Integrated Performance Report

October 2023

Improving together to deliver outstanding care for our community

Improving Together

October 2023 performance summary

The data in this report relates to the period up to 31st October during which the Trust experienced significant pressures across non-elective care and industrial action.

For 3 days in October, the Trust was affected by consultant industrial action (IA), including 3 days of joint action, resulting in the cancellation of almost 800 outpatient appointments and almost 100 inpatient and daycase procedures. With the total number of days of industrial action now at 40 since December 2022, this has continued to impact operational performance.

Despite these pressures, the Trust currently continues to perform well on the **elective care standards**. 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. Performance against **the diagnostic** waiting standard has improved following targeted action by radiology. **Cancer performance** standards continue to fall below national standards.

The Trust's **vacancy rate** (page 17) and, the **rate of turnover** (page 8) have both continued to improve, reflecting the increased focus on this area from across the organisation.

Financial performance at Month 7 is £3.62m behind plan driven by continued spend on workforce including industrial action, inflation affecting the cost of supplies, and the timing of delivery of efficiency savings. Following the confirmation of additional funding from NHSE to support providers with the costs of industrial action, and assurances by ICB partners relating to removal of the risk of any income claw back, the Board has confirmed that it remains on track to deliver its financial plan for the year.

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	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	
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	
	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	
Achieve long-term sustainability	14	**Live within our means:** Trust income and expenditure	
	15	**Reduce impact on the environment:** CO_2 emissions	
Breakthrough priorities	17	**Recruit to establishment** (Vacancy %)	
	18	**Improve flow:** Average LOS for non-elective patients (inc. zero length of stay)	
	19	**Support patients with cancer** Reduce 62 days cancer waits incomplete	
	20	Delivery of £15m efficiency target	
Watch metrics	22-31		N/A

Our Strategy: Improving Together

NHS 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
- Average LOS for non-elective patients (inc. zero length of stay)
- Reduce 62-day cancer waits
- Delivery of £15m efficiency target

Watch metrics

- Metrics across all Strategic Objectives

Strategic Metrics

Guide to statistical process control (SPC)

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.

Assurance: P — Consistently hit target; ? — Hit and miss target subject to random variation; F — Consistently fail target

Consistently meets target

Hit and miss at random

Consistently misses target

Variation: Special Cause Concerning variation; Special Cause Improving variation; Special Cause neither improve or concern variation; Common Cause

special cause: run below average

special cause: rising

common cause variation

special cause: single point

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	(◠◡)

NHS Royal Berkshire NHS Foundation Trust

Number of complaints - Trustwide starting 01/12/20

Legend: Mean — Number of complaints — Process limits - 3σ — Special cause - concern ● — Special cause - improvement ● — Target — special cause neither ●

	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Number of complaints received	25	34	45	29	32	39
Complaints turnaround time within 25 days (%)	75%	77%	61%	70%	65%	50%
No. of Vulnerable persons complaints	1	1	0	2	3	3

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.
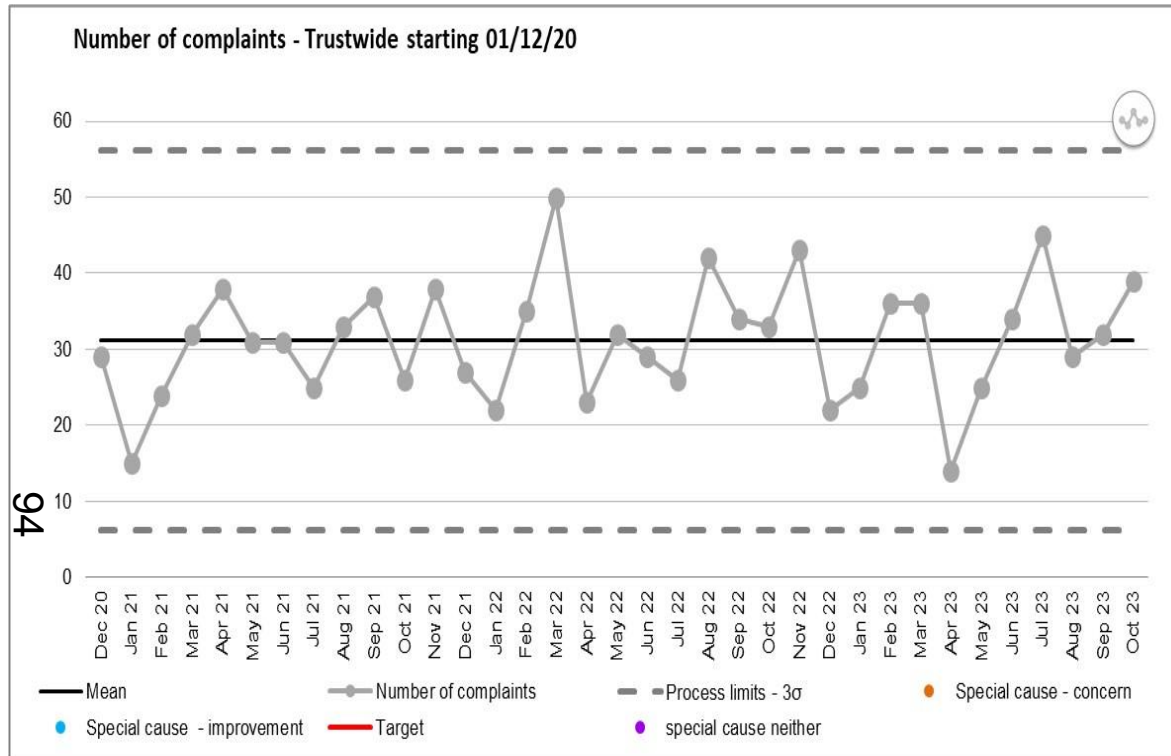
How are we performing:
The Trust received 39 formal complaints this month with the top two themes being clinical treatment and communication.
Hotspots:
Complaints – Maternity 7
Patient Advice and Liaison Service (PALS) – Trauma & Orthopaedics (20), Emergency Department (16)
Overdue Complaint Responses / Reopened Complaints:
12 overdue complaints for Urgent Care and 16 reopened complaints outstanding
2 overdue complaints for Networked Care and 7 reopened complaints outstanding
7 overdue complaints for Planned Care and 4 reopened complaints outstanding
Complaint Action Tracker:
Currently we have 238 open actions on the tracker with 50% 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
- Triangulation meetings continue with Patient Safety to identify Trust wide themes
- Current deep dive check is planned autumn 23 **(Q3 23/24)**
- Deep dive into theme of 'communication' to identify areas for improvement **(Q3 23/24)**
- Implementation of improvement plans from process mapping to streamline both PALs and complaint process (**Q3 23/24)**
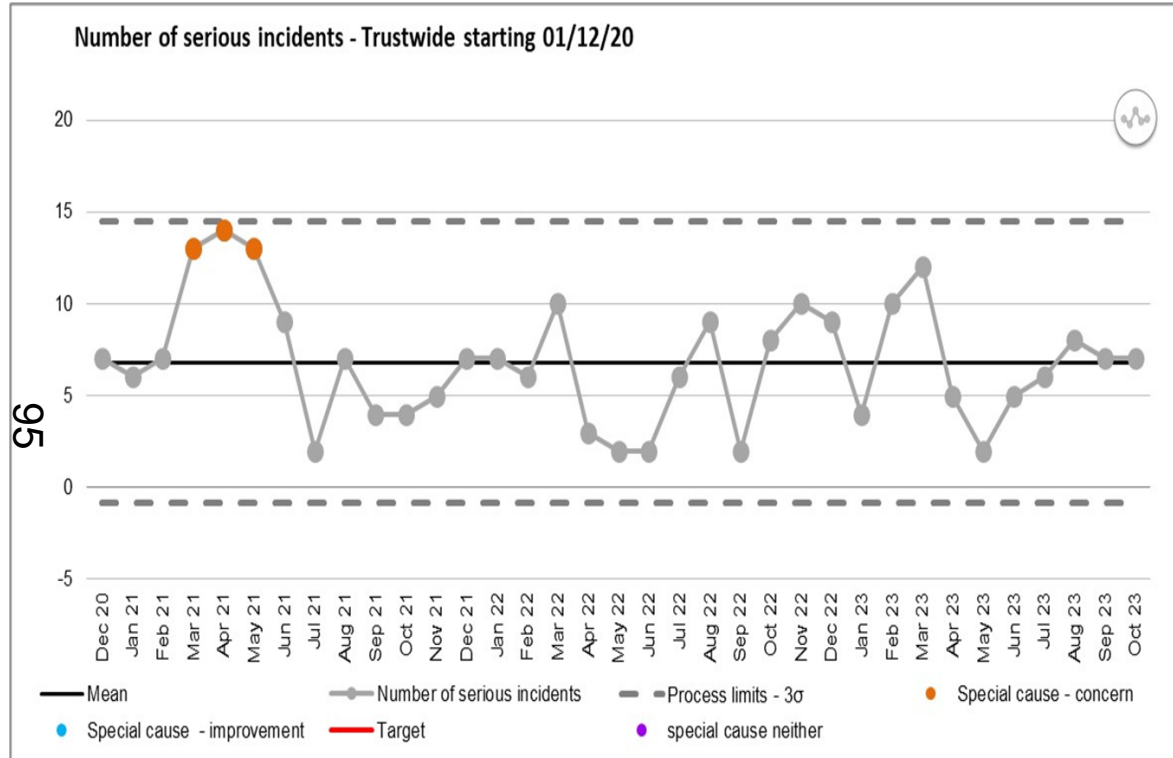- KPMG internal audit **Q3 23/24)**

