Royal Berkshire NHS Foundation Trust

Integrated Performance Report

December 2023

Improving together to deliver outstanding care for our community

Improving Together

December 2023 performance summary

Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 31st December during which the Trust experienced significant pressures across non-elective care and 3 days of Junior Doctor Industrial Action undertaken.

Despite these pressures, the Trust currently continues to perform well on the RTT **elective care standard**, with under 20 patients waiting over 52 weeks on those pathways. However, the sustained challenges are impacting on performance and, there is a significant risk that this and the combination of workforce and financial pressures will continue to challenge performance into 2024-2025.

The Trust remains challenged across other **Deliver in Partnership** objectives. We remain significantly behind the 99% within 6-week **diagnostic waiting standard** with Endoscopy and Echocardiography driving our long wait position. **Cancer performance** standards continue to fall below national standards, with 70% of patients meeting the 62-day standard in December.

The Trust's **rate of turnover** (page 6) has continued to improve, reflecting the increased focus on this area from across the organisation. The Trust's vacancy rate now sits at 7.91%, rapidly approaching the breakthrough priority target of 7%.

Financial performance as at Month 9 YTD is £1.84m behind plan driven by continued spend on workforce. We are currently preparing for the formal reforecast requested across the NHS at Month 10, we are currently on track albeit, with risks to deliver our budgeted full year financial position of £10.05m deficit. Efficiency savings are on track and due to be delivered in full by year end.

As in previous months, a number of **watch metrics** are outside of statistical control. Most relate to the operational pressures experienced in the Trust and are expected to improve in line with strategic metrics. A final set relate to mandatory training and appraisal completion which have been a focus of performance meetings with directorates.

Strategic Objectives	Page	Strategic Metric	SPC flag
Provide the highest quality care for all	4	**Improve patient experience:** Number of complaints	
	5	**Reduce harm:** Number of serious incidents	
Invest in our people and live out our values	6	**Improve retention:** Turnover rate	P, L
Delivering in partnership	7-9	**Improve waiting times:** Reduce Elective long waiters; Average wait times for diagnostic services; Emergency Department (ED) performance against 4hr target	P, F, H, F, L
	10	**Reduce inpatient admissions:** Rate of admission (LoS>0)	H
Cultivate innovation and improvement	11	**Increase care closer to home:** Proportion of activity delivered at RBH	F, H
Achieve long-term sustainability	12	**Live within our means:** Trust income and expenditure	F
	13	**Reduce impact on the environment:** CO2 emissions	P
Breakthrough priorities	15	**Recruit to establishment** (Vacancy %)	F, H
	16	**Improve flow:** Average LOS for non-elective patients (inc. zero length of stay)	
	17	**Support patients with cancer** Reduce 62 days cancer waits incomplete	F, H
	18	Delivery of £15m efficiency target	?
Watch metrics	20-29		N/A

Royal Berkshire NHS Foundation Trust

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Strategic Metrics

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

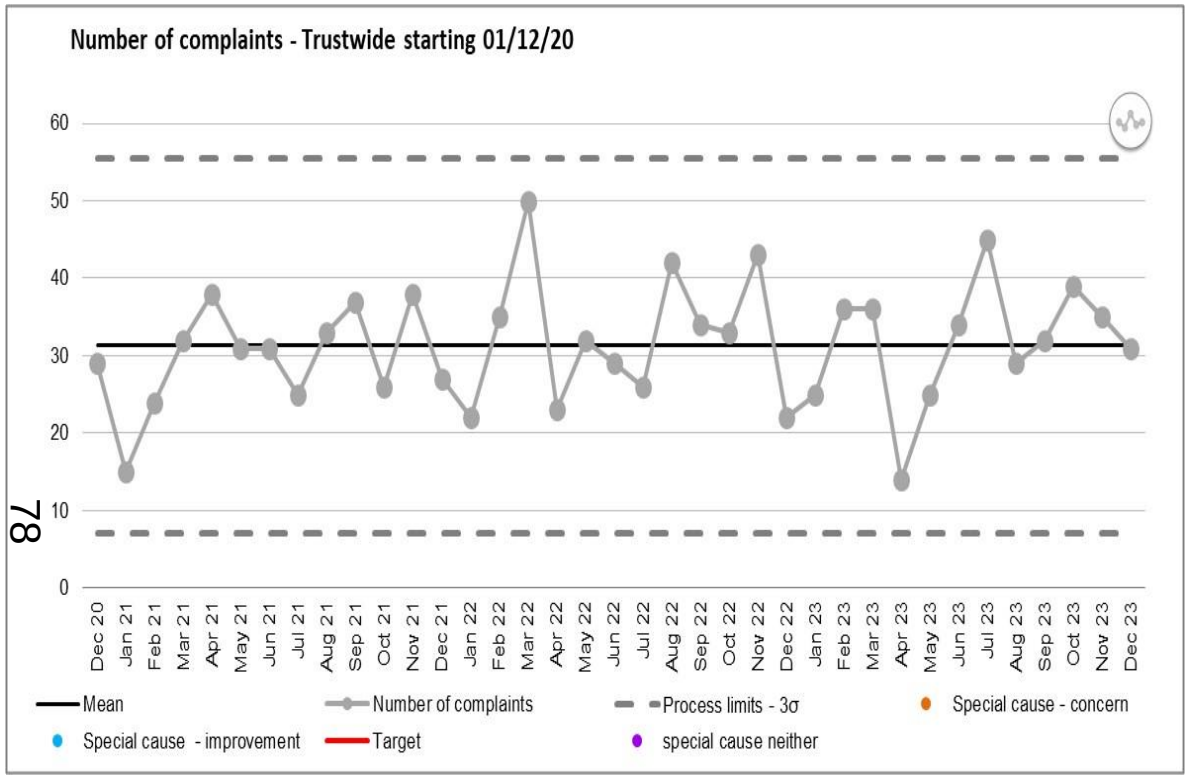
Strategic metric: Improve patient experience

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Number of complaints received	45	29	32	39	35	31
Complaints turnaround time within 25 days (%)	61%	70%	65%	50%	52%	50%
No. of Vulnerable persons complaints	0	2	3	3	1	2

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 31 formal complaints this month with the top two themes being clinical treatment and communication.

Hotspots:
Complaints – Gastroenterology 2, Paediatrics 2
Patient Advice and Liaison Service (PALS) - Emergency Department (32) and Ophthalmology (15)

Overdue Complaint Responses / Reopened Complaints:
23 overdue complaints for Urgent Care and 12 reopened complaints outstanding
4 overdue complaints for Networked Care and 3 reopened complaints outstanding
6 overdue complaints for Planned Care and 5 reopened complaints outstanding

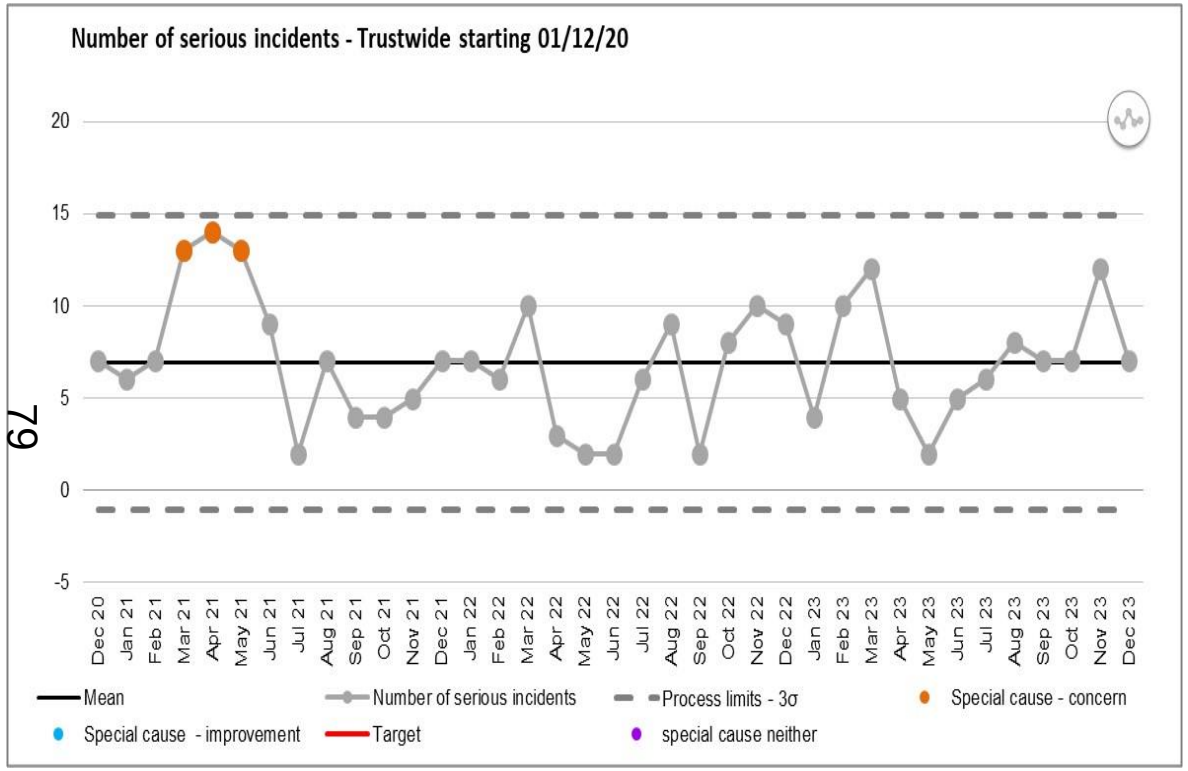
Complaint Action Tracker:
Currently we have 178 open actions on the tracker with 76% of those actions overdue. The team are working with the care groups to reduce this number. Please note the reporting has changed to open actions rather than complaints with an open action, hence the increase in numbers. Each complaint has at least 3 actions.

