

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 9 January 2024

AGENDA

| No | Item | Presenter | Enc. |
|-----------------------------|---|--|-------------|
| OPENING BUSINESS | | | |
| 1. | Chairman's Welcome and Public Questions | Martin Earwicker, Chair | Verbal |
| 2. | Apologies | Martin Earwicker, Chair | Verbal |
| 3. | Declaration of Any Other Business | Martin Earwicker, Chair | Verbal |
| 4. | Declarations of Interest i. Amendments to the Register ii. Agenda Items | Martin Earwicker, Chair | Verbal |
| 5.1 | Minutes of Meeting held on 12 December 2023 | Martin Earwicker, Chair | Enc. |
| 5.2 | Action Log and Matters Arising | Martin Earwicker, Chair | Enc. |
| QUALITY | | | |
| 6.0 | Patient Story – Podiatry Story | Debbie Fulton, Director of Nursing and Therapies/Allen Johnston, Podiatry Service Manager/ Tim Tilling, Podiatry Clinical Lead | Verbal |
| EXECUTIVE UPDATE | | | |
| 7.0 | Executive Report | Julian Emms, Chief Executive | Enc. |
| PERFORMANCE | | | |
| 8.0 | Month 08 2023/24 Finance Report | Paul Gray, Chief Financial Officer | Enc. |
| 8.1 | Month 08 2023/24 Performance Report | Paul Gray, Chief Financial Officer | Enc. |
| STRATEGY | | | |
| 9.0 | "Green Plan" - Sustainability Strategy Update Report | Paul Gray, Chief Financial Officer/Justine Alford, Sustainability Lead | Enc. |
| CORPORATE GOVERNANCE | | | |
| 10. | Council of Governors Update | Martin Earwicker, Trust Chair | Verbal |
| Closing Business | | | |

| No | Item | Presenter | Enc. |
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| 11. | Any Other Business | Martin Earwicker, Chair | Verbal |
| 12. | Date of the Next Public Trust Board Meeting –12 March 2024 | Martin Earwicker, Chair | Verbal |
| 13. | <p>CONFIDENTIAL ISSUES: To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.</p> | Martin Earwicker, Chair | Verbal |



Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

**Minutes of a Board Meeting held in Public on Tuesday, 12
December 2023**

(Conducted via Microsoft Teams)

- Present:**
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| Martin Earwicker | Trust Chair |
| Naomi Coxwell | Non-Executive Director |
| Rebecca Burford | Non-Executive Director |
| Mark Day | Non-Executive Director |
| Aileen Feeney | Non-Executive Director |
| Rajiv Gatha | Non-Executive Director |
| Sally Glen | Non-Executive Director |
| Julian Emms | Chief Executive |
| Alex Gild | Chief Financial Officer |
| Debbie Fulton | Director of Nursing and Therapies |
| Paul Gray | Chief Financial Officer |
| Dr Minoo Irani | Medical Director |
| Tehmeena Ajmal | Chief Operating Officer |
- In attendance:**
- | | |
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| Julie Hill | Company Secretary |
| Corinna Green | Integrated Car Home Service Lead <i>(present for agenda item 6.0)</i> |
| Katherine Santos | Specialist Physiotherapist <i>(present for agenda item 6.0)</i> |
| | Ruth Macleod, Senior Specialist Occupational Therapist <i>(present for agenda item 6.0)</i> |
| Mike Craissati | Freedom to Speak Up Guardian <i>(present for agenda item 6.1)</i> |
| Jane Nicholson | Director of People <i>(present for agenda items 6.1 and 9.0)</i> |
- Observers:**
- | | |
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| Cheryl Morrison | Senior Physical Health Nurse |
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| 23/229 | Welcome and Public Questions (agenda item 1) |
| | The Chair welcomed everyone to the meeting. |

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| 23/230 | Apologies (agenda item 2) |
| | There were no apologies. |
| 23/231 | Declaration of Any Other Business (agenda item 3) |
| | There was no other business. |
| 23/232 | Declarations of Interest (agenda item 4) |
| | i. Amendments to Register – none |
| | ii. Agenda Items – none |
| 23/233 | Minutes of the previous meeting – 14 November 2023 (agenda item 5.1) |
| | The Minutes of the Trust Board meeting held in public on Tuesday, 14 November 2023 were approved as a correct record. |
| 23/234 | Action Log and Matters Arising (agenda item 5.2) |
| | The schedule of actions had been circulated. The Trust Board: noted the action log. |
| 23/235 | Board Story – A Care Home Hand Contractures (agenda item 6.0) |
| | <p>The Chair welcomed Corinna Green, Integrated Care Home Service Lead, Katherine Santos, Specialist Physiotherapist and Ruth Macleod, Senior Specialist Occupational Therapist to the meeting.</p> <p>Corinna Green gave a presentation and highlighted the following points:</p> <ul style="list-style-type: none"> • The Postural Management Team provided proactive support and training to care homes as well as seeing care home patients • One aspect of the Postural Management Team’s role was around treating hand contractures often following sustained periods of not using the hand which may be due to dementia or neurological problems. Hand contractures were preventable and treatable, but if left untreated, they could lead to poor hand hygiene, pressure damage and total loss of movement around the joint. • The Team was formed following a pilot in 2019 where the incidence of pressure ulcers due to hand contractures amongst care home residents was a cause for concern. The results of the pilot project demonstrated that if you managed hand contractures, the incidence of hand pressure ulcers would be significantly reduced • The Team has developed a range of resources to support the management of hand contractures, including guidance documents and a Hand Contracture Intervention Pack including the use of “Suki-Dermisplus” which used rolled up ensured that air can reach the palm of the hands |

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| | <p>Corinna Green presented Aya's (not his real name) case study. Care Home staff had used force to try and praise open his clenched fist in order to clean his hand. Aya's daughter flagged with the Care Home that her father was in pain and that the Care Home was not doing anything about his clenched fist.</p> <p>It was noted that that the Care Home referred Aya to the Postural Management Team and the Team worked with Aya in a holistic way and gained his trust and was able to optimise the functional use of his hand. Ms Green reported that Aya's daughter had fed back that her father was the happiest he had been for a long time.</p> <p>Corinna Green reported that the Postural Management Team was working with the Trust's Carers' Lead around gaining carer and family members' feedback as the I Want Great Care feedback tool only captured a limited amount of feedback for this cohort of patients.</p> <p>(A copy of the presentation slides are attached to the minutes).</p> <p>Sally Glen, Non-Executive Director asked whether the approach taken by the Postural Management Team could be applied to the Trust's older adult inpatient wards.</p> <p>Corinna Green reported that there was a slot on postural management care needs on the Trust's Pressure Care Training course.</p> <p>The Chair asked about training for Care Home staff.</p> <p>Corinna Green confirmed that the Postural Management Team offered regular training courses for Care Home Staff.</p> <p>The Chair thanked Corinna Green, Integrated Care Home Service Lead, Katherine Santos, Specialist Physiotherapist and Ruth Macleod, Senior Specialist Occupational Therapist for their presentation.</p> |
| <p>23/236</p> | <p>Freedom to Speak Up Guardian's Report (agenda item 6.1)</p> |
| | <p>The Chair welcomed Mike Craissati, Freedom to Speak Up Guardian to the meeting.</p> <p>The Freedom to Speak Up Guardian presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The Freedom to Speak Up Guardian had undertaken a data collection exercise of all staff who had raised concerns during 2022 to see how many were still employed by the Trust and found that 57% had left the Trust which was significantly higher than the Trust's average staff turnover for the same period • Some additional questions had been added to the Exit and Informal Mover Surveys during 2023 to try out more about the reasons for the higher turnover and to get some feedback on how staff felt about the support they had received from the Freedom to Speak Up Guardian as well as their views on the outcomes of any concerns raised and any ensuing investigation • Turnover for those who had raised concerns within 2023 had dropped slightly to 52% but was still significantly higher than the Trust staff turnover for the year • A common theme from feedback from staff about the Freedom to Speak Up process was frustration with the length of time it took from raising a concern until the issue was resolved. Some of this related to Human Resources systems and |

processes which could take time for fact finding reviews and/or investigations to take place

- Staff raising concerns were not always satisfied with the outcome of their concerns
- The Trust had developed a new Leaders and Managers training programme which included a slot on Speaking Up but as there was a maximum number of 20 staff per month, it would take time to train all Leaders and Managers
- The Freedom to Speak Up Guardian asked the Board to do whatever it could to support the Listening Up Culture and Following Up Culture to ensure that concerns were addressed at source without having recourse to the Freedom to Speak Up Guardian

The Chief Operating Officer reported that she was discussing with the Operational Teams about how issues within teams could be addressed at a much quicker stage. One of the issues identified was around more support for junior managers, particularly around having difficult conversations with staff.

The Freedom to Speak Up Guardian confirmed that the Speaking Up session he ran as part of the Leaders and Managers training programme included how to have difficult conversations, civility, and psychological safety.

Sally Glen, Non-Executive Director asked for more information around staff not feeling that they were listened to.

The Freedom to Speak Up Guardian explained that staff questioned whether the issues they raised were being dealt with especially if they could not see any noticeable difference in behaviours etc.

Mark Day, Freedom to Speak Up Non-Executive Champion said that he was pleased to hear that the Chief Operating Officer was having conversations with her directorate around how to nip issues in the bud. Mr Day added that he also welcomed the recognition that less experienced managers needed help and support around how to have difficult conversations with staff.

The Director of People explained that sometimes it was not possible to feed back to the person who had raised an issue about what was being done to address their concerns due to privacy considerations.

The Deputy Chief Executive said that it would be helpful to try and agree the kind of practical and pragmatic outcomes that each party could expect from the outset so that the person raising a concern understood that action would be taken behind the scenes and potentially with the manager etc.

The Chair commented that he was pleased to see that more staff from diverse backgrounds were approaching the Freedom to Speak Up Guardian for advice.

The Chair pointed out that due to the nature of the Trust's work, some staff worked outside of normal office hours and may not have access to computers and may not know about the role of the Freedom to Speak Up Guardian.

The Freedom to Speak Up Guardian said that he was working with the Marketing and Communications team to raise awareness of the Guardian role outside of the Trust's standard communication methods. The Freedom to Speak Up Guardian reported that he had a slot on the Trust's Corporate Induction Programme and said that he also made a

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| | <p>point of going to Prospect Park Hospital early so he could catch staff at the end of their evening shift.</p> <p>The Chair thanked the Freedom to Speak Up Guardian for his update.</p> <p>The Trust Board: noted the report.</p> |
| 23/237 | Quality Assurance Committee – 28 November 2023 Report (agenda item 6.2) |
| | <p>a) Minutes of the Meeting Held on 28 November 2023</p> <p>The minutes of the Quality Assurance Committee meeting held on 28 November 2023 together with the Learning from Deaths and Guardian of Safe Working Hours Quarterly Reports had been circulated.</p> <p>Sally Glen, Chair, Quality Assurance Committee reported that in addition to the standing agenda items, the Committee had received presentations from:</p> <ul style="list-style-type: none"> • the Trust’s Family Liaison Officer about her role and how she supported families through the investigation/inquest process • the Director of Estates and Facilities on the Trust’s work around improving the interface between the Trust and the PFI Special Purpose Vehicle • the Chief Information Officer on the Trust’s work with partner organisations to improve the digital interface <p>b) Learning from Deaths Quarterly Report</p> <p>Sally Glen pointed out that nationally there was a big focus on learning from deaths following the Lucy Letby conviction. Ms Glen reported that from January 2024, the Learning from Deaths Report would also include more thematic learning from deaths from both the Trust’s Serious Incident and Mortality Review processes.</p> <p>The Chair commented that the Learning from Deaths Quarterly Report was thorough and provided reassurance about the robustness of the Trust’s mortality review systems and processes.</p> <p>c) Guidance of Safe Working Hours Quarterly Report</p> <p>Sally Glen confirmed that there were no safe working exception reports during quarter 2.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> a) Noted the minutes of the Quality Assurance Committee held on 28 November 2023 b) Noted the Learning from Deaths Quarterly Report c) Noted the Guardian of Safe Working Hours Quarterly Report. |
| 23/238 | Executive Report (agenda item 7.0) |
| | <p>The Executive Report had been circulated. The following items were discussed further:</p> <p>Flu and COVID-19 Booster</p> |

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| | <p>Aileen Feeney, Non-Executive Director noted the low take up of the COVID-19 booster with nearly half of the 20 million eligible adults still not having come forward for their COVID-19 jab and asked whether the low vaccination take up rate amongst both eligible adults and NHS staff coupled with winter pressures would impact on Trust especially when combined with industrial action by the junior doctors.</p> <p>The Director of Nursing and Therapies commented that since the COVID-19 pandemic, it was increasingly more challenging to get both the eligible public and the staff to take up the offer of a Flu and COVID-19 Booster vaccination.</p> <p>The Director of Nursing and Therapies confirmed that so far, the number of patients requiring hospitalisation because of Flu or COVID-19 was relatively small numbers and there were also only a few inpatients at the Trust testing positive for Flu and/or COVID-19.</p> <p>The Chair asked whether all Board members had received their Flu and COVID-19 vaccinations. The Director of Nursing and Therapies confirmed that this was the case.</p> <p>The Trust Board: noted the report.</p> |
| 23/239 | <p>Month 07 2122-23 Finance Report (agenda item 8.0)</p> |
| | <p>The Chief Financial Officer presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The Trust was reporting a £0.3m surplus year to date which was £1.3m better than planned. • The Trust was continuing to forecast that it would deliver the planned £1.3m surplus. Work was underway within both Integrated Care Systems to confirm the forecast outturn following confirmation of additional funding from NHS England in relation to the impact of industrial action. • Delivery against the cost improvement plan was on track linked to control total compliance. • After accounting for the additional cost of the 2023/24 Agenda for Change and Doctors pay awards, there was a £1m full year pressure due to the way the NHS tariff uplift was calculated. However, this was currently being offset by delays to recruitment against core allocations • The Trust was continuing to offset some vacancies with higher levels of temporary staffing. The Trust was operating below NHS England’s Agency Ceiling of 3.7% and was currently running at 3.1% of overall pay costs year to date but with costs running close to the ceiling in recent months • The Trust had recognised £0.1m over performance against its Elective Recovery Fund (ERF) target for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System • Cash was now above plan with Integrated Care Board cash payments in line with contracts • The average number of Out of Area Placements had increased significantly from 21 in September 2023 to 37 in October 2023. Analysis highlighted that the high level of placements continued to be driven by demand and that flow through the hospital continued to improve with more discharges and fewer lost bed days per patient. • The Trust’s Better Payment Practice Code performance continued to improve with the percentage of non-NHS invoices paid within the deadline now above the target and the value of invoices paid continued to improve. |

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| | <ul style="list-style-type: none"> Capital was under plan year to date due to the phasing of estates projects, but this was offset in part by a high volume of IT kit purchases linked to new investments. Our forecast remained in excess of our capital departmental expenditure limit, but we were expecting that this would be covered by underspending elsewhere in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System. <p>The Chair noted that the Trust was offsetting some vacancies with higher levels of temporary staffing and asked whether this meant that the Trust was not recruiting enough substantive staff.</p> <p>The Chief Financial Officer confirmed the Trust was behind where it wanted to be in staff recruitment.</p> <p>The Chair asked for more information about the under-delivery within the Mental Health Division which related to staffing for inpatient services and medical staffing costs.</p> <p>The Chief Financial Officer explained that this was because more staff than expected were needed due to high bed occupancy and the high acuity of patients, which meant that more patients required one-to-one observations.</p> <p>The Trust Board: noted the report.</p> |
| 23/240 | <p>Month 07 2122-23 “True North” Performance Scorecard Report (agenda item 8.1)</p> |
| | <p>The Chief Financial Officer presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> Self-Harm Incidents on Mental Health Inpatient Wards performance was at 50 versus a target of 42. The metric remained driven by a relatively small number of patients (80% of the incidence related to 12 patients). Counter measures included involving patients in decision making and making sure that staff were listening to patients and improving concise training for NHS Professionals staff. Clinically Ready for discharge by Wards including Out of Area Placements performance was at 434 against a target of 250 bed day target. The number of lost bed days remained high and had increased in October 2023. Physical Assaults on Staff performance was at 35 against a target of 44 The I Want Great Care Compliance rate was increasing steadily with performance at 4.5% against a 10% target Inappropriate Out of Area Placements were at 350 against a 120 quarterly bed day target due to continuing levels of high demand coupled with higher levels of bed occupancy and lost bed days Mental Health Bed Occupancy both acute and non-acute and length of stay remained Staff sickness was at 3.9% against a target 3.5% <p>The Trust Board: noted the report.</p> |
| 23/241 | <p>People Strategy and Equalities, Diversity and Inclusion Strategy Update Report (agenda item 9.0)</p> |
| | <p>The Chair welcomed the Director of People to the meeting.</p> |

The Director of People reported that a key measure of success continued to be the reduction in the staff turnover rate as this gave an indication of staff satisfaction. It was noted that the Trust had agreed an ambition to reduce staff turnover to 12% by 2025 on a gradually decreasing scale with the ambition to reach under 14% by March 2024. For the second consecutive month, the Trust's staff turnover was below the 14% target with the October 2023 figure being 13.42%.

