NHS
Royal Berkshire
NHS Foundation Trust

Integrated Performance Report

January 2023

Improving together to deliver
outstanding care for our community

Improving Together

December 2022 performance summary

Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 31st December 2022. During this time the Trust continued to experience demand pressures in excess of 2019-20 levels across Non-elective pathways and continued to reduce the pandemic related elective backlog.

Despite the sustained pressure, our staff have **continued to provide high quality, safe care**, and both our experience and harm indicators remain at normal levels. (Pages 6-7). However, the Trust has not met the national and local targets within the **Deliver in Partnership** objective (pages 9-12) resulting in all the metrics alerting. The same pressures are limiting the Trust's progress in delivering **care closer to home** (page 13).

Good progress continues to be made in reducing the average wait for elective care, but high levels of demand and challenges in maintaining flow through the hospital continue to impact performance against the **4hr standard**. Waiting times for **diagnostic services** (page 10) and especially MRI, Endoscopy and Pathology, continue to be challenged and are impacting on our **cancer performance**. Actions to address this are set out in the Breakthrough priority on cancer (page 19).

The Trust's **workforce turnover rate** (page 8) and **vacancy rates** (page 17) remain above target, having been suppressed during the pandemic. The Trust has invested in additional resources to support recruitment and retention and this will be a focus of the People directorate for the next few months.

The combination of elevated demand for our services, challenges in recruiting and retaining staff and inflationary pressures has resulted in the Trust recording a **financial deficit** of £14.3m in the year to date (page 15). Remedial actions are in place to mitigate this but the Trust does not expect to deliver its planned surplus for the year.

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

Strategic Objectives	Page	Strategic Metric	SPC flag
Provide the highest quality care for all	6	**Improve patient experience:** Number of complaints	
	7	**Reduce harm:** Number of serious incidents	
Invest in our people and live out our values	8	**Improve retention:** Turnover rate	? H
Delivering in partnership	9-11	**Improve waiting times:** Reduce Elective long waiters (Incomplete RTT 52wks)	P
		Average wait times for diagnostic services	H
		Emergency Department (ED) performance against 4hr target	? L
	12	**Reduce inpatient admissions:** Rate of admission (LoS>0)	
Cultivate innovation and improvement	13	**Increase care closer to home:** Proportion of activity delivered at RBH	F H
Achieve long-term sustainability	14	**Live within our means:** Trust income and expenditure	F
	15	**Reduce impact on the environment:** CO2 emissions	N/A
Breakthrough priorities	17	**Recruit to establishment** (Vacancy %)	? H
	18	**Improve flow:** Reduce the number of 7 day stranded patients	F H
	19	**Support patients with cancer** Reduce 62 days cancer waits incomplete	? H
Watch metrics	21-30		N/A

Our Strategy: Improving Together

Royal Berkshire NHS Foundation Trust

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

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

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

For the next five years, we will focus on five **Strategic Objectives**. To track our progress on these we have identified 8 **Strategic Metrics**. Each of our clinical and corporate teams are in the process of identifying how they contribute to the delivery of these metrics and our monthly performance meetings will focus on action we can take together to make progress. For the remainder of 22/23 we have identified 3 **Breakthrough Priorities** that we are looking for rapid improvement on. We have chosen these areas as data has shown us that progressing these areas will make a substantial impact on one or more strategic metrics.

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

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

Our Vision: Working together to deliver outstanding care for our community

Strategic Objectives

Provide the highest quality care for all	Invest in our people and live out our values	Delivering in Partnership	Cultivate innovation and improvement	Achieve long-term sustainability

Strategic Metrics

• Improve patient experience • Reduce harm	• Improve retention	• Improve waiting times • Reduce inpatient admissions	• Increase care closer to home	• Live within our means • Reduce impact on the environment

Cross-Cutting Breakthrough Priorities

- Recruit to establishment
- Reduce the number of stranded patients
- Reduce 62-day cancer waits

Watch metrics

- Metrics across all Strategic Objectives

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:

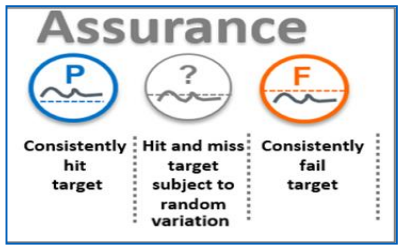
- The variation is routine, expected and stable within a range. We call this '*common cause*' variation, or
- The variation is irregular, unexpected and unstable. We call this '*special cause*' variation and indicates an irregularity or that something significant has changed in the process

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).

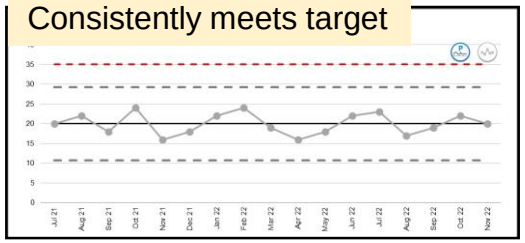
Where we have set a target, the chart also provides an ASSURANCE icon indicating:

- 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)

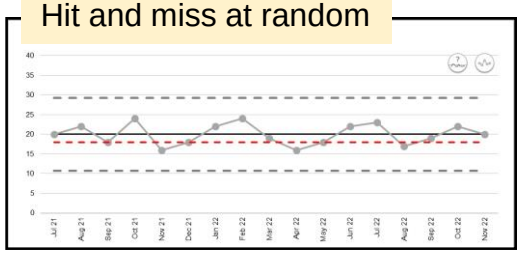
For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.