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)

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	⌁

NHS Royal Berkshire NHS Foundation Trust

Number of serious incidents - Trustwide starting 01/12/20

Legend: — Mean   —●— Number of serious incidents   - - Process limits - 3σ   ● Special cause - concern   ● Special cause - improvement   — Target   ● special cause neither

	May-23	**Jun-23**	**Jul-23**	**Aug-23**	**Sept-23**	**Oct-23**
Number of serious incidents reported	2	5	6	8	7	7
Serious Incidents related to vulnerable persons	0	0	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:
- 7 Serious incidents (SI's) were reported in October 2023, 3 in Networked Care and 2 in Urgent Care which includes 1 Maternity incident. Of the 2 SI's reported in Planned Care, 1 was a Never Event
- Treatment delay was the highest reported incident in 2022/23 and as anticipated this trend is continuing as the post-covid recovery and industrial action endures, with 3 out of the 7 SI's in October falling into this category. A further trend is the increase in reported incidents involving hypoglycaemic episodes, for which a responsive action plan is in progress
- Duty of Candour was met in all cases and learning shared
- Key learning themes from October SI's include review and update of surgical site re-marking process, raised awareness of hypoglycaemia policy and assurance of cancer harm processes

Actions:
- Transition from SI Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation continues with a target transition by **1st April 2024**
- A series of PSIRF Seminars were successfully undertaken during October, over 200 staff attended and interactive sessions to consult on patient safety focus priorities gained almost 2000 connections
- On **1st November 2023** the Learning from Patient Safety Events (LFPSE) new national system successfully went live. There has been no decrease in reporting across the Trust since launch

Risks:
- Patient Safety Team resource constraints – additional heavy workload created by PSIRF implementation
- Recurring risk of spike in Patient harm due to treatment delay from Ophthalmology due to temporary closure of Prince Charles Eye Unit
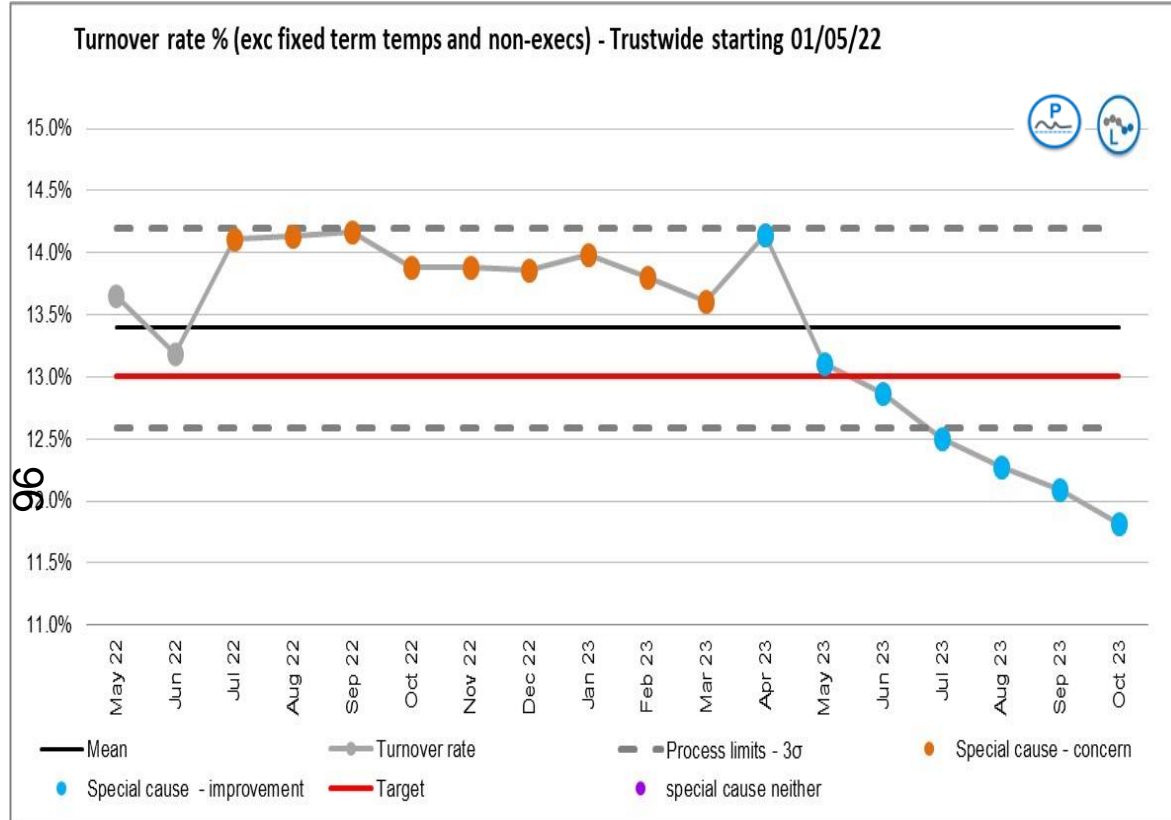
Strategic objective: Invest in our people and live out our values

Strategic metric: Improve retention

Board Committee:
People Committee

SRO: Don Fairley

Assurance	Variation
(P)	(L)

NHS Royal Berkshire NHS Foundation Trust

Turnover rate % (exc fixed term temps and non-execs) - Trustwide starting 01/05/22

Legend:
— Mean
— Turnover rate
— — Process limits - 3σ
● Special cause - concern
● Special cause - improvement
— Target
● special cause neither

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 six months to 11.82% (excluding fixed term/temp) from 12.09% in September 23.
Nursing turnover peaked at 13% but has reduced further to 8.1% in part due to the focused work on leavers in the first 0-24 months.
Awaiting data analysis from exit interviews and 0-12 months new starter questionnaires to derive actionable themes.

