NHS
Royal Berkshire
NHS Foundation Trust

Integrated Performance Report

July 2023

Improving together to deliver
outstanding care for our community

Improving Together

July 2023 performance summary

NHS Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 31st July. During this time, the Trust continued to experience high levels of demand across non-elective pathways. For 8 days in July, the Trust was affected by Consultant and Junior doctor industrial Action which resulted in the cancellation of over 600 outpatient appointments and almost 180 inpatient and daycase procedures. Despite the sustained pressure, our staff have continued to provide high quality, safe care and our **highest quality of care indicators (pages 6&7)** remain at expected levels.

The Trust remains challenged across the **Deliver in Partnership** objectives (pages 9-12) and performance against **the diagnostic waiting standard and Cancer waiting times** standards continue to fall below national standards. The former continues to deteriorate, driven by high levels of demand and capacity challenges and whilst actions including contracting for insourcing capacity are in place to address these areas, performance will remain challenged during 2023/24.

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

The Trust's **vacancy rate** (page 17) remains above target. However, the **rate of turnover** (page 8) has fallen further still below target, reflecting the increased focus on this area from across the organisation - at its lowest for over a year.

Financial performance at Month 4 is £0.61m behind plan driven by continued spend on workforce and supplies and challenges in unlocking efficiency savings. Additional focus has been placed on this area by Trust senior management as indicated by the new breakthrough priority.

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	? L
Delivering in partnership	9-11	**Improve waiting times:** Reduce Elective long waiters Average wait times for diagnostic services Emergency Department (ED) performance against 4hr target	P F H ?
	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	? H
Achieve long-term sustainability	14	**Live within our means:** Trust income and expenditure	F
	15	**Reduce impact on the environment:** CO2 emissions	P
Breakthrough priorities	17	**Recruit to establishment** (Vacancy %)	? H
	18	**Improve flow:** Average LOS for non-elective patients (inc. zero length of stay)	H
	19	**Support patients with cancer** Reduce 62 days cancer waits incomplete	?
	20	Delivery of £15m efficiency target	F
Watch metrics	22-31		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 4 **Breakthrough Priorities** that we are looking for rapid improvement on. We have chosen these areas as data has shown us that progressing these areas will make a substantial impact on one or more strategic metrics.

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

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

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

Breakthrough Priorities

- Recruit to establishment
- Reduce the number of stranded patients
- Reduce 62-day cancer waits
- Delivery of £15m efficiency target

Watch metrics

- Metrics across all Strategic Objectives

Guide to statistical process control (SPC)

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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:

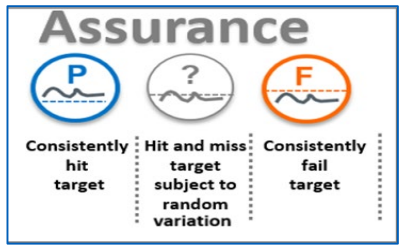
- The variation is routine, expected and stable within a range. We call this '*common cause*' variation, or
- The variation is irregular, unexpected and unstable. We call this '*special cause*' variation and indicates an irregularity or that something significant has changed in the process

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).

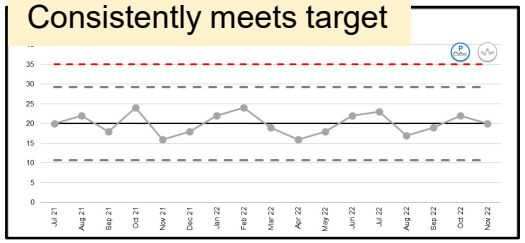
Where we have set a target, the chart also provides an ASSURANCE icon indicating:

- 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)

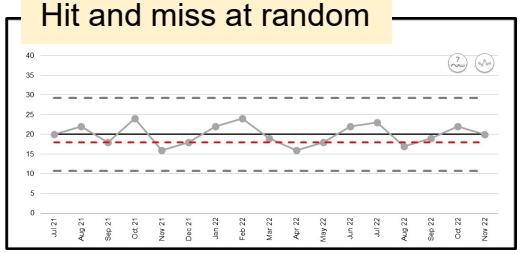
For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.



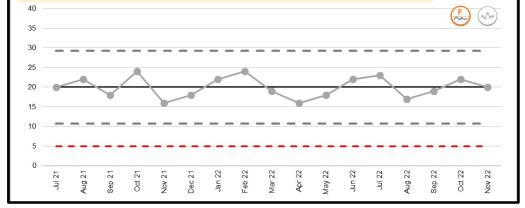
Consistently meets target

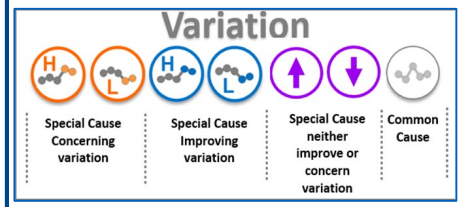


Hit and miss at random

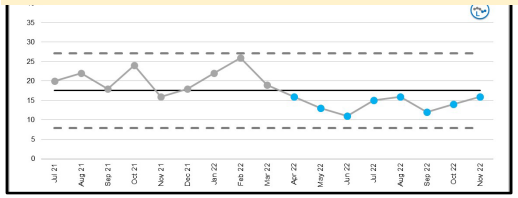


Consistently misses target

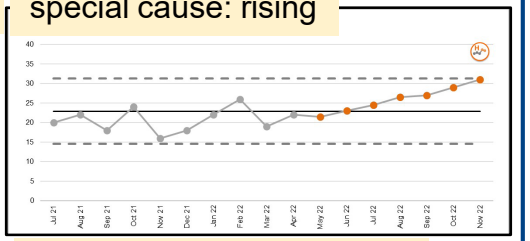




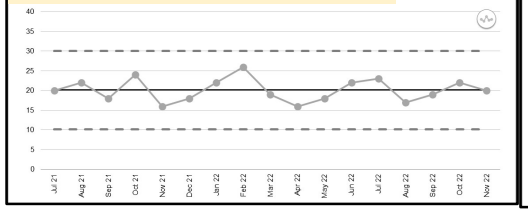
special cause: run below average



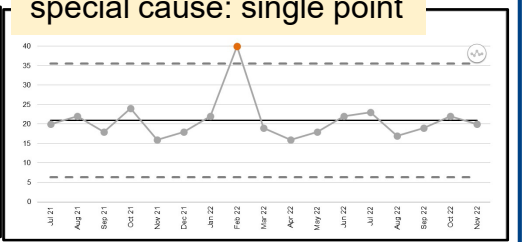
special cause: rising



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

Board Committee: Quality committee

SRO: Eamonn Sullivan

Assurance	Variation
N/A	

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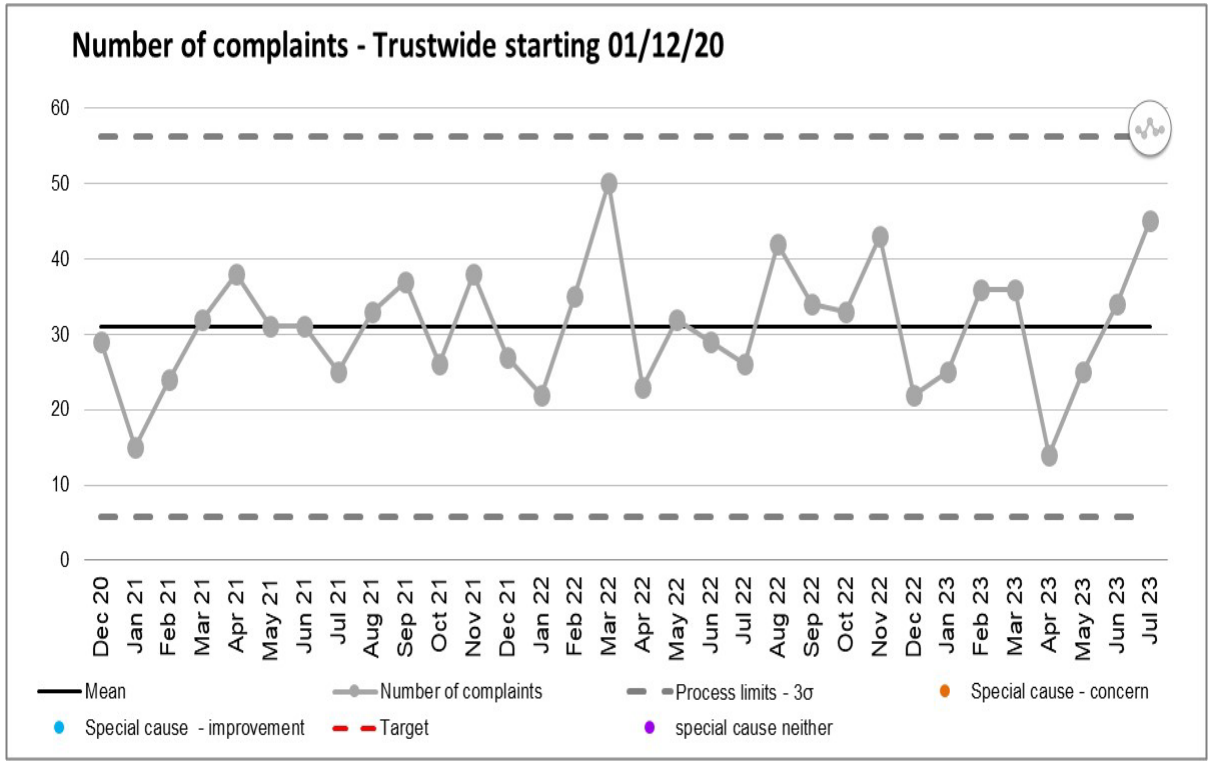