Actions:
- Continuous PALS monitoring to gauge current issues
- Weekly CNO, CMO, Patient Experience & Safety Huddles to identify Trust wide theme
- Feed into communication working group **(Q4 23/24)**
- Complaint structure review completed, increase complaints senior leadership **(Q4 23/24)**
- KPMG review action plan **(Q3 24/25)**
- Transformation rerun complaints response data to highlight delays & plan **(Q4 24/25)**
- CNO/Care Group overdue complaints meetings & CNO driver metric (**Q4 24/25**)

Risks:
- Care Group capacity - the impact of Investigating Officers (IOs) to undertake responses and completion of actions in a timely manner due to ongoing capacity within the Trust

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

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



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Number of serious incidents reported	6	8	7	7	12	7
Serious Incidents related to vulnerable persons	0	0	0	0	1	1

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

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:
- 7 Serious incidents (SI's) were reported in December 2023, 2 in Planned Care, 1 in Networked Care and 4 in Urgent Care which includes 1 Maternity and of which 1 Never Event with no patient harm
- Treatment delay featured in 3 of the SI's reported in December which is a continuing theme.
- Duty of Candour was met in all cases and learning shared
- Key learning themes from December SI's include EPR system usability and the refinement of a digital escalation process, raising awareness through safety huddles of post falls management, embedding of the new maternity care cards which support the triage midwife to give appropriate advice, and a continued focus on assurance and improvement of the World Health Organisation (WHO) checklist with a themed learning 'celebration day' planned in January.

Actions:
- Transition from SI Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation continues with a target transition by **1st April 2024.**
- RBFT PSIRF draft plan and policy have been completed in collaboration with the ICB, and a pilot with PSIRF pilot areas will be undertaken in the next 4 weeks.
- Actions including a refined process for digital escalation and WHO checklist audit and education activities are ongoing in response to the Never Event thematic analysis
- Responsive and pro-active improvement work continues across the Trust including Falls and Pressure Ulcers, Hypoglycaemic awareness, the Deteriorating Patient workstream and Venous thromboembolism (VTE) education and awareness.

Risks:
- Patient safety team resource constraints – additional workload created by PSIRF implementation
- Risk of patient harm following the most recent industrial action, in addition to current winter pressures.

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

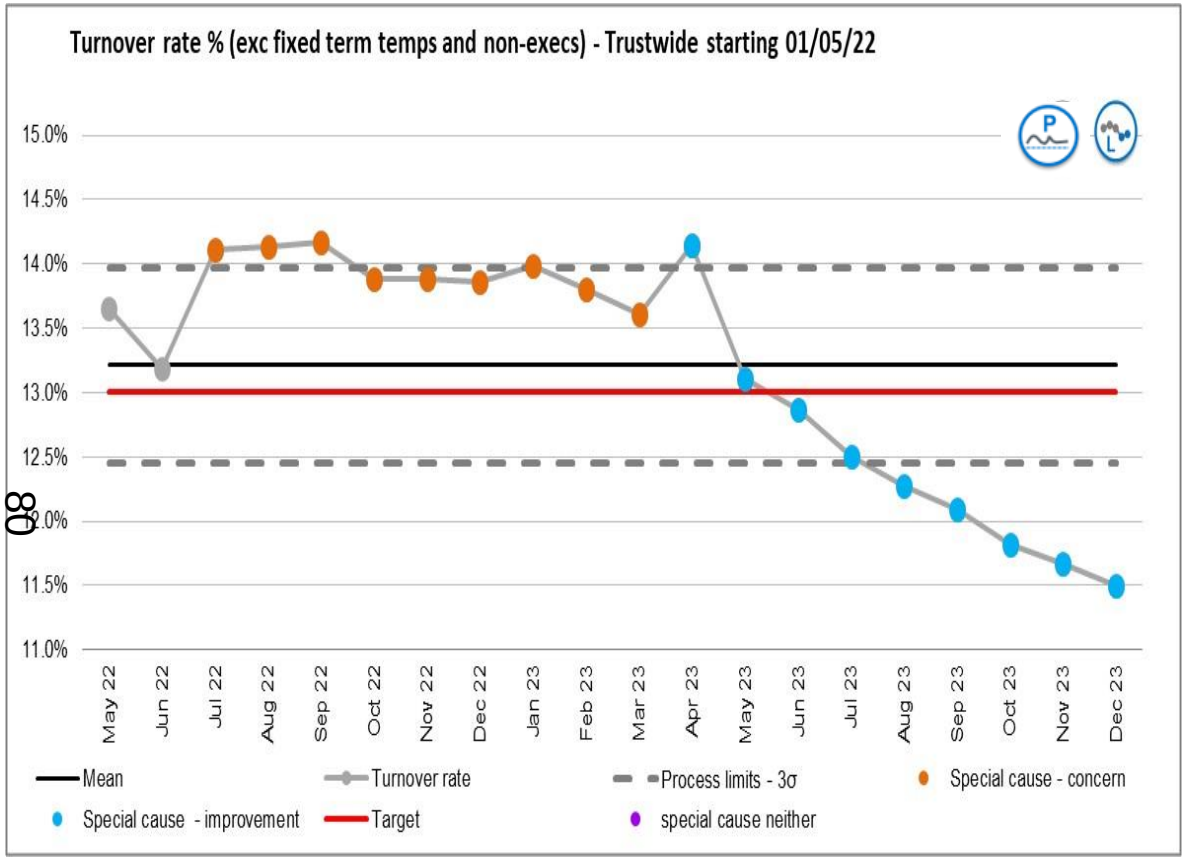
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
P	L

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Staff turnover rate	12.50%	12.28%	12.09%	11.82%	11.67%	11.50%

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 in 2024/25. This will be continually monitored and reviewed.

- **How are we performing**:
- Turnover has continued to reduce over the last eight months to reaching our ambition of 11.50% (excluding fixed term/temp)
- New starter 4 & 8month questionnaire report now circulated to PCP and Care Groups.
- Care Group turnover performance improvements have been sustained for several months and therefore turnover driver metrics at Care Group level are being closed out.
- Turnover in OT will continue to be a local driver metric for Specialist Medicine
- RISE beginning to have an impact at Care Group level, bringing greater focus to appraisal conversations and mini talent review boards.

- **Actions:**
- Actionable themes from 4&8month survey being developed and incorporated into care group people plans.
- Work underway on probationary reviews and clarity around developmental posts
- Retention work/interventions under evaluation and SOP's being developed.
- Focus on staff health and wellbeing including recent Health check data and financial support across Care Groups.
- EM Aspiring Leaders Programme, over 10 placements currently confirmed..

- **Risks:**
- Lack of financial influence on retention
- Environmental factors a constant challenge i.e. cost of living

Strategic objective: **Deliver in partnership**

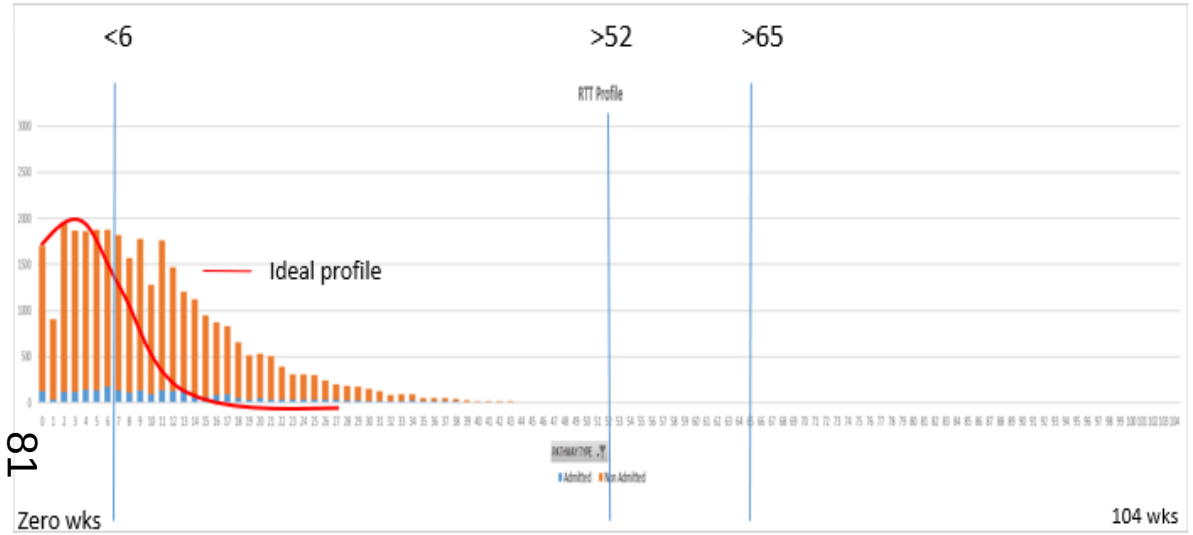
Strategic metric: Reduce Elective long waiters

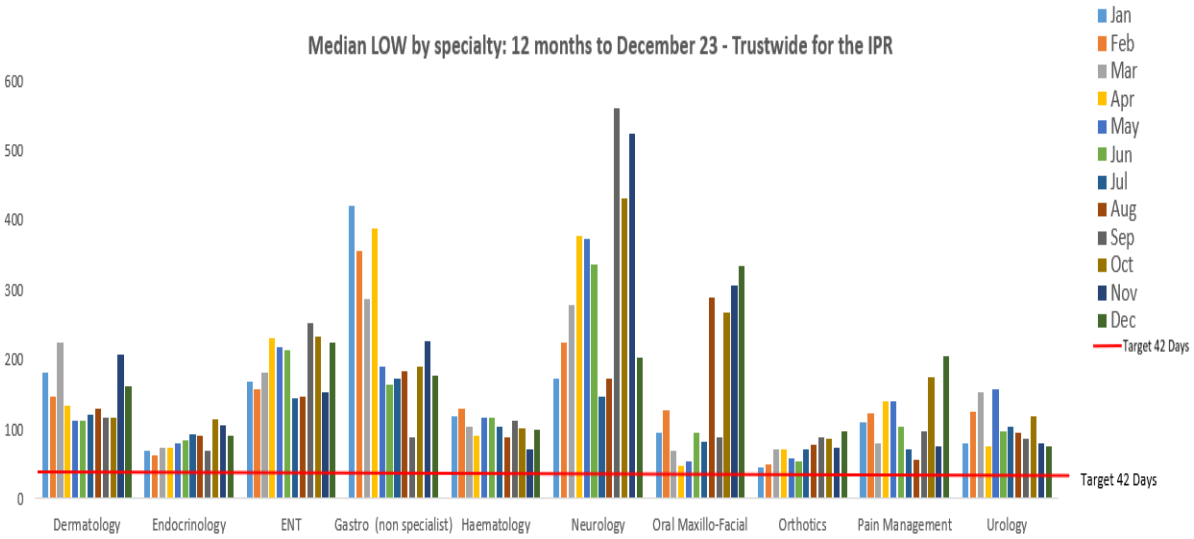
Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
	N/A