Actions:
- Retention plans developed in hotspot areas
- Stay survey now in use to gain intelligence and help improve staff experience
- Evaluation underway of data from Leavers' questionnaire and Exit Interviews
- Career pathways development continues to provide new developmental training opportunities with the Trust

Risks:
- Lack of financial influence on retention
- Environmental factors a constant challenge i.e. cost of living
- Access to survey for clinical teams

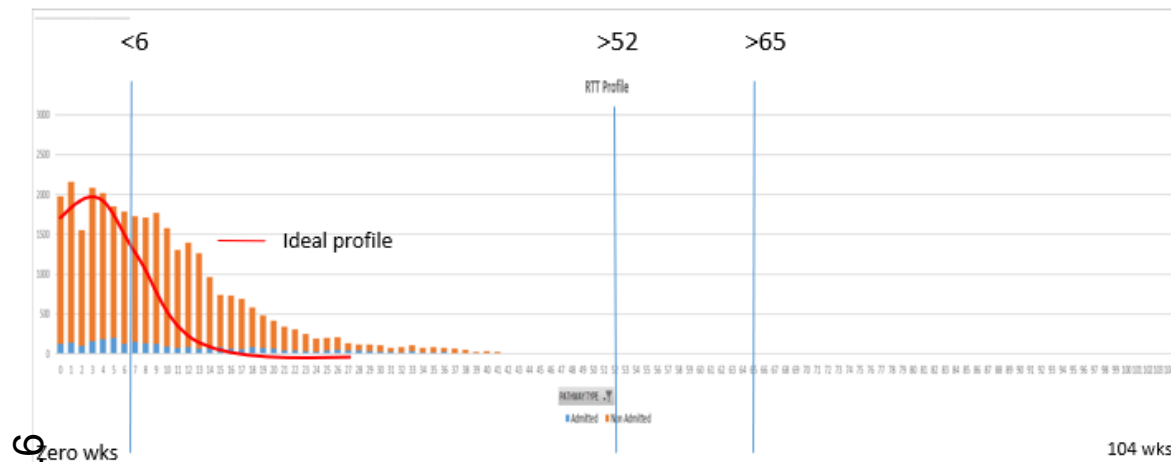|	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sept-23**	**Oct-23**
Staff turnover rate	13.11%	12.87%	12.50%	12.28%	12.09%	11.82%

Strategic objective: **Deliver in partnership**
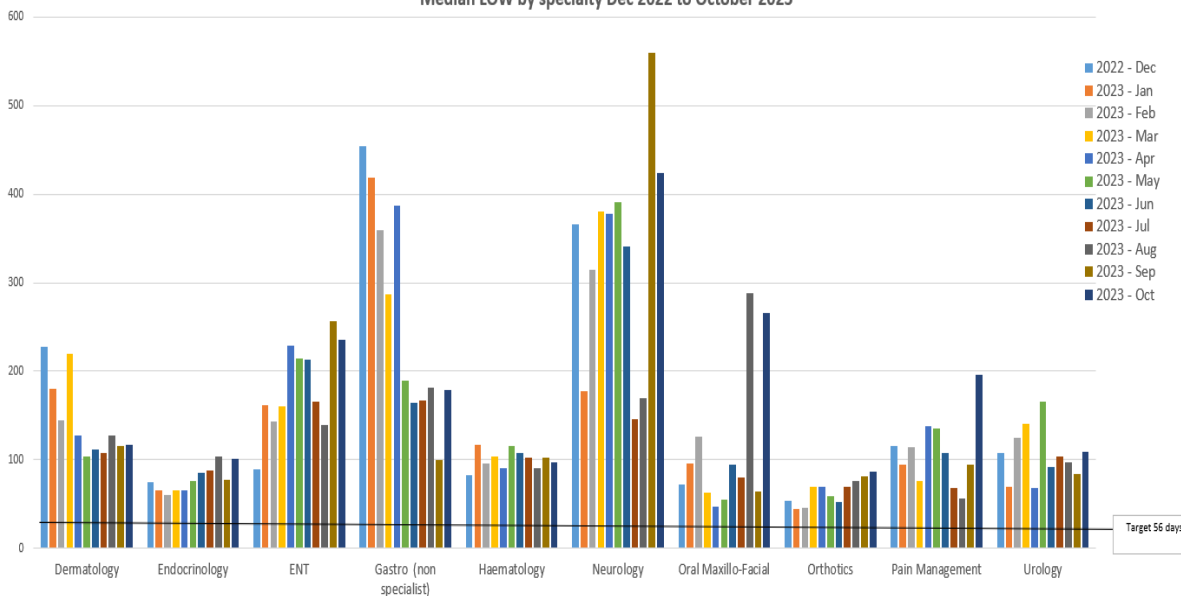
Strategic metric: Reduce Elective long waiters

Board Committee:
Quality Committee

SRO: Dom Hardy

Assurance	Variation
(P)	N/A

NHS Royal Berkshire NHS Foundation Trust

Median LOW by specialty Dec 2022 to October 2023

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 (<30)
- 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 and the PTL size is beginning to increase
- Without intervention we expect to see the numbers >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 team to understand capacity position, identify where alternative delivery methods can add value and where appropriate convert follow-up slots to first slots
- Deployment of fully integrated e-Triage and referral management solution has been delayed. We require NHSE sign off across multiple parts of the technology solution, the last sign off is expected **Nov 23**. Go live now expected to be **Dec 23**

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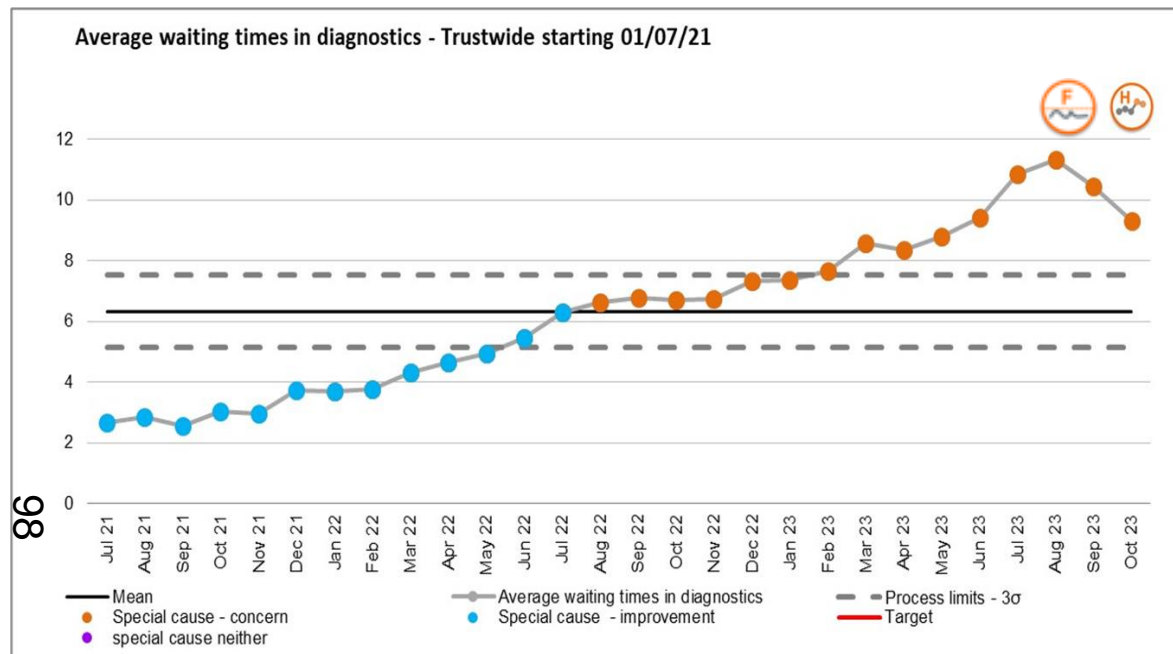- Repeated industrial action is significantly impacting the elective programme – continuing loss of activity resulting in longer waits for routine OP appointments and an increase in 52 week waits
- Sustained increased demand across the cancer pathway (Urology, Dermatology and Gastro) displacing routine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

Board Committee:
Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

NHS **Royal Berkshire**
NHS Foundation Trust

Average waiting times in diagnostics - Trustwide starting 01/07/21

Mean — Average waiting times in diagnostics — Process limits - 3σ
Special cause - concern • Special cause - improvement — Target
• special cause neither