The Director of People highlighted that another key success measure remained staff engagement in the responses to the National NHS Staff Survey. It was noted that the Trust's response rate to the latest National NHS Staff Survey was at 66.8% which was the second highest in the country and the highest response rate ever for our Trust.

The Director of People reported that the Trust's Anti-Racism work continued to gain momentum and said that the Trust had launched its Anti-Racism Statement and a new Unity Logo had been developed. It was noted that a new Talent Cycle Model approach had been successfully embedded in the Senior Talent Board and discussions were taking place around how to extend the Talent Management interventions deeper into the organisation.

The Chair commented that it was pleasing to hear about the progress being made. The Chair asked whether there were specific reasons why staff turnover was reducing.

The Director of People said that turnover in the NHS was decreasing, however our rate of turnover had fallen faster than other trusts in the Thames Valley. The Trust had developed a range of measures to reduce staff turnover, so it was likely to be combination of factors. The Director of People said that the current focus of the staff retention work was around developing a competency-based progression pathway to reduce the number of staff who left within five years of joining to Trust to gain promotion elsewhere.

Sally Glen, Non-Executive Director commented that when she visited services, staff often mentioned the fact that inexperienced band 5 staff were being offered Band 6 roles elsewhere.

The Director of People said that from a patient safety point of view, the Trust's focus was around ensuring that staff had the necessary competencies to fulfil a Band 6 role.

The Director of People said that there was now a process in place whereby staff whose flexible working request could not be accommodated within their own team, could contact the People Directorate to see if they could be found alternative roles elsewhere in the Trust which could accommodate their required option for flexible working.

The Deputy Chief Executive added that the Trust's Anti-Racism work was identifying where there were groups of staff who were stuck in terms of progression. The Director of People said that some of the Trust's Healthcare Workers were being held back because they did not have functional English and Maths. It was noted that the Trust had trialed the appointment of a functional skills trainer to teach English and Maths on a fixed term basis and a number of Healthcare Workers had subsequently gained the qualifications to start on Apprenticeships to further their careers.

The Chair thanked the Director of People for her update.

The Trust Board: noted the report

| 23/242 | Digital Strategy Update Report (agenda item 9.1) |
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| | <p>The Chair welcomed the Chief Information Officer to the meeting.</p> <p>The Deputy Chief Executive pointed out that the format of the Digital Strategy Update Report away from a detailed project-based report to a summary style report highlighting the progress made around the Digital Strategy's Three Objectives to:</p> <ul style="list-style-type: none"> • Optimise how we work • Empower our patients • Enable our people <p>The Chair commented that he liked the new format for the report.</p> <p>The Chief Information Officer presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • There had been significant challenges in national planning and recruitment including within the supplier market. Key projects at risk were: Community Nurse scheduling as the supplier was yet to integrate their product with our electronic patient record (Rio) and a new digital staff record as NHS England had published its intentions to deliver the new solution 2027-2032. • The successful supplier (Palantir) for the new National £480m procurement for a Federated Data Platform was announced in November 2023. We were awaiting detailed implementation plans, but these were likely to reflect the national priorities which were currently focused on Acute sector use cases: population health and person insight, care coordination, supply chain, vaccination and immunisation, and elective recovery. Primary Care data would not be included and therefore would not provide a clinical view of a patient's shared care record. • Internally, the Trust's was making good progress with the development of Intelligent Automation. Eleven Intelligent Automation processes were now in operation with a further twenty-one applications in progress • The Trust had started a conversation with Trust's Senior Leadership Team around developing a shared understanding about what the Trust's clinical model would look like in five to ten years <p>The Deputy Chief Executive added that there was now a solution for voluntary and charity sector partners to be able to access the Trust's Care Records (via the RiO system).</p> <p>The Chair commented that the Digital Team had been developing and testing prototypes on a range of digital tools and techniques and said that it was important that the Trust developed an understanding of the risks and benefits of all these technical developments in order to identify the key digital advances which should be advanced and expanded across the Trust.</p> <p>The Deputy Chief Executive said that the developing the Trust's future clinical model would be followed by a discussion around what the technology that would be required in order to support that service model. The Deputy Chief Executive said that there would be an opportunity for the Board to discuss the future service model and technology at a future Trust Board Discursive meeting.</p> <p style="text-align: right;">Action: Deputy Chief Executive</p> |

Naomi Coxwell, Non-Executive Director asked how the Trust received feedback from patients and staff about the Trust's technological advances.

The Chief Information Officer said that in respect of patients, feedback was part of the Trust's Patient Experience work and this tended to be more around how easy it was to access a service rather than around feedback on a particular digital advance. Feedback from staff came from a variety of sources, questions and answers at the All Staff Briefings and directly to the IT department.

The Deputy Chief Executive said that a question in the National NHS Staff Survey asked staff if they had the tools to do their jobs. The Deputy Chief Executive added that the Trust would be re-running its "Listening into Action" events in February 2024 at which staff across the Trust would have an opportunity to provide feedback about the Trust.

The Chief Executive added that some of the most positive staff feedback about the Trust's digital systems came from staff attending the Corporate Induction sessions who often commented that the Trust was more digitally advanced than their previous employers.

The Chief Executive said that a key focus of the Trust's Digital Strategy was around reducing mundane processes. The Chief Executive said that the Chief Operating Officer and Deputy Chief Executive had started a process to identify those services which would most benefit from digital advances. It was noted that there was also scope to develop technological advances to support non-clinical services.

Aileen Feeney, Non-Executive Director commented that it was pleasing to hear about the progress but said that it was often difficult to realise the benefits of saving staff time unless it could be demonstrated that staff were picking up other work. Ms Feeney referred to the section in the paper which said that robust governance arrangements had been put in place in respect of the Intelligent Automation work and asked for more information.

The Chief Information Officer explained that the governance processes around Intelligent Automation were led by the Division Directors and by senior operational staff who determined which applications for Intelligent Automation were progressed. It was noted that in addition, each application was looked at in terms of its potential financial benefits. The Trust Business Group provided oversight of the Intelligent Automation programme.

The Chair commented that there was a problem around saving small amounts of staff time and said that unless services were redesigned following digital advances, there was a risk that any savings would be lost.

The Chief Information Officer agreed but said that by creating savings in time also provided the headspace for staff to think about re-designing services.

The Chair pointed out that the NHS was developing national digital solutions and ask how the Trust managed the complexity around national, regional local digital solutions.

The Chief Information Officer agreed that this was a challenging area and said that it was important that the Trust's internally created digital solutions dove tailed into the national/regional digital developments, for example, it made sense for NHS England to develop the NHS Phone App rather than to develop a local version.

The Chair thanked the Chief Information Officer for his update.

The Trust Board: noted the report.

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| 23/243 | Council of Governors Update (agenda item 10.0) |
| | The Chair reported that the Council of Governors was working well and commented that he was particularly pleased that Governors were visiting services. The Chair referred to the minutes of the Quality Assurance Committee (agenda item 6.2) and said that the Committee found the Governor Service Visit Reports insightful and informative. |
| 23/244 | External Well Led Review Action Plan Update (agenda item 10.1) |
| | <p>The Company Secretary reported that there had been good progress in implementing the recommendations from the External Well-Led Review. It was noted that the two outstanding actions: to develop a check list of the things the Board needed to consider in respect of major decisions and the “shadow board” exercise would be undertaken in the year.</p> <p>The Chair mentioned said that he had recently attended an NHS Providers Board Development Course on Risk Appetite and said suggested that the Trust Board review the risks and format of the Board Assurance Framework at a future Trust Board Discursive meeting to ensure alignment with the Trust’s Strategy.</p> <p style="text-align: right;">Action: Company Secretary</p> <p>The Trust Board: noted the report.</p> |
| 23/245 | Any Other Business (agenda item 11) |
| | There was no other business. |
| 23/246 | Date of Next Public Meeting (agenda item 12) |
| | The next Public Trust Board meeting would take place on 09 January 2024. |
| 23/247 | CONFIDENTIAL ISSUES: (agenda item 13) |
| | The Board resolved to meet In Committee for the remainder of the business on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted. |

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 12 December 2023.

Signed..... Date 09 January 2024

(Martin Earwicker, Chair)

Hand Contractures

Postural Management Team, part of Care Home Support Team West
Dec 2023

Corinna Green CHST Lead West, Katherine Santos Physio, Ruth Macleod

OT



Postural Management Team

Reduce
contractures and
pressure damage



- Proactive
- Training
- Role modelling
- Support homes
- Resources which benefit other teams and patients
- EBP, national specialist group

What is a hand contracture?



Wang *et al.* (2019), joint contractures are a chronic loss or reduction of range of motion (active and/or passive), often following a period of continuous joint immobilization, leading to rigidity, joint deformities.



If left untreated, can result in total loss of movement around the joint.

**Now hold your hand clenched
till I say let go**

Background to the Project

Pilot 2019

Incidence of pressure ulcers and contractures amongst residents

Beryl - Case study

Referral received
and seen in 5 days

Hand severely
contracted

Thumb amputation

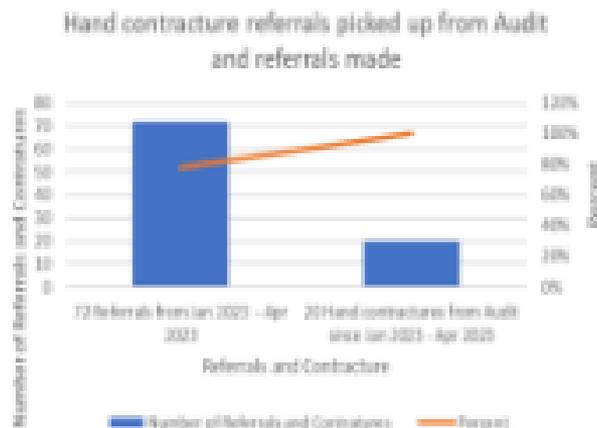


Permission from family gained
for use of photos

Yellow Belt Project

Outcomes

There were 68 referrals received for hand contractures Jan 2022-2023. Over 100% increase in referrals within 6 months. Shows an increase in awareness of hand contractures.



Voice of the customer – Good things Staff said (Results of comments re Hand Contractures post implementation)



Staff reported increased job satisfaction, staff morale is good.

Hand contracture intervention pack



<https://www.oxfordhealth.nhs.uk/wp-content/uploads/2015/08/dermisplus-Prevent-Oxford-Health-Flyer-002.pdf>



Suki - Dermisplus prevent pre and post



Right Hand



Use rolled up get strip in hand, try to ensure it is placed as far back in the hand as possible.

This is to maintain the range in hand.

If this effects function of hand, then use the product at night and feedback to OT.

Consent gained from patient for photos to be used for teaching purposes

When we are the patient's voice

Aya

23rd Oct 2023

3rd/4th/5th digit completely flexed at MCP, PIP and DIP joints and the 4th (ring finger) is hyperextended at the DIP joint

6th Nov 2023

13th Nov 2023



15th Nov 2023



Teams support

- Intensive blast
- MDT – OT, RGN, TVN, GP, daughter, care home staff
- Root cause analysis
- Pain relief
- Barrier products, reducing pressure, hand hygiene
- Care plan
- MCA
- More tolerant of care
- Trust
- Increased ROM
- Impact for other aspects of care
- Sensory considerations – techniques, hand hygiene techniques for carers
– role modelling

Patient feedback/ patients voice

- The resident lacked capacity relating to the management of his hand contracture and he was unable to verbalise.
- Appeared calm, comfortable during hand hygiene
- Reduced pain
- Increased consistency of staff being able to adhere to interventions previously they had struggled with this due to the resident's '**behaviour**' which was likely due to a '**learnt pain response**'
- Improved quality of life
- Improved job satisfaction of care home staff
- Improved awareness of holistic individualised care planning
- Daughter happy with approach

Benefits of managing hand contractures

- Reduced pain
- Maintain range of movement
- Reduce risk of pressure damage
- Optimise functional use of the hand
- Increase awareness of techniques to aid appropriate handling of the hand
- Reduce the use of excessive force
- Awareness of skin inspection
- Reduced odour of the hand
- Increased self-esteem
- Increased mood
- Eating and drinking
- Increased job satisfaction of care givers
- Reduced 'behaviours that challenge'

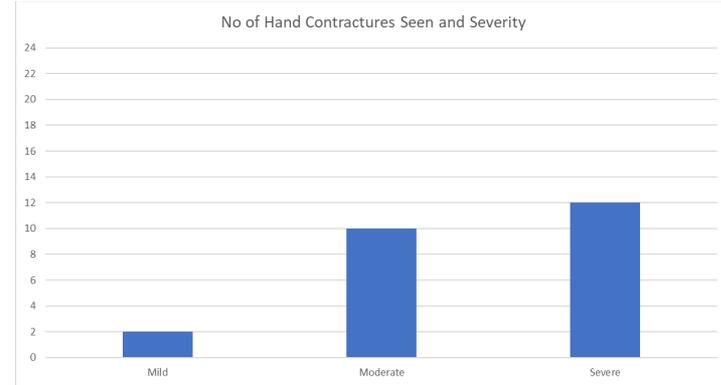
Voice of the customer – Care Home Staff and Residents comments re Hand Contractures post intervention



Hand Contractures seen from January 2023 – October 2023

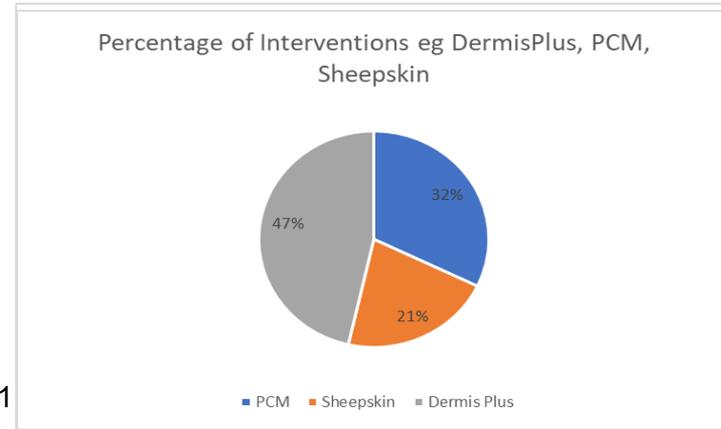
No of Hand Contractures Seen and Severity

Mild - 2
Moderate - 10
Severe - 12
Total: 24



Percentage of Interventions

PCM – 32%
Sheepskin – 21%
DermisPlus – 47%



Next steps

- ‘Jack of all trades’ splinting hands, necks
- Highlight gaps –outpatient clinics
- What to do if you can’t see the skin – pressure care check
- When using water is not appropriate
- Training
- Awareness
- Excess force is not ok
- Simple – can be rolled up bandage
- Risk assessment for hand contractures
- Relative feedback – Katie Humphreys
- IWGC patient feedback only
- Publish!



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Thank you
questions...?

BOARD OF DIRECTORS MEETING 09.01.24

Board Meeting Matters Arising Log – 2024 – Public Meetings

Key:

Purple - completed
Green – In progress
Unshaded – not due yet
Red – overdue

| Meeting Date | Minute Number | Agenda Reference/Topic | Actions | Due Date | Lead | Update | Status |
|--------------|---------------|--------------------------|--|-----------|-----------|--------|--------|
| 11.07.23 | 23/120 | Annual Complaints Report | The Director of Nursing and Therapies to consider adding an additional column in Table 2 in the report which set out the complaint themes to indicate the number of complaints which were upheld, partially upheld and not upheld. | July 2024 | DF | | |
| 12.12.23 | 23/242 | Digital Strategy Update | The Board to have an opportunity to discuss the Trust’s future service model and technology at a future | TBC | AG | | |

| Meeting Date | Minute Number | Agenda Reference/Topic | Actions | Due Date | Lead | Update | Status |
|--------------|---------------|--------------------------------------|--|---------------|-----------|---|--------|
| | | | Trust Board Discursive meeting. | | | | |
| 12.12.24 | 23/244 | External Well Led Review Action Plan | The Trust Board to discuss the format of the Board Assurance Framework at a future Trust Board Discursive meeting. | February 2024 | JH | On the agenda for the February 2024 Trust Board Discursive meeting. | |

Trust Board Paper

| | |
|---|---|
| Board Meeting Date | 09 January 2024 |
| Title | Executive Report |
| | Item for Noting |
| Reason for the Report going to the Trust Board | <p>The Executive Report is a standing item on the Trust Board agenda. This Executive Report updates the Trust Board on significant events since it last met.</p> <p>The Trust Board is requested to seek note the report and to seek any clarification on the issues covered in the report.</p> |
| Business Area | Corporate Governance |
| Author | Chief Executive |
| Relevant Strategic Objectives | The Executive Report is relevant to all the Trust's Strategic Objectives |

Trust Board Meeting – 09 January 2024
EXECUTIVE REPORT – Public

1. Never Events

Directors are advised that no ‘never events’ have occurred since the last meeting of the Trust Board.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

2. Staff Flu and COVID-19 Booster Vaccination Campaign

Seasonal Flu and COVID-19 vaccination remain a critically important public health intervention and a key priority for 2023-24 as part of protecting the public and staff over the winter months.