Royal Berkshire NHS Foundation Trust





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 (<20)
- However, whilst the Patient Tracking List (PTL) size is comparable to 2019 we are seeing the impact of IA and local rate card extending the waiting time profile. The <18 PTL volume is now 55% higher than Jan 23 and continuing to increase. Without intervention we expect to see the numbers >18 and >52 begin to increase through Q4 and an increase in tip over volume for >52 and >65 from May 24
- First outpatient appointment (OPA) and diagnostic waiting times are the primary drivers for extended waiting times against the RTT standard. Maintaining our position and making 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

Actions:

- 6 month targeted programme of work to improve EPR encounter information underway as part of the Master-WL programme – expected completion **Apr 24**
- Investigating opportunities to increase capacity to support whole pathway transfers in order to decrease first OPA demand
- Work with each specialty to understand capacity and identify where alternative delivery methods can add value and where appropriate convert slots from follow-up to first
- Deployment of fully integrated e-Triage and referral management solution has been delayed. Sign off of the technology with NHSE has now been confirmed and early user deployment is underway.

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 52 week 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**

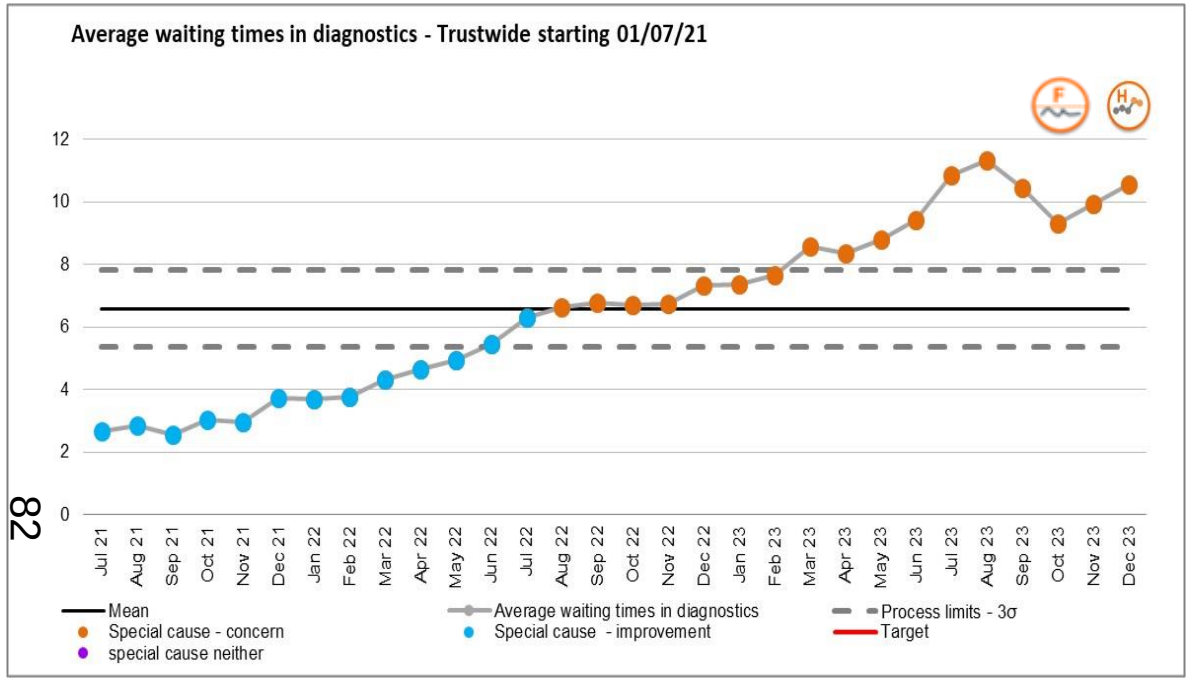
Strategic metric: Average waiting times in diagnostics DM01

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Average wait all modalities (wks)	**10.84**	**11.33**	**10.44**	**9.32**	**9.94**	**10.55**
Imaging	3.80	3.96	3.18	2.57	2.14	3.14
Physiological Measurement	7.47	7.33	8.04	6.78	9.73	10.67
Endoscopy	27.58	28.15	27.51	27.70	29.06	28.78
Cancer	3.66	2.77	2.29	2.02	1.85	3.27
Urgent	16.83	17.25	15.39	14.80	15.28	15.69
Routine	9.65	10.30	9.83	8.39	8.99	9.49

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
- Average waits remain significantly extended, driven primarily by Endoscopy and Echocardiography
- These modalities make up c. 85% of total >6 week waits. The majority of these being in the longest wait backlog (90% of total >13 weeks), however this decreased slightly in the most recent months report
- Clinical triage and prioritisation is in place. However, improvement to performance is linked to substantial increases in capacity and resource over 24/25

Actions:
- As previously reported at public 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 for gastroenterology, with medium term options being explored i.e., use of theatres and CDC
- We have also introduced a time-limited additional sessional rate for the remainder of this year and this is enabling additional clinics to be undertaken

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

Physiological Measurements (PM)
- Cardiology may see continued decline in DM01 performance due to workforce capacity

Strategic objective: **Deliver in partnership**

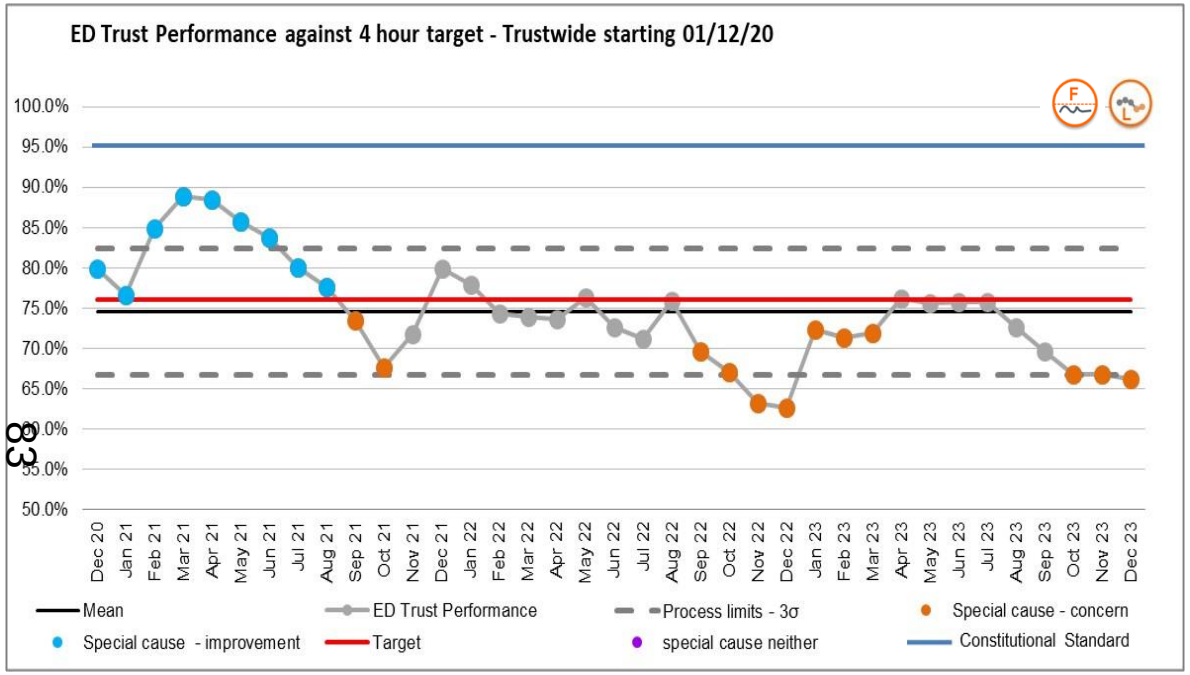
Strategic metric: Performance against 4hr A&E target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	L

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
4hour Performance (%)	75.83%	72.60%	69.66%	66.74%	66.80%	66.21%
Total Attendances	14864	13984	14606	15133	14832	14411
Total Breaches	3592	3831	4431	5033	4924	4869
4hour Performance (%) 2022	71.19%	75.85%	69.64%	67.08%	63.23%	62.65%
Total Attendances 2022	14444	13872	14182	15533	15196	15352
Total Breaches 2022	4162	3350	4306	5114	5587	5734

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%, NHS England has set Trusts a target of consistently seeing 76% of patients within 4 hours by the end of March 24

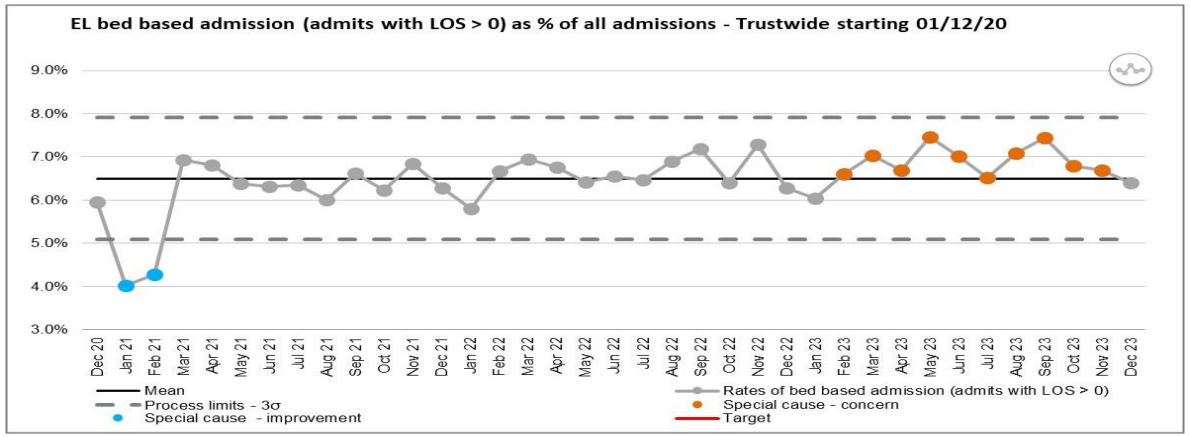
How are we performing:
- In December 66.21% of patients were seen within 4 hours. High daily attendances continue with an average of 399 per day and greater than 400 attendances for over half the month
- ED Minors Unit activity reduced to an average of 79 patients per day in December
- The team achieved the quality performance standard for 29/31 days. Actively pushing to increase use of EDMU and throughput to alleviate main department challenges
- >60 & >30min handover performance show improvement. >60min breaches have significantly reduced in month. Further improvement challenged with decision to admit (DTA) capacity issues