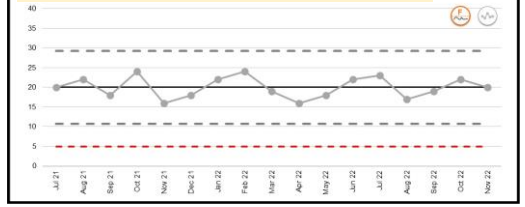
Consistently meets target

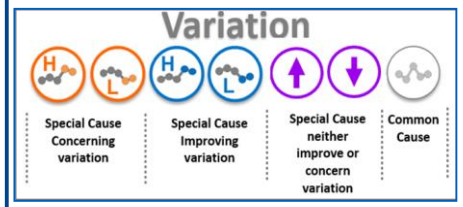


Hit and miss at random

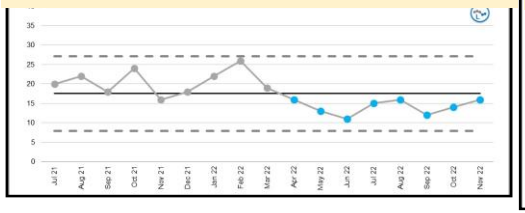


Consistently misses target

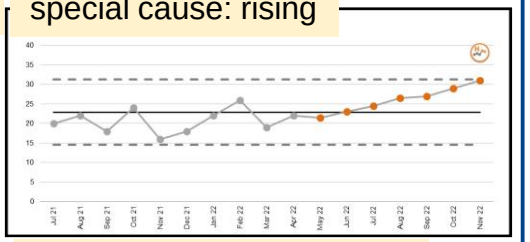




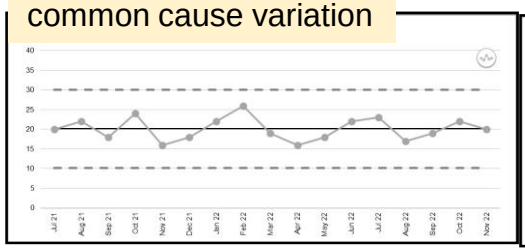
special cause: run below average



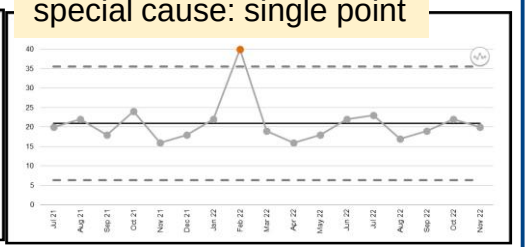
special cause: rising



common cause variation



special cause: single point



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Strategic Metrics

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

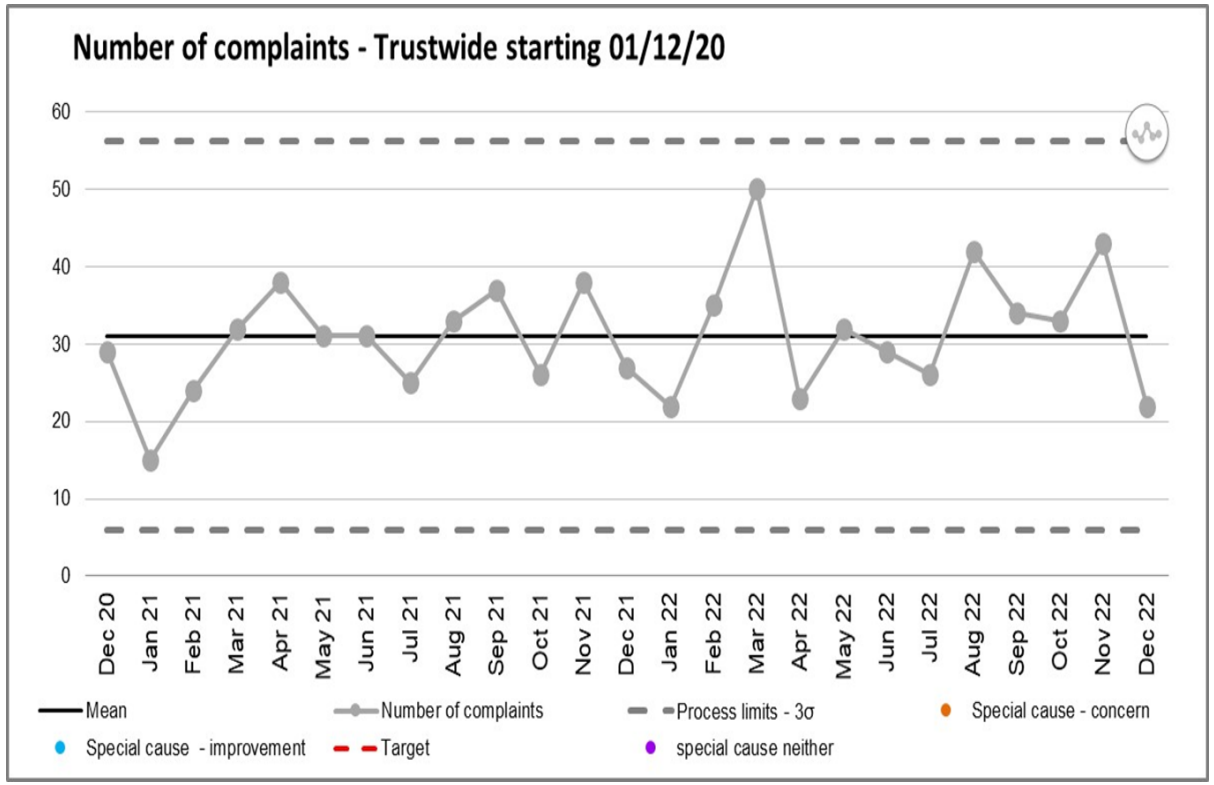
Strategic metric: Improve patient experience

Assurance	Variation
N/A	

Board Committee: Quality committee

SRO: Eamonn Sullivan

Royal Berkshire NHS Foundation Trust



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Number of complaints received	26	42	34	33	43	22
Complaints turnaround time within 25 days (%)	62%	68%	68%	68%	72%	59%

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

How are we performing:
There were 22 formal complaints received in Dec, a 48% decrease from the 43 received in Nov 2022. This variation remains in normal levels. The top two themes were Clinical Treatment (10) and Communication (9). 23 compliments and 3 GP pals concerns were received.

37 complaints were closed (up 15% on 32 closed in Nov) of which, 7 were well founded, 9 were partially well founded and 8 were unfounded. We are awaiting outcomes for 13 complaints. The severity rating was: 2 Red (high), 7 Amber (moderate), 14 Yellow (low) and 14 Green (v. low).

43% of responses were received in the Complaints Team within 15 working days of receipt of complaint (against a target of 75% or above). 59% of complaints were closed within 25 working days, which is a 13% point reduction in comparison to November. Key drivers for this are winter pressures and sickness levels. Outstanding actions percentage overdue for each Care Group - Networked Care 20%, Planned Care 89%, Urgent Care 98%.

Actions:
- Weekly/fortnightly meetings reinstated with care groups and directorates **(Q4 22/23)**
- Continuous Patient Advice and Liaison Service (PALS) monitoring to gauge current issues. Triangulation meetings commenced **18/01/23** with Patient Safety to identify Trust wide themes.
- Current deep dive into complaint processes with view to develop CQI process.
- Supporting Care Groups with their improvement plans **(Q1 23/24)**

Risks:
- Winter pressures and ability of IOs to undertake responses.
- Staffing levels due to continued Trust wide sickness

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

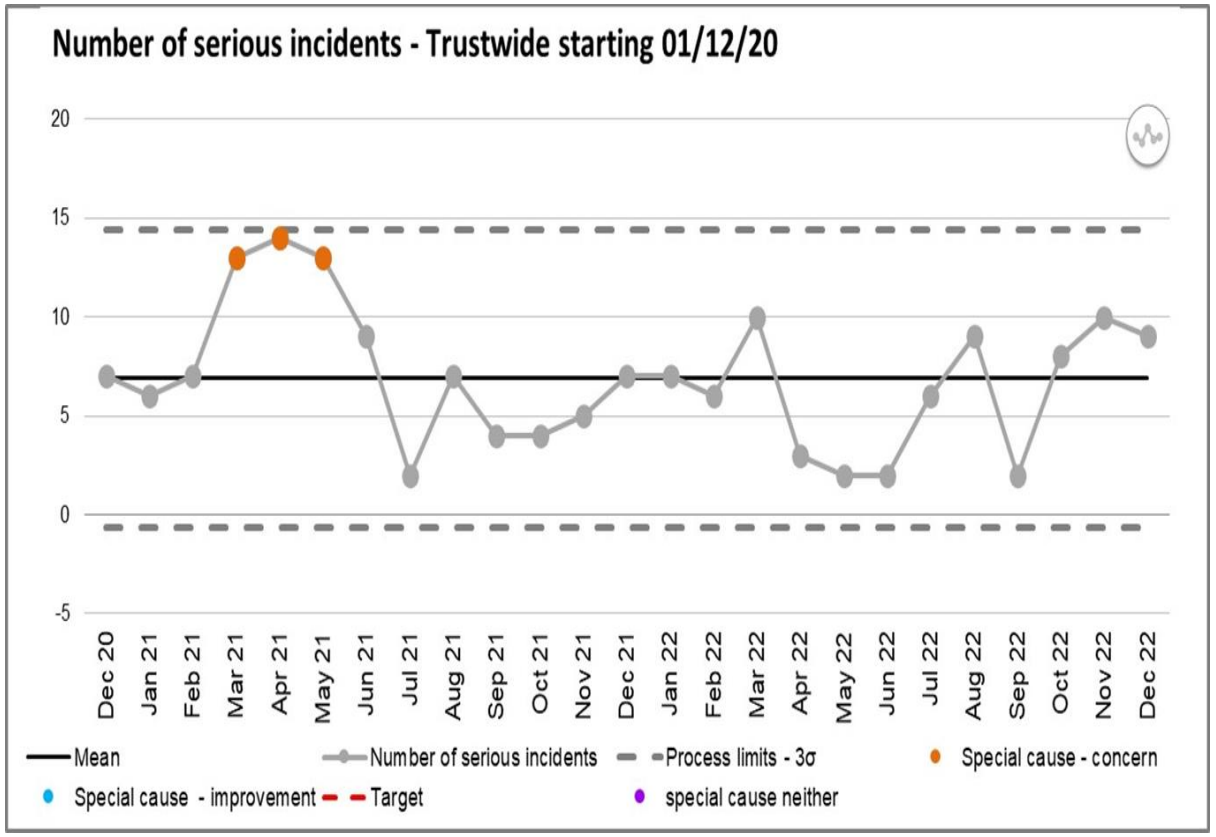
Strategic metric: All declared serious incidents

Assurance	Variation
N/A	

Board Committee: Quality committee

SRO: Eamonn Sullivan

Royal Berkshire NHS Foundation Trust



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Number of serious incidents reported	6	9	2	8	10	9

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

How are we performing:
We reported 9 serious incidents in December. Urgent Care (3), Networked Care (1), Corporate (3) Planned Care (2). The number of incidents is an insignificant slight decrease month on month from November and remains within the expected range. One of the incidents was classified as a Never Event. This related to wrong site surgery.

Duty of Candour was met in all incidents and learning disseminated. Key learning themes from December SI's include improving referrals and communication with tertiary centres, maximising effectiveness of safety huddles, reviewing multidisciplinary team EPR documentation, pressure ulcer categorisation and improving the transfer of care to community hospitals.

We typically see an increase in incidents reported in Q4 due to high volumes of Emergency Department (ED) attendances, the continued impact of COVID-19 backlog and increased capacity of the organisation.

Actions:
- Transition from Serious Incident Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation is ongoing. **Q4 22/23,**
- Develop processes for Incidence response by decision making, define how system effect will be monitored, develop processes for reporting cross system issues and define how system effectiveness will be monitored.
- Target transition by **September 2023**.

