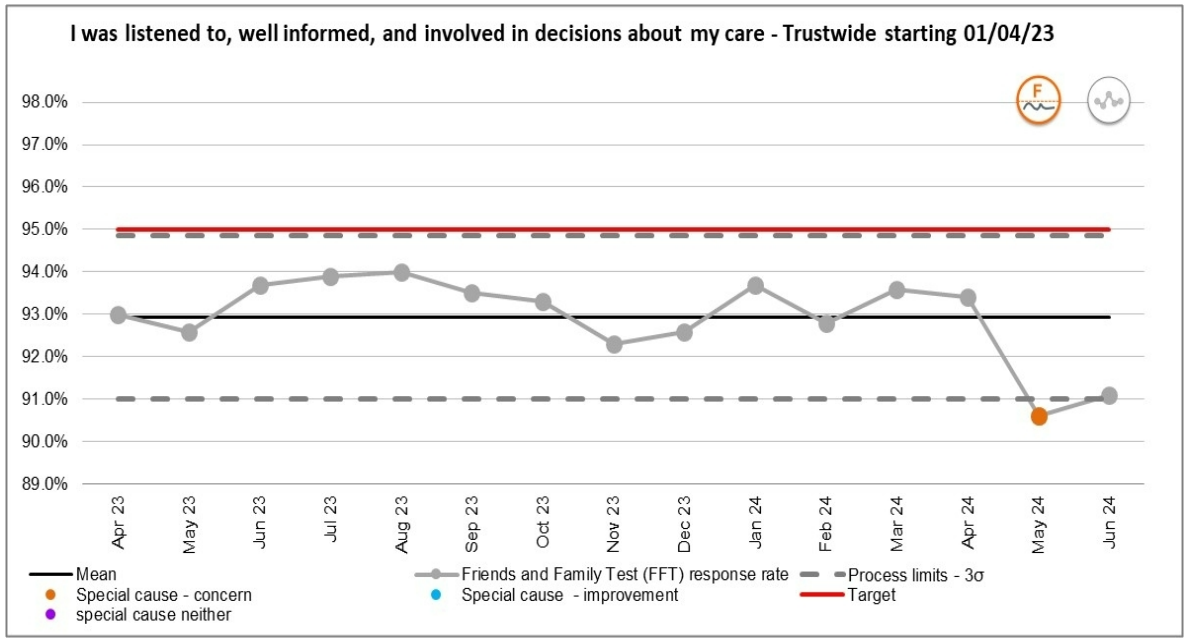
Strategic metric: I was listened to, well informed & involved in decisions about my care

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
I was listened to, well informed & involved in decisions about my care (FFT)	93.70%	92.80%	93.60%	93.40%	90.60%	91.1%
Inpatient (IP) FFT response rate (%)	40.0%	50.0%	34.5%	44.0%	20.6%	22.7%
Outpatient (OP) FFT response rate (%)	9.0%	9.8%	9.4%	9.8%	9.0%	8.2%
Maternity FFT response rate (%)	9.60%	13.00%	10.00%	5.00%	4.10%	6.5%

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:

- Over 7400 Friends and Family responses received in June
- Although we have returned to mixed modality of paper and digital across inpatients, the reduction in response rates remains
- QR codes distributed for wider use

Actions and next steps

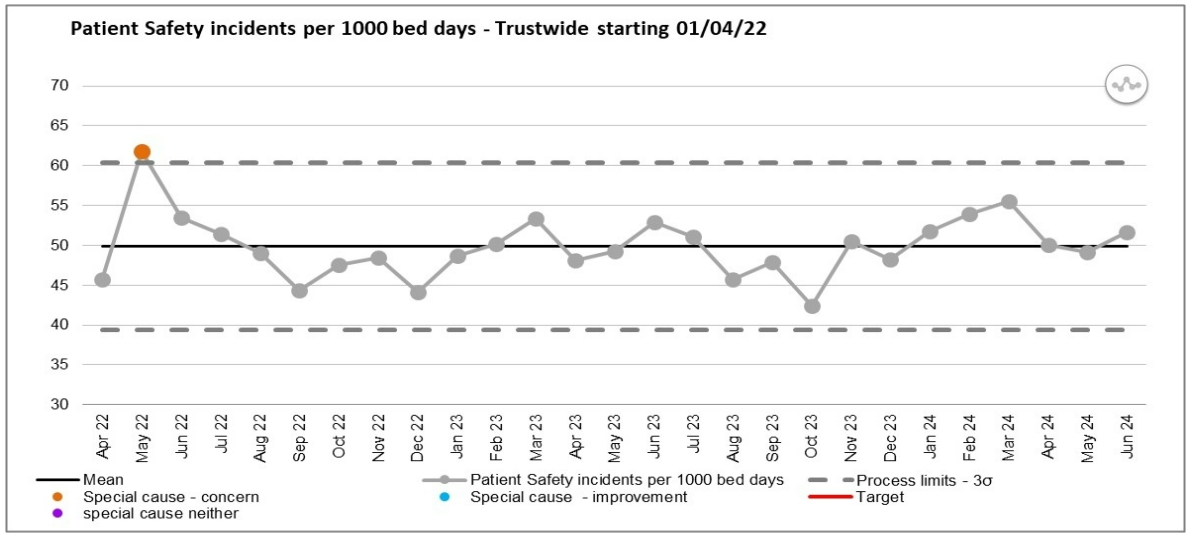
- Further work to advertise the friends and family test to all patients is underway with wider distribution of the QR code and accessibility requirements
- Extend online survey to all Maternity areas to improve response rate (July 24)
- Review the outpatient denominator to make sure it is giving accurate monthly response rates
- Digitalise daycase FFT (Renal to trial)

Risks:

- Limited use of FFT in our top 5 languages – increase awareness to provide more diversity in our responses (Aug 2024)
- Poor response rates in key areas, review access to survey and share with Care Group Directors of Nursing
- Real time feedback not always actioned - improve notification of concerns and improve ('You said, we did') via data capture platform (IQVIA) trial July 24

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

Strategic metric: Learning from incidents to reduce harm



	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Patient Safety incidents per 1000 bed days	51.72	53.95	55.51	50.07	49.18	51.68
Patient Safety incidents/100 admissions	11.48	11.38	11.22	10.97	10.67	10.82
No. of Deteriorating patient incidents	17	16	24	14	12	14
FFT question: I felt safe during my visit to the hospital (%)	91.00%	90.50%	92.90%	94.60%	86.00%	91.6%
Medication incidents per 1000 bed days	5.34	5.64	5.96	5.85	5.77	5.70

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust

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 remains consistent reflecting a good safety culture
- Patient's perception of their safety has increased to back above 90%
- All other metrics remain stable
- This marks the first complete quarter of PSIRF methodology application within the trust

Actions and next steps

- To continue to implement PSIRF methodology, monitor new metrics, PSIRF priorities and report against these in Q2
- Review of Q1 themes and completion of Delayed Discharge thematic review in Q2 (underway)
- Consideration as to whether the "PSIRF Top 5" are correct for the Trust or require early amendment