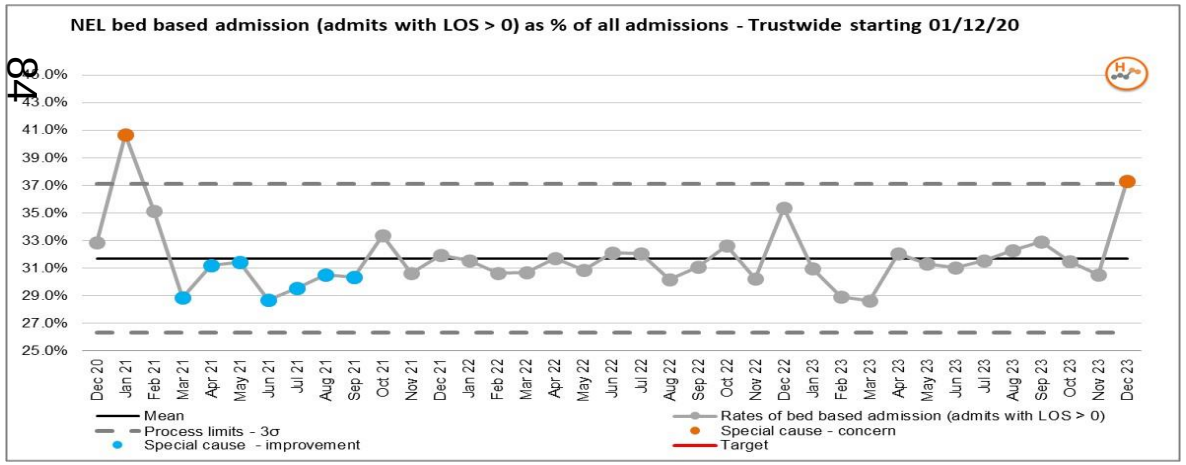
Actions:
- Reading Urgent Care Centre appointment booking via EMIS® fully functioning. With greater focus on utilisation.20% increase of slot utilisation
- ED Triage collaborative work with KPMG to be translated in to workstreams for further improvement opportunities. Triage 2 now open
- Single Point of Access programme continues focus on GP referrals via ED with further roll out planned for January
- Continued focus on streaming patients to Results chairs to relieve pressure in main department.
- Focus on improving ambulance handover times

Risks:
- Significant increase in Mental Health demand as well as incidences of Violence & aggression towards staff
- Significant space constraints of the current ED facility
- Demand continues to grow in excess of population growth and funding
- Dependence on specialties to see referred patients in a timely manner

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce inpatient admissions





% of admissions with Los>0	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Elective	6.5%	7.1%	7.4%	6.8%	6.7%	6.4%
Non-elective	31.6%	32.3%	32.9%	31.5%	30.5%	37.3%

Board Committee: Quality Committee

SRO: Dom Hardy

EL Variation	NEL Variation

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 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**

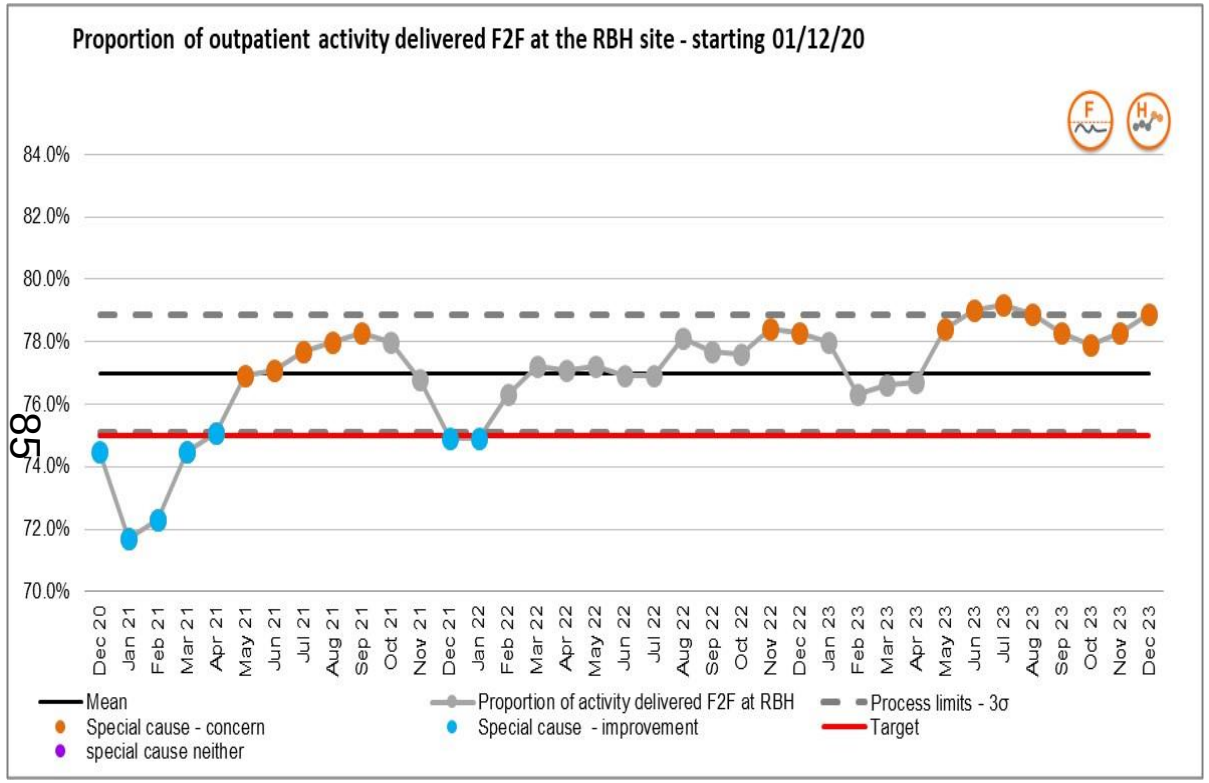
Strategic metric: Increase care closer to home

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
% of all care provided from RBH site	79.2%	78.9%	78.3%	77.9%	78.3%	78.9%

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 tracking the volume of outpatient care that is 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 as we take advantage of our investments

How are we performing:
Since 2017 the proportion of the Trust's activity delivered from the RBH site has fallen from 95% to under 80% driven by increased use of our sites in Henley, Bracknell and Newbury and because of an expansion in digital services such as virtual hospital and remote consultations

In December, 78.9% of all contacts in the Trust were delivered face-to-face from the RBH site – a small increase in performance from November and still above the 75% target. In recent (and coming) months, this metric is likely to have been impacted by industrial action.

Actions:
The Executive Management Committee are progressing a range of measures as part of the planning for 24/25 to support the delivery of our clinical services strategy including:

- Progressing Community Diagnostics Centres
- Extending our work with the patient portal
- Space review at Bracknell, Windsor, Henley and Newbury
- Exploring opportunities for MDT delivery with primary care
- Identification of service improvements aligned to our CSS with system partners

Risks:

- Our drive to increase the number of first Outpatient 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**

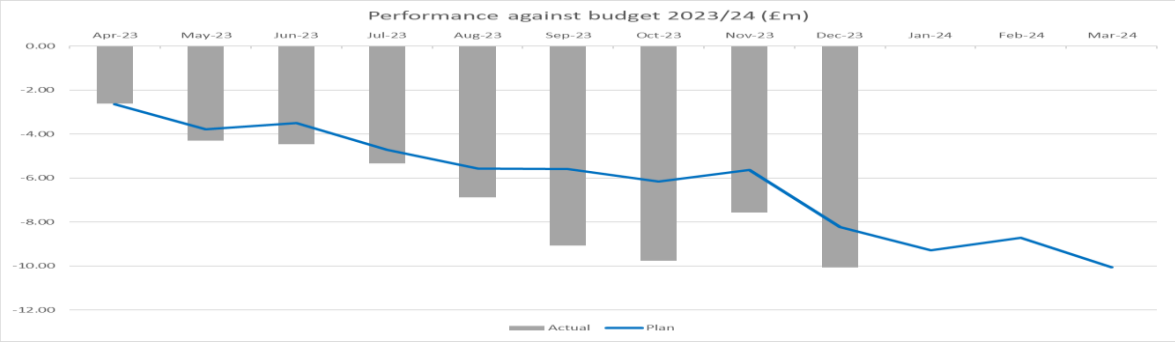
Strategic metric: Trust income & expenditure performance