Risks:
- Winter pressures impacting upon increased risk of incidents occurring.
- Patient Safety Team resource constraints– recruiting for Planned care Patient Safety Lead

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

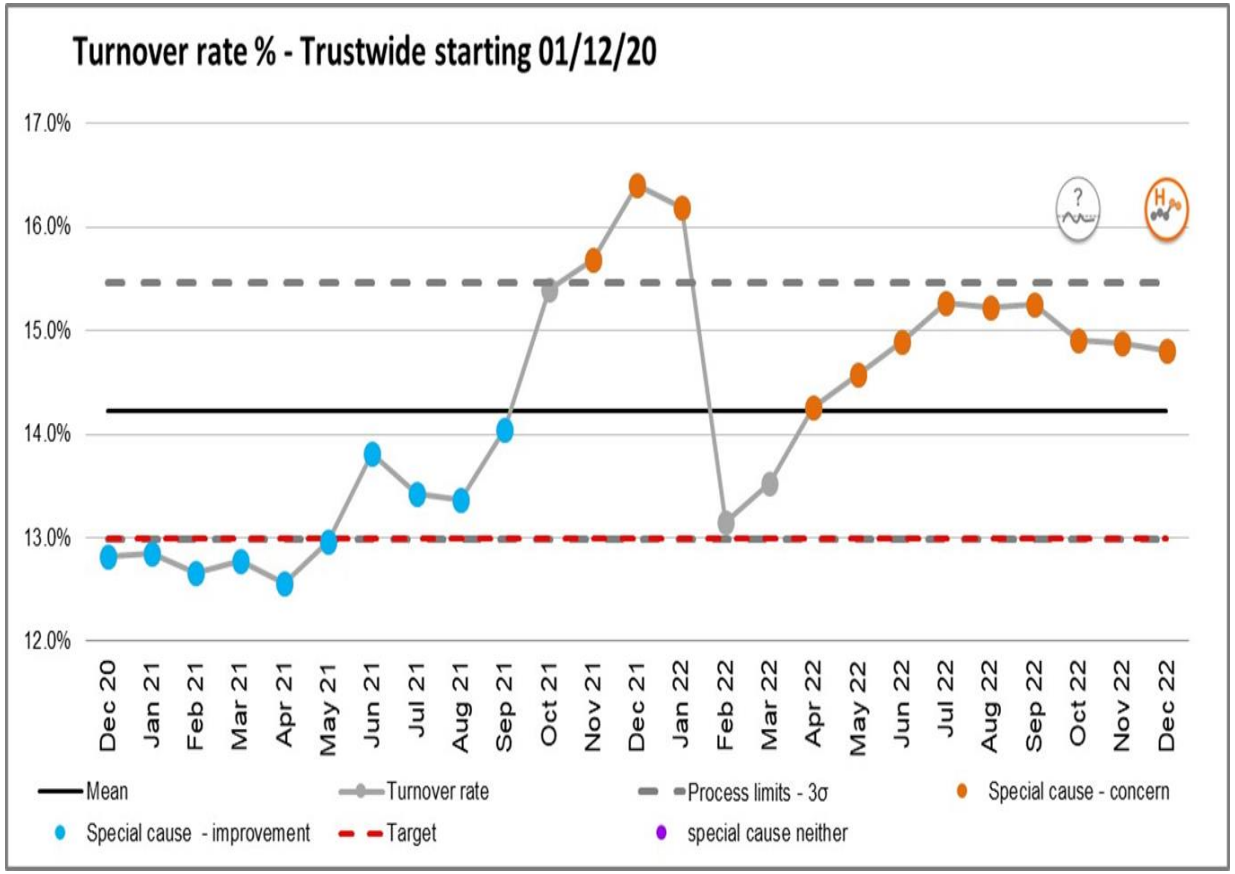
Strategic metric: Improve retention

Assurance	Variation
?	H

Board Committee: Workforce Committee

SRO: Don Fairley

Royal Berkshire NHS Foundation Trust



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Staff turnover rate	15.3%	15.2%	15.3%	14.9%	14.9%	14.8%

This metric measures:
Our vision is to improve the retention and stability of staff within the Trust as we know this helps us to avoid the use of bank and agency staff (which impacts on both quality and financial objectives). We have chosen to measure Turnover Rate which is defined as number of Whole Time Equivalent (WTE) leavers in the month divided by the average of the WTE of staff in post in the month. The Trust has an ambition to reduce turnover to 12% but this level will be continually monitored and reviewed in line with CQI methodology.

How are we performing:
Turnover rate has stabilised at c.15% for the last 6 months (last month 14.8%) having peaked in Q3 21/22. Current performance remains above reviewed target (12%) and persistently above the average of the last two years (14.2%)

Exit interview data indicates that the higher than desired rate of turnover relates to staff relocating, retiring, or moving on to progress elsewhere, much of which was supressed through the COVID-19 pandemic.

Actions:
- The Trust has invested in additional resources dedicated to recruitment and retention (R&R). The team will be formally in place on January 31st whilst two key members transition from current roles. **(Jan 31st 2023)**
- Driver metrics are being developed and aligned to the Improving Together work and the priorities of the Care Groups; specific projects and measurable data will be presented as part of this work. **(Mid Feb 2023)**
- Therapies Workforce Transformation piece of work continues as this is the area with the biggest turnover. (PCP/R&R team involved)
- Source benchmark data on retention levels and recruitment time to hire from other SE Trusts. **(Feb 2023)**
- Work to begin to develop action planning approach for Staff Survey results **(Jan 31st2023)**

Risks:
- Lack of financial influence on retention
- Environmental factors a constant challenge i.e. cost of living
- NHS less attractive since the pandemic – need to focus on attraction as part of the turbo work

Strategic objective: **Deliver in partnership**

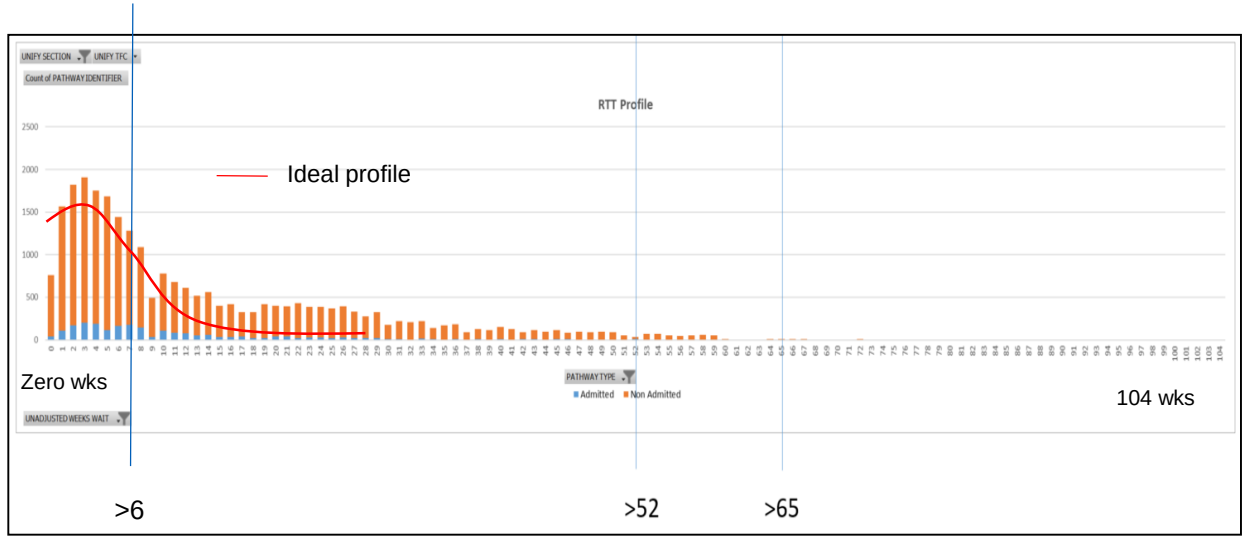
Strategic metric: Reduce Elective long waiters (Incomplete RTT 52wks)

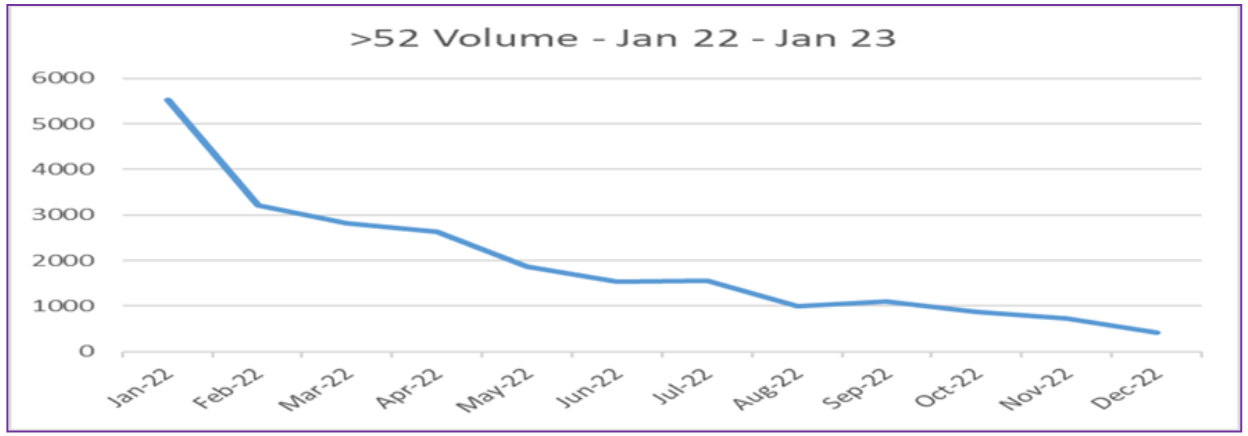
Assurance	Variation
	N/A

Board Committee: Quality Committee

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust





Incomplete RTT: 52wks	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Trust Performance	1556	988	1110	875	739	420

Ave Wait to first seen	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Trust Performance	59.7	58.4	57.7	60.5	62.2	60.3

This metric measures

Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment Time standards. Nationally there is an expectation that we eradicate >78wk waits by end March 2022 and >65 week waits by March 24. We want to exceed these standards and eradicate waits over 52wks by the March 24.