	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number of complaints received	36	36	14	25	34	45
Complaints turnaround time within 25 days (%)	56%	80%	75%	75%	77%	61
No. of Vulnerable persons complaints			0	1	1	0

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

How are we performing:
The Trust received 45 formal complaints this month with the top two themes being clinical treatment and communication.

Hotspots:
- Complaints – Emergency Department (7)
- PALS – Trauma and Orthopaedics (24), Emergency Department (22)
- **Overdue Complaint Responses / Reopened Complaints:**
- 5 overdue complaints for Urgent Care and 3 reopened complaints outstanding
- 1 overdue complaint for Networked Care and 5 reopened complaints outstanding
- 1 overdue complaint for Planned Care and 4 reopened complaints outstanding

Complaint Action Tracker:
- Currently we have 101 open actions on the Trust complaint tracker with 61% of those actions overdue. The team are working with the care groups to reduce this number

Vulnerable persons complaints:
- There were no complaints received in July 2023

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

Risks:
- Industrial Action - the impact of planning, during and recovery compromising Investigating Officers (IOs) ability to undertake responses and completion of actions

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

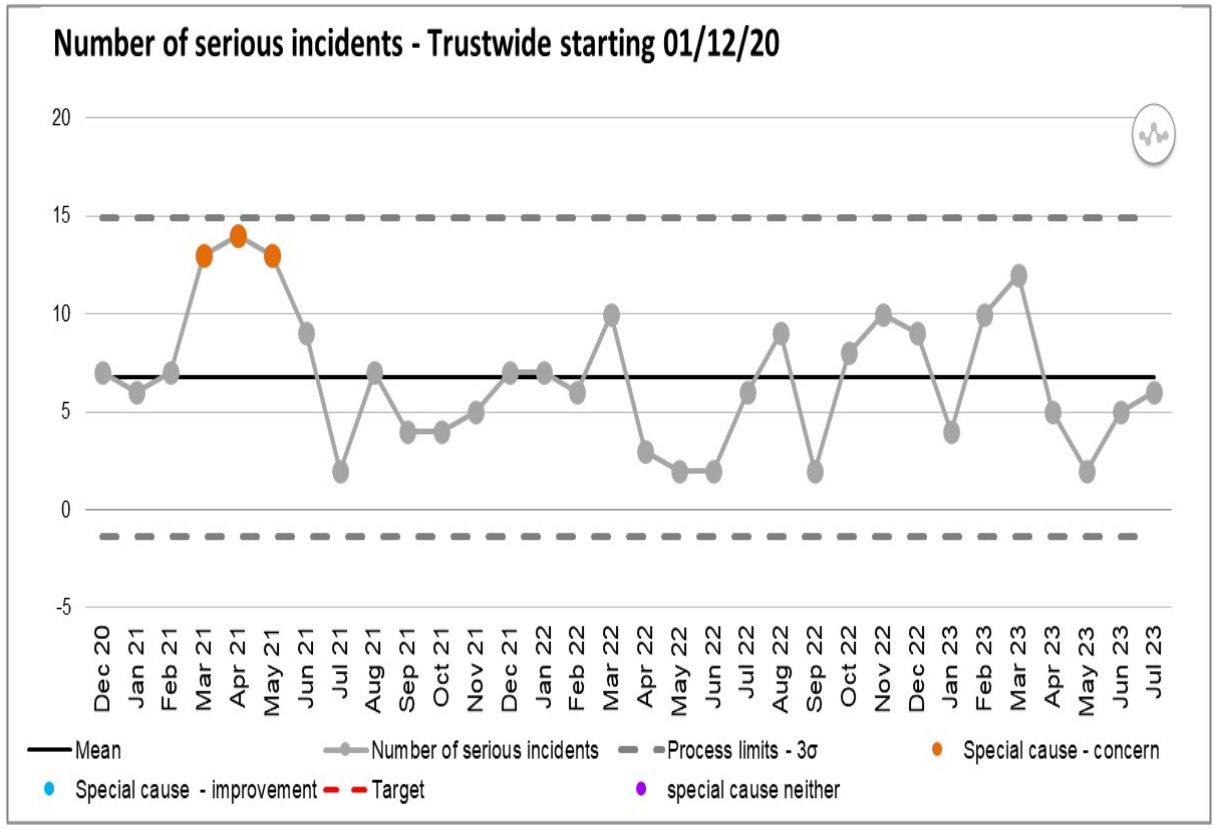
Strategic metric: All declared serious incidents (SI's)

Board Committee: Quality committee

SRO: Eamonn Sullivan

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number of serious incidents reported	10	12	5	2	5	6
Serious Incidents related to vulnerable persons			0	0	0	0

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

How are we performing:
6 Serious incidents (SI's) were reported in July 2023, 3 in Planned Care and 3 in Urgent Care which includes 2 Maternity incidents and a case of wrong site surgery in Radiology which was reported as a Never Event. Treatment delay is a continuing upward trend with 2 out of the 6 SI's in July falling into this category. No SI's were reported for Maternity during Q1, and the 2 in July were a transfer in from an unplanned homebirth which the Healthcare Safety Investigation Branch will examine, and a pre-term intrauterine death which will be investigated through the Perinatal Mortality Review Tool process.
Duty of Candour was met in all incidents and learning disseminated. Key learning themes from July SI's include a rapid review of WHO checklists and LocSiPPS, and acuity reviews for Obstetric theatres and Delivery Suite. Pro-active engagement has been undertaken with the CQC as the Never Event is reviewed.

Actions:
- Transition from SI Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation continues with a target transition by **March 2024**, piloting January 2024
- Patient safety profiling data capture and analysis is now underway
- Transition to LFPSE (NHS learn from patient safety events system) by **September 2023**
- Working with Care Groups on improvement plans including SI actions and overdue DATIX
- Responsive and pro-active improvement work continues across the Trust including Deteriorating Patient workstream, Venous thromboembolism (VTE), Pressure Ulcers (PU) and Falls

Risks:
- Patient Safety Team resource constraints – additional workload created by PSIRF implementation is absorbed by current means, balancing these needs whilst maintaining responsiveness to serious incidents represents some challenge
- Further potential for additional Ophthalmology patients to be identified who have suffered harm from treatment delays - a group SI is ongoing
- Potential future harm from the impact of industrial action which endures