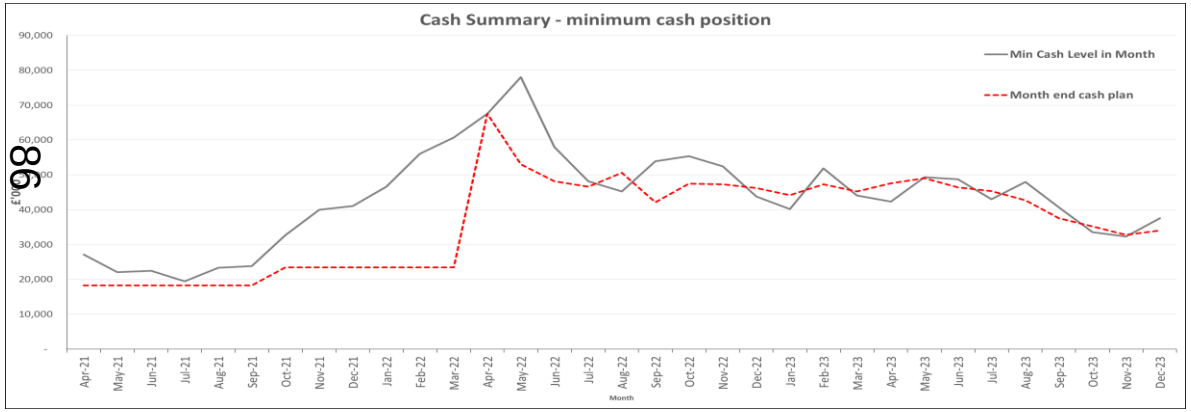
Board Committee
Finance & Investment

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)	£449.20m	£434.24m	£14.97m		£579.11m
Pay	£267.94m	£259.44m	-£8.50m		£345.31m
Non Pay (incl pass through)	£185.88m	£176.77m	-£9.11m		£235.53m
Other	£5.09m	£6.25m	£1.16m		£8.32m
Surplus/(Deficit)	-£10.05m	-£8.22m	-£1.83m		-£10.05m
Exclude donated Asset Effect, centrally funded PPE and Impairment	-£0.01m	£0.00m	-£0.01m		£0.00m
Adjusted Financial Performance (NHSE Plan)	-£10.06m	-£8.22m	-£1.84m		-£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 09 YTD, financial performance is a £(10.06)m deficit, £(1.84)m worse than plan. Income is ahead of plan by £14.97m, the variance is primarily driven by £4.77m income from NHSE to cover the impact of industrial action to M07 YTD, the over performance in high-cost drugs £3.28m, in addition, £4.74m is accrued income for the incident (Insurance settlement).

The Pay position is £(8.50)m adverse to plan YTD, this includes the Lighthouse costs of £1.51m (this is offset by income), and the additional cost of industrial action of £1.24m YTD that has been incurred from April to October 2023, and netted off with the income received in M09. In addition, the Trust has incurred £0.17m in December 23 relating to industrial action which is currently unfunded.

Non-Pay costs are £(9.11)m at M09 YTD, after excluding the April power outage costs of £4.71m , Lighthouse cost of £2.16m and £1.63m of pass through drugs (offset by income), the residual net non-pay overspend is £0.61m.

Actions:
- Focus is needed to make run-rate reductions in pay expenditure
- We continue to identify further savings delivery across specific contracts and spend areas
- Workforce controls have been implemented for several months and are ongoing
- We now have identified the £15m of risk adjusted efficiency savings delivery in year, of which £11.30m has been delivered at M09 YTD – further savings are now needed to offset the expenditure running in excess of budget
- The focus is now to identify schemes that are recurrent and could be taken forward to the next financial year 2024/25

Risks:
- Prolonged and further Industrial Action across different staff groups, as well as no resolution yet achieved for Junior Doctors' dispute
- Sourcing further savings to address the YTD overspend and absorb any further spending in excess of budget levels between now and the end of the year

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

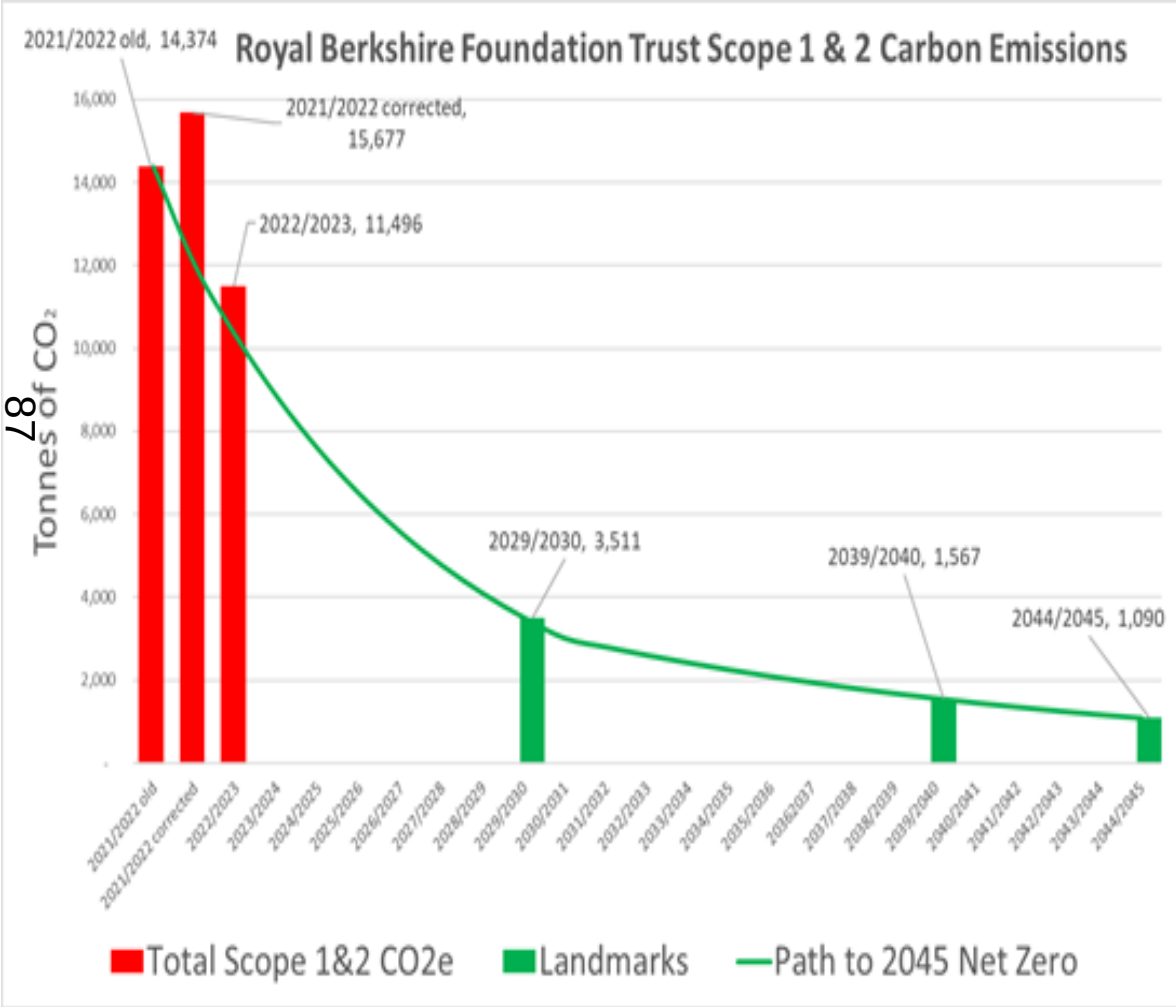
Strategic metric: CO2 emissions

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 progressing establishing quarterly in year reporting. 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.

Battle and North Block are now back on mains power, so no longer on generator power fueled by diesel from the power outage from the 23rd April 23 which has adversely impacted on the Trust total Carbon footprint compared to prior years where the majority of power has been generated by the CHP.

Actions:
Executive Management Committee (EMC) has considered a strategic filter of programmes of work for the year ahead and endorsed its support to prioritise supporting our Net Zero Carbon ambition
The CEO has commissioned a proposal for resourcing environmental sustainability work and the Chief Finance Officer (CFO) is progressing this ahead of Q4

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
- Dedicated PMO resource is required to continue momentum and funding for this is not yet secured

Royal Berkshire NHS Foundation Trust

Breakthrough Priorities

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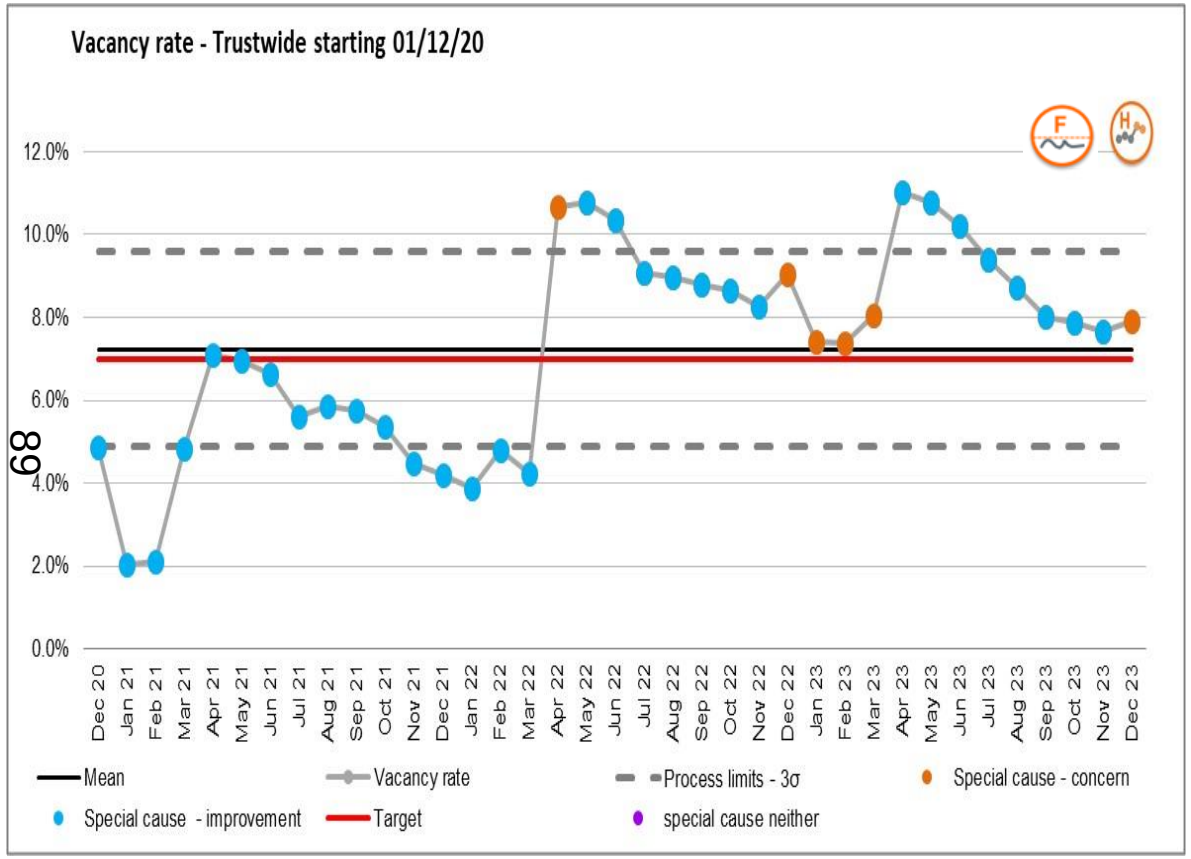
Breakthrough priority metric:
Vacancy rate

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Trust Performance	9.38%	8.74%	8.03%	7.86%	7.67%	7.91%

**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*

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.