Risks:

- Patient safety team resource constraints – additional workload created by PSIRF implementation
- Transition from Serious Incidents framework to PSIRF- changes in processes, reporting and closure progressing well
- Risk of more qualitative data than quantitative for analysis purposes with the new methodology

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

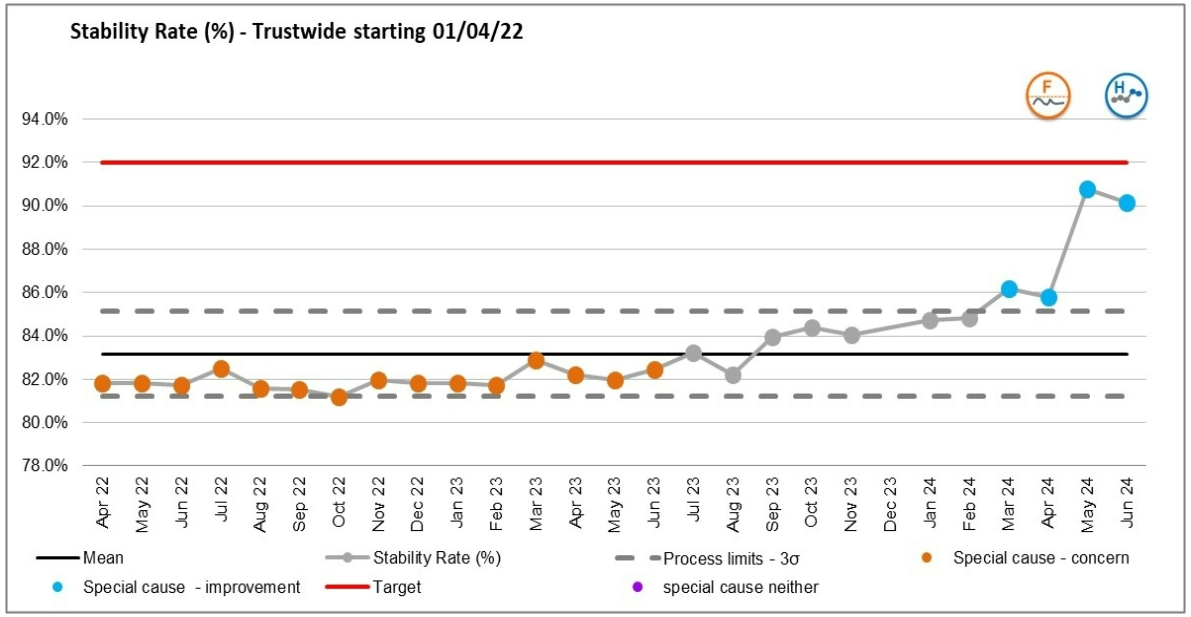
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Stability Rate (%)	84.75%	84.82%	86.16%	85.78%	90.08%	90.17%
Turnover rate %	11.15%	11.06%	10.77%	10.34%	10.35%	9.96%
Vacancy rate	7.03%	7.02%	6.82%	7.03%	6.46%	6.71%
Sickness absence (rolling 12 month)	3.56%	3.45%	3.48%	3.51%	3.55%	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:

- The stability rate has remained at 90% due to minor variations in turnover and vacancy rates and has not met the 92% target
- Engagement with our 'What Matters 2024' campaign remains strong, we are well above our required trajectory to deliver on our 4500+ staff voices target by the end of the engagement period

Actions and next steps:

- In the Care Groups there is a renewed focus on supporting staff to take their annual leave, Target vs.Taken/Requested hours to ensure that staff use their allocation and to avoid unnecessary carry over and cost pressure in winter months
- Sickness absence monitoring confirmed as a Driver Metric for People Directorate, the care groups will feed into this
- There is a plan in place to close the feedback loop on the Compassionate module of the What Matters 2024 programme across the organisation and reflect the key emergent themes – by mid-July 24
- Then plan to follow the same pattern with the What Matters Aspirational module

Risks:

- There are priority areas which due to vacancy rates have challenges in allocating the target amount of annual leave across clinical staff without increasing bank and agency costs

Strategic objective: **Deliver in partnership**

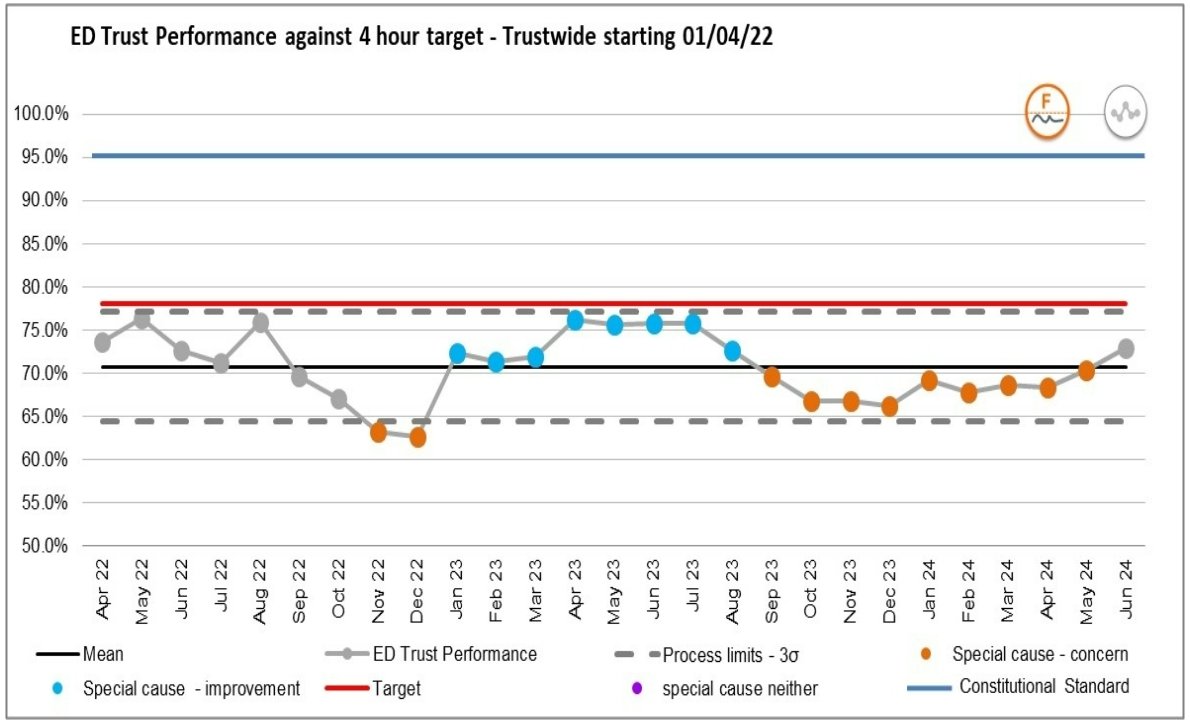
Strategic metric: Performance against 4hr A&E target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
4hour Performance (%)	69.16%	67.83%	68.62%	68.29%	70.40%	72.91%
Total Attendances	14574	14416	15636	14531	15531	14890
Total Breaches	4494	4637	4906	4462	4597	4033
Ambulance Handover: 30 Minutes	375	318	369	343	327	301
12 hours from arrival in ED (%)	6.0%	4.9%	5.3%	6.4%	4.9%	3.3%

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 25.