How are we performing:

- The Trust is marginally behind trajectory for >52wks however significant progress has been made over the course of the past 12 months by focusing on treating patients with long waits and series of data quality cleansing exercises. The Trust has one of the best >52wk performances regionally.
- We expect performance to continue to improve for the remainder of 22/23 and the focus is now turning to ensuring sustainable eradication of >52 week waits through 23/24.
- While the Trust is performing well against typical waiting times driver metrics (DNA, cancellation, activity), the exception is the long average waits to routine first OPA.
- This correlates with the RTT profile which shows outpatient waits extending beyond the ideal profile. As a result, attention will now turn to reducing wait to first seen to reduce overall RTT waiting times

Actions:

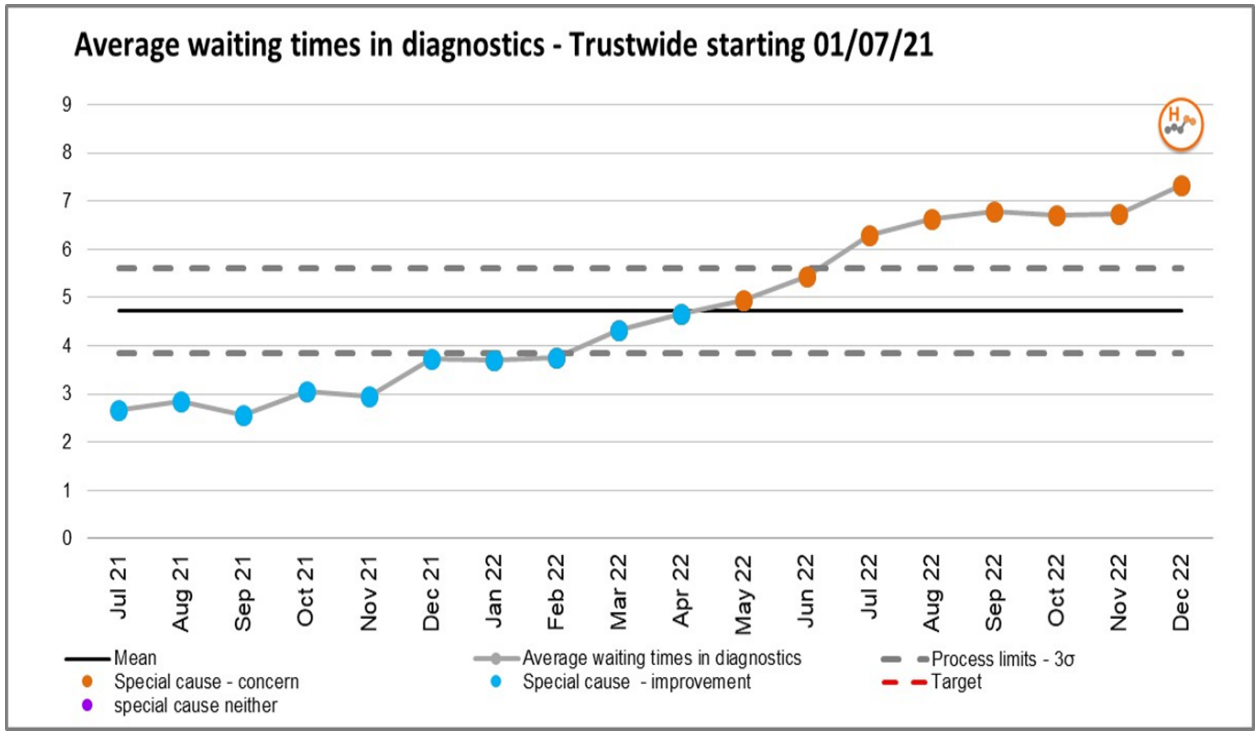
- Average wait to first seen outpatient appointment to become core care group driver metric and reported as a watch metric in the IPR
- Work with each specialty team to ensure capacity in place to provide sufficient outpatient capacity, and to convert follow-up appointments to first seen appointments
- Improve quality, granularity and timeliness of referral and first outpatient data.
- Development of fully integrated e-Triage and referral management solution underway (pilot Q4 22/23) - vastly improved data quality for referrals and therefore outpatient booking data
- Continue Subject Matter Experts (SME) led RTT validation process / preparatory work for RTT migration to M-WL and clinical pathway specific M-WL interventions development.

Risks:

- Potential impact of winter pressures and industrial action on elective programme – resulting in longer waits for routine outpatient appointments.
- Waits to routine first outpatient appointments do not reduce during the first half of 23-24 with the result that our >52 week wait backlog increases
- Wait to First OPA – Historic DQ challenges limit the granularity and usefulness of information available to operational teams. Work underway to design and expedite source data cleansing.

Strategic objective: **Deliver in partnership**

Strategic metric: Average waiting times in diagnostics DM01



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Average wait all modalities (wks)	**6.29**	**6.62**	**6.79**	**6.70**	**6.73**	**7.34**
Imaging	3.47	3.44	3.40	4.29	3.35	4.28
Physiological Measurement	4.79	3.09	2.89	2.35	2.84	3.95
Endoscopy	13.56	14.88	16.01	17.90	18.40	18.25
Cancer	2.98	2.18	1.95	2.40	2.35	3.18
Urgent	13.51	10.04	10.42	9.87	9.93	11.23
Routine	10.65	6.60	6.74	6.49	6.50	6.98

Assurance	Variation
N/A	

Board Committee: Quality Committee

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

This measures:
Our objective is to reduce the number of patients experiencing excess waiting times for diagnostic services, which is a key driver for both cancer and RTT performance. We measure our performance through the average length of time patients on the patient treatment list at the end of the month have experienced

How are we performing:
In December the average time our patients had been waiting for a diagnostic test increased to 7.3 weeks, continuing the trend of longer waiting we have been experiencing for the past two years. As a result, we remain significantly behind the 99% within 6-week standard (71% - Dec 22). There are no modalities achieving the standard.

Imaging (MRI) is driving the highest proportion of waits between 6 and 13 weeks. With Endoscopy driving very long wait volume (>13 weeks).

The root cause of extended waits is principally increased demand across modalities, particularly in gastroenterology and imaging modalities

Actions:
- Continue to prioritise cancer pathway demand
- Increase MRI capacity through deployment of relocatable scanners and take advantage of temporarily increased CT capacity on the RBH site while seeking further national funding for permanent scanners
- Recruitment of Gastroenterologists and training of nurse endoscopists

Risks:

- Endoscopy
  - Cancer pathway demand is continuing to grow, and expected to grow further
  - Waiting times for non-cancer work grow as a result or prioritising cancer work
- Imaging
  - Capacity for MRI and in CT continues to lag behind demand
- Physiological Measurements (PM)
  - Cardiology may see a decline in DM01 performance going forward. We no longer have a locum and two members of staff are due to leave