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

Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
?	L

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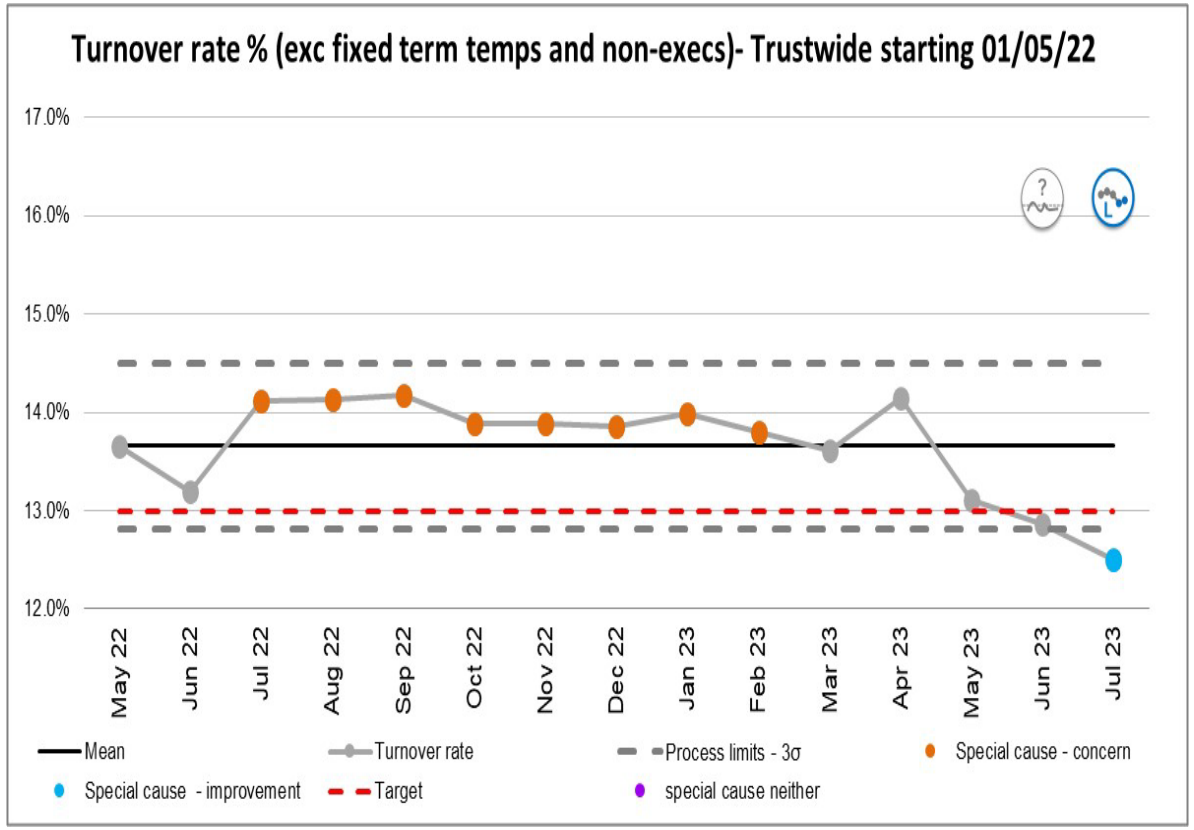

This metric measures:
Our vision is to improve the retention and stability of staff within the Trust as we know this helps us to avoid the use of bank and agency staff (which impacts on both quality and financial objectives). We have chosen to measure Turnover Rate which is defined as number of Whole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

How are we performing:
Turnover currently sitting at 12.50% (excluding fixed term/temp) denoting a reduction for the second month from 13.11% in May 23 and 12.87% in June. There is active work taking place across hotspot areas (Pharmacy, T&O,) with further engagement in a number of other services such as Elderly Care and ICU. The exit interviews and stay conversations are now active and being implemented across teams. Data analysis will follow. Data deep dives are under way in the cohort of staff that fall within 0-12 months employment as the highest number of leavers fall in this category. Branding support is active across areas that are struggling to recruit.

Actions:
- Staff survey 2023 planning in progress to increase response rates and engagement, with a particular focus on those achieving <57% response rate in 2022
- Leavers' questionnaire (exit interviews) data evaluation underway
- Career conversation train the trainer completed, targeting Practice Educators, Directorate Managers (DMs) & Matrons
- Hurley stay survey completed and feedback compiled to share with Matron, Director of Nursing (DON) & People and Change Partner (PCP)

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Staff turnover rate	13.80%	13.61%	14.14%	13.11%	12.87%	12.50%

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

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce Elective long waiters

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
P	N/A

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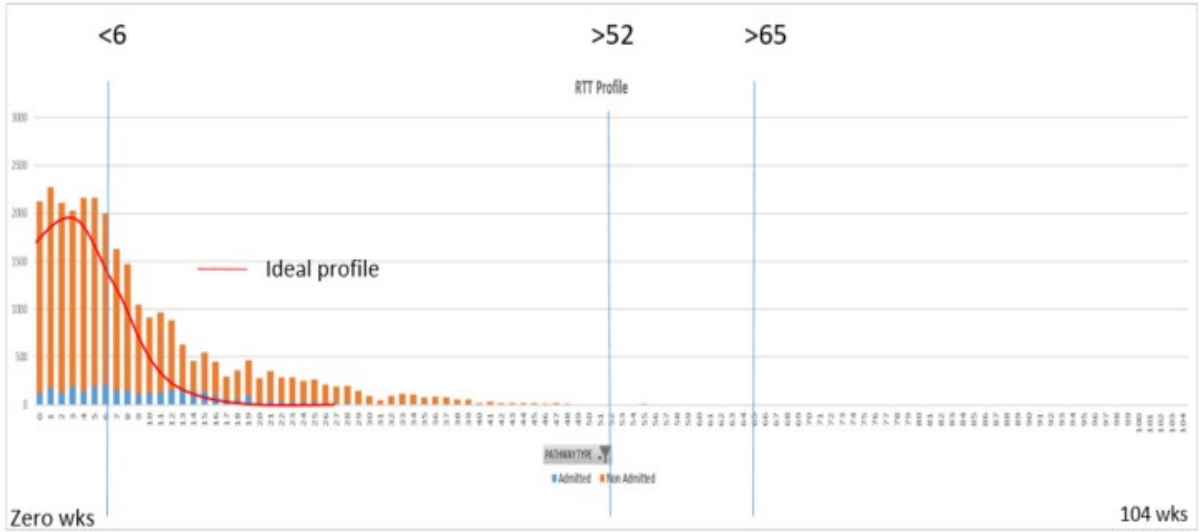
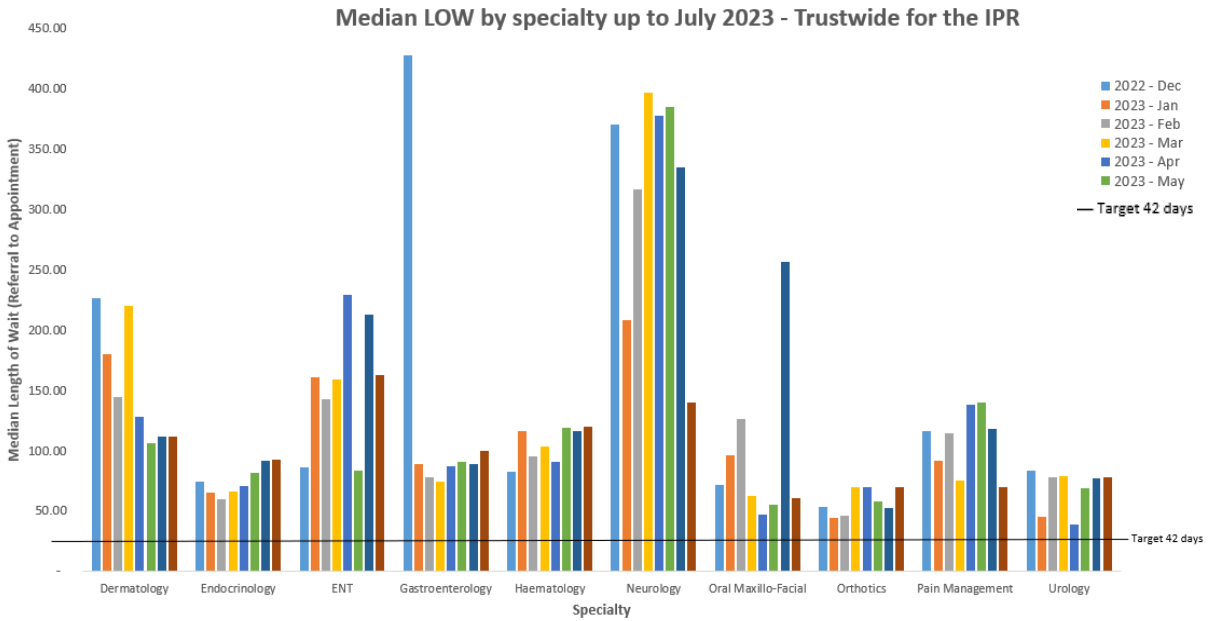




This metric measures

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

How are we performing:

- The Trust is maintaining a low number of >52 week wait RTT pathways
- The Trust is maintaining a stable PTL size that is comparable to 2019
- However, waiting times remain extended beyond the ideal
- Maintaining this position and further improvement to the RTT profile will be achieved through shortening stages of **treatment** across the elective pathway, in particular waiting times to 1st OPA
- Routine 1st OPA are currently extending well beyond the ideal 6 week horizon. The chart provided shows the median waiting times for patients booked in the relevant month

Actions:

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

Risks:

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

Strategic objective: **Deliver in partnership**

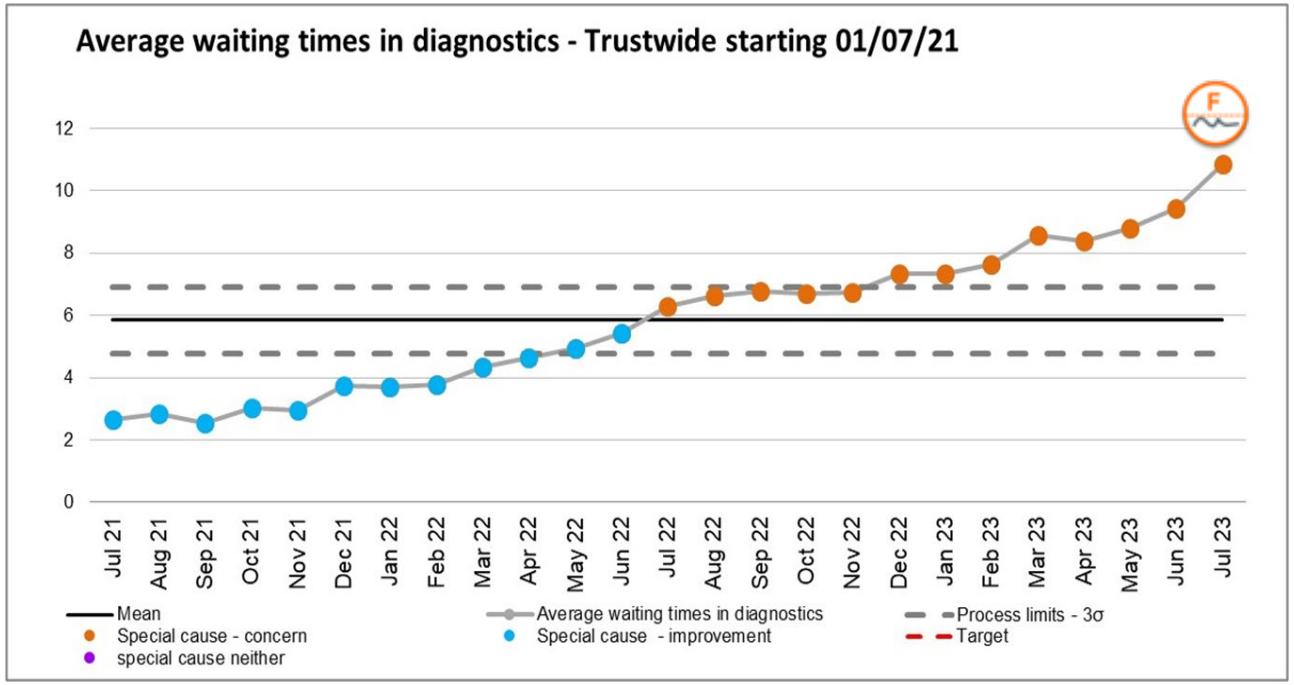
Strategic metric: Average waiting times in diagnostics DM01

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Average wait all modalities (wks)	**7.65**	**8.56**	**8.37**	**8.80**	**9.42**	**10.84**
Imaging	3.15	3.42	3.90	3.44	3.20	3.80
Physiological Measurement	7.26	7.25	7.18	8.42	9.02	7.47
Endoscopy	21.16	22.93	21.62	22.83	26.07	27.58
Cancer	2.87	3.31	3.14	3.00	2.59	3.66
Urgent	12.06	13.39	13.25	13.61	14.76	16.83
Routine	7.13	7.83	7.71	8.13	8.63	9.65

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

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

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

Risks:

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

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

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

Strategic objective: **Deliver in partnership**

Strategic metric: Performance against 4hr A&E target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

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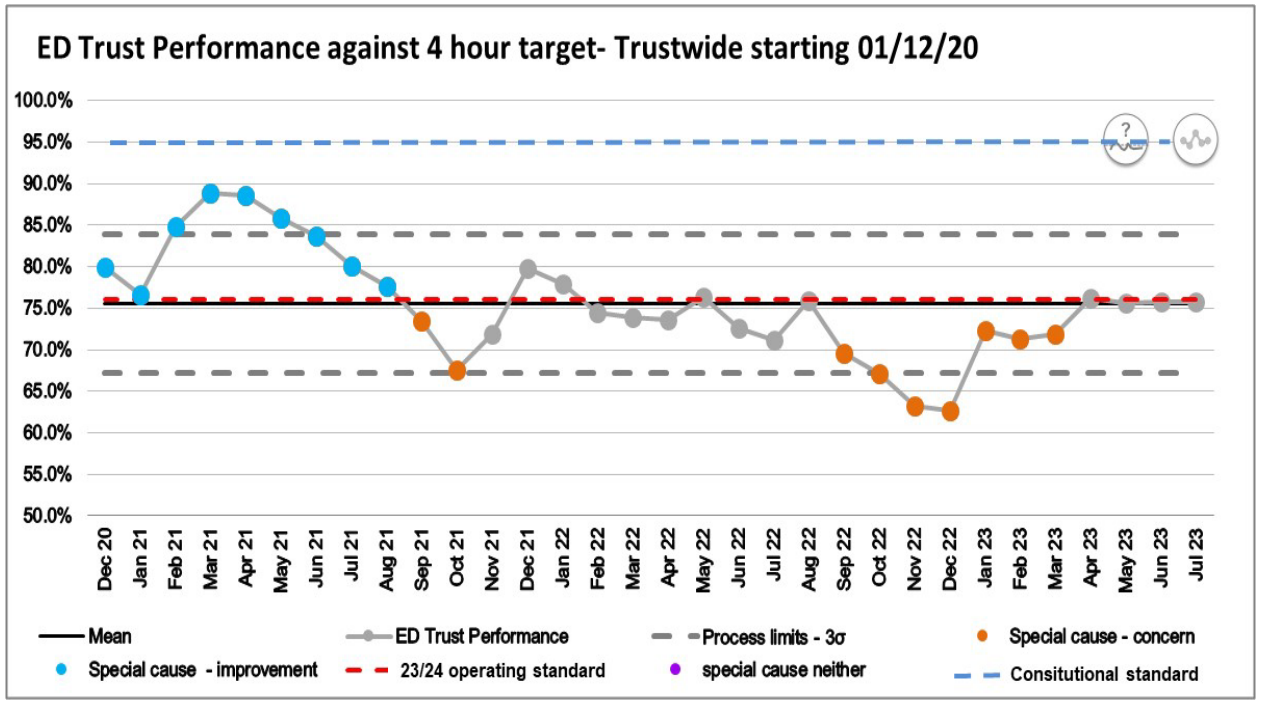

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
4hour Performance (%)	71.36%	71.92%	76.20%	75.62%	75.76%	75.83%
Total Attendances	13392	15253	13444	15179	15168	14864
Total Breaches	3835	4283	3200	3701	3677	3592
4hour Performance (%) 2022	74.42%	73.94%	73.64%	76.37%	72.66%	71.19%
Total Attendances 2022	12488	14675	13577	14850	14935	14444
Total Breaches 2022	3195	3825	3579	3509	4083	4162

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

How are we performing:
- In July 75.83% of patients were seen within 4 hours. Despite a seemingly consistent overall performance, high acuity and attendances frequently >400 have led to significant challenges, reflected in performance variation (63 - 80%)
- EDMU activity reduced to an average of 100 patients per day in July. Performance remains consistent with the 95% standard met on 23/31 days in July. The increasing number of inappropriate GP referrals e.g. replacement dressings has been communicated to BOB.
- >60 mins breaches demonstrate continued improvement. Further audit work and meeting planned with SCAS at end of Aug to discuss opportunities for efficiency