In the Core NHS Standard Contract for 2023/24, COVID-19 vaccinations and Flu vaccinations for frontline healthcare workers is retained as an employer responsibility to offer and deliver the Flu and Covid vaccine.

The Joint Committee on Vaccination and Immunisation (JCVI) advise that the primary reason to vaccinate frontline healthcare workers is to avoid sickness absences, rather than to protect against transmission or because they are at greater risk of severe COVID-19. The aim is to offer the vaccinations to 100% of frontline healthcare workers, with a minimum uptake of 75%.

Nationally, there has been lower than hoped uptake of vaccines by health workers and in line with this our uptake to date is lower that we would like.

In line with national expectations all of the members of the Trust Board have received their Flu vaccination

Uptake of vaccines for frontline workers as of 18/12/23 Flu: 49.8% and Covid 45.1%.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

3. National Planning Guidance 2024-25

The national Planning Guidance was not issued as expected in December 2023. The Department of Health and Social Care remain in live conversations with the Government in relation to agreed expectations and priorities for 2024/25, and therefore Guidance will not be issued until the new year.

National priorities, as set out for the existing year, in relation to recovery of urgent, primary care access, emergency care and elective and care will remain a focus for the year ahead. We have been told to expect further challenge to reduce temporary staffing costs as well as continued focus on recovery of core service delivery and productivity.

Despite the lack of national Guidance, we are progressing our internal planning and have had meetings with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board to discuss approach and initial financial baselines. Planning meetings with Frimley Integrated Care Board are planned for January 2024.

We have been told to expect to have to submit initial planning returns by the end of February 2024.

Executive Lead: Paul Gray, Chief Financial Officer

Presented by: Julian Emms
Chief Executive
09 January 2024



Trust Board Paper Meeting Paper

| | |
|---|--|
| Board Meeting Date | 9 January 2024 |
| Title | Finance Report November 2023 |
| | The paper is for noting. |
| Reason for the Report going to the Trust Board | This is a regular report which provides an update to the Board on the Trust's Financial Performance. |
| Business Area | Finance |
| Author | Chief Finance Officer |
| Relevant Strategic Objectives | <p>Efficient use of resources</p> <p>Ambition: We will use our resources efficiently and focus investment to increase long term value</p> <p>The report gives an overview of the Trust's financial performance including use of revenue and capital funding and delivery against the cost improvement programme. The Trust's results contribute to the performance of BOB ICS.</p> |

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report
Financial Year 2023/24
November 2023

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 30 November 2023.

Document Control

| Version | Date | Author | Comments |
|----------------|-------------|---------------|-----------------|
| 1.0 | 11/12/2023 | Rebecca Clegg | Draft |
| 2.0 | 02/01/2024 | Paul Gray | Final |

Distribution

All Directors.

All staff as appropriate.

Confidentiality

Where indicated by its security classification above, this document includes confidential or commercially sensitive information and may not be disclosed in whole or in part, other than to the party or parties for whom it is intended, without the express written permission of an authorised representative of Berkshire Healthcare NHS Foundation Trust.

Dashboard & Summary Narrative

| Target | Year to Date | | | Forecast Outturn | | |
|--|--------------|------|----------|------------------|------|----------|
| | Actual | Plan | Achieved | Forecast | Plan | Achieved |
| | £m | £m | | £m | £m | |
| 1a Income and Expenditure Plan | 0.6 | -0.9 | Yes | 1.3 | 1.3 | Yes |
| 2a CIP - Identification of Schemes | 12.3 | 14.1 | No | 14.1 | 14.1 | Yes |
| 2b CIP - Delivery of Identified Schemes | 7.3 | 7.3 | Yes | 14.1 | 14.1 | Yes |
| 3a Cash Balance | 56.1 | 53.0 | Yes | 48.1 | 48.1 | Yes |
| 3b Better Payment Practice Code Volume Non-NHS | 96% | 95% | Yes | 95% | 95% | Yes |
| 3c Better Payment Practice Code Value Non-NHS | 93% | 95% | No | 95% | 95% | Yes |
| 3d Better Payment Practice Code Volume NHS | 98% | 95% | Yes | 95% | 95% | Yes |
| 3e Better Payment Practice Code Value NHS | 98% | 95% | Yes | 95% | 95% | Yes |
| 4f Capital Expenditure not exceeding CDEL | 3.1 | 5.1 | Yes | 9.5 | 9.2 | No |

Key Messages

The table above provides a high level summary of the Trust's performance against key financial duties and other financial indicators. The key points to note are:

- We are reporting a £0.6m surplus year to date (YTD), which is £1.5m better than planned. The year to date position includes £550k of additional income which is the Trust's share of the additional £800m made available nationally to help bridge the financial gap caused by industrial action.
- We have agreed to increase our forecast surplus to £3.1m following confirmation of the £550k funding and agreement that our forecast elective activity over performance of £1.3m will be funded in full.
- Delivery against the cost improvement plan is on track linked to control total compliance. However, we have significant variances related to OAPs and MH inpatient staffing for which remedial action will be required in Q4.
- The 23/24 Agenda for Change and Doctors pay awards have been made. After accounting for the additional cost and funding we estimate a £1m full year pressure due to the way the NHS tariff uplift is calculated. However, this is currently being offset by delays to recruitment against core allocations.
- We have recognised £0.1m over performance against our Elective Recovery Fund (ERF) target for BOB ICS year to date as final agreement had not been reached on full payment of overperformance during month 8.
- Cash is now above plan with ICB cash payments in line with contracts.
- Our BPPC continues to improve with the % of non-NHS invoices paid within the deadline now above the target and the value of invoices paid continuing to improve.
- Capital is under plan year to date mainly due to the phasing of estates projects but offset in part by a high volume of IT kit purchases linked to new investments. Our forecast remains in excess of our CDEL capital allocation but we are expecting that this will be covered by underspending elsewhere in BOB ICS.

1. Income & Expenditure

| Nov-23 | In Month | | | YTD | | | 2023/24 |
|------------------------------------|-------------|-------------|--------------|--------------|--------------|--------------|--------------|
| | Act £'m | Plan £'m | Var £'m | Act £'m | Plan £'m | Var £'m | Plan £'m |
| Operating Income | 29.8 | 29.4 | 0.5 | 234.6 | 232.4 | 2.3 | 351.0 |
| Elective Recovery Fund | 0.3 | 0.3 | 0.0 | 2.8 | 2.7 | 0.1 | 4.0 |
| Donated Income | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total Income | 30.2 | 29.7 | 0.5 | 237.4 | 235.0 | 2.4 | 355.1 |
| Staff In Post | 19.2 | 20.2 | 1.0 | 153.6 | 159.7 | 6.2 | 241.2 |
| Bank Spend | 2.3 | 1.6 | (0.7) | 16.7 | 13.9 | (2.8) | 20.3 |
| Agency Spend | 0.8 | 0.4 | (0.4) | 5.6 | 3.5 | (2.0) | 5.1 |
| Total Pay | 22.3 | 22.2 | (0.1) | 175.9 | 177.2 | 1.3 | 266.5 |
| Purchase of Healthcare | 2.3 | 1.7 | (0.6) | 15.1 | 14.3 | (0.8) | 20.6 |
| Drugs | 0.5 | 0.5 | (0.1) | 4.0 | 3.6 | (0.4) | 5.4 |
| Premises | 1.0 | 1.5 | 0.5 | 11.5 | 12.4 | 0.9 | 18.5 |
| Other Non Pay | 1.8 | 1.5 | (0.3) | 14.3 | 11.9 | (2.3) | 17.9 |
| PFI Lease | 0.8 | 0.7 | (0.1) | 6.6 | 6.0 | (0.6) | 9.0 |
| Total Non Pay | 6.5 | 5.9 | (0.6) | 51.4 | 48.2 | (3.2) | 71.4 |
| Total Operating Costs | 28.8 | 28.0 | (0.7) | 227.3 | 225.4 | (1.9) | 337.9 |
| EBITDA | 1.4 | 1.7 | (0.3) | 10.1 | 9.6 | 0.5 | 17.1 |
| Interest (Net) | 0.0 | 0.2 | 0.2 | 0.6 | 2.0 | 1.4 | 3.0 |
| Depreciation | 0.9 | 0.9 | (0.0) | 7.4 | 7.2 | (0.3) | 10.7 |
| Impairments | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | (0.2) | 0.0 |
| Disposals | 0.0 | 0.0 | 0.0 | (0.0) | 0.0 | 0.0 | 0.0 |
| PDC | 0.2 | 0.2 | 0.0 | 1.3 | 1.5 | 0.1 | 2.2 |
| Total Financing | 1.1 | 1.3 | 0.2 | 9.6 | 10.6 | 1.0 | 15.9 |
| Reported Surplus/ (Deficit) | 0.3 | 0.3 | (0.1) | 0.5 | (1.0) | 1.5 | 1.2 |
| Adjustments | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.1 |
| Adjusted Surplus/ (Deficit) | 0.3 | 0.4 | (0.1) | 0.6 | (0.9) | 1.5 | 1.3 |

Key Messages

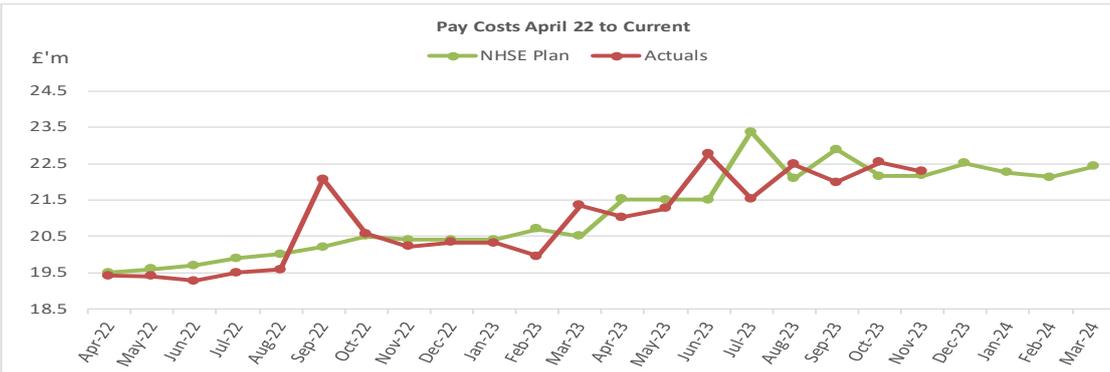
The table above gives the financial performance against the Trust's income and expenditure plan as at 30 November 2023.

The Trust has a plan for a £1.3m surplus as part of the BOB ICB plan, incorporating a £14m cost improvement programme.

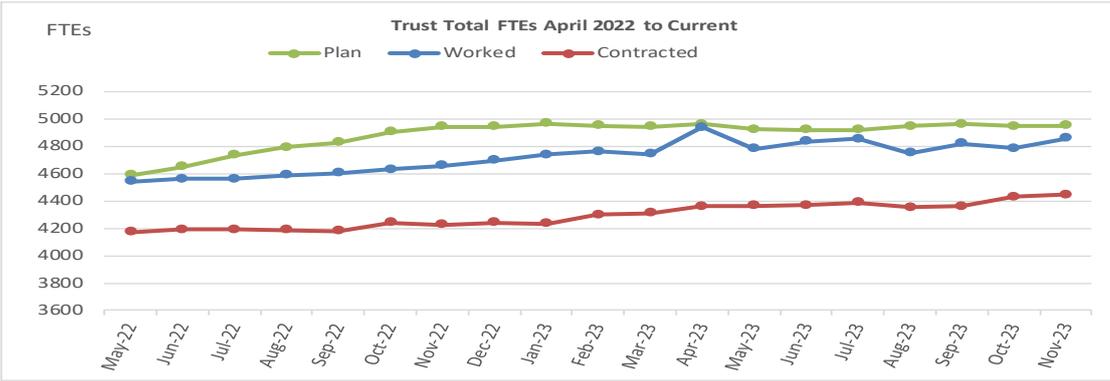
At Month 8, the Trust is reporting a £0.6m surplus year to date which is £1.5m better than plan. The Trust received an additional £550k funding in month 8 which represents the Trust's share of the £800m made available nationally.

The higher than planned Agenda for Change and Doctors pay awards for 2023/24 are now reflected in the NHSE plan. The majority of payments have been made and accruals are in place for any final payments.

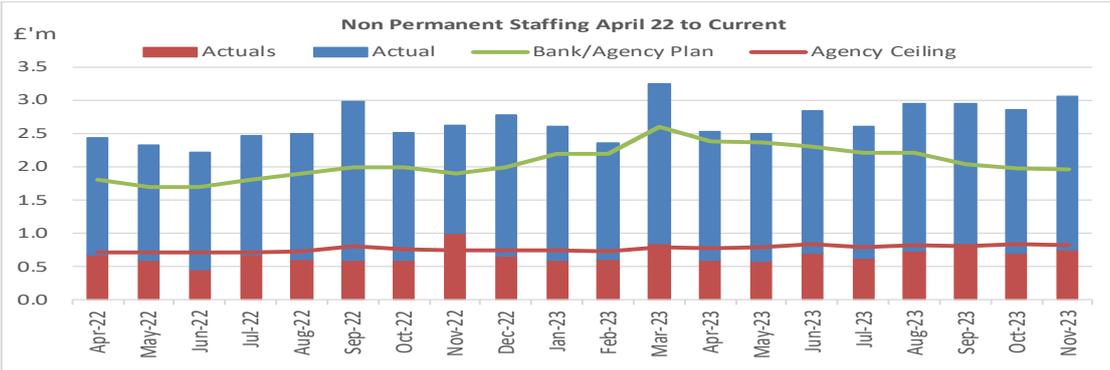
Workforce



| Staff Costs | |
|-------------|------------|
| YTD | £'m |
| 2023/24 | 175.9 |
| 2022/23 | 160.0 |
| | 10% |
| Prior Yr | £'m |
| Nov-23 | 22.3 |
| Nov-22 | 20.2 |
| | 10% |



| FTE's | | |
|-----------|-----------|-----------|
| Prior Mth | CFTE | WFTE |
| Nov-23 | 4,476 | 4,919 |
| Oct-23 | 4,444 | 4,857 |
| | 1% | 1% |
| Prior Yr | £'m | £'m |
| Nov-23 | 4,476 | 4,919 |
| Nov-22 | 4,239 | 4,693 |
| | 6% | 5% |



| Staff Costs | | |
|-------------|------------|-------------|
| YTD | Bank | Agency |
| 2023/24 | £'m | £'m |
| 2022/23 | 14.9 | 5.2 |
| | 13% | 7% |
| Prior Yr | £'m | £'m |
| Nov-23 | 2.3 | 0.8 |
| Nov-22 | 1.6 | 1.0 |
| | 42% | -24% |

Key Messages

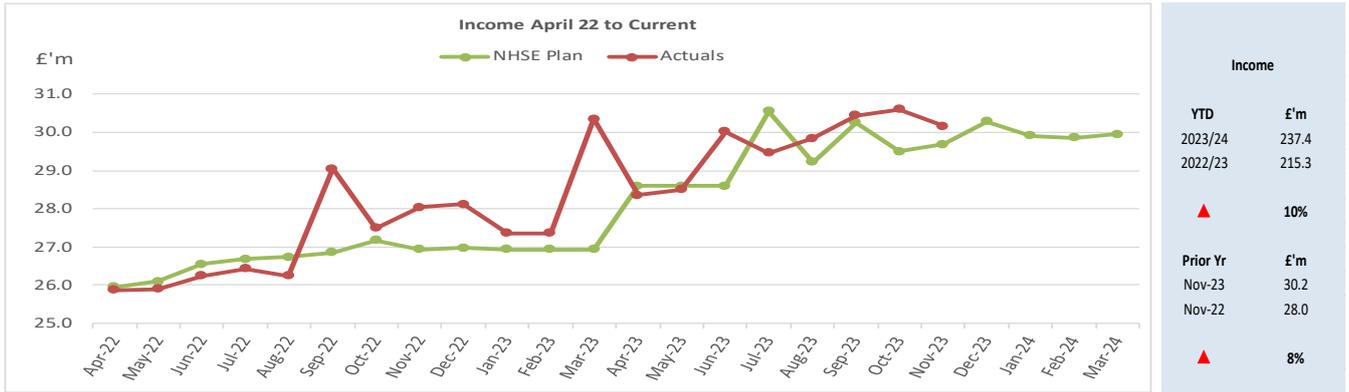
Pay costs in month were £22.3m.

We are continuing to offset some vacancies with higher levels of temporary staffing although actuals are much closer to plan year to date than in the previous year, in part due to the work undertaken to align financial and workforce planning. The underspend on substantive staffing is also offsetting the cost pressure caused by the higher than plan pay award. The cost pressure is expected to be £1m for the year assuming that all planned posts are filled.

We are operating below the NHSE System Agency Ceiling of 3.7%, currently running at 3.2% of overall pay costs YTD but with costs running close to the ceiling in recent months. Agency price cap breaches, although low compared to other trusts, are being investigated.

In month, we have seen an increase in contracted WTEs (32) with approximately 50% funded from investment income. Increases were in Mental Health (16), Community Health (11) and Adult ED (3). Worked WTEs increase by 62 which included a further 18 WTE on bank for MH Inpatients.