Strategic objective: **Deliver in partnership**

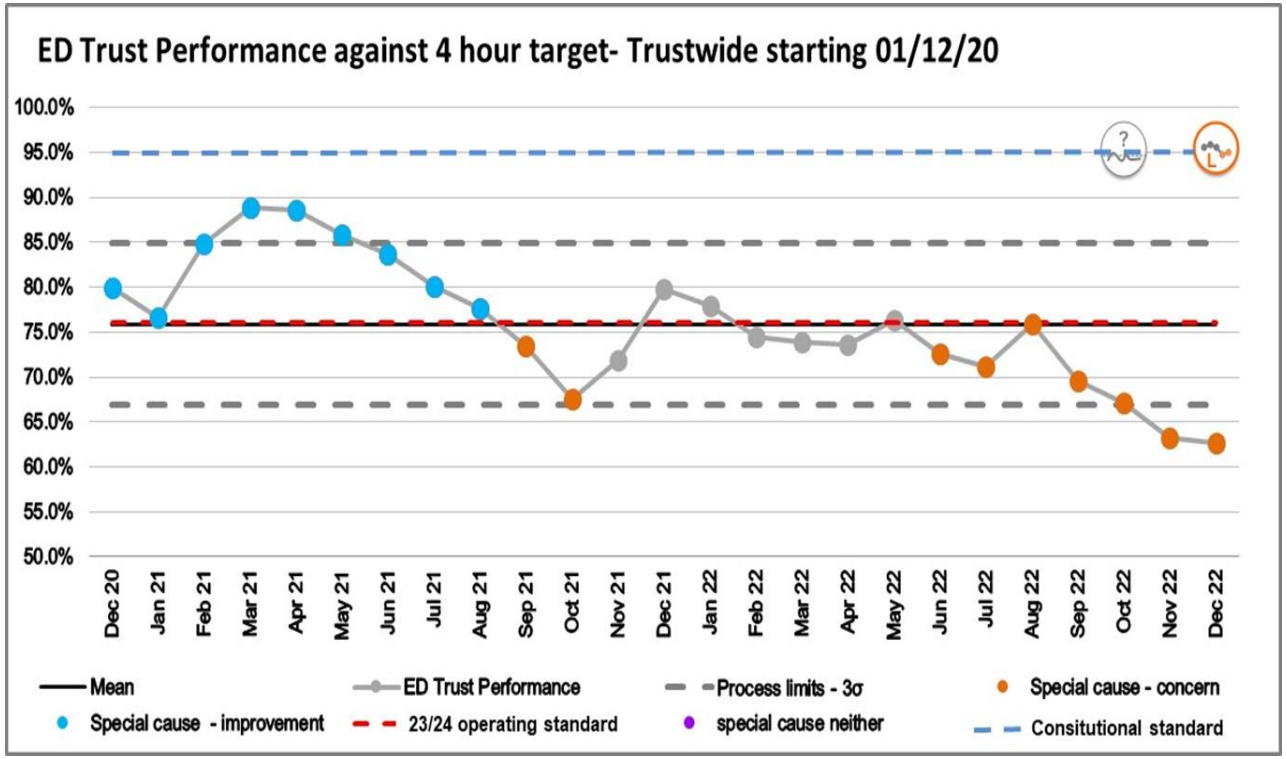
Strategic metric: Emergency Department (ED) Performance against 4hr target)

Assurance	Variation
?	L

Board Committee: Quality Committee

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
4hour Performance (%)	71.19%	75.85%	69.64%	67.08%	63.23%	62.65%
Total Attendances	14444	13872	14182	15533	15196	15352
Total Breaches	4162	3350	4306	5114	5587	5725
Total Attendances 2019	12895	12002	11933	12697	12559	12272
Total Breaches 2019	1273	1521	1887	2270	3073	2931

This measures:
Our objective is to reduce the number of patients experiencing excess waiting for emergency service. We measure this through the percentage of patients who attend the Emergency Department (ED) and are seen within 4 hours of their arrival. Delivering against this standard requires cooperation across both the hospital and with partners in the wider health and care system.

While the constitutional standard remains at 95%, NHSE has set Trusts a Target of consistently seeing 76% of patients within 4 hours by the end of March 24.

How are we performing:
In December 62.7% of patients were seen within 4 hours. This was slightly lower than the 63.23% of patients seen in 4 hours in November and continues a downward trend seen over the past 12 months.

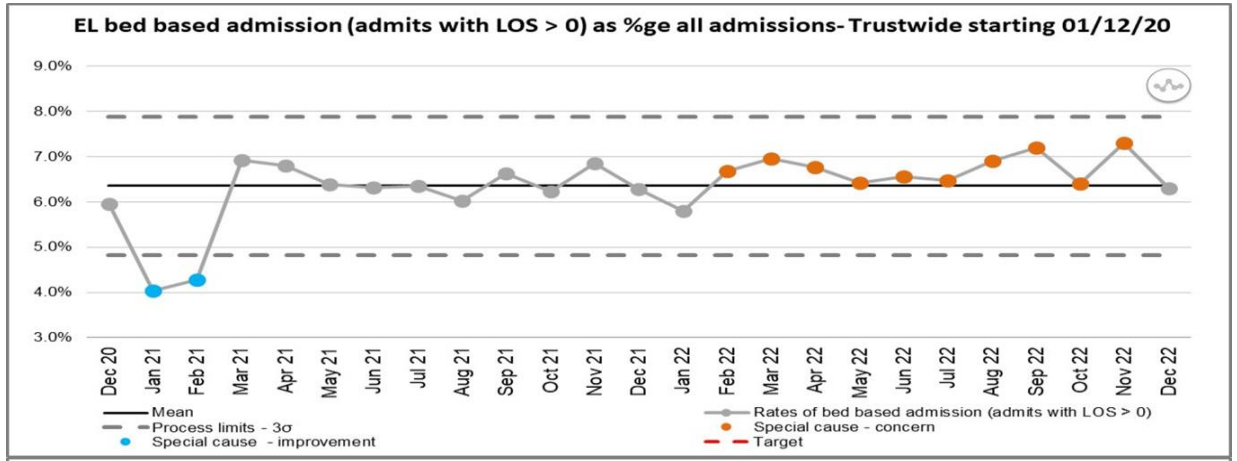
Demand continues to be a primary driver for performance with attendances in December 2022 almost 25% higher than in December 2021. The vast majority of attendance growth has been amongst patients with mild or moderate conditions.

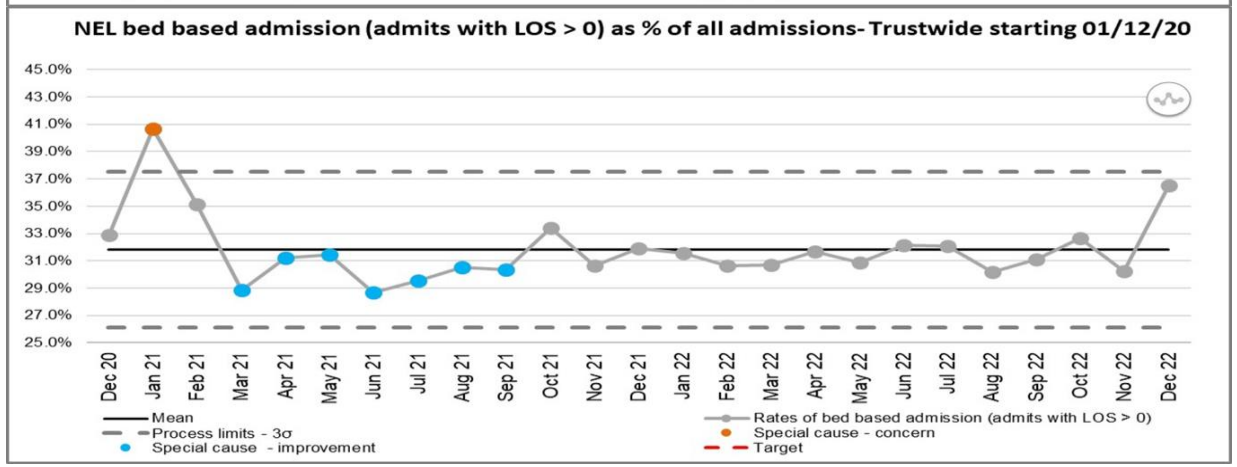
Actions:
- Continuing to embed the zonal working within the Emergency Department
- Employing GPs within ED to support the triage and treatment of patients presenting with ambulatory conditions
- Continuing to address interface issues with pathology and radiology
- Working to increase our use where appropriate of the Reading UCC. Current utilisation of our appointment allocation is currently around 25-30% by implementing booking via EMIS system.

Risks:
- Demand continues to grow in excess of population growth and funding
- Space constraints of the current ED facility.
- Staff sickness and burnout
- Capacity challenges in pathology and diagnostics

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce inpatient admissions





% of admissions with Los>0	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Elective	6.5%	6.9%	7.2%	6.4%	7.3%	6.3%
Non-elective	32.1%	30.2%	31.1%	32.7%	30.3%	36.5%

Variation	Variation

Board Committee: Quality Committee

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

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

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

How are we performing:
This metric is a work in progress. There are several factors which require further investigation (eg variability of bed numbers (elective/non-elective) and occupancy)

However, volume analysis of the past 12 months shows daycase volume, overnight stays volume, daycase rate (avg 85%) and non-elective overnight rate (avg 31%) are all relatively stable.