How are we performing:

- 72.91% of patients were seen within 4 hours. We continue to not achieve the 78% target and are not increasing towards this
- High daily attendances continue, average 422 per day with 23 days >400
- ED Minors Unit activity increased to an average of 110 patients per day
- >60 & >30 minutes ambulance handover have improved. Further improvement challenged with decision to admit (DTA) capacity issues

Actions and next steps

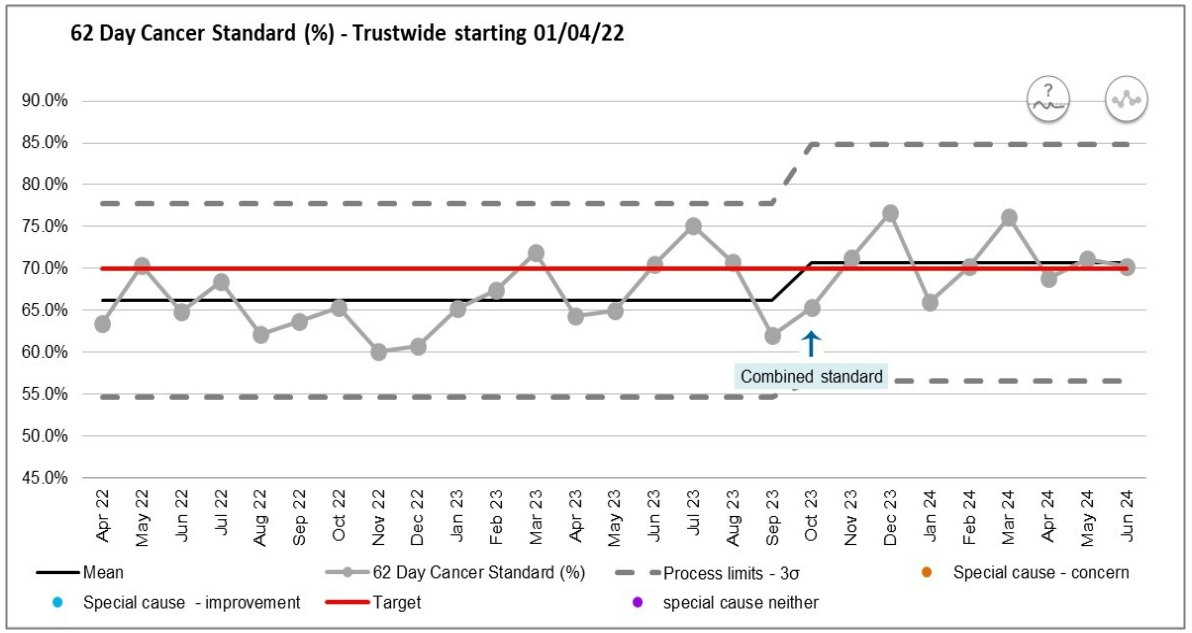
- Reading Urgent Care Centre - Average utilisation increased to 13.3 slots per day
- Westcall usage increased to 8.4 patients referred per day
- Focus on reducing the number of queuing ambulances

Risks:

- Significant increase in Mental Health demand as well as incidences of Violence & aggression towards staff
- 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



	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Cancer 62 day %	66.00	70.2	76.1	68.8	71.1	70.3
No. on PTL over 62 days	382	340	284	275	334	307
% on PTL over 62 days	13.0	11.1	9.5	9.0	10.2	9.8
Cancer 28 day Faster Diagnosis	71.8	75.8	69.9	64.5	65.1	63.8

*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
	

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 70%.

How are we performing:

- In May 71.1% of patients were treated within 62 days. June's unvalidated performance is 70.3%
- The total number of patients on the Patient Tracking List (PTL) waiting over 62 days decreased from 334 to 307. Predominantly within gynaecology, lower gastrointestinal and skin
- 31 day and 62 day performance is unlikely to improve in the short term whilst backlog is cleared via additional capacity (Risk Assessed Targeted Initiatives (RATI) / Insourcing)

Actions and next steps

- Continue to work with TVCA and through internal services teams to provide additional capacity initiatives (Premium rate activity/Insource/Outsource)
- Progress work streams which have secured TVCA funding
- Confirm plan for outsourcing in dermatology
- Progress CDC funding work to deliver hysteroscopy service at

Risks:

- Not recovering sufficiently in skin, gynae and gastro
- High reliance on insourcing/outsourcing
- Service level agreement for delivery of plastics capacity from Oxford University Hospitals (OUH). Need 3 days per week additional support which OUH cannot provide currently

Strategic objective: **Deliver in partnership**

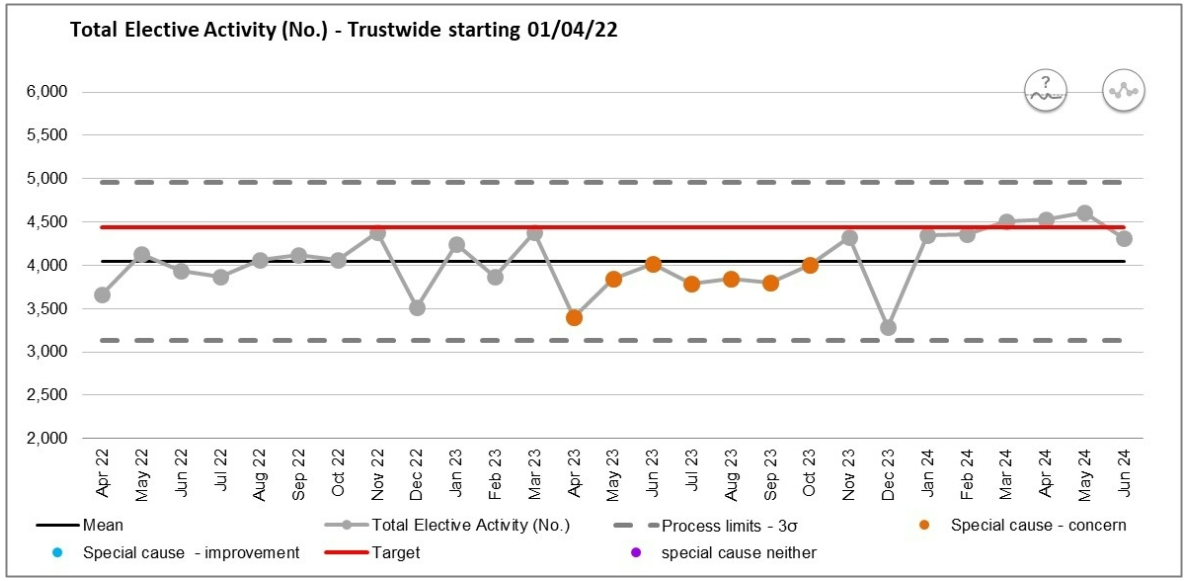
Strategic metric: Maximising Elective Activity