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 (74% up from 69%)
- Endoscopy and Echocardiography are driving our longest wait diagnostic pathways, however this has not increased over previous months
- We have seen significant improvement in both CT and MRI waiting lists in the October figures, with MRI now meeting the 99% standard
- The impact of MRI/CT has lowered the overall diagnostic waiting list size considerably, resulting in an increase to Trustwide performance percentage

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, with medium term options being explored i.e., use of theatres and CDC

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

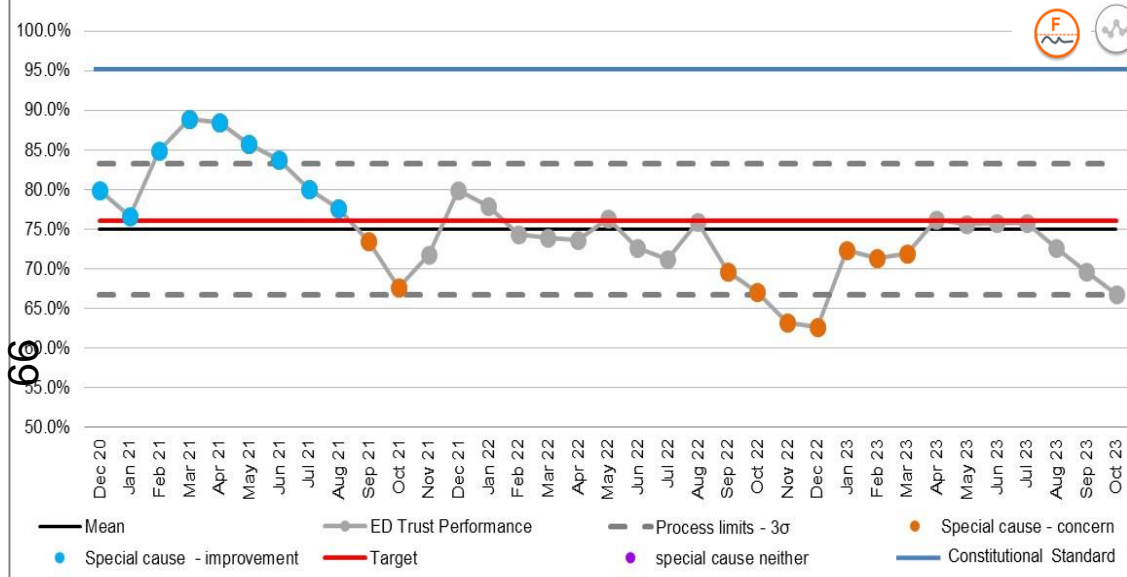|	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Average wait all modalities (wks)	**8.80**	**9.42**	**10.84**	**11.33**	**10.44**	**9.32**
Imaging	3.44	3.20	3.80	3.96	3.18	2.57
Physiological Measurement	8.42	9.02	7.47	7.33	8.04	6.78
Endoscopy	22.83	26.07	27.58	28.15	27.51	27.70
Cancer	3.00	2.59	3.66	2.77	2.29	2.02
Urgent	13.61	14.76	16.83	17.25	15.39	14.80
Routine	8.13	8.63	9.65	10.30	9.83	8.39

Strategic metric: Performance against 4hr A&E target

Board Committee:
Quality Committee

SRO: Dom Hardy

Assurance	Variation
(F)	(~)

NHS Royal Berkshire NHS Foundation Trust

ED Trust Performance against 4 hour target - Trustwide starting 01/12/20

Legend: Mean — ED Trust Performance — Process limits - 3σ — Special cause - concern (orange) — Special cause - improvement (blue) — Target (red) — special cause neither (purple) — Constitutional Standard (blue)

	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
4hour Performance (%)	75.62%	75.76%	75.83%	72.60%	69.66%	66.74%
Total Attendances	15179	15168	14864	13984	14606	15133
Total Breaches	3701	3677	3592	3831	4431	5033
4hour Performance (%) 2022	76.37%	72.66%	71.19%	75.85%	69.64%	67.08%
Total Attendances 2022	14850	14935	14444	13872	14182	15533
Total Breaches 2022	3509	4083	4162	3350	4306	5114

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 October 66.74% of patients were seen within 4 hours. High daily attendances continue with an average of 412 per day and greater than 400 attendances for over half the month
- ED Minors Unit activity remains consistent at 101 patients per day in Oct. The team achieved the quality performance standard for 24/31 days. Plans underway to increase use of EDMU and throughput to alleviate main department challenges
- South Central Ambulance Service (SCAS) >60 & >30min handover performance has significantly dipped this month, once again reflecting flow challenges within the department and onward

Actions:
- Older Peoples' ED continues with good occupancy. Forthcoming key stakeholder meeting to confirm terms of use and optimize throughput of appropriate patients
- Reading Urgent Care Centre appointment booking via EMIS® now live. Difficulties remain regarding patients accepting re-direction. Ops meetings continue to discuss challenges
- ED Triage steering group follow-up meeting to review impact of actions to date & further optimise triage process
- Single Point of Access programme continuing. Initial focus on GP referrals via ED

Risks:
- Significant increase in MH 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
- Capacity challenges in pathology and diagnostics
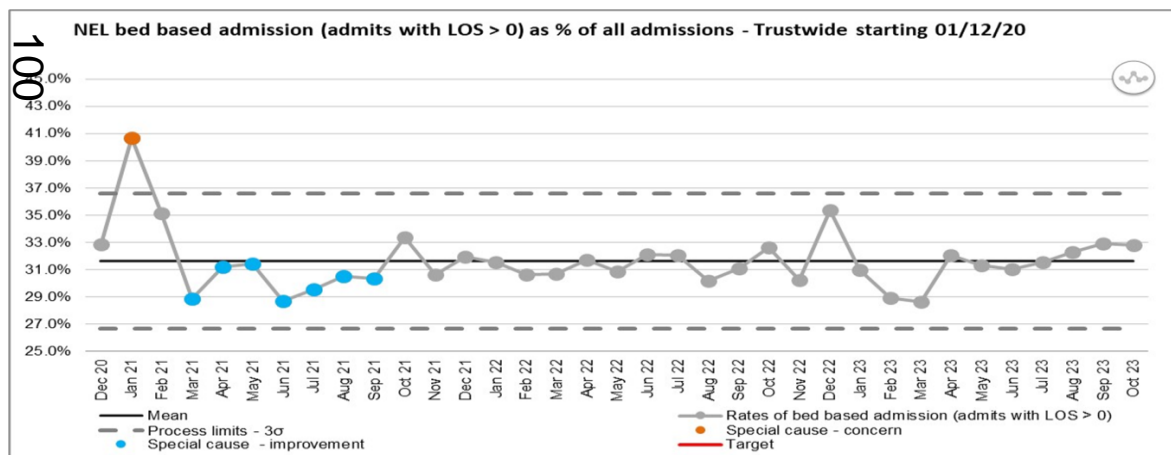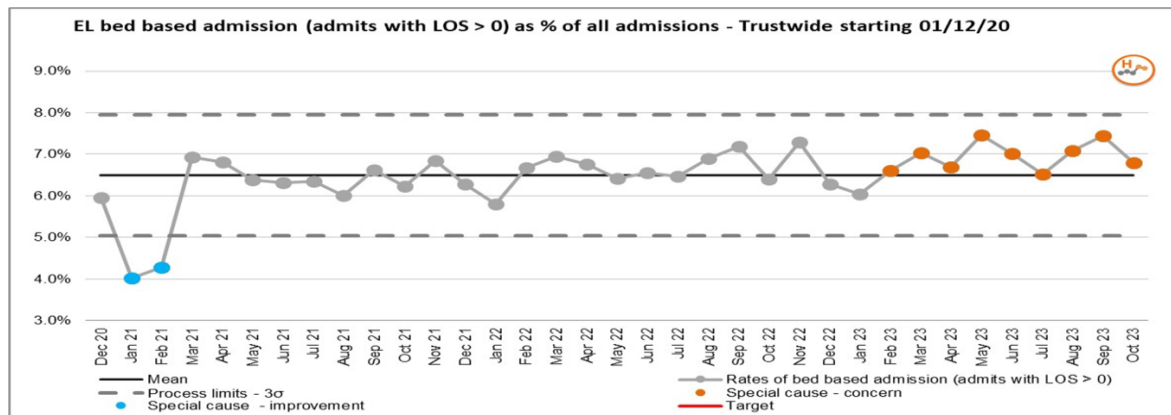- Dependence on specialties to see referred patients in a timely manner