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

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

Strategic objective: Cultivate Innovation and Improvement

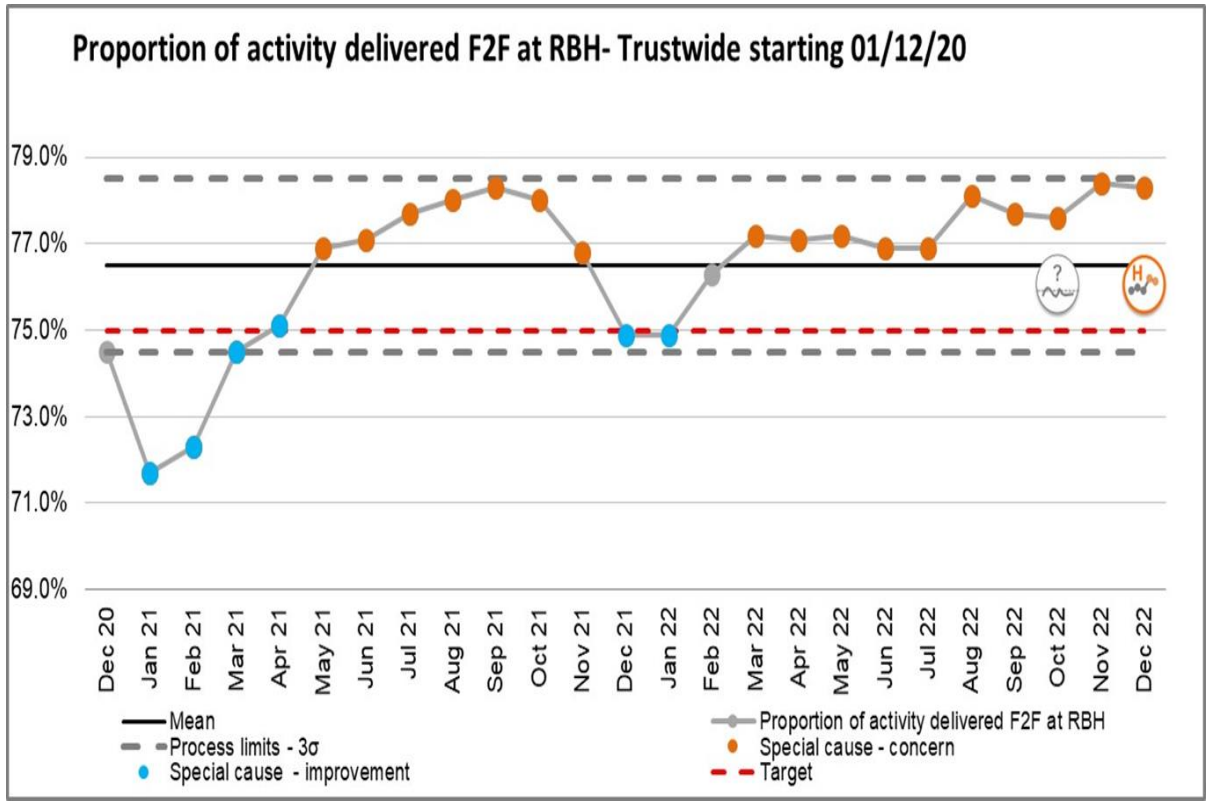
Strategic metric: Increase care closer to home

Assurance	Variation
F	H

Board Committee
Quality Committee

SRO: Andrew Statham

Royal Berkshire NHS Foundation Trust



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
% of all care provided from RBH site	76.9%	78.1%	77.7%	77.8%	78.4%	78.3%

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

How are we performing:
In December the proportion of care delivered from the RBH site was 78.3%. This was the 11th month in a row that the proportion of care delivered from the RBH site has been in excess of the 75% target. Key drivers for this are, the high volume of ED attendances, continued impact of covid backlog (which results in more face to face attendances) and persistent challenges in encouraging patients and clinicians to take advantage of our other hospital facilities and digital environments.

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

- Working with system partners ensure the Reading Urgent Treatment Centre supports the demand pressures faced in the Emergency Department **(Q4 2022/23)**
- Progressing our Community Diagnostics Centres at West Berkshire and Bracknell **(Q3 2023/24)**
- Working with clinicians to improve update of digital care platforms **(Digital Hospital Programme 23-24)**
- Exploring opportunities for MDT delivery in partnership with primary care **(Q2 23/24)**
- Enhancing our measure of care closer to home **(Q4 22/23)**

Risks:

- Sustaining early impact of the UCC capacity on ED attendances
- Work F2F activity paused in COVID may take longer to recover than expected
- Digital and telephone appointments create additional requirements for clinicians and admin teams resulting in productivity drag

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

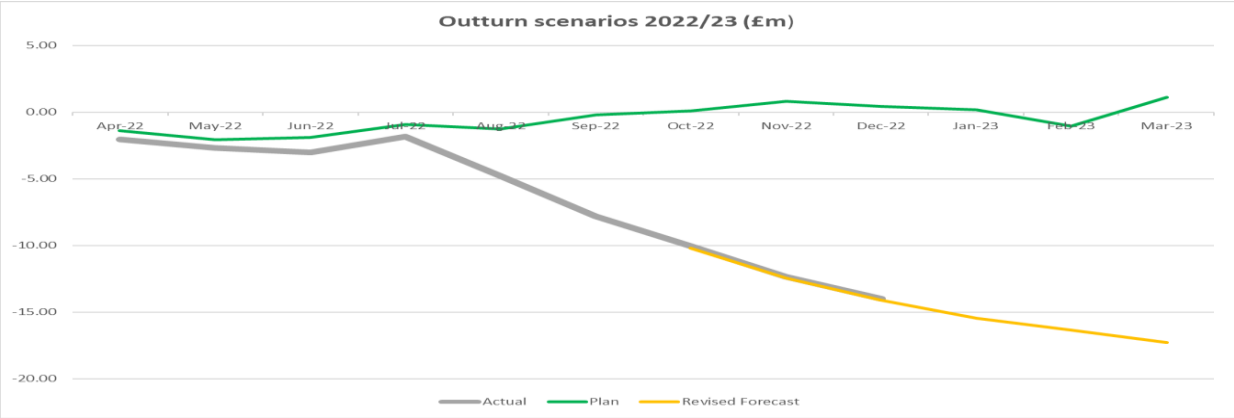
Strategic metric: Trust income & expenditure performance

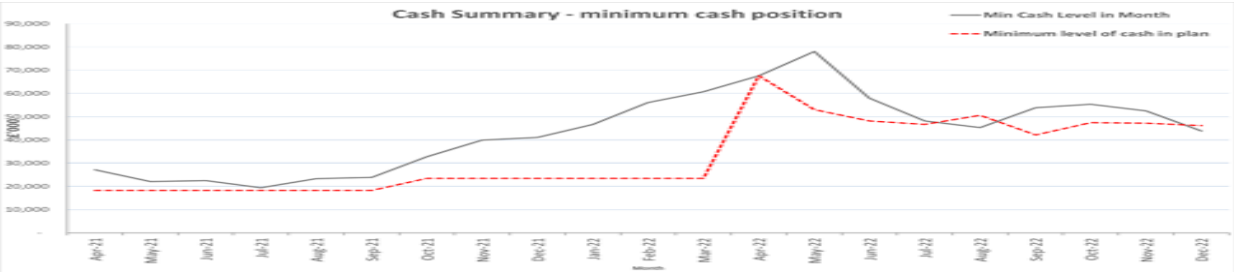
Assurance	Variation
F	

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Royal Berkshire NHS Foundation Trust





I&E	Actual (ytd £m)	Plan (ytd £m)	Variance to plan (ytd £m)	Q2 Forecast (ytd £m)	Variance to Q2 forecast (ytd £m)	Change in variance v prior month
Income	407.11	412.82	-5.72	407.35	-0.24	▼
Pay	246.55	241.40	-5.15	245.82	-0.73	▼
Non-Pay	168.26	163.78	-4.49	168.56	0.30	▼
Other	6.29	7.38	1.09	7.06	0.77	▲
Surplus/ (deficit)	-13.99	0.27	-14.26	-14.09	0.10	▲
Donated asset effect	-0.33	0.19	-0.52	0.19	-0.52	▼
Adjusted financial position	-14.33	0.46	-14.78	-13.90	-0.42	▼
Cash and Capital Plan	**Actual (ytd £m)**	**Plan (ytd £m)**	**Variance to plan (ytd £m)**	**Q2 Forecast (ytd £m)**	**Variance to Q2 forecast (ytd £m)**	**Change in variance v prior month**
Cash holdings	43.81	46.19	-2.38			▼
Capital expenditure	7.80	26.09	-18.29	9.52	-1.72	▼

This measures:
Our objective is to live within our means. We are measuring this by tracking our progress on delivering our income and expenditure budget. At the start of the year we anticipated making a small surplus on our operating expenditure.

How are we performing:

Month 09, December 2022, YTD financial performance is behind plan by £(14.78)m, a deficit of £(14.33)m. This is a deterioration in month of £(1.90)m.

Income is behind plan by £(5.72)m which is principally due to lower than expected elective activity income which has restricted our access additional Elective Recovery Fund Income.

The Pay position is £(5.15)m adverse to plan YTD. Non Pay costs are over budget Month 9 YTD by £(4.49)m. There continues to be pressure in Clinical Supplies and Services, £(3.18)m overspent YTD against budget. This is partly caused by the use of outsourced support in Radiology and Ophthalmology, an increase in consumables and prostheses in Theatres, and Drugs.

Actions:

- The Trust is analysing the largest overspend areas and where whole time equivalent (WTE) has increased year on year, not aligned with activity levels, particularly in the use of temporary workforce through bank and agency.
- Forensic reviews of expenditure are being conducted by the Finance teams alongside the Directorates to clarify outstanding non-pay liabilities
- Executive Management Committee (EMC) and Trust Board are overseeing the delivery of the forecast and measures identified to achieve a year end outturn of a deficit of £17.27m.