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Total Elective Activity (No.) (provisional)	4344	4359	4511	4527	4611	4313
% of plan for Daycases (cumulative)				106.10%	112.30%	108.10%
% of plan for Inpatients (cumulative)				95.90%	105.30%	102.90%
% of plan for Outpatient Attendances (News & Follow Ups (cumulative)				105.70%	109.40%	106.80%
Patients waiting > 65wks	2	3	0	1	0	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
- Actual performance is monitored via a national calculation which is nationally reported two months behind. M1/assurance is expected in July

Actions and next steps:

- Weekly activity performance meeting has been put in place to review outturn against plans and budgets, to define the gap and actions required to close the gap
- Rapid analysis underway to assess current state v risk-adjusted expectations v ERF expectations. (Dependent on national reporting system)
- Focus remains on delivering more activity across the board but with a particular focus on first outpatient

Risks:

- Calculation of value weighted activity (VWA) is nationally derived and difficult to replicate making monitoring very challenging
- Submitted activity plans include a level of risk associated to staff being in post to deliver activity at this level

Strategic objective: **Cultivate Innovation and Improvement**

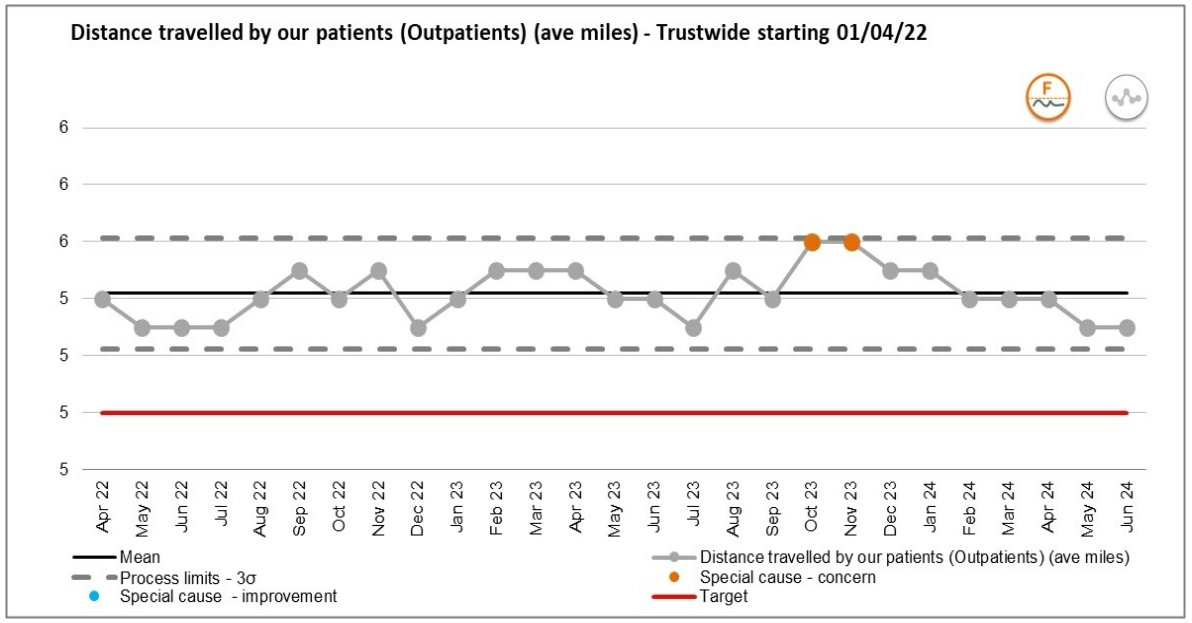
Strategic metric: Distance travelled by our patients (outpatients)

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Distance travelled by our patients (average miles) (Outpatients including Virtual Attendances)	5.5	5.4	5.4	5.4	5.3	5.3
Number of Virtual attendances	10689	10346	10245	10286	10473	9623
Advice & Guidance (A&G) activity	2119	2187	2065	2118	2161	1994
Face to face (FTF) activity at non RBH sites	8847	8291	7916	8394	8183	8261

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 June the average distance travelled was 5.3 miles. While this remains in the standard range it is the shortest distance travelled in the last 2 years.
- The number of virtual appointments, and A&G has remained constant over the time period
- Use of non-RBH sites has remained constant over the period

Actions and next steps

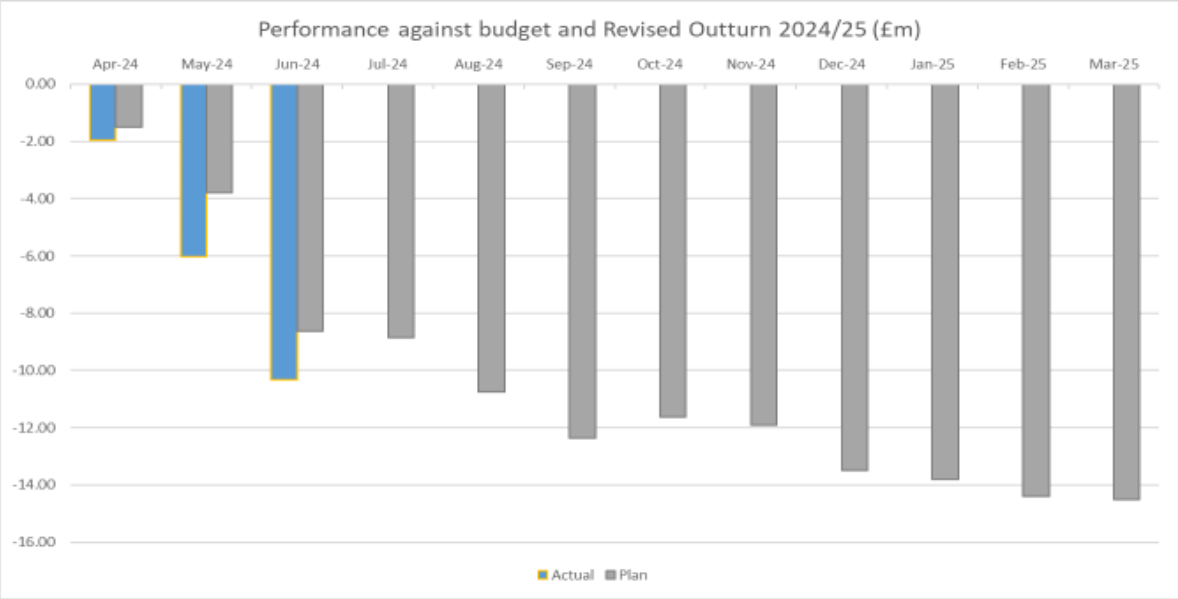
- Delivery of 24/25 activity plan at specialty level including A&G increase
- OP transformation programme mobilisation
- Review of use of virtual OP as part of Digital Hospital programme

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	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Income as % of plan				105.20%	103.30%	99.02%
Pay as a % of plan				101.58%	102.07%	96.19%
Non Pay as a % of plan				113.47%	114.69%	101.48%
Cost Improvement Plans (CIP) delivered (cumulative) (£)				£0.00m	£1.96m	£3.47m
Value weighted activity actual in month (£m)				£32.90m	£37.76m	£34.23m
Bank and Agency Spend actual (cumulative) (£m)				£2.03m	£3.99m	£5.79m

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
F	

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 have now submitted a final plan for 2024/25 on the 12th June 2024 for a £14.50m deficit for the year.