Income & Non Pay

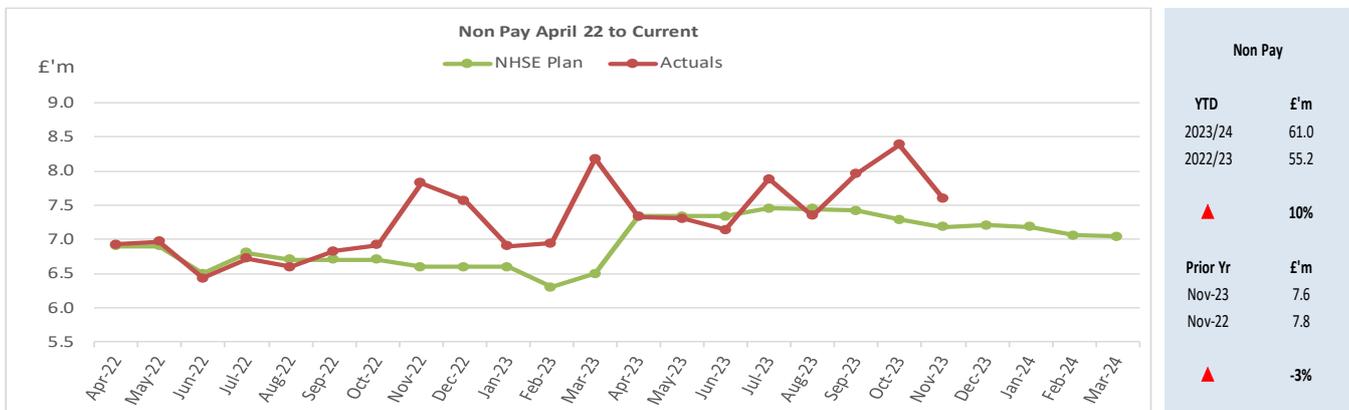


Key Messages

In response to the impact of industrial action, NHSE have reduced the average level of activity increase required to maintain ERF payments by 4%. However, as further work was needed within BOB ICB to agree payment for over performance, we have only recognised additional income of £0.1m year to date.

We continue to defer investment income as a result of slippage on new recruitment.

The Trust is continuing to benefit from an increase in bank interest rates and has generated an additional £1.4m year to date in interest.



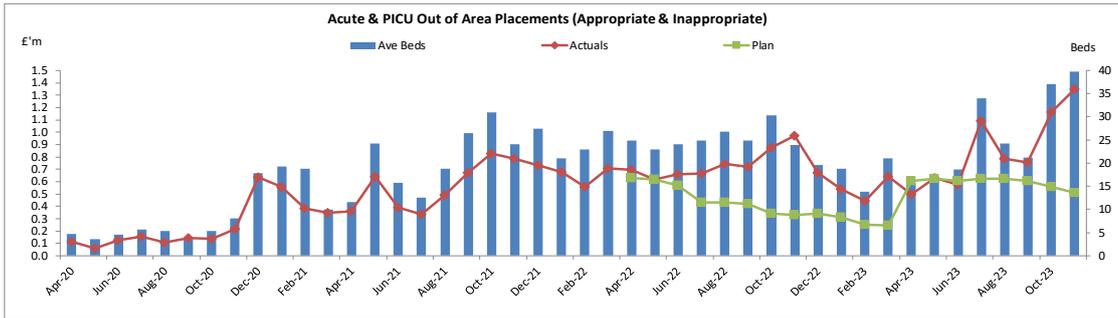
Key Messages

Non Pay spend was £7.6m in month and is above plan year to date due to expenditure on Out of Area Placements linked to high demand.

We continue to see some inflationary cost pressures coming through, including a final adjustment to PFI contract values, but these are being managed within our inflation reserve.

We have offset some of the non-pay overspends with balance sheet release which was included in the plan.

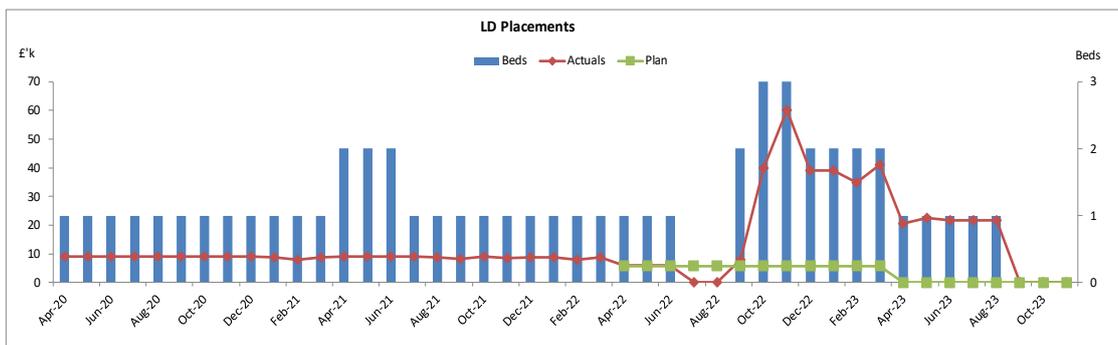
Placement Costs



| OAPs | |
|-----------------|------------|
| YTD | £'m |
| 2023/24 | 6.8 |
| 2022/23 | 5.9 |
| ▲ | 15% |
| Prior Yr | £'m |
| Nov-23 | 1.4 |
| Nov-22 | 1.0 |
| ▲ | 39% |



| Specialist Placements | |
|-----------------------|-------------|
| YTD | £'m |
| 2023/24 | 2.5 |
| 2022/23 | 3.6 |
| ▼ | -30% |
| Prior Yr | £'m |
| Nov-23 | 0.3 |
| Nov-22 | 0.4 |
| ▼ | -28% |



| LD OAPs | |
|-----------------|-------------|
| YTD | £'k |
| 2023/24 | 108.2 |
| 2022/23 | 126.0 |
| ▼ | -14% |
| Prior Yr | £'k |
| Nov-23 | 0.0 |
| Nov-22 | 60.0 |
| ▼ | -14% |

Key Messages

Out of Area Placements. The average number of placements has increased significantly from 37 in October to 40 in November. Analysis highlights that the high level of placements continues to be driven by demand, and that flow through the hospital continues to improve, with more discharges and fewer lost bed days per patient. The monthly costs have increased from £1.2m in October to £1.4m in November.

We now have a dedicated clinical lead for the delivery of the bed optimisation programme, and this post has supported improving flow, including through daily bed flow meetings, development of a new bed flow dashboard which has provided improved visibility and locality oversight of admission numbers and LOS and also improved identification and escalation of MOFD/CRFD patients. We have agreed that reducing lost bed days linked to patients who are CRFD as a breakthrough objective and set a very ambitious target of 250 bed days per month. Progress against this target is monitored in QPEG.

We will continue to spot purchase PICU beds where they are clinically required. We continue to have significant demand for PICU beds especially for patients with forensic backgrounds, which do not count as an inappropriate out of area bed against the OAPs trajectory but which do have a financial impact.

A paper has been shared with the Board recommending a reduction in acute ward bed base from 86 to 80, to improve patient and staff experience of care with the 6 beds being reprovisioned through the independent sector. The planned acute ward bed reduction is due to be implemented in Q3. An additional 6 block beds have been purchased from September. The current configuration of block booked beds includes 7 female acute, 4 male acute and 3 male discharge, 2 assess beds providing acute overspill and reprovisioned beds linked to the PPH ward reduction.

Specialist Placements. The average number of placements reduced from 18 to 16 in month but costs did not reduced due to increased s17 placements. **LD Placements:** There are currently no LD placements.

Cost Improvement Programme & Elective Recovery

| Cost Improvement Scheme | In Month | | | YTD | | | Full Year |
|---|--------------|---------------|--------------|--------------|---------------|--------------|---------------|
| | Act £000s | Plan £000s | Var £000s | Act £000s | Plan £000s | Var £000s | Plan £000s |
| OAPs & Specialist Placements | 42 | 207 | -165 | 1,022 | 1,531 | -509 | 2,503 |
| Contract Contribution | 134 | 134 | 0 | 1,072 | 1,072 | 0 | 1,608 |
| Additional ICB Stretch | 55 | 55 | 0 | 55 | 55 | 0 | 3,055 |
| Estates Schemes | 23 | 23 | 0 | 184 | 184 | 0 | 276 |
| Telephony Project | 3 | 29 | -26 | 108 | 232 | -124 | 350 |
| Divisional Control Total Alignment - CH | 363 | 194 | 169 | 2,132 | 1,554 | 578 | 2,330 |
| Divisional Control Total Alignment - MH | -630 | 195 | -825 | -557 | 1,563 | -2,120 | 2,344 |
| Divisional Control Total Alignment - CFAA | 540 | 66 | 474 | 1,471 | 531 | 940 | 796 |
| Divisional Control Total Alignment - Central Services | 416 | 44 | 371 | 1,585 | 352 | 1,233 | 528 |
| Operational Management Team Restructure | 28 | 28 | 0 | 224 | 224 | 0 | 336 |
| Total Cost Improvement | 974 | 976 | -2 | 7,295 | 7,298 | -3 | 14,126 |

Key Messages

The Trust's initial financial plan included £12m of CIPs to get to a £2m deficit, but following further work within BOB ICB, it was agreed that the Trust would move to a breakeven position which required additional CIPs of £2m to be added to the programme. The Trust has subsequently agreed to deliver a £1.3m surplus on receipt of additional funding.

For month 8, we are reporting that we are on track with the cost improvement programme. There are some variances in divisional control totals which we are reflecting as over or under achievement of CIPs offsetting in part the underachievement related to OAPs.

The schemes listed as divisional control total alignment relate primarily to pay costs and are centred around new ways of working, upskilling, leadership, skill-mix, service design and recruitment and retention throughout all services.

The under-delivery within the Mental Health Division relates to staffing for inpatients services and medical staffing costs. Further work is planned for the new year to review the drivers of the overspend and implement remedial action.

The telephony project is now showing an under delivery linked to higher than anticipated activity.

Contract Contribution includes schemes where additional income contribution is being earned in year but is not being offset by additional costs. It also includes any smaller, generally Non-NHS contracts where action is underway to bring expenditure back in line with contract values.

ERF

As at month 8, the Trust is reporting a £104k YTD over performance on elective recovery within BOB ICS, which has not changed since month 7 due to further work required to agree payment for over performance. The actual over performance year to date is given in the table below.

| ERF Performance | November | |
|-----------------|----------|-----------|
| | Activity | Value £ |
| Target | 6,518 | 1,474,809 |
| Actual | 7,573 | 1,663,035 |
| Variance | 1,055 | 188,227 |
| Cumulative | | 1,048,447 |

Elective Recovery activity includes all physical health first outpatient appointments assessed against the 2019/20 baseline with a target improvement of 10%. The Trust's contract with Frimley ICB does not include any funding for elective recovery.

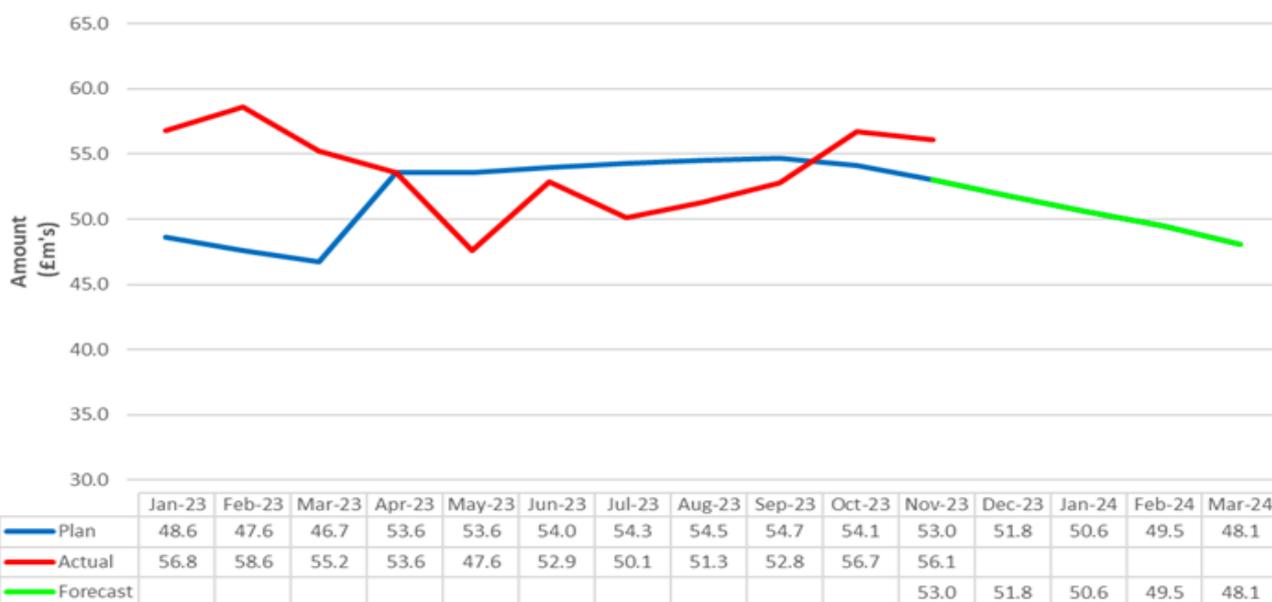
2. Balance Sheet & Cash

| | 22/23 Actual (Audited) £'m | Current Month | | | YTD | | |
|--|-------------------------------------|---------------|--------------|--------------|--------------|--------------|--------------|
| | | Act £'m | Plan £'m | Var £'m | Act £'m | Plan £'m | Var £'m |
| Intangibles | 4.0 | 1.8 | 3.7 | (1.9) | 1.8 | 3.7 | (1.9) |
| Property, Plant & Equipment (non PFI) | 45.6 | 46.1 | 45.7 | 0.4 | 46.1 | 45.7 | 0.4 |
| Property, Plant & Equipment (PFI) | 72.1 | 71.3 | 71.7 | (0.4) | 71.3 | 71.7 | (0.4) |
| Property, Plant & Equipment (RoU Asset) | 15.5 | 14.5 | 15.1 | (0.6) | 14.5 | 15.1 | (0.6) |
| Receivables | 0.2 | 0.2 | 0.2 | 0.0 | 0.2 | 0.2 | 0.0 |
| Total Non Current Assets | 137.4 | 133.9 | 136.4 | (2.5) | 133.9 | 136.4 | (2.5) |
| Trade Receivables & Accruals | 18.9 | 13.1 | 18.7 | (5.6) | 13.1 | 18.7 | (5.6) |
| Other Receivables | 0.3 | 0.3 | 0.3 | 0.0 | 0.3 | 0.3 | 0.0 |
| Cash | 55.2 | 56.1 | 53.0 | 3.1 | 56.1 | 53.0 | 3.1 |
| Trade Payables & Accruals | (48.2) | (37.8) | (46.8) | 9.0 | (37.8) | (46.8) | 9.0 |
| Borrowings (PFI and RoU Lease Liability) | (4.2) | (3.3) | (4.1) | 0.8 | (3.3) | (4.1) | 0.8 |
| Other Current Payables | (11.8) | (16.9) | (12.2) | (4.7) | (16.9) | (12.2) | (4.7) |
| Total Net Current Assets / (Liabilities) | 10.2 | 11.5 | 8.9 | 2.6 | 11.5 | 8.9 | 2.6 |
| Non Current Borrowings (PFI and RoU Lease Liability) | (34.8) | (33.6) | (33.8) | 0.2 | (33.6) | (33.8) | 0.2 |
| Other Non Current Payables | (2.0) | (1.4) | (2.0) | 0.6 | (1.4) | (2.0) | 0.6 |
| Total Net Assets | 110.8 | 110.4 | 109.5 | 0.9 | 110.5 | 109.5 | 1.0 |
| Income & Expenditure Reserve | 31.6 | 31.3 | 31.2 | 0.1 | 31.3 | 31.2 | 0.1 |
| Public Dividend Capital Reserve | 21.1 | 21.1 | 21.1 | 0.0 | 21.1 | 21.1 | 0.0 |
| Revaluation Reserve | 58.0 | 58.0 | 57.2 | 0.8 | 58.0 | 57.2 | 0.8 |
| Total Taxpayers Equity | 110.8 | 110.4 | 109.5 | 0.9 | 110.4 | 109.5 | 0.9 |

Key Messages

The balance sheet is largely as expected year to date. The cash balance at M08 was £3.1m above the plan. Payments from the ICBs have now caught up with final contract values as expected. The balance above plan relates mainly to the higher than planned pay awards.