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce inpatient admissions

Board Committee: Quality Committee

SRO: Dom Hardy

EL Variation	NEL Variation
(H)	

NHS Royal Berkshire NHS Foundation Trust

EL bed based admission (admits with LOS > 0) as % of all admissions - Trustwide starting 01/12/20

NEL bed based admission (admits with LOS > 0) as % of all admissions - Trustwide starting 01/12/20

% of admissions with Los>0	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Elective	7.5%	7.0%	6.5%	7.1%	7.4%	6.8%
Non-elective	31.3%	31.0%	31.6%	32.3%	32.9%	32.8%

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
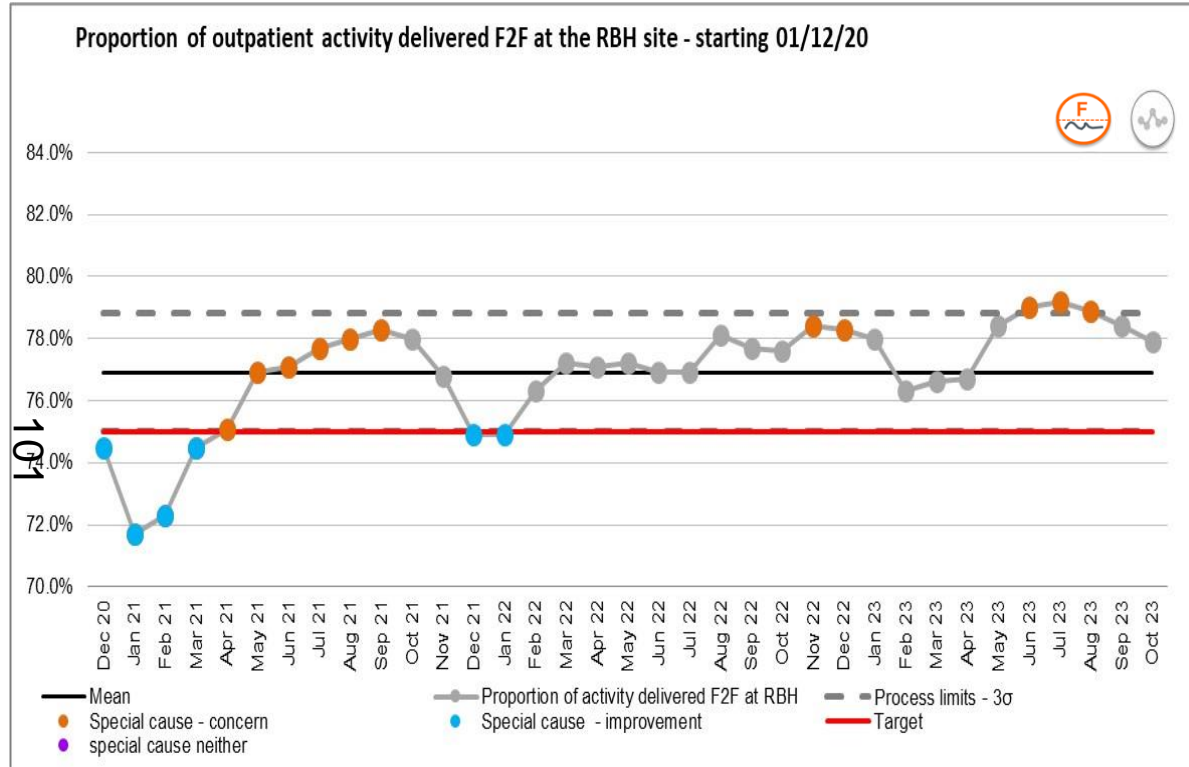
Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	

NHS
Royal Berkshire
NHS Foundation Trust

Proportion of outpatient activity delivered F2F at the RBH site - starting 01/12/20

Legend:
— Mean
● Special cause - concern
● special cause neither
—●— Proportion of activity delivered F2F at RBH
● Special cause - improvement
--- Process limits - 3σ
— Target

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 October 77.9% of all contacts in the Trust were delivered face to face from the RBH site. While this was a small improvement from August performance, we continue to fail to hit the 75% target. In recent 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

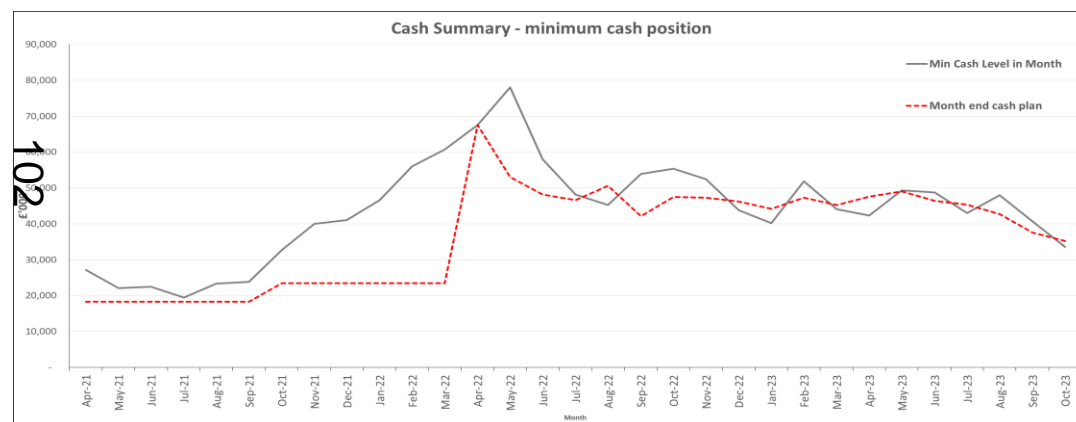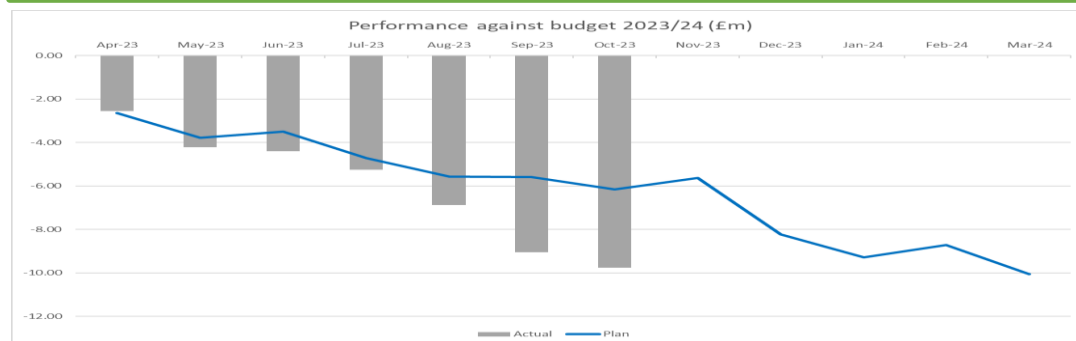|	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sept-23**	**Oct-23**
% of all care provided from RBH site	78.4%	79.0%	79.2%	78.9%	78.4%	77.9%

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

Strategic metric: Trust income & expenditure performance

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
F	⬩⬩⬩

NHS Royal Berkshire NHS Foundation Trust

Performance against budget 2023/24 (£m)