How are we performing:

- At £(10.33)m deficit we are £(1.71)m behind plan in June, M03 YTD 2024/25
- Income is ahead of plan, £3.70m
- Pay is favorable to plan, £0.13m
- Non-pay is higher than plan, £(5.77)m

Actions and next steps

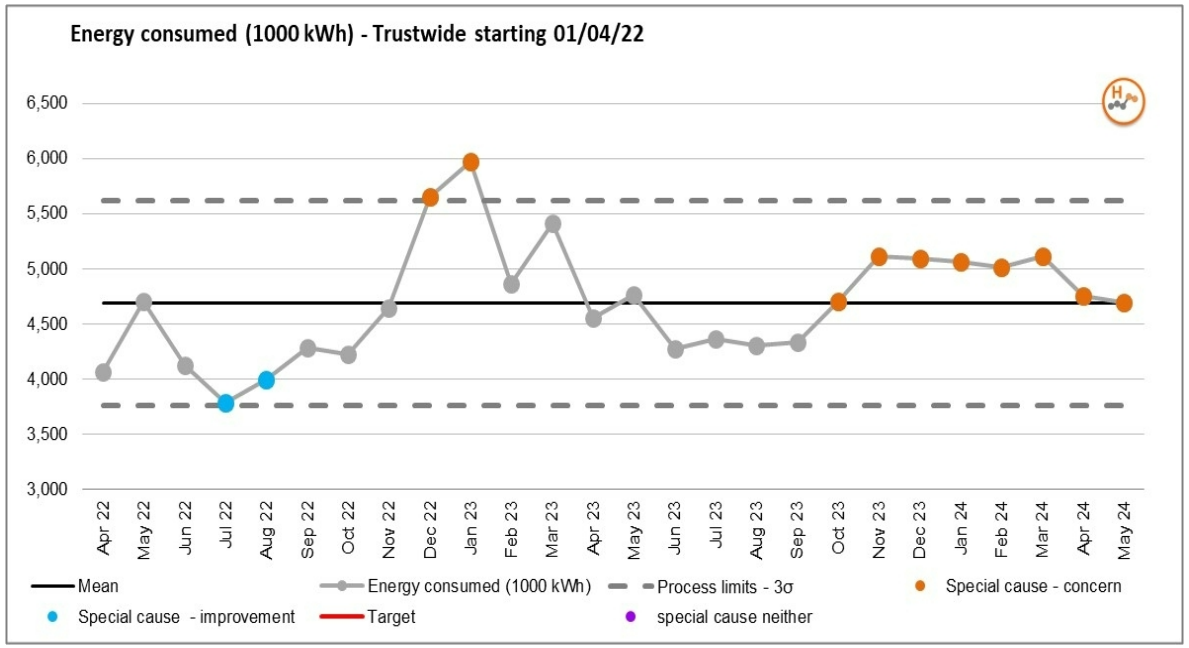
- Continued oversight of temporary staff bookings to maintain the lower run rate
- Focused work on non-pay expenditure to curtail future overspends
- Continued focus on delivery of savings in line with budget holder plans
- Focus on achievement of additional elective activity and income

Risks:

- Continued run rate of expenditure in excess of plans
- Delivery of required activity plans
- Heightened levels of scrutiny by commissioners risking income clawback

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

Strategic metric: Energy consumed (1000 kWh)



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

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Energy used (1000 kWh)	5059	5013	5115	4750	4695	Arrears
Electricity (1000 kWh)	183	141	224	243	126	Arrears
Gas (1000 kWh)	4876	4872	4890	4506	4569	Arrears

*This metric will always be reported one month in arrears due to the invoice receival date from our energy suppliers

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust

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 in May continues to show a downward trend. This is still mainly due to the change of season
- The RBH Combined Heat & Power plant is continuing to perform well, generating 1,436,909 kWh of electricity in May
- This reduced our monthly imported electrical consumption to 126,032.65 kWh

Actions and next steps

- Continue site review 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

Risks:

- Aging RBH plant and infrastructure limitations

Royal Berkshire
NHS Foundation Trust

Breakthrough Priorities

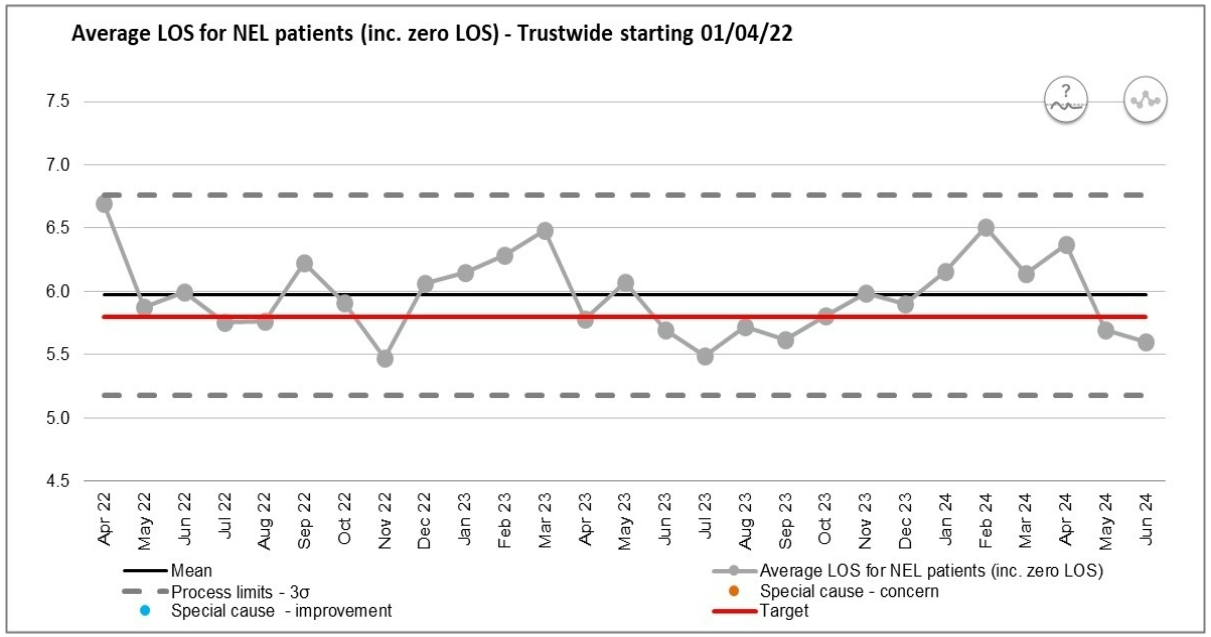
Breakthrough priority metric: Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Ave LOS for NEL patients (inc. zero LOS	6.2	6.5	6.1	6.4	5.7	5.6
Bed Occupancy (%)	89%	87%	89%	90%	90%	89%
No. of patients with zero day LoS	1082	1038	1103	1091	1143	1013
Ave number patients > 7 days	267	262	276	275	268	256
Ave number patients > 21 days	98	91	96	104	90	93
Ave no. of patients through discharge lounge per day	13	11	12	15	14	15