Cash Plan v Actual v Forecast
January 2023 to March 2024



Month 8

3. Capital Expenditure

| Schemes | Current Month | | | Year to Date | | | FY | Forecast |
|---|-----------------|---------------|-------------------|-----------------|---------------|-------------------|---------------|------------------|
| | Actual £'000 | Plan £'000 | Variance £'000 | Actual £'000 | Plan £'000 | Variance £'000 | Plan £'000 | Outturn £'000 |
| <i>Estates Maintenance & Replacement Expenditure</i> | | | | | | | | |
| 25 Erleigh Road Upgrades - Internal & External | 2 | 50 | (48) | 2 | 250 | (248) | 250 | 250 |
| General Upgrades & Damp Issues CHH | 3 | 75 | (72) | 3 | 175 | (172) | 250 | 200 |
| Wokingham Reprovision - Move from Old Forge | (3) | 0 | (3) | 305 | 200 | 105 | 200 | 335 |
| Bariatric Facilities Wokingham | 26 | 0 | 26 | 143 | 230 | (87) | 230 | 230 |
| Leased Non Commercial (NHSPS) Other projects | 3 | 0 | 3 | 173 | 235 | (62) | 235 | 252 |
| HQ Relocation/MSK Relocation - AV | 0 | 0 | 0 | 69 | 121 | (52) | 121 | 126 |
| Resource House, Denmark Street | 28 | 0 | 28 | 829 | 800 | 29 | 800 | 865 |
| Environment & Sustainability | 11 | 53 | (42) | 34 | 265 | (231) | 450 | 374 |
| Service change/redesign | 0 | 25 | (25) | 0 | 125 | (125) | 244 | 0 |
| Various All Sites | 1 | 50 | (49) | 50 | 330 | (280) | 515 | 664 |
| Statutory Compliance | 4 | 50 | (46) | 9 | 195 | (186) | 390 | 390 |
| Subtotal Estates Maintenance & Replacement | 75 | 303 | (228) | 1,617 | 2,926 | (1,309) | 3,685 | 3,685 |
| <i>IM&T Expenditure</i> | | | | | | | | |
| Business Intelligence and Reporting | 17 | 10 | 7 | 17 | 80 | (63) | 120 | 120 |
| Hardware Purchases | 431 | 664 | (233) | 1,406 | 1,688 | (282) | 4,677 | 4,977 |
| Digital Strategy incl. EMIS and ePMA re-tender | 16 | 122 | (106) | 78 | 244 | (166) | 733 | 733 |
| RiO Re-procurement | 0 | 25 | (25) | 0 | 200 | (200) | 300 | 0 |
| Subtotal IM&T Expenditure | 464 | 821 | (357) | 1,501 | 2,212 | (711) | 5,830 | 5,830 |
| Subtotal CapEx Within Control Total | 538 | 1,124 | (586) | 3,119 | 5,138 | (2,019) | 9,515 | 9,516 |
| <i>CapEx Expenditure Outside of Control Total</i> | | | | | | | | |
| Low Carbon Heating System WBCH | 0 | 0 | 0 | 0 | 0 | 0 | 610 | 610 |
| PPH 'Place of Safety' | 0 | 283 | (283) | 0 | 566 | (566) | 1,850 | 450 |
| Statutory Compliance | 12 | 20 | (8) | 11 | 60 | (49) | 110 | 108 |
| Environment & Sustainability / Zero Carbon | 0 | 17 | (17) | 0 | 82 | (82) | 150 | 150 |
| Other PFI projects | 1 | 25 | (24) | 24 | 70 | (46) | 185 | 187 |
| Garden Renovation – Wokingham Hospital (Donated) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22 |
| Subtotal Capex Outside of Control Totals | 13 | 345 | (332) | 35 | 778 | (743) | 2,905 | 1,527 |
| <i>Central Funding</i> | | | | | | | | |
| Total Capital Expenditure | 551 | 1,469 | (918) | 3,154 | 5,916 | (2,762) | 12,420 | 11,043 |

Key Messages

Spend YTD is £2m below plan for schemes within the CDEL control total. The majority of the underspend is in Estate schemes however a high number of planned schemes have now been approved and expected to be completed this year. An order has also been raised for the IM&T Refresh and replacement programme and this will bring the spend on track against the plan. IM&T Hardware expenditure is driven by user demand which continues to exceed allocated budget driven by higher staffing numbers and an increase in part-time staff. Further work is planned around approval for these requests. RiO Re-procurement project costs have now moved to next year.

The capital plan currently includes £0.3m of over programming which will need to be addressed in year either through slippage or securing additional CDEL allocation from BOB ICS partners. When reporting to the ICB and NHSE we have been asked to forecast in line with the £9,155k CDEL that has been allocated to the Trust.

NHSE has also updated its approach regarding IFRS16 with CDEL allocations being uplifted for ICSs based on planning requirements. We have some new leases which were not captured in the plan for which CDEL cover from the ICS will also now be required.

The Place of Safety scheme which was due to commence and complete in year will now not complete until Autumn 2024/25. This is due the additional work being undertaken in order to finalise the application for the Deed of Variation which has now been issued to the PFI funding provider and which we expect to have approval of towards the end of the calendar year. The forecast outturn for this project has now been adjusted to reflect the delay.

Trust Board Paper Meeting Paper

| | |
|---|--|
| Board Meeting Date | 9 th January 2024 |
| Title | True North Performance Scorecard Month 8 (October 2023) 2023/24 |
| | The Board is asked to note the True North Scorecard. |
| Reason for the Report going to the Trust Board | To provide the Board with the True North Performance Scorecard, aligning divisional driver metric focus to corporate level (Executive and Board) improvement accountability against our True North ambitions, and Quality Improvement (QI) break through objectives for 2023/24. |
| Business Area | Trust-wide Performance |
| Author | Chief Financial Officer |
| Relevant Strategic Objectives | <p>The True North Performance scorecard consolidates metrics across all domains. To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care, and consistently meet or exceed the standards of Care Quality Commission (CQC) and other stakeholders.</p> <p>Patient safety</p> <p>Ambition: We will reduce waiting times and harm risk for our patients</p> <p>Patient experience and voice</p> <p>Ambition: We will leverage our patient experience and voice to inform improvement</p> <p>Health inequalities</p> |

| | |
|--|---|
| | <p>Ambition: We will reduce health inequalities for our most vulnerable patients and communities</p> <p>Workforce</p> <p>Ambition: We will make the Trust a great place to work for everyone</p> <p>Efficient use of resources</p> <p>Ambition: We will use our resources efficiently and focus investment to increase long term value</p> |
|--|---|

True North Performance Scorecard – Business Rules & Definitions

The following metrics are defined as and associated business rules applied to the True North Performance Scorecard:

| | | |
|---|---|--|
| Driver - True North / break through objective that has been prioritised by the organisation as its area of focus | Tracker Level 1 - metrics that have an impact due to regulatory compliance | Tracker - important metrics that require oversight but not focus at this stage in our performance methodology |
|---|---|--|

| Rule # | Metric | Business Rule | Meeting Action |
|--------|---|--|---|
| 1 | Driver is Green in current reporting period | Share success and move on | No action required |
| 2 | Driver is Red in current reporting period | Share top contributing reason , the amount this contributor impacts the metric, and summary of initial action(s) being taken | Standard structured verbal update |
| 3 | Driver is Red for 2+ reporting periods | Produce full structured countermeasure summary | Present full written countermeasure analysis and summary |
| 4 | Driver is Green for 6 reporting periods | Retire to Tracker level status | Standard structured verbal update and retire to Tracker |
| 5 | Tracker 1 (or Tracker) is Green in current reporting period | No action required | No action required |
| 6 | Tracker is Red in current reporting period | Note metric performance and move on unless they are a Tracker Level 1 | If Tracker Level 1 , then structured verbal update |
| 7 | Tracker is Red for 4 reporting periods | Switch to Driver metric | Switch and replace to Driver metric (decide on how to make capacity i.e. which Driver can be a Tracker) |

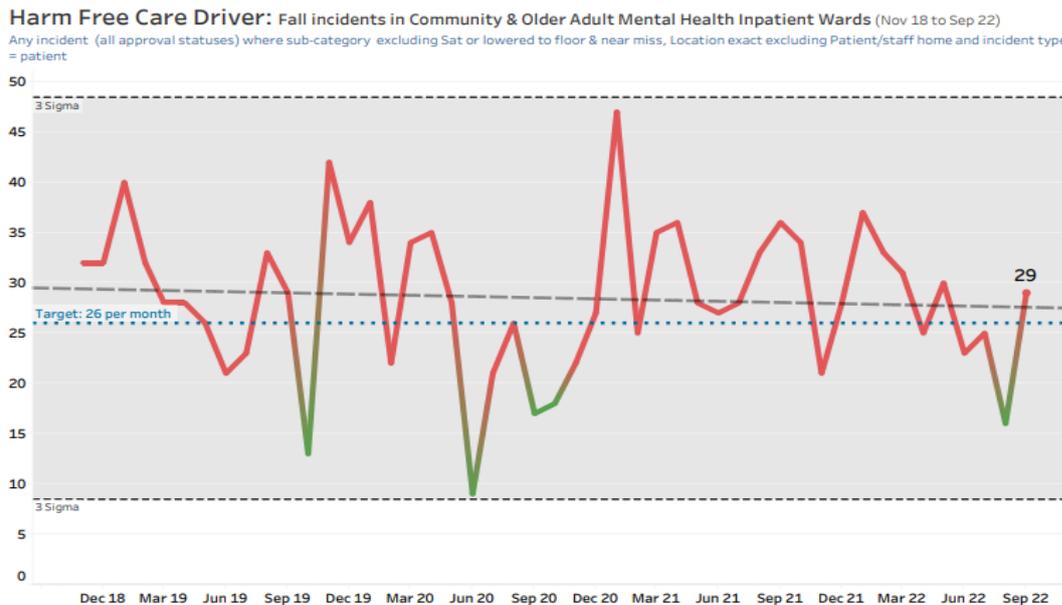
Business Rules for Statistical Process Control (SPC) Charts

Why Use SPC Charts

We intend to use SPC charts to gain a better understanding about what our data is telling us. We can use this understanding to support making improvements. It will ensure we don't overreact to normal variation within a system.

Components of an SPC Chart

The charts have the following components with an example below:



- A target line (the blue dotted line)
- A longer series of data points
- Upper Control Limit (UCL) to 3 Sigma
- Lower Control Limit (LCL) to 3 Sigma
 - These process limits (UCL & LCL) are defined by our data and calculated automatically. If nothing changes with the process, we can expect 99% of data points to be within these limits. They tell us what our system is capable of delivering. Our data will vary around these process limits. It provides a context for targeting improvement.

Variation

There are 2 types of variation:

1. Common cause variation, which is 'normal' variation (within the UCL & LCL)
2. Special cause variation (or unusual variation) which is something outside of the normal variation and outside of the process control limits (UCL & LCL)

Rules

- A series of 6 or more data points above or below the target is statistically relevant. It indicates that something in process has changed.
- A trend: either rising or falling of more than 6 data points – we should investigate what has happened.
 - We should reset baseline following a run of 6 data points (either up or down).
- Follow the True North Performance business rules for other metric actions.

True North Performance Scorecard Highlight Report – November 2023

The True North Performance Scorecard for Month 8 2023/24 (November 2023) is included. Performance business rule exceptions, red rated with the Trust North domain in brackets.

The business-based rules and definitions are included, along with an explanation of Statistical Process Control (SPC) Charts, which are used to support the presentation of Breakthrough metrics: Definitions and Business Rules and Understanding Statistical Process Control Charts are included after the cover sheet.

Breakthrough and Driver Metrics

- Clinically Ready for Discharge by Wards including Out of Area Placements (OAPs) (Mental Health) – **(Patient Experience)** – a new indicator for 2023/24, is at 364 against a 250-bed day target.
 - The number of lost bed days remain high but decreased since the higher level in October 2023. Remains a key focus for timely discharge and flow through the wards.
- Bed Days Occupied by Patients who are Discharge Ready (Community Physical Health) – **(Patient Experience)** – a new indicator for 2023/24, is at 767 against a 500-bed day target.
 - Pressure in our Community wards with delays being brought to focus at System levels. The number of lost bed days remain high but decreased since the higher level in October 2023. Primary reason for delays is arranging packages of care. In December the team will be collecting the ‘voice of the patient’ to better understand their views on how they are included in the process.
- Physical Assaults on Staff **(Supporting our Staff)** – 59 against a target of 44.
 - An increase from previous 4 months reducing trend. Staff perception is that support for our staff is improving in incidents. There has been a drive to ensure staff are reporting all incidents and there has been greater involvement with Thames Valley Police in ward status exchanges. Working on reviewing the staff support offering and an away day planned to review progress and plan next steps.

The following Breakthrough metric is Green and are performing better than agreed trajectories or plan.

- Self-harm Incidents on Mental Health Inpatient Wards (excluding Learning Disability) **(Supporting our Staff)** – at 27 against a target of 42.

Driver Metrics

The following metrics are Red and not performing to plan.

- I Want Great Care Positive Score **(Patient Experience)** – at 94.2% against a 95% target.
- I Want Great Care Compliance Rate **(Patient Experience)** – at 3.5% against a 10% target.
- Inappropriate Out of Area Placements (OAPs) (Mental Health) – **(Patient Experience)** – at 844 against a 120 quarterly bed day target.

- Impacted by continuing levels of high demand coupled with higher levels of bed occupancy and lost bed-days.

The following metrics are Green and are performing better than agreed trajectories or plan.

- Staff turnover (**Supporting our Staff**) – 13.02% against a 14% target by March 2024.
- Year to Date Variance from Control Total (**Efficient Use of Resources**) -£1.5m better than plan.

Tracker Metrics

- Mental Health Non-Acute Occupancy rate (excluding home leave) (**Efficient Use of Resources**) – at 87.18% against an 80% target. Red for 8 months.
- Mental Health Acute Occupancy rate (excluding home leave) (**Efficient Use of Resources**) – at 93.6% against an 85% target. Red for 12 months.
- Mental Health: Acute Average Length of Stay (bed days) (**Efficient Use of Resources**) – increased to 57 days against a target of 30 days. Red for 12 months.
- Meticillin-susceptible Staphylococcus Aureus (MSSA) bacteraemias year to date (**Regulatory Compliance**) – 2 for the year to date, with one incident in May 2023 and one reported in November 2023.
- People with Common Mental Health Conditions Referred to IAPT Completing a Course of Treatment Moving to Recovery - (**Regulatory Compliance**) – at 45%, below the 50% target.
- Sickness rate (**Regulatory Compliance**) – red at 4.6% against a target of 3.5%.
- Children and Young People (CYP) referred for an assessment or treatment of an Eating Disorder will access NICE treatment <4 weeks (Routine) (**Regulatory Compliance**) – red at 53.3% against a 95% target.

Performance Scorecard - True North Drivers

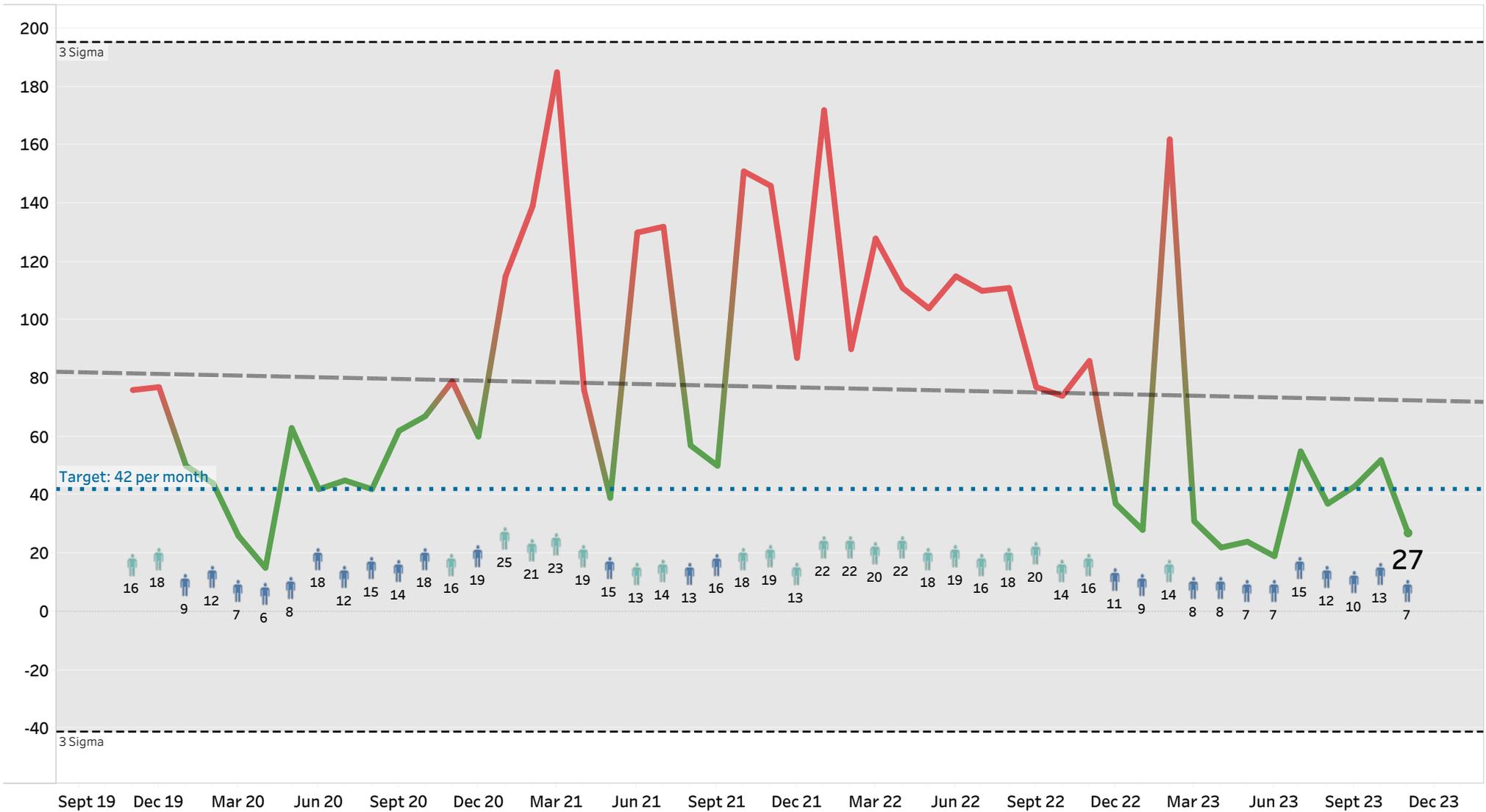
| | | Harm Free Care | | | | | | | | | | | |
|--|------------------------------|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| Metric | Target | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug 23 | Sept 23 | Oct 23 | Nov 23 |
| Breakthrough Self-Harm Incidents on Mental Health Inpatient Wards (ex LD) | 42 per month | 37 | 28 | 162 | 31 | 22 | 24 | 19 | 55 | 37 | 43 | 52 | 27 |
| Breakthrough Restrictive Interventions | TBC | | | | | | | | | | | | |
| | | Patient Experience | | | | | | | | | | | |
| IWGC Positive Score % | 95% compliance from April 22 | 91.5% | 94.5% | 92.4% | 93.7% | 94.0% | 94.2% | 94.1% | 95.2% | 95.2% | 94.3% | 93.1% | 94.2% |
| IWGC Compliance % | 10% compliance | 2.7% | 2.8% | 2.3% | 3.1% | 2.6% | 3.3% | 3.7% | 3.5% | 4.2% | 3.3% | 4.5% | 3.5% |
| | | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sept-23 | Oct-23 | Nov-23 |
| Breakthrough Clinically Ready for Discharge by Wards MH (including OAPS) | 250 bed days | 414 | 269 | 300 | 415 | 468 | 484 | 565 | 712 | 460 | 348 | 465 | 364 |
| | | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sept-23 | Oct-23 | Nov-23 |
| Breakthrough Bed days occupied by patients who are discharge ready Community | 500 bed days | 506 | 431 | 386 | 657 | 583 | 799 | 880 | 823 | 768 | 735 | 910 | 767 |