Actions:
- Zone F (ambulatory) utilisation has been significantly limited due to lack of staffing resource. Decision to pause usage, assess the impact and benefits & record our working model and lessons learned for future opening
- TINA dashboard work continuing with dashboards update planned to include safety KPIs e.g. VTE as well as clear escalation triggers per zone
- Reading UCC appointment booking – current issues with EMIS installation delaying go-live. RBH UAT continuing alongside background reconfiguration with IT, Regulation Authority and EMIS support. **Aiming for go-live in w/c 21/8**
- Additional focus on medical staffing model with aim to optimise resource with attendance trend demand

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

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce inpatient admissions

Board Committee: Quality Committee

SRO: Dom Hardy

EL Variation	NEL Variation
	

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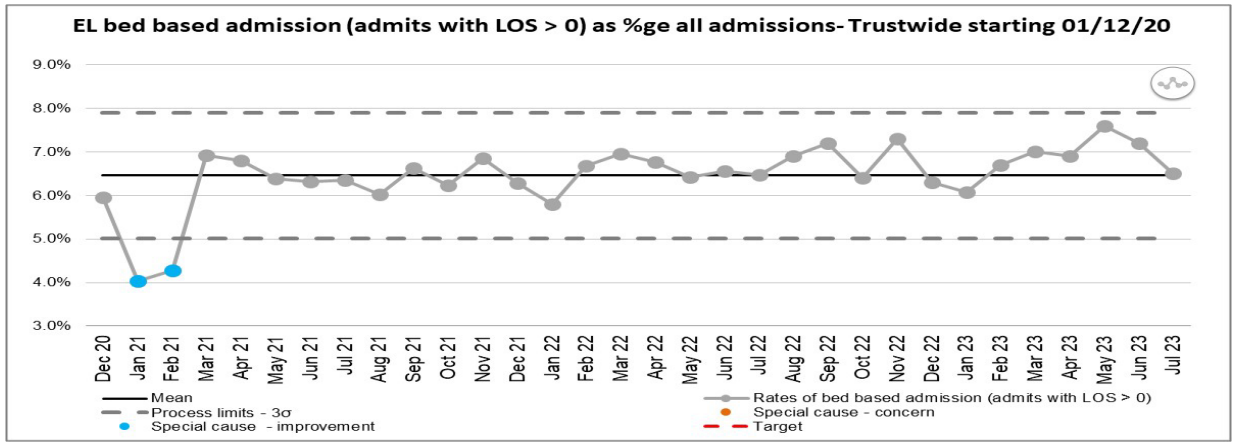
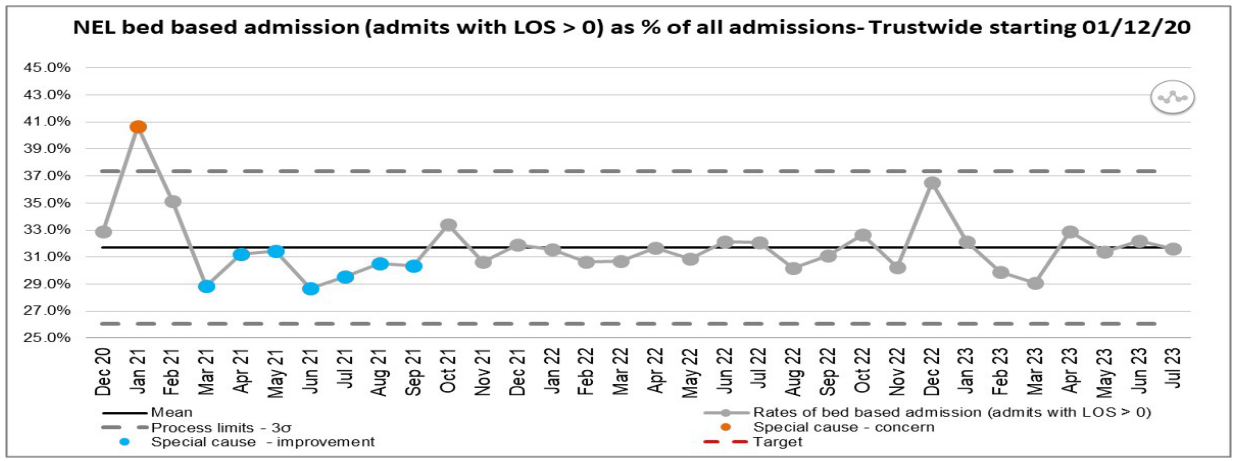




% of admissions with Los>0	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Elective	6.7%	7.0%	6.9%	7.6%	7.2%	6.5%
Non-elective	29.9%	29.1%	32.9%	31.4%	32.2%	31.6%

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 non-elective admissions that result in an overnight stay in the hospital and are looking for this metric to decline overtime.

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

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

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

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

Strategic objective: Cultivate Innovation and Improvement

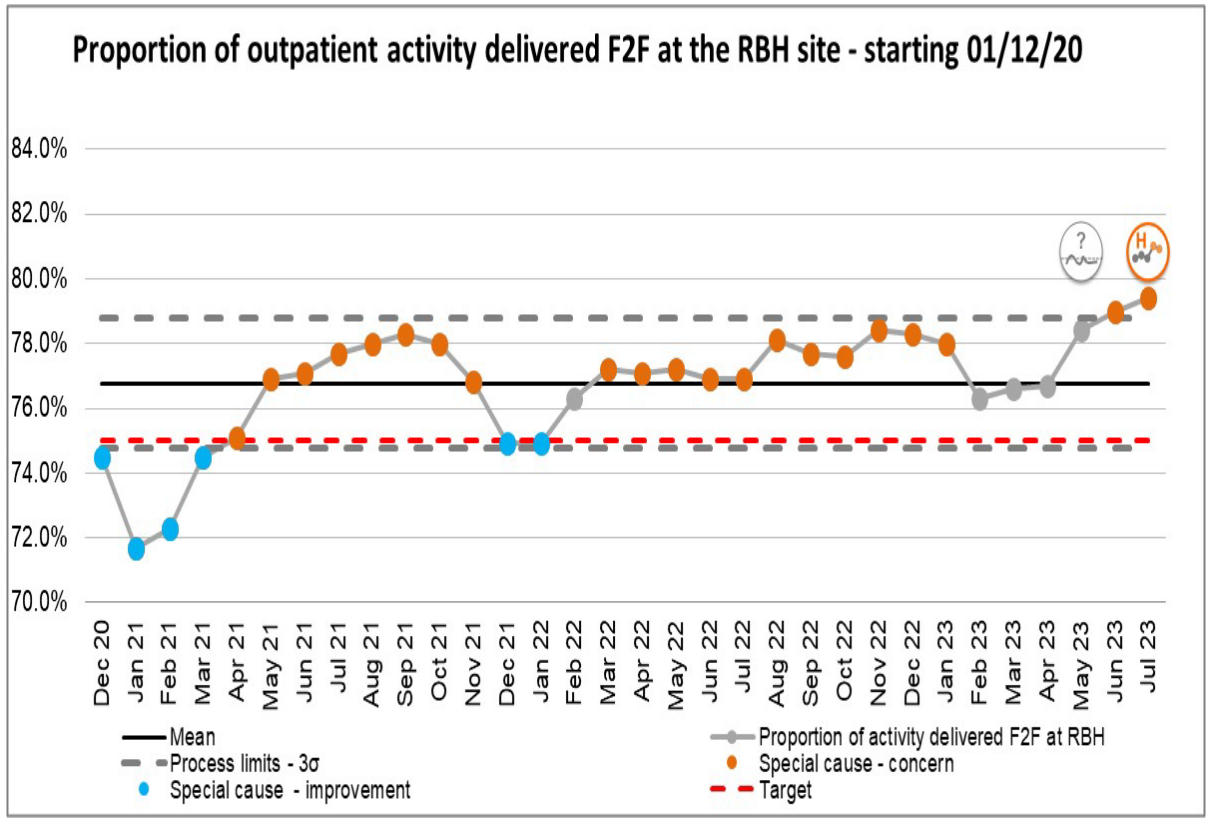
Strategic metric: Increase care closer to home

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
?	H

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
% of all care provided from RBH site	76.3%	76.6%	76.7%	78.4%	79.0%	79.4%

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 outpatient care delivered face to face (F2F) 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 July, the proportion of care delivered from the RBH site was 79.4%. This was 0.4% percentage points above June and remains an increase on the position 12 months ago. In recent months, this metric is likely to have been impacted by industrial action. In July, Industrial Action affected more than 20% of clinic days in July, with clinics across the other RBFT sites particularly impacted and therefore driving up the proportion of activity delivered on the RBH site.