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 Trust took longer to emerge from winter than hoped, however we have seen improvement in the average LOS in May and then in June at 5.6 days.
- Whilst this remains within normal fluctuations the aim is to maintain this position in a sustainable manner
- This position is supported by improved accuracy of Target Discharge Dates (TDDs) across the Trust

Actions and next steps

- Continued drive for improved accuracy of Target Discharge Dates, embedding this into standard practice, and increasing use of the discharge lounge for non-elective admitted patients
- Processes around take-home medications and system-working for complex discharges are being addressed by operational leaders

Risks:

- Cultural norms around ward practice prove harder to change than we hope
- Complexity across the Trust and externally makes success hard to identify
- Key staff groups more stretched and less able to engage in actions

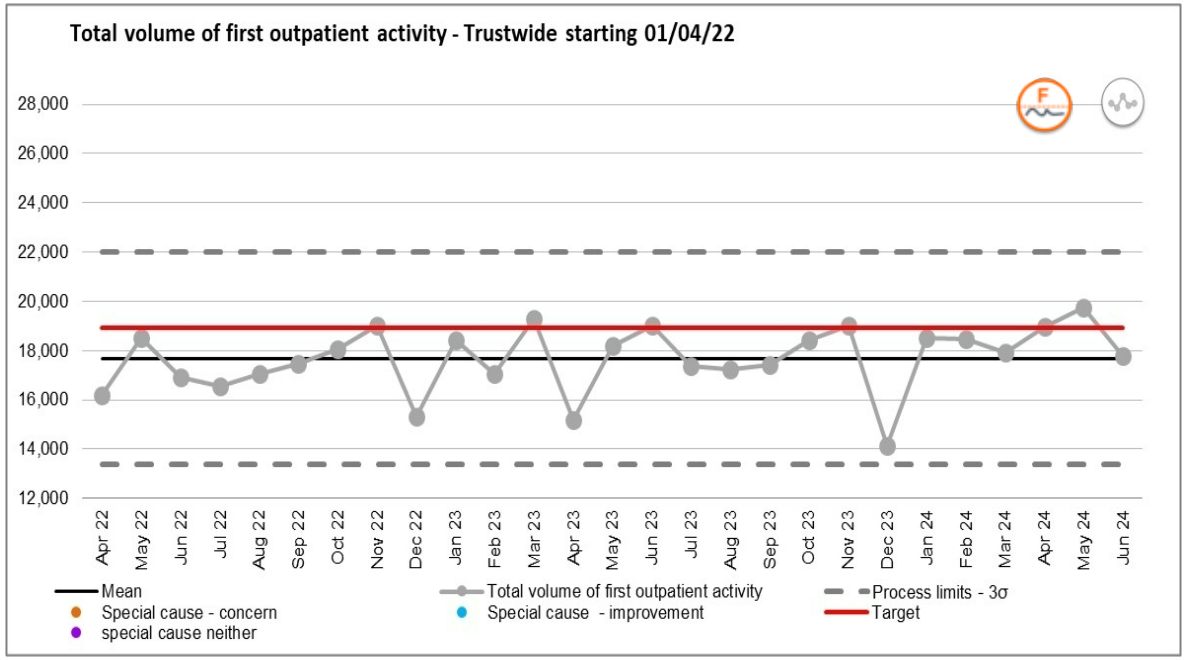
Breakthrough priority metric: Total Volume of first Outpatient (OP) Activity

Board Committee: Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Total Volume of first outpatient activity	18501	18487	17931	18979	19733	17786
% OP 1st + OPPROC vs. Total OP Activity (46% target)	39.20%	41.10%	40.60%	40.90%	41.50%	41.7%
1st OP DNA/WNB rate	8.1%	7.2%	7.0%	8.3%	8.7%	8.5%
1st OP cancellations (%)	8.8%	8.0%	8.0%	7.4%	8.4%	8.5%
First / Follow up rate	2.03	1.9	1.9	2.0	2.0	2.0

This measures: The volume of first outpatient activity (OPA) 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 21k per month.

How are we performing:

- The volume of first 1st OPA, based is below target at (c.18k per month) though data is provisional and likely to increase by c 5% in reconciliation
- Industrial action at the end of the month is likely to have had some impact on OP activity
- Did Not Attend (DNA)/ Was Not Brought (WNB) and cancellation rates remain high and will be the focus of internal performance meetings

Actions and next steps

- OP transformation actions focusing on enhancing scheduling and productivity have been agreed at OP transformation group
- Executive director 'go and see' visits will focus on DNA and Cancellations
- Trust wide rollout of eTriage, Phase 1 to commence in June 24, to support with optimisation of 1st OPA pathway

Risks:

- As a new metric current risk is associated with the need to refine the information to insight and the identification of high-risk areas

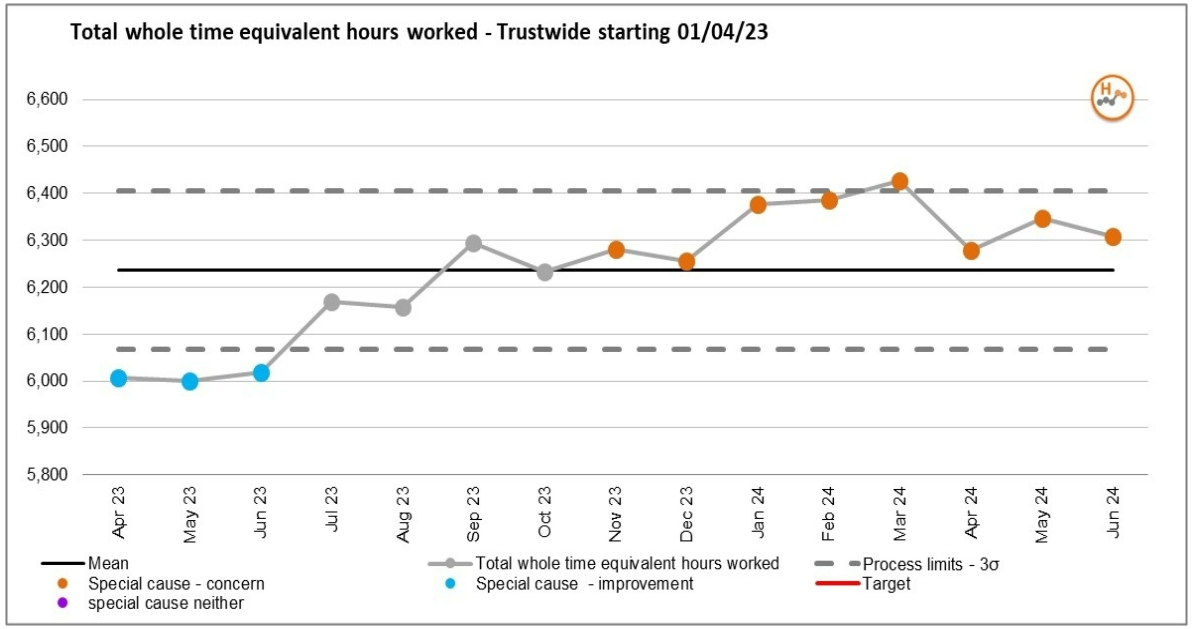
Breakthrough priority metric: Total Whole Time Equivalent (WTE) hours worked