Performance Scorecard - True North Drivers

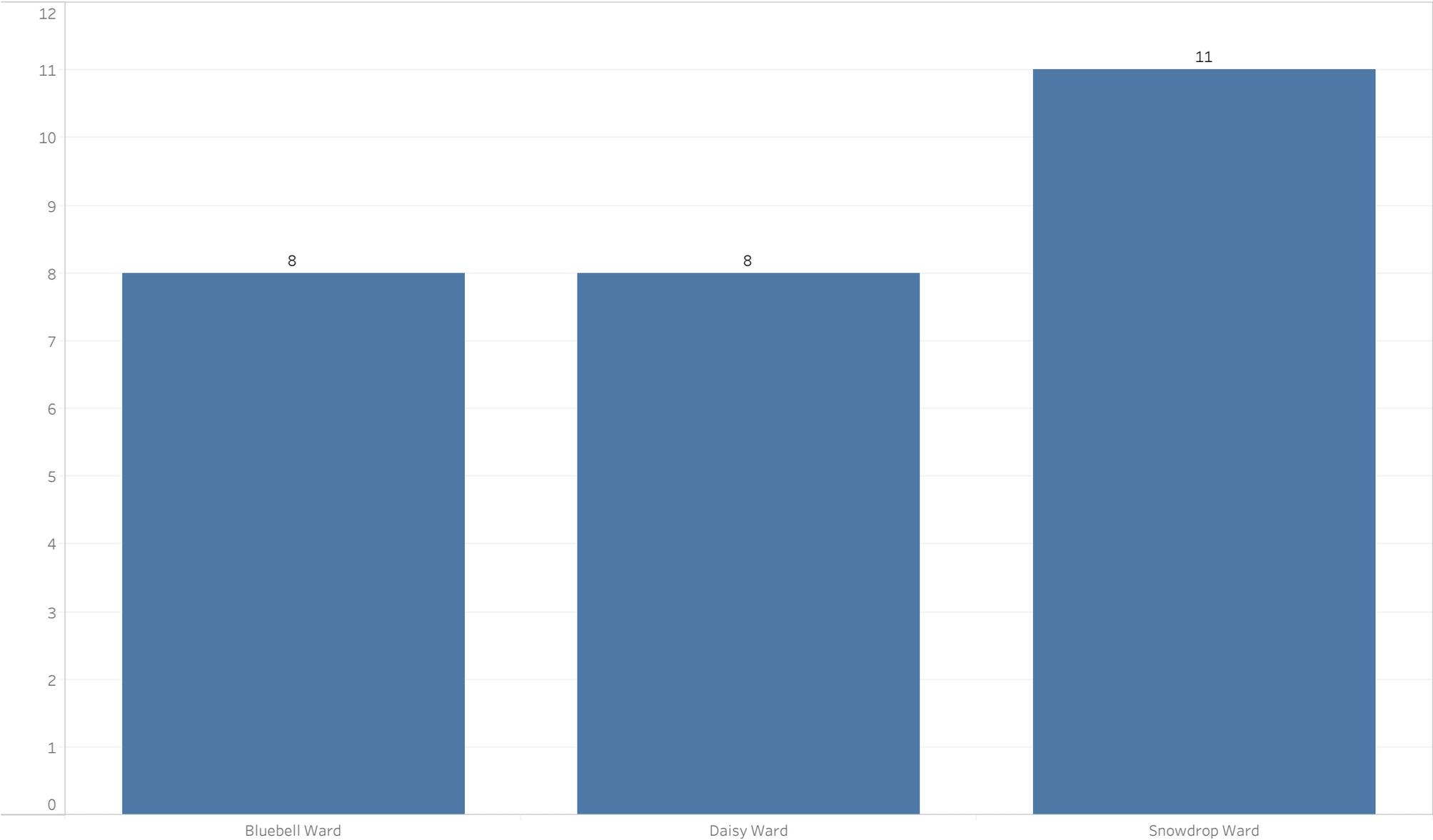
| | | Supporting our Staff | | | | | | | | | | | |
|---|--|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| Metric | Target1 | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug 23 | Sept 23 | Oct 23 | Nov 23 |
| Breakthrough Physical Assaults on Staff | 44 per month | 64 | 34 | 84 | 109 | 78 | 45 | 58 | 70 | 61 | 48 | 38 | 59 |
| Staff turnover (excluding fixed term posts) | <=16% per month, 14% by March 2024, 13% by March 2025, 12% by March 26 | 16.52% | 16.21% | 15.69% | 15.85% | 15.85% | 14.87% | 14.54% | 14.35% | 14.09% | 13.60% | 13.34% | 13.02% |
| | | Efficient Use of Resources | | | | | | | | | | | |
| YTD variance from control total (£'k) | 1.3m | -1092 | -1277 | -1818 | -989 | -261 | -441 | -805 | -1116 | -1430 | -1983 | -1492 | -1459 |
| | | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug 23 | Sept 23 | Oct 23 | Nov 23 |
| Inappropriate Out of Area Placements | 120 Cumulative Total Q3 2023/24 | 107 | 50 | 112 | 219 | 110 | 144 | 180 | 327 | 633 | 786 | 350 | 844 |

Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) (Nov 19 to Nov 23)

Any incident (all approval statuses) where category = self harm

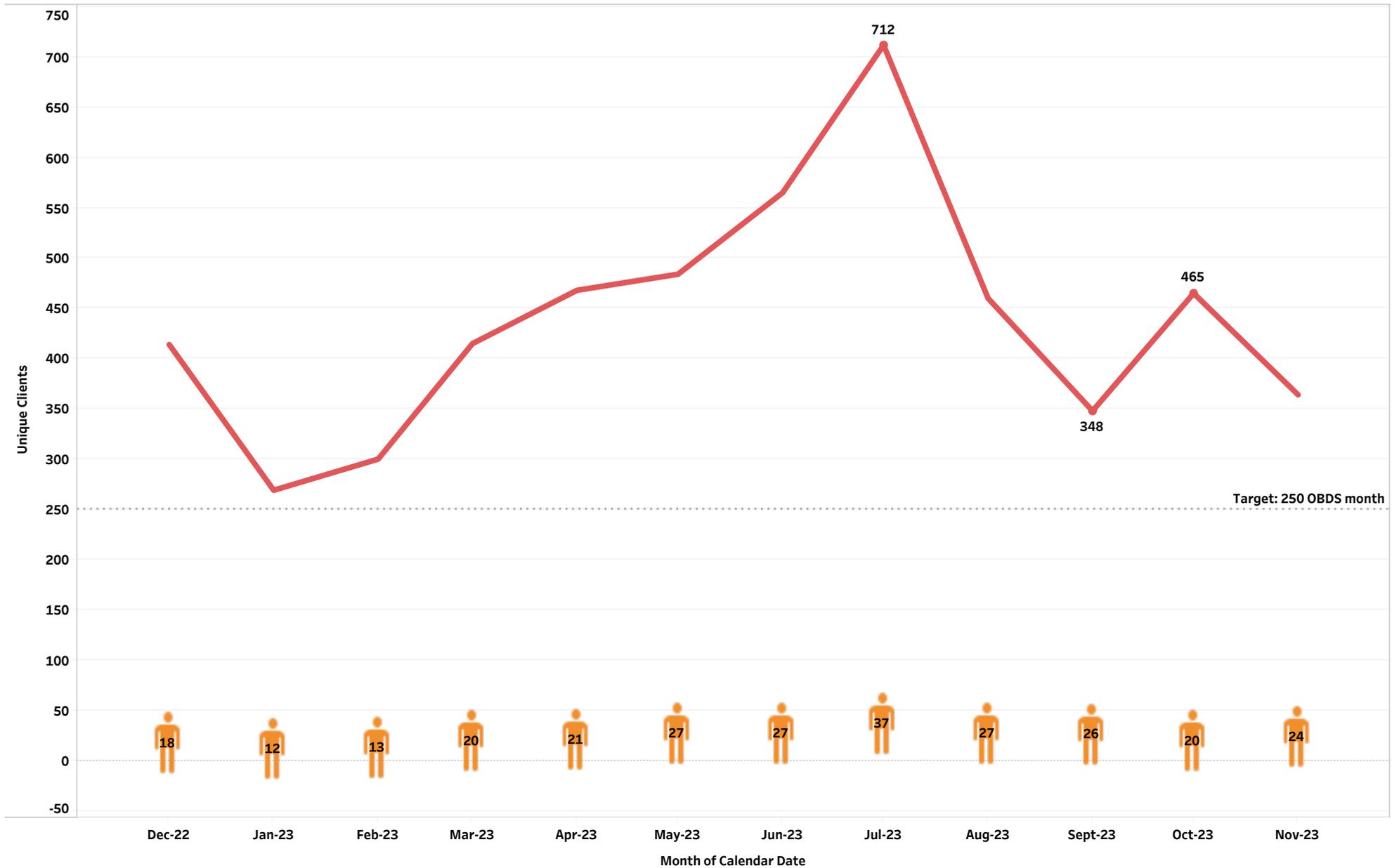


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (November 2023)



Patient Experience: Breakthrough Clinically Ready for Discharge by Wards MH (Including OAPS) (Dec 2022-Nov 2023)

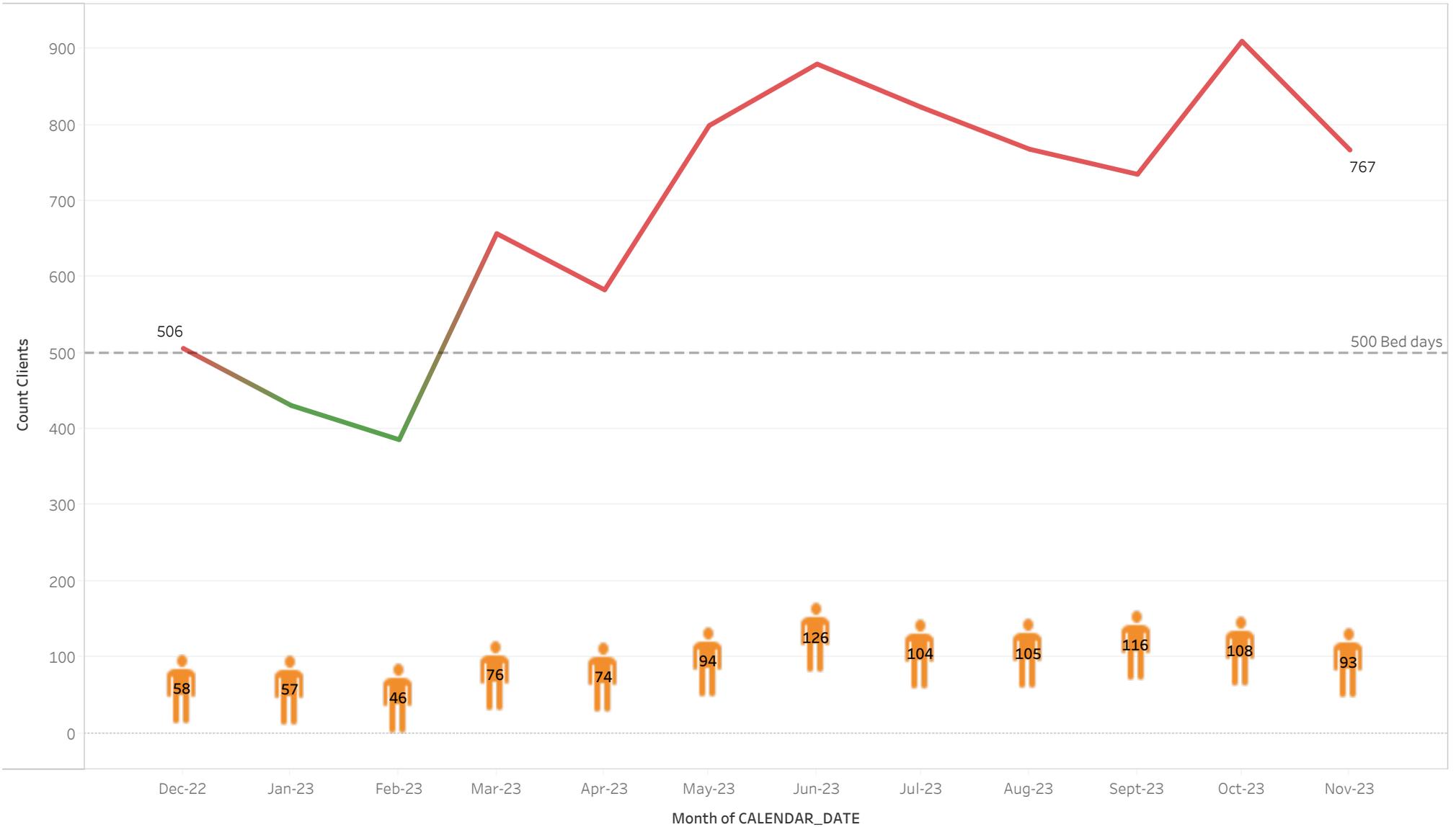
All Mental Health wards excludes Campion ward (Learning Disability)



Patient Experience: Breakthrough Bed days occupied by patients who are discharge ready Community

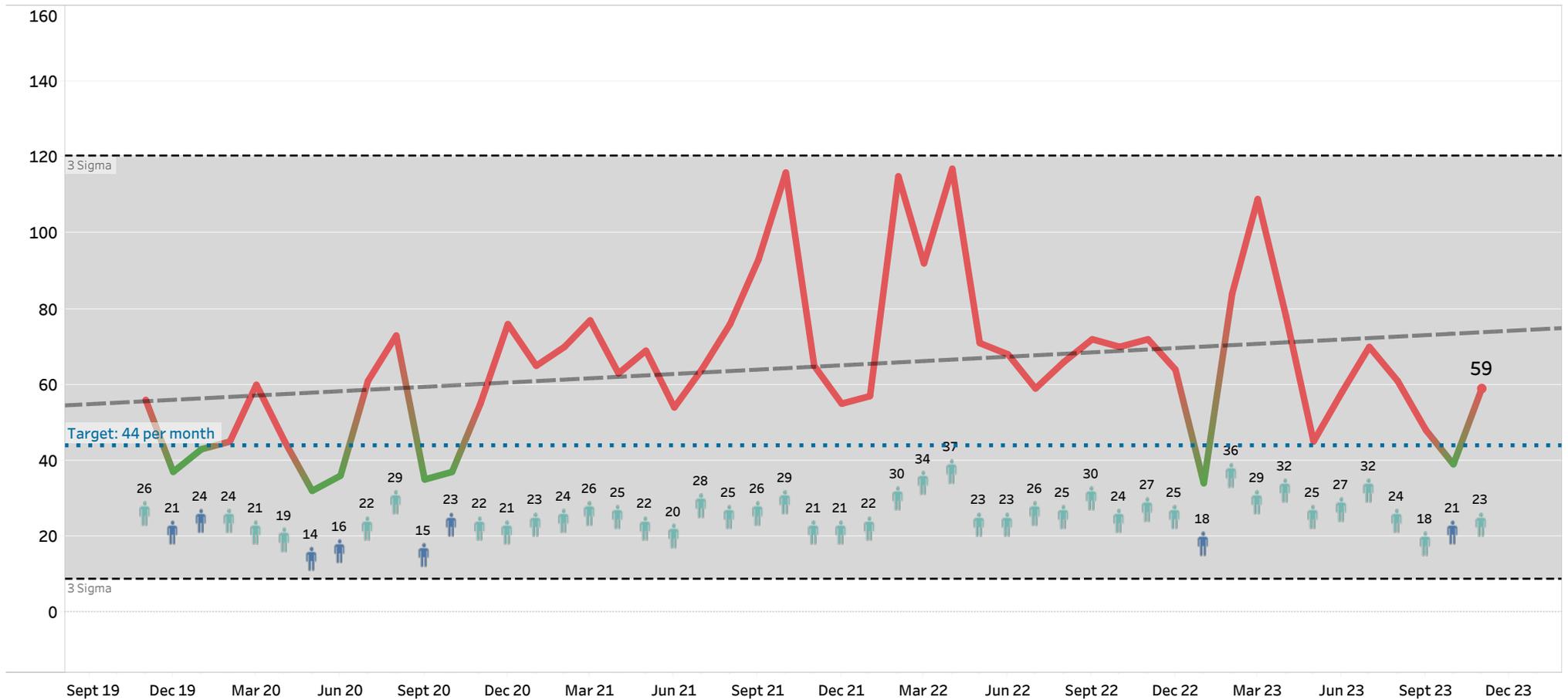
(Dec 2022-Nov 2023)