Cash Summary - minimum cash position

	Year to date				Full Year
	Actual	Plan	Variance against plan	RAG	Plan
Income (incl pass through)	£345.99m	£338.30m	£7.69m	🔺	£579.11m
Pay	£207.49m	£201.87m	-£5.62m	🔺	£345.28m
Non Pay (incl pass through)	£144.05m	£137.72m	-£6.34m	🔺	£235.56m
Other	£3.87m	£4.86m	£0.99m	🔻	£8.32m
Surplus/(Deficit)	-£9.78m	-£6.16m	-£3.62m	🔻	-£10.05m
Exclude donated Asset Effect, centrally funded PPE and Impairment	£0.01m	£0.00m	£0.01m	🔻	£0.00m
Adjusted Financial Performance (NHSE Plan)	-£9.77m	-£6.16m	-£3.62m	🔻	-£10.05m

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

How are we performing:
Month 07 YTD, financial performance is a £(9.77)m deficit, £(3.62)m worse than plan.
Income is ahead of plan by £7.69m, the variance is partly driven by over performance in high-cost drugs £3m, in addition £3.61m is connected to an insurance claim for the power outage incident.

The Pay position is £(5.62)m adverse to plan YTD, this includes additional pay costs to cover shifts worked during industrial action of £1.24m YTD that have been incurred from April to October 2023.

Non-Pay costs are over budget YTD by £(6.34)m partly driven by and equal and opposite £3.61m of costs in connection with the incident (matched by income noted above), some specific non pay pressure and slightly delayed delivery of efficiency savings, which we expect to be fully achieved by the end of the year.

Actions:
- Budget holders are continuing to sustain focus on delivery of services within budgeted expenditure
- We are identifying further savings delivery across specific contracts and spend areas
- Workforce controls continue to operate and are enabling further savings delivery
- Having identified the £15m of risk assessed efficiency savings we are now pursuing further savings in excess of this to mitigate YTD over spend in certain areas and further risks of over spend for the balance of the year
- We are starting to identify schemes to form the basis of the 2024/25 efficiency programme and enable a return to financial balance

Risks:
- Higher than budgeted sickness levels
- Inflationary pressure is occurring where the Trust is not in fixed price contract
- Impact of future industrial action, and the costs of reproviding the lost capacity
- 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
- Clarifying the absolute amount of additional income available following the 8th Nov NHSE announcement
- Claw back of income assumed in our 2023/24 plan: our forecast assumes no claw back

Royal Berkshire Foundation Trust Scope 1 & 2 Carbon Emissions
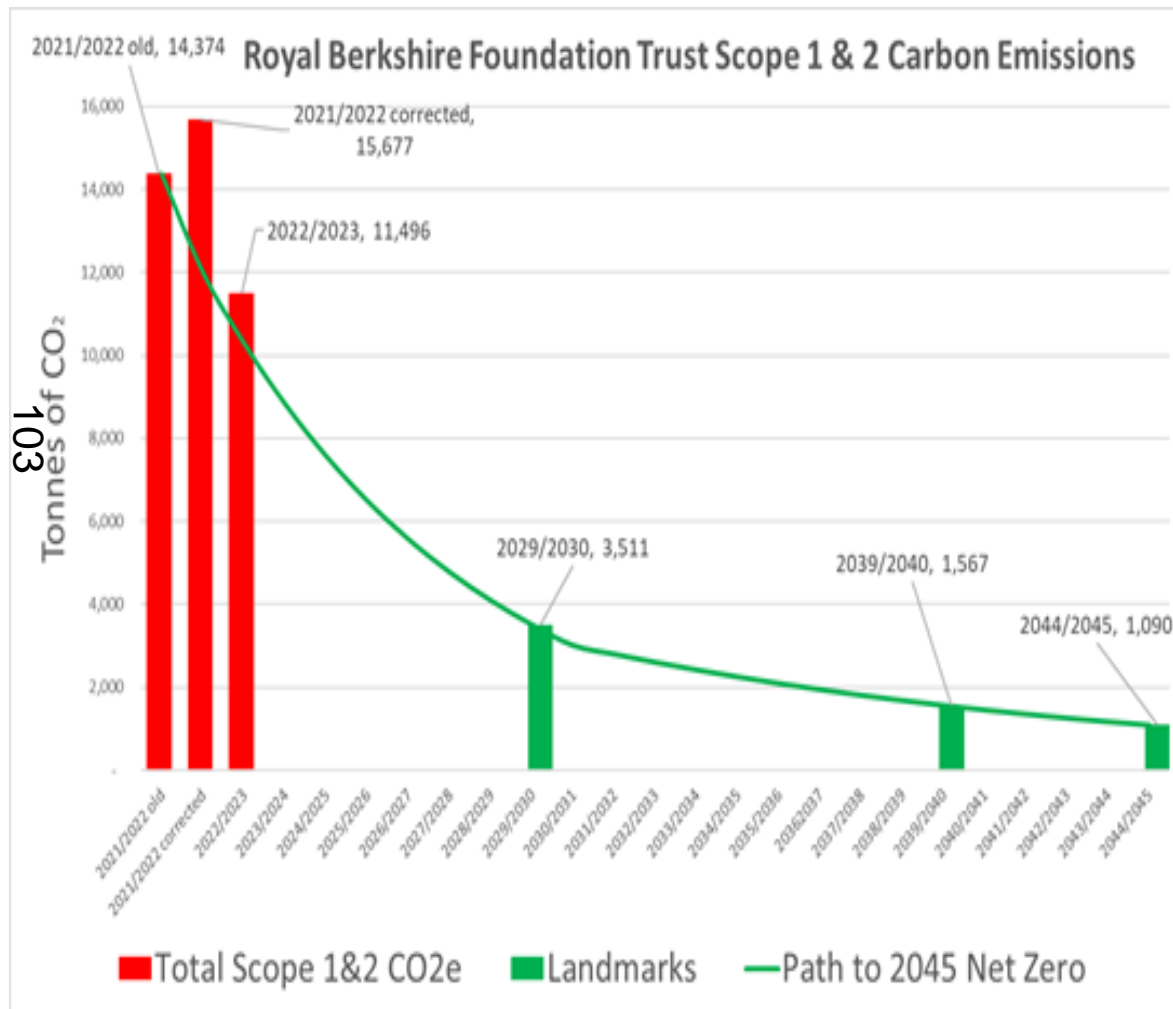
This measures:
Our ambition is to reduce the impact we have on the environment and deliver on our net zero goal for 2040. We have finalised the 2022/23 full year report and are setting up quarterly in year reporting during the year to regularly measure our performance. We are exploring how we benchmark 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.

Both Battle and North Block continue to run on generator power fueled by diesel from the power outage from the 23rd April 23 which will adversely impact on the Trust total Carbon footprint compared to prior years where the majority of power has been generated by the CHP.