Risks:

- Activity passing through the Emergency pathway continues to increase
- Higher than budgeted sickness levels
- Inflationary pressure is occurring where the Trust is not in fixed price contracts
- Impact of strike action upon the pay spend due to increased reliance on temporary staffing
- Achievement in full of 'green actions' to deliver £17.27m improved forecast
- Any further unexpected events in Q4 outside of scope of earlier forecast

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

Strategic metric: CO2 emissions

Assurance	Validation
N/A	N/A

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Royal Berkshire NHS Foundation Trust

This measures:
Our ambition is to reduce the impact we have on the environment and deliver on our net zero goal for 2040. At present we do not have a way of regularly measuring on our performance in this area but are exploring how we might do this and benchmark our performance against other organisations

How are we performing:

Green actions are in development, in conjunction with NHSE and HFMA national teams, to show consistent reporting measures across trusts to enable benchmarking
Expecting draft information for January reports, published in February 2023

Actions:

Risks:

Royal Berkshire
NHS Foundation Trust

Breakthrough Priorities

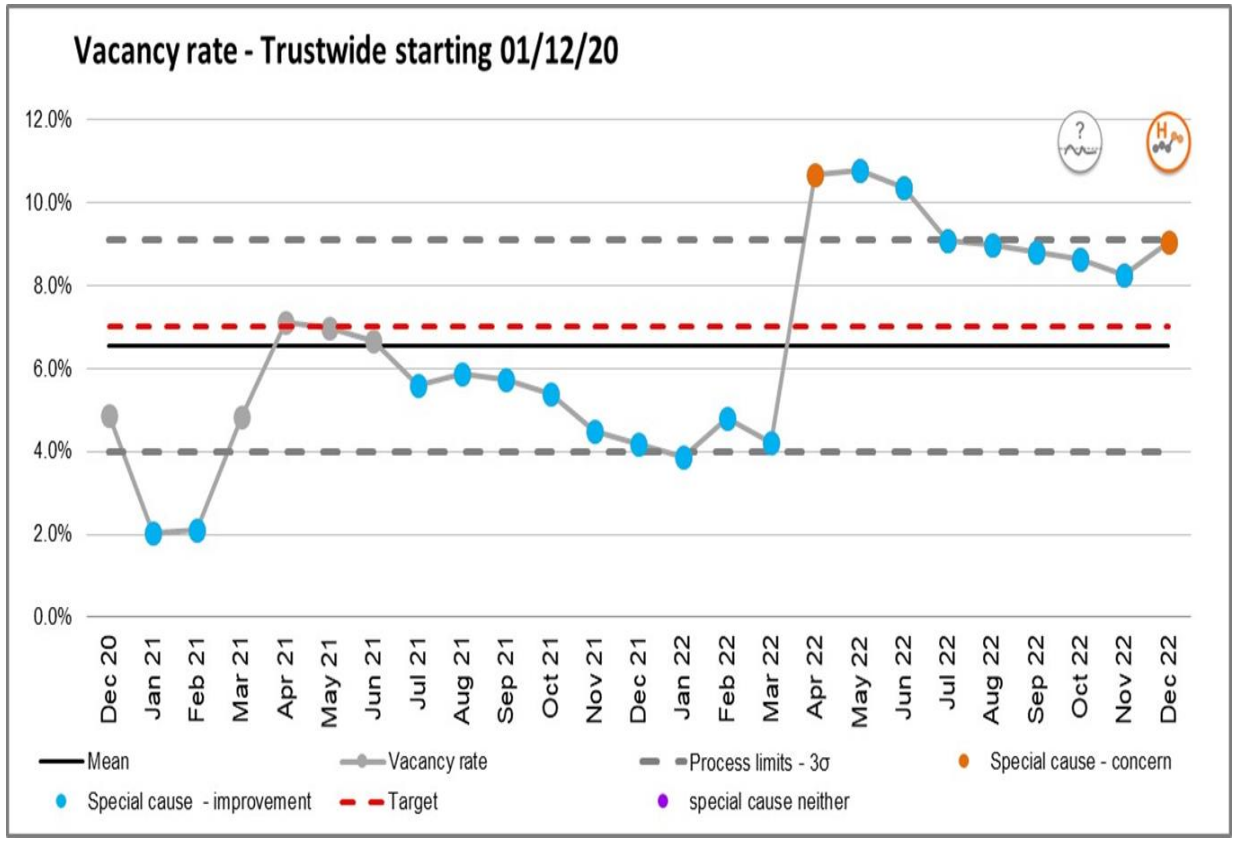
Breakthrough priority metric:
Vacancy rate

Assurance	Variation
?	H

Board Committee: Workforce Committee

SRO: Don Fairley

Royal Berkshire NHS Foundation Trust



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Trust Performance	9.09%	8.99%	8.80%	8.64%	8.27%	9.05%

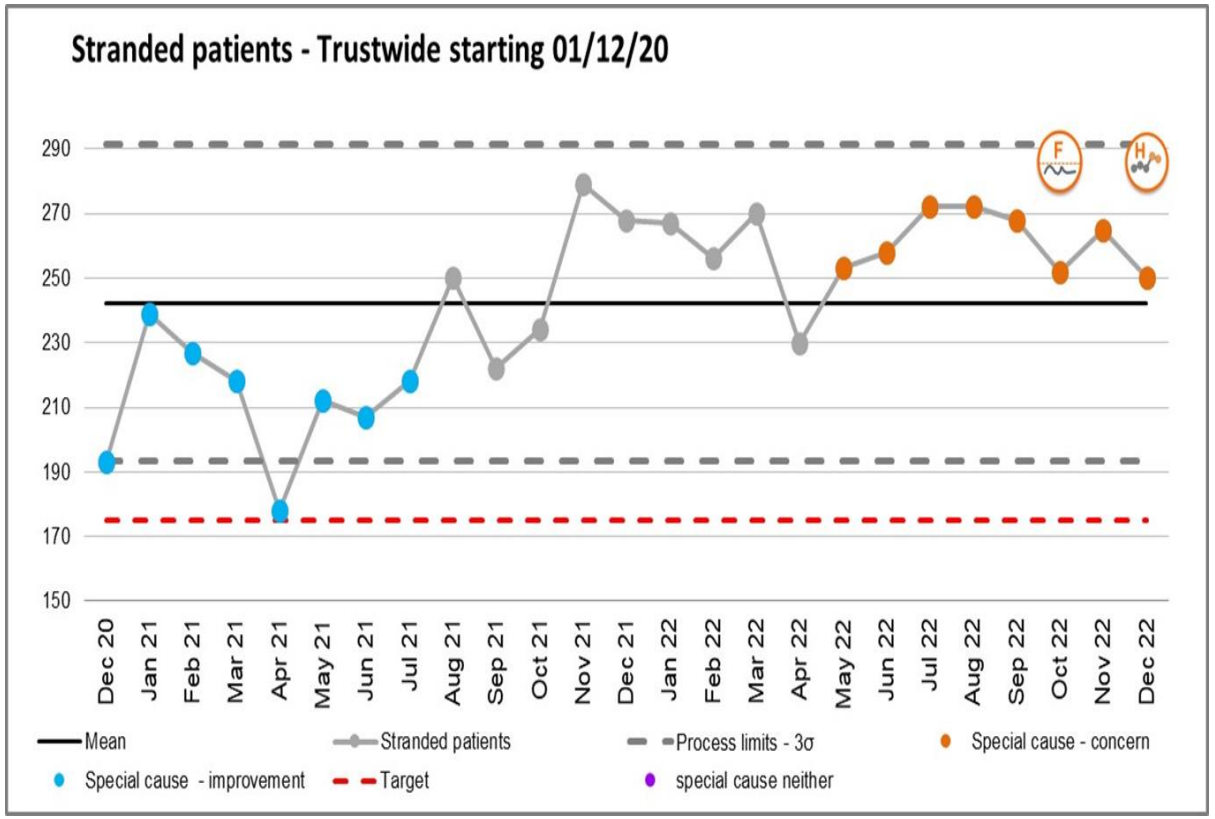
This metric measures:
We are seeking to make significant inroads into our vacancy rate as we know that having substantive staff in role will provide quality and financial benefits across the organisation. We are tracking our progress by monitoring the unfilled substantive full time equivalent (FTE) as a percentage of the total staffing budgeted FTE.
**please note*: *there was an increase in establishment between FYs 21/22 & 22/23 which is why there is a significant increase in the vacancy rate from March 22 to April 22.*

How are we performing:
In December the vacancy rate increased by 0.8% points to 9% In the month we authorised 105 vacancies to go out to advert a total of 213.7 candidates shorted listed for interviews. In December we had 134 offers made across the trust for domestic recruitment.
Nursing and Midwifery 42 offers, Additional Clinical Services 23 offers, Administrative and Clerical 22 offers, Allied Health Professionals 14 offers, Estates and Ancillary 5 offers, Healthcare Scientists 1 offer, Medical and Dental 27 offers.
In December we had 20 international arrivals: 19 Nursing and 1 Radiographer.
No HCA assessments were held in December.