All Community health wards

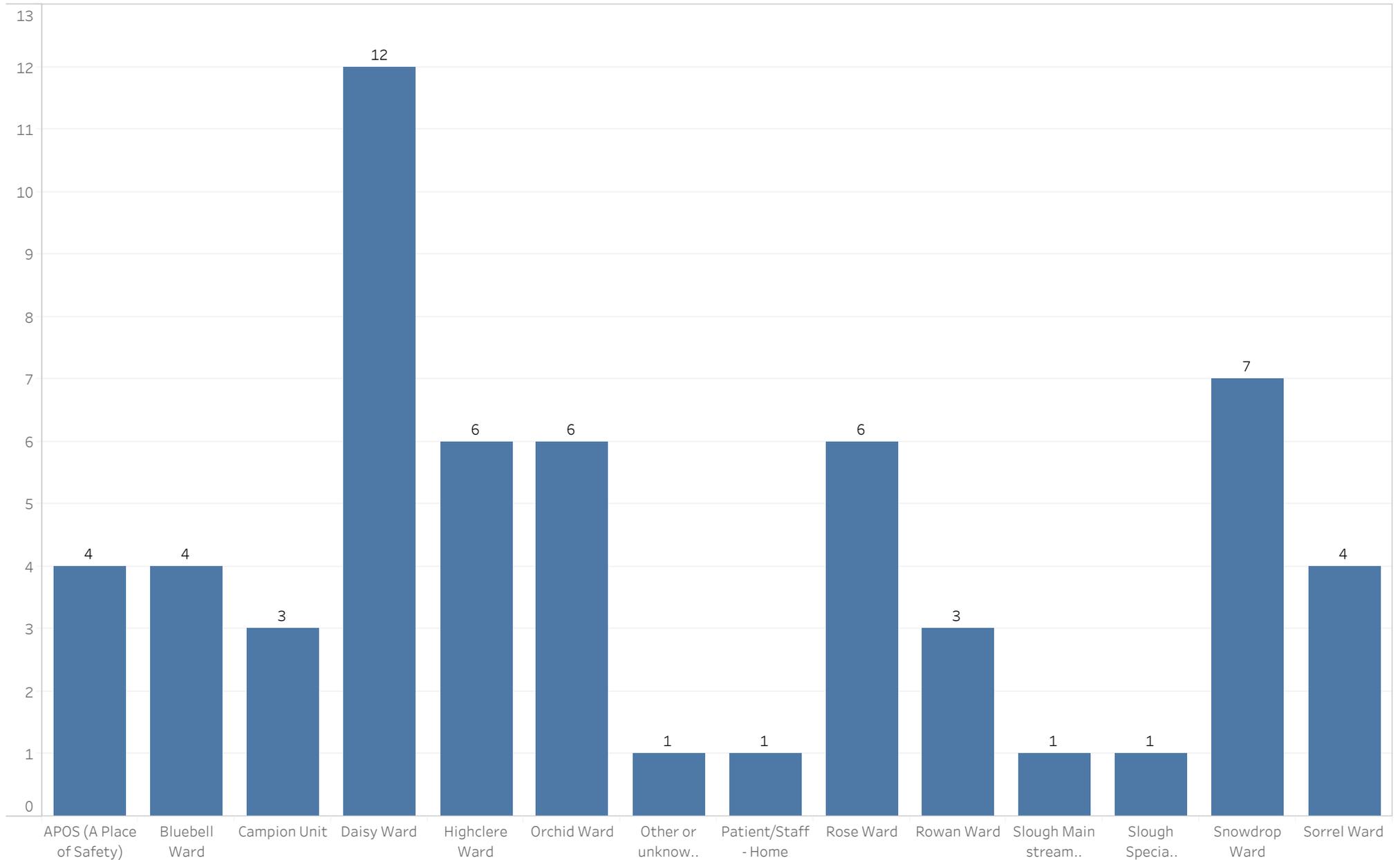


Supporting Our Staff Driver: Physical Assaults on Staff (Nov 19 to Nov 23)

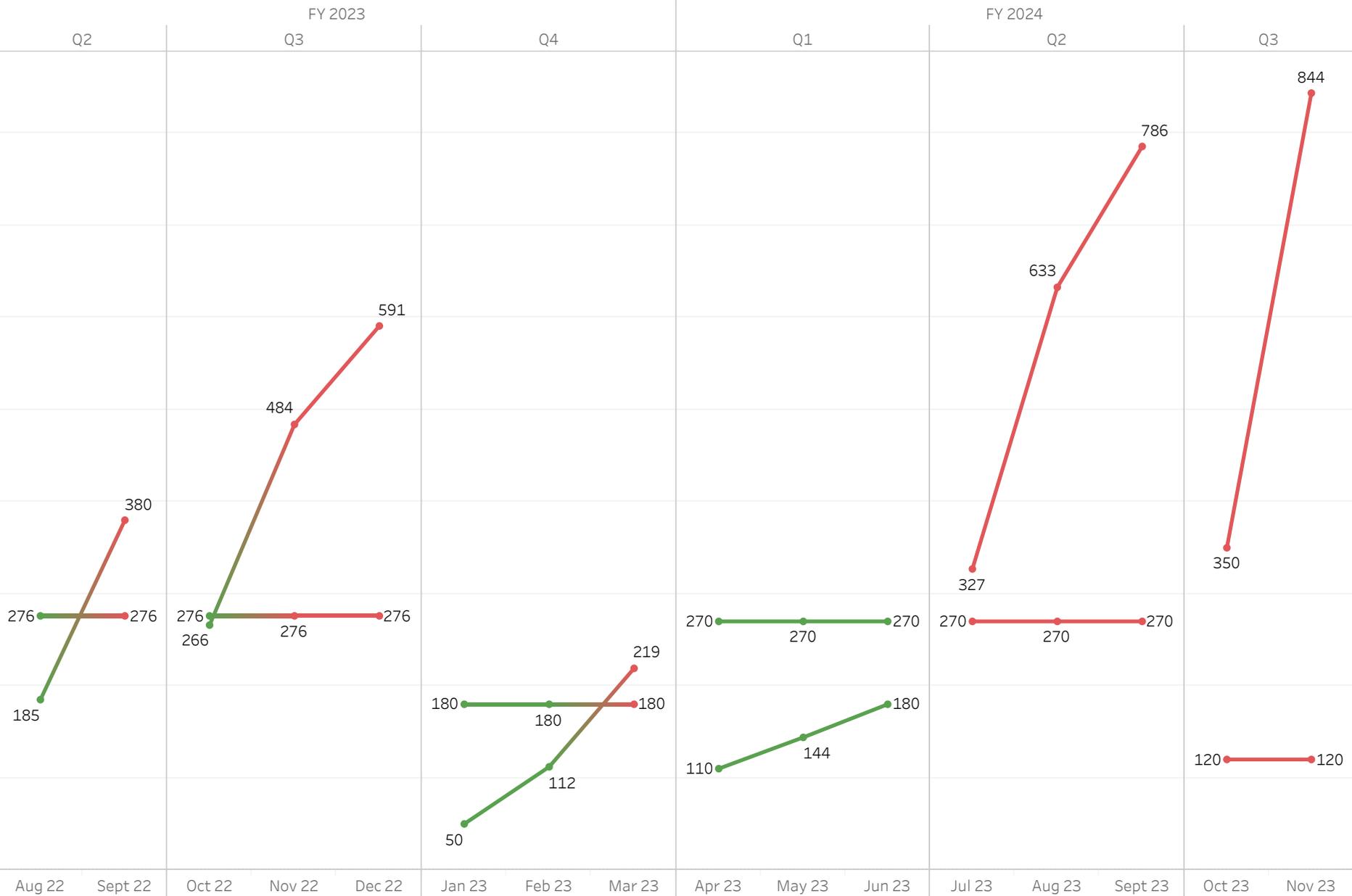
Any incident where sub-category = assault by patient and incident type = staff



Supporting Our Staff Driver: Physical Assaults on Staff by Location (November 2023)



Efficient Use of Resources Driver: Inappropriate Out of Area Placements



True North Supporting Our Staff Summary

Tracker Metrics

| | | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug 23 | Sept 23 | Oct 23 | Nov 23 |
|---|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| Statutory Training: Fire: % | 90% compliance | 96.2% | 92.2% | 92.8% | 93.2% | 93.0% | 94.1% | 94.3% | 94.2% | 93.5% | 93.1% | 93.4% | 94.0% |
| Statutory Training: Health & Safety: % | 90% compliance | 96.1% | 96.1% | 96.2% | 95.9% | 95.9% | 95.9% | 96.4% | 96.4% | 96.3% | 96.4% | 96.5% | 96.4% |
| Statutory Training: Manual Handling: % | 90% compliance | 93.2% | 92.3% | 92.6% | 94.3% | 94.5% | 93.2% | 94.0% | 94.3% | 94.3% | 93.4% | 93.4% | 93.7% |
| Mandatory Training: Information Governance: % | 95% compliance from April 22 | 93.2% | 96.0% | 96.8% | 97.0% | 97.4% | 97.7% | 98.0% | 98.2% | 97.7% | 97.4% | 97.5% | 97.6% |

True North Patient Experience Summary

| | | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug 23 | Sept 23 | Oct 23 | Nov 23 |
|---|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| Mental Health: Prone (Face Down) Restraint | 4 per month | 2 | 2 | 14 | 8 | 3 | 2 | 1 | 4 | 7 | 1 | 0 | 4 |
| Patient on Patient Assaults (MH) | 25 per month | 25 | 15 | 13 | 28 | 22 | 15 | 21 | 10 | 12 | 11 | 8 | 10 |
| Health Visiting: New Birth Visits Within 14 days: % | 90% compliance | 79.1% | 79.2% | 86.8% | 85.9% | 77.6% | 76.7% | 88.4% | 86.8% | 90.0% | 88.8% | 84.6% | 86.5% |
| Mental Health: Uses of Seclusion | 13 in month | 13 | 6 | 6 | 6 | 5 | 12 | 4 | 10 | 10 | 4 | 6 | 6 |
| | | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug 23 | Sept 23 | Oct 23 | Nov 23 |
| Falls incidents in Community & Older Adult Mental Health Inpatient Wards | 26 per month | 23 | 37 | 21 | 23 | 27 | 23 | 25 | 24 | 21 | 26 | 28 | 24 |
| Physical Health Checks 7 Parameters for people with severe mental illness (SMI) | 85% | 80% | 81% | 84% | 83% | 87% | 84% | 85% | 85% | 86% | 90% | 87% | 90% |

True North Harm Free Care Summary

Tracker Metrics

| Metric | Threshold / Target | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug 23 | Sept 23 | Oct 23 | Nov 23 |
|---|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| Mental Health: AWOLs on MHA Section | 10 per month from April 2022 | 5 | 10 | 3 | 11 | 6 | 11 | 4 | 7 | 10 | 7 | 5 | 2 |
| Mental Health: Absconsions on MHA section (Excl: Failure to return) | 8 per month | 2 | 0 | 1 | 1 | 2 | 0 | 2 | 4 | 2 | 3 | 7 | 0 |
| Mental Health: Readmission Rate within 28 days: % | <8% per month | 1.53 | 1.40 | 1.68 | 2.62 | 2.90 | 5.70 | 4.04 | 3.89 | 1.35 | 10.2 | 1.42 | 1.40 |
| Patient on Patient Assaults (LD) | 4 per month | 0 | 1 | 1 | 5 | 0 | 1 | 2 | 2 | 1 | 1 | 2 | 2 |
| Suicides per 10,000 population in Mental Health Care (annual) | 7.4 per 10,000 | 5.7 | 5.7 | 5.7 | 5.7 | 5.7 | 5.7 | 5.7 | 5.7 | 5.7 | 5.7 | 5.7 | 5.7 |
| Self-Harm Incidents within the Community | 31 per month | 37 | 57 | 51 | 52 | 44 | 44 | 32 | 32 | 29 | 23 | 18 | 21 |
| Pressure Ulcer with Learning | Tbc | | | | | 2 | 2 | 1 | 1 | 5 | 2 | 4 | 2 |
| Gram Negative Bacteraemia | 1 per ward per year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

Efficient Use of Resources

| | | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sept-23 | Oct-23 | Nov-23 |
|---|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| Community Inpatient Occupancy | 80-85% Occupancy | 86.8% | 90.8% | 89.3% | 89.4% | 87.8% | 83.5% | 86.6% | 78.7% | 77.8% | 83.5% | 88.0% | 92.9% |
| Mental Health: Non-Acute Occupancy rate (excluding Home Leave): % | 80% Occupancy | 80.20% | 89.56% | 86.82% | 78.12% | 91.18% | 92.60% | 92.87% | 87.59% | 87.29% | 89.92% | 90.82% | 87.18% |
| DNA Rate: % | 5% DNAs | 5.20% | 4.85% | 4.76% | 4.92% | 5.02% | 4.79% | 5.29% | 5.22% | 4.85% | 4.65% | 4.88% | 5.05% |
| Mental Health: Acute Occupancy rate (excluding Home Leave):% | 85% Occupancy | 89.7% | 97.1% | 95.3% | 94.8% | 94.4% | 94.4% | 96.4% | 96.8% | 93.3% | 94.6% | 97.2% | 93.6% |
| Mental Health: Acute Average Length of Stay (bed days) | 30 days | 37 | 43 | 50 | 55 | 41 | 43 | 45 | 70 | 62 | 64 | 43 | 57 |

Regulatory Compliance - Tracker Level 1 Summary

| Metric | Threshold / Target | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug 23 | Sept 23 | Oct 23 | Nov 23 |
|--|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| C.Diff due to lapse in care (Cumulative YTD) | 6 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) infection rate | tbc | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD) | 0 | 3 | 3 | 3 | 3 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| Count of Never Events (Safe Domain) | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: % | 60% treated | 85.70 | 91.65 | 87.5 | 90 | 88 | 75 | 80 | 87.5 | 100 | 100 | 81.82 | 100 |
| A&E: maximum wait of four hours from arrival to admission/transfer /discharge: % | 95% seen | 99.64 | 99.26 | 99.37 | 99.39 | 99.26 | 99.35 | 99.42 | 99.40 | 99.42 | 99.17 | 99.22 | 99.20 |
| People with common mental health conditions referred to Talking Therapies will be treated within 18 weeks from referral: % | 95% treated | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| People with common mental health conditions referred to Talking Therapies will be treated within 6 weeks from referral: % | 75% treated | 94 | 95 | 95 | 95 | 94 | 94 | 93 | 91 | 91 | 87 | 88 | 89 |
| People with common mental health conditions referred to Talking Therapies completing a course of treatment moving to recovery: % | 50% treated | 48 | 45.5 | 46 | 46.5 | 46.5 | 48 | 45 | 49.95 | 46.15 | 46 | 43.5 | 45 |
| Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): % | 95% seen | 82.84 | 72.48 | 72.42 | 69.06 | 61.26 | 83.45 | 92.09 | 97.79 | 100 | 99.00 | 99.07 | 95.93 |
| Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): % | 95% seen | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): % | 95% seen | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 99.57 | 99.53 | 100 | 100 |
| Sickness Rate: % | <3.5% | 5.1% | 4.3% | 4.3% | 4.1% | 3.7% | 4.0% | 3.8% | 3.9% | 3.7% | 3.9% | 4.6% | |
| CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): % | 95% | 57.1% | 100% | 66.6% | 66.6% | 50% | 83.3% | 66.6% | 75% | 75% | 100% | 100% | 100% |
| CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): % | 95% | 83.3% | 100% | 88.8% | 66.6% | 100% | 50% | 46.1% | 36.3% | 42.8% | 62.5% | 58.3% | 53.3% |
| Patient Safety Alerts not completed by deadline | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Regulatory Compliance - System Oversight Framework

| Metric | Threshold / T.. | Dec 22 | Jan 23 | Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 | Jul 23 | Aug 23 | Sept 23 | Oct 23 | Nov 23 |
|--|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|
| Community Health Services: 2 Hour Urgent Community Response %. | 80% | 85.8% | 88.5% | 88.5% | 89.3% | 83.1% | 84.2% | 87.8% | 87.6% | 85.2% | 86.3% | 88.5% | 82.0% |
| E-Coli Number of Cases identified | Tbc | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 0 |
| Mental Health 72 Hour Follow Up | 80% | 87.2% | 94.0% | 88.6% | 93.0% | 96.4% | 91.6% | 90.7% | 98.0% | 87.5% | 92% | 89.1% | 86.9% |
| Adult Acute LOS over 60 days % of total discharges | TBC | 21.8% | 26.5% | 50% | 27.3% | 24.1% | 25.8% | 22.8% | 24% | 25% | 24% | 24% | 24% |
| Older Adult Acute LOS over 90 days % of total discharges | TBC | 55.5% | 57.0% | 40.8% | 60% | 66.7% | 66.7% | 50% | 36% | 32% | 28.9% | 42% | 42% |