Actions:
A review of executive portfolios is currently underway as well as strategic priorities and as such the resources and focus available / required to deliver the required reduction of CO2 emissions

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

Breakthrough Priorities

104

Breakthrough priority metric:
Vacancy rate

Assurance	Variation
(F)	(L)

NHS Royal Berkshire NHS Foundation Trust

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:
- October's vacancy rate is currently sitting at 7.86%, showing a consistent downward trajectory since April 2023. This means we are still on target to achieve our target percentage by the end of this financial year
- 86 vacancies went to advert, a total of 112 candidates were shortlisted for interviews
- 106 offers were made across the Trust through domestic recruitment
- 13 international nurses and 1 midwife arrived. 26 Health Care Assistant candidates accepted job offers

Actions:
- Inclusive recruitment work continues with the Recruitment, EDI and Digital Marketing teams
- Attraction and Retention Incentive Scheme Guidance has been drafted and will be shared with Care group Directors (CGDs)
- 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
- A recruitment tracker in place between Recruitment and Planned Care to understand real time vacancies. Urgent and Networked Care to follow
- Work to monitor SIP/vacancies against NHSP usage to start
- All Band 2 roles to be considered for Apprenticeships PCPs to monitor
- Nurse & Midwife Open Day, Admin interviews through Career Camp and recruitment event at Reading Job Centre Plus targeting candidates who have found it difficult to return employment planned for **Nov 2023**
- A "my experience of working at RBH" flyer with QI code to current vacancies in development to be used at all Meet PEET events
- Work to reduce Time to Hire continues

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

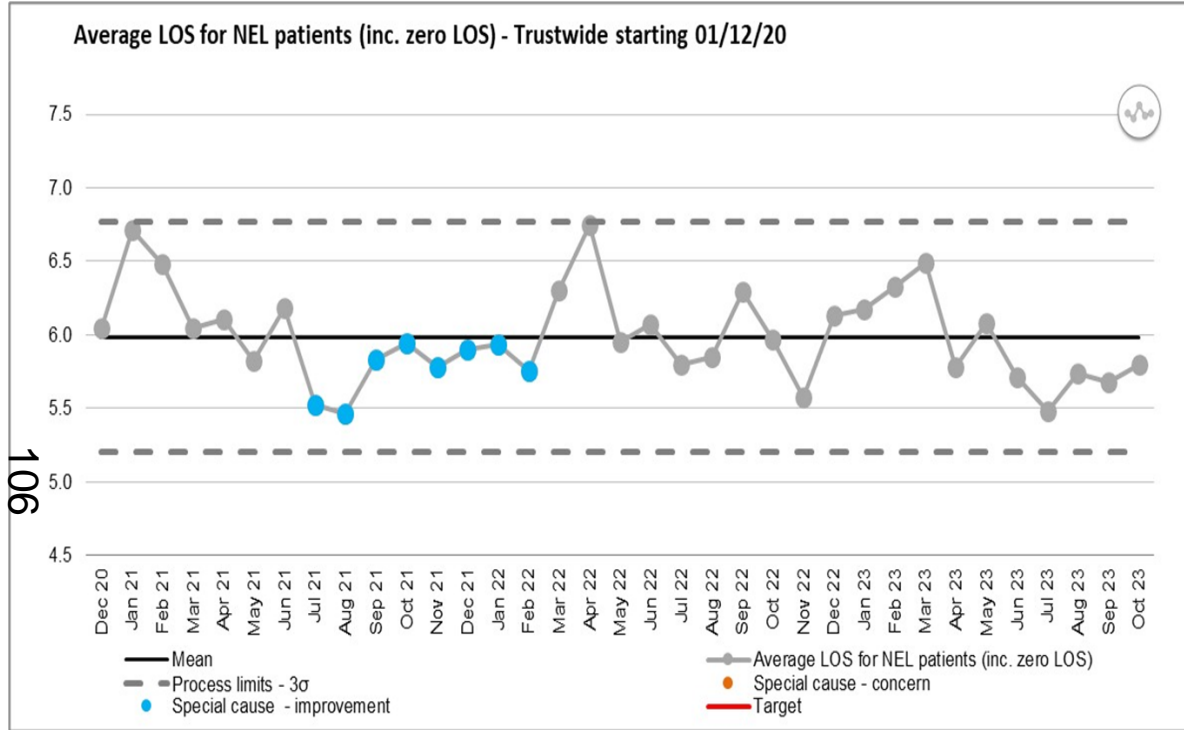|	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sept-23**	**Oct-23**
Trust Performance	10.79%	10.22%	9.38%	8.74%	8.03%	7.86%

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

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	(symbol)

NHS Royal Berkshire NHS Foundation Trust

Average LOS for NEL patients (inc. zero LOS) - Trustwide starting 01/12/20

Legend:
— Mean
- - Process limits - 3σ
● Special cause - improvement
—— Average LOS for NEL patients (inc. zero LOS)
● Special cause - concern
—— Target

	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Ave LOS for NEL patients (inc. zero LOS	6.1	5.7	5.5	5.7	5.7	5.8

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 a reducing LOS for non-elective patients to 5.8 days on average, which is a return to pre-COVID norms
- This is driven in part by a recent increase in the number of patients with a 1-day LOS and a reduction in the proportion of patients staying over 14 days before discharge

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

Assurance	Variation
F	⌇

NHS Royal Berkshire NHS Foundation Trust

Cancer 62 day incomplete - No. on PTL over 62 days- Trustwide starting 01/12/20

Legend: Mean — Proportion of waiting — Process limits - 3σ — Special cause - concern ● — Special cause - improvement ● — Target — special cause neither ●
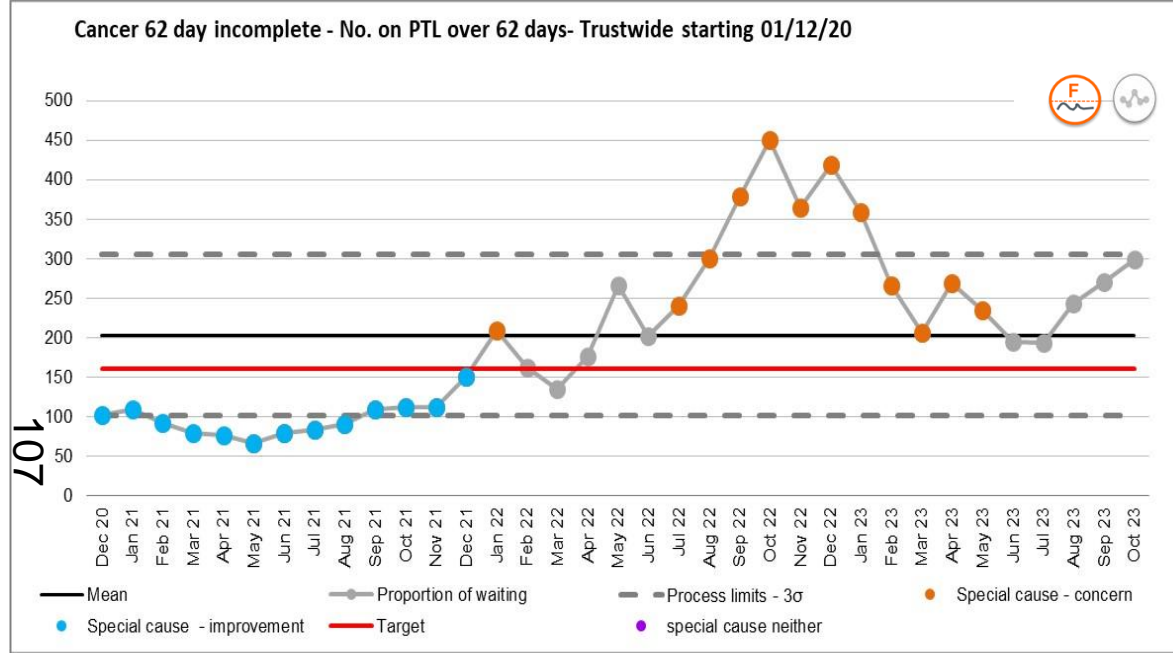
	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Trust Performance	65.00%	70.50%	75.10%	70.70%	62.00%	62.50%
Total Cancer PTL list	2152	2316	2325	2379	2377	2451
No. on PTL > 62 days	235	195	194	244	270	299
Incomplete - % on PTL over 62 days	11.1	8.7	8.3	10.3	11.6	12.2
Cancer 28 day Faster Diagnosis	73.0	77.5	78.1	79.9	75.2	74.8

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 Sept, 62% of patients on a cancer pathway were treated within 62days
- Oct performance is un-validated at 62.5% and the total number of patients on the PTL >62 days shows an increase to 270 predominantly within skin, gynae and gastro
- The metric will change following the Cancer Waiting Times (CWT) updated guidance and will rise by ~90 patients
- Industrial Action (IA) impact in skin particularly will mean failing the 31 day 1st treatment target in Oct with some spillover into Nov
- Skin and gastro are largely driving poor cancer performance across Thames Valley Cancer Alliance (TVCA) in Swindon, Buckinghamshire and Oxford too