Board Committee: People Committee

SROs: Nicky Lloyd/ Don Fairley

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



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 decreased month on month by 37 WTE however remained c.290 higher than this time last year.
- Agency reduced month on month by a further 7 WTE and is our lowest usage, total cost reduced by £200k year on year for the third month in a row, total on year savings at £613k.
- Bank usage decreased by 42 WTE on month, but with increases in bank usage across Estates and Facilities. Overall bank cost is down £242k on year.

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Total WTE hours worked	6376	6385	6428	6278	6346	6309
Substantive WTE	5902	5921	5954	5962	5942	5960
Bank WTE	407	398	416	275	367	321
Agency WTE	67	66	58	42	36	29
Vacancy rate	7.03%	7.02%	6.82%	7.03%	6.46%	6.71%
Ave time to hire (clinical) (days)	66	62	53	57	55	59
Ave time to hire (non-clinical)	50	49	52	53	55	50

Actions and next steps:

- Continued review of bank usage and control measures have been put in place
- Continued reduction of agency usage and controls particular focus on AHP.
- Continued pause of Internationally Education Nurses (IEN).
- Review of non-clinical roles through Workforce Control Panels including senior 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 113 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

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

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

Alerting Metrics June 2024:

In the last month 15 of the 113 metrics exceeded their process controls, an increase of 1 from May's data. These are set out in the table opposite.

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

For this month there are 4 new alerting metrics:

- Hand Hygiene
- FFT Response – Inpatients
- Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival
- Cancer – Incomplete 104 days

Provide the highest quality of care for all

- Hand Hygiene
- Ecoli
- Mixed sex accommodation breaches
- FFT Response – Maternity
- FFT Response - Inpatients
- Percentage of term babies admitted to neonatal unit

Invest in our staff and live out or values

- Ethnicity progression disparity ratio
- Appraisal rates

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

Cultivate innovation and improvement

- % OP treated virtually

Achieve long term sustainability

- Pay cost vs Budget (£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	Apr-24	May-24	Jun-24	Jun-23
Never Events			0	0	0	0	0
Pressure ulcer incidence per 1000 bed days		P	1.00	0.00	0.00	0.05	0.00
Category 2 avoidable pressure ulcers			5	0	0	1	0
Category 3 or 4 avoidable pressure ulcers (SI)			0	0	0	0	2
Patient Falls per 1 000 bed days			5.00	3.68	3.81	3.78	4.58
Patient falls resulting in harm (SI) avoidable	L		-	0	0	0	0
No. of DOLS applications applied for			-	23	22	21	28
No. of detentions under the MH act to RBH	L		-	2	2	1	4
% of staff: Safeguarding children L1 training	H	P	90.00%	95.50%	95.60%	95.50%	95.50%
No. of child safeguarding concerns by the Trust			-	173	157	121	166
No. of adult safeguarding concerns by the Trust			-	33	39	28	36
No. of safeguarding concerns against the Trust			-	2	4	3	4
Unborn babies on child protection (CP) / child in need plans (CIP)	L		-	32	29	12	44
C.Diff (Cumulative)		P	44	4	6	11	12
C.Diff lapses in care	L		-	1	0	0	4
MRSA	L		0	0	0	0	0
E.coli (Trust acquired) Bloodstream Infections			-	14	8	11	9
E.coli (Trust acquired) Bloodstream Infections (Cumulative)			92	14	23	34	28
MSSA surveillance (trust acquired)			-	6	3	0	3
Hand Hygiene	L		-	96.67%	96.81%	69.50%	97.03%
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance	H		95.00%	95.10%	95.50%	Arrears	96.10%
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions		F	0	2	2	Arrears	2

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	Apr-24	May-24	Jun-24	Jun-23
No. of compliments			-	45	48	31	56
FFT Satisfaction Rates Inpatients: i.Inpatients	L	P	95%	96%	94%	94%	99%
FFT Satisfaction Rates Inpatients: ii.ED		F	95%	82%	83%	78%	84%
FFT Satisfaction Rates Inpatients: iii.OPA		?	95%	96%	95%	96%	95%
Mixed sex accommodation - breaches		F	0	362	343	271	216
Crude mortality			-	1.40	1.50	1.20	1.40
HSMR			-	Arrears	Arrears	Arrears	83.2
SMR			-	Arrears	Arrears	Arrears	84.2
SHMI	H		-	Arrears	Arrears	Arrears	0.95
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes	L	?	97%	90%	63%	Arrears	100%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes		?	86%	70%	60%	Arrears	55%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes		?	82%	80%	80%	Arrears	92%
No. of Patient Safety Incident Investigations (PSII)			-	5	2	1	
No. of SWARM huddles			-	4	4	3	
No. of After Action reviews			-	2	1	4	
No. of Multidisciplinary Team (MDT) reviews			-	2	1	1	
No. of Thematic reviews			-	0	3	4	
Number of Complaints			-	39	27	25	34
Complaints turnaround time within 25 days (%)	L	?	80%	55%	61%	60%	77%