- **How are we performing:**
- 73 vacancies went to advert, a total of 112 candidates were shortlisted for interviews
- 101 offers were made across the Trust through domestic recruitment
- No internationally recruited nurses were on boarded in December the final 25 of the 2023/24 cohort will arrive in Q4
- December has shown a slight increase caused by increase in WTE due to winter pressures

- **Actions:**
- Work to align ESR to Budgets discussed and workplan being drawn up between Finance and Workforce Information teams
- Work has started to align TRAC with current vacancies underway using Care Group trackers initially working with Directors of Nursing (DONs) due to discrepancy in budgets and ESR
- Discussions to look at recruitment processes and capacity/capability of recruitment team supported by the Transformation Team – work to commence January 2024
- Incentive Payment Guidance has been drafted and shared with Care Groups to be discussed at January Operational Management Team (OMT)
- Formal escalation process now in place for placement of internationally recruited staff to meet the Trust's pastoral requirements
- Review of HCA pipeline – waiting list has been cleansed 20 waiting to be placed. Wards continue to place individual adverts to be discussed at January R&R Meeting
- Nursing Open Days for 2024 arranged starting in March 2024
- Hot spot areas to be highlighted to focus on in 2024 – People & Change Partner (PCPs) and Retention Team

- **Risks:**
- Environmental factors – High cost of living
- Neighbouring Trusts paying incentives for specialist roles and High Cost Area Allowance (HCA) payments making moves to RBHFT less attractive

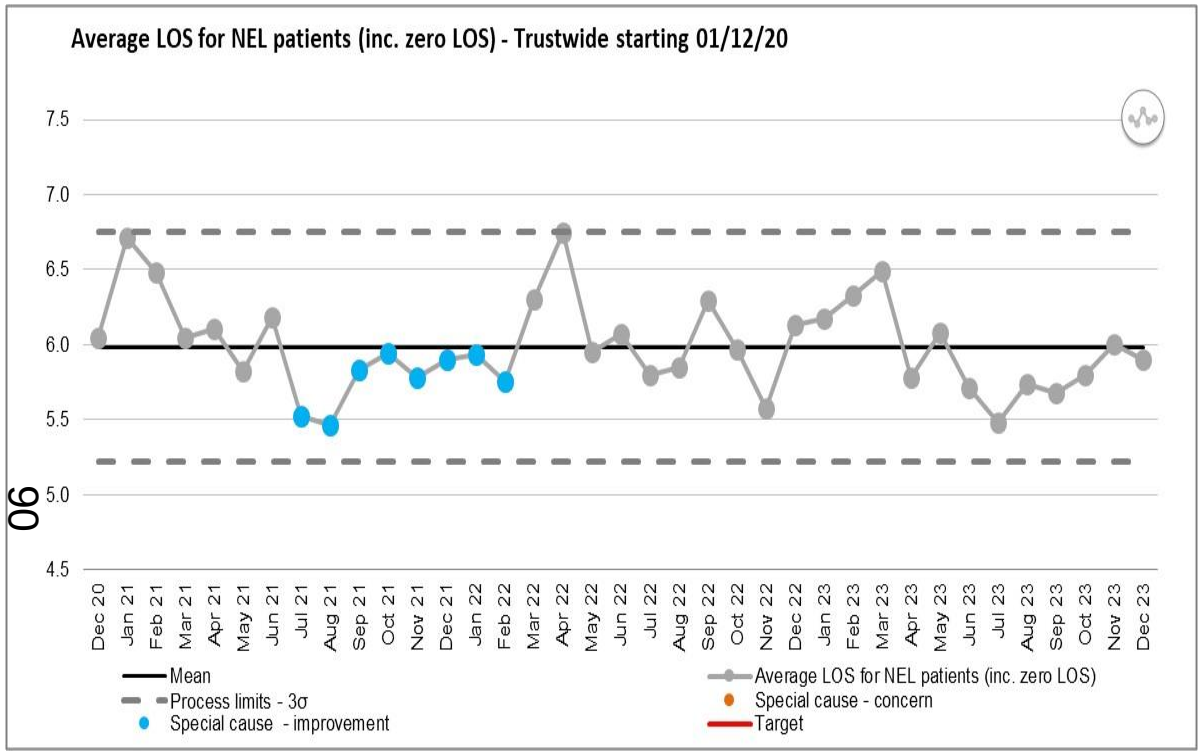
Breakthrough priority metric:
Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Ave LOS for NEL patients (inc. zero LOS	5.5	5.7	5.7	5.8	6.0	5.9

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:

- Following a recent increase, the LOS for non-elective patients has reduced to 5.9 days on average. This is a return to pre-COVID norms
- This recent change is driven primarily by an increased number of patients with a short stay of 1-2 days.

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, through training days and communications
- Identifying and tackling the cultural changes 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 can then 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

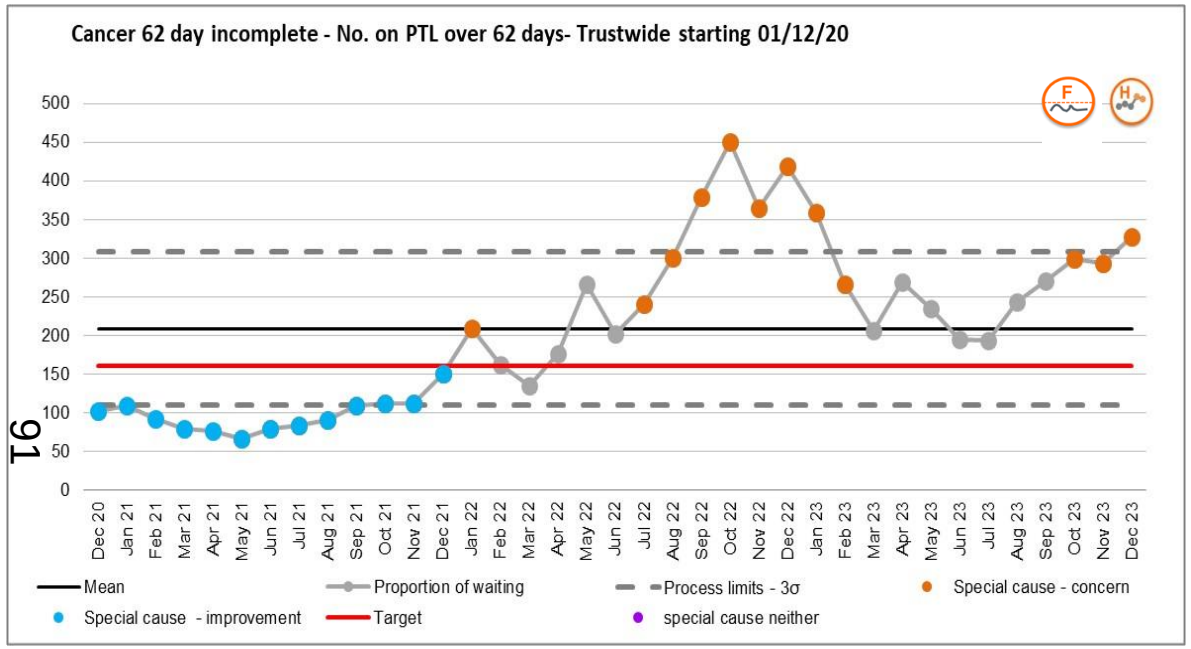
Breakthrough Priority metric:
Reduce 62 days cancer waits

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Trust Performance	75.10%	70.70%	62.00%	63.90%	69.10%	70.10%
Total Cancer PTL list	2325	2379	2377	2451	2219	2207
No. on PTL > 62 days	194	244	270	299	294	327
Incomplete - % on PTL over 62 days	8.3	10.3	11.6	12.2	13.2	14.8
Cancer 28 day Faster Diagnosis	78.1	79.9	75.2	74.8	75.7	77.5

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 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. We are also tracking the proportion of patients treated within 62 days. The national target is 85%

How are we performing:
- In Nov, 69% of patients on a cancer pathway were treated within 62days (85% standard)
- Dec performance is un-validated at 70%
- The total number of patients on the PTL >62 days is very high, predominantly within skin, gynae and gastro (100, 102 & 141 patients respectively, cum. 75% of the total >62)
- Overall PTL size has increased following the Cancer Waiting Times (CWT) updated guidance as reported to the board last month. (impact c. 90 pathways)
- 31 day is unlikely to pass with several additional lists via the Risk assessed targeted initiatives (RATI) process coming on stream which will address backlog but will result in more breaches in Jan and Feb
- Skin and gastro are largely driving poor cancer performance across Thames Valley Cancer Alliance (TVCA) in Swindon, Buckinghamshire and Oxford too

Actions:
- Insourcing capacity in Gastrointestinal (GI) and urology
- RATI process in place – additional activity agreed for skin, gynae, GI and urology
- 2ww demand tool developed and shared to inform business planning
- Head and Neck (H&N) one stop US is live to help meet the 28 day target
- New Cancer Action Group (CAG) process started 16th Jan following the process review and feedback from teams/fishbone review
- Exploring locum support in skin and additional OUH capacity for plastics

Risks:
- RATI process seems to have traction, may not have sufficient funds to meet all needs
- Funding from TVCA is non-recurrent and will add pressure to budgets next year
- Limited recovery after industrial action within skin and gynaecology particularly