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

- Progressing Community Diagnostics Centres (**Q3 2023/24)**
- Continue roll out of patient portal to support patients in managing their appointments **(23/24)**
- 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. First pilot went live with Dermatology in July. **(Q2 23/24)**

Risks:

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

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

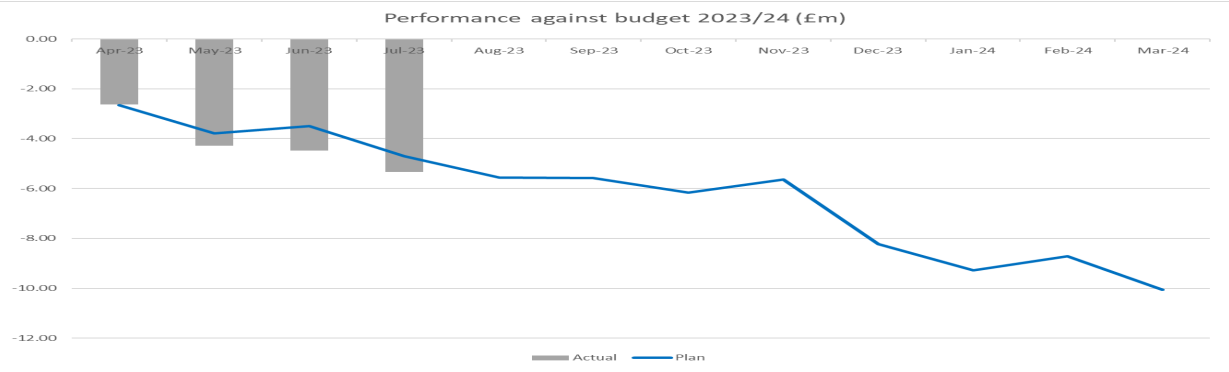
Strategic metric: Trust income & expenditure performance

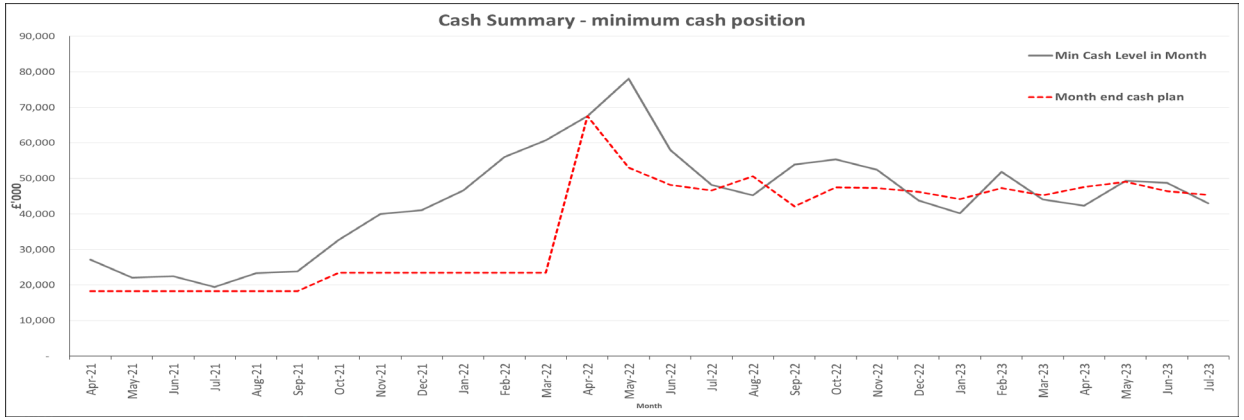
Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust





	Year to date				Full Year
	Actual	Plan	Variance against plan	RAG	Plan
Income (incl pass through)	£194.93m	£189.95m	£4.99m		£574.16m
Pay	£116.70m	£113.34m	-£3.36m		£339.99m
Non Pay (incl pass through)	£80.95m	£78.38m	-£2.57m		£235.43m
Other	£2.23m	£2.94m	£0.71m		£8.79m
Surplus/(Deficit)	-£5.29m	-£4.71m	-£0.57m		-£10.05m
Exclude donated Asset Effect, centrally funded PPE and Impairment	-£0.04m	£0.00m	-£0.04m		£0.00m
Adjusted Financial Performance (NHSE Plan)	-£5.33m	-£4.71m	-£0.61m		-£10.05m

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

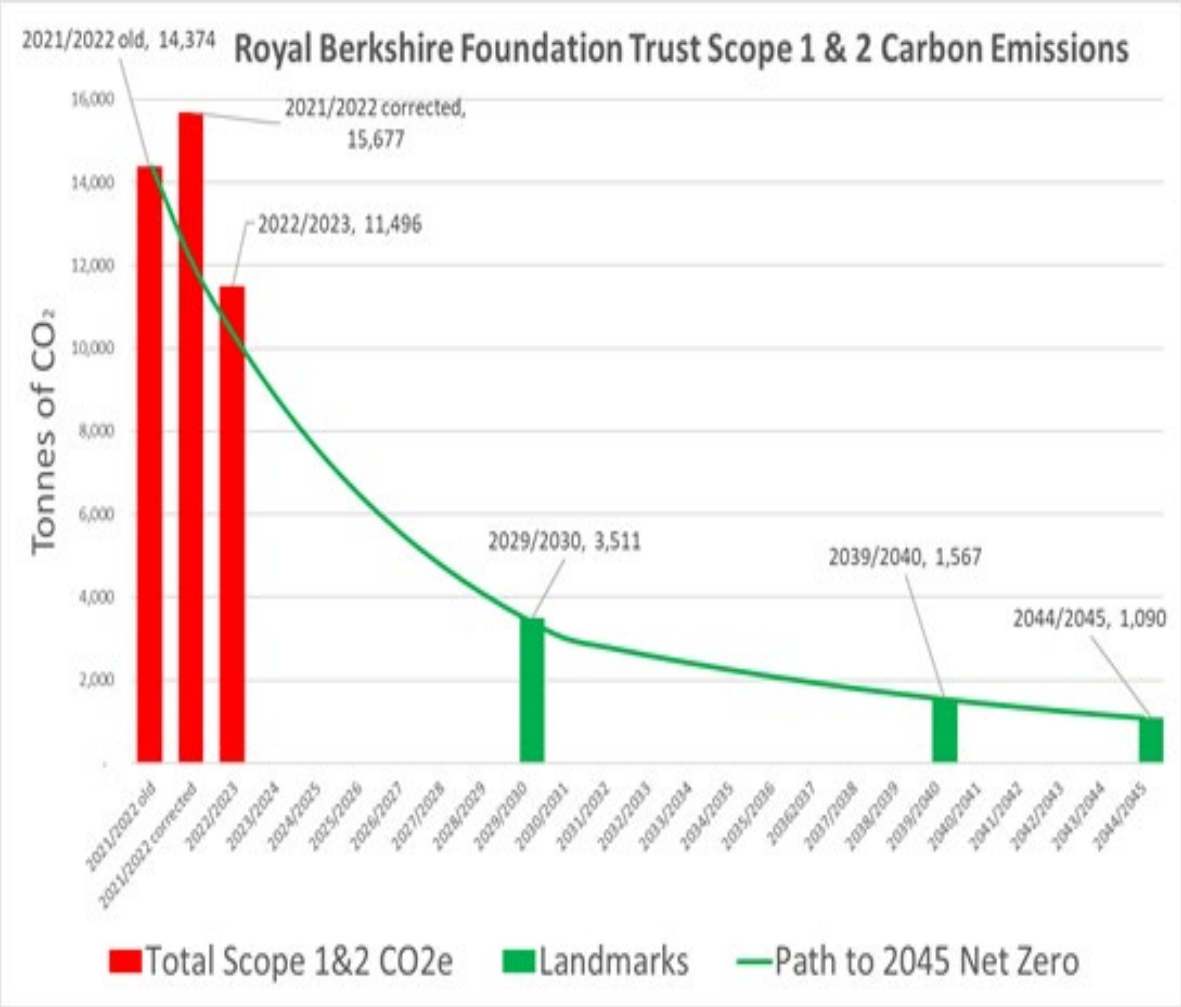
How are we performing:
Month 04 YTD, July 2023, financial performance is a £(5.33)m deficit, which is £(0.61)m worse than plan YTD.
Income is ahead of plan by £4.99m, the variance is partly driven by the accrual for AFC pay award, confirmed post planning, in addition, £1.33m is accrued income for the incident (Insurance settlement).
The Pay position is £(3.36)m adverse to plan YTD, this includes the additional cost of industrial actions of £0.76m that occurred in April, May, June, and July 23.
Non-Pay costs are over budget YTD by £(2.57)m driven by the delays in mobilising of savings programmes in the YTD-M04 position, which includes £1.33m related to the incident, with a corresponding income amount which has been accrued in expectation of the settlement of our insurance claim.
Workforce actions have been taken which have seen a reduction in temporary staff usage at M04 compared to quarter one run rate reflecting the positive impact of increased scrutiny on rotas and booking of bank and agency shifts.