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	Apr-24	May-24	Jun-24	Jun-23
FFT Satisfaction Maternity			95.0%	100.0%	94.3%	98.0%	97.0%
No. of complaints - Maternity			3	1	2	1	4
Number of Patient Safety Incident Investigations (PSII)			-	0	0	3	-
% bookings with ethnicity documented / recorded	H		-	99.6%	99.4%	99.9%	100.0%
% women with a documented CO result at booking			95.0%	85.0%	86.0%	87.8%	99.0%
% of women with a documented CO result at 36 weeks			95.0%	91.0%	88.0%	86.0%	97.0%
% 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%	60.0%	50.0%	60.0%
Post Partum haemorrhage>1500mls			3.5%	3.1%	3.7%	2.7%	3.4%
Percentage of term babies admitted to Neonatal Unit	H		5.0%	6.4%	7.8%	8.3%	4.7%
Percentage of Perinatal Deaths	L		0.5%	0.0%	0.0%	0.0%	0.0%
Number of occasions MLU service suspended for 4 hours or more			-	6	4	6	21
Midwifery staffing vacancy rate	L		-	7.1%	8.7%	7.0%	15.3%
Midwifery staffing turnover	L		14.0%	10.0%	11.3%	8.8%	9.5%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%	90.7%	92.0%	92.9%	91.0%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring	H		90.0%	95.6%	97.8%	100.0%	94.0%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT			90.0%	96.6%	96.7%	98.4%	100.0%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT		P	90.0%	94.2%	93.8%	94.6%	97.0%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT	H	F	90.0%	91.9%	100.0%	98.3%	92.0%

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	Apr-24	May-24	Jun-24	Jun-23
Ethnicity Progression Disparity ratio between middle and upper pay bands		F	1.66	1.96	2.00	1.98	2.02
Rolling 12 month Sickness absence	L	F	3.3%	3.5%	3.6%	Arrears	3.7%
% Fill rate of Registered Nurse Shifts (RN)	H	P	90.0%	100.9%	97.5%	101.1%	94.8%
% Fill rate of Care Support Worker Shifts (CSW)	H	P	90.0%	110.2%	119.3%	110.1%	98.0%
Completed Mandatory Training	H	?	90.0%	92.8%	92.5%	92.9%	92.0%
Appraisals		F	90.0%	83.0%	82.7%	83.9%	82.1%
Nurse Staffing Red Flags			-	41	33	35	52

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	Apr-24	May-24	Jun-24	Jun-23
RIDDOR reportable Incidents			-	0	1	0	0
Abuse/V&A (Patient to staff)	H		-	58	83	63	45
Body fluid exposure/needle stick injury			-	23	27	23	16
Environment Related Incidents			-	13	10	10	18
Manual Handling non patient every 3 years	H	?	90%	94%	95%	95%	91%
Conflict Resolution	H	?	90%	91%	91%	91%	91%
Fire (Annual)	H	?	90%	92%	92%	91%	90%
Nursing and AHP Manual handling training every 3 years	H	?	90%	91%	91%	92%	87%
Doctors manual handling training every 3 years	H	F	90%	94%	95%	95%	91%
Health and Safety Training	H		-	96%	96%	97%	95%
Slips and Trips	H		-	2	5	3	0
Musculoskeletal - Inanimate object			-	2	2	3	1
Total non clinical incidents reported			-	257	263	123	275

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Mar-24	Apr-24	May-24	May-23
Fractured Neck of Femur: Surg in 36 hours			75.0%	51.4%	Arrears	Arrears	52.5%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival		F	90.0%	59.0%	63.0%	70.0%	60.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)			80.0%	75.0%	76.0%	87.0%	84.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)		F	90.0%	25.0%	29.0%	48.0%	14.0%
Cancer 31 day wait: to first treatment			96.0%	95.9%	92.4%	92.8%	96.2%
62 Day screen Ref			85.0%	77.1%	56.3%	54.5%	73.3%
Cancer Incomplete 104 days		F	0	70	82	55	74
Average waiting times in diagnostic (DM01) services	H	P	6	9	10	12	9
Diagnostics Waiting < 6 weeks (DM01) (%)		F	95.0%	80.3%	77.4%	71.8%	71.6%
18 Weeks: incomplete pathways (%)	H	F	92.0%	82.7%	83.8%	83.3%	86.7%
No. of patients waiting >52wks	L	F	0	12	23	28	12

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-24	May-24	Jun-24	Jun-23
% OP appointments done virtually			40.0%	20.8%	21.7%	21.0%	21.0%
Number of OPPROC			-	10108	10430	10147	9461
Number of MDT OP			-	629	639	944	725
Number of PIs			-	113	116	117	78
Number of active research trials			-	127	129	134	93
Number of projects supported by HIP			-	53	53	53	50

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

Watch metrics

SRO: Nicky Lloyd

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-24	May-24	Jun-24	Jun-23
Pay cost vs Budget (£m)			-	-0.49	-0.64	1.26	0.07
Non pay cost vs Budget (£m)			-	-2.61	-2.84	-0.32	-0.60
Income vs Plan (£m)			-	2.58	1.61	-0.49	0.13
Daycase actual vs Plan (£m)			-	0.20	-2.73	0.60	0.16
Elective actual vs Plan (£m)			-	0.05	-1.69	0.37	-0.05
Outpatients actual vs Plan (£m)			-	-1.11	-8.27	-0.17	0.46
Non-elective actual vs plan (£m)			-	0.31	-10.40	-0.60	-0.49
A&E actual vs plan (£m)			-	-0.12	-3.27	-0.22	0.19
Drugs & devices actual vs plan (£m)			-	0.32	-4.50	1.29	0.47
Other patient income (£m)			-	-0.09	-0.34	0.09	0.14
Delivery of capital programme (£m)			-	0.11	0.91	0.39	2.09
Cash position (£m)	L		-	23.08	21.17	19.24	53.95
Agency spend % of total staff cost (%)	L		-	1.5%	1.5%	1.3%	2.2%
Creditors (£m)			-	-75.63	-76.49	-82.03	-92.02
Debtors (£m)			-	33.29	33.40	31.93	19.73
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD		F	95.00%	88.90%	82.20%	77.60%	50.94%
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month	H	F	95.00%	88.90%	78.30%	71.40%	47.85%

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Board Work Plan 2024

Focus	Item	Lead	Freq	Jan-24	Mar-24	May-24	Jul-24	Sep-24	Nov-24
Provide the Highest Quality Care to all	Winter Plan	DH	Annually						
	Ockendon Action Plan Update	KP-T	By Exception						
	Children & Young People Update	KP-T	Bi-Annually						
	Health & Safety Story	DF	Every						
	Quality & Improvement Strategy	KP-T/JL	Once						
Invest in our People and live out our Values	Patient Story	Exec	Every						
	Staff Story	Exec	Every						
	Health & Safety Annual Report	NL	Annually						
	People Strategy	DF	Once						
	Annual Revalidation Report	JL	Annually						
Achieve Long-Term Sustainability	Quarterly Forecast	NL	Quarterly						
	2023/24 Budget	NL	Annually						
	2023/24 Capital Plan	NL	Annually						
	Operating Plan/ Business Plan 2023/24	AS	Annually						
	The Green Plan	NL	Once						
	Estates Strategy	NL	Once						
Cultivate Innovation & Improvement	Standing Financial Instructions	NL	Annually						
	ICP/ICS Update	AS	By Exception						
	Building Berkshire Together	NL	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						
	NHSI Annual Self-Certification	NL/CL	Annually						
	Standing Orders Review	CL	Annually						
	Fit & Proper Persons Update	DF	Once						
	Board Work Plan	CL	Every						