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

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
	

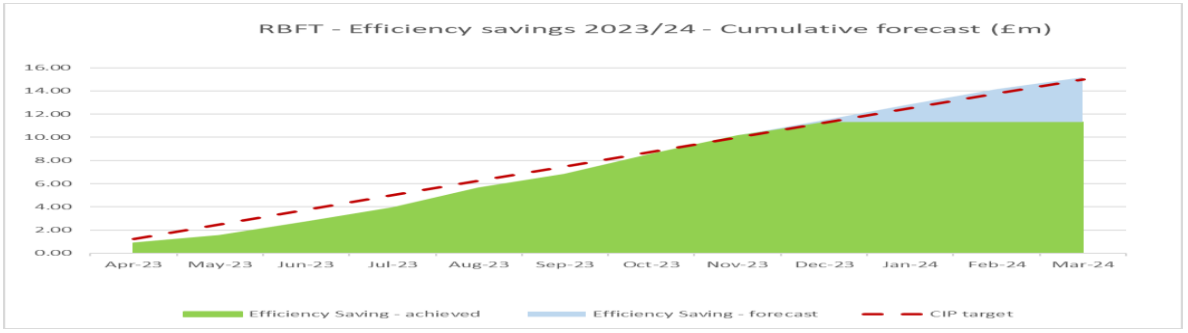
Royal Berkshire NHS Foundation Trust

Efficiency saving by Care Group - £m

Area	Target	Full year	In year	Risk adjusted	Gap	M01 planned £m	M02 Planned £m	M03 Planned £m	M04 Planned £m	M05 Planned £m	M06 Planned £m	M07 Planned £m	M08 Planned £m	M09 Planned £m	M01 actual £m	M02 actual £m	M03 actual £m	M04 actual £m	M05 actual £m	M06 actual £m	M07 actual £m	M08 actual £m	M09 actual £m	YTD_M09 delivered
Urgent Care	4.14	5.38	5.05	4.00	(0.14)	0.27	0.27	0.26	0.30	0.31	0.32	0.32	0.32	0.32	0.29	0.18	0.51	0.35	0.47	0.23	0.15	0.56	0.12	2.86
Planned Care	4.53	4.34	3.94	3.31	(1.22)	0.09	0.10	0.21	0.47	0.25	0.24	0.23	0.19	0.18	0.09	0.09	0.21	0.46	0.28	0.38	0.55	0.34	0.38	2.78
Networked Care	3.70	2.25	2.09	1.75	(1.95)	0.08	0.08	0.08	0.26	0.08	0.14	0.14	0.14	0.14	0.08	0.12	0.08	0.28	0.08	0.11	0.16	0.09	0.06	1.07
CEO	0.09	0.06	0.05	0.05	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	- 0.01	0.01	0.00	0.00	0.01	-	-	0.01	0.02
COO	0.01	0.01	0.01	0.01	0.00	-	-	-	-	-	0.00	0.00	0.00	0.00	-	-	-	-	-	-	-	-	-	-
CMO	0.08	0.44	0.44	0.31	0.23	0.04	0.04	0.04	0.04	0.04	0.04	0.02	0.02	0.02	-	-	-	-	0.03	-	0.14	0.02	0.07	0.26
CNO	0.22	0.42	0.42	0.18	(0.04)	-	-	-	-	-	-	-	-	0.14	-	-	-	-	-	-	-	-	0.14	0.14
Estates and Facilities	1.02	1.52	1.47	1.13	0.11	0.06	0.06	0.07	0.05	0.17	0.09	0.09	0.09	0.09	0.07	0.06	0.09	0.05	0.20	0.18	0.16	0.08	0.04	0.93
IM&T	0.64	1.09	0.91	0.96	0.32	0.02	0.02	0.02	0.02	0.17	0.04	0.04	0.04	0.04	0.05	0.02	0.02	0.01	0.25	0.05	0.15	0.08	0.07	0.70
Finance	0.17	0.27	0.22	0.16	(0.01)	0.02	0.01	0.00	0.00	-	0.01	0.02	0.02	0.02	0.02	0.01	-	-	-	-	-	-	-	0.03
CPO	0.17	0.22	0.20	0.20	0.03	0.00	0.00	0.00	0.01	0.01	0.03	0.03	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.02	0.14	0.03	0.04	0.25
Strategy & Transformation	0.07	0.31	0.31	0.24	0.17	0.01	0.01	0.01	0.01	0.01	0.02	0.02	0.02	0.02	0.01	0.01	0.01	0.01	0.00	0.01	0.08	0.01	0.01	0.16
R&D	0.06	0.29	0.24	0.24	0.18	0.06	-	-	-	0.13	-	-	-	-	0.06	-	-	-	0.13	-	-	-	-	0.19
Trustwide	0.10	4.28	4.37	2.44	2.34	0.02	0.02	0.15	0.14	0.25	0.26	0.25	0.25	0.25	0.19	0.17	0.16	0.03	0.24	0.05	0.12	0.31	0.06	1.31
Travel and Transport	-	0.42	0.34	0.11	0.11	-	-	-	-	0.01	0.01	0.01	0.01	0.01	-	-	-	-	-	0.03	-	-	-	0.03
Other procurement				0.04							-	-	-		0.01	0.02	0.08	0.03	0.03	0.08	0.08	0.10	0.15	0.57
Total	15.00	21.29	20.05	15.13	0.09	0.67	0.62	0.86	1.30	1.44	1.21	1.17	1.13	1.27	0.88	0.68	1.16	1.23	1.70	1.16	1.75	1.61	1.14	11.30

Efficiency saving by Care Group - £m

Area	Risk adjusted	YTD_M09 delivered	M10 forecast £m	M11 forecast £m	M12 forecast £m	Total forecast £m
Urgent Care	4.00	2.86	0.27	0.27	0.26	0.79
Planned Care	3.31	2.78	0.01	0.05	- 0.31	- 0.24
Networked Care	1.75	1.07	0.13	0.13	0.16	0.43
CEO	0.05	0.02	0.01	0.01	0.01	0.03
COO	0.01	-	-	-	0.01	0.01
CMO	0.31	0.26	0.02	0.02	0.01	0.05
CNO	0.18	0.14	0.01	0.01	0.02	0.04
Estates and Facilities	1.13	0.93	0.08	0.08	0.03	0.19
IM&T	0.96	0.70	0.02	- 0.09	0.02	- 0.05
Finance	0.16	0.03	0.02	0.02	0.07	0.10
CPO	0.20	0.25	0.02	0.02	- 0.09	- 0.05
Strategy & Transformation	0.24	0.16	0.03	0.03	- 0.01	0.05
R&D	0.24	0.19	-	-	0.05	0.05
Trustwide	2.44	1.31	0.28	0.28	0.33	0.89
Travel and Transport	0.11	0.03	0.03	0.03	0.03	0.08
Other procurement	0.04	0.57	0.44	0.44	0.44	1.33
Total	15.13	11.30	1.37	1.30	1.03	3.70



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

How are we performing:
The plan is to deliver £15m of cash releasing efficiency savings in 2023/24, of which £21.29m is so far identified for the full year and £20.05m of in year effect. We have risk assessed this at £15.13m, £11.30m has been delivered in YTD M09, compared to straight line phased plan of £11.25m..

Actions: .
- Scheme leads continue to work on additional programmes to improve the In year and risk assessed values
- The focus has shifted to identifying recurrent schemes to deliver impact in 2024/25
- While we have identified the financial level of savings required to meet the assumptions of our 2023/24 plan, these to date have been largely opportunistic/one off savings achieved by mechanisms such as holding or delaying filling vacancies. We are working with budget holders to explore how these savings can be sustained into the following financial year and beyond through permanent workforce/transformation redesign

Risks:
- Given the level of overspend at month 9 YTD, there is a requirement to recover the 2023/24 financial position to achieve the £10.05m deficit plan
- Developing recurrent savings to underpin 2024/25 budgets is an area of focused

Watch Metrics

Summary of alerting watch metrics

Royal Berkshire NHS Foundation Trust

Introduction:

Across our five strategic objectives we have identified 127 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 2023:

In the last month 20 of the 127 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, 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 there are 2 new alerting metrics:
- Abuse/V&A (Patient to Staff)
- Conflict Resolution

Provide the highest quality of care for all

- VTE inpatient compliance
- Never Events
- Ecoli
- Mixed sex accommodation breaches
- FFT Response – OPA
- Abuse/V&A (Patient to Staff)
- Conflict Resolution
- FFT Response – Maternity

Invest in our staff and live out or values

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

Deliver in Partnership

- 12 hrs from arrival in ED
- 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
- Cancer 2 week wait: cancer suspected
- Cancer Incomplete 104 day waits

Cultivate innovation and improvement

- % OP treated virtually

Achieve long term sustainability

- Pay Cost vs Budget
- Non Achievement of Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice

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

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Never Events			0		1	1	1	1
Patient Safety incidents/100 admissions		F	7.00%		10.06%	10.82%	11.59%	10.99%
Pressure ulcer incidence per 1000 bed days	L	P	1.00		0.09	0.00	0.10	0.09
Category 2 avoidable pressure ulcers			5		4	13	2	2
Category 3 or 4 avoidable pressure ulcers (SI)			0		0	0	0	0
Patient Falls per 1 000 bed days			5.00		4.01	4.91	3.04	4.36
Patient falls resulting in harm (SI) avoidable			-		0	1	0	1
No. of DOLS applications applied for			-		16	35	24	21
No. of detentions under the MH act to RBH			-		5	2	2	6
% of staff: Safeguarding children L1 training	H	P	90.00%		94.40%	95.10%	95.20%	94.70%
No. of child safeguarding concerns by the Trust			-		116	100	121	119
No. of adult safeguarding concerns by the Trust			-		29	33	30	24
No. of safeguarding concerns against the Trust			-		0	2	3	7
Unborn babies on child protection (CP) / child in need plans (CIP)	H		-		44	54	41	34
C.Diff (Cumulative)		P	44		24	28	31	33
C.Diff lapses in care			-		0	1	1	1
MRSA	L		0		0	0	0	0
Ecoli (trust acquired) infections			-		6	11	12	12
Ecoli (trust acquired) infections (Cumulative)	H		92		80	91	99	85
MSSA surveillance (trust acquired)			-		5	4	3	2
Hand Hygiene			-		97.67%	97.02%	96.39%	
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance		F	95.00%		81.00%	Arrears	Arrears	
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions		F	0		1	Arrears	Arrears	