Actions:
- Focus is needed to make run-rate reductions. We are working with a third party to develop proposals on a contingent fee basis for further savings delivery across specific procurement contracts
- Additional workforce controls have been implemented
- The Efficiency and Productivity Committee has received updates on the progress towards the £15m savings programme. We now have £12.25m of risk assessed delivery in year of which £3.21m has been delivered at M04 YTD

Risks:
- Higher than budgeted sickness levels
- Inflationary pressure is occurring where the Trust is not in fixed price contract
- Impact of existing foreseen and future strike action, and the costs of reproviding the lost capacity
- Identification and delivery of the remainder of the full £15m savings programme

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

Strategic metric: CO2 emissions



Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Validation
P	N/A

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. We have finalised the 2022/23 full year report and are setting up quarterly in year reporting during the year to regularly measure our performance. We are exploring how we benchmark our performance against other organisations and our own planned trajectory, in conjunction with other organisations across BOB ICS.

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

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

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

Royal Berkshire
NHS Foundation Trust

Breakthrough Priorities

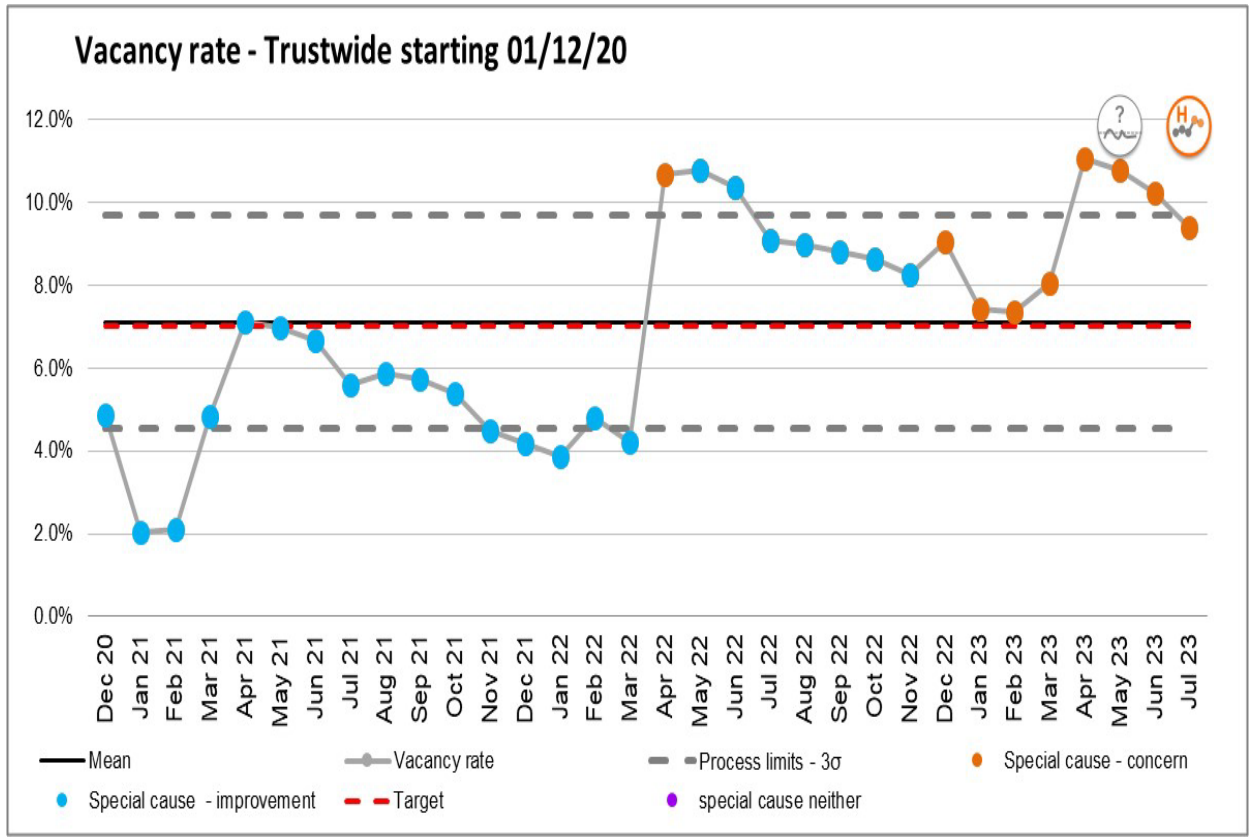
Breakthrough priority metric:
Vacancy rate

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
?	H

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Trust Performance	7.37%	8.04%	11.04%	10.79%	10.22%	9.38%

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

How are we performing:
- Vacancy rate continues at statistically high rate although is reducing month on month since Q1
- 76 vacancies went to advert, a total of 112 candidates were shortlisted for interviews
- 86 offers were made across the Trust for domestic recruitment
- On boarded 14 international nurses, 4 Midwives and 2 Occupational Therapists.
- 32 HCA candidates interviewed resulting in 21 candidates accepting
- The clinical open day resulted in 1 Nursing Associate, 2 Paediatric Nurses, 10 Adult Nurses and 5 Midwives being recruited
- Continuing to monitor Time to Hire. This has highlighted areas of concern in particular time taken to shortlist and OH clearance. Working with the OH and recruitment teams on supporting managers to speed up the overall recruitment process
- Work is continuing with the EDI & Digital Marketing teams to build on becoming a more inclusive employer

Actions:
- Attendance at local job fairs and inhouse non-clinical/clinical open days for Autumn/Winter
- Social media campaigns for targeted areas where recruitment is proving difficult
- Reviewing vacancy rates with appointing managers to challenge agency/NHSP spend to reduce expenditure
- Pastoral accreditation award documentation has been submitted – decision pending
- Reviewing the need to offer Retention/Golden Hello payments for hard to recruit roles Finance and Workforce Information establishing a working group to look at the recording of budgeted WTE in ESR to facilitate more accurate reporting of vacancies

Risks:
- Affordable housing in the local area is an urgent requirement
- Competition from neighbouring Trusts offering higher pay rates and incentives to hard to recruit roles and International recruits may affect current pipelines

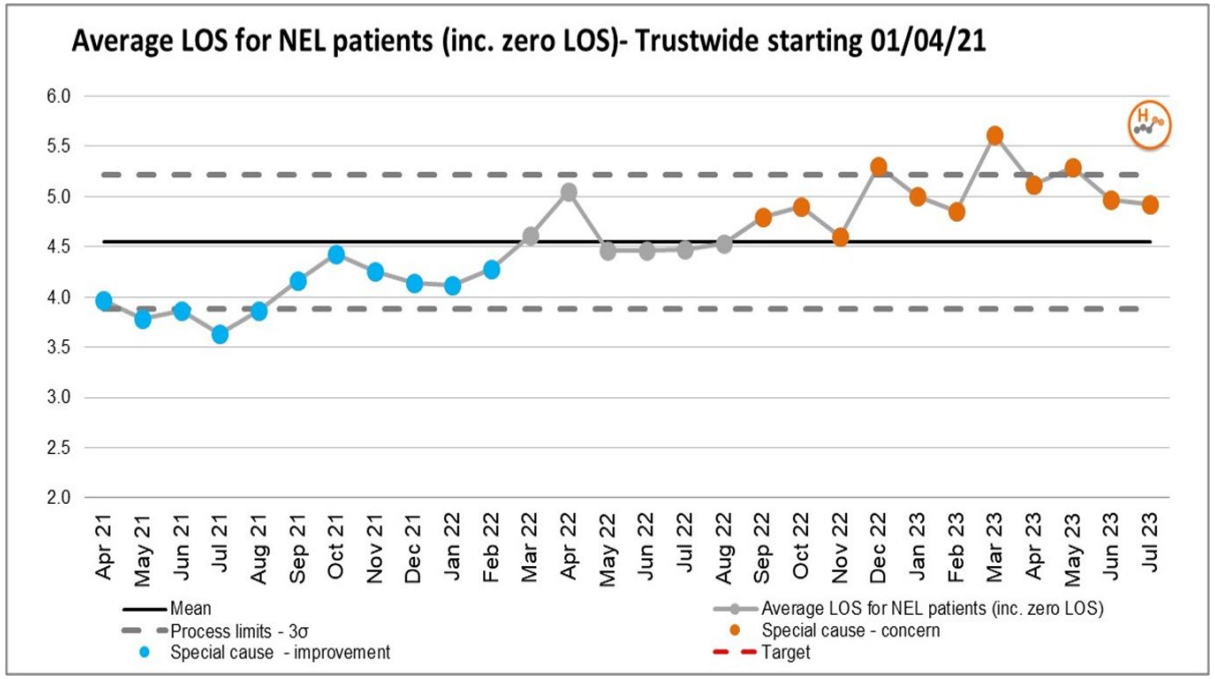
Breakthrough priority metric:
Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Ave LOS for NEL patients (inc. zero LOS	4.85	5.61	5.12	5.29	4.97	4.92