Actions:
Reviewing HCA assessments with BOB ICS and we are trying uniform how we recruit into these types of roles.
Currently working on social media campaign with BOB ICS across all of our networks around Healthcare / Support worker recruitment across our areas including SCAS.

Risks:
- Affordable housing in the local area.
- Certain hard to fill post such as occupational therapy (OT's) and speech and language therapist are proven to be difficult to recruit from overseas.
- Coming up against more and more other NHS trusts offering international nurses a salary starting at a band 4 then going to top of Band 5 when the nurse completes Objective Structured Clinical Examination (OSCE) training. As a trust we recruit international recruitment of nurses (IRN) at top of band 3 until they pass OSCE and then they go to entry level band 5 salary international recruitment.
- Philippine job order is still going through approval review with POLO office – until this is approved we are unable to recruit anyone from the Philippine candidates over to the UK.

Breakthrough priority metric:
Reduce the number of 7 day stranded patients



	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Number of stranded patients	272	272	268	252	265	250

Assurance	Variation
F	H

Board Committee:
Quality Committee

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

This measures:

We have identified improving patient flow as a breakthrough priority for 2022/23 because of the impact that poor flow has on patient experience, quality and safety, staff experience and costs. We are tracking our performance by monitoring the volume of stranded patients in the hospital at the end of the month.

The 'stranded patient metric' is defined as the number of beds occupied by patients who have been in hospital 7 days or more. A proportion of these will have a truly serious illness and need to be in hospital that long. However, a significant proportion will have spent 7 or more days in hospital because of unnecessary waits in the system, either internal or external to the Trust. Within RBFT an internal target of no more than 175 patients over 7 days was agreed as this significantly reduced bed occupancy enabling flow from ED and capacity to proactively manage infection, prevention and control issues

How are we performing: Increasing

The number of patients over 7 days has consistently run behind target with increasing numbers of patients waiting over 21 days. At the end of December there were 250 stranded patients in the hospital

Despite this our medically optimised list has decreased, along with our average length of stay. This would indicate the delays could be attributed to internal delays, complexity of patients or reporting issues

Actions:

1. Ensure the stranded patient list and medically optimised match and capture accurate patient pathway information
2. Ensure current weekly review meeting is action orientated and delivers plans to discharge patients
3. Understand through weekly meetings what our internal delays are and work with service deliverers to remove blockages – this will be an extensive programme of work.
4. Ensure importance of 'number' is an active part of daily operations meeting

Risks:

1. Increasing complexity of patients requiring admission (current same day emergency services removing 'simple' patients from admission pathways)
2. Use of EPR as a tool to capture accurate information which does not match requirements of discharge team
3. Inability to resolve internal delays

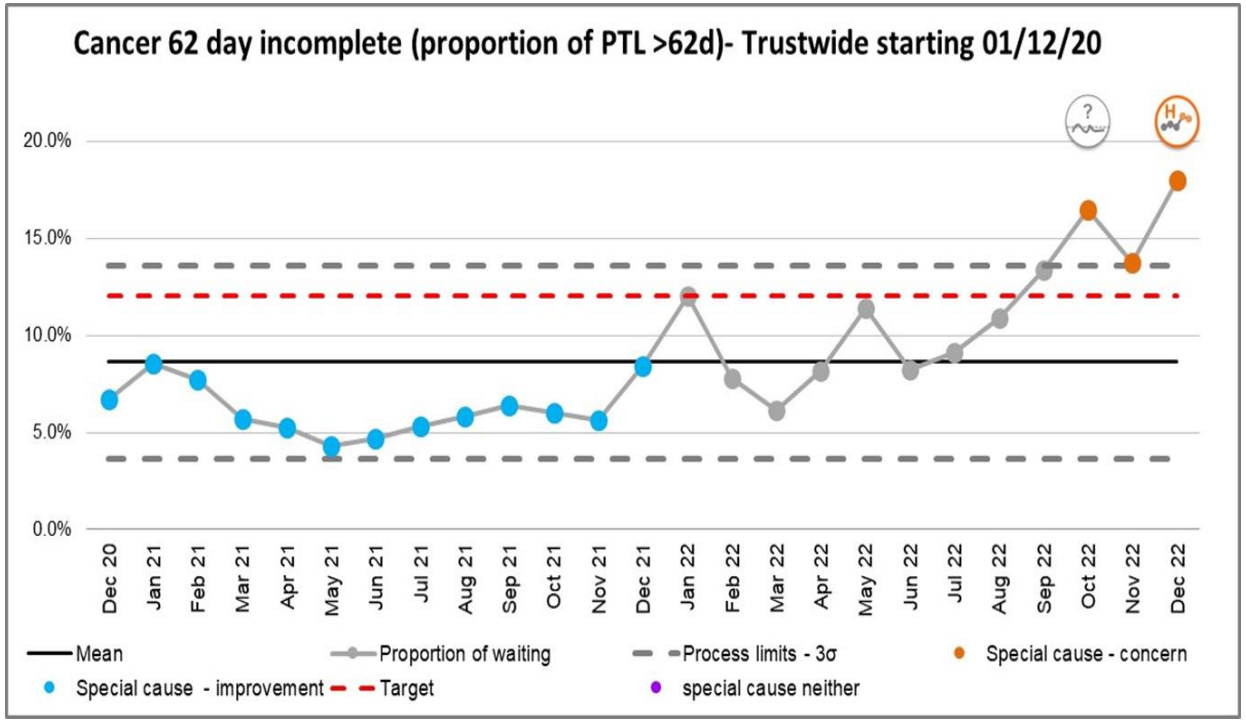
Breakthrough Priority metric:
Reduce 62 days cancer waits

Assurance	Variation
?	H

Board Committee: Quality Committee

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust



	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Trust Performance	68.5%	62.2%	63.7%	65.4%	60.1%	-
Total Cancer PTL list	2635	2770	2840	2731	2651	2328
No. on PTL > 62 days	240	301	379	450	365	419
Incomplete - % on PTL over 62 days	9.11%	10.87%	13.35%	16.48%	13.77%	18.00%
Cancer 28 day Faster Diagnosis	75.5%	72.0%	67.7%	71.0%	69.8%	72.5%

This measures:
We have identified our cancer waits as a breakthrough priority because of the underlying performance challenges in this areas and the impact on patient care delays to this pathway can cause. We are tracking our progress by measuring the proportion of patients on an incomplete cancer patient tracking list (PTL) waiting >62 days as a percentage of the total 2ww cancer list. This is also the principal metric NHS England are using nationally.

How are we performing:

In November 60.1% of patients on a cancer pathway were treated within 62days against a target of 85%. As of 15 Jan 18.7% of patients on our waiting list have waited more than 62 days against a target of 12% and the overall number of patients who have waited more than 62 days has continued to increase reaching 431.

The main drivers are extended pathology reporting times, reduced referrals during the Christmas period (reduced denominator) and communication of benign results in urology, gynae, skin and H&N

Actions:

- Our principal action here is to extend as far as possible histopathology capacity at all stages – reducing demand, increasing capacity in the team (including to remedy current consultant vacancies) and outsourcing work wherever possible.
- Over 2000 pathology have been outsourced in the last 2 months, and we have begun trialling benign resection outsourcing
- We are also working to ensure diagnoses are communicated to patients as quickly as possible to ensure they can be taken off the cancer PTL
- We are also increasing imaging capacity, particularly in MRI, to bring down waiting times
- Additional scrutiny at weekly Tuesday Cancer Action Group in conjunction with TVCA.

Risks:

- As the backlog in pathology reduces, more patients will need clinical review to manage their next steps. High risk that cancers will be prioritised and the non-malignant numerator will increase.
- Delayed pathology reporting may impact adjuvant treatment, next steps and complaints
- 2ww demand has recovered from Christmas to pre-Dec levels which remain high
- Prioritisation of non-malignant pathways may result in adverse impact on other pathways

Summary of alerting watch metrics

Royal Berkshire NHS Foundation Trust

Introduction:

Across our five strategic objectives we have identified 120 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 December 2022:

In the last month 21 of the 120 metrics exceeded their process controls. This included 12 which missed local targets or standards and 9 which exceeded statistical tolerances. 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.

Others alerting metrics are aligned to strategic metrics including patient experience, serious incidents and financial performance.

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

Missed local target or standard

- Incomplete 104 day waits for cancer treatment
- Patient safety incidents per 100 admissions
- Friends and Family survey - OP attendance
- Friends and Family survey - maternity
- Sickness absence
- Mandatory and statutory training including
- Conflict resolution training
- Fire safety training
- Doctors manual handling training
- Anaesthetics attendance at maternity specific training
- Appraisal rates
- Agency spend as a% of total staff costs

Exceeded statistical tolerances

- C.diff cumulative cases
- Mixed sex accommodation breaches
- Ambulatory care NEL admissions
- % of patients seen by a stroke consultant within 14 hours of admission
- % patients with high TIA risk treated within 24 hours
- % patients waiting more than 31 days for radiotherapy
- % OP treated virtually
- Income v plan
- Delivery of the capital programme