Trust Board Paper

| | |
|---|--|
| Board Meeting Date | 09 January 2024 |
| Title | Sustainability Update for Greening Berkshire Healthcare |
| | Item for Noting and Discussion |
| Reason for the Report going to the Trust Board | <ul style="list-style-type: none"> • Green Plan updates are required on a fixed schedule for repeated review annually. • This is provided as information for the Trust Board |
| Business Area | Sustainability |
| Author | Paul Gray, Chief Financial Officer |
| Relevant Strategic Objectives | <p>Health inequalities</p> <p>Ambition: We will reduce health inequalities for our most vulnerable patients and communities</p> <p>Climate change exacerbates inequalities – for example worsening fuel poverty. Some groups are more vulnerable to the physical and mental health impacts of climate change, such as women, older people, young people, minoritized communities, people with pre-existing health conditions.</p> <p>Workforce</p> <p>Ambition: We will make the Trust a great place to work for everyone</p> <p>Efficient use of resources</p> |

| | |
|--|--|
| | <p>Ambition: We will use our resources efficiently and focus investment to increase long term value</p> <p>Environmental sustainability means financial sustainability. Using fewer resources will cut carbon and costs, while also improving health and wellbeing for example through reduced polluting emissions.</p> |
|--|--|

Sustainability update

for greening Berkshire Healthcare

Justine Alford, Sustainability Lead Manager
Compliance & Risk

9th January 2024

The legal case for net zero

Through the Climate Change Act (2008), the UK has a legal duty to achieve **net zero emissions by 2050**.

The NHS 'Delivering a "Net Zero" National Health Service' (2020) plots progress and interventions needed to respond to climate change and **achieve a net zero health service**.

On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the **Health and Care Act 2022**.

NHS England has set two major targets to meet this commitment:

- For the emissions we control directly (the NHS Carbon Footprint), we will **reach net zero by 2040**, with an ambition to reach an **80% reduction by 2028 to 2032**.
- For the emissions we can influence (NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an **80% reduction by 2036 to 2039**.

The human case

Healthy environments lead to **healthier, happier people**, with a **higher quality of life**.

- ✓ Fewer cases of disease
- ✓ Improved mental health
- ✓ Shorter hospital stays
- ✓ Lower care burden

The **climate crisis** is therefore a **health crisis**.

13 million die globally every year due to avoidable environmental causes.

Extreme weather and a changing climate **negatively impact physical and mental health**, while **threatening service provision** and **widening inequalities**.

Rising **energy insecurity** leaves our Trust vulnerable to future shocks that will divert limited financial resources **away from patient care**.

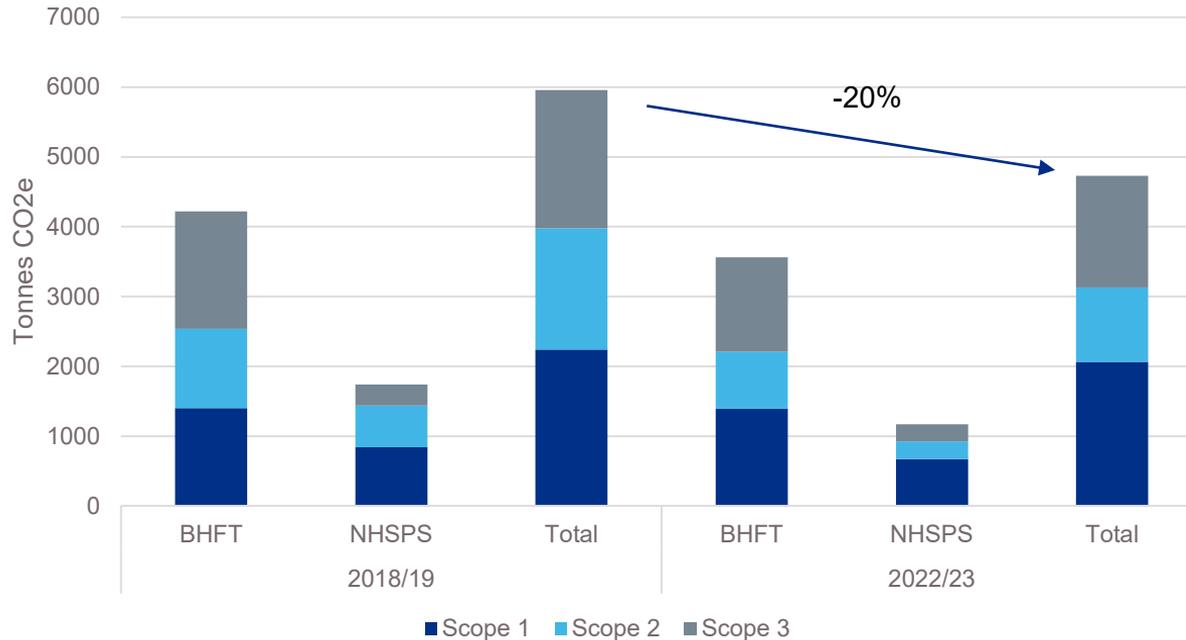
What we **need to do**

NHS Standard Contract:

- **Reduce greenhouse gas emissions** in line with targets in Delivering a 'Net Zero' National Health Service
- **Phase out fossil fuel heating** and replace them with less polluting alternatives
 - UK legislation: no new gas boilers by 2035
- **Reduce waste and water** through best practice and innovations
- Reduce air pollution from fleet vehicles, transitioning to **Zero and Ultra-Low Emission Vehicles** (by 2035); ensure leasing schemes **exclude high emission vehicles** (by 2027); **install EV infrastructure**

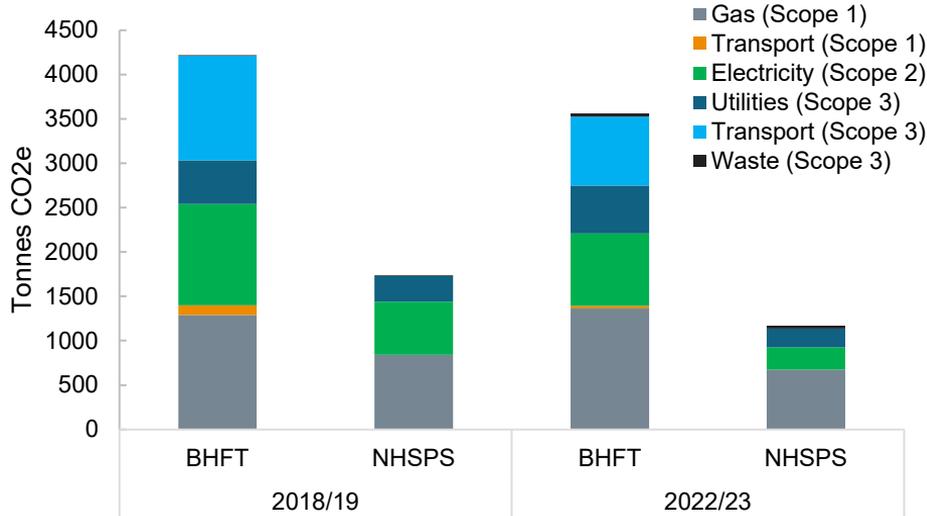
Our progress: reducing emissions

Our **direct** carbon emissions

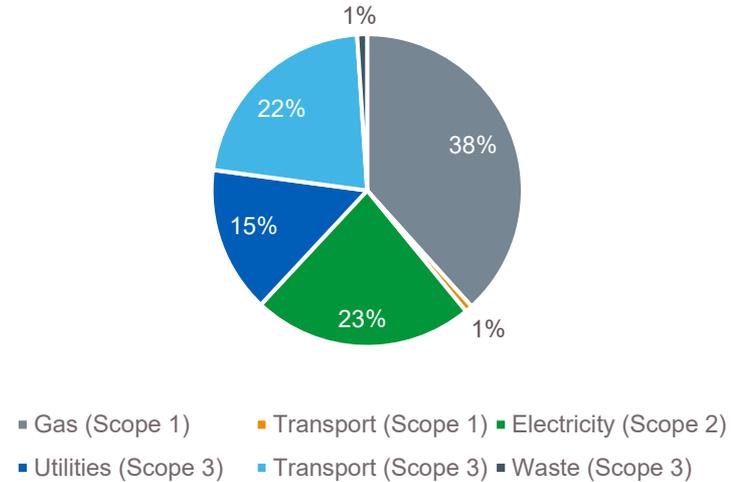


- Our **carbon intensity** – how much CO₂ we emit per sqm – has dropped by 58% over 4 years
- To achieve an 80% reduction by 2032, we need to **triple our rate of carbon reduction** to 15% a year

Our carbon footprint



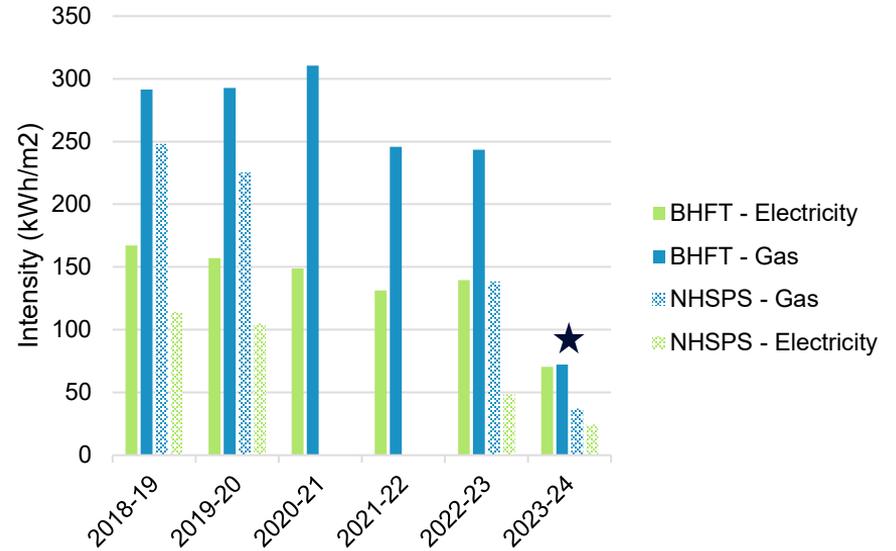
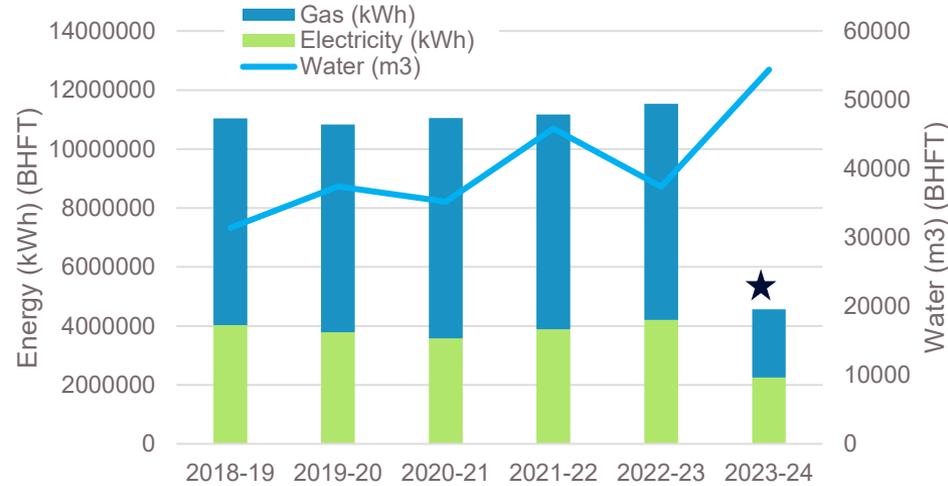
Berkshire Healthcare's 2022/23 footprint



Our progress: utilities

| Our Green Plan Goals | What we've done |
|---|--|
| Install renewable energy technology | <ul style="list-style-type: none">✓ Solar panels being installed at 2 sites✓ Feasibility studies for further underway, including a major solar farm |
| Decarbonise heating across all sites | <ul style="list-style-type: none">✓ £2 million grant application for heat pumps✓ Decarbonisation plans by March 2024 |
| Reduce overall utility consumption | <ul style="list-style-type: none">✓ Energy consumption intensity has fallen✓ Ongoing LED expansion× Water consumption and intensity has risen✓ Water-saving loo pilot |
| Increase and improve utility management, measuring and monitoring | <ul style="list-style-type: none">✓ Energy audits by March 2024, including a metering strategy |

Our progress: utilities



* Incomplete

Our progress: travel and transport

| Our Green Plan Goals | What we've done |
|---|---|
| Roll out an electric vehicle charging network across all the larger sites | <ul style="list-style-type: none">✓ 34 EV chargers installed at 7 sites✓ 4/7 estates vehicles are electric |
| Review and implement Trust wide Green Travel Plan and site-specific plans | <ul style="list-style-type: none">✓ Travel and transport assessment underway with Energy Saving Trust, due March 2024, which will inform our strategy |
| Measure and monitor all travel data from service delivery and commuting | <ul style="list-style-type: none">✓ 1.2 million fewer miles driven between 2019/20 and 2022/23✓ New sustainability survey launching January 2024, to include commuting |
| Promote, develop and encourage active travel | <ul style="list-style-type: none">✓ Information on Nexus and Trust induction |

Our progress: waste

| Our Green Plan Goals | What we've done |
|--|--|
| Increase and improve the measuring and monitoring of all waste | ✓ Waste audit underway and under review, will inform future strategy |
| Introduce medical equipment and office furniture reuse scheme | ✓ Daisygrip reusable tourniquet being trialled ✓ Insulin pen recycling implemented in pharmacy and diabetes teams |
| Increase Trust wide recycling | ✓ Since 2017 we've increased the amount of waste we recycle by 25% ✗ General waste has only reduced by 7% |
| Cut confidential waste | ✗ Confidential waste is increasing and remains high |

Our progress: people

| Our Green Plan Goals | What we've done |
|--|--|
| Develop and support network of Net Zero Heroes | <ul style="list-style-type: none">✓ 27 recruited across 13 sites✓ Monthly meetings, annual calendar |
| Invest and maintain high quality internet / intranet information and guidance for staff and stakeholders | <ul style="list-style-type: none">✓ Internal and external pages revamped✓ Green newsletter launched |
| Increase in training to all staff | <ul style="list-style-type: none">✓ Trained 33 to become Carbon Literate✓ Expanded Nexus eLearning offering✓ Included at every Trust induction |
| Actively engage and use social media and sustainability activities | <ul style="list-style-type: none">✓ Sustainability news shared on social channels✓ Infographic of Green Plan developed |

Our progress: Estate

| Our Green Plan Goals | What we've done |
|--|---|
| Increase planting and tree cover on all sites | <ul style="list-style-type: none">✓ 15 planted at 2 sites, with a further 50 ordered✓ Sensory garden at Wokingham opened, planned at Church Hill House and Prospect Park |
| Net zero to be a key consideration for all building and site selection | <ul style="list-style-type: none">✓ Sustainability checklist for new properties, including minimum EPC rating |
| All capital projects to contribute to net zero and sustainability | <ul style="list-style-type: none">✓ Environmental impact assessment for all capital projects |
| Formulate and implement Trust wide biodiversity strategy | <ul style="list-style-type: none">✓ Pilot survey commissioned at West Berkshire Community Hospital |

Actions for 2023/24

- ❖ Develop and implement estates strategy for sustainability workstream
- ❖ Assess recommendations from decarbonisation plans and energy audits to identify effective measures that can reduce costs, consumption, and carbon
- ❖ Implement recommendations from waste audit to reduce production, costs and carbon
- ❖ Engage and educate staff on energy saving
- ❖ Use findings from travel review to begin developing a sustainable travel and transport strategy
- ❖ Continue to expand EV charging infrastructure
- ❖ Investigate further opportunities for solar panel installation
- ❖ Develop clean air plan, adaptation strategy and biodiversity strategy

Thank you
questions...?