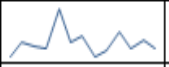
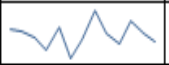
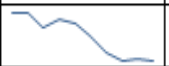
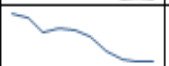
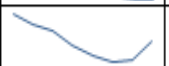
Strategic Objective: **Provide the highest quality care for all**

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
No. of compliments			-		35	50	36	23
FFT Satisfaction Rates Inpatients: i.Inpatients	H	?	99%		98%	96%	96%	99%
FFT Satisfaction Rates Inpatients: ii.ED		?	99%		81%	79%	81%	80%
FFT Satisfaction Rates Inpatients: iii.OPA	L	F	99%		95%	95%	95%	95%
Mixed sex accommodation - breaches	H	?	0		366	363	256	410
Crude mortality	L		-		1.40	1.50	1.60	2.20
HSMR	L		-		Arrears	Arrears	Arrears	87.0
SMR	L		-		Arrears	Arrears	Arrears	87.7
SHMI	L		-		Arrears	Arrears	Arrears	0.97
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes		?	97%		93%	94%	Arrears	92%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes		?	86%		57%	73%	Arrears	64%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes		?	82%		71%	87%	Arrears	73%

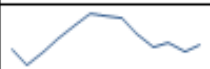
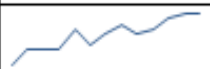
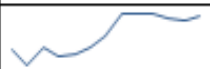
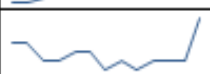
Strategic Objective: **Provide the highest quality care for all**

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
RIDDOR reportable Incidents			-		0	1	0	0
Abuse/V&A (Patient to staff)			-		43	66	61	59
Body fluid exposure/needle stick injury			-		15	28	20	14
Environment Related Incidents			-		12	25	24	15
Manual Handling non patient every 3 years	H	?	90%		92%	93%	95%	91%
Conflict Resolution	H	F	90%		88%	87%	88%	87%
Fire (Annual)	H	F	90%		91%	92%	92%	88%
Nursing and AHP Manual handling training every 3 years		?	90%		89%	89%	90%	85%
Doctors manual handling training every 3 years	H	F	90%		92%	93%	95%	55%
Health and Safety Training	H		-		95%	95%	95%	92%
Slips and Trips			-		1	1	6	3
Musculoskeletal - Inanimate object	L		-		3	2	2	2
Total non clinical incidents reported	H		-		285	222	284	266

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

Maternity Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
FFT Satisfaction Maternity		?	99.0%		86.5%	87.2%	95.0%	99.0%
FFT Response Maternity		F	50.0%		4.0%	6.0%	4.0%	6.2%
Complaints - % response in 25 days		?	78.0%		25.0%		33.0%	100.0%
Number of Serious Incidents in the Maternity Service		?	1		0	2	1	0
% bookings with ethnicity documented / recorded			-		86.1%	91.7%	100.0%	99.2%
% women with a documented CO result at booking	H	?	95.0%		91.2%	90.0%	89.2%	81.7%
% women with a documented CO result at 34-36 weeks		?	95.0%		87.2%	92.0%	91.0%	96.9%
% of pre-term (less than 34+0),singleton, live births receiving a full course of antenatal corticosteroids, within seven days of birth		?	80.0%		100.0%	33.0%	0.0%	16.6%
Post Partum haemorrhage>1500mls		?	3.5%		2.6%	3.3%	3.3%	3.0%
Percentage of term babies admitted to Neonatal Unit			5.0%		4.0%	5.2%	Arrears	5.2%
Percentage of Perinatal Deaths		?	0.5%		0.2%	0.4%	0.4%	0.4%
Number of occasions MLU service suspended for 4 hours or more			-		28	21	13	25
Midwifery staffing vacancy rate	L		-		10.1%	8.5%	7.5%	14.4%
Midwifery staffing turnover	L	?	14.0%		8.1%	8.9%	8.1%	14.1%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring		?	90.0%		95.9%	91.2%	93.2%	95.1%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring		?	90.0%		81.4%	89.5%	93.5%	98.1%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT		?	90.0%		85.7%	73.7%	81.8%	94.5%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT	L	P	90.0%		94.2%	90.9%	91.1%	97.9%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT	H	F	90.0%		92.6%	85.7%	86.8%	92.7%

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

Watch metrics:

SRO: Don Fairley

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Ethnicity Progression Disparity ratio between middle and upper pay bands		F	1.66		1.95	1.98	1.99	
Stability rates %	H		-		84.4%	84.1%	99.0%	81.8%
Rolling 12 month Sickness absence	L	F	3.3%		3.5%	3.5%	Arrears	4.3%
% Fill rate of Registered Nurse Shifts (RN)		P	90.0%		98.0%	100.1%	99.2%	96.9%
% Fill rate of Care Support Worker Shifts (CSW)	H	?	90.0%		102.3%	115.2%	111.8%	95.7%
Completed Mandatory Training	H	?	90.0%		92.3%	91.4%	92.8%	89.0%
Appraisals	H	F	90.0%		81.7%	83.5%	87.5%	78.4%
Nurse Staffing Red Flags			-		64	55	43	59

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

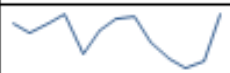
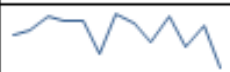
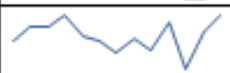
Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
12 hours from arrival in ED (%)	H	?	2%		5%	5%	6%	4%
12hr DTA (Trolley Waits)			-		0	0	0	0
Percent of Ambulatory Care of Non elective Admissions	L		-		1.0%	0.5%	0.5%	2.3%
Average non-elective length of stay - excluding 0 day LOS (Length of Stay)			-		6.7	6.5	6.0	6.6
Urgent Operations Cancelled 2nd time			-		0	0	0	0
Fractured Neck of Femur: Surg in 36 hours		?	75.0%		62.0%	Arrears	Arrears	40.4%
Seen by Stroke Consultant within 14 hours		F	95.0%		52.0%	52.0%	54.0%	65.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	L	?	90.0%		67.0%	61.0%	53.0%	63.0%
Proportion of stroke patients scanned within 12 hours of hospital arrival		P	90.0%		100.0%	100.0%	100.0%	96.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)		?	80.0%		92.0%	85.0%	80.0%	87.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)	L	F	90.0%		17.0%	19.0%	14.0%	30.0%
Average Length of Stay (LOS) from admission to discharge (days)		?	14		17	8	16	14
Door to needle time <60mins		?	95.0%		83.0%	92.0%	100.0%	100.0%
No. of weekend discharges		?	783		546	516	680	545
Rate of Emergency readmissions within 30 days of discharge	L		-		Arears	Arears	Arrears	16.1
Rate of Emergency readmissions within 30 days of discharge - Paediatrics (<16ys)	H		-		Arears	Arears	Arrears	9.8
Rate of Emergency readmissions within 30 days of discharge - Adults (16yrs+)	L		-		Arears	Arears	Arrears	17.4

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Cancer 2 week wait: cancer suspected	L	?	93.0%		61.3%	60.8%	66.3%	92.4%
Cancer 2 week wait: breast patients		?	93.0%		98.0%	98.3%	96.6%	100.0%
Cancer 31 day wait: to first treatment		?	96.0%		90.2%	91.5%	98.8%	97.1%
Cancer 31 day wait: drug treatments	L	?	98.0%		100.0%	98.0%	95.5%	100.0%
Cancer 31 day wait: surgery	L	?	94.0%		81.0%	90.2%	71.8%	85.7%
Cancer 31 day wait: radiotherapy		?	94.0%		95.5%	94.7%	96.3%	87.1%
62 day consultant upgrade: all cancers			-		74.1%	73.8%	79.7%	77.3%
62 Day screen Ref		?	80.0%		54.5%	79.5%	91.7%	73.3%
Incomplete 104 day waits	H	F	0		118	91	120	93

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Cancelled Ops not re-scheduled < 28 days (%)		P	5%		0%	0%	0%	0%
% OP appointments done virtually	L		-		22.1%	21.6%	21.1%	21.9%
New to follow up ratio	H		-		1.9	1.9	2.1	1.9
Number of OPPROC			-		9410	9721	7325	7454
Number of MDT OP			-		719	717	529	
Clinic room utilisation (esp utilisation at non RBH sites)			-		35%	36%	29%	
Number of PIs	↑		-		89	96	100	50
Number of active research trials	↑		-		104	111	118	98
Number of projects supported by HIP	↑		-		54	54	54	50

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

Watch metrics

SRO: Nicky Lloyd

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Trending	Oct-23	Nov-23	Dec-23	Dec-22
Pay cost vs Budget (£m)			-		-0.39	-1.77	-1.11	-0.53
Non pay cost vs Budget (£m)			-		-1.31	-1.20	-1.58	-1.82
Income vs Plan (£m)			-		1.48	4.54	2.74	0.49
Daycase actual vs Plan (£m)			-		-0.13	0.18	-0.23	-0.16
Elective actual vs Plan (£m)			-		-0.21	0.16	0.06	0.01
Outpatients actual vs Plan (£m)			-		0.25	0.60	-0.51	-0.23
Non-elective actual vs plan (£m)			-		-0.52	-0.26	0.48	1.04
A&E actual vs plan (£m)			-		0.14	0.21	-0.12	0.84
Drugs & devices actual vs plan (£m)			-		0.12	0.27	0.07	0.51
Other patient income (£m)	H		-		0.14	0.25	0.12	-0.15
Delivery of capital programme (£m)	L		-		2.25	2.29	1.22	1.32
Cash position (£m)			-		33.58	32.29	37.89	43.81
Agency spend % of total staff cost (%)	L		-		2.2%	2.2%	2.2%	4.0%
Creditors (£m)			-		-72.60	-72.83	-75.15	-74.48
Debtors (£m)			-		24.09	26.64	24.15	16.22
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD		F	95.00%		57.45%	58.40%	58.30%	
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month	H	F	95.00%		65.72%	66.45%	56.80%	

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