This metric measures:

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

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

How are we performing:

- The 2-year trend is an increasing LOS for non-elective patients to 4.5 days on average, which is a return to pre-COVID norms. This is driven in part by a reduction in the number of patients with a 1 day LOS
- Additionally, the time that patients have been waiting for a community package of care, once medically optimised for discharge, has increased

Actions:

A holistic patient flow programme is underway, involving various workstreams to tackle the key elements of the pathway including:

- Minimising admission rates and unwarranted variation
- Reducing unnecessary moves between the wards
- Improving processes that facilitate discharge
- Identifying and tackling the cultural change required to support effective patient flow

Risks:

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

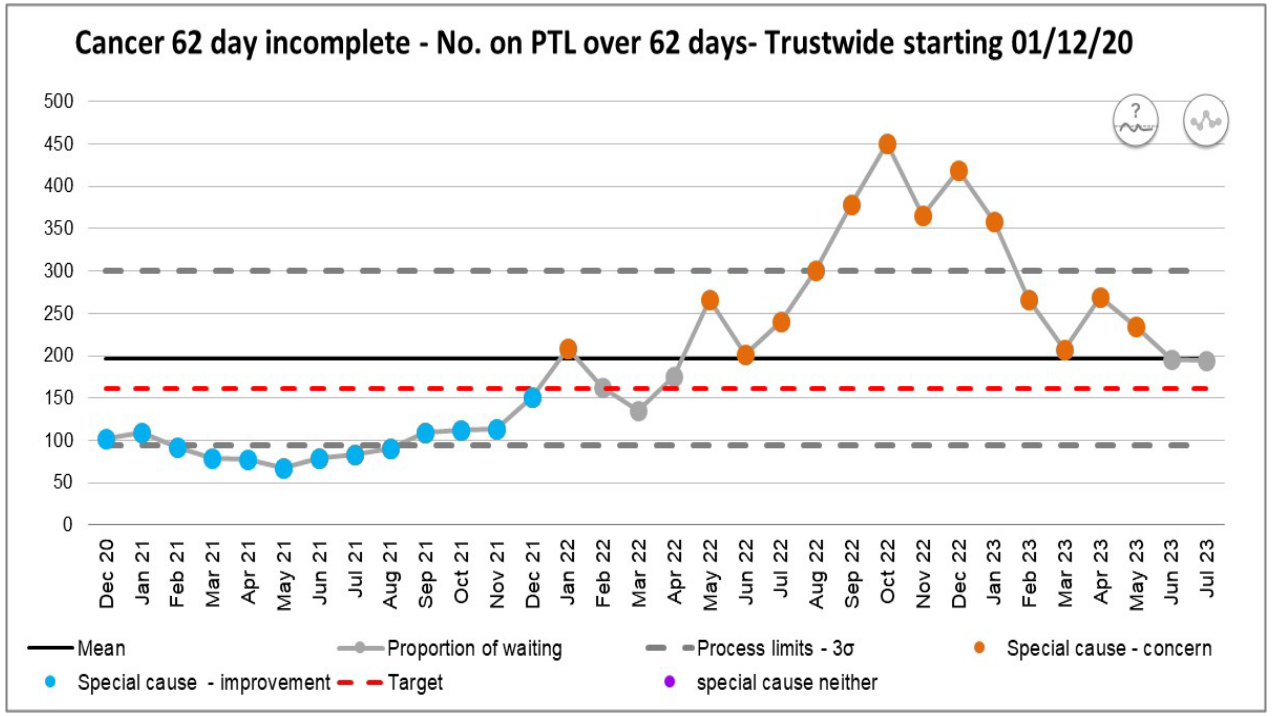
Breakthrough Priority metric:
Reduce 62 days cancer waits

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Trust Performance	67.40%	71.90%	64.30%	65.00%	70.50%	66.40%
Total Cancer PTL list	2191	2252	2275	2152	2316	2325
No. on PTL > 62 days	266	207	269	235	195	194
Incomplete - % on PTL over 62 days	12.10	9.2	11.9	11.1	8.7	8.3
Cancer 28 day Faster Diagnosis	72.4	72.3	76.0	73.0	77.5	78.2

This measures:
We have identified our cancer waits as a breakthrough priority because of the underlying performance challenges in this areas and the impact on patient care delays to this pathway can cause. We are tracking our progress by measuring the total number of patients on an incomplete cancer patient tracking list (PTL) waiting >62 days. This is also the principal metric NHS England are using nationally and the target is 161 patients by March 2024

How are we performing: Comment about change in target

- In June, 70% of patients on a cancer pathway were treated within 62days against 85% target
- July performance is incomplete and un-validated at 66%. As of the end of June the total number of patient on the PTL >62 days shows a decrease to 196 largely due to histology improvements
- Going forward, the revised rate card for doctors is expected to impact negatively on cancer performance and the 161 target (surgery and gastro extra lists/clinics) exacerbated by industrial action. Total GI patients on the PTL are rising (over 100 in the last 4 weeks)

Actions:

- Insourcing capacity to support gastrointestinal (GI) and urology pathway work
- £300k additional funding for GI secured from TVCA. Additional £470k funding being finalised from the bids submitted to TVCA
- New prostate pathway implemented from 7th August to meet 28 day standard and reduce time to MRI and biopsy
- H&N 1 stop service to be implemented following Charity Board approval for an US machine
- Additional scrutiny at weekly Tuesday Cancer Action Group in conjunction with Thames Valley Cancer Alliance (TVCA) & NHS South East (SE) region

Risks:

- 2ww demand levels remain high
- Doctors Rate card significantly affecting clinic and list capacity (huge impact in GI) and likely to see significant growth in patients >62 days as a result
- Funding from TVCA is non-recurrent and may add pressure to budgets next year
- Industrial action
- 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 122 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

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

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

Alerting Metrics July 2023:

In the last month 19 of the 122 metrics exceeded their process controls. These are set out in the table opposite.

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

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

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

For this month new alerting metrics include:
% of patient with a #NOF operated on within 36 hrs

Provide the highest quality of care for all
- No. of DOLS applications applied for
- Unborn babies on child protection (CP) / child in need plans (CIP)
- Clostridium difficile (C.Diff) cumulative
- Mixed sex accommodation breaches

Invest in our staff and live out or values
- Ethnicity progression disparity ratio
- Stability rates %
- Rolling 12 month sickness absence
- Appraisal rates

Deliver in Partnership
- Ambulatory care NEL admissions
- Average NEL LOS (excluding 0 LOS)
- % of patients seen by a stroke consultant within 14 hours of admission
- % of patient with a #NOF operated on within 36 hrs
- % patients with high TIA risk treated within 24 hours
- Cancer 2wk wait: cancer suspected
- Cancer 31 day wait: surgery
- Cancer 31 day wait: radiotherapy
- Cancer Incomplete 104 day waits

Cultivate innovation and improvement
- % OP treated virtually

Achieve long term sustainability
- Non pay cost vs Budget (£m)