Actions:
- Insourcing capacity, now live, to support Gastrointestinal (GI) and urology
- Locum, Specialty registrar (SPR) acting up and specialty doctor recruitment in GI
- New prostate pathway implemented from August to meet 28 day standard and reduce time to MRI and biopsy (impacted by MR failure)
- Head and Neck (H&N) one stop US was agreed at the charity board 7th Sept
- Working across directorates to quantify the cancer capacity gap based on 2ww growth forecasts for the Operational Management Team (OMT) **4th Dec.**
- New fishbone analysis from the Cancer Action Group to be discussed **21st Nov**

Risks:
- Doctors Rate card significantly affecting clinic and list capacity – depending on referrals and department actions, this will likely continue to drive the >62 day upwards
- Funding from TVCA is non-recurrent and will add pressure to budgets next year
- Limited recovery after industrial action within skin and gynaecology particularly
- October changes to Cancer Guidance will increase >62 day waits by ~90 patients

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

Assurance	Variation
F	

NHS 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	M01 actual £m	M02 actual £m	M03 actual £m	M04 actual £m	M05 actual £m	M06 actual £m	M07 actual £m	YTD_M07 delivered
Urgent Care	4.14	4.55	4.23	3.97	(0.17)	0.27	0.27	0.26	0.30	0.31	0.32	0.32	0.29	0.18	0.51	0.35	0.47	0.23	0.15	2.18
Planned Care	4.53	4.34	3.94	3.28	(1.25)	0.09	0.10	0.21	0.47	0.25	0.24	0.23	0.09	0.09	0.21	0.46	0.28	0.38	0.55	2.06
Networked Care	3.70	2.25	2.09	1.73	(1.97)	0.08	0.08	0.08	0.26	0.08	0.14	0.14	0.08	0.12	0.08	0.28	0.08	0.11	0.17	0.93
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	0.01	0.01	0.01	0.00	0.00	0.01	-	0.02
COO	0.01	0.01	0.01	0.01	0.00	-	-	-	-	-	-	0.00	0.00	-	-	-	-	-	-	-
CMO	0.08	0.40	0.40	0.27	0.19	0.03	0.03	0.03	0.03	0.03	0.03	0.02	-	-	-	-	0.03	-	0.14	0.17
CNO	0.22	0.24	0.23	0.15	(0.08)	-	-	-	-	-	-	0.02	0.02	-	-	-	-	-	-	-
Estates and Facilities	1.02	1.37	1.33	0.98	(0.04)	0.05	0.05	0.06	0.04	0.16	0.08	0.07	0.07	0.06	0.09	0.05	0.20	0.18	0.16	0.81
IM&T	0.64	1.09	0.91	1.06	0.42	0.02	0.02	0.02	0.02	0.17	0.04	0.04	0.05	0.02	0.02	0.01	0.25	0.05	0.15	0.55
Finance	0.17	0.27	0.22	0.25	0.08	0.02	0.01	0.00	0.00	-	0.01	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	0.00	0.00	0.00	0.00	0.02	0.14		0.18
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	0.01	0.01	0.01	0.01	0.00	0.01	0.08	0.13
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	4.18	4.27	2.80	2.70	0.02	0.02	0.15	0.14	0.25	0.31	0.30	0.19	0.17	0.16	0.03	0.24	0.05	0.12	0.95
Travel and Transport	-	0.42	0.34	0.11	0.11	-	-	-	-	0.01	0.01	0.01	-	-	-	-	-	0.03	-	0.03
Other procurement														0.01	0.02	0.08	0.03	0.08	0.08	0.32
Total	15.00	20.00	18.77	15.35	0.35	0.66	0.60	0.84	1.28	1.43	1.26	1.22	0.88	0.68	1.16	1.23	1.70	1.16	1.75	8.55

Efficiency saving by Care Group – £m

Area	Risk adjusted	YTD_M07 delivered	M08 forecast £m	M09 forecast £m	M10 forecast £m	M11 forecast £m	M12 forecast £m	Total forecast £m
Urgent Care	3.97	2.18	0.29	0.29	0.30	0.31	0.28	1.47
Planned Care	3.28	2.06	0.06	0.06	0.09	0.10	0.16	0.47
Networked Care	1.73	0.93	0.09	0.10	0.13	0.13	0.21	0.67
CEO	0.05	0.02	0.01	0.01	0.01	0.01	0.03	0.03
COO	0.01	-	-	-	-	-	0.01	0.01
CMO	0.27	0.17	0.02	0.02	0.02	0.03	0.01	0.10
CNO	0.15	-	-	-	-	-	0.15	0.15
Estates and Facilities	0.98	0.81	0.01	0.16	0.04	0.06	- 0.12	0.15
IM&T	1.06	0.55	0.02	0.02	0.02	0.02	0.02	0.10
Finance	0.25	0.03	0.01	0.01	0.01	0.01	0.06	0.12
CPO	0.20	0.18	0.02	0.02	0.02	0.02	- 0.06	0.01
Strategy & Transformation	0.24	0.13	0.02	0.04	0.03	0.03	- 0.01	0.10
R&D	0.24	0.19	-	-	-	-	0.05	0.05
Trustwide	2.80	0.95	0.27	0.32	0.27	0.27	0.58	1.71
Travel and Transport	0.11	0.03	0.00	0.00	0.03	0.03	0.03	0.08
Other procurement	-	0.32	0.20	0.20	0.21	0.23	0.73	1.58
Total	15.35	8.55	1.03	1.26	1.17	1.24	2.11	6.80

RBFT - Efficiency savings 2023/24 - Cumulative forecast (£m)

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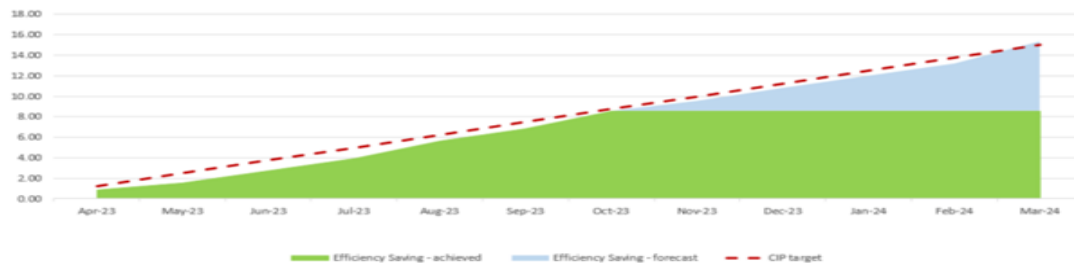
This measures:
Our objective is to live within our means, in order to achieve this objective, the Trust has set an efficiency target of £15m for the financial year 2023/24.

How are we performing:
The plan was to deliver £15m of cash releasing efficiency savings in 2023/24, of which £20.00m is so far identified for the full year and £18.77m of in year effect. We have risk assessed this at £15.35m, £8.55m has been delivered in YTD M07, October 2023 compared to straight line phased plan of £8.75m, a shortfall of £0.20m YTD. We are expecting to achieve at least the risk adjusted £15.35m planned for 2023/24.

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
- We now have a strong rhythm of meetings exploration of opportunities and validation of savings ideas across all budget areas to capture viable schemes and track onward delivery
- The Chief Finance Officer (CFO) hosted a BOB ICS CFO and deputies 'efficiency ideas savings event' on 10th November and this has generated significant further potential savings to be explored at the Trust particularly schemes that have already yielded significant savings at other organisations. An update will be provided next month once these have been explored

Risks:
- Given the level of overspend at month 7 YTD there is a requirement for savings higher than planned to offset this. Any further over spending against plan for the balance of the year will require offset by further savings in order to deliver the planned year end deficit